# Preparedness for the next emerging infectious disease outbreak by implementing strategic human resource management

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## DEAR EDITOR,

Taiwan has not been hit by emerging infectious diseases since the 2003 severe acute respiratory syndrome (SARS) epidemic. Asymptomatic patients may be contagious and thus a potential source of transmission of COVID-19,[1] we should keep vigilance. How to maintain the morale of fearful and overwhelmed healthcare workers[2] to participate in the COVID-19 epidemic response is a challenge.

The key to keeping up healthcare services during the COVID-19 epidemic lies with middle management. How they are trained and how they guide primary-level managers and frontline staff to implement various prevention measures are closely tied to the healthcare-associated infection (HAI).[3]

One university-affiliated tertiary care hospital in Taiwan, with 1728 beds, was hit by the SARS in 2003. Through daily meetings, obtained and shared information, and adopted rolling epidemic prevention measures (EPMs), HAIs were contained successfully and the hospital stayed open.

As of January 21, 2020, it was found that only 3.0% (n = 7) of middle managers had experience with the 2003 SARS epidemic. It immediately implemented the following strategic human resource management measures (SHRMMs) for COVID-19 epidemic (Table):

1. Middle managers (non-clinical and clinical supervisors) must attend daily epidemic prevention contingency meetings, so they can remain up to date with the latest international and domestic epidemic and prevention approaches. A total of 179 meetings were held with 12 399 recorded attendances, and an average of 69.27 attendances per manager.
2. Clinical directors are encouraged to serve as on-site epidemic prevention commanders at the main entrances and exits for 2-hour shifts. This is to enable clinical directors to understand the implementation of EPMs and to advise and assist frontline staff who face an influx of patients, especially suspected COVID-19 cases. Clinical directors have served as on-site epidemic prevention commanders, with an average of 2.45 rotations per person.
3. Administrative service managers are required to walk around the hospital during their workday so that they have a first-person perspective on hospital practice. Under the current rotation system for middle managers, supervision and implementation of epidemic prevention work at the entrance will be expanded. Administrative service managers will serve as first-line commanders, assisting the hospital COVID-19 response team to monitor the implementation of various EPMs, resolve disputes, and provide on-site feedback for adopting rolling EPMs. A total of 825 middle managers took part in on-site command work, with an average of 13.75 rotations per person.

The three SHRMMs above should be used as a reference for adjusting the response to the COVID-19 epidemic. When middle managers apply these, they can exert significant influence in the organization on the mentoring and development of personnel. Middle managers play a key role in crisis situations[4] and are acutely sensitive to the importance of physical and financial[5] resources to delivery of service.

The end of COVID-19 global epidemic is not expected any time soon. We deployed a large number of middle managers to prevent HAIs, though so far there have only been 55

**Table**

**Strategic human resource management reserve measures adopted by one university-affiliated hospital in Taiwan in response to COVID-19**

| Measures | Variables | Frequency |
|---|---|---|
| Clinical director, on-site epidemic prevention commander | Number of participants | 169 |
| | Number of attendances | 415 |
| | Average number of rotations per person | 2.45 |
| Frontline epidemic prevention command supervisor | Number of participants | 60 |
| | Rotation attendance | 825 |
| | Average number of rotations per person | 13.75 |
| Epidemic preparedness conference | Number of sessions | 179 |
| | Attendance number | 12 399 |
| | Average number of meetings per director | 69.27 |

[a]The number of middle managers in the hospital is 231. The above statistics were as of June 30, 2020.

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community-acquired infection cases in Taiwan. We suggested SHRMMs should be included in standardized preparedness measures for emerging infectious diseases.

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