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PennState Health

Microgames: Engaging Healthcare Leaders in Crisis Management

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Penn State Health
Milton S. Hershey Medical Center

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Learning Objectives

- Create a culture of interprofessional collaboration to strengthen crisis leadership.
- Develop scenarios and outreach activities to build core incident management competencies and enhance daily operations.
- Assess and advocate for opportunities to build resilience and maintain an organizational mission.

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Penn State Health Milton S. Hershey Medical Center



632-bed Academic/Quaternary Care Medical Center in Central Pennsylvania

The Medical Center campus includes:

- Penn State Health Milton S. Hershey Medical Center
- Penn State College of Medicine
- Penn State Hershey Cancer Institute
- Penn State Hershey Children's Hospital

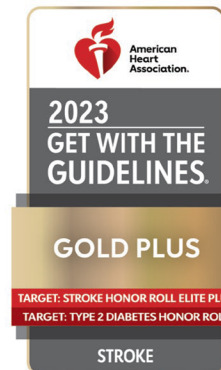
- Hospital Admissions (adult and pediatric): 28,472
- Surgical Procedures: 32,204
- Emergency Room Visits: 74,945
- Outpatient Visits: 1,097,432

Magnet Hospital Designations: 2007, 2012, 2017, 2022

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A Sampling of Penn State Health's Recognition



A QUALITY PROGRAM
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The Sweetest Place on Earth



Photos by Frances Civello

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Critical Infrastructure In and Around Hershey



Photos courtesy of LebTown and Frances Civello

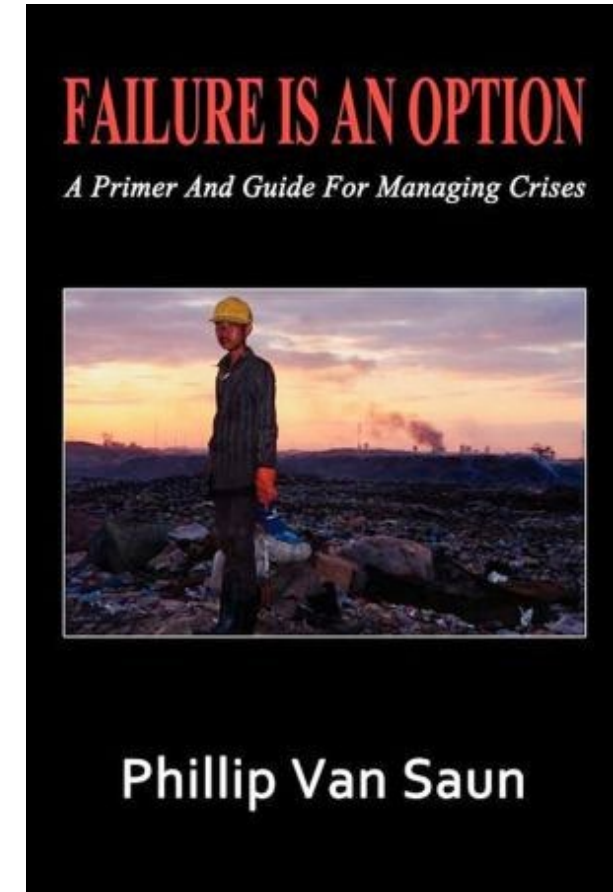
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Microgames: Innovative Strategy to Engage Leaders in Crisis Management

Failure is an Option: A Primer and Guide for Managing Crises
Phillip Van Saun, 2012

- Van Saun identified the construct of microgames
- “Provide examples and encourage the use of active crisis sensing, mitigation, response and recovery methodologies.”
- “Facilitate the open exchange of better practices regarding vulnerability reduction, response to and recovery from specific crises.”
- “Practice the use of crisis management techniques in response to an evolving, organizational specific event scenarios.”
- Strategy used in Fortune 500 C-suites, healthcare, higher education, and training CEOs in major US business schools



Van Saun, Phillip, (2012) Failure Is an Option: A Primer and Guide for Managing Crises. Phillip Van Saun)

Van Saun, Philip, "Crisis Gaming as an Element of Risk Mitigation and Organizational Resilience: A Case Study of The University of California, San Diego" (2013). DRU Workshop 2013 Presentations – Disaster Resistant University Workshop: Linking Mitigation and Resilience. Paper 48.

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Implementation at Penn State Health Milton S. Hershey Medical Center

- **Identified key individual(s) to facilitate initiative:**
 - At MSHMC—Emergency Management & Business Continuity Director
- **Developed a monthly cadence for executives and key department leaders**
- **Chose topics based on Hazard Vulnerability Analysis or recent healthcare related events**
- **Created a framework to allow for brainstorming and “no-fault” environment:**
 - Everyone brings something to the table / What are the different lenses through which we perceive risk and impact?



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Key “Players”

- Senior Executives (President, SVPs, CNO/COO/CMO, CFO)
- Operational / Nursing / Support VPs
- Administrators-on-Call (AOCs)
- House Managers (Nursing Supervisors)
- College of Medicine Senior Leaders



- Security
- Safety
- Emergency Management / Business Continuity
- Life Lion (EMS)
- Facilities
- Marketing and Communications
- Emergency Medicine
- Patient Logistics

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Pre-Intervention Baseline Prep for Leaders

- Deployed leaders to Center for Domestic Preparedness week-long classes in Anniston, Alabama
- Completed online FEMA Incident Management classes
- Created infrequent emergency management training
- Provided a baseline overview of leadership roles in crisis by emergency management leader
- Received feedback from senior leaders—supplemental training to ensure comfort and success

COVID pandemic led to loss of focus for crisis exercises

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Setting Up the Game

- Thought-provoking questions to stimulate crisis management solutions:
 - What keeps you up at night?
 - What process do you use to evaluate organizational risk?
 - How do you prioritize and mitigate these risks?



- Logistics of Microgames:
 - Virtual via Microsoft Teams
 - Twice monthly—same scenario to allow for greater participation

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Joint Commission Preparedness Emergency Management Hazard Vulnerability Analysis



Kaiser Permanente HVA Model adopted by Penn State Health

- Assess the relative risk for your institution:
 - Probability
 - Severity
 - Magnitude (Human, Property, Business Impacts)
 - Mitigation (Preparedness, Internal Response Capabilities, External Response Capabilities)

Kaiser Permanente, Hazard Vulnerability Analysis Model (2016)

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HVA—Patient Surge

HVA										
Emergency Management										
Hazards - Penn State Milton S. Hershey Medical Center Hazard and Vulnerability Assessment Tool - 2022 Naturally Occurring Events										
Event	SEVERITY = (MAGNITUDE - MITIGATION)									RISK
	PROBABILITY	ALERTS	ACTIVATIONS	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
Patient Surge	3		2	3	1	2	1	2	3	48%

Definition: A situation that results in a large influx of patients seeking medical evaluation or care.

This may occur over a short time or for a protracted duration and exceeds the capabilities of the existing medical infrastructure resulting in an impaired ability to maintain normal operations. It encompasses the ability of HCOs to survive a hazard impact and maintain or rapidly recover operations that were compromised (a concept known as medical system resiliency).

Kaiser Permanente, Hazard Vulnerability Analysis Model (2016)

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Microgames: Process to Engage Leaders in Crisis Management

1. Present the basic details of the risks and impacts to be addressed.
2. Brainstorm possible solutions and discuss inherent challenges.
3. Identify potential moves (actions) given the culture and resource constraints.
4. Determine and implement moves to respond to the problem and mitigate the identified risks.



Photo by Christopher Paul High on Unsplash

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Microgames: Facilitation Keys to Engage Leaders in Crisis Management

Sessions led by Director of Emergency Preparedness

- Leverage problem-based learning to present the scenario
- Facilitate the game
- Encourage brainstorming
- Identify and adjust for bias in the decision cycle
- Guide the process to expedite decisive decision-making
- +/- Delta provides a quick way to gather feedback at the end of the exercise
 - Identify positive takeaways
 - Define future opportunities to mitigate risk



Photo by Christopher Paul High on Unsplash

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Playing the Game

- Record notes and recommendations
- Review current plans and protocols relevant to the type of crisis being discussed
- Discuss who would be notified, when, by what mechanism, and with what information
- Focus on impacts and actions to be taken/resources needed to achieve objectives
- Email out session summaries and associated materials to all players



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FY 23 Strategic Roadmap for Microgames

- January 23 – Power Disruption (#4)
- February 23 – IT Disruption (#1/4)
- March 23 – Hazardous Materials Spill
- April 23 – Bioterrorism Attack
- May 23 – Public Figure Admission
- June 23 – Internal Flood
- July 22 – Patient Surge - Train Crash / MCI (#2/3)
- August 22 – Tornado
- September 22 – Active Assailant
- October 22 – Internal Fire



- November 22 – Student Threat
- December 22 – Ebola “Person Under Investigation”

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Example: Internal Fire

FRIDAY, 10:00 a.m.

- The Building Operations Center (BOC) receives an alarm from a smoke detector in the first floor south addition of the hospital.
- Subsequent alarms are received from a duct detector in the same area.
- Audible and visual fire alarms are alerting throughout the hospital building.
- What would be your initial actions?



Example: Internal Fire

FRIDAY, 10:03 a.m.

- Facilities and Security arrive on the unit and see significant smoke in the area, including smoke coming out of a unit entry door that had been propped open by a supply cart. Smoke is entering the main corridor.
- Both team members radio back that they need additional assistance.
- The BOC calls the 911 center and provides the report of smoke in the corridor.
- What are your additional actions?



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Example: Internal Fire

FRIDAY, 10:04 a.m.

- Nursing staff are moving patients from the unit out into the main corridor and into the adjacent courtyards.
- Many of these patients have critical care needs.
- Facilities closes the corridor door to prevent additional smoke leaving the unit.
- Security uses a fire extinguisher to attempt to put out the remainder of the fire in the room.
- The patient involved is badly burned and the nursing staff rushes him to the Emergency Department.
- What are your additional actions?



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Example: Internal Fire

DISCUSSION POINTS

- Time of day: staffing, census, location of incident
- Notification: When do we start the response?
- Crisis communication
- Incident Management Team activation
- Short-term versus long-term response
 - Immediate life safety
 - Assessment of impact
 - Mission continuity
- Complexity
 - Impacts to buildings and infrastructure/utilities
 - Impact of propping doors
 - Safety of personnel/patients
 - Evacuation locations and maintaining care
 - Psychological impacts/concern for safety
 - Challenges with communication and situational awareness/information versus speculation

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The Next Iteration

- More actively engaging incident management role
- Refine incident action plans
 - Incorporate into tabletop, functional and full-scale exercise
- Conduct survey with microgames participants
 - Use feedback to enhance the next round of learning



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Lessons Learned

- Predictable surprises
- It's important to evaluate the threat landscape
- Creating a judgement-free learning environment facilitates participants' ability to brainstorm and creates learning opportunities
- Even well-established communication pathways need to be reevaluated to ensure messaging travels both horizontally and vertically
- Opportunities exist to pre-script messages
- There is value in building incident management teams
- Review of crisis scenarios with multiple leaders provides intel into how to expedite decisive decision-making
- Collaboration amongst professional teams was enhanced

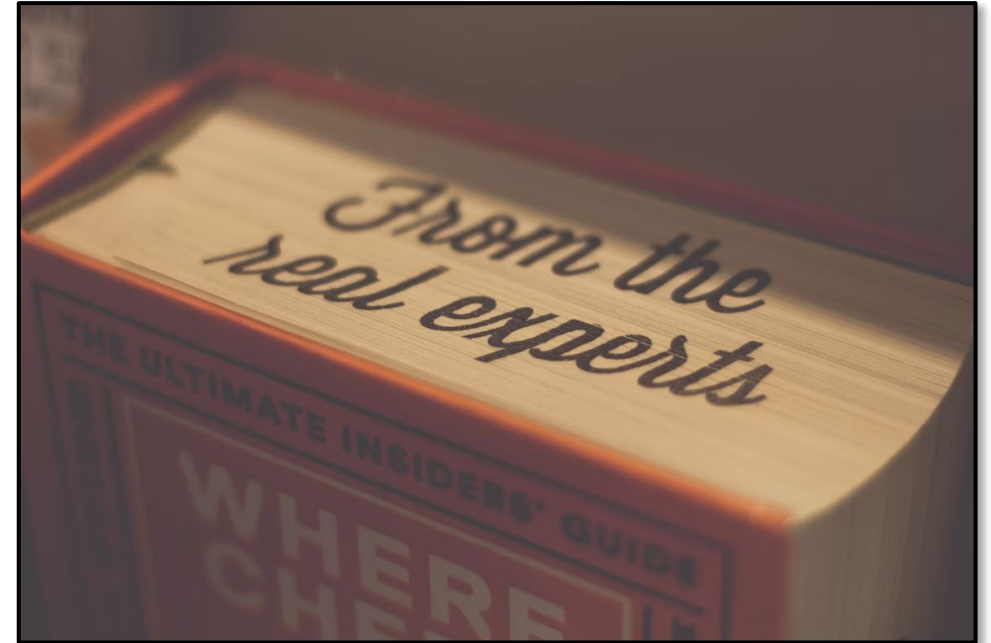


Photo by Rita Morais on Unsplash

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Key Takeaways

1. Microgames allow for quick and effective learning and crisis decision-making competency building.
2. Executives see and evaluate risk through many lenses.
3. Perspective is key.
4. Communication is the largest failure in crisis situations.
5. Immediate and long-term impacts can look vastly different.
6. Preparedness of leaders mitigates risk that brand, reputation and market share could be negatively impacted.



Photo by Claudio Schwarz on Unsplash

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SPECIAL ACKNOWLEDGEMENT

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Questions?



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This educational session is enabled through the generous support of the Vizient Member Networks program.

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Appendix

Kaiser Hazard Vulnerability Analysis Model

<https://www.calhospitalprepare.org/post/updated-hva-tool-kaiser-permanente>

Examples of Microgames

<https://pennstatehealth.sharepoint.com/:f:/s/PennStateHealth-EmergencyManagementExercisesandTraining/EvwUGLDgCvRDtj-F9FFVqYwB663incNQtR5iumeUOV-nkg?e=hHEp1P>

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