Enabling Action in the Face of Uncertainty
Using Crisis Management Drills as a Scalable Approach to Increasing Enterprise Resilience

INTRODUCTION
In healthcare, where operations are complex and intertwined, adaptability to unforeseen challenges is essential. High Reliability Organizations (HROs), with their commitment to resilience and preoccupation with failure, offer a valuable model.1 The Emergency Management and Enterprise Resilience (EM+ER) department at NYU Langone Health employs innovative strategies like Crisis Management Drills (CMDs) to empower frontline staff and bolster resilience. Drawing from the theories of micro-learning and simulation-based learning, these drills nurture crisis decision-making and enhance preparedness, acknowledging the direct impact at NYU Langone Health employs innovative resilience and preoccupation with failure, offer a

OBJECTIVES
• Empower frontline staff to take effective action
• Build muscle-memory around crisis decision-making
• Reinforce processes and available resources during emergencies

METHODS
• Two-page CMD administered to inpatient clinical staff monthly by unit leader as 5-10 minute drill2 during weekly HRO Huddle.
• Scenarios based off annual enterprise hazard vulnerability analysis, real-world incidents, and topics requested by employees.
• Facilitator immerses staff in scenario, then leads with questions, not content.3 Facilitator reviews unit-specific information as needed.
• Voluntary survey provided to staff after drill.
• Four questions Likert scaled, with one question reverse scored. Two open ended questions seeking suggestions for future drills and program feedback.
• EM+ER team spot-evaluates drills in-person to gauge effectiveness. Team conducts post-drill interviews with facilitators when possible.
• Particular CMDs are modified to fill gaps identified through surveys or observation. CMD program modified on a rolling basis to incorporate research regarding best practices for training and development.

RESULTS
• Approximately 660 inpatient staff reached per CMD ~ estimated total of 11,880
• Program initiated 2021, survey created 2022
• Program expanded to ambulatory sites 2023
• Response rate ~ 4.6% over last 12 CMDs
• In interviews, facilitators indicate preference for shorter scenarios/drills
• Observation of CMDs suggests that time constraints limit ability to complete full script

PAST SCENARIOS

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Unit/Location</th>
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<tbody>
<tr>
<td>Prolonged EPIC Downtime</td>
<td>Active Shooter</td>
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<tr>
<td>Med Sled Assisted Patient Evacuation</td>
<td>Hurricane Response/Stay Teams</td>
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<td>Hurricane Season</td>
<td>Power Failure</td>
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<td>Personal Preparedness</td>
<td>Heating Failure/Patient Evacuation</td>
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<td>Water Intrusion</td>
<td>Cyber Attack</td>
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<td>Patient Elopement</td>
<td>Fire on Unit</td>
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<td>Disruptive Behavior</td>
<td>Violent Visitor</td>
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<td>Winter Weather</td>
<td>No Bed Availability</td>
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<td>Concealed Carry</td>
<td>Tornado</td>
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DISCUSSION
• Participants feel better prepared to respond to target scenario following CMD, with degree of preparedness varied by scenario (T1).
• Respondents feel CMDs relevant to roles (T2).
• At ambulatory sites, lower perceived effectiveness of program/satisfaction with content may reflect scenarios originally tailored to inpatient locations (T2). Site- and location-specific needs can be addressed by quick creation and modification, flexible facilitation, and direct engagement.

LITERATURE CITED

CONCLUSION
CMDs are effective as a scalable model to increase enterprise resilience without overextending emergency managers.

• Short document trains 660+ staff monthly
• Quickly created and modified, flexible
• No fault-learning environment

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