Friday Night at the ER®

Guide for Facilitators

Notes

Friday Night at the ER facilitators must play the game and practice leading at least once (with supportive people) before attempting to conduct a group program. Trust this advice!

If you have not had the opportunity to play this game, consider attending one of our training workshops, which are offered periodically in different locations (see fridaynightattheer.com).

This **Guide for Facilitators** describes the standard game play and participant debriefing. You may vary this approach to accommodate your needs.

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This **Guide** is compatible with **Friday Night at the ER** game materials that use black game boards, a version available since 2014.

If your game boards are white, you have the original **Friday Night at the ER** materials, and you should use the prior version **Guide** with a white cover.

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Friday Night at the ER®

Guide for Facilitators

PURPOSE

The **Friday Night at the ER** team-learning game was developed to support a need to broadly teach people to think systemically, to collaborate across functional boundaries to achieve system goals. The idea was to create an experiential learning tool that would:

- engage people in a learning process;
- simulate and illustrate dynamics that are common to complex systems; and
- promote an understanding of key systems principles in a way that enables people to gain insight about their relevance.

Since its initial release in 1992, the game has met diverse learning needs and served a wide range of objectives beyond this initial purpose. See below, Uses and Outcomes, for examples.

The hospital setting is familiar to nearly everyone. People who work in other industries or live in diverse cultures readily understand the core processes and interdependencies that the game represents and find them universally relevant. No specific knowledge of hospitals or healthcare is necessary.

USES AND OUTCOMES

The **Friday Night at the ER** game is versatile—useful to people with varied levels of knowledge, adaptable to suit a variety of specific objectives and suitable with small or large groups.

Typical objectives for the tool, settings in which it is used and reported outcomes are shown below.

Examples of Objectives

- Improve collaboration across business units
- Prepare groups for a major change initiative
- Introduce principles and methods of Systems Thinking, Balanced Scorecards, Process Improvement, Lean, or other disciplines
- Clarify success factors and support leadership development in areas such as self-directed work teams, customer satisfaction, conflict management, change management
- Team building

Examples of Settings

- An early meeting of a new, cross-functional project team
- Leadership development, strategic planning or team-building retreat
- A training course
- Orientation program for new employees

Examples of Outcomes

- Guiding principles for working together; improved ability to work together

- New or heightened awareness about:
  - the need to collaborate, to share responsibility for organization performance
  - the presence of mental models and their impact on behavior and decision-making
  - the role of information and feedback in decision making
- Insight about the underlying structure in organizations that drives behavior and motivation for change
- Personal insight about the effectiveness of one's management and communication practices
- Improved competence in applying a newly learned discipline

SUCCESS FACTORS

For lasting influence of the **Friday Night at the ER** game in your setting, consider building one or more of these elements into your plan for its use:

- Plan a way for **leaders to reinforce key lessons** of the game on the job.
- **Establish a specific context** for the game experience, beyond general education, such as setting the stage for strategy planning, establishing guiding principles for a new team project…any specific purpose that requires people to work together or learn together.
- **Provide for a critical mass** of people within the organization to share the experience, so that a sufficient proportion of the workforce will come away with a common experience, a common message and a common language.

Finally, success may also depend on the level of **preparation and skill of the facilitator**. The facilitator need not be expert in Systems Thinking or any other particular discipline. S/he should, however, be capable of (1) instructing participants with clarity in the game play, (2) facilitating the discovery of lessons during the debrief, and (3) helping participants see how they can integrate and apply lessons of the game in their work.

In many organizations, the functions of the facilitator are managed by more than one person. Two people may share the role, dividing responsibilities according to skill or special ability. Helpers may be enlisted to assist with certain support tasks.

New **Friday Night at the ER** game kits (that contain three or more games) are shipped with these parts in the box:

Carry bag for storage and transport

- In outer zip pouch:
  - Pencils – at least 4 per board
  - Clear zip bag with extra beads

Storage tubes, 2 per bag, each containing parts for up to 3 games

Game parts, including:

- Game boards – the number you purchased
- Small screw-top jars – 3 per board, containing:
  - Clear beads (half jar); No Beds signs (3); Divert sign (1)
  - White beads (61)
  - Blue beads (full jar)
- Large screw-top jar – 1 per board, containing:
  - Clear zip bags with cards – 4 per board, containing:
    - red, green, purple, and blue cards
  - Arrivals display – 1 per board
  - Marker pen – 1 per board

Guide for Facilitators, packaged with an envelope containing Data cards (1 per board)

A diagram on page 61 shows how parts are packed in the carry bag.

Important! To access printable scoring forms and handouts for participants, presentation slides and other program essentials, go to the Downloads page in our Support Center. You must first create an account. Visit support.fridaynightattheer.com to get started.

To successfully lead a program using the **Friday Night at the ER** game, you must (a) play the game to become familiar with its components and the experience, and (b) practice leading a small group of four or more people through the game play and a discussion following the game play.

Once you are familiar with both the game play and the role of facilitator, you will be ready to conduct a learning program with a group.

IF YOU HAVE NOT YET PLAYED THE GAME

If you have not yet played the **Friday Night at the ER** game, please do so! An efficient way to go about this is to follow these steps, which will provide you with an introductory demonstration of the game play:

1. Review this **Guide** to understand the basic instructions and learning opportunities.

2. Set up the game as described under Table Set-Up beginning on page 12. Print these, from files downloaded from the Support Center (support.fridaynightattheer.com):
   - 1 set of **Department Paperwork Forms**
   - 1 set of **Team Scoring Forms**

3. Assemble three colleagues or friends. Sit around the game board, one player in front of each of the four departments (including you).

4. Read the game instructions starting on page 14 and proceed to play the game.

5. After completing the "Friday 4PM" hour of game play, it may be helpful to pause and briefly review the section in this **Guide** entitled, "During the Game Play"on page 21.

6. After completing the entire 24 hours, complete the scoring forms and prepare a Team Performance chart. Discuss the experience as a team.

7. By yourself or with the other players, review the "Debriefing" section, starting on page 25, for ideas about learning from the game experience.

IF YOU HAVE NOT YET LED A GROUP LEARNING PROGRAM

Once you have played the game to become familiar, practice the facilitator role with a small test group of colleagues or friends, at least one time. This is an opportunity to deliver the game instructions while standing apart from game tables, and to learn to support participants as needed during the game play. We recommend an initial practice session with two tables and eight players.

Without this practice, you will not become fluent with the game instructions or realize the finer points that are required to successfully lead a group program.

A SOLUTION FROM BREAKTHROUGH LEARNING

You may bypass the above two sections. Breakthrough Learning offers a solution to prepare your facilitator(s) to successfully use the **Friday Night at the ER** game. We send an expert to your location with a train-the-trainer program that is customized to your purpose and needs. This is the most efficient approach to getting facilitators up to speed with best practices.

PLANNING A PROGRAM

Once you are familiar with the game play and the role of facilitator, you are ready to plan for a **Friday Night at the ER** program. Consider these steps:

Organize

1. Clarify the purpose and desired outcomes of the program.

2. Enlist leadership support.

3. Create an outline of the program plan that includes time allocations. You may use the sample schedule provided on the next page (or modify this schedule for your program).

4. Set the date and reserve a room (see Room Set-Up requirements, page 9).

5. If you will need extra game materials for a program, contact Breakthrough Learning to rent or purchase extras.

6. Invite participants.

Prepare

7. Enlist others to co-lead and support, if desired.

    a. Consider asking a senior executive or someone who represents leadership to participate in the program, providing introductory and closing remarks.

    b. Consider enlisting helpers to assist you to set up games in advance, to collect team scores during the stretch break, and to repackage games after the program. For large groups (generally more than six tables), it is advisable to have trained helpers available during the game play to support players who have questions and to perform other useful tasks at your direction.

8. Decide how you will conduct the program, using this **Guide** for reference. Prepare the presentation slides you plan to use by selecting from or editing the slides provided.

9. Review and practice as needed.

10. Plan supplies and set-up as described in the next section.

Sample Half-Day Program Schedule

Allow 3.5 to 4 hours

TIME	STEPS	ACTIVITY	HOURS:MINUTES
9:00 AM	1	Welcome and introductions.	0:10
9:10 AM	2	Facilitator delivers game instructions.	0:30
9:40 AM	3	**Game play** and scoring.	1:00
10:40 AM	4	Stretch break	0:10
10:50 AM	5	**Debrief**. Facilitator begins the debrief with Team Dialogue questions.	0:10
11:00 PM	6	Facilitator invites responses to Team Dialogue questions and presents synopsis of lessons of the game using slides.	0:30
11:30 PM	7	Participants complete a force field exercise, and Facilitator leads a discussion of this exercise and how results will be used.	0:40
12:10 PM	8	Facilitator provides or guides closing remarks.	0:15
12:25 PM	9	Participants provide written feedback or program evaluation.	0:05
12:30 PM	End	*Total hours:minutes*	**3:30**

REQUIRED PAPER AND REPLACEMENT SUPPLIES

Your game kit came complete with everything you need. As you get ready to set up a game session, print these items from files available on the Downloads page in the Support Center (support.fridaynightattheer.com):

- **Team Name Card**: 1 for each table
- **Department Paperwork Forms**: 1 set (4 pages) for each table
- **Team Scoring Forms**: 1 set (3 pages) for each table
- **Notes Handout**: 1 for each participant

Replacement parts or extra games may be ordered or rented from Breakthrough Learning. Email us at hello@fridaynightattheer.com or call +1 888-802-6808.

A FOLDER FOR THE FACILITATOR

Place in a folder for the facilitator: the envelope of **Data cards** and printed **Scoring forms** noted above, which includes a **Quality Performance worksheet**, **Financial Performance worksheet**, and **Team Score chart** for each table. These items will be held by the facilitator for use during and immediately following the game play.

PRESENTATION SLIDES

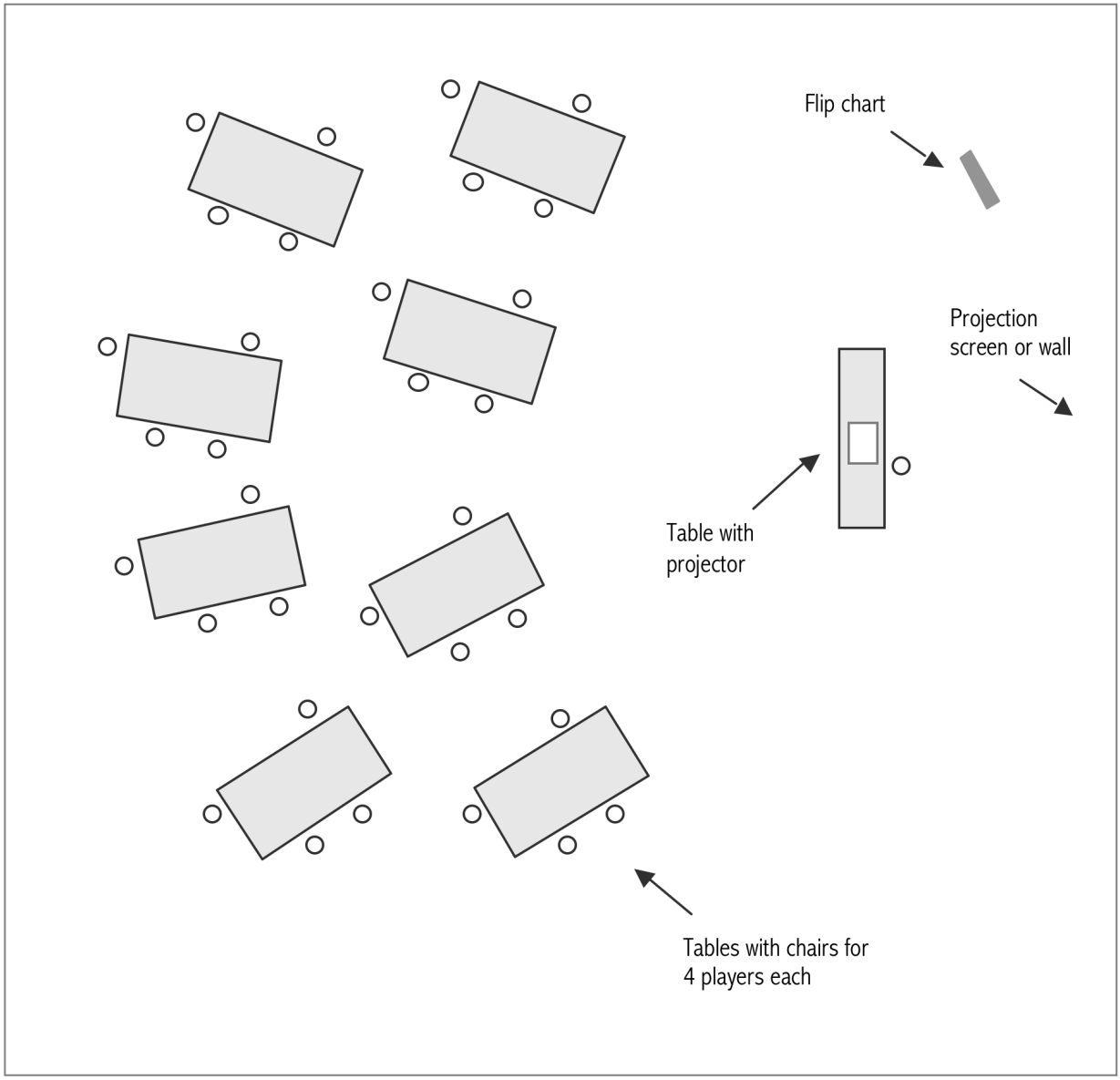
Set up **Slides** to be used. Test the display using the computer and projection equipment that will be used.

ROOM SET-UP

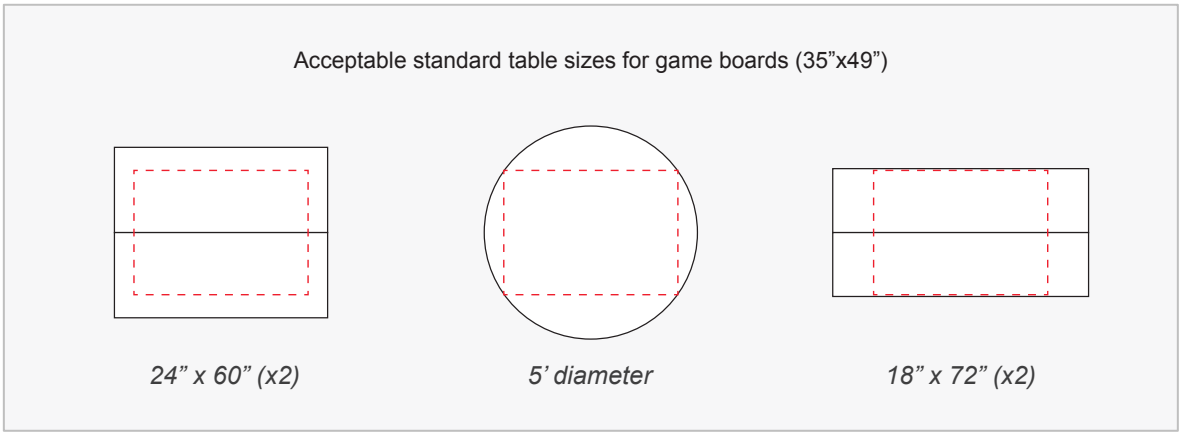
See the diagram on the next page, "Sample Room Set-Up," to visualize the overall arrangement of tables and other equipment for the game play.

Other room set-up specifications follow.

Sample Room Set-Up
for 32 participants at 8 tables



Game tables: one table per game board with several feet between each. Each table must be an acceptable size to fit the game board. Table options:



Head table: at the front of the room with a projector and a chair.

Side table: as desired for refreshments.

Chairs: four chairs around each game table, one in front of each department on the game board. Extra chairs may be placed around the perimeter of the room to accommodate additional players or observers; these may be brought to tables as needed, after participants fill up the four minimum seats per table.

Projector and screen or other display technology for presentation from a computer.

Computer: equipped with Microsoft PowerPoint for displaying presentation slides, and with Microsoft Excel if you will display team scores from the computer. [1,2]

Wireless remote presenter: not essential, but highly desirable for controlling slides while moving around the room.

Flip chart(s), tape and markers: one or more, as needed, to support small group work, if desired, during the debrief.

Microphone: If your group will occupy more than six tables, consider using a wireless hands-free microphone. During the game play, expect a noise level that you will need to transcend for occasional announcements to the group.

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[1] If you do not have access to Microsoft PowerPoint, you may open and use the slides (as is, without the ability to edit) using Microsoft PowerPoint Viewer, a free download from microsoft.com.

[2] For those who would like to display team scores using Microsoft Excel, locate the file, **Data Entry for Displaying Scores**, on the Downloads page in the Support Center (support.fridaynightattheer.com).

TABLE SET-UP

See the photo on the last page of this **Guide** for reference when setting up tables.

1. Place a **Game Board** on each table with the Surgery department facing the front of the room. This placement of the game board assures that all players will be able to view the front of the room.

2. Place these three items at the end of the table near Emergency and Step Down:
   - **Arrivals display**
   - **Team Name Card**
   - **Marker**

3. Place a **No Beds Available sign**, laying face down, at the top of Surgery, Critical Care and Step Down departments. Place a **Divert sign**, laying face down, at the top of the Emergency department.

4. Place white and blue beads in each department, as follows:
   - Place one **white bead** (staff) along with one **blue bead** (patient) on each white square with the green side facing down.
   - Also place one **white bead** on each of the one or two slightly-greyed squares.
   - Leave the darker squares without beads. This will result in the following numbers of beads in each department:

Department	Staff (white beads)	Patients (blue beads)
Emergency	18	16
Surgery	6	4
Critical Care	13	12
Step Down	24	22

5. Put the **remaining blue beads** (more patients) in two open **jars** on the board. The caps of these jars, top down, can neatly serve as containers in which to sit the jars.

6. Place the **jar** with **clear beads** (extra staff) on the board, also seated in its cap.

7. Place decks of **cards** in their position on the board. The order of cards in each deck may be random, except for these requirements:
   - The top Exit card in each department must be a number, not "0."
   - The top Destination card in the Emergency department must name a department, not "Out."
   - The bottom Exit card in the Step Down department must be the card, "No Discharges 8 pm - 6 am."

8. Place the **Paperwork form** (folded, with the "Hello" message face-up) and a **pencil** at each department.

PLAYER SEATING

The best number of players is four per board with one player seated at each department. More than one player per department has the undesirable effect of (a) relieving pressure on the Emergency player and thereby evening out what should be an uneven workload among departments, or (b) in other departments, lessening the engagement of extra players who will not have much to do.

If you must have an extra player at one or more boards, seat two individuals at an Emergency department and request that they each work a "12-hour shift" so they each get a hands-on experience.[1]

Where feasible, ask players to sit with people with whom they don't routinely work. You may use the **Welcome slide** as people enter the room.

For game sessions with actual hospital staff, ask players to sit at departments other than those in which they really work.

Before the program begins, participants may read the "Hello manager" greeting that you have placed at each department. This greeting welcomes participants and eases their transition to the simulation and the roles they will play. It is not necessary for players to read these cards; just an option for those who arrive early and would like the orientation.[2]

PROGRAM INTRODUCTION

Once participants are seated, you may use the **Friday Night at the ER slide** as you begin the introduction.

The introduction will be individualized for the occasion. However, it's generally best not to first introduce Systems Thinking or other concepts that you are intending to teach using this game. The idea is for people to play the game uninitiated, so that they exhibit their natural operating style and behaviors. The experience is sufficiently engaging that this will occur if people are not influenced by guidance or intimidated by pressure to perform using new concepts.

Your words and attitude should warmly welcome people and invite them to enjoy and possibly be challenged by the game play. Avoid language (such as, "work as teams") that lead people to intuit the success factors in advance or to become occupied with guessing what they "should" do. The **Friday Night at the ER** approach enables a process of learning by doing and learning as a team.

Establish a context for the session so that participants can place the experience within a broader purpose and understand what they are expected to contribute. Often the context

[1] An alternative role for extra participants is to sit with a team as silent observers. They may be given a function, such as documenting certain observations on a form that you provide and then sharing observations during the debrief.

[2] For some groups – if you are concerned about their ability to follow the verbal game instructions – consider allocating 5 minutes and instructing participants to review the "Hello manager" greeting before you deliver the game instructions. This can help people become oriented and more easily assimilate the game instructions.

and expectations are provided by an organization leader, who then turns the management of the program over to the facilitator.

You may use the **Agenda slide**, the **Why play a game slide** and/or the **Experiential Learning slide** to orient participants and describe the learning method. (See notes associated with these slides for guidance.)

Go to **The Game Play slide** and begin to deliver player instructions as described below.

PLAYER INSTRUCTIONS[1]

The game instructions to players are offered here as a script that you may read. If you become proficient without the script, even better—your rapport with the group will be improved by the eye contact. In any case, you may find the script useful as a reference from time to time. This script has worked well with diverse groups.

1. Introduction

You will each play the role of a department manager in a community hospital. If you look at your game board, you will notice that we have compressed the hospital into just four departments to simplify your job so that you can get through a simulated 24-hour period in just one actual hour.

First, I'm going to orient you to the game board and give you basic instructions about the game play. Then, together, we will walk through the initial sequences of the game play so that you become familiar. Then, you will proceed to play the game on your own for about an hour. After the game play and scoring, we will take a short break; then we'll be back together as a group to talk about the experience.

Now I'm going to give you all the information you need to play the game, and I ask that you pay close attention, and hold questions until I'm done. If you still have a question as you get into playing the game, just raise your hand at that time and I will come to you to answer.

2. Name

Your first task as managers is to take the blank card and the marker at your table and come up with a name for your hospital. Go ahead now at each table and take about one minute to come up with a name and write it on your card.

....{When they're done}....OK, can each hospital team introduce yourself—just speak up and tell us the name you've chosen as I point to your table. ....{Point to one at a time to hear their names}.... Thank you!

3. Flow

Now look at the board and follow along with me to become familiar with the basic flow of the processes you will manage. During this game you will see patients arrive in

[1] For an overview of game instructions that may be useful as a refresher for the facilitator, refer to the Summary Game Instructions on page 45 of this **Guide**. It is not necessary or desirable to provide written instructions to players; they will be best served by clear verbal instructions.

your departments each simulated hour, you will make certain decisions, and you will have patients leave.

First, notice that the Emergency Department has two sources of patients: there are two arrows leading in to the Emergency Department—one for people who arrive by Ambulance, and one for people who walk in (arriving on their own or with families). Most Emergency patients, when they are done with treatment, just leave the hospital...do you see the arrow showing a person walking out? The rest of the patients in Emergency will require another hospital service as shown by the red arrows leading from Emergency to the other departments.

The other three departments also have inflow arrows marked with a person entering. Does everyone see the arrow leading into their department? This is where patients enter from external sources directly into your departments without first coming to Emergency.

You will also notice that each department has one or more outflow arrows, showing where patients go when they leave. Surgery patients go to one of the two bed units; Critical Care patients all go to Step Down; and Step Down patients all leave the hospital.

There is an Arrivals display on your table ....{hold one up}. This is your time clock during the game. You will flip to the next card each simulated hour, from Friday noon through Saturday 11 am. And this is where you will learn how many patients arrive at your departments at the start of each hour.

4. Beads

Now, you'll notice three different colored beads at your table. The blue beads are patients. You are starting with a certain number of patients in your departments, and there are more patients in the community who are represented by more blue beads in the jar.

The white beads in your departments represent your core staff. You can remember this by thinking of hospital workers typically wearing white coats.

You can see that you're starting with a certain number of patients in your departments, each one paired with staff. And notice that each department has one or two white staff beads in rooms that do not yet have patients. These staff are available for patient care, and you may use them to accommodate additional patients who may arrive.

The ratio of staff beads to patient beads, which you must maintain, is one-to-one. Don't think of this as one-on-one nursing care—the white beads here don't just represent nurses; here they represent adequate staff to care for a patient. Think of the white beads as just the right fractions of doctors, nurses, technicians, and others who are needed for each patient, and you will have to keep adequate staff with each patient at all times.

If you don't have sufficient staff to handle patient demand, you may choose to call in Extra Staff represented by clear beads in a jar. Think of Extra Staff as agency staff or

overtime workers. In a few minutes, I'll describe the procedure for calling in these Extra Staff to supplement your core staff.

5. Steps

The best way for you to learn the rest of what you need to know is to walk through the steps with me for the first simulated hour of play. ....{Show the **Steps Each Hour slide**}.... These are the five steps you will complete each hour.

6. Arrivals

Let's start now with the first step, Arrivals. Look at the Arrivals display on your table for the Friday noon hour. Notice the number of patients arriving for your department. Go ahead now and take blue beads from the jar in the amount indicated for your department, and just place them on the arrow leading into your department.

Now, if you have staff capacity in your department—represented by white beads that are not already paired with blue beads—you may move arriving patients right into care. I believe that everyone at this time can bring arriving patients into care except for Surgery, which has one patient who must wait. Surgery managers, you can just keep that blue bead waiting on the arrow until you have available staff in your department to move the patient into care.

7. Exits

Next, you'll want to Exit patients from your departments. ....{Refer again to the **Steps Each Hour slide**}.... Now, bear with me while I walk you through the exit procedure by department, because it's slightly different for each department.

First, Step Down managers, turn over the top Ready to Exit card in your department, and place it face-up on top of the deck. You will do this each hour to learn how many patients have completed their hospital stay and are ready to leave. Step Down managers, you may now take blue beads from your department in the number matching the number shown on that Exit card, and move them off the board and into a jar.

Then take the face-up card and put it face-down on the bottom of the deck; and Step Down managers, you have just completed your Exit step for this hour.

Next, Critical Care managers, would you turn over your top Ready to Exit card and place it face-up on top of the deck—but don't move any blue beads yet! The card tells you that some number of patients are ready to leave your department; but just because they're ready to leave, doesn't mean they can leave. First you have to notify the Step Down manager and request that he or she accept the transfer, and you should do this now by taking Request cards from your department in the number matching the number ready to exit, and just slide those Request cards along the purple arrow leading to the Step Down department.

Critical Care managers, that's all you can do during this hour to exit patients from your department. You have to wait until the Step Down manager initiates the transfer before you can actually move patients out.

Now, I have a question. How long do you think it takes to make a patient transfer happen in most hospitals—from the time a transfer order is written to the time the patient is moved? ....{For groups without hospital experience, mention that the process actually involves several administrative steps, and it often takes several hours.}.... In this simulation, we're going to say that it always takes at least an hour to accomplish a transfer.

So, Step Down managers, even if you have capacity in your department to accept more patients, you may not take an internal transfer until the next hour. After you flip the Arrivals cards at the start of the next hour, you may consider accepting internal transfers along with any new external arrivals.

Now, Critical Care managers, for each patient in your department that needs to go to Step Down, turn those blue beads over so that the green side faces up. If, for example, you have two patients that need to go to Step Down, you will turn over two blue beads. This green color will provide an easy, visible reminder to you that those patients are ready to go when your colleague is ready to accept them.

OK Critical Care managers, take your face-up card, place it face-down on the bottom of the Ready to Exit deck, and you have done your exit step for this hour.

Next, Surgery managers, turn over your top Ready to Exit card and place it face-up on top of the deck. Now Surgery managers, you will need to know where your patients are going after Surgery, so you will need to pick up and turn over Destination cards from your department in the number matching the number of patients who are ready to exit. Then issue Request cards in the proper number along the green arrow to the proper department. So, for example, if you have two patients ready to exit, pull two Destination cards and issue two Request cards, each to the department named on each Destination card.

Then, turn over blue beads so that the green side is showing. Again, this represents patients waiting for a transfer. Take your face-up cards and return them face-down at the bottom of their decks. And Surgery managers, you have now completed your Exit step for this hour.

Finally, Emergency managers, turn over your top Ready to Exit card and place it face-up on top of the deck. Then take Destination cards in the number matching the number of patients ready to exit, and just lay them out face-up in front of you. This tells you where each of your ready-to-exit patients will go. If you have Destination cards that say "Out," take patients in that number, and move them out of your department and into a jar. If you have Destination cards that say the name of a department, issue Request cards in the proper number along the red arrow to the proper department, and turn over blue beads representing those patients waiting for transfer.

Then take your face-up cards, place them face down on the bottom of the decks, and that completes your exit step.

8. Closed?

Next, you all have two decisions to make each hour....{again point to the Steps Each Hour slide}....

The Closed decision allows you to signify that you are full and cannot take more patients at this time—or that you just don't choose to take more patients at this time. Surgery, Critical Care and Step Down managers, you signify that you are "closed" by raising the No Beds Available sign that you each have in your department.

You may do this any time during the hour, and you can raise or lower this sign more than once during the hour. It's primarily a communication device so that your fellow department managers can easily see, at a glance, the status of your department. Go ahead now, and use your No Beds Available signs to signify whether you are open or closed to more patients coming into your department at this time.

Now, this Closure decision has a special and different meaning for Emergency department managers. What do you think happens in the real world if a hospital emergency department is at capacity? ....{Allow answers, then tell the group}.... a hospital can divert ambulance patients to other hospitals, but you can never close to walk-in patients—they keep arriving.

So, Emergency managers, if you want to reduce the number of incoming patients, put up your Divert sign and, at the start of the next hour ....{you may hold up an Arrivals display and turn a card}.... if you see that you have Ambulance arrivals, just don't take those beads from the jar and instead, log that number on your Paperwork form as "Ambulance diversions." If you have walk-in arrivals at that hour, do take them.

Emergency managers, whether you choose to be open or closed to Ambulance arrivals is your choice; even patients arriving by ambulance can wait in the waiting area. Both ambulance patients and walk-in patients can be placed in your waiting area.

9. Staffing?

The other decision you will make each hour ....{point to Steps Each Hour slide}.... is Staffing. If you want to call in Extra Staff to supplement your core staff, here's the procedure. Notice the place in each department labeled "Extra Staff Called." If you want to call in one or more Extra Staff, just take one or more clear beads from the jar and move them into your Extra Staff Called box. Then at the start of the next hour, you can move those clear beads into care to accommodate new patients. Just like in the real world, it takes about an hour for extra staff to arrive, so you must wait until the start of the next hour to use those Extra Staff beads.

By the way, you can send Extra Staff home at any time during the game play if you no longer need them by moving them back to the jar—as long as you have accounted for those Extra Staff on your Paperwork form, as I will explain in a minute.

10. Paperwork

The final step each hour....{point to Steps Each Hour slide}.... is Paperwork, which each department manager will fill out. Find the Paperwork form on one side of the paper in front of you. Emergency managers, look at your form; we already indicated that you will log any Ambulance diversions each hour. At the end of each hour you will also count and record the number of patients you may have in your Waiting area.

For other departments, you have a place on your forms for logging Arrivals Waiting, which is the count of any blue beads that remain waiting on the arrivals arrow leading

into your department. For this Friday noon hour, Surgery managers should all log "1" for Arrivals Waiting; everyone else should write "0."

You also have a place on your form for documenting the number of Requests Waiting, which means the count of Request cards that are waiting to move into your departments.

Finally, you each have a place on your form for accounting for Extra Staff. For this item, at the end of each hour, just count any clear beads anywhere within your department and log that number on the form.

A useful point about these Steps Each Hour: they do not have to be done in the sequence shown here. ....{Point to **Steps Each Hour slide**}.... For example, if you have patients leaving your department during an hour, you may just go ahead and move any new arrivals waiting into care—as long as you wait the minimum hour delay for inter-department transfers.

11. Performance Measures

Your performance will be measured during the game in three areas: the quality of service that you deliver, your financial performance, and your ability to complete the game play within our allotted time.

You will affect financial performance when you cause patients to be turned away from the hospital (and you therefore lose a revenue opportunity), or when you use Extra Staff who are paid premium wages. You will accumulate quality errors when you keep patients waiting too long, when you divert ambulance patients to a more distant hospital, and if you use too many Extra Staff.

Your ability to complete the game play will require you to move along through steps and hours at a reasonable pace, within the time most groups require. I will periodically announce to the group where you should be in time so you can gauge your progress and adjust if needed.

12. Go to "Friday 1 pm"

Now, if everyone has done their paperwork for the Friday noon hour, we will together start the steps for the next simulated hour. Go ahead and flip the Arrivals card to the Friday 1 pm hour, take blue beads in the proper number and place them on the Arrivals arrow leading into your department.

At this time, if you called in Extra Staff during the prior hour, you will have clear beads in your Extra Staff Called box, which you should move into position in a treatment or bed space to be ready to care for additional patients.

Remember that the Arrivals step refers to the arrival of both extra staff and patients.

If you have staff available, this is a time when you may move any waiting blue patient beads into care, and you may also accept internal transfer requests from the prior hour. If you want to take an internal transfer request, and you have staff available, here's the procedure: take the Request card and give it back to the requesting department, and take the transfer patient into your department. The green side

should face down because the patient is no longer waiting to transfer. ...{Give players brief time to do this.}....

Go ahead now with your Exit step by turning over a Ready to Exit card; and go through the procedure for your department to either move patients out or issue Request cards to others. ....{Give players brief time to do this...and now you will be raising your voice, but just proceed}….

Next, make your decision about whether you are Closed; and decide about Staffing for the next hour. ....{Pause briefly...you are about to be ignored from now on!}….

And don't forget to complete your paperwork at the end of the hour. Then go ahead and continue to play on your own, through 2 pm and beyond.

DURING THE GAME PLAY

Wander about and carry a folder

As teams continue on their own, wander about and be alert for the situations described below. It is helpful to carry with you a folder in which you hold **Data cards** (to provide if requested, see below) and **Scoring forms** to provide as each team completes the game play.

How to handle questions

During the game play, if players ask permission to take an action that you did not speak to during the instructions (e.g., "Can we share staff?" or "Can we treat Emergency patients in the hallways?"), grant permission, and then move away to allow players to consider what they want to do. They should feel that it's ok to be creative as long as their actions do not explicitly violate the game instructions. See the sidebar for examples of player questions.

Examples of player questions and suggested responses

Q: Can we share staff?
A: You could.

Q: Can we double up patients with staff?
A: No, you must maintain one staff bead for each patient.

Q: Can we double up patients in rooms?
A: You could, as long as you keep a staff bead with each patient bead.

Q: Do we really have to do this [...comply with an event in a specific way, or something that feels to the player unreal or unreasonable...]?
A: You're the manager; you can decide about that one.

Q: Can we treat Emergency patients in the waiting room? In the hallway? In the Surgery dept?
A: You could.

Q: Do we really have to wait an hour to transfer a patient to another department? (And have that count on the Paperwork form?)
A: Yes, each transfer takes at least an hour. (Everyone is logging that same minimum one-hour wait time for Requests.)

Enable team initiative

Throughout the game play, it's best for the facilitator to remain somewhat aloof, available to readily answer questions or to intervene if needed, but not hovering over teams or watching too closely. Your actions and your body language should foster a self-directed team culture that enables natural work styles and team initiative during the course of game play.

Monitor the pace of teams

Generally monitor the pace of the teams, and once they are familiar with procedures, advise any very slow teams to work more quickly. Players should feel a bit pressed for time, which simulates conditions in the real world. Approximately two or three times during the game play, starting at approximately "midnight," announce to the whole group that everyone should now be at "x" hour or later (choose a time a few hours ahead of most teams).

When to provide a Data card

If a player asks about the relative consequence of different actions or decisions, provide a **Data card**, leaving it at that table. You need not explain it; just say "Here, this will help to answer your question," place the card on the table and continue to wander about.

Be ready for Events after 4 pm

When a team concludes "Friday 4 pm," they will be confronted with their first **Event card** in the Arrivals deck. Be ready to instruct each team as needed in how to handle Events: "Each player turn over the top **Event card** in your department, and do what it says during the next hour of game play."

Check Step Down after 8 pm
Soon after a team has played the "Friday 8 pm" hour, notice whether the Step Down player has turned over the Exit card that reads, "No Discharges 8 pm - 6 am." The Step Down manager will usually leave this card face up. (If the player has not been replacing used cards at the very bottom of the pile, this card won't appear at the correct time. If that has occurred, just make a friendly intervention to find the card and place it face up on top.)

No need to control every detail!
Use your own discretion, but in general, you need not intervene when teams, at times, do not play the game perfectly according to the game instructions. If a few players misunderstand a procedure or if some "cheat," this usually comes to light during the debrief discussion. Most minor variations in game play do not significantly affect team scores. Variation can actually make for a productive discussion later during the debrief.

Extra challenge options ~1 am during a full round of game play
Two extra challenges are described here for optional use by the facilitator to recharge and perhaps to refocus the attention of players.

- **Challenge: Reorganize!** At about the half-way point through the allocated time for the game play, it can be stimulating and fun to ask the group to pause their game play for an announcement; that the simulation is now going to include a "corporate reorganization" or words to that effect. Show the slide, **New Challenge: Reorganize!**, and ask everyone to stand up, move to a different department at their table (e.g., "Everyone move to the department on your left, be seated, and resume the game play.")

  In addition to the value of giving participants a brief physical stretch, players are likely to find that this move reinforces the experience of playing a limited role in a larger system, and it often leads them to see problems and opportunities from a different perspective.

- **Challenge: Divert!** This variation in the game play is appropriate only for game sessions with six or more tables and with groups that are capable of handling greater complexity. It can be useful, in particular, in programs in which you are teaching Systems Thinking or considering the alternative placement of boundaries when describing a system or process to improve.

  At approximately the half-way point, you may briefly interrupt the game play to modify the instructions about handling ambulance diversions. This option may liven up the game play and enable you to facilitate discussion later about awareness and considerations that are outside the boundaries of the organization. The addition is made well into the game play, after players are comfortable with the process. They would generally be unable to assimilate these instructions earlier while occupied learning the basic procedures.

  Here is a script for this additional instruction.

  Would everyone stop playing for a minute for an announcement? You are all managing the game so smoothly that I need to modify the instructions to add one more notch of complexity! ….{Show the slide, New Challenge: Divert!}….

From now on, if an Emergency Department manager puts up the Divert sign and there are ambulance arrivals the next hour, Emergency managers should continue to log those arrivals as diversions, but now you will literally divert them to another hospital; in other words, take those blue beads from the cup, get up and deliver them to another hospital's Emergency Department.

If the hospital you go to also has its Divert sign up in the Emergency Department, you'll have to go around to others to find one that's open. And if by chance all the ERs are diverting, you will have to take them back into your Emergency waiting area. If, when you go to another hospital's ER, its Divert sign is down, that hospital must take the additional ambulance patients.

Now, it will be important to account for these patients in your paperwork. Emergency Department managers, would you add a check box somewhere on your Paperwork form where you can keep track of any extra ambulance patients that you accept from other hospitals. Then, at the end of the game when you add up your numbers, you will subtract from your total diversions any extra patients you accepted.

And Emergency managers that have raised their Divert signs, you will have to add to your paperwork any additional patients you divert as a result of another hospital attempting to bring you diverted patients.

So, when you're taking diverted ambulance patients to other hospitals, do go to the nearby hospital—even if you can see that their Divert sign is up—and tell the Emergency manager that she or he is now diverting "x" number of additional ambulance patients so that number will be logged on that manager's Paperwork form. If you don't bother to do this, you'll be giving an unfair advantage to other hospitals.

Now go back to the game play.

As each team completes the game play

When a team has completed the game play, give the team a **Quality Performance worksheet**, a **Financial Performance worksheet** and a **Team Performance chart**. Tell everyone at the table to contribute to completing these.

Any team done with scoring ahead of others can make good use of the extra time. Ask the team to clean up their table by (a) sorting beads by color and placing them in cups, and (b) putting all cards back in their original position on the board.

If some teams are slow to complete the game play

If most teams have completed the game and one or two teams are lagging, advise the slower teams that they have "x" minutes remaining to complete as many game hours as they can. At that time, announce that everyone must stop playing and add up their paperwork.

While teams are calculating scores

Put up the **Record Your Scores slide** and announce that everyone should be calculating scores and taking a short break until a time that you announce that the program will resume. Collect the completed Team Performance charts for display.

DURING THE STRETCH BREAK: DISPLAY TEAM SCORES

During the stretch break, create a gallery display of **Team Performance charts** that each team has produced. A preferred display is to tape these in a horizontal row on a wall in order of performance—from generally lowest to highest scores. This will form a sort of "horizontal thermometer" to easily view relative scores.

Participants will be curious about their team's performance and variation within the larger group, and you will have provided an interesting place for people to informally gather during the break to look over the scores. There is more than just social benefit to providing this space and time for people; it helps participants transition from playing the game to reflecting about the experience and its meaning.

AFTER THE GAME PLAY AND SCORING

Soon after the game play participants should reflect about the experience within a framework that you provide. Ask teams at each table to first discuss their experience; then follow the team discussions with a facilitated, interactive discussion with the entire group.

A basic debrief discussion outline with supporting slides is described in the next section of this **Guide**. It's best to use this material as a reference as you design your own debrief based on the learning objectives for your group.

After the debrief, consider providing participants with a reference document to remind them of lessons learned. A copy of the slides may serve this purpose.

Develop a plan for debriefing the game experience with the group. A successful outcome will result in participants understanding:

- What happened during the game play, and its meaning to them; and
- How to integrate lessons from the experience into routine behaviors and practices.

If your learning objectives are broad, you will want to cover a greater breadth of material during the debriefing. If your learning objectives are very specific, you may choose to focus the debriefing more narrowly and deeply on a particular point or set of points.

If you are comfortable facilitating the group discussion "on the fly," you may make some basic plans while expecting to learn from participants what they perceive as important issues or dilemmas or challenges that would be most productive to work on—and then adjust the content of your debriefing accordingly.

As you prepare for the debrief, consider using or modifying the support material provided in this **Guide**:

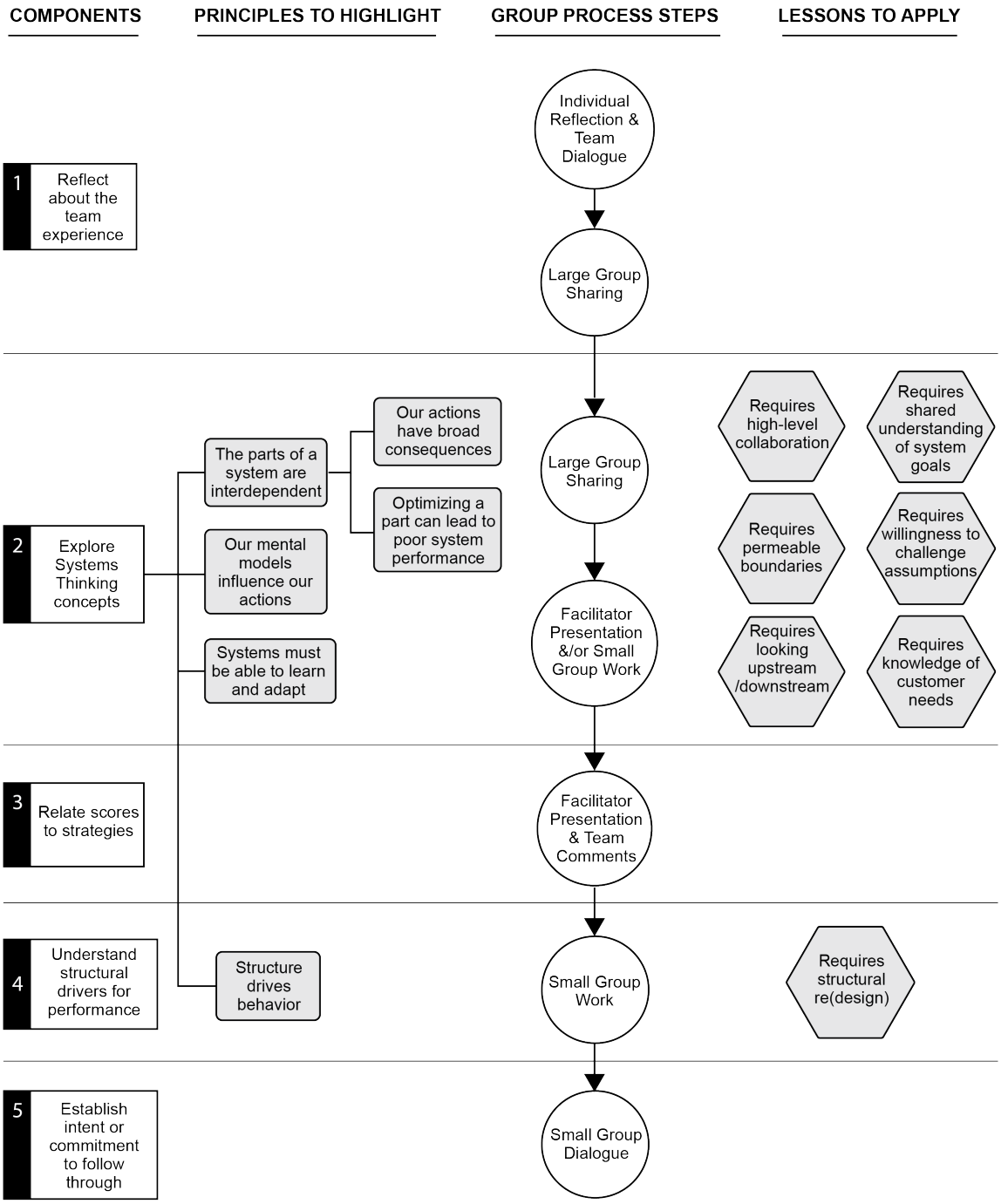
- Debrief Outline (on the pages that follow): this outline can serve as a template for broadly covering Systems Thinking principles;
- Customizing the Debrief (starting on page 32): some ideas for using the **Friday Night at the ER** experience for different learning objectives;
- Other Group Exercises (starting on page 35): several exercises that support key points of the debrief.

A take-away document, **Notes Handout**, is provided on the Downloads page in the Support Center (support.fridaynightattheer.com) and also shown on page 56. During or after the debrief, provide this document to participants and encourage them to make personal notes. It is intended to reinforce key lessons from the program while allowing individuals to record their own learning points.

A STANDARD DEBRIEF FOR TEACHING SYSTEMS THINKING

The following diagram and supporting material provides a template for a standard debrief that is designed to incorporate core concepts of Systems Thinking and how to put them into practice.

Sample Template for Debrief



Component 1: Reflect about the team experience

Ask teams to spend 10 minutes reflecting together and answering the three questions on the **Team Dialogue** slide. Following their dialogue in small teams, elicit comments from the large group. You may record responses using the next three slides or a flip chart.

- **What felt real?** Likely responses: time pressure; unpredictable events; worry about department expenses; dependency on other departments; inadequate knowledge about consequences of decisions; uneven workloads; uncertain demand.

  Many of their feelings during the game play and the basic conditions of the system represented in the game are similar to experience within their own organization.

- **What drove your behavior?** Likely responses: desire to minimize patient waiting time; minimize expense; a team-developed plan; the game instructions.

  Drivers of our behavior may include values, assumptions, data and policies.

- **Strategies for improvement?** Likely responses: equip the team with data about the relative value of alternative decisions or policies; develop a shared team vision or collaborative plan; share staff across departments; treat Emergency patients in temporary locations such as "hallways" or the Surgery department; double up patients and staff in rooms.

  We are often good at identifying improvement strategies after a shared experience and an opportunity to reflect. Let's evaluate these strategies after examining the system represented by the game and its relevance to our real organization.

Component 2: Explore Systems Thinking concepts and core strategies

Suggest that the group examine more closely what happened during the game play and why, to see if the group can discover useful principles about the way systems operate and how to manage within them. Systems science teaches that all systems exhibit common characteristics and behave in predictable ways. We can use the system represented in the game as an illustration while thinking about how to transfer principles from the game experience to the real world.

You may ask a series of leading questions, or present ideas and ask participants for comments and illustrative examples.

- Using the **Process Flow** slide (or simply referring to the game board), one can observe that the parts of the system are interdependent. Performance of the system, therefore, requires that the parts work well together—sharing responsibility for system performance and coordinating the functions within it.

- In the game, the more one focuses only on departmental performance, the worse the system as a whole performs. For example:
  - "Protecting" your department from the expense of calling in staff results in better financial performance for that department…but it causes backlogs in the system and results in excessive patient waiting time, leading to poor overall hospital performance.

- Keeping the Emergency door open to ambulances results in better performance in the Emergency department, but its ripple effects can deluge other departments if they are unprepared or unwilling to support by adding extra staff.

The game play provides the experience of playing a limited role in a complex system where locally rational actions can produce undesirable consequences for the system as a whole.

Who in the game is responsible for Emergency patient waiting? Answer: Everyone. Notice, in fact, that it's the Step Down position that has the greatest impact on Emergency patient waiting, as evidenced in the game play when the Step Down player closed the exit door during the night hours and patients throughout the system backed up. Step Down is the only department "downstream" that can exit patients out of the hospital.

In complex systems cause and effect are often distant, requiring an ability to look far "upstream" and "downstream" to identify causes of a problem.

- As you move from a focus on the game experience to applying its learnings, use the slide, **Systems Thinking**, to place **Friday Night at the ER** within the context of the discipline that is the theoretical basis for the game. People often find it grounding to hear a basic definition of a system as "a collection of parts that function together for a purpose." You can point out that we live and work within many systems: an economic system, a solar system, our family is a system, our human bodies are a system.
- In the game, the hospital was a system with parts that included four departments, and we saw that those departments were interdependent and they functioned together as a system. The slide, **All companies have interdependent functions**, shows the example of a manufacturing company in which the different functional parts might include Sales, Order Processing, Parts Inventory, Assembly, etc. Just as in our hospital example, where we asked "Who is responsible for Emergency patient waiting?" we might ask here, "Who is responsible for on-time delivery?" The answer, of course, is not just the Delivery function or the Assembly function…every part plays a significant role, all the way back to the Sales people who promised a delivery time in the first place. Again, the answer is "everyone is responsible." **Excellents of the parts is necessary** but not sufficient for achieving performance requirements of the system.
- A key lesson of **Friday Night at the ER** is stated on the next slide: we must **Optimize the system**, not just the parts, if we want to work within organizations that perform well. We need a dual focus on both local and system performance, and to understand how interdependent elements interact. That's the essence of applying the discipline of Systems Thinking.

  The market will judge your performance as a whole organization, not as a department. The "parts" must share an understanding of system goals and work across functional boundaries to achieve them.

For high performance of the system in which we work, three core strategies are needed.

Core strategy 1: Collaboration.

The inevitable failure of a non-collaborative approach is illustrated by the **Leaking Boat** cartoon. The parts of a system are "in the same boat." It's easy to forget that when we're sitting in a particular part, often with barriers in between the parts. During the game play, Emergency players probably felt like the people in the cartoon who are bailing the boat. Other players may have felt distant from the problem of Emergency patients waiting.

The slide, **How to Collaborate**, refers to collaborative actions in the game play. Show the **Collaboration Ladder** to be explicit about collaborative actions in organizations. Often people in organizations consider the lower "rungs on the ladder" as adequate collaborative behavior. We need to be willing and able to move up the ladder to achieve high-level system performance.

The slide, **Barriers to moving up** provides a few examples we hear from people to identify some barriers in their organization that seems to prevent people from higher levels of collaboration.

Core strategy 2: Innovation.

In addition to functional or departmental boundaries, participants in the game play have an opportunity to realize another type of boundary—the boundary created by mental models, or assumptions.

The **Caveman Wheel Race** cartoon shows an innovation that is met with surprise by those whose mental models were boundaried by tradition.

One could observe the powerful influence of mental models on player actions in the game. Refer to the slide, **How to Innovate**. If your group is typical, one or more teams shared staff (or took some other innovative action) during the game play, and other teams did not. The game instructor never says that teams can't share staff—so what causes some teams to act as if this is not allowed? When asked about this, participants will realize that assumptions they brought to the game play limited the possibilities that they considered. Innovation—being open to new practices and willing to redesign processes that don't work—is one of the ingredients to success in the game, although innovation often requires reaching beyond deeply-entrenched mental models and automatic behaviors.

Our mental models, whether conscious or unconscious, become "rules" which affect our behavior and the actions we take. They come from our experiences and our tendency to draw broad conclusions from bits of evidence—at times, evidence that is insufficient or not relevant to the specific situation at hand!

It is useful to become explicit in organizations about "rules" or norms that people are expected to follow and when is it acceptable or desirable for people to challenge them. In healthcare, for example, it is very important for personnel to follow certain rules or protocol (e.g., label the specimen with the patient identity); yet healthcare managers often carry an inclination for rules into the business-management arena where they limit the initiative that is needed to improve performance.

You may ask participants to consider two important questions, shown in the slide, **Here are 2 Key Questions**. These two questions (i.e, Do we want people to challenge "rules"? What is OK and what is not OK to challenge?) are often not explicitly addressed in organizations; yet there can be much benefit to doing so.

Core strategy 3: Data-Driven.

Finally, successful systems are capable of learning and adapting to meet its goals. Successful organizations continuously seek to learn the requirements (and the changing requirements) of customers, and must be able to rapidly adapt so that processes produce intended results.

The **Which is better** cartoon can be used to illustrate the need for managing with a set of measurements that indicate your position relative to key performance goals.

As referenced in the slide, **How to be Data Driven**, in the game we simulate the need to learn customer requirements by demonstrating the value of data.

The game players will readily agree that, if they had known the data in advance, they would have made different decisions during the game play. Yet it is rare for teams to ask for data during the game play—as if they are accustomed to the lack of knowledge in organizations and decision-making practices that are not data-driven.

If not already discussed, you may point out that during the game play you were holding Data cards (like the one shown on the slide). When someone asked for more information, you would have provided the team with the Data card. In the game, people report that the experience of managing without much data feels uncertain and stressful. If teams were to play the game again with the knowledge they have now discovered, they would feel confident that their decisions would produce good results.

Many people hold a mental model that adding staff is expensive and prohibitive. Yet in the game (and for many real organizations), it is far more costly to turn away customers. In most organizations, we are good at measuring and holding people accountable for staff expense; we are not so good at measuring and holding people accountable for the costs associated with customer waiting.

A simple inquiry may be made at this point to get feedback from participants about whether they have data they need to manage in their jobs. The slide, **Do you have a dashboard** can help to stimulate reflection or it may trigger a call to action.

There is power in knowledge—knowing what customers value, knowing what processes will produce that value, and acting accordingly.

Component 3: Relate game scores to strategies

In summary, to successfully manage within complex systems, we have identified three core strategies: collaboration, innovation and data-driven decision making, as shown on the slide, **These 3 Core Strategies**.

Recognize that they are a "bundle"—that is, all three principles must be operative. For example, a team or an organization can be highly collaborative, but without innovation, they may just be very good at reinforcing the status quo! Innovation without collaboration can cause havoc or lead to adversarial relationships between the parts of an organization. And, both collaboration and innovation are meaningful only when driven by performance data.

You may use the slide, **Our Core Strategies**, to point out that these strategies derive from and operationalize key principles of Systems Thinking.

The slide, **You essentially identifed these** may help you to make the reassuring point—that partipants (almost certainly) essentially identified these three strategies after the game play—by referring back to the list created they created earlier. You can point out where in the list they identified collaboration as a strategy, their examples of innovation, and the advice about learning the data that they discovered when calculating team scores.

Now you have the opportunity to relate team scores from the game to the three core strategies.

Refer to scores displayed in the gallery of **Team Performance charts**. Ask one or two of the best-scoring teams to explain their good performance after considering the three core strategies. Did they collaborate and devise a shared strategy? Did they innovate? Did they drive their decisions with data? Unless there were major accounting errors in team

scoring calcuations, you will find that these outer ranges of the group's scores will validate the strategies.

Component 4: Understand structural drivers for performance

Ask participants to consider whether the three core strategies for success in the game play are relevant as key strategies for their real organization as well. They will agree!

As illustrated on the slide, **We already knew**, these strategies do not represent new concepts; it is likely that all participants have heard about them many times during their careers. Why then, when placed "in the trenches"—either in the real world or in a simulation such as the **Friday Night at the ER** game—don't we *behave* as if we knew those strategies: acting collaboratively, with innovation and driven by data?

After some reflection, participants will realize that there are powerful drivers of our behavior beyond our intellectual knowledge. You may refer back to the drivers identified by the group during Component 1. Explain the systems thinking axiom, "structure drives behavior," shown on the **Structure drives behavior** slide.

To illustrate the meaning of that axiom, show the group the first diagram of the rowers in a crew shell. Point out that this represents a team of rowers who are highly skilled, they are motivated and they are well-practiced; and they are operating within a structure that enables them to move quickly through the water toward their goal.

Then ask, "What would happen if that same team were placed in a different structure?" and show the second, round boat. Remind people that this team is highly skilled, they are motivated, and they are well-practiced! If you place people within a poorly-designed structure, their performance will be poor. It's the structure, not the attributes of the individuals, that determines the behavior of this system.

The next slide, **Some elements of structure in the game**, relates this concept to the game play experience. Provide examples of the elements of structure in the game play: the assigned roles of players as "department managers" and their position in front of boxed areas on the game board, which may have led to a sense of primary responsibility to the department rather than the system; the accounting process with activity recorded by department, which again may have led players to be concerned that their departmental performance was most important (rather than system performance).

Provide examples of the elements of structure in organizations using the slide, **Here are some common elements**. Any and all of these elements of structure influence people and performance.

There is a quick and easy way to take a look at structure within our organizations relative to the behavior we want to produce. A slide with talk bubbles, **So, if we want people to collaborate**, leads into the productive group exercise that follows, named on the next slide, **Force Field Analysis**.

Demonstrate the basic parts of this tool using the **Force Field Example** slide. (See notes associated with the slide for tips explaining each part.)

Consider dividing the group in three, and direct each smaller group to develop a force field analysis for one of the three core strategies: Collaboration, Innovation, and Data-Driven Decision Making. The slide, **You try it**, provides instructions for their reference.

Provide each group with flip-chart paper and a marker.[1] Ask that each group identify a facilitator to keep the discussion focused and complete the exercise in the allocated time[2].

After the exercise, reassemble the large group. Ask a spokesperson for each small group to briefly report their top two forces on each side of their Force Field diagram.

Ask for ideas from participants about which side *of* the force field is typically more influential on behavior. Offer the insight that inhibiting forces are the more powerful elements of structure that drive behavior. An organization needs something on the "driving" side; but significant inhibiting forces will produce resistance in the organization that can render the driving forces ineffective.

End this exercise on an optimistic message. You may use the slide, **Actions and Results**. The triangle can be seen as an iceberg, and one could ask, where is the "water level" in our organization? In some organizations, people just see Events and spend all their time reacting to them.

People in leadership roles can do something about structure! First, we can make explicit the structures that drive behavior; then, we can redesign them. Use this work to lead into the final component of the debrief.

Component 5. Establish intent or commitment for follow-through

With the whole group assembled, perhaps in a circle, invite a dialogue about important insights gained, important lessons to bring forward and/or what people want to do with information from the force field analysis exercise.

Clearly indicate what follow-through the group can expect. This may be a commitment by a senior leader who is part of the group, or it may be an interest expressed by the group to take some action.

Finally, to gather useful feedback from participants about insights gained and issues to follow up, consider using the **Closing Feedback** slide when asking people to submit brief written remarks before they leave.

CUSTOMIZING THE DEBRIEF

Many organizations and groups use **Friday Night at the ER** to advance learning in a specific, relevant context to the group. A few examples are highlighted below. Information in this section is intended to illustrate the versatility of the tool and to stimulate ideas; it is by no means definitive.

Teaching systems thinking as a backdrop to planning or strategy sessions

Leaders of an organization often set aside time for a retreat focused on strategic or business planning. A **Friday Night at the ER** game session can be an entertaining as well as helpful backdrop to begin such a retreat and enhance the group's understanding of the concepts of whole-system planning.

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[1] Or provide copies of the Force Field Analysis Handout that is available on the Downloads page in the Support Center (support.fridaynightattheer.com).

[2] Generally allow 20 to 30 minutes for small groups of 5 to 8 participants.

Among the aspects of **Friday Night at the ER** that can support strategic planning:

- Defining the system within which we can plan. You may ask participants to make an analogy between the boundaries of the game (the hospital departments, the hospital, the community) and their own planning boundaries. What is the system within which the planning group functions? their organization? their community? a geographic market?
- Environmental assessment. The rules of the game can be likened to the regulatory environment or population trends and characteristics. You can ask participants to list real planning constraints or rules (such as laws, competitor activity, and population growth statistics) as distinguished from perceived constraints (such as organizational practice norms, a historic performance problem, budget guidelines, perceptions of image). Just as in the game, it may be best to "break" certain perceived rules. You can ask a planning group to consider which of their own constraints are negotiable. Could they justify a budget change? Alter certain norms of practice? Reach across organizational boundaries? Bring about a regulatory change?
- The game experience teaches that individual departments working toward their own separate objectives are not as effective as collaborative efforts involving the entire system. In a planning effort, it can be useful to highlight this point to ask if all the necessary stakeholders are represented at the planning table, and then to establish plans for a cross-functional approach to management.
- More data are available to **Friday Night at the ER** participants than they typically ask for. A strategy group can be asked to identify and assess their existing data sources. What data would they wish for if they could have anything they wanted? Can they create a dashboard of indicators to measure performance in key areas? How will work units become knowledgeable about tracking organizational performance and understanding their contribution to it?
- The game experience leads to an understanding of the powerful influence of "structure" in an organization. Are there structural barriers that inhibit the performance we want to achieve? How will we assess and redesign key elements of structure?

Using Friday Night at the ER with Process Improvement work

Cross-functional improvement teams charged with the responsibility for improving work processes can use **Friday Night at the ER** as a kick-off or team-training exercise. Some of the many ways that the game can support process improvement are listed here.

- The arrivals and events of the game lead to participant action. This is the level at which we function most of the time. You may highlight for game players how quality efforts often attempt to go beyond the "fire-fighting" response toward the understanding of trends and patterns (run charts, Pareto analysis, etc.). Systems thinking and process improvement attempt to reach a deeper level, to an understanding of the structures (policies, processes, physical structures, cultures) that determine individual performance.
- Reducing Emergency waiting time is a common improvement initiative in hospitals. It can be useful to ask a hospital group that has just played **Friday Night at the ER**, "Where do we usually concentrate our efforts when we undertake to reduce Emergency waiting time?" Frequent answer: in the Emergency Department. The experience of the game highlights the reason we assemble cross-functional teams and

the need to look "upstream" and "downstream" to identify the greatest leverage points for improvement.

- The experience of **Friday Night at the ER** is a simplified simulation, a microworld of real experiences in real hospitals. The game board resembles a flow chart, and players often comment that it's illuminating to be able to see the larger process in which they are working. Improvement teams can learn the usefulness of going from a flow chart diagram to actually simulating the work process under study. You might ask the team if a mockup of their process could be useful to see where bottlenecks occur.
- **Friday Night at the ER** demonstrates the importance of data-driven decisionmaking. In process improvement teams, data must also be collected and monitored to determine the scope of the problem and the likely success of the solution. Teams will often complain that they do not have the right data available; the experience with **Friday Night at the ER** may be used to motivate people to develop needed data or to design practical new information sources.
- Finally, the strategies for success in the game (Collaboration, Innovation, and Data-Driven Decision Making) can become guiding principles for process improvement work. Team improvement work must exhibit all three strategies to achieve desired results.

Redesign initiatives

The lessons of **Friday Night at the ER** for reengineering and large-scale redesign team efforts are similar to those of planning and process improvement. Additional learnings that can be useful in this area:

- Consider the impact of redesign on other parts of the system. What if the Emergency manager in the game decides unilaterally to redesign its transfer processes? What happens in the game when Step Down can't exit at night? Reengineering teams can be helped to remember to test their designs to determine system impact that may be removed in space and time from their efforts. Often, significant culture change requires reeingineering or redesign within organizations at the structural level.
- Challenging the rules is especially pertinent to reengineering efforts. Ask team members what rules they might encounter in their redesign and which of them might be successfully changed. A reengineering program is unlikely to be successful unless some long-established rules—both real and perceived—are "broken" up and challenged. It can be productive for a redesign team to consider how it felt to abide by or change the rules in the **Friday Night at the ER** game, and how their idealized designs might be received within the organization's culture.
- When new core processes are designed, it is almost a given that existing data collection and analysis will also have to be redesigned. For this reason, information system experts are critical partners in the redesign of work systems. The game's data dependency and measurement aspects may be highlighted for the team's heightened understanding of this point.

Integration of organizational components

Many businesses are restructuring, downsizing, merging and creating new, integrated management systems. When organizations merge, their cultures often clash. Many businesses have found **Friday Night at the ER** useful in sending a "we are one" message at an experiential level.

Aspects of **Friday Night at the ER** that can support integration:

- Analogies can easily be made during the debrief between the functional boundaries in the game and differing business purposes that may exist across newly merged or integrated entities. What happens when individual department budget considerations, for example, become the focus in the game rather than overall system performance? And what happens in real life when organizations are merged but their budgets aren't, or when allied business entities are separately incentivized?
- Leaders and managers of newly-merged organizations can consider the metaphor illustrated by the "Leaking Boat" cartoon: what will we do if one of us appears to be sinking?

General team building

The **Friday Night at the ER** experience has proved useful for meeting a variety of team-building needs. The shared experience can bring together individuals who have not worked together. Certainly one of the fundamental principles taught by the game is that individuals in a system are interdependent, and individual performance is enhanced by teamwork.

Aspects of **Friday Night at the ER** that can support team building:

- A conversation around the lessons of the game regarding collaboration. Why don't we collaborate when we get caught up in the time pressures of the game, even though we know we should? What elements of the game's structure get in the way of collaboration? And what elements of structure get in the way of collaboration in real life? The Collaboration Ladder exercise can be useful here.
- How did the game play bring out different management styles of the players? What did you learn about your own style? How do you benefit (or in what ways are you challenged) by working with others on a team? What insights can be gained regarding communication practices; leadership styles; learning methods?
- The debrief can be structured as a dialogue session and used to train a group in dialogue technique. This is described more fully in the instructions for other debrief exercises below.

OTHER GROUP EXERCISES FOR THE DEBRIEF

The learning process and the overall participant experience will be enhanced by including one or more group exercises during the debrief. The exercises listed here may be useful to you, or they may stimulate ideas.

The Collaboration Ladder

Refer to the **Collaboration Ladder** slide. Give the group about five or ten minutes to discuss in teams the answer to the question: where would you place our organization on the Collaboration Ladder? They may be asked to list under each rung of the ladder examples of how the organization "communicates needed information" or "treats peers as customers," for example. Ask teams to score the organization, using 1 (lowest rung of the ladder) to 5 (highest rung).

Debrief by asking each team to report their scores and their reasoning. When all teams have reported, add up all the scores and divide by the number of teams for an "average organization collaboration score;" or observe whether participants hold a generally common perspective about this, or if responses to this question are disparate (and learn

why). Ask for discussion of what the scores mean, and what would be required for the organization to move up the ladder.

This can lead to the next exercise, which identifies barriers to moving up the Collaboration Ladder.

A Collaboration Force Field Analysis

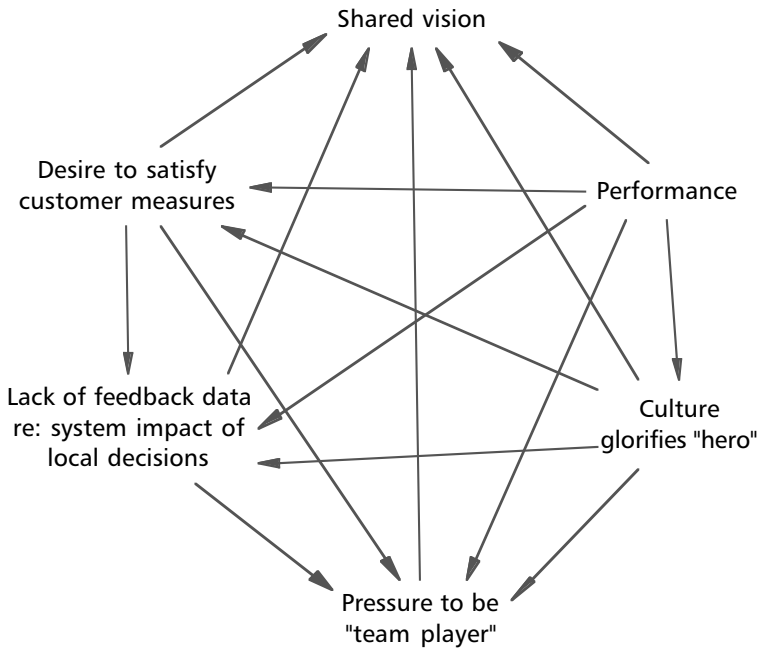
This exercise is a variation of the force field analysis exercise that is referenced in the standard debrief discussion on page 31.

Ask the full group for suggestions on what would "drive" the organization to collaborate more and promote a culture of collaboration. List those suggestions on the left-hand side of a force field diagram under the heading "Drivers.".

Then ask the group, what gets in the organization's way? What is (unintentionally) inhibiting collaboration? List these factors on the right hand side of the diagram, under the heading "Inhibiting Forces."

You may then ask the group for thoughts on which side they think is stronger—driving or inhibiting forces? In Systems Thinking, we learn that inhibiting forces are stronger, and the best leverage is achieved by removing them, rather than pushing harder on drivers—the latter being our usual inclination.

An option here, to select the most influential leverage points, is to list some of the more frequently-identified factors from both drivers and inhibors on a page and then to create an interrelationship diagram. This is constructed as follows. Array several of the major factors on a page. Take two factors at a time and ask the group, which influences which? Or, which is stronger? If some say "both", tell them they must choose one as the stronger influence. Draw arrows between the factors from "cause" to "effect" or stronger to weaker. Your diagram might look something like this:



When an arrow has been drawn between all pairs of possible combinations, the factor(s) with the most arrows leaving them are the strongest influences around which the organization should focus its initial effort.

Examining Rules

When a team is setting out to improve performance, consider this exercise to examine the "rules" (the policies, practices and widely-held assumptions) that limit their ability to innovate.

This exercise goes along with the **Innovation slide** that asks, "What's OK and what's not OK to challenge?" It provides a way for team members to become explicit and concrete.

Create a document with four columns:

Rule	Origin & Rationale	Benefits to Eliminate or Modify	Adverse Consequences (to others)

Ask one or more teams to list all the "rules" that limit their ability to improve. You will often find a rather prolific list in the left-hand column. Then go back and indicate, for each one, its origin and rationale. You will find a number of "rules" that were established for an outmoded purpose or in a very different environment than that which exists today. It is also eye-opening when teams discover they cannot come up with either the origin or a rationale for the rule, other than "it's just the way we've always done it."

Complete the chart by considering, for each rule: What would be the beneift to eliminate or modify the rule? Would there be any adverse consequences to others in doing so? To answer the latter question it may be fruitful for team members to be sent out into the organization to consult with others and inquire about potential impact.

Causal Loop Diagram exercise

A group that is familiar with the use of Causal Loop Diagrams may be challenged and stimulated to explore key dynamics and feedback demonstrated in the **Friday Night at the ER** game using this technique.

Small groups could be asked to diagram their theories about key interpersonal or system dynamics exhibited during the game play. They would present their ideas using Causal Loop Diagrams and invite others to challenge or to validate their reasoning.

Mental Modeling exercise

Show the group a sample document that looks like this:

Mental Models or Assumptions	Possible alternatives
I must manage within my department as best I can	*I should request support from other departments if needed*
It's OK to keep patients waiting	*It's not OK to keep patients waiting*

Review your reasoning in placing in the left-hand column the assumptions that many teams initially made during the game play, and then placing in the right-hand column the possible alternative assumptions they could have made or did make later in the game.

Explain that we all have certain mental models about how things "should" operate. It is often helpful to state the opposite of those assumptions and explore whether they might be possible or plausible as a way of challenging our own mental models and opening up our awareness to new possibilities.

Divide the group into small groups. Ask each group to create the same two columns on a sheet of paper. Now, ask them to think about a problem they're facing in their work life or in the organization. In the left-hand column, create a list of assumptions or beliefs regarding that problem. Then, for each item listed, write down a phrase in the right-hand column that reverses the assumption. Consider each one and circle the pairs of left- and right-hand column assumptions that could both be plausible.

Ask for small groups to report their insights from the exercise to the large group.

Dialogue

Dialogue may be used as an effective closure exercise for personal reflection and sharing insights gained from the learning experience.

Assemble chairs in a circle. Briefly set some ground rules for dialogue—something like the following:

> "Dialogue is different from discussion. If the topic under consideration were a ball in my hand, discussion would be represented by my throwing it to Eva, Eva throwing it to Andre, and Andre throwing it back to Eva. In discussion, we take positions, advocate for those positions, and sometimes debate them with each other. In dialogue, it's as if we were to suspend the ball in the center, and in our conversation, we examine it from different points of view.
>
> So I'm going to start our dialogue by asking a question, but don't answer me. Pretend I'm not the facilitator—just say what ever you'd like about what thoughts that question brings to your mind. One person will speak at a time, but each person speaking may take the conversation in any direction s/he feels inspired to go by the thoughts of others. And from time to time I may throw in another question. We will see whether this reflection is helpful in gaining some collective insights into today's experience."

Some suggested questions for seeding the dialogue:

- Would anyone be willing to relate how their thinking has changed as a result of our experience today?
- What would you say was the most powerful point for you today? What insight will you take away from today?
- How can we encourage people in the organization to think and act with the understanding that we are a system?

QUESTIONS AND ANSWERS

Regarding game players. . .

Do players require special skill or knowledge? Is anyone not suitable as a game participant?

We have found that people at all levels and in diverse organizations and community settings play the game and relate to its lessons without difficulty.

The only exception is for people who play the Emergency Department manager role, which requires an ability to perform multiple tasks while making judgments during a limited time period. This is a busy job! Rarely, but occasionally, you may come across someone who is not up to the challenge. If you can identify such individuals in advance, watch for their arrival as people gather for a game session and take the initiative to usher her or him to a less-busy department such as Critical Care, or place five players at the table and direct two people to play the Emergency manager role.

What if some players have played this game before?

We frequently see people playing the game a second time (or more) in an organization, and they continue to enjoy and gain from the experience. Interestingly, they report different experiences and insights based on different teammates at the table, and they are often pleased about the ability to build on prior experience.

Experienced players will hold an advantage over new players, and their knowledge can get in the way of new players experiencing their own learning through the game play. To prevent this potential problem, you may place experienced players together in teams. Their performance is likely to be superior, and you can feature them during the debrief as an example of results that are possible when a team understands the system, collaborates, etc.

What if actual job positions represented in the group include people with different levels of authority within the organization?

Sometimes team members are intimidated by the presence of senior leaders on their team and they may feel less free to take risks. Or senior managers may feel compelled to take charge and direct the team, or they too may be inclined to hold back. Some suggestions for dealing with these dynamics:

- Consider including some phrase like, "leave rank at the door," in a set of pre-game ground rules. You can assure the group in advance that this is a learning game for everyone, and no one's career or reputation is on the line.
- Consider prearranged, assigned seating.
- Another possibility is to assign five people around the table; instruct four to play the role of department managers and one to play the role of "administrator" (which you may leave undefined). Assigning specific and different roles adds another set of dynamics to the game experience in that people will play out their assumptions about the way those roles behave and interact. The definition of roles and their meaning will then likely become a topic of interest during the debrief discussion.

What if the group is actually from a hospital organization, with the actual managers of Emergency, Surgery, etc. as participants?

In this case, direct people to sit at stations that represent departments they do not actually manage. This will enable them to experience the organization from a different perspective, and they will be more spontaneous as they step away from their actual management issues.

Regarding logistics. . .

What is the best group size?

The **Friday Night at the ER** game works well with different-sized groups. We have seen great experiences with groups as small as four and as large as 300! Let your objectives and your circumstances drive the group-size decision.

As a general principle, a group size of 24 people (at six tables) is ideal—it provides enough diversity to demonstrate different mental models and management practices, yet it is small enough to enable a rich, interactive debriefing.

How much time should I block?

Allow 3.5 to 4 hours—2 hours from the start of instructions to the end of the scoring and break, and 1.5 to 2 hours for the debrief. The debrief time will vary depending on your design. If you follow the Debrief Outline described in this **Guide**, allow 2 hours for it.

Can I shorten the 3.5 to 4 hour time allotment?

It is often difficult to pull people away from their jobs for extended periods of time and you may feel pressured to shorten the experience. If at all possible, stand for quality and allocate the necessary time. If you must compress the time allotment, here are techniques for cutting up to 20 minutes from the game play:

- Include a firm start time in the invitation. Make sure everything is fully set up and ready to go. Start on time!
- Eliminate the use of Events—instruct players to simply ignore those cards.
- Do not use either of the Options described in the section, "During the Game Play."
- During the introduction, tell the group that you will stop the game play at "9 am" game time or at a certain actual time. Preferably, allow enough game play time for players to experience the game's busy night hours and some relief in pressure as Emergency arrivals and Step Down exits return to normal on Saturday morning.
- Provide trained helpers to assist teams to calculate scores, to collect scores from each table, and to post scores for display.
- Combine scoring tasks with break time.

Can we play with five players at a table, or just three?

The best game play is with four players, one for each station. If, however, your headcount is not divisible by four, here are suggestions:

To play with five at a game board, place two people at the Emergency department—perhaps naming one as consultant to the Emergency manager. Ask these two individuals to switch places halfway through the game play; they should each play a 12-hour shift so that each person has a hands-on experience.

Alternatively, assign a different role for a fifth person at one or more tables. They can observe and you may ask them to write down certain observations during the game play, which they will later share with the team.

Just three players at a table is not advised, unless you have people in your group who are familiar with the **Friday Night at the ER** game from prior experience. In this case, you may ask an experienced player to manage both Step Down and Critical Care at a table.

Shouldn't players re-play the game to apply learnings?

When the **Friday Night at the ER** game is used as part of a longer program (e.g., a full-day or multi-day program), it can be productive and satisfying to participants if they are provided an opportunity to replay the game. The second round of game play with a group requires considerably less time allocation, since you need not repeat the game instructions and players are generally quick and energized to apply what they now know. Scores will substantially improve.

A hybrid version of this idea is to play the game once, but pause at approximately the 12-hour mark for a "midnight" planning break. A short debrief can lead participants to become aware of some best practices, or the importance of collaboration, innovation and data-driven decisions, and teams are then encouraged to plan how they will put these strategies into practice as they resume the game play. Team performance during the second half of game play will improve.

Can I use this tool with very large groups?

You can use the **Friday Night at the ER** game with large groups if the room setup is adequate. Participants must be able to see the projection screen, see and hear the facilitator and be able to hear one another during the debrief comments. If the room is large enough for the game play, but the room's shape or acoustics are not suitable for the debrief and other exercises, consider ending the game play in the large room and then relocating to a smaller room for the debrief.

Large groups (e.g., 40 or more) require one or more helpers to support the facilitator during the game play and the scoring process, and to perhaps make a hand-held microphone available to participants who offer remarks during the debrief.

See Tips for Managing Large Groups on page 58.

Can a Friday Night at the ER learning program be successful if offered in the evening?

You can use **Friday Night at the ER** in an evening program, but consider certain limitations and adjust your expectations for the learning yield. While participants are likely to enjoy the game experience, they will be fatigued by the time you are ready for a debrief discussion.

One possibility is to trim the debrief that follows the game play to just key questions for discussion. Ask people to write down ideas before leaving the room. Collect their ideas and provide a summary document back to participants the next day or when a follow-up discussion can take place.

I have Friday Night at the ER original (white board) version materials. Can I use these in programs with the current (black) version?

No, it is not practical to mix original and current version materials within a program. The two versions use certain different procedures, game parts, and language.

What if I need extra materials?

If you want to use the game with a group that is larger than your materials allow, you may rent extra materials from Breakthrough Learning. This option has worked well for license holders who want to maintain on hand a supply of game materials that meet their usual needs and occasionally rent additional materials for large-group programs.

ABOUT SCORING

Performance in the game play is measured according to a scoring method that is shown on the **Quality and Financial Performance worksheets** that players use at the conclusion of the game play. The scoring procedure is important for several reasons:

- The process of scoring makes it clear that performance is measurable according to specific criteria. This simulates the real world in which our performance is measured by specific criteria—whether explicit or not—by colleagues and by customers. Heightened awareness that scoring is occurring often motivates people to pay greater attention to the measures.
- During scoring, participants come to realize that their well-intended, local decisions may have had adverse consequence on the system as a whole. Good intentions are not enough; one has to understand the whole system to make wise local decisions that align with systemwide performance requirements.
- Scoring helps participants to realize that they made certain assumptions during the game play that strongly influenced their behavior. It is common, for example, for players to believe that calling in extra staff is a costly decision that will contribute to poor financial performance. In fact, adding extra staff is relatively inexpensive compared to the impact on financial performance of serving fewer customers.
- During the debrief, when asked: "Now that you know the data, if you played the game again, would you make different decisions?", just about everyone answers, "Yes!" They see the importance of information: knowing the measures and how to evaluate their own decision making. This can be a rich area for exploration when it comes to considering the use of data within their own organization.

The specific elements of the calculation method are described below for your reference; however, this information is almost never of interest to participants in a game session. If participants ask about the basis for the scoring, you may share the information described below. It is often more productive, however, to indicate that the scoring values were derived from the experiences of several hospital organizations. Pose a question back to members of the group inviting their opinions about the accuracy of the scoring values.

We have seen groups engage in discussion about the relative scoring weights that should be assigned to the items that affect the quality score, for example, only to realize after some discussion that the way to really know their value is to elicit that information from customers. This is a useful conclusion!

For those who want the detail, it is documented in the table that follows. The scoring weights (called "unit costs" and "quality loss weighting factor" on the forms) are derived from the experience of several community hospitals in the U.S. during the 1990s. They have not been updated because the actual numeric values do not matter to players or to the teaching value of the program; but you are free to make your own updates or changes if desired.

Performance Element	Quality Errors	Cost Expenses Incurred &/or Revenue Lost
Ambulance Diversions The total number of ambulance patients turned away from the hospital during the game play. Patients were turned away if the Emergency Dept. manager raised his or her "No Beds Available" sign during the game.	Each turned-away ambulance patient causes a 200-point loss from an expected level of quality. When ambulances are diverted, they travel greater distance to reach an available hospital—causing delays before treatment can be initiated and thereby diminishing the quality of medical care.	Each turned-away ambulance patient represents a lost opportunity for the hospital to earn revenue. Our scoring method assumes that, on average, an ambulance patient would generate $5,000 in marginal hospital income. (Even in managed-care markets, emergency services are generally separately compensated on a per-patient-arrival basis.)
Arrivals Waiting The total hours of waiting by patients who have arrived at the hospital for a scheduled surgery or admission to a bed unit, but who waited on an inflow arrow until the Department manager could move them into care.	Each hour of patient waiting causes a 20-point loss from an expected level of quality, as the expected standard is that patients will be admitted within one hour of arrival. The loss of quality is associated with increased anxiety, as well as inconvenience, on the part of patients and their families as they wait due to delays.	When waiting time exceeds an hour, additional expense is incurred as staff must accommodate waiting patients and their families. In addition, excessive waiting time causes revenue loss, as physicians who can choose where to place patients will direct some patients to other hospitals. To represent these effects, our scoring method assigns a cost of $3,750 per hour of waiting.
Requests Waiting The total hours of patients waiting to transfer to other departments.	Each hour of patient waiting causes a 20-point loss from an expected level of quality; the expected standard is that patients will be transferred one hour after readiness for transfer. The quality loss is associated with delayed and possibly inappropriate treatment as patients wait in a dept. that no longer meets their needs.	There is no explicit financial consequence for hours of waiting to be transferred, as the staffing requirements for those patients are part of the cost of staffing for the department that is holding the patient (and is addressed in their use of extra staff).
Extra Staff The total hours of Extra Staff use in the department. Department managers control the use of extra staff by deciding to call them in or send them home each hour.	Each hour of extra staff use causes a 5-point loss from an expected level of quality. Extra staff, which are overtime workers and agency staff, are less familiar with procedures so they are not able to provide the same level of quality as permanent staff.	Extra staff are paid premium wages and their use incurs additional expenses. They cost an average of $40 per hour.

Friday Night at the ER®

Game Instructions Summary

Summary instructions are presented here in logical sequence, although players need not follow this sequence. They will find it easiest to follow the simple list of Steps Each Hour shown on the slide. There is usually no need to provide copies of this reference sheet to players; they are best served by clear verbal game instructions as provided on page 14 of this **Guide**.

Arrivals	Closed?	Treatment	Staffing?	Exit	Paperwork
Read this hour's ARRIVALS. Place any arriving patients (blue beads) on entry arrowhead. Move any Extra Staff Called (during the previous hour) into care. Notice any transfer REQUEST cards for patients waiting to move into your department.	If desired, close the department to new patient arrivals or requests by raising the NO BEDS SIGN. *Emergency*: Raising your sign means you divert (ignore) the next hour's ambulance arrivals.	Place arriving patients (both external arrivals and internal transfers) in available spaces with staff. *Emergency:* Place any arriving patients you can't staff in the waiting area.	If desired, call in Extra Staff by bringing clear bead(s) into your Extra Staff Called area. (They are in transit & will arrive with the next hour's arrivals.)	Draw a READY TO EXIT card to determine the number of patients who are ready to leave; place the card face up on top. *Emergency & Surgery:* For each patient ready to exit, draw a DESTINATION card to determine where s/he will go next. *Emergency*: Move any patients going "Out" to the jar. Turn over each patient bead waiting for a destination; place a REQUEST card for each waiting transfer along the proper outgoing arrow. *Critical Care:* Turn over each blue bead representing ready-to-exit patients; place a REQUEST card for each along the arrow to Step Down. *Step Down:* Move any ready-to-exit patients to the jar. *All:* Replace used Exit and Destination cards face down at the bottom of their decks.	Document patient and staff activity on Paperwork form.

The **Presentation Slides** provided on the Downloads page in the Support Center (support.fridaynightattheer.com) support each element of a **Friday Night at the ER** program. Refer to the slides while reviewing this **Guide**.

Using this file with Microsoft PowerPoint enables all features: you will be able to edit the slides and view notes associated with each slide.

If you do not have the Microsoft PowerPoint application on your computer, you may instead use Microsoft PowerPoint Viewer, a free download from microsoft.com. The Viewer allows you to open, view and print the slides; you cannot edit them.

For best performance, use a wireless remote presenter device for advancing slides during programs.

TEAM NAME CARD

FOLD

Hospital Name:

Friday Night at the ER®

FOLD

DEPARTMENT PAPERWORK FORMS

EMERGENCY

PAPERWORK

	FRI Noon	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Ambulance Diversions												
Patients in Waiting Area												
Extra Staff												

	Midnight	SAT 1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM
Ambulance Diversions												
Patients in Waiting Area												
Extra Staff												

	Total
Ambulance Diversions	
Patients in Waiting Area	
Extra Staff	

SURGERY

PAPERWORK

	FRI Noon	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Arrivals Waiting												
Requests Waiting (to enter your department)												
Extra Staff												

	Midnight	SAT 1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM
Arrivals Waiting												
Requests Waiting (to enter your department)												
Extra Staff												

	Total
Arrivals Waiting	
Requests Waiting	
Extra Staff	

CRITICAL CARE

PAPERWORK

	FRI Noon	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Arrivals Waiting												
Requests Waiting (to enter your department)												
Extra Staff												

	Midnight	SAT 1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM
Arrivals Waiting												
Requests Waiting (to enter your department)												
Extra Staff												

	Total
Arrivals Waiting	
Requests Waiting	
Extra Staff	

STEP DOWN

PAPERWORK

	FRI Noon	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Arrivals Waiting												
Requests Waiting (to enter your department)												
Extra Staff												

	Midnight	SAT 1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM
Arrivals Waiting												
Requests Waiting (to enter your department)												
Extra Staff												

	Total
Arrivals Waiting	
Requests Waiting	
Extra Staff	

QUALITY AND FINANCIAL PERFORMANCE WORKSHEETS FOR TEAMS

QUALITY PERFORMANCE
WORKSHEET

Hospital Name _____

	Total from Department Paperwork	Quality Loss Weighting Factor		Quality Errors
EMERGENCY				
Ambulance Diversions		x 200	=	
Patients Waiting		x 20	=	
Extra Staff		x 5	=	
SURGERY				
Arrivals Waiting		x 20	=	
Requests Waiting		x 20	=	
Extra Staff		x 5	=	
CRITICAL CARE				
Arrivals Waiting		x 20	=	
Requests Waiting		x 20	=	
Extra Staff		x 5	=	
STEP DOWN				
Arrivals Waiting		x 20	=	
Requests Waiting		x 20	=	
Extra Staff		x 5	=	

	Number of hours not completed			
If you did not complete 24 hours		x 500	=	

TOTAL QUALITY ERRORS

Friday Night at the ER®

FINANCIAL PERFORMANCE
WORKSHEET

Hospital Name

	Total from Department Paperwork	Unit Cost		Cost
EMERGENCY				
Ambulance Diversions		x 5,000	=	
Patients Waiting		x 150	=	
Extra Staff		x 40	=	
SURGERY				
Arrivals Waiting		x 3,750	=	
Extra Staff		x 40	=	
CRITICAL CARE				
Arrivals Waiting		x 3,750	=	
Extra Staff		x 40	=	
STEP DOWN				
Arrivals Waiting		x 3,750	=	
Extra Staff		x 40	=	

	Number of hours not completed			
If you did not complete 24 hours		x 1,000	=	

TOTAL COST

Friday Night at the ER®

TEAM PERFORMANCE CHART

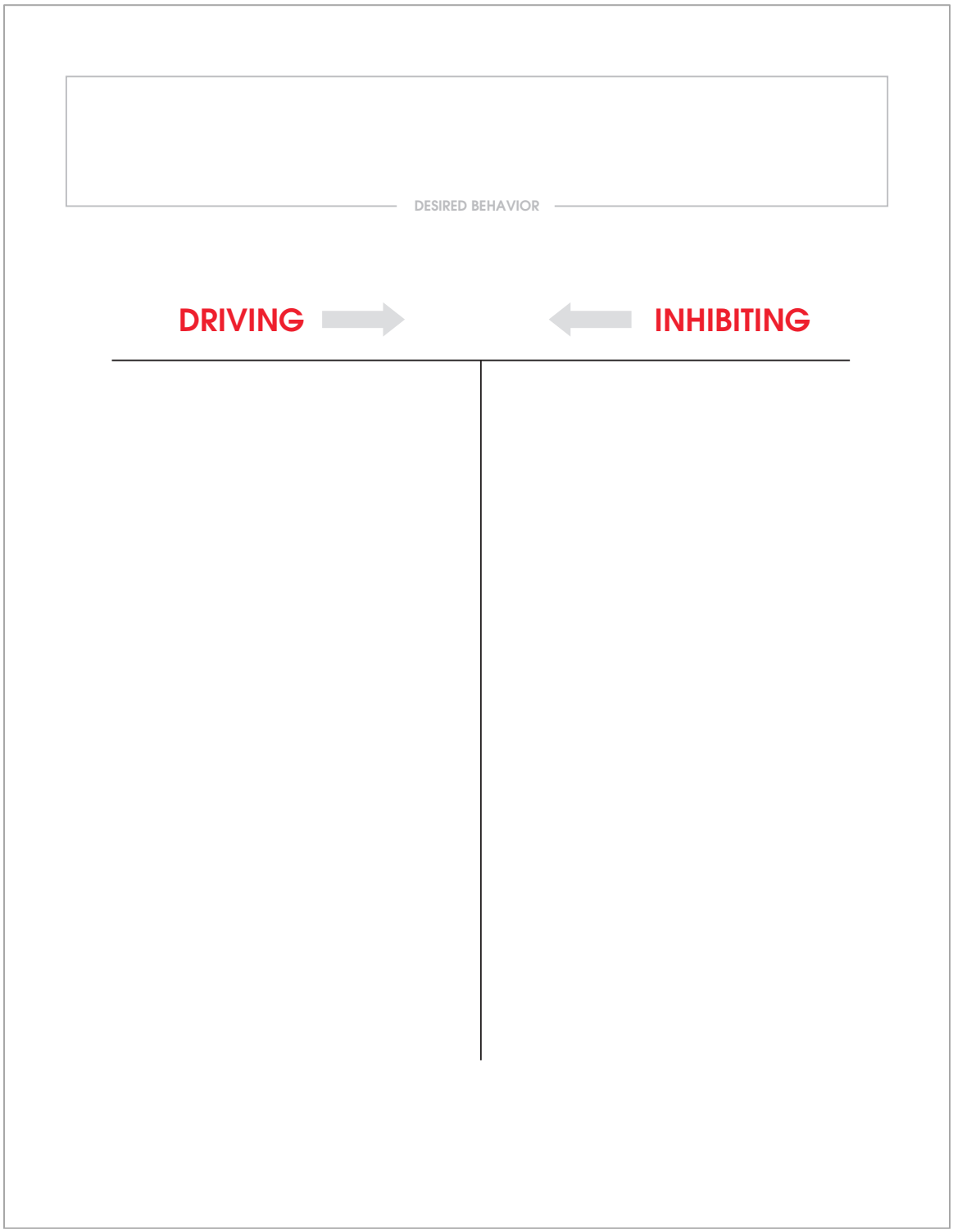
TEAM PERFORMANCE

HOSPITAL NAME

Draw a horizontal line across each bar to represent your team's quality and financial performance totals

Friday Night at the ER®

FORCE FIELD ANALYSIS HANDOUT



Friday Night at the ER®

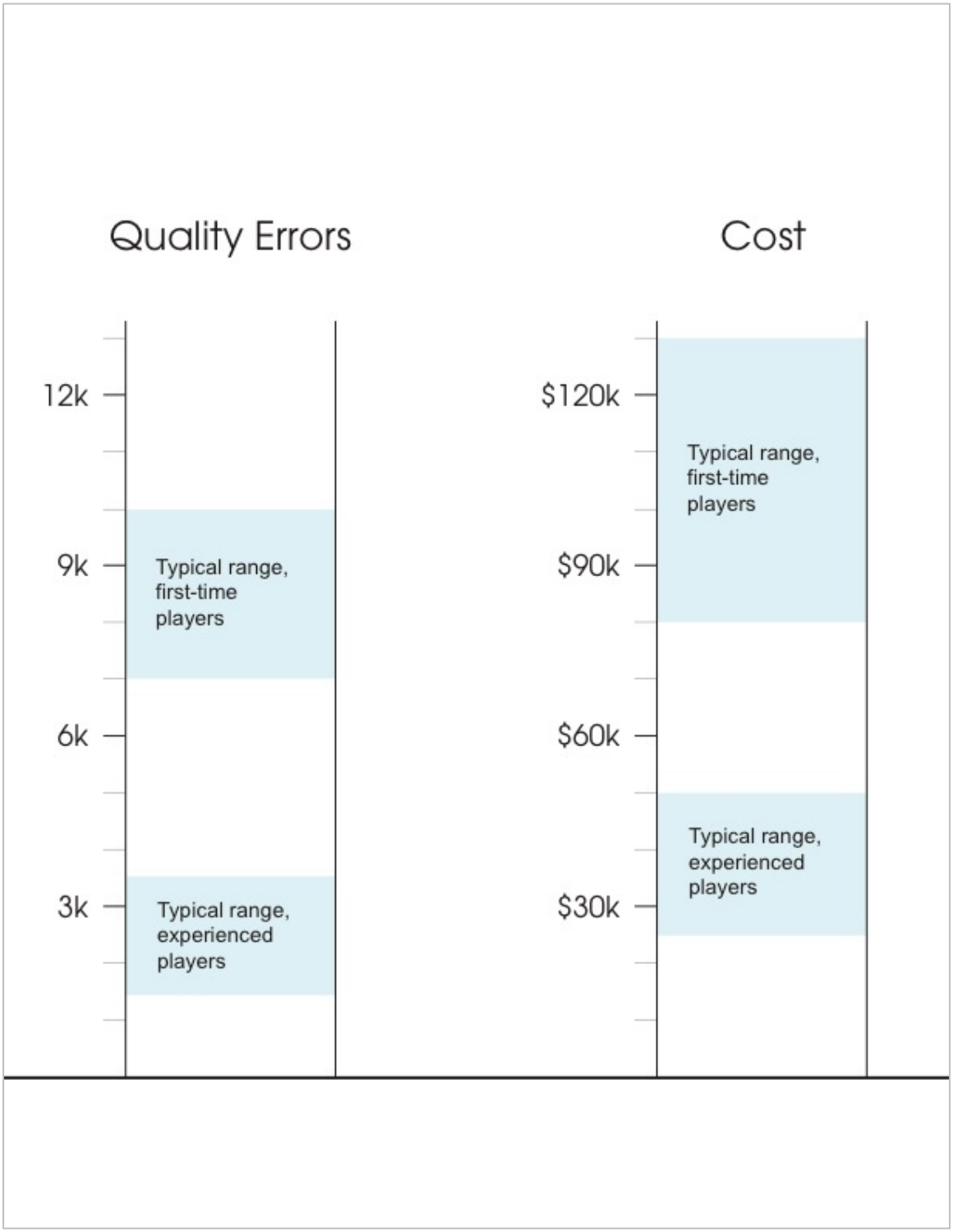
3 Core Strategies
Participant Notes

Core Strategy 1: _____

Core Strategy 2: _____

Core Strategy 3: _____

BENCHMARK SCORES



TIPS FOR MANAGING LARGE GROUPS (80+ PARTICIPANTS)

Allocate extra time for participants to be seated, for scoring and for the break. For example, most groups of 25 require just 10 minutes for the break, whereas most groups of 200 require 30 minutes due to crowded rest rooms and more social opportunities.

Allocate adequate time for set-up and take-down: expect a trained person to require as much as 10 minutes per table.

Assign trained helpers to keep things running smoothly and to assist with these tasks:

- Setting up game materials
- Directing people to be seated as they arrive (and after the break)
- Answering questions during the game play
- Delivering forms to tables after the game play and collecting team scores
- Bringing a hand-held microphone to participants who offer observations during the debrief
- Repackaging games after the program

Helpers need no special qualifications other than a 1- to 2-hour training session, which should include the following:

- A partial game play; they must be sufficiently familiar to answer questions
- Assignment of individual helpers to groups of tables (one helper for every 5 to 8 tables is advised)
- How to set up and repackage the games
- Review of their roles

Provide helpers with a copy of **Notes for Helpers** (page 59).

Communicate expectations. In large groups behavior tends to be informal. Unless you communicate otherwise, some people will feel free to take a break for a phone call (or whatever) during the game play when the facilitator's presence is in the background. Such disruptions will be minimized by your requesting at the start that participants wait for the break.

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Contact Breakthrough Learning if you need to rent extra game materials or if you would like to discuss ways to manage a specific group program.

NOTES FOR HELPERS

During the delivery of game instructions:

- Listen to instructions and be present in case participants need assistance.
- Be ready to correct a common error during the Exit function:
    - Don't move *beads* to request a patient transfer to another department. Just move *Request cards*. Wait until the next hour when the receiving player may take patient transfers.

Provide a copy of these notes to each helper, along with a folder that contains items they can hand out during or after the game play:

- *Data cards*
- *Quality and Financial Performance worksheets*
- *Team Performance charts*

During the game play:

- Watch for teams concluding the Friday 4 pm hour. Next in the Arrivals deck: their first Event. Instruct each team:
    - All players turn over top card and do what it says during the next hour.
- You may be asked to interpret a specific Event card. If you are not sure how to respond, say: "I really don't know what that means; just use your own judgment."
- Soon after a team completes Friday 8 pm, notice whether the Step Down player has turned over the Exit card that says "No Discharges 8 pm - 6 am." If not, intervene and place that card face up on the Exit deck.
- Once well into the game play, monitor the pace of teams. Occasionally advise any very slow teams to go more quickly.
- Avoid standing at tables or volunteering instructions. Teams should not feel as if they are being closely watched. Let them call you over if they have a question. Keep answers simple. Examples:

    Q:"Can we share staff?" (or just about any permission-type question)

    A: "You could"

    Q: "Do we really have to keep a staff bead with a patient bead?"

    A:"Yes, those were the game instructions."

    Q:"Is it better to take internal or external arrivals?" (or just about any player-choice dilemma)
    or:"What's better, calling in staff or making patients wait?" (or just about any question asking for data)

    A:"Here…(place a Data card on that table)…this can help you make decisions."

When a team completes the 24 hours:

- Place 3 forms on the table, and say that everyone should get the Totals from their Paperwork, and then contribute to filling out these 3 forms:
    - Quality Performance Worksheet
    - Financial Performance Worksheet
    - Team Performance chart
- Participants who are not working on scoring may be asked to help by:
    - Returning department cards to their original position on the game board
    - Sorting beads by color into separate jars or piles
- After a team completes their Team Performance chart, tell someone to [post it on the wall display]. Collect the team's Finance and Quality worksheets and [bring to the head table].

SORTING AND COUNTING CARDS AND BEADS

If game parts for different tables are not kept separate and you need to sort and check the count of cards and beads, here is a reference checklist:

- ❒ Each jar of blue beads: fill to top (~110 beads)
- ❒ Each jar of white beads: 61
- ❒ Each jar of clear beads: half full (~50 beads)
- ❒ Extra beads of each color in clear zip bags

Label	*Count*
SURGERY	1
CRITICAL CARE	2
STEP DOWN	2
OUT	10

- ❒ In each bag of red (Emergency Dept) cards:
  - Event (6)
  - Destination (15)
  - Exit (12)
  - Request (10)

1	1
2	3
3	2
4	3
5	3

- ❒ In each bag of green (Surgery Dept) cards:
  - Event (6)
  - Destination (10)
  - Exit (4)
  - Request (6)

CRITICAL CARE	3
STEP DOWN	7

0	2
1	1
2	1

- ❒ In each bag of purple (Critical Care) cards:
  - Event (6)
  - Exit (6)
  - Request (5)

0	3
1	2
2	1

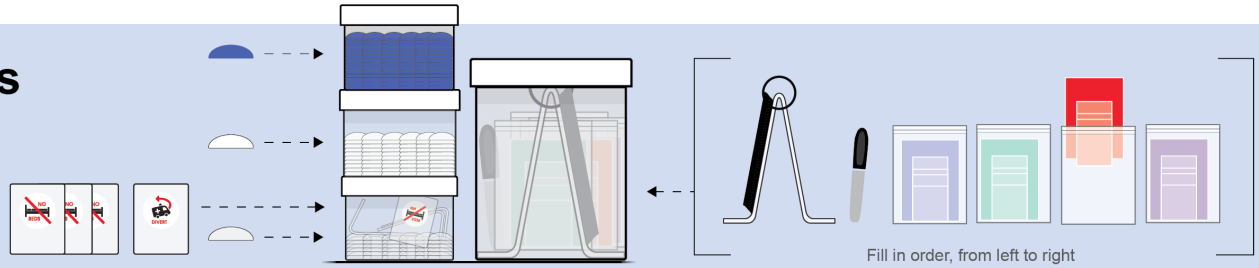
- ❒ In each bag of blue (Step Down) cards:
  - Event (6)
  - Exit (9)

1	1
2	3
3	3
4	1
No Exits	1

HOW TO PACK GAMES IN THE CARRY BAG

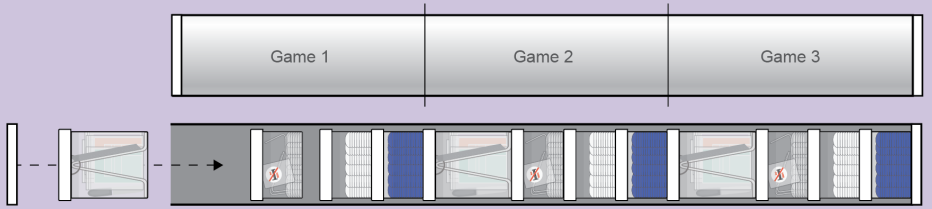
1 Fill the jars

1 game in 4 jars



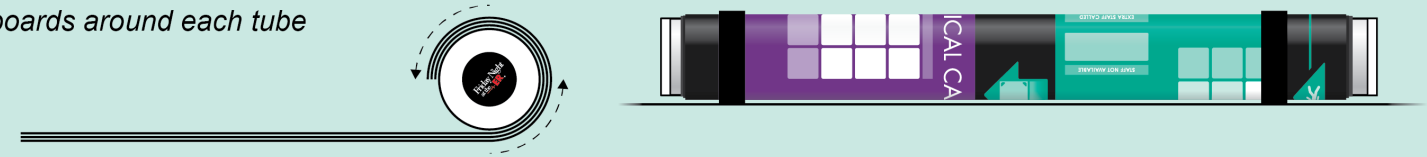
2 Load the tubes

3 games in each tube



3 Roll the boards

3 game boards around each tube



4 Pack the bag

2 tubes in each bag


SURGERY
CRITICAL CARE
EVENT
READY TO EXIT
REQUEST
STAFF NOT AVAILABLE
EXTRA STAFF CALLED
EMERGENCY
STEP DOWN
30 ROOMS
EVENT
READY TO EXIT
STAFF NOT AVAILABLE
EXTRA STAFF CALLED