Focus

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Update from the
University of Pennsylvania
Special Task Force on Rethinking the
System of Survival for Sudden Cardiac Arrest:

Our Best Practices → Our Best Processes

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Visiting Scholar
Disclosures

Univ. of Pennsylvania:
I am a visiting scholar in Organizational Dynamics, and a member of Special Task Force on Reframing the System for Survival for Sudden Cardiac Arrest.

Goodman Research Group:
I have been a Co-PI for evaluations of AHA, ARC and NSC emergency care programs [funded by AHA, ARC and NSC].

Braslow & Assocs.
I co-invented and defined in the literature: Video-Directed, Self-Instructional (VSI) CPR practice-while-watching learning method [funded by Laerdal].
Outline for this morning...

- Who we are . . .

- Our Processes
  - Thinking Systemically vs Thinking Analytically
Who we are ...
Rethinking the System of Survival for Sudden Cardiac Arrest

History of the Task Force and Project

In 2007, Dr. Larry Shier, who has been involved in cardiac and emergency care research for more than 25 years, posed this question: "Why, after 40 years of enormous energy and resources, is the Sudden Cardiac Arrest (SCA) survival rate low, very low — too low? Are we doing the right things?" When colleagues Dr. Allen Bardy and Fabio Panese visited him as part of a meeting with Dr. Lance Becker who had recently come to Penn to direct the Penn Center for Resuscitation Science, he offered a new framework to think about the SCA survival problem. READ MORE...

Special Task Force

- Benjamin Aulet
- Jill Bierieux
- Matt Danis
- B. Lance Becker
- Danny Bienenstock
- Michelle Blom
- Alan Blau
- Robert T. Brennan
- Kathleen G. Burke
- Ted Crites
- Mike Cott
- John M. Deloach
- Keith Griffling
- Joseph Giacon
- Ward M. Hamilton
- Eugene Janis
- Guy Knickerbocker
- Mary E. Manzelli
- Rafael Merchant
- E. E. (Chip) Miller
- Imra M. Sadrzadeh
A social systems laboratory that is “rethinking the system for sudden cardiac arrest survival” with interdisciplinary representatives from medical and organizational groups and societies, device manufactures, hospital and EMS systems, academic departments, and other stakeholders.
Task Force Question

Why after 40 years of enormous energy and resources is the Sudden Cardiac Arrest (SCA) survival rate low, very low —too low?

Are we doing the “right” things?
Dynamic Times Require Dynamic People

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- Practitioner/Development and Change
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- School of Nursing Minor in Organizational Dynamics of Healthcare Systems
- Sustainable Development

Projects

DYNAM-TV

Writing Workshops
Because the discipline of writing for academic purposes is based on skills that are not common to business writing and because the writing process is central to learning in this program, Organizational Dynamics offers a series of free workshops facilitated by Dr. Steven Egan and Dr.

Dynamics. Applied.

Sudden Cardiac Arrest is a Wicked Problem. It's a Mess.
Read More >> Project Website.

2011-2012 ALUMNI PROFILES
Click here to complete the 2011-2012 Alumni Profile survey

COMMUNITY PROFILES
We are updating our community profiles page. Here are examples of profiles for two recent graduates: Peter Galinspin and Jack Silverman.
Meet our students and alumni. To submit information for your personal profile, send a request to dynamics@ass.upenn.edu.

What's New

15 CALENDAR OF IMPORTANT ACADEMIC DATES
For a list of important events see the new Bulletin Page.

IMPORTANT DYNAMICS UPDATES
FALL 2012 COURSE REGISTRATION IS NOW OPEN!
Fall 2012 Semester Registration is open. Here is a list of Fall classes. Fall classes begin Wednesday, September 5.

Students from departments or schools at Penn other than DYNAM, click here for information about how to register for a DYNAM course.

LOOKING FOR THE LOCATION OF THE CLASSES YOU REGISTERED FOR?
Go to your Penn Portal or click here.

ALL NEW STUDENT ORIENTATION
New student orientation for Fall 2012 will begin at 6:00pm on Tuesday, September 4. Click here for details.
35 Years, 50 faculty and scholars, 500 adult students, 17 domains of Organizational Dynamics

- Anthropology
- Design and Planning
- Economics
- Education
- Engineering
- English
- Government
- Health Care
- Humanities and Languages
- Human Resources
- Law
- Management
- Organizational Science
- Philosophy
- Political Science
- Psychology
- Sociology
We have a 35-year international track record of success in business, industry, healthcare and government using Systems Thinking (Thinking Systemically).
Organizations that have applied Penn's Thinking Systemically Approach to Dissolve Messes and Improve Outcomes:
What is Thinking Systemically?

- Thinking Analytically
- Thinking Systemically
Thinking Analytically
Thinking Analytically is a way of Thinking about a Problem

1. The problem is **in the parts**, so break it down (analyze)

2. Search for a root cause
Thinking Analytically is a way of Thinking about a Problem

3. Replace or fix the bad part

4. Problem solved!
Similarly...

But... is it **that** simple?
Issues/Limitations with Best Practices

Generally, a best practice focuses on 1 element or procedure. But ramping up one element does not necessarily have positive impact on the whole system; rather, it can have no or negative impact.
Generally, if you find a procedure (or BP) that works in one community and is said to work in another community - upon inspection you find that the BP in the second community has 10-20 or more steps added to it to accommodate it (to make it work) in the other community.
Issues/Limitations with Best Practices

- They are imposed, made to fit
- Sustainability?
Thinking Systemically
Thinking Systemically is Another Way of Thinking about a Problem: Different Assumptions

1. The problem cannot be broken down into parts.
2. You have to search and understand the forces outside the problem.
Thinking Systemically is Another Way of Thinking about a Problem

3. You have to understand how the whole system is currently designed; how it functions or fails to function as desired.

4. Create a redesign
In Thinking Systemically, the System is the entire community with all its subsystems, organizations, users and stakeholders.
• This is not a system. The Chain of Survival is a metaphor (or some refer to it as an algorithm or an additive process).

• The system that brings about a positive or negative patient outcome is more than this.

• The "links" above are sort of end-points in a whole series of things that need to come together.
Smoking → Heart Disease
Systemic Relationship Between Smoking and the Heart

- Smoking
  - (+) Reduces Desire to Repeat
  - (-) Increases (-) Limits
  - (+) Reduces
  - (+/-) Maintain
  - (-) Negatively Affects
  - (+) Decreases

- Arteries
  - (-) Blockage
  - (-) Defends Action/Increases

- Blood Pressure
  - (+) Increases
  - (+) Short-term
  - (+) Good for

- Weight
  - (+) Increases
  - (-) Negatively Affects

- Anxiety
  - (+) Good for
  - (-) Negatively Affects/Reduces

- Exercise
  - (+) Good for
  - (+) Negatively Affects

- Lungs
  - (-) Limits

- Oxygen
  - (-)

- Heart
  - (-) Gradually Destroys/Traps

- Other Risks
  - Genetic Predisposition

- Genetic Predisposition

- Other Risks or Experiences
The system for survival for SCA is a complicated system and differs from community to community.
Each community has a different culture(s), work ethic, financial resources, governance, politics, socioeconomic conditions, psychology...
The system for survival for SCA is a complicated system and differs from community to community.
Each system is looked at as unique (different from the system in the next county or state) – which is how it really is in the real world.

They don't do it like we do it.
Approx. 19,000 Licensed EMS Agencies

Source: 2011 Natl EMS Assessment Report
UNC Chapel Hill
Our Processes...

Using the framework that systems are quite different/unique,

- **We do not** design or dictate or import the necessary changes:

**The Expertise is the Stakeholder Community**

**The Design is Done by the Users**
Our Processes...

Mess Formulation (Dx)
The users, doers, stakeholders look at the whole system, the whole Mess - not parts or elements, because problems in parts are generally symptoms of a much larger system problem overall.

An example please, Allan . . .
Are these the real problem, or are they *symptoms* of the problem?
Our Processes...

Mess Formulation (Dx)

- We facilitate and help figure out the problem.
- We listen to them (*this is working, this is not working, etc.*)
- All statements are important, but in complexity, the problem is commonly not what the org. thinks it is. The words and descriptions are too simple to fully appreciate the problem.
Mess Formulation (Dx)

- Until MF is performed, most organizations do not realize that holding on to their original vision is contributing to their failure. Once they give up the original vision, they realize that that was the core of the problem.
- They realize that all of the problems (symptoms) emerged from holding on to their primary vision or principle.
- They can't see it ahead of time. They don't know what the problem is until they have kind of gone all the way through the MF.
Idealized Design

- A Design Team of stakeholder/users creates an Idealized Design to *Dissolve* the Problem(s)
  - This means that they redesign the system so that the problems cannot exist.
  - They don't fix and solve – they redesign/alter so the problem cannot occur.

They "start from scratch."
Our Processes...

Idealized Design

- The ID is based on what is desired if those who are part of the problem (stakeholders) could have what they want rather than merely improving what already exists in the current state.

- AND they start with their desired outcome.

Backcasting (Start with what you want)
Our Processes...

And then...

- We say "Let's now figure out what we can do about it - how closely can we approach the idealized design? And what resources do we need to approach it?
- Then the stakeholders say "In order to do these kinds of things... (and they work together to implement the design)."
Summary

- Who we are . . .
- *Our Processes*

*Please join us!*

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