Canadian Blood Services
Pandemic Preparedness Planning:
Ensuring Sufficiency of Canada’s Blood Supply in the Face of a Pandemic Flu

Ian Mumford and Moe Abecassis

Abstract
When Ian Mumford, Chief Operating Officer of Canadian Blood Services (CBS), was asked to prepare an emergency preparedness plan for a possible pandemic influenza outbreak in Canada, and to do it quickly, he knew he faced a complex challenge.

Having used the Syntegrations™ for other high consequence decisions at CBS, Mr. Mumford decided to conduct a pandemic planning syntegration to shorten the planning cycle and get the most out of his people’s minds. Syntegration is a science-based methodology that systematically fosters productive dialogue among large groups of people to tackle complex issues in a way that leads to informed answers, committed buy-in and purposeful change. The result: An integrated framework for a pandemic plan with a high degree of buy-in and support across the organization – and all of this in three days.

THE CHALLENGE
In early November 2005, Ian Mumford, Chief Operating Officer of Canadian Blood Services (CBS) was asked to present to the CBS Executive Management Team and Board of Directors – in six weeks – an emergency preparedness plan for a possible pandemic influenza outbreak. CBS is a large, geographically dispersed organization with 4,400 employees, 17,000 volunteers and multiple business lines including blood donor recruitment, clinic operations, component production and donor testing. In addition to the many stakeholders and disciplines within CBS, the organization relies on a number of external stakeholders and suppliers who play key roles in the national blood system and whose involvement in preparedness planning was key.
CBS has developed contingency plans for a number of different purposes (power outages, information systems outages, labour disruptions, etc.), but did not have a plan for something quite as significant as a pandemic – hence the need for a comprehensive national plan.

In the past, to meet this kind of challenge, CBS would have formed a committee or working group and attempted to include as many experts as possible from various parts of the business. Given the scope and complexity of emergency planning, such an approach would not have involved the large and diverse group of people needed – each with something unique and important to contribute to the plan. Initial planning would have taken much longer than it did and would have required additional time for the post-hoc influence campaign to get all the stakeholders on board. Given the uncertainty around when a pandemic might strike in Canada, the Executive Management Team felt it needed a concerted effort to develop a plan quickly.

Having used Syntegrations™ for other important and complex tasks at CBS, such as developing a collections strategy, plasma strategy and stem cell strategy, CBS decided to conduct a syntegration to shorten the planning cycle and get the most out of its people's minds. It had to jump-start the process, and that's what the syntegration did.

On November 23, CBS convened a diverse group of employees and one representative from Héma Quebec (the organization that manages the blood system within Quebec) to discuss, deliberate and articulate an emergency preparedness plan for a possible pandemic influenza outbreak.

The desired outcomes for this exercise were

- to define a high quality, integrated plan that could almost immediately be presented to Executive Management and the Board of Directors
- to identify key policy issues the Executive Team must address
- to discuss implications for donors, volunteers, staff, transportation, hospitals, etc.
- to gain consensus on the plan
- to identify key areas that require further preparatory action

Participants went into the event believing they were not ready if a pandemic was to hit. There was a sense that this was going to be complex, very detailed and would ultimately involve many external groups (governments at all levels, public health departments, hospitals, suppliers, unions, etc.). The scope of the challenge was enormous. A special approach was needed to make this work.

**THE METHODOLOGY**

Syntegration is a science-based method that enables large groups of people to leverage their collective intelligence over the course of two to three days for the purpose of formulating an executable plan or set of recommendations regarding an important and complex issue or opportunity. The approach results in a very high degree of stakeholder buy-in and commitment to the output.
Before the Syntegration
Prior to the syntegration, key sponsors from CBS articulated the macro issue in the form of a question, and identified the critical mass of people who must be involved in tackling the issue.

The Opening Question
“What must we do to quickly and effectively prepare CBS for a Pandemic Influenza outbreak so that we can continue to meet the needs of our Hospital customers and Canadians?”

The Opening Question represented the macro challenge upon which participants were to focus their best thinking, discussion and debate. It was posed as an unbiased question, avoiding any implication of a solution. The Opening Question was important and meaningful to all participants, yet the importance and meaning varied according to participants’ diverse perspectives, opinions, knowledge, experiences, expertise and stake. CBS leadership believes in the power of getting the right people in a room wrestling with a well-framed issue within a tight time constraint. That is often how the best results are achieved.

Participants
Participants were selected to represent a broad group of stakeholders within and outside of CBS. To ensure the requisite variety of participants – a key element in the design and success of any planning process – CBS quickly convened the right group of cross-functional, multi-level, cross-departmental, pan-organization people. A total of 33 participants took part in the syntegration representing the following CBS functions:

<table>
<thead>
<tr>
<th>• Clinic Operations</th>
<th>• Medical Affairs</th>
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<tbody>
<tr>
<td>• Customer Relations</td>
<td>• Medical Microbiology</td>
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<tr>
<td>• Donor Recruitment</td>
<td>• National Contact Centre</td>
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<td>• Donor Testing</td>
<td>• Plasma Products and Services</td>
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<tr>
<td>• Employee Health Services</td>
<td>• Production</td>
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<tr>
<td>• Facilities Management</td>
<td>• Public Relations</td>
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<tr>
<td>• Financial Operations</td>
<td>• Quality Assurance</td>
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<td>• Human Resources</td>
<td>• Regulatory Affairs &amp; Quality Audits</td>
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<tr>
<td>• Internal Audit</td>
<td>• Risk Management</td>
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<tr>
<td>• Internal Communications</td>
<td>• Supply Management</td>
</tr>
<tr>
<td>• Marketing</td>
<td>• External: Héma Quebec</td>
</tr>
<tr>
<td>• Media Relations &amp; External Communications</td>
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In addition, many of these participants were asked to also represent external stakeholder groups that they know well as a result of their educational/career background, and/or their direct involvement with those groups.
DURING THE SYNTEGRATION

Agenda-Setting

Upon arrival at the syntegration, participants were guided through a three-hour process where they individually and collectively proposed, debated and arrived at consensus on a 12-point agenda, which they deemed to be the most important facets of the discussion about the Opening Question. Topics were then assigned to 12 colours representing each of the vertices of the icosahedron (see Table 1).

<table>
<thead>
<tr>
<th>Red</th>
<th>Preparing Our Staff &amp; Volunteers</th>
<th>Black</th>
<th>Command &amp; Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>Finished Product Inventory</td>
<td>Green</td>
<td>Human Resources Management &amp; Deployment</td>
</tr>
<tr>
<td>Purple</td>
<td>Essential Operations</td>
<td>Gold</td>
<td>Logistics Strategy</td>
</tr>
<tr>
<td>Silver</td>
<td>Donor Recruitment and Management Strategy</td>
<td>White</td>
<td>Hospital Needs &amp; Utilization Management</td>
</tr>
<tr>
<td>Yellow</td>
<td>Public Health &amp; Other Government Partnerships</td>
<td>Dark Blue</td>
<td>Sites Contingency Plan</td>
</tr>
</tbody>
</table>

The agenda-setting was critical. It helped the group – very early in the process – to demonstrate the complexity of the subject it was dealing with. At the same time, participants were able to actively contribute and draw out priorities right from the outset.

STRUCTURED TEAM MEETINGS

The Architecture

The architecture for the syntegration is based on the regular polyhedron known as the icosahedron. It is a 12-cornered, 30-edged shape that models an optimal communication network for 30 people discussing 12 topics. Its 12 corners (vertices) represent the 12 topics, and its edges represent people. Each edge (person) is connected to two vertices (topics) – those topics on which he or she is a Member. Collectively, the people who serve as Members, Critics and Observers on multiple topic teams connect together all of the topics – providing a “closed loop” for the flow of information.

Example

Yellow-blue edge

The person represented by the yellow-blue edge was a Member of the yellow team (Public Health & Other Government Partnerships) and of the dark blue team (Sites Contingency Plan), and met with each of those teams three times.

This same person was also a Critic of two other teams - red (Preparing Our Staff & Volunteers) and purple (Essential Operations) and met with those teams three times as well.
Participant Roles
Once the 12-point agenda was determined, each CBS participant identified his/her preferences for membership on the 12 Topic Teams. Each participant was assigned to two topics as a Member, two other topics as a Critic and four other topics as an Observer.

Members
Members of a team took responsibility for the final output of that team’s particular topic of discussion.

Critics
Critics were given the floor at predetermined points in the meetings to help the Members sharpen their discussion, and to ensure that not only the loudest people were heard, etc.

Observers
Participants also assumed the role of Observer on topic teams for which they were neither Members nor Critics. As Observers, they could only listen.

Each team met three times over the course of the syntegration. As a result, each team continued to fine-tune its thinking, consolidate its recommendations, integrate others’ thinking with their own, change their direction and arrive at highly informed, strategically integrated ideas, solutions and actions. Everyone became an information networker – moving knowledge, information, perspectives, know-how, etc., from one team to another.
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Everyone experienced very productive dialogue and candid debate about 12 key facets of the Opening Question. This resulted in a high degree of mutual trust and shared understanding. As described by Stafford Beer, the inventor of the methodology, “This is exactly what our presuppositions about democracy and symmetry led us to expect from adopting such a model as this: zero marginalization of any one person” (Beer 1994).

The energy level at the event was very high. There was great interaction among the groups and participants. A steady buzz emerged right from the start. Discussions did not end in the meeting rooms but carried on over lunch, indeed even into the evening. The cross-fertilization of ideas that occurred was very powerful.

**INFORMATION NETWORKING**

*People connecting topics, topics connecting people*

The following represents the flow of information from the perspective of the orange team only. The same effect takes place from the perspective of each of the 12 Topic Teams.

- Members of the orange topic informing their discussion with content from their other “Member” topics (brown, red, yellow, silver and black).
- Orange information being moved by orange Members to other topics.
- In the room with orange Members are the orange Critics who feed information from the green, light blue, purple, dark blue and white teams into the orange Members’ discussions.
- When these same people go back to their Member roles in the green, light blue, purple, dark blue and white teams, they carry information discussed in the orange topic to their own teams.

**CONCLUSION/RESULTS**

By the end of the syntegration, CBS had done much of the heavy lifting on the pandemic influenza plan. Much of the anxiety felt going in was alleviated. Some of it was replaced with new anxieties caused by the realization of the enormity of the challenge that lay ahead. Participants had, however, wrapped their heads around the major issues, arrived at concrete proposals, identified key policy areas to explore and
a clear way forward. The syntegration process eliminated the elapsed time associated with the use of formal, linear issue-identification and problem-solving processes and provided an ideal environment for leveraging the collective wisdom of the assembled group. There was still a significant amount of work left to complete the plan, but CBS was in a much better position than it would have otherwise been.

A supplementary benefit was that CBS now had a group of 33 people who were committed to continue their involvement and move the plan forward. The decision-makers had been in the room and bought into the plan greatly since they had developed it themselves.

Other participants agree...

“Syntegration helped us nail down areas of focus for the plan. It gave us a blueprint of where to start and got lots of people on the same page. As a member of one of the plan’s work streams, I often refer back to the content we produced at the syntegration and notice that we have not deviated from the plan. It really did produce the direction that we need to follow.”

*Executive Director – Employee Relations and HR Operations*

“Before the syntegration, we lacked confidence in our ability to deal with the complexity of a pandemic. Where do we start? What are our priorities? By the end of the event we had a clearer, much better understanding of what we were going to be dealing with and the interdependencies of our priorities…Our progress since the event has been accelerated because we spent three days in November calibrating our compass and have been using it ever since to develop the details of the plan.”

*Regional Director for North and East Ontario and Nunavut*

“Key to the successful development of the plan was the cross section of people with different knowledge and experience coupled with the ability to have those thoughts and experiences vocalized in a disciplined way. We got a lot out in a short period of time.”

*Director Supply Management*

Since the syntegration, the team has made good progress on the details of the plan. It will be in a position by the end of the first quarter to confidently report to the Executive Management Team that, if a pandemic strikes, it has a solid foundation to manage the crisis. Next quarter will see the fine tuning of some facets of the plan, but the major issues and policy decisions have been thought through, and a mechanism will soon be in place for managing operations in the event of a pandemic.

**CONSIDERATIONS FOR HEALTHCARE EXECUTIVES**

• Take the threat of flu pandemic very seriously if you haven’t already. Reflect on what happened in Toronto during SARS – think of the impact something like that can have on your operations.
• This is a case where the clock is ticking. We would be naïve to think we have lots of time on this. We know from history the impact is significant. We are living in a world that is much smaller than it was in 1918 when this last happened.

• Planning for a pandemic is very complex. It involves internal and external stakeholders. There is a great need to find a way of planning effectively in such an environment.

• For many people the difficulty is knowing where to start. That’s the good thing about the syntegration approach. All you need is a good question to set the framework.

• There are others out there that are working through this as well, so there are many sources of good advice.

• The planning assumption is that 25% of your workforce will be off ill for three weeks at a time. What will this do to your operation?

Reference

About the Authors
Ian Mumford, Chief Operating Officer at Canadian Blood Services, is responsible for all core national activities essential to providing Canadians with a continual supply of safe, high quality blood products through Canadian Blood Services’ 855 hospital customers across Canada.

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