

A Collaborative Initiative: Pipe Dream Or Possibility?



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“Rope of sand with the strength of steel” –James Sullivan (Baptist Leader)

“If we do not hang together, we will all hang separately” – Benjamin Franklin (Founding Father)

“Unity gives strength” –Aesop (Greek Author)

Are these quotes true for the helicopter emergency medical services (HEMS) industry?

Why Is Collaboration Needed?

Students of social sciences and economics are familiar with and have had lengthy discussions about the game theory known as the “prisoner’s dilemma.” The “prisoner’s dilemma” was created by Merrill Flood and Melvin Dresher in the 1950s and later formalized by Albert W. Tucker. The theory behind this game reveals why two people may not cooperate even if it is in the best interest of both parties to do so. The classic prisoner’s dilemma is represented in [Table 1](#).

Today, the label “prisoner’s dilemma” is often applied in the business world when two independent corporations would gain substantial benefit from a collaborative venture, but fail to do so because of real or perceived difficulties or financial constraints. Even though the collaboration is possible, no attempt is made.

Most HEMS providers are living this modern version of the “prisoner’s dilemma.” Many agree that working collaboratively with neighboring HEMS programs will mitigate overall risk and increase safety for those programs. Still, many do not or cannot collaborate together.

Clearly when individual HEMS providers work collectively to overcome common challenges, the results are impressive (and there are number of regional examples). There is a general consensus by all HEMS stakeholders that collaboration is welcomed and encouraged. However, there are many regions within the country where one can observe a seemingly universal and often self-imposed lack of collaboration.

Occasionally this is the mindset of individuals or entire HEMS providers, but more often it is caused by lack of the skills to “reach across the competitive divide.”

Open collaborations demonstrate to the general public (our customers), and government regulators that neighboring “competitors” can work together to improve clinical medicine while reducing overall risk and improving safety for themselves and the community at large.

The permissive culture of competitive isolationism must be combated with a paradigm shift, sense of urgency, and a set of practical educational tools to accomplish this goal; the goal being a **collaboration of neighboring HEMS programs** that identify commonalities and work together to create solutions.

Understanding Collaboration

Do communication, cooperation, and collaboration all have the same definition? The answer is a resounding “NO!” They are similar, but their differences are distinct and often expansive.

Communication can be broken down into a simple exchange of information. Information includes not only the



Table 1. The Prisoner's Dilemma: Two Suspects Are Arrested Together and Then Separated

	Prisoner B remains quiet	Prisoner B betrays
Prisoner A remains quiet	Each serves 6 months	Prisoner A: 10 years Prisoner B: Goes free
Prisoner A betrays	Prisoner A: Goes free Prisoner B: 10 years	Each serve 5 years

spoken or written word but also feelings, physical cues, and all other observations. Two major hurdles exist with communication. The first is that the “sender” is not clear in the message sent, and the second is that the “receiver” is not 100% receptive to the message being sent. Therefore, the ineffectiveness of the message boils down to personal responsibility, and part of that responsibility includes understanding the solutions to overcoming the communication obstacles.

In the HEMS environment, failure to speak effectively (clear message) is just as critical as failing to effectively listen (100% receptive). Often when effective communication occurs, parties can truly begin to recognize the chasm separating them.

Cooperation is often aligned or defined with a culture that insists on unity as the centralized focus. Divergence, opposition, and open conflict are discouraged in a cooperative environment. Harmony is supported and often forcibly pushed in cooperative models, and therefore a mild form of control results. The cooperation objective is to unite all groups, individuals, problems, and solutions as resolutely as possible.

Collaboration, however, does not “insist” on control but instead encourages a new understanding. One definition of collaboration is:

“...the process of shared creation: two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own. Collaboration creates a shared meaning about a process, a product, or an event. In this sense, there is nothing routine about it. Something is there that wasn't there before.”¹

Contrasted to communication, collaboration is about *using* information, not simply *exchanging* it. And contrasted to cooperation, collaboration demands disparity and a passion of dissent for creativity to flourish.

Collaborations work within a goal-oriented framework that is focused on a sense of urgency and a paradigm shift that creates novel solutions.

The Basic Steps to Collaboration

Collaboration tends to be task driven and therefore requires a known or potential dilemma as its starting point. Involved parties recognize the urgency and the potential to create unique mechanisms to solve the dilemma.

The following are basic steps for a successful collaborative process:

1. **Identify the commonalities.** Identifying these will assist in identifying the problems. What similarities exist? What common problems exist that require solutions? Each pro-

gram's leadership should brainstorm these questions before meeting.

2. **Create the goal.** The goal is to clearly define the problem and then resolve to produce a solution. The problem and proposed solution are generally defined in advance separately, and then reconciled by the group.

3. **Identify small groups that will work toward the goal.** Smaller size fosters honesty. Participants tend to cultivate relationships because typical meeting etiquette is not followed when smaller numbers are employed. Include experts on different subject matters, because they bring unique perspective to collaborations.

4. **Be deliberate.** Neutral space is crucial, and that “space” is both a physical place and a place in one's mind. A neutral space is free from distractions and assumptions. Buy-in from all individuals and a group is essential for success—which means the process requires that everyone have an understanding of the time and work load commitments.

5. **Publish the results.** Tell the world! This has a threefold result. First, it reveals that the problem(s) were not ignored. Second, it creates a dialogue among those outside the collaboration; and third, it fosters continued improvement of the novel solution by those “outsiders.”

Commonalities

Often the hardest part of collaborative development is breaking out of the silo mentality and therefore coming to the realization that each program has similar (if not exactly the same) problems as your neighboring program(s). The following is a small list of possible commonalities that HEMS programs and neighboring program could have that require a larger group effort to find viable solutions.

- Local and regional disaster response plan(s)—HEMS not included or have incorrect assumptions in plan
- Issues at the same airport—automated weather station unreliability, security issues, and so forth
- Issues at common hospitals—poor landing zone security, high rate of attrition for staff, notification difficulties, and so forth
- Mutual aid agreement—does not exist currently
- Weather turn-downs—public website that pilots can freely share
- Common EMS agencies and hospitals that continually “rotor shop”
- Common EMS agencies that continually request low-acuity patients

- Radio coverage—“dead spots”
- Common high-traffic areas (both airspace and helipads)

Applying the Basic Steps to Collaboration

“Simple” Example

Program A and program B are co-located at the same airport. One is a vendor-based model, and the other is a hospital-based model. Both are direct competitors and have equally been established in the region for 7 years, but program A recently added a new rotor wing asset into the area. The scene provider protocol is that program A is requested on even days and program B is requested on odd days. The local hospitals have no request guidance, so they can call either program without restriction.

Both programs are fiercely competitive toward one another and have always had a tense working relationship. Recently there have been increasing hostile interactions between flight crews at hospitals and their senior management at regional EMS meetings.

The base supervisor for program A had seen the increasing animosity between the programs and made the decision to approach the base supervisor for program B before a sentinel event could occur. After their initial conversation, it was discovered that they shared a number of problems (**identified**

commonalities) and learned that their independent solutions had failed to this point. They agreed on one high-risk problem to focus on first: the airport fueler was often unreachable and had struck their dolly with the fuel truck on several occasions (**create the goal**). They asked and obtained buy-in from their Aviation Site Managers to attend a meeting with them at the airport’s conference room (**be deliberate**). The identified problem was shared before meeting, with an understanding that each individual would come with solution ideas. The result of their several meetings was a novel solution to their common problem that they in turn shared with their regional and national HEMS partners (**publish the results**).

This example reveals two programs beginning to creating a new mindset, that of collaboration—and therefore the means for developing lasting and successful shared solutions moving forward.

Historically, collaborations involve significant disagreements. In the HEMS industry, often these disagreements are not funneled into useful collaborations, but instead are harmful, which can result in a sentinel event.

The overriding goal of all HEMS providers is to deliver exceptional clinical care in the safest environment possible; however, significant disparities still exist between neighboring programs. The reasons are well known: various operating models, clinical configuration, aviation or clinical capability, simple indifference and a silo mentality. The net result of these variations can lead to an increase in risk profiles for all programs.

Instead of focusing on the differences, the HEMS industry needs to focus on channeling those differences into productive collaborations that will produce new approaches to challenges that impact our industry both locally and nationally.

True collaborations must begin on an individual level; someone must reach across the divide. It takes both personal courage and initiative to cause a paradigm shift.

Will you be the one who that takes that first step?

“If you aren’t part of the solution, you are part of the problem.” —Eldridge Cleaver (*Civil Rights Leader*)

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