



# DECISION MAKING

## THE SITUATION

In the face of the COVID-19 crisis NHS staff will face situations which they have no previous experience, no policy and doctrine to follow, and no clear “good” or “right” choice.

## THE SCIENCE

Based on decades of research studying military, police, Government and other high-stakes decisions, we have identified several important issues that occur when people face consequence decisions under conditions of high uncertainty. These include:

- **Decision inertia:** the inability to make a critical decision in time - particularly when faced with a least-worst decision or incomplete information to inform decision making process.
- **Colliding sacred values:** facing decisions that involve trade offs against values that you hold as deeply important (e.g., the need to save lives).
- **Moral Injury:** the psychological trauma that can occur from making these sorts of decisions.
- Poor communication often occurs during high stakes decision making.

More information:

<https://www.liverpool.ac.uk/project-ares/>

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## THE PROCESS

1

**STORY**

Observe the situation. Identify what you think you are observing/experiencing, no more than 2-3 options. Draw on previous experiences. Identify the most realistic options available to address the situation - this could be the least-worst option.

2

**TIME**

Do you have to make a decision now? Would delaying the decision have greater negative outcomes? Evaluate if an acceptable delay is in the interest of the end goal. Delay if possible, however act now if delay is not acceptable.

3

**ADAPT**

Identify and mentally log incomplete information, conflicting information or limiting factor. Is it acceptable to request further information? Update step 1 and step 2 process with new information.

4

**REVISE**

Constantly revisit previous steps to identify if the situation has changed or evolved. Do not work in silos, communicate with team members and other teams - at least little but often.

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