



Healthcare High-Stakes Decision Quality and Failure Prevention Course

25 – 29 October 2027
Munich

Healthcare High-Stakes Decision Quality and Failure Prevention Course

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Overview

Healthcare high-stakes decision quality and failure prevention is a one-week advanced course for healthcare executives, clinical governance leaders, risk managers, service-line leaders, and decision owners, who leave with a High-Stakes Decision Assurance Pack. The course applies risk-informed decision-making, cognitive bias controls, premortem analysis, red team challenge, scenario testing, escalation thresholds, decision records, and near-miss learning. Agile Leaders Training Center frames healthcare decision quality as a governed process for challenging consequential choices before approval.

Who Should Attend

- Functions responsible for executive and clinical-service decision governance
- Teams responsible for enterprise risk, assurance, and escalation
- Leaders responsible for service-line capacity, access, and resource choices
- Personnel responsible for evidence review and decision analytics
- Functions responsible for safety learning and governance oversight

The course assumes participants sponsor, advise, challenge, or approve material decisions and leaves out clinical diagnosis, introductory problem solving, crisis command, and post-incident investigation training.

Departments and Industries

The course supports departments and organizations that make consequential choices in complex service environments.

- Hospitals, clinics, and integrated healthcare networks
- Healthcare governance, quality, risk, and assurance functions
- Public service and emergency-service leadership teams
- Pharmaceutical, diagnostic, and medical technology organizations
- Nonprofit, insurance, and regulated service providers

Learning Objectives

By the end of this course, participants will be able to:



- Analyze decision frames, objectives, constraints, and affected systems
- Evaluate evidence quality, uncertainty, assumptions, and cognitive bias
- Apply risk criteria, premortems, red teams, and scenario tests
- Build challenge protocols, escalation thresholds, and decision records
- Prioritize safeguards, monitoring signals, and reversible commitments
- Evaluate governance assurance and near-miss learning

Course Agenda

Day 1: Decision Framing and Stakes

- High-Stakes Healthcare Decision Boundary Map
- Decision Objective, Constraint, and Tradeoff Canvas
- Stakeholder Impact and System Dependency Map
- Decision Rights and Accountability Matrix
- Consequence Severity and Reversibility Grid

Day 2: Evidence and Bias Controls

- Evidence Provenance and Quality Review Checklist
- Assumption Register and Uncertainty Log
- Cognitive Bias Trigger and Countermeasure Matrix
- Base-Rate and Outside-View Comparison Method
- Dissent Capture and Minority View Record

Day 3: Failure Testing and Challenge

- Premortem Failure Path Analysis
- Red Team Challenge Protocol
- Scenario Range and Stress-Test Matrix
- ISO 31000 Risk Evaluation and Treatment Lens
- TeamSTEPPS Two-Challenge Rule Escalation Drill

Day 4: Governance and Decision Assurance

- Escalation Threshold and Stop-the-Line Criteria
- Safeguard Strength and Residual Risk Review
- Decision Record and Rationale Template
- Early Warning Signal and Monitoring Dashboard
- Near-Miss Learning and Governance Feedback Loop

Day 5: Decision Assurance Practice

- Suggested Exercise: Decision Frame and Rights Review
- Suggested Exercise: Evidence, Assumption, and Bias Challenge
- Suggested Exercise: Premortem, Red Team, and Scenario Test
- Suggested Exercise: Escalation and Safeguard Assurance Review
- Capstone Exercise: High-Stakes Decision Assurance Pack

Practical Exercises

The course uses suggested activities based on fictional healthcare, emergency-service, technology, and nonprofit decisions.

- Suggested activity: frame objectives, constraints, dependencies, decision rights, consequences, and reversibility for a proposed service change.
- Suggested activity: challenge evidence provenance, assumptions, uncertainty, bias triggers, base rates, and dissent.
- Suggested activity: run a premortem, red team challenge, scenario stress test, and risk treatment review.
- Suggested activity: document thresholds, safeguards, residual risk, monitoring signals, rationale, and governance feedback.

FAQs

Who suits healthcare decision quality training, and what does it assume?

Healthcare executives, governance leaders, risk teams, service-line leaders, analysts, and decision owners suit the training; it assumes responsibility for material choices and excludes clinical diagnosis, introductory problem solving, crisis command, and incident investigation qualification.

How does high-stakes healthcare decision quality differ from general problem-solving training?

High-stakes healthcare decision quality governs consequential choices through evidence review, bias controls, failure testing, dissent, escalation, safeguards, records, and monitoring, while general problem-solving training typically focuses on generating and selecting solutions.

What controls can prevent disastrous healthcare decisions?

Decision controls include explicit framing, independent evidence checks, assumption logs, outside views, dissent capture, premortems, red teams, scenario tests, escalation thresholds, stop-the-line criteria, safeguard reviews, decision records, and early warning signals.



How should healthcare leaders document a high-stakes decision?

A high-stakes decision record should state the objective, options, evidence, assumptions, uncertainties, affected systems, challenge received, risk evaluation, safeguards, residual exposure, decision rights, rationale, monitoring signals, escalation triggers, and review points.

Conclusion

Participants leave with a High-Stakes Decision Assurance Pack containing framing, evidence, bias, challenge, scenario, escalation, safeguard, record, and monitoring tools. The pack makes challenge and accountability visible before approval. It helps decision owners expose failure paths, test uncertainty, preserve dissent, and govern consequential choices with traceable reasoning.