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BLUEDRAGON® INTEGRATED PROBLEM SOLVING

Beyond the Root Cause

How BlueDragon® Integrated Problem Solving Helps Healthcare Organizations
Solve the Problems That Keep Coming Back

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"From symptom to system."



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Executive Summary

Healthcare organizations invest heavily in high-reliability organizing, continuous quality improvement, and root cause analysis, and those investments produce real gains. Yet nearly every organization can still name a problem that keeps coming back despite them. BlueDragon® Integrated Problem Solving (BD IPS) is the method I use, as a BlueDragon-certified practitioner (BD3) working through Convergence Operational Group (COG), to investigate exactly that category of problem: the ones that have already outlasted your existing tools.

This guide is a work sample, not a sales pitch. It explains how BD IPS works, how it complements rather than replaces the quality and safety platform you already run, and how I decide whether a given problem is a genuine match for it before I recommend an engagement.

The Problem Worth Solving

Healthcare has a strong toolkit already: high-reliability organization (HRO) principles, the Institute for Healthcare Improvement's Model for Improvement, enhanced root cause analysis, just-culture programs, and safety huddles. These tools work, and they work best in stable, repeatable environments where a process can be measured and iterated (Institute for Healthcare Improvement, n.d.).

The National Patient Safety Foundation's 2015 review found that conventional root cause analysis in healthcare often produces weak corrective actions, leans too heavily on education and policy enforcement, and stops short of human-factors and systems-science analysis (National Patient Safety Foundation, 2015). That finding is not a verdict on the people running these programs. It points to a structural mismatch: tools built to reduce variation in stable, measurable processes are being asked to explain complex, multi-causal failures in tightly coupled systems, and that is a different problem entirely.

BD IPS is built for that different problem: recurrent adverse events, latent systemic failures that keep resurfacing after proximate-cause fixes, failures that cross departmental or governance boundaries, and cultural or leadership root causes that never show up on a control chart.

The BlueDragon Method

BD IPS follows a fixed three-phase sequence, developed by Rob De La Espriella, a former Navy nuclear submarine officer and Nuclear Regulatory Commission inspector. The sequence is itself a control. Naming a cause or proposing a corrective action before Phase 2 is complete is treated as an investigative error, because it protects the integrity of the finding.

Phase	What Happens
1. Systems Inventory	Map every relevant subsystem, build timelines, and collect evidence. No conclusions are drawn in this phase.

Phase	What Happens
2. Root Cause Synthesis	Apply structured causal inquiry (a multi-branch extension of the 5-Whys) and barrier analysis to name the latent organizational, programmatic, and cultural causes.
3. Corrective Actions	Develop preventive actions using the hierarchy of hazard controls, then stress-test each one for second- and third-order effects before it goes to the client.

The method draws on systems-theory frameworks that are already familiar to healthcare safety professionals, including Reason's Swiss Cheese model of latent conditions (Reason, 1990), Dekker's work on drift into failure (Dekker, 2011), Meadows' systems primer (Meadows, 2008), and Weick and Sutcliffe's HRO principles (Weick & Sutcliffe, 2015). The same structural dynamics, feedback loops, tight coupling, normalization of deviance, and organizational drift, sit underneath a medication error in an intensive care unit and an equipment failure in a high-hazard industrial setting. That shared foundation is why the method transfers across sectors without losing rigor.

Where BD IPS Fits Relative to Your Existing Platform

BD IPS is not a replacement for HRO or continuous-improvement platforms. It is the instrument I bring in when those platforms have reached their limit on a specific problem.

Attribute	BD IPS	HRO / Continuous-Improvement Platform
Primary intent	Investigate and resolve a specific recurring, high-consequence problem	Sustain reliable operations and continuously improve care at scale
Temporal stance	Deep, time-boxed investigation of a defined problem	Continuous, always-on culture and improvement cycles
Cause philosophy	Latent organizational, programmatic, and cultural conditions	System failures over individual blame; human-factors aware
Best fit	Recurrent, cross-system failures that have resisted prior fixes	Broad, sustained reliability and iterative improvement

The two approaches converge more than they diverge. Both reject individual blame in favor of systems-level explanation, and both insist that corrective actions be durable rather than cosmetic. Organizations already running a mature HRO platform tend to recognize BD IPS's language quickly, because it draws on the same underlying science.

How I Assess Fit and Prioritize

Before I recommend an engagement, I run a structured fit assessment. It is a diagnostic, not a sales conversation, and its job is to determine whether BD IPS is genuinely the right tool for your problem.

First, has the problem survived a prior corrective-action cycle? If a problem is genuinely new, your standard RCA process is probably sufficient, and I will say so.

Second, is the organization ready? BD IPS works best where leadership is willing to accept findings that may implicate governance, staffing, or culture, and not only procedures or training.

Third, if there are multiple candidate problems, which is the highest-value place to start? I weigh consequence severity, recurrence frequency, prior improvement effort, and how many functional boundaries the problem crosses, because the goal of a first engagement is a clear result that earns internal confidence in the method before we scale it further.

What an Engagement Looks Like

I recommend every new relationship begin with a scoped pilot: one chronic, recurrent problem, time-boxed to four to six weeks, with a success measure defined before fieldwork begins. A small joint team, a BD3-certified practitioner plus your quality, safety, and frontline staff, runs the full three-phase investigation, integrated with the just-culture and reporting infrastructure you already have.

The engagement produces three deliverables: a Systems Inventory mapping every contributing subsystem, a Root Cause Report naming the latent causes with evidentiary support, and a Corrective Action Plan that pairs each root cause with a specific, accountable, and verifiable action. Implementation authority stays entirely with your organization. I do not make clinical judgments, issue accreditation opinions, or assume liability for patient outcomes.

Limitations, Honestly

BD IPS's strongest public case evidence to date comes from nuclear, defense, and aerospace settings rather than healthcare specifically, though its foundational frameworks (Reason, Dekker, and Weick and Sutcliffe among them) are already widely applied in healthcare safety science. A rigorous Phase 1 Systems Inventory takes weeks, not days, which is a design constraint I scope for explicitly rather than a flaw to be minimized. And BD IPS is not a substitute for the always-on work of safety culture and continuous improvement; it is built to complement that work at the point where it has reached its limit.

Conclusion

Every organization committed to safety eventually meets a problem its improvement tools cannot close on their own. That does not mean the tools failed. It means you have found the edge of what they were built to solve. BD IPS exists for that edge: the recurrent, cross-system failures whose root causes sit several layers below the proximate event.

If you are weighing whether a problem in your organization belongs to this category, I would welcome a structured fit conversation. No commercial commitment and no proposal, just a disciplined look at whether this is the right tool for the problem you have in mind.

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