



Type	Total
Technology	22
Process	13
Values	10
Advocacy	10
Network	9
Access	5
Medical	2
Financing	3
Education	1
Other	1
Total	76

No.	Design Idea	Type
1	< We ought to have the ability to identify leading indicators (Vital, blood monitoring etc...) of SCA via some sort of personal device like a phone or implanted technology in the body.	Technology
2	< We ought to have the ability utilize a personal device to determine if a person is going (or has gone) into cardiac arrest.	Technology
3	< The personal device ought to be able to be used both proactively by the owner/user as well as retroactively. That is, if the owner decides her or she would like to check their current risk level, they could – And, the device would spontaneously go into action during a cardiac event.	Technology
4	< The personal device ought to be electronically connected to rapid response network.	Technology
5	< The personal device ought to allow the owner/user to locate (via map) all close by technologies (Automated External Defibrillator's (AED)) or treatment facilities (hospital) that may aid the owner/user in with their condition. This implies all treatment technologies and services are tied into a universal network electronically.	Technology
6	< Personal monitoring and treatment devices out to be available (and attainable) to all people.	Access
7	< AED's (or any technology that provides treatment services) ought to be available (and attainable) to all people.	Access
8	< A personal AED ought to have the ability to be used on the self whether the owner/user is conscious or not.	Technology

9	< Someone with personal AED. Their app would tell them can use one from person in their pocket.	Technology
10	< The SCA "system" ought to have the ability of immediately locating a downed person as a result of an experienced SCA event.	Network
11	< A person's personal device ought to have the ability of broadcasting message and location in time of medical need.	Technology
12	< A person's personal device ought to notify all qualified bystanders within a .5 mile radius as well as notify local emergency reporting protocols (E.G. Dial 911).	Technology
13	< Biotelemetry.	Technology
14	< The SCA "system" ought to be linked and engaged socially with global, national and local communities. Forums, blogs and social media ought to be utilized to build community as well a crowd source inquiry and improvement.	Network
15	< The SCA "system" ought to actively promote and lobby for a transformation and maintenance of a citizenry that values the importance of CPR and SCA related issues and is willing to perform the task during a life saving event.	Advocacy
16	< The SCA "system ought not to rely solely on the 911 system for the response and treatment of SCA victims. Instead, a person's personal device ought to be engaged with the SCA network and remotely trigger a/the crowd's response. Additionally, the crowd's response ought to be appropriate (E.G. right hospital, right treatment technology, CPR when needed)	Network
17	< SCA treatment protocol ought to be as simple as possible while ensuring effectiveness.	Process
18	< A person's personal device ought to have the ability of providing instructions to the owner/user in a time of crisis...in a time of prevention.	Technology
19	< Ideally, no ambulance step that call. Comes from hospital. Still get body from point A to point B.	Process
20	< The SCA "system" ought not to rely on a linear response system, but on a distributed sense-and-respond system so activates are more likely to occur in series rather than parallel. This includes the maintenance and sustaining of life, the distribution and receipt of lifesaving instructions and the notification of an events location.	Network
21	< Funding monies ought to be funneled away from traditional research and development initiative and invested in the development of a distributed-sense-and-respond system. Investment monies are focused on the creation of a distributed network vs. a centralized network.	Financing
22	< Resources ought to be funneled to enhance preventative medicine techniques vs. disease treatment techniques. For example, identify at-risk people in the schools system and initiate treatment early.	Financing
23	< Lifestyles.	Other
24	< A person's personal device ought to inform a person performing CPR if it is being applied correctly.	Technology

25	< A person's personal device ought to inform not only the owner/user if a cardiac event is taking place but the community around that owner/user.	Network
26	< The SCA "system ought to have a virtual community for dialogue on how to improve resuscitation rates.	Network
27	< The SCA "system ought to have an involved public that is aware of SCA and its nuances and.	Values
28	< The SCA "system ought to actively encourage a willingness of its citizenry to be engaged with the cause of SCA. E.G. attend training regularly.	Advocacy
29	< The SCA "system" out to actively promote and lobby for a transformation and maintenance of a citizenry that values the importance of CPR and SCA related issues and is willing to perform the task during a life saving event.	Advocacy
30	< The SCA "system" ought to require cab drivers/bus drivers/waiters to be CPR qualified (card carrying) in order to maintain employment.	Process
31	< The SCA "system ought to encourage dialogue in the classroom, particularly grade school. The dialogue ought to ingrain knowledge so a progression of complexity is followed. E.G. Grade school: Awareness, Middle School: Chest Compressions; High School: Use of AED.	Advocacy
32	< The SCA "system ought to have a citizenry that wants to act responsibly towards a SCA victim.	Values
33	< The SCA "system will have no barriers that may inhibit life saving action such as fear of retaliation if not successful, fear of litigation, fear of infectious disease.	Values
34	< A person ought to have a personal device that detects potential cardiac arrest, transmits this detection to a dispatch response unit and then through the dispatch unit to the responding vehicles – EKG's ought to be automatically transmitted to responding vehicles.	Technology
35	< The SCA "system" ought to have potential responding vehicles located in right places in order to provide rapid response.	Network
36	< There are only 4 minutes to initially preserve life – The SCA "system" ought to be able to detect the event and empower immediate intervention – and – track that intervention.	Process
37	< Can we extend the four minute window? Hypothermia?	Medical Improvement
38	< A person's phone ought to be able to be used as a defibrillator.	Technology
39	< When experiencing a cardiac event, a person's phone (or some sort of personal device) ought to alerts fellow citizens in vicinity of event. - I'm having cardiac event. My phone or other device (e.g., embedded) or iPod notifies people within ¼ mile. They know. "Onstar for my body." Tells people to come help. Trained response team/bystanders know where to go. If happens at home, notifies people nearby. Communitywide effort.	Network
40	· SCA treatment training ought to be persistent with the community. Education on SCA and how to provide treatment needs to be repetitive – not one shot deal.	Education

41	< SCA training ought to reside throughout K-12 education (or whatever education looks like in this model). This sets the SCA system up for successful outcomes. This training should also begin very early in life – 2 year olds and up to take advantage of their retention rate and to affect grass roots culture shifts.	Values
42	< The federal government ought to provide an individual tax break for those who demonstrate continued service to community such as education in CPR. Use other motivators, extrinsic as well as intrinsic – as long as gets impact. Tax break reflects benefits to society and a demonstration of cultural values of the nation	Values
43	< The SCA “system ought to be able to take in data, telemetric as well as event driven data for the purposes of studying the system and validate if what is being done is effective. Get instant feedback to medical people – has this really helped. Create and keep a think tank in place to evaluate and help improve system.	Network
44	< There ought to be a simple Key Performance Indicator publicized so the citizenry can see how the system is performing.	Process
45	< Performance monitoring of the system ought to be based on real time data collected from personal devices and not voluntarily donated information that may be laced with biases of hiding. Data should be automatically available from instant event occurs through completion of hospital	Technology
46	< Processes and functions ought to exist that provide support for all those people who were engaged in a SCA event to help them manage the changes in their life they will be experiencing. This includes the victim, treatment giver, parents and children of both...etc...	Process
47	< Hands only, simple CPR.	?
48	< Utilize people like Dr. Oz to get message out to lots of people. Integrate benefits of CPR into all aspects of media. Present in a positive light.	Advocacy
49	< Before presidential press conference – talks for 90 seconds about SCA. Or, someone else in public realm that it happened to (famous person, for example).	Advocacy
50	< CPR ought to be a funding priority.	Financing
51	< The SCA “system ought to have a function that reaches out to those who benefit from CPR for support and recognizes the ordinary citizen heroes who help on daily basis. This should serve a form of peer pressure to change cultural behavior towards SCA treatment. Demonize those who create barriers.	Advocacy
52	< Something ought to be done about the failure to act at an administrative level. This inactivity ought to be prosecutable in some way.	Advocacy
53	< Legislation ought to enforce positive steps like having an AED in every school. Training all children and teachers for use must also be attached to the legislation.	Values
54	< Adequate equipment and corresponding training ought to be available. Not one without the other.	Access
55	< Creating training at earlier level (age) in educational system, ought to create market for equipment.	Values

56	< The SCA “system ought to have functions and process that get new batteries for equipment and provide maintenance services. Legislation ought to mandate defibrillator maintenance.	Process
57	< All treatment technologies ought not to rely on batteries alone but use alternative energy technologies.	Technology
58	< If use all these apps, everybody has to have them.	Access
59	< Automobiles are capable of conducting an AED treatment.	Technology
60	< AED’s ought to be available eternally on buses and police cars. In the case of an SCA event, drivers would be notified and given the location of patient.	Access
61	< High School students ought to be tested for proficiency in SCA treatment in order to receive a diploma.	Process
62	< Prospective drivers ought to be required to pass a CPR/AED test in order to get a driver’s license.	Process
63	< Drivers ought to be required to maintain CPR/AED competency at the time of license renewal. And classes ought to be available as a refresher if needed in order to pass the test.	Process
64	< Corporate EH&S functions tie in to get training.	Process
65	< Training simplified. On TV. Common message.	Process
66	< Major league baseball ought to have public service announcement in support of SCA during the 7 th inning stretch.	Advocacy
67	< There ought not be any barriers creating fear for a citizen (or organizations) when it comes to providing treatment to a SCA victim Litigation etc...there should be no fear of being sued.	Values
68	< Hypothermia centers.	Medical Improvement
69	< A person’s personal device ought to say what has happened to the victim so care providers know. E.G. AED’s sends telemetry to receiving hospital.	Technology
70	< There ought to be the choice to have a devices placed in the body that forewarns of potential SCA Event based on arrhythmias, early atrial fibrillations etc...	Technology
71	< Personal devices ought to be small enough to do all things needed to support treatment and be placed within the body. E.G. Microchip. A person elects “In-Star” or Cardiac On-Star.	Technology
72	< Personal devices in people ought to be able to be used for prevention as well by identifying risk factors. E.G. kids who participate in sports who have been flagged may be sent for full cardiac screening.	Technology
73	< There ought to be a political action group that attempts to influence national values.	Advocacy
74	< Children ought to be provided 12-lead cardiograms as well as echocardiograms.	Values
75	< There ought to be portable echocardiograms and other screening tools at available at a reasonable price to help with treatment and prevention adoption.	Technology
76	< Women ought to be treated seriously for heart disease.	Values