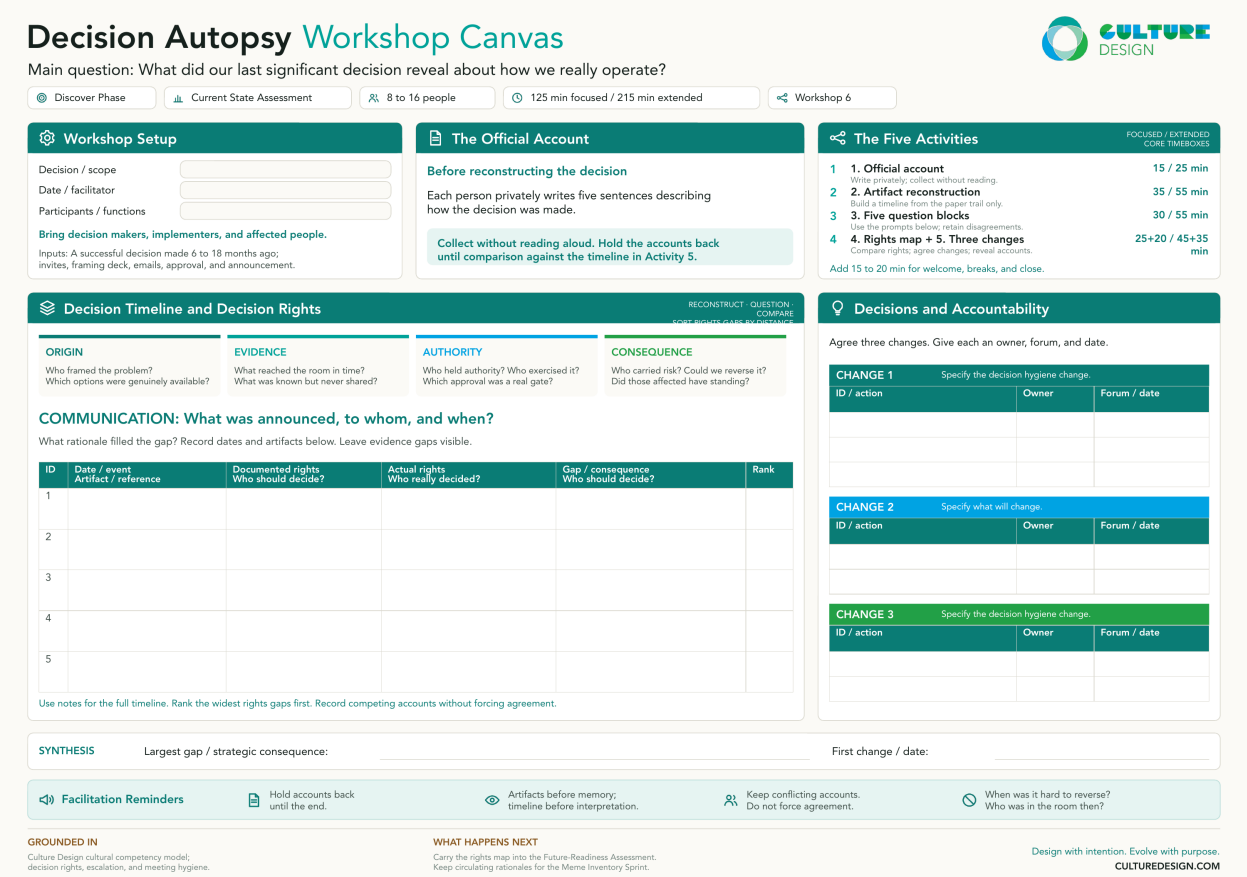
Decision Autopsy

Workshop Wednesday 10.21.26 | Authored by Jason Burnham



Use this blank canvas to reconstruct one decision and compare documented and actual decision rights. Keep the full timeline on additional notes. A completed example appears near the end of this article.

A written governance model gives people a way to understand who can decide what. We still need to examine how those decisions happen in practice. A team may follow every approval requirement while committing resources before the people with formal authority have considered the options. The paperwork can be complete and the opportunity to influence the decision already gone.

The Decision Autopsy helps your team examine one significant decision from its first framing through to its announcement. Participants reconstruct what happened from the paper trail, compare that reconstruction with documented decision rights, and agree three changes to how decisions get made. The work gives you a specific case to investigate. You will need to test

whether its findings apply to other decisions before treating them as an organization-wide pattern.

Main Question: What did our last significant decision reveal about how we really operate?

Phase: Discover. What is our current experience?

Best For: A group of 8 to 16 people. Include decision makers, the people responsible for implementation, and two or three people who were affected without being consulted.

Format: A focused session with 125 minutes of core activities or an extended session with 215 minutes. Add 15 to 20 minutes for welcome, breaks, and close.

Inputs: One significant decision made 6 to 18 months ago, with enough distance to examine its consequences. Gather calendar invitations, the framing deck, email threads, written approvals, the announcement, and the relevant governance documents.

Outputs: A reconstructed timeline, a two-column comparison of documented and actual decision rights, and three changes with an owner, a review forum, and a date for each.

Description

A decision brings several parts of your operating model into view at once. Someone defines the problem and determines which options reach the room. Evidence gets included or left out. Authority is exercised, resources are committed, and other people inherit the consequences. Reconstructing that sequence lets the team examine where its governance helped and where people worked around it.

An approval date alone cannot tell you when a choice became difficult to reverse. A team might have already assigned staff, promised a delivery date, or started implementation. If the formal meeting happened afterward, participants need to establish which choices remained open when approval was requested. That distinction changes what the decision-rights map needs to show.

Purpose and Objectives

The purpose is to replace competing recollections with a case the team can examine together. Artifacts provide a shared starting point, but they will not explain everything. Record what they establish, what participants remember, and what remains unresolved so the resulting account does not imply more certainty than the evidence supports.

- Reconstruct one significant decision from its artifacts before discussing participants' accounts.

- Identify who framed the problem, which evidence reached decision makers, and who carried the consequences.
- Compare documented authority with the authority people exercised.
- Distinguish a decision from approval of a course of action already underway.
- Agree three changes with responsibility and review arrangements for each.

The Five Question Blocks

Work these questions against specific steps on the timeline. Record the artifact or account supporting each answer. Where people disagree, preserve the different accounts and identify what would help resolve the difference.

Origin: Where did the decision start, and who framed the problem? Who challenged that framing? Which options were genuinely available when the first senior person considered it?

Evidence: What evidence reached the decision makers before they committed? Which analysis arrived afterward? What did someone know at the time that never reached the room?

Authority: Who held formal authority, and who exercised it? Where did the decision cross a team or functional boundary? Which approval could still change the outcome, and which confirmed something already underway?

Consequence: What would it have cost to get the decision wrong, and how reversible was it? Who carried the risk? Did those people have standing in the discussion, and what evidence would have supported a different choice?

Communication: What was announced, to whom, and how long after the decision was settled? What explanation did people construct in the gap? Which version of the rationale is still circulating?

Agenda and Activities

Activity 1: The Official Account

15 minutes focused / 25 minutes extended

Ask each participant to write privately, in five sentences, how the decision was made. Collect the accounts without reading them aloud. Explain that the group will return to them after reconstructing the decision, so people can compare their initial understanding with the sequence the evidence supports.

Activity 2: Reconstruction from Artifacts

35 minutes focused / 55 minutes extended

Build the timeline from the paper trail only. Place dates, meetings, documents, and approvals in the order the artifacts support. Mark where the record is silent. An invitation establishes that a meeting was scheduled, for example, but it does not establish what everyone agreed during that meeting. Keep those limits visible.

Activity 3: The Five Blocks

30 minutes focused / 55 minutes extended

Work through Origin, Evidence, Authority, Consequence, and Communication in order. Put the answers beside the steps they concern. Record recollections separately from what the artifacts establish. If two participants identify different decision makers, retain both accounts and the basis for each rather than letting seniority settle the question.

Activity 4: Documented against Actual

25 minutes focused / 45 minutes extended

Create two columns. Put the decision rights described in governance documents on the left and what the reconstruction shows on the right. Rank the rows by the significance of the difference, explaining the judgment against the risks and consequences involved. The workshop uses a qualitative comparison, so avoid presenting the ranks as measured scores.

Activity 5: Three Changes

20 minutes focused / 35 minutes extended

Agree three changes to decision hygiene. Give each an owner, a forum where progress will be reviewed, and a date. Read the private accounts against the reconstructed timeline and discuss what changed in participants' understanding. Confirm who can authorize each change and which commitments require another decision maker.

Where It Sits in the Process

Decision Autopsy is the sixth workshop in the Discover phase and follows the Culture Artifact Audit. Earlier workshops examine stakeholder experiences, cultural capabilities, and the practices people encounter. This session adds a reconstructed decision that the team can compare with those findings. It may support an earlier interpretation, complicate it, or reveal something the previous workshops did not capture.

Carry the ranked decision-rights map into the Future-Readiness Assessment. Keep the communication findings for the Meme Inventory Sprint, including the different rationales still circulating. Record those explanations here without treating them as proof of the beliefs behind them.

Facilitator Instructions

Choose a decision that worked. A successful outcome can make it easier for participants to examine the process without the discussion immediately becoming an argument about who caused a failure. It does not remove the need for care, and it does not mean the process was sound. Explain why you have chosen that decision before the session begins.

Gather the artifacts in advance. Check that the record includes implementation and communication, as well as the documents used for approval. Invite people who experienced the consequences, because their accounts may reveal work or commitments that the formal decision makers never saw.

Hold the sequence when someone proposes a fix early. Finish the reconstruction, work through the questions, and compare decision rights before choosing changes. Otherwise, the group can spend the session improving a process it has not yet understood.

Protect the gaps without overinterpreting them. A missing record establishes a limit on what the team can verify. It does not, by itself, prove that consultation or approval never happened. Label recollections, preserve competing accounts, and assign follow-up where an unresolved point matters to the finding.

Watch for ratification. Establish when the outcome became difficult to reverse and who was involved at that point. Then compare that moment with the formal approval. If the group says a later forum still had a meaningful choice, ask what it could have changed and what changing it would have required.

Synthesis

Write up the timeline with the five question blocks answered beside the relevant steps. Keep the rights map alongside it, with the most consequential differences first. Separate confirmed findings from interpretations and open questions. One reconstructed case can identify a practice worth changing, but broader claims need comparison with other decisions.

For each proposed change, state whether the leadership team can own it, influence it through another enterprise owner, or refer it to the person with authority. Confirm the owner, review

forum, and date before circulating the synthesis. Schedule the first review within 90 days and identify what evidence the owners will bring to show whether the change is being used.

What the Output Looks Like

This illustrative example continues Kestrel Valley Health, the fictional regional health network used in the earlier workshop articles. The decision, records, participant accounts, and commitments below are invented to demonstrate the method. They are not client findings or evidence of completed improvements.

Kestrel has integrated three clinic groups and introduced a shared referral-routing process. Leaders regard the rollout as successful because the clinics are using it. The autopsy examines how that process was chosen and authorized, including when clinic leads could influence the operating requirements.

Activity 1 Outcome: Accounts Held for Comparison

The private accounts differ. Executives describe the operations committee as making the decision. The implementation team describes a program sponsor choosing the approach earlier. Clinic leads describe being asked how to implement a process they understood to be settled. These are the participants' initial accounts, held back until the reconstruction is complete.

Activity 2 Outcome: The Reconstructed Timeline

The fictional paper trail shows the following sequence. The order matters because it separates the start of implementation from the later approval.

- A framing deck recommends one shared referral process and lists alternatives briefly.
- An email from the program sponsor asks the implementation team to begin configuration.
- A clinic-lead meeting occurs after configuration has started. Its notes record staffing concerns, with no documented response before approval.
- The operations committee approves the rollout. The minutes do not establish whether members knew configuration was underway.
- The staff announcement explains the new process and its start date but gives no rationale for the choice.

The record establishes that configuration preceded formal approval. It leaves open what the committee knew and whether the sponsor had delegated authority to start that work. Both points remain visible for follow-up.

Activity 3 Outcome: What the Five Blocks Reveal

The Origin and Evidence discussions focus on how the recommended option reached the committee and whether the alternatives received meaningful consideration. The Authority discussion distinguishes the instruction to start configuration from approval to roll out. Those actions may require different permissions, so the group needs to check the delegation before concluding that authority was bypassed.

Consequence brings the clinic leads' staffing concerns into the comparison. They carried implementation responsibilities, but the record does not show how those concerns affected the choice. Communication adds a separate issue. Staff received instructions without the rationale, leaving room for different explanations of why the process had been selected.

Activity 4 Outcome: The Decision Rights Comparison

The group records three differences in priority order. The order reflects its judgment of consequence, rather than a numerical rating.

1. Documented: The operations committee approves the referral operating model. Actual: Configuration started before approval. The sponsor's authority and the committee's remaining choices need verification.

2. Documented: Clinic leads provide operating requirements before approval. Actual: Recorded consultation followed the start of configuration, and the record contains no response to staffing concerns before approval.

3. Documented: The decision owner communicates the rationale to affected teams. Actual: The announcement provided instructions and a start date without explaining the choice.

Activity 5 Outcome: Three Changes and Accountability

The operations chair owns a review of when configuration can begin and what authorization it requires. The operations committee will agree that boundary within 30 days, including how to record work permitted before final approval.

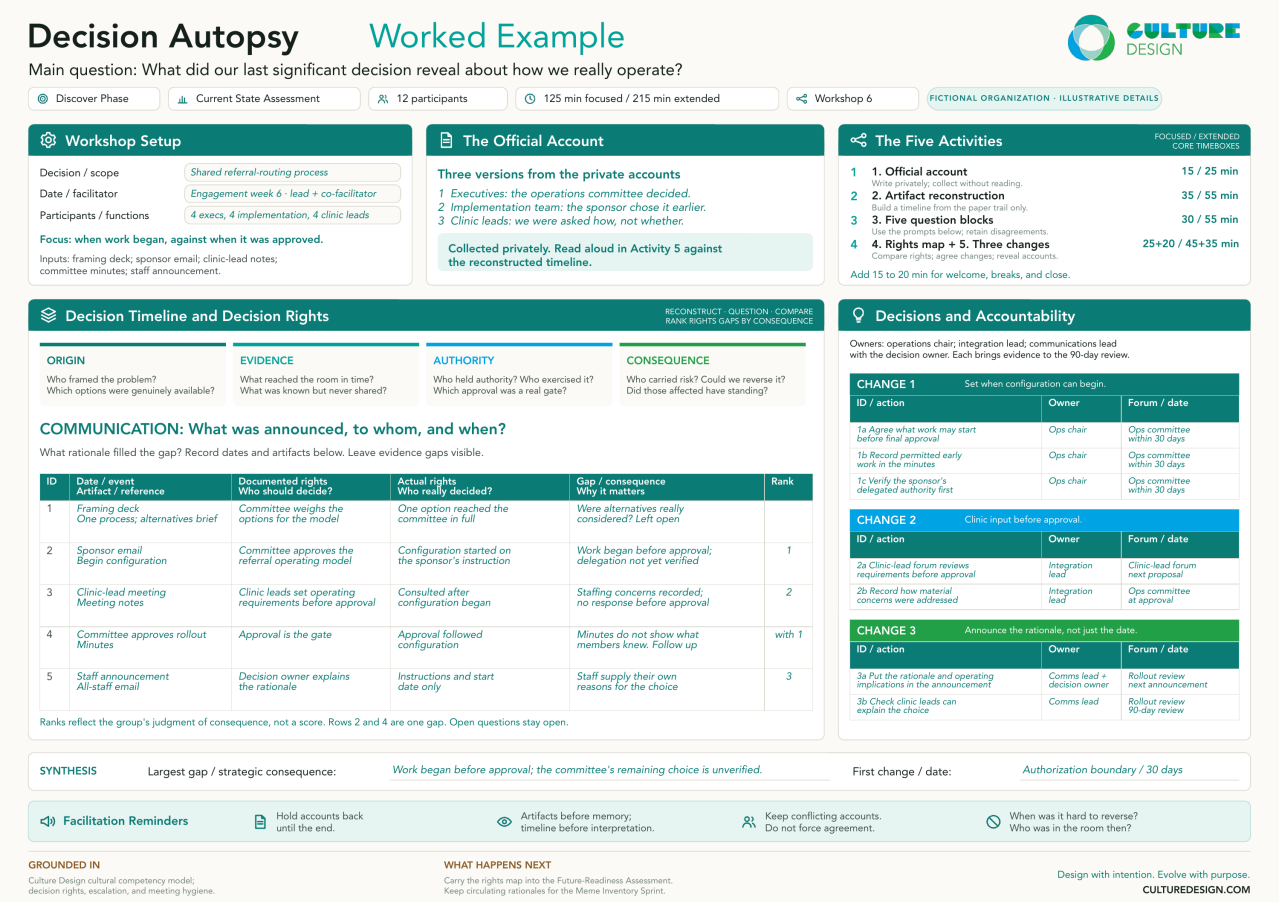
The integration lead owns a requirement for clinic input before the next referral-process proposal reaches approval. The existing clinic-lead forum will review the operating requirements and record how material concerns were addressed. The operations committee will check that record when it considers the proposal.

The communications lead will work with the decision owner to include the rationale and operating implications in the next process announcement. The existing rollout review will check whether clinic leads can explain the choice and identify where staff still need clarification.

The Synthesis

The fictional session identifies a sequence worth correcting and two authority questions that remain open. It does not establish that the sponsor acted outside their remit or that the committee's approval was meaningless. The first change must resolve those questions before the team revises its approval rules.

Kestrel schedules a review within 90 days. Owners will bring the agreed authorization boundary, evidence of consultation on the next proposal, and the resulting communication. Those records can show whether the commitments have entered the work. Further decisions will need examination before the team can claim a wider improvement in governance.



Completed canvas for the fictional Kestrel Valley Health session. All entries are illustrative. Use the blank canvas near the top of this article with your own team, keeping the full timeline on additional notes.

Grounded in: The Culture Design cultural competency model, particularly Organizational Actualization and Cultural Sustainability, together with decision-rights, escalation, and meeting-hygiene work and the evidence-and-consequence pairing in the Evidence Standard program.

Before your next governance refresh, choose one successful decision and gather its paper trail. Bring the people who made it together with those who had to carry it. Start with the timeline, compare it with your documented decision rights, and name the owner and date for the first change.