# slido

#### How we calculate the scores

With the ranking poll, participants essentially give points to each option and the higher someone ranks an option, the more points it receives. Using an example of participants needing to rank 3 options, the option ranked first receives 3 points, the second gets 2 points and the third gets 1 point.

Once voting is over, we count up these points for each option and divide it by the number of people who participated in the ranking poll. This gives us an average, ranked score for each option and the option with the highest score is the most preferred one.

### **Example:**

- There are 3 people (A, B, C) participating in a poll that consists of three options (X, Y, Z)
- Person A submits the options in the following order: X, Y, Z
- Person B submits the options in the following order: Y, X, Z
- Person C submits the options in the following order: Y, X, Z
- Option X receives 7 points (3 + 2 + 2); Option Y receives 8 points (2 + 3 + 3);
  Option Z receives 3 points (1 + 1 + 1)
- Average for Option X is 2.3 (7 divided by 3); Average for Option Y is 2.7 (8 divided by 3); Average for Option Z is 1 (3 divided by 3)
- The final order of Options is the following: Y (2.7); X (2.3); Z (1)

In case a participant does not rank all the options, the one they did not pick automatically receives 0 points.

## Amplifying Bystander Response: Knowledge Gaps (82 Votes)

1.	Public awareness/recognition of cardiac arrest / literacy / socialization sensitization	7.99
2.	Public willingness to respond	7.70
3.	Cultural differences/social determinants that impact lay response	
4.	How to improve response to OHCA that occurs in the home	6.74
5.	Organization and effectiveness of community responder programs	5.83
6.	Effectiveness of AED public access on increasing response/utilization	4.52
		3.95
7.	How to truly innovate training	3.51
8.	Understanding why people do not get trained	3.43
9.	Effectiveness of crowdsourcing apps on increasing response/utilization	3.23
10.	Urban/rural differences	2.67
11.	Optimizing/marketing telecommunicator/dispatch-guided CPR to empower bystander response	,
		2.24

## **Amplifying Bystander Response: Barriers to Translation (84 Votes)**

1.	Poor public awareness of importance of lay rescuers (BLS and AED)	8.14
2.	Lack of national strategy and translation of that strategy towards states, cities and communities. Showing success through the science.	
2	Poor public willingness to participate in training for CPR/ The impact of fear and the fear of doing something wrong	7.24
٥.	Poor public willingness to participate in training for CPR/ The impact of fear and the fear of doing something wrong	6.85
4.	Lack of functioning structure and organization of neighborhood training programs	5.52
5.	Lack of functioning local community structure for effective AED use	3.32
		4.66
6.	Too few AEDS available for rapid and early defibrillation	3.77
7.	Cost of AEDs perceived as high. No community crowd funding	0.77
		2.98
8.	Apps may not match design and need of the system as a whole	2.21
9.	Too many smart/not smart apps, not user friendly	
4.0	Maria (AED and a la l	2.17
10.	Maintainance of AEDs not organized	1.99

## **Amplifying Bystander Response: Research Priorities (83 Votes)**

