

Gemba Academy Podcast

Episode 100: Matt May

Announcer 1: You're listening to Episode 100 with Matt May.

[music]

Announcer 2: Welcome to the Gemba Academy podcast. The show that's focused on helping individuals and companies achieve breakthrough results using the same continuous improvement principles leveraged by companies such as Toyota, Del Monte, and the US Department of Defense. Now, here's your host, Ron Pereira.

Ron Pereira: Hey there. This is Ron Pereira with Gemba Academy. As I've said around 99 other times, thank you so much for taking time out of your day and your week, for listening to the show and for watching our Lean and Six Sigma training videos over at www.GembaAcademy.com. I know this normally sounds a little robotic and I say the same thing every week, but we truly do appreciate each and every one of you.

Now, today, this episode is without question like no other episode that we've ever produced. Our guest is Matt May, who we've actually had on the show before, way back in April of 2014. In fact, Matt was actually the first guest we ever had on the show.

On that episode we talked about all kinds of fun things and to this day it's one of my favorites. But today's episode is definitely more intense. Matt and I talk about an experience none of us will escape and that experience is death.

Matt, as you'll hear, died. I don't know how else to say that and I don't mean to sound overly dramatic. But Matt flat lined and died not once, but two times. Matt walks us through the entire process, including how all of the pain and suffering he was experiencing went away right before his heart stopped beating.

We then talked about what Matt has been able to learn from this experience, including some powerful lean-thinking lessons. Now, this is definitely a longer episode, so feel free to listen to it in longer chunks if needed. But I definitely encourage you to listen to the whole thing.

We're also providing a full transcript of the episode for those that like to read, as well as a link to a powerful article Matt published on Medium. All of these links can be found over at www.GembaPodcast.com. Just look for episode 100. That's 1-0-0. Again, go to www.GembaPodcast.com and look for episode 100. OK, enough for me. Let's get to the show.

[music]

Ron: All right, Matt. Welcome back to the show. How's it going?

Matt May: [laughs] It's going good. I'm above the ground, so it's good. [laughs]

Ron: As you know, I'm super excited to be talking to you because this is Episode 100 for Gemba Academy and our podcast. I don't even know if you remember this, but you were actually our first guest to come onto the podcast back in April of 2014. We did a really short welcome episode, which was number one. You were episode two, which was really our first real episode.

I have to say that that episode is still one of my all time favorites. I don't know if you remember what we talked about, but we were talking about keeping the main thing, the main thing, and all kinds of awesome stuff.

You really challenged me honestly and Kevin and everyone in the Academy to almost rethink many aspects of how we were doing our work at Gemba Academy. It really impacted us and helped us in a profound way. So first of all, thank you for that. Thanks for being our guest for episode 100!

Matt: Thank you. I do remember the conversation. I remember our emails afterwards. Wow, centennial edition I guess. My math, that's two-ish years. You've been doing one a week mostly with time off for holidays, it's like that.

Ron: We just kind of queue them up. We went a few weeks where we doubled up. There was one week, a week or two where we had some iTunes problems. But we've been pretty consistent and done an episode just about every week for two years.

Matt: Fantastic. I'm all yours.

Ron: Here's the thing. I've been wracking my brain and talking to Kevin and all my colleagues at Gemba Academy about how to ask this first question. Truthfully, I'm really struggling, so I do apologize if this sounds a bit abrupt. But I understand, Matt, that you recently died, as in, you were dead.

Matt: [laughs]

Ron: Can you maybe walk us through that?

Matt: Yeah. Just for the audience listening, I am not the walking dead. I am not a zombie by any means. The definition of dead or died that you're using is that my heart stopped beating. I had a cardiac arrest. I had a double cardiac arrest actually. My heart stopped beating for several seconds and both times got zapped back to life as it were.

Here I am. It's been about eight weeks since that happened. Walk you through the entire sequence of events?

Ron: Yeah. Obviously you wrote an article on Medium that we're going to link to in our show notes for sure. We want everybody to read that. We got Matt here on the podcast, so walk us through that. What happened?

Matt: Let's set the scene. The scene is a week before Christmas, a couple months ago, December 19th, 2015 to be exact. At that time of the year, a lot of people are sort of winding down for the holidays. If you do a lot of work in the automotive space, most

companies almost go completely dark for a couple of weeks, the last two weeks of the year.

That's generally a time when you regroup with friends and colleagues. They have extra time. Trying to avoid the shopping malls, and be outside here in Southern California, and that's exactly what I had planned for a Saturday morning, a mountain bike ride with three other friends, two of which had not really seen or ridden with regularly for a couple years.

We decided to do one of the favorite trails here in Southern California, called Backbone, not all that far from the coast and Saturday morning, fairly warm, they said the rain was going to move in around 11:00 AM so we wanted to get on the trail around 9:00, about a two-hour ride.

We all grouped together and set about on our ride, and gosh, everything was going swimmingly well. The trail was nice, it was a little moist, the air was fresh, my lungs were clear.

Ron: How hard do you ride, are you like really getting after it?

Matt: Very hard. No yeah, I'm an avid mountain biker. I'm probably on my bike when I can swing it, 10-12 hours a week. I've got a fairly high what's called VO2 max, which is the volume of oxygen your lungs can pump, if you will. I've got a fairly high hematocrit level which is the oxygen level in your blood, and while I'm not a professional, I'm way too old for that, I can keep up with guys 15, 20 years younger than me and in super-fit shape.

Yeah, we ride pretty hard. It's a fairly fun but technical single track that we ride. Single track meaning there's room for one bike and that's about it. We go into the canyons and we do some tough technical climbs, rocks, ruts, roots, jumps, you name it. We had gone to the turnaround point, actually two of my friends had to turn around, it was a little too tough for them.

The two that hadn't ridden with me for a while, they said, "You know what? We're going to turn around. We've got stuff to do, I don't know if we're going to best fast enough to hang with you guys." Me and my steadier riding buddy Doug said, "Fine, see you later." We went on to the turnaround point, stopped, admired the view overlooking Malibu and headed back.

Somewhere in the midpoint of our turnaround, we were on a fairly tough, technical climb out of a canyon and it's a section that most times we can clear without dabbing, which means putting a foot down, stopping, walking, anything like that.

Doug was ahead of me, and he was enough ahead of me that he was around a turn and really couldn't see me. I was lagging a bit, because he's faster down the hills, so he beat me down and started up quicker. Gosh, as I started climbing, lo and behold, I couldn't catch my breath, on a section that I clear all the time and have virtually no trouble on.

I knew that something was amiss. Because I have in my past an instance like what I was experiencing, which is shortness of breath when you shouldn't, I started to get nervous. I'll take you back to three years ago when I was on a tennis court on a Sunday morning, just warming up and same thing. I couldn't catch my breath, just warming up, just an easy warm-up, oh my gosh, why can't I breath?

Thought I might have had too much coffee, perhaps stayed up to late, maybe it was heartburn, so I stopped playing tennis back then. Caught my breath, started playing again and same thing happened. My partner said, my tennis partner said, "You know, you actually don't look all that great, to be honest with you."

He and I had actually ridden mountain bikes the day before, and played tennis the day before, but he said, "Maybe we went too hard yesterday." But, here's the thing. We were at the country club where I play tennis, he said, "You know, I know this is going to sound kind of crazy, and maybe it's over the top but the head of cardiology for our local hospital is working out in the gym. I'm going to go run and get him."

The only reason he knew that he was working out in the gym was because he had actually come through the locker room and seen him, peeked in to see that he was, his name is Vishva Dev, Dr. Dev, D-E-V, was working out. He's like, "Let me go run and get him." It was lucky, A, that he had come through the locker room, B, that he had spied Dr. Dev, and that we were close enough that he could just run in and get him.

He did and he came back, Dr. Dev did, and he took my pulse and asked me what I was feeling. I said, "I can't catch my breath and it feels like there's an elephant stomping on my chest. No pain, just pressure, like someone was stepping. You were on your back and someone had all their weight on your chest."

He said, "I'd like you to come to the emergency room." "Oh no, really, I'm fine. I'll go home. I'll lay down. I don't think anything's happening." He goes, "No, I want you to come to the emergency room. I'm going to call ahead." This was a Sunday morning. "I'm going to call ahead. I'm going to open up the catheter lab just in case." I go, "Really, seriously? I just can't catch my breath."

He said, "No, I want you to get there as quick as you can." The quickest way was actually for my wife to come and get me. Luckily we could get her on the phone. Sunday morning she's usually playing tennis somewhere, doing something, but she was home. She bolted over. I'm only about a mile away from the club. She drove me about 90 miles an hour to the emergency room.

They admitted me right away, they wheeled me in, and they took a look at me and they said, "You're having a heart attack?" Because that's what had been listed. Myocardial infarction, which is a fancy word for heart attack. I go, "I guess so. That's what they're telling me." The nurse said, "You don't look like you should be having a heart attack. You look pretty fit." I go, "I am pretty fit."

[laughter]

Matt: But be that as it may, they hooked me up to an EKG and sure enough, my heart was not happy and the doctor came in and my wife was there and he said, "It's not good. But I can fix it." What he meant by saying "not good" was that the artery called the left anterior descending artery is called the widow maker. It goes right through the center of your heart. It was 98 percent blocked from plaque buildup.

My heart wasn't getting proper blood, which made it hard for me to breathe. They gave me a baby aspirin, they gave me a nitroglycerin, and about 30 minutes...

Ron: What's a nitroglycerin? Sorry.

Matt: It's a tablet. It's a little tiny tablet, a little pill that you slip under your tongue and it's for reduction of chest pain. Folks that have a history of heart disease carry them with them. You've probably seen it on TV, right, where someone's having a heart attack and they reach for their medication? That's what they're reaching for. It's a tiny, tiny pill and it reduces the pain and relaxes the heart a bit.

They gave that to me, they wheeled me into the cath lab and 20, 30 minutes later they had snaked a catheter up through my femoral artery into my heart and implanted two titanium stents and all was better. Spent a couple of days in intensive care, but all was well and good after that.

My heart was pumping, I could actually ride better, 'cause there was more oxygen [laughs] in my blood. I wasn't blocked. Mind you, and interrupt me if I'm speaking too much here...

Ron: No, you're doing great.

Matt: Mind you, the two years before this had happened, in 2010, I had visited a nutritionist because I wasn't happy with the shape that I was in and my tennis partner was getting in better shape and I asked him what he was doing to get leaner, if you will. He goes, "Well, I went to a nutritionist." He put me on a new eating methodology, if you will.

I had lost probably 20 pounds. My cholesterol at the time was not good. As a matter of fact one of the first things the nutritionist had said to me in taking a quick blood test was, "Your LDLs are too high. You don't do something about this you're going to have a heart attack in a few years."

Little did he know that he was speaking [laughs] the fortunes and the future. But I had brought it in line with nutrition. I had leaned up, 20 pounds lighter. My body fat was down to around seven percent. I was pretty physically fit. I was really happy with how I was moving. When this had happened on the tennis court I thought, "Oh my gosh. What's going on?"

Lo and behold, you can bring your current state of, I don't know, cholesterol efficiency, blood efficiency, if you will, into line but it doesn't reverse damage done. In other words I had plaque buildup in my arteries and they had put me on medication after they put the

stents in. The protocol for that is a couple years of blood thinners so that nothing clogs up the stents and some statins to keep the cholesterol low.

At the time I didn't know beyond two years going off medication could be detrimental. I talked about it with my doctor. We looked at my EKGs, my ECGs, everything looked to be normal. I even had what's called a stress test, where they shoot dye through you and they look at your heart under stress. Everything [laughs] sort of looked great.

By the time that 2014 rolled around I was drug-free, I was feeling good. Then this happened on the mountain bike ride. I'm out of breath, I'm climbing up. I go, "This feels just eerily familiar. I began walking, hoping that it was just another instance of being out of breath or something would reverse itself. It didn't. I had to sit down. As I sat down it got progressively worse.

A biker came by that I didn't know and he goes, "Are you OK?" I said, "I'm not sure. If you get to the top tell my friend I'm not going to make it." Not meaning I was going to die or anything, but just meaning I wasn't going to make it to...

Ron: The top.

Matt: ...the top anytime soon.

Ron: Did you have a cell phone or anything like that?

Matt: Yeah. We carry cell phones, but where we were, A, there's not a lot of coverage. I think both of us had maybe one bar of coverage. The only reason we would really take it is if something goes wrong and we get separated.

When we go alone we probably listen to music through our phones but we don't really look at our phones. They're in our backpacks. They're not really handy. That's why I said, "Tell my friend I'm not coming up." I think those were the exact words. "I'm not coming up. I'm not going to make it."

I don't know if he didn't get the word or what, but I pulled out my phone because I was getting worse, I was getting chilled. I could feel that I was going into shock, visibly shaking.

Ron: What does that feel like? Your hair on your arms standing up, or what?

Matt: It feels like you can't get warm no matter what you do. I had a couple layers on. You're out of control.

Ron: Sweating and stuff?

Matt: Yeah. I was sweating because I was riding and it was fairly warm. It was probably 72, 74. Not like you're in the chilly waters of the Arctic, but that's what it feels like.

Ron: Was the sun hitting you or were you under a cover?

Matt: I was sort of undercover, under a bit of a canopy. I was leaning up against the trail, the bank of the trail so that I was leaning back. I put my bike down. Gosh, darn it, it just kept getting worse. The pressure in my chest kept getting worse. Finally I pulled out my phone and I texted my friend Doug, saying, "Not coming."

He texted me back. Our texts probably crossed in the ether. He said, "Are you coming?" And I said, "No." And he texted me back right away, "Are you OK?" and I said, "No." He beat a path down to me. It was a few seconds.

Ron: How hard was it to type no?

[laughter]

Ron: Seriously, because you had to concentrate.

Matt: Yeah. You're sort of gasping for breath and everything is hard and labored. Zipping open your backpack is hard. Just all your movement is hard. And what you'd really rather do is just lie back and go to sleep.

Ron: Then you die if you do that. Right? Pretty much?

Matt: [laughs] You could, I guess. I think back in 2012, the doctor actually did say it's a good thing I went into the ER because had I gone home to lay down, I might not have woken up. He beat a path down to me and that's when the real fun began. So lucky point number one was A, I had decided to ride with a friend or friends. I wasn't alone.

Lucky point number two was that we had enough cell phone coverage that we could text each other. He came back down to me and he said, "Well, you don't look good. I've never seen anyone so white." The way he described it was, "It's like I can look through you, you're so white."

Ron: You're a tan dude, right?

Matt: I'm a tan dude. I'm pretty tanned. I'm out in the sun a lot. When I say visibly shaking, it's not like the little shakes. It's like you're violently rocking back and forth. If you look at your hands, they're shaking two or three inches either way. I gave him my phone and I said, "Call Dr. Dev." And he was like, "Dev? How do you spell Dev?" No. And I could barely make out, "D-E-V."

He's going through my phone, my contacts and he goes, "I don't see it. Oh, there it is." Luckily I had his cell phone number. Keep in mind, again, this is Saturday morning. Most doctors are doing something they love to do, be it golf, tennis, what have you.

But I've always had his cell phone number because after my incident in 2012, we had become social colleagues, if you will, acquaintances. We would see each other at functions all the time. I would regularly see him on a professional basis. So I had his cell number.

He called that cell phone number. Luckily Dr. Dev picked up, and luckily he had cell phone coverage because he was out on a hike with friends. He was out in the mountains and here in southern California, there the coverage is spotty. He answered the phone.

He says, "Hello, Matt." I could actually hear him say that. And Doug said, "This isn't Matt. This is his friend Doug. Matt doesn't look good and we need to know what to do." Through Dr. Dev, Doug asked me what's going on. I said, "I'm having a heart attack." I knew I was having a heart attack at that point.

Dr. Dev from there said, "OK. I'm going to go to the hospital. If you can get him to the hospital, I will meet you there." Same thing that had happened three years earlier. That's when Doug sprung into action, I guess.

Ron: How old is Doug? Your age?

Matt: No. I'm 56. He's I think 49, 48, something like that. A bit younger.

Ron: Pretty fit, obviously.

Matt: Very fit guy, very strong rider. We've been riding together for well over a decade. We're friends as well as riding partners. He got on 911. He dialed 911. Again, lucky we had coverage. He explained who he was, explained the situation, said, "We need help. We need a rescue team as soon as possible. We need to get him to the hospital. He's having a heart attack."

They stayed on the line with him as he sort of directed traffic. Keep in mind we're in a tough area to see. We're covered by foliage. We're in a canyon. We're on a very technical, single, uphill track that hikers actually have a tough time with. As a matter of fact, a group of about six hikers had come by and they had stopped. They had decided that they were going to stick around because they saw that Doug was on the phone with 911.

One of them gave me a little cup of tea to try and keep me warm. One of them gave me one of those camping blankets that you fold up, the foil blankets, and wrapped it around me. It wasn't really helping. I had a group around me at this point. And I was feeling really bad. I was like, "Man, I bummed everyone's morning out." [laughs]

Ron: Now, one question. How far up were you bicycling wise? How many minutes had you rode to get to where you were?

Matt: We had ridden probably about an hour and 40 minutes. We were 20 minutes from the car. We were just seconds, a couple of minutes from a fire road saddle, which is a stopping point, which is where Doug had gone up to wait for me. So there is a large, wide fire road that's used for fires, emergency access to these canyons.

That's where he was waiting for me and that's where he had come back down from. Just a couple of minutes from that. The hikers were there, I was there. Doug was there, and he's on the phone with them. He's directing traffic. "Here is where we are. Here is where you need to go."

He said, "There is a fire road off Latigo Canyon. You got to get there." We knew that they could access that fire road from a main road, a paved road called Latigo Canyon. But they didn't quite understand that because he looked over across the canyon to the turnaround point that we had reached several minutes earlier half an hour earlier and could see them up on that ridge saying, "You're on the wrong ridge."

We saw a truck. The yellow search and rescue paramedic truck. "You're on the wrong ridge. Are you sending a helicopter?" "Yes, we're sending a helicopter. They're en route." We couldn't hear them at that point. I was getting worse by the second. At this point, Doug was kind of screaming at them to get their asses in gear. "Where is the helicopter? Where is the helicopter?" It had been probably eight to ten minutes.

Finally we heard them. Finally we heard the helicopter coming and one of the hikers said, "They're not going to be able to see us. I'm going to go up to that ridge and see if I can signal them." The only thing he really had to signal was a mirror. These guys were actually well equipped. We weren't.

As bikers, we carry some water, some snacks, and that's about it. These hikers had blankets and tea and signaling devices. That device happened to be a mirror. So he got up on that saddle, that fire road saddle. Again, keep in mind that it was supposed to be a rainy, cloudy day. Luckily the sun was still out, so a mirror would work. That's a lucky point, whatever.

But he got up there and was able to catch the eye of the helicopter pilot, which is good because their regular search pattern, they work in concentric circles and they have an established protocol for how you search an area where you're not certain you can find someone. You don't have visibility on that subject.

By the time one of the paramedics got down to me, said, "You know, it's a good thing signaled us because A, we wouldn't have known exactly where to land and B, we wouldn't have found you for another 15 minutes." The helicopter lands on that fire road. I saw the helicopter. I didn't see it land. But I did hear it. I did see it. It was one of the big ones. It wasn't your typical lifeguard kind of helicopter. This was a big black hawk.

Ron: Oh, wow.

Matt: Yeah, it wasn't actually black, but it was the black hawk size. It had the typical yellow and blue search and rescue on it. But it was a big helicopter. They had three guys. A pilot, a paramedic and another guy that was navigator/paramedic. In a few seconds, the medic had come down to me from that saddle. Now we had about seven guys there. It was me, the hikers, my friend Doug.

Doug still on the phone with 911 and finally hangs up with them and turns to me and says, "Do you want me to call your wife?" I said, "Yeah. You can call her now." He had asked me several times before and I said, "No." I didn't want to bother her. I didn't want to call her until she had a course of action. That I knew I was probably in all likelihood going to be somewhere that she could be.

Otherwise she would just worry and it wouldn't be good. She was down in Beverley Hills. It was Christmas shopping time. He called her, same kind of thing. She answered the phone and said, "Hi, honey." He goes, "No, this isn't honey. This is Doug."

[laughter]

Matt: "Matt's in a bad way." He had her on the phone. She told Doug, "You've got to get him to Los Robles." Doug had said, "He's in contact with Dr. Dev." She said, "Good."

Ron: Was she calm?

Matt: She's been through this before so I couldn't tell how calm she was. But she definitely stopped. She turned around and started heading back to the neck of the woods that we live in. But she said, "You've got to get him to Los Robles and to Dr. Dev." He said, "I will." Now, the paramedic had strapped me up to some sort of EKG machine, something electronic.

The first thing I said to him. He introduced himself and I said, "Hey." He says, "Are you Matt?" I go, "Yeah." Introduced himself. And I said, "I'm having a heart attack, man. You got an aspirin and you got a nitroglycerin?" He said, "Yeah, I've got all that. Let me hook you up first." He hooked me up, several electrodes, to my arms, under my shirt. I had started to feel a little bit better, for whatever reason.

I looked around and I said to everyone, as he started monitoring me, "You know, I think I need to pass out." Even though I had started feeling better, in other words, the pain had gone away a little bit. I felt woozy. So I said, "I think I'm going to just lay back here. I think I need to pass out." That's the last thing I remember until I started hearing voices.

As I started hearing voices, I had been in a state...I guess it's not the last thing I remember. What I remember is feeling really good after I said I had to pass out.

Ron: What do you mean, good?

Matt: It just felt like all the pain...

Ron: Just physically good?

Matt: Yeah, just like, "Oh wow, that feels good. I'm really glad I laid back down. I'm going to take a nap. This feels great." It felt just everything was peaceful and calm and pain free. That's probably the last thing I remember before I started hearing voices.

It's kind of like when you come out of REM sleep. You're sort of foggy. You're not really quite sure if you're having a dream or you're still asleep or you're actually awake. You've probably had that happen in some way where you're not fully conscious.

But I started hearing people scream at me. I was kind of pissed that people were screaming at me. I was trying to take a nap. It was like, "Matt, can you hear us? Matt! Matt! Can you hear us?" I came to. I looked around. I go, "What happened? I passed out." My friend Doug just looked at me and he goes, "No, dude, you died."

Ron: Wow. The hair on my arms is standing straight up right now, Matt. Oh my gosh!

Matt: That was his words. It was like, "No, dude, you died. You flat lined." I go, "Seriously?" He goes, "Yeah."

He didn't tell me this till later when I was at the hospital, but I guess I had flat lined right when I got hooked up to that EKG. When I did, I guess there was a way to shock me through that thing because what he told me later when he came to visit me in the hospital was that the paramedic had taken a big knife and had just sliced through my undershirt and my riding shirt and zapped me back.

Ron: Zapped you like, boom, like he bounced you off the ground kind of thing.

Matt: Yeah, zapped me back. I don't know if that was with paddles or through that machine because he said, "It wasn't really paddles, but he did it another way."

Anyway, my heart had been in defibrillation. I had flat lined. It had stopped beating. Through the electric shock, he brought me back. I guess I was out, 10, 12 seconds maybe. They weren't really sure, but it happened fairly quickly. He had asked anyone if they knew CPR. One of the hikers did, but they didn't actually need to perform it on me because I came back. So that was lucky.

Meantime, Doug's still on the phone with my wife. He said, "I'm going to hang up now because we got to get him to the helicopter." She goes, "OK, tell him I'm going to the hospital." Doug told me that.

It took six guys to carry me up that trail on a flat board and load me into the helicopter. I remember being jostled around. I was sort of in and out of full consciousness at that point. It was a technical trail. I know one guy fell back into the bushes because I saw him do that. I felt really bad that people were potentially getting injured. But they loaded me into the helicopter.

That's when Doug called my wife back and said, "They actually want to take him to UCLA," which was protocol. It was the closest hospital. That's what the search and rescue protocol is. She said, "No, you got to get him to Los Rojas Hospital," which is the local hospital where Dr. Dev was waiting for me.

That's a good thing because had I gone to UCLA in all likelihood I might not have made it because I would have gone through regular ER procedures. I would have probably not been taken into the catheter lab again. The catheter labs usually are not open on the weekends. You have to call people to come in, so they didn't have that advance notice that that would be what I would need.

Dr. Dev had sort of assumed that I would need some sort of angioplasty or angio stents, angiogram, blowing the arteries out, what have you. He was ready for it. He had gotten his staff together.

She said, "No, you got to get him to Las Rojas or he will die." All credit to Doug, he shouted at the pilot, "You got to get him to Las Rojas, can you do that?" Actually he

shouted to the medic who shouted to the pilot. They all looked around at each other. He goes, "Yeah, we can do that." That was lucky point. They broke protocol.

It's about a five-minute helicopter ride to that particular hospital. All the time that I was in there, there was a different guy that was taking care of me on the helicopter than the guy that had taken care of me on the trail, two different guys. But this guy, he just said, "Stay with me. Stay with me. Look me in the eyes. Look me in the eyes."

Ron: How were you feeling right then, Matt? Were you feeling safe? Were you feeling secure?

Matt: Just in pain. No, but I'll tell you I wasn't panicking. I was not thinking about the past. I wasn't thinking about my family. I wasn't thinking about the future. It was completely in the moment.

Maybe we can talk about that later, the whole notion of being mindful. I attribute being in the moment to a couple of things. One, having been in this position in some way before not in as dire circumstances but being trained in being mindful, which is being in the moment.

I'm not talking the Zen, quiet your mind kind of mindfulness where you meditate but the sort of Western brand where you are actively in the present and looking at everything around you.

Ron: Were you thinking about staying alive?

Matt: Nope. It wasn't anything like that. It was going through. Because that wouldn't be mindful. People are probably going to react to that. It goes, "What do you mean?" By saying, "What do you mean that's not being mindful?"

When you think about staying alive, you're really thinking about the future. You're not thinking about the present. The present is how do I act in this moment, how do I stay awake. I'm not thinking about staying alive, I'm staying awake...

Ron: I got you.

Matt: ...which is a difference. I don't have any control over whether I'm alive or not, but what I do have control over is listening to the medic saying, "Stay awake. Don't close your eyes. Don't go to sleep."

Ron: Were you cold still?

Matt: Still cold, still in pain, but I was strapped into the helicopter. The helicopter door was open. It was noisy. They had put stuff on my ears because of the noise, headphones that you wear when you're on a helicopter. He was speaking to me through those headphones. I barely remember a lot of this, but I do remember looking him in the eyes.

I do remember the helicopter going down. But there was a bit of a hiccup because this was a big, full size Black Hawk helicopter. It was too big to land on the regional hospital's little helipad.

Ron: Oh man!

Matt: They were designed for normal circumstances, not outlying circumstances. When the hospital had been designed, it was designed for 90 percent of the helicopter landings. It was too big and too heavy to land on the helipad. So they had to find another place to land.

I didn't know this at the time. I was told afterwards, but they landed in the parking lot. It was a Saturday, luckily there was space to land. As you're getting my story here, this is lucky point number 10.

All these things have been really lucky to this point, A, that we had cell phone coverage, B, that we could get Dr. Dev on the phone, C. that the helicopter could find me because a hiker happened to have a mirror and it was still sunny out. There were enough people to carry me up to the helicopter because quite frankly two people could not have done it.

Doug and one other guy could not have done it. They would have had to figured out how to airlift me up off the trail which would probably taken more minutes. I could come back to life through a shock, that they would take me to this hospital, the doctor was waiting, blah blah blah, all these lucky sequence of events that were occurring. They were able to land in the parking lot.

But the bad news there is that when you don't land on the helipad, the ER team that has advance notice of you coming in isn't prepared to take into the ER. How do I get from the helicopter to the ER in the parking lot? There happened an ambulance driving by.

Ron: Oh God.

Matt: Lucky for me, that ambulance was empty. They loaded me into that. They had to do a bit of four wheeling from the parking lot over to the grounds to get to the emergency entrance.

Ron: Do you remember that, feeling the pump on the road?

Matt: I remember them loading me out. I remember them loading me in. I remember there being people around. As I came into the ER, and they told me this after, I guess I flat lined again. This time though Dr. Dev was there to bring me back. I swear I don't remember that. I swear I was conscious the entire time, but I guess I wasn't.

I was sort of in that dream phase through the procedure. The procedure was not unlike at all what I had gone through three years earlier. They basically had to snake up through my artery again, femoral artery, into my heart, blow out the 100 percent blocked artery.

I had thrown a blood clot right before my pre-existing stents, so there was no blood flowing whatsoever to my heart on that side of the heart. I was being kept alive by one, I forget the name of it, smaller artery.

For those of you listening, take a look at that Medium article, I posted the before and after. You'll see a noticeable lack of blood in the before and what it's supposed to look like after another stent was put in. He put in two stents, one for good measure in another artery just in case. I had two put in. Lo and behold, I made it through a double cardiac arrest.

Ron: God!

Matt: That's the gory detail of how all that came to be. It's just a bunch of gosh darn luck that all of those events happened the way they did.

Ron: After that, then you obviously stayed in a hospital for a bit.

Matt: Against my will, but I did. I felt good enough as I came out. They sort of laughed at me because I asked right away. I guess I was still slightly drugged because they drug you a little bit but they don't put you fully out for an angioplasty.

I said, "How long do I have to stay in the hospital? Christmas is coming." But I ended up staying in. I went in on a Saturday, got out Tuesday morning. They kept me monitored. They gave me all kinds of medications.

The hospital, boy, that's a whole different story. If the hospital stay had been anything like the events leading up to the hospital stay, it would have been wonderful. As our friend, Mark Appen, has written about, hospitals and their procedures leave a lot to be desired when it comes to operational efficiency and effectiveness.

But I guess over the course of the night, I had a little bit of defibrillation again, which I didn't feel. Just sort of felt like a fluttering of my heart I guess, but I guess my heart was in enough shock that night that it was slightly troubled, which troubled them. Nothing bad happened. But I had probably about 50 percent of efficiency at that time.

Efficiency of a heart is an ejection fraction is what they call it, an EF, which measures how well your left ventricle pumps blood to the rest of your body. A normal EF, a normal ejection fraction...It's a fraction of the amount of blood pumped through and kept in the ventricle. You want to pump out 60 and keep 35, 40 in your heart. I was down around 25. I had definitely damaged my heart.

When you damage a heart, when you have a cardiac arrest depending on the severity of it, a couple of things happen. Your heart muscle cells can get stunned or they can get permanently damaged if you are out for too long a period of time.

Had I been out 90 seconds, which is about the maximum your heart can stop beating before brain death occurs, before you're beyond coming back from the dead so to speak, then you get permanent damage. Your entire lifestyle if you survive is changed dramatically from that point.

I was down around a 25. I knew that my ejection fraction following my previous one was around a 50. This was doubly as bad. I'm like, "Oh my gosh, will I come back from this?" I was sort of getting depressed about that. Luckily, 24 hours later, it was up around a 45, which meant to me that I had stunned my heart, not necessarily permanently damaged.

A month after, they measure these through an ECG, which is an ultrasound, not unlike you look at a fetus, a developing child in the womb. It was fairly normal, so I got really lucky that way. At this day, I went on a bike ride yesterday. I played tennis the day before. I'm back to semi-normal.

I'm not riding quite as hard because I don't want to strain my heart too much. They've got me on medications that artificially keep my heart relaxed and my heartbeat down below normal, so I'm not able to ride as hard, which is probably a good thing, but it won't be long before I can.

Those are the facts. That's the sequence of events. Yeah, I died and lived a couple of times. That's how I wrote that story. I wrote it in those words just because one of my favorite movies of all time is "To Live and Die in LA," so I just sort of reversed the words and told the story, had a couple of conclusions and epiphanies if you will or semi-epiphanies, none of which are really epiphanies.

Because the question that I got a lot from friends, from family, immediately afterwards, "Are you going to change anything? Does this brush with death change anything for you?" My pat answer is no, not a damn thing.

Ron: Why is that?

Matt: I don't know if I have anything profound to add to that, but I guess I've made good choices. I think people that go through stuff like this reflect, do a little bit of what the Japanese call hansei. Gosh, have I made the right choices? Am I doing what I want to do with my life?

I don't know if I've made the right life choices, professional choices. Oh my gosh, what if I die tomorrow? Would I have regrets? I guess I don't, which is good news. That's the number one question people have is, "Gosh, are you going to do anything different?"

On any given day, I'm more vigilant than I was. But at one point in the day I feel like certainly I'm not going to go doing something I love, [laughs] playing tennis or mountain biking. If I'm going to go, it'll probably be doing something I hate, which is probably good news. The second thing is, gosh, it's not so bad to die.

Ron: One of the questions that I have for you, Matt, is in the Medium article, you mentioned that you don't fear death or you no longer fear death. I don't know if you did before, but you don't fear death now you said. I'm curious if you don't fear death, what do you fear? Anything?

Matt: [laughs] I guess I still fear unknown, but one of the unknowns isn't death if that makes sense. I think the thing that scares people about dying is that they don't know what

it feels like. But there are a lot of things that are unknown to us, what the future holds, what tomorrow is going to bring. There are actually probably worse things than what I experienced from a pain standpoint, from an emotional standpoint.

Seeing others hurt, losing others I think is far more traumatic, would be far more traumatic for me than my own passing. But I don't fear the actual physical act if in fact it's anything like what I experienced physically.

I don't know if people know this or not, but the brain is a pretty miraculous device. It kicks into high gear when your heart stops. The way it kicks into high gear is to flood your body with a neurotransmitter not unlike adrenaline, but what it does...DMT is what it's called.

Ron: What is it called?

Matt: It's DMT. It's a whole big long name. I have it in the Medium article. It's actually a hallucinogenic drug.

Ron: Is it like oxytocin, dopamine, style kind of thing?

Matt: Yeah, exactly. It's what helps induce dreams and a dreamlike state. Here's the thing, if a drop of that neurotransmitter is what induces a dream...You know, in a dream, time stands still. It's certainly not the way that we experience it when we're fully conscious. It suspends time.

If a drop of that is what causes a dream and all that you feel in a dream, and how vivid that dream is, your brain dumps a river if it when your heart stops. I mean a full-on river. It's like you're overdosing on this and that's why you feel so good.

Ron: That's what you were experiencing as you are laying there and you said, "I'm going to go to sleep" or "I'm going to pass out."

Matt: Yeah. I just remember feeling really good, calm, and peaceful, and "Oh, my God! I'm pain free" and "Wow! I'm like floating" and "Woo-hoo!"

Ron: Wow!

Matt: This is why the drug's illegal.

Ron: [laughs]

Matt: I could easily see getting high. Anyone, even if you're not a drug user. Boy, that feels unbelievable. I don't fear that. Now, that's when your heart stops on sort of its own accord. I can't vouch for other ways of going. From that perspective, that limited perspective, I don't fear death.

I don't fear the actual physical act, emotional act, and spiritual act of going through that again. If I had to, I knew I could. That's what I mean by I don't fear death, as I know it and as I felt it. That's all I mean. I don't mean to be...

Ron: No, I got you. Obviously, Gemba Academy's audience is a bunch of Lean thinkers. Hopefully, there are some other folks listening to this. If you don't know anything about Lean, go to gembaacademy.com or mattmay.com and you can learn about Lean. From a Lean-thinking perspective and I guess really just people in general perspective, what do you think we can all learn from your brush with death?

Matt: I think there are a couple of things. The most straight-line application that I can draw is this, be very careful of vanity metrics.

Ron: Hmm.

Matt: Now, what do I mean by that? By all outward views and even semi-internal views of my physical state, I was a specimen of health. I had low body fat. I had normal cholesterol. I was as fit as a 35-year-old on the tennis court. As a matter of fact, my tennis partner is 32.

By all vanity metrics, I don't look 56. I don't act 56. I'm not bragging here. This is if you were to measure...

Ron: Facts.

Matt: Yeah, it's just the facts, right? Those vanity metrics are just that. They don't tell you what is actually going on. It doesn't say to you that, "Yeah, you could have normal cholesterol, but your body happens to throw plaque" and "Your body tends to calcify for whatever reason."

You need to be a little bit more vigilant and look at the internal metrics, far more seriously than you do. It had been a year-and-a-half since I had a nuclear stress test and an ECG. In that time, my body had calcified in the arteries more, to the point that a piece broke through and clot clotted around it.

It doesn't explain why someone with a 300-cholesterol level who eats donuts and sausage all day doesn't get a bit of plaque. It doesn't explain why someone with low body fat and normal cholesterol does.

You have to really take a look at the things that keep your machine, whether that machine is your heart or your brain, you got to really focus on the things that are true indicators. Not just trailing indicators, but leading indicators of the health of that particular organization or organism.

Ron: Tie that back to a business. Describe a vanity metric that you see people and a business bragging about, if you will.

Matt: Oh gosh, without naming any names.

Ron: Yeah, no companies.

Matt: Let's look at the automotive industry. It has a topline growth of XYZ. It's so great that it hides all the things that are potentially going wrong underneath. I think Detroit

suffered this in the last half of the last century. Their growth and revenue was so great that it hid the underlying things that actually put them out of business.

Ron: Plaque was growing and they didn't...

Matt: Plaque was growing and it was growing in terms of benefits, union benefits, and salaries, those types of things that eventually were among the kinds of things that would constitute plaque.

Let's say it's a web company, an online site, and the way that we view our performance is, "Wow, we've got 20 million unique visitors each month." OK. Big deal. That doesn't tell you how long they stay on a site, what they do on your site.

Ron: Do they buy anything from you? [laughs]

[crosstalk]

Matt: Do they buy anything from you? What percentage of those 20 million are lipids in your bloodstream, so to speak, clogging it up and preventing the metrics that really do keep you going? Maybe it's click-throughs, buys, whatever. That's what I mean by vanity metrics. It's an easy thing to fall into.

Ron: It's comfortable. People want to feel like they're pretty successful, and so they may trick themselves into that they are being successful. But right before you go to sleep, when you close your eyes, you realize that you're not, cortisol starts flooding your body, and it's this vicious cycle.

Matt: Yeah. If I had to make a straight-line application to the Lean world...The other is, and I know your partner, Kevin's, going to kill me for this, but he's in the midst of putting a book out on Lean leadership, and one of the things that you'll find in Lean leaders is this notion of mindfulness.

Whether that's the Asian variety, the Eastern variety of being present through meditation, which is simply a tool, or the Western variety my friend Ellen Langer writes about in her book "Mindfulness" where it's the notion of making sure that you don't get locked into one perspective, staying present, it has a lot to do with survival, and beyond survival, the ability to flourish.

In my personal case, I didn't just survive, I'm able to flourish. Part of that has to do with the fact that...This ties back to do I have any regrets. I'm really much more of a being in the moment, being in the present guy. I am one of the worst planners you will ever meet on the face of the earth. I detest planning. I'm a bad planner, yet I'm a strategist.

My brand of strategy is about making choices. I learned that from a mentor. I went through this with your audience in the Play-to-Win Canvas webinar that we did, but strategy really is about making the right choices. Those choices constantly change.

The reason they change is because the assumptions that we make every day are constantly changing, and they may or may not be true. What must be true today, for me to

be successful and flourish, isn't what must be true tomorrow. But I've got to constantly monitor my assumptions and the "what must be true" to stay in the moment, and make the choices, and change directions, all the time.

A lot of times organizations will get locked into this notion of, "My gosh, we've got a plan, and we've got to stick to it." No, you don't. You really don't. That plan is only as good as the assumptions that underlie it.

In my particular physical case, I assumed that because I was able to ride a bike great, I was able to keep up with guys on a tennis court much younger than me, and I had a nice, low body fat, and a good diet, I was able to survive and flourish.

Nothing could be further from the truth. My assumptions were that those were the indicators of a truly healthy organism, and that's not the case. Those two things are, perhaps very beneficial, very applicable, between the human body as a functioning organism and organizational health.

Ron: Matt, we've been going for about an hour, and this has been a fantastic episode. I cannot wait to release this.

My last official request, right here on the podcast, not to put any pressure on you, but this is your second appearance. I need you to make a third appearance on the show here in the next month or so, because I want to talk about the book that you have coming out, I believe in May 2016, called "Winning the Brain Game, Fixing the Seven Fatal Flaws of Thinking."

I want to dedicate an entire episode to that, but for right now what I need is a little teaser. Give me a little elevator pitch on what the book's about.

Matt: First of all, I think if I had to come up for a reason for my survival, [laughs] it's like a lot of folks say to me, "Obviously your work here isn't done." I get that a lot. I don't think my work is done.

Part of it has to do with this little book. It is the culmination of 10 years of me giving a couple of thought exercises to people, over 100,000 people in seminars, in speeches, in workshops over the course of the last 10 years starting in 2005, when I was still at the University of Toyota.

We designed and began teaching a little three-hour class called "Principled Problem Solving." We gave a little icebreaker to start off that session. After we had done this a couple of times, we started noticing that people were doing the same things in trying to solve this little thought challenges.

It wasn't one of those thought challenges that psychologists like to use like Daniel Kahneman does where he's got a logic thing. This was a real world business problem that we had used to construct a little icebreaker to catch people doing some of the things we thought they might do in problem solving, like leap to a solution, like not try and find the cause of the problem in the first place, just sort of to warm them up.

Gosh, as we started doing this, we started noticing a couple things. One, that given the time, we gave people 10 minutes to solve the problem in teams, A, they couldn't solve it. B, they started doing the same kinds of things group after group after group. Those patterns began to not only just be repetitive but categorized. We could visibly and visually observe behaviors that were repetitive.

When I left Toyota in 2006 and took my show on the road, I always used some version of these thought challenges to introduce Lean thinking, to introduce design thinking, to introduce Toyota production system just to get people in the mode of thinking and being mindful that their brains are doing something unbeknownst to them that's getting in the way of their ability to solve the problem.

Fast forward to 10 years later and over 100,000 people, I now have a body of evidence that is just indisputable, unquestionable, that these patterns are real. The seven fatal flaws...There's no magic to the number. It just happens to be these visible things that people do in solving problems.

These are the fatal flaws that prevent us from finding what I call the elegant solution. We talked about that in the past, which is the one that achieves the maximum effect with the minimum means.

"Winning the Brain Game" is my very first universally applicable book. It's a very short read. I draw on psychology and neuroscience to blend with my field experience. The fixes are seven super curated methods, approaches, to declawing these seven fatal flaws. I know them to work.

Some of them are developed by me, some of them are simply implemented by me, but I call on some of the best thinkers who have mentored me in my thinking over the last decade.

This tiny book, "Winning the Brain Game" I think is the kind of book that you want to carry around with you and refer to over and over and over again because it isn't just a bunch of theory. It's about practice. It isn't just a bunch of this guy says so based on some observations. No, there are experts. There are scientists, world-renowned, weighing in on this. Here are things that we know actually work to turn the situation around.

The brain game itself refers to the interplay between the brain and the mind. The brain is the hardware. It's the biological part in your head. The mind is the software. If we know anything about the two, they are distinctly different.

The mind is about consciousness, and we know from neuroscience now what we didn't know perhaps 10 years or 15 years ago, which is the way you think can change the way your brain is wired. It's called neuroplasticity. The science is deep on this. I've written about it before, but this is the first time where I've really focused on winning that brain game.

Ron: Can I just give you my address now? Or do I email it to you for my...I can't wait to read it.

Matt: You will definitely have an advance copy.

Ron: I cannot wait. Your previous work has impacted me dramatically. "Elegant Solution" is definitely my favorite. I know Kevin, "Shibumi Strategy" changed his life literally, saved his life as the story he's told me. Your work has definitely moved a lot of people, so I can't wait for this one to come out.

Matt: I hope you like it.

Ron: Are you consulting and taking on new clients and that kind of business these days?

Matt: Yeah, it's kind of fun. I actually have started working with Toyota again. It's been a while, but I've been working with, perhaps you've heard of it, the new Toyota Mirai, which is their fuel cell car. There are only about 50 owners only here in California.

What I'm working with Toyota marketing folks and their ad agency, Saatchi & Saatchi, is designing the owner experience of the Mirai. There are a lot of things surrounding owning a fuel cell that we're trying to develop and make that experience just overwhelmingly positive.

That's kind of cool. Interesting thing is, I'll tell a sort of out of tail school, Toyota, the marketing guys have never done Lean. They've never really done rapid prototyping. Certainly the ad agency guys have never done rapid prototyping, but we just had a two-day session last week where I took them through two days of Lean start-up kinds of rapid iteration and rapid prototyping. We brought some of the users in to give feedback.

Boy, eyes were opened, had four different ideas, going to be changed, going to be reiterated. Kudos to Toyota for wanting to do that on the marketing side, which is all about big budgets and big buzz and big programs, doesn't really much matter if they work or not. That's kind of fun. The short answer is yes. The longer answer is Toyota is one of them.

Ron: Very cool. I've mentioned this off the show, but I want to officially on the show conclude by saying that I sure am glad that you pulled through, Matt, because the world is definitely a better place with Matt May running around. Glad everything's OK with you.

Matt: Thank you. Yeah, it is. With any more luck, I'll be around for a lot longer, and I'll be careful to make sure that doesn't happen again.

Ron: What's the best way for people to connect with you, Matt?

Matt: Oh gosh, you can find just about everything out on me just at MatthewEMay.com. From there, you can get to anywhere, whether it's Google+, Twitter, LinkedIn, Facebook, you name it.

Ron: We'll link to everything in the show notes. [background music] That's GembaPodcast.com. Just look for episode 100! It's easy to remember. We'll get everything for you.

Matt, thank you. Hopefully I can get out to California sometime in the near future and we can sit down and enjoy a beer or something like that. I don't know. Are you drinking beer again?

[laughter]

Matt: They say you're supposed to drink a little glass of red wine every night, so that's what I'm doing.

Ron: Let's have some red wine. Let's do that.

Matt: Sounds good, Ron. Thank you. Bye.

Ron: Thanks for listening to the Gemba Academy Podcast. Now it's time to take a free, no strings attached, fully functional test drive of Gemba Academy's School of Lean and Six Sigma over at www.GembaAcademy.com. Gain immediate access to more than 500 Lean and Six Sigma training videos free of charge at www.GembaAcademy.com.

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