



What if we could see the whole system?

**Healthcare  
Logic**

See. Change.

Let's *assume* we all agree on all the basics:



- Safety first
- Patient-centredness
- QI approach (focus on process, if you can't measure it you can't improve it)
- Clinical engagement and support to teams is fundamental
- We need to sort out the operational data once and for all to enable us to focus on solutions to the model of care

# Leadership in times of polarised uncertainty depends on values, not only evidence



It is for us the living... [to] highly resolve...  
that government of the people, by the people,  
for the people...

... shall not perish from the  
earth.

Abraham Lincoln, November 19, 1863

(For Lincoln, the *fragility* of the mission was related to the civil war,  
but we face an analogous disruptive fragility today...)



# Technology is in the process of revolutionising society and the professions



Turning and turning in the widening gyre  
The falcon cannot hear the falconer;  
Things fall apart; the centre cannot hold;  
Mere anarchy is loosed upon the world,  
(...)

The best lack all conviction, while the worst  
Are full of passionate intensity.

*William Butler Yeats (1865-1939), 'The Second Coming'*



And we know that quantification is a fundamental component of quality improvement



It is a mistake to assume that if everybody does their job, it will be all right. The whole system may be in trouble.

It is not enough to do your best; you must know what to do, and then do your best.



WE Deming 1900 - 1993

But in the end, it's the relationships that will count most



“Stories trump statistics, relationships trump stories”

“I don't care how much you know until I know how much you care”



Brent James c. 1960 -

Healthcare Logic

See. Change.

# Healthcare's disruption is not a question of whether, but when and how

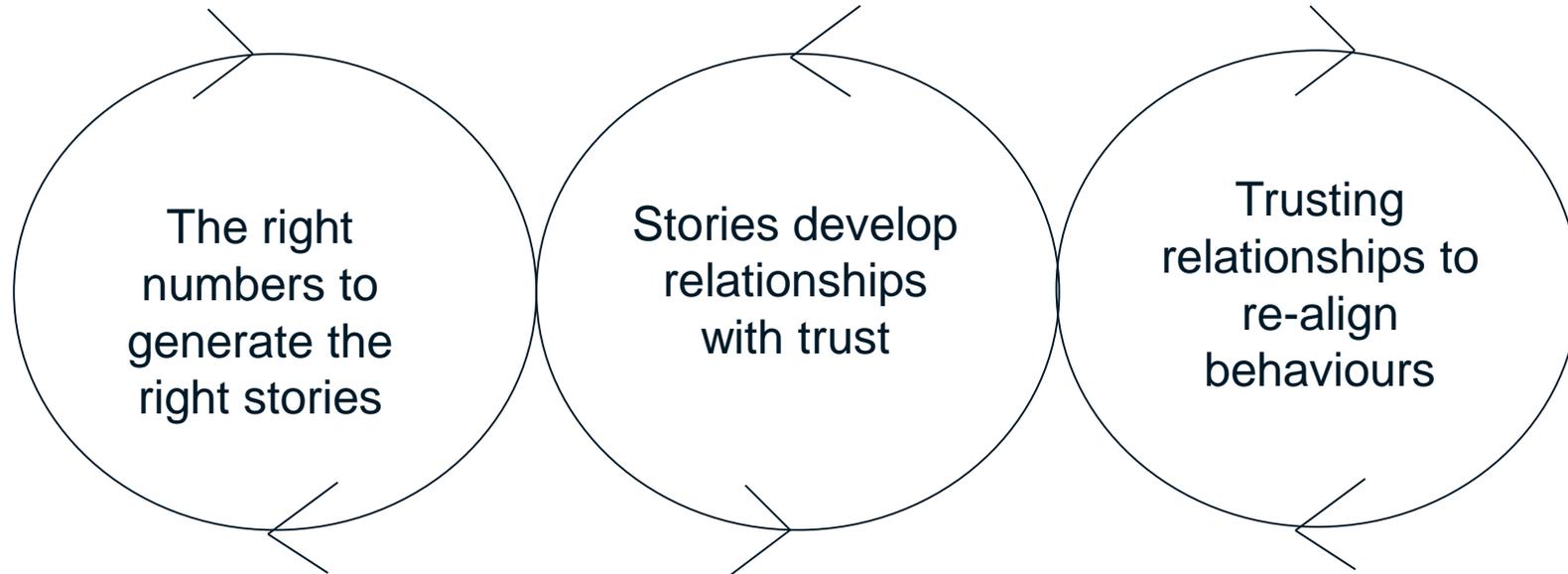


“Software is eating the world.”

Marc Andreessen, 2011

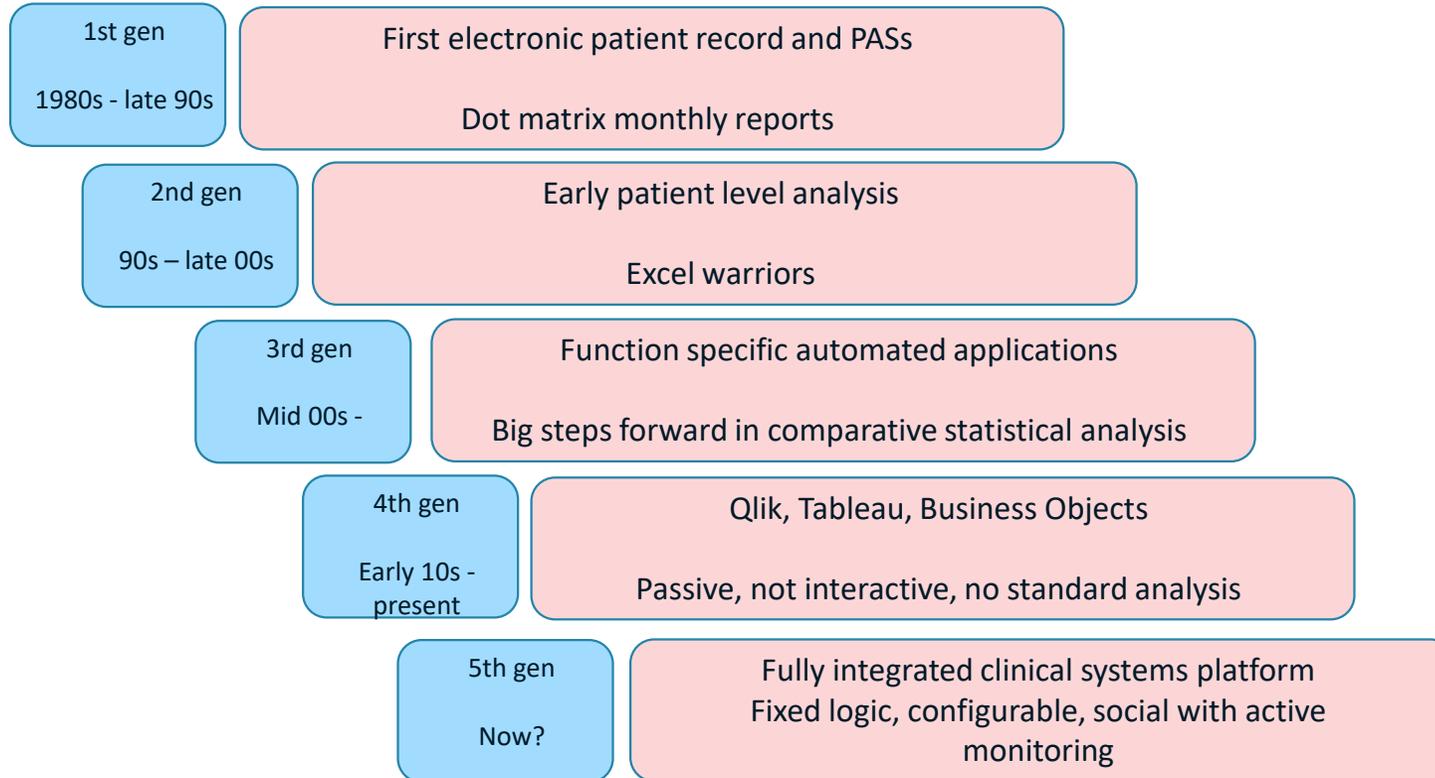


This is the new dynamic in healthcare we should be seeking to create



Current data management, statistical, server and visualisation technologies enable us to have the ambition of developing *definitive solutions* to how to represent our clinical systems in numbers, such that they can be used to tell stories, enhance relationships and change behaviours

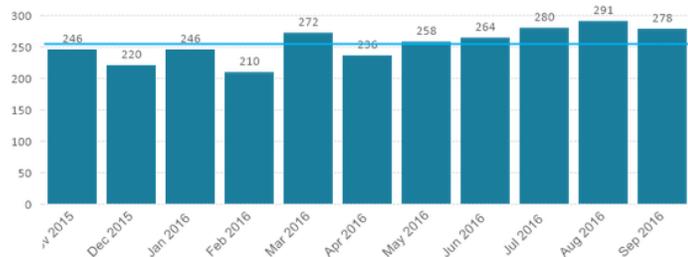
# The evolution of healthcare analytics





# Frequency in focus

# Why does frequency matter?



1. Monthly



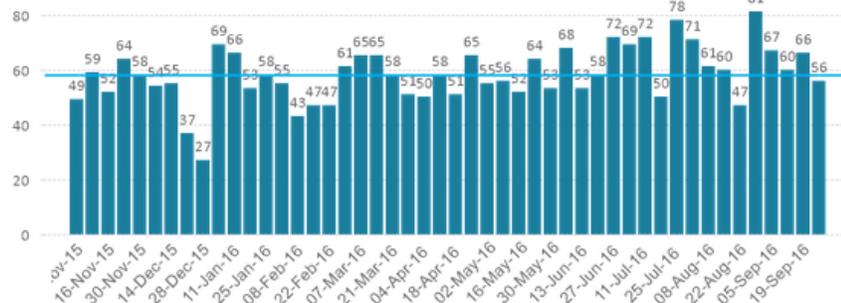
**Possible Insights:**

Month on month growth from May until August however is possibly stabilising

Overall busier department – seeing up to 80 patients more per month than early in year which is 4 additional patients per day

**Action:**

Monitor growth, look for efficiencies to manage additional 4 patients per day



2. Weekly

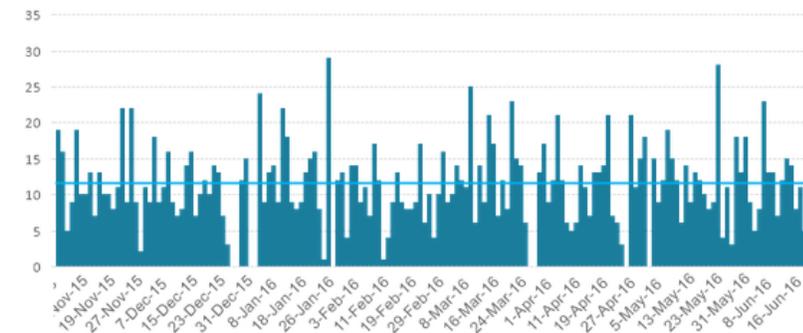


**Possible Insights:**

Department should expect to deliver at a minimum 52 cases per week. Anything less is a slow week – and not the norm

**Action:**

Plan to treat minimum 52 cases per week, with ability to scale up to 70+ if required



3. Daily



**Possible Insights:**

The daily variation in demand is from 0 to 29 cases per day, and is a 7 day per week service

**Action:**

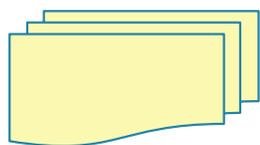
Seek to understand lead indicators that may assist to understand when additional resourcing would be required

Develop a roster / and resource schedule that enables agility and budget for this variation

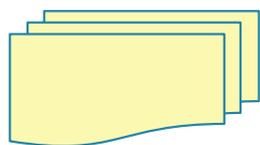
Can we deliver a radical transparency to our care systems in a way meaningful to clinical teams and change agents? Using medium to large acute hospitals as an example, we can discern the following standard stages of patient journeys....



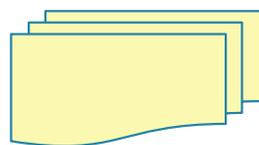
### Scheduled Care



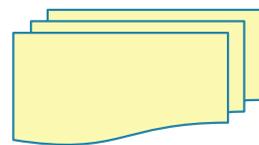
Referrals



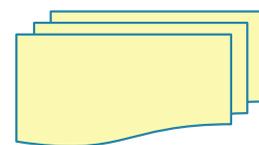
OP waitlist



OP clinics

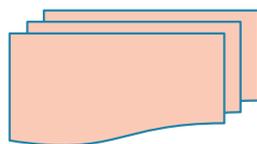


Surgery WL

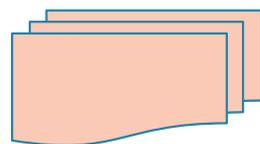


Theatres

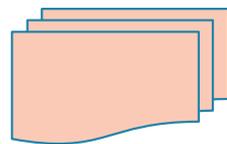
### Unscheduled Care



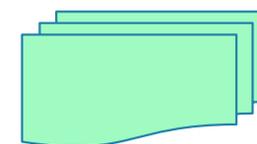
Ambulances



ED



Assessment  
Units



Beds

Healthcare Logic

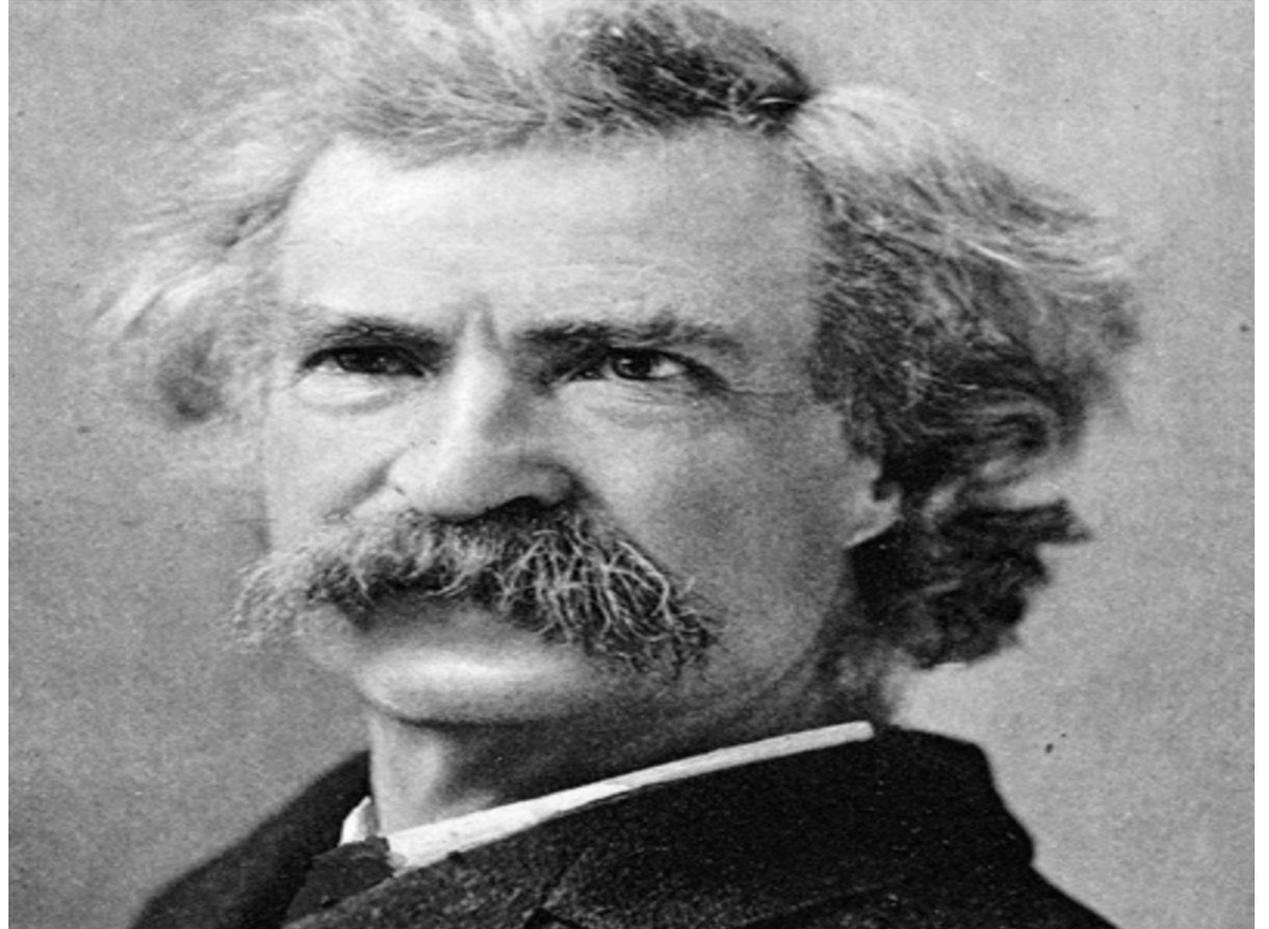
See. Change.

And without high frequency, patient-level data, leaderships tend not to accept their ignorance: myth, superstition, prejudice and other forms of bias hold sway



“It ain’t what you don’t know that gets you into trouble.

It’s what you know for sure that just ain’t so.”



Mark Twain 1835 - 1910



# Case study one: the air traffic control synthesis







# Case study two: the 'Amazon' of clinical system analytics

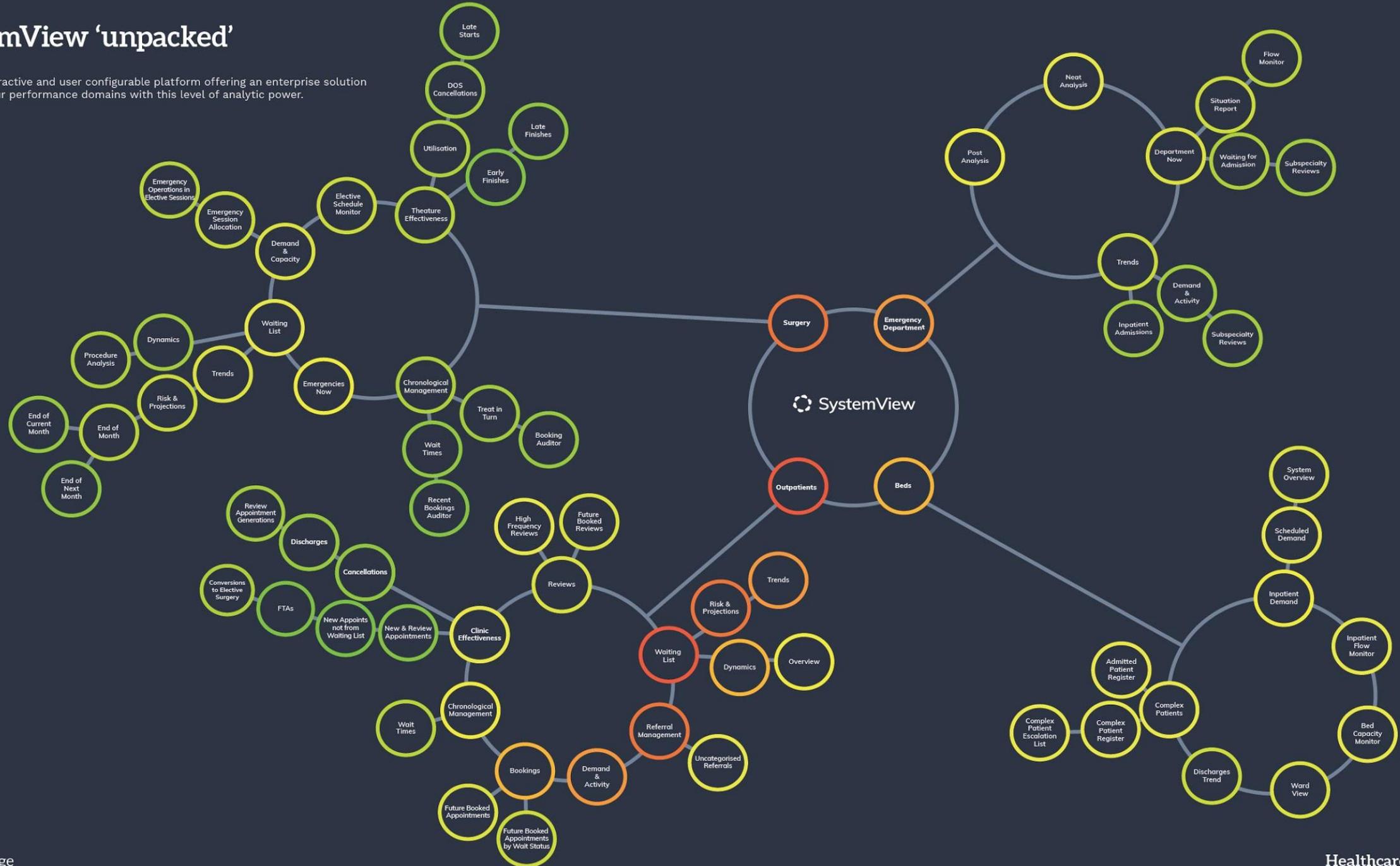


SystemView

Demo

# SystemView 'unpacked'

The only interactive and user configurable platform offering an enterprise solution across all four performance domains with this level of analytic power.





## Final thought

“They constantly try to escape  
From the darkness outside and within  
By dreaming of systems so perfect  
That no one will need to be good.”

(Our collaborative goal  
should be to create  
technologies to support  
vocational professionalism:  
to serve those who serve)

TS Eliot, *Choruses from the Rock*, 1934



For more information, please visit [www.healthcarelogic.com](http://www.healthcarelogic.com),  
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