

Simulation Modelling in Healthcare: Trust No Future – Make Your Own

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Outline

- Healthcare
- Experiences and Lessons
 - Data collection
 - CLINSIM
 - Building
 - Demonstrating
 - In use
- Workers, Researchers and Earners
- Make The Future

Healthcare

- Expenditure
 - Large sums
 - 8.5% GDP Europe?
 - 18.5% GDP USA?
- Any Limit?
 - No, only ability to pay
- Wealthy Societies willing to pay more and more to delay ...

Healthcare (2)

- Role of Simulation?
 - What-if?
 - Problem solve, understand, brain storm, cause champion,
- Healthcare features
 - complex; lots of the wrong data; different ways of thinking, increasing budgets, declining budgets etc etc
- CHANGE?** – then simulation can help

Experiences and Lessons: Collecting Data

- On a clinic for a week
- Hawthorne Effect
- Data
 - Always needs careful investigation
 - Never what you want
 - Usually not necessary and gets in the way!

Experiences and Lessons CLINSIM - Building

- Dept of Health OR Unit
- 3rd attempt
- Specification more a requirement
- Ice berg project
- Lessons
 - No fixed term contracts
 - Educating customer 50% of job

Experiences and Lessons CLINSIM -Demonstrating

- Whittington Clinic
 - Doctors, receptionists, nurses
- Model built for analyst use
doctors asked if they could have it – yes!
receptionists angry, being blamed?
nurses fell asleep
Educating customer 50% of job

Experiences and Lessons CLINSIM – In use

- Once
 - Leeds General
 - Success
 - Not CLINSIM, analyst champion and doctors, receptionists and nurses
- Solution available if you have this problem
- Free Good – that’s what it is worth
- Centralist approach to a devolved system

Workers, Researchers and Earners

- Healthcare workers need to know what simulation can do
- Simulation consultants need their healthcare successes to be public
- Simulation academics need to publish

The EPSRC MASHnet Book on Successful Simulation Stories in Healthcare

Edited by Ray J Paul and Tillal Eldabi for and on behalf of the MASHnet Steering Committee:
Ken Stein, Martin Pitt, Sally Brailsford, Janet Williams, Jeff Griffiths, Simon Dodds, Thierry Chausalet, Peter Millard, David Worthington, Ruth Davis, John Leach, Paul Harper, David Fone, David Bensley, Jo Perry, Mark Elder, Elaine Hobson and members who are so obvious they do not need naming

How it would work

- The Original Proposal
- I proposed consultants successes be written up by academics.
- Book to be financed by consultants and given freely by consultants and academics to healthcare workers
- Apparently everyone thinks I am doing the book!

Current Thinking

- About 25 to 30 stories – successes only
- Theme them if material permits with introductory/concluding section ‘chapters’
- Bigger is not best, but impressive!
- Take existing successes and write them up as stories
- Academics to join in real projects
- MSc projects to unearth past successes

How to do it?

- With MASH net
 - Collecting applications now
 - Tillal and I willing to act as a clearing house between consultants and academics
 - We will put the book together with the MASHnet steering committee
- We are not proud
 - Tell us your ideas, doubts (if you must), anything at all

Thank You

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for day to day

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both of us for principles

complain to me

I trust my future only when I can make it