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Guy Ludbrook

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Guy Ludbrook

Programme: Senior Executive Programme

Nationality: Australian

Job Post-programme: Professor of Anaesthesia at
University of Adelaide

From windscreens to health screens

Medical professor Guy Ludbrook juggles multiple roles. His passion is a project to transform healthcare service delivery through digital processes. It's bringing all his powers of lateral thinking, team building and persuasion into play

It's never good to get a crack in your car windscreen. But when a flying gravel struck Professor Guy Ludbrook's Toyota Landcruiser as he visited a remote, rural hospital in South Australia back in 2009 it sparked an idea.

A specialist anaesthetist in public and private practice in Adelaide, South Australia, Ludbrook had been thinking about ways to make healthcare provision more efficient and cost-effective to meet the growing demands in developed countries, including Australia. When he contacted the country's leading vehicle glass repair and replacement company O'Brien AutoGlass to fix his windscreen he was struck by their approach.

Make it easy

O'Brien had managed to eliminate the need for a first face-to-face visit to a garage. Customers answered 'screening' questions online or via the phone. And these questions were cleverly pitched. For example, instead of asking customers to find a ruler to measure the size of the damage to their windscreen, they simply asked whether it could be covered by a coin – a five cent coin if it was on the driver's side and a dollar coin if it was on the passenger side. If it couldn't, then the whole windscreen would need replacing. And O'Brien would come to your workplace to complete the repair. It was these kinds of



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your workplace to complete the repair. It was these kinds of step changes in customer service that were exciting to Ludbrook who could see the potential for healthcare.

Bright ideas

Having worked predominantly in the public sector, he had paid his own way through the Senior Executive Programme at London Business School (LBS) in 2008 to learn more about leadership, change management and how business people work. "In particular I realised that health service delivery has to change dramatically," says Ludbrook. "It's in the Dark Ages. And I wanted to understand how supermarkets and other businesses run their service delivery, as those are the gems that will allow us to reform healthcare."

He started examining the new ways of operating in other industries – such as self-service checkouts in supermarkets and self-service baggage tagging at airports. He was also inspired by the way the Dartmouth-Hitchcock Clinic in the US was using questionnaires to collect patient data, something he heard about on Harvard Business School's Leading Healthcare Organisations of Excellence Programme.

So when Ludbrook encountered O'Brien AutoGlass he saw the direct overlap between the company's processes and his own work as an anaesthetist, particularly his patient assessment before surgery.

Tough challenges

Anaesthetists used to assess patients on the ward the night before surgery. Today, patients tend to arrive at hospital on the morning of their surgery. They benefit from reduced hospital time, and cost less, but it causes challenges for that preoperative assessment.

Yet in developed countries, the number of elderly patients and those with complex medical histories who might require more treatment before surgery is rising.

This has been recognised as a problem and there is more training for anaesthetists about the need for pre-operative assessment. But the challenges remain. Not least that outpatient clinics are clogged with people visiting for their preoperative assessments – something that's time consuming for patients and inefficient for clinicians.

And for Ludbrook that's where the O'Brien AutoGlass service comes in – with its application of remote pre-screening and computer decision support.

Pioneering process

With a small team of colleagues from the University of Adelaide where he is Professor of Anaesthesia, Ludbrook has developed a smart questionnaire supported by software. It takes 14 minutes to complete. After a 2,000-patient test, the data is underpinning Ludbrook's drive to get government and private medical funders to adopt the service.

"I've now been asked to chair a state-wide process to look at how we would reform the whole screening process for surgery in the state, so that's nearly 1.7 million people," says Ludbrook. "Will we achieve it? We will have to wait and see. We have a complex health system in Australia with a number of different jurisdictions, but it's good there's the recognition that we need to do something and make it comprehensive."

Meanwhile the university is finalising details on a contract to link with a major international IT company to industrialise the pre-operative screening process and take it to other countries.

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Support network

Ludbrook has worked hard to reach this point, building support among his peers, spreading the word among patients and pressing for change from above. He has co-written an award-winning academic paper on how smart questionnaires can help health assessment and another on the lessons health systems can draw from the way call centres operate. He has relied on his contacts and professional credibility whilst also harnessing the power of his team to build ideas and gain traction.

“It’s probably one of the most lateral things I’ve done and much the most fascinating,” he says. “None of it would have happened without LBS and a large part of my understanding about how to craft the process came from my time at the School. The teachers are extraordinary but also your colleagues – just sitting around after lectures and listening to how they do things really helped me.

“I’ve stayed in touch with them since – there are half-a-dozen people around the world from LBS who I would still ring up and discuss something with. Most of them would never give me an answer, of course, they’d probably return the question with a question, but it would be an insightful question.

“So whether they run recruitment agencies, chemical businesses, or work in the food industry or finance, they are people I’ve learned enormous amounts from as well as learning how to learn.”

Safety checks

But when it comes to his digital health service delivery project, Ludbrook’s also aware of the need for safeguards in any computer-based process – fixing a windscreen and fixing a person isn’t quite the same thing.

“Ironically there was a flaw in my car windscreen repair,” he adds. “I’d booked the repair to take place in the hospital car park while I was in the operating theatre. But it turns out that if it’s a hot day the car has to be in the shade or the glue won’t fix. They’d come along and my car was parked in the sun so they couldn’t do it. So our whole transaction had failed over one small slip up.

“We can’t afford to have slip ups like that when we are treating humans so you have to build in a lot of processes.”

Lifelong learning

The digital delivery project is only one string in Ludbrook’s bow. Along with spending two days a week in the operating theatre, managing a university department, advising health departments and chairing committees for the federal department of health, he also runs a university-owned clinical trials company that works with industry to assist in drug development.

Clearly Ludbrook has always had energy and drive: what was it that unleashed his creative approach?

“LBS changed the way I approach thinking. It showed me what I didn’t even know I didn’t know. The trick, I think, is to keep the momentum going and stay in touch with those people who inspired you.

“I hung my LBS graduation certificate on the wall of my office. It’s above my medical degree, my specialist degree and my PhD because, without being disrespectful to the other organisations, it’s probably the most important piece of education I’ve had. And that’s because the medical studies are well-trodden paths; very important paths but well-trodden. And looking sideways is so much more interesting.”

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