ST JOHN OF GOD
Health Care

Our Vision

015-2019

EXCELLENCE IN CARE

St John of God Health Care is an organisation that:

- provides services responding to the needs of individuals and the communities we serve
- ensures such services are of the highest standard given the available resources
- values the contribution made by visiting medical and other professionals working in partnership with our caregivers
- participates in the advancement of health services through education and research
- provides ongoing opportunities to all caregivers to develop their skills and capacities

Hospitality | Compassion | Respect | Justice | Excellence

01 To be a recognised leader in the Australian health sector for the provision of high quality health care.

The delivery of exceptional health care is the overarching Strategic Priority for St John of God Health Care in the next five years and this applies to all our service areas. The other four Strategic Priorities will enable us to achieve this critical priority.

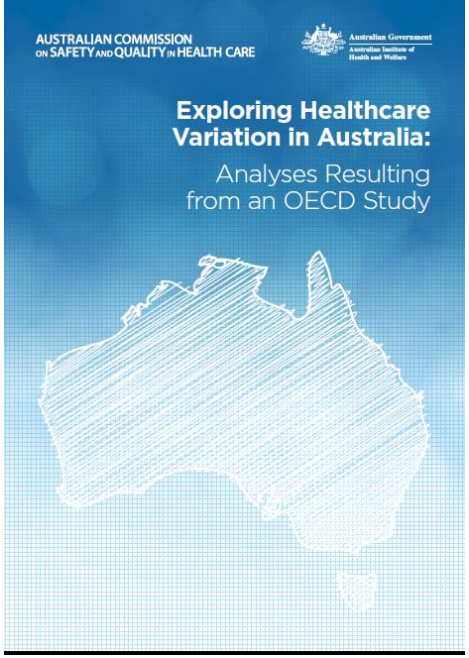
We intend to:

- Be consistently rated by consumers as a superior provider
- Significantly exceed all relevant national quality benchmarks
- Be recognised by health funds for delivering high quality outcomes
- Be known nationally as a quality employer
- Greatly increase our education and research endeavours.

Subiaco's Strategic Priorities

By 2020, SJG Subiaco Hospital will aspire to become:

Australia's leading private hospital, providing exceptional person-centred care, informed by research and delivered with compassion.



VIEWPOINT

The Platform Trial
An Efficient Strategy for Evaluating Multiple Treatments

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The drug development enterprise is struggling. The development of new therapies is limited by high costs, slow progress, and a high failure rate, even in the late stages of development. Clinical trials are most commonly based on a "one population, one drug, one disease" strategy, in which the clinical trial infrastructure is created to test a single treatment in a homogeneous population.

This approach has been largely unsuccessful for multiple diseases, including sepsis, dementia, and stroke. Despite promising preclinical and early human trials, there have been numerous negative phase 3 trials of treatments for Alzheimer disease[1] and more than 40 negative phase 3 trials of neuroprotectants for stroke.[2] Effective treatments for such diseases will likely require combining treatments to affect multiple targets in complex cellular pathways and, perhaps, tailoring treatments to subgroups defined by genetic, proteomic,

benefits when evaluating potentially synergistic combination treatments (eg, treatment A, treatment B, treatment C, and all combinations) if the starting point is the testing of each treatment in isolation.

What Is a Platform Trial?

A platform trial is defined by the broad goal of finding the best treatment for a disease by simultaneously investigating multiple treatments, using specialized statistical tools for allocating patients and analyzing results. The focus is on the disease rather than any particular experimental therapy. A platform trial is often intended to continue beyond the evaluation of the initial treatments and to investigate treatment combinations, to quantify differences in treatment effects in subgroups, and to treat patients as effectively as possible within the trial. Although some of the statistical tools used in platform trials are frequently used in other set-

VIEWPOINT

Fusing Randomized Trials With Big Data
The Key to Self-learning Health Care Systems?

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Randomized clinical trials (RCTs) have revolutionized medicine by providing evidence on the efficacy and safety of drugs, devices, and procedures. Today, more than 40 000 RCTs are reported annually, their quality continues to increase, and oversight mechanisms ensure adequate protection of participants. However, RCTs have at least 4 related problems: (1) they are too expensive and difficult; (2) their findings are too broad (average treatment effect not representative of benefit for any given individual) and too narrow (trial population and setting not representative of general practice); (3) randomizing patients can make patients and physicians uncomfortable, especially when comparing different types of

access to massive amounts of data, the Achilles' heel is lack of causal inference. No matter how detailed the measurement and how sophisticated the adjustment for all known variables, big data cannot eliminate unmeasured factors coincident with a particular treatment assignment that could explain an apparent change in outcome.[2]

Thus, each approach has complementary strengths: RCTs offer causal inference, and big data offers the potential for low-cost, high-volume, nuanced answers with immediate feedback. Rather than debate which is better, the greatest promise may come from fusing them.