Letters

Challenges in health policy: the next 10 years

To the Editor: I read with interest Penington's summary of the challenges in Australian health policy heading into the next decade. In particular, I note the view that monitoring of hospital performance uses criteria that, while useful for providing figures for the government, do not adequately assess the quality of services or care.[1] Counterintuitively, these criteria, such as waiting lists and emergency department waiting times, appear to be achievable by health services that may not provide high-quality care.[2] Australian health care seems to be following the lead of the National Health Service in the United Kingdom, where it has been suggested that quality-of-care markers are chosen mostly for ease of measurement from hospital incidence data.[3]

We should not be limiting ourselves to purely administrative data, selective sampling of patient populations and annual patient satisfaction surveys. We need to use broader patient populations; investigate the patient experience more often and on a continuum from the community to hospital to home; expand the parameters of care measured to include the multidisciplinary team; and not limit incident review to adverse events — we should investigate and report positive outcomes of care as well.[4] For example, health services could investigate and compile the circumstances of written compliments to create learning opportunities for all staff.

We are at a crossroads — national performance targets, outcome-based funding and increasing public expectations all require innovative responses from health services and clinicians. Commitment to providing quality health services means collecting meaningful data that reflect the total patient care experience, and ensuring real-time improvement with long-term innovation.

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To the Editor: I would like to commend Penington for his insightful opinion piece regarding the challenges facing the Australian health system over the next decade.[1] I, and I am sure many others, share his warranted concern regarding the future of quality and safety in health care in a politically charged, target-based funding system.

As highlighted by Penington, the recently published McKeon report provides a suggested path towards a national health system that is based on embedded research and development and would be the envy of our peers and improve quality and safety for patients for years to come.[2] However, at present, policymakers appear to be more content in repeating others' mistakes.

Take, for example, the introduction of the 4-hour rule in Australian emergency departments. An idea transplanted from the United Kingdom's National Health Service (NHS), it has failed to produce any evidence of consistent improvement in quality of service provision in emergency departments in the UK, despite its enormous cost (£820 million from 1998 to 2007).[3] Another monumental failure of this politicised, target-based approach is the once lauded, now shamed Mid Staffordshire NHS Foundation Trust, which, despite being considered to perform well based on mandated targets, had a standardised mortality ratio of more than 20% greater than the NHS average.[4]

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As health care providers, we should be advocating for health policy that returns to the key tenets of health care quality — effectiveness, efficiency, safety and patient centricity — by adopting measures such as embedded research and development, before it is too little, too late.

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