



13 December 2009

Productivity Commission Final Report Released

The final report of the Productivity Commission into the performance of public and private hospital systems was released last Thursday and showed that private hospital patient costs are lower, provide safer treatment and cost tax payers less money.

The report states: "On average, the private hospitals in this study reported lower risk adjusted mortality rates than public and public contract hospitals". According to the report, lower standardised mortality rates indicate higher levels of quality. The results show that private hospitals have a Risk Adjusted Mortality Ratio of just 0.305 which is half the rate of public hospitals at 0.632.

The Commission's report shows that MRSA infection rates in public hospitals are more than double those in private hospitals, at 16.70 compared to only 7.18 infections per 10,000 bed days.

"The Commission's report proves that private hospital costs are lower when adjusted for the different patient mix as public hospitals," said Michael Roff, CEO of the Australian Private Hospitals Association. "Private hospitals in Australia perform 60% of all surgery, everything from cardiac surgery to hip and knee replacements and do it cheaper and with lower infection rates."

The cost per casemix-adjusted separation in private hospitals was \$4,172 and in public hospitals was \$4,302. When factors beyond private hospitals' control are removed, such as medical and prostheses costs, the cost per casemix adjusted separation in private hospitals was just \$2,284 compared to \$3,373 in public hospitals.

Don't forget to participate in the APHA Workforce Survey

Each year private hospitals train thousands of medical, nursing and allied health students. However our sector's contribution towards training and education in healthcare is often overlooked. APHA is conducting an extensive member survey to calculate the total amount of training that the private sector is currently carrying out, and to identify the barriers to more training being provided.

The survey can be completed electronically and is available on the www.apha.org.au website homepage. This is a comprehensive survey and will take some time to complete. All the results from the survey will be collated together and *no individual hospital will be identified*. Please take the time to complete the survey and ensure that your hospital is included – even if your hospital does not currently carry out training. It is important to have as high a response rate as possible to give the survey strong credibility.

If you have questions regarding the survey email [Peter Thomas](mailto:peter.thomas@apha.org.au) at the APHA Secretariat.

Appointment of First CEO of Health Workforce Australia

The first Chief Executive Officer of Health Workforce Australia will be Mr Mark Cormack, the current Chief Executive of the ACT Health Department. Mr Mark Cormack will be based in Adelaide where the new agency will be established. Mr Cormack brings important experience in

public and community health care as well as a background in Allied Health.

Health Workforce Australia has been established to produce more effective, streamlined and integrated clinical training arrangements and to support workforce reform initiatives.

Federal Government Funding for Reform in Clinical Teaching

The Federal Government has announced it will invest \$157 million in clinical teaching and training infrastructure and to support undergraduate health professional students in 2010.

\$90 million will be provided over the four years from 2009-10 for capital projects that will support health professional students and trainees across a range of health disciplines. The Grants, known as Innovative Clinical Teaching and Training Grants (ICTTG), are part of the nationally competitive infrastructure allocation, a key component of the Council of Australian Governments' (COAG) commitment to investing in health workforce infrastructure.

Under the ICTTG, a Commonwealth contribution of between \$100,000 and \$5 million (GST exclusive) will be available to public and private organisations for infrastructure projects that:

- are innovative approaches to dealing with the increase in the numbers of people undertaking health professional training and education;
- improve distribution and capacity for teaching and clinical training outside tertiary hospitals; and
- are in settings that may not normally be considered for Commonwealth funding.

Successful projects will help to ensure that students and trainees have access to top-quality facilities, especially in rural and regional areas.

In addition up to \$67.5 million will be provided as a one-off investment so that all undergraduate health students enrolled for the 2010 training year can undertake the clinical training required for the completion of their studies.

Joint proposals are being sought from educational institutions and clinical training providers in the public and private health sectors, for projects that:

- support innovative approaches to dealing with the increase in the numbers of students undertaking health professional training and education;
- improve distribution and capacity for teaching and clinical training outside of traditional training settings;
- address training across the mix of eligible disciplines; and
- have immediate capacity to provide increased clinical training capacity.

In the longer term, it is intended that Health Workforce Australia (HWA) will take responsibility for the management of clinical training. APHA will provide members with information about applying for funding when it becomes available.

Australian Organ and Tissue Authority

The Australian Organ and Tissue Authority was established in January 2009 but has recently launched a new website www.donatelife.gov.au. The authority is responsible for delivering a package of national reforms to organ and tissue donation for transplantation.

One of the reforms is the introduction of Clinical Trigger checklists into all Emergency Departments and Intensive Care Units. It will provide a nationally consistent protocol and strict criteria to identify potential organ and tissue donors. It is expected the implementation of the national protocol will be done by June 2010. For more information please see www.donatelife.gov.au.

Healthcare Organisations Increasingly Measure Care

There has been an 18% increase in the number of healthcare organisations participating in a national clinical indicator program over the past eight years according to the *ACHS Australasian Clinical Indicator Report*. The report includes data collected from participating healthcare organisations (HCOs) which has increased from 582 organisations in 2001 to 689 in 2008.

The Australian Council on Healthcare Standards (ACHS) Clinical Indicator Program is a service offered to HCOs for the assessment of important aspects of a health service. The Program is the only national clinical indicator program examining data across a full range of medical disciplines and has now been in operation for 20 years.

The indicators with a high proportion of organisations sitting outside a norm were usually associated with process measures, such as delays in reporting test results (Pathology and Radiology), access block in emergency departments and intensive care units and documentation of processes for intensive care assessment.

Some other areas with undesirable rates that require further investigation include:

Mental Health Inpatient Indicator 5.3 – Inpatient seclusion for more than 4 hours

The rates for inpatients secluded for more than four hours in a single episode of an admission increased from 27.2% to 44.2%, a change of 17.0%.

Obstetrics Indicator 2.1 – Vaginal delivery following primary caesarean section

The total number of women delivering vaginally following a previous primary caesarean section has declined as a result of changes in clinical practice. The rates have declined from 18.4% in 2001 to 11.6% in 2008.

Analyses reveal that the desirable rates do not cluster in specific HCOs but that both desirable and undesirable rates occur in the majority of HCOs. This confirms that the data cannot be used to compare one organisation to another.

The report can be accessed at www.achs.org.au