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CUT STRAIGHT TO YOUR NEWS



HEALTH MATTERS SEAN PARNELL

The measure of a robust system

For all its faults, for all the times that things don't go as planned, Australia's health system is world class. Our health practitioners are among the best. We have some of the most modern facilities, access to cutting-edge technology, new drugs and therapies, all underpinned by rigorous quality controls. Universal healthcare has generally served us well and other countries often look to us for inspiration. This year the Commonwealth Fund, a US-based foundation, analysed health system performance among 11 wealthy nations and ranked Australia second overall behind Britain, and first for healthcare outcomes and administrative efficiencies. Our life expectancy is among the highest in the OECD. Other measures suggest a reasonable balance between access and cost. The key to maintaining positive outcomes is reporting on results, identifying weaknesses and constantly striving to improve them. While some want to name and shame poor performers, more secretive approaches also deliver results.

Avoidable surgical deaths are becoming less common, according to an update from the Australian and New Zealand Audits of Surgical Mortality released this week. The audits involve a confidential clinical review of all such deaths to help surgeons learn from their experiences and those of their peers. About 98 per cent of surgeons participate.

"In 2016, the proportion of cases with adverse events was 2.9 per cent compared to 4.4 per cent in 2013," ANZASM chairman Guy Maddern says, noting that more recent cases are still being assessed so the latest figure may change. "In 2009 the proportion of adverse events was approximately 6 per cent, so the drop has clearly been significant. It is impossible to say for sure whether we can attribute this reduction to the audit. However, what we do know for sure is that the audit allows us to identify trends and to monitor and address these issues as required."

As the population ages and gets fatter, there are more knee and hip replacements. The Australian Orthopaedic Association's National Joint Replacement Registry collects data on outcomes to help identify any problem areas. An update this week showed the low revision rate for hip and

knee replacements, with a 31 per cent decline in revised hip procedures since 2003 and a 16 per cent drop in revised knee procedures since 2004.

AOA president Ian Incoll says such registries help identify the factors behind poor outcomes, often helping surgeons and hospitals choose the best prostheses for patients. The latest data looked at revision rates among individual surgeons and doctors, while future updates may look at patient variables such as obesity.

"Any sort of statistical representation is an approximation of reality, so what we're doing is getting all these different perspectives of reality," Incoll says. "The more perspectives we have, the closer our approximation of reality."

There is an ongoing debate over the role and scope of such registries, as well as clinical trials, who should fund them and where they should sit in the regulatory process.

If the Australian Council on Healthcare Standards is happy with how things are trending, patients should be too. The council's latest report, analysing 20 data sets of indicators from 2009 to last year, has found mostly sustained levels of improvement, with the biggest gains among day patients, emergency medicine, intensive care and radiation oncology. "The benefit for clinicians is simple," ACHS president Len Notaras says. "Their input enables clarity of where improvements have been made and where there have been deteriorations. Understanding a problem is the first step to providing a solution, and accurate data is key to this."

The Australian Commission on Safety and Quality is playing a lead role in analysing performance and setting benchmarks, more recently through an atlas of clinical variation to identify areas where medical intervention rates are unusually high or low.

The commission is guiding funding reforms that will penalise hospitals for making mistakes and introduce new standards to drive further improvement.

'Understanding a problem is the first step to providing a solution'

LEN NOTARAS
AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS