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Hospital Performance Study
Productivity Commission
LB2 Collins Street East
Melbourne VIC 8003

Dear Sir/Madam,

This is a submission for the Hospital Performance Study, submitted by the Centre for Health Communication, the University of Technology, Sydney.

This submission addresses: "other relevant performance indicators, including the ability of such indicators to inform comparisons of hospital performance and efficiency".

This submission emphasises the importance of including in hospital performance and efficiency comparisons indicators that address patients' experiences of how adverse events are handled.

The 2009 COAG communiqué states that it is critical that health organisations ensure that "Australians have positive health and aged care experiences which take account of individual circumstances and care needs". Patient satisfaction measurements are now common across hospitals in New South Wales. These measurements provide the public with some comparative leverage when it comes to choosing a hospital for their care.

Evidence has emerged that hospital admission incurs an iatrogenic risk of between 6% and 16%; that is, around 10 in every 100 patients are at risk of being harmed by their care [1]. Of those 100, an average of 1 patient runs the risk of suffering severe disability or death as a result of their hospital care. While the occurrence of an adverse event will affect patients' satisfaction level, a critical indicator of how effective and trustworthy a service is perceived to be is whether these adverse events are appropriately disclosed to patients and their families [2].

Non-communication about and following incidents has been identified as a major reason for patients and family members to file complaints and pursue legal action [3 4].

Following his review of NSW Emergency services, Peter Garling noted that "The evidence I heard suggested open disclosure is observed about half of the time" [5: Vol II, p 559, section 15.214]. Our own research results suggest that Australia-wide open disclosure is not happening as frequently as it should [6 7]. The evidence suggests that, positive reports notwithstanding [8], patients in Australia are often abandoned following adverse events [9]. The complexity of health care will continue to rise, and therefore the chance of experiencing an adverse event will grow. Inadequate disclosure and resolution of these problems will lead to a crisis in public confidence in health services [cf.10].

It is therefore critical, besides measuring the economic-financial, case mix, hospital-acquired infection, clinical incident and satisfaction dimensions of care, that your comparative work include a measurement of how frequently and effective open disclosure is conducted.

The measurement of open disclosure is at the heart of our current work. We are designing targeted survey questionnaire instruments that will enable health care organisations to gauge their performance in the area of open disclosure. These instruments are of two kinds: one for staff and one for patients, to be administered following an adverse event to those involved.

These instruments are being developed with support and funding from the *Australian Commission on Safety and Quality in Health Care*, as part of the 'Open Disclosure Indicator Development and 100 Patient Stories Project' (2008-2010), currently underway at the Centre for Health Communication, UTS, as the lead of a consortium of six Australian universities.

Drawing on and refining existing US surveys, these instruments will be finalised and validated during the second half of the year. Their focus, detail and patient feedback structure will ensure that data is obtained that goes beyond the data currently being reported by health organisations to health departments [e.g. 8].

Should you require more information about this work, its outcomes, and the survey instruments in question, I will be happy to advise you.

Yours sincerely,

Rick Iedema

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