

Hi Harvey

Mindful of my bias, I think 2 related issues mentioned in Theme 1 are important:

The DHHS must allow greater access to data held by the state (eg VAED, VEMD), including for linkage, to allow for evaluation of outcomes and future risk prediction. Lack of access to these data has long been a frustration. Significant capacity exists within Universities to analyse data (including the vast amounts of unstructured data) and evaluate health programs, but the hospital sector/DHHS and Universities don't collaborate enough. Rather, the DHHS seems keen on engaging private consultancies that are expensive and undertake non scientifically peer-reviewed work.

Another bugbear of mine is hospital accreditation, which is laborious, bureaucratic and process-, rather than outcome-, focused. It's a self-serving industry that chews up scarce resources which could instead be devoted to actual patient care.

Has there ever been an evaluation of the quality/safety impact of a hospital undergoing the current accreditation process?

Accreditation should be targeted, outcome focused, and undertaken at random.

Lastly, I think well-executed clinical registries, a few which the DHHS already support, are incredibly valuable.

Cheers

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