

Australian hospital patients waiting longer under Labor's "health reform"

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The first report issued by the federal Labor government's new hospital monitoring watchdog reveals that only just over half the patients treated in the emergency departments of the country's largest hospitals are discharged or admitted to a ward within four hours.

This four-hour benchmark is an inadequate and arbitrary indicator set by the government itself, which originally claimed that its "national health reform" program would deliver in 95 percent of cases by 2015, before watering down its target last year to 90 percent.

Setting such a "performance indicator" not only suggests that patients should have to wait for up to four hours in an emergency department. It is designed to ramp up the pressure on public hospitals—chronically under-funded by successive governments for decades—to boost their patient caseloads without any extra funding for beds, staff, resources and access to advanced technology. It reveals nothing about the quality of care, which may have deteriorated as staff are pressed by time constraints.

Nevertheless, the limited and highly selective data in the National Health Performance Authority report underscores the fraud of the government's claims that its three-year-old "reform" program seeks to improve patient care.

The 2011-12 *Hospital Performance* report, released last week, shows that the biggest hospitals—which accounted for almost 4 million of the 5.9 million emergency department patients seen—are falling far short of the four-hour standard. In major metropolitan hospitals, which bear the heaviest burden, only 54 percent of patients departed emergency departments within four hours.

Some of the biggest hospitals—those receiving the greatest numbers of acute ambulance cases—had the

poorest results. For Brisbane's Princess Alexandra Hospital, the figure was just 33 percent. Westmead Hospital, in Sydney's western suburbs, was below 40 percent, as was Liverpool Hospital, in Sydney's southwest. Western Hospital in Melbourne's west was on 41 percent.

Even worse were the results for emergency patients who were admitted to a hospital ward. In the major metropolitan hospitals, only 26 percent of patients were transferred to a ward within four hours, and it took an average of nearly 15 hours before 90 percent of patients were admitted. At some hospitals in working class areas, the wait was almost twice as long. At Blacktown Hospital in Sydney's western suburbs, 10 percent of patients remained in emergency beds for longer than 27 hours.

The report fails to compare these statistics with the outcomes in previous years. Even so, the results point to a further deterioration under the Labor government. Last year, when Prime Minister Julia Gillard launched a revised version of Labor's "reform" blueprint, she stated that in 2009-10, about 65 percent of patients left emergency departments within four hours. (See: "Australian hospital waiting times worsen under 'health reform'").

It is now 15 months since Gillard declared that the revamped National Health Reform Agreement she had signed with the state and territory governments would mean "more money and beds" for public hospitals. She claimed it was the greatest advance for Australia's health care system since the Medicare insurance scheme was introduced in 1984. Gillard spoke of injecting an extra \$16.4 billion into hospitals by 2020.

Nothing was further from the truth. The new hospital funding scheme is designed to drive down real funding for hospitals, by tying their budgets to "efficient

prices” for services provided, and then financially penalising them for failing to meet performance indicators. This puts hospital staff under increasing demand to cut corners, discharge patients prematurely or contract-out services to private operators that pay lower wages (see: “Australian ‘health reform’ plan to slash spending”).

Labor’s scheme is part of an intensifying drive by her government, like its counterparts in the US, Europe and internationally, to slash social spending and impose the pro-market measures demanded by the corporate elite under conditions of deepening global economic breakdown. This month, the government further tightened the screws on the states and territories, which are directly responsible for running the public hospitals. It reduced funding as a result of adjustments to population estimates and a health cost index. In Victoria’s case the payments fell by more than \$100 million.

These “adjustments” came on top of deep cuts in health spending made by state governments in recent months, also driven by Canberra’s austerity program, as well as their own plunging tax revenues because of the renewed economic downturn. The New South Wales government sliced \$3 billion from its health budget over four years, the Queensland government \$1.6 billion and Victoria \$616 million.

If the states and territories fail to deliver various hospital performance indicators, deeper cuts will follow. According to one media estimate, NSW stands to lose \$10 million in “reward” payments from the Gillard government if it misses its 2012 target for emergency waiting times, with similar penalties in other states.

The Australian Capital Territory had reportedly been on track to meet its emergency room target for this year, until data tampering was uncovered in April. That scandal highlighted another by-product of the “reform” agenda—hospitals and governments are encouraged to manipulate their waiting lists and times to evade financial penalties.

The main doctors’ organisation, the Australian Medical Association (AMA), declared the Gillard government’s latest cuts “unacceptable” and cited figures that point to the potentially life-threatening character of the delays confronting patients. In 2011-12, only 66 percent of emergency department

patients classified as urgent were seen within the recommended 30 minutes, well short of the 2013 target of 80 percent.

The central thrust of the National Health Performance Authority report is to use its alarming results to coerce the states and individual hospitals to boost their outputs, while still being starved of adequate funds. The document features multiple advertisements for the government’s *MyHospitals* web site, urging people to go on-line to check how their local hospitals compare on a range of indicators.

One the primary purposes of this ranking regime, which is similar to Labor’s *MySchools* and *MyUniversities* sites, is to encourage patients to seek treatment elsewhere, notably in private hospitals and clinics. Hundreds of private facilities are listed, detailing their areas of expertise, without any performance statistics.

Health Minister Tanya Plibersek reinforced the message, saying the report was a “wake-up call” to state and territory governments to examine “under-performing hospitals.” Plibersek stressed: “There’s large variations across the country between hospitals nationally, with lots of opportunity to identify peer hospitals.” The implication is that “under-performing” hospitals should face further penalties if they fail to meet up to the standards of “peer” institutions.

This is the real face of Labor’s “health reform”—nationally-driven cost-cutting and ramped-up pressure on already over-stretched doctors, nurses and other medical workers to push patients through more quickly. The blame for poor health outcomes is shifted onto public hospital staff and management, while patients are driven elsewhere, into the profit-making private sector, in the hope of securing timely and adequate treatment.



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