

Some private hospitals are safer than others, but we don't know which

June 13 2017, by David Ben-Tovim



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The [recent jailing](#) of British breast surgeon Ian Paterson after performing multiple unnecessary operations has highlighted the issue of hospital safety.

Paterson's unnecessary surgeries included some performed in private hospitals, which [prompted UK doctors](#) to call for private hospitals to report similar patient [safety](#) data as [public hospitals](#), including unexpected deaths and serious injuries.

This example shows how little we know about patient safety and quality in our private hospitals, not only in the UK, but also in Australia.

What do we know about hospital safety and quality?

In Australia, one of the best places to look for information on [hospital safety and quality](#) is the [MyHospitals](#) website, a commonwealth department site run by the [Australian Institute of Health and Welfare](#).

The Australian Institute of Health and Welfare is provided with data about every patient treated in an Australian hospital, both public and private. Using that data, you can look up measures of safety and quality, as well as emergency department performances. You can compare public hospitals on all the performance measures, but private hospitals are excluded from the performance reports.

Another good source is the [New South Wales Bureau of Health Information](#), which allows you to compare information about the [safety and quality](#) of public hospitals in NSW. Private hospitals are not included.

Private hospitals are not all the same

Private [health insurance](#) allows you to choose your treating doctor and the hospital at which you're treated. But how do you choose the right hospital, or the safest one? As our research shows, not all private hospitals in Australia are equal.

In 2009, the Australian Health Insurance Association (now called Private Healthcare Australia) asked me and my colleagues to look at the outcomes of care in private hospitals. We looked at [death rates](#) and the numbers of people who died during their stay in hospital, and a range of other safety and quality outcomes.

We were given access to three years of detailed data from a national sample of patients treated in 58 private hospitals. We did not know the names of the hospitals, nor patients' names.

Many kinds of hospital outcomes, such as the likelihood of dying in hospital, or contracting a serious infection, are influenced by factors such as a patient's age, and the range of conditions that brought them to hospital. We tried to take those factors into account and [published our findings](#) on the Private Healthcare Australia website.

We found a group of hospitals that, each year, seemed to have much lower death rates than average for all the private hospitals. Those, or other hospitals, also had lower than average rates of a variety of non-fatal incidents. There was also a group of hospitals that each year had higher than average death and adverse event rates. The greater than average death rate group included hospitals where death rates were consistently up to 90% higher than average.

If you are choosing a hospital, you'd want to know which hospital was which. But that information is not publicly available. You'd also want to know if there were more recent statistics, but there is no reported follow-up study. Without better public access to such facts and figures, we're still in the dark.

What do other countries do?

Other countries do things differently. In the US, several groups provide

[extensive and detailed information on a range of hospital safety and quality outcomes](#) for almost all US hospitals, including private hospitals. The groups, which do not always agree, include commercial ([Healthgrades](#)) and not-for-profit organisations ([The Leapfrog Group](#)), and public and government bodies (such as [Medicare Hospital Compare](#)).

And in England, it is easy to look up the Care Quality Commission's [detailed reports](#) about public and private hospitals. The reports provide an easy to read, "blow-by-blow" account of their inspections of all types of hospitals, and make a variety of judgements on what they find. They are backed up by detailed statistical reports, but only for public hospitals.

Why don't we do this in Australia?

A representative from the [Office of the Australian Information Commissioner](#) tells me that, provided individuals are not identified, there would be no breach of privacy if private hospital safety and quality data was made public. And no-one from a state [health](#) department has yet been able to say whether such a publication would be against any law.

Private Healthcare Australia, the peak body for health insurers, [says](#) it represents over 12.9 million Australians who choose better quality health care services and to put their health care needs first.

Private hospitals and private health insurers are in competition with each other for the 12 million or more Australians covered by some form of health insurance. So, it is in their commercial interests to avoid bad publicity.

Surely it is the role of both state and commonwealth governments to balance these commercial interests against the public's right to know which hospital is providing safe, high-[quality](#) care.

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