

The only constant is change

A COLLECTION OF FIVE contributions on health policy and system infrastructure from three countries opens this issue. Toni Ashton continues her thinking about the changes that make a real difference in New Zealand with an analysis of what she sees as significant opportunities for primary health care (*page 380*). Jonathan Shapiro discusses the problems that may arise in the implementation of the “contestability and choice” open market agendas in the United Kingdom (*page 383*). Raisa Deber challenges current orthodoxies in Australian health policy (particularly the use of competition principles) from her Canadian perspective (*page 386*).

As the term of the inaugural Australian Council on Safety and Quality in Health Care draws to a close, its chair, Bruce Barraclough, reviews the Council’s achievements and the work that is not yet done (*page 392*). Linda Mundy and colleagues report on a new initiative in this country’s continuing effort to manage the introduction of emerging health technology (*page 395*).

n = 1: an occasional series of first-person papers

Following the strong interest from readers in Anne Cahill’s paper on her experiences as a (very well informed) consumer (*Aust Health Rev 2004; 27(2): 1-4*), we are commencing a new section in which we plan to publish first-hand commentaries on experiences of the health system — from the perspectives of consumers, staff, board members, policy workers, insurers, funders and politicians. In the first of the series (*page 398*), Stevens raises some of the problems patients and health care providers experience with information sharing. Leslie’s commentary (*page 401*) takes the analysis further, and suggests that patients could fill the breach with their own memory sticks — an option of clear benefit for some groups of patients (or maybe everyone with access to a computer).

Improving care systems

The infamous Bundaberg case proves yet again that serious breaches in the safety and quality of care are both devastating to those involved and politically explosive. This experience brings attention back to the critical need to maintain the standards of competence of individual clinicians, and more particularly to ensure that regulation of professionals is effective. There have been more than enough scandals, and “how to” guides from government departments of health, researchers and commentators, for the Australian community to expect that the problem is being solved.

Three papers in this issue address this clearly very difficult challenge. Sorensen et al (*page 406*) make a cogent argument that it is precisely the things we are reluctant to focus on (like the relationships among clinicians on which the integration of components of care really depends) that are the stumbling blocks to implementing so many good ideas. Maxwell and colleagues report on the patchy uptake of very well established guidelines for the use of antibiotics in NSW hospitals (*page 416*), and Middleton et al (*page 422*) explore attitudes to root cause analysis, another well known improvement technique.

Also in this issue

Woolfenden et al report on the experience of moving aspects of care for children out of the hospital (*page 429*), and Bentley and colleagues advocate the use of health call centres to help direct people to the right provider of care (*page 435*).

Hordacre et al report on the “So what?” question in assessing patient satisfaction in public hospitals in South Australia (*page 439*), and Humphreys et al (*page 447*) assess the role of rural consumers in the quality effort. Blignault and Haghshenas provide a very clear user’s guide to the available data on consumers from culturally

and linguistically diverse backgrounds in national health data collections (*page 455*).

A report on attitudes to evidence-based practice in population health, identifying both the lack of evidence and the lack of infrastructure support to incorporate evidence, is provided by Adily and Ward (*page 469*). Stewart Williams et al (*page 478*) illustrate how a pilot study can be used to improve the implementation of health care initiatives. Adams and colleagues (*page 482*) provide an overview of how the Pika Wiya Learning Centre in South Australia provides a range of practical, social, cultural, and emotional supports for tertiary students to increase the number of Indigenous health professionals, especially registered nurses, in the region.

Call for papers: mental health care and linking research with practice

We hope to be able to publish sets of papers on two topics of current interest next year: the ever-changing field of mental health services, where the pendulum may have reached its limit; and the continuing search for ways that researchers and practitioners can connect their work. The call for papers is presented on *page 377*; we would be interested to discuss ideas for papers, or to receive submissions in the usual way.

Changes in the Journal

During this year, the Journal has completed the transition to web-based production. For practitioners and researchers who are learning about the business of submitting papers for publication, our new detailed Guidelines for Authors (<http://www.aushealthreview.com.au/publications/articles/authors.asp>) provide a step-by-step guide to the whole process, from preparing the submission through to signing off on copy proofs. The guide *How to Write a Case Study for AHR*, intended to assist practitioners in reporting their experiences and learning, is now also on the website at <http://www.aushealthreview.com.au/publications/articles/authors.asp#casestudy>.

Acknowledgement of reviewers

Our gratitude to those generous people who take on the task of assessing the merit of submissions to the Journal is generally expressed in private, in keeping with the mutual anonymity of authors and reviewers. Once a year, we take the opportunity to thank our reviewers publicly. We generally seek reviews for each paper from both academic and practice experts, and are constantly expanding our list. To all who have played this essential role this year (listed on *page 378*) — our heartfelt thanks. To anyone who would like to join our list, please contact us (ahr@ampco.com.au) — it can be very interesting, and is always a worthwhile contribution to your professional field.

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Sandra G Leggat and Judith Dwyer

Editors, Australian Health Review