

Editorial

Sonj Hall^{A,*} (PhD, MPH, BA, CLAWS, FACHSM, CHE, GAICD, Editor-in-Chief)

For full list of author affiliations and declarations see end of paper

***Correspondence to:**

Sonj Hall

Email: sonj@sonjhall.com

The *Australian Health Review* is proud that this issue has a focus on aged care and making the last part of life's journey enjoyable, trustworthy and safe.

In this issue we continue to fast-publish evidence-based articles related to the evolving COVID-19 care world. On behalf of every Australian, a heartfelt thank you to all those who have cared for us directly and indirectly, especially to our research community who have bravely continued to tackle COVID-19 at the coal face, and then gone home exhausted, but still took up the pen and prepared manuscripts to help others.

Aged care

The Final Report of the Royal Commission into Aged Care Quality and Safety was delivered a little over a year ago ([Final Report | Royal Commission into Aged Care Quality and Safety](#)) with much fanfare. It has triggered considerable debate. At the July 2022 Health Minister's Meeting the Report was a vital bridge across their five critical health system reform foci, namely funding and reform, workforce, and the interface between acute care and primary, aged and disability care.

There is much to be celebrated emanating from the Commission's Final Report, 'Care, Dignity and Respect'. A new Aged Care Act that puts the older person first, importantly enshrining their rights. The Report's cry for an integrated system harks back to the foci of the Minister's Meeting. The need for quicker assessments, not only frees up acute care beds but prevents older people languishing in hospital rather than being in their home or new home. We must never forget that aged care facilities are people's homes, where they live, and not simply low-acuity hospitals.

Although we know that real leadership is crucial to safe, quality care there has been a lack of emphasis on this necessary keystone, especially in the implementation of the Report. Accountable, transparent leadership is critical for cultural change, good governance, financial sustainability, excellence in clinical governance and the quality of life of aged care residents. The question is whether we have missed the mark? Will the provision of 24/7/365 registered nurses achieve this? How do we provide the career development required for leadership and ensure it 'goes live'? How will we find the nurses, not just the quantity but with the leadership qualities? Will these nurses have the leadership education that allows them to 'draw a line in the sand' – to not just say that certain behaviours are no longer allowed but with the strength to act? Another question is, why limit this to nurses, what might other professions bring to the aged care industry as leaders?

Transitioning people from hospital care to reliable, trustworthy residential care, appropriate to their needs, is essential if we are to improve wellbeing as well as free up acute care beds for appropriate purposes – and importantly, rethinking our primary and community care systems to reduce ill health in the first place.

Hence, the focus of this issue of *Australian Health Review* is on how we achieve the promise of the Report. Two of the nine aged care publications feature workforce research and questions, three focus on quality and safety, and a further two focus on mental health issues. What is evident is that leadership is key; leadership from the board, executive and policy makers.

Published: 4 August 2022

Cite this:

Hall S (2022)

Australian Health Review

46(4), 385–386. doi:[10.1071/AHv46n4_ED](https://doi.org/10.1071/AHv46n4_ED)

© 2022 The Author(s) (or their employer(s)). Published by CSIRO Publishing on behalf of AHHA.

Highlights of this issue

The demands on the healthcare system continue to grow and yet many have not realised the purse is not bottomless. If we are to meet today's demand, let alone tomorrow's, now is the time to pivot to value-based healthcare and the benefits it provides for patients, providers and the national budget. Traditional 'fee for service' models promote funding division and increased service volume commonly at the expense of quality and access, whereas alternatives involve pooling funds and shifts risk from the patient to the provider for more efficient and effective use of resources.

This issue of *Australian Health Review* has three micro economic papers and five on quality and safety. Our ability to bring the economics and return-on-investment together into a value-based care model will be crucial to system sustainability.

Oral health is not infrequently the poor cousin of health care, yet without it rates of cardiac infections and other high mortality disease would take us back to the 18th century. Patel *et al.* and Feng *et al.* provide insights into oral health for Aboriginal and Torres Strait Islander peoples and for those who are locationally disadvantaged.

Conflicts of interest. The author declares that they have no conflicts of interest.

Author affiliation

^AEditor-in-Chief, *Australian Health Review*