

Are 100% single rooms the best way to spend valuable Australian health dollars?

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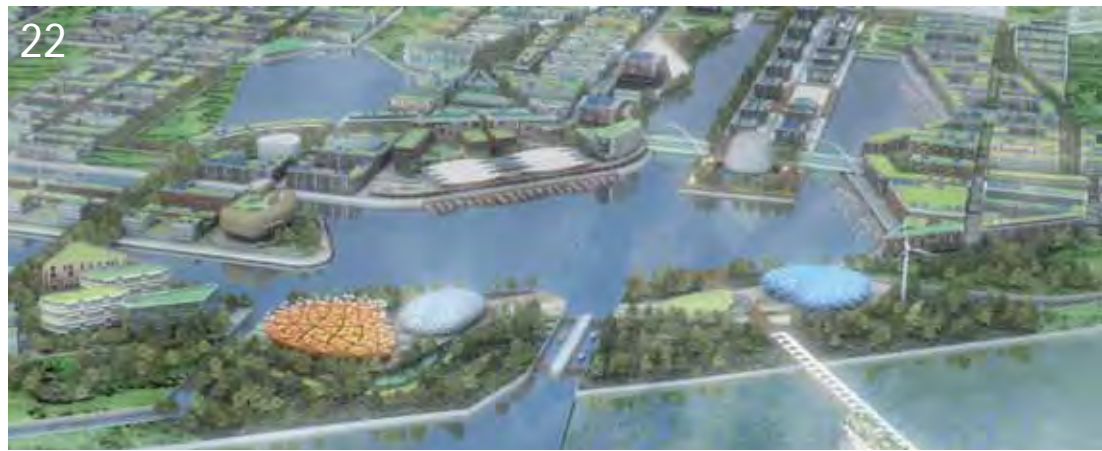
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The Australian health system is one of the best in the developed world in terms of health outcome indicators, and at a cost of approximately 9% of GDP (similar to the UK) offers high quality, equitable and accessible healthcare to the Australian people regardless of age, employment, health status or income. It does this at a fraction of the cost of the US system which costs approximately 15% of GDP – a system that also scores a great deal worse on many of the same health outcome indicators where Australia excels.



Are 100% single rooms the best way to spend valuable Australian health dollars?

Although the debate for and against 100% single rooms for inpatient facilities may be

won in the US, it continues without definitive conclusion in Australia. Recent Australian research

suggests that although there are many benefits

associated with 100% single rooms, there are also significant additional capital and recurrent costs. The question must then be asked whether 100% single rooms is the best way to spend valuable, yet ultimately limited, Australian health dollars or is it possible to accept a lower percentage of single rooms (say 50-60%) and spend the money that is saved on other important health initiatives?

With an increasingly ageing population, greater demands for costly technology, diversification of care from the acute sector into the home and community, plus an increasingly limited medical and nursing workforce, it is obvious that we simply cannot have it all!

The debate is ongoing and the 'evidence' continues to be gathered, reviewed and assessed to support a decision regarding the proportion of single rooms appropriate for the Australian health system. Ultimately, we must spend health dollars wisely to achieve the best possible health outcomes for our population. Our facility-related decisions, such as the proportion of single rooms, must accord with this reality.

Jane Carthey, director of the Centre for Health Assets Australasia (CHAA), Faculty of the Built Environment, University of New South Wales, Australia