

## **Careless**

Since case-mix funding was introduced there is no statistical evidence of an increase in readmissions “for the same diagnosis” (29/6). But there is plenty of anecdotal evidence to suggest that patients are requiring readmissions for complications.

Take, for example, one patient in my study of 600 admissions to an intensive care unit. This patient was admitted to ICU following a heart attack. She was discharged home a few days later. Within a month she was back in ICU with fluid on her lungs, requiring ventilation and other life-support technologies.

The problem was not merely one of early discharge, but sending her home with no community follow-up. Once her condition was stable and her new medication was prescribed, she was discharged without time being allocated to educate her about the new medication and the importance of follow-up care.

This is merely one of many stories I have collected. Yet, it is not at all clear whether case-mix funding is to blame. The problem may be more fundamental.

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