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? / lets send each person their own email

Dear Professor Scott, Associate Professor Bennett, Dr Kelly and Dr O'Sullivan

As Chair of the Long Stay Older Patient Steering Committee, I would like to invite you to attend the next Steering Committee Meeting on Wednesday 7 December, 3.30 to 5pm to discuss the findings from the Statewide General Medicine Clinical Network's and the Statewide Older Persons Health Network's co-sponsored project, the *Stranded Patient Project* and the *QCAT Pilot Project*.

Three Hospital and Health Board Chairs have nominated to form a LSOP Steering Committee to develop statewide solutions for managing long stay older patients in Queensland Public Hospitals. Steering Committee members include:

has been formed to

- Mr Robert McCarthy, Chair, Torres and Cape Hospital and Health Board
- Mr Tony Mooney, Chair, Townsville Hospital and Health Board
- Mr Michael Horan, Chair, Darling Downs Hospital and Health Board.

• Mr Terry Melham, ~~Chair~~

At the first meeting of the Steering Committee held on Wednesday 7 September 2016, the Department of Health tabled the *Long Stay Older Patients Summary Report* providing the results of the annual census of long stay older patients in Queensland public hospitals (attached). An action from this meeting was to further examine patient flow and the impacts of long stay older patients in Queensland's acute facilities.

At the next LSOP Steering Committee Meeting on Wednesday 7 December, it would be valuable to gain an understanding of projects currently underway in Hospital and Health Services with a similar purpose, such as the *Stranded Patient Project* and the *QCAT Pilot Project*. I would greatly appreciate if you are available to provide an overview of these projects on behalf of your Clinical Networks at the next Steering Committee meeting.

can we be specific about this given individual emails?

Please contact Emily Cross, Principal Policy Officer, Strategic Policy Unit, Department of Health on 3234 1056 or Strategic.Policy@health.qld.gov.au if you are able to attend or have any questions.

? How long for each person
• < 10min.

Deputy Director-General Brief for Approval

Department RecFind No:	
Division/HHS:	
File Ref No:	SPL_2555

Department Minister's office

SUBJECT: Long Stay Older Patients Steering Committee Meeting 18 January 2017

Recommendation/s

It is recommended the Deputy Director-General Strategy, Policy and Planning Division:

- Approve** the run sheet with speaking notes for the second meeting of the Long Stay Older Patients Steering Committee meeting you will chair on Wednesday 18 January 2017.

APPROVED / NOT APPROVED

KATHLEEN FORRESTER
Deputy Director-General

Date: / /

Ministerial / Director-General Brief for Approval required
 Ministerial / Director-General Brief for Noting required
 Deputy Director-General's comment

Issue/s

- You are chairing the second meeting of the Long Stay Older Patients Steering Committee on Wednesday 18 January 2017, 3.30pm to 5pm. Please find attached your run sheet with speaking notes for the meeting (Attachment 1).
- The Steering Committee members include Graham Kraak, A/Executive Director, Strategic Policy and Legislation Branch and four Board Chairs:
 - Mr Robert McCarthy, Chair, Torres and Cape Hospital and Health Board
 - Mr Terry Mehan, Administrator, Cairns and Hinterland Hospital and Health Board
 - Mr Tony Mooney, Chair, Townsville Hospital and Health Board
 - Mr Michael Horan, Chair, Darling Downs Hospital and Health Board.
- Mr Mehan, Mr Mooney and Mr Horan will be attending via teleconference. Mr McCarthy will not be attending.
- As approved in the previous briefing note (Attachment 2: ST000417), the Co-Chairs of the Statewide General Medicine Clinical Network and the Co-Chairs of the Statewide Older Persons Health Network have been invited to attend the meeting and present on two long stay patient projects: the *Stranded Patient Project*, and the *QCAT Guardianship Process Initiative* (referred to as the QCAT Pilot Project in the previous brief).
- Professor Ian Scott, Co-Chair of the Statewide General Medicine Clinical Network has accepted the invitation and will present on the *Stranded Patient Project* on behalf of both the Older Persons Health Network and the General Medicine Clinical Network. Dr Robert O'Sullivan, Co-Chair of the Statewide Older Persons Health Network will be attending.

Department RecFind No:	
Division/HHS:	
File Ref No:	SPL_2555

6. Professor Scott suggested inviting Ms Mary Humphrey, Social Work Coordinator, QCAT Guardianship Process Initiative, and Mr Mitchell Potts, Project Manager, QCAT Guardianship Process Initiative as the most appropriate people to present on the *QCAT Guardianship Process Initiative*. Ms Humphrey and Mr Potts will attend and present on the initiative.
7. Mr Michael Zanco and Dr John Wakefield have accepted the invitation to attend as Clinical Excellence Division has oversight of the Clinical Networks; the *Stranded Patient Project*; and the *QCAT Guardianship Process Initiative*.
8. The agenda has been updated to reflect the presenters on each project (Attachment 3).

Vision

9. Addressing the issues around Long Stay Older Patients (LSOPs) in Queensland's public hospitals aligns with three of the Directions in the Vision: Delivering healthcare; Connecting healthcare; and Pursuing Innovation.

Results of Consultation

10. Following your email invitation, Dr O'Sullivan, Co-Chair of the Statewide Older Persons Health Network emailed you stating that Professor Ian Scott from the Statewide General Medicine Clinical Network would be better placed to provide an overview of the *Stranded Patient Project* and the *QCAT Pilot Project*. Dr Scott agreed to present on the *Stranded Patient Project* and invited Ms Humphrey and Mr Potts to present on the *QCAT Guardianship Process Initiative*.

Resource Implications (including Financial)

11. For the financial years 2011-12 to 2013-14 the Queensland Government was a signatory to the multilateral National Partnership Agreement on Financial Assistance for Long Stay Older Patients (NPA LSOP). The NPA LSOP recognised that the Commonwealth and State and Territory governments had a mutual interest in improving the outcomes in relation to LSOPs and they needed to work together to achieve those outcomes. Under the NPA LSOP the Queensland Government received \$51.61 million as a contribution to the cost of providing care to LSOPs in public hospitals.
12. While the Commonwealth no longer provides this financial assistance for these patients, the information collected through this census is still beneficial for the Department in monitoring the impacts of aged care reforms.

Background

13. A manual census of publicly funded long stay older patients was conducted on 18 May 2016 and provides a snapshot of the number of older patients who remain in hospital because, while medically ready for discharge, they are unable to return to the community as they are waiting on access to a community aged care package or a place in a residential aged care facility to become available. A Summary Report was tabled at the first Steering Committee meeting on Wednesday 7 September 2016.
14. The Summary Report and individual HHS Factsheets have been provided to HHSs for their information.

Attachments

15. Attachment 1: Meeting run sheet with speaking notes
16. Attachment 2: Previous DDG Brief regarding the Steering Committee meeting (ST000417)
17. Attachment 3: Updated Agenda for LSOP Steering Committee Meeting 18 January 2017

Department RecFind No:	
Division/HHS:	
File Ref No:	SPL_2555

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Emily Cross	Stephen Stewart	Graham Kraak
Principal Policy Officer	Manager	A/Executive Director
Strategic Policy	Strategic Policy Unit	Strategic Policy and Legislation Branch
322 22924	3234 0259	3234 0914
11 January 2017	10 January 2017	13 January 2017

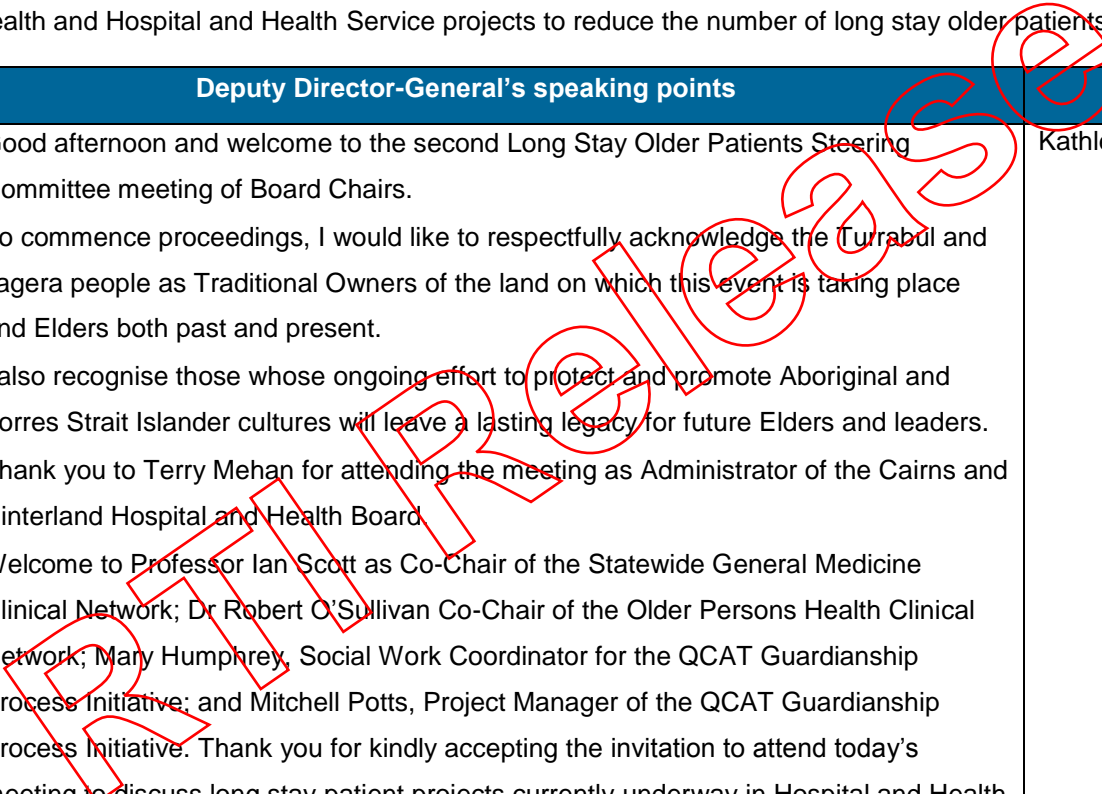
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Long Stay Older Patients Census

Purpose of Meeting:

To discuss current Department of Health and Hospital and Health Service projects to reduce the number of long stay older patients (LSOPs).

Time	Activity	Deputy Director-General's speaking points	Speaker
3.30pm – 3.40	Welcome and apologies	<ul style="list-style-type: none"> • Good afternoon and welcome to the second Long Stay Older Patients Steering Committee meeting of Board Chairs. • To commence proceedings, I would like to respectfully acknowledge the Turrabul and Jagera people as Traditional Owners of the land on which this event is taking place and Elders both past and present. • I also recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders. • Thank you to Terry Mehan for attending the meeting as Administrator of the Cairns and Hinterland Hospital and Health Board. • Welcome to Professor Ian Scott as Co-Chair of the Statewide General Medicine Clinical Network; Dr Robert O'Sullivan Co-Chair of the Older Persons Health Clinical Network; Mary Humphrey, Social Work Coordinator for the QCAT Guardianship Process Initiative; and Mitchell Potts, Project Manager of the QCAT Guardianship Process Initiative. Thank you for kindly accepting the invitation to attend today's meeting to discuss long stay patient projects currently underway in Hospital and Health Services. • I would also like to welcome Dr John Wakefield, Deputy Director-General Clinical 	Kathleen Forrester



Time	Activity	Deputy Director-General's speaking points	Speaker
		<p>Excellence Division and Mr Michael Zanco, Executive Director Healthcare Improvement Unit, Clinical Excellence Division.</p> <ul style="list-style-type: none"> Mr Robert McCarthy gives his apologies. <p>Background and Purpose of Today's Meeting</p> <ul style="list-style-type: none"> The purpose of this second meeting of the Steering Committee today is to firstly understand what projects are currently underway in HHSs to address the issue of long stay patients; and secondly to discuss how these projects might contribute to the purpose of this Committee to identify practical solutions for HHSs to reduce the impacts of LSOPs and ensure older patients are cared for in the most appropriate setting. As a brief summary of the first meeting in September last year, the Committee discussed the Summary Report for the 2016 Long Stay Older Patients Census and it was identified that there was a complex interplay of issues that affected the number of LSOPs in acute hospital settings. The Committee identified that the next step was for the Department to seek further information from HHSs to better understand patient flow and financial impacts of LSOPs. Following the first meeting the Summary Report as well as individual HHS factsheets of census results were provided to each HHS for their information. To action the next steps from the first meeting, consultation with Clinical Excellence Division was undertaken to discuss an appropriate methodology for assessing patient flow impacts of LSOPs. This consultation revealed a number of key projects currently underway that were examining patient impacts and flow of long stay patients; and that 	

Time	Activity	Deputy Director-General's speaking points	Speaker
		<p>further knowledge of these projects could assist this Steering Committee in identifying practical solutions for reducing LSOPs.</p> <ul style="list-style-type: none"> The two long stay patient projects we'll hear about today are the <i>Stranded Patient Project</i> and the <i>QCAT Guardianship Process Initiative</i>. I'd like to thank Ian for agreeing to present to the Committee on the <i>Stranded Patient Project</i> on behalf of the Statewide General Medicine Clinical Network and the Statewide Older Persons Health Clinical Network. Ian is leading the Stranded Patient Project to commence in Metro South HHS this year. The second long stay patient project that will be presented today is the <i>QCAT Guardianship Process Initiative</i> that commenced last year and is a partnership between Metro North HHS and the Queensland Civil and Administrative Tribunal (QCAT). Thank you Mary and Mitchell for presenting on the <i>QCAT Guardianship Process Initiative</i>. 	
3.40pm – 4.10pm	<p>Current long stay patient projects underway in Hospital and Health Services</p> <ul style="list-style-type: none"> Stranded Patient Project QCAT 	<p><i>[Background information on the Stranded Patient Project:</i></p> <p><i>The Healthcare Improvement Unit (HIU), in partnership with the Statewide General Medicine Clinical Network (SGMN) and the Statewide Older Persons Clinical Network (SOPHN), undertook a project to carry out a diagnostic analysis of the barriers to discharge for long stay non-acute patients with a cognitive impairment who require the appointment of a substitute decision maker. This project specifically focused on the inter-agency processes between the Department of Health, Queensland Hospital and Health Services and the agencies responsible for making discharge decisions for these patients, namely the</i></p>	Professor Ian Scott

Time	Activity	Deputy Director-General's speaking points	Speaker
	<p><i>Guardianship Process Initiative</i></p>	<p><i>Queensland Civil Administrative Tribunal; the Office of the Public Guardian, the Public Trustee; and the Department of Communities, Child Safety and Disability Services.</i></p> <p><i>HIU worked in collaboration with these agencies to identify systemic barriers which impacted on long stay older patients with a cognitive impairment. The project identified trigger points where improvements are possible and stakeholders indicated their willingness to collaborate with the Department to develop remedial strategies that will assist minimising discharge delays. Based on the findings from the project, it was recommended to provide funding for a focused project to design and implement a suite of initiatives to streamline processes external and internal to HHSs with the aim of significantly reducing the time patients are waiting for decisions about the appointment of a decision maker or financial and accommodation decisions.</i></p> <p><i>Clinical Excellence Division has funded the recommendation to undertake the subsequent project including the development of a tool kit to support clinical management and reporting and the pilot of a new model of care in a metropolitan and regional HHS. The project will commence in January 2017 and will be hosted by Metro South Hospital and Health Service.</i></p> <p><i>[Background information on the QCAT Guardianship Process Initiative:</i></p> <p><i>The QCAT Guardianship Process Initiative was initially funded through the Winter Strategy Funding with oversight from Clinical Excellence Division and the Statewide General Medicine Network, and is hosted by Metro North Hospital and Health Service. The project is an inter-agency collaboration to improve the QCAT process to reduce unnecessary hospital stays while patients await Adult Guardianship hearing.</i></p>	

Time	Activity	Deputy Director-General's speaking points	Speaker
		<i>Phase 1 of the project focused on improving the application processes and purchase additional hospital-based hearing days from QCAT, achieving a reduction in length of stay for patients. The project has since received further funding for Phase 2, from the Integrated Care Innovation Fund, to expand the scope and continue for another year.]</i>	
4.10pm – 4.50	Discussion	<ul style="list-style-type: none"> • Thank you Ian, Mary and Mitchell for the overview of these projects. It's very useful to hear the work that is currently been undertaken to address the issue of long stay patients. The committee would be interested to stay informed on the progress of both projects. • What opportunities does the Steering Committee see to build on or link with these projects? Are there opportunities to immediately implement strategies already developed through these projects? • Are there any gaps this committee should consider specific to older patients? • What further information is needed in order to further develop practical HHS solutions for LSOPs? • Future agenda items – what does the program of work look like for the Steering Committee over the next six months? What would the Steering Committee like to achieve by mid-year? 	All
4.50pm – 5.00	Close	<ul style="list-style-type: none"> • A brief summary of the outcomes of the meeting. • The Strategic Policy Unit will draft the minutes including any action items from the meeting and send to Steering Committee members. • What date suits Steering Committee members for the next meeting? 	Kathleen Forrester
5.00	End of meeting		

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Purpose of Meeting:

DOH-DL 17/18-031

RTI Page No. 10

Deputy Director-General Brief for Approval

Department RecFind No:	ST000417
Division:	SPPD
File Ref No:	SPL_2355

Department Minister's office

SUBJECT: Long Stay Older Patient Committee Meeting Wednesday 18 January 2017

Recommendations

It is recommended that the Deputy Director-General, Strategy, Policy and Planning Division:

1. **Approve** the email to the Co-chairs of the Statewide General Medicine Clinical Network and the Co-chairs of the Statewide Older Persons Health Network inviting them to present at the Steering Committee meeting on Wednesday 18 January 2017.
2. **Approve** inviting Michael Zanco, Executive Director, Healthcare Improvement Unit, Clinical Excellence Division as the system representative alongside of clinicians from the networks.
3. **Approve** inviting Dr John Wakefield, Deputy Director-General, Clinical Excellence Division or delegate to the Steering Committee meeting.
4. **Approve** the Agenda for the second meeting of the Long Stay Older Patients Steering Committee on Wednesday 18 January 2017 to allow for distribution prior to the meeting.

APPROVED / NOT APPROVED

K. Forester

KATHLEEN FORESTER
Deputy Director-General

Date: 14/12/16

Ministerial / Director-General Brief for Approval required
Ministerial / Director-General Brief for Noting required

Deputy Director-General's comment:

Issues

1. The second meeting of the Long Stay Older Patients (LSOPs) Steering Committee is scheduled to be held on Wednesday 18 January 2017, 3.30 to 5.00pm.
2. The proposed agenda is attached for your approval (Attachment 1). As secretariat for the Steering Committee, the Strategic Policy Unit will send the agenda upon approval.
3. As detailed in the meeting notes from the first Steering Committee Meeting that was held on 7 September 2016, the next step to be actioned by the Department was to seek further information from Hospital and Health Services (HHSs) to better understand patient flow and the financial impacts of LSOPs (Attachment 2).
4. Strategic Policy Unit have been consulting with Healthcare Improvement Unit who have identified a number of projects currently underway within HHSs to examine patient flow and the impacts of long stay patients.
5. The Statewide General Medicine Clinical Network and the Statewide Older Persons Health Network are project owners of the *Stranded Patient Project* sponsored by the Healthcare Improvement Unit, Clinical Excellence Division. The purpose of the Stranded Patient Project was to determine the points in the in-patient journey where current inter-agency processes (e.g. guardianship ions) impact on length of hospital stay (Attachment 3).

Department RecFind No:	ST000417
Division:	SPPD
File Ref No:	SPL_2355

6. The Statewide General Medicine Clinical Network also has oversight of the *QCAT Pilot Project* to improve the QCAT process to reduce unnecessary hospital stays while patients await Adult Guardianship hearings (Attachments 3 and 4).
7. It is recommended that you invite the Co-Chairs of the Statewide General Medicine Clinical Network and the Co-Chairs of the Statewide Older Persons Health Network to present on these projects so the LSOP Steering Committee can identify possible strategies and opportunities for collaboration. A suggested email inviting the Chairs has been drafted for approval (Attachment 5).
8. It is also recommended that you invite Michael Zanco, Executive Director, Healthcare Improvement Unit, Clinical Excellence Division as the system representative for Clinical Networks. The Healthcare Improvement Unit has responsibility for the operation of Clinical Networks.
9. It is also recommended that you invite Dr John Wakefield, Deputy Director-General, Clinical Excellence Division to attend the meeting as a representative from the Division that has oversight of the Stranded Patient Project and the QCAT Pilot Projects.
10. Mr Terry Mehan, The Administrator, Cairns and Hinterland Hospital and Health Service has agreed to take up continuing participation on the committee in place of Carolyn Eagle, then Chair, Cairns and Hinterland Hospital and Health Board.

Results of Consultation

11. Strategic Policy Unit is working with Healthcare Improvement Unit to identify opportunities to build on, or link with, long stay patient projects currently underway in HHSs.
12. The proposal to invite clinicians was discussed with Sandra Daniels, Director of the Office of the Deputy Director-General, Clinical Excellence Division who recommended Michael Zanco be invited as the system representative, alongside clinicians from the network.
13. The Healthcare Improvement Unit has funded a project to work collaboratively with Metro North HHS and Metro South HHS to develop and implement a *Watching our Waits* visual dashboard. The dashboard aims to identify and quantify delays experienced by long stay patients to assist clinicians and hospital managers in discharge planning.

Resource Implications (including Financial)

14. Key actions from the first Steering Committee meeting will be fulfilled by the Strategic Policy Unit, within existing resources.

Background

15. A manual census of publicly funded long stay older patients was conducted on 18 May 2016 and provides a snapshot of the number of older patients who remain in hospital because, while medically ready for discharge, they are unable to return to the community as they are waiting on access to a community aged care package or a place in a residential aged care facility to become available. A Summary Report was tabled at the first Steering Committee meeting on Wednesday 7 September 2016.
16. The Summary Report and individual HHS Factsheets have been provided to HHSs for their information.

Attachments

17. Attachment 1 – Steering Committee Meeting Agenda for 18 January 2017
- Attachment 2 – Steering Committee Meeting Notes from 7 September 2016
- Attachment 3 – Summary of the Stranded Patient Project and QCAT Pilot Project
- Attachment 4 – Metro North Hospital and Health Service QCAT flyer
- Attachment 5 – Email to Co-chairs of the Statewide General Medicine Clinical Network
- Attachment 6 – Email to Co-chairs of the Statewide Older Persons Health Clinical Network

Department RecFind No:	ST000417
Division:	SPPD
File Ref No:	SPL_2355

- Attachment 7 – Long Stay Older Patient’s Summary Report as an attachment for the email to the Co-chairs
- Attachment 8 – Email to Mr Michael Zanco, Executive Director, Healthcare Improvement Unit, Clinical Excellence Division
- Attachment 9 – Email to Dr John Wakefield, Deputy Director-General, Clinical Excellence Division or delegate to the Steering Committee meeting

Author:	Cleared by:	Content verified by:
Emily Cross	Rachel Vowles	Graham Kraak
Principal Policy Officer	A/Director	A/Executive Director
Strategic Policy	Strategic Policy	Strategic Policy and Legislation Branch
3234 1056	3234 0289	3234 0914
10 November 2016	11 November 2016	16 November 2016
24 November 2016	25 November 2016	30 November 2017

RTI Released

Long Stay Older Patients Steering Committee

Agenda

Queensland Health Long Stay Older Patient Steering Committee

Date: Wednesday 18 January 2017
 Time: 3.30pm – 5.00pm
 Venue: Level 17 Conference Room, Queensland Health Building, 147 Charlotte Street, Brisbane
 Teleconference: to be advised

Membership	
Kathleen Forrester (Chair)	Deputy Director General, Strategy, Policy and Planning Division
Terry Mehan	Administrator, Cairns and Hinterland Hospital and Health Board
Michael Horan	Chair, Darling Downs Hospital and Health Board
Tony Mooney	Chair, Townsville Hospital and Health Board
Graham Kraak	A/Executive Director, Strategic Policy and Legislation Branch
Invitees	
Dr John Wakefield	Deputy Director-General, Clinical Excellence Division
Michael Zanco	Executive Director, Healthcare Improvement Unit
Professor Ian Scott	Co-Chair, Statewide General Medicine Clinical Network
Dr Robert O'Sullivan	Co-Chair, Statewide Older Persons Health Network
Mary Humphrey	Social Work Coordinator, QCAT Guardianship Process Initiative
Mitchell Potts	Project Manager, QCAT Guardianship Process Initiative
QH LSOP Project Team (Strategic Policy Team)	
Emily Cross	Principal Policy Officer
Apologies	
Robert McCarthy	Chair, Torres and Cape Hospital and Health Board

Agenda Item	Time	Speaker
1. Welcome and apologies	10 min	Chair
2. Current long stay patient projects underway in Hospital and Health Services <ul style="list-style-type: none"> • Stranded Patient Project • QCAT Guardianship Process Initiative 	30 mins	Professor Ian Scott (Stranded Patient Project) Mary Humphrey and Mitchell Potts (QCAT Guardianship Process Initiative)
3. Discussion <ul style="list-style-type: none"> • What opportunities are there to build on existing projects and activities within HHSs to manage this issue into the future? • Where are the gaps? What further information is needed in order to further develop practical HHS solutions? • Future agenda items 	40 min	All
4. Close Proposed next meeting TBA	5 min	Chair

RTI REQUEST

Attachment 5 to BN_DDG_LSOP Steering Committee Meeting 7 Dec 2016

Stranded Patient Project

The Healthcare Improvement Unit (HIU), in partnership with the Statewide General Medicine Clinical Network (SGMN) and the Statewide Older Persons Clinical Network (SOPHN), undertook a project to carry out a diagnostic analysis of the barriers to discharge for long stay non-acute patients with a cognitive impairment who require the appointment of a substitute decision maker. This project specifically focused on the inter-agency processes between the Department of Health, Queensland Hospital and Health Services and the agencies responsible for making discharge decisions for these patients, namely the Queensland Civil Administrative Tribunal; the Office of the Public Guardian, the Public Trustee; and the Department of Communities, Child safety and Disability Services.

HIU worked in collaboration with these agencies to identify systemic barriers which impacted on long stay older patients with a cognitive impairment. The project identified trigger points where improvements are possible and stakeholders indicated their willingness to collaborate with the Department to develop remedial strategies that will assist minimising discharge delays. Based on the findings from the project, it was recommended to provide funding for a focused project to design and implement a suite of initiatives to streamline processes external and internal to HHSs with the aim of significantly reducing the time patients are waiting for decisions about the appointment of a decision maker or financial and accommodation decisions.

Clinical Excellence Division has funded the recommendation to undertake the subsequent project including the development of a tool kit to support clinical management and reporting and the pilot of a new model of care in a metropolitan and regional HHS. The project will commence in January 2017 and will be hosted by Metro South Hospital and Health Service.

Relevance to the LSOP Steering Committee

The *Stranded Patient Project* mapped the processes for long stay patients who required the appointment of a substitute decision maker – a key sub-group of long stay older patients. The methodology and the results of mapping this process within the HHS is particularly relevant to the LSOP Steering Committee who were interested in determining the impacts LSOP have on patient flow. There will be the opportunity to learn from this project and potentially replicate the methodology to determine trigger points for other reasons for delay in discharging LSOPs.

REDACTED

QCAT Pilot Project

The *QCAT Pilot Project* was initially funded through the Winter Strategy Funding with oversight from Clinical Excellence Division and the Statewide General Medicine Network, and is hosted by Metro North Hospital and Health Service. The project is an inter-agency collaboration to improve the QCAT process to reduce unnecessary hospital stays while patients await Adult Guardianship hearing (see Attachment 6 – QCAT information flyer).

Phase 1 of the project focused on improving the application processes and purchase additional hospital-based hearing days from QCAT, achieving a reduction in length of stay for patients. The project has since received further funding for Phase 2, from the Integrated Care Innovation Fund, to expand the scope and continue for another year.

Relevance to the LSOP Steering Committee

The *QCAT Pilot Project* focuses on the sub-group of long stay older patients who require a QCAT guardianship decision. This project has trialled the implementation of a model to decrease the average length of stay for a patient waiting a decision from QCAT. The lessons learnt from the Pilot Project will have statewide implications and will be relevant to the Steering Committee in recommending future strategies to address the impact of LSOPs in their Hospital and Health Services.

RTI Released