

Long Stay Older Patients Steering Committee

Forward Work Plan

Project Description

The impact of Long Stay Older Patients (LSOPs) on public hospital service provision was raised at the Hospital and Health Board Chairs meeting on 25 November 2015. Members recommended establishing a LSOP Steering Committee to develop options for managing this issue into the future, including negotiations with the Commonwealth and presenting papers to the Council of Australian Governments (COAG) Health Council.

Policy Context

This project sits within a broader Queensland Health policy agenda to improve health services for older people and meet the needs of the growing portion of the population aged 70 years and over. The Long Stay Older Patients Steering Committee initiative is one of a suite of projects that contribute to Queensland Health's Aged Care Strategy.

Project Objectives

The primary objective of this project is to ensure that older people receive the right care in the right place. Steering Committee members are committed to improving the timely access to community or residential aged care for older patients who should not have to call a hospital their home.

Project Deliverables

- Review the summary data presented in 2016 Long Stay Older Patients (LSOPs) Census Summary Report and identify key issues
- Provide a copy of the Census to all HHSs with Factsheets
- Build an understanding of the broader impact of LSOPs on the hospital system
- Provide thought leadership on interactions with the Commonwealth on shared responsibilities for LSOPs and inefficiencies of My Aged Care
- Identify practical solutions and strategies for HHSs to adopt to achieve the project objective

Project Outcomes

- Hospital and Health Services have adopted additional strategies to address LSOPs
- The length of stay of older people in hospital who no longer require hospital services decreases (this is a proxy measure of receiving the right care in the right place and will be measured by the annual census of Long Stay Older Patients)

Timeframe

Timeframe	Deliverable	Status
7 September 2017 First LSOP Steering Committee Meeting	<ul style="list-style-type: none"> Review the summary data presented in 2016 Long Stay Older Patients Census Summary Report and identify key issues Provide a copy of the Census to all HHS CEs with individual HHS Factsheets 	Completed
18 January 2017 Second LSOP Steering Committee Meeting	<ul style="list-style-type: none"> Build an understanding of the broader impact of LSOPs on the hospital system Identify practical solutions and strategies for HHSs to adopt to achieve the project objective <ul style="list-style-type: none"> Send information on pilot projects and initiatives to Board Chairs and CEs (Stranded Patient Project; QCAT Guardianship Process Initiative, Watching our Waits) 	On track Ongoing
Jan/Feb 2017	<ul style="list-style-type: none"> CED to work with Dr Scott to identify the top five to ten initiatives to be targeted for local or system-wide implementation for HHSs to adopt 	Ongoing
7 February 2017	<ul style="list-style-type: none"> Mike Horan to provide an update at the Board Chairs forum in February on the outcomes of the Steering Committee Meeting 	
March 2017 Third LSOP Steering Committee Meeting	<ul style="list-style-type: none"> Identify practical solutions and strategies for HHSs to adopt to achieve the project objective <ul style="list-style-type: none"> Managing challenging behaviours 	
May 2017	<ul style="list-style-type: none"> Conduct the 2017 Long Stay Older Patients Census 	
May 2017	<ul style="list-style-type: none"> Table Steering Committee initiatives at the joint Statewide General Medicine Clinical Network and Statewide Older Persons Health Network meeting in Townsville 	
June 2017 Fourth LSOP Steering Committee Meeting	<ul style="list-style-type: none"> Identify practical solutions and strategies for HHSs to adopt to achieve the project objective <ul style="list-style-type: none"> Partnerships with industry 	
July 2017	<ul style="list-style-type: none"> Finalise Steering Committee deliverables and report on project outcomes 	
Oct 2017	<ul style="list-style-type: none"> Provide the Summary report for the 2017 Long Stay Older Patients Census to Board Chairs and CEs 	

Stakeholders

Long Stay Older Patients Steering Committee

Statewide General Medicine Clinical Network

Statewide Older Persons Health Network

Healthcare Improvement Unit, Clinical Excellence Division

Commonwealth Government

RTI Release

Long Stay Older Patients Steering Committee

Summary Report

July 2017

RTI Release



Long Stay Older Persons Steering Committee: Summary Report

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Contents

Background	1
Long Stay Older Patients in Queensland	1
Key Issues.....	2
The Long Stay Older Patients Steering Committee.....	3
Current Initiatives	4
Information Management.....	4
Demand Management	4
Service Improvement.....	6
Supporting Policies	6
Discussion	7
References	Error! Bookmark not defined.

Background

Long Stay Older Patients in Queensland

Patients staying in hospital longer than medically necessary is an ongoing issue in both Queensland and more broadly in Australia. It has wide-ranging negative impacts on the on the physical, social and emotional wellbeing of patients, as well as the efficiency and effectiveness of our health services¹. This issue is particularly prevalent amongst the elderly who may be medically ready for discharge but not able to return home and are waiting for a place in a residential aged care facility (RACF). In order to deliver the best patient outcomes it is imperative that patients receive the right care, in the right place at the right time, and when hospital care is no longer required older people should be able to return to their home as soon as possible, whether that is in a nursing home or their own private residence. Steps must be taken, therefore, to prevent the incidence of long stay older patients (LSOPs).

For the purposes of this report, LSOPs are defined as patients:

- who are aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people); and
- had been assessed by an Aged Care Assessment Team (ACAT) as being eligible for permanent aged care services (residential care or community packaged care) and unable to return to the community without that care in place; and
- no longer need inpatient acute or post/sub-acute care and are declared medically ready for discharge if the appropriate aged care services were available.

Since 2011 the Queensland Department of Health has taken a yearly census of the LSOPs in public facilities and publicly funded beds in private facilities across Queensland. In 2017 there were 256 of LSOPs recorded as part of the 2017 census. In comparison, 391 LSOPs were recorded in the 2016 census. This reduction in the total number of LSOPs indicates that measures currently being taken have had a positive effect. This reduction has not occurred uniformly across the state however, with some Hospital and Health Services (HHSs) reporting reductions in the number of LSOPs, while others reporting little change in the number of LSOPs. Importantly however, two of the HHSs that reported significant reductions were trail sites of some of the measures outlined in this report.

OBD?

With Queensland's aging population there is a risk that the number of LSOPs will increase. Between June 2010 - June 2015, the number of people aged 65 years and over in Queensland has increased by 23 percent to reach 686,200, accounting for 14 percent of the state's population. During this time, the proportion of people aged 65 years or older in Greater Brisbane increased from 11 to 13 percent, while in the rest of Queensland in increased from 14 to 16 percent². It is therefore imperative that steps

¹ Salonga-Reyes, A., Scott, I. 2016. *Stranded: causes and effects of discharge delays involving non-acute in-patients requiring maintenance care in a tertiary hospital general medical service*. Australian Health Review 41, 54-62.

² Australian Bureau of Statistics, 2016. *Population by Age and Sex, Regions of Australia, 2015*. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3235.0Main%20Features252015?opendocument&tabname=Summary&prodno=3235.0&issue=2015&num=&view=>

are taken to combat this issue to ensure that older people are not being adversely affected by staying in hospital longer than medically necessary, and that our health system is as efficient and effective as possible. To this end, this report will highlight current initiatives to combat LSOPs and provide an analysis of their effectiveness and applicability to the broader healthcare system.

Key Issues (*cross check mtg minutes*)

The issues that affect the number of LSOPs are multifaceted and complex. However, there are several key issues that have been identified as contributing to the number of LSOPs in Queensland:

- **Supply of RACF places:** In the 2017 LSOP census, 'waiting for a residential aged care bed' was the most common reason for delay in discharge, accounting for the highest percentage of LSOPs (**percent**) and Occupied bed days (OBDs) (**percent**). The Commonwealth Government is currently working towards 125 residential and home care places for every 1,000 people aged 70 years and over to be achieved by 2021-22. These 125 places are based on a ratio of 80 places in a residential care setting and 45 places in a home care setting. At June 2016, Queensland had an average operational ratio of 80.4 for residential aged care, indicating that this target has been met and with an increase of 3.4 from 2015. This was not uniform across the state however, with the highest operational bed ratio being 99.3 and the lowest being 55.9³.
- **Lack of appropriate aged care services for dementia patients and those with high needs:** It was highlighted by the Long Stay Older Patients Steering Committee that a lack of appropriate aged care services for dementia patients and those with high needs was apparent, with responsibility for these patients often falling to state-run services. In the 2017 LSOP census, 'difficult to place due to behaviour/ dementia' was the third most common reason given for LSOPs, accounting for **percent** of LSOPs and **percent** of OBDs.
- **Concerns surrounding the de-professionalisation of the aged care workforce and workforce and skills shortages:** Concerns have previously been raised by the Department of Health regarding the de-professionalisation of the aged care workforce, including a decrease in the number of registered nurses and an increase in the number of personal care workers, and as the aged care sector being seen as unattractive to potential employees. Additionally, there are ongoing staff shortages and issues with staff retention.
- **Assessment processes for aged care services (e.g. My Aged Care, Aged Care Assessment Teams (ACAT))**
- **Involvement of external agencies (e.g. QCAT, The Public Trustee, The Public Guardian)**

³ Department of Health. 2016. *Aged Care Services List – Queensland as at 30 June 2016*. Available at: <https://agedcare.health.gov.au/ageing-and-aged-care-overview/about-aged-care/aged-care-service-providers-in-australia>

- **Complex funding arrangements for aged care services**
- **Internal Hospital and Health Service (HHS) processes of monitoring and responding, which differ across Queensland:** There is currently no statewide policy for the monitoring, management or response of LSOPs, resulting in differing processes between each HHS. It is possible that these differences partly attribute to the differences between HHSs in the number and length of stay of LSOPs, with some HHSs having more complex systems for monitoring and responding to LSOPs than others. Some of these measures have been outlined in this report, and there may be benefit in continued dissemination of effective processes between HHSs.
- **Patient use of other programs such as transition care**

The Long Stay Older Patients Steering Committee

The Long Stay Older Patients Steering Committee (the committee) was a time-limited working group formed to discuss LSOPs in Queensland. The committee's aim was to identify underlying issues and causes of LSOPs and examine solutions that have been trialed in various HHSs. Table 1 lists the committee members.

Table 1 Committee Members

Name	Position Title
Kathleen Forrester (Chair)	Deputy Director-General, Strategy, Policy and Planning Division, Department of Health
Robert McCarthy	Chair, Torres and Cape Hospital and Health Board
Carolyn Eagle	Chair, Cairns and Hinterland Hospital and Health Board
Tony Mooney	Chair, Townsville Hospital and Health Board
Michael Horan	Chair, Darling Downs Hospital and Health Board
Graham Kraak	A/Senior Director, Strategic Policy and Legislation Branch, Department of Health
Emily Cross	Principle Policy Officer, Strategic Policy Unit, Department of Health

Over the three meetings held by the committee, committee members were given copies of the 2016 LSOP census report, discussed key issues surrounding LSOPs and were presented with various initiatives and programs trialed in HHSs.

An action item from the final committee meeting was to draft a report summarising the LSOP issues discussed and identify a suite of initiatives and services that have been successfully implemented or trialed for dissemination to all HHS Board Chairs to consider in their respective health services.

Current Initiatives

Information Management

Watch our Waits

Overview

Watch our Waits is a digital health program designed in collaboration between Metro North and Metro South HHSs which provides a means for the monitoring, management and early escalation for executive action of long stay patients. Watch our Waits shows real-time information on delays in a patient's journey, the most frequent reasons for delay, most frequent hospitals/ services experiencing delays, along with the reasons that consume the highest number of bed days.

The goal of the program is to provide a real-time information source for hospitals that assists clinical teams to develop appropriate and high quality patient management and disposition plans that prevent unnecessary long stays in hospitals. It also enables hospital teams to develop, implement and evaluate the effects of strategies designed to minimise long stays.

Evaluation

While Watch our Waits has not been formally evaluated, both Metro North HHS and Metro South HHS have seen a marked reduction in the number of LSOPs from 2016-2107 according to Department of Health LSOP census results, with a reduction of 47 percent and 50 percent respectively. This indicates that the initiatives trailed at these two HHSs have been effective in reducing the number of LSOPs.

Department of Health LSOP Census

Overview

Since 2011 the Department of Health has conducted a yearly census of the number of LSOPs in publically funded beds across Queensland. The census captures information regarding the number of LSOPs, reason for delay, occupied bed days and any involvement by external agencies. This information is then collated into a report for the Department of Health and a report for each HHS.

Evaluation

The LSOP census has not been evaluated as it is an indicator of the current state of the system rather than an initiative or program attempting to reduce the number of LSOPs. Despite this, the LSOP census is a key tool in evaluating other programs, determining the effectiveness of current initiatives and identifying potential improvement areas.

Demand Management

Metro South HHS Dementia Outreach Service

Overview

The Dementia Outreach Service is a team comprised of nurses, a neuropsychologist and a social worker who visit high-needs people with dementia in both the community and in RACFs, with the aim of hospital avoidance and improving patient flow for those with dementia.

In the community the Dementia Outreach Service facilitates medical assessment and access to healthcare, plays a role in advanced and future care planning, facilitates direct placement from home to permanent care and post-placement support for people with behavioural and psychological symptoms of dementia (BPSD).

In RACFs, the Dementia Outreach Service aims to build capacity of staff to manage high needs BPSD dementia patients. This is done through members of the Outreach team working directly with RACF staff and their patients to review current medication and treatment, identify behaviours and triggers, and support staff to manage BPSD. If patients cannot be appropriately managed at the facility, the Dementia Outreach Service works with Redland Residential Care to facilitate transfer, rather than admitting the patient to hospital.

Evaluation

The Dementia Outreach Service was evaluated by an academic research team. The evaluation used both qualitative and quantitative methods, conducting surveys and interviews of RACF staff over three stages (at the commencement of the intervention, at the end and 3-6 months after). The results indicated improvements in staff capacity and clinical skills, improvement in timeliness and appropriateness of referrals, high levels of satisfaction with the Dementia Outreach Service and a decline in the number of presentations and admissions to emergency departments. Results were inconclusive on the service's ability to improve residents' quality of life however.

Queensland Civil and Administrative Tribunal (QCAT) Guardianship Process Initiative

Overview

The QCAT Guardianship Process Initiative was developed to improve patient flow and create additional capacity in Metro North HHS by addressing long stays caused by engagement with QCAT. As part of an initial 12 week trial a dedicated QCAT social work coordinator role was established to act as a single point of escalation within Metro North HHS for all QCAT issues and a contact for QCAT's hospital case management team. Additional hospital-based hearing days were also purchased from QCAT with the view that the cost of purchase would be outweighed by the benefit of increased bed capacity. Lastly, guidelines and educational materials were developed to assist clinical staff in navigating the QCAT application process. Upon the successful completion of the trial this initiative was then expanded for an additional 12 months until September 2017.

Evaluation

The pilot was evaluated by the Department of Health and was found to be successful at reducing the average wait from QCAT application to hearing from 66 days to 35 days. Additionally, the number of hospital hearings has also increased. These results have continued on a positive trend with the extension of the program.

Service Improvement

Frail Elderly Project (CED – seek update re progress)

Supporting Policies

Older Persons Policy

RTI Release

Discussion

Reductions in the number of recorded LSOPs from 2016 to 2017, particularly in HHSs where initiatives have been trialled, indicate that these measures are effective in combating the issue of LSOPs and reducing both the absolute number of older people remaining in hospital medically longer than necessary and their length of stay past their medical discharge date. While the initiatives outlined in this report have currently only been trialled on a local scale, initial results are promising and there may be merit in scaling them up in the future.

One limitation of this report is that the initiatives examined were only trialled in metropolitan settings. Regional areas face unique challenges including large distances between services and limited availability of RACFs, particularly RACFs in remote communities that enable older people to remain connected to their families and communities. Further research needs to be done into the specific issues faced by regional areas and potential solutions to these problems.

It is clear that the issues surrounding LSOPs are multi-faceted and complex, and it is unlikely that any of the outlined initiatives will solve this problem in isolation. It is imperative, therefore, that work is continued in this area to build on current initiatives and improve service delivery for Queensland's elderly population.

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