Department of Health

Queensland Government

MEMORANDUM

To: Chief Executives, Hospital and Health Service
Chief Executive Officer, Mater Health Services

Copies to: ACAT Team Leaders
Statewide Older Persons Health Clinical Network

From: Graham Kraak, Acting Senior Director, Strategic Policy and Legislation Branch

Contact No: 3234 0914

Fax No:

Subject: Queensland Health Long Stay Older Patients Census 2017

File Ref: SPL_2949

I am writing to advise that the Queensland Health census of publicly funded long stay older patients (LSOP) will occur on Wednesday, 10 May 2017. This census will provide the Department of Health with 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 because they are waiting on access to a community aged care package or a place in a residential aged care facility to become available.

The criteria for inclusion in the census count are publicly funded patients:

- who are aged 65 years or over (or 50 years and over for Aboriginal and Torres Strait Islander people)
- they have been assessed by an Aged Care Assessment Team (ACAT) as being eligible for permanent aged care services (residential or community aged based care) and are unable to return to the community without that care in place
- who no longer require in-patient acute, post-acute care or sub-acute care and are declared medically ready for discharge.

To ensure accuracy of this census it is essential to identify and record the number of publicly funded LSOPs in metropolitan, regional, rural and remote public hospitals and those in other settings such as private/non-government hospitals and residential aged care facilities. Older people in a flexible aged care beds in Multi-Purpose Health Services (MPHSs) are excluded from this census but not those who are considered an 'admitted patient' waiting for access to a flexible care bed or community based aged care.

Prior to this date ACATs need to ensure that their assessment and approval of people who meet the above criteria are up to date.

Please nominate a contact officer in your Hospital and Health Service who can coordinate the collection of census data from relevant facilities in your Hospital and Health Service and provide their details to StrategicPolicy@health.qld.gov.au by COB Tuesday 2 May 2017.

The data collection tool is to be populated on Wednesday 10 May 2017 and returned electronically (not in PDF format or hard copy) to StrategicPolicy@health.qld.gov.au by COB Friday 19 May 2017.

Further details outlining the data items and process to be undertaken for the census will be sent to your nominated contact in the very near future.

If you have any queries please contact Emily Cross on 3234 1056 or via StrategicPolicy@health.qld.gov.au .

Graham Kraak
Acting Senior Director
Strategic Policy and Legislation Branch
Strategy, Policy and Planning Division
18/04/2017

TALKING POINTS

TITLE: Queensland Board Chairs Forum, Wednesday 6 September 2017

s.73 - irrelevant to the scope

Planning for a healthier future – Long Stay Older Patients

7. In response to the ageing population and the anticipated increase in the number of older people in the acute care setting, my division has a number of projects underway with a focus on improving health services for older people including the Older Persons Health Care Strategy, and the Long Stay Older Patients Steering Committee.

8. The objective of the Strategy will be to support health ageing and drive system effectiveness and efficiency through identifying priorities for service improvement and innovation in the delivery of health care for older people. To deliver the change that is required, the Strategy will take an integrated planning approach, linking policy and planning activities across the Department and working with consumers, primary health care and other key stakeholders across the system.

9. As you may be aware, the Long Stay Older Patients Steering Committee was formed at the request of Board Chairs to examine the issue of older people remaining in hospital while waiting for a residential aged care place or community support package despite being ready for discharge. Thank you to Michael Horan, Tony Mooney, and Clive Skarott for your membership on the steering committee over the past year.

10. Over the course of three steering committee meetings the focus of the committee was to examine the issues and identify practical initiatives to reducing the unnecessary stay of older people in the acute care setting.

11. Some of these initiatives and programs with a focus on reducing the stay of older patients have already been provided to Board Chairs and Hospital and Health Services for your information after the second meeting in February this year. The full suite of issues discussed and initiatives identified will be presented in a final report and circulated to Board Chairs when it is finalised.

12. The preliminary figures from the 2017 Long Stay Older Patients Census has shown there has been a decrease in the number of long stay older patients across Queensland. The number of patients waiting in hospital or interim care for home care packages or residential aged care reduced from 391 in 2016 to approximately 250 in 2017.

Gold Coast LSYP, LSOP and ACAT assessment data

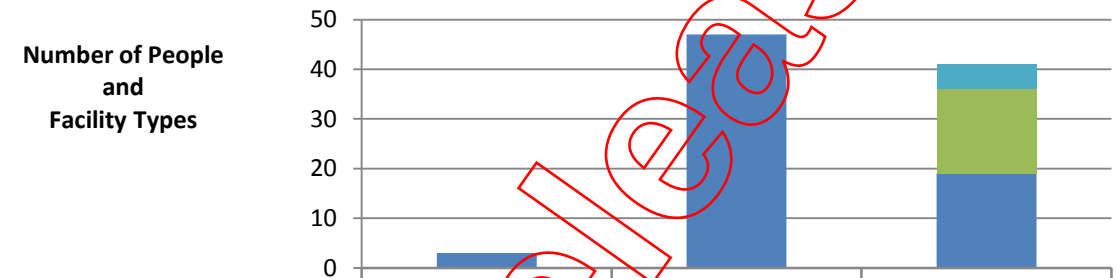
14 September 2017

The Strategic Policy Unit annually conducts censuses of Long-Stay Older Patients (LSOP) and Long-Stay Younger Patients (LSYP). Generally, these cohorts of people have completed their medical treatment and rehabilitation, but remain in hospital due to barriers or delays in securing suitable discharge supports and accommodation.

The reports for both censuses of LSOP and LSYP are provided to all HHSs, along with individualised HHS fact sheets. The LSYP census reports are also provided to The Department of Communities, Child Safety and Disability Services, and the Department of Housing and Public Works.

The following two tables summarise the results of the last three LSYP and LSOP census reports for the Gold Coast Hospital and Health Service (HHS).

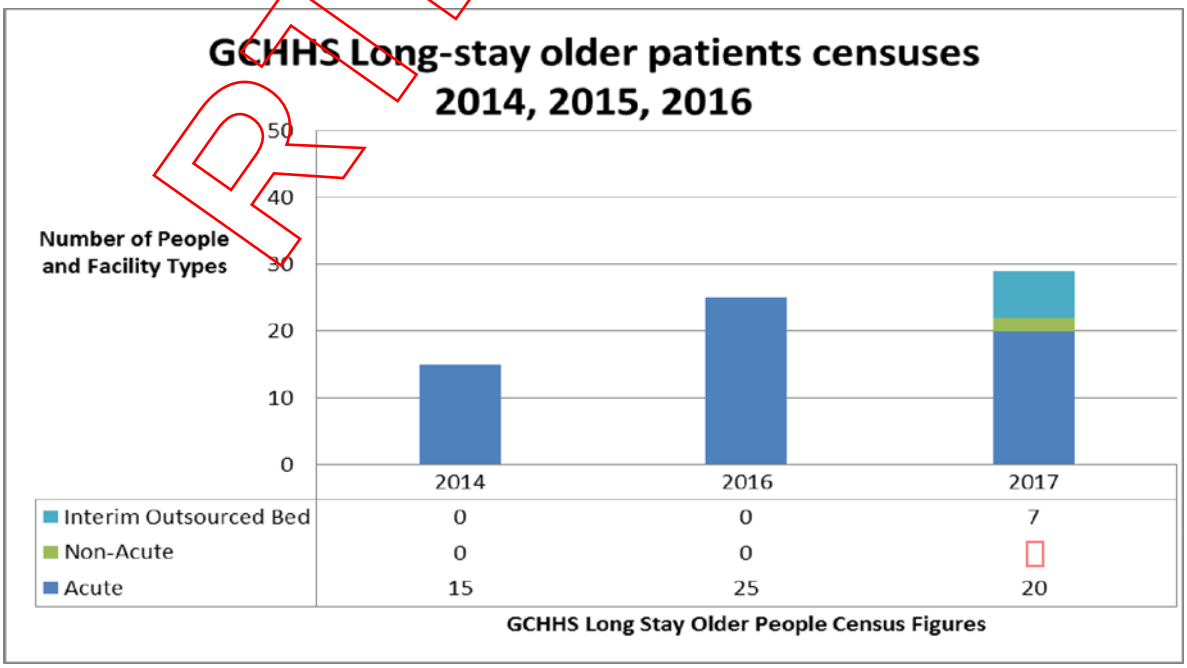
GCHHS Long-stay younger people censuses 2014-2016



	2014	2015	2016
Multipurpose Health Services	0	0	0
Residential Aged Care	0	0	0
Extended Care	0	0	[redacted]
Community Care Unit	0	0	17
Acute	[redacted]	47	19

GCHHS Long-Stay Younger People Census figures

GCHHS Long-stay older patients censuses 2014, 2015, 2016



	2014	2016	2017
Interim Outsourced Bed	0	0	7
Non-Acute	0	0	[redacted]
Acute	15	25	20

GCHHS Long Stay Older People Census Figures

Cleared by:

Queensland Government

Long-Stay Young Patients Census

The LSYP census has evolved from its original purpose in 2006 of the people in acute beds to in 2015 and 2016 to include all people likely to be NDIS eligible, such as those with psychosocial disability.

The census collects information on individuals who meet the eligibility requirements in the *Disability Services Act 2006*, and the Disability and Community Care Services Eligibility Policy (similar to the NDIS), are aged under 65 years, are medically stable and could be discharged with appropriate supports Including accommodation.

Key Results

The GCHHS census showed a significant increase in LSYP numbers from 2014 to 2015 (an increase from three to 47). A similarly significant increase was also observed in the state-wide LSYP numbers over that period (242 to 516). The increase was attributed in large part to an improving awareness of the Joint Action Plan and the NDIS and the inclusion of more individuals with psychosocial disability.

Numbers remained at comparable levels from 2015-2016 both for the GCHHS (41) and the state-wide numbers (499).

Of note, in the GCHHS responses from 2015 to 2016 there was a significant shift in numbers from Acute facilities to Community Care Units and Extended Care Units.

From July 2013 to March 2017, 125 people in the LSYP cohort state-wide have transitioned under the Joint Action Plan.

It is understood that Gold Coast HHS has recently established a Local Network Group with Department of Communities, Child Safety and Disability Services to further consider the LSYP cohort in their HHS.

Long-Stay Older Patients Census

The 2017 LSOP census was conducted on Wednesday 10 May 2017. The criteria for inclusion in the census count were publicly funded patients:

- who were 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 needed inpatient acute or post/sub-acute care and are declared medically ready for discharge if the appropriate aged care services were available.

This includes public patients, funded by the Queensland Department of Health, who are receiving care in non-government facilities while they are waiting placement in a RACF such as those receiving publicly funded interim/maintenance care in a private hospital.

Key Results

The GCHHS census showed a moderate increase in LSOP numbers between the years 2014, 2016 and 2017 (an increase from 15 to 29).

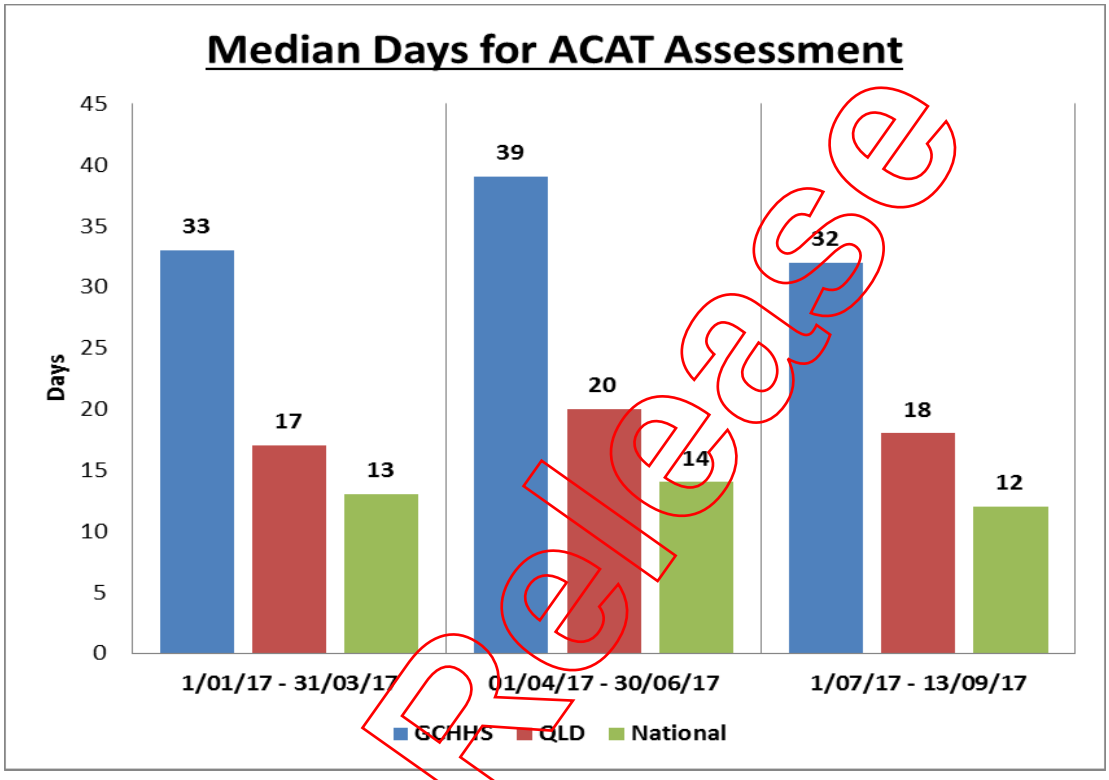
State-wide LSOP numbers during these years increased from 238 in 2014, to 391 in 2016 and then decreased to 256 in 2017. The proportion of Queensland LSOPs placed within the GCHHS has increased from 6 percent in 2014 to 11 percent in 2017.

“Waiting for a residential care bed” was listed as the reason for delay for more than a third of LSOPs in the Gold Coast HHS (11 of 29). Other common reasons for delay included “waiting for a private trustee to make a decision,” “waiting for the family to make a decision,” and “difficult to place due to behaviour/dementia.”

ACAT Assessments

The below graph illustrates the comparison of median average days between the Gold Coast, Queensland and National statistics over three quarters in 2017. To date Gold Coast has median average days of 32, which has improved since the previous quarter. Significant work is being carried out to assist Gold Coast to reduce their median average days.

In accordance with the Australian Bureau of Statistics advice, the Department of Health uses the median average, as the most relevant statistical measure for averages as it is less subject to data variance then the mean average.



The tables on page four list all Queensland Aged Care Assessment Teams and their respective statistics referring to number of assessments and the median average days in the stated period. For comparative measures, the tables reflect the same three quarters in 2017 as the above graph.

ACAT Timeframes of Assessment Referral Issued to Support Plan Complete for Dept of Health QLD, 01/04/2017 to 30/06/2017, 01/04/17 to 30/06/17, and 01/07/17 to 13/09/17 (All Settings)

ACAT Location	1/01/17 - 31/03/17		01/04/17 - 30/06/17		1/07/17 - 13/09/17	
	# of Assessments in period	Median (days)	# of Assessments in period	Median (days)	# of Assessments in period	Median (days)
Cairns	422	14	428	16	341	15
Central West	11	9	7	17	5	16
Fraser Coast	417	20	423	20	478	13.5
Gold Coast	966	33	1,110	39	883	32
Mackay	169	15	221	14	196	8
Metro North	1,243	14	1,439	20	1,575	19
Metro South	1,253	17	1,517	20	1,412	16
Mt Isa	20	6	31	8	13	3
Rockhampton	353	14	361	14	371	13
Roma & Surrounds	35	18	24	14	34	34.5
Sunshine Coast	930	33	1,033	26	1,100	44
Toowoomba & Darling Downs	493	16	554	14	457	14
Townsville	332	13	317	13	266	23
West Moreton	243	18	281	20	386	35.5
Queensland	6,887	17	7,746	20	7,517	18
National Total	**40,254**	**13**	**42,804**	**14**	**39,407**	**12**

Department of Health

Queensland Government

MEMORANDUM

To: Chief Executives, Hospital and Health Service
Chief Executive Officer, Mater Health Services

Copies to: Board Chair Cairns and Hinterland HHB
Board Chair Darling Downs HHB
Board Chair Townsville HHB
Chair, Statewide Older Persons' Health Clinical Network
Chair, Statewide General Medicine Clinical Network

From: Paul McGuire, Acting Deputy Director-General, Strategy, Policy and Planning Division

Contact No: 3708 5620

Subject: **Queensland Health Long Stay Older Patients Census 2017**

File Ref: ST000740
SPL_3989

I am writing to you in relation to Queensland Health's annual census of Long Stay Older Patients (LSOP Census). The LSOP Census is undertaken each year to monitor the important issue of the care of older people who, despite being ready for discharge, are waiting in Queensland's hospitals for a residential aged care place or community support package to return to a more appropriate care setting.

In May this year, each of your Hospital and Health Services (HHSs) participated in the 2017 LSOP Census to capture the number of LSOPs in Queensland's public hospitals. I thank you and your staff for your contribution and appreciate your effort to provide the Department with timely and accurate data.

I am now pleased to provide you with the attached copy of the 2017 LSOP Summary Report. I am also pleased to provide each of you with the attached HHS Factsheet which summaries key census data for your respective HHS, and compares the results with the previous census from 2016.

At the time of the 2017 census, 254 public patients in 58 Queensland facilities were identified as meeting the definition of a LSOP. This is a decrease of 137 patients from the 2016 census. The number of LSOPs did not decrease uniformly across the state however, with some HHS reporting increases while others reported similar numbers.

The average length of occupied bed days for LSOPs in Queensland also decreased from 81 days in 2016 to an average of 53 days in the 2017 LSOP Census. The most common reason given for a delay in discharge in both the 2016 and 2017 census was, '*waiting for a residential care bed*', accounting for 71 percent of all LSOPs in 2017.

The enclosed Summary Report provides useful information about LSOPs across the state and will help to contribute to wider discussions on managing this issue in the future. I look forward to your continued involvement in the development of solutions.

During 2016 and 2017, the Department chaired a time-limited, LSOP Steering Committee with three Hospital and Health Board (HHB) Chairs: Mr Michael Horan, Chair Darling Downs HHB; Mr Tony Mooney, Chair Townsville HHB; and Mr Clive Skarott, Chair of Cairns and Hinterland HHB. The final report of this Committee will be provided to HHSs, and will include further analysis of the 2016 and 2017 LSOP Census data and identification of initiatives currently under trial in HHSs to improve outcomes for long stay patients.

If you have any questions or would like further information regarding the 2017 LSOP Summary Report or the HHS Factsheet for your HHS, please contact Emily Cross, Principal Policy Officer, Strategic Policy, on telephone 3708 5506 or email: StrategicPolicy@health.qld.gov.au.

Paul B McGuire

Paul McGuire
Acting Deputy Director-General
Strategy, Policy and Planning Division
20/11/2017

Queensland Government

File note

Date	12 December 2017

Subject	Long Stay Older Patients Census – Email from Kathy Grudzinskas
Notes:	On 8 December 2017 an email was received from Kathy Grudzinskas, A/Executive Director of Allied Health, Metro South Health, and Executive Director, Clinical Support Services, PAH. The email regarded data figures provided by Metro South Hospital and Health Service (MSHHS) for the 2017 Long Stay Older Patients (LSOP) Census. The Strategic Policy Unit conducted the annual census of LSOPs in HHS facilities on 10 May 2017. A summary report was produced to analyse the findings and individual factsheets were distributed to relevant HHSs with greater details on their performance. The census relied on a nominated contact from each HHS to enter details within a provided census template for every patient who met the criteria of being a LSOP. Ms Grudzinskas has advised the figures provided by MSHHS for the 2017 LSOP census did not include 22 patients from the Princess Alexandra Hospital. Ms Grudzinskas provided an additional spreadsheet with details of the 22 patients who were not included in the census. By comparing this spreadsheet with the data collected for the 10 May census date, the Strategic Policy Unit has identified [redacted] was already included under the Logan Hospital facility. As a result of these missing figures, the total LSOP figures of MSHHS were reported as 21 fewer than was actually the case. The total number of LSOPs in MSHHS facilities during the 2017 census was 45, as opposed to the previously reported figure of 24. This represents a decline of 6 percent between 2016 and 2017, rather than 50 percent as previously calculated. The emails from Ms Grudzinskas have been saved in a folder alongside the 2017 LSOP report for future reference.

Prepared by: Ethan Robinson
Unit: Strategic Policy Unit
Contact no: 3708 5586
Date: 12 December 2017

Long Stay Older Patients Census

Summary Report

2017

Queensland Government

Long Stay Older Person's Census: Summary Report 2017

Published by the State of Queensland (Queensland Health), November 2017

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For more information contact:
Strategic Policy Unit, Strategic Policy and Legislation Branch, Strategy, Policy and Planning Division, Department of Health, GPO Box 48, Brisbane QLD 4001, email StrategicPolicy@health.qld.gov.au, phone 3708 5587.

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1. Background

Patients staying in hospital longer than medically necessary is an ongoing issue both in 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 services[1]. This issue is particularly prevalent amongst the elderly who may be medically ready for discharge but are waiting for a Commonwealth funded home care package to return home or are waiting for a suitable residential aged care place.

There is a risk that the number of long stay older patients (LSOPs) will increase with Queensland's ageing population. Understanding the size of this issue across Queensland's Hospital and Health Services (HHSs) and the reasons for the delay in discharge is key to continuing to improve outcomes for older patients. It is with this aim that the annual LSOP census is conducted.

This report presents the findings from the 2017 LSOP census conducted on 10 May 2017. The census includes public patients who met the criteria to be recognised as an LSOP in all public hospitals and private hospitals where beds were purchased for public patients. The collection and validation of this data is time intensive and was delayed for some regions, prolonging the date by which this report could be completed.

The 2017 census included additional questions to further understand the reasons behind why some patients wait for long periods in hospital despite being medically ready for discharge with and eligible for Commonwealth home support packages or residential aged care. The Statewide Older Persons Health Clinical Network were consulted on the draft 2017 census and provided input in the development of the additional questions.

The last manual census was conducted on 18 May 2016, with results included in this report to compare with the 2017 census. Prior to this, a manual census was conducted in 2014. In 2011-12 and 2012-13 LSOP censuses were conducted as part of the *National Partnership Agreement on Financial Assistance for Long Stay Older Patients* (NPA LSOP). The NPA LSOP was established between the Commonwealth and States and Territories in recognition that they have a mutual interest in improving outcomes in relation to LSOPs and need to work together to achieve those outcomes.

The NPA LSOP provided a funding contribution from the Commonwealth Government to State and Territory Governments in recognition that some older people in public hospitals, who have finished acute and post-acute care and have been assessed as being suitable for Commonwealth aged care, remain in hospital longer than would otherwise be necessary while they secure an appropriate community or residential aged care place. The NPA LSOP expired on 30 June 2012, however the Queensland Department of Health has continued to regularly undertake the census in order to monitor the ongoing issue of LSOPs in Queensland's public facilities.

A LSOP Steering Committee was established by the Department of Health and three Board Chairs in 2016/17 as a time-limited group to further examine the issues around

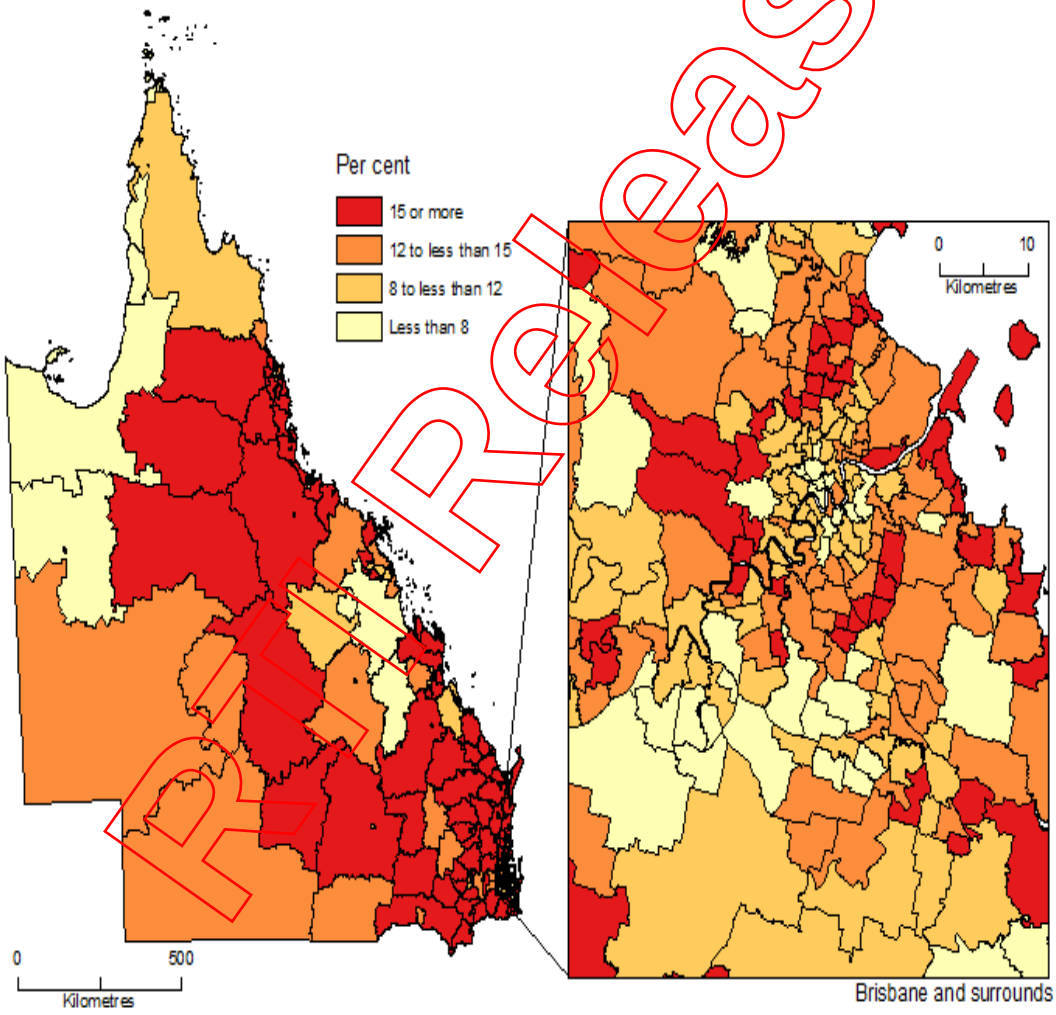
[1] Salonga-Reyes, A., Scott, I. 2016. *Stranded: causes and effects of discharge delays involving non-acute in-patients requiring maintenance care in a tertiary hospital general medical service.* Australian Health Review 41, 54-62.

LSOPs and to identify possible solutions or strategies. A report from the Committee will be circulated to HHSs once it has been finalised.

1.1 Older People in Queensland

Between June 2010 - June 2017, the number of people aged 65 years and over in Queensland has increased by 28 percent to reach 713, 653, now accounting for 15 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 increased from 14 to 16 percent.[2] **Figure 1** shows the distribution of the population aged 65 years and over by Statistical Areas Level 2[3] (SA2) for Queensland as at 30 June 2015.

Figure 1 Population aged 65 years and over, SA2, Queensland, June 2015



Source: Australian Bureau of Statistics, 2016. *Population by Age and Sex, Regions of Australia, 2015*. Available at:

[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=

[3] More information on SA2s can be found at: http://www.abs.gov.au/websitedbs/D3310114.nsf/4a256353001af3ed4b2562bb00121564/6b6e07234c98365aca25792d0010d730/$FILE/Statistical%20Area%20Level%202%20-%20Fact%20Sheet%20.pdf

http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3235.0Main%20Features252015?opendocument&tabname=Summary&prodno=3235.0&issue=2015&num=&view=

In 2017, there were 713,653 Queenslanders who were potentially eligible for Commonwealth subsidised aged care (people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over) should they have required it. **Table 1** below provides a breakdown of this population in five year age groups by HHS in 2016 (estimated resident population data as at June 2016 for Aboriginal and Torres Strait Islander People is not scheduled to be released until December 2017).

Table 1 Estimated Resident Population of Queensland as at June 2016

HHS	65-69	70-74	75-79	80-84	85+	Total 65+
Cairns And Hinterland	13,308	9,676	6,357	3,979	3,747	**37,067**
Central Queensland	9,238	6,721	4,988	3,316	3,046	**27,309**
Central West	630	463	314	221	179	**1,807**
Darling Downs	16,228	12,644	9,129	6,286	6,182	**50,469**
Gold Coast	31,262	23,747	16,660	10,871	11,991	**94,531**
Mackay	7,508	5,269	3,634	2,394	2,058	**20,863**
Metro North	45,006	33,283	23,075	15,555	17,670	**134,589**
Metro South	48,510	34,557	23,871	16,163	17,572	**140,673**
North West	879	613	324	202	103	**2,121**
South West	1,198	884	690	413	456	**3,641**
Sunshine Coast	26,955	21,306	14,636	9,970	10,002	**82,869**
Torres and Cape	787	441	202	82	89	**1,601**
Townsville	11,180	7,809	5,671	3,672	3,371	**31,703**
West Moreton	11,828	8,682	5,960	3,710	3,325	**33,505**
Wide Bay	16,920	13,506	9,538	5,795	5,146	**50,905**
Total	**241,437**	**179,601**	**125,049**	**82,629**	**84,937**	**713,653**

Source: Australian Bureau of Statistics Catalogue No. 3235.0 - Population by Age and Sex, Regions of Australia;
Prepared by: Statistical Reporting and Coordination, Health Statistics Unit, Department of Health, 22 September 2017.

2. Methodology

2.1 Overview

On 18 April 2017 a memo was sent to 15 of Queensland's 16 HHSs (excluding Children's Health Queensland), plus the Mater Health Service, requesting they nominate a single contact to coordinate the collection of census data from relevant facilities in their HHS. Nominated contacts were subsequently sent a data collection tool, including guidelines for how to complete the census, and were asked to send this onto relevant facilities within their HHS for completion on the census date of 10 May 2017. Each HHS contact then collated the data sets from their HHS and returned to Strategic Policy Unit for data verification and analysis.

2.1 Inclusion Criteria

The Queensland Department of Health conducted a LSOP census on Wednesday 10 May 2017 to identify the number of older patients in all metropolitan, regional, rural and remote public hospitals who no longer require acute inpatient, post-acute care or sub-acute care but who have been unable to return to the community because a residential place or community aged care package is not yet available. This includes public patients, funded by the Queensland Department of Health, who are receiving care in non-government facilities while they are waiting placement in a residential aged care facility (RACF) such as those receiving publicly funded interim/maintenance care in a private hospital.

The criteria for inclusion in the census count were publicly funded patients:

- who were 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 needed inpatient acute or post/sub-acute care and are declared medically ready for discharge if the appropriate aged care services were available.

2.2 Exclusions

Not all the data submitted by Queensland's HHSs could be included in the census count. The reason for excluding some patients was because they were:

- eligible for aged care but whose ACAT approval had not been finalised by the census date even though the ACAT assessment might have been completed; or
- long stay public patients but were not in the right age category; or
- still receiving some form of acute or sub-acute care as an admitted public patient.

2.3 Data Verification and Analysis

The data in each census received from the HHS's nominated contact was checked to ensure the patient met the inclusion criteria and was further verified with the HHS contact when discrepancies were identified. The verified data was then collated into a single database and similar analyses were conducted to the 2016 census report to allow comparisons across the years.

2.4 Census Data Limitations

There are a number of limitations to be aware of regarding the integrity of the data collected and the ability to compare the data sets with previous years of census data. The data is collected by multiple staff members across the HHS facilities, and for each facility the data for successive censuses may be collected by different staff members. This means that a range of interpretations of the census guidelines and inclusion criteria may have been applied to the data collection task across facilities and from year to year. Consequently, there is potential for inconsistencies in the identification of people who meet the census criteria.

While HHSs took due care in completing the census and the Excel template assisted in ensuring the integrity of the patient data entered was consistent; HHSs applied different methodologies for identifying patients in their facilities who no longer needed inpatient acute or post-sub-acute care. Different methodologies included running searches of hospital databases; manual reviews of patient charts; and other locally available information.

Another limitation is acknowledging that the census is a point in time measure and may be subject to seasonal variability.

3. Results

3.1 Facilities

On 10 May 2017, 254 public patients were identified who met the criteria for inclusion in the LSOP census in Queensland's HHSs. Results were recorded from 13 of the 15 eligible HHSs (**Table 2**), with no eligible LSOPs being recorded in Central West HHS; Torres and Cape HHS; or the Mater Health Service. The 254 public patients were in 58 facilities across Queensland.

Table 2 Number of LSOPs by HHS, 2017

HHS	LSOPs 2017 (Acute Facilities Only)	% LSOPs	LSOPs 2017 (All Facilities)	% LSOPs
Cairns and Hinterland	19	10.5	26	10
Central Queensland	17	9	23	9
Darling Downs	20	11	25	10
Gold Coast	20	11	27	11
Mackay	8	4	8	3
Metro North	23	13	46	18
Metro South	19	10	24	9.5
North West	[redacted]	1	[redacted]	<1
South West	[redacted]	2	[redacted]	2
Sunshine Coast	10	5.5	10	4
Townsville	28	15	44	17
West Moreton	11	6	11	4.5
Wide Bay	[redacted]	2	[redacted]	2
Grand Total	**184**	**100**	**254**	**100**

A total of 137 fewer patients were identified in the 2017 census, representing a 35 percent decrease on the 2016 LSOP census count which identified 391 LSOPs. **Table 3** compares the number of LSOPs in 2016 and 2017 in acute facilities only and in all facilities. There was also a decline in the number of facilities patients were staying in, from 74 facilities in 2016 to 58 facilities in 2017.

Table 3 Number of LSOPs in HHSs (Acute Facilities and Totals) 2016, 2017

HHS	LSOPs 2016 (Acute Facilities)	LSOPs 2017 (Acute Facilities)	LSOPs 2016 (All Facilities)	LSOPs 2017 (All Facilities)
Cairns & Hinterland	19	21	19	28
Central Queensland	22	17	22	23
Darling Downs	31	20	31	25
Gold Coast	14	20	25	27
Mackay	[redacted]	8	[redacted]	8
Metro North	42	23	101	46
Metro South	35	19	48	24
North West	<5	<5	<5	<5
South West	<5	<5	<5	[redacted]
Sunshine Coast	19	10	19	10
Torres and Cape	<5	0	<5	0
Townsville	71	28	81	44
West Moreton	18	11	18	11
Wide Bay	9	[redacted]	9	<5
Mater Health Service	7	0	7	0
Grand Total	**298**	**184**	**391**	**254**

The number of LSOPs identified in acute facilities decreased in 2017, with 184 identified during the census compared to 298 in 2016. This represents a 38 percent decrease. **Table 4** compares the number of LSOPs identified in acute facilities through manual censuses undertaken in previous years.

Table 4 Number of LSOPs in QLD (Acute Facilities), 2012, 2013, 2014, 2016 & 2017

2012	2013	2014	2016	2017
228	207	238	298	184

3.2 Occupied Bed Days

In this instance occupied bed days (OBD) is calculated as the number of days between the date the LSOP was considered safe to be discharged from hospital if the appropriate community or residential aged care had been available and the census date. It does not take into account the length of stay prior to being ready for discharge and there is no consideration of how long they stayed past the census date.

The number of OBDs (in acute facilities only) between the date the 184 LSOPs would have been safe to discharge and the date of the census was 9,761 days (**Table 5**). This figure represents a 60 percent decline in the number of bed days from the 2016 census, which was calculated at 24,000 OBDs. The average length of OBDs has also decreased from 81 OBDs in 2016 to 53 OBDs in 2017.

The total number of OBD in all facilities in 2017 was 15,229, compared with 27,707 in 2016. The proportion of beds days in acute and non-acute facilities has also decreased between 2016 and 2017. In 2016, 87 percent of LSOP OBD were in acute facilities, compared with 64 percent in acute facilities in 2017.

Table 5 OBDs for LSOPs 2016 and 2017 (Acute Facilities Only)

HHS	Total OBDs		Average OBDs		Min. OBDs		Max OBDs	
	2016	2017	2016	2017	2016	2017	2016	2017
Cairns and Hinterland	947	842	50	44	5	4	142	205
Central Queensland	1,365	523	62	31	1	1	205	98
Darling Downs	4,850	878	156	44	0	1	2,454	167
Gold Coast	1,116	341	45	17	0	1	322	58
Mackay	97	113	19	14	6	0	29	41
Metro North	1,335	554	32	24	0	0	260	141
Metro South	1,453	409	42	22	1	0	168	114
North West	47	n/a	24	n/a	13	n/a	34	n/a
South West	539	160	180	40	47	9	413	76
Sunshine Coast	255	88	13	9	1	0	36	34
Torres and Cape	126	-	129	-	129	-	129	-
Townsville	11,573	5,294	163	189	0	0	1,737	1,538
West Moreton	575	437	32	40	1	1	279	139
Wide Bay	122	32	14	8	0	2	42	13
Mater Health	82	-	12	-	6	-	36	-
Grand total	**24,000**	**9,761**	**81**	**53**	**-**	**-**	**-**	**-**

3.3 Location of LSOPs

All facilities were classified by the Australian Standard Geographical Classification Remoteness Area system (ASGC – RA) the number of LSOPs in each of the five categories in 2016 and 2017 is compared in **Table 6**.

The number of OBDs by Remoteness Area is displayed in **Table 7** and shows that LSOPs in facilities classified as Outer Regional Australia (RA3) have on average the longest OBDs. LSOPs in these facilities averaged 120 days between the time the person was medically ready for discharge and when the census was undertaken.

Table 6 Number and Percentage of LSOPs by RA Category 2016 & 2017 (All Facilities)

AGSC – RA Category	2016		2017	
	LSOPs	% Total LSOPs	LSOPs	% Total LSOPs
RA1 – Major Cities of Australia	197	50	102	40
RA2 – Inner Regional Australia	63	16	61	24
RA3 – Outer Regional Australia	121	31	84	33
RA4 – Remote Australia	[redacted]	1	[redacted]	2.5
RA5 – Very Remote Australia	[redacted]	2	[redacted]	0.5
TOTAL	**391**	**100**	**254**	**100**

Table 7 Total OBDs by RA Category from Safe to Discharge Date to Census Date 2017

AGSC – RA Category	2017 – All Facilities		
	OBDs	% of OBDs	Average OBDs
RA1 – Major Cities of Australia	2,234	15	22
RA2 – Inner Regional Australia	3,213	21	53
RA3 – Outer Regional Australia	9,512	62	113
RA4 – Remote Australia	258	2	43
RA5 – Very Remote Australia	12	<1	12
TOTAL	**15,229**	**100**	**60**

3.4 Demographics of LSOPs

3.4.1 Aboriginal and Torres Strait Islander Status

A total of 17 people identified as being Indigenous in the 2017 census compared to 10 in 2016 and 11 in 2014. In this 2017 census, 10 people identified as Aboriginal; [redacted] as Torres Strait Islanders; [redacted] as both Aboriginal and Torres Strait Islander; [redacted] as an Islander; and [redacted] did not say.

3.4.2 Age

While there was an overall decrease in the total number of LSOPs between the 2016 and 2017 census, the number of LSOPs decreased most significantly in the 65-69 age group and the age group aged 85 years and over. In both these age groups the number of LSOPs almost halved in 2017 compared with the 2016 census (**Table 8**).

Similar to the 2016 census, the oldest LSOP identified in the 2017 census was [redacted] years old and the youngest was [redacted] years old.

However, there were some larger changes seen in the spread of OBD for each age group between the 2016 and 2017 census (**Table 9**). In 2017, the 85 and over age group represented 29 percent of the OBDs, down from 43 percent in 2016. In contrast, the proportion of OBDs represented by the 65-69 age group increased from 8 percent

to 14 percent; and the proportion of OBDS represented by the 70 -74 age group increased from 19 percent to 31 percent.

Table 8 Age Group of LSOPs, 2016 & 2017 (All Facilities)

Age Group	2016		2017	
	LSOPs	% of Total	LSOPs	% of Total
50-59	<5	1	[redacted]	2
60-64	<5	1	[redacted]	1
65-69	38	10	20	8
70-74	45	12	33	13
75-79	65	17	45	18
80-84	75	20	60	24
85 & over	162	41	88	34
Total	**391**	**100**	**254**	**100**

Table 9 OBDs per age group for 2016 & 2017 (All Facilities)

Age Group	2016		2017	
	OBD	% of total	OBD	% of total
50-59	1286	5	832	5.5
60-64	154	1	98	0.5
65-69	2296	8	2,168	14
70-74	5419	19	4,711	31
75-79	3248	12	1,439	10
80-84	3219	12	1,525	10
85 & over	12085	43	4,456	29
Total	**27,707**	**100**	**15,229**	**100**

3.5 ACAT Approval

The eligibility for LSOP status included the need to have an ACAT approval for permanent residential or community based aged care. Of the 254 LSOPs identified in this census 246 had been approved for permanent residential aged care, with the remaining approved for home support packages, respite or unknown. Any patient captured that did not have an ACAT approval in place was removed from the census data.

3.6 Reasons for delays in discharge

Facilities were asked to select the main reason for the delay in discharging the patient from their care from a set list of reasons (**Table 10**). An expanded list of reasons was included in the 2017 census, compared with the 2016 census, to increase the clarity around why older patients, with an ACAT approval in place, are waiting in hospital unnecessarily. The list of reasons for delay in discharge in the 2017 census was informed by feedback from the Statewide Older Persons Clinical Network.

The leading reason for delay in 2017 was '*waiting for a residential care bed'*, accounting for 71 percent of LSOPs; followed by '*waiting for the family to make a decision'*, 10.5 percent of LSOPs; and '*difficult to place due to behaviour/dementia',* 6.5 percent of LSOPs.

The top three reasons for waiting with the longest average number of OBDs were '*waiting for the family to make a decision'* where LSOPs on average waited 133 bed days; followed by *'waiting on the Public Trustee to make a decision'* with an average of 70 OBDs; and 'waiting for a residential care bed' with an average of 54 OBDs.

Table 10 Reasons for delays in discharge and impact on OBDs, 2017 (All Facilities)

Reason for Delay in Discharge (acute facilities only)	LSOPs	% of total	OBD#	% of OBD	Average OBD
Waiting for residential care bed	180	71	9,713	63.5	54
Waiting for the family to make a decision	26	10.5	3,458	22	133
Difficult to place due to behaviour/dementia	16	6.5	770	5	48
Waiting QCAT hearing decision	14	5.5	631	5	45
Waiting on The Public Trustee to make a decision	<5	1.5	277	2	70
Waiting for a private trustee to make a decision	<5	1.5	100	1	25
Waiting on The Public Guardian to make a decision	<5	1	66	0.5	22
Waiting on Centrelink Income and Assets test	<5	1	106	0.5	35
Wait home care package	<5	1	103	0.5	34
Difficult to place due to bariatric needs	-	-	-	-	-
Difficult to place due to complex care needs	<5	0.5	5	<0.1	5
Total	**254**	**100**	**15,229**	**100**	**60**

To enable a comparison between results from the 2016 census and the 2017 census, the reasons for delay from the 2017 census have been aggregated and grouped under each of the 2016 reasons for delay, for LSOPs in acute facilities (**Table 11**).

The leading reason, in acute facilities only, in both 2016 and 2017 census was '*waiting for a residential care bed*,' accounting for over 67 percent of all LSOPs in 2017 and 53 percent in 2016. In 2017, '*waiting for the family to make a decision*' replaced '*difficult to place due to behaviour/dementia*' as the next leading reason for a delay.

Table 11 Reasons for delays in discharge 2016 and 2017 (Acute Facilities Only)

Reason for Delay in Discharge (acute facilities only)	LSOPs 2016	LSOPs 2017	% of total 2016	% of total 2017
• Waiting for residential care bed (2016, 2017)	157	124	53	67.5
• Difficult to place due to behaviour/dementia (2016, 2017)	43	14	14	7.5
• Family to select facility (2016) • Waiting for the family to make a decision (2017)	29	20	10	11
• Waiting for guardianship decision (2016) • Waiting on The Public Guardian to make a decision (2017) • Waiting QCAT hearing decision (2017)	24	15	8	8
• Waiting asset test/financial assessment (2016) • Waiting on The Public Trustee to make a decision (2017) • Waiting for a private trustee to make a decision (2017) • Waiting on Centrelink Income and Assets test (2017)	<10	<10	3	4
• Wait home care package	<5	<5	1	1.5
• Other or Blank (2016) • Difficult to place due to bariatric needs (2017) • Difficult to place due to complex care needs (2017)	35		35	0.5
Total	**298**	**184**	**100**	**100**

3.7 Additional information

The 2017 census included four new questions to understand more about the impact of specific issues on LSOPs based on feedback received from the Statewide Older Persons Clinical Network. These four questions were:

- *Does the patient have a diagnosis of dementia?*
- *Does the patient experience any of the following: dementia, delirium or behavioural disturbances impacting upon their care in hospital?*
- *Is the patient a bariatric patient?*
- *Have any of these external agencies been involved during the inpatient stay - QCAT, the Public Trustee, or the Public Guardian?*

As this is the first year these additional questions have been included in the survey, they will serve as a baseline for comparison with future years.

3.7.1 Dementia, delirium or behavioural disturbances

In the 2017 census, 39 percent of LSOPs (99 patients) were noted as having a diagnosis of dementia. A further 14 percent of LSOPs (35 patients) were noted as having experienced dementia, delirium or behavioural disturbances. These results, along with the reasons for delay in discharge results, suggest that while 53 percent of LSOPs had a diagnosis of dementia or had experienced dementia, delirium or behavioural disturbances, only 6.5 percent of LSOPs were difficult to place due to behaviour/dementia.

3.7.2 Bariatric patients

There were a total of 12 LSOPs noted as bariatric patients in the 2017 census, representing less than 4.7 percent of LSOPs. Of these 12 patients, 10 patients were '*waiting for a residential care bed'*, one patient was *'waiting for the family to make a decision'* and one patient was *'waiting on the Public Trustee to make a decision'.*

3.7.3 External agencies

The 2017 census asked HHSs to indicate whether the Queensland Civil and Administrative Tribunal (QCAT); Office of the Public Guardian; or The Private Trustee of Queensland had been involved during the patient's stay (**Table 12**). At least one of these external agencies had been involved in 25 percent of LSOPs stays (64 patients).

Table 12 External agencies involved in patient care

Queensland Civil and Administrative Tribunal (QCAT)	Public Guardian (PG)	Private Trustee (PT)	QCAT, PG & PT	QCAT & PT	QCAT & PG	PG & PT
24	6	5	10	5	1	13

4. Operational Residential Aged Care Facilities

The commonwealth conducts a stocktake of Commonwealth subsidised aged care places on 30 June of each year (the 2016 stocktake was the most up to date stocktake available at the time of the publication of this report). The stocktake identifies the number of approved and operation residential care and home care package available across Australia. From this information the Commonwealth is working toward a provision level of 125 residential and home care places for every 1,000 people aged 70 years or over to be achieved by 2021-22. These 125 places are expected to be based on a ratio of 80 places in a residential setting and 45 places in a home care setting.

Table 13 shows the number and ratio of operational residential aged care places and per cent of LSOP by HHSs. HHSs have been aligned, as best as possible, to their relevant Commonwealth Aged Care Planning Regions. Despite Wide Bay having the worst operation ratio for residential aged care places it does not experience the worst impact from LSOPs.

Table 13 Operational Residential Care Places at 30 June 2016

Hospital and Health Service	Aged Care Planning Region	Operational Residential Care* (30/06/2016)	Operational Ratios# (30/06/2016)	% of LSOPs (10/05/2017)
Metro North	Brisbane North	3,879	90.3	18
	Cabool	3,324	73.6	
Metro South	Brisbane South	5,827	87.8	9
	Logan River Valley	1,822	59.7	
Central West	Central West	116	97.0	0
Darling Downs	Darling Downs	2,366	72.9	10
Cape and Torres; Cairns & Hinterland	Far North	1,816	62.1	11
Central Queensland	Fitzroy	1,527	87.0	9
Mackay	Mackay	911	83.1	3
North West	North West	146	88.4	<1
Townsville	Northern	1,643	74.7	17
Gold Coast	South Coast	4,966	87.4	11
South West	South West	245	79.3	2
Sunshine Coast	Sunshine Coast	3,801	74.6	4
West Moreton	West Moreton	1,182	56.4	4
Wide Bay	Wide Bay	2,452	57.9	2
	Total	**35,924**	**76.0**	**100**

**Source: Total Operational Places and Ratios by Aged Care Planning Region – 30 June 2016*.*

Places per 1,000 aged 70 years and over

There does not seem to be a clear relationship between the ratio of operational residential aged care places and the number of LSOPs reported by HHSs. For example, some HHSs reported a greater number of LSOPs in 2017 compared to 2016 but their operational ratio of aged care places increased over this time. **Table 14** compares the number of LSOPs in 2016 and 2017 with the most recent operational ratio for the HHS region.

Table 14 LSOPs and Operational Ratios

HHS	LSOPs 2016 (All facilities)	2015 Operational Ratios# (30/06/2015)	LSOPs 2017 (All Facilities)	2016 Operational Ratios# (30/06/2016)
Cairns & Hinterland	19	60.3	26	62.1
Central Queensland	22	90.5	23	87
Darling Downs	31	75.9	25	72.9
Gold Coast	25	87.9	27	87.4
Mackay	[redacted]	78.3	8	83.1
Metro North	101	84.2	46	81.9
Metro South	48	75.4	24	73.7
North West	<5	90	<5	88.4
South West	<5	84	[redacted]	79.3
Sunshine Coast	19	76.5	10	74.6
Torres and Cape	<5	60.3	0	62.1
Townsville	71	75.3	44	74.7
West Moreton	9	57.3	11	56.4
Wide Bay	18	56.2	<5	57.9
Total/Average	**391**	77	**254**	76

5. Discussion

The 2016 census identified the largest cohort of publicly funded LSOPs since the first census was conducted in 2006 and a 25 percent increase from the 2014 census. The results from the 2017 census reversed this trend with a 35 percent decrease in the number of LSOPs in Queensland facilities. This trend is further highlighted when removing data collected from non-acute facilities, with the number of LSOPs staying in acute facilities also decreasing by 38 percent.

The decrease in LSOPs was not uniform across the HHSs, with some HHSs reporting an increase in the number of LSOPs compared to the 2016 census. Metro North HHS and Metro South HHS reported less than half the number of LSOPs in 2017 compared to 2016. Sunshine Coast HHS, Weston Moreton HHS, Wide Bay HHS and Townsville HHS also reported large decreases in LSOP numbers in the 2017 census. Cairns and Hinterland HHS reported the largest increase in LSOPs.

The 2017 results show that not only was there a decrease in the number of LSOPs, identified in the 2017 census compared with the 2016 census, there was also a decrease in the average length of stay for LSOPs. The average length of stay for an LSOP decreased across most HHSs fairly significantly with only North West HHS, Townsville HHS and West Moreton HHS reporting increases in average length of stay.

The location of LSOPs and geographical spread of LSOPs remained similar to the findings from the 2016 census. The 2016 and 2017 censuses both revealed that as the remoteness area increased from '*Major Cities*' to '*Outer Regional*' so did the average length of stay of LSOPs. The average length of stay decreased again, however, in remote Australia and very remote Australia in the 2017 census. The average OBDs for an LSOP in Outer Regional Australia was more than double that of an LSOP in Inner Regional Australia and more than five time that of an LSOP in a major city. These results continue to reflect the issue of the availability of residential care places and/or community based services in outer regional locations across Queensland.

The reasons for delay in discharge changed between the 2016 and 2017 censuses and perhaps are reflective of other changing factors. The leading reason remained '*waiting for a residential care bed*' in 2017, accounting for more than 70 percent of delays. The second most common reason for delay was '*waiting for the family to make a decision'*, replacing '*difficult to place due to behaviour/dementia*' which halved compared with the 2016 census.

In summary, the decrease in LSOP numbers across Queensland is encouraging and is likely to be the result of targeted effort by HHSs to respond to this patient group. For example, Metro North HHS has been trialling a number of initiatives to decrease the weight time for long stay patients, including the QCAT Guardianship Process Initiative and the Watching our Waits program. While these programs have their own evaluation measures, the results of the 2017 LSOP Census provide further evidence of the outcomes of these initiatives.

The final report of the LSOP Steering Committee will bring together programs and initiatives that aim to reduce LSOP numbers and length of stay, such as the QCAT Guardianship Process Initiative, for the consideration of all HHS Boards and

Executives. There may be opportunity to scale and spread some of these programs currently developed and trialled within other HHSs.

The annual LSOP census will continue to provide valuable feedback to HHSs as one point-in-time measure of the success of initiatives or process improvements to decrease the length of stay for older patients. The annual census will also continue to be provided to the Queensland Minister for Health, Department of Health Executives and HHS Executives and Boards. This information is also used to inform policy development and discussions with the Commonwealth Department of Health.

As part of the Commonwealth's changes to aged care announced in 2012, a comprehensive review was included in the *Aged Care (Living Longer Living Better) Act 2013* (the Act). The *Aged Care Legislated Review* (the Review) looked at the impact and effectiveness of the changes and has made recommendations for future reform to the aged care system.

On 14 September 2017, the Honourable Ken Wyatt AM MP, tabled the report of the *Legislated Review of Aged Care 2017* (the Report), which was undertaken by the independent reviewer, Mr David Tune AO PSM.

The Report makes 38 recommendations, focusing on:

- the operation of the aged care sector
- moving towards a consumer demand driven system
- demand and supply of aged care services
- means testing in home and residential care and accommodation payments
- the protection of lump sum accommodation payments
- access to services, including equity of access to care
- workforce.

The Commonwealth have advised a response will be provided, but have not provided a timeframe. The Commonwealth's response to the review and subsequent changes to the aged care sector may impact public health facilities. The Queensland Department of Health will continue to closely monitor the impacts of Commonwealth's reforms on Queensland Hospital and Health Services and influence, where possible, to ensure the best possible outcomes for the health of Queenslanders.

The impact of long stay older patients (LSOP) 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.

The Director General has approved the establishment of a high level steering committee, to review existing data and data collection methodologies; and to identify potential options for addressing issues in consultation with stakeholders. The self-nominated board chairs on the committee are:

- Mr Robert McCarthy, Chair, Torres and Cape Hospital and Health Board
- Ms Carolyn Eagle, Chair, Cairns and Hinterland Hospital and Health Board
- Mr John Bearne, Chair, Townsville Hospital and Health Board (however, Mr Tony Mooney has since taken on the role of the Chair)
- Mr Michael Horan, Chair, Darling Downs Hospital and Health Board.

A manual census of publicly funded long stay older patients was conducted on 18 May 2016 and will provide 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 draft report for the Steering Committee will be prepared with comparable data from the same census conducted in 2014.

Statistical Services Branch have also recently conducted a data matching exercise to determine an indicative number of LSOPs. As at 21 October 2015, 184 public patients in 51 public health facilities across 15 HHSs, and one private facility in Queensland met the LSOP eligibility criteria. The majority of these LSOPs were in geographical regions classified as major cities or inner regional, while the majority of occupied bed days used (that is, days between ready for discharge and census date), were in facilities in outer regional areas. This information will also be utilised in the draft report to the steering committee.