

Deputy Director-General Brief for Approval

Department RecFind No:	ST000253
Division:	SPP
File Ref No:	SPL_1546

Department Minister's office

SUBJECT: 2015 Report for Long Stay Older Patients

Recommendations

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

1. **Approve** the draft Long Stay Older Patients Steering Committee Terms of Reference and Agenda for the first meeting.
2. **Approve** the draft email to the four self-nominated Board Chairs inviting them to the first Steering Committee Meeting

APPROVED

K. Forrester

KATHLEEN FORRESTER
Deputy Director-General

Date: 23 / 06 / 2016

Ministerial / Director-General Brief for Approval required

Ministerial / Director-General Brief for Noting required

Deputy Director-General's comment:

Issues

1. 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.
2. The Office of Health Statutory Agencies (OHSAs) circulated an expression of interest to Hospitals and Health Board Chairs seeking nominees for a small working group on aged care to assist the Strategic Policy Unit to develop a paper outlining the issues and potential actions for addressing these issues. The following nominations were received in January 2016:
 - 2.1 Mr Robert McCarthy, Chair, Torres and Cape Hospital and Health Board
 - 2.2 Ms Carolyn Eagle, Chair, Cairns and Hinterland Hospital and Health Board
 - 2.3 Mr John Bearne, Chair, Townsville Hospital and Health Board (however, Mr Tony Mooney has since taken on the role of the Chair)
 - 2.4 Mr Michael Horan, Chair, Darling Downs Hospital and Health Board.
3. On 1 March 2016, the Director-General approved a proposed approach for developing a strategic response to LSOP, including establishment of a high level steering committee, review of existing data, preparing an overview of the current aged care situation in Queensland and identifying potential options for addressing issues, in consultation with stakeholders (Attachment 1).
4. A draft Terms of Reference (ToR) for a Queensland Health LSOP Steering Committee has been developed (Attachment 2). It is proposed the Committee consist of four Hospital and Health Board Chairs and be chaired by the Deputy Director-General, Strategy, Policy and Planning Division, with secretariat support provided by the Strategic Policy Unit.

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5. Should the Deputy Director-General approve the draft ToR, an email has been drafted for approval (Attachment 3) to be sent to the nominated Board Chairs inviting them to the first meeting of the Queensland Health LSOP Steering Committee. A draft agenda for the first meeting is at Attachment 4.
6. 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 from the manual census will be prepared in time for the meeting with comparable data from the same census conducted in 2014 report.
7. 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 Hospital and Health Services (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.

Results of Consultation

8. Further consultation with HHSs is required to investigate the reasons for delay in discharge.
9. Statistical Services Branch undertook a data matching exercise to provide an indicative number of LSOP public patients in Queensland.

Resource Implications (including Financial)

10. 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.
11. 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

12. A public patient is considered a LSOP when they meet the following criteria:
 - a. aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people), and
 - b. has been assessed by an Aged Care Assessment Team (ACAT) as being eligible for permanent aged care services (residential care or packaged care) and are unable to be discharged from hospital without this care in place, and
 - c. no longer in need of in-patient acute or post/sub-acute care and declared medically ready for discharge.
13. Previous LSOP censuses have been undertaken since 2008.

Attachments

14. Attachment 1 – BR063494
Attachment 2 – Proposed LSOP Steering Committee TOR
Attachment 3 – Draft email to LSOP Steering Committee members
Attachment 4 – Proposed LSOP Steering Committee agenda

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Author:	Cleared by:	Content verified by:
Stephen Stewart	Rachel Vowles	Graham Kraak
Manager	A/Director	A/Executive Director
Strategic Policy	Strategic Policy	Strategic Policy and Legislation Branch
3234 0259	3234 0289	3234 0914
4 May 2016	9 June 2016	14 June 2016

RTI Release

Department RecFind No:	BR063494
Division/HHS:	SPPD
File Ref No:	SPL_828

Director-General Brief for Approval

Requested by:

Department Minister's office

SUBJECT: Response to Long Stay Older Patients in Public Hospitals – Intersection of the Health and Aged Care Sector

Recommendation

It is recommended that the Director-General:

1. **Approve** the proposed approach for developing a strategic policy response to the impact of long stay older patients on public hospital service provision.

APPROVED / NOT APPROVED

M Walsh

MICHAEL WALSH
Director-General

Date: 1 / 3 / 16

Ministerial Brief for Approval required

Director-General's comment

Ministerial Brief for Noting required

Issues

1. The impact of long stay older patients (LSOP) on public hospital service provision as a consequence of a lack of timely access to either community or residential based aged care was raised by the Board Chairs at the Queensland Health Board Chairs Forum of 25 November 2015.
2. The Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services, committed to examine the issue of LSOP, develop a strategic policy response, raise it at a future Council of Australian Governments Health Council meeting and seek a meeting with the Honourable Ken Wyatt AM, MP, Assistant Minister for Health, regarding the Commonwealth's agenda for aged care.
3. This was acknowledged at the Departmental Leadership Team meeting on 30 November 2015.
4. The Office of Health Statutory Agencies (OHSAs) circulated an expression of interest to Hospitals and Health Board Chairs seeking nominees for a small working group on aged care to assist the Strategic Policy Unit to develop a paper outlining the issues and potential actions for addressing these issues. The proposed approach, which is further articulated in the attached Project Plan (see Attachment 1), is as follows:
 - 4.1 establish high level steering committee with self-nominated Board Chairs
Robert McCarthy AM, Chair, Torres and Cape Hospital and Hospital Board (HHB); Carolyn Eagle, Chair, Cairns and Hinterland HHB; John Bearne, Chair, Townsville HHB; Mike Horan, Chair Darling Downs HHB). This steering committee will be chaired by Kathleen Forrester, Deputy Director-General, Strategy, Policy and Planning Division;
 - 4.2 review existing data sources for identifying and understanding the impact of LSOP issue including a LSOP census which will take a count on a particular day of the number of public patients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people), who have completed their acute, post-acute and/or subacute treatment (that is are considered a maintenance patient) and have an Aged Care Assessment Team delegated approval for a home care package or residential aged care and who cannot be discharged from hospital without that aged care in place;

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- 4.3 prepare an overview of the current aged care situation in Queensland and information on ongoing reforms within the Australian aged care sector. This information will be used by the steering committee to ensure a common understanding of the reforms in the aged care sector and also in briefing materials for the Minister and Director-General; and
- 4.4 identify in consultation with a range of stakeholders, the potential options for addressing the issues and their feasibility for implementation.
5. It is anticipated that this work will be completed by early June 2016.
6. Depending on the results of this work there may be an opportunity for the Minister to raise this issue through the Council of Australian Government's Health Council.

Results of Consultation

7. Strategic Policy Unit has consulted with OHSa in relation to perceived expectations of the Board Chairs and which Board Chairs nominated to participate in relation to the Steering Committee.
8. Terms of Reference will be developed in consultation with the Steering Committee in due course.
9. Strategic Policy Unit has commenced discussions with various data custodians to examine options for data analysis in relation to this particular cohort of patients.

Resource Implications (including Financial)

10. This program of work will be undertaken using existing Strategic Policy Team resources.

Background

11. There has been long term acknowledgement between the Commonwealth and State and Territories that there is a mutual interest in improving the outcomes in relation to LSOPs because these patients stay longer than necessary in a public hospital bed while they secure an appropriate community or residential aged care place.
12. Under the National Partnership Agreement on Financial Assistance for LSOPs which operated from 1 July 2011 to 30 June 2014 the Queensland Government received \$51.61 million as a contribution to the costs of providing care to LSOPs in public hospitals.
13. Reforms to the aged care system in Australia may have led to an increase in the time it takes for a person to be discharged from a public hospital admission to a residential aged care place. Specifically, changes to the arrangements and cost structures associated with a person's accommodation in a residential aged care facility (RACF) requires a range of complex financial decisions to be made before a place is accepted by the prospective resident or their legal representative.

Attachments

14. Attachment 1: Project Plan

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Josephine Peat	Bronwyn Nardi	Kathleen Forrester
Principal Policy Officer	Executive Director	Deputy Director-General
Strategic Policy	Strategy, Policy and Legislation Branch	Strategy, Policy and Planning Division
3222 2914	3234 0194	3405 5773
27 January 2016	9 February 2016	12 February 2016
Amended by Stephen Stewart	24 February 2016	25 February 2016
18 February 2016		

PROJECT PLAN

Title:	Support for the timely discharge of older people in hospitals who require Commonwealth subsidised aged care services to return to the community (Long stay older patients (LSOP)).	
Project statement:	<ul style="list-style-type: none"> Develop discussion papers that identify opportunities and activities to support the timely discharge of older people who have completed their hospital treatment but who require community or residential aged care to return to the community. 	
Project Scope:	<ul style="list-style-type: none"> People who are eligible for Commonwealth subsidised community or residential aged care services (e.g. those people aged 65 and over or 50 and over for Aboriginal and Torres Strait Islander people) Who no longer require acute care, have completed their post-acute and/or subacute treatment (e.g. are a maintenance patient) Who have a delegated ACAT decision that indicates they have been approved for either community or permanent residential aged care. 	
Expected commencement:	March 2016	
Expected duration:	Three months from commencement	
Expect Activities and Dates:	Activity	Date
	Project plan approved	Late February 2016
	Arrange First Steering Committee Meeting and schedule	Early March 2016
	Provide Steering Committee with background information	Early March 2016
	Undertake statistical analysis (work supporting this has commenced)	March 2016
	Liaise with Hospital and Health Services	May 2016
	Produce final report	June 2016
Project Costs	Project undertaken within the existing resources of the Strategic Policy Unit	
Benefits:	<ul style="list-style-type: none"> Enable older people to be discharged in a timely manner to a place most suitable for meeting their continuing needs. Increase bed access for the community through timely discharge. 	
Assumptions:	<ul style="list-style-type: none"> Older people's discharge is being delayed due to difficulties in accessing Commonwealth subsidised community or permanent residential aged care. These delays in discharge are impacting on the flow of patients through Queensland public hospitals, are costing HHS in relation to the provision of services that should be being subsidised by the Commonwealth Government, are not the best place for these older people to be receiving their ongoing care. Reliable and accurate data on the numbers of patients in this cohort, and the reasons for their continued stay in acute care facilities is available. 	
Constraints:	<ul style="list-style-type: none"> While the Commonwealth Government is responsible for the policy, planning, allocation and subsidisation of community and residential aged care most of these services are delivered by not-for-profit or for-profit organisations that choose whether they will take up the delivery of community and residential aged care services in particular region and also impact on the length of time it takes for services to be established (this relates particularly to the residential aged care places). 	
Exclusions:	<ul style="list-style-type: none"> Excludes people who require residential aged care but are not in the appropriate age range (for example people with a disability that require residential care) as the funding for these people is currently the responsibility of the State or might be the responsibility of the NDIS in the 	

	future.		
Summary of Activities	<ul style="list-style-type: none"> • Establishment of a steering committee with Hospital and Health Board Chair representation (as per outcome from Board Chairs meeting on 25 November 2015). • Prepare background documentation providing an overview of the situation. • Undertake a Statewide LSOP census and undertake other data analysis. • Develop options for managing this issue into the future including negotiations with the Commonwealth and presenting papers to the COAG Health Council 		
Stakeholders:	Who	Nature of Involvement	Management Strategy
Minister for Health and Minister for Ambulance		<ul style="list-style-type: none"> • Receipt of finalised document 	<ul style="list-style-type: none"> • Updates as required by Executive Sponsor
Hospital and Health Service Board (HHB) Chairs		<ul style="list-style-type: none"> • Provision of HHS experience, issues and impact 	<ul style="list-style-type: none"> • Via the Steering Committee • Overall Guidance • Consultation with Hospital and Health Service Boards • Provision of feedback on documentation
Hospital and Health Service	Chief Executives	<ul style="list-style-type: none"> • Provision of HHS experience, issues and impact 	<ul style="list-style-type: none"> • Through Board Chairs • Through Strategic Policy
Strategy, Policy and Planning Division	Funding Strategy Health Statistics Unit System Planning Branch	<ul style="list-style-type: none"> • Provision of expertise and advice as required. 	<ul style="list-style-type: none"> • Strategic Policy liaison
Healthcare Purchasing and System Performance	Healthcare Purchasing and Funding	<ul style="list-style-type: none"> • Consideration of options for managing funding arrangements with HHSs 	<ul style="list-style-type: none"> • Strategic Policy liaison
Commonwealth Government	Commonwealth Assistant Minister for Health the Hon Ken Wyatt AM, MP Commonwealth Department of Health	<ul style="list-style-type: none"> • Responsible for aged care in Australia 	<ul style="list-style-type: none"> • Minister and Director-General communication & negotiations
Project Governance	Name	Position	Responsibility
	Kathleen Forrester	Deputy Director General – Strategy, Policy and Planning Division	<ul style="list-style-type: none"> • Executive Sponsor and chair of the Project Steering Committee
	Robert McCarthy	Chair, Torres and Cape HHB	<ul style="list-style-type: none"> • Project Steering Committee
	Carolyn Eagle	Chair, Cairns and Hinterland HHB	
	John Bearne	Chair, Townsville HHB	

	Mike Horan	Chair, Darling Downs HHB		
	Graham Kraak	Director, Strategic Policy	• Project Director	
	Josephine Peat	Principal Policy Officer, Strategic Policy	• Secretariat, research, documentation	
Risk	Likelihood	Consequence	Prevention	Contingency
Differing views on issues between DoH and HHS	Possible	Minor	Present data; provide opportunity to discuss issues; identify differences	Provide overview of different issues from different regions etc.
Inability to agree reasonable options for resolution of issues	Possible	Minor	Rank options in terms of feasibility and political risk/acceptance	Identify a range of possible options that suit different regions
Commonwealth does not act on identified issues (would continue business as usual)	Likey	Moderate	Seek support from other jurisdictions	Examine internal alternatives to manage cost escalation
Project evaluation methodology	Feedback from Board Chairs, DDG, DG and Minister's Office			

Author	Cleared by:	Content Verified By:
Josephine Peat	Graham Kraak	Kathleen Forrester
Principal Policy Officer	Director	Deputy Director-General
Strategic Policy	Strategic Policy	Strategy, Policy and Planning Division
3222 2914	3234 0289	3405 5773
19 January 2016	5 February 2016	

email:

Dear

Thank you for your nomination following the November 2015 HHB Chair's Forum to participate in a Chair's Steering Committee on Long Stay Older Patients (LSOP) in Queensland public hospitals. The establishment of the Steering Committee has been formally approved by Mr Michael Walsh, Director-General, Department of Health and I am pleased to be involved in the Steering Committee in the role as Chair.

The first meeting of the Working Group is scheduled to take place in Brisbane on Wednesday 7 September from 3.30pm to 5pm. The meeting will be held in the level 13 Conference Room, Queensland Health Building, 147-163 Charlotte St, Brisbane.

I have attached the draft Terms of Reference for the Steering Committee detailing that the LSOP Steering Committee has been established to:

- identify issues and review the data presented in the draft 2016 census report
- provide Hospital and Health Service experience regarding issues and data
- identify options and provide strategic advice on managing the issues to decrease future impacts
- review existing data sources for on-going reporting on the LSOP issue and for monitoring the effectiveness of strategies.

Prior to our first meeting I will forward the meeting agenda, a copy of the 2016 census report and other background papers.

Yours sincerely

Kathleen Forrester
Deputy Director-General
Strategy, Policy and Planning
Queensland Health

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3234 0259
4 May 2016

Cleared by: Rachel Vowles
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9 June 2016

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Strategic Policy and Legislation Branch
3234 0914
14 June 2016

Cleared by: Kathleen Forrester
Deputy Director-General
Strategy, Policy and Planning Division
3405 5773
June 2016

RTI Release

LSOP Steering Committee

Agenda

Queensland Health Long Stay Older Patient Steering Committee

Date: 7 September 2016
 Time: 3.30pm – 5.00pm
 Venue: Level 13 Conference Room
 Queensland Health Building, 147-163 Charlotte Street, Brisbane

Membership	
Kathleen Forrester (Chair)	Deputy Director General, Strategy Policy and Planning Division
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/g Executive Director, Strategic Policy and Legislation Branch
Apologies	
QH LSOP Project Team (Strategic Policy Team)	
Rachel Vowles	A/Director
Stephen Stewart	Manager

Agenda Item	Time	Speaker
1. Welcome and apologies		
2. Endorse Terms of Reference (Attachment 1)	15 min	Chair
3. Discuss 2016 LSOP census report <ul style="list-style-type: none"> • Comments and feedback regarding the 2016 report. • Review the reliability of existing data sources for on-going reporting on the LSOP issue and for the suitability of monitoring the effectiveness of possible strategies. • Discussion regarding future consultation with HHSs to investigate the reasons for delay in discharge of LSOPs and impact on bed days (eg. Wait for RACF place, wait for asset test/financial assessment, difficult to place due to behavior/dementia, other and family to select facility). • Report will be updated and sent to Steering committee for further feedback. 	45 min	Chair
4. Discuss plans for future meetings <ul style="list-style-type: none"> • How do we develop options for managing this issue into the future? • Future agenda items. 	15 min	Chair
5. Close Proposed next meeting TBA.	5 min	Chair

RTI RELEASES

Long Stay Older Patients Steering Committee

Terms of Reference

1. Background

A public patient is a Long Stay Older Patient (LSOP) when they meet the following criteria:

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

Hospital and Health Services have identified a significant number of Long Stay Older Patients (LSOPs) in hospital awaiting Commonwealth community or residential aged care placement. The delay in discharging LSOPs impacts the flow of patients through Queensland public hospitals. This delay increases the cost for the HHS in relation to the provision of services that should be subsidised by the Commonwealth Government.

2. Purpose

The LSOP Steering Committee has been established to:

- identify issues and review the data presented in the draft 2016 census report
- provide HHS experience regarding issues and data
- identify options and provide strategic advice on managing the issues to address future impacts
- review existing data sources for on-going reporting on the LSOP issue and for monitoring the effectiveness of strategies

3. Membership

Membership

- Chair, Torres and Cape Hospital and Health Board
- Chair, Cairns and Hinterland Hospital and Health Board
- Chair, Townsville Hospital and Health Board
- Chair, Darling Downs Hospital and Health Board
- A/g Executive Director, Strategic Policy and Legislation Branch, Department of Health

Secretariat

- Strategic Policy Unit.

4. Chair

- Deputy Director-General, Strategy, Policy and Planning Division

5. Quorum

The quorum for the LSOP Steering Committee meetings is a minimum of three members. Proxies are included in the determination of a quorum. In the absence of a quorum the meeting may continue at the Chair's discretion with items requiring a decision either deferred or circulated to Members as an Out-of-Session item.

6. Frequency of meetings

- Initial meeting will be face-to-face.
- The number of meetings held will be at the discretion of the Committee
- Subsequent meetings may be held via Teleconference.
- Future reading and advice to be provided by email as out of session items.

7. Meeting business

- Appointments will be sent via Outlook.
- Secretariat functions will be provided by Strategic Policy Unit. The Secretariat will keep a record of meeting proceedings.
- Meeting agendas and papers will be managed by the Strategic Policy Unit and sent to the membership at least five days prior to the meeting. Later agenda items may be tabled at the discretion of the Chair.
- Meeting minutes will be sent within four working days following the meeting.

RTI Request

Deputy Director-General Brief for Approval

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

Department Minister's office

SUBJECT: Meeting Notes for Long Stay Older Patients Steering Committee Meeting 7 September 2016

Recommendation

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

- Approve** the attached Meeting Notes, from the Long Stay Older Patients Steering Committee meeting held on 7 September 2016, to be circulated to Steering Committee Members.

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

- The Deputy Director-General chaired the first meeting of the Long Stay Older Patients Steering Committee on Wednesday 7 September 2016 and requested meeting notes be drafted to include key messages and actions from the meeting and circulated to Committee Members (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
 - Ms Carolyn Eagle, Chair, 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.
- The key action arising from the meeting is for the Strategic Policy Unit to request further information from each Hospital and Health Service (HHS) regarding the impact of Long Stay Older Patients on patient flow; and financial implications, including each HHS's policy on recovering fees for Long Stay Older Patients.
- The Strategic Policy Unit will progress these actions and have information available for the next Steering Committee meeting, tentatively scheduled for Wednesday 7 December 2016.
- As the Secretariat, the Strategic Policy Unit will circulate the approved meeting notes to Steering Committee members on behalf of the Chair.

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Vision

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

Results of Consultation

- Consultation is currently underway with Clinical Excellence Division to link with similar projects in their Division and to determine a suitable approach for examining the impacts of Long Stay Older Patients on patient flow.
- Healthcare Improvement Unit has been working in collaboration with the General Medicine Clinical Network and external Queensland Government departments to explore interagency processes that impact that on length of stay and occupied bed days across Queensland Public Hospitals for Long Stay Patients with cognitive impairment and who require the appointment of a substitute decision maker.

Resource Implications (including Financial)

- The key actions in the meeting notes will be fulfilled by the Strategic Policy Unit, within existing resources.

Background

- On behalf of the Steering Committee, Mr Michael Horan provided a brief overview of the outcomes of the first Steering Committee meeting at the Board Chairs Forum on Thursday 8 September 2016 (Attachment 2).
- The impact of long stay older patients 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.

Attachments

- Attachment 1: Meeting Notes – Long Stay Older Patients Steering Committee meeting
- Attachment 2: Notes prepared for Mr Michael Horan for the Board Chairs Forum.

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
312 41056	3234 0259	3234 0914
22 September 2016	22 September 2016	27 September 2016

Long Stay Older Patients Steering Committee

Meeting Notes

Queensland Health Long Stay Older Patient Steering Committee

Date: Wednesday 7 September 2016
 Time: 3.30pm – 5.00pm
 Venue: Level 13 Conference Room, Queensland Health Building, 147 Charlotte Street, Brisbane

Attendees	
Kathleen Forrester (Chair)	Deputy Director General, Strategy, Policy and Planning Division
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/Executive Director, Strategic Policy and Legislation Branch
Apologies	
Robert McCarthy	Chair, Torres and Cape Hospital and Health Board
QH LSOP Project Team (Strategic Policy Team)	
Emily Cross	Principal Policy Officer

Long Stay Older Patients Steering Committee

Key Messages and Actions

1. The Committee agreed on its Terms of Reference and discussed key outputs the Committee will focus on:
 - a. building an understanding of the broader impact of LSOPs on the hospital system
 - b. providing thought leadership on interactions with the Commonwealth on shared responsibilities for LSOPs and inefficiencies of My Aged Care
 - c. contributing practical solutions and strategies for decreasing the number of LSOPs.
2. The Committee recognised that it is important for people regardless of their age to have access to the right care, in the right place at the right time. Older people should have access to hospital care when they need it. Equally when hospital care is no longer required older people should be able to return to their own home as soon as possible, whether that is in a nursing home or their own private home.
3. The Committee identified that there is a complex interplay of a range of issues that affect the number of LSOP including:
 - a. supply of aged care places
 - b. nature of services delivered by aged care providers
 - c. the process of accessing aged care services (My Aged Care, ACAT)
 - d. internal HHS processes of monitoring and responding
 - e. utilisation of other programs such as transition care.
4. The Committee also discussed the responses that Cairns and Hinterland HHS had recently put in place in order to address this issue.
5. A number of areas have been identified for further examination including:
 - a. the impact of Long Stay Older Patients on patient flow and broader hospital performance. What is the flow-on effect to NEAT and NEST performance?
 - b. the financial costs of Long Stay Older Patients. What is each HHSs/hospitals policy for charging fees for Long Stay Older Patients? A sensitive and consistent approach to recovering fees from Long Stay Older Patients across Queensland is recommended with clear messaging focused on finding the most appropriate patient accommodation.
 - c. opportunities to share immediate practical solutions implemented by Cairns and Hinterland HHS to address the issue such as quarterly reporting to the Hospital and Health Board and appointing a dedicated Social Worker to assist families and build capacity in the community.
6. Next steps are for the Department to seek further information from the HHSs to better understand patient flow and financial impacts of LSOPs; and to provide this information to the Committee ahead of the next meeting in December 2016 where the Committee will form recommendations.

Long Stay Older Patients Steering Committee 7 September 2016

Speaking points (key messages and actions)

1. There is a need to drive improvements in State and Commonwealth health systems to assist older people to return to their place of residence after an acute admission. For the social and physical wellbeing of the older person, a hospital is not a home.
2. It is important to further examine the impact of Long Stay Older Patients on patient flow and broader hospital performance to better understand the flow-on effect to NEAT and NEST performance.
3. Further information is needed from Hospital and Health Services (HHS) to examine the financial costs of Long Stay Older Patients. For example, what is each HHS/hospital policy for charging fees for Long Stay Older Patients?
4. Opportunities should be explored and progressed to share immediate practical solutions implemented by Cairns and Hinterland HHS to address the issues, such as quarterly reporting to the Hospital and Health Board and potentially appointing dedicated social workers to assist families and build capacity in the communities.
5. Next steps:
 - The Department of Health will request additional information from HHSs to further understand the patient flow and financial impacts of Long Stay Older Patients; and
 - the Steering Committee will meet again in December 2016 to form recommendations for ensuring older people are placed in the most appropriate accommodation.

RTI RELEASED