Deputy Director-General Brief for Approval

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

☐ Department ☐ Minister's office

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

Recommendation/s

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

1. **Approve** the attached Summary Report of the 2016 Long Stay Older Patients Census to be provided to the Long Stay Older Patients Steering Committee
   APPROVED / NOT APPROVED

2. **Send** the attached meeting documents to the Long Stay Older Patients Steering Committee Members ahead of the first meeting on 7 September 2016
   APPROVED / NOT APPROVED

KATHLEEN FORRESTER **Date: / /**
Deputy Director-General

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

Deputy Director-General's comment ☐

Issue/s

1. The Deputy Director-General is chairing the first meeting of the Long Stay Older Patients Steering Committee on Wednesday 7 September 2016, 3:30 to 5:00pm. Attached is the run sheet with speaking notes for the meeting (**Attachment 1**).
2. The Steering Committee members include Graham Kraak, Acting 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.
3. As approved in the previous briefing note (**Attachment 2**: ST000253), the Deputy Director-General sent an email inviting the four board chairs to attend the meeting, with the draft Terms of Reference for the Steering Committee attached with the email. The email also noted that prior to the first meeting, the Agenda and the Summary Report of the 2016 Long Stay Older Patients Census would be sent in advance with any other background papers.
4. The draft Terms of Reference for the Steering Committee, notes that meeting papers will be sent to Committee members at least five days prior to the meeting. Therefore, meeting papers should be sent by Wednesday 31 August 2016 at the latest.
5. The Summary Report for the 2016 Long Stay Older Patients Census has been completed and is attached for the Deputy Director-General's approval to send to Steering Committee Members

with meeting papers. It is suggested that for background information, the Summary Report for the 2014 Long Stay Older Patients Census also be sent to Steering Committee Members.

6. An email has been drafted (**Attachment 3**) for the Deputy Director General to send to the Steering Committee Members with the following papers attached to the email:
   - Agenda (**Attachment 4**)
   - Draft Terms of Reference for the Long Stay Older Patients Steering Committee (**Attachment 5**)
   - Summary Report of the 2016 Long Stay Older Patients Census (**Attachment 6**)
   - Summary Report of the 2014 Long Stay Older Patients Census (**Attachment 7**)
   - Background Paper: Aged Care in Queensland (**Attachment 8**)

Vision

7. 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 Pursing Innovation.

Results of Consultation

8. Further consultation with HHSs is required to investigate the reasons for delay in discharge and identify strategies to address the issue.

Resource Implications (including Financial)

9. 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.
10. 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

11. 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

12. Attachment 1: Meeting run sheet with speaking notes
13. Attachment 2: Previous DDG Brief regarding the Steering Committee meeting (ST000253)
14. Attachment 3: Email to Steering Committee Members
15. Attachment 4: Agenda

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

16. Attachment 5: Steering Committee Draft Terms of Reference
17. Attachment 6: Summary Report for the 2016 Long Stay Older Patients Census
18. Attachment 7: Summary Report for the 2014 Long Stay Older Patients Census
19. Attachment 8: Background Paper – Aged Care in Queensland

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Emily Cross	Stephen Stewart	Graham Kraak
Principal Policy Officer	Manager	A/Executive Director
Strategic Policy	Strategic Policy Unit	Strategic Policy and Legislation Branch
322 22924	3234 0259	3234 0914
25 August 2016	26 August 2016	31 August 2016

Long Stay Older Patients Census

Purpose of Meeting:

To review the 2016 Long Stay Older Patients Summary Report and provide strategic advice on managing Long Stay Older Patient issues into the future.

Time	Activity	Deputy Director-General's speaking points	Speaker
3.30pm – 3.40	Welcome and Scene Setting	• Good afternoon and welcome to the first Long Stay Older Patients Steering Committee meeting of Board Chairs. • My name is Kathleen Forrester and I am the Deputy Director-General of the Strategy, Policy and Planning Division and I will be your Chair for today. • To commence proceedings, I would like to respectfully acknowledge the Turrabul and Jagera people as Traditional Owners of the land on which this event is taking place and Elders both past and present. • I also recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders. • Thank you for nominating yourselves to form the Long Stay Older Patient Steering Committee following the meeting of Board Chairs on 25 November 2015, where it was recommended to form the Committee. • I thank you for your patience this year while the 2016 Long Stay Older Patient Census was conducted, with data collected from 74 facilities throughout Queensland. The findings from this census are presented in the Summary Report we will review today.	Deputy Director-General, Department of Health

Time	Activity	Deputy Director-General's speaking points	Speaker
		• I would also like to thank the Hospital and Health Services (HHSs) and their officers for their participation in this manual census and acknowledge their commitment of conducting the census on top of their day to day demands. **Background and Purpose of Today's Meeting** • The purpose of this first meeting of the Steering Committee today is to firstly endorse the Terms of Reference for the Committee; and secondly to review the Long Stay Older Patient (LSOP) data collected from the 2016 census; and discuss the findings presented in the Summary Report provided. • As you can see from the Agenda, the Committee is also asked to consider the methodology of the manual census for collecting the data and consider how this could be improved to increase the reliability of assumptions we make from the data. And what further consultation with the HHSs is necessary for this Committee to identify the key issues and provide strategic advice on managing LSOPs into the future. • LSOPs in public facilities have been a long standing issue for State Health systems. You may be aware from 2011-12 to 2013-14 there was a National Partnerships Agreement on Financial Assistance for Long Stay Older Patients between the Commonwealth and the States and Territories. This agreement formalised a Commonwealth funding contribution to recognise 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.	

Time	Activity	Deputy Director-General's speaking points	Speaker
		• While this came to an end in 2013-14, with no further financial assistance from the Commonwealth, the subsequent manual censuses conducted in 2014 and 2016 reveal that LSOPs remain a large cohort in public facilities. This is a concerning issue for our patients and for Queensland's public health system.	
3.40pm – 3.45	Endorse Terms of Reference	• I trust you received a copy of the draft Terms of Reference for the formation of the Steering Committee. The draft Terms of Reference provides a brief background and details the purpose of the Steering Committee and meeting parameters. I note in the Terms of Reference that while this initial meeting is face-to-face our subsequent meetings maybe held via teleconference or video conference if members would prefer. • I invite your feedback on the draft Terms of Reference for amendments; or if no amendments are put forward, I suggest a Steering Committee member move a motion that the attached Terms of Reference are endorsed.	Deputy Director-General, Department of Health
3.45pm – 4.00	Discuss 2016 LSOP Census Report	**Comments and feedback regarding the 2016 report and findings.** • The collated data and findings from the 2016 manual census are provided in the Long Stay Older Patients Census Summary Report. This report makes comparisons with the data collected from the 2014 census. The 2014 Summary Report has also been provided for your information. • For patients to be counted in the 2016 census they needed to be: ○ 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	Deputy Director-General, Department of Health Board Chairs

Time	Activity	Deputy Director-General's speaking points	Speaker
		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. • Some fast facts from the Summary Report: ○ There were 238 LSOPs in acute facilities in 2014 and 298 in 2016, representing a 25 percent increase from 2014. ○ Townsville had the largest share of the total number of LSOPs in acute facilities in 2016 at 24 percent; Metro North had the next largest share at 14 percent. ○ The increase in LSOPs was not uniform across the HHSs – Cairns and Hinterland HHSs had the largest decrease, while Townsville saw the largest proportional increase. ○ Gold Coast, Metro North and Torres and Cape had similar numbers identified in their acute facilities in both the 2014 and 2016 censuses. ○ Occupied bed days in this report is the number of days between the date the patient was considered to be safe for discharge and the census date of 18 May 2016. ○ On the census date in 2014, the 238 LSOPs accounted for 12,200 occupied bed days; and in 2016 this number was 24,000 occupied bed days. ○ This means LSOPs stayed longer on average in 2016 with almost	

Time	Activity	Deputy Director-General's speaking points	Speaker
		double the number of occupied bed days compared to 2014. ○ The demographics remain similar across the 2014 and 2016. And a similar number of Aboriginal or Torres Strait Islander people were identified in the 2014 and 2016. ○ The occupied bed days for the 65-69 year age group decreased from 17 percent of the total in 2014 to 9 percent in 2016. ○ The occupied bed days for the 85 years and over age group increased from 35 percent of the total in 2014 to 43 percent in 2016. ○ Both the 2014 and 2016 censuses revealed that as remoteness increases the average length of stay of the LSOP also increases – length of stay was up to four times long in outer regional areas compared with major cities and inner regional. ○ The leading reason for the delay in discharging LSOPs remained the same in 2014 and 2016 and was, "Wait for a Residential Aged Care bed". However, "Difficult to place due to behaviour/dementia" replaced, "Waiting asset test/financial assessment" as the next leading cause for the delay. • Open discussion from Steering Committee members. **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.** • The data collected on LSOPs is intended to assist HHSs in monitoring this issue; and to provide evidence to support decision making and review of	

Time	Activity	Deputy Director-General's speaking points	Speaker
		strategies that are put in place. • The Department will also continue to use the data to inform feedback to the Commonwealth Government regarding the impact of Aged Care Reforms and LSOPs on the public hospital system. • Increasing the reliability of the data and improving the collection method for HHSs could improve the effectiveness of the data for both HHSs and the Department. • The current method to conduct the 2016 census relied on HHSs to nominate contacts in each of their facilities and then each contact manually identifying every LSOP who met the inclusion criteria. HHSs employed different methodologies for identifying LSOPs including running database searchers or working through patient charts. • Last year the Strategic Policy Unit further investigated other possible methods for collecting the data with the aim to decrease the burden on the HHSs in manually collecting the data; increasing the reliability of the data through removing inconsistences to identifying LSOPs; and being able to replicate the data multiple times across the year. • As noted in the Summary Report, Statistical Services Branch trialed a Data Matching Exercise to identify LSOPs by matching data held in the Queensland Health Admitted Patient Data Collection and the Aged Care Evaluation Database. • The data matching exercise identified 184 LSOPs in public health facilities on 21 October 2015. In light of the 2014 and 2016 manual censuses, this	

Time	Activity	Deputy Director-General's speaking points	Speaker
		number appears low and may reflect that the data matching methodology may not comprehensively identify all LSOPs. This method also does not allow collection of the qualitative data such as the reason for the delay in discharge. • Open discussion from the Steering Committee members on the collection of data; the usefulness of the data for HHSs in terms of monitoring the issue; and how improvements could be made such as the use of systems within HHSs to monitor LSOPs within their hospitals? **Discussion regarding future consultation with HHSs to investigate the reasons for delay in discharge of LSOPs and impact on bed days (e.g. Wait for RACF place, wait for asset test/financial assessment, difficult to place due to behavior/dementia, other and family to select facility).** • I'd like to start the discussion by inviting the Cairns and Hinterland and Townsville Chairs to share their thoughts – Cairns and Hinterland the HHS with the largest decrease in LSOP numbers and Townsville with the largest increase in LSOPs – as this is a great opportunity to understand if there are any specific reasons that can be identified for these numbers. Has Cairns and Hinterland put in place specific strategies that might have impacted their LSOP numbers? • Further looking into the Cairns and Hinterland and Townsville data reveals that Cairns and Hinterland LSOPs stayed an average 50 days, while Townsville's LSOPs stayed on average 163 days. The average length of stay for all LSOPs in 2016 was 81 days.	

Time	Activity	Deputy Director-General's speaking points	Speaker
		• Thoughts from Steering Committee Members on what further consultation with HHSs is advised to investigate the reasons for delay in discharge further? **Report will be updated and sent to Steering Committee for further feedback.** • Thank you for feedback and discussion today on the findings from the 2016 Census. The Strategic Policy Unit will update the 2016 Long Stay Older Patients Summary Report to reflect these discussions and send to members with a copy of the minutes.	
4.00pm – 4.15	Discuss Plans for future meetings	**How do we develop options for managing this issue into the future?** • How will the Steering Committee achieve its purpose of identifying issues associated with LSOPs and providing strategic advice on managing the issues to address future impacts? • What further information is required to provide strategic advice on this issue? • Future agenda items.	Deputy Director-General, Department of Health Board Chairs
4.15pm – 4.20	Close	• A brief summary of the outcomes of the meeting. • The Strategic Policy Unit will draft the minutes including any action items from the meeting and send to Steering Committee members. • What date suits Steering Committee members for the next meeting?	Deputy Director-General, Department of Health
4.20	End of meeting		

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 (OHSA) 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.

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

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

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

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Strategic Policy	Strategic Policy	Strategic Policy and Legislation Branch
3234 0259	3234 0289	3234 0914
4 May 2016	9 June 2016	14 June 2016

Enquiries to: First name last name
Title
Unit / Branch
Telephone: Telephone Number
File Ref: DGNumber

title first name/initial surname
occupational title
organisation
address
CITY STATE POSTCODE
Email:

Dear

I am looking forward to meeting with you on Wednesday 7 September for the first meeting of the Long Stay Older Patients Steering Committee. Please find attached the following documents ahead of the meeting:

Attachment 1: Agenda
Attachment 2: Draft Terms of Reference
Attachment 3: Summary Report of the 2016 Long Stay Older Patients Census
Attachment 4: Summary Report of the 2014 Long Stay Older Patients Census
Attachment 5: Back ground Paper - Aged Care in Queensland

The first meeting of the Steering Committee 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.

Please advise if you would like a car park booked in the Queensland Health Building and if you have any dietary requirements for afternoon tea.

Yours sincerely

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

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Long Stay Older Patients Steering Committee

Agenda

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

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/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)	
Rachel Vowles	A/Director
Stephen Stewart	Manager

Agenda Item	Time	Speaker
1. Welcome and apologies	10 min	Chair
2. Endorse Terms of Reference (Attachment 1)	5 min	Chair Board Chairs
3. Discuss 2016 LSOP Census Report (Attachment 2) • Comments and feedback regarding the 2016 report and findings. • 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 (e.g. 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 Board Chairs
4. Discuss plans for future meetings • How do we develop options for managing this issue into the future? • Future agenda items.	15 min	Chair Board Chairs
5. Close Proposed next meeting TBA.	5 min	Chair

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.

Long Stay Older Patients Census

Summary Report

2016

Queensland Government

Long Stay Older Patients Census: Summary Report

This Summary Report is for internal Department of Health use only. Due to potential patient confidentiality issues, permission should be sought from the Strategic Policy Unit before content is shared or reproduced in whole or part.

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 3222 2916.

Contents

Figures

Tables

1. Background

On 18 May 2016, a statewide census of public patients who met the criteria to be recognised as long stay older patients (LSOPs) was conducted in Queensland. This included all public hospitals and private hospitals where beds are purchased for public patients (for example the Mater Adult Hospital in Brisbane).

The last manual census was undertaken on 22 October 2014, with results included in this report to compare with the 2016 census. The LSOP Censuses of 2011-12 and 2012-13 were undertaken 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.

On 21 October 2015, a data matching exercise to identify public patients who met the criteria to be recognised as LSOPs was undertaken. This exercise was conducted by Statistical Services Branch through a data matching process between data held in the Queensland Health Admitted Patient Data Collection and Aged Care Evaluation Database. This methodology was trialled to determine whether existing data sets could be used to exact the data in place of the manual census.

Benefits of the data matching exercise is the possible increase in the quality of the data collected (versus the manual collection of data); and the ability to replicate the data matching exercise across the year to test for seasonal variation. The drawbacks of the data matching exercise is that although the data quality is reliable (the data matches the search criteria) the data set maybe incomplete as the data matching criteria is limited compared with manually determining exclusion and inclusion of patients. The manual census also allows for collection of additional qualitative data such as the reason for delay in discharge.

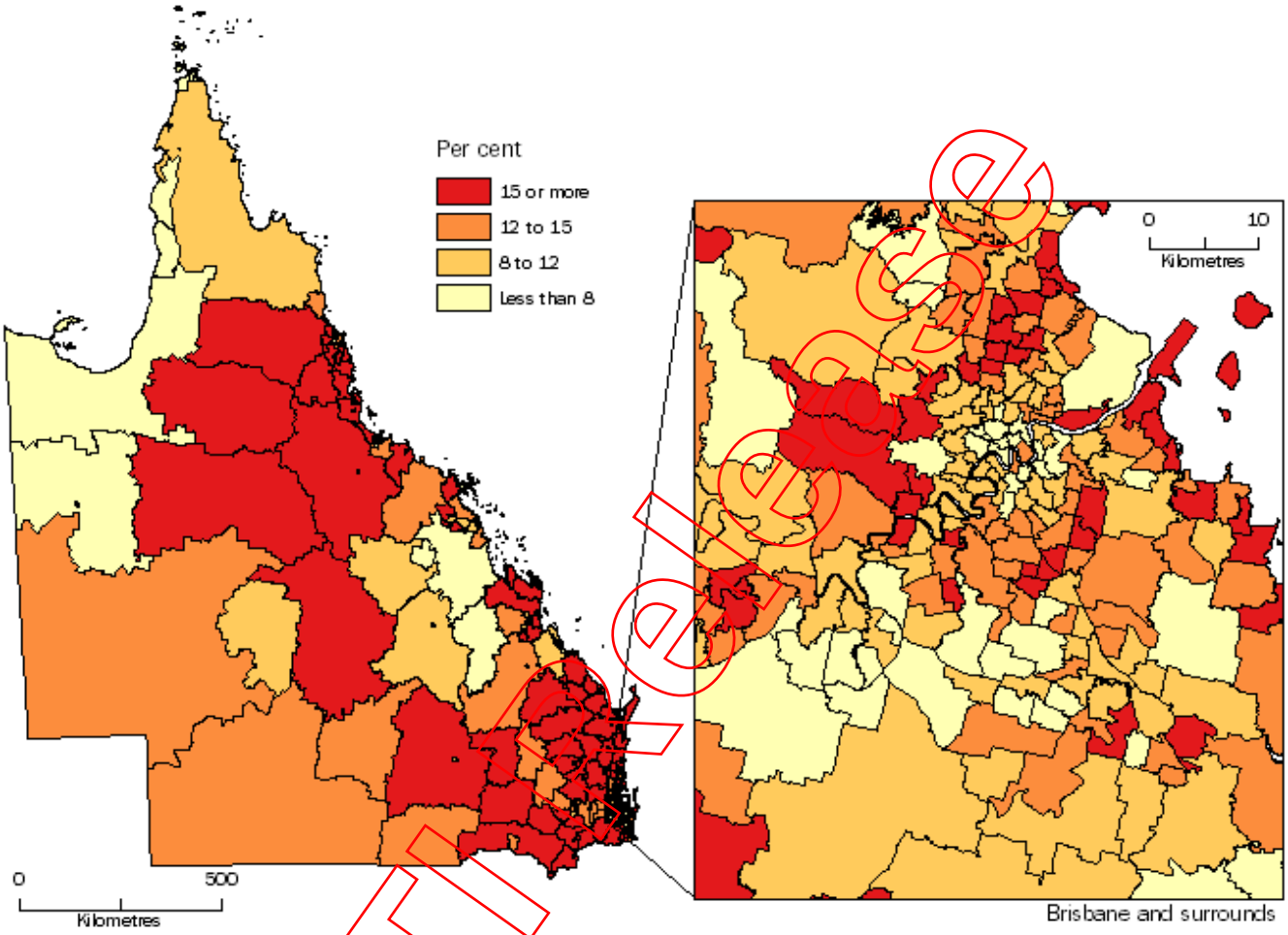
1.1 Older People in Queensland

The Australian Bureau of Statistics reports that in the five years to June 2014, the number of people aged 65 years and over in Queensland increased by 124,300 people to reach 659,800, accounting for 14 percent of the state's population.[1] Figure 1 shows the

[1] Australian Bureau of Statistics. *Population by Aged and Sex, Regions in Australia, 2014*. (Cat. No. 3235.0)

distribution of the population aged 65 years and over by Statistical Areas Level 2[2] (SA2) for Queensland as at 30 June 2014. During this period the proportion of people aged 65 years and older increased in Greater Brisbane from 11 percent to 12 percent but increased from 13 percent to 15 percent in the rest of Queensland.

Figure 1 POPULATION AGED 65 YEARS AND OVER, Statistical Areas Level 2, Queensland - 30 June 2014



[2] 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

In 2014, there were 680,078 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 provides a breakdown of this population in five year age groups by HHS in 2014.

Table 1 Estimated Resident Population of Queensland as at June 2014

HHS	Aboriginal and Torres Strait Islander Population Only	Total Queensland Population*					
	50-64	65–69	70–74	75–79	80–84	85 and over	Total
Cairns & Hinterland	3,168	12,002	8,471	5,592	3,809	3,518	36,560
Central Queensland	1,237	8,782	6,567	4,755	3,342	3,057	27,740
Central West	142	586	429	282	271	197	1,907
Darling Downs	1,307	15,292	11,825	8,437	6,073	5,591	48,525
Gold Coast	968	29,057	21,020	14,957	10,394	10,707	87,103
Mackay	964	6,918	4,776	3,456	2,313	2,089	20,516
Metro North	1,925	41,822	29,636	20,864	15,418	16,158	125,823
Metro South	2,470	45,357	30,991	21,942	15,738	16,758	133,256
North West	981	946	599	355	239	173	3,293
South West	396	1,197	898	659	500	391	4,041
Sunshine Coast	907	24,770	18,830	13,172	9,237	8,982	75,898
Torres and Cape	1,966	665	411	194	145	151	3,532
Townsville	1,884	9,994	7,237	5,179	3,572	3,473	31,339
West Moreton	956	11,104	7,894	5,409	3,461	3,278	32,102
Wide Bay	1,008	16,060	12,330	8,719	5,549	4,777	48,443
Total	**20,279**	**224,552**	**161,914**	**113,972**	**80,061**	**79,300**	**680,078**

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,16 September 2015.

2. Methodology

2.1 Overview

On 22 April 2016 a memo was sent to 15 of Queensland's16 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 18 May 2016. Each HHS contact then collated the data sets from their HHS and returned to Strategic Policy Unit for data verification and analysis.

2.2 Inclusion Criteria

The Queensland Department of Health conducted a LSOP census on Wednesday 18 May 2016 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.

2.3 Exclusions

Not all the data submitted by Queensland's Hospital and Health Services 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.

2.4 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 data base and similar analyses were conducted to the 2014 census report to allow comparisons across the years.

2.5 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. For example, the 2014 census was conducted in October 2014, while the 2016 census was conducted in May 2016.

3. Results for the 2016 Queensland LSOP Census

3.1 Facilities

On the 18 May 2016, 391 public patients were identified who met the criteria for inclusion in the LSOP census. These 391 patients were in 74 (64 public, 10 private) facilities across 14 of the 15 eligible HHSs (Central West HHS did not identify any eligible LSOPs) plus Mater Health Service (see Appendix A for the list of the facilities and number of LSOPs per facility).

A total of 23 additional facilities and 153 more patients were identified in 2016, representing a 64 percent increase on the 2014 LSOP census count which identified 238 LSOPs. As only data from acute facilities was collected in the 2014 census, this increase in the number of LSOPs in 2016 is at least in part due to the inclusion of public patients placed in non-acute facilities for interim care awaiting a RACF placement.

In 2016, 298 LSOPs were identified in acute facilities as awaiting placement in a RACF; while 93 LSOPs were transferred from an acute facility to a non-acute facility as a public patient to await placement in a RACF. To increase the reliability of comparing 2014 and 2016 census results, the 2016 results are presented both with and without the data from the non-acute facilities (Tables 2 & 3).

Table 2 Number of LSOPs by HHS and Mater Health Service

HHS	LSOPs 2016 (Acute Facilities Only)	% LSOPs	LSOPs 2016 (All Facilities)	% LSOPs
Cairns & Hinterland	19	6	19	5
Central Queensland	22	7	22	6
Darling Downs	31	10	31	8
Gold Coast	14	5	25	6
Mackay	[redacted]	2	[redacted]	1
Metro North	42	14	101	26
Metro South	35	12	48	12
North West	[redacted]	1	[redacted]	1
South West	[redacted]	1	[redacted]	1
Sunshine Coast	19	6	19	5
Torres and Cape	[redacted]	0	[redacted]	0
Townsville	71	24	81	21
West Moreton	9	3	18	5
Wide Bay	18	6	9	2
Mater Health Service	7	2	7	2
Grand Total	**298**	**100**	**391**	**100**

In October 2015 a data matching exercise identified 184 LSOPs in Queensland facilities; 54 less than the 2014 census and 114 less than the 2016 census. As a different methodology was used to collect the data for the 2015 census, comparisons with previous years is limited. Accordingly, the results from the 2016 census are compared with the 2014 census for a more reliable comparison between years.

Table 3 Number of LSOPs in HHSs and Mater Health Service 2014, 2015 & 2016

HHS	LSOPs 2014	LSOPs 2015*	LSOPs 2016 (Acute Facilities Only)	LSOPs 2016 (All Facilities)
Cairns & Hinterland	56	27	19	19
Central Queensland	15	16	22	22
Darling Downs	26	13	31	31
Gold Coast	15	14	14	25
Mackay				
Metro North	40	23	42	101
Metro South	29	28	35	48
North West				
South West				
Sunshine Coast	9	10	19	19
Torres and Cape				
Townsville	22	26	71	81
West Moreton	13	10	9	18
Wide Bay	11	7	18	9
Mater Health Service			7	7
Grand Total	**238**	**184**	**298**	**391**

*A different collection methodology was undertaken for the 2015 census compared with the 2014 and 2016 manual census. Comparisons with the 2015 results should be considered with caution.

The number of LSOPs identified in acute facilities in 2016 increased by 60 people compared to the 2014 census, representing a 25 percent increase in numbers. Table 4 compares the number of LSOPs identified through manual censuses undertaken in previous years.

Table 4 Number of LSOPs in Queensland 2006, 2012, 2013, 2014 & 2016*

LSOPs 2006	LSOPs 2012	LSOPs 2013	LSOPs 2014	LSOPs 2016*
485	228	207	238	298

*The 2016 results include acute facilities only

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 post the census date.

The number of OBDs between the date the 298 LSOPs in acute facilities would have been safe to discharge and the date of the census was 24,000 days (Table 5). This figure is almost double the number of bed days from the 2014 census. The average length of OBDs has also increased from 54 OBDs in 2014, to 81 OBDs in 2016.

Table 5 **Occupied Bed Days for LSOPs between date considered safe for discharge if appropriate aged care services in place and census date 2014 and 2016**

HHS	Total OBD		Average OBD		Min OBD		Max OBD	
	2014	2016*	2014	2016*	2014	2016*	2014	2016*
Cairns & Hinterland	5,182	947	96	50	1	5	509	142
Central Queensland	500	1,365	36	62	5	1	71	205
Darling Downs	1,782	4,850	94	156	1	0	610	2,454
Gold Coast	363	1,116	24	45	1	0	140	322
Mackay	112	97	112	19	112	6	112	29
Metro North	523	1,335	14	32	1	0	43	260
Metro South	823	1,453	28	42	1	1	97	168
North West	0	47	0	24	0	13	0	34
South West	12	539	12	180	12	47	12	413
Sunshine Coast	126	255	11	13	1	1	26	36
Torres and Cape	0	126	0	129	0	129	0	129
Townsville	2,253	11,573	102	163	26	0	378	1,737
West Moreton	302	575	23	32	1	1	50	279
Wide Bay	222	122	20	14	1	0	53	42
Mater Health Service	na	82	20	12	1	6	53	36
Grand Total	**12,200**	**24,000**	**54**	**81**				

*The 2016 results include acute facilities only

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 is shown in Table 6. In the 2016 (acute facilities only) there was a similar percentage of LSOPs located across the categories compared with the 2014 census (Table 7). Including all facilities in 2016, however, increased the number of LSOPs in the Major Cities category compared to the 2014 census (Table 6).

Similar to the 2014 census, although Major Cities (RA1) and Inner Regional (RA2) categories accounted for 59 percent of the LSOPs in the 2016 census, these categories only represented 27 percent of the total OBDs. The Outer Regional Australia category (RA3) accounted for 37 percent of the LSOPs but 64 percent of the total OBDs (Table 8).

The average OBD for LSOPs increased as the Remoteness Area increased and was significantly higher for RA3 and RA5 LSOPs (Table 8).

Table 6 **Number and Percentage of LSOPs by AGSC-RA Category 2016 All Facilities**

AGSC – RA Category	2016 All Facilities	
	LSOPs	% Total LSOPs
RA1 – Major Cities of Australia	197	50
RA2 – Inner Regional Australia	63	16
RA3 – Outer Regional Australia	121	31
RA4 – Remote Australia		1
RA5 – Very Remote Australia		2
TOTAL	**391**	**100**

Table 7 Number and Percentage of LSOPs by AGSC-RA Category 2014 & 2016 (Acute Facilities Only)

AGSC – RA Category	2014		2016 – Acute Facilities Only	
	LSOPs	% Total LSOPs	LSOPs	% Total LSOPs
RA1 – Major Cities of Australia	90	38	114	38
RA2 – Inner Regional Australia	60	25	63	21
RA3 – Outer Regional Australia	86	36	111	37
RA4 – Remote Australia	[redacted]	1	[redacted]	1
RA5 – Very Remote Australia	[redacted]	4	[redacted]	3
TOTAL	**207**	**100**	**298**	**100**

Table 8 Total OBDs by AGSC-RA Category from Safe to Discharge Date to Census Date 2016

AGSC – RA Category	2016 – All Facilities			2016 – Acute Facilities Only		
	OBDs	% of Total OBDs	Average OBDs	OBDs	% of Total OBDs	Average OBDs
RA1 – Major Cities of Australia	6,699	24	34	3,996	17	35
RA2 – Inner Regional Australia	2,350	8	37	2,350	10	37
RA3 – Outer Regional Australia	16,564	60	137	15,560	64	140
RA4 – Remote Australia	126	1	42	126	1	42
RA5 – Very Remote Australia	1,968	7	281	1,968	8	281
TOTAL	**27,707**	**100**	**71**	**24,000**	**100**	**81**

3.4 Demographics of LSOPs

The demographics sought on LSOPs are limited to age and Aboriginal and Torres Strait Islander status.

Age

While absolute numbers were higher in the 2016 census, there was not a significant variation in percentage spread of age groups between the 2014 and the 2016 census (Table 9). Similar to the 2014 census, the oldest LSOP identified in the 2016 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 2014 and 2016 census (Table 10). In 2016 (acute facilities only), the 65-69 year age group represented nine percent of the OBDs, down from 17 percent in 2014; and the 85 years and over aged group increased from 35 percent in 2014 to 43 percent in 2016.

Table 9 Age Group of LSOPs 2014 & 2016

Age Group	2014		2016 Acute Facilities Only		2016 All Facilities	
	LSOPs	% of Total	LSOPs	% of Total	LSOPs	% of Total
50-59	[redacted]	1	[redacted]	1	[redacted]	1
60-64	[redacted]	0	[redacted]	1	[redacted]	1
65-69	25	11	33	11	38	10
70-74	32	13	32	11	45	12
75-79	41	17	51	17	65	17
80-84	51	21	62	21	75	20
85 and over	85	36	114	38	162	41
Total	**238**	**100**	**298**	**100**	**391**	**100**

Table 10 OBD per age group for the 2014 & 2016

Age Group	2014		2016 Acute Facilities Only		2016 All Facilities	
	OBD	% of Total	OBD	% of Total	OBD	% of Total
50-59	91	1	1,286	5	1,286	5
60-64	61	1	154	1	154	1
65-69	2,031	17	2,122	9	2,296	8
70-74	1,864	15	4,535	19	5,419	19
75-79	2,301	19	2,787	12	3,248	12
80-84	1,591	13	2,784	12	3,219	12
85 and over	4,261	35	10,332	43	12,085	43
Total	**12,200**	**100**	**24,000**	**100**	**27,707**	**100**

Aboriginal and Torres Strait Islander Status

A total of 10 people identified as being of Aboriginal and Torres Strait Islander decent in the 2016 census compared to 11 in 2014 (in 2013 22 people identified as Aboriginal and Torres Strait Islander). In this census nine people identified as Aboriginal with an average age of 67 year old; and [redacted] identified as Torres Strait Islander who was [redacted] years of age.

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 391 LSOPs identified in this census 376 had been approved for permanent residential aged care, with the remaining approved for home support packages 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 reason for the delay in discharging the LSOP from their care from a set list of reasons as per Tables 11 and 12. The leading reason in both the 2014 and 2016 census was 'Waiting for a residential care bed,' accounting for just over half of all LSOPs. In 2016, 'Difficult to place due to behaviour/dementia' replaced 'Waiting for an asset text/financial assessment' in 2014 as the next leading reason for a delay.

In terms of the relationship between Reason for Delay in Discharge and OBDs, in both 2014 and 2016, 'Difficult to replace due to behaviour/dementia' had the highest average OBD; followed by 'Waiting for a residential care bed' in 2016.

Table 11 Reasons for delays in discharge and impact on OBDs 2014

Reason for Delay in Discharge	LSOPs	% of Total	OBD#	% of OBD	Average OBD
Waiting for residential care bed	129 (122)*	54	6,643	54	54
Waiting asset test/financial assessment	28 (26)*	12	1,792	15	69
Difficult to place due to dementia/behaviour/waiting for secure dementia bed	25	11	1,782	15	71
Other or Blank	19	8	1,120	9	59
Waiting for guardianship decision	18 (17)*	8	526	4	31
Family to select facility	[redacted]	6	296	2	21
Waiting for residential transition care	[redacted]	2	41	0	8
Total	**238 (228)***	**100**	**12,200**	**100**	**54**

* Numbers in brackets are those included in OBD count
\# Based on 228 LSOPs

Table 12 Reasons for delays in discharge and impact on OBDs 2016 (Acute Facilities Only)

Reason for Delay in Discharge	LSOPs	% of Total	OBD#	% of OBD	Average OBD
Waiting for residential care bed	157	53	12,835	53	82
Difficult to place due to behaviour/dementia	43	14	3,899	16	91
Family to select facility	29	10	797	3	27
Waiting for guardianship decision	24	8	1,493	6	62
Waiting asset test/financial assessment	[redacted]	3	412	2	52
Wait home care package	[redacted]	1	13	0	7
Other or Blank	35	12	4,551	19	130
Total	**298**	**100**	**24,000**	**100**	**81**

The reasons for delay in discharge by HHS in order of the number of OBD from date safe to discharge to the census date for the 391 LSOPs from all facilities in the 2016 census is shown in Table 13.

Table 13 Reasons for delays in discharge by HHS and impact on OBDs (in order of most OBDs) from all facilities in the 2016 census.

Hospital and Health Service	Reason for Delay in Discharge	LSOPs	OBD#	Average OBD
Cairns & Hinterland	Wait RACF place	18	938	52
	Wait guardianship decision	[redacted]	[redacted]	9
Central Queensland	Wait RACF place	18	1,108	62
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	62
	Other or blank	[redacted]	[redacted]	71
Darling Downs	Wait RACF place	22	4,132	188
	Other or blank	[redacted]	[redacted]	47
	Family to select facility	[redacted]	[redacted]	88
	Wait guardianship decision	[redacted]	[redacted]	157
	Wait home care package	[redacted]	[redacted]	5
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	0
Gold Coast	Other	12	674	56
	Family to select facility	[redacted]	[redacted]	13
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	121
	Wait home care package	[redacted]	[redacted]	2
	Wait RACF place	[redacted]	[redacted]	3
	Wait asset test/financial assessment	[redacted]	[redacted]	8
Mackay	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	21
	Wait guardianship decision	[redacted]	[redacted]	29
	Wait RACF place	[redacted]	[redacted]	6
Metro North	Wait RACF place	70	1,737	25
	Difficult to place due to behaviour/dementia	13	759	58
	Other or blank	8	200	25
	Family to select facility	[redacted]	[redacted]	19
	Wait guardianship decision	[redacted]	38	19
Metro South	Wait RACF place	15	440	29
	Other or blank	13	429	33
	Family to select facility	8	259	32
	Wait guardianship decision	7	637	91
	Wait asset test/financial assessment	[redacted]	[redacted]	103
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	25
North West	Wait asset test/financial assessment	[redacted]	[redacted]	13
	Wait guardianship decision	[redacted]	[redacted]	34
South West	Other or blank	[redacted]	[redacted]	246
	Wait RACF place	[redacted]	[redacted]	47
Sunshine Coast	Wait RACF place	9	134	15
	Other or blank	[redacted]	[redacted]	10
	Family to select facility	[redacted]	[redacted]	10
	Wait guardianship decision	[redacted]	[redacted]	34
	Wait home care package	[redacted]	[redacted]	8
Torres and Cape	Wait RACF place	[redacted]	[redacted]	129
Townsville	Wait RACF place	45	5,269	117

	Other or Blank	16	4,277	267
	Difficult to place due to behaviour/dementia	11	2,405	219
	Wait guardianship decision	6	567	95
	Family to select facility	[redacted]	[redacted]	6
	Wait asset test/financial assessment	[redacted]	[redacted]	48
West Moreton	Wait RACF place	17	564	33
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	11
Wide Bay	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	13
	Family to select facility	[redacted]	[redacted]	6
	Wait guardianship decision	[redacted]	[redacted]	18
	Wait asset test/financial assessment	[redacted]	[redacted]	26
Mater Hospital Brisbane	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	7
	Wait RACF place	[redacted]	[redacted]	8
	Wait guardianship decision	[redacted]	[redacted]	22
	Wait asset test/financial assessment	[redacted]	[redacted]	9
	Grand Total	**394**	**27,707**	**71**

4. Operational Residential Aged Care Facilities

The Commonwealth conducts a stocktake of Commonwealth subsidised aged care places on 30 June of each year (the 2015 stocktake was the most up to date stocktake at the time of the publication of this report). The stocktake identifies the number of approved and operational residential care and home care packages are available across Australia. From this information the Commonwealth establishes the ratios per 1,000 people aged 70 years. 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 14 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 operational ratio for residential aged care places it does not experience the worst impact from LSOPs.

Table 14 Operational Residential Care Places at 30 June 2015

Hospital and Health Service	Aged Care Planning Region	Operational Residential Care (30/06/2015)	Operational Ratios# (30/06/2015)	% of LSOPs (18/05/2016)
Metro North	Brisbane North	4,033	95.4	26
	Caboolture	3,029	73.0	
Metro South	Brisbane South	5,577	86.5	12
	Logan River Valley	1,822	64.3	
Central West	Central West	116	97.9	0
Darling Downs	Darling Downs	2,360	75.9	8
Cape & Torres; Cairns & Hinterland	Far North	1,655	60.3	5
Central Queensland	Fitzroy	1,562	90.5	6
Mackay	Mackay	843	78.3	1
North West	North West	144	90.0	1
Townsville	Northern	1,581	75.3	21
Gold Coast	South Coast	4,797	87.9	6
South West	South West	245	84.0	1
Sunshine Coast	Sunshine Coast	3,776	76.5	5
West Moreton (Overlaps with Logan River Valley Aged Care Planning Area)	West Moreton	1,129	57.3	5
Wide Bay	Wide Bay	2,246	56.2	2
	Total	**34,915**	**77.0**	**100**

Places per 1,000 aged 70 years and over

5. Discussion

The 2016 census identified the largest cohort of publicly funded LSOPs since the first census was conducted in 2006. Even after removing the data collected from non-acute facilities, the number of LSOPs increased by 25 percent from the 2014 census. These 2016 results further continue the upward trend of increasing numbers of LSOPs identified in 2013 and 2014 censuses. The 2016 results also showed that not only did the number of LSOPs increase but each LSOP stayed longer on average in Queensland facilities while they waited for an appropriate residential place or community aged care package.

The increase in LSOPs was not uniform across the HHSs and a couple of HHSs reported less LSOPs in 2016 compared to the 2014 census. Cairns and Hinterland HHS numbers fell by 66 percent (37 less LSOPs) the largest decrease across the HHSs. West Moreton saw a 30 percent decrease in numbers (4 less LSOPs) in 2016 but did have a small increase overall when looking at acute and non-acute facilities together. The largest increase across the HHSs was Townsville with over three times as many LSOPs in 2016 compared to 2014. Although the numbers were much smaller, Mackay and South West HHSs also had three times as many LSOPs in 2014 compared to 2016.

The location of LSOPs and geographical spread of LSOPs remained similar to the findings from the 2014 census. The 2014 and 2016 both revealed that as the remoteness area increased so did the average length of stay of the LSOP. In outer regional areas (RA3) this was on average four times longer than LSOPs in major cities or inner regional Queensland. These results reflect the issue of the availability of residential care places and/or community based services in outer regional locations across Queensland. Some discussions with outer regional services revealed that patients and families requested to stay in their local facility because they didn't want to be transferred out of their town to the available residential bed in another locality.

The reasons for delays in discharge did change between the 2014 and 2016 and perhaps is reflective of other changing factors. While 'waiting for a residential care bed' remained the leading cause, 'difficult to place due to dementia and behaviour' replaced 'waiting for an asset test' as the next leading cause from 2014. As the Commonwealth introduced a new means test for residential and home care packages on 1 July 2014, it is possible this caused delays in discharging LSOPs when the census was undertaken in October 2014.

The dementia supplement for people in residential aged care facilities was removed from 31 July 2014 and it was noted in the 2014 census report that this decision could have an impact on delaying the discharge of LSOPs who have dementia or complex behaviours from hospital to residential aged care facilities. The 2016 census did reveal an increase in the number of LSOPs who were delayed due to this reason and an increase in their average length of stay compared to the 2014 census.

In summary, considering the increasing numbers of LSOPs identified in the 2016 census, it would be appropriate to continue the monitoring of LSOPs on a yearly basis and provide reports to the Queensland Minister for Health, the Department of Health executive and Hospital and Health Service Executives and Boards. This information can also be used to continue discussions with the Commonwealth Minister for Ageing and the Department of Social Services.

Appendix A – Facilities with public LSOPs in 2016 Census

Table A1 – Number of public LSOPs in Qld facilities 22 October 2014 and 18 May 2016

HHS & Facility	LSOPs 2014	LSOPs 2016
Cairns and Hinterland	**56**	**19**
Atherton Hospital	6	
Babinda Multi-Purpose Health Service		
Cairns Hospital	11	
Gordonvale Memorial Hospital	12	
Herberton Hospital	6	
Innisfail Hospital	7	
Mareeba Hospital		
Mossman Multi-Purpose Health Service		0
Tully Hospital		0
Central Queensland	**15**	**22**
Baralaba Multi-Purpose Health Service		
Biloela Hospital	0	
Blackwater		0
Capricorn Coast Hospital and Health Service	0	
Gladstone Hospital		
Moura Hospital	0	
Rockhampton Hospital	8	7
Rockhampton Hospital Huxham Unit (interim care)	0	6
Darling Downs	**26**	**31**
Baillie Henderson	12	0
Dalby Hospital		
Goodiwindi Hospital	0	
Jandowae Hospital	0	
Kingaroy Hospital		0
Murgon Hospital	0	
Nanango Hospital		
Oakey Hospital	0	
Stanthorpe Hospital		
Tara Hospital		
Toowoomba Hospital		7
Tricare, Toowoomba	0	
Warwick Hospital		
Wondai Hospital		
Gold Coast	**15**	**25**
Carrara		0
Gold Coast University Hospital	0	
BlueCare Woodlands	0	
Estia Health, Mudgeeraba	0	
GEMITH	0	
Robina Hospital		13
Mackay		
Mackay Base Hospital		
Sarina Hospital	0	
Metro North	**40**	**101**
Brighton Health Campus	0	55

Caboolture Hospital	[redacted]	[redacted]
Redcliffe Hospital	[redacted]	13
Royal Brisbane and Women's Hospital	8	7
The Prince Charles Hospital Hilltop Gardens Interim Care	22 0	19 [redacted]
Metro South	**29**	**48**
Beaudesert	[redacted]	[redacted]
Logan Hospital St Vincents	[redacted] 0	[redacted] [redacted]
Princess Alexandra Hospital St Vincents	14 0	9 8
QEII Hospital St Vincents	[redacted] 0	10 [redacted]
Redland Hospital	[redacted]	[redacted]
Wynnum	[redacted]	8
North West	**0**	[redacted]
Cloncurry Hospital	0	[redacted]
Mt Isa Hospital	0	[redacted]
South West	[redacted]	[redacted]
Augathella Hospital	0	[redacted]
Charleville	[redacted]	0
Cunnamulla Hospital	0	[redacted]
Surat Hospital	0	[redacted]
Sunshine Coast	**9**	**19**
Caloundra	[redacted]	[redacted]
Gympie	[redacted]	[redacted]
Maleny Hospital	[redacted]	[redacted]
Nambour	[redacted]	7
Noosa Private Hospital	[redacted]	0
Sunshine Coast University Private Hospital	[redacted]	[redacted]
Torres and Cape	**0**	[redacted]
Weipa Integrated Health Service	0	[redacted]
Townsville	**22**	**81**
Aye Hospital	0	[redacted]
Charters Towers Health Centre	[redacted]	[redacted]
Home Hill Health Service	[redacted]	10
Ingham Hospital Tully Nursing Home Bluehaven Lodge, Ingham	0 0 0	6 [redacted] [redacted]
Kirwan Mental Health Rehabilitation Unit	0	[redacted]
Richmond Hospital	0	[redacted]
Townsville Hospital Good Shepherd Nursing Home	10 0	42 8
West Moreton	**13**	**18**
Boonah Health Service	[redacted]	[redacted]
Esk Health Service	[redacted]	[redacted]
Gatton Health Service	[redacted]	0
Ipswich Hospital	[redacted]	11
Laidley Health Service	[redacted]	[redacted]
Wide Bay	**11**	**9**
Biggenden	0	[redacted]
Maryborough Hospital	11	[redacted]
Mater Private Hospital		**7**
Total	**238**	**391**

Summary: long stay older patients census results 2014

Strategic Policy
Health Systems Innovation Branch
Health Service and Clinical Innovation Division
February 2015

1. Background

On 22 October 2014 a census of public patients who meet the criteria to be recognised as long stay older patients (LSOPs) was conducted in Queensland. This included all public hospitals and private hospitals where beds are purchased for public patients (for example the Mater Adult Hospital in Brisbane). At total of 240 eligible pubic patients were identified in 49 public and two private facilities across 12 Hospital and Health Services in Queensland.

1.1. Definition of a Long Stay Older Patient

A public patient is an LSOP when they meet the following criteria:

- is 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.

1.2. Exclusions

Not all the data submitted by Queensland's Hospital and Health Services 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.

1.3. *National Partnership Agreement on Financial Assistance for Long Stay Older Patients*

The LSOP Census of 2011-12 and 2012-13 were undertaken 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 funding that was provided between 2011 and 2014 is listed in Table One. As the NPA LSOP has not been extended no funding will flow as a result of the 2014 census.

Table One: Proportion of LSOP and funding to States and Territories

State/ Territory	First Census & Payment			Second Census & Payment			Third Census & Payment		
	2006 Census LSOP No	% of Total LSOPs	2011-2012 Payment (Million)	2012 Census LSOP No	% of LSOPs	2012-2013 Payment	2013 Census LSOP No	% of LSOPs	2013-2014 Payment #
NSW	739	31.2%	$ 32.905	412	32.9%	$30.409*	551	46.0%	$36.058
VIC	279	11.8%	$ 12.737	173	13.8%	$12.755*	63	5.3%	$ 4.154
QLD	485	20.5%	$ 21.229	228	18.2%	$16.822	207	17.3%	$13.560
WA	350	14.8%	$ 15.922	119	9.5%	$ 8.781*	111	9.3%	$ 7.29
SA	406	17.1%	$ 18.045	182	14.5%	$13.402*	162	13.5%	$10.582
TAS	67	2.8%	$ 3.184	79	6.3%	$ 5.823*	22	1.8%	$ 1.411
ACT	26	1.1%	$ 1.061	41	3.3%	$ 3.050*	61	5.1%	$ 3.998
NT	16	0.7%	$ 1.061	18	1.5%	$ 1.386*	20	1.7%	$ 1.332
TOTAL	**2 368**	**100.0%**	**$106.145**	**1 252**	**100.0%**	**$ 92.429**	**1 197**	**100.0%**	**$78.386**

Indicative amounts

1.4. Older People in Queensland

In 2011[1], there were 593,037 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 Two provides this by HHS.

Figure A shows the distribution of the population aged 65 years and over by Statistical Areas level 2[2] (SA2) for Queensland as at 30 June 2013. Bribie Island had the highest proportion at 37 per cent of the population. The other SA2s with high concentrations of this age group were in the Sunshine Coast, Gold Coast and Wide Bay areas

[1] While new data is available for the general population this is the latest year for the Aboriginal and Torres Strait Islander population data.

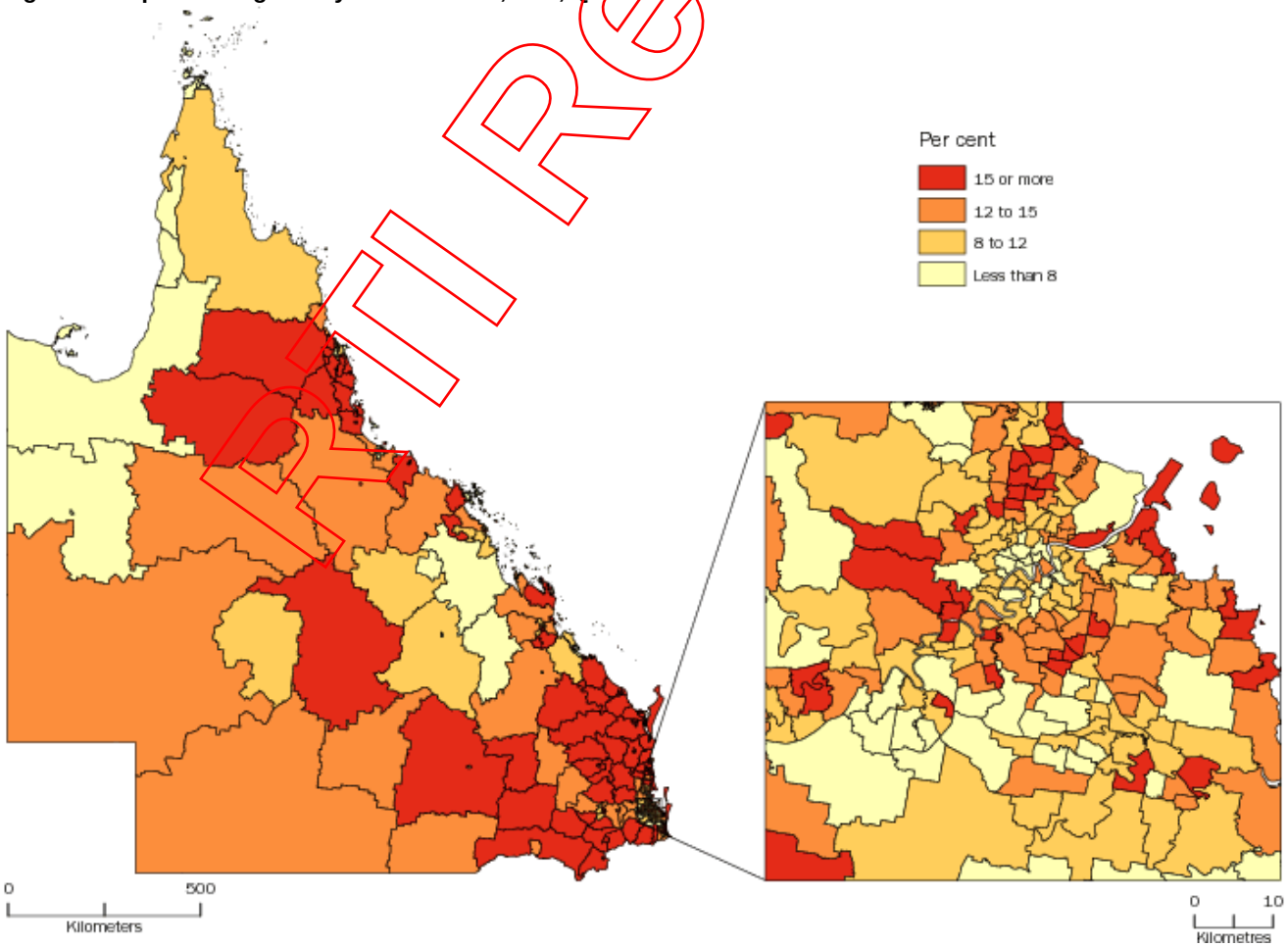
[2] Information on SA2s can be found at http://www.abs.gov.au/websitedbs/D3310114.nsf/4a256353001af3ed4b2562bb00121564/6b6e07234c98365aca25792d0010d730/$FILE/Statistical%20Area%20Level%202%20-%20Fact%20Sheet%20.pdf

Table Two – Queenslander population who were potentially eligible for Commonwealth subsidised aged care services because of their Age and Aboriginal and Torres Strait Islander status

HHS	Aboriginal and Torres Strait Islander Population Only	Total Queensland Population					
	50-64	65–69	70–74	75–79	80–84	85 and over	Total
Cairns & Hinterland	2,488	10379	7017	4792	3464	2893	**31033**
Central Queensland	910	7763	5749	4304	3133	2497	**24356**
Central West	101	558	386	326	242	153	**1766**
Darling Downs	1,023	13393	10039	7737	5702	5101	**42995**
Gold Coast	625	24479	17919	13039	10482	9553	**76097**
Mackay	725	5946	4083	3007	2164	1672	**17597**
Metro North	1,241	35219	25056	19085	15595	14861	**111057**
Metro South	1,729	37848	26626	19750	15845	14980	**116778**
North West	809	885	489	351	192	121	**2847**
South West	321	1071	825	613	440	317	**3587**
Sunshine Coast	571	21206	15687	11608	8780	7872	**65724**
Torres and Cape	1,828	564	341	174	128	79	**3114**
Townsville	1,483	8603	6236	4570	3462	2824	**27178**
West Moreton	653	9308	6695	4581	3152	2776	**27165**
Wide Bay	745	13707	10634	7330	5166	4161	**41743**
Total	**15,252**	**190,929**	**137,782**	**101,267**	**77,947**	**69,860**	**593037**

Source: Population by Age and Sex, Regions of Australia [Released Aug 31, 2012] (Australian Bureau of Statistics cat. no. 3235.0)

Figure A: Population aged 65 years and over, SA2, Queensland 30 June 2013



2. Results for the 2014 Queensland LSOP census

In Queensland there were 238 public patients that met the criteria for inclusion in the LSOP census. These 238 LSOP were in 51 (49 public, two private) facilities across 12 of the 15 eligible Hospital and Health Services (HHSs). The Children's Health Queensland Hospital and Health Service is excluded because it does not provide services to the relevant age group. The Torres and Cape York, North West, and Central West HHSs did not identify any eligible LSOPs.

This number of LSOPs is up by 31 or almost 15 per cent on the 2013 LSOP census which found 207 LSOPs. See Table 3.

Table Three: Number of LSOPS by HHS

HHS	No LSOPs	% LSOPs
Cairns & Hinterland	56	24
Central Queensland	15	6
Darling Downs	24	10
Gold Coast	15	6
Mackay	[redacted]	0
Metro North	40	17
Metro South	29	12
South West	[redacted]	0
Sunshine Coast	[redacted]	[redacted]
Townsville	22	9
West Moreton	13	[redacted]
Wide Bay	11	[redacted]
Grand Total	**238**	**100**

2.1. 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 post the census date.

Ten of the 238 LSOPs were excluded; five because the date at which they were safe to be discharged was not provided and five because they were long term residents of Baillie Henderson in the Darling Downs with dates safe for discharge being between 1989 and 2001 which would have substantially skewed the data. In addition to this some of these five would not have been aged younger than 65 at the point in time that they were safe to discharge from hospital. However, not all LSOPs for Baillie Henderson were excluded from the census data.

For the remaining 228 LSOPs the number of occupied bed days between the date they would have been safe to discharge and the date of the census was 12,200. Further information about occupied bed days is provided in Table Four.

Table Four: Occupied Bed Days for LSOPs between Date considered safe for discharge if appropriate aged care services in place and census date (22/10/2014)

HHS	Total OBD#	Average OBD	Min OBD	Max OBD
Cairns & Hinterland	5,182	96	1	509
Central Queensland	500	36	5	71
Darling Downs	1,782	94	1	610
Gold Coast	363	24	1	140
Mackay	112	112	112	112
Metro North	523	14	1	43
Metro South	823	28	1	97
South West	12	12	12	12
Sunshine Coast	126	11	1	26
Townsville	2,253	102	26	378
West Moreton	302	23	1	50
Wide Bay	222	20	1	53
Grand Total	**12,200**	**54**		

Based on 228 LSOPS

2.2. Facility and Location of LSOPs

Of the 51 facilities that submitted information on eligible public patients nine facilities accounted for 47 per cent of LSOPs. The Prince Charles Hospital had 22; the Princess Alexandra Hospital 14; Baillie Henderson and Gordonvale 12 each; Cairns, Carrara and Maryborough 11 each; Home Hill and Townsville 10 each. Fourteen facilities had only one LSOP each at the time of the census. (See Appendix A for full list).

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 is shown in Table Five. In the 2014 the same percentage of LSOPs were located in major cities and outer regional areas as compared to 2013, but there was five per cent more in inner regional areas and none in very remote areas compared to the 2013 outcome.

Despite 63 per cent of the LSOPs in this census being located in facilities in geographical regions classified as 'major cities' or 'inner regional' the majority of OBDs, between the date that the LSOPs were considered safe to discharge and the census date, were used in facilities in geographical regions described as 'outer regional'. (See Table Six)

Table Five – Number and Percentage of LSOPs by AGSC-RA Category

AGSC – RA Category	2013		2014	
	No of LSOPs	% Total LSOPs	No of LSOPs	% Total LSOPs
RA1 – Major Cities of Australia	80	38	90	38
RA2 – Inner Regional Australia	41	20	60	25
RA3 – Outer Regional Australia	74	36	86	36
RA4 – Remote Australia	[redacted]	2	[redacted]	1
RA5 – Very Remote Australia	[redacted]	4	[redacted]	0
TOTAL	**207**	**100**	**238**	**100**

Table Six – Total OBDs by AGSC-RA Category from Safe to Discharge Date to Census Date

AGSC – RA Category	OBDs#	% of Total OBDs
RA1 – Major Cities of Australia	1,768	14
RA2 – Inner Regional Australia	2,886	24
RA3 – Outer Regional Australia	7,504	62
RA4 – Remote Australia	42	<1
RA5 – Very Remote Australia	0	0
TOTAL	**12,200**	**100**

Based on 228 LSOPs.

2.3. Demographics of LSOPs

The demographics sought on the LSOPs is limited to age and Aboriginal and Torres Strait Islander status.

Age:

The oldest LSOP identified in this census was [redacted] years old and the youngest was [redacted] years old. Over 50 per cent of the LSOPs were aged 80 years and over (See Table Seven). Those LSOPs aged 85 and over accumulated the most number of OBDs (4,261 OBDs) which accounted for 35 per cent of the total OBDs. (See Table Eight)

Table Seven – Age Group of LSOPs 2013 and 2014 censuses compared

Age Group	2013		2014	
	Number	% of Total	Number	% of Total
50-59	[redacted]	3	[redacted]	1
60-64	[redacted]	2	[redacted]	0
65-69	9	4	25	11
70-74	32	15	32	13
75-79	30	14	41	17
80-84	56	27	51	21
85 and over	69	33	85	36
Total	**207**	**100**	**238**	**100.00**

Table Eight – OBD per age group for the 2014 census

Age Group	OBD	% of Total
50-59	91	1
60-64	61	1
65-69	2,031	17
70-74	1,864	15
75-79	2,301	19
80-84	1,591	13
85 and over	4,261	35
Total	**12,200**	**100**

Based on 228 LSOPs.

Aboriginal and Torres Strait Islander Status:

Eleven (4.6 per cent) of the LSOPs were identified as being of Aboriginal and Torres Strait Islander descent in this census. This is down from 22 (10.63 per cent) LSOPs in 2013. In this census there were only [redacted] LSOPs (1.26 per cent) identified as Aboriginal and/or Torres Strait Islander descent who were aged less than 60 compared to 11 (50 per cent) in 2013. The average age in years for this population group in this census was 70.

2.4. ACAT Approval

The eligibility for LSOP status includes the need to have an ACAT approval for permanent residential or community based aged care. Of the LSOPs identified in this census 235 had been approved for permanent residential aged care. Three LSOP were not approved residential aged care but for home support packages instead. Many of the LSOPs had more than one interaction with ACATs with some having already approvals in place for aged care prior to this admission. However, some of these LSOPs had approvals that were lapsed; were for low level support (e.g. community aged care packages/home care packages 1 and 2) which may longer reflect their situation; or were for the transition care program only. Any patient captured that did not have an ACAT approval in place was removed from the census data.

In the data provided on patients by HHSs there were at least 39 records that had to be excluded because the ACAT assessment was done after the census date, was done at a point in time when approvals expired or were not for the level of care now required.

2.5. Reasons for delays in discharge

For 129 (54 per cent) of the LSOPs in this census the reason for their delay in discharge was waiting for an available bed in a suitable residential aged care facility. By the time of the census, those LSOPs waiting for a residential aged care bed, who were counted for OBD purposes, had used 6,643 (54 per cent) of the total OBDs. See Table Nine for more information.

LSOPs with dementia or challenging behaviours had the longest average number of OBDs.

Table Nine – Reasons for delays in discharge and impact on OBDs

Reason for Delay in Discharge	No of LSOPs	% of Total	OBD#	% of OBD	Average OBD
Waiting for residential care bed	129 (122)*	54	6,643	54	54
Waiting asset test/financial assessment	28 (26)*	12	1,792	15	69
Difficult to place due to dementia/behaviour/waiting for secure dementia bed	25	11	1,782	15	71
Other or Blank	19	8	1,120	9	59
Waiting for guardianship decision	18 (17)*	8	526	4	31
Family to select facility	[redacted]	6	296	2	21
Waiting for residential transition care	[redacted]	2	41	0	8
Total	**238 (228)***	**100**	**12,200**	**100**	**54**

* Numbers in brackets are those included in OBD count
\# Based on 228 LSOPs

Table Ten presents the reasons for delay in discharge by HHS in order of the number of OBD from date safe to discharge to the census date for the 228 LSOPs being considered in this census in relation to OBDs.

Table 10 – Reasons for delays in discharge by HHS and impact on OBDs (in order of most OBDs)

Hospital and Health Service	Reason for Delay in Discharge	No LSOPs	OBD#	Average OBD
Cairns & Hinterland	Wait RACF place	27	2,195	81
	Wait asset test/financial assessment	12	1,252	104
	Difficult to place due to behaviour/dementia	8	1,150	144
	Other	[redacted]	[redacted]	114
	Family to select facility	[redacted]	[redacted]	7
Central Queensland	Wait RACF place	9	260	29
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	58
	Wait asset test/financial assessment	[redacted]	[redacted]	43
	Wait guardianship decision	[redacted]	[redacted]	40
Darling Downs	Wait RACF place	17	1,776	104
	Other	[redacted]	[redacted]	3
Gold Coast	Wait asset test/financial assessment	[redacted]	[redacted]	80
	Wait guardianship decision	[redacted]	[redacted]	35
	Wait RACF place	8	63	8
	Other	[redacted]	[redacted]	1
Mackay	Wait guardianship decision	[redacted]	[redacted]	112
Metro North	Wait RACF place	21	262	12
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	28
	Wait guardianship decision	[redacted]	[redacted]	20
	Awaiting Residential Transitional Care	[redacted]	[redacted]	8
	Family to select facility	[redacted]	[redacted]	6
	Other	[redacted]	[redacted]	2
Metro South	Wait RACF place	8	213	27
	Other	[redacted]	[redacted]	51
	Wait guardianship decision	7	161	23
	Wait asset test/financial assessment	6	156	26
	Family to select facility	[redacted]	[redacted]	25
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	19
South west	Family to select facility	[redacted]	[redacted]	12
Sunshine Coast	Wait asset test/financial assessment	[redacted]	[redacted]	26
	Wait RACF place	6	30	5
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	20
	Wait guardianship decision	[redacted]	[redacted]	15
	Family to select facility	[redacted]	[redacted]	9
Townsville	Wait RACF place	11	1,582	144
	Difficult to place due to behaviour/dementia	6	306	51
	Other	[redacted]	[redacted]	81
	Family to select facility	[redacted]	[redacted]	62
West Moreton	Wait RACF place	6	106	18
	Wait asset test/financial assessment	[redacted]	[redacted]	44
	Family to select facility	[redacted]	[redacted]	23
	Other	[redacted]	[redacted]	20
Wide Bay	Wait RACF place	9	156	17
	Other	[redacted]	[redacted]	53
	Difficult to place due to behaviour/dementia	[redacted]	[redacted]	13
	Grand Total	**228**	**12,200**	**54**

Based on 228 LSOPs

3. Operational Residential Aged Care Facilities and Designated Rehabilitation Beds

The Commonwealth conducts a stocktake of Commonwealth subsidised aged care places on 30 June of each year. This stocktake identifies the number of approved and operational residential care and home care packages are available across Australia. From this information the Commonwealth establishes the ratios per 1,000 people aged 70 years. 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 Eleven shows the number and ratio of operational residential aged care places and designated rehabilitation beds 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 operational ratio for residential aged care places it does not experience the worst impact from LSOPs.

Table Eleven – Operational Residential Care Places and Designated Rehabilitation Beds as at 30 June 2014

Hospital and Health Service	**Aged Care Planning Region**	**Operational Residential Care** (30/06/2014)	**Operational Ratios#** (30/06/2014)	**Designated Rehab Beds*** (30/06/2014)	**% Rehab Beds** (30/06/2014)	**% of LSOPs** (22/10/2014)
Metro North	Brisbane North	4,097	98.1	129	21	17
	Cabool	2,838	73.0			
Metro South	Brisbane South	5,558	88.6	173	29	12
	Logan River Valley	1,751	67.2			
Central West	Central West	111	107.5	0	0	0
Darling Downs	Darling Downs	2,343	79.2	16	3	10
Cape & Torres; Cairns & Hinterland	Far North	1,579	62.3	25	4	24
Central Queensland	Fitzroy	1,561	91.2	16	3	6
Mackay	Mackay	843	79.8	14	2	0.4
North West	North West	144	89.7	0	0	0
Townsville	Northern	1,585	79.4	35	6	9
Gold Coast	South Coast	4,523	85.6	86	14	6
South West	South West	242	88.6	0	0	0.4
Sunshine Coast	Sunshine Coast	3,661	76.2	32	5	5
West Moreton (Overlaps with Logan River Valley Aged Care Planning Area)	West Moreton	1,128	60.8	29	5	**5**
Wide Bay	Wide Bay	2,244	59.8	46	8	5
	Total	**34,208**	**78.8**	**601**	**100**	**100**

Places per 1,000 aged 70 years and over
* Monthly Activity Collection, Department of Health, 20 January 2015

4. Conclusions

It would appear that there is still a blockage in the discharge process of older public patients from hospital when they require formal aged care to return to the community and this is particularly the case when they need to be discharged to a residential aged care facility. The upward trend between 2013 and 2014 is disturbing given that the Commonwealth Government has withdrawn its contribution to the State for the cost of maintaining these older people in hospitals when they should be accessing Commonwealth subsidised aged care instead.

While there are higher numbers of LSOPs in Queensland facilities located in major cities or inner regional areas the impact on occupied bed days is larger on those facilities in outer regional areas. This probably reflects the fact that there are fewer if indeed any options for taking up residential and/or community based service in certain regional locations across Queensland.

With the 1 July 2014 reform to the aged care system, whereby anybody wishing to take up a Commonwealth residential aged care place must contribute to the cost of their accommodation through a lump sum or per diem amount, it may now be more likely that waiting for asset testing/financial assessments to be finalised causes a delay discharge from hospital. This issue will be monitored over future LSOPs censuses.

With the recent removal of the dementia supplement for people in residential aged care facilities and the implementation of the multidisciplinary 'severe response teams' it will need to be seen if this has an impact on delaying the discharge of LSOPs who have dementia or complex behaviours from hospital to residential aged care facilities.

It would appear appropriate to continue the monitoring of LSOPs on a yearly basis and provide reports to the Queensland Minister for Health, the Department of Health executive and Hospital and Health Service executives. This information can also be used to continue discussions with the Commonwealth Minister for Ageing and the Department of Social Services.

5. Appendix A – Facilities with public LSOPs in 2014 census

Table A1 – Number of public LSOPs in Queensland facilities 22 October 2014

Facility	No of LSOPs
Atherton	6
Babinda	[redacted]
Baillie Henderson	12
Baralaba	[redacted]
Beaudesert	[redacted]
Blackwater	[redacted]
Boonah	[redacted]
Caboolture	[redacted]
Cairns	11
Caloundra	[redacted]
Carrara	11
Charleville	[redacted]
Charters Towers	[redacted]
Dalby	[redacted]
Esk	[redacted]
Gatton	[redacted]
Gladstone	[redacted]
Gordonvale	12
Gympie	[redacted]
Herberton	6
Home Hill	10
Innisfail	7
Ipswich	[redacted]
Kingaroy	[redacted]
Laidley	[redacted]
Logan	[redacted]
Mackay Base Hospital	[redacted]
Maleny Hospital	[redacted]
Mareeba	[redacted]
Maryborough	11
Mossman	[redacted]
Nambour	[redacted]
Nanango	[redacted]
Noosa Private Hospital	[redacted]
Princess Alexandra Hospital	14
QEII Hospital	[redacted]
RBWH	8
Redcliffe	6
Redland	[redacted]
Robina	[redacted]
Rockhampton	8
Stanthorpe	[redacted]
Sunshine Coast University Hospital (private hospital)	[redacted]
Tara	[redacted]
The Prince Charles Hospital	22
Toowoomba	[redacted]
Townsville	10
Tully	[redacted]
Warwick	[redacted]
Wondai	[redacted]
Wynnum	[redacted]
Total	**238**

Aged Care in Queensland

Background Paper

Background

The Commonwealth Government is responsible for the policy, planning, regulating and subsidisation of aged care services in Australia to people aged 65 years and over and 50 years and over for people who identify as an Aboriginal or Torres Strait Islander. The Commonwealth Government allocates and subsidises residential aged care services including respite care. The Commonwealth also funds community support programs including the Commonwealth Home Support Program and Home Care Packages.

The Queensland Government through the Community Care Program administered by the Department of Communities, Child Safety and Disability Services provides a range of services similar to the Commonwealth Home Support Program for eligible people under the age of 65. This includes nursing and personal care, in-home and centre based respite services. A number of Hospital and Health Services (HHSs) deliver residential aged care services and are on occasion called to care for persons with significant behavioural or health issues.

Aged care services provided by HHSs are funded through a complex mix of Commonwealth Government subsidies and supplements, client contributions based on their means, and funding from the State to meet any funding shortfall. As of 30 June 2015, HHSs had a total of 1,172 residential aged care places, not including the flexible places in the 32 multipurpose health services (MPHSs).

HHSs deliver around 3.4 per cent of the total operational residential places in Queensland and only 1.75 per cent of the operational home care packages available.

The Department is funded by the Commonwealth Government to provide comprehensive aged care assessments under the Aged Care Assessment Program (ACAP). A person must be deemed eligible through an assessment conducted by a member of an Aged Care Assessment Team (ACAT) to receive Commonwealth subsidised aged care.

Aged Care Reforms

In April 2010, the Commonwealth requested the Productivity Commission to conduct an inquiry into aged care services as part of its national health reform program. This Inquiry was wide ranging and covered issues including the social, clinical and institutional aspects of aged care, funding and regulatory arrangements for residential and community care, interests of special needs groups, future workforce issues and assessed the medium and long-term financial implications of changes in aged care roles and responsibilities. The final report titled Productivity Commission Inquiry Report: *Caring for Older Australians* was released on 8 August 2011.

On 20 April 2012, the Commonwealth Government released an aged care reform package, *Living Longer Living Better.* This package was the Commonwealth's response to the Productivity Commission's inquiry report.

The Commonwealth is now progressively implementing aged care reforms over a ten year period in three phases with the aim to develop an aged care system that is sustainable and affordable, and be the best possible system for all Australians.

The Commonwealth Government commenced the 10 year program of reform in 2012-13. Significant reforms to date include the introduction of means tested accommodation contributions on 1 July 2014; the My Aged Care website and national phone line on 1 July 2015; and changes to the Aged Care Funding Instrument (ACFI) on the 1 July 2016.

Daily Accommodation Payment and Refundable Accommodation Deposit

Residential aged care places are funded from a mix of subsidies paid by the Commonwealth Government and contributions from residents based on their ability to pay. The Commonwealth Government uses the ACFI as the means of allocating its subsidies to approved residential aged care providers. From 1 July 2014, new residential aged care residents who have been assessed by either Centrelink or Department of Veterans' Affairs as having the financial means to pay will be asked to make a contribution to their accommodation costs. An aged care provider may ask a new permanent resident to pay either a Daily Accommodation Payment (DAP) or a Refundable Accommodation Deposit (RAD) or a combination of both.

My Aged Care Model and System

My aged care was initially a website and national phone line established to assist older people, their families and carers to access aged care information and services. From 1 July 2015, My Aged Care commenced as a single gateway for the aged care system, including screening and referral to assessment and service providers. Also, on 1 July 2015 assessments for basic home support services provided through the Commonwealth Home Support Program commenced through the newly established My Age Care Regional Assessment Services (RASs).

Aged Care Funding Instrument

The Commonwealth announced a savings measure in the 2016 Budget to change the scoring matrix of the ACFI which determines the level of funding that providers of residential aged care homes receive for providing care. Changes to the scoring may mean that some residents who previously were assessed as high or medium in some of the domains will be now be assessed as medium or low respectively. The Commonwealth will also reduce indexation of the Complex Health Care component of the ACFI by 50 per cent in 2016-17.

This reform will result in a reduction in Commonwealth revenue for all providers of residential aged care facilities, including the 17 operated by the Queensland Government. In Queensland, as at 30 June 2015, there were 34,453 operational residential aged care places. An estimated budget reduction of $230.4m over four years equates to a funding reduction of $1,671 per resident per year in Queensland.

If the funding reduction occurs equally across all services this reduction equates to a $7.8 million reduction over four years for Queensland Government operated facilities (nearly $2m per annum). This equates to 1.6% for the operational costs of delivering these services or 5% of Commonwealth subsidy annually.

Most providers do a mock ACFI to determine which resident they will offer a place to. If the cost of delivering care is more than the funding that is received for a particular client then the provider will offer the place to a different client. With the reduction of indexation to those residents assessed as requiring Complex Health Care it is likely that access to aged care services for these clients may be reduced. Any reduced access is likely to affect public hospitals given that around 30 percent of residents move to aged care facilities from public hospitals.

The Commonwealth will establish a $53.3 million transitional assistance fund to support providers adjust to the ACFI changes.

Future Reforms

The Commonwealth Government's Aged Care Sector Committee released their paper *Aged Care Roadmap* to set out future reform directions for aged care. Key features of the systems are:

- Consumers, their families and carers are proactive in preparing for their future care needs and are empowered to do so
- A single government operated assessment process that is independent and free, and includes assessment of eligibility, care needs, means and maximum funding level
- Regardless of cultural or linguistic background, sexuality, life circumstances or location, consumers can access the care and support that they need
- The community is dementia aware and dementia care is integrated as core business throughout the aged care system
- A single aged care and support system that is market based and consumer driven, with access based on assessed need
- A single provider registration scheme that recognises organisations registered or accredited in similar systems, and that has a staged approach to registration depending on the scope of practice of the providers
- Sustainable aged care sector financing arrangements where the market determines price, those that can contribute to their care do, and government acts as the 'safety net' and contributes when there is insufficient market response
- A well-led, well-training workforce that is adept at adjusting care to meet the needs of older Australians
- Greater consumer choice drives quality and innovation, responsive providers and increased competition, supported by an agile and proportionate regulatory framework.