

Deputy Director-General Brief for Approval

Department RecFind No:	
Division:	SPPD
File Ref No:	

Department Minister's office

SUBJECT: Summary Report of the 2016 Long Stay Older Patients Census

Recommendations

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

1. **Approve** the attached Summary Report of the 2016 Long Stay Older Patients Census and individual Hospital and Health Service (HHS) factsheets to be distributed to HHSs.
APPROVED / NOT APPROVED

2. **Sign** the attached Memo to accompany the distribution of the Summary Report of the 2016 Long Stay Older Patients Census and HHS Factsheets.

APPROVED / NOT APPROVED

K. Forester

KATHLEEN FORESTER
Deputy Director-General

Date: *24/11/16*

Ministerial / Director-General Brief for Approval required

Ministerial / Director-General Brief for Noting required

Deputy Director-General's comment:

<i>Please update attachment 3. KF</i>

Issues

1. The Summary Report of the 2016 Long Stay Older Patients (LSOPs) Census was tabled at the first LSOP Steering Committee meeting you chaired on 7 September 2016.
2. It was determined at the meeting that a copy of the Summary Report would be circulated to HHSs for their information.
3. The attached Summary Report has had potentially identifiable patient information removed and is ready to be circulated to HHSs (Attachment 1).
4. As removing some of the patient data decreases the completeness of the Summary Report, individual HHS Factsheets with data from both the 2014 and 2016 censuses have been created containing only data provided by the corresponding HHS and will be provided for their information only (Attachment 2).
5. Fourteen HHSs returned data in the LSOP census (Central West reported as having no LSOP and data is not sought from Children's Health Queensland). Mater Health Service provides data for the LSOP census and a fact sheet has been prepared for their information.
6. A Memo for your signature has been drafted to accompany the Summary Report and individual HHS Factsheet (Attachment 3).

Results of Consultation

7. The Strategic Policy Unit has begun work with the Healthcare Improvement Unit, Clinical Excellence Division to identify a method for determining the impact of LSOPs on patient flow and the flow-on financial implications - a key action arising from the first Steering Committee Meeting.
8. Healthcare Improvement Unit has identified a number of complementary projects relating to long stay patients currently underway within the Department and where opportunities may exist to work together.

Department RecFind No:	
Division:	SPPD
File Ref No:	

9. Statistical Service Branch were consulted and provided advice on release of this information to HHSs to minimise potential patient identification.

Resource Implications (including Financial)

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

Background

10. Approved meeting notes from the LSOP Steering Committee meeting were circulated to Steering Committee members on 29 September 2016 (Attachment 4).
 11. The impact of LSOPs on public hospital service provision was raised at the Hospital and Health Board Chairs meeting on 25 November 2015. Members recommended establishing a LSOP Steering committee to develop options for managing this issue into the future, including negotiations with the Commonwealth and presenting papers to the Council of Australian Governments (COAG) Health Council.

Attachments

12. Attachment 1: Summary Report of the 2016 Long Stay Older Patients Census (de-identified)
 Attachment 2: HHS factsheets (each factsheet to be shared with the corresponding HHS only)
 Attachment 3: Accompanying memo to HHS; Board Chairs and Clinical Networks.
 Attachment 4: Approved Meeting Notes from the LSOP Steering Committee meeting 7 September 2016.

Author:	Cleared by:	Content verified by:
Emily Cross	Rachel Vowles	David Harmer (for Graham Kraak)
Principal Policy Officer	A/Director	Director
Strategic Policy	Strategic Policy	Strategic Policy and Legislation Branch
3234 1056	3234 0288	3234 0914
24/10/2016		
	4/11/16	4/11/16

RTI RELEASED

Long Stay Older Patients Census

Summary Report

2016

RTI Release



Long Stay Older Patients Census Summary Report

This Summary Report is for Queensland's Hospital and Health Services' information only. Due to potential patient confidentiality issues, permission should be sought from the Strategic Policy Unit, Department of Health 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 3234 1056.

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

1.	Background.....	1
1.1	Older People in Queensland.....	1
2.	Methodology	4
2.1	Overview	4
2.2	Inclusion Criteria.....	4
2.3	Exclusions	4
2.4	Data Verification and Analysis	5
2.5	Census Data Limitations.....	5
3.	Results for the 2016 Queensland LSOP Census.....	6
3.1	Facilities	6
3.2	Occupied Bed Days.....	7
3.3	Location of LSOPs.....	8
3.4	Demographics of LSOPs	9
3.5	ACAT Approval.....	10
3.6	Reasons for delays in discharge.....	10
4.	Operational Residential Aged Care Facilities.....	12
5.	Discussion	13

RTI Released

Figures

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

Tables

Table 1	Estimated Resident Population of Queensland as at June 2014.....	3
Table 2	Number of LSOPs by HHS and Mater Health Service.....	6
Table 3	Number of LSOPs in HHSs and Mater Health Service 2014, 2015 & 2016	7
Table 4	Number of LSOPs in Queensland 2006, 2012, 2013, 2014 & 2016*	7
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.....	8
Table 6	Number and Percentage of LSOPs by AGSC-RA Category 2016 All Facilities	8
Table 7	Number and Percentage of LSOPs by AGSC-RA Category 2014 & 2016 (Acute Facilities Only)	9
Table 8	Total OBDs by AGSC-RA Category from Safe to Discharge Date to Census Date 2016.....	9
Table 9	Age Group of LSOPs 2014 & 2016.....	10
Table 10	OBD per age group for the 2014 & 2016.....	10
Table 11	Reasons for delays in discharge and impact on OBDs 2014.....	11
Table 12	Reasons for delays in discharge and impact on OBDs 2016 (Acute Facilities Only)	11
Table 13	Operational Residential Care Places at 30 June 2015.....	12

RTI

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 may be 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.

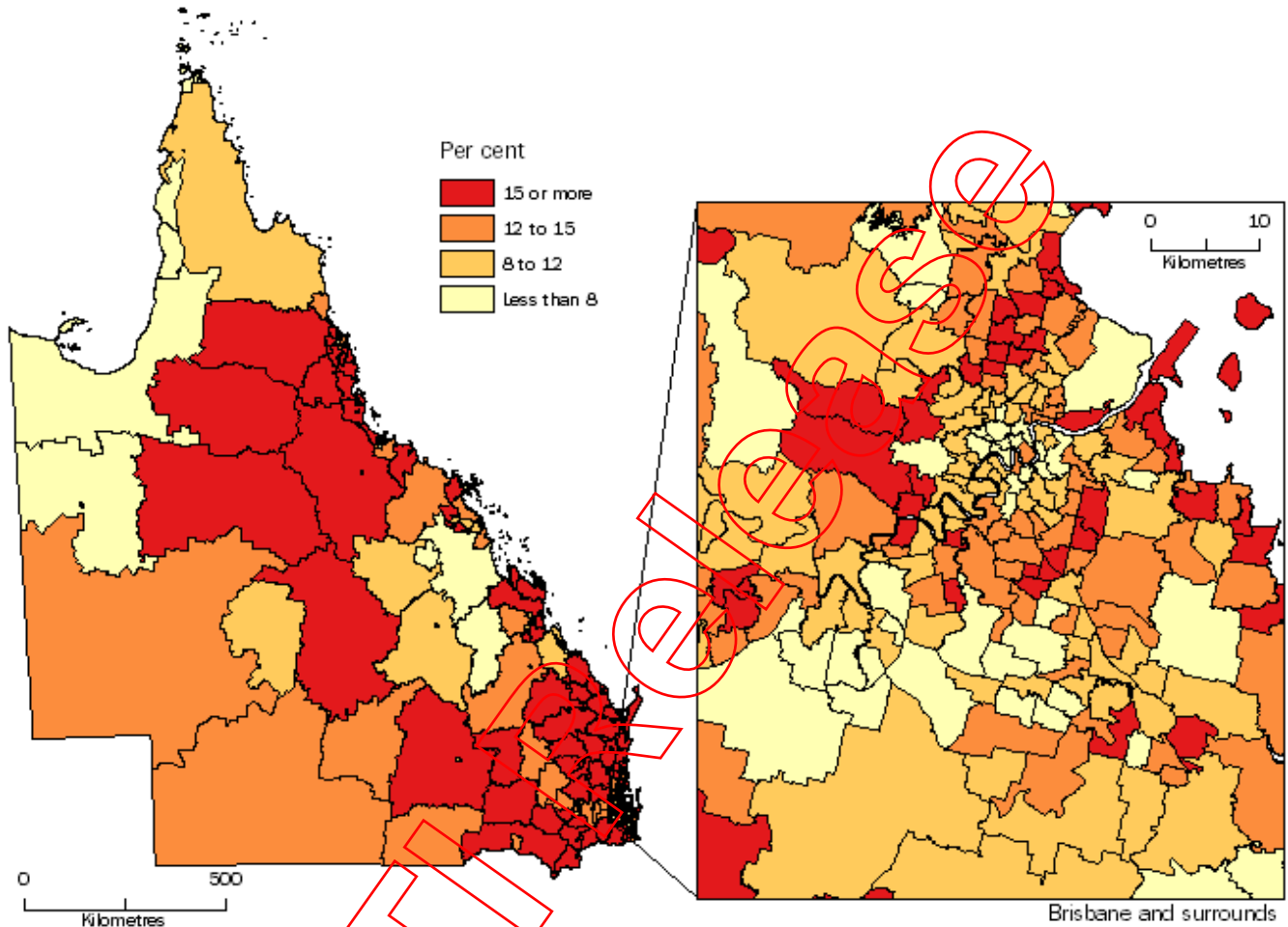
1.1 Older People in Queensland

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 2² (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](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 Hospital and Health Service (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.

RTI

2. Methodology

2.1 Overview

On 22 April 2016 a memo was sent to 15 of Queensland's 16 HHSs (excluding Children's Health Queensland), plus the Mater Health Service, requesting they nominate a single contact to coordinate the collection of census data from relevant facilities in their HHS. Nominated contacts were subsequently sent a data collection tool, including guidelines for how to complete the census, and were asked to send this onto relevant facilities within their HHS for completion on the census date of 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 HHSs could be included in the census count. The reason for excluding some patients was because they were:

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

2.4 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.

RTI REQUEST

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 (Table 2).

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, 296 LSOPs were identified in acute facilities as awaiting placement in a RACF; while 95 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	29	10	31	8
Gold Coast	14	5	25	6
Mackay	□	2	□	1
Metro North	42	14	101	26
Metro South	35	12	48	12
North West	< 5	<1	< 5	<1
South West	< 5	<1	< 5	<1
Sunshine Coast	19	6	19	5
Torres and Cape	< 5	<1	< 5	<1
Townsville	71	24	81	21
West Moreton	18	3	18	5
Wide Bay	9	6	9	2
Mater Health Service	7	2	7	2
Grand Total	296	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	24	13	29	31
Gold Coast	15	14	14	25
Mackay	< 5	5		
Metro North	40	23	42	101
Metro South	29	28	35	48
North West	0	< 5	< 5	< 5
South West	< 5	< 5	< 5	< 5
Sunshine Coast	11	10	19	19
Torres and Cape	0	< 5	< 5	< 5
Townsville	22	26	71	81
West Moreton	13	10	18	18
Wide Bay	11	7	9	9
Mater Health Service			7	7
Grand Total	238	184	296	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 58 people compared to the 2014 census, representing a 24 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	296

*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 296 LSOPs in acute facilities would have been safe to discharge and the date of the census was 23,774 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 80 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	4,624	94	159	1	0	610	2,454
Gold Coast	363	631	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	129	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	23,774	54	80				

*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 26 percent of the total OBDs. The Outer Regional Australia category (RA3) accounted for 37 percent of the LSOPs but 65 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	61	21
RA3 – Outer Regional Australia	86	36	111	37
RA4 – Remote Australia	1			1
RA5 – Very Remote Australia	0			3
TOTAL	238	100	296	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	2,124	9	35
RA3 – Outer Regional Australia	16,564	60	137	15,560	65	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	23,774	100	80

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 years old and the youngest was 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 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	< 5	1	< 5	1	< 5	1
60-64	< 5	0	< 5	1	< 5	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	112	38	162	41
Total	238	100	296	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	10,106	43	12,085	43
Total	12,200	100	23,774	100	27,707	100

Aboriginal and Torres Strait Islander Status

A total of 10 people identified as being of Aboriginal and Torres Strait Islander descent in the 2016 census compared to 11 in 2014 (in 2013, 22 people identified as Aboriginal and Torres Strait Islander).

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 test/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 (excluding 'Other').

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	6 296	2			
Waiting for residential transition care	2	4	8		
Total	238 (228)*	100	12,208	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	156	53	12,831	54	82
Difficult to place due to behaviour/dementia	43	14	3,899	16	91
Family to select facility	29	10	797	<5	27
Waiting for guardianship decision	23	8	1,271	5	55
Waiting asset test/financial assessment	< 10	3	412	<5	52
Wait home care package	< 5	1	13	<0	7
Other or Blank	35	12	4,551	19	130
Total	296	100	23,774	100	80

RTI REQUEST

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

Table 13 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
	Cabool	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 24 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 LSOPs) the largest decrease across the HHSs. West Moreton saw a 30 percent decrease in numbers (4 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 censuses 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.

RTI Release

Long Stay Older People 2016 Census

Cairns and Hinterland HHS

Overview

Within Cairns and Hinterland Hospital and Health Service 19 Long Stay Older Patients (LSOPs) were identified in seven facilities (LSOPs):

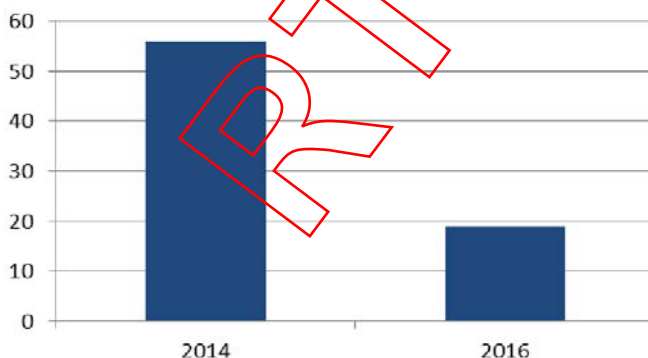
- Atherton Hospital
- Cairns Hospital
- Herberton Hospital
- Mareeba Hospital
- Babinda MPHS
- Gordonvale Memorial Hospital
- Innisfail Hospital

Of the 19 LSOPs, self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Cairns & Hinterland LSOPs



Note: Subsequent 2014 figures exclude LSOP patients for whom further data was not provided

Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

2016					
Facility	LSOPs	Total OBDs	Average OBD	Max OBD	Min of OBD
Atherton		202	67	97	9
Babinda MPHS		21	21	21	21
Cairns		214	107	129	85
Gordonvale		85	21	30	13
Herberton		87	29	69	5
Innisfail		272	68	142	26
Mareeba		66	33	52	14
Total	19	947	50	142	5

2014					
Hospital	LSOP	Total OBDs	Average OBD	Max OBD	Min OBD
Atherton	6	140	23	49	9
Babinda		1164	233	432	5
Cairns	9	1051	117	509	1
Gordonvale	12	832	69	141	15
Herberton	6	1165	194	466	5
Innisfail	7	467	67	189	12
Mareeba		148	37	49	22
Mossman		113	38	90	2
Tully		102	51	51	51
Total	54	5182	96	509	1

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

2016		
Facility / Age	LSOP	Total OBD
Atherton		
75-79		105
80-84		97
Babinda		
95-99		21
Cairns		
55-59		129
75-79		85
Gordonvale		
70-74		30
80-84		20
85-89		22
90-94		13
Herberton		
65-69		5
75-79		13
80-84		69
Innisfail		
65-69		26
75-79		104
80-84		142
Mareeba		
70-74		52
75-79		14
Total	19	947

2014		
Facility / Age	LSOP	Total OBD
Atherton		
65-69		75
75-79		21
80-84		9
85-89		35
Babinda		
70-74		579
85-89		5
90-94		580
Cairns		
65-69		205
70-74		257
75-79		552
80-84		36
90-94		1
Gordonvale		
60-64		61
70-74		68
75-79		84
80-84		142
85-89		444
90-94		33
Herberton		
65-69		5
75-79		466
80-84		498
85-89		196
Innisfail		
50-54		58
55-59		12
70-74		33
75-79		30
80-84		145
85-89		189
Mareeba		
70-74		93
85-89		22
90-94		33
Mossman		
55-59		21
75-79		2
90-94		90
Tully		
70-74		51
80-84		51
Total	54	5182

RETIREES

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

2016

Facility	LSOP	Total OBD
Atherton		
Wait guardianship decision		9
Wait RACF place		193
Babinda MPHS		
Wait RACF place		21
Cairns		
Wait RACF place		214
Gordonvale		
Wait RACF place		85
Herberton		
Wait RACF place		87
Innisfail		
Wait RACF place		272
Mareeba		
Wait RACF place		66
Total	19	947

2014

Facility	LSOP	Total OBD
Atherton		
Wait RACF place		140
Babinda		
Wait RACF place		1164
Cairns		
Difficult to place due to behaviour/dementia		474
Family to select facility		8
Other		544
Wait RACF place		23
(blank)		2
Gordonvale		
Difficult to place due to behaviour/dementia		99
Other		26
Wait asset test/financial assessment		646
Wait RACF place		61
Herberton		
Difficult to place due to behaviour/dementia		577
Family to select facility		5
Wait asset test/financial assessment		583
Innisfail		
Wait RACF place		467
Mareeba		
Wait RACF place		148
Mossman		
Wait asset test/financial assessment		23
Wait RACF place		90
Tully		
Wait RACF place		102
Total	54	5182

Long Stay Older People 2016 Census

Central Queensland HHS

Overview

Within Central Queensland Hospital and Health Service 22 Long Stay Older Patients (LSOPs) were identified in seven facilities (LSOPs):

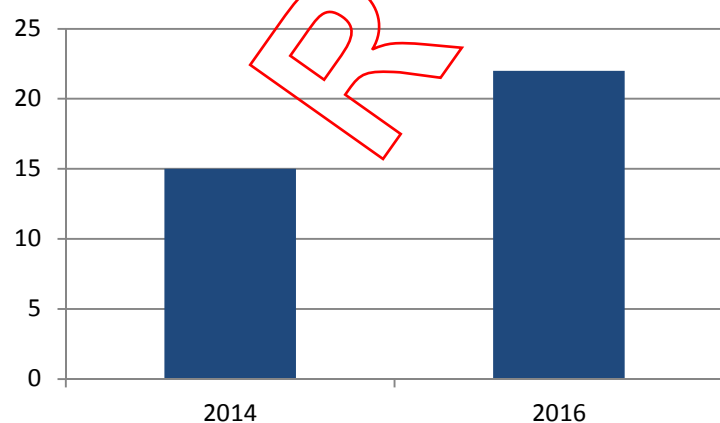
- Baralaba MPHS
- Biloea Hospital
- Gladstone Hospital
- Capricorn Coast Hospital & Health Service
- Moura Hospital
- Rockhampton Hospital (Huxham)
- Rockhampton Hospital

Of the 22 Long Stay Older Patients, self identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, Long Stay Older Patients are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Central Queensland LSOPs



Note: Subsequent 2014 figures exclude LSOP patient for whom further data was not provided

Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBD) are 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility		LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Baralaba MPHS	26	26	26	26		
Biloela Hospital	80	27	1	55		
Capricorn Coast Hospital & Health Service	71	71	71	71		
Gladstone Hospital	39	13	7	21		
Huxham Unit		6	531	89	12	205
Moura	69	69	69	69		
Sage Rockhampton Hospital		7	549	78	12	153
Total		22	1365	62	1	205

Facility and Age		LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Blackwater	30	30	30	30		
Gladstone	159	32	5	71		
Rockhampton		8	311	39	14	68
Total		14	500	36	5	71

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility and Age	LSOP	Total OBD
Baralaba MPHS		
85-89 26	0	
Biloela Hospital		
80-84 1	0	
85-89 55	0	
90-94 24	0	
Capricorn Coast Hospital & Health Service		
65-69 71	0	
Gladstone Hospital		
65-69 11	0	
70-74 21	0	
85-89 7	0	
Huxham Unit		
65-69 14	0	
80-84 12	0	
85-89 471	0	
95-99 34	0	
Moura		
90-94 69	0	
Sage Rockhamton Hospital		
55-59 19	0	
70-74 146	0	
75-79 41	0	
80-84 12	0	
85-89 153	0	
90-94 178	0	
Total	22	1365

Facility and Age	LSOP	Total OBD
Blackwater		
75-79 30	0	
Gladstone		
75-79 20	0	
80-84 5	0	
85-89 63	0	
90-94 71	0	
Rockhampton		
65-69 40	0	
70-74	0	145
75-79 14	0	
80-84 57	0	
90-94 55	0	
Total	14	500

RTI Request

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility			LSOP	TOTAL OBD
Baralaba MPHS				
Wait RACF place	26		□	
Biloela Hospital				
Wait RACF place	80		□	
Capricorn Coast Hospital & Health Service				
Other			□	71
Gladstone Hospital				
Difficult to place due to behaviour/dementia		27	□	
Wait RACF place	18		□	
Huxham Unit				
Wait RACF place			6	531
Moura				
Wait RACF place	69		□	
Sage Rockhamton Hospital				
Difficult to place due to behaviour/dementia		165	□	
Wait RACF place	384		□	
Total			22	1365

Facility and Age				LSOP	TOTAL OBD
Blackwater					
Wait RACF place	30			□	
Gladstone					
Difficult to place due to behaviour/dementia		57		□	
Wait asset test/financial assessment		71		□	
Wait RACF place				□	31
Rockhampton					
Difficult to place due to behaviour/dementia		58		□	
Wait asset test/financial assessment		14		□	
Wait guardianship decision		40		□	
Wait RACF place	199			□	
Total				14	500

Long Stay Older People 2016 Census

Darling Downs HHS

Overview

Within Darling Downs Hospital and Health Service 31 Long Stay Older Patients (LSOPs) were identified in 12 facilities :

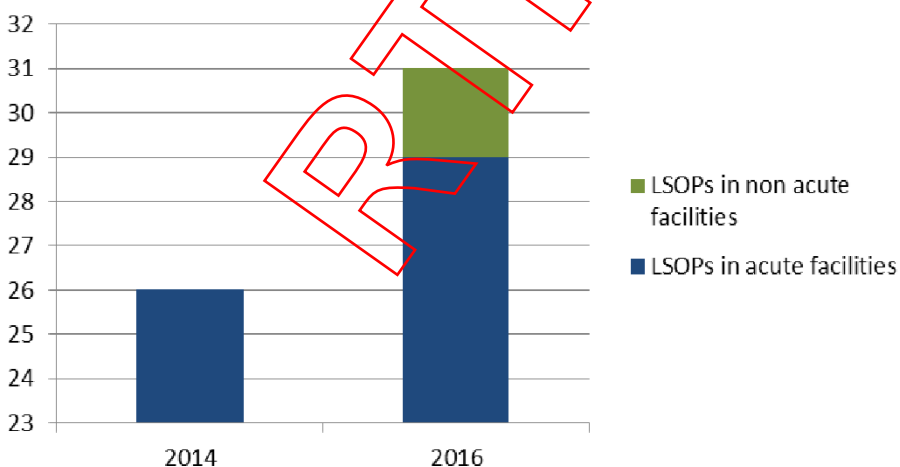
- Dalby Hospital
- Goondiwindi Hospital
- Wondai Hospital
- Jandowae Hospital
- Murgon Hospital
- Warwick Hospital
- Nanango Hospital
- Oakey Hospital
- Toowoomba
- Stanthorpe Hospital
- Tara Hospital
- Tricare, Toowoomba

Of the 31 LSOPs, none self identified as Aboriginal or Torres Strait Islander

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

LSOPs in Darling Downs



Note: Subsequent 2014 figures exclude LSOP patient for whom further data was not provided and who were long term residents of Baillie Henderson

Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

2016					
Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Dalby Hospital		168	168	168	168
Goondiwindi Hospital		100	33	0	95
Jandowae Hospital		3566	713	31	2454
Murgon Hospital		99	33	9	70
Nanango Hospital		43	43	43	43
Oakey Hospital		104	52	13	91
Stanthorpe Hospital		277	92	47	146
Tara Hospital		112	112	112	112
Toowoomba	7	20	3	0	9
Warwick Hospital		124	62	17	107
Wondai Hospital		11	11	11	11
Tricare		226	113	4	222
Grand Total	31	4850	156	0	2454

2014					
Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Baillie Henderson	12	1469	210	30	610
Dalby		5	5	5	5
Kingaroy		25	13	5	20
Nanango		12	12	12	12
Stanthorpe		6	6	6	6
Tara		1	1	1	1
Toowoomba		217	72	48	99
Warwick		22	22	22	22
Wondai		25	13	12	13
Total	19	1782	94	1	610

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

2016		
Facility	LSOP	Total OBD
Dalby Hospital		
90-94	□	168
Goondiwindi Hospital		
65-69	□	5
85-89	□	0
90-94	□	95
Jandowae Hospital		
65-69	□	31
80-84	□	76
85-89	□	688
90-94	□	317
95-99	□	2454
Murgon Hospital		
65-69	□	20
85-89	□	70
95-99	□	9
Nanango Hospital		
65-69	□	43
Oakey Hospital		
65-69	□	91
80-84	□	13
Stanthorpe Hospital		
80-84	□	146
85-89	□	84
90-94	□	47
Tara Hospital		
90-94	□	112
Toowoomba		
65-69	□	0
70-74	□	18
80-84	□	2
85-89	□	0
90-94	□	0
Warwick Hospital		
80-84	□	17
90-94	□	107
Wondai Hospital		
85-89	□	11
Tricare		
85-89	□	226
Grand Total	31	4850

2014		
Facility and Age	LSOP	Total OBD
Baillie Henderson		
65-69	□	1052
70-74	□	201
75-79	□	186
80-84	□	30
Dalby		
80-84	□	5
Kingaroy		
85-89	□	25
Nanango		
75-79	□	12
Stanthorpe		
90-94	□	6
Tara		
90-94	□	1
Toowoomba		
80-84	□	70
85-89	□	48
90-94	□	99
Warwick		
80-84	□	22
Wondai		
80-84	□	25
Total	19	1782

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

2016		
Facility	LSOP	Total OBD
Dalby Hospital		
Wait RACF place	168	
Goondiwindi Hospital		
Wait home care package	5	
Wait RACF place	95	
Jandowae Hospital		
Wait RACF place		3566
Murgon Hospital		
Wait RACF place	99	
Nanango Hospital		
Wait RACF place	43	
Oakey Hospital		
Wait guardianship decision		91
Wait RACF place	13	
Stanthorpe Hospital		
Family to select facility	230	
Other		47
Tara Hospital		
Family to select facility	112	
Toowoomba		
Difficult to place due to behaviour/dementia		0
Wait RACF place	6	20
Warwick Hospital		
Wait RACF place	124	
Wondai Hospital		
Family to select facility	11	
Tricare		
Wait guardianship decision		222
Wait RACF place	4	
Grand Total	31	4850

2014		
Facility	LSOP	Total OBD
Baillie Henderson		
Wait RACF place	7	1469
Dalby		
Wait RACF place	5	
Kingaroy		
Other		5
Wait RACF place	20	
Nanango		
Wait RACF place	12	
Stanthorpe		
Wait RACF place	6	
Tara		
Other		1
Toowoomba		
Wait RACF place	217	
Warwick		
Wait RACF place	22	
Wondai		
Wait RACF place	25	
Grand Total	19	1782

Long Stay Older People 2016 Census

Gold Coast HHS

Overview

Within Gold Coast Hospital and Health Service 25 Long Stay Older Patients (LSOPs) were identified in five facilities (LSOPs):

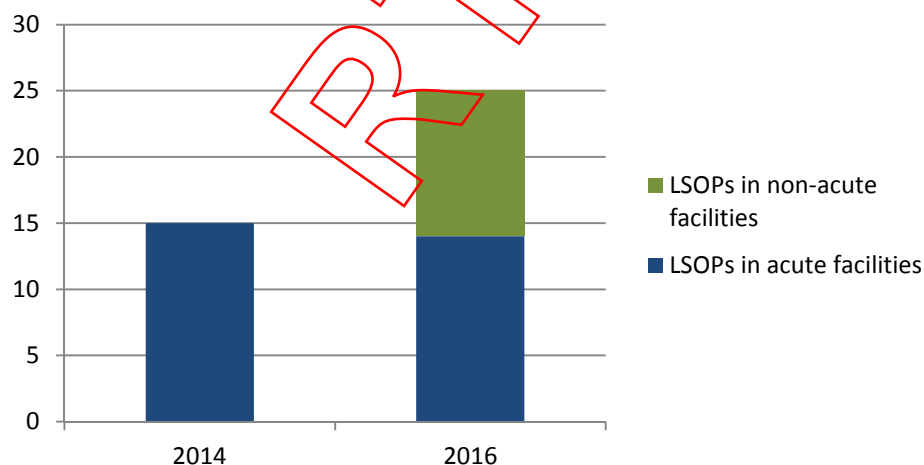
- Gold Coast University Hospital
- Robina Hospital
- Blue Care Woodlands
- Estia Health
- GEMITH

Of the 25 Long Stay Older Patients, none self identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, Long Stay Older Patients are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Gold Coast LSOPs



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Gold Coast University Hospital	7	7	7	7	
Robina Hospital		13	624	48	0
Blue Care Woodlands	446	74	9	155	
GEMITH	32	8	2	15	
Estia Health	7	7	7		
Grand Total		25	1116	45	0

Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Carrara	188	17	2	55	
Robina	175	44	1	140	
Total		15	363	24	1

RTI Release

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOP	Total OBD
Gold Coast University Hospital		
75-79		7
Robina Hospital		
65-69		20
70-74		335
75-79		7
80-84		160
85-89		88
90-94		14
Blue Care Woodlands		
65-69		26
80-84		167
85-89		98
90-94		155
GEMITH		
70-74		2
75-79		13
80-84		17
Estia Health		
90-94		7
Grand Total	25	1116

Facility and Age	LSOP	Total OBD
Carrara		
70-74	55	
75-79	29	
80-84	61	
85-89	8	
90-94	2	
95-99	33	
Robina		
65-69	1	
70-74	12	
85-89	140	
90-94	22	
Grand Total	15	363

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOP	Total OBD
Gold Coast University Hospital		
Family to select facility	7	0
Robina Hospital		
Difficult to place due to behaviour/dementia	362	0
Family to select facility	16	0
Other		233
Wait asset test/financial assessment	8	0
Wait RACF place	5	0
Blue Care Woodlands		
Family to select facility	33	0
Other		413
GEMITH		
Other		28
Wait home care package	4	0
Estia Health		
Family to select facility	7	0
Grand Total		25
		1116

Facility and Age	LSOP	Total OBD
Carrara		
Wait asset test/financial assessment	20	0
Wait guardianship decision	117	0
Wait RACF place	7	51
Robina		
Other	1	0
Wait asset test/financial assessment	140	0
Wait guardianship decision	22	0
Wait RACF place	12	0
Grand Total	15	363

Long Stay Older People 2016 Census

Mackay HHS

Overview

Within Mackay Hospital and Health Service Long Stay Older Patients (LSOPs) were identified in two facilities (LSOPs):

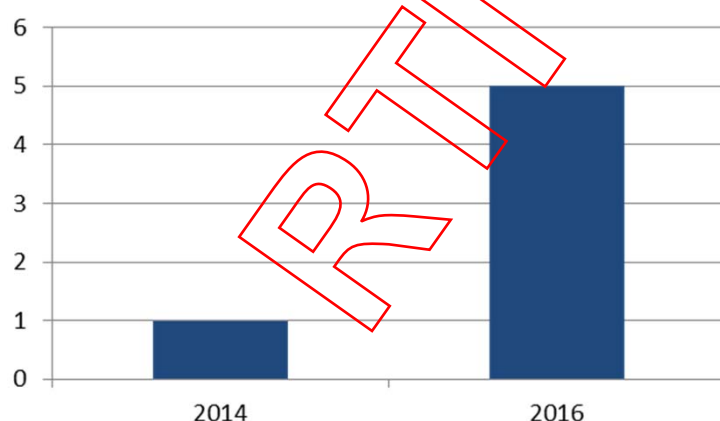
- Mackay Base Hospital
- Sarina Hospital

Of the LSOPs, self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Mackay LSOPs



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Mackay Base Hospital	62	21	22	20	
Sarina Hospital	35	18	29	6	
Total	97	19	29	6	

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Mackay Base Hospital	112	112	112	112	
Total	112	112	112		

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility and Age	LSOP	OBD
Mackay Base Hospital		
70-74	20	
80-84	42	
Sarina Hospital		
80-84	35	
Total	97	

Facility and Age	LSOP	OBD
Mackay Base Hospital		
75-79	112	
Total	112	

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility		LSOPs	Total OBD
Mackay Base Hospital			
	Difficult to place due to behaviour/dementia	62	
Sarina Hospital			
	Wait guardianship decision	29	
	Wait RACF place	6	
Total			97

Facility and Age		LSOP	Total OBD
Mackay Base Hospital			
	Wait guardianship decision	112	
Total	112		

RTI Release

Long Stay Older People 2016 Census

Mater Health Service

Overview

Within Mater Health Service seven Long Stay Older Patients (LSOPs) were identified in one facility (Mater Hospital Brisbane).

Of the seven LSOPs, none self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

2016

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Mater Hospital Brisbane	7	82	12	6	36
Total	7	82	12	6	36

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOPs	Total OBD
Mater Hospital Brisbane		
65-69	8	
70-74	6	
75-79	8	
80-84	16	
85-89	36	
90-94	8	
Total	7	82

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOPs	Total OBD
Mater Hospital Brisbane		
Difficult to place due to behaviour/dementia	14	
Wait asset test/financial assessment	9	
Wait guardianship decision	44	
Wait RACF place		15
Total	7	82

Long Stay Older People 2016 Census

Metro North HHS

Overview

Within Metro North Hospital and Health Service 101 Long Stay Older Patients (LSOPs) were identified in six facilities (LSOPs):

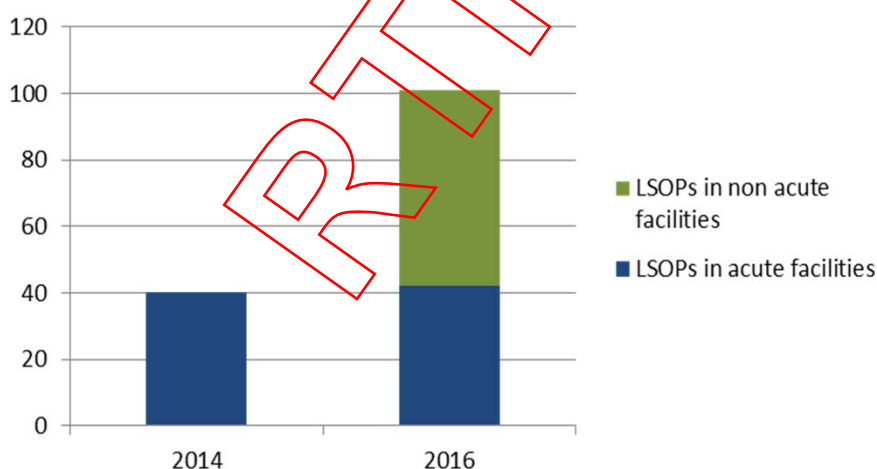
- Brighton Health Campus
- Caboolture Hospital
- The Prince Charles Hospital
- Royal Brisbane and Women's Hospital
- Redcliffe Hospital
- Hilltop Gardens

Of the 101 LSOPs, self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Metro North LSOPs



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Note: Subsequent 2014 figures exclude patients for whom further data was not provided

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD	
Brighton Health Campus		55	1266	23	0	86
Caboolture Hospital	14	5	0	9		
RBWH		7	298	43	0	198
Redcliffe Hospital		13	344	26	1	128
TPCH		19	679	36	0	260
Hilltop Gardens Interim Care	282	71	40	105		
Grand Total	101	2863		29	0	260

Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Caboolture 21	11	9	12		
Mental Health 81	20	2	37		
Palliative Care Chermside	16	8	2	14	
RBWH	8	156	20	2	43
Redcliffe 42	7	1	14		
The Prince Charles Hospital	16	207	13	2	28
Total	38	523	14	1	43

RTI REQUEST

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOP	Total OBD
Brighton Health Campus		
65-69	41	
70-74		6 142
75-79		11 325
80-84		8 202
85-89		19 347
90-94		7 186
95-99	23	
Caboolture Hospital		
75-79	5	
80-84	9	
90-94	0	
RBWH		
60-64	78	
65-69	198	
70-74	0	
75-79	20	
80-84	2	
90-94	0	
Redcliffe Hospital		
65-69	51	
70-74	70	
75-79	128	
80-84	30	
85-89	15	
90-94	36	
100-105	14	
TPCH		
65-69	361	
70-74	17	
80-84	96	
85-89	159	
90-94	0	
95-99	46	
Hilltop Gardens Interim Care		
65-69	40	
75-79	89	
85-89	153	
Grand Total	101	2883

Facility and Age	LSOP	Total OBD
Caboolture		
85-89	12	
95-99	9	
Mental Health		
70-74	53	
75-79	26	
85-89	2	
Palliative Care		
Chermside		
80-84	2	
90-94	14	
RBWH		
70-74	29	
75-79	80	
90-94	47	
Redcliffe		
70-74	5	
80-84	13	
85-89	23	
90-94	1	
The Prince Charles Hospital		
65-69	23	
70-74	41	
75-79	44	
80-84	52	
85-89	23	
90-94	16	
95-99	8	
Total	38	523

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOP	Total OBD
Brighton Health Campus		
Wait RACF place	55	1266
Caboolture Hospital		
Wait RACF place	14	
RBWH		
Difficult to place due to behaviour/dementia	78	
Wait guardianship decision	8	
Wait RACF place	212	
Redcliffe Hospital		
Difficult to place due to behaviour/dementia	225	
Family to select facility	22	
Other	5	
Wait RACF place	92	
TPCH		
Difficult to place due to behaviour/dementia	8	456
Family to select facility	87	
Other	6	106
Wait guardianship decision	30	
Wait RACF place	0	
Hilltop Gardens Interim Care		
Family to select facility	40	
Other	89	
Wait RACF place	153	
Total	101	2883

Facility and Age	LSOP	Total OBD
Caboolture		
Wait guardianship decision	9	
Wait RACF place	12	
MH		
Difficult to place due to behaviour/dementia	53	
Other	2	
Wait RACF place	26	
Palliative Care Chermside		
Wait RACF place	16	
RBWH		
Difficult to place due to behaviour/dementia	66	
Wait guardianship decision	27	
Wait RACF place	63	
Redcliffe		
Family to select facility	19	
Wait RACF place	23	
The Prince Charles Hospital		
Awaiting bed at listed facility	60	
Awaiting for bed at listed facility	6	
Awaiting placement at Embracia on the Avenue		13
Awaiting Residential Transitional Care	41	
Previous ACAT approval. Awaiting bed at listed facility	41	
Previous ACAT approval. Awaiting Dementia Secure	21	
Previous ACAT approval. Awaiting Public Trustee and Guardianship	23	
Previous ACAT approval. Awaiting transfer to Hilltop Gardens	2	
Total	38	523

Long Stay Older People 2016 Census

Metro South HHS

Overview

Within Metro South Hospital and Health Service 48 Long Stay Older Patients (LSOPs) were identified in seven facilities (LSOPs):

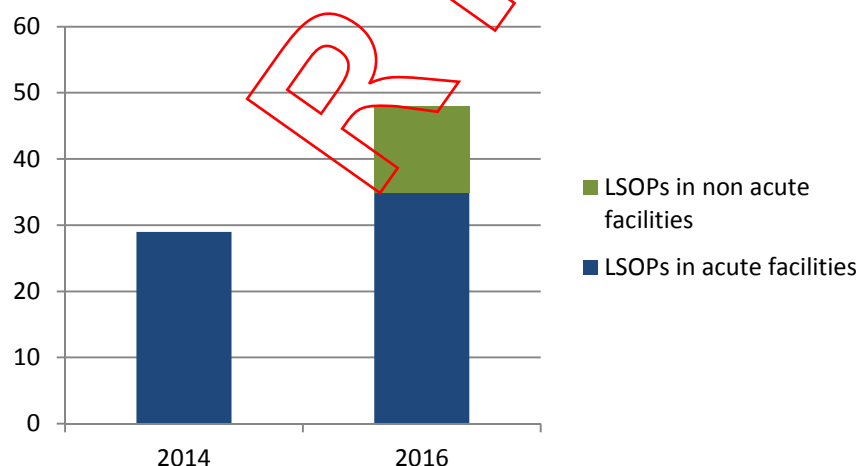
- Wynnum Hospital
- Princess Alexandra Hospital
- Queen Elizabeth II Hospital
- Beaudesert Hospital
- Logan Hospital
- Redland Hospital
- St. Vincent's

Of the 48 LSOPs, self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Metro South LSOPs



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.



LSOPs: OBD Summary by facility

The following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility

Facility		LSOP		Total OBD	Average OBD	Min OBD	Max OBD
Beaudesert	78	20		14	34		
Logan	28	28		28	28		
PAH		9		472	52	1	168
QEII Jubilee Hospital		10		262	26	1	85
Redland	104	35		8	58		
Wynnum		8		509	64	15	156
St Vincent's Private Hospital		13		670	52	12	247
Grand Total		48		2123	44	1	247

Facility and Age		LSOP		Total OBD	Average OBD	Min OBD	Max OBD
Beaudesert	85	21		16	35		
Logan	151	30		9	93		
PAH		14		429	31	5	97
QEII	23	23		23	23		
Redland	78	26		1	62		
Wynnum	57	29		7	50		
Total		29		823	28	1	97

RTI Release

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOP	Total OBD
Beaudesert		
70-74	15	
80-84	49	
85-89	14	
Logan		
75-79	28	
PAH		
65-69	22	
70-74	40	
75-79	32	
80-84	274	
85-89	1	
90-94	7	
95-99	96	
QEII Jubilee Hospital		
70-74	1	
75-79	67	
80-84	169	
85-89	6	
95-99	19	
Redland		
75-79	38	
80-84	58	
85-89	8	
Wynnum		
80-84	236	
85-89	15	
90-94	258	
St Vincent's Private Hospital		
65-69	67	
70-74	301	
75-79	34	
85-89	6	214
95-99	54	
Grand Total	48	2123

Facility	LSOP	Total OBD
Beaudesert		
65-69	35	
70-74	16	
80-84	17	
85-89	17	
Logan		
65-69	32	
75-79	107	
80-84	12	
PAH		
65-69	84	
70-74	65	
75-79	97	
80-84	89	
85-89	65	
90-94	29	
QEII		
85-89	23	
Redland		
65-69	62	
80-84	1	
95-99	15	
Wynnum		
80-84	7	
85-89	50	
Total	29	823

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOP	Total OBD	Facility and Age	LSOP	Total OBD
Beaudesert			Beaudesert		
Family to select facility	15		Family to select facility	35	
Wait RACF place	63		Wait guardianship decision	50	
Logan			Logan		
Difficult to place due to behaviour/dementia	28		Wait asset test/financial assessment	14	
PAH			PAH		
Difficult to place due to behaviour/dementia	22		Wait guardianship decision	35	
Wait asset test/financial assessment	274		Wait RACF place	102	
Wait guardianship decision	168		PAH		
Wait RACF place	8		Difficult to place due to behaviour/dementia	38	
QEII Jubilee Hospital			QEII		
Family to select facility	22		Other	204	
Other		6	Wait asset test/financial assessment	57	
Wait asset test/financial assessment	34		Wait guardianship decision	76	
Redland			Redland		
Wait RACF place	104		Wait RACF place	54	
Wynnum			Wynnum		
Family to select facility	222		Wait asset test/financial assessment	23	
Wait guardianship decision	222		Redland		
Wait RACF place	65		Family to select facility	15	
St Vincent's Private Hospital			Wynnum		
Wait guardianship decision	247		Other	1	
Wait RACF place	200		Wait asset test/financial assessment	62	
(blank)		7	Wait RACF place	57	
Grand Total	48	2123	Grand Total	29	823

Long Stay Older People 2016 Census

North West HHS

Overview

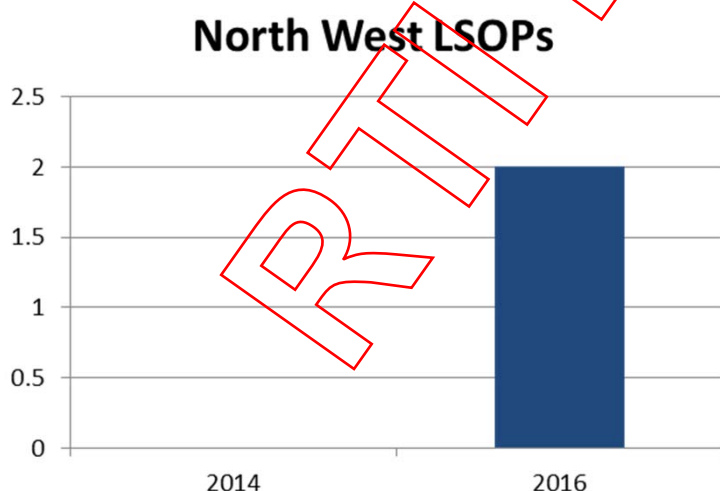
Within North West Hospital and Health Service Long Stay Older Patients (LSOPs) were identified in two facilities (LSOPs):

- Cloncurry
- Mount Isa

Of the two LSOPs, self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

LSOPs: OBD Summary by facility

The following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility

Facility	LSOP	Total OBD	Average OBD	Min of OBD3	Min OBD
Cloncurry		13	13	13	13
Mount Isa	34	34	34		
Total	47	24	13	34	

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOPs	Total OBD
Cloncurry		
80-84	13	
Mount Isa		
65-69	34	
Total	47	

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	Reason	LSOPs	Total OBD
Cloncurry			
	Wait asset test/financial assessment	13	
Mount Isa			
	Wait guardianship decision	34	
Total			47

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility		LSOPs	Total OBD
Cloncurry			
Wait asset test/financial assessment	13	<input type="checkbox"/>	
Mount Isa			
Wait guardianship decision	34	<input type="checkbox"/>	
Total		<input type="checkbox"/>	47

RTI Release

Long Stay Older People 2016 Census

Sunshine Coast HHS

Overview

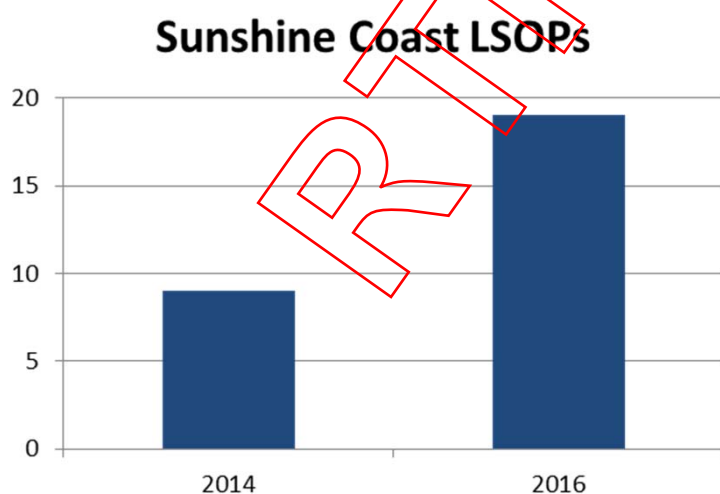
Within Sunshine Coast Hospital and Health Service 19 Long Stay Older Patients (LSOPs) were identified in five facilities (LSOPs):

- Caloundra
- Maleny
- Sunshine Coast UPH
- Gympie Hospital
- Nambour

Of the 19 LSOPs, none self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

LSOPs: OBD Summary by facility

The following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Caloundra		104	26	15	31
Gympie Hospital	41	21	5	36	
Maleny		34	34	34	34
Nambour	7	43	6	1	9
SCUPH	33	5	8		
Total	19	255	13	1	36

Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Caloundra	15	15	15		
Gympie	1	1	1		
Maleny Hospital	52	26	26		
Nambour	16	2	8		
Noosa (as public patient)		6	6	6	
SCUPH	36	7	20		
Total	9	126	11	1	26

RTI RELEASES

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility		LSOP	Total OBD
Caloundra			
75-79	44		
85-89	60		
Gympie Hospital			
75-79	41		
Maleny			
70-74	34		
Nambour			
75-79	26		
80-84	17		
SCUPH			
70-74	6		
80-84	8		
85-89	14		
90-94	5		
Total		19	255

Facility and Age		LSOP	Total OBD
Caloundra			
80-84	15		
Gympie			
70-74	1		
Maleny Hospital			
80-84	26		
100-104	26		
Nambour			
80-84	16		
Noosa (as public patient)			
75-79	6		
SC University			
65-69	36		
Grand Total		9	126

RTI REQUEST

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOPs	Total OBD	Facility and Age	LSOP	Total OBD
Caloundra			Caloundra		
Family to select facility	15		Wait guardianship decision	15	
Other	31		Gympie		
Wait RACF place	58		Wait RACF place	1	
Gympie Hospital			Maleny Hospital		
Wait RACF place	41		Wait asset test/financial assessment	52	
Maleny			Nambour		
Wait guardianship decision	34		Wait RACF place	16	
Nambour			Noosa (as public patient)		
Family to select facility	16		Wait RACF place	6	
Other	9		SC University		
Wait RACF place	18		Difficult to place due to behaviour/dementia	36	
SCUPH			Grand Total		
Other	8			9	126
Wait home care package	8				
Wait RACF place	17				
Total		19			255

Long Stay Older People 2016 Census

South West HHS

Overview

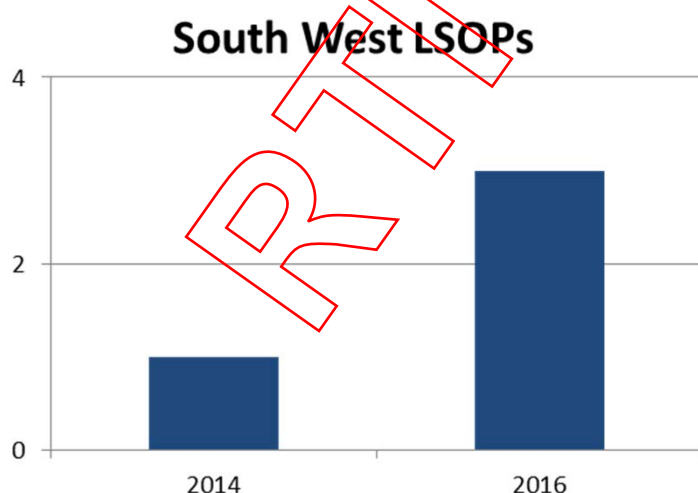
Within South West Hospital and Health Service Long Stay Older Patients (LSOPs) were identified in three facilities (LSOPs):

- Augathella
- Cunnamulla
- Surat

Of the LSOPs, none self identified as Aboriginal or Torres Strait Islander.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility		LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Augathella	47	47	47	47		
Cunnamulla	413	413	413	413		
Surat	79	79	79	79		
Total	539	180	47	413		

Facility and Age		LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Charleville	12	12	12	12		
Total	12	12	12	12		

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility		LSOPs	Total OBD
Augathella			
85-89	47		
Cunnamulla			
90-94	413		
Surat			
75-79	79		
Total	539		

Facility and Age		LSOP	Total OBD
Charleville			
95-99	12		
Grand Total		12	

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOPs	Total OBD
Augathella		
Wait RACF place		47
Cunnamulla		
Other		413
Surat		
Other		79
Total		539

Facility and Age	LSOP	Total OBD
Charleville		
Family to select facility	12	
Grand Total		12

Long Stay Older People 2016 Census

Torres and Cape HHS

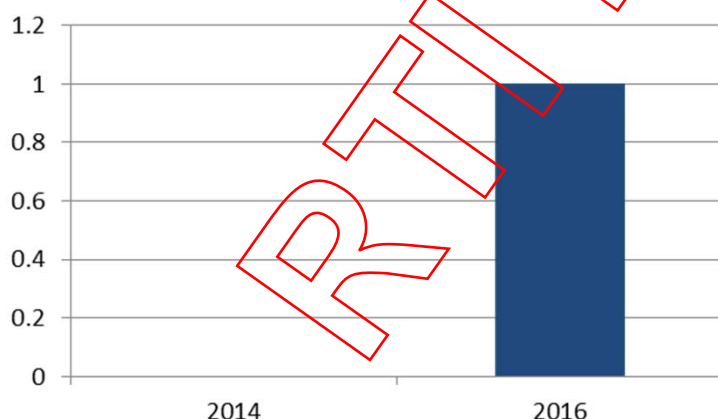
Overview

Within Torres and Cape Hospital and Health Service Long Stay Older Patient (LSOPs) was identified in one facility (Weipa).

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Torres & Cape LSOPs



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility	LSOP	Total OBD	Average OBD	Min of OBD3	Min OBD
Weipa HIS	129	129	129	129	129
Total	129	129	129	129	129

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOPs	Total OBD
Weipa HIS		
80-84		129
Total		129

RTI Releases

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOPs	Total OBD
Weipa HIS		
Wait RACF place	129	<input type="checkbox"/>
Total		<input type="checkbox"/> 129

RTI Release

Long Stay Older People 2016 Census

Townsville HHS

Overview

Within Townsville Hospital and Health Service 81 Long Stay Older Patients (LSOPs) were identified in ten facilities:

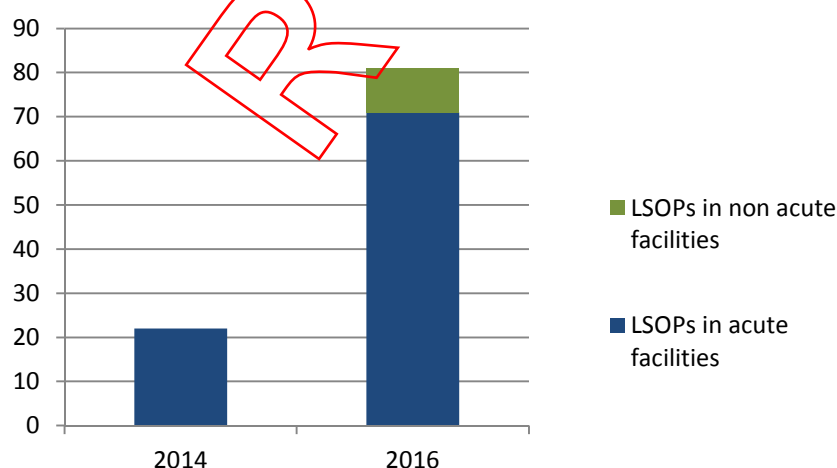
- Ayr Hospital
- Good Shepherd Nursing Home
- Ingham Hospital
- Richmond Hospital
- Blue Haven Lodge
- Charters Towers Hospital
- Home Hill Health Service
- Kirwan Mental Health Rehab Unit
- Townsville Hospital
- Tully Nursing Home

Of the 81 LSOPs, self identified as being of Aboriginal or Torres Strait Islander decent.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.

Townsville HHS LSOPs



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Ayr Hospital	58	58	58		
Charters Towers Hospital	130	43	6	76	
Good Shepherd Nursing Home		8	934	117	47
Home Hill Health Service		10	917	92	8
Ingham Hospital		6	628	105	7
Kirwan Mental Health Rehab Unit	3625		725	90	1737
Richmond Hospital	1379	345	137	587	
Townsville Hospital		42	4836	115	0
Tully Nursing Home	33	33	33	33	
Bluehaven Lodge - Ingham	37	37	37	37	
Grand Total		81	12577	155	0

Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Charters Towers	75	38	31	44	
Home Hill	1556	156	26	378	
Townsville		10	622	62	27
Total		22	2253	102	26

RTI Review

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOP	Total OBD
Ayr Hospital		
80-84	58	
Charters Towers Hospital		
60-64	76	
75-79	6	
80-84	48	
Good Shepherd Nursing Home		
70-74	406	
80-84	49	
85-89	348	
90-94	131	
Home Hill		
65-69	8	
75-79	56	
80-84	98	
85-89	156	
90-94	277	
100-105	322	
Ingham Hospital		
65-69	58	
75-79	146	
80-84	362	
85-89	62	
Kirwan Mental Health Rehab Unit		
65-69	452	
70-74	2914	
75-79	259	
Richmond Hospital		
85-89	998	
90-94	381	
Townsville Hospital		
50-54	1101	
65-69	523	
70-74	6	514
75-79	9	1332
80-84	202	
85-89	12	719
90-94	8	286
95-99	159	
Tully Nursing Home		
70-74	33	
Bluehaven Lodge - Ingham		
95-99	37	
Grand Total	81	12577

Facility and Age	LSOP	Total OBD
Charters Towers		
70-74	44	
90-94	31	
Home Hill		
65-69	229	
70-74	26	
85-89	672	
90-94	629	
Townsville		
65-69	141	
75-79	250	
80-84	56	
85-89	175	
Grand Total	22	2253

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility		LSOP	Total OBD	Facility		LSOP	Total OBD
Ayr Hospital	Other	58		Charters Towers Hospital	Wait RACF place	75	
				Home Hill	Other	242	
Charters Towers Hospital	Family to select facility	6			Wait RACF place	7	1314
	Wait asset test/financial assessment		48	Townsville	Difficult to place due to behaviour/dementia		6
	Wait guardianship decision	76			Family to select facility	123	
Good Shepherd Nursing Home	(blank)		934		Wait RACF place	193	
Home Hill	Wait RACF place	10	917	Total		22	2253
Ingham Hospital	Difficult to place due to behaviour/dementia	146					
	Wait RACF place	482					
Kirwan Mental Health Rehab Unit	Other	1737					
	Wait RACF place	1888					
Richmond Hospital	Other	1379					
Townsville Hospital	Difficult to place due to behaviour/dementia		10				2259
	Family to select facility	5					
	Other	169					
	Wait guardianship decision	491					
	Wait RACF place	24	1912				
Tully Nursing Home	Wait RACF place	33					
Bluehaven Lodge - Ingham	Wait RACF place	37					
Grand Total		81	12577				

Long Stay Older People 2016 Census

Wide Bay HHS

Overview

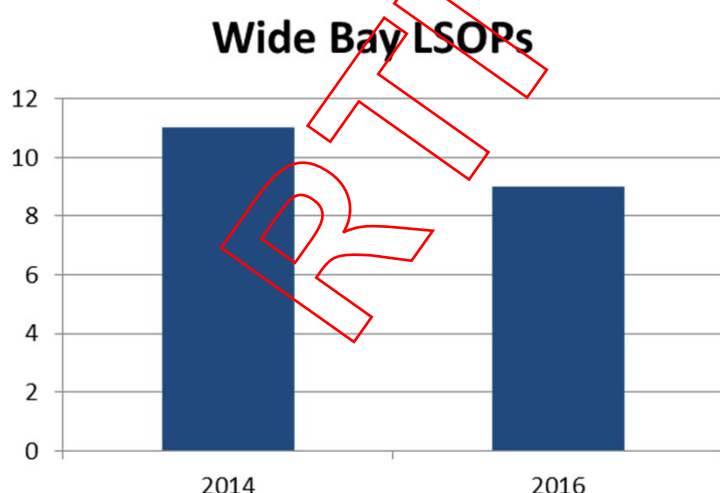
Within Wide Bay Hospital and Health Service nine Long Stay Older Patients (LSOPs) were identified in two facilities:

- Biggenden Hospital
- Maryborough Hospital

Of the nine LSOPs, self identified as being of Aboriginal or Torres Strait Islander decent.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

2016

Facility		LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Biggenden	44	22	9	35		
Maryborough Hospital		78	11	0	42	
Total		9	122	14	0	42

Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Maryborough	11	222	20	1	53
Total	11	222	20	1	53

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

2016

Facility		LSOP	Total OBD
Biggenden			
75-79	9		
80-84	35		
Maryborough Hospital			
65-69	70		
70-74	2		
75-79	0		
80-84	0		
85-89	6		
Total		9	122

2014

Facility and Age	LSOP	Total OBD
Maryborough		
65-69	27	
70-74	13	
75-79	62	
80-84	85	
85-89	1	
90-94	26	
100-104	8	
Total	11	222

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility			LSOPs	Total OBD
Biggenden				
Family to select facility	9			
Wait guardianship decision		35		
Maryborough Hospital				
Difficult to place due to behaviour/dementia		50		
Family to select facility	2			
Wait asset test/financial assessment		26		
Wait guardianship decision	0			
Total			9	122

Facility and Age			LSOP	Total OBD
Maryborough				
Difficult to place due to behaviour/dementia		13		
Other				53
Wait RACF place				156
Total			11	222

Long Stay Older People 2016 Census

West Moreton HHS

Overview

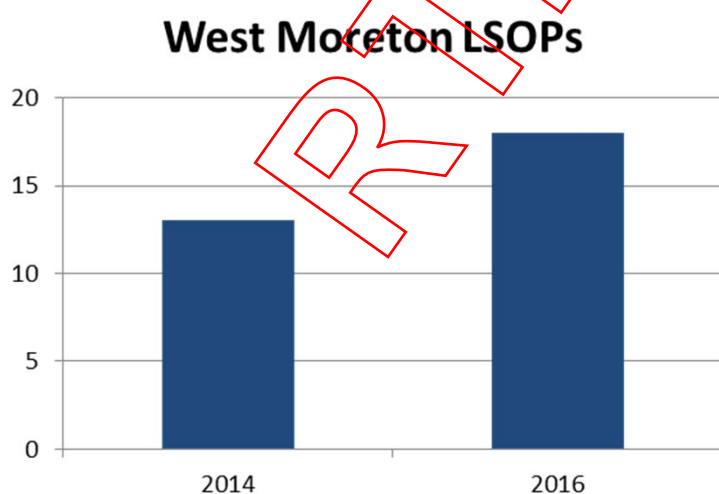
Within West Moreton Hospital and Health Service 18 Long Stay Older Patients (LSOPs) were identified in four facilities:

- Boonah
- Ipswich
- Laidley
- Esk
- Ipswich Hospital

Of the 18 LSOPs, self identified as being of Aboriginal or Torres Strait Islander decent.

For the purposes of the Census, LSOPs are identified as publicly funded patients:

- who were aged 65 years or over (or 50 years or over for Aboriginal and Torres Strait Islander people);
- 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.



Information contained within this factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the Hospital and Health Boards Act 2011 ('the Act') It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation.

Occupied Bed Days

Occupied bed days (OBDs) are calculated as the number of days between the date the patient 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 following tables capture, by facility, the total, average, maximum and minimum number of OBDs as well as the number of LSOPs reported at each facility.

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Boonah Hospital	15	15	15	15	
Esk Hospital	34	11	5	15	
Ipswich Hospital		11	436	40	1
Laidley Hospital	90	30	7	61	
Grand Total		18	575	32	1

Facility and Age	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Boonah Hospital	114	38	29	50	
Esk Hospital	70	35	33	37	
Gatton Hospital	12	6	6	6	
Ipswich Hospital	87	17	1	35	
Laidley Hospital	19	19	19	19	
Total		13	302	23	1

RTI Release

LSOPs by age and total OBD

The following tables identify, by facility, the number of LSOPs by age as well as the OBD associated with each age group

Facility	LSOP	Total OBD
Boonah Hospital		
70-74	15	
Esk Hospital		
75-79	20	
80-84	14	
Ipswich Hospital		
55-59	37	
70-74	279	
75-79	67	
80-84	17	
85-89	15	
90-94	21	
Laidley Hospital		
85-89	90	
Grand Total	18	575

Facility and Age	LSOP	Total OBD
Boonah Hospital		
70-74	50	
80-84	29	
95-99	35	
Esk Hospital		
75-79	33	
85-89	37	
Gatton Hospital		
75-79	6	
80-84	6	
Ipswich Hospital		
70-74	27	
75-79	13	
85-89	12	
90-94	35	
Laidley Hospital		
75-79	19	
Grand Total	13	302

RTI REQUEST

Reason for the delay in discharge

Facilities were asked to select the reason for the delay in discharging the patient from their care from a set list of reasons:

- Waiting for a residential aged care bed (wait RACF place)
- Waiting for an asset test/financial assessment
- Difficult to place due to dementia/behaviour/waiting for secure dementia bed
- Waiting for guardianship decision
- Family to select facility
- Waiting for residential transition care

The follow tables identify, by facility, the reasons for the delay in discharge as well the number of OBD associated with each reason.

Facility	LSOP	Total OBD	Facility and Age	LSOP	Total OBD
Boonah Hospital			Boonah Hospital		
Wait RACF place	15		Family to select facility	29	
Esk Hospital			Wait asset test/financial assessment	50	
Wait RACF place	34		Wait RACF place	35	
Ipswich Hospital			Esk Hospital		
Difficult to place due to behaviour/dementia	11		Other	33	
Wait RACF place		10	Wait asset test/financial assessment	37	
Laidley Hospital		425	Gatton Hospital		
Wait RACF place	90		Family to select facility	6	
Grand Total		18	Other	6	
		575	Ipswich Hospital		
			Family to select facility	35	
			Wait RACF place	52	
			Laidley Hospital		
			Wait RACF place	19	
			Grand Total		13
					302

RTI Request



MEMORANDUM

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

Copies to: The Administrator, Cairns and Hinterland Hospital and Health Service
Board Chair, Darling Downs Hospital and Health Service
Board Chair, Torres and Cape Hospital and Health Service
Board Chair, Townsville Hospital and Health Service
Chair, Statewide Older Persons' Health Clinical Network
Chair, Statewide General Medicine Clinical Network

From: Kathleen Forrester, Deputy
Director-General, Strategy, Policy
and Planning Division

Contact No: 3405 5773
Fax No:

Subject: Queensland Health Long Stay Older Patients Census 2016

File Ref:

I am writing to you in relation to the important issue of older people who, despite being ready for discharge, are waiting in Queensland's hospitals for a residential aged care place or community support package to return to a more appropriate care setting.

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

I am now pleased to provide you with the attached copy of the LSOP Summary Report 2016. I am also pleased to provide each of you with the attached HHS Factsheet which summaries key census data for your respective HHS, and compares the results with the previous census from 2014.

Information contained within your HHS Factsheet is confidential, as data presented are considered potentially identifiable. As this information is to be used for the purposes of evaluating, managing, monitoring or planning health services, this factsheet has been released to you under Section 150 of the *Hospital and Health Boards Act 2011* ('the Act'). It is your responsibility to ensure the subsequent access to, and disclosure of, this factsheet (and data) remain in accordance with the Act or any other relevant privacy legislation. As such, the factsheet is not for general distribution and should only be disclosed to relevant officers within your HHS.

At the time of the 2016 census, 391 public patients in 74 Queensland facilities were identified as meeting the definition of a LSOP. This is an increase of 153 patients from the 2014 census. The number of LSOPs did not increase uniformly across the state however, with some HHS reporting significant increases while others reported falls.

The average length of occupied bed days for LSOPs has also increased from 54 days in 2014 to an average of 80 days in the 2016 census. The most common reason for a delay in discharge in 2014 and 2016 was the patient waiting for an appropriate residential care bed to become available, accounting for over half of all LSOPs in 2016.

While the majority of LSOPs were located in major cities and inner regional areas, the majority of occupied bed days were attributed to patients in outer regional areas at 67% of OBDs.

Managing the ongoing impact of LSOPs on public hospital service provision was raised at the Hospital and Health Board Chairs meeting on 25 November 2015. Members recommended establishing a LSOP Steering Committee to develop options for managing this issue into the future. Membership is formed by Board Chairs of Darling Downs, Townsville, Torres and Cape HHSs, and The Administrator, Cairns and Hinterland HHS.

I chaired the first meeting of the Steering Committee on 7 September 2016 where the 2016 LSOP Summary Report was tabled and key issues relating to LSOPs were discussed. The Steering Committee requested the Summary Report be shared with HHSs and that further work is undertaken to better understand patient flow and the financial impacts of LSOPs.

As I'm sure you will agree, the enclosed Summary Report provides a great deal of insight into LSOPs across the state and will help to contribute to wider discussions on managing this issue in the future. I look forward to your continued involvement in the development of solutions.

If you have any questions or would like further information regarding the 2016 Summary Report or the HHS Factsheet for your HHS, please contact Emily Cross, Principal Policy Officer, Strategic Policy, on telephone 3234 1056 or email: StrategicPolicy@health.qld.gov.au.

K. Forrester

Kathleen Forrester
Deputy Director-General
Strategy, Policy and Planning Division
24/11/16

Long Stay Older Patients Steering Committee

Meeting Notes

Queensland Health Long Stay Older Patient Steering Committee

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

Attendees	
Kathleen Forrester (Chair)	Deputy Director General, Strategy, Policy and Planning Division
Carolyn Eagle	Chair, Cairns and Hinterland Hospital and Health Board
Tony Mooney	Chair, Townsville Hospital and Health Board
Michael Horan	Chair, Darling Downs Hospital and Health Board
Graham Kraak	A/Executive Director, Strategic Policy and Legislation Branch
Apologies	
Robert McCarthy	Chair, Torres and Cape Hospital and Health Board
QH LSOP Project Team (Strategic Policy Team)	
Emily Cross	Principal Policy Officer

Long Stay Older Patients Steering Committee

Key Messages and Actions

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