

Deputy Director-General Brief for Approval

RM folder reference No:	ST000740
Division/HHS:	SPP
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Department Minister's office

SUBJECT: Summary Report for the 2017 Long Stay Older Patients Census

Recommendation/s

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

- Approve** the attached Summary Report of the 2017 Long Stay Older Patients Census and individual Hospital and Health Service (HHS) Factsheets to be distributed to HHSs.

APPROVED / NOT APPROVED

- Sign** the attached Memorandum to accompany the distribution of the Summary Report of the 2017 Long Stay Older Patients Census and HHS Factsheets.

APPROVED / NOT APPROVED

KATHLEEN FORESTER
Deputy Director-General
Strategy, Policy and Planning

Date: / /

Ministerial Brief for Approval required

Deputy Director-General's comment:

Ministerial Brief for Noting

Issues

- The Summary Report of the 2017 Long Stay Older Patients (LSOPs) Census is ready to be circulated to HHSs (**Attachment 1**).
- In the 2017 census, a total of 254 public patients were identified who met the criteria for inclusion in the 2017 LSOP census in Queensland's HHSs. Results were recorded from 13 of the 15 eligible HHSs, with no eligible LSOPs being recorded in Central West HHS; Torres and Cape HHS; or the Mater Health Service.
- Compared with the 2016 LSOP census, 137 fewer patients were identified in the 2017 LSOP census, representing a 35 percent decrease. The 2016 census identified 391 LSOPs across Queensland HHSs.
- The decrease in LSOP numbers across Queensland is likely to be the result of targeted effort by HHSs to respond to this patient group. For example, Metro North HHS has been trialling a number of initiatives to decrease the weight time for long stay patients, including the Queensland Civil and Administrative Tribunal (QCAT) Guardianship Process Initiative and the Watching our Waits program. Metro North's LSOP numbers decreased from 101 in 2016, to 46 in the 2017 LSOP census.
- Preparation of the Summary Report for distribution requires that some potentially identifiable patient information be removed. As removing this data decreases the completeness of the LSOP Summary Report, individual HHS Factsheets with data from both the 2017 and 2016 censuses have been created, containing only data provided by the corresponding HHS. These are provided to each HHS for their information only (**Attachment 2**).

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- A Memorandum for your signature has been drafted to accompany the Summary Report and individual HHS factsheet (**Attachment 3**).

Results of Consultation

- The Statewide Older Persons Health Clinical Network were consulted on the draft 2017 census and provided input in the development of the additional questions.

Resource Implications (including Financial)

- Not applicable

Background

- The Census Summary report presents the findings from the 2017 LSOP Census conducted on 10 May 2017. The census includes public patients who met the criteria to be recognised as an LSOP in all public hospitals and private hospitals where beds were purchased for public patients.
- The finalisation of the 2017 LSOP Census Summary report was delayed due to waiting for HHSs to finalise their data.
- The 2017 census included additional questions to further understand the reasons behind why some patients wait for long periods in hospital despite being medically ready for discharge and eligible for Commonwealth home support packages or residential aged care.
- The impact of LSOPs on public hospital service provision was raised at the Hospital and Health Board Chairs meeting on 25 November 2015. A LSOP Steering Committee was established in 2016/2017 to provide options for managing this issue into the future.
- The final report of the LSOP Steering Committee will include an analysis of the results from both the 2016 and 2017 census and will bring together programs and initiatives that aim to reduce LSOP numbers and length of stay, such as the QCAT Guardianship Process Initiative, for the consideration of all HHS Boards and Executives.

Attachments

- Attachment 1: Summary Report of the 2017 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

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Long Stay Older Patients Census

Summary Report

2017

RTI Release



Long Stay Older Person's Census. Summary Report 2017

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1. Background

Patients staying in hospital longer than medically necessary is an ongoing issue both in Queensland and more broadly in Australia. It has wide-ranging negative impacts on the physical, social and emotional wellbeing of patients, as well as the efficiency and effectiveness of our health services¹. This issue is particularly prevalent amongst the elderly who may be medically ready for discharge but are waiting for a Commonwealth funded home care package to return home or are waiting for a suitable residential aged care place.

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

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

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

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

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

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

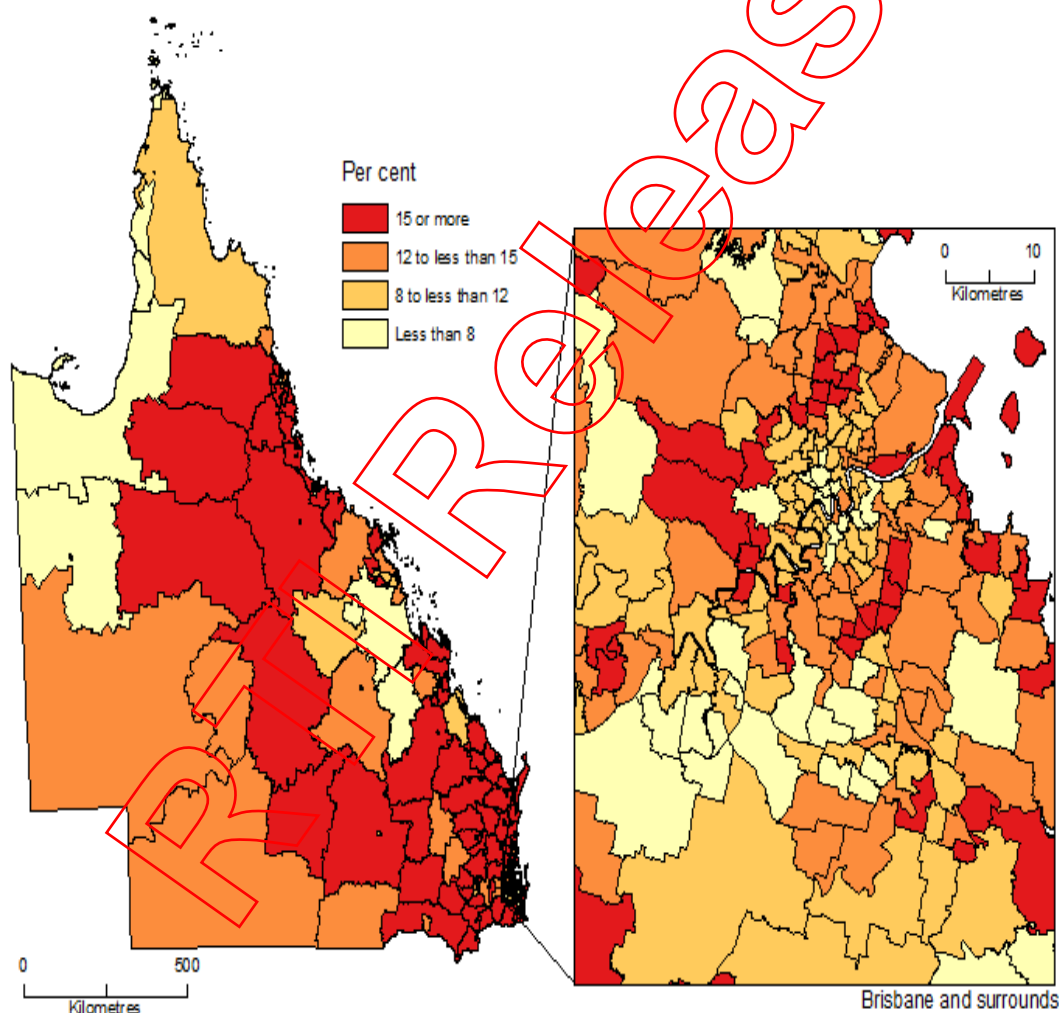
¹ Salonga-Reyes, A., Scott, I. 2016. *Stranded: causes and effects of discharge delays involving non-acute in-patients requiring maintenance care in a tertiary hospital general medical service*. Australian Health Review 41, 54-62.

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

1.1 Older People in Queensland

Between June 2010 - June 2017, the number of people aged 65 years and over in Queensland has increased by 28 percent to reach 713, 653, now accounting for 15 percent of the state's population. During this time, the proportion of people aged 65 years or older in Greater Brisbane increased from 11 to 13 percent, while in the rest of Queensland increased from 14 to 16 percent.² **Figure 1** shows the distribution of the population aged 65 years and over by Statistical Areas Level 2³ (SA2) for Queensland as at 30 June 2015.

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



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

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

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

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

Table 1 Estimated Resident Population of Queensland as at June 2016

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

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

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2. Methodology

2.1 Overview

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

2.1 Inclusion Criteria

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

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

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

2.2 Exclusions

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

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

2.3 Data Verification and Analysis

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

2.4 Census Data Limitations

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

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

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

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3. Results

3.1 Facilities

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

Table 2 Number of LSOPs by HHS, 2017

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

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

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

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

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

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

2012	2013	2014	2016	2017
228	207	238	298	184

3.2 Occupied Bed Days

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

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

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

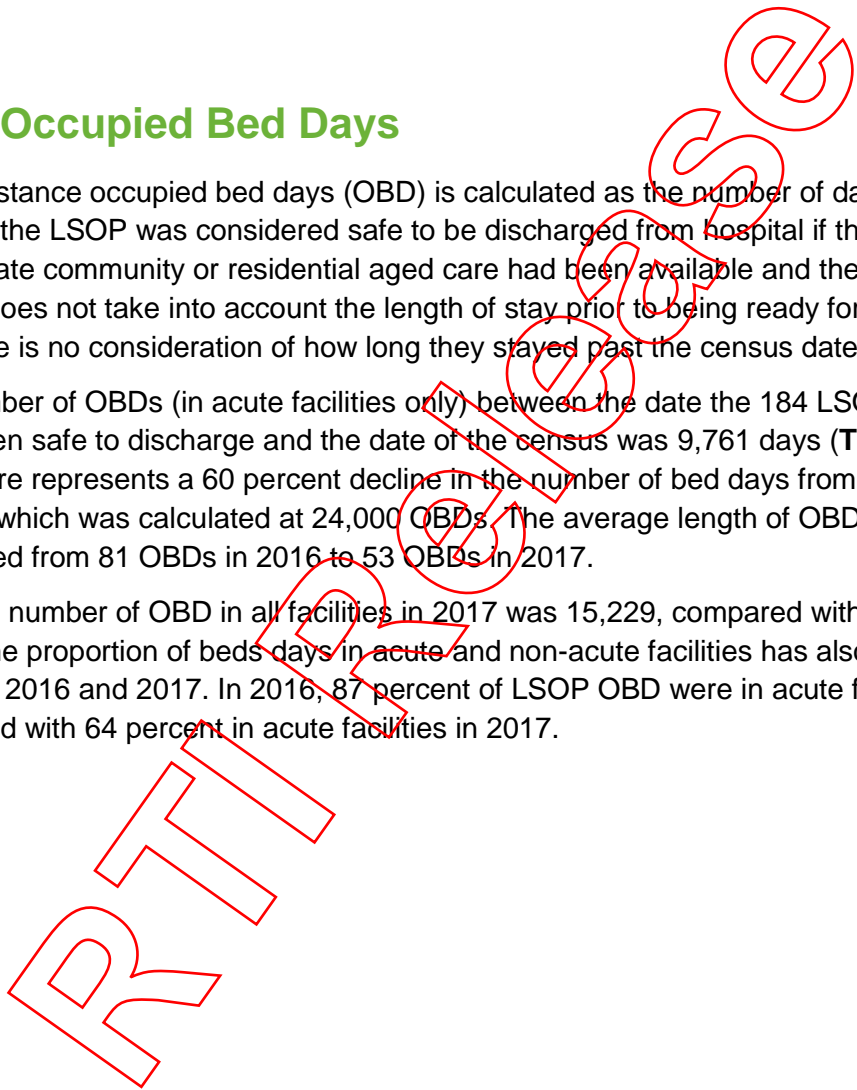


Table 5 OBDs for LSOPs 2016 and 2017 (Acute Facilities Only)

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

3.3 Location of LSOPs

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

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

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

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

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

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

3.4 Demographics of LSOPs

3.4.1 Aboriginal and Torres Strait Islander Status

A total of 17 people identified as being Indigenous in the 2017 census compared to 10 in 2016 and 11 in 2014. In this 2017 census, 10 people identified as Aboriginal; 1 people as Torres Strait Islanders; 1 as both Aboriginal and Torres Strait Islander; 1 as an Islander; and 1 did not say.

3.4.2 Age

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

Similar to the 2016 census, the oldest LSOP identified in the 2017 census was 100 years old and the youngest was 18 years old.

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

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

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

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

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

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

3.5 ACAT Approval

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

3.6 Reasons for delays in discharge

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

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

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

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

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

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

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

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

Reason for Delay in Discharge (acute facilities only)	LSOPs 2016	LSOPs 2017	% of total 2016	% of total 2017
• Waiting for residential care bed (2016, 2017)	157	124	53	67.5
• Difficult to place due to behaviour/dementia (2016, 2017)	43	14	14	7.5
• Family to select facility (2016) • Waiting for the family to make a decision (2017)	29	20	10	11
• Waiting for guardianship decision (2016) • Waiting on The Public Guardian to make a decision (2017) • Waiting QCAT hearing decision (2017)	24	15	8	8
• Waiting asset test/financial assessment (2016) • Waiting on The Public Trustee to make a decision (2017) • Waiting for a private trustee to make a decision (2017) • Waiting on Centrelink Income and Assets test (2017)	<10	<10	3	4
• Wait home care package	<5	<5	1	1.5
• Other or Blank (2016) • Difficult to place due to bariatric needs (2017) • Difficult to place due to complex care needs (2017)	35	1	12	0.5
Total	298	184	100	100

3.7 Additional information

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

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

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

3.7.1 Dementia, delirium or behavioural disturbances

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

3.7.2 Bariatric patients

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

3.7.3 External agencies

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

Table 12 External agencies involved in patient care

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

4. Operational Residential Aged Care Facilities

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

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

Table 13 Operational Residential Care Places at 30 June 2016

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

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

Places per 1,000 aged 70 years and over

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

Table 14 LSOPs and Operational Ratios

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

5. Discussion

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

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

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

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

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

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

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

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

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

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

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

The Report makes 38 recommendations, focusing on:

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

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

Long Stay Older Patients 2017 Census

Cairns and Hinterland HHS

Overview

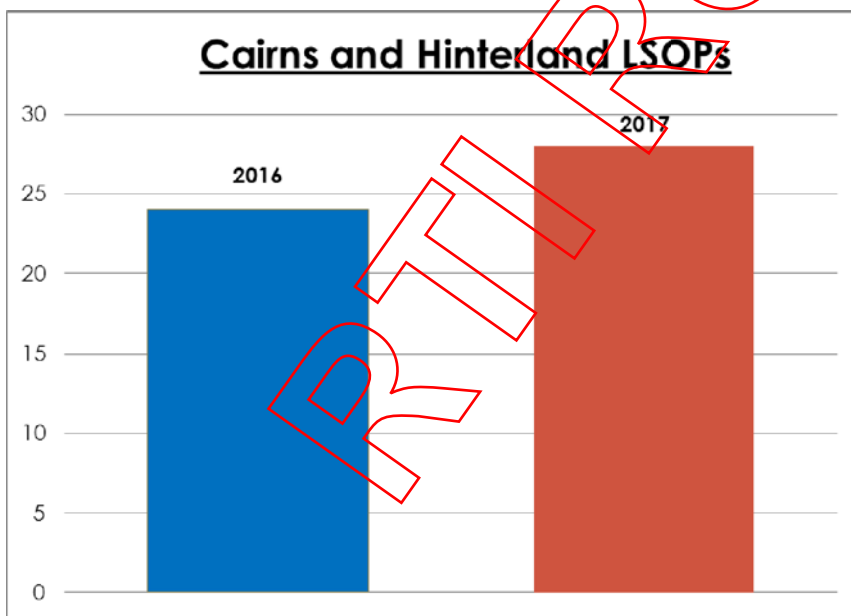
Within Cairns and Hinterland Hospital and Health Service 28 Long Stay Older Patients (LSOPs) were identified in six facilities:

- Babinda Hospital
- Cairns Hospital
- Gordonvale Memorial Hospital
- Herberton Hospital
- Mareeba Hospital
- Tully Hospital

Of the 28 LSOPs, persons self-identified as Aboriginal and persons self-identified as Torres Strait Islander.

For the purposes of the survey, LSOPs were 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)

Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Babinda Hospital	14	14	14	14	14
Cairns Hospital	19	842	44	4	205
Gordonvale Memorial Hospital	19	19	19	19	19
Herberton Hospital	683	225	77	407	
Mareeba Hospital	29	29	29	29	29
Tully Hospital	68	67	67	67	67
Total	26	1655	63	4	407

2016

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

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.

2017

Age and Facility	LSOP	OBD
Babinda Hospital		
80-84	1	14
Cairns Hospital		
55-59	225	225
65-69	225	225
70-74	19	19
75-79	199	199
80-84	6	109
85-89	1	48
Gordonvale Memorial		
65-69	1	19
Herberton Hospital		
50-54	407	407
65-69	269	269
Mareeba Hospital		
80-84	1	29
Tully Hospital		
85-89	1	67
Total	28	1644

2016

Age and Facility	LSOP	OBD
Atherton		
75-79	1	105
80-84	1	97
Babinda		
95-99	1	21
Cairns		
55-59	1	129
75-79	1	85
Gordonvale		
70-74	1	30
80-84	1	20
85-89	1	22
90-94	1	13
Herberton		
65-69	1	5
75-79	1	13
80-84	1	69
Innisfail		
65-69	1	26
75-79	1	104
80-84	1	142
Mareeba		
70-74	1	52
75-79	1	14
Total	19	947

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Babinda Hospital		
Waiting for residential care bed	<input type="checkbox"/>	14
Cairns Hospital		
Difficult to Place due to behaviour/dementia	<input type="checkbox"/>	35
Waiting for residential care bed	18	9440
Waiting on the Public Guardian to make a decision	<input type="checkbox"/>	862
Gordonvale Memorial Hospital		
Waiting for residential care bed	<input type="checkbox"/>	7
Herberton Hospital		
Waiting for a residential care bed	<input type="checkbox"/>	676
Mareeba Hospital		
Waiting for residential care bed	<input type="checkbox"/>	29
Tully Hospital		
Waiting for residential care bed	<input type="checkbox"/>	67
Total	28	1644

Facility	LSOP	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

RTI Release

Long Stay Older Patients 2017 Census

Central Queensland HHS

Overview

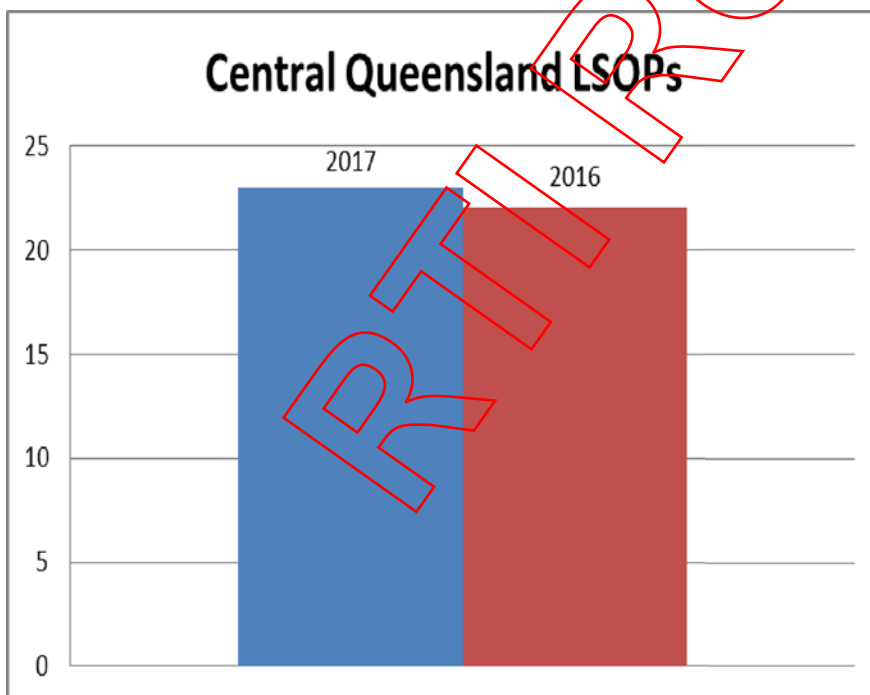
Within Central Queensland Hospital and Health Service 23 Long Stay Older Patients (LSOPs) were identified in six facilities:

- Rockhampton Hospital
- North Rockhampton Nursing Centre
- Gladstone Hospital
- Moura Retirement Village
- Charleville Hospital
- Wahroonga Nursing Home

Of the 23 LSOPs, self-identified as Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	Total OBD	Average OBD	Min OBD	Max OBD
Charleville Hospital		5	5	5	5
Gladstone Hospital		1	1	1	1
Moura Retirement Village		392	392	392	392
North Rockhampton Nursing Centre		0	0	0	0
Rockhampton Hospital	16	544	34	6	98
Wahroonga Nursing Home		139	139	139	139
Total	23	1054	95	0	392

2016

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
Rockhampton Hospital Huxham Unit	6	531	89	12	205
Moura		69	69	69	69
Rockhampton Hospital	7	549	78	12	153
Total	22	1365	62	1	205

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.

2017

Age and Facility	LSOP	OBD
Charleville Hospital		5
80-84		5
Gladstone Hospital		1
50-55		1
Moura Retirement Village		392
90-94		392
North Rockhampton Nursing Centre		0
75-79		0
80-84		0
85-89		0
Rockhampton Hospital	15	517
70-74		50
75-79		112
80-84		53
85-89	6	282
100-104		20
Wahroonga Nursing Home		139
80-84		139
Total	23	1054

2016

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

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Charleville Hospital		5
Waiting for residential care bed		5
Gladstone Hospital		1
Waiting for residential care bed		1
Moura Retirement Village		392
Waiting for the family to make a decision		392
North Rockhampton Nursing Centre		0
Waiting for residential care bed		0
Rockhampton Hospital	15	517
Waiting for residential care bed	15	517
Wahroonga Nursing Home		139
Waiting for residential care bed		139
Total	23	1054

Facility	LSOP	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		21
Wait RACF place		18
Huxham Unit		
Wait RACF place	6	531
Moura		
Wait RACF place		69
Sage Rockhampton Hospital		
Difficult to place due to behaviour/dementia		165
Wait RACF place		384
Total	22	1365

RTI Release

Long Stay Older People 2017 Census

Darling Downs HHS

Overview

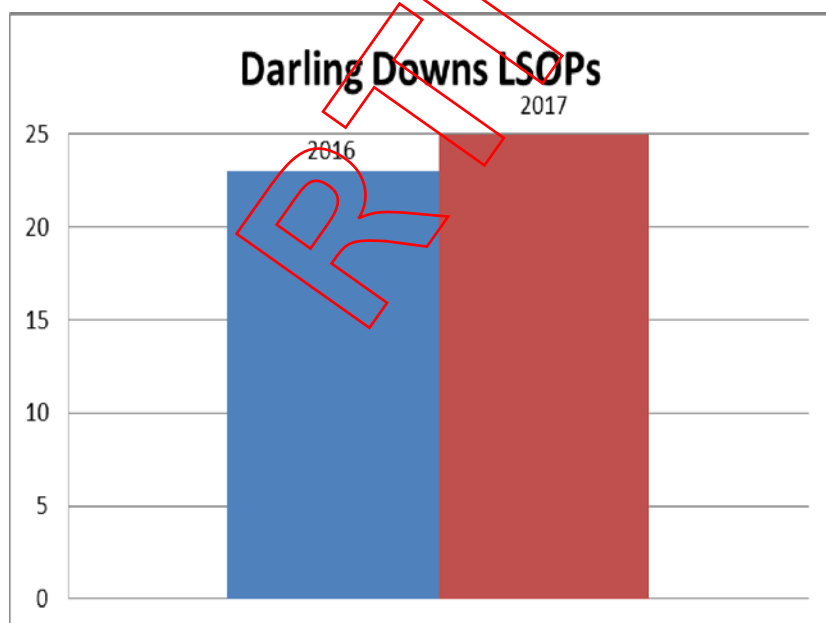
Within Darling Downs Hospital and Health Service 25 Long Stay Older Patients (LSOPs) were identified in nine facilities:

- Baillie Henderson Hospital
- Dalby Health Service
- Jandowae Health Service
- Millmerran MPHS
- Murgon Hospital
- Stanthorpe Hospital
- Toowoomba Hospital
- Tricare Virtual Ward
- Warwick Hospital

Of the 25 LSOPs, self-identified as Aboriginal.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Baillie Henderson Hospital		1479	493	344	786
Dalby Health Service		14	14	14	14
Jandowae Health Service		12	12	12	12
Millmerran MPHS		8	8	8	8
Murgon Hospital		83	83	83	83
Stanthorpe Hospital	6	308	51	7	120
Toowoomba Hospital		33	7	1	19
Tricare Virtual Ward		122	61	21	101
Warwick Hospital		420	84	50	167
Total	25	2479	99	1	786

2016

Facility	LSOP	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	9	246	27	0	222
Warwick Hospital		124	62	17	107
Wondai Hospital		11	11	11	11
Total	31	4850	156	0	2454

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.

2017

Age and Facility	LSOP	OBD
Baillie Henderson Hospital		1479
65-69		1130
70-74		349
Dalby Health Service		14
85-89		14
Jandowae Health Service		12
90-94		12
Millmerran MPHS		8
85-89		8
Murgon Hospital		83
75-79		83
Stanthorpe Hospital		308
70-74		69
80-84		18
85-89		120
90-94		101
Toowoomba Hospital		33
65-69		6
70-74		1
75-79		7
90-94		19
Tricare Virtual Ward		122
80-84		101
85-89		21
Warwick Hospital		420
65-69		167
70-74		78
80-84		50
90-94		70
95-99		55
Total	25	2479

2016

Age and Facility	LSOP	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		226
90-94		0
Warwick Hospital		
80-84		17
90-94		107
Wondai Hospital		
85-89		11
Total	3	4850

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 (listed as 'wait RACF place in 2016' census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017		LSOP	OBD
Age and Facility			
Baillie Henderson Hospital			1479
Waiting for residential care bed			1479
Dalby Health Service			14
Waiting for residential care bed			14
Jandowae Health Service			12
Waiting for residential care bed			12
Millmerran MPHS			8
Waiting for residential care bed			8
Murgon Hospital			83
Waiting on Centrelink Income and Assets test			83
Stanthorpe Hospital		6	308
Waiting for residential care bed		6	308
Toowoomba Hospital			33
Difficult to place due to behaviour/dementia			1
Waiting for residential care bed			32
Tricare Virtual Ward			122
Waiting for residential care bed			122
Warick Hospital			420
Waiting for residential care bed			420
Total		25	2479

2016

Age and Facility	LSOP	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 guardianship decision		222
Wait RACF place	7	24
Warwick Hospital		
Wait RACF place		124
Wondai Hospital		
Family to select facility		11
Total	31	4850

RTI RELEASE

Long Stay Older People 2017 Census

Gold Coast HHS

Overview

Within Gold Coast Hospital and Health Service 27 Long Stay Older Patients (LSOPs) were identified in two facilities:

- Gold Coast University Hospital
- Robina Hospital

None of the LSOPs identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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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)

Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Gold Coast University Hospital	17	83	317	0	96
Robina Hospital	10	100	216	5	58
Total	27	183	553	0	96

2016

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Gold Coast University Hospital	6	46	8	2	15
Robina Hospital	13	524	48	0	322
Woodlands	6	446	74	9	155
Total	25	1116	45	0	322

RTI RELEASED

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.

2017

Age and Facility	LSOP	OBD
Gold Coast University Hospital	17	83
65-69		36
70-74		47
75-79		100
80-84	7	42
85-89		42
90-94		10
95-99		6
Robina Hospital	10	154
65-69		0
70-74		154
75-79		104
80-84		13
90-94		6
Total	27	311

2016

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

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Gold Coast University Hospital	17	317
Difficult to place due to behaviour/dementia		12
Waiting for a private trustee to make a decision		100
Waiting for QCAT hearing decision		96
Waiting for residential care bed	8	70
Waiting for the family to make a decision		39
Robina Hospital	10	216
Difficult to place due to behaviour/dementia		71
Waiting for QCAT hearing decision		58
Waiting for residential care bed		34
Waiting for the family to make a decision		48
Waiting homecare package		5
Total	27	533

2016

Facility	LSOP	OBD
Gold Coast University Hospital		
Family to select facility		14
Other		28
Wait home care package		4
Robina Hospital		
Difficult to place due to behaviour/dementia		362
Family to select facility		16
Other		233
Wait asset test/financial assessment		8
Wait RACF place		5
Woodlands		
Family to select facility		33
Other		413
Total	25	1116

RTI Released

Long Stay Older Patients 2017 Census

Mackay HHS

Overview

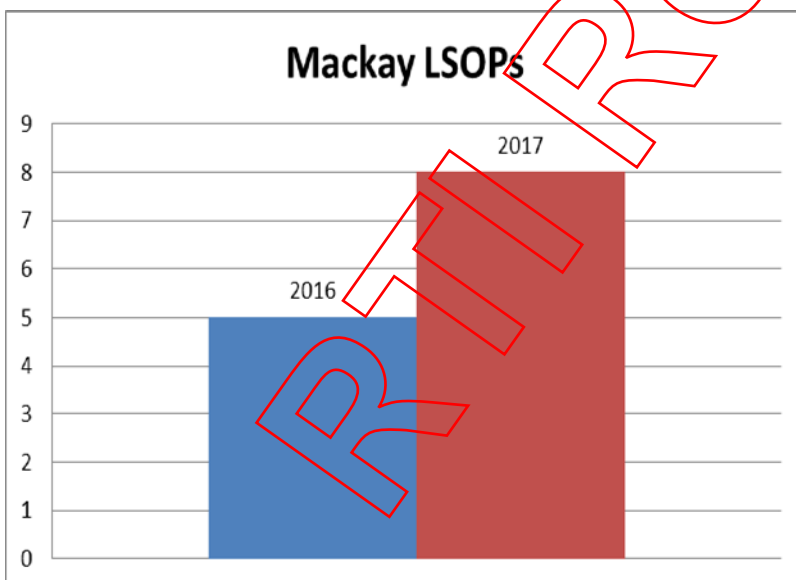
Within Mackay Hospital and Health Service eight Long Stay Older Patients (LSOPs) were identified in two facilities:

- Mackay Base Hospital
- Proserpine Hospital

None of the LSOPs self-identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Mackay Base Hospital		113	16	0	41
Proserpine Hospital		0	0	0	0
Total	8	113	14	0	41

2016

Facility	LSOP	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

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.

2017

Age and Facility	LSOP	OBD
Mackay Base Hospital		113
65-69		41
70-74		21
75-79		0
80-84		18
85-89		14
90-94		19
Proserpine Hospital		0
80-84		0
Total	8	113

2016

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

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Mackay Base Hospital		113
Waiting for QCAT hearing decision		19
Waiting for residential care bed		71
Waiting for the family to make a decision		0
Waiting on Centrelink Income and Assets test		23
Proserpine Hospital		0
Waiting for residential care bed		0
Total	8	113

2016

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

Long Stay Older Patients 2017 Census

Metro North HHS

Overview

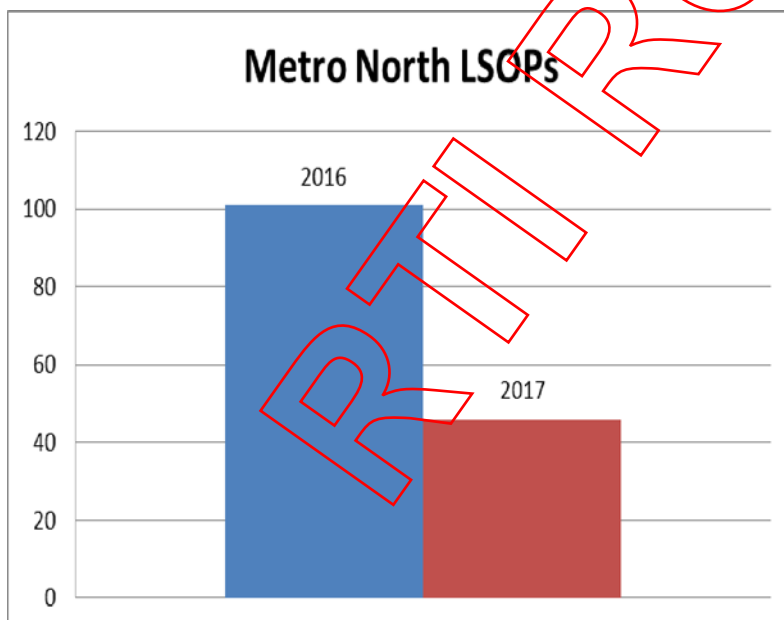
Within Metro North Hospital and Health Service 46 Long Stay Older Patients (LSOPs) were identified in seven facilities:

- Bribie Pines Aged Care
- Brighton Rehabilitation
- Caboolture Hospital
- Interim Care Zillmere
- Redcliffe Hospital
- Royal Brisbane and Women's Hospital
- The Prince Charles Hospital

None of the LSOPs self-identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Bribie Pines Aged Care	7	7	7	7	7
Brighton Rehabilitation	19	10	6	13	
Caboolture Hospital	6	327	55	16	141
Interim Care Zillmere	22	587	27	0	89
Redcliffe Hospital	6	74	12	2	38
Royal Brisbane and Women's Hospital	13	4	0	8	
The Prince Charles Hospital	6	121	20	0	51
Total	46	1148	25	0	141

2016

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Brighton Health Campus	55	1266	23	0	86
Caboolture Hospital	14	5	0	9	
Royal Brisbane and Women's Hospital	298	43	0	198	
Redcliffe Hospital	13	344	26	1	128
The Prince Charles Hospital	23	961	42	0	260
Total	101	2883	29	0	260

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.

2017

Facility	LSOP	OBD
Bribie Pines Aged Care		7
80-84		7
Brighton Rehabilitation		19
75-79		6
85-89		13
Caboolture Hospital		327
70-74		204
75-79		28
80-84		44
90-94		51
Interim Care Zillmere	22	587
70-74		50
75-79		29
80-84		62
85-89	9	306
90-94		140
Redcliffe Hospital		74
70-74		13
75-79		12
80-84		40
85-89		9
Royal Brisbane and Women's Hospital		13
70-74		8
75-79		5
The Prince Charles Hospital		121
75-79		35
80-84		33
85-89		51
90-94		2
Total	46	1148

2016

Facility	LSOP	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		186
95-99		23
Caboolture		
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	6	401
70-74		17
75-79		89
80-84		96
85-89	6	312
90-94		0
95-99		46
Total	101	2883

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Bribie Pines Aged Care		7
Waiting for residential care bed		7
Brighton Rehabilitation		19
Waiting for QCAT hearing decision		6
Waiting for residential care bed		13
Caboolture Hospital		327
QCAT And Public Trustee		28
Waiting for QCAT hearing decision		44
Waiting for residential care bed		141
Waiting for the family to make a decision		51
Waiting on The Public Trustee to make a decision		63
Interim Care Zillmere	23	587
Difficult to place due to behaviour/dementia		5
Waiting for residential care bed	15	319
Waiting for the family to make a decision		119
Waiting on The Public Trustee to make a decision		144
Redcliffe Hospital		74
Waiting for QCAT hearing decision		13
Waiting for residential care bed		49
Waiting for the family to make a decision		12
Royal Brisbane and Women's Hospital		13
Difficult to place due to behaviour/dementia		8
Waiting for residential care bed		5
The Prince Charles Hospital		121
Difficult to place due to behaviour/dementia		51
Waiting for residential care bed		70

Total	46	1148
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2016

Facility	LSOP	OBD
Brighton Health Campus		
Wait RACF place	55	1266
Caboolture		
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		456
Family to select facility		127
Other	7	195
Wait guardianship decision		30
Wait RACF place		153
Total	101	2883

RTI Release

Long Stay Older Patients 2017 Census

Metro South HHS

Overview

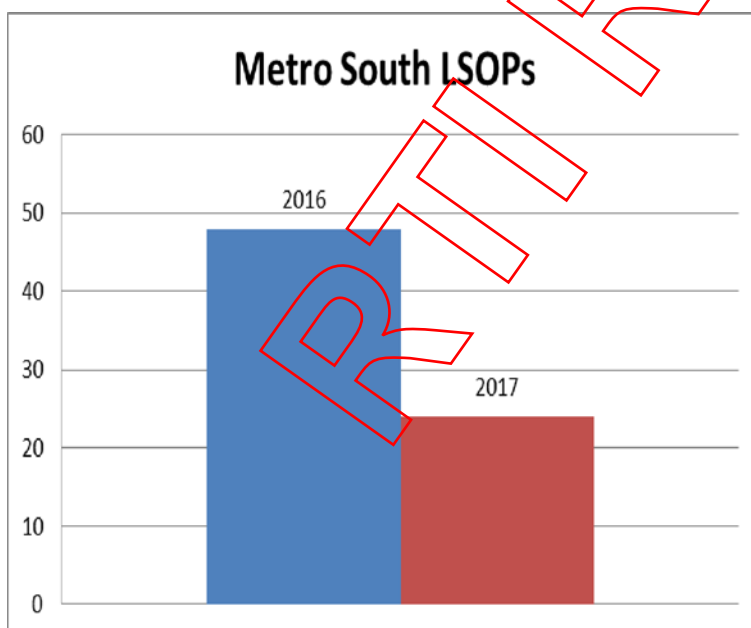
Within Metro South Hospital and Health Service 24 Long Stay Older Patients (LSOPs) were identified in five facilities:

- Beaudesert Hospital
- Logan Hospital
- QEII
- Redlands Hospital
- Wynnum Health Service

Of the 24 LSOPs, self-identified as Aboriginal.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Beaudesert Hospital	0	37	12	0	34
Logan Hospital	9	258	29	6	114
QEII	0	71	18	5	31
Redlands Hospital	0	43	14	5	33
Wynnum Health Service	0	133	27	8	75
Total	24	542	23	0	114

2016

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Beaudesert	0	78	20	14	34
Logan Hospital	0	28	28	28	28
Logan SV	0	64	32	22	42
Princess Alexandra Hospital	17	942	55	1	247
QEII SV	0	136	45	33	54
QEII	10	262	26	1	85
Redlands Hospital	0	104	35	8	58
Wynnum Health Service	0	509	64	15	156
Total	48	2123	44	1	247

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.

2017

Age and Facility	LSOP	OBD
Beaudesert Hospital		37
75-79		34
80-84		0
85-89		3
Logan Hospital		258
50-54		18
65-69		129
70-74		6
75-79		22
85-89		76
90-94		7
QEII		71
65-69		29
75-79		6
80-84		5
90-94		31
Redlands Hospital		43
75-79		33
80-84		5
85-89		5
Wynnum Health Service		133
70-74		89
75-79		16
85-89		20
90-94		8
Total	24	542

2016

Age and Facility	LSOP	OBD
Beaudesert Hospital		
70-74		15
80-84		49
85-89		14
Logan Hospital		
75-79		28
Logan SV		
70-74		42
85-89		22
Princess Alexandra Hospital		
65-69		89
70-74		299
75-79		66
80-84		274
85-89		111
90-94		7
95-99		96
QEII SV		
85-89		82
95-99		54
QEII		
70-74		1
75-79		67
80-84		169
85-89		6
95-99		19
Redlands Hospital		
75-79		38
80-84		58
85-89		8
Wynnum Health Service		
80-84		236
85-89		15
90-94		258
Total	48	2123

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Beaudesert Hospital		37
Waiting for residential care bed		37
Logan Hospital		258
Waiting for QCAT hearing decision		114
Waiting for residential care bed		74
Waiting on The Public Trustee to make a decision		70
QEII		71
Waiting for QCAT hearing decision		60
Waiting for the family to make a decision		11
Redlands Hospital		43
Waiting for residential care bed		43
Wynnum Health Service		133
Difficult to place due to behaviour/dementia		20
Waiting for residential care bed		113
Total	24	542

Facility	LSOP	OBD
Beaudesert Hospital		
Family to select facility		15
Wait RACF place		63
Logan Hospital		
Difficult to place due to behaviour/dementia		28
Logan (SV)		
Wait RACF place		64
Princess Alexandra Hospital		
Difficult to place due to behaviour/dementia		22
Wait asset test/financial assessment		274
Wait guardianship decision		415
Wait RACF place		8
(blank)	7	223
QEII (SV)		
Wait RACF place		136
QEII		
Family to select facility		22
Other	6	206
Wait asset test/financial assessment		34
Redlands Hospital		
Wait RACF place		104
Wynnum Health Service		
Family to select facility		222
Wait guardianship decision		222
Wait RACF place		65
Total	48	2123

Long Stay Older Patients 2017 Census

North West HHS

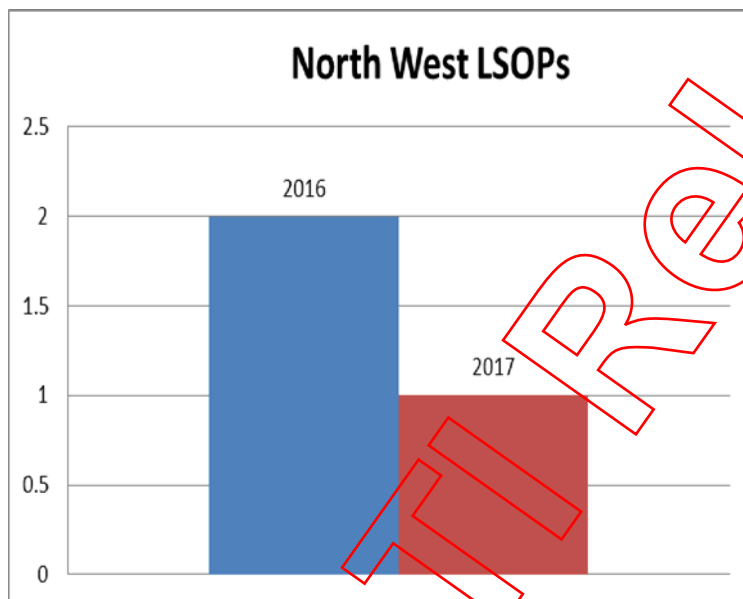
Overview

Within North West Hospital and Health Service Long Stay Older Patient (LSOP) was identified in one facility, Mount Isa Hospital.

did not identify as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Mount Isa Hospital		90	90	90	90
Total		90	90	90	90

2016

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Cloncurry		13	13	13	13
Mount Isa Hospital		34	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.

2017

Age and Facility	LSOP	OBD
Mount Isa Hospital		90
85-89		90
Total		90

2016

Age and Facility	LSOP	OBD
Cloncurry		
80-84		13
Mount Isa Hospital		
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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Mount Isa Hospital		90
Waiting for residential care bed		90
Total		90

2016

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

Long Stay Older Patients 2017 Census

Sunshine Coast HHS

Overview

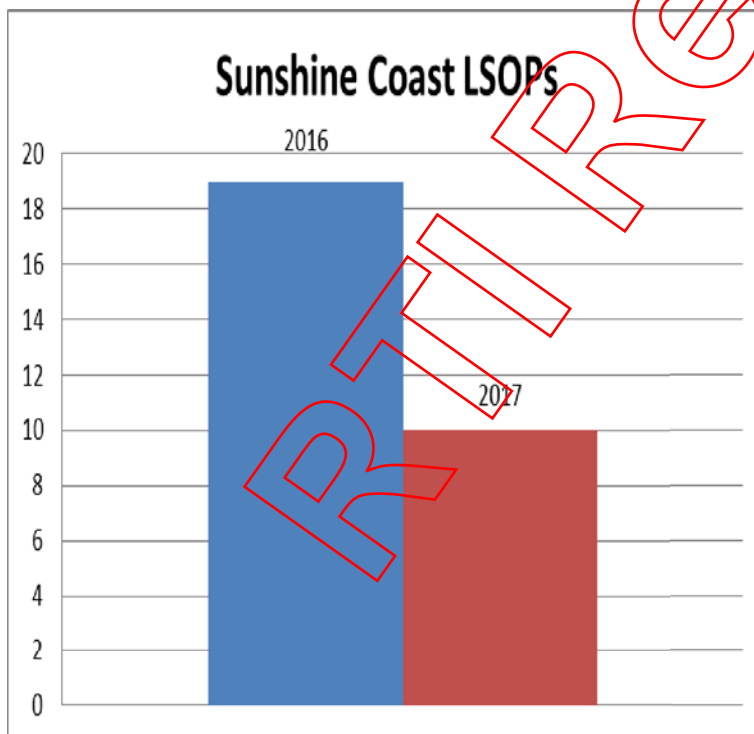
Within Sunshine Coast Hospital and Health Service 10 Long Stay Older Patients (LSOPs) were identified in two facilities:

- Sunshine Coast University Hospital
- Nambour General Hospital

None of the LSOPs self-identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Nambour General Hospital	1	82	10	0	34
Sunshine Coast University Hospital	9	6	3	0	6
Total	10	88	9	0	34

2016

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

2017

Age and Facility	LSOP	OBD
Nambour General Hospital		82
65-69		16
75-79		39
80-84		20
90-94		7
Sunshine Coast University Hospital		6
75-79		0
80-84		6
Total	10	88

2016

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

Age and Facility	LSOP	OBD
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RTI Release

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Nambour General Hospital		82
Difficult to place due to behaviour/dementia		18
Difficult to place due to complex care needs e.g. PEG feeding		5
Waiting for residential care bed		5
Waiting for the family to make a decision		20
Waiting on The Public Guardian to make a decision		34
Sunshine Coast University Hospital		6
Waiting for residential care bed		0
Waiting for the family to make a decision		6
Total	10	88

2016

Facility	LSOP	OBD
Caloundra		
Family to select facility		15
Other		31
Wait RACF place		58
Gympie Hospital		
Wait RACF place		41
Maleny		
Wait guardianship decision		34

Nambour			
Family to select facility			16
Other			9
Wait RACF place			18
SCUPH			
Other			8
Wait home care package			8
Wait RACF place			17
Total		19	255

RTI Release

Long Stay Older Patients 2017 Census

South West HHS

Overview

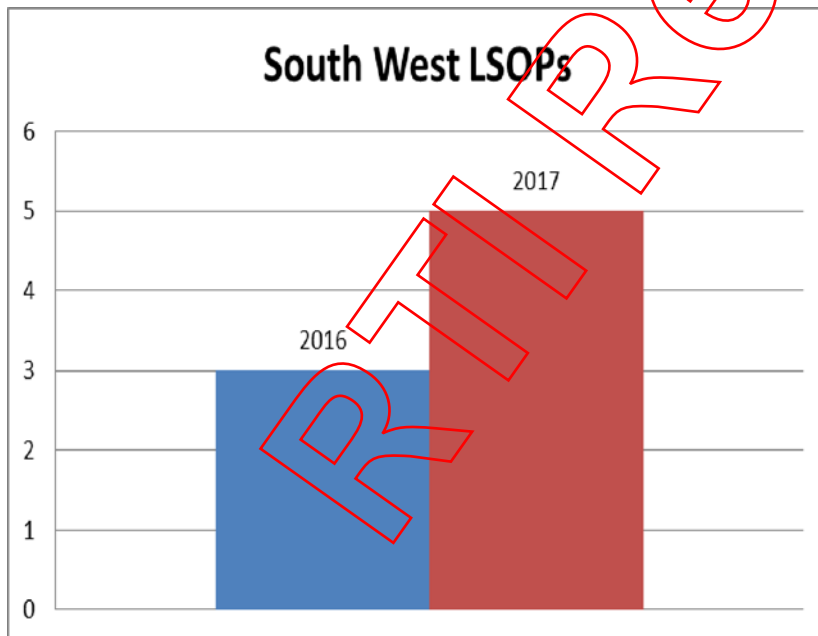
Within South West Hospital and Health service Long Stay Older Patients (LSOPs) were identified in four facilities:

- Cunnamulla Hospital
- Injune MPHS
- St George Hospital
- Surat MPHS

Of the LSOPs, self-identified as Aboriginal.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Cunnamulla Hospital		12	12	12	12
Injune MPHS		139	69.5	63	76
St George Hospital		9	9	9	9
Surat MPHS		15	15	15	15
Total		175	35	9	76

2016

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

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.

2017

Age and Facility	LSOP	OBD
Cunnamulla Hospital		12
60-64		12
Injune MPHS		139
85-89		76
90-94		63
St George Hospital		9
65-69		9
Surat MPHS		15
70-74		15
Total		175

Age and Facility	LSOP	OBD
Augathella		
85-89		47
Cunnamulla Hospital		
90-94		413
Surat MPHS		
75-79		79
Total		539

2016 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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
South West		175
Cunnamulla Hospital		12
Waiting for the family to make a decision		12
Injune MPHS		139
Waiting for residential care bed		139
St George Hospital		9
Waiting for residential care bed		9
Surat MPHS		15
Waiting for residential care bed		15
Total		175

2016

Facility	LSOPs	OBDs
Augathella		
Wait RACF place		47
Cunnamulla Hospital		
Other		413
Surat MPHS		
Other		79
Total		539

Long Stay Older Patients 2017 Census

Townsville HHS

Overview

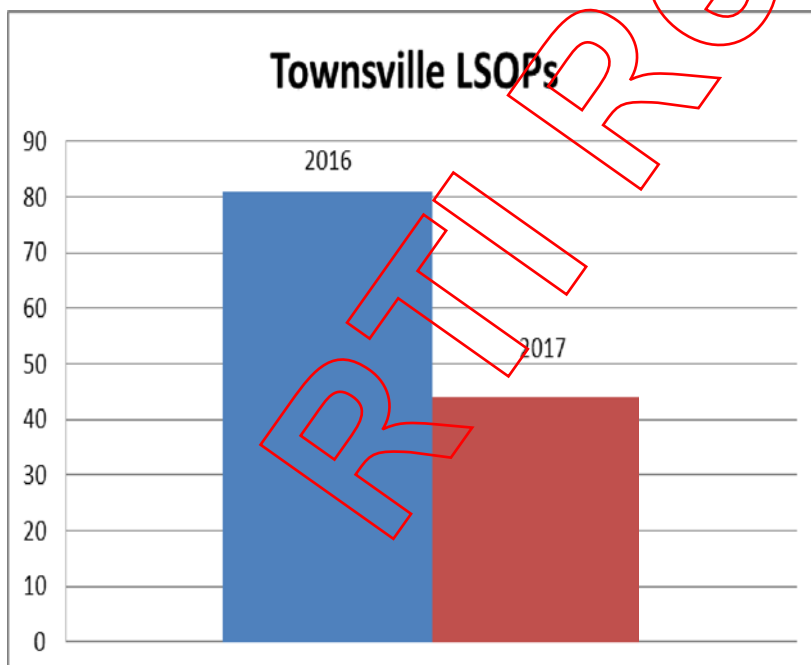
Within Townsville Hospital and Health Service 44 Long Stay Older Patients (LSOPs) were identified in six facilities:

- Ayr Hospital
- Charters Towers Hospital
- Home Hill Hospital
- Ingham Hospital
- Kirwan Rehabilitation Unit
- Townsville Hospital

Of the 44 LSOPs, people self-identified as Aboriginal and/or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Ayr Hospital	1	1	1	1	1
Home Hill Hospital	1228	307	105	679	
Ingham Hospital	7	671	96	0	415
Kirwan Rehabilitation Unit	1635	818	97	1538	
Townsville Hospital	30	3348	112	1	731
Total	44	6883	156	0	1538

2016

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Ayr Hospital	58	58	58	58	58
Charters Towers Hospital	130	43	6	76	
Good Shepherd Nursing Home	8	934	117	47	205
Home Hill Hospital	10	917	92	8	322
Ingham Hospital	8	698	87	7	355
Kirwan Mental Health Rehab Unit	3625	725	90	1737	
Richmond Hospital	1379	345	137	587	
Townsville Hospital	42	4836	115	0	1101
Total	81	12577	155	0	1737

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.

2017

Facility	LSOP	OBD
Ayr Hospital		1
70-74		1
Home Hill Hospital		1228
70-74		232
85-89		212
90-94		105
100-104		679
Ingham Hospital		671
70-74		506
80-84		24
85-89		141
Kirwan Rehabilitation Unit		1635
70-74		1635
Townsville Hospital	30	3348
55-59		173
60-64		86
65-69		47
70-74	6	1310
75-79	6	651
80-84		253
85-89	8	734
90-94		94
Total	44	6883

2016

Facility	LSOP	OBD
Ayr Hospital		58
80-84		58
Charters Towers Hospital		76
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 Hospital		
65-69		8
75-79		56
80-84		98
85-89		156
90-94		277
100-105		322
Ingham Hospital		
65-69		58
70-74		33
75-79		146
80-84		362
85-89		62
95-99		37
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	<input type="checkbox"/>	159
Total	81	12577

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Ayr Hospital		1
Waiting homecare package		1
Home Hill Hospital		1228
Difficult to place due to behaviour/dementia		317
Waiting for residential care bed		232
Waiting for the family to make a decision		679
Ingham Hospital		671
Waiting for residential care bed		654
Waiting for the family to make a decision		17
Kirwan Rehabilitation Unit		1635
Waiting for the family to make a decision		1538
Waiting homecare package		97
Townsville Hospital	30	3348
Difficult to place due to behaviour/dementia	<input type="checkbox"/>	267
Waiting for residential care bed	23	2567
Waiting for the family to make a decision	<input type="checkbox"/>	514
Total	44	6883

2016

Facility	LSOP	OBD
Ayr Hospital		
Other		58
Charters Towers Hospital		
Family to select facility		6
Wait asset test/financial assessment		48
Wait guardianship decision		76
Good Shepherd Nursing Home		
(blank)	8	934
Home Hill Hospital		
Wait RACF place	10	917
Ingham Hospital		
Difficult to place due to behaviour/dementia		146
Wait RACF place	7	552
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
Total	81	12577

RTI RELEASES

Long Stay Older Patients 2017 Census

Wide Bay HHS

Overview

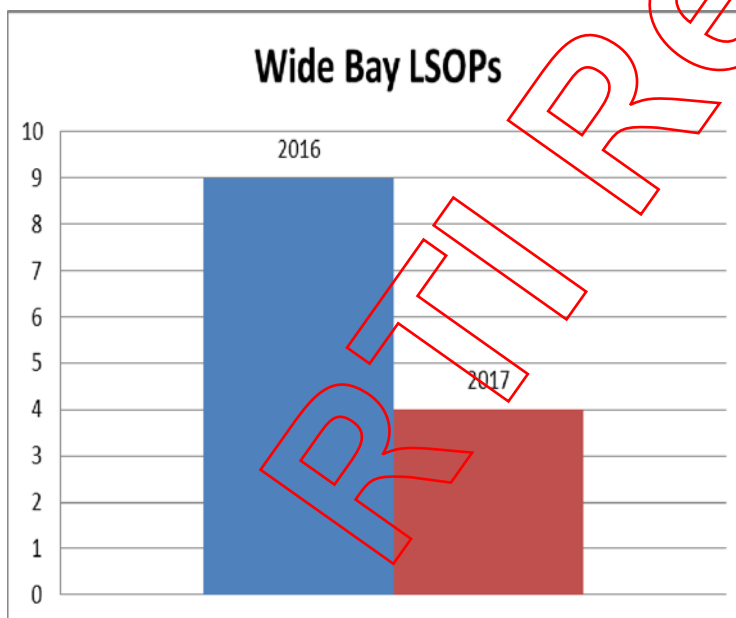
Within Wide Bay Hospital and Health Service Long Stay Older Patients (LSOPs) were identified in two facilities:

- Bundaberg Hospital
- Maryborough Hospital

None of the LSOPs self-identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Bundaberg Hospital		10	5	2	8
Maryborough Hospital		22	11	9	13
Total		32	8	2	13

2016

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

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.

2017

Age and Facility	LSOP	OBD
Bundaberg Hospital		10
80-84		8
90-94		2
Maryborough Hospital		22
90-94		22
Total		32

2016

75-79		0
80-84		0
85-89		6
Total	9	122

Age and Facility	LSOP	OBD
Biggenden		
75-79		9
80-84		35
Maryborough Hospital		
65-69		70
70-74		2

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017		
Facility	LSOP	OBD
Bundaberg Hospital		10
Waiting for residential care bed		10
Maryborough Hospital		22
Waiting for residential care bed		22
Total		32

2016		
Facility	LSOP	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

Long Stay Older Patients 2017 Census

West Moreton HHS

Overview

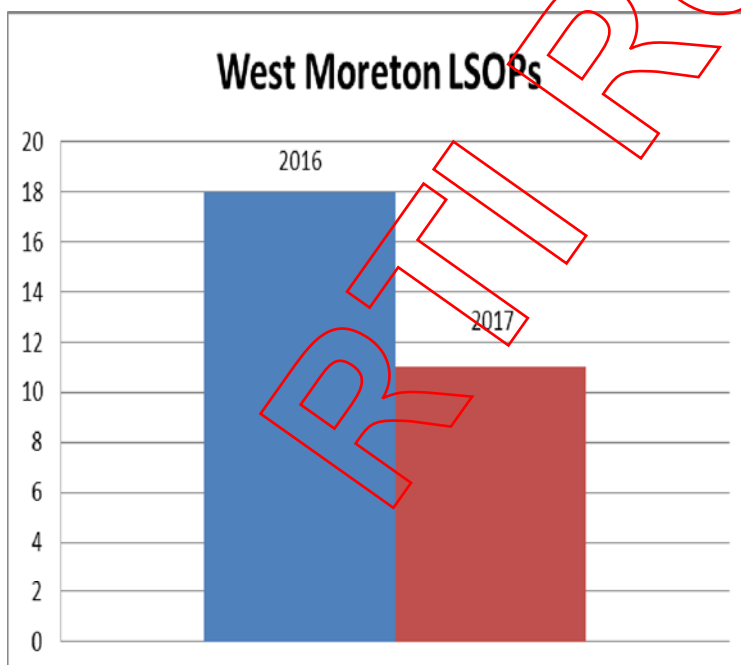
Within West Moreton Hospital and Health Service 11 Long Stay Older Patients (LSOPs) were identified in five facilities:

- Boonah Hospital
- Esk Hospital
- Gatton Hospital
- Ipswich Hospital
- Laidley Hospital

None of the LSOPs self-identified as Aboriginal or Torres Strait Islander.

For the purposes of the survey, LSOPs were 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.



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Occupied Bed Days

Occupied Bed Days (OBDs) 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 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.

2017

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Boonah Hospital		214	107	75	139
Esk Hospital		81	27	20	40
Gatton Hospital		25	13	12	13
Ipswich Hospital		5	2	1	2
Laidley Hospital		112	112	112	112
Total	11	437	40	1	139

2016

Facility	LSOP	OBD	Average OBD	Min OBD	Max OBD
Boonah Hospital		15	15	15	15
Esk Hospital		34	11	5	15
Ipswich	9	123	14	1	37
Ipswich Hospital		313	157	34	279
Laidley Hospital		90	30	7	61
Total	18	575	32	1	279

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.

2017

Age and Facility	LSOP	OBD
Boonah Hospital		214
75-79		75
80-84		139
Esk Hospital		81
80-84		20
85-89		61
Gatton Hospital		25
75-79		12
90-94		13
Ipswich Hospital		5
75-79		5
Laidley Hospital		112
90-94		112
Total	11	437

2016

Age and Facility	LSOP	OBD
Boonah Hospital		
70-74		15
Esk Hospital		
75-79		20
80-84		14
Ipswich		
55-59		37
75-79		33
80-84		17
85-89		15
90-94		21
Ipswich Hospital		
70-74		279
75-79		34
Laidley Hospital		
85-89		90
Total	18	575

RTI RELEASED

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 (listed as 'wait RACF place' in 2016 census)
- waiting on the Public Trustee to make a decision
- waiting for a private trustee to make a decision
- waiting for the family to make a decision
- waiting on Centrelink income and assets test
- waiting on the Public Guardian to make a decision
- difficult to place due to behaviour/dementia
- difficult to place due to bariatric needs
- difficult to place due to complex care needs e.g. PEG feeding
- waiting homecare package

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

2017

Facility	LSOP	OBD
Boonah Hospital		214
Waiting for QCAT hearing decision		214
Esk Hospital		81
Waiting for residential care bed		81
Gatton Hospital		25
Waiting for residential care bed		25
Ipswich Hospital		5
Waiting for residential care bed		5
Laidley Hospital		112
Waiting for residential care bed		112
Total	11	437

2016

Facility	LSOP	OBD
Boonah Hospital		
Wait RACF place		15
Esk Hospital		
Wait RACF place		34
Ipswich		
Difficult to place due to behaviour/dementia		11
Wait RACF place	8	112
Ipswich Hospital		
Wait RACF place		313
Laidley Hospital		
Wait RACF place		90

RTI Release



MEMORANDUM

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

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

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

Contact No: 3708 5574

Subject: Queensland Health Long Stay Older Patients Census 2017

File Ref: ST000740
SPL_3989

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

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

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

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

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

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

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

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

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

RTI Release

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15 November 2017

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Strategic Policy and Legislation Branch
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16 November 2017

RTI Release



MEMORANDUM

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

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

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

Contact No: 3708 5620

Subject: Queensland Health Long Stay Older Patients Census 2017

File Ref: ST000740
SPL_3989

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

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Paul B McGuire

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

20/11/2017

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