

Question on Notice

Health and Environment Committee

Oral Briefing – 29 November 2021

QUESTION asked by the Member for Southport (Mr Rob Molhoek MP) and Member for Pumicestone (Ms Ali King) –

- (a) Data on the number of beds occupied by disability / aged care patients - broken down by year, by HHS / facility, from 2011-12.
- (b) Trend analysis of the above data.
- (c) Commentary on Queensland Health interventions – such as the Rapid Response Initiative.

ANSWER

(a) Data on beds occupied by disability and aged care patients.

Queensland Health's response focuses on long-stay patients, who remain in hospital despite being medically ready for discharge. The following response does not consider the many other older people and people with disability occupying hospital beds while receiving medical treatment.

Long-stay patients are inpatients that are medically ready for discharge but are awaiting appropriate supports to transition to the community.

Long-stay younger patients (LSYPs) are under the age of 65 years and typically awaiting supports under the National Disability Insurance Scheme (NDIS) to be discharged.

Long-stay older patients (LSOPs) are over the age of 65 years and are eligible for aged care services. Over time, an increasing number of people aged over 65 years will have had gained access to NDIS supports (prior to turning 65 years old).

Aboriginal and Torres Strait Islander people aged 50-64 can access either scheme.

Table 1. Long-stay totals by year/month

Date		LSYPs	LSOPs	Total
2012		283	228	511
2013		230	207	437
2014		242	226	468
2015¹		516	184	700
2016		499	391	890
2017		537	254	791
2018		470	178	648
2019		412	262	674
2020	25-Mar²	254	233	487
	29-Apr	212	279	491
	27-May	199	277	476
	24-Jun	214	281	495
	29-Jul³	197	280	477
	26-Aug	201	252	453
	30-Sep	208	259	467
	28-Oct	190	231	421
	25-Nov⁴	208	234	442
2021	24-Feb	286	289	575
	26-May	237	312	549
	25-Aug	238	325	563
	24-Nov	235	272	507

Footnotes (further explained in the trend analysis section):

¹ Greater awareness of NDIS eligibility requirements and activities undertaken through the Queensland Government's multi-agency Joint Action plan saw an increase in LSYPs.

² From March 2020, there was increased monitoring of hospital capacity in response to the COVID-19 pandemic which required a change in reporting. Australian Government measures were also introduced to facilitate expedited long-stay patient discharge.

³ From July 2020, the Australian Government began withdrawing its COVID-19 measures for facilitating expedited long-stay patient discharge.

⁴ From November 2020, long-stay data collections were reduced in frequency to occur quarterly.

Table 2. LSYPs by HHS, 2016–19

HHS	LSYPs 2016	LSYPs 2017	LSYPs 2018	LSYPs 2019
Cairns and Hinterland	9	10	-	24
Central Queensland	38	27	21	21
Central West	-	-	-	-
Children's Health Queensland	-	-	1	2
Darling Downs	70	60	54	29
Gold Coast	41	39	9	20
Mackay	-	5	5	6
Metro North	213	248	185	132
Metro South	18	20	45	57
North West	1	-	1	1
South West	4	6	6	8
Sunshine Coast	5	3	3	2
Torres and Cape	1	1	-	-
Townsville	88	108	89	42
West Moreton	9	10	48	61
Wide Bay	2	-	3	7
Grand Total	499	537	470	412

Table 3. LSYPs by HHS, 2020

HHS	25/03	29/04	27/05	24/06	29/07	26/08	30/09	28/10	25/11
Cairns and Hinterland	27	20	22	22	22	20	15	14	14
Central Queensland	3	12	12	9	15	19	20	13	12
Central West	0	0	0	0	0	0	0	0	0
Children's Health Queensland	0	2	4	4	2	4	6	4	3
Darling Downs	12	4	8	11	7	8	13	12	9
Gold Coast	55	21	17	16	15	19	16	17	23
Mackay	2	2	1	4	5	5	4	5	5
Mater Public	-	-	-	-	0	0	2	0	0
Metro North	49	39	49	52	44	35	42	35	35
Metro South	64	48	29	37	31	30	30	30	41
North West	0	6	5	4	4	4	7	6	3
South West	1	0	0	0	0	0	0	0	0
Sunshine Coast	9	8	7	7	4	5	11	11	22
Torres and Cape	0	0	0	0	0	0	0	0	0
Townsville	13	35	30	34	34	28	28	30	26
West Moreton	17	10	9	9	9	18	8	7	10
Wide Bay	2	5	6	5	5	6	6	6	5
Grand Total	254	212	199	214	197	201	208	190	208

Table 4. LSYPs by HHS, 2021

HHS	24/02	26/05	25/08	24/11
Cairns and Hinterland	18	14	16	14
Central Queensland	22	15	11	5
Central West	0	0	0	-
Children's Health Queensland	6	2	0	3
Darling Downs	12	19	18	23
Gold Coast	24	41	32	34
Mackay	3	4	3	5
Mater Public	0	0	0	-
Metro North	59	47	61	52
Metro South	42	21	14	9
North West	4	1	0	-
South West	0	0	0	-
Sunshine Coast	32	23	19	20
Torres and Cape	0	0	0	-
Townsville	38	27	27	25
West Moreton	16	18	20	22
Wide Bay	10	5	17	23
Grand Total	286	237	238	235

Table 5. LSYPs by facility (top ten), as at 24 November 2021

	Facility Name	HHS	LSYPs	%
1	Toowoomba Hospital	Darling Downs	20	8.51%
2	Robina Hospital	Gold Coast	17	7.23%
3	Gold Coast University Hospital	Gold Coast	17	7.23%
4	Townsville University Hospital	Townsville	17	7.23%
5	Ipswich Hospital	West Moreton	16	6.81%
6	Surgical Treatment and Rehabilitation Service	Metro North	15	6.38%
7	Maryborough Hospital	Wide Bay	13	5.53%
8	The Prince Charles Hospital	Metro North	12	5.11%
9	Brighton Health Campus	Metro North	12	5.11%
10	Cairns Hospital	Cairns and Hinterland	11	4.68%

Table 6. LSOPs by HHS, 2016–19

HHS	LSOPs 2016	LSOPs 2017	LSOPs 2018	LSOPs 2019
Cairns and Hinterland	19	28	<5	9
Central Queensland	22	23	7	23
Central West	31	25	16	-
Darling Downs	25	27	8	-
Gold Coast	5	8	6	18
Mackay	7	-	<5	16
Metro North	101	46	33	54
Metro South	48	24	28	31
North West	<5	<5	<5	7
South West	<5	5	-	13
Sunshine Coast	19	10	5	1
Torres and Cape	<5	-	-	2
Townsville	81	44	58	55
West Moreton	18	11	<5	27
Wide Bay	9	<5	6	6
Grand Total	391	254	178	262

Table 7. LSOPs by HHS, 2020

HHS	25/03	29/04	27/05	24/06	29/07	26/08	30/09	28/10	25/11
Cairns and Hinterland	14	12	11	12	11	7	6	5	5
Central Queensland	11	12	20	9	23	19	24	12	18
Central West	-	-	-	-	-	-	-	-	-
Darling Downs	16	16	20	17	27	21	34	25	19
Gold Coast	0	30	27	13	26	14	22	23	24
Mackay	16	27	25	32	18	15	10	13	13
Metro North	42	45	44	67	47	52	54	48	44
Metro South	56	46	51	50	46	32	32	25	28
North West	7	5	4	7	7	7	10	13	8
South West	4	5	4	6	9	9	9	9	9
Sunshine Coast	-	-	-	-	-	-	-	-	-
Torres and Cape	-	1	1	1	1	1	1	1	1
Townsville	19	53	42	46	45	40	35	29	45
West Moreton	18	3	5	5	4	9	4	13	13
Wide Bay	30	24	20	16	16	26	13	14	6
Mater	-	0	3	0	0	0	5	1	1
Grand Total	233	279	277	281	280	252	259	231	234

Table 8. LSOPs by HHS, 2021

HHS	24/02	26/05	25/08	24/11
Cairns and Hinterland	4	5	3	6
Central Queensland	22	22	40	38
Central West	-	-	-	-
Darling Downs	15	30	44	24
Gold Coast	34	9	18	19
Mackay	10	18	19	15
Metro North	61	76	55	62
Metro South	18	21	35	17
North West	9	10	0	7
South West	7	10	1	0
Sunshine Coast	-	38	29	16
Torres and Cape	1	0	1	0
Townsville	81	40	44	36
West Moreton	9	20	9	11
Wide Bay	17	13	27	21
Mater	1	0	0	0
Grand Total	289	312	325	272

Table 9. LSOPs by facility (top ten), as at 24 November 2021

	Facility Name	HHS	LSOPs	%
1	Townsville University Hospital	Townsville	36	13.24%
2	Brighton Health Campus	Metro North	35	12.87%
3	Rockhampton Hospital	Central Queensland	28	10.29%
4	The Prince Charles Hospital	Metro North	14	5.15%
5	Princess Alexandra Hospital	Metro South	13	4.78%
6	Robina Hospital	Gold Coast	11	4.04%
7	Maryborough Hospital	Wide Bay	11	4.04%
8	Toowoomba Hospital	Darling Downs	10	3.68%
9	Bundaberg Hospital	Wide Bay	10	3.68%
10	Gold Coast University Hospital	Gold Coast	8	2.94%

(b) Trend analysis of the data.

Long-stay data collections are point-in-time snapshots. The number of long-stay patients is subject to change daily as long-stay patients transition to the community and other patients become long-stay.

Long-stay data collections are manually conducted and have resourcing implications for frontline health workers. Prior to the COVID-19 pandemic, data was collected annually.

In 2015, there was a significant increase in LSYPs (from 242 in 2014 to 516 in 2015). This was attributed to greater awareness, understanding and clarity around the eligibility criteria for the NDIS and increased awareness of the activities undertaken as part of the Queensland Government's multi-agency *Joint Action Plan: Transitioning long-stay younger people with disability from Queensland public health facilities*.

From 2020, the COVID-19 pandemic presented a greater need to monitor hospital capacity, and as such, data collections increased in frequency. To facilitate this increase, changes to data collection were implemented:

- The data sought from HHSs was streamlined and focused on patients who were ready for immediate discharge.
- It is understood that given the competing priorities in March – June 2020, the data collections during this time underestimate the total number of long-stay patients.
- Between March and October 2020, a significant number of long-stay patients were able to transition to the community in response to the risks of COVID-19. This was achieved through flexibility in policy from Australian Government agencies (National Disability Insurance Agency (NDIA) and Department of Health) and substantial efforts from hospital and Australian Government agency staff. Many of the Australian Government's measures were retracted by the end of 2020.
- Due to the unlikelihood of these patients transitioning to community in the pandemic, people in Queensland Health residential disability settings are not included (Halwyn, Birribi, Gaibal Unit – Baillie Henderson Hospital, Brighton Brain Injury Service). In 2019, these settings accounted for approximately 90 long-stay younger patients (contributing to the decrease in LSYPs in 2020).

In 2021, data collections were reduced in frequency to occur quarterly and long-stay patient numbers have remained stable. The data suggests that although the interventions implemented by Queensland Health in 2021 have not decreased long-stay patient numbers, they have resulted in reduced long-stay patient length of stay.

As at 24 November 2021, the reported LSYPs had been in hospital for a median of 125 days (an average of 282 days) and the reported LSOPs had been in hospital for a median of 43 days (an average of 111 days).

Table 10. LSYPs' length of stay (LoS)

Date	LSYPs	Median LoS (days)	Average LoS (days)
28 October 2020	190	176	375
25 November 2020	208	172	348
24 February 2021	286	175	330
26 May 2021	237	155	312
25 August 2021	238	99	266
24 November 2021	235	125	282

Table 11. LSOPs' length of stay (LoS)

Date	LSOPs	Median LoS (days)	Average LoS (days)
28 October 2020	231	48	112
25 November 2020	234	48	88
24 February 2021	289	62	103
26 May 2021	312	42	81
25 August 2021	325	47	111
24 November 2021	272	43	111

In 2021, approximately 43 per cent of long-stay patients in each quarter remained in hospital for the next quarter, and 57 per cent were new. Anecdotal evidence, consistent with other States and Territories, is that the number of patients becoming long-stay has increased during this period. In particular, the number of 'social admissions' or relinquishments due to inadequate NDIS supports has increased.

A social admission occurs when a parent or support provider believes they can no longer safely care for a person with disability with the current level of NDIS funding. Without an NDIS safety net, these people are regularly dropped at hospital emergency departments. As they do not require medical care but cannot live safely in the community, they often remain in hospital as long-stay patients. Data on the number of social admissions of people with disability is not captured.

Unnecessarily prolonged hospitalisations are associated with adverse patient outcomes including deconditioning, institutionalisation, hospital acquired infection and psychological distress. It also diverts resources away from other patients who need acute care and leads to unnecessary financial costs for the health system.

As at 24 November 2021, there were 235 LSYPs and 272 LSOPs occupying Queensland Health beds at a cost of approximately \$1.02 million per day, based on a \$2,011 bed day cost. In reality, the costs are even higher, given the complex needs of some patients who may require nurse specialists, multiple beds, or increased security in the hospital. This cost is substantially more than hospitals receive in revenue for the patients' care and a patient with extremely high care needs can cost the health system up to \$20,000 per day.

As at 24 November 2021, the highest reported barriers to discharge for LSYPs were NDIS-related administrative delays in access and planning (31.5 per cent), supported independent living availability (13.2 per cent) and complex medical requirements (7.7 per cent) but medically ready for discharge.

Table 12. LSYPs by primary barrier to discharge, 24 November 2021

Primary barrier to discharge	LSYPs	%
Administrative	115	48.90%
NDIS plan is inadequate/awaiting a plan review	49	20.90%
Delays with NDIS access and plan approval	25	10.60%
Delays with NDIS support coordination	14	6.00%
Pending QCAT decision	12	5.10%
Pending Public Guardian decision	7	3.00%
Forensic orders (disability and mental health)	6	2.50%
Pending other substitute decision maker	2	0.80%
Availability/Supply	67	28.50%
Waiting for Supported Independent Living (SIL)	31	13.20%
Community/public housing wait	14	6.00%
Waiting for SDA	13	5.50%
Waiting for appropriate support provider	5	2.10%
Other Availability/Supply (e.g. home mods, assistive tech)	4	1.70%
Complex Care Needs e.g. Palliative Care	28	11.90%
Other/Not stated	25	10.60%
Grand Total	235	100.00%

As at 24 November 2021, the highest reported barrier to discharge for LSOPs was waiting for a residential aged care facility bed (63.6 per cent).

Table 13. LSOPs by primary barrier to discharge, 24 November 2021

Primary barrier to discharge	LSOPs	%
Availability/Supply	180	66.20%
Waiting for residential aged care facility bed	173	63.60%
Waiting for Transition Care Program package	3	1.10%
Other Availability/Supply (e.g. home mods, assistive tech)	4	1.60%
Administrative	49	18.00%
Pending QCAT decision	34	12.50%
Pending Public Guardian decision	6	2.20%
Pending other substitute decision maker	4	1.50%
Awaiting ACAT assessment/approval	3	1.10%
Other administrative delays	2	0.80%
Complex Care Needs	16	5.90%
Other	27	9.90%
Grand Total	272	100.0%

(c) Commentary on Queensland Health interventions – such as the Rapid Response Initiative.

Queensland Health has committed significant workforce effort and investment to support long stay patients who no longer require medical care in a hospital to be discharged into a out-of-hospital setting more appropriate to their needs and wellbeing.

The following summaries key initiatives noting that frontline Hospital and Health Service staff, including doctors, nurses and allied health staff, work daily to support discharge of long stay patients through interactions with the National Disability Insurance Agency, Aged Care providers and other stakeholders. This effort cannot be quantified.

Long-Stay Rapid Response

As part of the \$100 million Care4Qld Strategy to address unprecedented demand in Queensland's public hospitals, \$4 million was invested into the Long-Stay Rapid Response (LSRR) to support appropriate hospital discharge for patients awaiting access to disability and aged care supports.

LSRR is an internal escalation pathway for HHSs and operates by funding solutions that should be the responsibility of the Australian Government. Possible solutions include interim accommodation, home modifications or increased nursing supports. LSRR has also established six new clinical staff dedicated to facilitating hospital discharge for long-stay patients and those at risk of becoming long-stay.

As at 22 November 2021, 154 patients involved in the program have been able to leave hospital and a further 61 patients are in the process of being supported to discharge.

Mr Boots Williams from Atherton was one of the patients involved in LSRR. Admitted to hospital in March 2021 following a stroke which left him with the inability to swallow and speak, he was treated in Cairns and Atherton hospitals with a total length of stay of 217 days. Eighty of these days were clinically unnecessary. The reason for his extended stay was the failure of the NDIS to provide a suitable supported, independent living option.

Mr Williams experienced low moods and high levels of frustration awaiting his forever home. Through LSRR, Mr Williams transitioned to interim accommodation on 9 October 2021 following a rapid approval of required disability supports. Mr Williams expressed his happiness to be out of hospital and excitement to get on with his life.

Queensland Civil and Administrative Tribunal (QCAT) program

In March 2020, Queensland Health collaborated with QCAT to fund a trial expansion of a program which accelerates the QCAT process for long-stay patients awaiting QCAT decisions to ensure they are discharged to appropriate accommodation in a timely manner. The program is based in Metro North and the expansion trial has successfully reduced average waiting times for QCAT hearings by approximately 61 days, from 98 days to 37 days as at November 2021.

As a COVID-19 response, the Department of Health provided funding for the Metro North model to be expanded to all HHSs in Queensland. Metro North coordinated the COVID-funded expansion concurrently with its own program.

The COVID funding concluded on 30 June 2021 and the initiative is now funded under the Care4Qld Strategy.

Summer Foundation Hospital Discharge and Housing Project

In November 2019, Queensland Health partnered with the then Department of Housing and Public Works to fund the Summer Foundation to deliver its Hospital Discharge and Housing project aimed at reducing extended stays in hospital for patients with disability across Metro South, Gold Coast and West Moreton HHSs.

The project improved staff capability, supported discharge for complex long-stay patients, assisted to prevent unnecessary admissions and improved clinical governance structures. The project also contributed to the reduction of LSYPs seen in 2020. Funding for the project ended at the beginning of 2021.

Ongoing national advocacy work

On 30 April 2021, the Queensland Minister for Health and Ambulance Services led a discussion at a Health Ministers' Meeting about NDIS-related barriers to discharge. All States and Territories reported to be experiencing similar challenges. Health Ministers agreed to establish a senior officers working group (SOWG), led by Queensland, comprising representatives from health, disability and social services agencies, to develop solutions that would facilitate timely patient discharge and prevent patients from becoming long-stay.

On 28 October 2021, State and Territory Health Ministers invited their disability reform counterparts and national disability peak organisation representatives to meet and discuss long-stay patient issues. Broad support was received for the SOWG developed actions paper.

On 4 November 2021, Health Ministers met with Senator the Hon Linda Reynolds CSC, Minister for the NDIS, to discuss issues at the health and disability interface. All Ministers participated in a robust discussion about the issues and there was broad commitment to work together on implementing solutions to improve the interface. The Australian Government committed to reviewing and responding to the actions paper. As at 30 November 2021, Health Ministers are still awaiting the Australian Government's response.