
Buying Time - An innovative Approach To Stranded Patients

Initiative Type

Redesign

Status

Close

Added

14 August 2017

Last updated

01 May 2018

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/buying-time>

Summary

Lengthy, medically unnecessary Length of Stay (LOS) for patients awaiting hearings for the appointment of substitute decision makers by the Queensland Civil and Administrative Tribunal (QCAT) is constraining inpatient capacity and putting patients at increased risk of deconditioning and/or adverse events.

Key dates

May 2016

Sep 2017

Implementation sites

Metro North Hospital and Health Service

Partnerships

Queensland Civil and Administrative Tribunal (QCAT)

Key Contacts

Luke Worth

0045

paul.blee@hiu

Executive Director, Organisational Development, Strategy & Implementation

Metro North Hospital and Health Service

(07) 3646 5265

Luke.Worth@health.qld.gov.au

Aim

To reduce the barriers to discharge faced by Metro North Hospital and Health Service (MNHHS) inpatients who require access to the justice system for the determination of guardianship matters.

Benefits

- Patients receive timely access to appropriate care
- Increased willingness for destination facilities (subacute, RACF) to accept patients discharged pending a QCAT hearing rather than insisting on completion of a QCAT hearing as a precondition for admission.

Background

The proportion of the population whose matters met QCAT criteria for a hospital-based hearing is 140-160 per annum.

Solutions Implemented

The project partnered with QCAT and other justice services to;

- Purchase additional on-demand hospital hearing days
- Vertically integrate the supply of justice services to better meet patient needs
- Centralise, standardise and streamline application and scheduling processes, both within MNHHS and between MNHHS and QCAT and other justice services
- Co-design education materials and conduct information sessions

Evaluation and Results

- Reduction in the average wait from 66 days pre-project to 23 days for the March 2017 quarter.
- Reduction in inappropriate Interim Order applications from more than 50% of all applications to zero in March 2017.

Lessons Learnt

- A boarder mutual understanding of internal pressures and constraints each organisation created a foundation of collaboration between unlikely partners.
- Health dollars can be spent in creative non-health partnerships to provide patient-centred, cost-effective outcomes.

PDF saved 22/05/2025