
QCAT Guardianship Process Initiative

Initiative Type

Audit

Status

Deliver

Added

12 September 2017

Last updated

20 December 2023

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/qcat-guardianship>

Summary

This initiative is a partnership with Queensland Civil and Administrative Tribunal (QCAT) to help vulnerable patients access timely appropriate care by reducing the length of medically unnecessary hospital stays patients experience while waiting for adult guardianship hearings. Phase 2 has continued the change process initiated in the trial phase with the addition of funding to resource additional hospital-based hearings for Metro North Hospital and Health Service (MNHHS) inpatients

under an innovative cross-agency funding model. It also funded the continuing engagement of a social work coordinator and case manager to act as a single contact point for scheduling and monitoring QCAT application processes. [QCAT Guardianship Process Initiative Phase 2 | 10th Health Services and Policy Research Conference](#) from [Clinical Excellence Division](#) on [Vimeo](#). Phase 3 of the initiative is expected to deliver a further expansion of the geographic scope to include patients of any participating hospital and health service on an opt-in basis.

Key dates

Jan 2016

Jun 2020

Implementation sites

Metro North Hospital and Health Service

Partnerships

Healthcare Improvement Unit, QCAT Public Guardian, Public Trustee, West Moreton HHS

Key Contacts

Mitchell Potts

0073

paul.blee.hiu

Principal Project Manager

Metro North Hospital and Health Service

(07) 3646 1407

Mitchell.Potts@health.qld.gov.au

Aim

Improve patient flow while respecting the welfare of vulnerable 'stranded' long-stay patients.

Benefits

- Average wait times for QCAT hearings reduced.
- Consequent length of stay reduction creates additional hospital capacity.
- Patients can return home sooner.

Background

There is a cohort of MNHHS patients who are no longer medically unwell but who occupy beds as they wait for guardianship matters to be heard by the QCAT. This cohort of typically vulnerable and/or elderly patients routinely experience long lengths of hospital stay. The central tenet of this work was the recognition that much of the delay was attributable to the misalignment of MNHHS and QCAT processes and was therefore avoidable. The [Integrated Care Innovation Fund](#) provides financial support to innovative projects that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Funded projects also demonstrate a willingness to embrace and encourage the uptake of new technology alongside the benefits of integrating care and improving communication between health care sectors.

Solutions Implemented

- Cross-agency process redesign and implementation
- Improved quality control of applications
- Enhanced communication between MNHHS and QCAT
- Scheduling process that is responsive to patient volumes and need.

Evaluation and Results

To date this initiative has reduced the average wait for patients accessing QCAT hearings from 66 days to 25 days, creating an estimated 5,000 bed days of additional capacity in MNHHS facilities annually.

Lessons Learnt

- Health agencies should look beyond traditional healthcare partners for opportunities to provide better integrated care.
- Better integrated care can create cost-effective capacity creation in public hospital facilities.
- Joint process-mapping of complex interactions between agencies can build the case for change as well as the interagency goodwill to implement change.

PDF saved 27/06/2025