

---

# Connecting healthcare and justice services, a compelling case for change.

Initiative Type

Service Improvement

Status

Deliver

Added

24 January 2018

Last updated

14 September 2021

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/connecting-healthcare-justice>

## Summary

The MNHHS-QCAT Guardianship Process Initiative ('the initiative') is an innovative partnership between Metro North Hospital and Health Service (MNHHS) and the Queensland Civil and Administrative Tribunal (QCAT). The initiative is facilitating earlier patient discharge by delivering

---

timelier tribunal hearings for MNHHS inpatients. The project was a finalist in the Connecting Healthcare Category at the 2017 Queensland Health Awards for Excellence.

## Key dates

Jan 2017

Dec 2017

## Implementation sites

Metro North Hospital and Health Service

## Partnerships

The Clinical Excellence Division

## Key Contacts

Mary Humphrey

0082

[paul.blee@hiu](mailto:paul.blee@hiu)

Guardianship Service Clinical Coordinator

Metro North Hospital and Health Service

(07) 3646 2177

Mary.Humphrey@health.qld.gov.au

---

## **Aim**

Ensure that the patient's needs are met and their general health care interests are protected.

## **Benefits**

- Significant reduction in average wait times for inpatients requiring guardianship decisions via QCAT.
- Consequent reduction in average length of stay, creating additional bed capacity at an attractive cost per bed day.
- Increase in hearings held within health facilities maximises opportunity for patients to participate in decisions related to their ongoing care.

## **Background**

Prior to the initiative, application preparation was inconsistent. There was no HHS-wide coordination of communication with QCAT. Hospital-based hearing capacity was insufficient and inequitably distributed. Hearing dates were scheduled without consideration of quantum of pending applications. There was a 66 day average wait during the six months to June 2016. QCAT were not resourced to provide additional hearings. Financial and capacity losses were being incurred by MNHHS due to clinically stable patients occupying scarce beds in constrained facilities. There was a risk of suboptimal patient outcomes due to deconditioning and adverse events associated with extended hospital stay.

## **Solutions Implemented**

Through the initiative, a new position has been established to standardise application preparation and centralise interagency communication. Two QCAT positions have been funded, dedicated to processing applications and scheduling hearings for patients. And in an Australian first, MNHHS has entered into an arrangement to fund additional hearing day capacity from QCAT.

## **Evaluation and Results**

Formal AusHSI evaluation reported a wait time reduction of around 48 days per patient, translating to

---

an overall length of stay reduction of around 25 days per patient. Accounting for project cost, median cost per bed day of capacity created was \$101.

## **Lessons Learnt**

Inpatients with complex needs typically require the services of multiple government agencies. Cross-agency funding models pursued with non-traditional partners from outside the health cluster can yield substantial efficiencies and warrant exploring in greater scope and depth.

PDF saved 05/10/2024