

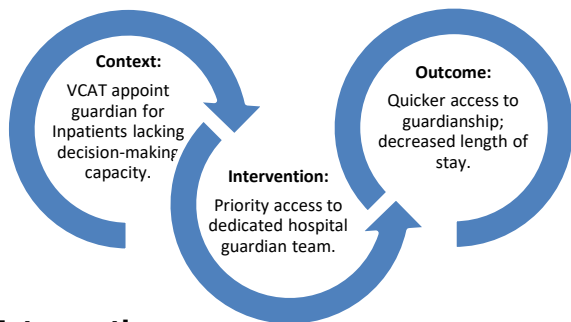
## Guardianship in Hospitals

### A Health Services/Office of the Public Advocate (Victoria) Pilot Program

Patients lacking capacity to make lifestyle and medical decisions require guardianship. Lack of guardianship resources lead to extended hospital stays. Increasing guardianship resources has efficient impact on patient access and flow.

#### Pilot aims – to reduce:

- Time for guardianship process;
- Total length and cost of hospital stay;
- Likelihood of hospital readmission;
- Referral to TCP and TCP length of stay.

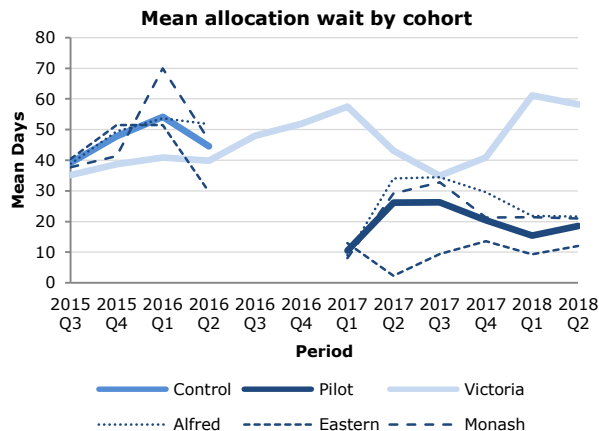


#### Intervention

- Dedicated hospital guardianship team established within OPA, funded by hospitals
- Historically-controlled trial to measure impact.

#### Method

- Patients from partner networks needing guardianship tracked through admission.
- Historical control group & yearly post-implementation cohorts.
- Project expanded to additional sites for 19/20.



#### Results

- Significant reduction in allocation wait times (46.5→19.3 days,  $p < 0.0001$ );
- Total length of stay decreased;
- Time spent in all locations of care (acute, subacute, TCP) decreased.

#### Bed days by period and location of care

	Admission to Lodgement	Lodgement to Allocation	Location of care within Lodgement to Allocation period:			Allocation to Discharge
			Acute	Sub-acute	Transition	
2015-16 Control	74.0	46.5	4.0	25.7	16.9	54.7
2017-18 Pilot	76.1	19.3	1.5	13.6	4.2	55.7
2017 Jan-Jun	68.4	21.8	1.1	15.1	5.5	54.7
2017 Jul-Dec	71.2	24.4	3.7	16.2	4.5	53.8
2018 Jan-Jun*	88.0	19.9	0.6	13.5	5.7	57.0
2018 Jul-Dec*	75.8	19.3	0.7	9.3	0.7	57.2

\*Two patients excluded as yet to discharge.

#### Impact & limitations

- Guardianship allocation wait time halved.
- Mitigated increasing waits across Victoria.
- \$19k healthcare resources released per patient, \$3.3m total; 5:1 ROI.
- Complexities remain around guardianship process and risk categorisation.
- Sustainable solution requires permanent funding at government level.

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