

# Guardianship Hearings in ACT Public Hospitals

## OBSERVATIONS FROM HOSPITAL PROFESSIONALS

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# 'THE PATIENT'

**IMPAIRED DECISION MAKING**  
**???**

**LACK OF PRIVACY**

**INSTITUTIONAL**

**OVERWHELMING**

**MULTIPLE CONTACTS**

**MEDICALLY UNWELL**

**MEDICAL JARGON**

**FAMILY DYNAMICS**

**LANGUAGE BARRIERS**

**HEARING IMPAIRMENT**

**CONFLICTING INFORMATION**

**MENTAL HEALTH**

**NOISY**



# ACT PUBLIC HOSPITAL HEARINGS

<b>HOSPITAL HEARINGS</b> (October 2017 - February 2019)	
TCH	56
Calvary	43
<b>TOTAL</b>	<u>99</u>
<b>PATIENT ATTENDANCE</b>	
TCH/Calvary average pre October 2017	42%
TCH/Calvary average October 2017 - February 2019	94%
<b>DAYS LODGEMENT TO HEARING</b>	
TCH/Calvary average pre October 2017	40 days
TCH/Calvary average October 2017 - February 2019	10 days
<b>ESTIMATED HOSPITAL SAVINGS</b> (October 2017 - February 2019)*	
TCH	\$1,797,600 (30 bed days x 56 hearings x \$1070*)
Calvary	\$1,380,300 (30 bed days x 43 hearings x \$1070*)
<b>TOTAL</b>	<u>\$3,177,900</u>
<b>(additional savings also achieved from reduced transport/staffing costs for off-site hearings)</b>	
<b>APPOINTMENTS</b>	70% private guardian/and or manager
<b>AGE</b>	70% patients >75 years
<b>DECISIONS</b>	Approx 90% discharge dependent on an appointment

\* Based on the Australian national average hospital sub-acute cost p/day \$1070\* (Independent Hospital Pricing Authority (2018): National Hospital Cost Data Collection Cost Round 20)

# HOSPITAL CHANGES SINCE OCT 2017

## ▶ STANDARDISED PROCESSES

- ▶ Tribunal Guardianship Liaison role
- ▶ Centralised communication and data collection
- ▶ Hospital practice guidelines
- ▶ Inter-agency education pathways

# Observations: The Canberra Hospital

(FEEDBACK - MEDICAL, NURSING, ALLIED HEALTH, SUPPORT SERVICES)

## POSITIVE COMMENTS

- Extremely beneficial to all stakeholders
- Patient fully participates
- Positive relationship building
- Facilitates discussions about SDM

## CHALLENGES RAISED

- Perceived increase in hearings
- Hospital delays pre and post ACAT input
- Cultural change and education
- Implementing SDM

# Calvary Public Hospital *feedback*

- “patients are much calmer”
- “families seem more relaxed”
- “safety concerns and risks are significantly less”
- “having a psychiatrically unwell patient waiting in an unfamiliar, busy waiting area was not ideal”
- “coordination with transport is easier”

*- social workers, CNC's, nurses, doctors, psychologist*

# Pre - Post Oct '17

- ▶ Administrative process
- ▶ Hospital resources
- ▶ The lived experience
- ▶ Frustrated, exhausted families
- ▶ Treating team
- ▶ Values