



Department of mean

\$41 daily fee for patients who have nowhere to go

BRAD CROUCH

FRAIL and elderly people stuck in public hospitals for more than a month while waiting for a place in a nursing home or hostel are being hit with a daily bed fee.

It appears the \$41.35 daily bed fee is being applied randomly, with only some long-term patients in South Australian hospitals being asked to pay.

It is being imposed on some patients who are ready to be discharged from hospital but who cannot find a suitable place to go.

SA Health figures show that at any one time, an average of 74 older people are stuck in hospitals with nowhere else to go, with an average length of stay of 16 days. These people are medically stable and ready for discharge.

In addition, up to 40 patients with disabilities are kept in hospitals at any one time, because of delays in accessing support services at home.

The family of a man admitted to Modbury Hospital received a letter from SA Health, advising that because he was waiting for a nursing home/hostel placement, he would be charged a fee of \$41.35 per day and that an invoice would be sent on a weekly basis.

Public Advocate John Brayley was critical of SA Health for imposing the bed fee on vulnerable people.

"We consider that a fee should not be charged in these circumstances," Dr Brayley said.

"Hospital is the wrong environment for people who otherwise need to be in their own home.

"Mostly, in our experience, people have not been charged; but there are occasionally arbitrary cases where people have been charged.

"It does happen from time to time."

Dr Brayley is now advocating on behalf of another person who was hit with similar charges, and is seeking to have the fee waived.

He has previously advocated on behalf of several patients who were kept in hospital for months because no suitable accommodation could be found; these included a stroke victim who spent 426 days at the RAH, a mentally ill man who spent 43 weeks, also at the RAH, and a third man who spent more than 500 days in a psychiatric ward.

These patients were not charged a bed fee.

Council on the Ageing chief executive Ian Yates said the fee was a "mean hit on the vulnerable".

"These are people who do not want to be in hospital; we would like to see more effort put into finding places for them to leave hospital, not charging them for being stuck there," Mr Yates said.

"We don't think it is fair to charge people for being stuck in a public hospital."

A spokeswoman for Health Minister John Hill said the charge had been in place since 1984, but declined to give information about how many people were being charged the fee or how it was being implemented.

"The charge only applies to people who have completed their acute medical treatment, whose doctor has decided they are ready for discharge to a nursing home or other long-term facility and have then spent more than 35 days still in hospital," Mr Hill's spokeswoman said.

"For public patients, the fee is the same as people are charged in a nursing home; that is, equivalent to 87.5 per cent of the pension. The fee for private patients is equivalent to 87.5 per cent of the pension plus \$100 a day, which is covered by their health fund."

The Australian Medical Association has warned such patients are causing "bed lock" and has put in a submission to the Federal Government calling for the development of a scheme to better manage the flow of patients.

Director of Plastic and Reconstructive Surgery at the Royal Adelaide Hospital Dr James Katsaros sought help on behalf of patient Michael Zammit in November, after learning he had remained in hospital for six months after surgery due to a lack of funding to help him cope at home.

Dr Katsaros, who is running for Parliament for the Save the RAH Party, said the bed charge reflected a "flawed model of governance".

"This is what happens when you have an ever-increasing bureaucracy away from the coalface of health care," he said.

"The Government abolished hospital boards and now tries to micro-manage health from remote locations - it shows why hospital boards should never have been abolished."

The State Government is investing in 38 new transitional-care places for people, to help them go home after a hospital stay, with services such as physiotherapy and nursing support.

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