

Dillon, Lucy

From: Hubbard, Sean
Sent: Tuesday, 28 January 2014 5:32 PM
To: O'Donnell, John; McDermott, Brett
Subject: RE: [REDACTED]

Hi John and Brett

Discussed this with Peter:

- 1) They need to commit to the board by Thursday re us having "back stop" beds available - I have said that we would assist.
- 2) Ideally they will use outreach services and not have to use the beds
- 3) They would like them available in early Feb - I have indicated that we may need to recruit to roles so will see what we could do, but early to mid Feb should be achievable.
- 4) Price - Brett, Peter requested that we revert to him with a marginal cost of delivery and that they would handle the normal CYMHS demand that we might need to turn away should we accept patients from him. Could you give me an idea of what value is needed for this service? Given your current model I would think a retainer (bed availability) basis would be best.

Regards

Sean

Sean Hubbard
Executive Director - Adult, Women's & Children's Health Services Mater Health Service Hospital Administration Area
Level 2 || MCH - Raymond Terrace || Sth Bne || Qld 4101

[REDACTED]

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-----Original Message-----

From: Hubbard, Sean
Sent: Tuesday, 28 January 2014 4:21 PM
To: O'Donnell, John
Subject: FW: [REDACTED]

Hi John

It looks like this will be going ahead - I have a call scheduled with Peter for 5pm today to discuss further.

Regards

Sean

Sean Hubbard
Executive Director - Adult, Women's & Children's Health Services Mater Health Service Hospital Administration Area
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-----Original Message-----

From: Brett McDermott [REDACTED]

Sent: Friday, 20 December 2013 10:04 AM

To: O'Donnell, John; Hill, Mish

Cc: Hubbard, Sean; Lee, Erica

Subject: [REDACTED]

Hi John and Mish,

This is the second of the Barrett Adolescent Centre emails.

Peter Steer has the difficult task of replacing the Barrett service by 31 January 2014. Clearly there will be no purpose built solution by then, he has sought the help of Mater CYMHS in the interim.

The proposal is that the Mater will provide a package of care for [REDACTED] patients who would have otherwise been admitted to the Barrett. There are ongoing Mater CYMHS discussions about what this would look like. It could include holding three beds in the inpatient unit for Barrett admissions, admissions would be for up to three months. Clearly we would not want these patients festering in the inpatient unit for three months and so it would also include expanding our day program capacity with patients sleeping in the inpatient unit and attending the day program and hospital school every day.

We will also seek funding for youth worker support to the inpatient unit and day programs to build in an activity program into our existing services.

In all; hardly ideal but possible. Also may not be used! I like the challenge to my staff to tackle a new conundrum and be solution focused. Lastly to account for 3 bed loss of capacity we would be telling RCH and RBWH we will not be taking their overflow admissions during this trial.

From here, I have staff working up the model and costings that would then go to Sean and/or Mish.

Cheers

Brett

Sent from my iPhone