

3 Leaving hospital

In 2001–02, nearly two-thirds (63%) of separations from hospital for people aged 65 and over were from public hospitals (Table 3.1).¹ Proportionally fewer people were discharged from private hospitals into RAC than from public hospitals: 5–6% of discharges from private hospitals (excluding deaths) were associated with entry into RAC compared with just over 10% from public hospitals (Table 3.2). For people moving from a public hospital to RAC there were three times as many admissions into permanent RAC as into respite RAC; for moves from private hospital the ratio of permanent to respite care admissions was much lower at 1.7 to 1 (Table 3.3).

People who returned to the community on leaving hospital were less likely than those who went to residential care to have been in a public hospital, with 61% of returns to the community relating to discharges from a public hospital (Table 3.1). In contrast, three-quarters of hospital episodes ending with the patient returning to permanent RAC were in public hospitals, with 80% of transitions into permanent RAC originating from a public hospital and 70% of moves into respite care.

In the following discussion, a number of characteristics of patients and their hospital care are examined, including age and sex profiles, length of stay in hospital, type of care received and medical reason for hospital admission. Variation in movement patterns are also examined by remoteness of the patient’s usual residence.

Table 3.1: Hospital separations for people aged 65+, by movement type and hospital sector, Australia, 2001–02 (unadjusted)

Movement type	Hospital sector			N
	Public	Private	Total	
To RAC	Row per cent			
Return to permanent RAC	74.9	25.1	100.0	48,320
To permanent RAC	80.1	19.9	100.0	20,117
To respite RAC	70.4	29.6	100.0	7,742
<i>Subtotal</i>	<i>75.8</i>	<i>24.2</i>	<i>100.0</i>	<i>76,179</i>
To community/other	61.0	39.0	100.0	820,617
Died in hospital	78.4	21.6	100.0	51,365
All	63.2	36.8	100.0	..
Total separations (number)	598,941	349,220	..	948,161

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. Sector relates to hospital type, not admission status.
4. In 2001–02, 13% of separations in public hospitals were for private patients and 4% of separations in private hospitals were for public patients (AIHW 2003a).

¹ Note that people may be a private patient in a public hospital and vice versa – see note 4 to Table 3.1.

Table 3.2: Summary of movements from hospital into RAC for people aged 65+, by movement type and hospital sector, Australia, 2001–02

Hospital sector	Returning to permanent RAC	To permanent RAC	To respite RAC	Total	Unadjusted number	As per cent of all live hospital separations: estimated range	
	Row per cent					Est'd min %	Est'd max %
Public	62.7	27.9	9.4	100.0	57,729	10.3	11.5
Private	65.9	21.7	12.4	100.0	18,450	5.5	6.1
All	63.4	26.4	10.2	100.0	..	8.5	9.4
Total separations (number)	48,320	20,117	7,742	..	76,179	896,796	

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. Estimated minimum per cent to RAC is based on unadjusted figures; estimated maximum per cent to RAC is derived by applying the maximum adjustment to all identified transition records (see Box 2.1).
2. Age is as at time of hospital admission.
3. Sector relates to hospital type, not admission status.
4. In 2001–02, 13% of separations in public hospitals were for private patients and 4% of separations in private hospitals were for public patients (AIHW 2003a).

Table 3.3: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+, by hospital sector, Australia, 2001–02 (unadjusted hospital separations)

Hospital sector	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
	Number (unadjusted hospital separations)			Ratio
Public	16,108	5,451	21,559	3.0 : 1
Private	4,009	2,291	6,300	1.7 : 1
All	20,117	7,742	27,859	2.6 : 1

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. Sector relates to hospital type, not admission status.
4. In 2001–02, 13% of separations in public hospitals were for private patients and 4% of separations in private hospitals were for public patients (AIHW 2003a).

3.1 Characteristics of patients leaving hospital

Among people aged 65 and over, hospital use increases with age (AIHW: Karmel et al. 2007b). Consequently, the age profile of patients leaving hospital is older than that of the general population, with people aged 80 and over making up 25% of the older population (65+) in 2001–02 but contributing 37% of hospital separations for this group (Table 3.6).

As would be expected, older hospital patients were more likely than younger patients to be associated with a move to RAC. For people aged 65–79, under 2% of hospital episodes (not including deaths) ended with discharge to RAC compared with over 40% of episodes for

people aged 95 and over (Table 3.4). Overall, around 4% of live hospital separations for people aged 65–79 ended with the patient being discharged to RAC compared with 17% to 19% for people aged 80 and over (Table 3.4). For all age groups women were more likely than men to be discharged to RAC, with this difference being more marked at older ages.

Over the age of 80, as both men and women get older, movement from hospital to RAC was more and more likely to relate to a return to permanent RAC (Table 3.4). This trend was more prominent for women than for men, with the proportion of transitions relating to return to permanent care increasing from under 60% for women aged less than 80 up to 73% for women aged 95 and over. For men, again around 60% of transitions into RAC for men aged less than 80 were returns to permanent care, with the proportion rising to 67% for transitions for men aged 95 and over.

The ratio of permanent to respite admissions following a period in hospital increased with age for women aged 75 and over (Table 3.5). A similar but weaker trend was observed among admissions for men. For the oldest group (95+) the ratio of permanent to respite admissions was 4.1 to 1 for women and 3.6 to 1 for men.

Reflecting the above transition patterns, hospital separations ending with either the patient returning to the community or dying were more likely to be for younger people than other hospital episodes (Figure 3.1 and Table 3.6). Two-thirds (67%) of transitions back to the community and almost one-half (48%) of separations ending with the patient’s death were for people aged 65–79 compared with 27% of all transitions into RAC. As expected, people returning to permanent RAC had an older age profile than those admitted into permanent RAC who, in turn, had an older profile compared with those going into respite care: 75%, 70% and 67% of such transitions, respectively, were for people aged 80 and over.

Reflecting the greater longevity of women, transition groups with high proportions of people aged 80 and over tended to have relatively few men (Table 3.6, Figure 3.1). The difference in the age profiles of men and women was particularly noticeable for people moving from hospital into RAC. For example, 16% of returns to permanent RAC for men were for people aged 90 and over compared with 26% of such transitions for women; the corresponding figures for admissions into permanent RAC were 13% for men and 22% for women.

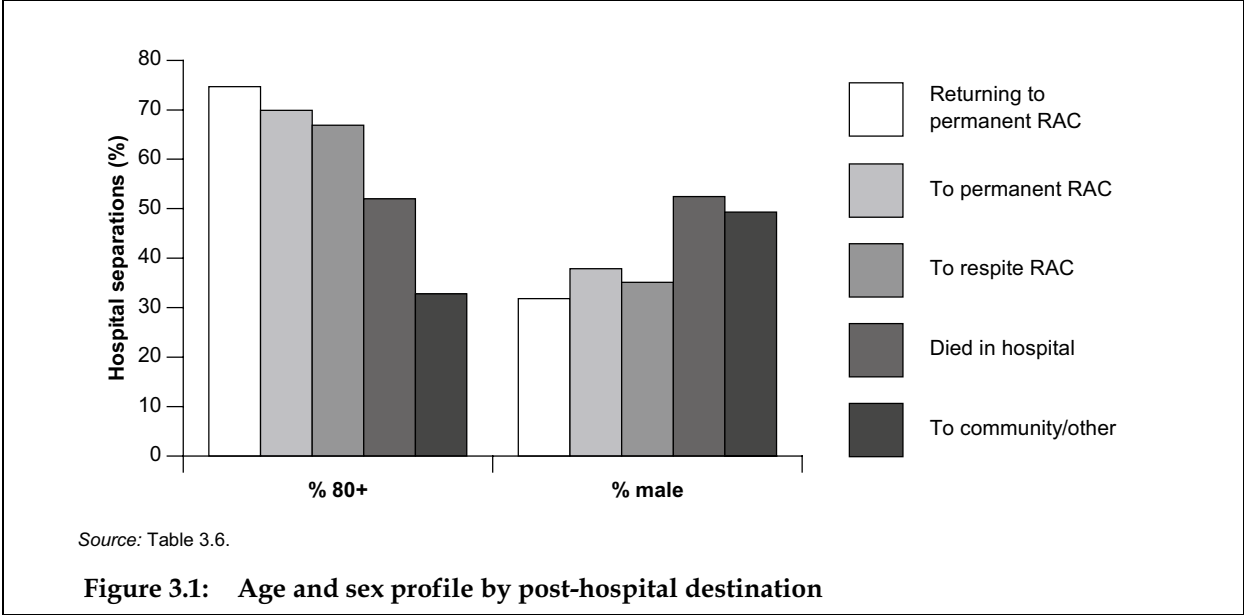


Table 3.4: Summary of movements from hospital into RAC for people aged 65+, by sex and age, Australia, 2001-02

Sex/age	Returning to permanent RAC	To permanent RAC	To respite RAC	Total	Unadjusted number	As per cent of all live hospital separations: estimated range	
						Est'd min %	Est'd max %
Men						Row per cent	
65-69	60.4	28.2	11.3	100.0	1,413	1.6	1.8
70-74	59.3	29.5	11.1	100.0	3,051	2.9	3.2
75-79	56.4	31.6	12.0	100.0	5,127	4.8	5.4
<i>Subtotal 65-79</i>	<i>57.9</i>	<i>30.5</i>	<i>11.6</i>	<i>100.0</i>	<i>9,591</i>	<i>3.2</i>	<i>3.6</i>
80-84	58.0	31.0	11.1	100.0	6,545	8.7	9.7
85-89	61.3	29.3	9.5	100.0	5,838	14.6	16.3
90-94	64.6	26.3	9.1	100.0	3,024	24.0	26.7
95+	67.3	25.6	7.1	100.0	703	32.1	35.7
<i>Subtotal 80+</i>	<i>60.8</i>	<i>29.2</i>	<i>10.0</i>	<i>100.0</i>	<i>16,110</i>	<i>12.4</i>	<i>13.8</i>
<i>All</i>	<i>59.7</i>	<i>29.7</i>	<i>10.6</i>	<i>100.0</i>	<i>..</i>	<i>6.0</i>	<i>6.6</i>
<i>Total (number)</i>	<i>15,354</i>	<i>7,629</i>	<i>2,718</i>	<i>..</i>	<i>25,701</i>	<i>430,224</i>	
Women							
65-69	59.4	28.6	12.1	100.0	1,228	1.7	1.9
70-74	57.6	29.1	13.3	100.0	3,024	3.3	3.7
75-79	60.3	26.9	12.8	100.0	7,054	6.6	7.4
<i>Subtotal 65-79</i>	<i>59.5</i>	<i>27.7</i>	<i>12.8</i>	<i>100.0</i>	<i>11,306</i>	<i>4.2</i>	<i>4.6</i>
80-84	62.9	25.5	11.5	100.0	12,300	13.1	14.6
85-89	67.3	23.5	9.1	100.0	14,911	22.3	24.8
90-94	70.2	22.8	7.0	100.0	9,168	32.9	36.6
95+	72.5	22.1	5.4	100.0	2,793	42.9	47.7
<i>Subtotal 80+</i>	<i>67.0</i>	<i>23.9</i>	<i>9.1</i>	<i>100.0</i>	<i>39,172</i>	<i>20.1</i>	<i>22.3</i>
<i>All</i>	<i>65.3</i>	<i>24.7</i>	<i>10.0</i>	<i>100.0</i>	<i>..</i>	<i>10.8</i>	<i>12.0</i>
<i>Total (number)</i>	<i>32,966</i>	<i>12,488</i>	<i>5,024</i>	<i>..</i>	<i>50,478</i>	<i>466,572</i>	
All							
65-69	59.4	28.6	12.1	100.0	2,641	1.6	1.8
70-74	57.6	29.1	13.3	100.0	6,075	3.1	3.4
75-79	60.3	26.9	12.8	100.0	12,181	5.7	6.4
<i>Subtotal 65-79</i>	<i>58.8</i>	<i>29.0</i>	<i>12.3</i>	<i>100.0</i>	<i>20,897</i>	<i>3.7</i>	<i>4.1</i>
80-84	62.9	25.5	11.5	100.0	18,845	11.1	12.4
85-89	67.3	23.5	9.1	100.0	20,749	19.4	21.6
90-94	70.2	22.8	7.0	100.0	12,192	30.1	33.5
95+	72.5	22.1	5.4	100.0	3,496	40.2	44.7
<i>Subtotal 80+</i>	<i>65.2</i>	<i>25.4</i>	<i>9.4</i>	<i>100.0</i>	<i>55,282</i>	<i>17.0</i>	<i>18.9</i>
All	65.3	24.7	10.0	100.0	..	8.5	9.4
Total separations (number)	48,320	20,117	7,742	..	76,179	896,796	

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. Estimated minimum per cent to RAC is based on unadjusted figures; estimated maximum per cent to RAC is derived by applying the maximum adjustment to all identified transition records (see Box 2.1).
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A.

Table 3.5: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+, by sex and age, Australia, 2001–02 (unadjusted hospital separations)

Sex/age	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
Men	Number (unadjusted hospital separations)			Ratio
65–69	399	160	559	2.5 : 1
70–74	901	340	1,241	2.7 : 1
75–79	1,621	615	2,236	2.6 : 1
<i>Subtotal 65–79</i>	<i>2,921</i>	<i>1,115</i>	<i>4,036</i>	<i>2.6 : 1</i>
80–84	2,026	724	2,750	2.8 : 1
85–89	1,708	553	2,261	3.1 : 1
90–94	794	276	1,070	2.9 : 1
95+	180	50	230	3.6 : 1
<i>Subtotal 80+</i>	<i>4,708</i>	<i>1,603</i>	<i>6,311</i>	<i>2.9 : 1</i>
<i>All</i>	<i>7,629</i>	<i>2,718</i>	<i>10,347</i>	<i>2.8 : 1</i>
Women				
65–69	351	148	499	2.4 : 1
70–74	879	403	1,282	2.2 : 1
75–79	1,901	901	2,802	2.1 : 1
<i>Subtotal 65–79</i>	<i>3,131</i>	<i>1,452</i>	<i>4,583</i>	<i>2.2 : 1</i>
80–84	3,141	1,417	4,558	2.2 : 1
85–89	3,508	1,364	4,872	2.6 : 1
90–94	2,090	640	2,730	3.3 : 1
95+	618	151	769	4.1 : 1
<i>Subtotal 80+</i>	<i>9,357</i>	<i>3,572</i>	<i>12,929</i>	<i>2.6 : 1</i>
<i>All</i>	<i>12,488</i>	<i>5,024</i>	<i>17,512</i>	<i>2.5 : 1</i>
All				
65–69	750	308	1,058	2.4 : 1
70–74	1,780	743	2,523	2.4 : 1
75–79	3,522	1,516	5,038	2.3 : 1
<i>Subtotal 65–79</i>	<i>6,052</i>	<i>2,567</i>	<i>8,619</i>	<i>2.4 : 1</i>
80–84	5,167	2,141	7,308	2.4 : 1
85–89	5,216	1,917	7,133	2.7 : 1
90–94	2,884	916	3,800	3.1 : 1
95+	798	201	999	4.0 : 1
<i>Subtotal 80+</i>	<i>14,065</i>	<i>5,175</i>	<i>19,240</i>	<i>2.7 : 1</i>
All	20,117	7,742	27,859	2.6 : 1

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A.

Table 3.6: Hospital separations for people aged 65+, by movement type, age and sex, Australia, 2001–02 (unadjusted)

Sex / movement type	Age at hospital admission							Total	N
	65–69	70–74	75–79	80–84	85–89	90–94	95+		
Men	Row per cent								
To RAC									
Return to permanent RAC	5.6	11.8	18.8	24.7	23.3	12.7	3.1	100.0	15,354
To permanent RAC	5.2	11.8	21.2	26.6	22.4	10.4	2.4	100.0	7,629
To respite RAC	5.9	12.5	22.6	26.6	20.3	10.2	1.8	100.0	2,718
<i>Subtotal</i>	5.5	11.9	19.9	25.5	22.7	11.8	2.7	100.0	25,701
To community/other	21.7	25.1	25.1	17.0	8.4	2.4	0.4	100.0	404,523
Died in hospital	12.1	18.7	23.7	21.2	16.2	6.5	1.6	100.0	26,989
<i>All</i>	20.2	24.0	24.7	17.7	9.7	3.1	0.6	100.0	..
<i>Total separations (number)</i>	92,381	109,646	112,887	80,991	44,322	14,374	2,612	..	457,213
Women	Row per cent								
To RAC									
Return to permanent RAC	2.2	5.3	12.9	23.5	30.5	19.5	6.1	100.0	32,966
To permanent RAC	2.8	7.0	15.2	25.2	28.1	16.7	4.9	100.0	12,488
To respite RAC	2.9	8.0	17.9	28.2	27.1	12.7	3.0	100.0	5,024
<i>Subtotal</i>	2.4	6.0	14.0	24.4	29.5	18.2	5.5	100.0	50,478
To community/other	17.4	21.2	23.9	19.6	12.5	4.5	0.9	100.0	416,094
Died in hospital	8.5	13.1	19.4	22.0	21.4	11.8	3.8	100.0	24,376
<i>All</i>	15.4	19.3	22.7	20.2	14.7	6.3	1.5	100.0	..
<i>Total separations (number)</i>	75,699	94,557	111,290	99,132	72,063	30,779	7,428	..	490,948
All	Row per cent								
To RAC									
Return to permanent RAC	3.3	7.4	14.8	23.9	28.2	17.4	5.2	100.0	48,320
To permanent RAC	3.7	8.8	17.5	25.7	25.9	14.3	4.0	100.0	20,117
To respite RAC	4.0	9.6	19.6	27.7	24.8	11.8	2.6	100.0	7,742
<i>Subtotal</i>	3.5	8.0	16.0	24.7	27.2	16.0	4.6	100.0	76,179
To community/other	19.5	23.1	24.5	18.3	10.5	3.4	0.6	100.0	820,617
Died in hospital	10.4	16.0	21.7	21.6	18.7	9.1	2.6	100.0	51,365
All	17.7	21.5	23.6	19.0	12.3	4.8	1.1	100.0	..
Total separations (number)	168,080	204,203	224,177	180,123	116,385	45,153	10,040	..	948,161
Population 65+, 31 December 2001^(a)									
Men	31.2	27.9	21.1	12.1	7.7	..	..	100.0	1,088,715
Women	25.6	24.3	21.4	15.1	13.6	..	..	100.0	1,368,596
All	28.1	25.9	21.3	13.8	11.0	..	..	100.0	2,457,311

(a) Oldest age group includes people aged 85+. Total population excludes external territories (ABS 2001a).

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A.

3.2 Length of stay

Two measures are commonly used to gauge length of stay: the arithmetic mean and the median (that is, that length of stay with half of the values being smaller and half larger). For all groups, the mean length of episodes can be affected by a relatively small number of very long episodes. Therefore, consideration of both measures is informative. Note, however, that for both methods the estimate resulting from the current NHMD data understates the total length of stay in hospital to the extent that people change care type or transfer within the hospital system (see Box 3.1).

Box 3.1: Technical note on estimates of length of stay in hospital

For two types of hospital separations the patient remains within the hospital system: when a patient changes from one hospital episode care type to another and when a patient transfers from one hospital to another (Box 1.1). Because a person identifier is not available on the NHMD it is not possible to string together a person's episodes of hospital care into a single stay. Consequently, measures of length of hospital episode understate the total length of stay in hospital to the extent that people change care type or transfer within the hospital system.

The effect of movement within the hospital system on estimates of length of stay for people leaving hospital is likely to be different for the different transition groups because the likelihood of the exit episode being the only one related to the period in hospital varies with transition group. Overall, in 2001–02, 12% of hospital separations for older people ending with discharge from the hospital system had started either with a transfer from another hospital (9%) or with a change in hospital care type (3%) (Table A.1). Within transition group:

- *around 10% of hospital separations ending with discharge from the hospital system for people returning to their home (either in the community or in permanent RAC) had more than one hospital episode during their period in hospital*
- *51% of the hospital episodes ending with the person being admitted into permanent RAC had begun with the person already in hospital (18% beginning with a transfer and 33% beginning with a change in care type)*
- *32% of the hospital episodes ending with the person being admitted into respite RAC had begun with the person already in hospital (17% beginning with a transfer and 15% beginning with a change in care type)*
- *23% of episodes ending with the death of the patient had previous contiguous episodes.*

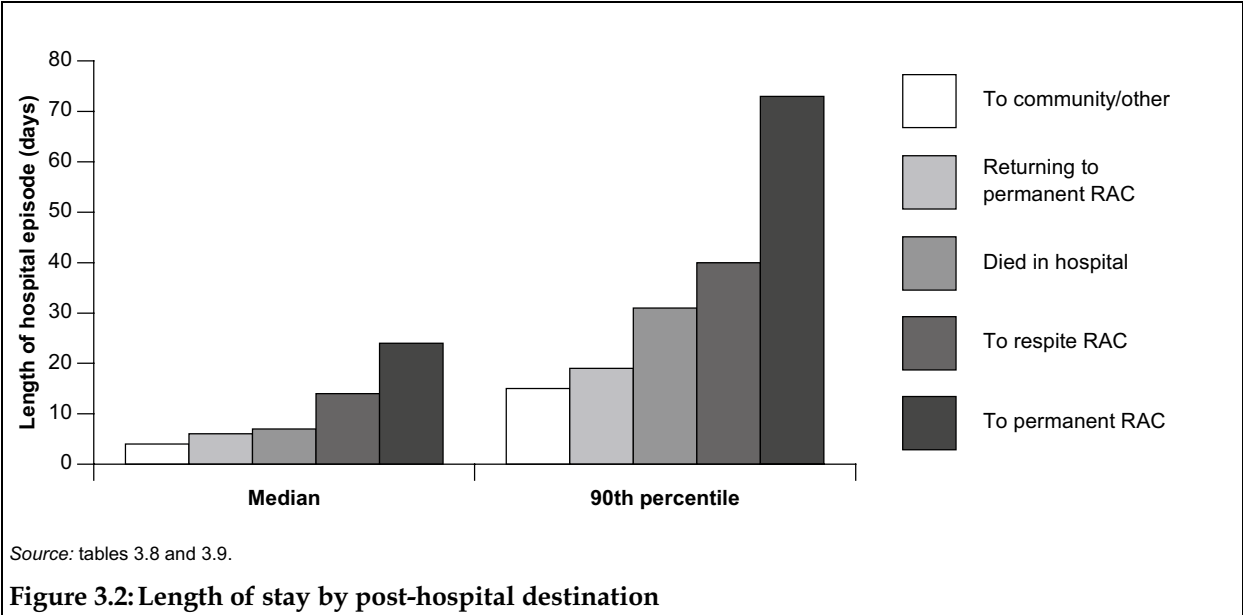
These figures indicate that estimates of length of stay for people who were admitted into RAC will be more affected by within-hospital changes than those who returned home. Consequently, actual differences were likely to have been greater than the estimated differences.

In addition, the implementation of casemix-based funding practices vary by state and territory and between urban and regional areas. This will affect whether or not a hospital stay is recorded as a single episode of care or as several episodes. The impact of this variation on reported care type and length of stay cannot be determined from the hospital data available for this report.

The time spent in hospital for people aged 65 and over varied considerably according to the type of transition from hospital (Figure 3.2). People returning to the community from hospital, on average, had the shortest lengths of stay, with a median time of 4 days in hospital (mean of 7.1 days), compared with 7 days for people who died in hospital (mean of 17.3 days) (tables 3.7 and 3.8). People making the transition from the community into RAC via hospital tended to spend more time in hospital, with people going into permanent RAC having longer stays

than those accessing respite care (median stay of 24 days compared with 14, and means of 38.2 and 19.5 days, respectively). People returning to permanent RAC had lengths of stay comparable with those for people who returned to the community following their period in hospital.

That some people spent much longer than others in hospital is reflected in the considerable differences between the mean and median length of stay for some transition groups. In particular, some people were admitted into RAC after long stays in hospital: in at least 10% of cases, people moving into permanent RAC stayed in hospital for 73 days or more while 90% of episodes for those returning to RAC after hospital leave lasted 19 days or less (tables 3.8 and 3.9, Figure 3.2).



While there was some evidence that women tended to have longer hospital episodes than men (Table 3.7), the differences were not great. On the other hand, for some transition groups, length of stay varied with age. In particular, for people who were admitted into permanent RAC both the median and 90th percentile for length of stay decreased as age increased: people aged 65–69 years who moved into permanent RAC had a median length of stay of 26 days compared with 21 days for people aged 95 and over (90th percentiles of 91 days and 62 days) (tables 3.8 and 3.9). In contrast, among people who returned to the community, older people tended to have longer hospital episodes than younger people (medians of 3 days versus 6 days for the youngest and oldest age groups, respectively).

Table 3.7: Hospital separations for people aged 65+: mean length of stay, by movement type, age and sex, Australia, 2001–02 (unadjusted)

Movement type	Age at hospital admission							All
	65–69	70–74	75–79	80–84	85–89	90–94	95+	
Men	Mean (days)							
Return to permanent RAC	8.5	8.4	8.1	8.3	7.8	7.6	7.4	8.1
To permanent RAC	45.1	43.1	41.6	40.2	34.9	33.3	32.2	39.0
To respite RAC	19.9	20.0	21.1	19.3	18.9	16.2	17.1	19.4
To community/other	5.8	6.2	6.7	7.3	7.8	8.5	8.4	6.6
Died in hospital	15.5	14.0	14.9	14.9	17.6	17.6	17.1	15.4
<i>All</i>	6.4	7.0	7.8	8.8	10.0	11.0	11.4	7.8
<i>Total separations (number)</i>	92,381	109,646	112,887	80,991	44,322	14,374	2,612	457,213
Women	Mean (days)							
Return to permanent RAC	9.4	9.3	8.9	8.8	8.5	8.4	8.0	8.6
To permanent RAC	57.4	47.5	42.0	37.6	35.8	31.2	33.7	37.8
To respite RAC	19.4	22.2	19.9	19.3	19.9	17.8	16.9	19.6
To community/other	6.1	6.9	7.5	8.3	8.9	9.8	10.3	7.6
Died in hospital	16.3	17.1	21.4	19.0	18.2	22.8	19.6	19.3
<i>All</i>	6.7	7.7	8.8	10.0	11.0	12.3	12.9	9.1
<i>Total separations (number)</i>	75,699	94,557	111,290	99,132	72,063	30,779	7,428	490,948
All	Mean (days)							
Return to permanent RAC	8.9	8.8	8.6	8.6	8.3	8.2	7.9	8.4
To permanent RAC	50.8	45.3	41.8	38.6	35.5	31.7	33.4	38.2
To respite RAC	19.7	21.2	20.4	19.3	19.6	17.4	17.0	19.5
To community/other	6.0	6.5	7.1	7.8	8.5	9.4	9.8	7.1
Died in hospital	15.8	15.2	17.6	16.9	17.9	20.8	18.8	17.3
All	6.5	7.3	8.3	9.5	10.6	11.9	12.5	8.5
Total separations (number)	168,080	204,203	224,177	180,123	116,385	45,153	10,040	948,161

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. See technical note Box 3.1 on measuring length of stay.
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A (by sex only).

Table 3.8: Hospital separations for people aged 65+: median length of stay, by movement type, age and sex, Australia, 2001–02 (unadjusted)

Movement type	Age at hospital admission							All
	65–69	70–74	75–79	80–84	85–89	90–94	95+	
Men	Median (days)							
Return to permanent RAC	5.5	6	6	6	5	5	5	5
To permanent RAC	28	26	26	25	24	22	21	25
To respite RAC	14	13.5	15	14	13	12	12.5	14
To community/other	3	4	4	4	5	5	5	4
Died in hospital	7	7	8	8	8	7	7	8
<i>All</i>	3	4	4	5	5	6	6	4
<i>Total separations (number)</i>	92,381	109,646	112,887	80,991	44,322	14,374	2,612	457,213
Women	Median (days)							
Return to permanent RAC	6	6	6	6	6	6	6	6
To permanent RAC	24	23	24	23	23	22	21.5	23
To respite RAC	13.5	14	14	14	14	13.5	14	14
To community/other	4	4	5	5	6	6	6	5
Died in hospital	8	8	7	7	7	7	7	7
<i>All</i>	4	4	5	5	6	7	7	5
<i>Total separations (number)</i>	75,699	94,557	111,290	99,132	72,063	30,779	7,428	490,948
All	Median (days)							
Return to permanent RAC	6	6	6	6	6	6	5	6
To permanent RAC	26	25	25	24	23	22	21	24
To respite RAC	14	14	14	14	14	13	14	14
To community/other	3	4	4	5	5	6	6	4
Died in hospital	7	7	8	8	7	7	7	7
All	4	4	5	5	6	6	6	5
Total separations (number)	168,080	204,203	224,177	180,123	116,385	45,153	10,040	948,161

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. See technical note Box 3.1 on measuring length of stay.
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A (by sex only).

Table 3.9: Hospital separations for people aged 65+: 90th percentile of length of stay, by movement type, age and sex, Australia, 2001–02 (unadjusted)

Movement type	Age at hospital admission							All
	65–69	70–74	75–79	80–84	85–89	90–94	95+	
Men	90th percentile (days)							
Return to permanent RAC	18	18	17	18	17	17	17	17
To permanent RAC	92	85	81	79	70	64	67.5	77
To respite RAC	43.5	44	41	42	36	35	36.5	40
To community/other	12	13	14	16	17	18	19	14
Died in hospital	30	29	31	30	31	31	32	30
<i>All</i>	13	14	16	19	21	23	25	16
<i>Total separations (number)</i>	92,381	109,646	112,887	80,991	44,322	14,374	2,612	457,213
Women	90th percentile (days)							
Return to permanent RAC	21	20	20	19	19	19	17	19
To permanent RAC	89	86	75	72	66	61	59	69
To respite RAC	43	47	40	40	40	36	32	40
To community/other	13	14	16	18	20	21	22	16
Died in hospital	33	33	32	32	31	30	29	32
<i>All</i>	14	16	18	21	23	26	26	19
<i>Total separations (number)</i>	75,699	94,557	111,290	99,132	72,063	30,779	7,428	490,948
All	90th percentile (days)							
Return to permanent RAC	20	19	19	19	18	19	17	19
To permanent RAC	91	85	78	75	67	62	62	73
To respite RAC	43	46	41	40	39	36	32	40
To community/other	12	14	15	17	19	20	21	15
Died in hospital	31	30	31.5	31	31	30.5	30	31
All	13	15	17	20	22	25	26	18
Total separations (number)	168,080	204,203	224,177	180,123	116,385	45,153	10,040	948,161

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. See technical note Box 3.1 on measuring length of stay.
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A (by sex only).

3.3 Hospital care type

People can receive a range of types of care while in hospital, depending on the main clinical intent of the hospital episode. These include acute care, rehabilitative care, palliative care, geriatric evaluation and management (GEM), psychogeriatric care and maintenance care (see Box 3.2 for descriptions).

Box 3.2: Care types for admitted patients

The care type of a hospital episode (see Box 1.1) defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or during posthumous organ procurement (other care). Care types of relevance to older patients include:

- **Acute care**, where the clinical intent or treatment goal is either to cure illness or provide definitive treatment of injury, perform surgery, to relieve symptoms of illness or injury (non-palliative), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures.
- **Rehabilitation care** occurs when a person with a disability is participating in a multidisciplinary program aimed at an improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation.
- **Palliative care** occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a person. Intervention such as radiotherapy, chemotherapy and surgery are considered to be part of the palliative episode if they are undertaken specifically to provide symptomatic relief.
- **Geriatric evaluation and management (GEM)**, where the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, and who is usually (but not always) an older patient.
- **Psychogeriatric care**, in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.
- **Maintenance care**, in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment.
- **Other care**, in which the clinical intent does not meet the criteria for any of the above, and includes 'Organ procurement – posthumous' and 'Hospital boarder'.

Source: AIHW 2003a.

Some hospital care types were more likely than others to be associated with a transition to RAC (Table 3.10). People discharged from acute care were the least likely to be discharged to RAC, with under 10% of such hospital episodes (excluding deaths) ending in this way. At the other extreme, around half of the patients discharged from maintenance care moved directly to RAC. Patients in GEM and psychogeriatric care also had high rates of transition to RAC (28%–31% and 34%–38%, respectively). Compared with these patients, those in rehabilitation or palliative care were considerably less likely to move to RAC (12%–14% of live separations).

Table 3.10: Summary of movements from hospital into RAC for people aged 65+, by hospital care type, Australia, 2001–02

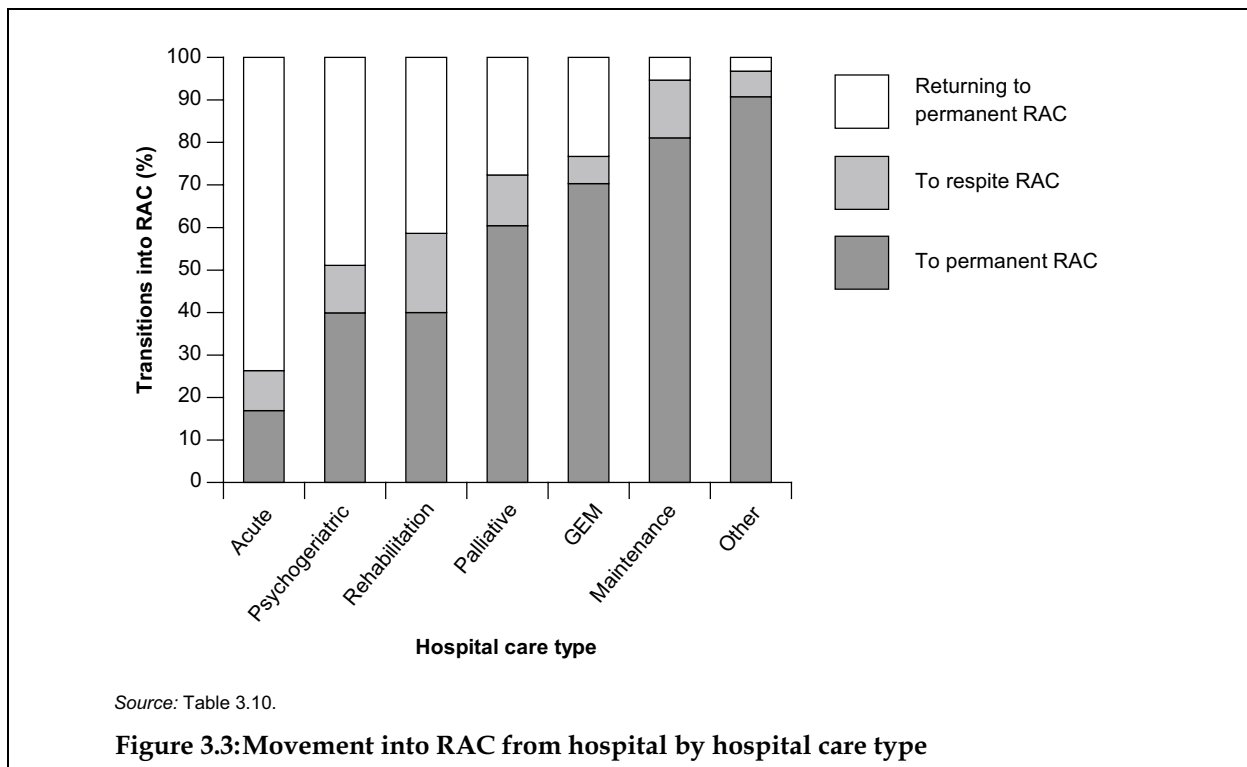
Hospital care type	Returning to permanent RAC	To permanent RAC	To respite RAC	Total	Unadjusted number	As per cent of all live hospital separations: estimated range	
						Row per cent	Est'd min %	Est'd max %
Acute	73.7	16.9	9.4	100.0	60,612	7.4	8.2
Rehabilitation	41.4	40.0	18.6	100.0	5,264	12.4	13.8
Palliative	27.7	60.4	12.0	100.0	618	12.4	13.7
GEM	23.3	70.3	6.4	100.0	2,367	28.2	31.4
Psychogeriatric	48.9	39.9	11.2	100.0	466	33.7	37.5
Maintenance	5.3	81.1	13.6	100.0	5,345	49.9	55.6
Other	3.3	90.8	6.0	100.0	1,277	35.3	39.2
All	63.4	26.4	10.2	100.0	..	8.5	9.5
Total separations (number)	48,152	20,064	7,733	..	75,949	890,693	

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. Estimated minimum per cent to RAC is based on unadjusted figures; estimated maximum per cent to RAC is derived by applying the maximum adjustment to all identified transition records (see Box 2.1).
2. Age is as at time of hospital admission.
3. Care types Newborn care, Organ procurement—posthumous and Hospital boarder were excluded from the table (1 case).
4. 230 records with unknown care type were excluded from the table. All of these records related to separations from Tasmanian hospitals; 226 of these were from private hospitals.

Nearly three-quarters (74%) of acute care episodes that ended with the patient going to RAC were for people returning to permanent care (Figure 3.3, Table 3.10). This proportion was much higher than that for any other care type, with psychogeriatric and rehabilitative care having the next highest proportions (49% and 41%, respectively). Only around one quarter of palliative care and GEM episodes involving transitions from hospital to RAC were for people already in permanent care. Very few episodes of maintenance care (5% of transitions to RAC) were for people returning to permanent RAC, with 81% of transitions from this care type relating to admissions into permanent care. Transitions into RAC from 'other' types of hospital care were predominantly for people going into permanent RAC (91%). Care types with a high ratio of permanent to respite admissions were GEM (11.0 to 1), maintenance care (6.0 to 1) and palliation (5.0 to 1) (Table 3.11).

People leaving hospital to return to the community or to permanent RAC had similar care type profiles, with 93% of their hospital episodes involving acute care and 5% being for rehabilitation (Table 3.12). However, reflecting the differing proportions that related to transitions to RAC seen above for the various care types, care profiles were quite different for the other transition groups. Acute care accounted for just over half (51%) of episodes ending with the patient entering permanent RAC, with maintenance care being the next most common care type (22%). Rehabilitative care was also quite common (11%). At 8%, GEM was at least four times more common among this transition group than for any other group. Hospital episodes ending with the patient going to RAC for respite care were more likely to have been for acute care (73%) and less likely to have been for maintenance care (9%) than those ending with admission to permanent RAC; slightly more received rehabilitative care (13%) before being discharged.



Length of stay varied both with care type and with post-hospital destination within care type (Table 3.13). As expected, acute care episodes tended to be shorter than other types (mean 6.8 days, median 4 days), with palliative care also being relatively short (mean 13.8 days, median 8 days). Psychogeriatric and maintenance care episodes were, on average, much longer than other episodes, particularly the former with a mean length of 64.2 days and median of 28 days.

Within care type, there were two broad patterns of length of stay depending on post-hospital destination. For acute care, rehabilitation, palliative care and GEM episodes, those ending with admission into RAC tended to be longer than other episodes, with patients entering permanent care having had longer stays than those going for respite care (Table 3.13). For psychogeriatric and maintenance care (and, to a lesser extent, 'other' care), the longest episodes tended to be for those who died in hospital, with episodes ending in permanent RAC admission being the next longest. Episodes ending with the patient returning to their usual residence in the community or in RAC had similar length of stay patterns across hospital care type.

Table 3.11: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+, by hospital care type, Australia, 2001–02 (unadjusted hospital separations)

Remoteness area	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
	Number (unadjusted hospital separations)			Ratio
Acute	10,241	5,675	15,916	1.8 : 1
Rehabilitation	2,105	978	3,083	2.2 : 1
Palliative	373	74	447	5.0 : 1
GEM	1,665	151	1,816	11.0 : 1
Psychogeriatric	186	52	238	3.6 : 1
Maintenance	4,335	727	5,062	6.0 : 1
Other	1,159	76	1,235	15.3 : 1
All	20,064	7,733	27,797	2.6 : 1

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. Care types Newborn care, Organ procurement—posthumous and Hospital boarder were excluded from the table (1 case).
4. 230 records with unknown care type were excluded from the table. All related to separations from Tasmanian hospitals; 226 of these were from private hospitals.

Table 3.12: Hospital separations for people aged 65+, by hospital care type and movement type, Australia, 2001–02 (unadjusted)

Hospital care type	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	N
	Column per cent						
Acute	92.8	51.0	73.4	93.1	77.6	91.2	858,930
Rehabilitation	4.5	10.5	12.6	4.6	1.2	4.6	43,121
Palliative	0.4	1.9	1.0	0.5	16.9	1.5	13,678
GEM	1.1	8.3	2.0	0.7	1.2	1.0	9,008
Psychogeriatric	0.5	0.9	0.7	0.1	0.1	0.2	1,439
Maintenance	0.6	21.6	9.4	0.7	2.5	1.3	12,004
Other	0.1	5.8	1.0	0.3	0.5	0.4	3,873
Total	100.0	100.0	100.0	100.0	100.0	100.0	..
Total separations (number)	48,125	20,064	7,733	814,744	51,360	..	942,053

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. Care types Newborn care, Organ procurement—posthumous and Hospital boarder were excluded from the table (1 case).
4. 6,107 records with unknown care type were excluded from the table. All of these records related to separations from Tasmanian hospitals; 6,095 were from private hospitals.
5. State/territory tables are in Appendix A.

Table 3.13: Hospital separations for people aged 65+: mean, median and 90th percentile of length of stay, by hospital care type and movement type, Australia, 2001–02 (unadjusted)

Hospital care type	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	N
Mean (days)							
Acute	7.6	28.6	16.4	6.1	11.7	6.8	858,930
Rehabilitation	19.4	39.7	28.1	19.7	24.0	20.9	43,121
Palliative	9.1	33.3	22.0	11.5	14.2	13.8	13,678
GEM	20.4	47.2	24.2	22.2	26.8	27.1	9,008
Psychogeriatric	31.8	129.4	47.0	46.6	291.6	64.2	1,439
Maintenance	10.6	50.5	27.0	28.5	176.4	51.9	12,004
Other	16.8	48.1	35.1	17.2	85.4	31.2	3,873
All	8.4	38.2	19.5	7.1	17.3	8.5	..
Median (days)							
Acute	5	21	12	4	7	4	858,930
Rehabilitation	17	30	23	15	16	15	43,121
Palliative	6	22	15	8	8	8	13,678
GEM	16	35	19.5	15	18	18	9,008
Psychogeriatric	25	51	35.5	26	60	28	1,439
Maintenance	7	22	14	9	31	14	12,004
Other	9	26	24.5	7	23	12	3,873
All	6	24	14	4	7	5	..
90th percentile (days)							
Acute	16	57	34	13	27	15	858,930
Rehabilitation	35	76	51	38	51	41	43,121
Palliative	20	77	59	23	34	31	13,678
GEM	39	99	49	46	55	57	9,008
Psychogeriatric	67	333	100	74	718	99	1,439
Maintenance	23	92	56	41	461	79	12,004
Other	n.p.	95	74	37	165	65	3,873
All	19	73	40	15	31	18	..
Total hospital (number)	48,152	20,064	7,733	814,744	51,360	..	942,053

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. See technical note Box 3.1 on measuring length of stay.
2. Age is as at time of hospital admission.
3. Care types Newborn care, Organ procurement—posthumous and Hospital boarder were excluded from the table (1 case).
4. 6,107 records with unknown care type were excluded from the table. All of these records related to separations from Tasmanian hospitals; 6,095 were from private hospitals.

3.4 Hospital diagnosis

During a hospital episode, information about the health conditions that cause or contribute to admission, or which influence treatment, is recorded on the patient record. Of all the diagnoses recorded, the principal diagnosis is defined as that found to be chiefly responsible for the episode of care. However, where multiple complex health conditions are present, it may be difficult to identify one single condition that caused admission to hospital, and the interaction of multiple health conditions, medication use, and social factors can contribute significantly to the need for hospitalisation among older people and to the complexity and cost of treatment. In addition, the relatively high prevalence of multiple hospital episodes relating to a stay in hospital by people newly moving to residential care affects the examination of health conditions causing hospitalisation for these people. In some cases the initial reason for the hospitalisation of a person who was discharged into residential care may not be represented in the available data, with the principal diagnosis for the hospital episode immediately prior to the move either being different from that which caused the initial hospitalisation or indicating care needs rather than a specific health condition.

Noting these limitations, in the following discussion the principal diagnoses for older patients making various transitions are examined, with diagnoses combined into 18 groups corresponding to diagnosis chapters, or condition groups, in the International Classification of Diseases 10th revision Australian Modification (ICD-10-AM, 2nd edition). In the following analysis, groups of conditions are referred to using abbreviated names to aid the flow of discussion; names showing more fully the conditions included in the group are used in the tables (for example *Diseases of the musculoskeletal system and connective tissues* is referred as musculoskeletal diseases in the discussion). Appendix C contains a list of conditions included in the ICD-10-AM edition 2 chapters, and classification codes are provided in tables where appropriate (see Table 3.14 for an example).

Overall, the four most common condition groups (diseases of the circulatory, digestive and respiratory systems, and neoplasms, that is, tumours and cancers) accounted for 50% of overnight hospital episodes ending with the patient leaving hospital (Table 3.16). The proportion of hospital separations (excluding deaths) that ended with discharge to RAC varied considerably across groups of conditions, ranging from under 5% (for example, for patients in hospital with a principal diagnosis of neoplasm) to over 70% – for patients with a principal diagnosis of awaiting admission elsewhere (Table 3.14). Apart from this latter group, only principal diagnoses among mental and behavioural disorders were associated with more than 15% of live hospital separations ending with discharge to RAC (21%–24%).

Among people moving from hospital to RAC, some condition groups were more likely than others to be associated with admission into residential care as opposed to return to permanent care (Table 3.14). As expected, nearly all hospital–RAC transition episodes for people awaiting admission elsewhere related to an admission into RAC (96%); the remaining 4% (191 transitions) were for people already in RAC who moved to a different RAC facility on leaving hospital. Hospital episodes for patients with a principal diagnosis related to factors influencing health status, to mental and behavioural disorders or to the nervous system (the last two of which include dementia conditions) were commonly associated with admission into RAC, with less than half of these transition hospital episodes being for people already in permanent RAC. On the other hand, over 85% of transition episodes with a principal diagnosis related to the digestive system, blood disorders or eye problems were for people already in permanent residential care.

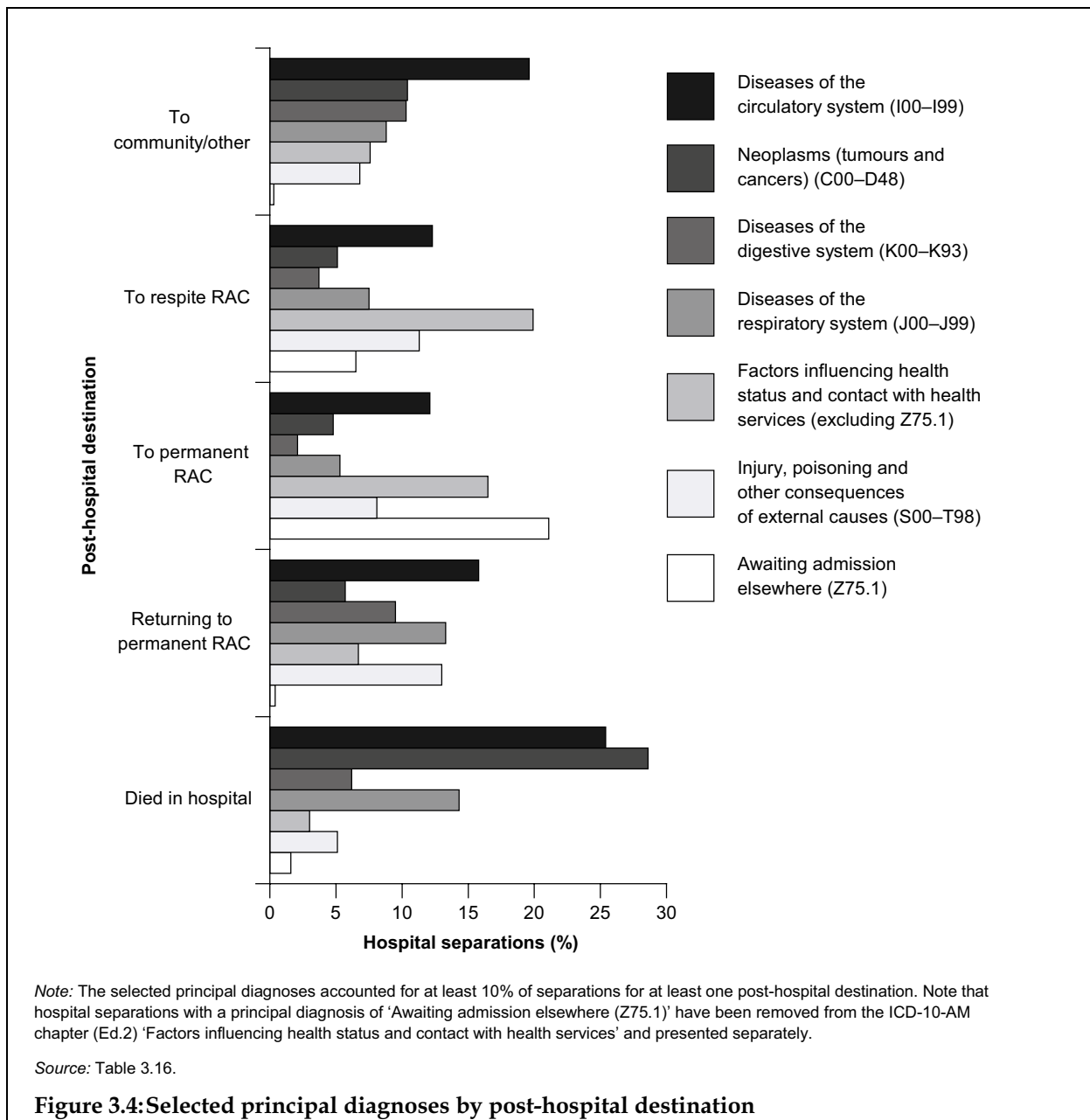
Patients waiting for admission elsewhere had the highest ratio of permanent to respite care admissions (8.5 to 1) (Table 3.15). Conditions associated with an above average ratio of permanent to respite care admissions included mental and behavioural disorders and diseases of the nervous system (3.1 and 3.2 to 1, respectively).

Reflecting both the overall prevalence of diagnoses and propensity to be associated with a move to RAC, the frequency of particular disease groups varied considerably with post-hospital destination (Figure 3.4). For example, principal diagnoses in the four most common condition groups overall accounted for 75% of episodes ending with the death of the patient, compared with about one-quarter (24%) for patients admitted to permanent RAC on leaving hospital.

There were several key differences in the principal diagnosis profiles of the transition groups (Table 3.16, Figure 3.4). Of particular interest is the high proportion of episodes that ended with a permanent admission to RAC which had 'Awaiting admission elsewhere' as their principal diagnosis (21%). This diagnosis was next most common among patients who later moved to respite care (7% of episodes). Other factors influencing health status were also commonly given as the principal diagnosis for hospital episodes ending with admission to RAC (17–20%). Diagnoses in this group include health services for examinations, investigations and specific procedures and 'persons with potential hazards' (see Appendix C). Relatively high proportions of hospital episodes for people who returned to permanent RAC or who moved to respite care (13% and 11%, respectively, compared with 7% overall) were admitted to hospital primarily as the result of injury or poisoning.

The average length of hospital episode varied with the principal diagnosis on hospital admission (tables 3.17, 3.18 and 3.19). For example, in 2001–02 patients with an eye condition as the principal diagnosis tended to have very short stays (mean 1.8 days, median 1 day) while those in hospital with mental or behavioural disorders had long stays (mean 26.0 days, median 12 days). However, in general, irrespective of the condition leading to hospital admission, people who were admitted to RAC after leaving hospital had longer hospital episodes than others, while those who either returned to the community or to permanent RAC had similar length of stay patterns. Those who died in hospital on average had a length of stay between these two groups. There were, however, some exceptions. Patients with a principal diagnosis of 'Awaiting admission elsewhere' who either returned to the community or died in hospital tended to have similar or longer hospital episodes than those who were admitted into RAC.

For a number of condition groups the 90th percentile was similar or higher for people who died in hospital as that for those who moved to RAC; that is, a significant proportion had long stays in hospital before dying. Condition groups where this pattern occurred were factors influencing health status (including awaiting admission elsewhere), musculoskeletal and nervous system diseases and mental and behavioural disorders (Table 3.19).



As noted previously, where multiple complex health conditions were present, it may have been difficult to identify one single condition that caused admission to hospital. Overall, 16% of hospital episodes of one or more nights in hospital had only one diagnosis recorded and 7% had 10 or more (Table 3.22). Nearly half (46%) reported two to four diagnoses. The likelihood of discharge to RAC increased with the number of diagnoses recorded for the hospital episode: around 4% of hospital episodes with only a principal diagnosis reported (excluding those ending in death) resulted in a transition to RAC compared with around 20% of those with 10 or more reported diagnoses (Table 3.20).

For people moving from hospital to RAC, as the number of reported diagnoses increased the hospital episode was increasingly less likely to be for a person who was already a permanent aged care resident (Table 3.20). Around three-quarters of episodes with fewer than 5 recorded diagnoses were for people returning to permanent care compared with only 43% of episodes

with 10 or more reported diagnoses. In general, the likelihood of being admitted into permanent rather than respite care increased with the number of recorded diagnoses. People admitted into RAC with 10 or more diagnoses reported for their transition hospital episode were nearly five times as likely to be admitted into permanent rather than respite care (Table 3.21). For those with five to nine reported diagnoses the ratio of permanent to respite admissions was 2.8 to 1.

The average number of diagnoses varied considerably with post-hospital destination (Figure 3.5). People who returned to the community or to permanent RAC were more likely to have only one diagnosis reported (18% and 9%, respectively) than others, with episodes ending with the death of the patient least likely to have only one recorded diagnosis (2%). Almost one quarter of episodes ending with the patient moving to permanent RAC or dying had 10 or more diagnoses recorded (24% and 25%, respectively); 13% of episodes for people moving into respite care had 10 or more reported diagnoses compared with 9% for people returning to permanent care and 5% for people going back to the community. The relationship between number of diagnoses and transition into permanent RAC is likely to be inter-related with the tendency to long hospital stays of this group: the longer a person with multiple conditions was in hospital the more likely it is that those conditions were recorded as additional diagnoses.

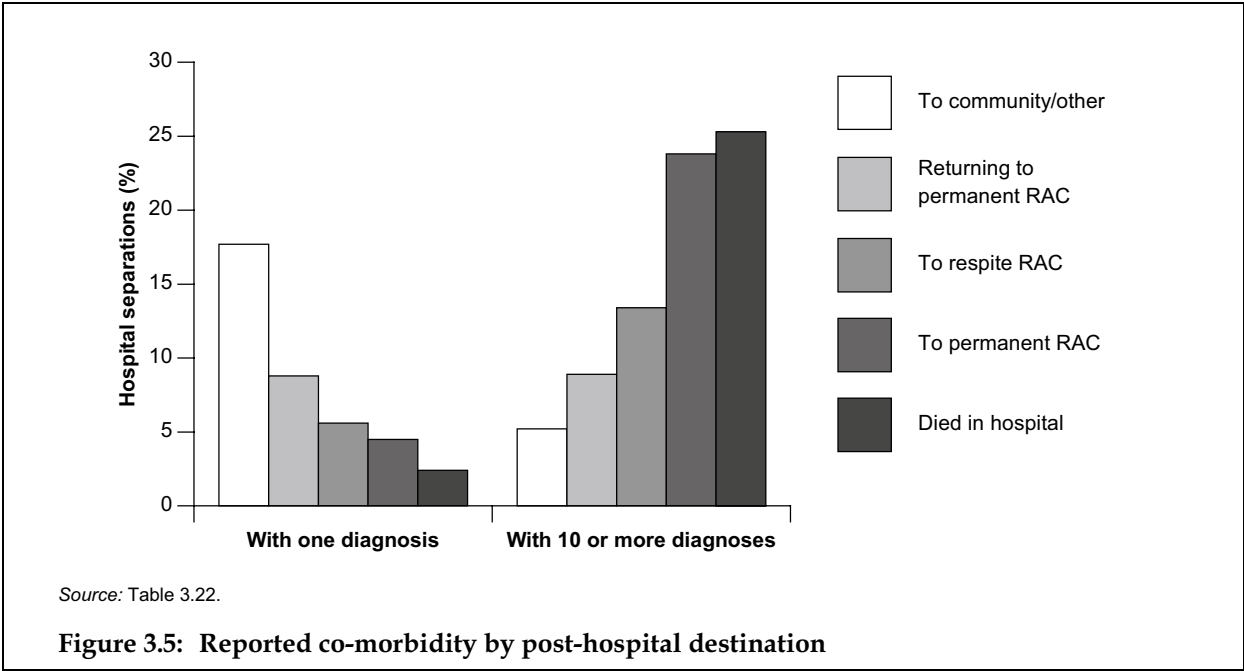


Table 3.14: Summary of movements from hospital into RAC for people aged 65+, by principal diagnosis, Australia, 2001–02 (in order of decreasing prevalence)

Principal diagnosis (ICD-10-AM Ed. 2 chapter) ^(a)	Returning to permanent RAC	To perm- anent RAC	To respite RAC	Total	Un- adjusted number	As per cent of all live hospital separations: estimated range	
	Row per cent					Est'd min %	Est'd max %
Diseases of the circulatory system (I00–I99)	69.3	22.1	8.6	100.0	11,010	6.4	7.1
Injury, poisoning and other consequences of external causes (S00–T98)	71.7	18.4	9.9	100.0	8,799	13.6	15.2
Factors influencing health status and contact with health services (excluding Z75.1)	40.0	40.9	19.0	100.0	8,115	11.5	12.8
Diseases of the respiratory system (J00–J99)	79.6	13.1	7.2	100.0	8,043	10.0	11.2
Diseases of the digestive system (K00–K93)	86.7	7.9	5.5	100.0	5,304	5.9	6.6
Symptoms, signs and abnormal findings n.e.c. (R00–R99)	69.8	20.6	9.6	100.0	5,209	7.6	8.4
Awaiting admission elsewhere (Z75.1)	3.9	86.0	10.1	100.0	4,938	70.3	78.1
Neoplasms (tumours and cancers) (C00–D48)	67.0	23.4	9.7	100.0	4,101	4.6	5.1
Mental and behavioural disorders (F00–F99)	39.6	45.6	14.8	100.0	3,965	21.2	23.5
Diseases of the genitourinary system (N00–N99)	78.1	15.7	6.3	100.0	3,754	7.0	7.8
Diseases of the nervous system (G00–G99)	49.4	38.5	12.1	100.0	2,851	11.4	12.6
Diseases of the musculoskeletal system and connective tissue (M00–M99)	61.0	21.6	17.4	100.0	2,519	3.7	4.2
Endocrine, nutritional and metabolic diseases (E00–E89)	74.7	17.1	8.2	100.0	2,289	9.8	10.9
Diseases of the skin and subcutaneous tissue (L00–L99)	79.2	13.6	7.2	100.0	2,073	12.3	13.7
Blood, blood-forming organs and immunological disorders (D50–D89)	89.1	6.6	4.3	100.0	1,234	9.9	11.0
Infectious and parasitic diseases (A00–B99)	80.9	11.9	7.2	100.0	1,009	10.3	11.4
Diseases of the eye and adnexa (H00–H59)	91.6	3.9	4.5	100.0	690	3.4	3.8
Other/unknown	82.1	14.3	3.6	100.0	196	9.0	10.0
Diseases of the ear and mastoid process (H60–H95)	70.3	>17.2	<12.5	100.0	64	1.8	2.0
Congenital malformations (Q00–Q99)	75.0	<25.0	<25.0	100.0	16	2.9	3.2
All	63.4	26.4	10.2	100.0	..	8.5	9.4
Total separations (number)	48,320	20,117	7,742	..	76,179	896,796	

(a) Diagnosis relates to that recorded during the last hospital episode before discharge from the hospital system (see Box 1.1). See Appendix C for a list of conditions included in ICD-10-AM chapters. Note that hospital separations with a principal diagnosis of 'Awaiting admission elsewhere (Z75.1)' have been removed from the ICD-10-AM chapter (Ed.2) 'Factors influencing health status and contact with health services' and presented separately.

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. Estimated minimum per cent to RAC is based on unadjusted figures; estimated maximum per cent to RAC is derived by applying the maximum adjustment to all identified transition records (see Box 2.1).
2. Age is as at time of hospital admission.

Table 3.15: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+, by principal diagnosis, Australia, 2001–02 (unadjusted, in order of decreasing prevalence)

Principal diagnosis (ICD-10-AM Ed. 2 chapter) ^(a)	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
	Number (unadjusted hospital separations)			Ratio
Factors influencing health status and contact with health services (excluding Z75.1)	3,323	1,543	4,866	2.2 : 1
Awaiting admission elsewhere (Z75.1)	4,247	500	4,747	8.5 : 1
Diseases of the circulatory system (I00–I99)	2,431	950	3,381	2.6 : 1
Injury, poisoning and other consequences of external causes (S00–T98)	1,623	871	2,494	1.9 : 1
Mental and behavioural disorders (F00–F99)	1,808	585	2,393	3.1 : 1
Diseases of the respiratory system (J00–J99)	1,057	583	1,640	1.8 : 1
Symptoms, signs and abnormal findings n.e.c. (R00–R99)	1,073	498	1,571	2.2 : 1
Diseases of the nervous system (G00–G99)	1,099	345	1,444	3.2 : 1
Neoplasms (tumours and cancers) (C00–D48)	958	397	1,355	2.4 : 1
Diseases of the musculoskeletal system and connective tissue (M00–M99)	545	438	983	1.2 : 1
Diseases of the genitourinary system (N00–N99)	588	236	824	2.5 : 1
Diseases of the digestive system (K00–K93)	417	290	707	1.4 : 1
Endocrine, nutritional and metabolic diseases (E00–E89)	392	187	579	2.1 : 1
Diseases of the skin and subcutaneous tissue (L00–L99)	282	149	431	1.9 : 1
Infectious and parasitic diseases (A00–B99)	120	73	193	1.6 : 1
Blood, blood-forming organs and immunological disorders (D50–D89)	82	53	135	1.5 : 1
Diseases of the eye and adnexa (H00–H59)	27	31	58	0.9 : 1
Other/unknown	28	7	35	4.0 : 1
Diseases of the ear and mastoid process (H60–H95)	>10	<9	19	n.p. : 1
Congenital malformations (Q00–Q99)	<5	—	<5	. . : 1
All	20,117	7,742	27,859	2.6 : 1

(a) Diagnosis relates to that recorded during the last hospital episode before discharge from the hospital system (see Box 1.1). See Appendix C for a list of conditions included in ICD-10-AM chapters. Note that hospital separations with a principal diagnosis of 'Awaiting admission elsewhere (Z75.1)' have been removed from the ICD-10-AM chapter (Ed.2) 'Factors influencing health status and contact with health services' and presented separately.

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.

Table 3.16: Hospital separations for people aged 65+, by principal diagnosis and movement type, Australia, 2001-02 (column per cent) (unadjusted, in order of decreasing prevalence)

Principal diagnosis (ICD-10-AM Ed. 2 chapter) ^(a)	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	N
	Column per cent						
Diseases of the circulatory system (I00–I99)	15.8	12.1	12.3	19.6	25.4	19.5	185,315
Neoplasms (tumours and cancers) (C00–D48)	5.7	4.8	5.1	10.4	28.6	11.0	104,410
Diseases of the digestive system (K00–K93)	9.5	2.1	3.7	10.3	6.2	9.8	92,849
Diseases of the respiratory system (J00–J99)	13.3	5.3	7.5	8.8	14.3	9.2	87,452
Factors influencing health status and contact with health services (excluding Z75.1)	6.7	16.5	19.9	7.6	3.0	7.6	72,178
Symptoms, signs and abnormal findings n.e.c. (R00–R99)	7.5	5.3	6.4	7.7	2.2	7.4	69,762
Diseases of the musculoskeletal system and connective tissue (M00–M99)	3.2	2.7	5.7	7.9	1.1	7.2	67,987
Injury, poisoning and other consequences of external causes (S00–T98)	13.0	8.1	11.3	6.8	5.1	7.1	67,170
Diseases of the genitourinary system (N00–N99)	6.1	2.9	3.0	6.1	3.4	5.8	55,423
Diseases of the nervous system (G00–G99)	2.9	5.5	4.5	2.7	1.2	2.7	25,712
Endocrine, nutritional and metabolic diseases (E00–E89)	3.5	1.9	2.4	2.6	2.1	2.6	24,425
Diseases of the eye and adnexa (H00–H59)	1.3	0.1	0.4	2.4	0.0	2.2	20,431
Mental and behavioural disorders (F00–F99)	3.3	9.0	7.6	1.8	0.9	2.0	19,221
Diseases of the skin and subcutaneous tissue (L00–L99)	3.4	1.4	1.9	1.8	0.8	1.8	17,215
Blood, blood-forming organs and immunological disorders (D50–D89)	2.3	0.4	0.7	1.4	0.5	1.4	12,803
Infectious and parasitic diseases (A00–B99)	1.7	0.6	0.9	1.1	3.3	1.2	11,504
Awaiting admission elsewhere (Z75.1)	0.4	21.1	6.5	0.3	1.6	0.8	7,860
Diseases of the ear and mastoid process (H60–H95)	0.1	0.1	0.1	0.4	—	0.4	3,646
Other/unknown	0.3	0.1	0.1	0.2	0.1	0.2	2,239
Congenital malformations (Q00–Q99)	—	—	—	0.1	—	0.1	559
Total	100.0	100.0	100.0	100.0	100.0	100.0	..
Total separations (number)	48,320	20,117	7,742	820,617	51,365	..	948,161

(a) Diagnosis relates to that recorded during the last hospital episode before discharge from the hospital system (see Box 1.1). See Appendix C for a list of conditions included in ICD-10-AM chapters. Note that hospital separations with a principal diagnosis of 'Awaiting admission elsewhere (Z75.1)' have been removed from the ICD-10-AM chapter (Ed.2) 'Factors influencing health status and contact with health services' and presented separately.

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. State/territory tables are in Appendix A.

Table 3.17: Hospital separations for people aged 65+: mean length of stay, by principal diagnosis and movement type, Australia, 2001–02 (days) (unadjusted, in order of decreasing prevalence)

Principal diagnosis (ICD-10-AM Ed. 2 chapter) ^(a)	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	N
Mean (days)							
Diseases of the circulatory system (I00–I99)	7.5	36.1	17.5	6.1	10.8	6.9	185,315
Neoplasms (tumours and cancers) (C00–D48)	7.0	30.6	19.3	6.8	15.0	8.2	104,410
Diseases of the digestive system (K00–K93)	6.3	27.9	12.6	4.9	11.3	5.3	92,849
Diseases of the respiratory system (J00–J99)	8.2	28.1	14.9	7.4	11.7	8.1	87,452
Factors influencing health status and contact with health services (excluding Z75.1)	16.2	44.1	25.0	15.5	78.4	18.4	72,178
Symptoms, signs and abnormal findings n.e.c. (R00–R99)	5.7	28.3	13.5	4.1	13.1	4.7	69,762
Diseases of the musculoskeletal system and connective tissue (M00–M99)	9.4	35.2	16.8	7.0	17.7	7.4	67,987
Injury, poisoning and other consequences of external causes (S00–T98)	8.5	33.2	17.8	7.8	13.4	8.8	67,170
Diseases of the genitourinary system (N00–N99)	6.8	26.8	15.3	4.9	12.0	5.5	55,423
Diseases of the nervous system (G00–G99)	8.5	49.6	17.6	5.7	32.4	8.6	25,712
Endocrine, nutritional and metabolic diseases (E00–E89)	8.0	27.5	19.3	7.2	15.4	8.0	24,425
Diseases of the eye and adnexa (H00–H59)	2.3	64.3	4.9	1.7	25.8	1.8	20,431
Mental and behavioural disorders (F00–F99)	18.8	62.3	26.6	19.5	111.5	26.0	19,221
Diseases of the skin and subcutaneous tissue (L00–L99)	10.2	31.1	17.9	9.3	18.0	10.0	17,215
Blood, blood-forming organs and immunological disorders (D50–D89)	4.7	26.0	14.6	4.8	13.2	5.1	12,803
Infectious and parasitic diseases (A00–B99)	9.2	23.7	19.3	8.1	10.4	8.7	11,504
Awaiting admission elsewhere (Z75.1)	10.0	35.3	24.1	38.0	96.4	41.1	7,860
Diseases of the ear and mastoid process (H60–H95)	4.8	16.8	30.8	3.5	n.p.	3.6	3,646
Other/unknown	4.3	25.2	16.0	4.4	13.7	4.7	2,239
Congenital malformations (Q00–Q99)	5.9	n.p.	—	4.8	11.9	5.3	559
All	8.4	38.2	19.5	7.1	17.2	8.5	..
Total separations (number)	48,320	20,117	7,742	820,617	51,365	..	948,161

(a) Diagnosis relates to that recorded during the last hospital episode before discharge from the hospital system (see Box 1.1). See Appendix C for a list of conditions included in ICD-10-AM chapters. Note that hospital separations with a principal diagnosis of 'Awaiting admission elsewhere (Z75.1)' have been removed from the ICD-10-AM chapter (Ed.2) 'Factors influencing health status and contact with health services' and presented separately.

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.

Table 3.18: Hospital separations for people aged 65+: median length of stay, by principal diagnosis and movement type, Australia, 2001–02 (days) (unadjusted, in order of decreasing prevalence)

Principal diagnosis (ICD-10-AM Ed. 2 chapter) ^(a)	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	N
	Median (days)						
Diseases of the circulatory system (I00–I99)	6	26	13	4	5	4	185,315
Neoplasms (tumours and cancers) (C00–D48)	4	22	14	4	9	5	104,410
Diseases of the digestive system (K00–K93)	4	20	9	3	6	3	92,849
Diseases of the respiratory system (J00–J99)	6	20	11	6	6	6	87,452
Factors influencing health status and contact with health services (excluding Z75.1)	14	30	20	11	17	12	72,178
Symptoms, signs and abnormal findings n.e.c. (R00–R99)	4	20	9	2	7	2	69,762
Diseases of the musculoskeletal system and connective tissue (M00–M99)	7	23	12	6	11	6	67,987
Injury, poisoning and other consequences of external causes (S00–T98)	6	25	14	5	8	5	67,170
Diseases of the genitourinary system (N00–N99)	5	20	11.5	3	7	4	55,423
Diseases of the nervous system (G00–G99)	5	25	11	2	10	3	25,712
Endocrine, nutritional and metabolic diseases (E00–E89)	6	21	14	4	9	5	24,425
Diseases of the eye and adnexa (H00–H59)	1	3	1	1	12	1	20,431
Mental and behavioural disorders (F00–F99)	13	26	17	10	17	12	19,221
Diseases of the skin and subcutaneous tissue (L00–L99)	7	23.5	14	6	11	7	17,215
Blood, blood-forming organs and immunological disorders (D50–D89)	3	18	13	3	8	3	12,803
Infectious and parasitic diseases (A00–B99)	7	18.5	15	6	6	6	11,504
Awaiting admission elsewhere (Z75.1)	7	20	14	18	23	19	7,860
Diseases of the ear and mastoid process (H60–H95)	4	14	n.p.	2	n.p.	2	3,646
Other/unknown	3	17	n.p.	3	10	3	2,239
Congenital malformations (Q00–Q99)	3	n.p.	—	3	n.p.	3	559
All	6	24	14	4	7	5	..
Total separations (number)	48,320	20,117	7,742	820,617	51,365	..	948,161

(a) Diagnosis relates to that recorded during the last hospital episode before discharge from the hospital system (see Box 1.1). See Appendix C for a list of conditions included in ICD-10-AM chapters. Note that hospital separations with a principal diagnosis of 'Awaiting admission elsewhere (Z75.1)' have been removed from the ICD-10-AM chapter (Ed.2) 'Factors influencing health status and contact with health services' and presented separately.

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. Table excludes same-day hospital episodes, statistical discharges and transfers to other hospitals.

Table 3.19: Hospital separations for people aged 65+: 90th percentile of length of stay, by principal diagnosis and movement type, Australia, 2001–02 (days) (unadjusted, in order of decreasing prevalence)

Principal diagnosis (ICD-10-AM Ed. 2 chapter) ^(a)	Returning to permanent RAC	To permanent RAC	To respite RAC	To community /other	Died in hospital	All	N
	90th percentile (days)						
Diseases of the circulatory system (I00–I99)	15	64	36	13	23	14	185,315
Neoplasms (tumours and cancers) (C00–D48)	17	66	40	15	34	18	104,410
Diseases of the digestive system (K00–K93)	13	59	28	11	27	11	92,849
Diseases of the respiratory system (J00–J99)	16	55	30	14	23	16	87,452
Factors influencing health status and contact with health services (excluding Z75.1)	32	81	48	32	101	36	72,178
Symptoms, signs and abnormal findings n.e.c. (R00–R99)	13	58	30	9	27	10	69,762
Diseases of the musculoskeletal system and connective tissue (M00–M99)	21	71	34	14	42	14	67,987
Injury, poisoning and other consequences of external causes (S00–T98)	18	64	35	18	31	20	67,170
Diseases of the genitourinary system (N00–N99)	14	55	31	10	26	11	55,423
Diseases of the nervous system (G00–G99)	20	100	36	13	42	17	25,712
Endocrine, nutritional and metabolic diseases (E00–E89)	17	59	36	16	36	18	24,425
Diseases of the eye and adnexa (H00–H59)	5	n.p.	n.p.	2	n.p.	2	20,431
Mental and behavioural disorders (F00–F99)	42	107	49	41	157	47	19,221
Diseases of the skin and subcutaneous tissue (L00–L99)	21	65	35	19	37	21	17,215
Blood, blood-forming organs and immunological disorders (D50–D89)	11	n.p.	n.p.	11	32	12	12,803
Infectious and parasitic diseases (A00–B99)	18	50.5	n.p.	17	26	19	11,504
Awaiting admission elsewhere (Z75.1)	21	76	50	75	198	77	7,860
Diseases of the ear and mastoid process (H60–H95)	n.p.	n.p.	n.p.	8	n.p.	8	3,646
Other/unknown	9	n.p.	n.p.	9	27	10	2,239
Congenital malformations (Q00–Q99)	n.p.	n.p.	—	11	n.p.	11	559
All	19	73	40	15	31	18	..
Total separations (number)	48,320	20,117	7,742	820,617	51,365	..	948,161

(a) Diagnosis relates to that recorded during the last hospital episode before discharge from the hospital system (see Box 1.1). See Appendix C for a list of conditions included in ICD-10-AM chapters. Note that hospital separations with a principal diagnosis of 'Awaiting admission elsewhere (Z75.1)' have been removed from the ICD-10-AM chapter (Ed.2) 'Factors influencing health status and contact with health services' and presented separately.

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.

Table 3.20: Summary of movements from hospital into RAC for people aged 65+, by movement type and number of diagnoses, Australia, 2001–02

Number of diagnoses	Returning to permanent RAC	To permanent RAC	To respite RAC	Total	Unadjusted number	As per cent of all live hospital separations: estimated range	
						Row per cent	Est'd min %	Est'd max %
One diagnosis	76.2	16.0	7.8	100.0	5,609	3.7	4.1
2–4 diagnoses	73.1	17.0	9.9	100.0	27,850	6.6	7.3
5–9 diagnoses	59.5	29.8	10.8	100.0	32,558	12.1	13.5
10 or more diagnoses	42.5	47.2	10.3	100.0	10,115	19.1	21.2
All	63.4	26.4	10.2	100.0	..	8.5	9.5
Total separations	48,294	20,099	7,739	..	76,132	895,923	

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups. Estimated minimum per cent to RAC is based on unadjusted figures; estimated maximum per cent to RAC is derived by applying the maximum adjustment to all identified transition records (see Box 2.1).
2. The number of diagnoses recorded relates to those recorded during the last hospital episode before discharge from the hospital system (see Box 1.1).
3. Age is as at time of hospital admission.
4. 47 records were excluded due to missing diagnosis codes.

Table 3.21: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+, by movement type and number of diagnoses, Australia, 2001–02 (unadjusted hospital separations)

Number of diagnoses	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
One diagnosis	900	436	3,661	2.1 : 1
2–4 diagnoses	4,736	2,761	8,240	1.7 : 1
5–9 diagnoses	9,687	3,504	10,725	2.8 : 1
10 or more diagnoses	4,776	1,038	12,515	4.6 : 1
All	20,099	7,739	27,838	2.6 : 1

Notes

1. Table is based on linked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. The number of diagnoses recorded relates to those recorded during the last hospital episode before discharge from the hospital system (see Box 1.1).
3. Age is as at time of hospital admission.
4. 47 records were excluded due to missing diagnosis codes.

Table 3.22: Hospital separations for people aged 65+, by movement type, age and number of diagnoses, Australia, 2001–02 (unadjusted)

Age/number of diagnoses	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	N
	Column per cent						
One diagnosis	8.8	4.5	5.6	17.7	2.4	16.0	151,905
2–4 diagnoses	42.1	23.6	35.7	48.3	24.8	46.1	436,889
5–9 diagnoses	40.1	48.2	45.3	28.7	47.5	30.9	292,498
10 or more diagnoses	8.9	23.8	13.4	5.2	25.3	7.0	65,952
Total	100.0	100.0	100.0	100.0	100.0	100.0	..
Total separations (number)	48,294	20,099	7,739	819,791	51,321	..	947,244

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. The number of diagnoses recorded relates to those recorded during the last hospital episode before discharge from the hospital system (see Box 1.1).
3. Age is as at time of hospital admission.
4. 917 records were excluded due to missing diagnosis codes.

3.5 Regional profile

The type of care received in hospital varied with the remoteness of the patient's usual residence and movement type (Table 3.23). Across all movement types except death, the percentage of acute care episodes increased with remoteness. For example, one-half of hospital episodes for people from major cities who moved into permanent RAC were for acute care, compared with 58% of episodes for those from remote and very remote areas.

Rehabilitative hospital episodes were far more common for people who usually lived in major cities than in other regions for all movement types. For example, 17% of hospital episodes for people from a major city who moved into respite RAC were for rehabilitation, compared with 6–7% for people from inner and outer regional areas and 3% for those from remote and very remote areas (Table 3.23). Maintenance episodes were more frequent amongst people who moved from regions outside of major cities into permanent RAC (26%–31% for regional and remote areas versus 19% for major cities).

The time spent in hospital varied according to the post-hospital destination and the remoteness of the person's usual residence (Table 3.24). Generally, hospital episodes for people moving either temporarily into or returning to RAC were shorter for people from more remote areas. For example, hospital episodes for people returning to RAC in major cities lasted a median length of 6 days (mean of 8.9 days), compared with a median of 4 days (mean of 5.9 days) for those from remote areas and a median of 3 days (mean of 6.7 days) for those from very remote areas. Hospital episodes for people moving into respite RAC from hospital were shorter for people from more remote areas, with a median of 14 days for people who usually lived in major cities and inner regional areas, compared with medians of 10 and 5.5 days for people from remote and very remote areas, respectively. Mean lengths of stay followed a similar pattern.

The association of hospital episode length and remoteness for people moving into permanent RAC from hospital was more complex. Median episode length for these hospital episodes decreased with increasing remoteness of usual residence, with a median of 24 days in major cities and 20 days for people from very remote areas. In contrast, for people who moved into permanent RAC the mean length of hospital episode generally increased with remoteness, with a mean of 35.8 days for people from major cities and 54.3 and 46.7 days for those who usually lived in remote and very remote areas, respectively. This indicates that among people moving into permanent RAC from hospital, some people from remote areas stayed in hospital a great deal longer than those who came from major cities. In particular, at least 10% of episodes for people from outer regional areas who were discharged into permanent RAC lasted 94 days or more compared with 69 days for people from major cities. For people from remote areas the 90th percentile for length of stay was 104 days. These differences could either reflect a greater need to ensure medical stability before discharging people from more remote regions (due to greater difficulty in accessing health services quickly) or could indicate difficulties in accessing permanent RAC suited to the person's needs in more remote areas.

While the median lengths of hospital episodes for people who died in hospital were similar across all regions (7–8 days), the mean and 90th percentile increased with remoteness of usual residence. Episodes for people from major cities who died in hospital had a mean of 13.6 days compared with 50.1 for people from very remote regions. Similarly, at least 10% of people from major cities and inner regional areas who died in hospital spent more than 30 days in hospital, compared with 76 days for people from very remote areas.

Table 3.23: Hospital separations for people aged 65+, by movement type, hospital care type and remoteness of person prior to admission into hospital, 2001–02 (unadjusted)

Movement type/hospital care type	Major cities	Inner regional	Outer regional	Remote and very remote	Australia	N
Return to permanent RAC		Column per cent				
Acute	91.6	94.8	96.6	97.9	92.8	44,679
Rehabilitation	5.4	3.0	2.2	0.9	4.5	2,180
Palliative	0.4	0.4	0.2	<0.9	0.4	171
GEM	1.3	1.0	0.4	—	1.1	551
Psychogeriatric	0.7	0.1	<0.1	—	0.5	228
Maintenance	0.6	0.7	0.4	<0.9	0.6	283
Other	0.1	0.1	<0.1	<0.9	0.1	42
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
<i>Total separations (number)</i>	<i>32,526</i>	<i>10,386</i>	<i>4,686</i>	<i>536</i>	<i>..</i>	<i>48,134</i>
To permanent RAC						
Acute	50.0	53.1	54.1	57.9	51.0	10,226
Rehabilitation	12.4	6.3	5.4	7.9	10.5	2,104
Palliative	1.9	1.9	<1.8	<4.0	1.9	373
GEM	9.9	5.5	2.2	—	8.3	1,664
Psychogeriatric	1.1	0.6	<0.3	—	0.9	186
Maintenance	19.1	26.1	30.6	30.7	21.6	4,332
Other	5.6	6.4	6.1	<4.0	5.8	1,158
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
<i>Total separations (number)</i>	<i>14,073</i>	<i>4,197</i>	<i>1,633</i>	<i>140</i>	<i>..</i>	<i>20,043</i>
To respite RAC						
Acute	71.6	75.4	75.3	83.2	73.4	5,662
Rehabilitation	17.1	7.0	6.0	3.4	12.7	978
Palliative	0.8	0.9	1.5	<3.4	1.0	74
GEM	2.0	2.3	1.2	—	2.0	151
Psychogeriatric	1.0	0.2	<0.5	<3.4	0.7	52
Maintenance	7.1	11.7	14.9	10.7	9.4	726
Other	0.4	2.4	<1.0	<3.4	1.0	76
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
<i>Total separations (number)</i>	<i>4,510</i>	<i>2,018</i>	<i>1,042</i>	<i>149</i>	<i>..</i>	<i>7,719</i>

(continued)

Table 3.23 (continued): Hospital separations for people aged 65+, by movement type, hospital care type and remoteness of person prior to admission into hospital, 2001-02 (unadjusted)

Movement type/hospital care type	Major cities	Inner regional	Outer regional	Remote and very remote	Australia	N
To community/other			Column per cent			
Acute	91.8	94.8	95.7	95.1	93.1	755,596
Rehabilitation	5.8	3.0	1.9	1.3	4.6	37,189
Palliative	0.5	0.6	0.5	0.4	0.5	4,367
GEM	0.9	0.7	0.3	0.1	0.7	6,008
Psychogeriatric	0.2	—	—	—	0.1	911
Maintenance	0.4	0.8	1.4	2.9	0.7	5,344
Other	0.4	0.1	0.1	0.2	0.3	2,336
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
<i>Total separations (number)</i>	<i>501,819</i>	<i>198,025</i>	<i>95,390</i>	<i>16,517</i>	<i>..</i>	<i>811,751</i>
Died in hospital						
Acute	77.6	77.7	77.5	74.7	77.5	39,744
Rehabilitation	1.4	0.9	0.8	<1.1	1.2	607
Palliative	17.8	16.1	14.0	14.1	16.9	8,666
GEM	1.4	1.1	0.3	—	1.2	623
Psychogeriatric	0.1	—	0.1	—	0.1	56
Maintenance	1.3	3.3	6.7	10.2	2.5	1,301
Other	0.3	0.9	0.7	<0.6	0.5	253
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
<i>Total separations (number)</i>	<i>32,927</i>	<i>11,681</i>	<i>5,758</i>	<i>884</i>	<i>..</i>	<i>51,250</i>
All						
Acute	89.9	93.0	93.9	93.8	91.2	855,907
Rehabilitation	5.8	3.0	2.0	1.3	4.6	43,058
Palliative	1.5	1.4	1.2	1.1	1.5	13,651
GEM	1.2	0.8	0.3	0.1	1.0	8,997
Psychogeriatric	0.2	0.1	0.1	—	0.2	1,433
Maintenance	0.9	1.5	2.2	3.5	1.3	11,986
Other	0.5	0.3	0.2	0.2	0.4	3,865
Total	100.0	100.0	100.0	100.0	100.0	..
Total separations (number)	585,855	226,307	108,509	18,226	..	938,897

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. The table uses the Australian Standard Geographical Classification Remoteness Structure as developed by the ABS (ABS 2001b).
4. Newborn care types, organ procurement and hospital boarders were excluded from the table (1 case).
5. 6,107 records with unknown care type were excluded from the table. All of these records related to separations from Tasmanian hospitals; 6,095 were from private hospitals.
6. 3,667 records were excluded due to missing valid postcodes for remoteness coding. One further record was excluded due to missing hospital care type.

Table 3.24: Hospital separations for people aged 65+: mean, median and 90th percentile of length of stay, by movement type and remoteness of person prior to admission into hospital, 2001–02 (unadjusted)

Movement type	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia	N
Mean (days)							
Return to permanent RAC	8.9	7.6	7.1	5.9	6.7	8.4	48,302
To permanent RAC	35.8	41.0	51.1	54.3	46.7	38.2	20,096
To respite RAC	19.7	19.8	18.7	14.8	9.8	19.5	7,728
To community/other	7.4	6.7	6.9	6.2	7.1	7.1	817,114
Died in hospital	13.6	18.4	30.5	49.2	50.1	17.3	51,253
All	8.6	8.1	8.9	8.8	9.3	8.5	..
Median (days)							
Return to permanent RAC	6	5	5	4	3	6	48,302
To permanent RAC	24	23	23	20	21	24	20,096
To respite RAC	14	14	11	10	5.5	14	7,728
To community/other	4	4	4	4	4	4	817,114
Died in hospital	8	7	7	8	7	7	51,253
All	5	4	4	4	4	5	..
90th percentile (days)							
Return to permanent RAC	20	17	16	13	12	19	48,302
To permanent RAC	69	79	97	104	n.p.	73	20,096
To respite RAC	41	40	37	34	n.p.	40	7,728
To community/other	16	14	14	13	14	15	817,114
Died in hospital	30	30	38	43	76	31	51,253
All	19	16	16	14	15	18	..
Total separations (number)	585,855	230,808	109,496	13,420	4,914	..	944,493

Notes

1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Age is as at time of hospital admission.
3. The table uses the Australian Standard Geographical Classification Remoteness Structure as developed by the ABS (ABS 2001b).
4. 3,667 records were missing valid postcodes for remoteness coding.