

## 6 People with selected health conditions

In Section 3 it was seen that the prevalence of disease groups varied considerably with post-hospital destination, while the analyses in Section 5 showed that certain condition groups were associated with discharge to RAC and/or survival following admission to permanent RAC. In this section, outcomes for hospital patients with three conditions are examined in more detail: people in hospital with dementia, stroke, or as the result of injury due to a fall (Box 6.1). The first two conditions contribute significantly to the burden of disease among both men and women aged 75 (15% and 23%, respectively), while falls are significant particularly among older women (2% of burden of disease) (AIHW 2007b:65). In addition, unlike episodes of care for many other health conditions, in many cases hospitalisations for injury due to external causes may be avoidable through injury prevention practices (see also AIHW: Karmel et al. 2007b:16–18).

### Box 6.1: Definition of selected diseases using ICD-10-AM Ed. 2 codes

<i>Dementia</i>	<i>F00–F03, G30–G32</i>
<i>Stroke</i>	<i>I60–I64</i>
<i>Injury from a fall</i>	<i>principal diagnosis S00–T98, with external cause W00–W19</i>

In the following discussion it needs to be remembered that the diagnosis information available for hospital episodes relates to conditions that contribute to the complexity and cost of patient treatment (see Box 1.1). Consequently, a patient may have a health condition that was not reported for a specific hospital episode if it was not seen as affecting treatment. This is particularly relevant for people with dementia, so that the prevalence of dementia as a reported diagnosis is considerably less than the underlying prevalence in the patient population.

For people returning to or entering permanent care from hospital we can compare the hospital diagnosis for dementia with a RAC dementia index (derived from RCS information) which has three categories of no dementia, possible dementia and probable dementia. Such comparisons show that many more people were classified in RAC as possibly or probably having dementia than had a diagnosis of dementia recorded in the hospital data (Table 6.1). Only 29% of transitions from hospital to permanent RAC had an associated hospital diagnosis of dementia whereas 50% of these transitions were for people identified as possibly having dementia using the RAC dementia index and 25% were for people who probably had dementia. For those without a hospital diagnosis of dementia about two-thirds (68%) were for people classified by the RAC index as possibly or probably having dementia. A small proportion of people (8%) who did not have dementia according to the RAC index had a hospital diagnosis of dementia.

**Table 6.1: Transitions from hospital into RAC for people aged 65+: hospital diagnosis of dementia compared with the RAC dementia index, 2001–02 (unadjusted)**

RAC dementia index	With any hospital dementia diagnosis			N
	No	Yes	Total	
<b>Row per cent</b>				
No dementia	91.8	8.2	100.0	16,710
Possible dementia	70.7	29.3	100.0	33,772
Probable dementia	50.6	49.4	100.0	16,693
<b>All</b>	<b>71.0</b>	<b>29.0</b>	<b>100.0</b>	<b>..</b>
<b>Column per cent</b>				
No dementia	32.2	7.1	24.9	16,710
Possible dementia	50.1	50.7	50.3	33,772
Probable dementia	17.7	42.3	24.9	16,693
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total admissions/returns (number)</b>	<b>47,668</b>	<b>19,507</b>	<b>..</b>	<b>67,175</b>

*Notes*

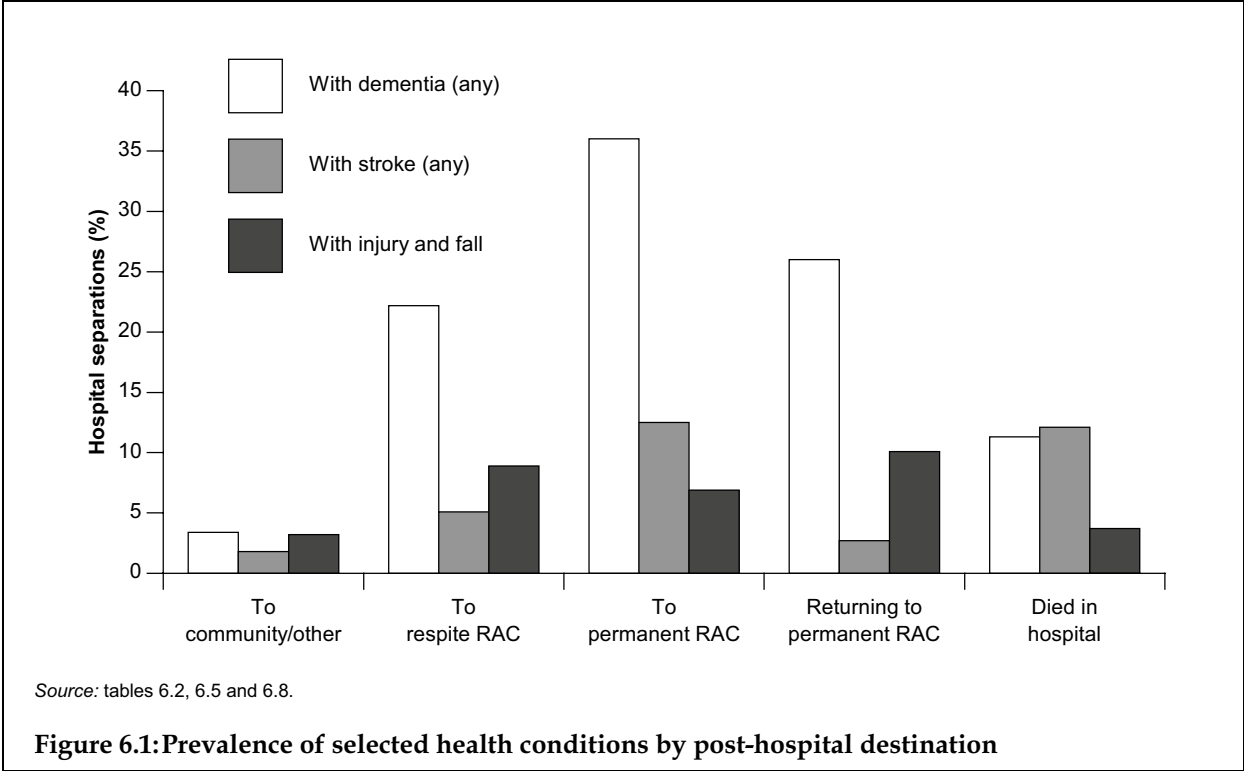
1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Table includes linked admissions into permanent RAC from hospital and returns to permanent RAC following a period in hospital.
3. 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.
4. RAC dementia index is derived from the Resident Classification Scale questions on communication (question 1) and understanding (question 8)—see AIHW 2004:Table 3.23 for derivation.
5. Age is as at time of hospital admission.

## 6.1 Prevalence of selected conditions

Overall, among hospital episodes lasting at least one night and ending with the patient leaving hospital 6% had dementia reported among the diagnoses, 3% included a diagnosis of stroke and 4% had a principal diagnosis of injury caused by a fall (tables 6.2, 6.5 and 6.8). The prevalence of the three conditions was different in the various post-hospital destination groups, with the patterns across these groups varying with condition (Figure 6.1). However, all three were individually reported in 2%–3% of hospital episodes which ended with the patient returning to the community.

Dementia was most commonly reported among patients who were admitted to permanent RAC following their period in hospital (in 36% of separations), followed by 26% of those returning to permanent care and 22% of those moving to respite RAC (Table 6.2, Figure 6.1). A diagnosis of stroke was also most prevalent among people moving into permanent RAC (13%), but unlike the other two conditions, had a similarly high prevalence among deaths in hospital (Table 6.5). Injury caused by a fall as the principal diagnosis was most common among people returning to permanent RAC and people admitted to respite care following

their hospital separation (10% and 9% of such transitions,  $p > 0.05$ ) (Table 6.8).<sup>2</sup> Injury from a fall was a little less common as the principal diagnosis among people admitted into permanent RAC (7%). As expected, for all conditions prevalence was lowest among episodes ending with a return to the community (3% for both dementia and injury from a fall, and 2% for stroke).



Overall, dementia was more commonly recorded as a diagnosis in a hospital episode as age increased and more often for women than for men (Table 6.2). Similar patterns were evident for people in hospital as a result of injury caused by a fall (Table 6.8), but while age differences were apparent, the proportion of hospital episodes with a reported diagnosis of stroke was similar for men and women (Table 6.5).

The patterns of prevalence of the selected conditions by age and sex differed noticeably across the post-hospital destination groups. Among people either returning or moving to permanent care from hospital, similar proportions of men and women had a hospital diagnosis of dementia (25% and 26% of transitions, respectively) (Table 6.2). In contrast, a slightly greater proportion of admissions to respite care for men were associated with a hospital diagnosis of dementia than those for women: 25% compared with 21% ( $p < 0.01$ ). Furthermore, while the prevalence of dementia increased with age both for hospital episodes ending with death or a return to the community, among transitions to RAC prevalence peaked in the 85–89 age group.

The main difference observed between prevalence of stroke for men and women was among hospital episodes in which the patient died: stroke was reported as a diagnosis in 14% of hospital episodes in which women died compared with 10% for men, and this difference was

<sup>2</sup> Unless stated otherwise, discussed differences between percentages are statistically significant at the 5% level at least; that is,  $p < 0.05$ .

seen for all age groups except the oldest (95+) where the difference was not statistically significant (Table 6.5). In contrast, men who moved to respite RAC were slightly more likely to have a diagnosis of stroke than women. As seen for dementia, the age pattern of prevalence of stroke was different for the various transition groups, with prevalence generally decreasing as age increased among people moving into permanent or respite residential care, but generally increasing with age among episodes ending in death or a return to the community.

As expected, there was a strong association between sex and age and being in hospital as the result of a fall (Table 6.8). For all transitions groups, the prevalence of a principal diagnosis of injury with an external cause of fall increased with age and was greater for women than for men.

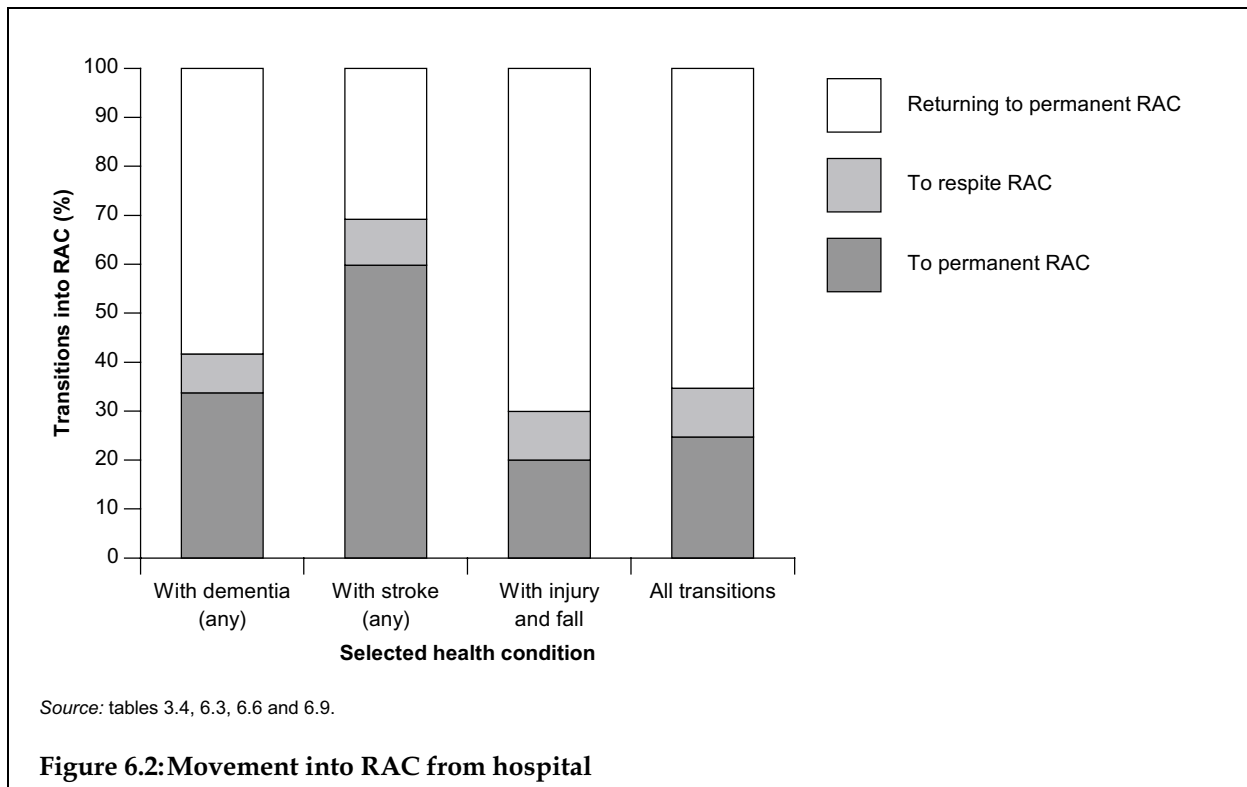
## 6.2 Characteristics of people leaving hospital

The proportion of hospital separations (excluding deaths) associated with a transition to RAC was higher for older than for younger patients for all three health conditions (tables 6.3, 6.6 and 6.9). For people with a hospital diagnosis of dementia or stroke, in all age groups women were more likely than men to be discharged to RAC. However, among those in hospital because of a fall, this was the case only for people aged 80 and over.

For hospital separations with a diagnosis of dementia recorded, 58% of transitions to RAC were for people already in permanent care (Table 6.3), while for stroke the corresponding figure was just 31% (Table 6.6). On the other hand, a high proportion of hospital separations with stroke reported as a diagnosis and which were followed by admission into RAC were for permanent care, with permanent admissions being more than six times as common as admissions for respite care (Table 6.7). Dementia was less likely to be associated with a permanent admission (Table 6.4); however, permanent admissions were still four times more common than respite admissions where a diagnosis of dementia was reported for the hospital episode.

People who had been in hospital due to injury from a fall were more likely to be returning to RAC than people who had been in hospital because of other health conditions (tables 6.3, 6.6 and 6.9). In particular, 70% of transitions into RAC in which the principal diagnosis was injury resulting from a fall were for people already living in RAC, compared with 65% across all health conditions (Figure 6.2, Table 6.9). In addition, among admissions into RAC for this group, a relatively low proportion were for permanent care, with a permanent to respite care admission ratio of 2.0 to 1 (compared with an overall rate of 2.6 to 1 – see Table 2.3).

Among transitions to RAC where there was a diagnosis of dementia, the proportion relating to people already in permanent care increased with age, and consequently the proportion being admitted into permanent care decreased with increasing age (Table 6.3). In addition, the ratio of permanent to respite care admissions increased with age for people aged 75 and over (Table 6.4). These patterns were evident for both men and women.



Women entering RAC from hospital with a diagnosis of stroke were more likely than men to be returning to care (34% versus 25%; Table 6.3). The likelihood of a transition to RAC being for a person who was already a permanent resident increased with age, and for people aged over 75, the ratio of permanent to respite admissions was also higher for older people (Table 6.4). However, for people with stroke, while the proportion of transitions associated with people returning to permanent care increased with age (Table 6.6), there did not seem to be a consistent association between age and the relative rate of permanent and respite care admissions (Table 6.7).

For men moving from hospital to RAC after a fall, increasing age did not seem to be consistently associated with the type of transition being made (Table 6.9). However, for women aged 75 years and older, as age increased the transitions were more likely to be a return to permanent care and less likely to be for respite care. As age increased, admissions were increasingly more likely to be for permanent care rather than respite care (Table 6.10).

**Table 6.2: Hospital separations for people aged 65+ with any diagnosis of dementia, by sex and movement type, 2001-02 (unadjusted)**

Sex/age	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/other	Died in hospital	All	With dementia	All
<b>Men</b>	<b>Per cent with dementia</b>					<b>Number</b>		
65-69	15.4	28.8	13.1	0.8	2.4	1.2	1,063	92,306
70-74	23.0	29.1	21.2	1.5	4.7	2.3	2,517	109,564
75-79	23.9	33.4	26.5	2.6	8.0	4.1	4,579	112,804
80-84	27.3	38.6	27.8	4.5	12.4	7.2	5,826	80,936
85-89	28.2	38.7	27.7	7.1	17.7	11.3	5,001	44,296
90-94	25.0	38.2	23.6	9.5	18.5	14.6	2,095	14,363
95+	22.8	30.6	18.0	8.8	22.9	15.3	400	2,609
<i>All</i>	25.3	35.7	25.2	2.8	10.1	4.7	..	..
<i>With dementia (number)</i>	3,876	2,718	684	11,475	2,728	..	..	..
<i>Total separations (number)</i>	15,346	7,621	2,718	404,223	26,970	..	21,481	456,878
<b>Women</b>								
65-69	15.6	24.9	8.1	0.7	2.5	1.0	772	75,568
70-74	19.2	28.7	15.4	1.5	4.5	2.2	2,114	94,437
75-79	24.4	35.7	19.5	3.2	8.1	4.9	5,499	111,145
80-84	26.7	38.8	22.9	5.5	13.9	8.9	8,809	99,037
85-89	28.2	39.1	22.6	8.4	18.4	13.7	9,828	71,994
90-94	27.5	34.8	20.5	10.8	21.1	17.1	5,266	30,760
95+	25.9	31.8	14.6	12.7	20.8	18.9	1,406	7,424
<i>All</i>	26.3	36.3	20.6	3.9	12.7	6.9	..	..
<i>With dementia (number)</i>	8,673	4,526	1,036	16,377	3,082	..	..	..
<i>Total separations (number)</i>	32,948	12,478	5,021	415,567	24,351	..	33,694	490,365
<b>All</b>								
65-69	15.5	27.0	10.7	0.8	2.5	1.1	1,835	167,874
70-74	21.1	28.9	18.0	1.5	4.6	2.3	4,631	204,001
75-79	24.2	34.6	22.4	2.9	8.1	4.5	10,078	223,949
80-84	26.9	38.7	24.6	5.0	13.1	8.1	14,635	179,973
85-89	28.2	38.9	24.1	7.9	18.0	12.8	14,829	116,290
90-94	27.0	35.7	21.4	10.4	20.1	16.3	7,361	45,123
95+	25.3	31.5	15.4	11.6	21.5	18.0	1,806	10,033
<b>All</b>	<b>26.0</b>	<b>36.0</b>	<b>22.2</b>	<b>3.4</b>	<b>11.3</b>	<b>5.8</b>	..	..
<b>With dementia (number)</b>	<b>12,549</b>	<b>7,244</b>	<b>1,720</b>	<b>27,852</b>	<b>5,810</b>	..	..	..
<b>Total separations (number)</b>	<b>48,294</b>	<b>20,099</b>	<b>7,739</b>	<b>819,790</b>	<b>51,321</b>	..	<b>55,175</b>	<b>947,243</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 878 records were excluded due to missing diagnosis information.

**Table 6.3: Summary of movements from hospital into RAC for people aged 65+ with any diagnosis of dementia, by movement type, Australia, 2001–02 (unadjusted)**

<b>Sex/age</b>	<b>Returning to permanent RAC</b>	<b>To permanent RAC</b>	<b>To respite RAC</b>	<b>Total</b>	<b>Unadjusted number</b>	<b>As per cent of all live hospital separations: estimated range</b>	
<b>Men with dementia</b>	<b>Row per cent</b>					<b>Est'd min %</b>	<b>Est'd max %</b>
65–69	49.1	43.1	7.9	100.0	267	27.2	30.2
70–74	55.4	35.0	9.6	100.0	749	32.8	36.5
75–79	49.5	38.8	11.7	100.0	1,394	34.3	38.1
80–84	51.3	38.7	10.0	100.0	2,018	39.4	43.8
85–89	55.3	36.3	8.4	100.0	1,821	43.0	47.9
90–94	57.1	35.4	7.6	100.0	857	48.4	53.9
95+	62.8	32.0	5.2	100.0	172	56.8	63.1
<i>All</i>	53.3	37.3	9.4	100.0	..	38.8	43.2
<i>Total separations (N)</i>	3,876	2,718	684	..	7,278	18,753	
<b>Women with dementia</b>							
65–69	53.5	40.8	5.6	100.0	213	29.6	32.9
70–74	51.6	38.8	9.6	100.0	649	32.9	36.6
75–79	54.8	35.8	9.3	100.0	1,889	36.9	41.1
80–84	57.2	33.8	9.0	100.0	3,607	44.7	49.7
85–89	62.8	30.4	6.8	100.0	4,506	50.8	56.5
90–94	67.4	27.6	5.0	100.0	2,630	56.5	62.8
95+	70.6	26.5	3.0	100.0	741	61.0	67.9
<i>All</i>	60.9	31.8	7.3	100.0	..	46.5	51.7
<i>Total separations (N)</i>	8,673	4,526	1,036	..	14,235	30,612	
<b>All with dementia</b>							
65–69	51.0	42.1	6.9	100.0	480	28.2	31.4
70–74	53.6	36.8	9.6	100.0	1,398	32.9	36.6
75–79	52.6	37.1	10.3	100.0	3,283	35.8	39.8
80–84	55.1	35.5	9.4	100.0	5,625	42.7	47.5
85–89	60.6	32.1	7.3	100.0	6,327	48.3	53.7
90–94	64.8	29.5	5.6	100.0	3,487	54.3	60.4
95+	69.1	27.5	3.4	100.0	913	60.2	66.9
<b>All</b>	<b>58.3</b>	<b>33.7</b>	<b>8.0</b>	<b>100.0</b>	<b>..</b>	<b>43.6</b>	<b>48.5</b>
<b>Total separations (number)</b>	<b>12,549</b>	<b>7,244</b>	<b>1,720</b>	<b>..</b>	<b>21,513</b>	<b>49,365</b>	

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 67 records were excluded due to missing diagnosis information.

**Table 6.4: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+ with any diagnosis of dementia, by movement type, Australia, 2001–02 (unadjusted hospital separations)**

Sex/age	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
<b>Men with dementia</b>	<b>Number (unadjusted hospital separations)</b>			<b>Ratio</b>
65–69	115	21	136	5.5 : 1
70–74	262	72	334	3.6 : 1
75–79	541	163	704	3.3 : 1
80–84	781	201	982	3.9 : 1
85–89	661	153	814	4.3 : 1
90–94	303	65	368	4.7 : 1
95+	55	9	64	6.1 : 1
<i>All</i>	<i>2,718</i>	<i>684</i>	<i>3,402</i>	<i>4.0 : 1</i>
<b>Women with dementia</b>				
65–69	87	12	99	7.3 : 1
70–74	252	62	314	4.1 : 1
75–79	677	176	853	3.8 : 1
80–84	1,218	325	1,543	3.7 : 1
85–89	1,369	308	1,677	4.8 : 1
90–94	727	131	858	5.5 : 1
95+	196	22	218	8.9 : 1
<i>All</i>	<i>4,526</i>	<i>1,036</i>	<i>5,562</i>	<i>4.4 : 1</i>
<b>All with dementia</b>				
65–69	202	33	235	6.1 : 1
70–74	514	134	648	3.8 : 1
75–79	1,218	339	1,557	3.6 : 1
80–84	1,999	526	2,525	3.8 : 1
85–89	2,030	461	2,491	4.4 : 1
90–94	1,030	196	1,226	5.3 : 1
95+	251	31	282	8.1 : 1
<b>All</b>	<b>7,244</b>	<b>1,720</b>	<b>8,964</b>	<b>4.2 : 1</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 67 records were excluded due to missing diagnosis information.

**Table 6.5: Hospital separations for people aged 65+ with any diagnosis of stroke, by sex and movement type, 2001-02 (unadjusted)**

Sex/Age	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/other	Died in hospital	All	With stroke	All
<b>Men</b>	<b>Per cent with stroke</b>						<b>Number</b>	
65-69	1.5	16.8	8.1	1.6	8.9	1.9	1,796	92,306
70-74	2.6	15.5	8.2	1.8	9.0	2.3	2,530	109,564
75-79	3.0	13.5	6.0	2.0	9.9	2.6	2,967	112,804
80-84	2.5	12.5	6.6	2.3	10.9	3.2	2,577	80,936
85-89	2.1	12.1	4.3	2.3	12.2	3.7	1,639	44,296
90-94	2.6	9.0	4.7	2.2	11.8	3.9	558	14,363
95+	1.5	8.3	n.p.	1.6	11.6	3.7	96	2,609
<i>All</i>	2.4	12.7	6.1	1.9	10.3	2.7	..	..
<i>With stroke (number)</i>	373	969	165	7,865	2,791	..	..	..
<i>Total separations (number)</i>	15,346	7,621	2,718	404,223	26,970	..	12,163	456,878
<b>Women</b>								
65-69	3.3	14.9	n.p.	1.1	8.6	1.4	1,078	75,568
70-74	2.7	14.7	5.2	1.4	10.4	1.9	1,774	94,437
75-79	2.9	14.1	4.9	1.8	13.0	2.6	2,851	111,145
80-84	2.9	13.5	5.1	2.1	15.1	3.2	3,204	99,037
85-89	2.9	11.9	4.8	2.3	16.5	3.9	2,812	71,994
90-94	2.6	10.0	2.7	2.0	17.4	4.1	1,275	30,760
95+	2.4	7.0	4.0	2.0	13.7	4.0	298	7,424
<i>All</i>	2.8	12.4	4.6	1.7	14.1	2.7	..	..
<i>With stroke (number)</i>	919	1,542	230	7,179	3,422	..	..	..
<i>Total separations (number)</i>	32,948	12,478	5,021	415,567	24,351	..	13,292	490,365
<b>All</b>								
65-69	2.3	15.9	5.5	1.4	8.8	1.7	2,874	167,874
70-74	2.6	15.1	6.6	1.6	9.5	2.1	4,304	204,001
75-79	2.9	13.8	5.3	1.9	11.2	2.6	5,818	223,949
80-84	2.7	13.1	5.6	2.2	13.0	3.2	5,781	179,973
85-89	2.7	12.0	4.7	2.3	14.6	3.8	4,451	116,290
90-94	2.6	9.7	3.3	2.1	15.3	4.1	1,833	45,123
95+	2.2	7.3	4.0	1.9	13.0	3.9	394	10,033
<b>All</b>	<b>2.7</b>	<b>12.5</b>	<b>5.1</b>	<b>1.8</b>	<b>12.1</b>	<b>2.7</b>	..	..
<b>With stroke (number)</b>	<b>1,292</b>	<b>2,511</b>	<b>395</b>	<b>15,044</b>	<b>6,213</b>	..	..	..
<b>Total separations (number)</b>	<b>48,294</b>	<b>20,099</b>	<b>7,739</b>	<b>819,790</b>	<b>51,321</b>	..	<b>25,455</b>	<b>947,243</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 878 records were excluded due to missing diagnosis information.

**Table 6.6: Summary of movements from hospital into RAC for people aged 65+ with any diagnosis of stroke, by movement type, 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	
<b>Men with stroke</b>	<b>Row per cent</b>					<b>Est'd min %</b>	<b>Est'd max %</b>
65-69	14.0	>64.5	<21.5	100.0	93	6.2	6.9
70-74	22.0	65.0	13.1	100.0	214	10.3	11.5
75-79	25.7	63.6	10.8	100.0	343	14.7	16.3
80-84	23.7	64.1	12.2	100.0	393	20.1	22.4
85-89	24.5	67.6	7.8	100.0	306	27.6	30.7
90-94	37.3	53.0	9.7	100.0	134	38.4	42.7
95+	29.2	>50.0	<20.8	100.0	24	51.1	56.8
<i>All</i>	<i>24.8</i>	<i>64.3</i>	<i>10.9</i>	<i>100.0</i>	<i>..</i>	<i>16.1</i>	<i>17.9</i>
<i>Total separations (N)</i>	<i>373</i>	<i>969</i>		<i>..</i>	<i>1,507</i>	<i>9,372</i>	
<b>Women with stroke</b>							
65-69	30.0	>63.8	<6.3	100.0	80	8.9	9.9
70-74	23.9	65.5	10.7	100.0	197	13.7	15.2
75-79	28.1	61.8	10.1	100.0	434	19.4	21.6
80-84	31.2	58.8	10.0	100.0	719	30.0	33.4
85-89	37.4	54.1	8.6	100.0	771	39.5	44.0
90-94	42.2	53.4	4.3	100.0	393	50.8	56.5
95+	49.5	>40.2	<10.3	100.0	97	56.4	62.7
<i>All</i>	<i>34.2</i>	<i>57.3</i>	<i>8.5</i>	<i>100.0</i>	<i>..</i>	<i>27.3</i>	<i>30.3</i>
<i>Total separations (N)</i>	<i>919</i>	<i>1,542</i>		<i>..</i>	<i>2,691</i>	<i>9,870</i>	
<b>All with stroke</b>							
65-69	21.4	68.8	9.8	100.0	173	7.2	8.0
70-74	22.9	65.2	11.9	100.0	411	11.7	13.0
75-79	27.0	62.5	10.4	100.0	777	17.0	18.9
80-84	28.5	60.7	10.8	100.0	1,112	25.6	28.5
85-89	33.7	57.9	8.4	100.0	1,077	35.2	39.2
90-94	41.0	53.3	5.7	100.0	527	46.9	52.2
95+	45.5	47.9	6.6	100.0	121	55.3	61.5
<b>All</b>	<b>30.8</b>	<b>59.8</b>	<b>9.4</b>	<b>100.0</b>	<b>..</b>	<b>21.8</b>	<b>24.3</b>
<b>Total separations (number)</b>	<b>1,292</b>	<b>2,511</b>	<b>395</b>	<b>..</b>	<b>4,198</b>	<b>19,242</b>	

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 67 records were excluded due to missing diagnosis information.

**Table 6.7: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+ with any diagnosis of stroke, by movement type, Australia, 2001–02 (unadjusted hospital separations)**

Sex/age	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
<b>Men with stroke</b>	<b>Number (unadjusted hospital separations)</b>			<b>Ratio</b>
65–69	>60	<20	80	n.p. : 1
70–74	139	28	167	5.0 : 1
75–79	218	37	255	5.9 : 1
80–84	252	48	300	5.3 : 1
85–89	207	24	231	8.6 : 1
90–94	71	13	84	5.5 : 1
95+	>12	<5	17	n.p. : 1
<i>All</i>	969	165	1,134	5.9 : 1
<b>Women with stroke</b>				
65–69	>51	<5	56	n.p. : 1
70–74	129	21	150	6.1 : 1
75–79	268	44	312	6.1 : 1
80–84	423	72	495	5.9 : 1
85–89	417	66	483	6.3 : 1
90–94	210	17	227	12.4 : 1
95+	>39	<10	49	n.p. : 1
<i>All</i>	1,542	230	1,772	6.7 : 1
<b>All with stroke</b>				
65–69	119	17	136	7.0 : 1
70–74	268	49	317	5.5 : 1
75–79	486	81	567	6.0 : 1
80–84	675	120	795	5.6 : 1
85–89	624	90	714	6.9 : 1
90–94	281	30	311	9.4 : 1
95+	58	8	66	7.3 : 1
<b>All</b>	<b>2,511</b>	<b>395</b>	<b>2,906</b>	<b>6.4 : 1</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 67 records were excluded due to missing diagnosis information.

**Table 6.8: Hospital separations for people aged 65+ with principal diagnosis of injury and external cause of fall, by sex and movement type, 2001–02 (unadjusted)**

Sex/Age	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/other	Died in hospital	All	With injury caused by fall	All
<b>Men</b>	<b>Per cent with injury caused by fall</b>						<b>Number</b>	
65–69	4.6	2.8	3.8	1.5	1.1	1.5	1,386	92,306
70–74	5.5	2.4	4.7	1.4	1.1	1.5	1,637	109,564
75–79	5.6	4.0	4.7	1.6	2.1	1.8	2,021	112,804
80–84	6.0	3.8	5.0	2.2	2.8	2.5	1,996	80,936
85–89	7.7	5.5	5.8	3.1	4.4	3.7	1,635	44,296
90–94	8.5	6.8	8.7	4.4	6.2	5.4	776	14,363
95+	10.8	7.8	n.p.	6.2	10.6	7.9	206	2,609
<i>Total</i>	6.6	4.4	5.4	1.8	2.7	2.1	..	..
<i>With injury caused by fall (number)</i>	1,019	337	147	7,422	732	..	..	..
<i>Total separations (number)</i>	15,346	7,621	2,718	404,223	26,970	..	9,657	456,878
<b>Women</b>	<b>Per cent with injury caused by fall</b>						<b>Number</b>	
65–69	7.5	4.3	6.1	2.8	0.9	2.8	2,090	75,568
70–74	8.0	5.1	6.9	3.3	1.8	3.3	3,147	94,437
75–79	9.2	5.1	10.3	4.0	2.6	4.2	4,674	111,145
80–84	10.9	8.2	10.8	5.3	4.9	5.9	5,836	99,037
85–89	12.1	9.9	10.7	6.7	6.4	7.6	5,503	71,994
90–94	13.6	10.8	13.3	9.0	8.3	10.1	3,107	30,760
95+	16.9	11.5	16.6	11.3	11.8	13.0	966	7,424
<i>Total</i>	11.7	8.4	10.7	4.5	4.7	5.2	..	..
<i>With injury caused by fall (number)</i>	3,862	1,054	539	18,725	1,143	..	..	..
<i>Total separations (number)</i>	32,948	12,478	5,021	415,567	24,351	..	25,323	490,365
<b>All</b>	<b>Per cent with injury caused by fall</b>						<b>Number</b>	
65–69	5.9	3.5	4.9	2.1	1.0	2.1	3,476	167,874
70–74	6.7	3.8	5.9	2.3	1.4	2.3	4,784	204,001
75–79	7.8	4.6	8.0	2.8	2.3	3.0	6,695	223,949
80–84	9.3	6.5	8.8	3.9	3.8	4.4	7,832	179,973
85–89	11.0	8.4	9.3	5.2	5.5	6.1	7,138	116,290
90–94	12.4	9.7	11.9	7.4	7.5	8.6	3,883	45,123
95+	15.7	10.7	14.4	9.9	11.5	11.7	1,172	10,033
<b>Total</b>	<b>10.1</b>	<b>6.9</b>	<b>8.9</b>	<b>3.2</b>	<b>3.7</b>	<b>3.7</b>	..	..
<b>With injury caused by fall (number)</b>	<b>4,881</b>	<b>1,391</b>	<b>686</b>	<b>26,147</b>	<b>1,875</b>	..	..	..
<b>Total separations (number)</b>	<b>48,294</b>	<b>20,099</b>	<b>7,739</b>	<b>819,790</b>	<b>51,321</b>	..	<b>34,980</b>	<b>947,243</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 878 records were excluded due to missing diagnosis information.

**Table 6.9: Summary of movements from hospital into RAC for people aged 65+ with principal diagnosis of injury and external cause of fall, by movement type, 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	
<b>Men with injury and fall</b>		<b>Row per cent</b>				<b>Est'd min %</b>	<b>Est'd max %</b>
65–69	69.6	>16.1	<14.3	100.0	56	4.2	4.6
70–74	72.3	16.1	11.7	100.0	137	8.7	9.6
75–79	63.3	25.4	11.3	100.0	256	13.6	15.1
80–84	66.9	22.6	10.6	100.0	341	18.6	20.7
85–89	68.5	23.5	8.0	100.0	400	27.7	30.8
90–94	68.0	22.1	9.8	100.0	244	36.6	40.7
95+	73.9	>18.8	<7.2	100.0	69	42.9	47.7
<i>All</i>	<i>67.8</i>	<i>22.4</i>	<i>9.8</i>	<i>100.0</i>	<i>..</i>	<i>16.8</i>	<i>18.7</i>
<i>Total separations (number)</i>	<i>1,019</i>	<i>337</i>	<i>147</i>	<i>..</i>	<i>1,503</i>	<i>8,925</i>	
<b>Women with injury and fall</b>							
65–69	69.6	>17.7	<12.7	100.0	79	3.8	4.2
70–74	65.6	21.2	13.2	100.0	212	6.9	7.6
75–79	67.5	16.5	16.0	100.0	581	12.8	14.2
80–84	67.4	20.4	12.2	100.0	1,254	22.5	25.0
85–89	71.2	20.2	8.5	100.0	1,709	33.1	36.8
90–94	73.8	19.0	7.2	100.0	1,183	41.3	45.9
95+	78.0	>15.1	<6.9	100.0	437	51.0	56.7
<i>All</i>	<i>70.8</i>	<i>19.3</i>	<i>9.9</i>	<i>100.0</i>	<i>..</i>	<i>22.6</i>	<i>25.1</i>
<i>Total separations (number)</i>	<i>3,862</i>	<i>1,054</i>	<i>539</i>	<i>..</i>	<i>5,455</i>	<i>24,180</i>	
<b>All with injury and fall</b>							
65–69	69.6	19.3	11.1	100.0	135	3.9	4.4
70–74	68.2	19.2	12.6	100.0	349	7.5	8.3
75–79	66.2	19.2	14.6	100.0	837	13.0	14.5
80–84	67.3	20.9	11.8	100.0	1,595	21.5	23.9
85–89	70.7	20.9	8.4	100.0	2,109	31.9	35.5
90–94	72.8	19.6	7.6	100.0	1,427	40.4	44.9
95+	77.5	16.8	5.7	100.0	506	49.7	55.3
<b>All</b>	<b>70.1</b>	<b>20.0</b>	<b>9.9</b>	<b>100.0</b>	<b>..</b>	<b>21.0</b>	<b>23.4</b>
<b>Total separations (number)</b>	<b>4,881</b>	<b>1,391</b>	<b>686</b>	<b>..</b>	<b>6,958</b>	<b>33,105</b>	

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 67 records were excluded due to missing diagnosis information.

**Table 6.10: Ratio of permanent to respite admissions from hospital into RAC for people aged 65+ with any diagnosis of injury and external cause of fall, by movement type, Australia, 2001-02 (unadjusted hospital separations)**

Sex/age	To permanent RAC	To respite RAC	Total	Permanent : respite admissions
<b>Men with injury and fall</b>	<b>Number (unadjusted hospital separations)</b>			<b>Ratio</b>
65-69	>9	<8	17	n.p. : 1
70-74	22	16	38	1.4 : 1
75-79	65	29	94	2.2 : 1
80-84	77	36	113	2.1 : 1
85-89	94	32	126	2.9 : 1
90-94	54	24	78	2.3 : 1
95+	>13	<5	18	n.p. : 1
<i>All</i>	337	147	484	2.3 : 1
<b>Women with injury and fall</b>				
65-69	>14	<10	24	n.p. : 1
70-74	45	28	73	1.6 : 1
75-79	96	93	189	1.0 : 1
80-84	256	153	409	1.7 : 1
85-89	346	146	492	2.4 : 1
90-94	225	85	310	2.6 : 1
95+	>66	<30	96	n.p. : 1
<i>All</i>	1,054	539	1,593	2.0 : 1
<b>All with injury and fall</b>				
65-69	26	15	41	1.7 : 1
70-74	67	44	111	1.5 : 1
75-79	161	122	283	1.3 : 1
80-84	333	189	522	1.8 : 1
85-89	440	178	618	2.5 : 1
90-94	279	109	388	2.6 : 1
95+	85	29	114	2.9 : 1
<b>All</b>	<b>1,391</b>	<b>686</b>	<b>2,077</b>	<b>2.0 : 1</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. 67 records were excluded due to missing diagnosis information.

### 6.3 Hospital care characteristics

Overall, exiting hospital episodes with a recorded diagnosis of stroke or dementia were less likely than others to have been for acute care (71% and 81% of separations for all such hospital episodes, respectively, compared with the average of 91%). This was true irrespective of movement type. On the other hand, those episodes with a principal diagnosis of injury from a fall were highly likely to have been for acute care (over 85% for all movement groups, and 98% overall) (Figure 6.3, tables 6.11, 6.12 and 6.13).

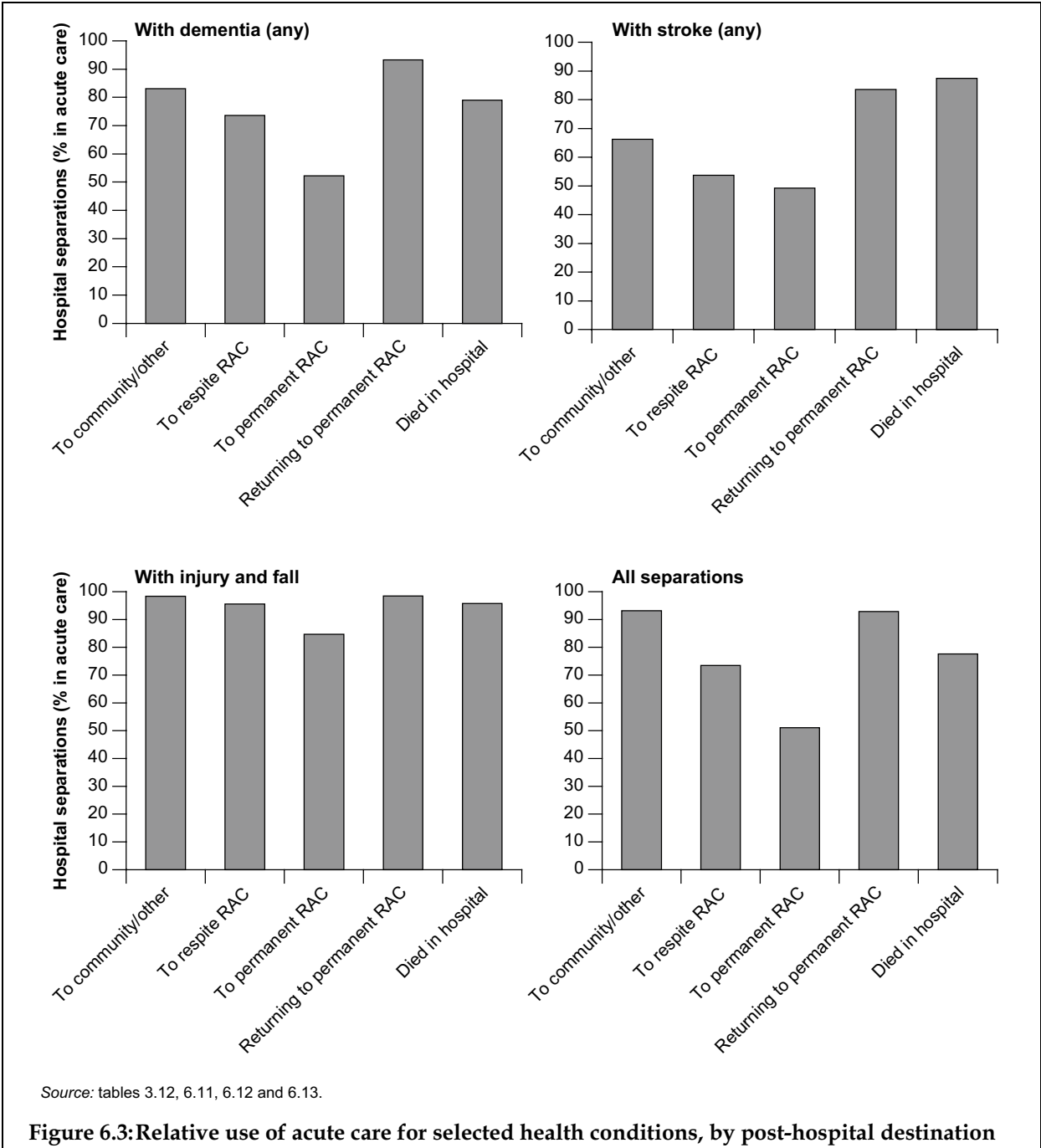


Figure 6.3: Relative use of acute care for selected health conditions, by post-hospital destination

Generally, people with a diagnosis of dementia were more likely to be receiving maintenance care before discharge from hospital (7%) than people without this diagnosis (1%) (Table 6.11). Among transition groups, the difference in patterns of care type between people with and without dementia was greatest among the group of people returning to the community. For this group 83% of people with dementia were discharged from acute care compared with 93% of those without dementia.

People with stroke were less likely to be in acute care prior to leaving hospital and more likely to be in rehabilitation than others, whether they moved to RAC or to the community (Table 6.12). The largest differences were for those who moved to respite care (54% with stroke were in acute care compared to 74% of those without a diagnosis of stroke) or back to the community (66% compared with 94%).

For all transition groups, people with a diagnosis of injury due to a fall were more likely to be receiving acute care prior to leaving hospital and less likely to be in rehabilitation, with the largest differences observed among those entering RAC (Table 6.13). For those moving into permanent RAC, 85% of those in hospital due to a fall were discharged from acute care compared with 49% in hospital for other reasons. For those moving into respite care the corresponding figures were 96% and 71%.

For people who died in hospital, those with a diagnosis of dementia or who had a principal diagnosis of injury as a result of a fall were less likely to be receiving palliative care than other people (9% compared with 18% and 2% compared with 17%, respectively).

People moving to RAC following a period in hospital with any of the three conditions under consideration had relatively high care needs once in RAC (Table 6.14). The largest difference was for dementia with 79% of people with a hospital diagnosis of dementia being high care compared with 54% of people without such a diagnosis. The comparative proportions for diagnoses of stroke and fall were 79% versus 60%, and 74% versus 60%, respectively.

For each condition the smallest difference in care needs was for people admitted into RAC for permanent care. For example, 87% of admissions for those with a diagnosis of dementia were for high care compared with 80% of admissions for people without. In comparison, when dementia was recorded as a diagnosis in hospital, high care was needed for 56% of respite admissions while among similar transitions without such a diagnosis 39% of admissions were for high care. Although the differences were not as large, similar patterns were seen for people with a hospital diagnosis of stroke or in hospital because of a fall. The highest differences in care needs were for people returning to RAC from hospital leave with a diagnosis of dementia or who were in hospital because of a fall. For dementia, 77% of people returning to RAC with a diagnosis of dementia were high care compared with 48% without this diagnosis; for injury the comparable proportions were 73% and 53%.

**Table 6.11: Hospital separations for people aged 65+, by any diagnosis of dementia, movement type and hospital care type, 2001–02 (unadjusted)**

Sex/hospital care type	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All	All
<b>With dementia</b>	<b>Per cent</b>					<b>Number</b>	
Acute	93.3	52.2	73.6	83.1	79.0	80.6	44,363
Rehabilitation	3.3	7.7	7.9	7.2	1.7	5.8	3,214
Palliative	0.2	0.6	0.3	0.5	8.8	1.3	728
GEM	1.2	8.8	2.6	3.0	2.1	3.2	1,779
Psychogeriatric	1.0	2.1	1.5	1.1	0.7	1.2	668
Maintenance	0.8	23.4	13.1	4.4	6.6	6.6	3,627
Other	0.1	5.1	1.0	0.7	1.1	1.2	649
<i>Total</i>	<i>100.0</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 (N)</i>	<i>12,525</i>	<i>7,233</i>	<i>1,719</i>	<i>27,741</i>	<i>5,810</i>	<i>..</i>	<i>55,028</i>
<b>Without dementia</b>							
Acute	92.7	50.4	73.3	93.4	77.4	91.8	814,567
Rehabilitation	4.9	12.1	14.0	4.5	1.1	4.5	39,907
Palliative	0.4	2.6	1.1	0.5	17.9	1.5	12,950
GEM	1.1	8.0	1.8	0.7	1.1	0.8	7,229
Psychogeriatric	0.3	0.2	0.4	0.1	—	0.1	771
Maintenance	0.5	20.6	8.3	0.5	2.0	0.9	8,377
Other	0.1	6.1	1.0	0.3	0.4	0.4	3,224
<i>Total</i>	<i>100.0</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 (N)</i>	<i>35,627</i>	<i>12,831</i>	<i>6,014</i>	<i>787,003</i>	<i>45,550</i>	<i>..</i>	<i>887,025</i>
<b>All</b>	<b>Per cent with dementia</b>						
Acute	26.1	36.9	22.3	3.0	11.5	5.2	858,930
Rehabilitation	19.2	26.5	13.8	5.4	15.8	7.5	43,121
Palliative	17.5	12.1	8.1	3.1	5.9	5.3	13,678
GEM	26.5	38.2	29.8	13.8	19.2	19.7	9,008
Psychogeriatric	57.5	82.8	48.1	34.4	76.8	46.4	1,439
Maintenance	36.0	39.1	30.9	22.8	29.5	30.2	12,004
Other	33.3	32.0	23.7	7.9	24.4	16.8	3,873
<b>All</b>	<b>26.0</b>	<b>36.0</b>	<b>22.2</b>	<b>3.4</b>	<b>11.3</b>	<b>5.8</b>	<b>..</b>
<b>With dementia (number)</b>	<b>12,525</b>	<b>7,233</b>	<b>1,719</b>	<b>27,741</b>	<b>5,810</b>	<b>..</b>	<b>..</b>
<b>Total separations (number)</b>	<b>48,152</b>	<b>20,064</b>	<b>7,733</b>	<b>814,744</b>	<b>51,360</b>	<b>..</b>	<b>942,053</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. Newborn care types, organ procurement and hospital boarders were excluded from the tables (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.

**Table 6.12: Hospital separations for people aged 65+, by any diagnosis of stroke, movement type and hospital care type, 2001–02 (unadjusted)**

Sex/hospital care type	Return- ing to perm- anent RAC	To perm- anent RAC	To respite RAC	To comm- unity/ other	Died in hospital	All	All
<b>With stroke</b>	<b>Per cent</b>						<b>Number</b>
Acute	83.6	49.2	53.7	66.3	87.5	70.5	17,864
Rehabilitation	12.3	16.5	30.9	29.2	1.9	20.5	5,185
Palliative	0.5	0.5	0.3	0.2	6.1	1.7	429
GEM	2.1	6.4	2.3	2.3	1.0	2.4	605
Psychogeriatric	0.3	—	—	0.1	0.1	0.1	19
Maintenance	1.2	20.9	11.1	1.4	2.6	3.8	959
Other	0.1	6.4	1.8	0.5	0.7	1.1	287
<i>Total</i>	<i>100.0</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 (N)</i>	<i>1,288</i>	<i>2,502</i>	<i>395</i>	<i>14,951</i>	<i>6,212</i>	<i>..</i>	<i>25,348</i>
<b>Without stroke</b>							
Acute	93.1	51.3	74.4	93.6	76.2	91.7	841,066
Rehabilitation	4.3	9.6	11.7	4.1	1.1	4.1	37,936
Palliative	0.4	2.1	1.0	0.5	18.4	1.4	13,249
GEM	1.1	8.6	1.9	0.7	1.2	0.9	8,403
Psychogeriatric	0.5	1.1	0.7	0.1	0.1	0.2	1,420
Maintenance	0.6	21.7	9.3	0.6	2.5	1.2	11,045
Other	0.1	5.7	0.9	0.3	0.5	0.4	3,586
<i>Total</i>	<i>100.0</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 (N)</i>	<i>46,864</i>	<i>17,562</i>	<i>7,338</i>	<i>799,793</i>	<i>45,148</i>	<i>..</i>	<i>916,705</i>
<b>All</b>	<b>Per cent with stroke</b>						
Acute	2.4	12.0	3.7	1.3	13.6	2.1	858,930
Rehabilitation	7.2	19.6	12.5	11.7	19.8	12.0	43,121
Palliative	3.5	3.2	1.4	0.7	4.4	3.1	13,678
GEM	4.9	9.6	6.0	5.8	9.9	6.7	9,008
Psychogeriatric	1.8	0.5	—	0.9	10.7	1.3	1,439
Maintenance	5.3	12.1	6.1	4.0	12.5	8.0	12,004
Other	2.4	13.9	9.2	3.1	17.7	7.4	3,873
<b>All</b>	<b>2.7</b>	<b>12.5</b>	<b>5.1</b>	<b>1.8</b>	<b>12.1</b>	<b>2.7</b>	<b>..</b>
<b>With stroke (number)</b>	<b>1,288</b>	<b>2,502</b>	<b>395</b>	<b>14,951</b>	<b>6,212</b>	<b>..</b>	<b>..</b>
<b>Total separations (number)</b>	<b>48,152</b>	<b>20,064</b>	<b>7,733</b>	<b>814,744</b>	<b>51,360</b>	<b>..</b>	<b>942,053</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. Newborn care types, organ procurement and hospital boarders were excluded from the tables (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.

**Table 6.13: Hospital separations for people aged 65+, by principal diagnosis of injury caused by fall, movement type and hospital care type, 2001–02 (unadjusted)**

Sex/hospital care type	Return- ing to perm- anent RAC	To perm- anent RAC	To respite RAC	To comm- unity/ other	Died in hospital	All	All
<b>With injury and fall</b>	<b>Per cent</b>						<b>Number</b>
Acute	98.4	84.7	95.5	98.3	95.7	97.6	33,956
Rehabilitation	0.1	0.3	0.3	0.1	0.1	0.1	47
Palliative	0.1	0.1	0.1	0.1	2.3	0.2	62
GEM	1.2	8.4	2.2	1.2	1.2	1.5	528
Psychogeriatric	0.0	0.1	—	—	—	—	5
Maintenance	0.1	4.2	1.7	0.2	0.4	0.4	141
Other	0.0	2.2	0.1	0.1	0.2	0.2	68
<i>Total</i>	<i>100.0</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 (N)</i>	<i>4,870</i>	<i>1,390</i>	<i>686</i>	<i>25,986</i>	<i>1,875</i>	<i>..</i>	<i>34,807</i>
<b>Without injury and fall</b>							
Acute	92.2	48.5	71.2	92.9	76.9	90.9	824,974
Rehabilitation	5.0	11.3	13.8	4.7	1.2	4.7	43,074
Palliative	0.4	2.0	1.0	0.6	17.4	1.5	13,616
GEM	1.1	8.3	1.9	0.7	1.2	0.9	8,480
Psychogeriatric	0.5	1.0	0.7	0.1	0.1	0.2	1,434
Maintenance	0.6	22.9	10.1	0.7	2.6	1.3	11,863
Other	0.1	6.0	1.1	0.3	0.5	0.4	3,805
<i>Total</i>	<i>100.0</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 (N)</i>	<i>43,282</i>	<i>18,674</i>	<i>7,047</i>	<i>788,758</i>	<i>49,485</i>	<i>..</i>	<i>907,246</i>
<b>All</b>	<b>Per cent with injury and fall</b>						
Acute	10.7	11.5	11.5	3.4	4.5	4.0	858,930
Rehabilitation	0.2	0.2	0.2	0.1	0.3	0.1	43,121
Palliative	1.8	0.3	1.4	0.3	0.5	0.5	13,678
GEM	10.7	7.0	9.9	5.2	3.7	5.9	9,008
Psychogeriatric	0.9	0.5	—	0.2	—	0.3	1,439
Maintenance	2.1	1.4	1.7	1.0	0.6	1.2	12,004
Other	2.4	2.7	1.3	1.4	1.2	1.8	3,873
<b>All</b>	<b>10.1</b>	<b>6.9</b>	<b>8.9</b>	<b>3.2</b>	<b>3.7</b>	<b>3.7</b>	<b>..</b>
<b>With injury and fall (number)</b>	<b>4,870</b>	<b>1,390</b>	<b>686</b>	<b>25,986</b>	<b>1,875</b>	<b>..</b>	<b>..</b>
<b>Total separations (number)</b>	<b>48,152</b>	<b>20,064</b>	<b>7,733</b>	<b>814,744</b>	<b>51,360</b>	<b>..</b>	<b>942,053</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.
4. Newborn care types, organ procurement and hospital boarders were excluded from the tables (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.

**Table 6.14: People aged 65+ entering RAC from hospital, by hospital diagnosis, movement type and RCS care level, 2001-02 (unadjusted)**

Hospital diagnosis	Returning from hospital leave	To permanent RAC from hospital	To respite RAC from hospital	All
<b>Any dementia</b>				
With dementia: per cent high care	77.4	87.1	55.8	78.9
Without dementia: per cent high care	47.6	80.1	39.1	54.3
<i>All with dementia (number)</i>	<i>12,549</i>	<i>7,244</i>	<i>1,720</i>	<i>21,513</i>
<i>All without dementia (number)</i>	<i>35,770</i>	<i>12,873</i>	<i>6,022</i>	<i>54,665</i>
<b>Any stroke</b>				
With stroke: per cent high care	66.6	89.7	54.7	79.3
Without stroke: per cent high care	55.0	81.6	42.2	60.2
<i>All with stroke (number)</i>	<i>1,292</i>	<i>2,511</i>	<i>395</i>	<i>4,198</i>
<i>All without stroke (number)</i>	<i>47,027</i>	<i>17,606</i>	<i>7,347</i>	<i>71,980</i>
<b>Principal diagnosis of Injury and fall</b>				
With injury and fall: per cent high care	73.4	87.0	49.7	73.8
Without injury and fall: per cent high care	53.3	82.3	42.2	60.0
<i>All with injury and fall (number)</i>	<i>4,881</i>	<i>1,391</i>	<i>686</i>	<i>6,958</i>
<i>All without injury and fall (number)</i>	<i>43,438</i>	<i>18,726</i>	<i>7,056</i>	<i>69,220</i>
<b>All</b>				
<b>Per cent high care</b>	<b>55.3</b>	<b>82.6</b>	<b>42.8</b>	<b>61.2</b>
<b>Total (number)</b>	<b>48,319</b>	<b>20,117</b>	<b>7,742</b>	<b>76,178</b>

*Notes*

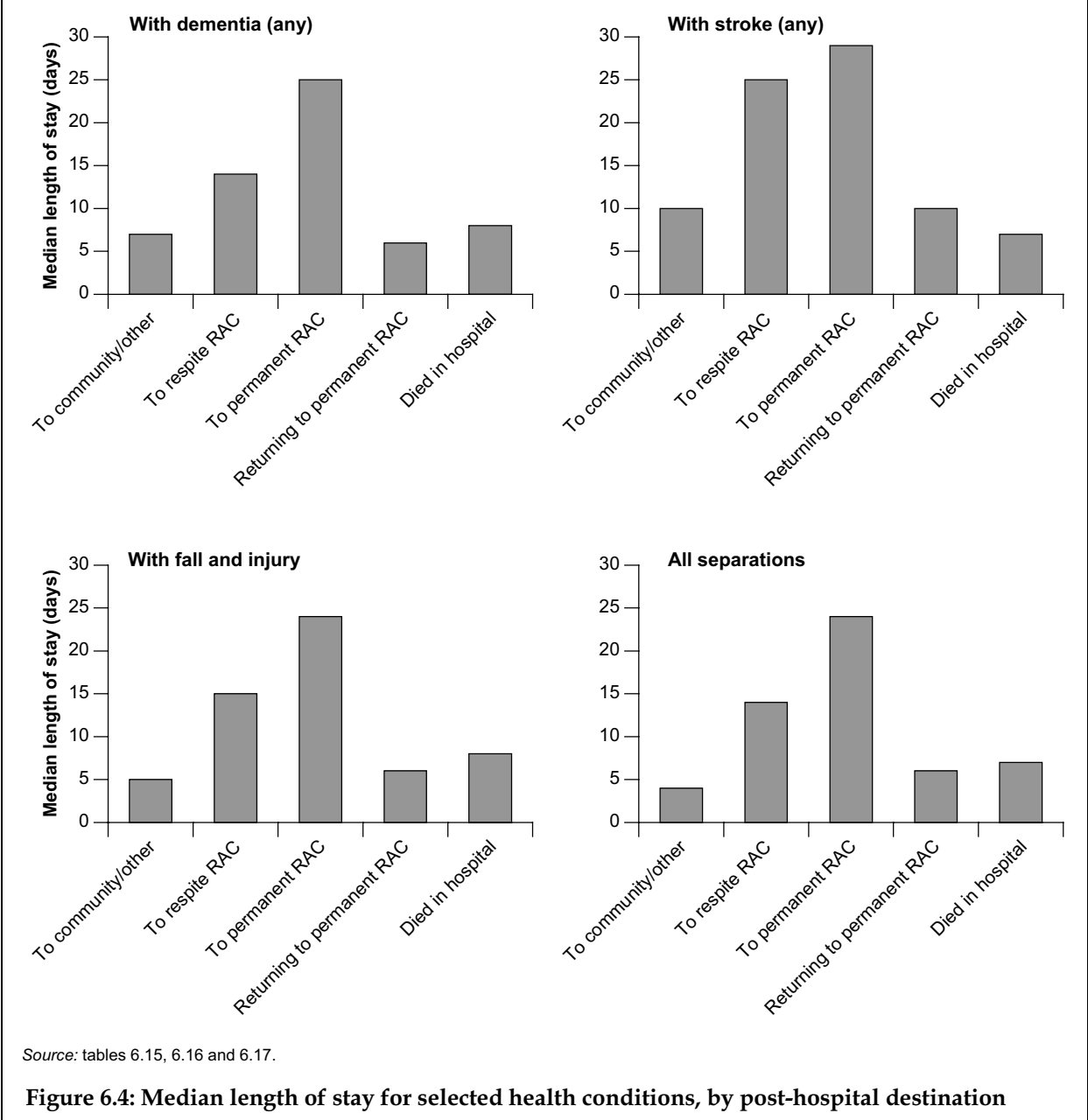
1. Table is based on linked and unlinked hospital and RAC records. See notes to Table 1.3 for information on identification of transition groups; see Box 2.1 concerning interpretation of unadjusted numbers.
2. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of RAC admission.
4. One record was excluded due to missing RCS care level.

## 6.4 Length of stay in hospital

Of the three conditions being examined, the presence of stroke had the greatest effect on length of stay in hospital (Figure 6.4). Excluding hospital episodes ending in death, episodes for people with a diagnosis of stroke were on average 4 to 10 days longer than those for people without such a diagnosis, depending on movement type. The greatest difference in median length of stay was seen for people moving to residential respite care: those with a diagnosis of stroke had a median length of hospital episode of 25 days compared with a median of 14 days for those without such a diagnosis (Table 6.16).

For people returning to permanent care, average length of stay was the same whether or not a diagnosis of dementia was recorded for the hospital episode (median of 6 days for both men and women and nearly all age groups) (Table 6.15). Whether or not the hospitalisation of the RAC resident was caused by a fall also did not affect the median length of stay (Table 6.17).

However, for other transition groups both these conditions were associated with slightly longer average stays. While length of stay varied with age and post-hospital destination (as seen earlier in Section 3.2), of the three conditions examined, only injury from a fall seemed to be associated with different patterns across the age groups.



**Table 6.15: Hospital separations for people aged 65+: median length of stay in hospital, by any dementia diagnosis, age and movement type, 2001-02 (unadjusted)**

Dementia diagnosis/age	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All
<b>With dementia</b>						
<b>Median (days)</b>						
65-69	6	28	10	8	10	9
70-74	6	29	17	7	9	8
75-79	6	25	14	7	9	8
80-84	6	25	16	7	8	8
85-89	6	24	14	7	8	8
90-94	6	22	15	7	8	8
95+	5	23	11	6	8	7
<i>All with dementia</i>	6	25	14	7	8	8
<b>Without dementia</b>						
65-69	6	26	14	3	7	4
70-74	6	23	13	4	7	4
75-79	6	25	15	4	7	4
80-84	6	23	14	5	8	5
85-89	6	23	13.5	5	7	6
90-94	6	22	13	5	7	6
95+	6	21	15	5	7	6
<i>All without dementia</i>	6	23	14	4	7	4
<b>All</b>						
65-69	6	26	14	3	7	4
70-74	6	25	14	4	7	4
75-79	6	25	14	4	8	5
80-84	6	24	14	5	8	5
85-89	6	23	14	5	7	6
90-94	6	22	13	6	7	6
95+	5	21	14	6	7	6
<b>All separations</b>	<b>6</b>	<b>24</b>	<b>14</b>	<b>4</b>	<b>7</b>	<b>5</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.

**Table 6.16: Hospital separations for people aged 65+: median length of stay in hospital, by any stroke diagnosis, age and movement type, 2001–02 (unadjusted)**

Stroke diagnosis/age	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All
<b>With stroke</b>			<b>Median (days)</b>			
65–69	8	38	25	9	5	9
70–74	11	33.5	29	10	6	10
75–79	9	31	28	10	7	11
80–84	10	30	24.5	11	8	12
85–89	10	28	25.5	12	7	12
90–94	10	27	21	12	7	11
95+	11	22	17.5	10	7	10
<i>All with stroke</i>	<i>10</i>	<i>29</i>	<i>25</i>	<i>10</i>	<i>7</i>	<i>11</i>
<b>Without stroke</b>						
65–69	6	25	13	3	8	3
70–74	6	23	13	4	7	4
75–79	6	24	14	4	8	4
80–84	6	23	14	5	8	5
85–89	6	23	13	5	7	6
90–94	6	21	13	6	7	6
95+	5	21	14	6	7	6
<i>All without stroke</i>	<i>6</i>	<i>23</i>	<i>14</i>	<i>4</i>	<i>7</i>	<i>4</i>
<b>All</b>						
65–69	6	26	14	3	7	4
70–74	6	25	14	4	7	4
75–79	6	25	14	4	8	5
80–84	6	24	14	5	8	5
85–89	6	23	14	5	7	6
90–94	6	22	13	6	7	6
95+	5	21	14	6	7	6
<b>All separations</b>	<b>6</b>	<b>24</b>	<b>14</b>	<b>4</b>	<b>7</b>	<b>5</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.

**Table 6.17: Hospital separations for people aged 65+: median length of stay in hospital, by principal diagnosis of injury caused by a fall, age and movement type, 2001-02 (unadjusted)**

Principal diagnosis injury with fall/age	Returning to permanent RAC	To permanent RAC	To respite RAC	To community/ other	Died in hospital	All
<b>With injury and fall</b>			<b>Median (days)</b>			
65-69	6	21.5	20	3	6	4
70-74	6	23	15.5	4	8	4
75-79	6	26	15	5	8	6
80-84	6	22	15	6	8	6
85-89	6	25	14	7	7	7
90-94	6	25	14	6	8	7
95+	6	24	15	6	8	7
<i>All with injury and fall</i>	6	24	15	5	8	6
<b>Without injury and fall</b>						
65-69	6	27	13	3	7	4
70-74	6	25	14	4	7	4
75-79	6	25	14	4	8	5
80-84	6	24	14	5	8	5
85-89	6	23	14	5	7	6
90-94	6	22	13	6	7	6
95+	5	21	14	6	7	6
<i>All without injury and fall</i>	6	23	14	4	7	5
<b>All</b>						
65-69	6	26	14	3	7	4
70-74	6	25	14	4	7	4
75-79	6	25	14	4	8	5
80-84	6	24	14	5	8	5
85-89	6	23	14	5	7	6
90-94	6	22	13	6	7	6
95+	5	21	14	6	7	6
<b>All separations</b>	<b>6</b>	<b>24</b>	<b>14</b>	<b>4</b>	<b>7</b>	<b>5</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of hospital admission.

## 6.5 Short-term use of residential aged care

People moving from hospital to respite RAC with a hospital diagnosis of dementia were more likely than those without such a diagnosis to return to the community within 12 weeks of admission (66% of people admitted to respite care with a hospital diagnosis of dementia compared with 52% of those without) (Table 6.18). However, a relatively large proportion (19% versus 11%) left respite care reporting that they were going to another RAC service—a move that was not identified as occurring within 4 weeks. As a result of the lower rate of returning to the community, people without a diagnosis of dementia were much more likely to be still in respite care at the 12 week mark (25% of those without a hospital diagnosis of dementia compared with 4% of those with such a diagnosis).

Among people moving into permanent care, the differences in short-term outcomes for those with and without a diagnosis of dementia were small: people with a hospital diagnosis of dementia were slightly more likely than others to end with a return to the community within 12 weeks (10% compared with 8%), and less likely to have died within that period (17% versus 20%).

Few people with a diagnosis of stroke moved from hospital to RAC for respite care (Table 6.19). Those that did were more likely than others to return to the community within 12 weeks (75% compared with 58%). Few people entering respite care from hospital with a diagnosis of stroke were still in RAC at 12 weeks. For people admitted to permanent care from hospital, relatively few with a hospital diagnosis of stroke returned to the community within 12 weeks (6% versus 9%). There was no significant difference between the proportions that were discharged to hospital or died in care within 12 weeks for those with and without stroke. As a result, more people with a stroke diagnosis were still in permanent care at the 12 week point than those without such a diagnosis.

As with stroke, relatively few people in hospital because of a fall moved from hospital to RAC for respite care, and those that did were more likely than others to return to the community within 12 weeks (77% compared with 58%) (Table 6.20). Consequently, few were still in residential care after 12 weeks. Similarly, among transitions to permanent care from hospital, relatively few residents who were in hospital due to a fall returned to the community within 12 weeks (7% versus 9%,  $p < 0.05$ ). There were no other significant differences in the short-term outcomes for people according to whether they had been in hospital because of a fall.

**Table 6.18: People aged 65+ returning to the community following RAC admission from hospital: any diagnosis of dementia, by admission type, 2001–02 (unadjusted)**

Movement following admission to RAC	Transition into respite RAC			Transition into permanent RAC			All into RAC	
	Any diagnosis of dementia		All	Any diagnosis of dementia		All	All	N
	Yes	No		Yes	No			
<b>Returned to the community within 12 weeks</b>	<b>Column per cent</b>							
Did not return to RAC within 4 weeks								
Left reported going to RAC	19.4	10.9	11.7	1.2	1.1	1.2	4.1	796
Other	46.6	40.7	41.2	7.3	6.0	6.4	16.2	3,136
<i>Subtotal</i>	<i>66.0</i>	<i>51.5</i>	<i>52.9</i>	<i>8.5</i>	<i>7.1</i>	<i>7.6</i>	<i>20.3</i>	<i>3,932</i>
Returned to RAC within 4 weeks								
Re-admission into respite RAC	1.6	5.0	4.7	—	—	—	1.3	253
Re-admission into permanent RAC	4.1	0.6	1.0	1.0	0.9	0.9	0.9	181
<i>Subtotal</i>	<i>5.6</i>	<i>5.6</i>	<i>5.6</i>	<i>1.0</i>	<i>0.9</i>	<i>0.9</i>	<i>2.2</i>	<i>434</i>
<i>Total returns to the community</i>	<i>71.7</i>	<i>57.1</i>	<i>58.5</i>	<i>9.5</i>	<i>8.0</i>	<i>8.5</i>	<i>22.5</i>	<i>4,366</i>
<b>Did not return to the community within 12 weeks</b>								
In respite RAC after 12 weeks	3.5	25.4	23.3	—	—	—	6.5	1,264
In permanent RAC after 12 weeks	2.5	0.9	1.0	71.4	70.6	70.9	51.3	9,953
Discharged to hospital within 12 weeks	15.0	11.0	11.3	2.3	1.7	1.9	4.5	875
Died in RAC within 12 weeks	7.4	5.7	5.8	16.7	19.7	18.8	15.1	2,937
<i>Total non-returners to the community</i>	<i>28.3</i>	<i>42.9</i>	<i>41.5</i>	<i>90.5</i>	<i>92.0</i>	<i>91.5</i>	<i>77.5</i>	<i>15,029</i>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100</b>	<b>..</b>
<b>Total (people)</b>	<b>515</b>	<b>4,912</b>	<b>5,427</b>	<b>4,553</b>	<b>9,415</b>	<b>13,968</b>	<b>..</b>	<b>19,395</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of initial RAC admission from hospital.
4. Table is based on first admission from hospital during the first 36 weeks of 2001–02 to allow a 12-week window to identify returns to the community followed by a 4-week window to identify unsuccessful returns.

**Table 6.19: People aged 65+ returning to the community following RAC admission from hospital: any diagnosis of stroke, by admission type, 2001–02 (unadjusted)**

Movement following admission to RAC	Transition into respite RAC			Transition into permanent RAC			All into RAC	
	Any diagnosis of stroke		All	Any diagnosis of stroke		All	All	N
	Yes	No		Yes	No			
<b>Returned to the community within 12 weeks</b>	<b>Column per cent</b>							
Did not return to RAC within 4 weeks								
Left reported going to RAC	22.6	11.4	11.7	0.5	1.3	1.2	4.1	796
Other	48.9	41.0	41.2	4.3	6.7	6.4	16.2	3,136
<i>Subtotal</i>	<i>71.5</i>	<i>52.4</i>	<i>52.9</i>	<i>4.8</i>	<i>7.9</i>	<i>7.6</i>	<i>20.3</i>	<i>3,932</i>
Returned to RAC within 4 weeks								
Re-admission into respite RAC	n.p.	4.7	4.7	—	—	—	1.3	253
Re-admission into permanent RAC	n.p.	0.9	1.0	0.8	0.9	0.9	0.9	181
<i>Subtotal</i>	<i>3.6</i>	<i>5.7</i>	<i>5.6</i>	<i>0.8</i>	<i>0.9</i>	<i>0.9</i>	<i>2.2</i>	<i>434</i>
<i>Total returns to the community</i>	<i>75.2</i>	<i>58.1</i>	<i>58.5</i>	<i>5.6</i>	<i>8.9</i>	<i>8.5</i>	<i>22.5</i>	<i>4,366</i>
<b>Did not return to the community within 12 weeks</b>								
In respite RAC after 12 weeks	<3.6	23.8	23.3	—	—	—	6.5	1,264
In permanent RAC after 12 weeks	<3.6	1.0	1.0	73.1	70.6	70.9	51.3	9,953
Discharged to hospital within 12 weeks	8.0	11.4	11.3	1.2	1.9	1.9	4.5	875
Died in RAC within 12 weeks	10.9	5.7	5.8	20.2	18.6	18.8	15.1	2,937
<i>Total non-returners to the community</i>	<i>24.8</i>	<i>41.9</i>	<i>41.5</i>	<i>94.4</i>	<i>91.1</i>	<i>91.5</i>	<i>77.5</i>	<i>15,029</i>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total (people)</b>	<b>137</b>	<b>5,290</b>	<b>5,427</b>	<b>1,552</b>	<b>12,416</b>	<b>13,968</b>	<b>..</b>	<b>19,395</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of initial RAC admission from hospital.
4. Table is based on first admission from hospital during the first 36 weeks of 2001–02 to allow a 12-week window to identify returns to the community followed by a 4-week window to identify unsuccessful returns.

**Table 6.20: People aged 65+ returning to the community following RAC admission from hospital: principal diagnosis of injury external cause of fall, by admission type, 2001–02 (unadjusted)**

Movement following admission to RAC	Transition into respite RAC			Transition into permanent RAC			All into RAC	
	Principal diagnosis of injury caused by a fall			Principal diagnosis of injury caused by a fall			All	N
	Yes	No	All	Yes	No	All		
<b>Returned to the community within 12 weeks</b>	<b>Column per cent</b>							
Did not return to RAC within 4 weeks								
Left reported going to RAC	16.3	11.4	11.7	0.8	1.2	1.2	4.1	796
Other	58.2	40.3	41.2	5.1	6.5	6.4	16.2	3,136
<i>Subtotal</i>	74.5	51.7	52.9	5.9	7.7	7.6	20.3	3,932
Returned to RAC within 4 weeks								
Re-admission into respite RAC	n.p.	4.9	4.7	—	—	—	1.3	253
Re-admission into permanent RAC	n.p.	0.9	1.0	0.9	0.9	0.9	0.9	181
<i>Subtotal</i>	2.8	5.8	5.6	0.9	0.9	0.9	2.2	434
<i>Total returns to the community</i>	77.3	57.5	58.5	6.8	8.6	8.5	22.5	4,366
<b>Did not return to the community within 12 weeks</b>								
In respite RAC after 12 weeks	<1.8	24.4	23.3	—	—	—	6.5	1,264
In permanent RAC after 12 weeks	<1.8	1.0	1.0	72.3	70.8	70.9	51.3	9,953
Discharged to hospital within 12 weeks	14.2	11.2	11.3	1.4	1.9	1.9	4.5	875
Died in RAC within 12 weeks	5.0	5.9	5.8	19.5	18.7	18.8	15.1	2,937
<i>Total non-returners to the community</i>	22.7	42.5	41.5	93.2	91.4	91.5	77.5	15,029
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	<b>100.0</b>	..
<b>Total (people)</b>	<b>282</b>	<b>5,145</b>	<b>5,427</b>	<b>847</b>	<b>13,121</b>	<b>13,968</b>	..	<b>19,395</b>

*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. Diagnoses relate to those recorded during the last hospital episode before discharge from the hospital system (see boxes 1.1 and 6.1).
3. Age is as at time of initial RAC admission from hospital.
4. Table is based on first admission from hospital during the first 36 weeks of 2001–02 to allow a 12-week window to identify returns to the community followed by a 4-week window to identify unsuccessful returns.