

Main features

Nursing homes

As at 30 June 1997, there were 1,466 nursing homes in Australia providing a total of 74,233 beds: an average of 51 beds per nursing home. While nursing homes varied in size (7% had 20 beds or fewer and 6% had more than 100 beds), a large proportion (43%) of nursing homes had 21 to 40 beds and another 28% had 41 to 60 beds. As expected, nursing homes in rural and remote areas were smaller than those in urban regions.

Nursing home bed supply declined during the year 1996–97, from 75,004 beds at 30 June 1996 to 74,233 beds at 30 June 1997. The ratio of beds to persons aged 70 and over also declined, from 50 beds per 1000 people aged 70 and over at 30 June 1996, to 48 beds per 1000 people aged 70 and over at 30 June 1997. The number of nursing homes fell by 6.

Almost half (48%) the beds were in nursing homes run by private for-profit organisations, with 38% of beds in nursing homes run by private not-for-profit organisations. The remaining 14% were in nursing homes run by State or local government. The number of beds decreased in both private for-profit and government nursing homes, while it increased in private not-for-profit nursing homes.

Over 26.5 million nursing home bed-days were used in Australia in 1996–97, 26.2 million for permanent care and 0.3 million for respite care. Overall, about 1% of occupied bed-days were used for respite purposes.

Nursing home beds exhibited high occupancy rates (97%) during 1996–97. The occupancy rate was higher in private not-for-profit (99%) and private for-profit nursing homes (98%) than for government homes (91%).

Nursing home residents

There were 72,543 residents in nursing homes on 30 June 1997, 139 fewer than a year ago.

Combining the number of people resident on 30 June 1997 (72,543) with the number of resident separations over the 12-month period prior to 1 July 1997 yields the finding that in total 108,628 people spent some time in a nursing home (for either permanent or respite care) during the period between 1 July 1996 and 30 June 1997. This represents an increase of 317 people from last year—a direct result of an increase in the number of respite residents.

Almost half (46%) those resident in nursing homes at 30 June 1997 were aged 85 and over. This pattern was very similar across the States and Territories, with the exception of the Northern Territory where only 26% of residents were aged 85 and over.

Nationally, there were 3,692 residents aged under 65 accommodated in nursing homes (comprising about 5% of all residents). For the Northern Territory, however, the proportion of residents aged under 65 was considerably higher at 20%.

The majority of residents (71%) were female. Female residents were older than male residents; over half the female residents were 85 years of age or older, compared with 30% of male residents.

Data concerning pension status were available for 72% of residents. Among them, 94% received a pension.

Of the 79% of residents for whom data were reported on Indigenous status, 518 (about 1%) identified as Indigenous people.

Almost all residents reported their birthplace and preferred language. One in five residents were born overseas. About 9% were born in the UK and Ireland and another 8% in other areas of Europe. Nationally, about 93% of residents indicated that English was their preferred language, and 6% other European languages. The remainder accounted for only about 1%.

Previous living arrangements

The majority of residents did not have a spouse at the time of admission. Of those who reported their marital status, 29% were either married or in a de facto relationship at the time of admission, while 55% were widowed. Women were substantially more likely to be widowed than men (66% compared to 27%), and much less likely than men to be married or in a de facto relationship (21% compared to 49%), single (9% and 16% respectively) or divorced (2% and 7% respectively).

Of those for whom data were available concerning their usual housing status prior to admission, the vast majority (59%) had lived in a house or flat. A further 30% had lived in a hostel prior to entering the nursing home, and 4% in a self-contained unit. Men were more likely to have lived in a house or flat than women (66% compared to 56%) while it was just the opposite in terms of transferring from a hostel (22% of men and 34% of women). This suggests that women are considerably more likely to follow a path moving through from lower to higher levels of care than are men, who appear more likely to enter at higher care levels. Thus, for example, 15,014 female nursing home residents had entered from a hostel, compared to only 4,005 men.

Prior to admission, about one-third of residents had lived alone, and another third with non-family members (after excluding the 14% for whom data were not available on their previous living arrangements). In keeping with the data reported above on marital status, women were more likely to have been living alone, and less likely to have been living with a spouse only, than were men.

Admissions from acute hospitals

Of those residents (82%) for whom data were available on whether or not they were in an acute hospital at the time of application for entry, the majority (61%) were in an acute hospital. This proportion was slightly higher for males (64%) than females (59%). Private for-profit nursing homes had the highest proportion of residents who had entered from acute hospitals (65%), while private not-for-profit homes had the lowest (55%). This proportion was 63% for government homes.

Length of stay

The distribution of length of stay for permanent residents at 30 June 1997 was skewed toward longer periods of stay. Only 9% of permanent residents had been in a nursing home for less than three months. About 21% had been resident for between three months and one

year, 50% for one to five years and 20% for five years or more. It should be noted that, for current residents, length of stay is an incomplete measure, showing the time that residents have spent in nursing homes but not how much more will be spent before leaving the nursing home.

Dependency levels

As expected, levels of dependency among nursing home residents were high. Over 56% of permanent residents at 30 June 1997 were assessed as requiring more than 23.5 hours of care each week (the highest 2 categories, 1 and 2, of the Resident Classification Instrument), and another 33% were assessed as requiring 19.5 to 23.5 hours of care (category 3). Resident dependency level increased during 1996–97. The proportion of residents in the highest categories (1 and 2) increased from 30 June 1996 to 30 June 1997, while the proportion in the three lower categories fell. The level of dependency did not differ according to the age or sex of residents. Dependency levels were similar among residents in the private not-for-profit, private for-profit organisations, or government sectors.

The dependency level of newly admitted permanent residents during 1996–97 was, on average, higher than that for current residents. This suggests that nursing homes are increasingly targeting people with higher levels of dependency. Further evidence of such a trend is found in the increasing proportion of current residents in higher categories and the decreasing proportion in lower categories over the longer term. In 1992, only 4.5%, 30.6%, 39.0%, 18.3% and 7.7% of residents were classified as categories 1 to 5 respectively (HHLGCS 1992:52) compared to 9.5%, 46.9%, 33.3%, 8.7% and 1.6% respectively in 1996.

Nursing home admissions and separations

Permanent residents

There were 44,864 admissions to nursing homes in the year 1996–97, of which 72% (32,252) were for permanent care. Among permanent admissions, about two-thirds were aged 80 or older (71% of females and 55% of males). The majority of permanent admissions were women (63%). Women had a much older age structure than men, with over 46% of women being 85 or older, compared to only 31% for men.

In the year 1996–97, there were 44,952 separations from nursing homes compared with 44,864 admissions. The slightly greater number of separations compared to admissions was largely accounted for by more respite separations (12,691) than admissions (12,612). Separations after a period of respite care accounted for 28% of total separations.

As expected, separated permanent residents had an older age profile than did residents admitted for permanent care. Over half the separated permanent residents were aged 85 years and over compared with 40% among those admitted for permanent care.

For those leaving permanent care, 88% died, 5% returned to the community, 2% moved to another nursing home and 2% were discharged to hospitals. Of those who died, 43% had stayed in the nursing home for less than one year, and 31% had stayed for less than six months. A smaller proportion (16%) died after a stay of five years or more. Returning to the community was more likely among residents with a shorter length of stay. Among those residents who returned to the community, more than 80% made that move within six months of admission. The likelihood of transferring to another nursing home or a hospital

decreased with increasing durations of stay. The likelihood of dying in the nursing home increased with longer durations of stay.

The pattern of separations differed somewhat among different types of nursing homes. Deaths accounted for 93% of separations in private not-for-profit homes, compared with 88% and 76% in private for-profit and government homes respectively. Separations were more likely to be associated with returning to the community or transferring to another nursing home in government homes than in private homes.

Respite residents

On 30 June 1997, respite residents made up less than 1% of all residents. This figure under-represents the importance of respite care, however, as it accounted for some 28% of 44,864 admissions during the 12-month period (1996–97). This apparent anomaly is explained by the short term nature of respite care; while a large number of respite residents are admitted over the course of the 12-month period, there are relatively few resident at any one point in time.

The proportion of respite residents increased from 1995–96 to 1996–97 (24% to 28%). About 45% of admissions in government homes were for respite care. The proportion of respite care admissions was much lower in private for-profit and private not-for-profit homes (22% and 26% respectively).

Women accounted for a higher proportion of respite admissions (57%) than did men (43%), but this male/female difference was much less marked for respite care than for permanent care. The age profile of those admitted for respite care was slightly younger than those admitted for permanent care; 55% were aged 80 or older (63% of females and 47% of males). As was the case for permanent admissions, however, women were markedly older than men among those admitted for respite care (40% of females and 23% of males were aged 85 years and over).

Over 57% of those leaving the nursing home after a period of respite care returned to the community. A further 16% were transferred to the same or another nursing home, 5% were discharged to hospitals, and 2% to a hostel. Deaths accounted for about 5%. Respite residents in private not-for-profit nursing homes were more likely to return to the community (74%) than were those in private for-profit homes (47%) and government homes, and less likely to die in a nursing home (3% compared to 7% and 6% respectively) or transfer to another nursing home (7% compared to 20%).

Characteristics of newly admitted residents

A new feature of this report is the addition of information on the characteristics of newly admitted residents (that is, during 1996–97). In these tables, data are presented separately for permanent and respite residents. This information reveals current trends in nursing home admissions, as distinct from current residents, some of whom were admitted many years ago. In a context where policy changes affecting nursing homes have been substantial over the past decade, differences (or the lack of differences) between new permanent admissions and current residents provide one set of indicators concerning the impact of policy changes. (As discussed earlier, over 99% of current residents were admitted for permanent care and therefore the characteristics of current residents are effectively the characteristics of current permanent residents.)

One significant difference applies to data quality. Overall, newly admitted residents have much higher reporting rates on resident characteristics than do current residents, indicating a marked improvement in data quality over time. Data were available on all required characteristics for virtually all newly admitted residents, excepting indigenous status (81% response) and pension status (95% response) where the rates were somewhat lower. Because of these differences in the proportion of missing data, comparisons of the characteristics of current residents and newly admitted permanent residents should only be undertaken after missing data have been excluded.

Perhaps counter-intuitively, comparison of current resident characteristics with those of newly admitted permanent residents show few apparent differences. Current residents tended to be slightly older than admitted residents (this difference was mainly evident among female residents, with very little difference between current and newly admitted male residents). The proportion of people who were born overseas was higher among newly admitted permanent residents than it was for current residents (20% of the current residents and 26% of newly admitted permanent residents). As already noted above with regard to dependency, newly admitted residents tended to have higher dependency levels, on average, than did current residents. For all other reported characteristics, there were few differences between the two populations.

Differences between permanent and respite admissions

People admitted for respite care showed considerably different characteristics from those admitted for permanent care. Those admitted for respite care were more likely, at the time of admission, to be living in the community with carers. While the vast majority of people admitted for both permanent and respite care were either married or widowed, those admitted for respite care were more likely to be married and less likely to be widowed than those admitted for permanent care. People admitted for respite care were also more likely to be living with a spouse than those admitted for permanent care. While respite admissions were less likely to be single and living alone than permanent admissions, it is noteworthy that 23% of respite admissions were living alone at the time of entry. On average, persons admitted for respite care were somewhat younger than those admitted for permanent care.

Over 82% of respite admissions were living in a house or flat and another 10% in a hostel prior to admission. These proportions compare to 58% and 31% of permanent admissions respectively. Respite admissions were much less likely to occur from an acute hospital (39%) than permanent admissions (63%).

Among those respite admissions who reported their indigenous status, about 1.4% were indigenous people compared with 0.6% of permanent admissions. However, it should be noted that the reporting rates were about 80% for both respite and permanent admissions.

There were no noteworthy differences in pension status, country of birth or preferred language between respite and permanent admissions.

State variations

Nursing homes

Nursing home bed provision levels varied across the States and Territories. The Australian Capital Territory had the lowest level of provision at 33.6 beds per 1000 people aged 70 and over. Victoria (43.5), Western Australia (45.4), Queensland (46.2) and South Australia (46.8) were all below the national average (47.6). Tasmania (50.8) and New South Wales (52.2) were both above the national average, and the Northern Territory had the highest level of provision at 59.3 beds per 1000 people aged 70 and over.

Sectoral differences were also apparent among the States and Territories. While more than half the nursing home beds were provided by the private for-profit sector in New South Wales and Western Australia, this proportion was lower elsewhere, particularly in Queensland (38%), the Northern Territory (19%) and Tasmania (17%). The private not-for-profit sector was at its largest in the Northern Territory (70%), Tasmania (64%) and South Australia (53%). Victoria had the largest proportion of government homes (28%), while New South Wales (7%) and South Australia (4%) had relatively few.

Nursing home size differed across jurisdictions. At the larger end of the continuum were the Australian Capital Territory (averaging 87 beds per home) and New South Wales (averaging 61 beds per home). At the smaller end were Victoria (averaging 39 beds per home) and the Northern Territory (averaging 30 beds per home). Victoria and Tasmania had a large proportion of small (20 or fewer beds) nursing homes—about 15% compared to under 3% in the other States and the Australian Capital Territory. In the Northern Territory, however, almost half the nursing homes (43%) fell into this category, and none had more than 60 beds.

Two thirds of the nursing homes in the Australian Capital Territory had more than 60 beds, as did 39% of those in New South Wales and 32% of those in Queensland. Victoria, South Australia and Tasmania had relatively few homes of this size (less than 13%).

Occupied bed-days for respite care accounted for about 1% of total occupied bed-days in all States, with smaller proportions provided in the Territories. All States and Territories had close to full occupancy, ranging from 96% in Victoria to almost 100% in the Australian Capital Territory.

Nursing home residents

The age profiles of residents were similar in all States, with those in the Territories being somewhat younger. In particular, one in five residents was aged under 65 in the Northern Territory, compared to a national average of one in twenty. The same proportion of young people were also found among newly admitted residents in the Northern Territory. This difference is largely explained by the larger proportion of Indigenous residents in Northern Territory nursing homes, who tend to be admitted at an earlier age than non-Indigenous residents.

Among those admitted for permanent care in 1996–97, the proportion who transferred from an acute hospital was above the national average (63%) in Western Australia (72%) and Victoria (70%) and below the national average in the Australian Capital Territory (40%), the Northern Territory (40%) Tasmania (51%) and Queensland (54%). Hospital transfers accounted for significantly higher proportions of people admitted for respite care in Western Australia (58%) and South Australia (51%) than was the case in the other States and

Territories (which ranged from 15% to 44%) in 1996–97. Nursing home respite care may have been used to varying extents for post acute care purposes in the States and Territories.

Indigenous people comprised a much higher proportion of admissions for both respite (47%) and permanent (51%) care in the Northern Territory than in most other States or in the Australian Capital Territory, where the proportions of Indigenous people among admissions was less than 1%. In Western Australia, Indigenous people comprised 1% of newly admitted permanent residents and 6% of respite residents.

Western Australia had the highest proportion of overseas-born newly admitted residents (38% of permanent admissions and 41% of respite admissions) compared to the national average of 25% for permanent admissions and 27% for respite admissions. Queensland, Tasmania and the Northern Territory had the lowest proportions (between 13 and 18% of permanent admissions and between 18 and 21% of respite admissions). The majority of migrants were born in the UK and Ireland.

In terms of preferred languages, some State and Territory based variations were also apparent. Among those admitted for permanent care, for example, the proportion of those who reported a preferred language other than English ranged from 12% in Victoria to 2% in Tasmania. The Northern Territory was an extreme outlier, with 45% preferring a language other than English (including 34% who preferred an Australian Indigenous language).

The separation mode for permanent residents varied slightly across the States and Territories, excepting the Northern Territory, which was again an extreme outlier. For the Northern Territory, the mortality rate among separations was low (58%), while a comparatively high proportion (29%) returned to the community. Among the remaining jurisdictions, Tasmania had the highest mortality rate (93%) and the lowest proportion returning to the community (3%), while New South Wales had the lowest mortality rate (87%) and the highest proportion returning to the community (7%).

For respite residents, State and Territory variations in separation mode were more marked than was the case for permanent residents. In Western Australia, 15% of respite separations were due to death compared with 0% in the Australian Capital Territory (while the national average was 5%). About 73% of respite separations returned to the community in Queensland, compared to only 39% in South Australia (with the national average being 57%). Those States and Territories that had a lower rate of return to the community tended to have higher rates of transfer to another nursing home. Thus, in Queensland only 6% of respite separations involved a transfer to another nursing home, whereas for South Australia the comparable figure was 32%.

The length of stay of nursing home separations varied among the States and Territories. Permanent separations in Western Australia and the Australian Capital Territory had the longest average length of stay (131 and 133 weeks respectively) and those in Victoria and the Northern Territory the shortest (113 and 90 weeks respectively). Respite separations had an average length of stay which varied from 2.7 weeks in Tasmania and the Australian Capital Territory to 3.8 weeks in South Australia.

Dependency levels among residents were quite consistent across the States and Territories.

