Australian Government
Australian Institute of Health and Welfare

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Health services used by younger people living in residential aged care

Published 30 April 2024

The aged care system is designed to support the needs of older Australians and is generally considered an unacceptable setting for younger people (aged under 65) to live. Despite this, many younger Australians live in permanent residential aged care (residential aged care). Circumstances that contribute to this include the unavailability of suitable and timely alternatives for younger people with disability, complex medical conditions, or terminal illness.

The Australian Government is working to offer younger people more age-appropriate options with supports they need, and ultimately reduce the number of younger people living in residential aged care. The AIHW is releasing a series of publications to support this work.

The first publication, *Exploring pathways for younger people living in residential aged care* (AIHW 2023a), found that while younger people living in residential aged care were a diverse group, there were some common characteristics:

- Around half were aged under 60 (and half were 60–64).
- Dementia was the most commonly recorded health condition at the time of assessment.
- Few younger people left residential aged care to live in other age-appropriate accommodation – in most cases, people died (42%) or turned 65 years while living in residential aged care (40%).

This second publication explores younger people's use of health services outside the aged care system to gain a fuller understanding of their service needs. The publication follows 5,600 younger people (under the age of 65) who lived in residential aged care at some stage in 2020–21.

5,600 people aged under 65 lived in residential aged care at some stage in 2020–21.

Younger people living in residential aged care had on average 25 general practitioner attendances in 2020–21, **3.5** times higher than 7 for the general Australian population aged 45–64.

In 2020–21, **4 in 10** younger people living in residential aged care were prescribed antipsychotics, 5 in 10 for younger people with dementia.

Almost **2 in 5** younger people visited an emergency department while living in residential aged care in 2020–21, and three quarters visited in the year before entry.

Since 2020–21, the Australian Government has continued investments to reduce the number of younger people entering and living in residential aged care. More recent data on the number of younger people entering and living in residential aged care is available on the AIHW GEN website. As this number continues to reduce, the health services used by younger people living in residential aged care may change.

About the data

This publication follows a group of younger people who lived in residential aged care at some stage between 1 July 2020 and 30 June 2021. It uses linked health care data to describe their use of health services while living in residential aged care. Key events in the year before entering residential aged care and changes over time are also presented.

It is important to note that from early 2020 aged care and health services in Australia were impacted by the COVID-19 pandemic and associated social restrictions and lockdowns. Further information on the impact of COVID-19 on people living in residential aged care services can be found in the Report on the Operation of the Aged Care Act. Further information on the impact of COVID-19 on hospital activity can be found on the MyHospitals website.

For a detailed description of younger people who lived in residential aged care from 2010 to 2020, see *Exploring pathways of younger people living in residential aged care* (AIHW 2023a).

The analysis presented in this publication uses the National Integrated Health Services Information (NIHSI; AIHW 2020–21). NIHSI includes linked state, territory and national administrative data that is created when people use health services. This includes data from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), Repatriation Pharmaceutical Benefits Scheme (RPBS), residential aged care services data and National Death Index data (NDI). NIHSI also includes data on admitted patient care services in public and some private hospitals, and emergency department services and outpatient services in public hospitals for all states and territories except Western Australia and the Northern Territory. Data available in NIHSI v3.0 is from the 2010–11 to 2020–21 financial years.

More information about data collections included in NIHSI can be found throughout the publication and on the AIHW's National Integrated Health Services Information webpage.

How many younger people live in residential aged care?

Compared with other aged care programs, people generally enter residential aged care at older ages. In 2020–21 the average age for entry into residential aged care was 83 for men and 85 for women (Department of Health 2021). However, sometimes people under the age of 65 enter residential aged care to have their care needs met, despite being much younger and having different characteristics to other people living there.

A range of Australian Government initiatives have been implemented over the past two decades to support younger people living in residential aged care to access other more suitable accommodation options, such as those available through disability support services. Following the 2020 Australian Government initiative, the number of younger people entering and living in residential aged care has reduced considerably over recent years:

- At 30 September 2023, 1,900 younger people were living in residential aged care – less than half of the number 3 years earlier at 30 September 2020 (4,600) (Figure 1).
- From July to September 2023, 83 younger people entered residential aged care – a 62% decrease on the number from July to September 2020 (220; AIHW 2023b).

The 2020 Australian Government initiative for younger people in residential aged care

The interim report of the Royal Commission into Aged Care Quality and Safety (The Royal Commission) released in October 2019 highlighted the need for immediate action to reduce the number of younger people living in residential aged care. In response, in September 2020, the Australian Government announced targets, apart from exceptional circumstances, to work towards there being:

- no people under the age of 65 entering residential aged care by 2022
- no people under the age of 45 living in residential aged care by 2022
- no people under the age of 65 living in residential aged care by 2025.

The overall progress being made towards these targets is being tracked on the AIHW GEN website.

Administrative data can only provide so much information on the experiences of younger people living in residential aged care. The consideration of lived experience can provide a human perspective to the data. The Summer Foundation website has a suite of videos that capture the lived experience of younger people living in residential aged care.

It is currently recognised that there are some people with certain conditions or circumstances where appropriate care and support may be provided in residential aged care facilities either on a temporary or permanent basis (Department of Health and Aged Care 2023a). Where it is their preference, this includes Aboriginal and/or Torres Strait Islander (First Nations) people aged 50–64 and/or a person who is homeless, or at risk of becoming homeless, and aged 50–64.

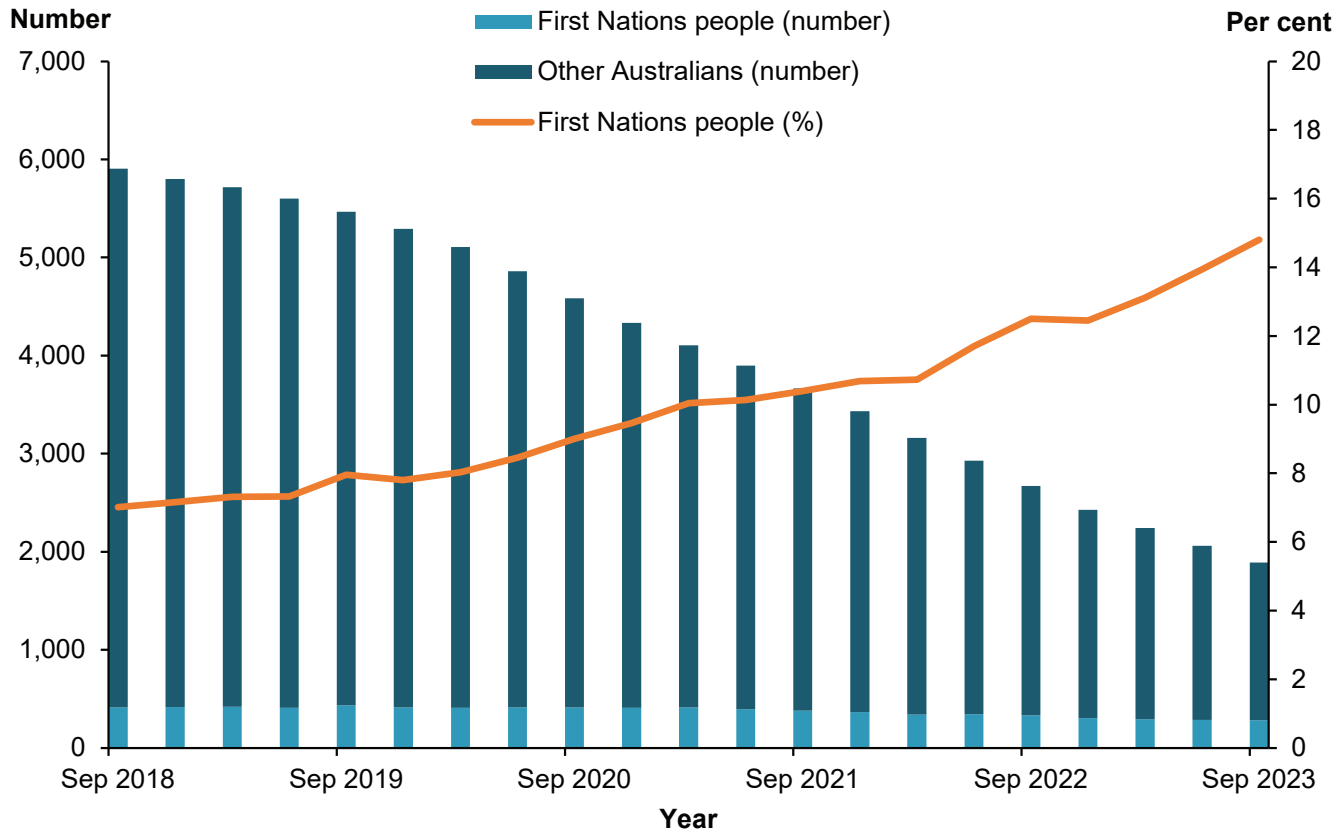
This publication reports on all people aged under 65 living in residential aged care and does not consider exceptional circumstances. More information on the targets can be found on the Department of Health and Aged Care website.

There has been a decrease in the total number of Aboriginal and/or Torres Strait Islander (First Nations) younger people living in residential aged care over time (32% reduction between September 2020 and 2023). However, the decrease in the number of younger other Australians ('other Australians' refers to non-Indigenous Australians and those who have not reported their Indigenous status) living in residential aged care has been higher (61% reduction between September 2020 and 2023). As a result, around 1 in 7 (15%, 280) younger people living in residential aged care at 30 September 2023 identified as First Nations, an increase from 1 in 11 (9.0%, 415) at 30 September 2020.

Access to aged care services in Australia is determined by need, rather than age. Historically, in recognition of their greater need for care at younger ages, First Nations peoples aged 50 and over have been a recognised target group for aged care services. This has been recognised again in the exceptional circumstances for entry of a younger person to residential aged care (Department of Health and Aged Care 2023a; See Box: The 2020 Australian Government initiative for younger people in residential aged care).

Figure 1. The number of younger people living in residential aged care is falling

Number of younger people living in residential aged care at 30 September 2018 to 30 September 2023



Source: Department of Health and Aged Care — Aged Care Data Warehouse (ACDW).
Data extraction occurred on 12 December 2023

Note: Other Australians includes people with non-Indigenous, not stated, inadequately described or unknown Indigenous status.

The 5,600 younger people who lived in residential aged care anytime in 2020–21 are the focus of this publication. This includes people counted at 30 June 2021 (3,900; Figure 1) and those who were in residential aged care for only part of the year.

Understanding how younger people use health services before or during their time living in residential aged care provides important information to help us to understand what services and supports are most used and need to be accessible outside the aged care system. This is important information if age-appropriate accommodation is to successfully replace aged care services for younger people, and as younger people are diverted from entering residential aged care.

During 2020–21, 5,600 younger people lived in residential aged care at some stage

Of the 5,600 younger people living in residential aged care during 2020–21, just over half (54%, 3,000 people) were male and more than half were aged between 60 and 64 (57%, 3,200). Around 1 in 10 (9.6%, 540) identified as Aboriginal and/or Torres Strait Islander (First Nations; Table 1).

Nearly 2 in 3 younger people lived in a residential aged care facility in Major cities (65%, 3,700). This is lower than the estimated 73% of the Australian population living in Major cities at 30 June 2021 (AIHW 2021a), but consistent with the current geographic distribution of residential aged care services, with 62% located in metropolitan areas (AIHW 2023e).

Remoteness was consistent across males and females but differed considerably between younger First Nations people and other Australians living in residential aged care. Around half of First Nations younger people (53%, 285) were living in Inner or Outer Regional locations, 3 in 10 (32%, 175) were living in Major cities, and 1 in 7 (15%, 80) in a Remote or Very remote location. This contrasts with 3 in 10 other Australians (31%, 1,600) living in Inner or Outer Regional locations, 7 in 10 (69%, 3,500) living in Major cities, and almost 1 in 200 living in a Remote or Very remote location (0.6%, 28).

Table 1. Characteristics of younger people living in residential aged care in 2020–21

Aged under 50	Male	First Nations	Major cities	Remote and very remote areas	Dementia	Stroke	Lived in residential aged care all of 2020–21
7.1%	54%	9.6%	65%	1.9%	34%	20%	70%

Source: AIHW NIHSI 2020-21, analysis of NIHSI

Most younger people (70%, 3,900) lived in residential aged care for the entire year and 1 in 5 (19%, 1,100) lived there for 6 months or less of 2020–21. Around 1 in 6 (17%, 940) younger people entered residential aged care in 2020–21. Time living in residential aged care in 2020–21 was calculated from 1 July 2020 or date of entering residential aged care, to whatever event came first of 30 June 2021, exiting residential aged care, dying or turning 65 years.

While the number of younger people entering residential aged care has been reducing in recent years, in 2020–21, only a small proportion left residential aged care to live in other suitable accommodation, including returning to their family or home (5.7%, 320). A further 1 in 7 (14%, 800) younger people died while living in residential aged care in 2020–21.

Complex health conditions are one of the circumstances that can lead to younger people living in residential in aged care. Based on diagnosed or recorded health conditions included in aged care assessment and hospital data, of the 5,600 younger people living in residential aged care in 2020–21:

- 31% (1,760) had a degenerative neurological condition such as dementia or Parkinson's disease,
- 14% (770) had a delusional disorder such as schizophrenia or schizoaffective disorders; and
- 9.0% (510) had both a degenerative neurological condition and delusional disorder.

More specifically, 1 in 3 people had dementia (34%, 1,920), the most common health condition (Table 2). Other common health conditions included stroke and cancer, both of which affected 1 in 5 (20%, 1,140 and 1,110 respectively) younger people. Around 1 in 7 (14%, 810) younger people had an acquired brain injury.

Table 2. Number and proportion of younger people living in residential aged care in 2020–21, by select health conditions

Dementia	Diabetes	Stroke	Cancer	ABI	PD	MS	HD	MND
1,917	1,631	1,139	1,107	813	241	237	171	35
34%	29%	20%	20%	14%	4.3%	4.2%	3.0%	0.6%

Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Notes:

1. ABI: Acquired brain injury; PD: Parkinson's disease; MS: Multiple Sclerosis; HD: Huntington's disease; MND: Motor Neuron Disease.
2. These are health conditions of interest and are not necessarily the primary reason for entry into residential aged care.
3. Health condition categories are not exclusive, and each person may have multiple health conditions.

On average, younger people living in residential aged care saw a general practitioner every fortnight

In 2020–21, 423,000 MBS services were recorded for younger people living in residential aged care, an average of 75 services each. This is almost 7 times higher than the general population of Australians aged 45–64, who used an average of 11 services each in 2020–21 (AIHW 2022a).

The number of MBS services used by younger people living in residential aged care differed by a number of characteristics including:

- Females used slightly more services on average than males – 77 compared with 74.
- First Nations people (62 per person) used fewer services than other Australians (77 per person), although the sex difference remained (60 services for First Nations males and 65 for females).
- People with degenerative neurological conditions used slightly fewer services (70) than the group average, while people with delusional disorders used more (89).

What MBS data did we use?

Medicare is Australia's public health insurance scheme. The Medicare Benefits Schedule (MBS) lists a range of professional health services that can be subsidised by the Australian Government for eligible service providers.

Some MBS services are referred to as attendances, which usually means contact between a doctor and patient. This analysis uses MBS data from NIHSI to understand younger people's use of Medicare-subsidised health services while living in residential aged care. Note that MBS data has some limitations, for example, it does not include information about general practitioner services delivered under Department of Veterans' Affairs (DVA) arrangements. The AIHW and DVA are working together to strengthen data arrangements in the future. Note that information about primary health care services received under the Indigenous Australians' Health Programme are not captured in MBS data.

For more information see MBS online, MBS data collection and Medicare Benefits Scheme funded services: monthly data.

General practitioners (GP) play a central role in prescribing medicines for people in residential aged care and can assist in providing coordinated care. GP attendances were the most common type of MBS service used (33%, 141,000 attendances), followed by pathology collection and tests (25%, 107,000 services). Females had 1–2 more GP attendances than males, but pathology collection and test attendances did not differ by sex.

Each younger person living in residential aged care saw **a GP fortnightly and a specialist twice**, on average, in 2020–21.

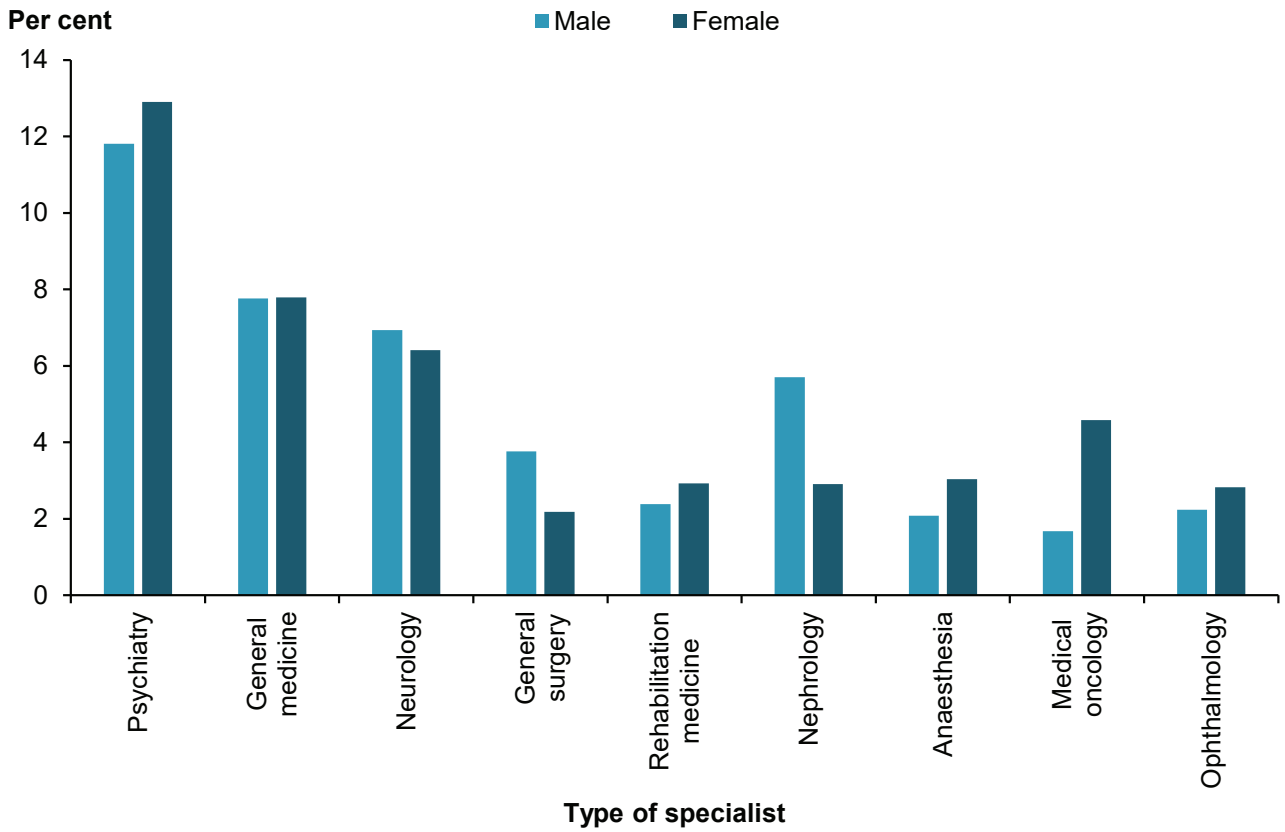
On average, in 2020–21, each younger person living in residential aged care had:

- 25 GP attendances – or nearly one a fortnight.
- 19 pathology collection and test attendances.
- nearly 2 specialist attendances.

Around 1 in 7 (12%) specialist attendances were for psychiatry, the most common specialty (Figure 2). General medicine (7.8%) and neurology (6.7%) were the next most common specialities.

Figure 2. Psychiatry was the most common specialist type

Proportion of specialist attendances for male and female younger people living in residential aged care, by specialist type, 2020–21



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Note: Total specialist types do not add to 100% as only the most common specialities are listed. Each younger person may see multiple specialists and be counted in multiple categories

The high and complex support needs of younger people living in residential aged care become apparent when compared with MBS service use by all Australians aged between 45 and 64 years. In 2020–21, the average number of GP attendances for younger people living in residential aged care (25) was nearly 4 times the national average of 7 attendances for people aged 45–64. Almost 2 in 5 (37%) of all Australians aged 45–64 had a specialist attendance in 2020–21 – an average of just over 1 attendance per person compared with nearly 2 attendances per person for younger people living in residential aged care (AIHW 2022a).

Antidepressants and opioids were the most commonly dispensed prescription medicines

More than 380,000 prescriptions were dispensed in 2020–21 for younger people living in residential aged care – an average of 68 prescriptions per person, or 6 per month. This is 5 times higher than the Australian population average of 14 prescriptions per person aged 45–64 in the same year (AIHW 2022b).

What PBS data did we use?

The Pharmaceutical Benefits Scheme (PBS) and the Repatriation Schedule of Pharmaceutical Benefits (RPBS) are Australian Government health programs that subsidise the cost of a wide range of prescribed medicines in Australia. PBS data captures prescription information when a medicine has been dispensed, which is the supply of a medicine to a patient by a pharmacist under the PBS or RPBS and includes community pharmacy.

Prescriptions include details about the medicine's name, dose, form, strength, quantity and instructions for use (Department of Health and Aged Care 2022a). Depending on PBS listings as well as the reason for use, one type of medicine may be prescribed many times over a year (e.g., 1 per month over a year, resulting in 12 prescriptions), while others may be prescribed only once. The same type of medicine may also be prescribed at different strengths or frequency of use, resulting in a different number of prescriptions for the same medicine.

PBS item claims are mapped to the Anatomical Therapeutic Classification (ATC) index, which is maintained by the World Health Organization. The ATC index groups medicines according to the body organ or system on which they act, as well as their therapeutic and chemical characteristics. A medicine is categorised at 5 levels – ATC1 represents the broadest grouping by main anatomical region, while ATC5 represents the chemical substance of the medication.

This analysis uses the PBS data in NIHSI to understand people's use of dispensed medicines while living in residential aged care. RPBS data is not included in the below analysis for younger people living in residential aged care or the general Australian population,

For more information see PBS online, PBS data collection and Medicines.

At the anatomical subgroup (ATC1) level, nervous system medications were the most dispensed medications (Figure 3):

- They made up nearly half (47%, 181,000) of prescriptions dispensed in 2020–21 for younger people living in residential aged care.
- This is an average of 32 prescriptions per younger person.
- Females (35) had a higher average number of prescriptions than males (30).

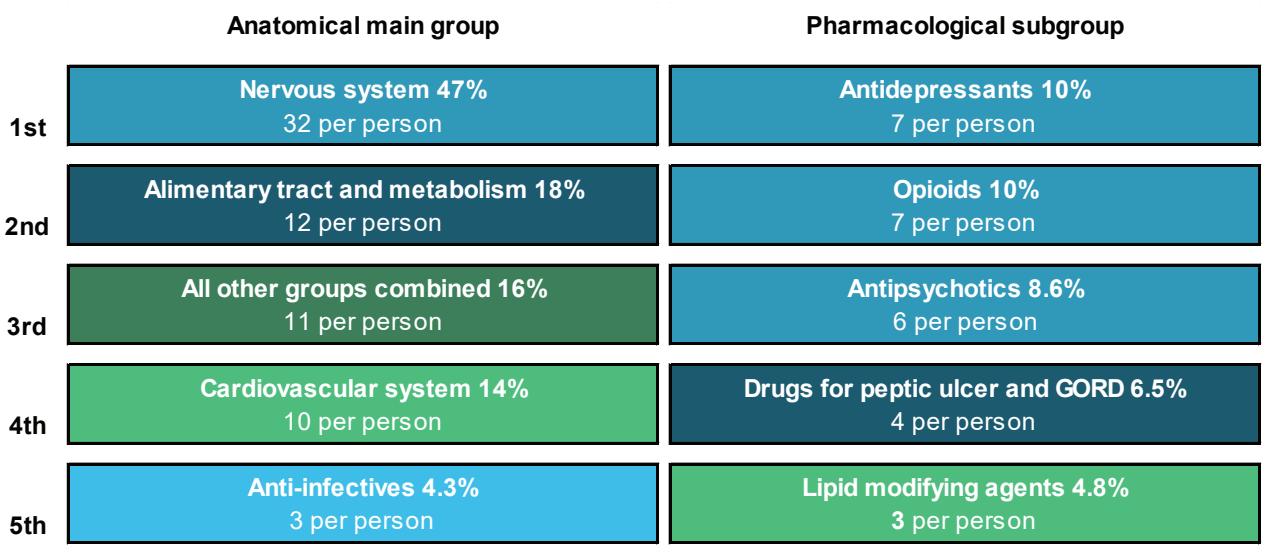
At the pharmacological subgroup (ATC3) level, antidepressants and opioids were the most common distinct medications:

- They each made up 1 in 10 dispensed prescriptions (10%, 39,800 and 10%, 38,600, respectively).
- This is an average of 7 prescriptions per person for each medication.
- Females (8) had a higher average number of prescriptions than males (6) for both types of medication.

Antipsychotics were the 3rd most common medication dispensed. They accounted for 1 in 12 (8.6%, 32,700) dispensed prescriptions, with an average of 6 prescriptions per person. As antipsychotics are a medication of special interest in residential aged care settings, the next section focuses exclusively on their use by younger people living in residential aged care.

Figure 3. Nearly half of dispensed prescription medications were nervous system medications

Most commonly dispensed prescription medications for younger people living in residential aged care during 2020–21, by ATC level



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Notes: Proportion (%) is proportion of total prescriptions dispensed to younger people living in residential aged care in 2020–21. Number per person is the average number of prescriptions dispensed across the total number of people dispensed that medication.

GORD: Gastro-oesophageal reflux disease

ATC: Anatomical Therapeutic Classification Index level

Almost 1 in 2 younger people with dementia had an antipsychotic medication dispensed

In residential aged care, overuse and inappropriate prescribing of antipsychotic medicines was noted as a major contributor to poor outcomes for care recipients in the Royal Commission into Aged Care Quality and Safety (Recommendation 65, Commonwealth of Australia 2021). As such, the use of antipsychotic medications by people living in residential aged care is an important indicator of care quality. Since July 2021, the proportion of all residents using antipsychotic medications has been reported directly by service providers quarterly as part of the National Residential Aged Care Quality Indicator Program.

Based on linked NIHSI data, the proportion of younger people living in residential aged care with at least one antipsychotic prescription dispensed remained stable, at around 2 in 5 people, over the decade to June 2021. This is despite a fall in the total number of younger people dispensed antipsychotic medications (in line with a general reduction in younger people living in residential aged care). The number of antipsychotic prescriptions dispensed per person slightly increased from 12 in 2015–16 to 15 in 2020–21.

2 in 5 younger people living in residential aged care had **at least one antipsychotic prescription** dispensed in 2020–21.

Based on data from the National Residential Aged Care Quality Indicator Program, the national proportion of people living in residential aged care being dispensed an antipsychotic medication was first reported as an indicator in September 2021, at 22% (AIHW 2021b). This is half of the proportion of younger people in residential aged care dispensed antipsychotics (39%) using linked NIHSI data. Some of this difference may be explained by measurement differences – for example, in the National Residential Aged Care Quality Indicator Program reporting, antipsychotic use is measured over a shorter period of 7 days, compared with 1 year NIHSI analysis reported here. The quality indicator data are provided as proportions at the service-level while NIHSI analysis draws on person level linked data from the PBS and residential aged care payments systems. This means that the quality indicator program data cannot be presented separately for younger people living in residential aged care.

Over the decade to 2020–21, the proportion of younger people with at least one antipsychotic prescription remained stable.

Antipsychotic medicines can sometimes be prescribed to people with dementia who are experiencing changed behaviours, such as aggression, agitation, and delusions. However, these medicines should only be trialled on a short-term basis where non-pharmacological treatments have been unsuccessful because antipsychotic medicine increases the risk of serious adverse effects (Therapeutic Guidelines 2021). Younger people with dementia were more likely to have an antipsychotic prescription dispensed in 2020–21 (48%, 920) than younger people without dementia (35%, 1,300).

Half of younger people had 9 or more types of medicines dispensed in 2020–21

The number of medicines people use is also an important indicator of quality of care. People using multiple medicines are at higher risk of adverse drug events and a poorer quality of life (Department of Health and Aged Care 2023b). In 2020–21, nearly all younger people living in residential aged care (95%, 5,300) were dispensed multiple medications.

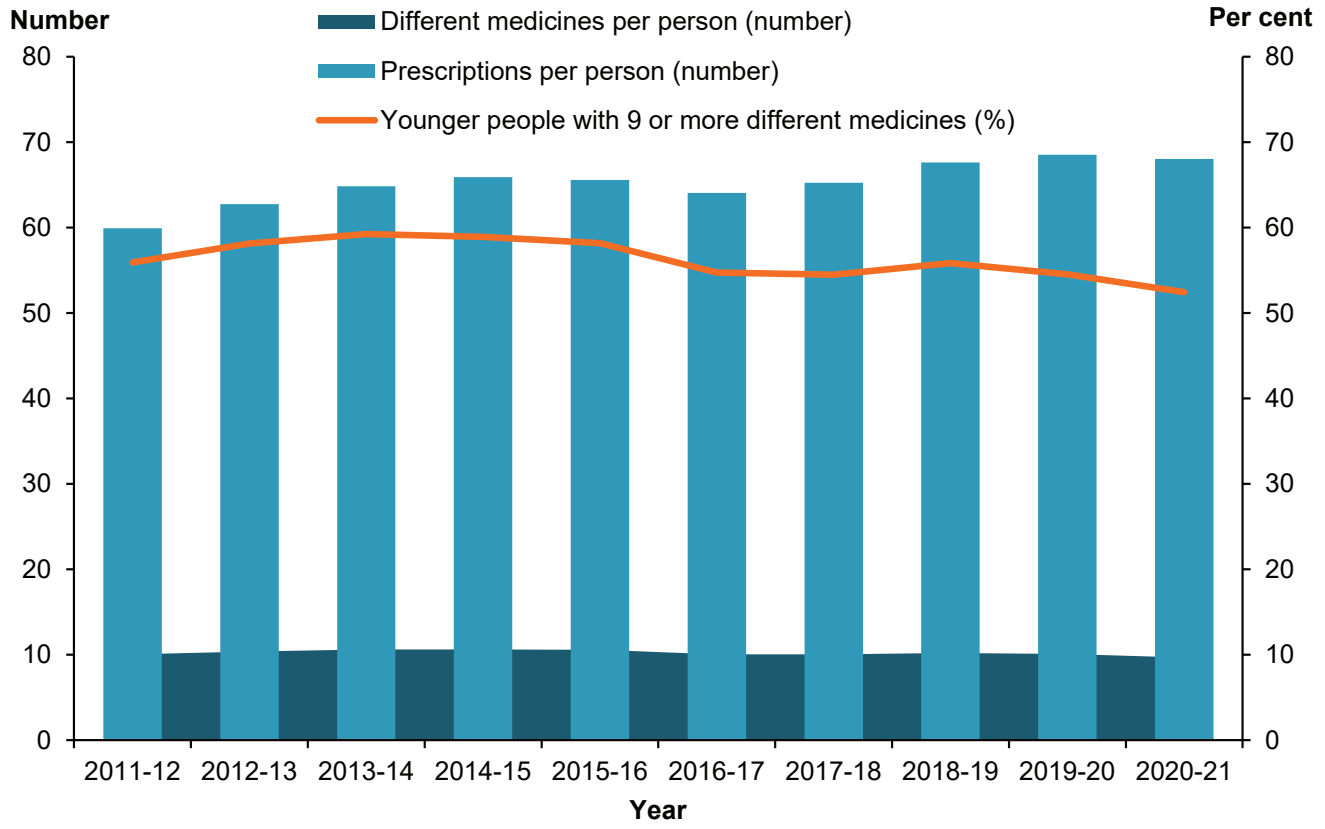
Polypharmacy, defined as 9 or more medications at one time, is captured as a routinely reported indicator of care quality in the National Residential Aged Care Quality Indicator Program. The first reporting of this quality indicator in September 2021 cited that nationally, 2 in 5 (41%) of all people living in residential aged care were prescribed 9 or more different medications on a single day (AIHW 2021b).

In 2020–21, about half (52%, 2,900) of younger people living in residential aged care were dispensed 9 or more different medicines across the year (at ATC 5 level). This underestimates the total number of medicines used, as over-the-counter medicines are not included.

The proportion of younger people living in residential aged care dispensed 9 or more different medicines was mostly consistent in the decade to June 2021, with a slight decrease in the last year (Figure 4). The average number of different medicines per person has also been consistent (range: 10–11 different medicines), although the number of dispensed prescriptions has increased slightly (2011–12: 60 prescriptions; 2020–21: 68 prescriptions). This may reflect changes to the way medicines are prescribed, for example, more regular 'as needed' prescribing. It may also reflect changes to the PBS over time, resulting in more prescriptions but not more types of medicines. For more information on these changes, see PBS schedule archive.

Figure 4. The proportion of younger people with 9 or more different prescriptions reduced in 2020–21

Average number of dispensed prescriptions, different medicines, and proportion of younger people living in residential aged care with 9 or more medicines, 2011–12 to 2020–21



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Note: PBS Prescription data from before 1 April 2012 is not directly comparable to other years due to major differences to the PBS data collection methods (Department of Health and Aged Care 2011).

Around half of younger people had their medications reviewed in 2019–20 or 2020–21

Medication management plays a critical role in supporting quality of care for people living in residential aged care and in hospital settings (Department of Health and Aged Care 2023b). This can involve reviewing the use of medications in combination or monitoring use of certain higher risk medicines.

Pharmacists can conduct medication management reviews for people living in residential aged care to help them get the most out of their medications and reduce the risk of medicine-related harm.

A residential medication management review can occur once every 2 years, or when a referrer believes another review is clinically necessary due to changes in circumstances, including following hospitalisation, a change in the person's medical condition, and when the person first enters residential aged care (Department of Health and Age Care 2022b, PPA 2023).

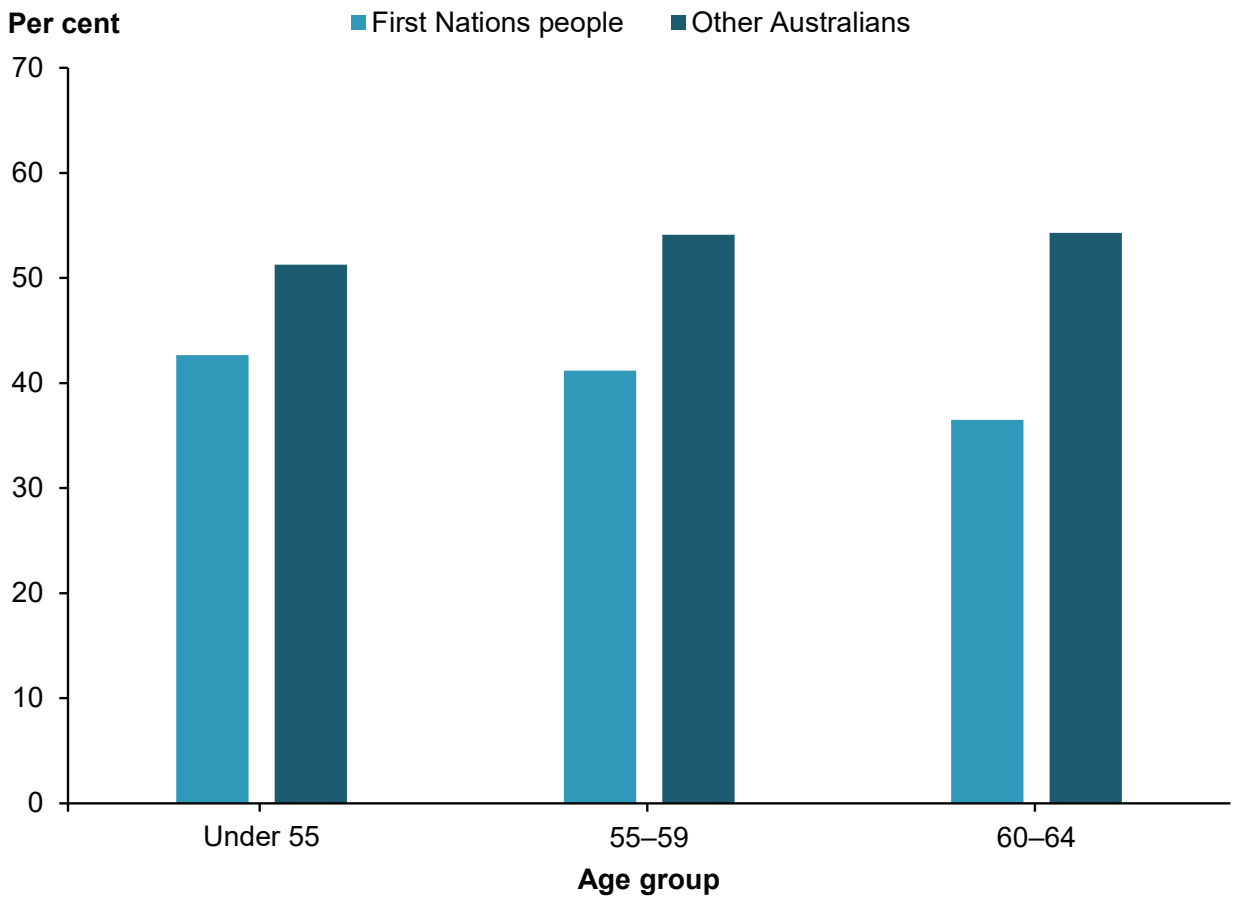
Of the 5,600 younger people living in residential aged care in 2020–21:

- 1 in 2 (52%, 2,900) younger people had a medication management review in the two-year period from 2019–20 to 2020–21.
- First Nations people (39%, 215) were less likely to have a medication management review in 2019–20 or 2020–21 than other Australians (54%, 2,700, Figure 5).

In 2020–21 alone, half of younger people living in residential aged care were dispensed 9 or more medications, 4 in 10 used antipsychotic medications and 3 in 10 had an overnight hospitalisation (see relevant sections of report), all circumstances that indicate a medication management review could be helpful. Of those entering residential aged care, less than 1 in 4 (23%, 215) had a medication management review in the same year. It is likely that a medication management review in the previous 2 years would have been helpful for more than the 1 in 2 younger people reported here. Note that primary health care services received under the Indigenous Australians' Health Programme are not captured in MBS data.

Figure 5. First Nations people were less likely to have medication management reviews than other Australians

Proportion of younger people who had a medication management review in 2019–20 or 2020–21, by First Nations status and age group



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Almost 1 in 3 younger people had an overnight hospitalisation while living in residential aged care

Hospitals are an important place for younger people seeking long term high-level care, with many younger people entering residential aged care from hospital or an in-patient setting (Commonwealth of Australia 2021). This includes younger people who are National Disability Insurance Scheme (NDIS) participants who may have access to other more age-appropriate options (Hart, Koritsas, Shannon & McVilly 2023). The Royal Commission recommended the development of hospital discharge protocols to prevent younger people being discharged from hospital into residential aged care (Commonwealth of Australia 2021).

What admitted patient care data did we use?

Admitted patient care (APC) data contains administrative records from patients admitted to hospital in Australia. Records are at the episode level. An episode of care is called a 'hospitalisation' for an admitted patient (a patient that goes through a hospital's formal admission process to receive treatment and/or care). This can be a total hospital stay (from admission to discharge, transfer, or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). In NIHSI, these hospitalisations are linked to the patient.

APC data in NIHSI covers admitted patient care services in public hospitals for all states and territories except for Western Australia and the Northern Territory. Some private hospital data is available for Victoria, Queensland, and Australian Capital Territory. Close to 1 in 5 (21%) First Nations people live in Western Australia or the Northern Territory (AIHW 2023d), therefore reporting by First Nations status is not included in the report when this data source is used.

For more information see MyHospitals: Admitted patients and Hospitals info and downloads – About the data.

Being discharged from hospital into a residential aged care facility was common for the 5,100 younger people living in residential aged care in 2020–21, in the states/territories for which hospital data were available (see Box: What admitted patient care data did we use?). Around 2 in 5 (41%, 2,100) had their most recent hospital admission before starting permanent residential aged care, end with "discharge or transfer from hospital to a residential aged care facility, unless this is the usual place of residence". Residential aged care facilities can provide many types of aged care services, including short-term care (restorative care, transition care, emergency respite care) and long-term care (permanent care). Sometimes people can also start with one type of care, such as respite, and transition into permanent care at a later date. This may be particularly relevant to younger people, who may look for a longer-term option while they stay in short-term care. Of the 2,100 younger people who entered a residential aged care facility from hospital, more than 2 in 3 (69%, 1,400) started permanent residential aged care within 3 months of discharge from hospital.

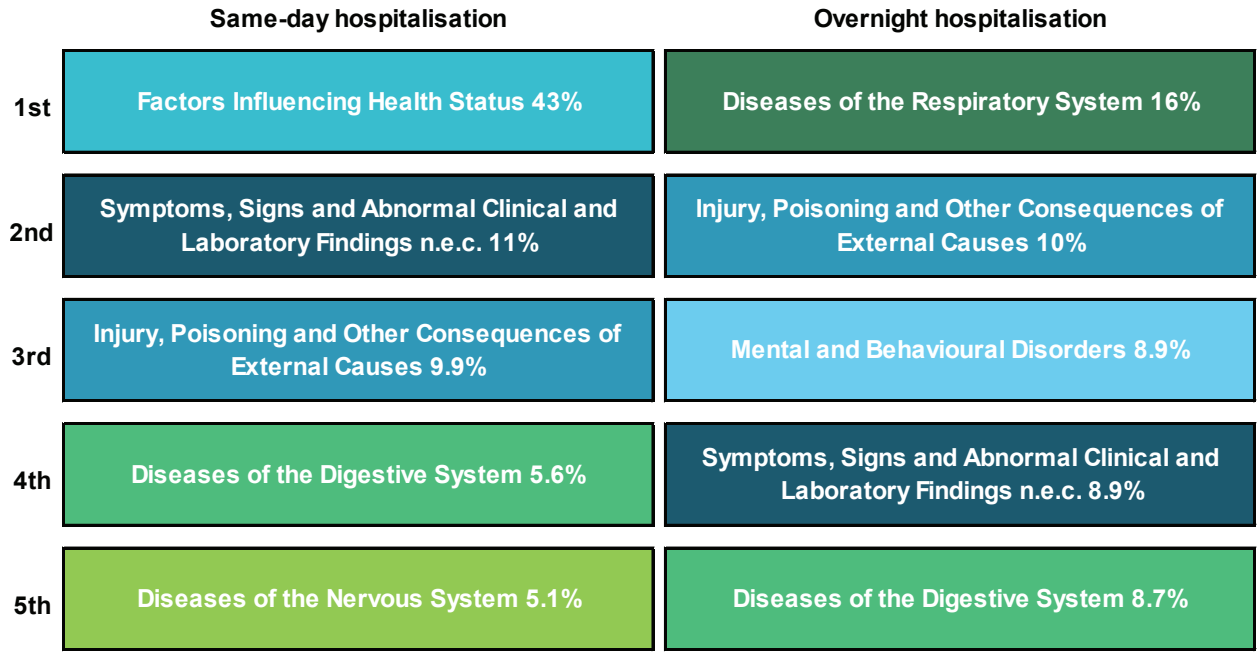
Hospitals continue to be an important place for younger people after entering residential aged care. There were 4,800 hospitalisations in 2020–21 for the 5,100 younger people living in residential aged care in the states/territories for which hospital data were available (see Box: What admitted patient care data did we use?). Around 1 in 7 (15%, 780) younger people had at least one same-day hospitalisation and just under 1 in 3 (30%, 1,600) younger people had at least one overnight hospitalisation.

The most common reasons for hospitalisations were different for same-day versus overnight hospitalisations (Figure 6).

- Same-day hospitalisations were most commonly due to *Factors influencing health status* (43%, 760).
  - The most common principal diagnosis was *Care involving dialysis* (33%, 590).
- Overnight hospitalisations were most commonly due to *Disease of the respiratory system* (16%, 480).
  - *Pneumonitis due to solids and liquids* (5.6%, 170) and *Other and unspecified sepsis* (5.0%, 150) were the most common principal diagnoses.

Figure 6. Top reasons for hospitalisation were different for same-day versus overnight hospitalisations

Top 5 reasons for hospitalisations, by ICD-10-AM chapter, and category of stay in 2020–21



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Note: n.e.c.: not elsewhere classified

ICD-10-AM: International Statistical Classification of Diseases and Related Health Problems 10th Revision

WA and NT not included. For more information see Box: What admitted patient care data did we use?

More than 3 in 5 (63%, 2,980) hospitalisations were overnight. This increased with age, rising from 59% (570) of presentations for those aged under 55, to 65% (1,700) for those aged between 60 and 64. Almost all hospitalisations (91%, 480) involving *Diseases of the respiratory system* were overnight hospitalisations. *Diseases of the circulatory system* (86%, 180) and *Diseases of the genitourinary system* (79%, 240) also had high proportions of overnight stays compared with same-day hospitalisations.

Nearly 2 in 5 younger people visited an emergency department while living in residential aged care

In 2020–21, in the states/territories for which hospital data were available (5,100 younger people; see Box: What admitted patient care data did we use?), almost 2 in 5 (38%, 1,900) younger people living in residential aged care presented to an emergency department. There were almost 4,200 presentations for 1,900 younger people, an average of just over 2 presentations per person. Males aged under 55 had the highest average number of presentations, with 2.6 presentations per person.

What emergency department data did we use?

The National Non-Admitted Patient Emergency Department Care database includes data on when people present to the emergency department (ED) for care (called 'emergency department presentations'). For information about patients who are admitted to hospital, which may or may not follow contact with an emergency department, see Box: What admitted patient care data did we use?

NIHSI includes ED data for all states and territories except for Western Australia and the Northern Territory. Close to 1 in 5 (21%) First Nations people live in Western Australia or the Northern Territory (AIHW 2023d), therefore reporting by First Nations status is not included in the report when this data source is used.

For more information see MyHospitals: Emergency department care and Hospitals info and downloads – About the data.

The most common reason for all emergency department presentations was

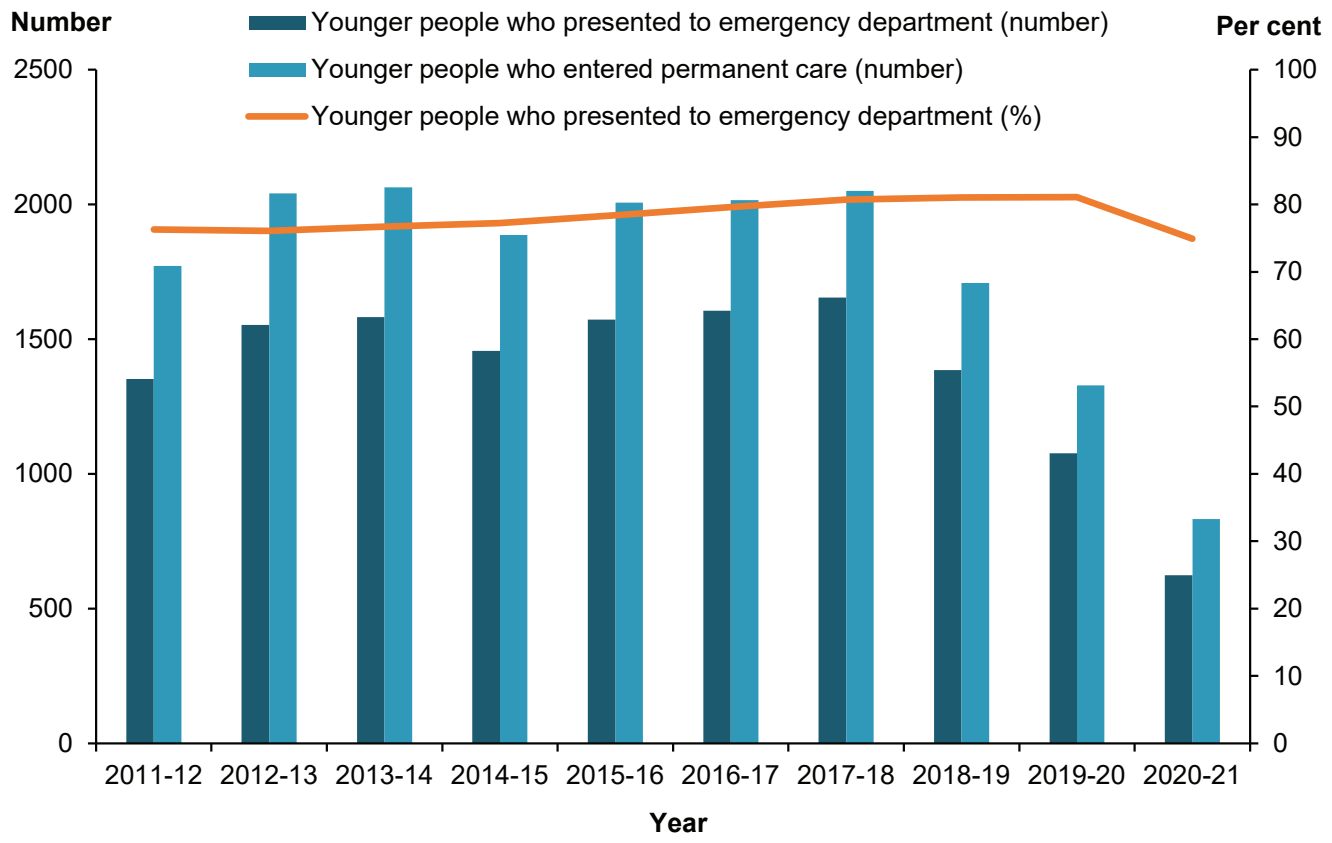
- *Symptoms, Signs and Abnormal Clinical and Laboratory Findings n.e.c.*, accounting for 1 in 3 presentations (32%,1,300).
  - The most common principal diagnosis was *Other symptoms and signs involving the nervous and musculoskeletal system* (4.4%, 185).

Around 2 in 3 (67%, 2,800) of all presentations ended with admission to hospital.

Of the 830 younger people entering residential aged care in 2020–21 (excluding entries in Western Australia and Northern Territory), 75% (620) had presented to an emergency department in the 12 months before entering care (Figure 7). This has been relatively stable over time, peaking at 81% in 2017–18, 2018–19 and 2019–20.

Figure 7. Most younger people visited an emergency department in the year before entering residential aged care

Number and proportion of younger people who presented to an emergency department in the year before admission to residential aged care



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Note: WA and NT not included. For more information see Box: Emergency Department data.

Total entering and proportion of people living in residential aged care excludes WA and NT, consistent with hospital data.

Around 1 in 10 younger people who entered residential aged care in 2020–21, received specialist palliative care services in the previous 12 months

When palliative care is otherwise unavailable, younger people towards the end of their lives may enter residential aged care to access palliative care services (Commonwealth of Australia 2021). Residential aged care can provide younger people with services that meet palliative care needs, such as 24-hour care with trained medical staff nearby. Although not ideal, this may occur when other more suitable supports are not timely or accessible.

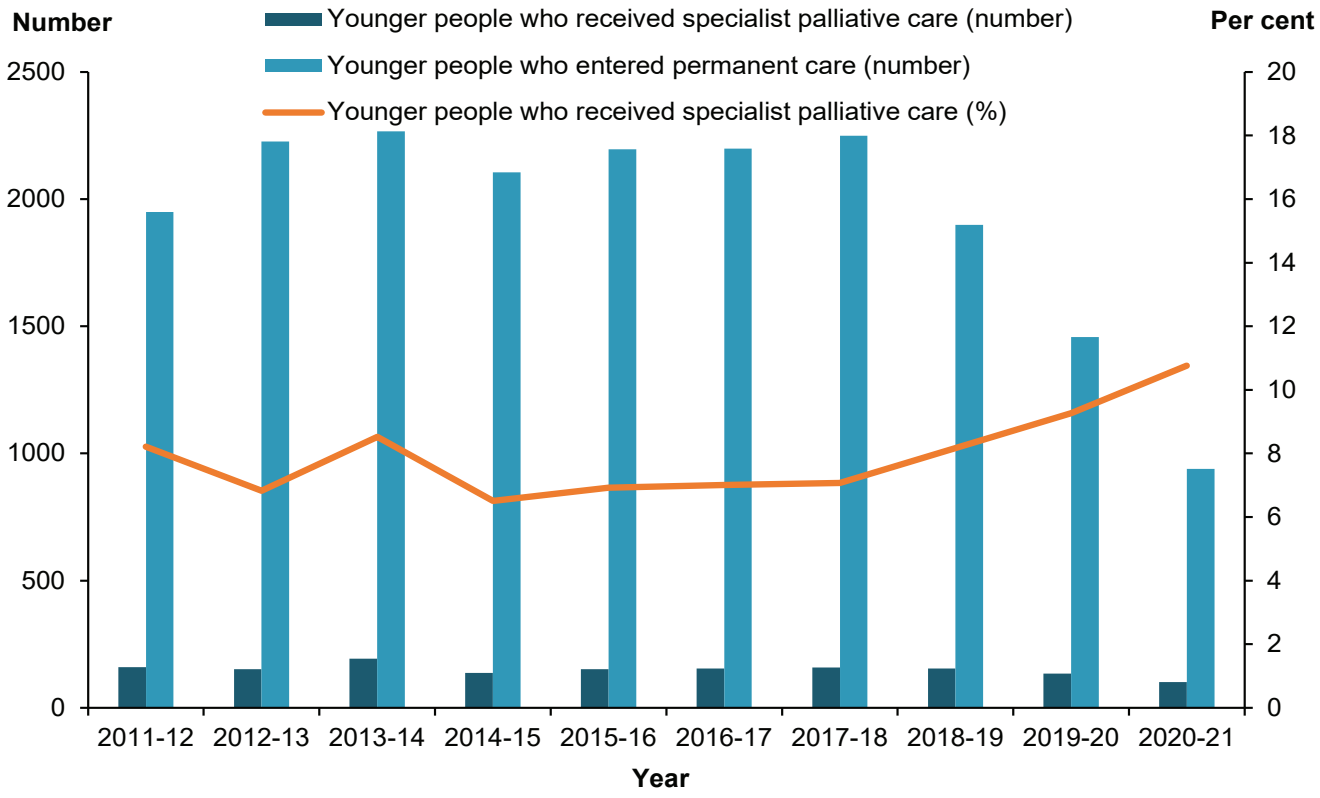
The number of younger people entering residential aged care to access support for palliative care needs is difficult to determine using aged care data alone. In 2020–21, residential aged care data included only assessment for funding for end-of-life palliative care services covering the last week of life. Using this data, it is estimated that 6.4% of admissions by younger people entering residential aged care in 2020–21 were for palliative (end-of-life) care (AIHW 2023f). What is not included in this data source is whether those services were received, whether palliative care for more than the last week of life is needed, or whether palliative care occurred without this category of funding.

The use of linked health care data provides an opportunity to examine specialist palliative care services in hospital (admitted patient care; in the states/territories for which hospital data were available (see Box: What admitted patient care data did we use?)) and community-based (MBS specialist palliative care services) settings. Examining receipt of specialist palliative care services in these settings in the 12 months prior to entry to residential aged care provides an estimate of how many younger people have palliative care needs when entering residential aged care.

In 2020–21, around 1 in 10 (11%, 100) of the 940 younger people entering residential aged care received specialist palliative care services in the 12 months before entry. Although the number of younger people entering residential aged care has been decreasing, the proportion receiving specialist palliative care services prior to entry has been steadily increasing from a low of 6.5% in 2014–15 to 11% in 2020–21 (Figure 8).

Figure 8. Receiving specialist palliative care in the year before entering residential aged care has become more common for younger people

Number and proportion of younger people who received specialist palliative care services in the 12 months prior to entering residential aged care.



Source: AIHW NIHSI 2020-21, analysis of NIHSI.

Note: Includes all state/territories however, identifying specialist palliative care services in hospital settings is only possible for the states/territories for which hospital data were available (see Box: What admitted patient care data did we use?). Identifying specialist palliative care services in community-based settings is available for all states/territories through MBS data.

It is recognised, there is the need for improved communication between the health care system, aged care system, and palliative and end-of-life supports (Commonwealth of Australia 2021). Entering and living in residential aged care for palliative care or end-of-life support that cannot be accessed quickly through alternative settings is a recognised issue for younger people but cannot be easily seen in available data. The above analysis suggests that palliative care needs are higher than previously estimated through aged care data alone. Furthermore, whilst the number of younger people entering residential aged care has been reducing over time, palliative care needs are becoming more common among younger people who are entering.

Where to from here?

Previous work on younger people living in residential aged care has highlighted the importance of understanding their support needs to be able to offer other age-appropriate options in an evidence-based way. This not only includes aged care services, but also health and disability services too.

This report has explored younger people's use of health services over one year while living in residential aged care. Common service patterns in primary care, acute care and dispensed prescriptions were covered. Importantly, we report:

- Frequent use of MBS services and frequent contact with general practitioners by younger people in residential aged care.
- Being prescribed many types of medications is common, but 1 in 2 younger people in residential aged care did not have their medicines reviewed in 2019–20 or 2020–21.
- Two in 5 younger people visited the Emergency Department while living in residential aged care in 2020–21.
- One in 10 younger people accessed specialist palliative care in the year before entering residential aged care in 2020–21, and this is becoming increasingly common.

This work makes it clear that alternative supportive accommodation not only needs to provide a high level of support similar to the 24-hour care available in residential aged care, but also be connected to prescribing and dispensing services, an accessible and efficient place for GP attendances to occur, and accessible to emergency and non-emergency hospital services when they are required.

Future work by the AIHW will focus on younger people in residential aged care's use of disability services. This is important because most younger people living in residential aged care are people with disability — at 30 September 2023, there were 1,900 younger people living in residential aged care; 1,600 (82%) of whom had an approved NDIS plan (AIHW 2023b, NDIA 2023). Furthermore, the NDIS supports people younger than 65 to live in the community or other suitable settings (Department of Health and Aged Care 2023c).

Once completed, the three publications in the series exploring younger people living in residential aged care and the supports they use will include:

- *Exploring pathways for younger people living in residential aged care* (AIHW 2023a)
- Health services used by younger people living in residential aged care (AIHW 2024)
- National Disability Insurance Scheme participation by younger people living in residential aged care (AIHW forthcoming).

Together, this series of publications aim to inform work to ensure that the characteristics and needs of younger people in residential aged care are well understood and that this group are able to access more age-appropriate accommodation options than residential aged care can offer.

More information

This publication builds on the AIHW publication *Exploring pathways for younger people living in residential aged care*.

The AIHW GEN website also contains information relating to this publication including quarterly snapshot data on younger people living in residential aged care.

Glossary

Definitions of terms used in this publication are available on the AIHW GEN website glossary and the AIHW MyHospitals website glossary.

About the data

For more information, see the AIHW National Integrated Health Services Information webpage.

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Suggested citation

Australian Institute of Health and Welfare (2024) *Health services used by younger people living in residential aged care,* catalogue number AGE 113, AIHW, Australian Government.

ISBN 978-1-923085-80-0 (Online)
ISBN 978-1-923085-81-7 (Print)
DOI: 10.25816/bfnr-ba31

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