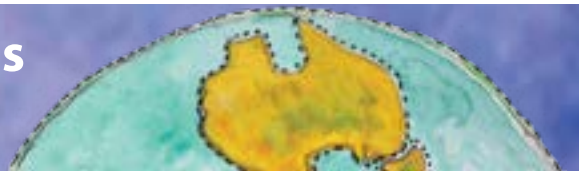


6.11 Movement between hospitals and residential aged care



Many older Australians need to visit hospital for management of a chronic or acute health condition or to receive treatment for an injury. Many also require the support of a residential aged care facility, either permanently or on a respite basis; hence, there is considerable movement of people between hospital and residential aged care.

In the first study of its kind, the AIHW examined the movements of people aged 65 and over between hospital and residential aged care (permanent and respite), and also looked at use of the Transition Care Program (TCP—see Box 6.7). The study identified transfers among the 3 types of care for hospital episodes in 2008–09.

Box 6.7

The Transition Care Program

The TCP provides short-term care to older Australians directly after discharge from hospital. The program includes at least low-intensity therapy and either nursing support or personal care, and is provided either in people's homes or in a home-like residential setting.

It aims to help older people leaving hospital to return home rather than prematurely enter residential care, by improving their independence and functioning to an optimal level.

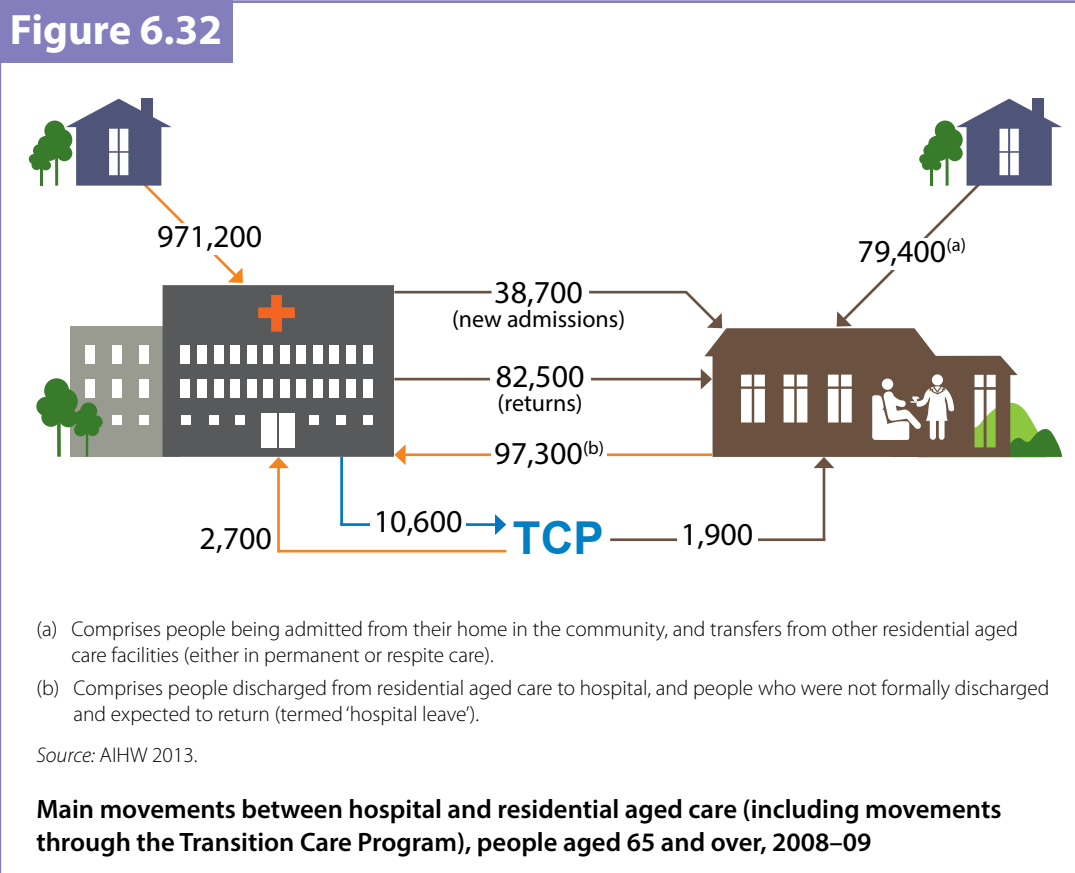
How many movements were there?

During 2008–09, for people aged 65 and over (Figure 6.32):

- About 9% of hospital admissions were from residential aged care—9 out of 10 of these admissions were for people in permanent residential aged care, most of whom were on leave from the residential aged care facility for the hospital visit (that is, they were not discharged from the residential aged care facility and were expected to return).
- About 1 in 3 admissions to residential aged care were from hospital (of which two-thirds were to permanent aged care); two-thirds of admissions to residential aged care were from people's homes or transfers from other residential facilities.

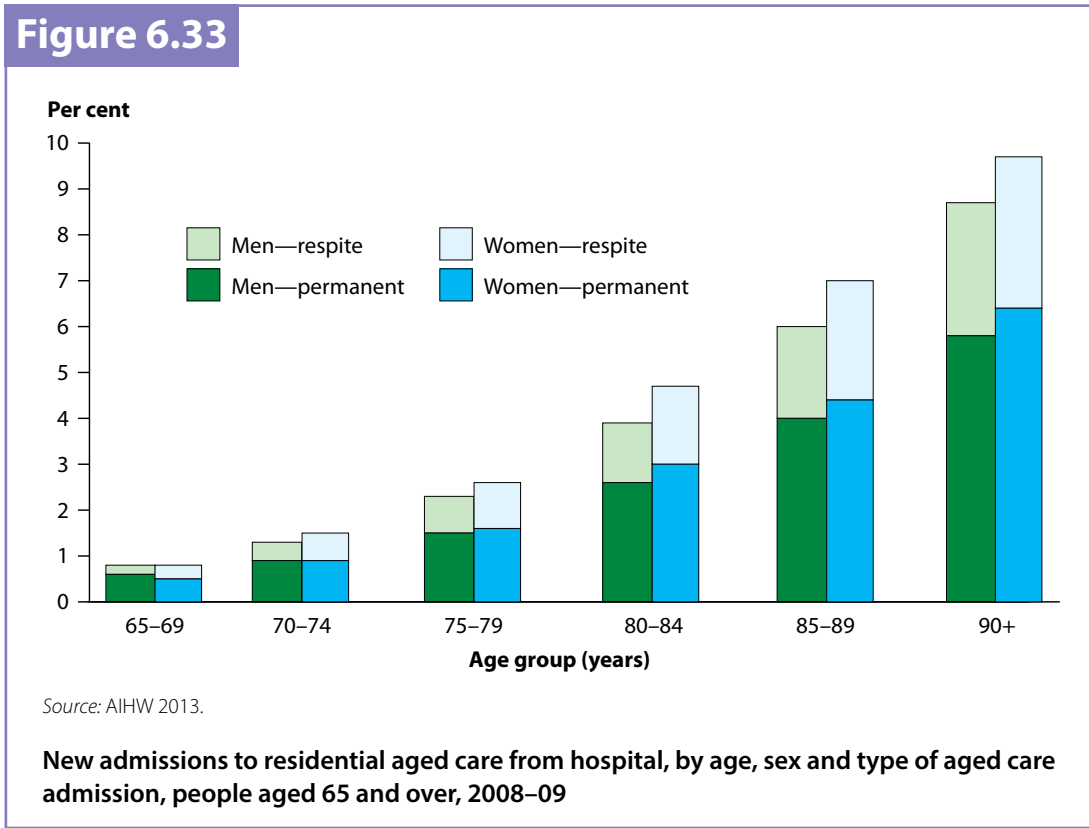
What were the differences by age and sex?

- As age increased, the likelihood of being discharged from hospital to permanent or respite residential aged care (as a new admission) rose, from less than 1 in 100 among those aged 65–69 to 1 in 10 among those aged 90 or older (Figure 6.33).
- For most age groups, women were more likely than men to be discharged to residential aged care, which may reflect differences in the availability of a suitable carer at home.



For what conditions were people admitted to hospital from residential care?

- The main health conditions requiring admission to hospital from either respite or permanent residential care were respiratory and circulatory conditions, and injury due to a fall. The most common conditions for people admitted to hospital from the community were circulatory conditions and cancers.
- People admitted to hospital from residential care (either respite or permanent) were more than twice as likely as people admitted from elsewhere to have *Staphylococcus aureus* (golden staph) or pressure ulcers noted in their hospital record, suggesting that this group is more frail and at higher risk of acquiring these conditions.
- People admitted to hospital from residential care (either respite or permanent) were 6 times more likely than people admitted from the community to have dementia recorded as a diagnosis affecting their hospital care.



What influenced admission to residential care from hospital?

- People were more likely to be admitted into residential care than return to the community after hospitalisation if they: had a longer stay in hospital; were diagnosed with dementia or stroke; were older; had an unplanned admission to hospital; or were in palliative care before discharge.
- Respite care in residential aged care appears to serve a dual role: as post-hospital care before returning to home (the outcome for 34% of respite admissions), and as a stepping-stone into permanent residential care (40% of respite admissions from hospital).

What is missing from the picture?

The study was limited to the movements between hospital and residential care (via the TCP where relevant), but did not look at movements in and out of community aged care programs. Also, little is known about the health conditions of people in residential care before they were admitted to hospital, and whether they had access to alternative care such as a general practitioner, which may have prevented the hospital admission.

The AIHW is building its capacity in analysis of aged care data both through more detailed data holdings associated with the AIHW National Aged Care Data Clearinghouse and through experience in data integration across health and aged care data sets. For example, the AIHW is currently undertaking an extended study of TCP clients that includes determining whether they are admitted to residential care within 12 months of being in the program. The study will contribute to an understanding of the effectiveness of the program in preventing premature admission to residential care.

Where do I go for more information?

A copy of the full report [Movement between hospital and residential care 2008–09](#) is available for free download. More information on hospital care in Australia is available at www.aihw.gov.au/hospitals/, and more information on residential and community aged care is available at www.aihw.gov.au/aged-care/. Also available is a detailed report on TCP clients: [Older people leaving hospital: a statistical overview of the transition care program 2009–10 and 2010–11](#).

References

AIHW (Australian Institute of Health and Welfare) 2013. Movement between hospital and residential aged care 2008–09. Data linkage series no. 16. Cat. no. CSI 16. Canberra: AIHW.