Australian Government
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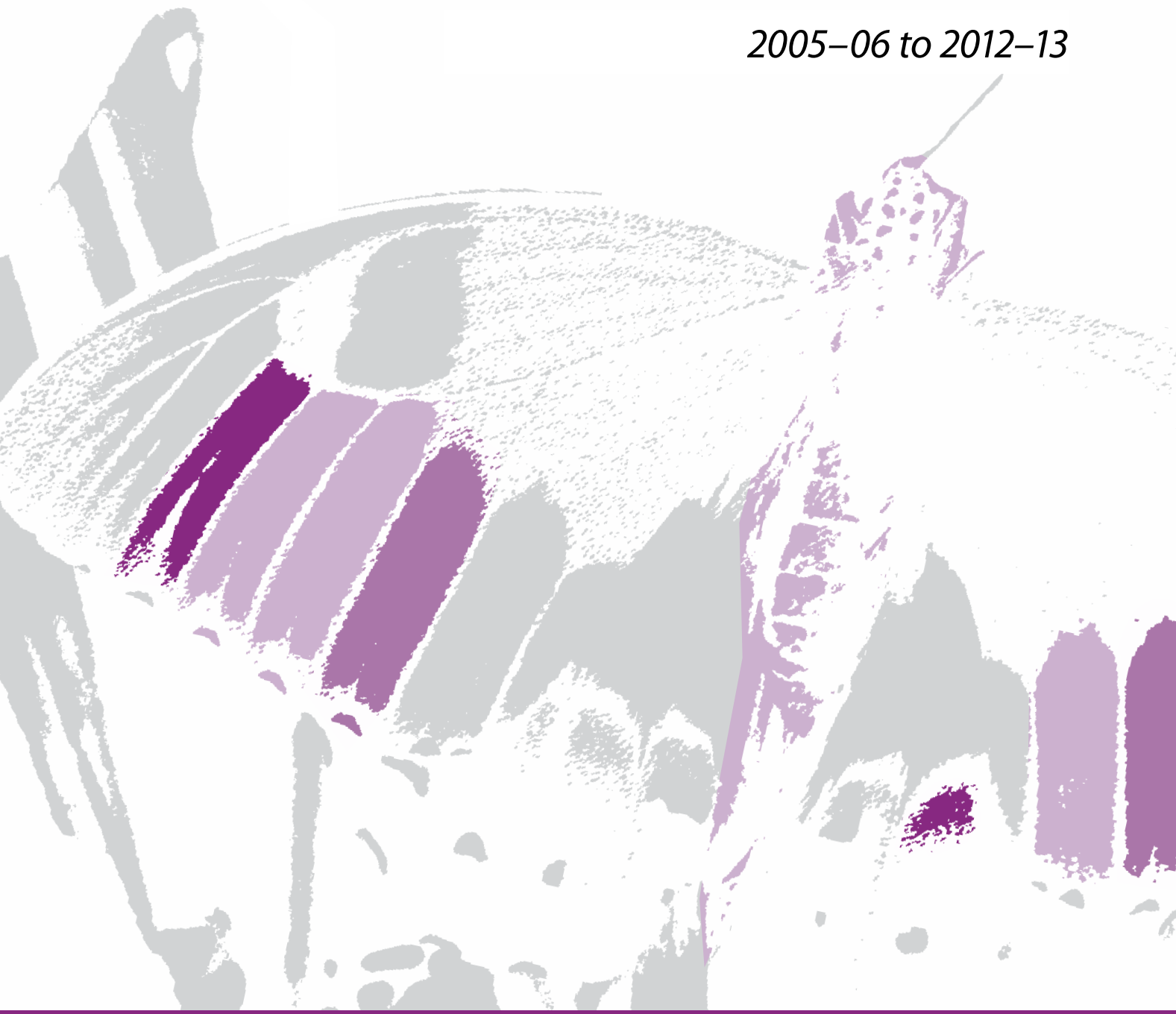
Transition care for older people leaving hospital

2005–06 to 2012–13



Australian Government
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Authoritative information and statistics to promote better health and wellbeing

AGED CARE STATISTICS SERIES
40

Transition care for older people leaving hospital

2005–06 to 2012–13

Australian Institute of Health and Welfare
Canberra
Cat. no. AGE 75

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Contents

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Data included in this report were sourced from the AIHW National Aged Care Data Clearinghouse.

Abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
AIHW	Australian Institute of Health and Welfare
ASGC	Australian Standard Geographical Classification
CACP	Community Aged Care Package
DoHA	Australian Government Department of Health and Ageing
DSS	Australian Government Department of Social Services
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
HACC	Home and Community Care
MBI	Modified Barthel Index
RAC	Residential aged care
RACS	Residential aged care services
TCP	Transition Care Program

Symbols

–	nil or rounded to zero
. .	not applicable
n.a.	not available
>	Greater than
<	Less than

Summary

For many older people, a hospital stay can be accompanied by a decline in functioning. The Transition Care Program (TCP) provides short-term care to older Australians in this situation directly after discharge from hospital. The program aims to improve care recipients' level of independence and functioning and to delay entry to residential aged care. TCP can be delivered in the community (at home) or in a home-like live-in setting.

This report provides an overview of the activities of the program from 2005–06 to 2012–13. Its main focus is on full periods of care, including joined consecutive transition care episodes, so that the final outcomes of the care recipient's interaction with the program can be examined. Program outcomes reported include changes in functioning, discharge destinations, and entry to permanent residential aged care within 12 months of completing transition care. Selected characteristics of care recipients are also reported.

Between 2005 and 2013 the program assisted more than 87,000 people

The program began in 2005, and until 30 June 2013, it had delivered more than 108,000 transition care episodes, which comprised nearly 94,400 periods of care that were provided to a total of 87,142 people.

Three in four care recipients had improved functional status

For 4 out of 5 periods of care (81%), the recipients completed their planned care. For those recipients, around 3 in 4 (76%) left the program with an improved level of functioning. The functional state of around 1 in 6 care recipients stayed about the same.

More than half of the care recipients returned to live in the community

At the end of more than half of the periods of care (54%), care recipients returned to live in the community—18% without assistance from community-based aged care services, and 36% with assistance from community-based aged care services. About 1 in 5 (21%) entered residential aged care directly from transition care, and 2% of care recipients died while receiving care.

Indigenous care recipients were more likely to return to the community (58%) and less likely to enter residential aged care (14%) than non-Indigenous care recipients (54% and 21% respectively), but they were more likely to return to hospital (20% compared with 17%).

A higher proportion of people from non-English-speaking backgrounds were discharged to residential aged care (25% compared with 20% of Australian-born recipients), and a lower proportion returned to the community (51% compared with 55%). This is in contrast to the general patterns of admission to aged care, where use of residential aged care is lower among people from non-English-speaking backgrounds compared with Australian-born people, and use of aged care packages in the community is generally higher.

Two-thirds of care recipients living in the community did not enter residential aged care within 12 months

About 98% of care recipients were living in the community when they were admitted to hospital; 66% of these had not entered residential aged care 12 months after discharge from their first period of transition care. At 30 June 2013, 53% had not entered residential aged care at all over the life of the program.

Introduction

For many older people, a hospital stay can be accompanied by a decline in functioning, as a result of medical illness or deconditioning associated with reduced mobility. Studies show that between 30% and 60% of older people experience functional decline on discharge from hospital (Kleinpell et al. 2008, Wong et al. 1998, Senior Friendly Hospitals—no date).

About the Transition Care Program

The Transition Care Program (TCP) , which is jointly funded by the Australian Government and all state and territory governments, provides short-term care to older Australians directly after discharge from hospital. The program aims to improve care recipients' level of independence and functioning and to delay entry to residential aged care.

The TCP began in 2005–06. Transition care can be delivered in the community (at home) or in a home-like (live-in) residential setting (refer to the Glossary). Services are flexible and customised to the individual. The type of services and support provided include those that improve functioning (physical, cognitive and psychosocial—thereby improving the person's capacity for independent living), and those that actively maintain the individual's functioning. A care plan is developed for each care recipient and includes some or all of the following:

- low-intensity therapy (such as physiotherapy and occupational therapy)
- social work
- personal care
- nursing support
- medical support, for example, a general practitioner (GP) overseeing care
- case management (DoHA 2011c).

Through the provision of these supports, the program also provides recipients and their families and carers with an opportunity to make long-term care arrangements such as entering a community aged care program or residential aged care and enables them to do so at an optimum level of functioning.

By 2012, a total of 4,000 operational transition care places had been allocated; the places were based broadly on the population distribution of non-Indigenous people aged 70 and over and Aboriginal and Torres Strait Islander people aged 50 and over. Half of these places were jointly funded by the Australian Government and state and territory governments, and half were fully funded by the Australian Government.

Access to TCP requires an initial Aged Care Assessment Team (ACAT) approval to be given in hospital. This approval is valid for 28 days. Although a person might not seek approval for residential care, a person needs to be assessed as eligible for residential aged care, have completed acute and any necessary subacute care (for example, rehabilitation), be medically stable and ready for discharge at the time of assessment, and must enter TCP directly on discharge from hospital (DoHA 2011c). While there are no age limits for transition care, a younger person would not be assessed for residential age care unless there were 'no other care facilities or care services more appropriate to meet their needs' available (DoHA 2009).

TCP assistance can be provided for up to 12 weeks; however, in exceptional circumstances a further ACAT assessment can lengthen the program by up to an additional 6 weeks. Although the actual delivery of transition care services can exceed this limit, the Australian Government subsidises places to a maximum of 18 weeks.

A recipient's functioning is measured at the beginning and end of care to quantify changes that have taken place. This is done using the Modified Barthel Index (MBI) (see Box 1).

The states and territories, represented by their health departments, are the approved providers for this program. They are responsible for determining the location of TCP outlets and the model of service that suits the local situation, taking into consideration what other types of services are available. Consequently, the service provision model varies from state to state and even within states, and to some extent over time. This is seen in the differences between states in the service delivery setting, with some states providing most care in the community and others in a residential care setting (see Table A1.1; AIHW 2012b: Figure A9). These differences should be taken into consideration when comparing the outcomes in different states and territories.

Box 1: Modified Barthel Index

The Modified Barthel Index (MBI) is a tool used to measure personal functioning, or the ability to perform certain self-care tasks. Specifically, the MBI measures how much help a person needs with personal hygiene, bathing, feeding, using the toilet, stair-climbing, bowel control, bladder control, ambulation or the ability to move about (for those not in a wheelchair), wheelchair use for those trained in using one, and chair/bed transfers.

For each of the elements mentioned above, there are 5 associated responses, which are ranked on a numerical scale. This scale ranges from 0 to 15, depending on the element, with 0 being 'unable to perform the task', through to 5, 10 or 15 being 'fully independent'. The scores for these elements are then added to obtain a total score. The total MBI scores are out of 100, and for TCP this overall score is related to level of dependency and hours of help required per week. Lower scores relate to greater levels of dependency and hours of help and higher scores relate to lower dependency levels and hours of help. If a TCP recipient returns to hospital or dies, the MBI score at the end of the episode is recorded as zero.

Sources: DoHA 2006; Leung et al. 2007.

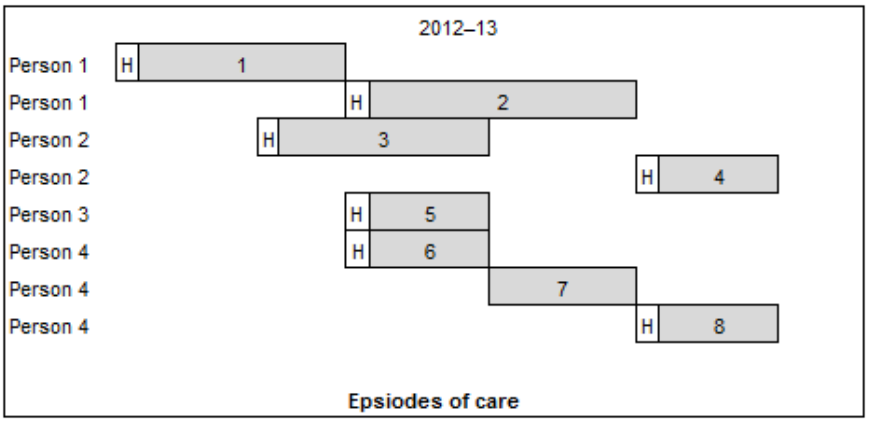
Timeframes and key concepts

Since the program started in 2005–06, the majority of TCP recipients have had 1 individual episode of transition care. Others have had 1 or more periods of transition care. In these cases, recipients have either moved directly to a second care provider or have had 2 or more consecutive TCP episodes—that is, they have been re-admitted to hospital and returned to TCP before their interaction with TCP service provision ended. Because of this, in this report, we use 2 main terms to describe the time of interaction between a recipient and the program services: episode of care and period of care (Box 2).

Box 2: Episodes and periods of care

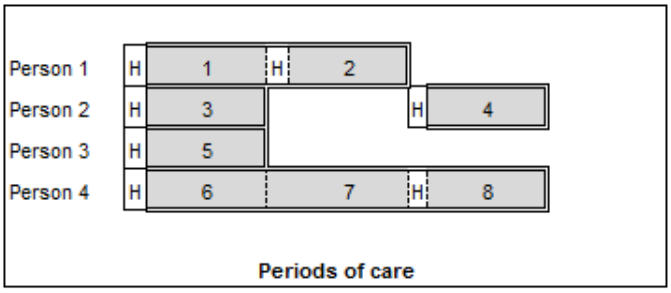
A transition care **episode** is the period of time the recipient is receiving a service from 1 service provider. An episode starts immediately after the initial hospital stay, when a client first starts receiving a TCP service, and concludes when a recipient either transfers to a different service, returns to hospital, or leaves the program entirely. Unlike other aged care programs, there is no provision for leave from TCP.

A single recipient can have multiple episodes of care. Consecutive episodes can occur when care recipients transfer directly to another care provider (Person 4, episodes 6 and 7) or return to hospital and then move to another episode of transition care when discharged from hospital once more (for example, Person 1, episodes 1 and 2). In the diagram below, each shaded area is an episode of care—the H indicates a hospital stay.



To get a more complete picture of how the program is supporting its care recipients, it is necessary to join all the consecutive episodes. Joined episodes become a **period of care**.

For example, in the diagram below, the episodes for the 4 people represented in the diagram above are joined (separated by a dotted line) into 5 periods of care (outlined with double lines). A period of care can be made up of a single episode or of 2 or more consecutive episodes, including any intervening hospital stays.



In the example above, Person 1, Person 3 and Person 4 all have only 1 period of care, each with a different number of episodes. Person 4, for example, has 1 episode of care with an initial direct transfer between service providers, followed by a return to hospital and a third transition care episode, all within the same period of care. In contrast, Person 2 has 2 periods of care. In effect, 8 transition care episodes have become 5 periods of care.

Not all episodes or periods of care occur within a single financial year; this makes describing the activity of individual financial years difficult. In this report, episodes and periods of care are counted in the year that they conclude—that is, the discharge year.

About this report

The Australian Institute of Health and Welfare (AIHW) was engaged by the then Department of Health and Ageing (DoHA), now the Ageing and Aged Care Stream of the Department of Social Services (DSS), to build on previous work providing a comprehensive statistical overview of the TCP (AIHW 2011, AIHW 2012b). This report expands the scope of reporting to improve the quality of information available on the outcomes of the program.

Chapter 1 details information about the program activities. The first section provides an overview of the basic program statistics for the life of TCP (2005–06 to 2012–13) and presents activity information, including service location and provision activities for the most recent financial year. The second section focuses on admissions to and discharges from episodes of care, while the third section explores periods of care and the setting of care delivery (see Box 2 for description of episodes and periods of care).

The scope of data analysed varies in the remaining chapters as follows:

- Chapter 2: client characteristics for the first episode of care for each client commenced in 2012–13
- Chapter 3: periods of care where planned care was completed between 2005 and 30 June 2013
- Chapter 4: all periods of care completed from 2005 to 30 June 2013
- Chapter 5: periods of care completed from 2005 to 30 June 2012.

Chapter 2 explores the characteristics of people who use transition care services. This chapter focuses on the most recent financial year available (2012–13) and the characteristics of people at the time of their first admission in that year. In previous reports about TCP, care recipient characteristics have been episode-based—in this report they are person-based and the scope has been expanded to include marital status, living arrangements, and usual accommodation in addition to age, sex, geographical location, and cultural diversity.

The first 2 outcomes chapters of this report (chapters 3 and 4) focus on recipient outcomes from 2005–06 to 2012–13. Outcomes are based on a period of care and cover periods with 1 or more episodes. Previously, the AIHW has published analyses of periods of care (referred to as 'joined TCP episodes'), covering the period 2005–06 to 2010–11. The analysis in this report primarily builds on those results rather than repeating them.

Chapter 3 presents the first of the measured outcomes for the program: functional change. The analysis is limited to recipients who completed their planned care (refer to Chapter 3) and measures functional change, based on any change to the MBI, from the start to the completion of each period of care.

Chapter 4 looks at the discharge destinations of recipients following all periods of transition care, and factors that may affect these destinations.

Chapter 5 focuses specifically on discharge to residential aged care, both directly after discharge from transition care and within 12 months of discharge. Factors associated with the differences in the time to admission to residential aged care are examined for those care recipients who were not living in residential aged care at the time of the initial hospital admission prior to entering transition care.

Finally, the discussion section at the end of this report identifies limitations in the report and suggests options for further analysis of the program.

Data and methods

Sources and limitations

Unless otherwise noted, the source of all data in this report is AIHW analysis of administrative data about the TCP program from the AIHW National Aged Care Data Clearinghouse. These data may differ from those published elsewhere when additional data or corrections to data are received and processed after initial reports have been published.

Data included in the AIHW National Aged Care Data Clearinghouse are collected and maintained by the Department of Human Services and the Department of Social Services. A subset of these data is then provided to the AIHW. Unless internal inconsistencies are found within the data, the AIHW assumes them to be correct and complete.

Administrative data are data that are collected as part of the approving receipt of care, providing the service, measuring its success and claiming payment for providing the service:

- Information about the care recipients' sociodemographic characteristics (for example, usual accommodation, living arrangements, marital status and Indigenous status) has generally been derived from the ACAT assessment that resulted in the approval for the TCP episode. As this approval is only valid for 28 days, the accommodation and other sociodemographic information is relatively current.
- The care recipient's date of birth and sex, along with information about the start date of the relevant hospital admission, the start and end dates of service provision, the number of care days of care provided in the care recipient's home or in a live-in facility, and their MBI score at the start and end of a transition care episode are collected from the service provider's claims for payments of care subsidies.
- Geographic information in this report is about the service provider and comes from their application for approval as a provider of transition care services.

Inconsistencies with episode dates

In this analysis of the transition care data, the AIHW draws on data for the date of admission to hospital immediately prior to admission to an episode, along with the start date for the episode (which is equivalent to the discharge date from hospital as the care recipient must go directly from hospital to TCP) and its end date. Of the 8,800 periods of care made up of 2 or more episodes, 35% included episodes with overlapping dates. Although these episodes were joined and included in the analysis, these overlapping dates make it difficult to determine how much of the period of care was time where the recipient was receiving transition care and how much time was spent in hospital during the period of care.

In addition, service providers' claims for payment include information on the number of days of care claimed for the care recipient, for both community-based (in-home) and residential-based (live-in) settings. The sum of care days for each episode should equal the difference between start and end dates for the transition care episodes. For just under 3% of episodes, the number of days of service differed from the number of days in the episode by more than 2 days.

In this report, joined episodes with inconsistent dates have been included in all analyses except those involving the number of service provision care days (also called 'setting days').

Further information

For a detailed description of data sources and limitations, see the Data Quality Statement included in Appendix B.

Tables and figures included in this report are published on the Australian Institute of Health and Welfare (AIHW) website with the electronic version of this report <www.aihw.gov.au>.

1 Transition care services and provision

Overview of Transition Care Program activity

In 2004–05, the Australian Government established TCP as a jointly funded initiative with the states and territories. Between 2005 and 2007 there were 2,000 operational transition care places provided to all states and territories. The allocation of these places was based on the broad population distribution of non-Indigenous people aged 70 and over and Indigenous people aged 50 and over (DoHA 2011a).

In 2007–08, the Australian Government announced that a further 2,000 transition care places would be provided by 2011–12. The first batch (228 places) was allocated in June 2008, a second batch (470 places) in March 2009, the third (651 places) in March 2010, and the final fourth allocation (651 places) became operational in 2011–12. This took the total number of operational places to 4,000 (DoHA 2011b).

Table 1.1 provides an overview of the activity of the Transition Care Program for each financial year since its initiation in 2005.

Table 1.1: Activity of the Transition Care Program 2005–06 to 2012–13

Activity measure	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
Operational places at 30 June	595	1,594	1,963	2,228	2,698	3,349	4,000	4,000
Admissions	918	6,873	10,158	12,571	14,849	18,008	21,874	22,935
Individuals admitted[(a)]	861	6,306	9,287	11,278	13,313	16,056	19,453	20,113
Individual care recipients[(b)]	861	6,577	10,370	12,661	15,018	18,101	21,962	23,196
Discharges	621	5,997	9,783	12,232	14,467	17,427	21,300	22,954
Periods of care by year of discharge								
Consisting of 1 individual episode	539	5,100	8,287	10,050	11,872	14,188	17,237	18,333
Consisting of 2 or more episodes	31	372	684	990	1,210	1,470	1,840	2,180
Total periods of care	570	5,472	8,971	11,040	13,082	15,658	19,077	20,513
Care days provided								
In the home	17,416	204,771	330,835	435,503	529,176	629,480	775,543	805,087
In a live-in facility	16,661	113,530	172,280	207,518	245,633	309,814	378,375	407,246
Total number of care days	*34,077*	*318,301*	*503,115*	*643,021*	*774,809*	*939,294*	*1,153,918*	*1,212,333*

(a) Individuals may have more than 1 admission in a year.

(b) Number of individuals receiving at least part of their transition care episode in a year. A person whose episode starts in 1 year and finishes in the next is counted in both years.

Notes

1. Data are for each financial year from 1 July to 30 June.

2. Admissions include all admissions during the financial year – both completed and ongoing admissions.

Source: AIHW National Aged Care Data Clearinghouse.

Service outlets

The state and territory governments, represented by their health departments, are the Approved Providers of transition care under the *Aged Care Act 1997*. The outlets that provide the services have the responsibility to plan, coordinate and manage care that is matched to the needs of their recipients. Care provision can be provided directly by outlets run by state and territory governments or they can be brokered to other service providers. Outlets can have places that are specifically for provision in the home, in a live-in facility, or flexibly provided (that is, either in the home or in a live-in facility according to need).

Service outlet location

The highest proportion of TCP service outlets were located in New South Wales (48%), followed by Victoria (20%), and Queensland (11%) (Table 1.2). The remaining states and territories each had less than 10% of total service outlets, with the lowest proportion in the Australian Capital Territory (1%).

Table 1.2: Number of TCP service outlets, by state/territory and remoteness[(a)], 30 June 2013

Remoteness	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Major cities	20	11	5	5	3	0	1	—	45
Inner regional	19	6	3	1	1	2	—	—	32
Outer regional	5	2	3	2	0	1	—	1	14
Remote	1	—	—	—	—	—	—	1	2
Very remote	—	—	—	—	—	—	—	—	—
Australia	**45**	**19**	**11**	**8**	**4**	**3**	**1**	**2**	**93**

(a) Refers to location of service outlet. The table uses the ASGC Remoteness Structure developed by the ABS.

. . not applicable.

— nil or rounded to zero.

Source: AIHW: National Aged Care Data Clearinghouse.

About 80% of TCP service outlets were located in *Major cities* (48%) and *Inner regional* areas (34%), and the lowest number were in *Remote* areas (2%) (see box 3). New South Wales opened the first remote outlet outside of the Northern Territory in October 2011.

Although there are no outlets located in *Very remote* areas, outlets can provide services to care recipients who live in other remoteness categories, including *Very remote*.

Box 3: How is remoteness defined?

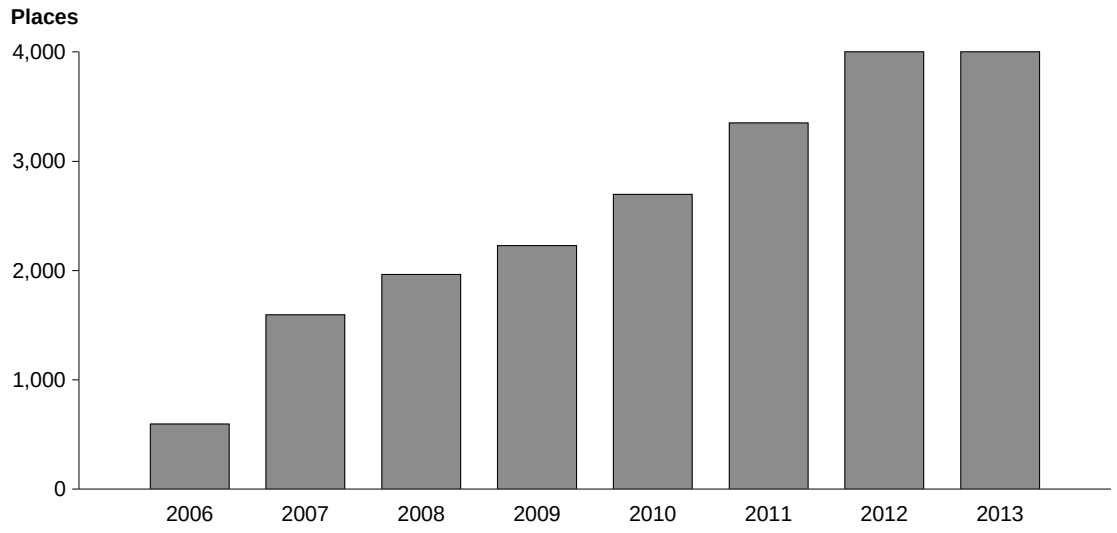
The term 'remoteness', as it is used in this publication, refers to a classification defined by the Australian Bureau of Statistics (ABS) called the Australian Standard Geographical Classification (ASGC) (ABS 2011a). The ASGC uses measures of access and distance to services (such as health and education) offered in urban areas (any population centre of 1,000 or more) to determine classifications of Australian remoteness. The classifications include *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. Remoteness categories for places and care recipients in this report are determined by the remoteness of the outlet providing the care.

Service provision

The number of people assisted and the number of care episodes provided are both influenced by the number of places available, the length of stay of the recipients, and the occupancy rate for places. When care recipients need a longer period of care, the number of episodes of care that can be provided will be smaller.

Available places

Across Australia, there were 4,000 operational TCP places as at 30 June 2013. The number of operational TCP places has remained steady since 2012 after increasing annually since 2006 (Figure 1.1).



Source: Table 1.1, AIHW National Aged Care Data Clearinghouse.

Figure 1.1: Operational TCP places, 30 June 2006 to 30 June 2013

The highest number of TCP operational places was in New South Wales, which accounted for just over 1 in every 3 places. Victoria had the next highest number, accounting for 1 in every 4 places (Table 1.3). These 2 states have the largest populations and the most service outlets. The lowest number of available places was in the Northern Territory (0.7%), followed by the Australian Capital Territory (1.5%), both of which have lower populations and, therefore, fewer service outlets.

Table 1.3: Operational TCP places, by geographic location[(a)] 30 June 2013

Operational places at 30 June 2013	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number	1,378	1,000	733	346	347	109	58	29	**4,000**
Per cent	34.5	25.0	18.3	8.7	8.7	2.7	1.5	0.7	**100.0**

(a) Refers to location of service outlet.

Source: AIHW National Aged Care Data Clearinghouse.

Provision ratio

At 30 June 2013 across Australia, the operational provision ratio (from now on referred to as 'provision ratio') was 1.7 per 1,000 population aged 70 and over (Table 1.4). In the states and territories, the lowest provision ratio per 1,000 was 1.6 per 1,000 in Western Australia, and the highest was in the Australian Capital Territory (2.0).

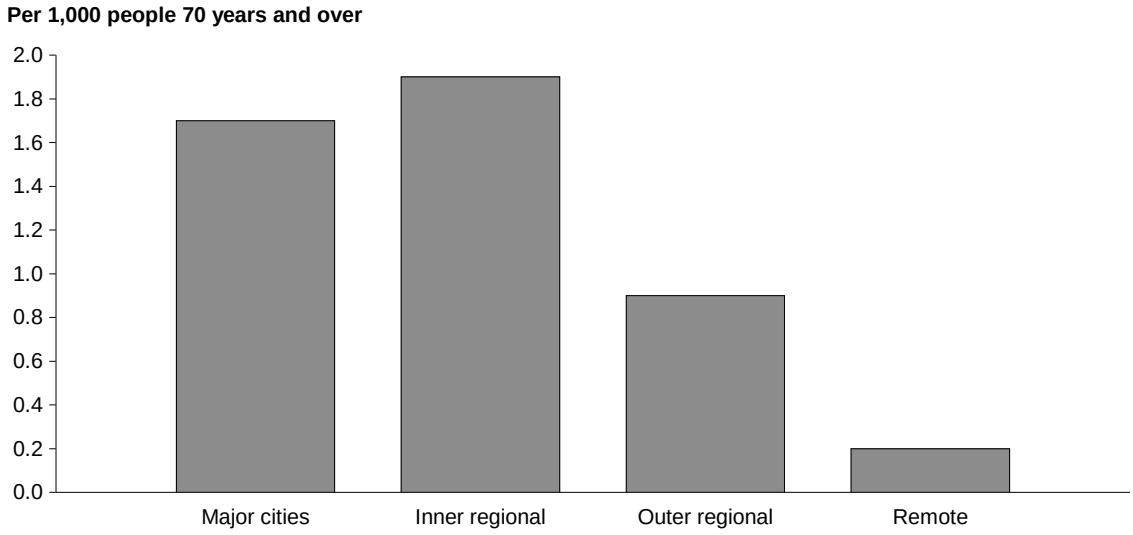
Table 1.4: Operational provision ratio for TCP, by state and territory[(a)], 30 June 2013

Measure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Provision ratio per 1,000	1.8	1.7	1.7	1.6	1.8	1.8	2.0	1.8	1.7

(a) Refers to location of service outlet.

Source: AIHW National Aged Care Data Clearinghouse.

The service provision ratio was highest in *Inner regional* areas in 2012–13 at 1.9 followed by *Major cities* at 1.7 per 1,000 people 70 and over respectively. This is in contrast to *Remote* areas where service provision was 0.2 per 1,000 (Figure 1.2).



(a) Refers to location of service outlet. This figure uses the ASGC Remoteness Structure developed by the ABS. Note that there were no service outlets in *Very remote* regions.

Source: Table A1.2, AIHW National Aged Care Data Clearinghouse.

Figure 1.2: Operational provision ratio for TCP, by remoteness[(a)], 30 June 2013

Occupancy

In 2012–13, the average occupancy rate for transition care was 85%. The average occupancy rates for states and territories ranged from 55% in the Australian Capital Territory to 91% in Victoria. Occupancy was highest in Major cities (87%) and lowest in Remote areas (30%) (Table 1.5).

Transition care provides time-limited service. Changeover periods between care recipients are more frequent, and the start dates of care episodes are influenced by the requirement that the care recipient must enter care directly on discharge from hospital. Where the local

population is small and places are fewer, such as in more remote areas, demand for services is more likely to vary over time, and vacant places have a larger effect on occupancy rates.

Between 2008–09 and 2011–12, the national occupancy rate was stable at around 81% to 82% but increased in 2012–13 to 85% (Table A1.4 and Table A1.5).

Table 1.5: Occupancy by jurisdiction and remoteness of service outlet, 2012–13

State/territory	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia
NSW	85.0	87.9	67.2	10.4	. .	**84.6**
VIC	93.5	84.9	84.4	. .	. .	**90.8**
QLD	84.9	83.1	86.2	. .	. .	**84.7**
WA	79.8	59.9	56.8	. .	. .	**76.3**
SA	91.8	84.9	. .	. .	. .	**90.0**
TAS	. .	85.6	52.9	. .	. .	**78.1**
ACT	55.4	. .	. .	. .	. .	**55.4**
NT	. .	. .	77.2	47.2	. .	**67.5**
Australia	**86.6**	**85.4**	**74.1**	**30.3**	**. .**	**85.2**

Source: AIHW National Aged Care Data Clearinghouse.

Care days provided

The number of care days provided has increased over the years with the release of additional places.

Transition care facilitated over 1.2 million recipient care days across Australia in 2012–13. These services were delivered either in the home or in a live-in facility. Overall for Australia in 2012–13, more than two-thirds of recipient care days were in the home (66%); however, across states and territories, the proportion of services delivered in the home ranged from over 90% in New South Wales to just over 20% in Western Australia (Table 1.6). The proportion of services delivered in the home was higher than those delivered in a live-in facility in all states and territories except Western Australian and Victoria as a result of the different models of care delivery in those states.

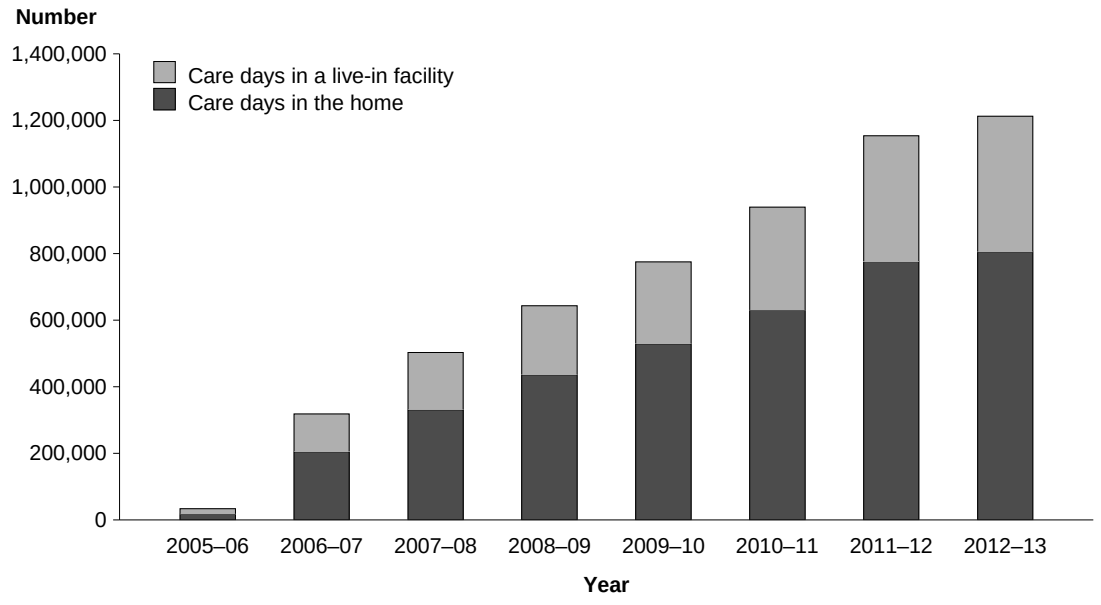
Table 1.6: Total care days provided, by state and territory and care setting, 2012–13

Care setting	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Number of care days				
In the home	375,242	130,489	186,963	19,832	64,143	15,737	7,594	5,087	805,087
In a live-in facility	41,187	190,145	34,964	78,269	48,092	8,488	4,150	1,951	407,246
Total care days	**416,429**	**320,634**	**221,927**	**98,101**	**112,235**	**24,225**	**11,744**	**7,038**	**1,212,333**
					Percentage of care days				
In the home	90.1	40.7	84.2	20.2	57.2	65.0	64.7	72.3	66.4
In a live-in facility	9.9	59.3	15.8	79.8	42.8	35.0	35.3	27.7	33.6
Total care days	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: AIHW: National Aged Care Data Clearinghouse.

The number of care days has increased from 34,100 in 2005–06 to 1,212,000 in 2012–13 with the release of additional places over time (Figure 1.3). Since 2007–08, about 2 in 3 care days have been provided in the care recipient's home (66% to 68%). The last of the planned 4,000 transition care places became operational during 2011–12. Unless additional places are approved, any future variation in number of care days provided will be the result of variation in occupancy of places.

Over time, for most of the states and territories, the proportion of services delivered in the home has been relatively stable since 2005–06 (Table A1.1). However, for the Australian Capital Territory, Tasmania and the Northern Territory, there has been considerable variation over the years. In Tasmania and the Northern Territory, there has been an increase in service provision in the home.



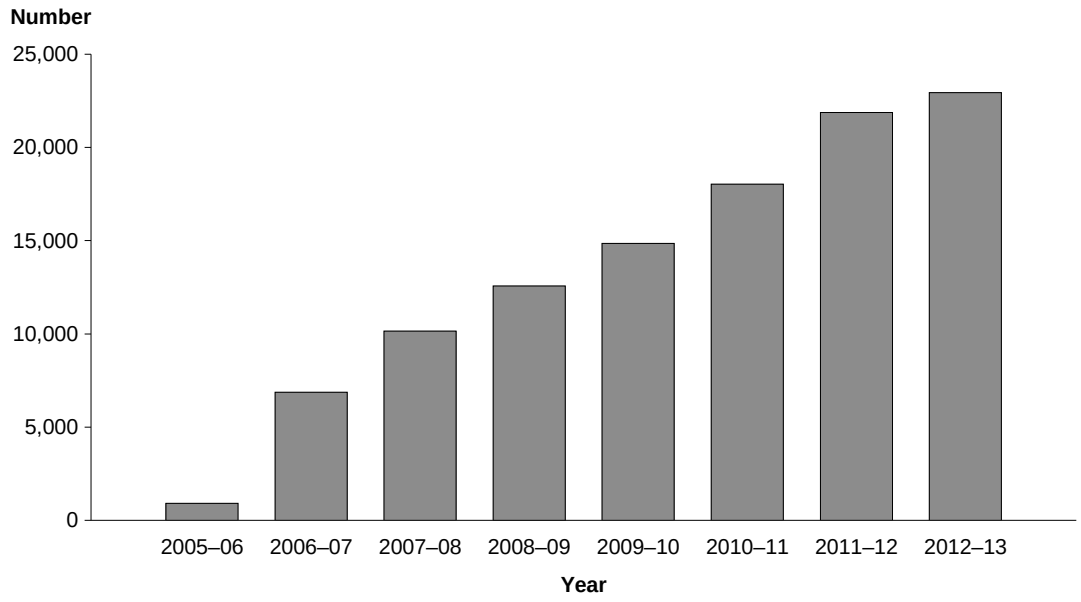
Source: Table 1.1, AIHW: National Aged Care Data Clearinghouse.

Figure 1.3: Total care days provided, by state and territory and care setting, 2005–06 to 2012–13

Episodes of care

The number of admissions to and discharges from episodes of care have been increasing since the program commenced with the release of new transition care places (Table 1.6, Figure 1.4, Table A1.6 and Table A1.7). With no plans for additional transition care places, the number of admissions in the future could be expected to plateau unless there is a change in care recipient's average length of stay or occupancy of places.

Admissions and discharges for women are higher than those for men for all years and across all states and territories—around two-thirds women to one-third men (Table 1.7). This is consistent with the general population in the age cohort of transition care clients.



Source: Table 1.1, AIHW: National Aged Care Data Clearinghouse.

Figure 1.4: Number of admissions to episodes of care, 2005–06 to 2012–13

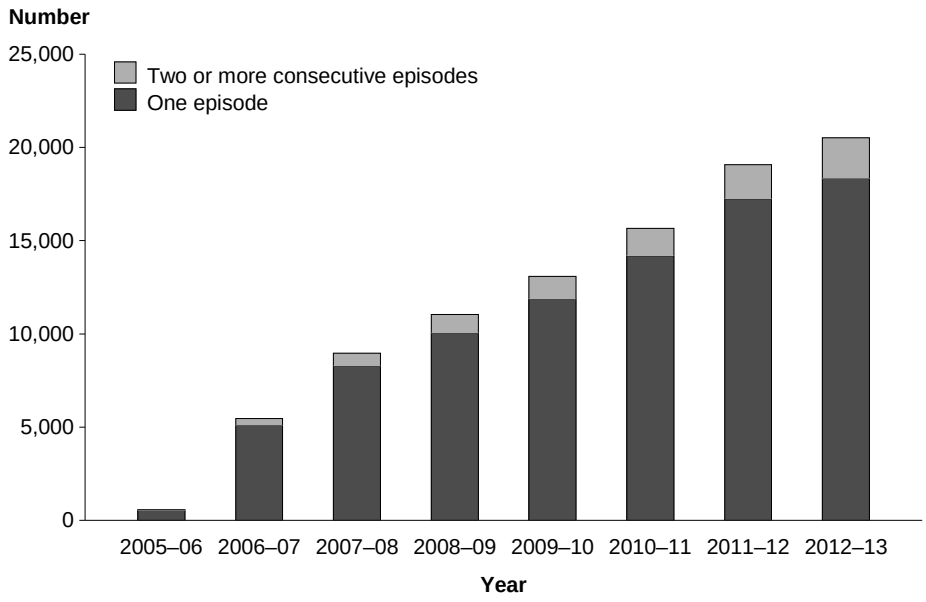
Table 1.7: Admissions and discharges for episodes of care, by sex and year, 2005–06 to 2012–13

Sex	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
				Admissions				
Men	37.3	35.7	36.2	35.3	35.1	36.2	36.3	36.7
Women	62.8	64.3	63.8	64.7	64.9	63.9	63.7	63.3
Admissions (no.)	**918**	**6,873**	**10,158**	**12,571**	**14,849**	**18,027**	**21,874**	**22,935**
				Discharges				
Men	37.8	36.0	36.1	35.6	35.1	36.0	36.5	36.4
Women	62.2	64.0	63.9	64.4	64.9	64.0	63.5	63.6
Discharges (no.)	**621**	**5,997**	**9,783**	**12,232**	**14,467**	**17,427**	**21,300**	**22,954**

Source: AIHW National Aged Care Data Clearinghouse.

Periods of care

There has been a continuous increase in the number of periods of care over time (Figure 1.5 and Table A1.8, Table A1.9). In 2012–13, there were more than 20,000 periods of transition care delivered across Australia; of these, 90% were single episodes. Across all states and territories, the majority of periods of care have comprised 1 episode of care (Table A1.10).



Source: Table 1.1, AIHW National Aged Care Data Clearinghouse.

Figure 1.5: Periods of care by number of episodes, 2005–06 to 2012–13

2 Characteristics of recipients

This section describes some characteristics of TCP recipients, including their age and sex, their background, and the language spoken at home. In previous reports, the characteristics of clients were reported for all care episodes; for this report, the main focus is around the sociodemographic characteristics of individual people on their first admission in the financial year. Between 1 July 2012 and 30 June 2013, there were 23,196 individual TCP recipients who received at least part of 26,378 transition care episodes in the year, with 20,113 admitted in 2012–13. Most care recipients had only 1 episode of care in the year.

Personal demographics

Median age and sex

Overall, the median age at first admission was 83 years (Table 2.1); women had a slightly older median age than men (83 and 81 years, respectively). People who received services in the Northern Territory had the lowest median age at admission: 75 years for both men and women. Recipients in Western Australia had the oldest median age at admission for women (85 years); whereas recipients in South Australia, Western Australia and the Australian Capital Territory had the oldest for men (83 years).

Around 2 in every 3 TCP episode recipients were women (Table 2.1). This has been stable over the previous 4 years (2008–09 to 2011–12) (see also AIHW 2012b). In 2012–13, the highest proportions of TCP recipients who were women were in the Australian Capital Territory and South Australia (70% and 68%, respectively) (Table 2.1); conversely, the lowest proportion was in the Northern Territory (51%).

Table 2.1: Sex and median age of TCP recipients, by state and territory[(a)], 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of TCP recipients									
Men	2,143	2,211	1,408	740	560	164	64	49	7,339
Women	4,040	3,312	2,627	1,170	1,167	254	153	51	12,774
Persons	**6,183**	**5,523**	**4,035**	**1,910**	**1,727**	**418**	**217**	**100**	**20,113**
Percentage of TCP recipients									
Men	34.7	40.0	34.9	38.7	32.4	39.2	29.5	49.0	36.5
Women	65.3	60.0	65.1	61.3	67.6	60.8	70.5	51.0	63.5
Persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Median age at admission (years)									
Men	81	82	80	83	83	81	83	75	81
Women	82	84	82	85	84	82	84	75	83
Persons	**82**	**83**	**81**	**84**	**84**	**82**	**84**	**75**	**83**

(a) Location at first admission for the year.

Source: AIHW National Aged Care Data Clearinghouse.

The youngest median age at admission was for recipients who had been provided services in *Remote* areas (72 years for both men and women), whereas the oldest median age was for *Major cities* (82 for men and 84 years for women). For each remoteness areas, the median age at admission for women was higher than for men.

In 2012–13, the highest proportions of women were seen in *Inner regional* and *Outer regional* areas (64% each) (Table 2.2). In contrast, the highest proportion of men was seen in *Remote* areas (41%). The small number of places in *Remote* areas means that the proportion of men and women varies considerably from year to year.

Table 2.2: Sex and median age of TCP recipients, by remoteness of service outlet[(a)], 2012–13

	Major cities	Inner regional	Outer regional	Remote	Australia
			Number of TCP recipients		
Men	5,100	1,840	386	13	7,339
Women	8,840	3,236	679	19	12,774
Persons	**13,940**	**5,076**	**1,065**	**32**	**20,113**
			Percentage of TCP recipients		
Men	36.6	36.2	36.2	40.6	36.5
Women	63.4	63.8	63.8	59.4	63.5
Persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
			Median age at admission (years)		
Men	82	81	79	72	81
Women	84	82	81	72	83
Persons	**83**	**82**	**80**	**72**	**83**

(a) Location at first admission for the year. There are no service outlets in *Very remote* Australia.

Source: AIHW National Aged Care Data Clearinghouse.

Age profiles

During 2012–13, the majority of women were aged 75 and over (83%), and 17% were aged 90 or over. Men had a younger profile than their female counterparts, with 77% of men aged 75 and over and 11% aged 90 and over (Table 2.3, see also Table A2.1).

Table 2.3: Age profile of TCP recipients, by sex, 2012–13

	Men		Women		Persons	
Age (years)[(a)]	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
0–64	342	4.7	364	2.8	706	3.5
65–69	555	7.6	637	5.0	1,192	5.9
70–74	829	11.3	1,204	9.4	2,033	10.1
75–79	1,295	17.6	2,089	16.4	3,384	16.8
80–84	1,901	25.9	3,124	24.5	5,025	25.0
85–89	1,636	22.3	3,182	24.9	4,818	24.0
90–94	636	8.7	1,730	13.5	2,366	11.8
95+	145	2.0	444	3.5	589	2.9
Total	**7,339**	**100.0**	**12,774**	**100.0**	**20,113**	**100.0**

(a) Age at first admission for the year

Source: AIHW National Aged Care Data Clearinghouse.

Marital status

The 2 most common marital statuses were widowed (45%) and married (37%). Almost 9% of recipients were reported as being divorced, around 7% as never married, and just over 2% were separated (Table 2.4). This order was consistent across all states and territories. The Northern Territory had the highest proportions of divorced and separated recipients (16% and 4% respectively), compared with South Australia who had the lowest (7% and 1% respectively).

Table 2.4: Marital status of TCP recipients, by state and territory[(a)], 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Number of TCP recipients				
Married	2,473	1,922	1,563	621	601	143	61	29	7,413
Widowed	2,643	2,525	1,681	910	882	190	113	36	8,980
Divorced	511	428	376	196	123	44	21	16	1,715
Separated	119	157	78	49	23	13	4	4	447
Never married	406	467	267	115	81	25	15	11	1,387
Not stated	31	24	70	19	17	3	3	4	171
Total	**6,183**	**5,523**	**4,035**	**1,910**	**1,727**	**418**	**217**	**100**	**20,113**
					Percentage of TCP recipients				
Married	40.0	34.8	38.7	32.5	34.8	34.2	28.1	29.0	36.9
Widowed	42.7	45.7	41.7	47.6	51.1	45.5	52.1	36.0	44.6
Divorced	8.3	7.7	9.3	10.3	7.1	10.5	9.7	16.0	8.5
Separated	1.9	2.8	1.9	2.6	1.3	3.1	1.8	4.0	2.2
Never married	6.6	8.5	6.6	6.0	4.7	6.0	6.9	11.0	6.9
Not stated	0.5	0.4	1.7	1.0	1.0	0.7	1.4	4.0	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Location and marital status at first admission for the year.

Source: AIHW National Aged Care Data Clearinghouse.

Living arrangements

Overall, more than half (51%) of TCP recipients lived alone, and 45% of recipients lived with family. In all states and territories except the Northern Territory, the most common living arrangements for recipients was living alone; in the Northern Territory, the majority lived with family (Table 2.5).

Table 2.5: Living arrangements of TCP recipients, by state and territory[(a)], 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Number of TCP recipients				
Lives alone	3,010	2,829	1,999	1,006	918	235	140	44	10,181
Lives with family	2,937	2,513	1,897	792	694	169	71	53	9,126
Lives with others	83	94	110	43	18	12	4	2	366
Not applicable	20	73	11	60	10	2	—	1	177
Unknown	133	14	18	9	87	—	2	—	263
Total	**6,183**	**5,523**	**4,035**	**1,910**	**1,727**	**418**	**217**	**100**	**20,113**
					Percentage of TCP recipients				
Lives alone	48.7	51.2	49.5	52.7	53.2	56.2	64.5	44.0	50.6
Lives with family	47.5	45.5	47.0	41.5	40.2	40.4	32.7	53.0	45.4
Lives with others	1.3	1.7	2.7	2.3	1.0	2.9	1.8	2.0	1.8
Not applicable	0.3	1.3	0.3	3.1	0.6	0.5	—	1.0	0.9
Unknown	2.2	0.3	0.4	0.5	5	—	0.9	—	1.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Location and living arrangements at first admission for the year.
— nil or rounded to zero.
Source: AIHW National Aged Care Data Clearinghouse.

Usual accommodation

In all states and territories, most care recipients lived in a private residence in the community, ranging from 85% in South Australia, Queensland and Western Australia to 92% in Tasmania (Table 2.6). About 1 in 10 (9%) lived in independent housing in a retirement village, ranging from 2% in the Northern Territory to 13% in Queensland. Just 1% were reported to be living in residential aged care.

About 2% of care recipients were living in 'Other' accommodation types, which includes long-term residence in a hospital, other institutional care, boarding houses, rooming houses, private hotels, supported community accommodation, short-term crisis, emergency or transitional accommodation, public places, temporary shelters, or other community accommodation.

Table 2.6: Usual accommodation of TCP recipients, by state and territory[(a)], 2011–12[(b)]

Usual accommodation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
House or flat	89.9	89.1	85.0	84.6	85.4	92.2	91.1	89.0	87.9
Independent living in a retirement village	8.0	6.3	13.0	11.4	12.1	6.5	8.4	2.0	9.1
Residential aged care—low	0.3	1.5	0.1	2.7	0.4	—	0.5	1.0	0.8
Residential aged care—high	—	0.2	0.1	0.3	0.1	0.2	—	—	0.1
Other	1.6	3.0	1.8	1.0	1.6	0.9	—	8.0	2.0
Not stated	0.1	—	—	0.1	0.4	0.2	—	—	0.1
Total[(c)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)[(c)]	**6,081**	**5,439**	**3,629**	**1,844**	**1,710**	**448**	**202**	**100**	**19,453**

(a) Location and usual accommodation at first admission for the year. Location relates to the location of the service provider.
(b) Accommodation details for 2012–13 were not available. 2011–12 data are presented here.
(c) Total includes 20 records where usual accommodation is not stated.

Source: AIHW National Aged Care Data Clearinghouse.

Cultural and linguistic diversity

'Culture' is a way of identifying groups of people who share common characteristics such as language, social practices, attitudes and values. In aged care data, information on Indigenous status, country of birth and preferred language spoken at home are collected as proxies for cultural diversity, which could indicate that the care recipient has 'special needs'. People born overseas in non-English-speaking countries are defined as a special needs group in the *Aged Care Act 1997*. People from different cultural backgrounds might access services differently to other Australians for a number of reasons. These include difficulty obtaining services because they are not aware of their availability or eligibility, because of concerns about being understood, because of different perceptions of familial roles, or concerns around cultural appropriateness of services (FACSIA 2006; Kreuter et al. 2002).

Country of birth

There are differences in usage patterns of aged care services by different population groups: it varies with country of birth. People born overseas in countries where English is not the main language tend to access community-based programs at a higher rate than people born in Australia or other main English-speaking countries; they also tend to access residential aged care at a lower rate (AIHW 2007; Productivity Commission 2011).

In 2012–13, the majority of TCP recipients were born in Australia (68%), including 0.7% of recipients who identified as Aboriginal or Torres Strait Islander (Table 2.7, Table 2.8). Tasmania had the highest proportion of TCP recipients who were Australian-born (85%), and Western Australia the lowest (54%).

Table 2.7: English-speaking background based on country of birth[(a)] of TCP recipients, by state and territory[(b)], 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Number of TCP recipients					
Australian born	4,473	3,427	3,067	1,030	1,144	356	132	68	13,697
Other English-speaking countries	552	492	527	448	273	33	33	8	2,366
Non-English-speaking countries	1,126	1,579	407	432	307	24	51	23	3,949
Unknown	32	25	34	—	3	5	1	1	101
Total	**6,183**	**5,523**	**4,035**	**1,910**	**1,727**	**418**	**217**	**100**	**20,113**
				Percentage of TCP recipients					
Australian-born	72.3	62.0	76.0	53.9	66.2	85.2	60.8	68.0	68.1
Other English-speaking countries	8.9	8.9	13.1	23.5	15.8	7.9	15.2	8.0	11.8
Non-English-speaking countries	18.2	28.6	10.1	22.6	17.8	5.7	23.5	23.0	19.6
Unknown	0.5	0.5	0.8	—	0.2	1.2	0.5	1.0	0.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) 'Other English-speaking countries' are New Zealand, United Kingdom, Ireland, Canada, USA and South Africa.

(b) Location at first admission for the year.

— nil.

Source: AIHW National Aged Care Data Clearinghouse.

The classification of English-speaking status is based on country of birth. There are 3 groups: people born in Australia, people born in overseas in main English-speaking countries (New Zealand, United Kingdom, Ireland, Canada, the United States of America and South Africa), and people born in non-English-speaking countries (all other countries). TCP recipients from a non-English-speaking countries accounted for one-fifth of recipients (20%) (Table 2.7). This varied markedly across the states and territories, from 6% in Tasmania to nearly 29% in Victoria.

For those born overseas (31% of all recipients), the highest proportion was from Southern or Eastern Europe (11% of all recipients), which includes Italy and Greece (4% and 2%, respectively); some 11% of all recipients were born in the United Kingdom and Ireland.

Victoria had the highest proportion of TCP recipients who were born in Southern or Eastern Europe (18%), and Western Australia had the highest proportion who were born in the United Kingdom or Ireland (22%) (Table 2.8).

Table 2.8: Country of birth[(a)] of TCP recipients, by state/territory[(b)], 2012–13 (per cent)

Birthplace	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Australia	*72.3*	*62.0*	*76.0*	*53.9*	*66.2*	*85.2*	*60.8*	*68.0*	*68.1*
Countries other than Australia:									
Southern/Eastern Europe									
Italy	2.6	6.5	1.2	4.9	4.7	0.2	1.8	2.0	3.7
Greece	1.6	3.7	0.5	0.7	2.0	0.2	0.9	3.0	1.9
Other Southern/ Eastern European	5.0	8.2	2.3	5.5	5.2	2.4	8.8	4.0	5.4
Total Southern/ Eastern European	*9.3*	*18.4*	*4.0*	*11.2*	*11.9*	*2.9*	*11.5*	*9.0*	*11.0*
United Kingdom and Ireland	7.8	8.4	10.2	22.2	15.2	7.7	12.4	8.0	10.5
Northern/Western Europe	2.5	3.6	2.9	4.0	4.1	2.2	5.1	9.0	3.2
North Africa/Middle East	2.2	1.5	0.4	0.4	0.5	—	—	1.0	1.2
Other Oceania/New Zealand/Antarctica	1.2	0.8	2.9	0.9	0.4	0.2	1.8	—	1.3
Southeast Asia	1.0	1.3	0.6	2.4	0.5	—	3.7	3.0	1.1
Northeast Asia	1.3	1.1	0.4	0.7	0.2	—	0.9	—	0.9
Southern Asia/Central Asia	0.8	1.4	0.7	2.4	0.2	0.2	1.8	1.0	1.0
Other[(c)]	1.0	1.0	1.1	1.8	0.7	0.5	1.4	—	1.0
Total countries other than Australia	*27.1*	*37.5*	*23.1*	*46.1*	*33.6*	*13.6*	*38.7*	*31*	*31.4*
Not stated/not classified	0.5	0.5	0.8	—	0.2	1.2	0.5	1.0	0.5
Total (number)	**6,183**	**5,523**	**4,035**	**1,910**	**1,727**	**418**	**217**	**100**	**20,113**

(a) Uses the ABS Standard Australian Classification of Countries (ABS 2011b).

(b) Refers to location of service outlet.

(c) 'Other' includes Sub-Saharan Africa/South Africa, North America and Other America/Caribbean.

— nil or rounded to zero.

Source: AIHW National Aged Care Data Clearinghouse.

Language spoken at home

People who prefer to speak a language other than English at home are the most likely to have difficulty accessing services and making themselves understood or understanding service providers. In 2012–13, for 10% of transition care recipients the data stated that they preferred to speak a language other than English at home. Southern European languages were the most preferred of the non-English languages (5% of all TCP recipients), mainly Greek and Italian (2% and 2%, respectively). Another 2% of care recipients preferred to speak an Eastern European language (Table 2.9).

Table 2.9: Language spoken at home[(a)] for TCP recipients, 2012–13

Language spoken at home	Number	Per cent
English	18,135	90.2
Language other than English:		
Southern European	983	4.9
Italian	536	2.7
Greek	334	1.7
Eastern European	439	2.2
Other Northern European	83	0.4
Eastern Asian	153	0.8
South-West Asian and North African	119	0.6
South-East Asian	78	0.4
Australian Indigenous	22	0.1
Southern Asian	39	0.2
Other[(b)]	52	0.3
Total language other than English	*1,968*	*9.8*
Not stated	10	—
Total	**20,113**	**100.0**

(a) 2-digit adaptation of the ABS Australian Standard Classification of Languages (ASCL) 1997 (AIHW 2002, Appendix I).

(b) 'Other' includes African (excluding North African) and Oceanic languages.

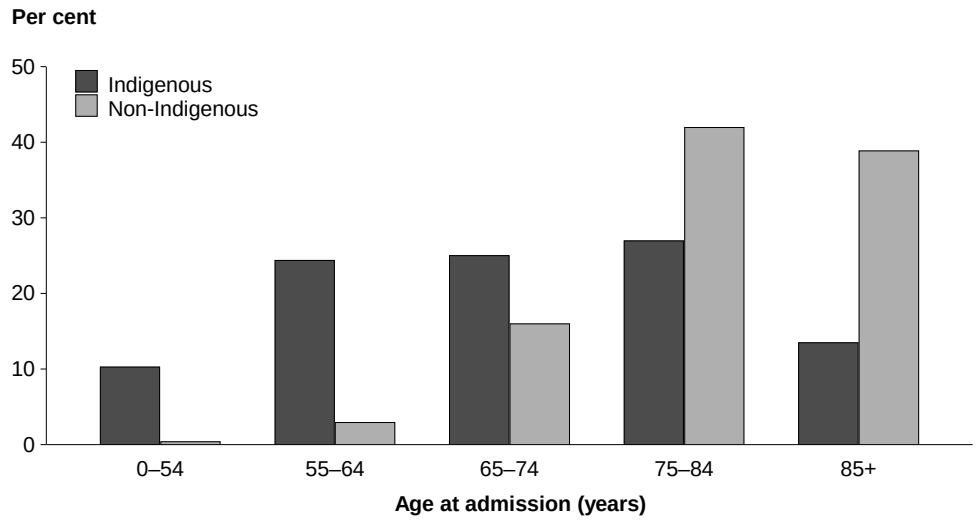
— nil or rounded to zero.

Source: AIHW National Aged Care Data Clearinghouse.

Indigenous status

In 2012–13 there were 156 Indigenous TCP recipients: they constituted less than 1% of care recipients, although one-fifth (21%) of care recipients in the Northern Territory were Indigenous (Table A2.2).

The age profile of Indigenous care recipients was younger than that of non-Indigenous recipients (Figure 2.1). This is consistent with the younger age profile of Indigenous clients in other aged care programs (AIHW 2012a; 2012b).



Source: Table A2.2, AIHW National Aged Care Data Clearinghouse.

Figure 2.1: Age profile of TCP recipients, by Indigenous status, 2012–13

3 Functional change

Measuring care recipients' functioning at admission and discharge allows improvement to be assessed. The extent to which functioning improves during care is an important outcome measure. As noted earlier, assessment of functioning is done using the Modified Barthel Index (MBI) (see Box 1 in the Introduction). On admission to transition care, an individual care plan is designed for the care recipient.

Analysis of functional change in this report is limited to those periods where the care recipients completed the planned care. That is, care recipients whose period of care ends when they return to hospital or die are not included as they are considered to have not completed their planned care. Care recipients whose stated discharge destination for a period of care was another transition care provider (396 care recipients) also did not complete their planned care and are excluded from the analysis in this chapter. With the exception of some care recipients whose period of care ends in 2012–13 with an unplanned return to hospital and whose next episode started after 30 June 2013 (up to 126 people), care recipients whose stated destination is another transition care provider have not subsequently been admitted to a new episode. Any consecutive episodes would have been included in the care period. We do not know whether these care recipients have returned to hospital or died. Chapter 5 looks at recipients' admission to residential aged care for recipients whose period of care finished on or before 30 June 2012 (270 periods of care). Of these, 7 were admitted to residential aged care within 2 weeks of discharge and another 68 within 12 months of discharge from their period of care.

The proportion of people completing planned care decreases as the number of transition care episodes that make up their period of care increases. Overall, planned care was completed in 81% of periods of care, with the proportion decreasing from 82% of periods consisting of one episode to 71% of care periods consisting of 3 or more episodes (Table A3.1). While the age profiles of those who did and did not complete planned care were similar (Table A3.2), the proportion completing planned care was greater for women than men (Table A3.3). Overall, 83% of women completed planned care, ranging between 82% and 84% across age groups, compared with 78% for men (ranging between 74% and 84%).

There are personal and system factors that can influence or are associated with the person's improvement in functioning. For example:

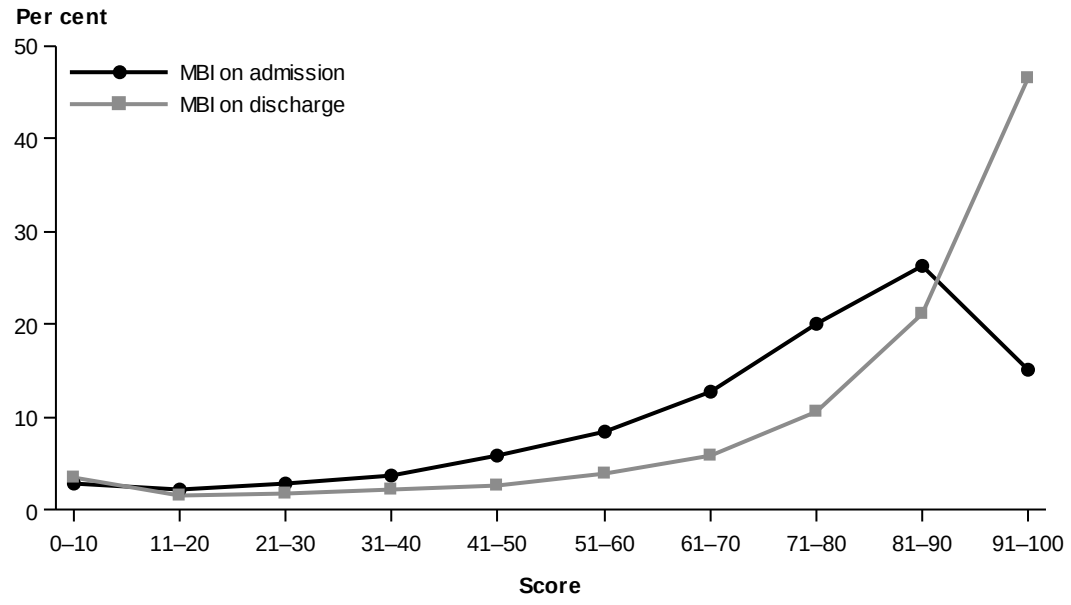
- selection of care recipients
- differences in jurisdictional health systems, influencing which alternative programs are available, the model of care provided, and changes in the model over time
- the person's level of functioning at admission, influencing their capacity for improvement
- age and sex of care recipients
- length of transition care services (limited to a maximum of 12–18 weeks for an initial episode, but it will be longer if the person returns for additional back-to back transition care episodes)
- length of stay in hospital
- care setting (although this could be a more a case of the care recipient's level of functioning influencing what type of care setting is suitable for the recipient).

There are a range of other factors that potentially affect functional change, including care recipients' medical condition(s) and hospital stay characteristics. Due to limitations of the data available for analysis, these factors are beyond the scope of this report.

Overview

On admission, the median MBI score for care recipients who completed planned care was 77 (mean 70) out of a possible 100. On discharge, the median MBI was 90 (mean 81) (Table 3.1).

Recipients' functioning varied from very low to very high, with individual scores ranging from 0 (fully dependent) to 100 (fully independent), both on admission and discharge from the program (Figure 3.1, Table A3.4).



Source: Table A3.4.

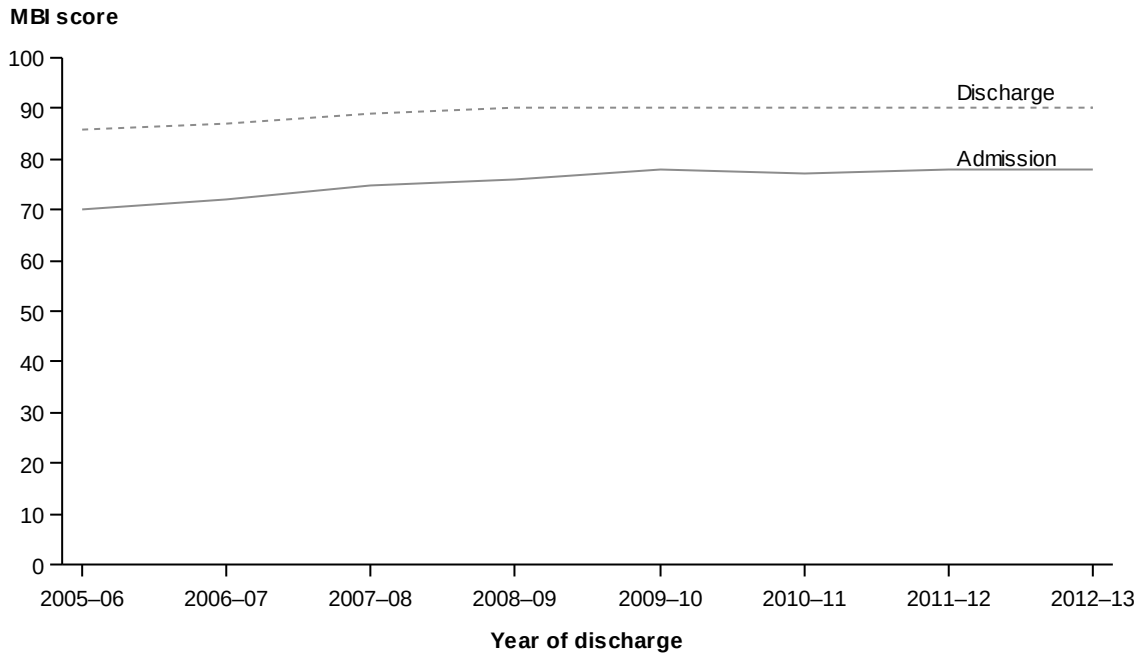
Figure 3.1: MBI on admission and discharge for care recipients whose planned care was completed, periods of care 2005–2013

Trends

The overall median and average MBI scores for recipients on admission to and discharge from transition care has changed little over the life of the program (Figure 3.2). While there has been a small increase in MBI scores between the earlier years of the program and the more recent years (a change in the median score of 7 on admission and 4 on discharge), the size of the increase might reflect a fairly small clinical difference in the median functional status of clients over this time (Table A3.5).

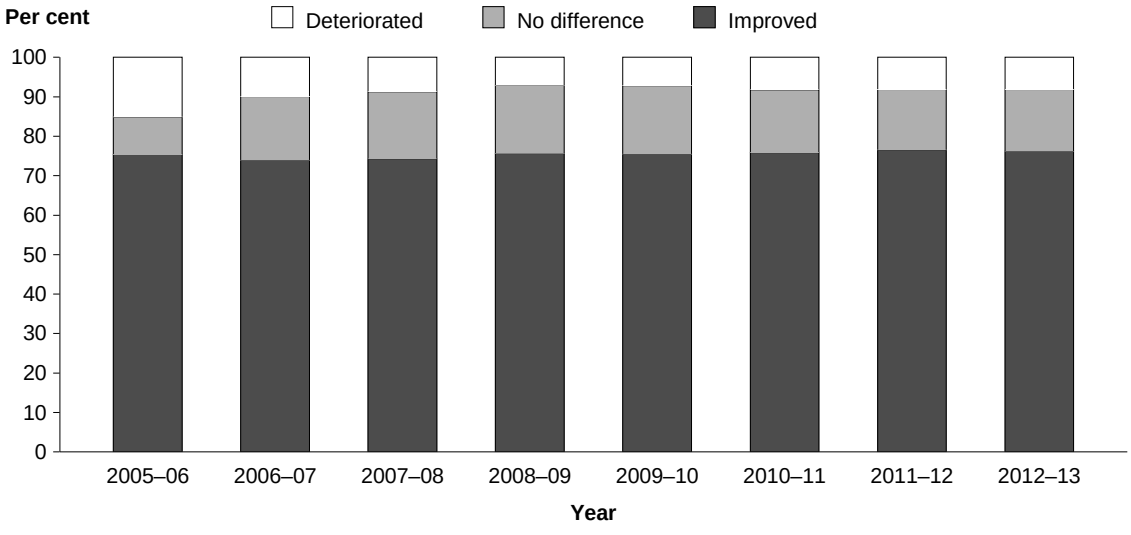
Overall, for those who completed planned care, 3 in 4 (76%) had improved functioning. The functioning of around 1 in 6 did not change, while the functioning of the remaining 1 in 12 deteriorated. Table A3.6 presents the proportion of care recipients whose functioning improved, was maintained, and deteriorated in each year of discharge. The proportion whose functioning improved has remained reasonably stable over time, with an initial

increase in the proportion whose functioning remained stable and a decrease in the proportion whose functioning deteriorated (Figure 3.3).



Source: Table A3.5, AIHW National Aged Care Data Clearinghouse.

Figure 3.2: Median MBI on admission and discharge to a period of care, for recipients who completed planned care, by year of discharge, 2005–06 to 2012-13



Source: Table A3.6, AIHW National Aged Care Data Clearinghouse.

Figure 3.3: Change in functioning during period of care, for recipients who completed planned care, by year of discharge, 2005–06 to 2012-13

Size of the change in MBI score

An assessment of whether the recipient's score has increased, decreased or has not changed alone does not give any indication of size of the change experienced by care recipients or whether the change is clinically significant for the care recipient. The program helps people with a wide range of functional capacity, as seen by the range of MBI scores (0 to 100) on both entrance and exit from the program.

There is little information in the literature about what is a clinically significant change.It is likely to differ for care recipients (Wang et al. 2011), and could differ with the type of intervention needed by the client. De Morton et al. (2011) conducted interviews with transition care recipients receiving physiotherapy-type interventions at discharge from their transition care episodes. They estimated that, on average, a change in MBI score of 13 represented the minimal clinically important difference in functioning for those care recipients.

As scope for improvement is likely to differ by the initial functional capacity, the size of change needs to be viewed by MBI score on admission as well as overall.

Overall, for 1 in 3 care periods (33%) the MBI score increased by up to 10 points; for 1 in 4 (24%) the score increased between 11–20 points; and for nearly 1 in 6 (15%) it increased by 21–40 points. An increase of more than 40 points was seen in an additional 4%. There was no change for another 16%, and there was deterioration for 9% of care periods.

As noted in Chapter 1, most periods of care comprise only 1 transition care episode. For these episodes (Figure 3.4, Table A3.7):

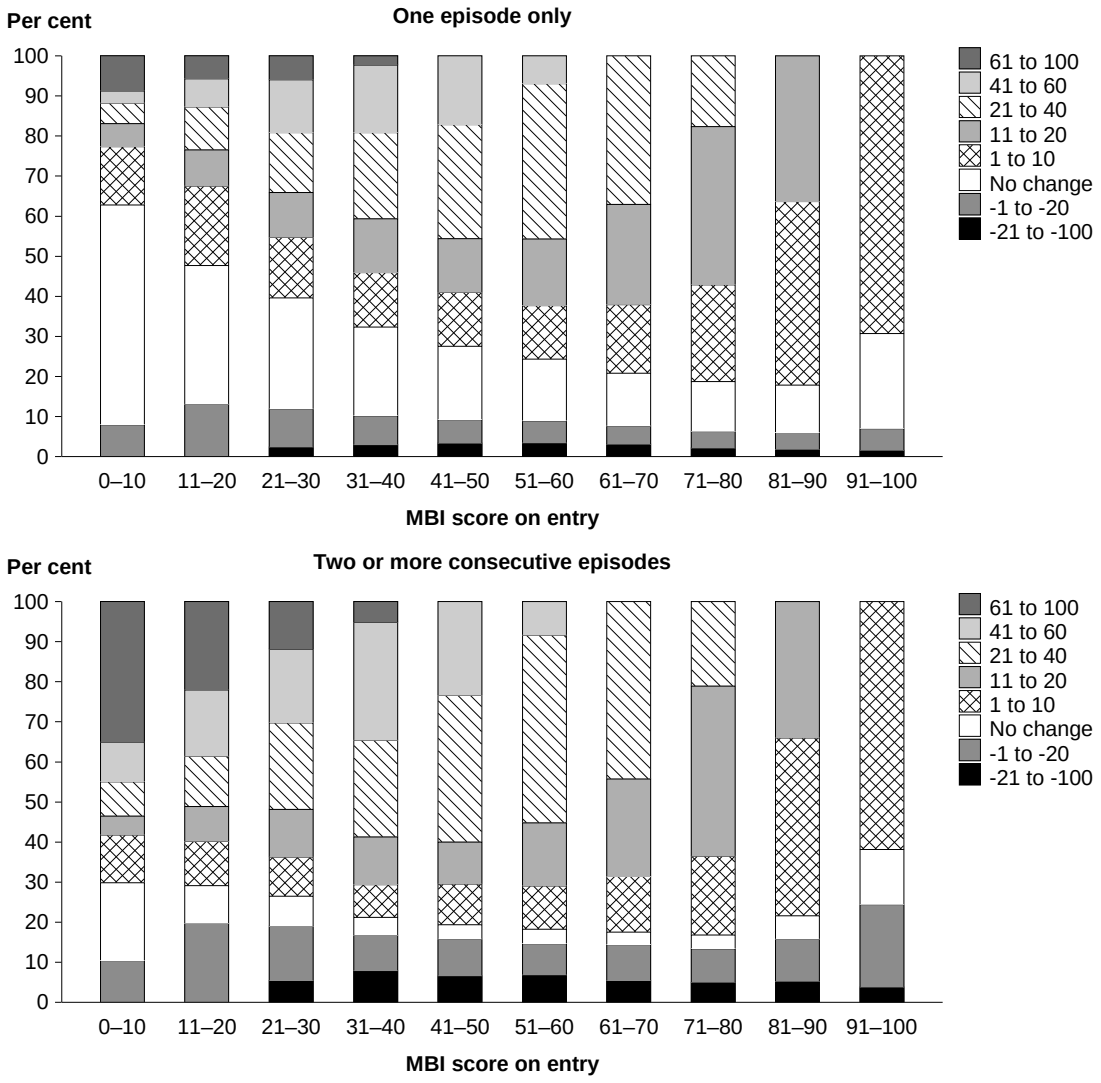
- the proportion with functional improvement increased from nearly 40% to around 70% with increasing MBI score on admission
- the proportion with no change decreased from 55% of those who had a score of less than 10 on admission, to 12% of those with an MBI score on admission of 81–90, and then increased to 24% of those with an MBI score of 91 or higher.

In contrast, for periods of care consisting of 2 or more transition care episodes:

- the proportion with improved functioning at the end of the period of care was at least 70% for everyone other than those with an initial MBI score of higher than 90
- more than 30% of those with an initial score of 10 or less had a functional improvement of 60 points or more.

The group with 2 or more episodes in the period of care consists of both people who moved directly from 1 service provider to another without returning to hospital 18% (1,152/6,573) and people who returned to hospital between episodes of care.

It is possible that those recipients who returned to hospital could have been be in poorer health than those who did not. However, it is not possible to ascertain from the data whether it would be harder for a person who has previously returned to hospital from previous TCP episode to obtain a subsequent TCP approval. Differences in health status could be responsible for some of the differences seen, in particular the increase in the proportion of care recipients with consecutive episodes of transition care whose functioning deteriorated during their period of care.



Source: Table A3.7, AIHW National Aged Care Data Clearinghouse.

Figure 3.4: Change in MBI score, by score on admission and number of episodes in the care period, 2005–2013

Location of service provider

The state and territory governments are the approved providers for this program, and service provision models are part of the overall state and territory health systems. This, along with factors such as the remoteness of the service provision, influence who is selected into the program in each jurisdiction and the comparability of the outcomes data among the states and territories. For example, Victoria has a post-acute program that provides home-based services, such that the Transition Care Program in that state has a greater focus on services for people with lower functioning, and a higher proportion of services is provided in a live-in situation compared with most other states. This is reflected in the lower median MBI scores on admission and discharge for care recipients in that state (Table 3.1, see also Table A3.8).

Table 3.1: MBI score on admission and discharge to the period of care, by state and territory[(a)], 2005–2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
All recipients									
MBI on admission									
Median	82	67	81	64	69	68	79	76	76
Mean	77.5	60.1	76.8	58.4	64.8	65.3	77.4	70.9	69.3
Std	17.4	27.3	17.1	25.9	20.2	20.3	12.5	20.6	23.2
Number	30,247	26,974	16,326	7,821	8,888	2,259	1,342	526	94,383
MBI on discharge (where MBI on discharge is measured[(b)])									
Median	95	78	95	77	87	90	97	90	90
Mean	88.5	68.1	89.6	67.3	81.5	83.1	92.2	82.9	80.4
Std	18.7	28.8	15.9	28.6	19.0	20.1	13.6	20.4	24.5
Number	24,573	21,665	13,756	6,437	7,070	1,927	1,122	439	76,989
Recipients who completed planned care[(c)]									
MBI on admission									
Median	83	68	82	65	70	68	79	78	77
Mean	78.4	61.3	77.5	60	65.6	65.8	77.5	72.5	70.4
Std	16.8	26.8	16.5	24.8	19.8	20.2	12.7	19.6	22.5
Number	24,450	21,549	13,715	6,415	6,994	1,919	1,116	435	76,593
MBI on discharge									
Median	95	78	95	77	87	90	97	90	90
Mean	88.5	68.2	89.6	67.4	81.6	83.1	92.2	82.9	80.5
Std	18.6	28.8	15.8	28.6	18.9	20.2	13.6	20.4	24.5
Number	24,450	21,549	13,715	6,415	6,994	1,919	1,116	435	76,593

(a) Refers to location of service outlet.

(b) Excludes people who returned to hospital or died: MBI on discharge is not applicable for these people.

(c) Care recipients who moved to another care provider, returned to hospital or died are not included as they are not considered to have completed planned care.

Note: std=standard deviation. In this table, the standard deviation gives an indication of the variation in the MBI scores within the group. A larger standard deviation indicates greater differences in the MBI scores of care recipients, while a smaller standard deviation indicates a greater degree of similarity. All jurisdictions provided care across the full range of possible MBI scores (that is 0 to 100) on both admission and discharge.

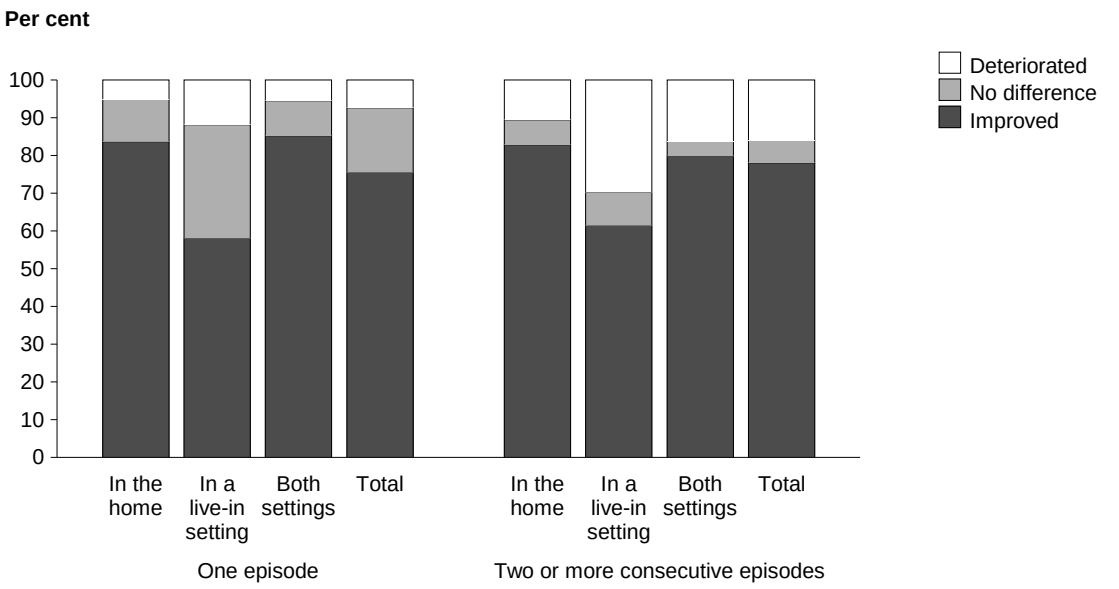
Source: AIHW National Aged Care Data Clearinghouse.

Service provision setting

People receiving care in their home only or in both home and live-in settings were more likely to have improved functioning than those who only received care in a live-in setting (84%, 84% and 58% respectively) (Table A3.9).

For those receiving care either solely in the home or in both settings, the proportion whose functioning improved was slightly higher for those with only 1 transition care episode than for those with 2 or more consecutive episodes. However, for those who received care in a live-in situation only, the proportion was slightly higher for those with more than 1 transition care episode (62%) compared with 58% for those with 1 transition care episode

(Figure 3.5, Table A3.9). At the same time, the proportion whose functioning deteriorated was greater for those with 2 or more episodes than for those with only 1 episode (30% compared with 12% respectively).



Source: Table A3.9, AIHW National Aged Care Data Clearinghouse.

Figure 3.5: Functional change by service provision setting and number of episodes in the period, periods of care 2005–2013

It is important to recognise that the difference in the proportion who improved when receiving care in a live-in setting and in the home could also be related to the difference in capacity to improve (see also AIHW 2012b:66). On average, people who receive care in a live-in situation are more likely to have a lower level of functioning on admission to the program.

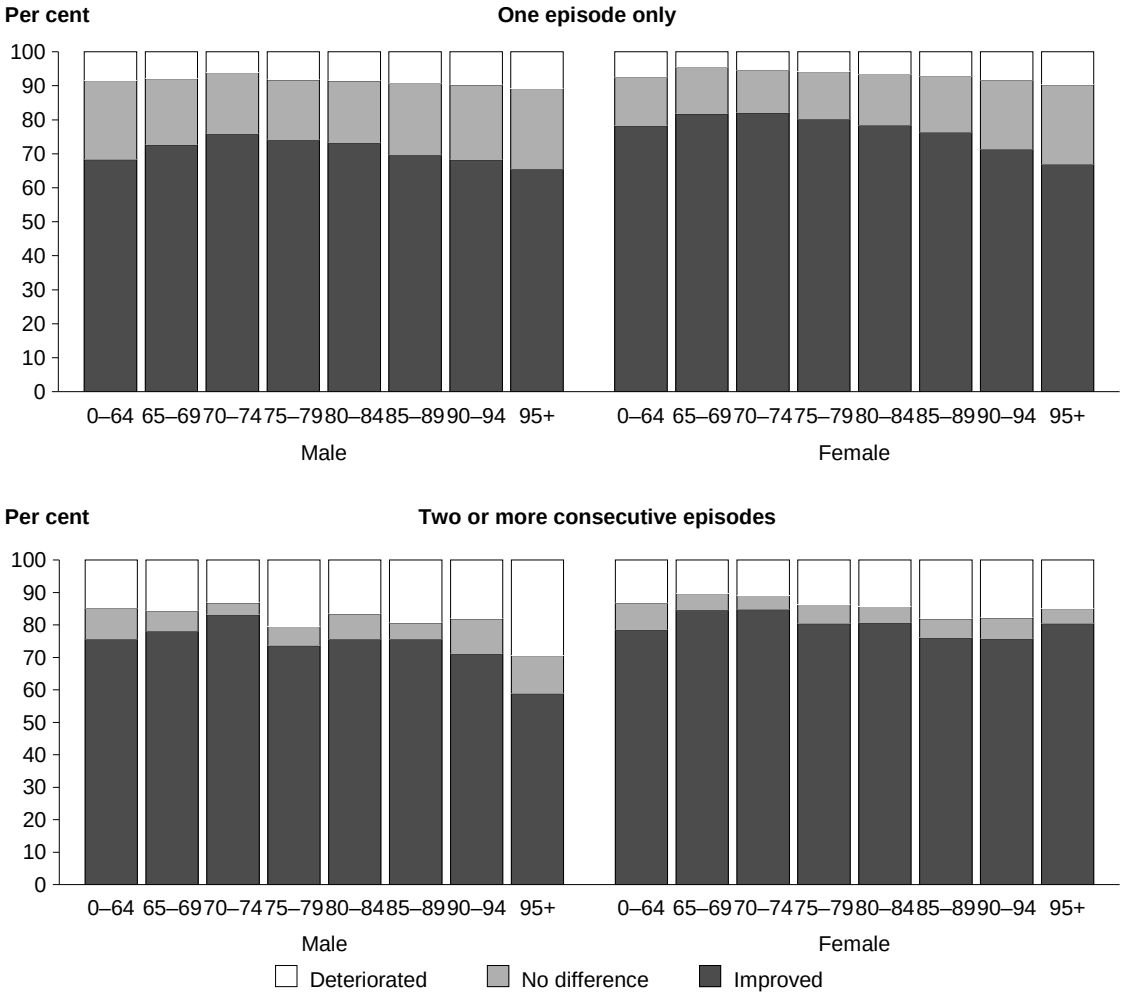
There was a small difference in the proportion of care recipients with improved functioning for those with only 1 transition care episode (76%) compared with those with more than 1 episode in their period of care (78%) (Figure 3.5, Table A3.10 and Table A3.9).

While those who had more than 1 episode of care in the period of care included those who moved directly between service providers, this was a small proportion of the group: 18%, or just under 1 in 6 periods of care, consisted of more than 1 episode. For those who returned to hospital before entering another transition care episode, an additional assessment and approval by an ACAT team would have been required if the second episode started more than 28 days after the initial ACAT approval.

Age and sex

The proportion of women whose functioning improved or was maintained was greater than for men. For both sexes, the proportion with improved functioning was greatest for the 65–74 age group and was lower for older age groups; these age patterns were stronger for women than for men (Figure 3.6, Table A3.11).

This analysis differs from the equivalent age and sex analysis in the previous report, in that those who were still transferring to another TCP provider were previously included, whereas in this report, the analysis is limited to those who have completed planned care.



(a) Excludes periods of care where planned care was not completed, that is where the care recipient moved to another provider, returned to hospital or died.

(b) Men aged 95+ with 2 or more consecutive episodes in the period are excluded from the graph because of small numbers.

Source: Table A3.11, AIHW National Aged Care Data Clearinghouse.

Figure 3.6: Functional change by age, sex and number of episodes in the period of care, 2005–2013

Amount of transition care service provision

A single episode of transition care can last up 12 weeks, with the possibility of an extension of up to another 6 weeks of care in exceptional circumstances. The maximum government subsidy is 18 weeks for any single transition care episode.

For periods of care consisting of only 1 episode, the length of stay (that is how long transition care has been provided under TCP) was strongly associated with improved functioning up to about 12 weeks of care. This improvement is associated with differences in discharge destination; people who died, returned to hospital or entered residential aged care had a

shorter length of stay (see Table 4.6). The proportion of care recipients with a length of more than 12 weeks who improved was still high at around 81% (Table 3.2).

Table 3.2: Functional change, by amount of transition care service provision and number of episodes in the period of care, 2005–2013 (per cent)

Transition care service provision (weeks)[(a)]	Improved	No difference	Deteriorated	Total	Total (number)
One episode					
Up to 4 weeks	51.2	38.4	10.4	100.0	12,216
>4 to 6 weeks	74.2	18.6	7.3	100.0	8,747
>6 to 8 weeks	78.5	14.2	7.3	100.0	9,254
>8 to 10 weeks	80.5	12.4	7.1	100.0	8,394
>10 to 12 weeks	85.1	9.4	5.5	100.0	19,570
>12 to 18 weeks	80.8	11.8	7.4	100.0	8,751
>18 weeks	81.9	11.5	6.7	100.0	585
Total	**75.5**	**17.2**	**7.3**	**100.0**	**67,517**
Two or more episodes					
Up to 4 weeks	62.1	15.0	22.9	100.0	153
>4 to 6 weeks	75.2	10.9	13.9	100.0	274
>6 to 8 weeks	75.9	6.3	17.8	100.0	348
>8 to 10 weeks	82.2	5.0	12.8	100.0	477
>10 to 12 weeks	82.3	6.3	11.4	100.0	792
>12 to 14 weeks	83.2	4.8	12.0	100.0	784
>14 to 16 weeks	77.5	6.6	15.9	100.0	408
>16 to 18 weeks	84.4	5.4	10.2	100.0	443
>18 to 22 weeks	80.8	4.4	14.8	100.0	412
>22 to 26 weeks	75.0	2.9	22.1	100.0	140
>26 to 52 weeks	76.2	10.7	13.1	100.0	84
Total	**80.0**	**6.2**	**13.7**	**100.0**	**4,315**

(a) This is the length of stay in transition care service, that is the time from first admission to transition care to the last day of receipt of transition care, excluding those days spent in hospital between transition care episodes.

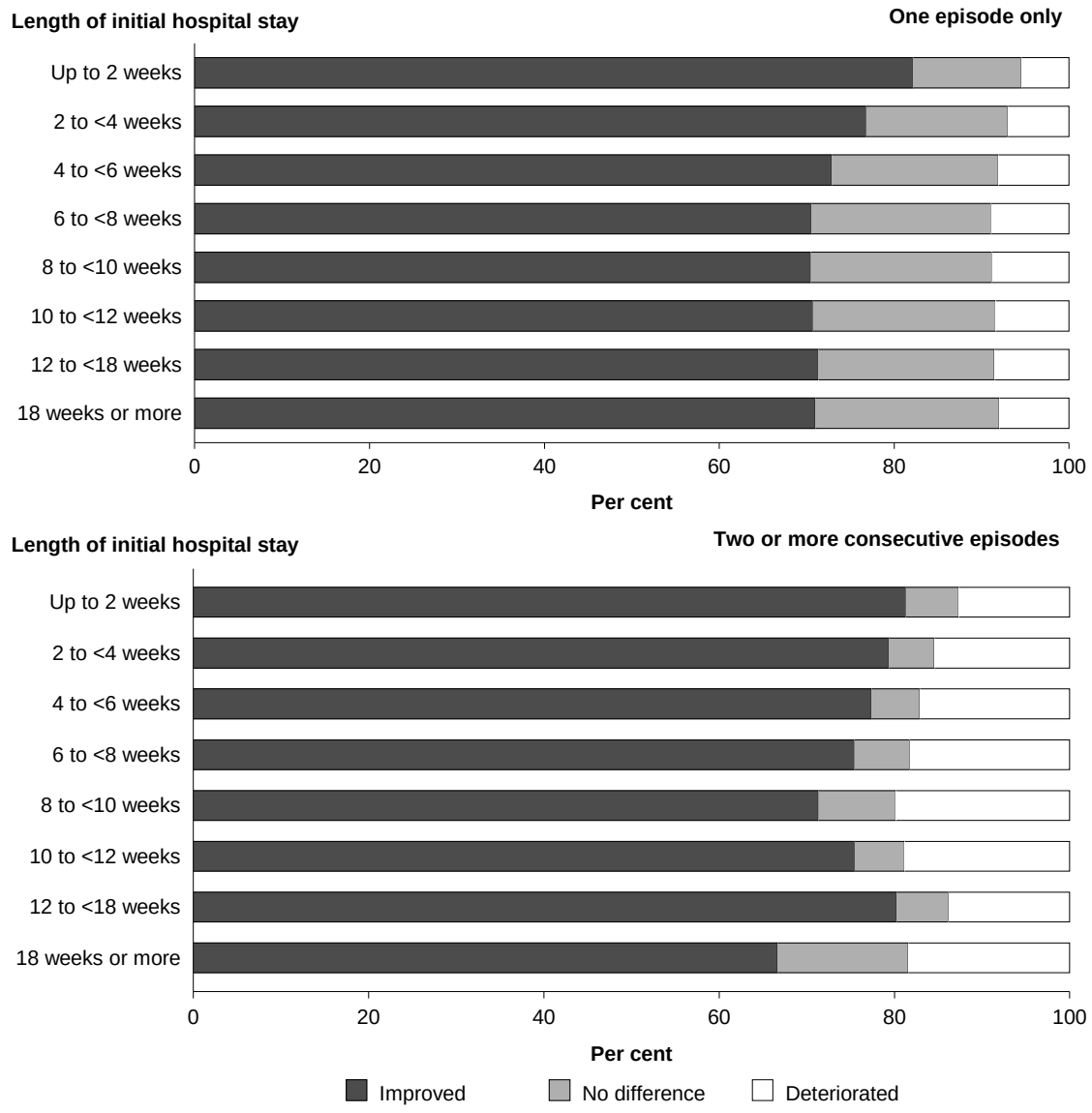
Note: Includes only periods of care where planned care is completed and excludes 6,114 periods of care where there is evidence of inconsistent dates resulting from either overlapping episode dates or differences between the claimed TCP care days and the elapsed period between stated start and end dates for the TCP episode.

Source: AIHW National Aged Care Data Clearinghouse.

This trend of increased proportions of recipients with improved functioning is also seen for periods of care containing more than 1 episode; it increased from 62% among those who had 4 weeks of care to 83% for transition care service provision (excluding any time revisiting hospital during the period of care) lasting 12 to 14 weeks. Beyond that amount of service provision, the proportion with increased functioning varies between 78% and 84%. Note that this fluctuation is partly an artefact of the smaller denominators compared with the single-episode group.

Length of initial hospital stay

For periods of care comprising a single TCP episode, there was a clear relationship between the length of the initial hospital stay and the proportion of periods of care where functioning increased: people with a shorter length of stay in hospital were more likely to have improvement of functioning during their period of care. The proportion showing functional improvement was higher for those who had been in hospital for up to 2 weeks (82%), and lower for those who had been in hospital for 4 to 6 weeks (73%). For those periods of care where the hospital stay was 6 weeks or more, the proportion with improved functioning was around 71% (Figure 3.7, Table A3.10).



Source: Table A3.10, AIHW National Aged Care Data Clearinghouse.

Figure 3.7: Length of initial stay by functional improvement for periods of care where planned care was completed, by number of episodes in the period of care, 2005–2013

Similarly, for those with 2 or more transition care episodes in their period of care, the proportion with whose functioning improved was higher for those with a shorter initial hospital stay: 81% of those with an initial hospital stay of up to 2 weeks, and 71% of those with an initial stay of 8 to 10 weeks. For the smaller number of periods of care where the hospital stay was more than 12 weeks, the proportion with improved functioning was 67%.

For recipients with 2 or more episodes in a period of care, the initial hospital stay is only part of their overall hospital stay, as the care recipient has returned to hospital before re-entering transition care, with the exception of those with a direct transfer between service providers. This additional period has not been considered when looking for any association between length of stay and functional change; it makes the change in functioning in relation to the length of time in hospital more difficult to interpret.

4 Discharge destination

An intended outcome of the Transition Care Program is that premature admission to residential aged care is minimised through the provision of therapeutic services aimed at improving independence and functionality.

The previous chapter reviewed some of the functional change outcomes experienced during participation in the program for those who completed planned care.

This chapter reviews the care recipient's discharge destination immediately following the end of the period of care, and it includes all periods of care regardless of whether the care recipient completed planned care. The discharge destination recorded for transition care is the destination intended at discharge. It includes not only whether the person remained in the community, but also the level of aged care support the care recipient intended to access. Care recipients may return to live in the community without assistance from aged care services or with assistance from the Home and Community Care (HACC) Program, or from packaged care programs such as Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), or EACH Dementia (EACHD). Care recipients may enter residential care as a high- or low-care resident, return to hospital, transfer to another TCP provider or another unspecified destination. A small proportion of recipients die while receiving TCP services.

It is important to remember that the intended discharge destination stated in the administrative aged care data is not always the actual destination. For example, in any given year, there is no follow-up transition care episode for around 0.5% of care recipients although the stated discharge destination is another episode of transition care from another TCP provider. Of those in this analysis with a discharge destination of another TCP provider, only those whose period of care ceased in 2012–13 might yet have a direct transfer to another provider.

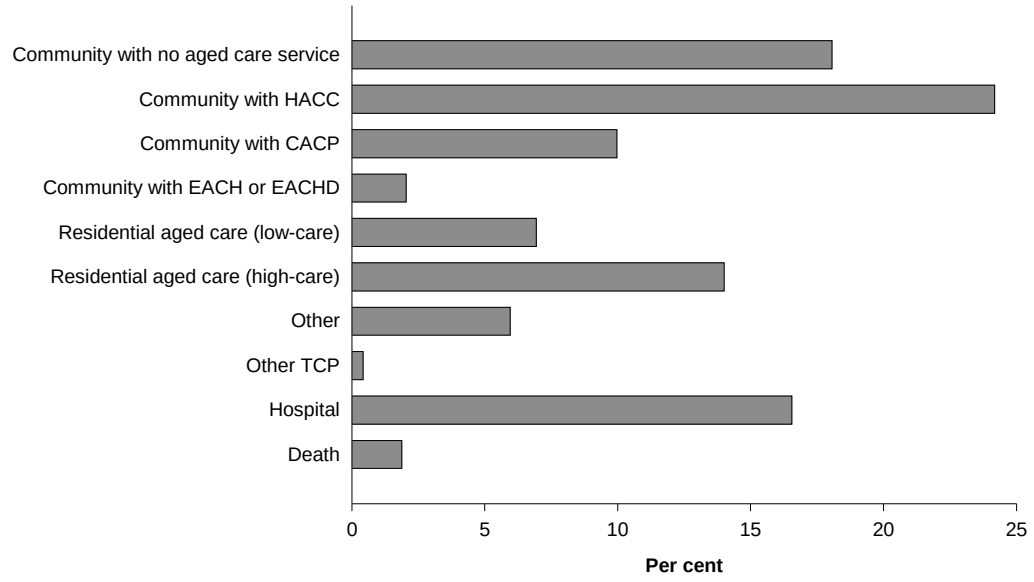
Overview

Of the 94,383 periods of care since the start of the program: 54% of periods resulted in the care recipient returning to the community, 21% entering residential aged care directly from transition care, and 17% returning to hospital (Figure 4.1). Over the last 5 years, these proportions have remained fairly constant, varying only 2 to 3 percentage points over time.

Based on data from the AIHW study on movements between hospital and residential aged care (AIHW 2013), it is estimated that, in 2008–09, there were around 23,700 people aged 65 years or older who usually lived in the community and who entered permanent residential aged care directly on discharge from hospital. It is estimated that this is around 2% of discharges for community-based people in that age group. It is not possible to estimate how many of these people would have been eligible for residential aged care or received some other form of aged care service once they returned home. It is estimated that around 1% of discharges for community-based people in that age group were discharged to transition care. Note that care recipients must be assessed as eligible for admission to residential aged care to receive transition care services.

While the overall proportions returning to the community from transition care were similar for those periods that had only 1 transition care episode compared with those with 2 or more

episodes, a lower proportion of periods consisting of 2 or more episodes ended in a direct entry to residential aged care and a higher proportion ended in a return to hospital (Table 4.1).



Source: Table A4.1, AIHW National Aged Care Data Clearinghouse.

Figure 4.1: Discharge destinations, periods of care, 2005–2013

Table 4.1: Selected discharge destinations[(a)], by year of discharge and number of episodes per period of care, 2005–06 to 2012–13 (per cent)

Discharge destination	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	Total
One episode									
Total community	46.2	50.2	53.5	55.3	56.0	53.8	55.0	54.6	54.4
Total residential aged care	25.6	23.8	24.1	21.2	19.7	21.1	21.3	21.0	21.4
Hospital	18.7	15.7	15.0	16.1	15.3	16.1	16.0	16.4	15.9
Total number	**539**	**5,100**	**8,287**	**10,050**	**11,872**	**14,188**	**17,237**	**18,333**	**85,606**
Two or more consecutive episodes									
Total community	74.2	43.3	52.9	52.9	55.1	52.9	53.2	52.7	52.9
Total residential aged care	22.6	21.0	16.8	17.8	13.4	16.9	15.9	16.7	16.4
Hospital	3.2	25.5	23.4	21.0	23.9	21.2	22.7	23.5	22.7
Total number	**31**	**372**	**684**	**990**	**1,210**	**1,470**	**1,840**	**2,180**	**8,777**
Total									
Total community	47.7	49.7	53.5	55.1	55.9	53.7	54.8	54.4	54.3
Total residential aged care	25.4	23.6	23.6	20.9	19.1	20.7	20.8	20.5	20.9
Hospital	17.9	16.3	15.7	16.5	16.1	16.6	16.7	17.1	16.6
Total number	**570**	**5,472**	**8,971**	**11,040**	**13,082**	**15,658**	**19,077**	**20,513**	**94,383**

(a) A complete tabulation of discharge destinations is presented in Table A4.2.

Note: Proportions for 2012–13 are liable to change in future as some recipients will have additional consecutive episodes in 2013–14.

Source: AIHW National Aged Care Data Clearinghouse.

State and territory

The different functional capacities of care recipients and the different models of service delivery in different jurisdictions mean that the discharge destination outcomes for care recipients cannot be used to make comparisons between jurisdictions. Nevertheless, understanding the outcomes for each state and territory is still of value.

For Queensland and New South Wales, which have very high proportions of service delivery in the care recipient's home, the majority of care periods end with the recipient remaining in the community (73% and 68% respectively) and only small proportions entering residential aged care (7% and 8% respectively) (Table 4.2, see also Table 1.6 and AIHW 2012b: Table A9). For Western Australia and Victoria, where service is primarily delivered in a live-in facility, a high proportion of care periods end in the recipient entering residential aged care (44% for both states) and a lower proportion remaining in the community (35% and 31% respectively). These 2 states also have the highest proportions of care recipients dying while receiving transition care (4% compared with an 2% for Australia overall).

There is much less variability between jurisdictions in the proportions of care periods where the recipient returned to hospital, ranging from 13% in Tasmania to 19% in South Australia.

Table 4.2: Discharge destination, by state and territory, periods of care 2005–2013 (per cent)

Discharge destination	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Community with no aged care service	28.0	6.0	22.4	11.6	16.2	16.9	33.8	21.9	18.1
Community with HACC	25.2	19.0	36.5	9.0	25.5	40.9	8.5	20.5	24.2
Community with CACP	12.7	4.5	11.0	9.7	14.6	5.2	21.8	13.9	10.0
Community with EACH or EACHD	1.6	1.5	2.5	4.8	1.8	1.5	3.5	4.0	2.0
Total Community	*67.5*	*31.0*	*72.5*	*35.1*	*58.1*	*64.5*	*67.6*	*60.3*	*54.3*
Residential aged care (low-care)	3.5	12.4	2.0	14.5	6.0	2.2	4.2	8.9	6.9
Residential aged care (high-care)	2.2	32.3	2.3	29.7	9.2	11.2	2.8	4.9	14.0
Total residential aged care	*5.7*	*44.7*	*4.3*	*44.2*	*15.2*	*13.4*	*7.0*	*13.9*	*20.9*
Other	7.6	4.2	7.2	2.7	5.4	7.1	8.6	8.6	6.0
Other TCP	0.4	0.4	0.3	0.3	0.9	0.4	0.4	0.8	0.4
Hospital	18.1	15.9	15.2	14.1	19.0	13.4	15.9	15.4	16.6
Death	0.6	3.8	0.6	3.6	1.5	1.3	0.4	1.1	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**30,247**	**26,974**	**16,326**	**7,821**	**8,888**	**2,259**	**1,342**	**526**	**94,383**

Source: AIHW National Aged Care Data Clearinghouse.

Differences in discharge destinations are still apparent when examined by jurisdiction and service provision setting, although these differences are smaller for service provided in the home than for service provided in a live-in situation. The contribution of characteristics such as the level of functioning on admission and length of stay, along with other care recipient characteristics, could be investigated using multivariate techniques (Table 4.3).

Table 4.3: Proportions discharged to the community and residential aged care, by state and territory of service provider and care setting, periods of care 2005–2013

Care setting/discharge destination	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
In the home									
Total Community	70.3	67.7	76.4	73.3	73.0	74.5	72.8	69.0	71.9
Total residential aged care	2.7	4.8	1.4	3.8	2.6	2.1	3.2	3.0	2.6
In a live-in setting									
Total Community	43.2	9.5	30.7	16.2	29.1	53.0	49.2	54.0	18.6
Total residential aged care	28.7	66.4	32.3	62.3	36.7	25.7	14.6	21.2	55.8
Both settings									
Total Community	63.5	62.5	71.8	72.2	72.5	67.3	73.0	64.3	67.5
Total residential aged care	13.4	16.8	6.5	14.0	7.2	12.4	6.3	14.3	11.9

Note: Table does not include all discharge destinations.

Source: AIHW National Aged Care Data Clearinghouse.

Level of functioning at admission

There is a clear association between the care recipient's functioning at admission and whether they are discharged to the community (increasing from 15% to 71% of recipients discharged to the community with increased functioning) or to residential care (decreasing from around 50% to 8% with increased functioning). Again, while those with an MBI of 80 or higher on admission are least likely to return to hospital (14% to 15%), there is no clear relationship between lower functioning and return to hospital (ranging between 17% and 19%) (Table 4.4).

Table 4.4: Discharge destination, by MBI score on admission, periods of care 2005–2013 (per cent)

MBI score on admission	Community	Residential aged care	Other	Other TCP	Hospital	Death	Total	Total (number)
0–10	15.4	49.1	3.7	0.6	18.6	12.6	100.0	3,084
11–20	18.4	53.1	4.4	0.6	17.1	6.6	100.0	2,228
21–30	24.5	46.3	4.3	0.5	19.3	5.2	100.0	2,883
31–40	30.5	41.5	5.0	0.6	18.8	3.6	100.0	3,778
41–50	38.1	34.6	5.4	0.5	18.4	2.9	100.0	5,769
51–60	44.2	28.7	5.5	0.5	19.0	2.0	100.0	8,342
61–70	50.5	23.3	6.1	0.4	18.3	1.4	100.0	12,158
71–80	58.5	17.1	6.0	0.4	16.8	1.1	100.0	18,791
81–90	66.6	11.1	6.5	0.3	14.8	0.6	100.0	23,902
91–100	70.8	8.0	6.7	0.4	13.5	0.6	100.0	13,448
Total	**54.3**	**20.9**	**6.0**	**0.4**	**16.6**	**1.9**	**100.0**	**94,383**
Total (number)	**51,203**	**19,765**	**5,625**	**396**	**15,621**	**1,773**	**94,383**	**. .**

Source: AIHW National Aged Care Data Clearinghouse.

Functional improvement

The proportion of care periods in which the care recipient's functioning improved varied considerably with discharge destination, from 88% improving amongst those discharged to the community without any aged care assistance, down to 42% improving amongst care recipients who were discharged to high-level residential aged care (Table 4.5). The latter was the only group with less than 60% of recipients with improved functioning. Note that 13% of those who remained in the community with EACH or EACHD had a deterioration in functioning, which is a rate that is comparable with those discharged to residential care.

Table 4.5: Discharge destination, by functional improvement, periods of care 2005–2013 (per cent)

Discharge destination	Improved	No difference	Deteriorated	Total	Total (number)
Community with no aged care service	87.7	9.0	3.3	100.0	17,041
Community with HACC	86.9	8.9	4.2	100.0	22,822
Community with CACP	84.4	10.1	5.5	100.0	9,409
Community with EACH or EACHD	70.3	16.7	13.0	100.0	1,931
Total Community	*86.1*	*9.4*	*4.5*	*100.0*	*51,203*
Residential aged care (low-care)	64.8	25.0	10.2	100.0	6,547
Residential aged care (high-care)	41.7	38.5	19.8	100.0	13,218
Total residential aged care	*49.3*	*34.0*	*16.6*	*100.0*	*19,765*
Other	73.9	14.9	11.3	100.0	5,625
Other TCP	65.4	24.0	10.6	100.0	396

Source: AIHW National Aged Care Data Clearinghouse.

Number of episodes in the period of care

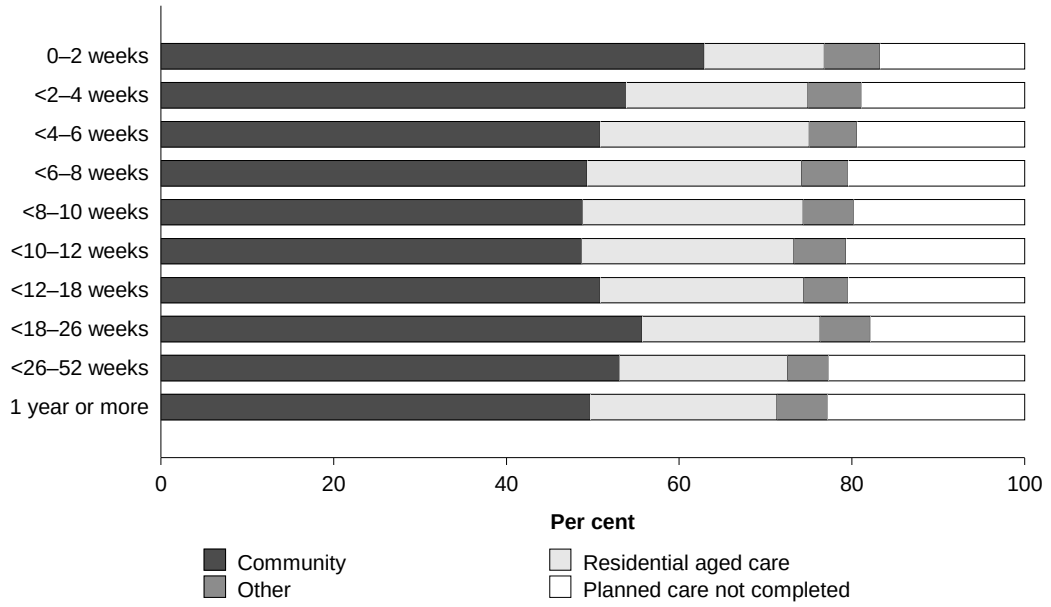
The number of care episodes in the period of care was not a factor in whether the care recipient returned to the community (54% for both 1 episode and more than 1 episode) or entered residential aged care directly from TCP (21% for both groups) (Table A4.1).

However, there were differences in relation to the support needs of the recipients:

- Those with only 1 episode were less likely to require aged care services on discharge (19%) or have packaged care (12%) than those with 2 or more care episodes (14% required aged care and 16% were discharged with packaged care).
- For 14% of periods comprising only 1 episode, the recipient entered high-level residential aged care compared with 11% of those with 2 or more transition care episodes (Table A4.1).

Length of initial hospital stay

Those care recipients with shorter hospital stays were most likely to return to the community and least likely to be discharged to residential aged care (Figure 4.1, Table A4.3). The proportion returning to the community decreased—and the proportion entering residential aged care increased—with length of hospital stay up until 10–12 weeks.



Source: Table A4.3, AIHW National Aged Care Data Clearinghouse.

Figure 4.2: Discharge destination, by hospital length of stay, periods of care 2005–2013

Amount of transition care service provision

For any single transition care episode, the maximum amount of subsidised care is 12 weeks without additional approval and 18 weeks with approval, although care recipients can receive additional unsubsidised care. Less than 1% of this group continued to receive transition care services for longer than 18 weeks. Care recipients whose period of care included more than 1 episode can have more subsidised care, and it is not possible to determine in this analysis whether any of this care is unsubsidised.

For those care recipients with only 1 transition care episode in the period of care, the highest proportion of those recipients remaining in the community (36%) received 10–12 weeks of transition care service. For most who entered residential aged care from transition care, the amount of TCP service was much shorter—35% were discharged within 4 weeks (Table 4.6).

For those with more than 1 consecutive episode, 39% of those returning to the community received 10–14 weeks of transition care service. In contrast to those with only 1 period of transition care in the period, people with more episodes in their care period who moved to residential aged care also tended to have a longer period of transition care service.

Care recipients who returned to hospital and did not return to transition care afterwards, or who died, tended to do so within a short period of care—52% and 61% respectively within 4 weeks for those with only 1 episode, and 24% and 27% for those with 2 or more episodes in the period of care.

Table 4.6: Discharge destination, by amount of transition care service provision and number of episodes in the period of care, periods of care 2005–2013 (per cent)

Transition care service provision (weeks)	Total Community	Total residential aged care	Other	Other TCP	Hospital	Death	Total	Total (number)
One episode								
Up to 4 weeks	11.1	35.1	20.3	22.6	51.6	61.3	24.3	20,077
>4 to 6 weeks	11.4	16.4	15.0	12.5	16.4	18.2	13.6	11,241
>6 to 8 weeks	13.3	14.5	14.4	16.0	12.5	8.8	13.4	11,103
>8 to 10 weeks	12.7	12.1	11.3	10.4	9.3	4.8	11.8	9,734
>10 to 12 weeks	36.3	11.4	25.4	18.1	6.5	4.1	24.9	20,555
>12 to 18 weeks	14.2	10.0	12.6	18.1	3.5	2.8	11.3	9,316
>18 weeks	1.0	0.4	1.2	2.4	0.1	0.1	0.7	610
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**82,636**
Total (number)	**44,887**	**17,708**	**4,922**	**337**	**13,230**	**1,552**	**82,636**	**. .**
Two or more consecutive episodes								
Up to 4 weeks	2.5	7.3	3.6	3.0	23.8	27.1	8.2	462
>4 to 6 weeks	4.7	10.6	10.8	9.1	17.7	18.8	9.0	505
>6 to 8 weeks	6.6	13.3	8.1	12.1	14.7	11.8	9.6	538
>8 to 10 weeks	10.4	12.9	12.0	9.1	14.0	10.6	11.7	657
>10 to 12 weeks	19.2	15.6	17.4	12.1	10.3	10.6	16.5	928
>12 to 14 weeks	19.9	12.5	16.2	18.2	7.3	7.1	15.7	883
>14 to 16 weeks	9.5	9.8	7.8	9.1	5.5	1.2	8.5	478
>16 to 18 weeks	11.3	6.8	9.3	6.1	2.9	2.4	8.6	482
>18 to 22 weeks	10.1	7.4	9.6	9.1	2.5	5.9	8.0	450
>22 wks to 6 months	3.4	2.7	2.7	3.0	0.8	4.7	2.7	154
>6 to 12 months	2.1	1.2	2.4	9.1	0.8	—	1.7	96
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**5,633**
Total (number)	**3,131**	**851**	**333**	**33**	**1,200**	**85**	**5,633**	**. .**

Note: Excludes 6,114 periods of care where there is evidence of inconsistent dates.

Source: AIHW National Aged Care Data Clearinghouse.

Service provision setting

The associations between discharge destination and the service provision settings for the period of care are similar for both periods of care comprised 1 episode and of more than 1 episode (Table 4.7, Table A4.4).

Care recipients receiving services either totally in the home or in a combination of home and live-in facility are more likely to remain in the community after discharge from the period of care, whereas care recipients receiving care only in a live-in situation are more likely to enter residential aged care on discharge. This is likely to be influenced by the suitability of the care recipient to receive care in the home, with more dependent care recipients more likely to need care to be provided in a live-in setting. Availability of support in the home during the transition care service provision and the level of functioning at the start of the transition care period would also be a factor in the recipient's ability to remain in the home during the care

period. Availability of transition care in the care recipient's home locality could also be a factor in whether the recipient receives care in the home or in a live-in facility.

Table 4.7: Discharge destination, by service delivery setting and number of episodes in the period of care, 2005–2013

	One episode				Two or more consecutive episodes			
Discharge destination	**In the home**	**In a live-in setting**	**Both settings**	**All**	**In the home**	**In a live-in setting**	**Both settings**	**All**
Total community	72.7	19.0	69.7	54.4	62.9	13.0	59.9	52.9
Total residential aged care	2.6	55.8	11.0	21.4	2.8	55.5	15.2	16.4
Other	6.7	4.8	6.1	6.0	6.1	4.5	5.5	5.6
Other TCP	0.3	0.6	0.5	0.4	0.4	0.6	0.5	0.5
Hospital	16.9	15.8	12.0	15.9	27.0	21.4	17.2	22.7
Death	0.8	4.1	0.8	1.9	0.8	5.0	1.8	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**46,791**	**28,624**	**10,191**	**85,606**	**4,294**	**1,587**	**2,896**	**8,777**

Note: Further detail is available in Table A4.4.

Source: AIHW National Aged Care Data Clearinghouse.

Care recipient characteristics

Age and sex

Women (57%) were more likely to remain living in the community than men (50%), and this differential was similar across age groups (Table 4.8). The overall percentages for men and women entering residential aged care after TCP were similar (21%). However, men were more likely to enter residential aged care than women of the same age were, except for those aged 90 or older, where the proportions were similar (32% for those aged 90–94, and 35% and 36% for men and women respectively aged 95 or older).

Table 4.8: Discharge destination, by age and sex, periods of care 2005–2013 (per cent)

Age/sex	**Community**	**Residential aged care**	**Other**	**Other TCP**	**Hospital**	**Death**	**Total**	**Total (number)**
Men								
0–64	52.5	19.4	9.3	0.8	16.3	1.7	100.0	1,451
65–69	56.5	15.1	6.1	0.5	19.6	2.2	100.0	2,347
70–74	57.1	16.5	6.7	0.4	17.9	1.4	100.0	3,906
75–79	54.5	17.5	5.3	0.5	20.1	2.0	100.0	6,357
80–84	51.4	21.0	5.1	0.3	19.7	2.5	100.0	8,804
85–89	44.5	25.7	6.5	0.5	19.7	3.1	100.0	7,029
90–94	40.3	31.7	5.7	0.3	18.8	3.3	100.0	3,096
95+	32.2	35.0	6.8	0.3	18.7	7.0	100.0	745
Total men	**50.2**	**21.6**	**5.9**	**0.4**	**19.3**	**2.5**	**100.0**	**33,735**

(continued)

Table 4.8 *(cont.)*: Discharge destination, by age and sex, periods of care 2005–2013 (per cent)

Age/sex	Community	Residential aged care	Other	Other TCP	Hospital	Death	Total	Total (number)
Women								
0–64	58.9	15.7	7.5	0.8	15.7	1.5	100.0	1,537
65–69	66.0	9.9	7.8	0.5	14.9	1.1	100.0	2,814
70–74	66.6	11.0	5.5	0.3	15.5	1.0	100.0	5,587
75–79	63.0	14.5	5.7	0.4	15.3	1.2	100.0	9,972
80–84	58.8	18.3	6.0	0.5	15.2	1.3	100.0	15,260
85–89	52.6	24.6	5.9	0.4	15.0	1.5	100.0	15,355
90–94	45.4	31.9	5.6	0.4	14.4	2.2	100.0	7,974
95+	39.5	36.2	6.2	0.3	13.2	4.5	100.0	2,149
Total women	**56.5**	**20.6**	**6.0**	**0.4**	**15.0**	**1.5**	**100.0**	**60,648**
Persons								
0–64	55.8	17.5	8.4	0.8	16.0	1.6	100.0	2,988
65–69	61.7	12.3	7.0	0.5	17.0	1.6	100.0	5,161
70–74	62.7	13.3	6.0	0.3	16.5	1.2	100.0	9,493
75–79	59.7	15.7	5.6	0.4	17.2	1.5	100.0	16,329
80–84	56.1	19.3	5.6	0.4	16.9	1.7	100.0	24,064
85–89	50.0	24.9	6.1	0.4	16.5	2.0	100.0	22,384
90–94	44.0	31.8	5.6	0.4	15.7	2.5	100.0	11,070
95+	37.6	35.9	6.4	0.3	14.6	5.1	100.0	2,894
Total persons	**54.3**	**20.9**	**6**	**0.4**	**16.6**	**1.9**	**100.0**	**94,383**

Source: AIHW National Aged Care Data Clearinghouse.

Indigenous status

Indigenous care recipients were more likely to return to the community (58%) and less likely to enter residential aged care (14%) than non-Indigenous care recipients. However, Indigenous care recipients were more likely to return to hospital at the end of the period of care (20% compared with 17%) (Table 4.9).

Cultural diversity

A higher proportion of people from non-English-speaking backgrounds were discharged to residential aged care (23% compared with 20% of Australian-born recipients), and a lower proportion returned to the community (52% compared with 55%). This is in contrast to the general patterns of admission to aged care, where use of residential aged care is lower among people from non-English-speaking countries than it is among Australian-born people, and use of aged care packages in the community is generally higher (AIHW 2012c, AIHW 2012a).

The same pattern was seen for preferred language, with 49% of people who preferred to speak a language other than English being discharged to the community and 27% entering residential aged care compared with 55% and 20% for English-speakers.

Table 4.9: Discharge destination, by selected characteristics, periods of care 2005–2013

	Community	Residential aged care	Other	Other TCP	Hospital	Death	Total	Total (number)
Indigenous status								
Indigenous	57.4	13.9	7.2	0.6	20.2	0.7	100.0	712
Non-Indigenous	54.2	21.0	6.0	0.4	16.5	1.9	100.0	93,626
Unknown	66.7	15.6	4.4	—	8.9	4.4	100.0	45
Country of birth								
Australian-born	55.3	19.5	6.5	0.4	16.5	1.7	100.0	63,997
Other English-speaking countries	53.3	22.8	5.4	0.3	16.3	2.0	100.0	11,530
Non-English-speaking countries	50.9	25.0	4.5	0.4	16.8	2.3	100.0	18,173
Not stated	60.9	15.4	7.9	0.4	13.6	1.8	100.0	683
Preferred language								
English	54.8	20.3	6.2	0.4	16.5	1.8	100.0	84,652
Other language	49.1	26.7	4.2	0.5	17.0	2.6	100.0	9,616
Not stated	50.4	25.2	4.3	0.9	15.7	3.5	100.0	115
Marital status								
Divorced	55.7	20.6	5.6	0.5	15.9	1.6	100.0	7,114
Married	57.4	16.4	5.9	0.4	17.8	2.0	100.0	33,553
Separated	53.4	22.9	5.2	0.7	15.7	2.1	100.0	1,836
Never married	49.6	26.5	5.8	0.5	15.8	1.8	100.0	6,535
Widowed	52.4	23.5	6.1	0.4	15.8	1.8	100.0	44,225
Not stated	54.0	20.2	6.5	0.4	17.3	1.5	100.0	1,117
Living arrangements								
Lives alone	54.3	22.2	6.0	0.4	15.5	1.5	100.0	48,059
Lives with family	56.2	17.5	6.0	0.4	17.7	2.1	100.0	41,924
Lives with others	48.4	26.2	5.5	0.3	17.7	2.0	100.0	1,822
Unknown	55.5	13.4	4.5	0.9	24.2	1.4	100.0	843
Not applicable[(a)]	12.1	66.5	3.3	0.2	13.0	5.0	100.0	1,732
Usual accommodation								
House or flat	56.0	19.3	6.0	0.4	16.5	1.8	100.0	71,007
Independent living in a retirement village	53.9	22.3	6.2	0.4	15.8	1.4	100.0	6,938
Other[(b)]	35.2	40.3	7.5	0.4	14.2	2.4	100.0	1,776
Residential aged care—total	3.9	76.3	2.3	0.2	11.6	5.8	100.0	1,315
Not stated[(c)]	52.6	20.8	6.0	0.5	18.3	1.9	100.0	13,347
Total	**54.3**	**20.9**	**6.0**	**0.4**	**16.6**	**1.9**	**100.0**	**94,383**
Total (number)	**51,203**	**19,765**	**5,625**	**396**	**15,621**	**1,773**	**94,383**	**. .**

(a) Not applicable is recorded for people who were living in permanent residential aged care, multi-purpose services or centres, hospitals, or other institutional settings at the time of assessment.

(b) Other accommodation types include boarding houses, rooming houses, private hotels, supported community accommodation, hospital, other institutional care, short-term crisis, emergency or transitional accommodation, public places, temporary shelters, or other community accommodation.

(c) Information on usual accommodation for people assessed in 2012–13 was not available. Recipients assessed in 2012–13 are included in the *Not stated* category.

Source: AIHW National Aged Care Data Clearinghouse.

Living arrangements

Having a spouse or children, living with family,or having a secure housing situation are all factors that make it easier for a care recipient to remain at home, so it is not surprising that a higher proportion of care recipients with these characteristics are discharged to the community at the end of their TCP period of care.

Married care recipients had the highest proportion returning home (57%) and the lowest proportions entering residential aged care (16%), while the reverse is the case for people who never married (50% and 27% respectively) (Table 4.9).

People who lived with family were also slightly more likely to be discharged to the community after transition care (56%), compared with people who lived alone (54%). However, people who lived with non-family members were least likely to return to the community (48%) (Table 4.9).

There is also a strong association between the care recipient's usual type of accommodation and the discharge destination. People living in a private house or flat were most likely to be discharged to home (56%), as were people living in a retirement village (54%). For people living in 'other' types of accommodation—many of which are insecure—only 35% returned to the community after TCP. A small proportion of people whose usual accommodation was recorded as residential aged care were discharged to the community (4%). However, for those whose usual accommodation is residential aged care, 76% returned to residential aged care, contrasting strongly with those whose usual accommodation was house or flat (19% discharged to residential aged care).

Married people were slightly more likely to return to hospital (18%) than others (16%). People who lived alone were slightly less likely to return to hospital than others (16% compared with 18% respectively). In terms of usual accommodation, people living in a private home were the most likely to return to hospital from TCP (17%).

The group whose usual accommodation is recorded as residential aged care had the highest proportion of care recipients who died while receiving transition care (6% compared with 1–2% for those with other accommodation arrangements).

5 Admission to residential aged care

The main aim of the program is to allow older people being discharged from hospital 'more time and support in a non-hospital environment in order to complete their restorative process, optimise their functioning and finalise and access their longer-term care arrangements' (DoHA 2011c). A resulting outcome is that premature admission to residential aged care is minimised.

Nevertheless, subsequent admission of care recipients to permanent residential aged care is of interest to program managers.

This chapter examines entry to permanent residential aged care by transition care recipients for the period 2005–2012. Limiting this part of the report to people discharged from TCP before July 2012:

- ensures that their period of care has finished and they have not returned to an additional consecutive TCP episode in the next year after being discharged to hospital in 2011–12
- allows assessment of whether they have entered residential aged care within 12 months of discharge from the period of care (that is, whether they have entered residential aged care on or before 30 June 2013 if the period of care ended on or before 30 June2012).

If the care recipient was living in the community at the start of the relevant initial hospital stay, this chapter also presents information on whether they entered residential aged care within 12 months.

While the aged care administrative data allows us to consider residential aged care admissions for TCP recipients, it does not tell us why people have not entered residential care: most will have returned home or to live with friends or family, and some will have died. Information on deaths of care recipients after discharge is only available by linking to the National Death Index or by identifying a death in another aged care program—such analysis is beyond the scope of this report.

Residential aged care admission and discharge records have been used here to identify whether the TCP recipient was living in the community or in a residential aged care facility at the time of the initial admission to hospital. If the recipient was not living in residential aged care at that time, then they were assumed to be living in the community, although some may be living in other institutional care or living permanently in a hospital. Nevertheless, they were not living in a residential aged care facility. Note that some of these TCP recipients could have had a prior period of permanent residential aged care, perhaps many years previously or more recently.

The initial section on movement to residential aged care covers all periods of care up to 30 June 2012. In later sections of this chapter, comparisons are based on entry within 12 months of discharge from the period of care, allowing valid comparisons over time for people who were living in the community at the time of admission to hospital.

Movement to residential aged care

From 2005 to 2012, there were 73,870 TCP periods of care; 4,585 care recipients had more than 1 period of care (all periods are included in Table 5.1). For 98% of these periods of care, the care recipient was living in the community, with less than 2% (1,272) of the periods of care being for people living in residential aged care at the time of admission to hospital.

Care recipients who were living in residential aged care at the time of the initial admission to hospital were more likely to die while receiving transition care services (6% compared with 2% for those living in the community). Most people living in residential aged care (83%) returned to residential aged care, although some were discharged from residential aged care while in hospital and readmitted at the end of the transition care period. A small proportion (6%) returned to residential aged care but not immediately after discharge from transition care, and an additional 6% did not return to residential aged care. Just over 40% of each these 2 groups returned to hospital on discharge from TCP. (Those who did not go back could have died. An additional 17 of those who did not return to residential aged care (21%) were expected to return to residential aged care.)

In contrast, more than half (52%) of care recipients who were living in the community at the time of the initial hospital admission had not entered residential aged care by 30 June 2013. This ranged from 62% of those who finished their period of care in 2011–12, to 31% who were discharged in 2005–06, a period of 7 years or more. Over the life of the program, 17–19% of care recipients entered residential aged care directly on discharge from transition care.

Over the life of the program, 29% of periods of care involved a person who returned to the community and entered residential aged care at a later date, ranging from 19% for those discharged in 2011–12 to 48% for those discharged in 2005–06 (for whom a number of years have elapsed during which they might enter residential aged care).

Care recipients living in the community: admission to residential aged care

In the remainder of this chapter, the analysis is person-based rather than being based on the care period. People who have more than 1 period of care are at risk of needing admission to residential care after discharge from transition care, and this risk is present from their initial admission to transition care. For this reason, the time used is calculated from discharge from their first period of transition care until their first admission to residential aged care.

This analysis examines those care recipients who were living in the community at the time of the initial hospital admission, which resulted in receipt of transition care services, excluding those who died during care.

Care recipients are grouped according to the time between discharge from the period of TCP and admission to residential care. Most tables use the following groupings:

- within 1 year, split by
  - directly or within 2 weeks
  - after 2 weeks but within 1 year
- not entered residential aged care as a permanent resident within 1 year.

Table 5.1: Admission to residential aged care (RAC), by type of accommodation[a] at initial hospital admission and year of discharge from period of care[b], 2005–06 to 2011–12 (per cent)

Admission to residential aged care after TCP	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	Total 2005–2012
Living in the community at the time of initial hospital admission								
Not applicable —recipient died	2.0	2.3	2.0	1.7	1.6	2.0	1.8	1.9
Did not enter RAC after TCP	31.7	40.1	41.6	46.2	52.0	55.3	61.5	52.0
Entered RAC—directly from TCP	18.2	18.7	18.6	16.9	15.8	17.2	17.3	17.2
Entered RAC—break between TCP and RAC	48.1	39.0	37.8	35.2	30.7	25.6	19.4	28.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*549*	*5,271*	*8,744*	*10,820*	*12,875*	*15,451*	*18,888*	*72,598*
Living in residential aged care at the time of initial hospital admission								
Not applicable—recipient died		8.0	7.1	4.6	6.8	4.4	4.8	5.8
RAC resident—returned to RAC	85.7	83.1	83.7	88.2	79.2	83.1	78.8	82.9
RAC resident—did not return to RAC	4.8	3.5	3.1	3.6	6.8	5.8	11.1	5.5
RAC resident—returned to RAC after break	9.5	5.5	6.2	3.6	7.3	6.8	5.3	5.8
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*21*	*201*	*227*	*220*	*207*	*207*	*189*	*1,272*
All accommodation settings								
Not applicable—recipient died	1.9	2.5	2.1	1.8	1.6	2.1	1.9	1.9
RAC resident—returned to RAC	3.2	3.1	2.1	1.8	1.3	1.1	0.8	1.4
RAC resident—did not return to RAC	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
RAC resident—returned to RAC after break	0.4	0.2	0.2	0.1	0.1	0.1	0.1	0.1
Did not enter RAC after TCP	30.5	38.6	40.6	45.3	51.2	54.5	60.9	51.1
Entered RAC—directly from TCP	17.5	18.0	18.1	16.5	15.6	16.9	17.1	16.9
Entered RAC—break between TCP and RAC	46.3	37.6	36.8	34.5	30.2	25.2	19.2	28.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**570**	**5,472**	**8,971**	**11,040**	**13,082**	**15,658**	**19,077**	**73,870**

(a) Accommodation at initial hospital admission is based on RAC admission and discharge records. If the recipient is not living in RAC, they are assumed to be living in the community.

(b) This table includes all periods of care. One recipient may have more than 1 period of care.

Source: AIHW National Aged Care Data Clearinghouse.

As noted earlier, the last group includes those recipients who have returned to the community without entering residential care, but it also includes those people who have since died without entering residential aged care. Two AIHW studies on the movement of people aged 65 or older in and out of hospital and between aged care programs, including TCP, have recently been published:

- A report, *Movement between hospital and residential aged care 2008–09* (AIHW 2013) estimated that in 2008–09 around 30% (800/2700) of those who were admitted to hospital from transition care died in hospital.
- A second report, *Patterns in use of aged care, 2002–03 to 2010–11* (AIHW 2014) looked at aged care program use in the 12 months before death. For people dying in 2007–08, 2008–09, 2009–10 and 2011–12, the proportion who had used TCP in the 12 months before death increased from 1.6% of deaths (1,765 people) in 2007–08 to 2.5% (2,924) in 2010–11. This would include people both people who died while receiving transition care services and people who were discharged up to 12 months before death.

Trends

There were 66,500 people who lived in the community and received at least 1 period of transition care between the start of the program in 2005–06 and 30 June 2012.

The proportion of care recipients who had not entered residential aged care within 12 months of discharge increased from 58% of people discharged in 2005–06 to 68% in 2009–10, and then decreased slightly to 66% for care recipients discharged in 2010–11 and 2011–12 (Table 5.2). 2005–06 was the first year of operation of the program, and differences are small after 2006-07.

About one-fifth of care recipients entered residential aged care either directly on discharge or within the following 2 weeks (21% for the initial 3 years and 19% for 3 of the remaining 4 years).

For those who did not enter residential aged care in the immediate period after transition care, the proportion entering residential aged care declined over the years. In 2005–06, 21% of transition care recipients entered residential aged care within 12 months, compared with 14–15% discharged from 2009–10 to 2011–12.

Overall, 43% care recipients who were discharged in of 2005–06 had entered permanent residential aged care within a year reducing to just over a third of care recipients who were discharged subsequent years.

Of community-based recipients receiving care between the start of the TCP program and 30 June 2012, 47% had been admitted to residential aged care by 30 June 2013, ranging from 67% of those first discharged in 2005–06 to 37% of those discharged in 2011–12.

Table 5.2: Admission to residential aged care following TCP, people living in the community at the time of the initial hospital admission, by time from end of first TCP period of care, 2005–06 to 2011–12

Time to residential aged care (RAC) entry	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	Total 2005–2012
Entry within 1 year								
Directly or within 2 weeks								
At TCP discharge	18.2	19.1	19.1	17.5	16.1	17.7	17.6	17.6
Within 2 weeks	2.8	1.7	1.7	1.5	1.3	1.5	1.4	1.5
Total within 2 weeks	*21.1*	*20.8*	*20.7*	*19.0*	*17.4*	*19.2*	*19.0*	*19.1*
>2 weeks–1 year								
>2 weeks–3 months	8.5	6.5	7.1	7.0	6.5	6.5	6.5	6.7
>3 months–6 months	6.6	4.1	3.7	3.8	3.6	3.3	3.2	3.5
>6 months–9 months	3.0	2.8	2.6	2.7	2.5	2.5	2.3	2.5
>9 months–1 year	3.4	2.5	2.1	2.3	2.3	2.1	2.4	2.3
Total >2 weeks–1 year	*21.4*	*15.9*	*15.6*	*15.7*	*14.8*	*14.4*	*14.5*	*15.0*
Total within 1 year	*42.5*	*36.8*	*36.3*	*34.7*	*32.2*	*33.6*	*33.5*	*34.1*
Not entered within 1 year								
Admitted to RAC after 1 year	24.8	22.2	21.1	18.3	14.4	9.8	3.5	12.8
Not admitted to RAC by 30 June 2013[(a)]	32.7	41.1	42.5	47.0	53.4	56.6	63.1	53.1
Total not admitted within 1 year[(a)]	*57.5*	*63.2*	*63.7*	*65.3*	*67.8*	*66.4*	*66.5*	*65.9*
Total admitted to RAC by 30 June 2013	67.3	58.9	57.5	53.0	46.6	43.4	36.9	46.9
Total recipients[(b)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total recipients (number)[(b)]	**532**	**5,072**	**8,262**	**10,058**	**11,830**	**13,903**	**16,795**	**66,452**

(a) Data on admissions into residential aged care is only available for admissions up to 30 June 2013. Care recipients may enter residential care after this date. This group also includes people who may have died since discharge from transition care.

(b) Table excludes 1,256 people who while receiving in transition care.

Source: AIHW National Aged Care Data Clearinghouse.

State and territory

The information in this report confirms the findings from previous reports that the model of care delivered by TCP differs from state to state, as does the level of functioning of the care recipients on entry to the program. Earlier analysis has noted that people who receive care in a live-in setting are likely to have lower functioning on admission to transition care and might have had a lower capacity for improvement than those receiving care in the community (AIHW 2011; 2012b). This means that the outcomes, such as overall proportions of residents entering residential aged care, cannot realistically or easily be compared between jurisdictions as a measure of differences in the success of the program. Nevertheless it is important to acknowledge the different state and territory models of care and the different resulting outcomes.

These program and care recipient differences are one reason for the large variation in the proportion of care recipients entering residential aged care (Table 5.3). States and territories

where the focus is on service provision in the home, such as New South Wales, have a much higher proportion of residents who have not entered residential aged care within a year of discharge (80%) compared with states and territories with a focus on service delivery in a live-in situation, such as Victoria (47% who had not entered residential aged care within a year).

The main differences in the proportions entering residential aged care within a year are in those entering residential aged care directly from transition care or within 2 weeks, ranging from 4% of recipients in New South Wales to 45% of those in Victoria.

The differences between jurisdictions in care recipients entering residential aged care between 2 weeks and 1 year after discharge are more similar, ranging from 13% in Queensland to 19% in South Australia. This suggests that, despite the differences between models of care, the states and territories have had a comparable degree of success in helping people who have returned to live in the community to remain in the community (Table 5.3).

Table 5.3: Admission to permanent residential aged care following TCP, people living in the community at the time of the initial hospital admission, by state and territory and time from end of first TCP period of care , 2005–2012

Time to residential aged care entry	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust (number)
Within 1 year										
Directly or within 2 weeks	3.7	45.1	3.2	39.3	13.2	11.5	4.6	3.7	19.1	12,711
>2 weeks–1 year	16.1	13.8	13.3	13.8	18.7	16.0	13.2	15.2	15.0	9,970
Total within 1 year	*19.8*	*58.8*	*16.5*	*53.2*	*31.9*	*27.5*	*17.8*	*19.0*	*34.1*	*22,681*
Not admitted within 1 year[(a)]	80.2	41.2	83.5	46.8	68.1	72.5	82.2	81.0	65.9	43,771
Total[(b)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**66,452**
Total (number)[(b)]	**21,828**	**18,723**	**11,253**	**5,126**	**6,440**	**1,674**	**1,060**	**348**	**66,452**	**. .**

(a) Includes people who may have died since discharge from transition care.

(b) Excludes care recipients who died in transition care.

Source: AIHW National Aged Care Data Clearinghouse.

Program outcomes

Functional change

For care recipients whose functioning improved during receipt of transition care services, 75% had not entered residential aged care within a year of discharge (Table 5.4).

A higher proportion of those who maintained their existing level of functioning were admitted to residential aged care within 2 weeks of discharge (49%) compared with those whose functioning deteriorated (19%), increasing to 60% and 44% respectively within a year (Table 5.4).

It is important to remember that functional change is not the sole factor involved in admission to residential aged care—sociodemographic characteristics such as support networks also have an important role, as evidenced by the fact that some care recipients who are highly dependant remain at home.

Table 5.4: Admission to permanent residential aged care following TCP, people living in the community at the time of the initial hospital admission, by functional change and time from end of first TCP period of care, 2005–2012

Change in functional capacity	Directly or within 2 weeks	>2 weeks–1 year	Total within 1 year	Not admitted within 1 year[a]	Total[b]	Total (number)[b]
Improved	13.5	11.3	24.8	75.2	100.0	42,047
No difference	48.7	11.4	60.1	39.9	100.0	9,163
Deteriorated	16.8	27.5	44.2	55.8	100.0	15,242
Total	**19.1**	**15**	**34.1**	**65.9**	**100.0**	**66,452**
Total	**12,711**	**9,970**	**22,681**	**43,771**	**66,452**	**. .**

(a) Includes people who may have died since discharge from transition care.

(b) Excludes care recipients who died in transition care.

Source: AIHW National Aged Care Data Clearinghouse.

Intended destination at discharge

The service providers work with the care recipients to help them achieve their goals, including their preferred destination on discharge where this is possible. For those care recipients who completed their planned care and intended to live in the community, the proportion who were not admitted to residential aged care within the following year was strongly related to the level of need for assistance, as evidenced by the type of planned aged care support. The majority (93%) of those who returned to the community without aged care services had not entered residential aged carewithin 12 months, reducing to 77% of those returning home with the support of a high-care EACH or EACHD package (Table 5.5). It is not clear what support services are available to people whose discharge destination is recorded as 'Other', but this could include people with support from disability programs or who are returning to live in retirement village accommodation where support is provided, or other types of supported accommodation or hospices. The proportion of this group who have not entered residential aged carewithin a year is similar to that for those using EACH/EACHD packages, at 78%.

Most recipients whose intended destination is residential aged care enter it directly from transition care: this is the case for 79% of those intending to enter as low-care residents and 90% of those intending to enter as high-care residents. For those entering low-level care, an additional 10% have entered within 3 months, and this delay could be due to the time required to make arrangements, among other reasons, or difficulty in obtaining a place, or less urgency in entering care. Only 10% of people intending to enter residential aged care as a low-care resident and 4% of those as a high-care resident had not done so within a year (Table 5.5). Possible reasons include availability of a suitable or acceptable aged care place, re-admission to hospital, a change of the care recipient's intentions or availability of support, which allowed the person to remain in the community, or the care recipient could have died before being able to enter residential aged care.

Of those care recipients who had not completed their planned transition care and intended to transfer to another transition care provider, 270 had not done so within 12 months of discharge from their period of transition care; 28% of these entered residential aged care within the next year. For those returning to hospital (and not entering an additional transition care episode from that hospital stay), 40% had entered residential aged care within the following year. A recent study of movements between hospital and aged care in 2008–09

(AIHW 2013) identified deaths in hospital of 30% of people entering from a transition care episode. Therefore it is likely that a substantial proportion of the 62% who had not entered residential aged care within a year had died in hospital.

Table 5.5: Admission to permanent residential aged care following TCP, people living in the community at the time of the initial hospital admission, by intended discharge destination and time from end of first TCP period of care, 2005–2012

Stated discharge destination after TCP	Directly or within 2 weeks	>2 weeks–3 months	>3 months–1 year	Total within 1 year	Not admitted within 1 year[a]	Total[b]	Total (number)[b]
Community with no aged care service	0.4	1.3	5.6	7.3	92.7	100.0	12,459
Community with HACC	0.2	2.4	9.7	12.3	87.7	100.0	16,756
Community with CACP	0.5	4.0	15.4	19.8	80.2	100.0	6,779
Community with EACH or EACHD	0.5	4.4	17.8	22.7	77.3	100.0	1,309
Residential aged care (low-care)	78.6	9.5	2.4	90.6	9.4	100.0	4,607
Residential aged care (high-care)	90.3	4.4	1.2	96.0	4.0	100.0	9,107
Other	3.6	7.6	10.9	22.1	77.9	100.0	4,128
Other TCP	2.6	11.5	13.7	27.8	72.2	100.0	270
Hospital	5.3	21.3	11.1	37.7	62.3	100.0	11,037
Total[b]	**19.1**	**6.7**	**8.3**	**34.1**	**65.9**	**100.0**	**66,452**
Total (number)	**12,711**	**4,432**	**5,538**	**22,681**	**43,771**		

(a) Includes people who may have died since discharge from transition care.

(b) Excludes care recipients who died in transition care.

Source: AIHW National Aged Care Data Clearinghouse.

Care recipient characteristics

Age and sex

About 2 in 3 men (65%) and women (67%) had not entered residential aged care within 1 year of discharge from a period of transition care (Table 5.6).

Women were more likely to still be living in the community than men of the same age, with the exception of people aged 95 years or older. This differential was around 6–8 percentage points up to the age of 70–74 years, and it then decreased with increasing age such that the proportions who had not entered residential aged care within a year differed little for those aged 90 years or older.

Table 5.6: Admission to permanent residential aged care following TCP, people living in the community at the time of the initial hospital admission, by sex and age on discharge and time from end of first TCP period of care, 2005–2012

Sex/age at discharge	Directly or within 2 weeks	>2 weeks–3 months	>3 months–1 year	Total within 1 year	Not admitted within 1 year[a]	Total[b]	Total (number)[b]
Men							
0–64	18.5	2.9	4.2	25.6	74.4	100.0	1,039
65–69	13.6	4.3	5.9	23.8	76.2	100.0	1,649
70–74	15.6	5.4	6.6	27.6	72.4	100.0	2,825
75–79	16.7	6.2	7.1	30.0	70.0	100.0	4,653
80–84	20.0	6.9	8.5	35.3	64.7	100.0	6,223
85–89	25.3	8.9	9.2	43.4	56.6	100.0	4,838
90–94	29.6	9.6	10.3	49.4	50.6	100.0	2,131
95+	34.6	11.3	10.9	56.8	43.2	100.0	477
Total men	**20.5**	**6.9**	**8.0**	**35.5**	**64.5**	**100.0**	**23,835**
Women							
0–64	13.8	2.1	3.5	19.3	80.7	100.0	1,068
65–69	9.1	2.6	4.7	16.4	83.6	100.0	1,988
70–74	9.9	3.9	5.4	19.2	80.8	100.0	4,064
75–79	13.2	4.4	6.6	24.2	75.8	100.0	7,153
80–84	16.3	6.8	8.5	31.6	68.4	100.0	10,948
85–89	22.0	8.0	10.6	40.6	59.4	100.0	10,701
90–94	28.4	9.6	10.7	48.8	51.2	100.0	5,310
95+	36.0	8.4	12.8	57.2	42.8	100.0	1,385
Total women	**18.3**	**6.5**	**8.5**	**33.4**	**66.6**	**100.0**	**42,617**

(a) Could includes people who have died since discharge from transition care.

(b) Excludes care recipients who died in transition care.

Source: AIHW National Aged Care Data Clearinghouse.

Indigenous status

Non-Indigenous care recipients were more likely to enter residential aged care than Indigenous care recipients, with the greatest difference in admission to residential aged care on discharge from care (19% compared with 9%) but also in the period after discharge (15% compared with 13%). By 12 months after discharge from TCP, 34% of non-Indigenous care recipients had entered residential aged care, compared with 22% of Indigenous care recipients (Table 5.7).

Cultural diversity

People born in non-English-speaking countries (37%) and people born in other main English-speaking countries (36%) were slightly more likely to enter residential aged care within 12 months than Australian-born care recipients were (33%).

This difference is also seen in those whose preferred language is not English, with 38% entering residential aged care within 1 year (including 25% directly from transition care) compared with 34% of English-speakers (19% directly from transition care).

Table 5.7: Admission to permanent residential aged care following TCP, people living in the community at the time of the initial hospital admission, by selected sociodemographic characteristics and time from end of first TCP period of care, 2005–2012

Characteristic	Directly or within 2 weeks	>2 weeks–1 year	Total within 1 year	Not admitted within 1 year[a]	Total[b]	Total (number)[b]
Indigenous status						
Indigenous	8.5	13.3	21.9	78.1	100.0	480
Non-Indigenous	19.2	15.0	34.2	65.8	100.0	65,935
Unknown	10.8	13.5	24.3	75.7	100.0	37
Country of birth[c]						
Australian-born	17.7	15.5	33.1	66.9	100.0	44,947
Other English-speaking countries	20.8	15.2	36.0	64.0	100.0	8,140
	23.3	13.3	36.6	63.4	100.0	12,840
Non-English-speaking countries						
Unknown	15.6	12.6	28.2	71.8	100.0	525
Preferred language						
English	18.5	15.3	33.7	66.3	100.0	59,483
Other language	24.9	13.3	38.2	61.8	100.0	6,877
Not stated	28.6	10.8	39.3	60.7	100.0	84
Marital status						
Divorced	18.9	13.9	32.8	67.2	100.0	4,825
Married	15.5	13.2	28.7	71.3	100.0	23,769
Separated	21.2	13.2	34.4	65.6	100.0	1,263
Never married	24.4	14.6	39.0	61.0	100.0	4,478
Widowed	21.0	16.7	37.8	62.2	100.0	31,241
Not stated	19.4	13.2	32.6	67.4	100.0	876
Living arrangements						
Lives alone	20.8	16.5	37.3	62.7	100.0	34,513
Lives with family	16.8	13.3	30.1	69.9	100.0	30,183
Lives with others	23.5	14.8	38.3	61.7	100.0	1,305
Not applicable	37.9	14.5	52.4	47.6	100.0	435
Unknown	18.8	25.0	43.8	56.2	100.0	16
Usual accommodation						
House or flat	18.3	14.5	32.9	67.1	100.0	59,115
Independent living in a	21.3	20.3	41.5	58.5	100.0	5,708
Other	39.1	14.4	53.5	46.5	100.0	1,502
Residential aged care—low[d]	60.2	12.5	72.7	27.3	100.0	88
Residential aged care—high[d]	55.0	5.0	60.0	40.0	100.0	20
Total	**19.1**	**15.0**	**34.1**	**65.9**	**100.0**	**66,452**
Total (number)	**12,711**	**9,970**	**22,681**	**43,771**	**66,452**	**. .**

(a) Includes people who may have died since discharge from transition care.

(b) Excludes care recipients who died in transition care.

(c) Based on country of birth.

(d) According to ACAT assessment. Note that residential aged care admissions data does not show these people as living in residential aged care at the time of admission to hospital, so they may have been accepted into residential aged care during the hospital stay.

Source: AIHW National Aged Care Data Clearinghouse.

These are interesting findings because people from a non-English-speaking background generally have lower residential aged care usage rates than the remainder of the population and higher of uptake of aged care packages in the community, particularly in older age groups. This raises the question of whether there is a difference in the uptake of this program by people from non-English speaking backgrounds and whether or not there is any difference in their functioning at the time of admission to transition care than those from English-speaking countries.

Living arrangements

Care recipients who had never married were most likely to enter residential aged care within 1 year (39%) and those who were married least likely (29%). People who lived alone (37%) or with people other than family (38%) were also more likely to enter residential aged care than people who lived with family members (30%).

The care recipient's type of accommodation was also strongly related to admission to residential aged care within 1 year of discharge: people living in private residences were less likely to enter care (33%) than people living in other types of accommodation (ranging from 42% to 73%). People living independently in a retirement village have likely already given thought to their future care needs, and 42% of this group had moved into residential aged care within 12 months of discharge from transition care.

While these data include only those people who were living in the community at the time of the initial hospital admission, 108 people had residential aged care recorded as their usual accommodation on the ACAT assessment for the last transition care episode in their period of care. This group consists of a small number of people who were admitted to residential aged care during their hospital stay and before the ACAT assessment for transition care. Of these, most did enter residential aged care (72% for low-care and 60% for high care), while some people admitted to residential aged care during their hospital stay were also discharged during their transition care period.

People whose usual accommodation is recorded as 'Other' includes people living in boarding houses, private hotels, supported community accommodation, hospitals, institutional care, short-term crisis accommodation, emergency or transitional accommodation, public places, temporary shelters, and other community accommodation—many of these are vulnerable housing situations. About 40% people in these types of accommodation entered residential aged care directly from transition care (twice the proportion for people living in retirement villages), and 54% had entered residential aged care within the year.

Discussion

Summary of analysis and main findings

This report expands the scope of reporting on the TCP program to improve the quality of information available on the outcomes of the program. Its main focus is on the program outcomes. Analyses of outcomes are based on periods of care, including any periods comprising consecutive episodes where the care recipient returned to hospital and then immediately returned to transition care. A period of care ends when the care recipient is discharged and no additional consecutive TCP episode can be identified.

This study builds upon previous work by:

- extending the period of transition care to include episodes in 2011–12 and 2012–13
- examining outcomes by additional characteristics, including the length of the initial hospital stay, as well as cultural diversity (Indigenous status, country of birth and preferred language) and family and support characteristics (marital status, living arrangements and type of usual accommodation)
- using residential aged care admissions and discharge data focused on admission to residential aged care for people who were living in the community at the time of the initial hospital admission and were discharged from their period of care by 30 June 2012; this includes both immediate admission to residential aged care on discharge from TCP and admission to residential aged care within 12 months of discharge from TCP.

This report reinforces previous findings that the program is achieving its aims: 81% of care recipients finished their individually planned care, and of these, 76% had improved functioning, and an additional 16% did not lose any level of functioning. More than half the care recipients returned to live in the community on discharge from transition care, with an additional 17% returning to hospital and 21% moving directly to residential aged care (including those whose normal accommodation was residential care). Of those recipients who were living in the community at the time of initial admission to hospital (98% of care recipients), one-third (34%) had entered residential aged care within 12 months, including the 19% who entered directly from TCP or within 2 weeks of discharge. Two-thirds had not entered care within 1 year. Overall, 53% had not entered residential aged care at all over the life of the program. This ranged from 33% of recipients who had not entered residential care in the 6 years since TCP discharge in 2005–06 to 63% in the 12 months since discharge from TCP for those who were discharge in 2001–12.

This analysis also found that, while the different models of care in different jurisdictions result in quite different proportions of care recipients entering residential care directly from transition care (ranging from 6% to 45%), the differences between jurisdictions in care recipients entering residential aged care between 2 weeks and 1 year after discharge are smaller, ranging from 13% in Queensland to 19% in South Australia, suggesting that the jurisdictions have had a comparable degree of success in helping people stay in the community when they return to the community after TCP.

There were also some interesting findings regarding differences in cultural background.

Indigenous care recipients were more likely to return to the community (58%) and less likely to enter residential aged care than non-Indigenous care recipients (54% and 21%

respectively). However, Indigenous care recipients were more likely to return to hospital at the end of the period of transition care (20% compared with 17%).

People born in Australia and other main English-speaking countries were less likely to enter residential aged care than people born in other countries—people from the latter group generally have lower residential aged care usage rates than the remainder of the population and higher uptake of aged care packages in the community, particularly in older age groups. This raises the question of whether there is a difference in the uptake of this program by people from non-English speaking backgrounds, and whether their functional capacity is lower than English-speaking recipients.

Limitations and areas for development

There are a number of limitations in the scope of the analysis that can be done using unlinked data. For example, although aged care administrative data provide information on entry to residential aged care following a TCP period of care, there is no information on the reasons someone did not enter residential care. One of these reasons will be that the TCP care recipient died at home. However, this cannot be quantified using the aged care data alone: it requires linkage to information on deaths.

Currently, analysis of geographic information in relation to service provision is based on the location of the service provider. As almost all TCP care recipients live in the community, resident postcode information could be used to better investigate access and equity issues. Transition care service provision becomes more limited with increasing remoteness. But it is possible that people living in more remote areas are accessing hospital services in the cities and remaining in the city to receive transition care.

Investigation of the client characteristics from the Aged Care Funding Instrument for people entering residential aged care from TCP was also beyond the scope of this report. Those data could be used to examine the differences between those who enter residential care after TCP care and those who enter from the community or directly from hospital, in order to assess whether there are differences between these groups in dependency and need for assistance.

There is also capacity for further analysis of the characteristics of TCP recipients and any association between these and program outcomes. The ACAT assessment for transition care is valid for only 28 days, and so it can provide information on the care recipient's circumstances at the time of the hospital stay and admission to TCP. Linkage of TCP care records to the ACAT assessment would provide information on the carer availability and medical conditions, and it could allow comparison of support programs used before and after the TCP period of care.

Appendix A: Additional tables

Table A1.1: Recipient care days by state and territory, care setting, 2005–06 to 2012–13 (per cent)

State/Setting	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
NSW								
Care days in the home	86.5	89.2	88.3	88.9	90.8	91.3	91.5	90.1
Care days in a live-in facility	13.5	10.8	11.7	11.1	9.2	8.7	8.5	9.9
Total recipient care days	**9,501**	**121,134**	**183,964**	**223,188**	**259,858**	**311,680**	**392,486**	**416,429**
Victoria								
Care days in the home	100.0	37.5	37.8	40.3	40.9	38.9	40.8	40.7
Care days in a live-in facility	—	62.5	62.2	59.7	59.1	61.1	59.2	59.3
Total recipient care days	**3**	**80,696**	**141,148**	**180,428**	**203,710**	**246,536**	**306,564**	**320,634**
Queensland								
Care days in the home	100.0	98.1	92.5	87.1	84.7	84.7	85.0	84.2
Care days in a live-in facility	—	1.9	7.5	12.9	15.3	15.3	15.0	15.8
Total recipient care days	**170**	**29,654**	**65,352**	**100,148**	**139,173**	**169,068**	**205,846**	**221,927**
Western Australia								
Care days in the home	32.5	40.1	43.8	50.6	38.1	27.3	21.7	20.2
Care days in a live-in facility	67.5	59.9	56.2	49.4	61.9	72.7	78.3	79.8
Total recipient care days	**5,403**	**29,209**	**30,993**	**43,619**	**60,345**	**79,880**	**93,913**	**98,101**
South Australia								
Care days in the home	31.3	43.8	50.9	58.8	61.5	61.1	59.2	57.2
Care days in a live-in facility	68.7	56.2	49.1	41.2	38.5	38.9	40.8	42.8
Total recipient care days	**17,054**	**36,994**	**56,016**	**64,349**	**76,233**	**91,429**	**111,406**	**112,235**
Tasmania								
Care days in the home	—	40.9	48.0	53.7	62.6	73.5	73.0	65.0
Care days in a live-in facility	100.0	59.1	52.0	46.3	37.4	26.5	27.0	35.0
Total recipient care days	**3**	**10,403**	**14,986**	**17,015**	**17,870**	**22,536**	**26,297**	**24,225**
Australian Capital Territory								
Care days in the home	100.0	54.8	57.3	68.6	65.6	68.9	65.1	64.7
Care days in a live-in facility	—	45.2	42.7	31.4	34.4	31.1	34.9	35.3
Total recipient care days	**1,943**	**9,419**	**9,090**	**11,066**	**12,442**	**11,904**	**11,335**	**11,744**
Northern Territory								
Care days in the home	—	—	—	17.3	52.2	58.6	59.8	72.3
Care days in a live-in facility	—	100.0	100.0	82.7	47.8	41.4	40.2	27.7
Total recipient care days	**—**	**792**	**1,566**	**3,208**	**5,178**	**6,261**	**6,071**	**7,038**
Australia								
Care days in the home	51.1	64.3	65.8	67.7	68.3	67.0	67.2	66.4
Care days in a live-in facility	48.9	35.7	34.2	32.3	31.7	33.0	32.8	33.6
Total recipient care days	**34,077**	**318,301**	**503,115**	**643,021**	**774,809**	**939,294**	**1,153,918**	**1,212,333**

— Nil or rounded to 0.

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.2: Operational provision ratio for TCP, by remoteness[(a)], 30 June 2013

Measure	Major cities	Inner regional	Outer regional	Remote	Aust
Provision ratio per 1,000	1.7	1.9	0.9	0.2	1.7

(a) Refers to location of service outlet.

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.3: Occupancy, by state/territory and remoteness of service outlet, 2011–12

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
NSW	81.7	83.3	69.1	7.6	. .	**81.0**
VIC	91.1	79.2	75.1	. .	. .	**87.4**
QLD	76.4	77.1	82.0	. .	. .	**77.4**
WA	78.0	61.3	47.0	. .	. .	**73.8**
SA	89.7	83.4	. .	. .	. .	**88.0**
TAS	. .	72.4	47.1	. .	. .	**66.5**
ACT	55.3	. .	. .	. .	. .	**55.3**
NT	. .	. .	77.7	33.3	. .	**59.3**
Australia	**83.1**	**79.8**	**70.2**	**24.8**	**. .**	**81.0**

. . Not applicable.

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.4: Occupancy, by state and territory of service outlet, 2008–09 to 2012–13

State/territory	2008–09	2009–10	2010–11	2011–12	2012–13
NSW	81.0	79.4	77.9	81.0	84.6
VIC	87.7	86.3	86.1	87.4	90.8
QLD	73.4	82.0	82.3	77.4	84.7
WA	67.7	77.0	79.1	73.8	76.3
SA	90.7	92.6	92.0	88.0	90.0
TAS	80.5	69.1	63.9	66.5	78.1
ACT	82.9	83.3	70.4	55.3	55.4
NT	48.1	52.4	60.5	59.3	67.5
Australia	**81.0**	**82.0**	**81.3**	**81.0**	**85.2**

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.5: Occupancy, by remoteness of service outlet, 2008–09

Remoteness area	2008–09	2009–10	2010–11	2011–12	2012–13
Major Cities	83.3	84.3	84.0	83.1	86.6
Inner Regional	81.9	79.1	78.5	79.8	85.4
Outer Regional	58.0	74.1	70.4	70.2	74.1
Remote	50.1	33.3	45.3	24.8	30.3
Very Remote	. .	. .	. .	. .	. .
Australia	**81.0**	**82.0**	**81.3**	**81.0**	**85.2**

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.6: Admissions[(a)] to TCP episodes, by state and year of admission, 2005–06 to 2012–13

State/territory	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
NSW	338	2,524	3,531	4,132	4,717	5,599	6,918	7,213
Vic	1	2,086	3,114	3,729	4,272	5,069	6,089	6,189
Qld	16	634	1,422	2,044	2,750	3,319	4,129	4,613
WA	102	496	528	818	1,188	1,733	2,048	2,121
SA	424	715	1,041	1,202	1,279	1,578	1,858	1,986
Tas	1	207	292	340	349	412	496	458
ACT	36	183	177	220	202	203	222	241
NT	.	28	53	86	92	114	114	114
Australia	**918**	**6,873**	**10,158**	**12,571**	**14,849**	**18,027**	**21,874**	**22,935**

(a) Admission to individual episodes of care.

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.7: Discharges[(a)] from TCP episodes, by sex and year of discharge, 2005–06 to 2012–13

State/territory	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
NSW	179	2,250	3,418	4,017	4,606	5,377	6,753	7,185
Vic	—	1,742	3,034	3,657	4,177	4,924	5,894	6,244
Qld	3	521	1,309	1,970	2,648	3,224	4,032	4,612
WA	71	445	510	770	1,166	1,656	2,018	2,098
SA	342	677	1,002	1,190	1,228	1,523	1,798	2,011
Tas	—	175	285	326	356	395	473	459
ACT	26	165	173	219	201	210	224	223
NT	—	22	52	83	85	118	108	122
Australia	**621**	**5,997**	**9,783**	**12,232**	**14,467**	**17,427**	**21,300**	**22,954**

(a) Discharges to individual episodes of care.

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.8: Number of episodes per period of care, 2005–06 to 2012–13

Number of episodes	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
				Number of periods				
One episode	539	5,100	8,287	10,050	11,872	14,188	17,237	18,333
Two or more consecutive episodes	31	372	684	990	1,210	1,470	1,840	2,180
All periods of care	**570**	**5,472**	**8,971**	**11,040**	**13,082**	**15,658**	**19,077**	**20,513**
				Percentage of periods				
One episode	94.6	93.2	92.4	91.0	90.8	90.6	90.4	89.4
Two or more consecutive episodes	5.4	6.8	7.6	9.0	9.2	9.4	9.6	10.6
All periods of care	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.9: Periods of care by number of episodes, state and territory 2005–06 to 2012–13

State/territory/ Number of episodes	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
NSW								
One single episode	163	1,910	2,862	3,307	3,785	4,324	5,379	5,554
Two or more consecutive episodes	3	142	265	322	377	478	625	751
Periods of care	**166**	**2,052**	**3,127**	**3,629**	**4,162**	**4,802**	**6,004**	**6,305**
Victoria								
One single episode	**—**	1,468	2,633	3,118	3,512	4,054	4,827	5,140
Two or more consecutive episodes	**—**	108	178	248	305	387	482	514
Periods of care	**—**	**1,576**	**2,811**	**3,366**	**3,817**	**4,441**	**5,309**	**5,654**
Queensland								
One single episode	3	430	1,088	1,609	2,123	2,579	3,127	3,681
Two or more consecutive episodes	—	35	95	166	236	292	414	448
Periods of care	**3**	**465**	**1,183**	**1,775**	**2,359**	**2,871**	**3,541**	**4,129**
Western Australia								
One single episode	67	393	453	610	853	1,261	1,678	1,724
Two or more consecutive episodes	1	23	26	68	151	185	146	182
Periods of care	**68**	**416**	**479**	**678**	**1,004**	**1,446**	**1,824**	**1,906**
South Australia								
One single episode	280	574	806	870	1,066	1,355	1,572	1,566
Two or more consecutive episodes	27	47	92	149	84	78	101	221
Periods of care	**307**	**621**	**898**	**1,019**	**1,150**	**1,433**	**1,673**	**1,787**
Tasmania								
One single episode	—	151	245	273	288	340	383	395
Two or more consecutive episodes	—	12	17	21	33	28	42	31
Periods of care	**—**	**163**	**262**	**294**	**321**	**368**	**425**	**426**
Australian Capital Territory								
One single episode	26	155	161	194	178	184	187	168
Two or more consecutive episodes	—	4	6	10	14	11	18	26
Periods of care	**26**	**159**	**167**	**204**	**192**	**195**	**205**	**194**
Northern Territory								
One single episode	—	19	39	69	67	91	84	105
Two or more consecutive episodes	—	1	5	6	10	11	12	7
Periods of care	**—**	**20**	**44**	**75**	**77**	**102**	**96**	**112**

Source: AIHW National Aged Care Data Clearinghouse.

Table A1.10: Number of transition care episodes, by number of periods of care per care recipient, periods of care, 2005–2013

	Number of episodes in the period of care			
Periods of care per care recipient	**1**	**2**	**3 or more**	**Total**
		Number of periods		
One period	79,123	7,050	969	87,142
Two periods	5,867	607	67	6,541
Three or more periods	616	68	16	700
Total	**85,606**	**7,725**	**1,052**	**94,383**
		Percentage of periods		
One period	83.8	7.5	1.0	92.3
Two periods	6.2	0.6	0.1	6.9
Three or more periods	0.7	0.1	0.0	0.7
Total	**90.7**	**8.2**	**1.1**	**100.0**

Source: AIHW: National Aged Care Data Clearinghouse.

Table A2.1: Age profiles of recipients at admission, by state/territory of service outlet, first transition care episode in 2012–13 (per cent)

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
0–64	2.2	4.3	5.9	2.6	1.1	3.8	1.4	10.0	3.5
65–74	16.9	13.5	19.7	12.5	15.3	16.3	15.7	38.0	16.0
75–84	45.4	37.9	44.3	38.5	38.3	49.0	37.3	37.0	41.8
85+	35.6	44.3	30.1	46.4	45.3	30.9	45.6	15.0	38.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	**6,183**	**5,523**	**4,035**	**1,910**	**1,727**	**418**	**217**	**100**	**20,113**
Median age (years)	82	83	81	84	84	82	84	75	83

Note: Percentages have been rounded to 1 decimal place and might not add to 100%.

Source: AIHW National Aged Care Data Clearinghouse.

Table A2.2: Indigenous status, by age at admission, first transition care episode in 2012–13

Indigenous status	0–54	55–64	65–74	75–84	85+	Total
			Total number			
Indigenous	16	38	39	42	21	156
Non-Indigenous	73	579	3,186	8,367	7,752	19,957
Total	**89**	**617**	**3,225**	**8,409**	**7,773**	**20,113**
			Row per cent			
Indigenous	10.3	24.4	25.0	26.9	13.5	100.0
Non-Indigenous	0.4	2.9	16.0	41.9	38.8	100.0
Total	**0.4**	**3.1**	**16.0**	**14.8**	**38.6**	**100.0**
			Column per cent			
Indigenous	18.0	6.2	1.2	0.5	0.3	0.8
Non-Indigenous	82.0	93.8	98.8	99.5	99.7	99.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.1: Periods of care, completion of planned care by number of episodes, 2005–2013

Number of episodes	Completed	Not completed	Total	Total (number)
One episode	81.8	18.2	100.0	85,606
Two episodes	75.5	24.5	100.0	7,725
Three episodes	70.7	29.3	100.0	1,052
Total	**81.2**	**18.8**	**100.0**	**94,383**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.2: Periods of care, completion of care plan, by age at discharge, 2005–2013

Care plan status	0–64	65–69	70–74	75–79	80–84	85–89	90–94	95+	Total
Completed	3.2	5.5	10.2	17.3	25.5	23.7	11.8	3.0	100.0
Not completed	3.1	5.5	9.6	17.5	25.7	23.8	11.6	3.3	100.0
Total (number)	**2,988**	**5,161**	**9,493**	**16,329**	**24,064**	**22,384**	**11,070**	**2,894**	**94,383**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.3: Periods of care, completion of planned care by sex and age at discharge

Sex and care plan status	0–64	65–69	70–74	75–79	80–84	85–89	90–94	95+	Total
Men									
Completed	81.3	77.7	80.3	77.4	77.5	76.7	77.6	74.1	77.7
Not completed	18.7	22.3	19.7	22.6	22.5	23.3	22.4	25.9	22.3
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*1,451*	*2,347*	*3,906*	*6,357*	*8,804*	*7,029*	*3,096*	*745*	*33,735*
Women									
Completed	82.0	83.6	83.2	83.2	83.1	83.1	82.9	82.0	83.1
Not completed	18.0	16.4	16.8	16.8	16.9	16.9	17.1	18.0	16.9
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	*1,537*	*2,814*	*5,587*	*9,972*	*15,260*	*15,355*	*7,974*	*2,149*	*60,648*
Persons									
Completed	81.7	80.9	82.0	80.9	81.0	81.1	81.4	80.0	81.2
Not completed	18.3	19.1	18.0	19.1	19.0	18.9	18.6	20.0	18.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**2,988**	**5,161**	**9,493**	**16,329**	**24,064**	**22,384**	**11,070**	**2,894**	**94,383**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.4: MBI on admission and discharge for care recipients whose planned care was completed, periods of care 2005–2013 (per cent)

MBI Score	0–10	11–20	21–30	31–40	41–50	51–60	61–70	71–80	81–90	91–100	Total
MBI on admission	2.7	2.2	2.8	3.8	5.9	8.5	12.7	20.0	26.3	15.0	**100.0**
MBI on discharge	3.6	1.6	1.8	2.2	2.7	4.0	5.8	10.5	21.2	46.6	**100.0**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.5: MBI score on admission and discharge, by year of discharge, periods of care, 2005–06 to 2012–13

Measure	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2005–2013
All recipients									
MBI on admission									
Median	69	71	75	75	77	76	77	76	76
Mean	64.3	64.4	67.5	68.6	70.1	69.7	70.4	70.1	69.3
Std	24	25.5	24.2	23.4	23.1	22.9	22.4	22.7	23.2
Number	570	5,472	8,971	11,040	13,082	15,658	19,077	20,513	94,383
MBI on discharge (where MBI on discharge is measured[(a)])									
Median	86	87	89	90	90	90	90	90	90
Mean	75.4	76.0	78.6	79.8	81.2	80.8	81.4	81.1	80.4
Std	26.9	27.3	25.8	25	24.2	24.1	23.4	24.1	24.5
Number	457	4,444	7,379	9,026	10,758	12,734	15,549	16,642	76,989
Recipients who completed planned care[(b)]									
MBI on admission									
Median	70	72	75	76	78	77	78	78	77
Mean	65.4	65.7	68.5	69.5	71.1	70.9	71.5	71.2	70.4
Std	23.4	24.9	23.6	22.9	22.6	22.1	21.7	22	22.5
Number	455	4,420	7,330	8,978	10,688	12,666	15,510	16,546	76,593
MBI on discharge									
Median	86	87	89	90	90	90	90	90	90
Mean	75.5	76	78.7	79.9	81.3	80.8	81.4	81.2	80.5
Std	26.9	27.4	25.8	24.9	24.2	24.1	23.4	24	24.5
Number	455	4,420	7,330	8,978	10,688	12,666	15,510	16,546	76,593

(a) Excludes people who returned to hospital or died as MBI on discharge is not applicable for these people.

(b) Care recipients who moved to another care provider, returned to hospital or died have not completed planned care.

Note: std=standard deviation. In this table, the standard deviation gives an indication of the variation in the MBI scores within the group. A larger standard deviation indicates greater differences in the MBI scores of care recipients while a smaller standard deviation indicates a greater degree of similarity. All jurisdictions provided care across the full range of possible MBI scores (that is 0 to 100). Note that the all recipient admissions includes ALL admissions, all recipient discharges excludes only death and hospital return, while planned care completed EXCLUDES those who moved to another provider as well as those who died or returned to hospital.

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.6: Functional change, by year of discharge, periods of care where planned care is completed, 2005–2013

Functional change	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2005–2013
Improved	75.4	73.9	74.3	75.6	75.4	75.9	76.5	76.2	75.7
No difference	9.5	16.2	17	17.3	17.3	15.9	15.4	15.7	16.2
Deteriorated	15.2	9.9	8.7	7.1	7.2	8.3	8.1	8.1	8.1
Total number	**455**	**4,420**	**7,330**	**8,978**	**10,688**	**12,666**	**15,510**	**16,546**	**76,593**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.7: Change in MBI score by MBI score on entry to initial care episode and number of episodes in the period of care, 2005 to 2013 (per cent in each MBI range)

Change in MBI score	MBI score on entry										
	0–10	11–20	21–30	31–40	41–50	51–60	61–70	71–80	81–90	91–100	Total
One episode only in period of care											
81 to 100	5.4	0.6	—	—	—	—	—	—	—	—	0.2
61 to 80	3.3	5.1	6.0	2.3	—	—	—	—	—	—	0.5
41 to 60	3.1	7.0	13.2	16.9	17.2	6.9	—	—	—	—	2.8
21 to 40	5.1	10.6	15.0	21.5	28.5	38.8	37.0	17.6	—	—	14.7
11 to 20	5.7	9.1	11.2	13.4	13.4	16.6	25.0	39.5	36.4	—	24.0
1 to 10	14.5	19.8	15.1	13.6	13.4	13.3	17.1	24.1	45.8	69.3	33.4
No change	54.9	34.7	27.7	22.1	18.3	15.4	13.2	12.4	11.8	23.8	17.1
–1 to –20	7.9	13.0	9.5	7.2	5.8	5.5	4.6	4.2	4.2	5.4	5.0
–21 to –40	—	—	2.3	2.9	1.5	1.3	1.0	0.6	0.4	0.3	0.8
–41 to –60	—	—	—	—	1.8	2.0	0.4	0.3	0.1	0.1	0.4
–61 to –80	—	—	—	—	—	—	1.6	1.3	0.1	0.1	0.5
–81 to –100	—	—	—	—	—	—	—	—	1.2	1.0	0.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	100.0
Total (no.)	**1,892**	**1,561**	**1,980**	**2,637**	**4,035**	**5,911**	**8,821**	**13,976**	**18,461**	**10,746**	**70,020**
Two or more episodes in period of care											
81 to 100	27.0	5.5	—	—	—	—	—	—	—	—	1.0
61 to 80	8.1	16.5	11.9	5.2	—	—	—	—	—	—	1.1
41 to 60	10.0	16.5	18.4	29.4	23.4	8.4	—	—	—	—	4.9
21 to 40	8.5	12.6	21.6	24.2	36.6	46.8	44.3	21.1	—	—	19.6
11 to 20	4.7	8.7	11.9	11.9	10.5	15.7	24.3	42.5	34.1	—	24.2
1 to 10	11.8	11.0	9.7	8.2	10.1	10.8	13.9	19.7	44.4	61.8	27.3
No change	19.4	9.4	7.6	4.5	3.6	3.7	3.1	3.4	5.9	13.8	6.0
–1 to –20	10.4	19.7	13.5	8.9	9.3	7.8	9.0	8.4	10.5	20.6	10.5
–21 to –40	—	—	5.4	7.8	4.6	2.9	2.4	1.5	1.9	1.7	2.4
–41 to –60	—	—	—	—	1.9	4.0	1.3	1.1	0.8	0.5	1.2
–61 to –80	—	—	—	—	—	—	1.7	2.4	0.5	0.3	0.9
–81 to –100	—	—	—	—	—	—	—	—	—	—	0.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (no.)	**211**	**127**	**185**	**269**	**475**	**630**	**890**	**1,366**	**1,673**	**747**	**6,573**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.8: Median MBI score on admission to full period of care, by state and territory[(a)] and year of discharge from period of care, 2005-06 to 2012–13

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2005–06	82	. .	79	68	63	. .	65	. .	69
2006–07	78	52	83	67	67	68	74	45	71
2007–08	81	60	83	70	68	67	79	61	75
2008–09	82	62	81	70	67	67	83	66	75
2009–10	83	68	81	68	70	67	78	76	77
2010–11	83	69	81	64	69	71	78	80	76
2011–12	82	69	81	61	70	72	79	79	77
2012–13	82	70	82	59	68	65	82	81	76
2005–2013	**82**	**67**	**81**	**64**	**69**	**68**	**79**	**76**	**76**

(a) Refers to location of service outlet.

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.9: Functional change by care setting and number of consecutive episodes in the period of care, 2005–2013

Number of episodes/ Change in functioning	In the home		In a live-in facility		Both settings		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
One episode								
Improved	32,123	83.6	13,210	58.0	7,531	85.2	52,864	75.5
No difference	4,324	11.3	6,856	30.1	821	9.3	12,001	17.1
Deteriorated	1,969	5.1	2,699	11.9	487	5.5	5,155	7.4
Total	*38,416*	*100.0*	*22,765*	*100.0*	*8,839*	*100.0*	*70,020*	*100.0*
Two or more episodes								
Improved	2,555	82.9	712	61.5	1,862	79.9	5,129	78.0
No difference	203	6.6	102	8.8	89	3.8	394	6.0
Deteriorated	326	10.6	344	29.7	380	16.3	1,050	16.0
Total	*3,084*	*100.0*	*1,158*	*100.0*	*2,331*	*100.0*	*6,573*	*100.0*
All periods of care								
Improved	34,678	83.6	13,922	58.2	9,393	84.1	57,993	75.7
No difference	4,527	10.9	6,958	29.1	910	8.2	12,395	16.2
Deteriorated	2,295	5.5	3,043	12.7	867	7.8	6,205	8.1
Total	**41,500**	**100.0**	**23,923**	**100.0**	**11,170**	**100.0**	**76,593**	**100.0**

Notes:

1. Includes only recipients who completed planned care.
2. Care recipients who moved to another care provider, returned to hospital or died at the end of the period of care had not completed planned care.

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.10: Length of hospital initial stay by improvement in functional capacity for periods of care where planned care was completed, by number of episodes in the period of care, 2005–2013 (per cent).

Episodes per period of care/ Length of initial hospital stay	Improved	No difference	Deteriorated	Total	Total (number)
One episode					
Up to 2 weeks	82.1	12.4	5.5	100.0	13,518
2 to <4 weeks	76.8	16 .2	7.0	100.0	24,617
4 to <6 weeks	72.9	19.0	8.1	100.0	14,923
6 to <8 weeks	70.5	20.6	8.9	100.0	7,653
8 to <10 weeks	70.4	20.8	8.8	100.0	4,004
10 to <12 weeks	70.7	20.9	8.4	100.0	2,069
12 to <18 weeks	71.3	20.1	8.6	100.0	2,233
18 weeks or more	71.0	21.0	8.0	100.0	1,003
Total	75.5	17.1	7.4	100.0	70,020
Two or more episodes					
Up to 2 weeks	81.3	6.0	12.7	100.0	1,241
2 to <4 weeks	79.3	5.2	15.5	100.0	2,168
4 to <6 weeks	77.4	5.5	17.1	100.0	1,449
6 to <8 weeks	75.4	6.3	18.3	100.0	728
8 to <10 weeks	71.3	8.8	19.9	100.0	408
10 to <12 weeks	75.5	5.7	18.9	100.0	212
12 to <18 weeks	80.2	5.9	13.8	100.0	253
18 weeks or more	66.7	14.9	18.4	100.0	114
Total	**78.0**	**6.0**	**16.0**	**100.0**	**6,573**

Source: AIHW National Aged Care Data Clearinghouse.

Table A3.11: Functional change, by age, sex and number of episodes in the period of care[a], 2005–2013 (per cent).

Age and sex	Improved	No difference	Deteriorated	Total	Total (number)
			Women		
One episode only					
0–64	78.2	14.2	7.5	100.0	1,140
65–69	81.7	13.6	4.6	100.0	2,158
70–74	82.1	12.5	5.5	100.0	4,253
75–79	80.1	14.1	5.8	100.0	7,578
80–84	78.4	15.0	6.6	100.0	11,585
85–89	76.3	16.5	7.2	100.0	11,706
90–94	71.3	20.4	8.4	100.0	6,105
95+	66.9	23.4	9.7	100.0	1,675
Total	**77.3**	**15.9**	**6.8**	**100.0**	**46,200**
Two or more episodes					
0–64	78.5	8.3	13.2	100.0	121
65–69	84.6	5.1	10.3	100.0	195
70–74	84.8	4.3	10.9	100.0	394
75–79	80.4	5.9	13.7	100.0	716
80–84	80.6	5.1	14.3	100.0	1,094
85–89	76.1	5.8	18.1	100.0	1,056
90–94	75.7	6.5	17.8	100.0	507
95+	80.5	4.6	14.9	100.0	87
Total	**79.4**	**5.6**	**15.0**	**100.0**	**4,170**
			Men		
One episode only					
0–64	68.3	23.2	8.5	100.0	1,064
65–69	72.6	19.6	7.8	100.0	1,646
70–74	75.8	18.1	6.1	100.0	2,840
75–79	74.1	17.7	8.3	100.0	4,465
80–84	73.2	18.3	8.5	100.0	6,192
85–89	69.6	21.1	9.3	100.0	4,913
90–94	68.2	22.0	9.8	100.0	2,182
95+	65.4	23.7	10.8	100.0	518
Total	**72.0**	**19.5**	**8.5**	**100.0**	**23,820**
Two or more episodes					
0–64	75.7	9.6	14.8	100.0	115
65–69	78.1	6.2	15.7	100.0	178
70–74	83.2	3.7	13.1	100.0	297
75–79	73.6	5.9	20.4	100.0	455
80–84	75.6	7.8	16.6	100.0	627
85–89	75.6	5.0	19.3	100.0	476
90–94	71.0	10.9	18.1	100.0	221
95+	58.8	11.8	29.4	100.0	34
Total	**75.7**	**6.7**	**17.6**	**100.0**	**2,403**

(a) Excludes periods of care where planned care was not completed, that is where the care recipient moved to another provider, returned to hospital or died.

Source: AIHW National Aged Care Data Clearinghouse.

Table A4.1: Discharge destination by number of episodes in a period of care, 2005–2013

Discharge destination	One	Two or more	Total	One	Two or more	Total
		Number			Per cent	
Community with no aged care service	15,852	1,189	17,041	18.5	13.5	18.1
Community with HACC	20,763	2,059	22,822	24.3	23.5	24.2
Community with CACP	8,283	1,126	9,409	9.7	12.8	10.0
Community with EACH or EACHD	1,665	266	1,931	1.9	3.0	2.0
Total community	*46,563*	*4,640*	*51,203*	*54.3*	*54.4*	*52.9*
Residential aged care (low-care)	6,051	496	6,547	7.1	5.7	6.9
Residential aged care (high-care)	12,273	945	13,218	14.3	10.8	14.0
Total residential aged care	*18,324*	*1,441*	*19,765*	*20.9*	*21.4*	*16.4*
Other	5,133	492	5,625	6.0	5.6	6.0
Other TCP	355	41	396	0.4	0.5	0.4
Hospital	13,625	1,996	15,621	15.9	22.7	16.6
Death	1,606	167	1,773	1.9	1.9	1.9
Total	**85,606**	**8,777**	**94,383**	**100.0**	**100.0**	**100.0**

Source: AIHW National Aged Care Data Clearinghouse.

Table A4.2: Discharge destination, by year of discharge, periods of care 2005–06 to 2012–13 (per cent)

Discharge destination	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13[(a)]	Total
One episode									
Community with no aged care services	16.33	17.86	17.46	17.31	18.33	18.78	18.71	19.64	18.52
Community with HACC	18.2	21.0	24.1	26.1	25.0	23.8	24.8	23.8	24.3
Community with CACP	10.6	9.9	10.1	10.0	10.8	9.3	9.4	9.1	9.7
Community with EACH or EACHD	1.1	1.4	1.9	1.9	1.8	2.0	2.2	2.0	1.9
Total community	*46.2*	*50.2*	*53.5*	*55.3*	*56.0*	*53.8*	*55.0*	*54.6*	*54.4*
Residential aged care (low-care)	12.6	7.6	8.0	7.1	6.6	7.1	7.0	6.7	7.1
Residential aged care (high-care)	13.0	16.2	16.2	14.1	13.0	13.9	14.4	14.3	14.3
Total residential aged care	*25.6*	*23.8*	*24.1*	*21.2*	*19.7*	*21.1*	*21.3*	*21.0*	*21.4*
Other	7.1	7.4	4.7	5.3	6.8	6.6	5.7	5.9	6.0
Other TCP	0.4	0.4	0.5	0.4	0.5	0.4	0.2	0.5	0.4
Hospital	18.7	15.7	15.0	16.1	15.3	16.1	16.0	16.4	15.9
Death	2.0	2.5	2.1	1.7	1.7	2.0	1.8	1.8	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number	**539**	**5,100**	**8,287**	**10,050**	**11,872**	**14,188**	**17,237**	**18,333**	**85,606**

(continued)

Table A4.2 *(cont.)*: Discharge destination, by year of discharge, periods of care 2005–06 to 2012–13 (per cent)

Discharge destination	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13[(a)]	Total
Two or more consecutive episodes									
Community with no aged care services	16.1	8.3	13.9	11.5	13.4	12.7	14.0	15.5	13.6
Community with HACC	38.7	21.0	22.5	23.9	23.7	24.4	24.0	22.5	23.5
Community with CACP	12.9	11.6	14.2	15.3	14.0	12.5	11.9	11.9	12.8
Community with EACH or EACHD	6.5	2.4	2.3	2.2	4.1	3.3	3.3	2.7	3.0
Total community	*74.2*	*43.3*	*52.9*	*52.9*	*55.1*	*52.9*	*53.2*	*52.7*	*52.9*
Residential aged care (low-care)	6.5	7.5	5.9	7.0	4.4	5.3	5.7	5.6	5.7
Residential aged care (high-care)	16.1	13.4	11.0	10.8	9.0	11.6	10.2	11.1	10.8
Total residential aged care	*22.6*	*21.0*	*16.8*	*17.8*	*13.4*	*16.9*	*15.9*	*16.7*	*16.4*
Other	. .	7.3	4.7	5.6	5.9	6.0	6.0	5.0	5.6
Other TCP	. .	0.5	0.6	0.6	0.5	0.5	0.1	0.6	0.5
Hospital	3.2	25.5	23.4	21.0	23.9	21.2	22.7	23.5	22.7
Death	. .	2.4	1.6	2.1	1.2	2.5	2.1	1.6	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number	**31**	**372**	**684**	**990**	**1,210**	**1,470**	**1,840**	**2,180**	**8,777**
All periods									
Community with no aged care services	16.3	17.2	17.2	16.8	17.9	18.2	18.3	19.2	18.1
Community with HACC	19.3	21.0	24.0	25.9	24.9	23.8	24.7	23.7	24.2
Community with CACP	10.7	10.1	10.4	10.5	11.1	9.6	9.6	9.4	10.0
Community with EACH or EACHD	1.4	1.5	1.9	1.9	2.0	2.1	2.3	2.1	2.1
Total community	*47.7*	*49.7*	*53.5*	*55.1*	*55.9*	*53.7*	*54.8*	*54.4*	*54.3*
Residential aged care (low-care)	12.3	7.6	7.8	7.1	6.4	7.0	6.8	6.6	6.9
Residential aged care (high-care)	13.2	16.0	15.8	13.8	12.7	13.7	14.0	14.0	14.0
Total residential aged care	*25.4*	*23.6*	*23.6*	*20.9*	*19.1*	*20.7*	*20.8*	*20.5*	*20.9*
Other	6.7	7.4	4.7	5.3	6.7	6.5	5.7	5.8	6.0
Other TCP	0.4	0.4	0.6	0.4	0.5	0.4	0.2	0.5	0.4
Hospital	17.9	16.3	15.7	16.5	16.1	16.6	16.7	17.1	16.6
Death	1.9	2.5	2.1	1.7	1.6	2.1	1.8	1.8	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number	**570**	**5,472**	**8,971**	**11,040**	**13,082**	**15,658**	**19,077**	**20,513**	**94,383**

(a) This analysis excludes episodes where the care recipient was discharged after 30 June 2013. Proportions for 2012–13 are liable to change in future as some recipients will have additional consecutive episodes in 2013–14.

Note: Differences in numbers/proportions of discharge destinations for 2010–11 compared to previously published numbers are a result of episodes of care that began in 2010–11 and completed in 2011–12 being counted in 2011–12.

Source: AIHW National Aged Care Data Clearinghouse.

Table A4.3: Discharge destination by length of initial hospital stay in weeks, periods of care 2005–2013

Discharge destination	0–2	<2–4	<4–6	<6–8	<8–10	<10–12	<12–18	<18–26	<26–52	<53+	Total
Community											
No aged care services	24.2	18.1	16.1	15.1	13.3	13.6	13.1	12.1	11.8	15.2	18.1
With HACC	27.2	23.8	22.7	22.8	22.8	22.8	23.4	29.8	26.5	21.6	24.2
With CACP	9.8	10.2	10.1	9.2	10.3	9.8	10.7	9	8.8	11.1	10
With EACH or EACHD	1.7	1.8	2	2.2	2.5	2.5	3.6	4.9	5.9	1.8	2
Total community	*62.9*	*53.9*	*50.9*	*49.4*	*48.8*	*48.7*	*50.9*	*55.7*	*53.1*	*49.7*	*54.3*
Residential aged care											
Low-care	5.7	7.4	7.7	7.3	7.1	6.4	5.6	4.4	4.4	5.8	6.9
High-care	8.2	13.6	16.5	17.6	18.4	18.2	17.9	16.2	15	15.8	14
Total resiendtial	*13.9*	*21*	*24.2*	*24.8*	*25.6*	*24.6*	*23.5*	*20.6*	*19.5*	*21.6*	*20.9*
Other	6.5	6.2	5.5	5.4	5.9	6	5.2	5.8	4.7	5.8	6
Planned care not completed											
Other TCP	0.4	0.4	0.4	0.6	0.4	0.6	0.4	. .	0.9	. .	0.4
Hospital	15	16.4	17.1	17.7	17.4	18.1	18.2	16.3	20.1	20.5	16.6
Death	1.3	2.1	2	2.2	1.9	1.9	1.8	1.5	1.8	2.3	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	20463	32476	19208	9987	5195	2684	3015	845	339	171	94383

Source: AIHW National Aged Care Data Clearinghouse.

Table A4.4: Discharge destination by care setting and number of consecutive episodes in the period of care, 2005–2013

	In the home		In a live-in setting		Both settings		All	
Number of episodes/ Discharge destination	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
One episode								
Community with no aged care service	12,143	26.0	1,914	6.7	1,795	17.6	15,852	18.5
Community with HACC	15,199	32.5	2,083	7.3	3,481	34.2	20,763	24.3
Community with CACP	5,674	12.1	1,026	3.6	1,583	15.5	8,283	9.7
Community with EACH or EACHD	1,019	2.2	402	1.4	244	2.4	1,665	1.9
Residential aged care (low-care)	668	1.4	4,918	17.2	465	4.6	6,051	7.1
Residential aged care (high-care)	559	1.2	11,063	38.7	651	6.4	12,273	14.3
Other	3,154	6.7	1,359	4.8	620	6.1	5,133	6.0
Other TCP	140	0.3	167	0.6	48	0.5	355	0.4
Hospital	7,886	16.9	4,516	15.8	1,223	12.0	13,625	15.9
Death	349	0.8	1,176	4.1	81	0.8	1,606	1.9
Total	**46,791**	**100.0**	**28,624**	**100.0**	**10,191**	**100.0**	**85,606**	**100.0**
Two or more episodes								
Community with no aged care service	752	17.5	64	4.0	373	12.9	1,189	13.6
Community with HACC	1,226	28.6	79	5.0	754	26.0	2,059	23.5
Community with CACP	601	14.0	42	2.7	483	16.7	1,126	12.8
Community with EACH or EACHD	120	2.8	22	1.4	124	4.3	266	3.0
Residential aged care (low-care)	56	1.3	242	15.3	198	6.8	496	5.7
Residential aged care (high-care)	66	1.5	638	40.2	241	8.3	945	10.8
Other	263	6.1	71	4.5	158	5.5	492	5.6
Other TCP	16	0.4	10	0.6	15	0.5	41	0.5
Hospital	1,159	27.0	339	21.4	498	17.2	1,996	22.7
Death	35	0.8	80	5.0	52	1.8	167	1.9
Total	**4,294**	**100**	**1,587**	**100**	**2,896**	**100.0**	**8,777**	**100.0**
All periods of care								
Community with no aged care service	12,895	25.2	1,978	6.6	2,168	16.6	17,041	18.1
Community with HACC	16,425	32.2	2,162	7.2	4,235	32.4	22,822	24.2
Community with CACP	6,275	12.3	1,068	3.5	2,066	15.8	9,409	10.0
Community with EACH or EACHD	1,139	2.3	424	1.4	368	2.8	1,931	2.1
Residential aged care (low-care)	724	1.4	5,160	17.1	663	5.1	6,547	6.9
Residential aged care (high-care)	625	1.2	11,701	38.7	892	6.8	13,218	1.0
Other	3,417	6.7	1,430	4.7	778	5.9	5,625	6.0
Other TCP	156	0.3	177	0.6	63	0.5	396	0.4
Hospital	9,045	17.7	4,855	16.1	1,721	13.2	15,621	16.6
Death	384	0.8	1,256	4.2	133	1.0	1,773	1.9
Total	**51,085**	**100.0**	**30,211**	**100.0**	**13,087**	**100.0**	**94,383**	**100.0**

Source: AIHW National Aged Care Data Clearinghouse.

Appendix B: Data Quality Statement

Data Quality Statement: AIHW National Aged Care Data Clearinghouse

Quality statement summary

Data included in the AIHW National Aged Care Data Clearinghouse (the Data Clearinghouse) are sourced from the Department of Social Services (DSS). As such, the AIHW has limited capacity to validate data quality.

The Data Clearinghouse is located at AIHW for the purpose of providing aged care data to a range of stakeholders including policy makers, researchers, service providers and general consumers.

The Data Clearinghouse encourages transparency and independence in aged care policy research and evaluation through the provision of data and information in a timely manner for research, evaluation and analysis, subject to data release protocols.

Included in the Data Clearinghouse are data on aged care providers, services, places, residents, care recipients and payments. Specifically, the Data Clearinghouse includes data and information relating to the following:

- Residential aged care
- Home Care Packages Program (from 1 August 2013)
- Community Aged Care Package (CACP) program (up to 31 July 2013)
- Extended Aged Care at Home (EACH) program and the Extended Aged Care at Home Dementia (EACHD) program (up to 31 July 2013)
- Transition Care Program (TCP)
- Aged Care Assessment Program (ACAP)
- Home and Community Care (HACC).

The majority of these data are derived from administrative data collections designed to support payment of subsidies to service providers, and include data on the numbers of clients, their age and Indigenous status.

Institutional environment

As noted above these data are sourced from the Department of Social Services (DSS). A range of collection, collation and quality processes are implemented prior to these data being transferred to the Australian Institute of Health and Welfare (AIHW); as such, the AIHW has limited capacity to validate data quality.

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority governed by a management board and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of

topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The AIHW also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the Commonwealth Government and states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance with the *Privacy Act 1988*, (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>.

Timeliness

Data within the DSS Ageing and Aged Care data warehouse are updated and refreshed at varying times. For example, HACC data are submitted to the HACC MDS National Data Repository (NDR) on a quarterly basis. However, claims are submitted by service providers on a monthly basis for services delivered under residential aged care and community packaged care.

For consistency, AIHW receives a full refresh of all (historical and current) Data Clearinghouse source data in September each year. The Data Clearinghouse holds data on services and clients from the time of the introduction of the *Aged Care Act 1997* (including historical data on clients receiving care at this time).

Accessibility

Researchers, agencies, advocacy bodies and members of the general public can request access to data from the Data Clearinghouse via the website: <http://www.aihw.gov.au/national-aged-care-data-clearinghouse/>.

Some data requests may require ethics approval. Specifically, access to identifiable information is restricted and will only be granted with the successful completion of an AIHW Ethics Committee application. In general, if the study/project/research meets the following conditions it is likely to be approved:

- focuses on health issues
- has been approved by the researcher's host institution ethics committee and/or the AIHW Ethics Committee. Typically this review concentrates on the issues of public interest and use of confidential information
- is scientifically valid (as judged by a peer review process)
- results will be placed in the public domain (for example, published papers or books, conference presentations, feedback to patients)
- it will not break confidentiality provisions

- the investigators comply with the AIHW legislation under which the data are released and
- the data will be secured in an environment that guarantees confidentiality of individuals' data.

Given that the study/project/research can meet these conditions, it can be best progressed by researchers discussing feasibility and likely costs with one of the contact officers in the AIHW. The AIHW Ethics Committee application forms are available to download from <http://www.aihw.gov.au/ethics/>.

These forms contain questions relating to the objectives of the study/project/research, the security of the confidential information, the intended release of results and the public benefit that might be gained from conducting the study/project/research. The Ethics Committee will consider these factors in determining whether to grant approval to the project. The Committee meets 4 times a year. Once a study is given an Ethics Committee certificate the project can proceed.

Interpretability

Important information on interpretability is available in the accompanying data dictionaries and/or user guides.

Residential Aged Care Services (RACS)

<http://www.resicaremanual.health.gov.au/>

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acfi-userguide-july2013.htm>

Aged Care Assessment Program (ACAP)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acat-data-dictionary.htm>

Community packaged care programs (CACP, EACH and EACH)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cacp-guidelines.htm1>

Home and Community Care (HACC)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-hacc-manual.htm>

<http://www.health.gov.au/internet/main/publishing.nsf/Content/2CF92B2ED648936CCA2572090015F603/$File/userguide.pdf>

Transition Care Program (TCP)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-transition-guidelines.htm>.

Note that the AIHW is currently reviewing all datasets in the Data Clearinghouse and developing a complete range of technical documentation to assist in interpretability of data. These will be made available through the Data Clearinghouse once finalised.

In addition, AIHW's review of the data will include a plan for progressing metadata through national standards development processes and preparing specifications in METeOR (the

AIHW's online metadata register for health, housing and community services data standards). METeOR can be accessed on the AIHW website:

<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>.

Relevance

The data provide coverage of aged care services subsidised by the Australian Government under the programs identified above.

Data linkage is needed to estimate the number of individuals receiving aged care services across aged care programs.

Accuracy

Data are collected at the service provider level; some of these data are then reported to the Australian Government Department of Social Services. A subset of the data held by the Department is provided to the Data Clearinghouse. As such, AIHW cannot control the data collection or cleaning processes up to this point.

However, AIHW conducts consistency checks on all received Data Clearinghouse data. All data requested from the Data Clearinghouse are assessed prior to public release to ensure data are as accurate as possible. Any potential interpretation issues are detailed within any release.

There are a few key limitations that should be noted when interpreting these data.

- Due to the non-compulsory nature of self-identified Indigenous status, the number of people presented who identified themselves as of Aboriginal and Torres Strait Islander origin may be an underestimation of the true number using these programs.
- Information about geographical location (remoteness) is based on location of service provider for all programs except Home and Community Care (HACC). Although the location of service outlets can be used to infer the location of care recipients, it is possible that outlets provide services to care recipients who live outside the outlets' jurisdictions or geographical areas.
- Some socio-demographic characteristics of care recipients are recorded at the time of application, and hence may not reflect the true characteristics of the recipients while they are receiving care. These include usual residence status and living arrangements.

Coherence

In general, data are comparable and consistent over time. The Data Clearinghouse holds data on services and clients from the time of the introduction of the *Aged Care Act 1997* (including historical data on clients receiving care at this time).

Glossary

Amount of transition care service provision: see Care days.

Care days: The days for which the service provider is paid a subsidy to provide transition care service. Days where the care recipient is in hospital during a period of care are not included as care days as the recipient is not receiving transition care services in hospital. Care days can also be referred to as setting days or amount of transition care service provision.

Care days in the home: The days for which the service provider is paid a subsidy to provide transition care service in a community-based home setting, for example the person's home or the home of a family or friend. The care provider comes to the care recipient in the situation in which that person is living.

Care days in a live-in facility: The days for which the service provider is paid a subsidy to provide transition care service in more home-like, less institutional residential setting. For example, this can be a separate section of a hospital a residential care facility or a house used specifically for provision of transition care services. Among other characteristics, it must have communal living space that is separate from sleeping areas and from the acute and subacute care provision areas, a dining area and access to areas used to develop mobility, especially outdoors. (DoHA 2011c).

Community aged care: Services provided to frail older people to assist them to remain living in the community. These can be provided through programs such as HACC, CACPs, EACH and EACHD, and more recently Home Care Packages.

Completion of planned care: People who transfer to another transition care provider, return to hospital or whose care ceases because they died have not completed their planned care and are excluded from some analyses in this report. All other care recipients are considered to have completed their planned care.

Episode: see Transition care episode**.**

High-level residential care: High-level residential care provides assistance for most day-to-day living activities, as well as care from either registered nurses, or from carers under their supervision, 24 hours a day. Residents are appraised using the Aged Care Funding Instrument to determine whether they have low- or high-level care needs.

Home Care packages: Packages of care provided in the home, for example personal care, assistance with cleaning and preparing meals, with transport, and home maintenance. There are 4 levels of home care packages according to the care recipient's care needs.

Low-level residential care: Residential aged care which provides a supported a supported living environment including accommodation, meals, laundry, cleaning, personal care, mobility or continence assistance, rehabilitation and therapy. Residents are appraised using the ACFI to determine whether they have low- or high-level care needs.

Operational places: The government determines who can provide care and receives subsidies for those services by allocating places to a service provider (allocated places). When the provider is ready to accept care recipients into these places (for instance has the physical location and staff ready) the allocated places become operational. Operational places may or may not be filled.

Operational provision ratio: An operational provision ratio (also referred to as a 'provision ratio') compares the number of places available in a service to a specific population at a point in time, usually at 30 June. In transition care, the population group used is non-Indigenous Australians aged 70 and over plus Indigenous Australians aged 50 and over. A provision ratio of 10 means that there are 10 places available for every 1,000 people in the target population group.

Period of (transition) care: The period starting from admission to a transition care episode and including any subsequent consecutive episodes of care. It does not include the initial hospital stay, but does include any hospital stays where the person moves from transition care directly to hospital and then returns directly from hospital back to transition care. See Box 2. Periods of care were referred to as 'joined episodes' in the previous AIHW report on the Transition Care Program (AIHW 2012b).

Provision ratio: see Operational provision ratio.

Residential aged care: Personal and/or nursing care is provided to a person in a residential care service in which the person is also provided with accommodation that includes meals, cleaning services, furniture and equipment.

Setting days: see Care days.

Transition care episode: Short-term time-limited service from a TCP service provider starting directly after discharge from hospital and generally lasting up to 12 weeks with the possibility of a further 6 week extension. A transition care episode ceases when the care recipient ceases to receive assistance from that service provider and is discharged. A transfer to another service provider marks the start of a new transition care episode.

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AIHW 2012a. Aged care packages in the community 2009–10: a statistical overview. Aged care statistics series no. 34. Cat. no. AGE 65. Canberra: AIHW.

AIHW 2012b. Older people leaving hospital: a statistical overview of the Transition Care Program 2009–10 and 2010–11. Aged care statistics series no. 38. Cat. no. AGE 71. Canberra: AIHW.

AIHW 2012c. Residential aged care in Australia 2009–10: a statistical overview. Aged care statistics series no. 35. Cat. no. AGE 66. Canberra: AIHW.

AIHW 2013. Movement between hospital and residential aged care 2008-09. Data linkage series no. 16. Cat. no. CSI 16. Canberra: AIHW.

AIHW 2014. Patterns in use of aged care 2002–03 to 2010–11. Data linkage series no.18. CSI 20. Canberra: AIHW.

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List of tables

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Related publications

This report, *Transition care for older people leaving hospital 2005–06 to 2012–13*, builds on previous work as part of a series. The earlier reports and any material published subsequently can be downloaded for free from the AIHW website <http://www.aihw.gov.au/publications/index.cfm/series/405>. The website also includes information on ordering printed copies.

- The first report covered information about the characteristics of service use of people receiving assistance from the program in 2008–09:
  - AIHW 2011. Older people leaving hospital: a statistical overview of the Transition Care Program in 2008–09. Aged care statistics series no. 33. Cat. no. AGE 64. Canberra: AIHW.
- The second report focused on the characteristics and service use of people receiving assistance from the program in 2009–10 and 2010–11. The report also included an analysis of trends since the program's establishment, and an examination of final outcomes of people receiving consecutive episodes of care:
  - AIHW 2012. Older people leaving hospital: a statistical overview of the Transition Care Program 2009–10 and 2010–11. Aged care statistics series no. 38. Cat. no. AGE 71. Canberra: AIHW

The following reports using data linkage methods also contain information about TCP, the first in relation to movements between hospital, TCP, and residential aged care, and the second in relation to use of multiple aged care services including TCP.

- AIHW 2013. Movement between hospital and residential aged care 2008-09. Data linkage series no. 16. Cat. no. CSI 16. Canberra: AIHW.
- AIHW 2014. Patterns in use of aged care 2002–03 to 2010–11. Data linkage series no.18. CSI 20. Canberra: AIHW

The following AIHW publications relating to aged care might also be of interest:

- AIHW 2012. Aged care packages in the community 2009–10: a statistical overview. Aged care statistics series no. 34. Cat. no. AGE 65. Canberra: AIHW.
- AIHW 2012. Residential aged care in Australia 2009–10: a statistical overview. Aged care statistics series no. 35. Cat. no. AGE 66. Canberra: AIHW.
- AIHW: Karmel R, Lloyd J & Anderson P 2008. Movement from hospital to residential aged care. Data linkage series no. 6. Cat. no. CSI 6. Canberra: AIHW.
- Data on residential aged care and aged care packages in the community is available on the AIHW website <aihw.gov.au> .

Transition care for older people leaving hospital examines the outcomes for the 87,000 people who received care under the Transition Care Program from 2005–06 to 2012–13. More than three-quarters of care recipients improved their level of functioning. Two-thirds of care recipients living in the community had not entered aged care 12 months after finishing their first episode of care under the program; and more than half did not enter residential aged care at all over the life of the program to June 2013.