Palliative care in residential aged care

The Australian Government funds residential aged care services for older Australians whose care needs are such that they can no longer remain in their own homes. Residential aged care services provide accommodation and services to people requiring ongoing health and nursing care due to chronic impairments and a reduced degree of independence in activities of daily living. They provide nursing, supervision or other types of personal care required by the residents.

Residential aged care services face unique difficulties in administering palliative care, with residents often having dementia and/or communication difficulties and comorbidities (NHMRC 2006). Patients in hospices are more likely than residents in aged care services to have a cancer diagnosis; conversely, residents in aged care services are more likely than hospice patients to have a diagnosis of a chronic degenerative disease(s) (Gribich et al. 2005).

The AIHW’s National Aged Care Data Clearinghouse contains information gathered via a number of data collections. Data collected from the Aged Care Funding Instrument (ACFI), which is used to determine Australian government subsidies for permanent aged care residents, have been used for the analyses presented here. Aged care residents who have been appraised as requiring palliative care under the ACFI are included in the ‘palliative care’ group described in this section.

Key points

- Nationally, there were 231,700 permanent residential aged care residents in Australia in 2013–14 with completed ACFI appraisals, and 1 in 20 of these residents (11,629) had an ACFI appraisal indicating the need for palliative care.
- As expected, the use of palliative care within aged care increased with the age of the resident.
- A smaller proportion of permanent residents appraised as requiring palliative care resided in Major cities compared with other residents (58% and 70% respectively) in 2013–14.
- Around one-quarter (24%) of aged care residents receiving palliative care had been diagnosed with cancer, with the types of cancer most often recorded being lung cancer (17%) and colorectal (bowel) cancer (14%).

This section was last updated in February 2016.

Reference


Characteristics of residential aged care residents receiving palliative care

There were 231,700 permanent residential aged care residents in Australia in 2013–14 with completed ACFI appraisals and 1 in 20 of these residents (11,629; 5.0%) had an ACFI appraisal indicating the need for palliative care.

The age profile of permanent residents who required palliative care and of other residents during 2013–14 was very similar. For example, about 60% of both groups were aged 85 and older and 27% were aged 75 to 84. For residents who entered permanent care during 2013–14 (permanent admissions) and were appraised as requiring palliative care, a smaller proportion were in the 85 and older age group (48%) compared with all permanent residents (Figure AC.1). For all other age groups, the proportion of permanent admissions was higher.

Figure AC.1: Permanent residential aged care residents and permanent admissions appraised as requiring palliative care, by age group, 2013–14

Source: AIHW analysis of 2013–14 ACFI data.

Source data palliative care in residential aged care Table AC.6 & AC.7

Among the permanent aged care residents in 2013–14, a higher proportion of males than females were appraised as requiring palliative care (6.0% and 4.5% respectively). Slightly lower proportions of Indigenous residents (4.2%) and overseas born residents (4.6%) were appraised as requiring palliative care compared to non-Indigenous (5.0%) and Australian born residents (5.2%). There were some small differences for marital status, with a slightly higher proportion of palliative care versus other residents being married (35% and 30% respectively) and a slightly lower proportion being widowed (48% and 51% respectively).

Geographical distribution of palliative care in residential aged care

A smaller proportion of permanent residents appraised as requiring palliative care resided in Major cities compared with other residents (58% and 70% respectively) in 2013–14 (Figure AC.2). The reverse was evident for other remoteness areas.
Diagnoses

Around one-quarter (24%) of aged care residents receiving palliative care had been diagnosed with cancer. Some difference was observed in the distribution of cancer diagnosis in terms of type of care provided. Specifically, those cancer diagnoses most likely to involve palliative care included lung cancer (17%) and colorectal (bowel) cancer (14%). The highest proportion of cancer diagnoses among non-palliative care residents included colorectal cancer (18%) and prostate cancer (17%). The non-cancer disease categories most often recorded as requiring palliative care were circulatory system disease (28%) and musculoskeletal disease (13%). The distribution of care type for non-cancer diseases did not differ greatly across diagnoses, except for musculoskeletal disease which was more likely among non-palliative care residents (20% and 13% respectively).

Separation mode

A separation from residential aged care occurs when a resident stops receiving residential aged care from a particular service, but a separation is not recorded if a transfer to another aged care facility occurs within a 2-day period. The reasons for separation (called the separation mode) indicate the destination of a resident at separation and are categorised as:

- death
- admission to hospital (note that a separation is not counted where the resident is granted 'hospital leave')
- return to community (such as to family or home)
- move to another aged care service
- other.

Unsurprisingly, death was the mode of separation for the majority of residents, whether or not they received palliative care (96% for palliative care and 80% for other care). Consistent with these findings, those residents receiving palliative care were less likely than others to have a mode of separation going to hospital (0.5% and 3.8% respectively), returning to the community (1.3% and 1.8% respectively), or moving to another aged care service (1.5% and 11% respectively).
Length of stay

Individuals frequently access aged care in order to manage the end of life (terminal) period (Queensland Health 2013). Among those permanent residents who separated from a residential aged care facility during 2013–14, those appraised as requiring palliative care were more likely to have a shorter length of stay than other residents. For residents with a length of stay of less than 8 weeks, the proportion requiring palliative care during 2013–14 was more than 3 times that for other residents (33% and 10% respectively) (Figure AC.3).

Figure AC.3: Residential permanent aged care residents by palliative care status, length of stay, 2013–14

Source: AIHW analysis of 2013–14 ACFI data.
Source data palliative care in residential aged care Table AC.14

Hospital leave

A permanent aged care resident may require ‘hospital leave’ (a temporary stay in hospital which does not involve permanent discharge from aged care) in order to receive treatment in hospital. In 2013–14, around 1 in 14 of aged care residents requiring palliative care (7%) and one in five other residents (20%) had an episode of hospital leave.

Reference

## Key Concepts

### Palliative care in residential aged care

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tbody>
<tr>
<td>Comorbidities</td>
<td><strong>Comorbidity</strong> refers to occurrence of more than one condition/disorder at the same time.</td>
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<tr>
<td>Palliative care in residential aged care</td>
<td><strong>Palliative care</strong> in residential aged care is ongoing care involving very intense clinical nursing and/or complex pain management in the residential care setting. The need for this type of care is identified in the complex health-care domain of the resident’s ACFI appraisal</td>
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<tr>
<td>Permanent admission</td>
<td><strong>Permanent admission</strong> is an admission to residential aged care for expected long-term care.</td>
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<tr>
<td>Permanent resident</td>
<td><strong>Permanent resident</strong> is a person who is receiving long-term (permanent) care in a residential aged care facility.</td>
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