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# Entry period for residential aged care

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### **Executive summary**

#### Background

'Entry period' is the term used to describe the number of days which elapse between the assessment of a person by an aged care assessment team as being eligible for residential aged care and the entry of that person into a residential aged care service for permanent care. Entry period has been used as a performance indicator by the Department of Health and Ageing in its annual reports and in the reports of the Steering Committee for the Review of Commonwealth/State Service Provision. In recent years, entry period has been increasing and concerns have been raised that this may indicate a decrease in the accessibility of residential aged care. Entry period, however, is not a measure of waiting time and care must be taken in interpreting trends in entry period as though they were the equivalent of trends in waiting time.

#### **Project aims**

This project was undertaken to examine the relationship between entry period and a number of other variables at both the bivariate and multivariate levels. The broad aim was to gain a better understanding of why median entry period was changing over time by identifying the variables which affect entry period at the individual level. The strategy adopted in pursuing this aim was to use a multivariate model to identify the individual variables which were related to entry period, as well as the bivariate analyses which have been used in the past. A multivariate approach was considered to be important because of the interrelationships among a number of important variables which had been found to be related to entry period.

The project had four interrelated aims:

- 1. Examine the relationship between individual characteristics and entry period for individuals at the bivariate level in order to establish whether particular individual characteristics are associated with shorter or longer entry periods.
- 2. Examine the relationship between system characteristics and entry period for individuals at the bivariate level in order to establish whether particular system characteristics are associated with shorter or longer entry periods.
- 3. Examine the relationship between both individual characteristics and system characteristics and entry period in a multivariate model in order to identify the key variables associated with shorter or longer entry periods.
- 4. To recommend whether or not on the basis of these findings entry period was a robust performance indicator with regard to the accessibility of the aged care system.

#### Conclusions

At the bivariate level, a large number of variables were found to be related to entry period. However, a number of these variables are also related to each other. Using a multivariate methodology (linear regression) it was shown that a number of the bivariate effects disappear when their shared relationship to the dependent variable is taken into account. The main determinants of entry period for both low and high care residents are whether or not the resident has used a community aged care package or residential respite prior to admission (these factors were associated with a longer entry period) and whether the resident had an aged care assessment team (ACAT) assessment performed while they were in hospital (this factor is associated with a shorter entry period). Several other variables had a modest effect on entry period for both low and high care residents.

Of particular importance, however, was the absence of an effect for the provision ratio variable; the supply of services in the region had a negligible effect on the entry period variable. Entry period does not therefore appear to be an indicator for waiting time, nor should it be interpreted as a measure of the accessibility of the residential aged care system. It is recommended that entry period in the form that it is presently measured not be included in future government reports as a performance indicator for the residential aged care system.

If waiting time is of policy interest, consideration should be given to an explicit definition, which would facilitate the collection of data. A possible starting point for such a definition may be the time between a person actively seeking residential aged care and the actual entry to aged care.

A more detailed summary of main findings follows.

#### Main findings

#### **Bivariate analysis—individual characteristics**

1. Median entry period for persons entering residential care in 1999–00 was 34 days, but it varied substantially between persons admitted for low care (55 days) and those admitted for high care (24 days). Because of that substantial difference, all analyses were conducted separately for persons admitted to low and high care. While analyses were also conducted for residents admitted to all levels of care, this Executive Summary reports the results separately for admissions to low and high care as this is felt to give the most policy-relevant picture of trends in median entry period.

2. For those admitted as low care residents, age, marital status, and previous use of residential respite services or a community aged care package (CACP) were found to be quite strongly related to median entry period. Those aged 85 to 89 had a median entry period 27 days longer than those aged under 65. Those who were married had a median entry period 20 days longer than those who were divorced or never married. Those who had used residential respite care prior to admission had a median entry period 39 days longer than those who had not. Those who had used a CACP had a median entry period 19 days longer than those who had not.

3. For those admitted as low care residents, sex, living arrangement and concessional resident status were found to be somewhat related to median entry period. (Note that, broadly speaking, a concessional resident is one who receives financial concessions because of their financial status.) Women had a median entry period 4 days longer than men. Those living with children had a median entry period 11 days longer than those living alone, while those living with a spouse had a median entry period 6 days longer than those living alone. Those with concessional resident status had a median entry period 8 days shorter than those who did not.

4. For those admitted as high care residents, marital status, living arrangement and prior use of residential respite care were found to be quite strongly related to median entry period. Those who were married had a median entry period 20 days longer than those who were divorced or never married. Those who lived with children had a median entry period 12 days longer than those who lived alone, while those who lived with a spouse had a median entry period 9 days longer than those who lived alone. Those who had used residential respite care prior to admission had a median entry period 33 days longer than those who had not.

5. For those admitted as high care residents, previous use of a CACP was found to be somewhat related to median entry period. Those who had used a CACP prior to admission had a median entry period 9 days longer than those who did not.

6. For those admitted as high care residents, age, sex and concessional resident status were not found to be related to median entry period.

#### **Bivariate analysis—system characteristics**

7. There were substantial variations among the States and Territories. Median entry period for persons admitted to low care services varied from 29 days in the Northern Territory to 90 days in the Australian Capital Territory. Median entry period for persons admitted to high care varied from 12 days in New South Wales to 79 days in the Northern Territory.

8. For persons entering low care services, the location of ACAT (aged care assessment team) assessment and the certification score were found to be quite strongly related to median entry period. Those whose ACAT assessment had been undertaken in hospital had a median entry period 47 days shorter than those whose ACAT assessment was undertaken at home. Those who entered a service where the certification score was in the top quintile had a median entry period 12 days longer than those who entered a services.

9. For persons entering low care services, the auspice of the service, whether or not the service was co-located, and the region were found to be somewhat related to median entry period. Persons entering a not-for-profit service had a median entry period 7–10 days longer than those entering a private for-profit service. Persons entering a co-located service had a median entry period 8 days longer than those entering a stand-alone service. Persons living in remote regions had a median entry period 22 days shorter than those living in capital cities.

10. For persons entering low care services, the supply of services as measured by provision ratio was found to be only marginally related to median entry period. Persons entering services in regions where the provision ratio was under 36 low care places per 1,000 persons aged 70 and over had a median entry period 4 days longer than persons entering services in regions where the provision ratio was 45 or more low care places per 1,000 persons aged 70 and over.

11. For persons entering high care services, the location of ACAT assessment and the certification score were found to be quite strongly related to median entry period. Those whose ACAT assessment had been undertaken in hospital had a median entry period 40 days shorter than those whose ACAT assessment was undertaken at home. Those who entered a service where the certification score was in the top quintile had a median entry period 10 days longer than those who entered a service where the certification score was in the top quintile had a median entry period 10 days longer than those who entered a service where the certification score was in the bottom quintile of services.

12. For persons entering high care services, the supply of services as measured by provision ratio, the auspice of the service, whether or not the service was co-located, and the region were all found to be somewhat related to median entry period. Persons entering services in regions where the provision ratio was under 41 high care places per 1,000 persons aged 70 and over had a median entry period 12 days longer than persons entering services in regions where the provision ratio was 49 or more high care places per 1,000 persons aged 70 and over. Persons entering a secular charitable service had a median entry period 11 days longer than those entering a for-profit service, while those entering a church-based service had a median entry period 13 days longer than those entering a for-profit service.

Persons entering a co-located service had a median entry period 9 days longer than those entering a stand-alone service. Persons who lived in remote regions had an entry period 6 days longer than those living in capital cities.

#### Multivariate analysis

13. In the multivariate model, a low proportion of variance was explained in the entry period dependent variable. Explained variance was 10% for low care residents and 14% for high care residents. Nonetheless, the model provides a useful basis from which to examine the independent effects of a series of variables.

14. For low care residents, the variables which had a substantial effect on entry period were whether or not a person had used residential respite care prior to admission, whether or not a person had used a care package prior to admission, and whether they had been assessed in hospital or elsewhere. In the final model, residents who had used a care package had an entry period which was 30 days longer than those who had not, and those who had used residential respite care an entry period which was 34 days longer than those who had not. Those for whom assessment had taken place somewhere other than hospital (at their home or in a residential aged care service) had an entry period 38 days longer than those assessed in hospital.

15. For low care residents, several variables had a modest effect on entry period. These were marital status, entering a co-located service rather than a stand-alone service, the auspice of the service, and the certification score. In the final model, those who were widowed or married entered on average 3 to 12 days later than those who were not. Persons being admitted to co-located services had an entry period around 7 days longer than those entering stand-alone services. Persons entering a not-for-profit service had an entry period around 7 days longer than those entering a for-profit service. For certification score, a 10-point increase in certification score was associated with a 4-day increase in entry period.

16. For low care residents, provision ratio (a measure of the supply of low care services in the local region) had no discernible effect on entry period. In the final model, a decrease of 10 low care places per 1,000 persons aged 70 and over in the local region is associated with only a 1-day increase in entry period.

17. For low care residents, a number of other variables were tested and found not to be related to entry period. These were age, living arrangement, presence of dementia, high personal care needs, requirement for technical nursing, concessional status, preferred language, accreditation ratings, high care provision ratio in the region, care package provision ratio in the region, and the regional variable (rural and remote versus metropolitan region).

18. These findings for low care residents were broadly consistent across jurisdictions and in both urban and rural areas.

19. For high care residents, the variables which had a substantial effect on entry period were whether or not a person had used residential respite care prior to admission, whether or not a person had used a care package prior to admission, and

whether they had been assessed in hospital or elsewhere. In the final model, residents who had used a care package had an entry period which was 15 days longer than those who had not, and those who had used residential respite care an entry period which was 26 days longer than those who had not. Those for whom assessment had taken place somewhere other than hospital (at their home or in a residential aged care service) had an entry period 33 days longer than those assessed in hospital.

20. For high care residents, several variables had a modest effect on entry period. These were marital status, living arrangement, and the auspice of the service to which the resident was admitted. In the final model, those who were widowed or married entered on average 3 to 6 days later than those who were not. Those who lived with others had an entry period around 6 days longer than those who lived alone. Persons entering a not-for-profit service had an entry period around 11 days longer than those entering a for-profit service.

21. For high care residents, provision ratio (a measure of the supply of high care services in the region) had no discernible effect on entry period. According to the final model, a decrease of 10 places per 1,000 persons aged 70 and over in the local region was associated with only a 2-day increase in entry period.

22. For high care residents, a number of other variables had either a marginal or no discernible effect on entry period. These were age, sex, presence of dementia, high personal care needs, requirement for technical nursing, concessional status, preferred language, accreditation ratings, certification scores, being admitted to a co-located service, high care provision ratio in the region, care package provision ratio in the region, and the regional variable (rural and remote versus metropolitan region).

23. These findings for low care residents were broadly consistent across jurisdictions and in both urban and rural areas.

### Section 1

**Background and introduction** 

'Entry period' is the term used to describe the number of days which elapse between the assessment of a person by an aged care assessment team (ACAT) and the entry of that person into a residential aged care service for permanent care. Entry period has been regularly reported in the annual reports of the Department of Health and Ageing (formerly the Department of Health and Aged Care) and until 2001 in the aged care chapter of the reports on government services by the Steering Committee for the Review of Commonwealth/State Service Provision.

In recent years, entry period has in broad terms been increasing (although there have been some inconsistencies in the way in which it is reported). According to recent annual reports on government services, for example, 62% of persons were placed within 1 month in 1998–99 whereas this figure had decreased to 48% in 1999–00. The corresponding percentages for entry within 3 months were 85% and 75% (SCRCSSP 2000, 2001).

Entry period is, however, a variable which requires further scrutiny. It is commonly assumed that entry period is a surrogate measure for waiting time. As such, it is often taken to be an indication of the accessibility of the aged care system. This interpretation does not rest on an empirical basis, however. Entry period is not simply a measure of the period of time during which a person is waiting for admission. It is a measure of the period of time from the signing of the assessment form by an ACAT to say that residential care is a recommended option for that person, to the point at which that person is admitted to a residential care service. Many people who receive such a recommendation never enter a residential service. Many people receive a recommendation for a community aged care package as well as entry to a residential aged care service. After receiving an assessment with a recommendation for residential care, an individual may simply choose not to enter a residential care service at that time. The recommendation will remain active for 12 months, and they do not have to act on it immediately. A person may simply believe they are capable of managing at home, and that they do not require admission. They may find the assistance provided by a care package to be adequate. They may require some time to reflect on the decision. They may wish to enter a particular service, and be prepared to wait a lengthy period for that opportunity. And of course, over the period between assessment and admission, their circumstances may change. Their health may improve or it may deteriorate. A carer may become ill or unable to cope, or a key family member could move interstate. Many events may occur and many factors may influence the move into residential care after the ACAT recommendation has been given.

A study of actual waiting times for admission to residential aged care, as distinct from entry period, presents significant difficulties as such data are currently not available in national databases. Waiting time could be defined as the time between a person actively seeking residential aged care and the actual entry to residential aged care, but the data required to construct such a measure are not currently collected. Some development work aimed at clarifying these issues, and exploring potential data development strategies, is currently under way at the AIHW. An example of one option which could be considered is included in Appendix F. One important aspect of entry period is that it has been used as a performance indicator; it has been assumed that entry period is measuring something significant about the aged care system. In particular, it has been assumed that entry period is related in some way to supply (i.e. the availability of residential care services in the region) and to the accessibility of those services. It has also been suggested, at least anecdotally, that entry period may be longer for certain ('less desirable') types of residents, and most particularly for those with difficult or challenging behaviour. It has been well established that entry period varies according to the location of the assessment, with people assessed in hospital having a substantially shorter entry period (Hewitt et al. 2000).

In this report, the relationship between individual and service characteristics and entry period is explored at both the bivariate and multivariate level. Previous analyses tend to have occurred at the bivariate level, but it is well established that several of the key independent variables (such as place of assessment and dependency level) are interrelated. Linear regression techniques are thus employed to examine the interrelationships of apparently influential variables, including place of assessment, level of dependency, and the service provision ratio in the local region.

## Section 2

Methodology

#### 2.1 Data sources

The data used in this report were predominantly drawn from the payment systems for residential aged care and community aged care packages run by the Department of Health and Ageing. These payment systems draw together data generated by aged care assessment teams during the assessment process, data collected in the process of admission to residential care (or a community aged care package) and data generated on residents within the residential aged care or community aged care package systems. These are administrative by-product data, and cover all persons accommodated in residential aged care services. The Department of Health and Ageing maintains a data warehouse – Aged and Community Care Management Information System (ACCMIS) which is a relational database holding a substantial subset of these administrative by-product data. Relevant files from this warehouse are supplied to the AIHW annually for the purpose of research and reporting on aged care services.

A SAS data file was constructed using relevant variables from the data warehouse, and additional variables obtained from other government databases. These variables were supplied by the Management Information and Data Analysis Section in the Aged and Community Care Division of the Commonwealth Department of Health and Ageing. They were provision ratios at the statistical local area (SLA) level, auspice type at service level, standards and outcomes scoring from the accreditation process at service level, concessional status at the resident level and certification scores at the service level. The department also supplied a service characteristic variable which indicated whether services were evaluated as low care services or high care services through the resident mix in terms of the resident classification scale (RCS).

These data were merged with the core data file using SAS software, and a data set was developed from which the analyses presented in this report were conducted. All records were held at the resident level. They included all first permanent admissions to residential care from 1 July 1999 to 30 June 2000. The total number of records for resident-based analysis was 37,793, of which 23,143 records were in the RCS 1–4 (high care) category and 14,650 records were in the RCS 5–8 (low care) category. In contrast, for analysis at service level, high care services were associated with 20,618 records and low care services with 17,175 records.

#### 2.2 Variables and scales

#### Variables

A number of variables were used in the analysis. In alphabetical order, they are defined below:

Age

The age in years of a resident at admission.

Assessment location	The location at which the aged care assessment team performed the assessment. A listing of possible response categories is given in the relevant tables of Section 3. For the multivariate analyses, a dichotomous variable was created as follows:
	1 if the ACAT assessment location is 'Hospital', otherwise 0.
Auspice	Defines whether the organisation responsible for the service is private-for-profit, not-for-profit, or government. A listing of possible response categories is given in the relevant tables of Section 3. For the multivariate analyses, a dichotomous variable was created as follows:
	1 if the service is 'Private-for-profit', otherwise 0.
Beds/places	The number of beds a service had at 30 June 2000. In the final multivariate analyses, this item was not used.
CACP	Indicates whether or not the resident has used a community aged care package prior to admission. For the multivariate analyses, the dichotomous variable was coded as follows:
	1 if a CACP had been used prior to the permanent admission, otherwise 0.
CACP provision ratio	The provision ratio for community aged care packages See 'provision ratio'.
Certification score	The numerical certification score received by the service to which the resident was admitted.
Co-located	Whether or not the service is co-located with another level of care, such as a former nursing home with a hostel, or with a self-contained accommodation capacity. Possible response categories are co-located or not co-located. For the multivariate analyses, the dichotomous variable was coded as follows:
	1 if the service is co-located, otherwise 0.
Concessional	An indicator of the financial circumstances of the resident. For the multivariate analyses, a dichotomous variable was created as follows:
	1 if the resident is concessional or assisted, otherwise 0.
Entry period (EP)	Entry period, the dependent variable in the analysis, is defined as the number of days between the admission date and the ACAT assessment date for persons having their first permanent admission.

High care provision ratio	The provision ratio for high-level residential care (RCS 1-4). See 'provision ratio'.		
Low care provision ratio	The provision ratio for low-level residential care (RCS 5–8). See 'provision ratio'.		
Marital status	The marital status of the resident at the time of admission. A listing of possible response categories is given in the relevant tables of Section 3. For the multivariate analyses, two dichotomous variables were created as follows:		
	<i>marital status</i> (1): 1 if the resident is widowed, otherwise 0.		
	<i>marital status (2):</i> 1 if the resident is married, otherwise 0.		
Preferred language	The language preferred by the resident; responses were dichotomised to English and a language other than English. For the multivariate analyses, the dichotomous variable was coded as follows:		
	1 if the resident's preferred language is English, otherwise 0.		
Provision ratio	The average of the ratios of places per 1,000 persons aged 70 years and over, at 30 June 1999 and 30 June 2000. This variable is assigned to each resident according to the planning region in which they are admitted to a service. The provision ratio is calculated for high residential care, low residential care, all residential care, and community aged care packages. For the multivariate analyses, the variable took the value of the numerator in the planning ratio (e.g. for 45 places per 1,000 persons aged 70 and over the value of the variable was 45).		
QQ1-QQ20	The twenty items taken from the Resident Classification Scale Instrument, providing measures of various aspects of resident dependency. These items and their response categories and scores are set out in Appendix Table B1. In the final multivariate analyses, only QQ18, technical nursing, was used.		
RCS	A dichotomous measure of dependency based on the Resident Classification Scale, being RCS categories 1–4 and RCS categories 5–8. For the multivariate analyses, the dichotomous variable was coded as follows: 1 if RCS = 1–4, and otherwise 0.		

RCS scale	An eight-category measure of dependency based on the Resident Classification Scale. The variable takes the values 1 through to 8 for categories RCS 1 through to RCS 8 respectively. In the final multivariate analyses, this variable was not used.		
Region	A dichotomous variable was created as follows: 1 if the service associated with the resident was in a capital city or other metropolitan area, otherwise 0.		
Respite	Indicates whether or not the resident has used respite care prior to admission. For the multivariate analyses, the dichotomous variable was coded as follows:		
	1 if respite care occurred prior to the permanent admisson, otherwise 0.		
Sex	A dichotomous measure. For the multivariate analyses, the variable was coded as follows:		
	1 for male, otherwise 0.		
Usual cohabitation	The usual living arrangements of the resident prior to permanent admission. A listing of possible response categories is given in the relevant tables of Section 3. For the multivariate analyses, a dichotomous variable was created as follows:		
	1 if the resident usually lives alone, otherwise 0.		

#### Scales

A number of scales were created for use in the analysis. In alphabetical order they are:

Dementia scale	An additive scale created to act as a dementia indicator. Responses to each of RCS questions q9 through to q14 were assigned values 0 through to 3 (corresponding to responses A through to D) and summed for each resident.
Dependency score	An additive scale created by summing resident scores on RCS questions q1 through to q20. In the final multivariate analyses, this scale was not used.
Outcomes scale	An additive scale constructed to act as an outcomes indicator for the service to which a person is admitted. The 44 criteria under outcomes were assigned the values 3 through to 0 in line with declining evaluation. The variable value for each service is the sum of these assignments.

Personal care scale	An additive scale created to act as a personal care
	indicator. Responses to each of items q2 through to q7
	were assigned values 0 through to 3, (corresponding to
	responses A through to D) and summed for each resident.
Standards scale	An additive scale constructed to act as a standards
	indicator for the service to which a person is admitted.
	The four criteria under standards were assigned the
	values 3 through to 0 in line with declining evaluation.
	The variable value for each service is the sum of these
	assignments.

Basic statistics for these variables are given in Appendix Tables B2, B3 and B4.

#### 2.3 The nature of the dependent variable

Entry period is defined as the difference in days between a resident's admission to care and the date on which the ACAT approval for such care was signed. A number of aspects of this variable should be noted:

- Clients who do not enter residential aged care during the study period (1 July 1999–30 June 2000) are by definition not part of the residential aged care system, and hence the database used in this analysis. Thus, all 'entry periods' are completed entry periods.
- The approvals provided by an ACAT for admission to residential care only have validity for 1 year; after that period of time has elapsed another ACAT assessment must be obtained. The maximum length for this variable is therefore 365 days.
- ACAT approvals frequently contain multiple options. That is, a resident may receive both a recommendation for residential care and for a community aged care package. This means that in the period between assessment and admission a person may have made use of a community aged care package, and then later been admitted to residential care.
- An ACAT assessment which results in a recommendation for residential care does not mean that the person actively begins seeking admission from that date. The person may do so, or they may delay seeking admission for a variety of reasons. This means that entry period is not the equivalent of waiting time.

Early examination of the data led to the expectation that a predictive model with any level of strength was unlikely. In the 37,793 records there were frequent instances of subsets of variables having common values but widely different entry period times. In addition, the dependent variable had a hyperbolic type distribution. There was no reason discovered to believe that non-linear terms should be included in final multivariate models. Examination of the pattern of residuals for continuous independent variables revealed no substantial deviations from normality.

In the course of the analysis it was verified that controlling for State/Territory did not confound the basic findings of the base models. The slightly higher explanatory power of the model, controlling for State, was noted but these results are not published in this report. As a further check, the final models were run at State level verifying the robustness of the significant variables. These appear in Appendix D for States in which the sample is sufficiently large.

In addition, several transformations of the dependent variable were explored. Runs were undertaken with outliers excluded, and on various segments of entry period (excluding EP=0, less than 2 days, less than 3 days). No significant changes in results were obtained as a result of these alternative analyses. The use of survival analysis was considered but as incomplete entry periods are not included in the available database, the method was not considered to offer any particular advantage over linear regression.

The variable has a highly skewed distribution, with a very long tail. This distribution is evident when all residents are considered, low care residents only or high care residents only (see Figures 2.1 and 2.2).

Given the structure of the dependent variable, a series of bivariate analyses were undertaken and these are reported in Sections 3 and 4. The matrices of correlations have been omitted but are available on request.





### **Section 3**

# Variations in entry period with resident characteristics

This chapter examines variations in median entry period according to differences in the characteristics of individual residents. It reports on the differences in median entry period according to RCS level, age, sex, marital status, living arrangements, concessional status, whether the resident had used residential respite care prior to entry and whether the resident had used a care package prior to entry. As RCS category is shown to have a large effect on entry period, analyses are undertaken for low (RCS 5–8) and high (RCS 1–4) care residents separately, as well as for all residents.

#### 3.1 RCS category

Median entry period varies substantially between those individuals who are admitted at RCS levels 1–4 (24 days) and those who are admitted at RCS levels 5–8 (55 days). This difference is observed in all States and Territories with the exception of the Northern Territory, where the pattern is reversed (96 days for RCS levels 1–4 and 21 days for RCS levels 5–8). The trend towards a shorter entry period for RCS levels 1–4 is most pronounced in the Australian Capital Territory and South Australia, and least pronounced in Queensland, Victoria and Western Australia (Table 3.1).

Group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median e	ntry period (o	days)			
RCS 1–4	14	28	45	27	22	38	31	96	24
RCS 5–8	50	50	59	53	72	73	95	21	55
RCS 1–8	22	35	50	36	36	46	57	61	34
				Numbe	r of admissio	ons			
RCS 1–4	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143
RCS 5–8	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650
RCS 1-8	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.1: Dependency group, by State/Territory

A similar pattern is evident if one examines the eight levels of the RCS scale, with median entry periods varying from 21 days for those admitted at RCS level 2 to 59 days for those admitted at RCS levels 7 and 8 (Table 3.2). In broad terms, median entry period is similar for RCS levels 1–3 (21–24 days), then increases for RCS level 4 (32 days), and increases again for the next levels (to 50 days for RCS 5, 54 days for RCS 6, and 59 days for RCS 7 and RCS 8).

For individual States and Territories, the pattern is not so straightforward. New South Wales, Victoria, South Australia and Western Australia all show a broadly similar pattern to that reported at the national level. The trend is in the same direction but less consistent for Queensland, Tasmania and the Australian Capital Territory. The pattern reverses for the Northern Territory. However, the numbers of admissions on which the median entry period are based are quite small for the Northern Territory, and to a lesser extent for the Australian Capital Territory.
Category	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
				Mediar	n entry pe	riod (days)	)		
S1	13	29	47	28	21	31	40	143	24
S2	12	26	44	26	19	42	28	91	21
S3	14	28	42	22	24	36	26	118	23
S4	19	34	50	39	27	42	55	11	32
S5	46	45	56	48	56	55	94	18	50
S6	48	48	63	52	67	89	105	20	54
S7	53	55	59	57	81	75	91	36	59
S8	52	52	65	66	84	69	105	3	59
All	22	35	50	36	36	46	57	61	34
				Num	ber of adr	nissions			
S1	1,636	956	728	411	432	101	47	8	4,319
S2	3,511	2,144	1,397	652	957	228	97	19	9,005
S3	2,895	1,500	1,150	442	672	243	60	22	6,984
S4	750	402	440	139	209	91	21	6	2,058
S5	1,079	979	764	371	371	85	36	9	3,694
S6	1,224	1,230	787	484	449	108	51	10	4,343
S7	2,017	1,847	1,168	615	702	169	85	10	6,613
S8	281	218	134	54	61	11	17	1	777
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.2: RCS category by State/Territory

# 3.2 Age

### Low and high care residents

There is a modest relationship between the age category of residents and the median entry period for admission to residential care. For residents aged under 65, the median entry period was 29 days, rising to 36 days for those aged 80–89. For those aged 90 and over the median entry period drops slightly to 31–33 days (Table 3.3).

When the relationship between age and median entry period is examined by State and Territory, this trend is not consistently observed. Allowing for the effect of small cell sizes in some instances, the trend can be observed in general terms in New South Wales, Victoria, Queensland, South Australia and Tasmania.

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median er	ntry period (d	lays)			
<65	15	32	50	36	28	113	44	9	29
65–69	14	31	36	56	22	45	42	106	27
70–74	18	35	47	27	35	47	62	170	29
75–79	21	37	50	37	31	32	58	110	33
80–84	26	36	52	35	40	44	50	53	36
85–89	23	36	54	39	40	48	53	86	36
90–94	21	34	45	36	37	53	77	35	33
95+	18	28	46	36	48	44	79	113	31
All	22	35	50	36	36	46	57	61	34
				Number	of admissio	ns			
<65	724	414	371	176	144	33	11	21	1,894
65–69	513	283	216	110	113	28	16	4	1,283
70–74	1,250	783	555	295	327	90	29	8	3,337
75–79	2,373	1,633	1,166	587	741	189	80	18	6,787
80–84	3,255	2,226	1,621	741	954	268	118	14	9,197
85–89	3,335	2,428	1,665	765	1,015	285	110	11	9,614
90–94	1,563	1,216	775	406	462	123	40	7	4,592
95+	380	293	199	88	97	20	10	2	1,089
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.3: All dependency groups, by age group and State/Territory

### Low care residents

For low care residents, median entry period increased with increasing age, from 33 days for the under 65 age group to 60 days for the 85–89 age group. In particular, the median entry period for those aged under 65 was lower than that for those aged over 65. There was no further increase in median entry period from age 90 onward. This relationship was not consistently observed across States and Territories, however. In the majority of States and Territories, the entry period for the under 65 age group was substantially lower than that for persons aged over 65. The exceptions were the Australian Capital Territory and Tasmania (Table 3.4).

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median er	ntry period (da	ays)			
<65	28	25	52	36	46	137	143	5	33
65–69	41	54	43	62	68	175	81	63	48
70–74	42	45	49	39	69	48	103	122	47
75–79	53	57	54	52	63	38	74	118	55
80–84	50	48	65	49	76	73	94	22	56
85–89	55	50	66	61	78	84	114	89	60
90–94	54	55	53	53	68	97	130	20	57
95+	68	53	56	73	66	16	79	6	57
All	50	50	59	53	72	73	95	21	55
				Number	of admission	IS			
<65	214	154	130	49	33	8	3	6	597
65–69	152	102	68	51	21	4	5	1	404
70–74	351	276	199	112	103	23	9	3	1,076
75–79	709	674	475	254	265	46	33	7	2,463
80–84	1,137	1,029	701	357	384	95	48	7	3,758
85–89	1,191	1,150	775	404	461	125	50	2	4,158
90–94	476	563	308	208	209	54	20	2	1,840
95+	90	108	63	35	46	7	4	1	354
All	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

Table 3.4: Low care residents, by age group and State/Territory

### High care residents

For high care residents, median entry period did not vary with age. There was no clear pattern at the State and Territory level, although median entry period did decrease with increasing age in Victoria and increase with increasing age in the Australian Capital Territory (Table 3.5).

Age group	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
				Median ent	ry period (day	/s)			
<65	13	39	49	35	21	98	35	51	28
65–69	10	29	34	55	16	40	40	149	20
70–74	12	32	45	22	21	45	38	174	22
75–79	14	29	47	31	21	32	30	101	24
80–84	15	28	46	25	24	33	29	91	25
85–89	14	27	45	24	22	40	30	37	23
90–94	13	23	41	22	21	43	54	78	22
95+	14	24	43	22	40	46	77	219	23
All	14	28	45	27	22	38	31	96	24
				Number	of admissions	;			
<65	510	260	241	127	111	25	8	15	1,297
65–69	361	181	148	59	92	24	11	3	879
70–74	899	507	356	183	224	67	20	5	2,261
75–79	1,664	959	691	333	476	143	47	11	4,324
80–84	2,118	1,197	920	384	570	173	70	7	5,439
85–89	2,144	1,278	890	361	554	160	60	9	5,456
90–94	1,087	653	467	198	253	69	20	5	2,752
95+	290	185	136	53	51	13	6	1	735
All	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.5: High care residents, by age group and State/Territory

# 3.3 Sex

### Low and high care residents

The median entry period for women was marginally longer than that for men (35 days compared to 31 days). This pattern was observed in all States and Territories, except Tasmania where median entry period was the same for women and men. The difference was substantially larger in the Australian Capital Territory (63 days compared to 36 days) and the Northern Territory (69 days compared to 51 days) than it was elsewhere (Table 3.6).

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median en	try period (d	ays)			
Females	24	36	51	37	39	46	63	69	35
Males	19	34	49	34	31	46	36	51	31
Persons	22	35	50	36	36	46	56	61	34
				Number	of admission	ıs			
Females	8,428	6,043	4,099	2,020	2,453	673	275	40	24,031
Males	4,965	3,233	2,469	1,148	1,400	363	139	45	13,762
Persons	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.6: All residents, by sex and State/Territory

### Low care residents

For low care residents, median entry period for women was longer than that for men (58 days compared to 49 days). This pattern was present in all States and Territories with the exception of South Australia where the trend was in the reverse direction. The difference between the sexes was most pronounced in the Australian Capital Territory (101 days for women and 84 days for men) and Tasmania (76 days for women and 60 days for men) (Table 3.7).

				•					
Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median ent	ry period (da	ys)			
Female	54	53	62	54	71	76	101	28	58
Male	42	44	54	52	74	60	84	18	49
Persons	50	50	59	53	72	73	95	21	55
				Number	of admissions	6			
Female	2,969	2,877	1,822	1,056	1,102	259	119	14	10,218
Male	1,351	1,179	897	414	420	103	53	15	4,432
Persons	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

Table 3.7: Low care residents, by sex and State/Territory

### High care residents

For high care residents, the median entry period for men and women was very similar (23 and 24 days). At the State and Territory level, the median entry periods were generally similar. In Tasmania, however, the median entry period for men was somewhat longer (42 days, compared to 35 days for women), while in the Australian Capital Territory and the Northern Territory the median entry period for men was somewhat shorter (26 days, compared to 44 days for women, and 70 days, compared to 136 days for women respectively) (Table 3.8).

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median ent	try period (da	ys)			
Female	14	27	44	26	22	35	44	136	23
Male	13	30	46	29	22	42	26	70	24
Persons	14	28	45	27	22	38	31	96	24
				Number	of admissions	5			
Female	5,459	3,166	2,277	964	1,351	414	156	26	13,813
Male	3,614	2,054	1,572	734	980	260	86	30	9,330
Persons	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.8: High care residents, by sex and State/Territory

### 3.4 Marital status

### Low and high care residents

Median entry period was somewhat shorter for residents who were divorced (29 days) or who had never married (25 days), compared to those who were widowed (35 days), in a de facto relationship (33 days), married (34 days) or separated (33 days). This pattern was generally present across the States and Territories, with the exception of Tasmania, Australian Capital Territory and the Northern Territory. These latter exceptions are likely to be the result of small cell sizes (Table 3.9).

Marital status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			Ν	ledian entry	period (day	s)			
Divorced	20	35	37	34	28	81	43	74	29
De facto	18	26	61	23	85	45	_	107	33
Married	20	37	59	37	34	42	60	51	34
Separated	17	33	57	37	46	44	162	8	33
Never married	14	27	43	27	28	53	64	27	25
Widowed	25	36	48	38	39	46	54	82	35
Unknown	15	37	25	85	14	_	62	_	24
All	22	35	50	36	36	46	57	61	34
				Number of	admissions				
Divorced	578	327	266	173	135	35	15	5	1,534
De facto	66	40	34	18	13	6	0	1	178
Married	3,737	2,579	2,096	899	1,214	292	135	17	10,969
Separated	229	141	128	56	32	12	4	5	607
Never married	1,260	815	566	230	270	88	17	13	3,259
Widowed	7,430	5,283	3,420	1,780	2,166	603	240	44	20,966
Unknown	93	91	58	12	23	0	3	0	280
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.9: All residents by marital status and State/Territory

### Low care residents

Median entry periods for low care residents were somewhat shorter for residents who were divorced (44 days), in a de facto relationship (44 days) or never married (42 days). Median entry periods were somewhat longer for those who were widowed (57 days), and longer again for those who were married (62 days). The general finding that those who were divorced or never married had shorter entry periods than those who were married or widowed was consistently observed across most States and Territories (Table 3.10).

Marital status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			Ν	/ledian entry	period (days	)			
Divorced	37	40	50	51	50	167	107	109	44
De facto	33	21	52	44	87	73	_	_	44
Married	52	50	80	53	84	101	119	35	62
Separated	36	40	52	54	68	170	185	123	47
Never married	36	36	48	37	56	99	69	8	42
Widowed	55	54	56	55	72	62	95	36	57
Unknown	29	63	7	94	76	_	31	_	45
All	50	50	59	53	72	73	95	21	55
				Number of	admissions				
Divorced	241	175	125	88	47	9	6	2	693
De facto	16	15	11	3	7	1	0	0	53
Married	631	683	579	227	298	57	35	5	2,515
Separated	89	74	70	27	13	3	3	2	281
Never married	459	392	256	100	117	42	8	4	1,378
Widowed	2,856	2,680	1,657	1,016	1,034	250	118	16	9,627
Unknown	28	37	21	9	6	0	2	0	103
All	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

Table 3.10: Low care residents, by marital status and State/Territory

### High care residents

Median entry periods for high care residents were again shorter for residents who were divorced (19 days) or never married (17 days) at the time of admission, and longer for those who were married (29 days) or in a de facto relationship (27 days). For high care residents, the median entry period for persons who were widowed or separated at the time of admission fell midway between these two groups at 22 and 21 days respectively (Table 3.11).

The longer entry period for married persons, compared to those who were divorced or never married, was generally evident across the States and Territories, although there were some variations in the smaller States and Territories.

Marital status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			M	edian entry j	period (days)				
Divorced	11	28	28	23	19	68	29	74	19
De facto	17	26	63	18	58	17	_	107	27
Married	16	34	51	32	25	39	40	85	29
Separated	10	32	63	23	27	39	35	3	21
Never married	8	21	40	21	13	36	64	80	17
Widowed	14	26	43	23	20	36	27	130	22
Unknown	10	24	32	46	8	_	145	_	17
All	14	28	45	27	22	38	31	96	24
				Number of a	dmissions				
Divorced	337	152	141	85	88	26	9	3	841
De facto	50	25	23	15	6	5	0	1	125
Married	3,106	1,896	1,517	672	916	235	100	12	8,454
Separated	140	67	58	29	19	9	1	3	326
Never married	801	423	310	130	153	46	9	9	1,881
Widowed	4,574	2,603	1,763	764	1,132	353	122	28	11,339
Unknown	65	54	37	3	17	0	1	0	177
All	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.11: High care residents, by marital status and State/Territory

# 3.5 Living arrangements

### Low and high care residents

Median entry period was somewhat shorter for residents who had lived alone (35 days), with a child only (29 days) or with the spouse only (34 days), than for those who lived with a child and the child's family (44 days). A similar pattern was evident in most States and Territories, although again these trends were affected in some instances by variations associated with small cell sizes (Table 3.12).

Living arrangement	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
			Ν	/ledian entr	ry period (	days)			
Alone	23	37	44	39	41	46	63	43	35
Brother/sister	15	36	43	37	26	62	99	0	25
Child alone	18	34	51	26	29	39	47	71	29
Child and child's family	31	43	70	43	62	61	48	86	44
Other	17	25	32	18	14	47	26	44	22
Other family	22	37	58	29	61	47	46	26	34
Parents	119	183	_	_	_	_	_	_	119
Spouse and others	18	31	58	44	44	70	63	0	31
Spouse alone	20	38	52	38	34	43	60	118	34
Unknown	38	19	130	19	21	_	_	_	100
All	22	35	50	36	36	46	57	61	34
				Number o	of admissio	ons			
Alone	6,274	4,137	2,861	1,616	1,915	540	201	32	17,576
Brother/sister	203	123	96	32	50	6	3	3	516
Child alone	725	507	312	144	170	41	16	6	1,921
Child and child's family	1,311	789	624	252	220	78	50	15	3,339
Other	1,019	1,183	547	230	318	74	21	2	3,394
Other family	345	160	167	66	45	21	5	14	823
Parents	1	2	0	0	0	0	0	0	3
Spouse and others	381	192	153	69	56	18	11	2	882
Spouse alone	3,095	2,145	1,574	755	1,065	258	107	11	9,010
Unknown	39	38	234	4	14	0	0	0	329
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

### Table 3.12: All residents, by usual living arrangements and State/Territory

### Low care residents

For low care residents, median entry period was higher for those living with a child and the child's family (66 days) at the time of admission, followed by those living with a spouse only (61 days). Somewhat shorter median entry periods characterised those living with a child only (54 days) and those living alone (55 days) (Table 3.13).

This trend toward a shorter entry period for those living alone compared to those living with a spouse or with a child and a child's family was generally observed across the States and Territories, although there were some variations in Tasmania and the Australian Capital Territory.

Living arrangement	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			N	ledian ent	ry period (	days)			
Alone	49	51	53	54	72	67	103	49	55
Brother/sister	48	68	49	40	76	97	_	1	49
Child alone	56	55	51	37	59	45	47	3	54
Child and child's family	61	67	74	56	82	61	92	75	66
Other	36	35	25	19	24	111	53	8	32
Other family	51	38	71	37	74	55	140	11	51
Spouse and others	62	36	93	74	113	138	298	0	63
Spouse alone	49	55	70	59	86	126	121	91	61
Unknown	57	22	140	_	16	_	_	_	131
All	50	50	59	53	72	73	95	21	55
				Number o	of admission	ons			
Alone	2,740	2,486	1,526	999	992	241	115	13	9,112
Brother/sister	37	51	47	13	21	2	0	2	173
Child alone	164	168	93	40	49	13	3	2	532
Child and child's family	411	367	255	124	86	31	20	4	1,298
Other	311	327	181	84	92	18	8	1	1,022
Other family	106	55	75	22	21	9	2	3	293
Spouse and others	35	28	26	17	10	1	1	1	119
Spouse alone	504	562	403	171	248	47	23	3	1,961
Unknown	12	12	113	0	3	0	0	0	140
All	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

Table 3.13: Low care residents, by usual living arrangements and State/Territory

### High care residents

For high care residents, median entry period was longer for residents who had been living with a child and the child's family prior to admission (32 days) and for those living with a spouse only (29 days), than it was for those living with a child only (22 days) or living alone (20 days). The shorter entry period associated with persons living alone prior to admission was consistently observed in all States and Territories (Table 3.14).

Living arrangement	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			м	edian entr	y period (d	ays)			
Alone	12	25	36	22	19	35	29	37	20
Brother/sister	12	26	36	22	11	62	99	0	18
Child alone	12	27	51	18	21	35	13	136	22
Child and child's family	18	32	65	31	38	58	31	101	32
Other	13	23	35	18	11	39	20	80	20
Other family	12	30	48	14	40	34	21	91	26
Parents	119	183	_	_	_	_	_	_	119
Spouse and others	14	30	55	38	31	69	57	0	27
Spouse alone	16	35	46	32	26	39	42	162	29
Unknown	35	19	120	19	21	_	_	_	74
All	14	28	45	27	22	38	31	96	24
				Number of	f admissior	ıs			
Alone	3,534	1,651	1,335	617	923	299	86	19	8,464
Brother/sister	166	72	49	19	29	4	3	1	343
Child alone	561	339	219	104	121	28	13	4	1,389
Child and child's family	900	422	369	128	134	47	30	11	2,041
Other	708	856	366	146	226	56	13	1	2,372
Other family	239	105	92	44	24	12	3	11	530
Parents	1	2	0	0	0	0	0	0	3
Spouse and others	346	164	127	52	46	17	10	1	763
Spouse alone	2,591	1,583	1,171	584	817	211	84	8	7,049
Unknown	27	26	121	4	11	0	0	0	189
All	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.14: High care residents, by usual living arrangements and State/Territory

# 3.6 Concessional status

### Low and high care residents

Concessional status is related to financial status, and indicates that the resident is not required on financial grounds to pay accommodation bonds or charges. Median entry period was marginally shorter for concessional residents (32 days) than for non-concessional residents (36 days). This pattern was generally observed across the States and Territories, with the exception of the Australian Capital Territory (Table 3.15).

Status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			м	edian entry	period (days	;)			
Other	25	37	52	40	39	46	50	101	36
Concessional &									
assisted	19	34	49	33	34	46	63	50	32
All	22	35	50	36	36	46	57	61	34
				Number of a	admissions				
Other	7,140	5,044	3,541	1,541	2,034	530	245	25	20,100
Concessional &									
assisted	6,253	4,232	3,027	1,627	1,819	506	169	60	17,693
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

#### Table 3.15: All residents, by concessional status and State/Territory

### Low care residents

Among low care residents, median entry period was somewhat shorter for concessional residents (51 days) than for non-concessional residents (59 days). This pattern was present across all States and Territories with the exception of the Northern Territory (Table 3.16).

Table 3.16: Low care residents, by concessional status and State/Territory

Status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			M	edian entry j	period (days)				
Other	54	55	61	57	72	79	97	20	59
Concessional &									
assisted	43	45	56	49	71	62	87	21	51
All	50	50	59	53	72	73	95	21	55
				Number of a	dmissions				
Other	2,465	2,349	1,545	760	890	210	109	8	8,336
Concessional &									
assisted	1,855	1,707	1,174	710	632	152	63	21	6,314
All	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

### High care residents

There was no relationship between median entry period and concessional status for high care residents (Table 3.17).

Status	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
				Median entr	y period (day	rs)			
Other	14	27	45	29	21	35	28	118	24
Concessional &									
assisted	13	29	45	25	22	41	48	74	24
All	14	28	45	27	22	38	31	96	24
				Number o	f admissions				
Other	4,675	2,695	1,996	781	1,144	320	136	17	11,764
Concessional &									
assisted	4,398	2,525	1,853	917	1,187	354	106	39	11,379
All	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.17: High care residents, by concessional status and State/Territory

# 3.7 Use of respite

### Low and high care residents

Median entry period varies substantially according to whether or not a resident used residential respite services prior to entry. Those who had used respite services had a substantially longer median entry period (63 days) than those who had not (22 days). This may mean that use of residential respite enabled people to stay at home longer before entering residential care, or that respite care was used by some residents to 'test' the suitability of residential care prior to seeking permanent admission, or that respite care was used as an alternative to permanent admission while waiting for a permanent place to become available. All three explanations are plausible and consistent with the empirical relationship. The pattern was present across all States and Territories (Table 3.18).

Respite	NSW	Vic	Qld	WA	SA	TAS	ACT	NT	Australia
			I	Median entry	period (days	5)			
No respite	12	27	38	25	21	34	44	24	22
Respite	55	64	74	63	68	73	84	91	63
All	22	35	50	36	36	46	57	61	34
				Number of	admissions				
No respite	8,430	6,419	4,177	2,000	2,400	627	238	42	24,333
Respite	4,963	2,857	2,391	1,168	1,453	409	176	43	13,460
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.18: Respite indicator for all residents, by State/Territory

### Low care residents

Among low care residents, those who had used respite services had a substantially longer median entry period (76 days) than those who had not (37 days). The finding was consistent across all States and Territories (Table 3.19).

Respite	NSW	Vic	Qld	WA	SA	TAS	АСТ	NT	Australia
				Median entr	y period (day	5)			
No respite	31	34	46	36	55	51	80	16	37
Respite	67	81	82	68	85	98	113	56	76
All	50	50	59	53	72	73	95	21	55
				Number o	f admissions				
No respite	2,268	2,521	1,638	802	821	186	79	16	8,331
Respite	2,052	1,535	1,081	668	701	176	93	13	6,319
All	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

Table 3.19: Respite indicator for low care residents, by State/Territory

### High care residents

Similarly, for high care residents, those who had used respite services had a substantially longer median entry period (50 days) than those who had not (17 days). The finding was consistent across all States and Territories (Table 3.20).

Respite	NSW	Vic	Qld	WA	SA	TAS	ACT	NT	Australia
			Ν	Aedian entry	period (days)	)			
No respite	8	24	34	20	14	30	29	32	17
Respite	42	47	69	52	52	63	43	132	50
All	14	28	45	27	22	38	31	96	24
				Number of	admissions				
No respite	6,162	3,898	2,539	1,198	1,579	441	159	26	16,002
Respite	2,911	1,322	1,310	500	752	233	83	30	7,141
All	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.20: Respite indicator for high care residents, by State/Territory

# 3.8 Use of care packages

### Low and high care residents

Median entry period varies according to whether or not a resident used a community aged care package (CACP) prior to entry. Those who had used a care package had a longer median entry period (46 days) than those who had not (33 days). This may mean that use of care packages enabled people to stay at home longer before entering residential care, or that care packages were used as an alternative to residential care while waiting for a permanent place to become available. Both explanations are plausible and consistent with the empirical relationship. The pattern was present across all States and Territories (Table 3.21).

CACP	NSW	Vic	Qld	WA	SA	TAS	ACT	NT	Australia
			I	Median entry	v period (days	5)			
No CACP	21	35	49	36	35	46	53	56	33
CACP	30	46	61	46	55	48	69	164	46
All	22	35	50	36	36	46	57	61	34
				Number of	admissions				
No CACP	12,799	8,860	6,177	2,987	3,724	1,010	364	81	36,002
CACP	594	416	391	181	129	26	50	4	1,791
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 3.21: CACP indicator for all residents, by State/Territory

### Low care residents

Among low care residents, those who had used a care package had a longer median entry period (73 days) than those who had not (54 days). The finding was consistent across the States and Territories, with the exception of Tasmania and the Australian Capital Territory (Table 3.22).

 Table 3.22: CACP indicator for low care residents, by State/Territory

CACP	NSW	Vic	Qld	WA	SA	TAS	ACT	NT	Australia
			ľ	Median entry	period (days)	)			
No CACP	49	50	57	52	71	73	97	18	54
CACP	67	57	82	70	112	56	91	217	73
All	50	50	59	53	72	73	95	21	55
				Number of	admissions				
No CACP	4,108	3,859	2,556	1,395	1,471	350	152	27	13,918
CACP	212	197	163	75	51	12	20	2	732
All	4,320	4,056	2,719	1,470	1,522	362	172	29	14,650

### High care residents

The pattern was similar for high care residents, with those who had used a care package having a longer median entry period (32 days) than those who had not (23 days). The finding was consistent across the States and Territories, with the exception of Tasmania and the Northern Territory where cell sizes were quite small (Table 3.23).

CACP	NSW	Vic	Qld	WA	SA	TAS	ACT	NT	Australia
			ľ	Median entry	period (days)	)			
No CACP	14	28	45	26	21	38	30	96	23
CACP	19	42	51	34	29	38	44	79	32
All	14	28	45	27	22	38	31	96	24
				Number of	admissions				
No CACP	8,691	5,001	3,621	1,592	2,253	660	212	54	22,084
CACP	382	219	228	106	78	14	30	2	1,059
All	9,073	5,220	3,849	1,698	2,331	674	242	56	23,143

Table 3.23: CACP indicator for high care residents, by State/Territory

# 3.9 Summary

**Dependency** is clearly an important factor, with high dependency residents having a median entry period around 31 days shorter than that for low dependency residents. This difference is substantial and appears quite robust, as it can be observed across all States and Territories (with the exception of the Northern Territory).

**Age** is also a factor, albeit to a lesser extent, for example, with younger residents (<65 years) having a median entry period around 7 days shorter than older residents (85-89 years). When low care and high care residents are examined separately, however, it emerges that this difference is evident only among low care residents. It is markedly stronger in this population, with younger residents (<65 years) having a median entry period approximately 27 days shorter than older residents (85-89 years). This difference is observed in all States and Territories except in the Australian Capital Territory and Tasmania where the trend is reversed. There is no age-related pattern for high care residents.

**Sex** has a modest effect on entry period, with men having a median entry period around 4 days shorter than that for women. When high care and low care residents are considered separately, the difference persists for low care residents (at around 9 days) but is not present for high care residents. This difference, however, is not consistently observed across all States and Territories.

**Marital status** also has an effect on entry period, with those who are divorced or never married having a median entry period up to 10 days shorter than those who are widowed or married. This difference was also observed amongst both low care and high care residents, although when these groups were considered separately the difference was even more pronounced. Thus, among low care residents, divorced or never married residents had a median entry period approximately 20 days shorter than that for married residents. Among high care residents, the difference was around 10 days. This difference was observed in most States and Territories for both low and high care residents. Living arrangements also proved to be a relevant factor, with those who lived alone having an entry period around 9 days shorter than those living with a child and the child's family. Those who lived alone had an entry period only 1 day longer than those who lived with a spouse only. When low and high care residents were considered separately, these differences persisted. For low care residents, those who lived alone had an entry period around 6 days shorter than those who lived with a spouse only, and around 11 days shorter than those who lived with a child and child's family. This trend was observed in most States and Territories. For high care residents, those who lived alone had a median entry period around 9 days shorter than those who lived with a spouse, and around 12 days shorter than those who lived with a child and the child's family. The effect was thus more pronounced in this group, and also evident in all States and Territories.

**Concessional status** was found to be a minor factor, with concessional residents having a median entry period around 4 days shorter than non-concessional residents. This difference was a little larger for low care residents (8 days) but was not found to be present for high care residents. These findings were consistently observed in most States and Territories.

**Use of respite services** had a substantial effect on median entry period, with those who had used residential respite prior to admission having a median entry period around 41 days longer than those who did not. When low and high care residents were considered separately, these differences persisted. For low care residents, those who had used residential respite prior to admission had a median entry period around 39 days longer than those who did not, and the pattern was present across all States and Territories. For high care residents, those who had used residential respite prior to admission had a median entry beriot of around 33 days longer than those who did not. Again, the pattern was observed across all States and Territories.

**Use of care packages** had an effect on median entry period, with those who had used a care package prior to admission having a median entry period around 13 days longer than those who did not. When low and high care residents were considered separately, these differences persisted. For low care residents, those who had used a care package prior to admission had a median entry period around 19 days longer than those who did not, and the pattern was present across most States and Territories. For high care residents, those who had used a care package prior to admission had a median entry period around 9 days longer than those who did not. Again, the pattern was observed across most States and Territories.

# Section 4

# Variations in entry period with service characteristics

This chapter examines variations in median entry period according to differences in service level characteristics. It reports on the differences in median entry period according to State and Territory, whether the service is a low or high care provider, the provision ratio of residential services in the region, the location at which the ACAT assessment is conducted, the auspices of the service, whether or not the service is co-located, the region as defined by the RRMA classification, and the certification score for the service. The analysis is undertaken for all residents, as well as separately for residents admitted to low care services and to high care services.<sup>1</sup>

# 4.1 State and Territory differences

The median entry period for residential aged care in Australia was 34 days. Median entry period was highest in the Northern Territory (61) and the Australian Capital Territory (57). Queensland (50) and Tasmania (46) were above the national average. Victoria was very close to the national average at 35, as were South Australia and Western Australia, both at 36. New South Wales has a substantially shorter median entry period than the rest of the country at 22 days (Table 4.1).

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Median (days)	22	35	50	36	36	46	57	61	34
Number	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 4.1: Residents entry period for all services, by State/Territory

The distribution for the entry period variable ranges from 0 to in excess of 180. However, the variable was heavily skewed towards relatively short entry periods, with 26% of residents entering in less than 10 days. A further 21% of residents entered between 10 and 29 days. At the other end of the distribution, 11% of residents entered after 180 days (see Table 4.2, Figures 2.1 and 2.2).

As would be expected from the medians reported above, residents were more likely to enter in a shorter period in New South Wales than elsewhere; over a third of residents (36%) entered in less than 10 days, and over half (56%) entered in less than 30 days. Victoria, Western Australia, South Australia and the Northern Territory all had similar patterns to the national average in terms of the proportion entering within 10 days or within 30 days, although in each case the proportion was slightly lower than the national average. By contrast, residents in Queensland, Tasmania and the Australian Capital Territory were substantially less likely to enter within 10 days (17%, 19% and 17% respectively). A similar pattern emerged with regard to entry within 30 days (36%, 37% and 35% respectively).

<sup>&</sup>lt;sup>1</sup> Note that while residents were divided according to their RCS category when the relationship between individual characteristics and entry period was examined, in this section where service level characteristics are the focus of investigation residents have been divided according to service type (high or low care).

Entry (days)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Nu	mber				
<10	4,754	1,928	1,123	714	902	193	70	21	9,705
10–19	1,612	1,245	686	388	507	103	31	8	4,580
20–29	1,125	1,016	583	297	347	87	43	7	3,505
30–39	767	728	434	258	244	85	23	3	2,542
40–49	634	581	435	176	193	72	27	1	2,119
50–59	522	431	336	179	158	54	16	2	1,698
60–69	570	401	315	157	171	46	20	2	1,682
70–79	420	327	284	137	175	37	16	2	1,398
80–89	350	242	234	104	108	28	17	2	1,085
90–99	266	266	189	71	104	34	14	2	946
100–129	575	517	422	182	203	70	26	7	2,002
130–179	632	584	530	200	250	69	30	7	2,302
>=180	1,166	1,010	997	305	491	158	81	21	4,229
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793
				Pei	r cent				
<10	35.5	20.8	17.1	22.5	23.4	18.6	16.9	24.7	25.7
10–19	12.0	13.4	10.4	12.2	13.2	9.9	7.5	9.4	12.1
20–29	8.4	11.0	8.9	9.4	9.0	8.4	10.4	8.2	9.3
30–39	5.7	7.8	6.6	8.1	6.3	8.2	5.6	3.5	6.7
40–49	4.7	6.3	6.6	5.6	5.0	6.9	6.5	1.2	5.6
50–59	3.9	4.6	5.1	5.7	4.1	5.2	3.9	2.4	4.5
60–69	4.3	4.3	4.8	5.0	4.4	4.4	4.8	2.4	4.5
70–79	3.1	3.5	4.3	4.3	4.5	3.6	3.9	2.4	3.7
80–89	2.6	2.6	3.6	3.3	2.8	2.7	4.1	2.4	2.9
90–99	2.0	2.9	2.9	2.2	2.7	3.3	3.4	2.4	2.5
100–129	4.3	5.6	6.4	5.7	5.3	6.8	6.3	8.2	5.3
130–179	4.7	6.3	8.1	6.3	6.5	6.7	7.2	8.2	6.1
>=180	8.7	10.9	15.2	9.6	12.7	15.3	19.6	24.7	11.2
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 4.2: Residents entering all services, by entry period groups and State/Territory

### 4.2 Low versus high care services

The median entry period for residents entering low care services (56 days) was substantially longer than that for those entering high care services (21 days). This pattern was consistent across all States and Territories, with the exception of the Northern Territory where the pattern was reversed (29 days for low care and 79 days for high care). The largest differences in median entry period between low and high care services occurred in the Australian Capital Territory (90 days and 27 days respectively), South Australia (74 and 20 days) and New South Wales (53 and 12 days). The difference was more modest in Victoria (50 and 26 days), Western Australia (54 and 23 days) and Tasmania (73 and 38 days) and least pronounced in Queensland (61 and 41 days) (Table 4.3).

Level	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
	53	50	61	54	7/	73	90	20	56
		50	01	04		75	50	23	50
High	12	26	41	23	20	38	27	79	21
All	22	35	50	36	36	46	57	61	34

Table 4.3: Median entry period for residents entering all services, by service level and State/Territory (days)

# 4.3 Low versus high residential care provision ratios

### Low care and high care services

At a national level, the median entry period for persons living in regions with a comparatively low residential care provision ratio was somewhat longer than that in regions with a comparatively high residential care provision ratio, although the difference between low and high supply regions was modest at only 6 days. In Table 4.4, residents were classified as living in a comparatively low supply region where the provision ratio in their region was less than 77.65 residential care places per 1,000 persons aged 70 and over, in a medium supply region where the provision ratio was between 77.65 and 88.2 places per 1,000 persons aged 70 and over, and in the high supply region where the provision ratio was 88.2 or more places per 1,000 persons aged 70 plus. Persons living in a low supply planning region had a median entry period of 37 days, those in a medium supply region had a median entry period of 31 days (Table 4.4).

The modest association between provision ratio and entry period observed at the national level is not, however, consistently found at the State or Territory level. The association is very weak in Tasmania and South Australia, and only a little stronger in Queensland. It is more pronounced in Western Australia, with a median entry period varying from 46 days for persons living in low supply regions to 29 days for persons living in high supply regions. The trend is strongly evident in New South Wales (34 days in low supply regions and 17 days in high supply regions). However, in Victoria the pattern reverses, with a median entry period of 33 days in low supply regions and 42 days in high supply regions.

Level	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median ent	ry period (da	ys)			
Low	34	33	49	46	40	_	_	123	37
Medium	22	34	51	15	34	44	57	_	34
High	17	42	49	29	36	50	_	22	31
All	22	35	50	36	36	46	57	61	34
				Number o	of admission	S			
Low	2,643	4,615	1,431	1,694	867	0	0	40	11,290
Medium	5,437	2,240	2,504	9	1,811	726	414	0	13,141
High	5,313	2,419	2,633	1,465	1,175	310	0	45	13,360
All	13,393	9,274	6,568	3,168	3,853	1,036	414	85	37,791

Table 4.4: Residents entering all services, by provision ratio level and State/Territory

*Note:* The categories low, medium and high are defined by less than 77.65, between 77.65 and less than 88.2, and 88.2 or more places per 1,000 persons aged 70 and over within Commonwealth planning region.

### Low care services

At the national level, there is only a modest difference in median entry period for persons living in regions with different provision levels for residents entering low care services. For those living in a region with a low provision ratio for low care places (less than 35.95 low care places per 1,000 persons aged 70 and over), the median entry period was 60 days. For those living in a region with a comparatively high provision ratio for low care places (44.8 or more low care places per 1,000 persons aged 70 and over), the median entry period was 56 days (Table 4.5).

Again, the pattern was inconsistent when the analysis was repeated at the State and Territory level. Median entry period was shorter for regions with a higher supply of low care places in New South Wales and South Australia and to a lesser extent in Queensland. In New South Wales, for example, persons living in a region with a comparatively low provision ratio for low care places had a median entry period of 57 days, while those living in a region with a comparatively high provision ratio had a median entry period of 50 days. However, this pattern was reversed in Victoria and Western Australia. So, for example, in Victoria persons living in their region with a comparatively low provision ratio for low care places had a median entry period of 41 days, and those living in a region with a comparatively high provision ratio for low care places had a median entry period of 56 days.

	NOW	)/i.e	014	14/ 4	6.4	Tee	ACT	NT	Australia
Level	NSW	VIC	Qia	WA	5A	Tas	ACT	NI	Australia
				Median entr	y period (day	rs)			
Low	57	41	—	30	78	74	—	74	60
Medium	48	50	63	62	83	73	—	—	56
High	50	56	58	43	64	—	90	18	56
All	53	50	61	54	74	73	90	29	56
				Number o	f admissions				
Low	2,414	614	0	28	860	86	0	18	4,020
Medium	1,422	2,416	1,682	988	183	258	0	0	6,949
High	1,199	1,677	1,741	667	684	0	221	15	6,204
All	5,035	4,709	3,423	1,683	1,727	344	221	33	17,175

Table 4.5: Residents entering low care services, by provision ratio level and State/Territory

*Note:* The categories low, medium and high are defined by less than 35.95, between 35.95 and less than 44.8, and 44.8 or more places per 1,000 persons aged 70 and over within Commonwealth planning region.

### High care services

At the national level, the difference in median entry period according to changes in the provision ratio was much more marked for residents admitted to high care services than it was for those admitted to low care services. Thus, persons living in a region with a comparatively low provision ratio for high care places had a median entry period of 26 days, while those living in a region with a comparatively high provision ratio for high care places had a median entry period of 14 days (Table 4.6).

Again, however, the pattern was not consistently observed at the State and Territory level. A higher provision ratio was associated with a shorter entry period in New South Wales, Victoria and Western Australia. There was, however, no clear trend in South Australia, and the pattern was reversed in Queensland and Tasmania, where a higher provision ratio was associated with a longer entry period.

Level	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median ent	ry period (day	rs)			
Low	19	31	29	27	21	_	27	170	26
Medium	20	23	54	_	17	29	_	_	24
High	8	_	49	20	22	40	_	25	14
All	12	26	41	23	20	38	27	79	21
				Number o	of admissions	5			
Low	1,815	1,818	1,382	682	495	0	193	22	6,407
Medium	1,205	2,749	970	0	984	131	0	0	6,039
High	5,338	0	793	803	647	561	0	30	8,172
All	8,358	4,567	3,145	1,485	2,126	692	193	52	20,618

Table 4.6: Residents entering high care services, by provision ratio level and State/Territory

*Note:* The categories low, medium and high are defined by less than 40.8, between 40.8 and less than 49, and 49 or more places per 1,000 persons aged 70 and over within Commonwealth planning region.

# 4.4 Location of ACAT assessment

### Low and high care services

Median entry period varied substantially according to the location in which the aged care assessment team conducted the assessment to determine eligibility for admission to residential care. For those assessed at home, the median entry period was 71 days, while for those assessed in hospital it was 20 days. For those assessed in an aged care service (a much smaller proportion compared to those with assessment in hospital), the median entry period was 15 days (Table 4.7).

The pattern of a markedly shorter entry period for those assessed in either an aged care service or hospital compared to those assessed at home was clearly evident in all States and Territories. When the entry period for those assessed at home is compared with the entry period for those assessed in hospital, the difference was most pronounced in the Australian Capital Territory (108 days compared to 29 days), South Australia (88 days compared to 21 days) and Victoria (83 days compared to 24 days).

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median ent	try period	(days)			
Aged care facility	15	22	16	13	5	14	25	18	15
At home	58	83	75	69	88	72	108	118	71
Hospital	11	24	32	24	21	30	29	31	20
Other	28	38	84	50	48	67	74	159	47
All	22	35	50	36	36	46	57	61	34
				Number	of admissi	ions			
Aged care facility	1,068	761	528	194	340	57	51	19	3,018
At home	4,913	3,136	2,987	1,143	1,383	477	204	33	14,276
Hospital	6,762	4,779	2,523	1,634	1,885	431	140	31	18,185
Other	650	600	530	197	245	71	19	2	2,314
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 4.7: Residents entering all services, by ACAT assessment location and State/Territory

### Low care services

For residents admitted to low care services, median entry period was again substantially longer for those assessed at home (83 days) than for those assessed in hospital (36 days) or in an aged care service (20 days). The pattern was consistently observed across all States and Territories, with the difference in entry period between those assessed at home and in hospital being largest in the Australian Capital Territory (85 days) and smallest in New South Wales (36 days) (Table 4.8).

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			Ν	ledian enti	ry period (d	ays)			
Aged care facility	24	22	13	22	14	14	43	5	20
At home	73	87	82	76	105	100	132	74	83
Hospital	37	30	40	37	49	45	47	11	36
Other	51	44	90	53	88	95	79	_	65
All	53	50	61	54	74	73	90	29	56
				Number o	of admissio	ns			
Aged care facility	560	437	346	122	147	17	24	8	1,661
At home	2,694	2,316	1,880	800	883	214	139	18	8,944
Hospital	1,477	1,615	859	660	557	85	46	7	5,306
Other	304	341	338	101	140	28	12	0	1,264
All	5,035	4,709	3,423	1,683	1,727	344	221	33	17,175

Table 4.8: Residents entering low care services, by ACAT assessment location and State/Territory

### High care services

For residents admitted to high care services, median entry period was higher for those assessed at home (55 days) than for those assessed in hospital (15 days) or in an aged care service (12 days). The difference in entry period between those assessed at

home and those assessed in hospital was very similar at the national level for high care residents (40 days) and low care residents (47 days) (Table 4.9).

The longer entry period for those assessed at home compared to those assessed in hospital or in an aged care service was consistently evident in all States and Territories. The difference between those assessed at home and those assessed in hospital was most pronounced in the Northern Territory (153 days) and South Australia (49 days), and least pronounced in Tasmania (28 days) and the Australian Capital Territory (27 days).

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			N	ledian enti	ry period (d	ays)			
Aged care facility	7	24	23	5	3	14	14	22	12
At home	40	68	66	52	64	56	49	189	55
Hospital	8	21	29	17	15	28	22	36	15
Other	15	33	78	49	21	64	48	159	32
All	12	26	41	23	20	38	27	79	21
				Number o	of admissio	ns			
Aged care facility	508	324	182	72	193	40	27	11	1,357
At home	2,219	820	1,107	343	500	263	65	15	5,332
Hospital	5,285	3,164	1,664	974	1,328	346	94	24	12,879
Other	346	259	192	96	105	43	7	2	1,050
All	8,358	4,567	3,145	1,485	2,126	692	193	52	20,618

Table 4.9: Residents entering high care services, by ACAT assessment location and State/Territory

# 4.5 Dependency level and location of ACAT assessment

As was observed above, median entry period was substantially longer for those assessed at home than for those assessed in hospital or in an aged care service. Median entry period also increases as the dependency level of the resident, as indicated by the RCS, decreases (Section 3). Persons admitted with an RCS score of 1 had a median entry period of 24 days compared to persons admitted with an RCS score of 8 who had a median entry period of 59 days.

This trend towards a longer entry period for those with lower dependency levels was evident among those assessed in hospital, with the median entry period varying from 16 days for those with an RCS score of 1, to 50 days for those with an RCS score of 8 (Table 4.10). A similar but markedly weaker pattern emerged for those assessed at home. Among those with an RCS level of 1, 2 or 3, the median entry period varied from 57 to 61 days. For those with an RCS level of 4, the median entry period was 70 days, while for those in categories RCS 5–8 the median entry period varied between 76 and 85 days. For those assessed in an aged care service, there was no clear relationship between dependency level and median entry period.

The strong relationship between RCS level and median entry period is thus largely determined by that group of residents who were assessed in hospital.

RCS	Aged care facility	At home	Hospital	Other	Australia
		Median ent	ry period (days	)	
S1	16	61	16	30	24
S2	13	57	15	33	21
S3	10	59	15	36	23
S4	11	70	20	59	32
S5	21	77	32	60	50
S6	23	85	34	64	54
S7	20	83	35	66	59
S8	18	76	50	38	59
All	15	71	20	47	34
		Number	of admissions		
S1	250	1,141	2,700	228	4,319
S2	595	2,298	5,663	449	9,005
S3	557	2,101	3,951	375	6,984
S4	239	728	953	138	2,058
S5	340	1,749	1,344	261	3,694
S6	384	2,128	1,527	304	4,343
S7	581	3,643	1,899	490	6,613
S8	72	488	148	69	777
All	3,018	14,276	18,185	2,314	37,793

Table 4.10: Residents entering all services, by assessment location and appraisal level

# 4.6 Auspice of service

### Low and high care services

The median entry period for persons admitted to a private for-profit service was markedly lower (19 days) than that for persons admitted to charitable (45 days), religious (48 days), community-based (50 days) or local government (53 days) services. State government homes occupied a position between the two groups, with the median entry period of 26 days. In general, this trend was consistently observed across the States and Territories, although the small cell sizes for admissions to State government and local government homes result in some variations for these two categories. In all States and Territories, median entry period for those admitted to private for-profit homes was substantially lower than the median entry period for all other residents (Table 4.11).

Auspice	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median	entry pe	riod (da	ys)		
Charitable	34	49	56	45	48	73	124	86	45
Community-based	46	53	50	51	49	49	87	21	50
Local government	46	84	33	49	41	33	_	_	53
Private	9	27	39	22	18	34	21	_	19
Religious	40	48	58	47	47	45	68	76	48
State government	10	28	41	19	35	15	_	_	26
All	22	35	50	36	36	46	57	61	34
				Numb	er of ad	mission	6		
Charitable	1,058	462	556	406	899	73	14	5	3,473
Community-based	2,032	1,447	730	431	514	296	95	32	5,577
Local government	166	254	30	158	118	26	0	0	752
Private	5,436	3,613	1,918	1,073	996	131	123	0	13,290
Religious	4,200	1,806	2,947	1,042	1,114	494	182	48	11,833
State government	501	1,694	387	58	212	16	0	0	2,868
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 4.11: Residents entering all services, by auspice and State/Territory

### Low care services

For residents admitted to low care services, State government services (42 days) and private for-profit services (50 days) had a shorter median entry period than did the other service types. Both these categories had relatively small numbers of admissions, however (715 admissions for State government services and 1,571 admissions for private for-profit services). The median entry period for those admitted to religious homes was 57 days, and these homes accounted for 7,957 admissions (Table 4.12).

Auspice	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median	entry pe	riod (da	ys)		
Charitable	54	55	61	52	79	78	124	86	60
Community-based	53	57	50	63	69	59	87	39	57
Local government	52	77	33	51	61	112	—	_	58
Private	58	45	62	48	17	0	—	_	50
Religious	53	50	63	54	77	98	90	20	57
State government	35	40	—	—	66	18	—	_	42
All	53	50	61	54	74	73	90	29	56
				Numb	er of adr	nissions	5		
Charitable	632	282	355	264	517	30	14	5	2,099
Community-based	1,458	1,199	620	327	348	132	95	24	4,203
Local government	134	244	30	152	66	4	0	0	630
Private	33	969	441	105	15	8	0	0	1,571
Religious	2,754	1,420	1,977	835	687	168	112	4	7,957
State government	24	595	0	0	94	2	0	0	715
All	5,035	4,709	3,423	1,683	1,727	344	221	33	17,175

Table 4.12: Residents entering low care services, by auspice and State/Territory

### High care services

For residents admitted to high care services, private for-profit homes had a substantially lower median entry period (17 days) than did charitable homes (28 days) community-based homes (30 days), local government homes (29 days), religious homes (30 days) or State government homes (21 days). Private for-profit homes account for a large proportion of admissions to high care services (56.8%).

The lower median entry period for those entering private for-profit homes and State government homes was observed across most States and Territories (Table 4.13).

Auspice	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				Median	entry pe	eriod (day	/s)		
Charitable	16	39	45	40	22	64	_	_	28
Community-based	27	33	51	25	21	44	_	7	30
Local government	4	142	_	37	31	27	_	_	29
Private	9	24	34	20	18	36	21	_	17
Religious	19	45	50	27	16	35	40	91	30
State government	9	22	41	19	24	15	_	_	21
All	12	26	41	23	20	38	27	79	21
				Numl	per of ad	Imissions	;		
Charitable	426	180	201	142	382	43	0	0	1,374
Community-based	574	248	110	104	166	164	0	8	1,374
Local government	32	10	0	6	52	22	0	0	122
Private	5,403	2,644	1,477	968	981	123	123	0	11,719
Religious	1,446	386	970	207	427	326	70	44	3,876
State government	477	1,099	387	58	118	14	0	0	2,153
All	8,358	4,567	3,145	1,485	2,126	692	193	52	20,618

Table 4.13: Residents entering high care services, by auspice and State/Territory

# 4.7 Co-located services

### Low and high care services

The median entry period for persons entering co-located homes was 45 days, while that for persons entering non-co-located homes was 29 days. This difference was evident across the States and Territories, with the exception of the Australian Capital Territory and the Northern Territory where the trend was reversed. The trend towards a higher median entry period for admissions to co-located homes compared with admissions to non-co-located homes was strongest in New South Wales and South Australia (Table 4.14).

Status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
			Ν	/ledian e	ntry per	iod (days	5)		
Co-located	35	42	55	44	52	47	50	22	45
Non-co-located	19	34	47	34	31	44	58	118	29
Replacement service	6	25	34	44	6	26	_	—	23
Same provider/town	21	30	79	63	11	64	_	—	31
All	22	35	50	36	36	46	57	61	34
				Numbe	r of adm	issions			
Co-located	3,197	2,488	2,662	775	1,374	588	94	41	11,219
Non-co-located	10,036	6,405	3,744	2,364	2,223	401	320	44	25,537
Replacement service	16	62	35	16	37	11	0	0	177
Same provider/town	144	321	127	13	219	36	0	0	860
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793

Table 4.14: Residents entering all services, by location status and State/Territory

### Low care services

The median entry period for persons admitted for low level care was 62 days for colocated homes and 54 days for non-co-located homes. This pattern was evident in most States and Territories, although it was weak in Queensland and Tasmania. However, the reverse pattern was observed in the Australian Capital Territory and the Northern Territory (Table 4.15).

Status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Median entry period (days)								
Co-located	58	59	61	56	77	75	83	11	62
Non-co-located	50	48	61	53	69	74	100	74	54
Replacement service	71	45	46	—	—	26	—	—	44
Same provider/town	46	41	70	231	125	75	—	—	57
All	53	50	61	54	74	73	90	29	56
				Numbe	r of adm	issions			
Co-located	1,800	1,366	1,612	490	830	204	51	9	6,362
Non-co-located	3,181	3,115	1,691	1,188	822	111	170	24	10,302
Replacement service	3	17	22	0	0	11	0	0	53
Same provider/town	51	211	98	5	75	18	0	0	458
All	5,035	4,709	3,423	1,683	1,727	344	221	33	17,175

Table 4.15: Residents entering low care services, by location status and State/Territory

### High care services

The median entry period for persons admitted to high level care was 28 days for co-located homes and 19 days for non-co-located homes. This pattern was found in all States. There was no trend in Tasmania and the Australian Capital Territory, and the pattern was reversed in the Northern Territory (Table 4.16).

Status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Median entry period (days)								
Co-located	14	28	47	28	28	38	26	29	28
Non-co-located	11	26	37	21	20	37	28	170	19
Replacement service	4	23	22	44	6	_	—	—	17
Same provider/town	7	21	130	49	3	51	_	_	11
All	12	26	41	23	20	38	27	79	21
				Numbe	er of adn	nissions			
Co-located	1,397	1,122	1,050	285	544	384	43	32	4,857
Non-co-located	6,855	3,290	2,053	1,176	1,401	290	150	20	15,235
Replacement service	13	45	13	16	37	0	0	0	124
Same provider/town	93	110	29	8	144	18	0	0	402
All	8,358	4,567	3,145	1,485	2,126	692	193	52	20,618

Table 4.16: Residents entering high care services, by location status and State/Territory

# 4.8 Region

### Low and high care services

The median entry period for persons admitted to residential care in rural regions (38 days) was higher than that for persons admitted in other metropolitan regions (36 days) and in capital cities (32 days). The median entry period was shortest for persons admitted to residential care in remote regions (28 days), although this category involved a relatively small proportion of admissions (401 admissions).

There was no consistent pattern with regard to region across the States and Territories. However, New South Wales showed a unique pattern when compared to other States and Territories, with the median entry period for Sydney being substantially lower than that for all other regions of the State. In the other States and Territories, median entry period for the capital city was close to the average for the State. Looking across States and regions, the median entry period for persons entering residential care in Sydney (16 days) was substantially lower than that for any other region in any other States, with the exception of remote Western Australia (15 days) and remote Tasmania (0 days) where small cell sizes are likely to cause substantial variations in the data (Table 4.17).

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	
	Median entry period (days)									
Capital	16	36	59	36	35	45	57	123	32	
Other metropolitan	33	32	43	_	_	_	_	_	36	
Remote	31	52	37	15	—	0	—	22	28	
Rural	35	33	44	40	43	48	_	_	38	
All	22	35	50	36	36	46	57	61	34	
				Num	ber of ad	missions				
Capital	8,408	6,293	2,889	2,529	3,085	444	414	40	24,102	
Other metropolitan	1,627	400	1,011	0	0	0	0	0	3,038	
Remote	83	5	157	106	0	5	0	45	401	
Rural	3,275	2,578	2,511	533	768	587	0	0	10,252	
All	13,393	9,276	6,568	3,168	3,853	1,036	414	85	37,793	

Table 4.17: Residents entering all services, by region and State/Territory

### Low care services

The median entry period for persons admitted to low-level residential care was longest for those living in capital cities (57 days), followed by those living in other metropolitan regions (56 days), and those living in rural areas (56 days), with the shortest entry periods reported for those living in remote regions (35 days). Again, this last category involved only a small proportion of admissions (Table 4.18).

Again, there was no consistent trend by region across the States and Territories. The comparatively high entry period for those admitted to low-level residential services in capital cities is a result of admission patterns in New South Wales and Victoria. Excluding the remote regions, rural and other metropolitan Victoria had the lowest median entry periods at 48 and 50 days, respectively. The longest median entry periods for low-level residential care were observed in Hobart (91 days) and Canberra (90 days).

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	
	Median entry period (days)									
Capital	52	52	62	53	77	91	90	74	57	
Other metropolitan	58	50	57	—	—	_	—	—	56	
Remote	37	41	39	29	—	21	—	18	35	
Rural	52	48	62	62	68	62	—	—	56	
All	53	50	61	54	74	73	90	29	56	
				Num	ber of adr	missions				
Capital	2,563	3,159	1,419	1,328	1,286	153	221	18	10,147	
Other metropolitan	719	165	515	0	0	0	0	0	1,399	
Remote	70	3	97	55	0	1	0	15	241	
Rural	1,683	1,382	1,392	300	441	190	0	0	5,388	
All	5,035	4,709	3,423	1,683	1,727	344	221	33	17,175	

Table 4.18: Residents entering low care services, by region and State/Territory

### High care services

The median entry period for people admitted to high care services ranged from 14 days in remote areas to 24 days in rural areas. There was no consistent pattern of this kind within States and Territories. The shortest median entry periods for admission to high care services were observed in remote Tasmania (0 days) and remote New South Wales (1 day), although both regions reported relatively small numbers of admissions. Excluding these two regions, the shortest median entry periods were reported in Sydney (8 days) and remote Western Australia (8 days). The longest median entry periods for persons admitted to high care services were observed in Darwin (170 days) and remote Victoria (122 days), but these involve a very small number of cases. Excluding these two regions, the longest entry period for high level residential care was recorded in Brisbane (56 days) (Table 4.19).

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	
	Median entry period (days)									
Capital	8	28	56	23	19	38	27	170	20	
Other metropolitan	21	23	29	_	_	_	_	_	22	
Remote	1	122	36	8	—	0	_	25	14	
Rural	21	21	28	23	23	40	_	_	24	
All	12	26	41	23	20	38	27	79	21	
				Numb	er of adn	nissions				
Capital	5,845	3,134	1,470	1,201	1,799	291	193	22	13,955	
Other metropolitan	908	235	496	0	0	0	0	0	1,639	
Remote	13	2	60	51	0	4	0	30	160	
Rural	1,592	1,196	1,119	233	327	397	0	0	4,864	
All	8,358	4,567	3,145	1,485	2,126	692	193	52	20,618	

Table 4.19: Residents entering high care services, by region and State/Territory

# 4.9 Certification score

### Low and high care services

Certification score was related to median entry period, with residents entering the highest rated homes having the longest median entry period. Median entry period varied from 21 days for those entering homes with low certification scores, to 48 days for those entering homes with high certification scores. This finding was consistently observed across the larger States, with Tasmania, the Australian Capital Territory and the Northern Territory demonstrating more variable patterns (Table 4.20).
Certification score	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	_
			Me	dian entry p	period (days)					
1-<66.701	11	30	30	21	19	47	6	_	21	
66.701–<74.151	19	32	46	30	20	48	9	150	28	
74.151-<80.151	20	40	52	37	37	52	35	34	35	
80.151-<86.341	36	37	63	47	33	42	83	101	43	
86.341-high	41	48	52	43	56	48	63	7	48	
Total	22	35	50	36	36	46	57	61	34	
			N	lumber of a	dmissions					
1-<66.701	2,910	2,531	842	454	211	180	1	_	7,129	
66.701-<74.151	2,920	2,008	1,114	459	477	236	32	12	7,258	
74.151-<80.151	2,443	1,762	1,584	512	696	218	83	38	7,336	
80.151-<86.341	2,335	1,492	1,676	633	1,057	213	109	21	7,536	
86.341-high	2,391	1,194	1,154	1,061	1,247	82	189	14	7,332	
Total	12,999	8,987	6,370	3,119	3,688	929	414	85	36,591	

Table 4.20: Residents entering all services, by certification score of service and State/Territory

Note: New services are excluded from the analysis.

#### Low care services

For residents admitted to low care services, median entry period generally increased with the certification score. Median entry period for homes with a low certification score was 50 days, while that for homes with a high certification score was 62 days. This pattern was not consistent across the States and Territories (Table 4.21).

Certification score	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	
				Median en	try period (c	lays)				
1–<71.231	49	47	60	55	76	102	33	86	50	
71.231-<77.931	54	49	58	48	68	89	87	74	54	
77.931-<82.841	57	56	61	56	77	55	102	61	60	
82.841-<87.551	55	54	62	59	66	46	81	120	57	
87.551–high	55	59	60	52	79	82	119	11	62	
All low care	53	50	61	54	74	73	90	29	56	
				Number	of admissio	ns				
1-<71.231	906	1,388	315	212	26	81	11	5	2,894	
71.231-<77.931	832	1,159	675	252	183	123	21	16	3,261	
77.931-<82.841	870	661	912	330	363	74	24	3	3,237	
82.841-<87.551	1,106	670	802	402	436	18	58	2	3,494	
87.551–high	1,226	794	670	473	669	30	107	7	3,976	
All low care	4,940	4,622	3,374	1,669	1,677	326	221	33	16,862	

Table 4.21: Residents entering low care services, by certification score of service and State/Territory

Note: New services are excluded from the analysis.

#### High care services

For residents admitted to high care services, median entry period again generally increased with the certification score. Median entry period for homes with a low certification score was 18 days, while that for homes with a high certification score was 28 days. This pattern was not consistently observed across the States and Territories (Table 4.22).

Certification score	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	
			Ν	ledian entr	y period (da	ys)				
1-< 64.291	8	28	31	14	15	43	6	_	18	
64.291-<70.941	11	23	29	20	15	40	—	194	17	
70.941-<77.391	12	28	35	22	18	35	15	17	19	
77.391-<83.401	14	28	61	20	15	39	—	134	24	
83.401-high	19	26	51	32	28	33	39	9	28	
All high care	12	26	41	23	20	38	27	79	21	
				Number of	fadmissions	;				
1-<64.291	1,824	1,443	525	232	113	106	1	—	4,244	
64.291-<70.941	1,807	997	672	281	271	121	_	7	4,156	
70.941-<77.391	1,733	573	581	265	428	81	83	16	3,760	
77.391-<83.401	1,503	777	682	189	604	142	_	20	3,917	
83.401-high	1,192	575	536	483	595	153	109	9	3,652	
All high care	8,059	4,365	2,996	1,450	2,011	603	193	52	19,729	

Table 4.22: Residents entering high care services, by certification score of service and State/Territory

Note: New services are excluded from the analysis.

#### 4.10 Summary

There were substantial differences in median entry period between the **States and Territories**. When all residents are taken together, median entry period varied from 22 days in New South Wales to 61 days in the Northern Territory. For residents admitted to low care services, the variation was from 29 days in the Northern Territory to 90 days in the Australian Capital Territory. For high care, median entry period ranged from 12 days in New South Wales to 79 days in the Northern Territory.

The **provision ratio** (i.e. the number of places per 1,000 people aged 70 and over in the region in which the relevant service was located) had a modest effect on entry period. For all residents, a higher level of supply was related to a median entry period around 6 days shorter than where there was a lower level of supply. When these effects were examined separately for low and high care services, the effect was more pronounced for high care residents (a difference of 12 days in the median entry period) than for low care residents (a difference of 4 days in the median entry period). These effects were not consistently observed in the States and Territories.

**Place of assessment** had a very substantial impact on median entry period, with those assessed in hospital having a median entry period approximately 51 days shorter than those assessed at home. When this pattern was explored separately with regard to low care and high care services, the difference between the two places of assessment reduced slightly, to 47 and 40 days, respectively. This effect was observed consistently in all States and Territories.

**Auspice** also emerged as a significant factor, with private for-profit services having a median entry period 26 days shorter than that for charitable services and 29 days shorter than that for religious services. When the low and high care services are examined separately, this difference persists, although it becomes substantially smaller. For residents entering low care services, the median entry period was 7–10 days shorter for private for-profit homes than for those entering charitable or religious homes. For residents entering high care services, the median entry period was 11 days shorter for charitable homes than for private for-profit homes. The larger difference which occurs when all residents are examined together is a result of the preponderance of private for-profit homes in the high care sector. These differences were generally observed across all States and Territories, although there were occasional exceptions.

**Co-location** of homes also appeared to affect median entry period, with non-colocated homes having a median entry period around 16 days shorter than co-located homes. This pattern persisted at a more moderate level when low and high care services were examined separately. The differences were 8 days for low care services and 9 days for high care services. This difference was observed in all States, but the trend was in the reverse direction in the two Territories.

At the national level, median entry period also differed according to **region**. Median entry period was somewhat shorter in the remote areas and in capital cities, than in other metropolitan or rural regions. The pattern changed somewhat when low care and high care services were observed separately. For low care, median entry period was shortest in remote regions and longest in capital cities, with other metropolitan and rural areas lying in between. For high care, remote areas also had the shortest entry period: 6 days shorter than that for capital cities. These differences were modest, however, and subject to State/Territoty based variations.

**Certification score** was related to median entry period; median entry period was 27 days longer for services with high certification scores than for those with low certification scores. The pattern was observed for both low and high care services. For low care services, median entry period was 12 days longer for residents entering services with high certification scores compared to those with low certification scores, and the finding was not consistently observed across the States and Territories. For high care services, median entry period was 10 days longer for services with high certification scores than for those with low certification scores, and again the finding was not consistently observed across the States and Territories.

## Section 5

Multivariate models predicting entry period

The data presented in Chapters 3 and 4 demonstrate that, at the bivariate level, a number of variables influence median entry period. These include variables that relate to characteristics of the individual (Chapter 3) as well as variables that relate to the service system (Chapter 4). A number of variables were found to be related to median entry period. The problem with these relationships, however, was that many variables were interrelated, and hence a multivariate model was developed to examine the effects of each variable taking into account the effect of other variables. The strategy adopted was the use of a base model consisting of 11 variables which were related to median entry period in the bivariate analyses,

(age, sex, dependency, marital status, usual living arrangements, use of respite care, use of a care package, assessment location, whether the service is co-located, auspice of the service, and provision ratio in the region). The effect of these variables was reviewed, and then the effect of several additional variables considered in the context of the base model. A final model was then developed.

Throughout this Section and Section 6: for all resident models, N=37,793; for low care resident models, N=14,650; and for high care resident models, N=23,143.

#### 5.1 The base model: low and high care residents

The base model for all care levels is presented in Table 5.1. Taking into account the combined effect of the 11 variables, 14.6% of the variance in entry period was explained. Thus, although a number of these variables do affect entry period, it is clear that the vast majority of variance in entry period remains unexplained.

#### Negligible effects: age, sex, marital status, and provision ratio

When the effects of the 11 variables are considered together, the apparent effects observed at the bivariate level all but disappear for four of the variables. These are age, sex, marital status, and provision ratio. The parameter estimates for these variables are small, and they have a high associated standard error.

The absence of an effect for provision ratio is of particular interest. Taking into account the effect of other variables, the parameter estimate of -0.122 indicates that an increase of one place in the provision ratio will reduce the number of days between assessment and entry by 0.12 days. The parameter estimate is subject to a standard error of 0.021. On the basis of that parameter estimate, if the provision ratio in a particular region is increased by 10 places per 1,000 people aged 70 and over, then the entry period for residents entering homes in the region will reduce by only 1.2 days on average.

#### Modest effects: co-location and living alone

For two variables, modest effects continued to be observed when the effects of all variables in the equation were taken into account. Residents entering co-located homes were likely to have an entry period 6 days longer than those entering non-co-located homes. Residents who lived alone were likely to have an entry period 5 days shorter than those with other living arrangements.

## More substantial effects: RCS level, prior respite care, prior use of a care package, location of assessment, and auspice of service

The remaining five variables had quite substantial effects on entry period. Residents who were admitted to RCS 1–4 level care had an entry period 16 days shorter than those admitted to RCS 5–8 level care. Persons who had a period of respite care prior to permanent admission had on average 30 more days between assessment and admission than those who did not. Similarly, persons who were a recipient of a care package had an entry period that was on average 20 days longer than those who did not. Controlling for the effects of other variables, the location of the ACAT assessment continues to be an important variable. For those whose assessment occurred in hospital, entry period was on average 35 days shorter than those for whom the location of assessment was elsewhere. Finally, auspice remains a significant variable, with those admitted to a private for-profit facility having an entry period on average 11 days shorter than those admitted to other types of facilities.

Root MSE		74.182
Dependent mean		66.121
Coefficient of variation		112.192
R-Square		0.146
Adj R-Sq		0.146
Variable	Parameter estimate	Standard error
Intercept	95.758	4.208
Age	0.021	0.046
Sex	-1.716	0.857
RCS	-15.879	0.914
Respite	29.460	0.836
CACP	20.401	1.834
Marital status	-1.623	0.934
Usual cohabitation	-4.482	0.870
Assessment location	-35.244	0.824
Co-located	5.552	0.902
Auspice	-10.900	0.954
Provision ratio	-0.122	0.021

## Table 5.1: Base model – entry period estimate for all residents

#### The base model: low care residents

As was noted in the discussion of bivariate relationships at the beginning of this chapter, some of the observed trends differed between the low care and high care resident groups. For this reason, the base model was run separately for low and high care residents. The total explained variance in this model was 9.4%, again indicating

that a large proportion of the variance in entry period remains unexplained (Table 5.2).

## Negligible effects: need for technical nursing, marital status, living arrangements, and provision ratio

As was the case when the base model was run on all residents, provision ratio had essentially no effect on entry period once the effect of other variables was taken into account, with a very small parameter estimate and a standard error of almost equal size (parameter estimate –0.092; standard error 0.084). The item on need for technical nursing care was added to the base model for low care residents as an indicator of higher levels of dependency among low care residents (a need that some low care services may find difficult to accommodate). This variable had no effect on entry period for low care residents.

Marital status and usual cohabitation (living alone) had virtually no impact on entry period for residents in the RCS 5–8 group. These variables had a high associated standard error.

#### Modest effects: age, sex, co-location, and auspice

For low care residents, age was observed to have a modest effect on entry period; a 10-year increase in age was associated with a 4-day increase in entry period. On average, men had an entry period that was 5 days shorter than women. Residents entering a co-located service had an entry period that was longer by 7 days. Those entering a service run by a private for-profit organisation had an entry period which was on average 6 days shorter than those for other organisational types.

## More substantial effects: prior respite care, prior use of a care package, and location of assessment

Use of respite care or a care package prior to admission for permanent care had a substantial effect on entry period. Taking all other variables in the equation into account, use of respite care increased the entry period by 34 days, while use of a care package increased the entry period by 31 days. As was the case in the model for all residents, assessment location was also an important factor. For persons entering residential care with an RCS 5–8 classification, being assessed in hospital reduced the entry period by 39 days.

care residents	
Root MSE	82.902
Dependent mean	85.751
Coefficient of variation	96.678
R-Square	0.094
Adj R-Sq	0.093

Table 5.2: Base model – entry period estimate for low

Variable	Parameter estimate	Standard error
Intercept	58.167	7.792
Age	0.356	0.086
Sex	-5.023	1.545
Technical nursing	-0.579	0.356
Marital status	-1.888	1.634
Usual cohabitation	0.186	1.485
Respite	34.034	1.391
CACP	30.907	3.171
Assessment location	-38.517	1.462
Co-located	6.462	1.413
Auspice	-6.002	2.228
Provision ratio	-0.092	0.084

#### The base model: high care residents

When the base model was run for high care residents, the total explained variance was 13.5%. Again the majority of variance in entry period remains unexplained by the model (Table 5.3).

## Negligible effects: age, sex, need for technical nursing, marital status and provision ratio

For high care residents, neither the sex of the resident nor the need for technical nursing had any observable effect on entry period. Similarly marital status had virtually no effect, and there was also little effect on entry period associated with increasing age. These variables had a high associated standard error.

As was the case for the low care and all care level base models, provision ratio did not appear to affect entry period. Thus, according to the parameter estimates presented here, an increase of 10 high care places per 1,000 persons aged 70 and over in the region results in only a 3-day reduction in entry period.

#### Modest effects: living alone, co-location, and auspice

For high care residents, those who lived alone had an entry period that was on average 8 days shorter than those with other living arrangements, taking all other variables in the equation into account. Residents who were admitted to co-located homes had on average a 4-day longer entry period than those admitted to other types of homes. Residents admitted to private for-profit homes had on average an entry period that was 12 days shorter than those admitted to homes auspiced by another kind of organisation.

## More substantial effects: prior respite care, prior use of a care package, and location of assessment

Prior use of respite care was again an important factor in extending entry period (an additional 26 days). Use of a care package also extended the entry period for high care residents (by 14 days). For those residents who were assessed in hospital, the entry period was on average 33 days shorter than for those for whom an assessment was conducted elsewhere.

Root MSE		67.194
Dependent mean		52.583
Coefficient of variation		127.785
R-Square		0.135
Adj R-Sq		0.135
Variable	Parameter estimate	Standard error
Intercept	99.949	4.518
Age	-0.166	0.052
Sex	0.646	0.992
Technical nursing	-0.381	0.109
Marital status	-1.126	1.103
Usual cohabitation	-7.902	1.043
Respite	26.168	1.041
CACP	13.701	2.180
Assessment location	-32.688	0.993
Co-located	4.046	1.175
Auspice	-11.732	1.042
Provision ratio	-0.260	0.031

## Table 5.3: Base model—entry period estimate for high care residents

#### 5.2 Alternative versions of the dependent variable

The structure of the dependent variable, entry period, is such that it presents difficulties for use in linear regression models. The variable has a highly skewed

distribution, with a very long tail. This distribution is evident when all residents are considered, low care residents only or high care residents only. This pattern is demonstrated by the very high standard deviation associated with the dependent variable (see Appendix Tables B2, B3, B4).

Several alternative forms of the dependent variable were explored in order to establish whether the observed patterns were robust and in an attempt to improve the explained variance. One of these alternative versions is presented below. In Tables 5.4, 5.5 and 5.6 the dependent variable, entry period, was logged (ln(EP+1)). This version of the base model is presented for residents at all care levels, for low care residents and for high care residents. While the size of the parameter estimates changes (as would be expected), the direction of the association remains constant and the explained variance is virtually unchanged.

The testing of alternative versions of the dependent variable provided an indication that the model is relatively robust, and not unduly affected by the highly skewed nature of the dependent variable.

Root MSE	1.419
Dependent mean	3.332
Coefficient of variation	42.590
R-Square	0.151
Adj R-Sq	0.151

Table 5.4: Base model—ln(EP+1) estimate for all residents

Variable	Parameter estimate	Standard error
Intercept	3.807	0.081
Age	0.002	0.001
Sex	-0.014	0.016
RCS	-0.408	0.017
Respite	0.658	0.016
CACP	0.420	0.035
Marital status	-0.018	0.018
Usual cohabitation	-0.046	0.017
Assessment location	-0.506	0.016
Co-located	0.143	0.017
Auspice	-0.238	0.018
Provision ratio	-0.003	0.000

Root MSE	1.357
Dependent mean	3.767
Coefficient of variation	36.033
R-Square	0.094
Adj R-Sq	0.094

## Table 5.5: Base model – ln(EP+1) estimate for low care residents

Variable	Parameter estimate	Standard error
Intercept	3.038	0.128
Age	0.007	0.001
Sex	-0.080	0.025
Technical nursing	-0.014	0.006
Marital status	-0.012	0.027
Usual cohabitation	0.062	0.024
Respite	0.683	0.023
CACP	0.529	0.052
Assessment location	-0.469	0.024
Co-located	0.150	0.023
Auspice	-0.119	0.036
Provision ratio	-0.001	0.001

Root MSE	1.449
Dependent mean	3.032
Coefficient of variation	47.783
R-Square	0.120
Adj R-Sq	0.120

Table 5.6: Base model – ln(EP+1) estimate for high care residents

Variable	Parameter estimate	Standard error
Intercept	3.954	0.097
Age	-0.001	0.001
Sex	0.029	0.021
Technical nursing	-0.008	0.002
Marital status	-0.012	0.024
Usual cohabitation	-0.118	0.023
Respite	0.633	0.022
CACP	0.347	0.047
Assessment location	-0.507	0.021
Co-located	0.125	0.025
Auspice	-0.225	0.022
Provision ratio	-0.011	0.001

#### 5.3 The impact of additional variables

The base model having been established, the next step was to explore a series of variables which might be expected to influence entry period. These variables were included sequentially. The first set of runs included preferred language, size of home, region , and the need for technical nursing. The second set of runs included concessional resident status. The third set of runs included outcomes and standards measures, and the fourth set certification score. The fifth set included a dementia scale and the sixth a personal care scale. The seventh set of runs involved substituting actual usage rates for provision ratio, and the final set an expanded set of indicators measuring provision ratio.

#### Preferred language, size of home, region, and the need for technical nursing

#### Low and high care services

Preferred language, size of home or the need for technical nursing had no discernible effect on entry period when the effects of other variables were taken into account. Region had a modest effect, with those admitted to an aged care service in a capital city or other metropolitan area having an entry period on average 6.5 days longer than those in rural or remote areas (Table 5.7).

#### Low care services

For low care services, preferred language, size of home or the need for technical nursing had any discernible effect on entry period when the effects of other variables were taken into account. Region had a modest effect, with those admitted to an aged care service in a capital city or other metropolitan area having an entry period on average 9 days longer than those in rural or remote areas (Table 5.8).

#### High care services

For high care services, neither size of home nor the need for technical nursing had any effect on entry period when the effects of other variables were taken into account. Preferred language did, however, have a modest effect, with those for whom English was the preferred language having an entry period on average 6 days shorter than those for whom English was not the preferred language. Region also had a modest effect, with those admitted to an aged care service in a capital city or other metropolitan area having an entry period on average 6 days longer than those in rural or remote areas (Table 5.9).

## Table 5.7: Entry period estimate for all residents including additional variables (preferred language, places, region and need for technical nursing)

Root MSE	74.118
Dependent mean	66.121
Coefficient of variation	112.094
R-Square	0.148
Adj R-Sq	0.148

Variable	Parameter estimate	Standard error
Intercept	98.146	4.416
Age	0.023	0.046
Sex	-1.426	0.858
RCS	-13.868	1.062
Respite	29.559	0.837
CACP	20.308	1.833
Marital status	-1.713	0.935
Usual cohabitation	-4.390	0.873
Assessment location	-35.111	0.833
Co-located	5.794	0.908
Auspice	-12.128	0.983
Provision ratio	-0.146	0.022
Preferred language	-2.766	1.433
Places	-0.036	0.010
Region	6.512	0.921
Technical nursing	-0.302	0.112

# Table 5.8: Entry period estimate for low care residents including additional variables (preferred language, places, region and need for technical nursing)

Root MSE	82.821
Dependent mean	85.751
Coefficient of variation	96.584
R-Square	0.095
Adj R-Sq	0.095

Variable	Parameter estimate	Standard error
Intercept	47.287	8.330
Age	0.361	0.086
Sex	-4.676	1.545
Technical nursing	-0.506	0.356
Marital status	-1.681	1.634
Usual cohabitation	-0.133	1.489
Respite	34.373	1.392
CACP	31.042	3.168
Assessment location	-38.776	1.462
Co-located	6.504	1.455
Auspice	-7.760	2.248
Provision ratio	-0.020	0.085
Preferred language	3.651	2.944
Places	-0.032	0.018
Region	8.742	1.527

Table 5.9: Entry period estimate for high care residents
including additional variables (preferred language,
places, region and need for technical nursing)

Root MSE	67.117
Dependent mean	52.584
Coefficient of variation	127.639
R-Square	0.137
Adj R-Sq	0.137

Variable	Parameter estimate	Standard error
Intercept	106.505	4.763
Age	-0.166	0.052
Sex	0.871	0.992
Technical nursing	-0.360	0.109
Marital status	-1.399	1.103
Usual cohabitation	-7.340	1.048
Respite	26.533	1.041
CACP	13.762	2.178
Assessment location	-32.907	0.992
Co-located	4.086	1.175
Auspice	-13.071	1.070
Provision ratio	-0.312	0.032
Preferred language	-6.069	1.552
Places	-0.040	0.012
Region	6.101	1.158

#### **Concessional residents**

#### Low and high care services

Concessional residents had a marginally shorter entry period (3 days) than nonconcessional residents (Table 5.10).

#### Low care services

For low care services, concessional residents had a marginally shorter entry period (4.6 days) than non-concessional residents (Table 5.11).

#### High care services

For high care services, concessional status had little effect on entry period, with concessional residents having a shorter entry period by only 2 days than non-concessional residents (Table 5.12).

Table 5.10: Base model – entry period estimate for a	111
residents, including the concessional status variabl	e

Root MSE	74.168
Dependent mean	66.121
Coefficient of variation	112.169
R-Square	0.147
Adj R-Sq	0.147

Variable	Parameter estimate	Standard error
Intercept	99.523	4.308
Age	0.000	0.046
Sex	-1.645	0.857
RCS	-15.904	0.914
Respite	29.424	0.836
CACP	20.326	1.833
Marital status	-1.732	0.934
Usual cohabitation	-5.118	0.883
Assessment location	-35.230	0.824
Co-located	5.429	0.902
Auspice	-10.926	0.954
Provision ratio	-0.123	0.021
Concessional status	-3.212	0.794

Table 5.11: Base model – entry period estimate for low care residents, including the concessional status variable

Root MSE	82.876
Dependent mean	85.751
Coefficient of variation	96.647
R-Square	0.094
Adj R-Sq	0.093

Variable	Parameter estimate	Standard error
Intercept	64.407	8.015
Age	0.315	0.087
Sex	-4.970	1.544
Technical nursing	-0.547	0.356
Respite	33.926	1.391
CACP	30.746	3.170
Marital status	-1.924	1.633
Usual cohabitation	-0.625	1.505
Assessment location	-38.490	1.462
Co-located	6.248	1.414
Auspice	-6.413	2.231
Provision ratio	-0.097	0.084
Concessional status	-4.599	1.394

Table 5.12: Base model - entry period estimate for high
care residents, including the concessional status
variable

Root MSE	67.190
Dependent mean	52.584
Coefficient of variation	127.777
R-Square	0.135
Adj R-Sq	0.135

Variable	Parameter estimate	Standard error
Intercept	101.892	4.615
Age	-0.176	0.052
Sex	0.695	0.992
Technical nursing	-0.380	0.109
Respite	26.158	1.040
CACP	13.672	2.180
Marital status	-1.222	1.104
Usual cohabitation	-8.315	1.062
Assessment location	-32.688	0.993
Co-located	3.999	1.175
Auspice	-11.701	1.042
Provision ratio	-0.260	0.031
Concessional status	-1.924	0.935

#### **Outcomes and standards**

#### Low and high care services

Two scales were created as indicators of performance against the accreditation standards for each of the residential aged care services. Neither scale had a discernible effect on entry period (Table 5.13).

#### Low care services

For low care services, neither measure of performance against the accreditation standards had a discernible effect on entry period (Table 5.14).

#### High care services

For high care services, neither measure of performance against the accreditation standards had a discernible effect on entry period (Table 5.15).

Root MSE	74.168	
Dependent mean	66.087	
Coefficient of variation	112.228	
R-Square	0.148	
Adj R-Sq	0.148	

Table 5.13: Entry period estimate for all residents,
including the outcomes and standards scales

Variable	Parameter estimate	Standard error
Intercept	82.898	13.072
Age	0.019	0.047
Sex	-1.532	0.870
RCS	-15.749	0.937
Respite	29.344	0.847
CACP	21.191	1.865
Marital status	-1.644	0.948
Usual cohabitation	-4.544	0.882
Assessment location	-35.282	0.836
Co-located	5.337	0.918
Auspice	-11.607	0.987
Provision ratio	-0.122	0.022
Standards scale	-1.017	0.631
Outcomes scale	0.246	0.188

# Table 5.14: Entry period estimate for low care residents, including the outcomes and standards scales

Root MSE	83.092
Dependent mean	86.006
Coefficient of variation	96.612
R-Square	0.094
Adj R-Sq	0.093

Variable	Parameter estimate	Standard error
Intercept	52.108	22.180
Age	0.385	0.088
Sex	-4.599	1.577
Technical nursing	-0.523	0.362
Marital status	-1.614	1.666
Usual cohabitation	-0.314	1.515
Respite	33.787	1.415
CACP	32.442	3.253
Assessment location	-38.725	1.490
Co-located	6.191	1.453
Auspice	-6.082	2.460
Provision ratio	-0.080	0.085
Standards scale	0.648	1.092
Outcomes scale	-0.022	0.312

Table 5.15: Entry period estimate for high care
residents, including the outcomes and standards scales

Root MSE	67.065
Dependent mean	52.483
Coefficient of variation	127.784
R-Square	0.136
Adj R-Sq	0.136

Variable	Parameter estimate	Standard error
Intercept	76.313	15.779
Age	-0.180	0.052
Sex	0.628	1.002
Technical nursing	-0.343	0.110
Marital status	-1.368	1.115
Usual cohabitation	-7.546	1.055
Respite	26.208	1.052
CACP	14.163	2.205
Assessment location	-32.691	1.004
Co-located	3.616	1.190
Auspice	-12.544	1.064
Provision ratio	-0.265	0.031
Outcomes scale	0.461	0.230
Standards scale	-1.849	0.755

#### **Certification score**

#### Low and high care services

The certification score was found to have a modest effect on entry period, with a parameter estimate of 0.307. This means that for a 10-point increase in certification score (maximum score was 100), entry period increased by 3 days (Table 5.16).

#### Low care services

For low care services, certification score again had a modest effect on entry period, with a parameter estimate of 0.444. This can be interpreted as a 10-point increase in certification score being equivalent to an entry period increase of 4 days (Table 5.17).

#### High care services

For high care services, certification score had a modest effect on entry period, with a parameter estimate of 0.19. This can be understood as a 10-point increase in certification score being equivalent to an entry period increase of 2 days (Table 5.18).

Table 5.16: Base model – entry period estimate for all
residents, including the certification score variable

Root MSE	74.315
Dependent mean	66.575
Coefficient of variation	111.626
R-Square	0.148
Adj R-Sq	0.148

Variable	Parameter estimate	Standard error
Intercept	71.710	5.160
Age	0.008	0.047
Sex	-1.729	0.872
RCS	-14.911	0.933
Respite	29.358	0.848
CACP	20.931	1.858
Marital status	-1.835	0.949
Usual cohabitation	-4.501	0.884
Assessment location	-35.143	0.836
Co-located	5.800	0.918
Auspice	-9.708	0.989
Provision ratio	-0.114	0.022
Certification score	0.307	0.035

Table 5.17: Base model – entry period estimate for low care residents, including the certification score variable

Root MSE	82.861
Dependent mean	85.934
Coefficient of variation	96.425
R-Square	0.097
Adj R-Sq	0.096

Variable	Parameter estimate	Standard error
Intercept	25.901	9.199
Age	0.339	0.087
Sex	-5.000	1.555
Technical nursing	-0.545	0.357
Respite	33.700	1.399
CACP	30.818	3.194
Marital status	-2.256	1.644
Usual cohabitation	0.104	1.496
Assessment location	-38.396	1.470
Co-located	7.176	1.426
Auspice	-6.670	2.299
Provision ratio	-0.125	0.084
Certification score	0.444	0.064

Table 5.18: Base model – entry period estimate for high care residents, including the certification score variable

care residents, including the certification score variable	
Root MSE	67.297
Dependent mean	52.891
Coefficient of variation	127.238
R-Square	0.136
Adj R-Sq	0.136

Variable	Parameter estimate	Standard error
Intercept	85.982	5.679
Age	-0.183	0.053
Sex	0.629	1.013
Technical nursing	-0.345	0.111
Respite	26.189	1.061
CACP	14.584	2.215
Marital status	-1.236	1.126
Usual cohabitation	-7.962	1.066
Assessment location	-32.625	1.012
Co-located	4.035	1.203
Auspice	-10.866	1.087
Provision ratio	-0.249	0.031
Certification score	0.190	0.041

#### Dementia

#### Low and high care services

A dementia scale was created as an indicator of those residents who had behavioural or cognitive difficulties. The presence of behavioural or cognitive difficulties had no influence on entry period (Table 5.19).

#### Low care services

Similarly, for low care services the presence of behavioural or cognitive difficulties did not appear to influence entry period (Table 5.20).

#### High care services

For high care services, there was no discernible difference in entry period for residents with behavioural or cognitive difficulties compared to those without such difficulties (Table 5.21).

Table 5.19: Entry period estimate for all residents, including the dementia scale		
Root MSE	74.181	
Dependent mean	66.121	
Coefficient of variation	112.189	
R-Square	0.147	
Adj R-Sq	0.146	

Variable	Parameter estimate	Standard error
Intercept	94.686	4.249
Age	0.027	0.046
Sex	-1.793	0.858
RCS	-16.643	1.007
Respite	29.396	0.837
CACP	20.270	1.835
Marital status	-1.581	0.934
Usual cohabitation	-4.469	0.870
Assessment location	-35.132	0.826
Co-located	5.530	0.902
Auspice	-10.922	0.954
Provision ratio	-0.123	0.021
Dementia scale	0.178	0.098

Table 5.20: Entry period estimate for low care resi	dents,
including the dementia scale	

Root MSE	82.898
Dependent mean	85.751
Coefficient of variation	96.673
R-Square	0.094
Adj R-Sq	0.093

Variable	Parameter estimate	Standard error
Intercept	60.856	7.976
Age	0.339	0.087
Sex	-4.991	1.545
Technical nursing	-0.592	0.356
Marital status	-1.949	1.634
Usual cohabitation	0.135	1.485
Respite	34.106	1.391
CACP	31.187	3.176
Assessment location	-38.550	1.462
Co-located	6.571	1.415
Auspice	-5.811	2.232
Provision ratio	-0.092	0.084
Dementia scale	-0.324	0.206

residents, including the dementia scale		
Root MSE	67.182	
Dependent mean	52.584	
Coefficient of variation	127.762	
R-Square	0.135	
Adj R-Sq	0.135	

Table 5.21: Entry period estimate for high care

Variable	Parameter estimate	Standard error
Intercept	96.159	4.681
Age	-0.159	0.052
Sex	0.415	0.995
Technical nursing	-0.298	0.112
Marital status	-1.027	1.103
Usual cohabitation	-7.872	1.043
Respite	26.092	1.041
CACP	13.559	2.180
Assessment location	-32.494	0.995
Co-located	4.062	1.175
Auspice	-11.785	1.042
Provision ratio	-0.263	0.031
Dementia scale	0.336	0.109

#### Personal care needs

#### Low and high care services

A personal care scale was created to identify those residents with a very high level of personal care needs. The presence of a high level of personal care needs did not appear to influence entry period (Table 5.22).

#### Low care services

For low care services, a similar effect was observed, with a high level of personal care needs not influencing entry period (Table 5.23).

#### High care services

For high care services, there was no discernible difference in entry period for residents with a high level of personal care needs compared to those with a lower level of personal care needs (Table 5.24).

Table 5.22: Entry period estimate for all residents, including the personal care scale		
Root MSE	74.184	
Dependent mean	66.121	
Coefficient of variation	112.193	
R-Square	0.147	
Adj R-Sq	0.146	

Variable	Parameter estimate	Standard error
Intercept	95.983	4.235
Age	0.022	0.046
Sex	-1.733	0.858
RCS	-15.371	1.423
Respite	29.460	0.836
CACP	20.415	1.834
Marital status	-1.629	0.934
Usual cohabitation	-4.521	0.874
Assessment location	-35.205	0.828
Co-located	5.554	0.902
Auspice	-10.879	0.955
Provision ratio	-0.122	0.021
Personal scale	-0.064	0.137

Table 5.23: Entry period for low care residents,
including the personal care scale

Root MSE	82.869
Dependent mean	85.751
Coefficient of variation	96.639
R-Square	0.094
Adj R-Sq	0.094

Variable	Parameter estimate	Standard error
Intercept	59.949	7.804
Age	0.382	0.087
Sex	-5.442	1.548
Technical nursing	-0.416	0.358
Marital status	-1.786	1.633
Usual cohabitation	-0.095	1.487
Respite	34.284	1.392
CACP	31.643	3.176
Assessment location	-38.021	1.468
Co-located	6.399	1.413
Auspice	-5.447	2.233
Provision ratio	-0.090	0.084
Personal care scale	-0.911	0.249

residents, including the personal care scale		
Root MSE	67.185	
Dependent mean	52.584	
Coefficient of variation	127.767	
R-Square	0.135	
Adj R-Sq	0.135	

Table 5.24: Entry period estimate for high care

Variable	Parameter estimate	Standard error
Intercept	94.907	4.875
Age	-0.173	0.052
Sex	0.744	0.992
Technical nursing	-0.480	0.115
Marital status	-1.035	1.103
Usual cohabitation	-7.561	1.051
Respite	26.221	1.041
CACP	13.734	2.180
Assessment location	-32.798	0.994
Co-located	4.025	1.175
Auspice	-11.762	1.042
Provision ratio	-0.258	0.031
Personal scale	0.462	0.168

#### Usage rate

#### Low and high care services

As provision ratio in the region had not been found to have a discernible effect on entry period, it was hypothesised that actual use rates might prove to be a better indicator, and should be tested as an alternative to provision ratio in the base model. Usage rate was found to have no discernible impact on entry period (Table 5.25).

#### Low care services

For low care services, usage rate was found to have no discernible impact on entry period (Table 5.26).

#### High care services

For high care services, usage rate was found to have no discernible impact on entry period (Table 5.27).

### Table 5.25: Base model – entry period estimate for all residents, replacing provision ratio with usage ratio

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Root MSE	74.183
Dependent mean	66.121
Coefficient of variation	112.193
R-Square	0.146
Adj R-Sq	0.146

Variable	Parameter estimate	Standard error
Intercept	90.896	3.906
Age	0.009	0.046
Sex	-1.657	0.857
RCS	-15.931	0.914
Respite	29.415	0.836
CACP	20.376	1.834
Marital status	-1.443	0.934
Usual cohabitation	-4.638	0.869
Assessment location	-35.320	0.824
Co-located	5.496	0.902
Auspice	-10.910	0.954
Usage ratio	-0.055	0.010

## Table 5.26: Base model – entry period estimate for low care residents, replacing provision ratio with usage ratio

care residents, replacing provision ratio with	usage ratio
Root MSE	82.902
Dependent mean	85.750
Coefficient of variation	96.678
R-Square	0.094
Adj R-Sq	0.093

Variable	Parameter estimate	Standard error
Intercept	57.799	7.760
Age	0.352	0.086
Sex	-5.022	1.545
Technical nursing	-0.582	0.356
Respite	34.039	1.391
CACP	30.943	3.171
Marital status	-1.830	1.633
Usual cohabitation	0.187	1.485
Assessment location	-38.514	1.462
Co-located	6.388	1.411
Auspice	-5.814	2.221
Usage ratio (low)	-0.093	0.092

care residents, replacing provision ratio with usage ratio	
Root MSE	67.237
Dependent mean	52.583
Coefficient of variation	127.868
R-Square	0.134
Adj R-Sq	0.133

Table 5.27: Base model – entry period estimate for high

Variable	Parameter estimate	Standard error
Intercept	93.215	4.365
Age	-0.175	0.052
Sex	0.802	0.993
Technical nursing	-0.366	0.109
Respite	25.885	1.041
CACP	13.393	2.182
Marital status	-0.939	1.104
Usual cohabitation	-8.275	1.043
Assessment location	-32.933	0.994
Co-located	4.222	1.177
Auspice	-12.521	1.036
Usage ratio (high)	-0.082	0.012

#### Additional indicators of provision ratio

#### Low and high care services

For low and high care services combined, provision ratio had been found to have no discernible impact on entry period. To test for the possible effect of the availability of other services in the region, the care package provision ratio was added to the model. Care package provision ratio in the region was found to have no discernible impact on entry period (Table 5.28).

#### Low care services

For low care services, the low care provision ratio had been found to have no discernible impact on entry period. To test for the possible effect of the availability of other types of services in the region, the provision ratio for high care services and the provision ratio for care packages were added to the equation. The provision ratio for high care services and the provision ratio for care packages were found to have no discernible impact on entry period (Table 5.29).

#### High care services

For high care services, the high care provision ratio had been found to have no discernible impact on entry period. To test for the possible effect of the availability of other types of services in the region, the provision ratio for low care services and the

provision ratio for care packages were added to the equation. The provision ratio for low care services and the provision ratio for care packages were found to have no discernible impact on entry period (Table 5.30).

Table 5.28: Base model – entry period estimate for all residents, including the CACP provision ratio variable

Root MSE	74.184
Dependent mean	66.121
Coefficient of variation	112.193
R-Square	0.147
Adj R-Sq	0.146

Variable	Parameter estimate	Standard error
Intercept	95.286	4.281
Age	0.022	0.046
Sex	-1.727	0.857
RCS	-15.880	0.914
Respite	29.448	0.836
CACP	20.380	1.834
Marital status	-1.634	0.934
Usual cohabitation	-4.475	0.870
Assessment location	-35.241	0.824
Co-located	5.553	0.902
Auspice	-10.895	0.954
Provision ratio	-0.124	0.022
CACP provision ratio	0.063	0.106

Table 5.29: Base model—entry period estimate for low care residents, including the high care and CACP provision ratio variables		
Root MSE	82.844	
Dependent mean	85.751	
Coefficient of variation	96.611	
R-Square	0.095	
Adj R-Sq	0.094	

Variable	Parameter estimate	Standard error
Intercept	65.732	8.059
Age	0.341	0.086
Sex	-5.011	1.544
Technical nursing	-0.584	0.355
Respite	33.869	1.390
CACP	30.330	3.171
Marital status	-2.112	1.633
Usual cohabitation	0.373	1.485
Assessment location	-38.354	1.461
Co-located	6.925	1.417
Auspice	-6.150	2.227
Low care provision ratio	0.011	0.089
High care provision ratio	-0.256	0.053
CACP provision ratio	0.105	0.189

Table 5.30: Base model – entry period estimate for high
care residents including the low care and CACP
provision ratio variables

Root MSE	67.023
Dependent mean	52.584
Coefficient of variation	127.460
R-Square	0.140
Adj R-Sq	0.139

Variable	Parameter estimate	Standard error
Intercept	77.234	5.037
Age	-0.175	0.052
Sex	0.727	0.990
Technical nursing	-0.375	0.109
Respite	26.350	1.039
CACP	13.367	2.175
Marital status	-1.133	1.100
Usual cohabitation	-7.817	1.041
Assessment location	-32.451	0.991
Co-located	4.173	1.173
Auspice	-10.120	1.050
High care provision ratio	-0.341	0.032
Low care provision ratio	0.623	0.058
CACP provision ratio	0.133	0.123

#### 5.4 The minimum model

In regression analysis, it is common to report the model which explains maximum variance given a minimum number of variables. In this particular project, explained variance is not the most significant aspect; the major interest is in the effect of particular variables on entry period. In this project, the absence of an effect is in some instances of as much interest as the presence of an effect.

Nonetheless, a minimum model has been included in this report for the purpose of completeness. Tables 5.31, 5.32 and 5.33 present the minimum model for residents at all care levels, for low care residents, and for high care residents. For all residents, the minimum model produces virtually unchanged variance at 14.7%. The included variables are RCS level, prior use of respite care, prior use of a care package, living alone, location of assessment, a co-located facility, the auspice of the service, and certification score.

For low care residents, explained variance remains virtually unchanged at 9.5%. The included variables are prior use of respite care, prior use of a care package, assessment location, a co-located facility, the auspice of the service, and certification score.
For high care residents, explained variance with a minimum model remains virtually unchanged at 13.3%. The included variables are prior use of respite care, prior use of care packages, living alone, marital status, location of assessment, a co-located facility, the auspice of the service, and certification score.

# Table 5.31: Minimum model – entry period estimate for all residents

74.342
66.575
111.667
0.147
0.147

Variable	Parameter estimate	Standard error
Intercept	60.562	2.994
RCS	-14.957	0.932
Respite	29.341	0.847
CACP	21.107	1.858
Usual cohabitation	-5.047	0.815
Assessment location	-35.238	0.835
Co-located	5.692	0.917
Auspice	-9.835	0.989
Certification score	0.315	0.035

# Table 5.32: Minimum model – entry period estimate for low care residents

Root MSE	82.929
Dependent mean	85.931
Coefficient of variation	96.507
R-Square	0.095
Adj R-Sq	0.094

Variable	Parameter estimate	Standard error
Intercept	44.488	5.227
Respite	33.986	1.393
CACP	31.215	3.194
Assessment location	-39.278	1.447
Co-located	7.479	1.421
Auspice	-6.446	2.288
Certification score	0.450	0.064

Root MSE	67.423
Dependent mean	52.891
Coefficient of variation	127.476
R-Square	0.133
Adj R-Sq	0.133

Table 5.33: Minimum model,	entry period estimate for
high care residents	

Variable	Parameter estimate	Standard error
Intercept	56.643	3.395
Usual cohabitation	-8.133	1.065
Respite	26.175	1.059
CACP	14.419	2.216
Marital status	-2.566	1.006
Assessment location	-33.194	1.000
Co-located	3.712	1.205
Auspice	-12.221	1.077
Certification score	0.222	0.041

## 5.5 Summary

Based on the results of the bivariate analyses presented in Sections 3 and 4, a series of multiple regressions were undertaken using entry period as the dependent variable. Several forms of the entry period variable were examined, and separate sets of analyses were undertaken using all residents, low care residents and high care residents as the study populations. The general finding was that a relatively low proportion of variance was explained (around 14% when all residents are included, 9% for low care residents and 13% for high care residents). Regardless of the independent variables included, then, the vast majority of variance in the dependent variable remains unexplained.

A number of variables were found to have a substantial effect on the dependent variable. For all residents, entry period was substantially shorter for high care residents, for those who had not used respite care prior to admission, for those who had not used a care package prior to admission, for those assessed in hospital, and for those entering a private for-profit service. More modest effects were observed where the home was 'stand-alone', where a resident was living alone at the time of admission, and where homes had a lower certification score. Variables which did not affect entry period in the multivariate model were age, sex, provision ratio, usage rate, accreditation scores, dementia, and severity of personal care needs.

For low care residents, entry period was substantially shorter for those who had not used respite care prior to admission, for those who had not used a care package prior to admission, and for those assessed in hospital. More modest effects were observed for men, younger residents, for those entering a 'stand-alone' home or a private forprofit service, and where homes had a lower certification score. Variables which did not affect entry period in the multivariate model were need for technical nursing, marital status, living arrangements, provision ratio, usage rate, accreditation scores, dementia, and severity of personal care needs.

For high care residents, entry period was substantially shorter for those who had not used respite care prior to admission, for those who had not used a care package prior to admission, and for those assessed in hospital. More modest effects were observed for those living alone at the time of admission, for those entering a 'stand-alone' home or a private for-profit service, and where homes had a lower certification score. Variables which did not affect entry period in the multivariate model were age, sex, need for technical nursing, marital status, provision ratio, usage rate, accreditation scores, dementia, and severity of personal care needs.

# **Section 6**

The final model

On the basis of the results presented in Section 5, a final model was developed. The final model consists of those variables shown to have an effect on entry period, and several key variables often perceived to be important determinants of the length of entry period which have demonstrably no effect in these models. Improved dummy variables were developed for cohabitation and living arrangements, which allowed a clearer interpretation of the effects of different sub categories of these variables.

### 6.1 Low and high care residents

The final model explained 14.9% of the variance. Age, sex and living alone were found to have little or no discernible effect on entry period. These variables had a high associated standard error. Provision ratio, a measure of the supply of services in the local region (i.e. the region where the resident was admitted), similarly had no discernible effect on entry period. According to this model, a decrease of 10 places per 1,000 people aged 70 and over in the local region is associated with only a 1-day increase in entry period. Marital status had a modest effect on entry period; those who were widowed or married entered on average 4 and 9 days after other people (predominantly those who had never married, with some people in de facto relationships, separated or divorced). Persons being admitted to co-located services tended to have longer entry periods (6 days), as did those entering a not-for-profit service (10 days). Those entering a service with a higher certification score also had higher entry periods on average, a 10-point increase in certification score was associated with a 3-day increase in entry period.

The most substantial effects on entry period were associated with whether the resident was being admitted for high or low care, whether they had been in receipt of either respite care or a care package, and whether they had been assessed in hospital or somewhere else. Residents being admitted for low care had an entry period which was on average 15 days longer than those being admitted for high care. Those who had used a care package had an entry period which was 20 days longer than those who had not, while those who had used respite care had an entry period which was 29 days longer. Those whose assessment had taken place somewhere other than a hospital (at their home or in a residential aged care service) had entry periods 35 days longer than those assessed in hospital (Table 6.1).

residents	
Root MSE	74.265
Dependent mean	66.575
Coefficient of variation	111.551
R-Square	0.149
Adj R-Sq	0.149

Table 6.1: Final model – entry period estimate for all

Variable	Parameter estimate	Standard error
Intercept	70.691	5.158
Age	-0.054	0.047
Sex	-2.115	0.873
RCS	-15.469	0.936
Respite	29.140	0.848
CACP	20.475	1.858
Marital status (1)	3.665	1.225
Marital status (2)	9.523	1.342
Usual cohabitation	-2.291	0.937
Assessment location	-35.026	0.836
Co-located	5.592	0.918
Auspice	-9.673	0.989
Certification score	0.299	0.035
Provision ratio	-0.109	0.022

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0.

#### State and Territory differences

The model was tested within jurisdictions, in order to establish whether the findings were robust despite State and Territory differences in patterns of service provision. However, only the larger states had a sufficient number of admissions to allow replication of the model. The results for New South Wales, Victoria, Queensland, Western Australia and South Australia are presented in Appendix D. While intercept terms and parameter estimates necessarily vary to some extent, the broad findings of the national model were consistently observed across these jurisdictions.

#### **Urban-rural differences**

The model was tested for urban and rural areas separately, in order to establish whether the findings were robust for both regions. The results are presented in Appendix E. While intercept terms and parameter estimates necessarily vary to some extent, the broad findings of the national model were consistently observed for both urban and rural regions.

### 6.2 Low care residents

The final model explained 9.8% of the variance. Age and living arrangement were found to have negligible effects on entry period. These variables had a high associated standard error. Provision ratio, a measure of the supply of low care services in the local region (i.e. the region where the resident was admitted), similarly had no discernible effect on entry period. According to this model, a decrease of 10 low care places per 1,000 people aged 70 and over in the local region is associated with only a 1-day increase in entry period. Marital status had a modest effect on entry period; those who were widowed or married entered on average 3 and 12 days after those who were not (predominantly never married people, with some de facto, separated and divorced). Persons being admitted to co-located services tended to have longer entry periods (7 days) than those entering 'standalone' services, as did those entering a not-for-profit service (7 days) compared to those entering for-profit services. Those entering a service with a higher certification score also had longer entry periods. On average, a 10-point increase in certification score was associated with a 4 day increase in entry period.

The most substantial effects on entry period were associated with whether residents had been in receipt of either respite care or a care package prior to admission, and whether they had been assessed in hospital or somewhere else. Residents who had used a care package had an entry period which was 30 days longer than those who had not, while those who had used respite care had an entry period which was 34 days longer than those who had not. Those for whom assessment had taken place somewhere other than a hospital (at their home or in a residential aged care service) had entry periods 38 days longer than those assessed in hospital (Table 6.2).

## Table 6.2: Final model – entry period estimate for low care residents

Root MSE	82.800
Dependent mean	85.934
Coefficient of variation	96.354
R-Square	0.098
Adj R-Sq	0.097

Variable	Parameter estimate	Standard error
Intercept	27.993	9.207
Age	0.235	0.090
Sex	-5.361	1.556
Technical nursing	-0.576	0.357
Respite	33.585	1.398
CACP	30.015	3.196
Marital status (1)	3.429	2.013
Marital status (2)	10.717	3.284
Usual cohabitation (1)	2.973	1.642
Usual cohabitation (2)	2.400	3.337
Assessment location	-38.192	1.472
Co-located	6.907	1.426
Auspice	-6.815	2.298
Certification score	0.433	0.064
Provision ratio	-0.128	0.084

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0.

Marital status (2) = 1 if married, otherwise 0. Usual cohabitation (1) = 1 if living alone, otherwise 0. Usual cohabitation (2) = 1 if living with spouse only,

otherwise 0.

#### State and Territory differences

The model was tested within jurisdictions, in order to establish whether the findings were robust despite State and Territory differences in patterns of service provision. However, only the larger states had a sufficient number of admissions to allow replication of the model. The results for New South Wales, Victoria and Queensland are presented in Appendix D. While intercept terms and parameter estimates necessarily vary to some extent, the broad findings of the national model are generally observed across these jurisdictions. One difference is, however, worthy of note. In two of the three states (New South Wales and Queensland), the supply variable (provision ratio) did have a modest effect on entry period, whereas it did not at the national level. In New South Wales, an increase of 10 places per 1,000 people aged 70 and over in the provision ratio was associated with a 7-day reduction in entry period, and the comparable figure for Queensland was 9 days. Nonetheless, these remain quite modest effects, and the parameter estimates are associated with relatively large standard errors.

#### **Urban-rural differences**

The model was tested for urban and rural areas separately, in order to establish whether the findings were robust for both regions. The results are presented in Appendix E. While intercept terms and parameter estimates necessarily vary to some extent, the broad findings of the national model were consistently observed for both urban and rural regions.

## 6.3 High care residents

The final model explained 13.7% of the variance. Age and sex were found to have little or no discernible effect on entry period. These variables had a high associated standard error. Provision ratio, a measure of the supply of services in the local region (i.e. the region where the resident was admitted), similarly had no discernible effect on entry period. According to this model, a decrease of 10 places per 1,000 people aged 70 and over in the local region is associated with only a 2-day increase in entry period. Marital status and living arrangement had a modest effect on entry period. Those who were widowed or married had an entry period 3 and 6 days longer (respectively) than other people (predominantly those who had never married, with some in de facto relationships, separated or divorced). Those who lived with others had an entry period 6 days longer than those who lived alone. Persons being admitted to co-located services tended to have somewhat longer entry periods (4 days) than those admitted to 'stand-alone' services, as did those entering a not-forprofit service (11 days) compared to those entering a for-profit service. Those entering a service with a higher certification score also had slightly longer entry periods; a 10-point increase in certification score was associated with a 2 day increase in entry period.

The most substantial effects on entry period were associated with whether the resident had been in receipt of either respite care or a care package, and whether they had been assessed in hospital or somewhere else. Those who had used a care package had an entry period which was 15 days longer, while those who had used respite care had an entry period which was 26 days longer. Those whose assessment had taken place somewhere other than a hospital (at their home or in a residential aged care service) had entry periods 33 days longer than those assessed in hospital (Table 6.3).

Table 6.3: Final model – entry	period estimate for 1	high
care residents		

Root MSE	67.277
Dependent mean	52.891
Coefficient of variation	127.200
R-Square	0.137
Adj R-Sq	0.136

Variable	Parameter estimate	Standard error
Intercept	84.543	5.691
Age	-0.217	0.054
Sex	0.377	1.015
Technical nursing	-0.354	0.111
Respite	26.020	1.062
CACP	14.353	2.215
Marital status (1)	2.544	1.517
Marital status (2)	5.809	1.562
Usual cohabitation	-6.526	1.133
Assessment location	-32.600	1.012
Co-located	3.942	1.203
Auspice	-10.810	1.087
Certification score	0.186	0.041
Provision ratio	-0.245	0.031

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0.

#### State and Territory differences

The model was tested within jurisdictions, in order to establish whether the findings were robust despite State and Territory differences in patterns of service provision. However, only the larger states had a sufficient number of admissions to allow replication of the model. The results for New South Wales, Victoria and Queensland are presented in Appendix D. While intercept terms and parameter estimates necessarily vary to some extent, the broad findings of the national model are consistently observed across these jurisdictions.

#### **Urban-rural differences**

The model was tested for urban and rural areas separately, in order to establish whether the findings were robust for both regions. The results are presented in Appendix E. While intercept terms and parameter estimates necessarily vary to some extent, the broad findings of the national model were consistently observed for both urban and rural regions.

## 6.4 Summary

The final model presented in this chapter contains basic demographic variables (sex and age), variables which were found to have a modest or substantial effect on entry period, and provision ratio. The results are entirely consistent with those already reported in Section 5, in which a range of models was explored. In this section, the final model is presented not only as a summary of the key results of the report, but also to test for any variations relating to State and Territory, or to urban as opposed to rural regions. In general, no such differences were found, with the results proving to be robust across jurisdictions and regions. The exception to this was the modest increase in the effect of provision ratio for low care residents in New South Wales and Queensland. It should be emphasised, however, that these effects were quite modest. In New South Wales, for example, an increase of 10 low care places per 1,000 people aged 70 and over (a substantial increase in supply) was associated with only a 7-day decrease in entry period, where median entry period in New South Wales for low care services was 82 days. For high care residents, and all residents, no such effects were observed at the State and Territory level.

# Section 7

Appendix tables

## Appendix A

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
ACT	—	_	_	_	_		57	_
Alice Springs	_	_	_	_	_	_	_	11
Barkly	_	_	_	_	_	_	_	120
Barwon- Southwestern	_	35	_	_	_	_	_	_
Brisbane North	_	_	56	—	_	_	_	_
Brisbane South	_	_	67	—	_	_	_	_
Cabool	_	_	63	_	_	_	_	_
Central Coast	23	_	_	_	_	—	_	_
Central West	28	_	34	_	_	_	_	_
Darling Downs	_	_	44	_	_	_	_	_
Darwin	_	_	_	_	_	_	_	123
Eastern Metro	_	45	_	_	_	_	_	_
Eyre Peninsula	_	_	_	_	24	_	_	_
Far North	_	_	47	_	_	_	_	_
Far North Coast	46	_	_	_	_	_	_	_
Fitzroy	_	_	46	_	_	_	_	_
Gippsland	_	29	_	_	_	_	_	_
Goldfields	_	_	_	10	_	_	_	_
Grampians	_	30	_	_	_	_	_	_
Great Southern	_	_	_	23	_	_	_	_
Hills Mallee & Southern	_	_	_	_	43	_	_	_
Hume	_	49	_	_	_	_	_	_
Hunter	37	_	_	_	_	_	_	_
Illawarra	26	_	_	_	_	_	_	_
Inner West	8	_	_	_	_	_	_	_
Katherine	_	_	_	_	_	_	_	63
Kimberley	_	_	_	34	_	_	_	_
Loddon-Mallee	_	26	_	_	_	_	_	_
Logan River Valley	_	_	53	_	_	_	_	_
Mackay	_	_	56	_	_	_	_	_
Metropolitan East	_	_	_	32	36	_	_	_
Metropolitan North	_	_	_	51	34	_	_	_

# Appendix Table A1: Median entry period time for all services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Metropolitan South	_	_	_	_	43	_	_	_
Metropolitan South East	_	_	_	29	_	_	_	_
Metropolitan West	_	_	_	—	23	_	_	_
Mid North	_	_	_	_	29	_	_	_
Mid North Coast	48	_	_	_	_	_	_	_
Mid West	_	_	_	62	_	_	_	_
Nepean	18	_	_	_	_	_	_	_
New England	30	_	_	_	_	_	_	_
North West	_	_	63	_	_	_	_	_
North Western	_	_	_	_	_	44	_	_
Northern	_	_	48	_	_	49	_	_
Northern Metro	_	36	_	_	_	_	_	_
Northern Sydney	23	_	_	_	_	_	_	_
Orana Far West	50	_	_	_	_	_	_	_
Pilbara	_	_	_	15	_	_	_	_
Riverina/Murray	28	_	_	_	_	_	_	_
Riverland	_	_	_	_	83	_	_	_
South Coast	_	_	42	_	_	_	_	_
South East	_	_	_	_	42	_	_	_
South East Sydney	15	_	_	_	_	_	_	_
South West	_	_	9	66	_	_	_	_
South West Sydney	14	_	_	_	_	_	_	_
Southern	_	_	_	_	_	45	_	_
Southern Highlands	22	_	_	_	_	_	_	_
Southern Metro	_	30	_	_	_	_	_	_
Sunshine Coast	_	_	44	_	_	_	_	_
West Moreton	_	_	44	_	_	_	_	_
Western Metro	_	40	_	_	_	_	_	_
Western Sydney	14	_	_	_	_	_	_	_
Wheatbelt	_	_	_	25	_	_	_	_
Whyalla Flinders & Far North	_	_	_	_	37	_	_	_
Wide Bay	_	_	35	_	_	_	_	_
Yorke Lower North & Barossa	_	_	_	_	43	_	_	_
All	22	35	50	36	36	46	57	61

Appendix Table A1 (continued): Median entry period time to all services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
ACT	_	_	_	_	_	_	414	_	414
Alice Springs	—	_	_	_	—	_	—	30	30
Barkly	_	—	—	—	—	—		6	6
Barwon- Southwestern	_	752	_	_	_	_	_	_	752
Brisbane North	—	_	1,034	_	—	_	—	—	1,034
Brisbane South	_	_	1,076	_	_	_	_	_	1,076
Cabool	_	_	425	_	_	_	_	_	425
Central Coast	749	_	_	_	_	_	_	_	749
Central West	441	_	7	_	_	_	_	_	448
Darling Downs	_	_	466	_	_	_	_	_	466
Darwin	_	_	_	_	_	_	_	40	40
Eastern Metro	_	1,879	_	_	_	_	_	_	1,879
Eyre Peninsula	_	_	_	_	46	_	_	_	46
Far North	_	_	267	_	_	_	_	_	267
Far North Coast	561	_	_	_	_	_	_	_	561
Fitzroy	_	_	288		_	_	_	_	288
Gippsland	_	526	_		_	_	_	_	526
Goldfields	_	_	_	67	_	_	_	_	67
Grampians	_	540	_		_	_	_	_	540
Great Southern	_	_	_	142	_	_	_	_	142
Hills Mallee & Southern	_	_	_	_	180	_	_	_	180
Hume	_	482	_	_	_	_	_	_	482
Hunter	1,085	_	_	_	_	_	_	_	1,085
Illawarra	692	_	_	_	_	_	_	_	692
Inner West	1,229	_	_	_	_	_	_	_	1,229
Katherine	_	_	_	_	_	_	_	9	9
Kimberley	_	_	_	15	_	_	_	_	15
Loddon-Mallee	_	692	_		_	_	_	_	692
Logan River Valley	_	_	193		_	_	_	_	193
Mackay	_	_	181		_	_	_	_	181
Metropolitan East	_	_	_	625	1,175	_	_	_	1,800
Metropolitan North	_	_	_	635	315	_	_	_	950
Metropolitan South	_	_	_		909	_	_	_	909
Metropolitan South East	_	_	_	758	_	_	_	_	758
Metropolitan South West	_	_	_	637	_	_	_	_	637
Metropolitan West	_	_	_	_	699	_	_	_	699
Mid North	_	_	_	_	57	_	_	_	57
Mid North Coast	641	_	_	_	_	_	_	_	641
Mid West	_	_	_	50	_	_	_	_	50

Appendix Table A2: Number of admissions to all services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Nepean	307	_	_	_	_	_	_	_	307
New England	428	_	_	_	_	_	_	_	428
North West	_	_	17	_	_	_	_	_	17
North Western	_	_	_	_	_	222	_	_	222
Northern	_	_	322	_	_	310	_	_	632
Northern Metro	_	1,217	—	_	_	_	—	_	1,217
Northern Sydney	2,068	_	_	_	_	_	_	_	2,068
Orana Far West	270	—	—	_	_	_	—	_	270
Pilbara	_	_	—	9	—	_	—	—	9
Riverina/Murray	529	—	—	_	_	_	—	_	529
Riverland	_	—	—	_	75	_	—	_	75
South Coast	_	—	813	_	_	_	—	_	813
South East	—	—	—	_	129	_	—	_	129
South East Sydney	1,685	—	—	—	—	_	—	—	1,685
South West	—	—	45	197	_	_	—	_	242
South West Sydney	1,133	—	—	—	—	_	—	—	1,133
Southern	—	—	—	—	—	504	—	—	504
Southern Highlands	338	—	—	—	—	_	—	—	338
Southern Metro	—	2,390	—	_	_	_	—	_	2,390
Sunshine Coast	—	—	681	_	_	_	—	_	681
West Moreton	—	—	280	_	_	_	—	_	280
Western Metro	_	796	—	—	—	_	—	—	796
Western Sydney	1,237	—	—	—	—	_	—	—	1,237
Wheatbelt	—	—	—	33	—	_	—	—	33
Whyalla Flinders & Far North	_	_	_	_	65	_	_	_	65
Wide Bay	_	_	473	—	—	_	—	—	473
Yorke Lower North & Barossa	_	_	_	_	203	_	_	_	203
All	13,393	9,274	6,568	3,168	3,853	1,036	414	85	37,791

Appendix Table A2 (continued): Number of admissions to all services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
ACT	_	_	_	_	_	_	95	
Alice Springs	—	—	_	—	—	—	—	11
Barwon- Southwestern	_	47	_	_	_	_	_	_
Brisbane North	—	—	64	—	—	—	—	—
Brisbane South	—	—	58	—	—	—	—	_
Cabool	—	—	76	—	—	—	—	_
Central Coast	81	—	—	—	—	_	—	_
Central West	30	—	20	—	—	_	—	_
Darling Downs	—	—	59	—	—	_	—	_
Darwin	_	_	_	_	_	_	_	35
Eastern Metro	_	63	_	_	_	_	_	_
Eyre Peninsula	_	_	_	_	46	_	_	_
Far North	_	_	53	_	_	_	_	_
Far North Coast	70	_	_	_	_	_	_	_
Fitzroy	_	_	63	_	_	_	_	_
Gippsland	_	47	_	_	_	_	_	_
Goldfields	_	_	_	14	_	_	_	_
Grampians	_	44	_	_	_	_	_	_
Great Southern	_	_	_	40	_	_	_	_
Hills Mallee & Southern	_	_	_	_	61	_	_	_
Hume	—	61	—	—	—	—	—	—
Hunter	62	—	—	—	_	—	—	_
Illawarra	47	_	_	_	_	_	_	_
Inner West	30	—	—	—	_	—	—	_
Katherine	_	_	_	_	_	_	_	63
Kimberley	_	_	_	28	_	_	_	_
Loddon-Mallee	—	44	—	—	_	—	—	_
Logan River Valley	_	_	62	_	_	_	_	_
Mackay	_	_	57	_	_	_	_	_
Metropolitan East	—	—	—	43	64	—	—	_
Metropolitan North	_	_	_	68	71	_	_	_
Metropolitan South	_	_	_	_	87	_	_	_
Metropolitan South East	_	_	_	43	_	_	_	_
Metropolitan South West	_	_	_	54	_	_	_	_
Metropolitan West	_	_	_	_	69	_	_	_
Mid North	_	_	_	_	33	_	_	_
Mid North Coast	66	_	_	_	_	_	_	_
Mid West	—	_	_	64	_	_	_	_

Appendix Table A3: Median entry period time for low care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Nepean	43	_	_	_	_	_	_	_
New England	52	_	_	_	_	—	_	_
North West	_	—	23	—	_	—	—	_
North Western	_	—	—	—	_	55	—	_
Northern	_	_	51	_	_	76	_	_
Northern Metro	_	37	—	—	_	—	—	_
Northern Sydney	53	_	_	_	_	_	_	_
Orana Far West	63	—	—	—	_	—	—	_
Pilbara	_	_	_	81	_	—	_	_
Riverina/Murray	38	—	—	—	_	—	—	_
Riverland	_	_	_	_	68	—	_	_
South Coast	_	—	58	—	—	—	—	_
South East	_	_	_	_	105	—	_	_
South East Sydney	40	—	—	—	—	—	—	_
South West	_	—	8	89	—	—	—	_
South West Sydney	62	—	—	—	—	—	—	_
Southern	_	—	—	—	—	83	—	_
Southern Highlands	42	—	—	—	—	—	—	_
Southern Metro	_	52	—	—	—	—	—	—
Sunshine Coast	_	—	66	—	—	—	—	_
West Moreton	_	—	52	—	—	—	—	_
Western Metro	_	48	—	—	—	—	—	_
Western Sydney	43	—	—	—	—	—	—	_
Wheatbelt	_	—	—	27	—	—	—	—
Whyalla Flinders & Far North	_	_	_	_	44	_	_	_
Wide Bay	_	—	59	—	_	—	—	_
Yorke Lower North & Barossa	_	_	_	_	66	_	_	_
All	50	50	59	53	72	73	95	21

Appendix Table A3 (continued): Median entry period time for low care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
ACT	_	_	_	_	_	_	221	_	221
Alice Springs	_	_	—	_	_	_	—	7	7
Barwon- Southwestern	_	344	_	_	_	_	_	_	344
Brisbane North	_	_	452	—	_	_	—	_	452
Brisbane South	_	_	562	—	_	—	—	_	562
Cabool	_	_	210	_	_	_	_	_	210
Central Coast	242	_	_	_	_	_	_	_	242
Central West	249	_	3	_	_	_	_	_	252
Darling Downs	_	_	263	_	_	_	_	_	263
Darwin	_	_	_	_	_	_	_	18	18
Eastern Metro	_	1,006	_	_	_	_	_	_	1,006
Eyre Peninsula	_	_	_	_	17	_	_	_	17
Far North	_	_	150	_	_	_	_	_	150
Far North Coast	281	_	_	_	_	_	_	_	281
Fitzroy	_	_	149	_	_	_	_	_	149
Gippsland	_	296	_	_	_	_	_	_	296
Goldfields	_		_	27	_	_	_	_	27
Grampians	_	321	_	_	_	_	_	_	321
Great Southern	_	_	_	67	_	_	_	_	67
Hills Mallee & Southern	_		_	_	89	_	_	_	89
Hume	_	248	_	_	_	_	_	_	248
Hunter	500	_	_	_	_	_	_	_	500
Illawarra	324	_	_	_	_	_	_	_	324
Inner West	297	_	_	_	_	_	_	_	297
Katherine	_	_	_	_	_	_	_	8	8
Kimberley	_	_	_	9	_	_	_	_	9
Loddon-Mallee	_	350	_	_	_	_	_	_	350
Logan River Valley	_	_	106	_	_	_	_	_	106
Mackay	_	_	117	_	_	_	_	_	117
Metropolitan East	_	_	_	298	528	_	_	_	826
Metropolitan North	_	_	_	407	147	_	_	_	554
Metropolitan South	_	_	_	_	378	_	_	_	378
Metropolitan South East	_		_	333	_	_	_	_	333
Metropolitan South West	_		_	374	_	_	_	_	374
Metropolitan West	_		_	_	246	_	_	_	246
Mid North	_	_	_	_	40	_	_	_	40
Mid North Coast	313	—	_	_	_	_	_	_	313
Mid West	_	_	_	37	_	_	_		37
Nepean	109								109

Appendix Table A4: Number of admissions to low care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
New England	197	_		_	_		_	_	197
North West	_	_	12	_	_	_	_	_	12
North Western	_	_	_	_	_	91	_	_	91
Northern	_	_	175	_	_	86	_	_	261
Northern Metro	_	614	_	_	_	_	_	_	614
Northern Sydney	770	_	_	_	_	_	_	_	770
Orana Far West	180	_	_	_	_	_	_	_	180
Pilbara	_	_	_	4	_	_	_	_	4
Riverina/Murray	287	_	_	_	_	_	_	_	287
Riverland	_	_	_	_	57	_	_	_	57
South Coast	_	_	411	_	_	_	_	_	411
South East	_	_	_	_	65	_	_	_	65
South East Sydney	494	_	_	_	_	_	_	_	494
South West	_	_	27	103	_	_	_	_	130
South West Sydney	283	_	_	_	_	_	_	_	283
Southern	_	_	_	_	_	167	_	_	167
Southern Highlands	141	_	_	_	_	_	_	_	141
Southern Metro	_	1,075	_	_	_	_	_	_	1,075
Sunshine Coast	_	_	382	_	_	_	_	_	382
West Moreton	_	_	184	_	_	_	_	_	184
Western Metro	_	453	_	_	_	_	_	_	453
Western Sydney	368	_	_	_	_	_	_	_	368
Wheatbelt	_	_	_	24	_	_	_	_	24
Whyalla Flinders & Far North	_	_	_	_	44	_	_	_	44
Wide Bay	_	_	220	_	_	_	_	_	220
Yorke Lower North & Barossa	_	_	_	_	116	_	_	_	116
All	5,035	4,707	3,423	1,683	1,727	344	221	33	17,173

Appendix Table A4 (continued): Number of admissions to low care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
ACT	_	_	_	_	_	_	31	_
Alice Springs	—	—	—	—	—	—	—	11
Barkly	—	_	—	—	—	—	—	120
Barwon- Southwestern	_	26	_	_	_	_	_	_
Brisbane North	_	_	52	_	_	_	_	_
Brisbane South	_	_	75	_	_	_	_	_
Cabool	_	_	56	_	_	_	_	_
Central Coast	15	_	_	_	_	_	_	_
Central West	24	_	43	_	_	_	_	_
Darling Downs	_	_	32	_	_		_	_
Darwin	_	_	_	_	_		_	166
Eastern Metro	_	36	_	_	_	_	_	_
Eyre Peninsula	_	_	_	_	8	_	_	_
Far North	_	_	41	_	_	_	_	_
Far North Coast	32	_	_	_	_	_	_	_
Fitzroy	_	_	41	_	_	_	_	_
Gippsland	_	20	_	_	_	_	_	_
Goldfields	_	_	_	8	_	_	_	_
Grampians	_	22	_	_	_	_	_	_
Great Southern	_	_	_	9	_	_	_	_
Hills Mallee & Southern	_	_	_	_	26	_	_	_
Hume	_	46	_	_	_	_	_	_
Hunter	26	_	_	_	_	_	_	_
Illawarra	16	_	_	_	_	_	_	_
Inner West	6	_	_	_	_	_	_	_
Katherine	_	_	_	_	_	_	_	168
Kimberley	_	_	_	38	_	_	_	_
Loddon-Mallee	_	19	_	_	_	_	_	_
Logan River Valley	_	_	44	_	_	_	_	_
Mackay	_	_	56	_	_	_	_	_
Metropolitan East	_	_	_	25	24	_	_	_
Metropolitan North	_	_	_	34	22	_	_	_
Metropolitan South	_	_	_	_	26	_	_	_
Metropolitan South East	_	_	_	23	_	_	_	_
Metropolitan South West	_	_	_	36	_	_	_	_
Metropolitan West	_	_	_	_	13	_	_	_
Mid North	_	_	_	_	28	_	_	_
Mid North Coast	37	_	_	_	_	_	_	_
Mid West	_	_	_	60	_	_	_	_
Nepean	10	_	_	_	_	_	_	

Appendix Table A5: Median entry period time for high care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
New England	15		_		_	_		_
North West	_		74	_	_	_	_	_
North Western	_	_	_	_	_	31	_	_
Northern	_	_	46	_	_	41	_	_
Northern Metro	_	36	_	_	_	_	_	_
Northern Sydney	14	_	_	_	_	_	_	_
Orana Far West	41	_	_	_	_	_	_	_
Pilbara	_	_	_	5	_	_	_	_
Riverina/Murray	21	_	_	_	_	_	_	_
Riverland	_	_	_	_	110	_	_	_
South Coast	_	_	32	_	_	_	_	_
South East	_	_	_	_	17	_	_	_
South East Sydney	11	_	_	_	_	_	_	_
South West	_	_	19	36	_	_	_	_
South West Sydney	8	_	_	_	_	_	_	_
Southern	_	_	_	_	_	38	_	_
Southern Highlands	19	_	_	_	_	_	_	_
Southern Metro	_	22	_	_	_	_	_	_
Sunshine Coast	_	_	29	_	_	_	_	_
West Moreton	_	_	40	_	_	_	_	_
Western Metro	_	35	_	_	_	_	_	_
Western Sydney	8	_	_	_	_	_	_	_
Wheatbelt	_	_	_	3	_	_	_	_
Whyalla Flinders & Far North	_	_	_	_	36	_	_	_
Wide Bay	_	_	23	_	_	_	_	_
Yorke Lower North & Barossa	_	_	_	_	26	_	_	_
All	14	28	45	27	22	38	31	96

Appendix Table A5 (continued): Median entry period time for high care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
ACT	_	_	_	_	_	_	193	_	193
Alice Springs	_	_	_	_	_	_	_	23	23
Barkly	_	_	_	_	_	_	_	6	6
Barwon- Southwestern	_	408	_	_	_	_	_	_	408
Brisbane North	_	_	582	_	_	_	_	_	582
Brisbane South	_	_	514	_	_	_	_	_	514
Cabool	_	_	215	_	_	_	_	_	215
Central Coast	507	_	_	_	_	_	_	_	507
Central West	192	_	4	_	_	_	_	_	196
Darling Downs	_	_	203	_	_	_	_	_	203
Darwin	_	_	_	_	_	_	_	22	22
Eastern Metro	_	873	_	_	_	_	_	_	873
Eyre Peninsula	_	_	_	_	29	_	_	_	29
Far North	_	_	117	_	_	_	_	_	117
Far North Coast	280	_	_		_	_	_	_	280
Fitzroy	_	_	139	_	_	_	_	_	139
Gippsland	_	230	_	_	_	_	_	_	230
Goldfields	_	_	_	40	_	_	_	_	40
Grampians	_	219	_	_	_	_	_	_	219
Great Southern	_	_	_	75	_	_	_	_	75
Hills Mallee & Southern	_	_		_	91	_	_	_	91
Hume	_	234	_	_	_	_	_	_	234
Hunter	585	_	_	_	_	_	_	_	585
Illawarra	368	_	_	_	_	_	_	_	368
Inner West	932	_	_	_	_	_	_	_	932
Katherine	_	_	_	_	_	_	_	1	1
Kimberley	_	_	_	6	_	_	_	_	6
Loddon-Mallee	_	342	_	_	_	_	_	_	342
Logan River Valley	_	_	87	_	_	_	_	_	87
Mackay	_	_	64	_	_	_	_	_	64
Metropolitan East	_	_	_	327	647	_	_	_	974
Metropolitan North	_	_	_	228	168	_	_	_	396
Metropolitan South	_	_	_	_	531	_	_	_	531
Metropolitan South East	_	_	_	425	_	_	_	_	425
Metropolitan South West	_	_	_	263	_	_	_	_	263
Metropolitan West	_	_	_	_	453	_	_	_	453
Mid North	_	_	_	_	17	_	_	_	17
Mid North Coast	328	_	_	_	_	_	_	_	328
Mid West	_	_	_	13	_	_	_	_	13
Nepean	198	_	_	_	_	_	_	_	198

Appendix Table A6: Number of admissions to high care services, by Commonwealth planning region (days)

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
New England	231	_	_	_	_	_	_	_	231
North West	_	_	5	_	_	_	_	_	5
North Western	_	_	_	_	_	131	_	_	131
Northern	_	_	147	_	_	224	_	_	371
Northern Metro	_	603	_	_	_	_	_	_	603
Northern Sydney	1,298	_	_	_	_	_	_	_	1,298
Orana Far West	90	_	_	_	_	_	_	_	90
Pilbara	—	—	_	5	_	_	—	_	5
Riverina/Murray	242	_	_	_	_	_	_	_	242
Riverland	—	—	_	_	18	_	_	_	18
South Coast	_	_	402	_	_	_	_	_	402
South East	—	—	_	_	64	_	—	_	64
South East Sydney	1,191	_	_	_	_	_	_	_	1,191
South West	—	—	18	94	—	—	—	_	112
South West Sydney	850	_	_	_	_	_	_	_	850
Southern	—	—	_	_	_	337	—	_	337
Southern Highlands	197	—	_	_	_	_	—	_	197
Southern Metro	—	1,315	_	—	—	—	—	_	1,315
Sunshine Coast	—	—	299	_	_	_	—	_	299
West Moreton	_	_	96	_	_	_	_	_	96
Western Metro	—	343	_	—	—	—	—	_	343
Western Sydney	869	—	_	_	_	_	—	_	869
Wheatbelt	_	_	_	9	_	_	_	_	9
Whyalla Flinders & Far North	_	_	_	_	21	_	_	_	21
Wide Bay	_	_	253	_	_	_	_	_	253
Yorke Lower North & Barossa	_	_	_	_	87	_	_	_	87
All	8,358	4,567	3,145	1,485	2,126	692	193	52	20,618

Appendix Table A6 (continued): Number of admissions to high care services, by Commonwealth planning region (days)

## Appendix B

Question	Description	Α	В	С	D
1	Communication	0	0.28	0.36	0.83
2	Mobility	0	1.19	1.54	1.82
3	Meals and drinks	0	0.67	0.75	2.65
4	Personal hygiene	0	5.34	14.17	14.61
5	Toileting	0	5.98	10.65	13.70
6	Bladder management	0	2.22	3.82	4.19
7	Bowel management	0	3.32	5.72	6.30
8	Living activities	0	0.79	1.11	3.40
9	Wandering/intrusive	0	0.80	1.58	4.00
10	Verbally disruptive	0	1.19	1.75	4.60
11	Physically aggressive	0	2.34	2.69	3.05
12	Emotional dependence	0	0.28	1.50	3.84
13	Danger to self or others	0	1.11	1.54	1.98
14	Other behaviour	0	0.91	1.82	2.61
15	Needs—care recipient	0	0.95	1.98	3.01
16	Needs—family/friends	0	0.28	0.55	0.91
17	Medication	0	0.79	8.55	11.40
18	Nursing procedures	0	1.54	5.54	11.16
19	Therapy	0	3.64	6.10	7.01
20	Other services	0	0.71	1.46	2.93
21	Overall service needs	0	0	0	0

# Appendix Table B1: The Resident Classification Scale – questions and their weightings from 1/11/1998

Variable	Number	Mean	Std Dev	Minimum	Maximum
Assessment location	37,793	0.48	0.50	0.00	1.00
Usual cohabitation	37,793	0.47	0.50	0.00	1.00
Co-located	37,793	0.30	0.46	0.00	1.00
RCS	37,793	0.59	0.49	0.00	1.00
RCS scale	37,793	5.07	2.15	1.00	8.00
Sex	37,793	0.36	0.48	0.00	1.00
Region	37,793	0.72	0.45	0.00	1.00
QQ1	37,793	0.35	0.19	0.00	0.83
QQ2	37,793	1.24	0.62	0.00	1.82
QQ3	37,793	0.82	0.84	0.00	2.65
QQ4	37,793	12.43	4.40	0.00	14.61
QQ5	37,793	7.59	5.86	0.00	13.70
QQ6	37,793	2.13	1.81	0.00	4.19
QQ7	37,793	3.98	2.62	0.00	6.30
QQ8	37,793	1.49	1.23	0.00	3.40
QQ9	37,793	0.87	1.53	0.00	4.00
QQ10	37,793	1.08	1.71	0.00	4.60
QQ11	37,793	0.48	1.05	0.00	3.05
QQ12	37,793	1.77	1.71	0.00	3.84
QQ13	37,793	0.91	0.89	0.00	1.98
QQ14	37,793	1.46	1.12	0.00	2.61
QQ15	37,793	1.71	0.84	0.00	3.01
QQ16	37,793	0.49	0.26	0.00	0.91
QQ17	37,793	6.24	3.99	0.00	11.40
QQ18	37,793	4.47	4.44	0.00	11.16
QQ19	37,793	3.85	2.89	0.00	7.01
QQ20	37,793	0.29	0.64	0.00	2.93
Preferred language	37,793	0.92	0.27	0.00	1.00
RCS score	37,793	53.65	23.69	0.00	102.93
Marital status (1)	37,793	0.55	0.50	0.00	1.00
Marital status (2)	37,793	0.29	0.45	0.00	1.00
Places	37,793	64.89	39.93	1.00	390.00
Age of resident	37,793	81.39	8.87	14.00	108.00
Facility	37,793	0.55	0.50	0.00	1.00
Residential provision ratio	37,791	87.28	17.85	38.00	204.80
CACP provision ratio	37,791	9.57	3.68	0.00	110.30
Auspice	37,793	0.35	0.48	0.00	1.00
Dementia scale	37,793	6.45	4.46	0.00	18.00
Personal care scale	37,793	9.58	5.00	0.00	18.00
Standards scale	36,744	8.30	1.13	2.00	12.00
Outcomes scale	36,832	87.63	3.94	57.00	118.00
CACP	37,793	0.05	0.21	0.00	1.00
Respite	37,793	0.36	0.48	0.00	1.00
Concessional indicator	37,793	0.47	0.50	0.00	1.00
Certification score	36,770	76.49	11.42	0.00	99.85
Entry period (EP)	37,793	66.12	80.28	0.00	365.00

Appendix Table B2: Basic statistics for all residents

Variable	Number	Mean	Std Dev	Minimum	Maximum
Assessment location	15,427	0.32	0.47	0.00	1.00
Usual cohabitation (1)	15,427	0.62	0.48	0.00	1.00
Usual cohabitation (2)	15,427	0.13	0.34	0.00	1.00
Co-located	15,427	0.36	0.48	0.00	1.00
RCS	15,427	1.00	0.00	1.00	1.00
Sex	15,427	0.30	0.46	0.00	1.00
Region	15,427	0.68	0.47	0.00	1.00
QQ1	15,427	0.28	0.17	0.00	0.83
QQ2	15,427	0.81	0.64	0.00	1.82
QQ3	15,427	0.32	0.39	0.00	2.65
QQ4	15,427	9.49	5.66	0.00	14.61
QQ5	15,427	1.64	3.13	0.00	13.70
QQ6	15,427	0.80	1.34	0.00	4.19
QQ7	15,427	2.10	2.66	0.00	6.30
QQ8	15,427	0.72	0.66	0.00	3.40
QQ9	15,427	0.52	1.16	0.00	4.00
QQ10	15,427	0.47	1.09	0.00	4.60
QQ11	15,427	0.13	0.55	0.00	3.05
QQ12	15,427	1.06	1.45	0.00	3.84
QQ13	15,427	0.55	0.76	0.00	1.98
QQ14	15,427	1.04	1.05	0.00	2.61
QQ15	15,427	1.39	0.80	0.00	3.01
QQ16	15,427	0.36	0.22	0.00	0.91
QQ17	15,427	3.38	3.90	0.00	11.40
QQ18	15,427	1.18	1.89	0.00	11.16
QQ19	15,427	2.12	2.65	0.00	7.01
QQ20	15,427	0.13	0.40	0.00	2.93
Preferred language	15,427	0.94	0.23	0.00	1.00
RCS score	15,427	28.50	12.30	0.00	50.00
Marital status (1)	15,427	0.65	0.48	0.00	1.00
Marital status (2)	15,427	0.17	0.38	0.00	1.00
Places	15,427	59.04	39.21	1.00	390.00
Age of resident	15,427	82.05	8.19	27.00	103.00
Facility	15,427	0.94	0.23	0.00	1.00
Low care provision ratio	15,425	41.24	8.03	23.55	136.55
High care provision ratio	15,425	45.24	13.27	10.00	118.75
CACP provision ratio	15,425	9.54	3.66	0.00	92.25
Auspice	15,427	0.10	0.31	0.00	1.00
Dementia scale	15,427	3.93	3.30	0.00	18.00
Personal care scale	15,427	4.61	2.75	0.00	16.00
Standards scale	14,912	8.27	1.09	2.00	12.00
Outcomes scale	14,957	87.61	3.93	62.00	118.00
CACP	15,427	0.05	0.22	0.00	1.00
Respite	15.427	0.43	0.49	0.00	1.00
Concessional indicator	15,427	0.43	0.50	0.00	1.00
Certification score	15,229	79.62	10.59	0.00	99.60
Entry period (EP)	15,427	85.75	87.04	0.00	365.00

Appendix Table B3: Basic statistics for low care residents (RCS 5-8)

Variable	Number	Mean	Std Dev	Minimum	Maximum
Assessment location	22,366	0.59	0.49	0.00	1.00
Usual cohabitation	22,366	0.36	0.48	0.00	1.00
Co-located	22,366	0.25	0.43	0.00	1.00
RCS	22,366	1.00	0.00	1.00	1.00
Sex	22,366	0.41	0.49	0.00	1.00
Region	22,366	0.75	0.44	0.00	1.00
QQ1	22,366	0.40	0.19	0.00	0.83
QQ2	22,366	1.54	0.40	0.00	1.82
QQ3	22,366	1.16	0.90	0.00	2.65
QQ4	22,366	14.46	0.82	0.00	14.61
QQ5	22,366	11.69	3.16	0.00	13.70
QQ6	22,366	3.04	1.51	0.00	4.19
QQ7	22,366	5.28	1.61	0.00	6.30
QQ8	22,366	2.02	1.25	0.00	3.40
QQ9	22,366	1.12	1.70	0.00	4.00
QQ10	22,366	1.51	1.92	0.00	4.60
QQ11	22,366	0.73	1.22	0.00	3.05
QQ12	22,366	2.27	1.71	0.00	3.84
QQ13	22,366	1.16	0.88	0.00	1.98
QQ14	22,366	1.74	1.07	0.00	2.61
QQ15	22,366	1.93	0.81	0.00	3.01
QQ16	22,366	0.58	0.24	0.00	0.91
QQ17	22,366	8.21	2.64	0.00	11.40
QQ18	22,366	6.74	4.26	0.00	11.16
QQ19	22,366	5.04	2.41	0.00	7.01
QQ20	22,366	0.40	0.74	0.00	2.93
Preferred language	22,366	0.90	0.29	0.00	1.00
RCS score	22,366	71.00	10.32	50.01	102.93
Marital status (1)	22,366	0.49	0.50	0.00	1.00
Marital status (2)	22,366	0.37	0.48	0.00	1.00
Places	22,366	68.92	39.92	1.00	390.00
Age of resident	22,366	80.93	9.28	14.00	108.00
Facility	22,366	0.88	0.32	0.00	1.00
High care provision ratio	22,366	47.88	14.83	10.00	118.75
Low care provision ratio	22,366	39.96	7.97	14.70	136.55
Auspice	22,366	0.52	0.50	0.00	1.00
Dementia scale	22,366	8.19	4.32	0.00	18.00
Personal care scale	22,366	13.00	2.87	2.00	18.00
Standards scale	21,832	8.32	1.16	2.00	12.00
Outcomes scale	21,875	87.64	3.95	57.00	118.00
CACP	22,366	0.05	0.21	0.00	1.00
Respite	22,366	0.31	0.46	0.00	1.00
Concessional indicator	22,366	0.49	0.50	0.00	1.00
Certification score	21,541	74.27	11.47	0.00	99.85
Entry period (EP)	22,366	52.58	72.23	0.00	365.00

Appendix Table B4: Basic statistics for high care residents (RCS 1-4)

## Appendix C

## Appendix Table C1: Accreditation standards for residential aged care services, 1997

Item	Matter indicator	Expected outcome
1. Manage	ement systems, staffing and orga	nisational development
1.1	Continuous improvement	The organisation actively pursues continuous improvement
1.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines
1.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
1.4	Comments and complaints	Each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms
1.5	Planning and leadership	The organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service
1.6	Human resource management	There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives
1.7	Inventory and equipment	Stocks of appropriate goods and equipment for quality service delivery are available
1.8	Information systems	Effective management systems are in place
1.9	External services	All externally sourced services are provided in a way that meets the residential care service's needs and service quality goals
2. Health	and personal care	
2.1	Continuous improvement	The organisation actively pursues continuous improvement
2.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about health and personal care
2.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
2.4	Clinical care	Residents receive appropriate clinical care
2.5	Specialised nursing care needs	Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff
2.6	Other health and related services	Residents are referred to appropriate health specialists in accordance with the residents' needs and preferences
2.7	Medication management	Residents' medication is managed safely and correctly
2.8	Pain management	All residents are as free as possible from pain
2.9	Palliative care	The comfort and dignity of terminally ill residents is maintained
2.10	Nutrition and hydration	Residents receive adequate nourishment and hydration
2.11	Skin care	Residents' skin integrity is consistent with their general health
2.12	Continence management	Residents' continence is managed effectively
2.13	Behavioural management	The needs of residents with challenging behaviours are managed effectively
2.14	Mobility, dexterity and rehabilitation	Optimum levels of mobility and dexterity are achieved for all residents
2.15	Oral and dental care	Residents' oral and dental health is maintained
2.16	Sensory loss	Residents' sensory losses are identified and effectively managed
2.17	Sleep	Residents are able to achieve natural sleep patterns

Item	Matter indicator	Expected outcome
3. Reside	ents' lifestyle	
3.1	Continuous improvement	The organisation actively pursues continuous improvement
3.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about resident lifestyle
3.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
3.4	Emotional support	Each resident receives support in adjusting to life in the new environment and on an ongoing basis
3.5	Independence	Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service
3.6	Privacy and dignity	Each resident's right to privacy, dignity and confidentiality is recognised and respected
3.7	Leisure interests and activities	Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them
3.8	Cultural and spiritual life	Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered
3.9	Choice and decision-making	Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people
3.10	Resident security of tenure and responsibilities	Residents have secure tenure within the residential care service, and understand their rights and responsibilities
4. Physic	al environment and safe systems	
4.1	Continuous improvement	The organisation actively pursues continuous improvement
4.2	Regulatory compliance	The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards, and guidelines, about physical environment and safe systems
4.3	Education and staff development	Management and staff have appropriate knowledge and skills to perform their roles effectively
4.4	Living environment	Management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents care needs
4.5	Occupational health and safety	Management is actively working to provide a safe working environment that meets regulatory requirements
4.6	Fire, security and other emergencies	Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks
4.7	Infection control	An effective infection control program
4.8	Catering, cleaning and laundry services	Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment

### Appendix Table C1 (continued): Accreditation standards for residential aged care services, 1997

Source: Australia 1997.

### Appendix Table C2: The aged care certification instrument

Safety (25)	Sprinklers/fire suppression (2)
	Fire compartmentation/separation (4)
	Egress provisions (6)
	Smoke compartmentation/separation (5)
	First response fire fighting equipment (2)
	Alarm detection systems (4)
	Summoning assistance & evacuation systems (2)
Hazards (12)	Maintenance records (4)
	Prevention maintenance programs (2)
	Specific hazards (6)
Privacy (26)	Distribution of beds (8)
	Privacy of special use rooms (3)
	Privacy of residents (2)
	Ablution facilities (6.5)
	Toilet facilities (6.5)
Access, mobility & occupational	Number of floors (3)
health and safety (13)	Provision of a lift (3)
	Ramps—internal/external (3)
	Grab rails (2)
	Circulation and communal area (1)
	Human engineering (1)
Heating/cooling (6)	Adequate provision—heating (2)
	Adequate provision—cooling (2)
	Occupant control—heating (1)
	Occupant contro—cooling (1)
Lighting/ventilation (6)	Adequate provision—lighting (2)
	Adequate provision—ventilation (2)
	Occupant control—lighting (1)
	Occupant control-ventilation (1)
Security (12)	Securing of possessions (2)
	Securable building (4)
	Securable site perimeter (2)
	Security compatibility (4)

Note: The instrument covers seven main areas with a total maximum score of 100.

## Appendix D

# Appendix Table D1: Final model – entry period estimate for New South Wales residents

Root MSE	67.806
Dependent mean	54.783
Coefficient of variation	123.772
R-Square	0.182
Adj R-Sq	0.181

Variable	Parameter estimate	Standard error
Intercept	56.200	8.050
Age	0.090	0.072
Sex	-1.722	1.336
RCS	-16.557	1.557
Respite	30.941	1.298
CACP	20.374	2.938
Marital status (1)	4.184	1.839
Marital status (2)	6.231	2.039
Usual cohabitation	-4.037	1.418
Assessment location	-30.260	1.291
Co-located	3.409	1.519
Auspice	-11.839	1.606
Certification score	0.320	0.056
Provision ratio	-0.194	0.032

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 13,063).

# Appendix Table D2: Final model – entry period estimate for Victorian residents

Root MSE	73.357
Dependent mean	67.548
Coefficient of variation	108.600
R-Square	0.141
Adj R-Sq	0.140

Variable	Parameter estimate	Standard error
Intercept	73.942	13.338
Age	-0.363	0.096
Sex	-0.552	1.754
RCS	-9.909	1.864
Respite	27.196	1.766
CACP	14.763	3.802
Marital status (1)	4.744	2.424
Marital status (2)	10.251	2.683
Usual cohabitation	2.127	1.859
Assessment location	-39.506	1.690
Co-located	3.229	1.894
Auspice	-5.480	1.876
Certification score	0.304	0.078
Provision ratio	0.148	0.112

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 8,985).

Appendix Table D3: Final model—entry period estimate for Queensland residents			
Root MSE	83.806		
Dependent mean	83.395		
Coefficient of variation	100.493		
R-Square	0.099		
Adj R-Sq	0.097		

Variable	Parameter estimate	Standard error
Intercept	93.044	15.522
Age	-0.167	0.124
Sex	-4.984	2.347
RCS	-7.645	2.382
Respite	31.631	2.273
CACP	26.368	4.556
Marital status (1)	1.416	3.307
Marital status (2)	7.565	3.540
Usual cohabitation	-11.371	2.544
Assessment location	-32.586	2.302
Co-located	3.472	2.264
Auspice	-6.313	2.678
Certification score	0.276	0.112
Provision ratio	-0.111	0.080

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 6,387).

Appendix Table D4: Final model—entry period estimate for Western Australian residents			
Root MSE	68.931		
Dependent mean	64.772		
Coefficient of variation	106.421		
R-Square	0.147		
Adj R-Sq	0.144		

Variable	Parameter estimate	Standard error
Intercept	79.644	16.304
Age	-0.102	0.146
Sex	4.446	2.820
RCS	-8.387	3.153
Respite	26.018	2.713
CACP	21.176	5.473
Marital status (1)	7.278	4.030
Marital status (2)	12.758	4.344
Usual cohabitation	5.373	3.088
Assessment location	-33.579	2.615
Co-located	3.646	2.992
Auspice	-12.734	3.239
Certification score	0.167	0.114
Provision ratio	-0.194	0.063

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 3,130)
Appendix Table D5: Final model—entry period estimate for South Australian residents		
Root MSE	75.399	
Dependent mean	71.208	
Coefficient of variation	105.885	
R-Square	0.184	
Adj R-Sq	0.181	

Variable	Parameter estimate	Standard error
Intercept	61.794	15.593
Age	0.110	0.167
Sex	-4.268	2.779
RCS	-33.481	3.037
Respite	29.686	2.605
CACP	22.683	6.913
Marital status (1)	5.732	4.223
Marital status (2)	18.870	4.622
Usual cohabitation	6.664	3.143
Assessment location	-38.410	2.618
Co-located	10.004	2.843
Auspice	1.748	3.522
Certification score	0 102	0 089

0.036

0.044

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 3,764)

Provision ratio

## Appendix Table D6: Final model – entry period estimate for low care New South Wales residents

Root MSE	79.468
Dependent mean	79.708
Coefficient of variation	99.700
R-Square	0.105
Adj R-Sq	0.102

Variable	Parameter estimate	Standard error
Intercept	36.398	15.730
Age	0.358	0.156
Sex	-5.031	2.700
Technical nursing	0.297	0.652
Respite	34.387	2.440
CACP	37.598	5.709
Marital status (1)	6.783	3.408
Marital status (2)	8.599	5.869
Usual cohabitation (1)	-5.085	2.841
Usual cohabitation (2)	-1.852	6.169
Assessment location	-31.403	2.631
Co-location	5.770	2.500
Auspice	-26.115	5.961
Certification score	0.391	0.102
Provision ratio	-0.737	0.163

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. Usual cohabitation (1) = 1 if living alone, otherwise 0. Usual cohabitation (2) = 1 if living with spouse only, otherwise 0. (N = 4,576)

Appendix Table D7: Final model – entry p	eriod
estimate for low care Victoria residents	

Root MSE	81.051
Dependent mean	82.290
Coefficient of variation	98.494
R-Square	0.114
Adj R-Sq	0.111

Variable	Parameter estimate	Standard error
Intercept	28.509	18.589
Age	-0.051	0.168
Sex	-5.124	2.941
Technical nursing	-1.205	0.679
Respite	35.108	2.678
CACP	10.421	6.066
Marital status (1)	1.855	3.713
Marital status (2)	0.215	6.653
Usual cohabitation (1)	7.506	3.041
Usual cohabitation (2)	5.850	6.703
Assessment location	-40.576	2.686
Co-location	9.672	2.890
Auspice	-1.369	3.445
Certification score	0.597	0.132
Provision ratio	0.150	0.225

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0.Usual cohabitation (1) = 1 if living alone, otherwise 0. Usual cohabitation (2) = 1 if living with spouse only, otherwise 0. (N = 4,193).

# Appendix Table D8: Final model – entry period estimate for low care Queensland residents

Root MSE	86.788
Dependent mean	92.356
Coefficient of variation	93.971
R-Square	0.108
Adj R-Sq	0.104

Variable	Parameter estimate	Standard error
Intercept	110.593	27.989
Age	0.093	0.214
Sex	-7.767	3.747
Technical nursing	-1.343	0.844
Respite	38.667	3.460
CACP	43.790	7.142
Marital status (1)	2.929	4.899
Marital status (2)	27.691	7.007
Usual cohabitation (1)	-3.603	3.952
Usual cohabitation (2)	-8.776	6.881
Assessment location	-38.847	3.850
Co-location	1.942	3.394
Auspice	-6.491	5.303
Certification score	0.113	0.208
Provision ratio	-0.922	0.310

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. Usual cohabitation (1) = 1 if living alone, otherwise 0. Usual cohabitation (2) = 1 if living with spouse only, otherwise 0. (N = 2,802).

Appendix Table D9: Final model – entry period	
estimate for high care New South Wales resident	ts

Root MSE	60.391
Dependent mean	41.344
Coefficient of variation	146.068
R-Square	0.161
Adj R-Sq	0.159

Variable	Parameter estimate	Standard error
Intercept	48.067	8.604
Age	-0.006	0.077
Sex	0.101	1.466
Technical nursing	-0.290	0.162
Respite	28.827	1.516
CACP	10.601	3.293
Marital status (1)	1.556	2.126
Marital status (2)	4.010	2.235
Usual cohabitation	-4.089	1.602
Assessment location	-29.793	1.473
Co-located	1.422	1.945
Auspice	-11.777	1.642
Certification score	0.276	0.066
Provision ratio	-0.192	0.040

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 8,487).

Appendix Table D10: Final model – entry period estimate for high care Victoria residents	l
Root MSE	65.191
Dependent mean	54.649
Coefficient of variation	119.291
R-Square	0.137
Adj R-Sq	0.134

Variable	Parameter estimate	Standard error
Intercept	119.324	16.753
Age	-0.581	0.111
Sex	3.623	2.076
Technical nursing	-0.541	0.230
Respite	17.683	2.322
CACP	18.811	4.694
Marital status (1)	5.800	3.128
Marital status (2)	11.218	3.191
Usual cohabitation	-4.116	2.340
Assessment location	-38.005	2.153
Co-located	-3.549	2.483
Auspice	-10.922	2.221
Certification score	0.037	0.094
Provision ratio	0.057	0.305

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 4,792).

Appendix Table D11: Final model—entry period estimate for high care Queensland residents	l
Root MSE	80.777
Dependent mean	76.392
Coefficient of variation	105.741
R-Square	0.095
Adj R-Sq	0.091

Variable	Parameter estimate	Standard error
Intercept	84.165	16.994
Age	-0.376	0.151
Sex	-1.865	2.992
Technical nursing	0.325	0.322
Respite	27.443	3.033
CACP	14.829	5.879
Marital status (1)	-0.110	4.483
Marital status (2)	-3.106	4.512
Usual cohabitation	-18.705	3.373
Assessment location	-29.556	2.920
Co-located	3.882	3.090
Auspice	-6.286	3.147
Certification score	0.359	0.132
Provision ratio	0.144	0.127

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0.

Marital status (2) = 1 if married, otherwise 0. (N = 3,585).

### Appendix E

## Appendix Table E1: Final model – entry period estimate for all urban residents

Root MSE	72.786
Dependent mean	65.300
Coefficient of variation	111.465
R-Square	0.171
Adj R-Sq	0.171

Variable	Parameter estimate	Standard error
Intercept	79.018	5.945
Age	-0.085	0.055
Sex	-1.810	1.017
RCS	-15.050	1.115
Respite	28.811	0.994
CACP	22.288	2.152
Marital status (1)	4.272	1.406
Marital status (2)	10.298	1.546
Usual cohabitation	-1.593	1.084
Assessment location	-38.411	0.970
Co-located	5.126	1.099
Auspice	-12.158	1.142
Certification score	0.312	0.042
Provision ratio	-0.149	0.024

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 26,325).

# Appendix Table E2: Final model—entry period estimate for all rural residents

Root MSE	77.534
Dependent mean	69.789
Coefficient of variation	111.098
R-Square	0.103
Adj R-Sq	0.102

Variable	Parameter estimate	Standard error
Intercept	55.154	10.654
Age	0.042	0.094
Sex	-2.459	1.689
RCS	-15.339	1.733
Respite	30.606	1.619
CACP	16.120	3.642
Marital status (1)	2.543	2.463
Marital status (2)	7.824	2.678
Usual cohabitation	-4.045	1.843
Assessment location	-26.817	1.638
Co-located	4.637	1.685
Auspice	-5.549	2.266
Certification score	0.267	0.065
Provision ratio	-0.060	0.057

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 10,443).

Appendix Table E3: Final model—entry period estimate for urban low care residents	
Root MSE	82.300
Dependent mean	87.028
Coefficient of variation	94.568
R-Square	0.116
Adj R-Sq	0.115

Variable	Parameter estimate	Standard error
Intercept	28.880	10.943
Age	0.147	0.107
Sex	-5.771	1.891
Respite	34.785	1.696
CACP	33.102	3.849
Marital status (1)	3.811	2.387
Marital status (2)	12.966	2.995
Usual cohabitation	3.211	1.910
Assessment location	-43.419	1.752
Co-located	6.577	1.726
Auspice	-8.628	2.482
Certification score	0.443	0.081
Provision ratio	0.081	0.102

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N= 10,354).

estimate for rurar fow care resident	
Root MSE	83.420
Dependent mean	83.608
Coefficient of variation	99.775
R-Square	0.071
Adj R-Sq	0.068

Appendix Table E4: Final model – entry period
estimate for rural low care residents

Variable	Parameter estimate	Standard error
Intercept	20.318	17.247
Age	0.398	0.163
Sex	-3.637	2.728
Respite	32.103	2.474
CACP	23.754	5.711
Marital status (1)	3.717	3.732
Marital status (2)	11.351	4.560
Usual cohabitation	1.127	2.826
Assessment location	-27.798	2.658
Co-located	4.117	2.559
Auspice	-5.934	6.455
Certification score	0.418	0.104
Provision ratio	-0.379	0.154

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 4,873).

Appendix Table E5: Final model—entry period estimate for urban high care residents		
Root MSE	65.489	
Dependent mean	51.214	
Coefficient of variation	127.873	
R-Square	0.154	
Adj R-Sq	0.154	

Variable	Parameter estimate	Standard error
Intercept	91.909	6.464
Age	-0.223	0.061
Sex	0.939	1.155
Respite	25.264	1.212
CACP	16.073	2.503
Marital status (1)	3.015	1.703
Marital status (2)	6.345	1.768
Usual cohabitation	-5.285	1.276
Assessment location	-35.821	1.137
Co-located	2.006	1.446
Auspice	-14.524	1.270
Certification score	0.204	0.048
Provision ratio	-0.357	0.034

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 15,971).

U	
Root MSE	71.767
Dependent mean	57.699
Coefficient of variation	124.382
R-Square	0.100
Adj R-Sq	0.098

Appendix Table E6: Final model – entry period	
estimate for rural high care residents	

Variable	Parameter estimate	Standard error
Intercept	57.853	11.967
Age	-0.167	0.112
Sex	-1.177	2.098
Respite	29.415	2.149
CACP	10.013	4.646
Marital status (1)	0.450	3.251
Marital status (2)	3.249	3.274
Usual cohabitation	-9.425	2.410
Assessment location	-25.807	2.064
Co-located	4.765	2.225
Auspice	-5.746	2.341
Certification score	0.170	0.082
Provision ratio	0.141	0.100

Additional definitions: Marital status (1) = 1 if widowed, otherwise 0. Marital status (2) = 1 if married, otherwise 0. (N = 5,570).

#### Appendix F

The AIHW is currently undertaking work on the development of performance indicators for the Residential Aged Care Program. Waiting time prior to permanent admission to residential aged care is being considered for development as a performance indicator for the program. This would require identification of the elapsed time between the point of first contact with the residential aged care service and the point of entry to the service. A proposed method for calculation of average waiting time is presented below.

Appendix Table F1: A draft performance indicator for waiting time for entry to residential aged care

Average v	vaiting time prior to	entry to a	residential	aged	care
service	(DRAFT)				

PERFORMANCE INDICATOR
The average waiting time between the date of first contact with the residential aged care service and the date of admission to the residential aged care service as a permanent resident.
To provide access to residential aged care services within an appropriate timeframe.
Maintain or reduce the average waiting time for people entering a residential aged care service.
The number of days between the date of first contact with a residential aged care service and the date of admission to the service as a permanent resident, summed for all residents admitted to residential care during the reporting period.
The total number of residents who were admitted to residential aged care as permanent residents during the reporting period.
A person may have more than one admission for permanent residency in the period for which an ACAT assessment is valid. This performance indicator includes only the first admission to residential aged care for permanent residency following the ACAT assessment.
<ul> <li>This indicator would require some additional data to be reported through existing administrative systems. Waiting time is defined by the date of first contact and the date of admission. Ideally, would need documentation of first-ever contact with the residential aged care system. In practice, this may need to be limited to first contact with the specific home that accepted the person. This field could be added to the Resident Entry Record. This performance indicator would be further enhanced by the identification of the urgency of need for care</li> </ul>

#### References

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