**Australian Government** 



Australian Institute of Health and Welfare

# Older people leaving hospital

A statistical overview of the **Transition Care Program** 2009–10 and 2010–11 Australian Government



Australian Institute of Health and Welfare

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*A statistical overview of the Transition Care Program* 2009–10 and 2010–11 The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.

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## **Abbreviations**

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

## **Symbols**

- Nil or rounded to zero
- .. Not applicable
- n.a. Not available
- n.p. Not publishable because of small numbers, confidentiality or other concerns about the quality of the data
- > Greater than



## Summary

The Transition Care Program (TCP) provides short-term care to older people leaving hospital who are assessed as eligible for at least low-level residential aged care. It aims to improve recipients' independence and functioning and delay entry into residential aged care. TCP can be delivered in the community (at home) or in a more home-like residential setting.

This report presents statistics about TCP in 2010–11, with some information about the program in 2009–10 and over its first 6 years.

#### TCP has assisted nearly 52,000 people, including more than 18,000 in 2010-11

From the start of the TCP until 30 June 2011 there were just over 60,500 episodes of care provided to a total of 51,882 people.

During 2010–11, there were 18,084 individual TCP recipients receiving at least part of 20,277 episodes of care. This was an increase from 15,018 individuals and 16,736 episodes in 2009–10. In both these years, the median age was 82 and around 2 in 3 TCP episode recipients were women.

#### Functional capacity improved for most people completing TCP treatment

In 2010–11, 56% of recipients improved in functioning during their TCP episode. In the 73% of episodes where recipients completed planned care (that is, excluding those who moved to another service outlet, returned to hospital or died), three-quarters (75%) had improved functional capacity. A further 17% maintained their existing level of function during their TCP episode, while functional capacity deteriorated for just 8%.

#### About half of the care recipients returned to live in the community

In 2010–11, more than 8,400 (49%) care recipients returned to the community after their TCP care episode. Just under 1 in 5 entered residential care (19%), while 23% returned to hospital and 2% died.

#### TCP has consistently achieved its aims since its introduction in 2005-06

Over the six years since its introduction, more than 60% of recipients left the program with an improved level of functioning.

Since 2005–06, the proportion of care recipients who finally returned to the community has ranged between 48% and 56% (54% overall).

Of those with consecutive episodes of care, outcomes were best for those clients who transferred directly from one service outlet to another, with 72% of these people eventually returning to the community.



# Chapter 1

### Introduction



## 1 Introduction

As the proportion of older people in Australia continues to rise, a key challenge is to develop an effective aged care system that meets their needs and expectations. The Australian Government subsidises care to older people through community care programs as well as residential care (see Box 1).

For many older people, a stay in hospital is accompanied by a deterioration in their functional capacity. Their previous level of physical functioning can be difficult to regain. The Transition Care Program (TCP), which is jointly funded by the Australian Government and all state and territory governments, provides short-term care to older Australians directly after discharge from hospital. The package of services includes at least low-intensity therapy and either nursing support or personal care. This program aims to improve recipients' independence and functioning to an optimal level and to delay entry to residential care. At the same time it gives them, their families and carers time to think about long-term care arrangements such as entering a community aged care program or residential aged care, if this is needed.

#### Box 1: Residential and community aged care in Australia

#### What is an ACAT assessment?

The Australian Government funds the state and territory governments to operate Aged Care Assessment Teams (ACATs)—teams of health professionals who have experience in the field of community aged care and a broad knowledge of residential and community resources. An ACAT assessment is essential to access residential aged care services and aged care packages in the community, such as Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and EACH Dementia (EACHD). The ACAT assessment and approval of care includes a decision about which level of care (low or high) an individual requires. An ACAT assessment and approval is also needed to access TCP and, for this program, the assessment must be done while the patient is in hospital.

#### What is residential aged care?

Residential aged care is subsidised by the Australian Government and provides a live-in setting for older Australians whose care needs are such that they can no longer remain in their own homes. There are two levels of care available, high-care and low-care. High-care offers nursing care along with the assistance received for low-care, which includes meals, laundry and personal care. Residential aged care also provides respite services, which deliver short-term care on a planned or emergency basis (AIHW 2012b).

#### What is community aged care?

Community aged care services are services that support older Australians to remain in their community. This can be through services such as those provided through Home and Community Care (HACC), which is subsidised by both the Australian and state/territory governments. People receiving HACC services may receive one or more types of assistance such as delivered meals, domestic services, community transport or nursing care. The Australian Government–subsidised CACPs, EACH and EACHD packages provide coordinated case managed care services. They are alternatives to residential aged care, which, unlike HACC services, can only be accessed through an ACAT assessment and approval. CACPs are the community care equivalent of low-care residential aged care, and EACH and EACHD are the high-care equivalents (AIHW 2012a). As part of the *Living Longer, Living Better* aged care reforms, the Australian Government has announced that the current CACP, EACH and EACHD packages will be replaced by an expanded Home Care Packages Program from July 2013.



### **Transition Care Program**

In 2004–05, the Australian Government established TCP as a jointly funded initiative with the states and territories. Between 2005 and 2007, the Australian Government provided 2,000 transition care places to all states and territories, 'broadly based on the distribution of the population of non-Indigenous people aged 70 or over and Aboriginal and Torres Strait Islander people aged 50 or over' (DoHA 2011a).

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

Almost all people who use transition care services normally live in the community. Most use either no aged care services or have assistance from Home and Community Care (HACC). Around 5% are already receiving Australian Government-funded aged care packages and a very small number of people (25 in 2010–11) already live in permanent residential aged care (see section on leave from aged care services in Chapter 4).

An initial ACAT approval given in hospital is a requirement for access to TCP as care recipients must otherwise be eligible for entry to at least low-level residential aged care at the end of their hospital stay, and the person must enter transition care directly from hospital.

TCP is a flexible service that is customised to the individual. The care is provided according to a care plan that varies from person to person, and ranges from services that improve a recipient's ability to live independently to services that enable a recipient to enter residential aged care at an optimum level of functioning (Table 1). TCP can be provided in a person's home or in a more home-like residential setting and care can last for up to 12 weeks; however, a further ACAT assessment can lengthen this by an additional 6 weeks. A transition care episode can exceed this, but the Australian Government subsidises TCP places only up to a maximum of 18 weeks.

A recipient's functioning is measured at the beginning and end of care to determine if any changes have taken place. This is done using the Modified Barthel Index (MBI) (Box 2). The program aims include an improvement in function for at least 60% of care recipients and having 45% of care recipients returning to live in the community (DoHA 2011b:166).



#### Table 1: About the Transition Care Program

Year introduced	2005–06				
	2009–10	2010–11			
Number of operational places at 30 June	2,698	3,349			
Number of individual care recipients from 1 July to 30 June	15,018	18,084			
Number of transition care episodes where all or part of the episodes occurred in the financial year from 1 July to 30 June	16,736	20,277			
Number of admissions	14,849	18,008			
Number of discharges	14,467	17,411			
Access/eligibility requirements	<ul> <li>Aged Care Assessment Team (AC/ done while a person is still in hosp</li> </ul>	AT) assessment and approval pital.			
	<ul> <li>Person assessed as otherwise eligible for at least low-least residential care.</li> </ul>				
	<ul> <li>Person has completed acute and e.g. rehabilitation.</li> </ul>	any necessary subacute care,			
	<ul> <li>Person is medically stable and rea assessment.</li> </ul>	dy for discharge at the time of			
	• Person wishes to enter TCP and d	oes so directly from hospital.			
	<ul> <li>Person would have the capacity to time-limited and therapy-focused</li> </ul>	o benefit from goal-oriented, I care necessary to:			
	- complete their restorative proce	255			
	- optimise their functional capaci	ty			
	- assist in making long-term arrangements for their care.				
Where does it take place?	In the community or at a 'live-in' fac	cility			
Type of care provided	A package of services that includes	:			
	<ul> <li>low-intensity therapy (such as phy therapy)</li> </ul>	ysiotherapy and occupational			
	• personal care				
	<ul> <li>nursing support</li> </ul>				
	• medical support, e.g. general pra-	ctitioner (GP) overseeing care			
	case management etc (see also D	oHA 2011c: Attachment B).			
Average hours of care	Varies depending on the needs of t	he care recipient.			

*Note*: Figures may vary slightly from those formally reported elsewhere, due to the variation in time of extraction from the data warehouse. *Sources*: DoHA 2011c; AIHW analysis of Ageing and Aged Care data warehouse, DoHA, unpublished.



#### **Box 2: The Modified Barthel Index**

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

#### Scoring

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

When a TCP recipient dies or returns to hospital, the MBI score at the end of the episode is recorded as zero.

Sources: DoHA 2006; Leung et al. 2007.

### **Data and methods**

Tables and figures included herein are published on the Australian Institute of Health and Welfare (AIHW) website with the electronic version of this report <www.aihw.gov.au>. Where these are the source tables for any figures in this report, the table number is prefixed by 'S'—for example, S1 for the first internet table. Data cubes are also available on the AIHW website. These are interactive tables that allow the user to select and manipulate variables as needed.

Unless otherwise noted, the source of all data in this report is AIHW analysis of administrative data about the TCP program and its care from the Australian Government Department of Health and Ageing's (DoHA's) Ageing and Aged Care data warehouse. These data may differ from those published elsewhere when additional data are received and processed after initial reports have been published. In addition, the Australian Bureau of Statistics (ABS) adjusts population estimates after a new census has been conducted and rates may differ if revised population data are used. For a detailed description of data sources and limitations, see Appendix B.

The states and territories, represented by their health departments, are the Approved Providers for this program. They are responsible for determining the location of TCP outlets and the model of service that suits the local situation, taking into consideration what other types of services are available. Consequently the service provision model varies from state to state and even within states, and to some extent over time. This is reflected in the differences between states in the service delivery setting, with some states providing most care in the community and others in a residential care setting (see Figure A1). These differences make it difficult to compare the outcomes of different states and territories.



# Chapter 2

### Transition care services and provision



## 2 Transition care services and provision

The state and territory governments, represented by their health departments, are the Approved Providers of transition care under the *Aged Care Act 1997*, and are responsible for planning the model of transition care based on local need. The outlets that provide the services have the responsibility to plan, coordinate and manage care that is matched to the needs of their recipients. This section describes some of the characteristics of these service outlets, as well as provision, occupancy and usage rates for TCP.

### **Service outlets**

The number of service outlets has steadily increased as the program grows:

- At 30 June 2011 there were 93 outlets compared with 84 at 30 June 2010 and 79 at 30 June 2009.
- While the majority of outlets are still small, this increase in the number of outlets has been accompanied by an increase in the size of outlets (Figure 1):
  - Only 65% of outlets offered 40 or fewer places at 30 June 2011 compared with 75% at 30 June 2009.
  - At 30 June 2011, there was one outlet offering 126 places and a second offering 142 places.



• The average numbers of places per outlet at 30 June were 35.6 in 2011, 32.1 in 2010 and 28.5 in 2009.

#### Service outlet location

TCP service outlets are available in all states and territories; although they are more likely to be available close to major cities (see Box 3).

#### Box 3: How is remoteness defined?

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

#### At 30 June 2011:

- The highest proportion of service outlets were located in New South Wales (49%), followed by Victoria (19%) and Queensland (11%) (Table 2).
- The remaining states and territories each had less than 10% of total service outlets, with the lowest proportion in the Australian Capital Territory (1%).
- More than 80% of TCP service outlets were located in *Major cities* (44%) and *Inner regional* areas (38%), and the lowest number were in *Remote* areas (2%).
- Only the Northern Territory had TCP service outlets located in Remote areas (2% of all TCP service outlets).
- While there were no outlets located in *Very remote* areas, the two *Remote* outlets in the Northern Territory are likely to provide care to people living in both *Remote* and *Very remote* areas. Similarly, outlets located in *Outer regional* areas are also likely to provide care to people living in more remote areas.

The largest increase in outlets was in New South Wales. Of the additional 10 outlets in that state, 7 were located in *Inner Regional* areas.

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total	Total (per cent)
NSW	18	21	7	_	_	46	49.5
Vic	11	6	1	—		18	19.4
Qld	4	3	3	_	_	10	10.8
WA	5	1	2	—	—	8	8.6
SA	2	1	—	—	—	3	3.2
Tas		3	_	_	_	3	3.2
ACT	1	—				1	1.1
NT			2	2	—	4	4.3
Australia	41	35	15	2	_	93	100.0
Australia (per cent)	44.1	37.6	16.1	2.2	_	100.0	

#### Table 2: Number of TCP service outlets, by state/territory and remoteness<sup>(a)</sup>, 30 June 2011

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

.. Not applicable.

Nil or rounded to zero.

#### **Available places**

At 30 June 2011:

- Across Australia, there were about 3,350 operational TCP places. This is a 50% increase on the number of places available at 30 June 2009 (just over 2,200) (Figure 2).
- Allocation of places is related to the size of the population of older people in each jurisdiction and has been consistent over the past 3 years. The highest number of TCP places was found in New South Wales, which accounted for just over 1 in every 3 places. Victoria had the next highest number, accounting for 1 in every 4 places (Table 3).
- The lowest number of available places was in the Northern Territory (1%), followed by the Australian Capital Territory (2%).



	2010		2011		
State/territory	Number	Per cent	Number	Per cent	
NSW	934	34.6	1,156	34.5	
Vic	674	25.0	837	25.0	
Qld	480	17.8	606	18.1	
WA	227	8.4	286	8.5	
SA	231	8.6	289	8.6	
Tas	82	3.0	97	2.9	
ACT	41	1.5	49	1.5	
NT	29	1.1	29	0.9	
Australia	2,698	100.0	3,349	100.0	
Remoteness <sup>(b)</sup>					
Major cities	1,817	67.3	2,191	65.4	
Inner regional	669	24.8	916	27.4	
Outer regional	200	7.4	230	6.9	
Remote	12	0.4	12	0.4	
Very remote	_	—	—	—	
Total	2,698	100.0	3,349	100.0	

#### Table 3: Operational TCP places, by geographic location<sup>(a)</sup> 30 June 2010 and 30 June 2011

(a) Refers to location of service outlet.

(b) Uses the ASGC Remoteness Structure developed by the ABS.

Nil or rounded to zero.



#### Provision, occupancy and usage of TCP

#### Box 4: How is service use measured?

#### What is a provision ratio?

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

Transition care places are not included in the national aged care planning ratio because of the short term nature of the care provided.

#### What is an occupancy rate?

Occupancy rates are numbers that tell us how much a program is being used, or how 'full' a service is. It is calculated by dividing the number of recipients using a place for a specific time period by the number of available places during that time period, and multiplying it by 100. For example, at a given point in time, if there are 15 people using the Transition Care Program and there are 20 places available, the occupancy rate would be 75% ( $15 \div 20 \times 100 = 75$ ). This means that 75% of the available places are in use and 25% are not. The number of recipients for the year is the sum of the recipients each day of the year and the yearly number of places is the sum of the places available each day of the year.

#### How is usage measured?

Usage rates measure the number of people who used a service compared to all of the people in the population at which the service is aimed and gives information about patterns of use and access to services. They can be measured at a specific point in time or over a period of time. Thus, if usage is 10 for the 70 and over age group, it would mean that there are 10 people aged 70 and over using that service for every 1,000 people in that age group in the population. If people's use of a service lasts for a long time, then the number of people using a service at a point in time will be similar to the number using it over the whole year. However, when the time a service is used is short, as it is for transition care places, the number of individuals using the service over the year will be greater than the number using it at a particular date.

The Aboriginal and Torres Strait Islander people in Australia have lower life expectancy compared to other Australians, and may need access to aged care services earlier in life. For this reason, provision ratios and usage are sometimes calculated with the Indigenous Australian population aged 50 to 69 added to the 70 and over age group.

#### **Provision ratios**

The 4,000 transition care places have been allocated by the Australian Government on the basis of each jurisdiction's non-Indigenous population aged 70 and over plus their Indigenous population aged 50 and over. Transition care places are not part of the national planning ratio because of the short term nature of the care provided.

#### At 30 June 2011:

- Across Australia, the operational provision ratio (from now on referred to as a 'provision ratio') was 1.5 per 1,000 (see Box 4; Figure 3).
- In the states and territories, the lowest provision ratio per 1,000 was 1.4 per 1,000 in Western Australia. The highest was in the Northern Territory with a ratio of 2.0.
- As a result of the changes arising from National Health Reform Agreement many provision ratios will soon be presented in relation to people aged 65 and over. Transition care provision rates based on this age group are presented for information in Table S3.



*Note:* The Aboriginal and Torres Strait Islander population aged 50–69 uses ABS projections (ABS 2009). Figures may differ from those published elsewhere, due to the variation in time of extraction from the data warehouse and revision of ABS population estimates. *Source:* Table S3.

#### Figure 3: Operational provision ratio for TCP, by state/territory<sup>(a)</sup>, 30 June 2011

As Indigenous population by remoteness and age was not available by individual remoteness areas, the provision ratios by remoteness presented here are based on the Australian population aged 70 and over. This means that the provision ratios appear higher in more remote areas where there is a high Indigenous population.

The service provision ratio was highest in *Inner regional* areas in both 2009–10 and 2010–11 at 1.4 and 1.9 per 1,000 people 70 and over respectively. This is in contrast to 2008–09 where service provision was highest in *Major Cities*. The service provision was 0.4 per 1,000 people aged 70 and over in *Remote* and *Very Remote* areas (Figure 4, Table S4).





(a) Refers to location of service outlet. This figure uses the ASGC Remoteness Structure developed by the ABS. Note: These provision ratios are based on the population aged 70 years and over. This means that the provision ratios appear higher in more remote areas where there is a high Indigenous population.

#### Figure 4: Operational provision ratio for TCP, by remoteness<sup>(a)</sup>, 30 June 2010 and 30 June 2011

#### **Occupancy rates**

Occupancy rates tell us how much a program is being used, or how 'full' a service is. Occupancy rates seen in short-term time-limited service programs such as transition care can be expected to be lower than those for longer-term programs such as care packages. Changeover periods between clients are more frequent and the start date of care episodes is also influenced by the requirement for the care recipient to enter care directly on discharge from hospital. The size of the local population and the number of places available will also have an influence. Where the population is smaller and places fewer, such as in more remote areas, demand for these services is more likely to vary over time and some periods of lower demand can be expected. As well, in these areas, a small number of vacant places equate to a higher proportion of available places. For example, if there are only five places available, one vacant place for the year would mean an occupancy rate of 80%.

Between 1 July 2010 and 30 June 2011:

- The average TCP occupancy rate for Australia was 82% (Table 4; see also Box 4).
- For the states and territories, the average occupancy rate ranged from 61% in the Northern Territory to 92% in South Australia.
- Occupancy rates generally decreased with remoteness from 84% in *Major cities* to 45% in *Remote areas*. There were no outlets located in *Very remote* areas.
- The Northern Territory had the lowest occupancy rate (61%); however, it was the only state or territory that had places available in *Remote* areas (12 transition care places available with an occupancy rate of 45%). In contrast, South Australia had the highest overall occupancy rate (92%), but only had places available in *Major cities* and *Inner regional* areas (occupancy rate 93% and 88%, respectively).

The overall occupancy rate for transition care places has been stable over the past three years (81%, 82% and 82%) (Table 4 and AIHW 2011).

Source: Table S4.

State/towitery	Major	Inner	Outer	Pomoto	Very	Total
State/territory	cities	regional	regional	Keniote	Temote	Iotai
2009–10						
NSW	81.3	76.8	69.9	_	_	79.4
Vic	87.1	82.8	—	—		86.3
Qld	81.1	81.5	85.1	—	—	82.0
WA	82.7	73.8	55.3	—	—	77.0
SA	93.0	91.6	—	—	—	92.6
Tas		69.1	_	—	—	69.1
ACT	83.3	—				83.3
NT			67.0	33.3	—	52.4
Australia	84.3	79.1	74.1	33.3	—	82.0
2010–11						
NSW	78.9	78.3	64.6	_	_	77.9
Vic	90.2	77.4	64.6	—		86.8
Qld	81.0	80.9	88.6	—	—	82.3
WA	83.1	67.1	61.1	—	—	79.1
SA	93.4	88.4	_	—	—	92.1
Tas		67.2	—	—	—	67.2
ACT	70.4					70.4
NT			71.5	45.3	—	60.6
Australia	84.0	78.0	75.4	45.3	_	81.6

#### Table 4: TCP average occupancy rate, by state/territory and remoteness<sup>(a)</sup>, 2009–10 and 2010–11

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

— Nil or rounded to zero.

.. Not applicable.

#### Usage rates

Usage rates measure the number of people who used a service compared to all of the people in the population at which the service is aimed. These rates also give information about patterns of use and access to services. They can be measured at a specific point in time or over a period of time. When the time a service is used is short, as it is for transition care places, the number of individuals using the service over the year will be greater than the number using it at a particular date (see Box 4).

On 30 June 2011, the usage rate for TCP in Australia overall was 0.1 per 1,000 people. Usage for the whole of the 2010–11 year was 0.8 per 1,000 people (Table 5; see also Box 4).

- As expected, use of the program increased with age, and was highest for the oldest age group (85 and over). On 30 June 2011, usage was 2.5 people per 1,000 people aged 85 and over, and 18.0 over the whole year in the same age group.
- Between the sexes, the usage was similar in younger age groups and became higher for females with increasing age. At 30 June 2011, usage for those aged 85 and older was 2.2 per 1,000 for males and 2.7 for females. Over the whole year, the comparable rates were 15.8 for males compared with 19.2 for females.

	Usage ra	ates, 30 Jun	e 2011	Usag	ge rates, 201	0–11
Age group (years)	Females	Males	Persons	Females	Males	Persons
0–54	—	_	—	_	_	—
55–64	_	—	_	0.2	0.2	0.2
65–74	0.4	0.2	0.3	2.0	1.4	1.7
75–84	1.4	1.0	1.2	8.4	6.3	7.4
85+	2.7	2.2	2.5	19.2	15.8	18.0
All ages	0.2	0.1	0.1	1.0	0.6	0.8

### Table 5: Usage rates of TCP, by age group and sex, 30 June 2011 and 1 July 2010 to 30 June 2011 (per 1,000 population)<sup>(a)</sup>

(a) Ratios calculated using Australian population figures released in June 2012 (ABS 2012). When usage for the year is calculated, people accessing the program more than once are counted only once.

Nil or rounded to zero.



# Chapter 3

## **Characteristics of recipients**



## 3 Characteristics of recipients

This section describes some characteristics of TCP recipients including the location of the service outlets they accessed, their age and sex, and in which country they were born.

The characteristics of the clients in this chapter are reported by care episodes in the financial year, as opposed to individual recipients, unless otherwise stated. This acknowledges the fact that some care recipients may move between jurisdictions or remoteness areas. At the same time, it gives a better picture of the proportions of episodes where cultural characteristics or language need to be considered, and the age distribution across the program.

All transition care episodes where part of the episode occurred in the financial year are included. The primary focus of the chapter is recipients in 2010–11, but it also includes some discussion of recipients receiving care in 2009–10.

Between 1 July 2010 and 30 June 2011 there were 18,084 individual TCP recipients who received at least part of 20,277 transition care episodes in the year. This was an increase of 3,066 on the 15, 018 recipients and 16,736 transition care episodes occurring wholly or partly between 1 July 2009 and 30 June 2010.

Most care recipients had only one episode of care in the year. In 2010–11, nearly 11% of care recipients had more than one episode with 9% having two episodes and 1% more than two episodes. With the increase in the number of available places the proportion of recipients with more than one episode of care in the same year has increased slightly from 6% in 2005–06 (Table A1).

### Location

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

New South Wales had the highest proportion (and number) of TCP recipients and episodes with just under 1 in every 3 TCP care episodes, followed closely by Victoria with just under 3 in 10 care episodes (Tables A2 and A4, Figure 5).

The smallest proportion of episodes was in the Northern Territory (under 1%) followed by the Australian Capital Territory (just over 1%) (Table A2).

The majority of TCP care episodes were provided by outlets in *Major cities* (2 in every 3 care episodes) and *Inner regional* areas (1 in every 4), reflecting the geographical availability of these services (Figure 6, Table A5).

The proportion of episodes provided in *Major cities* has been falling over time, while the proportion in *Inner regional* and *Outer regional* areas has been rising. In *Remote* areas the proportion of episodes has been falling; the number of operational places in remote Northern Territory has been stable at 12 over the previous four-year period with low occupancy (Table S26).







### Sex and age

#### Proportions of females and males

Around 2 in every 3 TCP episode recipients were female. This has been stable over the previous 3 years (2008–09 to 2010–11) (Table A4, and AIHW 2011: Table A4).

Within the states and territories in 2010–11:

- The Australian Capital Territory and Tasmania had the highest proportion of females receiving TCP services (72% and 70%, respectively) (Table A4).
- The Northern Territory had the highest proportion of males receiving these services (46%).

Within remoteness areas in 2010–11:

- Inner regional areas had the highest proportion of female TCP recipients (65% of episodes) (Table A5).
- *Remote* areas had the highest proportion of males (56%). While this is higher than in 2009–10 (50%) and 2007–08 (38%), the small number of places means that the proportion of male and female care recipients is likely to vary considerably from year to year.

#### Age profiles

During 2010–11:

- The median age of all TCP episode recipients at admission was 82 years, with females having an older age profile (83 years) than males (81 years) (Table A4). This has remained constant over the period from 2008–09 to 2009–10.
- The majority of female TCP recipients were aged 75 and over (82%), with 15% aged 90 or more. Males had a slightly younger profile than their female counterparts, with 76% of males aged 75 and over and 11% aged 90 and over (Figure 7; Table A3).
- The median age was lowest in the Northern Territory (75 years). Victoria, Western Australia and South Australia had the highest median age (83 years) (Table 6).
- Nationally, and for all states and territories with the exception of the Northern Territory and Queensland, the
  majority of all TCP recipients were aged 75 and over (between 77% and 84%). In Queensland the proportion
  aged 75 and over was slightly lower at 72%.
- In the Northern Territory, there was a higher proportion of younger care recipients, with 14% aged less than 65. Most care recipients were aged between 65 and 84 with 15% aged 85 and over. In other jurisdictions 28-45% of care recipients were 85 and over (Table 6). These differences are likely to be due to the larger proportion of Indigenous Australians who tend to be younger at the time of TCP service, or because of the smaller number of TCP recipients in the Northern Territory (Tables 6 and 7).

### Table 6: TCP care episodes, by age of recipients at admission and state/territory of service outlet, 2010–11 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
0–64	1.9	3.5	5.4	3.3	1.2	3.8	2.1	13.7	3.2
65–74	17.0	14.1	22.9	13.9	15.3	19.0	17.7	35.9	17.0
75–84	46.9	40.3	43.6	38.2	41.5	42.4	47.3	35.9	43.0
85+	34.2	42.1	28.1	44.6	42.0	34.8	32.9	14.5	36.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	6,368	5,658	3,733	1,903	1,799	448	237	131	20,277
Median age (years)	82	83	80	83	83	81	81	75	82

- There was little difference in median age across remoteness areas, except for *Remote* areas (72 years), where the median age was 10 years lower than the national median (82 years). There was only a small number of recipients in *Remote* areas (43 care episodes) (Table A5) and a higher proportion of Indigenous care recipients (24%, Table 7).
- As age increased, the proportion of TCP recipients receiving their care from outlets in *Remote* areas decreased (Figure 8). TCP recipients in the oldest age group (85 years and over) were more likely to be accessing their care in *Major cities* (75%) than in other remoteness areas.





Figure 7: TCP care episodes, by age at admission and sex of recipients, 2010–11

(a) The figure uses the ASGC Remoteness Structure developed by the ABS. *Source:* Table S5.

Figure 8: TCP care episodes, by remoteness<sup>(a)</sup> of service outlet and age of recipients at admission, 2010–11

#### **Recipients' background**

#### Indigenous status

In 2010–11 there were 150 TCP episodes involving Indigenous care recipients. Of these around 1 in 3 were delivered by providers in *Major cities*, 1 in 4 in both *Inner regional* and in *Outer regional* areas and 1 in 6 in *Remote* areas. The age profile of Indigenous care recipients was younger than that of non-Indigenous recipients (Figure 9).





With the increasing size of the program, the number of episodes provided to Indigenous care recipients has grown; however, the proportion of TCP episodes is small and has remained relatively stable over time (Figure 10).

#### Source: Table S7.

Figure 10: TCP care episodes, by number and proportion of Indigenous care recipients, 2005–06 to 2010–11

#### **Country of birth**

During 2010-11:

- The majority of TCP recipients were born in Australia (68%), including 1% of recipients who identified as Indigenous (Figures 10 and 11; Table 7).
- For those born overseas (31% of recipients), the highest proportion was from Southern/Eastern Europe (11% of recipients), which includes Italy and Greece (4% and 2%, respectively). Similarly, 11% of recipients were born in the United Kingdom and Ireland.
- Tasmania had the highest proportion of Australian-born TCP recipients (85%) and Western Australia the lowest (56%) (Table 7).
- Victoria had the highest proportion of TCP recipients from Southern/Eastern Europe (19%) and Western Australia had the highest proportion from United Kingdom/Ireland (22%).

#### Table 7: TCP care episodes, by country of birth<sup>(a)</sup> of recipients by state/territory<sup>(b)</sup>, 2010–11 (per cent)

Birthplace	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
Australia	73.7	60.9	74.7	55.6	65.4	85.3	63.3	73.3	68.0
Aboriginal or Torres Strait Islander <sup>(c)</sup>	0.4	0.2	0.9	0.7	1.3	1.1	1.3	23.7	0.7
Countries other than Australia:									
Southern/Eastern Europe	8.3	19.0	4.0	10.4	10.9	3.3	12.2	6.9	10.8
Italy <sup>(d)</sup>	2.3	6.3	1.4	4.3	4.5	n.p.	2.5	n.p.	3.6
Greece <sup>(d)</sup>	1.4	3.7	0.4	0.5	1.9	n.p.	3.8	n.p.	1.8
United Kingdom and Ireland	8.0	8.7	10.0	22.2	15.3	7.6	15.2	8.4	10.6
Northern/Western Europe	2.4	3.1	3.3	3.8	5.2	2.0	1.7	3.8	3.2
North Africa/Middle East	1.9	1.6	0.3	0.6	0.6	n.p.	n.p.	n.p.	1.2
Other Oceania/New Zealand/									
Antarctica	1.0	0.8	3.2	0.8	0.6	n.p.	n.p.	n.p.	1.3
Southeast Asia	1.0	1.4	0.5	2.4	0.6	—	n.p.	n.p.	1.1
Northeast Asia	1.3	1.0	0.5	0.4	0.2	—	n.p.	n.p.	0.9
Southern Asia/Central Asia	0.6	1.4	0.5	2.2	0.6	0.4	2.1	3.1	1.0
Other <sup>(e)</sup>	0.9	1.0	1.0	1.5	0.4	n.p.	2.1	n.p.	1.0
Total countries other than Australia	25.4	38.1	23.4	44.4	34.4	14.7	36.7	26.7	31.0
Not stated/not classified	1.0	1.1	1.9	_	0.2	_	_	_	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	6,368	5,658	3,733	1,903	1,799	448	237	131	20,277

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

(b) Refers to location of service outlet.

(c) Aboriginal or Torres Strait Islander is a subset of the category 'Australia' and is not included separately in the total.

(d) Greece and Italy are subsets of the category 'Southern/Eastern Europe' and are not included separately in the total.

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

n.p. Not publishable because of small numbers, confidentiality or other concerns about the quality of the data.

— Nil or rounded to zero.

Note: Small cell values have not been published and consequently totals may not add to 100%.



#### **Preferred language**

English was the preferred language for 90% of TCP recipients. Of the remainder, Southern European languages were the most preferred (5% of all TCP recipients), consisting mainly of Greek and Italian (2% and 3%, respectively) (Table 8).

Preferred language	2009–10	2010-11
English	89.9	90.3
Language other than English:		
Southern European	5.0	4.8
Italian <sup>(b)</sup>	2.6	2.7
Greek <sup>(b)</sup>	1.7	1.6
Eastern European	2.3	2.2
Other Northern European	0.5	0.4
Eastern Asian	0.7	0.7
South-West Asian and North African	0.6	0.6
South-East Asian	0.3	0.4
Australian Indigenous	0.1	0.1
Southern Asian	0.2	0.2
Other <sup>(c)</sup>	0.2	0.2
Total language other than English	10.0	9.6
Not stated	0.1	0.1
Total	100.0	100.0
Total (number)	16,736	20,277

Table 8: TCP	ocare episodes,	by preferred	language <sup>(a)</sup> o	f recipients, 2009	9–10 and 2010–11	(per cent)
	cui e episeues,	», p	anguage e			

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

(b) Greek and Italian are subsets of the category 'Southern European' and are not included separately in the total.

(c) 'Other' preferred languages include African (excluding North African) and Oceanic.



#### Non-English-speaking background

People from countries where English is not the main language may have more difficulty obtaining services because they may not be aware of their availability, or may even be reluctant to use a service because of concerns about being understood.

The classification of English-speaking status is based on country of birth. Overseas countries that are considered to be main English-speaking countries are New Zealand, United Kingdom, Ireland, United States of America, Canada and South Africa. People born in other overseas countries are classified as being from a non-English-speaking background.

#### In 2010-11:

- TCP recipients from a non-English-speaking background accounted for close to 1 in 5 recipients (19%) (Figure 12).
- Overseas-born TCP recipients from an English-speaking background were more likely to be 85 or over (41%) compared with Australian-born and care recipients from a non-English-speaking background (both 36%).
- Australian-born recipients had the highest proportion of people aged less than 75 (21%) compared with those born overseas in an English-speaking country (18%) or a non-English-speaking country (19%) (Figure 13, Table S9).



#### Figure 12: TCP care episodes, by English-speaking background<sup>(a)</sup> of recipients, 2010–11



*Note:* Figure does not include those with unknown country of birth, of which there were 196 (1%).

#### Source: Table S9.

### Figure 13: TCP care episodes, by age profile of TCP recipients and English-speaking-background<sup>(a)</sup>, 2010–11

Among those care recipients coming from a non-English-speaking background there are again very different age profiles. In 2010–11:

- Recipients from non-English speaking European regions had an older age profile than others from a non-English-speaking background (38% aged 85 and over and 45% aged 75–84).
- Care recipients from Asian regions had a younger age profile (31% aged 85 and over and 48% aged 75–84).
- Care recipients from other non-English-speaking regions (mainly Africa and the Americas) had the highest proportion of younger care recipients aged between 65 and 74 (26%) (Figure 14).



#### Figure 14: TCP care episodes, by age profile of recipients and region of birth, 2010–11

# Chapter **4**

### **Outcomes of transition care episodes**



## 4 Outcomes of transition care episodes

This section includes information about the number of admissions and discharges of TCP recipients by state/ territory, age and sex. It also includes information about the type of service provision setting, the recipients' functioning as measured by the MBI, their intended destinations when they left care and how long they had received the transition care.

An admission is counted when a care recipient starts a new TCP episode with a service outlet. If the recipient moves directly to another service outlet this is recorded as a new admission to TCP. This is the only situation where a care recipient can start a new episode of care without an intervening hospital stay directly before the following TCP admission.

A discharge is counted when somebody stops receiving transition care or moves to another service outlet. Transition care can be provided in the community or in a more 'home-like' residential setting. The discharge destination when the transition care episode ends is the intended long-term type of accommodation combined with the type of care, if any, they may start receiving—for example, living in the community with assistance from a CACP. It can also include the death of the care recipient. It is important to note that the discharge destination is where it was understood the care recipient would go after leaving TCP services; however, the care recipient may actually have gone elsewhere following discharge.

### **Admissions**

During 2010-11:

- There were about 18,000 TCP admissions, with the majority occurring in New South Wales (31%) and Victoria (28%) (Table 9). Only 1% occurred in the Australian Capital Territory and the Northern Territory.
- There were about 11,500 female and 6,500 male admissions into TCP (Table A6).
- Females were older at admission than males, with 40% of females aged 85 or older on admission, compared with 31% for males (Figure 15).

State/territory 2009–10			2010	D–11
	Number	Per cent	Number	Per cent
NSW	4,717	31.8	5,596	31.1
Vic	4,272	28.8	5,066	28.1
Qld	2,750	18.5	3,318	18.4
WA	1,188	8.0	1,733	9.6
SA	1,279	8.6	1,577	8.8
Tas	349	2.4	401	2.2
ACT	202	1.4	203	1.1
NT	92	0.6	114	0.6
Australia	14,849	100.0	18,008	100.0

#### Table 9: TCP admissions, by state/territory<sup>(a)</sup>, 2009–10 and 2010–11

(a) Refers to location of service outlet.



#### Leave from aged care services to receive transition care

Most people entering transition care services lived in the community prior to their hospital admission and, at the time of the transition care episode, were either receiving services from Home and Community Care (HACC), or receiving no aged care services.

Only a small proportion of transition care recipients were already receiving aged care packages at home or were living in permanent residential aged care. These care recipients were given leave from their usual service provider to receive transition care services (Table A7).

As with all transition care recipients, the aim of this service is to improve independence and functioning after a stay in hospital to the best level possible and therefore reduce the level of care that the person may otherwise have needed. For example, for a person receiving assistance from a CACP a transition care episode may mean the difference between returning to their CACP (a low-care package) rather than moving to an EACH (high-care) package. A transition care episode for a permanent aged care resident may mean that they can return to residential care as a low-care rather than a high-care resident.

In 2009–10, just under 770 people receiving either an aged care package or permanent residential aged care were given leave from their service provider in order to receive transition care. These care recipients had around 800 episodes of care (Table A7). In 2010–11, just under 900 people receiving such aged care services had nearly 940 episodes of transition care.

In both these years, this accounted for about 5% of transition care admissions. The majority of these care recipients were normally receiving Community Aged Care Packages.
## **Discharges**

During 2010-11:

- There were about 17,400 TCP discharges. Again, the majority of TCP discharges were in New South Wales (31%) and Victoria (28%) (Table 10).
- About 11,100 discharges from TCP were female and 6,300 were male (Table A6).
- As with admissions, females were older at discharge (41% aged 85 or older) compared with males (31%) (Figure 16).

	2009	-10	:	2010–11
State/territory	Number	Per cent	Numbe	er Per cent
NSW	4,606	31.8	5,37	76 30.9
Vic	4,177	28.9	4,91	9 28.3
Qld	2,648	18.3	3,22	25 18.5
WA	1,166	8.1	1,65	6 9.5
SA	1,228	8.5	1,52	.23 8.7
Tas	356	2.5	38	34 2.2
ACT	201	1.4	2'	10 1.2
NT	85	0.6	1'	0.7
Australia	14,467	100	17,41	1 100.0

### Table 10: TCP discharges, by state/territory<sup>(a)</sup>, 2009–10 and 2010–11

(a) Refers to location of service outlet.



### Service provision setting

Transition care can be provided in a person's home or in a residential setting. While a residential setting can be in an aged care facility or a separate wing of a hospital, it should have a more home-like, less institutional feel and have space available to provide therapy.

More than half of the transition care episodes which finished in 2010–11 were provided in a community setting, a third in a residential setting and 1 in 10 in both settings (Table A8). Service delivery patterns varied considerably among jurisdictions (Figure 17); for example, in New South Wales nearly 9 in 10 care episodes were provided in a community setting while in Western Australia and Victoria service was most commonly provided in a residential setting. A combination of care settings was most common in the ACT (nearly 4 in 10 episodes) and in South Australia (1 in 4 episodes).

In addition, service delivery settings within a jurisdiction change over time. For example, while the proportion of care episodes in Queensland delivered either solely or partially in a residential care setting is small, it has been increasing over the past four years. In the Northern Territory, all transition care episodes in 2006–07 and 2007–08 were delivered in a residential setting, but in 2008–09 a TCP outlet was established in Darwin that provided services to people in their homes. Consequently, in 2010–11 nearly half of the care episodes in the Northern Territory were delivered in a community setting (Figure A1).



### **Discharge destinations**

Of those who were discharged from transition care during 2010–11 nearly half returned to the community (22% with HACC services, 11% with a CACP, EACH or EACHD package and 16% without community care assistance) (Figure 18; see also Box 1 for definitions). Meanwhile, almost 19% went to residential aged care (6% to low-care, 12% to high-care), 23% returned to hospital and 2% died.

Across the states and territories, the proportion of recipients who were discharged from TCP and returned to the community ranged from 27% in Western Australia to 69% in the Australian Capital Territory (national average of 49%) (Table 11).

Discharge destination	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
Community with no aged care service	25.7	6.1	20.0	7.7	15.7	17.2	34.3	22.0	16.4
Community with HACC	22.3	17.6	31.7	5.8	24.5	34.9	8.6	22.0	21.5
Community with CACP	10.8	3.9	9.1	8.8	14.1	5.2	22.4	11.0	8.7
Community with EACH or EACHD	0.9	1.6	2.9	4.6	1.4	1.6	3.3	2.5	1.9
Total community	59.7	29.3	63.8	26.9	55.6	58.9	68.6	57.6	48.5
Residential aged care (low-care)	2.7	11.1	2.4	13.2	5.0	3.1	4.3	10.2	6.3
Residential aged care (high-care)	1.9	27.8	1.6	29.7	5.6	10.9	1.4	7.6	12.4
Total residential aged care	4.6	38.8	4.1	42.9	10.6	14.1	5.7	17.8	18.6
Another transition care outlet	1.8	0.9	0.8	5.7	1.7	0.8	_	1.7	1.7
Hospital	25.2	23.2	23.4	17.9	24.0	18.5	21.0	20.3	23.2
Death	0.6	3.4	0.7	4.3	2.0	1.6	_	_	1.9
Other	8.1	4.5	7.3	2.2	6.2	6.3	4.8	2.5	6.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	5,376	4,919	3,225	1,656	1,523	384	210	118	17,411

### Table 11: TCP discharge destinations, by state/territory<sup>(a)</sup>, 2010–11 (per cent)

(a) Refers to location of service outlet.

Nil or rounded to zero.

n.p. Not published.



The proportion of recipients who went into residential aged care also varied considerably, from 4% in Queensland to 43% in Western Australia (national average of 19%).

There was more consistency across states in the proportion of TCP recipients who returned to hospital after finishing TCP—from 18% in Western Australia to 25% in New South Wales (national average of 23%).

Neither the Australian Capital Territory nor the Northern Territory reported any TCP discharges that occurred because of deaths. New South Wales and Queensland both had less than 1% of episodes ending with the death of the care recipient and Western Australia had the highest (4%). The national average was 2%.

The discharge destinations of 6% of recipients were categorised as 'other' with no further information provided. These destinations may include places such as supported community accommodation, group housing arrangements, or other institutional care such as hospice care or long-stay residential psychiatric institutions.

Men and women generally had similar pathways once they had completed their care. Women were somewhat more likely than men to return to the community (51% and 45%, respectively), and less likely than men to return to hospital (22% and 26%, respectively) or die (1% and 3%, respectively) (Figure 19).



### Discharge destination and service provision setting

#### In 2010–11:

- 2 out of 3 people (64%) who received care in the community returned to the community, while 1 in 4 (26%) went back to hospital.
- Half (50%) of those who received care in a residential setting entered residential aged care, with 1 in 5 (22%) returning to hospital.
- People who received care in both settings were also more likely to return to the community, and less likely than people receiving care in only one setting to return to hospital (Table 12).

In terms of the care setting for people moving to different discharge destinations:

- For 3 out of 4 discharges (74%) the person returning to the community received care only in a community setting.
- For nearly 9 out of 10 discharges (87%) the person entering residential aged care received care only in a residential setting.
- For 3 out of 4 discharges (76%) where the care recipient moved to another TCP provider, the person had received care only in a residential setting.
- For 3 out of 4 discharges (74%) where the care recipient died during the episode, the person was receiving care in a residential setting.

#### Table 12: TCP care discharges, discharge destination, by service provision setting, 2010–11 (per cent)

Discharge destination	Community	Residential	Both	Total	Total (number)
			Column per ce	ent	
Return to the community	64.3	15.3	66.7	48.5	
Residential care	2.2	49.5	9.8	18.6	
Another transition care outlet	0.5	3.9	0.8	1.7	
Other	6.6	5.2	6.3	6.1	
Hospital	25.6	21.9	15.6	23.2	
Death	0.7	4.2	0.8	1.9	
Total	100.0	100.0	100.0	100.0	
Total (number)	9,694	5,730	1,987	17,411	
			Row per cen	t	
Return to the community	73.9	10.4	15.7	100.0	8,437
Residential care	6.6	87.4	6.0	100.0	3,247
Another transition care outlet	18.2	76.4	5.5	100.0	292
Other	60.0	28.2	11.8	100.0	1,063
Hospital	61.4	31.0	7.7	100.0	4,047
Death	21.5	73.8	4.6	100.0	325
Total	55.7	32.9	11.4	100.0	17,411

.. Not applicable.

### **Functional status**

Measuring care recipients' functional capacity at admission and discharge allows improvement to be assessed and is an important outcome measure. To do this, TCP uses the MBI (Box 2).

For TCP episodes that were completed during 2010–11:

- Nationally, the median MBI score on admission was 77 (mean 70).
- For those who completed planned care (all recipients except those who moved to another TCP service outlet, returned to hospital or died), the national median was 78 on admission and rose to 90 on discharge (mean 81) (Table 13).

- For those completing planned care (excludes people who moved to another provider, returned to hospital or died):
  - The lowest MBI median score when a recipient entered TCP and when they left was in Western Australia (66 and 76, respectively) followed by Victoria (Table 13). Both these states had a high proportion of recipients receiving care in a residential setting only (Western Australia 74% and Victoria 62%) (Table A8).
  - The highest median MBI scores on admission were in New South Wales (83) followed by Queensland and the Northern Territory (81 and 80 respectively). The highest median score on discharge was in the Australian Capital Territory (98), with New South Wales and Queensland both having a median score of 95 (Table 13).
- The recipients' level of functioning varied from very low to high, with individual scores ranging from 0 (fully dependent) to 100 (fully independent), both on admission and discharge from the program (Table 13; Figure 20).

# Table 13: MBI score on admission and discharge, by state/territory<sup>(a)</sup>, individual care episodes completed during 2010–11

	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
All recipients									
MBI on admission									
Median	82	69	81	65	69	71	79	80	77
(min–max)	0–100	0–100	0–100	0–100	4–100	0–100	52–98	2–98	0–100
Mean	78.3	61.3	76.0	58.2	65.7	67.8	77.3	72.4	69.8
Number	5,376	4,919	3,225	1,656	1,523	384	210	118	17,411
MBI on discharge <sup>(b)</sup>									
Median	95	79	95	77	89	90	98	90	90
(min–max)	0–100	0–100	0–100	0–100	0–100	12–100	61–100	2–100	0–100
Mean	88.6	68.8	89.0	66.2	84.4	83.8	93.6	84.3	80.5
Number	3,992	3,614	2,450	1,288	1,128	307	166	94	13,039
Recipients who completed plan	ned care	(c)							
MBI on admission									
Median	83	70	81	66	71	72	79	80	78
(min–max)	0-100	0-100	4-100	0-100	7-100	9-100	52-98	2-98	0-100
Mean	79.7	62.7	76.7	59.6	67.1	68.2	77.7	72.6	71
Number	3,894	3,572	2,424	1,193	1,102	304	166	92	12,747
MBI on discharge <sup>(c)</sup>									
Median	95	79	95	76	89	90	98	90	90
(min–max)	0-100	0-100	0-100	0-100	0-100	12-100	61-100	2-100	0-100
Mean	88.9	68.8	89.2	65.9	84.8	83.9	93.6	84.2	80.7
Number	3,894	3,572	2,424	1,193	1,102	304	166	92	12,747

(a) Refers to location of service outlet.

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

(c) Recipients who completed planned care includes all recipients except those who moved to another TCP service outlet, returned to hospital or died. MBI on discharge for care recipients who returned to hospital or died is recorded as 0.

Notes:

1. min=minimum; max=maximum.

2. It is important when comparing MBI scores on entry and exit to compare the scores for the same people and for those people who have completed their planned care.



For TCP care completed during 2010–11 there was a relationship between median MBI scores and the recipients' discharge destinations. TCP recipients returning to live in the community with no aged care services or low-care support (those with HACC or CACP) had a higher functional capacity on discharge (median MBI of 97, 94 and 90 respectively) than those moving to residential low-care (median MBI of 84) or those receiving high-care in the community, in the form of EACH or EACHD (median MBI of 74). As would be expected, people entering high-level residential care had the lowest median function of those who had completed their planned care (an MBI score of 54) (Figure 21).

The overall median MBI score for care recipients returning to the community in 2010–11 was 94, compared with 68 for those whose discharge destination was residential aged care (Table 14). The functional capacity of TCP recipients who moved to another TCP service outlet improved, with an increase in the median score from 73 to 82 at the end of their initial TCP episode. They had not yet completed their planned care and so had not reached their final functional level. (See also Chapter 6 for analysis which includes the final destination for consecutive episodes).

Across all discharge destinations (excluding those who died or returned to hospital where measurement of a score on discharge is not applicable), the range of individual functional capacity as measured by the MBI varied from the fully dependent (MBI score of 0) to fully independent (MBI score of 100) both at admission to, and on discharge from, TCP (AIHW observation).

Functional capacity may be the major influence on discharge destination but personal choice and the availability of support from carers also affects the individual's discharge destination, since highly dependent people would not be able to return to the community without help. These people may be returning to the community on a permanent basis with family support or may be awaiting a more suitable placement if family support can only be provided on a temporary basis.



### MBI by service provision setting

The functional status of the care recipients was higher for people receiving their care in a community setting than for those in a residential setting for all discharge destinations. For those whose care episode was provided in both settings the median MBI score was between those for the same destination for people receiving care in community and residential care settings (Table 14).

Con		unity ing	Reside sett	Residential setting		Combined setting		All settings	
Discharge destination	On entry	On exit	On entry	On exit	On entry	On exit	On entry	On exit	
Community	84	95	70	87	73	92	81	94	
Residential aged care	77	80	59	66	67	75	61	68	
Other	84	93	61.5	76.5	70	91	78	90	
Another TCP	83	89	70	78	72	83.5	73	82	
Hospital <sup>(a)</sup>	80	0	58	0	71	0	75	0	
Death <sup>(a)</sup>	72	0	35.5	0	50	0	46	0	

Table 14: Medi	an MBI on admission an	d discharge, by s	ervice provision set	ting and discharge de	estination,
2010–11					

(a) The MBI for recipients who die or return to hospital is recorded as 0.

Comparison of the median and average MBI on exit and entry by the service provision setting removes some of the differences in the level of functional capacity of recipients between jurisdictions that is seen when overall MBI is considered (Table A9). However, there are still evident differences in functional capacity even after service provision setting has been considered.

### MBI on entry and discharge destination

The majority of people receiving transition care services have an MBI of 70 or higher on entry (63%). One in 6 (17%) has an MBI of less than 50.

Overall, there is a fairly strong association between MBI on entry to the program and the likelihood of a care recipient returning to the community, or entering residential aged care. In 2010–11:

- The proportion returning to the community ranged from 9% of those with an MBI on entry of less than 10 to 65% of those with an MBI on entry of 90 or more (Table A11, Figure 22).
- The proportion entering high-level residential aged care ranged from 47% of those with an MBI on entry of less than 10 to 3% of those with an MBI on entry of 90 or more (47% and 7% respectively for all levels of residential aged care).
- The proportion who died before finishing the transition care episode fell with rising MBI on entry. Around 14% of those with an MBI on entry of 0–9 died before finishing the transition care episode, falling to 9% for those with an MBI on entry from 10–19 and to less than 5% for those with an MBI of 20–29 and 30–39. Less than 1% of those with an MBI of 80 or higher died.

In contrast there were only minor variations by MBI on entry for the proportion returning to hospital, moving to another transition care episode or 'other' destinations.



• The proportion returning to hospital ranged from 27% of those with an MBI on entry of less than 10 to 20% of those with an MBI on entry of 90 or more.

### MBI change from admission to discharge for individuals

One of the main aims of TCP is to maximise functioning, although maintaining existing function or slowing a decline can also be a desirable outcome.

For individual episodes of TCP care completed during 2010–11:

- Of the 73% of episodes where planned care was completed (excludes those who moved to another service outlet, returned to hospital or died), 3 in 4 (75%) had improved functional capacity, more than 1 in 6 (17%) maintained the existing level of function, while functional capacity deteriorated for 8% (Figure 23, Table S17).
- TCP recipients who returned to the community with no aged care services, with HACC or with a CACP had the highest proportion of care recipients with improved function (between 85% and 87%).
- Recipients whose discharge destination was high-care residential aged care had the greatest proportion that maintained function but showed no improvement (41%).
- Of those who went to another TCP service (nearly 2% of episodes) more than half improved in functioning during their TCP stay (52%). The planned care for these recipients had not been completed.
- For 25% of episodes, the care recipient died (nearly 2%) or returned to hospital (23%). As the measurement of functional level on exit is not applicable (with the default MBI score on exit for these people recorded as 0) it is not possible to assess whether there were improvements in their levels of functioning before the end of their transition care episode. If these people are included in the calculation the proportion of people who improved in functioning during a TCP episode drops from 75% to 56% (Table 15). However, a proportion of those returning to hospital will have returned to a new episode of care.



(a) Planned care is not completed when the recipient moves to another TCP outlet, returns to hospital or dies. MBI on exit is not applicable for recipients who returned to hospital or died.

Source: Table S17.

Figure 23: Change in functional status during TCP episode, by discharge destination, for stays completed between 1 July 2010 and 30 June 2011

# Table 15: TCP episodes, proportion of episodes where the care recipients' functional status improved, 2009–10 and 2010–11

	2009–10	2010–11
	Ν	Number
Number with improved functional status	8,236	9,735
Episodes where MBI on discharge is measured	11,075	13,039
Total episodes including those who returned to hospital or died	14,467	17,411
	F	Per cent
Per cent improved (excluding those who died or returned to hospital)	74.4	74.7
Per cent improved (all episodes)	56.9	55.9

## Length of stay

Length of stay is derived by calculating the days between admission and discharge of a TCP recipient. Initially a transition care episode can last for up to 12 weeks. However, a further ACAT assessment can lengthen this by an additional 6 weeks. Any extension past 18 weeks does not attract an Australian government subsidy and is uncommon.

During 2010-11:

• For those who were discharged from TCP, just over 9 in 10 recipients (91%) received care for 12 weeks or less, just over 1 in 4 (26%) for 10 to 12 weeks and about 1 in 2 (50%) for 6 to 12 weeks (Table 16). The median length of stay in TCP was nearly 7½ weeks (Table 17).

Length of stay (weeks)	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
Up to 2	11.4	17.6	11.1	19.5	8.9	8.9	13.8	16.9	13.7
>2 to 4	11.0	17.2	11.8	17.8	11.6	13.0	9.5	11.0	13.6
>4 to 6	11.5	14.3	16.7	14.6	11.8	13.8	7.1	15.3	13.6
>6 to 8	11.8	11.9	16.4	11.8	12.3	11.2	10.0	9.3	12.7
>8 to 10	11.7	9.2	12.9	10.1	12.1	10.7	16.2	6.8	11.1
>10 to 12	35.7	17.7	22.4	16.4	33.7	34.4	35.7	27.1	26.1
>12 to 18	6.7	11.6	8.1	9.7	9.6	7.8	6.7	11.9	8.9
>18	0.2	0.4	0.7	0.1	0.1	0.3	1.0	1.7	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	5,376	4,919	3,225	1,656	1,523	384	210	118	17,411

Table 16: TCP discharges, by length of stay and state/territory<sup>(a)</sup>, 2010–11 (per cent)

(a) Refers to location of service outlet.

> Greater than.

A small proportion of recipients had an extended stay of between 12 and 18 weeks (9%) in 2010–11. This is the maximum time for which the Australian Government provides a transition care subsidy. There was a very small proportion (0.4%) of TCP recipients whose stay exceeded 18 weeks.

In Victoria and Western Australia, states with high proportions of care episodes provided in a residential setting, around half of the care recipients had a length of stay of six weeks or less compared with most of the other states where it was around 1 in 3 (Table 16). This is in line with the observation that the length of stay for people in a residential setting is generally shorter than for those in a community setting (see Table 18).

In the Northern Territory, 4 in 10 recipients had a length of stay of less than 6 weeks. In 2008–09, 1 in 2 people stayed less than four weeks. This change reflects the move from service provision in a solely residential setting in 2008–09 to just over half of episodes provided in a residential setting in 2010–11 (Figure A1).

Across the states and territories in 2009–10 and 2010–11, the Australian Capital Territory had the longest median length of stay (over 9 weeks), followed by South Australia (9 weeks). The shortest median length of stay (6 weeks) was seen in Western Australia in 2010–11 and in Victoria in 2009–10 and 2010–11 (Table 17).

Overall, in 2010–11 the median length of stay was slightly longer for females (7.9 weeks) than for males (7.0 weeks), except in the Australian Capital Territory where median length of stay was the same for both sexes (9.1 weeks). The proportions of men and women were generally similar by length of stay. The largest differences were for those who stayed up to 4 weeks (26% for females and 30% for males) and from 10 to 12 weeks (27% and 24%, respectively) (Figure 24).

		2009–10		2010			)–11	
State/territory	Females	Males	Persons	Fe	males	Males	Persons	
NSW	8.9	7.7	8.4		9.1	8.1	8.7	
Vic	6.3	5.7	6.0		6.4	6.0	6.1	
Qld	7.3	7.0	7.3		7.4	7.3	7.3	
WA	6.9	6.3	6.7		6.0	5.5	5.9	
SA	9.0	8.7	8.9		9.1	8.4	9.0	
Tas	7.1	6.4	7.0		8.6	8.1	8.5	
ACT	9.6	7.7	9.6		9.1	9.1	9.1	
NT	10.1	6.6	8.1		7.8	6.4	7.7	
Australia	7.7	6.9	7.4		7.9	7.0	7.4	

### Table 17: Median length of stay (weeks), by sex and state/territory<sup>(a)</sup>, 2009–10 and 2010–11 (per cent)

(a) Refers to location of service outlet.





### Length of stay and service provision setting

People receiving care in a residential setting had the shortest length of stay with over 2 in 5 care recipients (43%) staying less than four weeks (Table 18). In contrast, only 1 in 5 people (22%) receiving care in the community did so for less than four weeks, while a third (33%) received assistance for 10 to 12 weeks.

People who received care in a combination of residential and community settings were more likely to have a longer length of stay, with 2 in 5 (40%) receiving care for 10 to 12 weeks and 1 in 5 (19%) for 12 to 18 weeks. This group was also more likely to receive care for more than 18 weeks.

Length of stay (weeks)	Community	Residential	Both	All
Up to 2	11.6	21.2	2.0	13.7
>2 to 4	10.3	21.8	6.4	13.6
>4 to 6	12.6	17.3	8.0	13.6
>6 to 8	13.0	12.8	10.4	12.7
>8 to 10	11.6	9.7	12.9	11.1
>10 to 12	33.0	9.5	40.3	26.1
>12 to 18	7.6	7.6	19.3	8.9
>18	0.3	0.2	0.8	0.4
Total	100.0	100.0	100.0	100.0
Total (number)	9,694	5,730	1,987	17,411

Table 18: TCP episodes, length of stay, by service provision setting, 2010–11 (per cent)

Note: For length of stay by service provision setting and state, see Table S23.



### Length of stay and discharge destination

Length of stay and discharge destination were analysed to determine if the amount of time spent receiving TCP affected recipients' discharge destination when transition care ceased.

During 2010-11:

- The median length of stay varied across discharge destinations from 3 weeks for those who were discharged because of death or who returned to hospital, to 12 weeks for those who were discharged to the community with HACC (Table 19).
- The median length of stay for all recipients who returned to the community was nearly 11 weeks.
- For those who were discharged to residential aged care, the median length of stay was close to 6 weeks (for both low-care and high-care).

Generally, the longer the care recipient received TCP, the more likely they were to return to the community with aged care services: 5% after 2 weeks to 56% after 10 to 12 weeks (Figure 25). This may be due to a number of reasons—the care recipient may have needed extra time to improve functioning and have shown the potential to return to the community with additional care, or may have been waiting until an aged care package was available. The proportion of TCP recipients who returned to the community without an aged care service also increased as their length of stay increased, to 22% of those staying 10 to 12 weeks, after which time the proportion also declined.

In contrast, for TCP recipients who returned to hospital, as length of stay increased to 12 weeks, the proportion of those discharged to hospital decreased. This group was 56% of those whose episode lasted for 2 weeks or less, but only 5% of those whose episode lasted from 10 to 12 weeks. This may be because this group was not really well enough to have left hospital or because their condition deteriorated after discharge from hospital.

For those who died, discharge due to death decreased with increase in length of stay.

Discharge destination	2009–10	2010–11
Community with no aged care service	8.7	9.0
Community with HACC	11.1	11.6
Community with CACP	11.0	11.4
Community with EACH or EACHD	9.6	9.7
<i>Total community</i>	10.4	10.7
Residential aged care (low-care)	6.0	6.1
Residential aged care (high-care)	5.9	5.9
Total residential aged care	5.9	6.0
Another transition care outlet	5.3	4.8
Hospital	3.3	3.6
Death	3.3	2.9
Other	8.0	8.1
Total	7.4	7.4

#### Table 19: Median length of stay (weeks), by discharge destination, 2009–10 and 2010–11 (per cent)





### Length of stay and functional status

The length of stay in transition care was strongly associated with the proportion of care recipients whose functioning improved (Figure 26).

When considering all transition care episodes, the proportion who improved increased from 13% of those whose episode lasted 2 weeks or less to 81% of those whose episode lasted for 10 to 12 weeks. Correspondingly, the proportion whose functional level deteriorated decreased from 61% of those whose episode lasted for 10 to 12 weeks.

When only those whose planned care was completed are considered, the strong association between length of stay and improved functioning remains. However, the proportion whose function deteriorated was smaller and decreased from 11% of those whose episode lasted 2 weeks or less to 5% of those whose episode lasted for 10 to 12 weeks.

For those care recipients whose episode lasted between 12 and 18 weeks, the proportion whose functioning improved was lower than for those staying 10 to 12 weeks (71% of all episodes and 78% of those who completed planned care).



# Figure 26: Change in functional status, by length of stay and completion of planned care, 2010–11 (per cent)

### Length of stay by functional status on entry to transition care

People with very low functioning at the start of a transition care episode generally have a shorter length of stay and less capacity for improvement. This raises the question of whether their initial MBI score is related to length of stay and whether any relationship between functioning and length of stay differs between discharge destinations. This is particularly of interest in relation to discharge to hospital.

Figure 27 shows that for people discharged to the community, there is some relationship between a length of stay longer than 10 weeks and MBI on entry, but little relationship between length of stay and MBI on entry for stays less than 10 weeks. For people discharged to residential care and hospital there is little difference, with the exception of people with very low functioning who are more likely to have a shorter length of stay. The main association observed was between functioning and discharge destination. (See also Table S21 for data for all discharge destinations.)



# Chapter 5

# **Final TCP outcomes**



# 5 Final TCP outcomes

When care recipients transfer to another transition care provider or return to hospital and then return directly to another episode of transition care, examination of the individual episodes does not give the full picture of the benefits provided by the program. Annually for about 1 in 4 individual episodes the recorded discharge destination is an interim one—a return to hospital for 22–23%, and transfer to a second TCP provider for a further 2%. This raises questions from program managers and those assessing the effectiveness of the program about the final discharge destination for these people.

For this reason this section of the report treats consecutive transition care episodes as one. Where the care recipient has had more than one consecutive TCP episode it compares the person's initial functional level (measured by the MBI on entry to the first TCP episode) with their final functional level (measured at the end of the last consecutive TCP episode). Where the care recipient has had only one TCP episode, the functional level at the start and finish of that episode is used. This allows the full effect of the program to be considered. The year of discharge relates to the final consecutive episode of care.

To distinguish this analysis from that using individual episodes, these stays are referred to as joined episodes. To identify consecutive episodes of care, hospital admission dates and TCP admission and discharge dates were examined. While there are some data quality issues with recorded dates, where dates matched or recorded periods of care overlapped these episodes of care have been treated as consecutive. However, it is not possible to assess how much of the total period from the start of the first hospital stay to the final discharge from transition care was spent in hospital and how much time receiving transition care services.

This analysis considered only TCP episodes where the recipient was discharged on or before 30 June 2011.

### Program outcomes over time

From the start of the Transition Care Program until 30 June 2011 there were just over 60,500 separate episodes of care provided to a total of 51,882 people. When considering consecutive episodes of care (where the person returned to hospital or moved to another transition care provider as one episode) this reduces to 55,105 episodes.

Once consecutive episodes have been taken into consideration, overall in 2009–10 the proportion returning to the community was 56% (Table 20).

In 2009–10, just under 1 in 5 (18%) returned to the community without needing aged care services, while 1 in 4 (25%) returned to the community with assistance from HACC. Just over 1 in 8 (13%) returned to the community with packaged care (most commonly a low-care CACP).

In 2010–11 the proportion returning to the community after completing planned care was 53%. However, 1% of recipients were reported to have transferred to another care provider and 18% returned to hospital. If some of these recipients went on to a second care episode where the discharge occurred in 2011–12, the number of joined episodes completed in 2010–11 will fall and the proportions for other discharge destinations will rise.

Discharge destinations for care recipients have been reasonably consistent over the six-year period that the program has been in operation, although the proportion returning to the community rose around 8 percentage points from 48% in 2005–06 to 56% in 2009–10. The proportion returning to the community in 2010–11 in this analysis was 53% but is likely to increase slightly when consecutive episodes ending in 2011–12 can be considered (Table 20).

Over the same period the proportion moving to residential aged care fell 6 percentage points from 26% to 20%. In 2010–11, around one-third of these entered low-level care and two-thirds high-level care. The reduction has primarily been in relation to entry into low-level residential aged care (from 12% to around 6%).

It is worth noting that over this period there has been a significant increase in the availability of aged care packages in the community. The number of operational CACPs (low-care packages) has increased from around 35,400 at 30 June 2006 to nearly 45,800. High-care packages (EACH and EACHD) have increased from around 4,800 to 15,500 packages over the same period.

There is still a significant proportion of episodes (about 1 in 6) where the care recipients return to hospital and do not go on to another episode of transition care, or intend to transfer to another transition care provider but do not have a consecutive care episode. There is no information in the transition care data about the final destination for these care recipients. Further research from the Pathways in Aged Care Project, which links aged care and death data, may shed some light on whether these care recipients die in hospital, or receive other types of services after discharge from hospital. Data linkage would also allow investigation of the types of medical conditions of transition care recipients.

Discharge destination	2005-06	2006-07	2007-08	2008-09	2009–10	2010–11
Community with no aged care service	16.3	17.2	17.2	16.8	17.9	17.9
Community with HACC	19.3	21.0	24.0	25.9	24.9	23.4
Community with CACP	10.7	10.0	10.4	10.5	11.1	9.4
Community with EACH or EACHD	1.4	1.5	1.9	1.9	2.0	2.1
Total community	47.7	49.7	53.5	55.1	55.9	52.8
Residential aged care (low-care)	12.3	7.6	7.8	7.1	6.4	6.8
Residential aged care (high-care)	13.2	16.0	15.8	13.8	12.7	13.4
Total residential aged care	25.4	23.6	23.6	20.9	19.1	20.3
Other	6.7	7.4	4.7	5.3	6.7	6.4
Another transition care outlet	0.4	0.4	0.5	0.4	0.5	0.6
Hospital	17.9	16.3	15.6	16.5	16.1	18.0
Death	1.9	2.4	2.1	1.7	1.6	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	570	5,473	8,974	11,044	13,085	15,959

# Table 20: Joined TCP episodes, by final discharge destination<sup>(a)</sup> and year of discharge, 2005–06 to 2010–11 (per cent)

(a) This analysis excludes episodes where the care recipient was discharged after 30 June 2011. Some care recipients may have further transition care episodes that are not included in this analysis.

Table 21 presents the median MBI score for people leaving transition care by the stated discharge destination from 2005–06 to 2010–11. As with episodes that have not been joined, there is a relationship between the median MBI score both on entry and at final discharge.

The relationship between the median MBI score and discharge destination was apparent for both entry and exit scores, with median scores for people receiving no or low-care aged care services having higher scores than people who received high-care aged care (either in the community or at home). The median MBI score for people receiving high-care services in the community (that is, an EACH or EACD package) was higher than for people who entered high-level residential aged care.

Table 21: Joined TCP episodes,	median MBI on exit and at fin	nal discharge, by discharge	e destination and
year of discharge, 2005–06 to	2010–11		

Discharge destination	2005-06	2006-07	2007-08	2008-09	2009–10	2010–11
MBI on entry						
Community with no aged care service	78	80	82	82	83	83
Community with HACC	73	79	80	80	81	80
Community with CACP	73	75	78	78	79	79
Community with EACH or EACHD	28.5	51.5	60	64	62	61
Total community	73	78	80	80	81	81
Residential aged care (low-care)	74	70	74	74	77	77
Residential aged care (high-care)	48	40	45	48	50	51
Total residential aged care	61	51	56	58	61	61
Other	76	74	78	75	79	78
Another transition care outlet	54.5	58	70	73.5	74.5	75
Hospital	68	68	73	72	74	74
Death	46	34	36	42.5	47	47
MBI on final <sup>(a)</sup> exit						
Community with no aged care service	92	95	95	96	96.5	97
Community with HACC	91	93	94	94	94	94
Community with CACP	88	89	90	90	90	90
Community with EACH or EACHD	53.5	63	70	75	74	74
Total community	90	92	94	94	94	94
Residential aged care (low-care)	79.5	85	84	84	85	84
Residential aged care (high-care)	52	45	49	50	54	54
Total residential aged care	66	60	64	65	68	68
Other	87.5	85	90.5	88	90	90
Another transition care outlet	65	84	85	74.5	86	83
Hospital <sup>(b)</sup>	0	0	0	0	0	0
Death <sup>(b)</sup>	0	0	0	0	0	0

(a) This analysis excludes episodes where the care recipient was discharged after 30 June 2011. Some care recipients may have further transition care episodes that are not included in this analysis.

(b) MBI on exit must be recorded as 0 when the care recipient dies or is discharged to hospital.

The median MBI score on entry for people who died during their transition care episode was similar to or slightly lower than that for people who entered high-level residential aged care.

Since the start of the program, the majority of care recipients have left with improved functioning. If care recipients who leave the program because they return to hospital or die are excluded, the proportion with improved function at the end of their care is consistently been about 3 in every 4 (75%) (Table 22). When those who return to hospital (and do not return for another transition care episode) or die are included, the proportion with improved function at the end of their care has consistently been between 60 and 62%.

Fable 22: Joined TCP episodes, proportions of episodes where the care recipient's functional status	
mproved, by year of discharge, 2005–06 to 2010–11	

	2005-06	2006-07	2007-08	2008-09	2009–10	2010–11
			Num	ber		
Number with improved functional status	345	3,288	5,483	6,820	8,107	9,660
Episodes where MBI on discharge is measured	457	4,445	7,382	9,030	10,761	12,768
Total episodes including those who returned to hospital or died	570	5,473	8,974	11,044	13,085	15,959
			Per c	ent		
Per cent improved (excluding those who died or returned to hospital)	75.5	74.0	74.3	75.5	75.3	75.7
Per cent improved (all episodes)	60.5	60.1	61.1	61.8	62.0	60.5

Over the period the program has been operating, the proportion with improved functional status has been high for most discharge destinations (Table 23). With the exception of those needing high-care in the community, 85% to 88% of those returning to the community did so with improved functioning. Among those returning to the community, 7 out of 10 (70%) with a high-care EACH package did so with improved functioning.

The proportion of care recipients with improved functioning who entered residential aged care was much lower: 3 in 5 (64%) of those entering as a low-care resident and 2 in 5 (39%) of those entering as a high-care resident.

Table S24 shows the proportion of people whose functional status improved by discharge destination and year of discharge once consecutive episodes are joined.

Discharge destination	Improved	No difference	Deteriorated	Total	Total
		Per ce	ent		Number
Community with no aged care service	87.5	9.4	3.2	100.0	9,625
Community with HACC	87.0	8.9	4.1	100.0	13,260
Community with CACP	85.1	9.3	5.6	100.0	5,658
Community with EACH or EACHD	70.0	16.5	13.6	100.0	1,069
Total community	86.2	9.4	4.4	100.0	29,612
Residential aged care (low-care)	64.0	25.5	10.5	100.0	3,898
Residential aged care (high-care)	39.1	41.1	19.8	100.0	7,692
Total residential aged care	47.5	35.8	16.7	100.0	11,590
Other	74.5	14.6	10.9	100.0	3,356
Another transition care outlet	64.3	25.8	9.9	100.0	283

### Table 23: Joined TCP episodes, change in functional status, 1 July 2005 to 30 June 2011

### Comparing single episodes and consecutive episodes of care

This section presents and compares characteristics and outcomes of single episodes of care with those of consecutive episodes. From the beginning of the program until June 30 2011, just under 1 in 10 episodes (9%) included more than 1 consecutive episode of care, with most consisting of 2 consecutive episodes of care (Table 24). With one exception, the maximum number of consecutive episodes was 5.

Discharge year	1	2	3+	Total	1	2	3+	Total
		Num	ber			Per cer	nt	
2005–06	539	29	2	570	94.6	5.1	0.4	100.0
2006–07	5,102	334	37	5,473	93.2	6.1	0.7	100.0
2007–08	8,293	599	82	8,974	92.4	6.7	0.9	100.0
2008–09	10,057	877	110	11,044	91.1	7.9	1.0	100.0
2009–10	11,877	1,072	136	13,085	90.8	8.2	1.0	100.0
2010–11	14,454	1,332	173	15,959	90.6	8.3	1.1	100.0
Total	50,322	4,243	540	55,105	91.3	7.7	1.0	100.0

### Table 24: Joined episodes, by number of consecutive TCP episodes, 2005–06 to 2010–11

People receiving consecutive episodes of care were more likely to be younger than those with only one episode of care. Of consecutive episodes of care for women, the proportion for those aged under 85 was 63%; this compares with 59% of single episodes for those aged under 85. For men, about 46% of consecutive episodes were for recipients aged under 80, compared with 43% of single episodes (Table 25).

	One episode only			One episode o			Multipl	e consecutive	episodes
Age group	Females	Males	Persons	Females	Males	Persons			
Under 65	2.4	4.2	3.1	3.0	5.4	3.9			
65–69	4.6	7.0	5.5	4.8	3 7.2	5.7			
70–74	9.2	12.0	10.2	9.7	12.2	10.6			
75–79	16.9	20.0	18.0	18.7	21.3	19.7			
80-84	25.7	25.8	25.8	26.8	3 25.0	26.1			
85–89	25.1	19.9	23.2	24.6	5 19.1	22.5			
90–94	12.7	9.1	11.4	10.3	8.3	9.6			
95+	3.3	2.1	2.9	2.1	1.5	1.9			
Total	100.0	100.0	100.0	100.0	100.0	100.0			
Total (number)	32,597	17,725	50,322	2,969	1,814	4,783			

# Table 25: Joined episodes, age profile of care recipients by number of consecutive transition care episodes, 2005–2011 (per cent)

There was little clear association between age and sex and the likelihood of functional improvement after transition care (Figure 28, Table S22). Women were slightly more likely than men to have improved functioning (64% compared with 56% respectively), and those aged over 95 at admission were generally slightly less likely to have improved functioning (54% for women and 43% for men).

However, those who received more than one consecutive transition care episode were less likely to have improved functioning (56% overall) than those with single episodes of care (64%). This seems to indicate that the differences in functional status are more likely to relate to differing health status than age or sex.



2 or more consecutive episodes<sup>(a)</sup>



(a) Consecutive episodes of care occur when care recipients transfer directly to another transition care provider or return to hospital and then return directly to another episode of transition care.

Source: Table S22.

# Figure 28: Joined TCP episodes, change in functional status by age, sex and number of consecutive episodes of care, 1 July 2005 to 30 June 2011

The proportion of recipients whose level of functioning improved was more strongly associated with discharge destination than with age or sex.

Table 26 compares the proportion with improved functioning for those who received a single episode of care with those with 2 or more consecutive episodes for individual discharge destinations. This shows that, for most destinations, a slightly higher proportion had improved function after consecutive episodes of care. It also shows a lower proportion had no difference in functional status after consecutive episodes of care. However, the proportion whose functional status deteriorated is higher, particularly for those who entered residential aged care.

It must be remembered that those who had multiple consecutive episodes of care were likely to have been in poorer health and may have spent longer periods in hospital than those who had single episodes of care.

Table 26: Joined episodes, change in functional status by destination and number of consecutive episodes,1 July 2005 to 30 June 2011

	Improved	No difference	Deteriorated	Total	Total (number)
Single episodes					
Community with no aged care service	87.3	9.6	3.1	100.0	9,032
Community with HACC	86.9	9.3	3.8	100.0	12,144
Community with CACP	85.5	9.6	5.0	100.0	5,011
Community with EACH or EACHD	70.9	17.6	11.5	100.0	924
Total community	86.2	9.7	4.0	100.0	27,111
Residential aged care (low-care)	63.6	26.8	9.6	100.0	3,628
Residential aged care (high-care)	38.8	43.3	17.9	100.0	7,177
Total residential aged care	47.2	37.8	15.1	100.0	10,805
Other	74.7	15.2	10.0	100.0	3,085
All who completed planned care <sup>(a)</sup>	75.1	17.5	7.4	100.0	41,001
Another transition care outlet	64.7	27.5	7.8	100.0	255
Hospital		2.3	97.7	100.0	8,094
Death		14.2	85.8	100.0	972
Total	61.5	15.1	23.5	100.0	50,322
Total (number)	30,942	7,579	11,801		
2 or more consecutive episodes					
Community with no aged care service	90.4	5.1	4.6	100.0	593
Community with HACC	87.6	5.3	7.1	100.0	1,116
Community with CACP	82.2	7.4	10.4	100.0	647
Community with EACH or EACHD	64.1	9.0	26.9	100.0	145
Total community	85.5	6.0	8.5	100.0	2,501
Residential aged care (low-care)	69.6	7.4	23.0	100.0	270
Residential aged care (high-care)	42.9	10.7	46.4	100.0	515
Total residential aged care	52.1	9.6	38.3	100.0	785
Other	71.6	7.4	21.0	100.0	271
All who completed planned care <sup>(a)</sup>	77.1	6.9	16.0	100.0	3,557
Another transition care outlet	63.3	10.0	26.7	100.0	30
Hospital		1.9	98.1	100.0	1,103
Death		6.5	93.5	100.0	93
Total	57.7	5.7	36.5	100.0	4,783
Total (number)	2,761	275	1,747		

(a) Excludes those who went on to another TCP provider, returned to hospital or died.

.. Not applicable.

Note: For people who returned to hospital or died, 'No difference' means that they had an MBI score on entry of 0 because the business rules state that the MBI score on exit for these people should be recorded as 0.

Of the nearly 5,000 episodes where the care recipients had two or more consecutive episodes, the initial recorded discharge destination was hospital for 79% and another transition care service outlet for 14%; a further 6% had another recorded destination but hospital admission dates for the following episode indicated that they had in fact returned to hospital or moved to another service outlet. Of these whose stated initial discharge destination was a return to hospital, nearly half (49%) ultimately returned to live in the community (Table 27). For those moving to another service outlet, 7 in 10 (72%) returned to the community. Overall for those with consecutive transition care episodes, 52% returned to the community, 16% went into residential aged care, 23% returned to hospital and 2% died while still receiving transition care services.

	Initial discharge destination <sup>(a)</sup>						
Final discharge destination <sup>(a)(b)</sup>	Hospital	Residential aged care	Other	Community	Other TCP <sup>(c)</sup>	Total	
Community with no aged care service	11.1	6.7	16.5	10.7	19.2	12.4	
Community with HACC	22.5	15.6	22.4	28.2	27.8	23.3	
Community with CACP	12.5	4.4	8.8	18.4	19.9	13.5	
Community with EACH or EACHD	2.6	2.2	4.1	4.9	4.7	3.0	
Total community	48.8	28.9	51.8	62.1	71.6	52.3	
Residential aged care (low-care)	5.7	11.1	7.1	4.9	4.9	5.6	
Residential aged care (high-care)	11.3	40.0	15.3	6.8	5.5	10.8	
Total residential aged care	16.9	51.1	22.4	11.7	10.5	16.4	
Other	5.4	2.2	12.9	4.9	5.8	5.7	
All who completed planned care <sup>(d)</sup>	71.1	82.2	87.1	78.6	87.9	74.4	
Another transition care service	0.6	—	1.2	1.0	0.7	0.6	
Hospital	26.0	17.8	11.2	18.4	10.6	23.1	
Death	2.2	—	0.6	1.9	0.7	1.9	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
Total (number)	3,778	45	170	103	687	4,783	
Total (row per cent)	79.0	0.9	3.6	2.2	14.4	100.0	

# Table 27: Consecutive transition care episodes, discharge destination for first episode by final discharge destination, 2005–2011

(a) Discharge destination is the intended destination, but care recipients may have gone elsewhere.

(b) Last discharge destination before 30 June 2011. Some of those with a discharge in 2011 may have gone on to further consecutive episodes of care with a discharge date after 30 June 2011.

(c) Only recipients moving directly to another transition care service outlet do so without an intervening hospital stay directly before starting a consecutive care episode.

(d) Excludes those who went on to another TCP provider, returned to hospital or died.

— Nil or rounded to zero.

# Chapter 6

# Discussion



# 6 Discussion

One of the main aims of the Transition Care Program is to delay the need for older Australians to enter residential aged care. The program's outcomes are assessed based on the proportion of recipients who return to live in the community and whose level of functioning improves during their transition care episode. The level of functioning is measured according to their score using the Modified Barthel Index on entry and exit from the episode of care. The target outcomes for the program include 45% of care recipients returning to live in the community and functional improvement for at least 60% of care recipients (DoHA 2011b:166). As outlined in this report, the Transition Care Program has successfully helped the majority of care recipients improve their level of functioning after a stay in hospital and a substantial proportion return to live in the community.

There are some difficulties, however, with assessing success of the program at the jurisdictional level based on change in MBI scores. The models of TCP service provision are determined by state and territory governments to fit in with local health and aged care systems and differ considerably between jurisdictions. The TCP operates with some differences across jurisdictions, including differences in health and aged care service systems, local operating procedures and client groups. These differences can have an impact on the outcomes of the program.

This report has attempted to minimise jurisdictional variations by taking into account differences by care settings. But there are still differences between jurisdictions in the capacity of care recipients within care settings. Other options currently under investigation for assessing program outcomes across states and territories may deliver more valid comparisons.

- For Australia overall: For individual episodes of care, care recipients improved their functional level for 57% of episodes in 2009–10 and 56% in 2010–11. If care recipients who returned to hospital or died (and whose MBI is recorded as 0 on discharge) are excluded, this increases to 74% and 75% respectively. In 2009–10, 49% of episodes ended with the care recipient returning to the community and 51% in 2010–11. All of these care recipients were assessed as otherwise eligible for at least low-level residential aged care at the end of their stay in hospital.
- When consecutive episodes of care are considered together this outcome improves to 62% with an improved level of functioning in 2009–10 and 61% in 2010–11. The proportion returning to live in the community was 56% and 53% respectively.

During 2010–11, all but 651 of the 4,000 available transition care places became operational. The program assisted over 18,000 older Australians who were otherwise eligible for at least low-level residential aged care after they were discharged from hospital by providing more than 20,000 transition care episodes. When all 4,000 places are fully operational it is expected that the program will assist about 21,000 to 22,000 older people leaving hospital and provide about 24,000 to 25,000 transition care episodes.

# Appendix A: Additional tables and figures

Number of care episodes	2005-06	2006–07	2007–08	2008-09	2009–10	2010–11					
	Number of TCP recipients										
1	809	6,052	9,507	11,378	13,502	16,176					
2	47	463	776	1,114	1,346	1,666					
3	5	57	77	124	142	207					
4+	—	5	10	16	28	35					
More than 1	52	525	863	1,254	1,516	1,908					
Total	861	6,577	10,370	12,632	15,018	18,084					
			Per	cent							
1	94.0	92.0	91.7	90.1	89.9	89.4					
2	5.5	7.0	7.5	8.8	9.0	9.2					
3	0.6	0.9	0.7	1.0	0.9	1.1					
4+	—	0.1	0.1	0.1	0.2	0.2					
More than 1	6.0	8.0	8.3	9.9	10.1	10.6					
Total	100.0	100.0	100.0	100.0	100.0	100.0					

Table A1: TCP episodes <sup>(a)</sup> pe	r care recipient, 2005	-06 to 2010-11
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(a) An episode of care is included in a year if any part of the episode occurred in that year.

Nil or rounded to zero.

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total	Total (number)
2009–10							
NSW	30.4	40.1	23.8	_	_	32.1	5,378
Vic	34.2	19.5	—	—		28.5	4,769
Qld	15.5	17.5	53.2	_	_	18.3	3,063
WA	8.9	2.7	17.5	—	—	8.0	1,336
SA	9.1	9.9	0.0	—	—	8.7	1,450
Tas	••	10.4	0.0	—	—	2.4	403
ACT	2.0	—				1.4	235
NT			5.5	100.0	—	0.6	102
Australia	100.0	100.0	100.0	100.0	—	100.0	
Australia (number)	11,740	3,890	1,062	44	_		16,736
2010–11		· · · · · ·	·				
NSW	29.1	39.1	26.0	_	_	31.4	6,368
Vic	32.1	22.7	3.2	_		27.9	5,658
Qld	15.6	18.5	50.9	_	_	18.4	3,733
WA	11.8	2.1	12.7	_	_	9.4	1,903
SA	9.7	8.9	—	—	—	8.9	1,799
Tas		8.7	—	—	—	2.2	448
ACT	1.7	—				1.2	237
NT			7.2	100.0	—	0.6	131
Australia	100.0	100.0	100.0	100.0	—	100.0	
Australia (number)	13,871	5,139	1,224	43	_		20,277

# Table A2: TCP care episodes, by state/territory and remoteness<sup>(a)</sup> of service outlet, 2009–10 and 2010–11 (per cent)

(a) The table uses the ASGC Remoteness Structure developed by the Australian Bureau of Statistics.

Nil or rounded to zero.

.. Not applicable.

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		2009–10			2010-11			
Age group (years)	Females	Males	Persons	Females	Males	Persons		
under 50	0.2	0.3	0.2	0.1	0.3	0.2		
50-54	0.3	0.6	0.4	0.2	0.5	0.3		
55–59	0.4	1.2	0.7	0.6	0.8	0.7		
60-64	2.0	3.2	2.4	1.6	2.9	2.0		
65–69	4.7	7.8	5.8	5.1	6.9	5.7		
70–74	9.4	11.9	10.3	10.4	12.8	11.3		
75–79	17.9	19.7	18.5	16.5	19.0	17.4		
80-84	25.7	26.1	25.9	25.3	26.2	25.6		
85–89	25.1	18.9	22.9	25.0	20.0	23.2		
90–94	11.1	8.3	10.1	11.9	8.7	10.7		
95+	3.1	2.2	2.8	3.3	2.1	2.9		
Total	100.0	100.0	100.0	100.0	100.0	100.0		
Total (number)	10,879	5,857	16,736	13,008	7,269	20,277		
Median age (years)	83	81	82	83	81	82		

### Table A3: TCP care episodes, by age at admission and sex of care recipients, 2009–10 and 2010–11 (per cent)

Sex	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Aust
2009–10									
				Numl	per of episo	des			
Females	3,555	2,923	2,019	904	973	281	166	58	10,879
Males	1,823	1,846	1,044	432	477	122	69	44	5,857
Persons	5,378	4,769	3,063	1,336	1,450	403	235	102	16,736
					Per cent				
Females	66.1	61.3	65.9	67.7	67.1	69.7	70.6	56.9	65.0
Males	33.9	38.7	34.1	32.3	32.9	30.3	29.4	43.1	35.0
Persons	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
				Median age	at admissi	on (years)			
Females	82	84	81	83	83	81	83	75	83
Males	81	81	79	82	82	79	79	72	81
Persons	81	83	80	83	82	81	81	74	82
2010-11									
				Numl	per of episo	des			
Females	4,175	3,464	2,466	1,167	1,181	313	171	71	13,008
Males	2,193	2,194	1,267	736	618	135	66	60	7,269
Persons	6,368	5,658	3,733	1,903	1,799	448	237	131	20,277
					Per cent				
Females	65.6	61.2	66.1	61.3	65.6	69.9	72.2	54.2	64.2
Males	34.4	38.8	33.9	38.7	34.4	30.1	27.8	45.8	35.8
Persons	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
				Median age	at admissi	on (years)			
Females	82	84	81	84	83	82	81	77	83
Males	81	82	79	82	83	79	82	73	81
Persons	82	83	80	83	83	81	81	75	82

# Table A4: TCP care episodes and median age of recipients, by state/territory of service outlet and sex, 2009–10 and 2010–11

Sex	Major cities	Inner regional	Outer regional	Remote	Australia		
2009–10							
		Ν	umber of episodes				
Females	7,636	2,535	686	22	10,879		
Males	4,104	1,355	376	22	5,857		
Persons	11,740	3,890	1,062	44	16,736		
			Per cent				
Females	65.0	65.2	64.6	50.0	65.0		
Males	35.0	34.8	35.4	50.0	35.0		
Persons	100.0	100.0	100.0	100.0	100.0		
		Median	age at admission (	years)			
Females	83	82	81	73	83		
Males	81	80	80	69	81		
Persons	82	81	80	69	82		
2010–11							
		Number of episodes					
Females	8,862	3,347	780	19	13,008		
Males	5,009	1,792	444	24	7,269		
Persons	13,871	5,139	1,224	43	20,277		
			Per cent				
Females	63.9	65.1	63.7	44.2	64.2		
Males	36.1	34.9	36.3	55.8	35.8		
Persons	100.0	100.0	100.0	100.0	100.0		
		Median	age at admission (y	years)			
Females	83	82	80	74	83		
Males	81	80	80	71	81		
Persons	82	81	80	72	82		

Table A5: TCP care episodes and median age of recipients, by remoteness<sup>(a)</sup> of service outlet and sex, 2009–10 and 2010–11

(a) This table uses the ASGC Remoteness Structure developed by the ABS.

	2005-06	2006-07	2007-08	2008-09	2009–10	2010–11
Admissions						
Females	576	4,422	6,485	8,122	9,622	11,505
Males	342	2,451	3,673	4,445	5,227	6,503
Persons	918	6,873	10,158	12,567	14,849	18,008
Discharges						
Females	386	3,841	6,249	7,874	9,376	11,145
Males	235	2,156	3,534	4,358	5,091	6,266
Persons	621	5,997	9,783	12,232	14,467	17,411

### Table A6: Number of TCP admissions and discharges by sex, 2005–06 to 2010–11

Table A7: Leave from aged care programs to receive transition care services, by year transition care leave started and program type, 2005–06 to 2010–11 (number)

	2005-06	2006-07	2007-08	2008-09	2009–10	2010-11
Community Aged Care Packages			·			
CACP recipients	93	313	419	511	666	746
TCP episodes	96	324	439	526	694	790
EACH						
EACH recipients	7	30	45	46	66	84
TCP episodes	7	31	45	46	67	87
EACHD						
EACHD recipients		6	15	25	18	34
TCP episodes		6	15	25	18	34
RACS						
Residents	9	18	33	27	19	25
TCP episodes	9	18	33	28	19	25
Total						
Care recipients	109	367	512	609	769	889
TCP episodes	112	379	532	625	798	936
All admissions	918	6,873	10,158	12,567	14,849	18,008
Per cent of TCP admissions	12.2	5.5	5.2	5.0	5.4	5.2

.. Not applicable.

### Table A8: TCP episodes, service provision setting, by state/territory<sup>(a)</sup>, 2010–11 (per cent)

Setting	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Australia
Community	86.2	23.9	76.7	21.4	45.2	58.6	41.9	44.9	55.7
Residential	8.8	62.1	9.5	73.5	29.7	30.7	21.0	55.1	32.9
Both	5.1	13.9	13.8	5.1	25.1	10.7	37.1	—	11.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	5,376	4,919	3,225	1,656	1,523	384	210	118	17,411

(a) Refers to location of service outlet.

Nil or rounded to zero.




		NSW	Vic	Old	WΔ	SΔ	Tas	Аст	NT	Aust	Number
All ve sinients				Qiù			103	ACI		Aust	Number
Community	Median	84	81	84	70	78	80	80	85	83	9 694
community	Average	80	73	80	76	70	77	79	80	78	9,094
Pasidontial	Modian	71	60	E0 E	EG	50	55	74	70	61	5 720
Residential	Average	68	55	58	52	59	52	74	70 66	56	5,750
Deth	Madian	76 5	75	70	74	50 C0	61	70	00	70	1 007
Both	Average	70.5 74	75 70	72 67	74 68	60 60	64	79 78	••	68	1,987
	Average	74	70	0/	00	00		70			
All settings	Median	82	69	81	65 5 0 0	69	71	78.5	80	77	17,411
	Average	/8.3	01.3	76.0	58.2	05.7	67.8	//.3	72.4	69.8	
MBI on exit <sup>(b)</sup>											
Community	Median	95	89	95	89	91	92	98	95	95	7,140
	Average	90	82	91	85	88	90	92	91	89	
Residential	Median	85	69	79	69	83	80	97	85	74	4,237
	Average	79	61	71	60	77	72	92	78	65	
Both	Median	92	90	93	89	89	89.5	98		90	1,662
	Average	85	82	89	83	85	86	96		85	
All settings	Median	95	79	95	77	89	90	98	90	90	13,039
	Average	88.6	68.8	89.0	66.2	84.4	83.8	93.6	84.3	80.5	
Planned care com	npleted <sup>(c)</sup>										
MBI on entry	-										
Community	Median	85	83	84	79	78	81	80	85	84	7,087
-	Average	81	76	81	76	75	78	78	81	80	
Residential	Median	72	62	57	58	63	55	74	68	62	4,014
	Average	68	56	56	54	60	53	76	64	57	
Both	Median	76.5	75	72	73	60	56	79		73	1.646
2000	Average	75	71	67	68	59	61	78		68	.,010
All settings	Median	83	70	81	66	71	72	70	80	78	12 747
All Settings	Average	79.7	62.7	76.7	59.6	67.1	68.2	77.7	72.6	71.0	12,747
MBI on oxit											
Community	Modian	05	80	05	80	01	02	08	05	05	7097
community	Average	90	82	95	85	88	92	90	95	89	7,087
Destalential	Madian	07	62	70	60	00	20	07	05	74	4.014
Residential	Average	87 80	61	79 71	08 50	84 78	80 72	97 02	85 77	74 64	4,014
	Average	80	01	71	29	70	72	92	//	04	
Both	Median	93	90	93	89	89	89	98	••	90	1,646
	Average	85	82	89	84	85	80	96	••	85	
All settings	Median	95	79	95	76	89	90	98	90	90	12,747
	Average	88.9	68.8	89.2	65.9	84.8	83.9	93.6	84.2	80.7	

#### Table A9: Median and average MBI, by care setting and state/territory<sup>(a)</sup>, 2010–11

(a) Refers to location of service outlet.

(b) Excludes those who returned to hospital or died.

(c) Excludes those who moved to another service outlet, returned to hospital or died.



Table A10: Joined TCP episodes, number	of consecutive TCP episodes by final discharge destination and
year of discharge, 2005-06 to 2010-11	(per cent)

Discharge year/discharge destination	1	2	3+	Total	Total (number)
2005-06					
Community with no aged care service	16.3	17.2	—	16.3	93
Community with HACC	18.2	34.5	100.0	19.3	110
Community with CACP	10.6	13.8	_	10.7	61
Community with EACH or EACHD	1.1	6.9	_	1.4	8
Residential aged care (low-care)	12.6	6.9	_	12.3	70
Residential aged care (high-care)	13.0	17.2	_	13.2	75
Other	7.1	_	—	6.7	38
Another transition care outlet	0.4	_	—	0.4	2
Hospital	18.7	3.4	—	17.9	102
Death	2.0	_	_	1.9	11
Total	100.0	100.0	100.0	100.0	570
Total (number)	539	29	2	570	
2006-07					
Community with no aged care service	17.9	8.7	5.4	17.2	942
Community with HACC	21.0	21.3	18.9	21.0	1,149
Community with CACP	9.9	12.0	8.1	10.0	550
Community with EACH or EACHD	1.4	2.4	2.7	1.5	80
Residential aged care (low-care)	7.6	7.2	10.8	7.6	416
Residential aged care (high-care)	16.2	14.1	8.1	16.0	877
Other	7.5	7.5	2.7	7.4	407
Another transition care outlet	0.4	0.6	—	0.4	24
Hospital	15.7	24.0	40.5	16.3	894
Death	2.5	2.4	2.7	2.4	134
Total	100.0	100.0	100.0	100.0	5,473
Total (number)	5,102	334	37	5,473	••
2007-08					
Community with no aged care service	17.4	14.2	12.2	17.2	1,542
Community with HACC	24.1	22.0	23.2	24.0	2,152
Community with CACP	10.1	15.4	6.1	10.4	934
Community with EACH or EACHD	1.9	1.8	6.1	1.9	173
Residential aged care (low-care)	8.0	5.7	7.3	7.8	700
Residential aged care (high-care)	16.1	11.0	11.0	15.8	1,414
Other	4.7	5.0	2.4	4.7	418
Another transition care outlet	0.5	0.5	1.2	0.5	49
Hospital	15.0	22.9	28.0	15.6	1,404
Death	2.1	1.5	2.4	2.1	188
Total	100.0	100.0	100.0	100.0	8,974
Total (number)	8,293	599	82	8,974	••

continued

Table A10 (continued): Joined TCP episodes, number of consecutive TCP episodes by final discharge
destination and year of discharge, 2005–06 to 2010–11 (per cent)

Discharge year/discharge destination	1	2	3+	Total	Total (number)
2008-09					
Community with no aged care service	17.3	11.6	10.9	16.8	1,855
Community with HACC	26.1	24.5	17.3	25.9	2,859
Community with CACP	10.0	15.1	17.3	10.5	1,160
Community with EACH or EACHD	1.9	1.7	6.4	1.9	211
Residential aged care (low-care)	7.1	6.8	8.2	7.1	781
Residential aged care (high-care)	14.1	10.9	10.0	13.8	1,526
Other	5.3	5.7	4.5	5.3	590
Another transition care outlet	0.4	0.7	—	0.4	48
Hospital	16.0	21.0	21.8	16.5	1,822
Death	1.7	1.9	3.6	1.7	192
Total	100.0	100.0	100.0	100.0	11,044
Total (number)	10,057	877	110	11,044	
2009–10					
Community with no aged care service	18.3	13.5	12.5	17.9	2,338
Community with HACC	25.0	24.7	15.4	24.9	3,258
Community with CACP	10.8	14.4	11.0	11.1	1,454
Community with EACH or EACHD	1.8	3.2	11.0	2.0	264
Residential aged care (low-care)	6.6	4.4	4.4	6.4	842
Residential aged care (high-care)	13.0	9.1	8.1	12.7	1,656
Other	6.8	5.8	6.6	6.7	879
Another transition care outlet	0.5	0.6	—	0.5	70
Hospital	15.3	23.0	30.1	16.1	2,109
Death	1.7	1.3	0.7	1.6	215
Total	100.0	100.0	100.0	100.0	13,085
Total (number)	11,877	1,072	136	13,085	••
2010–11					
Community with no aged care service	18.5	12.2	13.3	17.9	2,855
Community with HACC	23.4	24.9	13.3	23.4	3,732
Community with CACP	9.1	12.0	13.3	9.4	1,499
Community with EACH or EACHD	2.0	3.2	2.9	2.1	333
Residential aged care (low-care)	7.0	5.3	4.6	6.8	1,089
Residential aged care (high-care)	13.7	10.7	15.0	13.4	2,144
Other	6.5	6.0	4.0	6.4	1,024
Another transition care outlet	0.6	0.8	0.6	0.6	92
Hospital	17.4	22.7	27.7	18.0	2,866
Death	2.0	2.1	5.2	2.0	325
Total	100.0	100.0	100.0	100.0	15,959
Total (number)	14,454	1,332	173	15,959	

Nil or rounded to zero.

.. Not applicable.

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<b>Discharge destination</b>	0-9	10–19	20–29	30-39	40-49	50-59	60-69	70-79	80-89	90–100
Community with no										
aged care service	2.4	2.5	4.0	4.2	8.2	9.1	12.2	15.7	21.5	27.3
- Community with HACC	3.4	5.8	7.8	11.3	16.8	16.5	19.2	23.1	25.6	28.2
- Community with CACP	1.0	2.0	4.2	4.1	6.0	8.4	9.5	10.0	10.0	9.2
- Community with EACH or EACHD	2.0	3.8	3.2	6.3	3.4	3.1	2.1	1.6	1.2	0.8
Community with										
aged care services	6.5	11.6	15.1	21.7	26.3	27.9	30.7	34.8	36.9	38.1
All community	<b>8.9</b>	14.1	19.1	25.9	34.5	37.0	42.9	50.6	58.3	65.4
- Residential aged care (low-care)	0.8	3.0	4.0	5.3	4.8	6.3	8.0	8.4	6.7	4.5
- Residential aged care (high-care)	46.5	45.1	41.4	30.6	24.3	21.0	14.6	8.3	3.5	2.5
All residential										
aged care	47.3	48.1	45.4	35.9	29.1	27.2	22.6	16.7	10.2	6.9
Other	2.0	5.0	5.3	5.7	6.6	5.5	5.5	6.5	6.7	6.4
Another transition										
care outlet	1.0	2.3	1.7	2.5	1.9	2.3	1.9	2.0	1.6	0.8
Hospital	26.6	21.7	25.2	25.6	25.2	26.3	25.3	23.1	22.5	19.8
Death	14.2	8.8	3.4	4.4	2.8	1.7	1.7	1.1	0.7	0.7
All destinations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All destinations (number)	493	397	476	683	914	1,465	2,040	3,285	4,717	2,941
All destinations (row per cent)	2.8	2.3	2.7	3.9	5.2	8.4	11.7	18.9	27.1	16.9

#### Table A11: TCP episodes, discharge destination by functional status on entry, 2010–11 (per cent)

Table A12: Joined TCP episodes, change in functional status by sex and number of consecutive episodes of care, 1 July 2005 to 30 June 2011

	Improved	No difference	Deteriorated	Total	Total (number)
Single episodes of care					
Females	64.3	14.1	21.6	100.0	32,597
Males	56.3	16.8	26.9	100.0	17,725
Persons	61.5	15.1	23.5	100.0	50,322
2 or more episodes of care					
Females	59.9	5.6	34.5	100.0	2,969
Males	54.1	6.0	39.9	100.0	1,814
Persons	57.7	5.7	36.5	100.0	4,783
All episodes					
Females	63.9	13.4	22.6	100.0	35,566
Males	56.1	15.8	28.1	100.0	19,539
Persons	61.2	14.3	24.6	100.0	55,105

# Appendix B: Data sources and limitations

The data presented in this report are from the Department of Health and Ageing's Aged and Community Care data warehouse. This data repository has information gathered through a number of instruments. Two are directly relevant to this report:

- The Aged Care Client Record (Form 3020). This form contains the 'Application Form' completed by the client when applying for Commonwealth-subsidised aged care. It includes some of the information collected in the process of conducting the assessment and approval of a care recipient for residential aged care, a Community Aged Care Package (CACP), or flexible care (for example, an Extended Aged Care at Home (EACH) or EACH Dementia (EACHD) package and Transition Care). The application form must be completed and signed by the applicant or someone on their behalf before the ACAT does the assessment. The assessment parts of the form are completed by the assessor during the course of the assessment. An ACAT Delegate approves the care for which the applicant is eligible before the form is transmitted to Medicare. These types of care cannot be accessed without an ACAT approval.
- The Transition Care Claim Form. This form is completed by the service outlet for claiming the flexible care subsidy that is payable for the service outlet for a payment period of one calendar month.
- The Transition Care Extension Form. This form must be used when applying for an extension of transition care. The transition care service provider must complete the Transition Care Extension Form with the care recipient (or representative) within the initial 12 week episode of transition care. Once the service provider has completed this form, they must forward it to an Aged Care Assessment Team assessor for review.

Forms other than the application form may be completed and transmitted as paper forms or as electronic forms. The word 'form' thus needs to be interpreted accordingly.

Other instruments through which information on the service outlets is gathered include the Approved Provider Status Application and the Application for a Determination that an Approved Provider is in a Position to Provide Care—Flexible Care Places (revised and replaced in March 2011 with the Application for a Determination that an Approved Provider is in a Position to Provide Care—Transition Care Places).

General population data are taken from the latest Australian Institute of Health and Welfare (AIHW) population databases supplied by the Australian Bureau of Statistics (ABS).

#### Care recipients' personal details

All care recipients receiving TCP must have a valid current ACAT approval for TCP. Approval of applications is the responsibility of ACATs and their delegates.

The information entered into the data warehouse from the Aged Care Client Record is the source of the following data items:

- sex
- date of birth
- Indigenous status
- country of birth
- language spoken at home
- usual residence status (before admission) OR usual accommodation (before admission)
- · living arrangements (before admission).

### Care recipients' admission and discharge details

The Transition Care Claim Form is sent to service outlets at the beginning of a payment period. This form has the details of existing recipients under the care of service providers (the form would be blank for a new provider). It is the responsibility of the service outlet to check this form for accuracy and record new data and changes relating to new admissions, discharges and transfers for their care recipients.

The Transition Care Claim Form is the original source for the following information:

- date of admission
- date of departure
- departure reason (that is, discharge destination)
- functional capacity score (Modified Barthel Index score) on entry and exit
- number of days spent in community and/or residential setting
- length of stay (derived from date of admission and date of departure).

### Service outlet details

In 2009–10 and most of 2010–11, details about transition care service outlets were collected through the Approved Provider Status Application and the Application for a Determination that an Approved Provider is in a Position to Provide Care—Flexible Care Places. This was replaced in March 2011 with the Application for a Determination that an Approved Provider is in a Position to Provide Care—Flexible Care Places.

These documents are the main source for the following data items:

- · location of service outlets (by both state/territory and geographical area)
- number of approved places in service outlets.

### Limitations of the data

The following points should be noted when interpreting the data presented in this report.

- The data used for this report were those available in the data warehouse in October 2011. However, as the data are 'refreshed' periodically, minor differences in some data will occur, depending on the version used for reporting. As much of the transition care-related data is sourced from the Transition Care Claim Form, figures extracted at a later date may vary if additional claims have been processed.
- The basis for the general population figure used in the calculation of the service provision ratio was the ABS estimated resident population at 30 June 2010 and 30 June 2011. The service provision ratios presented in this report may be different from those calculated by the Australian Government Department of Health and Ageing, due to differences in the population figures used.
- Some sociodemographic characteristics of care recipients are recorded at the time of application, and hence may not reflect true characteristics of the recipients while they are receiving care from these programs. These include usual residence status and living arrangements.
- Because Indigenous status is self-identified, the number of Indigenous people presented in this report may be an underestimation of the true number using these programs.



- Although the location of service outlets can be used to infer the location of care recipients, it is possible that outlets provide services to care recipients who live outside the outlets' jurisdictions or geographical areas.
- The lack of information on areas such as type of assistance received by care recipients and carer support means that analysis of recipients' care-specific needs was outside the scope of this report.
- The discharge destinations analysed in this report are the intended destinations at the time of end of the transition care episode. This may not always be the actual discharge destination for the care recipient, either because the care recipient changes their mind or circumstances change after discharge from the program.



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# **Related publications**

Australian Institute of Health and Welfare (AIHW) 2011. Older people leaving hospital: a statistical overview of the Transition Care Program in 2008-09. Aged care statistics series no. 33. Cat. no. AGE 64. Canberra: AIHW.

Older people leaving hospital: a statistical overview of the Transition Care Program 2009–10 and 2010–11 presents key statistics about transition care services provided to older people directly after discharge from hospital. The Transition Care Program aims to improve recipients' independence and functioning, and has assisted nearly 52,000 people since it started in 2005-06, including 18,000 individuals who received just under 20,300 episodes of transition care in 2010-11. The report includes for the first time an analysis of trends since the program's establishment, and an examination of the final outcomes of people receiving consecutive episodes of care.