

8.9 Sub-acute and non-acute hospital care

Hospital care is often characterised as acute care, where the aim is to cure a condition, alleviate symptoms or manage childbirth. While acute care dominates hospital care, many hospitals also provide sub-acute or non-acute care, which aim to optimise a patient's functioning and quality of life. There were about 424,000 hospitalisations for sub-acute and non-acute admitted patient care in 2011–12, accounting for about 4.6% of all hospitalisations and 16.5% of days of patient care in public and private hospitals.

What is sub-acute and non-acute care?

Sub-acute care includes services with a primary clinical purpose or treatment goal of:

- Rehabilitation—care to improve the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition.
- Palliative care—care to optimise the quality of life of a patient with an active and advanced life-limiting illness.
- Geriatric evaluation and management—care to improve the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment.
- Psychogeriatric care—care to improve the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.

Non-acute care is where the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. This is also known as 'maintenance care'.

How much activity was there in 2011–12?

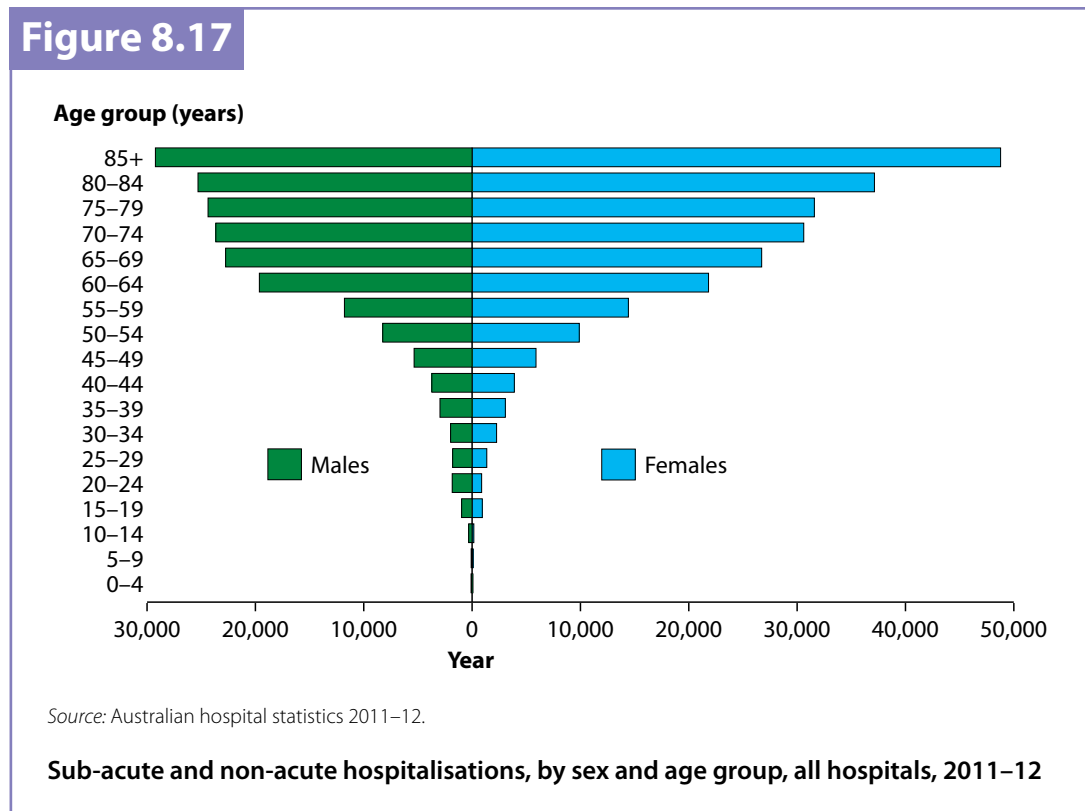
- Rehabilitation care was the most commonly provided sub-acute care type. For public hospitals in 2011–12 it accounted for about 96,000 hospitalisations (1.7% of the total) and 1.6 million days of patient care (8.6% of the total). In private hospitals it accounted for about 230,000 hospitalisations (6.1% of the total) and 2.7 million days of patient care (12.0% of the total).
- Allied health services were commonly reported for episodes of rehabilitation care. Most frequently reported were physiotherapy, occupational therapy, hydrotherapy, social work and dietetics interventions.
- There were also:
 - 37,000 hospitalisations for palliative care (84% in public hospitals)
 - 31,000 for geriatric evaluation and management (almost all in public hospitals)
 - 9,000 for psychogeriatric care (28% in public hospitals)
 - 25,000 for maintenance care (89% in public hospitals).

How has activity changed over time?

- Between 2007–08 and 2011–12, the number of admissions for sub-acute and non-acute care rose from about 265,000 to about 424,000, an average of 12.4% per year.
- Over this period, the average rate of increase was highest for geriatric evaluation and management in public hospitals (19.7% per year) and for rehabilitation in private hospitals (18.3% per year).

Who used these services?

- About 56% of sub-acute and non-acute hospitalisations were for females and more than 70% were for people aged over 65 (Figure 8.17).
- Sub-acute and non-acute hospitalisation rates were highest for patients living in the least socioeconomically disadvantaged areas and lowest for those in the most disadvantaged areas (26 and 13 hospitalisations per 1,000 population respectively).



How long did patients stay?

Patients receiving sub-acute and non-acute care usually stay in hospital for longer than those receiving acute care.

- Maintenance care (32 days) had the longest average length of stay of all sub-acute and non-acute care types, and rehabilitation care (8 days) the shortest in 2011–12.
- Average length of stay for sub-acute and non-acute care was longer overall in public hospitals (18 days) than in private hospitals (5). This was the case for all types of sub-acute and non-acute care except palliative care (11 and 12 days respectively) and geriatric evaluation and management (18 and 35 days respectively).

What is missing from the picture?

Data on admitted patient sub-acute and non-acute care are based on the overall nature of the clinical service provided to the patient during their episode of care. This might not capture all the types of care involved. For example, palliative care can be provided during episodes of care where the overall nature of the care is not palliative care. Chapter 6 'Palliative care in Australia' includes more information on this broader range of 'palliative care' services.

Sub-acute and non-acute services can also be delivered to non-admitted patients, for which very limited data are currently available. Work is under way to develop a patient-level non-admitted patient data collection for national reporting.

Where do I go for more information?

More information on sub-acute and non-acute hospital care in Australia is available on the AIHW website www.aihw.gov.au. The reports [Australian hospital statistics 2011–12](#) and [Trends in palliative care in Australian hospitals](#) and other recent publications are available for free download.