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Older people leaving hospital

A statistical overview of the Transition Care Program in 2008–09

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Abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACCMIS	Aged and Community Care Management Information System
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
EACH D	Extended Aged Care at Home Dementia
HACC	Home and Community Care
MBI	Modified Barthel Index
TCP	Transition Care Program

Summary

The Transition Care Program (TCP) provides time-limited care to older Australians directly after discharge from hospital. It aims to improve recipients' independence and functioning while giving them, their families and carers time to think about long-term care arrangements. TCP care can last for up to 12 weeks; however, a further 6 weeks can be approved. This report presents statistics about TCP for the period 1 July 2008 to 30 June 2009.

Increased supply

- There were just over 2,200 TCP places available at 30 June 2009, a rise of 13% since the same date in 2008 and a rise of 274% since 2005–06, the year that TCP began.

Over 12,600 people were admitted to TCP during 2008–09

- While there were 2,200 places at 30 June 2009, the short-term nature of TCP meant that during 2008–09 about 12,600 people received help.
- There were around 14,000 episodes of care, as about 10% of recipients needed more than one care episode.
- Eighty-one per cent of available places were used.
- Occupancy was highest in *Major cities* (83%) and decreased with increasing remoteness of the outlet providing care (*Inner regional* areas 82%, *Outer regional* 58% and *Remote* 50%).

Half of the 12,200 people that left TCP in 2008–09 returned to the community

- Of those that left TCP during 2008–09:
  - Half returned to the community (35% with a community aged care service in place, and 15% with no service). Overall, the median length of stay was 7 weeks.
  - Just under one in five went to residential care (13% to high-care and 6% to low-care) and their median length of stay was about 6 weeks.
  - More than one in five returned to hospital (22%), and this group had a much shorter median length of stay in TCP (3 weeks).
  - A small proportion (9%) remained in TCP for longer than 12 weeks.

Functional capacity improved for nearly three-quarters of people completing TCP treatment

- For those completing treatment in TCP, the median Modified Barthel Index score was 76 at the beginning of care and 90 at the end of treatment (where 0 is fully dependent and 100 is fully independent).
- Most people improved function while in TCP.
- Of the 74% of episodes where recipients completed treatment, nearly three in four (75%) had improved functional capacity, nearly one in five (19%) maintained the existing level of function, while functional capacity deteriorated for 7%.
- For one in twenty episodes (5%), recipients moved to another TCP provider, while one in 5 (22%) returned to hospital and for 2% the care recipients died.
- Discharge destination after TCP usually related to the level of functioning.
- Of those moving to another service outlet to continue their treatment, over one-third (37%) already had improved functioning, while 45% had deteriorated before that move. They had not reached their final functional level.

Chapter 1

Introduction

Introduction

As the proportion of older people in Australia continues to rise, a key challenge is to further build an effective aged care system. The Australian Government subsidises care to older people through community care programs as well as residential care (see Box 1). The Transition Care Program (TCP), which is jointly funded by the Australian Government and all state and territory governments, aims to provide a service that optimises functioning and delays the need for an older person to enter residential aged care.

Unless otherwise noted, all data in this report are sourced from the Australian Government Department of Health and Ageing's (DoHA's) Aged and Community Care Management Information System (ACCMIS) data warehouse. For a detailed description of data sources and limitations, see Appendix 2. Additional statistical tables are located on the Australian Institute of Health and Welfare (AIHW) publications 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', e.g. 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. They provide some data contained within this report.

Box 1: Residential and community aged care in Australia

What is an ACAT assessment?

The Australian Government funds the states and territories 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 (EACH D). The ACAT assessment includes a decision about which level of care (low or high) an individual requires. This assessment is also needed to access TCP and, for this program, the assessment must be done while the patient is in hospital. In general, a person may need to have multiple ACAT assessments over time as their level of functioning and care needs change.

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 2010b).

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. The Australian Government–subsidised CACPs, EACH and EACH D packages are alternatives to residential aged care, which, unlike HACC services, can only be accessed through an ACAT assessment. CACPs are the community care equivalent of low-care residential aged care, and EACH and EACH D are the high-care equivalents (AIHW 2010a).

Transition Care Program

TCP provides short-term care to older Australians directly after discharge from hospital (Table 1). 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 while giving 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. TCP can be provided in a person's home or in a home-like residential setting. An initial ACAT assessment given in hospital is essential for access to TCP, 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, however the Australian Government only subsidises TCP places up to a maximum of 18 weeks.

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 proportion of people aged 70 years and over and Indigenous people aged 50 to 69 years' (DoHA 2010b). 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. Since 2008–09, a third allocation of 651 places was released in March 2010 (DoHA 2010a).

Table 1: About the Transition Care Program

Year introduced	2005–06
Number of operational places at 30 June 2009	2,228
Number of individual care recipients during 1 July 2008 to 30 June 2009	12,632
Number of care episodes from 1 July 2008 to 30 June 2009	14,043
Access/eligibility requirements	• Aged Care Assessment Team (ACAT) assessment done while a person is still in hospital. • Person assessed as eligible for at least low-level residential care. • Person has completed acute and any necessary subacute care. • Person wishes to enter TCP and does so directly from hospital.
Where does it take place?	In the community or at a 'live-in' facility
Type of care provided	Assistance with: • low-intensity therapy or rehabilitation (such as physiotherapy and occupational therapy) • personal care • nursing support • medical support, e.g. general practitioner (GP) overseeing care • case management
Average hours of care	Vary depending on the needs of the care recipient

Sources: DoHA 2005; DoHA ACCMIS database.

TCP is a flexible service that is customised to the individual. The care provided 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. (For example, see case story in Box 2.)

Box 2: Case story

'Margaret'

Margaret is 81 years old and was living alone for 18 months after her husband, Frank, passed away. She loves cooking and was well known in her community for her preserved fruit, jams and lemon curd that she sold at local fetes, and gave away to lucky neighbours and just about anyone who did her a favour. Margaret has two sons and one daughter who live in different states to her. After Frank passed away, her eldest son, David, became quite worried about his mother, as it seemed that Margaret could no longer look after the house by herself. Eventually, David moved his mother into the granny flat at the back of his house, and has now become even more concerned about the level of care that she requires.

Currently, due to osteoarthritis, Margaret is in hospital for a hip replacement. When Margaret is discharged from hospital she will need extra help, including some assistance with therapy to help improve her level of functioning. David is unsure that he can provide the care that his mother needs when she returns home, and is looking into available options. Margaret has said that she would prefer to stay with him; however, she does not want to be a burden to her son. Help from the Transition Care Program can provide assistance with her recovery and care after her hospital stay. It will also give Margaret and David time to assess whether she will need ongoing help from aged care services such as Home and Community Care or a care package and, if so, to make arrangements for this.

Note: The case story of Margaret is fictional.

One of the purposes of TCP is to improve a recipient's functioning to a level that is the best it can be. A recipient's functioning is measured at the beginning and end of care to determine what, if any, changes have taken place. This is done using the Modified Barthel Index (MBI) (Box 3).

Box 3: 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.

Source: DoHA 2006; Leung et al. 2007.

Chapter 2

Transition care services and provision

Transition care services and provision

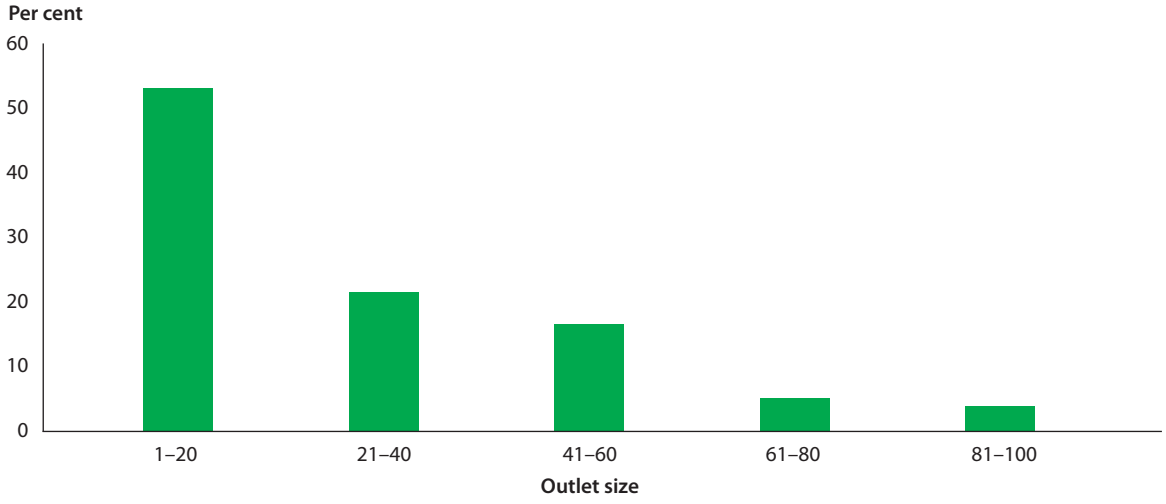
The state and territory governments, represented by their health departments, are the Approved Providers of transition care under the *Aged Care Act 1997* and are responsible for planning the model of transition care based on local need. The service outlets that provide the services to care recipients 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

Across Australia at 30 June 2009:

- There were 79 state/territory-operated service outlets with 2,228 operational TCP places.
- Three-quarters of these service outlets offered 40 or fewer places (75%), with over half of all outlets providing 20 or fewer places (53%). Only 7 outlets (9%) offered between 61 and 100 places (Figure 1).

Figure 1: TCP service outlets by outlet size[(a)], 30 June 2009



(a) Outlet size is determined by the number of TCP places it offers.

Source: Table S1.

Where are the service outlets located?

TCP service outlets are available in all states and territories; although they are more likely to be available close to major cities (see Box 4).

Box 4: How is remoteness defined?

The term 'remoteness', used in this publication, refers to a classification defined by the Australian Bureau of Statistics (ABS) called the Australian Standard Geographical Classification (ASGC) (ABS 2010). 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 2009:

- The highest proportion of service outlets was located in New South Wales (46%), followed by Victoria (18%) and Queensland (15%) (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%).
- Over 80% of TCP service outlets were located in *Major cities* (51%) and *Inner regional* areas (32%), and the lowest number were in *Remote* or *Very remote* areas (3%).
- Only the Northern Territory had TCP service outlets located in *Remote* areas (3% of all TCP service outlets).
- While there were no outlets located in *Very remote* areas, the two *Remote* outlets in the Northern Territory would be likely to provide care to people living in both *Remote* and *Very remote* areas.

Table 2: Number of TCP service outlets by state/territory and remoteness[(a)], 30 June 2009

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia	Australia (per cent)
NSW	17	14	5	—	—	36	45.6
Vic	10	4	—	—	..	14	17.7
Qld	6	3	3	—	—	12	15.2
WA	4	1	2	—	—	7	8.9
SA	2	1	—	—	—	3	3.8
Tas	..	2	—	—	—	2	2.5
ACT	1	—	..	..	..	1	1.3
NT	..	..	2	2	—	4	5.1
Total	*40*	*25*	*12*	*2*	—	*79*	*100.0*
Total (per cent)	**50.6**	**31.6**	**15.2**	**2.5**	**—**	**100.0**	**..**

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

Note: Percentages have been rounded to one decimal place and may not add to 100%.

.. Not applicable.

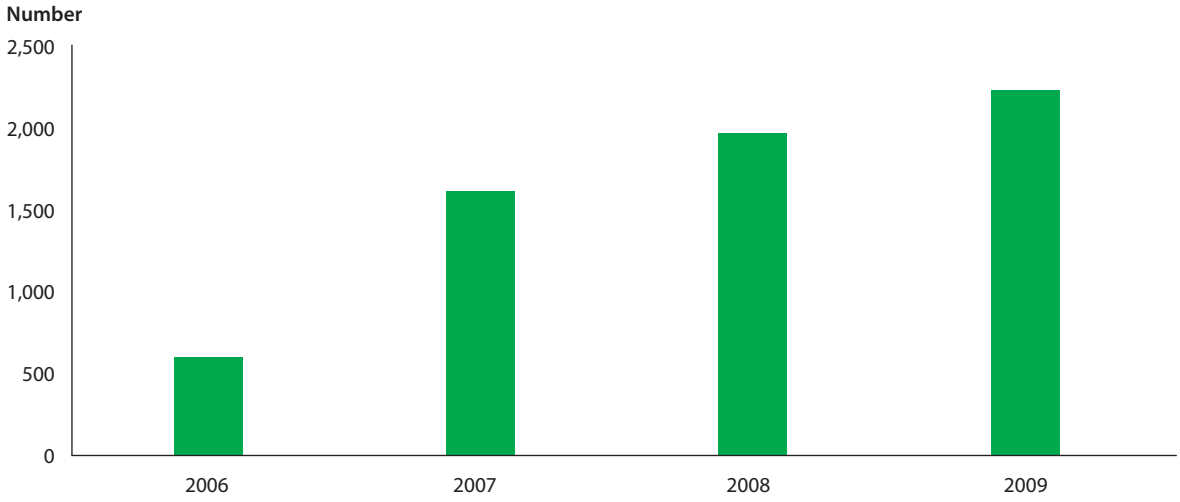
— Nil or rounded to zero.

Available places

At 30 June 2009:

- Across Australia, there were about 2,200 operational TCP places. This is close to 4 times as high as the number of places available at the same time in 2006 (595). Since 30 June 2008, the number of places has risen by 13% (Figure 2).

Figure 2: Operational TCP places, 30 June 2006 to 30 June 2009



Source: Table S2.

- Consistent with its population size, 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%).

Table 3: Operational TCP places by state/territory[(a)], 30 June 2009

State/territory	Number	Per cent
NSW	772	34.6
Vic	570	25.6
Qld	389	17.5
WA	178	8.0
SA	193	8.7
Tas	67	3.0
ACT	37	1.7
NT	22	1.0
Total	**2,228**	**100.0**

(a) Refers to location of service outlet.

Note: Percentages have been rounded to one decimal place and may not add to 100%.

Provision, occupancy and usage of TCP

Provision ratios

At 30 June 2009:

- Across Australia, the provision ratio for TCP was 1.1 per 1,000 people aged 70 years and over (see Box 5; Figure 3).
- In the states and territories, the lowest provision ratio per 1,000 for the 70 years and older population was in Queensland and Western Australia, both with 1.0. The highest was in the Northern Territory with a rate of 3.4.
- Adding the Indigenous population aged 50 to 69 years to the 70 years and over population did not greatly affect the provision ratio nationally, or in most states and territories, except for the Northern Territory where the provision ratio fell from 3.4 to 1.7. This was due to the Northern Territory's high proportion of Indigenous people aged 50 to 69 years.
- Across remoteness areas, the TCP provision ratio ranged from 0.8 in *Outer regional, Remote* and *Very remote* areas combined to 1.2 in *Major cities* (Figure 4).

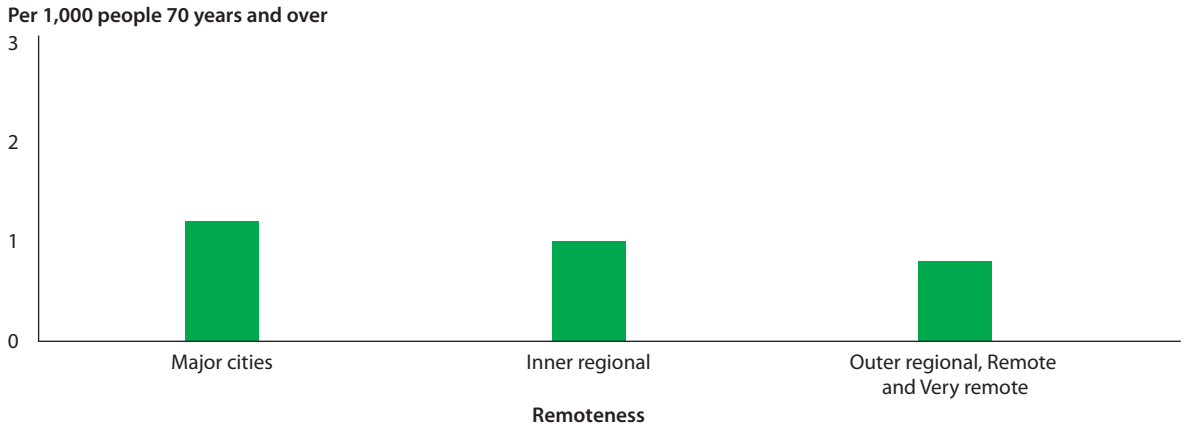
Figure 3: Provision ratio for TCP by state/territory[(a)], 30 June 2009

(a) Refers to location of service outlet.

Note: The Aboriginal and Torres Strait Islander population aged 50–69 years uses ABS projections (ABS 2004).

Source: Table S3.

Figure 4: Provision ratio for TCP by remoteness[(a)], 30 June 2009



(a) Refers to location of service outlet.

Note: The figure uses the ASGC Remoteness Structure developed by the ABS.

Source: Table S4.

Box 5: 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 30 June. In aged care, the age group 70 years and over is generally used to determine the number of aged care places that need to be provided. A provision ratio of 10 means that there are 10 places available for every 1,000 people aged 70 years and over.

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. It 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 for every 1,000 people aged 70 years and over using that service. 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 peoples 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 years added to the 70 years and over age group.

Occupancy rates

From 1 July 2008 to 30 June 2009:

- The average TCP occupancy rate for Australia was 81% (Table 4; see also Box 5).
- For the states and territories, the average occupancy rate ranged from 48% in the Northern Territory to 91% in South Australia.
- Occupancy generally decreased with remoteness from 83% in *Major cities* to 50% in *Remote* areas. There were no outlets located in *Very remote* areas.
- The Northern Territory had the lowest occupancy rate (48%), however it was the only state or territory that only has places available in *Remote* areas (occupancy rate 50%). In contrast, South Australia had the highest overall occupancy rate (91%), but only had places available in *Major cities* and *Inner regional* areas (occupancy rate 90% and 92%, respectively).

Occupancy rates are influenced by a number of factors including the time a place is vacant after one care recipient finishes an episode of care and before the next care recipient starts receiving assistance. In short-term time-limited service provision, such as transition care, these changeover periods occur more frequently than in longer term types of care, such as care packages. The start date of care episodes is also influenced by the requirement that the care start on discharge from hospital and therefore by the individual recipient's readiness for discharge. Consequently, the occupancy rates seen in transition care can be expected to be lower than those for care packages. The size of the local population and the number of places available will also influence occupancy rates. 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 will be 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%.

Table 4: TCP average occupancy rate by state/territory and remoteness[(a)], 1 July 2008 to 30 June 2009

State/ territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
NSW	83.2	81.1	54.3	—	—	81.0
Vic	87.9	86.9	—	—	. .	87.7
Qld	74.4	74.9	68.4	—	—	73.4
WA	73.6	78.1	45.5	—	—	67.7
SA	90.3	92.0	—	—	—	90.7
Tas	. .	80.5	—	—	—	80.5
ACT	82.9	—	. .	. .	. .	82.9
NT	. .	. .	44.4	50.1	—	48.1
Total	**83.3**	**81.9**	**58.0**	**50.1**	**—**	**81.0**

(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

At 30 June 2009, the total usage for TCP for Australia was 0.1 per 1,000 people. However, usage for the whole of the year was 0.6 per 1,000 people (Table 5; see also Box 5).

- Use of the program increased with age. At 30 June 2009, usage was 1.8 people per 1,000 people aged 85 years and over, and 13.4 per 1,000 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 2009, usage for those aged 85 years and older was 1.3 per 1,000 for males and 2.0 per 1,000 for females. Over the whole year, the comparable rates were 11.3 per 1,000 for males compared with 14.4 per 1,000 for females.

Table 5: Usage rates of TCP by age group and sex, 30 June 2009 and 1 July 2008 to 30 June 2009 (per 1,000 population)[(a)]

	Usage rates, 30 June 2009			Usage rates, 1 July 2008 – 30 June 2009		
Age group (years)	Females	Males	Persons	Females	Males	Persons
0–54	—	—	—	—	—	—
55–64	—	—	—	0.1	0.1	0.1
65–74	0.2	0.2	0.2	1.3	1.0	1.1
75–84	1.0	0.7	0.9	6.3	4.5	5.5
85+	2.0	1.3	1.8	14.4	11.3	13.4
Total	**0.1**	**0.1**	**0.1**	**0.7**	**0.4**	**0.6**

(a) Ratios are calculated using Australian population figures released in December 2009 (ABS 2009). When calculating usage for the year, people accessing the program more than once in the year are counted only once.

— Nil or rounded to zero.

Chapter 3

Characteristics of recipients

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 where they were born. Around 10% of recipients had more than one TCP episode in the year (Table A1). The client characteristics reported in this chapter are reported by client episodes, as opposed to recipients.

Between 1 July 2008 and 30 June 2009:

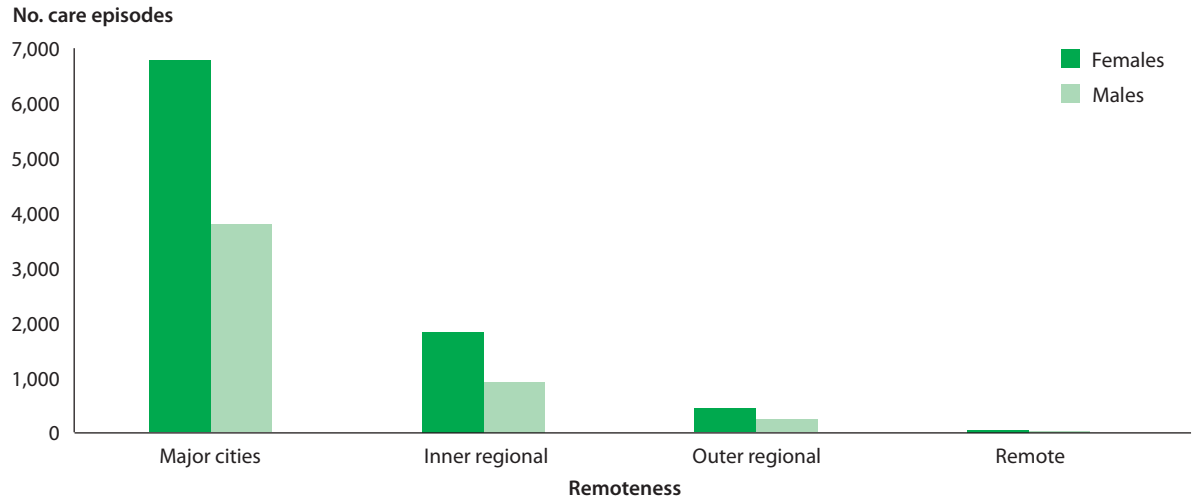
- There were 12,632 individual TCP recipients who received at least part of their transition care episode.
- Most care recipients had only one episode of care in the year, while 9% had two episodes and 1% had more than two episodes (Table A1).
- New South Wales had the most TCP service outlets and places and had the highest proportion (and number) of TCP recipients, followed closely by Victoria; both with just under one in every three TCP care episodes (tables A2 and A4).
- The smallest proportion of episodes was in the Northern Territory (1%) followed by the Australian Capital Territory (2%) (Table A2). As shown in the previous chapter, the Northern Territory had more service outlets than the Australian Capital Territory (4 and 1, respectively) (Table 2) because of the wider geographical spread of its population. However, the Australian Capital Territory had more places available than the Northern Territory (37 compared to 22, respectively) (Table 3). This, coupled with lower occupancy rates, helped contribute to the small proportion of recipients and care episodes in the Northern Territory (Figure 5).

Figure 5: TCP care episodes, sex of recipients by state/territory of service outlet, 1 July 2008 to 30 June 2009

Source: Table A4.

- The majority of recipients accessed TCP service outlets in *Major cities* (three in every four care episodes) and *Inner regional* areas (one in every five), reflecting the geographical availability of these services (Figure 6).

Figure 6: TCP care episodes, sex of recipients by remoteness[(a)] of the service outlet and sex, 1 July 2008 to 30 June 2009



(a) The figure uses the ASGC Remoteness Structure developed by the ABS.

Source: Table S6.

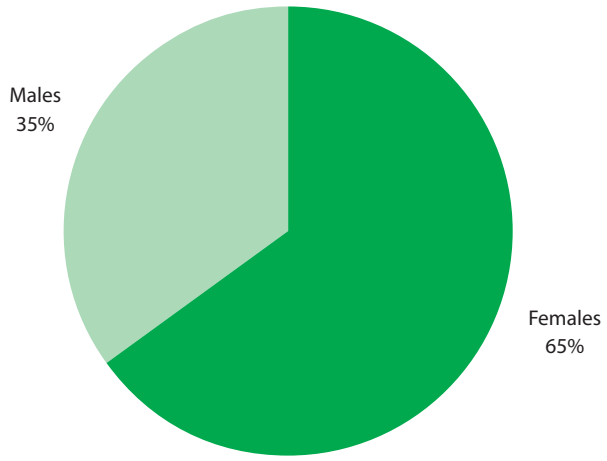
Sex and age

Proportions of females and males

During 2008–09:

- There was a higher proportion of females receiving TCP services than males. Around two in every three TCP episode recipients were female (Figure 7).
- Within the states and territories:
  - Western Australia and Tasmania had the highest proportion of females receiving TCP services (71% and 70%, respectively) (Table A4; Figure 5).
  - Victoria and the Northern Territory had the highest proportion of males receiving these services (39% each).
- Within remoteness areas:
  - *Inner regional* areas had the highest proportion of female TCP recipients (67% of episodes) (Table A5; Figure 6).
  - *Remote* areas had the highest proportion of males (37%).

Figure 7: TCP care episodes[(a)], by sex of recipients, 1 July 2008 to 30 June 2009



(a) Includes repeat clients.

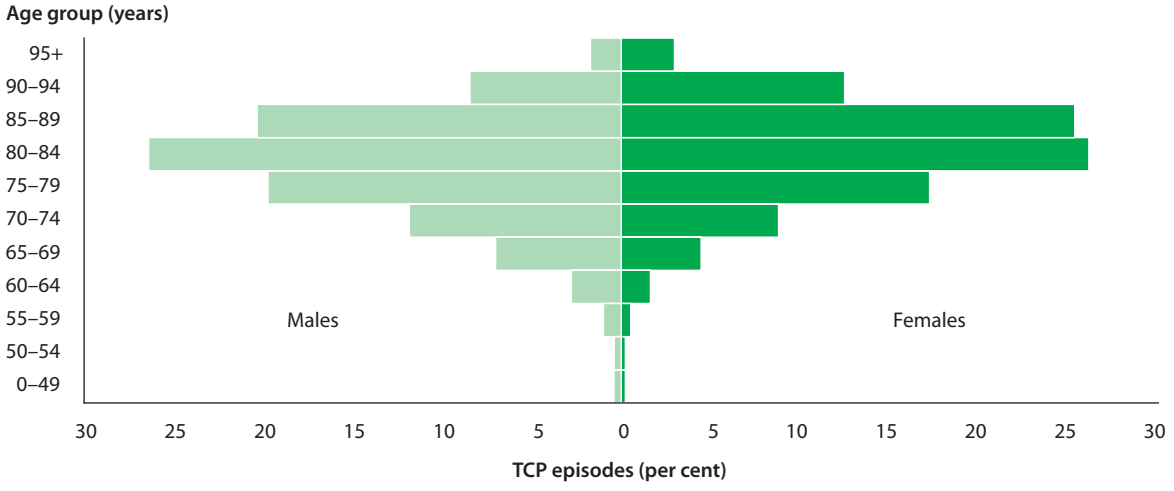
Source: Table A3.

Age profiles

During 2008–09:

- 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 A3).
- The majority of female TCP recipients were aged 75 years and over (84%), with 16% aged 90 years or more. Males had a slightly younger profile than their female counterparts, with 77% of males aged 75 years and over and 10% aged 90 years and over (Figure 8; Table A3).

Figure 8: TCP care episodes, age at admission and sex of recipients, 1 July 2008 to 30 June 2009



(a) Includes repeat clients.

Source: Table A3.

During 2008–09:

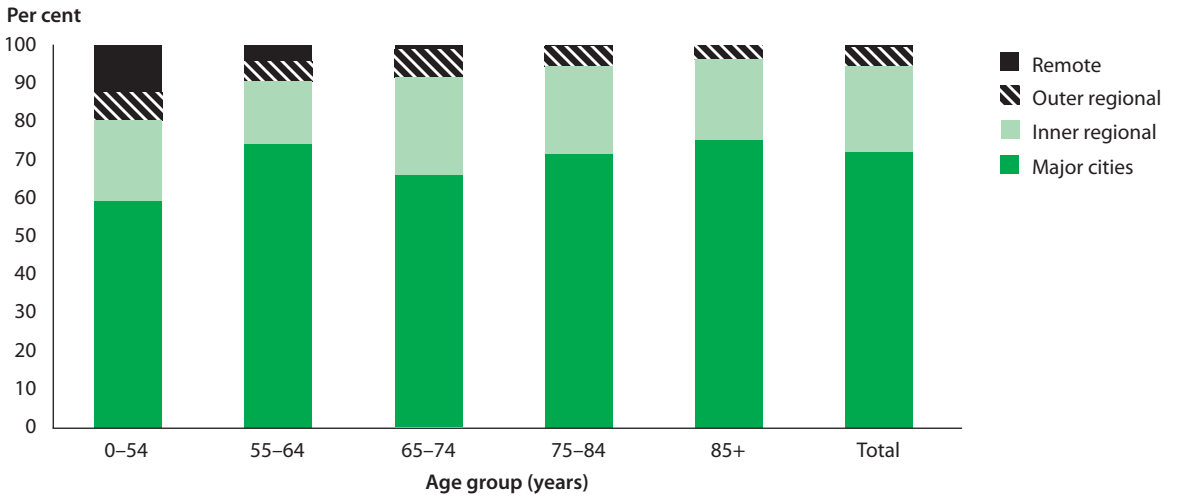
- The median age was lowest in the Northern Territory (70 years). Victoria, South Australia and the Australian Capital Territory had the highest median age (83 years) (Table 6).
- Nationally, and for all states and territories with the exception of the Northern Territory, the majority of all TCP recipients were aged 75 years and over (between 76% and 85%). In the Northern Territory, the age profile was quite different, with a more even spread across age groups. There was also a much smaller proportion of those aged 85 years and over (5%) compared with the national average (37%) (Table 6). These differences could be due to the larger proportion of Aboriginal and Torres Strait Islanders who tend to be younger at the time of TCP service, or because of the smaller number of TCP recipients found in the Northern Territory (tables 6 and 7).
- There was little difference in median age across remoteness areas, except for *Remote* areas (68 years), where the median age was 14 or more years below the national median (82 years) (Table A5). While there was only a small number of recipients in *Remote* areas (67 care episodes) and so could be subject to chance variations in the age of recipients, this difference is likely to be a true reflection of the age differences of recipients because of the higher proportion of younger Indigenous care recipients in the Northern Territory.
- As age increased, the proportion of TCP recipients receiving their care from outlets in *Remote* areas decreased (Figure 9). 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 (21% for *Inner regional* areas and 4% for *Outer regional*—no recipient aged 85 years or older received transition care from outlets located in *Remote* areas).

Table 6: TCP care episodes, age of recipients at admission by state/territory of service outlet, 1 July 2008 to 30 June 2009 (per cent)

Age group (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
0–64	2.4	4.3	3.7	2.9	0.6	2.6	6.0	29.0	3.3
65–74	15.3	12.0	20.1	16.3	14.9	16.7	8.7	38.7	15.2
75–84	46.5	42.8	46.0	40.3	43.5	41.3	44.0	26.9	44.3
85+	35.7	40.9	30.1	40.5	41.0	39.4	41.3	5.4	37.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	**4,667**	**4,144**	**2,276**	**916**	**1,317**	**378**	**252**	**93**	**14,043**
Median age (years)	82	83	80	82	83	82	83	70	82

Note: Percentages have been rounded to one decimal place and may not add to 100%.

Figure 9: TCP care episodes, remoteness[(a)] of service outlet by age of recipients at admission, 1 July 2008 to 30 June 2009



(a) The figure uses the ASGC Remoteness Structure developed by the ABS.

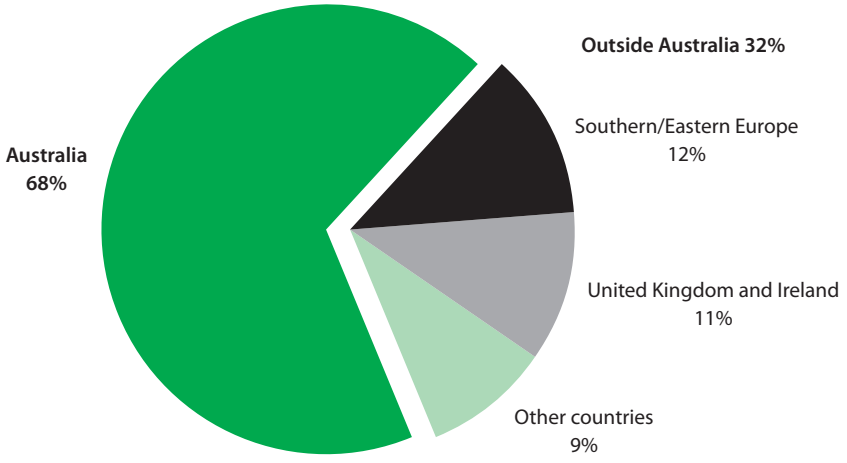
Source: Table S7.

Recipients' background

During 2008–09:

- The majority of TCP recipients were born in Australia (68%), including 1% of recipients who identified as Indigenous Australians (Figure 10; Table 7).
- For those born overseas (32% of recipients), the highest proportion was from Southern/Eastern Europe (11% of recipients), which includes Greece and Italy (2% and 4%, respectively). Similarly, 11% of recipients were born in the United Kingdom and Ireland.

Figure 10 : TCP care episodes by country of birth of recipients, 1 July 2008 to 30 June 2009



Note: Figure does not include those with unknown country of birth, of which there were 70 (0.5%).

Source: Table 7.

- TCP recipients in the Northern Territory had the highest proportion of Australian-born (79%) and Western Australia the lowest proportion (59%) (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 (21%).

Table 7: TCP care episodes, country of birth[a] of recipients by state/territory[b], 1 July 2008 to 30 June 2009 (per cent)

Birthplace	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Australia	72.9	60.3	75.4	59.4	63.8	77.2	60.3	78.5	67.8
Aboriginal or Torres Strait Islander[c]	*0.6*	*0.2*	*1.1*	*0.7*	*0.4*	*1.3*	*n.p.*	*53.8*	*0.9*
Countries other than Australia:									
Southern/Eastern Europe	9.0	19.1	3.9	8.4	12.4	4.2	12.7	4.3	11.3
Greece[d]	*1.3*	*4.1*	*n.p.*	*0.7*	*1.5*	*n.p.*	*n.p.*	—	*1.9*
Italy[d]	*2.6*	*6.2*	*1.2*	*4.1*	*4.3*	*n.p.*	*4.4*	*n.p.*	*3.7*
United Kingdom and Ireland	9.0	8.5	12.3	21.2	17.2	12.4	15.5	4.3	11.1
Northern/Western Europe	2.9	3.3	3.1	3.6	4.2	3.2	5.6	9.7	3.3
North Africa/Middle East	1.6	2.2	0.3	0.5	0.2	0.8	n.p.	n.p.	1.3
Other Oceania/New Zealand/ Antarctica	1.1	0.6	2.7	1.0	0.5	0.8	n.p.	n.p.	1.1
Southern Asia/Central Asia	0.8	1.4	0.4	2.8	0.5	1.1	—	—	1.0
Other[e]	2.4	3.7	1.7	2.7	1.1	0.3	4.0	2.2	*2.5*
Total countries other than Australia	*26.6*	*38.8*	*24.4*	*40.3*	*35.8*	*20.9*	*35.7*	*18.3*	*31.7*
Not stated/not classified	0.4	0.9	0.2	0.3	0.1	—	1.2	—	0.5
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	**4,667**	**4,144**	**2,276**	**916**	**1,317**	**378**	**252**	**93**	**14,043**

(a) Uses classifications of ABS 2008.

(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 South-East Asia, North-East Asia, Sub-Saharan Africa/South Africa, North America and Other America/Caribbean.

Note: Percentages have been rounded to one decimal place and small cell values have not been published. Consequently totals may not add to 100%.

n.p. Not published.

— Nil or rounded to zero.

Preferred language

- English was the preferred language for 89% of TCP recipients. Southern European languages were the next most preferred languages (5%), and consisted mainly of Greek and Italian (2% and 3% of all TCP recipients, respectively) with less than 1% of recipients preferring to speak another Southern European language. The next preferred language group was Eastern European languages (3%) (Table 8).

Table 8: TCP care episodes, by preferred language[(a)] of recipients, 1 July 2008 to 30 June 2009

Preferred language	Per cent
English	88.8
Language other than English:	
Southern European	5.4
Greek[(b)]	*1.8*
Italian[(b)]	*3.0*
Eastern European	2.7
Other Northern European	0.7
Eastern Asian	0.7
South-West Asian and North African	0.6
South-East Asian	0.4
Australian Indigenous	0.3
Other[(c)]	0.2
Total language other than English	11.0
Not stated	0.2
Total	*100.0*
Total (number)	**14,043**

(a) 2-digit adaption 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 Southern Asian, African (excluding North African) and Oceanic.

Note: Percentages have been rounded to one decimal place and total may not add to 100%.

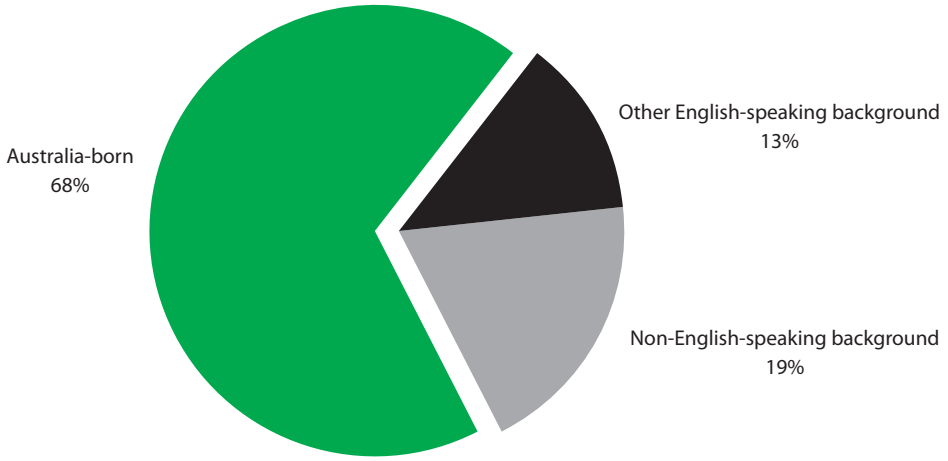
Non-English-speaking background

People from countries where English is not the main language may have difficulties obtaining services because they may not be aware of what services are available, 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 have English as their main language 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.

- At 30 June 2009, TCP recipients from a non-English-speaking background made up close to one in five recipients (19%) (Figure 11).

Figure 11: TCP care episodes, by English-speaking background[(a)] of recipients, 1 July 2008 to 30 June 2009



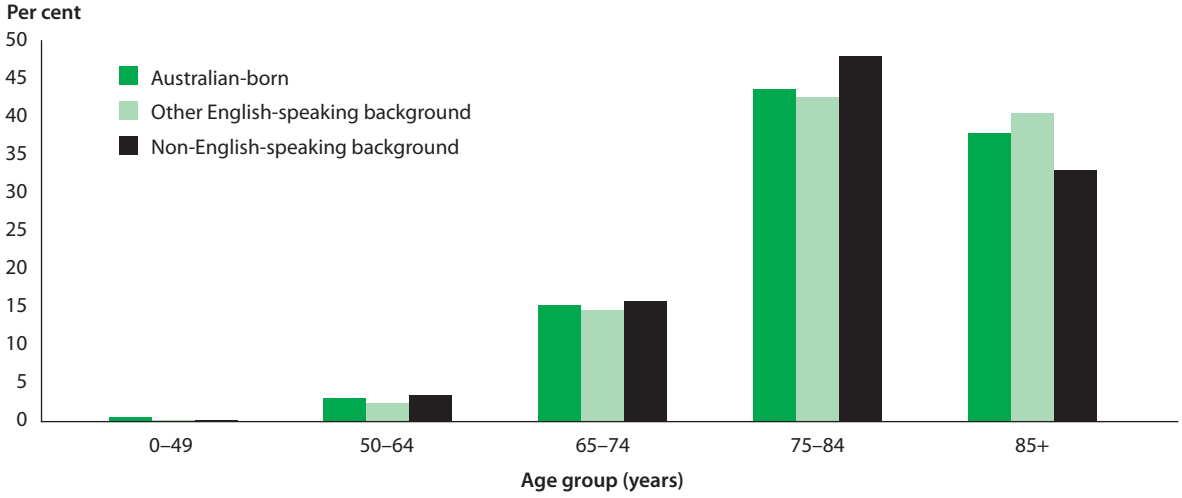
(a) English-speaking-background based on country of birth.

Note: Figure does not include those with unknown country of birth, of which there were 70 (0.5%).

Source: Table S8.

- TCP recipients from a non-English-speaking background were more likely to be slightly younger (67% aged less than 85 years) than their counterparts born in Australia (62%) or from an English-speaking background (60%) (Figure 12).

Figure 12: TCP care episodes, age profile of TCP recipients by English-speaking-background[(a)], 1 July 2008 to 30 June 2009



(a) English-speaking-background based on country of birth.

Note: Figure does not include those with unknown country of birth, of which there were 70.

Source: Table S8.

Chapter 4

Admissions and discharges

Admissions and discharges

The point at which someone starts receiving a service is counted as an *admission*. Therefore, the number of admissions is the count of new TCP services started during a specified time period. A *discharge* is counted when somebody stops receiving a TCP service. The destination when leaving a TCP service (*discharge destination*) is based on where a care recipient goes when their TCP service ends, and the type of care, if any, they may start receiving. 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 have gone elsewhere following discharge.

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 where TCP recipients went when they left care and how long they had received the TCP service.

Admissions

During 2008–09:

- There were about 12,600 TCP admissions, with the majority occurring in New South Wales (33%) and Victoria (30%) (Table 9). Only 1% occurred in the Northern Territory.
- There were about 8,100 female and 4,400 male admissions into TCP (Table A6).
- Females were older at admission than males, with 41% of females aged 85 years or older on admission, compared with 30% for males (Figure 13).

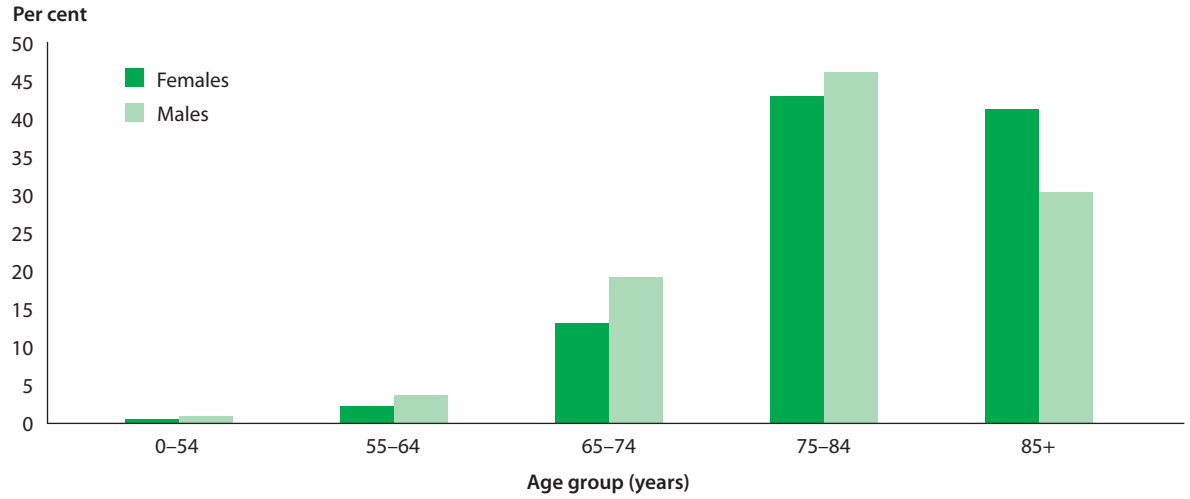
Table 9: TCP admissions by state/territory[(a)], 1 July 2008 to 30 June 2009

State/territory	Number	Per cent
NSW	4,132	32.9
Vic	3,726	29.6
Qld	2,043	16.3
WA	818	6.5
SA	1,202	9.6
Tas	340	2.7
ACT	220	1.8
NT	86	0.7
Total	**12,567**	**100.0**

(a) Refers to location of service outlet.

Note: Percentages have been rounded to one decimal place and may not add to 100%.

Figure 13: TCP admissions by age at admission and sex, 1 July 2008 to 30 June 2009



Source: Table S9.

Discharges

During 2008–09:

- There were about 12,200 TCP discharges and again the majority of TCP discharges were in New South Wales (33%) and Victoria (30%) (Table 10).
- There were about 7,900 female discharges and 4,400 male discharges from TCP (Table A6).
- As with admissions, females were older at discharge (42% aged 85 years or older) compared with males (32%) (Figure 14).

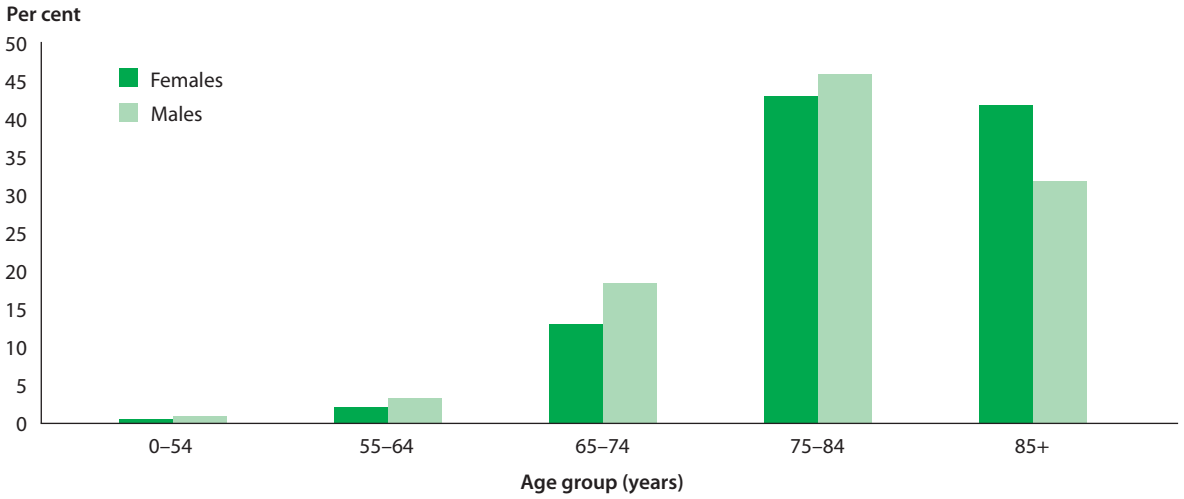
Table 10: TCP discharges by state/territory[(a)], 1 July 2008 to 30 June 2009

State/territory	Number	Per cent
NSW	4,017	32.8
Vic	3,657	29.9
Qld	1,970	16.1
WA	770	6.3
SA	1,190	9.7
Tas	326	2.7
ACT	219	1.8
NT	83	0.7
Total	**12,232**	**100.0**

(a) Refers to location of service outlet.

Note: Percentages have been rounded to one decimal place and may not add to 100%.

Figure 14: TCP discharges by age at admission and sex, 1 July 2008 to 30 June 2009



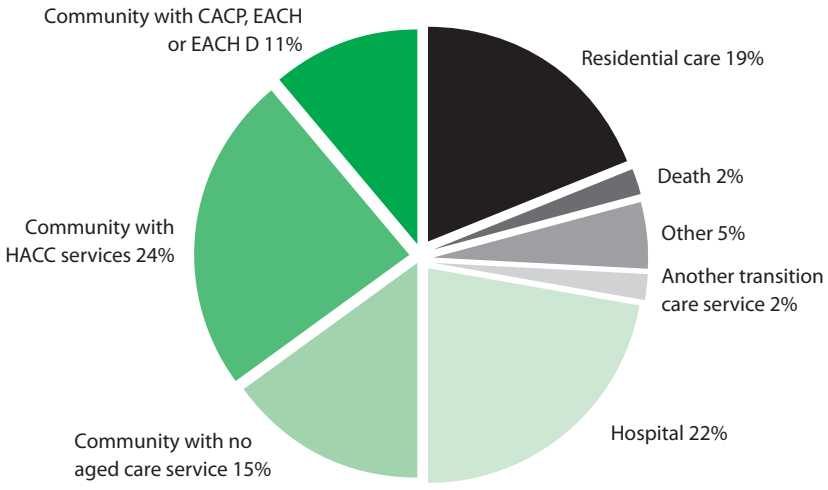
Source: Table S10.

Discharge destinations

Of those who finished an episode of transition care during 2008–09:

- half of the recipients returned to the community (24% with HACC services, 11% with a CACP, EACH or EACH D package and 15% without community care assistance) (Figure 15; see also Box 1 for definitions)
- 19% went to residential aged care (6% to low-care, 13% to high-care)
- 22% returned to hospital and 2% died.

Figure 15: TCP discharges by discharge destination, 1 July 2008 to 30 June 2009



Source: Table 11.

- Across the states and territories, the proportion of recipients who were discharged from TCP and returned to the community ranged from 27% in Victoria to 66% in Queensland (national average of 50%) (Table 11).
- The proportion of recipients who went into residential aged care also varied considerably, from 3% in Queensland to 45% in Victoria (national average of 19%).
- There was more consistency in the proportion of TCP recipients who returned to hospital after finishing TCP—from 17% in Tasmania to 25% in the Northern Territory (national average of 22%).
- For TCP discharges that occurred because of death, New South Wales and Queensland both had the lowest proportion (less than 1%) and Victoria had the highest (4%). The national average was 2%.
- The discharge destinations of 5% 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.

As can be seen, across many discharge destinations, Victoria largely varied from the national average. A report from DoHA in 2008 suggested that TCP recipients in Victoria tended to have greater levels of disability than did recipients in other states and territories. This was partly because, in Victoria, people with lower levels of disability can receive services from pre-existing community-based programs designed to assist them to return to independent community living, e.g. subacute ambulatory care services (SACS) program (DHS 2003; DoHA 2008). In addition, Victoria has a higher proportion of places that are provided in a residential setting. This may help to explain some of the differences in discharge destinations.

Table 11: TCP recipient discharge destinations by state/territory[(a)], 1 July 2008 to 30 June 2009 (per cent)

Discharge destination	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Community with no aged care service	22.3	4.4	21.0	16.5	12.9	9.5	29.2	14.5	15.2
Community with HACC	24.8	17.6	32.4	17.7	26.7	39.3	5.0	15.7	23.6
Community with CACP	12.4	3.9	11.4	12.5	10.9	6.7	19.6	6.0	9.5
Community with EACH or EACH D	2.2	1.5	1.2	1.7	1.8	0.3	n.p.	n.p.	1.7
Residential aged care (low-care)	4.0	11.1	1.6	11.7	5.7	2.8	3.2	15.7	6.4
Residential aged care (high-care)	2.2	33.5	1.3	9.2	6.1	12.0	4.1	3.6	12.5
Another transition care service	1.3	0.8	2.0	5.6	7.2	0.3	0.9	—	2.1
Hospital	24.3	20.2	23.9	20.1	21.8	17.2	20.1	25.3	22.2
Death	0.5	3.5	0.5	1.8	1.3	1.2	n.p.	n.p.	1.6
Other	6.1	3.5	4.8	3.2	5.5	10.7	15.1	7.2	5.2
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	**4,017**	**3,657**	**1,970**	**770**	**1,190**	**326**	**219**	**83**	**12,232**

(a) Refers to location of service outlet.

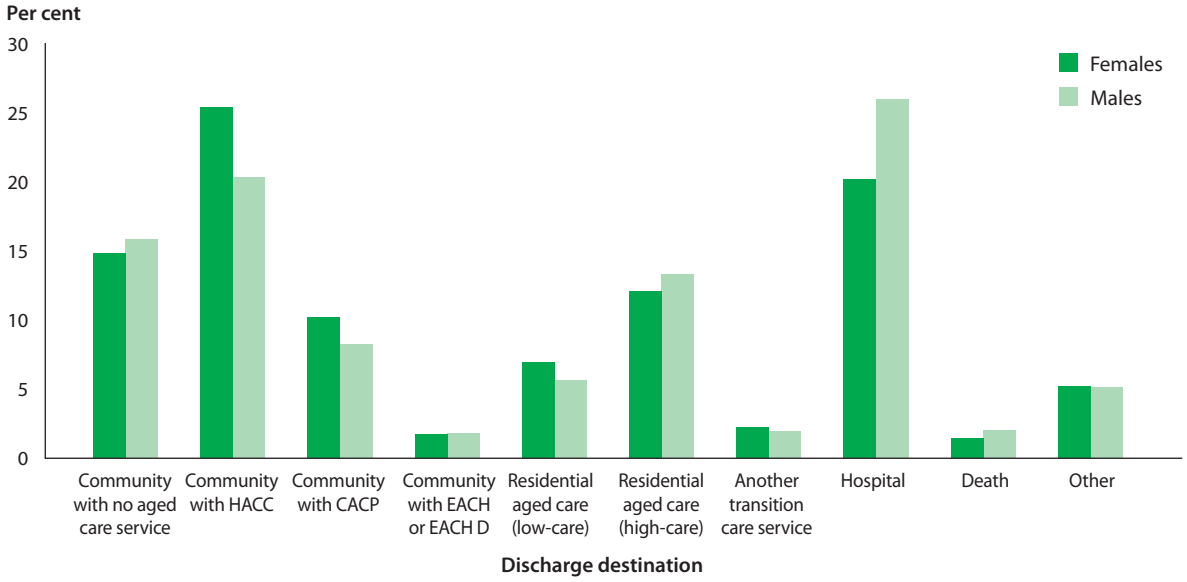
— Nil or rounded to zero.

n.p. Not published.

During 2008–09:

- Females and males generally had similar pathways once they had completed their TCP. Females were somewhat more likely than males to return to the community (52% and 46%, respectively), whereas males were more likely than females to return to hospital (26% and 20%, respectively) (Figure 16).

Figure 16: TCP discharge destinations by sex, 1 July 2008 to 30 June 2009



Source: Table S11.

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 3).

For TCP episodes that were completed during 2008–09:

- Nationally, the median MBI score on admission was 75 (mean 69). For those completing TCP treatment (all recipients except those who moved to another TCP service outlet, returned to hospital or died), the national median was 76 on admission and rose to 90 on discharge (mean 80) (Table 12).
- Across the states and territories, for those completing treatment:
  - The lowest MBI median score when a recipient entered TCP and when they left was in Victoria (64 and 74, respectively) (Table 12). This shows that Victoria had a larger proportion of TCP recipients with higher dependency levels. This state also has a higher proportion of recipients receiving care in a residential setting (DoHA 2008). Victoria also has a strong post-acute care program which provides rehabilitation services to people discharged from hospital.
  - The highest median MBI scores on admission were in New South Wales and the Australian Capital Territory (83 each) and Queensland (82). 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 12).
- 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 12; Figure 17).

Table 12: MBI score on admission and discharge to TCP by state/territory[a], care episodes completed during 1 July 2008 to 30 June 2009

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
All recipients									
MBI on admission									
Median (min–max)	82 (0–100)	62 (0–100)	81 (0–100)	70 (0–100)	68 (0–99)	68 (0–100)	82 (50–100)	66 (0–100)	75 (0–100)
Mean (SD)	76.7 (18.3)	57.2 (28.1)	76.6 (16.3)	65.8 (21.8)	64.5 (19.1)	63.5 (20.3)	81.2 (10.2)	66.2 (20.6)	68.6 (23.4)
Number	4,017	3,657	1,970	770	1,190	326	219	83	12,232
MBI on discharge[b]									
Median (min–max)	95 (0–100)	74 (0–100)	95 (0–100)	85 (0–100)	85 (0–100)	89 (0–100)	98 (0–100)	85 (0–100)	89 (0–100)
Mean (SD)	87.6 (19.8)	64.4 (29.9)	90.2 (14.6)	76.5 (26.1)	73.6 (29.0)	81.3 (21.6)	93.6 (10.7)	76.6 (25.6)	78.8 (26.3)
Number	3,020	2,790	1,490	601	916	266	172	61	9,316
Recipients who completed planned care[c]									
MBI on admission									
Median (min–max)	83 (0–100)	64 (0–100)	82 (3–100)	71 (0–100)	68.5 (0–98)	67 (0–100)	83 (54–100)	68 (0–100)	76 (0–100)
Mean (SD)	77.9 (17.5)	58.0 (27.8)	77.9 (15.1)	67.0 (20.9)	65.3 (18.8)	63.5 (20.3)	81.6 (10.2)	68.4 (20.6)	69.6 (23.0)
Number	2,969	2,759	1,451	558	830	265	170	61	9,063
MBI on discharge[c]									
Median (min–max)	95 (0–100)	74 (0–100)	95 (0–100)	85.5 (0–100)	86 (0–100)	89 (0–100)	98 (0–100)	85 (0–100)	90 (0–100)
Mean (SD)	87.8 (19.6)	64.4 (29.9)	90.7 (13.7)	79.2 (22.1)	80.2 (19.6)	81.4 (21.6)	93.6 (10.8)	76.6 (25.6)	79.8 (25.1)
Number	2,969	2,759	1,451	558	830	265	170	61	9,063

(a) Refers to location of service outlet.

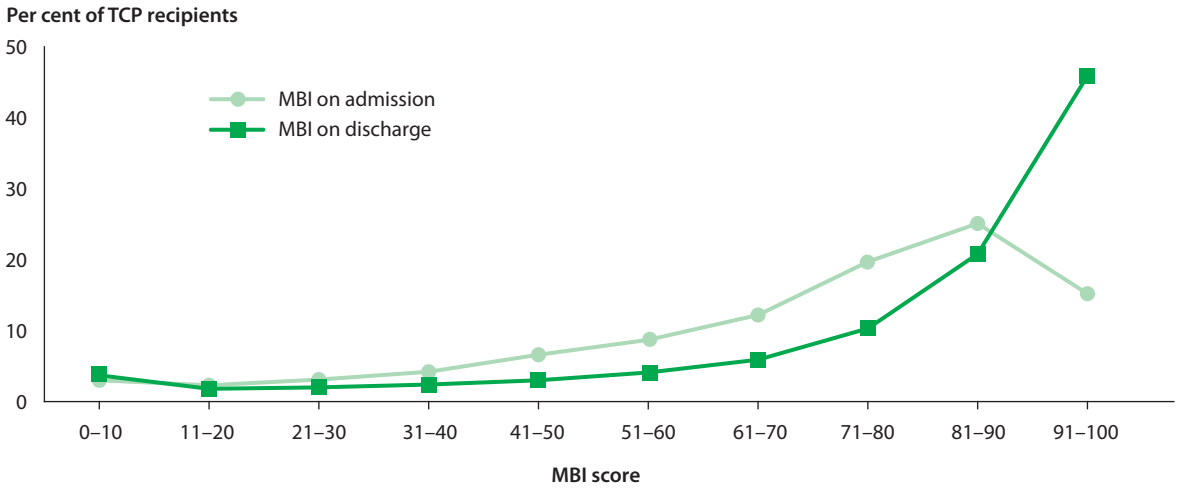
(b) Excludes people who returned to hospital or died as the MBI on discharge is not applicable for these people.

(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; SD = standard deviation.
2. It is important when comparing MBI scores on entry and exit to compare the scores for the same people and for those people to have completed their treatment. During 2008–09, nearly three-quarters of recipients (74%) completed their planned treatment, while 26% either moved on to another TCP provider to complete their planned treatment, returned to hospital or died.

Figure 17: MBI on admission and discharge for care recipients whose planned TCP treatments were completed[(a)], 1 July 2008 to 30 June 2009



(a) Treatment is not considered to be completed for recipients who died, returned to hospital or moved to another TCP provider.

Source: Table S12.

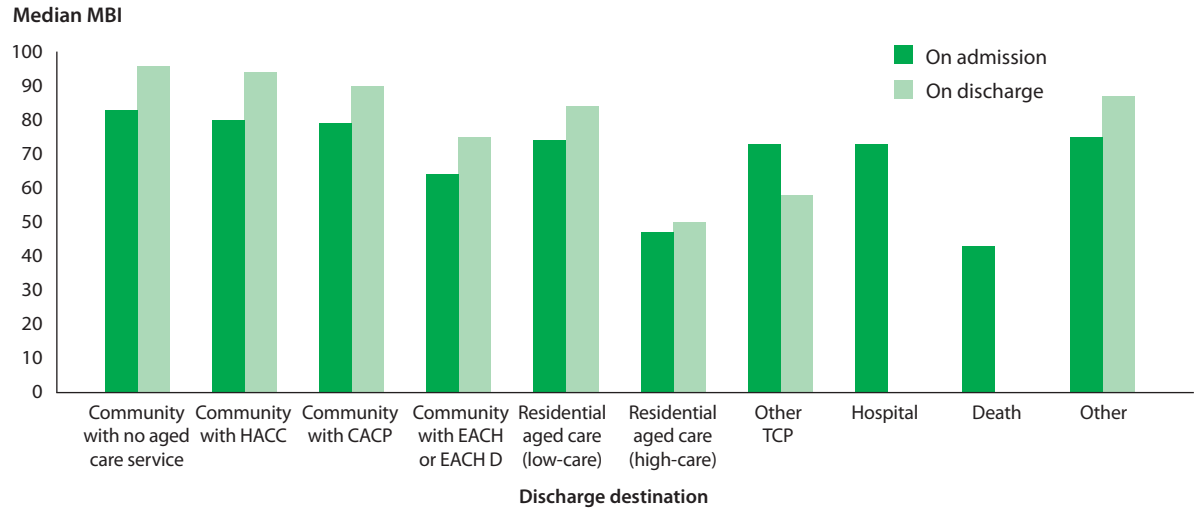
MBI and discharge destination

For TCP care that was completed during 2008–09:

- There was a relationship between median MBI scores and the recipients' discharge destination. 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 90 to 96) 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 EACH D (median MBI of 75). People entering high-level residential care had the lowest median function of those who had completed their transition care treatment (an MBI score of 50) (Figure 18).
- For TCP recipients who moved to another TCP service outlet, the median score declined from 73 to 58 before they moved to their new service provider. They had not yet completed their treatment and so had not reached their final functional level.
- 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 (Table 12).

Functional capacity may be the major influence on discharge destination but personal choice and the availability of support from carers also influences 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.

Figure 18: Median MBI on admission and discharge by discharge destination, for stays completed between 1 July 2008 to 30 June 2009



Note: Where the recipient returned to hospital or died the MBI on discharge is required to be recorded as zero.

Source: Table A7.

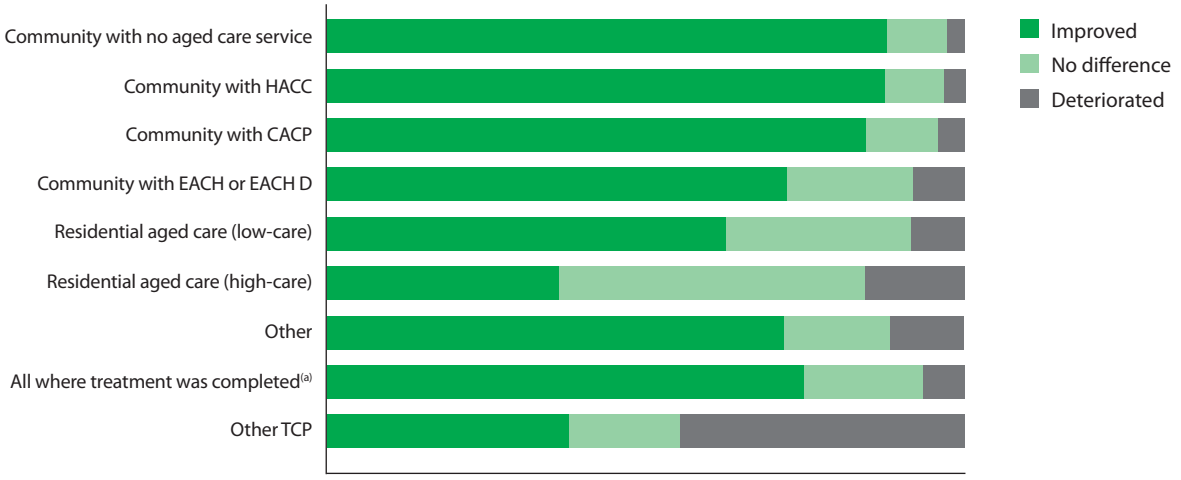
MBI change from admission to discharge for individuals

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 that were completed during 2008–09:

- Of those who completed treatment (74% of episodes), nearly three in four (75%) had improved functional capacity, nearly one in five (19%) maintained the existing level of function, while functional capacity deteriorated for 7% (Figure 19, Table S13).
- TCP recipients that returned to the community with no aged care services, HACC or CACP had the highest level of improved function (between 85% and 88%).
- Recipients whose discharge destination was high-care residential aged care had the greatest proportion that showed no improvement (48%).
- Those who went to another TCP service (2% of episodes) had the highest proportion of those that deteriorated in functioning during their TCP stay (45%), although the treatment for these care recipients has not been completed.
- For 24% of episodes, the care recipient died (nearly 2%) or returned to hospital (22%). 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. If these people are included in the calculation the proportion of people who improved in functioning during a TCP episode, the proportion improving drops to 56%. However, many of those who were admitted to hospital at the end of a TCP episode returned to a subsequent TCP episode of care (AIHW observation).
- In future, examination of both the initial and following episode of TCP together, for people who moved directly to another TCP provider or who did so after an additional hospital stay, would allow analysis of the changes in MBI over the whole of their transition care treatment.

Figure 19: Change in functional status during TCP episode by discharge destination, for stays completed between 1 July 2008 to 30 June 2009



(a) Treatment is not completed when the recipient moves to another TCP outlet, returns to hospital or dies.

Note: MBI on exit is not applicable for recipients who returned to hospital or died.

Source: Table S13.

Length of stay

Length of stay describes how long a care recipient was receiving a TCP service and is calculated by counting the days between when a TCP recipient was admitted and when they were discharged.

During 2008–09:

- For those who were discharged from TCP, just over nine in ten recipients received care for 12 weeks or less, nearly one in four for 10 to 12 weeks and close to one in two for 6 to 12 weeks (Table 13). The median length of stay in TCP was 7 weeks (Table 14).
- A small proportion of recipients had an extended stay of between 12 and 18 weeks (9%). 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, however it is unlikely that these stays were subsidised beyond 18 weeks.
- TCP recipients from the Northern Territory had very different patterns of length of stay compared with other states and territories and the national average. Here, one in two people had a length of stay of no more than 4 weeks and only one in ten had a length of stay between 10 and 12 weeks (Table 13).

Table 13: TCP discharges by length of stay and state/territory[(a)], 1 July 2008 to 30 June 2009

Length of stay (weeks)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Per cent				
Up to 2	12.4	18.2	11.9	12.9	12.3	11.7	12.8	22.9	14.1
>2 to 4	12.1	16.7	14.5	12.7	13.9	14.4	17.4	27.7	14.4
>4 to 6	11.5	14.7	18.0	13.0	13.9	19.9	12.8	15.7	14.1
>6 to 8	13.3	11.5	17.2	11.7	14.8	11.3	12.8	10.8	13.3
>8 to 10	12.6	10.3	13.7	12.6	13.4	9.8	11.4	6.0	12.0
>10 to 12	30.9	16.7	18.4	26.8	21.8	23.0	24.7	9.6	23.0
>12 to 18	7.0	11.0	5.9	10.0	9.9	9.5	7.3	7.2	8.6
>18	0.2	0.8	0.5	0.4	n.p.	n.p.	n.p.	—	n.p.
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total (number)	**4,017**	**3,657**	**1,970**	**770**	**1,190**	**326**	**219**	**83**	**12,232**

(a) Refers to location of service outlets.

Note: Percentages have been rounded to one decimal place so totals may not add to 100%.

> Greater than.

— Nil or rounded to zero.

n.p. Not published.

- Across the states and territories, New South Wales had the longest median length of stay (just over 8 weeks), while the shortest median length of stay was for the Northern Territory (4 weeks) (Table 14).
- Overall, the median length of stay was slightly longer for females (7.4 weeks) than for males (6.9 weeks), except in the Northern Territory where median length of stay was longer for males than for females (4.1 and 3.8 weeks, respectively) and Victoria where the length of stay was the same for both sexes (6.1 weeks).

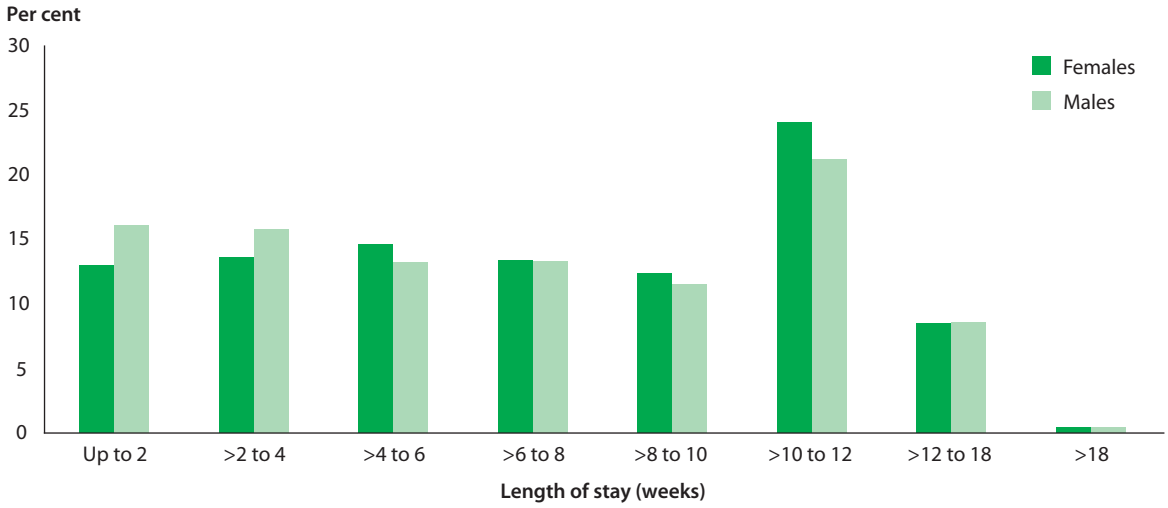
Table 14: Median length of stay (weeks) by sex and state/territory[(a)], 1 July 2008 to 30 June 2009

State/territory	Females	Males	Total
NSW	8.6	7.6	8.1
Vic	6.1	6.1	6.1
Qld	6.9	6.6	6.7
WA	8.3	7.4	8.0
SA	7.6	7.4	7.6
Tas	7.4	6.6	7.1
ACT	7.9	6.0	7.1
NT	3.8	4.1	4.0
Australia	**7.4**	**6.9**	**7.1**

(a) Refers to location of service outlets.

- There were only small differences between females and males in overall length of stay. The largest differences were for those who stayed up to 4 weeks (27% for females and 32% for males) and from 10 to 12 weeks (24% and 21%, respectively) (Figure 20).

Figure 20: TCP length of stay by sex, for stays completed between 1 July 2008 and 30 June 2009



> Greater than.

Source: Table S14.

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 where the person went when their TCP ceased.

During 2008–09:

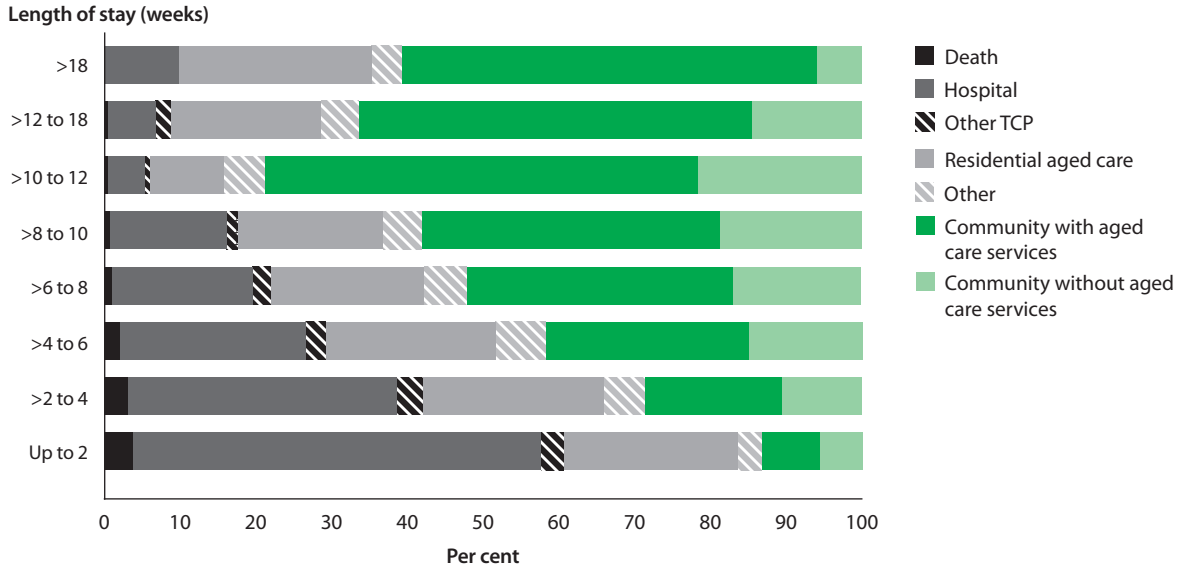
- The median length of stay varied across discharge destinations from 3 weeks for those who were discharged because of death or who returned to hospital, to 11 weeks for those who were discharged to the community with a CACP (Table 15).
- For those who were discharged to residential aged care, the median length of stay was close to 6 weeks (for both low-care and high-care).

Table 15: Median length of stay by discharge destination, 1 July 2008 to 30 June 2009

Discharge destination	Median length of stay (weeks)
Community without an aged care service	8.9
Community with HACC	10.4
Community with CACP	10.6
Community with EACH or EACH D	7.7
Residential aged care (low-care)	6.4
Residential aged care (high-care)	5.6
Hospital	3.3
Other TCP	4.9
Death	3.1
Other	7.3
All	**7.1**

- Generally, the longer the care recipient received TCP, the more likely they were to return to the community with an aged care package: 8% after 2 weeks to 58% after 10 to 12 weeks and 52% and 55% for those who stayed longer than 12 weeks (Figure 21). This may be due to a number of reasons—the care recipient may have needed that extra time to improve functioning and have shown the potential to return to the community with additional care, or may have had to wait until a community 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 may be because this group of recipients was not really well enough to have left hospital or that their condition deteriorated after discharge from hospital. Many of those who were discharged from transition care to hospital returned to another episode of transition care and then returned to the community (AIHW observation).
- For those who died, discharge due to death decreased with increase in length of stay.

Figure 21: TCP discharge destination by length of stay, 1 July 2008 to 30 June 2009



> Greater than.

Source: Table S15.

Chapter 5

Conclusion

Conclusion

One of the main aims of TCP is to delay the need for older Australians to enter residential aged care. People entering TCP must otherwise be eligible for at least low-level residential aged care. As has been outlined in this report, a large proportion (50%) of TCP recipients that left the program during 2008–09 returned to the community, demonstrating that this aim is being met upon completion of the TCP treatment.

Available TCP places have grown since the program began and are set to expand further. In 2007–08, the Australian Government announced that it would release an additional 2,000 places by 2011–12, with 228 of those places released in 2008 and 470 in 2009 (DoHA 2009). Since the end of 2008-09, a third allocation of 651 places was released in March 2010 and an additional 800 places are planned for release in 2011–12. The continued expansion of TCP should help further delay the entry of older Australians to permanent residential care and allow them to remain within their own community environments (DoHA 2010a).

Appendix A: Statistical tables

Table A1: TCP episodes per care recipient, 1 July 2008 to 30 June 2009

Number of care episodes	Number of TCP recipients	Per cent
1	11,378	90.1
2	1,114	8.8
3	124	1.0
4+	16	0.1
Total	**12,632**	**100.0**

Table A2: TCP care episodes, by state/territory and remoteness[(a)] of service outlet, 1 July 2008 to 30 June 2009 (per cent)

State/territory	Major cities	Inner regional	Outer regional	Remote/ Very remote	All regions	Total (number)
NSW	31.4	42.1	22.6	—	33.2	**4,667**
Vic	36.0	16.0	—	—	29.5	**4,144**
Qld	13.9	15.8	52.9	—	16.2	**2,276**
WA	6.5	3.5	20.9	—	6.5	**916**
SA	9.7	—	—	—	9.4	**1,317**
Tas	..	10.6	—	—	2.7	**378**
ACT	2.5	12.0	..	..	1.8	**252**
NT	..	..	3.6	100.0	0.7	**93**
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Total (number)	**10,116**	**3,147**	**713**	**67**		**14,043**

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

— Nil or rounded to zero.

.. Not applicable.

Table A3: TCP care episodes by age at admission and sex of care recipients, 1 July 2008 to 30 June 2009 (per cent)

Age group (years)	Females	Males	Persons
0–49	0.2	0.4	0.3
50–54	0.2	0.4	0.3
55–59	0.5	1.0	0.7
60–64	1.6	2.8	2.0
65–69	4.5	7.0	5.4
70–74	8.8	11.8	9.9
75–79	17.2	19.7	18.1
80–84	26.1	26.4	26.2
85–89	25.3	20.3	23.6
90–94	12.5	8.4	11.1
95+	3.0	1.7	2.5
Total	*100.0*	*100.0*	*100.0*
Total (number)	**9,080**	**4,963**	**14,043**
Median age (years)	83	81	82

Note: Percentages have been rounded to one decimal place and may not add to 100%.

Table A4: Care episodes and median age of recipients, by state/territory of service outlet and sex, 1 July 2008 to 30 June 2009

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	All
					Number				
Females	3,029	2,525	1,514	650	864	266	175	57	9,080
Males	1,638	1,619	762	266	453	112	77	36	4,963
Persons	4,667	4,144	2,276	916	1,317	378	252	93	14,043
					Per cent				
Females	64.9	60.9	66.5	71.0	65.6	70.4	69.4	61.3	64.7
Males	35.1	39.1	33.5	29.0	34.4	29.6	30.6	38.7	35.3
Persons	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
					Median age at admission (years)				
Females	83	84	81	83	83	82	84	68	83
Males	81	81	79	80	83	82	81	73	81
Persons	82	83	80	82	83	82	83	70	82

Table A5: Care episodes and median age of recipients, by remoteness[(a)] of service outlet and sex, 1 July 2008 to 30 June 2009

Sex	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
			Number of episodes			
Females	6,774	1,828	436	42	—	9,080
Males	3,787	921	230	25	—	4,963
Persons	**10,561**	**2,749**	**666**	**67**	**—**	**14,043**
			Per cent			
Females	64.1	66.5	65.5	62.7	—	64.7
Males	35.9	33.5	34.5	37.3	—	35.3
Persons	**100.0**	**100.0**	**100.0**	**100.0**	**—**	**100.0**
			Median age at admission (years)			
Females	83	82	81	64	..	83
Males	81	80	79	71	..	81
Persons	**82**	**81**	**80**	**68**	**..**	**82**

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

— Nil or rounded to zero.

.. Not applicable.

Table A6: Number of TCP admissions and discharges by sex, 1 July 2008 to 30 June 2009

	Females	Males	Persons
Admissions	8,122	4,445	12,567
Discharges	7,874	4,358	12,232

Table A7: Median MBI on admission and discharge by discharge destination, for stays completed between 1 July 2008 and 30 June 2009 (per cent)

Discharge destination	On admission	On discharge
Community with no aged care service	83	96
Community with HACC	80	94
Community with CACP	79	90
Community with EACH or EACH D	64	75
Residential aged care (low-care)	74	84
Residential aged care (high-care)	47	50
Other	75	87
Other TCP	73	58
All destinations for MBI on discharge	**..**	**89**
Hospital	73	..
Death	43	..
All destinations for MBI on admission	**75**	**..**

.. Not applicable.

Appendix B: Data sources and limitations

The data presented in this report are from the Aged and Community Care Management Information System (ACCMIS). 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 is a form used for 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 (EACH D) package) and Transition Care. This form is completed by a delegate of an Aged Care Assessment Team (ACAT) in consultation with the applicant, and signed either by the applicant or by someone on behalf of the applicant.
- The Provider Claim Form. This form is completed by the service provider for claiming the Community Care Subsidy that is payable for the service for a payment period: normally one calendar month.

The information is received on paper and is then transferred to the computer or may be completed online. The word 'form' thus needs to be interpreted accordingly.

Other instruments through which information on the service providers is gathered include the Approved Provider Status Application and the Community Care Service Agreement between the Australian Government and the service provider.

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 Aged Care Client Record (that is, the recipient must have an 'approved' status). Approval of applications is the responsibility of ACATs and their delegates.

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

- sex
- date of birth
- Indigenous status
- birthplace
- preferred language
- usual residence status (before admission) OR usual accommodation (before admission)
- living arrangements (before admission).

The response categories for the characteristic 'usual living arrangements before becoming a recipient of a package' changed with the introduction of a revised ACAT form on 1 January 2003 and the Aged Care Assessment Program data dictionary. At the same time, some response categories for information about the care recipients' type of residence changed with the discontinuation of the 'usual residence status' data item and the introduction of the 'usual accommodation' data item and subsequent minor amendments.

Care recipients' admission and separation details

The Provider Claim Form is sent to approved service providers 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 service providers to check this form for accuracy and record new data and changes relating to new admissions, separations and leave for their care recipients.

The Provider Claim Form is the original source for the following data items:

- date of admission
- date of separation
- separation mode
- length of stay (derived from date of admission and date of separation).

Service providers' details

Details about community aged care service providers are collected through the Approved Provider Status Application and the Community Care Service Agreement between the Australian Government and the service provider. 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 ACCMIS in November 2009. However, as ACCMIS is 'refreshed' periodically, minor differences in some data will occur, depending on the version used for reporting.

- 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 2009, released in December 2009. 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 their true characteristics while receiving care from these programs. These include usual residence status and living arrangements.
- Due to the non-compulsory nature of self-identified Indigenous status, the number of people presented in this report who identified themselves as having Aboriginal and Torres Strait Islander origin 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.

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