

# Service Provision for Older People in the Acute - Aged Care System

## FINAL REPORT

2002

**Funded by the Australian Health Ministers' Advisory Council and the  
Victorian Department of Human Services.**



National Ageing Research Institute  
and  
Centre for Applied Gerontology

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Project Team

**Len Gray**

Professor in Geriatric Medicine, University of Queensland, Brisbane

**Michael Dorevitch**

Director, Centre for Applied Gerontology, Geriatrician, Bundoora Extended Care Centre,  
Melbourne

**Robyn Smith**

Director, Public Health Division, National Ageing Research Institute, Melbourne

**Kirsten Black**

Project Officer, Public Health Division, National Ageing Research Institute, Melbourne

**Joseph Ibrahim**

Geriatrician, Project Consultant

**Maria Virgona**

National Ageing Research Institute, Melbourne



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# Glossary

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ACAT	Aged Care Assessment Team: refers to assessment teams that are jointly funded by Commonwealth and State Governments. It does not include psychogeriatric assessment teams.
Aged Acute Medical and Assessment Service	The Aged Care Service has beds on-site (under its sole control or shared with another service or unit) for acute care or assessment. It does not refer to psychogeriatric care.
Aged Care Rehabilitation Unit	A ward or area designated for Aged Care patients for rehabilitation and separate from a Designated Aged Care Unit.
Aged Care Service	<p>For the purpose of this survey an <b>Aged Care Service</b> was defined as either:</p> <ol style="list-style-type: none"> <li>1. An individual or individuals employed by the hospital (on a full time or part time basis) or</li> <li>2. A department, unit or program</li> </ol> <p>.....with specific responsibilities for the assessment and/or management of health problems of older people.</p> <p>The Aged Care Service may have responsibility in the hospital or in the community for services or programs that include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• Inpatient / bed based services</li> <li>• Aged Care Assessment Team (ACAT)</li> <li>• Outpatient services</li> <li>• Discharge planning services</li> <li>• Domiciliary or community outreach programs</li> <li>• Day hospital or day care services</li> </ul> <p>For the purpose of this survey, a visiting geriatrician <u>alone</u> (private or employed by another organisation) and/or Nursing Home or Hostel beds <u>alone</u> <b>do not</b> constitute an Aged Care Service.”</p>
AHMAC	Australian Health Ministers’ Advisory Council
Allocated Residential Aged Care Places	All operational aged care places and places allocated to providers but not operating.
Approved Residential Aged Care Places	All allocated aged care places and new aged care places released but not yet allocated.
CACP	Community Aged Care Package

Community Services	Includes: domiciliary assessment service; home modification and/or provision of aids and appliances; delivered meals; community nursing; home care; home therapy (other than assessment); community case management (e.g. CACPs, community options); other.
Designated Aged Care Unit	A ward or area that is exclusively designated for Aged Care Patients for Acute Medical Care and Assessment.
General Purpose Unit	A ward or area not designated exclusively for Aged Care Patients
HACC	Home and Community Care
Hospital	For the purpose of this study, a hospital was defined as a site that operates overnight hospital beds. Thus each campus of a multi-campus hospital was surveyed as a separate “hospital site”.
Interim Residential Aged Care beds	Those beds explicitly allocated for patients awaiting permanent residential aged care.
Operational Residential Aged Care Places	Operating aged care places.
Psychogeriatric Service	A service that deals specifically with the mental health needs of older people.
Psychogeriatric Assessment Unit	A ward or area designated specifically for the acute care or assessment of psychogeriatric patients.
Specialised Services	Services that do not necessarily provide direct clinical care but may be more in the nature of co-ordinating and managing services or programs. Included in survey: ortho-geriatric service; discharge planning service; centralised or regional waiting list management (residential aged care etc.); respite care booking service (for/on behalf of external nursing homes or hostels); other.
Specialist clinics	Includes: General Aged Care Assessment; Memory; Falls; Incontinence; Pain, Dental and other clinics.

# Executive Summary

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This study represents one element of the “Collaborative Work Program on the Care of Older Australians” that was initiated by the Australian Health Ministers Advisory Council in 2001.

The study examined services that are relevant to the care of older people with acute illness, chronic illness and disability, and that operate in some way within hospitals or at the interface between hospitals and other care delivery systems. Since these systems are administered by different levels of government, there is a need to develop a broader understanding of the overall "system" to inform policy, planning and program implementation at each level. This project aimed to contribute to the essential knowledge base by investigating the availability of services for older people within and around the acute (hospital) care sub-system. This information is not readily available within existing information systems in a way that is comparable across jurisdictions.

Services relevant to the needs of older people fall into several broad categories:

1. Services of a general nature that are required by older people, such as general acute hospital services (medicine and surgery) and primary medical services in the community.
2. Services that are available for all persons but which are predominantly used by older people, such as the home and community care program (HACC).
3. Services that are specifically designed to meet the needs of frail, chronically ill or disabled older people, such as geriatric evaluation and management units in hospitals, and residential care services in the community.

This study focussed on those services in category 3 and where practical those in category 2 that are relevant to the acute aged care interface.

The study used two major sources of information:

- A survey of all Australian hospitals, public and private, that admit adult patients; and
- Data available from the Commonwealth and State departments.

The hospital survey was conducted in two steps:

1. An initial brief survey was sent to all hospitals to establish basic characteristics of the organisation and information about Aged Care Services that might warrant a more detailed second survey.
2. Hospital sites that operated Aged Care Services according to the study definition (see box below) were sent a comprehensive survey that examined the availability of services along with their operational characteristics and accessibility. This second survey was forwarded to a nominated senior staff member who was responsible for directing or managing the Aged Care Service within the hospital.

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<sup>1</sup> A hospital was defined as a site that operates overnight hospital beds. Thus each campus of a multi-campus hospital was surveyed as a separate “hospital site”.

*For the purpose of this survey an **Aged Care Service** was defined as:*

*“Either:*

- 1. An individual or individuals employed by the hospital (on a full time or part time basis) or*
- 2. A department, unit or program*

*... with specific responsibilities for the assessment and/or management of health problems of older people.*

*The Aged Care Service may have responsibility in the hospital or in the community for services or programs that include (but are not limited to):*

- Inpatient / bed based services*
- Aged Care Assessment Team (ACAT)*
- Outpatient services*
- Discharge planning services*
- Domiciliary or community outreach programs*
- Day hospital or day care services*

*For the purpose of this survey, a visiting geriatrician alone (private or employed by another organisation) and/or Nursing Home or Hostel beds alone **do not** constitute an Aged Care Service.”*

Survey data were compared to data obtained in a similar study conducted by the authors for the Commonwealth Government in 1992 (Dorevitch & Gray, 1993). Unless considered inappropriate, the survey instrument was identical to the 1992 version, so as to enable comparison of results over time.

The project aspired to “map” services at the smallest possible jurisdiction to which services could be ascribed. Jurisdictions considered were States, Commonwealth regions and Local Government Areas. The use of LGAs was found to be impractical, for the following reasons:

- Many hospitals, including very large establishments servicing large communities, did not operate with any specific catchment.
- Many services operated across multiple LGAs and allocations at LGA level were not available.
- Service catchments for different service types did not correspond.

It was therefore decided to attempt “mapping” at State and Commonwealth region levels.

Three significant limitations of the project methodology are acknowledged:

1. Information obtained in the survey was based on the advice of hospital CEOs and a person nominated by the CEO as the director / administrator of the aged care service. It is not possible to verify that in every case these persons provided precise information.
2. The data collected from hospitals was constrained in both breadth and depth, for the following reasons:
  - The stage 2 survey required up to an hour of the respondent’s time. It was considered that this represented a limit beyond which response rates would decline.

- Previous experience showed that if the respondent was required to conduct research or pass on part of the survey to a second individual to provide a complete response, response rates would also decline dramatically.
- The project was conducted within a very tight budget and time-frame, that limited the ability to follow-up non-respondents.
- Finally, the project brief required replication of the 1992 survey.

These considerations significantly limited the scope of the survey not permitting, in particular, detailed exploration of services that were not configured either within widely accepted definitions or within the definitions used in the 1992 survey. Many recently developed “innovations” are included within this category. In our view, a complete analysis of these services would require further survey work comparable in scale to that already undertaken in this study.

3. Data available from State and Commonwealth departments varied considerably in terms of definitions of service types, the manner in which data is assembled and ease of availability. After discussions and formal requests, it was found that very little comparable data was available for the study. This lack of conformity deserves careful consideration if future planning of aged care services, at a national level, is to be enhanced.

While these limitations partially constrain the value of this project’s findings, it should be appreciated that this is **the best information currently available** upon which to consider provision of services around the aged acute interface.

#### **Key findings were:**

- There were 888 hospitals surveyed, of which 778 responded (88%) to Survey 1. This compares to a response rate of 90% for the 1992 survey. Two hundred and seventy-one hospitals (of a possible 367) identified that they operated an Aged Care Service and completed the more detailed Survey 2 (74%). Data analysis included all hospitals in which complete survey data was available and included 690 hospitals out of a possible 888 (78%). The survey adopted a more aggressive follow up strategy for larger hospitals. Thus, these 690 hospitals contained 85% of the hospital beds in these 888 hospitals.
- Of the 690 hospitals included in the main data analyses, 596 hospitals self-identified as general, 16 geriatric, 30 rehabilitation, 28 psychiatric, 10 palliative care and 11 other hospitals.
- The majority of hospitals (64%) were in rural areas with the remainder located in metropolitan areas.
- 69% of hospitals were public, 13% private not-for-profit and 18% private.
- Eight percent of hospital beds in the 690 hospitals that responded were under the sole or shared control of an Aged Care Service (excluding residential aged care and respite care beds).

- Of the 4812 beds under the sole or shared control of an Aged Care Service, 61% were operated primarily for acute medical care and assessment, 25% for rehabilitation and 14% for psycho-geriatric care.
- In the 271 hospitals that operated an Aged Care Service and completed Survey 2, 9.2% of beds were allocated for residential aged care and 0.7% were allocated for respite.
- Larger hospitals, particularly those with more than 300 beds, more frequently reported operating an Aged Care Service. This was the case for almost all Aged Care Services included in the study with the exceptions of respite care, visiting ACATs and visiting psycho-geriatric expertise and several community services (delivered meals, community nursing, and home care).
- The availability of Aged Care Services was compared across States and Territories. No State consistently reported higher service availability across the range of Aged Care Services. Both the Territories tended to report fewer available services with a number of Aged Care Services reported as 'not available' at any of the hospitals surveyed in either Territory.

For the purpose of analysis (and in keeping with the 1992 study) the 690 hospital sites were considered in 4 broad groups: general, geriatric, rehabilitation and other. These categories were self-identified by each responder.

### ***General Hospitals***

- 489 (82%) had regular access to an ACAT (69% visiting; 13% on-site).
- 127 general hospitals (21%) provided acute medical care and assessment services to patients under the aegis of the Aged Care Service.
- 69 facilities (12%) provided rehabilitation under the aegis of the Aged Care Service.
- 25 hospitals (5%) provided psycho-geriatric bed based services with 9% of general hospitals providing psycho-geriatric consultancy based on-site and 24% with a visiting psycho-geriatric consultancy.
- 237 facilities (40%) offered some form of inpatient consultancy service with 90% of these deploying a geriatrician in this service.
- 99 hospitals (17%) had on-site day hospitals or day centres and 67 (11%) auspiced these services at an off-site location.
- 131 (22%) general hospitals operated a General Aged Care Assessment Clinic or other specialist clinic.
- 189 (32%) operated community services and 110 (19%) operated some form of coordination service (centralised waiting list, ortho-geriatric service, discharge planning service, or respite care booking service).

### ***Geriatric Hospitals***

- The majority of the geriatric hospitals (14 of the 16 identified) were located in Victoria and NSW.
- 81% of geriatric hospitals had fewer than 100 beds and 75% were located in metropolitan areas.
- All geriatric hospitals reported an on-site or regularly visiting Aged Care Assessment Team (ACAT) with most of these (69%) available on-site.
- 12 (75%) operated acute medical care and assessment services and 14 (88%) provided rehabilitation.
- 9 (56%) indicated providing residential aged care and 7 (44%) reported providing respite care.
- 11 geriatric hospitals (69%) provided inpatient consultancy services and the remaining 5 geriatric hospitals indicated that it was not required as all patients were under the care of the Aged Care Service.
- Half of the geriatric hospitals provided psychogeriatric bed-based services and all had either on-site or a visiting psychogeriatric consultancy service.
- 9 geriatric hospitals (56%) had on-site day hospitals and/or day centres and 9 (56%) auspiced these services off-site.
- Most (81%) operated some form of outpatient general aged care assessment clinic or specialist clinic.
- Community services were provided from most geriatric hospitals (94%) and coordination (centralised waiting list, ortho-geriatric service, discharge planning service, or respite care booking service) from 44%.

### ***Rehabilitation Hospitals***

- Of the 30 rehabilitation hospital sites that self-identified, 80% were located in metropolitan areas and 87% had fewer than 100 beds. Half were public and half were private hospitals.
- Twenty-seven (90%) had regular access to an ACAT with 30% of these on-site.
- 10% provided acute medical care and assessment and 33% provided rehabilitation under the sole or shared control of the Aged Care Service.
- 5 rehabilitation hospitals (17%) reported psychogeriatric beds and 9 (30%) had access to psychogeriatric consultancy with one third of these services based on-site.
- 23% had on-site day centres and/or day hospitals and 13% auspiced these services off-site.

- 7 rehabilitation hospitals (23%) operated a specialist outpatient clinic and 9 (30%) provided a community service.
- 27% of these hospitals provided a coordination service (centralised waiting list, ortho-geriatric service, discharge planning service, or respite care booking service).

### ***Other Hospitals***

- The 48 hospitals in this category consisted of 27 psychiatric, 10 palliative and 11 “other” hospitals including specialist cancer services.
- 50% reported regular access to a visiting ACAT service; none had an on-site ACAT.
- These hospitals generally had fewer Aged Care Services than the other hospital types, with the exception of psychogeriatric services that were located in psychiatric hospitals.

### ***Comparisons to the 1992 survey***

#### **Bed-Based services:**

- A higher proportion of hospitals in the current study indicated operating Aged Acute Care and Assessment beds (21% compared to 12% in 1992).
- Similar proportions of hospitals reported operating Aged Care Rehabilitation in 1992 and 2001 (13% and 14% respectively).
- Seven percent of hospitals reported having bed-based psychogeriatric services in the present study, an increase over the 2% identified in the 1992 study.
- In 2001, a greater number of Aged Care beds (acute/assessment and rehabilitation) were reported (4141) than in 1992 (3973). This occurred during a period in which there were substantial decreases in provision of total hospital beds in Australia (AIHW, 2000). For acute medical and assessment services the growth of allocated beds tended to occur in general purpose units or wards rather than in specific aged designated units.
- There appears to have been a relative decline in the ratio of Aged Care beds (acute/assessment and rehabilitation) per 1000 population aged 70 years and over from 3.19 beds per 1000 population aged 70 years and over in 1992 to 2.40 beds in the current study. This is unlikely to be due exclusively to the lower response rate in the present study (85% of hospital beds).
- Waiting times for bed-based Aged Care Services were similar or shorter than those reported in the 1992 study. As waiting time can be an indication of the capacity to meet demand, the relative reduction of Aged Care beds may not have resulted in greater unmet demand for available beds. This is a potential indicator of improved efficiency of available bed usage.

#### **Non-Bed based services:**

- In the current study a higher proportion of hospitals reported operating both visiting and on-site ACATs, day hospitals, day centres, specialist clinics, and ortho-geriatric services

than in 1992. Psychogeriatric consultancy was more commonly reported in the current survey with 11% indicating they had psychogeriatric consultancy available on-site and 24% had a visiting service compared to 5% and 0.5% respectively in the 1992 study. However, smaller proportions of hospitals indicated operating inpatient consultancy services, centralised waiting lists and respite booking services than hospitals in the 1992 study.

### ***Regional Distribution of Services***

The Aged Care Service types were grouped into six broad service categories for the purpose of regional analysis. In 65 of the 72 Commonwealth regions more than 60% of surveyed hospitals responded. Of these 65 regions:

- 80% reported availability of bed-based aged care services
  - 89% of regions reported availability of consultancy services
  - 86% of regions reported availability of ambulatory services
  - 97% of regions reported some type of hospital auspiced community service and/or regular access to an ACAT
  - 79% of regions reported availability of hospital auspiced residential care or respite care (of those hospitals that completed Survey 2).
  - 74% of regions reported some type of coordination service.
- 
- Regions with larger aged populations tended to have access to a broader range of Aged Care Services.
  - At least three quarters of regions with more than 15,000 people 70 years and over and two thirds of all regions indicated having all 6 service categories. Only 10 regions had fewer than 4 of the 6 service categories. Four of these were located in the Northern Territory and 4 had response rates lower than 80%. The remaining 2 regions had 100% response rates but only reported operating community services. These two regions were adjacent to Brisbane.
  - A greater proportion of metropolitan regions reported all six broad service categories compared to rural regions. However, when Northern Territory data were excluded from the analysis there was minimal difference between metropolitan and rural regions in reported service availability.
  - Aged Care beds (excluding residential aged care beds) were reported in the majority of regions (55, 76%). Of the 17 regions that did not report any Aged Care beds, 12 had response rates accounting for over 80% of the hospital beds in the region. Five of these 12 regions were in the Northern Territory.
  - Metropolitan regions had a larger proportion of hospital beds allocated for patients under the control of an Aged Care Service (excludes residential care).

### ***Residential and Community Services***

- Residential and community services not operated by hospitals are important in so far as older people access these services frequently when discharged from hospital. There was

variation in provision of residential services between jurisdictions, to a degree at State level, but more-so at a Commonwealth regional level.

- In particular, a majority (38 of 72) regions had less operational high care beds than the planning ratio of 40 beds per 1000 population aged 70 years and older. Since the majority of patients discharged from hospital to permanent residential care are at high care level, this finding may have important implications.
- There was also considerable variation in proposed expenditure for 2001/02 on Home and Community Care services between States, but regional estimates were not available.

### ***Summary***

In broad terms, there is considerable variation in the level and range of Aged Care Services available across and within State, Regional and hospital jurisdictions. This variation was observed across a wide range of services, including those operated by hospitals. There was evidence of similar variation in provision of residential and community care services that are important for older people at discharge from hospital. This variation can partly be attributed to population differences or hospital size. However, much variation appears to be historical or relates to the differences in health systems and structures.

In absolute terms, the number of hospital based aged care beds across Australia has increased since the 1992 survey. More hospitals now report that they provide Aged Care Services and there has been growth in the proportion of services providing psycho-geriatric care. However, there has been a reduction in population adjusted bed numbers, with the ratio of beds per 1000 people 70 years and over decreasing since the 1992 study. This has occurred in the context of a system-wide absolute decrease in hospital bed numbers. The evidence from this study suggests that access to beds has not been adversely affected, with reported average waiting times to access hospital Acute and Aged Care Assessment or Rehabilitation beds equivalent or better than those reported in the 1992 study.

More services are reporting the provision of ambulatory services such as specialist clinics, or improvement in the regular access to ACAT services. However, fewer co-ordination services are auspiced by responding hospitals and it would appear that there are fewer 'designated' Aged Care inpatient units – and more services being operated under the auspice of the Aged Care Service in general beds and wards.

For many Aged Care Services there is no 'gold standard' care model or level of provision. The variation identified may represent response to specific local needs or pressures, decisions to allocate resources to other programs or simply a lack of resources. The study did not aim to make judgements around the desirability of this variation, but rather to identify the extent of it.

The study highlighted the substantial challenges of undertaking a national project in the context of limited available routine data. Obtaining uniform, routinely collected data about these important Aged Care Services presented great difficulties. There are no nationally agreed definitions and each jurisdiction has different data collection approaches.

In terms of future directions, there is an ongoing need for local level planning and development using locally relevant data. However, the utility of this project and the opportunities for national evaluation and policy development would suggest the need for nationally agreed definitions that facilitate some commonality between jurisdiction based data sets.

Further work is required within and between jurisdictions to develop population based planning and funding approaches that consider the needs of the older person to access appropriate services rather than the needs of the system to maintain current practice. The important challenges for the future are to foster collaboration that enables achievement of effective, evidence based planning and the provision of high quality Aged Care Services that are client centred. It is the hope of the project team that this work will not need to be repeated in this way in the year 2012, and that by then many routine data collection approaches and service development learnings will be integrated into everyday policy and practice.

# 1. Introduction

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This study is one element of a "Collaborative Work Program on the Care of Older Australians" that was undertaken as a product of discussions of the Australian Health Ministers' Advisory Council (AHMAC) in February 2001. This initiative reflects an increasing perspective of a growing inter-dependency of the various care systems for older Australians – most importantly acute hospital, community and residential care. Dysfunction or under-supply of one element of the overall care delivery system is likely to have impacts – potentially adverse – on other elements of the system.

Since these systems are administered by different levels of government, there is a need to develop a broader understanding of the overall "system" to inform policy, planning and program implementation at each level. This project aimed to contribute to the essential knowledge base by investigating the availability of services for older people within and around the acute (hospital) care sub-system. This information is not readily available within existing information systems in a way that is comparable across jurisdictions.

The project was commissioned by the AHMAC Working Group on Care of Older Australians. The project was administered on behalf of the Working Group by the Victorian Department of Human Services. The domains to be studied were acute care, sub-acute care, "step down" (interim), residential care and community based services that were auspiced by or linked to hospital sites.

## **Background**

Older people, particularly those with chronic illness and disability, frequently require access to services within both the hospital and community settings in order for their clinical and care requirements to be satisfactorily met. Transitions of care between these two broad sectors are common. When a decision to transfer to permanent residential care is taken, the assessment process occurs in a hospital or community care environment. A sensitive, yet efficient, process is required to ensure that this process does not interfere with other elements of the health and support systems. This is particularly the case in the hospital setting – an expensive and limited resource – where access for other patients may be compromised if entry times to residential care are unduly long.

These processes and associated resources have not been comprehensively studied. Residential care service levels are well understood and reported. However, data on the allocation of hospital and community based resources for older chronically ill people are not routinely available. This client group is but one set of users of services that are accessed by others, including people with short duration illness and younger disabled people. Most routine data collection in these services does not permit definition of services specifically utilised by the older, chronically ill population.

Since hospital and community services are administered at State and Regional levels, data relevant to this project is not routinely collected in a consistent format, even when it is available. There is at present no routine process to assemble the available data to provide a national perspective or to allow an assessment of inter-state or regional service types.

## ***The National Survey of Hospital Geriatric Services (1992)***

Relevant to this project is the *National Survey of Hospital Geriatric Services (Dorevitch and Gray 1993)* conducted by the present project directors. The survey was commissioned by the then Commonwealth Department of Health, Housing and Community Services as part of the Mid-term Review of the Aged Care Reform Strategy. This postal survey documented the specific services for older frail patients operated by hospitals in 1992. The domains analysed included inpatient, outpatient, "outreach" and Aged Care Assessment Teams (ACAT).

There were 1042 hospitals surveyed, of which 90% responded. At that time, approximately 253 (31%) general hospitals operated some form of "geriatric" service, to which they made a financial contribution. Many other general hospitals (40%) were supported by a visiting ACAT service, funded and auspiced by another agency. There was very little service provision in the private sector.

There were 114 acute medical and/or assessment units specifically for the elderly, 71 of which were in exclusive, designated physical environments. In addition, 120 hospitals operated inpatient rehabilitation services for the elderly, 29 in designated units. There had been a doubling in the number of units over the previous 7 years.

Overall, approximately 2600 beds were operated as acute geriatric care or assessment, of which 1894 were in designated units. In addition 1340 beds were allocated to geriatric rehabilitation of which 755 were in designated units. In relation to the population aged 70 years and over, there were 3.19 beds per 1000. This ratio varied considerably between states from 4.27 in Western Australia, to 1.16 in Tasmania.

Analysis of non-inpatient services in the 1992 study was more qualitative. As many of these services were available to hospitals, but not directly operated by them, data collection was difficult in the initial study. The present study aimed to go some way to overcoming this difficulty by supplementing the survey data with information drawn from State and Commonwealth information sources.

## **Context**

Since 1992 there has been considerable change to the health care delivery system including the hospital environment. Several States have moved to Diagnosis Related Groups payment systems (casemix funding). This approach has been associated with a steady decline in length of stay, an increase in day procedures and services, and a decline in the numbers of operating inpatient beds. These effects are observed to some extent in all States, including those that have not introduced casemix based payment systems. In the period 1995-96 to 1999-2000 there was an absolute average rate of decline of available public hospital beds of 3.0% per annum (AIHW 2001). This reduction was associated with increased occupancy, increased patient bed days and increased same day and overnight separations, reflecting considerable improvements in efficiency of use of available beds. These changes are similar to those observed in most OECD countries (Blatchford and Capewell 1997).

To varying degrees, programs and services have been introduced to augment acute care, recognising the propensity of the casemix funding system and overall resource constraint in hospitals to transfer part, or entire episodes, of acute care to a non-inpatient setting. There have been no systematic or quantitative assessments made of the level of services provided

for this purpose. Services have been developed and implemented at a variety of levels – at government (statewide), regional, hospital or (hospital) department level. In addition, a variety of experimental and demonstration projects have focussed on this approach. Altogether, this inhibits the ability to assess the amount of resources deployed to this service domain.

In the residential care sector, available beds have increased progressively in absolute numbers, but have reduced relative to the aged population since the present planning ratios were established in 1986 (Department of Community Services 1986). The original ratios were 40 nursing home beds per 1000 population aged 70 years and older, and 60 hostel beds per 1000. The ratios were established as part of an overall reform program, that determined to shift the balance of provision away from nursing homes to hostels. This stemmed from the evidence that a significant proportion of people living in nursing homes had care requirements that might have been more appropriately cared for in a hostel or community setting, were the places available. No change in the total number of residential beds was planned, simply a change in the nursing home - hostel mix.

Since 1986, there has been a progressive and substantial reduction in the relative provision of nursing home beds from 67.5 beds /1000 population aged 70 years and older in 1985 to 44.1 /1000 in 2000 (Gray 2001). During the same period, hostel beds increased from 32.5 /1000 to 40.2 in 2000. The latter level of provision falls well short of the planning benchmark of 60 beds/1000. In the early 1990s, the Community Aged Care Packages (CACP) program was introduced. This aimed to provide an alternative to hostel care in the community, attempting to substitute care from one setting to the other. By 2000, the number of places had grown to 10.7 /1000, bringing the overall level of residential care and packages provision to 95 places /1000. A rapid increase in places in late 2000 and 2001 has restored the overall number of places funded by the DHAC residential care program to 1985 levels. However, the ratio of institutional places remains approximately 15% below the levels of that time.

The reforms of the mid-1980s also encompassed expansion of expenditure in community care, through the Home and Community Care program (Australian Institute of Health and Welfare, AIHW 1999). Expenditure was increased in real terms for most years in the subsequent period. For example, in the period from 1993/94 to 1997/98 there was a real increase in expenditure of some 30%. This level of growth paralleled increases in overall national expenditure on Aged Care Services (AIHW 1999). However, HACC expenditure associated with post-acute care was explicitly constrained, based on the understanding that HACC funding was designed for general community care, not to substitute services for hospital care. There is considerable variation between the states in provision of HACC services, in terms of service types and overall expenditure (AIHW 1999).

During the mid 90s, the pattern of HACC service delivery shifted substantially away from home nursing to personal care, respite care, day care and paramedical care. In terms of total hours of care delivered the increases did not offset the reductions (AIHW 1999).

### ***Demand issues***

Unless dramatic (and unexpected) changes to prevention or treatment of chronic diseases and associated disabilities occur, the projected continual increase in the number of older people will place growing demands on both acute and long term care services. The use of population aged 65 or 70 years plus as a planning parameter may underestimate supply requirements for

services that are disproportionately used by the very old population. In the period 1983 to 2021 the proportion of persons aged 85 plus within the 70 plus group will grow from 11% to 16% (Gibson and Liu 1994). Since the utilisation rates of residential care beds grows rapidly with increasing age, this demographic shift is very likely to underestimate demand when 70 years and over is the population parameter (AIHW 2001).

Although there is widespread but inconsistent anecdotal evidence of a growing gap between supply and demand of some Aged Care Services (Gray 2001), there has been little recent systematic analysis. Numerous studies have documented that, at least in some health systems, a significant proportion of bed days are occupied “inappropriately”. For example, a Canadian study (DeCoster, Peterson et al. 1999) found that almost 50% of medical admissions to 26 hospitals in Manitoba could have been managed elsewhere, and that an even greater percentage of bed days of care could have been delivered in alternate environments. Similar studies date back over many years (Rubin and Davies 1975; Restuccia and Holloway 1976; Coid and Crome 1986). However, it does not necessarily follow that such care could have been cost-effectively delivered elsewhere (Hensher, Fulop et al. 1999). The use of the term “inappropriate” in relation to bed use is, of course, based on a judgement that the patient’s current care needs would probably be better met in some other care environment. In our view, this concept does not necessarily translate to the notion that it is “inappropriate” to await transfer to an “appropriate” care environment in this setting. Another study in the present AHMAC sponsored series of investigations is examining this question.

## **The role of Aged Care Services at the Acute - Aged Care interface**

A wide range of services within the hospital, community and residential care settings offer care to older people (Table 1.1). An important focus of the studies commissioned through the AHMAC process is transitions of patients between these services.

**Table 1.1: Core services available to older people:**

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Hospital care (acute, sub-acute, ambulatory care services)
Community care (Primary Care - GP, Home and Community Care, Community Aged Care Packages, Community Options, etc)
Residential care (High and low care facilities)

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The present study aimed to investigate the general availability of “core” services and those that might be considered to be transition services. A transition service might be thought of as one that, at least in part, aims to enhance, facilitate or support a process of patient transfer from one care environment to another – in other words, between the acute hospital and either home or residential care, or one that substitutes care provided in one setting for that provided in another. These services may range from active clinical interventions (eg. rehabilitation) to custodial care while the patient awaits a place in a program (eg. interim nursing home care). Some, such as hospital in the home, aim to substitute for what are perceived to be more expensive acute hospital services. Transition services are variously operated by community agencies, regional Aged Care Services or the acute hospital itself. A list of the more common services is provided in Table 1.2. Inclusion on this list is based on the notion that the service, at least in part, provides a transition function.

**Table 1.2: Services that perform a transition function for older patients**

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1. Acute Care	Hospital in the Home Discharge Planning Aged Care Assessment Teams (ACATs)
2. Sub-Acute Care (including post-acute care)	Inpatient <ul style="list-style-type: none"><li>- Rehabilitation</li><li>- Palliative Care</li><li>- Geriatric evaluation and management</li></ul> Non-Inpatient: <ul style="list-style-type: none"><li>- Ambulatory services</li><li>- Outpatient rehabilitation clinics / day hospitals</li><li>- Geriatric assessment clinics</li><li>- Post-acute domiciliary treatment and support services</li><li>- Allied health / community nursing treatment services</li><li>- Personal care support</li></ul>

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## **Present Study**

The survey and data collection process for the present study attempted to collect information about as many of these services as possible. The selection of service types and the level of detail sought were determined along the following lines:

- Survey data through questionnaires was designed to enable comparison with information collected in the 1992 survey referred to earlier in this section. Items were only modified if they had performed poorly in the 1992 survey or there was advice that new service types might have been introduced since that time.
- The resources available to the project enabled survey of only one person at each hospital – the manager or director of the Aged Care Service – and questions were restricted to those likely to be accurately provided by a person in that role.
- More detailed information was sought in relation to services that were considered to consume more financial resources.
- A process was undertaken to identify data that could be sourced directly from State and Federal Governments. Where data was available in comparable format for the majority of States it was included in the study.

This report lays out the context of Aged Care Service provision and then each broad service category is discussed in a specific chapter. Analysis is made based on key factors of hospital size, locality and self identified focus (general, geriatric, rehabilitation or 'other'). The final chapter more specifically considers the distribution and availability of Aged Care Services across Commonwealth health regions.

## 2. Methodology

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### Study Scope

Services relevant to the needs of older people fall into several broad categories:

- Services of a general nature that are required by older people, such as general acute hospital services (medicine and surgery) and primary medical services in the community.
- Services that are available for all persons but which are predominantly used by older people, such as the home and community care program (HACC).
- Services that are specifically designed to meet the needs of frail, chronically ill or disabled older people, such as geriatric evaluation and management units in hospitals, and residential care services in the community.

This study focussed on those services in category 3 and where practical those in category 2 that are relevant to the acute aged care interface.

The style and extent of services in the Acute Aged Care System was examined from two perspectives:

- Services provided directly by hospitals and the hospitals' description of service availability. This perspective was derived by direct survey of hospitals nationally.
- Service availability at a regional, state and national level. This perspective draws on data from both the direct survey and from existing commonwealth and state databases relating to long term residential care, community services, Aged Care Assessment Teams and hospital care.

### Survey of Hospitals

Data was collected from hospitals using a two stage postal survey. The methodology used for this process reflected the process undertaken in the 1992 project by the same project directors (Dorevitch and Gray, 1993). To maintain consistency with the survey undertaken in 1992, a database of hospitals was developed using the 2001 Hospital and Health Services Yearbook (APN Business Information Group). Basic details for each hospital (name, address, name and title of Chief Executive Officer) were entered into an ACCESS database. This database was verified against hospital lists (public and private) available on each State or Territory Government website. Day surgeries and hospitals that were clearly not admitting older patients (e.g. children's hospitals, mother and baby hospitals etc) were excluded, leaving an initial list of 911 organisations to be surveyed. This compares with 1042 hospitals in 1992.

The surveys were developed using the TELEform® software program that enables survey data to be scanned and saved directly into a statistical software program. Use of this software improves the accuracy of data entry. The SAS and SPSS statistical programs were used for data analysis. The MAPInfo® software was used for mapping.

## ***Survey 1***

Survey 1 and an explanatory letter (Appendix 1) were sent on 24<sup>th</sup> September 2001 with a requested return date of 10<sup>th</sup> October 2001, to the Chief Executive Officer of each of the 911 institutions identified.

Survey 1 had similar aims as the first survey in the 1992 study. These aims were to:

- Verify that each institution was indeed a hospital with overnight stay beds. For multi-campus hospitals, each site was classified as a separate hospital 'site';
- Establish the hospital type and some basic demographic data;
- Identify any other hospital sites not in the original database.
- Identify those hospitals that operated some form of Aged Care Service according to the following definition:

*“An Aged Care Service is defined as either:*

- 1. An individual or individuals employed by the hospital (on a full time or part time basis) or*
- 2. A department, unit or program*

*.....with specific responsibilities for the assessment and/or management of health problems of older people.*

*The Aged Care Service may have responsibility in the hospital or in the community for services or programs that include (but are not limited to):*

- *Inpatient / bed based services*
- *Aged Care Assessment Team (ACAT)*
- *Outpatient services*
- *Discharge planning services*
- *Domiciliary or community outreach programs*
- *Day hospital or day care services*

*For the purpose of this survey, a visiting geriatrician alone (private or employed by another organisation) and/or Nursing Home or Hostel beds alone do not constitute an Aged Care Service.”*

It is important to note that the notion of whether a facility “operated” an Aged Care Service or not was in no way intended to place a judgement on the adequacy of services at a particular hospital. ***Rather, it was simply a device to identify hospitals that warranted a more in-depth survey.*** If a hospital did have an Aged Care Service, the final aim was to identify and obtain contact details for the Aged Care Service Director or administrator. This was to ensure that Survey 2 was sent to a nominated individual within the organisation who was most likely to have a thorough working knowledge of the Aged Care Services available at that hospital site.

A list of all hospitals surveyed, categorised according to their response to Survey 1 (“yes- Aged Care Service”, “No- Aged Care Service” or “not yet responded”), was provided to the AHMAC Task Group. The Task Group was asked to identify any errors and flag services that should be a priority for follow-up. This quality control check produced minimal

feedback. The feedback received suggested that few changes to classifications or additions to the database were required. Follow-up was made to the non-responding hospitals.

A reminder letter (Appendix 1) with another copy of Survey 1 was posted on 15<sup>th</sup> October 2001 with a due date of 29<sup>th</sup> October 2001. This reminder was sent to the 438 hospitals that had not yet returned Survey 1. After the 29<sup>th</sup> October 2001, hospitals with more than 50 beds that had still not returned Survey 1 were faxed or contacted by phone as a final reminder. For hospitals that were known from available data and project members to have a significant Aged Care Service a telephone call was made to identify the Aged Care Services Director. Through returns of Survey 1, an additional 23 hospital sites were identified that had not been included in the original database. These hospitals were faxed the survey for prompt return. Returns also indicated that 50 organisations did not have overnight acute care services. For example, these organisations were day surgeries, community health centres or had recently closed. These organisations were removed from the database and further analysis. In total, 884 appropriate hospitals received Survey 1. In total, 778 hospitals returned Survey 1 (88% response rate). This compares to a 90% response rate to the 1992 survey.

## ***Survey 2***

Four hundred and eight hospitals that returned Survey 1 indicated that they had an Aged Care Service according to the definition and were sent Survey 2. Survey 2 (See Appendix 1) was revised from the 1992 study and following modification based on the feedback of the AHMAC Task Group was approved for distribution by that Group. This survey dealt with service locations, profiles of individual sites, regional responsibilities, relationships with Aged Care Assessment Teams and type of bed-based and non bed-based Aged Care Services available.

Distribution of Survey 2 was staggered, with surveys sent progressively as returns of Survey 1 were received. The surveys were posted between 5<sup>th</sup> November through to 23<sup>rd</sup> November 2001. Reminder letters were sent to hospitals that had not returned the survey within 3 weeks of receiving it. Further telephone and email follow-up was focused on hospitals with more than 100 beds. The project team made contact with many service managers and provided substantial levels of support to follow-up any queries arising about the questionnaire or the data required.

In addition to the 408 hospitals sent the survey, 20 hospitals returned the survey, including four hospitals that had not been included in the original 884 hospital sites. This was possible as responders were asked to ensure that Survey 2 was completed for each site at which the Aged Care Service operated. For example, a geriatrician may have been responsible for the Aged Care Services at numerous sites of a multi-campus hospital. Respondents were instructed to photocopy the survey and complete one for each site for which they were responsible. Based on their responses or queries, 61 hospitals that were sent Survey 2 were determined not to have Aged Care Services or to have very limited services. This was established either through comments on the returned survey by these respondents or through further investigation and follow-up by project team members. For instance, some hospitals in Survey 1 stated they had an Aged Care Service and cited a visiting Aged Care Assessment Team (ACAT) member as the head of the service. Further investigations found that this was the extent of their Aged Care Service and therefore completion of Survey 2 was not required. These hospitals were still included in the overall denominator for the study.

In total, 271 hospitals returned Survey 2 and were included in the data analysis. Despite follow-up, ninety-six hospitals did not return Survey 2. The final response rate for Survey 2 was 74% of 367 facilities.

***Data for analysis***

The data analysis included the 690 hospitals from which the appropriate surveys were returned. This includes 419 hospitals that reported having no comprehensive Aged Care Service (according to the study definition) and 271 hospitals that completed survey 2. Figure 2.1 provides a chart of the two-stage survey process.

**Figure 2.1: Two-stage survey process**

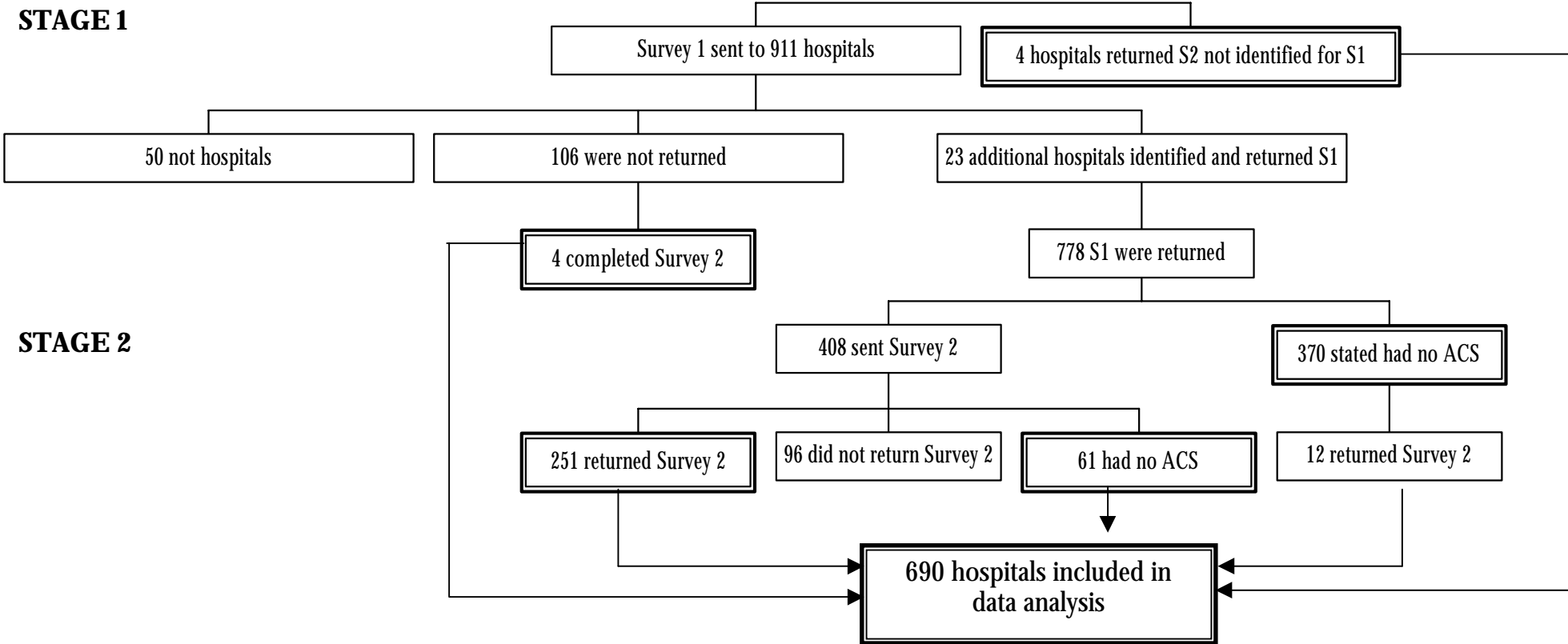


Table 2.1 summarises the response rate by number of hospitals and number of hospital beds. The response rate by bed number was higher than the response rate by hospital site reflecting the focus on following-up larger hospitals. This rate is useful because it shows the proportion of available beds reported on in the study.

**Table 2.1: Response rates by number of hospitals and beds by State/Territory**

	Hospitals (%)		Beds* (%)	
	Total Number	Responders	Total Number	Responders
ACT	6	5 (83)	887	870 (98)
NSW	264	209 (79)	22121	18367 (83)
NT	6	6 (100)	727	727 (100)
QLD	171	124 (73)	14041	11887 (85)
SA	93	68 (73)	6370	5192 (82)
TAS	27	22 (82)	2116	1808 (86)
VIC	207	164 (79)	16685	14632 (88)
WA	114	92 (81)	6859	5730 (84)
Australia	888	690 (78)	69806	59213 (85)

\*Source: Survey 2 data, *2001 Hospital and Health Services Yearbook*, Australian Institute of Health and Welfare's *National Public Establishments Database and the National Morbidity Database, 1999–00*. These figures do not include residential aged care beds.

The project aspired to “map” services at the smallest possible jurisdiction to which services could be ascribed. Jurisdictions considered were States, Commonwealth regions and Local Government Areas. The use of LGAs was found to be impractical, for the following reasons:

- Many hospitals, including very large establishments servicing large communities, did not operate with any specific catchment.
- Many services operated across multiple LGAs and allocations at LGA level were not available.
- Service catchments for different service types did not correspond.

It was therefore decided to attempt “mapping” for each of the 72 Commonwealth Health Regions. Of these regions, 57 (79%) had more than 70% of their hospitals represented in the data analysis. Sixty-one regions (85%) had more than 70% of the hospital beds represented in the data analysis. Fourteen regions (19%) had 100% response rates. The response rates by number of beds per Commonwealth Region are shown in map 2.1. There are only seven regions in Australia where the survey response rate was lower than 60%.

**Insert Map 2.1: Response Rates by hospital beds per Commonwealth Region**

### ***Data quality***

Data were checked for quality in a number of ways:

- 1) review of individual surveys as they were returned for completeness and content;
- 2) verification process employed through the TELEform® scanning system to ensure accurate data entry;
- 3) analyses to check for internal consistency of survey responses;
- 4) summary data analyses reviewed for outliers and spurious data – this generated a process of individual checking of forms and verification with the service provider who completed the survey;
- 5) review of summary data by project team members;
- 6) review of summary data by AHMAC Task Group.

A component of data analysis and mapping was conducted by the Planning and Forecasting Section, Department of Human Services (DHS), Victoria – an internal DHS process was applied to assure data quality. DHS analyses were reviewed by the project team.

### ***Non-Response Bias***

For responses to Survey 1, hospital sector (public and private) and hospital size of responding and non-responding hospitals were compared to investigate response bias. The following response rate tables provide proportions of responding and non-responding hospitals. Where there is no response bias the percentages are similar when read across the table. For example, there was no response bias in relation to hospital sector (Table 2.2) as approximately 70% of responding and non-responding hospitals were public and approximately 30% were private. The distribution of responders was similar to that of non-responders and no statistically significant difference was found. This provides evidence to support the assumption that the responders are representative of the whole group.

**Table 2.2: Response by Hospital Sector – Survey 1**

	Response (%)	Non-Response (%)
Public	546 (70)	73 (72)
Private	232 (30)	28 (28)
Missing		1 (1)
Total	778 (100)	102 (100)

Chi square = .239; d.f. = 1; p= 0.625

There was an apparent non-response bias in the size of hospitals returning Survey 1, with a larger proportion of the larger hospitals returning Survey 1 than not returning it. Higher proportions of small hospitals (1-49 beds) were non-responders. This reflects the follow-up process where larger hospitals were considered a priority for follow-up.

**Table 2.3: Response by Hospital Size\* – Survey 1**

	Response	Non-Response
1-49	422 (54)	76 (75)
50-99	160 (21)	14 (14)
100-299	150 (19)	11 (11)
300+	46 (6)	-
Missing	-	1 (1)
<b>Total</b>	<b>778 (100)</b>	<b>102 (100)</b>

Chi square = 17.732; d.f. = 3; p= 0.000

\*Source: Survey 2 data, *2001 Hospital and Health Services Yearbook*, Australian Institute of Health and Welfare's *National Public Establishments Database and the National Morbidity Database, 1999-00*. These figures do not include residential aged care beds.

As for Survey 1, there was no statistically significant response bias in relation to hospital sector for Survey 2. There was a tendency, however, for a higher proportion of public hospitals to respond than private for profit hospitals (Table 2.4).

**Table 2.4: Response by Hospital Sector – Survey 2**

	Response (%)	Non-Response (%)
Public	240 (89)	77 (80)
Private not for profit	17 (6)	8 (8)
Private for profit	14 (5)	11 (11)
<b>Total</b>	<b>271 (100)</b>	<b>96 (100)</b>

Chi square = 5.134; d.f. = 2; p= 0.077

A larger proportion of the respondents to Survey 2 were general teaching hospitals compared to the non-responders (Table 2.5). There was a higher proportion of general non-teaching and psychiatric hospitals amongst the non-responders.

**Table 2.5: Response by Hospital Type – Survey 2**

	Response (%)	Non-Response (%)
General teaching	63 (23)	9 (10)
General non-teaching	168 (62)	67 (70)
Geriatric	16 (6)	6 (6)
Rehabilitation	10 (4)	1 (1)
Psychiatric	11 (4)	11 (12)
Palliative	1 (0.5)	1 (1)
Other Specialist	1 (0.5)	0 (0)
Other	1 (0.5)	1 (1)
<b>Total</b>	<b>271 (100)</b>	<b>96 (100)</b>

Chi square = .17.306; d.f. = 7; p= 0.016

As for Survey 1, there was a statistically significant response bias in relation to hospital size. This was not unexpected given the follow-up approach employed (Table 2.6). The follow-up methodology was designed to survey the majority of hospital beds and to focus on services that were more likely to provide a range of specialised or specific Aged Care Services.

**Table 2.6: Response by Hospital Size – Survey 2**

	Response	Non-Response
1-49	133 (49)	58 (60)
50-99	42 (16)	22 (23)
100-299	59 (22)	13 (14)
300+	37 (14)	3 (3)
<b>Total</b>	<b>271 (100)</b>	<b>96 (100)</b>

Chi square = 13.645; d.f. = 3; p= 0.003

Source: Survey 1 data

There was also a statistically significant bias in the location of responding hospitals with metropolitan hospitals more likely to respond to Survey 2 than rural hospitals. Again, this is not unexpected and may reflect the follow-up process as larger hospitals are more likely to be located in metropolitan or large regional city areas.

**Table 2.7: Response by Hospital Location – Survey 2**

	Response	Non-Response
Metropolitan	97 (36)	19 (20)
Rural	174 (64)	77 (80)
Total	271 (100)	96 (100)

Chi square = 8.397; d.f. = 1; p= 0.004

### ***Survey data summary***

The response rate to Survey 1 was similar to that achieved in the 1992 survey (90% response). However, there is a lower response rate to Survey 2 than that achieved in the 1992 survey. A number of factors are likely to contribute to this:

- The timelines of the current project allowed only half the amount of time for survey distribution and follow-up;
- The Aged Care System is more complex with a broader range of involved stakeholders and service auspicing arrangements than existed in 1992/93. This makes the task of identifying key individuals within each health service or hospital, and completion of the survey more challenging;
- Survey 2 is detailed and required an Aged Care Service manager or representative to dedicate time to survey completion. Whilst it is possible that this may have contributed to lower response levels, the 2001 Survey 2 is actually shorter than the one that achieved a higher response rate in 1992.
- The timing of the project meant that part of the follow-up period of Survey 2 occurred in December, a time of year with many competing demands and a common period for staff leave.

Although the overall response rate to Survey 2 was lower than 1992, the follow-up process has targeted larger services and those that are known to have an Aged Care Service to maximise the information available for analysis. A substantial proportion of the non-responding hospitals are in the under 50 beds and under 100 beds categories. Although there is an under-representation of rural and general non-teaching hospitals that responded to Survey 2, there was no bias in relation to responding hospitals and sector for Survey 1 and 2. The response rate when represented as number of beds (85%) is higher than when represented as number of facilities (78%). There also appears to be a reasonable cross-section of services represented in Survey 2 data – from Multi-Purpose Services and rural programs through to large regional and metropolitan service providers.

### **Data from State/Territory and Commonwealth Governments**

Data was sought from State/Territory and Commonwealth government departments to provide important contextual background for the mapping of hospital Aged Care Services. The initial step was to request the level of information that jurisdictions were able to provide.

Data was requested by the smallest geographical area available (i.e. Statistical Local Area, Local Government Area, Region and/or State) as at 30<sup>th</sup> June 2001. It was requested that all data fields would be precisely defined and that the data would be provided in an electronic

format and sent by email, CD or floppy disc. Table 2.8 outlines the nature of the requests and the level of response received.

**Table 2.8: Data requested from and provided by jurisdictions**

<b>Service Type</b>	<b>Requested</b>	<b>Provided</b>
Residential care services	<ol style="list-style-type: none"> <li>1. Level of care [high, low, new]</li> <li>2. Operating places</li> <li>3. Licensed places</li> </ol>	<ol style="list-style-type: none"> <li>1. Operational places by SLA by high and low care</li> </ol>
Commonwealth funded Community Aged Care Packages	<ol style="list-style-type: none"> <li>1. Operating Packages</li> <li>2. Approved Packages</li> </ol>	<ol style="list-style-type: none"> <li>1. Operational Packages by SLA</li> </ol>
Hospital beds	<ol style="list-style-type: none"> <li>1. Health care organisation</li> <li>2. Bed designation [acute, sub-acute, transitional, interim, other]</li> <li>3. Operating beds</li> <li>4. Licensed beds</li> </ol>	<ol style="list-style-type: none"> <li>1. Not available</li> <li>2. Only data available was AIHW data; total number of beds in each public hospital for 1999-2000</li> </ol>
Aged care assessment team	<ol style="list-style-type: none"> <li>1. Funding allocated</li> </ol>	<ol style="list-style-type: none"> <li>1. Commonwealth and State/Territory funding and number of assessments for 2000-2001 and indicative funding for 2001/2 by State/Territory</li> <li>2. Funding by State/Territory regions provided by 3 States/Territories (funding levels inconsistent with above data provided by Commonwealth)</li> <li>3. Commonwealth funding only for each ACAT</li> </ol>
Post acute programs	<ol style="list-style-type: none"> <li>1. Funding allocated</li> </ol>	<ol style="list-style-type: none"> <li>1. No consistently defined or funded programs across jurisdictions</li> </ol>
Community Options (Home and community care services)	<ol style="list-style-type: none"> <li>1. Operating packages</li> <li>2. Licensed / approved packages</li> </ol>	<ol style="list-style-type: none"> <li>1. All States/Territories manage HACC funded case management and brokerage funds differently and therefore data not comparable.</li> <li>2. Overall State/Territory and Commonwealth funding for HACC by State/Territory provided (no information on contributions from Local Government)</li> </ol>

There is wide variability in the breadth and depth of data that is routinely collected within each jurisdiction. Jurisdictions have generally developed data sets to meet local service planning needs and reflecting local policy development. This created a major challenge when

this project attempted to develop a comprehensive picture of Aged Care Service provision at a national level and limits meaningful comparison between jurisdictions. Where data was not consistent it was not used and the most reliable and comparable data is presented in Chapter 3.

## **Summary**

This large, national study was conducted within the limitations of budget and timeline. The time available for survey distribution and follow-up was approximately half that available in the 1992 study. Despite this, and the increased complexity of the Aged Care and Health Care Systems in 2001, the response rates to survey 1 were comparable with those of the 1992 study. The response rate to the more detailed survey was 74% of facilities. In total, 690 hospitals were included in the analysis, representing 78% of facilities and representing 85% of hospital beds available across Australia. There is a bias towards survey completion by larger hospitals that are more likely to have a broad range of Aged Care Services.

The available data from routinely collected sources was extremely limited with differences between jurisdictions in what could be provided within the timeframe of the project.

Overall, the study has gathered a comprehensive range of quality data on hospital based and hospital linked Aged Care Service provision across Australia.

### 3. The Context for Aged Care

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The main focus of this project is on hospital based and hospital linked Aged Care Services. These services are a central component of the overall continuum of care available to older people, however, they do not constitute the entire picture. It is important to consider the context in which hospital based and hospital linked Aged Care Services are provided. For this reason, a summary analysis of contextual information about the anticipated demographic change in the ageing population and some other key Aged Care Services is presented in this chapter.

These data are drawn from routine government data collections of State and Territory departments and the Commonwealth Department of Health and Ageing. The data are not exhaustive, as there are differences in the depth, scope and definitions of data routinely collected by each jurisdiction in Australia. However, it has been possible to provide a summary description of the population trends, national residential aged care places, national Community Aged Care Package availability, and estimates of Home and Community Care expenditure and Aged Care Assessment Team activity. The intent of including these data is to provide a broad indication of services which are not delivered by hospitals but which have a dynamic relationship with hospital based Aged Care Services. This enables consideration of relative provision in the hospital sector – as described in later chapters of the report.

#### **Australia's Older Population**

The anticipated changes in Australia's older population are well documented. Use of population data provides a method for interpreting the levels of service available for the older population. Table 3.1 shows the total population and population 70 years and over for each State and Territory in 2001. The 70 years and over population is also shown as a proportion of the total population. This can be compared with the proportion of older people in the population estimated at the time of the original National Survey of Hospital Geriatric Services in 1992.

**Table 3.1: Total Australian Population and Population Aged 70 Years and Over, 2001 projections**

	Population 70 years and over, 2001	Total Population 2001	Percentage 70 years and over, 2001	Percentage 70 years and over: 1992 study*
ACT	18,289	315,877	5.8	3.9
NSW	609,213	6,564,417	9.3	7.8
NT	4,088	199,487	2.0	2.7
QLD	296,186	3,631,587	8.2	7.5
SA	161,708	1,506,899	10.7	7.5
TAS	46,194	469,137	9.8	7.6
VIC	447,489	4,831,001	9.3	7.3
WA	144,833	1,923,011	7.5	6.4
<b>Total</b>	<b>1,728,000</b>	<b>19,441,416</b>	<b>8.9</b>	<b>7.4</b>

Source: ABS 3220.0, Population Projections, Australia, 2000, Series 1a

\*Source: Cited in 1992 study; Australian Bureau of Statistics (1992) First Counts – National Summary – 1991 Census.

The distribution of the population 70 years and over by Commonwealth region is shown in Map 3.1 on the following page.

**Insert Map 3.1: 70 years and over population by Commonwealth Region**

Since 1992, as expected, the proportion of the population 70 years and over has increased in each state and territory across Australia with the exception of Northern Territory. The Northern Territory has the smallest number and smallest proportion of people aged 70 years and over and this proportion has decreased since the 1992 study. It is important to note that there is a higher proportion of Indigenous people in the Northern Territory and that the age at which this group would usually access Aged Care type services is more likely to be in their 40's or 50's rather than 70 years and over. For example, the ACAT guidelines suggest 50 years and over as for people from Aboriginal and Torres Strait Islander background who wish to access ACAT services (Lincoln Gerontology Centre, 2001).

The population of older Australians is set to further increase. By 2015 the 70 years and over population will have increased by 36% from the 2001 figure. By 2030 there will be more than twice as many people 70 years and over than in 2001 (3,883,292) accounting for 15.2% of the total population. By 2050 the 70 years and over population will have tripled from 2001 figures to 5,209,669, accounting for 18.5% of the total population (ABS, 2000).

## **Residential Aged Care Places and Community Aged Care Packages**

Residential aged care facilities provide accommodation, support and health care to older people who have a degree of functional disability and a support need that cannot be sustained in their own home in the community. Eligibility is based on an assessment of functional capacity and care need and the level of government subsidy is derived from an assessment of the level of care the person requires. Residential aged care places are categorised into two broad levels – low care and high care. Benchmark planning figures were established for high and low care places in 1986. Community Aged Care Packages (CACPs) were introduced as an alternative to residential aged care in 1992 and incorporated into the planning targets. CACPs provide a package of brokered services that work to support the person in their own home – with or without family or informal carer support. Overall, the planning target for residential care has not changed since 1986, at a total of 100 places per 1000 people 70 years and over. The composition currently is set at targets of 40 high care places, 50 low care places and 10 CACPs per 1000 population 70 years and over.

Table 3.2 and Figure 3.1 show the number of operational high and low care residential care places and Community Aged Care Packages per 1000 population 70 years and over for June 2001. Operational beds are those that are commissioned, staffed and occupied or available to be occupied. Allocated beds are those for which licences have been allocated, however, the beds or packages may not yet be operating. Operational beds give the best idea of current provision and context. Allocated places give some indication of the anticipated growth in the sector. The time taken for an “allocated” place to become “operational” varies. Allocated residential care beds that require substantial infrastructure development may take a considerably larger period of time to become operational than allocated Community Aged Care Packages.

**Table 3.2: Provision of Operational Residential Care and Community Aged Care Packages per 1000 population 70+, as at 30 June, 2001**

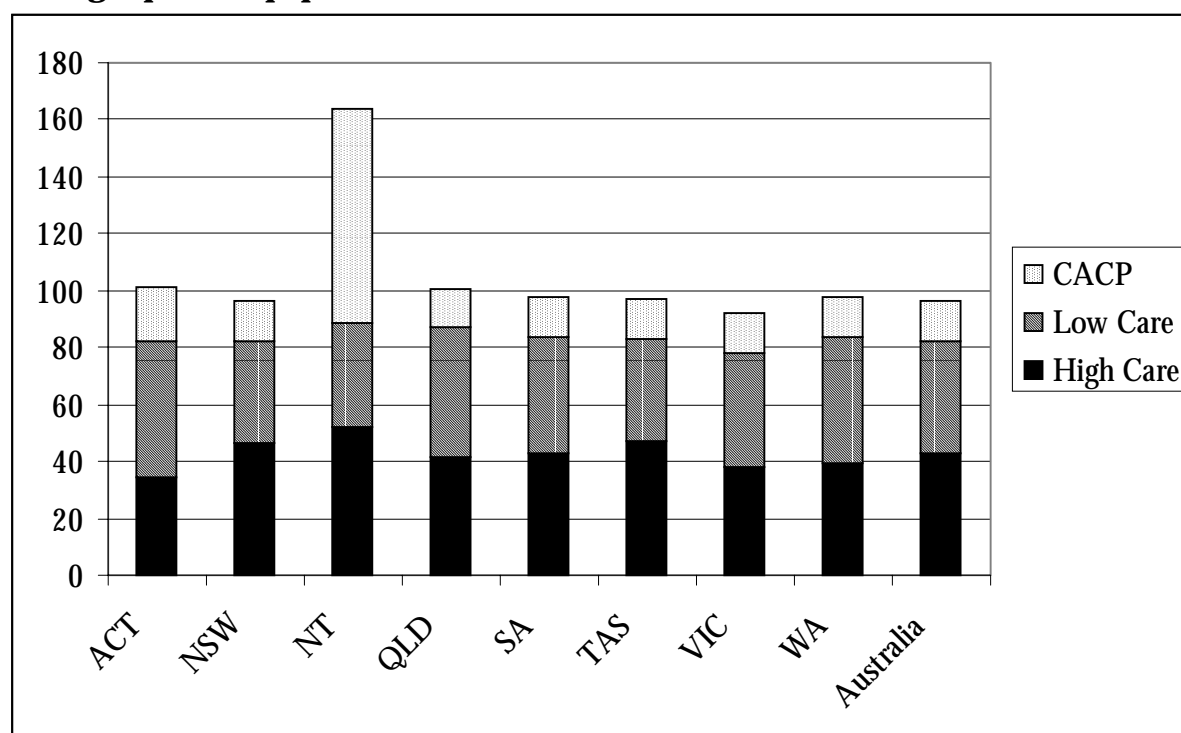
	High Care	Low Care	CACP	Total
ACT	34.7	47.9	18.4	101.0
NSW	46.7	35.5	14.1	96.3
NT	52.2	36.5	75.7	164.5
QLD	41.4	45.7	13.5	100.6
SA	42.9	40.7	14.3	97.8
TAS	46.9	35.9	14.2	97.0
VIC	38.2	39.6	14.0	91.8
WA	39.5	43.8	14.2	97.5
<b>Australia</b>	<b>42.5</b>	<b>39.6</b>	<b>14.2</b>	<b>96.4</b>

Sources: Commonwealth Dept. Health and Ageing, ABS 2000

With the exception of the ACT and Victoria, most states exceed the target for high care residential places. The provision of high care places has been steadily declining towards the planning target of 40 places per 1000 people 70 years and over since 1985 (Gray, 2001). The numbers of low care places and CACP places have been steadily increasing. However, in all States and Territories, the number of low care residential places remains below the target while the number of CACPs is above the target. These changes in the balance of service reflect the aims of supporting ageing in place and sustaining older people in their homes wherever possible. When high and low care residential places and CACPs are combined only the ACT, Northern Territory and Queensland reach the target of 100 operational places per 1000 population 70 years and over.

Figure 3.1 illustrates the relatively consistent pattern of residential care and CACP package provision across Australia. The exception to this is the Northern Territory, with a much higher ratio of CACPs than other jurisdictions. Although the ratio is high, the actual number of packages available in the Northern Territory is 309 in the context of a national level of provision of 24,496 packages. The level of provision in the Northern Territory is skewed as the planning ratio for services for older indigenous people is usually 50 years and over rather than 70 years and over. It was beyond the scope of this project to analyse planning ratios to this level of detail.

**Figure 3.1: Provision of Operational Residential Care and Community Aged Care Packages per 1000 population 70+**



Allocated places give an indication of total level of aged care places that are anticipated to be available within the next two years. When allocated places are taken into account, all States and Territories exceed the current planning target of 100 places per 1000 people 70 years and over. However, within the 100 places, low care places are below planning target levels (with the exception of the Northern Territory), high care places are above planning target levels (with the exception of the ACT) and CACPs are above current planning target levels in all jurisdictions. As with operational beds, this reflects a pattern of increasing emphasis on community based support options.

**Table 3.3: Total Allocated Residential Care and Community Aged Care Packages per 1000 population 70+, as at 30 June, 2001**

	High care	Low care	Community Aged Care Packages	Total
ACT	35.8	50.4	18.9	105.2
NSW	49.5	41.9	14.3	105.7
NT	71.3	63.8	81.0	216.2
QLD	42.5	49.4	13.8	105.7
SA	44.7	46.9	14.5	106.1
TAS	48.2	43.8	14.9	107.0
VIC	41.0	48.9	14.0	104.0
WA	41.6	50.2	14.7	106.4
<b>Australia</b>	<b>44.9</b>	<b>46.4</b>	<b>14.4</b>	<b>105.7</b>

Map 3.2 provides a map of Australia, indicating the distribution of allocated residential aged care places per 1000 people 70 years and over for each Commonwealth region. This is followed by Map 3.3 which provides the distribution of Community Aged Care Places per 1000 people 70 years and over by Commonwealth Region. As evidenced by the maps, there are 20 regions where the number of operational residential aged care places available meets or exceeds the planning targets. For community aged care packages, the planning targets for operational places are met or exceeded in 67 of the 72 Commonwealth regions.

**Insert Map 3.2: Operational Residential Aged Care Places per 1000 population 70 years and over by Commonwealth Region, 30<sup>th</sup> June 2001.**

**Insert Map 3.3: Operational Community Aged Care Packages per 1000 population 70 years and over by Commonwealth Region, 30<sup>th</sup> June 2001.**

Table 3.4 provides the operational provision of high and low residential aged care and Community Aged Care Packages per 1000 population 70 years and over for each region. This table indicates that 42 of the 72 regions do not reach the Commonwealth benchmark of 100 residential aged care places and CACPs per 1000 population 70 years and over. This reflects a low level of residential aged care as the ratio of CACPs reaches, and generally exceeds, the benchmark of 10 packages per 1000 population 70 years and over in all except two regions in Australia.

Similarly, 38 of the 72 regions have fewer operational high care places than the planning ratio of 40 beds per 1000 population aged 70 years and over. Since the majority of patients who are transferred to permanent residential care from hospitals are in the high care group, this finding might be of considerable importance.

**Table 3.4: Operational Residential Aged Care and Community Aged Care Packages per 1000 population 70 years and over by Commonwealth Region, June 2001**

Region	70+ pop'n	High care per 1000 70+	Low care per 1000 70+	CACP per 1000 70+	Total per 1000 70+
<b>Commonwealth Target</b>		<b>40</b>	<b>50</b>	<b>10</b>	<b>100</b>
<b>ACT</b>	<b>18,278</b>	<b>34.7</b>	<b>47.9</b>	<b>18.4</b>	<b>101.0</b>
NSW					
Central Coast	38,797	35.0	26.0	15.2	76.2
Hunter	56,023	43.3	37.1	12.6	93.0
Illawarra	42,100	31.8	29.3	13.0	74.1
Inner West	40,308	87.8	34.3	15.6	137.7
Nepean	18,881	53.1	32.5	15.8	101.5
Northern Sydney	81,423	53.8	45.6	10.9	110.3
South East Sydney	80,141	45.4	27.7	16.1	89.1
South West Sydney	48,344	49.8	29.3	14.6	93.7
Western Sydney	46,002	56.7	33.8	13.6	104.1
Central West	16,317	47.3	48.9	12.5	108.7
Far North Coast	31,848	36.6	36.2	14.6	87.4
Mid North Coast	35,650	29.5	35.8	14.6	79.9
New England	16,571	40.6	44.2	16.7	101.6
Orana Far West	13,598	31.5	45.2	15.4	92.1
Riverina/Murray	26,850	35.2	41.8	14.4	91.5
Southern Highlands	16,317	45.0	43.0	15.6	103.6
<b>NSW Total</b>	<b>609,170</b>	<b>46.7</b>	<b>35.5</b>	<b>14.1</b>	<b>96.3</b>
Northern Territory					
Alice Springs	798	100.3	45.1	137.8	283.2
Barkly	144	104.2	13.9	131.9	250.0
Darwin	2,696	36.4	26.3	40.8	103.5
East Arnhem	153	0.0	0.0	268.0	268.0
Katherine	289	69.2	138.4	100.3	308.0
<b>NT Total</b>	<b>4,080</b>	<b>52.2</b>	<b>36.5</b>	<b>75.7</b>	<b>164.5</b>
Queensland					
Brisbane North	40,863	60.7	48.5	12.8	122.0

<b>Region</b>	<b>70+ pop'n</b>	<b>High care per 1000 70+</b>	<b>Low care per 1000 70+</b>	<b>CACP per 1000 70+</b>	<b>Total per 1000 70+</b>
Brisbane South	51,921	43.3	42.2	11.0	96.5
Cabool	21,484	32.6	41.4	11.3	85.3
Central West	1,045	39.2	27.8	42.1	109.1
Darling Downs	20,131	42.2	51.1	14.5	107.8
Far North	13,642	36.6	47.4	16.7	100.7
Fitzroy	12,209	42.2	50.0	18.1	110.2
Logan River Valley	11,844	28.6	42.6	10.7	82.0
Mackay	7,281	40.8	46.0	14.1	100.9
North West	1,432	27.9	62.2	39.1	129.2
Northern	13,987	48.8	50.2	12.9	111.9
South Coast	37,536	33.9	40.9	14.8	89.7
South West	1,952	33.8	61.5	53.3	148.6
Sunshine Coast	28,702	34.8	44.1	12.0	90.9
West Moreton	11,037	40.7	63.2	9.2	113.1
Wide Bay	21,009	37.5	43.5	14.0	95.0
<b>QLD Total</b>	<b>296,075</b>	<b>41.4</b>	<b>45.7</b>	<b>13.5</b>	<b>100.6</b>
<b>South Australia</b>					
Metropolitan East	33,608	71.6	58.2	11.1	140.9
Metropolitan North	20,215	32.2	30.5	15.8	78.5
Metropolitan South	36,379	43.6	38.2	13.6	95.4
Metropolitan West	29,653	41.1	32.8	16.6	90.5
Eyre Peninsula	3,359	14.6	26.8	17.6	58.9
Hills, Mallee & Southern	12,055	25.2	28.6	14.7	68.5
Mid North	3,601	18.1	61.9	8.3	88.3
Riverland	3,723	31.2	45.1	13.4	89.7
South East	6,112	23.7	40.1	13.4	77.2
Whyalla, Flinders & Far North	3,630	24.2	40.8	22.3	87.3
Yorke, Lower North & Barossa	9,380	33.6	44.8	15.6	93.9
<b>SA Total</b>	<b>161,715</b>	<b>42.9</b>	<b>40.7</b>	<b>14.3</b>	<b>97.8</b>
<b>Tasmania</b>					
North Western	10,343	45.0	37.6	14.5	97.1
Northern	13,726	45.7	33.1	14.4	93.2
Southern	22,117	48.6	36.8	13.9	99.4
<b>Tas Total</b>	<b>46,186</b>	<b>46.9</b>	<b>35.9</b>	<b>14.2</b>	<b>97.0</b>
<b>Victoria</b>					
Eastern Metro	90,311	41.0	44.2	13.5	98.7
Northern Metro	62,423	39.2	33.8	13.7	86.8
Southern Metro	111,757	37.8	35.8	13.7	87.3
Western Metro	44,122	35.5	40.2	15.4	91.1
Barwon-South Western	37,663	39.0	36.5	15.8	91.2
Gippsland	25,528	28.8	40.6	13.2	82.6
Grampians	21,348	43.4	50.7	15.3	109.4
Hume	24,318	32.7	43.0	13.4	89.1

<b>Region</b>	<b>70+ pop'n</b>	<b>High care per 1000 70+</b>	<b>Low care per 1000 70+</b>	<b>CACP per 1000 70+</b>	<b>Total per 1000 70+</b>
Loddon-Mallee	30,061	40.8	43.8	12.5	97.1
<b>Vic Total</b>	<b>447,531</b>	<b>38.2</b>	<b>39.6</b>	<b>14.0</b>	<b>91.8</b>
Western Australia					
Metropolitan East	22,053	51.1	58.6	15.5	125.2
Metropolitan North	38,384	31.0	41.9	12.0	84.9
Metropolitan South East	24,804	61.5	47.3	15.5	124.3
Metropolitan South West	31,303	33.4	38.9	11.4	83.7
Goldfields	2,089	65.6	47.9	24.9	138.3
Great Southern	6,456	27.7	39.8	10.2	77.8
Kimberley	955	53.4	68.1	52.4	173.8
Mid West	3,944	24.1	32.5	16.7	73.3
Pilbara	637	47.1	29.8	78.5	155.4
South West	10,044	30.5	39.2	17.1	86.8
Wheatbelt	4,121	9.7	21.6	13.1	44.4
<b>WA Total</b>	<b>144,790</b>	<b>39.5</b>	<b>43.8</b>	<b>14.2</b>	<b>97.5</b>
<b>Australia Total</b>	<b>1,727,825</b>	<b>42.5</b>	<b>39.6</b>	<b>14.2</b>	<b>96.4</b>

## Home and Community Care Services

Home and Community Care Services play a key role in providing support to frail older people and people with disabilities in their own home with the aim of helping people to maintain their independence and prevent the need for residential care. The HACC program does not provide services exclusively to older people. For example, approximately 11% of the HACC service population are under 50 years of age (HACC Outcomes, 2002). The HACC minimum data set (MDS) was introduced in 2001 and the first wave of data analysis is currently being conducted by the Commonwealth Department of Health and Ageing and the Australian Institute of Health and Welfare. Once a pattern of consistent national data collection is fully established it will be possible to conduct more sophisticated analyses of the characteristics of the HACC service population and levels of service provision. At present however, the only information available to this study was the very broadest level of estimated HACC expenditure data. The HACC program covers services such as delivered meals, home nursing, personal care, home help and home maintenance services, day centre and social support services, some specialist allied health programs, some respite services and limited community transport. The range of services available varies from jurisdiction to jurisdiction.

The funding identified in Table 3.5 combines the estimated Commonwealth and State contributions towards these services for the 2001/2002 financial year. It should be noted that Local Governments often make a contribution to the funding of HACC services within their own municipality. These contributions can amount to a substantial proportion of the HACC services funded within a region. Obtaining data to this level of detail was beyond the scope of the present study. It is important to note that any local government funding contributions would alter (increase) the ratio of funding dollars per 70 years and over population in the following table. It was beyond the scope of this study to seek data directly from local government and other provider agencies. The HACC program is a joint Commonwealth/State/Territory program funded on a 60:40 basis.

**Table 3.5: Estimated HACC Expenditure (State/Territory and Commonwealth combined), 2001/2002**

State/Territory	Estimated HACC Expenditure (State/Territory and Commonwealth combined)	\$ per 70+ population*
ACT	\$13,161,007	\$720
NSW	\$317,898,740	\$522
NT	\$5,297,265	\$1,296
QLD	\$165,347,539	\$558
SA	\$86,910,000	\$537
TAS	\$22,465,029	\$486
VIC	\$258,662,617	\$578
WA	\$95,476,123	\$659
<b>Australia</b>	<b>\$965,218,320</b>	<b>\$558</b>

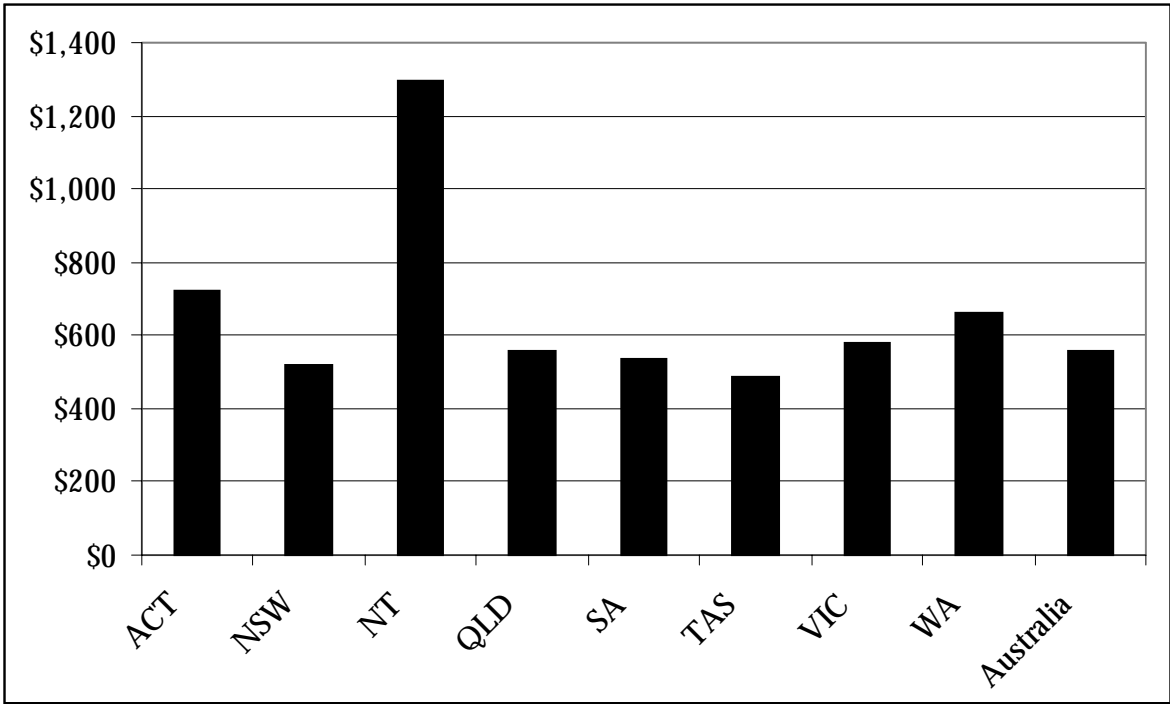
Please note: these estimates do not include additional unmatched State funds or local government contributions.

Source: Commonwealth Department of Health and Ageing

\*This is likely to be an overestimate of \$ per 1000 people 70 years and over as the total expenditure includes funding for the whole HACC target population (including those with disabilities under 70 years of age).

The estimated Commonwealth and State/Territory funding per person 70 years and over is variable but within a similar range, with the exception of the Northern Territory. This difference is likely to be due in large part to the different age mix within the NT, with such a low proportion of people 70 years and over, skewing the figure. In addition, unit costs for services vary between jurisdictions. The HACC Unit Cost Survey (1997) reflected differences in staff costs between metropolitan and rural services, travel and management and purchasing costs, assessment costs, and factors such as the rate of use of volunteers in the provision of support programs. The adopted service models – for example, home based or centre based respite – also influenced unit costs.

**Figure 3.2: Estimated HACC Expenditure per person 70+ years by State, 2001/2002**



Please note: these estimates do not include additional unmatched State funds or local government contributions.

The consultants recognise the limitations of the analysis of HACC services. The introduction of the HACC Minimum Data Set is expected to enable a more comprehensive analysis of service provision for particular age groups in the near future.

**Community Options Packages**

Home and Community Care Commonwealth and State anticipated funding and service provision for 2001/2002 was obtained per HACC region for Australia for a variety of service types. Community Options (COPs) packages provide brokerage funds and case management services that support people at relatively high levels of need in the community. The program was established in 1987 with a number of projects in NSW (Barnett and Schultz, 2002). The program has grown and evolved over time to cover a range of services that differ markedly in each jurisdiction. With the available data it was not possible, therefore, to meaningfully compare funding or units of service in relation to the older population across Australia. Table 3.6 indicates the service type and units measured for case management and brokerage of services in each State and Territory.

**Table 3.6: Service Types and units for HACC funded packages/case management**

	Service Type	Units
ACT	Case management and expenditure for brokered services (e.g. the purchase of goods & equipment and/or personal care, domestic assistance & social support services)	Hours
NSW	Community Options	Hours
NT	Case Management	Units
	Case Planning/Review/Coordination	
QLD	Case Management	-
	Case planning	
SA	Assessment	-
	Counselling/Support, Information and Advocacy	
	Case Management	
	Case Planning/Review and Coordination	
	Provision of Goods and Equipment	
	Other/Service Development	
TAS	Case Management	Clients
VIC	Linkages Packages	Packages
WA	Case Management	Hours
	Case Planning/Review/Coordination	

\*Implementation of the MDS will enable funding for each service type to be shown separately.

Barnett and Schultz (2002), recently presented a paper at the National Home and Community Care conference – “ 10 years on: the development of Community Options Since the First National Evaluation”. They conducted a survey with each state and territory government to identify how the COPs program had changed over the past 10 years and how it was functioning currently. They identified that:

*In some States, such as Victoria, Linkages have a defined place within the service system in catering for people with complex needs, and Linkages projects are well spread across the State. In other States, such as Western Australia, the separate identification of Community Options Projects has almost disappeared... while in NSW, in recent years, there has been a resurgence of interest in the model and considerable expansion in Community Options type projects. None of the states had an official policy position on the future of Community Options projects. This does not mean that they are not a valued part of the service system or consulted regarding developments in the program. (pg 10)*

Community Options programs provide care in the community to people who have complex needs and would otherwise require residential aged care. They are funded through the HACC program rather than the residential aged care program. They differ from Community Aged Care Packages in funding guidelines and protocols, eligibility criteria and access process and services available. Given the variability among jurisdictions in the way in which the services are delivered it is difficult to make useful comparisons regarding service levels.

## Aged Care Assessment Services

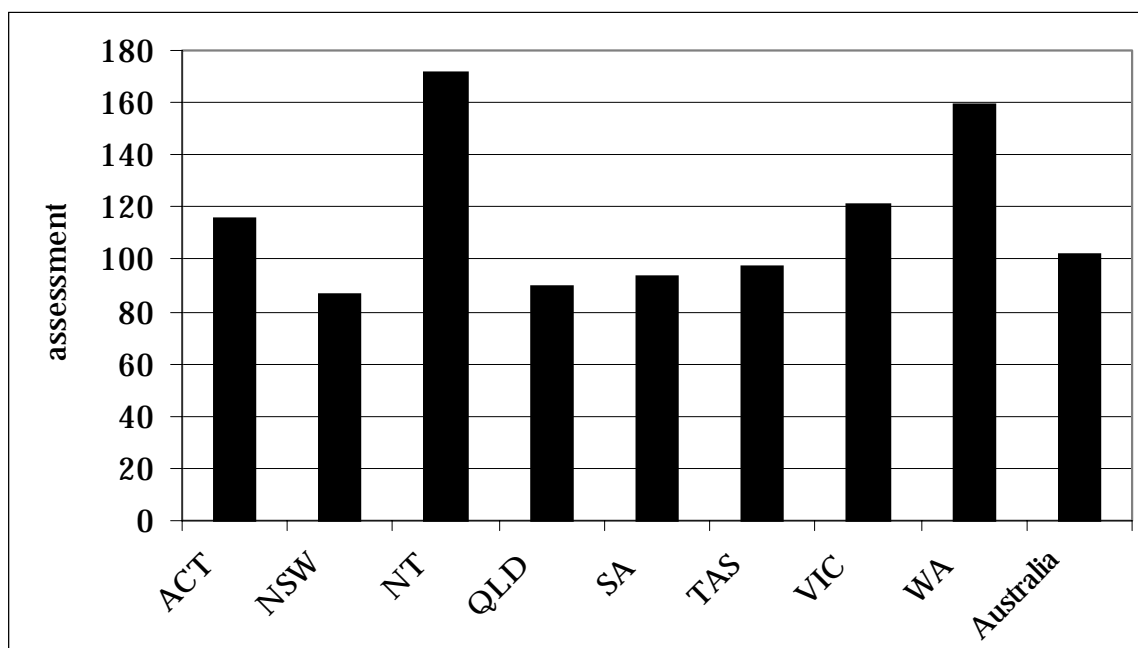
Aged Care Assessment Services are provided by 124 teams nationally (DHAC Annual Report, 2001). Aged Care Assessment Teams (ACATs) usually comprise multi-disciplinary teams of health professionals who provide expert assessment and advice for people seeking access to Aged Care Services. Funding data were sought, however at the time of data collection, comparable, final figures were not available to the project team. The projected number of assessments for 2001/2002 was available to the study. These provide some indication of the level of service available to the 70 years and over population.

**Table 3.7: Commonwealth and State/Territory anticipated number of ACAT Assessments, 2001/2002 by State/Territory (projected)**

	Number of Assessments	Assessments per 1000 70+
ACT	2115	115.6
NSW	52816	86.7
NT	700	171.2
QLD	26,441	89.3
SA	15,100	93.4
TAS	4,500	97.4
VIC	54,000	120.7
WA	23,052	159.2
Australia	230609	133.5

Source: Data provided by the Commonwealth, with the exception of the ACT where data was provided by the ACT.

**Figure 3.3: Number of ACAT Assessments per 1000 70+ population, 2000/2001**



Counting methodologies for assessment vary and the data presented refers to the number of anticipated assessments, not the number of individuals likely to be assessed. It is apparent that teams do not always adhere strictly to MDS guidelines when recording assessments and there may therefore be variation due to recording practice. There is also variation in the way in which assessment services are delivered that will likely impact on the number of assessments and rate or assessment relative to the 70 years and over population. For example, Northern Territory ACATs assess a broader range of age groups than other ACATs, South Australian ACATs co-exist with established Domiciliary Care Services that also provide assessment services and NSW ACAT structures and services are influenced by the way in which Area Health Services have established their aged care program (Lincoln Gerontology Centre, 2001).

There are no established benchmark levels regarding the expected reach or assessment rate of Aged Care Assessment Services. The data provided on anticipated assessment numbers indicate a higher number of assessments per 1000 people 70 years and over in the NT and WA in the 2001/2002 year. Again, the Northern Territory is likely to be skewed as using a 70 years and over cut-off is inappropriate for the indigenous population. A report on the Aged Care Assessment Program National Minimum Data Set (Lincoln Gerontology Centre, 2001) indicates that over six years of the program (1995 – 2000) the total number of assessments has increased whilst the rate of assessment has remained relatively stable, with only a slight increase in the rate of assessment for people aged 70 years and over and wide variation between jurisdictions.

## Summary

The data serves to highlight the contextual situation that there is variability between jurisdictions in current levels of community and residential aged care services and programs. Apart from the residential aged care planning targets, there are no guidelines or planning targets for the provision of other community programs. As such, drawing conclusions about the stated levels of HACC service provision or ACAT assessment is problematic.

Relative to the Australian average, it is clear that there is wide variation in the numbers of ACAT assessments anticipated and in the amount of Home and Community Care funding contributed by Commonwealth and State/ Territory jurisdictions. It is important to

remember that other funding from Local Government and some service provider organisations (not reported here) is also contributed to the total pool of HACC services. With regards to assessment, the variation in numbers of assessments per 1000 people 70 years and over does not necessarily reflect poorer service in the jurisdictions with lower levels, nor does it necessarily indicate over servicing in jurisdictions with higher levels.

**Table 3.8: Summary Table – data relative to per 1000 70+ population**

	High Care*	Low Care*	CACP*	Total Resi	HACC\$ per 70+	ACAT Assess/ 70+
ACT	35	48	18	101	\$720	-
NSW	47	35	14	96	\$522	87
NT	52	36	76	164	\$1,296	171
QLD	41	46	13	101	\$558	89
SA	43	41	14	98	\$537	93
TAS	47	36	14	97	\$486	97
VIC	38	40	14	92	\$578	121
WA	40	44	14	98	\$659	159
<b>Australia</b>	<b>43</b>	<b>40</b>	<b>14</b>	<b>96</b>	<b>\$558</b>	<b>134</b>

Please note that figures have been rounded.

\*Operational places

Service demand and provision patterns are influenced by many factors. These include; the composition and health status of the over 70 population, practice philosophy and protocols of each service provider and the interactions between residential, community and health service providers. The unit cost of providing a particular service may also vary across States and Territories. The question of whether these current levels are adequate is beyond the scope of this project.

The remarkable elements of these data are largely provided by the historical trends that have seen consistent progress towards achieving the existing planning targets for residential care and CACPs. There has also been a growth in the number of ACAT assessments over time, keeping pace with the growth of the 70 years and over population (Lincoln Gerontology Centre, 2001). The current policy and practice trends will likely result in continued development in CACPs, brokerage and case management programs, HACC and ACAT services to enable older people to remain at home for as long as possible. Fostering positive interactions and strengthening the interface between the community, residential care and hospital sectors are therefore critical to the effective and efficient provision of quality services to older people in the future.

## 4. The Survey Hospitals

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Aged Care Services are provided in a broad range of settings. Hospital Aged Care Services are a critical component of the Aged Care System. Although inpatient length of stay is decreasing overall and there is a continuing shift towards community based programs, hospital services still have an important role in improving and maintaining the health of older people.

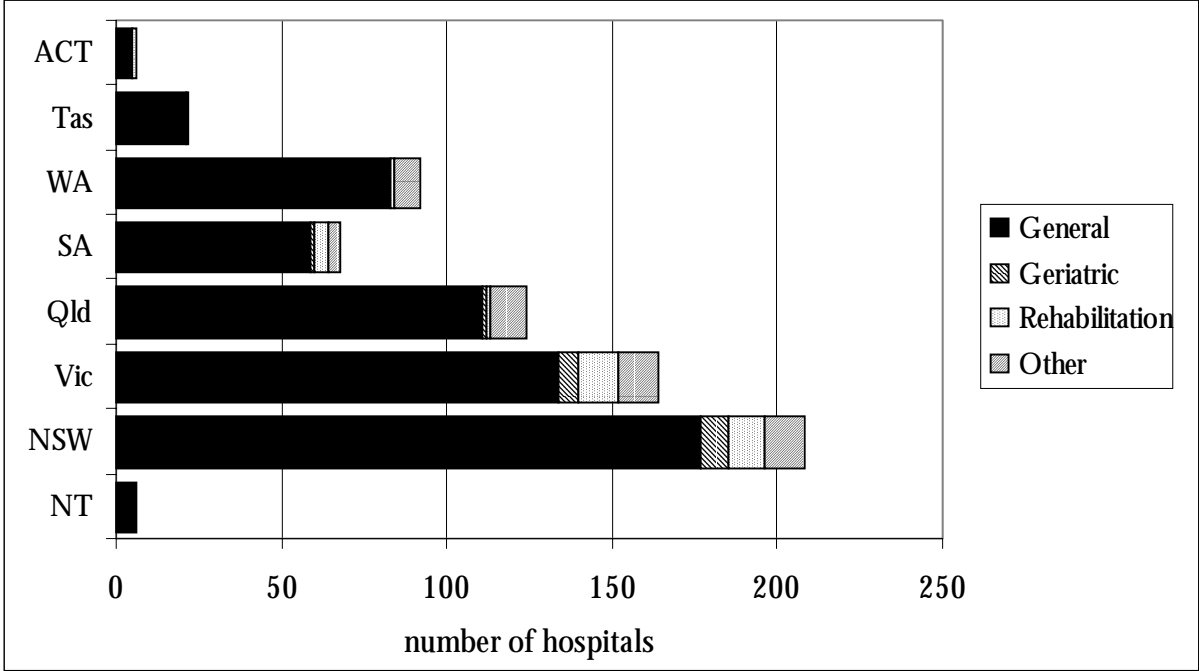
This chapter describes services located in the 690 hospitals (78%) for which surveys were returned (including those that returned Survey 1 and did not require Survey 2 and those that returned Survey 2)<sup>2</sup>. These hospitals account for 85% of the hospital beds surveyed (See Table 2.1, Methodology) and are used as the denominator for all percentages presented in the following analyses. General characteristics of hospitals are shown in Appendix 2, Table 12.1.

In the current study hospitals were asked to identify whether they were a general teaching, general non-teaching, geriatric, rehabilitation, psychiatric or 'other' hospital. The largest group of hospitals were general hospitals, accounting for 596 (86%) of the hospitals. There were 16 hospitals that identified themselves as geriatric hospitals, 14 (88%) of which were in New South Wales and Victoria. Queensland and South Australia each identified one geriatric hospital. Of the 30 rehabilitation hospital sites, 23 (77%) were in New South Wales and Victoria. The 48 'other' hospitals consisted of 27 psychiatric, 10 palliative care and 11 others that classified themselves as other (e.g. 'cancer', 'surgical' etc.). In the following analysis and in Appendix 2 hospitals have been reclassified into a smaller number of categories: general, geriatric, rehabilitation and 'other'. Figure 4.1 shows the distribution of these hospital types.

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<sup>2</sup> Responses for Survey 1 indicated 408 (52%) hospitals considered that they had an Aged Care Service and were sent Survey 2. It was later found that 61 of these hospitals did not have a comprehensive Aged Care Service and another 96 did not complete Survey 2. After adjusting for other hospitals that originally had indicated they had no Aged Care Service or did not return Survey 1 but completed Survey 2, two hundred and seventy-one (39%) hospitals operated an Aged Care Service and completed survey 2. This compares with 32% of hospitals described in the 1992 study. Proportions ranged from 17% in the Northern Territory, to 46% in South Australia. Forty percent of hospitals in New South Wales and 42% in Victoria operated an Aged Care Service.

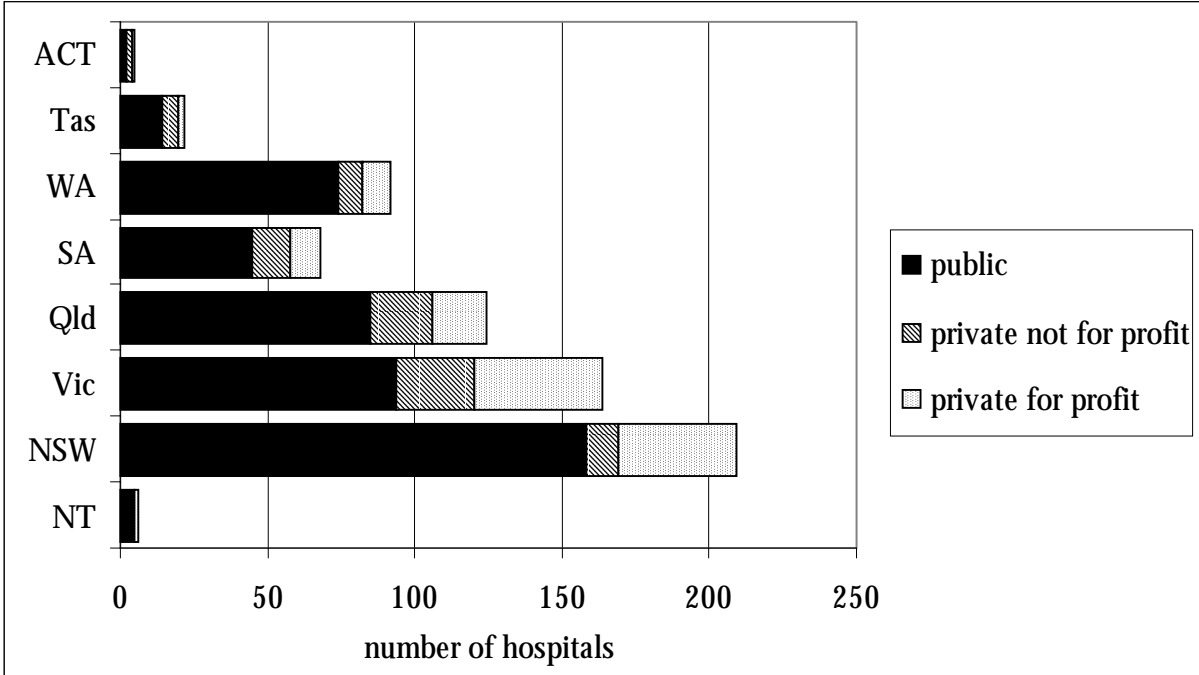
**Figure 4.1: Hospital Type by State/Territory as reported by Survey Respondents (n=690)**



Two hundred and forty-seven hospitals (36%) were located in metropolitan areas. This differed between states ranging from 48% in Victoria to 23% in Queensland.

Sixty-nine percent of hospitals were public, 13% were private not for profit and 18% were private for profit. ACT and Victoria had the lowest proportion of public hospitals (40% and 57% respectively). Northern Territory and Western Australia had the highest proportion of public hospitals (83% and 80% respectively). Figure 4.2 shows the number of hospitals by sector for each state.

**Figure 4.2: Hospital Sector by State/Territory as reported by Survey Respondents (n=690)**



## **Hospital Types**

This section provides a brief description of the characteristics of each of these hospital types based on data in Appendix 2. These summaries are followed by description about hospital sites.

### ***General Hospital Characteristics***

Of the 596 hospitals which self-identified as general hospitals, 106 (18%) were general teaching hospitals and 173 (29%) were located in metropolitan areas. The majority of general hospitals were public hospitals (426 hospitals; 72%) with 76 (13%) private not for profit and 94 (16%) private for profit hospitals. General hospitals were also more commonly smaller hospitals with 337 (57%) having fewer than 50 beds. One hundred and two hospitals (17%) had 50-99 beds, 115 (19%) had 100-299 beds and the remaining 42 hospitals (7%) had more than 300 beds. Smaller hospitals were more likely to be in rural areas with 91% of the hospitals with fewer than 50 beds located in rural areas. Seventy-three percent of rural hospitals had fewer than 50 beds compared with 17% of metropolitan hospitals. Almost one quarter (23%) of metropolitan hospitals had more than 300 beds, whilst only 3 country hospitals (1%) had more than 300 beds. (Data from Appendix 2, Table 12.6).

### ***Geriatric Hospitals Characteristics***

Sixteen hospitals (2%) classified themselves as 'geriatric' hospitals and by definition all operated an Aged Care Service. This compares to 34 geriatric hospitals identified in the 1992 study. These 16 hospitals were primarily located in New South Wales (8 hospitals; 50%) and Victoria (6 hospitals; 38%) with one in Queensland and South Australia respectively. Twelve (75%) of these geriatric hospitals were located in metropolitan areas. All 14 geriatric hospitals in Victoria and New South Wales were public hospitals. The geriatric hospital in Queensland was a private not for profit hospital and the one in South Australia was a private for profit hospital. Five geriatric hospitals (31%) indicated they had fewer than 50 beds, 8 (50%) indicated 50-99 beds and 3 (19%) indicated 100-299 beds (data from Appendix 2, Table 12.11).

### ***Rehabilitation Hospitals Characteristics***

Thirty hospitals classified themselves as rehabilitation hospitals and completed surveys for the present study compared to 26 in the 1992 study. Of the thirty rehabilitation hospitals in the present study, 24 (80%) were located in metropolitan areas. Twelve (40%) were located in New South Wales and 12 (40%) in Victoria with four (13%) in South Australia, and one (3%) in Queensland and Western Australia respectively. Rehabilitation hospitals were more likely to be private than general and geriatric hospitals with 14 (47%) being private for profit and one (3%) a private not for profit hospital. Fourteen (47%) rehabilitation hospitals reported having fewer than 50 beds, 12 (40%) 50-99 beds and 4 (13%) 100-299 beds. Ten rehabilitation hospitals (33%) reported operating an Aged Care Service. (Data from Appendix 2, Table 12.16)

### ***Other Hospitals Characteristics***

The 48 'other' hospitals consisted of 27 psychiatric, 10 palliative care and 11 others that classified themselves as other (e.g. 'cancer', 'surgical' etc.). Twelve (25%) of these hospitals were located in New South Wales and Victoria. Eleven (23%) were in Queensland, 8 (17%) were in Western Australia, 4 (8%) in South Australia and one (2%) in Tasmania.

Thirty-eighty (79%) of the 'other' hospitals were located in metropolitan areas. Twenty-two (46%) were public hospitals, 9 (19%) were private not for profit and 17 (35%) were private for profit hospitals. The majority had fewer than 50 beds (54%) with 13 (27%) having 50-99 beds and 9 (19%) with 100-299 beds. Fourteen (29%) indicated operating an Aged Care Service. (Data from Appendix 2; Table 12.21)

## Hospitals and Sites

Acute health services in Australia vary substantially in their administrative and physical configurations. This variation presented a major logistic challenge to this study as it did in the previous (1992) survey. The previous study identified numerous possible configurations, and the following are listed as examples:

- A hospital based on a single site that incorporates Acute and Aged Care Services
- A hospital based on two or more sites, under one administrative structure. Each site could have acute or aged services only, or both.
- Independent Acute and Aged Care hospitals that, although operating under separate administrative structures, function in a complementary manner to provide each other services.

In addition, the study identified Aged Care hospitals that provided services to more than one acute hospital. To complicate matters further, the hospital might share an administrative structure with one of these hospitals, but not others.

In view of this complexity, the study sought simply to identify what services are located at each hospital site. On sites where acute services were operating, the study aimed to identify what Aged Care Services were present at that site, and what off-site services were available to that acute care site. The purpose of this approach was to enable consideration of the possible enhanced access to Aged Care Services for acute care patients when the Aged Care Service was co-located.

In Survey 1, 382 hospitals sites (55%) indicated that they operated on a single site. One-hundred and forty-one hospitals (20%) reported operating on multiple sites that shared a common administration. One hundred (14%) indicated operating on "this site and other administratively distinct hospitals, i.e. other independent hospitals within a 'group'". Another 54 (8%) indicated a combination of the later two arrangements (multi-campus and in a 'group').

## Summary

This chapter has described some of the characteristics of the 690 hospitals that provided data to the study. One third of these hospitals were located in metropolitan areas and approximately two thirds were public hospitals. The largest number of hospitals was in New South Wales followed by Victoria, reflecting larger populations in these states. The majority of hospitals were general hospitals (86%) with 16 geriatric (2%), 30 rehabilitation (4%) and 48 'other' (7%) hospitals. Most of the 'other' hospitals were psychiatric hospitals. Just over half of the hospitals operated from a single site. The majority of hospitals had fewer than 50 beds with 20% having 50-99, 19% having 100-299 and 6% having more than 300 beds.

The following chapters analyse these hospitals' data according to service type; acute medical and assessment; rehabilitation; psychogeriatric; residential and respite care, and other hospital linked Aged Care Services. Other hospital linked Aged Care Services include: Aged Care Assessment Teams, inpatient consultancy services, outpatient services, specialist clinics, community services and coordination services (such as waiting list management and orthogeriatric services).

## 5. Aged Care Acute Medical and Assessment Services

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This chapter considers acute medical and assessment services for hospital inpatients under the supervision of Aged Care Services. In the 1992 study it was recognised that there was no widely accepted definition that could be used to reliably distinguish between inpatient acute medical and assessment activities. As there was still no agreed definition at the time that the present survey was conducted, it was again decided to combine these activities into one category. It is important to bear in mind that the services referred to in this chapter are those provided by geriatricians or multi-disciplinary teams with specific training or expertise in the provision of Aged Care. Whilst older people utilise a substantial proportion of the beds and beddays in hospitals, this study was not concerned with general services provided to older patients without direct Aged Care Service input.

This study has distinguished between acute medical and assessment services provided in a unit controlled by an Aged Care Service for this sole purpose (hereafter referred to as a 'Designated Aged Care Unit') and services that are provided in general wards where the patients care is shared or under the full control of the specialised Aged Care Service (hereafter referred to as a 'General Purpose Unit'). In a Designated Aged Care Unit, physical environment, clinical processes and care programs are more likely to be specifically designed to meet the needs of frail older people.

Of the 690 responding hospitals, 147 (21%) identified beds allocated for Aged Care Acute Medical and Assessment services. Eighty hospitals (12%) provided this service in a unit designated for this purpose and 106 hospitals (15%) provided this service in a General Purpose Unit<sup>3</sup> (refer to Tables in Appendix 2 for breakdown of Acute Medical and Assessment services in designated units and general purpose units by hospital type, State/Territory and hospital size). In the 1992 study, 116 hospitals (13%) indicated having beds allocated for Aged Care Acute Medical and Assessment with 71 (8%) having Designated Units.

Table 5.1 indicates that Aged Care Acute Medical and Assessment services were more likely to operate in larger hospitals with 57% of 300+ bed hospitals providing this service compared to 17% of 1-49 bed hospitals. A greater proportion of responding hospitals with fewer than 300 beds were providing these services compared to the situation in 1992. This was especially the case with the smallest general hospitals (less than 50 beds) of which only 3% were providing Aged Care Acute and Assessment services at the time of the 1992 study.

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<sup>3</sup> It should be noted that some hospitals had **both** Designated Aged Care Units and General Purpose Units, so that the total number with Acute Medical and Assessment services was less than the combined total of the two types of unit.

**Table 5.1: Bed-Based Acute Medical and Assessment Services by Hospital Size as reported by Survey Respondents**

	Number of hospitals responding	Total number of Services (%)*	Designated Aged Care Unit (%)	General Purpose Unit (%)
1-49	382	65 (17)	24 (6)	53 (14)
50-99	135	14 (10)	10 (7)	5 (4)
100-299	131	36 (27)	22 (17)	25 (19)
300+	42	32 (57)	24 (57)	23 (55)
<b>Total</b>	<b>690</b>	<b>147 (21)</b>	<b>80 (12)</b>	<b>106 (15)</b>

\*The total number of services may be less than the sum of Designated Aged Care Units and General Purpose Units as some hospitals indicated operating both.

Aged Care Acute Medical and Assessment services operated in every jurisdiction except the Northern Territory. New South Wales (42 hospitals) and Victoria (36 hospitals) had the largest number of hospitals providing these services. In most states approximately 20% of responding hospitals provided these services, ranging from 9% in Tasmania to 29% in Western Australia. Victoria was the only state in which designated services predominated (Table 5.2).

**Table 5.2: Bed-Based Acute Medical and Assessment Services by State/Territory as reported by Survey Respondents**

	Number of hospitals responding	Total number of Services (%)*	Designated Aged Care Unit (%)	General Purpose Unit (%)
ACT	5	1 (20)	1 (20)	1 (20)
NSW	209	42 (20)	22 (11)	33 (16)
NT	6	0 (0)	0 (0)	0 (0)
QLD	124	23 (19)	9 (7)	19 (15)
SA	68	16 (24)	9 (13)	13 (19)
TAS	22	2 (9)	0 (0)	2 (9)
VIC	164	36 (22)	23 (14)	17 (10)
WA	92	27 (29)	16 (17)	21 (23)
<b>Total</b>	<b>690</b>	<b>147 (21)</b>	<b>80 (12)</b>	<b>106 (15)</b>

\*The total number of services may be less than the sum of Designated Aged Care Units and General Purpose Units as some hospitals indicated operating both.

Table 5.3 details the total number of Aged Care Acute Medical and Assessment beds by State/Territory. The table also provides the number of beds per 1000 population 70 years and over and the bed numbers and ratios for general and geriatric Hospitals from the 1992 survey. In the present survey there were 2,925 Acute Medical Care and Assessment beds identified (accounting for 5% of the beds in the 690 hospitals), compared to 2,639 beds in the survey conducted in 1992. As a proportion of the 70 years and over population the current

survey identified 1.69 beds per 1000 70 years and over population, compared to 2.12 in the 1992 study.

**Table 5.3: Aged Acute Care and Assessment beds by State/Territory as reported by Survey Respondents**

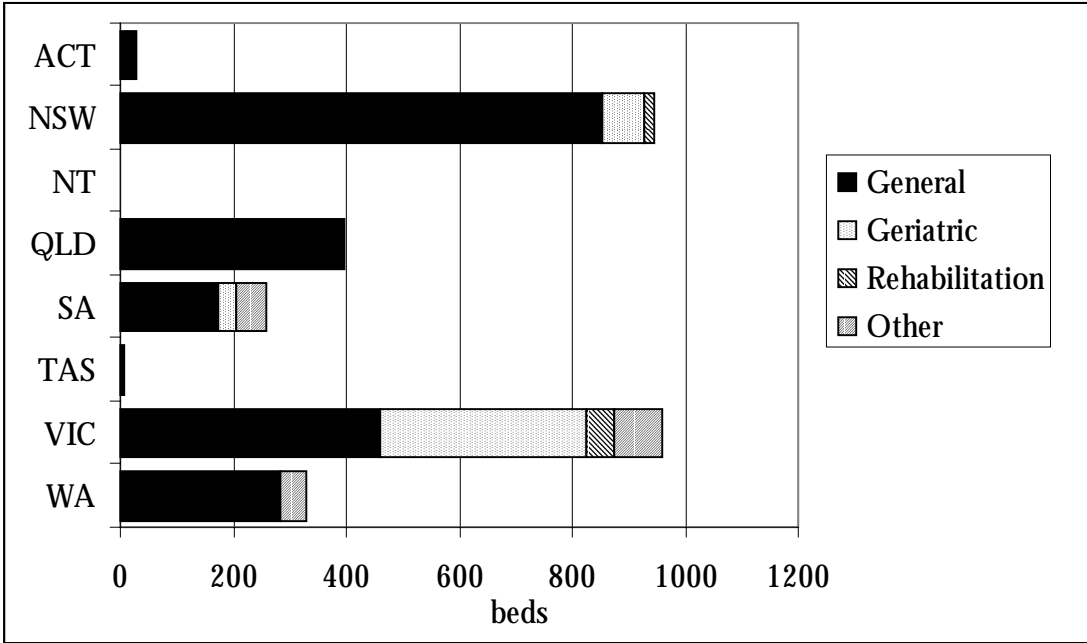
	Total Aged Acute Care and Assessment beds	Beds per 1000 70+	Beds in 1992 survey	Beds per 1000 70+ in 1992 survey
ACT	28	1.53	24	2.23
NSW	945	1.55	863	1.93
NT	0	0.00	0	0.00
QLD	398	1.34	322	1.44
SA	258	1.60	137	1.17
TAS	6	0.13	27	0.79
VIC	961	2.15	980	3.15
WA	329	2.27	286	2.81
<b>Total</b>	<b>2925</b>	<b>1.69</b>	<b>2639</b>	<b>2.12</b>

Designated Aged Care Units were most commonly found in geriatric hospitals (63%) (See Appendix 2: Table 12.12). Fewer than 12% of the remaining hospital types reported providing this service. General Purpose Units were found in 19% of geriatric hospitals and 17% of general hospitals (Refer to Appendix 2: Tables 12.7, 12.12, 12.17 & 12.22).

Figure 5.1 shows the number of Aged Care Acute Medical and Assessment beds as identified by responding hospitals in each State/Territory according to type of hospital. In line with the 1992 survey, the largest number of beds reported in geriatric hospitals was in Victoria, reflecting their established extended care system. Although New South Wales has a similar number of beds as Victoria, they tend to be located in general hospitals.

The number of beds allocated for Aged Acute Medical and Assessment as a proportion of the total number of beds in a hospital was reported as less than 5% of all responding general, rehabilitation and 'other' hospitals. The proportion of beds reported in geriatric hospitals that were allocated for Aged Care Acute Medical and Assessment accounts for 45% of the total number of beds in geriatric hospitals, emphasising the specialist nature of these facilities.

**Figure 5.1: Aged Care Acute Medical and Assessment beds as reported by Survey Respondents by Hospital Type and State/Territory**



**Designated Aged Care Acute Medical and Assessment Units**

The following section deals with Aged Care Acute Medical and Assessment Services provided in Designated Aged Care Units i.e. areas set aside in hospitals specifically for that purpose.

Of the 690 responding hospitals, 80 (12%) operated a Designated Aged Care Unit compared to 71 in 1992. These units ranged in size from 3 to 120 beds (mean = 24, SD = 23, median = 20). Table 5.4 provides the number of beds as reported by survey respondents per State/Territory. It also provides the number of beds per 1000 70 years and over population. Comparable data from the 1992 study is also included in this table.

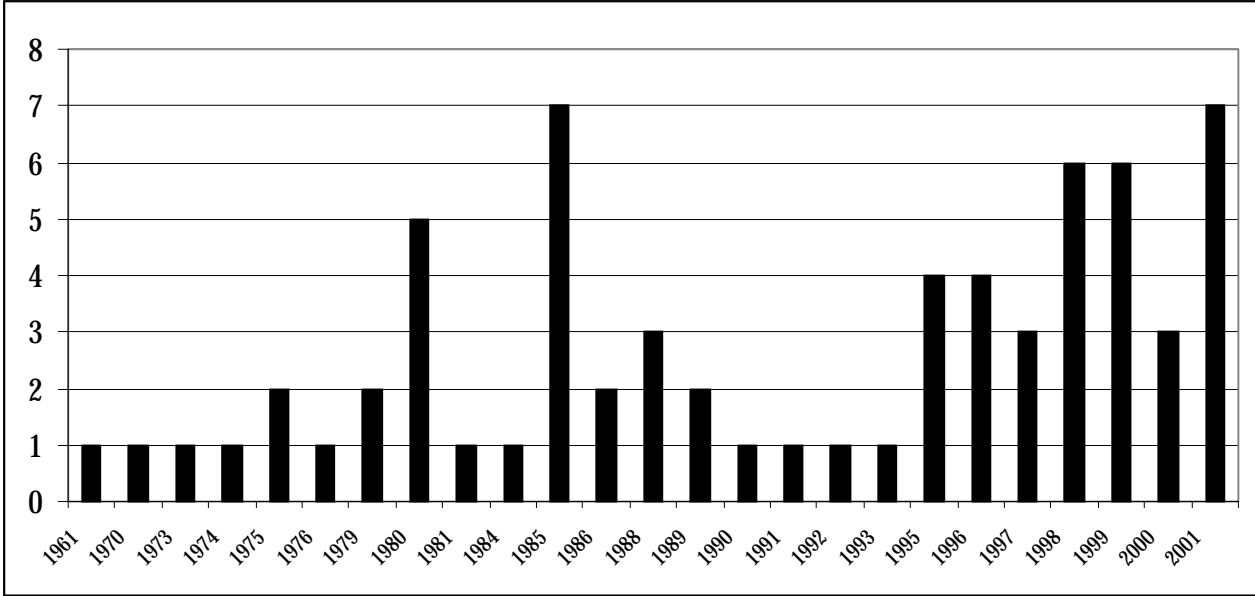
**Table 5.4: Acute Medical and Assessment Beds in Designated Aged Care Units as reported by Survey Respondents by State/Territory**

	2001		1992	
	Designated Aged Care beds	Beds per 1000 70+	Designated Aged Care beds	Beds per 1000 70+
ACT	22	1.20	24	2.23
NSW	426	0.70	514	1.15
NT	0	0.00	0	0.00
QLD	261	0.88	246	1.10
SA	150	0.93	61	0.52
TAS	0	0.00	15	0.44
VIC	851	1.90	816	2.62
WA	228	1.57	218	2.14
<b>Total</b>	<b>1938</b>	<b>1.12</b>	<b>1894</b>	<b>1.52</b>

Comparison with the 1992 study shows that although there were 2.3% more beds reported in 2001 than in 1992 (1938 beds compared to 1894 beds in 1992), there were 26% fewer beds reported per 1000 population 70 years and over (1.12 per 1000 70+ compared to 1.52 in 1992). These figures should be interpreted with caution, however, given the lower hospital response rate for the current study compared to that in 1992. The reported Designated Aged Care Unit bed numbers are therefore likely to be an underestimate of the actual number of beds available. Notwithstanding this probable underestimation there is likely to be less provision of hospital Designated Aged Care Unit beds given the continued ageing of the population in real and relative terms, and the shift to increased community based care delivery.

Sixty-eight of the 80 hospitals that operated a Designated Aged Care Unit provided information on the year that the Unit was established. The development of Designated Aged Care Assessment Units for responding hospitals is shown in Figure 5.2. It reveals that since 1995 there has been a substantial increase in the number of Designated Units established. It should be noted that this information is based on recall and relies on the respondent's historical knowledge of the development of these units.

**Figure 5.2: The development of Designated Aged Care Units in Australia**



Consistent with the 1992 study, the majority of Designated Units (66%) operated with an admission policy described as “patients with selected problems (such as confusion, immobility, incontinence) without a specified age limit”. Thirteen hospitals (17%) operated with an age limit in place with 9 of these for patients with selected problems and 4 with only an age-related policy (“non-surgical patients over a specified age”). The following age limits were specified:

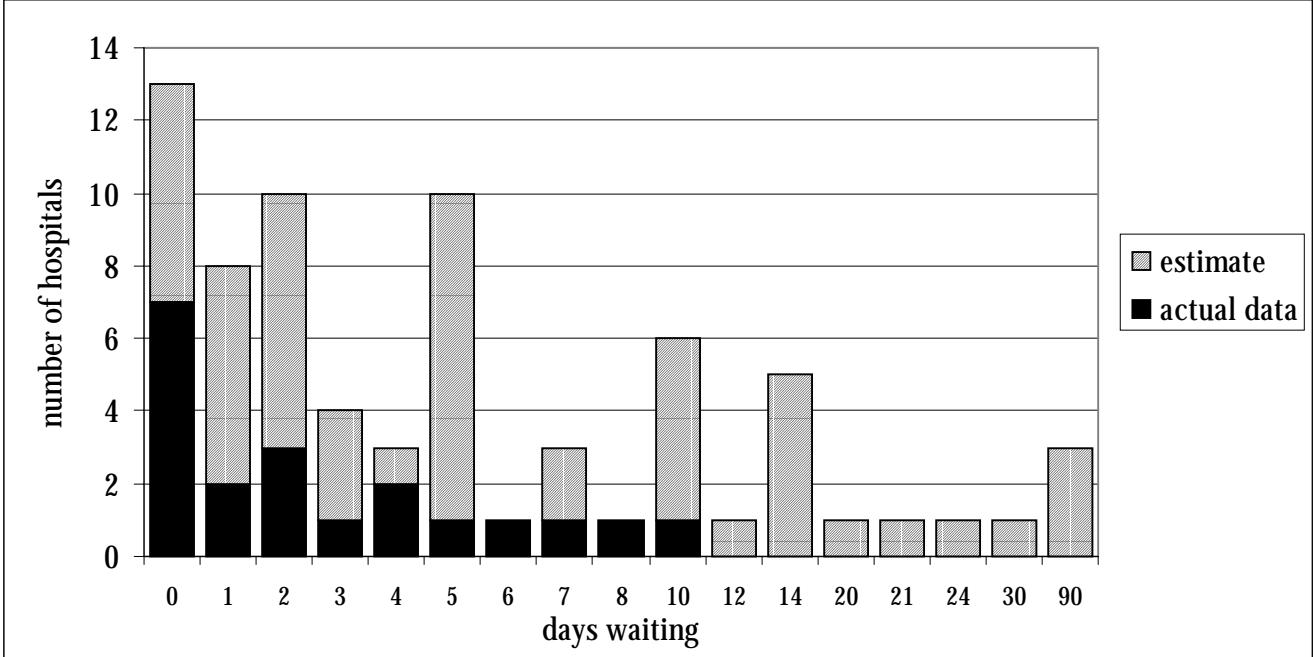
- >60 years (2 hospitals)
- >65 years (7 hospitals)
- >70 years (2 hospitals)
- >85 years (1 hospital)

Services were asked to rank admission sources from 1 (most common) to 4 (least common). The most common admission source of patients was transfer from other wards or areas on the same hospital site. Twenty-nine hospitals (36%) described this as the most common source and 20 (25%) as the second most common source. “Direct admission from the community (after consultation with GP, health professional or initial assessment at patient’s home)” was the second most common referral source ranked number 1 by 22 hospitals (28%) and number 2 by 25 hospitals (31%). Admission from the emergency department and transfer from other hospitals were ranked as the least common sources. This suggests that acute and assessment units are tending to either admit patients in a post-acute phase of care (admission from other hospital wards) or directly from the community for acute assessment and management.

Only thirteen Designated Aged Care Units (16%) were used solely for acute medical care and assessment. The remaining units reported providing services for a number of other purposes. Forty-five hospitals (56%) stated that these units also provided rehabilitation. Eight hospitals (10%) also provided interim residential care in the unit, six (8%) provided permanent residential care and seven (9%) both interim and permanent residential care. Fifteen hospitals (19%) provided respite, 8 hospitals (10%) provided palliative and 17 hospitals (21%) provided psychogeriatric care in their Designated Aged Care Units.

The average waiting time for admission to these units provides an indication of the capacity to meet local demand. Survey respondents were asked to indicate the number of days on average that people waited to be admitted to the Designated Aged Care Unit over the past 3 months. Respondents were also asked to indicate whether this was the actual waiting time or an estimate. Seventy-four of the eighty hospitals that operated a designated unit provided an average waiting time and of these 54 provided an estimate and 20 provided actual data. For the 54 hospitals with estimated data, two outliers with greater than 90 days estimated waiting time were excluded from the analysis. These hospitals were small rural hospitals, one in Western Australia and one in South Australia. Waiting days ranged from zero to 90, with a median of 5 days (mean = 11.3, SD = 20.8)<sup>4</sup>. For the twenty hospitals that provided actual data the range was 0-10 waiting days, (mean = 2.8, SD = 3.1, median = 2 days). Thirteen hospitals (18%) indicated that over the past three months, the average waiting time for admission was zero days (ie: admitted on the same day). In the 1992 study, the waiting time for admission averaged 5.8 days (SD=7.7), ranging from 0-50 days with 17% of hospital sites having no waiting days.

**Figure 5.3: Waiting days for admission to Designated Aged Care Unit as reported by Survey Respondents (n=74)**



**General Purpose Acute Medical and Assessment Units**

One hundred and six hospitals (15%) of the responding 690 hospitals reported operating Acute Medical and/or Assessment services “in areas not designated exclusively for Aged Care Patients” but where patients were at least in part under the care of an Aged Care Service compared to 69 (7%) in 1992. Forty of these hospitals also operated designated units as described in the previous section. The following analyses will only consider data relating to services provided in general purpose units.

<sup>4</sup> It should be noted that this average was not calculated using raw data but is an average of the averaged waiting time data that respondents provided. Therefore, hospitals admitting smaller numbers of patients will have the same weighting as hospitals admitting large numbers of patients.

Ninety-seven respondents (of the 107 hospitals with this type of service) provided an indication of the number of beds “usually occupied by Aged Care Service patients in the general purpose beds” (refer to Table 5.5 below). Eight stated that beds were only used on an as needed basis. The largest number of beds identified for Aged Care Service patients was 61 (average = 9.2, SD = 12.2, median = 4). Fifteen hospitals (15%) reported typically having more than 20 general-purpose beds being used by Aged Care Service patients.

In total, 987 beds usually occupied by Aged Care Service Patients in general purpose beds were reported, 32% more than the 745 beds reported in the 1992 survey (Table 5.5). Beds per 1000 population 70 years and over were slightly less than in the 1992 study (0.57 compared to 0.60 in 1992 or a reduction of 5%). Taking the underestimation associated with the lower response rate in the present study into account, it is likely that the rate of provision of General Purpose Unit beds for acute medical care and assessment is comparable to that found in 1992.

**Table 5.5: Acute Medical and Assessment Beds in General Purpose Units as reported by Survey Respondents by State/Territory**

	2001		1992	
	Aged Care beds in General Purpose units	Beds per 1000 70+	Aged Care beds in General Purpose units	Beds per 1000 70+
ACT	6	0.33	0	0.00
NSW	519	0.85	349	0.78
NT	0	0.00	0	0.00
QLD	137	0.46	76	0.34
SA	108	0.67	76	0.65
TAS	6	0.13	12	0.35
VIC	110	0.25	164	0.53
WA	101	0.70	68	0.67
Total	987	0.57	745	0.60

In 70 hospitals (65%) the supervision of care in these beds was shared with another unit. Nineteen respondents (18%) indicated that the beds were under the sole control of the Aged Care Service and 18 (17%) stated that both arrangements occurred. Care was usually shared with a general medicine unit (75 hospitals, 70%). Thirty-three hospitals (31%) shared care with Orthopaedic surgery, 14 with stroke units (13%), 10 with Urology units (9%) and 30 with other units (29%). These arrangements reflect a variety of conjoint programs that have developed in Australia.

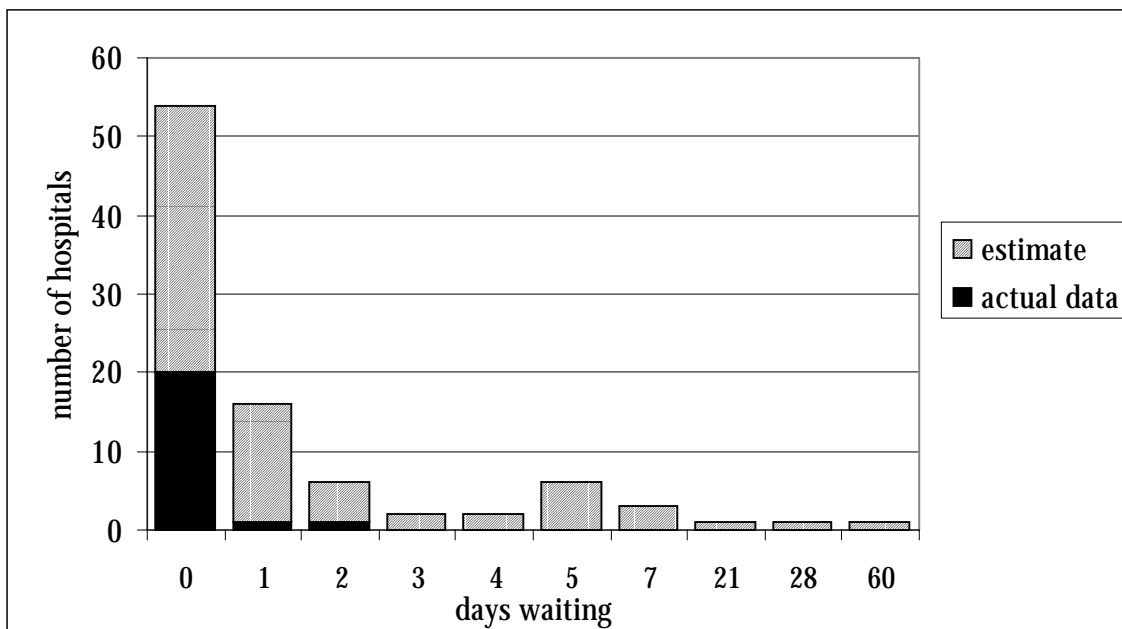
Admission policies were similar to the designated acute units with 60 respondents (56%) indicating “selected problems (such as confusion, immobility, incontinence) without a specified age limit”. Twelve hospitals (11%) included an age limit in their admission policy. These age limits ranged from over 60 years to over 90 years:

- >60 years (2 hospitals)
- >65 years (4 hospitals)
- >70 years (2 hospitals)
- >80 years (2 hospitals)
- >85 years (1 hospitals)
- >90 years (1 hospitals)

Forty-six hospitals (43%) reported that direct admission from the community was the most common source, followed by admission from the emergency department. Although transfer from other wards was most common for Designated Aged Care Acute Units, it was reported as the third most common for Aged Care Service Patients to general purpose beds. This further supports the notion that designated Aged Care Units are more likely providing post-acute assessment and management whereas general beds with either total management of the Aged Care Service or shared management are more likely to be providing *acute* assessment and management.

Waiting days were provided by 92 hospitals with 59 stating the waiting days were an estimate and 22 stating the provision of actual data (11 did not indicate whether it was an estimate or actual so it was assumed the data was an estimate). Waiting times were on average much shorter than for Designated Aged Care Units. Fifty-four (50%) of the 92 hospitals stated there was no waiting time to be admitted (Figure 5.4) compared to 36% in the 1992 study. The longest waiting period was sixty days (average = 2.2, SD =7.2) compared to 30 days in the 1992 study. Of the 22 hospitals that provided actual data, 20 had no waiting period, one had one day and one had two days waiting.

**Figure 5.4: Waiting Days for Admission to Services in General Purpose Units as reported by Survey Respondents (n=92)**



## Summary

In the present study, 21% of responding Australian hospitals acknowledged having bed-based acute medical and assessment services compared to 13% of responding hospitals in the 1992 study, an increase of 61%. Given that there were fewer responding hospitals in the present study than in 1992, with an estimated 85% of all hospital beds being included in the analysis, it is possible that more than 147 hospitals provide these services. In general, there has been a substantial increase in the proportion of hospitals with acute medical and assessment services. This has been particularly evident in Queensland, South Australia and Western Australia where the proportion has tripled over the past nine years.

Overall, there were 2,925 beds reported for acute medical care and assessment in 147 hospitals. This equates to 1.69 beds per 1000 population 70 years and over and compares with a total of 2,639 beds in the 1992 study with 2.11 beds per 1000 population 70 years and over. Whilst there has been a reported increase of 11% in the number of beds compared to the 1992 study, in keeping with the increased number of new services, this increase has not kept pace with growth in the 70 years and over population. However, in the context of hospital downsizing, decreasing lengths of stay, and the shift in Government policy towards community based care options and containment in the growth of hospital resources, the increase in bed numbers is likely to reflect increased awareness among hospital administrators of the need for bed-based Aged Care Services. The data didn't present evidence to suggest that access to bed-based Aged Care Services has declined even though beds per 1000 population 70 years and over have appeared to decrease.

It is interesting to note that most of the growth in acute medical and assessment services since 1992 has been in General Purpose Units rather than in Designated Units. These general purpose units tend to admit primarily from the community or via Emergency Departments and have shorter reported waiting times for admission, with half of these services able to respond immediately. It would seem that there has been an increasing emphasis on providing acute rather than bed-based post-acute assessment and management Aged Care Services.

## 6. Aged Care Rehabilitation Services

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This study detailed the provision of bed-based rehabilitation services available to older people in Australian hospitals. Older people can receive inpatient rehabilitation under a variety of service delivery arrangements. Rehabilitation services can be provided under the sole or shared care of an Aged Care Service in:

- a rehabilitation unit that specifically targets older patients (Designated Aged Care Rehabilitation Unit);
- an Aged Care Acute Medical and Assessment Unit (as described in Chapter 5);
- a General Rehabilitation Unit that does not have age specific admission criteria;
- the hospital general ward environment;
- permanent or interim residential care beds.

Alternatively, older inpatients may receive rehabilitation services under the care of other medical providers including physicians in rehabilitation medicine in specialist care settings or general purpose hospital beds.

Of the 690 hospitals surveyed, 196 hospitals (28%) reported having some form of bed-based rehabilitation service. Ninety-six hospitals (14%) provided this service under the sole or shared control of the Aged Care Service. (Refer to Appendix 2 for breakdown of Aged Care Rehabilitation services by hospital type, State/Territory and hospital size). This is a similar proportion to the 1992 study where 120 hospitals (13%) indicated operating an Aged Care Rehabilitation Service.

Of the 96 hospitals that reported operating a bed-based Aged Care Rehabilitation Service, 28 provided rehabilitation in a “Designated ward or area for Aged Care Rehabilitation separate from the Aged Care Unit (for Acute Medical Care and Assessment)” i.e. a Designated Aged Care Rehabilitation Unit. Twenty-nine hospitals provided rehabilitation to older inpatients in the Aged Care Acute Medical and Assessment Unit, as described in the previous chapter. Forty-nine hospitals provided rehabilitation in general purpose units, including General Rehabilitation Units. Six described providing rehabilitation in a permanent residential aged care unit and three in “other” units/areas.

Table 6.1 indicates that Aged Care Rehabilitation services were more likely to operate in larger hospitals, but general rehabilitation was more common in medium sized hospitals.

The project team were advised that many jurisdictions had shifted the balance of rehabilitation care away from the more traditional setting, into home-based or community centre care. The study design did not necessarily capture activity in these settings with the same level of precision that was possible with inpatient care. Further study is required to ascertain the extent of such shifts.

**Table 6.1: Bed-Based Aged Care Rehabilitation as reported by Survey Respondents by Hospital Size**

	Number of hospitals responding	Total number of hospitals with services (%)*	Designated Aged Care Rehabilitation units (%)	Aged Care Rehabilitation in other areas (%)**	General rehabilitation (%)
1-49	382	68 (18)	2 (1)	24 (6)	42 (11)
50-99	135	46 (34)	9 (7)	9 (7)	31 (23)
100-299	131	59 (45)	9 (7)	29 (22)	26 (20)
300+	42	23 (55)	8 (19)	16 (38)	1 (2)
<b>Total</b>	<b>690</b>	<b>196 (28)</b>	<b>28 (4)</b>	<b>78 (11)</b>	<b>100 (15)</b>

\*Totals may be less than the sum of each service type as some hospitals operate both Aged Care Rehabilitation units and other Aged Care Rehabilitation Services.

\*\* "Other" areas include: Aged Care Acute Medical and Assessment Unit, general-purpose units, general rehabilitation units, permanent residential aged care and "other"

Table 6.2 shows the breakdown of bed-based Aged Care Rehabilitation Services in responding hospitals, by state and territory. In both territories rehabilitation was not available under the sole or shared care of Aged Care Services, however in two Northern Territory hospitals, it was available under other arrangements. In the more populated states, New South Wales, Victoria and Queensland, approximately half of the hospitals providing rehabilitation services did so to patients under the sole or shared control of the Aged Care Service. In South Australia, Tasmania and Northern Territory, rehabilitation was more commonly reported as being provided in general rehabilitation beds not under the Aged Care Service. Western Australia, however, had a higher proportion of hospitals (64%) reporting that rehabilitation was available under the Aged Care Service. In Queensland and particularly Western Australia, it appeared that a substantially greater number of Aged Care Rehabilitation Services were being provided in 2001 than in 1992 (Dorevitch & Gray, 1993), whilst in other jurisdictions the situation remained largely unchanged or only marginally increased. In the jurisdictions where rehabilitation under Aged Care Service control was available, it was less likely to be in a designated environment.

**Table 6.2: Bed-Based Aged Care Rehabilitation as reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total number of hospitals with services (%)	Designated Aged Care Rehabilitation units (%)	Aged Care Rehabilitation in other areas (%)**	General rehabilitation (%)
ACT	5	0 (0)	0 (0)	0 (0)	0 (0)
NSW	209	69 (33)	13 (6)	28 (13)	32 (15)
NT	6	2 (33)	0 (0)	0 (0)	2 (33)
QLD	124	28 (23)	2 (2)	12 (10)	14 (11)
SA	68	21 (31)	2 (3)	7 (10)	14 (21)
TAS	22	10 (46)	0 (0)	2 (9)	8 (36)
VIC	164	41 (25)	7 (4)	16 (10)	21 (13)
WA	92	25 (27)	4 (4)	13 (14)	9 (10)
<b>Total</b>	<b>690</b>	<b>196 (28)</b>	<b>28 (4)</b>	<b>78 (11)</b>	<b>100 (15)</b>

\*Totals may be less than the sum of Aged Care Rehabilitation units and other rehabilitation services as some hospitals operate both.

\*\*"Other" areas include: Aged Care Acute Medical and Assessment Unit, general-purpose units, general rehabilitation units, permanent residential aged care and "other", 5 hospitals did not provide the number of beds in this unit.

It is clear from the present survey data that the reported provision of Aged Care rehabilitation beds per 1000 population 70 years and over is lower than that reported in 1992 (Table 6.3). There remain no reported Aged Care Rehabilitation beds in the ACT or the NT.

Victoria was the only state to report a substantially larger number of Aged Care Rehabilitation beds than in 1992. In all other states, except Tasmania, there were fewer reported beds available. Whilst there were fewer beds reported in 2001, than in 1992, the situation was more than likely compounded by the increase in the total aged population over the nine years.

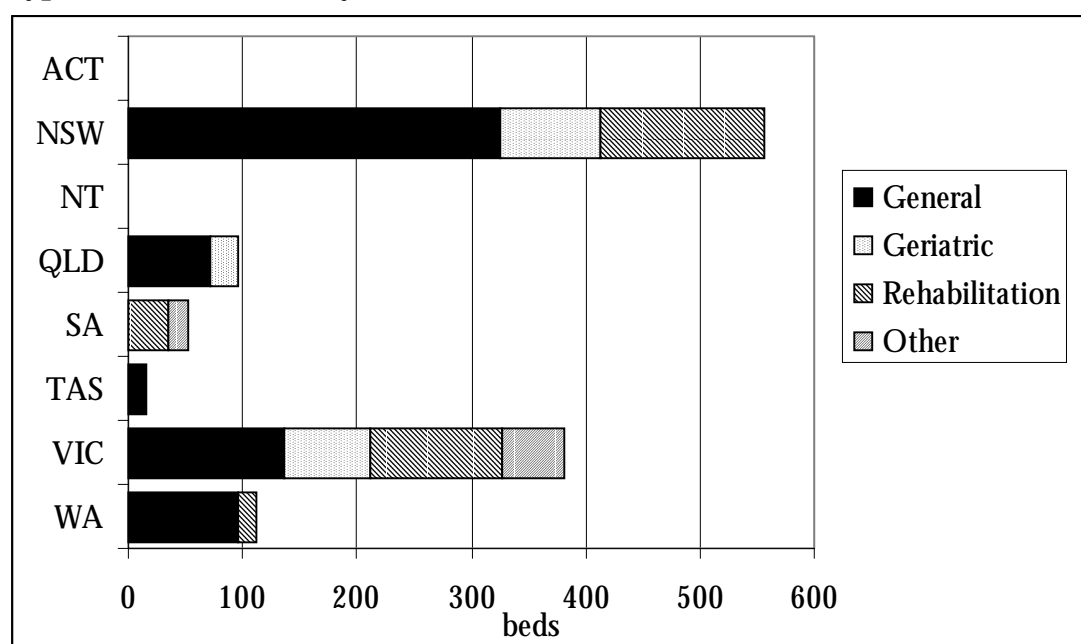
**Table 6.3: Aged Care Rehabilitation Beds as reported by Survey Respondents per 1000 population 70 years and over for 2001 and 1992.**

	2001		1992	
	Aged Care Rehabilitation beds	Beds per 1000 70+	Aged Care Rehabilitation beds	Beds per 1000 70+
ACT	0	0.00	0	0
NSW	557	0.91	728	1.64
NT	0	0.00	0	0
QLD	97	0.33	196	0.87
SA	53	0.33	62	0.54
TAS	16	0.35	13	0.38
VIC	381	0.85	171	0.55
WA	112	0.77	150	1.47
<b>Total</b>	<b>1216</b>	<b>0.70</b>	<b>1340</b>	<b>1.2</b>

A larger proportion of geriatric hospitals reported providing rehabilitation to patients under the Aged Care Service than rehabilitation hospitals (88% compared to 33%). Twelve percent of general hospitals and 6% of 'other' hospitals also reported providing rehabilitation to patients under the Aged Care Service. Units designated for this purpose were also more frequently reported by geriatric hospitals (31%) followed by rehabilitation hospitals (20%).

Figure 6.1 shows the distribution of rehabilitation beds under the Aged Care Service (combining beds in designated Aged Care Rehabilitation Units and in another wards/areas) by hospital type for each state/territory.

**Figure 6.1: Aged Care Rehabilitation Beds as reported by Survey Respondents by Hospital Type and State/Territory**



Unlike the pattern found for Acute Medical Care and Assessment, the proportion of rehabilitation beds reported in geriatric hospitals is alike in Victoria and New South Wales. There were no general hospitals in South Australia that reported providing Aged Care Rehabilitation.

The number of rehabilitation beds reported for Aged Care Service Patients as a proportion of total hospital beds of responding hospitals ranged from 18% of beds in geriatric hospitals, 17% of beds in rehabilitation hospitals to 2% in 'other' hospitals and 1% in general hospitals.

## Designated Aged Care Rehabilitation Units

Of the 28 hospitals that reported operating a Designated Aged Care Rehabilitation Unit, most were located in NSW (13 hospitals, 46%) and Victoria (7 hospitals, 25%), with some in Queensland, South Australia and Western Australia (see Table 6.2). Ten of these hospitals (36%) also reported operating rehabilitation for Aged Care Service Patients in other areas in the hospital.

Twenty-three hospitals (82%) indicated the year that the Aged Care Rehabilitation Unit was established. Years ranged from 1967-2001 with 6 (26%) indicating that the rehabilitation unit was established prior to 1980 and 8 (35%) indicating that the unit was established since 1990.

Table 6.4 indicates that there were 736 beds reported in designated Aged Care Rehabilitation Units across responding Australian hospitals. On average there were 26 beds in these units (median=24). In the 1992 study there were 755 beds reported. When considered in relation to the older population, the number of beds in this study equates to 0.43 beds per 1000 70+ compared to 0.60 in the 1992 study. As stated previously, bed numbers are likely to be an underestimate given the overall response rate by bed number was 85%.

**Table 6.4: Aged Care Rehabilitation in Designated Units as reported by Survey Respondents per 1000 70+ population for 2001 and 1992.**

	2001		1992	
	Designated Aged Care Rehab. Beds	Beds per 1000 70+	Designated Aged Care Rehab. Beds	Beds per 1000 70+
ACT	0	0.00	0	0.00
NSW	292	0.48	436	0.98
NT	0	0.00	0	0.00
QLD	48	0.16	75	0.33
SA	28	0.17	31	0.27
TAS	0	0.00	13	0.38
VIC	277	0.62	88	0.28
WA	91	0.63	112	1.10
<b>Total</b>	<b>736</b>	<b>0.43</b>	<b>755</b>	<b>0.60</b>

Admission policy to the Aged Care Rehabilitation was most frequently cited as “patients with selected problems (such as stroke or hip fracture) without a specified age limit” (19 hospitals 68%). Six indicated that admission was based purely on an age limit and one indicated it was based on patients with selected problems over a specified age. The specified lower age limit ranged from 50 years (1 hospital), 65 (4 hospitals) and 70 (2 hospitals).

Nineteen of the Designated Aged Care Rehabilitation Units (68%) were used solely for rehabilitation. The remaining nine used these units for a number of other purposes (7 for interim residential care; 3 for respite care; and 5 for palliative care).

As with acute medical care and assessment, respondents were asked to rank admission sources from 1 (most common) to 4 (least common). Fourteen hospitals ranked transfer from other wards and 12 ranked other hospitals as the most common source. Direct admission from the community was ranked second by 12 hospitals and admission from the emergency department was ranked the least common source by eight hospitals. This trend of admission source follows that of the 1992 study. The trend suggests that rehabilitation is a post-acute or sub-acute service provided to people who are medically stable and who require inpatient rehabilitation to optimise functional recovery.

Twenty-six hospitals provided waiting time data (18 provided estimates and 8 provided actual data). Waiting times ranged from 0-21 days (Mean = 6.35, SD = 5.03, Median = 5)<sup>5</sup>. For hospitals that provided actual data the waiting days ranged from 0-10 (Mean = 4.5, DS = 3.42, median = 3). This is lower than in 1992 where the reported mean and median waiting times were 7 days.

## **Aged Care Rehabilitation in General Units**

Seventy-eight hospitals reported that they provided Aged Care Rehabilitation to patients in an area separate from the Designated Aged Care Rehabilitation unit described in the previous section. These areas included general purpose units, general rehabilitation units, residential aged care units, and the Aged Care Acute Medical and Assessment Units described in the previous chapter. This section considers the 49 hospitals that reported providing Aged Care Rehabilitation in general purpose wards, including general rehabilitation wards.

Four hundred and eighty beds were reported for Aged Care Service patients in general purpose wards, with an average of 10 beds per ward (median=6). This compares to 585 reported in the 1992 study. In relation to the older population, there are 0.28 beds per 1000 population 70 years and over compared to 0.60 in the 1992 study. The breakdown of beds per state is shown in Table 6.5.

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<sup>5</sup> It should be noted that this average was not calculated using raw data but is an average of the averaged waiting time data that respondents provided. Therefore, hospitals admitting smaller numbers of patients will have the same weighting as hospitals admitting large numbers of patients.

**Table 6.5: Aged Care Rehabilitation beds in General Purpose Units as reported by Survey Respondents by State/Territory**

	2001		1992	
	Aged Care Rehab beds in general units	Beds per 1000 70+*	Aged Care Rehab beds in general units	Beds per 1000 70+
ACT	0	0.00	0	0.00
NSW	265	0.43	292	0.66
NT	0	0.00	0	0.00
QLD	49	0.17	121	0.54
SA	25	0.16	31	0.27
TAS	16	0.35	0	0.00
VIC	104	0.23	83	0.27
WA	21	0.14	38	0.37
<b>Total</b>	<b>480</b>	<b>0.28</b>	<b>585</b>	<b>0.60</b>

\*5 hospitals did not report the number of beds in general rehabilitation units, permanent residential care or "other".

The study sought to distinguish supervisory arrangements for patient care because there is a possibility that greater control of decision making is associated with increase likelihood of implementation of recommendations. The Aged Care Service had sole control of rehabilitation for nineteen (39%) of the 49 hospitals that provided rehabilitation in general purpose beds. "Sole control" is important because of the potential impact on discharge planning and discharge actions. Twenty-two hospitals shared care with another unit and eight stated that both arrangements occurred. Of the 22 hospitals that shared care, 10 shared with the general rehabilitation service and 18 shared with other units including general medical, orthopaedic and stroke units.

Thirty-nine of the 49 hospitals that operated Aged Care Rehabilitation in general purpose units, selected the admission policy "patients with selected problems (such as stroke or hip fracture) without a specified age limit". One stated a lower age limit of 70 years.

Respondents were requested to rank admission sources from most common to least common. Transfer from other wards and other hospitals were ranked as the most common (by 21 and 20 hospitals respectively). Twelve hospitals also ranked transfer from other hospitals as number two. Admission from the emergency department was ranked least common by 11 hospitals.

Waiting days were provided by 46 hospitals (32 estimates, 8 actual data) and ranged from 0-30 days (mean = 5.18, SD = 5.83, median = 5). Fourteen hospitals (30%) reported no waiting days for admission to rehabilitation in a general purpose unit. As shown in previous sections of this report, the 'actual data' shows a shorter waiting time ranging from 0-9 days (mean = 2, SD = 3.12, median = 0.5).

Data were also obtained relating to rehabilitation services that older people are able to access in hospitals where the Aged Care Service did not operate a rehabilitation program. One

hundred hospitals indicated that they had general rehabilitation wards available for this purpose ranging from 0-91 beds (0 indicates that beds can be accessed on an 'as needed' basis). The average number of beds reported in these units was 17 (SD=18.8, median = 10).

An indication of the availability of off-site access to rehabilitation was requested from the 271 hospitals that completed Survey 2 (i.e. data is not available for the 419 hospitals that were not required to complete the comprehensive survey). Fifty-nine hospitals (22%) reported accessing rehabilitation at other sites in general rehabilitation units, 52 hospitals (19) from an off-site Aged Care Rehabilitation Unit, and eight (3%) at an off-site residential aged care facility. Thirty-five of the 271 hospitals that completed Survey 2 (13%) stated they had no access to rehabilitation services for Aged Care patients. Most of these hospitals were located in rural regions (94%).

## **General Rehabilitation**

Hospitals that indicated they had no Aged Care Service, or no rehabilitation beds under the Aged Care Service were asked to indicate whether there were any general rehabilitation beds available for older people. One hundred hospitals (15%) indicated that they had general rehabilitation beds.

Although there were no rehabilitation services provided under an Aged Care Service in the Northern Territory, 2 of the 6 responding hospitals (33%) indicated providing general rehabilitation. Eight of Tasmania's hospitals (36%) also indicated general rehabilitation was available. ACT hospitals reported having no general rehabilitation and the remaining states had between 10 and 21% of hospitals that provided general rehabilitation but had no Aged Care Rehabilitation.

In total there were 1652 beds reported (average=17.2; SD=18.7, median=10) with 640 (39%) in New South Wales and 582 (35%) in Victoria. These data were not collected in 1992, so comparison was not possible.

## **Summary**

Of the 690 hospitals surveyed, 196 (28%) reported providing some form of rehabilitation and 96 of these hospitals (49%) reported having rehabilitation provided under the sole or shared control of the Aged Care Service.

Overall, a similar proportion of hospitals indicated operating rehabilitation under the sole or shared control of the Aged Care Service in 1992 and 2001 (13% and 14% respectively).

In total, 1,216 rehabilitation beds were reported by survey respondents as available to patients under the sole or shared care of Aged Care Services in Australia, at a rate of 0.6 beds per 1000 population 70 years and over. In the 1992 study 1,340 rehabilitation beds were reported (1.07 per 1,000 70+ population). Given that the present survey probably underestimated the overall number of Aged Care Rehabilitation beds, there appears to have been little change in provision since 1992. However in population adjusted terms, there are substantially fewer beds available per 1000 population 70 years and over. The limited evidence available to the study suggests that access to Aged Care Rehabilitation Units may not have decreased, as waiting times for admission do not appear to have increased since 1992. It is also important to recognise that there are more than 1,600 additional rehabilitation beds available to older

people in Australia, that are not under the sole or shared care of Aged Care Services, and these beds will impact upon overall rehabilitation service provision.

No rehabilitation was reported as provided under the control of an Aged Care Service in either of the Territories, however, 2 of the 6 Northern Territory hospitals reported providing general rehabilitation. New South Wales and Western Australia had the highest proportion of responding hospitals providing Aged Care Rehabilitation.

## 7. Psychogeriatric Services

Psychogeriatric services generally provide specific assessment and/or management for older people with mental health issues. This includes mental health problems that manifest throughout the lifespan, such as; depression, anxiety disorders or psychotic episodes. It also includes, conditions associated with ageing, such as dementia and related disorders. Information was sought on the availability of psychogeriatric services. Two hundred and thirty-two hospitals (34%) reported access to psychogeriatric expertise, with 88 of these (13%) reporting the service was based on-site. The breakdown of these services by hospital size and by State/Territory is shown in Tables 7.1 and 7.2.

**Table 7.1: Psychogeriatric Services as reported by Survey Respondents by Hospital Size**

	Number of hospitals responding	Total hospitals with some psychogeriatric service (%)*	Bed based psycho geriatric service (%)	Designated psycho geriatric unit (%)	Psycho geriatric consultancy (%)	Access to psycho geriatric expertise (%)
1-49	382	99 (26)	6 (2)	3 (1)	7 (2)	94 (25)
50-99	135	41 (30)	14 (10)	12 (9)	15 (11)	26 (19)
100-299	131	56 (43)	15 (11)	12 (9)	30 (23)	29 (22)
300+	42	36 (86)	12 (29)	11 (26)	22 (52)	14 (33)
<b>Total</b>	<b>690</b>	<b>232 (34)</b>	<b>47 (7)</b>	<b>38 (6)</b>	<b>73 (11)</b>	<b>163 (24)</b>

\*The total may equal more than the sum of individual service types as some hospitals will operate more than one service type.

Forty-seven hospitals (7%) reported having beds on their site “specifically designated for the acute care or assessment of psychogeriatric patients” and 38 (81%) of these provided this service in a designated psychogeriatric unit. (Refer to Appendix 2 for breakdown of Psychogeriatric services by hospital type, State/Territory and hospital size). This compares to only 16 hospitals (2%) reporting psychogeriatric beds in the 1992 study, all of which were hospitals with more than 100 beds. Larger hospitals were more likely to provide bed-based and consultancy psychogeriatric services.

**Table 7.2: Psychogeriatric Services as reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total hospitals with some psycho geriatric service (%)*	Bed based psycho geriatric service (%)	Designated psycho geriatric unit (%)	Psycho geriatric consultancy (%)	Access to psycho geriatric expertise (%)
ACT	5	1 (20)	0 (0)	0 (0)	1 (20)	0 (0)
NSW	209	75 (36)	21 (10)	13 (6)	32 (15)	46 (22)
NT	6	1 (17)	0 (0)	0 (0)	0 (0)	1 (17)
QLD	124	32 (26)	5 (4)	4 (3)	8 (6)	24 (19)
SA	68	26 (38)	1 (1)	1 (1)	5 (7)	21 (31)
TAS	22	6 (27)	0 (0)	0 (0)	0 (0)	6 (27)
VIC	164	58 (35)	16 (10)	16 (10)	20 (12)	40 (24)
WA	92	33 (36)	4 (4)	4 (4)	8 (9)	25 (27)
<b>Aus</b>	<b>690</b>	<b>232 (34)</b>	<b>47 (7)</b>	<b>38 (6)</b>	<b>74 (11)</b>	<b>163 (24)</b>

\*The total may equal more than the sum of individual service types as some hospitals will operate more than one service type.

Table 7.2 indicates that New South Wales and Victoria had the highest proportion of responding hospitals reporting they provide bed based psychogeriatric care (10% respectively). In the previous study the 16 hospitals that had psychogeriatric beds were located in New South Wales (5 hospitals; 2%); Victoria (5 hospitals; 2%) Western Australia (4 hospitals; 4%) and Queensland (2 hospitals; 1%).

Seventy-four hospitals (11%) reported providing psychogeriatric consultancy and 163 hospitals (24%) reported access to psychogeriatric expertise. In the 1992 study, 50 hospitals (5%) reported access to on-site consultancy and only 5 (0.5%) identified a visiting service.

New South Wales, Victoria, Western Australia and South Australia had the highest number of responding hospitals (35-38%) that reported access to psychogeriatric services although in South Australia and Western Australia these services were more likely to be off-site.

Geriatric hospitals reported the highest proportion of psychogeriatric services and general hospitals reported the lowest. Bed based services were reported by 50% of geriatric hospitals, followed by 19% of 'other' hospitals, 17% of rehabilitation hospitals and 4% of general hospitals. Of the 27 psychiatric hospitals included in the 'other' hospitals category, 41% provided bed-based psychogeriatric services. Inpatient psychogeriatric consultancy services were most commonly reported by geriatric hospitals (44%) and least commonly reported in general hospitals (9%). General hospitals, however, tended to have a higher proportion reporting they had access to visiting psychogeriatric expertise (24%) compared to 20% of rehabilitation and 8% of 'other' hospitals. Geriatric hospitals, however, still reported the highest proportion with 56% indicating access to visiting psychogeriatric expertise.

## Bed-Based Psychogeriatric Services

Thirty-eight of the 47 hospitals (81%) that reported having beds on-site for psychogeriatric patients, provided this service in a designated psychogeriatric unit. Other areas where this service was provided included;

- The Designated Aged Care Medical and Assessment Unit or the Designated Aged Care Rehabilitation Unit described in the previous two chapters (5 hospitals);
- General-purpose psychiatric hospital beds (3 hospitals);
- General purpose hospital beds (3 hospitals);
- Another part of the hospital (3 hospitals).

There were 671 beds located in those designated psychogeriatric units identified by survey respondents across Australia (i.e. **not** including psychogeriatric care provided within general psychiatric units, general units, or designated Aged Care Acute, Assessment and Rehabilitation). All of the 38 hospitals that stated they had a designated psychogeriatric service provided the number of beds in these units. The number of beds ranged from 2-53 (mean = 17.7, SD = 10.11, Median = 15).

Table 7.3 provides the number of beds by hospital type for each state. This table also indicates the number of beds per 1000 population 70 years and over. Across Australia there were 0.39 beds per 1000 population 70 years and over reported, ranging from 0.73 in WA to 0.21 in Queensland, with no designated inpatient beds identified in ACT, Northern Territory and Tasmania.

**Table 7.3: Psychogeriatric beds as reported by Survey Respondents by State/Territory**

	Number of beds reported by survey respondents	Beds per 1000 70+	General Hospital	Geriatric and Rehab	Psychiatric hospitals
ACT	0	0.00	0	0	0
NSW	202	0.33	99	53	50
NT	0	0.00	0	0	0
QLD	63	0.21	48	0	15
SA	53	0.33	0	0	53
TAS	0	0.00	0	0	0
VIC	247	0.55	70	119	58
WA	106	0.73	59	0	47
<b>Aus</b>	<b>671</b>	<b>0.39</b>	<b>276</b>	<b>95</b>	<b>300</b>

## Psychogeriatric Consultancy

Seventy-four hospitals (11%) reported having a psychogeriatric consultancy service based on-site. Of these 74 hospitals, 41 of these also provided bed-based psychogeriatric services with 36 of these in a designated psychogeriatric assessment unit.

**Table 7.4: Person who usually provides the Psychogeriatric Consultancy Service**

	Number of Hospitals (%) n=74
Psychogeriatrician	59 (80)
General psychiatrist	19 (26)
Trainee psychiatrist / registrar	24 (32)
Geriatrician	14 (19)
Other Resident Medical Officer	6 (8)
Non-medical health professional	16 (8)

NB: Hospitals could select more than one service provider.

Most hospitals that provided a psychogeriatric service had a psychogeriatrician providing this service (80%) with all except three having a geriatrician / psychogeriatrician or psychiatrist providing this service. Of these two had a trainee psychiatrist / registrar only and one had a non-medical health professional.

### Access to Psychogeriatric Expertise

Only hospitals that completed Survey 2 were able to provide this data. Of the 183 hospitals that did not have bed-based or consultancy psychogeriatric services, 143 reported having on-site access through visiting services. In total, 38 of the hospitals (14%) that completed Survey 2 reported they had no access to any form of psychogeriatric expertise. Table 7.5 shows who provided the expertise.

**Table 7.5: On-Site Access to Psychogeriatric Expertise**

	Number of Hospitals (%) n=163
Visiting Psychogeriatrician	60 (37)
Visiting (non-medical) Psychogeriatric assessment team member	45 (28)
General Psychiatrist	33 (20)
Geriatrician (Visiting)	54 (33)
Visiting General Psychiatrist	36 (22)
Other	37 (23)

NB: hospitals could identify more than one service provider.

Ninety-four of the 163 hospitals (58%) that had on-site access to psychogeriatric expertise, had access to a psychogeriatrician or geriatrician.

### Summary

In total, 34% of all 690 hospitals reported at least having access to psychogeriatric expertise. Seven percent reported having bed based psychogeriatric services and these were usually provided within a designated psychogeriatric unit. Eleven percent indicated having a psychogeriatric consultancy service and 24% with access to visiting psychogeriatric expertise.

These figures indicate an increase in the number of services since the 1992 survey that found 2% of hospitals operated bed based psychogeriatric services, 5% provided psychogeriatric consultancy and 0.5% had visiting psychogeriatric expertise.

In the present study, the aggregate of responding hospitals from all States/Territories reported fewer than one psychogeriatric bed per 1000 population 70 years and over. There were no beds reported in responding hospitals in the ACT, Northern Territory and Tasmania. Survey respondents from the remaining States reported providing on average 0.39 beds per 1000 70+ population, ranging from 0.21 in Queensland to 0.73 in Western Australia.

Overall, there has been a noticeable growth in the number of psychogeriatric services as reported by survey respondents since the 1992 study.

## 8. Other Hospital Linked Aged Care Services

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There is a large variety of non-bed based hospital linked Aged Care Services available in the Australian health, community and Aged Care System. The range of services covered in the present study included Aged Care Assessment Teams, inpatient consultancy services, day hospitals, day centres, specialised outpatient clinics, community services and specialised services that coordinate and manage programs or services. Within each of these broad categories there may be a range of specific services. For example, community services include: domiciliary assessment services, home modifications and the provision of aids and appliances, delivered meals, community nursing, home care, home therapy and community case management. Many of these services and programs are provided by community based agencies. The services described here are *only* those auspiced and/or provided through hospital systems.

Community based services are not exclusively for use of patients transferring from hospital to home. However, it could be argued that those operated by hospitals are more likely to be oriented to post-acute care.

This is an area of rapid growth and the availability of these services is likely to be changing rapidly and differ considerably from the 1992 study. The study sought to verify this impression. A practical methodology to assess the volume of such services was not feasible within the scope of this study, and the focus was on the range of services provided.

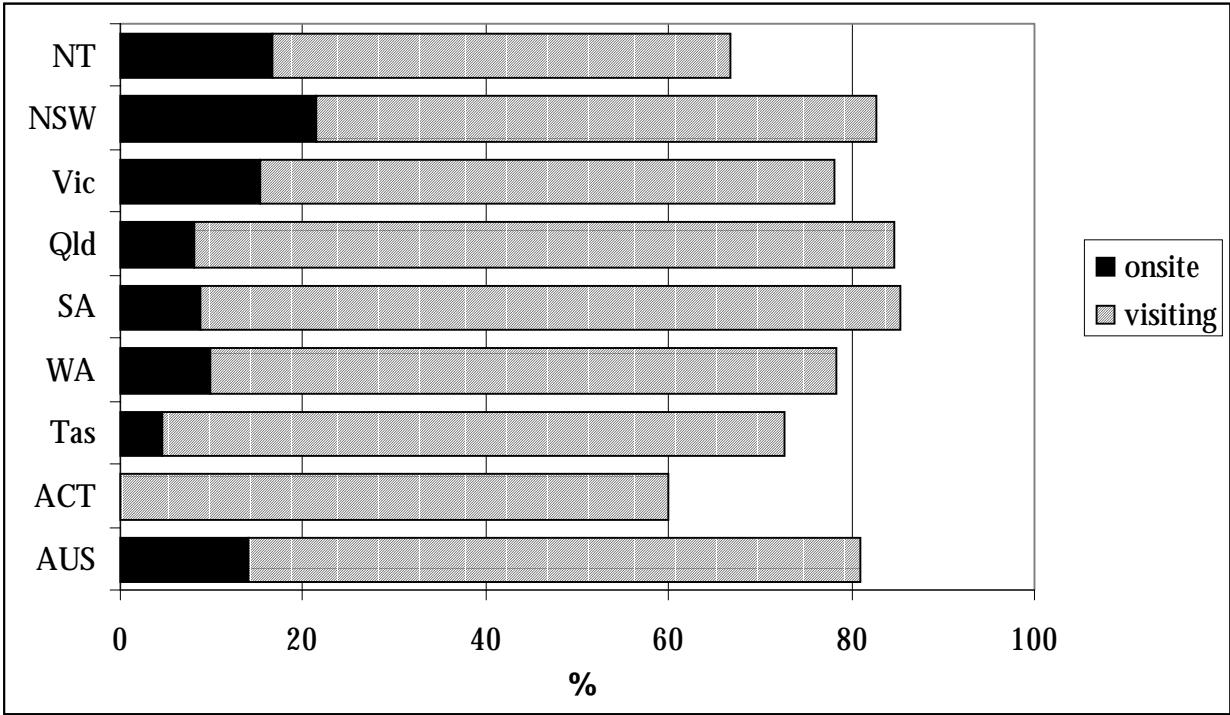
More detailed exploration of these services will also be provided in other AHMAC Care of Older Australians' Working Group reports.

(Refer to Appendix 2 for breakdown of the hospital linked services described in this chapter. These services are broken down by hospital type, State/Territory and hospital size).

### **Aged Care Assessment Teams (ACATs)**

Five hundred and fifty-six hospitals (81%) of the 690 hospitals surveyed reported having an on-site or visiting ACAT with 83% of these hospitals having access through a service that visited on a regular basis. One hundred and four hospitals (15%) indicated that they did not have an on-site ACAT or an ACAT that visited regularly and 30 hospitals (4%) failed to indicate whether they had access to an ACAT or not. The State/Territory breakdowns as reported by survey respondents are shown in Figure 8.1.

**Figure 8.1: Proportion of responding hospitals with regular access to an Aged Care Assessment Team by State (n=690)**



The majority of responding hospitals in each state had regular access to an ACAT ranging from 60% (ACT) to 85% (South Australia).

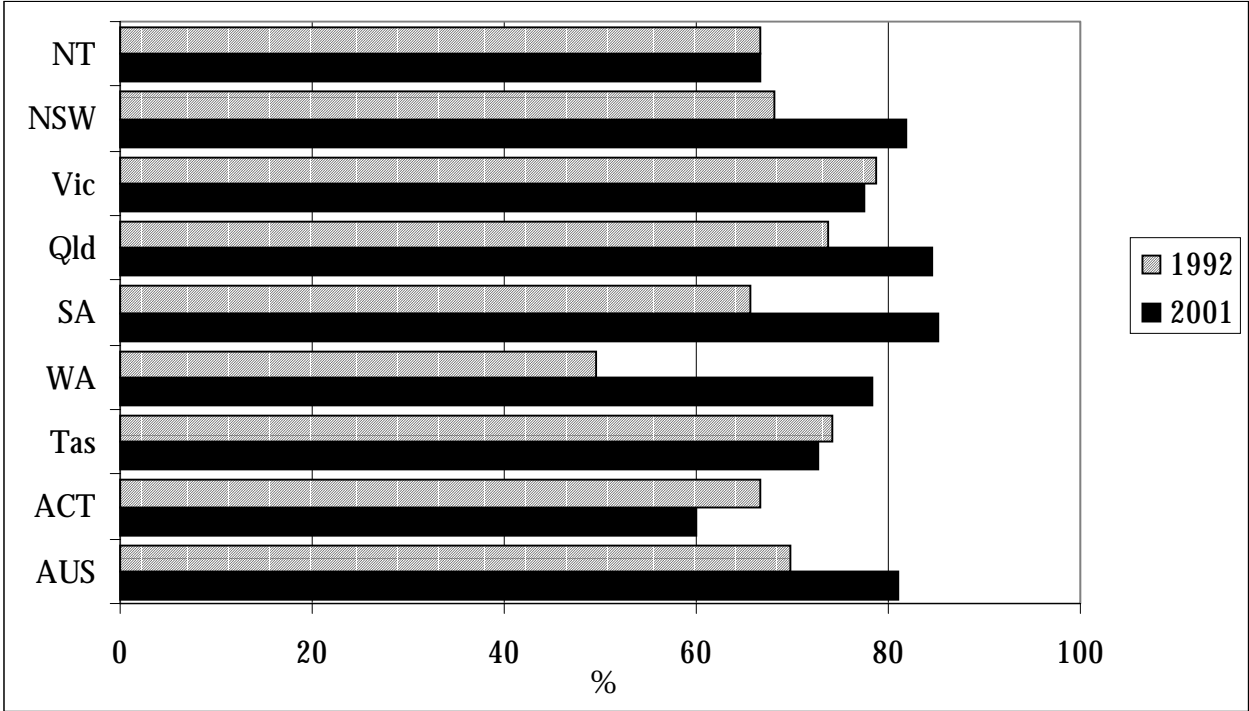
Of the 459 responding hospitals that had a visiting ACAT, 64% stated they had no on-site Aged Care Service and did not complete Survey 2. In total, 133 (29%) hospitals that reported a visiting ACAT were located in metropolitan areas, 315 (69%) were public hospitals and 411 (90%) were general hospitals. These proportions are similar to the proportions of these characteristics in the total sample of hospitals.

Of the ninety-seven responding hospitals that reported an ACAT on-site, 99% were public hospitals, 56% were in metropolitan areas and 80% were general hospitals. Twenty-four (25%) were located in hospitals that had more than 300 beds, although hospitals of this size only comprised 6% of all hospitals surveyed. Sixty-six hospitals (68%) indicated that being “fully integrated with the Aged Care Service” best described the relationship at a clinical level between the ACAT and the Aged Care Service. Twenty-one hospitals (22%) indicated that the ACAT was “partially integrated with the Aged Care Service” and 8 (8%) were independent. Sixty-one (63%) had the administrative centre of the ACAT based on-site, 21 (22%) at another hospital and 13 (13%) at a non-hospital site.

All responding hospitals that self identified as geriatric reported regular access to an Aged Care Assessment Team (ACAT) with most of these (69%) available on-site. A high proportion of Rehabilitation and General hospitals also reported regular access to an ACAT (90% and 83% respectively), however these hospital types were more likely to have access to a visiting service. Of the ‘other’ hospital types, no ACAT’s were located on-site, however, 50% reported regular access to a visiting service.

In the 1992 study 500 responding hospitals (57%) had a visiting ACAT. The 1992 sample was larger in absolute numbers, so although this is a higher number of services it comprised a smaller proportion of the 1992 hospitals surveyed. Figure 8.2 indicates that the proportion of hospitals reporting a visiting or on-site ACAT in 2001 has remained virtually stable or has increased in the majority of cases from 1992.

**Figure 8.2: Proportion of responding hospitals with regular access to an ACAT (on-site or visiting) for 1992 and 2001**



**Inpatient Consultancy Services**

Two hundred and seventy-six of the 690 responding hospitals (40%) provided an Aged Care Consultancy Service to inpatients who were not already under the care of the Aged Care Service. This ranged from 27% of ‘other’ hospitals, to 69% of geriatric hospitals. Another 42 hospitals (6%) indicated that this service was not required as all patients were under the care of the Aged Care Service. This ranged from 2-7% of ‘other’, general and rehabilitation hospitals. Of the 16 responding hospitals that identified as geriatric, the 5 that did not have an inpatient consultancy service indicated that it was not required as all patients were under the care of the Aged Care Service.

Of the hospitals providing this service, 39% indicated that the consultant was a member of staff (i.e. their salary was either fully or partially paid by the hospital). The majority (91%) had a consultant geriatrician providing this service and 36% of these hospitals indicated that the geriatrician was a staff member. For hospitals that reported they had an advanced trainee, 95% indicated that the trainee was on the hospital’s staff.

The 152 hospitals that indicated providing inpatient consultancy services and completed Survey 2, were asked to select which mechanism(s) were used to refer inpatients to the consultancy service. The majority of these hospitals (124; 82%) indicated that other units within the hospital initiated the referral. Ten (7%) hospitals indicated that patients over a specified age were flagged for referral, 23 (15%) hospitals targeted specific sub-groups of older people for referral and 33 (22%) stated that another mechanism was used.

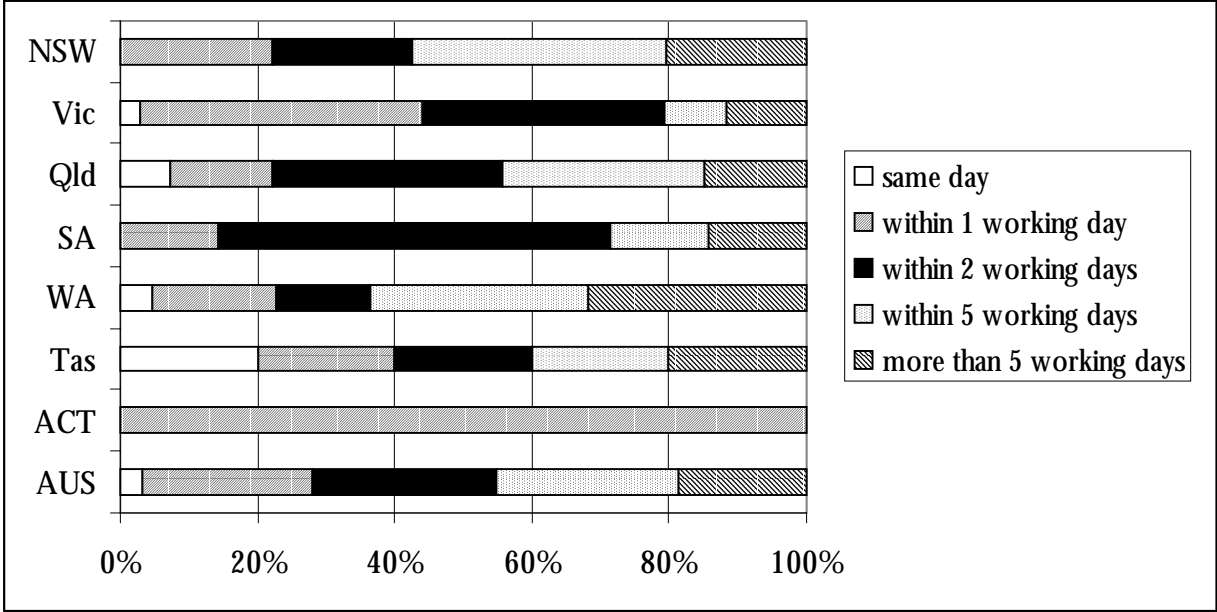
**Table 8.1: Consultancy Services reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total (%)*	Consultant Geriatrician (%)	Assistant Geriatrician (%)	Advanced Trainee (%)	Other Resident Medical Officer (%)	Non-Medical Health Professional (%)
ACT	5	2 (40)	2 (40)	0 (0)	1 (20)	0 (0)	1 (20)
NSW	209	101 (48)	95 (46)	11 (5)	13 (6)	12 (6)	12 (6)
NT	6	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
QLD	124	39 (32)	29 (23)	4 (3)	3 (2)	18 (15)	17 (14)
SA	68	16 (24)	15 (22)	1 (1)	2 (3)	1 (1)	0 (0)
TAS	22	8 (36)	7 (32)	2 (9)	1 (5)	1 (5)	1 (5)
VIC	164	75 (46)	73 (45)	6 (4)	11 (7)	5 (3)	12 (7)
WA	92	35 (38)	30 (33)	2 (2)	6 (7)	4 (4)	9 (10)
<b>Total</b>	<b>690</b>	<b>276 (40)</b>	<b>251 (36)</b>	<b>26 (4)</b>	<b>37 (5)</b>	<b>41 (6)</b>	<b>52 (8)</b>

\*The total equals more than the sum of the individual services where hospitals have access to multiple types of Aged Care consultancy expertise.

Figure 8.3 illustrates that 55% of hospitals that completed Survey 2 indicated that the waiting time from receipt of a referral to a consultation was typically within two working days. If 5 working days was taken as a benchmark, 81% of hospitals indicated the time to assessment was typically within 5 working days. There was some differential between states. For example, in Victoria, almost 80% of responding hospitals reported that the waiting time was typically within two working days compared to 36% in Western Australia.

**Figure 8.3: Typical Waiting Time from receipt of Referral to Consultation as reported by Survey Respondents by State/Territory (n=150)**



**Outpatient Services**

Information was sought from hospital sites on access to specific types of outpatient services that usually target older people and are auspiced by Aged Care Services. These included day hospitals and day centres. In total, 78 responding hospitals (11%) had on-site or off-site access to day hospitals (Table 8.2) and 120 hospitals (17%) auspiced day centres (Table 8.3).

There were fifty-nine hospitals (9%) that reported having day hospitals on-site. Victoria had the highest proportion of responding hospitals with a day hospital on-site (14%). None of the responding hospitals in ACT, Northern Territory or Tasmania reported on-site access and only one hospital in Tasmania indicated auspicing an off-site day hospital.

Thirty-nine hospitals (6%) indicated they auspiced day hospitals off-site. Victoria had the highest proportion of responding hospitals reporting they were associated with day hospitals (10%). Respondents that indicated they were associated with off-site day hospitals were asked to indicate how many day hospitals they auspiced. Eight hospitals indicated they auspiced more than one off-site day hospital with the highest number reported as four. In total, hospitals indicated that they auspiced 53 off-site day hospitals. This included 28 in Victoria, 12 in New South Wales, 8 in Western Australia, 3 in Queensland and 1 in South Australia and Tasmania.

**Table 8.2: Day Hospital as reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total with at least one day hospital (%)*	On-Site (%)	Off-Site (%)
ACT	5	0 (0)	0 (1)	0 (0)
NSW	209	26 (12)	17 (8)	13 (6)
NT	6	0 (0)	0 (0)	0 (0)
QLD	124	11 (9)	8 (6)	3 (2)
SA	68	2 (3)	1 (1)	1 (1)
TAS	22	1 (5)	0 (0)	1 (5)
VIC	164	32 (20)	23 (14)	17 (10)
WA	92	6 (7)	10 (11)	4 (4)
<b>Total</b>	<b>690</b>	<b>78 (11)</b>	<b>59 (9)</b>	<b>39 (6)</b>

\*Total does not equal the sum of on-site and off-site as some hospitals operate an on-site service and also have access to off-site services.

Of the 120 hospitals that responded indicating that they had access to day centres, 81 (68%) reported having a day centre on-site and 58 (48%) reported auspicing off-site day centres. Overall, New South Wales had the highest proportion of responding hospitals indicating they auspiced day centres (51 hospitals; 24%), followed by South Australia (14 hospitals; 21%) and Victoria (31 hospitals; 19%). South Australia had the highest proportion of responding hospitals reporting on-site access to day centres (18%) and New South Wales had a higher proportion reporting off-site associations to day centres (14%). Of the responding hospitals in Northern Territory and ACT, none indicated auspicing a day centre.

The 58 hospitals that indicated auspicing off-site day centres were asked to report how many centres they auspiced. Twenty-five hospitals indicated auspicing more than one day centre, reporting between 2 and 6 centres. In total, 105 off-site day centres were reported.

**Table 8.3: Day Centres as reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total (%)	On-Site (%)	Off-Site (%)
ACT	5	0 (0)	0 (0)	0 (0)
NSW	209	51 (24)	31 (15)	29 (14)
NT	6	0 (0)	0 (0)	0 (0)
QLD	124	5 (4)	2 (2)	3 (2)
SA	68	14 (21)	12 (18)	4 (6)
TAS	22	3 (14)	3 (14)	0 (0)
VIC	164	31 (19)	21 (13)	15 (9)
WA	92	16 (17)	12 (13)	7 (8)
<b>Total</b>	<b>690</b>	<b>120 (17)</b>	<b>81 (12)</b>	<b>58 (8)</b>

Responding hospitals that identified as geriatric reported having the highest proportion of auspiced on-site and off-site day hospitals (38% and 44% respectively) and day centres (38% and 44% respectively). For the other hospital types, rehabilitation hospitals reported the highest proportion of on-site day hospitals (20%) and general hospitals reported the highest proportion of on-site day centres (12%).

### Specialist Clinics

One hundred and fifty-six responding hospitals (23%) indicated they had a specialist clinic of some type. In interpreting these results it should be noted that there is no nationally accepted definition of what constitutes a “specialist clinic” and that clinics that have been reported in this survey may differ considerably in their role and function. Specialist clinics also operate from community based centres. This section only considers clinics reported by hospitals responding to the survey.

The breakdown of the type of clinics specified by responding hospitals in each State/Territory is shown in Table 8.4 below.

**Table 8.4: Specialist Clinics as reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total hospitals with any form of clinic (%)*	General Aged Care Assessment clinic (%)	Memory (%)	Falls (%)	Incontinence (%)	Pain (%)	Dental (%)	Other (%)
ACT	5	1 (20)	1 (20)	0 (0)	1 (20)	0 (0)	0 (0)	0 (0)	0 (0)
NSW	209	58 (28)	48 (23)	20 (10)	13 (6)	13 (6)	2 (1)	1 (0.5)	13 (6)
NT	6	1 (17)	1 (17)	0 (0)	0 (0)	1 (17)	0 (0)	1 (17)	0 (0)
QLD	124	23 (19)	15 (12)	7 (6)	4 (3)	5 (4)	4 (3)	6 (5)	2 (2)
SA	68	11 (16)	8 (12)	4 (6)	2 (3)	3 (4)	0 (0)	1 (1)	2 (3)
TAS	22	5 (23)	2 (9)	1 (5)	0 (0)	1 (5)	1 (5)	1 (5)	2 (9)
VIC	164	34 (21)	16 (10)	12 (7)	19 (12)	20 (12)	8 (5)	7 (4)	8 (5)
WA	92	23 (25)	15 (16)	9 (10)	9 (10)	13 (14)	1 (1)	0 (0)	7 (8)
<b>Total</b>	<b>690</b>	<b>156 (23)</b>	<b>106 (15)</b>	<b>33 (5)</b>	<b>34 (5)</b>	<b>56 (8)</b>	<b>14 (2)</b>	<b>17 (2)</b>	<b>21 (3)</b>

\*The total number of hospitals with any form of clinic may be less than the total number of hospitals operating each type of clinic as some hospitals operated multiple clinics.

The most common type of clinics reported by responding Australian hospitals were “General Aged Care Assessment” clinics, operating in 106 (15%) hospitals. Incontinence clinics were the second most common operating in 56 hospitals (8%), then Falls (5%) and Memory (5%) clinics. Pain, Dental and ‘Other’ Clinics were very rare operating in between 2 and 3% of hospitals.

New South Wales reported the largest proportion of responding hospitals with any type of clinic and specifically for General Aged Care Assessment Clinics and Memory Clinics. Victoria reported the highest proportion of survey respondents reporting they had Falls (12%) and Pain (5%) clinics. Although Northern Territory reported the highest proportion of Incontinence clinics, this constitutes only one Clinic amongst a small number of responding hospitals. Western Australia had the second highest proportion of survey respondents indicating that they had Incontinence clinics (14%). There were 17 dental clinics and 21 ‘other’ clinics reported by respondents in the survey. Queensland and Victoria were the only states reporting more than one Dental clinic. Clinics included in the ‘other’ category included clinics for Physiotherapy, Dementia and Podiatry.

Eighty one percent of responding hospitals that identified as geriatric reported operating a specialist clinic. This is considerably higher than the other hospital types where 22% of general hospitals, 23% of rehabilitation and 10% of ‘other’ hospitals reported having a specialist clinic. Respondents that identified as geriatric, rehabilitation and general hospitals most commonly reported operating a General Aged Care Assessment Clinic (63%, 17% and 15% respectively).

## Community Services

Two hundred and twenty-one responding hospitals (32%) reported that the Aged Care Service provided at least one type of community service (Table 8.5). Interestingly, this proportion was similar in country hospitals (33%) and metropolitan hospitals (31%). Western Australia had the highest proportion of responding hospitals reporting they operated community services (41%) followed by New South Wales (35%) and Tasmania (32%). None were reported in the ACT and one hospital in Northern Territory (17%) reported providing community services.

The most commonly reported community service was home modification and/or provision of aids and appliances (169 hospitals; 24%), followed by domiciliary assessment services (153 hospitals; 22%). For each type of community service, Western Australia had the highest or second highest proportion of responding hospitals indicating they operated a service. New South Wales had the second largest proportion of responding hospitals indicating they had any community service, however, they had comparatively low proportions of delivered meals, community nursing, home care and community case management. South Australia had the third lowest proportion of responding hospitals reporting they provided community services, but the second highest proportion delivering meals (19%). Victoria also tended to have a lower proportion of responding hospitals reporting they provided community services, yet had the highest proportion indicating home therapy (13%).

In States/Territories where service systems are organised differently it would be expected that community and other non- hospital agencies (e.g. Local Government, charitable and private providers) would provide a large proportion of community services.

Ninety-four percent of responding hospitals that has identified as geriatric reported providing some form of community service, compared to 32% of general hospitals, 30% of rehabilitation hospitals and 16% of 'other' hospitals (refer to Appendix 2). Responding geriatric hospitals most frequently reported providing domiciliary assessment services (81%) and home modifications/provision of aids and appliances (69%). Responding rehabilitation hospitals most frequently reported providing home modifications/provision of home aids and appliances (30%) and general hospitals most commonly reported domiciliary assessment services (22%).

Table 8.5 gives an indication of the range of community services identified by responding hospitals in each State and Territory.

**Table 8.5: Community Services auspiced by responding hospitals by State/Territory**

	Number of hospitals responding	Total reporting any service (%)	Domiciliary Assessment Service (%)	Home Modifications (%)	Delivered Meals (%)	Community Nursing (%)	Home Care (%)	Home Therapy (%)	Community Case Management (%)	Other (%)
ACT	5	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
NSW	209	73 (35)	55 (26)	55 (26)	15 (7)	30 (14)	13 (6)	23 (11)	26 (12)	17 (8)
NT	6	1 (17)	1 (17)	1 (17)	0 (0)	0 (0)	0 (0)	0 (0)	1 (17)	0 (0)
QLD	124	31 (25)	24 (19)	21 (17)	10 (8)	15 (12)	12 (10)	8 (6)	11 (9)	8 (6)
SA	68	24 (24)	16 (24)	15 (22)	13 (19)	16 (24)	15 (22)	7 (10)	10 (15)	5 (7)
TAS	22	7 (32)	3 (14)	6 (27)	3 (14)	6 (27)	5 (23)	1 (5)	5 (23)	0 (0)
VIC	164	47 (29)	26 (16)	36 (22)	23 (14)	29 (18)	15 (9)	21 (13)	20 (12)	16 (10)
WA	92	38 (41)	28 (30)	35 (38)	23 (25)	24 (26)	22 (24)	10 (11)	18 (20)	11 (12)
<b>Total</b>	<b>690</b>	<b>221 (32)</b>	<b>153 (22)</b>	<b>169 (24)</b>	<b>87 (13)</b>	<b>120 (17)</b>	<b>82 (12)</b>	<b>70 (10)</b>	<b>91 (13)</b>	<b>57 (8)</b>

## Specialised or Coordination Services

A specialised or coordination service in this study refers to an on-site hospital service in which the Aged Care Service has a role in coordinating and managing services or programs. They may or may not provide direct clinical care. The survey requested hospitals to indicate whether the Aged Care Service operated an ortho-geriatric service, a discharge planning service, a centralised or regional waiting list (e.g. for residential care), a respite care booking service for or on behalf of external residential care facilities or another type of specialised service. In total, 130 responding hospitals (19%) indicated they operated one of these types of services (refer to Table 8.6) with Victoria reporting the highest proportion (23%) followed by New South Wales and Queensland (19%).

Discharge planning services were most commonly reported (12% of hospitals) with Victoria reporting the highest proportion (17%) followed by New South Wales (12%) and Queensland (11%). Seven percent of hospitals indicated they had centralised waiting lists, with 66% located in New South Wales (19 hospitals) and Victoria (13 hospitals). Western Australia and New South Wales reported the highest proportion of respite care booking service with 8% and 7% respectively. Only 30 hospitals in total (4%) reported having an ortho-geriatric service with 5% of hospitals in New South Wales, Tasmania and Victoria indicating they operated one. One of the five hospitals in the ACT also reported operating an ortho-geriatric service. Four percent of hospitals indicated they operated another type of specialised service. Some of the services specified by hospitals included coordination of carer support groups, rehabilitation in the home, and graduate/postgraduate training.

**Table 8.6: Specialised Services as reported by Survey Respondents by State/Territory**

	Number of hospitals responding	Total	Ortho-Geriatric Service	Discharge Planning Service	Centralised Waiting list	Respite Care Booking Service	Other
ACT	5	1 (20)	1 (20)	0 (0)	0 (0)	0 (0)	0 (0)
NSW	209	40 (19)	11 (5)	25 (12)	19 (9)	15 (7)	10 (5)
NT	6	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
QLD	124	23 (19)	4 (3)	14 (11)	9 (7)	4 (3)	3 (2)
SA	68	9 (13)	2 (3)	6 (9)	1 (1)	1 (1)	3 (4)
TAS	22	4 (18)	1 (5)	1 (5)	1 (5)	1 (5)	1 (5)
VIC	164	37 (23)	8 (5)	28 (17)	13 (8)	7 (4)	9 (5)
WA	92	16 (17)	3 (3)	6 (7)	5 (5)	7 (8)	4 (4)
<b>Total</b>	<b>690</b>	<b>130 (19)</b>	<b>30 (4)</b>	<b>80 (12)</b>	<b>48 (7)</b>	<b>35 (5)</b>	<b>30 (4)</b>

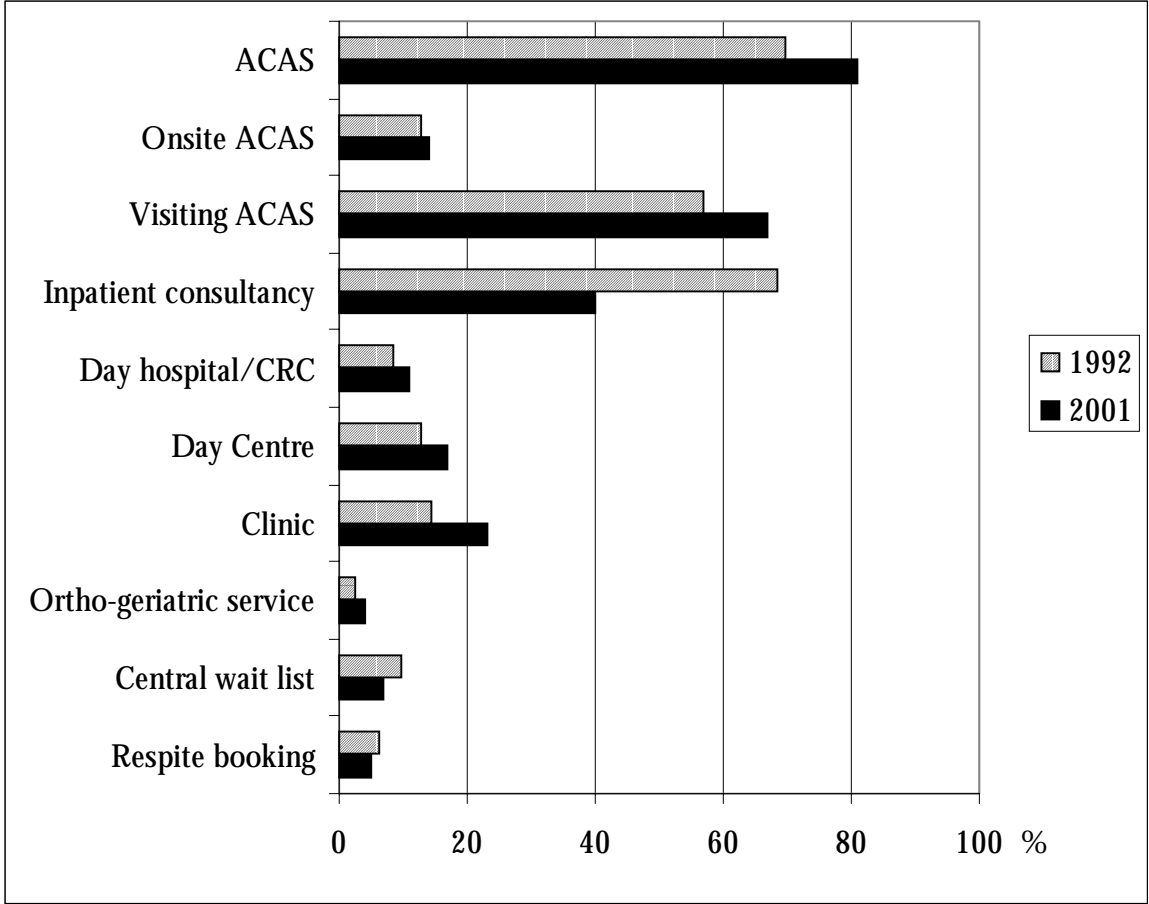
Geriatric hospitals reported having the highest proportion of specialised services (44%) compared to 27% of rehabilitation hospitals, 19% of general hospitals and 10% of 'other' hospitals. This difference between geriatric hospitals and the remaining hospital types was most evident for centralised waiting lists. Thirty one percent of hospitals that identified as geriatric reported operating a centralised waiting list for residential aged care compared to 6% of general hospitals, 13% of rehabilitation hospitals and 2% of 'other' hospitals.

It is likely that other discharge planning and care coordination services occur in the responding hospitals, however, they were not identified by responders as being a specific program or activity auspiced or operated by the Aged Care Service.

### Summary

Figure 8.4 summarises the proportion of responding hospitals that reported operating any of the hospital linked (non-bed-based) services described in this chapter.

**Figure 8.4: Proportion of Other Hospital Linked Services as reported by Survey Respondents in 1992 and 2001 surveys**



Please note- community services and discharge planning services were not reported in the 1992 study and have therefore not been included in this figure.

The proportion of responding hospitals reporting regular access to an Aged Care Assessment service (either on-site or visiting) was higher in the 2001 study than in the 1992 study. The proportion of responding hospitals reporting inpatient consultancy, however, is much lower in the present study than in 1992. A higher proportion of hospitals in the current study reported having day hospitals, day centres, specialised clinics and ortho-geriatric services. However, in 1992 a higher proportion of responding hospitals indicated they had respite booking services and centralised waiting lists than in the present study.

In the present study, 32% of responding hospitals indicated that they operated some type of community service. Unfortunately, no comparable data was collected in the 1992 study so any differences cannot be investigated. Overall, however, it appears that the availability of non bed-based services auspiced through hospitals has increased since the 1992 study. This

trend would be expected given the increased policy focus away from bed-based care towards a more diverse range of services in a variety of settings.

## 9. Hospital Based Residential and Respite Care Services

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Residential and respite care services are an important component of the Aged Care Service System. Permanent residential aged care provides accommodation and intensive support to people with relatively high levels of disability who can no longer be supported in their own home environment. Permanent residential care services are commonly subsidised by the Commonwealth government and operate across the public, private and not-for-profit sectors. In some states and territories, residential aged care services that operate under the auspice of a public hospital may receive funding from that jurisdiction in addition to the Commonwealth subsidy. Hospitals that provide permanent residential care are often located in rural areas where stand alone permanent residential aged care facilities are less likely to exist.

Interim residential care is typically provided to people who are medically stable, require and are waitlisted to enter permanent care, but for whom no permanent bed is currently available. This service enables care to be provided in an environment and at a care level that more closely approximates residential aged care. The availability of interim care has the potential to improve access to acute care and other sub-acute beds.

Respite care provides a short period of admission – usually aimed at giving informal caregivers a break from the care-giving role. Booked respite is planned in advance and programmed as part of a global care plan. Access to emergency respite is required for situations where a care-giver may be unexpectedly and/or temporarily unavailable to support the person at home (eg: illness, crisis situation).

All of these services are available in the private and not-for profit residential aged care sectors. The services described in this section relate only to services that are auspiced or provided by hospitals. If hospitals indicated in the screening survey for this project that the only type of Aged Care Service they operated was residential aged care beds they were not sent a second survey that asked for detail on a more comprehensive range of Aged Care Services and Programs. Therefore, of the 690 hospitals surveyed, only 271 were asked to describe their Aged Care Programs in detail. The information from these 271 hospitals is summarised in this chapter. (Also refer to Appendix 2 for breakdown by hospital type, State/Territory and hospital size for these 271 hospitals). Using other databases, a summary analysis has been made of the residential and respite care services provided by the 419 hospitals that indicated they did not provide a broader range of Aged Care Programs. These data indicate that at least 84 of the 419 responding hospitals (20%) without an Aged Care Service (according to the definition used in the current study) operated residential aged care beds. These 84 hospitals, according to this source of data, operated 2185 residential aged care beds with between 2 and 196 beds in each hospital (mean = 26.0, SD = 30.6, median = 17.5). This constitutes approximately 40% of all residential care beds identified in the survey.

### **Permanent and Interim Residential Care**

Information was sought from the 271 hospitals that completed Survey 2 on the availability of permanent and interim residential aged care beds available from the hospital site.

Of the 271 hospitals that operated an Aged Care Service, 104 (38%) indicated operating residential aged care beds with 78 (29%) operating permanent residential care and 48 (18%) operating interim residential care. The breakdown by hospital size is shown in Table 9.1.

**Table 9.1: Residential Care Services as reported by Survey Respondents by Hospital Size**

	Number of hospitals responding	Total number of Services (%)*	Permanent Residential Care	Interim Residential Care
1-49	133	66 (50)	54 (41)	24 (18)
50-99	42	12 (29)	8 (19)	8 (19)
100-299	59	18 (31)	14 (24)	8 (14)
300+	37	8 (22)	2 (5)	8 (22)
<b>Total</b>	<b>271</b>	<b>104 (38)</b>	<b>78 (29)</b>	<b>48 (18)</b>

\*The total number of services may be less than the sum of Permanent and Interim as some hospitals indicated operating both.

Table 9.1 indicates that overall, smaller hospitals more often reported providing residential aged care. For interim care the pattern is less clear with 300+ bed hospitals having the highest proportion (22%) and 100-299 bed hospitals having the lowest proportion (14%) of interim care access. This suggests that 300+ are more likely to be acute care hospitals that have capacity to establish reasonably large interim care units to accommodate people who are medically stable and awaiting placement.

**Table 9.2: Residential Care Services in responding hospitals by State/Territory**

	Number of hospitals responding	Total Residential Care (%)*	Permanent Residential Care (%)	Interim Residential Care (%)
ACT	1	0 (0)	0 (0)	0 (0)
NSW	83	22 (27)	15 (18)	9 (11)
NT	1	0 (0)	0 (0)	0 (0)
QLD	42	19 (45)	13 (31)	9 (21)
SA	31	15 (48)	12 (39)	5 (16)
TAS	7	2 (29)	1 (14)	2 (29)
VIC	66	33 (50)	27 (41)	18 (27)
WA	40	13 (33)	10 (25)	5 (13)
<b>Aus</b>	<b>271</b>	<b>104 (38)</b>	<b>78 (29)</b>	<b>48 (18)</b>

\*The total number of services may be less than the sum of Permanent and Interim as some hospitals indicated operating both.

Victoria and South Australia had the highest proportion of responding hospitals indicating they provided Permanent Residential aged care (41% and 39% respectively). Tasmania and Victoria had the highest proportion of responding hospitals indicating they provided Interim

Residential care (29% and 27% respectively). Queensland had the third highest proportion of responding hospitals indicating they provided interim and permanent residential aged care.

Across the 104 hospitals that indicated providing residential aged care on Survey 2, there were 3238 beds reported with 17% of these being interim residential care beds. The state breakdown is shown in Table 9.3.

**Table 9.3: Permanent and Interim Residential Care Beds in responding hospitals by State/Territory**

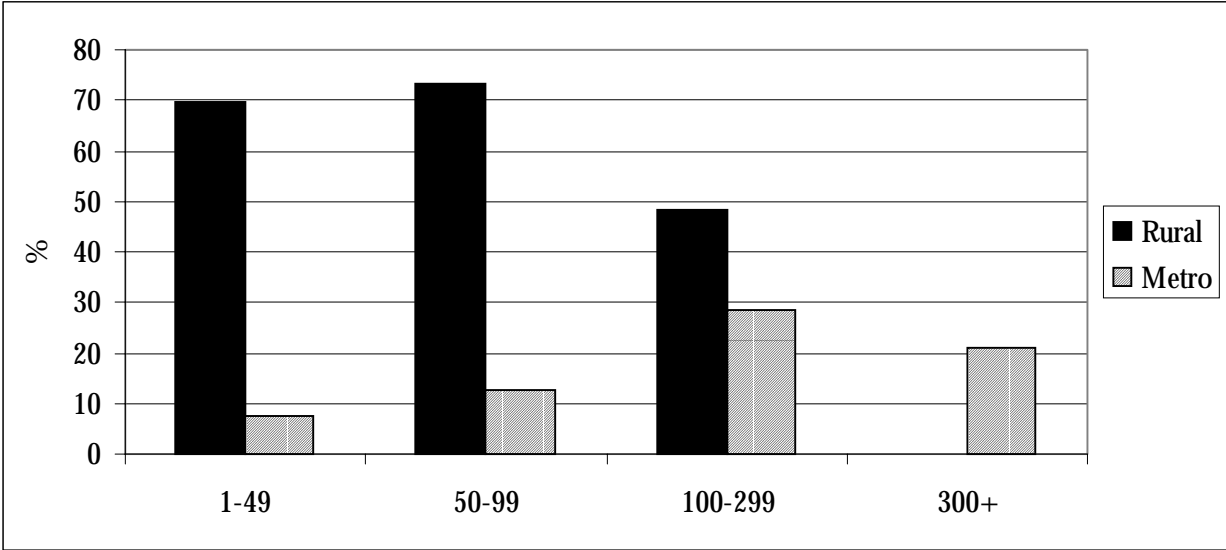
	Permanent Residential care beds	Interim Residential care beds	Total Residential care beds
ACT	0	0	0
NSW	327	102	429
NT	0	0	0
QLD	121	135	256
SA	235	39	274
TAS	12	12	24
VIC	1915	223	2138
WA	88	29	117
<b>Total</b>	<b>2698</b>	<b>540</b>	<b>3238</b>

Table 9.3 indicates that in the 271 hospitals that completed Survey 2, the majority of reported residential care beds were permanent in all states except Queensland and Tasmania. The majority of residential care beds in these hospitals were permanent beds in Victoria.

Across the 271 hospitals that were asked to identify whether residential aged care beds were available, 39% of the total number of Aged Care beds reported (acute/assessment, rehabilitation, psychogeriatric and residential care) were allocated for residential care.

Residential care in the 271 hospitals that responded to Survey 2 was more commonly located in rural areas. Of the 78 hospitals that provided permanent residential care 67 (86%) were located in rural areas. Two thirds of hospitals that indicated providing interim care were also located in rural areas. These data indicate that many of the residential aged care programs auspiced by hospitals operate as part of a smaller country hospital or within multi-purpose hospitals that integrate the hospital and residential care services for the area on the one site. In rural hospitals the proportion of Aged Care beds that were allocated for residential care (permanent and interim) was higher than in metropolitan hospitals (65% in rural compared to 22% in metropolitan). Figure 9.1 shows these proportions by hospital size.

**Figure 9.1: Proportion of Aged Care Beds designated for Residential Aged Care as reported by Survey Respondents by Location and Hospital Size (n=271)\***



\*Residential and Aged Care beds only include those in the 271 hospitals that completed Survey 2.

It is important to bear in mind that of the 1-49 bed hospitals in Metropolitan areas, 64% were geriatric, rehabilitation or psychiatric hospitals compared to only 6% of the 1-49 bed hospitals in rural areas. It is likely that geriatric, rehabilitation and psychiatric hospitals would have a larger proportion of beds designated for acute/assessment, rehabilitation and psychogeriatric services. This pattern is also consistent in the 50-99 bed hospitals where 67% of metropolitan and 13% of rural hospitals are geriatric, rehabilitation or ‘other’ hospitals.

Respondents who indicated that residential care was provided on-site were asked to indicate whether beds were funded by State subsidies, Commonwealth subsidies or both. For hospitals providing permanent residential care, 20 hospitals (26%) indicated they received Commonwealth subsidies and another 20 hospitals (26%) indicated they received State subsidies. Thirty-four (44%) indicated they received subsidies from both and 2 responders (3%) indicated they did not know who funded the permanent residential care beds at that hospital. Of the 48 hospitals providing interim care, 6 (13%) indicated that funding was provided by the Commonwealth, 27 (57%) by the State, 6 (13%) by both and 6 (13%) indicated they did not know the funding source.

**Respite Care**

As for residential aged care, information was sought from the 271 hospitals that completed Survey 2 on the availability of booked and emergency respite care available on the hospital site. Table 9.4 shows the number of responding hospitals with booked or planned respite services and emergency respite services by hospital size.

**Table 9.4: Respite Services as reported by Survey Respondents by Hospital Size**

	Number of hospitals responding	Total number of respite services (%)*	Booked Respite (%)	Emergency Respite (%)
1-49	133	97 (73)	81 (61)	83 (62)
50-99	42	16 (38)	12 (29)	10 (24)
100-299	59	17 (29)	14 (24)	13 (22)
300+	37	4 (11)	2 (5)	2 (5)
<b>Total</b>	<b>271</b>	<b>134 (49)</b>	<b>109 (40)</b>	<b>108 (40)</b>

\*The total number of services may be less than the sum of Booked and Emergency respite as some hospitals indicated operating both.

Just under half of the 271 hospitals that completed Survey 2 reported providing a booked/planned or emergency respite service (134 hospitals). Eighty-seven percent of these hospitals were located in rural areas. Eighty-four of these hospitals (60%) provided both booked and emergency respite services. The relationship between hospital size and the availability of respite services is stronger than for residential care, with smaller hospitals more likely to be operating respite services.

**Table 9.5: Respite Services in responding hospitals by State/Territory**

	Number of hospitals responding	Total number of respite services (%)*	Booked Respite (%)	Emergency Respite (%)
ACT	1	0 (0)	0 (0)	0 (0)
NSW	83	36 (43)	26 (31)	30 (36)
NT	1	1 (100)	0 (0)	1 (100)
QLD	42	20 (48)	14 (33)	20 (48)
SA	31	15 (48)	12 (39)	13 (42)
TAS	7	4 (57)	3 (43)	3 (43)
VIC	66	32 (48)	30 (45)	19 (29)
WA	40	27 (68)	25 (63)	23 (58)
<b>Aus</b>	<b>271</b>	<b>135 (50)</b>	<b>110 (41)</b>	<b>109 (40)</b>

\*The total number of services may be less than the sum of Booked and Emergency respite as some hospitals indicated operating both.

The one hospital that completed Survey 2 in the Northern Territory indicated having an emergency respite service only whilst the one in ACT indicated having no respite services. In the remaining States approximately half of the responders to Survey 2 indicated they provided respite care. Western Australia had the largest proportion of responding hospitals indicating they provided respite (68% overall; 63% booked/planned respite and 58% emergency respite).

One hundred and seventeen responding hospitals that provided respite indicated the number of beds that were available for respite. Twenty-three of these hospitals (19%) indicated that there were no allocated beds but that respite was provided on an “as needed basis” and 101 hospitals (86%) reported having fewer than three beds. Only 3 responding hospitals indicated having more than 10 respite beds (12, 18 and 31 beds respectively). In total, responders indicated that there were 243 respite beds across the 271 hospitals (Mean=2.1; SD=3.6; Median=1) with 30% in Victoria, 29% in New South Wales and 19% in South Australia. This common model – providing a small number of beds for respite within a larger ward or unit on either a designated or ‘as needed basis’ – enables the service to be responsive to the needs of carers for access to respite whilst still maintaining bed occupancy rates.

Eighty-two (61%) of the 135 responding hospitals that indicated providing respite, stated these beds were in general purpose hospital beds, 44 (33%) in residential aged care beds, 15 (11%) in the Designated Aged Care Unit described in the Acute Medical and Assessment chapter. Another 14 (10%) stated the beds were elsewhere in the hospital and 4 (3%) indicated they were in the Aged Care Rehabilitation Unit.

## **Summary**

For the 419 responding hospitals without an identified Aged Care Service (according to the survey definition) 20% were listed in the Yearbook (APN Business Information Group, 2001) as having residential aged care beds. Detailed data on residential aged care and respite care was limited to the remaining 271 Survey 2 respondents, those with an identified Aged Care Service. Just over a third of these hospitals provided residential care and half provided respite care. Most residential aged care beds reported were permanent beds and similar proportions of hospitals indicated receiving Commonwealth funding and State contributions. There were fewer interim beds and these tended to be funded by State Governments. Respite services were usually provided in smaller rural hospitals where fewer than three beds were available for this purpose. These beds were usually in general purpose hospital beds/areas. Of the total number of 8293 beds identified as available for Aged Care Programs in the 271 responding hospitals, 39% are devoted to residential aged care provision and approximately 3% are allocated to respite care.

# 10. The Distribution of Hospital Based Aged Care Services

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The 1992 report considered the provision of Aged Care Services based on hospital sites as the unit of analysis. Much of the present report has also focused on the proportion of hospital sites that provide certain types of Aged Care, considering general hospitals, and hospitals that identify themselves as geriatric, rehabilitation or other. This is a useful way of considering the range and extent of various types of Aged Care Service among each of the hospital types. However, the current health care system functions not only around single sites, but often in networks or consortia of facilities. Forty-five percent of sites responding to the surveys indicated that their hospital site was part of a multi-campus and/or multi-organisation group.

With this context in mind it is important to map service provision and consider the services available to the aged population at a level broader than the services provided from a single site. Review of service availability was conducted by aggregating data to a regional level. Commonwealth health regions were used as the unit of analysis. Although the commonwealth regions overlap with only some state and territory regions, use of these as a consistent unit of analysis enabled consideration also of the level of other Aged Care Services such as residential aged care.

Table 10.1 and Maps 10.2-10.7 look at services divided into 6 service categories: Bed-Based, Consultancy, Ambulatory, Community, Residential/Respite and Coordination services. Map 10.1 provides the 70 years and over populations to provide some context to the service category maps. These broad service categories include the following services:

- **Bed-Based services:**
  - Aged Care Acute Medical and Assessment Bed-Based Services
  - Aged Care Rehabilitation Bed-Based Services
  - Psychogeriatric Bed-Based Services
- **Consultancy services:**
  - Inpatient Consultancy Services
  - Psychogeriatric Consultancy Services
- **Ambulatory services:**
  - Day Hospitals
  - Day Centres
  - Specialist Clinics
- **Community services:**
  - On-site ACAT
  - Visiting ACAT
  - Community Services (Domiciliary Assessment Service, Home modifications/aids and appliances, Delivered Meals, Community Nursing, Home care, Home Therapy, Community Case Management)
- **Residential/Respite services:**
  - Permanent Residential Care

- Interim Residential Care
- Respite Care
- **Coordination services:**
  - Ortho-Geriatric Services
  - Discharge planning services
  - Centralised or regional waiting list management
  - Respite care booking service
  - Other specialised Coordination services

In the following analyses, a hospital is considered to have one of these broad service categories if it has any one of the specific services included in that category. The number of responding hospitals that reported any of these six service categories are presented in Table 10.1 according to Commonwealth region and sorted by State or Territory. Metropolitan regions are shown first in each State/Territory and divided from rural regions by a dotted line. The total number of responding hospitals surveyed in each region and the corresponding response rates are included. The regional population of people 70 years and over is also included. Maps 10.1-10.7 follow Table 10.1 and show firstly the distribution of the 70 years and over population, then the general locations within the commonwealth regions of each of the 6 service categories.

Table 10.1, together with the maps, gives an indication of the distribution of hospital based or hospital linked Aged Care Services as reported by survey respondents across Australia. A more detailed analysis that considered service catchments was beyond the scope of this project. Of the 271 hospitals that completed Survey 2, 64% indicated that they provided services beyond a specified geographic catchment. It appears, therefore, that there is some flexibility in service provision for people outside hospital geographic catchments. When considered with population data, the broad distribution of services is not unexpected, with concentrations of service evident where there is also a concentration of the 70 years and over population.

**Table 10.1: Service Categories by Commonwealth Region as reported by Survey Respondents**

	Number of responding hospitals	Response rate (%) for the region	70+ population	Bed-Based services	%	Consultancy services	%	Ambulatory services	%	Community services	%	Residential/respice* services	%	Coordination Services	%
<b>ACT***</b>	<b>5</b>	<b>83.3</b>	<b>18,278</b>	<b>1</b>	<b>20.0</b>	<b>2</b>	<b>40.0</b>	<b>1</b>	<b>20.0</b>	<b>3</b>	<b>60.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>20.0</b>
<b>NEW SOUTH WALES</b>															
Central Coast	7	100.0	38,797	4	57.1	5	71.4	4	57.1	6	85.7	3	60.0	2	28.6
Hunter	19	86.4	56,023	4	21.1	16	84.2	7	36.8	13	68.4	2	22.2	6	31.6
Illawarra	11	73.3	42,100	2	18.2	6	54.5	3	27.3	8	72.7	1	33.3	1	9.1
Inner West	7	70.0	40,308	4	57.1	5	71.4	3	42.9	5	71.4	1	25.0	2	28.6
Nepean	4	80.0	18,881	1	25.0	3	75.0	2	50.0	4	100.0	1	50.0	2	50.0
Northern Sydney	23	79.3	81,423	8	34.8	14	60.9	7	30.4	18	78.3	0	0.0	6	26.1
South East Sydney	16	76.2	80,141	6	37.5	10	62.5	6	37.5	10	62.5	1	14.3	3	18.8
South West Sydney	8	100.0	48,344	4	50.0	5	62.5	4	50.0	5	62.5	0	0.0	3	37.5
Western Sydney	5	62.5	46,002	3	60.0	3	60.0	3	60.0	3	60.0	2	66.7	1	20.0
Central West	19	73.1	16,317	3	15.8	9	47.4	8	42.1	16	84.2	7	87.5	2	10.5
Far North Coast	9	75.0	31,848	3	33.3	6	66.7	2	22.2	9	100.0	3	100.0	2	22.2
Mid North Coast	14	87.5	35,650	1	7.1	11	78.6	5	35.7	14	100.0	1	16.7	3	21.4
New England	15	78.9	16,571	1	6.7	6	40.0	1	6.7	15	100.0	1	100.0	1	6.7
Orana Far West	15	75.0	13,598	2	13.3	3	20.0	3	20.0	11	73.3	2	66.7	1	6.7
Riverina/Murray	27	81.8	26,850	8	29.6	17	63.0	10	37.0	26	96.3	10	83.3	3	11.1
Southern Highlands	10	76.9	16,317	4	40.0	5	50.0	5	50.0	10	100.0	3	60.0	2	20.0
<b>NSW total</b>	<b>209</b>	<b>79.2</b>	<b>609,170</b>	<b>58</b>	<b>27.8</b>	<b>124</b>	<b>59.3</b>	<b>73</b>	<b>34.9</b>	<b>173</b>	<b>82.8</b>	<b>38</b>	<b>45.8</b>	<b>40</b>	<b>19.1</b>
<b>NORTHERN TERRITORY</b>															
Alice Springs	1	100.0	798	0	0.0	0	0.0	0	0.0	1	100.0	**	**	0	0.0
Barkly	1	100.0	144	0	0.0	0	0.0	0	0.0	0	0.0	**	**	0	0.0
Darwin	2	100.0	2,696	0	0.0	0	0.0	0	0.0	2	100.0	**	**	0	0.0
East Arnhem	1	100.0	153	0	0.0	1	100.0	1	100.0	1	100.0	1	100.0	0	0.0
Katherine	1	100.0	289	0	0.0	0	0.0	0	0.0	0	0.0	**	**	0	0.0
<b>NT total</b>	<b>6</b>	<b>100.0</b>	<b>4,080</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>16.7</b>	<b>1</b>	<b>16.7</b>	<b>4</b>	<b>66.7</b>	<b>1</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>

**Table 10.1 continued**

	number of responding hospitals	Response rate (%) for the region	70+ population	Bed-Based services %	Consultancy services %	Ambulatory services %	Community services %	Residential/ respite* services %	Coordination Services %
<b>QUEENSLAND</b>									
Brisbane North	9	81.8	40,863	4	44.4	3	44.4	1	33.3
Brisbane South	11	78.6	51,921	2	18.2	1	9.1	7	63.6
Cabool	5	100.0	21,484	0	0.0	0	0.0	4	80.0
Central West	1	20.0	1,045	0	0.0	0	0.0	1	100.0
Darling Downs	16	72.7	20,131	1	6.3	1	6.3	16	100.0
Far North	12	80.0	13,642	3	25.0	6	50.0	11	91.7
Fitzroy	11	61.1	12,209	2	18.2	1	9.1	8	72.7
Logan River Valley	2	100.0	11,844	0	0.0	0	0.0	2	100.0
Mackay	5	62.5	7,281	4	80.0	3	60.0	5	100.0
North West	7	77.8	1,432	5	71.4	5	71.4	7	100.0
Northern	6	54.5	13,987	1	16.7	1	16.7	6	100.0
South Coast	6	85.7	37,536	2	33.3	2	33.3	4	66.7
South West	7	63.6	1,952	0	0.0	0	0.0	5	71.4
Sunshine Coast	7	70.0	28,702	0	0.0	0	0.0	6	85.7
West Moreton	5	100.0	11,037	1	20.0	1	20.0	5	100.0
Wide Bay	14	77.8	21,009	1	7.1	3	21.4	14	100.0
<b>QLD total</b>	<b>124</b>	<b>72.5</b>	<b>296,075</b>	<b>26</b>	<b>21.0</b>	<b>27</b>	<b>21.8</b>	<b>105</b>	<b>84.7</b>

**Table 10.1 continued**

	number of responding hospitals	Response rate (%) for the region	70+ population	Bed-Based services %	Consultancy services %	Ambulatory services %	Community services %	Residential/ respite* services %	Coordination Services %						
<b>SOUTH AUSTRALIA</b>															
Metropolitan East	16	88.9	33,608	5	31.3	7	43.8	3	18.8	11	68.8	3	60.0	4	25.0
Metropolitan North	1	25.0	20,215	0	0.0	1	100.0	0	0.0	1	100.0	**	**	0	0.0
Metropolitan South	7	100.0	36,379	2	28.6	3	42.9	2	28.6	7	100.0	0	0.0	0	0.0
Metropolitan West	3	75.0	29,653	1	33.3	2	66.7	2	66.7	3	100.0	1	50.0	0	0.0
Eyre Peninsula	5	62.5	3,359	2	40.0	4	80.0	3	60.0	5	100.0	3	75.0	1	20.0
Hills, Mallee & Southern	10	76.9	12,055	3	30.0	5	50.0	4	40.0	9	90.0	3	50.0	1	10.0
Mid North	4	57.1	3,601	1	25.0	2	50.0	1	25.0	4	100.0	2	100.0	1	25.0
Riverland	2	50.0	3,723	0	0.0	2	100.0	2	100.0	2	100.0	2	100.0	0	0.0
South East	6	75.0	6,112	2	33.3	1	16.7	1	16.7	5	83.3	2	100.0	0	0.0
Whyalla, Flinders & Far North	7	87.5	3,630	0	0.0	3	42.9	1	14.3	4	57.1	1	33.3	2	28.6
Yorke, Lower North & Barossa	7	58.3	9,380	2	28.6	5	71.4	2	28.6	7	100.0	2	66.7	0	0.0
<b>SA total</b>	<b>68</b>	<b>73.1</b>	<b>161,715</b>	<b>18</b>	<b>26.5</b>	<b>35</b>	<b>51.5</b>	<b>21</b>	<b>30.9</b>	<b>58</b>	<b>85.3</b>	<b>19</b>	<b>61.3</b>	<b>9</b>	<b>13.2</b>
<b>TASMANIA</b>															
North Western	6	85.7	10,343	0	0.0	2	33.3	1	16.7	4	66.7	1	100.0	0	0.0
Northern	9	90.0	13,726	0	0.0	2	22.2	2	22.2	7	77.8	1	33.3	1	11.1
Southern	7	70.0	22,117	3	42.9	5	71.4	2	28.6	6	85.7	2	66.7	3	42.9
<b>Tas total</b>	<b>22</b>	<b>81.5</b>	<b>46,186</b>	<b>3</b>	<b>13.6</b>	<b>9</b>	<b>40.9</b>	<b>5</b>	<b>22.7</b>	<b>17</b>	<b>77.3</b>	<b>4</b>	<b>57.1</b>	<b>4</b>	<b>18.2</b>

**Table 10.1 continued**

	number of responding hospitals	Response rate (%) for the region	70+ population	Bed-Based services %	Consultancy services %	Ambulatory services %	Community services %	Residential/ respite* services %	Coordination Services %						
<b>VICTORIA</b>															
Eastern Metro	24	92.3	90,311	8	33.3	19	79.2	8	33.3	19	79.2	3	33.3	5	20.8
Northern Metro	17	81.0	62,423	5	29.4	11	64.7	4	23.5	14	82.4	3	37.5	7	41.2
Southern Metro	26	83.9	111,757	5	19.2	16	61.5	5	19.2	20	76.9	4	57.1	4	15.4
Western Metro	15	100.0	44,122	6	40.0	8	53.3	6	40.0	12	80.0	1	16.7	5	33.3
Barwon-South Western	17	70.8	37,663	3	17.6	11	64.7	5	29.4	14	82.4	5	100.0	3	17.6
Gippsland	11	68.8	25,528	2	18.2	3	27.3	5	45.5	8	72.7	3	60.0	3	27.3
Grampians	9	45.0	21,348	5	55.6	7	77.8	3	33.3	6	66.7	4	80.0	2	22.2
Hume	26	92.9	24,318	4	15.4	12	46.2	10	38.5	21	80.8	10	83.3	1	3.8
Loddon-Mallee	19	73.1	30,061	3	15.8	13	68.4	7	36.8	15	78.9	7	77.8	7	36.8
<b>Vic Total</b>	<b>164</b>	<b>79.2</b>	<b>447,531</b>	<b>41</b>	<b>25.0</b>	<b>100</b>	<b>61.0</b>	<b>53</b>	<b>32.3</b>	<b>129</b>	<b>78.7</b>	<b>40</b>	<b>60.6</b>	<b>37</b>	<b>22.6</b>
<b>WESTERN AUSTRALIA</b>															
Metropolitan East	6	60.0	22,053	2	33.3	4	66.7	2	33.3	5	83.3	0	0.0	1	16.7
Metropolitan North	10	76.9	38,384	4	40.0	6	60.0	3	30.0	7	70.0	1	25.0	3	30.0
Metropolitan South East	4	100.0	24,804	2	50.0	2	50.0	2	50.0	2	50.0	1	50.0	1	25.0
Metropolitan South West	9	100.0	31,303	2	22.2	6	66.7	3	33.3	7	77.8	0	0.0	1	11.1
Goldfields	4	66.7	2,089	1	25.0	2	50.0	2	50.0	2	50.0	1	50.0	0	0.0
Great Southern	11	78.6	6,456	5	45.5	6	54.5	4	36.4	11	100.0	6	85.7	4	36.4
Kimberley	5	83.3	955	0	0.0	3	60.0	1	20.0	4	80.0	2	100.0	1	20.0
Mid West	8	72.7	3,944	5	62.5	5	62.5	5	62.5	7	87.5	6	100.0	2	25.0
Pilbara	8	88.9	637	1	12.5	1	12.5	0	0.0	7	87.5	1	100.0	0	0.0
South West	12	85.7	10,044	3	25.0	4	33.3	1	8.3	9	75.0	4	100.0	2	16.7
Wheatbelt	15	83.3	4,121	5	33.3	8	53.3	4	26.7	13	86.7	7	100.0	1	6.7
<b>WA total</b>	<b>92</b>	<b>80.7</b>	<b>144,790</b>	<b>30</b>	<b>32.6</b>	<b>47</b>	<b>51.1</b>	<b>27</b>	<b>29.3</b>	<b>74</b>	<b>80.4</b>	<b>29</b>	<b>72.5</b>	<b>16</b>	<b>17.4</b>
<b>AUSTRALIA</b>	<b>690</b>	<b>77.7</b>	<b>1,727,825</b>	<b>177</b>	<b>25.7</b>	<b>364</b>	<b>52.8</b>	<b>208</b>	<b>30.1</b>	<b>563</b>	<b>81.6</b>	<b>155</b>	<b>57.2</b>	<b>130</b>	<b>18.8</b>

Please note: The services referred to in this table are only those auspiced by hospitals. It is acknowledged that some of these services, including residential and community services are also provided by non-hospital organisations. Seventy + population data source: projections by SLA as at 30/6/01 based on 1996 census data provided by Commonwealth.

\* Only hospitals sites that completed Survey 2 indicated whether residential aged care was on-site, therefore n=271 for this service category.

\*\*No hospitals completed Survey 2 in these regions.

\*\*\*The ACT is one region

**Insert Map 10.1: 70 years and over population by Commonwealth Region**

**Insert Map 10.2: Location of Hospital Bed-Based Services by Commonwealth Region as reported by Survey Respondents (n=690)**

**Insert Map 10.3: Location of Hospital Based Consultancy Services by Commonwealth Region as reported by Survey Respondents (n=690)**

**Insert Map 10.4: Location of Hospital Based Ambulatory Services by Commonwealth Region as reported by Survey Respondents (n=690)**

**Insert Map 10.5: Location of Hospital Based Community Services by Commonwealth Region as reported by Survey Respondents (n=690)**

**Insert Map 10.6: Location of Hospital Based Residential Care/Respite Services by Commonwealth Region as reported by Survey Respondents (n=271)**

**Insert Map 10.7: Location of Hospital Based Coordination Services by Commonwealth Region as reported by Survey Respondents (n=690)**

Table 10.2 summarises the data on service category according to hospital size. As shown throughout this report, larger hospitals were more likely to indicate operating Aged Care Services, except for residential aged care and respite services.

**Table 10.2: Service Categories as reported by Survey Respondents by Hospital Size**

	1-49 (%)	50-99 (%)	100-299 (%)	300+ (%)	Total (%)
Number of responding hospitals	382	135	131	42	690
Bed-Based	74 (19)	24 (18)	45 (34)	34 (81)	177 (26)
Consultancy	161 (42)	75 (56)	89 (68)	39 (93)	364 (53)
Ambulatory	95 (25)	36 (27)	44 (34)	33 (79)	208 (30)
Community	313 (82)	100 (74)	110 (84)	40 (95)	563 (82)
Residential/Respite*	103 (77)	18 (43)	23 (39)	11 (30)	155 (57)
Coordination services	46 (12)	18 (13)	39 (30)	27 (64)	130 (19)

\*residential and respite services only requested for hospitals that completed Survey 2, i.e. n=271 and has been used as the denominator for calculating percentages.

The service category data were further summarised to give an indication of regional population and the availability of Aged Care Services in each of the categories. Table 10.3 illustrates firstly that of the 65 regions included in this analysis:

- 80% report bed-based aged care services;
- 89% report consultancy services;
- 86% report some form of ambulatory care;
- 97% reported at least one type of community service that was linked with a hospital Aged Care Service;
- 79% of regions report at least one of the hospitals with an Aged Care Service provides residential or respite care; and
- 74% of regions report there was some type of hospital based co-ordination service.

Only regions with a greater than 60% response rate were included in this analysis. Nevertheless, these are likely to be underestimates of the services available.

The data in Table 10.3 also indicate that regions with larger populations of people 70 years and over are more likely to have each of the service categories as well as the combination of all 6 service categories. This data is indicative and shows that at least three quarters of regions with more than 15,000 people 70 years and over and two thirds of all regions indicated having all 6 service categories. This is possibly an underestimate given that some of these regions had a response rate lower than 100%.

**Table 10.3: Service Categories by Region size (population 70 years and over) as reported by Survey Respondents**

	0-4999 (%)	5000-14999 (%)	15000-24999 (%)	25000-49999 (%)	50000+ (%)	Total (%)**
Number of regions	13	12	13	18	9	65
Bed-Based	6 (46)	8 (67)	12 (92)	17 (94)	9 (100)	52 (80)
Consultancy	8 (62)	11 (92)	12 (92)	18 (100)	9 (100)	58 (89)
Ambulatory	7 (54)	11 (92)	12 (92)	17 (94)	9 (100)	56 (86)
Community	11 (85)	12 (100)	13 (100)	18 (100)	9 (100)	63 (97)
Residential/Respite*	7 (54)	10 (93)	10 (77)	16 (88)	8 (89)	51 (79)
Coordination services	6 (46)	7 (58)	12 (92)	15 (83)	8 (89)	48 (74)
All 6 service categories	4 (31)	5 (42)	10 (77)	14 (78)	7 (78)	40 (62)

\*residential and respite services only requested for hospitals that completed Survey 2

\*\*7 regions had less than 60% response rate and have been excluded from this analysis.

Comparisons of rural and metropolitan regions show that the majority of these 65 regions (Table 10.3) are rural (66%) and tend to have smaller populations of people 70 years and over than the metropolitan regions. Metropolitan regions were slightly more likely to report having all six service categories (68% of metropolitan compared to 58% of rural regions indicating having all six service categories). However, when Northern Territory is excluded from the analysis, 66% of rural regions reported having all six service categories.

Victoria was the only state where all regions had all six service categories indicated by responding hospitals. However, given the lower than 100% response rates, it is not possible to determine whether other States and Territories also had all six service categories available in all regions. All regions, except for two in the Northern Territory, reported having some type of hospital auspiced community service in the region. Provision within regions of consultancy and ambulatory services were relatively high, even for regions with smaller populations.

Setting a higher bar of at least an 80% response rate from hospitals within the region, and taking those with populations of at least 25,000 people aged 70 years and over 14 regions emerge for consideration. Of these, 3 regions (all metropolitan) report fewer than six service categories with residential and respite care not reported by the hospitals in all three regions and coordination services not reported in one.

Considering only the 34 regions with at least an 80% response rate – regardless of regional population – 17 (50%) reported at least some level of all 6 service categories. Of the 17 that reported fewer than six service categories:

- Six did not report inpatient services. This included 4 with populations of over 10,000 people 70 years and over, and a further two with populations of less than 5,000 people 70 years and over.
- 3 did not report residential or respite care auspiced by the hospitals
- 5 were in the Northern Territory, with populations of fewer than 5,000 people. Three of these regions identified no hospital auspiced community services and one, no consultancy or ambulatory care.
- 1 region with a population of less than 5,000 reported no ambulatory or coordination services.
- Two Queensland regions with 100% response rates reported no Aged Care Services for populations of people 70 years and over of 21,484 and 11,844 respectively. Regular visits from an ACAT were reported by hospitals in these areas. These regions were also adjacent to the major metropolitan regions of Queensland and it is possible that there was cross-regional service access. It was beyond the scope of the study to determine the extent of cross-regional service access.
- Two regions did not identify hospital auspiced co-ordination or residential/respite services.

The regional provision of services in this analysis is a somewhat gross measure. Nonetheless, these findings suggest that the main services 'missing' are those that may well be provided by other sectors. For example, residential aged care, Home and Community Care and a variety of different post-acute and transition care services commonly provide community, co-ordination and residential/respite care programs. It appears that there are very few regions in Australia that do not have access to at least some level of bed-based Aged Care Service for assessment and/or rehabilitation, and to some form of Aged Care Service consultancy. Aged Care Assessment Team services can be regularly accessed in 97% of regions. Regional level data were not collected in the 1992 study, so evaluation of change of time is not possible.

## **Hospital Aged Care Beds**

The proportion of hospital beds allocated for patients under the care of the Aged Care Service varies across different locations, hospital types and hospital sizes. The following analysis considers rural and metropolitan hospitals, different hospital sizes and hospitals in different Commonwealth regions.

Figure 10.1 shows the proportion of all hospital beds (in responding hospitals) that are allocated for acute medical and assessment, rehabilitation and psychogeriatric care under the sole or shared control of an Aged Care Service. This is illustrated according to hospital size and whether hospitals identified themselves as located in rural or metropolitan locations.

**Figure 10.1: Proportion of hospital beds allocated for Aged Care (excluding residential care) as reported by Survey Respondents**

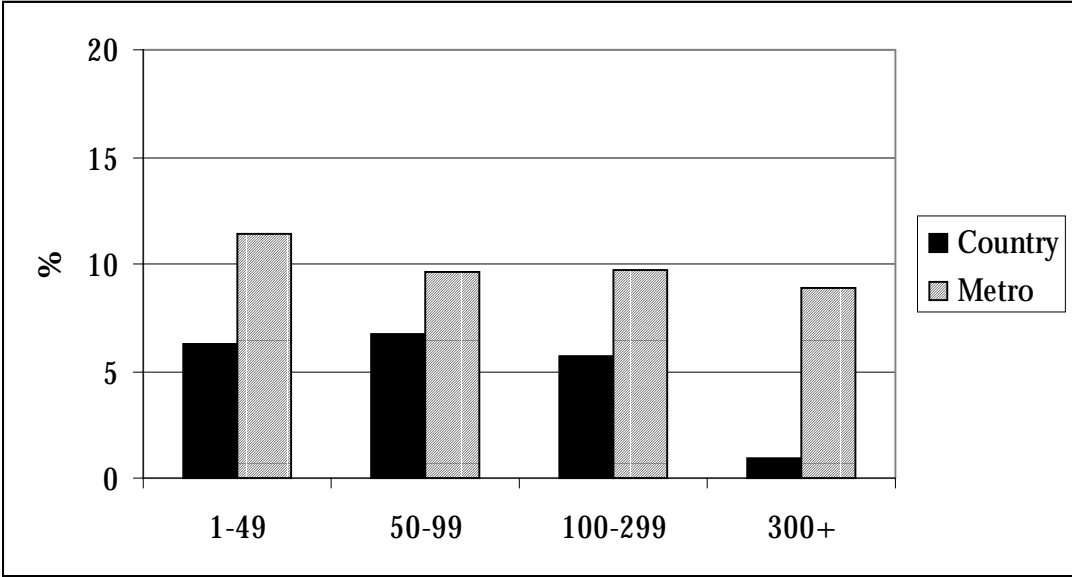


Figure 10.1 shows that responding metropolitan hospitals tend to have a higher proportion of beds allocated under the Aged Care Service. This is largely due to the different types of hospitals in metropolitan compared to rural regions. For example, in metropolitan regions responding smaller hospitals more often reported being geriatric, rehabilitation or specialist hospitals and the larger metropolitan hospitals reported being general hospitals (less than 40% of the 1-49 and 50-99 bed metropolitan hospitals reported being general hospitals, yet 70% of 100-299 and 100% of 300+ bed metropolitan hospitals reported being general hospitals). In rural areas almost all hospitals reported being general hospitals regardless of the size (ranging from 87-100% across the different hospital sizes). All 300+ hospitals reported being general hospitals yet there was a substantial difference between rural and metropolitan regions in the proportion of hospital beds allocated for Aged Care, with a much larger proportion in metropolitan (9%) compared to the small number of rural hospitals (1%) of this size.

Table 10.4 provides the data regarding bed based Aged Care Services as reported by survey respondents in each of the Commonwealth regions, sorted by State and Territory. The number of beds in each region and the response rate are presented, together with the number of reported beds designated to Aged Care Programs and the ratio of beds per 1000 people aged 70 years and over. It is likely that for some regions the number of beds indicated is an *underestimate* due to non-response by one or more hospitals in a region. Table 10.4 is followed by Map 10.8 that shows the number of Aged Care beds as reported by survey respondents as a proportion of the population 70 years and over in each Commonwealth Region. Again, response rates in each region may result in underestimates. Refer to Table 10.4 or Map 2.1 (Methodology chapter) to see the response rates per number of hospital beds in each region.

**Table 10.4: Reported Aged Care beds as a proportion of the total number of beds in responding hospitals by Commonwealth Region**

	commonwealth region	total beds in region 70+ population		response rate by bed %	No. Assessment & Rehab. beds	No. Psycho Geriatric beds	All hospital Aged Care beds*	Aged Care beds as % of beds in responding hospitals	Aged Care beds as % of per 1000 70+
	<b>ACT</b>	<b>887</b>	<b>18,278</b>	<b>98.1</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>3.2</b>	<b>1.5</b>
NSW	Central Coast	970	38,797	100.0	137	0	137	14.1	3.5
	Hunter	1874	56,023	81.3	71	22	93	6.1	1.7
	Illawarra	1161	42,100	82.2	41	2	43	4.5	1.0
	Inner West	1342	40,308	82.0	95	40	135	12.3	3.3
	Nepean	716	18,881	90.5	36	0	36	5.6	1.9
	Northern Sydney	3526	81,423	82.5	243	30	273	9.4	3.4
	South East Sydney	2920	80,141	87.0	237	12	249	9.8	3.1
	South West Sydney	1749	48,344	100.0	155	28	183	10.5	3.8
	Western Sydney	1645	46,002	68.9	132	24	156	13.8	3.4
	Central West	1025	16,317	67.0	24	0	24	3.5	1.5
	Far North Coast	833	31,848	73.8	129	0	129	21.0	4.1
	Mid North Coast	1210	35,650	79.3	16	16	32	3.3	0.9
	New England	816	16,571	76.8	22	0	22	3.5	1.3
	Orana Far West	598	13,598	79.1	43	0	43	9.1	3.2
	Riverina/Murray	1168	26,850	86.0	56	28	84	8.4	3.1
	Southern Highlands	568	16,317	83.3	65	0	65	13.7	4.0
	<b>NSW Total</b>	<b>22121</b>	<b>609,170</b>	<b>83.0</b>	<b>1502</b>	<b>202</b>	<b>1704</b>	<b>9.3</b>	<b>2.8</b>
NT	Alice Springs	188	798	100.0	0	0	0	0.0	0.0
	Barkly	20	144	100.0	0	0	0	0.0	0.0
	Darwin	429	2,696	100.0	0	0	0	0.0	0.0
	East Arnhem	30	153	100.0	0	0	0	0.0	0.0
	Katherine	60	289	100.0	0	0	0	0.0	0.0
	<b>NT Total</b>	<b>727</b>	<b>4,080</b>	<b>100.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>
QLD	Brisbane North	2259	40,863	92.2	157	35	192	9.2	4.7
	Brisbane South	2513	51,921	90.9	124	16	140	6.1	2.7
	Cabool	562	21,484	100.0	0	0	0	0.0	0.0
	Central West	102	1,045	17.6	0	0	0	0.0	0.0
	Darling Downs	1354	20,131	69.5	10	0	10	1.1	0.5
	Far North	802	13,642	95.6	58	0	58	7.6	4.3
	Fitzroy	923	12,209	80.1	9	0	9	1.2	0.7
	Logan River Valley	92	11,844	100.0	0	0	0	0.0	0.0
	Mackay	485	7,281	84.1	33	0	33	8.1	4.5
	North West	197	1,432	98.0	11	0	11	5.7	7.7
	Northern	877	13,987	86.0	0	0	0	0.0	0.0
	South Coast	1448	37,536	86.0	48	12	60	4.8	1.6
	South West	223	1,952	46.2	0	0	0	0.0	0.0
	Sunshine Coast	919	28,702	55.3	0	0	0	0.0	0.0
	West Moreton	487	11,037	100.0	30	0	30	6.2	2.7
	Wide Bay	798	21,009	88.1	15	0	15	2.1	0.7
	<b>QLD Total</b>	<b>14041</b>	<b>296,075</b>	<b>84.7</b>	<b>495</b>	<b>63</b>	<b>558</b>	<b>4.7</b>	<b>1.9</b>

**Table 10.4 continued.**

	commonwealth region	total beds in region	70+ population	response rate by bed %	No. Assessment & Rehab. beds	No. Psycho Geriatric beds	All hospital Aged Care beds*	Aged Care beds as % of beds in responding hospitals	Aged Care beds as % of per 1000 70+
SA	Metropolitan East	2515	33,608	92.4	152	53	205	8.8	6.1
	Metropolitan North	631	20,215	37.2	0	0	0	0.0	0.0
	Metropolitan South	965	36,379	100.0	29	0	29	3.0	0.8
	Metropolitan West	594	29,653	88.2	15	0	15	2.9	0.5
	Eyre Peninsula	180	3,359	65.0	18	0	18	15.4	5.4
	Hills, Mallee & Southern	316	12,055	78.2	25	0	25	10.1	2.1
	Mid North	209	3,601	73.2	30	0	30	19.6	8.3
	Riverland	214	3,723	29.9	0	0	0	0.0	0.0
	South East	256	6,112	78.1	17	0	17	8.5	2.8
	Whyalla, Flinders & Far North	251	3,630	93.2	0	0	0	0.0	0.0
	Yorke, Lower North & Barossa	239	9,380	54.0	25	0	25	19.4	2.7
	<b>SA Total</b>	<b>6370</b>	<b>161,715</b>	<b>81.5</b>	<b>311</b>	<b>53</b>	<b>364</b>	<b>7.0</b>	<b>2.3</b>
	TAS	North Western	354	10,343	93.5	0	0	0	0.0
Northern		566	13,726	96.1	0	0	0	0.0	0.0
Southern		1196	22,117	80.8	22	0	22	2.3	1.0
<b>TAS Total</b>	<b>2116</b>	<b>46,186</b>	<b>87.0</b>	<b>22</b>	<b>0</b>	<b>22</b>	<b>1.2</b>	<b>0.5</b>	
VIC	Eastern Metro	2651	90,311	96.6	263	49	312	12.2	3.5
	Northern Metro	3191	62,423	91.9	276	60	336	11.5	5.4
	Southern Metro	3431	111,757	81.1	343	58	401	14.4	3.6
	Western Metro	2187	44,122	100.0	201	15	216	9.9	4.9
	Barwon-South Western	1404	37,663	84.8	79	30	109	9.2	2.9
	Gippsland	728	25,528	47.4	8	0	8	2.3	0.3
	Grampians	915	21,348	66.2	52	10	62	10.2	2.9
	Hume	1125	24,318	96.4	32	13	45	4.1	1.9
	Loddon-Mallee	1053	30,061	89.4	88	12	100	10.6	3.3
<b>VIC Total</b>	<b>16685</b>	<b>447,531</b>	<b>87.7</b>	<b>1342</b>	<b>247</b>	<b>1589</b>	<b>10.9</b>	<b>3.6</b>	
WA	Metropolitan East	1387	22,053	80.3	68	0	68	6.1	3.1
	Metropolitan North	2305	38,384	73.7	146	47	193	11.4	5.0
	Metropolitan South East	367	24,804	100.0	61	43	104	28.3	4.2
	Metropolitan South West	942	31,303	100.0	49	16	65	6.9	2.1
	Goldfields	208	2,089	78.4	5	0	5	3.1	2.4
	Great Southern	356	6,456	78.7	36	0	36	12.9	5.6
	Kimberley	146	955	96.6	0	0	0	0.0	0.0
	Mid West	231	3,944	91.8	28	0	28	13.2	7.1
	Pilbara	155	637	96.1	1	0	1	0.7	1.6
	South West	418	10,044	89.5	12	0	12	3.2	1.2
	Wheatbelt	344	4,121	84.0	35	0	35	12.1	8.5
<b>WA Total</b>	<b>6859</b>	<b>144,790</b>	<b>83.5</b>	<b>441</b>	<b>106</b>	<b>547</b>	<b>9.5</b>	<b>3.8</b>	
<b>AUSTRALIA</b>	<b>69806</b>	<b>1,727,825</b>	<b>84.9</b>	<b>4141</b>	<b>671</b>	<b>4812</b>	<b>8.1</b>	<b>2.8</b>	

\*Does not include Residential Aged Care

Source: Total beds in region was derived from a combination of available data from Survey 2, 2001 Hospital and Health Services Yearbook, Australian Institute of Health and Welfare's National Public Establishments Database and the National Morbidity Database, 1999-00. These figures do not include residential aged care beds. Seventy + population data source: projections by SLA as at 30/6/01 based on 1996 census data provided by Commonwealth.

**Insert Map 10.8: Aged Care Service Beds reported by Survey Respondents as a proportion of the 70 years and over population by Commonwealth Region (n=690)**

Whilst there is variability in the number of reported beds per 1000 people aged 70 and over, the ACT, New South Wales and Victoria have all identified Aged Care beds in every region. In contrast, hospitals in the Northern Territory – with a response rate of 100% – identified no designated Aged Care, rehabilitation or psychogeriatric beds that were provided by an Aged Care Service. In Western Australia, the only region to identify no Aged Care beds was the Kimberley although they did indicate access to residential/respite, Aged Care consultancy, community services, ambulatory and administrative services in Table 10.1.

In Queensland, two regions (Cabool and Logan River Valley) with a 100% response rate from hospitals, identified no Aged Care or rehabilitation beds operated by the Aged Care Service. These regions are on the outskirts of Brisbane. There were 4 other regions in Queensland where the responding hospitals identified no Aged Care or rehabilitation beds (Central West, Northern, South West and Sunshine Coast). This data must be viewed with caution given the response rates for these 4 regions were below 100%.

For three regions in South Australia the responding hospitals identified no Aged Care or rehabilitation beds operated by the Aged Care Service. Two of these regions had low response rates (Metropolitan North and Riverland). The third region – Whyalla, Flinders and Far North – is adjacent to the Mid-North region which had the highest proportion of Aged Care and rehabilitation beds per 1000 people aged 70 years and over identified in the state. Whyalla, Flinders and Far North covers the majority of South Australia but has a very low population density and only 3630 people 70 years and over.

The Southern Region was the only Tasmanian region where Aged Care and rehabilitation beds provided by an Aged Care Service were identified by responding hospitals. The North Western and Northern regions both reported the remaining broad service categories as identified in Table 10.1 with the exception of administrative services in the North Western Region.

## **Summary**

From this regional analysis it is possible to build a picture that the vast majority of regions in Australia have access to at least some inpatient Aged Care and rehabilitation services, together with a range of consultancy, ambulatory, community, residential aged care/respite and coordination services. At least three quarters of regions with more than 15,000 people 70 years and over and two thirds of all regions indicated having all 6 service categories. A greater proportion of metropolitan regions reported all 6 service categories compared to rural regions. However, when Northern Territory was excluded from the analysis, there was minimal difference between metropolitan and rural regions in reported service availability.

Whilst this is promising, it is not necessarily an indicator that all older people who require an Aged Care Service have direct or local access. There may be only one psychogeriatric facility within a region for example, necessitating travel for an older person and their carers if inpatient care is required.

The more limited availability of reported Aged Care Services in regions with smaller 70 years and over populations is an interesting issue. The challenge is to provide services of an appropriate standard and range for what is essentially a very small group of older people. This becomes a rural issue also, as the regions with a smaller number of older people are

commonly rural or remote regions – often with quite large geographic catchments. This presents a challenge regarding economy of scale and service costs, but also raises the issues of recruitment, retention and development of staff in a sector that is facing major workforce shortages.

So, has the picture changed since the 1992 survey? Hospital Aged Care Services need to be considered in the context of changing residential aged care service and an emphasis shifting towards more community aged care packages and on strengthening the Home and Community Care program. It is clear that there continues to be a variation between jurisdictions in the range and level of services provided. This variation appears to be linked, in part, to population levels. It appears that the range of hospital Aged Care Services in each jurisdiction has increased. Psychogeriatric services have shown the most noticeable change since the 1992 survey, with a much larger proportion of responding hospitals now reporting the provision of psychogeriatric services. The proportion of responding hospitals providing specialist clinics and community services auspiced by hospitals has also grown since the 1992 study.

Absolute numbers of reported bed-based services have increased and more responding hospitals now provide bed-based services, although relative to population growth, the rate of bed provision has decreased over time. This does not appear to have had a significant negative impact on access, with average waiting times to access bed-based acute, assessment and rehabilitation services at similar or lower levels to those reported in the 1992 study. The way in which the beds and services are provided also appears to have shifted with less of an emphasis on ‘designated units’ and more likelihood of the Aged Care Service providing input to the care of older people on general wards. Qualitatively, designated inpatient units are more likely to provide ‘post-acute’ care, whilst Aged Care Services operating in general wards or units are more likely to be providing ‘acute’ care.

The question remains – how much is enough? There are no established benchmarks that identify the appropriate level of Aged Care Service provision for a given population. The routinely collected data available across jurisdictions that could support the investigation or development of such benchmarks is extremely limited. Overall, the number of Aged Care Services available is still too low to enable meaningful analysis at a regional level other than by grouping the services into broad categories. This study has adopted an approach of grouping services across a region to identify whether the ‘complement’ of Aged Care Services is available within each region.

To a degree, this analysis might be as useful to planners at a local level, as at a national level, in so far as it will enable them to benchmark service availability with the rest of the country. We are unable to make accurate assessments of the precise configuration of services, including their proximity to adjacent regions, to form judgements around adequacy or appropriateness of services at regional levels.

The variation between service provision at State level, however, might at least encourage discussion about ideal levels of provision. Again, current levels of provision might be a product of historical developments, as much as they are based on ideal practice or provision.

In terms of future directions, there is an ongoing need for local level planning and development using locally relevant data. However, the utility of this project and the

opportunities for national evaluation and policy development would suggest the need for nationally agreed definitions that facilitate some commonality between jurisdiction based data sets.

Further work is required within and between jurisdictions to develop population based planning and funding approaches that consider the needs of the older person to access appropriate services rather than the needs of the system to maintain current practice. The important challenges for the future are to foster collaboration that enables achievement of effective, evidence based planning and the provision of high quality Aged Care Services that are client centred. It is the hope of the project team that this work will not need to be repeated in this way in the year 2012, and that by then many routine data collection approaches and service development learnings will be integrated into everyday policy and practice.

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## 12. Appendices

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### Appendix 1: Survey Letters and Surveys

National Survey

# Hospital Aged Care Services



24/9/01

#### National Survey of Hospital Aged Care Services

National Ageing Research Institute

PO Box 31

Parkville

VICTORIA 3052

To the Chief Executive Officer,

The Australian Health Ministers' Advisory Council has commissioned a project that aims to identify and assess the range and extent of services for older people across the Acute-Aged Care System in each Australian State and Territory. Services for older people include a broad range of bed-based, ambulatory and community care programs. This project is supported by the Commonwealth and State Governments and is being conducted by the National Ageing Research Institute in association with the Centre for Applied Gerontology.

The specific focus of this study is on Aged Care Services linked with or auspiced by hospitals and delivered either in the hospital setting or in the community. Although this project focuses on Aged Care Services, responses from **all** hospital sites to the preliminary survey (attached) are essential. Please complete and return the attached survey, **even if there are no Aged Care Services at your hospital**. This will enable investigation of the scale of hospitals that have these types of services. If an Aged Care Service is present at your hospital, a follow-up survey with more specific questions will be sent to the service director for completion.

This work will increase our understanding of the interactions between the various institutional and community services that offer care to older people with the goal of identifying the extent and nature of any systemic problems, and the implications these may have for older people accessing Health and Aged Care Services.

This survey will take **less than five minutes for either you or your delegate to complete**. **If you have any queries please contact Kirsten Black on ...** I would appreciate your assistance in completing it. Please find the enclosed envelope to return this survey by **10<sup>th</sup> October 2001**.

Thank you  
Len Gray



## Survey 1

# NATIONAL SURVEY Hospital Aged Care Services HOSPITAL PROFILE

### *Purpose of this survey*

Thank you for completing this important survey which will take less than five minutes of your valuable time. This is a preliminary survey designed to determine which hospitals throughout Australia have an Aged Care Service (a comprehensive definition of an Aged Care Service is provided on page 3).

**This preliminary survey should be completed by EVERY hospital including those that do not have an Aged Care Service.**

This survey also asks that the hospitals with an Aged Care Service provide the contact details of the Director of Aged Care Services. A follow-up comprehensive survey with more specific questions about the available Aged Care Services will be forwarded to the nominated person(s).

**If you have any questions please contact Kirsten Black on (03) 8387 2148 or email to: k.black@nari.unimelb.edu.au**

### **Instructions for survey completion**

Please complete the following questions, referring to the definitions where necessary. Your responses will be scanned. Please colour in the appropriate circle with a blue or black pen like this:

1     2     3     4

Please check the details on the attached label and fill in any categories that are incorrect or missing:

Hospital Name:.....

Address.....Postcode.....

Telephone:.....Fax:.....

Name and title of person completing the form.....

Email Address.....

## **Section A**

### **Question 1**

Which of the following descriptions best describes your hospital organisation:

- 1 A single site hospital;
- 2 This site and other sites sharing a common administration, i.e. a multicampus hospital;
- 3 This site and other administratively distinct hospitals, i.e. other independent hospitals or hospitals within a 'group'
- 4 A combination of 2 and 3.

***If your response was Item 1, please go to Question 4.***

***If your response was Item 2, 3 or 4, please continue onto Question 2.***

ID: 

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**Question 2**

Name of organisation:.....

**Question 3**

Please name all of the other hospital sites (only include sites with acute or subacute inpatient programs):

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....
- 6).....

**(If there is insufficient space please attach a complete list of sites.)**

The following questions relate to this hospital site only

**Question 4**

Hospital status:

- public
- privatenotforprofit
- privateforprofit

**Question 5**

Hospital location:

- metropolitan
- country

**Question 6**

Hospital type: (select one category that best describes the hospital)

- generalteaching
- generalnon-teaching
- geriatric
- rehabilitation
- psychiatrist
- other,specify.....

**Question 7**

Please select the category that best reflects the number of non-same day stay beds at this hospital site

- 1-49
- 50-99
- 100-299
- 300+
- Not known

## Aged Care Service Definition

For the purpose of this survey an **Aged Care Service** is defined as either:

- 1) *An individual or individuals employed by the hospital (on a full time or part time basis) or*
- 2) *A department, unit or program*

.....with specific responsibilities for the assessment and/or management of health problems of older people.

The Aged Care Service may have responsibility in the hospital or in the community for services or programs that include (but are not limited to):

- *Inpatient / bed based services*
- *Aged Care Assessment Team (ACAT)*
- *Outpatient Services*
- *Discharge planning services*
- *Domiciliary or community outreach programs*
- *Day hospitals or day care services.*

For the purpose of this survey, a visiting geriatrician alone (private or employed by another organisation) and/or Nursing Home or Hostel beds alone **do not** constitute an Aged Care Service.

### Question 8

Does this hospital have an Aged Care Service as defined above?

Yes



**Go to Question 9, below**

No



**Go to Question 10, page 4**

### Question 9

Please nominate the title, name and address of the Director of Aged Care Services (eg. senior geriatrician, department head or Aged Care Assessment Team Co-ordinator) so that part II of the survey can be forwarded to him/her for completion.

Title:.....

Name:.....

Email address (if known):.....

Address:.....

.....

**If your answer to Question 8 was yes and you have completed Question 9, the Questionnaire is now complete. Please return in the enclosed envelope. Thank you for your assistance**

## Section B

Please complete this section only if the response to Question 8 was **NO**. (There is no Aged Care Service in this hospital.)

### Question 10

Does a Geriatrician or other ACAT member visit the hospital on a regular basis?

- Geriatrician
- ACAT
- Both
- Neither

### Question 11

Are there any general rehabilitation beds operating at this hospital site?

- Yes → If yes, approximately how many general rehabilitation beds are operating at this hospital site?

--	--	--

 beds

- No →

***The Questionnaire is now completed. Please return in the enclosed envelope. Thank you for your assistance***

## Reminder letter for Questionnaire 1

National Survey

# Hospital Aged Care Services



**National Survey of Hospital Aged Care Services**  
National Ageing Research Institute  
PO Box 31  
Parkville  
VICTORIA 3052

15/10/01

To the Chief Executive Officer,

I recently mailed to you a survey regarding the provision of Aged Care Services in your hospital. To date, a reply has not been received. Your response is critical to our study – **even if you don't currently operate an Aged Care Service.**

This survey will take **less than two minutes** for either you or your delegate to complete.

**If you have any queries please contact Kirsten Black on ph (03) 8387 2148; fax (03) 8387 2153; or email: [k.black@nari.unimelb.edu.au](mailto:k.black@nari.unimelb.edu.au)**

I would appreciate your assistance in completing it. Please find the enclosed envelope to return this survey by **29th October 2001.**

Thank you

Len Gray



## Letter for Survey 2

# National Survey Hospital Aged Care Services



## National Survey of Hospital Aged Care Services

National Ageing Research Institute

PO Box 31

Parkville

VICTORIA 3052

5<sup>th</sup> November, 2001

To the Aged Care Service Director

The Australian Health Minister's Advisory Council has commissioned a project that aims to assess the range and extent of services for older people across the Acute-Aged Care System in each Australian State and Territory. This project is supported by the Commonwealth and State Governments and is being conducted by the National Ageing Research Institute in association with the Centre for Applied Gerontology.

In a recent survey sent to the Chief Executive Officers of all public and private hospitals in Australia, you were identified as the head of an Aged Care Service operating at this hospital. We would appreciate your contribution to this important survey.

### Completing the survey

Please work your way through the questionnaire, following the directions provided. The responses on the survey will be scanned so please colour in the appropriate circle with a blue or black pen. Please return the survey in the enclosed addressed envelope by 14<sup>th</sup> December.

### Survey layout

The survey contains two parts. Part I defines, for the purpose of this survey, what an Aged Care Service is. The links to other Aged Care Services at external locations is also explored in Part I. Part II looks at this specific hospital site, its regional responsibility and specific Aged Care Services. The services included are: Aged Care Assessment Teams; Acute Medical Care and Assessment Services; Rehabilitation Services; Residential Aged Care; Respite Care; Inpatient Consultative Services; Psychogeriatric Services; and Ambulatory, Interface and Community services.

### Queries

If you have any queries please contact Kirsten Black on; ph: (03) 8387 2148; fax: (03) 8387 2153; or email: [k.black@nari.unimelb.edu.au](mailto:k.black@nari.unimelb.edu.au)

I would greatly appreciate your assistance in completing this survey.

Thank you  
Len Gray





## B: Service Location

### Question 3

It is possible that the Aged Care Service operating at this hospital is one element of a broader Aged Care Service operating at other hospital &/or non-hospital sites. We are interested in determining the nature of hospital Aged Care Service networks.

**Note:** A hospital site is any location where there are hospital beds. It does not include locations where there are nursing home or hostel beds only. Freestanding day hospitals, day centres, etc do not constitute a “hospital site”.

Which of the following best describes where the Aged Care Services at this hospital operates?

- 1 **Only at this hospital site** (excluding non-hospital sites such as day hospitals, day centres; nursing homes etc)
- 2 **At this and other hospital sites** sharing a common administration, i.e. .a **multi-campus hospital**
- 3 **At this and other administratively distinct hospital**, i.e. other independent hospitals or hospitals within a ‘group’
- 4 A combination of 2 and 3.

**If your response was Item 1, please go to Part II, next page.**

**If your response was Item 2, 3, or 4 please read this note carefully then answer Question 4 on this page.**

Please make sure that a separate copy of **PART II** of the questionnaire should be completed for **each hospital site at which the Aged Care Service operates.**

**Note:** Additional copies of this questionnaire **may** have been sent to you or a colleague at other sites of a **multi-campus** hospital and **should** have been sent to you or a colleague at other **independent** hospitals where your service operates.

**If necessary please make photocopies or contact us if additional copies of the questionnaire are required.** There will be no unnecessary duplication of information since your responses to all the remaining questions will be **‘site specific’**.

**Now please answer Question 4**

### Question 4

Please name **all** of the **other** hospital sites (for multi-campus hospital), or hospitals where the Aged Care Service at this hospital operates. (Note: Part II of this questionnaire must be completed for each hospital site listed here)

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

(If there is insufficient space please attach a complete list of sites.)

## PART II: Profile of Individual Hospital Site

All further questions in the questionnaire relate only to services at one hospital site.

**A separate copy of Part II should be completed for each individual hospital site, even if it is part of a multi-campus hospital.**

Free-standing nursing homes, hostels, day hospitals, day centres, etc do not constitute 'hospital' site.

### A: The Site

#### Question 5

What is the name of this hospital site (i.e. to which the remainder of the questions pertain)?

.....  
 .....

#### Question 6

Name of the person completing Part II of this questionnaire:

.....

Telephone number:

(.....).....

Email.....

#### Question 7

Hospital type (please select the category which best describes the hospital on this site).

- General teaching
- General non-teaching
- Geriatric
- Rehabilitation
- Psychiatric
- Other

(please specify).....

#### Question 8

Site Location:

- Metropolitan
- Country

#### Question 9

Is there an accident and emergency department at this site:

- Yes
- No

#### Question 10

How many hospital beds\* are currently located at this site? (excluding permanent and interim\*\* residential aged care beds).

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\*hospital beds are those either occupied or unoccupied but staffed. An estimate is satisfactory.

\*\* Interim beds are those explicitly allocated for patients awaiting permanent residential aged care.

#### Question 11: Administrative Centre

The administrative centre of a hospital Aged Care Service is the main operational base for that service and is usually where referrals to the service are received & patient records housed.

The administrative centre of the Aged Care Service operating at this hospital may be situated at another hospital or non-hospital site. It is located at.

- This hospital?
- Another hospital site? please name:

.....

- A non-hospital? Please name:

.....

**B: Regional Responsibility**

**Question 12**

Does the service operating at this site serve a defined geographical catchment area (i.e. it has an area-based responsibility)?

- No (serves patients from any area)
- Yes (serves only patients from a defined catchment area)
- Both (serves patients from both a defined catchment area and a wider area)

If you answered 'Yes' or 'Both' to Question 12, please name the municipalities (LGAs) within your defined catchment area:

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....
- 6).....
- 7).....
- 8).....

**C: Aged Care Assessment Team (ACAT)**

**Question 13**

Is an ACAT\* (or part of an ACAT) based at this hospital?

*\*ACAT refers to assessment teams which are jointly funded by Commonwealth and State Governments.*

*It does not include psychogeriatric assessment teams which are considered in a later section.*

- No **Please go to Question 17** →
- Yes **Please continue to Question 14** →

**Question 14**

How would you best describe the relationship at the clinical level between the ACAT and the Aged Care Service operating at the hospital?

- Fully integrated with the Aged Care Service
- Partially integrated with the Aged Care Service
- Independent

**Question 15**

Where is the administrative centre of the ACAT based?

- This hospital
- Another hospital (specify which hospital)  
.....
- A non-hospital (specify the location)  
.....

**Question 16**

What is the name of the ACAT?

.....

**Please go to Question 18, next page** →

**Question 17**

If there is no ACAT at this hospital site, does an ACAT team member visit when required?

- Yes
- No

**Please continue on to Question 18, next page** →

**Bed Based Services  
D: Acute Medical Care &  
Assessment Services**

**Question 18**

Does the Aged Care Service have beds at this site (under its sole control or shared with another service or unit) **for acute care or assessment?**

*Note: This question does not refer to psychogeriatric care. Psychogeriatric services will be considered in another section.*

- No **Go to Question 35, page 7** →
- Yes

**Continue to Question 19**



**Question 19**

In which environment(s) is/are acute care or assessment provided? (select one option)

- 1 A ward(s) or area(s) **designated exclusively for Aged Care Patients** (hereafter called "Designated Aged Care Unit")
- 2 A ward(s) or area(s) not designated exclusively for Aged Care Patients (thereafter called "general purpose beds")
- 3 Both

**If your response was item 2, please go to Question 27, next page** →

**If your response was item 1 or 3, please Continue to Question 20, this page** →

**Designated Aged Care Unit**

**Question 20**

Which response best describes the Aged Care Service admission policy to its Designated Aged Care Unit? (select one item only)

- 1 Non-surgical patients **over a specified age**
- 2 Patients with selected problems (such as confusion, immobility, incontinence) **over a specified age**
- 3 Patients with selected problems (such as confusion, immobility, incontinence) **without a specified age limit**
- 4 Other (please specify / describe below)

.....

**Question 21**

If there is an age limit what is it?

--	--

Years or over

**Question 22**

How many beds are in the designated Aged Care Unit?

--	--	--

**Question 23**

In (approximately) which year was the Designated Aged Care Unit established?

--	--	--	--

**Question 24**

Are the beds in this unit also used for any of the following specific purposes? (select one or more options)

- Rehabilitation
- Permanent Residential Aged Care
- Interim Residential Aged Care\*
- Respite care
- Palliative or hospice care
- Psychogeriatric assessment
- None of the above

\*Interim beds are those explicitly allocated for patients awaiting permanent residential aged care

**Question 25**

What are the common admission sources of patients for this unit? *List in order of frequency by placing a number in the box from 1 to 4 with number 1 being the most frequent. If a source is rare or uncommon, leave the box blank.*

Direct admission from the community (after consultation with GP, health professional or initial assessment at patient's home)

Admission from the emergency department (initial contact with patient is in the emergency department)

Transfer from other wards or areas of this hospital site

Transfer from other hospitals

**Question 26**

Over the past 3 months, what was the average waiting time for patients to be admitted to the Designated Aged Care unit for patients other than those admitted directly from an accident and emergency department (i.e. community and patients transfers)?

days

Is this based on  estimate  actual data

**General Purpose Beds**

**Question 27**

Does the Aged Care Service provide direct medical care to patients in beds in areas not designated exclusively for Aged Care Patients? (eg. general wards, orthopaedic ward)

No **Go to Question 35, next page** →

Yes **Continue to Question 28, next page** →

**Question 28**

Are these beds under the sole control of the Aged Care Service or is the care shared with another unit? (Please select one option only.)

- Yes, the beds are under the sole control of the Aged Care Service. **Go to Question 30** →
- No, care is shared with another unit
- Both arrangements occur

**Question 29**

If sharing occurs, with which unit(s)? (select all that apply)

- General Medicine
- Orthopaedic surgery
- Stroke unit
- Urology
- Other (please specify)

.....

**Question 30**

Which response best describes the Aged Care Service admission policy to its acute or assessment beds in general purpose beds? (select one item only)

- Non-surgical patients **over a specified age**
- Patients with selected problems (such as confusion, immobility, incontinence) **over specified age**
- Patients with selected problems (such as confusion, immobility, incontinence) **without a specified age limit**
- Other (Please specify / describe below)

.....

.....

**Question 31**

If there is an age limit what is it?

Years or over

**Question 32**

How many beds are usually occupied by Aged Care Service Patients in the general purpose beds?

**Question 33**

What are the common admission sources of patients under the care of the Aged Care Service in general purpose beds? *List in order of frequency by placing a number in the box from 1 to 4, with number 1 being the most frequent. If a source is rare or uncommon, leave the box blank.*

Direct admission from the community (after consultation with GP, health professional or initial assessment at patient's home)

Admission from the emergency department (initial contact with patient is in the emergency department)

Transfer from other wards or areas of this hospital site

Transfer from other hospitals

**Question 34**

Over the past 3 months, what was the average waiting time for patients to be admitted to the general purpose beds under the care of the Aged Care Service for patients other than those admitted directly from an accident and emergency department? (i.e. community patients and transfers)?

days

Is this based on  estimate  actual data

**Bed Based Services  
E: Rehabilitation Services**

**Question 35**

Does the Aged Care Service have beds at this site (under its sole control or shared with another service or unit) for rehabilitation?

No **Go to Question 53, page 10** →

Yes **Please continue to Question 36**



**Question 36**

In which environment(s) is / are rehabilitation provided? (select one or more options)

1 A designated ward or area for Aged Care Rehabilitation separate from the Designated Aged Care Unit referred to in Question 19, above (hereafter called the "Aged Care Rehabilitation Unit")

2 A Designated Aged Care Unit referred to in Question 19, above

3 General purpose hospital unit /ward

4 General purpose rehabilitation unit / ward

5 Permanent Residential Aged Care unit

6 Other, please specify:

.....  
.....

**If your response did not include Item 1, please go to Question 44, next page** →

**If your response included Item 1, please continue to Question 37, next page** →

## Aged Care Rehabilitation Unit

### Question 37

Which response best describes the Aged Care Service admission policy to the Aged Care Rehabilitation Unit? (select one item only)

- Rehabilitation patients **over a specified age**
- Patients with selected problems (such as stroke or hip fracture) **over a specified age**
- Patients with selected problems (such as stroke or hip fracture) **without a specified age limit**
- Other (please specify / describe below)

.....  
.....

### Question 38

If there is an age limit, what is it?

Years or over

### Question 39

How many beds are in the Aged Care Rehabilitation Unit?

### Question 40

In (approximately) which year was the Aged Care Rehabilitation Unit established?

### Question 41

Are the beds in the Aged Care Rehabilitation Unit also used for any of the following specific purposes? (select one or more options)

- Permanent Residential Aged Care
- Interim Residential Aged Care
- Respite Care
- Palliative Care
- None of the above

### Question 42

What is / are the common admission source(s) of patients for this unit? List in order of frequency by placing a number in the box from 1 to 4, with number 1 being the most frequent. If a source is rare or uncommon leave the box blank.

Direct admission from the community (after consultation with GP, health professional or initial assessment at patient's home)

Admission from the emergency department (initial contact with patient is in the emergency department).

Transfer from other wards or areas of this hospital site.

Transfer from other hospitals

### Question 43

Over the past 3 months, what was the average waiting time for patients to be admitted to the Aged Care Rehabilitation Unit?

days

Is this based on  estimate  actual data

## General Purpose Hospital and Rehabilitation Beds

### Question 44

Does the Aged Care Service provide rehabilitation to patients in beds in areas not designated exclusively for Aged Care Patients? (e.g. general purpose hospital or general rehabilitation beds)

No **Go to Question 54, page 10** →

Yes **Continue to Question 45, next page** →

**Question 45**

Are these beds under the sole control of the Aged Care Service or is the care shared with another unit? (Please select one option only.)

- Yes, the beds are under the sole control of the Aged Care Service Go to Question 47
- No, care is shared with another unit
- Both arrangements occur



**Question 46**

If sharing occurs, with which unit(s)?

- General Rehabilitation service
- Other (please specify)  
.....

**Question 47**

Which response best describes the Aged Care Service admission policy to its rehabilitation beds in general purpose beds? (select one item only)

- 1 Rehabilitation patients over a specified age?
- 2. Patients with selected problems (such as stroke or hip fracture) over a specified age?
- 3 Patients with selected problems (such as stroke or hip fracture) without a specified age limit?
- 4 Other (please specify/ describe below)  
.....  
.....

**Question 48**

If there is an age limit, what is it?

Years or over

**Question 49**

How many beds are usually occupied by Aged Care Rehabilitation Service patients in general purpose beds?

**Question 50**

What is / are the common admission source(s) of patients under the care of the Aged Care Service in general purpose rehabilitation beds? List in order of frequency by placing a number in the box from 1 to 4, with number 1 being the most frequent. If a source is rare or uncommon, leave the box blank.

Direct admission from the community (after consultation with GP, health professional or initial assessment at patient's home)

Admission from the emergency department (initial contact with patient is in the emergency department).

Transfer from other wards or areas of this hospital site.

Transfer from other hospitals

**Question 51**

Over the past 3 months, what was the average waiting time for patients to be admitted to the general purpose rehabilitation beds under the care of the Aged Care Service for patients other than those admitted directly from the emergency department?

days

Is this based on  estimate  actual data

**Question 52**

Aged Care Patients also transferred to other hospitals for rehabilitation?

- Never
- Occasionally
- Often
- Always

**Question 53**

(Answer this question only if rehabilitation is not provided on this site under the sole or shared management of the Aged Care Service)

If rehabilitation is required for Aged Care Patients, is it provided: (select one or more options)

- In a general purpose rehabilitation ward / area on this site —————▶ Please specify approximate number of overnight beds available:

--	--	--

- In a general purpose rehabilitation unit at another site
- In an Aged Care Rehabilitation Unit at another site
- In a residential aged care facility at another site
- Not available

<p><b>Bed Based Services</b> <b>F: Residential Aged Care</b></p>
--

**Question 54**

Is permanent or interim (beds explicitly allocated for patients awaiting permanent residential aged care) residential aged care provided at this site?

- No **Go to Question 59** —————▶
- Yes **Continue to Question 55,** —————▶

**Question 55**

Does this site provide any permanent residential care beds, other than those referred to in Questions 24 and 36?

- No —————▶ **Please go to Question 57**
- Yes —————▶ If yes, how many beds?

--	--	--

**Question 56**

How are these permanent residential care beds funded?

- Commonwealth subsidies
- State subsidies
- Both
- Don't know

**Question 57**

Does this site provide any interim residential care beds, other than those referred to in Question 24?

- No —————▶ **Please go to Question 59**
- Yes —————▶ If yes, how many beds?

--	--	--

**Question 58**

How are these interim residential care beds funded?

- Commonwealth subsidies
- State subsidies
- Both
- Don't know

<p><b>Bed Based Services</b> <b>G: Respite Care</b></p>
---

**Question 59**

Is residential care provided at this site?

- No **Please go to Question 63, next page** —————▶
- Yes **Continue to Question 60,** —————▶

**Question 60**

Is the respite care provided in (select one or more responses):

- General purpose hospital beds
- The Designated Aged Care Unit **referred to in Question 19** above
- The Aged Care Rehabilitation Unit **referred to in Question 36** above
- Residential Aged Care beds
- Other (please specify)

.....

**Question 61**

Which type of respite is provided at this site? (select one or more options)

- Booked or planned respite care
- Emergency respite care

**Question 62**

How many beds are allocated to booked respite care (if available) at this site?

--	--	--

**Bed Based Services  
H: Inpatient Consultative  
Services**

**Question 63**

Is an Aged Care Consultancy Service provided to inpatients who are not already under the care of the Aged Care Service?

- Not applicable as all patients at this site are under the care of the Aged Care Service. **Please go to Question 68, next page**  ▶
- No. **Please go to Question 68, next page**  ▶
- Yes. **Continue to Question 64**  ▶

**Question 64**

Which of the following personnel regularly provide the Aged Care Consultancy Service? (select one or more options)

- Consultant Geriatrician
- Assistant Geriatrician (Diploma of Geriatric Medicine qualified. Non-Geriatrician Consultant Physician, GP with an interest in geriatric medicine)
- Advance Trainee in Geriatric Medicine
- Other Resident Medical Officer
- Non-medical health professional

**Question 65**

Is this person(s) on the staff (i.e. salary paid full or partially) of this hospital?

- Yes
- No

**Question 66**

What is the mechanism of referral of inpatients to the Aged Care Consultancy Service? (select one or more options)

- Initiated by other units within the hospital
- Flagging of patients over a certain age admitted to the hospital
- Targeting specific sub-groups of older people for assessment (please specify)
- Other (please specify).....

.....

**Question 67**

Typically, within what time frame from receipt of referral would a consultation be provided?

- Same day
- Within 1 working day
- Within 2 working days
- Within 5 working days
- More than 5 working days

I: Psychogeriatric Services

**Question 68**

Are there psycho-geriatric \* services based at this hospital site?  
*(\*A psycho-geriatric service deals specifically with the mental health needs of the elderly)*

- No **Please go to Question 72, next page** →
- Yes

**Continue to Question 69**



**Question 69**

Are there any beds at this site specifically designated for the acute care or assessment of psycho-geriatric patients (*hereafter called "psycho-geriatric assessment unit"?*)

- No **Please go to Question 72, next page** →
- Yes **Continue to Question 70,** →

**Question 70**

Inn which environment(s) is/are psycho-geriatric acute care or assessment provided?  
*(select one or more options)*

- 1. A ward or area **designated for psycho-geriatric patients**
- 2. A ward area or area designated for **general Aged Care Patients referred to in Questions 19 or 36, above.**
- 3. General purpose psychiatric hospital beds
- 4. General purpose hospital beds
- 5. Other *(please specify)*

.....  
.....

**If your response did not include item 1, please go to Question 72, next page.**

**If your response did include item 1, please continue to Question 71, this page**



**Question 71**

How many beds are in this (psycho-geriatric assessment) unit?

--	--	--

**Question 72**

Is there a psychogeriatric consultancy service based at this hospital?

- No **Please go to Question 74** →
- Yes  
↓  
**Continue to Question 73**

**Question 73**

Who usually provides the service? (select one or more options)

- Psychogeriatrician
- General psychiatrist
- Trainee psychiatrist / registrar
- Geriatrician
- Other resident medical officer
- Non-medical health professional

**Please go to Question 75, next page** →

**Question 74**

If there is no psychogeriatric assessment service based at this hospital, does the hospital have on-site access to psychogeriatric expertise through: (select one or more options)

- Visiting psychogeriatrician
- Visiting (non-medical) psychogeriatric assessment team member
- General psychiatrist
- Geriatrician (visiting)
- Visiting general psychiatrist
- Other (please specify)  
.....
- No on-site access

**J: Ambulatory, Interface and Community Services**

**Question 75**

Is there an Aged Care day hospital / community rehabilitation centre (CRC) or day centre at this hospital site (on-campus)? (select one option).

- Day Hospital/CRC
- Day centre
- Both day hospital/CRC and day centre
- No day hospital/CRC or day centre

**Question 76**

Are there Aged Care day hospitals/CRC or day centres associated with this hospital site but at an **off-campus** site? (If yes, please fill in the circle and indicate the number of facilities in the boxes)

- Day hospital(s) ... Number 

--	--
- Day centre(s) .....Number 

--	--

**Question 77**

Please indicate which of the following outpatient Aged Care Services are provided at this hospital site: *(select one or more options)*

- General Aged Care assessment clinic

**Speciality Aged Care Clinics**

- Memory
- Falls
- Incontinence
- Pain
- Dental
- Other (specify)

.....

**Question 78**

Please indicate which of the following community services are provided by the Aged Care Service?

- Domiciliary assessment service
- Home modification and/or provision of aids and appliances
- Delivered meals
- Community nursing
- Home Care
- Home therapy (other than assessment)
- Community Case Management (e.g. CACPs, Community Options)
- Other (specify)

.....

**Question 79**

Are there any other specialised services operated by the Aged Care Service at this site?

*(These are services that do not necessarily provide direct clinical care but may be more in the nature of co-ordinating and managing services or programs)*

- Ortho-geriatric service
- Discharge planning service
- Centralised or regional waiting list management (residential aged care, etc. please specify .....
- Respite care booking service (for/on behalf of external nursing homes or hostels)
- Other, please specify

.....

.....

**Question 80**

Does your hospital provide or organise any special sub-acute or post acute services designed to either:

- (a) prevent acute admission
- (b) reduce length of stay of older persons, or
- (c) facilitate prompt discharge?

- No
- Yes

If yes, please select one or more option/s which describe your service/s:

- Before hospital** – prevent acute hospital emergency department presentation
- Intervention in Hospital** – on presentation to ED to preclude admission or following admission
- After discharge – Therapy or Nursing Care in the Community**
- After discharge – INTERIM (time limited) residential or community care support**
- Sub Acute Service for community clients**  
Geriatric Medical Services, rehabilitation programs for HACC/package clients

Other: (describe briefly)  
 .....  
 .....  
 .....

**Question 81**

If you selected any of the categories in question 80, could you please provide contact details of people managing these services / programs (contact name, position, agency, phone email if possible)? This information will assist in further investigation of these programs.

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**This is the end of the Questionnaire. Please work through the check boxes to ensure that the questionnaire is complete.**

- You have carefully read the definition of an Aged Care Service on page 1
- You have listed any other hospitals/sites (if relevant) where the Aged Care Service at this hospital operated in Question 4
- You have named the site that this survey relates to at Question 5
- You have answered all relevant questions (please ensure that you have answered at least one question in ALL sections (A through to J)

**The Questionnaire is now complete. Please return in the envelope provided.**

**Thank you for your assistance**

## **Appendix 2: Tables of Results**

### ***All Hospitals***

Table 12.1	Hospital Characteristics by State
Table 12.2	Aged Care Services – Bed Based by State
Table 12.3	Aged Care Services – Non-Bed Based by State
Table 12.4	Aged Care Services – Bed Based by Hospital Size
Table 12.5	Aged Care Services – Non-Bed Based by Hospital Size

### ***General Hospitals***

Table 12.6	Hospital Characteristics by State
Table 12.7	Aged Care Services – Bed Based by State
Table 12.8	Aged Care Services – Non-Bed Based by State
Table 12.9	Aged Care Services – Bed Based by Hospital Size
Table 12.10	Aged Care Services – Non-Bed Based by Hospital Size

### ***Geriatric Hospitals***

Table 12.11	Hospital Characteristics by State
Table 12.12	Aged Care Services – Bed Based by State
Table 12.13	Aged Care Services – Non-Bed Based by State
Table 12.14	Aged Care Services – Bed Based by Hospital Size
Table 12.15	Aged Care Services – Non-Bed Based by Hospital Size

### ***Rehabilitation Hospitals***

Table 12.16	Hospital Characteristics by State
Table 12.17	Aged Care Services – Bed Based by State
Table 12.18	Aged Care Services – Non-Bed Based by State
Table 12.19	Aged Care Services – Bed Based by Hospital Size
Table 12.20	Aged Care Services – Non-Bed Based by Hospital Size

### ***Other Hospitals***

Table 12.21	Hospital Characteristics by State
Table 12.22	Aged Care Services – Bed Based by State
Table 12.23	Aged Care Services – Non-Bed Based by State
Table 12.24	Aged Care Services – Bed Based by Hospital Size
Table 12.25	Aged Care Services – Non-Bed Based by Hospital Size

**Table 12.1: Hospital Characteristics by State – All Hospitals**

Response	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Response</b>																		
Total surveyed	6		264		207		171		93		114		27		6		888	
Responses	6	100	209	79.2	164	79.2	124	72.5	68	73.1	92	80.7	22	81.5	5	83.3	690	77.7
<b>Aged Care Service</b>	<b>1</b>	<b>16.7</b>	<b>83</b>	<b>39.9</b>	<b>66</b>	<b>40.2</b>	<b>42</b>	<b>33.9</b>	<b>31</b>	<b>45.6</b>	<b>40</b>	<b>43.5</b>	<b>7</b>	<b>31.8</b>	<b>1</b>	<b>20.0</b>	<b>271</b>	<b>39.3</b>
<b>Hospital type</b>																		
General teaching	3	50.0	36	17.2	27	16.5	19	15.3	6	8.8	8	8.7	4	18.2	3	60.0	106	15.4
General non teaching	3	50.0	141	67.5	107	65.2	92	74.2	53	77.9	75	81.5	17	77.3	2	40.0	490	71.0
Geriatric	0	0.0	8	3.8	6	3.7	1	0.8	1	1.5	0	0.0	0	0.0	0	0.0	16	2.3
Rehabilitation	0	0.0	12	5.7	12	7.3	1	0.8	4	5.9	1	1.1	0	0.0	0	0.0	30	4.3
Psychiatric	0	0.0	7	3.3	5	3.0	7	5.6	3	4.4	4	4.3	1	4.5	0	0.0	27	3.9
Palliative	0	0.0	2	1.0	3	1.8	1	0.8	0	0.0	4	4.3	0	0.0	0	0.0	10	1.4
Other	0	0.0	1	0.5	0	0.0	3	2.4	0	0.0	0	0.0	0	0.0	0	0.0	4	0.6
Other specialist	0	0.0	2	1.0	4	2.4	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0	7	1.0
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>209</b>	<b>100.0</b>	<b>164</b>	<b>100.0</b>	<b>124</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>92</b>	<b>100.0</b>	<b>22</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>690</b>	<b>100.0</b>
<b>Site location</b>																		
Metropolitan	2	33.3	73	34.9	78	47.6	29	23.4	26	38.2	27	29.3	7	31.8	5	100.0	247	35.8
Country	4	66.7	136	65.1	86	52.4	95	76.6	42	61.8	65	70.7	15	68.2	0	0.0	443	64.2
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>209</b>	<b>100.0</b>	<b>164</b>	<b>100.0</b>	<b>124</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>92</b>	<b>100.0</b>	<b>22</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>690</b>	<b>100.0</b>
<b>Management type</b>																		
Public	5	83.3	158	75.6	94	57.3	85	68.5	45	66.2	74	80.4	14	63.6	2	40.0	477	69.1
Private not for profit	0	0.0	11	5.3	26	15.9	21	16.9	13	19.1	8	8.7	6	27.3	2	40.0	87	12.6
Private for profit	1	16.7	40	19.1	44	26.8	18	14.5	10	14.7	10	10.9	2	9.1	1	20.0	126	18.3
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>209</b>	<b>100.0</b>	<b>164</b>	<b>100.0</b>	<b>124</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>92</b>	<b>100.0</b>	<b>22</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>690</b>	<b>100.0</b>
<b>Hospital size (beds*)</b>																		
1-49	2	33.3	111	53.1	74	45.1	69	55.6	46	67.6	66	71.7	13	59.1	0	0.0	382	55.4
50-99	2	33.3	52	24.9	39	23.8	18	14.5	9	13.2	11	12.0	2	9.1	2	40.0	135	19.6
100-299	2	33.3	35	16.7	39	23.8	28	22.6	10	14.7	10	10.9	6	27.3	2	40.0	131	19.0
300 or more	0	0.0	11	5.3	12	7.3	9	7.3	3	4.4	5	5.4	1	4.5	1	20.0	42	6.1
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>209</b>	<b>100.0</b>	<b>164</b>	<b>100.0</b>	<b>124</b>	<b>100.0</b>	<b>68</b>	<b>100.0</b>	<b>92</b>	<b>100.0</b>	<b>22</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>690</b>	<b>100.0</b>

**Table 12.2: Aged Care Services – Bed Based by State – All Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	6		209	0	164	0	124	0	68	0	92	0	22	0	5	0	690	
<b>Acute Medical Care &amp; Assessment Services</b>																		
Designated Aged Care Unit	0	0.0	22	10.5	23	14.0	9	7.3	9	13.2	16	17.4	0	0.0	1	20.0	80	11.6
General purpose beds	0	0.0	33	15.8	17	10.4	19	15.3	13	19.1	21	22.8	2	9.1	1	20.0	106	15.4
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>42</b>	<b>20.1</b>	<b>36</b>	<b>22.0</b>	<b>23</b>	<b>18.5</b>	<b>16</b>	<b>23.5</b>	<b>27</b>	<b>29.3</b>	<b>2</b>	<b>9.1</b>	<b>1</b>	<b>20.0</b>	<b>147</b>	<b>21.3</b>
<b>Rehabilitation services</b>																		
Designated unit	0	0.0	13	6.2	7	4.3	2	1.6	2	2.9	4	4.3	0	0.0	0	0.0	28	4.1
Combined ass't / rehab unit	0	0.0	10	4.8	9	5.5	3	2.4	1	1.5	6	6.5	0	0.0	0	0.0	29	4.2
Shared / integrated unit	0	0.0	17	8.1	7	4.3	10	8.1	3	4.4	8	8.7	2	9.1	0	0.0	47	6.8
Permanent resi aged care unit	0	0.0	1	0.5	0	0.0	0	0.0	3	4.4	2	2.2	0	0.0	0	0.0	6	0.9
Other	0	0.0	2	1.0	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0	3	0.4
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>37</b>	<b>17.7</b>	<b>20</b>	<b>12.2</b>	<b>14</b>	<b>11.3</b>	<b>7</b>	<b>10.3</b>	<b>16</b>	<b>17.4</b>	<b>2</b>	<b>9.1</b>	<b>0</b>	<b>0.0</b>	<b>96</b>	<b>13.9</b>
<b>Residential aged care**</b>																		
Permanent resi care	0	0.0	15	18.1	27	40.9	13	31.0	12	38.7	10	25.0	1	14.3	0	0.0	78	28.8
Interim resi care	0	0.0	9	10.8	18	27.3	9	21.4	5	16.1	5	12.5	2	28.6	0	0.0	48	17.7
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>22</b>	<b>26.5</b>	<b>33</b>	<b>50.0</b>	<b>19</b>	<b>45.2</b>	<b>15*</b>	<b>48.8</b>	<b>13*</b>	<b>32.5</b>	<b>2</b>	<b>28.6</b>	<b>0</b>	<b>0.0</b>	<b>104</b>	<b>38.4</b>
<b>Respite care</b>																		
Booked or planned	0	0.0	26	12.4	30	18.3	14	11.3	12	17.7	25	27.2	3	13.6	0	0.0	110	15.9
Emergency	1	16.7	30	14.4	19	11.6	20	16.1	13	19.1	23	25.0	3	13.6	0	0.0	109	15.8
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>36</b>	<b>17.2</b>	<b>32</b>	<b>19.5</b>	<b>20</b>	<b>16.1</b>	<b>15</b>	<b>22.1</b>	<b>27</b>	<b>29.3</b>	<b>4</b>	<b>18.2</b>	<b>0</b>	<b>0.0</b>	<b>135</b>	<b>19.6</b>
<b>Psychogeriatric Services</b>																		
Designated unit	0	0.0	13	6.2	16	9.8	4	3.2	1	1.5	4	4.3	0	0.0	0	0.0	38	5.5
Combined ass't / rehab	0	0.0	5	2.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5	0.7
General purpose psychiatric unit	0	0.0	2	1.0	0	0.0	1	0.8	0	0.0	0	0.0	0	0.0	0	0.0	3	0.4
General purpose hospital unit	0	0.0	3	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.4
Other	0	0.0	2	1.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.4
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>21</b>	<b>10.0</b>	<b>16</b>	<b>9.8</b>	<b>5</b>	<b>4.0</b>	<b>1</b>	<b>1.5</b>	<b>4</b>	<b>4.3</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>47</b>	<b>6.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Missing data for one hospital site

\*\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages.

**Table 12.3: Aged Care Services – Non-Bed Based by State – All Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	6		209		164		124		68		92	0	22	0	5	0	690	0
<b>ACAT**</b>																		
On-site	1	16.7	45	21.5	25	15.2	10	8.1	6	8.8	9	9.8	1	4.5	0	0.0	97	14.1
Visiting	3	50.0	126	60.3	102	62.2	94	75.8	52	76.5	63	68.5	15	68.2	3	60.0	459	66.5
<b>Total</b>	<b>4</b>	<b>66.7</b>	<b>173</b>	<b>82.8</b>	<b>128</b>	<b>78.0</b>	<b>105</b>	<b>84.7</b>	<b>58</b>	<b>85.3</b>	<b>72*</b>	<b>78.3</b>	<b>16</b>	<b>72.7</b>	<b>3</b>	<b>60.0</b>	<b>556</b>	<b>80.6</b>
Missing cases	1		5		9		3		2		8		2				30	
<b>Inpatient consultative Services</b>																		
Consultant geriatrician***	0	0.0	95	45.5	73	44.5	29	23.4	15	22.1	30	32.6	7	31.8	2	40.0	251	36.4
Ass. geriatrician	0	0.0	11	5.3	6	3.7	4	3.2	1	1.5	2	2.2	2	9.1	0	0.0	26	3.8
Adv. trainee	0	0.0	13	6.2	11	6.7	3	2.4	2	2.9	6	6.5	1	4.5	1	20.0	37	5.4
Other RMO	0	0.0	12	5.7	5	3.0	18	14.5	1	1.5	4	4.3	1	4.5	0	0.0	41	5.9
Non-medical health prof.	0	0.0	12	5.7	12	7.3	17	13.7	0	0.0	9	9.8	1	4.5	1	20.0	52	7.5
<b>Total**</b>	<b>0</b>	<b>0.0</b>	<b>101</b>	<b>48.3</b>	<b>75</b>	<b>45.7</b>	<b>39</b>	<b>31.5</b>	<b>16</b>	<b>23.5</b>	<b>35</b>	<b>38.0</b>	<b>8</b>	<b>36.4</b>	<b>2</b>	<b>40.0</b>	<b>276</b>	<b>40.0</b>
Missing cases	1		6		8		3		3		7		1				29	
<b>Psychogeriatric services- On-Site</b>																		
Psychogeriatrician	0	0.0	27	12.9	15	9.1	5	4.0	4	5.9	7	7.6	0	0.0	1	20.0	59	8.6
General psychiatrist	0	0.0	9	4.3	6	3.7	4	3.2	0	0.0	1	1.1	0	0.0	0	0.0	20	2.9
Trainee psychiatrist / registrar	0	0.0	11	5.3	7	4.3	3	2.4	1	1.5	2	2.2	0	0.0	1	20.0	25	3.6
Geriatrician	0	0.0	9	4.3	2	1.2	2	1.6	1	1.5	0	0.0	0	0.0	0	0.0	14	2.0
Other resident medical officer	0	0.0	2	1.0	2	1.2	2	1.6	0	0.0	0	0.0	0	0.0	0	0.0	6	0.9
Non-medical health professional	0	0.0	8	3.8	3	1.8	3	2.4	1	1.5	1	1.1	0	0.0	0	0.0	16	2.3
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>32</b>	<b>15.3</b>	<b>20</b>	<b>12.2</b>	<b>8</b>	<b>6.5</b>	<b>5</b>	<b>7.4</b>	<b>8</b>	<b>8.7</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>20.0</b>	<b>74</b>	<b>10.7</b>
<b>Psychogeriatric services- Off-Site</b>																		
Visiting psychogeriatrician	0	0.0	23	11.0	14	8.5	3	2.4	11	16.2	6	6.5	3	13.6	0	0.0	57	8.3
Visiting (non-medical) psychiatrist	0	0.0	11	5.3	13	7.9	3	2.4	6	8.8	10	10.9	2	9.1	0	0.0	44	6.4
General psychiatrist	0	0.0	4	1.9	12	7.3	6	4.8	4	5.9	4	4.3	3	13.6	0	0.0	32	4.6
Geriatrician (visiting)	0	0.0	18	8.6	10	6.1	11	8.9	6	8.8	8	8.7	1	4.5	0	0.0	47	6.8
Visiting general psychiatrist	1	16.7	11	5.3	5	3.0	9	7.3	4	5.9	6	6.5	0	0.0	0	0.0	31	4.5
Other	0	0.0	8	3.8	6	3.7	10	8.1	6	8.8	6	6.5	1	4.5	0	0.0	30	4.3
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>46*</b>	<b>22.0</b>	<b>40*</b>	<b>24.4</b>	<b>24*</b>	<b>19.4</b>	<b>21</b>	<b>30.9</b>	<b>25</b>	<b>27.2</b>	<b>6</b>	<b>27.3</b>	<b>0</b>	<b>0.0</b>	<b>163</b>	<b>23.6</b>
<b>Ancillary services</b>																		
<b>On-campus</b>																		
Day hospital	0	0.0	17	8.1	23	14.0	8	6.5	1	1.5	6	6.5	0	0.0	0	0.0	55	8.0
Day centre	0	0.0	31	14.8	21	12.8	2	1.6	12	17.6	12	13.0	3	13.6	0	0.0	81	11.7
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>42*</b>	<b>20.1</b>	<b>37*</b>	<b>22.6</b>	<b>9**</b>	<b>7.3</b>	<b>13</b>	<b>19.1</b>	<b>17</b>	<b>18.5</b>	<b>3</b>	<b>13.6</b>	<b>0</b>	<b>0.0</b>	<b>121</b>	<b>17.5</b>

\* Missing data for one hospital site

\*\* Missing data for two hospital sites

**Table 12.3 Continued**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>																		
<b>Off-campus</b>																		
Day hospitals	0	0.0	13	6.2	17	10.4	3	2.4	1	1.5	4	4.3	1	4.5	0	0.0	39	5.7
Day centres	0	0.0	29	13.9	15	9.2	3	2.4	4	5.9	7	7.6	0	0.0	0	0.0	58	8.4
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>34</b>	<b>16.3</b>	<b>26</b>	<b>15.9</b>	<b>6</b>	<b>4.8</b>	<b>5</b>	<b>7.4</b>	<b>11</b>	<b>12.0</b>	<b>1</b>	<b>4.5</b>	<b>0</b>	<b>0.0</b>	<b>83</b>	<b>12.0</b>
<b>Outpatient Aged Care Services</b>																		
General aged care assm't clinic	1	16.7	48	23.0	16	9.8	15	12.1	8	11.8	15	16.3	2	9.1	1	20.0	106	15.4
Memory clinic	0	0.0	20	9.6	12	7.3	7	5.6	4	5.9	9	9.8	1	4.5	0	0.0	53	7.7
Falls clinic	0	0.0	13	6.2	19	11.6	4	3.2	2	2.9	9	9.8	0	0.0	1	20.0	48	7.0
Incontinence clinic	1	16.7	13	6.2	20	12.2	5	4.0	3	4.4	13	14.1	1	4.5	0	0.0	56	8.1
Pain clinic	0	0.0	2	1.0	8	4.9	4	3.2	0	0.0	1	1.1	1	4.5	0	0.0	16	2.3
Dental clinic	1	16.7	1	0.5	7	4.3	6	4.8	1	1.5	0	0.0	1	4.5	0	0.0	17	2.5
Other clinic	0	0.0	13	6.2	8	4.9	2	1.6	2	2.9	7	7.6	2	9.1	0	0.0	34	4.9
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>58</b>	<b>27.8</b>	<b>34</b>	<b>20.7</b>	<b>23</b>	<b>18.5</b>	<b>11</b>	<b>16.2</b>	<b>23</b>	<b>25.0</b>	<b>5</b>	<b>22.7</b>	<b>1</b>	<b>20.0</b>	<b>156</b>	<b>22.6</b>
<b>Community Services</b>																		
Domiciliary assm't service	1	16.7	55	26.3	26	15.9	24	19.4	16	23.5	28	30.4	3	13.6	0	0.0	153	22.2
Home modifications	1	16.7	55	26.3	36	22.0	21	16.9	15	22.1	35	38.0	6	27.3	0	0.0	169	24.5
Delivered meals	0	0.0	15	7.2	23	14.0	10	8.1	13	19.1	23	25.0	3	13.6	0	0.0	87	12.6
Community nursing	0	0.0	30	14.4	29	17.7	15	12.1	16	23.5	24	26.1	6	27.3	0	0.0	120	17.4
Home care	0	0.0	13	6.2	15	9.1	12	9.7	15	22.1	22	23.9	5	22.7	0	0.0	82	11.9
Home therapy	0	0.0	23	11.0	21	12.8	8	6.5	7	10.3	10	10.9	1	4.5	0	0.0	70	10.1
Community case management	1	16.7	26	12.4	20	12.2	11	8.9	10	14.7	18	19.6	5	22.7	0	0.0	91	13.2
Other	0	0.0	17	8.1	16	9.8	8	6.5	5	7.4	11	12.0	0	0.0	0	0.0	57	8.3
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>73</b>	<b>34.9</b>	<b>47</b>	<b>28.7</b>	<b>31</b>	<b>25.0</b>	<b>24</b>	<b>35.3</b>	<b>38</b>	<b>41.3</b>	<b>7</b>	<b>31.8</b>	<b>0</b>	<b>0.0</b>	<b>221</b>	<b>32.0</b>
<b>Specialised services</b>																		
Ortho-geriatric service	0	0.0	11	5.3	8	4.9	4	3.2	2	2.9	3	3.3	1	4.5	1	20.0	30	4.3
Discharge planning service	0	0.0	25	12.0	28	17.1	14	11.3	6	8.8	6	6.5	1	4.5	0	0.0	80	11.6
Centralised waiting list	0	0.0	19	9.1	13	7.9	9	7.3	1	1.5	5	5.4	1	4.5	0	0.0	48	7.0
Respite care booking service	0	0.0	15	7.2	7	4.3	4	3.2	1	1.5	7	7.6	1	4.5	0	0.0	35	5.1
Other	0	0.0	10	4.8	9	5.5	3	2.4	3	4.4	4	4.3	1	4.5	0	0.0	30	4.3
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>40</b>	<b>19.1</b>	<b>37</b>	<b>22.6</b>	<b>23</b>	<b>18.5</b>	<b>9</b>	<b>13.2</b>	<b>16</b>	<b>17.4</b>	<b>4</b>	<b>18.2</b>	<b>1</b>	<b>20.0</b>	<b>130</b>	<b>18.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.4: Aged Care Services – Bed Based by Hospital Size – All Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	382		135		131		42		690	
<b>Acute Medical Care &amp; Assessment Services</b>										
Designated Aged Care Unit	24	6.3	10	7.4	22	16.8	24	57.1	80	11.6
General purpose unit	53	13.9	5	3.7	25	19.1	23	54.8	106	15.4
<b>Total</b>	<b>65</b>	<b>17.0</b>	<b>14</b>	<b>10.4</b>	<b>36</b>	<b>27.5</b>	<b>32</b>	<b>76.2</b>	<b>147</b>	<b>21.3</b>
<b>Rehabilitation services</b>										
Designated unit	2	0.5	9	6.7	9	6.9	8	19.0	28	4.1
Combined ass't / rehab	5	1.3	3	2.2	10	7.6	11	26.2	29	4.2
Shared / integrated unit	16	4.2	6	4.4	19	14.5	6	14.3	47	6.8
Permanent resi aged care unit	5	1.3	0	0.0	1	0.8	0	0.0	6	0.9
Other	1	0.3	0	0.0	1	0.8	1	2.4	3	0.4
<b>Total</b>	<b>26</b>	<b>6.8</b>	<b>15</b>	<b>11.1</b>	<b>33</b>	<b>25.2</b>	<b>22</b>	<b>52.4</b>	<b>96</b>	<b>13.9</b>
<b>Residential aged care**</b>										
Permanent resi care	54	40.6	8	19.1	14	23.7	2	5.4	78	28.8
Interim resi care	24	18.1	8	19.1	8	13.6	8	21.6	48	17.7
<b>Total</b>	<b>66*</b>	<b>49.6</b>	<b>12</b>	<b>28.6</b>	<b>18*</b>	<b>30.5</b>	<b>8</b>	<b>21.6</b>	<b>104</b>	<b>38.4</b>
<b>Respite Care</b>										
Booked or planned	81	21.2	12	8.9	14	10.7	2	4.8	109	15.8
Emergency	83	21.7	10	7.4	13	9.9	2	4.8	108	15.7
<b>Total</b>	<b>97</b>	<b>25.4</b>	<b>16</b>	<b>11.9</b>	<b>17</b>	<b>13.0</b>	<b>4</b>	<b>9.5</b>	<b>134</b>	<b>19.4</b>
<b>Psychogeriatric Services</b>										
Designated unit	3	0.8	12	8.9	12	9.2	11	26.2	38	5.5
Combined ass't / rehab	2	0.5	1	0.7	2	1.5	0	0.0	5	0.7
General purpose psychiatric unit	0	0.0	0	0.0	2	1.5	1	2.4	3	0.4
General purpose unit	1	0.3	0	0.0	2	1.5	0	0.0	3	0.4
Other	0	0.0	3	2.2	0	0.0	0	0.0	3	0.4
<b>Total</b>	<b>6</b>	<b>1.6</b>	<b>14</b>	<b>10.4</b>	<b>15</b>	<b>11.5</b>	<b>12</b>	<b>28.6</b>	<b>47</b>	<b>6.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Missing data for one hospital site

\*\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages

**Table 12.5: Aged Care Services – Non-Bed Based by Hospital Size – All Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	382		135		131		42		690	
<b>ACAT</b>										
On-site	20	5.2	20	14.8	33	25.2	24	57.1	97	14.1
Visiting	290	75.9	80	59.3	74	56.5	15	35.7	459	66.5
<b>Total</b>	<b>310</b>	<b>81.2</b>	<b>100</b>	<b>74.1</b>	<b>107</b>	<b>81.7</b>	<b>39</b>	<b>92.9</b>	<b>556</b>	<b>80.6</b>
Missing Cases	21		2		5		2		30	
<b>Inpatient consultative Services</b>										
Consultant geriatrician	95	24.9	54	40.0	64	48.9	38	90.5	251	36.4
Ass. geriatrician	7	1.8	5	3.7	13	9.9	1	2.4	26	3.8
Adv. trainee	3	0.8	3	2.2	6	4.6	25	59.5	37	5.4
Other RMO	12	3.1	7	5.2	9	6.9	13	31.0	41	5.9
Non-medical health prof.	17	4.5	5	3.7	18	13.7	12	28.6	52	7.5
<b>Total</b>	<b>106</b>	<b>27.7</b>	<b>55</b>	<b>40.7</b>	<b>76</b>	<b>58.0</b>	<b>39</b>	<b>92.9</b>	<b>276</b>	<b>40.0</b>
Missing Cases	21		3		4		2		30	
<b>Psychogeriatric services</b>										
<b>On-site:</b>										
Psychogeriatrician	7	1.8	13	9.6	20	15.3	19	45.2	59	8.6
General psychiatrist	0	0.0	2	1.5	11	8.4	7	16.7	20	2.9
Trainee psychiatrist / registrar	1	0.3	2	1.5	9	6.9	13	31.0	25	3.6
Geriatrician	2	0.5	2	1.5	5	3.8	5	11.9	14	2.0
Other resident medical officer	1	0.3	1	0.7	3	2.3	1	2.4	6	0.9
Non-medical health professional	3	0.8	2	1.5	8	6.1	3	7.1	16	2.3
<b>Total</b>	<b>7</b>	<b>1.8</b>	<b>15</b>	<b>11.1</b>	<b>30</b>	<b>22.9</b>	<b>22</b>	<b>52.4</b>	<b>74</b>	<b>10.7</b>
<b>Off-site:</b>										
Visiting psychogeriatrician	31	8.1	11	8.1	13	9.9	5	11.9	60	8.7
Visiting (non-medical) psychiatrist	31	8.1	8	5.9	5	3.8	1	2.4	45	6.5
General psychiatrist	8	2.1	8	5.9	9	6.9	8	19.0	33	4.8
Geriatrician (visiting)	34	8.9	9	6.7	7	5.3	4	9.5	54	7.8
Visiting general psychiatrist	22	5.8	5	3.7	7	5.3	2	4.8	36	5.2
Other	24	6.3	7	5.2	4	3.1	2	4.8	37	5.4
<b>Total**</b>	<b>42*</b>	<b>11.0</b>	<b>13</b>	<b>9.6</b>	<b>19*</b>	<b>14.5</b>	<b>14*</b>	<b>33.3</b>	<b>88</b>	<b>12.8</b>
<b>Ancillary services</b>										
<b>On-campus</b>										
Day hospital	9	2.4	13	9.6	22	16.8	11	26.2	55	8.0
Day centre	52	13.6	19	14.1	6	4.6	4	9.5	81	11.7
<b>Total</b>	<b>58**</b>	<b>15.2</b>	<b>27</b>	<b>20.0</b>	<b>24</b>	<b>18.3</b>	<b>12</b>	<b>28.6</b>	<b>121</b>	<b>17.5</b>

**Table 12.5 continued**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>										
<b>Off-campus</b>										
Day hospitals	7	1.8	8	5.9	13	9.9	12	28.6	39	5.7
Day centres	25	6.6	10	7.4	15	11.5	9	21.4	58	8.4
<b>Total</b>	<b>31</b>	<b>8.1</b>	<b>13</b>	<b>9.6</b>	<b>21</b>	<b>16.0</b>	<b>18</b>	<b>42.9</b>	<b>83</b>	<b>12.0</b>
<b>Outpatient Aged Care Services</b>										
General aged care assm't clinic	38	9.9	18	13.3	23	17.6	27	64.3	106	15.4
Memory clinic	12	3.1	10	7.4	19	14.5	12	28.6	53	7.7
Falls clinic	17	4.5	8	5.9	16	12.2	7	16.7	48	7.0
Incontinence clinic	20	5.2	7	5.2	20	15.3	9	21.4	56	8.1
Pain clinic	3	0.8	2	1.5	9	6.9	2	4.8	16	2.3
Dental clinic	8	2.1	3	2.2	6	4.6	0	0.0	17	2.5
Other clinic	13	3.4	9	6.7	7	5.3	5	11.9	34	4.9
<b>Total</b>	<b>62</b>	<b>16.2</b>	<b>28</b>	<b>20.7</b>	<b>39</b>	<b>29.8</b>	<b>27</b>	<b>64.3</b>	<b>156</b>	<b>22.6</b>
<b>Community Services</b>										
Domiciliary assm't service	69	18.1	26	19.3	37	28.2	21	50.0	153	22.2
Home modifications	83	21.7	27	20.0	42	32.1	17	40.5	69	10.0
Delivered meals	70	18.3	8	5.9	8	6.1	1	2.4	87	12.6
Community nursing	86	22.5	12	8.9	17	13.0	5	11.9	120	17.4
Home care	61	16.0	7	5.2	12	9.2	2	4.8	82	11.9
Home therapy	27	7.1	13	9.6	21	16.0	9	21.4	70	10.1
Community case management	54	14.1	11	8.1	18	13.7	8	19.0	91	13.2
Other	28	7.3	13	9.6	11	8.4	5	11.9	57	8.3
<b>Total</b>	<b>111</b>	<b>29.1</b>	<b>36</b>	<b>26.7</b>	<b>49</b>	<b>37.4</b>	<b>25</b>	<b>59.5</b>	<b>221</b>	<b>32.0</b>
<b>Specialised services</b>										
Ortho-geriatric service	4	1.0	0	0.0	8	6.1	18	42.9	30	4.3
Discharge planning service	29	7.6	12	8.9	26	19.8	13	31.0	80	11.6
Centralised waiting list	15	3.9	11	8.1	14	10.7	8	19.0	48	7.0
Respite care booking service	16	4.2	5	3.7	8	6.1	6	14.3	35	5.1
Other	6	1.6	3	2.2	14	10.7	7	16.7	30	4.3
<b>Total</b>	<b>46</b>	<b>12.0</b>	<b>18</b>	<b>13.3</b>	<b>39</b>	<b>29.8</b>	<b>27</b>	<b>64.3</b>	<b>130</b>	<b>18.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Missing data for one hospital site

\*\* Missing data for four hospital sites

**Table 12.6: Hospital Characteristics by State – General Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of Hospitals</b>	6		177		134		111		59		83		21		5		596	
<b>Aged Care Service</b>	1	16.7	65	36.7	53	39.6	38	34.2	28	47.5	38	45.8	7	33.3	1	20.0	231	38.8
<b>Hospital type</b>																		
General teaching	3	50.0	36	20.3	27	20.2	19	17.1	6	10.2	8	9.6	4	19.0	3	60.0	106	17.8
General non teaching	3	50.0	141	79.7	107	79.8	92	82.9	53	89.8	75	90.4	17	81.0	2	40.0	490	82.2
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>177</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>111</b>	<b>100.0</b>	<b>59</b>	<b>100.0</b>	<b>83</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>596</b>	<b>100.0</b>
<b>Site location</b>																		
Metropolitan	2	33.3	50	28.3	52	38.8	22	19.8	17	28.8	19	22.9	6	28.6	5	100.0	173	29.0
Country	4	66.7	127	71.7	82	61.2	89	80.2	42	71.2	64	77.1	15	71.4	0	0.0	423	71.0
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>177</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>111</b>	<b>100.0</b>	<b>59</b>	<b>100.0</b>	<b>83</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>596</b>	<b>100.0</b>
<b>Management type</b>																		
Public	5	83.3	135	76.3	80	59.7	78	70.3	42	71.2	70	84.3	14	66.7	2	40.0	426	71.5
Private not for profit	0	0.0	9	5.1	23	18.6	19	17.1	13	22.0	5	6.0	5	23.8	2	40.0	76	12.8
Private for profit	1	16.7	33	18.6	31	23.1	14	12.6	4	6.8	8	9.6	2	9.5	1	20.0	94	15.8
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>177</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>111</b>	<b>100.0</b>	<b>59</b>	<b>100.0</b>	<b>83</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>596</b>	<b>100.0</b>
<b>Hospital size (beds*)</b>																		
1-49	2	33.3	93	52.5	66	49.3	64	57.7	40	67.8	59	71.1	12	57.1	0	0.0	337	56.5
50-99	2	33.3	41	23.2	23	17.2	14	12.6	8	13.6	10	12.0	2	9.5	2	40.0	102	17.1
100-299	2	33.3	32	18.0	33	24.6	24	21.6	8	13.6	9	10.8	6	28.6	2	40.0	115	19.3
300 or more	0	0.0	11	6.2	12	9.0	9	8.1	3	5.1	5	6.0	1	4.8	1	20.0	42	7.1
<b>Total</b>	<b>6</b>	<b>100.0</b>	<b>177</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>111</b>	<b>100.0</b>	<b>59</b>	<b>100.0</b>	<b>83</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>596</b>	<b>100.0</b>

**Table 12.7: Aged Care Services – Bed Based by State – General Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	6		177		134		111		59		83		21		5		596	
<b>Acute Medical Care &amp; Assessment Services</b>																		
Designated Aged Care Unit	0	0.0	18	10.2	13	9.7	9	8.1	7	11.9	15	18.1	0	0.0	1	20.0	63	10.6
General purpose unit	0	0.0	31	17.5	15	11.2	19	17.1	13	22.0	21	25.3	2	9.5	1	20.0	102	17.1
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>36</b>	<b>20.3</b>	<b>25</b>	<b>18.7</b>	<b>23</b>	<b>20.7</b>	<b>14</b>	<b>23.7</b>	<b>26</b>	<b>31.3</b>	<b>2</b>	<b>9.5</b>	<b>1</b>	<b>20.0</b>	<b>127</b>	<b>21.3</b>
<b>Rehabilitation services</b>																		
Designated unit	0	0.0	8	4.5	2	1.5	1	0.9	0	0.0	4	4.8	0	0.0	0	0.0	15	2.5
Combined ass't / rehab	0	0.0	7	4.0	4	3.0	3	2.7	1	1.7	5	6.0	0	0.0	0	0.0	20	3.4
Shared / integrated unit	0	0.0	13	7.3	6	4.5	10	9.0	3	5.1	7	8.4	2	9.5	0	0.0	41	6.9
Permanent resi aged care unit	0	0.0	1	0.6	0	0.0	0	0.0	2	3.4	2	2.4	0	0.0	0	0.0	5	0.8
Other	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>24</b>	<b>13.6</b>	<b>11</b>	<b>8.2</b>	<b>13</b>	<b>11.7</b>	<b>5</b>	<b>8.5</b>	<b>14</b>	<b>16.9</b>	<b>2</b>	<b>9.5</b>	<b>0</b>	<b>0.0</b>	<b>69</b>	<b>11.6</b>
<b>Residential Aged Care**</b>																		
Permanent resi care	0	0.0	13	20.0	22	41.5	12	31.6	10	35.7	10	26.3	1	14.3	0	0.0	68	29.4
Interim resi care	0	0.0	5	7.7	12	22.6	8	21.1	5	17.9	5	13.2	2	28.6	0	0.0	37	16.0
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>17</b>	<b>26.5</b>	<b>25</b>	<b>47.2</b>	<b>17</b>	<b>44.7</b>	<b>13*</b>	<b>46.4</b>	<b>13*</b>	<b>34.2</b>	<b>2</b>	<b>28.6</b>	<b>0</b>	<b>0.0</b>	<b>87</b>	<b>37.7</b>
<b>Respite care</b>																		
Booked or planned	0	0.0	22	12.4	26	19.4	13	11.7	11	18.6	25	30.1	3	14.3	0	0.0	100	16.8
Emergency	1	16.7	25	14.1	15	11.2	19	17.1	11	18.6	23	27.7	3	14.3	0	0.0	97	16.3
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>31</b>	<b>17.5</b>	<b>26</b>	<b>19.4</b>	<b>19</b>	<b>17.1</b>	<b>13</b>	<b>22.0</b>	<b>27</b>	<b>32.5</b>	<b>4</b>	<b>19.0</b>	<b>0</b>	<b>0.0</b>	<b>121</b>	<b>20.3</b>
<b>Psychogeriatric Services</b>																		
Designated unit	0	0.0	7	4.0	7	5.2	3	2.7	0	0.0	3	3.6	0	0.0	0	0.0	20	3.4
Combined ass't / rehab	0	0.0	3	1.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.5
General purpose psychiatric unit	0	0.0	2	1.1	0	0.0	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0	3	0.5
General purpose unit	0	0.0	2	1.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3
Other	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>11</b>	<b>6.2</b>	<b>7</b>	<b>5.2</b>	<b>4</b>	<b>3.6</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>3.6</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>25</b>	<b>4.2</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Missing data for one hospital site.

\*\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages.

**Table 12.8: Aged Care Services – Non-Bed Based by State – General Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	6		177		134		111		59		83		21		5		596	
<b>ACAT</b>																		
On-site	1	16.7	34	19.2	18	13.4	10	9.0	5	8.5	9	10.8	1	4.8	0	0.0	78	13.1
Visiting	3	50.0	111	62.7	88	65.7	89	80.2	46	78.0	56	67.5	15	71.4	3	60.0	411	69.0
<b>Total</b>	<b>4</b>	<b>66.7</b>	<b>145</b>	<b>81.9</b>	<b>106*</b>	<b>79.1</b>	<b>99</b>	<b>89.2</b>	<b>51*</b>	<b>86.4</b>	<b>65*</b>	<b>78.3</b>	<b>16*</b>	<b>76.2</b>	<b>3</b>	<b>60.0</b>	<b>489</b>	<b>82.1</b>
Missing Cases	1		5		9		3				8		2				30	
<b>Inpatient consultative Services</b>																		
Consultant geriatrician	0	0.0	79	44.6	58	43.3	27	24.3	12	20.3	28	33.7	7	33.3	2	40.0	213	35.7
Ass. geriatrician	0	0.0	9	5.1	3	2.2	3	2.7	1	1.7	2	2.4	2	9.5	0	0.0	20	3.4
Adv. trainee	0	0.0	10	5.6	10	7.5	3	2.7	2	3.4	5	6.0	1	4.8	1	20.0	32	5.4
Other RMO	0	0.0	10	5.6	3	2.2	17	15.3	1	1.7	4	4.8	1	4.8	0	0.0	36	6.0
Non-medical health prof.	0	0.0	11	6.2	10	7.5	16	14.4	0	0.0	9	10.8	1	4.8	1	20.0	48	8.1
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>85</b>	<b>48.0</b>	<b>60</b>	<b>44.8</b>	<b>36</b>	<b>32.4</b>	<b>13</b>	<b>22.0</b>	<b>33</b>	<b>39.8</b>	<b>8</b>	<b>38.1</b>	<b>2</b>	<b>40.0</b>	<b>237</b>	<b>39.8</b>
Missing Cases	1		6		8		3		3		7		1				29	
<b>Psychogeriatric services- On-Site</b>																		
Psychogeriatrician	0	0.0	21	11.9	7	5.2	3	2.7	2	3.4	6	7.2	0	0.0	1	20.0	40	6.7
General psychiatrist	0	0.0	8	4.5	3	2.2	4	3.6	0	0.0	1	1.2	0	0.0	0	0.0	16	2.7
Trainee psychiatrist / registrar	0	0.0	9	5.1	5	3.7	3	2.7	0	0.0	2	2.4	0	0.0	1	20.0	20	3.4
Geriatrician	0	0.0	6	3.4	0	0.0	2	1.8	1	1.7	0	0.0	0	0.0	0	0.0	9	1.5
Other resident medical officer	0	0.0	1	0.6	0	0.0	2	1.8	0	0.0	0	0.0	0	0.0	0	0.0	3	0.5
Non-medical health professional	0	0.0	6	3.4	1	0.7	3	2.7	1	1.7	1	1.2	0	0.0	0	0.0	12	2.0
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>25</b>	<b>14.1</b>	<b>11</b>	<b>8.2</b>	<b>6</b>	<b>5.4</b>	<b>3</b>	<b>5.1</b>	<b>7</b>	<b>8.4</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>20.0</b>	<b>53</b>	<b>8.9</b>
<b>Psychogeriatric services- Off-Site</b>																		
Visiting psychogeriatrician	0	0.0	16	9.0	12	9.0	2	1.8	10	16.9	5	6.0	3	14.3	0	0.0	45	7.6
Visiting (non-medical) psychiatrist	0	0.0	9	5.1	13	9.7	3	2.7	6	10.2	10	12.0	2	9.5	0	0.0	42	7.0
General psychiatrist	0	0.0	4	2.3	9	6.7	5	4.5	4	6.8	4	4.8	3	14.3	0	0.0	28	4.7
Geriatrician (visiting)	0	0.0	13	7.3	9	6.7	10	9.0	5	8.5	8	9.6	1	4.8	0	0.0	39	6.5
Visiting general psychiatrist	1	16.7	10	5.6	5	3.7	9	8.1	4	6.8	6	7.2	0	0.0	0	0.0	30	5.0
Other	0	0.0	5	2.8	6	4.5	9	8.1	6	10.2	6	7.2	1	4.8	0	0.0	26	4.4
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>36</b>	<b>20.3</b>	<b>35*</b>	<b>26.1</b>	<b>22*</b>	<b>19.8</b>	<b>20</b>	<b>33.9</b>	<b>24</b>	<b>28.9</b>	<b>6</b>	<b>28.6</b>	<b>0</b>	<b>0.0</b>	<b>144</b>	<b>24.2</b>
<b>Ancillary services</b>																		
<b>On-campus</b>																		
Day hospital	0	0.0	10	5.6	16	11.9	7	6.3	0	0.0	5	6.0	0	0.0	0	0.0	38	6.4
Day centre	0	0.0	25	14.1	16	11.9	2	1.8	12	20.3	12	14.5	3	14.3	0	0.0	70	11.8
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>32</b>	<b>18.0</b>	<b>28**</b>	<b>20.7</b>	<b>8*</b>	<b>7.2</b>	<b>12</b>	<b>20.3</b>	<b>16</b>	<b>19.3</b>	<b>3</b>	<b>14.3</b>	<b>0</b>	<b>0.0</b>	<b>99</b>	<b>16.6</b>

\*Missing data for one hospital site

\*\*Missing data for two hospital sites

**Table 12.8 Continued**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>																		
<b>Off-campus</b>																		
Day hospitals	0	0.0	8	4.5	11	8.1	3	2.7	1	1.7	4	4.8	1	4.8	0	0.0	28	4.7
Day centres	0	0.0	24	13.5	10	7.5	3	2.7	3	5.1	6	7.2	0	0.0	0	0.0	46	7.7
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>27</b>	<b>15.2</b>	<b>19</b>	<b>14.1</b>	<b>6</b>	<b>5.4</b>	<b>4</b>	<b>6.8</b>	<b>10</b>	<b>12.0</b>	<b>1</b>	<b>4.8</b>	<b>0</b>	<b>0.0</b>	<b>67</b>	<b>11.2</b>
<b>Outpatient Aged Care Services</b>																		
General aged care assm't clinic	1	16.7	39	21.9	9	6.7	15	13.5	7	11.9	15	18.1	2	9.5	1	20.0	89	14.9
Memory clinic	0	0.0	17	9.6	5	3.7	7	6.3	4	6.8	9	10.8	1	4.8	0	0.0	43	7.2
Falls clinic	0	0.0	10	5.6	11	8.1	4	3.6	2	3.4	9	10.8	0	0.0	1	20.0	37	6.2
Incontinence clinic	1	16.7	9	5.1	14	10.4	5	4.5	3	5.1	13	15.7	1	4.8	0	0.0	46	7.7
Pain clinic	0	0.0	1	0.6	4	3.0	4	3.6	0	0.0	1	1.2	1	4.8	0	0.0	11	1.8
Dental clinic	1	16.7	0	0.0	5	3.7	6	5.4	1	1.7	0	0.0	1	4.8	0	0.0	14	2.3
Other clinic	0	0.0	8	4.5	3	2.2	2	1.8	2	3.4	6	7.2	2	9.5	0	0.0	23	3.9
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>46</b>	<b>25.8</b>	<b>23</b>	<b>17.0</b>	<b>23</b>	<b>20.7</b>	<b>10</b>	<b>16.9</b>	<b>22</b>	<b>26.5</b>	<b>5</b>	<b>23.8</b>	<b>1</b>	<b>20.0</b>	<b>131</b>	<b>22.0</b>
<b>Community Services</b>																		
Domiciliary assm't service	1	16.7	43	24.2	19	14.1	23	20.7	13	22.0	27	32.5	3	14.3	0	0.0	129	21.6
Home modifications	1	16.7	45	25.3	27	20.0	20	18.0	14	23.7	33	39.8	6	28.6	0	0.0	146	24.5
Delivered meals	0	0.0	14	7.9	23	17.0	10	9.0	13	22.0	23	27.7	3	14.3	0	0.0	86	14.4
Community nursing	0	0.0	24	13.5	27	20.0	15	13.5	15	25.4	23	27.7	6	28.6	0	0.0	110	18.5
Home care	0	0.0	13	7.3	15	11.1	12	10.8	14	23.7	22	26.5	5	23.8	0	0.0	81	13.6
Home therapy	0	0.0	18	10.1	14	10.4	8	7.2	6	10.2	10	12.0	1	4.8	0	0.0	57	9.6
Community case management	1	16.7	20	11.2	15	11.1	11	9.9	8	13.6	17	20.5	5	23.8	0	0.0	77	12.9
Other	0	0.0	12	6.7	12	8.9	7	6.3	3	5.1	11	13.3	0	0.0	0	0.0	45	7.6
<b>Total</b>	<b>1</b>	<b>16.7</b>	<b>58</b>	<b>32.6</b>	<b>36</b>	<b>26.7</b>	<b>30</b>	<b>27.0</b>	<b>21</b>	<b>35.6</b>	<b>36</b>	<b>43.4</b>	<b>7</b>	<b>33.3</b>	<b>0</b>	<b>0.0</b>	<b>189</b>	<b>31.7</b>
<b>Specialised services</b>																		
Ortho-geriatric service	0	0.0	10	5.6	5	3.7	4	3.6	1	1.7	3	3.6	1	4.8	1	20.0	25	4.2
Discharge planning service	0	0.0	20	11.3	23	17.2	14	12.6	5	8.5	6	7.2	1	4.8	0	0.0	69	11.6
Centralised waiting list	0	0.0	14	7.9	9	6.7	8	7.2	1	1.7	5	6.0	1	4.8	0	0.0	38	6.4
Respite care booking service	0	0.0	11	6.2	6	4.5	4	3.6	1	1.7	7	8.4	1	4.8	0	0.0	30	5.0
Other	0	0.0	9	5.1	5	3.7	3	2.7	2	3.4	3	3.6	1	4.8	0	0.0	23	3.9
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>32</b>	<b>18.1</b>	<b>29</b>	<b>21.6</b>	<b>22</b>	<b>19.8</b>	<b>7</b>	<b>11.9</b>	<b>15</b>	<b>18.1</b>	<b>4</b>	<b>19.0</b>	<b>1</b>	<b>20.0</b>	<b>110</b>	<b>18.5</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.9: Aged Care Services – Bed Based by Hospital Size – General Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	337		102		115		42		596	
<b>Acute Medical Care &amp; Assessment Services</b>										
Designated Aged Care Unit	19	5.6	2	2.0	18	15.7	24	57.1	53	8.9
General purpose unit	52	15.4	4	3.9	23	20.0	23	54.8	102	17.1
<b>Total</b>	<b>59</b>	<b>17.5</b>	<b>5</b>	<b>4.9</b>	<b>31</b>	<b>27.0</b>	<b>32</b>	<b>76.2</b>	<b>127</b>	<b>21.3</b>
<b>Rehabilitation services</b>										
Designated unit	1	0.3	2	2.0	4	3.5	8	19.0	15	2.5
Combined ass't / rehab	1	0.3	0	0.0	8	7.0	11	26.2	20	3.4
Shared / integrated unit	14	4.2	4	3.9	17	14.8	6	14.3	41	6.9
Permanent resi aged care unit	5	1.5	0	0.0	0	0.0	0	0.0	5	0.8
Other	0	0.0	0	0.0	0	0.0	1	2.4	1	0.2
<b>Total</b>	<b>18</b>	<b>5.3</b>	<b>4</b>	<b>3.9</b>	<b>25</b>	<b>21.7</b>	<b>22</b>	<b>52.4</b>	<b>69</b>	<b>11.6</b>
<b>Residential aged care**</b>										
Permanent resi care	52	43.7	6	22.2	8	16.7	2	5.4	68	29.4
Interim resi care	21	17.7	5	18.5	3	6.3	8	21.6	37	16.0
<b>Total</b>	<b>61*</b>	<b>51.3</b>	<b>8</b>	<b>29.6</b>	<b>10*</b>	<b>20.8</b>	<b>8</b>	<b>21.6</b>	<b>87</b>	<b>37.7</b>
<b>Respite Care</b>										
Booked or planned	78	23.1	10	9.8	10	8.7	2	4.8	94	15.8
Emergency	79	23.4	7	6.9	9	7.8	2	4.8	97	16.3
<b>Total</b>	<b>93</b>	<b>27.6</b>	<b>12</b>	<b>11.8</b>	<b>12</b>	<b>10.4</b>	<b>4</b>	<b>9.5</b>	<b>121</b>	<b>20.3</b>
<b>Psychogeriatric Services</b>										
Designated unit	0	0.0	2	2.0	7	6.1	11	26.2	20	3.4
Combined ass't / rehab	0	0.0	1	1.0	2	1.7	0	0.0	3	0.5
General purpose psychiatric unit	0	0.0	0	0.0	2	1.7	1	2.4	3	0.5
General purpose unit	0	0.0	0	0.0	2	1.7	0	0.0	2	0.3
Other	0	0.0	1	1.0	0	0.0	0	0.0	1	0.2
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>2.9</b>	<b>10</b>	<b>8.7</b>	<b>12</b>	<b>28.6</b>	<b>25</b>	<b>4.2</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Missing data for one hospital site

\*\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages

**Table 12.10: Aged Care Services – Non-Bed Based by Hospital Size – General Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	<b>337</b>		<b>102</b>		<b>115</b>		<b>42</b>		<b>596</b>	
<b>ACAT</b>										
On-site	14	4.2	10	9.8	30	26.1	24	57.1	78	13.1
Visiting	265	78.6	65	63.7	66	57.4	15	35.7	411	69.0
<b>Total</b>	<b>279**</b>	<b>82.8</b>	<b>74</b>	<b>72.6</b>	<b>96*</b>	<b>83.5</b>	<b>39</b>	<b>92.9</b>	<b>489</b>	<b>82.0</b>
Missing Cases	21		2		5		2		30	
<b>Inpatient consultative Services</b>										
Consultant geriatrician	79	23.4	38	37.3	58	50.4	38	90.5	213	35.7
Ass. geriatrician	7	2.1	2	2.0	10	8.7	1	2.4	20	3.4
Adv. trainee	1	0.3	1	1.0	5	4.3	25	59.5	32	5.4
Other RMO	11	3.3	3	2.9	9	7.8	13	31.0	36	6.0
Non-medical health prof.	16	4.7	3	2.9	17	14.8	12	28.6	48	8.1
<b>Total</b>	<b>90</b>	<b>26.7</b>	<b>39</b>	<b>38.2</b>	<b>69</b>	<b>60.0</b>	<b>39</b>	<b>92.9</b>	<b>237</b>	<b>39.8</b>
Missing Cases	20		2		5		2		29	
<b>Psychogeriatric services</b>										
<b>On-site:</b>										
Psychogeriatrician	3	0.9	5	4.9	13	11.3	19	45.2	40	6.7
General psychiatrist	0	0.0	0	0.0	9	7.8	7	16.7	16	2.7
Trainee psychiatrist / registrar	0	0.0	0	0.0	7	6.1	13	31.0	20	3.4
Geriatrician	0	0.0	1	1.0	3	2.6	5	11.9	9	1.5
Other resident medical officer	0	0.0	0	0.0	2	1.7	1	2.4	3	0.5
Non-medical health professional	2	0.6	1	1.0	6	5.2	3	7.1	12	2.0
<b>Total</b>	<b>3</b>	<b>0.9</b>	<b>6</b>	<b>5.9</b>	<b>22</b>	<b>19.1</b>	<b>22</b>	<b>52.4</b>	<b>53</b>	<b>8.9</b>
<b>Off-site:</b>										
Visiting psychogeriatrician	25	7.4	8	7.8	10	8.7	5	11.9	48	8.1
Visiting (non-medical) psychiatrist	30	8.9	7	6.9	5	4.3	1	2.4	43	7.2
General psychiatrist	7	2.1	6	5.9	8	7.0	8	19.0	29	4.9
Geriatrician (visiting)	27	8.0	9	8.8	6	5.2	4	9.5	46	7.7
Visiting general psychiatrist	21	6.2	5	4.9	7	6.1	2	4.8	35	5.9
Other	22	6.5	5	4.9	4	3.5	2	4.8	33	5.5
<b>Total</b>	<b>51</b>	<b>15.1</b>	<b>19</b>	<b>18.6</b>	<b>23</b>	<b>20.0</b>	<b>14</b>	<b>33.3</b>	<b>107</b>	<b>18.0</b>
<b>Ancillary services</b>										
<b>On-campus</b>										
Day hospital / CRC	5	1.5	4	3.9	18	15.7	11	26.2	28	4.7
Day centre	49	14.5	12	11.8	5	4.3	4	9.5	70	11.7
<b>Total</b>	<b>52**</b>	<b>15.4</b>	<b>15</b>	<b>14.7</b>	<b>20*</b>	<b>17.4</b>	<b>12*</b>	<b>28.6</b>	<b>99</b>	<b>16.6</b>

\*Missing data for one hospital site

\*\*Missing data for three hospital sites

**Table 12.10 continued**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>										
<b>Off-campus</b>										
Day hospitals	5	1.5	2	2.0	9	7.8	12	28.6	28	4.7
Day centres	22	6.5	4	3.9	11	9.6	9	21.4	46	7.7
<b>Total</b>	<b>26</b>	<b>7.7</b>	<b>6</b>	<b>5.9</b>	<b>17</b>	<b>14.8</b>	<b>18</b>	<b>42.9</b>	<b>67</b>	<b>11.2</b>
<b>Outpatient Aged Care Services</b>										
General aged care assm't clinic	32	9.5	10	9.8	20	17.4	27	64.3	89	14.9
Memory clinic	9	2.7	6	5.9	16	13.9	12	28.6	43	7.2
Falls clinic	14	4.2	4	3.9	12	10.4	7	16.7	37	6.2
Incontinence clinic	17	5.0	3	2.9	17	14.8	9	21.4	46	7.7
Pain clinic	3	0.9	0	0.0	6	5.2	2	4.8	11	1.8
Dental clinic	8	2.4	2	2.0	4	3.5	0	0.0	14	2.3
Other clinic	8	2.4	5	4.9	5	4.3	5	11.9	23	3.9
<b>Total</b>	<b>53</b>	<b>15.7</b>	<b>16</b>	<b>15.7</b>	<b>35</b>	<b>30.4</b>	<b>27</b>	<b>64.3</b>	<b>131</b>	<b>22.0</b>
<b>Community Services</b>										
Domiciliary assm't service	60	17.8	16	15.7	32	27.8	21	50.0	129	21.6
Home modifications	75	22.3	18	17.6	36	31.3	17	40.5	46	7.7
Delivered meals	69	20.5	8	7.8	8	7.0	1	2.4	86	14.4
Community nursing	80	23.7	10	9.8	15	13.0	5	11.9	110	18.5
Home care	61	18.1	7	6.9	11	9.6	2	4.8	81	13.6
Home therapy	25	7.4	6	5.9	17	14.8	9	21.4	57	9.6
Community case management	50	14.8	6	5.9	13	11.3	8	19.0	77	12.9
Other	22	6.5	10	9.8	8	7.0	5	11.9	45	7.6
<b>Total</b>	<b>99</b>	<b>29.4</b>	<b>24</b>	<b>23.5</b>	<b>41</b>	<b>35.7</b>	<b>25</b>	<b>59.5</b>	<b>189</b>	<b>31.7</b>
<b>Specialised services</b>										
Ortho-geriatric service	2	0.6	0	0.0	5	4.3	18	42.9	25	4.2
Discharge planning service	24	7.1	9	8.8	23	20.0	13	31.0	69	11.6
Centralised waiting list	10	3.0	8	7.8	12	10.4	8	19.0	38	6.4
Respite care booking service	13	3.9	3	2.9	8	7.0	6	14.3	30	5.0
Other	5	1.5	1	1.0	10	8.7	7	16.7	23	3.9
<b>Total</b>	<b>38</b>	<b>11.3</b>	<b>12</b>	<b>11.8</b>	<b>33</b>	<b>28.7</b>	<b>27</b>	<b>64.3</b>	<b>110</b>	<b>18.5</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.11: Hospital Characteristics by State – Geriatric Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of Hospitals</b>	0		8		6		1		1		0		0		0		16	
<b>Aged Care Service</b>			8	100.0	6	100.0	1	100.0	1	100.0							16	100.0
<b>Site location</b>																		
Metropolitan			5	62.5	5	83.3	1	100.0	1	100.0							12	75.0
Country			3	37.5	1	16.7	0	0.0	0	0.0							4	25.0
<b>Total</b>			8	100	6	100.0	1	100.0	1	100.0							16	100.0
<b>Management type</b>																		
Public			8	100.0	6	100.0	0	0.0	0	0.0							14	87.5
Private not for profit			0	0.0	0	0.0	1	100.0	0	0.0							1	6.3
Private for profit			0	0.0	0	0.0	0	0.0	1	100.0							1	6.3
<b>Total</b>			8	100.0	6	100.0	1	100.0	1	100.0							16	100.0
<b>Hospital size (beds*)</b>																		
1-49			4	50.0	0	0.0	0	0.0	1	100.0							5	31.3
50-99			4	50.0	4	66.7	0	0.0	0	0.0							8	50.0
100-299			0	0.0	2	33.3	1	100.0	0	0.0							3	18.8
300 or more			0	0.0	0	0.0	0	0.0	0	0.0							0	0.0
<b>Total</b>			8	100.0	6	100.0	1	100.0	1	100.0							16	100.0

**Table 12.12: Aged Care Services – Bed Based by State – Geriatric Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	0		8		6		1		1		0		0		0		16	
<b>Acute Medical Care &amp; Assessment Services</b>																		
Designated Aged Care Unit			3	37.5	6	100.0	0	0.0	1	100.0							10	62.5
General purpose unit			2	25.0	1	16.7	0	0.0	0	0.0							3	18.8
<b>Total</b>			<b>5</b>	<b>62.5</b>	<b>6</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>100.0</b>							<b>12</b>	<b>75.0</b>
<b>Rehabilitation services</b>																		
Designated unit			2	25.0	2	33.3	1	100.0	0	0.0							5	31.3
Combined ass't / rehab			2	25.0	5	83.3	0	0.0	0	0.0							7	43.8
Shared / integrated unit			2	25.0	0	0.0	0	0.0	0	0.0							2	12.5
Permanent resi aged care unit			0	0.0	0	0.0	0	0.0	0	0.0							0	0.0
Other			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
<b>Total</b>			<b>7</b>	<b>87.5</b>	<b>6</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>							<b>14</b>	<b>87.5</b>
<b>Residential Aged Care</b>																		
Permanent resi care			1	12.5	3	50.0	0	0.0	0	0.0							4	25.0
Interim resi care			2	25.0	4	66.7	1	100.0	0	0.0							7	43.9
<b>Total</b>			<b>3</b>	<b>37.5</b>	<b>5</b>	<b>83.3</b>	<b>1</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>							<b>9</b>	<b>56.3</b>
<b>Respite care</b>																		
Booked or planned			2	25.0	2	33.3	0	0.0	0	0.0							4	25.0
Emergency			3	37.5	2	33.3	0	0.0	0	0.0							5	31.3
<b>Total</b>			<b>3</b>	<b>37.5</b>	<b>4</b>	<b>66.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>							<b>7</b>	<b>43.8</b>
<b>Psychogeriatric Services</b>																		
Designated unit			2	25.0	4	66.7	0	0.0	0	0.0							6	37.5
Combined ass't / rehab			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
General purpose psychiatric unit			0	0.0	0	0.0	0	0.0	0	0.0							0	0.0
General purpose unit			0	0.0	0	0.0	0	0.0	0	0.0							0	0.0
Other			1	12.5	1	16.7	0	0.0	0	0.0							2	12.5
<b>Total</b>			<b>4</b>	<b>50.0</b>	<b>4</b>	<b>66.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>							<b>8</b>	<b>50.0</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.13: Aged Care Services – Non-Bed Based by State – Geriatric Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	0		8		6		1		1		0		0		0		16	
<b>ACAT</b>																		
On-site			6	75.0	5	83.3	0	0.0	0	0.0							11	68.8
Visiting			2	25.0	1	16.7	1	100.0	1	100.0							5	31.3
<b>Total</b>			<b>8</b>	<b>100.0</b>	<b>6</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>							<b>16</b>	<b>100.0</b>
<b>Inpatient consultative Services</b>																		
Consultant geriatrician			6	75.0	3	50.0	0	0.0	1	100.0							10	62.5
Ass. geriatrician			1	12.5	1	16.7	1	100.0	0	0.0							3	18.8
Adv. trainee			2	25.0	0	0.0	0	0.0	0	0.0							2	12.5
Other RMO			2	25.0	0	0.0	0	0.0	0	0.0							2	12.5
Non-medical health prof.			0	0.0	0	0.0	0	0.0	0	0.0							0	0.0
<b>Total</b>			<b>6</b>	<b>75.0</b>	<b>3</b>	<b>50.0</b>	<b>1</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>							<b>11</b>	<b>68.8</b>
<b>Psychogeriatric services- On-Site</b>																		
Psychogeriatrician			3	37.5	4	66.7	0	0.0	0	0.0							7	43.8
General psychiatrist			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
Trainee psychiatrist / registrar			0	0.0	1	16.7	0	0.0	0	0.0							1	6.3
Geriatrician			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
Other resident medical officer			0	0.0	1	16.7	0	0.0	0	0.0							1	6.3
Non-medical health professional			0	0.0	1	16.7	0	0.0	0	0.0							1	6.3
<b>Total</b>			<b>3</b>	<b>37.5</b>	<b>4</b>	<b>66.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>							<b>7</b>	<b>43.8</b>
<b>Psychogeriatric services- Off-Site</b>																		
Visiting psychogeriatrician			3	37.5	2	33.3	1	100.0	1	100.0							7	43.8
Visiting (non-medical) psychiatrist			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
General psychiatrist			0	0.0	0	0.0	0	0.0	0	0.0							0	0.0
Geriatrician (visiting)			3	37.5	0	0.0	0	0.0	1	100.0							4	25.0
Visiting general psychiatrist			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
Other			1	12.5	0	0.0	0	0.0	0	0.0							1	6.3
<b>Total</b>			<b>5</b>	<b>62.5</b>	<b>2</b>	<b>33.3</b>	<b>1</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>							<b>9</b>	<b>56.3</b>
<b>Ancillary services</b>																		
<b>On-campus</b>																		
Day hospital			3	37.5	3	50.0	0	0.0	0	0.0							6	37.5
Day centre			4	50.0	3	50.0	0	0.0	0	0.0							7	43.8
<b>Total</b>			<b>5</b>	<b>62.5</b>	<b>4</b>	<b>66.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>							<b>9</b>	<b>56.3</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.13 Continued**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States		
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
<b>Ancillary services continued</b>																			
<b>Off-campus</b>																			
Day hospitals			2	25.0	4	66.7	0	0.0	0	0.0								6	37.5
Day centres			4	50.0	3	50.0	0	0.0	0	0.0								7	43.8
<b>Total</b>			<b>4</b>	<b>50.0</b>	<b>5</b>	<b>83.3</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>								<b>9</b>	<b>56.3</b>
<b>Outpatient Aged Care Services</b>																			
General aged care assm't clinic			4	50.0	5	83.3	0	0.0	1	100.0								10	62.5
Memory clinic			1	12.5	5	83.3	0	0.0	0	0.0								6	37.5
Falls clinic			3	37.5	5	83.3	0	0.0	0	0.0								8	50.0
Incontinence clinic			3	37.5	5	83.3	0	0.0	0	0.0								8	50.0
Pain clinic			0	0.0	3	50.0	0	0.0	0	0.0								3	18.8
Dental clinic			0	0.0	2	33.3	0	0.0	0	0.0								2	12.5
Other clinic			3	37.5	4	66.7	0	0.0	0	0.0								7	43.8
<b>Total</b>			<b>6</b>	<b>75.0</b>	<b>6</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>100.0</b>								<b>13</b>	<b>81.3</b>
<b>Community Services</b>																			
Domiciliary assm't service			7	87.5	5	83.3	0	0.0	1	100.0								13	81.3
Home modifications			5	62.5	6	100.0	0	0.0	0	0.0								11	68.8
Delivered meals			0	0.0	0	0.0	0	0.0	0	0.0								0	0.0
Community nursing			2	25.0	1	16.7	0	0.0	0	0.0								3	18.8
Home care			0	0.0	0	0.0	0	0.0	0	0.0								0	0.0
Home therapy			2	25.0	5	83.3	0	0.0	0	0.0								7	43.8
Community case management			3	37.5	4	66.7	0	0.0	0	0.0								7	43.8
Other			3	37.5	3	50.0	0	0.0	0	0.0								6	37.5
<b>Total</b>			<b>8</b>	<b>100.0</b>	<b>6</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>100.0</b>								<b>15</b>	<b>93.8</b>
<b>Specialised services</b>																			
Ortho-geriatric service			0	0.0	1	16.7	0	0.0	1	100.0								2	12.5
Discharge planning service			1	12.5	1	16.7	0	0.0	1	100.0								3	18.8
Centralised waiting list			2	25.0	3	50.0	0	0.0	0	0.0								5	31.3
Respite care booking service			1	12.5	1	16.7	0	0.0	0	0.0								2	12.5
Other			0	0.0	2	33.3	0	0.0	0	0.0								2	12.5
<b>Total</b>			<b>2</b>	<b>25.0</b>	<b>4</b>	<b>66.7</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>100.0</b>								<b>7</b>	<b>43.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.14: Aged Care Services – Bed Based by Hospital Size – Geriatric Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	5		8		3		0		16	
<b>Acute Medical Care &amp; Assessment Services</b>										
Designated Aged Care Unit	3	60.0	5	62.5	2	66.7			10	62.5
General purpose unit	1	20.0	1	12.5	1	33.3			3	18.8
<b>Total</b>	<b>4</b>	<b>80.0</b>	<b>6</b>	<b>75.0</b>	<b>2</b>	<b>66.7</b>			<b>12</b>	<b>75.0</b>
<b>Rehabilitation services</b>										
Designated unit	0	0.0	4	50.0	1	33.3			5	31.3
Combined ass't / rehab unit	2	40.0	3	37.5	2	66.7			7	43.8
Shared / integrated	0	0.0	2	25.0	0	0.0			2	12.5
Permanent resi aged care unit	0	0.0	0	0.0	0	0.0			0	0.0
Other	1	20.0	0	0.0	0	0.0			1	6.3
<b>Total</b>	<b>3</b>	<b>60.0</b>	<b>8</b>	<b>100.0</b>	<b>3</b>	<b>100.0</b>			<b>14</b>	<b>87.5</b>
<b>Residential aged care</b>										
Permanent resi care	1	20.0	1	12.5	2	66.7			4	25.0
Interim resi care	2	40.0	2	25.0	3	100.0			7	43.8
<b>Total</b>	<b>3</b>	<b>60.0</b>	<b>3</b>	<b>37.5</b>	<b>3</b>	<b>100.0</b>			<b>9</b>	<b>56.3</b>
<b>Respite Care</b>										
Booked or planned	2	40.0	1	12.5	1	33.3			4	25.0
Emergency	3	60.0	2	25.0	0	0.0			5	31.3
<b>Total</b>	<b>3</b>	<b>60.0</b>	<b>3</b>	<b>37.5</b>	<b>1</b>	<b>33.3</b>			<b>7</b>	<b>43.8</b>
<b>Psychogeriatric Services</b>										
Designated unit	0	0.0	5	62.5	1	33.3			6	37.5
Combined ass't / rehab	1	20.0	0	0.0	0	0.0			1	6.3
General purpose psychiatric unit	0	0.0	0	0.0	0	0.0			0	0.0
General purpose unit	0	0.0	0	0.0	0	0.0			0	0.0
Other	0	0.0	2	25.0	0	0.0			2	12.5
<b>Total</b>	<b>1</b>	<b>20.0</b>	<b>6</b>	<b>75.0</b>	<b>1</b>	<b>33.3</b>			<b>8</b>	<b>50.0</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.15: Aged Care Services – Non-Bed Based by Hospital Size – Geriatric Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	5		8		3		0		16	
<b>ACAT</b>										
On-site	3	60.0	7	87.5	1	33.3			11	68.8
Visiting	2	40.0	1	12.5	2	66.7			5	31.3
<b>Total</b>	<b>5</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>	<b>3</b>	<b>100.0</b>			<b>16</b>	<b>100.0</b>
<b>Inpatient consultative Services</b>										
Consultant geriatrician	4	80.0	5	62.5	1	33.3			10	62.5
Ass. geriatrician	0	0.0	2	25.0	1	33.3			3	18.8
Adv. trainee	1	20.0	1	12.5	0	0.0			2	12.5
Other RMO	0	0.0	2	25.0	0	0.0			2	12.5
Non-medical health prof.	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>	<b>4</b>	<b>80.0</b>	<b>5</b>	<b>62.5</b>	<b>2</b>	<b>66.7</b>			<b>11</b>	<b>68.8</b>
<b>Psychogeriatric services</b>										
<b>On-site:</b>										
Psychogeriatrician	1	20.0	5	62.5	1	33.3			7	43.8
General psychiatrist	0	0.0	1	12.5	0	0.0			1	6.3
Trainee psychiatrist / registrar	0	0.0	1	12.5	0	0.0			1	6.3
Geriatrician	1	20.0	0	0.0	0	0.0			1	6.3
Other resident medical officer	0	0.0	1	12.5	0	0.0			1	6.3
Non-medical health professional	0	0.0	1	12.5	0	0.0			1	6.3
<b>Total</b>	<b>1</b>	<b>20.0</b>	<b>5</b>	<b>62.5</b>	<b>1</b>	<b>33.3</b>			<b>7</b>	<b>43.8</b>
<b>Off-site:</b>										
Visiting psychogeriatrician	3	60.0	2	25.0	2	66.7			7	43.8
Visiting (non-medical) psychiatrist	1	20.0	0	0.0	0	0.0			1	6.3
General psychiatrist	0	0.0	0	0.0	0	0.0			0	0.0
Geriatrician (visiting)	4	80.0	0	0.0	0	0.0			4	25.0
Visiting general psychiatrist	1	20.0	0	0.0	0	0.0			1	6.3
Other	0	0.0	1	12.5	0	0.0			1	6.3
<b>Total</b>	<b>4</b>	<b>80.0</b>	<b>3</b>	<b>37.5</b>	<b>2</b>	<b>66.7</b>			<b>9</b>	<b>56.3</b>
<b>Ancillary services</b>										
<b>On-campus</b>										
Day hospital / CRC	1	20.0	4	50.0	1	33.3			6	37.5
Day centre	2	40.0	4	50.0	1	33.3			7	43.8
<b>Total</b>	<b>2</b>	<b>40.0</b>	<b>6</b>	<b>75.0</b>	<b>1</b>	<b>33.3</b>			<b>9</b>	<b>56.3</b>

**Table 12.15 continued**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>										
<b>Off-campus</b>										
Day hospitals	0	0.0	4	50.0	2	66.7			6	37.5
Day centres	2	40.0	4	50.0	1	33.3			7	43.8
<b>Total</b>	<b>2</b>	<b>40.0</b>	<b>5</b>	<b>62.5</b>	<b>2</b>	<b>66.7</b>			<b>9</b>	<b>56.3</b>
<b>Outpatient Aged Care Services</b>										
General Aged Care assm't clinic	3	60.0	5	62.5	2	66.7			10	62.5
Memory clinic	1	20.0	3	37.5	2	66.7			6	37.5
Falls clinic	3	60.0	3	37.5	2	66.7			8	50.0
Incontinence clinic	2	40.0	4	50.0	2	66.7			8	50.0
Pain clinic	0	0.0	1	12.5	2	66.7			3	18.8
Dental clinic	0	0.0	0	0.0	2	66.7			2	12.5
Other clinic	2	40.0	3	37.5	2	66.7			7	43.8
<b>Total</b>	<b>4</b>	<b>80.0</b>	<b>7</b>	<b>87.5</b>	<b>2</b>	<b>66.7</b>			<b>13</b>	<b>81.3</b>
<b>Community Services</b>										
Domiciliary assm't service	4	80.0	8	100.0	1	33.3			13	81.3
Home modifications	2	40.0	7	87.5	2	66.7			11	68.8
Delivered meals	0	0.0	0	0.0	0	0.0			0	0.0
Community nursing	2	40.0	1	12.5	0	0.0			3	18.8
Home care	0	0.0	0	0.0	0	0.0			0	0.0
Home therapy	1	20.0	5	62.5	1	33.3			7	43.8
Community case management	1	20.0	4	50.0	2	66.7			7	43.8
Other	3	60.0	2	25.0	1	33.3			6	37.5
<b>Total</b>	<b>5</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>	<b>2</b>	<b>66.7</b>			<b>15</b>	<b>93.8</b>
<b>Specialised services</b>										
Ortho-geriatric service	1	20.0	0	0.0	1	33.3			2	12.5
Discharge planning service	2	40.0	1	12.5	0	0.0			3	18.8
Centralised waiting list	2	40.0	2	25.0	1	33.3			5	31.3
Respite care booking service	1	20.0	1	12.5	0	0.0			2	12.5
Other	0	0.0	2	25.0	0	0.0			2	12.5
<b>Total</b>	<b>3</b>	<b>60.0</b>	<b>3</b>	<b>37.5</b>	<b>1</b>	<b>33.3</b>			<b>7</b>	<b>43.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.16: Hospital Characteristics by State – Rehabilitation Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of Hospitals</b>	0		12		12		1		4		1		0		0		30	
<b>Aged Care Service</b>			6	50.0	2	16.7	0	0.0	1	25.0	1	100.0					10	33.3
<b>Site location</b>																		
Metropolitan			8	66.7	11	91.7	0	0.0	4	100.0	1	100.0					24	80.0
Country			4	33.3	1	8.3	1	100.0	0	0.0	0	0.0					6	20.0
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>					<b>30</b>	<b>100.0</b>
<b>Management type</b>																		
Public			7	58.3	4	33.3	1	100.0	2	50.0	1	100.0					15	50.0
Private not for profit			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0					1	3.3
Private for profit			5	41.7	7	58.3	0	0.0	2	50.0	0	0.0					14	46.7
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>					<b>30</b>	<b>100.0</b>
<b>Hospital size (beds*)</b>																		
1-49			7	58.3	4	33.3	1	100.0	2	50.0	0	0.0					14	46.7
50-99			4	33.3	7	58.3	0	0.0	1	25.0	0	0.0					12	40.0
100-299			1	8.3	1	8.3	0	0.0	1	25.0	1	100.0					4	13.3
300 or more			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>					<b>30</b>	<b>100.0</b>

**Table 12.17: Aged Care Services – Bed Based by State – Rehabilitation Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	0		12		12		1		4		1		0		0		30	
<b>Acute Medical Care &amp; Assessment Services</b>																		
Designated Aged Care Unit			1	8.3	2	16.7	0	0.0	0	0.0	0	0.0					3	10.0
General purpose unit			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>2</b>	<b>16.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>					<b>3</b>	<b>10.0</b>
<b>Rehabilitation services</b>																		
Designated unit			3	25.0	2	16.7	0	0.0	1	25.0	0	0.0					6	20.0
Combined ass't / rehab			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	3.3
Shared / integrated unit			2	16.7	0	0.0	0	0.0	0	0.0	1	100.0					3	10.0
Permanent resi aged care unit			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Other			0	0.0	0	0.0	0	0.0	1	25.0	0	0.0					1	3.3
<b>Total</b>			<b>6</b>	<b>50.0</b>	<b>2</b>	<b>16.7</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>100.0</b>					<b>10</b>	<b>33.3</b>
<b>Residential aged care*</b>																		
Permanent resi care			0	0.0	2	100.0	0	0.0	1	100.0	0	0.0					3	30.0
Interim resi care			1	16.7	1	50.0	0	0.0	0	0.0	0	0.0					2	20.0
<b>Total</b>			<b>1</b>	<b>16.7</b>	<b>2</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>					<b>4</b>	<b>40.0</b>
<b>Respite care</b>																		
Booked or planned			1	8.3	1	8.3	0	0.0	1	25.0	0	0.0					3	10.0
Emergency			1	8.3	1	8.3	0	0.0	1	25.0	0	0.0					3	10.0
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>					<b>3</b>	<b>10.0</b>
<b>Psychogeriatric Services</b>																		
Designated unit			2	16.7	2	16.7	0	0.0	0	0.0	0	0.0					4	13.3
Combined ass't / rehab			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
General purpose psychiatric unit			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
General purpose unit			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	3.3
Other			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
<b>Total</b>			<b>3</b>	<b>25.0</b>	<b>2</b>	<b>16.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>					<b>5</b>	<b>16.7</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages

**Table 12.18: Aged Care Services – Non-Bed Based by State – Rehabilitation Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	0		12		12		1		4		1		0		0		30	
<b>ACAT</b>																		
On-site			5	41.7	2	16.7	0	0.0	1	25.0	0	0.0					8	26.7
Visiting			7	58.3	7	58.3	1	100.0	3	75.0	1	100.0					19	63.3
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>9</b>	<b>75.0</b>	<b>1</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>					<b>27</b>	<b>90.0</b>
<b>Inpatient consultative Services</b>																		
Consultant geriatrician			7	58.3	6	50.0	0	0.0	1	25.0	1	100.0					15	50.0
Ass. geriatrician			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	3.3
Adv. trainee			1	8.3	0	0.0	0	0.0	0	0.0	1	100.0					2	6.7
Other RMO			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Non-medical health prof.			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	3.3
<b>Total</b>			<b>7</b>	<b>58.3</b>	<b>6</b>	<b>50.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>100.0</b>					<b>15</b>	<b>50.0</b>
<b>Psychogeriatric services- On-Site</b>																		
Psychogeriatrician			0	0.0	1	8.3	0	0.0	1	25.0	0	0.0					2	6.7
General psychiatrist			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Trainee psychiatrist / registrar			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Geriatrician			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	3.3
Other resident medical officer			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Non-medical health professional			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>					<b>3</b>	<b>10.0</b>
<b>Psychogeriatric services- Off-Site</b>																		
Visiting psychogeriatrician			3	25.0	0	0.0	0	0.0	0	0.0	1	100.0					4	13.3
Visiting (non-medical) psychiatrist			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	3.3
General psychiatrist			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0					1	3.3
Geriatrician (visiting)			2	16.7	0	0.0	0	0.0	0	0.0	0	0.0					2	6.7
Visiting general psychiatrist			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Other			2	16.7	0	0.0	0	0.0	0	0.0	0	0.0					2	6.7
<b>Total</b>			<b>4*</b>	<b>33.3</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>100.0</b>					<b>6</b>	<b>20.0</b>
<b>Ancillary services</b>																		
<b>On-campus</b>																		
Day hospital			3	25.0	2	16.7	0	0.0	1	25.0	0	0.0					6	20.0
Day centre			2	16.7	1	8.3	0	0.0	0	0.0	0	0.0					3	10.0
<b>Total</b>			<b>4</b>	<b>33.3</b>	<b>2</b>	<b>16.7</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>					<b>7</b>	<b>23.3</b>

\*Missing data for one hospital site

**Table 12.18 Continued**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States		
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
<b>Ancillary services continued</b>																			
<b>Off-campus</b>																			
Day hospitals			2	16.7	1	8.3	0	0.0	0	0.0	0	0.0						3	10.0
Day centres			1	8.3	1	8.3	0	0.0	1	25.0	0	0.0						3	10.0
<b>Total</b>			<b>2</b>	<b>16.7</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>						<b>4</b>	<b>13.3</b>
<b>Outpatient Aged Care Services</b>																			
General Aged Care assm't clinic			4	33.3	1	8.3	0	0.0	0	0.0	0	0.0						5	16.7
Memory clinic			1	8.3	2	16.7	0	0.0	0	0.0	0	0.0						3	10.0
Falls clinic			0	0.0	2	16.7	0	0.0	0	0.0	0	0.0						2	6.7
Incontinence clinic			1	8.3	1	8.3	0	0.0	0	0.0	0	0.0						2	6.7
Pain clinic			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0						1	3.3
Dental clinic			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0						1	3.3
Other clinic			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0						1	3.3
<b>Total</b>			<b>5</b>	<b>41.7</b>	<b>2</b>	<b>16.7</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>						<b>7</b>	<b>23.3</b>
<b>Community Services</b>																			
Domiciliary assm't service			3	25.0	1	8.3	0	0.0	1	25.0	0	0.0						5	16.7
Home modifications			5	41.7	2	16.7	0	0.0	1	25.0	1	100.0						9	30.0
Delivered meals			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0						1	3.3
Community nursing			3	25.0	0	0.0	0	0.0	0	0.0	0	0.0						3	10.0
Home care			0	0.0	0	0.0	0	0.0	1	25.0	0	0.0						1	3.3
Home therapy			1	8.3	2	16.7	0	0.0	1	25.0	0	0.0						4	13.3
Community case management			1	8.3	0	0.0	0	0.0	1	25.0	0	0.0						2	6.7
Other			1	8.3	0	0.0	0	0.0	1	25.0	0	0.0						2	6.7
<b>Total</b>			<b>5</b>	<b>41.7</b>	<b>2</b>	<b>16.7</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>100.0</b>						<b>9</b>	<b>30.0</b>
<b>Specialised services</b>																			
Ortho-geriatric service			1	8.3	1	8.3	0	0.0	0	0.0	0	0.0						2	6.7
Discharge planning service			3	25.0	1	8.3	0	0.0	0	0.0	0	0.0						4	13.3
Centralised waiting list			3	25.0	1	8.3	0	0.0	0	0.0	0	0.0						4	13.3
Respite care booking service			3	25.0	0	0.0	0	0.0	0	0.0	0	0.0						3	10.0
Other			1	8.3	1	8.3	0	0.0	1	25.0	1	100.0						4	13.3
<b>Total</b>			<b>5</b>	<b>41.7</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>100.0</b>						<b>8</b>	<b>26.7</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.19: Aged Care Services – Bed Based by Hospital Size – Rehabilitation Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	14		12		4		0		30	
<b>Acute Medical Care &amp; Assessment Services</b>										
Designated Aged Care Unit	1	7.1	1	8.3	1	25.0			3	10.0
General purpose unit	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>	<b>1</b>	<b>7.1</b>	<b>1</b>	<b>8.3</b>	<b>1</b>	<b>25.0</b>			<b>3</b>	<b>10.0</b>
<b>Rehabilitation services</b>										
Designated unit	1	7.1	3	25.0	2	50.0			6	20.0
Combined ass't / rehab	1	7.1	0	0.0	0	0.0			1	3.3
Shared / integrated unit	2	14.3	0	0.0	1	25.0			3	10.0
Permanent resi aged care unit	0	0.0	0	0.0	0	0.0			0	0.0
Other	0	0.0	0	0.0	1	25.0			1	3.3
<b>Total</b>	<b>4</b>	<b>28.6</b>	<b>3</b>	<b>25.0</b>	<b>3</b>	<b>75.0</b>			<b>10</b>	<b>33.3</b>
<b>Residential aged care*</b>										
Permanent resi care	0	0.0	1	33.3	2	66.7			3	30.0
Interim resi care	1	25.0	1	33.3	0	0.0			2	20.0
<b>Total</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>33.3</b>	<b>2</b>	<b>66.7</b>			<b>4</b>	<b>40.0</b>
<b>Respite Care</b>										
Booked or planned	1	7.1	1	8.3	1	25.0			3	10.0
Emergency	1	7.1	1	8.3	1	25.0			3	10.0
<b>Total</b>	<b>1</b>	<b>7.1</b>	<b>1</b>	<b>8.3</b>	<b>1</b>	<b>25.0</b>			<b>3</b>	<b>10.0</b>
<b>Psychogeriatric Services</b>										
Designated unit	1	7.1	2	16.7	1	25.0			4	13.3
Combined ass't / rehab	0	0.0	0	0.0	0	0.0			0	0.0
General purpose psychiatric unit	0	0.0	0	0.0	0	0.0			0	0.0
General purpose unit	1	7.1	0	0.0	0	0.0			1	3.3
Other	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>	<b>2</b>	<b>14.3</b>	<b>2</b>	<b>16.7</b>	<b>1</b>	<b>25.0</b>			<b>5</b>	<b>16.7</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages

**Table 12.20: Aged Care Services – Non-Bed Based by Hospital Size – Rehab. Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	14		12		4		0		30	
<b>ACAT</b>										
On-site	3	21.4	3	25.0	2	50.0			8	26.7
Visiting	8	57.1	9	75.0	2	50.0			19	63.3
<b>Total</b>	<b>11</b>	<b>78.6</b>	<b>12</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>			<b>27</b>	<b>90.0</b>
<b>Inpatient consultative Services</b>										
Consultant geriatrician	5	35.7	7	58.3	3	75.0			15	50.0
Ass. geriatrician	0	0.0	1	8.3	0	0.0			1	3.3
Adv. trainee	1	7.1	0	0.0	1	25.0			2	6.7
Other RMO	0	0.0	0	0.0	0	0.0			0	0.0
Non-medical health prof.	0	0.0	1	8.3	0	0.0			1	3.3
<b>Total</b>	<b>5</b>	<b>35.7</b>	<b>7</b>	<b>58.3</b>	<b>3</b>	<b>75.0</b>			<b>15</b>	<b>50.0</b>
<b>Psychogeriatric services</b>										
<b>On-site:</b>										
Psychogeriatrician	0	0.0	0	0.0	2	50.0			2	6.7
General psychiatrist	0	0.0	0	0.0	0	0.0			0	0.0
Trainee psychiatrist / registrar	0	0.0	0	0.0	0	0.0			0	0.0
Geriatrician	0	0.0	1	8.3	0	0.0			1	3.3
Other resident medical officer	0	0.0	0	0.0	0	0.0			0	0.0
Non-medical health professional	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>8.3</b>	<b>2</b>	<b>50.0</b>			<b>3</b>	<b>10.0</b>
<b>Off-site:</b>										
Visiting psychogeriatrician	2	14.3	1	8.3	1	25.0			4	13.3
Visiting (non-medical) psychiatrist	0	0.0	1	8.3	0	0.0			1	3.3
General psychiatrist	0	0.0	1	8.3	0	0.0			1	3.3
Geriatrician (visiting)	2	14.3	0	0.0	0	0.0			2	6.7
Visiting general psychiatrist	0	0.0	0	0.0	0	0.0			0	0.0
Other	1	7.1	1	8.3	0	0.0			2	6.7
<b>Total</b>	<b>3*</b>	<b>21.4</b>	<b>2</b>	<b>16.7</b>	<b>1</b>	<b>25.0</b>			<b>6</b>	<b>20.0</b>
<b>Ancillary services</b>										
<b>On-campus</b>										
Day hospital / CRC	1	7.1	3	25.0	2	50.0			6	20.0
Day centre	1	7.1	2	16.7	0	0.0			3	10.0
<b>Total</b>	<b>2</b>	<b>14.3</b>	<b>3</b>	<b>25.0</b>	<b>2</b>	<b>50.0</b>			<b>7</b>	<b>23.3</b>

\*Missing data for one hospital site

**Table 12.20 continued**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>										
<b>Off-campus</b>										
Day hospitals	1	7.1	2	16.7	0	0.0			3	10.0
Day centres	0	0.0	2	16.7	1	25.0			3	10.0
<b>Total</b>	<b>1</b>	<b>7.1</b>	<b>2</b>	<b>16.7</b>	<b>1</b>	<b>25.0</b>			<b>4</b>	<b>13.3</b>
<b>Outpatient Aged Care Services</b>										
General Aged Care assm't clinic	2	14.3	2	16.7	1	25.0			5	16.7
Memory clinic	1	7.1	1	8.3	1	25.0			3	10.0
Falls clinic	0	0.0	1	8.3	1	25.0			2	6.7
Incontinence clinic	1	7.1	0	0.0	1	25.0			2	6.7
Pain clinic	0	0.0	1	8.3	0	0.0			1	3.3
Dental clinic	0	0.0	1	8.3	0	0.0			1	3.3
Other clinic	1	7.1	0	0.0	0	0.0			1	3.3
<b>Total</b>	<b>3</b>	<b>21.4</b>	<b>3</b>	<b>25.0</b>	<b>1</b>	<b>25.0</b>			<b>7</b>	<b>23.3</b>
<b>Community Services</b>										
Domiciliary assm't service	2	14.3	1	8.3	2	50.0			5	16.7
Home modifications	4	28.6	2	16.7	3	75.0			9	30.0
Delivered meals	1	7.1	0	0.0	0	0.0			1	3.3
Community nursing	3	21.4	0	0.0	0	0.0			3	10.0
Home care	0	0.0	0	0.0	1	25.0			1	3.3
Home therapy	0	0.0	2	16.7	2	50.0			4	13.3
Community case management	1	7.1	0	0.0	1	25.0			2	6.7
Other	1	7.1	0	0.0	1	25.0			2	6.7
<b>Total</b>	<b>4</b>	<b>28.6</b>	<b>2</b>	<b>16.7</b>	<b>3</b>	<b>75.0</b>			<b>9</b>	<b>30.0</b>
<b>Specialised services</b>										
Ortho-geriatric service	1	7.1	0	0.0	1	25.0			2	6.7
Discharge planning service	2	14.3	1	8.3	1	25.0			4	13.3
Centralised waiting list	2	14.3	1	8.3	1	25.0			4	13.3
Respite care booking service	2	14.3	1	8.3	0	0.0			3	10.0
Other	1	7.1	0	0.0	3	75.0			4	13.3
<b>Total</b>	<b>3</b>	<b>21.4</b>	<b>2</b>	<b>16.7</b>	<b>3</b>	<b>75.0</b>			<b>8</b>	<b>26.7</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.21: Hospital Characteristics by State – Other Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of Hospitals</b>	0		12		12		11		4		8		1		0		48	
<b>Aged Care Service</b>			4	33.3	5	41.7	3	27.3	1	25.0	1	12.5	0	0.0			14	29.2
<b>Site location</b>																		
Metropolitan			10	83.3	10	83.3	6	54.5	4	100.0	7	87.5	1	100.0			38	79.2
Country			2	16.7	2	16.7	5	45.5	0	0.0	1	12.5	0	0.0			10	20.8
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>			<b>48</b>	<b>100.0</b>
<b>Management type</b>																		
Public			8	66.7	4	33.3	6	54.5	1	25.0	3	37.5	0	0.0			22	45.8
Private not for profit			2	16.7	2	16.7	1	9.1	0	0.0	3	37.5	1	100.0			9	18.8
Private for profit			2	16.7	6	50.0	4	36.4	3	75.0	2	25.0	0	0.0			17	35.4
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>			<b>48</b>	<b>100.0</b>
<b>Hospital size (beds*)</b>																		
1-49			7	58.3	4	33.3	4	36.4	3	75.0	7	87.5	1	100.0			26	54.2
50-99			3	25.0	5	41.7	4	36.4	0	0.0	1	12.5	0	0.0			13	27.1
100-299			2	16.7	3	25.0	3	27.3	1	25.0	0	0.0	0	0.0			9	18.8
300 or more			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>			<b>12</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>	<b>1</b>	<b>100.0</b>			<b>48</b>	<b>100.0</b>

**Table 12.22: Aged Care Services - Bed Based by State – Other Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	0		12		12		11		4		8		1		0		48	
<b>Acute Medical Care &amp; Assessment Services</b>																		
Designated Aged Care Unit			0	0.0	2	16.7	0	0.0	1	25.0	1	12.5	0	0.0			4	8.3
General purpose unit			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0			1	2.1
<b>Total</b>			<b>0</b>	<b>0.0</b>	<b>3</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>			<b>5</b>	<b>10.4</b>
<b>Rehabilitation services</b>																		
Designated unit			0	0.0	1	8.3	0	0.0	1	25.0	0	0.0	0	0.0			2	4.2
Combined ass't / rehab			0	0.0	0	0.0	0	0.0	0	0.0	1	12.5	0	0.0			1	2.1
Shared / integrated unit			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0			1	2.1
Permanent resi aged care unit			0	0.0	0	0.0	0	0.0	1	25.0	0	0.0	0	0.0			1	2.1
Other			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>			<b>0</b>	<b>0.0</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>			<b>3</b>	<b>6.3</b>
<b>Residential aged care*</b>																		
Permanent resi care			1	25.0	0	0.0	1	33.3	1	100.0	0	0.0	0	0.0			3	21.4
Interim resi care			1	25.0	1	20.0	0	0.0	0	0.0	0	0.0	0	0.0			2	14.3
<b>Total</b>			<b>1</b>	<b>25.0</b>	<b>1</b>	<b>20.0</b>	<b>1</b>	<b>33.3</b>	<b>1</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>			<b>4</b>	<b>28.6</b>
<b>Respite care</b>																		
Booked or planned			1	8.3	1	8.3	1	9.1	0	0.0	0	0.0	0	0.0			3	6.3
Emergency			1	8.3	1	8.3	1	9.1	1	25.0	0	0.0	0	0.0			4	8.3
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>1</b>	<b>8.3</b>	<b>1</b>	<b>9.1</b>	<b>1</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>			<b>4</b>	<b>8.3</b>
<b>Psychogeriatric Services</b>																		
Designated unit			2	16.7	3	25.0	1	10.0	1	25.0	1	12.5	0	0.0			8	16.7
Combined ass't / rehab			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			1	2.1
General purpose psychiatric unit			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
General purpose hosp beds			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
Other			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>			<b>3</b>	<b>25.0</b>	<b>3</b>	<b>25.0</b>	<b>1</b>	<b>10.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>			<b>9</b>	<b>18.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages

**Table 12.23: Aged Care Services – Non-Bed Based by State – Other Hospitals**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	0		12		12		11		4		8		1		0		48	
<b>ACAT</b>																		
On-site			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
Visiting			6	50.0	6	50.0	3	27.3	2	50.0	6	75.0	0	0.0			24	50.0
<b>Total</b>			<b>6</b>	<b>50.0</b>	<b>6</b>	<b>50.0</b>	<b>4</b>	<b>36.4</b>	<b>2</b>	<b>50.0</b>	<b>6</b>	<b>75.0</b>	<b>0</b>	<b>0.0</b>			<b>24</b>	<b>50.0</b>
<b>Inpatient consultative Services</b>																		
Consultant geriatrician			3	25.0	6	50.0	2	18.2	1	25.0	1	12.5	0	0.0			13	27.1
Ass. geriatrician			0	0.0	2	16.7	0	0.0	0	0.0	0	0.0	0	0.0			2	4.2
Adv. trainee			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0			1	2.1
Other RMO			0	0.0	2	16.7	1	9.1	0	0.0	0	0.0	0	0.0			3	6.3
Non-medical health prof.			0	0.0	2	16.7	1	9.1	0	0.0	0	0.0	0	0.0			3	6.3
<b>Total</b>			<b>3*</b>	<b>25.0</b>	<b>6</b>	<b>50.0</b>	<b>2</b>	<b>18.2</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>			<b>13</b>	<b>27.1</b>
<b>Psychogeriatric services- On-Site</b>																		
Psychogeriatrician			3	25.0	3	25.0	2	20.0	1	25.0	1	12.5	0	0.0			10	20.8
General psychiatrist			0	0.0	3	25.0	0	0.0	0	0.0	0	0.0	0	0.0			3	6.3
Trainee psychiatrist / registrar			2	16.7	1	8.3	0	0.0	1	25.0	0	0.0	0	0.0			4	8.3
Geriatrician			1	8.3	2	16.7	0	0.0	0	0.0	0	0.0	0	0.0			3	6.3
Other resident medical officer			1	8.3	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0			2	4.2
Non-medical health professional			2	16.7	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0			3	6.3
<b>Total</b>			<b>3</b>	<b>25.0</b>	<b>4</b>	<b>33.3</b>	<b>2</b>	<b>20.0</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>			<b>11</b>	<b>22.9</b>
<b>Psychogeriatric services- Off-Site</b>																		
Visiting psychogeriatrician			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			1	2.1
Visiting (non-medical) psychiatrist			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
General psychiatrist			0	0.0	2	16.7	1	9.1	0	0.0	0	0.0	0	0.0			3	6.3
Geriatrician (visiting)			0	0.0	1	8.3	1	9.1	0	0.0	0	0.0	0	0.0			2	4.2
Visiting general psychiatrist			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0
Other			0	0.0	0	0.0	1	9.1	0	0.0	0	0.0	0	0.0			1	2.1
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>2</b>	<b>16.7</b>	<b>1</b>	<b>9.1</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>			<b>4</b>	<b>8.3</b>
<b>Ancillary services</b>																		
<b>On-campus</b>																		
Day hospital			1	8.3	2	16.7	1	9.1	0	0.0	1	12.5	0	0.0			5	10.4
Day centre			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0			1	2.1
<b>Total</b>			<b>1*</b>	<b>8.3</b>	<b>3</b>	<b>25.0</b>	<b>1</b>	<b>9.1</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>			<b>6</b>	<b>12.5</b>

\*Missing data for one hospital site

**Table 12.23 Continued**

	NT		NSW		Vic		Qld		SA		WA		TAS		ACT		All States			
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%		
<b>Ancillary services continued</b>																				
<b>Off-campus</b>																				
Day hospitals			1	8.3	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					2	4.2
Day centres			0	0.0	1	8.3	0	0.0	0	0.0	1	12.5	0	0.0					2	4.2
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>1</b>	<b>8.3</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>					<b>3</b>	<b>6.3</b>
<b>Outpatient Aged Care Services</b>																				
General Aged Care assm't clinic			1	8.3	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					2	4.2
Memory clinic			1	8.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					1	2.1
Falls clinic			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	2.1
Incontinence clinic			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Pain clinic			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	2.1
Dental clinic			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Other clinic			1	8.3	1	8.3	0	0.0	0	0.0	1	12.5	0	0.0					3	6.3
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>3</b>	<b>25.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>					<b>5</b>	<b>10.4</b>
<b>Community Services</b>																				
Domiciliary assm't service			2	16.7	1	8.3	1	9.1	1	25.0	1	12.5	0	0.0					6	12.5
Home modifications			0	0.0	1	8.3	1	9.1	0	0.0	1	12.5	0	0.0					3	6.3
Delivered meals			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Community nursing			1	8.3	1	8.3	0	0.0	1	25.0	1	12.5	0	0.0					4	8.3
Home care			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Home therapy			2	16.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					2	4.2
Community case management			2	16.7	1	8.3	0	0.0	1	25.0	1	12.5	0	0.0					5	10.4
Other			1	8.3	1	8.3	1	9.1	1	25.0	0	0.0	0	0.0					4	8.3
<b>Total</b>			<b>2</b>	<b>16.7</b>	<b>3</b>	<b>25.0</b>	<b>1</b>	<b>9.1</b>	<b>1</b>	<b>25.0</b>	<b>1</b>	<b>12.5</b>	<b>0</b>	<b>0.0</b>					<b>8</b>	<b>16.7</b>
<b>Specialised services</b>																				
Ortho-geriatric service			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	2.1
Discharge planning service			1	8.3	3	25.0	0	0.0	0	0.0	0	0.0	0	0.0					4	8.3
Centralised waiting list			0	0.0	0	0.0	1	9.1	0	0.0	0	0.0	0	0.0					1	2.1
Respite care booking service			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0
Other			0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	0	0.0					1	2.1
<b>Total</b>			<b>1</b>	<b>8.3</b>	<b>3</b>	<b>25.0</b>	<b>1</b>	<b>9.1</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>					<b>5</b>	<b>10.4</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

**Table 12.24: Aged Care Services – Bed Based by Hospital Size – Other Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	26		13		9		0		48	
<b>Acute Medical Care &amp; Assessment Services</b>										
Designated Aged Care Unit	1	3.9	2	15.4	1	11.1			4	8.3
General purpose unit	0	0.0	0	0.0	1	11.1			1	2.1
<b>Total</b>	<b>1</b>	<b>3.9</b>	<b>2</b>	<b>15.4</b>	<b>2</b>	<b>22.2</b>			<b>5</b>	<b>10.4</b>
<b>Rehabilitation services</b>										
Designated unit	0	0.0	0	0.0	2	22.2			2	4.2
Combined ass't / rehab	1	3.9	0	0.0	0	0.0			1	2.1
Shared / integrated unit	0	0.0	0	0.0	1	11.1			1	2.1
Permanent resi aged care unit	0	0.0	0	0.0	1	11.1			1	2.1
Other	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>	<b>1</b>	<b>3.9</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>22.2</b>			<b>3</b>	<b>6.3</b>
<b>Residential aged care*</b>										
Permanent resi care	1	20.0	0	0.0	2	40.0			3	21.4
Interim resi care	0	0.0	0	0.0	2	40.0			2	14.3
<b>Total</b>	<b>1</b>	<b>20.0</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>60.0</b>			<b>4</b>	<b>28.6</b>
<b>Respite Care</b>										
Booked or planned	0	0.0	0	0.0	2	22.2			2	4.2
Emergency	0	0.0	0	0.0	3	33.3			3	6.3
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>33.3</b>			<b>3</b>	<b>6.3</b>
<b>Psychogeriatric Services</b>										
Designated unit	2	7.8	3	23.1	3	33.3			8	16.7
Combined ass't / rehab	1	3.9	0	0.0	0	0.0			1	2.1
General purpose psychiatric unit	0	0.0	0	0.0	0	0.0			0	0.0
General purpose unit	0	0.0	0	0.0	0	0.0			0	0.0
Other	0	0.0	0	0.0	0	0.0			0	0.0
<b>Total</b>	<b>3</b>	<b>11.5</b>	<b>3</b>	<b>23.1</b>	<b>3</b>	<b>33.3</b>			<b>9</b>	<b>18.8</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

\*Residential Care was only obtained from Survey 2 respondents and therefore Survey 2 responders have been used for calculating percentages

**Table 12.25: Aged Care Services – Non-Bed Based by Hospital Size – Other Hospitals**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of hospitals</b>	26		13		9		0		48	
<b>ACAT</b>										
On-site	0	0.0	0	0.0	0	0.0			0	0.0
Visiting	15	57.7	5	38.5	4	44.4			24	50.0
<b>Total</b>	<b>15</b>	<b>57.7</b>	<b>5</b>	<b>38.5</b>	<b>4</b>	<b>44.4</b>			<b>24</b>	<b>50.0</b>
<b>Inpatient consultative Services</b>										
Consultant geriatrician	7	26.9	4	30.8	2	22.2			13	27.1
Ass. geriatrician	0	0.0	0	0.0	2	22.2			2	4.2
Adv. trainee	0	0.0	1	7.7	0	0.0			1	2.1
Other RMO	1	3.8	2	15.4	0	0.0			3	6.3
Non-medical health prof.	1	3.8	1	7.7	1	11.1			3	6.3
<b>Total</b>	<b>7*</b>	<b>26.9</b>	<b>4</b>	<b>30.8</b>	<b>2</b>	<b>22.2</b>			<b>13</b>	<b>27.1</b>
<b>Psychogeriatric services</b>										
<b>On-site:</b>										
Psychogeriatrician	3	11.5	3	23.1	4	44.4			10	20.8
General psychiatrist	0	0.0	1	7.7	2	22.2			3	6.3
Trainee psychiatrist / registrar	1	3.8	1	7.7	2	22.2			4	8.3
Geriatrician	1	3.8	0	0.0	2	22.2			3	6.3
Other resident medical officer	1	3.8	0	0.0	1	11.1			2	4.2
Non-medical health professional	1	3.8	0	0.0	2	22.2			3	6.3
<b>Total</b>	<b>3</b>	<b>11.5</b>	<b>3</b>	<b>23.1</b>	<b>5</b>	<b>55.6</b>			<b>11</b>	<b>22.9</b>
<b>Off-site:</b>										
Visiting psychogeriatrician	1	3.8	0	0.0	0	0.0			1	2.1
Visiting (non-medical) psychiatrist	0	0.0	0	0.0	0	0.0			0	0.0
General psychiatrist	1	3.8	1	7.7	1	11.1			3	6.3
Geriatrician (visiting)	1	3.8	0	0.0	1	11.1			2	4.2
Visiting general psychiatrist	0	0.0	0	0.0	0	0.0			0	0.0
Other	1	3.8	0	0.0	0	0.0			1	2.1
<b>Total</b>	<b>2</b>	<b>7.7</b>	<b>1</b>	<b>7.7</b>	<b>1</b>	<b>11.1</b>			<b>4</b>	<b>8.3</b>
<b>Ancillary services</b>										
<b>On-campus</b>										
Day hospital / CRC	2	7.7	2	15.4	1	11.1			5	10.4
Day centre	0	0.0	1	7.7	0	0.0			1	2.1
<b>Total</b>	<b>2*</b>	<b>7.7</b>	<b>3</b>	<b>23.1</b>	<b>1</b>	<b>11.1</b>			<b>6</b>	<b>12.5</b>

\*Missing data for one hospital site

**Table 12.25 continued**

	1 to 49 beds		50 to 99 beds		100 to 299 beds		300 or more beds		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Ancillary services continued</b>										
<b>Off-campus</b>										
Day hospitals	1	3.9	0	0.0	1	11.1			2	4.2
Day centres	1	3.9	0	0.0	1	11.1			2	4.2
<b>Total</b>	<b>2</b>	<b>7.7</b>	<b>0</b>	<b>0.0</b>	<b>1</b>	<b>11.1</b>			<b>3</b>	<b>6.3</b>
<b>Outpatient Aged Care Services</b>										
General Aged Care assm't clinic	1	3.9	1	7.7	0	0.0			2	4.2
Memory clinic	1	3.9	0	0.0	0	0.0			1	2.1
Falls clinic	0	0.0	0	0.0	1	11.1			1	2.1
Incontinence clinic	0	0.0	0	0.0	0	0.0			0	0.0
Pain clinic	0	0.0	0	0.0	1	11.1			1	2.1
Dental clinic	0	0.0	0	0.0	0	0.0			0	0.0
Other clinic	2	7.7	1	7.7	0	0.0			3	6.3
<b>Total</b>	<b>2</b>	<b>7.7</b>	<b>2</b>	<b>15.4</b>	<b>1</b>	<b>11.1</b>			<b>5</b>	<b>10.4</b>
<b>Community Services</b>										
Domiciliary assm't service	3	11.5	1	7.7	2	22.2			6	12.5
Home modifications	2	7.7	0	0.0	1	11.1			3	6.3
Delivered meals	0	0.0	0	0.0	0	0.0			0	0.0
Community nursing	1	3.9	1	7.7	2	22.2			4	8.3
Home care	0	0.0	0	0.0	0	0.0			0	0.0
Home therapy	1	3.9	0	0.0	1	11.1			2	4.2
Community case management	2	7.7	1	7.7	2	22.2			5	10.4
Other	2	7.7	1	7.7	1	11.1			4	8.3
<b>Total</b>	<b>3</b>	<b>11.5</b>	<b>2</b>	<b>15.4</b>	<b>3</b>	<b>33.3</b>			<b>8</b>	<b>16.7</b>
<b>Specialised services</b>										
Ortho-geriatric service	0	0.0	0	0.0	1	11.1			1	2.1
Discharge planning service	1	3.9	1	7.7	2	22.2			4	8.3
Centralised waiting list	1	3.9	0	0.0	0	0.0			1	2.1
Respite care booking service	0	0.0	0	0.0	0	0.0			0	0.0
Other	0	0.0	0	0.0	1	11.1			1	2.1
<b>Total</b>	<b>2</b>	<b>7.7</b>	<b>1</b>	<b>7.7</b>	<b>2</b>	<b>22.2</b>			<b>5</b>	<b>10.4</b>

NB: Totals may be not equal the sum of the service types as some hospitals operate more than one of the service types.

## **Appendix 3: Reference Map**

### **Insert Map 12.1: Reference Map for Commonwealth Regions**

## Key to Map 12.1: Commonwealth Regions

### ACT

1 ACT

### NSW

2 Central Coast  
3 Far North Coast  
4 Hunter  
5 Illawarra  
6 Inner West  
7 Mid North Coast  
8 Nepean  
9 New England  
10 Northern Sydney  
11 Orana Far West  
12 Riverina/Murray  
13 South East Sydney  
14 South West Sydney  
15 Southern Highlands  
16 Western Sydney  
72 Central West

### Northern Territory

17 Alice Springs  
18 Barkly  
19 Darwin  
20 East Arnhem  
21 Katherine

### Queensland

22 Brisbane North  
23 Brisbane South  
24 Cabool  
25 Central West  
26 Darling Downs  
27 Far North  
28 Fitzroy  
29 Logan River Valley  
30 Mackay  
31 North West  
32 South Coast  
33 Sunshine Coast  
34 Northern  
35 West Moreton  
36 Wide Bay  
70 South West

### South Australia

37 Eyre Peninsula  
38 Hills, Mallee & Southern  
39 Metropolitan East (Adelaide)  
40 Metropolitan North (Adelaide)  
41 Metropolitan South  
42 Metropolitan West  
43 Mid North  
44 Riverland  
45 South East  
46 Whyalla, Flinders & Far North  
47 Yorke, Lower North &  
Barossa

### Tasmania

48 North  
49 North Western  
50 Southern

### Victoria

51 Barwon South Western  
52 Eastern Metro  
53 Gippsland  
54 Grampians  
55 Hume  
56 Loddon-Mallee  
57 Northern Metro  
58 Southern Metro  
59 Western Metro

### Western Australia

60 Goldfields  
61 Great Southern  
62 Kimberley  
63 Metropolitan East (Perth)  
64 Metropolitan North (Perth)  
65 Metropolitan South East  
66 Metropolitan South West  
67 Mid West  
68 Pilbara  
69 Wheatbelt  
71 South West