



Health outcomes of younger people with disability discharged from hospital to aged care

Researchers at UNSW Sydney have conducted a research study to understand the health journey of young people with developmental (e.g. intellectual disability), mental health (e.g. depression) or neurological (e.g. dementia, Parkinson disease) conditions discharged from hospital to residential aged care (RAC).

The project used data collected by hospitals and emergency departments in New South Wales from 2001-2015.

Recommendations for community-based health professionals

We recommend that health professionals be proactive in preventing the placement of younger people in RAC after a hospital stay. Actionable changes include:

- working collaboratively with other health and disability providers to respond to new or emerging support, housing, and living environment needs (e.g. those related to mobility issues, including fall risk)
- proactively updating support plans for people with disability and ensuring adequate support for preferred living arrangements following a hospital discharge
- ensuring that people with neurological, developmental or mental health conditions have access to appropriate rehabilitation programs following acute health events (e.g. stroke)
- assessing for, and ensuring appropriate management of, conditions like urinary tract infections, epilepsy, diabetes and respiratory diseases in younger people living in RAC
- researching community housing and support options for people with disability, ensuring that housing and support plans meet the person's preferences as far as possible.

Background

- Living in RAC is associated with many negative physical and mental health outcomes for people under the age of 65. [1-2]
- Many people who go to RAC are referred after a stay in hospital.
- We examined predictors of discharge to RAC for younger people with neurological, developmental or mental health conditions, and examined the health outcomes of this population of younger people living in RAC.

Methods

- Using administrative hospital data from NSW collected between 2001 and 2015, we identified 4,406 people aged between 15 and 64 who were discharged to RAC from hospital.
- We compared this group to a matched control group of 512,063 people to find health and demographic predictors of discharge to RAC.
- We looked at the 12 months following discharge to RAC for this group to see the health outcomes following placement into RAC, specifically emergency department presentations and hospital admissions, and incidence of death.

Results

Risk factors for discharge to RAC from hospital included: [3]



Progressive neurological disorders such as Huntington disease, multiple sclerosis, and young onset dementia



Neurodevelopmental conditions (cerebral palsy, intellectual disability)



Acute conditions including stroke, cancer and Wernicke's encephalopathy



Demographic factors such as older age, not being partnered, living in areas of lower socioeconomic status



Functional issues related to mobility and personal care



The need for palliative care

For younger people with neurological, developmental or mental health conditions, within one year of being discharged to RAC from hospital:

- 48% presented to an emergency department
- 54% were re-admitted to hospital
 - Among people who were re-admitted to hospital, 26% were re-admitted for a condition considered to be potentially preventable (e.g. urinary tract infection, epilepsy/seizures, chronic obstructive pulmonary disorder and complications related to diabetes) [4]
- 28% died.



Resources for health professionals

It is critical that people with disability can live in accordance with their preferences for as long as possible. For guidance on supporting people with disability to live according to their preferences, please see:

Hospital to Home Services

<https://summerfoundation.org.au/i-work-with-people-with-disability/hospital-to-home-service/>

Navigating the NDIS

<https://summerfoundation.org.au/i-work-with-people-with-disability/i-want-to-support-someone-to-navigate-the-ndis/>

Collaborative Support Approach: Working Together to Help Young People Leave Aged Care

<https://summerfoundation.org.au/resources/collaborative-support-approach-working-together-to-help-young-people-leave-aged-care/>

For resources that can be provided to a person with disability when considering a change in their accommodation or living arrangements, including moving out of RAC, please see:

Moving Out of a Nursing Home

<https://www.housinghub.org.au/resources/category/moving-out-of-a-nursing-home>

Housing Options Online Learning Package

<https://www.housinghub.org.au/resources/category/housing-options-workshop>

For more information on providing support for people with disability, including alternative living arrangements available for people with disability, please see:

Upskill Training

<https://www.summerfoundation.org.au/i-work-with-people-with-disability/upskill-training/>

NDIS Home and Living Supports

<https://www.ndis.gov.au/participants/home-and-living>

References

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2. Tracey R, Briggs L. Royal Commission into Aged Care Quality and Safety: Interim report. Royal Commission into Aged Care Quality and Safety; 2019. Available from: URL: <https://agedcare.royalcommission.gov.au/publications/Pages/interim-report.aspx>.
3. Cvejic RC, Watkins T, Walker AR, Reppermund S, Srasuebkul P, Draper B et al. Factors associated with discharge from hospital to residential aged care for younger people with neuropsychiatric disorders: A data linkage study. (In preparation).
4. Australian Institute of Health and Welfare. National healthcare agreement: PI 18. Selected potentially preventable hospitalisations; 2018 [cited March 2022]. Available from: URL: <https://meteor.aihw.gov.au/content/index.phtml/itemId/658499>.

