Background Falls are one of the leading causes of injury in older people. Rehabilitation services can assist individuals to improve mobility and function after sustaining a fall-related injury. However, the true impact of fall-related injuries resulting in hospitalisation are often underestimated because of failure to consider sub-acute and non-acute care provided following an acute care episode.

Aim To examine fall-related sub-acute and non-acute care and to establish and project the burden of fall-related rehabilitation in acute care to 2020.


Results There were 4317 individuals with a fall-related injury who were admitted to hospital and later admitted for sub-acute and non-acute care; 84% of these were aged 65+ years; 70.4% were female; 27.2% had femur fractures. Total mean FIM scores significantly increased from 78.4 to 94.6 (p<0.0001) between admission and discharge. Fall-related acute rehabilitation episodes are increasing by 9.1% each year for individuals aged 65 years and older and are projected to rise from 18,300 in 2010-11 to 50,000 admissions by 2020.

Significance This is the first study to provide a snapshot of the epidemiological profile of individuals using sub-acute and non-acute care in NSW using linked data. This information can be used to inform resource implications for fall-related sub-acute and non-acute care and acute rehabilitation services.
Fall-related sub-acute and non-acute care and rehabilitation-related acute care: what is the impact?

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*Inj Prev* 2012 18: A120
doi: 10.1136/injuryprev-2012-040590e.6

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