

FALL-RELATED SUB-ACUTE AND NON-ACUTE CARE AND REHABILITATION-RELATED ACUTE CARE: WHAT IS THE IMPACT?

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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.

Method Retrospective review of sub-acute and non-acute records linked to hospital admission and/or emergency department presentations during 2001–2002 to 2008–2009 in New South Wales (NSW), Australia. Analysis of temporal trends and projections to 2020 of rehabilitation-related (ICD-10-AM: Z47, Z48, Z50, Z75.1) acute hospital admissions.

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 snap-shot 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.