

# The Long Stay Crisis: Collaborative Solutions for Delayed Discharge from Hospital of Older People

Joint Discussion Paper of **Dementia Australia**, **Council on the Ageing**, **Ageing Australia** and the **Older Persons Advocacy Network**

OCTOBER 2025

## THE CRISIS OF DELAYED DISCHARGE

Delayed discharge of older people from hospital is a pressing national issue. It has a profound impact on acute health system capacity, and on the quality of life and wellbeing of older people.

All older people have the right to access clinically needed acute care. Concern about timely discharge should not be a deterrent to hospital admission where it is appropriate, and aged care services are not alternatives to acute care.

However, state and territory governments across the country face significant challenges, with hospital bed capacity overwhelmed by demand. They are reporting an increasing number of people, in particular older Australians and people living with a cognitive impairment who are experiencing a delay in discharge from the acute setting.

Many of these hospitalisations could be prevented. In Australia, 6.5% of all hospitalisations are potentially avoidable, and older people account for between 14 and 27% of all potentially avoidable hospitalisations [1]. Effective earlier management of health conditions can prevent unnecessary hospitalisation and improve quality of life for older people.

With 43% of dementia burden in Australia due to six potentially modifiable risk factors [2, 3], actions to reduce dementia risk will not only ease the burden on the health system in the future, but also support healthier ageing and reduce demand on the aged care and acute care systems.

While we acknowledge that some successful initiatives are underway to improve transition out of acute care, there is more to be done. Without decisive action now, the current crisis will continue into future decades.

This paper sets out suggested actions that all stakeholders could initiate to address the issue of delayed discharge immediately and to slow the demand into the future. There is not a single easy solution. A coordinated, multi-pronged approach is required.

The actions in this paper would also support commitments by all governments through the National Dementia Action Plan to improve treatment, coordination and support for people living with dementia.

Australia urgently requires a national future-focussed approach to address the issue of longer stay older patients, targeting unnecessary admissions, delayed discharge and residential care sector capacity. This can be achieved by bringing together state, territory and federal governments, peak bodies and people with lived experience in a National Taskforce to collaboratively and systematically address the structural drivers of this crisis.

We also recognise that while this paper is focused on older people experiencing delayed discharge, there are many younger people living with dementia and other disabilities similarly experiencing long hospital stays without clear pathways to appropriate care and support.

## CONTRIBUTING FACTORS

Structural drivers are fuelling the delayed discharge crisis: an ageing population with increased multimorbidity, residential care supply challenges, and insufficient access to home based support, primary care and allied health.

### AGEING POPULATION WITH INCREASING MULTIMORBIDITY

Australia's population is ageing. Approximately one in six Australians are aged over 65, and the number of people aged over 85 is expected to double in the next two decades [4]. Population ageing is also accelerating. By 2026, around 22 per cent of Australians will be aged over 65, and by 2050 there will be an estimated 1.8 million Australians aged 85 and over [5, 6].

There is also increasing multimorbidity in the Australian adult population. An estimated 79% of people aged 85 and over have two or more long-term health conditions [7].

Dementia is now the leading cause of death for Australians and the second leading cause of disease burden in the country. There are an estimated 433,000 Australians living with dementia and this will increase to more than one million by the year 2065. Rates of dementia among First Nations Australians in remote and rural communities are among the highest in the world [3].

### RESIDENTIAL CARE SHORTAGE

With our population ageing rapidly, and increasing dementia prevalence and multimorbidity, the health and aged care systems are not keeping pace with demand for services. There are numerous indicators of shortage and market failure in the aged care system. Demand for residential aged care places outstrips supply nationally, with particular severity in regional, remote and rural areas.

Financial viability in the sector and the need for capital upgrades have impacted on residential aged care supply. Aged care providers are facing increasing challenges with more complexity among aged care consumers, workforce shortages, and issues with building age and design [8]. While providers may increase supply when it is financed [9], market conditions have led to ongoing underinvestment in construction, and there is no centralised planning [8].

Many residential aged care centres are operating below mandated staffing levels [10, 11]. Australia is facing a critical shortage of more than 70,000 nurses by 2035. The largest shortage is in the acute sector, with projections indicating an undersupply of 26,665 FTE nurses by 2035, followed by 21,765 in the primary healthcare sector, and 17,551 in aged care [12].

Australia's ageing population will require more than 17,000 direct care workers annually to meet the sector's current and future needs. In the absence of urgent action to increase the workforce, there would be a shortage of at least 110,000 direct aged-care workers in a decade and more than 400,000 workers by 2050 [13].

Workforce capability is also affected by the absence of a nationally mandated qualification for aged care workers, and training in dementia care.

Reduced risk tolerance under the strengthened Aged Care Quality and Safety Standards and Serious Incident Response Scheme appears to be adding to challenges for aged care providers in accepting discharged patients. Star Ratings can also be negatively affected by providers caring for a higher proportion of people with more complex needs.

Some residential aged care providers are either unable or lack funding and resources to support participants with subacute health issues such as wound care, or those with dementia and changed behaviour.

The current residential care funding levels for people living with dementia or other complex needs may not be reflective of the true cost of care, meaning that aged care providers are unable to provide the staffing needed.

There can also be challenges in sharing patient records between hospital and aged care providers, creating inefficiencies and slowing patient movement. Further, there are often challenges for residential aged care consumers accessing GP care, which could help prevent hospital admissions and support timely discharge.

Public hospital capacity has also been affected by the closure of more than sixty private hospitals in recent years [14].

## HOME BASED SUPPORT, PRIMARY CARE AND ALLIED HEALTH

Demand for home care packages has doubled in the last five years [15] and as at September 2025, more than 200,000 Australians were waiting to receive vital home care packages that will enable them to continue to live independently in the community [16, 17].

For older Australians, a lack of timely access to primary and allied health care and support at home can lead to rapid decline in wellbeing and function, loss of independence and confidence, and increased risk of admission to acute or residential care [18].

A proactive shift toward a better-resourced primary health care system, with a strong focus on multidisciplinary preventive care and early intervention is critical to alleviating the current pressure on acute care services. Integrated primary health models have proven effective in managing chronic conditions and reducing avoidable hospital admissions among older people [19].

For those experiencing functional decline or after a period of acute care, reablement and transitional care are essential. Allied health intervention with a reablement focus, including for those living with dementia, can reduce admissions and readmissions, slow further decline and promote wellbeing. Greater access to sub-acute and transitional care, including planning and service linkage can support people to return and remain at home [20, 21].

## IMPACTS

While there is no publicly accessible national dataset, we have the following information about older long stay patients waiting in hospital, from State and Territory reports:

State/ Territory	Approximate number of patients
South Australia [22]	291
Queensland [23]	837
New South Wales [8]	975
Tasmania [24]	146
Northern Territory [25]	43
Western Australia [26]	250+
Victoria	No current data available
Australian Capital Territory	No current data available

Hospital is not a suitable environment for long term care of older people, especially those living with dementia, and many people experience poor outcomes. This includes physical deconditioning, exposure to infection, loneliness and social isolation, and for patients with cognitive impairment, increased confusion [8].

People living with dementia have twice the rate of hospitalisation and are two to three times more likely to have poor outcomes from hospitalisation. Common reasons for people living with dementia to

present to Emergency Departments are pain and falls [1]. People living with dementia routinely spend up to 4.5 times longer in hospital than the general population [27].

An older person living with dementia who experienced a long hospitalisation told Dementia Australia “you lose your own humanity in a place like that”. He reported that he was held in a corridor, his pain was dismissed, he was disrespected, witnessed degrading treatment of other older people, and had his movement restricted.

A carer further highlighted how inappropriate the hospital environment can be for people living with dementia. “[the emergency department] in particular is quite overwhelming for a dementia patient. Lots of lights, noise, people. It adds to the confusion and disorientation”.

There is also a concerning impact on equity of access to residential aged care. A two-tiered system is developing, where people who have more complex needs have less access to care, including those living with dementia or mental health issues, smokers, or older people with obesity [28].

## RECOMMENDED HIGH-PRIORITY ACTIONS

### Federal government

1. Through the Health Chief Executives Forum, establish a National Taskforce comprised of representatives across governments, lived experience and community organisations to develop and implement a comprehensive, solution-focussed approach to tackle delayed discharge. Upholding the rights of older people is paramount and all strategies that are developed must not compromise the rights of older people.
2. Expand access to aged care, including by:
  - a. Immediately scaling up access to home care support packages and ensuring that older people residing in hospital are prioritised if they wish to return home with support.
  - b. Reconsidering the funding of independence and everyday supports in the new Support at Home program to sustain older people’s wellbeing in their own homes.
  - c. Considering a range of options to increase residential aged care places, including consideration of funding and stimulus programs. Expansion of places should be planned to ensure that areas with low supply are targeted.
  - d. Developing a national aged care workforce strategy and investing in initiatives to address workforce shortage and grow capability, particularly in dementia care and other complex care needs.
  - e. Improving access to coordinated clinical care in residential care facilities.
  - f. Reviewing the AN-ACC model for dementia care, to ensure that funding in residential care reflects the true cost of care and is not disincentivising aged care providers to accept patients with complexity.
3. Provide information about any national intergovernmental agreements in place to address delayed discharge, for public consultation and engagement with the community sector [29].
4. Ensure Primary Health Networks can prioritise older people’s access to primary care by expanding proactive and affordable primary care services to be readily available within local communities. This should include models of outreach acute and sub-acute care to ensure older people can receive necessary timely care and required interventions without needing to transfer to an acute hospital, minimising disruptions to their daily lives and living arrangements.
5. Develop clear guidelines to ensure that older Australians are admitted to acute hospital settings only when medically necessary, such as when life-threatening conditions or surgeries require in-hospital care. Ensure that within public hospital acute settings, discharge policies enable older people to have the choice to transfer to a sub-acute setting to support their recovery and optimise health outcomes.

6. Develop and invest in dementia and chronic disease prevention initiatives that support Australians to age well and to maintain independence and social connection.
7. Support the recommendation of the Younger People in Nursing Homes National Alliance for funding for dementia respite and residential care including hospital transition support.

## State and Territory

Strategies will be different for all States and Territories, including where there are existing programs and trials underway to address delayed discharge. Solutions will vary for each context. In general, we recommend that States and Territories consider strategies to:

1. Improve the patient journey by implementing care pathways for older patients that include discharge planning from admission, an explicit focus on cognitive health, rehabilitation and active case management by Local Health Districts/Networks.
2. Grow sub-acute, transitional, rehabilitation and hospital-in-the-home services. Develop within communities and appropriately fund and resource services committed to evidence-based, age-appropriate approaches. These services should deliver preventive health care, reablement, restorative models of care and dementia education and management with the aim of supporting older people to live independently and safely within their communities.
3. Increase investment in geriatric evaluation and management, psychogeriatric care, and subacute geriatric beds in line with population growth and demand.
4. Implement strategies to improve hospital experiences, outcomes and suitability of care and minimise adverse impacts of hospitalisation for older people and people living with dementia. This would include:
  - a. active intervention through nutrition and allied health while in hospital
  - b. training for hospital staff in dementia care
  - c. identifying and partnering with carers to improve care and communication
  - d. implementing dementia-friendly design protocols
  - e. supporting aged care and NDIS assessments with fast-track capacity
  - f. ensuring that people living with dementia and their families are referred to Dementia Australia on admission
  - g. implementing pathways for care for First Nations people, developed collaboratively with Aboriginal Community Controlled Organisations.

## Community organisations

1. Share lived experience insights to improve models of care and inform national strategy, including through the proposed national taskforce.
2. Provide training for health professionals and aged care staff to ensure best practices in dementia care including management of complexity.
3. Offer support to transition care and hospital in the home programs through consultancy and training.
4. Promote early intervention for mild cognitive impairment, brain health and healthy ageing awareness and initiatives.
5. Connect families to individual advocacy, services, and peer support to improve overall support systems.

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