

Implementing an Interim Care Model for Hospital Patients Waiting for Residential Aged Care Placement

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Background

Health systems across Australia face significant challenges transitioning older patients from the acute hospital setting to residential aged care homes (RACH).¹

Prolonged hospital length of stay has well-documented adverse effects on these older persons physical and mental health, as well as a significant negative impact on acute care bed availability and healthcare costs.¹

Summary

On 11th November 2025, The Prince Charles Hospital (TPCH) partnered with Anglicare Southern Queensland to provide **14** interim care beds within St Martins residential aged care home (RACH) at Taigum, North Brisbane.



This collaborative project supports older patients who are clinically ready for discharge but are unable to transition directly to a residential aged care home.

Daily care is provided by Anglicare nursing and hotel staff. Monday to Friday specialist care is provided by a dedicated TPCH team:

- Geriatrician,
- Nurse Practitioner,
- Social Worker,
- Occupational Therapist,
- Pharmacist.



Weekend cover is provided by the TPCH Nurse Practitioners and on-call Geriatrician.

Aims

- Provide appropriate person centric care, with increased opportunities for functional independence and re-engagement in daily living.
- Facilitate timely transitions to permanent RACH.
- Optimise hospital resources - releasing TPCH acute beds from patients whose care needs no longer align with the acute care environment.

References

1. Australian Institute of Health and Welfare (AIHW). *Admissions into aged care*. Canberra: AIHW; 2025 [cited May 2026]. Available from: <https://www.gen-agedcaredata.gov.au/topics/admissions-into-aged-care>

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Results - 11/11/2025 – 26/05/2026

Total no. of admissions	73
No. of admissions with BPSD as a primary care type requirement	29 (40%)
No. of admissions with functional decline as a primary care type requirement	44 (60%)
Total no. of discharges	59
Median Length of Stay (Days)	23
Total no. residents returned home	2 (3%)
Total no. residents accepted for permanent care at <i>St Martins Aged Care Facility</i>	18 (30%)
Total no. of ED presentations +/- readmission	14 (19%)
Total no. of deaths (palliative)	2
Total no. of referrals to palliative care team	6 (8%)
Total no. of referrals to mental health team	6 (8%)
Total no. of residents admitted from cognitive assessment unit	4 (5%)
Mean Clinical Frailty Score	6
EuroQoL-5D on admission	0.686
EuroQoL-5D on discharge	0.696
Advancing care planning completed	100%
Discharge summaries and clinical handover	100%
Total no. acute bed days made available at The Prince Charles Hospital (Days)	2296
No. of maintenance type patients in TPCH acute beds waiting for RACH placement (26/05/26)	41

Conclusions

A collaborative MDT-led, person-centred interim care model supports successful transition to permanent RACH placement by reviewing and updating care plans and restrictive practices and improved communication between hospital staff, aged care brokers, residential aged care clinicians.

The demand for acute care beds is greater than the supply, and while this interim care model contributes to the solution by improving patient flow, it does not address all the constraints of transitioning patients out of acute care.