

There are 1140 participants of the National Disability Insurance Scheme (NDIS) **stuck in hospital** awaiting funding for housing and support to allow them to discharge.

The pathway from hospital to the community for people with disability and complex needs is characterised by delayed discharges and prolonged admissions.

A new report from La Trobe University and the Summer Foundation presents early findings from 3 studies evaluating the discharge planning process.

The 3 studies were initiated to explore and identify barriers, challenges and facilitators of timely and effective discharge for people with disability and complex needs. The full report can be accessed [here](#) including all the figures and tables mentioned below.

Study 1: Hospital discharge trajectory data

Hospital Discharge Trajectory (HDT) data were collected from hospitals across Australia to explore the discharge pathways of NDIS participants. These included variables such as hospital length of stay (LOS), unnecessary time spent in hospital (unnecessary bed days) and hospital and NDIS timeframes that are important for effective discharge¹

Despite an apparent reduction in time spent in hospital since 2017, variability and very long hospitalisations were found throughout each year of data collection (see Figure 1 on page 1 of the [Appendix](#)).

Patients with brain injury experienced the longest median stay in hospital, followed by patients with spinal cord injury (SCI) and neurological disability. Patients with SCI and brain injury had the longest recorded admissions with 1312 days and 856 days respectively (see Tables 1 and 2 on page 1–2 of the [Appendix](#)).

Overall hospital discharge trajectory

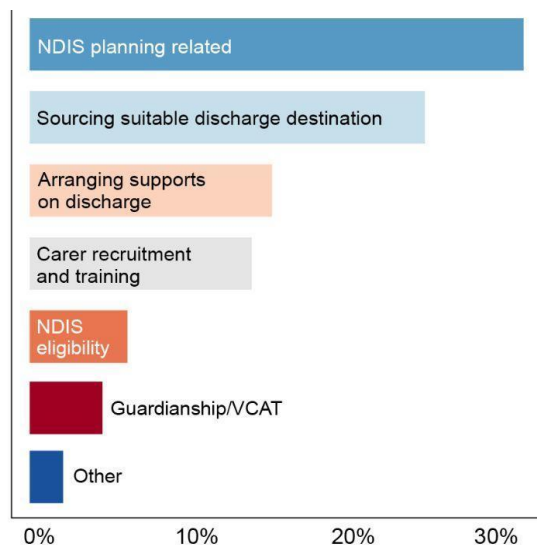
While there are improvements, it is still taking a median of 48 days for an Access Request Form (ARF) to be submitted, despite the vast majority of people going on to become NDIS participants (see Table 3 on page 2 of the [Appendix](#)).

Some people are still waiting months for a plan approval, and months to more than a year between their plan being approved and finally leaving the hospital (see Table 5 on page 2 and Figure 6 on page 3 of the [Appendix](#)).

Discharge delays

More than a third (34.5%) of all patients experienced a delay to discharge. The most common reasons for discharge delays were NDIS planning related delays (33%), sourcing a suitable discharge destination (25%), and arranging supports on discharge (16%).

Reason for delay to discharge



Unnecessary Bed Days

Unnecessary bed days were calculated from the date the patient was clinically ready for discharge to the date of actual discharge. Patients continue to spend months to more than a year in hospital beyond the time that they medically needed to be an inpatient (See Table 5 on page 3 and Figure 9 on page 4 of the [Appendix](#)).

Study 2: Survey of clinicians

A survey was completed with members of the Summer Foundation Leaving Hospital Well Community of Practice. A total of 89 clinicians participated in the survey: 84% of whom worked in hospital discharge planning roles.

Survey respondents reported that NDIS decisions and approvals, including the time waiting for NDIS plans and plan review approvals, impacted their ability to support NDIS participants to secure housing and supports. Initial phases of discharge planning involved navigating time-consuming NDIS processes to access funding for supports. Housing-related outcomes, such as outcomes of Home and Living Supports Request Forms, were reported to often involve extended and unpredictable waiting periods. Appealing decisions led to even more delays. Survey respondents speculated that extensive delays associated with Home and Living outcomes were related to the tightening of funding for housing and support by the NDIA.

Study 3: Housing Brokerage Service

The Housing Brokerage Service (HBS) was developed to address the increasing bed-pressure caused by the COVID-19 pandemic by facilitating the discharge of people with disability stuck in hospital due to a housing barrier. Clinical data collected from 199 people with disability referred to the HBS showed lengthy hospitalisations and people being stuck in hospital for many months, despite being clinically ready for discharge.

Barriers to discharge centred on housing, supports and funding. Many participants experienced multiple barriers to discharge, hence the percentages in the appended graph add up to more than 100%. Barriers related to housing supply are coloured blue and barriers related to NDIS funding are coloured red. (See Figure 14 on page 5 of the [Appendix](#)).

Summary and Recommendations

The hospital discharge trajectory for NDIS participants comprises multiple milestones that must be completed in a linear fashion for timely discharge to occur. The 3 studies in this report identified NDIS planning processes as a key driver to lengthy and unnecessary hospital delays. NDIS approvals and determinations following the submission of evidence or appeals were characterised by delays. Decisions relating to housing outcomes such as Home and Living Request Forms were reported to be particularly lengthy and unpredictable, making it difficult for clinicians to arrange timely discharge supports, and NDIS participants having to remain in hospital without established discharge plans. Ultimately, even where hospitals have efficient processes for their side of the hospital discharge trajectory, delays from the NDIA result in prolonged hospital admissions.

Hospitals should implement early alert systems for people who are either NDIS participants or likely to be eligible for the NDIS. This will allow earlier submission of an ARF which will have implications for further along the hospital discharge trajectory. Irrespective of how efficiently hospitals manage discharge planning, people will continue to face lengthy delays and discharge to aged care if funding decisions are not made quickly and appropriately.

References

- Barry, S., Knox, L., & Douglas, J. M. (2019). "Time's up": the experience of entering residential aged care for young people with acquired neurological disorders and their families. *Brain Impairment*, 20(1), 37-48.
- Houston, V., Foster, M., Borg, D. N., Nolan, M., & Seymour-Jones, A. (2020). From hospital to home with NDIS funded support: Examining participant pathway timeframes against discharge expectations. *Australian Social Work*, 73(2), 175-190.
- Oliver, S., Gosden-Kaye, E. Z., Jarman, H., Winkler, D., & Douglas, J. M. (2020). A scoping review to explore the experiences and outcomes of younger people with disabilities in residential aged care facilities. *Brain injury*, 34(11), 1446-1460.