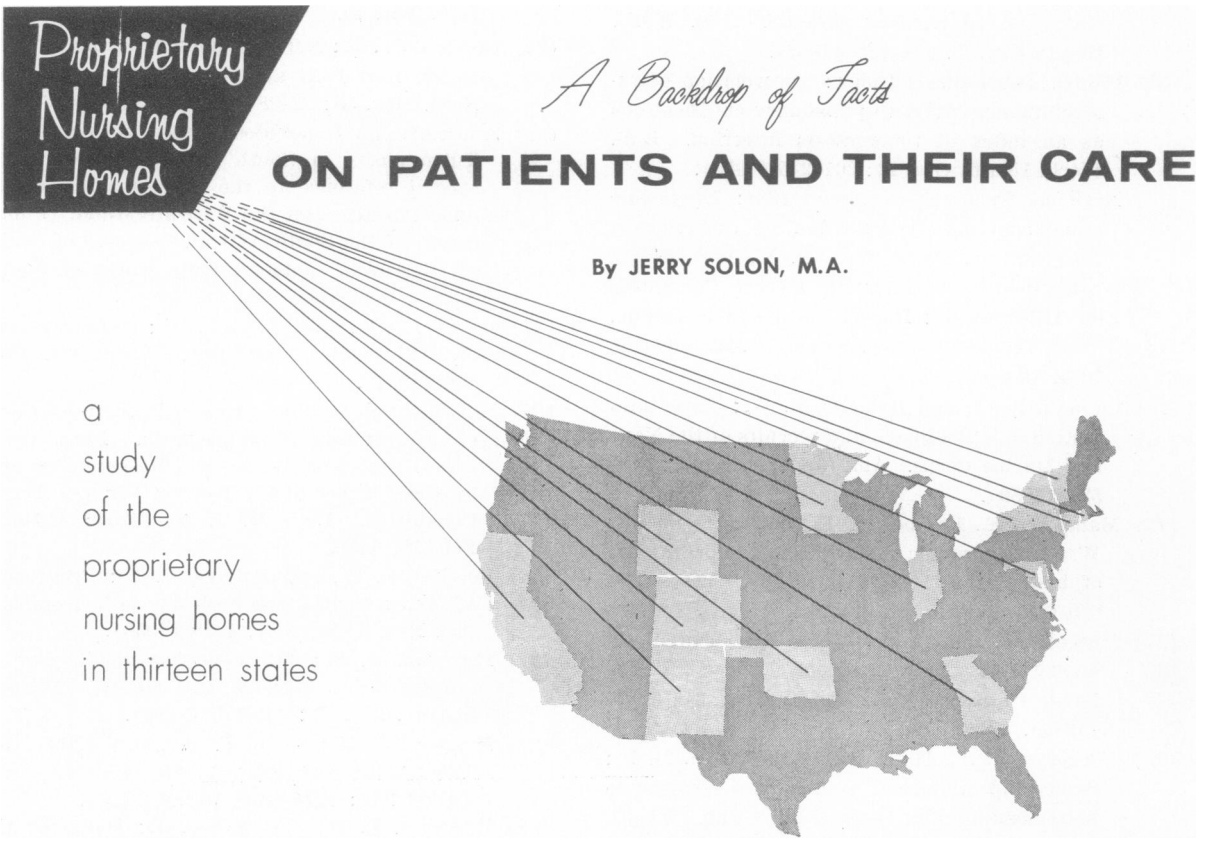

INFORMATION about the patients and their care is a sensitive means of learning what type of facility nursing homes really are. Taking this approach, 13 States participated with the Commission on Chronic Illness and the Public Health Service in a study of the characteristics and care of long-term patients in various types of institutions during 1953–54.

A full report of the study will be issued by *Public Health Reports* as a Public Health Monograph. An earlier report has been published as a reprint from *The Modern Hospital* of May 1955 by the Public Health Service under the title, "Patients in Proprietary Nursing Homes."

A description of the proprietary nursing homes of the 13 States in the study is presented here in a brief chart review.

The States in the survey are California, Colorado, Connecticut, Georgia, Indiana, Maryland, Minnesota, New Mexico, New York, Oklahoma, Rhode Island, Vermont, and Wyoming. In composite, they present a fairly representative picture of nursing home patients in the country.

The term "nursing home" was found to have

Mr. Solon, who has been serving as a research associate of the Commission on Chronic Illness for a study of long-term patients, is health program analyst with the Division of Hospital and Medical Facilities, Public Health Service. The chart review reproduced here is adapted from Mr. Solon's talks at the Commission's 1956 meeting in New York City, February 9, and at the Biennial Round Table Conference of the American Public Welfare Association, December 3, 1955, Washington, D. C.

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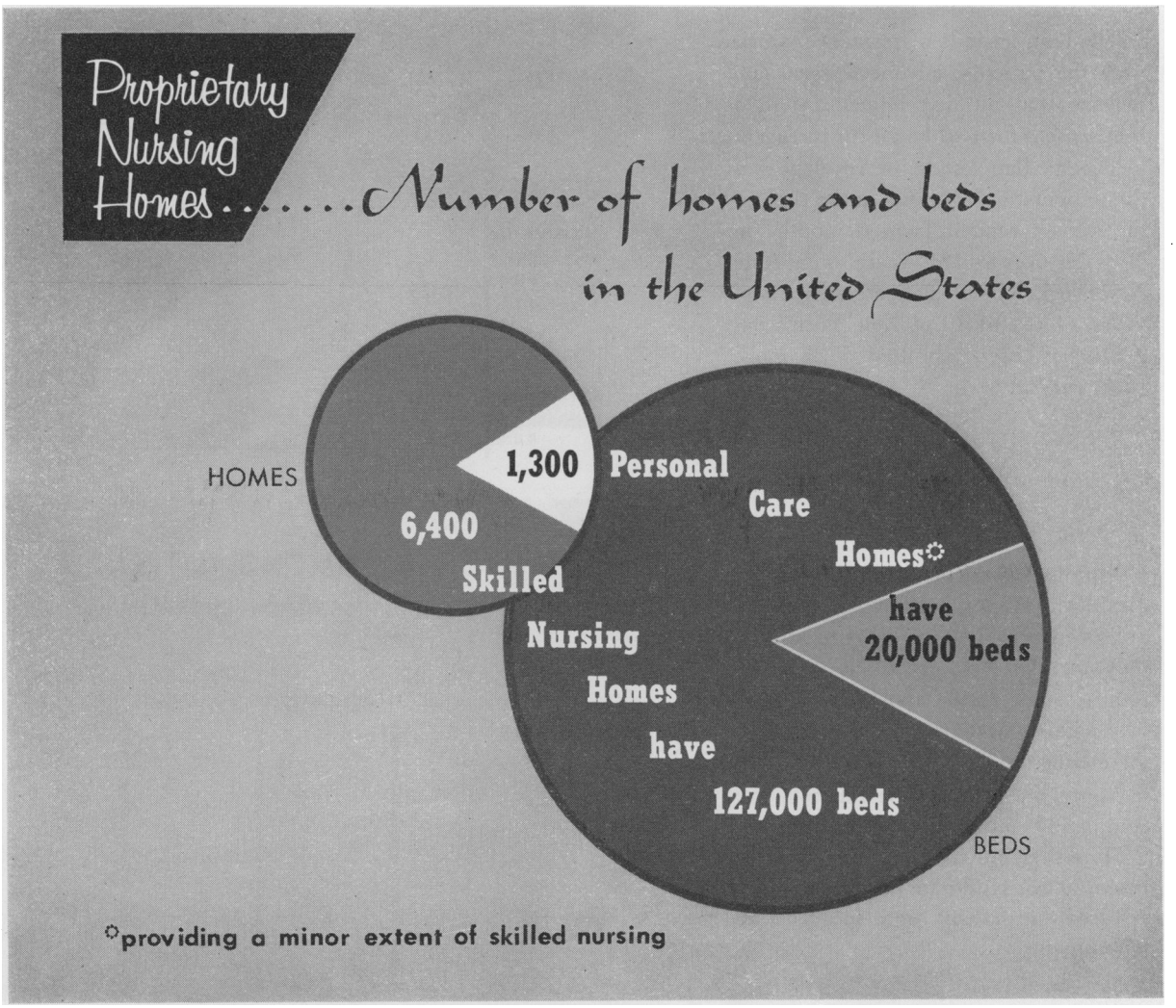
varying connotations among the States. The range of variation was substantially narrowed by application of uniform definitions. Nevertheless, the deeply ingrained local connotations produced some varying interpretation of those definitions.

Generally, however, the types of establishments construed in the study as proprietary nursing homes include those which are defined as "skilled nursing homes" together with those defined as "personal care homes, with skilled nursing." The former provide skilled nursing care as their primary function; the latter furnish some skilled nursing care, but only as an adjunct to a primarily personal care function. These distinctions have been described in two articles in *Public Health Reports*: "Inventory of Nursing Homes and Related Facilities," December 1954, and "Ownership and Size of Nursing Homes," May 1955.

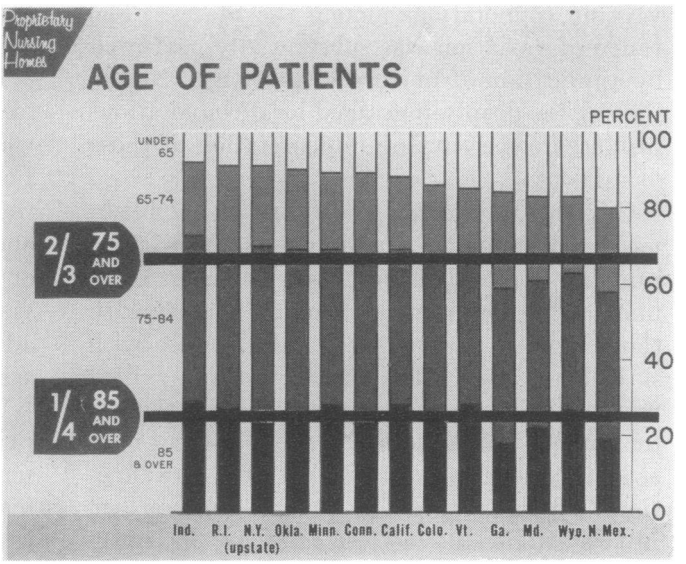
Briefly, skilled nursing care includes some technical nursing procedures beyond those which the untrained person can administer. Personal care includes such services as help in walking and getting in and out of bed, assistance with general bathing, help with dressing or feeding, preparation of special diet, supervision over medications which can be self-administered, and other types of personal assistance.

There are approximately 150,000 beds in proprietary nursing homes of the two types described, as shown in the chart below. Information about the patients and their care in essentially these types of homes in the 13 States surveyed is highlighted in the other charts.



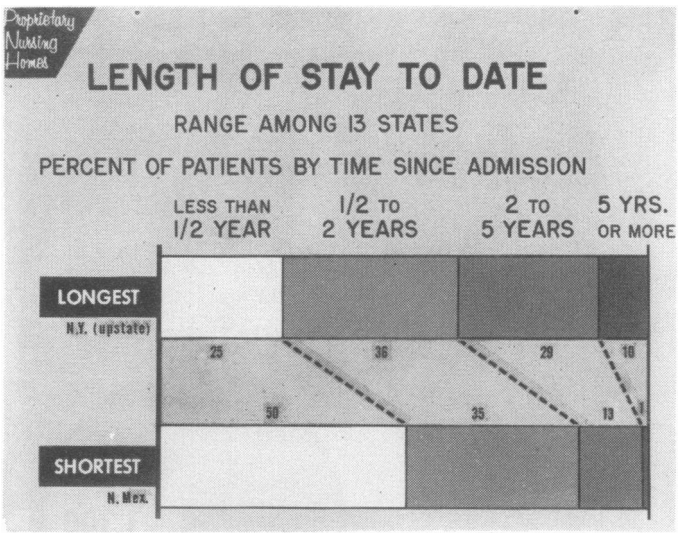
Without question nursing homes today serve a very aged group. Although in other respects sharp differences are observed among the States, in point of the patients' ages the various States present a remarkably uniform picture. The median age of patients in all of these States is about 80 years.

Relatively few patients—barely 10 percent nationally—are under 65 years of age. Only about 1 percent are less than 45 years.



The long periods of residence, along with the patients' advanced ages, emphasize that nursing homes are in a real sense a form of home for the aged.

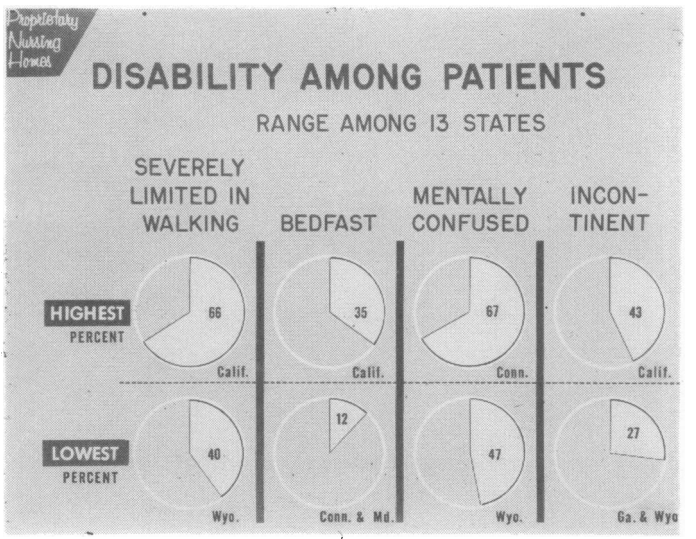
The median length of residence of the patients in the homes at the time of the survey ranged from 6 months in New Mexico to 1½ years in upstate New York. Some patients stay many years—1 out of 10 of New York's patients had been admitted 5 or more years earlier.



Nursing home patients are heavily disabled. About half of the patients are severely limited in ability to walk—they are unable to get about at all, or require some major assistance such as wheelchairs, walkers, or the help of attendants.

About one-fifth of the patients are completely confined to bed.

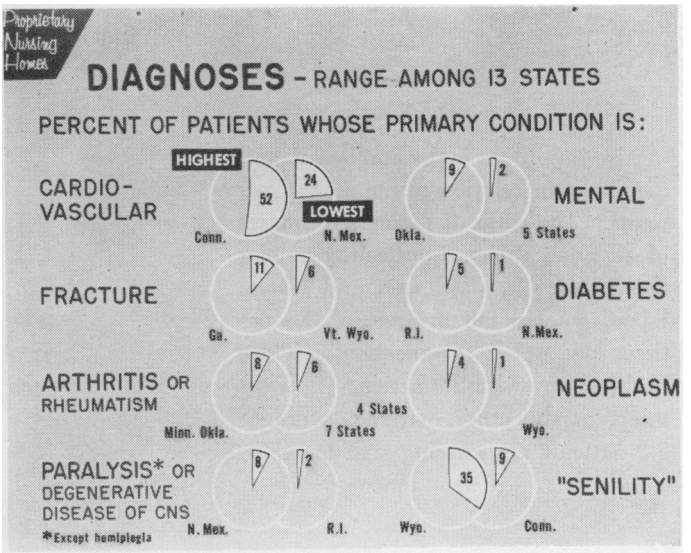
More than one-half are mentally confused, at least part of the time. One-third of the patients were found to be incontinent.



A few of the more common types of diagnoses reported for nursing home patients are shown. These represent only the major condition for which the patient is in the nursing home.

Cardiovascular conditions are the most common; heart diseases and stroke cases with hemiplegia are the major components among these.

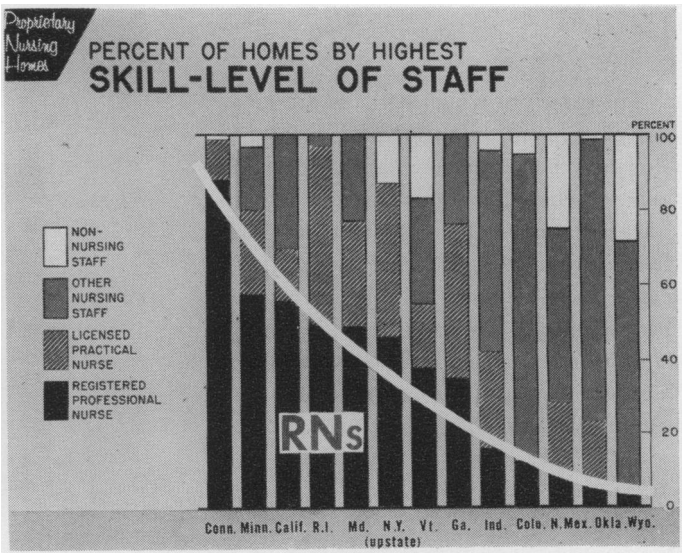
In all, it is the chronic diseases which characterize nursing home patients.



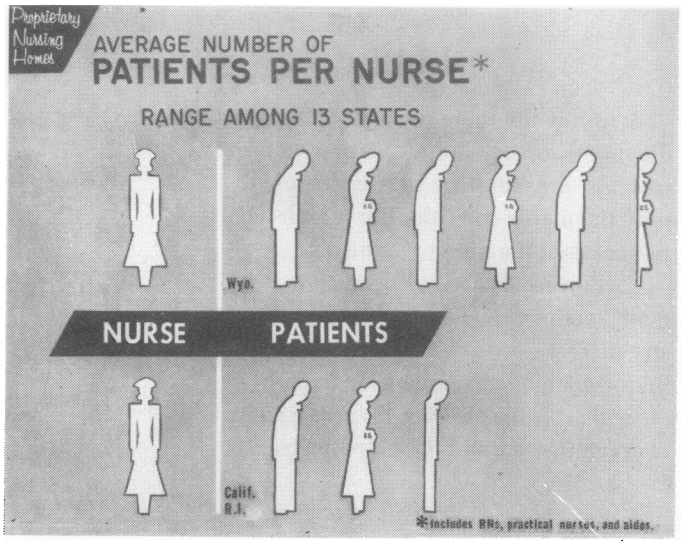
Information about the patients reveals a great deal about the character of the homes. Thus, this brief picture of the patients—aged, heavily disabled, chronically ill, destined for a prolonged stay—outlines a sharp image of the type of facility we have in the nursing home. Even the patients with fractures—normally regarded as an acute condition—usually have a fractured hip, requiring for the older person a prolonged period of care.

A particularly revealing aspect of the nursing home is highlighted by the frequency with which the nonspecific term "senility" is reported as a primary diagnosis for patients. It reflects in very large part the unavailability of more definitive diagnostic information. It points up the fact that the diagnoses reported by the nursing home administrators often lack the backing of medical records or even of medical examination. In what follows we shall see something of the character of the care rendered and of the nature of its medical orientation.

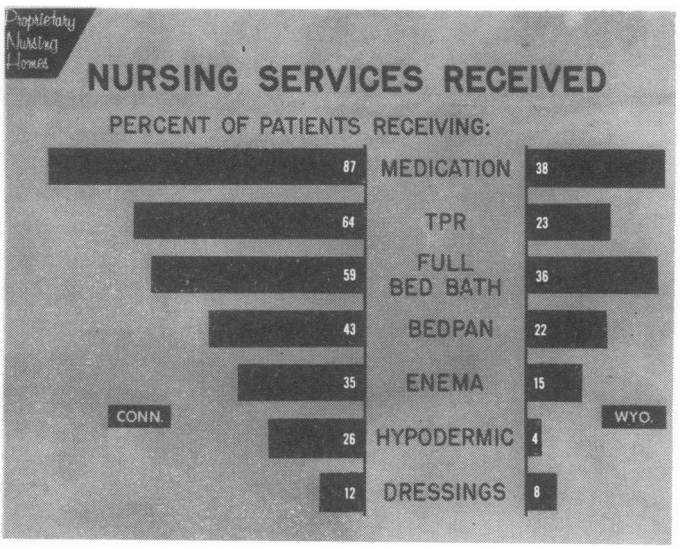
The sharp sweep of the curve marking off the proportion of homes which have a registered professional nurse tells a striking story. Connecticut, at one end of the curve, has a registered nurse in practically every nursing home—in fact, Connecticut prefers to call nursing homes "chronic and convalescent hospitals." At the other end of the curve are Wyoming and Oklahoma, where the home with a registered nurse is practically nonexistent.



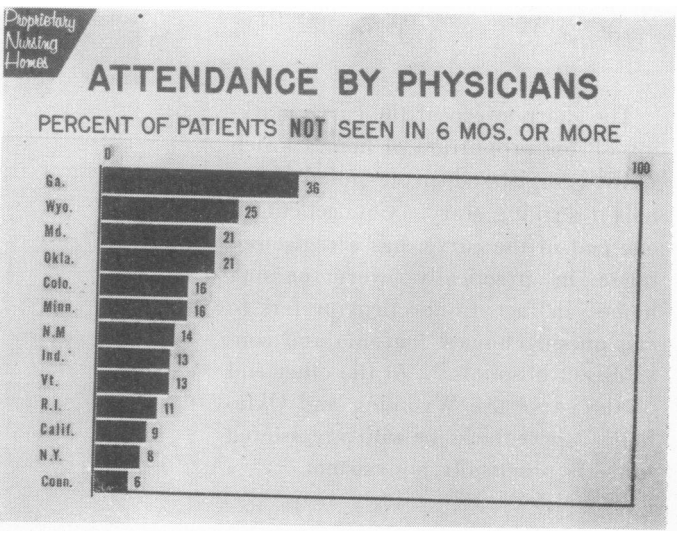
Also important is the number of staff available, in relation to number of patients. The ratio of patients to nurses of all types varies significantly among the States. In California and Rhode Island we find an average of 2.5 patients per nurse (Connecticut is close to this figure with 2.9 patients). Wyoming, at the other extreme, averages 5.2 patients per nursing staff member.



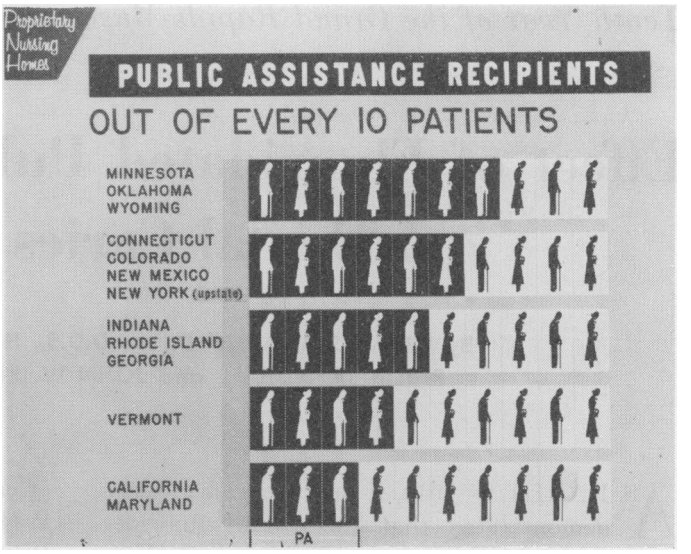
This view of certain nursing services ordinarily given in nursing homes is in key with characteristic differences among States revealed by some of the other charts. The proportion of patients who receive these particular services is shown for Connecticut and Wyoming, two States which frequently appear at opposite poles on the other measures. Much larger proportions of Connecticut's patients receive these services than Wyoming's patients.



The extent to which patients are under close, continuing medical supervision may be a crucial indicator of the general character of nursing homes. Large numbers of the patients are in fact infrequently attended by physicians. The proportion who have not been seen by a physician in as long as 6 months or more mounts in some of the States to one-fifth, one-fourth, and even as much as one-third of the patients.

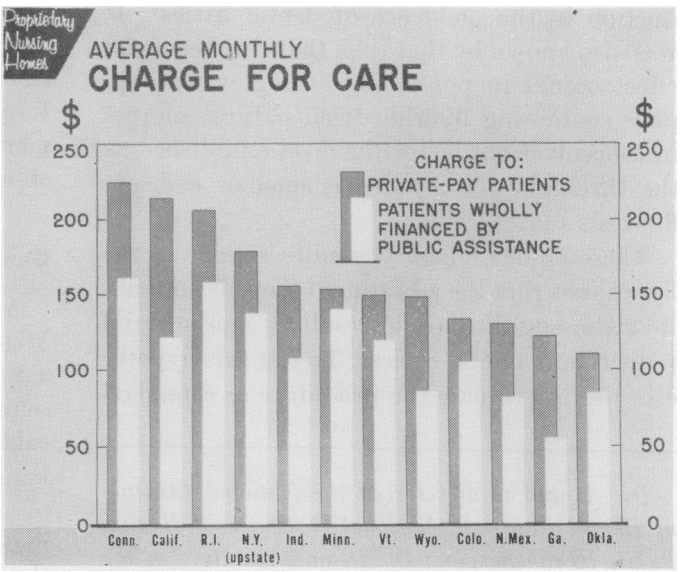


Public welfare funds pay for the care of about half of all patients in proprietary nursing homes. In none of the 13 study States do public assistance recipients represent less than one-fourth of the patients. And in several of these States, as many as 7 out of 10 patients are paid for from welfare funds, usually with no other support.



There is consistently a discrepancy between the median payment for care made by public assistance agencies and the average amount paid by patients from their own funds. In some States, the welfare payment is only about half the private-pay average.

Although some of the difference may stem from the luxury accommodations private-pay patients may select, statutory and budgetary ceilings on public assistance payments are known to be a prime factor.



We have seen in this brief review that nursing homes are predominantly oriented toward long-term care, and toward an aged clientele. Their patients are characterized by a considerable degree of disability and by a multiplicity of chronic diseases.

We have observed the range in extent of staffing and intensity of nursing care. We have noted an apparent discrepancy between the character of the patient population on one hand and a relative lack of close and continuing medical attention on the other. Some fundamental implications for our concept of the nursing home role are related to the question of whether or not nursing homes are medically oriented.

We have recognized that public welfare agencies are very heavily involved in financing nursing home care for public assistance recipients. With so large a proportion of the patients financed from this source, the welfare levels of payment must have a pervasive influence on the quality of care characteristic of nursing homes in general. How large a part public welfare agencies may have in the further development of nursing homes is suggested by their already important role in financing such care. The need for joint effort between the health and welfare agencies is all too apparent.