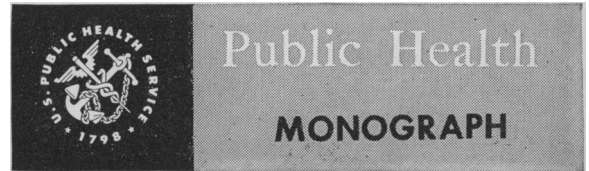


Patients in Nursing Homes and Their Care

NURSING HOMES have emerged to fill a particular set of needs. As they exist today, they respond as much to social needs as to medical needs. The impelling problem is that of accommodating and caring for people who require personal and nursing attention not forthcoming in their own homes or in the homes of relatives. Sometimes this entails a type of care which can be given properly only by trained personnel operating in a special facility such as the nursing home. Sometimes the care required is of a sort which might be possible in one's own home but is not feasible for the particular family or is simply not the desired arrangement. The sheer medical needs for a certain type of care have been reinforced by many physical and social pressures in contemporary life to produce the specialized institution known as the nursing home.

As a relatively new type of facility, the nursing home is not yet clearly conceived and understood. Need for better understanding the role of the nursing home and similar facilities in caring for the chronically ill led the Commission on Chronic Illness and the Public Health Service to join forces in a fact-finding study. To gain the desired insight into the character of nursing homes, the study focused on (a) what type of patients are in existing homes and (b) what type of care these patients receive.

Thirteen States in various parts of the country elected to participate in the survey conducted during 1953 and 1954. These were: California, Colorado, Connecticut, Georgia, Indiana, Maryland, Minnesota, New Mexico, upstate New York, Oklahoma, Rhode Island, Vermont, and Wyoming. Each State performed its own field work and processed and tabulated the data, employing uniform schedules and procedures which were outlined in a manual. Although a technically representative sample was not devised for the study, the consolidated results were found on examination to



No. 46

The accompanying summary covers some of the principal findings presented in Public Health Monograph No. 46, published concurrently with this issue of Public Health Reports. The 13-State survey upon which the report is based was a joint project of the Commission on Chronic Illness and the Public Health Service. At the time of the study, the authors of the monograph were associated with the Commission on Chronic Illness and the Division of Hospital and Medical Facilities, Public Health Service. Three of the authors are currently associated with other health and medical care organizations.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of major universities and in selected public libraries.

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Solon, Jerry; Roberts, Dean W.; Krueger, Dean E.; and Baney, Anna Mae: *Nursing homes, their patients and their care: A study of nursing homes and similar long-term care facilities in 13 States.* Public Health Monograph No. 46 (PHS Publication No. 503). 58 pp. Illustrated. U. S. Government Printing Office, Washington, D. C., 1957. Price 40 cents.

present a fairly adequate picture of the Nation's nursing homes.

Information gathered on the patients included personal data, date of admission to the nursing home, diagnoses as available, nature and extent of disability, nursing and personal services received, physician's care, charges, and sources of funds for payment. In addition, information on the length of time the homes had been in operation, their size, and the number and types of staff employed was also obtained. Data on these factors and their interrelationships are presented in detail in the monograph.

The central focus of the study is the proprietary nursing home, which has increased so rapidly in numbers in the last two decades. To perceive in better perspective the role of this relatively new and now quite numerous type of facility, some of the States also surveyed such similar types of long-term care facilities as nonproprietary (voluntary and public) nursing homes, domiciliary care homes, and chronic disease hospitals.

Types of Patients

The findings of the survey reveal that both similarities and differences exist among these categories of institutions, depending upon the emphasis that is given. Basically, it can be said that all of these types of facilities are alike in an important characteristic: They all serve very aged people, predominantly. A large majority of the people in each type of institution are past 65 years of age. With this similarity, significant differences may nevertheless be observed in the age makeup of patients in the four types of facilities studied. Data for five States which surveyed all categories of facilities show that, whereas in proprietary nursing homes as many as 90 percent of the patients are past 65 years of age, in the chronic disease hospitals only about 65 percent are that old.

With respect to the extent of disability among the patients, proprietary nursing homes and chronic disease hospitals serve the groups who are most disabled; voluntary and public nursing homes, those who are, in general, less disabled; and domiciliary care homes, the least disabled group. This gradient is also reflected in the types and extent of services received in the sev-

eral categories of facilities. For example, relative to the other facilities, a higher proportion of the patients in proprietary nursing homes and chronic disease hospitals receive various nursing and personal services.

Information on the length of time spent in the facilities up to the date of the survey revealed that the average patient in a proprietary nursing home had already spent about a year in the present home, the shortest period of residence found among the four types of establishments. Patients in chronic disease hospitals and nonproprietary nursing homes had been in these institutions for somewhat longer periods, and the residents of domiciliary care homes had an average stay to date of more than 2 years.

Such long periods of care naturally impose a severe financial drain on many patients and their families. It is therefore not surprising to find that public welfare funds pay for the care of about half of all patients in proprietary nursing homes. Similarly, large proportions receive such assistance in the other types of homes. Although public assistance does not play quite as large a role among patients in the chronic disease hospitals surveyed, other resources, such as voluntary agencies (including those operating hospitals) and public auspices other than public assistance funds, are financing the care of nearly half of the patients in these hospitals.

Staffing and Age of Homes

Nursing homes without professionally trained nurses are very common. Approximately 60 percent of all proprietary nursing homes have not a single professional nurse on their staff. In a few States where licensure requirements specify high staffing standards, however, nursing homes commonly have at least a supervising registered nurse. Interestingly, voluntary and public nursing homes, although their residents are generally less ill and disabled than the group found in proprietary nursing homes, maintain a higher standard—less than one-fifth of the nonproprietary nursing homes do not employ a professional nurse.

That proprietary nursing homes are still a relatively new phenomenon is demonstrated by the recent origin of many of the existing homes.

One-fourth had been established only within the preceding 2 years. Nonproprietary nursing homes, on the whole, date back longer, as do the chronic disease hospitals.

Public Health Monograph No. 46 analyzes these and other major findings for each of the types of facilities surveyed, that is, proprietary nursing homes, nonproprietary (voluntary and

public) nursing homes, domiciliary care homes, and chronic disease hospitals. Comparisons are drawn wherever possible among the various groups of establishments. The appendix material includes an examination of the representativeness of the States in the sample and detailed tables giving basic data for each type of facility, by State.

Liability of State as Manufacturer and Distributor of Antitoxin



Gielski v. State, 155 N.Y.S. 2d 863 (N.Y. Ct. Cl., 1956) involved a claim against State of New York under the State Court of Claims Act.

Claimant suffered injury to his finger and was hospitalized for tetanus. His physician gave him an intraspinal administration of tetanus antitoxin manufactured and distributed by the division of laboratories and research of the New York State Department of Health. Claimant suffered injury as a result of that treatment. He alleged the intraspinal administration was made in reliance on, and in accordance with, a circular published, printed, and distributed by the State containing instructions and directions for use of the tetanus antitoxin and recommending intraspinal administration. It is alleged that the circular was negligently prepared in that medical specialists in treatment of tetanus did not regard intraspinal administration as safe, and that the circular was prepared and circulated with knowledge and intention that the medical profession would rely on and act on the information therein.

Issue: As a prerequisite to the court's further consideration of the claim under the act, it was necessary that the facts show a legal cause of action.

Holding: The court held the allegations (assumed for this purpose to be true) stated a cause of action, saying:

"The manufacture and distribution of an article dangerous to human life and well being if improperly used, imposes an obligation to advise of the manner in which the article may

be safely used. *Marcus v. Specific Pharmaceuticals, Inc.*, Sup., 82 N.Y.S. 2d 194. Since the obligation to give advice exists it is a necessary corollary that such advice must be given with care. The fact that the instrumentality was distributed only to members of the medical profession for use by them cannot serve to insulate the manufacturer and distributor from liability to the patient as a matter of law. *Wechsler v. Hoffman-Laroche, Inc.*, 198 Misc. 540, 99 N.Y.S. 2d 588."

The court referred to a previous ruling in blood plasma cases where use of plasma collected by the Red Cross and distributed by the New York State Department of Health resulted in death. In the plasma cases it was ruled that where the health department acted merely as a distributing agent of a product for which physicians were generally chargeable with knowledge of appropriate circumstances for use (and it was established in the trials that dangers inherent in use of blood plasma are widely known in the medical profession) the State was not liable to give further information or warning to the physician on the use of the product.

The court said in the *Gielski v. State* case that up to this point in the proceedings no proof as to the knowledge with which the physician is chargeable concerning the use of tetanus antitoxin had been presented, and a physician is chargeable only with such skill and learning ordinarily possessed by physicians in the locality. The court said the circular gave the appearance of reflecting generally accepted medical practice.

technical publications

National Institutes of Health

PHS Publication No. 81. Revised 1956. 25 pages. 25 cents.

The 1956 revised brochure briefly presents the history and programs of the National Institutes of Health, citing significant advances of the individual institutes, divisions, and the Clinical Center.

Recent changes in the structure of NIH are outlined. These include reorganization and expansion to provide a Division of Biologics Standards, the National Institute of Allergy and Infectious Diseases, the Division of Research Services, and the Division of Business Operations. The last two divisions centralize supportive services at NIH.

The pamphlet is designed to reflect the underlying philosophy of the programs conducted by each NIH component. It also illustrates the integration of these programs and the "team approach" characteristic of medical research today.

Four Decades of Action for Children

Children's Bureau Publication No. 358. 90 pages. 35 cents.

Your Children's Bureau

Children's Bureau Publication No. 357. 48 pages; illustrated. 20 cents.

The history of the Children's Bureau and its current program of action for children are contained in two new publications, primarily designed for the wide spectrum of professional workers and lay leaders who want more than a nodding acquaintance with their Government's services for children.

Four Decades of Action for Children shows how the Bureau's responsibilities have grown from its orig-

inal mandate of investigating and reporting on the welfare of children to inclusion of assistance to States, through administration of Federal grants, in expanding and improving their services for children.

Your Children's Bureau describes how the bureau presently works to advance the well-being of all children and especially of disadvantaged children, through its own programs and in collaboration with others in and out of Government.

Procedures for Isolation and Identification of the Gonococcus

PHS Publication No. 499. 1956. 36 pages; illustrated

Originally VD Graphic 84, this 1956 reissue of the manual outlines laboratory techniques for isolation of the gonococcus. It describes materials and media used; how specimens are taken from males and females; preparation of smears; procedure for the isolation of the gonococcus by culture and for performing the fermentation test; and, the identification of *Neisseria gonorrhoeae*. A pictorial diagram shows suggested steps to be followed in this latter technique.

Selected References On Cardiovascular Disease

Annotated bibliography for nurses

PHS Publication No. 472. 1956 52 pages. 25 cents.

Compiled as a time-saving guide for nurses, this annotated bibliography on cardiovascular diseases will also be of use to medical students, nutritionists, health educators, social workers, and others in the health field concerned with heart disease.

References are arranged in sections according to major interests in the field such as rehabilitation, emotional aspects, and patient education. Films and other audiovisual aids are also listed.

The Child Who Is Mentally Retarded

Children's Bureau Folder No. 43. 23 pages; illustrated. 10 cents.

The latest in a series of folders addressed to parents whose children have crippling conditions, "The Child Who Is Mentally Retarded" sets forth some of the home training that parents can give a retarded child. It stresses the fact that retarded children have the same feelings as other children and that most are as sensitive as any other child.

The folder emphasizes, as a springboard for planning, the value of a thorough diagnostic evaluation for a child who appears to be mentally retarded. It also outlines some of the factors which parents would want to consider in deciding either to keep the child at home or place him away from home.

Also described are some of the community agencies and national groups to which parents may turn for help with their individual problems.

This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications issued by other agencies.
