Home Nursing Care of the Aged in New York City

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IF I were old and chronically ill," said a healthy young medical student at a party some years ago, "I would rather live in New York City than anywhere else in the world. New York has so many fine resources for caring for such people."

Aging New Yorkers on all income levels have long had access to home nursing service through the Visiting Nurse Association of Brooklyn, the Visiting Nurse Service of New York, and the Visiting Nurse Association of Staten Island, which, among them, cover the five boroughs of the city and make between 400,000 and 500,000 nursing visits each year. Those who could afford it have paid the full cost of service or a fee adjusted to their circumstances. Since depression days in the early 1930's, the department of welfare has purchased home nursing service for its clients from the three agencies.

For more than a decade, the visiting nurses have played an important part in hospital-centered home care programs, which began in Montefiore Hospital and now operate in many city units under the department of hospitals and in several voluntary institutions. Prepaid medical care plans like the Health Insurance Plan of Greater New York, Group Health Insurance, and Associated Hospital Service (Blue Cross) have contracted for home visits to their subscribers, some of whom have moved into the older age brackets. Special interest groups, such as the New York City Cancer Committee, have arranged for service to selected patients. Generous friends of the nursing agencies and contributors to the Greater New York Fund and, in Brooklyn, to the United Hospital Fund have made free service possible when there was no other source of payment.

In the years immediately following World War II, the number of nursing visits to aged persons increased rapidly. Since 1957, patients 65 years of age and older have accounted for approximately half the visits in New York City each year.

In response to many requests for information concerning the amount, type, and cost of home nursing care needed by aged persons, the three visiting nurse services in New York City present here a summary of their experience in 1960, culled from their regularly tabulated statistical data, and from a detailed review of the nursing records of 202 elderly patients.

These 202 patients constituted a sample, stratified by geographic area of residence and date of discharge from the nursing service, of the 6,091 patients 65 years old and older for whom the Visiting Nurse Service of New York completed at least one episode of nursing service in 1960. There were no significant differences with respect to sex, age, and diagnosis between this sample group and the entire roster of elderly patients in 1960.

The 1960 census counted 813,827 persons aged 65 and older living in New York City. Slightly more than 1 percent of them (9,242) used visiting nurse service during the year. These aged persons received 199,711 nursing visits at a total cost of almost $1 million. While the cost of a visit, computed by the method recommended by the National League for Nursing, varied among the three agencies, the average cost for the city as a whole in 1960 was $4.93 per visit.

Patients paid for 7 percent of the visits in

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Some elderly patients learn to give themselves necessary treatments.

full, and they paid for 34 percent with fees adjusted below cost. The entire bill for home nursing service to these aged patients in 1960 was split among the patients, who paid 18 percent; insurance plans, which covered 4 percent; tax funds, which provided 36 percent; and private philanthropy, which paid the remaining 42 percent of the cost. One-eighth of the aged patients were receiving financial aid from the department of welfare through the old age assistance program at the time they were active cases with the nursing organizations.

The average number of visits per patient was 21.6, equivalent to 245 visits for each 1,000 aged persons in the total population. There were twice as many women as men among the elderly patients seen by the nursing organizations, and women received more than twice as many visits as men. The amount of service increased with age. Less than 1 percent of the total population in the age group 65–74, almost 2 percent of those aged 75–84, and more than 3 percent of persons 85 years of age and older became active cases during the year. The youngest group (65–74) received 168 visits per 1,000 population, the middle group (75–84) received 372 visits per 1,000 population, and the senior group (85 and older) received 875 visits per 1,000 population. Only the youngest group, which received half of all visits to aged persons in 1960, included any appreciable number with insurance coverage for nursing service; 77 percent of the visits to persons 65 years old and over which were financed by insurance plans were made to persons in this age group. In contrast, this younger group received only 40 percent of the visits for which elderly persons themselves paid the full cost, and 36 percent of the visits to aged patients which were purchased by the department of welfare.

One-fifth of all the elderly patients seen in 1960 received but a single visit. Six visits per

patient was the median value. One-third of the patients received more than 13 visits during the year.

Diagnoses

Chronic illness accounted for most of the 199,711 visits made to aged patients in 1960. The tabulation below shows how the nurses classified their visits according to diagnosis. Patients who paid full fee received a disproportionately high number of visits for cancer, strokes, arthritis, and digestive disorders. Visits to the department of welfare clients included a very high number to diabetics.

Diagnosis[1]	*Percent of total visits*
Arteriosclerotic and degenerative heart disease (420–422)	20
Other diseases of the heart and circulatory system (410–416, 430–468)	17
Diabetes (260)	16
Diseases of the central nervous system (330–357)	11
Malignant neoplasms (140–205)	9
Arthritis and rheumatism (720–727)	6
Diseases of the blood and blood-forming organs (290–299)	6
Injuries due to accidents (800–999)	4
Diseases of the digestive system (530–587)	3
Diseases of the genitourinary system (590–637)	2
Diseases of the respiratory system (470–527)	1
Avitaminoses and other metabolic diseases (280–289)	1
Tuberculosis (001–019)	1
All other	3

[1] Figures in parentheses refer to International Statistical Classification of Diseases, Injuries, and Causes of Death.

Information concerning diagnoses came from the physicians and hospitals which provided medical supervision for these elderly persons. Two-thirds of the patients were under the care of private physicians, including panel doctors identified with the department of welfare and the Health Insurance Plan of Greater New York. Hospital clinics and home care programs were the source of medical supervision for the remaining third. Fewer than 0.1 percent of the total number were under the care of a union health center.

Multiple diagnoses were common. A single diagnosis was reported for only 38 percent of all the aged patients. Thirty percent had two conditions, 23 percent had three, and 9 percent had more than three diagnoses in 1960. The tabulation below shows how frequently the most prevalent types of conditions occurred. Other kinds of diagnoses affected fewer elderly patients.

Diagnosis[1]	*Percent of total patients*
Diseases of the heart and circulatory system (410–468)	49
Diseases of the central nervous system (330–357)	19
Diabetes (260)	18
Malignant neoplasms (140–205)	18
Diseases of the digestive system (530–587)	17
Injuries due to accidents (800–999)	13
Arthritis and rheumatism (720–727)	11
Diseases of the respiratory system (470–527)	9
Infections and other diseases of the skin (690–716)	8
Diseases of the eye (370–389)	6
Diseases of the blood and blood-forming organs (290–299)	5
Diseases of the ear (390–398)	4
Diseases of the genitourinary system (590–637)	4
Infectious and parasitic diseases (001–138)	3

[1] Figures in parentheses refer to International Statistical Classification of Diseases, Injuries, and Causes of Death.

The material which has been presented thus far was prepared from data which are regularly reported and tabulated for every patient under the care of the three agencies which offer visiting nurse service in New York City. A review of the nursing records of 202 elderly persons provided supplementary data for the section which follows.

Only 4 percent of this group had used home nursing service before they were 65 years of age.

Fifty-five percent had no record of nursing visits prior to 1960. Eighteen percent first became active cases in 1959, 10 percent in 1958, 4 percent in 1957, 3 percent in 1956, 2 percent each in 1955, 1954, and 1953, 1 percent each in 1952, 1951, and 1950, and 1 percent in the years before 1950. One patient was first admitted in 1935. One-third of the patients who used nursing service in 1955 or earlier received visits on a continuing schedule in each calendar year thereafter. The others were active intermittently with episodes of nursing service separated by inactive periods which lasted from several months to 5 years.

When first seen in 1960, almost one-quarter of the elderly patients lived alone, and the proportion did not diminish with advancing age. More women than men lived alone. Slightly more than one-quarter of the patients lived with spouse only. This arrangement was most com-

mon in the youngest age group (65–74). Six percent shared a home with only an aged brother or sister, and 4 percent lived with an unrelated friend or roomer. Five percent were in boarding homes. Nineteen percent had younger relatives with them in their own homes. Sixteen percent lived in the homes of younger relatives, but, for four out of five, this represented a change in living arrangements during the period of active nursing service. The records of some in this last group contained a number of different addresses as the patients were shunted from one relative to another.

Content of Nursing Service

Slightly more than half the patients (53 percent) received general nursing care. This kind of service was more frequent among the oldest group. Three out of four patients who had reached their 85th birthday received general nursing care.

Nurses gave one-third of the patients hypodermic or intramuscular injections. The kind of medication most frequently ordered in this type of treatment was mercuhydrin or theomerin, which was given to 16 percent of all the patients. Eleven percent received liver and vitamin preparations, 5 percent received insulin, and 2 percent, penicillin. Fewer patients received other kinds of injections. Nurses gave injections to relatively few elderly patients who paid the full cost of a nursing visit. Such patients either looked to their doctor for such treatment or they transferred to a part fee arrangement as the need for extended service strained their financial resources. A substantial part of the total nursing service to aged persons resulted from orders for mercuhydrin, liver, and vitamins. Approximately one-third of all the visits to elderly patients in 1960 included an intramuscular injection of mercuhydrin; 18 percent of the visits included liver and vitamins given intramuscularly.

Nurses gave enemas to 20 percent of the elderly patients. Such service was ordered for half of those who paid full fee, but for only one-eighth of those who received assistance from the department of welfare.

Nineteen percent of the aged patients required dressings.

Sixteen percent of the patients received rehabilitation nursing service, which included range-of-motion exercises and instruction in crutch walking under the supervision of physical therapists. There were instances of temporary improvement, but among these elderly patients no dramatic rehabilitation took place. Sometimes the exercise program had to be canceled because of a heart attack or deterioration in the patient's general condition. In working with aged patients, most of the effort of nurses in the field of rehabilitation nursing was directed toward helping them achieve reasonable independence in activities of daily living, safe movement in the home, and the prevention or postponement of further disability.

For 7 percent of the patients, nurses did urinalyses or gave instruction in the technique. Colostomy care and instruction were given to 4 percent. Catheter care was a part of the nursing service to 3 percent. Other treatments, which were ordered for fewer patients, included eye and ear treatments, vaginal douches, and care of a tracheotomy tube.

Nurses who visited these elderly persons stressed good nutrition. More than two-thirds of the patients' records contained notations concerning eating habits and problems experienced by the patients, and suggestions and practical advice offered by the nurses. Orders from the physician specified a low-sodium diet for 20 percent of the patients and a diabetic diet for 10 percent. Low calorie, low fat, high protein, and high calcium were among the other types of diets which were ordered alone and in various combinations for smaller numbers of patients.

Medications were a source of concern for the nurses. Apart from medications which they administered, the nurses constantly checked the patients' supplies against medical orders, and they frequently reviewed with patients the medicines they were taking and on what schedule. Nine percent of the records included instances of medication errors—patients confusing medicines or taking the wrong quantities, drugs inconsistent with medical orders, or inadequate supplies. Errors of this type came to light most frequently when the nurses visited patients on home care programs, but errors were not confined to this group. Six percent of the patients had problems in relation to medical

equipment which was the wrong size or type, was broken or inadequate, or difficult to obtain. The visiting nurses were resourceful, not only in detecting these difficulties, but in helping to solve them.

One percent of the elderly patients had diagnosed mental illness. Two percent talked of suicide while under nursing care. In 6 percent, the nurses noted evidence of disorientation. Among the patients in the first shock of illness, fear was an attitude encountered frequently. A high percentage of patients who were visited by the nurses over a long period of time became severely discouraged and depressed.

Frequency of Nursing Visits

Aged patients usually received one visit a week. This was the schedule which the nurses followed most frequently, especially when service was continued for any length of time. Two visits a week was the preferred pattern for cardiac patients and for those with arthritis. When the diagnosis was diabetes or cancer, almost as many patients received two visits each week as one. Three visits a week and two visits a month were scheduled less commonly for aged patients. Nurses made daily visits for brief periods of time to a few elderly persons, and a few were seen only once each month. Almost half of the patients who paid full fee were visited on a "one time only" basis; the nurse did not return unless she received another call for service.

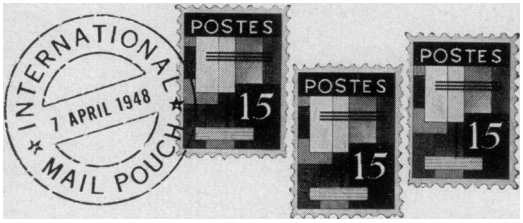
Two percent of the visits to patients 65 years of age and older were classified "not home or not found." Most of these resulted from the patient's inability to hear or to respond to the nurse's knock, or from failure to notify the nurse when the patient was unexpectedly hospitalized or taken to another address.

Practical nurses on the staff of the Visiting Nurse Service of New York shared in the care of slightly more than one-third of the aged patients. They made 14 percent of all the visits to persons 65 years of age and older in 1960.

Ten percent of the elderly patients had some kind of home aide, other than a member of the family, to supplement the care which the visiting nurse gave. Most of these aides were privately employed. A few were placed in the home by one of several community agencies which offer such service to selected patients. Two percent of the aged folk had a practical nurse at night, sent by the New York City Cancer Committee. One patient in the sample received "meals on wheels," a service which was available in a very small area of New York City in 1960.

Since this presentation is concerned with nursing service in 1960, it concludes with the status of the 202 patients in the sample at the end of that year, or the reasons for dismissing them from active service. Forty-five percent were able to manage, at least for the time being, without outside nursing help. Some of these had recovered from an acute stage of illness. Others had learned to give themselves necessary treatments. In some instances the specific order for which nursing service had been requested was discontinued. Four percent of the patients arranged for some other type of nursing in the home, usually on a private duty basis. Twenty-nine percent entered a hospital or a nursing home. Five percent moved out of the city to be with a younger relative. Nurses withdrew from 1 percent of the cases because the patient or his family, somewhat against medical advice, discontinued nursing service, and they withdrew from 4 percent because the patient was not currently receiving medical supervision. Four percent of the original patients were active cases when the year ended; 8 percent were terminated by death. In addition to the patients who died while they were active with the Visiting Nurse Service of New York, 4 percent were known to have died very shortly after they were hospitalized.

Some of the patients who were under care in 1960 will be admitted again in 1961 and 1962 and even farther into the future, as they need the skill and understanding of a visiting nurse to help them meet the health problems which come inevitably with advancing age.



Latin American Foods Analyzed

The individual nutrient content for more than 700 foods common to countries south of the United States has been analyzed and published in a 145-page tabular text in English and Spanish editions by the Institute of Nutrition of Central America and Panama (INCAP) and the Interdepartmental Committee on Nutrition for National Defense (ICNND), International Civilian Nutrition Research, National Institute of Arthritis and Metabolic Diseases, National Institutes of Health.

The text was compiled by Dr. Woot-Tsuen Wu Leung, nutrition analyst on loan to ICNND from the U.S. Department of Agriculture. She was assisted by Marina Flores of INCAP. Chairman of the committee of technical advisers was Dr. Guillermo Arroyave of the institute. Dr. L. A. Maynard, consultant to ICNND, served as project leader.

Copies of the English edition of "INCAP–ICNND Food Composition Table for Use in Latin America" can be obtained from Executive Director, ICNND, Building 16, Room 207, National Institute of Arthritis and Metabolic Diseases, Bethesda 14, Md., and the Spanish edition is available from Director, INCAP, Carretera Roosevelt, Zona 11, Guatemala City, Guatemala.

Seminar on the Teaching of Dentistry

The first of three seminars on the teaching of dentistry in Latin America will be held in Bogotá, Colombia, October 14–19, 1962, under the auspices of the Pan American Health Organization.

Faculty members of schools of dentistry in Bolivia, Chile, Colombia, Ecuador, Peru, and Venezuela are expected to discuss five themes: Fundamentals and objectives of the teaching of dentristry; recruitment, selection, and admission of students; curriculum; selection and training of faculty; and administration of a faculty of odontology.

The Bogotá seminar will be limited to 34 participants. The subsequent seminars will be held at intervals of approximately 2 years for dental schools in other geographic regions of the Americas. Reports and recommendations of the seminars will be sent to all Latin American dental schools, however.

Consultants for the first seminar, Dr. José Rezk, former dean of the dental school, National University of Colombia; Dr. Arthur H. Wuehrmann, professor of radiology, University of Alabama School of Dentistry; and Dr. John I. Ingle, professor of endodontics, University of Washington School of Dentistry, will visit dental schools in the six participating countries prior to the October meeting.

The objective of the seminars is to evaluate the teaching of dentistry in the light of social, economic, and political changes in the various countries and of rapid advances in higher education. At present curriculums of the 76 schools of dentistry in Latin America vary from 3 to 6 years.

Research Unit in Ghana

The Public Health Service is establishing a medical research unit in Accra, Ghana, in collaboration with the National Institute of Health and Medical Research of Ghana. The unit will concentrate on research of interest to the Service and of importance to Ghana. Malaria, tuberculosis, leprosy, malnutrition, tropical anemias, hypertension, and cancer are major health concerns in that nation.

The research program will include studies in pathology, infectious disease, biochemistry, epidemiology, and hematology and will be of interest to several institutes of NIH as well as contributing to the research potential of Ghana. The sum of $350,000 was allocated for the project in fiscal 1962.

The National Institutes of Health-West Africa Research Unit-Ghana, will be administered by the National Cancer Institute as a direct extension of its intramural activities. Because of the unusual distribution of cancer in West Africa, studies of malignant disease in Ghana are expected to provide valuable knowledge.

Under an agreement between the two countries, Ghana has set aside land for the project and will provide laboratory facilities and clinical resources. Housing will be made available by the government of Ghana for approximately 30 U.S. scientific and technical personnel.