# Selected Characteristics of Nursing Homes for the Aged and Chronically III

**United States-June-August 1969** 

Statistics on the number of nursing homes, services provided, admissions, discharges, days of care, employees, and rate of occupancy in homes for the aged and chronically ill. Based on data collected from homes during the period June-August 1969.

DHEW Publication No. (HRA) 74-1708

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

Health Resources Administration

National Center for Health Statistics

Rockville, Md. January 1974



Vital and Health Statistics-Series 12-No. 23

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Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. In accordance with specifications established by the National Center for Health Statistics, the Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

Vital and Health Statistics-Series 12-No. 23

DHEW Publication No. (HRA), 74-1708

Library of Congress Catalog Card Number 73-600255

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# SELECTED CHARACTERISTICS OF NURSING HOMES FOR THE AGED AND CHRONICALLY ILL

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#### INTRODUCTION

#### Highlights

The data collected in the Resident Places Survey-3 reveal that approximately 968,000 persons were admitted to the 18,391 nursing homes for the aged and 900,000 persons were discharged during 1968. On the average, 91 percent of the beds in these homes were occupied at the time of the survey. The highest rates of turnover in residents were observed for proprietary homes (1.3 admissions per year per bed) and for nursing care homes (1.2). About a third of all discharges were because of death. The discharge rate for persons discharged dead seems to be more a function of type of service than type of ownership. Over 80 percent of the homes in RPS-3 were either nursing care homes or personal care with nursing homes and these types of homes experienced a discharge rate because of deaths of almost five times that of personal care homes. About 40 percent of those discharged alive were discharged to their own or their families' homes, and 25 percent were discharged to general hospitals.

Since the Resident Places Survey-1 was conducted in 1963, the number of long-term care institutions has increased from 16,370 to 18,391 in 1969. Accompanying this increase is a sizable increase in the percent of homes providing nursing care, from 48 to 63 percent. The proportion of smaller homes, less than 30 beds, decreased by a third and the proportion of larger homes, 50 beds or more, increased from 17 to 37 percent. For all homes in the Resident Places Survey-1 39 percent of the discharges were because

of deaths, and in RPS-3 33 percent were because of deaths. The percent of beds occupied increased from 88 percent in 1963 to 91 percent in 1969.

#### Background and Description of Survey

The data presented in this report are based on the third Resident Places Survey conducted by the Division of Health Resources Statistics (DHRS). The survey was conducted in cooperation with the U.S. Bureau of the Census during June-August of 1969. The first two Resident Places Surveys were conducted in 1963 and 1964 and designated Resident Places Survey-1 and -2, respectively; likewise the survey upon which this report is based was designated Resident Places Survey-3. Hereafter these surveys will be referred to as RPS-1, RPS-2, and RPS-3. Another survey of the institutional population not in the Resident Places Survey series was conducted by DHRS in 1968. Data from that survey are available in several reports in Series 14 of Vital and Health Statistics.

In this report statistics are presented on services provided by the home, average daily occupancy rates, the number of admissions and discharges, the place patient discharged to, the days of care rendered, and the occupation and sex of employees, by the type of service, type of ownership, and bed size of the home. Subsequent reports in this publication series will present other data collected in RPS-3.

#### Sources and Qualifications of Data

Institutional establishments such as nursing homes, homes for the aged, and similar types of

places were included in RPS-3. Two basic criteria for including an establishment in the survey were (1) it must routinely provide some level of nursing or personal care and (2) it must maintain three beds or more for residents or patients. Thus, homes providing only room and board or domiciliary care to aged people were not within the scope of the survey.

RPS-3 was a multiple-purpose survey collecting statistical information about establishments, patients domiciled in the establishments, and the employees of the establishments.

A description of the survey, the sampling frame used, the sample design, and the survey procedures are presented in appendix I. Also in appendix I are imputation procedures, estimation techniques, and estimates of sampling variation. Since the data in this report are national estimates based on a sample and are therefore subject to sampling errors, tables of standard errors are provided in appendix I. Definitions of the terms and the procedure for classifying establishments can be found in appendix II. Facsimiles of questionnaires and forms used in the survey are shown in appendix III.

Reference to the definitions in appendix II is essential to the interpretation of data in this report. Special attention is called to the procedure for classifying homes. The classification of establishments, i.e., nursing homes, personal care with nursing homes, and personal care homes, is based on the type of service provided in the home rather than on what the home may be called or how it may be licensed by the State.

#### INSTITUTIONS

On the basis of data collected in RPS-3 in the summer of 1969, there were an estimated 18,391 institutions in the United States which provided nursing and personal care to the aged and chronically ill. Other surveys (see appendix I for an explanation of these other surveys) conducted at or about this time also collected information about long-term care institutions. As a result, this report will not present detailed information on institutions which may be available from these other surveys, but rather it will present information on services provided by

institutions which is not available from the other surveys.

#### **Routine Personal Services**

The routine services listed on page 2 of the Facility Questionnaire (see appendix III) are provided by most homes. However, some services are provided by fewer homes than others (table 1 and figure 1).

"Medications and treatments administered in accordance with physicians' orders" is a service that is almost always provided, yet "supervision over medications which may be self-administered" is not always provided. Reportedly, 99 percent of the long-term care homes do administer medications and treatments in accordance with physicians' orders, which is what one would expect. Yet only 67 percent of the homes provide "supervision over medications which may be self-administered."

"Rub and massage" and "help with eating" are routine services which are provided in slightly more than 80 percent of the homes. "Help with dressing," "help with correspondence or shopping," and "help with walking or getting about" are services which are provided in about 90 percent of the homes. Comparing the primary types of service of homes, nursing care homes and personal care with nursing homes differ little, proportionately, in providing these routine services. However, personal care homes have substantially lower proportions of homes providing these services than do the other types of homes. Specifically, only 35 percent of the personal care homes provide a "rub and massage," 30 percent provide "help with eating," and less than 50 percent provide "help with walking or getting about."

This latter difference is also reflected in the comparison of nursing homes by bed size and ownership as the smaller homes, those having less than 30 beds, and government-owned homes are generally personal care homes. The proportion of homes providing routine personal services is considerably lower for homes with less than 30 beds than for all other homes, and government-owned homes have slightly lower proportions of homes providing routine services than do nonprofit or proprietary homes.

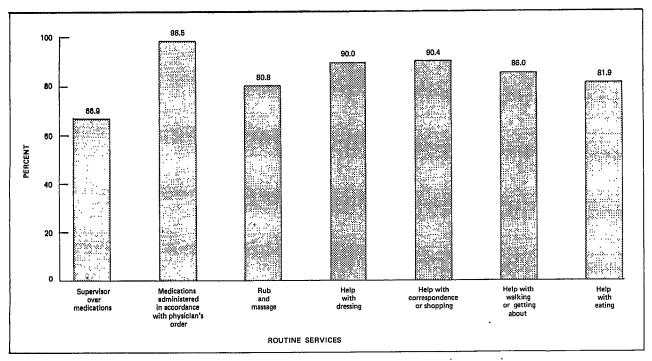


Figure 1. Percent of homes for the aged providing routine services by selected routine services: United States, June-August 1969.

#### Percent Occupancy and Days of Care

One measure of the utilization of nursing homes for the aged is the occupancy rate. This ratio or proportion can be expressed as an annual occupancy rate or as an average daily occupancy rate. The components of each are as follows:

Annual occupancy rate:

aggregate number of days of care in a year number of beds X number of days in year

Average daily occupancy rate:

number of inpatients on day of survey number of beds on day of survey

The annual occupancy rate is the ratio of the number of days of care to the number of days which would have been provided if every bed in every nursing home had been occupied every day. However, it should be noted that the number of beds in a home may change many times in a year and an annual occupancy rate cannot accurately reflect these changes. On the

other hand, the average daily occupancy rate for a characteristic refers to the number of persons occupying beds on an average day in the year. It is a daily rather than an annual rate and as such is not affected by any fluctuable changes in the number of beds. Also, it is quite useful in depicting minor changes in institutional utilization from one year to the next. As a result, the average daily occupancy rate rather than the annual rate will be discussed in the text of this report and will be included in the detailed tables.

As calculated in this report, the number of residents on the register of the nursing home was used as the numerator of the occupancy rate. This included about 1 percent of the residents who were in a hospital or some other place at the time of the survey. Including these persons in the numerator of the occupancy rate gives a more valid picture of the proportion of beds actually available for new admissions.

Table 2 presents average daily occupancy rates by type of service, ownership, and bed size of the home. It should be noted at this point that, although the occupancy rates have increased considerably from RPS-1 to RPS-3, the differences among the rates by types of service and ownership which existed at the time RPS-1 was

Table A. Percent of beds occupied in homes for the aged and chronically ill, by primary type of service and type of ownership of home: United States, April-June 1963 and June-August 1969

		April-Ju	ne 1963		June-August 1969					
Type of service	A11 types of owner- ship	Propri- etary	Non- profit	Govern- ment	All types of owner- ship	Propri- etary	Non- profit	Govern- ment		
All types of ser- vice	88.2	89.0	90.3	84.2	90.9	91.2	91.2	88.6		
Nursing care	90.6	90.6	90.8	90.1	91.0	91.5	90.3	88.5		
Personal care with nursing	88.0	88.3	91.8	79.9	91.6	90.7	93.3	88.2		
Personal care	82.6	82.9	86.4	72.2	87.4	87.0	85.3	92.3		

conducted did not change even 6 years later when RPS-3 was conducted (table A). The exception, however, is the occupancy rate for government-owned personal care homes which increased from 72 to 92 percent. This exception accounted for the only real difference in the rates for RPS-3. The occupancy rate was 92 percent in government-owned personal care homes whereas proprietary and nonprofit personal care homes experienced rates of 87 and 85 percent, respectively.

#### Admissions and Discharges

In this section some comparisons will be made between data from RPS-1 and data from RPS-3. Although RPS-1 was conducted in the spring of 1963, data on admissions and discharges were collected for the year 1962 to obtain totals for the last full calendar year. Also, RPS-3 was conducted in the summer of 1969 and data on admissions and discharges were collected for the year 1968. As a result, the data on admissions and discharges are representative of the years 1962 and 1968 whereas all other data in this report concerning RPS-1 and RPS-3 are rep-

resentative of the years in which the surveys were actually conducted—1963 and 1969.

During 1968 an estimated 968,000 persons were admitted to nursing homes for the aged and 900,000 were discharged. Of the discharges, about one-third were because of death. Table 3 shows how these data are distributed according to the primary type of service provided in the homes, type of ownership, and bed size of the home. The table also shows the number of admissions per bed, a relative measure of turnover which allows a comparison of admissions to the various types of homes. Tables B through D show the distributions of admissions, discharges, and homes for RPS-3 and those for RPS-1.

The ratio of admissions to beds varied by type of service, bed size of home, and type of ownership (table 3). The highest rate of turnover in residents was observed for proprietary homes which had a ratio of 1.3 admissions per year per bed, almost twice that for nonprofit homes and almost three times that for government homes. There was also considerable variation by type of service. The data indicate a more rapid rate of turnover in residents for nursing care homes than for other types of homes; nursing

Table B. Number of admissions to homes for the aged and chronically ill and number of admissions per bed, by primary type of service and type of ownership of home: United States, 1962 and 1968

	<del></del>					
Type of service and type of ownership	Number of	admissions	Number of admissions per bed			
	1962 <sup>1</sup>	1968	1962 <sup>1</sup>	1968		
All homes	402,896	968,750	0.8	1.1		
Type of service						
Nursing care	264,955 93,529 44,412	876,645 69,373 22,732	0.8 0.5 0.8	1.2 0.5 0.5		
Type of ownership						
Proprietary	281,545 57,761 63,590	788,142 140,374 40,234	0.8 0.4 0.7	1.3 0.7 0.5		

<sup>&</sup>lt;sup>1</sup>These figures were selected from a published report on Resident Places Survey-1, conducted in April, May, and June of 1963, <u>Vital and Health Statistics</u>, Series 12-No. 4. The 1962 figures were adjusted to exclude hospitals in order that the figures would be compatible with 1968 figures. Bed sizes were not compared because data by bed size for 1962 were not available.

care homes had about 1.2 admissions per year per bed compared with 0.5 admissions per bed for personal care with nursing homes and personal care homes. There was little variation in the ratio by bed size of home. Generally the rate was slightly higher for homes having less than 200 beds (about 1.2) than for homes having 200 beds or more (about 0.8).

Comparing the rates of turnover for 1962 with those for 1968 (table B), it was found that the ratio increased considerably for nursing care homes, from 0.8 to 1.2 admissions per year per bed. The rate of turnover remained unchanged at 0.5 for personal care with nursing homes and decreased somewhat, from 0.8 to 0.5, for personal care homes.

About a third of all discharges from nursing homes for the aged were because of death. These deaths represent approximately 15 percent of all deaths in the United States in 1968. This same

proportion, the percent of deaths occurring in homes for the aged, was about 10 percent in 1962 (table D).

The death rate in 1968 of 366 per 1,000 residents was about six times that of the U.S. population 65 years and over (62 per 1,000). In 1962, the death rate of 308 per 1,000 residents was only five times that of the U.S. population 65 years and over.

The proportion of death discharges varied somewhat by type of service. In homes providing nursing care and personal care with nursing the proportion was about five times as large as that in personal care homes. This difference is probably due more to the characteristics of residents (age, sex, and health) being treated in the homes than to any other factor.

An in-depth study of residents by type of service of homes can be found in a previous report<sup>1</sup> from RPS-1. Detailed information about

Table C. Number and percent distribution of homes for the aged and chronically ill by primary type of service, type of ownership, and bed size of home: United States, April-June 1963 and June-August 1969

Type of service, type of ownership,	April-J	une 1963	June-August 1969		
and bed size	Number	Percent	Number	Percent	
All homes	16,370	100.0	18,391	100.0	
Type of service  Nursing care Personal care with nursing Personal care	7,834 4,968 3,568	47.9 30.3 21.8	11,576 3,768 3,047	62.9 20.5 16.6	
Type of ownership  Proprietary Nonprofit Government	13,428 2,012 930	82.0 12.3 5.7	14,161 2,847 1,383	77.0 15.5 7.5	
Bed size  Less than 30 beds 30-49 beds 50-99 beds 100 beds or more	10,502 3,059 1,921 888	64.2 18.7 11.7 5.4	8,100 3,574 4,573 2,144	44.0 19.4 24.9 11.7	

residents surveyed in RPS-3 has been published recently.  $^{15}$ 

By type of ownership, the proportion of death discharges was slightly higher for government institutions. In 1962 just the opposite was true. that is, the proportion of death discharges was lower for government institutions (table D). It seems that during the 6 years between RPS-1 and RPS-3, the proportion of death discharges decreased for every type of service and type of ownership class except government institutions. which actually increased. It should be noted that in 1962 the higher rate of death discharges for proprietary and nonprofit institutions was thought to be more a function of type of service than type of ownership. The reason was that about 90 percent of the homes were either nursing care homes or personal care with nursing homes and these types of homes experienced a rate of death discharges twice that of personal care homes.

Interestingly enough the situation seems unchanged. For RPS-3 about 83 percent of the homes were either nursing care homes or personal care with nursing homes, and these types of homes experienced a rate of death discharges almost five times that of personal care homes. In addition, from RPS-1 to RPS-3 the number of government homes increased by more than 450 (table C) and most of these homes were nursing care homes. This may be one explanation why the proportion of death discharges for government homes increased by 45 percent during this period.

Data on place patient discharged to are available from RPS-3; data on admissions by former place of residence are available from the 1968 Nursing Home Survey (see appendix I), conducted a year earlier than RPS-3. These data are presented in tables 4 and 5 and in figure 2. Because these two types of data were collected in consecutive years, they may be

Table D. Number of discharges, percent discharged alive, and percent discharged dead from homes for the aged and chronically ill, by primary type of service and type of ownership of home: United States, 1962 and 1968

Type of service and type of ownership	Numbe disch	r of arges	Perc disch ali	arged	Percent discharged dead		
	1962 <sup>1</sup>	1968	1962 <sup>1</sup>	1968	1962 <sup>1</sup>	1968	
A11 homes	378,326	900,521	60.9	66.9	39.1	33.1	
Type of service							
Nursing care	253,156 86,106 39,064	803,365 68,887 28,269	59.6 56.9 77.9	66.1 64.7 92.7	40.4 43.1 22.1	33.9 35.3 7.3	
Type of ownership				:			
Proprietary Nonprofit Government	263,602 53,515 61,209	716,589 145,362 38,568	59.0 58.0 71.2	66.7 69.0 58.3	41.0 42.0 28.8	33.3 30.1 41.7	

<sup>&</sup>lt;sup>1</sup>These figures were selected from a published report on Resident Places Survey-1, conducted in April, May, and June of 1963, Vital and Health Statistics, Series 12-No. 4. The 1962 figures were adjusted to exclude hospitals in order that the figures would be compatible with 1968 figures. Bed sizes were not compared because data by bed size for 1962 were not available.

useful in depicting the movement of older people before and after their stay in long-term care institutions.

Several reports from the 1968 Nursing Home Survey have been published. Data on length of stay of residents collected in RPS-3 will be forthcoming in future reports in this series.

According to the 1968 Nursing Home Survey there were reportedly 801,000 admissions in long-term care institutions in 1967 (table 4). More than half of these patients (54 percent) were admitted from general hospitals and 26 percent formerly resided in their own homes. As many as 10 percent were admitted from another nursing home whereas the remaining 11 percent were admitted from specialty hospitals, mental hospitals, or other places.

According to RPS-3, approximately 602,000 residents were discharged alive from long-term care institutions in 1968, and this represents about

two-thirds of all discharges (table 5). Of those discharged alive 25 percent were discharged to general or short-stay hospitals and almost 40 percent were discharged to the home of the patient or family. About 14 percent were discharged to other long-term care institutions, 3.5 percent to mental and long-term specialty hospitals, and 17 percent to other places.

Examining the place patient discharged to versus the former place of residence, about half of the admissions were from general hospitals and 25 percent of the residents discharged alive a year later were discharged to general hospitals (figure 2). Also, 26 percent of the admissions came from their own homes and 40 percent of the discharges were discharged to their own or their families' homes.

These proportions reflect to an extent the influence of the Medicare program on admission and discharge policies of long-term care in-

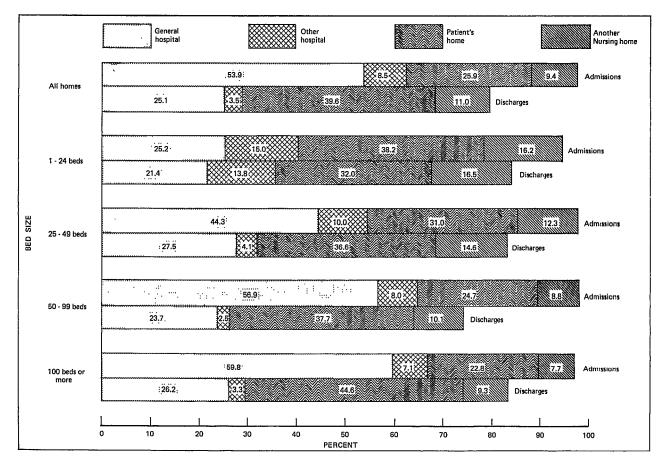


Figure 2. Proportions of admissions and discharges by bed size of home and selected former places of residence and place patient discharged to: United States, 1967 for admissions and 1968 for discharges

stitutions. According to the provisions of Medicare (Title XVIII--Health Insurance Act), after the patient has received 3 consecutive days of care in a hospital, Medicare will pay for up to 100 days of skilled nursing care in a nursing home or other Medicare-approved extended care facility. This payment is made only if the patient is admitted within 14 days of his discharge from the hospital. As a result many general hospitals have arrangements with long-term care institutions which qualify as extended care facilities under the Medicare guidelines concerning patients eligible for or receiving Medicare benefits. It is felt that this type of arrangement is somewhat responsible for long-term care institutions' having such a large proportion of admissions from general hospitals.

In comparing admissions of patients from former places of residence by the bed size of the home, it was found that for small homes (1 to 24 beds) only 25 percent of the patients admitted had resided in general hospitals (table 4 and figure 2). However, this proportion increased steadily with size as evidenced by homes with 100 beds or more where almost 60 percent of the admissions were from general hospitals. The converse was true for persons admitted from their own homes or another nursing home-where the proportion decreased as the bed size of the home increased. In homes having less than 25 beds, 38 percent of the admissions formerly resided in their homes and 16 percent formerly lived in another nursing home. In larger homes (100 beds or more) only 22 percent had previously lived at home and 8 percent formerly resided in another nursing home.

For discharges, comparing the proportions by place of discharge and bed size of home, only slight variations are noted.

## Services Provided by Sources Outside the Home

In contrast to routine personal services, other services are provided to residents on a regular basis by outside sources through contract or other fee arrangements with a home.

Of the 11 such services listed on the Facility Questionnaire, physician services (M.D. or D.O.) are provided by more homes (45 percent) than any other service (figure 3). Pharmaceutical services, dietary services, food services, and housekeeping are contractual services provided to residents in more than 30 percent of all long-term care homes, whereas each of the remaining services is provided in less than 25 percent of the homes.

There is a great deal of variation in the provision of contract services among the primary types of service of homes as shown in table 6. This variation seems to be a direct function of the level of care rendered by each type of service.

The proportions of nursing care homes providing contract services, except for food service and housekeeping, are much greater than the proportions of personal care with nursing homes providing contract services. In addition, the proportions of personal care with nursing homes providing contract services are considerably greater than the proportions of personal care homes providing these services.

The variation between the different types of ownership is minimal; however, there is considerable variation when comparing the bed size of homes. The proportions of homes providing contract services increase sharply with bed size. Few of the homes with less than 30 beds provide contract services, whereas homes having 50 beds or more are much more likely to provide contract services than are other homes.

#### **Employees**

Although there were 24 occupational categories within the scope of RPS-3, several were combined in the detailed tables because of low frequencies. Data on administrators and assistant administrators are not presented separately but, rather, are included in the totals for all employees and professional employees. Detailed

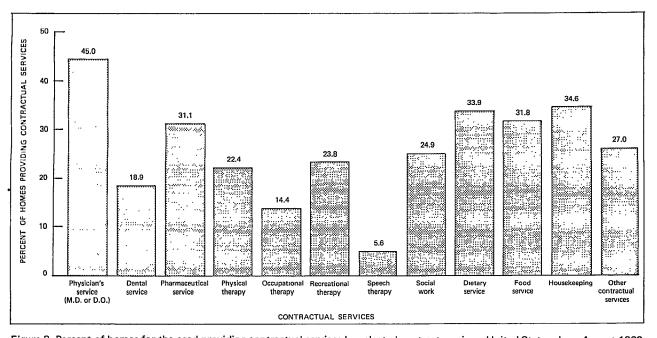


Figure 3. Percent of homes for the aged providing contractual services by selected contract services: United States, June-August 1969.

Table E. Percent distribution of employees in homes for the aged and chronically ill by status of employees, according to geographic region and bed size of home: United States, 1969

[Excludes Alaska and Hawaii]
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		Geographic region				Bed size					
Employee status	A11 homes	North- east	North Central	South	West	Less than 30 beds	30-99 beds	100- 199 beds	200 beds or more		
		Percent distribution									
All statuses-	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Professional	24.0 76.0	29.1 70.9	20.7 79.3	22.8 77.2	24.5 75.5	31.6 68.4	23.8 76.2	22.0 78.0	20.6 79.4		

information on administrators can be found in two separate RPS-3 reports: *Vital and Health Statistics*, Series 12, No. 18<sup>2</sup> and No. 20.<sup>3</sup>

Professional employees of 14 different occupations (see footnote on table 7 and Card A in appendix III) accounted for only 24 percent of the employees in long-term care institutions in 1969, whereas nonprofessional employees of only seven different occupations accounted for 76 percent. In other words, about one of every four employees in homes for the aged in 1969 was a professional. As shown in table E, this proportion did not vary much by type of ownership of home, but it did vary slightly by size and geographic region (table E). As the bed size of the homes increased, the proportion of employees who were professional decreased. In homes with less than 30 beds, 32 percent of the employees were professionals, whereas in homes having 200 beds or more only 21 percent of the employees were professionals. Regionally, the proportion was highest in the Northeast with 29 percent of the staff being professionals and the lowest was in the North Central with 21 percent of the staff being professionals.

Of the 135,000 professional employees, 70 percent were nurses and 30 percent were other professionals (table 7). This difference accounts

for the high proportion of female professional employees. Females accounted for 88 percent of the entire professional staff of long-term care nursing homes, and 78 percent of these women were nurses. Although the major proportion of male professionals were employed in fields other than nursing, only 12 percent of the professional staff was male. According to size of home, that proportion of the professional staff who were nurses was lower for homes having less than 30 beds than for all other homes. Only 52 percent of the professional staff of homes with less than 30 beds were nurses compared with 70 percent or better for all other homes. Comparing regions and types of ownership (table 8) there is relatively little difference in the proportion of the professional staff who were nurses.

Of the 429,000 employees that were non-professionals, more than 56 percent were nurse's aides, orderlies, or student nurses. Of the remaining nonprofessionals about 37 percent were either food service personnel or housekeeping personnel. These proportions did not vary greatly by region or size of the home; they did vary, however, by sex and type of ownership. For female nonprofessionals, 61 percent were nurse's aides, orderlies, or student nurses and 33 percent were food service personnel or housekeeping

personnel. In contrast, only 25 percent of the male nonprofessionals were nurse's aides, orderlies, or student nurses and 66 percent were food service personnel or housekeeping personnel. By type of ownership of home, the proportion of nonprofessionals employed as nurse's aides,

orderlies, or student nurses in proprietary homes (61.6 percent) was slightly higher than the proportion for government homes (51.4 percent) and considerably higher than that of nonprofit homes (45.7 percent).

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Table 1. Number of homes for the aged and chronically ill and percent providing routine personal services, by type of home, bed size, and type of ownership: United States, June-August 1969

		Routine personal services								
Type of home, bed size, and type of ownership	All homes	Super- vision over medica- tions	Medica- tion admin- istered in ac- cord- ance with physi- cian's orders	Rub and massage	Help with dressing	Help with corre- spond- ence or shop- ping	Help with walking or getting about	Help with eating		
		•			Percent					
Total	18,391	66.9	98.5	80.8	90.0	90.4	86.0	81.9		
Type of home							·			
Nursing care	11,576	60.0	99.5	93.1	96.6	91.5	95.6	95.4		
Personal care with nursing	3,768	72.2	98.8	79.3	90.1	87.1	86.4	82.0		
Personal care	3,047	86.8	94.3	35.6	65.0	90.4	49.2	30.5		
Bed size										
Less than 30 beds	8,100	71.9	97.1	68.8	82.8	88.6	72.9	66.0		
30-49 beds	3,574	63.4	99.6	86.1	93.5	90.7	95.4	91.9		
50-99 beds	4,573	62.0	99.8	93.0	97.3	93.2	97.3	95.9		
100-199 beds	1,835	64.9	99.3	91.1	96.8	90.6	96.4	95.9		
200 beds or more	309	63.4	99.7	91.3	94.2	93.5	94.5	93.2		
Type of ownership										
Proprietary	14,161	64.0	98.1	79.9	90.2	90.5	85.6	81.4		
Nonprofit	2,847	77.4	99.8	87.6	94.6	90.5	93.6	88.7		
Government	1,383	74.8	99.7	75.3	79.0	90.2	74.6	73.6		

Table 2. Percent of beds occupied in homes for the aged and chronically ill, by type of service and ownership and bed size of home: United States, June-August 1969

A.7.7	Bed size								
bed sizes	Less than 30 beds	30 <b>-</b> 99 beds	100-299 beds	300 beds or more					
	Percent								
90.9	90.2	91.7	90.3	88.3					
91.2	90.3	92.0	90.0	90.4					
91.2	89.0	90.6	92.4	89.4					
88.6	91.0	92.1	86.8	86.8					
91.0	92.9	91.7	89.8	87.6					
91.5	93.6	92.0	89.9	89.2					
90.3	89.6	90.1	91.2	86.5					
88.5	88.2	93.2	86.7	87.6					
91.6	88.7	92.3	93.4	89.4					
90.7	87.9	93.0	93.6	97.9					
93.3	93.8	91.6	94.3	93.0					
88.2	91.3	91.1	86.6	84.6					
87.4	86.8	87.7	89.3	96.6					
87.0	86.7	86.2	92.0	99.1					
85.3	80.3	97.1	82.3	93.1					
92.3	94.2	86.9	99.0	_					
	90.9 91.2 91.2 88.6 91.0 91.5 90.3 88.5 91.6 90.7 93.3 88.2 87.4 87.0 85.3	bed sizes       Less than 30 beds         90.9       90.2         91.2       90.3         91.2       89.0         88.6       91.0         91.0       92.9         91.5       93.6         90.3       89.6         88.5       88.2         91.6       88.7         90.7       87.9         93.3       93.8         88.2       91.3         87.4       86.8         87.0       86.7         85.3       80.3	A11 bed sizes  Less than 30 beds  Percent  90.9 90.2 91.7  91.2 90.3 92.0  91.2 89.0 90.6  88.6 91.0 92.1  91.0 92.9 91.7  91.5 93.6 92.0  90.3 89.6 90.1  88.5 88.2 93.2  91.6 88.7 92.3  90.7 87.9 93.0  93.3 93.8 91.6  88.2 91.3 91.1  87.4 86.8 87.7  87.0 86.7 86.2  85.3 80.3 97.1	A11 bed sizes         Less than 30 beds         30-99 beds         100-299 beds           Percent           90.9         90.2         91.7         90.3           91.2         90.3         92.0         90.0           91.2         89.0         90.6         92.4           88.6         91.0         92.1         86.8           91.0         92.9         91.7         89.8           91.5         93.6         92.0         89.9           90.3         89.6         90.1         91.2           88.5         88.2         93.2         86.7           91.6         88.7         92.3         93.4           90.7         87.9         93.0         93.6           93.3         93.8         91.6         94.3           88.2         91.3         91.1         86.6           87.4         86.8         87.7         89.3           87.0         86.7         86.2         92.0           85.3         80.3         97.1         82.3					

Table 3. Number of admissions to and discharges from homes for the aged and chronically ill, number of admissions per bed, percent discharged alive, and percent discharged dead, by type of service, bed size, and type of ownership of home: United States, 1968

Type of service, bed size, and type of ownership	Number of admis- sions	Number of admis- sions per bed	Number of dis- charges	Percent dis- charged alive	Percent dis- charged dead
Tota1	968,750	1.1	900,522	66.9	33.1
Type of service					
Nursing care	876,645	1.2	803,365	66.1	33.9
Personal care with nursing	69,373	0.5	68,887	64.7	35.3
Personal care	22,732	0.5	28,269	92.7	7.3
Bed size				:	
Less than 30 beds	81,648	1.2	90,073	64.3	35.7
30-49 beds	143,993	1.0	125,705	67.0	33.0
50-99 beds	387,070	1.2	354,848	67.7	32.3
100-199 beds	280,844	1.2	265,462	65.5	34.5
200 beds or more	75,195	0.8	64,434	71.3	28.7
Type of ownership					
Proprietary	788,142	1.3	716,589	66.7	33.3
Nonprofit	140,374	0.7	145,362	69.9	30.1
Government	40,234	0.5	38,568	58.3	41.7

Table 4. Number and percent distribution of admissions to homes for the aged and chronically ill by patient's former place of residence, according to type of service, bed size, and type of ownership of home: United States, 1967

Type of service, bed	All adm	nissions	Patient's former place of residence							
size, and type of ownership	Number	Percent	Mental hospital	General hospital	Other hospital	Pa- tient's home	Another nursing home	Other places		
				Percent	distribut	ion				
Tota1	801,013	100.0	3.5	53.9	5.0	25.9	9.4	2.4		
Type of service										
Nursing care	681,797	100.0	2.3	59.2	5.2	22.4	9.1	1.8		
Personal care with nursing	85,090	100.0	7.7	26.6	4.0	46.7	10.1	4.9		
Personal care	34,126	100.0	15.9	16.1	4.6	41.9	13.8	7.7		
Bed size										
1-24 beds	59,659	1,00.0	10.0	25.2	5.0	38.2	16.2	5.4		
25-49 beds	127,714	100.0	4.3	44.3	5.7	31.0	12.3	2.3		
50-99 beds	257,693	100.0	2.4	56.9	5.6	24.7	8.8	1.4		
100 beds or more	355,947	100.0	2.8	59.8	4.3	22.8	7.7	2.5		
Type of ownership										
Government	47,915	100.0	10.3	39.0	4.0	31.1	8.8	6.8		
Nonprofit	109,415	100.0	2.2	41.1	3.4	40.8	7.7	4.5		
Proprietary	643,683	100.0	. 3.1	57.1	5.3	22.9	9.7	1.7		

Table 5. Number and percent distribution of live discharges from homes for the aged and chronically ill by place patient discharged to, according to type of service, bed size, and type of ownership of home: United States, 1968

	All liv	o dia							
	char			P	lace patie	nt discha	rged to		
Type of service, bed size, and type of ownership	Number	Percent	General or short- stay hospital	Long-term specialty hospital	Mental hospital	Another nursing home	Personal care or domicil- iary home	Pa- tient's home or family	Other places
				•					
Total	602,192	100.0	25.1	1.8	1.7	11.0	3.8	39.6	17.0
Type of service							·		
Nursing care	531,385	100.0	25.5	1.3	1.3	10.5	3.9	40.5	17.1
Personal care with nursing	44,601	100.0	27.2	2.7	4.4	15.0	3.2	28.2	19.4
Personal care	26,204	100.0	13.9	10.4	7.0	14.7	1.7	40.7	11.6
<u>Bed size</u>									
Less than 25 beds	42,466	100.0	21.4	7.2	6.6	16.5	2.0	32.0	14.2
25-49 beds	99,737	100.0	27.5	1.9	2.2	14.6	5.5	36.6	11.7
50-99 beds	240,210	100.0	23.7	1.2	1.3	10.1	3.6	37.7	22.4
100 beds or more	219,783	100.0	26.2	1.2	1.1	9.3	3.4	44.6	14.1
Less than 30 beds	57,950	100.0	23.8	5.8	5.6	16.7	3.7	30.9	13.4
30-49 beds	84,249	100.0	26.9	1.9	2.0	14.2	5.0	38.3	11.7
50-99 beds	240,210	100.0	23.7	1.2	1.3	10.1	3.6	37.7	22.4
100-199 beds	173,857	100.0	26.5	1.1	1.0	9.9	2.8	44.8	13.8
200 beds or more	45,925	100.0	25.1	1.6	1.8	6.9	5.6	43.6	15.4
Type of ownership									
Proprietary	478,123	100.0	25.5	1.8	1.7	11.3	3.4	38.9	17.5
Nonprofit	101,582	100.0	22.3	1.6	1.3	9.7	4.4	45.7	15.0
Government	22,484	100.0	28.0	2.0	5.4	10.7	8.9	28.1	16.9

Table 6. Number of homes for the aged and chronically ill and percent providing contractual services on a regular basis through contract or other fee arrangements, by type of home, bed size, and type of ownership: United States, June-August 1969

			Contra	ctual ser	vice	
Type of home, bed size, and type of ownership	Number of homes	Physi- cian's service (M.D. or D.O.)	Dental serv- ice	Pharma- ceuti- cal service	Physical therapy	Occupa- tional therapy
				Percent		
Total	18,391	45.0	18.9	31.1	22.4	1,4.4
Type of home						
Nursing care	11,576	51.6	23.1	38.4	32.0	19.3
Personal care with nursing	3,768	40.8	16.4	22.2	8.9	7.6
Personal care	3,047	25.0	6.0	14.4	2.4	3.9
Bed size			į			
Less than 30 beds	8,100	22.6	7.6	16.3	4.6	5.1
30-49 beds	3,574	50.5	21.5	32.6	20.4	13.2
50-99 beds	4,573	51.8	27.8	46.0	40.7	23.0
100-199 beds	1,835	57.8	35.9	51.8	53.3	30.7
200 beds or more	309	67.6	50.1	58.3	55.7	45.6
Type of ownership						
Proprietary	14,161	42.5	16.6	30.8	22.3	13.6
Nonprofit	2,847	57.2	28.1	34.6	28.0	21.1
Government	1,383	45.2	22.8	27.2	11.5	7.7

Table 6. Number of homes for the aged and chronically ill and percent providing contractual services on a regular basis through contract or other fee arrangements, by type of home, bed size, and type of ownership: United States, June-August 1969—Con.

	Contractual service—Con.								
Recrea- tional therapy	Speech therapy	Social work	Dietary service (dieti- tian)	ervice service dieti- (meal prep-		Other contractual services			
Percent									
23.8	23.8 5.6 24.9 33.9 31.8					27.0			
30.0	8.5	29.5	48.3	33.8	36.5	18.7			
16.9	0.9	21.1	15.3	34.2	35.0	32.8			
6.9	0.1	12.3	2.0	21.3	26.5	51.6			
	[								
9.8	*	14.3	11.4	24.3	27.9	40.5			
25.9	5.9	24.6	35.9	36.4	39.6	21.7			
36.5	8.0	35.3	57.9	37.6	39.3	15.9			
43.8	18.7	44.0	64.6	39.2	40.8	8.4			
40.1	*	42.1	60.2	45.3	43.0	12.0			
23.2	5.8	25.0	34.0	29.9	33.2	28.1			
28.5	5.0	24.3	42.4	39.8	39.4	19.1			
15.8	*	25.7	14.5	34.6	38.7	32.2			

Table 7. Number and percent distribution of employees in homes for the aged and chronically ill by status of employees, according to sex of employees and bed size of home: United States, 1969

		Se	$x^1$		Bed	size	
Employee status	A11 em- ployees	Male	Female	Less than 30 beds	20-99 beds	100-199 beds	200 beds or more
All statuses	564,783	68,134	494,570	71,487	292,721	147,905	52,669
			1	Number		***************************************	
Professional	135,658	16,149	119,105	22,557	69,764	32,488	10,849
Nurses <sup>2</sup> Other professional <sup>3</sup>	94,507 41,151	1,088 15,060	93,186 25,919	11,700 10,857	50,311 19,453	24,635 7,854	7,862 2,987
Nonprofessional	429,124	51,986	375,465	48,930	222,957	115,417	41,821
Nurse's aides, etc.4 Clerical Food service Housekeeping Other nonprofessional	243,927 16,786 85,919 71,747 10,745	12,744 1,578 9,818 24,398 3,447	230,372 15,173 75,774 47,018 7,128	26,517 782 10,771 9,340 1,520	130,099 8,005 45,378 34,943 4,532	67,050 5,366 21,780 18,598 2,624	20,261 2,633 7,991 8,867 2,070
			Percen	t distri	bution		
All statuses	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Professional							
Nurses <sup>2</sup> Other professiona1 <sup>3</sup>	69.7 30.3	6.7 93.3	78.2 21.8	51.9 48.1	72.1 27.9	75.8 24.2	72.5 27.5
Nonprofessional							
Nurse's aides, etc. <sup>4</sup> Clerical Food service Housekeeping Other nonprofessional	56.8 3.9 20.0 16.7 2.5	24.5 3.0 18.9 46.9 6.6	61.4 4.0 20.2 12.5 1.9	54.2 1.6 22.0 19.1 3.1	58.3 3.6 20.4 15.7 2.0	58.1 4.6 18.9 16.1 2.3	48.4 6.3 19.1 21.2 4.9

<sup>1</sup>Figures for "all employees" include 2,046 employees (0.38 percent) forwhom sex was unknown; these employees not included in the subtotals for males or females.

<sup>2</sup>Includes registered nurses, licensed practical nurses or vocational nurses, and

Practical nurses.

3Includes administrators, physicians (M.D. or D.O.), dentists, registered occupational therapists or other occupational therapist assistants, qualified physical therapists or physical therapist assistants, recreation therapists, dietitians or nutritionists, registered medical record librarians or other medical record librarians and technicians, social workers, speech therapists, and other professional persons.

4Includes nurse's aides, orderlies, and student nurses.

Table 8. Number and percent distribution of employees in homes for the aged and chronically ill by status of employees, according to geographic region and type of ownership of home: United States, 1969

	A11		Geographi	c region		Type of ownership		
Employee status	em- ployees	North- east	North Central	South	West	Govern- ment	Non- profit	Pro- prietary
All statuses	564,783	148,446	187,062	146,184	83,091	48,409	135,137	381,237
				Numb	er		,	
Professional	135,658	43,262	38,686	33,368	20,342	10,881	30,064	94,714
Nurses <sup>1</sup> Other professional <sup>2</sup>	94,507 41,151	32,447 10,815	25,523 13,163	23,526 9,842	13,011 7,332	7,424 3,457	20,927 9,137	66, <b>1</b> 57 28,558
Nonprofessional	429,124	105,183	148,376	112,816	62,748	37,528	105,074	286,522
Nurse's aides, etc.3 Clerical Food service Housekeeping Other nonprofessional	243,927 16,786 85,919 71,747 10,745	56,051 4,592 21,752 19,327 3,462	84,164 4,859 30,948 25,103 3,303	68,162 4,603 20,990 16,988 2,072	35,549 2,732 12,230 10,329 1,908	19,301 1,625 7,078 7,758 1,766	47,990 5,410 24,981 22,920 3,774	176,636 9,752 53,860 41,069 5,206
			Pe	rcent dis	tributio	n		
All statuses	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Professional								
Nurses <sup>1</sup> Other professional <sup>2</sup>	69.7 30.3	75.0 25.0	66.0 34.0	70.5 29.5	64.0 36.0	68.2 31.8	69.6 30.4	69.8 30.2
Nonprofessional								
Nurse's aides, etc. <sup>3</sup> Clerical	56.8 3.9 20.0 16.7 2.5	53.3 4.4 20.7 18.4 3.3	56.7 3.3 20.9 16.9 2.2	60.4 4.1 18.6 15.1 1.8	56.6 4.4 19.5 16.5 3.0	51.4 4.3 18.9 20.7 4.7	45.7 5.1 23.8 21.8 3.6	61.6 3.4 18.8 14.3 1.8

<sup>&</sup>lt;sup>1</sup>Includes registered nurses, licensed practical nurses or vocational nurses, and practical

Tincludes administrators, physicians (M.D. or D.O.), dentists, registered occupational therapists or other occupational therapist assistants, qualified physical therapists or physical therapist assistants, recreation therapists, dietitians or nutritionists, registered medical record librarians or other medical record librarians and technicians, social workers, speech therapists, and other professional persons.

Sincludes nurse's aides, orderlies, and student nurses.

#### APPENDIX I

#### TECHNICAL NOTES ON METHODS

#### Survey Design

General.—The Resident Places Survey-3 (RPS-3) was conducted during June-August 1969 by the Division of Health Resources Statistics in cooperation with the U.S. Bureau of the Census. This was a sample survey of nursing and personal care homes in the conterminous United States which provide care to the aged and infirm patients. Collected in the survey were data about the sample establishment itself, about the health of a sample of the patients or residents, about the administrator of the establishment, and about a sample of the employees.

Resident Places Survey-3 (RPS-3) is the third such survey of the institutional population, the previous surveys being designated as RPS-1 and RPS-2. Several reports on the results of RPS-1, RPS-2, and RPS-3 have been published. In addition to these, other surveys of the institutional population have been conducted by the Division of Health Resources Statistics—in particular, the 1968 Nursing Home Survey and the Master Facility Inventory Surveys for 1967 and 1969. Reports on these surveys can be found in Series 14.

Sampling frame.—The list of nursing and personal care homes included in the 1967 Master Facility Inventory (MFI) was the primary sampling frame (universe) for Resident Places Survey-3. The MFI was supplemented by a list of new homes, "Births," which were possibly within scope of RPS-3 but were not confirmed in the 1967 MFI survey. The Births had been reported in the Agency Reporting System (ARS) as being in operation at the time of the survey. (A description of the MFI and ARS has been published).<sup>16</sup>

To be eligible for the survey, establishments must have maintained at least three beds and routinely provided some level of nursing or personal care. Thus, a home providing only room and board or domiciliary care to its residents was not eligible for RPS-3 even if it was a home for the aged. The classification scheme for homes is described in appendix II.

Sample design.—The sample was a stratified twostage probability design; the first stage was a selection of establishments and their administrators, and the second stage was a selection of residents and employees of the sample establishments. In preparation for the first-stage sample selection, establishments listed in the MFI were sorted into three types of service strata: nursing care homes, personal care with nursing homes, and personal care homes. The Births from the ARS were treated as a fourth type of service stratum. Each of these four strata was sorted into seven bed-size groups, producing 28 primary strata as shown in table I. MFI establishments were ordered by type of ownership, State, and county. The sample of MFI establishments and the Births were then selected systematically after a random start within each primary strata. Table I shows the distribution of establishments in the sampling frame and the final disposition of the sample with regard to response and in-scope status.

The second-stage sample selection of residents and employees was carried out by Bureau of the Census interviewers at the time of their visit to the establishments in accordance with specific instructions given for each sample establishment. The sampling frame for residents was the total number of residents on the register of the establishment on the day of the survey. The sampling frame for employees was the Staff Information and Control Record (HRS-4e, appendix III) on which the interviewer listed the names of all employees of the establishment and sampled only professional and semiprofessional employees by using predesignated sampling instructions that appeared at the head of each column of this form.

Survey procedures. - The U.S. Bureau of the Census collected the data according to specifications of the Division of Health Resources Statistics. The initial contact with an establishment was a letter (HRS-4g-1, appendix III) signed by the Director of the Bureau of the Census mailed prior to a personal visit to each sample facility. This letter was accompanied by the facility and administrator questionnaires (HRS-4a and HRS-4b, appendix III). The respondent for the facility questionnaire was usually the administrator or another member of the staff designated by the operator of the establishment. Information on the administrator questionnaire was self-enumerative and was completed by the person who was designated as administrator by the owner or operator of the sample facility. These two forms were collected by an interviewer during the personal visit to the facility and were edited for completeness and consistency at that time. The resident

NOTE: The list of references follows the text.

Table I. Distribution of homes in the Resident Places Survey-3 universe and disposition of sample homes according to primary strata (type of service and bed size of home): United States

	<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>						
		1	Number of ho	mes in samp	nes in sample		
Type of service and bed size	Universe <sup>1</sup> (sampling frame)	A11	Out of scope or	In scope busi			
	Traile)	homes	out of business	Nonre- sponding homes	Re- sponding homes		
All types of services	21,301	2,088	153	81	1,854		
Nursing care	10,480	1,289	48	66	1,175		
Less than 15 beds	858 1,756 3,448 3,166 1,062 126 64	21 88 260 477 316 64 63	4 13 16 4 9 1	2 3 10 24 24 2 1	15 72 234 449 283 61 61		
Personal care with nursing	3,608	402	35	7	360		
Less than 15 beds	941 767 828 612 332 82 46	24 37 62 92 100 41 46	6 9 7 3 6 1 3	1 3 2 1	18 28 54 86 92 40 42		
Personal care	4,725	183	42	3	138		
Less than 15 beds	2,937 988 561 183 48 6	60 40 35 24 17 5 2	16 11 5 3 5 2	- - 1 2	44 29 30 20 10 3 2		
"Births" 2	2,488	214	28	5	181		
Unknown bed size <sup>3</sup>	473 304 255 492 681 241 30	6 11 31 83 58 13	- 2 3 3 4 7 3 6	131	4 8 27 76 50 10 6		

<sup>&</sup>lt;sup>1</sup>The universe for the RPS-3 sample consisted of the nursing and personal care homes included in the Master Facility Inventory and the Agency Reporting System.

<sup>2</sup>Births consist of those homes which were assumed to be in scope of RPS-3 but for which current data were not available.

<sup>3</sup>Births of unknown bed size were inadvertently excluded from frame.

information was obtained during the personal interview to the sample establishment. The sample of residents within an establishment was selected systematically according to predetermined sampling schemes. The interviewer was asked to list on the back of the Current Patient Questionnaire (HRS-4f, appendix III) all the residents or patients in the sample and to complete the health information for each of the sample patients from personal knowledge of a staff member of the establishment who had close contact with the resident and first-hand knowledge of the resident's health condition.

The staff information was obtained by means of a self-enumeration questionnaire (HRS-4c, appendix III).

The usual checks and followups were performed during the course of the survey. The completed questionnaires were edited and coded by the National Center for Health Statistics and the data were processed on an electronic computer. This processing included assignment of weights, ratio adjustments, and other related procedures necessary to produce national estimates from sample data.

#### General Qualifications

Nonresponse and imputation of missing data.— Statistics presented in this report were adjusted for failure of a home to respond. Data were also adjusted for nonresponse which resulted from failure to complete one of the questionnaires or the failure to complete an item on a questionnaire.

Rounding of numbers.—Estimates relating to residents and employees have been rounded to the nearest hundred and homes or administrators to the nearest ten. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree with percents which might be calculated from rounded data.

Estimation procedure.—The statistics presented in this report are essentially the result of ratio estimation techniques. These techniques have been described in the appendixes of earlier publications. <sup>1-3</sup>, <sup>5-15</sup>

Reliability of estimates.—Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures. As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

The sampling error (or standard error) of a statistic is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases.

NOTE: The list of references follows the text.

The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. As calculated for this report, the standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about two out of three that an estimate from the sample differs from the value which would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

Table II. Approximate standard errors of estimated numbers of homes shown in this report

Number of homes	Standard error	Number of homes	Standard error
100 200 300 400 500 700 800 1,000	34 48 59 68 76 82 94 100 105	2,000- 3,000- 4,000- 5,000- 6,000- 7,000- 8,000- 10,000- 15,000- 20,000-	146 174 196 210 228 238 240 252 250 240 160

Table III. Approximate standard errors of estimated numbers of beds, admissions, discharges days of care, and employees shown in this report

Size of estimate	Standard error	Size of estimate	
1,000 2,000 3,000 4,000 5,000 6,000 8,000 9,000 10,000 20,000 30,000 40,000 50,000	34 474 579 668 750 822 882 944 1,008 1,500 1,500 1,830 2,120 2,350	60,000 70,000 80,000 90,000- 100,000- 200,000- 400,000- 500,000- 700,000- 800,000- 900,000-	2,580 2,800 2,960 3,150 3,300 4,800 5,700 6,800 7,500 8,400 9,100 9,600 7,900

Standard errors of aggregates shown in this report can be obtained from tables II and III of this appendix. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Standard errors of estimated percentages shown in this report can be obtained from tables IV and V.

Table IV. Approximate standard errors, expressed in percentage points, of percentages of homes shown in this report

	Estimated percent						
Base of estimated percent (number of homes)	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
			Sta	ndard erro	or	<u>.                                    </u>	
200	2.4 1.5 1.1 0.8 0.6 0.5 0.4 0.4 0.4 0.3 0.2	5.3 3.3 2.3 1.7 1.4 1.2 1.1 0.9 0.8 0.8 0.7	7.2 4.6 3.2 2.3 1.9 1.6 1.4 1.3 1.2 1.1	9.6 4.3 0.5 2.2 1.8 1.5 1.4 1.0	11.0 7.0 4.9 3.5 2.9 2.5 2.2 2.0 1.9 1.7 1.6 1.6	11.8 7.5 5.3 3.7 3.0 2.6 2.4 2.2 2.0 1.9 1.8 1.7	12.1 7.6 5.4 3.8 3.1 2.7 2.4 2.2 1.9 1.8 1.7

Table V. Approximate standard errors, expressed in percentage points, of percentages of beds, admissions, discharges, days of care, and employees shown in this report

	Estimated percent						
Base of estimated percent	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
			Sta	ndard err	or		
1,000	3.3 2.4 1.5 1.1 0.7 0.6 0.5 0.4 0.3 0.2 0.1	7.3 5.2 3.3 2.3 1.6 1.3 1.2 1.0 0.8 0.7 0.5	10.0 7.1 4.5 3.2 2.2 1.8 1.6 1.4 1.1 1.0 0.7 0.4 0.3	13.4 9.5 6.0 2.0 2.4 1.5 1.5 0.6 0.4	15.3 10.8 6.9 4.8 3.4 2.2 1.7 1.5 0.7	16.4 11.6 7.3 5.2 3.7 3.0 2.3 1.8 1.62 0.7	16.7 11.8 7.5 5.3 3.7 3.1 2.4 1.9 1.7 0.6

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#### APPENDIX II

#### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### **Demographic Terms**

Bed.—A bed is defined as one set up and regularly maintained for patients or residents. Beds maintained for staff and beds used exclusively for emergency services are excluded.

Resident.—A person who has been formally admitted but not discharged from an establishment. All such persons were included in the survey whether or not they were physically present at the time.

Nursing care.—Nursing care is defined as the provision of one or more of the following items:

Hypodermic injection Intravenous injection

Intramuscular injection

Taking of temperature, pulse, respiration, or blood

Application of dressings or bandages

Bowel and bladder retraining

Nasal feeding

Catheterization

Irrigation

Oxygen therapy

Full bed bath

Proprietary home.—A home operated under private commercial ownership.

Nonprofit home.—A home operated under voluntary or nonprofit auspices, including both church-related institutions and institutions that are not church related.

Government home.—A home operated under Federal, State, or local government auspices.

Geographic region.—The regions of the United States (excluding Alaska and Hawaii) that correspond to U.S. Bureau of the Census regions are:

Region

States Included

Northeast ----- Maine, New Hampshire, Vermont, Massachusetts, Rhode Island,

Connecticut, New York, New Jersey,

and Pennsylvania

North Central--- Michigan, Ohio, Illinois, Indiana,

Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas South ----- Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky,

Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma,

and Texas

West ----- Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California,

Hawaii, and Alaska

#### Classification of Homes by Type of Service

For purposes of stratification of the universe prior to selection of the sample, the homes on the MFI were classified as nursing care, personal care with nursing, or personal care. Details of the classification procedure in the MFI have been published.

Due to the 2-year interval between the MFI survey and RPS-3 survey, it was felt that, for producing statistics by type of service from the RPS-3 survey, the homes should be reclassified on the basis of the current data collected in the survey. This classification procedure is essentially the same as the MFI scheme. The three types of service classes delineated for RPS-3 are defined as follows:

- A nursing care home is defined as one in which 50 percent or more of the residents received nursing care during the week prior to the survey in the home, with an RN or LPN employed.
- 2. A personal care with nursing home is defined as one in which either (a) over 50 percent of the residents received nursing care during the week prior to the survey, but there were no RN's or LPN's on the staff, or (b) some, but less than 50 percent, of the residents received nursing care during the week prior to the survey regardless of the presence of RN's or LPN's on the staff, but one or more of the following conditions were met:

- (1) Medications and treatments were administered in accordance with physicians' orders.
- (2) Supervision over self-administered medications was provided.
- (3) Three or more personal services were routinely provided.
- 3. A personal care home is defined as one in which residents routinely received personal care, but no residents received nursing care during the week prior to the survey, and medications and treatments were administered in accordance with physician's orders or supervision over medications which may be self-administered was provided.

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#### APPENDIX III

#### FORMS AND QUESTIONNAIRES



U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS WASHINGTON, D.C. 20233

HRS-4g-1 (4-69)

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Dear Sir:

The Bureau of the Census, acting for the United States Public Health Service, is conducting a survey of nursing homes, homes for the aged, and other establishments which provide nursing care, personal care, or domiciliary care for the aged or infirm. The purpose of this survey is to collect much needed information about both the facilities and the employees and patients. This activity is part of the National Health Survey program authorized by Congress because of the urgent need for more comprehensive and up-to-date health statistics.

This letter is to request your cooperation and to inform you that a representative of the Bureau of the Census will visit your establishment within the next week or so to obtain the needed information. Prior to this visit, the Census representative will call you to arrange for a convenient appointment time. Meanwhile, to save time, I should appreciate your completing the two enclosed questionnaires which request some information about you and your establishment. Our Census representative will pick up these questionnaires when she visits you to obtain the additional desired information.

All the information provided on the questionnaires and given to the Census representative will be kept strictly confidential by the Public Health Service and the Bureau of the Census, and will be used for statistical purposes only.

Your cooperation in this important survey will be very much appreciated.

Sincerely,

a. Ross Ecker

A. Ross Eckler Director

2 Enclosures

INTRODUCTORY LETTER TO ESTABLISHMENT

Budget Bureau No. 68-S69022; Approval Expires August 31, 1969

<del></del>		<del></del>	daget Barcaa No. 00-0050224ppro.		2
NO by	TICE - All information which would persons engaged in and for the purpo	ses of the survey, and will	not be disclosed or released to othe	rs for an	y purposes.
FORM	HRS-4a	(Please con	rect any error in name and address in	cluding 2	ZIP code)
	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS TING AS COLLECTING AGENT FOR TH U.S. PUBLIC HEALTH SERVICE				
	FACILITY QUESTIONNAIRE				
1.	What was the number of inpatient			Number	
2.	During the seven days prior to D question 1 received "Nursing co an inpatient received nursing car	re''' Count each persor	n only once. Consider that		
		eterization	lrrigation	No. of persons	
	Hypodermic injection Intra Blood pressure App	bed-bath evenous injection lication of dressing bandage	Enema Temperature-pulse-respiration Bowel and bladder retraining	persons	
3.	In 1968, what was the total input days of care given to each patier	Days			
4.	In 1968, how many admissions di	Number			
5.	In 1968, how many of the admiss	Number			
6a.	In 1968, how many discharges, e	Number			
, h.	How many patients were dischar	ged to the following place	ces	Tota! No.	How many were Medicare patients?
-	= =				None
	· · · -	-	ept mental)?*		None
					None
		•			None
	(5) personal	care or domiciliary home	o?		None
	(6) patient's	home or family?			None
ĺ	(7) other place	es? (Specify place)			None
7.	In 1968, how many persons died	while patients of this	facility?		None
. 8.	What is the total number of patie (set up and staffed for use) in th		ined	Beds	
9.	What is the total NUMBER OF IN who stayed in your facility last	night? (DO NOT INCLU	IDE EMPLOYEES OR OWNERS)	Number	
10.	During the post seven days, how "Nursing care"? Count each penursing care if he received any				
	Oxygen therapy , Full Hypodermic injection Intra Blood pressure Appl	eterization bed-bath venous injection ication of dressing bandage	Irrigation Enema Temperature-pulse-respiration Bowel and bladder retraining	No. of persons	·

Please continue on reverse side

FACILITY QUESTIONNAIRE

11.	Which of the following services are f a. Supervision over medications which				1 Yes 2 No
	b. Medications and treatments admin	istered in acco	ordance with physicia	ns' orders	1 Yes 2 No
	c. Rub and massage				1 Yes 2 No
	d. Help with dressing				1 Yes 2 No
	e. Help with correspondence or shop				1 Yes 2 No
	f. Help with walking or getting about				1 Yes 2 No
	g. Help with eating				1 Yes 2 'No
	OR h. None of the above services ROUT				
12.	Is this FACILITY participating in th		1 Yes 2 No (Skip to 16)		
13,	How many beds are certified for Med	icare?			Number
14a.	For how many patients is this facilit	y now receivin	ng Medicare payment	s?	Number
ь.	How many of these Medicare patients in this State when admitted to this fo		eir home)		Number
15.	In addition to two physicians, does t	he Utilization	Review Committee i	nclude –	
		1 Yes 2 No			
		b. a social w	orker?		1 Yes 2 No
		c. the nursing	g home administrator	?	1 Yes 2 No
			therapist?		1 Yes 2 No
		e. any other	members? (Specify o	ecupation)	1 Yes 2 No
16.	How many persons are employed in t (include members of religious organi who provide their services.)		ders		Total employees
17.	Last month, were the following servi basis through contracts or other fee			How many persons provided this service?	Last month, how many hours did they spend providing this service?
				No. of persons	Hours
	a. Physician (M.D. or D.O.)	2 🔲 No	1 ☐ Yes→		
	b. Dental	2 🔲 No	1 ☐ Yes→		
	c. Pharmaceutical	2 🔲 No	1 ☐ Yes →		
	d. Physical therapy	2 🔲 No	1 ☐ Yes →		
	e. Occupational therapy	2 🔲 No	1 ☐ Yes →		
ļ	f. Recreational therapy	2 🔲 No	1 ☐ Yes →		
	g. Speech therapy	2 🗀 No	1 🔲 Yes →		
	h. Social worker	2 🔲 No	1 ☐ Yes →		
	i. Dietary (Dietitian)	2 🔲 No	1 ☐ Yes →	<del>_</del>	
	j. Food service (meal preparation)	2 🔲 No	1 ☐ Yes →		
	k. Housekeeping	2 🔲 No	ı ☐ Yes →		
	I. None of above		·	A	
	HR5-4a (4-3-69)				USCOMM-DC

FORM HRS.40 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  STAFF INFORMATION AND CONTROL RECORD		ind	ividua	l wil	be i	neldi and	n which would n strict confid for the purpos sed to others f	Budget Bureau No. 68-S69022 Approval Expires August 31, 1969			Establishment No.			
STAFF			ΞX	RACE				-	Γ					
·	List below the names of all persons who work	M — Male F — Female (b)				1-11 Professional	12 Professional	13-20 Semi-	21_24			POSITION OF STAFF STIONNAIRE		
Line No.	in this facility. Include members of religious organizations and orders who provide their services.					ro	Circle	SW TE		Po not fill				Line No.
,,,,,	Note: Be sure to list administrator and assistant administrator.					er :					ted		Date received	] No.
	administrator, (a)	I M	2 F	7 W	2 N	3	all persons (d)	sample sam persons pers	sample persons (f)	Do not fill staff ques- tionnaire (g)	Completed	le ft	in R.O.	
1														ı
_2_					L.,						L			2
_3											<u> </u>			3
4														4
5														5
6	<u> </u>													6
7											_	<u> </u>		7
8												<u> </u>		8
9														9
10														10
					-						_			
12														12
14														13
15		—	$\vdash$		<u> </u>		!					-	i	14
16								<u></u>						16
17														17
18														18
19.						П							<del></del>	19
20_														

STAFF INFORMATION AND CONTROL RECORD

Which of the following job categories best fits the job which this employee does in this facility?

- I. Administrator
- 2. Physician (M.D. or D.O.)
- 3. Dentist
- 4. Registered Occupational Therapist
- 5. Qualified Physical Therapist
- 6. Recreation Therapist
- 7. Dietitian or Nutritionist
- 8. Registered Medical Record Librarian
- 9. Social Worker
- 10. Speech Therapist
- II. Other professional occupations
- 12. Registered Nurse
- 13. Occupational Therapist Assistant
- 14. Physical Therapist Assistant
- 15. Other Medical Record Librarians and Techicians
- 16. Licensed Practical Nurse or Vocational Nurse
- 17. Practical nurse
- 18. Nurse's aide
- 19. Orderly
- 20. Student nurse
- 21. Clerical, bookkeeping, or other staff
- 22. Food service personnel (cook, kitchen help, etc.)
- 23. Housekeeping personnel (maid, laundryman, maintenance man, etc.)
- 24. Job other than those listed above (Please describe employee's duties)

FORM HRS-4k (3-27-69) USCOMM-DC

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

LIST OF SELECTED JOB CATEGORIES

LIST OF SELECTED JOB CATEGORIES

NOTICE — All information which would permit identification of the individual will be held by persons engaged in and for the purposes of the survey, and will not be disclosed or rele	in strict confidence ased to others for a	, will be used only ny purposes.
ORM HRS-4c U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  ACTING AS COLLECTING AGENT FOR THE	ent No.	B. Line No.
H C BUDLIC UEALTH CEDVICE	rson completing f	orm
The U.S. National Health Survey of the Public Health Service is conducting a nationwide survey in nursing homes, homes for the aged, and other related types of establishments. The purpose of the survey is to obtain certain information about the staff employed in these establishments as well as about the health of patients or residents in the establishments.  Please complete the form and return it within 5 days  Your answers will the U.S. National H. Census. The information individual identified.	ealth Survey and mation will be us will be presented person or estab	the Bureau of the ed for statistical in such a manner
to the Bureau of the Census, Washington, D.C. 20233, in the postage-paid envelope provided.	Month	Year
. When were you born?	11000	1.500
. How many years have you worked as a	No. of years	No. of months
a. in this facility?b. in other nursing homes, homes for the aged, or similar facilities?	No. of years	No. of months
c. in hospitals? (NOTE TO NURSES: Do not include special duty or private duty nursing.)	No. of years	No. of months
a. How many hours did you work LAST WEEK IN THIS FACILITY ONLY?  b. How many of these hours did you spend LAST WEEK performing EACH of the following services IN THIS FACILITY ONLY—	Hours	
(1) administration of the facility?	•••	None
(2) nursing care?	•••	None
(3) medical and dental care?	<u></u>	None
(4) physical therapy?	-	None
(5) occupational therapy?		∏ None
(7) speech and hearing therapy?		None
(8) social work? · · · · · · · · · · · · · · · · · · ·		None
(9) clerical work?		None
(10) kitcheri/dietary work, grocery shopping?	•••	None
(11) housekeeping services?		None
(12) other services? (Specify service)	•••	None
Besides the hours worked IN THIS FACILITY, how many additional hours did you work in your profession LAST WEEK?		None

Please continue on reverse side

#### STAFF QUESTIONNAIRE

5.	What is the highest grade you complet in school?	Circle highest grade completed a. Elementary school										
			d. Nursing school	(diploma) [ 2	. 3							
<b>[</b>	While the fall of the second	1	Mark all that a	pply	Major field of study							
0.	Which of the following degrees do you	ten or me following degrees do you have:			Associate degree or certificate							
			Bachelor's degree									
			Master's degree									
			Doctorate (M.D., D.O., Ph. D., etc.)									
1			None of these									
Г			Mark all that ap	ply								
7.	Which of the following professional de	agrees,	Physician (M.	D.)								
1	licenses, or association registrations		Physician (D.	0.)								
			Registered Nurse (R.N.)									
			Licensed Practical or Vocational Nurse (L.P.N. or L.V.N.)									
			Registered Physical Therapist (R.P.T.)									
1			Registered Occupational Therapist (O.T.R.)									
1		_	Other professional degree, license, or association registration (Specify)									
		-	,									
			None of the at	oove								
Г			Fill Cols. (2)–(4) for each "Yes" answer in Col. (1)									
8.	Have you ever taken any of the following courses:		TOTAL NUMBER of courses taken	How many COURSES were taken while working for a degree or diploma?	What were the TOTAL HOURS of class instruction? Number of hours per week times number of weeks attended per course							
ı	(1)		(2)	(3)	(4)							
	a. Nursing care of the aged or chronically ill?	1 Yes										
l	b. Medical or dental care of the aged or chronically ill?	1 Yes										
	c. Mental or social problems of the aged or chronically ill?	1 Yes										
	d. Physical therapy or rehabilitation?	1  Yes										
	e. Occupational therapy?	1  Yes										
	f. Nutrition or food services?	1  Yes										
_	g. Nursing home administration?	1 🔲 Yes '2 🔲 No										
FOI	M HRS-4C (4-8-69)				USCOMM-DC							

USCOMM-DC

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Budget Bureau No. 68-S69022: Approval Expires August 31, 1969

Budget Bureau No. 68-569022; A	pprovai Expires A	ugust 31, 1909
NOTICE – All information which would permit identification of the individual will be held in s by persons engaged in and for the purposes of the survey, and will not be disclosed or release	trict confidence, v	will be used only purposes.
FORM HRS-4b U.S. DEPARTMENT OF COMMERCE A. Name of (4-4-69) BUREAU OF THE CENSUS	administrator	
ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE		
B. Establis	hment No.	
ADMINISTRATOR QUESTIONNAIRE		
The U.S. National Health Survey of the Public Health Service is conducting a nationwide survey in nursing homes, homes for the aged, and other related types of establishments. The purpose of the survey is to obtain certain information about the staff employed in these establishments as well as about the health of patients or residents in the establishments.  Your answers will be git the U.S. National Health the Census. The information about the staff employed in these establishments as well as about the health of patients or residents in the establishments.	th Survey and to ation will be us will be present ual person or o eration.	he Bureau of ed for statis- ted in such a establishment
1. When were you bom?	Month	Year
2. In what State (or foreign country) were you born?	State or foreign o	country
3. How long have you been the administrator	No. of years	No. of months
a. in this facility?		
	No. of years	No. of months
b. in other nursing homes, homes for the aged, or similar facilities?	No. of years	No. of months
	No. or years	No. of monuts
c. in hospitals?	1 Yes (4b)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	2 No (Skip 1	to Q.5)
b. For how many other NURSING HOMES?	Number	
c. What is the number of patient beds in EACH of the other NURSING HOMES?		
5a. How many hours did you work LAST WEEK IN THIS FACILITY ONLY?	Hours	
b. How many of these hours did you spend LAST WEEK performing EACH of the following services IN THIS FACILITY ONLY —	<u> </u>	
(1) administration of the facility?		None
(2) nursing care?		None None
(3) medical and dental care?		☐ None
(4) physical therapy?		☐ None
(5) occupational therapy?		☐ None
(6) recreational therapy?		None
(7) speech and hearing therapy?		None
(8) social work?		None
(9) clerical work?		None None
(10) kitchen/dietary work, grocery shopping?		☐ None
(11) housekeeping services?		☐ None
(12)other?, (Specify service)		☐ None
6. Besides the hours worked IN THIS FACILITY, how many additional hours did you work in your profession LAST WEEK?		None
7. As an administrator, are you self-employed or a salaried employee?	1 Self-empl	
	2 Employed	-

Please continue on reverse sid

ADMINISTRATOR QUESTIONNAIRE

			· · · · · · · · · · · · · · · · · · ·				
	Circle highest grade	completed					
8. What is the highest grade you completed in school?	a. Elementary school.	4 5 6 7 8 } Skip to					
	D. High school		4 5 0.10				
	c. Junior college						
	d. Nursing school (dipl	oma)   2 3					
	e. College	1 2 3	4 5 or more				
	Mark all that apply		Major field of study				
	Associate degree						
9. Which of the following degrees do you have?	or certificate	• • • • • • • • • • • • •					
	Bachelor's degree	Bachelor's degree					
	☐ Master's degree .	• • • • • • • • • • • • • • • • • • • •					
	Doctorate (M.D., C or Ph.D., etc.)						
	None of these						
10. Which of the following professional degrees, licenses, or association registrations do	Mark all that apply						
you have?	you have? Physician (M.D.)						
	Physician (D.O.)						
	Registered Nurse						
	Licensed Practica						
1	al Therapist (R.P.T.)						
	Registered Occup						
	Other professiona association regis						
	☐ None of the above						
11a. Have you ever taken any courses in nursing h	ome administration?	4 T Y = 414	- The 101 - 10 - 10				
			2 No (Skip to Q. 12a)				
b. How many of these courses have you taken?		Number					
c. What were the TOTAL hours of class instruc number of hours per week times number of we	Hours						
12a. Did you ever receive any "on-the-job" traini a nursing home administrator?	1 Yes (12b). 2 No (Skip to Q, 13)						
b. How long did this training last?	Months						
c. Where did you receive this training?	Name of place						
13. Have you had any other education or training nursing home administration?	1 Yes - Describelow						
FORM HRS-4b (4-4-59)			USCOMM-DC				

#### U.S. NATIONAL HEALTH SURVEY RESIDENT PLACES SURVEY - 3

Name of sample person						Line No.				
1. What is — — date of birth	?		Month	Day		Year	0	R <sup>Age</sup>		
2. Sex	1[	Male	2 <u>Fem</u>	ale						
3. Race	1[		2 🔲 Negr	0		3 □ 0	ther nonv	vhite		
4a. What was his marital status at admission?						ited	s 🔲 Nev	ver marrie	đ	
b. What is his marital status now?							s 🗀 Nev	er marrie	j	
5. What was the date of his		Mont	h		Day	Ye	ar			
			2	1	How long	g has he had this o		ondition?		
NR. 1 A.		No	Yes	Less than 3 mos.	3 to 5 mos.	6 to 11 mos.	12 mos. or more			
l .	or impairments does he have			$\vdash$	<u> </u>					
·										
	s (such as mental illness or r				_					
Į	ysis (palsy) due to a stroke .	•		1						
§	stroke			1						
)				1						
1	ies			1				<u> </u>		
i e	due to a stroke			1						
	n									
	• • • • • • • • • • • • • • • • • • • •									
	with back or spine			1					<u> </u>	
I. PERMANENT stiffnes arm, or back	s or any deformity of the foot	t, leg, fingers,								
hernia of abdominal ca	digestive system (excluding solity, liver, or gallbladder tro	stomach ulcer, ouble)								
n. Any other conditions o	r impairments — Specify									
7. At his last physical exam	singting Drimon discossis				<b>!</b> -	<u> </u>		l ·	1	
what was his -	nination, Primary diagnosis Secondary diagnos									
	Any other diagnos									
8. During the past 7 days,	1 Help with dressing,	8 🗆	Temperature – puls	e –	16	Intra	enous in	jection		
which of these services did this patient receive?	shaving, or care of ha		Trespiration Trull bed-bath		17	🔲 Intrar	nuscular i	injection		
Check as many as apply	or shower	10	_ Enema			a C Subcutaneous injection  o Intradermal injection				
	3 ☐ Help with eating 4 ☐ Rub or massage		□ Catheterization □ Bowel or bladder							
	5 Administration of med tions or treatment		retraining Blood pressure		21		of the ab			
	в <u> </u>	14 🗀	Irrigation			servi	ces recei	vea		
	→ Application of sterile dressings or bandages  → Application of sterile dressing or bandages	) 15 <u> </u>	] Oxygen therapy							
9a. Does he USE eyeglasses	?	1	] Yes		2	No No	<u></u>			
b. Does he USE a hearing a	] Yes	2 NO								
10. Does he use any of the fo	illowing aids —				F	or what co	ondition(s	)?		
a. walker?	2 🔲 No	1 🗆 '	Yes —							
b. crutches?	2 🔲 No	ı 🗆 '	Yes							
c. braces?	2 No	1 🗆	_						<del></del>	
d. wheelchair?	2 MO	1 🔲 '	Yes —							
e. any other aids? Specify	2 NO	1 🗀 '	Yes —		-					
Footnotes										
<u></u>										

					How long has he been this way?				If less than 6	
11.	Which of these categories best describes his ability to move about?	Check	Does require nursing	extra	Less than 3 mos.	3 to 5 mos.		12 mos. or more	months, ask: How was he before that? Enter letter	
	a. Capable of going off the premises with or without assistance	•								
	b. Confined to the premises, but does not use a wheelchair									
	c. Needs a wheelchair but requires minimal help in getting around		1 □ Y	2 🗆 N						
	d. Generally confined to bed but up in wheelchair for at least a few hours a day		1 🗆 Y	2 <u>N</u>						
	e. Restricted to total bed rest		ı □ Y	2 🗀 N						
12.	How well can be hear?									
	a. Can hear a telephone conversation on an ordinary telephone (a telephone without an amplifier)									
	b. Can hear most of the things a person says	<u> </u>								
	c. Can hear a few words a person says		1 🗀 Y	2 🗀 N			<u></u>			
	d. Can hear only loud noises		1 🗆 Y	2 📉 N						
12	e. Can't hear anything How well can be see?		1□Y	2 🔲 N			ļ			
13.	a. Can read ordinary newspaper print with or without glasses									
				······································	-					
	b. Can watch television across the room (8 to 12 feet) c. Can recognize the features of people he knows if they are within 2 to 3 feet		· .							
	d. Is blind (If blind ask c, mark here)		v							
14.	How much control does he usually have over his bowels and bladder — normally does he —		1 🗆 Y	2 🗆 N						
	a. Control bladder and bowels?									
	b. Control bladder but not bowels?		1 □ Y	2 🗀 N						
	c. Control bowels but not bladder?		1 🗆 Y	2 🗆 N						
	d. Not control bowels or bladder?		1 □ Y	2   N						
1	e. Is catheterized?		1 🗀 Y	2 N						
15.	Does this patient's behavior require more than the usual nursing time because he is forgetful, uncooperative or disturbing?									
	a. No more than usual					•				
ļ	b. Slightly more									
l	c. Moderately more									
	d. Much more									
ITE	MA – If patient was not here for full month, check here 🔲 a	nd go	to next pers	on.						
16a.	Last month, what was the charge for his lodging, meals, and nu	rsing (	are? Do no	t include	private d	duty nurs	sing.	\$	•	
	What was the TOTAL charge for his care last month?							\$	•	
1/a	(private plans, retirement funds, or we social security, etc.)	public Ifare	assistance			] Initial   Other		nt – life o	are	
	Medicare (Title XVIII)  Medicaid (Title XIX)  VA contract									
b	b. What was the PRIMARY source of payment for his care last month? Mark one only  1 Own income or family support 4 Other public assistance 8 Other — Specify (private plans, retirement funds, or welfare social security, etc.) 5 Church support									
	2   Medicare (Title XVIII)									
18	Patient was not here in December 1968 (Next patient)									
10.	18. What were all of his sources of payment for December 1968?  Same as 17a-b Medicaid (Title XIX) VA contract  Own income or family support Other public assistance (private plans, retirement funds, social security, etc.) Ochurch-support  Social security, etc.) Ochurch-support							care		
l	Medicare (Title XVIII)							-		

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