LONGITUDINAL STUDY OF ELDERLY PEOPLE ADMITTED TO RESIDENTIAL AND NURSING HOMES: 18 MONTHS ON

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BACKGROUND

Fundamental to any understanding of the implications of admission to residential or nursing home care is information about subsequent outcomes in terms of length of stay and changes in dependency. As part of a wider study of residential and nursing home care, the Department of Health has funded a longitudinal survey which is following 2,544 people from 18 local authorities who were admitted to homes between October 1995 and January 1996. All of the admissions were intended to be permanent and were at least partially publicly funded. On admission, data were collected from social workers about the circumstances of the admission and level of dependency of the elderly person. Information is being collected directly from homes about mortality, changes in location, and levels of dependency, six, 18, 30 and 42 months after admission. At each stage social workers are being contacted for information about those people who, for one reason or another, are no longer in residential or nursing home care. This paper summarises the results of the second follow-up, 18 months after admission.

LOCATION AND MORTALITY

At 18 months at least some information about location or mortality was established for 84 per cent of the original sample. Those for whom no information was obtained tended to have higher levels of dependency on admission than those in the survey as a whole, but were not as dependent on admission as those who had died by 18 months. Just under half of those for whom information was available (47 per cent) were still in residential or nursing home care, and a similar proportion (49 per cent) had died. Seven per cent had left residential care. About half of these had been admitted to hospital and half had returned to private households. Of those who had been admitted to hospital, about two-thirds were known to have died.

Those who were originally admitted to nursing home beds (46 per cent of admissions) were, in general, more dependent than those admitted to residential care. The effect of this on survival in each type of bed 18 months after admission is shown in figures 1 and 2. Sixty per cent of those admitted to nursing home beds had died in the home, compared with 35 per cent of those admitted to residential beds. Figure 1 also shows that people admitted to residential beds were nearly twice as likely to have left residential care altogether. Of those who had left, 26 per cent of those admitted to nursing home beds and 18 per cent of those admitted to residential home beds had left within one month of admission. Ninety-five per cent of those who had left nursing beds had died, compared with 80 per cent in residential beds (figure 2). The average length of stay of those who died or left within 18 months of admission was 159 days in nursing beds and 203 days in residential beds.

Fifty-two per cent of the sample were in hospital immediately before admission. Fifty-one per cent of these people had died within 18 months, compared with 41 per cent who were admitted from elsewhere.

Sixty-four per cent of admissions were normally living in private households prior to admission, but the proportion was 72 per cent for those who stayed in residential home care. This probably reflects the fact that those who had been living alone tended to be less dependent and more likely to be admitted to residential than to nursing home care.
Of those people who died during the 18 month period, 27 per cent were very dependent on admission, with a Barthel score of four or less, compared with 11 per cent of those who remained in residential or nursing home care (see figure 3). Thirty-nine per cent of those who died were severely cognitively impaired on admission, compared with 32 per cent of those who remained in care (see figure 4). However, levels of dependency among those who were in a nursing bed at the 18 month follow-up tended to be greater than among those who had died. Sixty per cent were severely or totally dependent on admission and 46 per cent were severely cognitively impaired.

**Figure 3. Dependency of individuals at admission by destination at 18 month follow-up**

<table>
<thead>
<tr>
<th>Dependence</th>
<th>Died (n=986)</th>
<th>In residential or nursing home (n=993)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (Barthel &gt; 12)</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Moderate (Barthel 9-12)</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Severe (Barthel 5-8)</td>
<td>37</td>
<td>21</td>
</tr>
<tr>
<td>Total (Barthel &gt; 4)</td>
<td>43</td>
<td>25</td>
</tr>
</tbody>
</table>

**Figure 4. Cognitive impairment on admission by destination at 18 month follow-up**

<table>
<thead>
<tr>
<th>Degree of confusion</th>
<th>Died (n=986)</th>
<th>In residential or nursing home (n=993)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intact</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Mild</td>
<td>42</td>
<td>40</td>
</tr>
<tr>
<td>Severe</td>
<td>42</td>
<td>32</td>
</tr>
</tbody>
</table>

**MOVERS**

Twelve per cent of those for whom information was available left the home where they were originally placed, excluding those who moved to another home of the same type. Of these, 100 (5 per cent) remained in residential or nursing home care but changed type of home, 73 (3 per cent) went into hospital, and 83 (4 per cent) returned to a private household.

All of those who had left the original home they were admitted to and who went into a private household or hospital were tracked and social workers were asked for the reasons for the change. A total of 143 people have been tracked, of whom 79 were known to have been living outside residential or nursing home care between the six and 18 month follow-ups. People discharged to private households tended to be younger and less dependent on admission. They were more likely to have been admitted for reasons related to functional disablement, the need for rehabilitation and accommodation problems than admissions as a whole. Their main reasons for moving were discontent with institutional care or, more frequently, improvement in functional status. Those re-admitted to residential or nursing homes after being discharged tended to be older and more solitary rather than more dependent than those remaining in the community. There was little evidence of misplacement, and the majority of transfers to other establishments resulted from a deterioration in the elderly person’s condition or because the original home could not cope with the behavioural problems associated with dementia.

**DEPENDENCY**

It is necessary to be cautious when drawing any conclusions about the level of dependency of survivors 18 months after admission, compared with their dependency on admission. This is because social workers completed the assessment on admission and home staff the follow-up assessment. At 18 months, levels of dependency among those remaining in residential or nursing home care tended to be greater than on admission, particularly for physical dependency. Dependency had increased more among those admitted to a residential bed than among those admitted to a nursing bed. However, around 20 per cent of those who survived in residential or nursing homes appeared to benefit (in terms of dependency indicators) from the move into residential or nursing home care.

We are most grateful to the staff in the local authorities which agreed to take part in the survey and to the staff of residential and nursing homes for providing the information for the survey. The main data collection for the survey was undertaken by Research Services Limited (RSL).

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