LONGITUDINAL STUDY OF ELDERLY PEOPLE ADMITTED TO RESIDENTIAL AND NURSING HOMES: 30 MONTHS ON

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BACKGROUND

As part of a wider investigation 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 are no longer in residential or nursing home care. This paper summarises the results of the third follow-up, 30 months after admission.

LOCATION AND MORTALITY

At 30 months, the situation was known for 90 per cent of the original sample. Thirty per cent of those for whom information was available were still in residential or nursing home care and 67 per cent had died (see figure 1). Eight per cent of the original sample had left residential or nursing home care at some time during the 30 months following admission, of whom a third were still alive. Just over half of these individuals were living in private households and the rest had returned to residential or nursing home care or were in hospital.

Those who were originally admitted to nursing home beds (46 per cent of all admissions) were, in general, more dependent on admission than those going into residential care. As a result, survival rates differ considerably between the two types of care. Figure 2 shows the effect of this. The median survival (the time at which one half of the original entrants were still alive, after allowing for those who were not followed up) was 10½ months for those admitted to nursing home beds, compared with 25 months for those admitted to residential beds. Death rates were particularly high in the first few months among those in nursing home beds, with a third dying in the first three months. These rates levelled out at about 3 per cent per month after six months for the combined group, but were gradually rising again by 30 months.

A number of other factors at the time of admission affected subsequent mortality. These were, in order of the size of their effect: being diagnosed with cancer; being highly dependent (measured on the Barthel scale); being older; being a man; being admitted to a nursing home bed; being admitted from a hospital rather than a private residence; and having a respiratory illness. However, being diagnosed with dementia or cardiovascular disease, having had a stroke, or being incontinent at the time of admission had little impact on subsequent survival, after other factors were taken into account. Nor were there any differences according to the area in which the person formerly lived.

Figure 1. Destination at 30 months by type of bed to which originally admitted

Figure 2. Proportion surviving by type of bed to which originally admitted
DEPENDENCY

Of those people who died during the 30 month period, 24 per cent were very dependent on admission, with a Barthel score of four or less, compared with 10 per cent of those who remained in residential or nursing home care (see figure 3). Thirty-eight per cent of those who died were severely cognitively impaired on admission, compared with 33 per cent of those who remained in care (see figure 4). However, those who were in a nursing bed at the 30 month follow-up tended to have been more dependent on admission than those who had died. Fifty-four per cent of those in nursing homes were severely or totally dependent on admission, compared with 48 per cent who had died, and 44 per cent were severely cognitively impaired.

MOVERS

A total of 201 people (8 per cent of all admissions) had left residential or nursing home care during the 30 months following admission. Of these, 95 went into hospital and 106 returned to a private household. In addition, 86 people remaining in residential or nursing home care had changed to a different type of home or bed: 63 had changed to a nursing home or bed and 23 had changed to a residential home or bed.

Overall, 61 per cent of those discharged had died by 30 months, 79 per cent of those who had been admitted to hospital, and 44 per cent of those who had returned to a private household. Nineteen per cent were living in a private household, 10 per cent were living in a residential or nursing home, and 5 per cent were in hospital. No information was available on the location of ten people.

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. 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 the need for rehabilitation and accommodation problems than admissions as a whole.

For individuals discharged to a private household and receiving support from social services, the level of support was fairly high (averaging 12 hours of home care per week). However, the overall burden on social services departments was not great, due to the small numbers discharged and the relatively low incidence of service receipt.

CHANGES IN DEPENDENCY

Some caution is necessary when drawing any conclusions about the level of dependency of survivors 30 months after admission, compared with their dependency on admission, because social workers completed the assessment on admission and home staff the follow-up assessments. At 30 months, levels of dependency among those remaining in residential or nursing home care tended to be greater than on admission. Physical dependency had increased more among those admitted to a residential bed than among those admitted to a nursing bed, while the opposite was true for cognitive impairment. However, around 15 per cent of those who survived 30 months after admission, compared with their dependency on admission, with a Barthel score of four or less, compared with 10 per cent of those who remained in residential or nursing home care (see figure 3). Thirty-eight per cent of those who died were severely cognitively impaired on admission, compared with 33 per cent of those who remained in care (see figure 4). However, those who were in a nursing bed at the 30 month follow-up tended to have been more dependent on admission than those who had died. Fifty-four per cent of those in nursing homes were severely or totally dependent on admission, compared with 48 per cent who had died, and 44 per cent were severely cognitively impaired.

Figure 3. Dependency of individuals on admission by destination at 30 month follow-up

Figure 4. Cognitive impairment on admission by destination at 30 month follow-up

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 (now IPSON-RSL Ltd). For further details about the survey, please contact Lesley Banks at the PSSRU in Canterbury, telephone 01227 823963, email L.A.Banks@ukc.ac.uk.

The PERSONAL SOCIAL SERVICES RESEARCH UNIT (Director: Professor Bleddyn Davies) undertakes social and health care research, focusing particularly on policy research and analysis of equity and efficiency in community care and long term care and related areas, including services for elderly people, people with mental health problems and children in care. The Unit’s work is funded mainly by the Department of Health. The PSSRU was established at the University of Kent at Canterbury in 1974, and from 1996 it has operated from three sites:

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