

Services and Activities Offered to Nursing Home Residents United States - 1968

Statistics on rehabilitative services, recreational activities, and arrangements for physician services provided to nursing home residents, by type of nursing service and bed size of home and number of employees. Based on data collected from April through September 1968.

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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.

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SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*
Data suppressed to comply with confidentiality requirements-----	#

SERVICES AND ACTIVITIES OFFERED TO NURSING HOME RESIDENTS

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BACKGROUND

Data presented in this report were collected in the 1968 Nursing Home Survey, which was a survey of "all" the nursing homes in the United States. (Nursing homes were defined as resident institutions which provided nursing or personal care and maintained three beds or more for patients.) This survey of 18,185 nursing homes was conducted during April-September 1968 and collected selected data on the homes, such as number of residents, admissions, and discharges; admission policies; monthly charges for care; number and kinds of employees; and medical and recreational services offered.

This survey did not collect data on approximately 1,355 homes which opened during the 1-year interval between establishing the universe and conducting the survey. However, basic information on these homes (such as type of service, ownership, and size) was collected in 1969. Using this information, the data collected in the 1968 survey were weighted to account for the existence of these newly opened homes. Thus figures presented in this report reflect information for "all" 19,533 nursing homes in operation in the United States in 1968. (See appendix II for further discussion of the survey universe and weighting procedures.)

The 1968 Nursing Home Survey was the third in a series of *ad hoc* surveys of long-term health care facilities. Resident Places Survey-1, the first of these surveys, was conducted during April-June 1963 and collected data on nursing homes, chronic disease and geriatric hospitals, and nursing home units and chronic disease wards of general and

mental hospitals. Some of the data from this earlier survey will be compared in this report with the data from the 1968 Nursing Home Survey. Further findings of Resident Places Survey-1, as well as a description of its design and methodology, may be found in several previously published reports.¹⁻⁵ Resident Places Survey-2, which was conducted during May-June 1964, is the second of these *ad hoc* surveys and concentrated mainly on nursing homes and geriatric hospitals. This second survey collected more detailed information about each institution, its residents, and its employees.⁶⁻¹⁴ Resident Places Surveys-1 and -2 and the 1968 Nursing Home Survey are all part of the National Health Survey program.¹⁵

This report presents data on the services and activities offered to residents of nursing homes. Other reports from this survey present data on monthly charges for care,¹⁶ employees,¹⁷ and admission policies of the homes.¹⁸ (A brief comparison of the 1968 summary data and data collected in 1963 has also been published.)¹⁹

In order to better interpret the data presented in this report, the reader should review the background material presented in the appendices. This background material includes information on the survey design and procedures (appendix I), general qualifications of the data, weighting, and imputation procedures (appendix II), definitions of terms (appendix III), classification of institutions by type of nursing service (appendix IV), and forms used in the survey (appendix V). Data in this report relate to questions 8-11 and 19 of the 1968 Nursing Home Survey form, shown in appendix V.

INTRODUCTION

With advances in medicine and the resultant improvement in quality of health care in the United States, more and more Americans are reaching and passing the age of 65. As a result, more and more attention is being focused on the problems faced by this older portion of our population. These problems are basically twofold:

- Physical—increasing loss of sight, hearing, and mobility.
- Emotional—feeling unwanted, useless, and alone; lacking a feeling of well-being.

Hospitals are equipped to handle most of the physical problems encountered by older people but are not equipped to handle their emotional problems. In a sense, nursing homes have been delegated this responsibility. Whereas originally their sole functions were to provide food, shelter, and health care to their residents, the current trend calls for nursing homes to provide recreational and rehabilitative services as well.

In an article for the *Journal of Rehabilitation*, Suzanne Harsanyi sums it up this way:

Present-day statistics show that a good number of our aged population do reach a stage when seeking a protective setting (in other words, institutionalization) is necessary. To meet this need without further damaging the individuals, I would like to see institutions set up with the whole personality in mind; while treating a specific illness and helping contain special disabilities, yet allowing other capacities to function at full potential.²⁰

Whether or not our institutions actually do this is an open question. As noted in another article:

The aging person is in a stage of life characterized by physical, psychological, and social deterioration, to which long-term institutional confinement with its monotony contributes. It is also the stage when there is a rapid succession of losses—of family, friends, work, and social identity. The fear of death and lack of future are ever present. The feelings of abandonment by family and

community are real when the person is confined to an institution.^a

There have been many studies and even more theories dealing with the problems faced by older people. One very popular theory, called the activity theory, states that "non-activity and non-use of physical and mental capacities will eventually result in atrophy. Also, boredom and confinement in an unchanging restricted environment quickly results in deterioration of behavior and increasing abnormal mental conditions. Conversely, continued activity is essential to good adjustment in old age."²² Studies have indeed shown that the more a patient engages in activity, the better his morale.

This report presents statistics on the availability of rehabilitative and recreational programs in nursing homes in 1968. The data were collected for the National Center for Health Statistics (NCHS) in a mail survey of all nursing and related care homes in the United States during April-September 1968. Though the statistics do not show how many residents had a feeling of well-being, they do show how many nursing homes offered programs which help to create such a feeling.

REHABILITATIVE SERVICES

Homes

There were 19,533 nursing homes in the United States in 1968. These homes offered a wide variety of nursing care to their patients, ranging from highly skilled nursing services to the bare minimum of personal services. Accordingly, they have been divided into three groups: (1) nursing care (NC) homes—those providing a high degree of nursing care, (2) personal care with nursing (PCN) homes—those providing some nursing care, and (3) personal care (PC) homes—those providing primarily personal care. (See appendix I for a more detailed explanation of the classification of nursing homes.) Table A shows the distribution of these homes by bed capacity. More than half (58 percent) were NC homes and most (88 percent) had fewer than 100 beds. These

^a Reprinted with permission of the National Association of Social Workers, from *SOCIAL WORK*, Vol. 14, No. 2 (April 1969).²¹

two facts should be kept in mind as further comparisons are made.

Table 1, which is an expanded version of table A, indicates the extent to which nursing homes offered rehabilitation programs on the premises. Rehabilitation programs are programs such as physical therapy, occupational therapy, and speech and hearing therapy. The table shows 6,278 nursing homes—just 32 percent of all the nursing homes in the country—providing rehabilitative services. Looking at this positively, however, the 408,145 residents of these homes represented more than half of the 813,335 total residents in all nursing homes (table 2). In ad-

dition, one would expect only a few of the PC homes to offer such services since they provide only a minimum of care to their patients. Likewise, not many of the PCN homes would be expected to have rehabilitative services since they provide only limited nursing care. This is verified in table 3. Only 7 percent of the PC homes and 19 percent of the PCN homes offered rehabilitation programs. On the other hand, 46 percent of NC homes provided rehabilitation programs. This percent, though much higher than the other two, still appears very low. A check of the residents in these NC homes showed that 59 percent of the NC residents (i.e., over 350,000 out of about 600,000) were in homes that provided rehabilitation programs.

Table A. Number of nursing homes, by type of service and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	Nursing homes
All types of service---	19,533
Less than 25 beds-----	7,839
25-49 beds-----	5,129
50-99 beds-----	4,128
100 beds or more-----	2,438
Nursing care-----	11,299
Less than 25 beds-----	2,366
25-49 beds-----	3,741
50-99 beds-----	3,324
100 beds or more-----	1,868
Personal care with nursing-----	3,877
Less than 25 beds-----	1,819
25-49 beds-----	875
50-99 beds-----	657
100 beds or more-----	527
Personal care-----	4,357
Less than 25 beds-----	3,654
25-49 beds-----	513
50-99 beds-----	147
100 beds or more-----	43

Size of the home appears to be an important factor in determining whether rehabilitation services were offered. The average number of residents in homes providing no rehabilitation programs was 31; the average number in homes with rehabilitation programs was 65. The larger the bed size of the home, the more likely it was that the home provided rehabilitation programs. As table 3 shows, only 14 percent of the homes with less than 25 beds had rehabilitation programs, but as the bed sizes got larger, so did the percent of homes offering these programs. In fact, 67 percent of all nursing homes having 100 beds or more offered rehabilitation programs. For NC homes the trend was the same but with slightly higher percentages (ranging from 25 to 75 percent).

As mentioned earlier, there are three major types of rehabilitative services—physical therapy, occupational therapy, and speech and hearing therapy. All other such services have been grouped into the category "other therapy." Physical therapy was offered in more nursing homes (5,582) than any of the other kinds of rehabilitation programs. Occupational therapy followed, with 3,479 nursing homes having such programs. Next came speech and hearing therapy, offered in 1,909 homes, and other therapy programs, which were offered in 523 homes (table 1).

Table B offers a quick look at how many programs were available within individual facilities. Of the 6,278 nursing homes that offered rehabilitation programs, 2,727 (43 percent) offered just one program, 2,092 (33 percent) offered two pro-

Table B. Number and percent distribution of nursing homes by number of rehabilitation programs, according to type of service: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service	Homes with rehabilitation programs	Homes with all four rehabilitation programs	Homes with three rehabilitation programs	Homes with two rehabilitation programs	Homes with one rehabilitation program
	Number				
All types of service-----	6,278	206	1,252	2,092	2,727
Nursing care-----	5,203	189	1,144	1,757	2,113
Personal care with nursing-----	754	10	85	274	385
Personal care-----	321	7	23	61	229
	Percent distribution				
All types of service-----	100.0	3.3	19.9	33.3	43.4
Nursing care-----	100.0	3.6	22.0	33.8	40.6
Personal care with nursing-----	100.0	1.3	11.3	36.3	51.1
Personal care-----	100.0	2.2	7.2	19.0	71.3

grams, 1,252 (20 percent) offered three, and 206 (3 percent) offered all four types. Percentage-wise, NC homes (59 percent) were more likely to have multiple programs than PCN (49 percent) or PC (29 percent) homes.

Residents and Staff

How many residents were actually using these services?

Table C indicates that of the 408,145 residents in nursing homes with rehabilitation programs, only 159,960 were using these services at the time of the survey. (The actual wording of the question was "LAST MONTH, what was the AVERAGE DAILY number of patients receiving these services?" Responses were for each of the four types of rehabilitation programs.) As indicated above, many nursing homes offered more than one rehabilitation program; hence it was very likely that at the time of the survey some residents were participating in more than one rehabilitation program. In terms of actual people, therefore, somewhat less than the 159,960 resi-

dents were actually receiving rehabilitation services. What this means, then, is that on any given day more than 250,000 residents were *not* receiving rehabilitation services even though they resided in nursing homes which offered them.

One explanation for this could be that these people had no need for rehabilitative services. It is also possible that over the course of a month or a year every resident would have received these services. However, it appears more likely that only a small fraction of the nursing home resident population were participating in rehabilitation programs. The very fact that over 405,000 were in nursing homes which did not even offer these services is a good indication of this.

A look at table C will show how many residents were receiving each of the various types of rehabilitative services. The table shows about 64,500 residents receiving physical therapy, 77,000 receiving occupational therapy, 6,500 receiving speech and hearing therapy, and 12,000 receiving other types of therapy. (Again, some

Table C. Number of nursing homes offering rehabilitation programs, residents in these homes, and residents receiving rehabilitation therapy, by type of rehabilitation program and type of service: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of rehabilitation program and type of service	Nursing homes offering rehabilitation programs	Residents in these homes	Residents in these homes receiving rehabilitation therapy
Homes with rehabilitation programs-----	6,278	408,145	159,960
Nursing care-----	5,203	353,066	140,874
Personal care with nursing-----	754	50,040	15,769
Personal care-----	321	5,039	3,317
Homes with physical rehabilitation-----	5,582	377,841	64,527
Nursing care-----	4,812	332,981	57,768
Personal care with nursing-----	589	42,235	5,670
Personal care-----	181	2,626	1,088
Homes with occupational rehabilitation-----	3,479	255,800	76,931
Nursing care-----	2,877	220,592	67,019
Personal care with nursing-----	430	32,114	8,335
Personal care-----	173	3,094	1,576
Homes with speech/hearing rehabilitation-----	1,909	142,411	6,452
Nursing care-----	1,715	132,080	5,757
Personal care with nursing-----	140	9,250	573
Personal care-----	54	1,081	122
Homes with other rehabilitation programs-----	523	38,135	12,051
Nursing care-----	411	32,382	10,330
Personal care with nursing-----	68	4,883	1,190
Personal care-----	43	870	531

residents may have been participating in more than one program, so these numbers do not represent separate and distinct individuals.) Hence, occupational therapy is the program most often used by nursing home residents. Physical therapy, although offered in more homes (5,582 homes compared to 3,479 offering occupational

therapy) and having many more residents in these homes (377,841 residents compared to 255,800 in homes offering occupational therapy), was used by fewer residents than occupational therapy.

Table C also indicates that only 64,527 (17 percent) of the residents in those homes that provided physical therapy actually received it;

in those homes that provided occupational therapy, 76,931, or 30 percent, of their patients received it; and in those homes that provided speech and hearing therapy, 6,452 (5 percent) of their residents received it. (Because of the diversity of the other therapy category, such a statement relating to residents' use of other therapy would be meaningless.)

A high percentage of nursing homes providing rehabilitation programs did not have a full-time or part-time therapist on the staff (table D). In the 5,582 homes providing physical therapy, 2,349 (42 percent) had neither a full- or part-time physical therapist nor a full- or part-time physical therapist assistant on the staff. In the 3,479 homes providing occupational therapy, 1,391 (40 percent) had neither a full- or part-time occupational therapist nor a full- or part-time occupational therapist assistant on the staff. And in the 1,909 homes providing speech and hearing therapy, 1,009 (53 percent) had neither a full-time nor part-time speech therapist on the staff. It can only be presumed that those homes which had no therapists on the staff had arrangements outside the facility for these serv-

ices or had contracts with people not on the staff to provide them.

Although not discussed here, two more tables dealing with residents are included with the detailed tables. Table 4 lists by State the number of nursing homes and residents for each of the four types of rehabilitation programs. Table 5 gives by State the number of nursing homes offering rehabilitation programs, the number of residents in these homes, the number of residents receiving rehabilitation therapy, and also the number of homes offering no rehabilitation programs with the number of residents in these homes.

Outpatient Care Clinics

Another question that this report attempts to answer is how many of the homes that did not have a rehabilitation program of their own had access to outpatient care clinics such as physical therapy clinics, diagnostic clinics, and medical clinics.

Table 6 indicates there were 10,445 nursing homes where residents did not use outpatient care clinics, which left 9,088 homes where residents did. More importantly, however, table 7

Table D. Number of nursing homes, by type of arrangement for therapy and type of service: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of arrangement for therapy	All homes	Type of service		
		Nursing care	Personal care with nursing	Personal care
All types of arrangements-----	19,533	11,299	3,877	4,357
Physical therapy-----	5,582	4,812	589	181
Physical therapy and a physical therapist ¹ --	3,233	2,928	278	27
Occupational therapy-----	3,479	2,877	430	173
Occupational therapy and an occupational therapist ² -----	2,088	1,845	211	32
Speech/hearing therapy-----	1,909	1,715	140	54
Speech/hearing therapy and a speech therapist ³ -----	900	848	42	10

¹Full- or part-time physical therapist or physical therapist assistant.

²Full- or part-time occupational therapist or occupational therapist assistant.

³Full- or part-time speech therapist (a speech therapist also handles hearing therapy).

shows that 7,978 homes offered no rehabilitation programs and did not use outpatient care clinics. That is 41 percent of all nursing homes in the country. Stating this another way, only 59 percent of the nursing homes in 1968 either provided rehabilitative services for their residents or provided their residents with the use of outpatient care clinics for such services.

Table 6 also specifies the number of homes using each of the various types of clinics. Medical outpatient clinics were easily the most often used, with 7,023, or 77 percent, of the homes that used clinics using medical clinics. Diagnostic clinics were the next most often used (4,549 homes), followed by physical therapy clinics (2,793 homes), and other outpatient clinics (1,442 homes).

It is obvious from these numbers that many homes used several types of clinics. Table 8 points out for each State and region how many homes used only physical therapy clinics, only diagnostic clinics, only medical clinics, only other outpatient clinics, more than one type of clinic, and no clinics. Comparing the totals in this table with the totals in table 7 (which gives the number of homes without rehabilitation programs that used these clinics), it can be seen that most nursing homes where patients used outpatient care clinics did not offer rehabilitation programs. (This was true in 5,278 of the 9,088 such homes.)

Tables 6 and 7 also point out the fact that it was mostly the small nursing homes which offered neither rehabilitation programs nor the use of outpatient care clinics. Of the 7,839 homes having less than 25 beds, 4,546 (58 percent) offered neither of these services. On the other hand, only 348 out of the 2,438 homes having 100 beds or more (14 percent) offered neither service.

Only in the area of physical therapy can a direct comparison be made between rehabilitation programs and outpatient care clinics. Table E shows that 888 nursing homes offered both physical therapy programs and the use of physical therapy outpatient clinics; 4,694 homes offered just the physical therapy programs; and 1,905 homes offered just the use of a physical therapy outpatient clinic. Thus the total number of homes offering either or both of these important services was 7,487, only 38 percent of the nursing homes in the country.

ARRANGEMENTS FOR PHYSICIAN SERVICES

In addition to offering rehabilitative services, an important area for a nursing home is the type of arrangement it provides for physician services. A survey conducted by the National Center for Health Statistics in 1964 covered the area of physician arrangements, and a report has been written on the findings.¹⁴ This section discloses

Table E. Number of nursing homes, by type of service and type of arrangement for physical therapy: United States, 1968

Type of arrangement for physical therapy	All homes	Type of service		
		Nursing care	Personal care with nursing	Personal care
All types of arrangements-----	19,533	11,299	3,877	4,357
Physical therapy programs (no clinics)-----	4,694	4,085	468	141
Physical therapy clinics (no programs)-----	1,905	1,236	340	329
Both programs and clinics-----	888	727	121	40
Neither programs nor clinics-----	12,046	5,251	2,948	3,847

the findings of the 1968 survey and offers a brief comparison between its results and those of the previous survey.

There are four basic types of arrangements:

- Employment of a full-time physician.
- Arrangement for a physician to come to the home at regular intervals.
- Arrangement for a physician to come to the home when needed but not at regular intervals.
- Arrangement for a physician to give medical care to the residents in his office.

Homes

The majority (54 percent) of the 19,533 nursing homes serving 813,335 residents in 1968 arranged to have a physician come to the home when he was needed (tables 9 and 10). The next most common arrangement was to have a physician visit the home at regular intervals; this was done by 34 percent of the homes. Approximately 7 percent employed a full-time physician, and 2 percent arranged for office visits. The remaining 3 percent of the homes made no arrangements for physician services.

Virtually all of the homes, therefore, had arranged for physician services, but most of the arrangements dealt with treating the patient *after* he became ill. Only those homes which had a full-time staff physician (7 percent) or those which had arranged for a physician to visit regularly (34 percent), offered the chance of preventing the illness from occurring in the first place.

However, table 10 also shows that these percentages did not apply to the large (100 beds or more) nursing homes. Nearly half (47 percent) of these homes arranged for a physician to visit the home regularly; about 15 percent employed a full-time physician; and an additional 33 percent arranged for a physician to come when needed.

Staff

NC homes, as would be expected, tended to have more of their number employing full-time physicians than did PCN or PC homes (table 10). NC homes also had a higher percentage with arrangements for physicians to visit at regular intervals. The vast majority (73 percent) of the PC homes, on the other hand, arranged for physi-

cians to come only when needed. Table 9 gives the number of residents in these homes by the type of arrangement.

Table F indicates for each type of arrangement the level of skill of the nurse in charge and on duty in the nursing home. In homes having the more intensive types of coverage (either a full-time physician or a regular visiting physician), over 85 percent had a registered nurse (RN) or a licensed practical nurse (LPN) working full- or part-time. In homes which arranged for a physician to come when needed, most had RN's or LPN's but 20 percent were under the supervision of persons who were not even nurse's aides. This same statement applies in homes with no arrangements for physician services. In homes with arrangements for office visits only, however, one-half were under the supervision of someone below the level of a nurse's aide. In fact, only 31 percent of these homes employed a full- or part-time RN or LPN—by far the lowest such percentage of any of the arrangements.

Comparing the above results with the 1964 figures indicates that the most noticeable difference occurred in the homes having no arrangements (table H). In 1964, 11.4 percent of the homes had no arrangements for physician services, whereas in 1968 the figure was only 2.8 percent. It appears that most of this difference was made up by the increase in the percent of homes which had arrangements for physician visits when needed. This type of arrangement increased from 44.9 percent of the homes in 1964 to 53.9 percent in 1968.

RECREATIONAL ACTIVITIES

As mentioned in the Introduction, recreational activities have a role of importance in nursing homes. Merely helping older people with their physical problems is not enough. They need to be stimulated and entertained; otherwise, they rapidly lose interest in living.

Dr. Erich Fromm asks these questions: "How can you help to make him [the older person] more alive than he has ever been, rather than feeling less alive? ... How do you arouse a more active interest?" He offers this answer:

... the older person, like the younger, should try to become more responsive to the world

Table F. Number and percent distribution of nursing homes by level of nurse in charge and on duty, according to arrangements for physician services: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Level of nurse in charge on duty	All arrangements	Arrangements for physician services				
		Full-time physician	Regular visits	Visits when needed	Office visits	None
		Number				
All levels -----	19,533	1,459	6,622	10,520	384	548
Full-time RN-----	3,216	366	1,440	1,266	20	125
Part-time RN-----	7,490	610	3,208	3,445	53	173
Full-time LPN-----	1,962	151	593	1,155	26	37
Part-time LPN-----	1,827	119	614	1,039	20	35
Full-time nurse's aide-----	1,925	117	359	1,318	68	62
Part-time nurse's aide-----	248	8	36	191	5	7
Full-time other-----	2,867	88	372	2,105	193	109
		Percent distribution				
All levels -----	100	100	100	100	100	100
Full-time RN-----	16	25	22	12	5	23
Part-time RN-----	38	42	48	33	14	32
Full-time LPN-----	10	10	9	11	7	7
Part-time LPN-----	9	8	9	10	5	6
Full-time nurse's aide-----	10	8	5	13	18	11
Part-time nurse's aide-----	1	1	1	2	1	1
Full-time other-----	15	6	6	20	50	20

around him...The older person must learn how *recreation* can become *re-creation*—a new capacity to be creative—and for this he does not need to be a painter or a poet or anything; all he needs to be is alive and that means to be truly and generally interested in the world.²³

In an article in the *Journal of Rehabilitation*, Avedon suggests that nursing home personnel could help their residents in this area. "They [personnel] can stimulate the client so that he improves his general health and appearance and minimizes atypical appearance and behavior so he is more readily accepted in social situations."²⁴ Such action by nursing home personnel could help to make these older people feel alive and take a more active interest in the world.

This is usually not done, however. As Avedon says:

Personnel tend to think of recreation as a "nice" service to offer the client. It is usually an afterthought, and emphasis is on "Where shall we have it? What space do we need?" Rarely is it conceived as an integral service in the rehabilitation process. Often it is only a limited program of activities directed by a well-meaning staff member who has other primary responsibilities. "Visible" activities are frequently used by administration primarily as a public relations tool.²⁴

Statistics in this section reflect answers to the following question in the 1968 survey: "Which of the following recreational activities do you have for patients?" The categories were: arts and crafts program, planned social activities, trips to concerts, plays, etc., other, none.

Planned social activities included such events as parties, games, dancing, and sing-alongs. Arts and crafts included sewing, crocheting, painting, writing, etc. Even if a nursing home indicated that it provided several of these activities, it would be impossible to determine the extent of its recreational program. As stated above by Avedon, it is often only a limited program of activities. Even so, a limited program is far better than none at all.

Homes

Of the 19,533 nursing homes, 15,443 (79 percent) offered some form of recreational activities to their residents. As would be expected, most of the homes that offered such activities were NC homes and, in addition, were homes with over 25 beds (table 11).

Nevertheless, one cannot overlook the 4,090 nursing homes which apparently did not offer their residents any recreational programs. Equally important is the fact that included in this number are 460 homes which had 50-99 beds and 134 homes which had 100 beds or more, showing that there were quite a few large nursing homes that had no recreational programs. Table 11 also indicates that many of these were NC homes, which suggests that these homes were providing extensive care toward the physical well-being of their residents but little care, if any, towards their emotional well-being.

In the 15,443 homes which offered recreational activities, over 91 percent (14,056 homes) provided planned social activities, 50 percent (7,585 homes) provided arts and crafts, 33 percent (4,989 homes) provided trips to such events as movies, concerts, and plays, and 39 percent (6,082 homes) offered other activities (table 12). From these figures it can be seen that the most frequently offered recreational programs were parties, games, and other social activities, whereas trips to concerts, plays, movies, etc., were the least offered forms of recreation. There could be several reasons for this. One might be that the residents preferred social activities because they were physically unable to make trips or unable to see or hear the performances if they did go. Other reasons could be a lack of theaters near the nursing home or a lack of transportation.

Considering the discussion at the beginning of this section, however, two additional explanations are possible. First, many of the older residents might be extremely self-conscious about their appearance and behavior and might, because of this, be unwilling to venture outside the nursing home.

The second explanation deals directly with Avedon's article concerning nursing home personnel's attitude towards recreational activities. If it is true that recreation "is usually an afterthought, and emphasis is on 'Where shall we have it? What space do we need?'"²⁴ then the above percentages can be interpreted another way. Social activities (parties, games, etc.) take a minimal amount of the personnel's time and require very little space and even less material. An arts and crafts program requires more of the personnel's time, extra space, and considerably more material. Offering trips to concerts, plays, or movies requires even more—organizing the trip, helping the residents prepare for it, and transporting them to and from the theater (not to mention the expenses involved). Looking at the figures from this viewpoint, it is little wonder that in those homes which provided recreational activities, 91 percent provided social activities, 50 percent provided arts and crafts, and only 33 percent provided trips.

Residents and Staff

There were 715,751 residents—88 percent of the entire nursing home resident population—in the 15,443 nursing homes that provided recreational activities (table 13). Stated another way, only 12 percent of the residents in nursing homes were in homes that offered no recreation. Residents in NC homes were even more fortunate, since only 8 percent of them were in homes without recreation programs.

In addition, 82 percent of all the residents in nursing homes were in homes providing planned social activities, while 58 percent were in homes offering recreation in the form of arts and crafts. On the other hand, only 35 percent of the nursing home residents were in homes which provided trips to concerts, movies, plays, etc.

There were a total of 1,771 full-time and 3,046 part-time recreational therapists working

in nursing homes in 1968. These 4,817 specialists were employed in 3,293 nursing homes (tables 13 and G). In other words, even in those homes which offered recreational programs, only 21 percent employed a recreational therapist. Table G also shows that 1,846 of these 3,293 homes had only part-time therapists available. Even the larger nursing homes tended not to employ recreational therapists. Of the 2,438 homes with 100 beds or more, only 1,075 (44 percent) had either a full- or part-time therapist employed (table G).

Table G. Number of nursing homes with full- or part-time recreational therapists, by type of service and bed size of home: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size of home	All homes	Homes with recreational therapists	
		Full-time ¹	Part-time ²
All types of homes-----	19,533	1,447	1,846
Less than 25 beds-----	7,839	83	209
25-49 beds-----	5,129	235	496
50-99 beds-----	4,128	487	708
100 beds or more-----	2,438	642	433
Nursing care-----	11,299	1,205	1,540
Less than 25 beds-----	2,366	24	121
25-49 beds-----	3,741	206	431
50-99 beds-----	3,324	436	634
100 beds or more-----	1,868	539	353
Personal care with nursing----	3,877	192	219
Less than 25 beds-----	1,819	30	41
25-49 beds-----	875	23	39
50-99 beds-----	657	42	64
100 beds or more-----	527	97	75
Personal care-----	4,357	50	87
Less than 25 beds-----	3,654	28	46
25-49 beds-----	513	6	26
50-99 beds-----	147	10	11
100 beds or more-----	43	6	4

¹Might also have part-time recreational therapists.

²Have no full-time recreational therapists.

These figures seem to indicate one of two things. Either nursing home administrators were not seeking the professional help of recreational therapists or there were not enough recreational therapists available. At the present time there is no accurate means of determining how many recreational therapists there are in the United States; hence both explanations can be considered.

Table H. Number and percent distribution of nursing homes by type of arrangement for physician services: United States, 1964 and 1968

[Subtotals do not necessarily add to totals because of rounding]

Arrangements for physician services	1968	1964
Number of homes--	19,533	17,400 ¹
<u>Arrangements for physician services</u>	Percent distribution	
All arrangements--	100.0	100.0
Full-time physician----	7.5	4.3
Regular visits-----	33.9	36.3
Visits when needed-----	53.9	44.9
Office visits-----	2.0	3.1
None-----	2.8	11.4

¹Estimated figure.

SUMMARY

"Today's society with its forced retirement rules leaves little room to put to use the accumulated wisdom of the aged."²⁵ This statement, taken from Harsanyi's article, is even more profound when one realizes that retirement is often followed by institutionalization. When the institution is a nursing home, what becomes of these aged people? Are they sufficiently motivated and actively encouraged to pursue their interests despite their age and surroundings?

Findings of the 1968 Nursing Home Survey indicate that most homes did not provide such motivation and encouragement, for to provide these, a nursing home would have to offer its

residents adequate medical, rehabilitative, and recreational services. The medical services promote and the rehabilitative services restore physical well-being, while the recreational services promote and restore emotional well-being. Unfortunately, few nursing homes offered all three services and many offered just one. Medical and rehabilitative services, the type of services usually attributed to nursing homes, were sometimes missing and many times lacking, as the following statistics show.

- Of the 19,533 nursing homes in 1968, only 7 percent had a full-time staff physician, and only 34 percent arranged for a physician to visit at regular intervals.
- Only 32 percent of the nursing homes offered rehabilitative services.
- Of the 813,335 residents in nursing homes, half were in homes not providing rehabilitative services.
- Of the 408,145 residents in the homes which did offer rehabilitation, the average daily

number that actually used the services was 159,960.

- Some of the homes (5,278) that did not offer rehabilitation programs sent their residents to outpatient care clinics instead. Most of them (7,978) did not.

Depression in old age often is not recognized. Nevertheless, the importance of depression in the chronologically old cannot be overestimated. It is common, disabling, and painful.²⁶ Recreational activities can alleviate this depression. However, the study found the following:

- 4,090 nursing homes offered no recreational programs.
- Although 15,443 nursing homes (79 percent) offered recreational activities, the more extensive activities, arts/crafts and trips, were offered in only 7,585 and 4,989 homes, respectively.
- In homes that offered recreational activities, only 21 percent employed a recreational therapist.

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Table 1. Number of nursing homes, by type of rehabilitation program provided, type of service, and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All homes	Type of rehabilitation program provided					
		Any program	Physical therapy	Occupational therapy	Speech/hearing therapy	Other	None
All types of service-----	19,533	6,278	5,582	3,479	1,909	523	13,256
Less than 25 beds-----	7,839	1,068	804	474	198	95	6,771
25-49 beds-----	5,129	1,551	1,370	724	389	112	3,578
50-99 beds-----	4,128	7,018	1,849	1,161	667	155	2,110
100 beds or more-----	2,438	1,641	1,558	1,120	656	162	797
Nursing care-----	11,299	5,203	4,812	2,877	1,715	411	6,096
Less than 25 beds-----	2,366	583	508	236	120	35	1,783
25-49 beds-----	3,741	1,379	1,249	625	362	97	2,362
50-99 beds-----	3,324	1,844	1,714	1,053	635	140	1,480
100 beds or more-----	1,868	1,397	1,341	963	598	139	471
Personal care with nursing-----	3,877	754	589	430	140	68	3,123
Less than 25 beds-----	1,819	215	145	103	38	25	1,604
25-49 beds-----	875	142	106	77	21	11	733
50-99 beds-----	657	158	124	95	26	11	499
100 beds or more-----	527	240	215	155	55	22	287
Personal care-----	4,357	321	181	173	54	43	4,037
Less than 25 beds-----	3,654	269	151	135	40	35	3,385
25-49 beds-----	513	31	16	22	6	3	482
50-99 beds-----	147	17	12	13	5	4	130
100 beds or more-----	43	4	2	2	2	1	39

Table 2. Number of nursing home residents, by type of rehabilitation program provided by home, type of service, and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All residents	Type of rehabilitation program provided					
		Any program	Physical therapy	Occupational therapy	Speech/hearing therapy	Other	None
All types of service-----	813,335	408,145	64,527	76,931	6,452	12,051	405,190
Less than 25 beds-----	89,914	14,705	5,042	3,636	580	738	75,209
25-49 beds-----	162,452	51,618	7,923	8,660	739	1,769	110,834
50-99 beds-----	245,637	125,245	19,829	25,078	2,299	3,369	120,392
100 beds or more-----	315,332	216,577	31,732	39,558	2,834	6,174	98,755
Nursing care-----	593,622	353,066	57,768	67,019	5,757	10,330	240,556
Less than 25 beds-----	34,736	9,084	3,721	1,930	355	313	25,652
25-49 beds-----	120,382	46,082	7,186	7,358	691	1,561	74,300
50-99 beds-----	199,634	114,776	18,657	23,050	2,143	3,065	84,858
100 beds or more-----	238,871	183,123	28,205	34,681	2,568	5,391	55,748
Personal care with nursing-----	159,013	50,040	5,670	8,335	573	1,190	108,974
Less than 25 beds-----	21,670	2,754	604	719	120	150	18,916
25-49 beds-----	27,415	4,594	630	1,011	42	148	22,821
50-99 beds-----	38,224	9,555	976	1,818	151	131	28,669
100 beds or more-----	71,704	33,136	3,460	4,787	261	761	38,568
Personal care-----	60,699	5,039	1,088	1,576	122	531	55,660
Less than 25 beds-----	33,508	2,866	717	986	106	275	30,642
25-49 beds-----	14,655	941	107	291	5	61	13,714
50-99 beds-----	7,780	915	197	209	5	173	6,865
100 beds or more-----	4,756	317	67	89	6	23	4,439

Table 3. Percent distributions of nursing homes and residents in these homes by whether or not rehabilitation programs are provided, according to type of service and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All homes	Homes with rehabilitation programs	Homes without rehabilitation programs
Percent distribution of homes			
All types of service-----	100	32	68
Less than 25 beds-----	100	14	86
25-49 beds-----	100	30	70
50-99 beds-----	100	49	51
100 beds or more-----	100	67	33
Nursing care-----	100	46	54
Less than 25 beds-----	100	25	75
25-49 beds-----	100	37	63
50-99 beds-----	100	55	45
100 beds or more-----	100	75	25
Personal care with nursing-----	100	19	81
Less than 25 beds-----	100	12	88
25-49 beds-----	100	16	84
50-99 beds-----	100	24	76
100 beds or more-----	100	46	54
Personal care-----	100	7	93
Less than 25 beds-----	100	7	93
25-49 beds-----	100	6	94
50-99 beds-----	100	12	88
100 beds or more-----	100	9	91
Percent distribution of residents			
All types of service-----	100	50	50
Less than 25 beds-----	100	16	84
25-49 beds-----	100	32	68
50-99 beds-----	100	51	49
100 beds or more-----	100	69	31
Nursing care-----	100	59	41
Less than 25 beds-----	100	26	74
25-49 beds-----	100	38	62
50-99 beds-----	100	57	43
100 beds or more-----	100	77	23
Personal care with nursing-----	100	31	69
Less than 25 beds-----	100	13	87
25-49 beds-----	100	17	83
50-99 beds-----	100	25	75
100 beds or more-----	100	46	54
Personal care-----	100	8	92
Less than 25 beds-----	100	9	91
25-49 beds-----	100	6	94
50-99 beds-----	100	12	88
100 beds or more-----	100	7	93

Table 4. Number of homes and residents in these homes, by type of rehabilitation programs provided and State: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

State	All homes	Homes with physical therapy	Residents in homes with physical therapy	Homes with occupational therapy	Residents in homes with occupational therapy	Homes with speech/hearing therapy	Residents in homes with speech/hearing therapy	Homes with other therapy	Residents in homes with other therapy
United States----	19,533	5,582	64,527	3,479	76,931	1,909	6,452	523	12,051
Alabama-----	161	43	420	14	296	6	18	2	27
Alaska-----	4	#	#	#	#	#	#	#	#
Arizona-----	82	32	366	19	244	11	51	3	61
Arkansas-----	187	30	370	18	395	4	37	1	33
California-----	2,956	796	7,213	600	11,031	416	1,154	84	1,396
Colorado-----	177	65	1,004	56	1,410	26	79	12	293
Connecticut-----	368	171	1,808	64	1,024	83	193	12	219
Delaware-----	33	15	133	11	175	5	12	-	-
District of Columbia--	85	30	142	21	169	12	26	1	2
Florida-----	333	149	1,920	76	1,366	73	222	17	519
Georgia-----	210	80	1,092	46	892	24	81	3	78
Hawaii-----	91	25	162	16	231	7	17	4	68
Idaho-----	58	22	166	5	89	4	7	2	87
Illinois-----	953	266	4,243	192	5,707	81	339	30	869
Indiana-----	479	99	1,002	53	1,014	26	76	8	189
Iowa-----	752	160	1,162	75	1,300	30	127	10	165
Kansas-----	482	97	865	66	1,392	12	64	16	232
Kentucky-----	300	50	454	14	207	6	15	4	60
Louisiana-----	204	40	386	31	672	10	33	3	40
Maine-----	285	60	478	28	301	16	48	6	68
Maryland-----	203	83	1,326	63	1,553	33	125	6	154
Massachusetts-----	982	357	4,857	217	4,554	140	404	38	644
Michigan-----	524	180	2,877	118	3,062	61	283	17	424
Minnesota-----	512	107	1,648	117	4,105	28	81	11	310
Mississippi-----	108	16	165	8	123	2	46	1	5
Missouri-----	452	100	1,443	71	1,779	24	91	8	350
Montana-----	82	21	180	12	261	6	16	1	27
Nebraska-----	283	54	465	35	650	12	29	4	61
Nevada-----	23	5	87	3	77	1	2	-	-
New Hampshire-----	137	34	211	17	196	5	9	-	-
New Jersey-----	516	167	2,166	104	2,275	77	289	17	343
New Mexico-----	58	14	201	5	55	2	9	1	7
New York-----	1,087	430	6,498	300	7,953	175	818	45	1,483
North Carolina-----	671	82	677	43	340	12	36	10	132
North Dakota-----	94	18	420	20	669	2	4	1	38
Ohio-----	1,172	345	3,181	176	3,702	78	258	20	251
Oklahoma-----	417	114	1,240	69	1,493	22	98	14	371
Oregon-----	284	83	927	53	1,550	28	95	11	433
Pennsylvania-----	810	343	4,372	192	4,608	137	401	24	1,163
Rhode Island-----	177	44	261	17	229	11	21	3	19
South Carolina-----	98	35	319	17	313	10	17	1	31
South Dakota-----	131	34	407	14	270	4	34	-	-
Tennessee-----	220	58	589	19	320	10	34	2	16
Texas-----	904	224	2,013	95	1,762	44	122	12	318
Utah-----	135	34	351	25	360	16	44	4	108
Vermont-----	118	29	232	12	166	9	18	2	10
Virginia-----	271	53	542	26	567	13	80	3	106
Washington-----	274	98	1,101	72	1,760	46	174	16	241
West Virginia-----	63	17	127	5	48	2	6	2	23
Wisconsin-----	497	164	2,204	142	4,094	47	203	27	553
Wyoming-----	28	#	#	#	#	#	#	#	#

#Data suppressed to comply with confidentiality requirements.

Table 5. Number of nursing homes, residents in these homes, and residents in these homes receiving therapy, by whether or not rehabilitation programs are offered: United States and each State, 1968

[Subtotals do not necessarily add to totals because of rounding]

State	Homes with rehabilitation programs	Residents in these homes	Residents receiving therapy	Homes with no rehabilitation programs	Residents in these homes
United States-----	6,278	408,145	159,961	13,256	405,190
Alabama-----	49	3,211	761	112	5,973
Alaska-----	#	#	#	#	#
Arizona-----	35	2,113	722	47	1,663
Arkansas-----	36	2,057	835	151	8,915
California-----	893	47,583	20,794	2,063	32,874
Colorado-----	78	6,429	2,784	100	4,573
Connecticut-----	181	11,111	3,243	187	4,396
Delaware-----	15	856	320	18	442
District of Columbia-----	32	826	339	53	1,224
Florida-----	154	10,979	4,027	178	8,876
Georgia-----	86	6,614	2,143	124	5,072
Hawaii-----	30	855	478	61	531
Idaho-----	24	1,593	348	34	1,363
Illinois-----	313	24,444	11,159	641	24,277
Indiana-----	110	6,628	2,281	370	13,035
Iowa-----	180	9,976	2,754	572	17,163
Kansas-----	124	5,935	2,553	358	10,526
Kentucky-----	58	3,500	736	243	8,148
Louisiana-----	54	3,518	1,132	149	7,075
Maine-----	65	2,209	896	220	3,300
Maryland-----	93	7,186	3,159	110	3,412
Massachusetts-----	387	21,231	10,459	594	17,152
Michigan-----	204	16,544	6,646	321	11,747
Minnesota-----	151	13,291	6,144	361	16,779
Mississippi-----	19	798	340	89	2,725
Missouri-----	118	8,918	3,663	334	13,737
Montana-----	23	1,377	483	59	1,604
Nebraska-----	64	3,978	1,204	220	7,340
Nevada-----	6	288	166	17	489
New Hampshire-----	36	1,439	415	102	2,352
New Jersey-----	180	12,887	5,073	336	8,526
New Mexico-----	15	785	273	42	971
New York-----	465	39,685	16,752	622	17,754
North Carolina-----	105	4,151	1,186	565	9,838
North Dakota-----	24	2,048	1,130	70	2,906
Ohio-----	385	22,551	7,392	787	24,192
Oklahoma-----	134	7,234	3,202	283	10,796
Oregon-----	91	7,041	3,005	193	6,482
Pennsylvania-----	355	28,236	10,544	456	17,932
Rhode Island-----	48	2,313	530	129	2,585
South Carolina-----	37	2,264	680	60	2,537
South Dakota-----	35	1,906	711	96	3,352
Tennessee-----	63	3,045	958	157	4,871
Texas-----	241	16,443	4,215	663	26,109
Utah-----	45	1,907	863	90	1,802
Vermont-----	34	1,115	426	84	1,488
Virginia-----	60	3,913	1,294	211	5,766
Washington-----	115	8,766	3,276	159	7,496
West Virginia-----	18	697	204	45	1,438
Wisconsin-----	200	15,258	7,055	296	11,041
Wyoming-----	#	#	#	#	#

#Data suppressed to comply with confidentiality requirements.

Table 6. Number of nursing homes using outpatient clinics, by type of clinic, type of service, and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All homes	Type of outpatient clinic used				
		Physical therapy	Diagnostic	Medical	Other	None
All types of service-----	19,533	2,793	4,549	7,023	1,442	10,445
Less than 25 beds-----	7,839	783	968	2,293	361	5,019
25-49 beds-----	5,129	843	1,250	1,899	319	2,668
50-99 beds-----	4,128	699	1,291	1,706	383	1,863
100 beds or more-----	2,438	468	1,040	1,125	379	896
Nursing care-----	11,299	1,963	3,364	4,499	1,013	5,259
Less than 25 beds-----	2,366	363	428	741	125	1,386
25-49 beds-----	3,741	700	1,047	1,497	250	1,777
50-99 beds-----	3,324	565	1,080	1,393	334	1,437
100 beds or more-----	1,868	334	810	868	305	659
Personal care with nursing-----	3,877	461	709	1,259	232	2,334
Less than 25 beds-----	1,819	133	173	499	82	1,222
25-49 beds-----	875	93	135	257	38	560
50-99 beds-----	657	111	181	260	42	337
100 beds or more-----	527	124	220	243	69	215
Personal care-----	4,357	369	476	1,266	198	2,852
Less than 25 beds-----	3,654	287	367	1,053	155	2,411
25-49 beds-----	513	49	69	146	31	330
50-99 beds-----	147	22	30	53	7	89
100 beds or more-----	43	10	10	14	4	22

Table 7. Number of nursing homes without rehabilitation programs, by use of outpatient clinics, type of service, and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All homes	Type of outpatient clinic used					
		Physical therapy only	Diagnostic only	Medical only	Other only	Several	None
Homes without rehabilitation programs							
All types of service-----	13,256	361	191	1,891	257	2,578	7,978
Less than 25 beds-----	6,771	140	72	1,018	135	859	4,546
25-49 beds-----	3,578	111	65	507	70	800	2,024
50-99 beds-----	2,110	74	37	295	37	607	1,059
100 beds or more-----	797	36	16	71	14	312	348
Nursing care-----	6,096	250	118	831	113	1,577	3,207
Less than 25 beds-----	1,783	68	30	219	31	330	1,105
25-49 beds-----	2,362	92	48	353	45	612	1,212
50-99 beds-----	1,480	63	30	213	29	449	697
100 beds or more-----	470	26	10	46	9	187	193
Personal care with nursing-----	3,123	44	40	432	55	510	2,043
Less than 25 beds-----	1,604	20	18	247	33	152	1,135
25-49 beds-----	733	7	9	96	11	115	494
50-99 beds-----	499	9	7	67	6	130	280
100 beds or more-----	287	7	5	22	4	113	134
Personal care-----	4,037	68	33	629	88	491	2,729
Less than 25 beds-----	3,384	52	25	552	71	377	2,307
25-49 beds-----	482	12	8	58	14	73	318
50-99 beds-----	130	1	-	16	2	29	83
100 beds or more-----	39	2	-	3	1	11	22

Table 8. Number of nursing homes whose residents used outpatient clinics, by type of clinic, region, and State: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Area	All homes	Type of outpatient clinic used					
		Physical therapy only	Diagnostic only	Medical only	Other only	Several	None
United States-----	19,533	562	580	2,693	512	4,741	10,445
Northeast-----	4,479	160	196	404	154	1,169	2,396
Connecticut-----	368	9	25	27	12	96	198
Maine-----	284	8	9	31	12	32	193
Massachusetts-----	982	34	40	110	29	343	426
New Hampshire-----	137	13	6	11	3	21	83
New Jersey-----	516	16	18	50	22	112	298
New York-----	1,087	35	45	81	39	282	605
Pennsylvania-----	810	36	45	52	30	203	444
Rhode Island-----	177	6	2	31	4	55	79
Vermont-----	118	3	4	12	2	26	70
North Central-----	6,333	184	179	876	165	1,449	3,480
Illinois-----	953	22	36	114	23	182	576
Indiana-----	479	20	14	50	16	119	260
Iowa-----	752	26	15	89	17	168	437
Kansas-----	482	10	5	87	15	74	291
Michigan-----	524	16	28	39	15	140	287
Minnesota-----	512	7	11	112	11	169	202
Missouri-----	452	14	8	64	13	81	272
Nebraska-----	283	7	2	56	4	53	162
North Dakota-----	94	1	1	23	1	18	50
Ohio-----	1,172	38	44	119	30	254	688
South Dakota-----	131	4	1	32	1	27	66
Wisconsin-----	497	19	14	91	18	166	189
South-----	4,468	115	100	782	95	1,186	2,191
Alabama-----	161	8	3	24	2	51	73
Arkansas-----	187	3	2	43	2	50	87
Delaware-----	33	-	1	-	-	12	18
District of Columbia-----	85	4	1	15	3	20	43
Florida-----	333	11	11	28	6	146	130
Georgia-----	210	5	2	30	3	64	106
Kentucky-----	300	10	18	45	8	43	177
Louisiana-----	204	7	6	32	1	95	62
Maryland-----	203	2	8	17	5	54	118
Mississippi-----	108	2	-	16	2	20	68
North Carolina-----	671	18	14	150	29	121	338
Oklahoma-----	417	10	6	100	13	84	203
South Carolina-----	98	6	3	14	2	34	39
Tennessee-----	220	6	4	37	4	52	118
Texas-----	904	18	12	189	8	263	414
Virginia-----	271	3	6	38	2	63	160
West Virginia-----	63	2	2	4	2	16	37
West-----	4,253	103	106	631	98	937	2,378
Alaska-----	4	#	#	#	#	#	#
Arizona-----	82	4	3	12	1	30	32
California-----	2,956	68	71	418	72	514	1,813
Colorado-----	177	8	4	26	2	69	69
Hawaii-----	91	1	1	31	3	34	21
Idaho-----	58	2	3	13	1	16	23
Montana-----	82	1	2	10	1	34	34
Nevada-----	23	-	-	4	-	6	13
New Mexico-----	58	2	1	6	3	18	27
Oregon-----	284	9	10	41	6	87	131
Utah-----	135	3	-	26	-	47	59
Washington-----	274	4	8	36	6	77	143
Wyoming-----	28	#	#	#	#	#	#

#Data suppressed to comply with confidentiality requirements.

Table 9. Number of residents in nursing homes, by arrangements for physician services and type of service provided by home: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service provided by home	All arrangements	Arrangements for physician services				
		Full-time physician	Regular visits	Visits when needed	Office visits	None
		Number of residents				
All types of homes-----	813,335	100,915	339,730	343,625	6,667	22,399
Nursing care-----	593,622	81,846	257,760	233,988	3,060	16,968
Personal care with nursing-----	159,013	16,381	70,134	67,715	1,436	3,346
Personal care-----	60,699	2,687	11,836	41,921	2,170	2,084

Table 10. Number and percent distribution of nursing homes by arrangements for physician services, according to type of service provided by home and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service provided by home and bed size	All arrangements	Arrangements for physician services				
		Full-time physician	Regular visits	Visits when needed	Office visits	None
		Number of homes				
All types of homes-----	19,533	1,459	6,622	10,520	384	548
Less than 25 beds-----	7,839	386	1,536	5,370	289	259
25-49 beds-----	5,129	369	2,267	2,343	50	99
50-99 beds-----	4,128	328	1,663	1,997	37	102
100 beds or more-----	2,438	376	1,156	810	8	88
Nursing care-----	11,299	1,053	4,735	5,129	76	306
Less than 25 beds-----	2,366	167	776	1,330	23	69
25-49 beds-----	3,741	290	1,745	1,605	19	81
50-99 beds-----	3,324	283	1,371	1,557	27	86
100 beds or more-----	1,868	312	843	637	7	69
Personal care with nursing-----	3,877	236	1,256	2,224	89	71
Less than 25 beds-----	1,819	82	281	1,354	66	35
25-49 beds-----	875	53	420	376	18	9
50-99 beds-----	657	38	259	341	5	13
100 beds or more-----	527	64	296	153	-	14
Personal care-----	4,357	170	631	3,167	220	170
Less than 25 beds-----	3,654	136	478	2,686	199	154
25-49 beds-----	513	26	103	362	14	9
50-99 beds-----	147	7	33	99	5	3
100 beds or more-----	43	-	17	20	1	5
		Percent distribution				
All types of homes-----	100	7	34	54	2	3
Less than 25 beds-----	100	5	20	68	4	3
25-49 beds-----	100	7	44	46	1	2
50-99 beds-----	100	8	40	48	1	2
100 beds or more-----	100	15	47	33	-	4
Nursing care-----	100	9	42	45	1	3
Less than 25 beds-----	100	7	33	56	1	3
25-49 beds-----	100	8	47	43	1	2
50-99 beds-----	100	9	41	47	1	3
100 beds or more-----	100	17	45	34	-	4
Personal care with nursing-----	100	6	32	57	2	2
Less than 25 beds-----	100	5	15	74	4	2
25-49 beds-----	100	6	48	43	2	1
50-99 beds-----	100	6	39	52	1	2
100 beds or more-----	100	12	56	29	-	3
Personal care-----	100	4	14	73	5	4
Less than 25 beds-----	100	4	13	74	5	4
25-49 beds-----	100	5	20	71	3	2
50-99 beds-----	100	5	22	67	3	2
100 beds or more-----	100	-	40	47	2	12

Table 11. Number and percent distributions of nursing homes and residents in homes with and without recreational activities, according to type of service and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	Homes with any recreational activities	Residents in these homes	Homes with no recreational activities	Residents in these homes
	Number			
All types of service-----	15,443	715,751	4,090	97,584
Less than 25 beds-----	5,358	65,184	2,481	24,730
25-49 beds-----	4,114	132,965	1,015	29,487
50-99 beds-----	3,668	219,859	460	25,778
100 beds or more-----	2,304	297,743	134	17,589
Nursing care-----	9,800	544,602	1,498	49,020
Less than 25 beds-----	1,796	27,198	570	7,537
25-49 beds-----	3,172	103,593	569	16,789
50-99 beds-----	3,044	183,651	280	15,983
100 beds or more-----	1,789	230,160	79	8,711
Personal care with nursing---	2,757	129,032	1,120	29,981
Less than 25 beds-----	1,141	14,232	678	7,438
25-49 beds-----	612	19,744	263	7,671
50-99 beds-----	524	30,974	133	7,249
100 beds or more-----	481	64,082	46	7,623
Personal care-----	2,886	42,117	1,472	18,583
Less than 25 beds-----	2,421	23,754	1,233	9,754
25-49 beds-----	330	9,628	183	5,028
50-99 beds-----	101	5,234	47	2,546
100 beds or more-----	34	3,501	9	1,255
	Percent distribution			
All types of service-----	79	88	21	12
Less than 25 beds-----	68	73	32	27
25-49 beds-----	80	82	20	18
50-99 beds-----	89	90	11	10
100 beds or more-----	95	94	5	6
Nursing care-----	87	92	13	8
Less than 25 beds-----	76	78	24	22
25-49 beds-----	85	86	15	14
50-99 beds-----	92	92	8	8
100 beds or more-----	96	96	4	4
Personal care with nursing---	71	81	29	19
Less than 25 beds-----	63	66	37	34
25-49 beds-----	70	72	30	28
50-99 beds-----	80	81	20	19
100 beds or more-----	41	89	9	11
Personal care-----	66	69	34	31
Less than 25 beds-----	66	71	34	29
25-49 beds-----	64	66	36	34
50-99 beds-----	69	67	31	33
100 beds or more-----	79	74	21	26

Table 12. Number of nursing homes, by type of recreational activity provided, type of service, and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All homes	Recreational activities provided					
		Any activity	Arts/crafts	Planned social activities	Trips	Other	None
All types of service-----	19,533	15,443	7,585	14,056	4,989	6,082	4,090
Less than 25 beds-----	7,839	5,358	1,536	4,655	1,549	2,109	2,481
25-49 beds-----	5,129	4,114	1,879	3,782	1,140	1,511	1,015
50-99 beds-----	4,128	3,668	2,339	3,432	1,175	1,430	460
100 beds or more-----	2,438	2,304	1,831	2,187	1,125	1,032	134
Nursing care-----	11,299	9,800	5,598	9,025	2,948	3,751	1,498
Less than 25 beds-----	2,366	1,796	647	1,571	442	661	570
25-49 beds-----	3,741	3,172	1,503	2,903	811	1,147	569
50-99 beds-----	3,324	3,044	1,981	2,849	897	1,163	280
100 beds or more-----	1,868	1,789	1,467	1,703	797	780	79
Personal care with nursing-----	3,877	2,757	1,180	2,541	1,075	1,193	1,120
Less than 25 beds-----	1,819	1,141	289	1,024	317	506	678
25-49 beds-----	875	612	240	575	202	231	263
50-99 beds-----	657	524	307	489	242	221	133
100 beds or more-----	527	481	344	453	315	235	46
Personal care-----	4,357	2,886	807	2,490	965	1,138	1,472
Less than 25 beds-----	3,654	2,421	600	2,061	790	942	1,233
25-49 beds-----	513	330	136	305	127	133	183
50-99 beds-----	147	101	51	94	35	45	47
100 beds or more-----	43	34	20	30	13	17	9

Table 13. Number of residents and recreational therapists in nursing homes, by type of recreational activity provided in home, type of service, and bed size: United States, 1968

[Subtotals do not necessarily add to totals because of rounding]

Type of service and bed size	All homes with recreational activities	Residents					Recreational therapists	
		Recreational activities provided in home					Full-time	Part-time
		Any activity	Arts/crafts	Planned social activities	Trips	Other		
Number								
All types of service-----	15,443	715,751	469,524	669,696	287,956	294,553	1,771	3,046
Less than 25 beds-----	5,358	65,184	21,087	57,836	18,775	25,170	117	298
25-49 beds-----	4,114	132,965	63,112	122,864	37,420	49,148	306	801
50-99 beds-----	3,668	219,859	144,106	206,665	71,839	84,838	533	1,197
100 beds or more-----	2,304	297,743	241,219	282,331	159,922	135,397	816	751
Nursing care-----	9,800	544,602	376,017	511,753	203,446	217,478	1,445	2,481
Less than 25 beds-----	1,796	27,198	10,417	24,078	6,941	9,835	34	141
25-49 beds-----	3,172	103,593	51,088	95,293	26,954	37,524	253	693
50-99 beds-----	3,044	183,651	122,461	172,668	55,162	69,483	479	1,074
100 beds or more-----	1,789	230,160	192,051	219,712	114,390	100,636	679	573
Personal care with nursing-----	2,757	129,032	77,581	120,151	69,178	59,840	245	390
Less than 25 beds-----	1,141	14,232	3,921	12,974	3,930	6,133	34	55
25-49 beds-----	612	19,744	7,909	18,645	6,596	7,660	36	64
50-99 beds-----	524	30,974	18,824	29,072	14,605	13,166	44	105
100 beds or more-----	481	64,082	46,927	59,460	44,048	32,882	131	165
Personal care-----	2,886	42,117	15,926	37,792	15,331	17,236	81	176
Less than 25 beds-----	2,421	23,754	6,750	20,784	7,904	9,202	48	102
25-49 beds-----	330	9,628	4,115	8,926	3,870	3,964	16	44
50-99 beds-----	101	5,234	2,821	4,924	2,072	2,189	11	18
100 beds or more-----	34	3,501	2,241	3,158	1,485	1,880	6	12

APPENDIX I

TECHNICAL NOTES ON THE SURVEY DESIGN AND PROCEDURES

General

The 1968 Nursing Home Survey included "all" resident institutions in the United States which provide nursing or personal care to the aged, infirm, or chronically ill. The survey was directed toward the aged institutional population; however, all people who were residents of institutions within the scope of the survey were included regardless of age. The survey, conducted during April-September 1968, included 18,185 nursing homes, convalescent homes, rest homes, homes for the aged, and other related facilities. It did not include 1,355 homes which opened in the year prior to the survey. As discussed in appendix II, special weighting procedures were applied to the data to account for the existence of these homes. Resident institutions included in the survey were those which maintained at least three beds and provided some type of nursing service. (See appendix IV for the procedure used to classify these institutions by type of nursing service.)

This appendix describes the survey design and procedures for the 1968 Nursing Home Survey. Succeeding appendixes present general qualifications of the data and the weighting procedure to account for the existence of newly opened homes (appendix II), definitions of terms (appendix III), classification of institutions by type of nursing service (appendix IV), and forms used in the survey (appendix V).

Universe

The universe for the 1968 Nursing Home Survey consisted of all institutions classified as nursing homes in the 1967 Survey of the Master Facility Inventory (MFI). A detailed description of how the MFI was developed, its content, maintenance plans, and a procedure for assessing the completeness of its coverage has been published.^{27,28} The MFI includes the names, addresses, and certain descriptive information about "all" hospitals and resident institutions in the United States. It was originally developed by collating a large

number of published and unpublished lists of establishments and surveying these establishments by mail to obtain information on their nature and status of business.

Since the MFI serves as a sampling frame for institutions within the scope of the various health facilities surveys, it is imperative that it be kept as current as possible. To aid in accomplishing this purpose, a mechanism known as the Agency Reporting System (ARS) has been developed to provide information on new institutions. This information is incorporated in the MFI at regular intervals. A report on the origin and development of the ARS has been published.²⁹

Data Collection and Processing

Data for this survey were collected, primarily by mail, by the Wolf Research and Development Corporation, under contract to the National Center for Health Statistics. In addition to the original mailing, followup procedures consisted of three regular first-class mailings, each approximately 3 weeks after the prior mailing, and a final certified mailing. Before the certified mailing, U.S. Bureau of the Census interviewers made personal visits to approximately 400 of the largest nursing homes which had not responded. (These 400 homes were not included in the certified followup.) Of those nonresponding homes left after the certified mailing, a sample of 2,000 homes, stratified by bed size and type of service, was selected for telephone followup.

Approximately 22 percent of the 18,185 homes in scope of the survey responded to the original mailing. The three additional first-class mailings added 39 percent, and the certified mailing plus the Census personal interviews added another 19 percent. Telephone followup and late mail returns brought the total response to 87 percent. Of the 2,375 nonresponding homes, the majority had less than 25 beds (table I). Nonresponse decreased as bed size increased.

The Wolf Corporation hand-edited and coded the completed questionnaires in accordance with specifications established by the Center. If the returned questionnaire did not contain data for certain key items, a

NOTE: The list of references follows the text.

Table I. Number and percent distributions of nursing homes by response status and bed size: United States, April-September 1968

[Subtotals do not necessarily add to totals because of rounding]

Bed size	Questionnaires mailed		Questionnaires returned	Questionnaires not returned
	Number of homes	Total		
			Percent distribution	
All homes -----	18,185	100	87	13
Less than 25 beds -----	7,778	43	35	7
25-49 beds -----	4,719	26	23	3
50-99 beds -----	3,935	22	20	2
100 beds or more -----	1,753	10	9	1

further mail inquiry was made specifically for these items. Approximately 10 percent of the returned questionnaires did not pass editing criteria for one or more key items and required this "fail-edit" mailing.

After the edited and coded data were recorded on magnetic tape, the staff of the Health Facilities Statistics Branch of the Division of Health Resources

Statistics processed the data on the Center's electronic computer. Processing included matching each institution with basic identifying information contained in the 1967 MFI Survey as well as carrying out internal edits and consistency checks to eliminate "impossible" responses and errors in editing, coding, or processing.



APPENDIX II

QUALIFICATIONS OF THE DATA

General Qualifications

Certain qualifications should be kept in mind regarding the MFI, which was the universe for the 1968 Nursing Home Survey. The data in this report can be no more representative of nursing homes in the United States than the universe upon which the survey was based. The 1967 MFI Survey included approximately 89 percent of the nursing homes in the United States. Indications are that places not on the MFI were relatively small, possibly no more than half as large on the average as those listed.

Special attention is called to the procedure for classifying institutions described in appendix IV. Classification of nursing homes, i.e., homes for the aged, rest homes, and related types of places, was based on the type of service provided in the home rather than on State licensure laws or on what the home may call itself. This criterion for classification was chosen in the absence of any commonly accepted definition of nursing homes or other institutions of this type.

Since the 1968 Nursing Home Survey was a census of "all" nursing homes in the United States, the data presented in this report are *not* subject to sampling variability. However, the data are subject to reporting and measurement errors. The accuracy of the data depends on the accuracy of personnel and business records and, to some extent, on the accuracy of the respondent's replies based on his memory or willingness to report correct answers.

In an attempt to keep measurement errors to a minimum, the questionnaire was made as self-explanatory as possible. Not only were definitions and explanations included as part of each question, but a separate Definition Sheet regarding staff was enclosed.

Time Interval Between Establishing the Universe and Conducting the Survey

The time interval between the 1967 MFI Survey (April-October 1967), in which the universe of nursing homes was established, and the 1968 Nursing Home Survey (April-September 1968) was 1 year. Basic classification data collected in the 1967 MFI Survey

were not collected in the 1968 Nursing Home Survey. Instead, the 1968 data were assumed to be the same as the 1967 data, which were used to classify the homes. Thus the classification of institutions for the 1968 Nursing Home Survey was based on type of service and type of ownership information collected in the 1967 MFI Survey.

During this 1-year interval the type of ownership and type of service probably changed for some of the institutions. Because of the short time period, however, any changes which may have occurred should have only a negligible effect on the distribution of institutions by either type of service or type of ownership.

During the 1-year interval between establishing the universe and conducting the 1968 survey, 399 nursing homes closed and 1,355 nursing homes opened for business. The nursing homes which opened for business were not included in the 1968 survey because of a time lag in receiving the names and addresses of new homes from the Agency Reporting System, the mechanism which updates the MFI mailing list. Data from the 1968 survey were weighted to account for the existence of these newly opened homes even though they were not included in the survey.

Weighting Procedure

The 1968 data were weighted to account for the existence of 1,355 newly opened homes according to three basic variables: type of service (nursing care, personal care with nursing, personal care), type of ownership (proprietary, church and other nonprofit, government), and number of beds (less than 25 beds, 25 to 49 beds, 50 to 99 beds, 100 beds or more). In all, there were 36 combinations of these variables, or 36 weighting classes. The number of homes which opened during the 1-year interval between establishing the universe and conducting the 1968 survey was tallied for each of the 36 weighting classes from data collected in the 1969 MFI Survey. Percent distributions of these 1,355 new homes based on the 1969 data are presented according to type of ownership and bed size (table II) and type of service (table III). The majority of new nursing homes (79 percent) were proprietary-owned.

Table II. Percent distribution of nursing homes opened for business between April-October 1967 and April-September 1968, by type of ownership and bed size: United States

[Subtotals do not necessarily add to totals because of rounding]

Type of ownership and bed size	Nursing homes opened for business between April-October 1967 and April-September 1968
	Number
Total homes -----	1,355
	Percent distribution
All types of ownership-----	100.0
Proprietary-----	78.9
Less than 25 beds-----	31.4
25-49 beds-----	12.3
50-99 beds-----	22.3
100 beds or more-----	12.9
Church and other nonprofit-----	14.1
Less than 25 beds-----	2.3
25-49 beds-----	3.2
50-99 beds-----	5.2
100 beds or more-----	3.4
Government-----	6.9
Less than 25 beds-----	3.4
25-49 beds-----	1.3
50-99 beds-----	1.4
100 beds or more-----	0.8

The majority (72 percent) also were those providing nursing care, the highest level of nursing service. The largest bed-size group (37 percent) was the category of less than 25 beds.

The weight for each weighting class was calculated according to the following formula:

$$W_c = 1 + \frac{X_c}{Y_c}$$

where

- W = weight
- c = weighting class
- X = number of newly opened homes
- Y = number of homes in scope of the 1968 survey

Weights were assigned to each nursing home according to its weighting class. Then the 1968 survey information

Table III. Percent distribution of nursing homes opened for business between April-October 1967 and April-September 1968, by type of service: United States

[Subtotals do not necessarily add to totals because of rounding]

Type of service	Nursing homes opened for business between April-October 1967 and April-September 1968
	Number
Total homes -----	1,355
	Percent distribution
All types of service---	100.0
Nursing care-----	71.7
Personal care with nursing---	12.5
Personal care-----	15.8

was weighted by multiplying the weight times the data. Thus data in this report represent information for "all" nursing homes in existence in the United States in 1968.

Rounding of Numbers

All data were calculated to the nearest hundredth because the weights were carried to this level of accuracy. After calculations were performed, the data were rounded to the nearest whole number. Because of this rounding, figures in the tables may not add to the totals.

Nonresponse and Imputation of Missing Data

Of the 18,858 institutions comprising the universe of nursing homes, 673 were found to be either out of business, out of scope, or duplicates, leaving 18,185 homes in scope of the survey. A total of 2,375 nursing homes, or 13 percent, refused to respond to the survey after all followup procedures were completed. Additional information on the response rate is presented in table I of appendix I.

Statistics in this report were adjusted for non-response for an entire institution by using classification data collected in the 1967 MFI Survey for that particular nursing home and imputing all items. When nursing homes did not return a questionnaire or returned a questionnaire with items left blank, the items were imputed in one of four ways. A "no" response was assigned to blanks in the following items: minimum age for admission, admission physical, yearly physical, availability of recreation therapy or out-

patient therapy. If the missing data for a particular home had been collected in the 1967 MFI Survey, they were used. The items imputed in this way were number of full-time registered nurses, number of full-time licensed practical nurses, and number of residents. If the missing items had not been collected in the 1967 MFI Survey, data were used from the preceding questionnaire from another nursing home having the same type of service (nursing care, personal care with nursing, or personal care) and bed-size group (less than 25 beds, 25-49 beds, 50-99 beds, 100 beds or more). Items imputed this way were number of employees in selected occupations (excluding full-time registered nurses and licensed practical nurses), charges for care, physician arrangements to visit patients, and

level of skill of the nurse in charge on each shift. In a similar type of imputation, data were used from the preceding questionnaire from a home with the same type of service, bed-size group, *and* type of ownership. Items imputed in this way were number of admissions, number of discharges, and number of deaths.

For items related to patient census, special imputation tables were used which gave the ratio of the item to the patient census by type of service and bed-size group or by type of ownership. These items were number of discharges, number of deaths, number of male and female patients, number of patients receiving rehabilitation services, and number of patients receiving medical assistance benefits.



APPENDIX III

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Homes or Residents

Nursing home.—This term refers to all institutions within the scope of the 1968 Nursing Home Survey. It includes nursing homes, convalescent homes, homes for the aged, and related institutions which provide nursing care to the aged or chronically ill and maintain three beds or more.

Type of service.—The classification of nursing institutions according to type of service is described in appendix IV.

Type of ownership.—Institutions are classified by type of ownership into the following categories:

Proprietary institution—an institution operated under private commercial ownership.

Church or other nonprofit institution—an institution operated under voluntary or nonprofit auspices. This classification includes both church-related and other nonprofit institutions.

Government institution—an institution operated under Federal, State, or local government auspices.

Bed.—Any bed set up and regularly maintained for use by a resident or patient, whether or not the bed was in use at the time of the survey, is included. Beds

used by staff or any beds used for emergency services only are excluded.

Resident.—A resident, or patient, is any person who has been formally admitted to the home and is currently on its register. Included are residents temporarily away, for instance in a short-stay hospital or visiting with friends or relatives, but whose beds are maintained for them in the home.

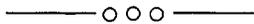
Terms Relating to Programs or Treatments

Rehabilitation.—Rehabilitation is the process of restoring a resident to a state of physical and mental health through treatment and training.

Physical therapy.—Physical therapy is the treatment of disease, injury, etc., by physical means rather than with drugs. Included in the category are treatments by massage, infrared or ultraviolet light, electrotherapy, hydrotherapy, heat, or exercise.

Occupational therapy.—Occupational therapy is the treatment of mental and physical ailments by work designed to divert the mind or correct a particular physical defect, or creative activity prescribed for its effect in promoting recovery or rehabilitation.

Recreation.—Recreation is refreshment of body or mind by some form of play, amusement, or relaxation.



APPENDIX IV

CLASSIFICATION OF NURSING HOMES BY TYPE OF SERVICE

Institutions in the 1968 Nursing Home Survey are classified by type of service as nursing care, personal care with nursing, or personal care homes according to data collected in the 1967 Master Facility Inventory Survey (MFI). (A brief description of the MFI is given in appendix I and pertinent parts of the 1967 MFI Survey questionnaire are reproduced in appendix V.) The classification scheme for type of service is based on four criteria.

1. The number of persons receiving nursing care during the week prior to survey. Nursing care is defined as the provision of one or more of the following services:

Taking temperature-pulse-respiration or blood pressure

Full bed bath

Application of dressings or bandages

Catheterization

Intravenous injection

Intramuscular injection

Nasal feeding

Irrigation

Bowel and bladder retraining

Hypodermic injection

Oxygen therapy

Enema

2. The presence or absence of nurses on the staff.
3. Whether or not the institution provides administration of medications or supervision over self-administered medications.
4. Assistance in a certain number of activities for daily living. These include rub and massage; help with tub bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with eating.

The three classes of nursing homes by type of service were defined as follows:

Nursing care home

- Fifty percent or more of the residents received nursing care during the week prior to the survey.

- At least one full-time (35 or more hours per week) registered nurse (RN) or licensed practical nurse (LPN) was employed.

Personal care with nursing home

- Some, but less than 50 percent, of the residents received nursing care during the week prior to the survey.
 - At least one full-time RN or LPN was employed.
- or
- Some of the residents received nursing care during the week prior to the survey.
 - No full-time RN or LPN was employed.
 - The institution either

Provided administration of medicines or supervision over self-administered medicines.

or

Provided assistance with three or more activities for daily living.

Personal care home

- Some of the residents received nursing care during the week prior to the survey.
- No full-time RN or LPN was employed.
- The institution did not provide administration of medicines or supervision over self-administered medicines.
- The institution provided assistance with one or two activities for daily living.

or

- None of the residents received nursing care during the week prior to the survey.
- At least one full-time RN or LPN was employed.
- The institution either

Provided administration of medicines or supervision over self-administered medicines.

or

Provided assistance with three or more activities for daily living.

Institutions which provided assistance with one or two activities for daily living or offered room and board as the only service were classified as out of scope of the 1968 Nursing Home Survey.

Table IV shows in detail the scheme for classifying institutions according to type of service.

Table IV. Classification of institutions by type of service: 1968 Nursing Home Survey

Classification variables	Classification criteria													
	50 percent or more					Some but less than 50 percent					None			
Percent of total residents who received nursing care during the week prior to day of survey														
Number of registered or licensed practical nurses	1+	None				1+	None				0+			
Does the institution provide: (a) Administration of medicine or treatments according to doctor's orders or (b) Supervision over self-administered medicine?	...	Yes	No			...	Yes	No			Yes	No		
Does the institution offer assistance with three activities or more for daily living?	Yes	No		Yes	No		...	Yes	No	
Does the institution offer assistance with one or two activities for daily living?	Yes	No	Yes	No	Yes	No
Does the institution offer room and/or board as its only service?	Yes	Yes	Yes
Institution ¹	Nc	Pcn	Pcn	Pc	D	Pcn	Pcn	Pcn	Pc	D	Pc	Pc	D	B

¹Nc=Nursing care home
Pcn=Personal care with nursing home
Pc=Personal care home
D=Domiciliary care home (out of scope)
B=Boarding or rooming house (out of scope)

— ○ ○ ○ —

APPENDIX V
FORMS USED IN THE SURVEY

1968 NURSING HOME QUESTIONNAIRE

BUDGET BUREAU NO. 68-S-68017
APPROVAL EXPIRES 8-31-68

FORM PHS-5080
(1-68)

U.S. DEPARTMENT OF HEALTH,
EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH
STATISTICS
WASHINGTON, D.C.
20201

NURSING AND PERSONAL CARE
FACILITIES SURVEY

March 1968

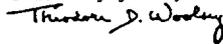
Dear Sir:

The National Center for Health Statistics (NCHS) of the U.S. Public Health Service is conducting a survey of all resident facilities providing nursing and personal care to obtain basic data on their policies, services and staff. This program is being conducted as a part of the U. S. National Health Survey. This information will be used to compile statistics on the number and kinds of such facilities in the United States. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional and local health planners, national health associations, and many others who plan and provide health services to the aged. We wish to assure you that any information which permits the identification of your facility will be held strictly confidential, will be used solely by persons engaged in, and only for the purposes of the survey and will not be disclosed or released to other persons or for any other reason.

Enclosed is a report from an earlier survey which we hope you will find informative. You can receive other publications by using the enclosed order blank and returning it, along with the completed questionnaire, in the postage-paid envelope. We would appreciate your cooperation in completing this questionnaire within one week.

Thank you.

Sincerely yours,



Theodore D. Woolsey
Director,
National Center for Health
Statistics

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

- a. ANSWER ALL QUESTIONS, please. Definitions and instructions are given with the questions when needed.
- b. INCLUDE IN THIS REPORT information for the facility named in the mailing label or for its successor if the name or owner has changed. Include information for ONE FACILITY ONLY, but report for the ENTIRE facility, including any sub-units.
- c. RETURN THE COMPLETED QUESTIONNAIRE in the postage-paid envelope provided, to:
National Center for Health Statistics, P.O. Box 348, Bladensburg, Maryland 20710.

A. OWNERSHIP OF FACILITY

- 1. When did this facility first begin its operation at THIS ADDRESS? (Give the date it first opened at this address as a nursing home, convalescent home, etc., even though the ownership or control may have since changed, and the specific services may now be different.)

Month	Year
- 2. How many times has the ownership of this facility changed hands since it was first opened at this address?

No. of Times	Never
- 3. When did this facility first begin its operation under its PRESENT OWNERSHIP?

Month	Year

B. ADMISSION POLICY

4. As a general policy, do you accept the following types of persons? (Mark (X) "Yes" or "No" for each item.)

	Yes	No
a. Bedfast patients		
b. Post surgical recovery patients		
c. Patients transferred from psychiatric facilities (such as mental hospital or clinic, etc.)		
d. Mentally retarded patients		
e. Persons with:		
(1) Heart disease		
(2) Ill effects of a stroke		
(3) Diabetes		
(4) Fractured hips		
(5) Crippling arthritis		
(6) Cancer		
(7) Blindness		
(8) Alcoholism		
(9) Mental illness (that is, diagnosed by a physician as mentally ill, not senile or mentally retarded)		

5. What is the minimum age for admittance into this facility?

Minimum Age	
Mark (X) if no minimum age	

6. What is your most frequent, your highest, and your lowest charge per month for lodging, meals, nursing care, and other personal services?

Most frequent	\$
Highest	\$
Lowest	\$
Charge per month	

a. If you do not make monthly charges, please check the appropriate box.

Initial Payment/Life care plan	
Other (Specify) _____	

7. Are all persons admitted to this facility required to be examined by a physician within the month prior to or after admission?

1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No (Skip to 8)
---------------------------------	--------------------------------------------

a. Which of the following types of physician usually performs the admitting examination for most patients? (Check ONE box only.)

Patient's personal physician	
Hospital staff physician	
Staff physician of this facility	
Consulting physician of this facility	
Other (Specify) _____	

C. SERVICES

8. Does a physician give a routine physical examination to all patients at least annually after admission?

Yes	No
9. Which of the following recreational activities do you have for patients? (Mark (X) all that apply.)

Arts and crafts program	□
Planned social activities (such as birthday parties, card games, etc.) ..	□
Trips to concerts, plays, etc.	□
Other (Specify)	□
None	□

10. Does this facility provide professional rehabilitation services at this address?
- Yes No (Skip to 11) □

a. Which of the following do you provide? (Mark (X) all that apply.) <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">□</td><td>Physical therapy</td></tr> <tr><td style="text-align: center;">□</td><td>Occupational therapy</td></tr> <tr><td style="text-align: center;">□</td><td>Speech and hearing therapy</td></tr> <tr><td style="text-align: center;">□</td><td>Other (Specify)</td></tr> </table>	□	Physical therapy	□	Occupational therapy	□	Speech and hearing therapy	□	Other (Specify)	b. LAST MONTH, what was the AVERAGE DAILY number of patients receiving these services? <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">□</td><td> </td></tr> <tr><td style="text-align: center;">□</td><td> </td></tr> <tr><td style="text-align: center;">□</td><td> </td></tr> <tr><td style="text-align: center;">□</td><td> </td></tr> </table>	□		□		□		□	
□	Physical therapy																
□	Occupational therapy																
□	Speech and hearing therapy																
□	Other (Specify)																
□																	
□																	
□																	
□																	

11. Do your patients use any services of out-patient care clinics?
- Yes No (Skip to 12) □

a. Check the types of services your patients use.....

Physical therapy	□
Diagnostic clinic	□
Medical clinic	□
Other (Specify)	□

D. PATIENT TURNOVER AND CHARACTERISTICS

12. How many admissions did you have during 1967? □
- a. How many of the admissions during 1967 were from: Total

(1) Mental hospitals.....	□
(2) General hospitals.....	□
(3) Other hospitals.....	□
(4) Patient's home.....	□
(5) Another nursing home.....	□
(6) Other places (Specify) _____	□

13. How many discharges did you have during 1967, excluding deaths?
- a. How many of these patients discharged were admitted during 1967? Number Total
- | | | |
|--|---|---|
| | □ | □ |
| | □ | □ |

14. How many persons died during 1967 while patients of this facility? (Include all who died while on your register.) Number
-

15. What was your patient census last night? (Include all patients, even though they may have been temporarily away; exclude employees and proprietors.)
- | | |
|---------|---|
| Males | □ |
| Females | □ |
| Total | □ |

16. Do you participate in any of the Federal or State public assistance or medical assistance programs? (This includes Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to Families with Dependent Children, Medicaid (XIX), or Medicare (Title XVIII).) □
1. Yes 2. No (Skip to 17)

a. How many patients are currently receiving Public Assistance or Medical Assistance? (Include all programs EXCEPT Medicare.)	□
b. For how many patients are you NOW RECEIVING Medicare (Part A) payments?	□
c. For how many patients are you NOT NOW receiving Medicare (Part A) payments because they have exhausted their benefit rights?	□

Number

E. STAFF

17. Is there at least one Registered Nurse (RN) **ON DUTY** (that is, on the premises and routinely serving the patients) for **EVERY** shift? Yes (Skip to 19) No (Answer 18)

18. Please check the box that indicates the level of skill of the "charge nurse" who is ON DUTY (that is, on the premises and routinely serving the patients) for each shift. (If you do not have all of the shifts indicated below, please check the "No such shift" box next to the particular column.)

Shift No. 1	Shift No. 2 <input type="checkbox"/> No such shift	Shift No. 3 <input type="checkbox"/> No such shift
a. <input type="checkbox"/> RN	a. <input type="checkbox"/> RN	a. <input type="checkbox"/> RN
b. <input type="checkbox"/> LPN	b. <input type="checkbox"/> LPN	b. <input type="checkbox"/> LPN
c. <input type="checkbox"/> Nurse's Aide	c. <input type="checkbox"/> Nurse's Aide	c. <input type="checkbox"/> Nurse's Aide
d. <input type="checkbox"/> Other (Specify) _____	d. <input type="checkbox"/> Other (Specify) _____	d. <input type="checkbox"/> Other (Specify) _____

19. Does this facility employ a full-time staff physician for the care of the patients? No (Skip to 19a)
Yes

How many are employed?
Number

a. Does this facility have an arrangement with a physician to come to this facility? (Mark (X), one only.)
At regular intervals (Skip to 20)
When needed, but NOT at regular intervals (Skip to 20)
Neither of the above

b. Does this facility have an arrangement with a physician to give medical care to the patients in HIS office

Yes	No
-----	----

20. Please enter the number of full-time and part-time employees in this facility. (Full-time means 35 or more hours a week.) Count each employee only once, in the occupation at which he spends most of his time. Also include all members of religious organizations who contribute their services. (Please consult the enclosed Definition of Employees to determine the appropriate classification of personnel.)

EMPLOYEE	Number Full Time	Number Part Time	EMPLOYEE	Number Full Time	Number Part Time
Registered Nurses			Recreation Therapist		
LPN or Vocational Nurses			Registered Medical Record Librarian		
Nurse's Aides, Orderlies, Student Nurses, and Attendants			Other Medical Records Librarians and Technicians		
Dietitian			Medical Social Worker		
Registered Occupational Therapist			Speech Therapist		
Other Occupational Therapists and Assistants			All other professional and technical Personnel (include Administration)		
Qualified Physical Therapists			Kitchen workers, laundry, house-keeping and maintenance personnel		
Physical Therapist Assistant			All other personnel (such as chauffeur, file clerk, etc.)		
TOTAL			TOTAL		

Name of person completing this form

Date of Completion

Title

Phone number of this facility

DEFINITION SHEET

DEFINITIONS OF EMPLOYEES

Professional and Technical Nursing Personnel

1. Registered nurse - a graduate of a State-approved school of professional nursing who is currently licensed as a registered nurse (R.N.) or is awaiting licensure to practice in your State; i.e., a recent graduate of a school of professional nursing, or a graduate nurse licensed in another State who recently moved to your State.
2. Licensed practical/vocational nurse - a graduate of a State-approved school of practical nursing who is currently licensed as a licensed practical or vocational nurse (L.P.N. or L.V.N.) or awaiting licensure to practice, or an individual granted a license by waiver on the basis of experience or endorsement rather than upon completion of a prescribed course of study.
3. Nursing aide, orderly, and attendant - one who assists the nursing staff by performing routine duties in caring for patients, under the direct supervision of professional or practical nurses.

Other Professional and Technical Personnel

4. Dietitian - one who plans nutritionally adequate menus, including modified diets, and supervises the preparation and service of meals for patients and personnel. Report only those dietitians who meet the educational qualifications of the American Dietetic Association.
5. Occupational therapist - one who selects and directs physical, educational, social, and daily living activities designed to meet specific needs of mentally or physically disabled patients.
6. Occupational therapy assistants - those who work under the supervision of the occupational therapist. Duties may include instructing patients in manual and creative arts and making special orthopedic devices such as splints and braces.
7. Physical therapist - (report only those registered by the American Physical Therapy Association.)
8. Physical therapy assistants - (report all other persons engaged in physical therapy service.)
9. Recreation therapist - one who develops programs involving sports, crafts, trips, and music for rehabilitation and restoration of patients.
10. Registered medical records librarian - (report only those registered by the American Association of Medical Records Librarians.)
11. Other medical records librarians and technicians - (report all other persons engaged in medical records work.)
12. Medical social worker - one who is professionally trained in a school of social work or who is "agency-trained" (as in public welfare departments) or is qualified by related experience and who is capable of making a social evaluation of patients' situations and of identifying social problems requiring service.
13. Speech therapist - one who applies skills to help handicapped persons speak in as normal a fashion as possible and understand the speech of others.
14. All other professional and technical personnel - (include all other professional and technical personnel not reported in categories 1 to 13. Include also those individuals serving as Administrators.)

FAIL-EDIT QUESTIONNAIRE

BUDGET BUREAU NO. 68-S-68017
APPROVAL EXPIRES 8-31-68

U.S. DEPARTMENT OF HEALTH
EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH
STATISTICS
WASHINGTON, D.C.
20201

NURSING AND PERSONAL CARE
FACILITIES SURVEY

June 1968

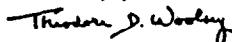
Dear Sir:

Thank you for your cooperation during our earlier telephone conversation regarding the National Center for Health Statistics' survey of all resident facilities providing nursing and personal care. The abbreviated questionnaire to which we referred in our conversation is on the back of this letter. It deals with statistics on the numbers of patients admitted and discharged from your facility and the number of people you employ. Also in cooperation with the Veterans Administration, we are conducting a census of all male veteran patients. Please complete both forms within one week and return them in the enclosed postage-paid envelope.

We wish to assure you that any information which permits the identification of your facility will be held strictly confidential, will be used solely by persons engaged in, and only for the purposes of the survey and will not be disclosed or released to other persons or for any other reason.

We greatly appreciate your cooperation in this survey.

Sincerely yours,



Theodore D. Woolsey
Director,
National Center for Health
Statistics

1. How many admissions did you have during 1967? []

a. How many of the admissions during 1967 were from: Total []

- (1) Mental hospitals []
 - (2) General hospitals []
 - (3) Other hospitals []
 - (4) Patient's home []
 - (5) Another nursing home []
 - (6) Other places (Specify) _____ []
- Number

2. How many discharges did you have during 1967, excluding deaths? Total []

a. How many of these patients discharged were admitted during 1967? Number []

3. How many persons died during 1967 while patients of this facility? (Include all who died while on your register.) []

Number

4. What was your patient census last night? (Include all patients, even though they may have been temporarily away; exclude employees and proprietors.)

Males	[]
Females	[]
Total	[]

5. Do you participate in any of the Federal or State public assistance or medical assistance programs? (This includes Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to Families with Dependent Children, Medicaid (XIX), or Medicare (Title XVIII).) []

1. Yes No (Skip to 6)

a. How many patients are currently receiving Public Assistance or Medical Assistance? (Include all programs EXCEPT Medicare.) []

b. For how many patients are you NOW RECEIVING Medicare (Part A) payments? []

c. For how many patients are you NOT NOW receiving Medicare (Part A) payments because they have exhausted their benefit rights? []

Number

6. Please enter the number of full-time and part-time employees in this facility. (Full-time means 35 or more hours a week.) Count each employee only once, in the occupation at which he spends most of his time. Also include all members of religious organizations who contribute their services. (Please consult the enclosed Definition of Employees to determine the appropriate classification of personnel.)

EMPLOYEE	Number Full Time	Number Part Time	EMPLOYEE	Number Full Time	Number Part Time
Registered Nurses			Recreation Therapist		
LPN or Vocational Nurses			Registered Medical Record Librarian		
Nurse's Aides, Orderlies, Student Nurses, and Attendants			Other Medical Records Librarians and Technicians		
Dietitian			Medical Social Worker		
Registered Occupational Therapist			Speech Therapist		
Other Occupational Therapists and Assistants			All other professional and technical Personnel (include Administration)		
Qualified Physical Therapists			Kitchen workers, laundry, house-keeping and maintenance personnel		
Physical Therapist Assistant			All other personnel (such as chauffeur, file clerk, etc.)		
TOTAL			TOTAL		

Name of person completing this form

Date of Completion

Title

Phone number of this facility

1967 MFI NURSING HOME QUESTIONNAIRE

FORM NHS-HRS-5(N) (6-19-67) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS MASTER FACILITY INVENTORY	FORM APPROVED BUDGET BUREAU NO. 68-567036
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------

Dear Sir:

The National Center for Health Statistics (NCHS) of the U.S. Public Health Service is assembling an up-to-date list of all facilities in the United States which provide some kind of medical, nursing, personal, domiciliary or custodial care.

This program is being conducted as a part of the U.S. National Health Survey, authorized by Public Law 652, 84th Congress. The Bureau of the Census has been requested to act as collecting agent for the NCHS in compiling the list.

The purpose of this survey, in which you are being asked to participate, is to obtain current information, such as number of beds, staff size, and types of services provided, from each facility on the list. The information will be used to compile statistics on the number and kinds of such facilities in the United States.

Sections A and B of this form request verification of the name and address of the facility, type of service, type of ownership, staff size and capacity. Section C asks for additional information which is needed for detailed statistics on other characteristics of the facility. All information provided in Section C will be accorded confidential treatment by the Bureau of the Census and the Public Health Service and the statistics will be presented in such a manner that no individual facility can be identified.

For this purpose we are requesting that you complete this questionnaire for your facility and return it within five days in the enclosed postage-paid envelope. The questionnaire is very brief and should take only a few minutes to complete.

Thank you for your cooperation.

Sincerely yours,

A. Ross Eckler

A. Ross Eckler
 Director
 Bureau of the Census

Enclosure

Section A - IDENTIFICATION OF FACILITY

Please refer to the mailing label above, then make all additions and corrections according to the questions below. Detailed identification information is needed to prevent duplicate listings and to assure that your facility is properly represented in our files. (Please type or print)

1 Is the NAME shown in the label above correct for your facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please line through name in label and enter correct name →	Correct name of facility if different from above									
2 Is your facility known by any other NAMES(S)? 1 <input type="checkbox"/> Yes → Please give other name(s) → 2 <input type="checkbox"/> No	Other names of your facility -----									
3 Is the address shown in the label above the correct mailing address for your facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please line through address on label and give your entire correct mailing address.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Number</td> <td style="width:40%;">Street</td> <td style="width:35%;">P.O. Box, route, etc.</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, route, etc.	City or town			County	State	ZIP Code
Number	Street	P.O. Box, route, etc.								
City or town										
County	State	ZIP Code								
4 Is your mailing address also the ACTUAL LOCATION of your facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Please give complete address for actual location of your facility.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Number</td> <td style="width:40%;">Street</td> <td style="width:35%;"></td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>County</td> <td>State</td> <td>ZIP Code</td> </tr> </table>	Number	Street		City or town			County	State	ZIP Code
Number	Street									
City or town										
County	State	ZIP Code								
5 What is the telephone number of your facility?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Area code</td> <td style="width:50%;">Number</td> </tr> </table>	Area code	Number							
Area code	Number									

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

- a. Include in this report information for the facility named in the mailing label or for its successor if the name or owner has changed. Include information for one facility only, but report for the entire facility including infirmaries and other subunits.
- b. Due to name and address changes, duplicate listings in our file, or other reasons, you may have been sent more than one questionnaire under different names or addresses. If you receive more than one form for the same facility, complete one only and return all others with the notation "Completed and returned under . . . (give name of facility on completed form)."
- c. Answer all questions, please. Definitions and special instructions are given with the questions when needed.
- d. Return the completed questionnaire in the postage paid envelope provided, to: Jeffersonville Census Operations Office, 1201 East 10th Street, Jeffersonville, Indiana 47130.

Section B - CLASSIFICATION INFORMATION

6 Please place an "X" in only ONE box for the type of organization operating your facility. The type of organization legally responsible for the operation of the facility. *Check only one*

<input type="checkbox"/> 11 State	} State-Local Government
<input type="checkbox"/> 12 County	
<input type="checkbox"/> 13 City	
<input type="checkbox"/> 14 City - County	
<input type="checkbox"/> 15 Hospital District	
<input type="checkbox"/> 16 U.S. Public Health Service	} Federal Government
<input type="checkbox"/> 17 Armed Forces	
<input type="checkbox"/> 18 Veterans Administration	
<input type="checkbox"/> 19 Other Federal Agency <i>Specify</i> _____	
<input type="checkbox"/> 20 Church related	} Nonprofit
<input type="checkbox"/> 21 Nonprofit corporation	
<input type="checkbox"/> 22 Other nonprofit	
<input type="checkbox"/> 23 Individual	} For profit
<input type="checkbox"/> 24 Partnership	
<input type="checkbox"/> 25 Corporation	

7 Please read ALL of the following, then check the ONE term which best describes your facility. *Check one only*

- 50 Nursing Home
- 51 Convalescent Home
- 52 Rest Home
- 53 Home for the Aged
- 54 Boarding Home for the Aged
- 55 Home for Crippled Children
- 56 Home for Needy
- 57 Home for Incurables
- 58 Home for the Mentally Retarded
- 59 Other - *Please describe* →

8 Does your facility serve: *Check only one*

- 1 Primarily children (under 21)
- 2 Primarily adults (21 or over)
- 3 Both children and adults
- 4 Other age limitation - *Specify* →

9 Does your facility serve: *Check only one*

- 1 Males only
- 2 Females only
- 3 Both males and females

10 What is the TOTAL NUMBER OF BEDS regularly maintained for patients or residents? *Include* all beds set up and staffed for use whether or not they are in use at the present time. **Do NOT include** beds used by staff or owners and beds used exclusively for emergency services.

Total beds _____

Section C - INFORMATION FOR STATISTICAL USE ONLY

11 What is the total NUMBER OF PERSONS (patients or residents), who stayed in your facility last night? **Do NOT include** employees or owners.

Number of persons

13 Which of the following services are ROUTINELY provided? *Check all that apply.*

- 1 Supervision is provided over medications which may be self-administered
- 2 Medications and treatments are administered in accordance with physicians orders
- 3 Rub and massage
- 4 Help with tub bath or shower
- 5 Help with dressing
- 6 Help with correspondence or shopping
- 7 Help with walking or getting about
- 8 Help with eating

OR

- 9 Not responsible for providing any services except room and board - (*If this box is checked no other box should be checked in question 13.*)

12 During the past seven days, how many of the PERSONS in question 11 received "Nursing Care"? Consider that a person received "Nursing Care" if he received any of the following services:

Nasal feeding	Temperature-pulse-respiration
Catheterization	Blood pressure
Irrigation	Application of dressing or bandage
Oxygen therapy	Bowel and bladder retraining
Full bed bath	
Enema	
Hypodermic injection	
Intravenous injection	

Number of persons

Section C - INFORMATION FOR STATISTICAL USE ONLY (Continued)

14 What is the total number of full-time personnel on the payroll of this facility? Full-time personnel are those who usually work 35 hours or more per week. **Include** owners, managers, and members of religious orders who work full-time whether on the payroll or not. **Do not include** volunteers, private duty nurses, and part-time employees.

TOTAL full-time personnel

Of the above personnel, how many are:

a. Licensed registered nurses

b. Licensed practical or vocational nurses. . .

16 Does the owner of this facility own or operate any related or similar facility providing inpatient services which is **NOT** included in this report?

For example, another facility of the type listed in question 7 or a hospital, or other institution.

1 Yes

2 No → Go to 17

Please provide the following information for all other facilities owned. Use the "Comments" section if additional space is needed or attach a separate listing when available.

Name of facility

Type of facility

Address - Number and street

City

State

ZIP code

15 What is the NAME of the person, corporation, or other organization which owns this facility?

Name

17 Name of person completing this form

Date

Title

COMMENTS - General comments are invited as well as comments on specific items.

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Formerly Public Health Service Publication No. 1000

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