

VITAL and HEALTH STATISTICS
DATA FROM THE NATIONAL HEALTH SURVEY

Arrangements for Physician Services to Residents in Nursing and Personal Care Homes

United States - May-June 1964

Statistics on types of arrangements made by nursing and personal care homes with physicians for care of residents. Types of arrangements are related to characteristics of establishments and to characteristics and care of residents. Based on data collected from institutions during the period May-June 1964.

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IN THIS REPORT statistics are presented on arrangements made with physicians by the Nation's estimated 17,400 nursing and personal care homes for the care of their 554,000 residents or patients.

These statistics are based on a 1964 survey in which personal interviews were conducted with the homes' administrators or other responsible staff.

The nursing and personal care homes are classified in this report by type of service, size, ownership, geographic region, and extent of nursing coverage. Data for residents of the homes include sex, age, mobility status, number of chronic conditions, level of care, and time last saw physician.

Four-fifths of the homes had made arrangements for visiting physicians, either to be called when needed (45 percent) or on a regular visiting schedule (36 percent). Few homes (4 percent) employed full-time physicians. About one-tenth of the homes had made no arrangements for physician coverage.

Proportionally more of the larger homes than smaller homes had full-time and regular-visiting physicians. Arrangements made for physician coverage were found to be associated with the primary type of service characterizing a home—a sequence from more to less intensive types of physician coverage was exhibited in the following order: geriatric hospitals, nursing care homes, personal care homes with nursing, and personal care homes. Similarly, the sequence from more to less intensive physician coverage with regard to type of ownership was governmental, nonprofit, and proprietary.

Homes with a full-time registered nurse in charge were most likely to have arrangements for full-time or regular-visiting physicians. Such physician coverage in homes without a full-time RN in charge was found in lesser but substantial proportions only where nursing service (by nurse or nurse's aide) was provided at all times.

Three-fifths of all residents were in homes that had full-time or regular-visiting physicians. Seven percent of all residents were in homes that had no arrangement for physician care.

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-----	*

ARRANGEMENTS FOR PHYSICIAN SERVICES TO RESIDENTS IN NURSING AND PERSONAL CARE HOMES

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INTRODUCTION

The character of nursing and personal care homes has been substantially documented within the past decade. From the midfifties, when the first extensive, multi-State survey of patients in such facilities was conducted jointly by the Commission on Chronic Illness and the Public Health Service,¹ until the midsixties, when national coverage for such data was first achieved by the Institutional Population Survey,²⁻¹³ a rather thorough profile has been drawn. The kinds of staff, residents, and services characterizing nursing and personal care homes have become increasingly clear from these wide-angle surveys and from a series of local and State studies.

Problem

The extensive delineation of what nursing and personal care homes are and of what they do has nevertheless left bare a central area. Not filled in, except with only beginning suggestive information, is that part of the picture which tells of physicians and their services.

Some of the earliest data regarding the care of patients began to identify this problem: "Iso-

lation...of the nursing home from the medical resources of a community is perhaps the most prominent issue...."¹ Cataloguing patients' receipt of physician services highlighted a relative sparsity of such services, raising the question of what *provisions* were made for physician coverage in nursing homes. This lack of information was emphasized in 1963 with the acknowledgment that "The arrangements by which patients receive physicians' services in nursing homes have not been generally documented."¹⁴

A tenuous beginning was made during 1958-59 in a survey conducted by the American Medical Association and the American Nursing Home Association.¹⁵ The information obtained was grossly indicative of some of the types of arrangements made with physicians; but perhaps most telling were the implications of the inadequacy of the information, which patently solicited further search for more instructive information.

Considerably more detail about physician arrangements was subsequently obtained in a series of surveys in Illinois beginning in 1961.¹⁶⁻¹⁸ More than producing specific data for Illinois, the investigators provided steppingstones for further research in their formulations of physician roles and functions in nursing homes. Such formulations provide the foundation for what will undoubtedly be more comprehensive research in the future on physician participation in nursing home practice.

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The limited research to date regarding physicians in nursing homes points up a necessary methodological aspect of such research. Two kinds of tasks confront those who would seek to produce data on nursing home arrangements with physicians. One is the data gathering itself; the other, and more fundamental task, is the conceptualization of the variety of roles through which physicians serve (or could serve) nursing homes and their patients. This task still lies largely ahead.

Objective

The present survey undertook to obtain national data on nursing and personal care homes, including geriatric hospitals, on a variety of subjects such as information about the establishments, their staffs, and their residents or patients. Additionally, the survey addressed itself to the establishments' arrangements for physician services.

OVERALL PLAN OF THE SURVEY

Various materials explaining the survey as a whole are given in appendixes I and II. Brief descriptions of the survey and its general findings will be given at this point to furnish the necessary context for the specific analysis to follow on arrangements for physician services.

A national sample survey of institutions which furnish nursing and personal care to the aged and chronically ill was conducted in the spring of 1964. The survey was sponsored by the National Center for Health Statistics and was carried out with the cooperation of the Bureau of the Census. The survey is known as Resident Places Survey-2 (RPS-2), and it succeeds a related one of a year earlier in which less detailed information was obtained.

Included in the scope of the survey were resident institutions with three beds or more which regularly provide some level of nursing or personal care beyond that of mere room and board. These included establishments such as nursing homes, convalescent homes, rest homes, homes for the aged, and geriatric hospitals.

Data were gathered by well-trained, experienced interviewers through personal visits to the establishments drawn for the survey sample. The desired information about the home and its residents was obtained by interview with knowledgeable staff respondents and was supplemented by reference to records as needed.

The information sought concerned not only the nature and provisions of the facility (appendix II-B) but also the personal, socioeconomic, and health characteristics of the residents and the services they receive (appendix II-D). Information about the staff obtained from the Establishment Questionnaire was supplemented by a questionnaire completed by the sampled staff members (appendix II-C).

General Data

Several reports have been published on certain findings of the survey. Detailed data have been reported on the number, types, characteristics, training and experience, hours worked, and wages of employees in nursing and personal care homes; on residents, with reference to the extent of chronic illness exhibited; on charges for care; on levels of care received; on the use of special aids for ambulation and sensory functions; and on marital status and living arrangements prior to admission.⁶⁻¹³

The present analysis of physician services deals with the 17,400 nursing and personal care homes throughout the United States and their estimated 554,000 residents or patients. These homes had about 281,000 employees who were working 15 hours or more per week.

Table A shows the composition of the universe of these homes by primary type of service. (See appendix I-D for explanation of the classification.) Somewhat over half of the total number of establishments, with two-thirds of the residents, were homes whose primary function was nursing care.

Nursing care homes averaged about 40 beds or residents, compared with about 30 in the personal care homes with nursing and about 15 in personal care homes (table A). In sharp contrast were the geriatric hospitals, with an average of 275 beds and 254 patients. All categories of

Table A. Number and percent distribution of nursing and personal care homes, beds, and residents, and mean size of homes, by primary type of service: United States, May-June 1964

Primary type of service	Homes	Beds	Resi- dents	Homes	Beds	Resi- dents	Beds	Resi- dents
	Number			Percent distribution			Mean size	
All types-----	17,400	618,900	554,000	100	100	100	36	32
Nursing care-----	9,280	392,800	355,800	53	63	64	42	38
Personal care with nursing-----	5,240	163,800	145,400	30	26	26	31	28
Personal care-----	2,810	43,400	35,300	16	7	6	15	13
Geriatric hospital-----	70	18,900	17,500	0.0	3	3	275	254

homes had an average percentage occupancy of roughly 90 percent.

Median age of residents was 80 years; only 12 percent were under 65 years. Women predominated by a 2:1 ratio. About one-sixth of the residents were confined to their beds, and another one-fifth to their rooms. Ninety-six percent of all the residents had one or more chronic conditions or impairments; four-fifths of the residents had multiple conditions.

Additional information about the homes, staffing, and patients and care will be discussed in the analysis of the provisions made for physician services.

Questions Regarding Physician Services

Information sought about each resident included the length of time that had elapsed since the resident had been attended by a physician. Question 10 of the Resident (Patient) Questionnaire asked "During his stay here when did he last see a doctor for treatment, medication, or for an examination by the doctor?" (See appendix II-D.) This information will be dealt with below in relation to the type of physician arrangement in the home.

Central to the present analysis is the matter of what specific *arrangements* were made by the

home for physician coverage. As shown below, the Establishment Questionnaire included several questions (appendix II-B, items 7a-d) regarding the existence of four types of arrangements made for the care of residents, arrived at by written or oral agreement with a physician:

1. Employment of a *full-time* staff physician for the care of the residents.
2. Arrangement for a physician to come to the home at *regular intervals* for the care of the residents.
3. Arrangement for a physician to come to the home *when needed*, but not at regular intervals.
4. Arrangement with a physician to give medical care to the residents in his *office*

The existence of an "arrangement" as described above is not negated by provision for payment by the residents for the physician services received. The essential feature is that the establishment is the responsible party to the agreement to secure assurance of physician care to any or all of its residents.

The findings reported below are based on responses to the specific questions about these four types of provisions. Information on other

types of physician relationships to nursing and personal care homes is not within the scope of the present survey.

CHARACTERISTICS OF ESTABLISHMENTS

The most common arrangement for physician services among nursing and personal care homes was that of calling a doctor when needed. As figure 1 shows, 45 percent of the homes relied on this type of arrangement, while over one-third had provisions for regular visits by a physician. Although the frequency of regular visits varied among the homes, they were made at prearranged times. Thus four-fifths of the establishments had arrangements for coverage by a visiting physician, either regularly scheduled or on an "on-call" basis.

Few facilities employed a full-time physician (4 percent). Very few took the residents to a doctor's office as a regular arrangement (3 percent). One-tenth of the homes had made no arrangements for physician coverage.

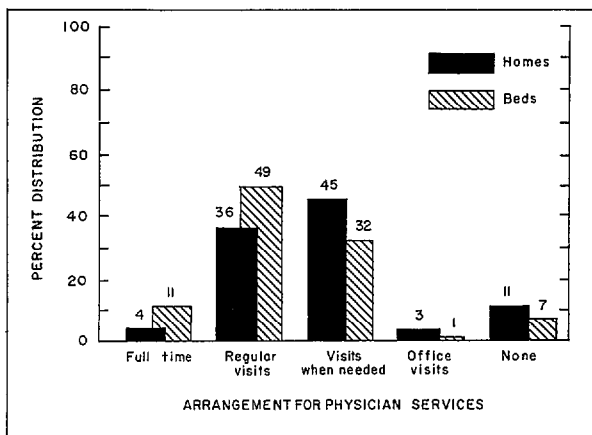


Figure 1. Percent distribution of nursing and personal care homes and beds, by arrangement for physician services.

Size of Home

Figure 1 shows that the more intensive kinds of arrangements with physicians tended to be found in the larger establishments. Facilities with physicians visiting regularly—slightly more than one-third of the homes—accounted for almost one-half of the total number of beds. While only 4 percent of the establishments had full-time physicians, they accounted for 11 percent of all the beds in nursing and personal care facilities. Conversely, the homes with less intensive arrangements for physician services were generally the smaller facilities. Thus figure 1 shows proportionately smaller percentages of beds than of homes in the categories with less intensive arrangements.

The apparent effect of size of establishment (number of beds) on physician arrangements can be seen in table 1. As size of home increased, there was a corresponding increase in the proportion of homes which had arranged the more intensive types of coverage. To illustrate with nursing care homes, the percentages of all homes in each given bed-size group with the more intensive arrangements showed a definite trend:

Number	Full time	Regular visits
	Percent	
Under 25 beds-----	1	32
25-49 beds-----	7	43
50-99 beds-----	7	63
100-299 beds-----	12	70
300 beds or over-----	30	70

Primary Type of Service

Another factor greatly influencing arrangements for physician services was the basic service character of the home. Table B shows the relationship of physician arrangements to the level of service that the home offered.

Perhaps nothing could more prominently display the distinctive character of geriatric hospitals than a comparative distribution of physician coverage. The percent distribution of geriatric hospitals can be seen to depart radically from those of the other types of homes. While only 4 percent of all institutions had full-time physicians, 41 percent of the geriatric hospitals had such coverage. An additional 55 percent of the geriatric hospitals had physicians on a regular-visiting schedule, again distinctly higher than the corresponding percentages of the other types of facilities surveyed. Very few of the geriatric hospitals depended on a physician's agreement to visit when needed. This distinctiveness of the geriatric hospitals among nursing and personal care facilities is especially noteworthy in view of the fact that these institutions classi-

fied themselves as "geriatric hospitals" through the completion of a mail questionnaire in the national inventory of hospitals and institutions.¹⁹

Size of institution was confirmed as an important factor in the arrangements for physician services. The larger homes in each of the primary-type-of-service categories were more likely to employ full-time physicians (table 1). Of all the bed-size categories in all the types of homes, geriatric hospitals with 300 beds or more had the largest proportion of full-time physicians (92 percent). Table B shows that the two-fifths of the geriatric hospitals employing physicians on a full-time basis accounted for four-fifths of all the beds in this type-of-service category.

The kinds of arrangements for physician services were unmistakably associated with the level of care offered by the respective types of

Table B. Percent distribution of nursing and personal care homes and beds, by home's arrangement for physician services according to primary type of service: United States, May-June 1964

Primary type of service	Total	Arrangement for physician services					
		Total	Full time	Regular visits	Visits when needed	Office visits	None
Percent distribution of homes							
All types-----	17,400	100	4	36	45	3	11
Nursing care-----	9,280	100	5	44	42	0.0	9
Personal care with nursing-----	5,240	100	5	37	47	4	8
Personal care-----	2,810	100	1	12	50	12	25
Geriatric hospital-----	70	100	41	55	*	-	-
Percent distribution of beds							
All types-----	618,900	100	11	49	32	1	7
Nursing care-----	392,800	100	9	54	31	0.0	6
Personal care with nursing-----	163,800	100	10	48	35	2	5
Personal care-----	43,400	100	5	18	42	9	27
Geriatric hospital-----	18,900	100	79	20	2	-	-

homes (observe, vertically in table B, the sequences of percents of homes with the respective arrangements).

Type of Ownership

The association of type of ownership with arrangements for physician services reflects in part the already noted influences of size of home and primary type of service, since the respective ownership categories were differently constituted with regard to these two characteristics of homes. It is apparent from table C that the several auspices undertake different levels of care in different proportions. It is also clear that the average

size of establishment varies consistently among the ownership categories, with proprietary homes having the smallest average number of beds, governmental auspices the largest, and nonprofit auspices the intermediate.

Physician arrangements according to type of ownership (with the other influences naturally incorporated) are shown in detail in tables 2 and 3. Figure 2 brings out a key aspect of these distributions, showing that a higher proportion of government institutions had arrangements for physicians on a full-time or regular-visiting basis (about 10 percent and 48 percent, respectively) than of nonprofit institutions (7 and 38 percent) or proprietary institutions (4 and 35 percent).

Table C. Number and percent distribution of nursing and personal care homes and beds, and mean size of homes, by primary type of service and ownership: United States, May-June 1964

Primary type of service and ownership	Number		Percent distribution		Mean size (beds)
	Homes	Beds	Homes	Beds	
All types-----	17,400	618,900	100	100	36
Proprietary-----	14,200	372,900	82	60	26
Nonprofit-----	2,220	147,500	13	24	66
Government-----	990	98,600	6	16	100
Nursing care-----	9,280	392,800	100	100	42
Proprietary-----	8,160	283,200	88	72	35
Nonprofit-----	620	51,900	7	13	84
Government-----	510	57,700	5	15	113
Personal care with nursing-----	5,240	163,800	100	100	31
Proprietary-----	3,710	61,700	71	38	17
Nonprofit-----	1,270	80,100	24	49	63
Government-----	260	22,000	5	13	85
Personal care-----	2,810	43,400	100	100	15
Proprietary-----	2,310	25,900	82	60	11
Nonprofit-----	300	9,200	11	21	30
Government-----	200	8,300	7	19	41
Geriatric hospital-----	70	18,900	275

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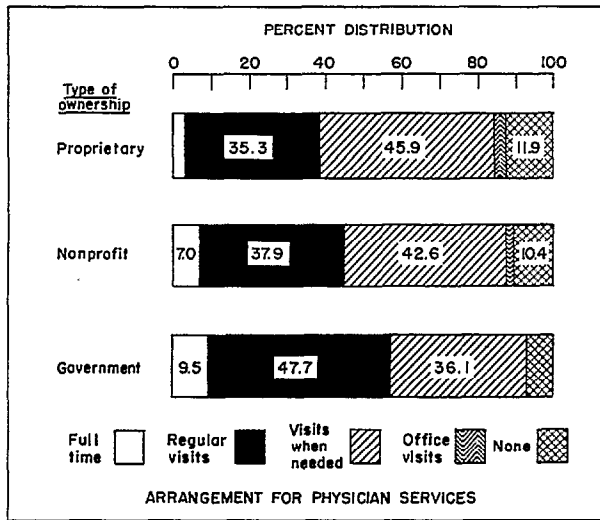


Figure 2. Percent distribution of nursing and personal care homes, by arrangement for physician services according to type of ownership.

Table 2 shows the relationship of type of ownership to physician arrangements according to primary type of service. The government-nonprofit-proprietary ranking noted above holds for nursing care homes, but with the nonprofit institutions closely approximating the government institutions. The character of personal care homes (with or without nursing) seems to inject variations which depart in unexplained particulars from the foregoing pattern.

Geographic Region

A comprehensive interpretation of physician data for all types of establishments by geographic regions shows that the North Central Region had the most balanced, graduated pattern of institutional arrangements for physician coverage relative to the levels of care provided (table 4 and fig. 3).

In each of the other three regions, the comparative distributions of physician coverage reveal certain irregularities with regard to the relation of levels of care and availability of physician services. Particularly outstanding

among these irregularities are the substantially large proportions of nursing care homes with no arrangements for physician coverage.

Nursing Coverage

When more intensive nursing coverage has been provided, arrangements for a corresponding intensity of physician coverage might be expected. This is largely borne out by the study findings.

Percentages in table D show to what extent the more intensive forms of physician coverage paralleled those of nursing coverage. Nursing coverage is considered in terms of the skill level of the supervisory nurse of the home and the availability of 24-hour nursing service on any level (nurse or nurse's aide). The combined proportion of homes having physician arrangements on either a full-time or regular-visiting basis shows the close relationship between nursing coverage and physician service.

Homes with both RN (registered nurse) supervision and round-the-clock nursing were most likely to have had intensive physician coverage.

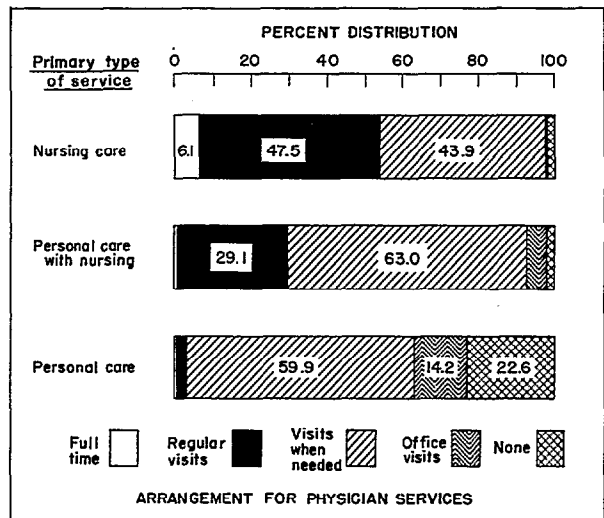


Figure 3. Percent distribution of nursing and personal care homes in the North Central Region, by arrangement for physician services according to primary type of service.

Nearly three-fifths of these homes had the more intensive types of physician arrangements, whereas substantially less than half of the homes in the other categories evidenced such physician coverage (table D).

A surprising pattern is shown for homes with minimal nursing care. Among the *homes with neither an RN nor an LPN (licensed practical nurse) in charge* and with less than round-the-

clock nursing, 45 percent had arrangements for regular-visiting physicians (none had full-time physicians, per table 5). This group of homes was largely composed of small proprietary homes providing personal care or personal care with some nursing.

Except for these homes, it appeared that both the level of nursing supervision and the extent of nursing coverage throughout the day were posi-

Table D. Number and percent of nursing and personal care homes with arrangements for full-time or regular-visiting physicians, by level of supervisory nurse and extent of nursing coverage: United States, May-June 1964

Level of supervisory nurse	All homes	Extent of nursing coverage (nurse or nurse's aide on duty)		
		Round-the-clock	Under 24 hours	None
Total number of homes				
All types-----	17,400	12,370	2,220	2,810
RN-----	6,780	6,570	200	...
LPN-----	4,390	3,820	570	...
Other-----	3,420	1,970	1,450	...
No nursing-----	2,810	2,810
Number of homes with full-time or regular-visiting physician				
All types-----	7,070	5,960	760	350
RN-----	3,900	3,810	90	...
LPN-----	1,540	1,530	*	...
Other-----	1,280	620	660	...
No nursing-----	350	350
Percent of all homes in given category with full-time or regular-visiting physician				
All types-----	41	48	34	12
RN-----	58	58	46	...
LPN-----	35	40	*	...
Other-----	37	32	45	...
No nursing-----	12	12

tively associated with the more intensive types of physician coverage (table D). Figure 4 shows that when comparing *homes with full-time and part-time RN or LPN supervision*, those with a full-time RN in charge and with round-the-clock nursing were more likely than others to have intensive physician coverage. In the absence of a full-time RN supervisor, nursing coverage for less than 24 hours went hand-in-hand with little likelihood of any full-time or regular-visiting physicians. (Apparently there were no homes with a part-time LPN in charge and also less than 24 hours of nursing coverage; see table 5.)

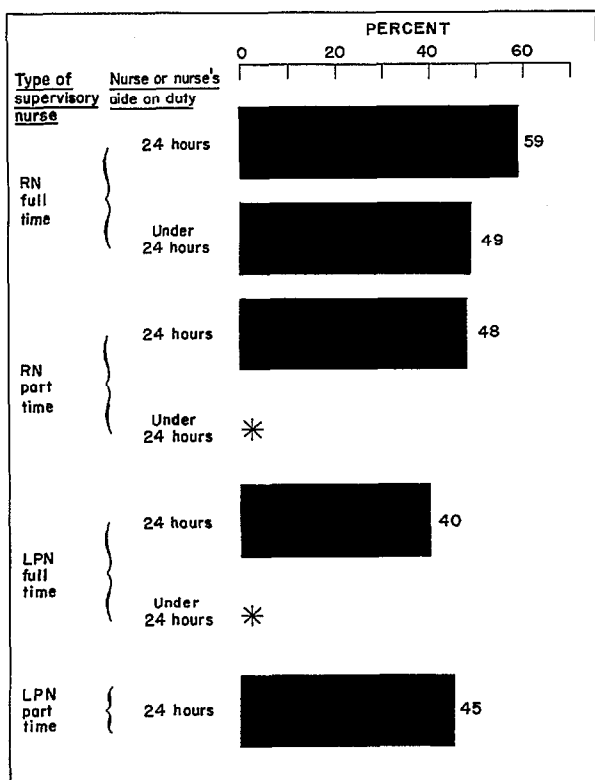


Figure 4. Percent of nursing and personal care homes with arrangement for full-time or regular-visiting physicians, by type of supervisory nurse and extent of nursing coverage.

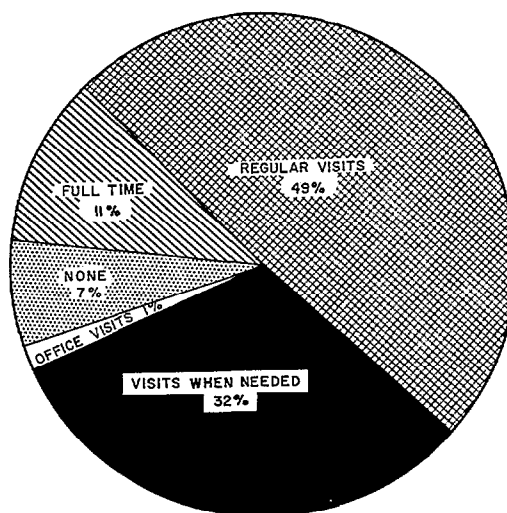


Figure 5. Percent distribution of residents in nursing and personal care homes, by home's arrangement for physician services.

CHARACTERISTICS OF RESIDENTS

Of all the residents in nursing and personal care homes, about one-half were in homes that had arrangements for regular-visiting physicians, and about one-tenth were in establishments that had full-time physicians (fig. 5). Thus three-fifths of all the residents resided in homes that had the more intensive types of physician coverage. Almost one-third were in homes that had physicians on an on-call basis only.

Sex and Age

There is little difference between the distributions of male and female residents by their home's arrangements for physician services (table 6).

The expectation might be that a larger proportion of older than of younger residents would

be in homes with the more intensive types of physician coverage. The difference was slight, in fact, and in the opposite direction. By age groups the proportions of residents in homes having arrangements for full-time or regular-visiting physicians were as follows:

Age	Percent
Under 65 years-----	64
65-74 years-----	62
75-84 years-----	60
85 years and over-----	58

This sequence of decreasing proportions with advancing age holds for both the men and the women. As table 6 shows, however, the decreasing sequence for the men is attributable entirely to their decreasing coverage by full-time physicians, while for the women it is attributable entirely to their decreasing coverage by regular-visiting physicians. While not much confidence can be placed in the small differences, their directional regularity and their reflection separately among the men and women residents may speak for the possibility that some real phenomena exist here. The factors producing the differences are undoubtedly quite complex. The types of homes where men are more likely than women to be housed (governmental establishments, for example), differences in financial capability as between the younger aged and the older aged, and various other influences such as previous living arrangements and cultural sensitivities may be at work in intricate ways that do not allow for analysis here with the limited data available.

Mobility Status

Using restriction of mobility as a general measure of actual disability, a relationship of mobility status to type of physician arrangement might be expected. Again, no such association appears (table 7). The progression of mobility restriction from those free to move from bed and room, to those restricted to their room, and finally to those confined to bed finds no parallel

progression in the arrangements made for more intense physician coverage.

Number of Chronic Conditions and Impairments

An earlier report makes an impressive case for using as a measure of health status the number of chronic conditions a resident has.⁸ The distribution of residents by arrangements for physician services reflects this measure of health (table 8). As the number of chronic conditions increased, the proportions of residents in homes with full-time or regular-visiting physicians increased.

Number	Percent
No conditions-----	55
1-2 conditions-----	59
3-4 conditions-----	61
5 conditions or more-----	62

Of all residents with a given number of conditions, the proportion in homes with no arrangements for physician services showed a marked downward trend with increasing numbers of conditions. Over 14 percent of the residents with no chronic conditions reported were in homes with no arrangements for physician services, compared with 5 percent of those with 5 conditions or more (table 8).

CARE OF RESIDENTS

Levels of Care

On the basis of specified services received by the resident during the week preceding the time of survey the level of care was designated for the resident within a rough classification (appendix I-C). Two of the categories in this classification—"intensive nursing care" and "personal care"—lend themselves well to a comparative view of physician arrangements made by the respective homes. Percent distribution of residents who received "intensive nursing care" and those who received only "personal care" are

Table E. Percent distribution of residents in nursing and personal care homes receiving two contrasting levels of care, by home's arrangement for physician services: United States, May-June 1964

Level of care	Number of residents	Arrangement for physician services					
		Total	Full time	Regular visits	Visits when needed	Office visits	None
		Percent distribution					
Intensive nursing care---	21,100	100	15	52	30	-	4
Personal care-----	148,800	100	9	47	34	2	7

shown in tables E and 9. Differences in corresponding physician arrangements are evident in the expected direction. Thus 56 percent of the residents who received only "personal care" were in homes with arrangements for physicians on a full-time or regular-visiting basis, while 67 percent of the residents who received "intensive nursing care" were in homes with such arrangements.

Time Last Saw Physician

Maintenance of physician contact with residents in nursing and personal care homes is effectively reflected in the proportion of residents who had not had any physician attendance in 6 months or more or who had not been seen by a physician since coming to the home (table 10).

These percentages vary by primary type of care offered by the home.

Primary type of service	Percent not seen:	
	In 6+ months	While in home
Nursing care (including geriatric hospitals)-----	7	3
Personal care with nursing-----	15	6
Personal care-----	18	15

Figure 6 shows the relationship between the extent of nonattendance by physicians and the type of arrangement made by the homes with physicians. The fundamental import of the data profiled in figure 6 is that in each type of home—whether primarily for nursing care or not—provision for consistent coverage through full-time or regular-visiting physicians was matched by the lowest proportions of residents unattended for long periods of time.

FUTURE RESEARCH

This survey (RPS-2) has explored relatively untouched territory in securing information on nursing homes' arrangements for physician services. In terms of the variety and complexity of such arrangements, however, the present survey has merely opened the door to still more revealing information yet to be sought about nursing homes' use of physicians.

The purpose of this survey was to establish the prevalence of four specified types of physician coverage utilized by nursing homes for the care of their residents. It should be appreciated, however, that arrangements for such coverage take more numerous and complex forms than have been identified by the present survey. To inquire whether the nursing home has provided for physician coverage on a full-time, regularly scheduled, on-call, or office-call basis is to take but one dimension of physician service, even though an important one.

Other dimensions worthy of exploration include:

1. *The full variety of roles that physicians may fulfill in nursing homes.* These include direct patient care, admission of patients, consultation with administrative

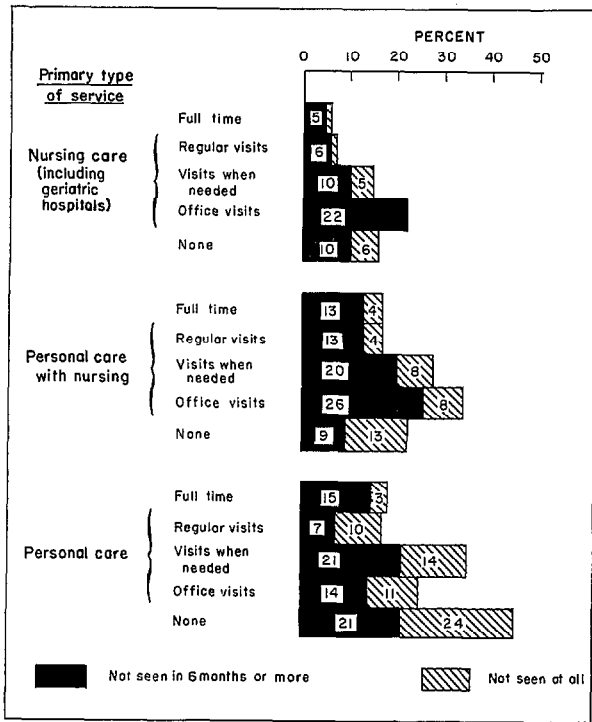


Figure 6. Percent of residents in nursing and personal care homes who have not been seen by a physician in 6 months or more, or not seen at all during their stay in the home, by home's arrangement for physician services and home's primary type of service.

staff on medical policies, and taking full responsibility for directing the medical affairs of the home. Other functions around which different roles may be structured are, for example, inservice training of the nursing home's staff and participation in review of service utilization under Medicare and Medicaid provisions. Until research deals more fully with this matter of roles, the extent to which physicians do function and can function within nursing homes will not be known.

2. *The organizational structures through which physicians provide their services.* The solo practitioner, an organized medical staff of the nursing home, a group practice combine, a hospital's medical staff, a medical school faculty group—these and other media for bringing medical services to the home's residents exist in unknown variety and distribution.
3. *The numbers of physicians attending patients or otherwise serving in nursing homes and the amount of time they spend in such activities.*
4. *The methods of compensation of physicians for given types of service in nursing homes.*
5. *The characteristics of physicians who participate in nursing homes.*

These and other lines of development offer opportunities for extensive and productive research on physicians and medical care in nursing homes.

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Table 1. Number and percent distribution of nursing and personal care homes, by home's arrangement for physician services according to primary type of service and size of institution: United States, May-June 1964

Primary type of service and size of institution	Number of establishments	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All types of service</u>		Percent distribution					
All sizes-----	17,400	100.0	4.3	36.3	44.9	3.1	11.4
Under 25 beds-----	9,820	100.0	2.3	27.4	51.3	4.8	14.2
25-49 beds-----	4,440	100.0	5.2	37.8	46.5	0.3	10.2
50-99 beds-----	2,070	100.0	6.9	58.5	27.0	1.4	6.2
100-299 beds-----	970	100.0	11.3	70.3	15.6	1.5	1.2
300 beds and over-----	100	100.0	46.0	48.0	4.0	1.0	1.0
<u>Nursing care</u>							
All sizes-----	9,280	100.0	4.9	43.5	42.2	0.1	9.2
Under 25 beds-----	3,710	100.0	1.4	31.5	54.6	-	12.6
25-49 beds-----	3,350	100.0	6.5	42.5	42.2	-	8.8
50-99 beds-----	1,560	100.0	6.5	62.6	25.2	-	5.7
100-299 beds-----	610	100.0	12.0	70.2	14.6	2.0	*
300 beds and over-----	40	100.0	30.2	69.8	-	-	-
<u>Personal care with nursing</u>							
All sizes-----	5,240	100.0	4.7	36.6	47.1	3.5	8.1
Under 25 beds-----	3,650	100.0	4.7	33.5	48.2	4.1	9.4
25-49 beds-----	820	100.0	1.6	26.4	62.7	1.6	7.8
50-99 beds-----	420	100.0	6.3	53.6	33.4	3.8	2.9
100-299 beds-----	310	100.0	8.3	74.9	14.9	*	*
300 beds and over-----	30	100.0	33.3	46.7	13.3	3.3	3.3
<u>Personal care</u>							
All sizes-----	2,810	100.0	0.6	11.7	50.5	12.0	25.2
Under 25 beds-----	2,450	100.0	-	12.2	50.8	13.2	23.8
25-49 beds-----	240	100.0	-	*	55.6	-	39.0
50-99 beds-----	90	100.0	*	*	28.0	*	29.0
100-299 beds-----	20	100.0	14.3	19.0	57.1	-	9.5
300 beds and over-----	*	*	*	*	*	*	*
<u>Geriatric hospitals</u>							
All sizes-----	70	100.0	41.4	54.3	*	-	-
Under 25 beds-----	*	*	*	*	*	*	*
25-49 beds-----	*	*	*	*	*	*	*
50-99 beds-----	*	*	*	*	*	*	*
100-299 beds-----	*	*	*	*	*	*	*
300 beds and over-----	20	100.0	91.7	8.3	-	-	-

Table 2. Number and percent distribution of nursing and personal care homes, by home's arrangement for physician services according to primary type of service and ownership: United States, May-June 1964

Primary type of service and ownership	Number of establishments	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All types of service</u>		Percent distribution					
All ownerships-----	17,400	100.0	4.3	36.3	44.9	3.1	11.4
Proprietary-----	14,190	100.0	3.5	35.3	45.9	3.4	11.9
Nonprofit-----	2,220	100.0	7.0	37.9	42.6	2.0	10.4
Government-----	990	100.0	9.5	47.7	36.1	-	6.8
<u>Nursing care</u>							
All ownerships-----	9,280	100.0	4.9	43.5	42.2	0.1	9.2
Proprietary-----	8,150	100.0	4.1	40.9	44.9	-	10.1
Nonprofit-----	620	100.0	11.3	61.2	22.3	*	3.2
Government-----	510	100.0	11.0	63.1	23.6	-	2.4
<u>Personal care with nursing</u>							
All ownerships-----	5,240	100.0	4.7	36.6	47.1	3.5	8.1
Proprietary-----	3,710	100.0	4.0	37.3	44.6	4.0	10.0
Nonprofit-----	1,270	100.0	5.9	32.9	54.5	2.6	4.2
Government-----	260	100.0	8.9	43.8	47.3	-	-
<u>Personal care</u>							
All ownerships-----	2,810	100.0	0.6	11.7	50.4	12.0	25.2
Proprietary-----	2,310	100.0	0.6	11.8	51.6	14.6	21.4
Nonprofit-----	300	100.0	*	8.6	37.5	-	52.8
Government-----	200	100.0	*	15.5	56.5	-	27.5
<u>Geriatric hospitals</u>							
All ownerships-----	70	100.0	40.6	55.1	*	-	-
Proprietary-----	*	*	*	*	-	-	-
Nonprofit-----	*	*	*	*	*	-	-
Government-----	*	*	*	*	-	-	-

Table 3. Number and percent distribution of beds in nursing and personal care homes, by home's arrangement for physician services according to primary type of service and ownership: United States, May-June 1964

Primary type of service and ownership	Number of beds	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All types of service</u>		Percent distribution					
All ownerships-----	618,900	100.0	11.1	48.9	31.6	1.4	6.9
Proprietary-----	372,900	100.0	5.7	45.1	38.9	1.5	8.9
Nonprofit-----	147,500	100.0	12.4	52.7	27.1	2.3	5.5
Government-----	98,600	100.0	29.9	57.6	10.9	-	1.7
<u>Nursing care</u>							
All ownerships-----	392,800	100.0	9.3	54.1	30.5	0.3	5.8
Proprietary-----	283,200	100.0	5.8	49.8	37.2	-	7.2
Nonprofit-----	51,900	100.0	14.2	61.9	18.5	2.4	3.0
Government-----	57,700	100.0	21.9	68.2	8.5	-	1.4
<u>Personal care with nursing</u>							
All ownerships-----	163,800	100.0	9.5	48.1	35.0	2.1	5.2
Proprietary-----	61,700	100.0	3.8	37.4	45.9	2.3	10.7
Nonprofit-----	80,100	100.0	8.3	53.8	32.9	2.6	2.4
Government-----	22,000	100.0	30.2	57.3	12.5	-	-
<u>Personal care</u>							
All ownerships-----	43,400	100.0	4.5	17.9	41.8	9.3	26.5
Proprietary-----	25,900	100.0	3.2	14.4	43.6	15.6	23.1
Nonprofit-----	9,200	100.0	5.0	3.7	41.0	-	50.3
Government-----	8,300	100.0	8.1	44.5	36.8	-	10.6
<u>Geriatric hospitals</u>							
All ownerships-----	18,900	100.0	78.7	19.5	1.8	-	-
Proprietary-----	2,000	100.0	80.6	19.4	-	-	-
Nonprofit-----	6,300	100.0	60.0	34.5	5.5	-	-
Government-----	10,600	100.0	89.4	10.6	-	-	-

Table 4. Number and percent distribution of nursing and personal care homes, by home's arrangement for physician services according to geographic region and primary type of service: United States, May-June 1964

Region and primary type of service	Number of establishments	Arrangement for physician services					None
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	
<u>All regions</u>		Percent distribution					
All types of service-----	17,400	100.0	4.3	36.3	44.9	3.1	11.4
Nursing care-----	9,280	100.0	4.9	43.5	42.2	0.1	9.2
Personal care with nursing-----	5,240	100.0	4.7	36.6	47.1	3.5	8.1
Personal care-----	2,810	100.0	0.6	11.7	50.4	12.0	25.2
Geriatric hospitals-----	70	100.0	40.6	55.1	*	-	-
<u>Northeast</u>							
All types of service-----	4,400	100.0	3.5	43.2	34.3	0.7	18.3
Nursing care-----	2,880	100.0	3.3	48.5	32.5	-	15.7
Personal care with nursing-----	750	100.0	4.8	43.0	37.9	*	13.8
Personal care-----	760	100.0	*	23.6	37.6	3.6	33.2
Geriatric hospitals-----	*	*	*	*	*	*	*
<u>North Central</u>							
All types of service-----	5,980	100.0	3.4	34.2	52.7	4.3	5.3
Nursing care-----	3,010	100.0	6.1	47.5	43.9	0.4	2.1
Personal care with nursing-----	2,000	100.0	0.5	29.1	62.9	5.5	1.9
Personal care-----	960	100.0	*	2.9	59.9	14.2	22.6
Geriatric hospitals-----	*	*	*	*	*	*	*
<u>South</u>							
All types of service-----	3,490	100.0	5.9	31.3	50.3	1.6	11.0
Nursing care-----	2,090	100.0	4.5	34.8	51.9	-	8.8
Personal care with nursing-----	1,060	100.0	10.6	33.2	39.9	5.2	11.2
Personal care-----	340	100.0	-	3.5	72.7	-	23.8
Geriatric hospitals-----	*	*	*	*	*	*	*
<u>West</u>							
All types of service-----	3,520	100.0	5.3	36.3	39.5	5.3	13.6
Nursing care-----	1,300	100.0	6.5	37.0	44.5	-	12.0
Personal care with nursing-----	1,420	100.0	6.2	46.2	35.2	0.9	11.5
Personal care-----	760	100.0	-	14.6	41.3	23.0	21.7
Geriatric hospitals-----	*	*	*	*	*	*	*

Table 5. Number and percent distribution of nursing and personal care homes, by home's arrangement for physician services according to level of supervisory nurse and nursing coverage: United States, May-June 1964

Level of supervisor and nursing coverage	Number of establishments	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All types--supervisory nurse</u>		Percent distribution					
Nurse or nurse's aide on duty---	17,400	100.0	4.3	36.3	44.9	3.1	11.4
24 hours a day-----	12,370	100.0	5.9	42.2	42.6	0.9	8.3
Less than 24 hours-----	2,220	100.0	-	34.3	50.7	3.6	11.3
No nursing care-----	2,810	100.0	0.7	11.8	50.4	12.0	25.2
<u>Full-time RN supervisor</u>							
Nurse or nurse's aide of duty---	6,160	100.0	7.2	51.3	34.5	0.3	6.6
24 hours a day-----	5,970	100.0	7.5	51.4	34.0	0.3	6.8
Less than 24 hours-----	190	100.0	-	48.9	51.1	-	-
<u>Part-time RN supervisor</u>							
Nurse or nurse's aide on duty---	620	100.0	*	45.0	38.3	*	12.5
24 hours a day-----	600	100.0	*	45.9	39.1	-	12.8
Less than 24 hours-----	*	*	*	*	*	*	*
<u>Full-time LPN supervisor</u>							
Nurse or nurse's aide on duty---	4,150	100.0	4.7	29.8	54.1	1.4	9.9
24 hours a day-----	3,580	100.0	5.5	34.2	50.1	1.6	8.6
Less than 24 hours-----	570	100.0	-	*	79.6	-	18.1
<u>Part-time LPN supervisor</u>							
Nurse or nurse's aide on duty---	240	100.0	10.9	33.9	55.2	-	-
24 hours a day-----	240	100.0	10.9	33.9	55.2	-	-
Less than 24 hours-----	-	-	-	-	-	-	-
<u>Neither RN nor LPN</u>							
Nurse or nurse's aide on duty---	3,420	100.0	1.6	35.9	48.2	3.1	11.2
24 hours a day-----	1,970	100.0	2.7	29.0	54.4	2.0	11.9
Less than 24 hours-----	1,450	100.0	-	45.3	39.7	4.7	10.2
No nursing care-----	2,810	100.0	0.7	11.8	50.4	12.0	25.2

Table 6. Number and percent distribution of residents in nursing and personal care homes, by home's arrangement for physician services according to sex and age: United States, May-June 1964

Sex and age	Number of residents	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>Both sexes</u>		Percent distribution					
All ages-----	554,000	100.0	11.2	48.9	31.5	1.3	7.0
Under 65 years-----	66,200	100.0	14.0	50.0	28.1	1.2	6.8
65-74 years-----	104,500	100.0	12.1	50.1	30.4	1.0	6.4
75-84 years-----	230,900	100.0	11.0	48.7	31.7	1.3	7.3
85 years and over-----	152,400	100.0	9.7	48.1	33.5	1.6	7.1
<u>Male</u>							
All ages-----	193,800	100.0	13.4	48.4	30.0	1.5	6.7
Under 65 years-----	36,200	100.0	18.1	47.1	26.3	1.7	6.8
65-74 years-----	40,400	100.0	15.5	49.2	28.8	1.3	5.2
75-84 years-----	74,100	100.0	11.9	48.4	31.2	1.4	7.1
85 years and over-----	43,100	100.0	10.0	48.7	32.1	1.9	7.3
<u>Female</u>							
All ages-----	360,200	100.0	10.0	49.2	32.3	1.2	7.2
Under 65 years-----	30,000	100.0	9.0	53.4	30.3	0.5	6.7
65-74 years-----	64,000	100.0	9.9	50.7	31.4	0.8	7.2
75-84 years-----	156,800	100.0	10.5	48.9	31.9	1.3	7.4
85 years and over-----	109,300	100.0	9.6	47.8	34.0	1.5	7.1

Table 7. Number and percent distribution of residents in nursing and personal care homes, by home's arrangement for physician services according to age and mobility status: United States, May-June 1964

Age and mobility status	Number of residents	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All ages</u>		Percent distribution					
Total-----	554,000	100.0	11.2	48.9	31.5	1.3	7.0
Bed limitation-----	92,200	100.0	10.3	46.8	36.2	0.8	5.8
Room limitation-----	116,900	100.0	9.8	47.6	34.5	0.6	7.5
Neither bed nor room limitation-----	344,900	100.0	11.9	50.0	29.3	1.7	7.1
<u>Under 65 years</u>							
Total-----	66,200	100.0	14.0	50.0	28.1	1.2	6.8
Bed limitation-----	8,400	100.0	9.1	57.2	26.5	*	6.0
Room limitation-----	8,500	100.0	10.6	48.7	29.7	*	10.4
Neither bed nor room limitation-----	49,300	100.0	15.4	49.0	28.1	1.2	6.3
<u>65-74 years</u>							
Total-----	104,500	100.0	12.1	50.1	30.4	1.0	6.4
Bed limitation-----	16,300	100.0	11.0	47.4	34.4	0.6	6.6
Room limitation-----	18,100	100.0	10.2	46.1	36.7	0.3	6.7
Neither bed nor room limitation-----	70,100	100.0	12.8	51.8	27.8	1.3	6.3
<u>75-84 years</u>							
Total-----	230,900	100.0	11.0	48.7	31.7	1.3	7.3
Bed limitation-----	36,500	100.0	10.2	44.6	39.7	0.3	5.1
Room limitation-----	49,100	100.0	10.4	50.2	31.1	0.6	7.7
Neither bed nor room limitation-----	145,300	100.0	11.4	49.3	29.9	1.8	7.7
<u>85 years and over</u>							
Total-----	152,400	100.0	9.7	48.1	33.5	1.6	7.1
Bed limitation-----	31,000	100.0	10.2	46.4	35.6	1.5	6.3
Room limitation-----	41,200	100.0	8.7	45.0	38.5	0.7	7.0
Neither bed nor room limitation-----	80,200	100.0	10.0	50.2	30.1	2.2	7.5

Table 8. Number and percent distribution of residents in nursing and personal care homes, by home's arrangement for physician services according to age and number of chronic conditions and impairments: United States, May-June 1964

Age and number of conditions	Number of residents	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All ages</u>		Percent distribution					
All conditions-----	554,000	100.0	11.2	48.9	31.5	1.3	7.0
No conditions-----	20,400	100.0	9.6	45.1	29.1	1.7	14.4
1-2 conditions-----	221,700	100.0	9.6	49.0	32.1	1.5	7.8
3-4 conditions-----	201,100	100.0	11.8	49.5	30.6	1.3	6.7
5 conditions or more-----	110,700	100.0	13.5	48.5	32.5	0.9	4.6
<u>Under 65 years</u>							
All conditions-----	66,200	100.0	14.0	50.0	28.1	1.2	6.8
No conditions-----	1,800	100.0	11.6	59.5	16.8	-	12.1
1-2 conditions-----	34,700	100.0	12.7	48.7	28.7	1.5	8.4
3-4 conditions-----	22,100	100.0	13.4	50.8	29.1	1.1	5.6
5 conditions or more-----	7,600	100.0	22.1	51.4	25.1	-	1.4
<u>65-74 years</u>							
All conditions-----	104,500	100.0	12.1	50.1	30.4	1.0	6.4
No conditions-----	3,700	100.0	9.7	48.4	29.2	-	12.7
1-2 conditions-----	46,200	100.0	9.3	51.7	30.6	1.0	7.3
3-4 conditions-----	37,200	100.0	14.3	48.3	31.2	1.3	4.9
5 conditions or more-----	17,500	100.0	15.2	50.1	28.4	0.6	5.7
<u>75-84 years</u>							
All conditions-----	230,900	100.0	11.0	48.7	31.7	1.3	7.3
No conditions-----	10,100	100.0	8.5	43.1	31.2	2.5	14.6
1-2 conditions-----	86,600	100.0	9.8	49.5	31.0	1.8	8.0
3-4 conditions-----	87,500	100.0	11.0	49.6	30.8	1.1	7.5
5 conditions or more-----	46,700	100.0	13.6	46.8	35.0	0.7	3.9
<u>85 years and over</u>							
All conditions-----	152,400	100.0	9.7	48.1	33.5	1.6	7.1
No conditions-----	4,900	100.0	11.2	41.5	29.0	2.1	16.2
1-2 conditions-----	54,300	100.0	7.6	46.1	37.2	1.6	7.4
3-4 conditions-----	54,300	100.0	10.7	49.8	30.6	1.9	7.1
5 conditions or more-----	39,000	100.0	11.1	49.2	32.8	1.3	5.6

Table 9. Number and percent distribution of residents in nursing and personal care homes, by home's arrangement for physician services according to age and level of care: United States, May-June 1964

Age and level of care	Number of residents	Arrangement for physician services					
		All arrangements	Full time	Regular visits	Visits when needed	Office visits	None
<u>All ages</u>		Percent distribution					
All levels-----	554,000	100.0	11.2	48.9	31.5	1.3	7.0
Intensive-----	21,100	100.0	15.0	51.7	29.7	-	3.6
Bed bath, excluding intensive-----	150,700	100.0	6.9	48.8	35.3	0.8	8.2
Less intensive-----	38,600	100.0	16.5	53.7	24.3	1.1	4.3
Routine-----	120,200	100.0	13.9	52.8	28.5	0.3	4.5
Personal care only-----	148,800	100.0	8.9	47.3	34.3	2.4	7.0
Neither nursing nor personal care----	74,600	100.0	16.3	43.1	27.3	2.5	10.9
<u>Under 65 years</u>							
All levels-----	66,200	100.0	14.0	50.0	28.1	1.2	6.8
Intensive-----	2,500	100.0	16.3	58.5	23.2	-	*
Bed bath, excluding intensive-----	14,200	100.0	6.8	54.9	30.7	0.7	6.8
Less intensive-----	3,900	100.0	23.6	50.4	22.1	*	2.6
Routine-----	12,200	100.0	14.7	57.8	23.0	-	4.6
Personal care only-----	20,800	100.0	8.1	49.2	33.1	2.3	7.2
Neither nursing nor personal care----	12,600	100.0	27.7	36.4	24.6	1.1	10.2
<u>65-74 years</u>							
All levels-----	104,500	100.0	12.1	50.1	30.4	1.0	6.4
Intensive-----	3,800	100.0	15.9	51.1	30.4	-	*
Bed bath, excluding intensive-----	25,700	100.0	6.3	51.5	33.7	1.0	7.4
Less intensive-----	8,300	100.0	19.9	48.5	27.3	-	4.3
Routine-----	23,100	100.0	14.9	52.0	29.1	0.2	3.8
Personal care only-----	27,400	100.0	8.8	49.6	32.5	2.0	7.1
Neither nursing nor personal care----	16,100	100.0	17.9	46.6	25.0	1.3	9.2
<u>75-84 years</u>							
All levels-----	230,900	100.0	11.0	48.7	31.7	1.3	7.3
Intensive-----	9,200	100.0	13.6	56.1	27.0	-	3.3
Bed bath, excluding intensive-----	60,700	100.0	6.8	47.3	36.5	0.4	9.0
Less intensive-----	17,800	100.0	15.9	53.7	24.5	1.4	4.5
Routine-----	50,000	100.0	15.2	52.2	28.5	0.1	4.0
Personal care only-----	62,700	100.0	8.8	46.7	34.4	2.6	7.5
Neither nursing nor personal care----	30,500	100.0	13.2	44.8	27.7	2.7	11.6
<u>85 years and over</u>							
All levels-----	152,400	100.0	9.7	48.1	33.5	1.6	7.1
Intensive-----	5,700	100.0	16.2	41.8	36.6	-	5.3
Bed bath, excluding intensive-----	50,000	100.0	7.3	47.3	36.1	1.1	8.2
Less intensive-----	8,600	100.0	11.4	60.1	22.1	1.7	4.7
Routine-----	34,900	100.0	11.2	52.6	30.0	0.6	5.6
Personal care only-----	37,900	100.0	9.5	45.6	36.2	2.5	6.1
Neither nursing nor personal care----	15,400	100.0	11.2	41.5	31.2	4.3	11.7

Table 10. Number and percent distribution of residents in nursing and personal care homes, by time interval since last saw a doctor according to primary type of service and arrangement for physician services: United States, May-June 1964

Primary type of service and arrangement for physician services	Number of residents	Time interval since last saw doctor							Median time interval (in months)
		All in-tervals	Under 1 month	1-2 months	3-5 months	6-11 months	1 year or more	Not seen while in home	
<u>All types of service</u>		Percent distribution							
All arrangements-	554,000	100.0	38.7	35.9	11.1	6.1	3.9	4.3	1.5
Full time-----	62,000	100.0	55.8	27.7	7.6	4.6	2.7	1.6	0.9
Regular visits-----	271,200	100.0	43.6	37.0	9.3	4.6	3.1	2.5	1.3
Visits when needed----	174,600	100.0	27.5	37.5	14.9	8.9	4.9	6.3	2.0
Office visits-----	74,000	100.0	21.6	36.2	14.3	9.6	10.1	8.2	2.3
None-----	388,000	100.0	30.7	34.1	11.4	5.8	6.3	11.7	1.8
<u>Nursing care</u>									
All arrangements-	373,300	100.0	43.5	36.5	10.1	4.7	2.7	2.6	1.3
Full time-----	46,500	100.0	61.2	26.0	6.7	3.1	2.3	0.8	0.8
Regular visits-----	193,700	100.0	47.1	37.6	7.7	3.8	2.2	1.5	1.1
Visits when needed----	110,600	100.0	31.3	39.2	14.8	6.9	3.4	4.5	1.8
Office visits-----	1,100	100.0	34.8	21.7	21.7	17.4	4.3	-	2.4
None-----	21,400	100.0	36.0	35.6	13.2	5.0	4.5	5.7	1.6
<u>Personal care with nursing</u>									
All arrangements-	145,400	100.0	30.0	35.0	13.9	9.0	6.0	6.1	2.0
Full time-----	14,100	100.0	40.8	33.0	9.1	8.9	3.7	4.4	1.4
Regular visits-----	71,200	100.0	35.4	34.3	13.4	7.0	5.5	4.4	1.7
Visits when needed----	49,400	100.0	21.5	34.7	16.1	12.4	7.3	8.0	2.4
Office visits-----	3,000	100.0	12.0	42.5	11.9	11.7	13.9	8.1	2.6
None-----	7,700	100.0	21.8	43.0	13.7	5.4	3.2	12.9	2.0
<u>Personal care</u>									
All arrangements-	35,300	100.0	23.5	33.4	10.2	8.8	8.7	15.4	2.1
Full time-----	1,500	100.0	28.6	31.1	22.6	11.3	3.2	3.2	2.3
Regular visits-----	6,200	100.0	27.8	46.2	8.7	3.5	3.4	10.3	1.7
Visits when needed----	14,600	100.0	19.0	34.0	11.9	12.4	8.7	14.1	2.4
Office visits-----	3,300	100.0	25.9	35.5	13.9	5.0	8.6	11.1	2.0
None-----	9,700	100.0	26.0	23.8	5.5	7.8	12.9	24.0	2.0

APPENDIX I. TECHNICAL NOTES

A. SURVEY DESIGN

General.—The Resident Places Survey-2 (RPS-2) was conducted during May and June 1964 by the then Division of Health Records Statistics in cooperation with the U.S. Bureau of the Census. It was a survey of resident institutions in the United States which provide nursing or personal care to the aged and chronically ill, of their patients or residents, and of their employees. The institutions within the scope of the survey included such places as nursing homes, convalescent homes, rest homes, homes for the aged, other related facilities, and geriatric hospitals. To be eligible for the survey an establishment must have maintained three beds or more and must have provided some level of nursing or personal care. The procedure for classifying establishments for the RPS-2 universe is described in appendix I-D.

This appendix presents a brief description of the survey design, general qualifications of the data, the reliability of estimates presented in this report, terms and definitions, and classification procedures. Appendix II contains questionnaires and related materials used in the survey for collecting information about the facilities, their staff, and their residents.

Sampling frame.—A "multiframe" technique was used in establishing the sampling universe for RPS-2. The principal frame was the Master Facility Inventory (MFI), which contained the names, addresses, and descriptive information for about 90-95 percent of the nursing and personal care homes in the United States. Establishments not listed in the MFI were, theoretically, on another list referred to as the Complement Survey list. A description of the MFI and the Complement Survey has been published.¹⁹

The Complement Survey is based on an area probability design, using the sample design of the Health Interview Survey.²⁰ In the Health Interview Survey, interviewers make visits each week to households located in probability samples of small segments of the United States. In addition to collecting information about the health of the household members, the interviewers are instructed to record the names and addresses of hospitals and institutions located wholly or partially within the specified areas. The Complement Survey list is composed of the establishments

identified in these sample areas between January 1959 and July 1963 which were not listed in the MFI and which were in business as of July 1, 1962. The Complement Survey sample for RPS-2 included four establishments representing an estimated total of about 800 such facilities in the United States that had not been included in the Master Facility Inventory.

Sample design.—The sample design was a stratified, two-stage probability design. The first stage was a selection of establishments from the MFI and the Complement Survey; the second stage, a selection of employees and residents from registers of the sample establishments. In preparation for the first-stage sample selection, the MFI was divided into two groups on the basis of whether current information was available about the establishment. Group I was composed of establishments which had returned a questionnaire in a previous MFI survey. Group II contained places which were possibly within the scope of RPS-2 but were not confirmed in the MFI survey, e.g., non-responses and questionnaires not delivered by the post office because of insufficient addresses. Group I was then sorted into three type-of-service strata: nursing care homes, including geriatric hospitals; personal care homes with nursing; and personal care homes. Group II was treated as a fourth type-of-service stratum. Each of these four strata was further sorted into four bed-size groups, producing 16 primary strata, as shown in table I. Within each primary stratum, the listing of establishments was ordered by type of ownership, State, and county. The sample of establishments was then selected systematically after a random start within each of the primary strata.

Table I shows the distribution by primary strata of establishments in the MFI and in the sample and shows the final disposition of the sample places with regard to their response and in-scope status. Of the 1,201 homes originally selected, 1,085 were found to be in business and within the scope of the survey.

The second-stage sample selection of residents was carried out by the Bureau of the Census interviewers in accordance with specific instructions given for each sample establishment as contained in the Resident Questionnaire (HRS-3c, appendix II-D). All

Table I. Distribution of institutions for the aged in the Master Facility Inventory and in the RPS-2 sample, by primary strata (type of service and size of institution) and by response status to the RPS-2: United States

Type of service and size of institution	Number of homes in the MFI ¹	Number of homes in sample			
		Total homes ¹	Out of scope or out of business	In scope and in business	
				Nonre-sponding homes	Re-sponding homes
All types-----	19,520	1,201	116	12	1,073
Nursing care ² -----	8,155	634	37	8	589
Under 30 beds-----	4,400	179	21	5	153
30-99 beds-----	3,247	260	11	3	246
100-299 beds-----	448	135	3	-	132
300 beds and over-----	60	60	2	-	58
Personal care with nursing-----	4,972	381	12	2	367
Under 30 beds-----	3,168	128	10	1	117
30-99 beds-----	1,423	114	1	1	112
100-299 beds-----	345	103	1	-	102
300 beds and over-----	36	36	-	-	36
Personal care-----	3,621	113	13	2	98
Under 30 beds-----	3,187	64	11	-	53
30-99 beds-----	402	32	-	1	31
100-299 beds-----	29	14	2	1	11
300 beds and over-----	3	3	-	-	3
Group II ³ -----	2,772	73	54	-	19
Under 25 beds-----	2,578	52	37	-	15
25-99 beds-----	185	15	12	-	3
100-299 beds-----	6	3	3	-	-
300 beds and over-----	3	3	2	-	1

¹The universe for the RPS-2 sample consisted of the MFI and the Complement Survey. Included in the RPS-2 sample were 4 homes from the Complement Survey.

²Includes geriatric hospitals.

³Group II consists of those institutions assumed to be in scope of the RPS-2 survey but for which current data were not available.

the residents on the register of the establishment on the day of the survey were listed on the Establishment Questionnaire (HRS-3a, appendix II-B). The interviewers were furnished with the numbers of predetermined sample lines for each home (e.g., every seventh line). The first three sample designations were entered on the questionnaire worksheet, and the interviewer entered the remaining predetermined numbers until the last selected number exceeded the total number on the establishments register at the time. The name of the sample resident (patient) was entered opposite the sample designation number. For each sample resident a questionnaire was completed by the interviewer from information furnished by the respondent, a staff member. The total sample selected from establishments cooperating in the survey consisted of 10,560 residents.

Survey procedure.—The Bureau of the Census employed about 140 of its regular interviewers for the survey. All were experienced in the continuing surveys conducted by the Bureau of the Census; about half were employed in the Health Interview Survey, one of the major programs of the National Center for Health Statistics, and about half in other surveys. Since the interviewers were well trained in general survey methodology, it was relatively easy to train them in the specific methods used in RPS-2. Briefly, their training consisted of home study materials and observation by the Census Regional Supervisor on the first interview assignment.

The initial contact with an establishment was a letter signed by the Director of the Bureau of the Census. The letter (HRS-3f, appendix II-A) notified each administrator about the survey, requested his cooperation, and stated that a representative would contact him for an appointment. The interviewer's telephone call usually followed within 3 or 4 days.

B. GENERAL QUALIFICATIONS AND RELIABILITY OF ESTIMATES

Nonresponse and imputation of missing data.—The survey was conducted in 1,073 homes, or about 89 percent of the original sample. About 7 percent of the sample places were found to be out of business, and an additional 3 percent were found to be out of scope of the survey, that is, they either did not provide nursing or personal care to their residents or maintained fewer than three beds. Only 12 homes, or about 1 percent of the sample, refused to cooperate in the survey (table I). The response rate for the in-scope sample was 98.9 percent.

Statistics in this report were adjusted for the failure of a home to respond by use of a separate non-response adjustment factor for each service-size stratum further stratified by three major ownership groups. This factor was the ratio of all in-scope sample

During the course of the interview, the interviewer collected data on the establishment, the resident, and the employees. The establishment and resident information was obtained by personal interview, and the staff information was collected by personal interview and by means of a self-enumeration questionnaire. The respondent for the Resident (Patient) Questionnaire (HRS-3c, appendix II-D) was a member of the staff who had close contact with the resident, thus having firsthand knowledge of the resident's health condition. This was usually a nurse who was responsible for the individual sample resident. One nurse might have completed questionnaires for all residents in a small home, or shared the responsibility in a large home. The interviewer was instructed to encourage maximum use of records by the respondent. For data on chronic conditions and impairments, medical records, if available, were routinely used to supplement the information provided by the respondent.

The Census regional offices also performed certain checks during the course of the survey to insure that the interviewers were conducting the survey according to specified procedures. They reviewed all questionnaires for completeness prior to transmittal to the Washington office and made inquiries as necessary to obtain the missing information.

The completed questionnaires were edited and coded by the National Center for Health Statistics, and the data were processed on an electronic computer. This processing included assignment of weights, ratio adjustments, and other related procedures necessary to produce national estimates from the sample data. It also included matching with basic identifying information contained in the MFI, as well as carrying out internal edits and consistency checks to eliminate "impossible" response and errors in editing, coding, or processing.

homes in a stratum to the responding in-scope sample homes in the stratum.

Data were also adjusted for nonresponse of sample residents within an establishment by a procedure which imputed to residents for whom data were not obtained the characteristics of residents of the same age and in the same type of home. For nonresponse on the age item, the adjustment was restricted to characteristics of residents in the same type of home. Adjustment for non-response in resident data for responding homes ranged from 0.7 percent for age to 3.5 percent for date last saw doctor.

Rounding of numbers.—Estimates relating to residents have been rounded to the nearest hundred and homes, to the nearest ten. For this reason detailed figures within the tables do not always add to totals.

Percents were calculated using the original unrounded figures and will not necessarily agree with percents which might be calculated from rounded data.

Estimation procedure.—Statistics reported in this publication are the result of two stages of ratio adjustment, one at each stage of selection. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The first-stage ratio adjustment was included in the estimation of establishment and resident data for all primary service-size strata from which a sample of homes was drawn. This factor was a ratio, calculated for each stratum. The numerator was the total beds according to the Master Facility Inventory for all homes in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds.

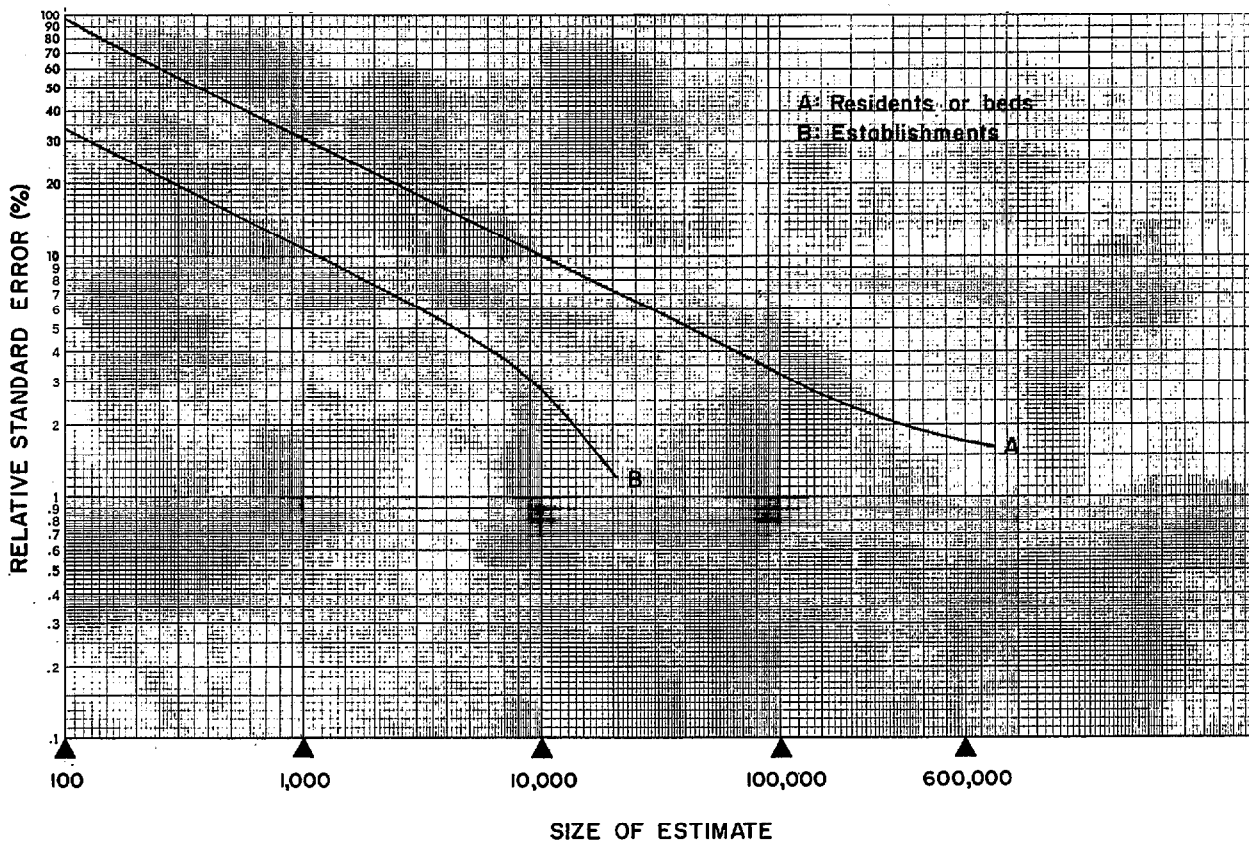
The second-stage ratio adjustment was included in the estimation of resident data for all primary strata. For resident data, the second-stage ratio adjustment is the product of two fractions: the first is the ratio of the total number of residents in the establishment to the number of residents for whom questionnaires were completed within the home; the second is the sampling fraction for residents upon which the selection is based.

Reliability of estimates.—Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures.

As in any survey, the results are also subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

The sampling error (or standard error) of a statistic is inversely proportional to the square root

Figure 1. Approximate relative standard errors of estimated numbers of residents, beds, or establishments



Example of use of figure 1. An estimated 10,000 total residents or beds has a relative standard error of 10.0 percent. The estimate has a standard error of 1,000 (10.0 percent of 10,000).

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

Relative standard errors of aggregates shown in this report can be determined from figure I. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. An example of how to convert the relative error into a standard error is given with figure I. Standard errors of estimated percentages are shown in tables II and III.

To determine the standard error of a mean value or of the difference between two statistics, the following rules may be used.

Standard error of mean number of beds per establishment.—From figure I, obtain the relative

Table II. Approximate standard errors of percentages for residents (patients) or beds

Base of estimated percent (number of residents or beds)	Estimated percent				
	2 or 98	5 or 95	10 or 90	25 or 75	50
	Standard error expressed in percentage points				
1,000-----	4.4	6.9	9.5	13.6	1
2,500-----	2.8	4.4	6.0	8.6	1
5,000-----	2.0	3.1	4.2	6.1	
10,000-----	1.4	2.2	3.0	4.3	
20,000-----	1.0	1.5	2.1	3.0	
30,000-----	0.8	1.3	1.7	2.5	
40,000-----	0.7	1.1	1.5	2.1	
50,000-----	0.6	1.0	1.3	1.6	
80,000-----	0.5	0.8	1.1	1.5	
100,000-----	0.4	0.7	0.9	1.0	
200,000-----	0.3	0.5	0.7	0.8	
500,000-----	0.2	0.3	0.4	0.5	

Table III. Approximate standard errors of percentages for establishments

Base of estimated percent (number of establishments)	Estimated percent					
	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error expressed in percentage points					
100-----	7.8	10.7	14.3	16.4	17.5	17.9
200-----	5.5	7.6	10.1	11.6	12.4	12.6
500-----	3.5	4.8	6.4	7.3	7.8	8.0
1,000-----	2.5	3.4	4.5	5.2	5.5	5.6
2,000-----	1.7	2.4	3.2	3.7	3.9	4.0
3,000-----	1.4	2.0	2.6	3.0	3.2	3.3
4,000-----	1.2	1.7	2.3	2.6	2.8	2.8
5,000-----	1.1	1.5	2.0	2.3	2.5	2.5
7,500-----	0.9	1.2	1.6	1.9	2.0	2.1
10,000-----	0.8	1.1	1.4	1.6	1.7	1.8
15,000-----	0.6	0.9	1.2	1.3	1.4	1.5

standard error of the estimated number of beds and the estimated number of establishments. The square root of the sum of the squares of these two relative standard errors provides an approximation for the relative standard error of the desired mean. The standard error of the mean may be obtained by multiplying the relative standard error by the mean value.

Example: For a mean of 30 beds per establishment based on a denominator of 1,000 establishments, the standard error may be obtained as follows:

1. The relative standard error of 30,000 beds is about 4.7 percent, or .047 (curve A).
2. The relative standard error of 1,000 establishments is about 10.4 percent, or .104 (curve B).
3. The relative standard error of the mean 30 beds per establishment is $\sqrt{(.047)^2 + (.104)^2} = .114$.
4. The standard error is $.114 \times 30 = 3.4$ beds per establishment.

Standard error of the difference between two estimates.—The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

C. TERMS AND DEFINITIONS

Demographic Terms

Age:

Age is defined as age at last birthday.

Geographic region:

Classification of establishments by geographic area is provided by grouping the States into regions. These regions correspond to those used by the Bureau of the Census and are as follows:

<i>Region</i>	<i>States Included</i>
Northeast -----	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania
North Central---	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas
South -----	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas
West -----	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, and Alaska

Physician Arrangements

Full-time Staff Physician:

A full-time staff physician is a physician, doctor of medicine (M.D.), or doctor of osteopathy (D.O.) who is employed by the home for the care of the residents and who works in the establishment at least 40 hours a week.

Arrangement with a physician to come to the home at regular intervals:

An agreement, written or oral, between the home and a doctor, specifying that the doctor will come to the place at regular intervals and provide medical care to any or all of the residents who need care on that day. This does not necessarily mean that the doctor will be paid by the home. It is possible that the doctor will send a bill to the individual patients. This does not include the patient's own doctor who might come to the home when needed by the patient at the patient's request.

The term "regular intervals" is defined as "once a week," "once a month," "once every week for half a day," or any other specified interval of time.

Arrangement with the physician to come to the home when needed:

An agreement, written or oral, between the home and the doctor, specifying that the doctor will come to the place only when medical care is needed by the patients, and not at regular intervals.

Arrangement with a physician to give medical care in his office:

An agreement, written or oral, between the home and a doctor, specifying that the residents in the home will be taken to the doctor's office to receive medical care. This includes taking the patient to his own doctor, either by a relative, a friend, or by the home.

Type of Ownership

Proprietary:

A home operated under private commercial ownership.

Nonprofit:

A home operated under voluntary or nonprofit auspices, including both church-related and non-church-related homes.

Government:

Homes operated under Federal, State, or local government auspices.

Level of Nursing Supervision and Nursing Coverage

Supervisor:

Is defined as the person who is actually in charge of the daily nursing activities provided in the home. It does not mean the person who employs the nursing staff, such as the owner or administrator, unless this person also supervises the daily nursing activities.

Registered nurses:

Includes registered professional nurses and graduate nurses.

Licensed practical nurses:

Includes licensed practical nurses and licensed vocational nurses.

Nurse's aides:

Includes practical nurses, nurse's aides, student nurses, and other supporting nursing staff.

Nursing coverage:

Is defined in terms of whether or not a nurse or nurse's aide was on duty 24 hours a day. Full coverage would require that nursing service be provided at all hours of the day or night by either a nurse or a nurse's aide.

Full-time work:

Is defined as usually working 35 hours or more a week.

Part-time work:

Is defined as usually working less than 35 hours a week.

Levels of Care

These levels are defined in terms of the implied intensiveness of care or the condition of the resident. The care is defined by the services performed, not by who performed the service. Based on these criteria, nursing and personal care services are grouped as follows, each succeeding level being exclusive of the previous level(s).

Intensive nursing care

- Catheterization
- Bowel and bladder retraining
- Oxygen therapy
- Intravenous injection
- Nasal feeding
- Full bed bath

Other nursing care

- Application of sterile dressing or bandages
- Irrigation
- Hypodermic injection
- Intramuscular injection
- Taking of temperature-pulse-respiration or blood pressure
- Enema

Personal care

- Help with dressing, shaving, or care of hair
- Help with tub bath or shower
- Help with eating (feeding of resident)
- Rub and massage

- Administration of medications or treatment
- Special diet

Neither nursing nor personal care

None of the above

Terms Relating to Residents

Resident:

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

Mobility status:

Restriction in mobility is defined in this report as being limited to bed or room. All other residents, including those who were routinely taken out of the room in a wheelchair for most of the day, were considered neither bed nor room limited.

Chronic conditions and impairments:

These are defined as the conditions and impairments contained in Cards D and E of appendix II-E. This list was expanded, based on the further query "Does he have any other chronic conditions listed in his record you have not told me about?" and additional questions about specified conditions.

Time interval since saw doctor last:

This refers to the period of time from the date the resident last saw a doctor during his current stay to the date of the survey.

D. CLASSIFICATION OF HOMES BY TYPE OF SERVICE

For purposes of stratification of the universe prior to selection of the sample, the homes in the MFI were classified as either nursing care, personal care with nursing, personal care, or domiciliary care homes. The latter two classes were combined, leaving the three types of service classes shown in table 1. Geriatric hospitals were included in the sampling frame with nursing care homes. Details of the classification procedure in the MFI have been published.¹⁹

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

1. A *nursing care home* is defined as one in which 50 percent or more of the residents received nursing care (see definitions above for levels of care) during the week prior to the survey,
2. A *personal care home with nursing* is defined as one in which either (a) over 50 percent of the residents received nursing care during the week prior to the survey, but there were no RN's or LPN's on the staff; or (b) some, but less than 50 percent, of the residents received nursing care during the week prior to the survey, regardless of the presence of RN's or LPN's on the staff.
3. A *personal care home* is defined as one in which residents routinely received personal care, but no residents received nursing care during the week prior to the survey.
4. *Geriatric hospitals* were self-classified directly by the responding facility. This contrasted with the classification procedure followed for nursing and personal care homes, which proceeded on the basis of detailed information on the types of services provided.



APPENDIX II

SURVEY FORMS AND QUESTIONNAIRES

A. INTRODUCTORY LETTERS

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

Dear Administrator:

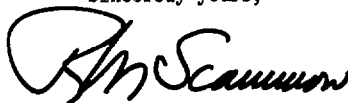
The Bureau of the Census, acting as the collecting agent for the United States Public Health Service, is conducting a nationwide survey of nursing homes, homes for the aged, and other establishments providing nursing, personal, and domiciliary care to the aged and infirm. The purpose of this survey is to collect much needed statistical information on the health of residents and on the types of employees in these homes. This survey is part of the National Health Survey program authorized by Congress because of the urgent need for up-to-date statistics on the health of our people.

The purpose of this letter is to request your cooperation and to inform you that a representative of the Bureau of the Census will visit your establishment within the next week or so, to conduct the survey. Prior to his visit, the Census representative will call you to arrange for a convenient appointment time.

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

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

Sincerely yours,



Richard M. Scammon
Director
Bureau of the Census

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dear

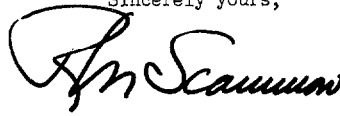
About a week ago the Bureau of the Census conducted a survey in the establishment in which you are employed to obtain information on the work experience and education of certain professional and semi-professional employees of the home. At that time we left a questionnaire for you to complete and return to us. According to our records, the questionnaire has not been received.

Another copy of the questionnaire is enclosed for your use if the other copy has been lost or misplaced. Please complete the questionnaire and mail it to the Bureau of the Census within 5 days. For your convenience, a self-addressed envelope which requires no postage is enclosed.

If you have already returned the original questionnaire, please disregard this reminder.

Thank you for your cooperation.

Sincerely yours,



Richard M. Scammon
Director
Bureau of the Census

Enclosures

Please send completed
form to:

B. ESTABLISHMENT QUESTIONNAIRE

Budget Bureau No. 68-R620.R2; Approval Expires December 31, 1964

<p>CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).</p>	
<p>FORM HRS-3a (4-1-64)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE</p> <p style="text-align: center;">U.S. NATIONAL HEALTH SURVEY ESTABLISHMENT QUESTIONNAIRE</p>	<p style="text-align: center;"><i>(Verify name and address and make any necessary corrections)</i></p>
<p>1. How many beds are regularly maintained for residents (patients)? (Include any beds set up for use whether or not they are in use at the present time. Exclude beds used by staff or any beds used exclusively for emergency services)</p>	<p>Number</p>
<p>2. How many residents (patients) are currently on your register as formal admissions who have not been discharged? (Do not include employees or proprietors)</p>	<p>Number</p>
<p>3. During the past 7 days how many of these - - residents (patients) received nursing care? By nursing care we mean any of the services listed on this card. (Show card A)</p>	<p style="text-align: center;">Number</p> <p style="text-align: right;">OR <input type="checkbox"/> None (Go to q. 7)</p>
<p>4. Is the person who supervises NURSING CARE a registered professional nurse, a licensed practical nurse, or someone else?</p>	<p>1 <input type="checkbox"/> Registered professional nurse 2 <input type="checkbox"/> Licensed practical nurse 3 <input type="checkbox"/> Someone else</p>
<p>5. Does she work full-time or part-time? By full-time we mean 40 or more hours a week.</p>	<p>1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time</p>
<p>6. Is there a nurse or nurse's aide ON DUTY 24 hours a day?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>7a. Does this home employ a full-time staff physician for the care of the residents (patients)?</p>	<p>1 <input type="checkbox"/> Yes (Go to question 8) 2 <input type="checkbox"/> No</p>
<p>b. Does this home have an arrangement with a physician to come to the home at regular intervals for the care of the residents (patients)?</p>	<p>1 <input type="checkbox"/> Yes (Go to question 8) 2 <input type="checkbox"/> No</p>
<p>c. Does this home have an arrangement with a physician to come to the home when needed, but not at regular intervals?</p>	<p>1 <input type="checkbox"/> Yes (Go to question 8) 2 <input type="checkbox"/> No</p>
<p>d. Does this home have an arrangement with a physician to give medical care to the residents (patients) IN HIS OFFICE?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8a. Does this home employ a dentist on the premises full time to give dental care to the residents (patients)?</p>	<p>1 <input type="checkbox"/> Yes (Go to question 9) 2 <input type="checkbox"/> No</p>
<p>b. Does this home have an arrangement with a dentist to come to the home at regular intervals to give dental care to the residents (patients)?</p>	<p>1 <input type="checkbox"/> Yes (Go to question 9) 2 <input type="checkbox"/> No</p>
<p>c. Does this home have an arrangement with a dentist to come to the home when needed but not at regular intervals?</p>	<p>1 <input type="checkbox"/> Yes (Go to question 9) 2 <input type="checkbox"/> No</p>
<p>d. Does this home have an arrangement with a dentist to give dental care to the residents (patients) IN HIS OFFICE?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

9. We want to know the total number of residents (patients) who were discharged during 1963--both those who were discharged to their home or some other place and those who died. First, I want to ask about those who died.	
a. How many persons died during 1963 while residents (patients) in your establishment? Include those who died while ON YOUR REGISTER even though they were temporarily away in a hospital or some other place.	Number
b. Excluding deaths, how many other discharges did you have in 1963?	
Of these -- (q. 9b) -- discharges, other than deaths, how many were discharged to the following places:	
(1) Resident's (patient's) home or family?	
(2) Another nursing home, home for the aged, or similar establishment?	
(3) Mental hospital?	
(4) Nonmental hospital?	
(5) Other places?	
(6) Place unknown?	
10a. How many persons work in this establishment? (Include owners who work in the establishment as well as all paid employees and members of religious orders)	Number
b. How many of these -- (q. 10a) -- persons usually work LESS than 15 hours a week in this establishment?	
<i>(Subtract the answer to question 10b from the answer to question 10a and insert the difference in item 10c below)</i>	
↓	
c. Now I need to list the names of the _____ employees who usually work 15 hours or more per week in this establishment.	
Name of respondent(s)	Telephone number and ext.
Title or position	Date completed
Census Interviewer's name	Code
Comments	

STAFF INFORMATION AND CONTROL RECORD - Continued

Line number	Employees who work 15 or more hours a week in this establishment (Enter Mr., Mrs., Miss, or Dr., first initial and last name) (a)	What is his job here? (Enter number from Card B)			Sex (Enter M for male and F for female) (e)	How many hours does he USUALLY work per week in this establishment? (f)	How often is he paid? (Enter code) 1 - Weekly 2 - Every 2 weeks 3 - Monthly 4 - Annually 5 - Other (Specify period) (g)	What are his cash wages or salary per pay period before any deductions have been made for income tax, insurance etc.? (h)	In addition to his cash wages or salary per pay period, does he routinely get either room or board? If "Yes," ask: What does he get? (Enter code) 1 - Room and board 2 - Room only 3 - Board only 4 - None of these (i)	When did he (last) start working in this establishment? (Enter month and year) (j)	INTERVIEWER
		"Professional" (Numbers 1-10) SW _____ TE _____ (Circle sample persons) (b)	"Semi-professional" (Number 11) SW _____ TE _____ (Circle sample persons) (c)	"Non-professional" (Numbers 12-15) SW _____ TE _____ (Circle sample persons) (d)							Fill buff Staff Questionnaire form (Form HRS-3d) for each sample employee in columns (b) and (c) only (Check one box for each sample employee eligible for staff form) (k)
8										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____
9										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____
10										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____
11										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____
12										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____
13										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____
14										Month _____ Year _____	<input type="checkbox"/> Completed at time of visit <input type="checkbox"/> Form left to be mailed in Date received in R. O. _____

C. STAFF QUESTIONNAIRE

Budget Bureau No. 68-R620.R2; Approval Expires December 31, 1964

FORM HR5-3d (2-31-64) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. NATIONAL HEALTH SURVEY STAFF QUESTIONNAIRE	CONFIDENTIAL - This information is collected for the U.S. Public Health Service under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).																																																																				
a. Establishment number	b. Line number																																																																				
c. Name of person who should fill this form																																																																					
<p>The U.S. National Health Survey of the Public Health Service is conducting a nationwide survey in nursing homes, homes for the aged, and other related types of establishments. The purpose of the survey is to obtain certain information about the staff employed in these establishments as well as about the health of patients or residents in the establishments.</p> <p>Since it takes only a few minutes to complete the questionnaire, we would very much appreciate it if you will complete and mail the form within the next 5 days.</p> <p>Your answers will be given confidential treatment by the U.S. National Health Survey and the Bureau of the Census. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified.</p> <p>Please answer the questions on this questionnaire. When you have completed it, mail it to the Bureau of the Census in the postage-free, self-addressed envelope provided. Thank you for your cooperation.</p>																																																																					
1. How old were you on your last birthday?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px;">Age</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	Age																																																																			
Age																																																																					
2. How many years have you worked as a _____ --	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px;">Number of --</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: none;">a -- in this establishment?</td> <td style="border: none; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; text-align: center;">Years</td> <td style="border: none; text-align: center;">and</td> <td style="border: none; text-align: center;">months</td> </tr> </table> </td> </tr> <tr> <td style="border: none;">b -- in other nursing homes, homes for the aged, or related facilities?</td> <td style="border: none; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; text-align: center;">Years</td> <td style="border: none; text-align: center;">and</td> <td style="border: none; text-align: center;">months</td> </tr> </table> </td> </tr> <tr> <td style="border: none;">c -- in hospitals?</td> <td style="border: none; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; text-align: center;">Years</td> <td style="border: none; text-align: center;">and</td> <td style="border: none; text-align: center;">months</td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> (If your present job is in a hospital, do not include the experience shown in question 2a.) </td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> NOTE TO NURSES: Do not include special duty or private duty nursing. </td> </tr> <tr> <td style="padding: 5px;"> 3. 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Continue on reverse side

USCOMM-DC 24610-P64

5. Have you taken any of the courses listed below?

Yes No

↓
 For each course that you have taken, please indicate by checking the appropriate column, whether the course was "accredited under college or university sponsorship" or whether it was a "short course, institute, or workshop."

Line No.	Types of courses (a)	Accredited course under college or university sponsorship (b)	Short course, institute or workshop (c)
1	Nursing home administration		
2	Nursing care of the aged or chronically ill		
3	Medical or dental care of the aged or chronically ill		
4	Mental or social problems of the aged or chronically ill		
5	Physical therapy or rehabilitation		
6	Occupational therapy		
7	Nutrition or food services		

Comments

D. RESIDENT (PATIENT) QUESTIONNAIRE

Budget Bureau No. 68-R620.R2; Approval Expires December 31, 1964

	Budget Bureau No. 68-R620.R2; Approval Expires December 31, 1964		
Establishment number	Resident's (patient's) line No.		
1. What is the month and year of this resident's (patient's) birth?		Month	Year
2. Sex		1 <input type="checkbox"/> Male (Ask question 3) 2 <input type="checkbox"/> Female (Go to question 4)	
3a. Has he served in the Armed Forces of the United States?		1 <input type="checkbox"/> Yes (Ask Q. 3b) 2 <input type="checkbox"/> No (Go to Q. 4) 3 <input type="checkbox"/> Unknown	
b. Did he serve in World War I?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
		3c. NOTE TO INTERVIEWER: Source of veteran status information 1 <input type="checkbox"/> Record 2 <input type="checkbox"/> Sample person 3 <input type="checkbox"/> Respondent	
4. Is this resident (patient) married, widowed, divorced, separated, or never married?		1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Separated	
5. In what month and year was he (last) admitted to this home?		Month	Year
6. With whom did he live at the time of his admission? (Check the FIRST box that applies)		1 <input type="checkbox"/> Spouse only 7 <input type="checkbox"/> In another nursing home or related facility 2 <input type="checkbox"/> Children only 8 <input type="checkbox"/> In mental hospital 3 <input type="checkbox"/> Spouse and children 9 <input type="checkbox"/> In a long-term specialty hospital (except mental) 4 <input type="checkbox"/> Relatives other than spouse or children 10 <input type="checkbox"/> In a general or short-stay hospital 5 <input type="checkbox"/> Lived in apartment or own home — alone or with unrelated persons 11 <input type="checkbox"/> Other place (Specify) 6 <input type="checkbox"/> In boarding home	
7. How often do friends or relatives visit him? (Check the FIRST box that applies)		1 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> Less than once a month 2 <input type="checkbox"/> Less often than once a week but at least once a month 4 <input type="checkbox"/> Never	
8a. Does he stay in bed all or most of the day?		1 <input type="checkbox"/> Yes (Go to question 9) 2 <input type="checkbox"/> No (Ask question 8b)	
b. Does he stay in his own room all or most of the day?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Ask question 8c)	
c. Does he go off the premises just to walk, shop, or visit with friends or relatives and so forth?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
9. Which of these special aids does this resident (patient) use? (Show card C) (Check all that apply)		1 <input type="checkbox"/> Hearing aid 4 <input type="checkbox"/> Braces 7 <input type="checkbox"/> Eye glasses 2 <input type="checkbox"/> Walker 5 <input type="checkbox"/> Wheel chair OR 3 <input type="checkbox"/> Crutches 6 <input type="checkbox"/> Artificial limb(s) 8 <input type="checkbox"/> None of these aids used	
10. During his stay here when did he last see a doctor for treatment, medication, or for an examination by the doctor?		Month	Year
		<input type="checkbox"/> Never saw doctor while here	
11a. During his stay here, has he seen a dentist?		1 <input type="checkbox"/> Yes (Ask question 11b) 2 <input type="checkbox"/> No (Go to question 12)	
b. When was the last time he saw a dentist?		Month	Year
12a. Has he lost ALL of his teeth?		1 <input type="checkbox"/> Yes (Ask question 12b) 2 <input type="checkbox"/> No (Go to question 13)	
b. Does he wear full upper and lower dentures?		3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No	
13. Does this resident (patient) have any of these conditions? (Show card D. Record in Table 1 each condition which the patient has)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
14. Does he have any of these conditions? (Show card E. Record in Table 1 each condition which the patient has)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
15a. Does he have any other CHRONIC conditions listed in his record that you have not told me about? If "Yes," ask:		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. What are they? (Record in Table 1 each chronic condition mentioned)			

FORM HRS-3 C (3-23-64)

Table 1		
Enter conditions from questions 13, 14 or 15	For the following conditions ask these questions	
Enter the words used by the respondent to describe the condition. (a)	ILL EFFECTS OF STROKE What are the present ill effects?	Do not write in this column (c)
	SPEECH DEFECT What caused the speech defect?	
	PARALYSIS, PERMANENT STIFFNESS What part of the body is affected?	
	TUMOR, CYST, OR GROWTH What part of the body is affected? Is it malignant or benign?	
	DEAFNESS, HEARING TROUBLE, OR ANY EYE CONDITION Is one or both ears (eyes) (Include glaucoma and cataracts) affected?	
	(b)	
	1.	
	2.	
	3.	
4.		
5.		
6.		
7.		
8.		
16. If any eye conditions have been recorded in Table 1, ask: <input type="checkbox"/> No eye condition reported (Go to question 17)		
You told me about this resident's (patient's) eye condition. Can he see well enough to read ordinary newspaper print with glasses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
17. During the past 7 days which of these services did this resident (patient) receive? (Show card F and check each one mentioned)	1 <input type="checkbox"/> Help with dressing, shaving, or care of hair 2 <input type="checkbox"/> Help with tub bath or shower 3 <input type="checkbox"/> Help with eating (feeding the resident (patient)) 4 <input type="checkbox"/> Rub and massage 5 <input type="checkbox"/> Administration of medications or treatment 6 <input type="checkbox"/> Special diet 7 <input type="checkbox"/> Application of sterile dressings or bandages	8 <input type="checkbox"/> Temperature-pulse-respiration 9 <input type="checkbox"/> Full-bed bath 10 <input type="checkbox"/> Enema 11 <input type="checkbox"/> Catheterization 12 <input type="checkbox"/> Bowel and bladder retraining 13 <input type="checkbox"/> Blood pressure 14 <input type="checkbox"/> Irrigation 15 <input type="checkbox"/> Oxygen therapy 16 <input type="checkbox"/> Hypodermic injection 17 <input type="checkbox"/> Intravenous injection 18 <input type="checkbox"/> Intramuscular injection 19 <input type="checkbox"/> Nasal feeding OR 20 <input type="checkbox"/> None of the above services received
18. At the time this resident (patient) was admitted to this home, what kind of care did he receive—primarily nursing care, primarily personal care, or room and board only? (Check one box only)		
1 <input type="checkbox"/> Primarily nursing care 2 <input type="checkbox"/> Primarily personal care 3 <input type="checkbox"/> Room and board only		
19. What was the TOTAL charge for this resident's (patient's) care last month?		Amount \$
20a. What is the PRIMARY source of payment for his care? (Check ONE box only)	20b. Are there any additional sources of payment? (Check ALL boxes that apply)	
1 <input type="checkbox"/> Own income or family support (Include private plans, retirement funds, social security, etc.)	1 <input type="checkbox"/> Own income or family support (Include private plans, retirement funds, social security, etc.)	
2 <input type="checkbox"/> Church support	2 <input type="checkbox"/> Church support	
3 <input type="checkbox"/> Veterans benefits	3 <input type="checkbox"/> Veterans benefits	
4 <input type="checkbox"/> Public assistance or welfare	4 <input type="checkbox"/> Public assistance or welfare	
5 <input type="checkbox"/> Initial payment — life care	5 <input type="checkbox"/> Initial payment — life care	
6 <input type="checkbox"/> Other (Please describe)	6 <input type="checkbox"/> Other (Please describe)	
_____	OR	
_____	7 <input type="checkbox"/> No additional sources	

USCOMM-DC 24499-2-14

E. LISTS OF CHRONIC CONDITIONS AND SERVICES

Card D

LIST OF CHRONIC CONDITIONS

Does this resident have any of these conditions?

1. Asthma
2. CHRONIC bronchitis
3. REPEATED attacks of sinus trouble
4. Hardening of the arteries
5. High blood pressure
6. Heart trouble
7. Ill effects of a stroke
8. TROUBLE with varicose veins
9. Hemorrhoids or piles
10. Tumor, cyst or growth
11. CHRONIC gall bladder or liver trouble
12. Stomach ulcer
13. Any other CHRONIC stomach trouble
14. Bowel or lower intestinal disorders
15. Kidney stones or CHRONIC kidney trouble
16. Mental illness
17. CHRONIC nervous trouble
18. Mental retardation
19. Arthritis or rheumatism
20. Diabetes
21. Thyroid trouble or goiter
22. Epilepsy
23. Hernia or rupture
24. Prostate trouble
25. ADVANCED senility

Card E

LIST OF SELECTED CONDITIONS

Does this resident have any of these conditions?

1. Deafness or SERIOUS trouble hearing with one or both ears
2. SERIOUS trouble seeing with one or both eyes even when wearing glasses
3. Any speech defect
4. Missing fingers, hand, or arm--toes, foot, or leg
5. Palsy
6. Paralysis of any kind
7. Any CHRONIC trouble with back or spine
8. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back

Card F

LIST OF SERVICES

1. Help with dressing, shaving, or care of hair
2. Help with tub bath or shower
3. Help with eating (feeding the patient)
4. Rub and massage
5. Administration of medications or treatment
6. Special diet
7. Application of sterile dressings or bandages
8. Temperature--pulse--respiration
9. Full bed bath
10. Enema
11. Catheterization
12. Bowel and bladder retraining
13. Blood pressure
14. Irrigation
15. Oxygen therapy
16. Hypodermic injection
17. Intravenous injection
18. Intramuscular injection
19. Nasal feeding



OUTLINE OF REPORT SERIES FOR VITAL AND HEALTH STATISTICS

Public Health Service Publication No. 1000

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