



VITAL STATISTICS REPORT

1968 Nursing Home Survey—Provisional Data

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Comparison of Selected Characteristics of Institutions for the Aged: United States, 1963 and 1968

In 1963 the Division of Health Resources Statistics conducted a sample survey of institutions for the aged. The survey collected data on type of service, type of ownership, bed size, residents, employees, admissions, discharges, and charges for care. Institutions for the aged are resident facilities with three beds or more that provide nursing or personal care to the aged and chronically ill. Nursing homes, rest

homes, homes for the aged, and convalescent homes are facilities classified as institutions for the aged. In 1968 similar data were collected in order to measure the changes that occurred in this 5-year period.

The 1968 survey is a census of all institutions for the aged, and the 1963 survey is a probability sample of these institutions. However, the 1968 survey

Table 1. Number and percent distributions of institutions for the aged and residents of these institutions for 1963 and 1968 by type of service and type of ownership: United States

[Due to rounding to nearest percent, subtotals may not add to 100]

Primary type of service and type of ownership	Institutions		Residents	
	1968	1963	1968	1963
Total-----	18,185	16,370	743,293	510,179
	Number			
All types-----	100	100	100	100
	Percent distribution			
Nursing care-----	57	48	72	56
Proprietary-----	47	42	54	40
Church and other nonprofit-----	7	4	12	9
Government-----	3	2	7	8
Personal care with nursing-----	20	30	20	34
Proprietary-----	13	22	7	15
Church and other nonprofit-----	6	6	11	13
Government-----	2	2	2	6
Personal care-----	23	22	8	9
Proprietary-----	17	18	5	7
Church and other nonprofit-----	2	3	2	2
Government-----	3	1	1	1

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is similar to the 1963 survey not only in the data collected and the wording of questions but also in the use of the Master Facility Inventory and its classification scheme to define the universe of institutions for the aged. (For further discussion of the universe for each survey, see Source of Data.)

Both the number of institutions and the number of residents increased from 1963 to 1968. The number of institutions increased by 11 percent, and the number of residents increased by 46 percent (table 1).

In this 5-year period, the percent of institutions providing nursing care (the highest level of nursing service) increased, but the percent of institutions providing personal care with nursing (an intermediate level of nursing service) decreased. This increase in the percent of nursing care institutions may be due to institutions upgrading their level of service to qualify as extended care facilities under the Medicare Act or as skilled nursing homes under the Medicaid Act. Changes in the percent distribution of residents are

Table 2. Average number of beds in institutions for the aged for 1963 and 1968, by type of service and type of ownership: United States

Primary type of service	Type of ownership			
	All types	Proprietary	Nonprofit	Government
	Average number of beds, 1968			
All types-----	45	38	75	60
Nursing care-----	56	50	78	106
Personal care with nursing-----	48	26	89	64
Personal care-----	15	13	30	16
	Average number of beds, 1963			
All types-----	35	26	65	96
Nursing care-----	40	32	78	125
Personal care with nursing-----	39	24	75	92
Personal care-----	16	14	27	37

Table 3. Number and percent distributions of residents, admissions, and discharges in institutions for the aged for 1963 and 1968 by type of service: United States

[Due to rounding to nearest percent, subtotals may not add to 100]

Primary type of service	Residents		Admissions		Discharges (alive and dead)	
	1968	1963	1968	1963	1968	1963
	Number					
Total-----	743,293	510,179	588,246	402,896	661,089	378,326
	Percent distribution					
All types-----	100	100	100	100	100	100
Nursing care-----	72	56	85	66	84	67
Personal care with nursing-----	20	34	11	23	12	23
Personal care-----	8	9	4	11	4	10

associated with the increase in the percent of institutions providing nursing care. In contrast to changes in the percent distributions of institutions and residents by type of service, the percent distributions by type of ownership changed very little from 1963 to 1968.

Along with an increase in the *number* of institutions for the aged, there was an increase in the *size* of these institutions. Institutions for the aged were larger by an average of 10 beds in 1968 than they were in 1963 (table 2). By type of service, nursing care institutions had the largest increase in average number of beds—they were 16 beds larger in 1968 than in 1963. Running counter to the general increase in average number of beds were the Government-owned institutions—they were 36 beds smaller in 1968 than in 1963. Since they comprised 8 percent of all institutions for the aged, their decrease in bed size was more than offset by the smaller bed size increases of the proprietary and nonprofit institutions which comprised 92 percent of all institutions (table 1).

From 1963 to 1968 both the number of residents and the number of admissions increased by 46 percent, and the number of discharges (alive and dead) increased by 75 percent (table 3). The greater increase in the number of discharges as compared with the number of admissions may be related to the current emphasis on institutions for the aged as

extended care facilities. These institutions provide restorative care to the patient, often transferred from a hospital, who is discharged when he recovers from his operation or illness. The greater increase in discharges may also be related to the 100 days maximum stay in an extended care facility which the hospital insurance section of the medicare program provides for qualified patients transferred from hospitals.

The increase in the percent of institutions providing nursing care (table 1) is associated with the increase in the percent of residents, admissions, and discharges in institutions providing nursing care (table 3). From 1963 to 1968 the number of residents increased by 46 percent, and the number of employees increased by 103 percent. In 1963 there were 49 employees per 100 residents, and in 1968 there were 68 employees per 100 residents—an increase of 19 employees per 100 residents (table 4). Because the number of employees is one measure of care available to the resident, this increase over the 5-year period probably represents an increase in the amount of care received by the residents.

By type of service, institutions providing nursing care had the largest *number* of employees per 100 residents and the largest *increase* in the number of employees per 100 residents—an increase of 18 employees per 100 residents.

Table 4. Number of employees per 100 residents in institutions for the aged for 1963 and 1968, by type of service and region: United States

Primary type of service and region	1968			1963		
	Residents	Total employees	Total employees per 100 residents	Residents	Total employees	Total employees per 100 residents
TYPE OF SERVICE						
All types-----	743,293	505,031	68	510,179	249,103	49
Nursing care-----	535,743	398,420	74	287,893	161,765	56
Personal care with nursing-----	150,291	83,280	55	174,200	70,929	41
Personal care-----	57,259	23,331	41	48,086	16,409	34
REGION						
All regions-----	743,293	505,031	68	510,179	249,103	49
Northeast-----	179,249	138,881	78	149,890	80,240	54
North Central-----	264,050	170,735	65	188,426	86,298	46
South-----	173,089	112,044	65	98,355	46,416	47
West-----	126,905	83,371	66	73,508	36,149	49

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The number of employees per 100 residents in 1963 and in 1968 was largest for the Northeast Region. For the North Central, South, and West Regions the number of employees per 100 residents differed by not more than three.

The most frequent charge per resident per month (the mode) increased on the average by 48 percent—from \$170 in 1963 to \$252 in 1968 (table 5). By type of service, the largest increase (from \$117 to \$181) was 55 percent for institutions providing personal care. By type of ownership, the largest increase (from \$128 to \$248) was 94 percent for nonprofit institutions.

The relationship between type of service and average most frequent charge remained the same during the 5-year period. As the level of service increased, the charges increased. Charges were highest in institutions providing nursing care because they usually maintain more equipment and a larger nursing staff.

The relationship between type of ownership and average most frequent charge also remained the same during the 5-year period. Proprietary institutions charged the highest amounts; nonprofit institutions, the next highest; and Government-owned insti-

tutions, the lowest. Charges were often less in nonprofit and Government-owned institutions because part of the cost is absorbed by the group operating the institution and is not passed on to the resident.

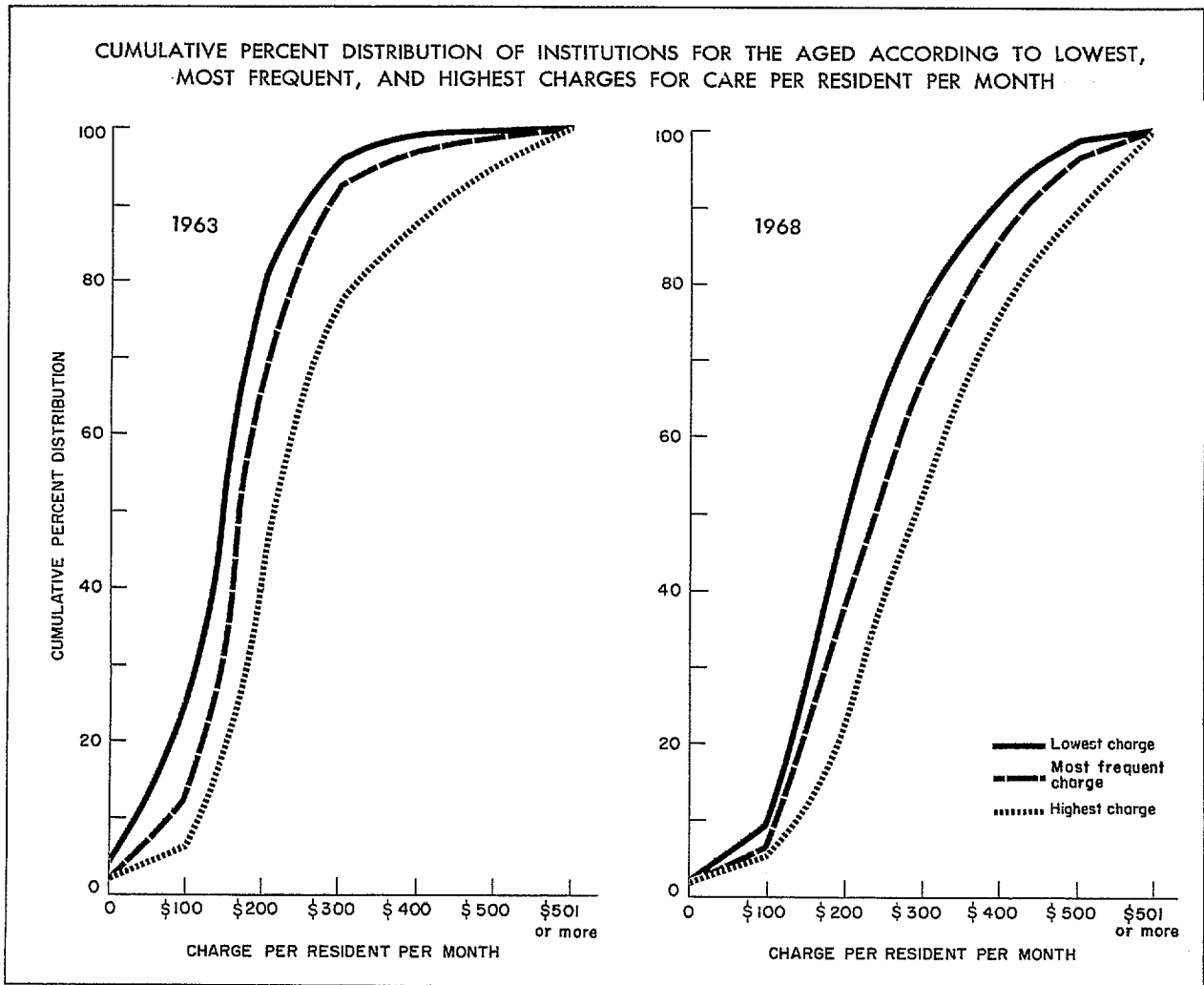
A comparison of the cumulative percent distributions of the lowest, most frequent, and highest monthly charges for 1963 and 1968 identifies the overall changes in range and interrelationship of charges. Although the percent of institutions with no charge for care remained at 2 percent for 1963 and 1968, the lowest, most frequent, and highest charges increased during this period.

In 1963, 50 percent of the institutions for the aged had no charge higher than \$213 per month. In 1968, 50 percent of the institutions had no charge higher than \$291—an increase of \$78. There were comparable increases in the lowest and most frequent charges during the 5-year period. (See chart.)

The interrelationship of the lowest, most frequent, and highest charges also changed from 1963 to 1968. In 1963 the most frequent charge was closer to the lowest charge than to the highest charge. In 1968, however, the most frequent charge moved away from the lowest charge until it was almost equidistant to the lowest and the highest charges.

Table 5. Average most frequent charge per resident per month in institutions for the aged for 1963 and 1968, by type of service and type of ownership: United States

Primary type of service and type of ownership	Average most frequent charge in dollars (modal charge)		Primary type of service and type of ownership	Average most frequent charge in dollars (modal charge)	
	1968	1963		1968	1963
All types-----	\$252	\$170	Personal care with nursing-----	\$210	\$147
Proprietary-----	258	179	Proprietary-----	207	159
Church and other nonprofit----	248	128	Church and other nonprofit----	225	113
Government-----	207	121	Government-----	184	104
Nursing care-----	\$295	\$206	Personal care-----	\$181	\$117
Proprietary-----	298	211	Proprietary-----	183	124
Church and other nonprofit----	286	176	Church and other nonprofit----	185	86
Government-----	259	165	Government-----	170	66



Technical Notes

SOURCE OF DATA

Both the 1963 and the 1968 surveys used the Master Facility Inventory (MFI) and its classification scheme to define the universe of institutions for the aged. Every 2 years, a survey of the MFI is conducted among all institutions for the aged to collect and verify information on the name, address, and certain characteristics of those institutions. Newly established institutions are added to the list on a continuing basis,

and out-of-business institutions are deleted through the biennial surveys.

The 1962 MFI of institutions for the aged was the universe for the 1963 sample survey and the 1967 MFI for the 1968 census. The classification of institutions for each survey was based on type of service and type of ownership information collected in the MFI Survey of the previous year. (See Definitions of Terms for this classification scheme.) During this 1-year interval, the type of ownership and type of

self-administered medications.

Proprietary institution.—An institution operated under private commercial ownership.

service probably changed for some of the institutions. Because of this short period, however, any changes which may have occurred should have only negligible effect on the distribution of establishments by type of either ownership or service.

The institutions in scope for the 1963 sample survey were those providing nursing care, personal care with nursing, personal care, and domiciliary care. Since domiciliary care institutions were few in number, they were included in the personal care classification. Domiciliary institutions were not in scope for the 1968 census. Because these institutions comprised only 1 percent of all institutions in 1967, their exclusion from the 1968 census has little effect on the data and the comparisons presented here.

SAMPLE

Because the figures for the 1963 survey are based on a sample of institutions for the aged rather than on *all* such institutions, they are subject to sampling variability. One measure of sampling variability is the standard error.

Shown in table I for the 1963 survey are the standard errors appropriate for the estimates of the percent of institutions and residents. Thirty percent of all institutions provided personal care with nursing (table 1). The standard error of 30 percent is 0.9 percentage points. Ten percent of all discharges were from institutions providing personal care (table 3). The standard error of 10 percent is 0.6 percentage points.

Table II shows the standard errors appropriate for the average charges for care. The average most frequent charge for institutions providing nursing care in 1963 was \$206 per month (table 5). There were 7,858 institutions providing nursing care in 1963

Table I. Approximate standard errors, expressed in percentage points, of estimates based on number of institutions and number of residents or beds for 1963

Estimated percentage	Base of estimated percentage	
	Number of institutions	Number of residents or beds
5 or 95-----	0.4	0.4
10 or 90-----	0.6	0.6
20 or 80-----	0.8	0.7
30 or 70-----	0.9	0.8
40 or 60-----	0.8	0.8

(calculated from table 1). The standard error of \$200 average charge based on 5,000 institutions is \$9; based on 10,000 institutions it is \$5. Therefore, the standard error of \$206 based on 7,858 institutions is between \$5 and \$9. By interpolation, the desired standard error is approximately \$7.

Because the figures for the 1968 census are based on *all* institutions for the aged, they are *not* subject to sampling variability. As in any survey, figures for both 1963 and 1968 are subject to errors due to reporting, processing, and nonresponse.

DEFINITIONS OF TERMS

Type of service.—Institutions are classified by type of service (nursing care, personal care with nursing, and personal care) according to the following four criteria:

1. The number of persons receiving nursing care during the "past 7 days." Nursing care is defined as the provision of one or more of the following services:

- Taking of temperature-pulse-respiration or blood pressure
- Full bed bath
- Application of dressings or bandages
- Catheterization
- Intravenous injection
- Intramuscular injection
- Nasal feeding
- Irrigation
- Bowel and bladder retraining
- Hypodermic injection
- Oxygen therapy
- Enema

Table II. Approximate standard errors, expressed in dollars, of average monthly charges for care for 1963

Number of institutions	Average monthly charge				
	\$100	\$150	\$200	\$250	\$300
500-----	18	24	29	35	40
1,000-----	13	17	20	24	28
2,000-----	9	12	14	17	19
3,000-----	7	9	11	13	16
4,000-----	6	8	10	11	13
5,000-----	5	7	9	10	11
7,858-----	4	5	6	7	8



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

Table III shows in detail the scheme for classifying facilities according to these criteria.

Type of ownership.—Institutions are also classified by type of ownership:

Proprietary institution.—An institution operated under private commercial ownership.

Nonprofit institution.—An institution operated under voluntary or nonprofit auspices, including both church-related and non-church-related institutions.

Government-owned institution.—An institution operated under Federal, State, or local government auspices.

Table III. Criteria for classification of establishments

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

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

EXPLANATION OF SYMBOLS USED IN TABLES	
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--	*

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