

**VITAL and HEALTH STATISTICS**  
DATA FROM THE NATIONAL HEALTH SURVEY

**Utilization of  
Institutions  
for the aged  
and chronically ill**

**United States - April - June 1963**

Statistics on the number of beds, admissions, discharges, recipients of public assistance, and rate of occupancy in institutions for the aged and chronically ill. Based on data collected from institutions during the period April-June 1963.

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U.S. DEPARTMENT OF  
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William H. Stewart  
Surgeon General



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# NATIONAL CENTER FOR HEALTH STATISTICS

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## DIVISION OF HEALTH RECORDS STATISTICS

Monroe G. Sirken, Ph.D., *Chief*  
E. Earl Bryant, M.A., *Chief, Institutional Population Survey Branch*  
Milton C. Rossoff, M.S., *Chief, Hospital Discharge Survey Branch*  
Gordon F. Sutton, Ph.D., *Chief, Vital Records Surveys Branch*

### COOPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the Bureau of the Census, under a contractual arrangement, participated in planning the survey, collecting the data, and carrying out certain parts of the data processing.

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*IN THIS REPORT statistics are presented on the number of beds, admissions, discharges, recipients of public assistance, and on the rate of occupancy in institutions for the aged and chronically ill. This is the fourth in a series of reports based on data collected during April-June 1963 in a survey of nursing homes and related facilities, including chronic disease, geriatric and mental hospitals, and all types of homes for the aged. Previous reports in this series (Vital and Health Statistics, Series 12, Nos. 1, 2, and 3) have dealt with health and demographic characteristics of residents in mental hospitals and in institutions for the aged as well as with the characteristics of the institutions themselves, such as admission policies, type of nurse in charge of nursing care, whether round-the-clock nursing service was provided, and the charges for care of residents.*

*Institutions for the aged (excluding mental hospitals) are classified in this report into four types, depending on the primary type of service provided. The basic utilization statistics are cross-classified by these type-of-service groups, by type of ownership and size of the institutions, and by geographic region.*

*An estimated 660,000 beds were maintained by 17,100 institutions, of which 88 percent were occupied. Homes providing primarily nursing care maintained about half of these beds and had the highest occupancy rate (90 percent) among the types of institutions. About half of the residents in institutions for the aged were recipients of public assistance.*

*During 1962 approximately 554,000 persons were admitted to the institutions and 531,000 were discharged. Of the persons discharged, about one-third were because of death. Although over 60 percent of the 1962 admissions were discharged before the end of the calendar year, average length of stay of residents in the institutions at the time of the survey was 3 years. This indicates that many residents stay short periods as well as long periods of time.*

#### 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-----	*

# UTILIZATION OF INSTITUTIONS FOR THE AGED AND CHRONICALLY ILL

E. Earl Bryant and Carl A. Taube, *Division of Health Records Statistics*

## INTRODUCTION

### Background

This is the fourth report to be published on the findings of the Resident Places Survey-1 (RPS-1). The RPS-1 was conducted during the spring of 1963 by the National Center for Health Statistics in cooperation with the U.S. Bureau of the Census. It was based on a probability sample of mental hospitals and institutions in the United States which provide nursing, personal, or domiciliary care to the aged and chronically ill. Previous reports in this series have presented statistics on the health and demographic characteristics of the residents and patients in these hospitals and institutions. Statistics on the characteristics (e.g., primary type of service, type of ownership, admission policies, type of nurse in charge of nursing care, whether round-the-clock nursing service was provided, and the amount charged for the care of residents) of the hospitals and institutions themselves have also been published.<sup>1-3</sup> This report is concerned with

<sup>1</sup>National Center for Health Statistics: Institutions for the aged and chronically ill, United States, April-June 1963. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 12-No. 1. Public Health Service. Washington. U.S. Government Printing Office, July 1965.

<sup>2</sup>National Center for Health Statistics: Characteristics of residents in institutions for the aged and chronically ill, United States, April-June 1963. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 12-No. 2. Public Health Service. Washington. U.S. Government Printing Office, September 1965.

<sup>3</sup>National Center for Health Statistics: Characteristics of patients in mental hospitals, United States, April-June 1963. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 12-No. 3. Public Health Service. Washington. U.S. Government Printing Office, in press.

the utilization of institutions for the aged and chronically ill (excluding mental hospitals) in terms of the number of available beds, occupancy rates, residents on public assistance, and the number of admissions to and discharges from these institutions.

### General Survey Design and Qualifications

All resident institutions in the United States which provide care to the aged or chronically ill were within the scope of the RPS-1. This includes nursing homes, convalescent homes, rest homes, and other similar types of places with three beds or more; nursing-home units and chronic disease wards of general hospitals; and chronic disease and geriatric hospitals. Institutions such as boarding homes for the aged which did not routinely provide some level of personal care (i.e., provided only room and board) and homes which specialized in the care of children were not within the scope of the survey. The chronic disease wards and, possibly, some of the nursing-home units are not usually considered as institutions but as integral parts of short-stay hospitals. They were included in this survey because of the type of service provided. It is also recognized that most of these establishments within the scope of the survey are not commonly referred to as institutions. However, for convenience and for the sake of clarity, the term institution for the aged is used in this report to refer to all types of establishments, except mental hospitals, that are within the scope of the survey. Also for convenience, the term "hospital" is used to refer to the group of non-mental hospitals and hospital units providing care to the aged and chronically ill.

The sampling frame for the survey was the Master Facility Inventory (MFI), which is discussed in Appendix I. Also, a detailed description of the development and content of the MFI and of a procedure for evaluating its coverage has been published.<sup>4</sup> It should be emphasized that the data in this report can be no more representative of the institutions in the United States than the universe from which the sample was selected. According to preliminary research to evaluate the coverage of the MFI, the sampling frame for the RPS-1 is estimated to be 85 to 90 percent complete in terms of establishments and about 95 percent complete in terms of beds. This should be remembered when interpreting the data.

The statistics shown in this report are based on data collected from a probability sample of 3,178 nonmental facilities which were found to be in business and in scope at the time of the survey. With the exception of establishments with 300 beds or more, the survey was conducted by mail. Personal visits were made to the larger homes and "hospitals" to select a sample of patients or residents and to aid in the completion of the questionnaires. Health and related information about residents in the sample as well as certain information about the institutions was collected. Details about the sample design and survey procedures are described in Appendix I of this report. A facsimile of the questionnaire used in the survey is shown in Appendix III.

Since the estimates derived from the survey are based on a sample rather than on all institutions in the United States, the estimates are subject to sampling variability. The sampling errors for most of the estimates shown in the report are relatively small; however, caution should be taken in interpretation when estimates are based on small numbers. Tables of approximate sampling errors and illustrations on the use of the tables are given in Appendix I.

Definitions of certain terms used in this report may be found in Appendix II-A. To interpret the data properly, the reader should become familiar with the definitions. Special attention is

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<sup>4</sup>National Center for Health Statistics: Development and maintenance of a national inventory of hospitals and institutions. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 3. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1965.

called to the procedure for classifying institutions, which is described in Appendix II-B. The classification of nursing and personal care homes (i.e., nursing homes, rest homes, and related types of places) is based on the type of service provided in the home rather than on what the home may be called or on definitions used by State licensing or regulatory agencies.

The data used for classifying institutions by type of service and type of ownership were collected primarily during April-June 1962 in a survey of all establishments listed in the Master Facility Inventory. Thus, there was a time interval of about a year between the MFI survey and RPS-1. During this time, the type of service or ownership may have changed for some of the establishments. However, because of the relatively short time period between the two surveys, any changes which may have occurred should not have a large effect on the statistics presented in this report.

## BEDS IN INSTITUTIONS FOR THE AGED

On the basis of data collected in the spring of 1963, there were an estimated 17,100 institutions in the United States which provided nursing, personal, or hospital care to the aged and chronically ill. These facilities maintained about 660,000 beds and provided care to 582,000 residents or patients. Tables 1 and 2, which follow the text of this report, show the distribution of beds according to primary type of service provided in the institutions, type of ownership, size of institution, and geographic region. Detailed statistics on the number and types of institutions and the characteristics of their residents have been published.<sup>1 2</sup>

### Type of Service and Type of Ownership

Almost half of the beds in institutions for the aged were maintained in nursing care homes (table 1). These facilities provided nursing care as their primary and predominant service. An additional 29 percent of the beds were in personal-care-with-nursing homes (the primary and predominant service was personal care but nursing care was provided), 14 percent were in "hospitals," and 9 percent in homes providing only

Table A. Number and percent distribution of institutions for the aged and the beds and residents in these institutions, by type of service and type of ownership: United States, April-June 1963

Type of service and type of ownership	Institutions	Beds	Residents
	Number		
All institutions-----	17,100	660,000	582,000
	Percent distribution		
<u>Type of service</u>			
All types-----	100	100	100
Nursing care-----	46	48	49
Personal care with nursing-----	29	29	29
Personal care-----	21	9	8
Hospital care-----	4	14	13
	<u>Type of ownership</u>		
All types-----	100	100	100
Proprietary-----	79	53	54
Nonprofit-----	14	24	24
Government-----	7	23	22

personal care. Nearly two-thirds of the "hospital" beds were in chronic disease hospitals or chronic disease wards of general hospitals, and the remaining beds were divided proportionately between geriatric hospitals and nursing home units of general hospitals.

About half of the beds were in proprietary facilities, with the remainder about evenly divided between government and nonprofit ownerships (table A). Proprietary institutions were smaller on the average than those operated under nonprofit auspices (church and other nonprofit), and nonprofit institutions were smaller than those operated by governments (Federal, State, county, city). This becomes apparent when comparing the distributions of institutions and beds in table A by type of ownership.

As shown in figure 1 the distribution of beds by type of ownership varied considerably between type-of-service groups. For example, about 70 percent of the beds in both nursing care homes and personal care homes were proprietary in comparison with 45 percent in personal-care-with-nursing homes and only 6 percent in "hospitals."

Comparison of the distribution of beds with the distribution of institutions by type of service and type of ownership gives an idea of the relative size of these institutions (fig. 1). For example, about 16 percent of the "hospitals" and only 6 percent of the total "hospital" beds were under private control. On the other hand, government-controlled "hospitals," representing only 40 percent of total "hospitals," contained almost 70 percent of the total "hospital" beds. In terms of average bed size, government-owned "hospitals" maintained 227 beds on the average, about three times the average bed size of nonprofit "hospitals," and about five times the average bed size of proprietary "hospitals."

#### Provision of

#### Round-the-Clock Nursing Service

When nursing and personal care homes were further classified by whether or not a nurse or nurse's aide was on duty 24 hours a day, it was found that 9 out of every 10 beds were in homes



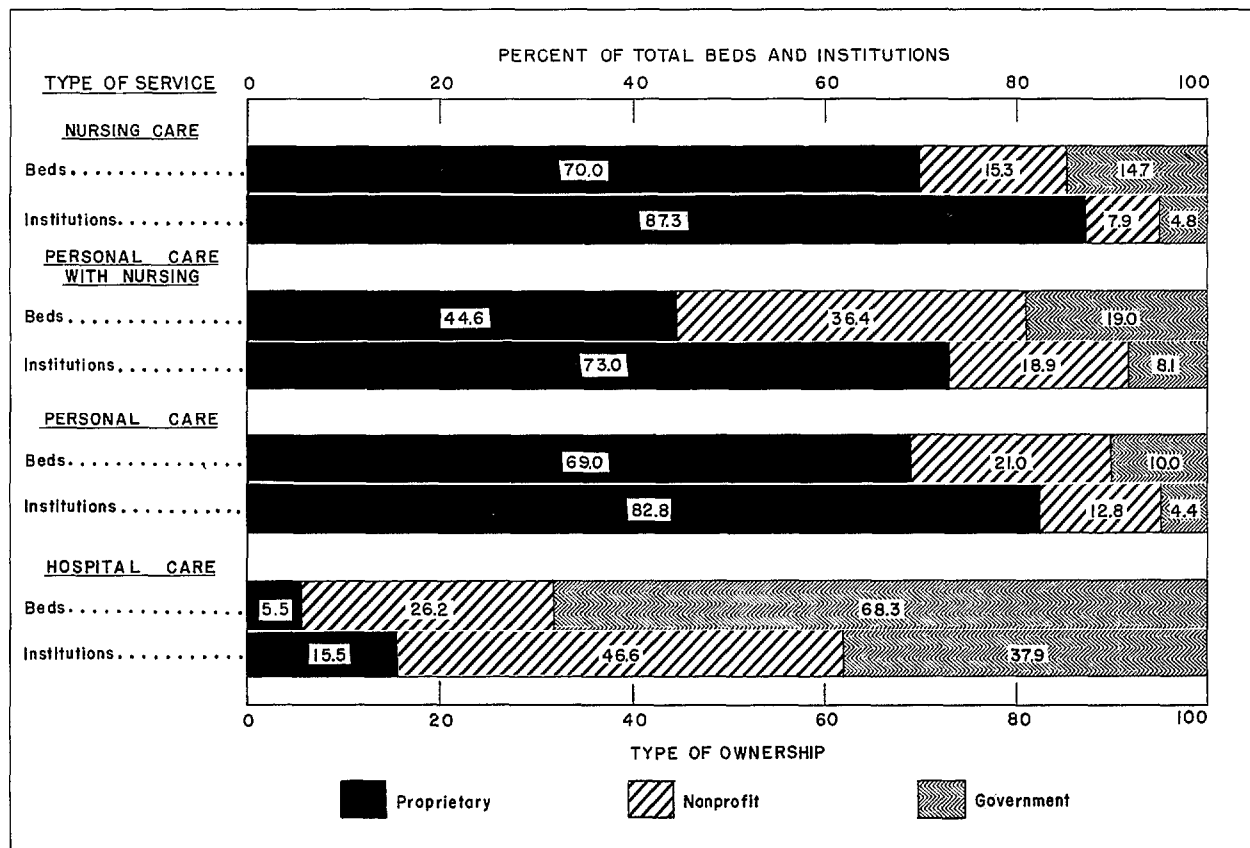


Figure 1. Percent distribution of the number of institutions for the aged and the number of beds in these institutions, by type of service and type of ownership.

which provided such round-the-clock nursing service. A similar proportion was observed for each ownership class, but the proportion varied by type of service provided and by type of ownership within certain type-of-service classes (table B).

Almost all of the beds in nursing care homes were in homes which had a nurse or nurse's aide on duty at all times. The proportion was also high for personal-care-with-nursing homes operated under proprietary and government auspices. However, for nonprofit personal-care-with-nursing homes, the proportion was noticeably lower and of a magnitude more similar to that for personal care homes.

It seems that a sizable proportion of the establishments classified as personal care homes in this report may have been staffed to provide

nursing care; nearly half of the beds in personal care homes were in homes which reported that a nurse or nurse's aide was on duty 24 hours per day. Also, a fourth of the personal care homes employed either a full- or a part-time registered or licensed practical nurse.

### Geographic Region

The North Central Region had the largest number of beds, about twice the number maintained by institutions for the aged in the West (table 1). Relative to the population 65 years and over, however, about the same number of beds was available in all regions except the South (table 3). The South Region had 27 beds per 1,000 population 65 years and over in comparison with rates of 40 beds or more per 1,000 for each of

Table B. Percent of total beds in nursing and personal care homes providing round-the-clock nursing service, by type of service and type of ownership: United States, April-June 1963

Type of service	Type of ownership			
	All homes	Proprietary	Nonprofit	Government
	Percent of total beds			
All types-----	89	88	91	89
Nursing care-----	97	97	97	99
Personal care with nursing-----	89	86	57	85
Personal care-----	45	47	47	38

the other regions. A lower rate prevailed in the South Region for each type of service and ownership class.

Nearly half of the total beds in personal-care-with-nursing homes were in the North Central Region. In fact, there were almost as many beds in personal-care-with-nursing homes in the North Central Region as in nursing care homes. In other regions, nursing-care-home beds were in the majority by ratios of about two to one (table 1).

### PERCENT CHANGE IN AVAILABLE BEDS: 1962-1963

Table C presents the estimated number of beds in institutions for the aged in 1962 and the percent change in the number of beds approximately 1 year later. The bed size for each sample establishment in RPS-1 was available from the Master Facility Inventory Survey con-

Table C. Number of beds in institutions for the aged in 1962 and the percent change in number of beds between 1962 and 1963 by type of service and type of ownership: United States

Type of service	Type of ownership							
	All types		Proprietary		Nonprofit		Government	
	Number of beds in 1962	Percent change between 1962 and 1963	Number of beds in 1962	Percent change between 1962 and 1963	Number of beds in 1962	Percent change between 1962 and 1963	Number of beds in 1962	Percent change between 1962 and 1963
All types--	637,909	+3.5	344,271	+2.6	151,529	+2.4	142,109	+6.9
Nursing care--	307,235	+2.9	216,236	+2.3	45,785	+5.5	45,214	+3.0
Personal care with nursing--	189,497	+2.4	85,270	+1.6	69,952	+0.9	34,275	+7.3
Personal care--	57,226	+2.0	38,928	+3.4	12,296	0.0	6,002	-3.1
Hospital care--	83,951	+9.4	3,837	+31.0	23,496	+2.4	56,618	+10.9

ducted primarily during the spring of 1962. (The MFI is discussed in Appendix I.) The estimated number of beds in 1962 then is the weighted number of beds as measured in 1962 for the RPS-1 in scope sample cases. The estimate of total beds in 1963 is the weighted number of beds reported in RPS-1 for these same institutions. The percent change therefore represents the estimated increase or decrease in the number of beds in those establishments which were operating at the time of both the RPS-1 and the MFI survey. The decrease in number of beds due to establishments going out of business between the date of the MFI survey and the RPS-1 is not included nor is the increase in beds due to the beginning of new businesses between the date of the MFI Survey and the RPS-1. Thus, table C shows only one of the three components of change in the total number of beds available in institutions for the aged.

The percent change shown in table C also underestimates the change during the year for two additional reasons: (1) the number of beds in 1962 was not available for 10 percent of the establishments, and thus these establishments did not contribute to the estimated change, and (2) for about 20 percent of the establishments, the MFI survey was conducted during September-October 1962. For this segment of the sample therefore the interval between the two surveys was only about 9 months.

During the year between the two surveys about 22,000 new beds were added to the existing facilities. This is an increase of 3.5 percent over 1962 in the number of available beds. Almost half of these additional beds were in nursing care homes, and over a third were added to "hospitals."

"Hospitals," however, showed the greatest relative growth, with a 9.4 percent increase in the number of beds. This is more than three times the relative increase in the number of beds in nursing and personal care homes. While proprietary "hospitals" showed the greatest relative increase in the number of beds (31.0 percent), the additional proprietary "hospital" beds accounted for only about one-eighth of the total "hospital" beds added. There was an increase of 10.9 percent in the number of beds in government-controlled "hospitals" during the year, accounting

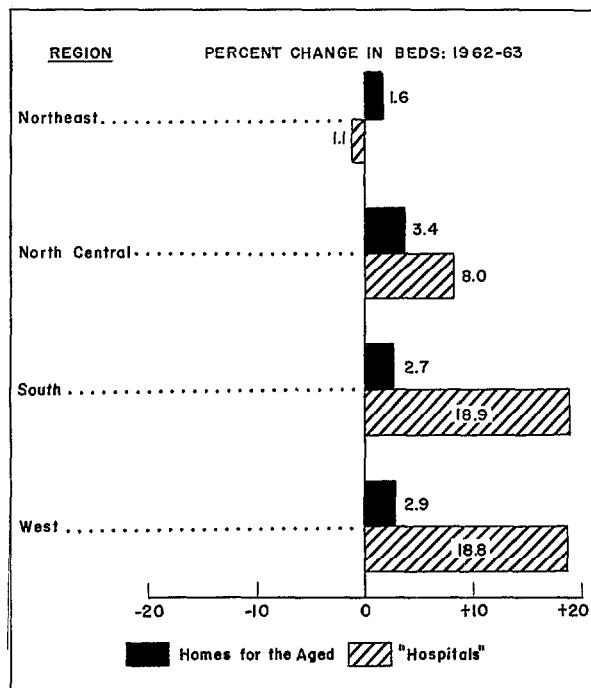


Figure 2. Percent change in number of beds between 1962 and 1963 in "hospitals" and homes for the aged, by geographic region.

for over three-fourths of the total "hospital" beds added.

The increased number of "hospital" beds was not evenly distributed by geographic region. The number of "hospital" beds changed only slightly in the Northeast Region but increased 8 percent in the North Central Region and increased over twice as much (about 19 percent) in the South and West Regions (fig. 2).

Among nursing and personal care homes, there was a 2- to 3-percent increase in the number of beds for each type of home. However, over three-fifths of the beds added in these homes were in nursing care homes, about three-tenths were in personal-care-with-nursing homes, and about one-tenth were in personal care homes.

The relative increase in bed size varied considerably by type of ownership within each type-of-service class. For instance, there was no real difference in the relative increase for the three ownership classes for nursing care homes. However, for personal-care-with-nursing homes, the

increase in government-controlled homes was much higher than that for both types of non-government homes; over half the beds added to personal-care-with-nursing homes were added to those under government auspices. For personal care homes there was about a 3-percent increase in the number of beds in proprietary homes, a decrease of equal size in the number of beds in government homes, and no change in non-profit and church homes.

There were no significant differences by region in the percent increase in the number of beds in homes for the aged and chronically ill.

## PERCENT OF BEDS OCCUPIED

One measure of the utilization of institutions for the aged is the occupancy rate, i.e., the percent of beds occupied on the day of the survey. As calculated in this report, the number of residents on the register of the institution was used as the numerator of the occupancy rate. This included about 1 percent of the residents who were in a hospital or some other place at the time of the survey; and their beds were considered occupied. Including these persons in the numerator of the occupancy rate gives a more valid picture of the proportion of beds actually available for new admissions.

Tables 1 and 2 present occupancy rates by type of institution, ownership and size of the institution, and geographic region. The highest occupancy rate was observed for nursing care homes where about 91 percent of the beds were occupied at the time of the survey. Personal-care-with-nursing homes were utilized at almost as high a rate, with 88 percent of beds occupied. The lowest rate (83 percent) was observed for personal care homes and "hospitals."

Utilization of nursing and personal care homes varied by whether or not round-the-clock nursing service was provided. Homes providing 24-hour nursing service has a 91-percent occupancy rate as opposed to a rate of 83 percent for homes not providing 24-hour nursing service.

Government-controlled institutions had a lower rate of occupancy (84 percent) than proprietary or nonprofit homes (90 percent). This varied by type of institution, however. For in-

stance, 9 out of every 10 beds were occupied in nursing care homes regardless of the type of ownership. For "hospitals," on the other hand, only about three-fourths of the beds in the proprietary "hospitals" were occupied compared with four-fifths of the beds in government-controlled "hospitals."

The occupancy rate varied slightly by size of institution (table 2). Considering all types of facilities, the occupancy rates were lowest for places with less than 30 beds and with 300 beds or more. It may be seen, however, that factors other than size caused the major part of the differences. For example, the low rate for large institutions was mainly due to the lower proportion of beds occupied in government-operated "hospitals," which accounted for over 50 percent of the beds in establishments with 300 beds or more.

The overall occupancy rate was a little lower in the South than in any of the other regions, due largely to the much smaller proportion of "hospital" beds occupied. About 7 out of every 10 hospital beds in the South were occupied as opposed to over 8 in the West and about 9 in the Northeast and North Central Regions (tables 1 and D). This is related to the difference in occupancy rates by type of ownership. Because over three-fifths of the beds in the South under government control were in "hospitals," the low occupancy rate for "hospitals" was reflected in the overall occupancy rate for government-owned facilities—about 75 percent in the South as compared with 85 percent in the Northeast and North Central and 90 percent in the West.

## ADMISSIONS, DISCHARGES, AND LENGTH OF STAY

During calendar year 1962, an estimated 554,000 persons were admitted to institutions for the aged and 531,000 were discharged. Of the discharges, about one-third were because of death. Tables 4 and 5 show how these data are distributed according to the primary type of service provided in the institutions, type of ownership, and geographic region. The tables also show the number of admissions per bed, a relative measure of turnover which allows a comparison of admissions to the various types of institutions.

Table D. Percent of beds occupied in institutions for the aged, by primary type of service and geographic region: United States, April-June 1963

Region	Primary type of service			
	Nursing care	Personal care with nursing	Personal care	Hospital care
All regions-----	91	88	83	84
Northeast-----	90	88	83	89
North Central-----	92	87	83	89
South-----	89	88	80	72
West-----	92	93	85	84

The ratio of admissions to beds varied somewhat by type of service, type of ownership, and region. The highest rate of turnover in residents was observed for "hospitals" and the lowest for personal-care-with-nursing homes. Considering all types of service, there was little

variation in the ratio by type of ownership. However, within type-of-service groups there were several notable differences. For example, the ratio was only half as large for nonprofit personal-care-with-nursing homes as it was for similar homes under other types of ownership.

Table E. Selected measures of utilization of institutions for the aged, by primary type of service: United States, 1962

Measure of utilization	Primary type of service				
	All types	Nursing care	Personal care with nursing	Personal care	Hospital care
Number of admissions during 1962-----	554,138	264,955	93,529	44,412	151,242
Percent discharged before end of 1962-----	62.4	58.5	45.5	66.2	78.7
Percent remaining at end of 1962---	37.6	41.5	54.5	33.8	21.3
Number of discharges during 1962-----	530,607	253,156	86,106	39,064	152,281
Percent admitted during 1962-----	65.2	61.2	49.5	75.3	78.1
Percent admitted before 1962-----	34.8	38.8	50.5	24.7	21.9
Mean length of stay per admission (in years)-----	1.1	1.1	1.8	1.1	0.5
Mean length of stay of current residents (in years)-----	3.0	2.5	3.8	3.4	3.1
Median length of stay of current residents (in years)-----	1.7	1.6	2.2	2.0	1.5

Table F. Selected measures of utilization of institutions for the aged, by type of ownership: United States, 1962

Measure of utilization	Type of ownership			
	All types	Proprietary	Nonprofit	Government
Number of admissions during 1962-----	554,138	305,145	105,870	143,123
Percent discharged before end of 1962-----	62.4	58.7	64.5	68.8
Percent remaining at end of 1962---	37.6	41.3	35.5	31.2
Number of discharges during 1962-----	530,607	286,998	99,851	143,768
Percent admitted during 1962-----	65.2	62.4	68.4	68.5
Percent admitted before 1962-----	34.8	37.6	31.6	31.5
Mean length of stay per admission (in years)-----	1.1	1.0	1.3	0.9
Mean length of stay of current residents (in years)-----	3.0	2.3	4.0	3.7
Median length of stay of current residents (in years)-----	1.7	1.5	2.5	1.9

Proprietary "hospitals" had a ratio of more than twice that for government and nonprofit "hospitals."

The data indicate a more rapid rate of turnover in residents for nursing care homes in the West Region than for nursing care homes in other regions; the homes in the West had about 1.2 admissions per year per bed compared with 0.8 admissions per bed in other regions. Also, it may be noted in table 4 that the ratio was higher for "hospitals" in the West and South than in the Northeast and North Central Regions.

Other statistics which provide further insight into the patterns of utilization are shown in tables E and F. In comparing the three measures of length of stay—i.e., the average (mean) stay per admission, the average (mean) stay of current residents, and the median stay of current residents—it is important to distinguish between them and to realize what is being measured. The average duration of stay per admission may be considered the projected average period of time that admissions will stay in the institutions before being discharged, assuming a constant admission and discharge rate. This average is a measure of the length of stay in relation to

both current residents and those who have been discharged. As computed in this report, the average length of stay per admission is an approximation based on the ratio of the number of residents on the register of institutions at the time of the survey to the number of admissions to these institutions during 1962.

The average length of stay of current residents was based on the length of time that residents had been in the particular institution at the time of the survey. The average length of stay of current residents was relatively long because of the influence of very long stays. The median length of stay of current residents is probably a better measure of central tendency than the average since it is not influenced by the magnitude of the extremes of the distribution. (The median is the point in the distribution where half of the residents had shorter stays than the median and half had longer stays.)

It should also be realized that the percent of 1962 admissions who were discharged in 1962 is also an approximation, as are the other percentages shown in tables E and F. The percent of 1962 admissions who were discharged before the end of the year was computed by

subtracting from the 1962 admissions the number of residents in the institutions at the time of the survey with stays of less than 1 year and dividing this difference by the number of admissions. Thus it is assumed that the number of residents with less than 1 year of stay at the time of the survey (April-June 1963) was similar to the number with less than 1 year of stay who were in the institution on January 1, 1963. It is also assumed that residents with less than 1 year of stay had been admitted only once during the year. Similar assumptions were made in computing the percent of 1962 discharges who were admitted during the year and prior to the year.

Two facts stand out in tables E and F. One is that a large proportion of the residents in institutions for the aged and chronically ill stayed relatively short periods of time; nearly two-thirds of the admissions during 1962 were discharged before the end of the year. The other fact to be noted is that some residents also stayed for long periods of time. The average length of stay of residents who were in the institutions at the time of the survey was 3 years; about a third of the residents had been admitted 3 years or more prior to the survey. These facts emphasize the dual nature of institutions for the aged. They are both "short-stay" and "long-stay" in character. This is true for each type-of-service class as well as for each type-of-ownership class as indicated in tables E and F.

About a third of all discharges from institutions for the aged were because of death. These deaths represent approximately 10 percent of all deaths in the United States in 1962.

The death rate of 308 per 1,000 residents was about 5 times that of the U.S. population 65 years and over (61 per 1,000). One reason for this higher rate is the relatively larger number of very old people in these institutions. However, if the residents were to have experienced the same age-specific death rates as the U.S. population 35 years and over, the observed number of deaths (179,000) would still be about 3 times the expected number of deaths (58,000). For the purpose of this computation, it was assumed that all residents or patients under 45 years of age were between 35 and 45 years.

Thus, if the effect of age on the death rate is held constant, it is seen that factors other than age caused about 3 times as many deaths in the institutional population as in the U.S. population of similar age groups. Undoubtedly a major factor contributing to this difference is the poor health of residents in institutions for the aged.

As shown in table 4, the proportion of death discharges varied by type of service. In homes providing nursing care, the proportion was about twice as large as in personal care homes and "hospitals." The health of "hospital" patients appeared to be slightly better than that of patients in nursing care homes in terms of the proportion of patients confined to bed and of patients who never walk or get about. Probably a primary reason for the smaller proportion of "hospital" death discharges was related to the younger ages of "hospital" patients. The average age of "hospital" patients was 71 years and of nursing care home patients, 78 years. A detailed comparison of the two populations is provided in another report.<sup>2</sup>

There was some variation in the proportion of death discharges between geographic regions as shown in table 4. The highest proportion was observed for the North Central Region and the lowest for the West Region. This difference is apparent for all types of institutions except personal care homes for which the pattern is reversed. More than 8 out of every 10 patients in personal care homes in the North Central and Northeast Regions were discharged alive. This is in comparison with less than 7 out of every 10 live discharges in the West and South.

By type of ownership, the largest proportion of death discharges were in proprietary institutions. This higher rate, however, is probably more related to type of service than to type of ownership. Over three-fourths of the proprietary institutions were nursing care and personal-care-with-nursing homes, which experienced a higher proportion of death discharges than did personal care homes and "hospitals." The largest proportion of deaths in any type of ownership type-of-service class was observed for nonprofit personal-care-with-nursing homes for which more than half of the discharges were because of deaths.

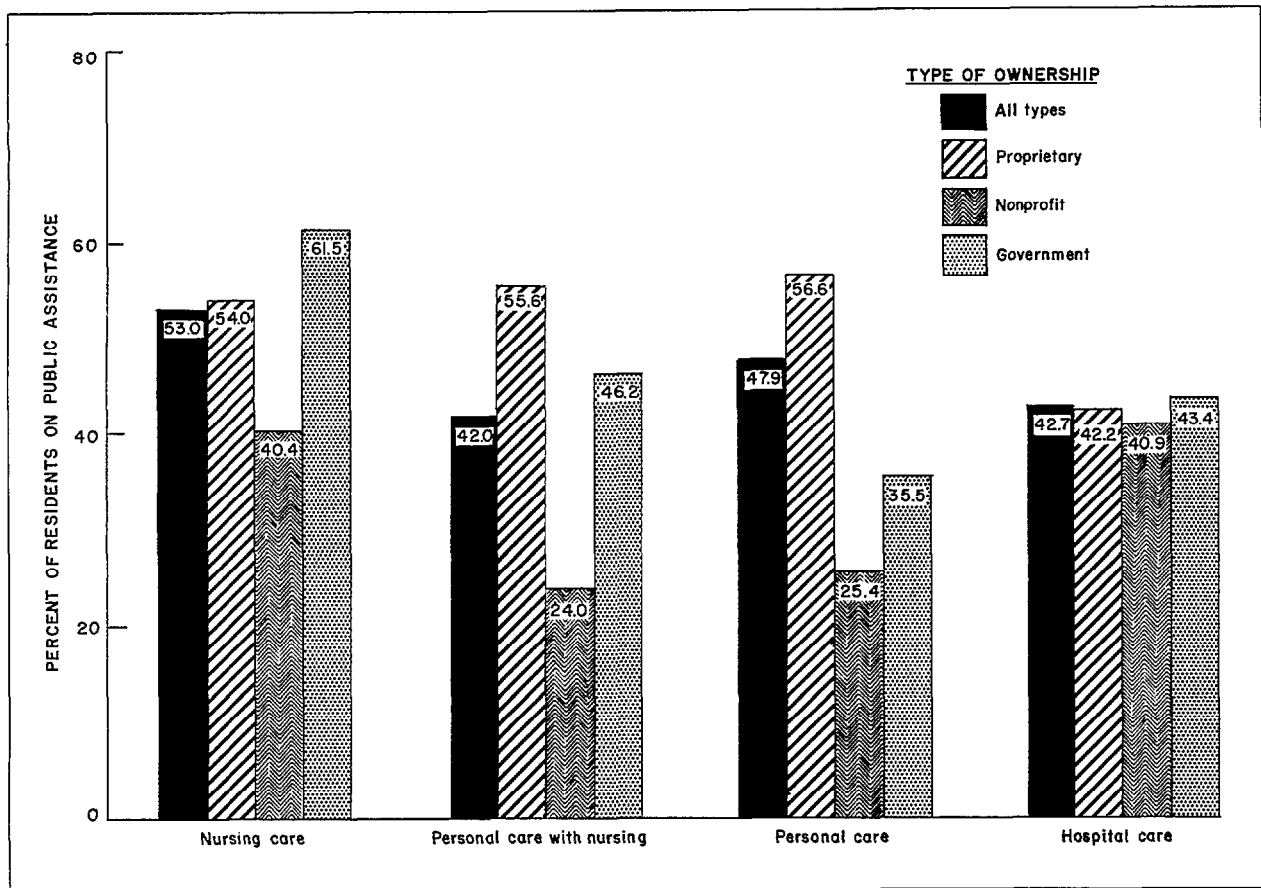


Figure 3. Percent of residents on public assistance in institutions for the aged, by primary type of service and ownership.

## RESIDENTS ON PUBLIC ASSISTANCE

One of several questions concerning an establishment's admission policy was "Do you accept persons who are recipients of public assistance or welfare?" Public assistance or welfare was defined to include general welfare programs of State and local governments and the following federally sponsored programs: Old Age Assistance, Aid to Permanently and Totally Disabled, Aid to the Blind, and Medical Assistance for the Aged. Those answering "yes" were asked, "How many residents do you have who are on public assistance or welfare?" On the basis of answers provided to these questions, it is estimated that about 90 percent of the institutions did accept

persons on public assistance, and about 280,000 such persons were residents in these institutions. This represents nearly half of all residents in institutions for the aged and chronically ill.

### Type of Service and Type of Ownership

As shown in table 6 and figure 3, the proportion of residents on public assistance varied according to type of ownership and primary type of service provided in the institution. In general, the proportion of residents on public assistance was higher for proprietary institutions than for other types. Of the total residents on public assistance, about 60 percent were in proprietary facilities. Moreover, more than half of the res-



idents in proprietary homes within each type-of-service group except "hospitals" were recipients of public assistance.

Recipients of public assistance composed about half of the residents in government facilities, most of whom were in institutions operated by city or county governments.

By type of service, the largest proportion of residents on public assistance was observed for nursing care homes. This higher proportion is attributable in part to the high cost of long-term illness, in part to liberalized provisions for medical indigence under public assistance programs which authorizes care in "skilled" nursing

homes but not in other types of homes, and in part to restrictions in payment of public assistance funds to persons in government institutions, except in those of a medical type.

### **Geographic Region**

Considering all types of institutions, there was little, if any, variation by geographic region in the proportion of residents on public assistance (table 6). The patterns observed for the Nation as a whole when the establishments were classified by type of service and ownership were also evident within each region.



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Table 1. Number of beds in institutions for the aged and percent of beds occupied, by geographic region, primary type of service, and type of ownership: United States, April-June 1963

Region and primary type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
<u>All regions</u>				
All types-----	660,407	353,237	155,229	151,941
Nursing care-----	316,175	221,304	48,301	46,570
Personal care with nursing-----	194,005	86,654	70,575	36,776
Personal care-----	58,366	40,254	12,294	5,818
Hospital care-----	91,861	5,025	24,059	62,777
<u>Northeast</u>				
All types-----	195,659	96,536	50,331	48,792
Nursing care-----	105,616	69,283	15,018	21,315
Personal care with nursing-----	46,057	14,312	21,424	10,321
Personal care-----	16,420	11,956	3,332	1,132
Hospital care-----	27,566	985	10,557	16,024
<u>North Central</u>				
All types-----	231,469	115,539	60,844	55,086
Nursing care-----	99,834	65,089	17,609	17,136
Personal care with nursing-----	88,034	36,770	31,234	20,030
Personal care-----	20,113	12,920	4,189	3,004
Hospital care-----	23,488	760	7,812	14,916
<u>South</u>				
All types-----	132,695	83,180	24,116	25,399
Nursing care-----	64,289	49,707	9,270	5,312
Personal care with nursing-----	35,319	22,222	9,329	3,768
Personal care-----	12,638	9,217	2,111	1,310
Hospital care-----	20,449	2,034	3,406	15,009
<u>West</u>				
All types-----	100,584	57,982	19,938	22,664
Nursing care-----	46,436	37,225	6,404	2,807
Personal care with nursing-----	24,595	13,350	8,588	2,657
Personal care-----	9,195	6,161	2,662	372
Hospital care-----	20,358	1,246	2,284	16,828

Table 1. Number of beds in institutions for the aged and percent of beds occupied, by geographic region, primary type of service, and type of ownership: United States, April-June 1963—Con.

Region and primary type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
<u>All regions</u>				
Percent of beds occupied				
All types-----	88.2	89.0	90.3	84.2
Nursing care-----	90.6	90.6	90.8	90.1
Personal care with nursing-----	88.0	88.3	91.8	79.9
Personal care-----	82.6	82.9	86.4	72.2
Hospital care-----	83.9	75.5	86.8	83.5
<u>Northeast</u>				
All types-----	88.8	90.0	89.8	85.3
Nursing care-----	90.1	91.3	89.0	87.0
Personal care with nursing-----	87.9	88.3	89.6	83.7
Personal care-----	83.0	84.0	86.0	63.8
Hospital care-----	88.5	90.6	92.6	85.7
<u>North Central</u>				
All types-----	88.9	89.1	91.8	85.2
Nursing care-----	91.9	91.0	92.2	94.7
Personal care with nursing-----	86.9	88.3	93.1	74.8
Personal care-----	82.7	82.9	87.2	75.9
Hospital care-----	88.7	69.7	87.8	90.2
<u>South</u>				
All types-----	84.9	86.5	89.9	74.8
Nursing care-----	88.5	88.0	91.2	88.0
Personal care with nursing-----	87.5	87.0	90.0	84.5
Personal care-----	79.9	81.5	82.4	64.4
Hospital care-----	72.0	66.0	90.7	68.5
<u>West</u>				
All types-----	89.8	90.5	87.5	90.0
Nursing care-----	91.8	92.1	90.6	90.0
Personal care with nursing-----	92.5	90.4	94.4	97.1
Personal care-----	85.1	82.8	89.1	95.2
Hospital care-----	84.1	82.5	50.9	88.8

Table 2. Number of beds in institutions for the aged and percent of beds occupied, by primary type of service, type of ownership, and size of institution: United States, April-June 1963

Primary type of service and type of ownership	Size of institution				
	All sizes	Under 30 beds	30-99 beds	100-299 beds	300+ beds
<u>All types</u>					
Total-----	660,407	167,347	260,407	137,364	95,289
Proprietary-----	353,237	148,616	169,082	32,665	2,874
Church and other nonprofit-----	155,229	13,107	58,457	64,206	19,459
Government-----	151,941	5,624	32,868	40,493	72,956
<u>Nursing care</u>					
Total-----	316,175	77,570	153,462	64,864	20,279
Proprietary-----	221,304	74,074	122,491	23,123	1,616
Church and other nonprofit-----	48,301	3,003	17,137	22,637	5,524
Government-----	46,570	493	13,834	19,104	13,139
<u>Personal care with nursing</u>					
Total-----	194,005	49,001	74,855	50,654	19,495
Proprietary-----	86,654	43,623	35,107	6,666	1,258
Church and other nonprofit-----	70,575	3,005	28,753	32,779	6,038
Government-----	36,776	2,373	10,995	11,209	12,199
<u>Personal care</u>					
Total-----	58,366	36,139	16,892	5,015	320
Proprietary-----	40,254	30,448	8,199	1,607	-
Church and other nonprofit-----	12,294	4,458	5,157	2,359	320
Government-----	5,818	1,233	3,536	1,049	-
<u>Hospital care</u>					
Total-----	91,861	4,637	15,198	16,831	55,195
Proprietary-----	5,025	471	3,285	1,269	-
Church and other nonprofit-----	24,059	2,641	7,410	6,431	7,577
Government-----	62,777	1,525	4,503	9,131	47,618

Table 2. Number of beds in institutions for the aged and percent of beds occupied, by primary type of service, type of ownership, and size of institution: United States, April-June 1963--Con.

Primary type of service and type of ownership	Size of institution				
	All sizes	Under 30 beds	30-99 beds	100-299 beds	300+ beds
<u>All types</u>					
Total-----	88.2	86.4	90.0	90.0	83.9
Proprietary-----	89.0	86.4	90.8	90.5	93.8
Church and other nonprofit-----	90.3	88.9	89.2	90.9	92.4
Government-----	84.2	78.8	87.1	88.0	81.2
<u>Nursing care</u>					
Total-----	90.6	89.3	91.7	89.7	90.1
Proprietary-----	90.6	89.0	91.6	90.3	90.7
Church and other nonprofit-----	90.8	93.5	92.6	89.8	87.6
Government-----	90.1	100.0	91.0	88.6	91.0
<u>Personal care with nursing</u>					
Total-----	88.0	85.8	89.7	91.8	77.0
Proprietary-----	88.3	86.0	90.3	91.0	97.8
Church and other nonprofit-----	91.8	86.8	90.8	92.7	94.1
Government-----	79.9	81.4	84.8	89.5	66.4
<u>Personal care</u>					
Total-----	82.6	81.0	85.1	84.8	91.9
Proprietary-----	82.9	81.0	88.4	90.5	-
Church and other nonprofit-----	86.4	86.1	86.9	85.5	91.9
Government-----	72.2	62.5	74.8	74.7	-
<u>Hospital care</u>					
Total-----	83.9	85.2	79.4	87.2	84.0
Proprietary-----	75.5	66.5	70.6	91.4	-
Church and other nonprofit-----	86.8	90.9	76.8	87.5	94.5
Government-----	83.5	81.0	90.2	86.4	82.3

Table 3. Number of beds in institutions for the aged per 1,000 total civilian population 65+ years of age, by geographic region, primary type of service, and type of ownership: United States, April-June 1963

Region and primary type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
<u>All regions</u>				
Number of beds per 1,000 population 65+ years of age				
All types-----	38.2	20.4	9.0	8.8
Nursing care-----	18.3	12.8	2.8	2.7
Personal care with nursing-----	11.2	5.0	4.1	2.1
Personal care-----	3.4	2.3	0.7	0.3
Hospital care-----	5.3	0.3	1.4	3.6
<u>Northeast</u>				
All types-----	41.9	20.7	10.8	10.4
Nursing care-----	22.6	14.8	3.2	4.6
Personal care with nursing-----	9.9	3.1	4.6	2.2
Personal care-----	3.5	2.6	0.7	0.2
Hospital care-----	5.9	0.2	2.3	3.4
<u>North Central</u>				
All types-----	44.2	22.0	11.6	10.5
Nursing care-----	19.0	12.4	3.4	3.3
Personal care with nursing-----	16.8	7.0	6.0	3.8
Personal care-----	3.8	2.5	0.8	0.6
Hospital care-----	4.5	0.1	1.5	2.8
<u>South</u>				
All types-----	27.4	17.2	5.0	5.2
Nursing care-----	13.3	10.2	1.9	1.1
Personal care with nursing-----	7.3	4.6	1.9	0.8
Personal care-----	2.6	1.9	0.4	0.3
Hospital care-----	4.2	0.4	0.7	3.1
<u>West</u>				
All types-----	39.5	22.8	7.8	8.9
Nursing care-----	18.2	14.6	2.5	1.1
Personal care with nursing-----	9.7	5.2	3.4	1.0
Personal care-----	3.6	2.4	1.0	0.1
Hospital care-----	8.0	0.5	0.9	6.6

Table 4. Number of admissions and discharges during calendar year 1962, number of admissions per bed, and percent of discharges—discharged alive or dead—by geographic region and primary type of service: United States

Region and primary type of service	Number of admissions in 1962	Number of admissions per bed	Number of discharges in 1962	Percent discharged alive	Percent discharged dead
<u>All regions</u>					
All types-----	554,138	0.8	530,607	66.2	33.8
Nursing care-----	264,955	0.8	253,156	59.6	40.4
Personal care with nursing-----	93,529	0.5	86,106	56.9	43.1
Personal care-----	44,412	0.8	39,064	77.9	22.1
Hospital care-----	151,242	1.6	152,281	79.5	20.5
<u>Northeast</u>					
All types-----	161,024	0.8	153,004	65.6	34.4
Nursing care-----	85,913	0.8	82,974	61.4	38.6
Personal care with nursing-----	25,484	0.6	24,879	61.8	38.2
Personal care-----	13,817	0.8	11,243	86.4	13.6
Hospital care-----	35,810	1.3	33,908	71.8	28.2
<u>North Central</u>					
All types-----	157,872	0.7	152,219	61.3	38.7
Nursing care-----	68,691	0.7	65,582	55.1	44.9
Personal care with nursing-----	35,383	0.4	31,889	49.8	50.2
Personal care-----	18,258	0.9	16,242	81.8	18.2
Hospital care-----	35,540	1.5	38,506	72.8	27.2
<u>South</u>					
All types-----	120,123	0.9	114,208	67.4	32.6
Nursing care-----	54,511	0.8	49,625	56.1	43.9
Personal care with nursing-----	18,295	0.5	16,029	55.1	44.9
Personal care-----	7,187	0.6	7,289	62.8	37.2
Hospital care-----	40,130	2.0	41,265	86.6	13.4
<u>West</u>					
All types-----	115,119	0.9	111,176	72.7	27.3
Nursing care-----	55,840	1.2	54,975	65.6	34.4
Personal care with nursing-----	14,367	0.6	13,309	67.0	33.0
Personal care-----	5,150	0.6	4,290	67.1	32.9
Hospital care-----	39,762	2.0	38,602	85.5	14.5



Table 5. Number of admissions and discharges during calendar year 1962, number of admissions per bed, and percent of discharges—discharged alive or dead—by primary type of service and type of ownership: United States

Primary type of service and type of ownership	Number of admissions in 1962	Number of admissions per bed	Number of discharges in 1962	Percent discharged alive	Percent discharged dead
<u>All types</u>					
Total-----	554,138	0.8	530,607	66.2	33.8
Proprietary-----	305,145	0.9	286,988	61.5	38.5
Nonprofit-----	105,870	0.7	99,851	68.6	31.4
Government-----	143,123	0.9	143,768	74.0	26.0
<u>Nursing care</u>					
Total-----	264,955	0.8	253,156	59.6	40.4
Proprietary-----	206,185	0.9	197,390	59.3	40.7
Nonprofit-----	24,441	0.5	22,548	55.8	44.2
Government-----	34,329	0.7	33,218	64.1	35.9
<u>Personal care with nursing</u>					
Total-----	93,529	0.5	86,106	56.9	43.1
Proprietary-----	51,316	0.6	46,626	56.0	44.0
Nonprofit-----	21,988	0.3	20,154	43.5	56.5
Government-----	20,225	0.6	19,326	72.9	27.1
<u>Personal care</u>					
Total-----	44,412	0.8	39,064	77.9	22.1
Proprietary-----	24,044	0.6	19,586	63.6	36.4
Nonprofit-----	11,332	0.9	10,813	90.2	9.8
Government-----	9,036	1.6	8,665	95.0	5.0
<u>Hospital care</u>					
Total-----	151,242	1.6	152,281	79.5	20.5
Proprietary-----	23,600	5.0	23,386	89.2	10.8
Nonprofit-----	48,109	2.0	46,336	80.8	19.2
Government-----	79,533	1.3	82,559	76.1	23.9

Table 6. Number of residents in institutions for the aged and percent of residents on public assistance, by geographic region, primary type of service, and type of ownership: United States, April-June 1963

Region and primary type of service	Type of ownership							
	All types	Proprietary	Non-profit	Government	All types	Proprietary	Non-profit	Government
<u>All regions</u>	Number of residents				Percent of residents on public assistance			
All types-----	582,318	314,208	140,157	127,953	48.0	54.5	31.8	49.7
Nursing care-----	286,373	200,552	43,854	41,967	53.0	54.0	40.4	61.5
Personal care with nursing-----	170,678	76,501	64,793	29,384	42.0	55.6	24.0	46.2
Personal care-----	48,191	33,363	10,628	4,200	47.9	56.6	25.4	35.5
Hospital care-----	77,076	3,792	20,882	52,402	42.7	42.2	40.9	43.4
<u>Northeast</u>	Number of residents				Percent of residents on public assistance			
All types-----	173,672	86,848	45,204	41,620	47.3	52.3	31.6	53.8
Nursing care-----	95,176	63,274	13,364	18,538	53.4	53.6	41.2	61.7
Personal care with nursing-----	40,479	12,641	19,203	8,635	34.5	47.6	20.4	46.8
Personal care-----	13,627	10,041	2,864	722	42.0	48.8	15.5	52.6
Hospital care-----	24,390	892	9,773	13,725	47.2	60.3	45.5	47.6
<u>North Central</u>	Number of residents				Percent of residents on public assistance			
All types-----	205,722	102,944	55,829	46,949	47.0	53.3	30.4	52.8
Nursing care-----	91,713	59,250	16,235	16,228	51.1	51.7	39.1	60.9
Personal care with nursing-----	76,524	32,452	29,087	14,985	41.6	55.4	24.3	45.3
Personal care-----	16,643	10,712	3,651	2,280	48.1	56.8	31.3	34.2
Hospital care-----	20,842	530	6,856	13,456	47.6	37.9	35.0	54.4
<u>South</u>	Number of residents				Percent of residents on public assistance			
All types-----	112,600	71,941	21,673	18,986	49.2	56.4	36.9	36.0
Nursing care-----	56,876	43,752	8,450	4,674	54.2	55.9	46.7	52.6
Personal care with nursing-----	30,913	19,336	8,393	3,184	47.7	56.6	26.3	49.8
Personal care-----	10,095	7,511	1,740	844	55.3	63.3	32.6	30.8
Hospital care-----	14,716	1,342	3,090	10,284	28.7	32.3	40.9	24.5
<u>West</u>	Number of residents				Percent of residents on public assistance			
All types-----	90,324	52,475	17,451	20,398	50.3	58.2	30.2	47.3
Nursing care-----	42,608	34,276	5,805	2,527	54.7	56.5	32.8	81.5
Personal care with nursing-----	22,762	12,072	8,110	2,580	48.8	62.7	29.5	44.5
Personal care-----	7,826	5,099	2,373	354	48.2	62.0	22.8	19.8
Hospital care-----	17,128	1,028	1,163	14,937	42.2	41.7	37.0	42.6

Table 7. Population aged 65+ years used in obtaining rates shown in this publication, by geographic region: United States, July 1, 1962<sup>1</sup>

	All regions	Geographic region			
		Northeast	North Central	South	West
65+ years-----	17,308,000	4,670,000	5,242,000	4,850,000	2,546,000

<sup>1</sup>U.S. Bureau of the Census: Estimates of the population by age, for States and Puerto Rico: July 1, 1962. Current Population Reports, Series P-25, No. 280. Washington, D.C., Mar. 2, 1964.

## APPENDIX I

### TECHNICAL NOTES ON THE SURVEY DESIGN AND PROCEDURES

#### General

The Resident Places Survey-1 was a survey of resident institutions in the United States which provide psychiatric, medical, nursing, and personal care to the aged, infirm, or chronically ill. The survey was directed toward the aged, institutional population; however, all people who were residents of facilities within the scope of the survey were included regardless of age. The survey was conducted during April-June 1963 in a probability sample of the following types of establishments: nursing homes, convalescent homes, homes for the aged and other related facilities, chronic disease and geriatric hospitals, chronic disease wards and nursing home units of general hospitals, and psychiatric hospitals, both private and public.

The U.S. Bureau of the Census collected and edited the data according to specifications of the National Center for Health Statistics. The data collection procedure was primarily by self-enumeration; the survey was conducted by mail in establishments with less than 300 beds. For larger homes and "hospitals," personal visits were made to select the sample of residents and to aid in the completion of questionnaires. Health and related information about residents in the sample as well as certain information about the institutions was collected. Some types of information requested, especially the health information, were provided on the basis of a nurse's or other responsible employee's memory or personal knowledge. However, maximum use of records was encouraged.

Since mental hospitals are not included in this report, the procedures described in this appendix refer only to the survey of nonmental facilities. A description of the design of that part of the survey dealing with mental hospitals as well as data on the characteristics of mental hospital patients has been published.<sup>3</sup>

#### Sampling Frame

The Master Facility Inventory (MFI) was the sampling frame for the Survey.<sup>4</sup> The MFI includes the names, addresses, and certain descriptive information about *all* hospitals and resident institutions in the United States. It was developed by collating a large num-

ber of published and unpublished lists of establishments and by obtaining information by mail inquiries from each of the establishments to classify them by their nature and status of business. Among the lists used in assembling the MFI were: (1) a list of nursing homes, convalescent homes, and homes for the aged that were in the files of State licensing agencies in 1961, (2) skilled nursing homes listed in "State Plans" submitted by the States to the Public Health Service under the provisions of the Hill-Burton Hospital Construction Act, and (3) a list of hospitals and institutions in which people were born or had died during January and February 1958 as shown on birth and death certificates on file in the Division of Vital Statistics.

It is estimated on the basis of preliminary results of research to evaluate coverage of the MFI that the sampling frame for RPS-1 was at least 85-90 percent complete in terms of establishments and about 95 percent complete in terms of beds. The indications are that the places not on the MFI are relatively small, possibly no more than half as large, on the average, as those listed.

The scope of the MFI excluded all nursing homes and related facilities which maintained less than 3 beds or which did not routinely provide some personal care to residents. About 1,400 homes which were confirmed to be in business were excluded from the MFI on this basis.

#### Sample Design

The sample was a stratified, multistage design. The sampling frame was divided into two groups on the basis of whether or not current information was available about the establishment. Group I was composed of establishments which returned a questionnaire in the previous MFI Survey. Group II contained places which were possibly within the scope of the RPS-1 but were not confirmed in the MFI, i.e., nonresponses, questionnaires not delivered by the Post Office because of insufficient addresses. Group I was then sorted into 16 type-of-service, bed-size groups. Further stratification within each of these basic strata was accomplished by sorting by geographic division, type of ownership, and county within each State. Group II was stratified in a similar

Table I. Distribution of institutions for the aged in the Master Facility Inventory and in the RPS-1 sample by strata (type of service and size of institution), by whether or not the sample institutions were in business and within the scope of the survey: United States

Type of service and size of institution	Number of institutions in the MFI		Number of institutions in the sample						
			Total	In-scope and in business			Out of scope, out of business, or duplicate		
	Group I	Group II <sup>1</sup>		Total	Group I	Group II	Total	Group I	Group II
<b>Total</b>									
All types--	16,962	2,516	3,486	3,178	3,056	122	308	154	154
<b>Nursing care<sup>2</sup></b>									
Under 30 beds (and unknown)-	4,690	2,144	455	331	290	41	124	22	102
30-99 beds----	3,389	351	1,243	1,160	1,085	75	83	41	42
100-299 beds---	526	16	362	336	331	5	26	20	6
300+ beds-----	96	5	101	91	90	1	10	6	4
<b>Personal care with nursing</b>									
Under 30 beds (and unknown)-	3,129	-	209	196	196	-	13	13	-
30-99 beds----	1,479	-	494	478	478	-	16	16	-
100-299 beds---	357	-	236	228	228	-	8	8	-
300+ beds-----	41	-	41	39	39	-	2	2	-
<b>Personal care</b>									
Under 30 beds (and unknown)-	2,279	-	146	132	132	-	14	14	-
30-99 beds----	313	-	104	100	100	-	4	4	-
100-299 beds---	23	-	18	17	17	-	1	1	-
300+ beds-----	5	-	5	4	4	-	1	1	-
<b>Domiciliary care</b>									
Under 30 beds (and unknown)-	551	-	42	36	36	-	6	6	-
30-99 beds----	77	-	27	27	27	-	-	-	-
100-299 beds---	7	-	3	3	3	-	-	-	-
300+ beds-----	-	-	-	-	-	-	-	-	-

<sup>1</sup>The institutions in Group II are classified on the basis of old information obtained from establishment source lists that were used in assembling the sampling frame (MFI). They are shown under the nursing care category in this table for convenience.

<sup>2</sup>Included are long-stay geriatric and chronic disease hospitals and chronic disease wards of general hospitals. The nursing home units are spread through the various type-of-service strata depending on the primary type of service provided in the units.

manner except that the specific type of institution was not known. The information that was available for Group II establishments was that recorded on source lists used in assembling the MFI. After stratification the Group II places were listed at the end of those in Group I for corresponding size groups. The sample of establishments was then selected systematically after a random start within each of the 16 basic strata.

The second-stage sample was a systematic selection of residents or patients who were domiciled in the sample establishments. The sampling rate for the se-

lection of establishments was variable, depending on the number of beds maintained by an establishment. However, the product of this first-stage sampling rate and the second-stage rate was a constant (1/15). Further discussion of the procedure for sampling residents appears in the report which deals with the characteristics of residents of nursing and personal care homes.<sup>2</sup>

Table I shows the distribution of nonmental institutions in the RPS-1 sampling frame and the number in the sample by strata. The initial sample contained

Table II. Number and percent distribution of respondents and nonrespondents in the Group I sample, and nonresponse rate, by size of institution

Number of beds	Respondents		Nonrespondents		Nonresponse rate
	Number	Percent	Number	Percent	
All sizes-----	2,902	100.0	154	100.0	5.0
Under 30 beds-----	617	21.3	37	24.0	5.7
30-99 beds-----	1,587	54.7	103	66.9	6.1
100-299 beds-----	565	19.5	14	9.1	2.4
300+ beds-----	133	4.6	-	-	-

3,486 places. Of these, 3,178 were found to be in business and within the scope of the survey. As shown in table I, less than half of the places in the Group II sample and about 95 percent of those in the Group I sample were part of the final sample. A large proportion of the deletions from the Group I sample was due to duplications in the MFI.

#### Survey Procedure and Response

For places with less than 300 beds a questionnaire was sent by first-class mail. Using certified mail and an interval of 3 weeks after each preceding letter, two reminder letters were sent to nonrespondents. Telephone calls were made to establishments which had not responded to the mail inquiries; appointments for personal visits were routinely requested during the telephone call for all places with 100 beds or more. A personal visit was offered for smaller places if the respondent indicated that help was needed. After all waves of solicitations 203 establishments, or about 6 percent of the total in-scope sample, failed to cooperate in the survey. Forty-nine of these were in Group II of the sampling frame. (Group II consists of establishments not responding in the MFI Survey.) In Group I the nonrespondents were somewhat smaller than were the respondents; this is indicated in table II.

#### Imputation of Missing Data

The missing information due to establishment non-response has been imputed to be the same as that reported by responding establishments in the survey of similar classification. A nonresponse adjustment consisting of 3 type-of-ownership groups within each of the 16 type-of-service, bed-size strata was made for each of 48 subdivisions of the sample.

Any bias in estimates that may have resulted from this procedure should be small, since a high proportion of the establishments in the sample returned a questionnaire. The nonresponse rate was smaller for about three-fourths of the 48 groups than the 6 percent that was

experienced for the total sample. The highest rate for any group was 17 percent; for about 95 percent of the groups the nonresponse rate did not exceed 10 percent.

Also, certain of the individual items were imputed when left blank by responding establishments. The proportion of the sample establishments with particular items unknown ranged from "zero" for questions about the number of beds and the number of residents to 6.8 percent for the question about a nurse or nurse's aide being on duty 24 hours a day. For the number of residents on public assistance or welfare, the number of admissions, and the number of discharges—discharged alive or dead—about 3 percent of the cases for each were imputed. The general imputation procedure for all of these items except the number of welfare recipients was to sort the sample establishments into the 16 type-of-service and bed-size strata used in the sample design and within these groups to assign to the case with the unknown item the answer that had been given for the preceding establishment in the listing. The number of residents on public assistance was imputed by multiplying the number of residents in the establishment by the ratio: number of people on public assistance as reported by all establishments divided by the total number of residents in homes accepting people on public assistance or welfare.

#### Estimation and Reliability of Estimates

The statistics presented in this report are essentially the product of a ratio-estimation technique. An adjustment factor  $R = B_i/B'_i$  was determined for each noncertainty stratum of the sample design.  $B_i$  is the total number of beds for establishments in the  $i$ th stratum according to the MFI.  $B'_i$  is the estimated number of beds for establishments in the  $i$ th stratum; it is obtained through a simple inflation of the MFI data for sample establishments in the  $i$ th stratum. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate.

Table III. Approximate standard errors of percentages shown in this report

Base of estimated percent (number of beds or residents)	Estimated percent					
	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error expressed in percentage points					
1,000-----	8.3	11.5	15.3	17.5	18.7	19.1
2,500-----	5.3	7.3	9.7	11.1	11.8	12.1
5,000-----	3.7	5.1	6.8	7.8	8.4	8.6
7,500-----	3.0	4.2	5.6	6.4	6.8	7.0
10,000-----	2.6	3.6	4.8	5.5	5.9	6.0
25,000-----	1.7	2.3	3.1	3.5	3.7	3.8
50,000-----	1.2	1.6	2.2	2.5	2.6	2.7
75,000-----	1.0	1.3	1.8	2.0	2.2	2.2
100,000-----	0.8	1.1	1.5	1.8	1.9	1.9
150,000-----	0.7	0.9	1.2	1.4	1.5	1.6
200,000-----	0.6	0.8	1.1	1.2	1.3	1.4
400,000-----	0.4	0.6	0.8	0.9	0.9	1.0
600,000-----	0.3	0.5	0.6	0.7	0.8	0.8

Illustration of the use of table III: Table I shows that 88 percent of the 194,000 beds in personal-care-with-nursing homes were occupied at the time of the survey. As shown in table III the standard error of 90 percent based on 200,000 beds is 0.8 percentage points. Thus, by interpolation, the desired standard error is approximately 0.9 percentage points.

Since the 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.

The standard error is primarily a measure of sampling variability. It does not include estimates of any biases which may be reflected in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

In general, the standard error of one statistic is different from that of another even when the two come from the same survey. In order to derive standard errors that would be applicable to a wide variety of sta-

tistics and could be prepared at a moderate cost, a number of approximations were required. As a result, the relative standard errors shown in figure A and the standard errors shown in table III should be interpreted as approximate rather than precise for any specific estimate. (The relative standard error of an estimate is obtained by dividing the standard error of an estimate by the estimate itself and is expressed as a percentage of the estimate.)

The standard errors (and relative standard errors) shown in this appendix are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. Although it is only a rough approximation in most other cases, this formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics.

Figure A- Approximate relative standards errors of estimated numbers of beds and residents shown in this report

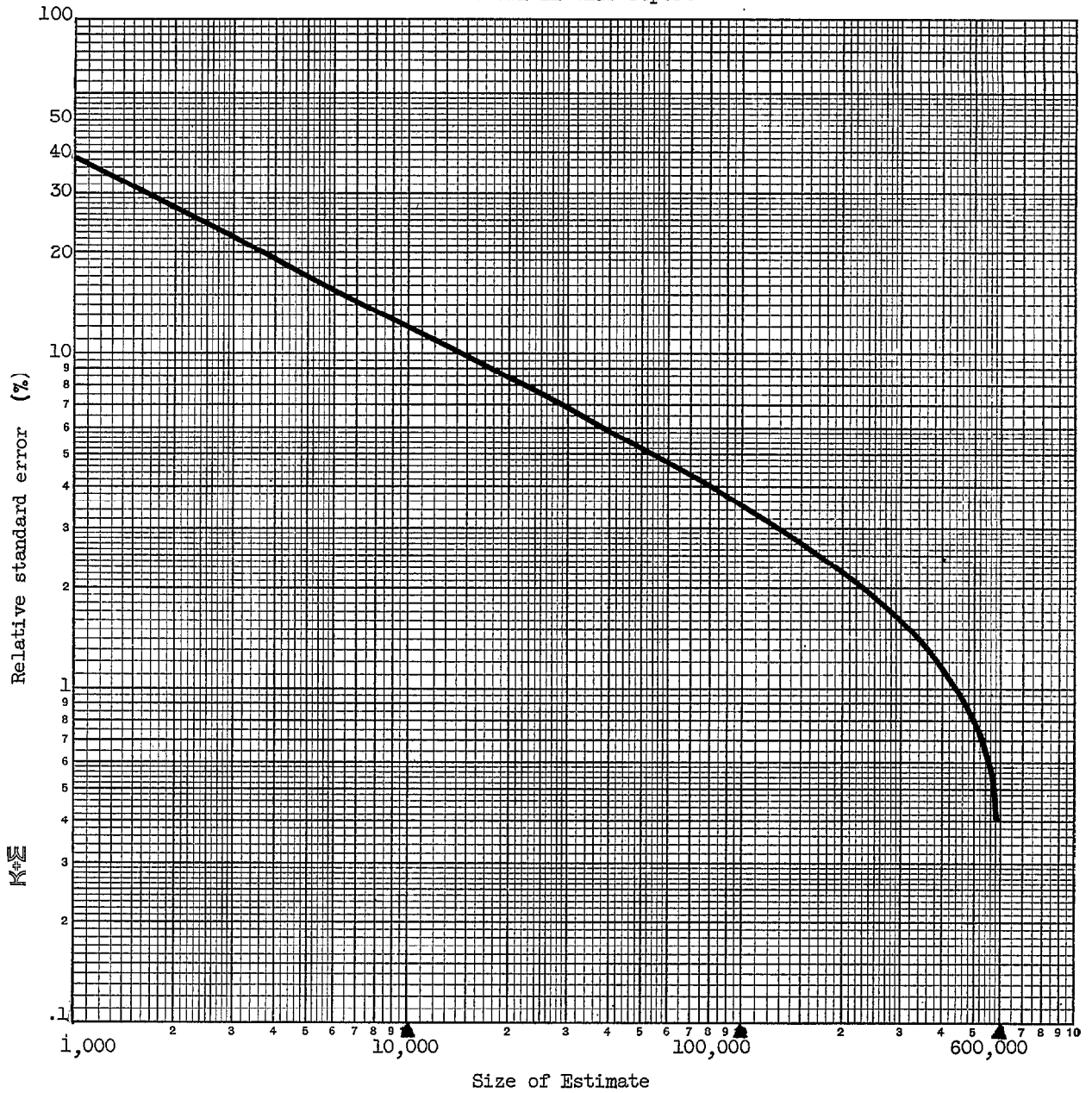


Illustration of use of figure A: There are an estimated 194,000 beds in personal-care-with-nursing homes in the United States as shown in table 1. The relative standard error of 194,000 is approximately 2.2 percent (read from scale at left side of chart); the standard error of 194,000 is 4,268 (2.2 percent of 194,000).

## APPENDIX II

### A. DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to Establishments or Residents

##### *Institutions for the aged:*

This term refers to nursing and personal care homes and "hospitals" as defined below.

##### *Nursing and personal care homes:*

This term refers to the three types of homes—nursing care, personal-care-with-nursing, and personal care homes—derived from the classification scheme described in section B of this appendix.

##### *"Hospitals.":*

This term refers to the following hospitals and units of hospitals: geriatric hospitals, chronic disease hospitals, chronic disease wards of general hospitals, and nursing-home units of general hospitals. A description of how hospitals and units of hospitals were classified is given in section B of this appendix.

##### *Nursing care:*

Nursing care is defined as the provision of one or more of the following:

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

##### *Bed:*

For homes providing nursing or personal care, a bed is defined as one set up and regularly maintained for patients or residents. Beds maintained for staff and beds used exclusively for emergency services are excluded. Hospital beds are those regularly maintained (set up and staffed for use) for inpatients. Beds used exclusively for emergency services and bassinets for newborn infants are not included.

##### *Resident:*

A resident is defined for the purpose of RPS-1 as a person who has been formally admitted to but not discharged from an establishment. All such persons were included in the survey even though they were not physically present at the time of the survey.

##### *Public assistance:*

This term includes the following Federal assistance programs: Old-age Assistance, Aid to Permanently and Totally Disabled, Aid to the Blind, and Medical Assistance for the Aged. It also includes general welfare programs of local or State governments.

#### Demographic Terms

*Regions and States included in each region.*—For the purpose of classifying homes and hospitals by geographic area, the States are grouped into regions. They 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



## B. CLASSIFICATION OF ESTABLISHMENTS BY TYPE OF SERVICE AND OWNERSHIP

### 1. Source of Data for Classifying Establishments

The establishments in the RPS-1 were classified by type of service and type of ownership on the basis of information collected for the MFI. A brief description of the MFI is given in Appendix I; pertinent parts of the MFI questionnaire are reproduced in Appendix III. The MFI survey of establishments, which composed the sampling frame for the RPS-1, was conducted during April-October 1962. A survey during April-June 1962 included about 85 percent of the establishments. The remainder was surveyed during September and October 1962. Thus, the time interval between the MFI Survey and the RPS-1 was approximately 1 year. During this 1-year interval, the type of ownership or type of service probably changed for some of the establishments. However, because of the short time period between the two surveys, any changes which may have occurred should have only a negligible effect on the distribution of establishments by either type of service or type of ownership.

### 2. Criteria for Classifying Establishments by Type of Service

The different types of homes for the aged have been classified according to the primary and predominant type of service provided to their residents. The criteria for classifying these homes are based on the following factors:

The number of persons receiving nursing care during the week prior to the MFI survey.

Whether or not medications and treatments are administered in accordance with physicians' orders.

Whether or not supervision over medications which may be self-administered is provided.

The number of specified personal services routinely provided. These personal services, referred to as criterion personal services, 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.

The presence or absence of nurses on the staff.

On the basis of these factors three types of establishments are distinguished and defined as follows:

*Nursing care home.*—An establishment is a nursing care home if nursing care is its primary and predominant functions. Those meeting the following criteria are classified as nursing care homes in this report:

One or more registered professional (RN's) or licensed practical nurses (LPN's) were employed 15 or more hours per week, and 50 percent or more of the residents received nursing care during the week prior to the MFI survey.

*Personal-care-with-nursing home.*—An establishment is a personal-care-with-nursing home if personal care is the primary and predominant function of the facility but some nursing care is also provided. The following criteria were used in classifying personal-care-with-nursing homes in this report:

- a. Some of the residents (less than 50 percent) received nursing care during the week prior to the MFI survey and one or more RN's or LPN's were employed 15 or more hours per week; or
- b. Some of the residents received nursing care during the week prior to the MFI Survey but no RN's or LPN's were on the staff; however, one or more of the following conditions were met:
  - (1) Medications and treatments were administered in accordance with physicians' orders.
  - (2) Supervision over self-administered medications was provided.
  - (3) Three or more of the criterion personal services were provided.

*Personal care home.*—An establishment is a personal care home if it has a function to provide personal care but ordinarily not nursing care. Places in which any one of the following criteria are met are classified as personal care homes in this report:

- a. Medications and treatments were administered in accordance with physicians' orders; or supervision over medications which may be self-administered was provided, *and* no residents received nursing care during the week prior to the survey in the establishment.
- b. Three or more of the criterion personal services were routinely provided, and no residents received nursing care during the week prior to the survey in the establishment.
- c. Only one or two of the criterion personal services were routinely provided, there were no RN's or LPN's on the staff, and the conditions in the preceding paragraph were not met *except* that nursing care may have been provided.
- d. Nursing care was provided to one or more residents during the week prior to the survey in the establishment, *but, otherwise*, the only service

provided was room and board. Either of the last two criteria (paragraphs c and d) defines a "domiciliary care home" which is one of the type-of-service classes used in stratifying the sampling frame for this survey. The domiciliary care homes are classed with personal care homes in this report since they also have a function to provide personal care.

In the classification process, a criterion was considered as not having been met if the necessary information for that criterion was unknown. For instance, if the type of nursing staff was unknown for a particular place, it was considered as not having met the criterion of having one or more RN's or LPN's on the staff. Establishments indicating that some nursing care was provided (but not the number of persons to whom this care was provided) were considered as institutions providing nursing care to some, but less than 50 percent, of their residents.

Table IV shows in detail the scheme for classifying establishments.

**Hospitals.**—Included in this category are chronic disease and geriatric hospitals and chronic disease wards and nursing home units of general hospitals. In the MFI, the term "hospital" is not formally defined. For the purpose of the Inventory and this survey, an establishment is a "hospital" if the respondent in the MFI Survey said his facility was a hospital (see MFI questionnaire in Appendix III). Specialty hospitals were asked to indicate the specialty as geriatric, chronic disease, etc. General hospitals were asked the following questions: (1) Does this hospital maintain a special ward(s) set aside for the long-term treatment of patients with chronic disease? (Exclude tuberculosis, mental illness, alcoholism, or drug addiction), and (2) Does this hospital maintain a nursing home unit for patients requiring nursing care but not the full range of hospital services? The chronic disease wards and nursing home units included in this report are those maintained by hospitals which answered "yes" to these questions.

Table IV. 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 study																						
Number of registered or licensed practical nurses	1+	None			1+	None			1+				None									
Are medications or treatments administered in accordance with physician orders?	...	Yes	No		...	Yes	No		Yes	No			Yes	No								
Is supervision over self-administered medications provided?	...	...	Yes	No	...	...	Yes	No	...	Yes	No		...	Yes	No							
Are three or more services offered?	...	...	...	Yes	No	...	...	...	Yes	No	...	...	Yes	No		...	...	Yes	No			
Are one or two services offered?	...	...	...	...	Yes	No	...	...	...	Yes	No	...	...	Yes	No		...	...	Yes	No		
Is room and/or board the only service offered?	...	...	...	...	Yes	...	...	...	...	Yes	...	...	No	Yes	...	...	...	...	...	Yes		
Classification	N	Pn	Pn	Pn	P	D	Pn	Pn	Pn	Pn	D	D	P	P	P	D	B	P	P	P	D	B

Legend: Nursing care home-----N  
 Personal-care-with-nursing home-----Pn  
 Personal care home-----P  
 Domiciliary care home-----D  
 Boarding or rooming house(out of scope)-B




## APPENDIX III

### A. QUESTIONNAIRE FOR THE RESIDENT PLACES SURVEY-1

The following items show the exact content and wording of the questionnaire used in the RPS-1. The actual questionnaire was designed for an establishment as a unit and includes additional space for reports on all residents of an establishment. Such repetitive spaces are omitted in this illustration.

Budget Bureau No. 68-R620-R1; Approval Expires December 31, 1963

<b>CONFIDENTIAL</b> - This information is collected 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 an individual or of an establishment 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 other persons or used for any other purpose (22 FR 1687).	
FORM HRS-2c (1-2-63)  U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE  <b>U. S. NATIONAL HEALTH SURVEY</b>	<i>(If necessary, please change to show correct name and address)</i>
<p>Gentlemen:</p> <p>The U.S. National Health Survey of the Public Health Service, authorized by Public Law 652, 84th Congress, is conducting a survey of nursing homes, convalescent or rest homes, homes for the aged, chronic disease hospitals, and other establishments in the United States whose primary function is to provide medical, nursing, personal or domiciliary care to the aged, infirm, or chronically ill. This is one of a series of surveys mentioned in a recent inquiry to your establishment by the Bureau of the Census which is acting as the collecting agent for the U.S. National Health Survey.</p> <p>The purpose of the survey is to obtain much needed information on the health of residents in these establishments and facts related to their care. Please answer the questions on the inside of this form and return it as soon as possible -- preferably within the week. A self-addressed envelope which requires no postage has been provided for your convenience.</p> <p>The information will be given confidential treatment by the U.S. National Health Survey and the Bureau of the Census, and will be used for statistical purposes only. It will not be used for any regulatory, licensing or accreditation purposes; any published summary will be presented in such a manner that no individual establishment or person can be identified.</p> <p>Thank you for your cooperation.</p> <p>Sincerely yours,</p> <p></p> <p>Richard M. Scammon Director Bureau of the Census</p>	

## GENERAL INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Base your answers on records, as appropriate, when records are available.

### Step 1 -- Complete Part I, ESTABLISHMENT INFORMATION.

These questions should be self-explanatory. The word "establishment" refers to the facility providing service to residents or patients, such as a hospital, nursing home, home for the aged, and so forth. The words "resident or patient" are used interchangeably in this questionnaire. The people being cared for are usually referred to as "residents." However, they are referred to as "patients" when this term seems more appropriate.

### Step 2 -- Complete Part II, CENSUS OF RESIDENTS OR PATIENTS.

List in Column (b) the name of each person (resident or patient) who is currently on your register as a formal admission. (The number listed should be the same as shown for Part I, Question 7.) (If this is a general hospital, or some specialty hospital, except chronic disease and/or convalescent, geriatric, and rehabilitation, list only the patients or residents in your chronic disease ward and/or nursing home unit. All other establishments should list all of their patients or residents.) List the names in any order that is most convenient to you. If the names are not listed in alphabetical order or in sequence by some assigned number, such as admission number, please explain the order of the listing in the "Comments" section on Page 4.

For each person listed, record the date he was last admitted to your establishment, his date of birth, sex, and race. You may wish to make these entries as you record the persons' names in Column (b). If date of last admission or date of birth is not known, record your best estimate of the date.

Normally, the date of last admission refers to the date of admission to the nursing home, convalescent home, hospital, etc. However, if this is a general hospital with a chronic disease ward or a nursing home unit, the date of last admission refers to the date of admission to the ward or nursing unit. If this is a chronic disease and/or convalescent, geriatric, or rehabilitation hospital and you maintain a nursing home unit, the date of last admission refers to the date of admission to the nursing home unit or the hospital, whichever was first.

### Step 3 -- Complete Part III, HEALTH OF RESIDENTS OR PATIENTS.

Some of the lines in Part III are blocked out, while others are not. For the lines not blocked out (identified by a circled line number), make the appropriate entries in the columns in Part III for the person whose name appears on that line in Part II, Column (b). This information should be provided by the person best acquainted with the health of the residents in this establishment.

Step 4 -- The names of persons entered on Part II are needed only as a means of identification in case there should be a question about an entry on the questionnaire when it is reviewed. If you prefer, you may tear off the strip on Part II which contains the names of patients. If you do tear off this part of the form, please keep it in your files for at least 6 months.

Step 5 -- For convenience of contact in the event that questions concerning an entry do arise, the person completing the questionnaire should enter his name and give his title or position, telephone number, and the date the form is completed on the bottom of Part I.

Step 6 -- After you have completed the questionnaire, return it in the enclosed postage-free envelope. If the self-addressed envelope gets misplaced before the questionnaire can be completed, return the completed questionnaire to the Bureau of the Census, Jeffersonville, Indiana.

Record any comments about the establishment or about individuals on Page 4.

**Part I - ESTABLISHMENT INFORMATION**

(NOTE: When the term "RESIDENT" is used in the questionnaire, it refers to resident or patient.)

1. When did this establishment begin accepting residents at its present address? (Give the date it first opened AT THIS ADDRESS as a nursing home, convalescent home, chronic disease hospital, etc., even though the ownership or control has since changed hands.) . . . . .	(Month, year)	
2. To provide a general picture of your admission policy: Do you accept the following types of residents? (Mark (X) "Yes" or "No" for each item.)		
a. Males . . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	
b. Females . . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	
c. Bedfast patients. . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	
d. Mentally ill patients (that is, diagnosed by a physician as mentally ill.). . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	
e. Do you accept persons of all ages, including children? . . . . .	1 <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to 2f)    (Complete 2a(2))	
(1) If "No" -- What ages do you accept? (Mark (X) ONE box only) . . . . .	2 <input type="checkbox"/> 65 and over 3 <input type="checkbox"/> 18 and over 4 <input type="checkbox"/> Under 18 5 <input type="checkbox"/> Other (Specify age) _____	
f. Do you accept persons who are recipients of Public Assistance or Welfare? (This includes Old Age Assistance, Aid to Permanently and Totally Disabled, Aid to the Blind, Medical Assistance for the Aged, and general welfare.) . . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (Complete 2f(1))    (Skip to Question 3)	
(1) How many residents do you have who are on Public Assistance or Welfare? . . . . .	Number	
3. Do you provide nursing care to residents in your establishment? . . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (Go to Question 4)    (Skip to Question 5)	
4. Who is in charge of nursing care? (Mark (X) ONE box only) (NOTE: "Full-time," as used below, means 40 hours or more per week.)		
1 <input type="checkbox"/> Registered Nurse, full time                      3 <input type="checkbox"/> Licensed Practical Nurse, full time		
2 <input type="checkbox"/> Registered Nurse, part time                      4 <input type="checkbox"/> Licensed Practical Nurse, part time		
5 <input type="checkbox"/> Neither Registered Nurse nor Licensed Practical Nurse		
5. Are there one or more nurses or nurse's aides ON DUTY 24 hours a day? . . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	
6. How many beds are regularly maintained for residents? (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.) . . . . .	Number	
7. How many residents are currently on your register as formal admissions, who have not been discharged? (Do not include employees or proprietors.) . . . . .	Number	
8. Of the residents in this establishment (Question 7, above) —	Number	
a. How many slept here last night? . . . . .	Number	
b. How many were temporarily away last night in a hospital? (If this establishment is a hospital, how many residents were temporarily away last night in some other hospital?) . . . . .	Number	
c. How many were temporarily away last night in some place other than a hospital? . . . . .	Number	
9. How many admissions did you have during 1962? . . . . .	Number	
10. How many discharges did you have during 1962, excluding deaths? . . . . .	Number	
11. How many persons died during 1962 while residents of this establishment? (Include all who died while on your register even though temporarily away in a hospital or some other place.) . . . . .	Number	
12. Are all persons admitted to this establishment required to be examined by a physician before or soon after admission? . . . . .	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	
13. What is your most frequent, your highest, and your lowest charge PER MONTH for lodging, meals, nursing care, and other personal services? . . . . .	{ Most frequent . . . . . \$ (Per month) { Highest . . . . . \$ (Per month) { Lowest . . . . . \$ (Per month)	
14. How many persons are employed in this establishment? (Include all paid employees, members of religious orders, and owners who usually work 15 hours or more a week in this establishment.) . . . . .	Number	
Name of person completing this form	Telephone No. and Ext.	Date completed
Title or position	<b>COMPLETE PARTS II AND III OF THE QUESTIONNAIRE</b>	
	Establishment Number	

Part II - CENSUS OF RESIDENTS OR PATIENTS		Part II - CENSUS OF RESIDENTS OR PATIENTS				
<p>If you wish you may detach and keep this stub of Part II for your records. IF YOU DO TEAR OFF THIS STRIP, PLEASE RETAIN IT IN YOUR FILES FOR AT LEAST 6 MONTHS.</p>		Resident's Line Number	Enter Date of Last Admission (month, day, year) for each resident  <i>(If not known, enter best estimate)</i>	Enter resident's Date of Birth (month, day, year) for each resident  <i>(If not known, enter best estimate)</i>	Enter resident's Sex  M = Male F = Female	Enter resident's Race  W = White NW = Non-white
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1		1				
2		2				
3		3				
4		4				
5		5				

Part III - HEALTH OF RESIDENTS OR PATIENTS																	
IMPORTANT: Complete one line of Part III for each person listed on those lines of Part II that are identified by a CIRCLED NUMBER.																	
BED STATUS (Except in bed for ordinary rest or sleep)  <i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			WALKING STATUS  <i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			HEARING STATUS  <i>(Mark (X) ONLY ONE of these two categories for each resident)</i>		VISION STATUS  <i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			CONTINENCE  <i>(Mark (X) ONLY ONE of these four categories for each resident)</i>				MENTAL STATUS (Awareness of surroundings)  <i>(Mark (X) ONLY ONE of these three categories for each resident)</i>		
In bed hardly ever	In bed part of the time	In bed all or most of the time	Walks unassisted or with cane or crutch	Gets about only with walker, attendant's help or by own efforts in wheel chair	Never walks or is completely dependent on others to get about	No serious problem with hearing	Either has serious problem with hearing or is deaf	No serious problem with seeing	Serious problem with seeing even with glasses but not blind	Blind	Normally can control feces and urine	Normally cannot control either feces or urine	Normally can control feces but not urine	Normally can control urine but not feces	Always aware (Not confused)	Confused part of the time	Confused all or most of time
(b-1)	(b-2)	(b-3)	(i-1)	(i-2)	(i-3)	(j-1)	(j-2)	(k-1)	(k-2)	(k-3)	(l-1)	(l-2)	(l-3)	(l-4)	(m-1)	(m-2)	(m-3)
1	2	3	1	2	3	1	2	1	2	3	1	2	3	4	1	2	3

## B. QUESTIONNAIRE FOR THE MASTER FACILITY INVENTORY SURVEY

The following items show the exact content and wording of that part of the MFI questionnaire which pertains to the classification of establishments within the scope of the RPS-1.

<b>Section A - FOR ALL ESTABLISHMENTS</b>	
<b>1. OWNERSHIP OR CONTROL OF THIS ESTABLISHMENT</b> - Please indicate the control of this establishment by placing an "X" in one of the boxes below. (If ownership and control are divided, as when a county-owned home is leased to a church, place an "X" in the box opposite the term which indicates the greater degree of control in operating this establishment.)	
1	<input type="checkbox"/> Proprietary
2	<input type="checkbox"/> Church
3	<input type="checkbox"/> City or county government
4	<input type="checkbox"/> State government
5	<input type="checkbox"/> Federal government (Specify agency) _____
6	<input type="checkbox"/> Other (Please describe) _____
<b>2. DESCRIPTION OF ESTABLISHMENT</b> - Please read all of the classes listed below, then place an "X" in the box opposite the class which best describes this establishment.	
<b>a. HOSPITALS</b>	
1	<input type="checkbox"/> General hospital ..... COMPLETE Section B on Page 2
2	<input type="checkbox"/> Specialty hospital (Includes institutions or homes for the mentally retarded) ..... COMPLETE Section C on Page 2
Note: If this is a hospital system composed of a general hospital and a specialty hospital, complete both Section B and Section C. If it is composed of more than one specialty hospital, complete Section C for one of them and furnish the same information for each of the others on a separate sheet of paper.	
<b>b. ESTABLISHMENTS WHICH PROVIDE NURSING, PERSONAL, OR DOMICILIARY CARE</b>	
3	<input type="checkbox"/> Nursing Home
4	<input type="checkbox"/> Convalescent Home
5	<input type="checkbox"/> Rest Home
6	<input type="checkbox"/> Home for the Aged
7	<input type="checkbox"/> Boarding Home for the Aged
8	<input type="checkbox"/> Home for Crippled Children
9	<input type="checkbox"/> Home for Incurables
10	<input type="checkbox"/> Home for the Needy (Includes County Homes, Almshouses, Poor Farms)
11	<input type="checkbox"/> Boarding House
12	<input type="checkbox"/> Other (Please describe) _____
<b>c. OTHER ESTABLISHMENTS</b>	
13	<input type="checkbox"/> Home or School for the Deaf
14	<input type="checkbox"/> Home or School for the Blind
15	<input type="checkbox"/> Home for Unwed Mothers
16	<input type="checkbox"/> Orphan Asylum or Home for Dependent Children
17	<input type="checkbox"/> School or Detention Home for Juvenile Delinquents
18	<input type="checkbox"/> Prison, Reformatory, Penitentiary, or Jail
19	<input type="checkbox"/> Other (Please describe) _____
_____	
(Record on Page 4 any comments you may have about the correct classification of this establishment)	

Section B - GENERAL HOSPITAL

1. Total number of beds regularly maintained (set up and staffed for use) for inpatients. (Include beds in subunits of the hospital such as wards or convalescent units. Exclude beds used exclusively for emergency services and bassinets for newborn infants.)
2. Does this hospital admit children only? 1 Yes 2 No
3. On the average, how long did patients stay in this hospital during calendar year 1961? 1 Less than 30 days 2 30 days or more
4. Number of paid employees. (Include proprietors, managers, and all paid employees who usually work 15 hours or more a week in this establishment.)
a. Number of physicians (including residents and interns), nurses and other professional personnel, and technicians
b. Number of all other paid employees including administrative personnel, clerical and office workers, attendants, and custodial workers.
c. Total number of employees
5. Does this hospital maintain a special ward(s) set aside for the long-term treatment of patients with chronic diseases? (Exclude tuberculosis, mental illness, alcoholism, or drug addiction.) 1 Yes (Complete 6, 7, and 8) 2 No (Skip to Question 9)
6. Number of beds in this ward(s) that are regularly maintained for inpatients.
7. Number of admissions to this ward(s) during calendar year 1961.
8. Approximate average daily census in this ward(s) during calendar year 1961.
9. Does this hospital maintain a NURSING HOME UNIT for patients requiring nursing care but not the full range of hospital services? 1 Yes (Complete Section D for that unit) 2 No (Skip to Section F)

Section C - SPECIALTY HOSPITAL

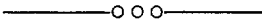
1. Indicate the specialty by placing an "X" in ONE of the boxes below:
0 Psychiatric
1 Mental deficiency or retardation
2 Geriatric
3 Orthopedic
4 Maternity
5 Tuberculosis
6 Eye, Ear, Nose, Throat
7 Chronic disease (including degenerative diseases)
8 Pediatric
9 Other (Please describe)
2. Does this hospital admit children only? 1 Yes 2 No
3. Total number of beds regularly maintained (set up and staffed for use) for inpatients. (Exclude beds used exclusively for emergency services and bassinets for newborn infants.)
4. What was the number of inpatient admissions to the hospital during calendar year 1961?
5. What was the approximate average daily census during calendar year 1961?
6. On the average, how long did patients stay in this hospital during calendar year 1961? 1 Less than 30 days 2 30 days or more
7. Number of paid employees. (Include proprietors, managers, and all paid employees who usually work 15 hours or more a week in this establishment.)
a. Number of physicians (including residents and interns), nurses and other professional personnel, and technicians
b. Number of all other paid employees including administrative personnel, clerical and office workers, attendants, and custodial workers.
c. Total number of employees.
8. Does this hospital maintain a NURSING HOME UNIT for patients requiring nursing care but not the full range of hospital services? 1 Yes (Complete Section D for that unit) 2 No (Skip to Section F)



**Section D - ESTABLISHMENT WHICH PROVIDES NURSING, PERSONAL, OR DOMICILIARY CARE**

**NOTE:** If the reporting establishment is a hospital which has a nursing home unit ("Yes" box checked in Question 9, Section B or in Question 8, Section C), the items in this section refer to that nursing home unit only.

<p>1. Total number of beds regularly maintained for patients or residents. (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>2. Total number of persons (patients or residents) who slept in this establishment last night (excluding employees and proprietors) .....</p>																
<p>3. For the purpose of this survey, the following list of services define "Nursing Care":</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Nasal feedings</td> <td style="width: 33%;">Enemas</td> <td style="width: 33%;">Application of dressings or bandages</td> </tr> <tr> <td>Catheterizations</td> <td>Hypodermic injections</td> <td>Bowel and bladder retraining</td> </tr> <tr> <td>Irrigations</td> <td>Intravenous injections</td> <td></td> </tr> <tr> <td>Oxygen therapy</td> <td>Temperature - pulse - respiration</td> <td></td> </tr> <tr> <td>Full bed baths</td> <td>Blood pressure</td> <td></td> </tr> </table>	Nasal feedings	Enemas	Application of dressings or bandages	Catheterizations	Hypodermic injections	Bowel and bladder retraining	Irrigations	Intravenous injections		Oxygen therapy	Temperature - pulse - respiration		Full bed baths	Blood pressure		
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Catheterizations	Hypodermic injections	Bowel and bladder retraining														
Irrigations	Intravenous injections															
Oxygen therapy	Temperature - pulse - respiration															
Full bed baths	Blood pressure															
<p>During the past seven days, how many of the PERSONS in Question 2 received "Nursing Care?": .....</p>																
<p>4. Which of the following services are ROUTINELY provided? ("X" all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1 <input type="checkbox"/> Supervision is provided over medications which may be self-administered</p> <p>2 <input type="checkbox"/> Medications and treatments are administered in accordance with physicians' orders</p> <p>3 <input type="checkbox"/> Rub and massage</p> <p>9 <input type="checkbox"/> Not responsible for providing any services except room and board</p> </td> <td style="width: 50%; vertical-align: top;"> <p>4 <input type="checkbox"/> Help with tub bath or shower</p> <p>5 <input type="checkbox"/> Help with dressing</p> <p>6 <input type="checkbox"/> Help with correspondence or shopping</p> <p>7 <input type="checkbox"/> Help with walking or getting about</p> <p>8 <input type="checkbox"/> Help with feeding</p> </td> </tr> </table>	<p>1 <input type="checkbox"/> Supervision is provided over medications which may be self-administered</p> <p>2 <input type="checkbox"/> Medications and treatments are administered in accordance with physicians' orders</p> <p>3 <input type="checkbox"/> Rub and massage</p> <p>9 <input type="checkbox"/> Not responsible for providing any services except room and board</p>	<p>4 <input type="checkbox"/> Help with tub bath or shower</p> <p>5 <input type="checkbox"/> Help with dressing</p> <p>6 <input type="checkbox"/> Help with correspondence or shopping</p> <p>7 <input type="checkbox"/> Help with walking or getting about</p> <p>8 <input type="checkbox"/> Help with feeding</p>														
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<p>5. Number of paid employees. (Include proprietors, managers, and all paid employees who usually work 15 hours or more a week in this establishment.) (The figure shown in Item 5d. should be the sum of the figures shown in Items 5a., 5b., and 5c.)</p>																
<p>a. Number of registered professional nurses .....</p>	+															
<p>b. Number of licensed practical nurses .....</p>	+															
<p>c. Number of all other paid employees including physicians, proprietors, managers, nurse's aides, orderlies, clerical and office workers, attendants, and custodial workers. ....</p>	=															
<p>d. Total number of employees .....</p>																



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