

# Placement appropriateness for seniors into long-term care – A neglected area of research

CKY Lai<sup>1</sup> PhD, RN, MMY Tse<sup>1</sup> PhD, RN, LKP Lau<sup>1</sup> MPhil

## ABSTRACT

The need for nursing home placement will increase in a rapidly ageing world. If decisions regarding their placement into long-term care do not involve the elderly themselves, they will have been deprived of their rights as citizens and humans. Professionals of various disciplines involved in health care services are thus obliged to assist elderly people in need of residential placement to determine where to spend the rest of their lives. This paper discusses the appropriateness of nursing home placement, the decision-making process regarding such placement, and gaps in the literature, and makes suggestions as to what needs to be done. It is proposed that the current focus on matching care needs with service provision is not ideal, and that other factors have to be considered.

**Key words:** Homes for the aged; Long-term care; Nursing homes; Patient admission

<sup>1</sup> School of Nursing, The Hong Kong Polytechnic University

*Correspondence to: Dr Claudia Lai, School of Nursing, The Hong Kong Polytechnic University, Hong Kong SAR, China. E-mail: hsclai@inet.polyu.edu.hk*

## INTRODUCTION

As early as the late 1960s and 1970s, the appropriate placement of elderly people into residential care settings became an essential issue in long-term care.<sup>1</sup> These earlier studies disclosed a considerable degree of nursing home misplacement, which has continued to be a matter of concern for decades.<sup>2,3</sup> The rationale behind the emphasis on appropriate placement is the assumption that the better the alignment between individual needs and services received, the more likely that expected outcomes will be achieved.<sup>4</sup> Newer studies in the 1990s had a somewhat different focus in studying these. The addressed pre-admission needs of elderly applicants for long-term care.<sup>5</sup> The topic of appropriateness of placement into nursing homes no longer seems to engage the interest of either researchers or clinicians. This paper argues that with the rapid ageing of the world's population, issues surrounding the placement of the elderly into long-term residential care are just as important now, if not more so than before.

## STUDIES ON PLACEMENT ASSESSMENT

Only a handful of studies have examined appropriateness of placement, utilising a number of ways. Harris and colleagues studied the prediction power of a placement assessment form (the New York State Patient Assessment Form) by comparing its predictions of the level of care needed by those admitted to care facilities with judgements by the responsible physician-nurse team. The prediction score of the form achieved an overall 94% agreement with the professional team's decision.<sup>6</sup> Netten and colleagues also examined the factors predicting placement in nursing or residential care. Characteristics and circumstances of the individual explained over 80% of placement and the level and type of provision available did not improve the explanatory power.<sup>7</sup> With regard to admissions to residential and nursing home care, placement decisions were consistent across local authorities.<sup>7</sup>

Zimmer evaluated appropriateness of placement

by reviewing the level of care needed by clients admitted to nursing facilities based on survey data on their physical, mental and functional characteristics as well as their personal, nursing, and other care requirements.<sup>8</sup> He found that a mixture of seniors with different levels of care needs happened to be assigned to the same care facility. He therefore suggested that more experiments on different placement methods, patient mixes, staffing and service patterns, and financial mechanisms were needed before decisions or policies are set for the institutional care of the elderly.

Bebbington and colleagues examined misplacement by comparing the circumstances at admission of people who returned to the community with those of the overall sample admitted to care settings. The most striking characteristic of those returning to the community was their relatively low level of dependency, cognitive impairment, housing problems, and the social isolation that they encountered at the time of admission.<sup>9</sup> Put together, this suggests that those who subsequently returned to the community did not need this form of long-term care in the first place.<sup>9</sup>

In summary, placement assessment is an area much neglected by researchers, clinicians, and service providers alike. The concept of placement appropriateness also lacks substantial deliberation among gerontologists and clinicians.

## PLACEMENT INTO NURSING HOMES

The decision for placement into long-term residential care is often based on the presence of complicated medical/chronic conditions and the availability and competence of informal carers. The time taken to choose a facility is often extremely limited. Castle interviewed 306 resident and family pairs to examine factors associated with both the search for and the selection of a nursing facility.<sup>10</sup> Residents were not very influential in these processes. According to observations, it took a mere 2.3 days for residents to choose a facility, and family members needed only 4.2 days.<sup>10</sup> The most influential people in making the decision were the children of the elderly, while professionals such as doctors, nurses or social workers were rarely involved.<sup>11</sup> Some families may recognise other alternatives such as hiring home helpers or implanting other forms of community

care, but many prefer the nursing home from the perspective of cost and availability.<sup>12</sup>

The placement of an elderly person into permanent residential care can be a traumatic experience for all involved—patient, family, and health care professional.<sup>13,14</sup> Elderly people's health, social support and ability to cope are frequently compromised because admission to long-term care is often triggered by a crisis in care arrangements.<sup>15</sup> Families or friends are limited in their knowledge of possible alternatives, and do not encourage sufficient participation by the person affected.<sup>16,17</sup> Moreover, nursing home placement for older people usually occurs at a time of distress and crisis, such as following an acute illness or hospitalisation and/or the death of a spouse.<sup>18,19</sup> Mulvihill et al. observed a mortality rate of more than 26% in the first year of nursing home life.<sup>15</sup>

Based on the limited available literature, Cohen-Mansfield and colleagues reported that among other variables, the quality of relationships with others was significant in relation to both short-term (1-year) and overall survival in residential care.<sup>20</sup> In a study examining the mortality rate of people with dementia, relocation was associated with a two-fold increase in mortality.<sup>21</sup> It should not be assumed that admission into nursing homes was the single reason associated with the higher risk for morbidity and mortality in nursing home residents. In a large epidemiological survey (n=111 669) trying to identify factors associated with mortality in newly admitted and long-stay nursing home residents, Minimum Data Set (MDS) information was linked with data from the National Death Index of the United States.<sup>22</sup> The authors examined 67 factors and in their final proportional hazards regression analysis and identified 11 variables as major factors related to morbidity and 1-year mortality in newly admitted residents. These included: cancer, shortness of breath, being bedridden, being male, leaving >25% of food uneaten, and a body mass index of <23 kg/m<sup>2</sup>. However, the majority of these variables were biological, physiological or functional; psychosocial variables had not been examined.

Studies on post-admission experiences are also limited. Local researchers such as Lee and colleagues have reported mostly on elderly people's adaptation to nursing home life.<sup>23</sup> Yet it should be appreciated

that the initial reaction to nursing home admission can be daunting for anyone concerned. On entry into such an environment, the homeless elderly resident can become overwhelmed, emotional, and disorganised. Brandburg pointed out that older adults who experienced an unplanned admission or had little control over their admission had a more difficult time adjusting post-admission.<sup>24</sup> This points to the importance of involving older people in pre-admission decision-making processes.

In 2001, 23% of Americans died in nursing homes.<sup>25</sup> Regrettably, comparable figures are unavailable for Hong Kong. Neither could the causes of deaths in local nursing homes be readily identified, since nearly all local nursing home residents are admitted into hospitals when they become critically ill, and consequently die in hospitals. It would therefore be inappropriate to consider post-admission mortality rates as related to the experiences of decision-making in nursing home admissions. This paper therefore argues that clinicians and researchers alike have paid insufficient attention to the processes of placing seniors into nursing homes, nor have they examined the outcomes after placement into long-term residential care.

## THE LOCAL SCENE

As mentioned earlier, the local literature on long-term care placement is limited. Sim and Leung (2000) critiqued the lack of continuity of care, as nursing home residents were referred between hospitals and nursing homes.<sup>26</sup> Their discussion focused on the service gaps in the existing system of community health care services rather than on long-term care placement. To better understand nursing home residents' appraisal of the services they received in nursing homes, Chong and Chi (2001) developed an instrument for measuring client satisfaction with nursing home care.<sup>27</sup>

The focus of studies by Low (1997), Lee (1999), and Lee et al. (2002) was on the perception and experiences of older people in transition to life in a nursing home.<sup>23,28,29</sup> Lee and her team examined how elderly people adapt to nursing home life and overcome problems associated with the transition, such as feelings of abandonment.<sup>23</sup> Elderly people's acceptance of elderly home placement was an important predictor to subsequent adjustment.

In view of the limited knowledge we have in this particular area, it is important to examine the circumstances surrounding admission into nursing homes.

The multiplicity, complexity and chronicity of the health and social problems associated with old age require that a broader approach to the assessment process (including physical, psychological and social) be adopted.<sup>1</sup> The Minimum Data Set for Home Care (MDS-HC) instrument is an internationally recognised comprehensive assessment system designed to inform and guide care planning in the home care environment.<sup>30</sup> Certain MDS-HC item responses are defined as 'triggers' for additional assessment, using a specific Client Assessment Protocols. These contain general guidelines for further assessment and individualised care planning for persons who have the triggered problematic conditions. The system can be used on admission to a home care programme or at a hospital (prior to discharge), and its power is augmented by periodic review.<sup>31</sup>

Chou et al. examined whether the MDS-HC instrument could be valid for the assessment, planning and monitoring of care delivered to people in the community.<sup>32</sup> Subsequently, the instrument was adopted as the placement assessment tool by the Social and Welfare Department of the Hong Kong SAR government in their Standardised Care Need Assessment Mechanism for elderly services (SCNAMO).<sup>33</sup> Thus, since November 2000 it has been used to ascertain the care needs of the elderly and match them with appropriate services. With the implementation of the central waiting list for subsidised long-term care services in November 2003, the mechanism has been extended to cover eligibility screening for applications to long-term care services.

MDS-HC has been criticised as inappropriate for adequately assessing the care needs of elderly people who suffer from cognitive impairment.<sup>34</sup> Supplementary assessment should be included to determine the actual care needs of those who require long-term care. Without any follow-up, the MDS-HC has limited applicability for determining the eligibility and appropriateness of the level of nursing home placement. The use of a structured, systematic assessment should include, for example, the Minimal

Data Set – Resident Assessment Instrument (MDS-RAI).

The MDS-RAI is a mandatory assessment instrument used for long-term care settings in the USA.<sup>35</sup> It was designed to be a comprehensive standardised tool for routine needs assessment in long-term residential care, with a primary goal of improving quality of care through improved process and documentation of the needs and strengths of older people. Its other aim is to provide evidence-based support for formal caregivers. Locally, we stopped moving ahead with continuous standardised assessment using other versions of the MDS. Local service providers have their own assessment items, most of which are governed by the Social and Welfare Department. Yet the use of internationally tested tools such as the MDS-RAI would facilitate the international sharing of information and resources in evidence-based care. The tracking of an elderly person's status over time, both pre- (the waiting period after assessment by SCNAMO) and post-admission, could facilitate understanding of his health and care needs, as well as help service providers evaluate outcomes of services rendered.

## FUTURE STUDY DIRECTIONS

To date, the literature on placement appropriateness mainly concerned matching the level of care required by the elderly individual. The processes of placement, such as how the decision was made, whether the senior was involved and in what manner, have not been addressed in the literature. Matching care needs with the level of service provision is important but should not be the only determinant when considering placement appropriateness. More attention should be paid to examining the process of placement and matching of the social environment to that of the beliefs and values of the older person. There seems to be a general assumption that once the level of care is correctly matched with the level of dependency of the elderly person, then he or she will receive good care. The authors of this paper, however, challenge the basis of this assumption. Although the local senior does have a choice to turn down an offer whenever a place in an old age home has become available, he or she can only do so a limited number of times. In addition, how involved local seniors are when it comes to making placement

decisions is not known. In recent years, a few private placement service agencies have been started up in Hong Kong. Whether a private firm, because of its fee-for-service nature, might be more able to cater to the multidimensional needs of the elderly person instead of simply focusing on matching care needs with services, remains to be seen.

In general, a combination of physical deterioration and the family's inability to care are the reasons most frequently given for placing an elderly person in a nursing home. The limited reports in the literature tell us that placement into an institution rarely involves the elderly person concerned. It will be useful to study whether better outcomes can accrue if that person becomes more involved in the decision-making processes for placement. Would that individual adapt quicker and better if he or she were more involved? How 'involvement' should be defined is another challenge. We can also study situations triggering placement into nursing homes, and whether these triggers are also related to outcomes. For example, do elderly people admitted to nursing homes directly from hospitals (e.g. triggered by a crisis such as a stroke) fare better or worse? Are they sicker and frailer than those who are admitted from their own homes? Have alternatives been exhausted before the placement into institutions is made? Have there been any forms of negotiation between the elderly person and their family if their opinions differ? Could they adapt better to nursing home life if they could negotiate which 'home' they want to live in? Understanding the psychosocial and other contextual factors related to the elderly person's subsequent home life may shed some light on what we should do in terms of placement assessments.

The waiting time for admission into nursing homes is long. Up to 31 March 2008, a total of 72 855 places were provided in residential care services for the elderly, of which 33% were subsidised (publicly funded) and 67% were non-subsidised (private places). Reportedly, the average waiting time for admission to subvented or contract nursing homes was 44 months.<sup>36</sup> A lot can be done within the 44-month period to facilitate admission into institutions. It is high time that researchers and clinicians in the field of geriatrics and gerontology pay more attention to the issues surrounding placement in long-term care.

## CONCLUSION

With the rapid increase in the older population, the need for nursing home placement is also expected to increase. Although growing in number and gaining a louder political voice, the elderly population is still very much a deprived or at least an under-privileged group in many developing countries. In Hong Kong, 42% of those aged 65 years and above have had no schooling, just 39% have had primary education, and only 18% have attained secondary or higher education levels.<sup>37</sup> Many Chinese patients place great value on formal caregivers' opinions,<sup>38</sup> and are subservient to authority and authoritative figures. If the decision regarding placement into long-term care does not involve the elderly, it inevitably deprives them of their rights as citizens and humans. Our older generation needs to be empowered in order to become more involved in decision-making processes. Professionals of various disciplines involved in health care services should assist elderly people in exercising their rights to determine where they should spend the rest of their lives. For many elderly people, the old age or nursing home will be their final 'home'.

This paper has highlighted a gap in the literature – that the current focus on matching care needs with service provisions is not ideal. Having to leave behind one's home and be placed into long-term residential care can be a highly traumatic experience for an elderly individual. It can also be stressful to both formal and informal caregivers involved in placement decision processes. As a neglected aspect of research, much has to be done to help us understand how service providers could improve the placement experience of elderly people into long-term residential care.

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