GERIATRIC CARE FOR RESIDENTS OF PRIVATE NURSING HOMES

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Summary:
Factors associated with the ageing of Hong Kong's population has led to increasing need for long term care. Nursing homes operated for profit provide the majority of long term care places. Residents in these homes are characterised by chronic diseases, multiple disabilities and a high incidence of cognitive impairment. Therapeutic care is needed to maintain the functional status of these frail elderly residents. There are service gaps in the existing system of community health care services. Delivery of health care requires a highly co-ordinated effort with a close partnership between the hospital and nursing home because residents are frequently transferred between these two places. Strategies to improve the standard of health care in these nursing homes include an active educational program for nursing home staff, the role of community nurses to provide regular assessment and treatment, an integrated medical record to improve documentation between the home and hospital and emphasis on rehabilitation.

Rising demand for nursing home care in Hong Kong

Hong Kong has a rapidly ageing population. At the same time there is an epidemiological transition where chronic diseases are the leading causes of disability and death now. Such diseases are more common in the elderly and the likelihood of needing help with activities of daily living becomes greater with aging. About 40% of the elderly in Hong Kong have difficulties in activities of daily living1.

These factors result in the elderly segment of the population consuming a disproportionate amount of health and long term care services. Data in the West show that admission rates to nursing homes rise exponentially after the age of sixty-five. The age-specific admission rate to nursing homes increases fourteen-fold between the ages of sixty-five and ninety2. In the United States, 43% of persons after the age of sixty-five will use a nursing home before they die while more than 20% of nursing home residents will spend at least five years there3.

Although Hong Kong has a predominantly Chinese population and a culture that values care of the elderly by their own family, there has been a marked change in the traditional family structure over the past two decades. There is an increasing tendency towards nuclear families which weakens family support for the elderly. Elderly people also tend to have poor social support. About 10% of elderly people live alone and 12% with their spouse only. Therefore about 22% of elderly people live in a potentially weak supporting network4. Furthermore 60% of elderly people in Hong Kong report that they do not have a close family member or friend5. These are well documented risk factors for institutionalization6,7.

Hong Kong is also experiencing another demographic transition that is described as the feminisation of ageing8. There are more elderly women than men but they are more vulnerable to isolation than men. They tend to live alone and receive less help from relatives compared to their male counterparts9. There are twice as many elderly women compared to men in institutional care in Hong Kong10. With these social, epidemiological and demographic trends coming together, Hong Kong can be expected to follow the situation in the West where demand for long term care is growing.

There has already been a rapid increase in the supply of nursing home beds in Hong Kong over the past decade. The current capacity of nursing homes exceeds the bed capacity of the Hospital Authority. In 1997, the number of government subsidized C & A and Home for the Aged places was 17,487 while private nursing homes had 17,700 places11. The important role of the private nursing home industry in long term care is also seen in the West. In the United Kingdom, the private sector accounts for more than two thirds of residential homes while 92% of nursing homes in the United States are privately owned12.

There were 19,200 persons waiting for care-and-attention home admission and 7,600 persons waiting for infirmary placement in 1998. Such a long queue for placement means that for most
elderly people, the need for long term care need to be met by other means like private nursing homes. These waiting-list statistics also reflect a genuine need for long term care that must be met. This was shown in a study of elderly people who needed long term care in Hong Kong. 59.3% of those waiting for infirmary placement were already residing in private nursing homes. With our present economic climate, the government is unlikely to have a sustained increase in funding for long term care. There is good reason to believe that private nursing homes will continue to be the mainstay of long term care in future.

Standards of care in private nursing home in Hong Kong

There are 430 nursing homes run for profit in Hong Kong. In a newspaper interview, the resident of a Shamshuipo home said, “This man behind me speaks only Toishanese. The other man there who has cancer is in hospital at the moment. I have never spoken to the two women hooked on feeding tubes and the others are just too frail to talk and lie in their beds.”

He was among 12 residents living in a 700 square foot flat with two toilets, without a fire escape and the kitchen was built in an illegal structure. There were only two female amahs, one for the day and the other for the night. While there can be wide variations in disability levels and standards of care between different nursing homes, the interview is a fair description of the typical private nursing home in Hong Kong.

Private nursing homes in Hong Kong have historically poor standards of care. Recent changes in legislation can help to improve standards in future. At present, however, the “revolving door” patient from the nursing home is a familiar sight. Common examples include severely disabled elderly patients who are admitted for conditions such as dehydration, undernutrition, pneumonia or pressure sores; improved after a lengthy period of hospital stay and discharged back to the nursing home only to be rapidly re-admitted for the same problems. An audit in United Christian Hospital showed that 26.8% of unplanned readmissions to the Department of Medicine and Geriatrics were from private nursing homes. There is an obvious lack of continuity between treatment in the hospital and care in the nursing home. Nursing home residents have specific characteristics that partly explain why this service gap exists although Hospital Authority already has a sophisticated structure to ensure continuity of care in the community.

Characteristics of residents in private nursing homes in Kwun Tong

1,002 residents of private nursing homes in Kwun Tong was surveyed in 1998. The average age of residents was eighty years and 68% were women. 35% had contractures of the legs, 38% were bed or chair-bound and 39% had either urinary or double incontinence. Assessment with the Katz Index of ADL showed 93% had one or more impairments in the activities of daily living. 30.7% in a subgroup of 268 patients audited for polypharmacy were prescribed at least five drugs. There was also a high incidence of cognitive impairment. A similar survey of 317 residents in 1999 found that 67% had Abbreviated Mental Test (Hong Kong version) scores less than six. By comparison, the prevalence of dementia in Hong Kong's elderly population aged seventy years or older in the community is 6.1%. This is consistent with experience in other countries, where cognitive impairment in long term care facilities is much higher than the community and ranges from 30% to 70%.

Table 1. Characteristics of residents in private nursing homes in Kwun Tong

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (years)</td>
<td>80 ± SD (8.6)</td>
</tr>
<tr>
<td>Male/Female (%)</td>
<td>M 32% / F 68%</td>
</tr>
<tr>
<td>Lower limb contractures (%)</td>
<td>350 (34.9%)</td>
</tr>
<tr>
<td>Bed or chair-bound</td>
<td>385 (38.4%)</td>
</tr>
<tr>
<td>Urinary or double incontinence</td>
<td>396 (39.5%)</td>
</tr>
<tr>
<td>Functional dependency in at least one ADL (%)</td>
<td>93%</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>30.7%</td>
</tr>
<tr>
<td>AMT score &lt; 6</td>
<td>67%</td>
</tr>
</tbody>
</table>

The survey showed that private nursing home residents have a high prevalence of medical diseases and disabilities. A significant proportion of private nursing home residents are not ambulant. Most have impaired cognition. There is also the added burden of advanced age, polypharmacy, complex interaction of acute and chronic diseases. Neuropsychiatric conditions that cause problem behaviors are common. Therefore providing care to the nursing home resident is a challenging task. The complexity at this level requires a highly coordinated effort.

Service gaps and unmet needs

At present, the residents of private nursing homes actually use an impressive array of formal health care services. Apart from the nursing home staff and private medical practitioner, other service providers include the acute hospital for inpatient care and outpatient clinics, day hospital,
community nursing service, community rehabilitation team, community geriatric assessment team and Department of Health elderly health teams and general outpatient clinics. There are, however, gaps among this existing range of service providers because we do not have a coherent approach towards care of this group of elderly patients with chronic disabling conditions. They may be confused and unable to give an accurate history. They are often unable to participate effectively in making decisions for their own medical care, especially when acute illness intervenes. Therefore a piecemeal approach where the nursing home resident is referred between various services, with none having overall responsibility, results in lack of continuity of care. Some suffer unnecessary morbidity when they cannot gain access to the services that they require.

The nursing home resident has basic needs like food, shelter, assistance with activities of daily living and nursing care. Another need often overlooked is transportation. Many of these disabled elderly residents need assistance to attend medical appointments. Transport services like Rehabus and Hospital Authority NEATS can only partly fill this need. These residents often need an accompanying person to help with the logistics of the outpatient clinic and to fill prescriptions at the pharmacy. They are also needed to provide key information when the resident has impaired cognition. Nursing home residents often have to depend on the home’s staff for this function because they lack adequate social networks. When the nursing home staff cannot fulfill this function, compliance with medical treatment can be disrupted and the health of the resident is compromised. It is not uncommon for disabled residents to default medical follow-up for this reason. This makes the capability to provide on-site medical care in nursing homes important.

Private nursing homes do not provide comprehensive medical care. However they are receiving people with severe illnesses from our hospitals. Therefore there is an urgent need to improve the standard of nursing homes if patients are to be discharged safely after a short length of stay in hospital and maintained in a reasonable state of health in the homes. Without effective post-acute care, the nursing home resident is at high risk for either extended lengths of stay in hospital or for transfer back and forth between the nursing home and acute hospital.

Apart from the problems of the residents, we should also look at the problems of the private nursing homes themselves. It has been famously said “a nursing home is a facility that has few or no nurses and can hardly qualify as a home.” There is a shortage of trained staff. The environment lacks privacy and has inadequate facilities for social and recreational activities. Individual treatment plans are often lacking. Rehabilitation is rare although many residents need some form of maintenance therapy. One major reason for the poorer standards of private nursing homes compared to government-funded ones is their lower cost. Profitability is a natural consideration in any profit making business and private nursing homes provide less because they usually charge less.

The need for health care in nursing homes

There are many factors that contribute to the present state of private nursing homes. This results in the elderly resident having many needs that are not addressed in the nursing home environment. Despite the constraints described above, public expectations for the care of our nursing home residents are high. There is a hypothesized link between unmet need for assistance and increased use of acute hospital services (see Figure 1). We need to improve the standard of care in private nursing homes or the residents will use the hospital emergency department by default. Leaving aside the nursing home cost versus quality conundrum, we can still improve the standard of care with effective geriatric outreach services to these homes.

![Figure 1. Hypothesized Causal Chain](image)

Fundamental to improving the standard of care in private nursing homes is a clear concept of the goals of nursing home care. Nursing home care should fulfill the goals as listed in Table 2. Most of these goals are similar to our care for the elderly in geriatric medicine and focus on functional independence, quality of life, comfort and dignity of the residents. Medical staff who cares for nursing
commonly focus on custodial care of their residents. Private nursing homes face particular residents.

and solutions to the problems that they face with care aides and providing them with knowledge from lectures, this also includes partnering with in-service training for the care staff. Apart from in the home. There should be an active program of properly trained staff leads to poor quality of care nature, long hours and poor pay. Shortage of qualified nurses because of the unpleasant job environment that we are familiar with. For example, aides that provide hands-on care may not be under the administrative control of the nursing staff. Instead they often answer to the home manager or owner, who may not be a trained health professional. These aides may have received limited education and even less training in health care. They may not be conversant in Cantonese and job turnover is high. Hence, apart from patient factors, the delivery of health care can be significantly influenced by the structure of the nursing home staff. Awareness of the different priorities of the home managers, nurses and care aides can help avoid conflicts that result in the patient receiving sub-standard care.

Strategies to improve the standard of care in nursing homes

1. **Training for carers:**

Private nursing homes have difficulty attracting qualified nurses because of the unpleasant job nature, long hours and poor pay. Shortage of properly trained staff leads to poor quality of care in the home. There should be an active program of in-service training for the care staff. Apart from formal lectures, this also includes partnering with the care aides and providing them with knowledge and solutions to the problems that they face with particular residents.

An important area of education is staff attitudes towards care of residents. Private nursing homes commonly focus on custodial care of their residents. The residents have food and shelter in a reasonably safe and clean environment. The goals of nursing home care as listed in Table 1 are often neglected. Nursing home staff may perform most tasks for the residents, irrespective of individual ability. Most staff take over functions like bathing, dressing, use incontinence pads in place of the toilet and wheelchairs instead of encouraging ambulation. These helping activities reduce opportunities for residents to practise the skills needed for activities of daily living. In turn, this fosters the concept that elderly residents are not capable of basic self-care. It has been shown that compared to encouragement or minimal assistance, an actively “helping” intervention can reduce the elderly subject’s ability to perform a task. Nursing homes that emphasize such custodial care can potentially increase disability in those residents they are serving. In contrast, the concept of therapeutic care requires a range of recreational and rehabilitative activities to maintain their functional status for as long as possible. In caring for such frail elderly residents, it is useful for staff to see therapeutic activity as being anything you do. Routine tasks like activities of daily living, baths, meals or family visits can be used to maintain skills, promote self-esteem and promote social interaction. Motivation is an important factor in the elderly person’s ability to perform such activities and interventions to improve motivation should be developed by carers.

The outreach team has a responsibility towards continuing education of the nursing home staff, particularly the care aides. Care aides have a tremendous influence on the quality and type of care provided to residents. They have no formal training and respond intuitively to changes in the resident’s condition. Experienced aides, however, can grasp the meaning of a situation for their clients or recognize the need for a particular action. Through close personal contact, they know the residents well and can provide a familiar and supportive environment that is very important for those with impaired cognition. Carers, however, often experience stress in coping with problem behaviours. Staff burnout is a major hazard when there are high proportions of cognitively impaired residents. A survey of staff needs in dementia units in Canada found that management of their own stress levels was among the training topics that had greatest demand. There is a need for continuing staff training and genuine encouragement.

**Table 2. Goals of nursing home care**

| 1. Safe and supportive environment for the chronically ill. |
| 2. Provide rehabilitation to ensure best functional and cognitive status. |
| 3. Professional nursing care to delay progression of chronic medical illness. |
| 4. Prevent acute and iatrogenic medical disease. |
| 5. Dignity and comfort for chronically / terminally ill residents and their carers. |
| 6. Allow autonomy and decision making concerning end of life issues. |

Geriatric outreach services to nursing homes allow hospital-based geriatricians a unique opportunity to integrate the home’s resources into the hospital’s continuum of care. To form an effective partnership with the nursing home, the geriatrician must be familiar with the home’s staff structure and routine. This can differ greatly from the hospital environment that we are familiar with. For example, aides that provide hands-on care may not be under the administrative control of the nursing staff. Instead they often answer to the home manager or owner, who may not be a trained health professional. These aides may have received limited education and even less training in health care. They may not be conversant in Cantonese and job turnover is high. Hence, apart from patient factors, the delivery of health care can be significantly influenced by the structure of the nursing home staff. Awareness of the different priorities of the home managers, nurses and care aides can help avoid conflicts that result in the patient receiving sub-standard care.
Continuity of care between the acute hospital and the patient can be discharged back to the home to hospital and in the recovery phase when the acute illness that necessitates transfer from the patient’s status. For example, this occurs during follow-up visits in the home, acute hospital records and medications should be kept together. Such an integrated record facilitates medical decision-making both in the nursing home, especially in the post-acute phase after discharge from hospital, and vice versa. It also avoids interruptions in the medical record at a time when there are changes in the patient’s status. For example, this occurs during the acute illness that necessitates transfer from home to hospital and in the recovery phase when the patient can be discharged back to the home. Continuity of care between the acute hospital and nursing home is also strengthened with the use of a simplified record of nursing issues to be followed up by nursing home staff. The Chinese script should be used in these nursing records for effective communication with the nursing home staff.

4. Rehabilitation assessment and training:
Rehabilitation should be an integral part of the treatment of nursing home residents. This is particularly important for patients discharged from hospital. Elderly patients are at high risk for deterioration in function after hospital discharge\textsuperscript{28,29}. In consultation with a multidisciplinary team, provisions can be made for rehabilitative activities in the nursing home or in other facilities like the geriatric day hospital. Residents able to perform activities of daily living and small chores in the home should be encouraged to do so. Bed-bound patients should have protocols for frequent turning to prevent pressure sores and regular assessment for aspiration and undernutrition. Homes often lack the space and facilities for proper recreational activities. Residents who are less disabled, however, do benefit from group activities and recreational therapists can be a valuable resource for this purpose.

Conclusion
Private nursing homes have an established role in the care of a highly specific population of elderly people with chronic disabilities. It is a challenge to provide a coherent approach towards long term care for this group of frail elderly people. Existing community resources are inadequate for their complex needs. Reliance on our traditional hospital-based services is not an effective way to deliver healthcare to these elderly people. Outreach services led by geriatricians can provide the leadership to integrate these homes into our health care system. We can form effective partnerships with the nursing home staff to improve quality of medical care for elderly people residing in these private nursing homes. Every effort should be made to develop this new system of healthcare delivery.

References
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