REFERRAL RATE OF NURSING HOME RESIDENTS FOR ACUTE HOSPITAL ADMISSION.
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INTRODUCTION:
A major factor in comparing overall costs between Public continuing care Hospitals and Nursing Homes is the rate of referrals to the acute hospital from both types of provision. Acute hospital care is very expensive and any apparent saving in public or private nursing home provision would be over-ridden by significantly higher referral rates to the acute hospital. This is the aspect of costing or long-stay care which this study addresses.

METHODS:
Our district has large numbers of private nursing home places (509) as well as public long-stay beds (376) with which to compare admission rates. The population served has some 20,000 persons over 65 years of age. A prospective study analysed all emergency admissions Hospital which is the predominant provider of acute services for the district.

RESULTS:
P.N.H. PUBLIC LONG-STAY BEDS

<table>
<thead>
<tr>
<th>NO OF BEDS:</th>
<th>509</th>
<th>376</th>
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<tbody>
<tr>
<td>ADMISSIONS OVER SIX MONTHS:</td>
<td>67</td>
<td>3</td>
</tr>
<tr>
<td>ADMISSIONS PER 100 BEDS PER MONTH</td>
<td>22</td>
<td>0.13</td>
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This pattern of markedly higher admission rates from nursing was also reflected in retrospective studies of the two previous years.

CONCLUSIONS:
A sixteen fold higher referral rate from private nursing homes for acute hospital admission is demonstrated. When compared to the rate of public hospital beds. Some of the reasons for this higher referral rate are readily identifiable such as the availability of rehabilitation teams for the public long-stay facilities and the lack of visiting by consultants. However this markedly higher referral rate needs to be borne in mind by health service planners when costing continuing care options for the elderly.

RESPONSIVENESS TO CHANGE OF SF36 AND LONDON HANDICAP SCALES IN OLDER REHABILITATION PATIENTS
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Introduction
We have administered the SF36 questionnaire and the London Handicap Scale (LHS) to a group of older rehabilitation patients.

Methodology
203 patients (age range 58-94) were studied at the beginning and end of the rehabilitation period. Gains or losses in the SF36 and LHS were expressed as standardised response means (SRMs).

Results
In the Table, Column 1 lists the 8 dimensions of the SF36 (physical function; role limitation, physical; bodily pain; social functioning; mental health; role limitation, emotional; vitality; general health) and the total score on the LHS. The SRMs of these are tabulated against a 5-point transition question answered by the patient. SRMs of ≥0.2 are "small" (+/—), ≥0.5 "moderate" (+/—) and ≥0.8 "large" (+/—).

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Much worse</th>
<th>Worse</th>
<th>Same</th>
<th>Better</th>
<th>Much better</th>
</tr>
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<tbody>
<tr>
<td>PF</td>
<td>—</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>+</td>
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<td>—</td>
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<tr>
<td>LHS</td>
<td>—</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>0</td>
</tr>
</tbody>
</table>

Replacing the transition question by an objective measure based on the FIM (Functional Independence Measure) yielded smaller SRMs.

Conclusions
Changes in the SF36 and the LHS were in the direction expected by a transition question and (to a lesser extent) changes in the FIM.

NURSES VIEWS ON REPLACING THEIR ADMISSION ASSESSMENT WITH THE MINIMUM DATASET/RESIDENT ASSESSMENT INSTRUMENT (MDS/RAI).
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Centre for Health Service Studies, University of Kent and Kent and Canterbury Hospitals NHS Trust.

Introduction
Comprehensive assessment is the cornerstone of good care of the elderly. In hospital, the nursing assessment is fundamental to an appropriate individualised care plan. A controlled trial of the MDS/RAI, a standardised assessment instrument with links to care planning guidelines, showed that completeness of admission assessments improved from 35% to 97%[Carpenter, Sturdy, BGS Autumn Conference, London, 1996]. Fundamental to its use, is that it should be acceptable to nurses. At first sight, the MDS is regarded as too long and too complex, however there is much anecdotal evidence that it is well received. This small study set out to establish the views of nurses who have been using the MDS/RAI.

Method
We sent a questionnaire to all the qualified nurses working on a ward that for 9 months, had been using the MDS/RAI in place of the previous admission assessment. The 32 item questionnaire asked about concerns before and after using the MDS. It also asked which instrument collected the best information in 12 key domains, and which instrument provided best information for care-planning and communication between staff. Finally it asked which assessment the nurses would prefer to continue using.

Results
Of 13 qualified staff, 10 returned completed questionnaires. 3 out of 4 night staff did not complete it as they felt that they had had too little experience of the MDS. 9 thought it would take too long to complete before using it, 3 after. 8 thought it too difficult before, only 1 after. In the 12 key domains, one nurse preferred the previous assessment throughout, and one night nurse felt unable to complete this section. Of the remaining 8 (total 96 responses), 7% of responses preferred the previous instrument, 81% the MDS, 12% were unsure. 5 nurses felt the MDS provided best information for communicating between staff (1 unsure, 1 no response), 8 for care-planning (1 unsure). Only 2 out of the 10 wished to return to using the previous assessment.

Conclusion
Although a small sample, this study showed that fears of staff on being presented with the MDS were unfounded once they started using the instrument. The vast majority preferred the MDS to the previous instrument because it provided better information, easier communication and better careplans and did not take too long to complete.