

**A Snapshot of the Disposition from
a Nursing Home Transition Program**

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Acknowledgments: This research was supported in part by The Robert Wood Johnson Foundation.

In 2001, a number of states and Independent Living Centers (ILCs) began creating community reentry demonstration projects through Nursing Facility Transfer Grants. These grants were first distributed by the Health Care Financing Administration (HCFA with the ultimate goal of "...rebalancing the long term care system from an almost exclusive focus on institutional care in nursing homes to an emphasis on helping seniors live in their homes and communities for as long as possible (Reinhard and Fahey 2002)." Since nursing facility care is a particularly expensive form of long-term care both in terms of total cost (\$77.9 billion in 1995) and average per-resident cost \$3,800 per month (Chapin et. al. 1998), both the federal government and the states can gain tremendously from a long-term care strategy that emphasizes aging in place rather than early nursing home admission. In addition to these financial pressures, states must also respond to the Olmsted Act which requires that each state administer its services, programs, and activities in the most integrated setting appropriate for the treatment of individuals with disabilities (Olmsted v. L.C. 1999).

A number of states have responded to these issues by creating community re-entry programs. As more states develop their transitions programs, it is critical to know how well these individuals fare in the community. Therefore, one of the key questions to be addressed is "What happens to these former nursing home residents once they leave the facility?" To address this issue, the Rutgers Center for State Health Policy has been evaluating New Jersey's nursing home transition program, known as the "Community Choice Counseling Program". This brief overview examines how many individuals remained in the community, returned to nursing homes, or died (?) during the first year after their re-entry.

Using New Jersey Department of Health and Senior Services administrative data, disposition results are presented for 1,354 seniors discharged from Jan 1, 2000 to December 31, 2000. Four outcome categories are considered: those who are deceased; those who had a long-term nursing home re-admission; those who had a short-term re-admission; and those who remained in the community for one year post-discharge. Re-admissions during the first year after discharge through the program are considered either short-term—(up to 120 days) or long-term—(more than 120 days). The 120-day period was used because this length of time typically denotes a change from short-term or sub-acute care to long-term placement.

Although it was important to consider all participant nursing home readmissions, it is critical to emphasize the fact that not all subsequent returns were permanent. Including a category for short-term nursing home readmissions presents a more accurate picture of the sometimes intermittent transitional use

of these facilities. Using this approach, we see that almost two-thirds (64.4%, n=866) of the sample remained in the community during the first year after leaving the nursing home. Fewer than one in five (16.7%) returned to the nursing home at some point during the year, with half of this subset staying (7.9%, n=106) for more than 120 days, while an almost equal number (8.8%,n=118) returned to the nursing home for 120 days or less. Approximately one in five (18.9% n=254) discharges died sometime during the first year period.

These four outcome groups differed significantly in terms of their original length of stay in the nursing home (see Table 1). Specifically, those in a nursing home for more than 120 days had significantly longer original lengths of stay compared to those who had shorter re-admissions, those who remained in the community, and those who died. Gender was also significant with more women than men having a long-term re-admission.

Table 1: Comparison of Groups by Disposition at One Year Post Discharge

	Death	Re-admitted for 120+ days	Re-admitted for up to 120 days	Remained in the Community
% Female*	65.5% n=249	65.4% n=104	78.0% n=118	73.2% n=855
Mean Age (s.d.)	80.58 (7.62) n= 254	79.31 (7.43) n=106	80.90 (8.86) n=118	80.11 (7.66) n=866
Mean Length of Initial NH Stay in days (s.d.)**	90.38 (195.39) n= 248	205.93 (348.87) n=104	80.59 (104.09) n=116	91.22 (210.47) n=843

Gender n's are for total groups (men and women)

* Significantly different (p<.05) Chi-Square=10.0

**Significantly different (p<.01) between the groups F=9.36; Tukey test showed significant differences between those in the NH over 120 days And the other three groups.

Future analysis will examine a range of determinants that might predict these outcomes utilizing the data collected from all 680 seniors who participated in our survey.¹ These findings will be available shortly.

¹ The initial survey was conducted at eight to ten weeks post-discharge and with three follow-ups done at four month intervals