Original Article

Pre-admission Assessment of Elderly Applicants to Long-term Care

Joseph Dimech, Anthony Fiorini

Abstract

Aim: to identify whether pre-admission assessment of elderly applicants could be an effective means of identifying actual need for long term care

Methods: 105 applicants to long term care were assessed at source for suitability for admission. Assessment instruments used were OARS and CAPE. All subjects were followed up after 3 months to assess actual outcome.

Findings: Assessment findings showed that of the study group (n=105), 22% could remain in the community, 21% could benefit from hospital care / rehabilitation and 57% required institutionalisation. Unmet need was identified in applicants in the community (n=40) for home help, day care, social worker, physiotherapy, occupational therapy and community nursing.

Conclusion: Pre-admission assessment appropriately identifies the actual needs of applicants to long-term care and prevents inappropriate admission.

Introduction

With advancing age, elderly people are more prone to develop health-related problems, which lead to disability and dependency[1]. The outcome when associated with an inappropriate support network could strongly challenge domestic competence and lead to institutionalisation[2]. In spite of this reality, most elderly people would prefer to continue leading full and active lives in their own homes[3], it being widely recognised that care in the community generally gives a better level of quality of life than is offered in institutional care[4].

Keywords

admission, assessment, elderly, long term care

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One of the widely recognised problems related to institutionalisation is inappropriate admission to care[5], a phenomenon that has also been reported in Maltese studies[6,7,8]. Such inappropriate admission to care implies an improper use of beds, which are expensive to run, scarce to find[9], and could indicate an underutilisation of community support services. One of the reasons behind such misplacement to care is said to be inappropriate pre-admission assessment[10]. Contrary to post-admission assessment, intervention before admission could help to better identify the actual problems that are being faced by the client and carers[11], and therefore address unmet need for support services in the community[12]. On the other hand admission to continuing care in association with dependency may be inappropriate if a remediable health condition is present[9]. Consequently, pre-admission assessment would also help to identify health problems that could benefit from specialised hospital care and rehabilitation[13]. The ultimate aim would be to leave the assessment team in the best possible position to recommend appropriate forms of care that would best identify the client's capacity and preference to remain at home[14].

Methods

During 1997/8, 105 consecutive elderly applicants (aged 60 years and over) seeking permanent admission to St. Vincent de Paul Residence (SVPR) were assessed at source by a member of the geriatric medical team within 3 days of receipt of the application for admission. Applicants originating from the community were assessed for community care needs by utilising the

Table 1: *Recommendations for care needs based upon the CAPE Survey Score*

GRADE (score)	Typical level of Support
A (12 – 10)	Little or no demand on caring agencies.
B (9 - 6)	Warden-supervised accommodation, or at home with support; and independent older people.
C (5 - 2)	Need considerable support to stay at home; in social service homes; in hospitals.
D (1 - -3)	Usually institutionalised.
E (less than –3)	Need a great deal of nursing attention; psychogeriatric care.

Source: *Pattie AH, Gilleard CJ. Manual of the Clifton assessment procedures for the elderly.*

Older American Resources and Services (OARS) Multidimensional Functional Assessment Questionnaire[15]. Applicants in hospital or other residential homes were not exposed to this needs assessment as they had been admitted for too long a time to be able to give an accurate account of their community care needs.

All applicants within the study were ultimately assessed for suitability for admission to long term care. Due regard was given to the stated reasons behind the request for admission, the medico-social state which included an appreciation of social dependency[16], and unmet need. Suitability for admission was also guided by the Clifton Assessment Procedures for the Elderly Survey Score (CAPE)[17]. The validity of the CAPE, which grades physical and mental state to 5 levels of dependency, has been reported to be related to recommendations to appropriate levels of care[18] (see Table 1)

At the time of the study, decision about placement of applicants seeking admission to care, was based upon an analysis of the medico-social information that was documented by the referring Medical Practitioner on the application form for admission. No study findings were disclosed to the admitting team in order not to have any bearing on outcome. All subjects were subsequently followed up after 3 months to assess outcome.

Results

The mean age of the study group (n=105) was 78.5y (SD=7.5), with 78 subjects (74%) being aged 75 years and over. Regarding reason/s precipitating the request for admission, 95 (90%) claimed deterioration of health, 60 (57%) indicated insufficient carer support, and 32 (30%) stated that they could not cope alone. On the other hand, 20 (19%) claimed that loneliness was a main factor behind their request for admission, whilst 8 (8%) mentioned problems related to housing.

Of the subjects studied, 60 cases (57%) originated from a hospital environment, 40 cases (38%) were from the community, whilst 5 subjects (5%) originated from another Old People's Home.

Of the sub-group originating from the community (n= 40), unmet need was identified for home help (15%), social worker (30%), physiotherapy (22%) and community nursing (7%) (see Table 2).

After evaluation of all data, each subject in the study group (N=105) was given an appropriate recommendation for care (see Table 3) based on options which were available locally at the time of the study:

- 17 (16%) could remain in the community with/without support. In all these cases, the client showed a predisposition to consider staying at home.
- 6 (6%) hospitalised subjects could have been discharged back to the community with support. All six cases showed a predisposition to return back to their homes.
- 22 (21%) required hospital care and/or rehabilitation with a decision about placement being left to a later date. Fifteen (15) of these subjects were in hospital whilst 7 subjects had applied from the community. In all these cases it was felt that there was good potential for improvement and their relatives were ready to consider helping in the support at home if their elderly family member improved with care.
- 60 (57%) of the study group required institutionalisation, 75% of this subgroup required nursing care. Of these 60 subjects, 16 originated from the community, 39 subjects were in hospital, whilst 5 subjects were living in another Residential Home.

Discussion

SVPR is a residential complex for elderly people that provides a mixture of flatlet, residential, nursing and psychogeriatric beds to 1050 elderly residents. It has been the age-old practice in this institution to primarily base suitability for admission to care on semi-structured documentation as provided by the client's GP on the formal Application Form. This was evidenced by the fact that at the 3 month follow up, none of the applicants under study that originated from the community or a hospital had received an alternative form of pre-admission assessment. Whilst the Application Form aims to provide a multi-dimensional picture of the state of health of the client to help in the selection process, in many instances, it is known not to be the case[19]. One of the direct consequences of such a method of selection is that the decision about placement to care would tend to be based on unreliable information risking an inappropriate outcome.

Newly admitted residents to SVPR are given a detailed post-

Table 2: *Unmet need for community support services in applicants originating from the community (n=40)*

	%
Home Help	15
Day Care	10
Handyman Service	8
Incontinence Service	7
Telecare	5
Respite Care for carers	4
Social Worker	30
Physiotherapy	22
Occupational Therapy	20
Community Nursing	7

Table 3: *The recommendations for care according to the origin of the study group*

(N = 105)

Recommendations	Community	Hospitals	Homes	Total
Remain at home	4	0	0	4
Home with support	11	6	0	17
Rehousing	2	0	0	2
Hospital care/ Rehab.F/up later on	7	15	0	22
Residential Care	6	7	0	13
Nursing Care	8	32	5	45
Psychogeriatric care	2	0	0	2
Total	40	60	5	105

admission geriatric multi-disciplinary assessment, which is carried out in a purpose-built 'Admission and Assessment Unit'. Such a unit plays a leading role in problem identification and in the channelling of new residents to an appropriate long stay environment which best meets their needs. However contrary to pre-admission input, post-admission assessment does not fulfill a significant role to help avoid inappropriate admission to care[11]. This is because by the time of admission, a definite decision about placement to continuing care would already have been taken by both the client and carers alike and therefore it would be very unlikely to be reversed. In fact at the 3 month follow up, none of the 41 subjects that were admitted to SVPR, were discharged back to the community.

Application for admission to long term care is frequently a direct consequence of a crisis situation, which affects the domestic competence of the applicant and the capacity of informal carers to cope. Faced with such a situation of stress, misguided drastic measures are frequently taken with institutionalisation being viewed as a solution to all worries. The findings of this study however, clearly show that timely expert geriatric assessment in this acute phase of stress, frequently unveils solutions which avert the need for institutionalisation. In fact, the identification of a health condition that could improve with adequate care and rehabilitation, could lead to a diminution in disability and subsequent need for care. Likewise, the exposure of unmet need for support services in the community - if subsequently met in an adequate and timely fashion - would do a lot to help support the informal network of care and ultimately enable the elderly person to cope at home.

Elderly applicants waiting in acute hospital care for admission to continuing care are misplaced in a hospital environment for want of an available long-stay bed. They are thus frequently labelled as 'social cases' or 'bed-blockers'. The study results showed that such cases formed up to nearly two-thirds of subjects that were indicated for admission to continuing care. On the other hand, there still remained a significant number of applicants originating from the community that likewise qualified for institutionalisation. Therefore one could argue that intake to long term care should include a case-mix from both origins, the balance of which could depend on an arbitrary appraisal of individual risk and administrative needs. Pre-admission assessment could thus play a leading role in helping to set up waiting lists for admission to care[20].

The study results also showed that pre-admission geriatric assessment could also be useful to hospitalised applicants for long term care. In fact 6 such patients could have been discharged home if adequate community support were to be mobilised. Likewise 15 such hospitalised applicants were noted to be still recovering from acute medical problems that were potentially remediable. Therefore in such cases, the continuation of acute care coupled with further rehabilitation could lead to a diminution of dependency, thus facilitating a favourable outcome of discharge back home with support.

Conclusion

The results of this study show that pre-admission assessment to long term care, if supported by adequate community services and acute geriatric beds, could avoid misplacement to institutional care. Such a favourable outcome may help in reducing the number of blocked beds in acute hospitals, and fulfil the desire of the majority of elderly people, who prefer life in the community environment of their choice, for as long as is humanely possible.

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