



Profiling Arizona's Nursing Home Residents **2002 Update**



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Profiling Arizona's Nursing Home Residents
2002 Update

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Profiling Arizona's Nursing Home Residents: 2002 Update

I. Introduction

The 2002 Update of the Profiling Arizona's Nursing Home Residents Report presents a comprehensive description of Arizona's Nursing Home residents for 2002 in the same format used in the previous 1999-2001 Report available on the Arizona Department of Health Services website at http://www.azdhs.gov/als/ltc/mds_profile.pdf. The Profiling Arizona's Nursing Home Residents 1999-2001 Report provides a detailed summary of the background for this ongoing research as well as the data analysis plan. The purpose of this update and the plan for continuing updates is to provide citizens of Arizona, policy-makers, health care administrators and providers, insurers, and advocacy groups with an ongoing "snap-shot" of the individuals coming into and living in Arizona's nursing homes.

The 2002 Update highlights differences in Arizona's nursing home resident characteristics between the 1999-2001 Report and 2002 data. A complete set of graphs comparing resident characteristics from 1999 through 2002 are provided in the *Appendix: Arizona's Nursing Home Residents 2002 Update Figures*. The graphs are numbered in the same order as in the 1999-2001 Report for ease of comparison. In addition, the 2002 Figure numbers are *color coded green* to differentiate the Update Figures from the 1999-2001 Report Figures.

As in the earlier 1999-2001 Report, Minimum Data Set (MDS) data submitted to the Arizona Department of Health Services Division of Licensing Services for nursing home residents were the source of all data reported in the 2002 Update. Arizona MDS data for 2002 were made available to this project under the terms of a data use agreement with the Centers for Medicare and Medicaid Services.

Data from MDS assessments were used to describe and compare the total group of nursing home residents for whom MDS data were available and the three subgroups of residents reported in the 1999-2001 Report: (1) individuals who were admitted to a nursing home after a hospital stay and remained 90 days or less (*referred to in the reports as the post-hospitalization or post-acute group*); (2) individuals who were admitted to a nursing home from settings other than a hospital and remained in the nursing home more than 90 days (*referred to as the chronic care group*); and (3) individuals who traversed between hospital and nursing home, i.e., those who were admitted after a hospital stay and remained longer than 90 days or those who were admitted from non-hospital settings and subsequently had a hospital stay (*referred to as the transition or chronic/post-acute group*).

All residents and residents in each of the three subgroups were examined at admission to the nursing home and on a single day of the year. Consistent with the earlier report, a five percent change was used as the criterion for noting differences across years.

Overall, the results of this 2002 Update of the Profiling Arizona’s Nursing Home Residents Report are consistent with major patterns in resident characteristics and health care needs found in the 1999-2001 report. In 2002, as in the previous three years, a majority of the individuals admitted to Arizona’s nursing homes in 2002 came in after a hospital stay and remained 90 days or less. The distinctive profiles of the three resident subgroups described in the 1999-2001 Report are still evident. In 2002, individuals in the post-acute or post-hospitalization group continued to be more likely to be younger and more likely to live alone prior to admission than members of the chronic care or transition group. They were less independent in activities of daily living, reported more pain, and were more likely to be taking a greater number of medications at admission than individuals in the other two groups. Individuals in the chronic care group continued to have more problems with short-term and long-term memory at admission than members of the post-hospitalization and transition groups. They continued to have greater rates of bladder and bowel incontinence and were more likely to engage in wandering behavior.

The 2002 Update showed change in several areas for the total nursing home population and the resident subgroups. The results of this report highlight changes in the resident and subgroup profiles as well resident characteristics and needs that remained stable between the earlier report and the 2002 update. The report starts with a description of Arizona’s Nursing Home Residents in 2002, followed by changes found in resident characteristics at admission and on one day of the year for 2002. The next section provides an overview of resident characteristics and needs that remained stable from the 1999-2001 Report. The final section provides a summary of the 2002 Update and poses questions for further scrutiny.

II. Arizona’s Nursing Home Residents - 2002

In 2002, 27,008 individuals were admitted to Arizona’s nursing homes (Table 1). This number represents a continued decline in the total number of nursing home admissions since 1999. At admission, Arizona’s nursing home residents in 2002 were predominantly women, over the age of 75 years, white, and English-speaking.

Table 1. Total Number of Nursing Home Admissions: Arizona, 1999-2002

1999	28,330
2000	27,377
2001	27,333
2002	27,008

On July 1, 2002, 12,503 residents were living in Arizona’s nursing homes (Table 2). This number represents a continued decline in the number of residents in Arizona’s nursing homes on one day of the year since 1999.

Table 2. Total Number of Residents on July 1: Arizona, 1999-2002

1999	13,445
2000	12,984
2001	12,804
2002	12,503

In 2002, the majority of individuals (75 percent) admitted to Arizona’s nursing homes were in the post-hospitalization or post-acute group (Table 3). This is a slight increase from 73 percent of admissions in 1999 through 2001. Twelve percent of admissions were in the transition or chronic/post-acute group and 8 percent were in the chronic care group. It was not possible to categorize approximately five percent of individuals admitted to nursing homes in 2002.

Table 3. Number of Admissions by Resident Subgroup: Arizona, 1999-2002

	1999	2000	2001	2002
Post Acute	20,732	19,996	20,035	20,132
Chronic/Post-Acute	3,367	3,402	3,472	3,324
Chronic	2,376	2,308	2,249	2,122
Undetermined	1,855	1,671	1,577	1,430
Total	28,330	27,377	27,333	27,008

On July 1, 2002, a majority of residents (72 percent) were in the chronic care group, followed by residents in the post-hospitalization or post-acute group (14 percent) and then the transition or chronic/post-acute group (13 percent) (Table 4). The percentage of residents in the chronic care group on one day of the year was similar to the percentages in 1999 through 2002; however, there was a slight shift in the percent of residents in the post-acute and transition groups with the post-acute group becoming minimally larger than the transition group in 2002.

Table 4. Number of Residents on One Day of the Year by Resident Subgroup:
Arizona, 1999-2002

	1999	2000	2001	2002
Post-Acute	1,504	1,524	1,562	1,728
Chronic/Post-Acute	1,662	1,653	1,717	1,564
Chronic	9,973	9,549	9,297	8,996
Undetermined	306	258	228	215
Total	13,445	12,984	12,804	12,503

III. Changes in Arizona’s Nursing Home Residents at Admission and on One Day of the Year:2002

Resident characteristics that changed more than five percent between the 1999-2001 Report and the 2002 data are summarized below. Graphs illustrating the comparisons of the 1999-2001 data with the 2002 cohort are included in the Appendix (Pages 1 to 91).

A. Changes in Arizona’s Nursing Home Residents at Admission

- ❑ The percent of English speaking residents increased from 84 percent in 2001 to 92 percent in 2002 (Figure 7).
- ❑ The percent of residents with living wills at admission decreased from 27 percent in 1999 to 18 percent in 2002 (Figure 9).
- ❑ The percent of residents in the transition group with short-term memory problems at admission decreased from 68 percent in 1999 to 63 percent in 2002. Long-term memory problems decreased in the chronic care group from 54 percent in 1999 to 49 percent in 2002 and in the transition group from 52 percent in 1999 to 43 percent in 2002 (Figures 85, 86).
- ❑ The percent of residents at admission requiring extensive assistance in key areas of physical functioning including bed mobility, transferring, toilet use, dressing, and bathing increased five percent or greater between 1999 and 2002. The percent of post-hospitalization residents requiring extensive or total assistance in activities of daily living increased. The percent of residents who believed they were capable of increased independence in at least some activities of daily living increased in both the post-hospitalization and transition groups (Figures 25-34, 103-108).
- ❑ The percent of residents with a diagnosis of hypertension at admission increased from 49 percent in 1999 to 58 percent in 2002; the percent of residents with a diagnosis of depression at admission increased from 19 percent in 1999 to 25 percent in 2002. The percent of residents with hypertension and depression increased from 1999 to 2002

for post-hospital, chronic care, and transition groups. The percent of individuals in the chronic care and transition groups who had indicators of a depressed, sad, or anxious mood that were not easily altered at admission decreased between 1999 and 2002. (Figures 40, 94, 112-114).

- ❑ The percent of residents receiving training for return to community at admission increased from 49 percent in 1999 to 61 percent in 2002. The percent of residents in the post-hospitalization group receiving training for return to the community increased from 61 percent in 1999 to 72 percent in 2002; the percent of residents in the transition group receiving training for return to the community increased from 28 percent in 1999 to 42 percent in 2002 (Figures 50, 134).
- ❑ The percent of residents receiving 4 to 6 days of occupational therapy increased from 30 percent in 1999 to 38 percent in 2002. Both the post hospitalization and transition groups had increases in their use of occupational therapy at admission (Figures 53, 140, 144).
- ❑ The percent of residents taking 9 or more medications at admission increased from 45 percent in 1999 to 55 percent in 2002. The percent of post hospitalization residents on 9 or more medications increased from 48 percent in 1999 to 57 percent in 2002; the percent of chronic care residents on 9 or more medications increased from 31 percent in 1999 to 41 percent in 2002; the percent of transition group residents on 9 or more medications at admission increased from 42 percent in 1999 to 53 percent in 2002 (Figures 48, 130, 132, 133).
- ❑ The percent of post-hospitalization residents expected to be discharged from the nursing home within 30 days of admission declined from 62 percent in 1999 to 51 percent in 2002. The percent of post-hospitalization residents expected to be discharged within 31-90 days of admission increased from 8 percent in 1999 to 15 percent in 2002. The percent of transition care residents expected to remain in the nursing home greater than 90 days decreased from 54 percent in 1999 to 44 percent in 2002 (Figures 150, 152).

Summary of changes at admission: Changes in the 2002 data show a greater number of residents with English as a primary language at admission and fewer with living wills than reported in the 1999-2001 Profiling Report. The percent of residents with hypertension and depression continued to increase. The percent of individuals admitted to Arizona's nursing homes in 2002 who needed extensive assistance in activities of daily living, including bed mobility, transferring, toilet use, dressing, and bathing, increased since 1999. The percent of residents taking nine or more medications continued to rise. More residents were being prepared for return to the community.

The percent of residents with hypertension and depression increased in each of the resident subgroups as did the percent of residents on 9 or more medications. The percent of individuals in the post-hospitalization group who required extensive or total assistance in activities of daily living at admission increased from the previous report. Fewer of the

post-hospitalization group members were expected to be discharged within 30 days of admission. A greater percentage of these residents were expected to be discharged from the nursing home in 31 to 90 days. More of the post-hospitalization residents received training for return to the community at admission.

In the transition group, there was a decline in the percent of individuals with short-term and long-term memory problems at admission. There also was a decline in the percent of individuals in this group who had indicators of a depressed, sad, or anxious mood that were not easily altered. Fewer members of the transition group were expected to remain in the nursing home greater than 90 days. A higher percentage of these residents received training for return to the community at admission.

There were few changes unique to the chronic care group. Other than the common changes experienced by each of the subgroups, i.e., increases in the percent of residents with a diagnosis of hypertension or depression and taking 9 or more medications at admission, the only change in the chronic care group with a magnitude of 5 or more percent was a decline in the percent of chronic care residents with long-term memory problems at admission.

B. Changes in Arizona's Nursing Home Residents on One Day of the Year

- ❑ The percent of residents in nursing homes on July 1 with long-term memory problems decreased from 58 percent in 1999 to 53 percent in 2002. Long-term memory problems decreased in the transition group from 52 percent in 1999 to 44 percent in 2002 (Figures 59, 164).
- ❑ The percent of residents in nursing homes of July 1 who were independent in bed mobility decreased from 42 percent in 1999 to 37 percent in 2002. The percent of residents requiring extensive assistance in dressing and bathing increased (Figures 67a, 67d, 67e).
- ❑ The percent of residents in nursing homes on July 1 taking 9 or more medications increased from 35 percent in 1999 to 46 percent in 2002. The percent of chronic care residents taking 9 or more medications increased from 29 percent in 1999 to 43 percent in 2002; the percent of transitional residents taking 9 or more medications increased from 41 percent in 1999 to 52 percent in 2002 (Figures 77, 205, 207).
- ❑ The percent of post-hospitalization residents with falls in the last 30 days increased from 31 percent in 1999 to 36 percent in 2002. The percent of transition group members with falls in the past 31 to 180 days increased from 27 percent in 1999 to 34 percent in 2002 (Figure 198, 199).

Summary of changes on one day of the year: In general, the characteristics of 2002 nursing home residents on one day of the year mirrored the majority of earlier findings for 1999-2001. Changes greater than 5 percent since 1999 in the total group of residents in Arizona's nursing homes on one day of the year included: (1) a decrease in the percent

of residents with long-term memory problems, (2) an increase in the percent of residents requiring extensive assistance in selected activities of daily living, including bed mobility, dressing, and bathing, and (3) an increase in the percent of residents taking 9 or more medications.

There was an increase in the percent of post-hospitalization residents with falls in the last 30 days. A higher percentage of residents in the transition group were taking 9 or more medications and had falls within the last 31 to 180 days. A greater percentage of residents in the chronic care group were taking 9 or more medications.

IV. Stable Patterns in Arizona's Nursing Home Residents and Resident Sub-Groups at Admission and on One Day of the Year: 2002

A. Stable Patterns in Arizona's Nursing Home Residents at Admission

Findings that remained stable for the 2002 cohort of nursing home residents at admission and on one day of the year are reviewed below. Graphs comparing data for the 1999-2001 residents with the 2002 cohort are included in the Appendix (pages 1 to 91)

- ❑ In 2002, the majority of individuals admitted to Arizona's nursing homes were women, white, English-speaking, and over the age of 75 years. The percent of English speaking residents at admission increased from 84 percent in 2001 to 92 percent in 2002 (Figures 1-3, 7).
- ❑ Half of the individuals admitted to nursing homes lived in Maricopa County prior to admission. Pima County was the county of prior residence for 15 percent of admissions and 24 percent of residents admitted to nursing homes in 2002 lived in one of the remaining Arizona counties prior to admission (Figure 5).
- ❑ The percent of individuals admitted to nursing homes with a living will was 18 percent. The percent of individuals admitted to a nursing home with a living will continued to decline from a high of 27 percent in 1999 (Figure 9).
- ❑ At admission, more than 40 percent of nursing home residents had short-term memory problems; one-quarter had problems with long-term memory (Figure 10).
- ❑ About one-quarter of residents had one or more indicators of a depressed, sad, or anxious mood at admission; 21 percent established their own goals for being in the nursing home. Four percent of individuals engaged in wandering behavior or verbally or physically abusive behavior (Figures 16, 18, 19, 20, 22).
- ❑ One-third or less of residents were independent in key areas of physical functioning, including bed-mobility, transfers, toilet use, dressing, or bathing at admission. A substantial number required extensive or full assistance in each of these areas (Figures 25-36).

- ❑ At admission, one-quarter of residents were incontinent of bowel movements all or most of the time; one-fifth were incontinent of urine all or most of the time. One-quarter had an indwelling catheter (Figures 38, 39).
- ❑ Chronic health problems were common. More than half of the residents admitted in 2002 had a diagnosis of hypertension and one-quarter had a diagnosis of diabetes. One quarter of residents had a diagnosis of Alzheimer's Disease or dementia other than Alzheimer's disease at admission (Figure 40).
- ❑ At admission, almost 40 percent of nursing home residents complained or showed evidence of pain daily. Most of these individuals described their pain as moderate in intensity (Figures 41, 41-02).
- ❑ In 2002, every individual admitted to a nursing home was taking at least one over-the-counter or prescription medication. Two-thirds were taking between 5 and 12 medications and more than one-fifth were taking more than 12 medications (Figure 48).

B. Stable Patterns in Arizona's Nursing Home Residents on One Day of the Year

- ❑ On a single day in 2002, July 1, a majority of individuals in Arizona's nursing homes were women, white, and English-speaking. The percent of women was slightly higher than in the admission profile (68 percent compared to 60 percent). Forty percent of this population was over the age of 85 compared to 29 percent in the admission profile (Figures 55, 56, 57)
- ❑ Fifty three percent of individuals in nursing homes on July 1, 2002 had lived in Maricopa County prior to admission. Pima County was the county of prior residence for 45 percent of residents and 26 percent living on one of the remaining counties of Arizona prior to admission (Figure 58).
- ❑ Sixty nine percent of residents in nursing homes on July 1, 2002 had short-term memory problems; a little more than half had a memory problem with long-term memory. One-quarter of residents were independent in decision-making regarding tasks of daily life (Figures 59, 60).
- ❑ Approximately one-third of residents in nursing homes on July 1, 2002 had one or more indicators of a depressed, sad, or anxious mood. About 12 percent engaged in wandering behavior (Figures 63, 64).
- ❑ On July 1, about 40 percent of residents were independent in bed mobility and eating; however one-quarter or less were independent in transferring, dressing, toilet use or bathing. Over half required extensive or full assistance in toilet use, dressing, or bathing (Figures 67a, 67b, 67c, 67d, 67e, 67f).

- ❑ About half of residents in a nursing home on July 1, 2002 were frequently incontinent of bowel and bladder function all or most of the time. Ten percent had an indwelling catheter (Figures 68, 68-02)
- ❑ Almost one-quarter of residents on July 1 complained or showed evidence of pain daily. Most of these individuals described their pain as moderate in intensity (Figure 70, 71).
- ❑ Eighteen percent of residents in nursing homes on July 1 had fallen in the past 30 days (Figure 72).
- ❑ Almost every individual (99 percent) in a nursing home on July 1 was taking at least one over-the-counter or prescription medication. Two-thirds were taking between 5 and 12 medications and 16 percent were taking more than 12 medications (Figure 77).

C. Stable Patterns in Resident Sub-Groups at Admission

- ❑ Each of the three resident subgroups was comprised of 16 percent of individuals under the age of 65 years at admission (Figures 79a-02, 79b-02, 79c-02).
- ❑ Residents in the post-hospitalization group were more likely to be white, more likely to live alone prior to admission, and less likely to have do-not-resuscitate directives than residents in the other two groups (Figures 81, 81-02, 82, 84).
- ❑ Twice as many chronic care and transitional residents had short-term memory problems compared to post-hospitalization residents. More than twice as many chronic care and transitional residents had long-term memory problems compared to post-hospitalization residents (Figures 85, 86).
- ❑ The percent of chronic care and transitional residents with difficulty understanding others or making themselves understood was more than double that of post-hospitalization residents (Figure 90. 91).
- ❑ Fewer post-hospitalization residents were admitted with one or more indicators of a depressed, sad, or anxious mood than chronic care and transitional residents (Figure 94).
- ❑ Seventeen percent of chronic care residents engaged in wandering behavior at admission compared to seven percent of residents in transition and three percent of post-hospitalization residents. More chronic care residents engaged in verbally or physically abusive behavior than post-hospitalization residents or residents in transition (Figures 96-98).
- ❑ At admission, chronic care residents were more likely to be independent in all activities of daily living, with the exception of bathing, than residents in the other groups. Residents in transition had the highest percentage of residents requiring

extensive or total assistance in the majority of activities of daily living (Figures 103-107).

- ❑ Residents in the chronic care and transition groups had more than twice the rate of bladder and bowel incontinence than residents in the post-hospitalization group. The percent of residents in transition and post-hospitalization groups with an indwelling catheter was more than three times that of the chronic care group (Figure 109-111).
- ❑ At admission, the chronic care group had the highest percentage of individuals with dementia other than Alzheimer's disease and Alzheimer's disease (Figure 112-114).
- ❑ One-third of residents in the chronic care group and transition group had a diagnosis of depression compared to 21 percent in the post-hospitalization group (Figures 112-114).
- ❑ Sixty nine percent of post-hospitalization residents complained or showed evidence of pain at admission compared to half of residents in transition and 39 percent of chronic care residents. Post hospitalization residents had a substantially higher rate of daily pain (Figures 115, 116).
- ❑ More post-hospitalization residents were taking 12 or more over-the-counter or prescription medications (23 percent) than residents in the transition (20 percent) or chronic care groups (14 percent) (Figures 130, 132, 133).
- ❑ Residents in the post-hospitalization group were substantially more likely to receive skills training for returning to the community than residents in the other two groups. More residents in the post-hospitalization group received physical therapy and occupational therapy at admission (Figure 134).
- ❑ Residents in the post-hospitalization group were substantially more likely to express a preference for return to the community (87 percent), followed by residents in the transition group (43 percent), and the residents in the chronic care group (19 percent) (Figures 147, 149, 151).

D. Stable Patterns in Resident Sub-Groups on One Day of the Year

- ❑ On July 1, the post-hospitalization group had the highest percentage of residents under age 65 (19 percent), followed by the transition group (16 percent) and then, the chronic care group (13 percent). The chronic care group had the greatest number of residents 85 years or older (Figures 154, 157, 160).
- ❑ Chronic care and transitional residents were substantially more likely to have short-term and long-term memory problems and severe impairment in cognitive skills for daily decision-making than post-hospitalization residents (Figures 163-167).

- ❑ Fewer post-hospitalization residents had one or more indicators of a depressed, sad, or anxious mood than chronic residents or residents in transition (Figures 170, 176, 181).
- ❑ Of residents in a nursing home on July 1, 2002, 15 percent of chronic care residents exhibited wandering behavior compared to 11 percent of residents in transition and 3 percent of post-hospitalization residents. More chronic care residents engaged in verbally or physically abusive behavior than residents in the other groups (Figures 171-173, 177, 178, 182, 183).
- ❑ Chronic care residents were more likely to be independent in bed mobility, transferring and toilet use than the post-hospitalization or transition residents. More chronic care residents and residents in transition required extensive or total assistance in activities of daily living (Figures 186-191).
- ❑ Chronic care residents had the highest percentage of individuals with bladder and bowel incontinence, followed by transition residents and then post-hospitalization residents. Post hospitalization residents were most likely to have an indwelling catheter (Figures 192, 193, 195).
- ❑ Sixty eight percent of post-hospitalization residents complained or showed evidence of pain compared to half of the residents in transition and 35 percent of chronic care residents. Post-hospitalization residents had a substantially higher rate of daily pain and reported more times with horrible or excruciating pain than the other groups (Figures 196, 197).
- ❑ The percent of residents in a nursing home on July 1 with at least one Stage 2 skin ulcer was greatest in the post-hospitalization group (14 percent), followed by the transition group (12 percent) and the chronic care group (5 percent) (Figures 202-204).
- ❑ Most post-hospitalization residents were taking more than 12 medications (22 percent) than residents in transition (20 percent) or residents in the chronic care group (15 percent) (Figures 205-207).

V. Summary and Concluding Observations

The results of this 2002 Update of the Profiling Arizona's Nursing Home Report found fewer individuals admitted to Arizona's nursing homes in 2002 than in 1999 through 2001 and fewer residents on one day of the year, July 1. The dominant demographic characteristics and health care needs of our nursing home residents uncovered in the first report are still evident. The distinctive profiles of the three resident subgroups, i.e., short-term residents admitted after a hospital stay, chronic care residents, and the transition group traversing between nursing home and hospital over prolonged periods of time, also remain intact. The findings of this report, like the 1999-2001 report, indicate that Arizona's nursing homes care for a number of different groups of residents, each with

unique characteristics and needs at admission and on a single day of the year. Individuals who come into a nursing home after a hospital stay and remain less than 90 days have different characteristics and needs than chronic care residents or longer-stay residents who transition between nursing home and hospital.

While the 2002 analysis showed many of the major trends found in the 1999-2001 Profiling Report, there were a number of changes in total resident and subgroup characteristics and needs. The 2002 data show a continued rise in the number of residents with hypertension and depression. There was a continuing increase in the percent of residents who require extensive assistance in activities of daily living at admission and on a single day of the year. The percent of people taking large numbers of medications at admission also continues to grow.

The percent of post-hospitalization residents requiring extensive or total assistance with activities of daily living continues to rise: the percent requiring extensive or total assistance in bed mobility increased from 27 percent in 1999 to 32 percent in 2002, the percent requiring extensive or total assistance in transferring increased from 34 percent in 1999 to 39 in 2002, the percent requiring extensive or total assistance in toileting increased from 38 percent in 1999 to 45 percent in 2002. The percent of these residents admitted on 9 or more medications increased by 9 percent between 1999 and 2002. The 2002 data also show a shift in the expected length of stay of post-hospitalization residents. The percent of post-hospitalization residents expected to stay less than 30 days dropped by 11 percent between 1999 and 2002 and the percent expected to stay 31 to 90 days increased by 7 percent in the same period. Post-hospitalization residents in Arizona's nursing homes on July 1, 2002 had an increased rate of reported falls in the last 30 days.

There were several changes in the profile of the transition group residents in 2002. The transition group consists of individuals who are admitted to nursing homes after a hospital stay and remain more than 90 days and individuals who are admitted from a setting other than a hospital and subsequently have a hospital admission. The 2002 data for this resident subgroup show a decline in the percent of residents with short-term and long-term memory problems at admission. More of these residents received occupational therapy and training for return to the community than previously reported and a greater percent of this group believe they are capable of increased independence in at least some activities of daily living at admission. The percent of individuals in the transition group expected to remain in the nursing home more than 90 days dropped from 54 percent in 1999 to 44 percent in 2002. Transition group residents in the nursing home on July 1, 2002 had a higher rate of individuals on 9 or more medications than in the previous report and a greater percent of individuals with falls in the previous 31 to 180 days.

Of the three groups, there were the fewest changes in the chronic care group between 1999 and 2002. This group shared the common pattern across all groups of an increase in the percent of residents admitted with a diagnosis of hypertension or depression and admitted on 9 or more medications. Otherwise there was minimal change in the characteristics of this group between 2002 and the earlier report.

The 2002 analysis represents an important step forward in understanding the characteristics and needs of Arizona's nursing home population. The initial 1999-2001 report established the base for profiling our nursing home population. The pattern of changes and stable characteristics in the 2002 analysis allows us to begin to ask more focused and discerning questions about nursing home residents. Recognizing that changes in the population and subgroup profiles may have several different interpretations, including possible changes in the way nursing homes code MDS items, some of the questions raised by the findings include:

1. How are the increasing rates of hypertension and depression in nursing home residents being addressed?
2. What are the implications of increasing rates of residents of mental health needs on care delivery and staffing in nursing homes?
3. The rates of key quality problems, including pain frequency and intensity and falls, did not change between the 1999-2001 Profile and the 2002 Profile. How are these problems being addressed?
4. Why are more residents being admitted on larger numbers of medications? What are the implications for care delivery, adverse outcomes, and costs of care?
5. Do the changes in the characteristics of the post-hospitalization patients, i.e., an increase in the number of these individuals needing extensive or total assistance in activities of daily living, longer expected lengths of stay, suggest that patients are being discharged from hospital to nursing home at higher levels of acuity?
6. What is the meaning of the changes in the characteristics of the transition group residents, i.e., fewer members of this group with memory problems, greater numbers who are being prepared to return to community, fewer expected to remain in the nursing home more than 90 days? Is this subgroup becoming more similar to the post-hospitalization group?
7. How do nursing homes balance care delivery and staffing demands in the face of changes in resident subgroup populations? How do they balance the distinct and potentially changing needs of each group?
8. And finally, what are the potential implications of the evolving picture of Arizona's nursing home residents for long-term care policies and payment?

Each of these questions emerges from the comparison of the 2002 data to the initial 1999 through 2001 MDS data. Our ability to provide accurate and useful answers to these and other important questions will require ongoing examination of our state's long-term care data and dialogue with members of key groups involved in the delivery, financing, and regulation of nursing home services.

The results of the 2002 Profiling Arizona's Nursing Home Residents Report, like the first 1999-2001 Profile, present a complex and compelling picture of Arizona's nursing home residents. The combination of resident characteristics that have changed since the earlier report with the characteristics that have remained stable begin to tell a richer story of the people who come into and stay in Arizona's nursing homes. In the future, it is hoped that regular and timely updates of the Profiling Report will provide useful information to enhance quality of care and long-term care policy in Arizona.

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APPENDIX: Profiling Arizona’s Nursing Home Resident 2002 Update

I. Arizona’s Nursing Home Residents at Admission and on One Day of the Year: 1999-2002

A. Arizona’s Nursing Home Residents at Admission

1. Demographic Profile

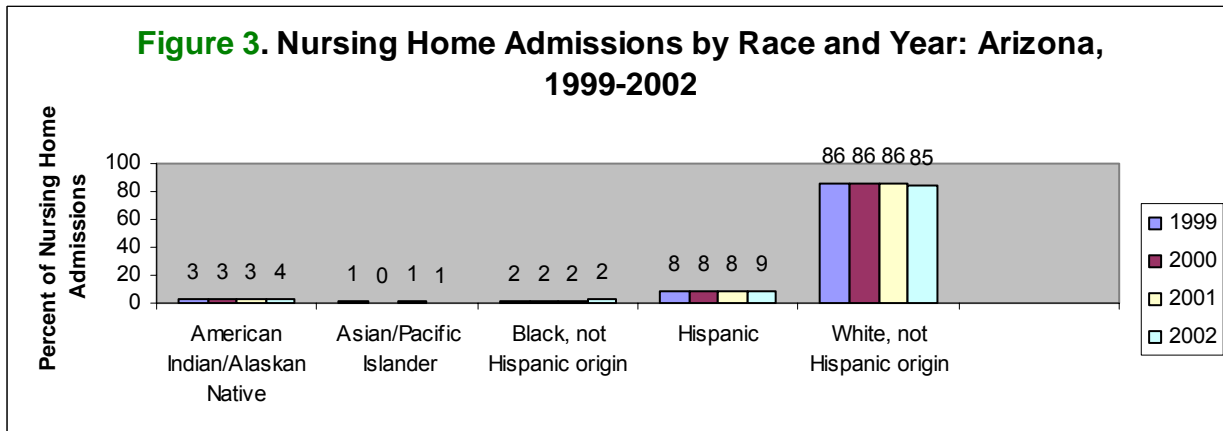
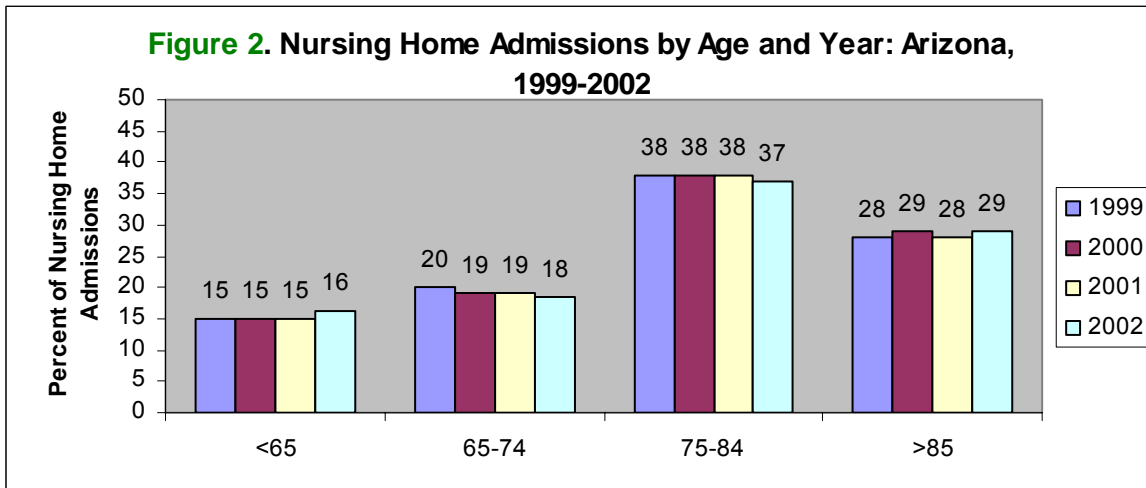
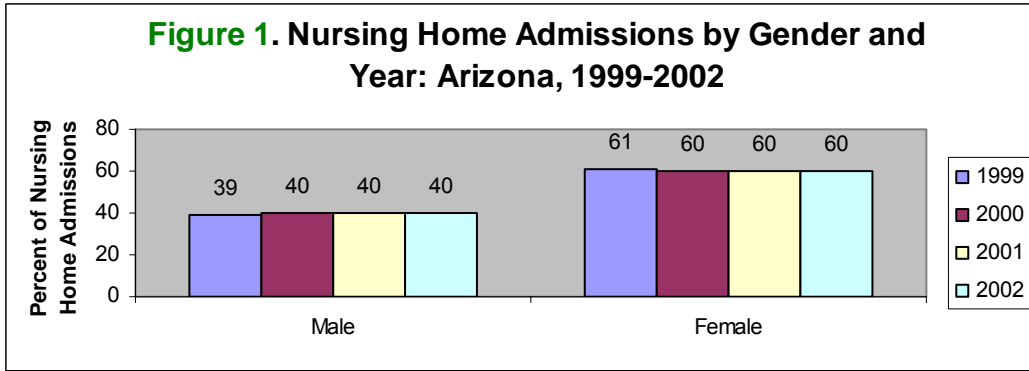


Figure 4. Nursing Home Admissions Living Alone Prior To Admission by Year: Arizona, 1999-2002

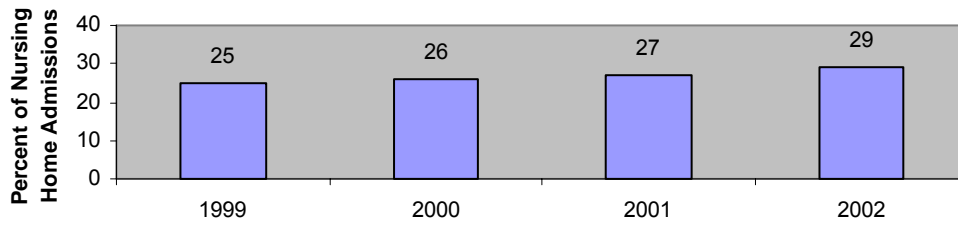


Figure 5. Nursing Home Admissions by County of Prior Residence and Year: Arizona, 1999-2002

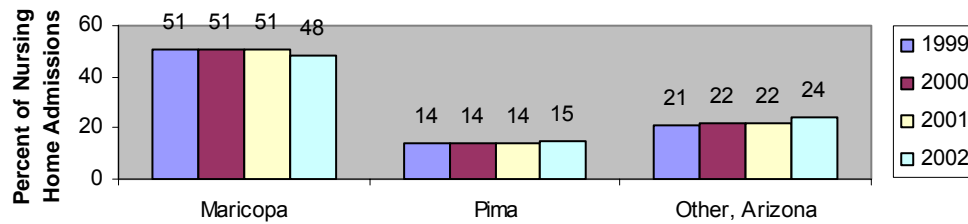


Figure 6. Nursing Home Admissions by Education and Year: Arizona, 1999-2002

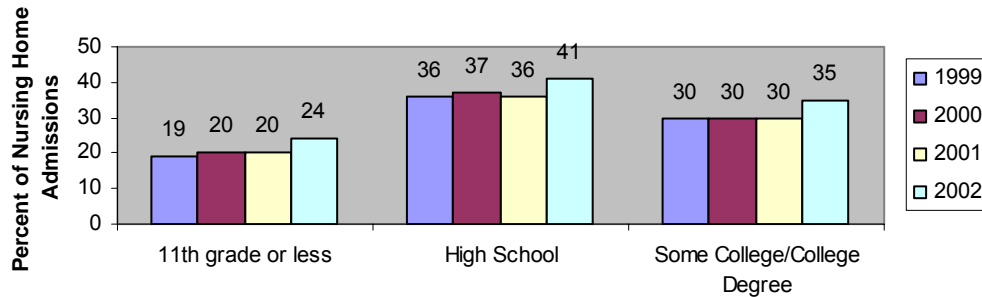


Figure 7. Nursing Home Admissions by Primary Language and Year: Arizona, 1999-2002

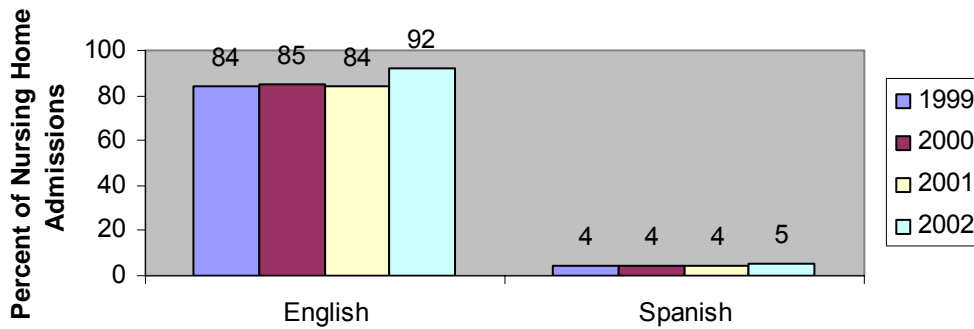


Figure 8. Nursing Home Admissions by Marital Status and Year: Arizona, 1999-2002

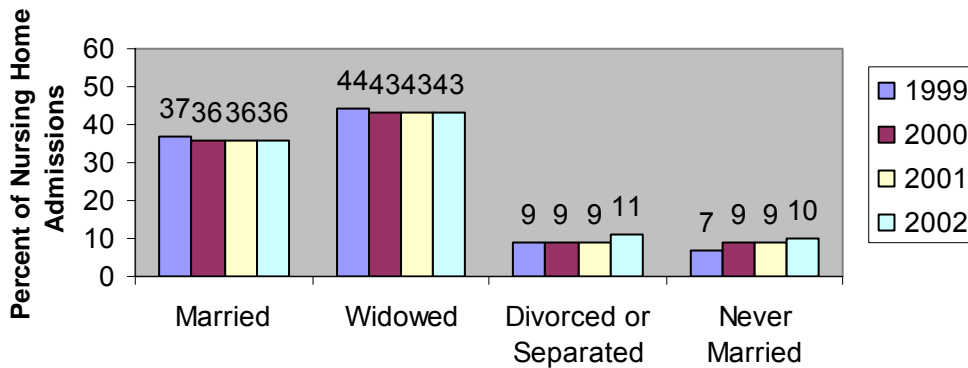
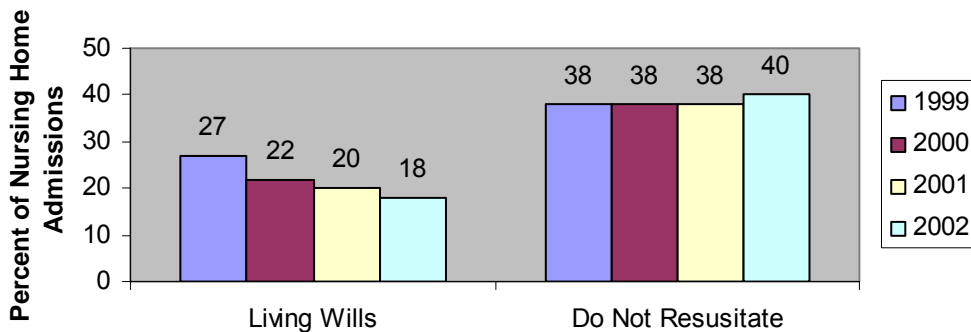
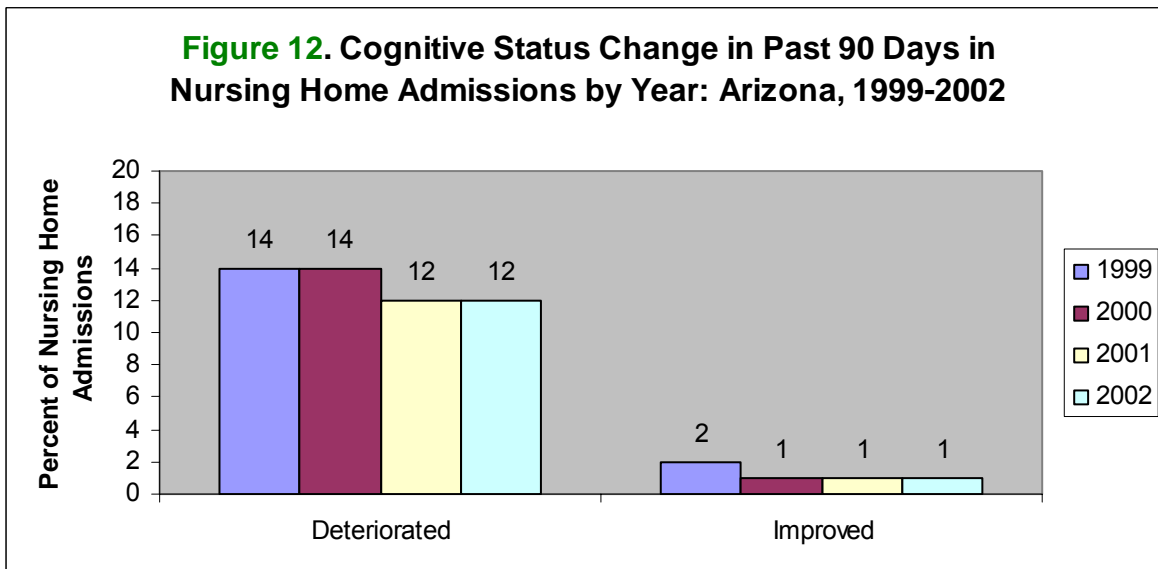
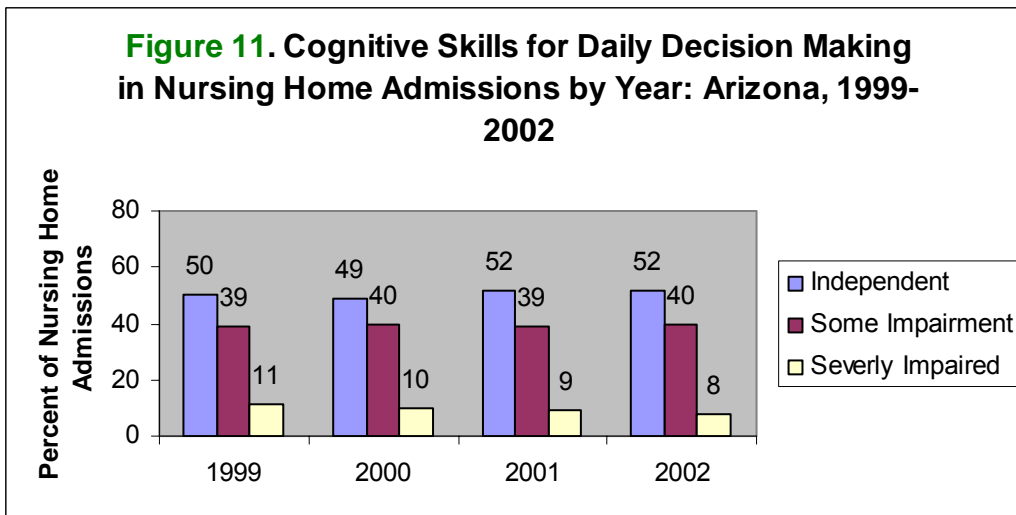
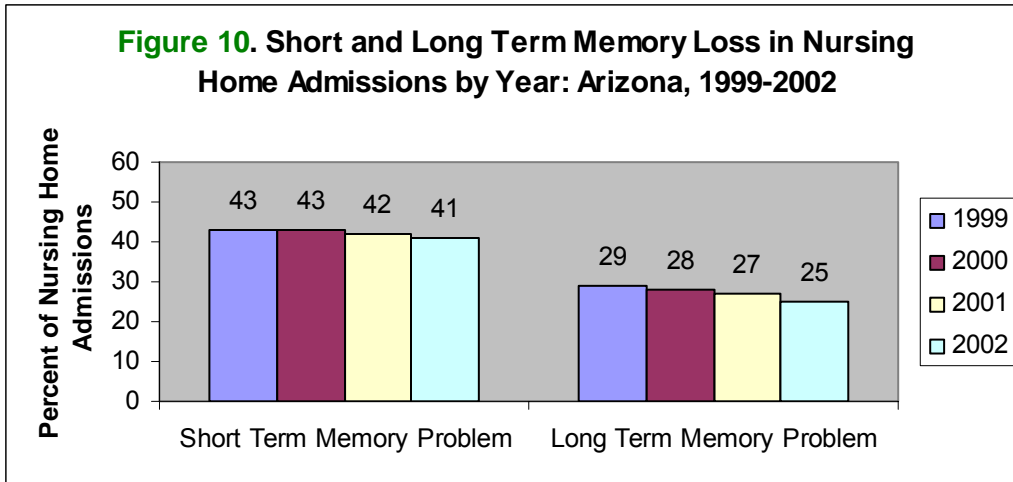


Figure 9. Advanced Directives Among Nursing Home Admissions by Year: Arizona, 1999-2002



2. Cognitive Patterns



3. Communication, Hearing and Vision Patterns

Figure 13. Hearing and Vision Loss in Nursing Home Admissions by Year: Arizona, 1999-2002

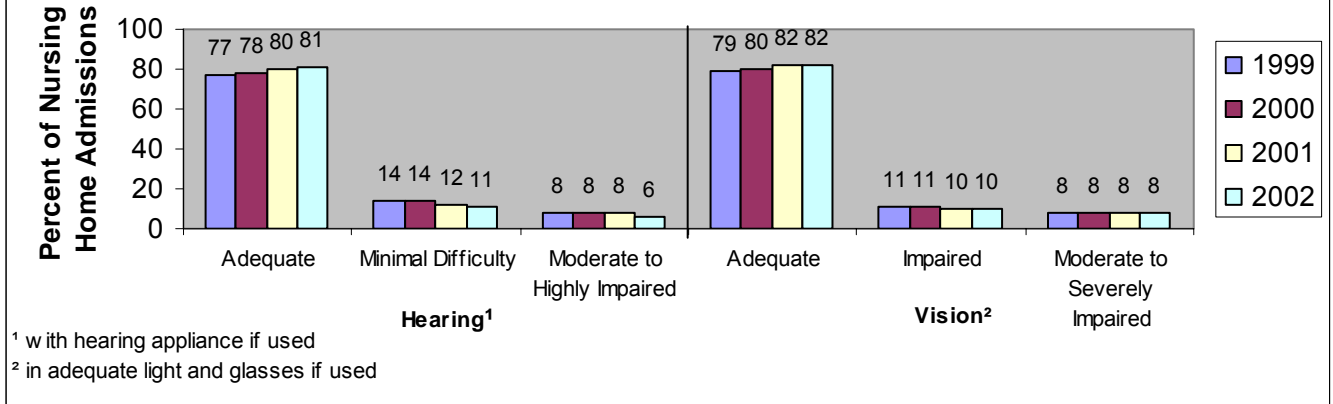


Figure 14. Communication Devices and Hearing in Nursing Home Admissions by Year: Arizona, 1999-2002

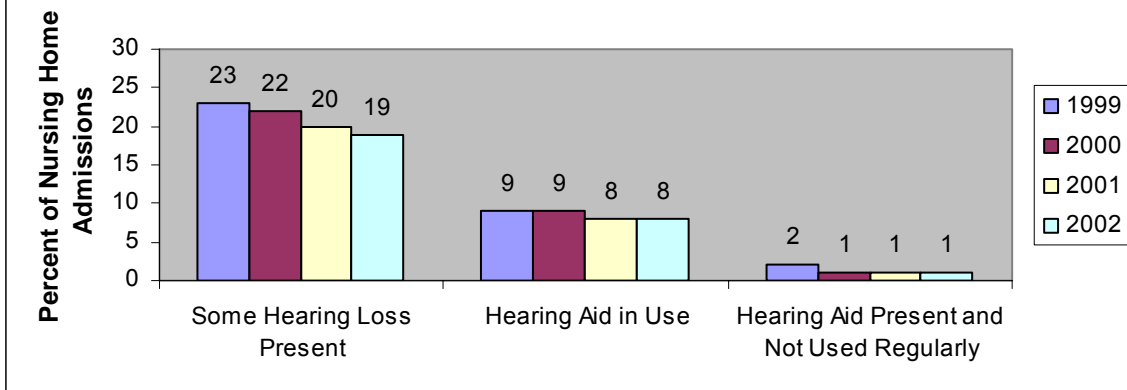
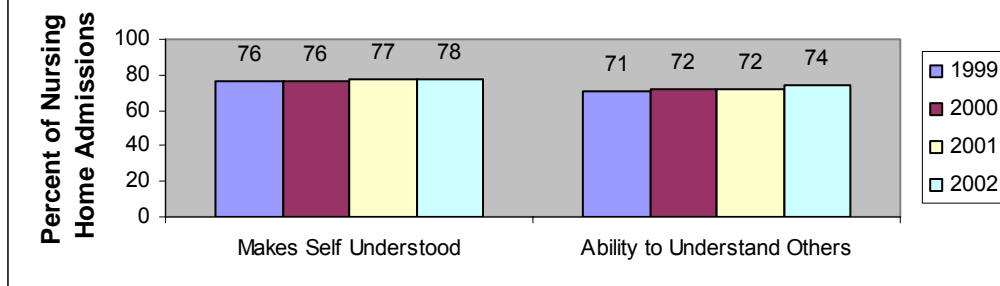


Figure 15. Making Self Understood and Ability to Understand Others in Nursing Home Admissions by Year: Arizona, 1999-2002



4. Mood and Behavior Patterns

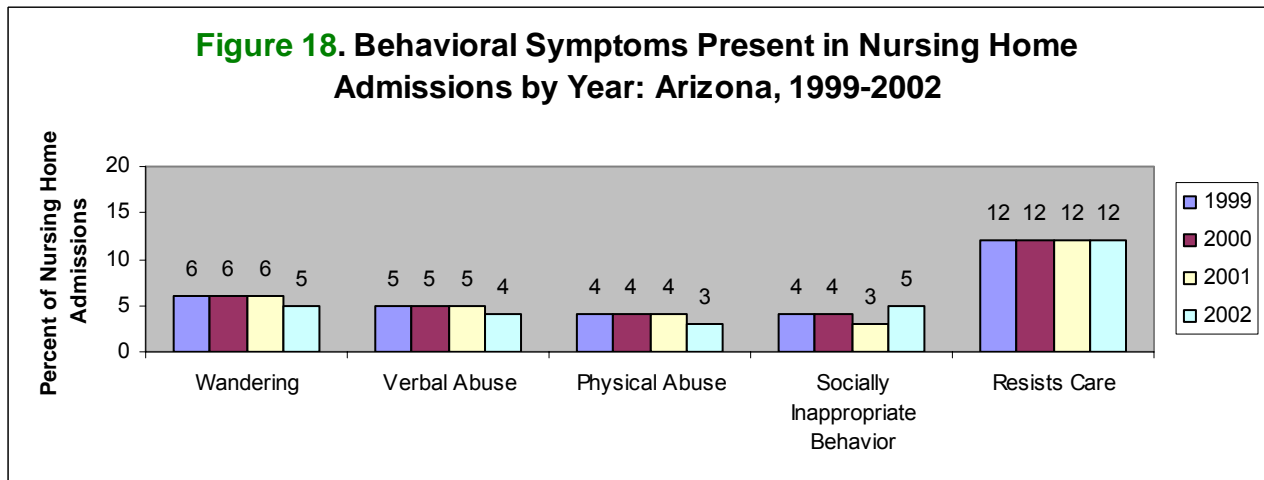
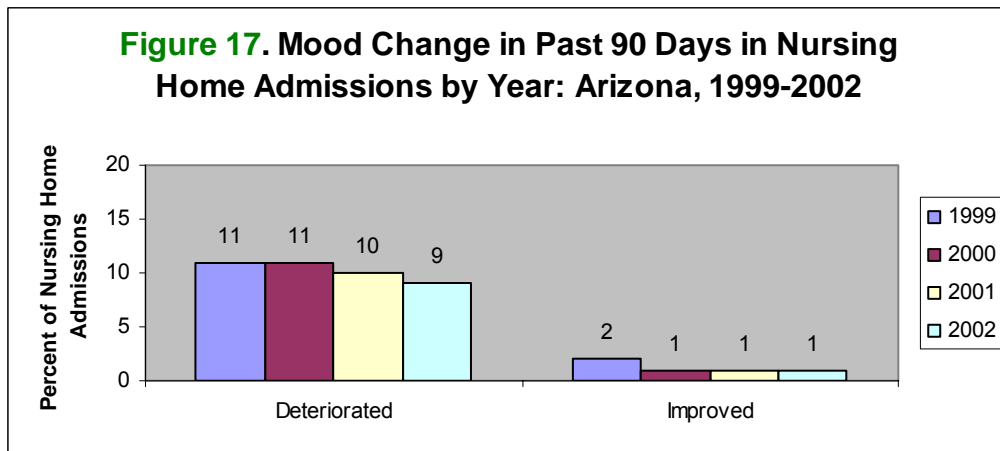
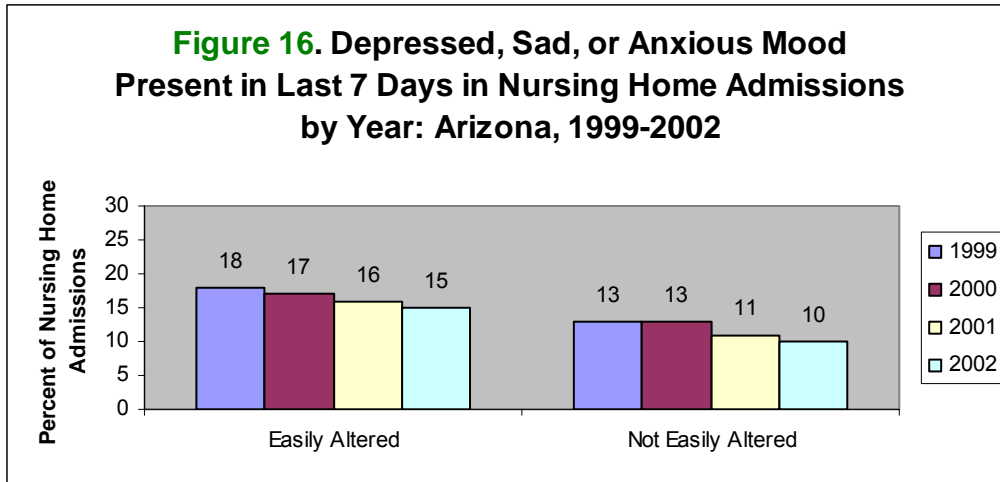


Figure 19. Wandering in Nursing Home Admissions by Year: Arizona, 1999-2002

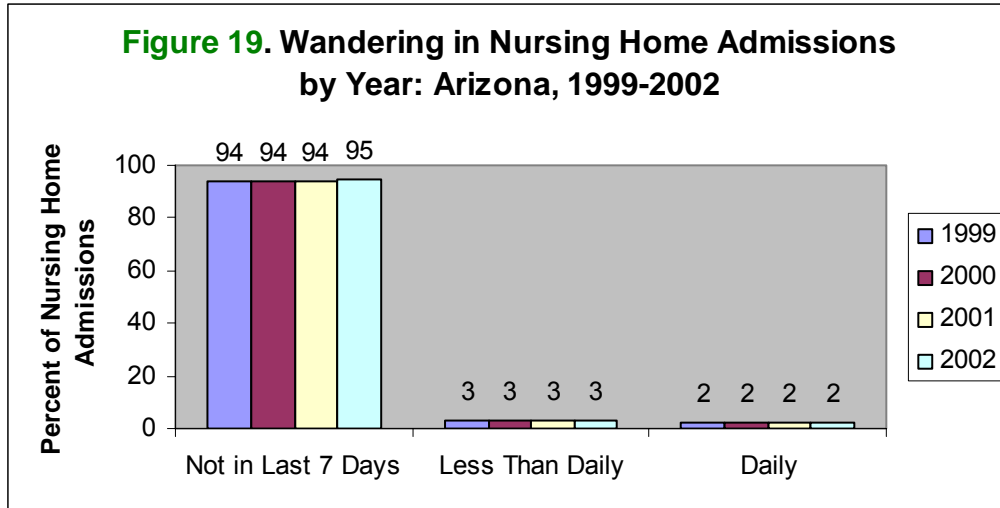
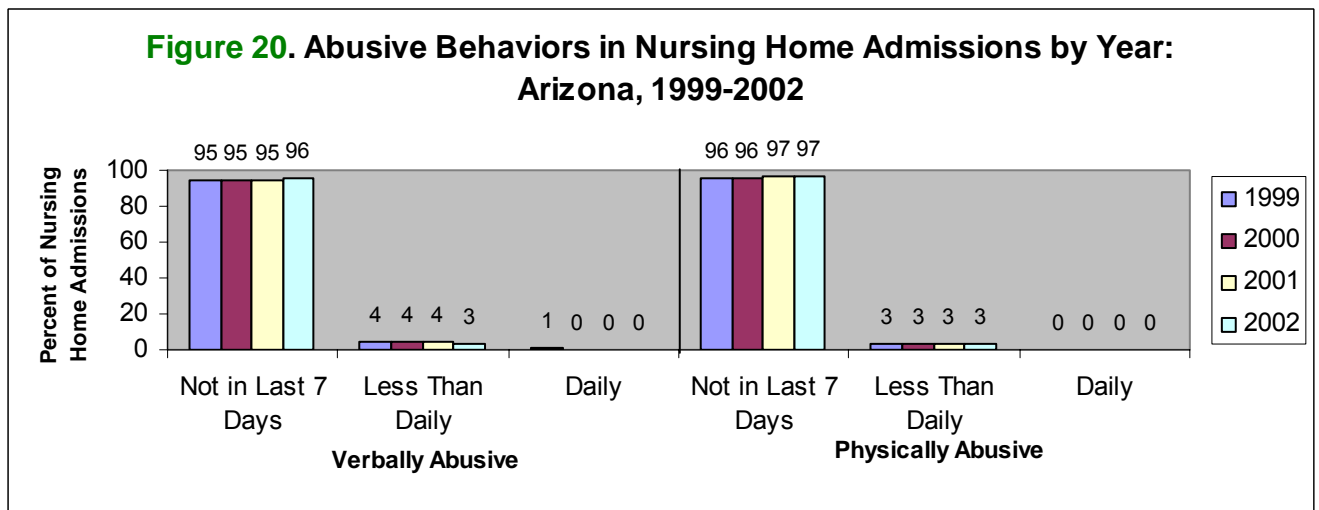


Figure 20. Abusive Behaviors in Nursing Home Admissions by Year: Arizona, 1999-2002



5. Psychosocial Well-Being

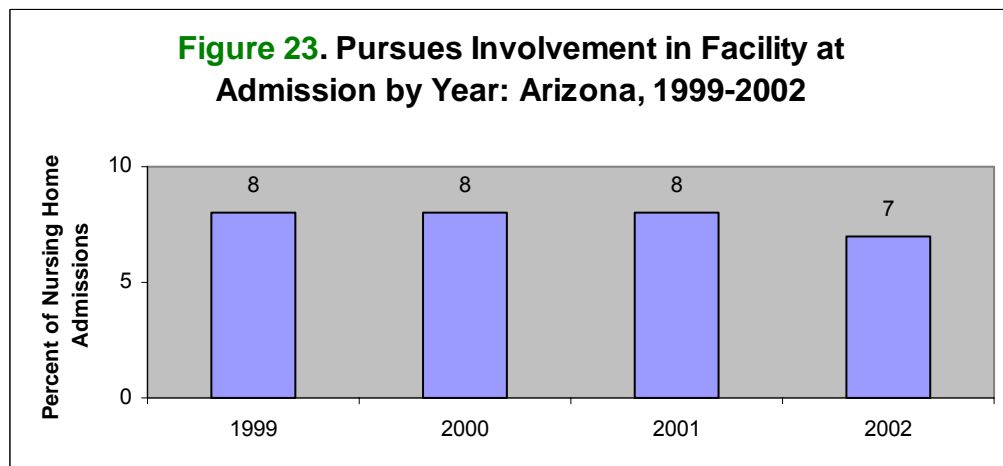
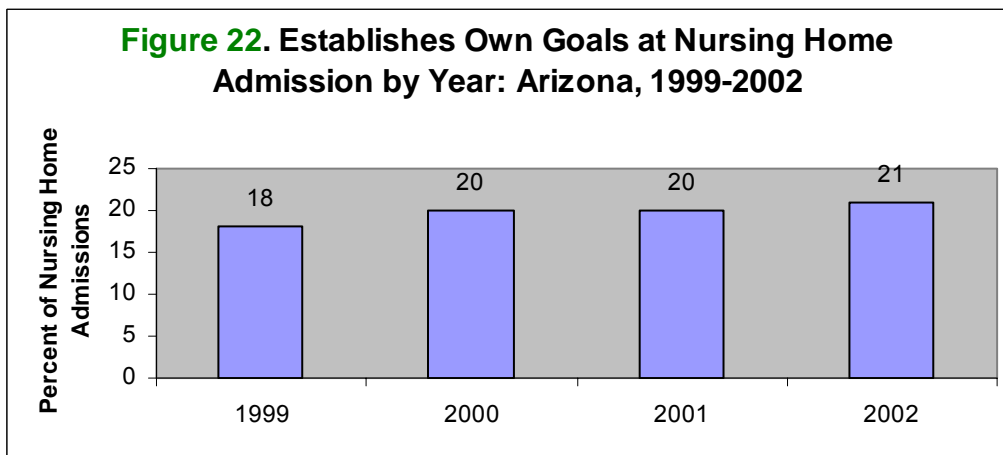
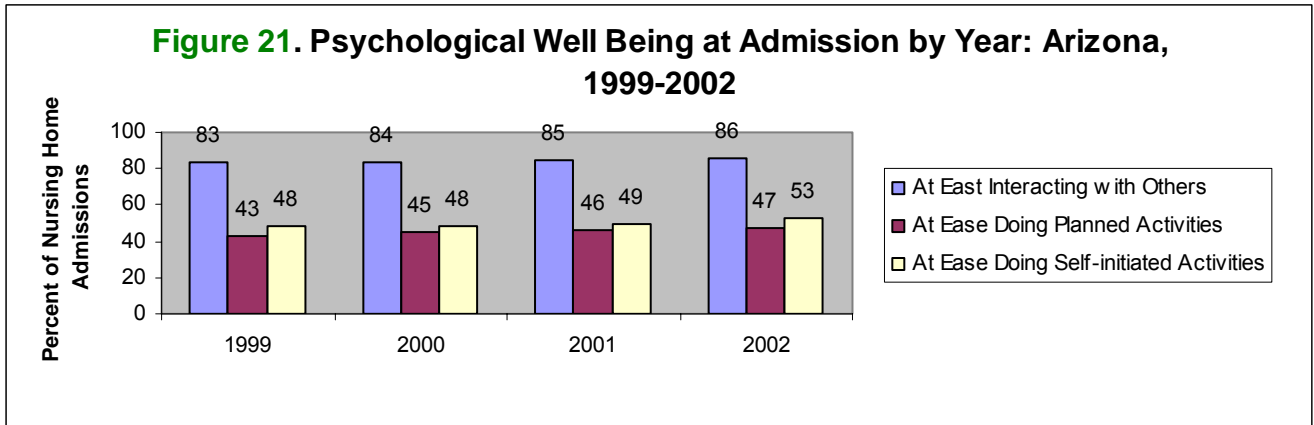
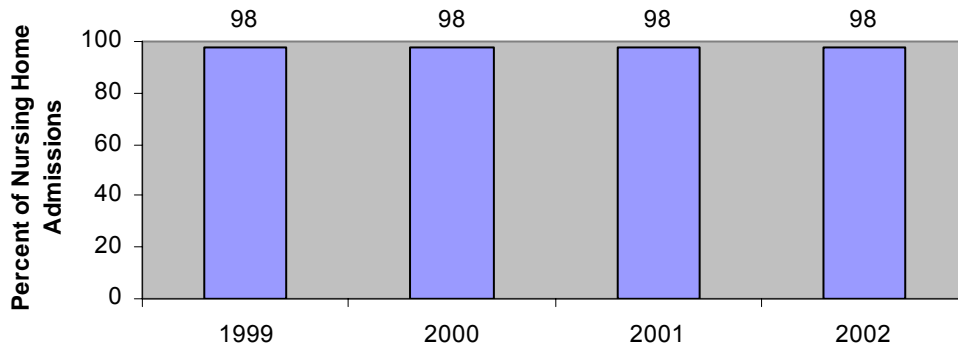


Figure 24. Contact with Family and Friends at Admission by Year: Arizona, 1999-2002



6. Physical Functioning

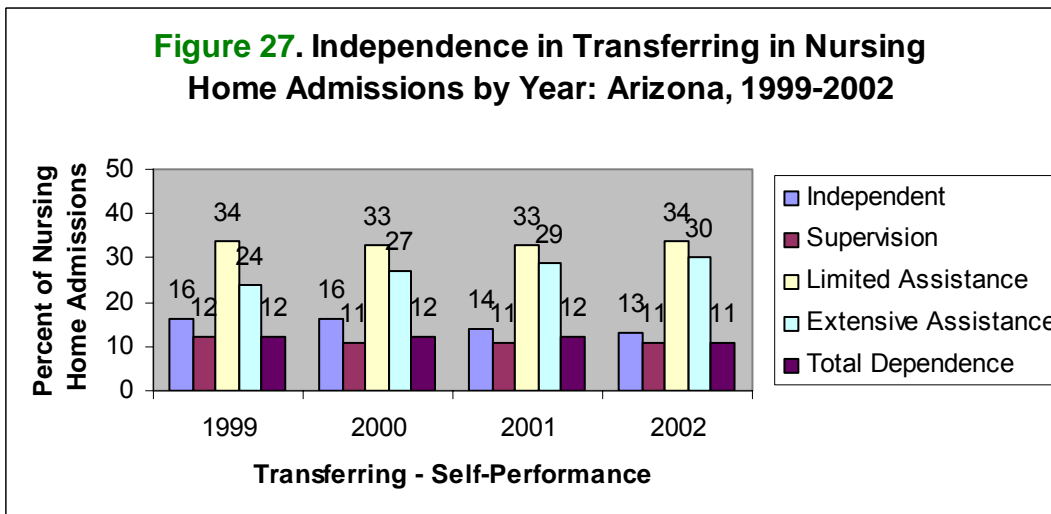
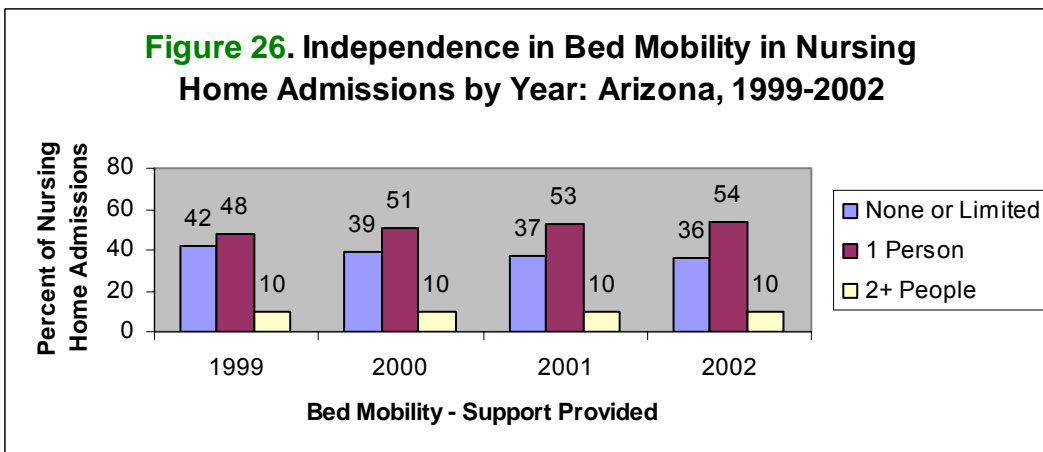
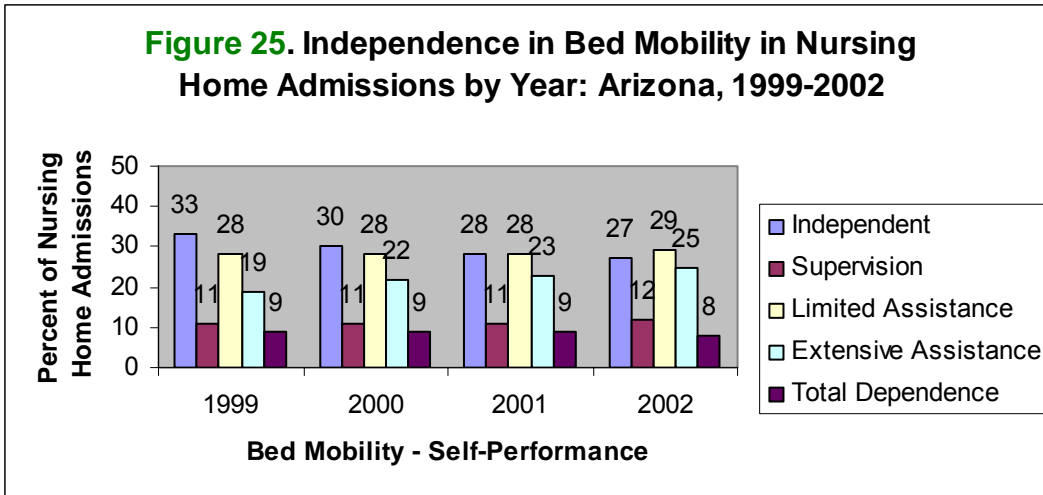


Figure 28. Independence in Transferring in Nursing Home Admissions by Year: Arizona, 1999-2002

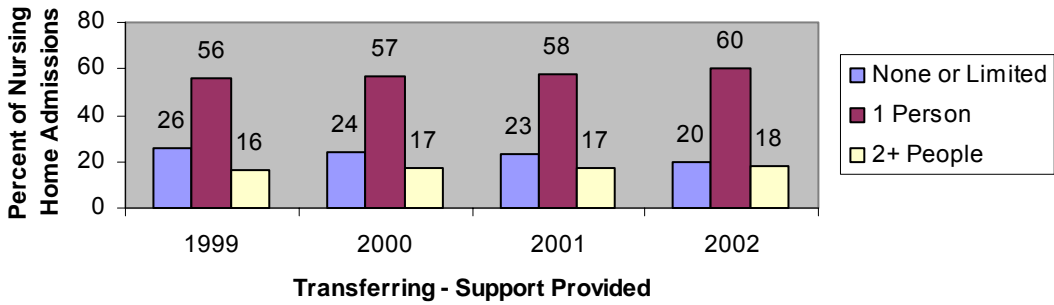


Figure 29. Independence in Toilet Use in Nursing Home Admissions by Year: Arizona, 1999-2002

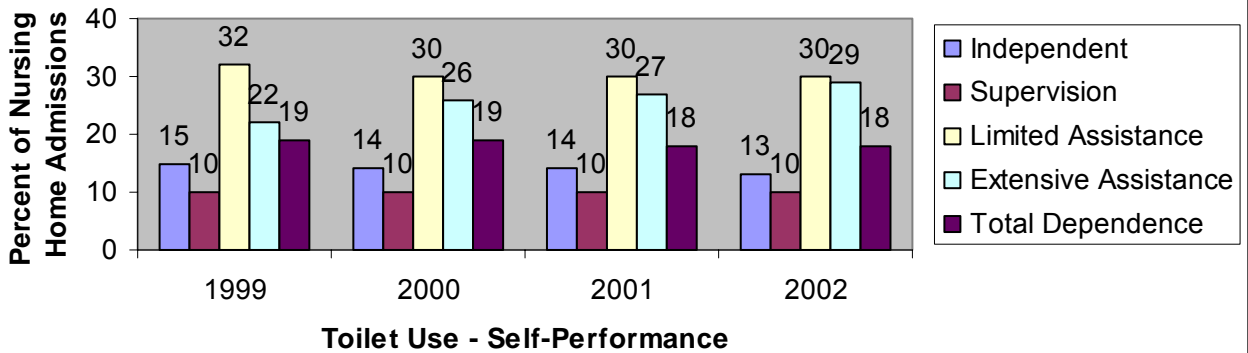


Figure 30. Independence in Toilet Use in Nursing Home Admissions by Year: Arizona, 1999-2002

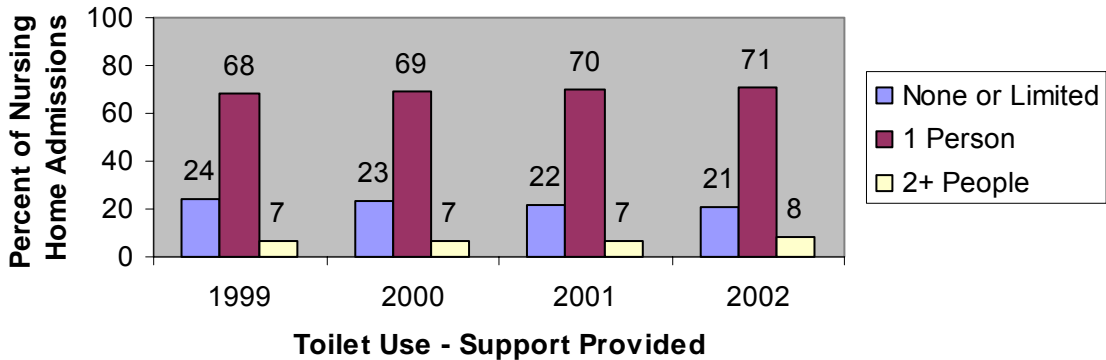


Figure 31. Independence in Dressing in Nursing Home Admissions by Year: Arizona, 1999-2002

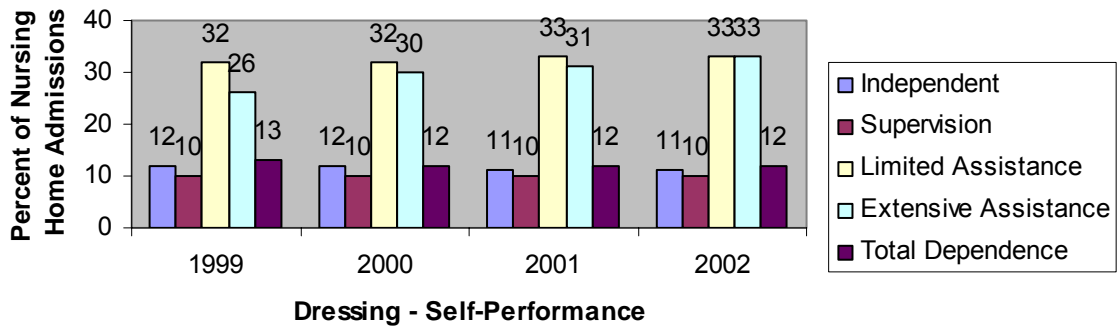


Figure 32. Independence in Dressing in Nursing Home Admissions by Year: Arizona, 1999-2002

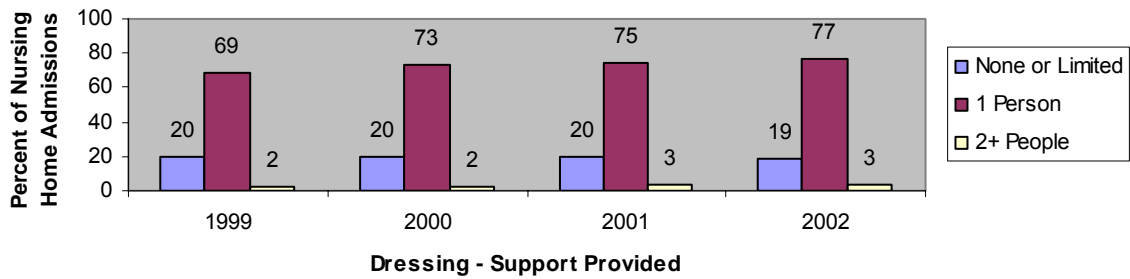


Figure 33. Independence in Bathing in Nursing Home Admissions by Year: Arizona, 1999-2002

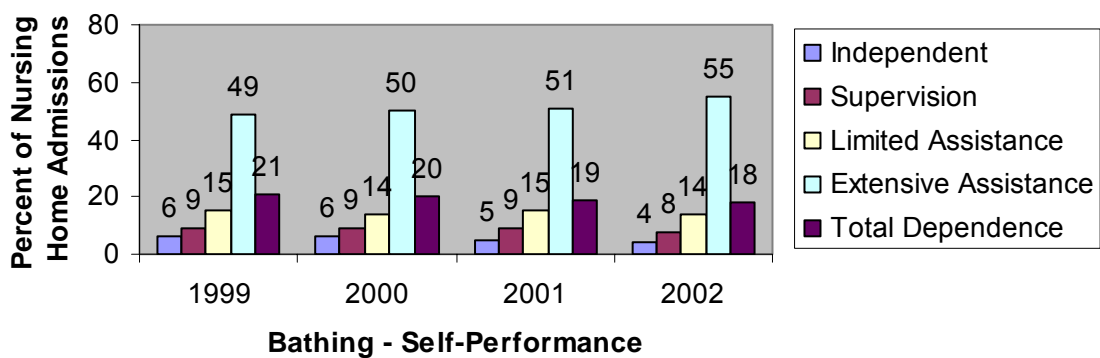


Figure 34. Independence in Bathing in Nursing Home Admissions by Year: Arizona, 1999-2002

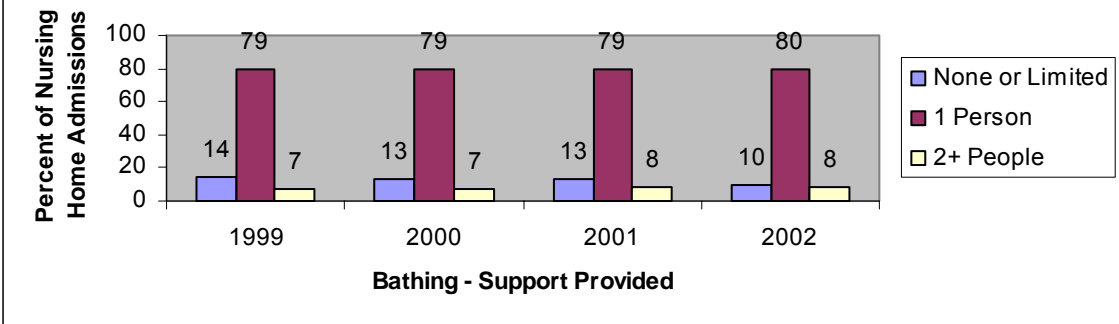


Figure 35. Independence in Eating in Nursing Home Admissions by Year: Arizona, 1999-2002

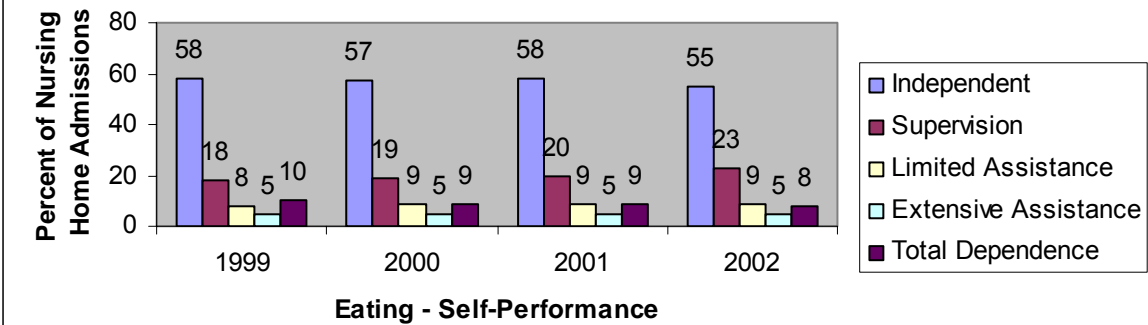
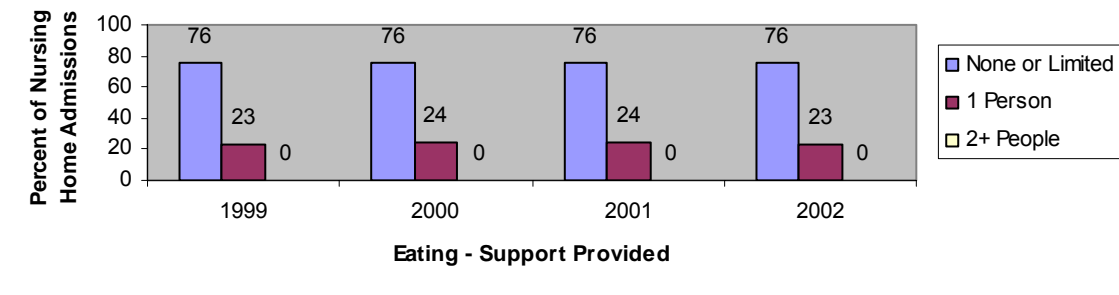
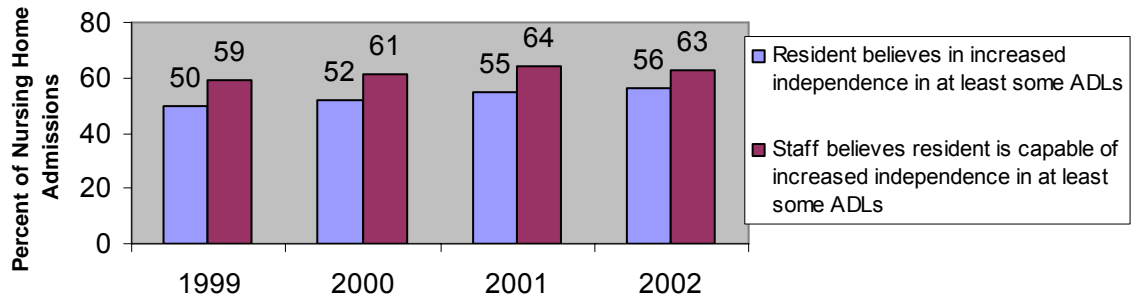


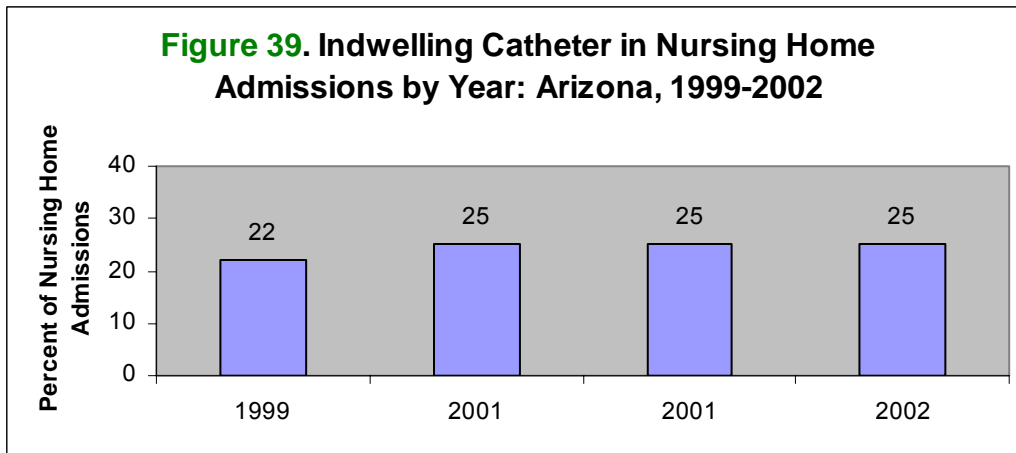
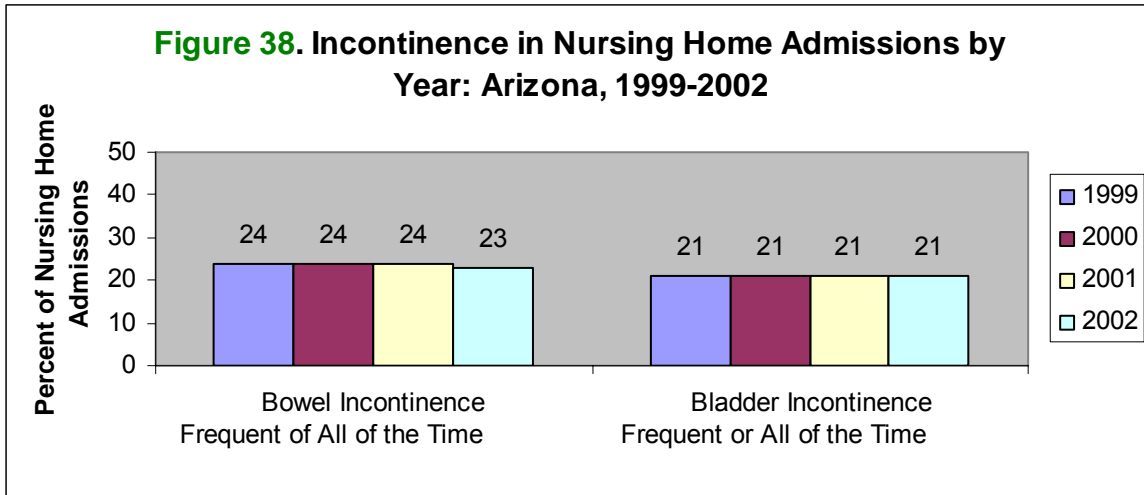
Figure 36. Independence in Eating in Nursing Home Admissions by Year: Arizona, 1999-2002



**Figure 37. Rehabilitation Potential at Admission by Year:
Arizona, 1999-2002**

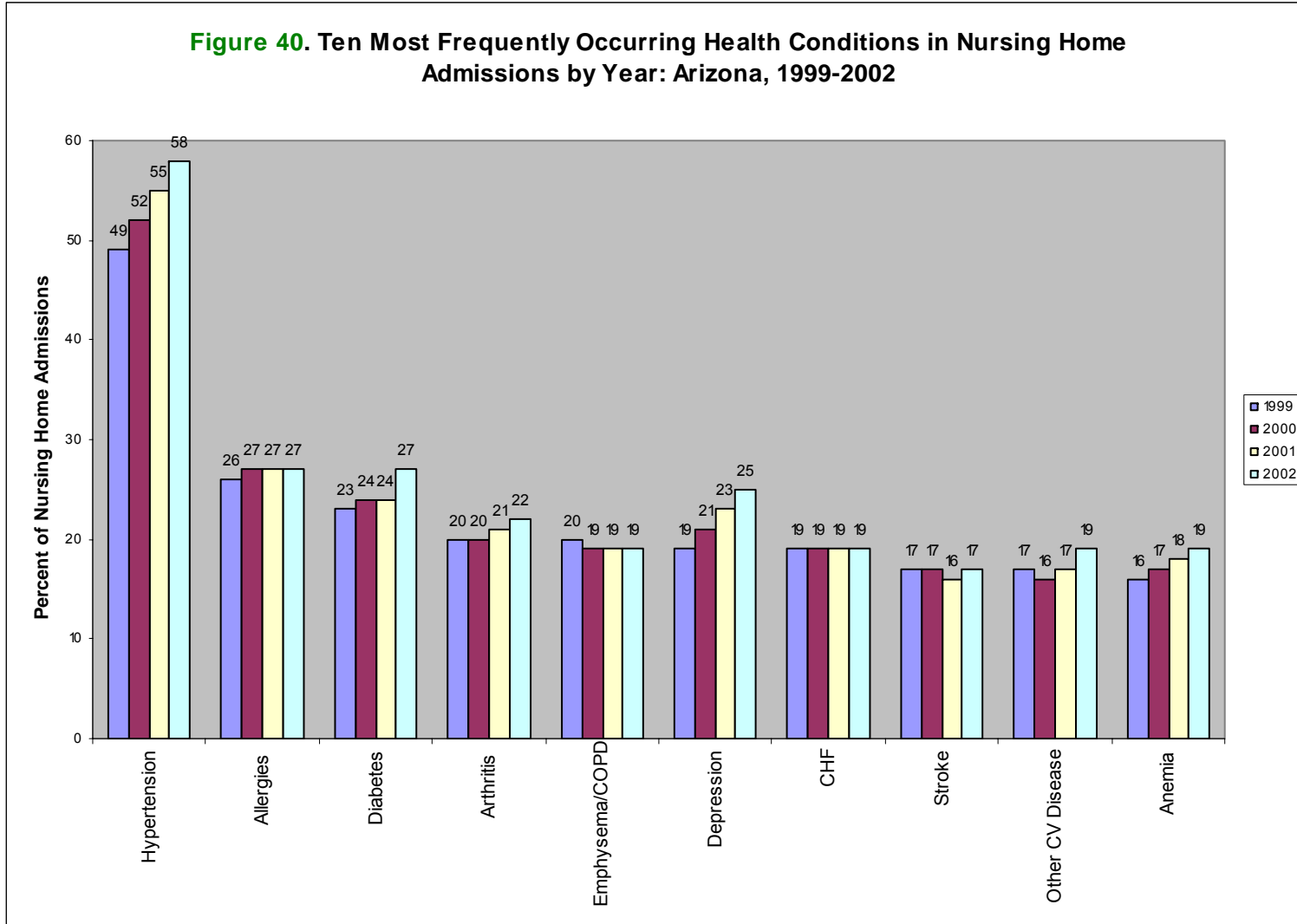


7. Continence



8. Disease Diagnoses

Figure 40. Ten Most Frequently Occurring Health Conditions in Nursing Home Admissions by Year: Arizona, 1999-2002



9. Health Conditions: Pain Symptoms and Falls

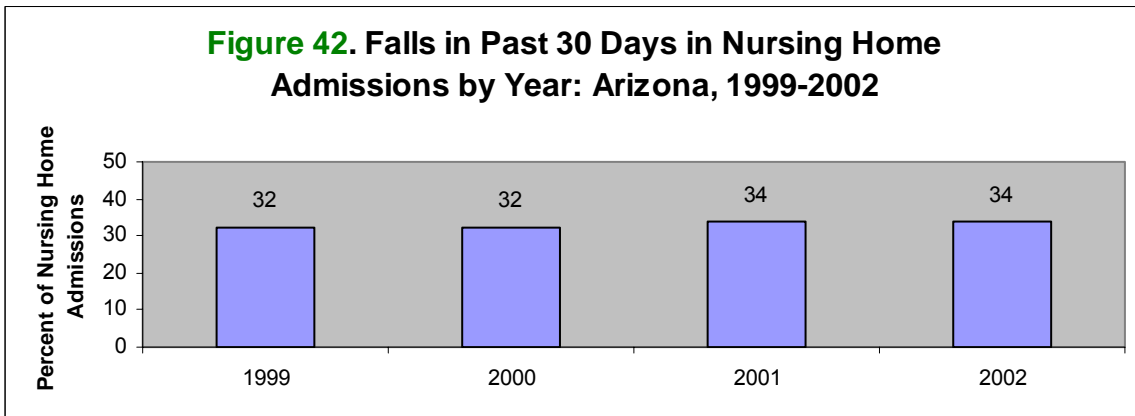
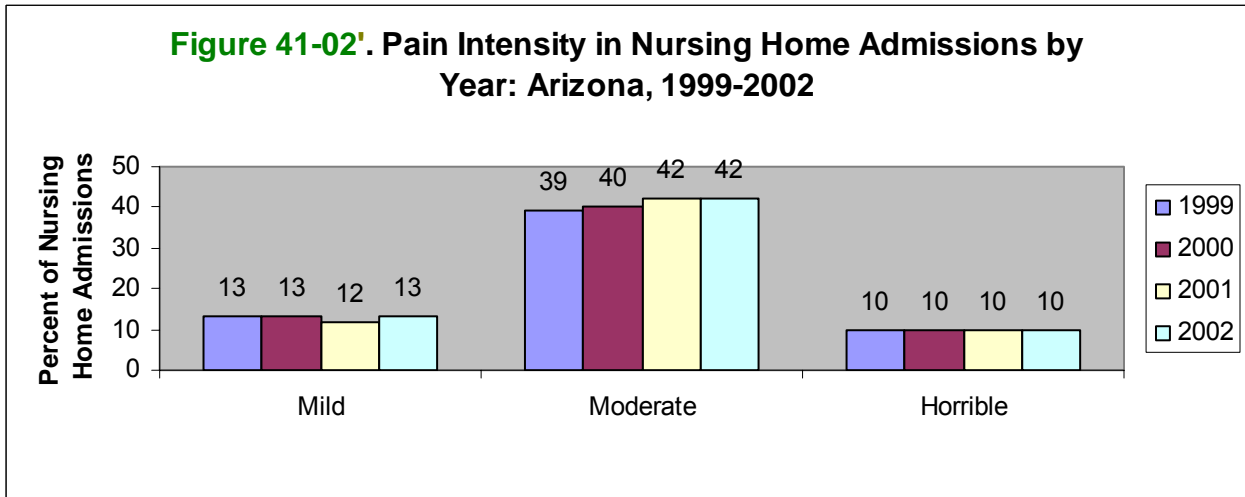
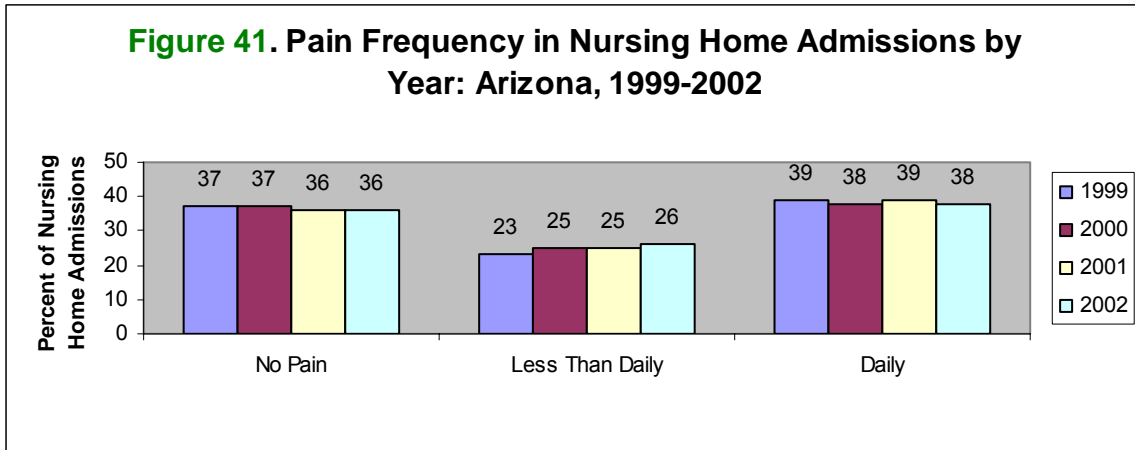
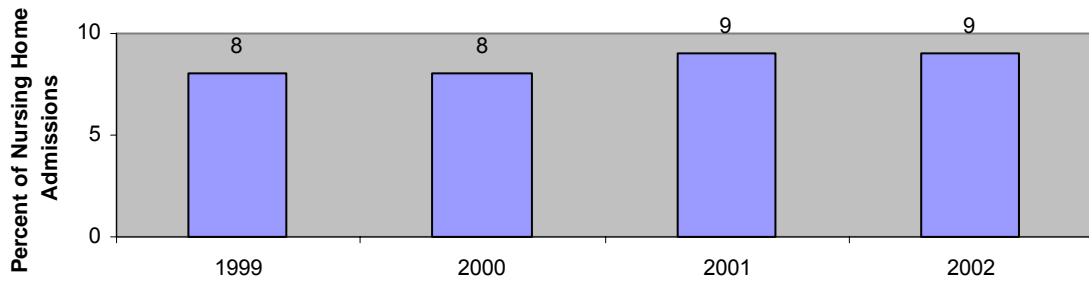
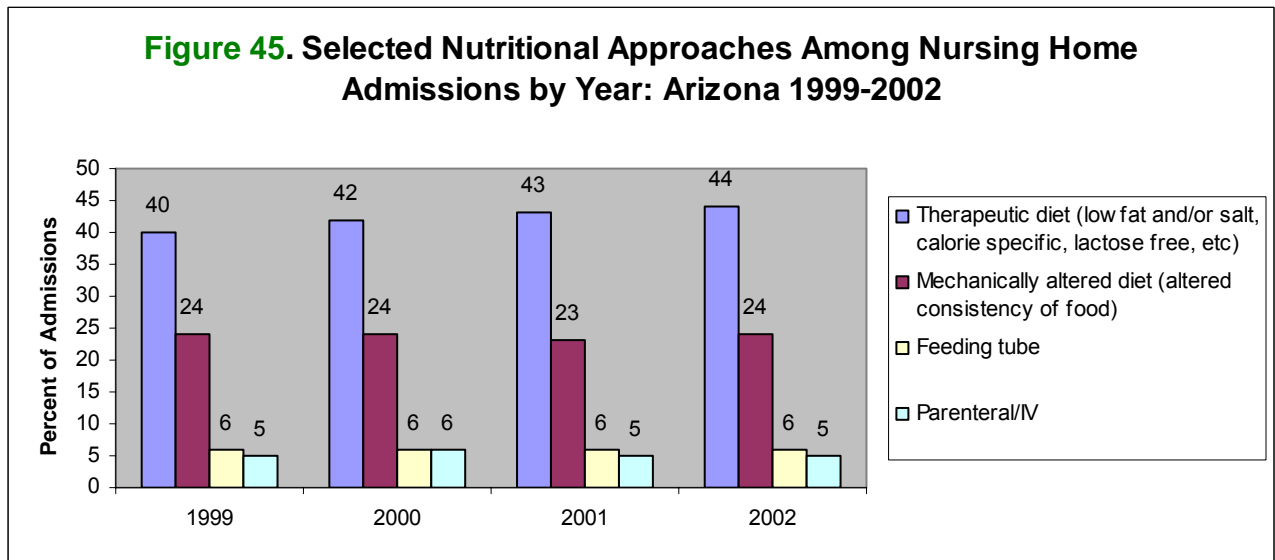
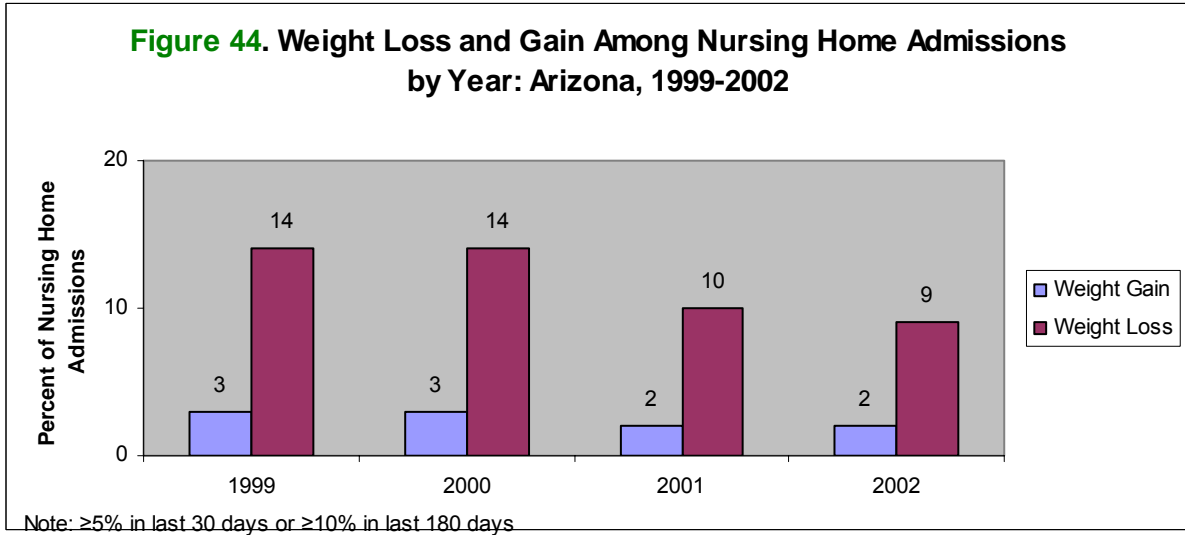
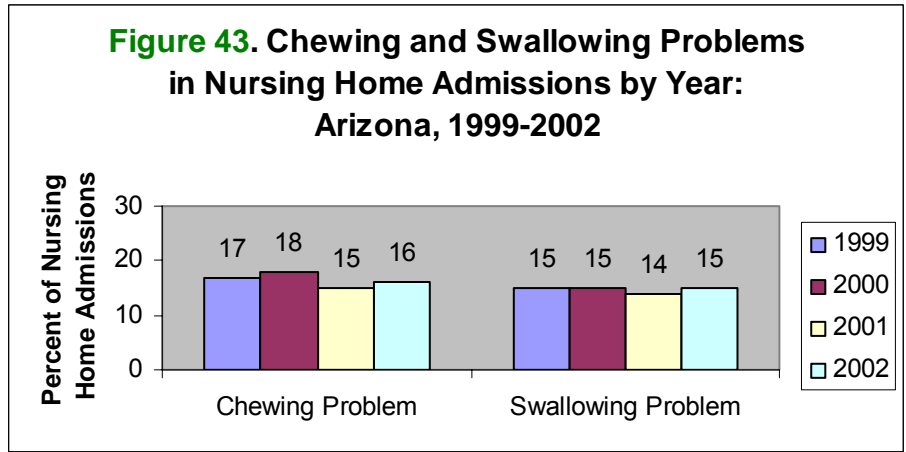


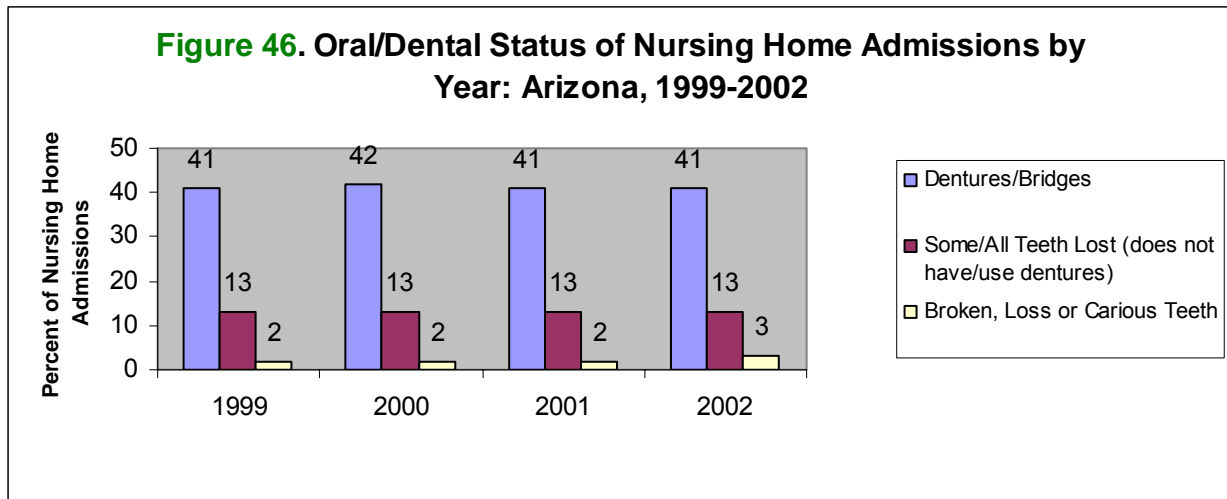
Figure 42-02'. Falls in Past 31-180 Days in Nursing Home Admissions by Year: Arizona, 1999-2002



10. Oral and Nutritional Status

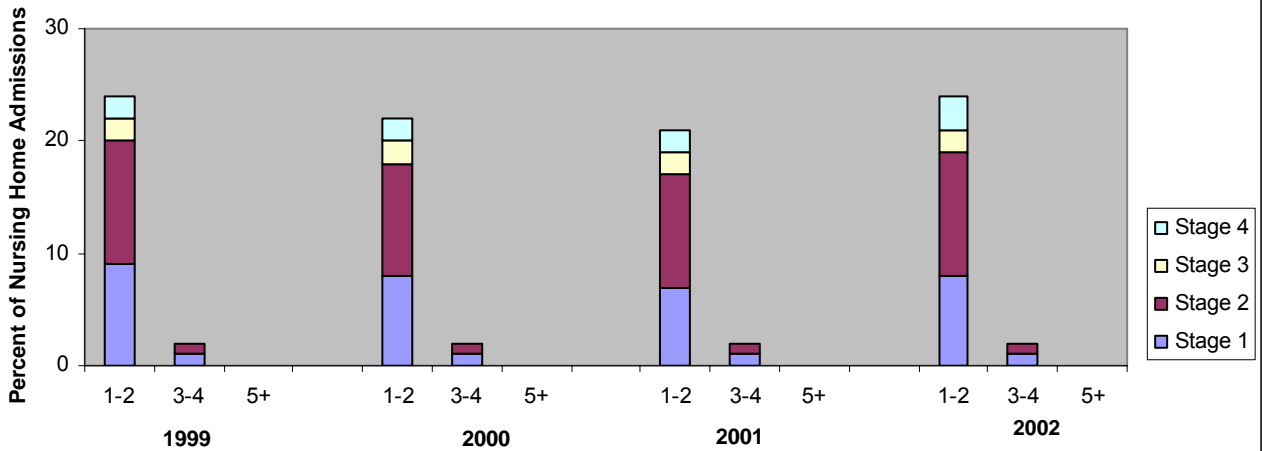


11. Oral and Dental Status



12. Skin Condition

Figure 47. Skin Ulcers Among Nursing Home Admissions by Ulcer Stage and Year: Arizona, 1999-2002



Definitions:

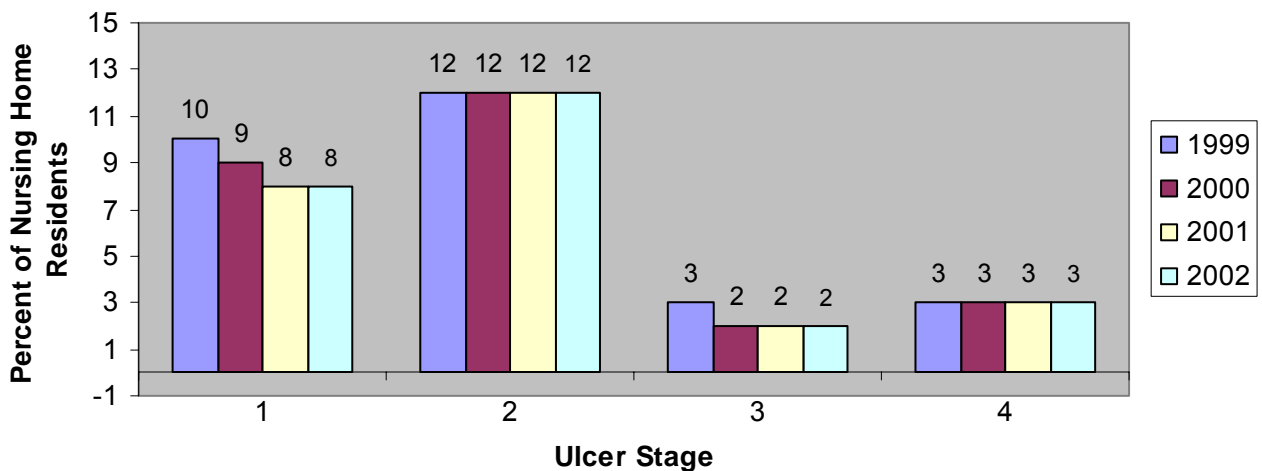
Stage 1: a persistent areas of skin redness (w/o a break in the skin)

Stage 2: a partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater

Stage 3: a full thickness of skin is lost, exposing the subcutaneous tissues – presents as a deep crater

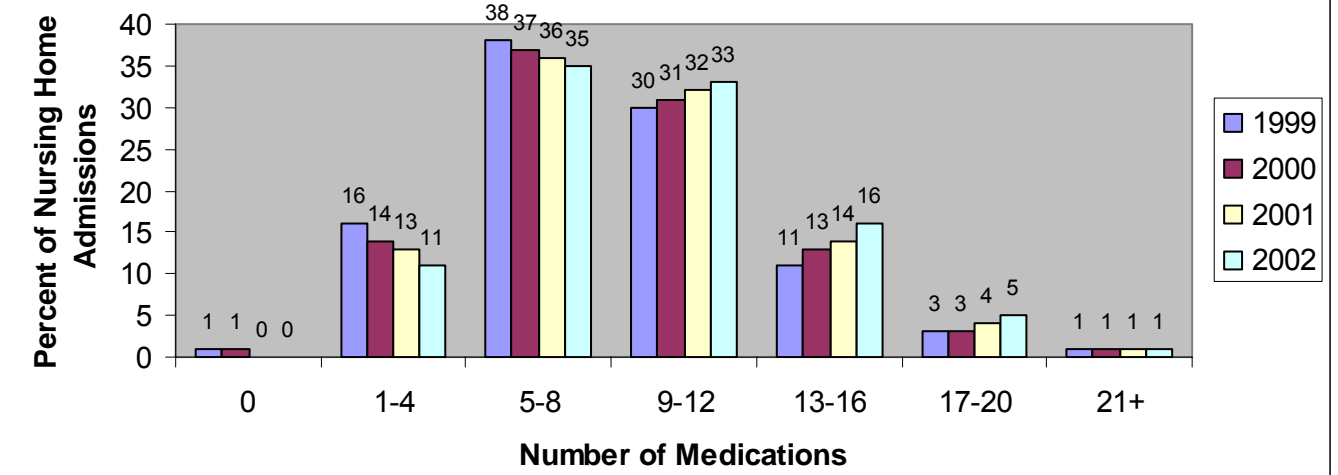
Stage 4: a full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone

Figure 47-02'. At Least One Ulcer by Stage in Nursing Home Residents by Year: Arizona, 1999-2002



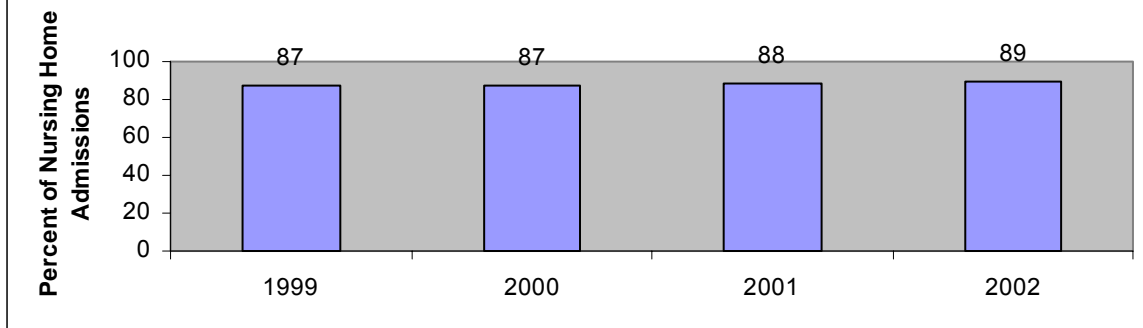
13. Medications

Figure 48. Medication Usage Among Nursing Home Admissions by Year: Arizona, 1999-2002



* Medications include over-the-counter and prescription drugs received in the past seven days.

Figure 49. Nursing Home Admissions Receiving a New Medication During the Past 90 Days by Year: Arizona, 1999-2002



14. Special Treatments and Procedures

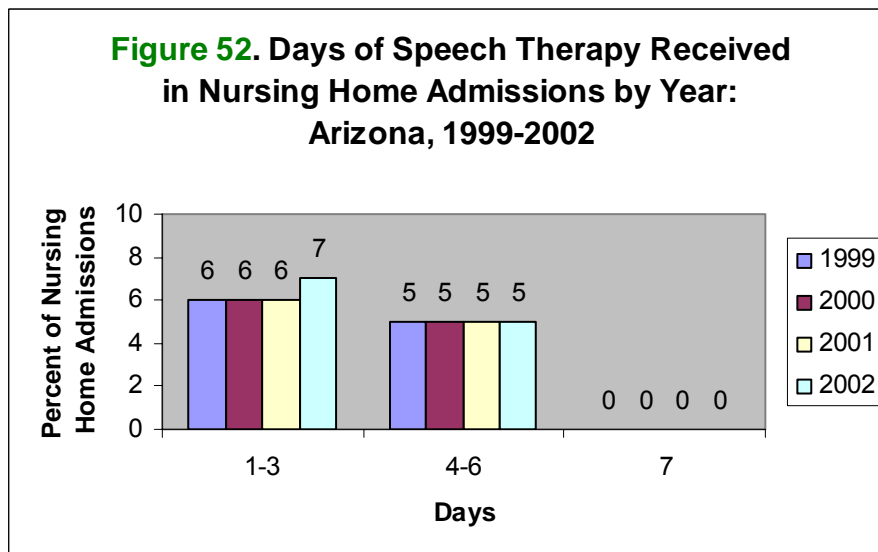
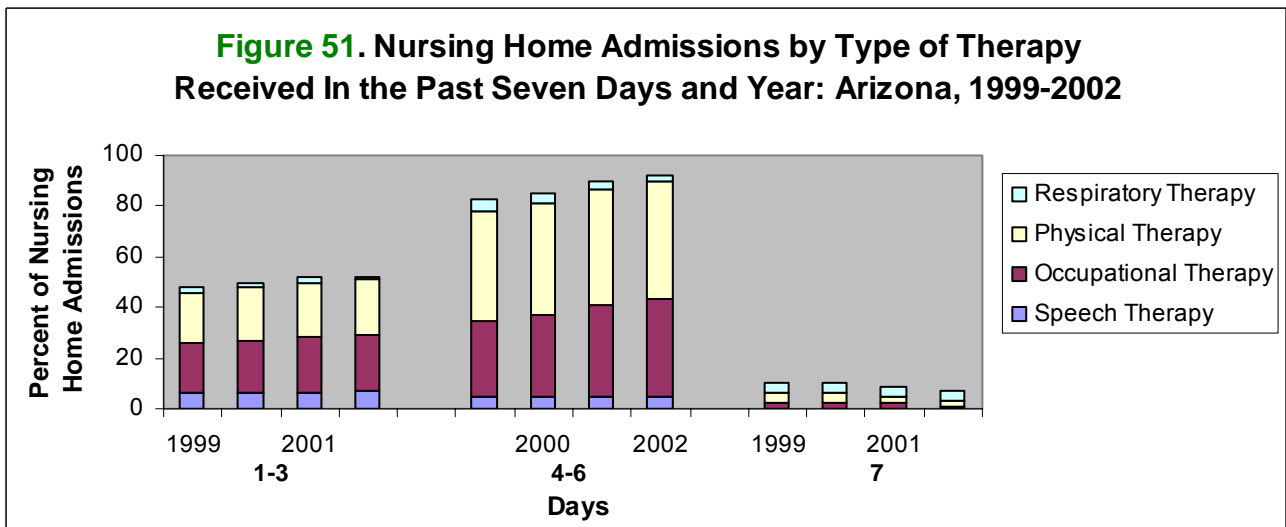
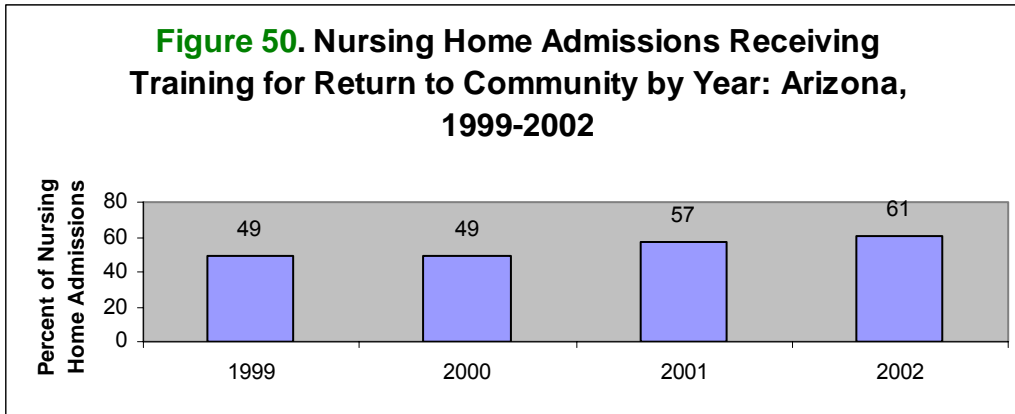


Figure 53. Days of Occupational Therapy Received in Nursing Home Admissions by Year: Arizona, 1999-2002

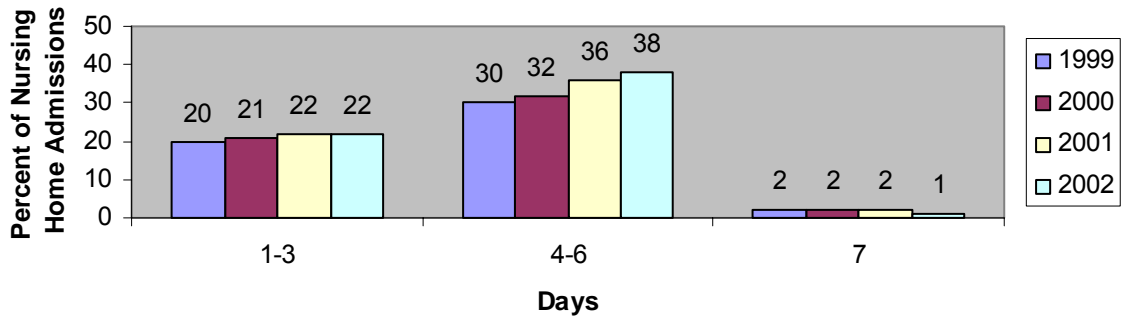
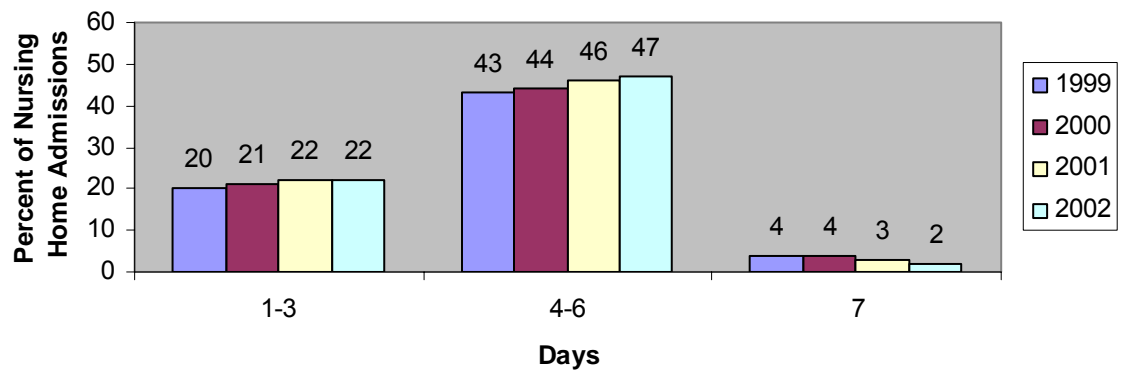


Figure 54. Days of Physical Therapy Received in Nursing Home Admissions by Year: Arizona, 1999-2002



B. Arizona's Nursing Home Residents on One Day of the Year

1. Demographic Profile

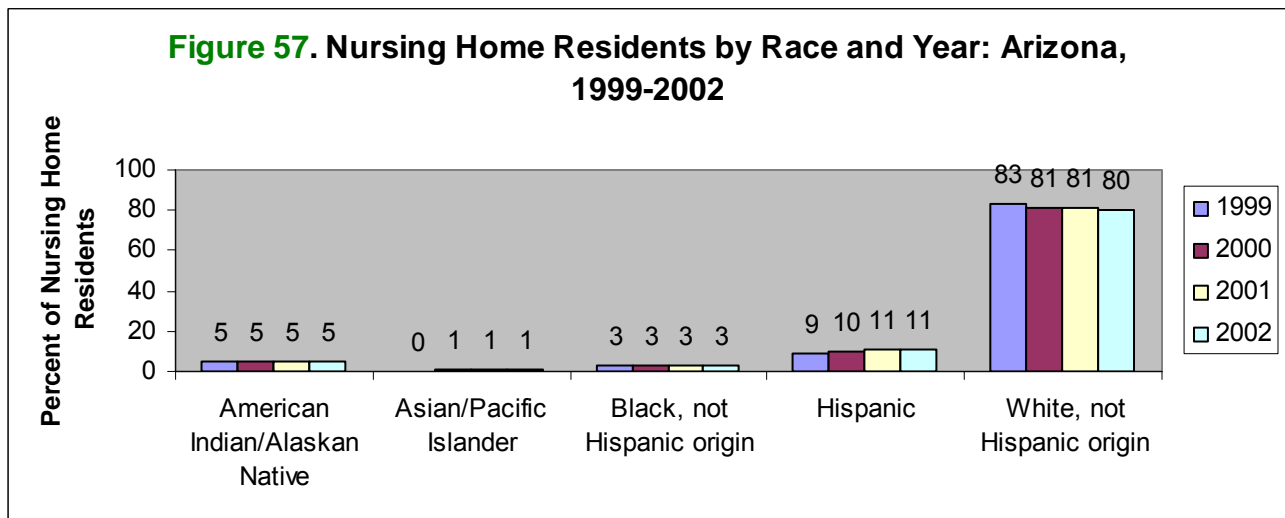
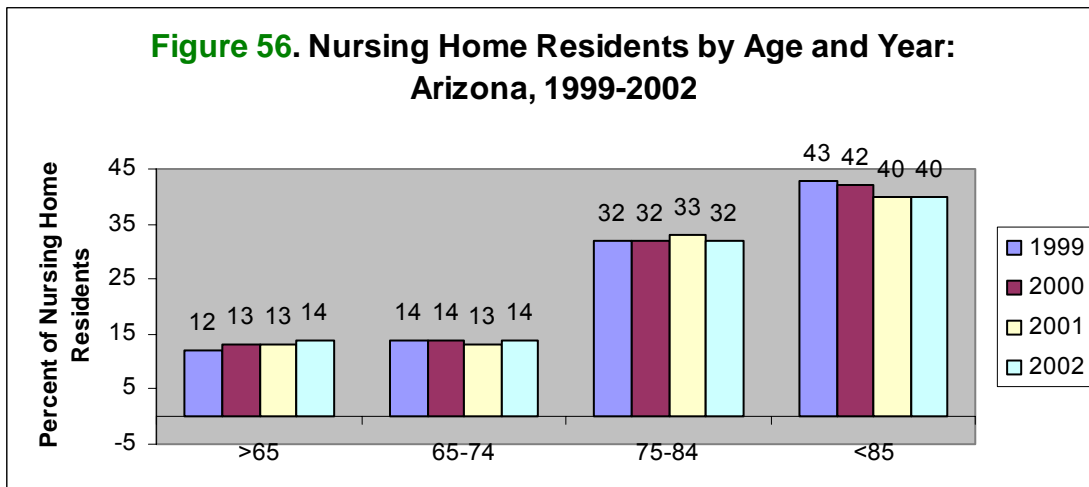
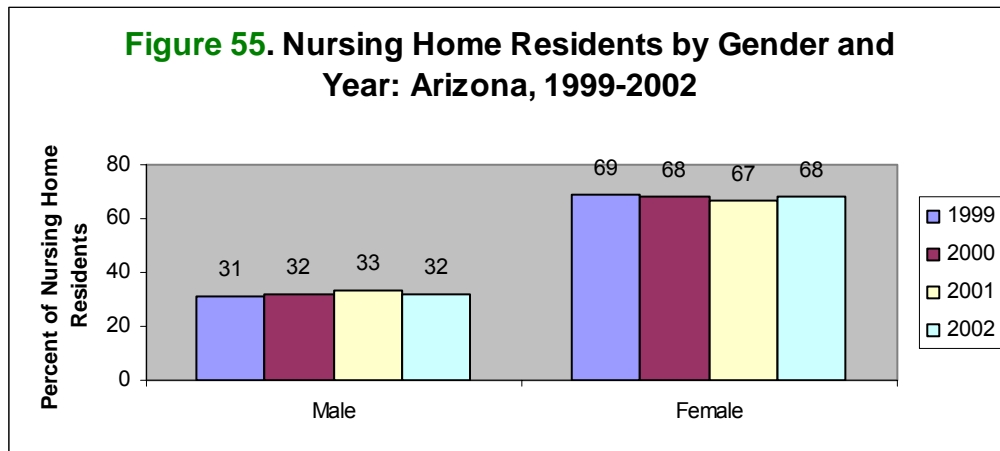
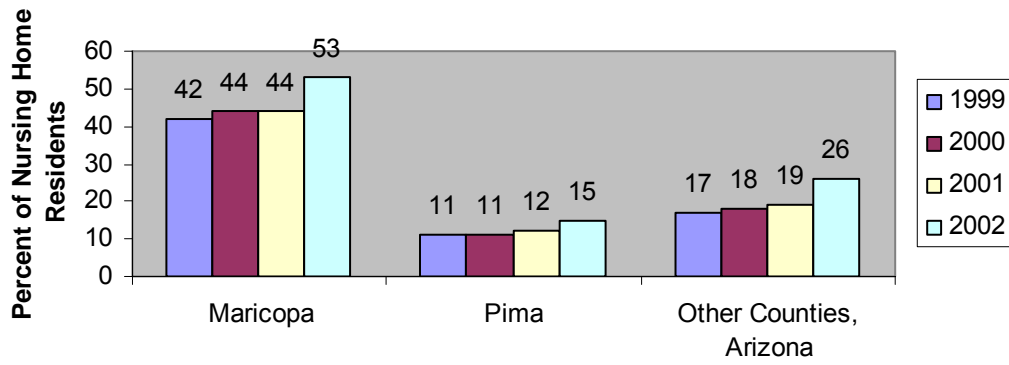
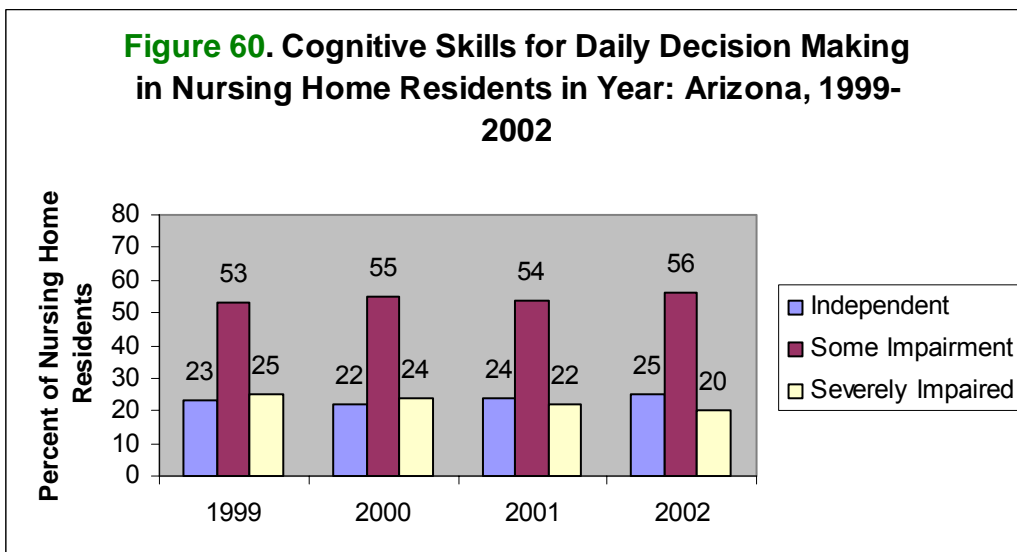
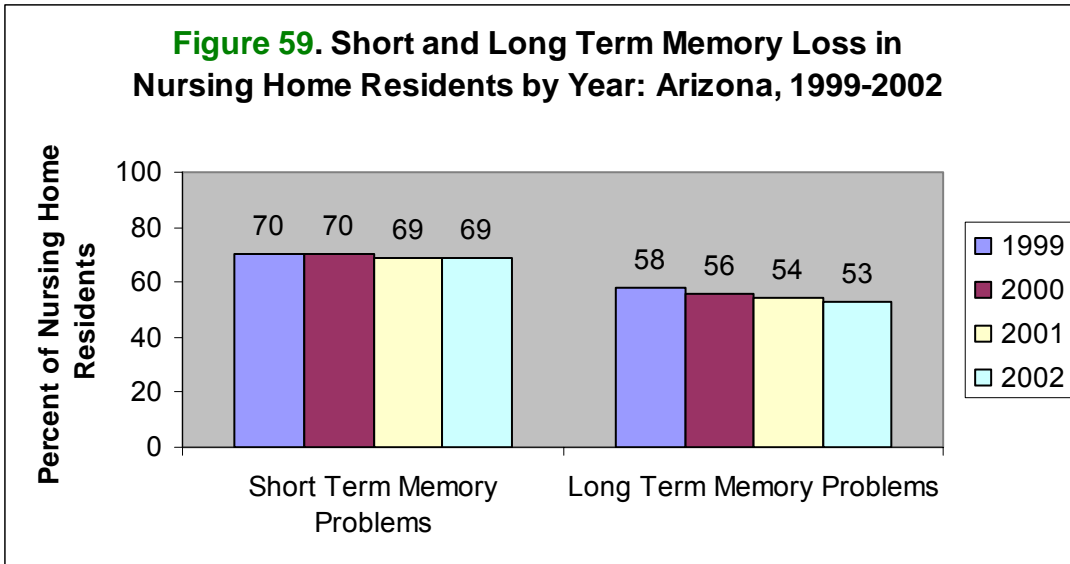


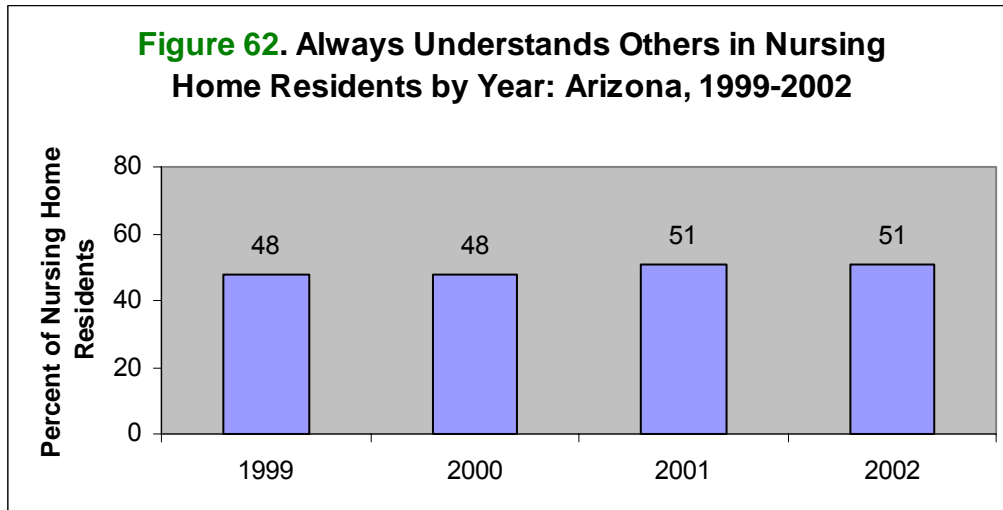
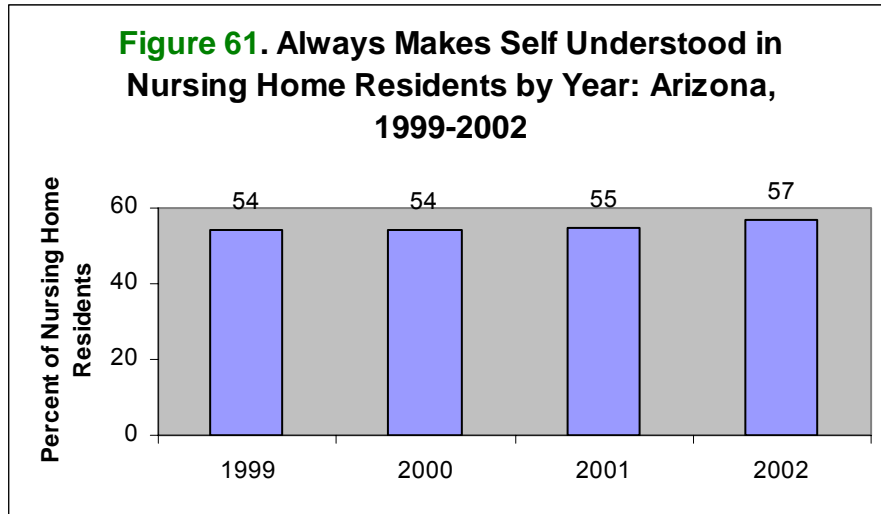
Figure 58. Nursing Home Residents by County of Residence Prior to Admission and Year: Arizona, 1999-2002



2. Cognitive Patterns



3. Communication Patterns



4. Mood and Behavior Patterns

Figure 63. Depressed, Sad, or Anxious Mood Present in Last 7 Days in Nursing Home Residents by Year: Arizona, 1999-2002

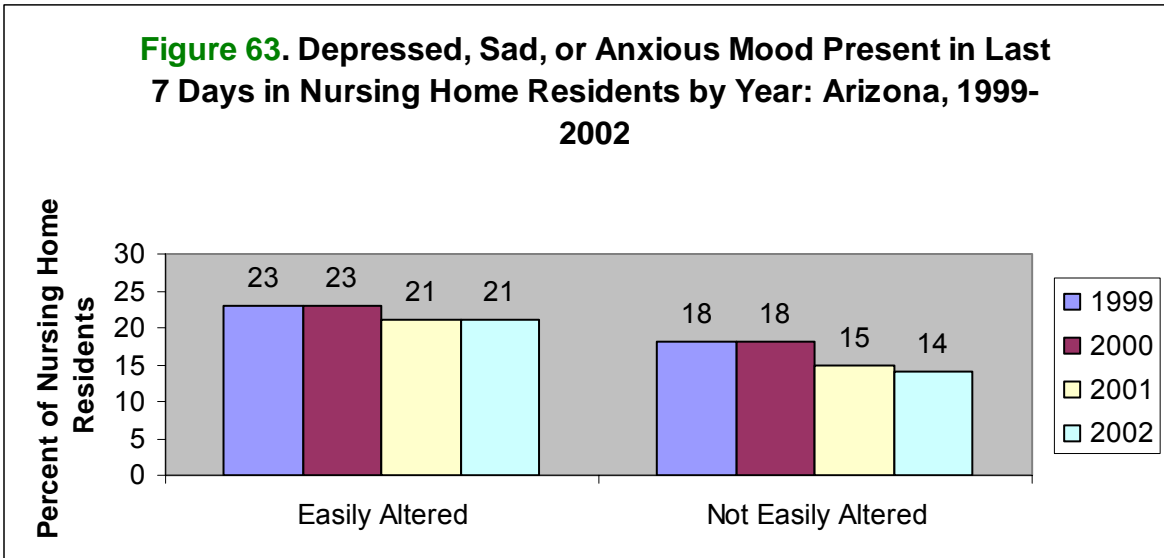


Figure 64. Wandering in Nursing Home Residents by Year: Arizona, 1999-2002

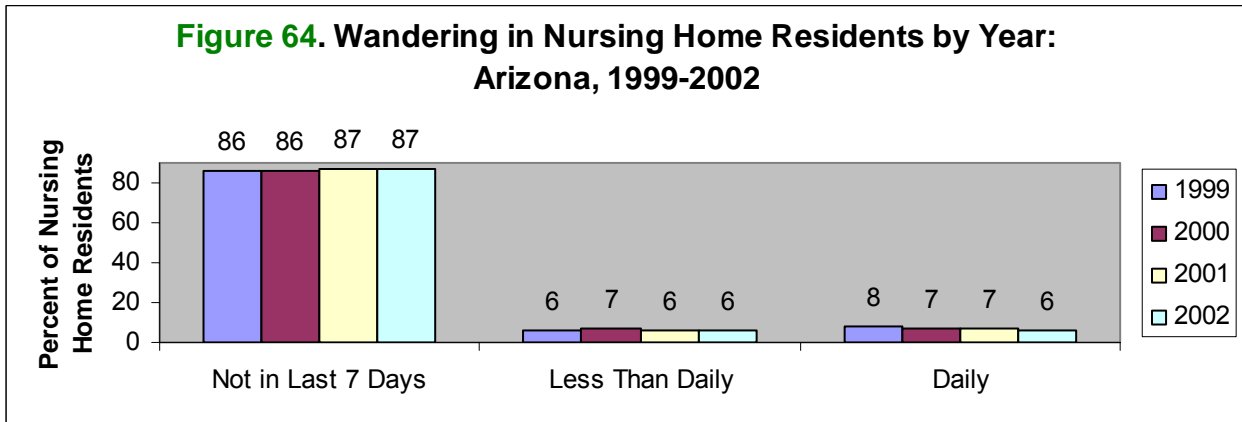


Figure 65. Abusive Behaviors in Nursing Home Residents by Year: Arizona, 1999-2002

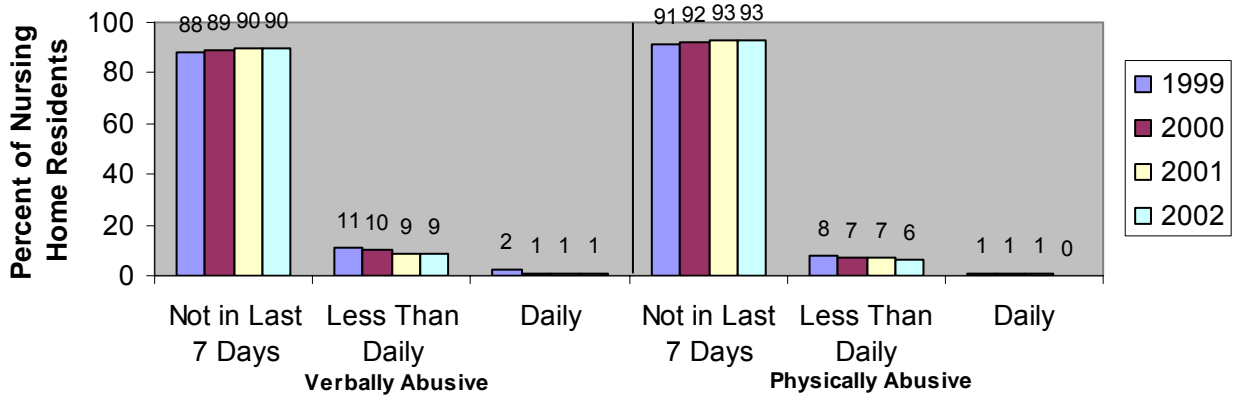
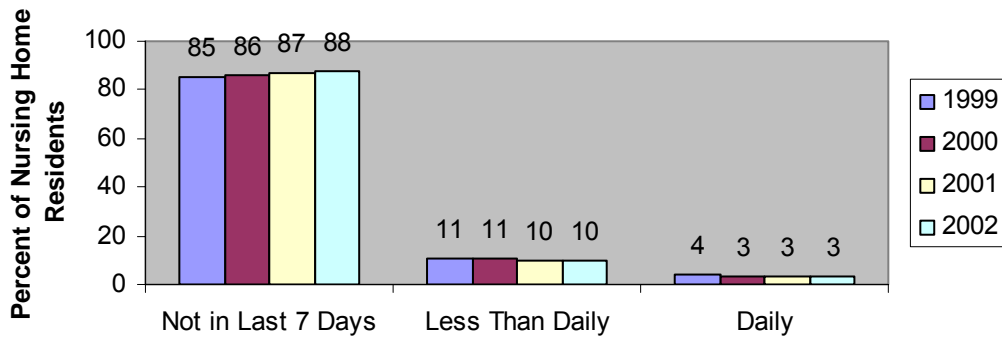


Figure 66. Socially Inappropriate and Disruptive Behavioral Symptoms in Nursing Home Residents by Year: Arizona, 1999-2002



5. Physical Functioning

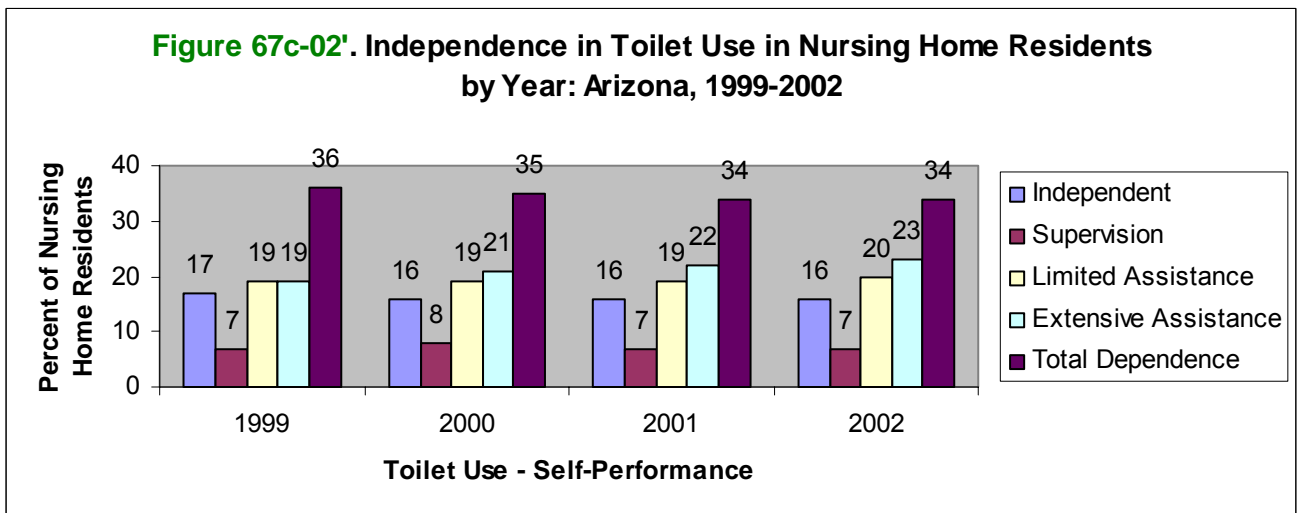
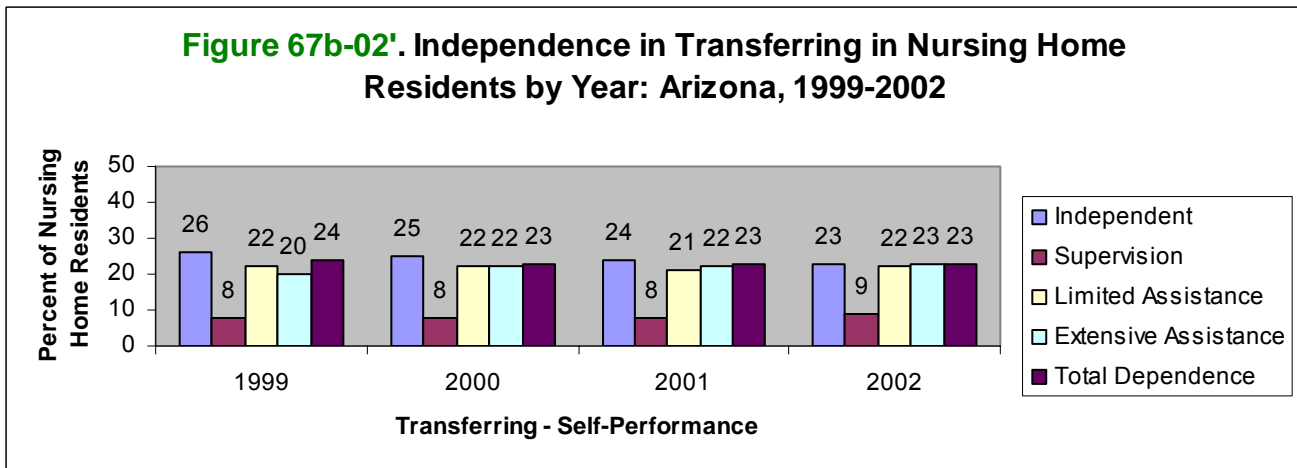
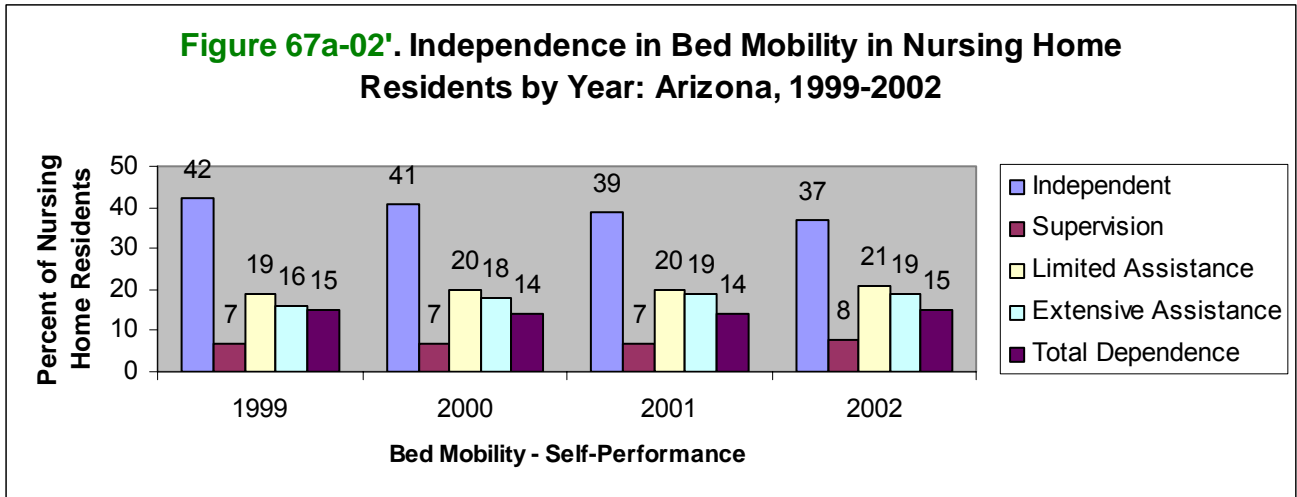


Figure 67d-02'. Independence in Dressing in Nursing Home Residents by Year: Arizona, 1999-2002

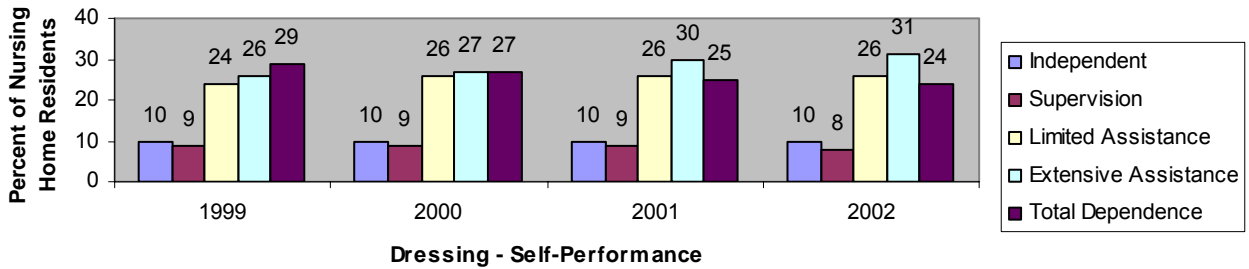


Figure 67e-02'. Independence in Bathing in Nursing Home Residents by Year: Arizona, 1999-2002

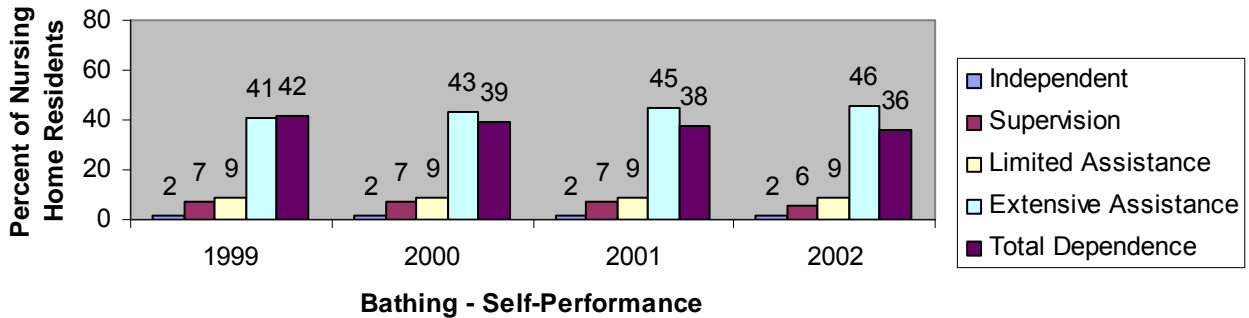
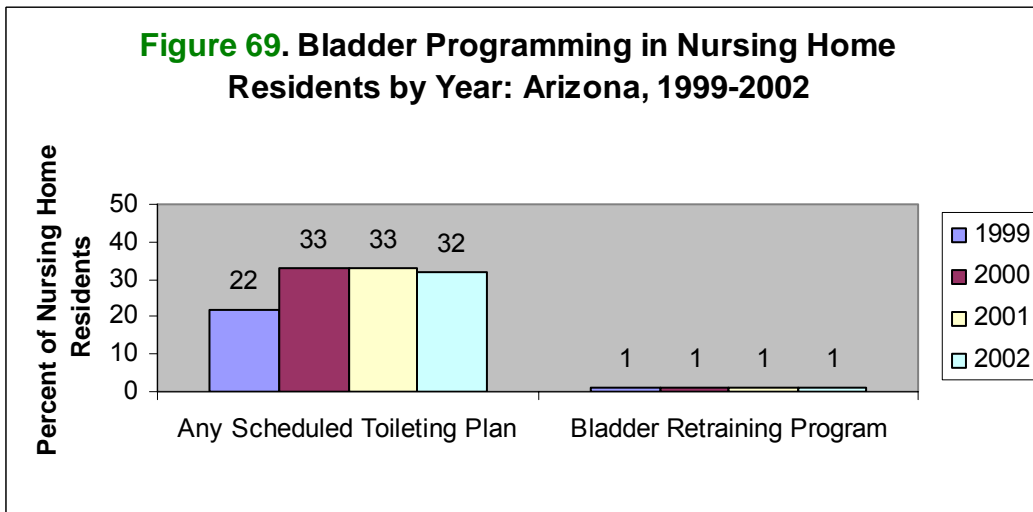
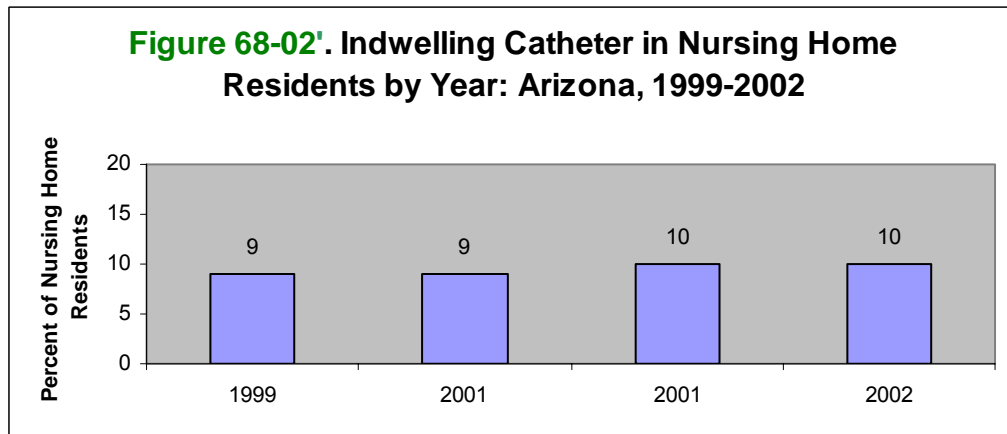
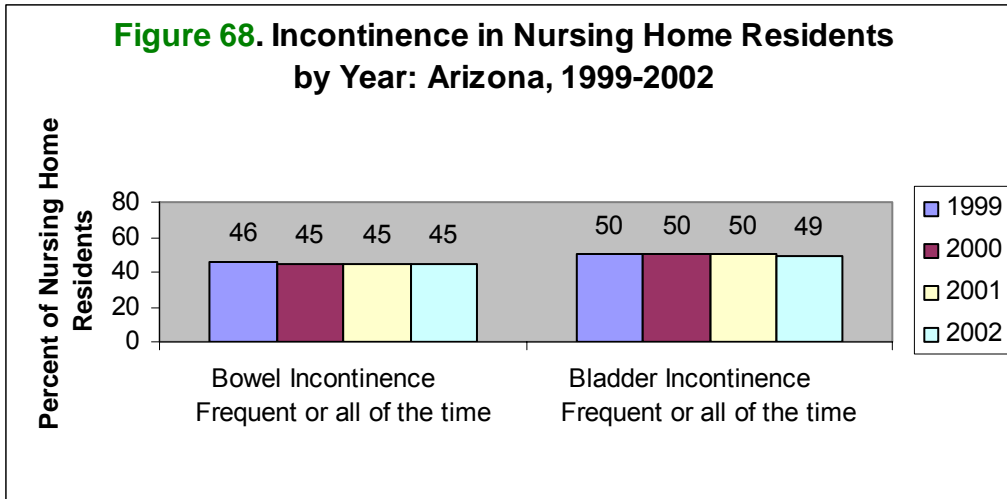


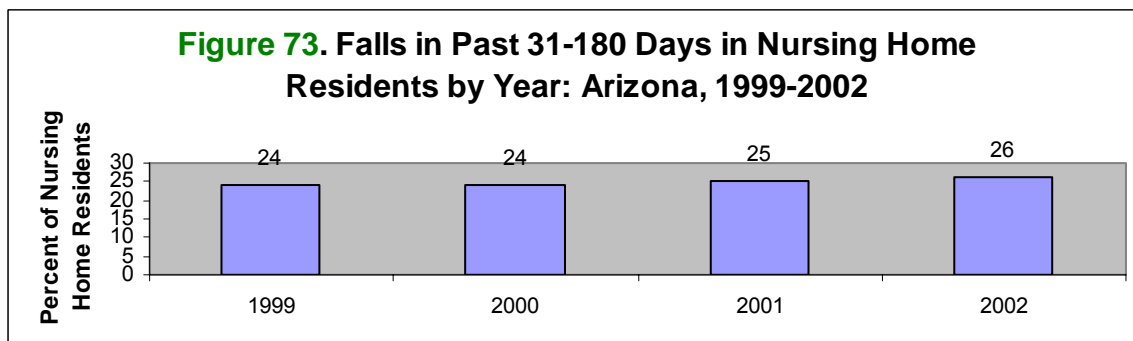
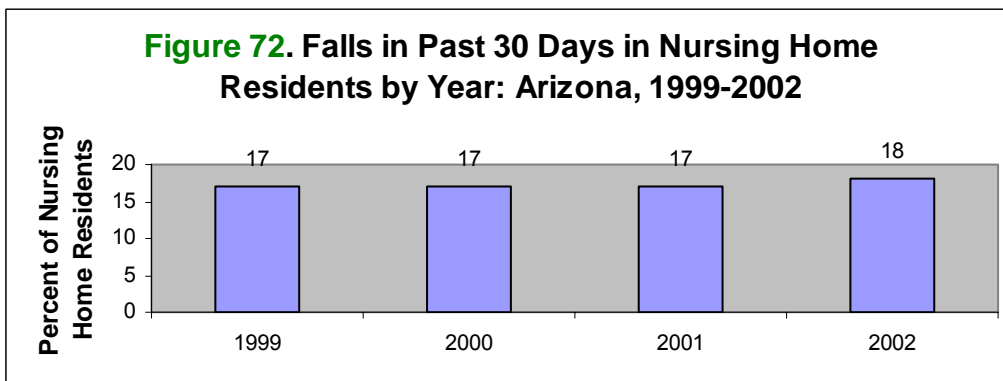
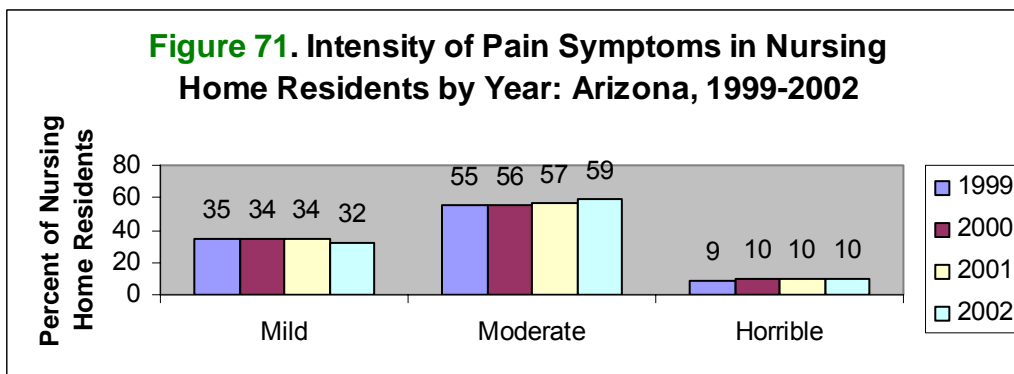
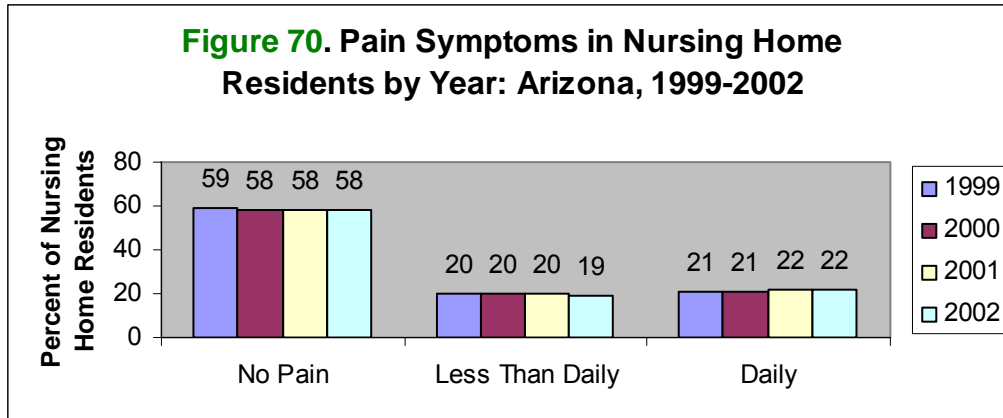
Figure 67f-02'. Independence in Eating in Nursing Home Residents by Year: Arizona, 1999-2002



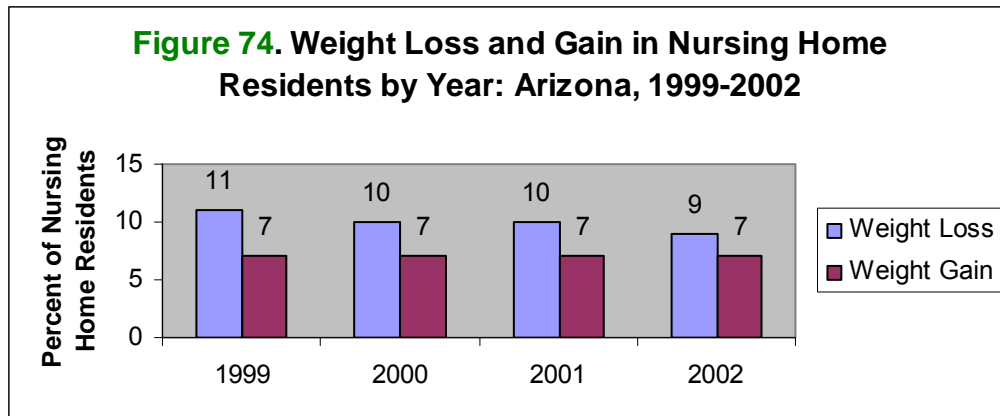
6. Continence



7. Health Conditions: Pain Symptoms and Falls



8. Oral and Nutritional Status



9. Skin Condition

Figure 75. At Least One Ulcer by Stage in Nursing Home Residents by Year: Arizona, 1999-2002

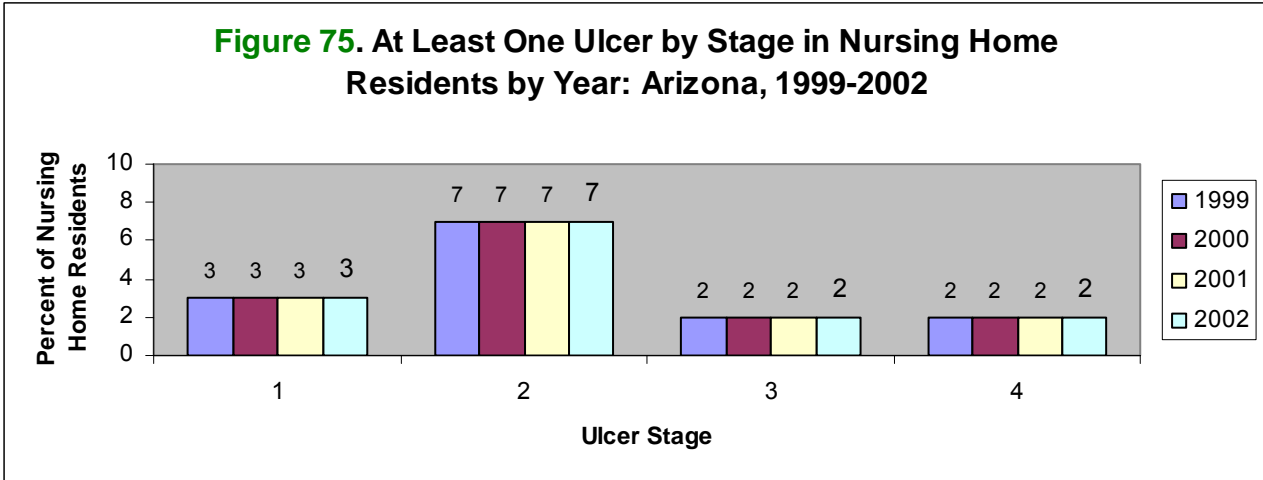
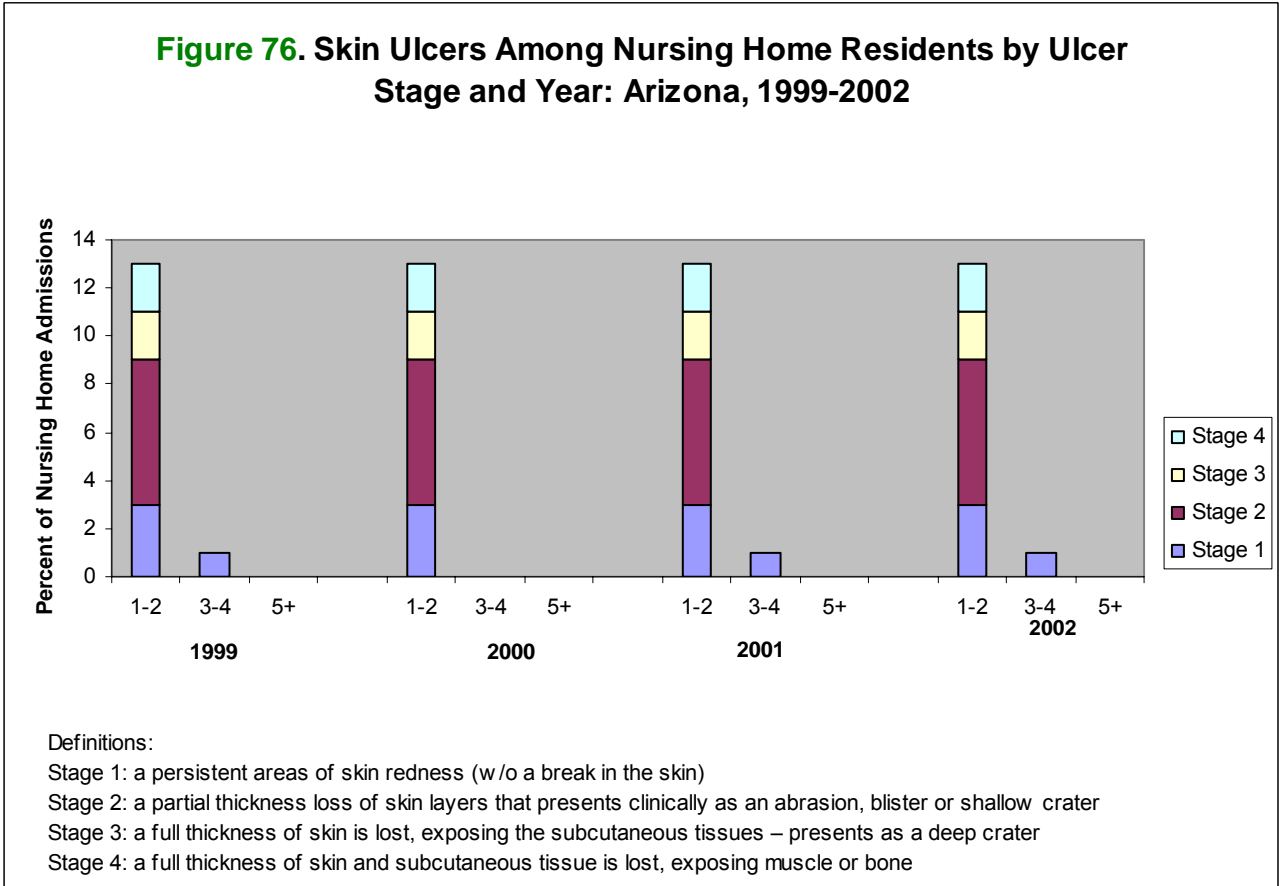
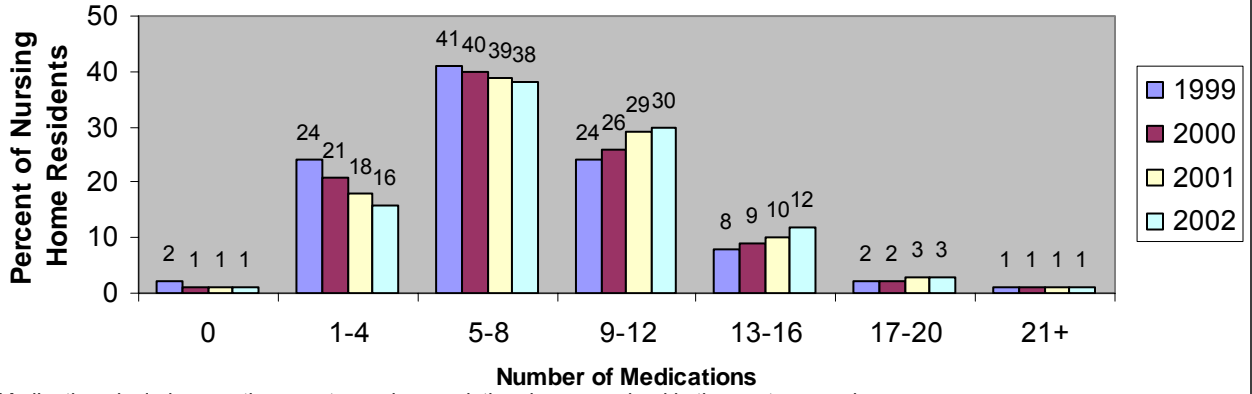


Figure 76. Skin Ulcers Among Nursing Home Residents by Ulcer Stage and Year: Arizona, 1999-2002



10. Medications

Figure 77. Medication Usage Among Nursing Home Residents by Year: Arizona, 1999-2002



* Medications include over-the-counter and prescription drugs received in the past seven days.

II. Resident Groups: Chronic Care Residents, Post-Hospitalization Residents, and Residents in Transition

A. Resident Groups at Admission:

1. Demographic Profile

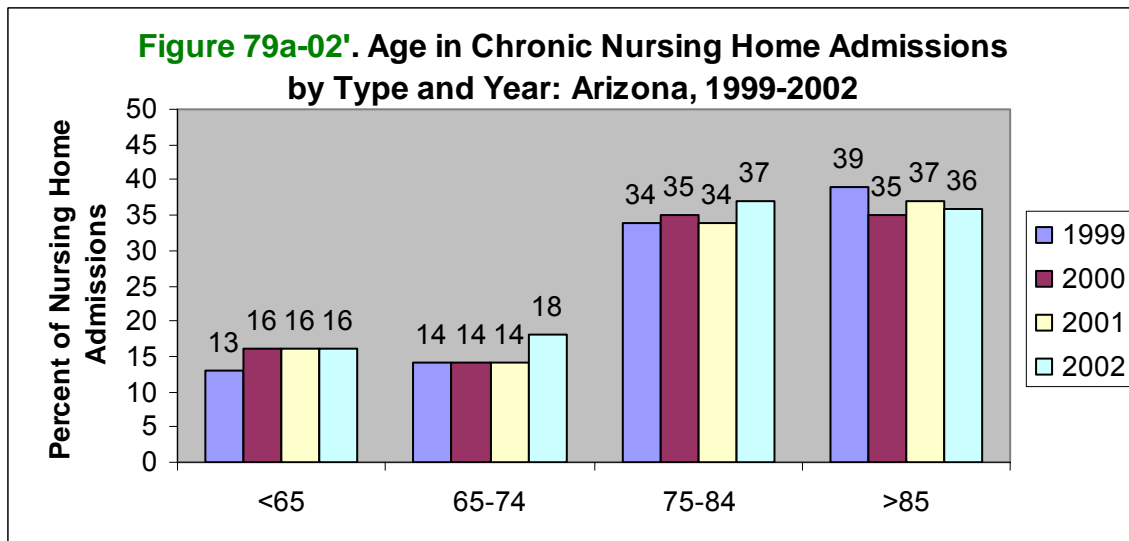
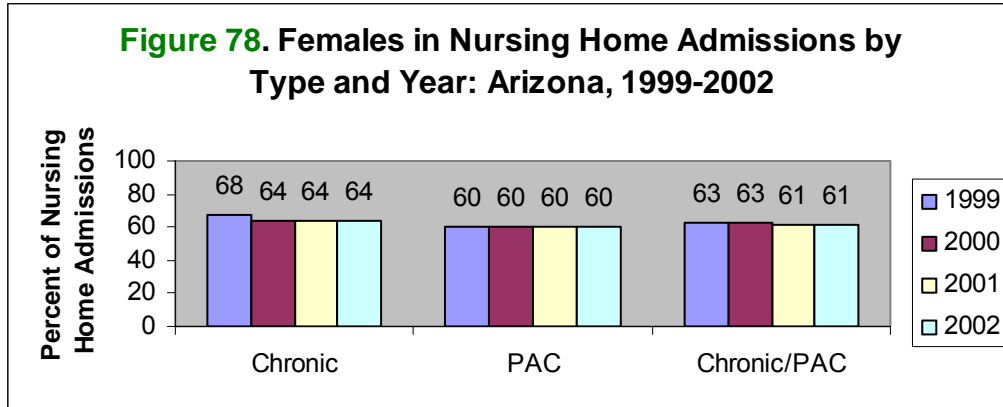


Figure 79b-02'. Age in PAC Nursing Home Admissions by Type and Year: Arizona, 1999-2002

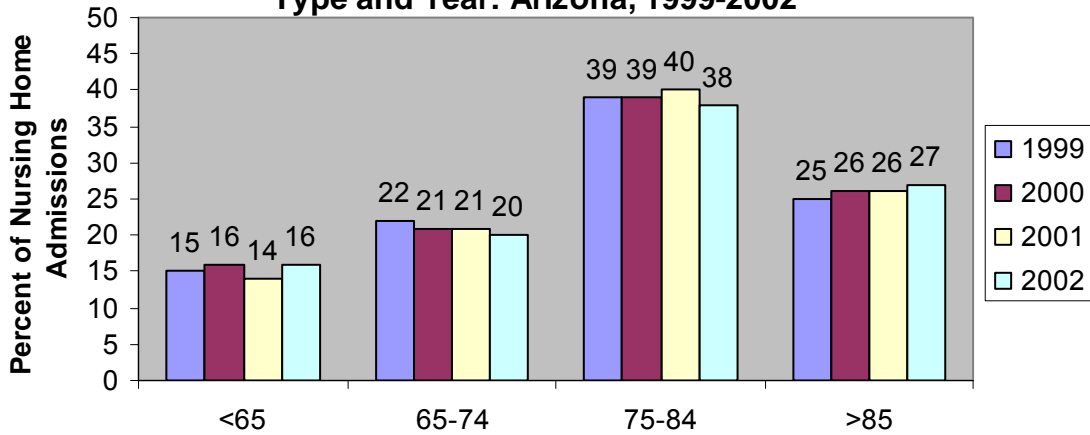


Figure 79c-02'. Age in Chronic/PAC Nursing Home Admissions by Type and Year: Arizona, 1999-2002

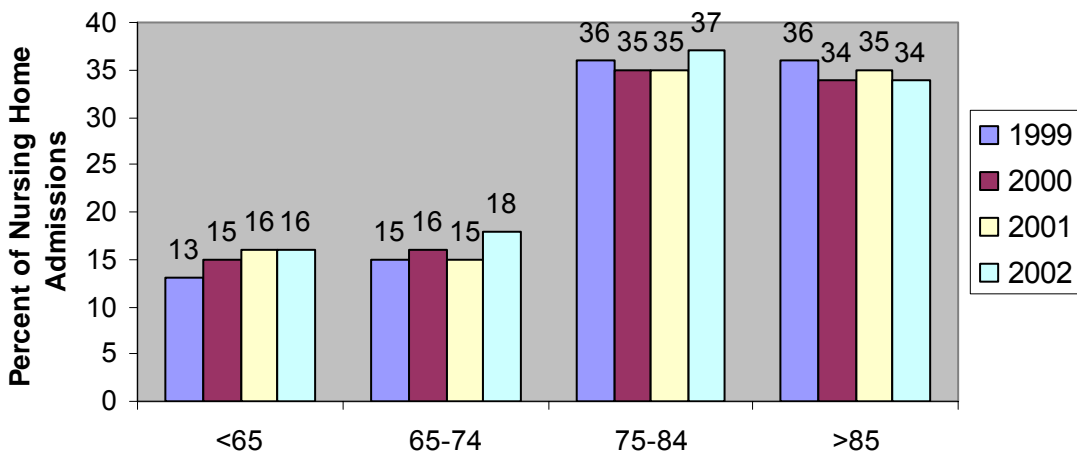


Figure 81. White Race in Nursing Home Admissions by Type and Year: Arizona, 1999-2002

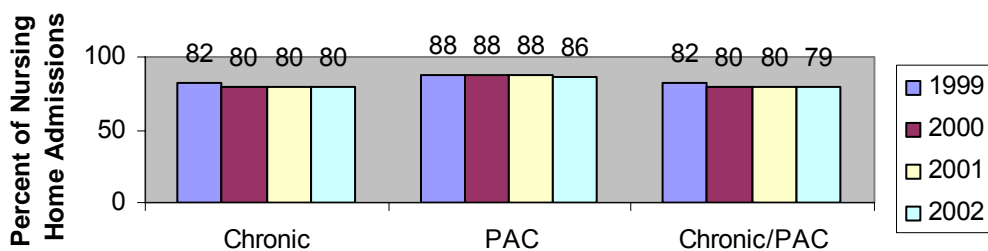


Figure 81-02'. Hispanic Race in Nursing Home Admissions by Type and Year: Arizona, 1999-2002

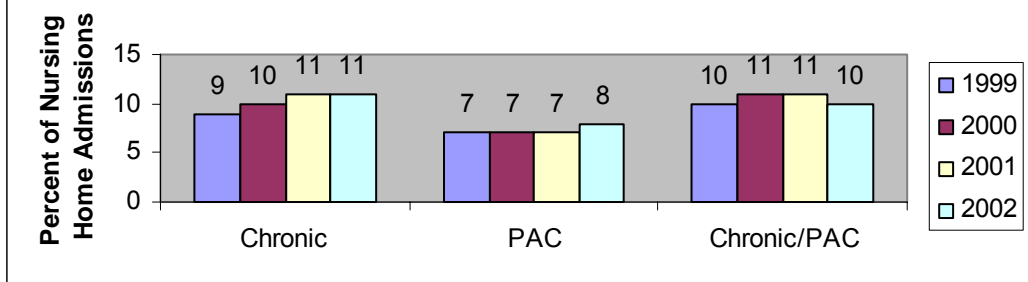


Figure 82. Nursing Home Admissions Living Alone Prior To Admission by Admission Type and Year: Arizona, 1999-2002

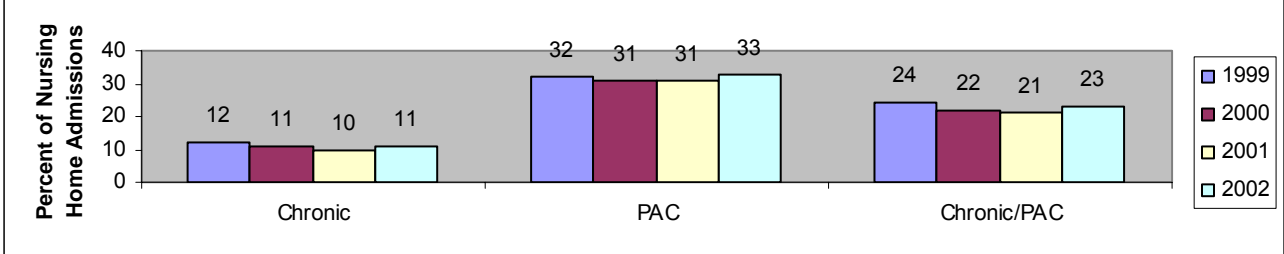


Figure 83. Nursing Home Admissions by County of Prior Residence by Admission Type and Year: Arizona, 1999-2002

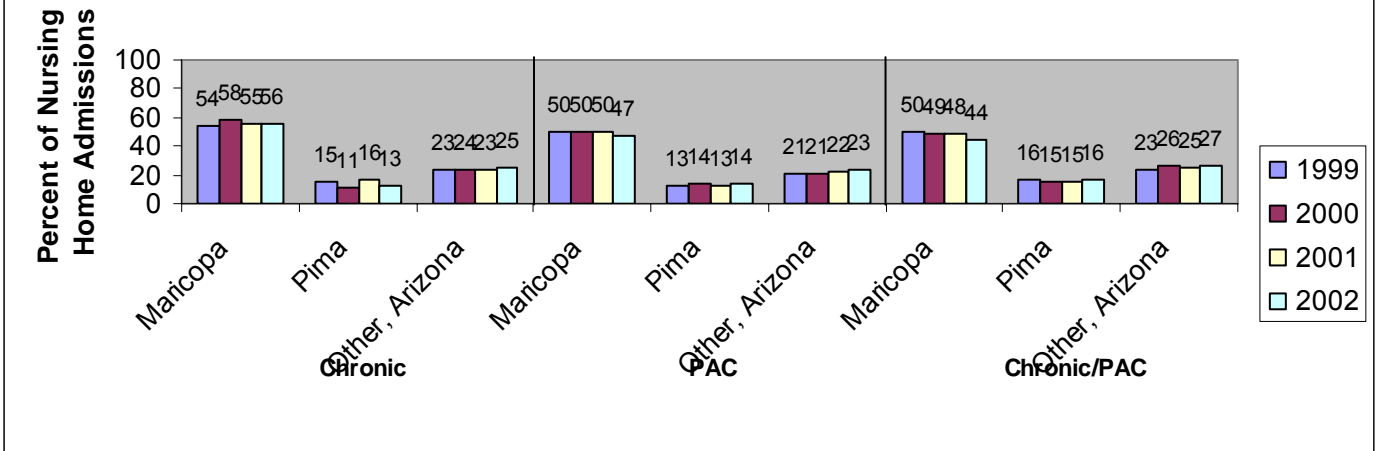
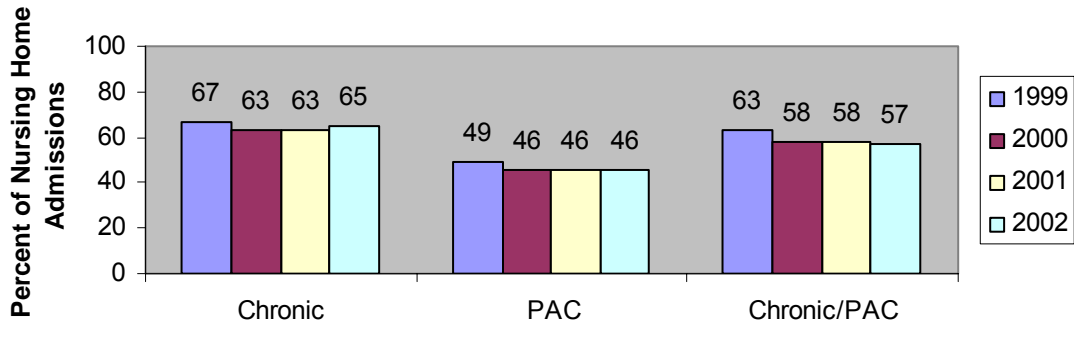


Figure 84. Advanced Directives of Any Type Among Nursing Home Admissions by Type and Year: Arizona, 1999-2002



2. Cognitive Patterns

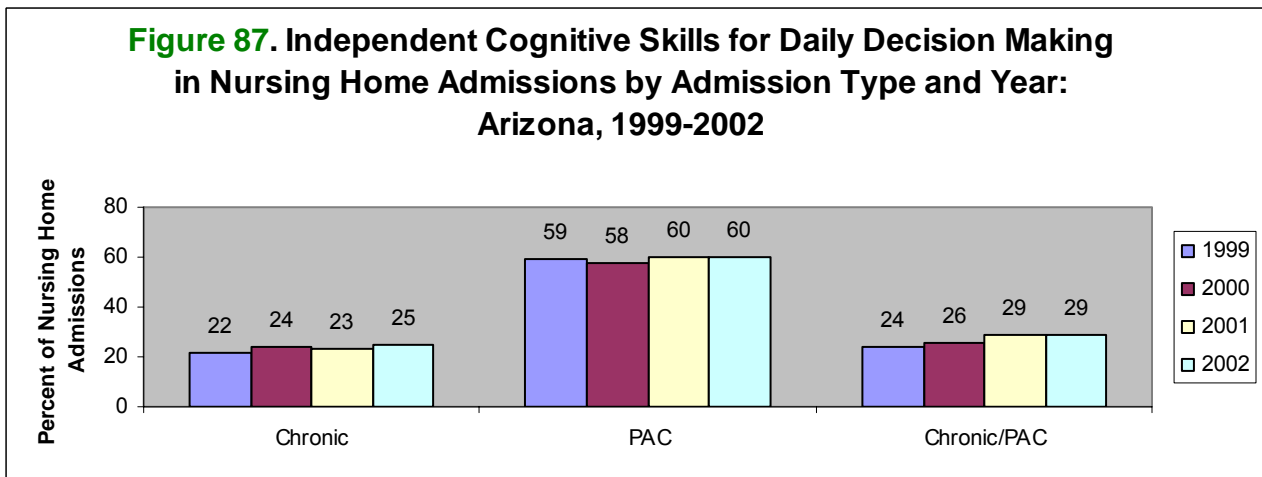
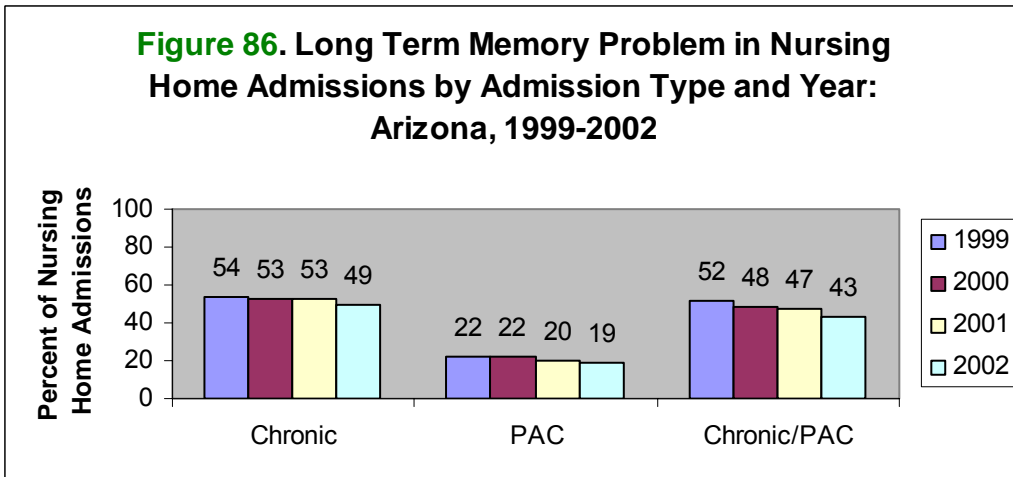
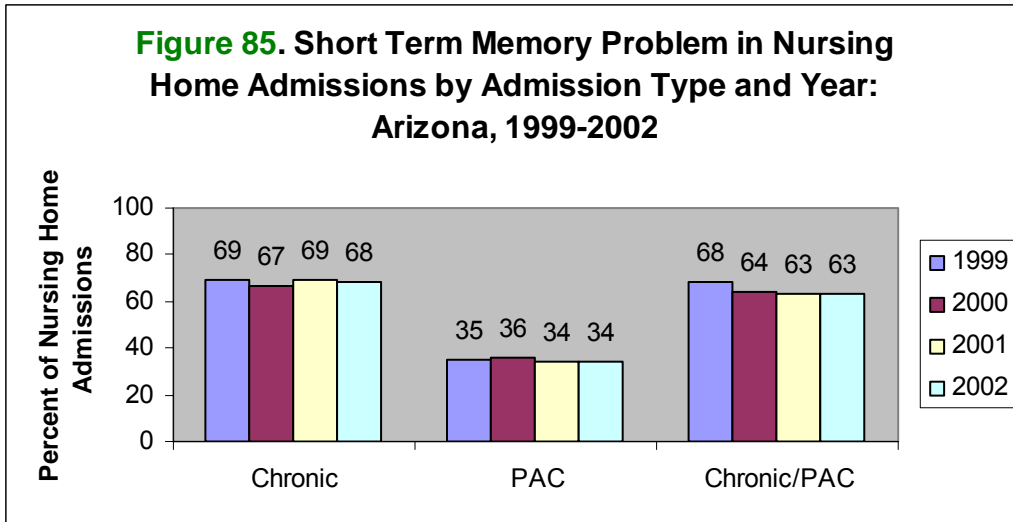


Figure 88. Modified Independence to Moderately Impaired Cognitive Skills for Daily Decision Making in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

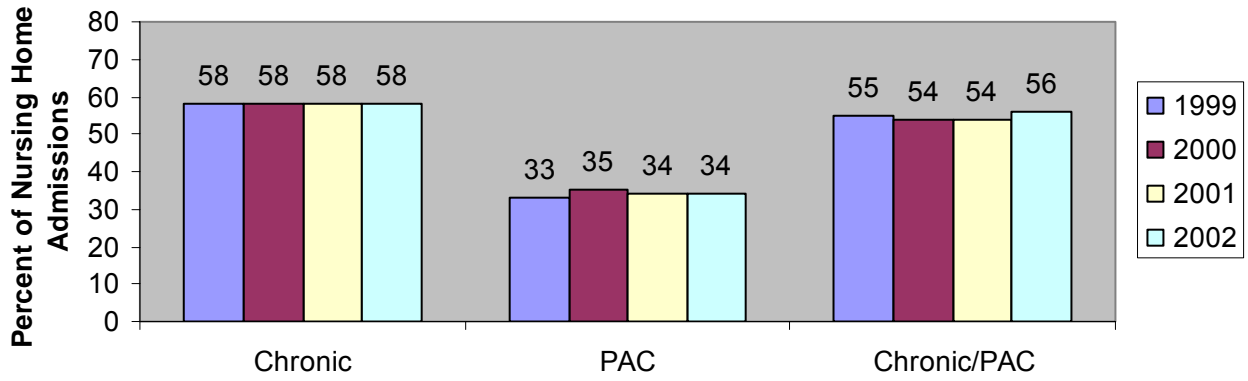
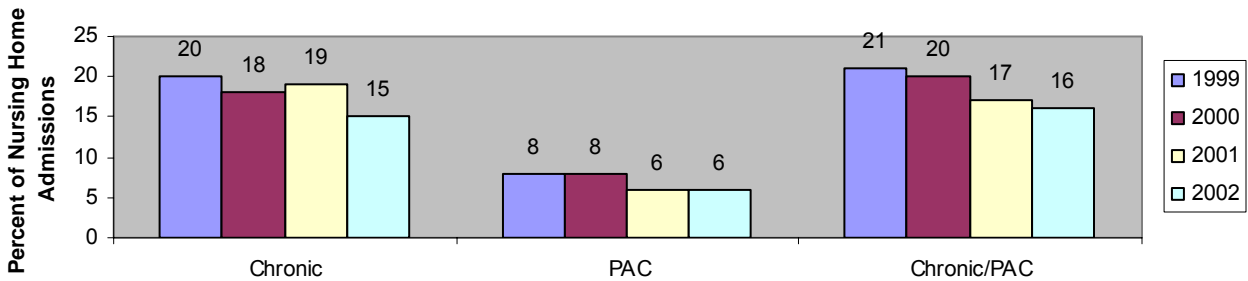


Figure 88-02'. Severely Impaired Cognitive Skills for Daily Decision Making in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002



3. Communication, Hearing and Vision Patterns

Figure 89. Hearing and Vision Loss in Chronic Nursing Home Admissions by Year: Arizona, 1999-2002

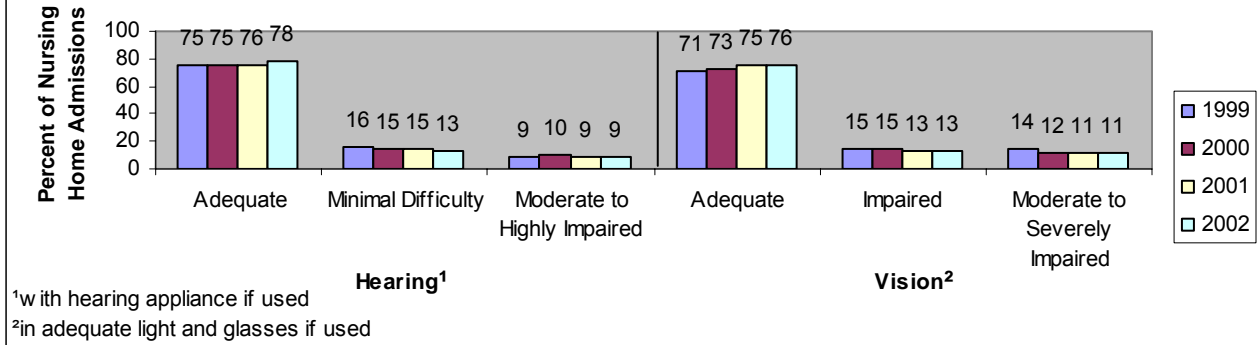


Figure 90. Ability to Understand Others in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

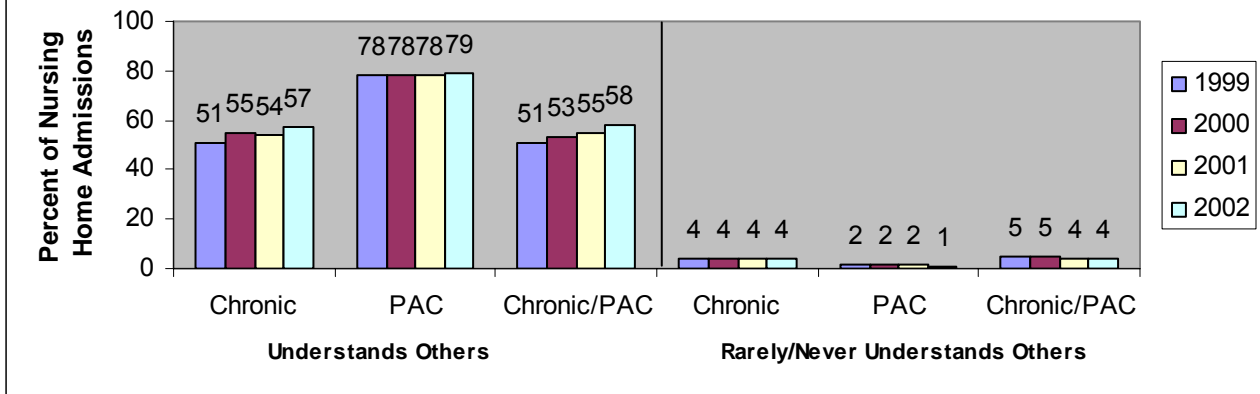


Figure 91. Making Self Understood in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

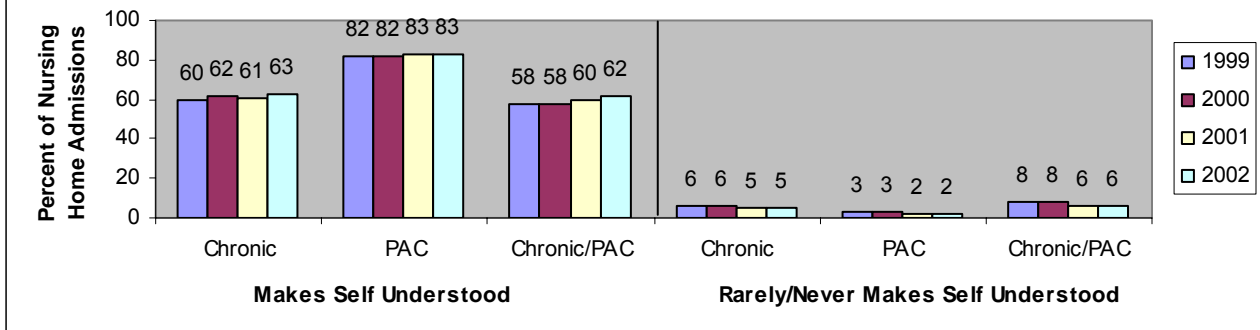
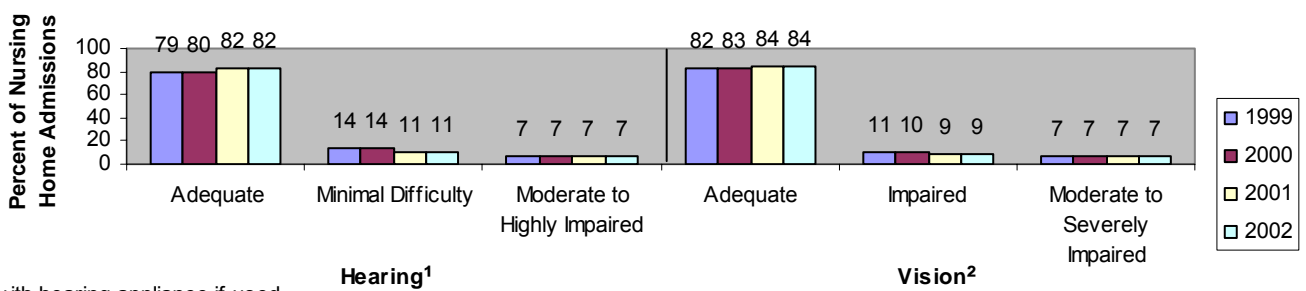


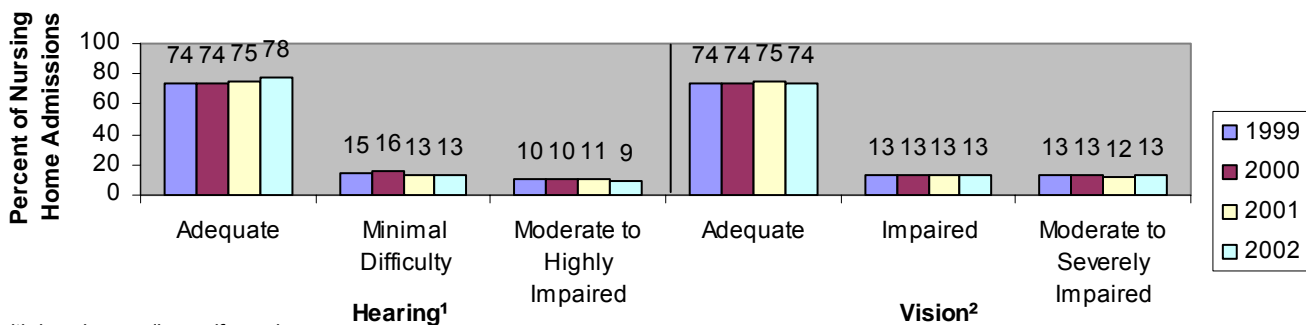
Figure 92. Hearing and Vision Loss in PAC Nursing Home Admissions by Year: Arizona, 1999-2002



¹w ith hearing appliance if used

²in adequate light and glasses if used

Figure 93. Hearing and Vision Loss in Chronic/PAC Nursing Home Admissions by Year: Arizona, 1999-2002



¹w ith hearing appliance if used

²in adequate light and glasses if used

4. Mood and Behavior Patterns

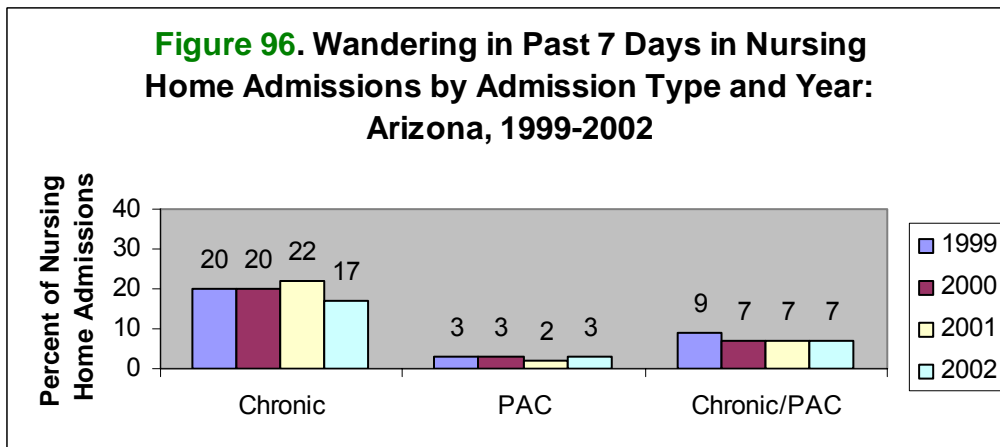
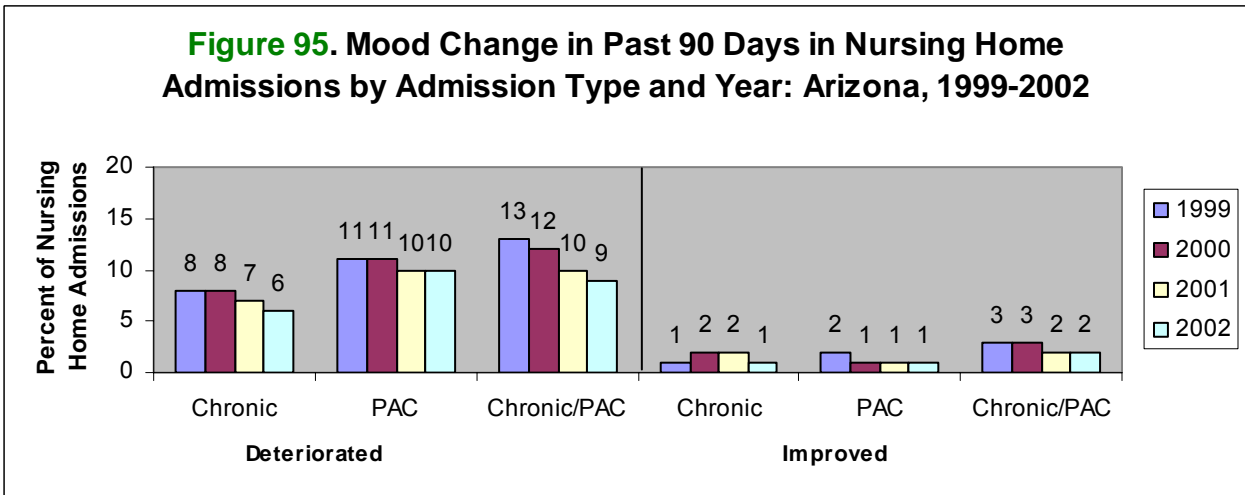
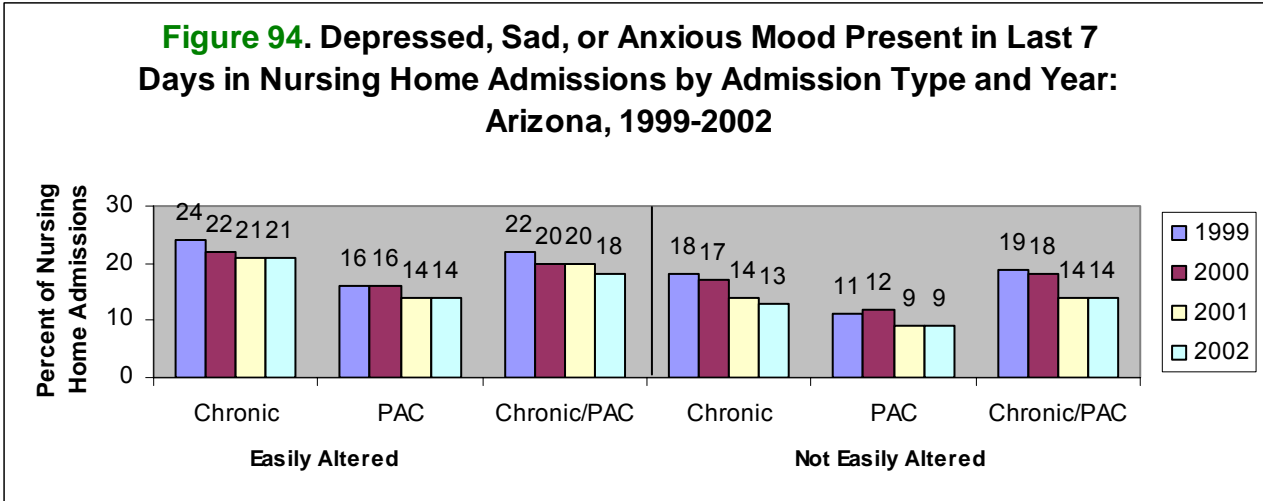


Figure 97. Verbally Abusive in Past 7 Days in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

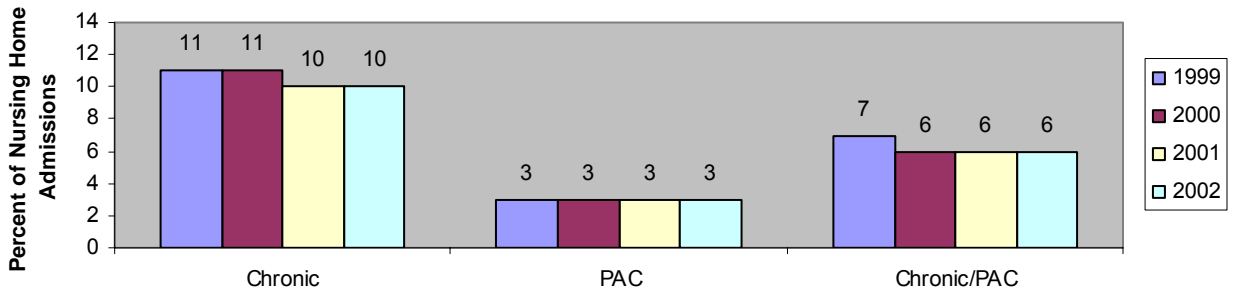
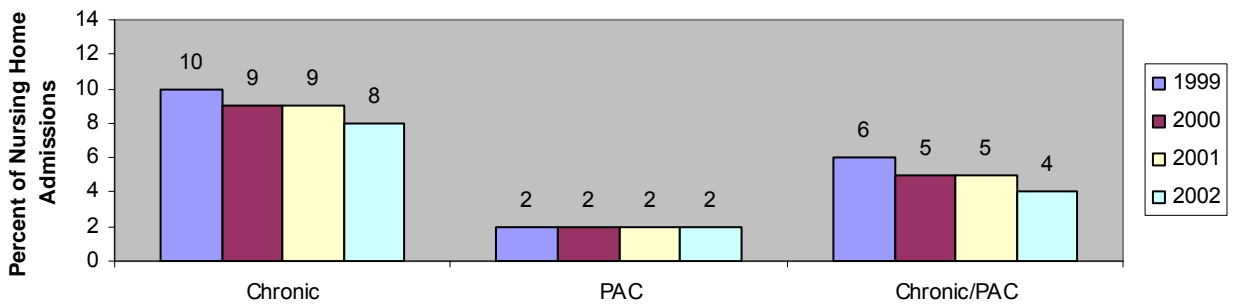


Figure 98. Physically Abusive in Past 7 Days in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002



5. Psychosocial Well-Being

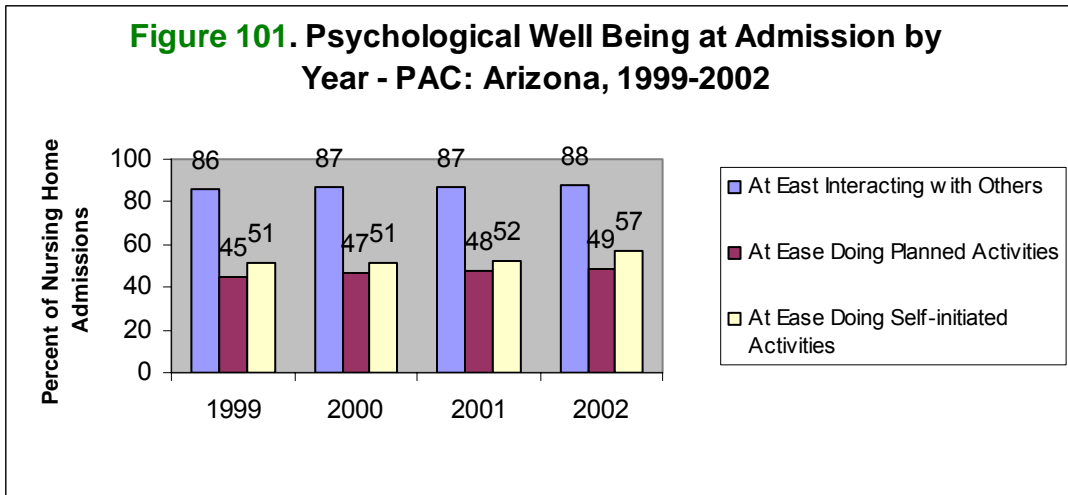
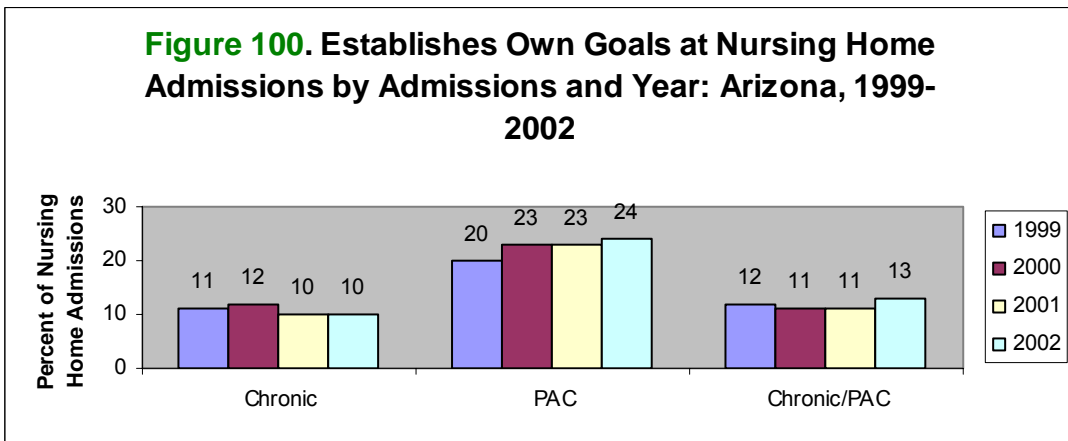
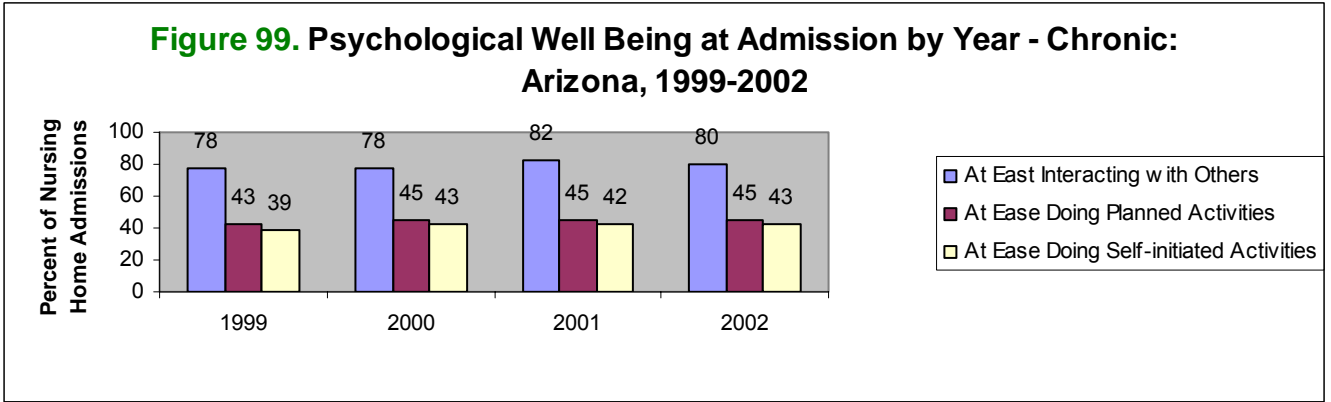
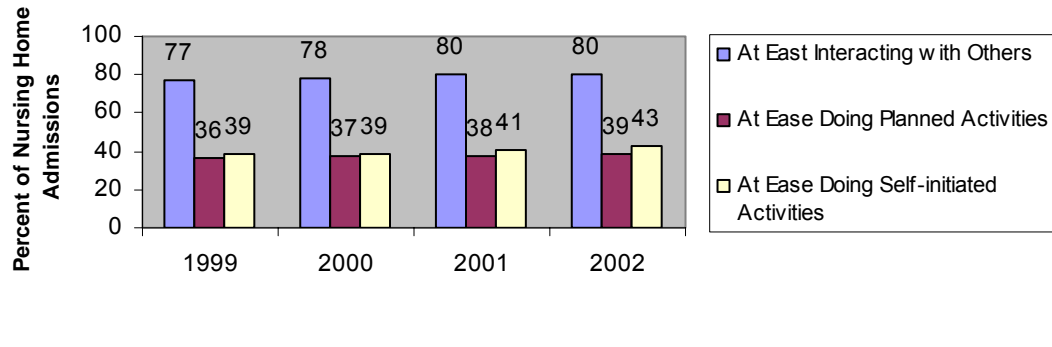


Figure 102. Psychological Well Being at Admission by Year - Chronic/PAC: Arizona, 1999-2002



6. Physical Functioning

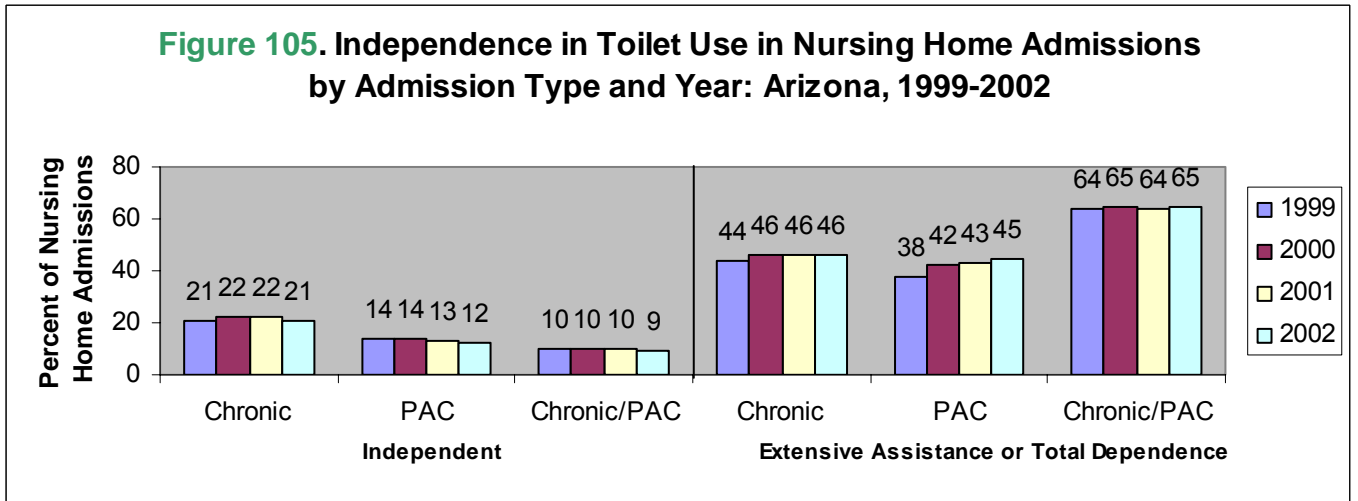
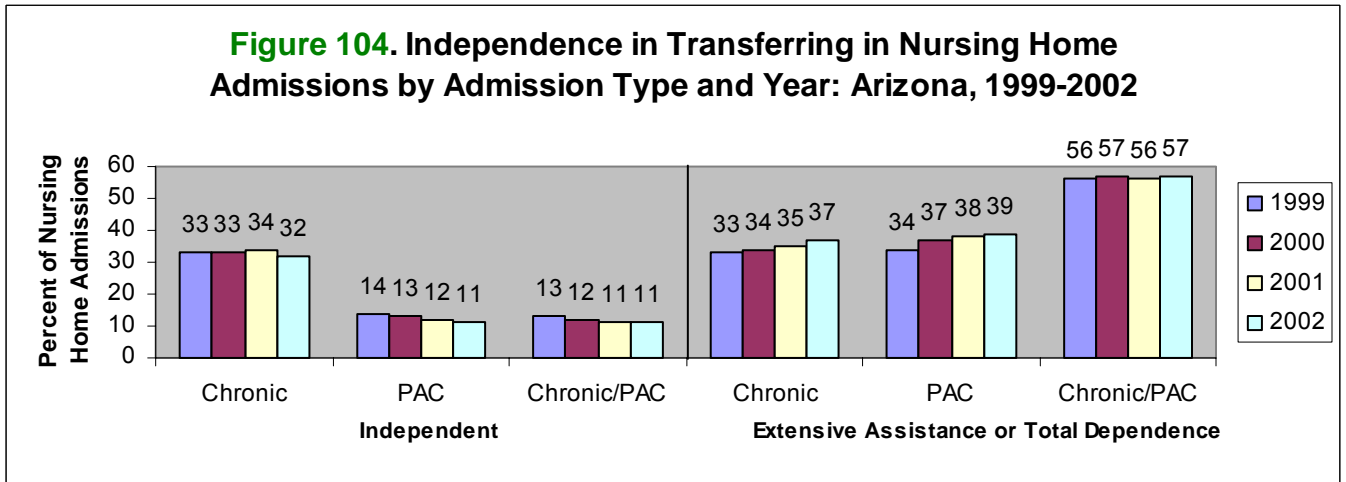
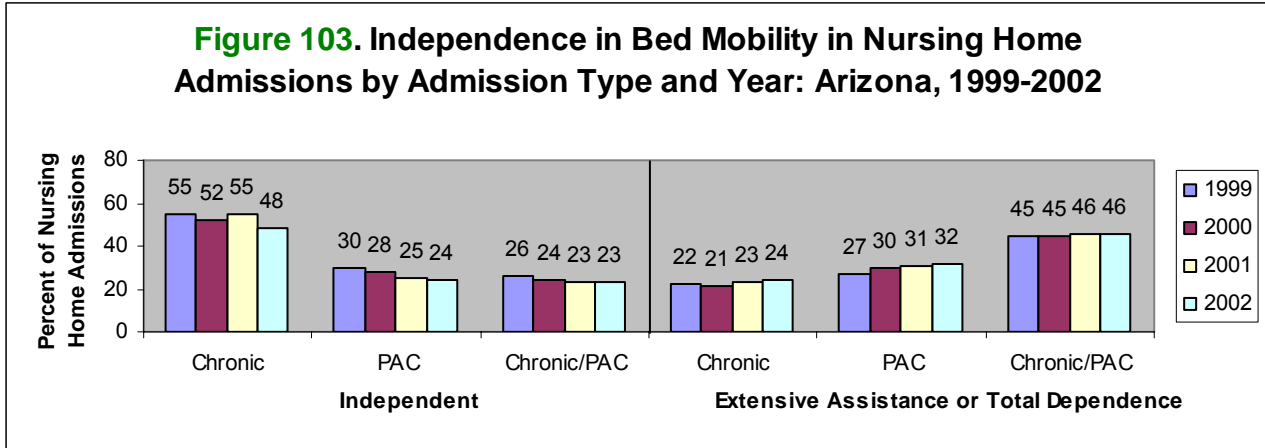


Figure 106. Independence in Dressing in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

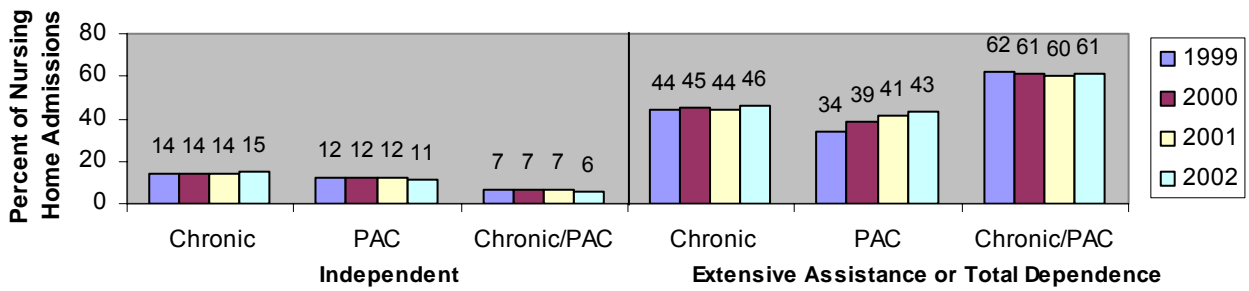


Figure 107. Independence in Bathing in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

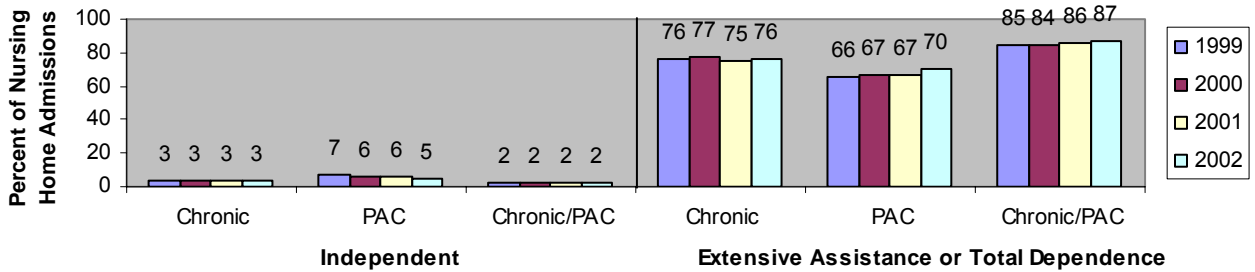
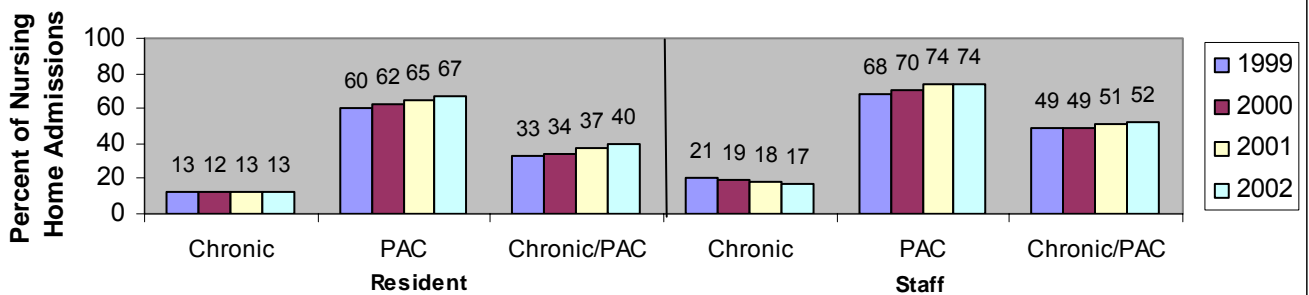
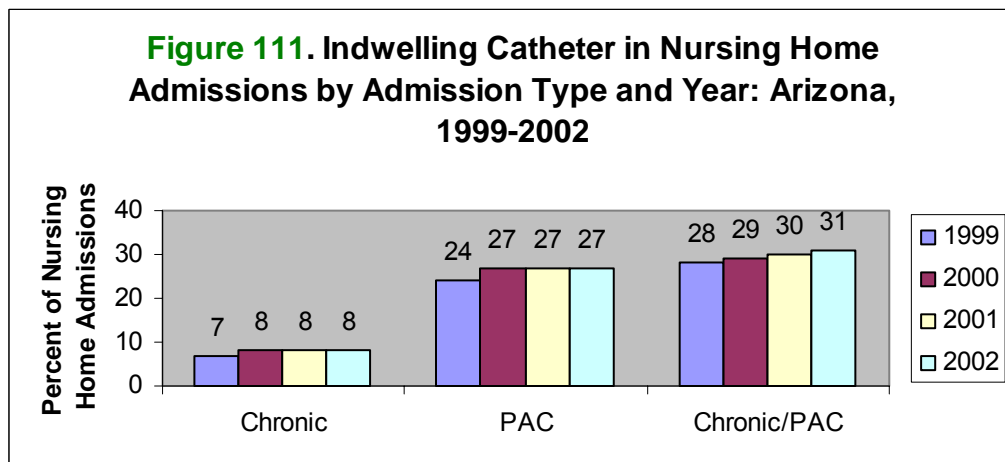
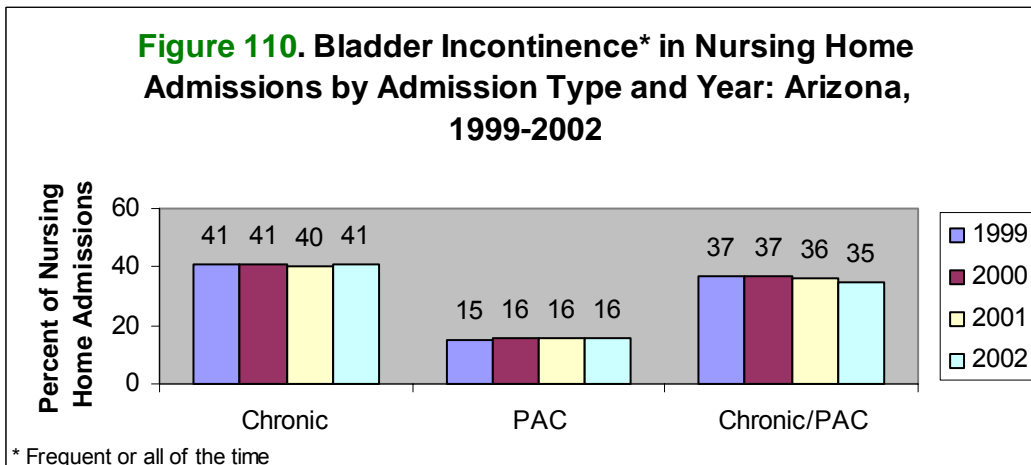
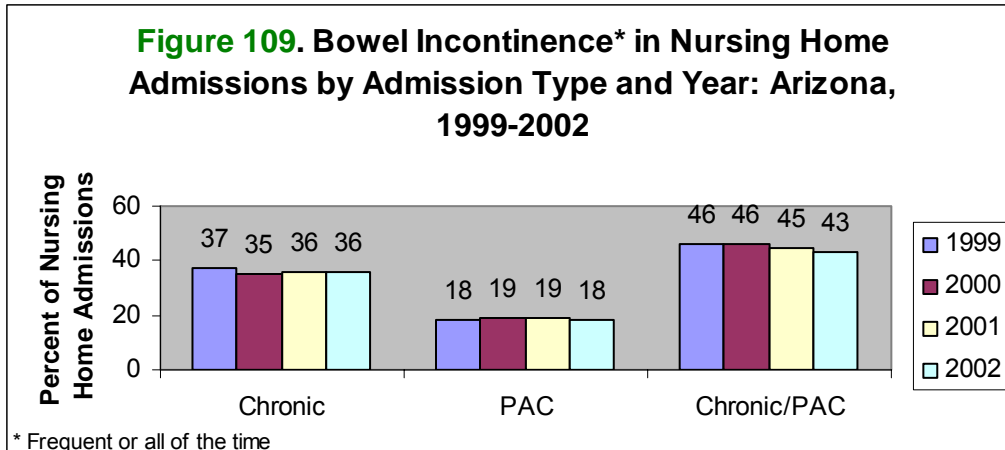


Figure 108. Rehabilitation Potential at Nursing Home Admission by Admission Type and Year: Arizona, 1999-2002

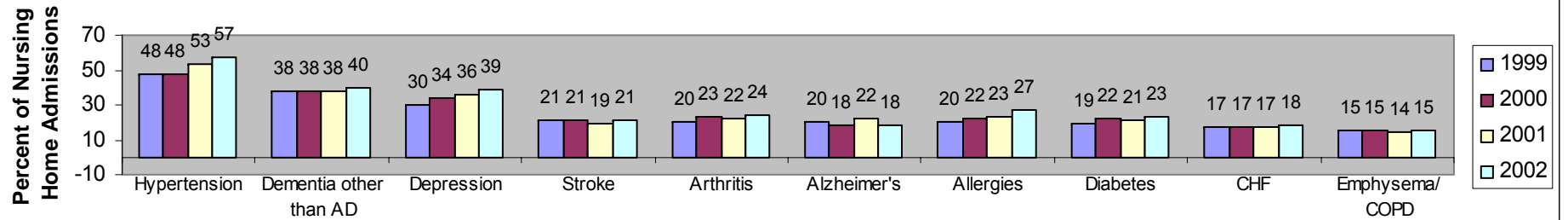


7. Continence



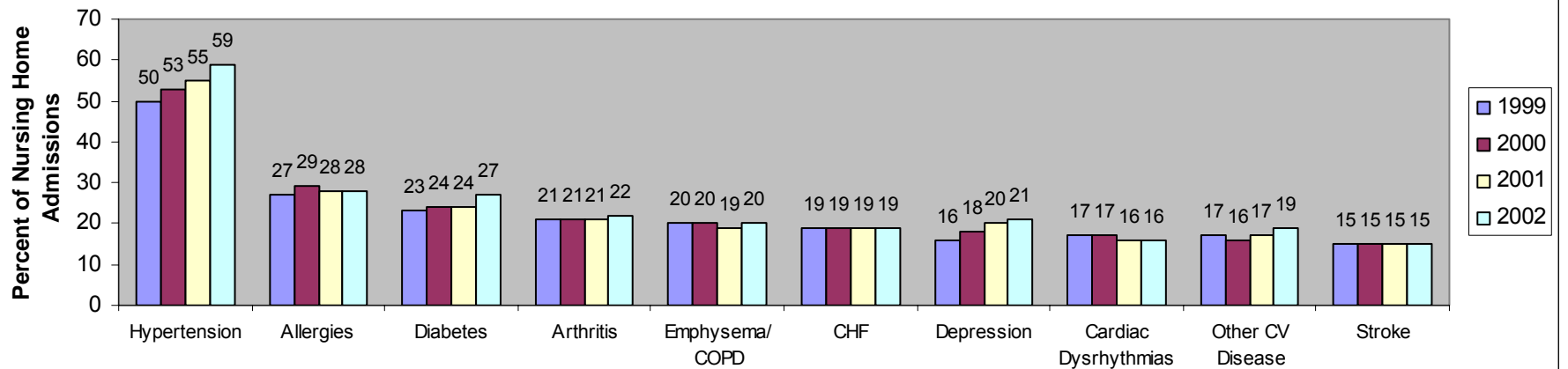
8. Disease Diagnoses

Figure 112. Ten Most Frequent Occurring Conditions* in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002



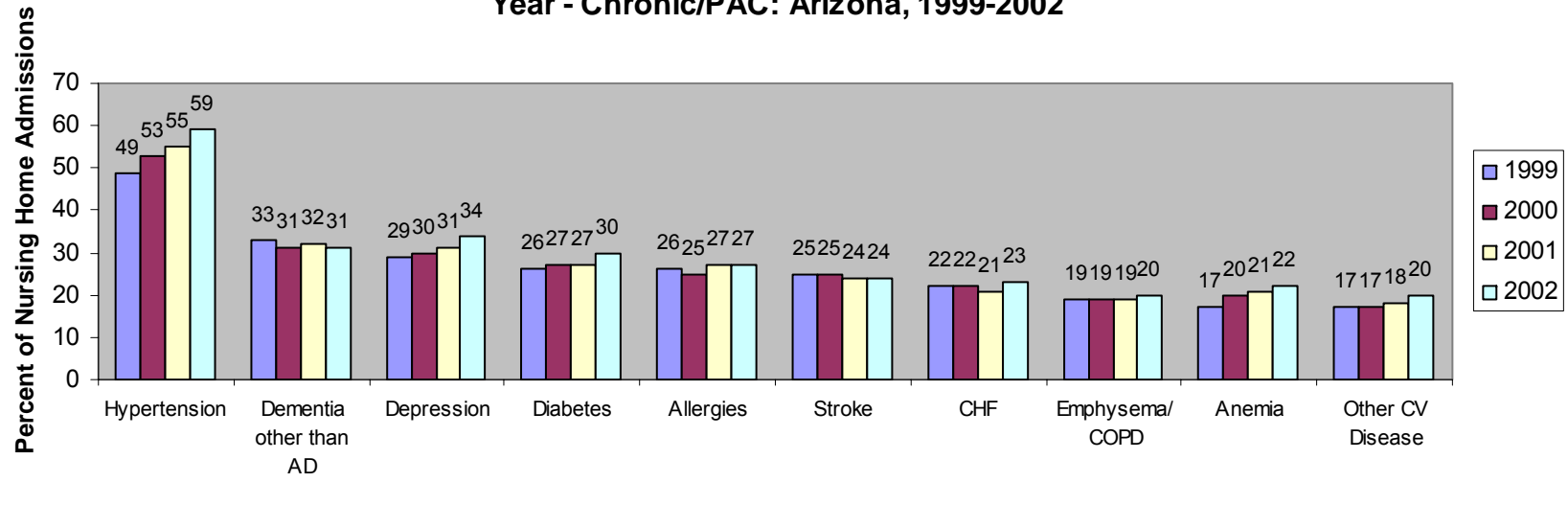
* Conditions with a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. Does not include inactive diagnoses.

Figure 113. Ten Most Frequent Occurring Conditions* in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002



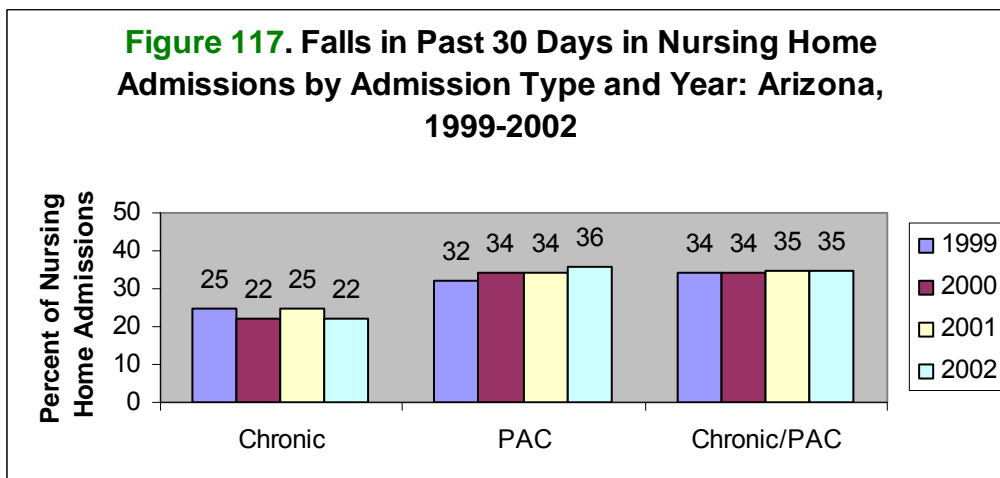
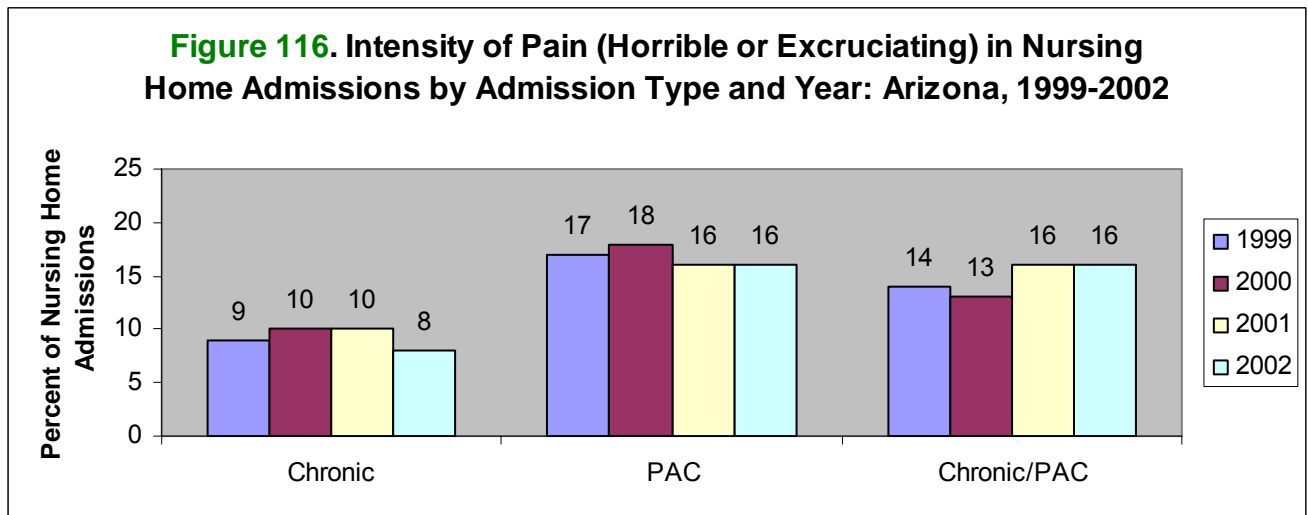
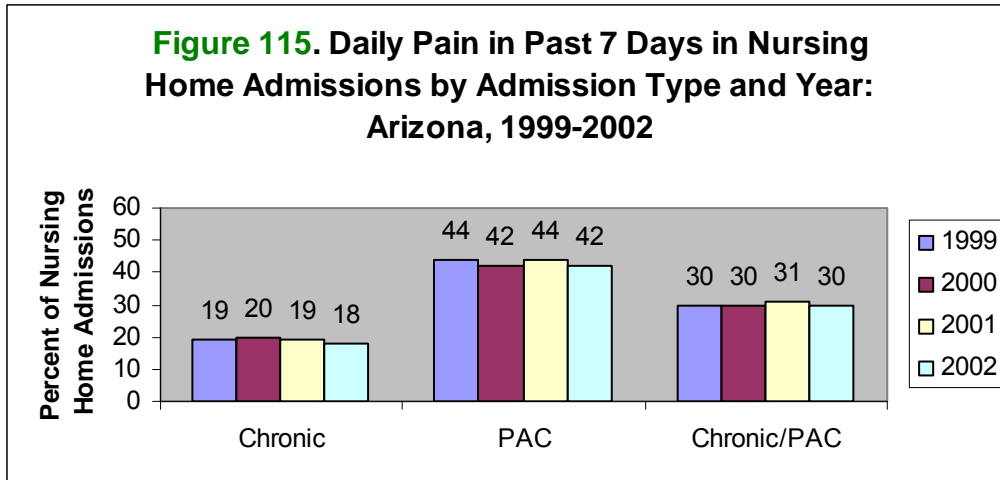
* Conditions with a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. Does not include inactive diagnoses.

Figure 114. Ten Most Frequent Occurring Conditions* in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002



* Conditions with a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. Does not include inactive diagnoses.

9. Health Conditions: Pain Symptoms and Falls



10. Oral and Nutritional Status

Figure 118. Chewing Problems in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

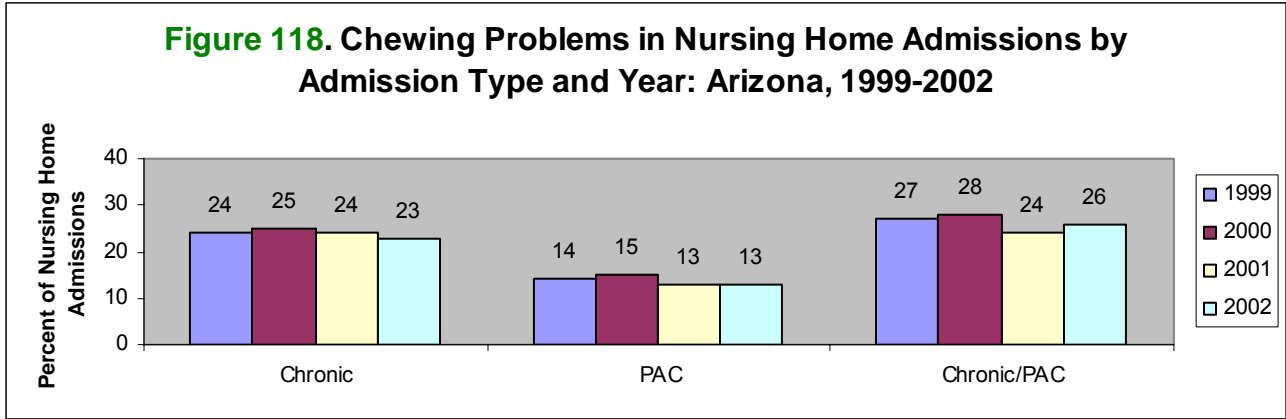


Figure 119. Swallowing Problems in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

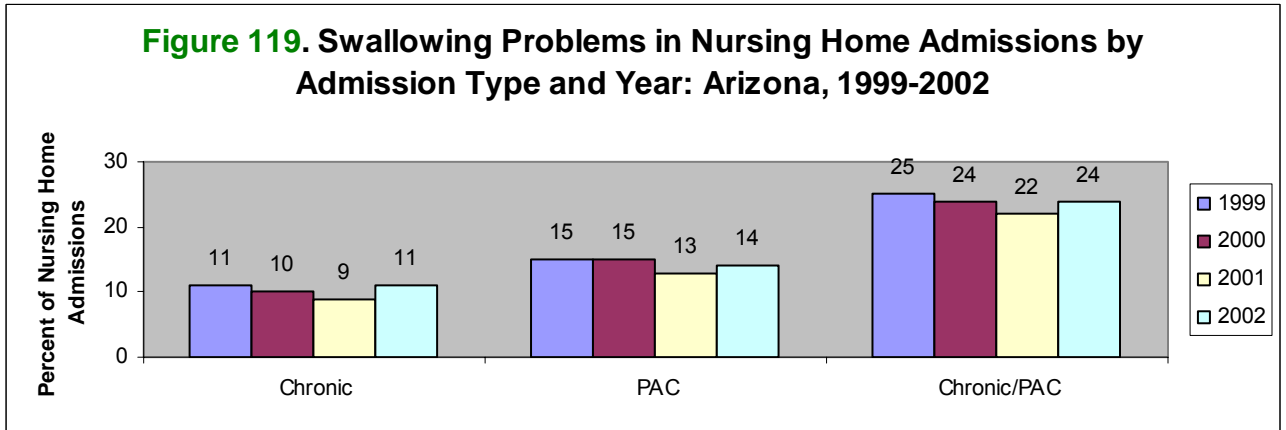


Figure 120. Weight Loss in Nursing Home Admissions by Admission Type and Year: Arizona, 1999-2002

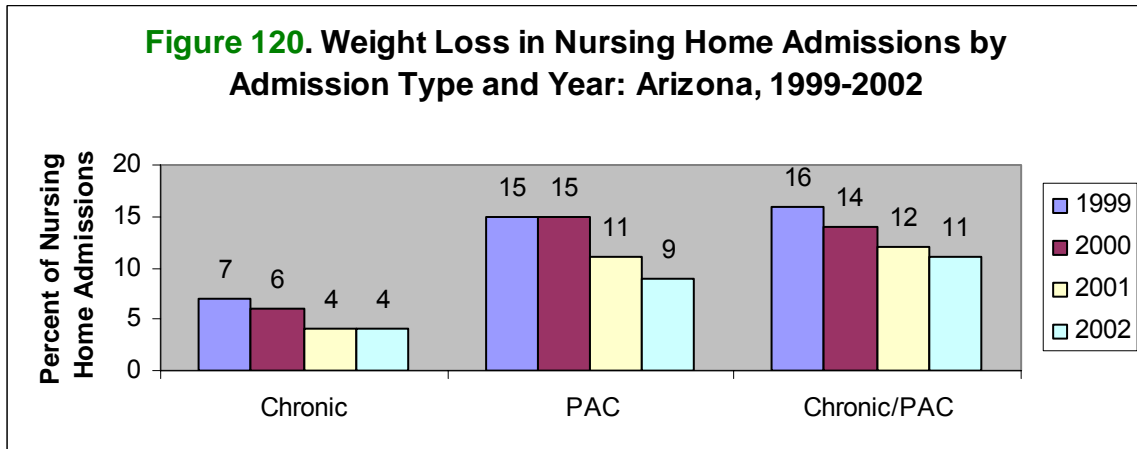


Figure 121. Selected Nutritional Approaches Among Nursing Home Admissions by Year - Chronic: Arizona 1999-2002

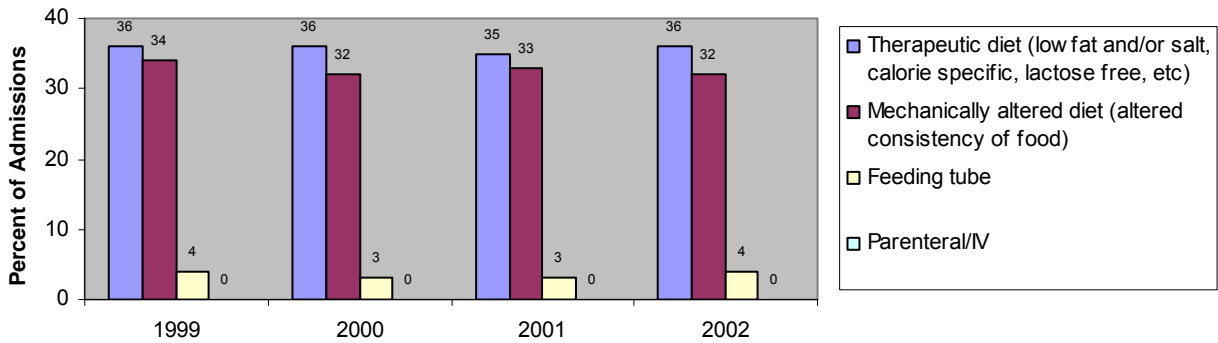


Figure 122. Selected Nutritional Approaches Among Nursing Home Admissions by Year - PAC: Arizona 1999-2002

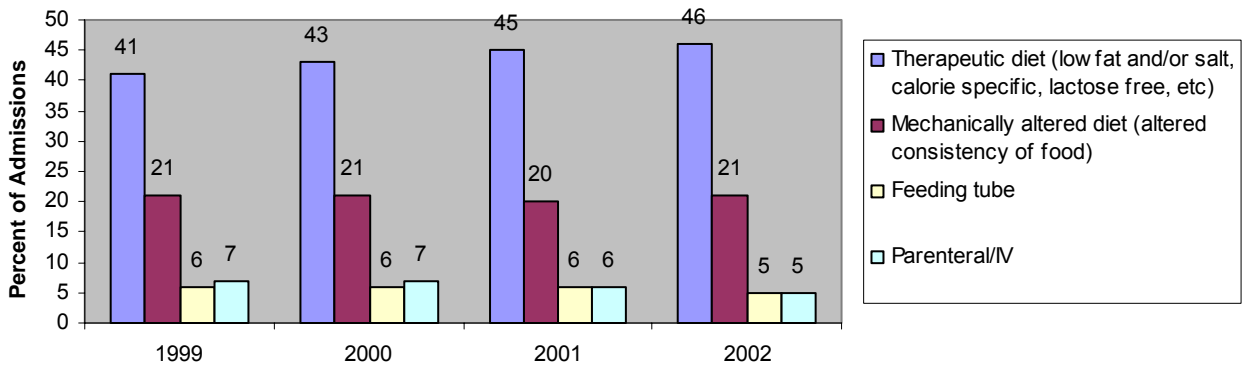
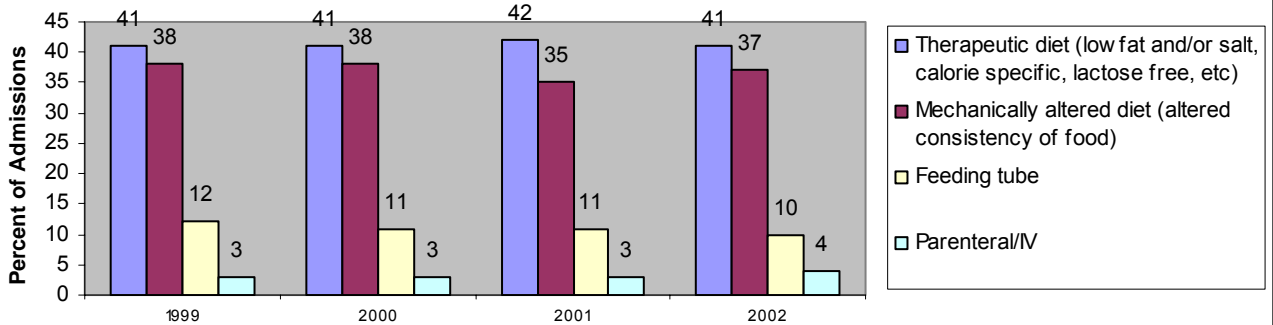


Figure 123. Selected Nutritional Approaches Among Nursing Home Admissions by Year - Chronic/PAC: Arizona 1999-2002



11. Oral and Dental Status

Figure 124. Oral/Dental Status of Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

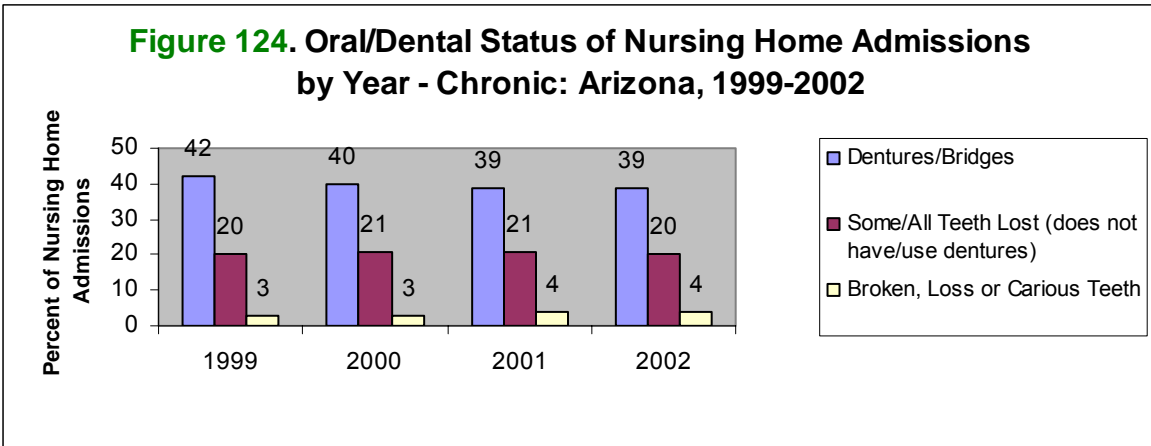


Figure 125. Oral/Dental Status of Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

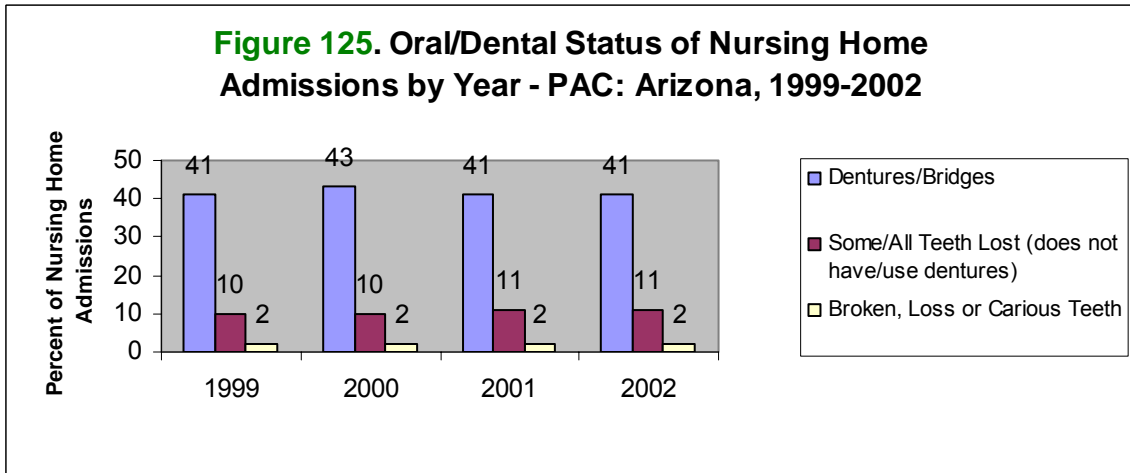
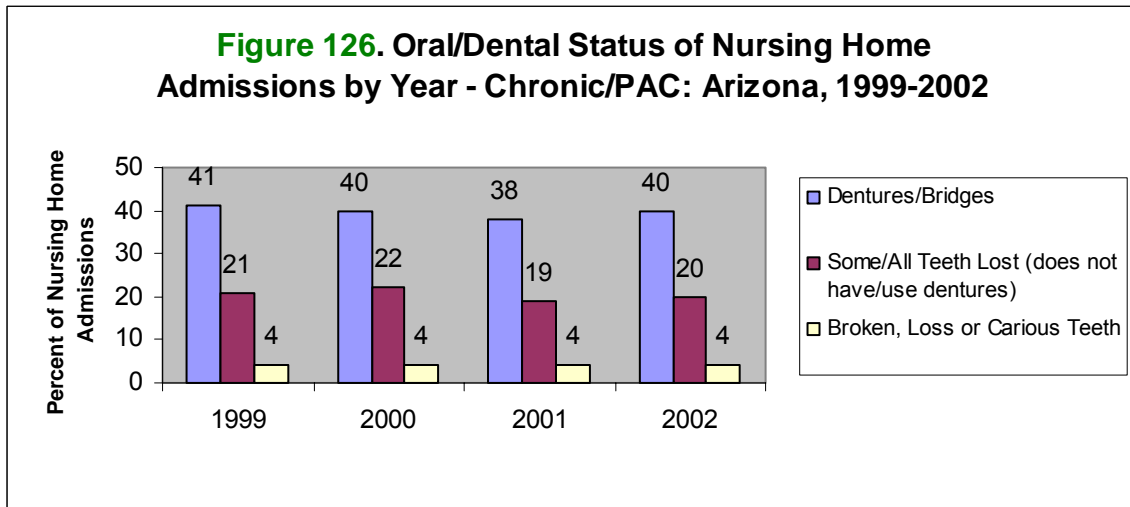


Figure 126. Oral/Dental Status of Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002



12. Skin Condition

Figure 127. At Least One Ulcer by Stage in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

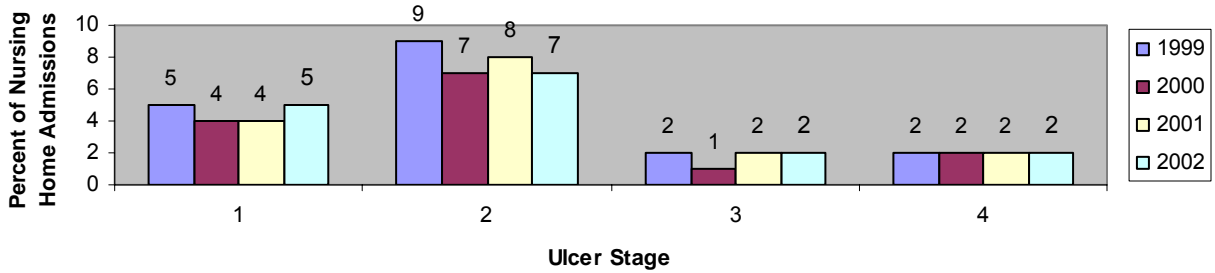


Figure 128. At Least One Ulcer by Stage in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

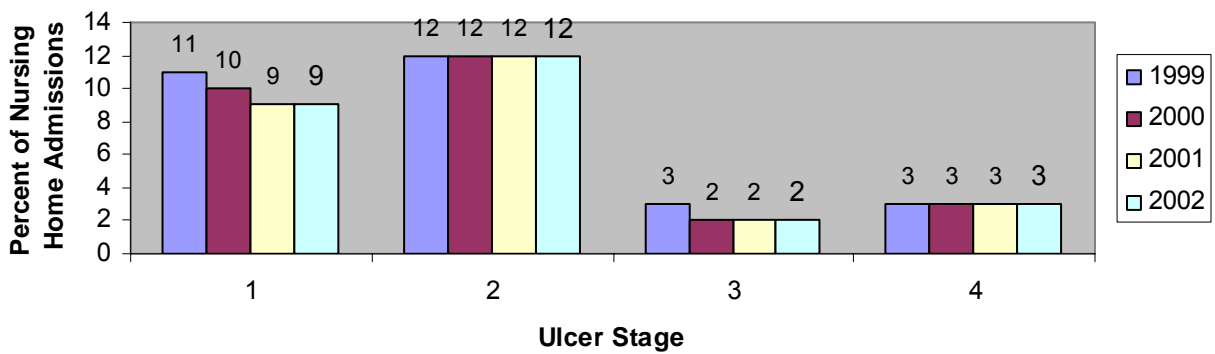
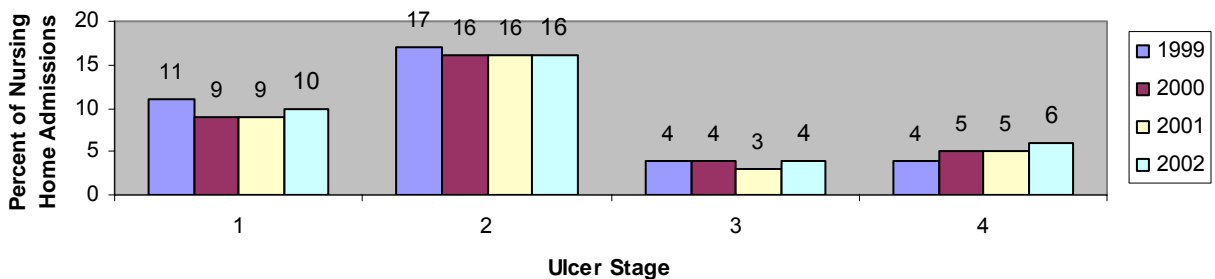
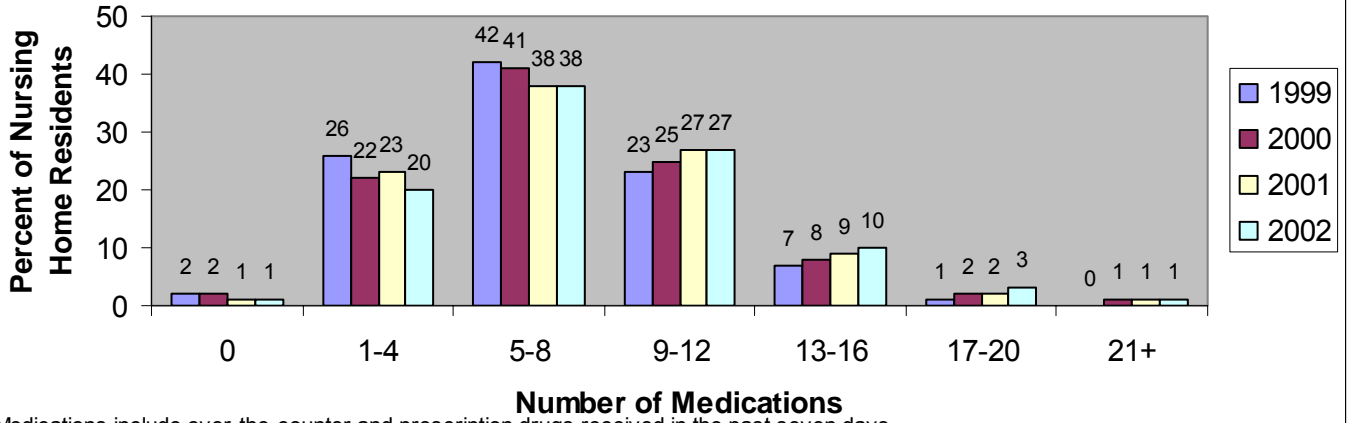


Figure 129. At Least One Ulcer by Stage in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002



13. Medications

Figure 130. Medication Usage Among Nursing Home Admissions by Year - Chronic: Arizona, 1999-2001



* Medications include over-the-counter and prescription drugs received in the past seven days.

Figure 131. Nursing Home Admissions Receiving a New Medication During the Past 90 Days by Admission Type and Year: Arizona, 1999-2002

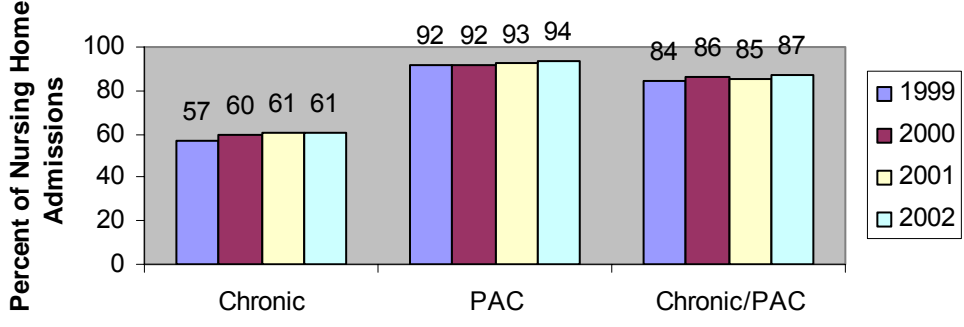
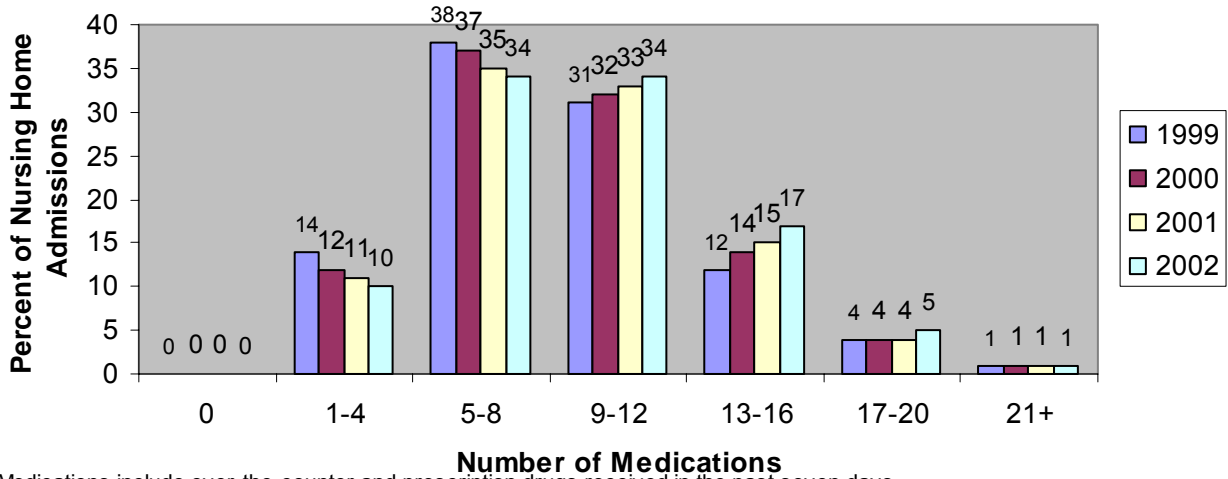
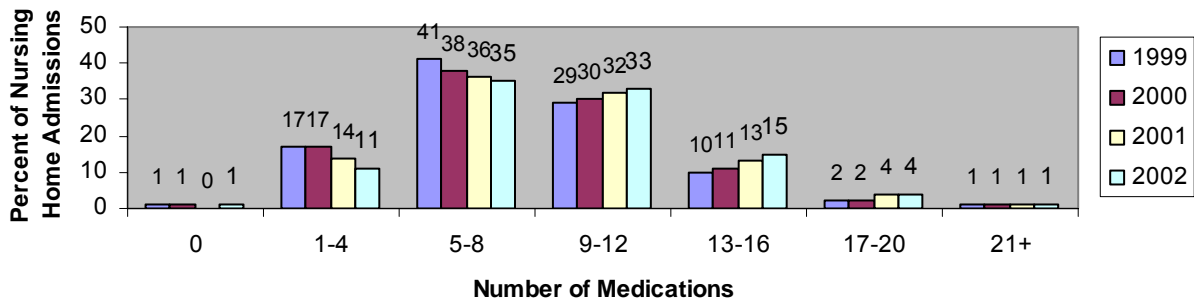


Figure 132. Medication Usage Among Nursing Home Admissions by Year - PAC: Arizona, 1999-2002



* Medications include over-the-counter and prescription drugs received in the past seven days.

Figure 133. Medication Usage Among Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002



* Medications include over-the-counter and prescription drugs received in the past seven days.

14. Special Treatments and Procedures

Figure 134. Nursing Home Admissions Receiving Training for Return to Community by Admission Type and Year: Arizona, 1999-2002

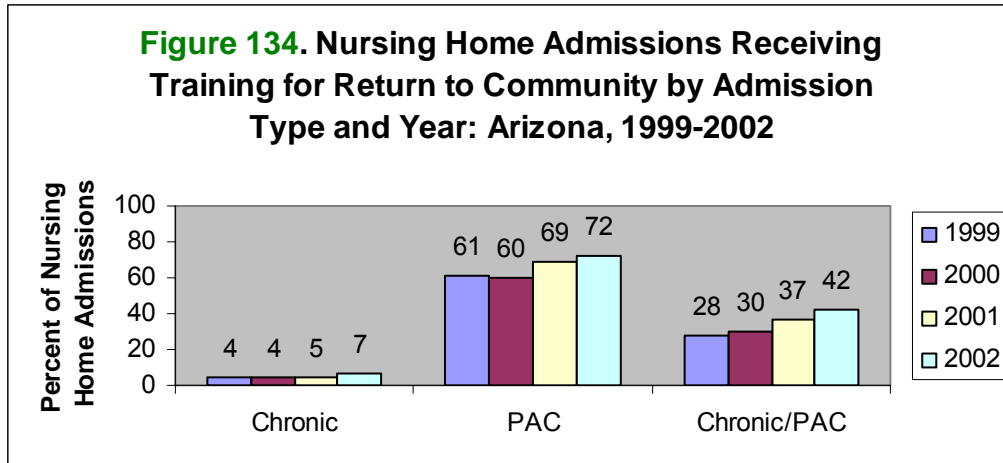


Figure 135. Days of Speech Therapy Received in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

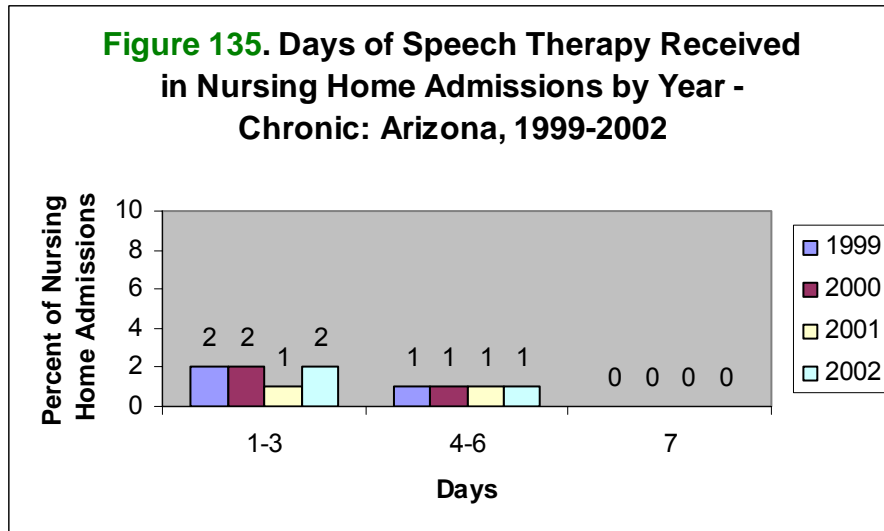


Figure 136. Days of Occupational Therapy Received in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

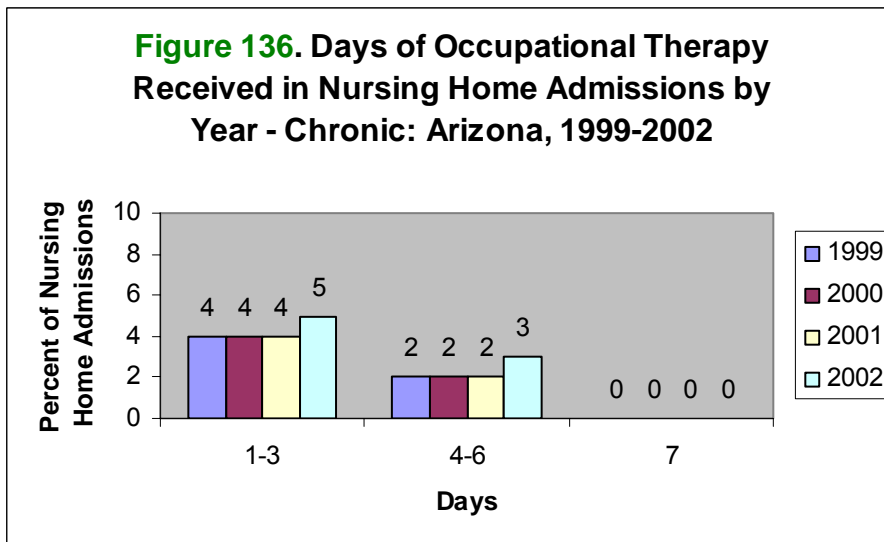


Figure 137. Days of Physical Therapy Received in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

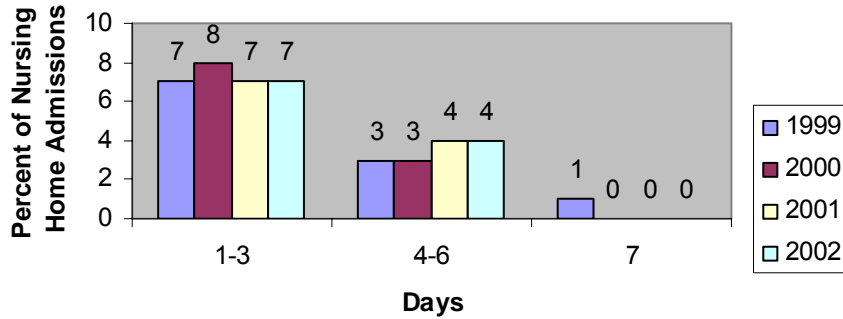


Figure 138. Days of Respiratory Therapy Received in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

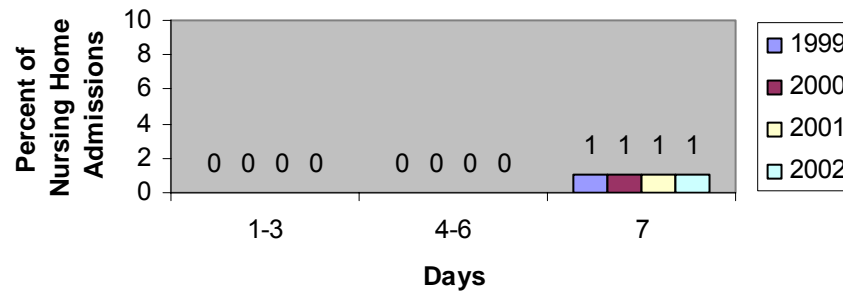


Figure 139. Days of Speech Therapy Received in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

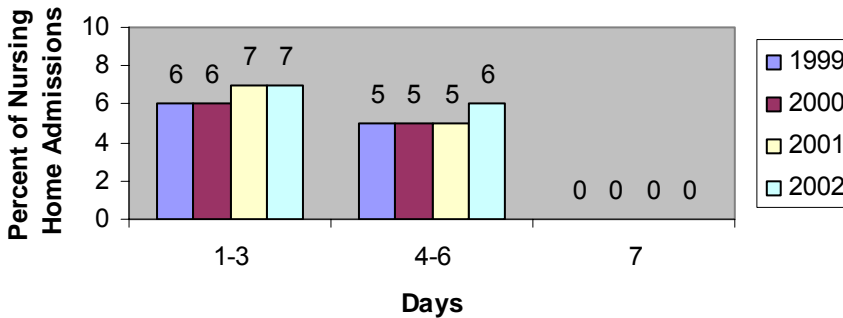


Figure 140. Days of Occupational Therapy Received in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

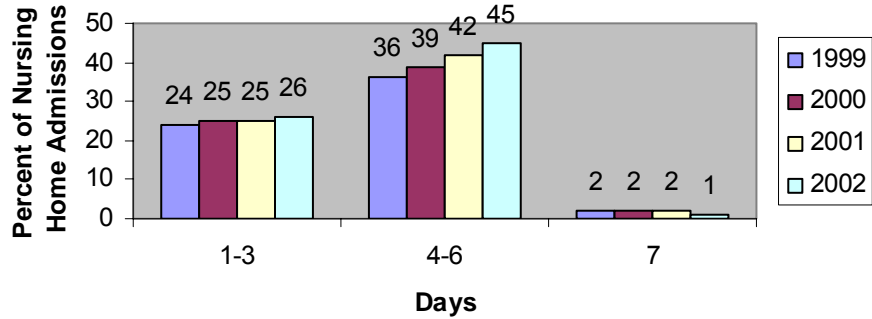


Figure 141. Days of Physical Therapy Received in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

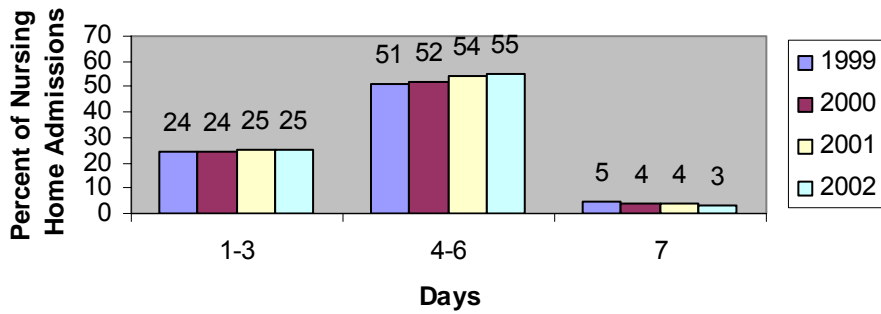


Figure 142. Days of Respiratory Therapy Received in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

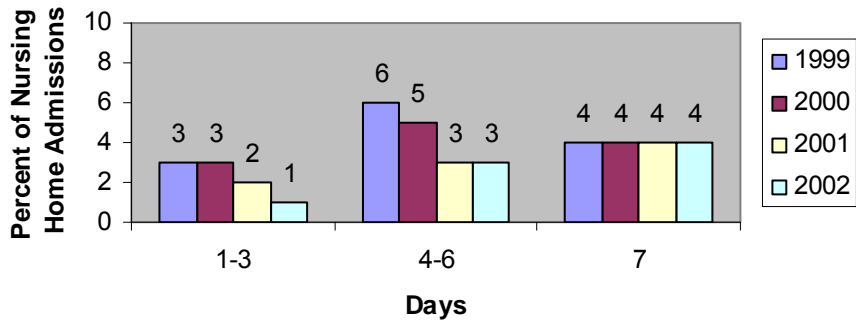


Figure 143. Days of Speech Therapy Received in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002

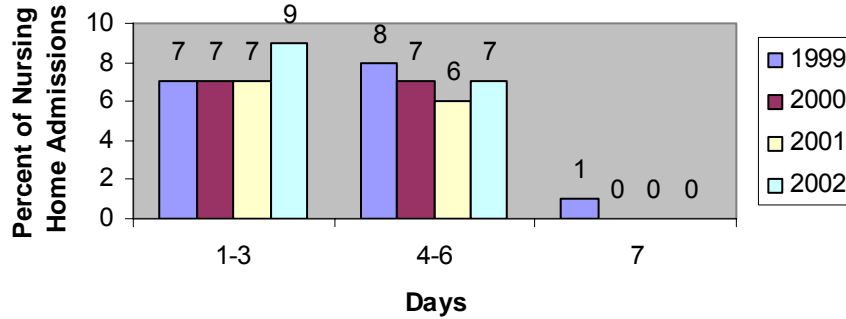


Figure 144. Days of Occupational Therapy Received in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002

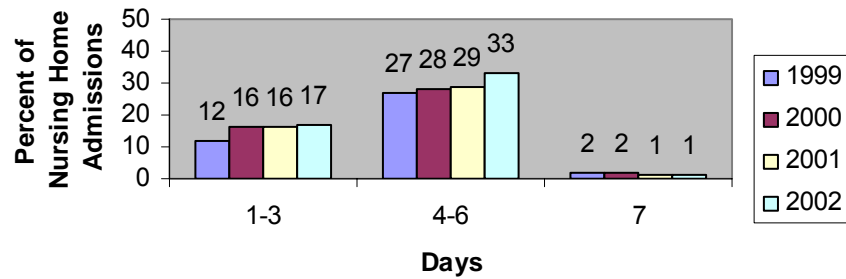


Figure 145. Days of Physical Therapy Received in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002

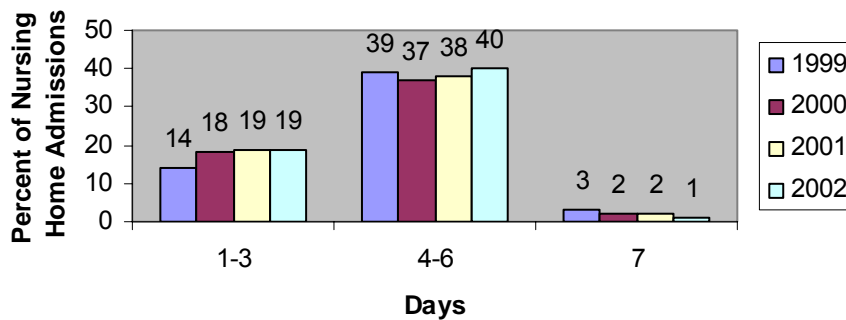
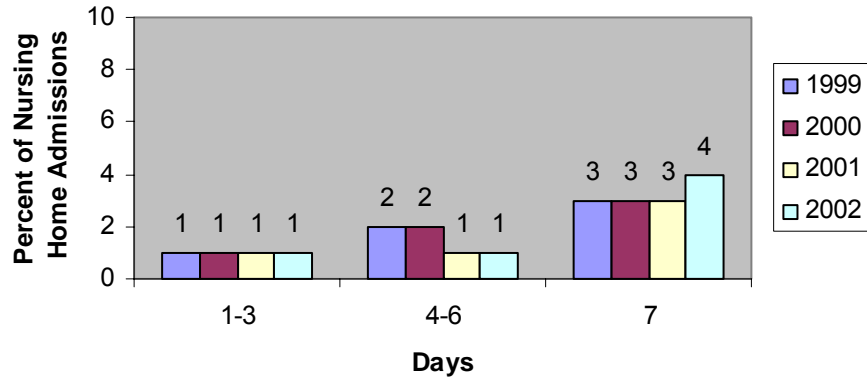


Figure 146. Days of Respiratory Therapy Received in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002



15. Discharge Potential

Figure 147. Preference and Support for Return to Community in Nursing Home Admissions by Year - Chronic: Arizona, 1999-2002

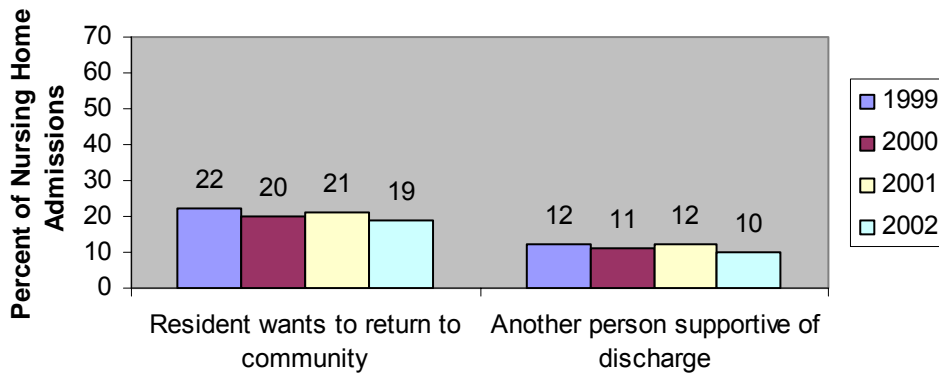


Figure 148. Discharge Potential for Residents at Admission by Year - Chronic: Arizona, 1999-2002

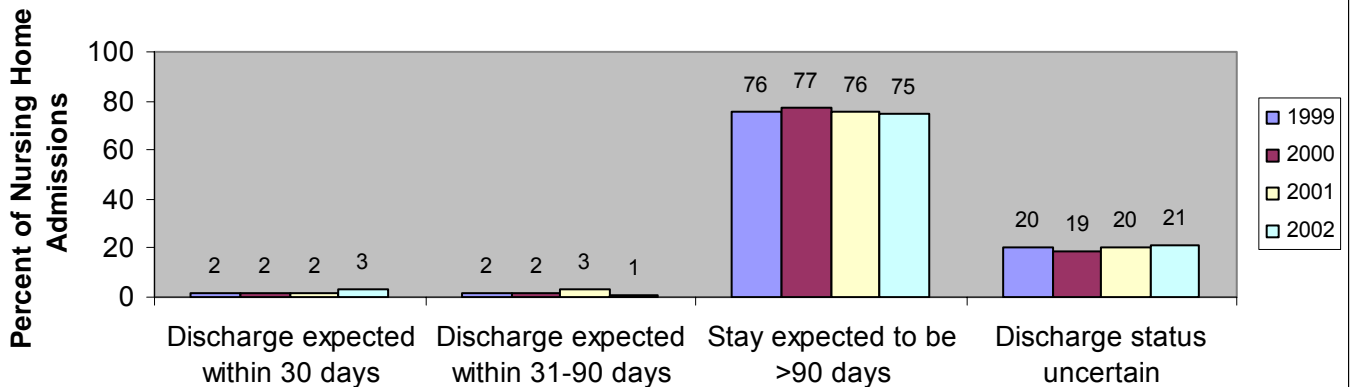


Figure 149. Preference and Support for Return to Community in Nursing Home Admissions by Year - PAC: Arizona, 1999-2002

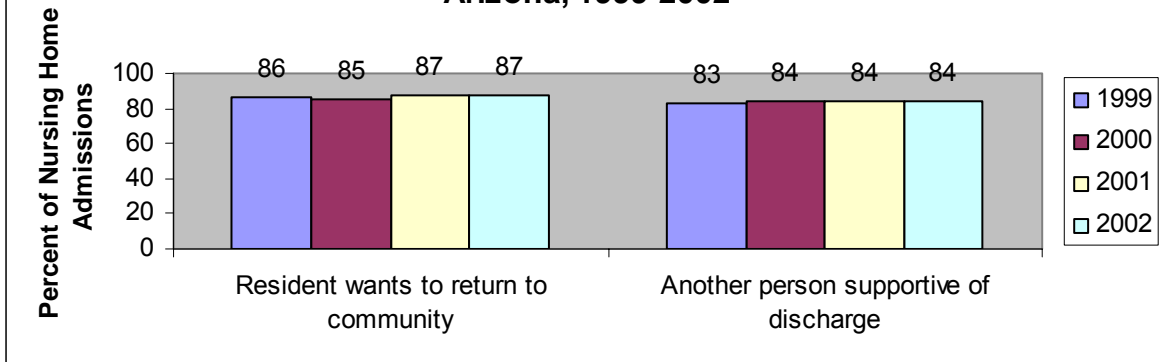


Figure 150. Discharge Potential for Residents at Admission by Year - PAC: Arizona, 1999-2002

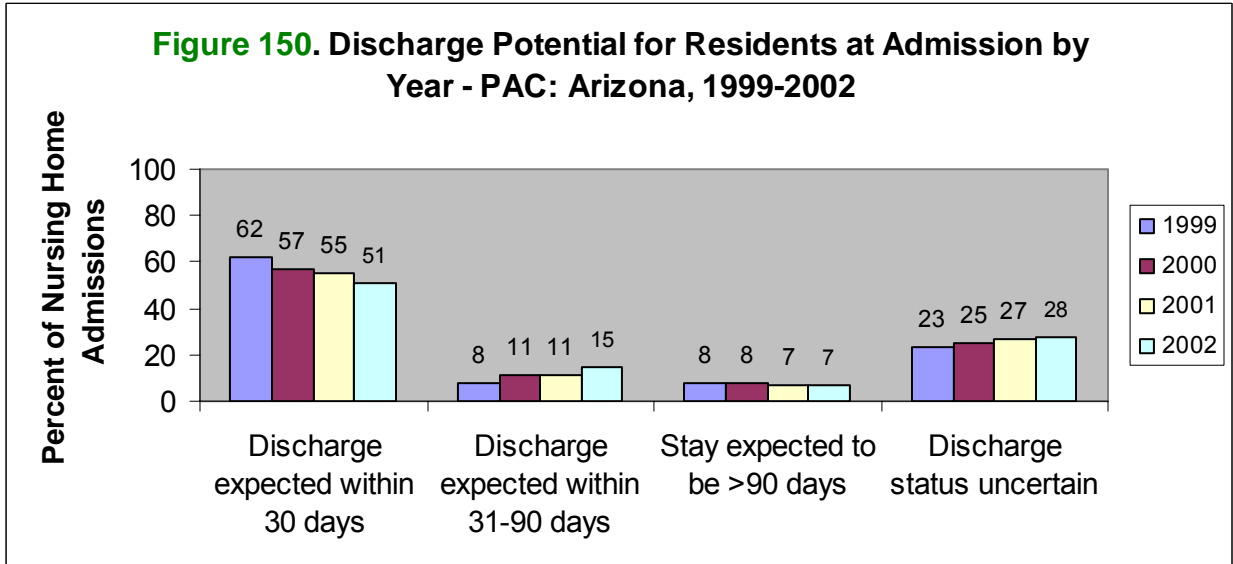


Figure 151. Preference and Support for Return to Community in Nursing Home Admissions by Year - Chronic/PAC: Arizona, 1999-2002

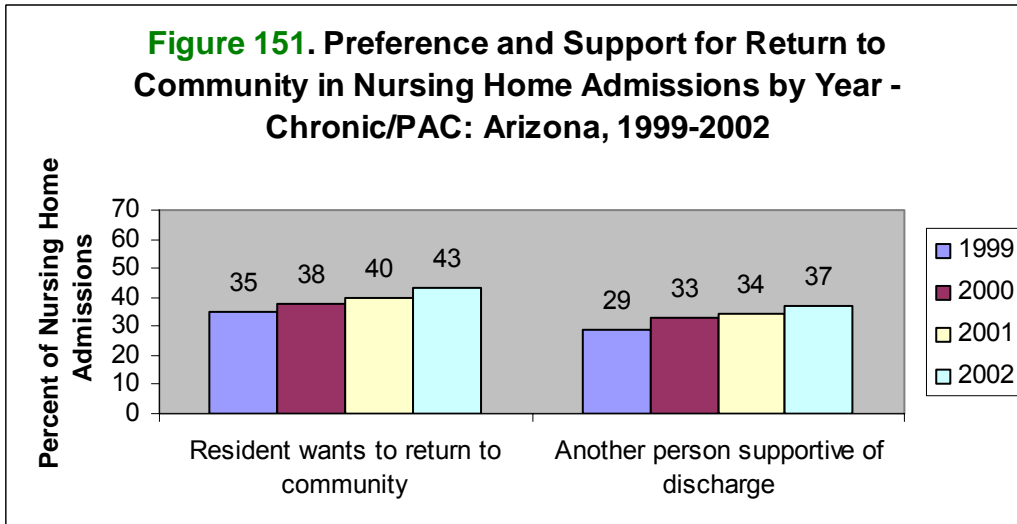
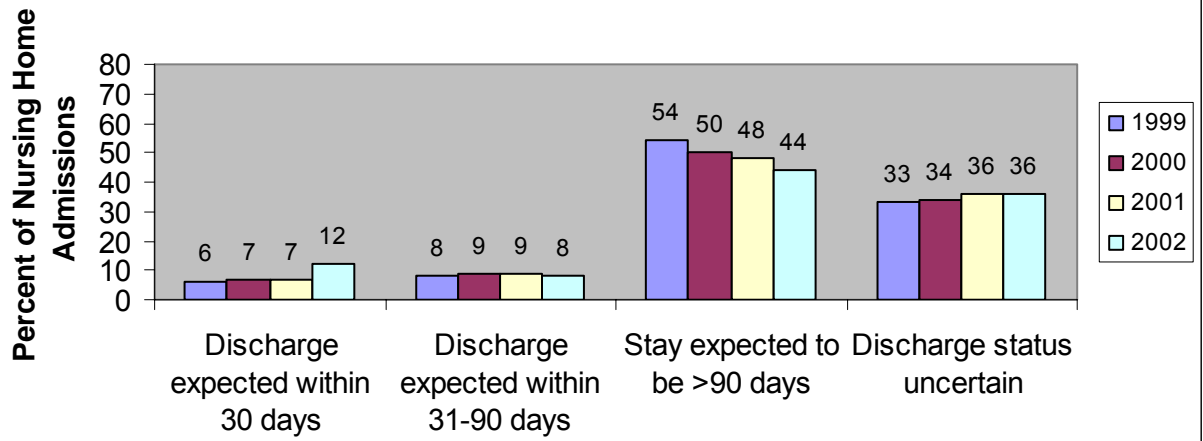


Figure 152. Discharge Potential for Residents at Admission by Year - Chronic/PAC: Arizona, 1999-2002



B. Resident Groups on One Day of the Year

1. Demographic Profile

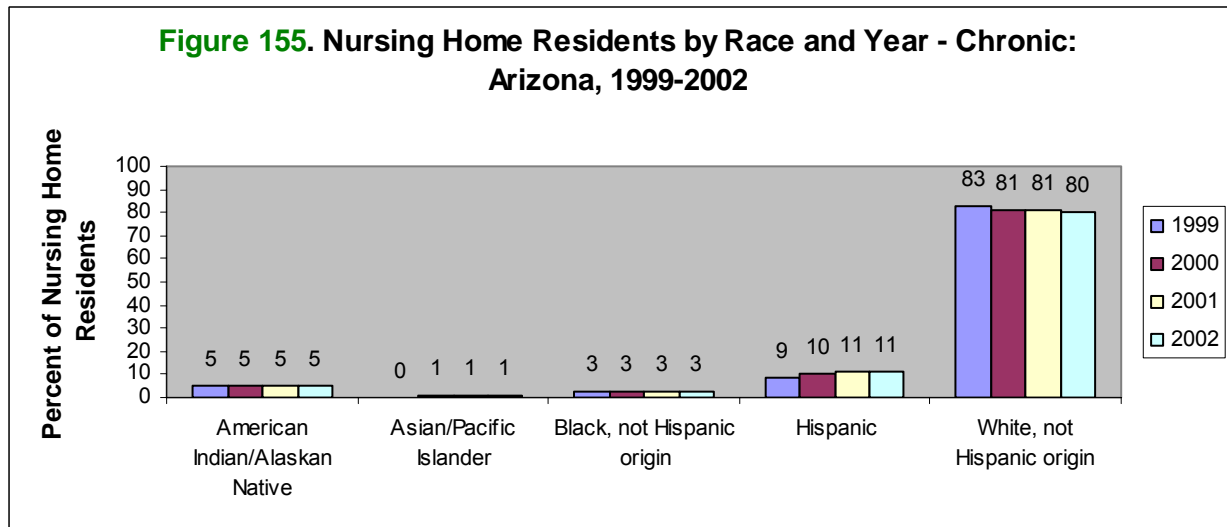
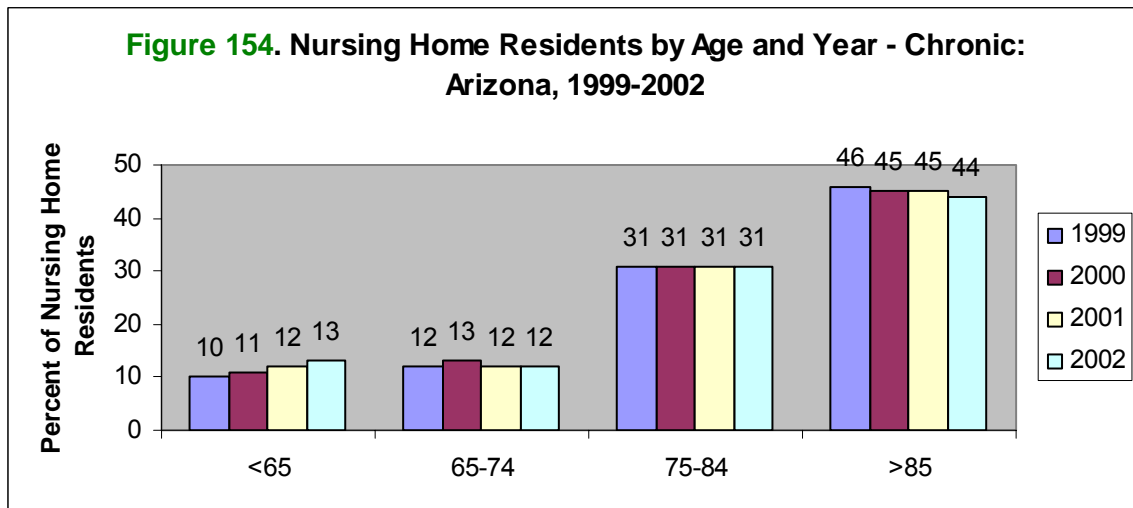
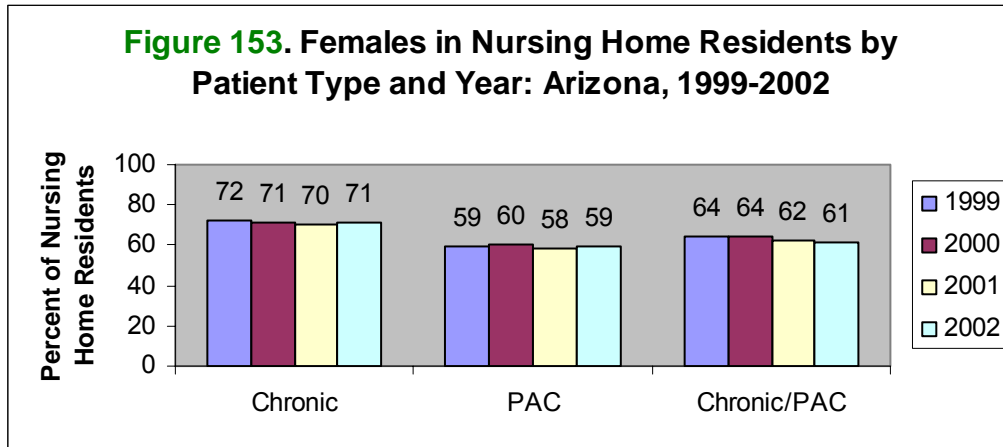


Figure 156. Nursing Home Residents by County of Residence Prior to Admission and Year - Chronic: Arizona, 1999-2002

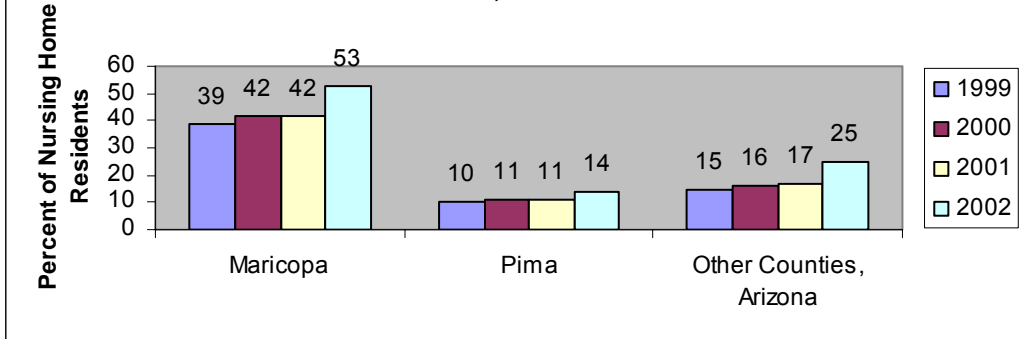


Figure 157. Nursing Home Residents by Age Group and Year - PAC: Arizona, 1999-2002

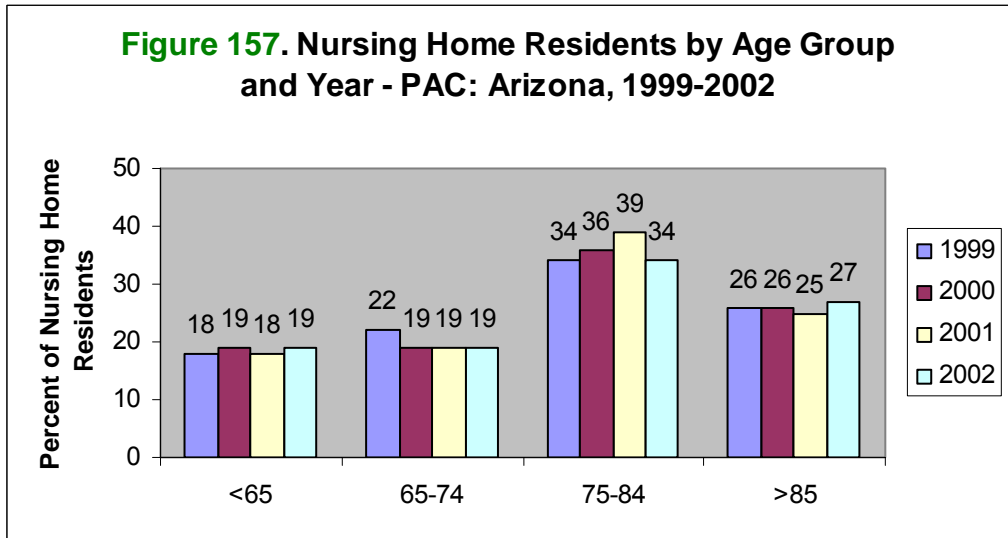


Figure 158. Nursing Home Residents by Race and Year - PAC: Arizona, 1999-2002

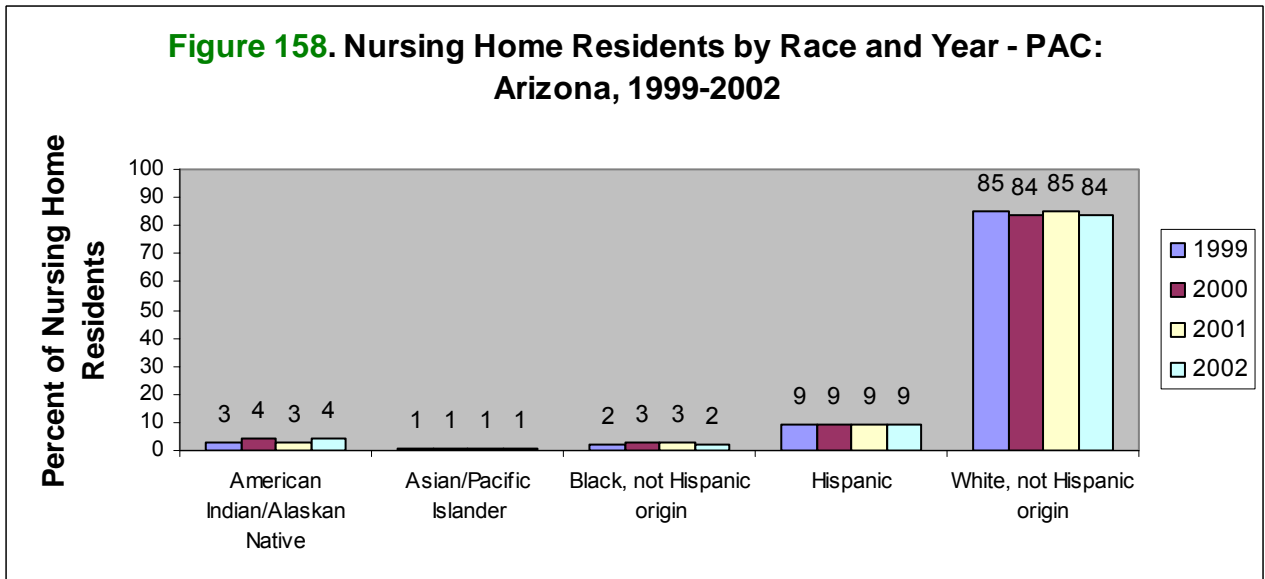


Figure 159. Nursing Home Residents by County of Residence Prior to Admission and Year - PAC: Arizona, 1999-2002

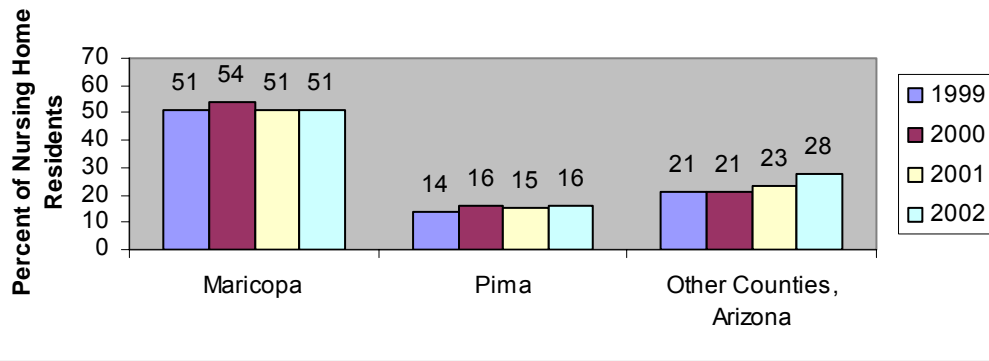


Figure 160. Nursing Home Residents by Age Group and Year - Chronic/PAC: Arizona, 1999-2002

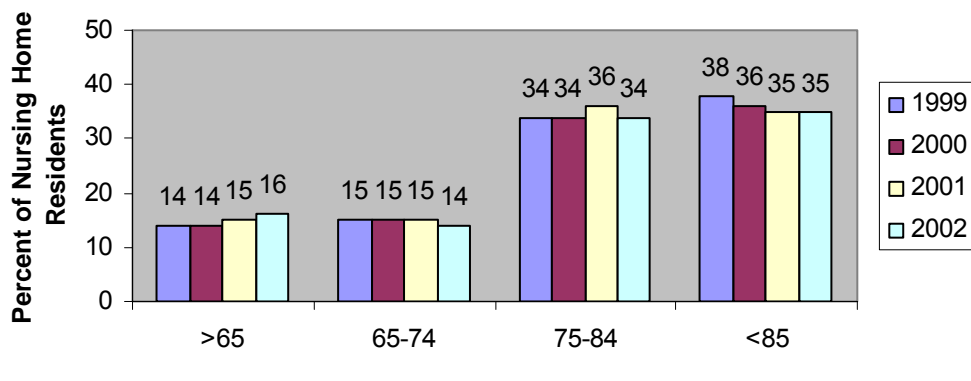


Figure 161. Nursing Home Residents by Race and Year - Chronic/PAC: Arizona, 1999-2002

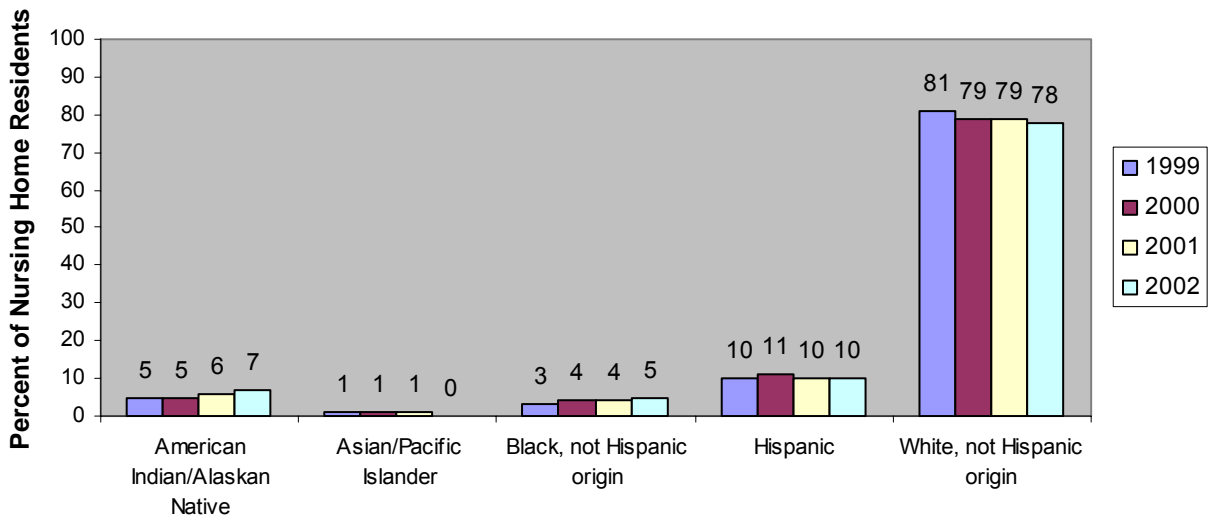
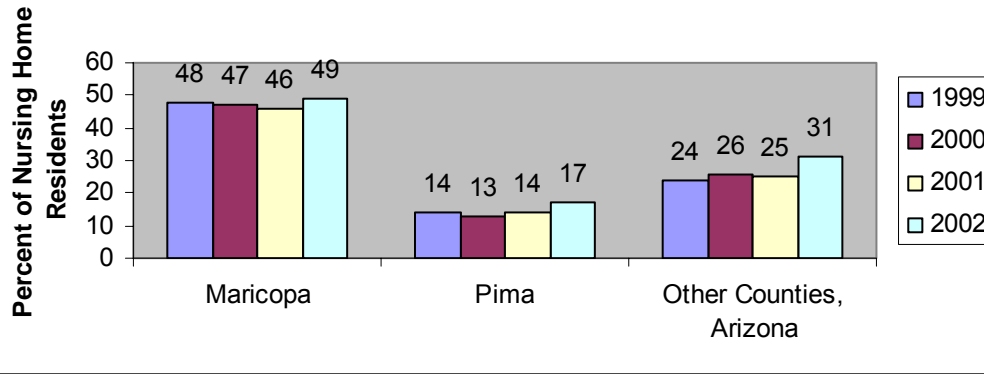


Figure 162. Nursing Home Residents by County of Residence Prior to Admission and Year - Chronic/PAC: Arizona, 1999-2002



2. Cognitive Patterns

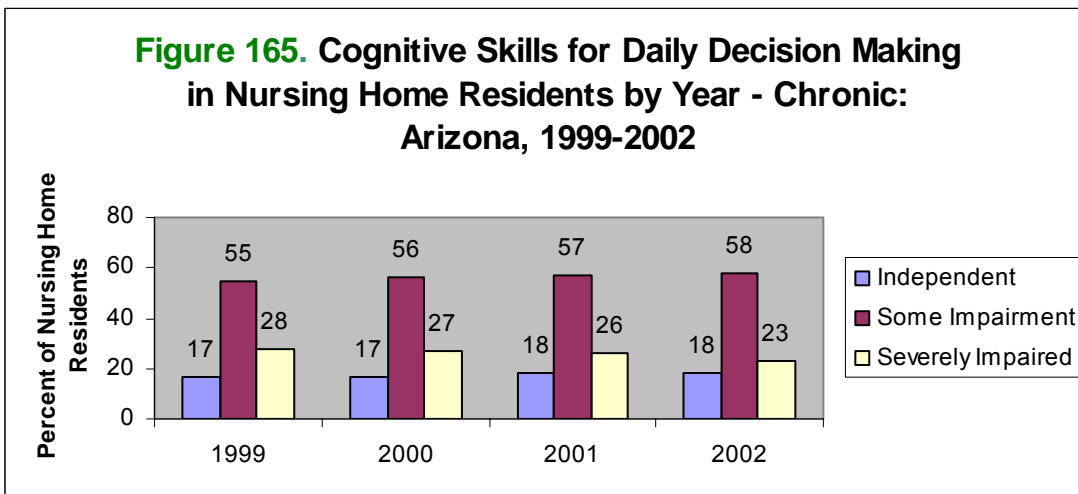
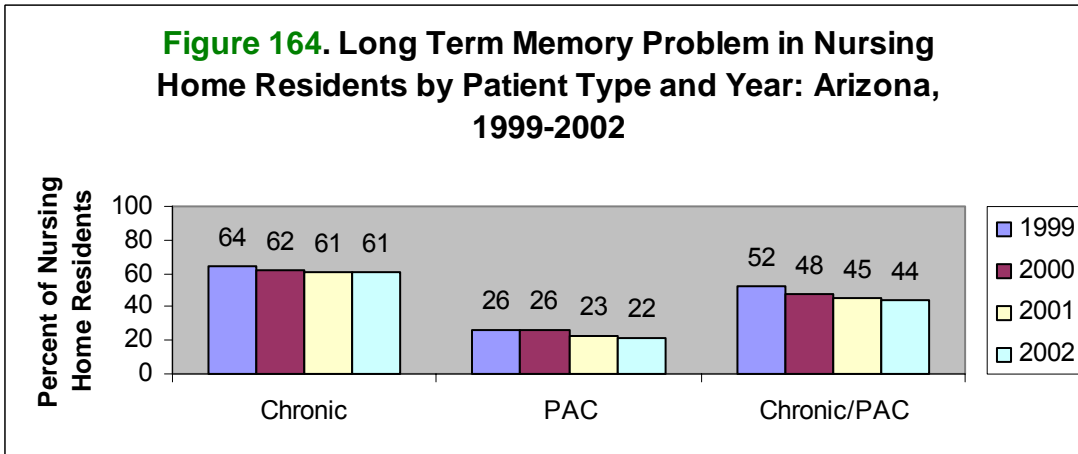
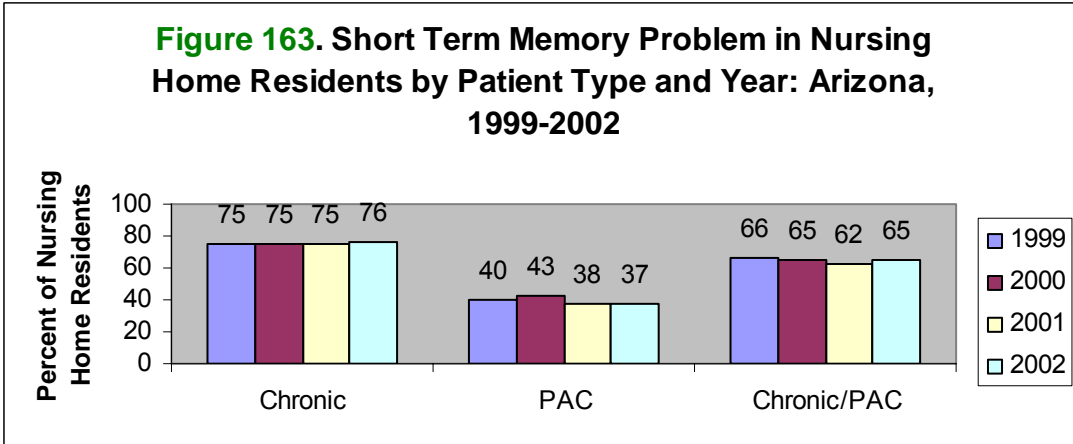


Figure 166. Cognitive Skills for Daily Decision Making in Nursing Home Residents by Year - PAC: Arizona, 1999-2002

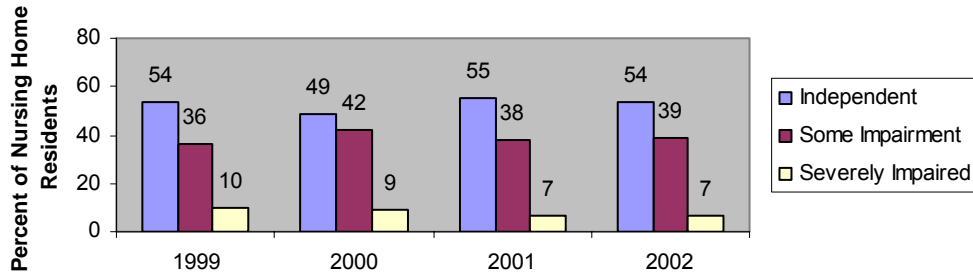
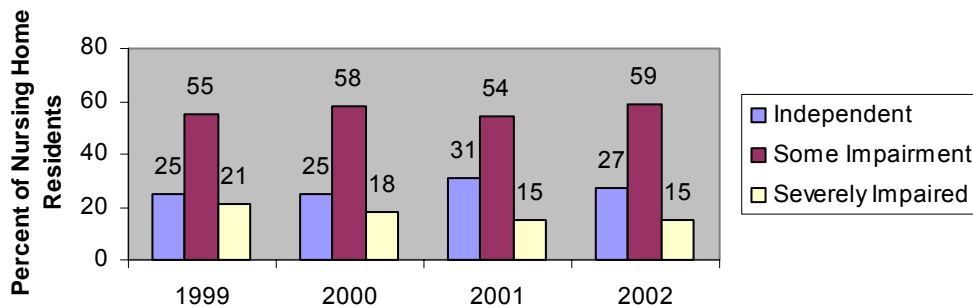
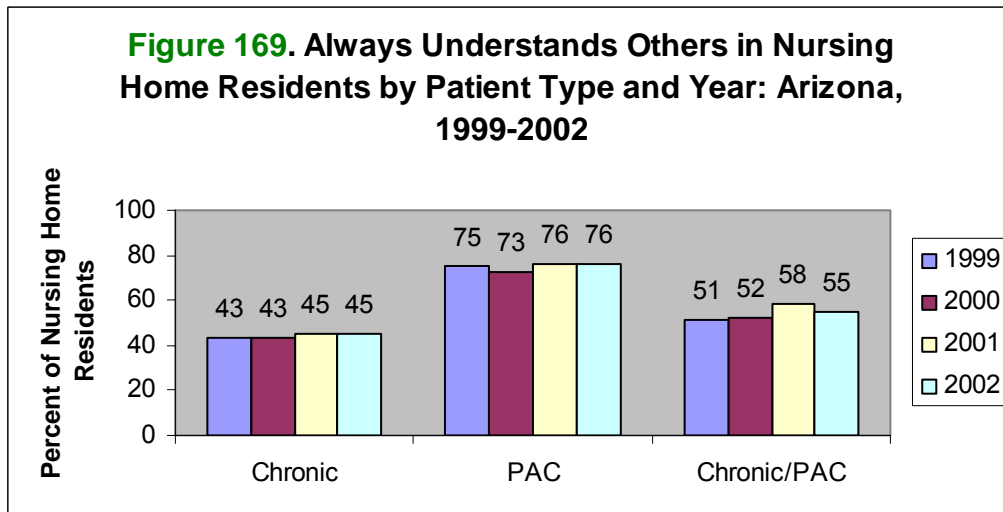
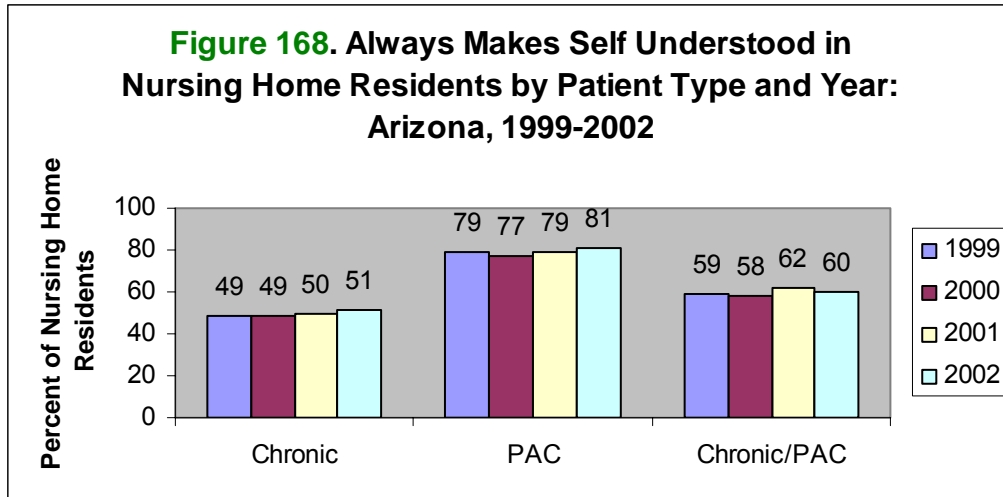


Figure 167. Cognitive Skills for Daily Decision Making in Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002



3. Communication Patterns



4. Mood and Behavior Patterns

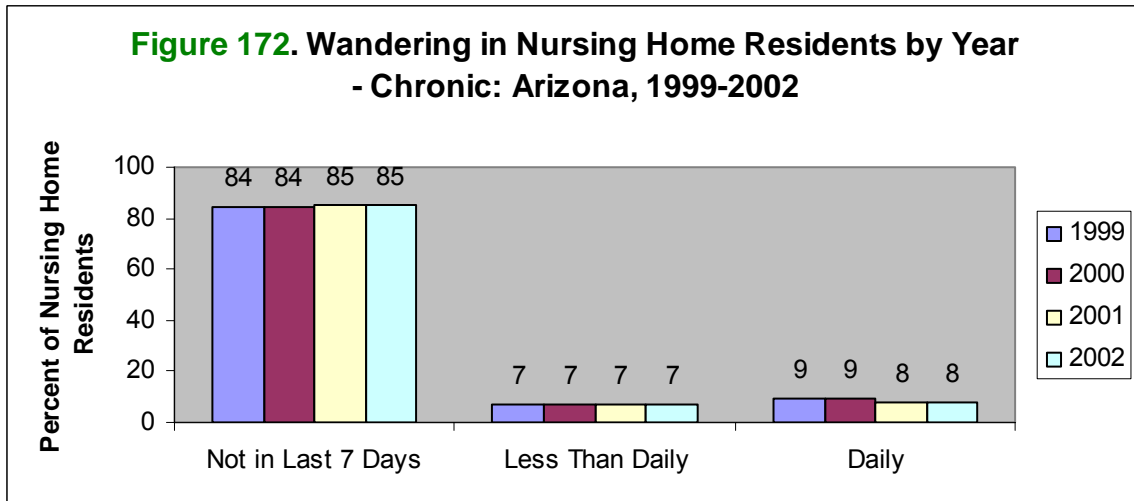
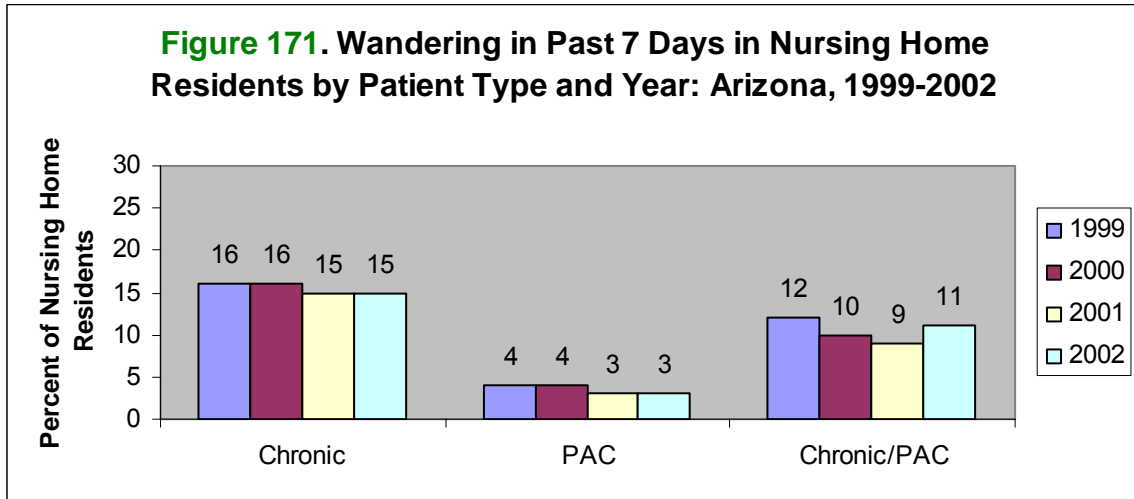
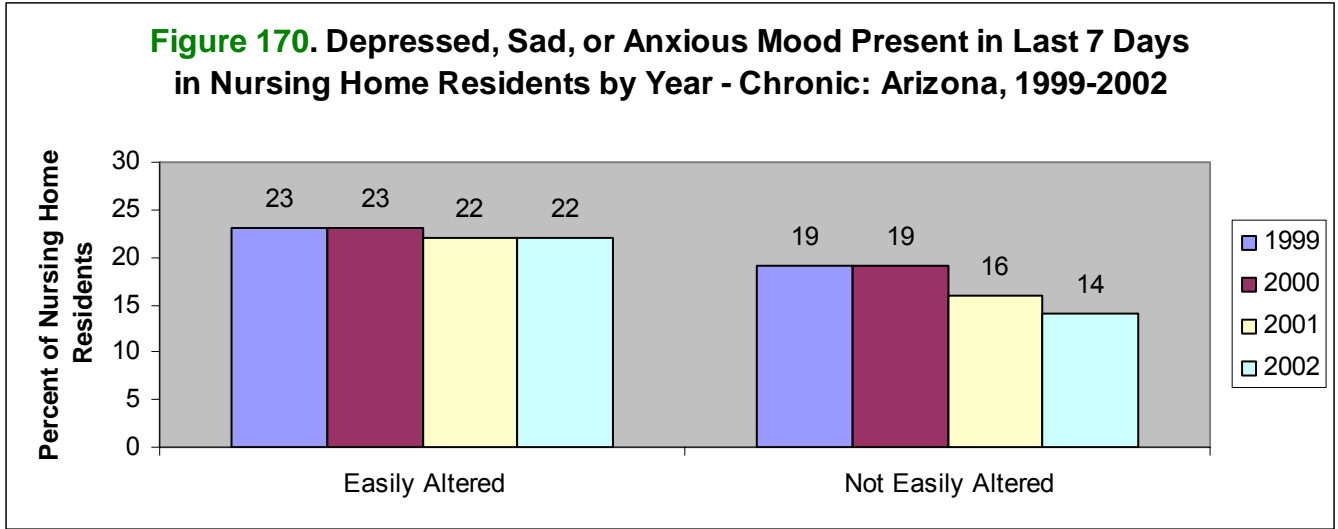


Figure 173. Abusive Behaviors in Nursing Home Residents by Year - Chronic: Arizona, 1999-2002

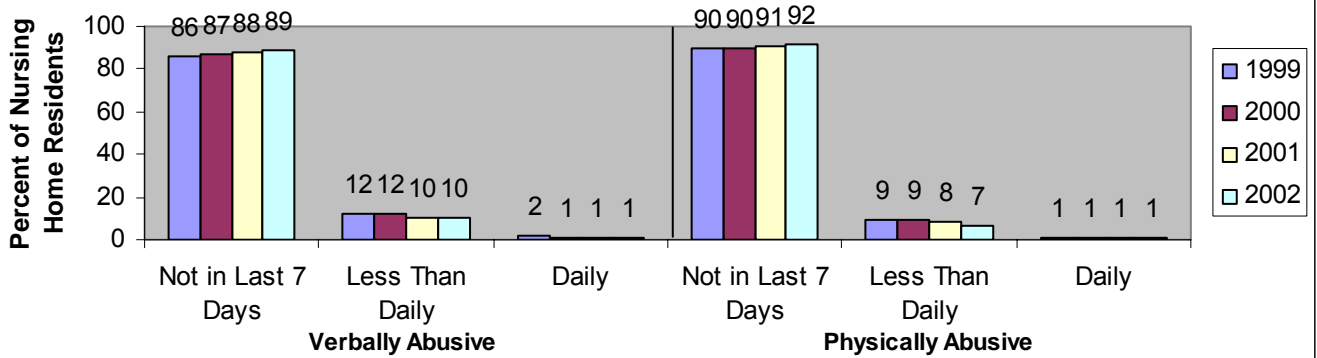


Figure 174. Socially Inappropriate and Disruptive Behavioral Symptoms in Nursing Home Residents by Year - Chronic: Arizona, 1999-2002

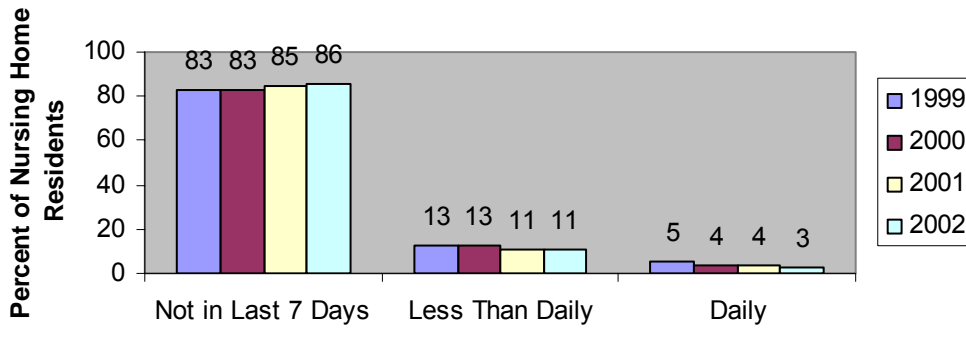


Figure 175. Resisting Care in Nursing Home Residents by Year - Chronic: Arizona, 1999-2002

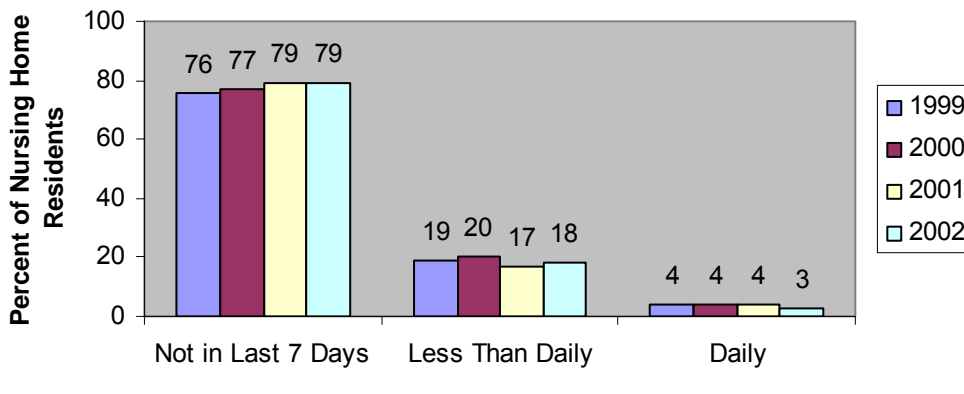


Figure 176. Depressed, Sad, or Anxious Mood Present in Last 7 Days in Nursing Home Residents by Year - PAC: Arizona, 1999-2002

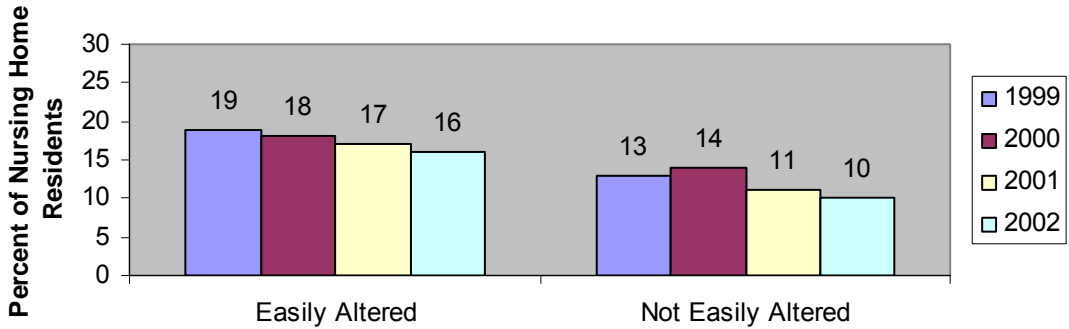


Figure 177. Wandering in Nursing Home Residents by Year - PAC: Arizona, 1999-2002

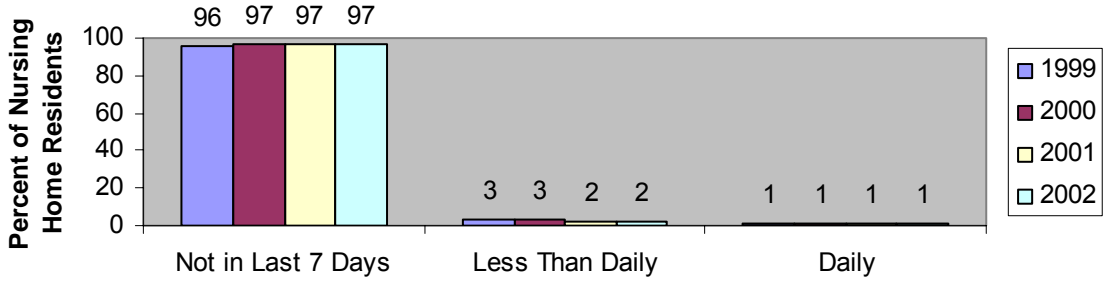


Figure 178. Abusive Behaviors in Nursing Home Residents by Year - PAC: Arizona, 1999-2002

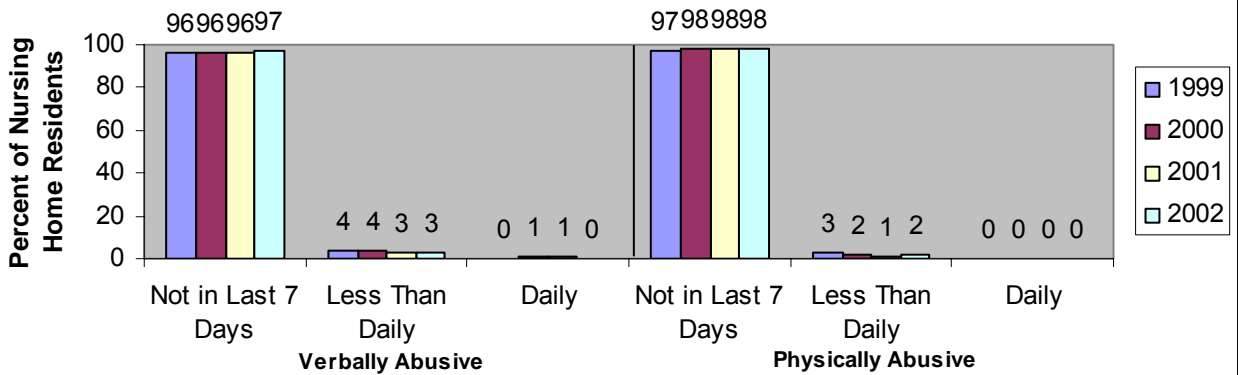


Figure 179. Socially Inappropriate and Disruptive Behavioral Symptoms in Nursing Home Residents by Year - PAC: Arizona, 1999-2002

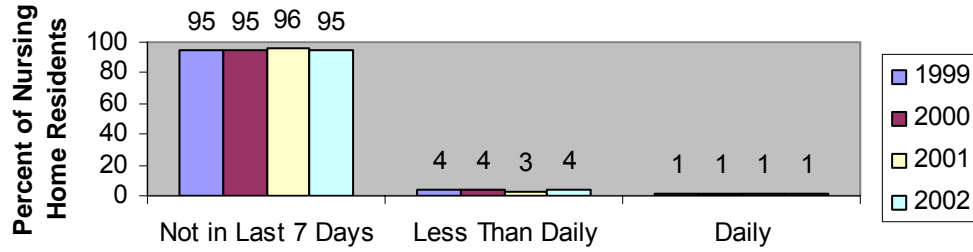


Figure 180. Resisting Care in Nursing Home Residents by Year - PAC: Arizona, 1999-2002

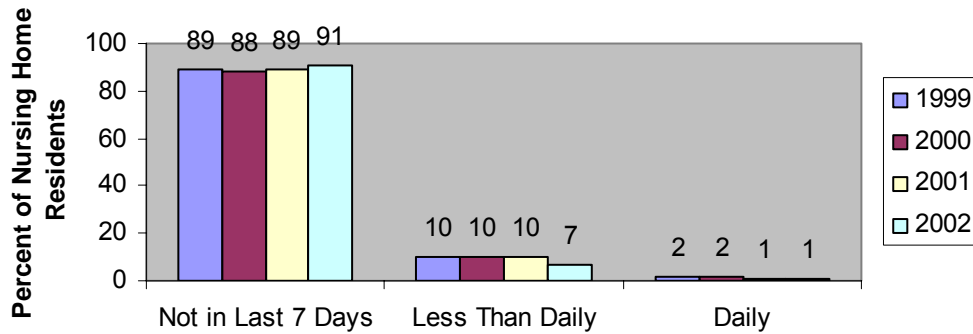


Figure 181. Depressed, Sad, or Anxious Mood Present in Last 7 Days in Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002

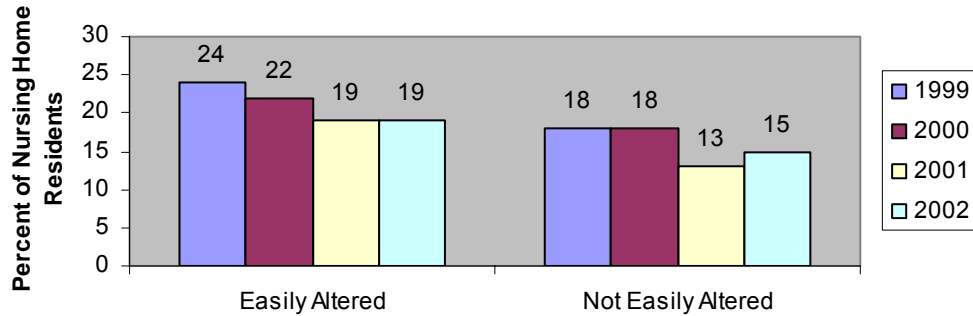


Figure 182. Wandering in Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002

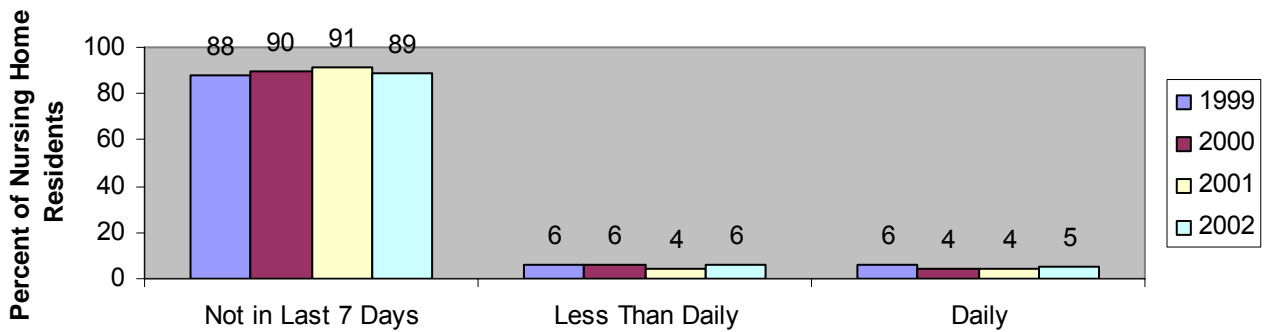


Figure 183. Abusive Behaviors in Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002

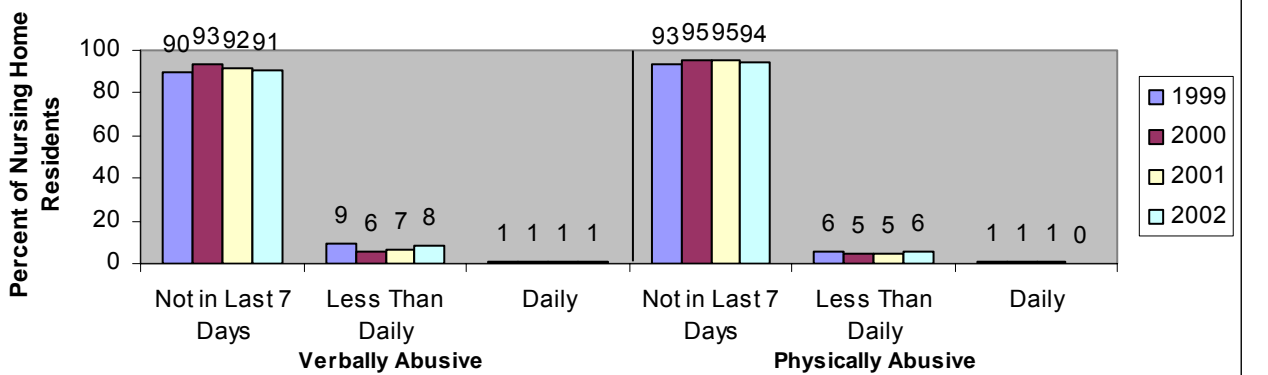


Figure 184. Socially Inappropriate and Disruptive Behavioral Symptoms in Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002

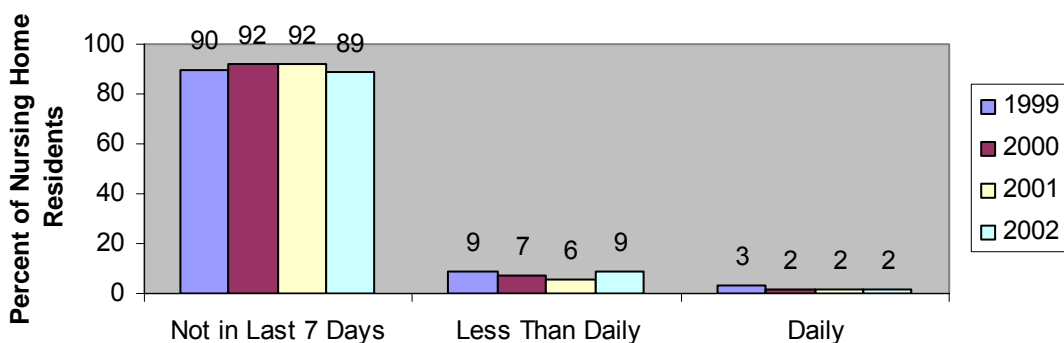
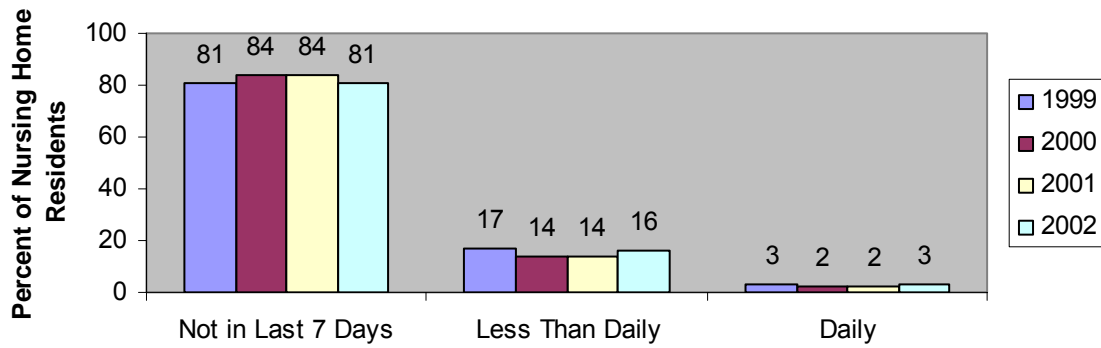


Figure 185. Resisting Care in Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002



5. Physical Functioning

Figure 186. Independent in Physical Functioning by Patient Type and Year: Arizona, 2002

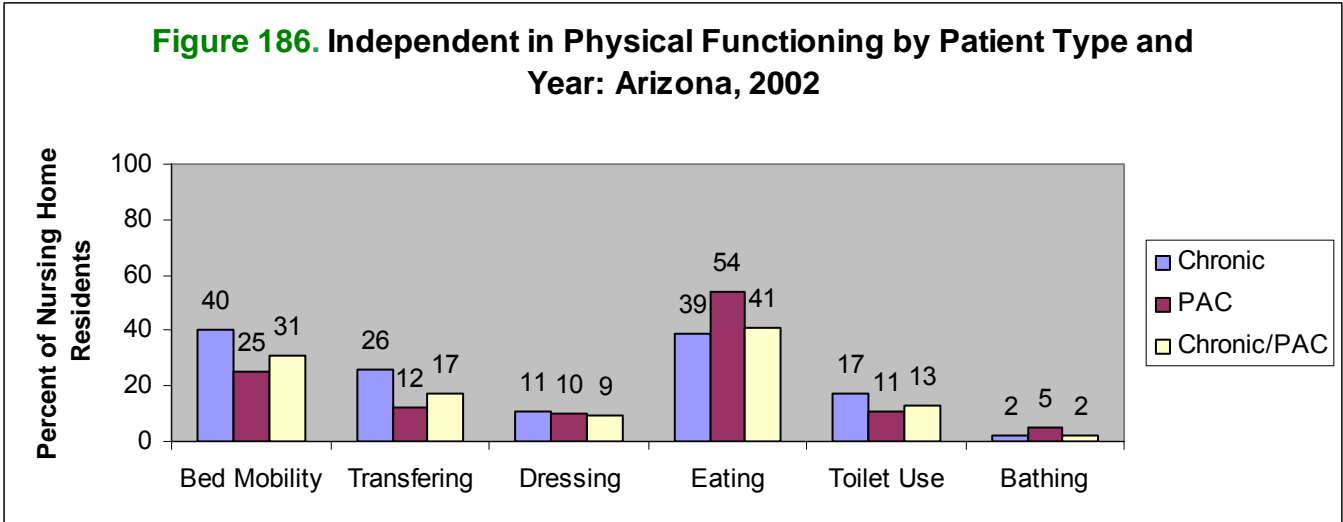


Figure 187. Independence in Bed Mobility in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002

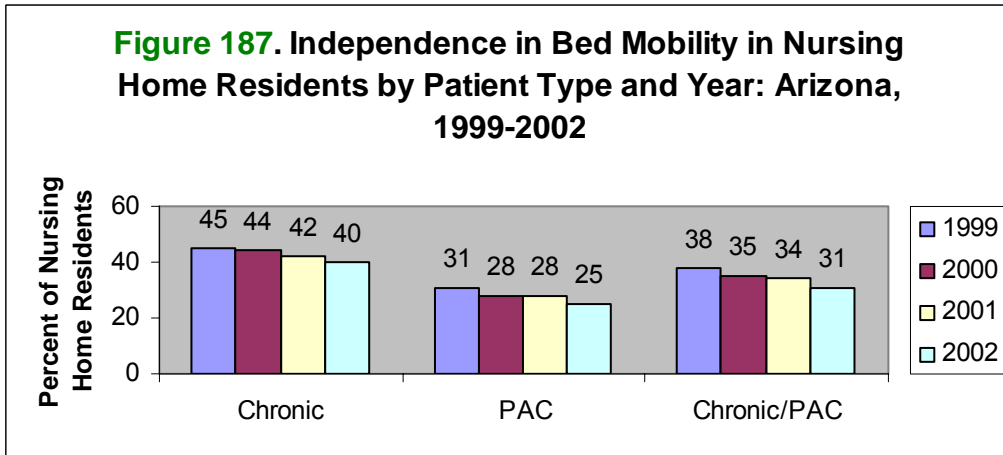


Figure 188. Independence in Transfer in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002

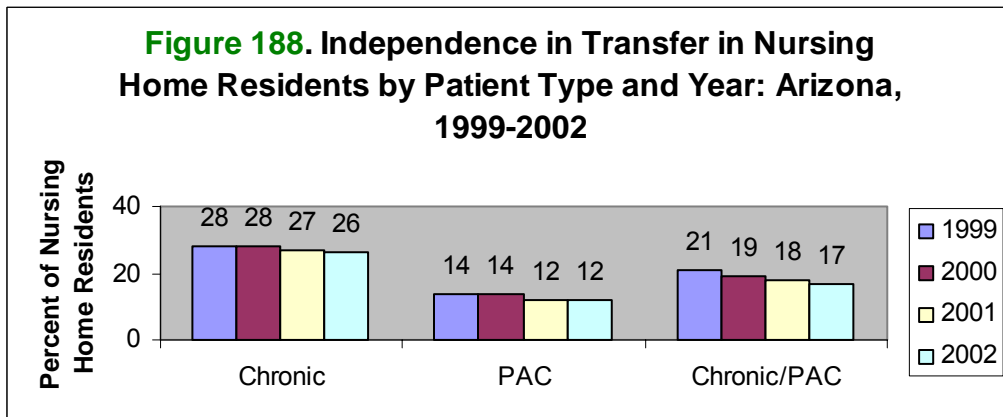


Figure 189. Independence in Dressing in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002

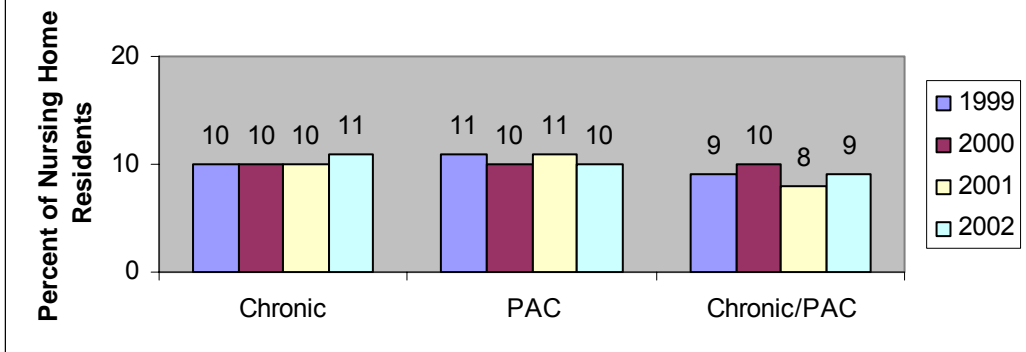


Figure 190. Independence in Toilet Use in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002

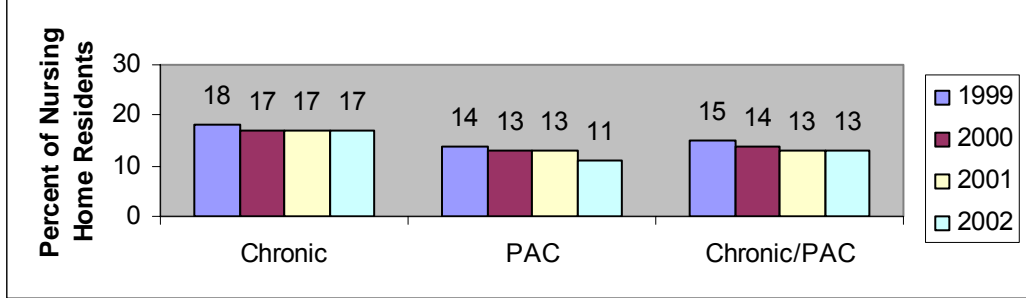
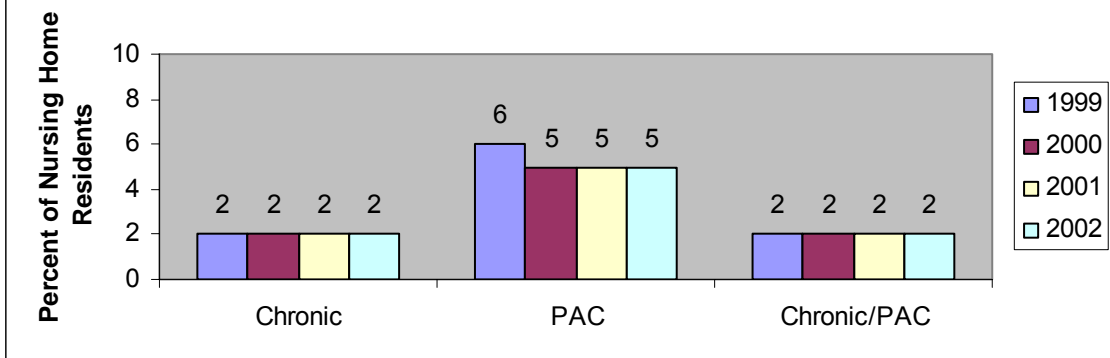


Figure 191. Independence in Bathing in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002



6. Continence

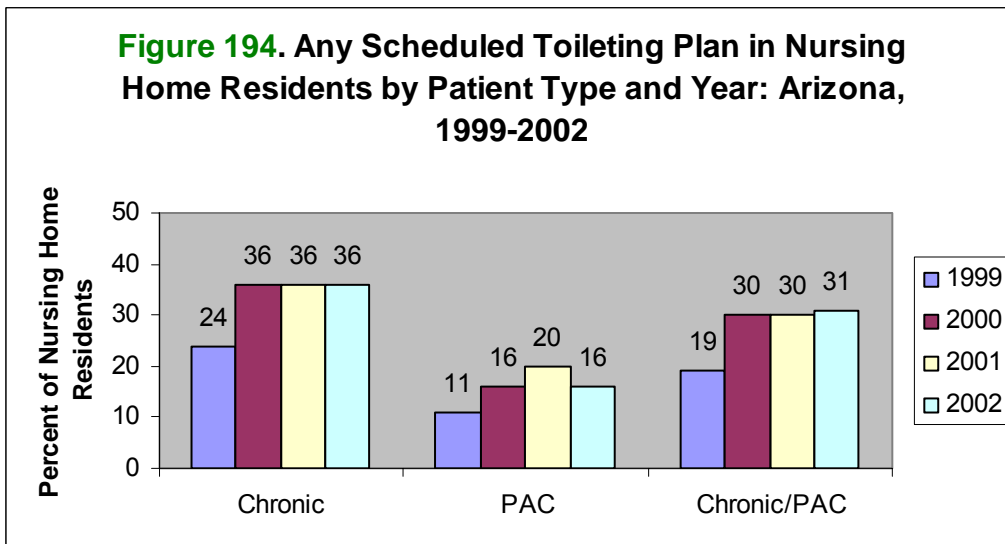
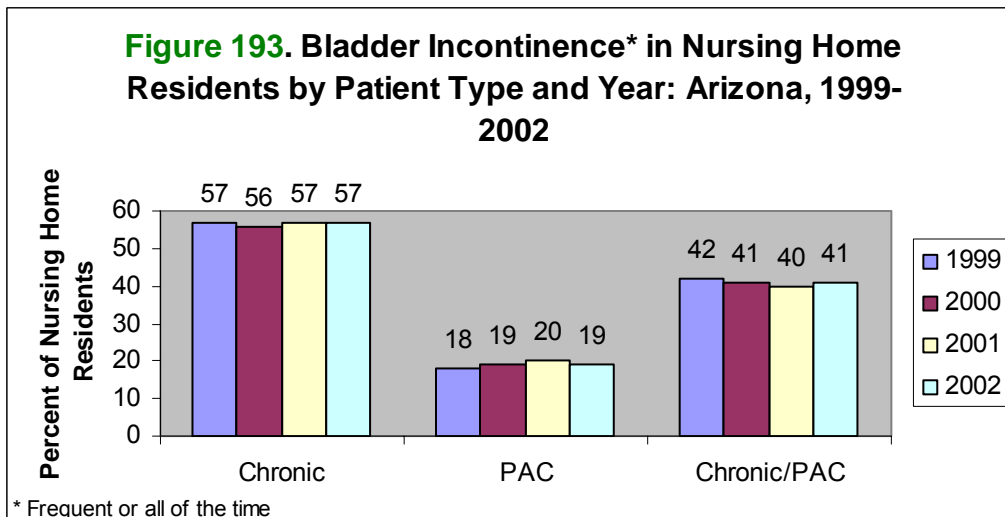
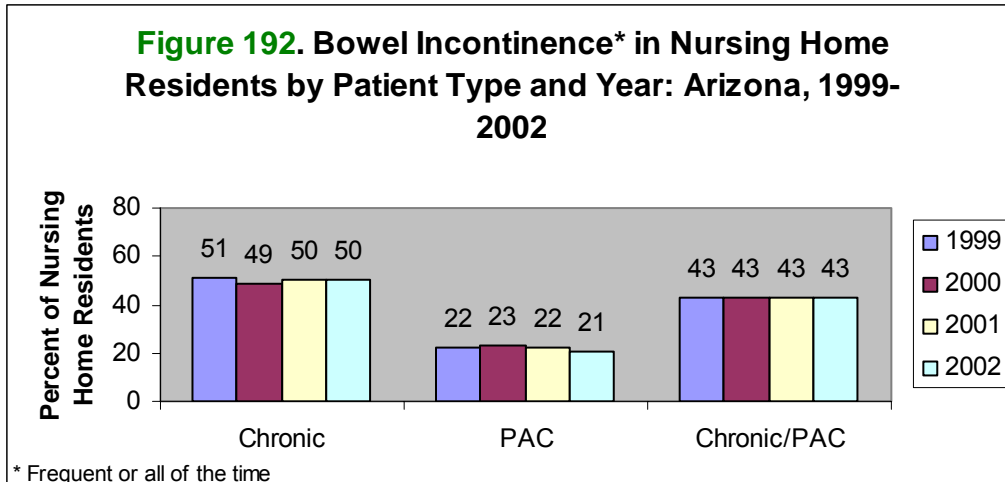
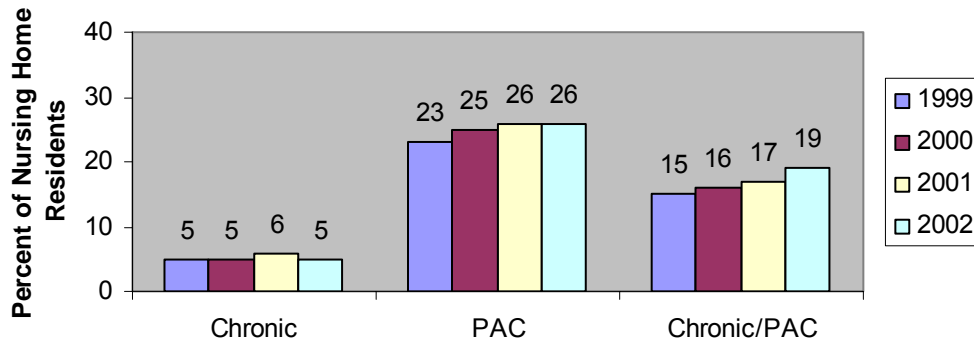


Figure 195. Indwelling Catheter in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002



7. Health Conditions: Pain Symptoms and Falls

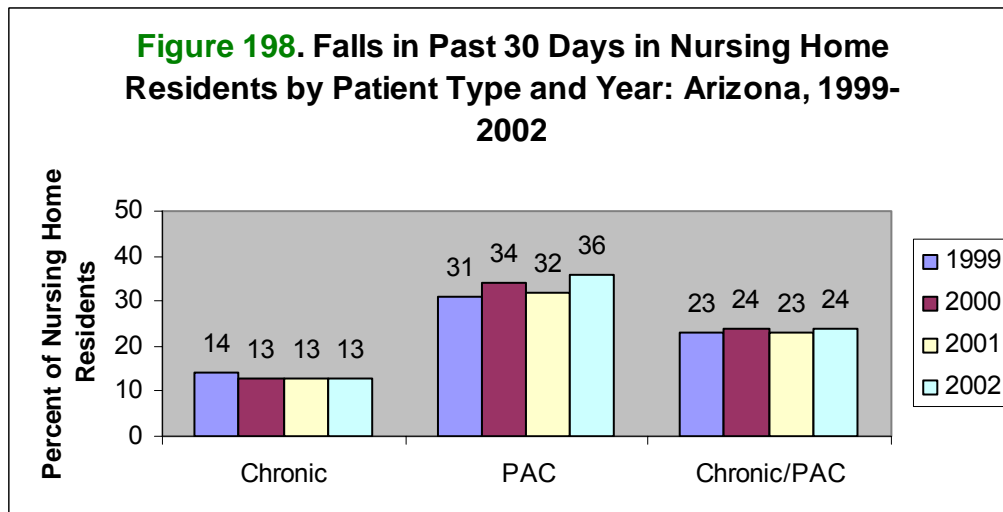
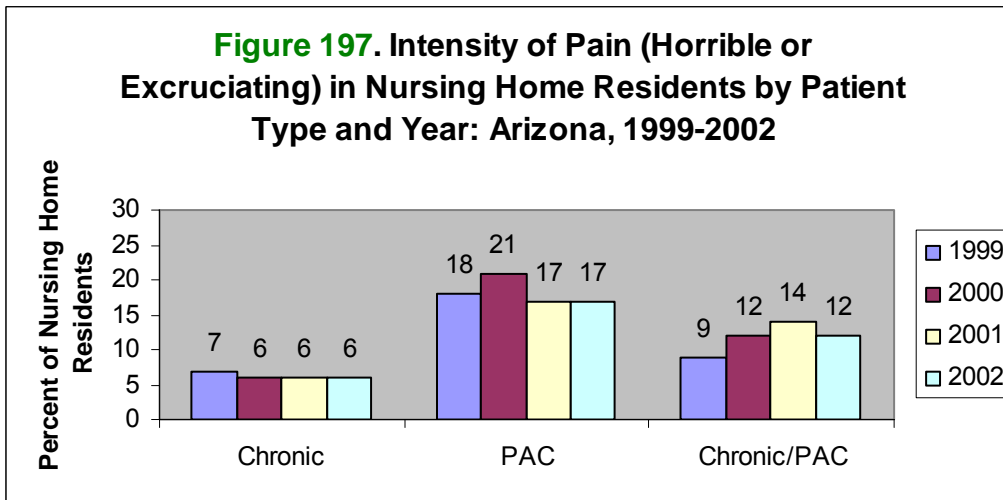
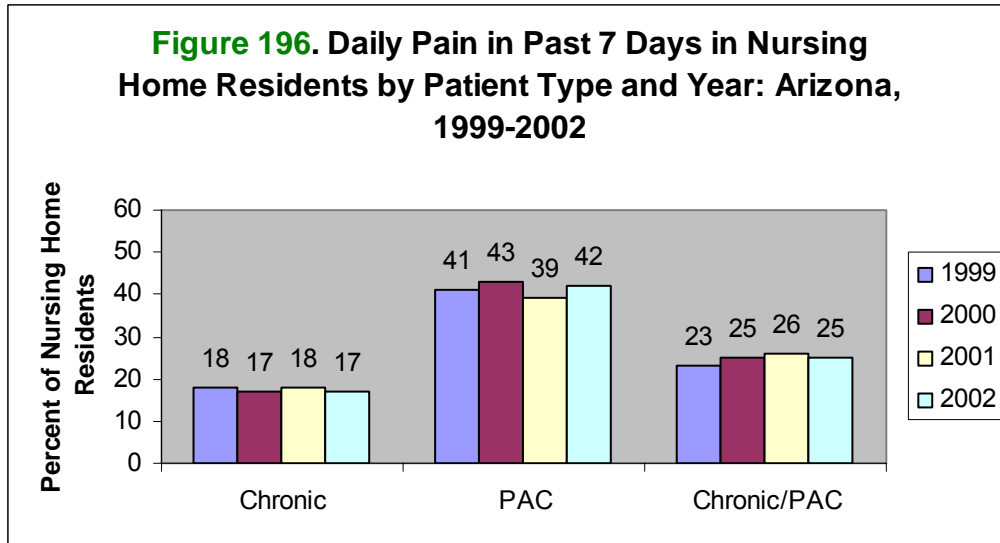
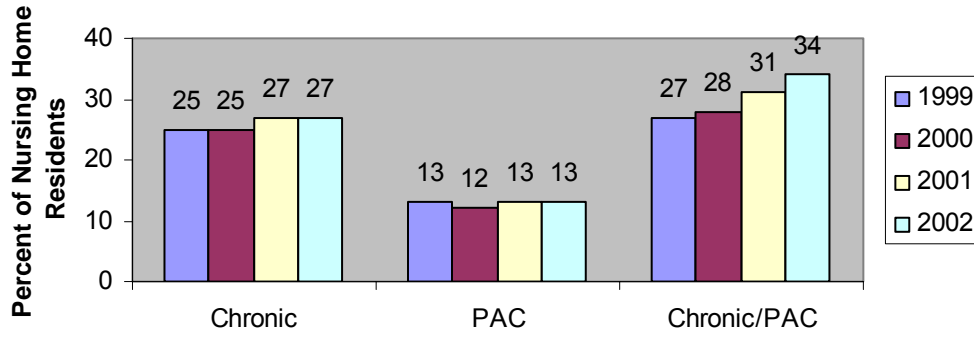
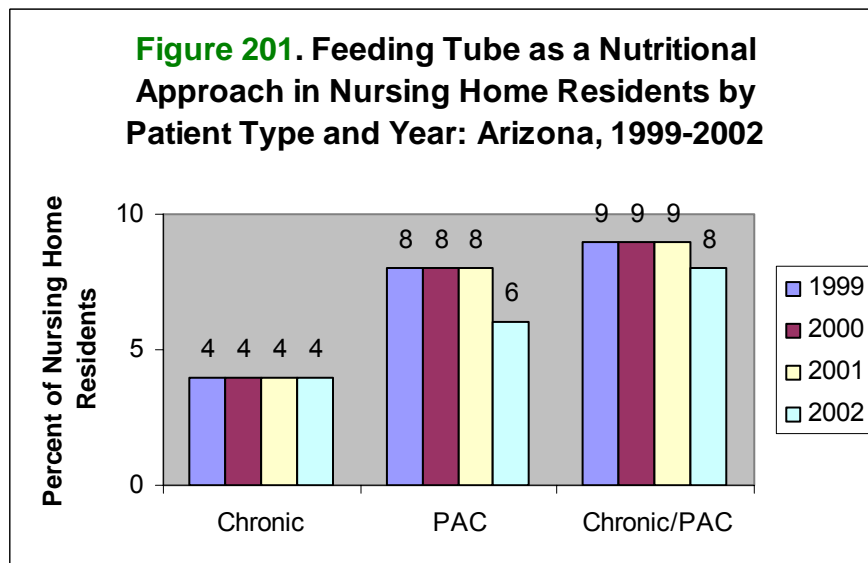
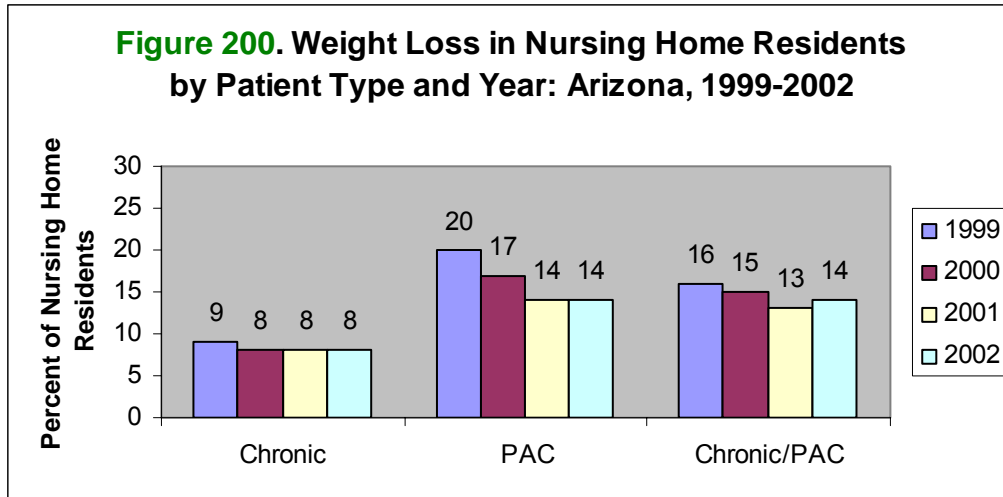


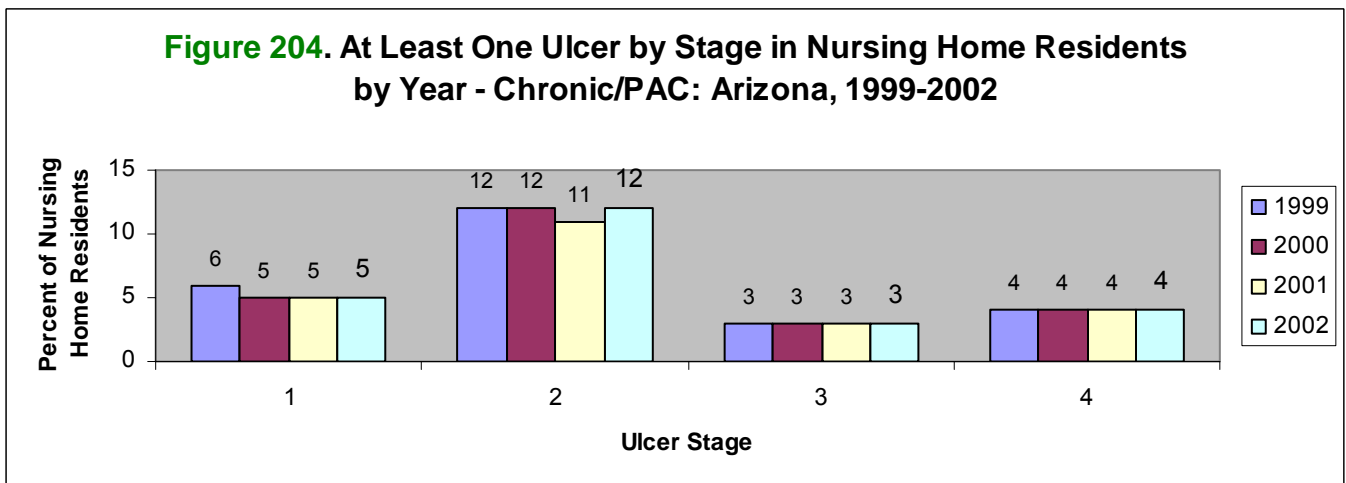
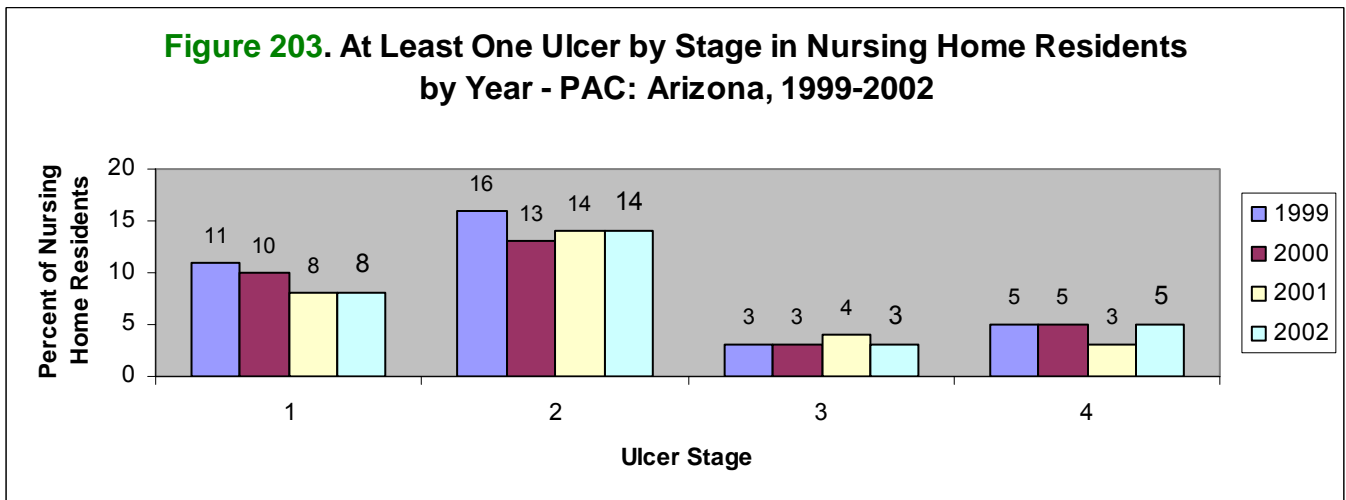
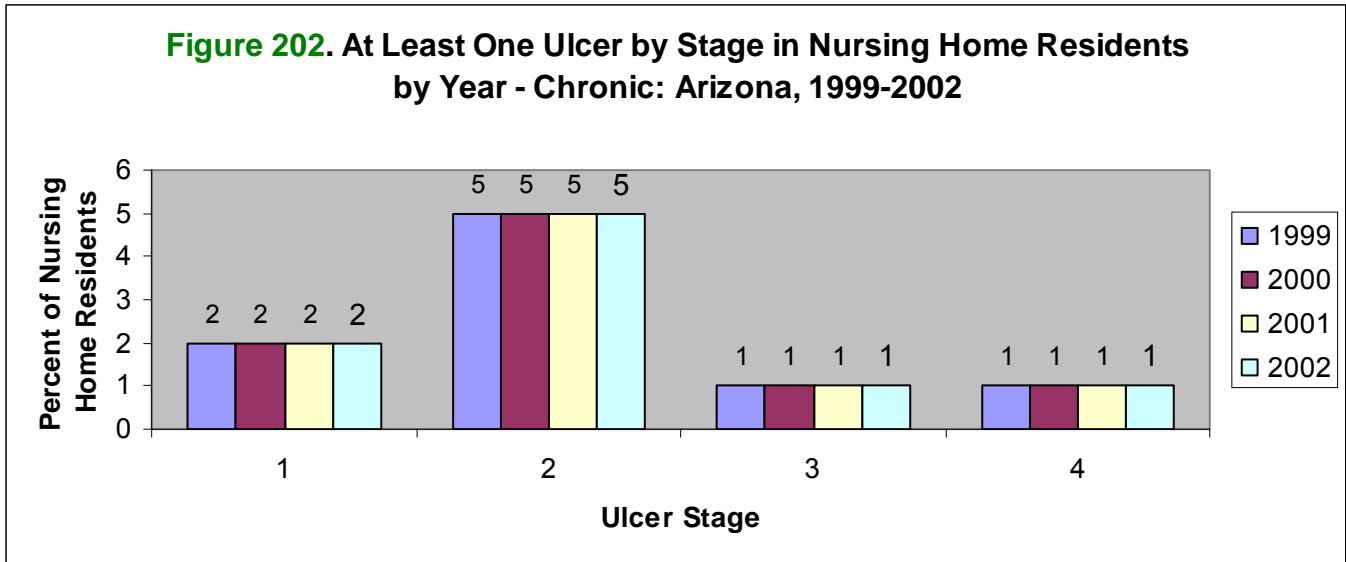
Figure 199. Falls in Past 31-180 Days in Nursing Home Residents by Patient Type and Year: Arizona, 1999-2002



8. Oral and Nutritional Status

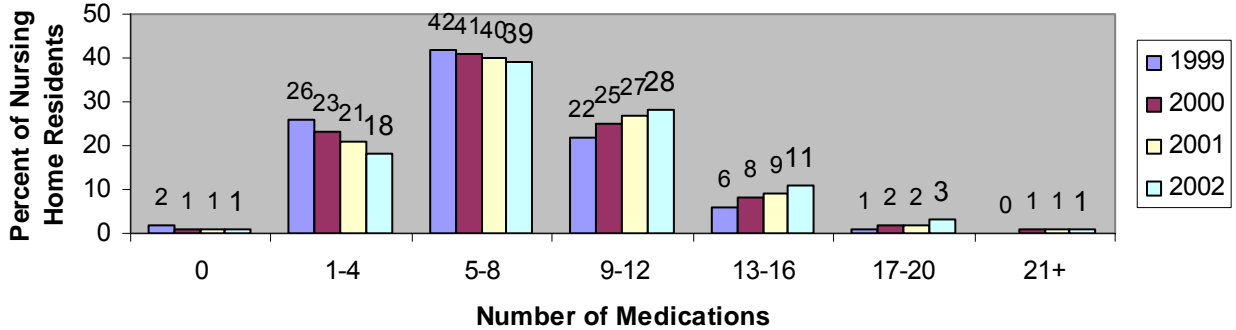


9. Skin Condition



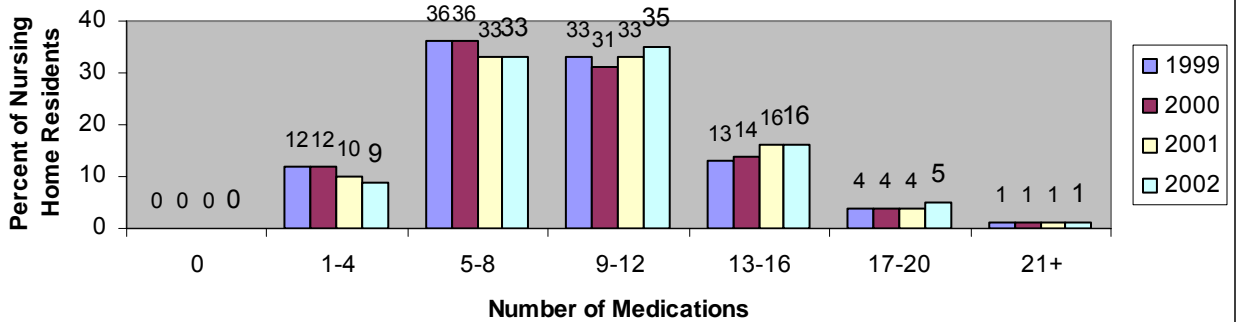
10. Medications

Figure 205. Medication Usage Among Nursing Home Residents by Year - Chronic: Arizona, 1999-2001



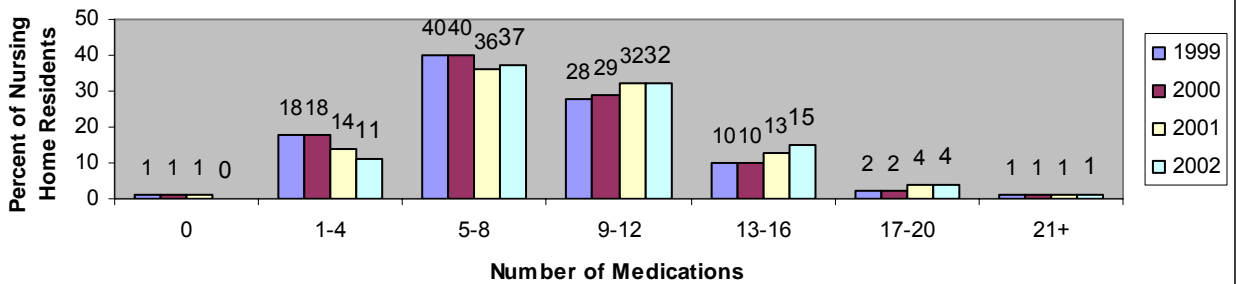
* Medications include over-the-counter and prescription drugs received in the past seven days.

Figure 206. Medication Usage Among Nursing Home Residents by Year - PAC: Arizona, 1999-2002



* Medications include over-the-counter and prescription drugs received in the past seven days.

Figure 207. Medication Usage Among Nursing Home Residents by Year - Chronic/PAC: Arizona, 1999-2002



* Medications include over-the-counter and prescription drugs received in the past seven days.