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## Special Article

## An International Definition for “Nursing Home”



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## A B S T R A C T

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There is much ambiguity regarding the term “nursing home” in the international literature. The definition of a nursing home and the type of assistance provided in a nursing home is quite varied by country. The International Association of Gerontology and Geriatrics and AMDA foundation developed a survey to assist with an international consensus on the definition of “nursing home.”

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There is often confusion regarding the definition of the term “nursing home,” and what type of care is provided in a “nursing home.” The origin of the nursing home can be traced to the Byzantine empire when Emperor Constantine the Great and his mother, Helena, established nursing homes and infirmaries called “Gerocomeia” to provide care for the elderly.<sup>1</sup> These institutions often provided residential living quarters, food, and some medical care, and

were typically located near monasteries or churches. Throughout the centuries, nursing home care has evolved and the type and extent of care provided as well as the terms used to describe this care are quite diverse. A recent international survey found that physicians regularly visited nursing home residents in only 37% of the countries surveyed, and in only 5 countries was a physician considered to be medical director of the nursing home.<sup>2</sup> Likewise, the survey revealed international differences in the terminology used to describe “nursing homes.” A search on the PubMed database in November 2014 identified 16,925 citations with the term “nursing home” appearing in the title. Although the vast majority of these articles were published from the United States and The Netherlands, [Figure 1](#) shows the distribution of publications by country. To enable meaningful comparison of

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### Publications Containing "Nursing Home" in Title

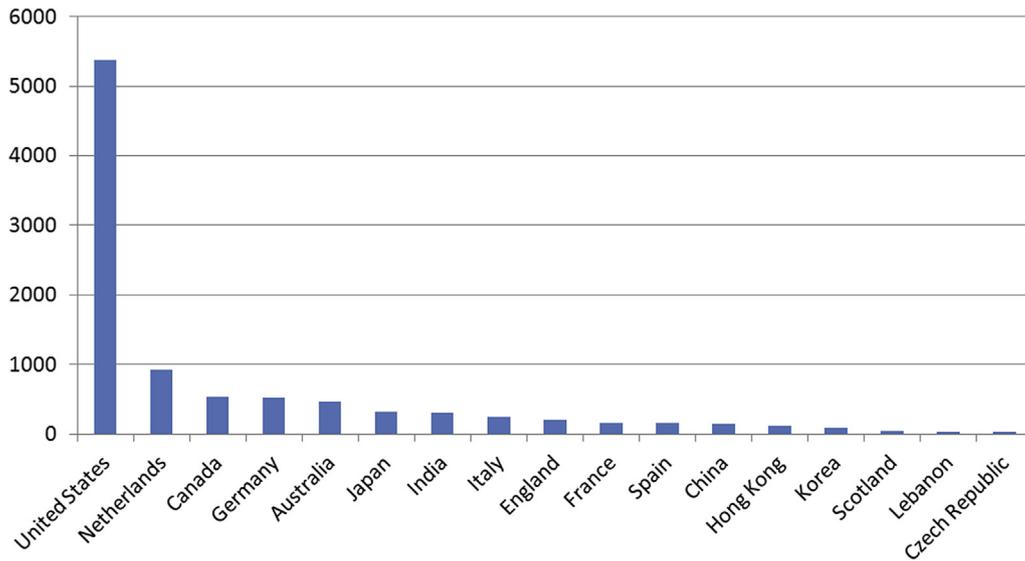


Fig. 1. Number of publications containing the term "nursing home" in the title by country.

nursing home studies, conduction of meta-analyses, and collaborative international research, it is important to clear some of the ambiguity surrounding the use of the term "nursing home" and to understand the similarities and differences within nursing home practice and nursing home populations. We contend that working toward conceptual and definitional clarity and consensus is an essential step in the development of high-quality evidence-based research and policy development. To assist with this consensus, we developed a brief, 3-item questionnaire. The first question was open-ended and asked very simply for the definition of a nursing home in the respondent's opinion, whereas the second question, a multiple-choice question, presented 8 terms and asked the respondent to choose any or all terms that refer to a nursing home in his or her country. A definition was included with each of these terms (see Table 1). For example, a skilled nursing facility was defined as a facility that provides extended medical care and intensive physical/occupational/speech therapy after acute illness and often lengthy hospitalization. Although each country provided all of these services, many were provided somewhere other than a nursing home. The third question asked which of the services in question 2 were provided in the hospital as opposed to a free-standing facility. The online survey was administered to an expert international panel and returns were received from 17 countries. The responses from each country surveyed are provided in Table 2. It should be acknowledged that our results are limited to

only 17 countries, with 1 respondent per country, so local differences in nursing home practice, if any, may not be accounted for.

Although the exact definition of a nursing home differs widely among countries, our survey revealed some common themes. First of all, it is important to distinguish between short-term care provided after an acute hospitalization, often called subacute care, post-acute care, or skilled nursing care, and care provided on a long-term basis. Subacute care includes access to intensive physical, occupational, and/or speech therapy with the goal of improving functional status after acute illness or hospitalization. In many countries, with the exception of the United States, this care is provided in a geriatric or cottage hospital or even during the hospitalization in a geriatric unit. In the United States and The Netherlands, subacute care or "rehabilitation" occurs either in a skilled nursing facility, or more commonly, in a ward of a long-term care facility that is specifically designated for this higher level of assistance. In contrast, long-term care occurs in a residential facility or care home and is primarily intended for those who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and/or for those who have behavioral problems due to dementia.<sup>3</sup> The goals of long-term care are quite different than those in subacute care and focus on providing a supportive and a safe, homey environment while assisting the resident in maintaining functional status for as long as possible. As pointed out in previous studies, the availability of registered

**Table 1**  
Definition of Facilities Provided to Survey Respondents

	Definition
Subacute-care facility	Facility that provides extended medical care and intensive physical/occupational/speech therapy after acute illness and often lengthy hospitalization
Long-term care facility	Facility that provides room and board, as well as management of chronic medical conditions and 24-hour assistance with ADLs in patients who are physically and/or cognitively impaired
Rehabilitation hospital	Facility that focuses on physical/occupational/speech therapies to improve or restore functional capacity
Skilled nursing facility	Facility that provides extended medical care and intensive physical/occupational/speech therapy after acute illness and often lengthy hospitalization
Assisted living facility	Facility that provides room and board and varying degrees of assistance with management of medical conditions and with ADLs in patients who are physically and/or cognitively impaired
Care home	Facility that provides room and board and varying degrees of assistance with ADLs in patients who are physically and/or cognitively impaired. Typically, care is provided in smaller, homelike settings and medical professionals are not available on site
Geriatric hospital	Facility that delivers post-hospitalization care and rehabilitation for older individuals
Hospice home	Facility that provides care for patients at end of life

**Table 2**  
Terms That Refer to a Nursing Home in 17 Surveyed Countries

	Subacute-Care Facility	Long-Term Care Facility	Rehabilitation Hospital	Skilled-Nursing Facility	Assisted-Living Facility	Care Home	Geriatric Hospital	Hospice Home
Australia		X		X				
Canada		X						
China		X			X	X		
Czech Republic	X	X	X	X	X	X		X
England	X	X		X			X	
France		X			X			
Germany		X						
Hong Kong		X			X	X		
India	X							
Italy	X	X	X	X				
Japan		X		X	X	X		
Korea		X			X	X		
Lebanon	X	X	X					
Netherlands	X	X	X	X			X	X
Scotland	X					X		
Spain		X		X	X	X	X	X
United States	X	X		X				X (rare)

The “X” indicates that this term refers to a nursing home in the given country.

The green-shaded cells indicate these services are typically provided in the hospital as opposed to in a free-standing facility. The white-shaded cells indicated that these services, when available in the given country, are typically provided in free-standing facilities.

nursing staff and physicians in the nursing home varies by country.<sup>2,4</sup> Interestingly, The Netherlands is the only country in the world with a separate specialty, called elderly care medicine, with a 3-year training program and with physicians who are employed by the nursing home organization.<sup>5</sup> However, many “nursing homes” simply provide room and board with assistance from minimally trained or untrained staff and with little to no input from physicians or expert nurses. In the United States and some European countries, there are free-standing assisted living facilities, which often provide little to no assistance with medications or associated health care needs (ie, vital signs, medical assessment), but do offer social activities and some assistance with ADLs. Conversely, in many countries, particularly in Asia (ie, China, Japan, Hong Kong, and Korea), it appears that assisted living is synonymous with the term “nursing home.”

Heterogeneity in the nursing home population is much like the heterogeneity in the term “nursing home” when defined internationally. There are many differences around the world in what constitutes a nursing home in terms of character of the home and character and number of residents. For example, nursing homes in some countries are small facilities with just a few beds, whereas in other countries, there may be several hundred residents in each home. Payer source and access to services are also quite varied.<sup>6</sup> In some countries, the government exclusively funds or at least assists in funding, whereas elsewhere, nursing home care is purely private pay. Undoubtedly, this affects the quality of and access to nursing home care. Additionally, the presence or absence of trained staff plays a great role in the care that is provided, as does the likelihood of physician presence in each nursing home. It is quite important to consider that research done in a “nursing home” in one country may not be applicable to research done in a nursing home in another country, as the resident populations can be completely different, much like comparing apples and oranges. For example, in the United States, the most severely physically and cognitively impaired people

typically reside in long-term care facilities, whereas in other countries that consider assisted living facilities to be synonymous with nursing homes, the population in these locations may still be able to dress themselves and more fully participate in social activities outside of the facility. It also should be recognized that in most countries, more than 80% of persons in nursing homes have dementia, whereas in the United States, because of the skilled nursing facility component, the prevalence of dementia is much less, as persons eligible for rehabilitation services are much less likely to have cognitive impairment. Evaluating the effect of polypharmacy in a population that is ill and bedbound (US nursing home) versus a population that is active and mobile (assisted living facility) may not yield the same results, although in the nursing home literature, these populations may be considered identical.

In conclusion, based on the input from our surveys, we offer the following definition for nursing homes: “A nursing home is a facility with a domestic-styled environment that provides 24-hour functional support and care for persons who require assistance with ADLs and who often have complex health needs and increased vulnerability. Residency within a nursing home may be relatively brief for respite purposes, short term (rehabilitative), or long term, and may also provide palliative/hospice and end-of-life care. In general, most

**Table 3**  
Bullet Points to Operationalize the Nursing Home Definition

A nursing home
• is a facility that provides 24-hour functional support for people who require assistance with ADLs/IADLs and have identified health needs
• may or may not be staffed with health care professionals
• provides long-term care and/or rehabilitation as part of hospital avoidance or to facilitate early hospital discharges
• does not function as a hospital ward and is not hospital-based
• may play a role in providing palliative and/or hospice care at end of life

nursing homes also provide some degree of support from health professionals, but as pointed out in our previous article, a small subset provide socialization activities and basic assistance with ADLs but have no trained health professionals on staff.<sup>2</sup> Although post-acute rehabilitation may be provided in the nursing home (ie, in the United States and The Netherlands), in many countries this is provided in separate facilities (ie, geriatric or cottage hospitals) or in a geriatric unit of the acute hospital (see [Table 3](#).)” We further suggest that authors publishing research or writing about nursing homes provide a description of the nursing home by including details about the following: number of residents, funding, employed staff (ie, physicians, nurses, other health professionals), and available services (ie, rehabilitation, end-of-life care/hospice).

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