**Registered nurse staffing ratios had no significant impact on hospitalization of nursing home residents with dementia, but 'targeted preventive interventions' made a difference.**

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# Mental Illness Raises Risk of Hospitalization

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Nursing home residents with dementia or severe mental illness face excess risk of being hospitalized for conditions that could otherwise be prevented or treated within their nursing homes.

Despite growing interest in reducing avoidable hospitalizations, little research has examined when nursing home care could have made the difference. Neither have researchers studied the role of mental illness in such hospitalizations, said Marion Becker, Ph.D., R.N., in a poster presentation at the annual meeting of the Gerontological Society of America.

Dr. Becker and her associates at the University of South Florida, Tampa, analyzed Medicaid claims data for 72,251 residents from 647 Florida nursing homes that had a median of 63% Medicaid-enrolled residents. The study population was 69% female, 84% aged 65 or older, and 70% white. Just over 40% had a diagnosis of dementia, 26% had a serious mental illness, and 36% had a major comorbid physical condition.

Almost all the facilities had at least one occupant who was hospitalized for a condition that could have been addressed in the nursing home—called an ambulatory care–sensitive (ACS) condition—during the 3-year study. ACS conditions include urinary tract infections, pneumonia, and ear, nose, or throat infections. In all, there were 8,191 ACS hospitalizations among 6,872 residents, accounting for 15% of all resident hospitalizations.

**Odds ratios for ambulatory care–sensitive hospitalization were 1.5 for major psychotic disorder, 1.8 for bipolar disorder, and 1.45 for major depressive disorder.**

Resident demographic factors that increased the risk for ACS hospitalization included age younger than 65 years (odds ratio 0.6), being female (OR 1.1), and being nonwhite (OR 1.3). Even higher risk was associated with diagnoses of dementia (OR, 1.3) and serious mental illness. Odds ratios were 1.5 for major psychotic disorder, 1.8 for bipolar disorder, and 1.45 for major depressive disorder. Alcohol- and drug-use disorders were not large predictors of hospitalization for ACS conditions.

Some facility characteristics correlated with more ACS hospitalizations. For-profit status increased the risk (OR 1.1), whereas belonging to a chain decreased it (OR 0.9). Having a number of beds below the median decreased risk (OR 0.8), while occupancy rate, number of quality-survey citations, and registered nurse staffing ratios had no significant impact, Dr. Becker and her associates reported.

The findings suggest that many ACS hospitalizations could be avoided by "targeted preventive interventions. Given the high cost of hospitalizations, such interventions could well be a cost-effective option," the researchers concluded.

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