

A SURVEY :

EYE CARE IN MICHIGAN'S

LONG-TERM CARE FACILITIES

(Senior Project Report)

Carol Hunt

April 15, 1988

TABLE OF CONTENTS

ABSTRACT.....	1
INTRODUCTION.....	2
METHODS.....	4
RESULTS.....	6
DISCUSSION AND CONCLUSIONS.....	8
TABLE I.....	11
TABLE II.....	12
APPENDIX (i - vii).....	13 - 24
CITATIONS.....	25 - 26

A Survey: Eye Care in Michigan's Long-Term Care Facilities

ABSTRACT

According to the American Optometric Association, less than 20% of the 20 million people over the age 65 have received adequate care for vision problems which are present in about 100% of this population. The average age of nursing home resident is about 75 years. A survey of Michigan's registered nursing homes and homes for the aged was conducted to determine the existence and the adequacy of vision care to the residents. The impact of optometry to help meet the needs of these long-term facility residents was also evaluated. The responses indicated that a high percentage of long-term care facilities (1) do not have policies for vision care and (2) do not have their residents periodically screened for vision problems. Opportunities for optometry in Michigan to remedy this situation are available but further studies are necessary to assess optometry's impact.

Keywords: Vision, eye care, elderly, nursing homes, long-term care facilities, homes for the aged.

INTRODUCTION

Documentation of the visual needs of the elderly has been presented in optometric literature, enhancing and challenging our profession. [1-5] Geriatrics is that branch of medical science concerned with disease and hygiene of old age.[6] Special eye disorders and clinical strategies unique to the elderly necessitate this specific geriatric background being provided in the literature. Optometry schools are attempting to expand their educational base in the subject of gerontology hoping to better prepare graduates in the service of this growing population. [7-9]

In 1985, one in eight Americans was 65 years or older, representing 12 percent of the country's population and an 11 percent increase since 1980. When the "baby boomers" reach age 65 the representative percentage is expected to be greater than 21 percent. [10] By the year 2000, the projected number over the age 65 will be 30 million, about one of every four Americans. Not only are the numbers increasing but the size of the individual age brackets (ie: 65-74, 75-84, over 85) are also enlarging with increasing age. To maintain a comfortable existence, many will be housed in nursing homes [11] and various other types of care facilities. The typical nursing home resident will be female, 75 years of age or older, [12] and suffering from age-related causes for decreased vision. Are the visual needs of this population being met?

A 1972 screening of nursing homes in South Dakota indicated that a high percentage of residents lacked visual care. [11] This scenario was

repeated in a 1973 survey conducted in Boston, Massachusetts. [13] As recently as 1985, large numbers of nursing home residents in Oklahoma were found to have a high percentage of unmet eye care needs. [14] The National Nursing Home Survey of 1977 found that 29% of the residents were visually impaired. [15] With this historical background and in the light of increased attention towards the visual concerns of the elderly and nursing home residents [16], a survey was conducted in the State of Michigan. The nursing homes and homes for the aged registered with Michigan's Bureau of Health Facilities were mailed a survey which sought to evaluate the existence and adequacy of vision health care. An attempt was also made to determine the impact optometry has had on meeting the needs of the residents of these long-term care facilities.

Based on the survey responses received, it appears the majority have no policy on vision care and do not periodically screen their residents for vision problems. In 1.1% (3 of 268) of these facilities, optometrists were employed to provide vision care. Contracted eye care was available in 31.3% of the facilities; the number of optometrists in this group was not determined. Hospital privileges were available to optometrists in 43.0% of the responding institutions and denied in 19.5%, with 37.0% having no policy regarding optometrists. Further study will be required to determine the specific impact optometry has made on meeting the needs of this growing group of the elderly citizens.

METHODS:

A computerized list of Michigan's nursing homes and homes for the aged was acquired from the State of Michigan, Bureau of Health Facilities. These 517 long term care facilities, representing all levels of institutionalized care (skilled nursing to ambulatory) were contacted. The surveys were accompanied with an enclosure letter addressed to the facility's administrator/director explaining the purpose of the survey. (See Appendix "i") The surveys (see Appendix "ii") were numbered for response documentation and to determine which facility needed to be contacted in a second mailing. The original of the survey was copied by Ferris State University's Copy Center on a "buff" (yellow) colored paper, chosen to draw attention to the document. The mailing process was facilitated by the use of the PC-File+ Label program [17] which sorted the addresses by zip code in ascending numerical order. The first mailing was on February 8, 1988 and 154 (29.8%) responses were received. A second mailing was issued on March 14, 1988 with an amended enclosure letter (see Appendix "iii"). The copy center provided a blue colored paper for the second mailing which provided quick identification (see Appendix "iv"). The second mailing involved only the 362 facilities that had not responded to the first mailing.

After its initial composition and prior to the first mailing, the survey was restructured to accommodate the numerical modality required for data processing [18]. Assistance with wording and structure of the survey was provided by Dr. Manfred Swartz, Testing Coordinator, and his

secretary, Linda Burnes. After a second mailing, the returned surveys totalled 271, with 268 (51.8%) providing the responses which were tabulated in conjunction with the university testing office and was provided the composite of information discussed in the next section.

RESULTS:

Appendix "v" shows the responses received to the survey questions. Just over one-half one-half (53.2%) of the facilities responding had 100 residents or less. The vast majority (80%) of these residents were aged 75 years or older which reflects the assessment of the typical nursing home resident [12] and long-term resident [15]; but was considerably higher than Michigan's non-institutionalized population over 60 or the 1980 Census* (see Table I). ^{2*} Population characteristics of the State of Michigan [19]³

Mobility of the residents and the level of care required was reflected in the approximate number of ambulatory and non-ambulatory residents. The responses show that both group sizes were about equal: 50.7% ambulatory and 49.3% non-ambulatory. The severally visually impaired individuals ranked dramatically higher in number (84%) when compared with 16% totally blind. These percentages were higher than the 1977 National Nursing Homes Survey figures which found about 3% "unable to see" and another 26% were partially or severally visually impaired [15].

In Question 4, the responses showed that vision care was handled most frequently by the long-term care resident or the family; while 27.2% of the care was made available by the facility. In several responses for "other", many indicated that arrangements could be made by the facility at the request of the resident. Again, as seen in Questions 8 & 9, the resident most frequently (42.2 %) identified a visual problem which was dealt with by family arrangements (23.17). Although only 1.1% of the facilities employed optometrists, 43% indicated availability of hospital

privileges to O.D.'s, while 37.5% had no hospital privilege policy.

Responses to Question 6 were similar to those obtained in a 1986 national nursing home survey [15], see Table II. Note that 63.1% of the facilities did not periodically screen their resident for vision problems and 66.8% were not interested in conducting a screening. Evaluation of the correlation between these two figures is beyond the scope of this paper. Some reasons given for the negative responses were costs, contracted care provided the screening (only 31.3% use contracted eye care), and future plans for scheduling were being made.

Question 10 sought to determine the qualifications of those in daily contact with the residents who were susceptible to visual impairment. In-service training/materials was provided in 65.8% of the facilities responding with nurses and nurses aides being the most likely recipients of this training.

Discussion and Conclusions:

In December 1986, a research project [15] proposed a model for in-service training for providers of long-term care to the elderly visually impaired. A national survey was conducted of long-term care facilities, employees (ie: nurses and therapists) and residents to determine current practices and needs/problems related to visual impairments. Some pertinent points uncovered by this national study are:

- the financial, legal, safety and regulatory concerns of facility administrators all discouraged rather than encouraged the increased independence of visually impaired residents and a rehabilitation approach to their care.
- the majority of residents showed a passive acceptance to loss of control over their own schedule/life structures and elected not to "bother" the busy staff with their needs or concerns.
- the staff's lack of knowledge of special visual aids or lack of understanding regarding increased independence inhibited rehabilitation for the residents.

The general observations made in the 1986 research project were considered when evaluating the data compiled from the Michigan survey. Although many of the responses reflected a genuine desire by Michigan's long-term care administrators to provide the residents with vision care, their policy of relying on the resident to identify and report their own vision problems may, in fact, hinder their goal. Many residents adapt to the "institutionalized" behavior described above within a short period of time which prevents early detection and treatment of disabling vision problems.

In-service training education/materials can develop the understanding and knowledge of the care required for the visually impaired resident. With 65.8% of the Michigan facilities responding to Question 10 affirmatively, the assumption might be drawn that the residents in these facilities were receiving encouragement toward independent living. The scope of the survey limits the basis of such an assumption. Such an assessment might better be made with personal interviews and observations. However, the response indicated that many of the facilities provided this training not only for the staff, but also included administrators, clerical assistants and family members.

The percentages of (1) examinations by optometrists and ophthalmologists - 58.2%, (2) the use of low-vision devices - 20.5%, and the use of non-optical devices - 38.4% reported in Question 9 were considerably lower than those reported in the 1986 national survey cited above (see Table II). The majority (79.1%) of the facilities currently have no policy on vision care and do not periodically schedule visual screenings for their residents. Also note that only 20% of the facilities denied hospital privileges to optometrists. The need for vision care is there and the opportunity for optometry to help meet this need is unquestionable.

This information should present a challenge to Michigan's eye care professionals regarding the unmet needs of an ever-growing segment of Michigan's elderly population, the long-term care facility residents. Question 11 was added to the survey to assist those optometrists wishing to address these needs. This report provides the names and locations of the nursing homes and homes for the aged requesting screenings for their

residents, see Appendix "vi". A list of equipment necessary for on-site screenings/examinations as determined by some of our experienced colleagues was also included, see Appendix "vii".

TABLE I

<u>Age</u>	<u>1970 MI Census[21]</u>	<u>1973 MI Survey[20]</u>	<u>1980 MI Census[19]</u>	<u>1986 MI Survey([15]</u>	<u>1987 MI Sample[19]</u>	<u>1988 MI Survey</u>
40 - 64	-	-	-	-	-	4.4
60 - 64	3.0	-	30.1	-	28.7	
under 65	-	15.8	-	-	-	6.7
65 - 74	4.1	19.6	42.8	18.5	42.9	14.0
75 - 84	-	38.5	-	39.2	23.8	39.8
75 & over	8.2	-	27.1	-	28.4	80.0
85 & over	17.0	26.0	6.1	42.1	4.6	40.2

(Note the higher percentage shift toward the older age brackets between the 1973 MI survey and the 1988 MI survey - a trend indicated in the literature.)

Ferris State University

College of Optometry

TO: Administrators/Directors

FROM: Carol Hunt, Optometry Intern of Ferris State University,
College of Optometry

RE: Survey of Michigan Long-Term Care Facilities

DATE: February 5, 1988

Enclosed please find a survey which is being sent to you in connection with my Senior project. The survey is designed to assess the current vision/eye care practices and needs of Michigan's elderly population who are currently housed in long-term care facilities such as yours. Optometry as a profession has recognized the growing numbers of elderly in our country's population and has been preparing its new graduates to meet the various needs of this age group.

Ferris State University's College of Optometry is the only optometry school in the State of Michigan. The first class graduated in 1979 and now, nearly ten years later, I would like to evaluate whether optometrists have made an impact on the visual needs of a select segment of Michigan's elderly, its long-term care facility residents.

Please take a few moments of your time to complete the enclosed survey. The numbered survey is used for record keeping to avoid troubling you with a second mailing. Your individual responses will remain confidential. A self-addressed reply envelope has been provided for your convenience.

Please return the survey by February 20, 1988.

Thanking you in advance for your cooperation, I remain

Sincerely yours,

Carol Hunt

Carol Hunt
Senior Optometry Intern

Encls.

FERRIS STATE UNIVERSITY, COLLEGE OF OPTOMETRY

Survey of Michigan's Long-Term Care Facilities

Instructions: For the multiple choice type questions, please circle the most appropriate answer(s). Also, note that some questions require numerical responses.

1. What are the number of residents in your facility? (Circle one)

1. less than 25
2. 26 - 50
3. 51 - 75
4. 76 - 100
5. 101 - 150
6. greater than 150

2. How many residents do you have in the following age groups?

1. _____ less than 40
2. _____ 40 - 64
3. _____ 65 - 74
4. _____ 75 - 84
5. _____ 85 or older

3. Approximate number of these who are:

1. _____ ambulatory
2. _____ nonambulatory
3. _____ totally blind
4. _____ not totally blind but severely visually impaired *

(* visually impaired: those whose vision impedes their daily functions but whose vision cannot be corrected by conventional eyeglasses)

4. How is vision care currently available to your residents?
(Circle all that apply)

1. Not currently provided due to lack of policy
2. contracted eye care
3. employed ophthalmologist
4. employed optometrist
5. arrangements made by resident/family
6. other (please specify: _____)

5. Are hospital privileges in your facility available to optometrists? (Circle one)

1. yes
2. no
3. no policy

6. What is your facility's policy on vision care? (Circle one)

1. have no policy on vision exams
2. require a current vision exam for every new admission
3. require a current vision exam only for those admissions known to be visually impaired
4. admit the patient and require/perform a vision exam

How soon after admission do you require/perform the exam?

1. _____ within a month
2. _____ within six months
3. _____ within one year
4. _____ as needed

7. Are your residents periodically screened for vision problems?

1. _____ yes
2. _____ no

If yes, how often?

1. once a year
2. once every two years
3. as needed

If no, why not?

1. no policy requirements
2. not needed by residents
3. inaccessibility of trained eye specialists
4. other (please specify: _____)

8. If residents have visual problems, how are they most frequently identified? (Circle one)

1. by the resident
2. periodic screening
3. by the staff
4. by family and friends
5. other (please specify: _____)

9. Once identified, how is the visual problem dealt with by your institution? (Circle all that apply)

1. refer to family physician
2. refer to family to make arrangements
3. examination by ophthalmologists/optometrists
4. low vision devices (magnifiers, telescopes, etc.)
5. non-optical devices (large print books, talking books, special illumination, writing guides, etc.)
6. glasses for reading or general use (bifocals, trifocals)
7. other (please specify: _____)

10. Has your facility provided the staff with in-service training education/materials related to caring for elderly visually impaired residents?

- 1. yes
- 2. no

If yes, who participated in this training? (Circle all that apply)

- 1. Nurses (R.N./L.P.N.)
- 2. Nurses aides
- 3. Recreational rehabilitation specialists (Ex: physical therapists, etc.)
- 4. Dining room staff
- 5. Volunteers
- 6. Others (please specify: _____)

11. Are you interested in conducting a vision screening for your residents?

- 1. yes
- 2. no

If yes, would you like this information revealed in professional optometric publications?

- 1. yes
- 2. no

*
* Please return by February 20, 1988 to: *
* *
* Carol Hunt *
* Ferris State University *
* College of Optometry *
* Big Rapids, MI 49307 *
* *
* Telephone number for assistance: (616) 592 3715 *
* *

Your comments are welcome.
Thank you for your time and effort.

Ferris State University

College of Optometry

TO: Administrators/Directors

FROM: Carol Hunt, Optometry Intern of Ferris State University,
College of Optometry

RE: Survey of Michigan Long-Term Care Facilities

DATE: March 11, 1988

I sent a survey to you about a month ago in connection with my Senior project and was wondering if you had misplaced it. To make a careful evaluation of the visual needs of Michigan's long-term care facility residents, it is very important to the survey results to have as high a return rate as possible.

I am enclosing another questionnaire and self-addressed reply envelope for your convenience and hope that it is not being received at a busy time for you.

Please return the survey by March 28, 1988.

Thanking you in advance for your cooperation, I remain

Sincerely yours,

Carol Hunt

Carol Hunt
Senior Optometry Intern

Encls.

FERRIS STATE UNIVERSITY, COLLEGE OF OPTOMETRY

Survey of Michigan's Long-Term Care Facilities

Instructions: For the multiple choice type questions, please circle the most appropriate answer(s). Also, note that some questions require numerical responses.

1. What are the number of residents in your facility? (Circle one)

1. less than 25
2. 26 - 50
3. 51 - 75
4. 76 - 100
5. 101 - 150
6. greater than 150

2. How many residents do you have in the following age groups?

1. _____ less than 40
2. _____ 40 - 64
3. _____ 65 - 74
4. _____ 75 - 84
5. _____ 85 or older

3. Approximate number of these who are:

1. _____ ambulatory
2. _____ nonambulatory
3. _____ totally blind
4. _____ not totally blind but severely visually impaired *

(* visually impaired: those whose vision impedes their daily functions but whose vision cannot be corrected by conventional eyeglasses)

4. How is vision care currently available to your residents?
(Circle all that apply)

1. Not currently provided due to lack of policy
2. contracted eye care
3. employed ophthalmologist
4. employed optometrist
5. arrangements made by resident/family
6. other (please specify: _____)

5. Are hospital privileges in your facility available to optometrists? (Circle one)

1. yes
2. no
3. no policy

OVER

6. What is your facility's policy on vision care? (Circle one)

1. have no policy on vision exams
2. require a current vision exam for every new admission
3. require a current vision exam only for those admissions known to be visually impaired
4. admit the patient and require/perform a vision exam

How soon after admission do you require/perform the exam?

1. _____ within a month
2. _____ within six months
3. _____ within one year
4. _____ as needed

7. Are your residents periodically screened for vision problems?

1. _____ yes
2. _____ no

If yes, how often?

1. once a year
2. once every two years
3. as needed

If no, why not?

1. no policy requirements
2. not needed by residents
3. inaccessibility of trained eye specialists
4. other (please specify: _____)

8. If residents have visual problems, how are they most frequently identified? (Circle one)

1. by the resident
2. periodic screening
3. by the staff
4. by family and friends
5. other (please specify: _____)

9. Once identified, how is the visual problem dealt with by your institution? (Circle all that apply)

1. refer to family physician
2. refer to family to make arrangements
3. examination by ophthalmologists/optometrists
4. low vision devices (magnifiers, telescopes, etc.)
5. non-optical devices (large print books, talking books, special illumination, writing guides, etc.)
6. glasses for reading or general use (bifocals, trifocals)
7. other (please specify: _____)

10. Has your facility provided the staff with in-service training education/materials related to caring for elderly visually impaired residents?

- 1. yes
- 2. no

If yes, who participated in this training? (Circle all that apply)

- 1. Nurses (R.N./L.P.N.)
- 2. Nurses aides
- 3. Recreational rehabilitation specialists (Ex: physical therapists, etc.)
- 4. Dining room staff
- 5. Volunteers
- 6. Others (please specify: _____)

11. Are you interested in conducting a vision screening for your residents?

- 1. yes
- 2. no

If yes, would you like this information revealed in professional optometric publications?

- 1. yes
- 2. no

*
* Please return by March 28, 1988 to: *
* *
* Carol Hunt *
* Ferris State University *
* College of Optometry *
* Big Rapids, MI 49307 *
* *
* Telephone number for assistance: (616) 592 3715 *
* *

Your comments are welcome.
Thank you for your time and effort.

FERRIS STATE UNIVERSITY, COLLEGE OF OPTOMETRY

Survey of Michigan's Long-Term Care Facilities

Instructions: For the multiple choice type questions, please circle the most appropriate answer(s). Also, note that some questions require numerical responses.

1. What are the number of residents in your facility? Circle one.

1. less than 25	- 18	% of those responding	1 = 6.7%	} 53.2%
2. 26 - 50	- 49		2 = 18.4%	
3. 51 - 75	- 36		3 = 13.5%	
4. 76 - 100	- 39		4 = 14.6%	
5. 101 - 150	- 73		5 = 29.2%	
6. greater than 150	- 47		6 = 17.6%	
<u>250</u>				

2. How many residents do you have in the following age groups?

1. <u>364</u>	less than 40	- 1.6%	} 6%
2. <u>993</u>	40 - 64	- 4.4%	
3. <u>3158</u>	65 - 74	- 14.0%	} 30%
4. <u>8982</u>	75 - 84	- 39.8%	
5. <u>9068</u>	85 or older	- 40.2%	

TOTAL 22,565

3. Approximate number of these who are:

1. <u>10,546</u>	ambulatory	} 20,301	1 = 50.7%
2. <u>10,255</u>	nonambulatory		2 = 49.3%
3. <u>150</u>	totally blind	} 3,053	3 = 16%
4. <u>2,563</u>	not totally blind but severely visually impaired *		4 = 34%

(* visually impaired: those who vision impedes their daily functions but whose vision cannot be corrected by conventional eyeglasses)

4. How is vision care currently available to your residents?
(Circle all that apply)

	% of TOTAL RESPONSES	RANKING
31. Not currently provided due to lack of policy	1 = 0.9%	1 = 5
842. contracted eye care	2 = 24.0%	2 = 2
83. employed ophthalmologist	3 = 2.3%	3 = 4
34. employed optometrist	4 = 0.9%	4 = 5
1815. arrangements made by resident/family	5 = 51.7%	5 = 1
716. other (please specify: _____)	6 = 20.3%	6 = 3
<u>359</u>		

5. Are hospital privileges in your facility available to optometrists? Circle one

- 43% 1. yes
- 19.5% 2. no
- 37.5% 3. no policy

6. What is your facility's policy on vision care? Circle one

- 1. have no policy on vision exams 1 = 79.1 %
- 2. require a current vision exam for every new admission 2 = 1.9 %
- 3. require a current vision exam only for those admissions known to be visually impaired 3 = 7.8 %
- 4. admit the patient and require/perform a vision exam 4 = 11.2 %

How soon after admission do you require/perform the exam?

- 1. _____ within a month
 - 2. _____ within six months
 - 3. _____ within one year
 - 4. _____ as needed * MAJORITY OF RESPONSES
- } Inconclusive
} Data
} 35 responded to #4
} 99 responded here

7. Are your residents periodically screened for vision problems?

- 1. 96 yes 36.9 %
- 2. 164 no 63.1 %

- If yes, how often?
- 1. once a year 1 = 23.2 %
 - 2. once every two years 2 = 8.4 %
 - 3. as needed 3 = 68.4 %

- If no, why not?
- 1. no policy requirements 1 = 67.4 %
 - 2. not needed by residents 2 = 9.6 %
 - 3. inaccessibility of trained eye specialists 3 = 4.4 %
 - 4. other (please specify: _____) 4 = 17.5 %

If residents have visual problems, how are they most frequently identified? (Circle one) *Inconclusive, most circled more than one response.*

- 1. by the resident 1 = 42.2 %
- 2. periodic screening 2 = 4.2 %
- 3. by the staff 3 = 39.5 %
- 4. by family and friends 4 = 7.6 %
- 5. other (please specify: _____) 5 = 6.5 %

9. Once identified, how is the visual problem dealt with by your institution? (Circle all that apply)

RANKING

- 1. 3 refer to family physician
- 2. 2 refer to family to make arrangements
- 3. 1 examination by ophthalmologists/optometrists
- 4. 5 low vision devices (magnifiers, telescopes, etc.)
- 5. 3 non-optical devices (large print books, talking books, special illumination, writing guides, etc.)
- 6. 4 glasses for reading or general use (bifocals, trifocals)
- 7. 6 other (please specify: _____)

	% OF TOTAL RESPONDING TO THIS QUESTION
1 = 103/268 - 38.4 %	1 = 15.5 %
2 = 153/268 - 57.1 %	2 = 23.1 %
3 = 156/268 - 58.2 %	3 = 23.7 %
4 = 55/213 - 20.5 %	4 = 8.3 %
5 = 103/268 - 38.4 %	5 = 15.5 %
6 = 74/268 - 27.6 %	6 = 11.2 %
7 = 18/268 - 6.7 %	7 = 2.7 %

TOTAL 662

10. Has your facility provided the staff with in-service training education/materials related to caring for elderly visually impaired residents?

1731. yes = 65.8%
 902. no = 34.2%

5 - No Answer

If yes, who participated in this training? (Check all that apply)

RANKING		*% OF TOTAL RESPONSES
1. 1 Nurses (R.N./L.P.N.)	160/268 = 59.7%	1 = 31.7%
2. 2 Nurses aides	157/268 = 58.6%	2 = 31.1%
3. 3 Recreational rehabilitation specialists (Ex: physical therapists, etc.)	90/268 = 26.1%	3 = 13.9%
4. 4 Dining room staff	68/268 = 25.4%	4 = 13.5%
5. 5 Volunteers	29/268 = 10.8%	5 = 5.7%
6. 6 Others (please specify: <u>Administrators, Clerical assistants, Family members</u>)	21/268 = 7.8%	6 = 4.1%

11. Are you interested in conducting a vision screening for your residents?

1. yes 83 = 33.2%
 2. no 167 = 66.8%

If yes, would you like this information revealed in professional optometric publications?
 1. yes 44 = 57.1%
 2. no 33 = 42.9%
 77 Responded

 *
 * Please return by February 20, 1988 to: *
 * *
 * Carol Hunt *
 * Ferris State University *
 * College of Optometry *
 * Big Rapids, MI 49307 *
 * *
 * Telephone number for assistance: (616) 592 3715 *
 * *

Your comments are welcome.
 Thank you for your time and effort.

LIST OF NURSING HOMES AND HOMES FOR THE AGED
DESIRING SCREENINGS FOR RESIDENTS

<u>COUNTY</u>	<u>FACILITY</u>	<u>CITY</u>
Alpena	Provincial House - Alpena	Alpena
Barry	Provincial House Hastings	Hastings
Bay	Bay County Medical Care Facility	Essexville
	Hampton Manor	Bay City
Benzie	Benzie County Medical Care Facility	Frankfort
Berrien	Oak Grove Manor	Niles
	Woodfield Manor, Inc.	Niles
Branch	Maple Lawn Medical Care Facility	Coldwater
Calhoun	Docsa Home for the Aged	Springfield
	Provincial House - Marshall	Marshall
Chippewa	Chippewa County War Memorial Hospital	Saulte Ste Marie
Eaton	St. Lawrence Dimondale Center	Dimondale
Genessee	Hertitage Manor Convalescent Center	Flint
Grand Traverse	Provincial House - Traverse City	Traverse City
	Traverse Geriatric Village	Traverse City
Gratiot	Fulton Medical Care Facility	Perrington
	Maple Valley Nursing Home	Ashley
	Schnepps Health Care Center	St. Louis
Ingham	Ingham County Medical Care Facility	Okemos
Iosco	Iosco County Medical Care Facility	Tawas City
Isabella	Pleasant Manor Nursing Home	Mt. Pleasant
Jackson	Odd Fellow & Rebekah Home	Jackson

<u>COUNTY</u>	<u>FACILITY</u>	<u>CITY</u>
Kalamazoo	Alma Nursing Home	Kalamazoo
	Upjohn Community Nursing Home	Kalamazoo
Kent	Luther Village	Grand Rapids
Macomb	Cottage-Rose Villa Nursing Center	Roseville
	Medilodge of Romeo	Romeo
Mecosta	Alter Care	Big Rapids
	Greenridge Nursing Care	Big Rapids
Menominee	Pinecrest Medical Care Facility	Powers
Missaukee	Autumnwood of McBain	McBain
Montcalm	United Memorial Hospital	Greenville
Muskegon	Christian Home for the Aged	Muskegon
	Knollview Manor	Muskegon
	Muskegon Correctional Facility	Muskegon
Ogemaw	Rose City Geriatric Village	Rose City
Ottawa	Beacon Light Christian Nursing Home	Marne
	West Michigan Care Center	Allendale
Saginaw	Saginaw Community Hospital	Saginaw
Shiawassee	Shiawassee County Medical Care Facility	Corunna
Van Buren	Martin Luther - South Haven	South Haven
Washtenaw	Gilbert Old Peoples Home of Ypsilanti	Ypsilanti
Wayne	Broadstreet Nursing Center	Detroit
	King's Daughters & Sons	Detroit
	Wayne Total Living Center for the Developmentally Disabled	Wayne

LIST OF EQUIPMENT FOR NURSING HOME
SCREENING/EXAMINATION

- 1) Distance acuity charts or projectors (extra bulbs with projector)
- 2) Near Acuity charts
- 3) Occluder; tie-on occluder
- 4) Multiple pinhole disks
- 5) Penlight
- 6) Millimeter ruler; tape measure
- 7) Tonometer (Schiotz - plus proparacaine, Marikoff, NCT)
- 8) Trial lens set and trial frame, Halberg clips, hand-held cross cylinder
- 9) Retinoscope
- 10) Ophthalmoscope (direct, monocular indirect, and binocular indirect)
- 11) Extra bulbs for hand held equipment
- 12) Lensometer, numerous adjustment tools and salt pan or heating unit
- 13) Amsler Grid
- 14) A good supply of liquid tears
- 15) Low vision aids and charts
- 16) Binocular loupes/ surgeon loupes for external examination
- 17) Extension cords and multiple plug sockets
- 18) Miscellaneous: kleenex, pens/pencils, recording sheets and referral forms, portable arc perimeter, frames and mirror, masking tape, Rose bengal/fluorescein/Schirmer strips, diagnostic drops, phoropter and stand with stools

* * * * *

The above list was compiled with the cooperation of the following doctors:
Thomas Bock, O.D.; Ed Wallace, O.D.; James Seals, O.D.; Nancy Uniacke, O.D.

Citations:

- 1) Cole KD, McConnaha, DL: Understanding and Interfacing with Older Patients. J of AOA, Dec, 1986; 57:920-925.
- 2) Aging Patients: Is Optometry Ready for Them? Review of Optometry, May, 1978; 115(5): 97-100.
- 3) Bartlett JD: Are we prepared for geriatric eye and vision care? J of AOA, Dec, 1986; 57(12): 875-876.
- 4) Klinger BS: Geriatrics: Optometry's newest frontier. J of AOA, Dec, 1986; 57(12): 878-879.
- 5) Melore G: The Gerontology Unit at the Veterans Administration Medical Center, Portland, Oregon. Am J of Optom and Physiological Optics, Dec, 1981; 58(12):1140-1106.
- 6) Cohen, J: Geriatric Optometry in an Institutional Setting. Am J of Optom and Archives of Am Academy of Optom, 1969; 44:1014-1020.
- 7) Administration on Aging Awards Training Grant to ASCO. J of MI Opt Assoc, Feb, 1988; 67(2):12.
- 8) "Federal grant to ASCO to bring about optometric gerontology training program," AOA News (March 1, 1988), 43.
- 9) Rosenbloom AA, Verma SB, Krantz J, Mancil GL, Jose RT: Gerontology and Optometric Education, Parts I - III. J of Optometric Education, Fall, 1985; 11(2):19-24.
- 10) "Think about the needs of older Americans this month," AOA News (May 15, 1988), 8.
- 11) Corwin, BC: Vision Screening in Nursing and Retirement Homes. Am J of Optom and Archives of Am Academy of Optom, Dec, 1972; 49(12): 1088-1011.
- 12) Sirrocco A, Division of Health Care Statistics: An Overview of the 1982 National Master Facility Inventory Survey of Nursing and Related Care Homes. National Center of Health Statistics, Advanced Data. No. 111, Sept. 20, 1985.
- 13) Leslie WJ, Greenburg DA: A Survey and Proposal Concerning Visual Care at the Nursing Home Level. J of AOA, Apr, 1974; 45(4): 461-466.
- 14) Newell SW, Walswer JJ: Nursing Homes Glaucoma and Visual Acuity Screening Results in Western Oklahoma. Annals of Ophthalmology, March, 1985; 17(3): 186-189.

CITATIONS: (Cont'd)

- 15) Beliveau M, Yeadon A, Aston S: Innovative Curriculum Development Research: To Develop In-Service Training Curriculum for Providers of Long-Term Care to Elderly Blind/Visually Impaired. National Institute for Handicapped Research, Innovation Grant No.G008535147.
- 16) Review of Optometry, Feb, 1988 issue; 125(2).
- 17) PC-File+, Version 1.0, Buttonware, Inc., Bellevue, WA.
- 18) SPSS-X, Release 2.2 for IBM MVS.
- 19) Michigan Needs Assessment of the 60 and Over Population; Survey by Michigan Offices of Services to the Aging; June, 1987: p.3.
- 20) Barney J: Patients in Michigan's Nursing Homes, Survey by Institute of Gerontology U of M - WSU/ MI Dept of Public Health and Social Services; Nov, 1973.
- 21) Article III-12 Nursing Homes and Institutionalization, The MI Comprehensive Plan on Aging prepared by Policy and Program Analysis Div. Offices of Services to the Aging, Dec. 1974, pp.52-53.

* * * * *

SPECIAL THANKS: I would like to acknowledge the invaluable assistance of the following persons: Drs. Sheree Aston, Denise DeSylvia, Manfred Swartz, J. Randall Vance, Nancy P. Uniacke; Linda Bishop, Linda Burnes, Penny Papo, and Maureen Watson.