This book is dedicated to all of those long-term caregivers—both formal and informal—who give so much of themselves to those they serve.
# Contents

New to This Edition  xv  
Foreword  xvii  
Preface  xix  
About the Author  xxiii  

## PART I ■ Introduction: The Changing Long-Term Care Scene  1

### CHAPTER 1 ■ Long-Term Care Today: Turbulent Times  3  

- Learning Objectives  3  
- Introduction  3  
- Defining the Long-Term Care System  5  
- How the Long-Term Care System Came About  6  
- The Components of the Long-Term Care System  12  
- The Argument over Institutional versus Noninstitutional Care  19  
- Long-Term Care as Part of a Continuum  21  
- Strengths and Weaknesses in the Long-Term Care System  23  
- Summary  31  
- Vocabulary Terms  32  
- Discussion Questions  32  
- Bibliography  33  

### CHAPTER 2 ■ Toward an Ideal System  35  

- Learning Objectives  35  
- Introduction  35  
- Criterion I. The long-term care system should be based on recognition of the needs, rights, and responsibilities of individuals.  37  

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CHAPTER 4  ■  Subacute and Postacute Care

Learning Objectives 97
Introduction 97
What Is Postacute Care? 98
What Is Subacute Care? 98
What Is the Difference between Postacute Care and Subacute Care? 98
Postacute Care 98
Subacute Care 101
Market Forces Affecting Subacute Care 108
Regulations 109
Accreditation 111
Financing Subacute Care 112
Staffing and Human Resource Issues 114
Legal and Ethical Issues 116
Management of Subacute Care Units 117
Significant Trends and Their Impact on Subacute Care 120
Summary 122
Subacute Care Case 122
Vocabulary Terms 124
Discussion Questions 124
Bibliography 125

CHAPTER 5  ■  Assisted Living

Learning Objectives 127
Introduction 127
Assisted Living Workgroup 129
How Assisted Living Developed 129
Philosophy of Care 130
Ownership of Assisted Living Facilities 131
Services Provided 132
 CHAPTER 6  ■  Senior Housing 153

 Learning Objectives 153
 Introduction 153
 What Is Senior Housing? 154
 Philosophy of Care 156
 Services Provided 157
 Ownership 159
 Consumers Served 160
 Accreditation 161
 Financing 161
 Staffing 163
 Management 163
 Significant Trends and Their Impact on Senior Housing 163
 Summary 164
 Senior Housing Case 164
 Vocabulary Terms 166
 Discussion Questions 166
 Bibliography 167
CHAPTER 7 ■ Community-Based Services

Learning Objectives 169
Introduction 169
Origins and Development 171
Philosophy of Care 172
Ownership 175
Services Provided 176
Consumers Served 180
Informal Caregivers 181
Market Forces Affecting Community-Based Services 182
Regulations 184
Accreditation and Certification 185
Financing of Community-Based Services 186
Staffing and Human Resource Issues 189
Legal and Ethical Issues 191
Management 193
Management Challenges and Opportunities 194
Significant Trends and Their Impact on Community-Based Services 196
Summary 198
Cases 198
Home Healthcare Case: Joan and Jerry 198
Hospice Case: Pierre 200
Adult Day Care Case: Wilma and Karen 201
Vocabulary Terms 203
Discussion Questions 203
Bibliography 204

Part III ■ Interaction Within the Continuum 207

CHAPTER 8 ■ Competition, Cooperation, and Integration 209

Learning Objectives 209
Introduction 209
The Environment 210
Financing Changes 211
Competition 212
Cooperation 219
Moving from Cooperation to Integration 221
Integration 221
Summary 234
Vocabulary Terms 235
Discussion Questions 235
Bibliography 236

CHAPTER 9 ■ External Control of Long-Term Care 237
Learning Objectives 237
Introduction 237
Public (Government) Control Mechanisms 238
Private Control Mechanisms 258
Summary 263
Vocabulary Terms 264
Discussion Questions 264
Bibliography 265

CHAPTER 10 ■ Long-Term Care Reimbursement 267
Learning Objectives 267
Introduction 267
Origins and Development 268
Current Reimbursement Options 269
Managed Care 282
Significant Trends and Their Impact on Long-Term Care Reimbursement 288
Summary 294
Vocabulary Terms 295
Discussion Questions 295
Bibliography 296

CHAPTER 11 ■ Long-Term Care Quality 299
Learning Objectives 299
Introduction 299
Defining Quality 300
Total Quality Management/Continuous Quality Improvement 303
Quality Initiatives 303
Systemwide Quality Programs 304
Provider-Administered Quality Improvement Programs 314
Quality Teams 317
Technology 318
Summary 318
Vocabulary Terms 318
Discussion Questions 319
Bibliography 319

CHAPTER 12  ■  Ethical Issues in Long-Term Care 321
Learning Objectives 321
Introduction 321
Emotional Impact on Consumers 322
Access to Long-Term Care 324
Autonomy 327
Everyday Life Issues 341
Restraints 345
Abuse 346
Other Long-Term Care Settings 348
Management Ethics 348
Summary 351
Vocabulary Terms 352
Discussion Questions 352
Bibliography 353

Part IV  ■  Managing in the Long-Term Care System 355
CHAPTER 13  ■  Governance and Administration 357
Learning Objectives 357
Introduction 357
Definitions 357
Organization Types and Who Governs Them 358
Governing Body and Administration: Roles and Responsibilities 360
Potential Problem Areas 370
What’s Different About Long-Term Care? 372
Changes in Financing and Reimbursement 470
Ethical Dilemmas 473
Regulation 475
Health System Reform 475
Summary 476
Vocabulary Terms 477
Discussion Questions 477
Bibliography 478

CHAPTER 18 ■ Managing for the Future 481
Learning Objectives 481
Introduction 481
Actions for Managers 481
Actions for the System 490
Summary 493
Vocabulary Terms 493
Discussion Questions 494
Bibliography 494

APPENDIX A ■ Criteria for Designing or Evaluating a Long-Term Care System 495

Index 499
The following changes/additions are new to this edition:

- All chapters have been updated to reflect the changes in regulations, financing methods, forms of service delivery, and management methods in this dynamic, ever-changing field.
- The increasingly important topics of the aging of American society, the impact of the baby boomers, consumer choice, and growing diversity in long-term care are covered extensively and from a variety of perspectives.
- The former chapters dealing with home health care, hospice care, and adult day care have been combined into a single chapter, “Community-Based Services,” to reflect the close interaction of these service providers.
- A new chapter, “Senior Housing,” has been added to emphasize the importance of this growing resource and the close link between medical and social services.
- A new chapter, “Leadership and Culture Change,” has been added because both of these closely related topics are so critical to successful management of long-term care.
- Chapters 17 and 18 address the future of long-term care and include recommendations for dealing with it proactively.
As current students of long-term care administration, as future healthcare professionals, and as taxpayers, your careers and lives will be influenced by the coming tsunami of Baby Boomers, those citizens born from 1946 to 1964. On January 1, 2008, a very important milepost in the Boomer impact on society took place. The first Boomer turned age 62 and became eligible for early Social Security. And now, every day for the next 20 years, 10,000 Boomers will turn age 62 until there are 77 million individuals collecting Social Security, about twice as many as we have today. On January 1, 2011, they will have the same impact on the healthcare delivery system as they start becoming eligible to access their Medicare benefits.

Boomers are expected to demand service, will assume they have choices and options, and are looking to control their own healthcare decisions as to how, what, and when care will be provided. In its current structure, the long-term care payment and delivery system is not prepared for this future. On the upside, it will be 10 to 15 years before the Boomers start requiring chronic, long-term care services, so we have some time to prepare for their full impact. Conversely, the sheer numbers of Boomers and their vision for care and services will significantly influence how we will provide that care.

During this transformational period of demographics change, by reading, studying, and discussing the concepts of this book, you will have begun the process of acquiring the information and knowledge you will need to be a successful leader in the long-term care profession. John Pratt’s book is an excellent introduction and primer on the art and science of successfully leading a long-term care organization in the 21st century. Mr. Pratt has taken a lifetime of information, experience, and knowledge and created the perfect tool to begin your long-term care education and training. However, as good as this book is, it merely touches the surface on the issues and knowledge that you will ultimately need as a long-term care professional.

As your instructors and more experienced colleagues will tell you, being competent in your profession will require core knowledge of the profession to get started, but it will take a lifetime of learning to be able to continue to expand your expertise. To be a fully competent leader in long-term care, you will need to go beyond this book and the classes you will take in your educational pursuit.
Successful long-term care leaders exhibit a curiosity about how things work in the profession and how they can be improved. They are masters of problem solving for their organization. As engaged professionals, they continually work to expand their knowledge and expertise by looking outside the profession to model behaviors and adapt tactics from other successful people and organizations. They adopt the behavior and attitude of being a life-long student of their profession. They are the success stories for this profession.

Much has been written and discussed about the perceived quality in long-term care facilities across the United States. Frequently, everyone has at least one opinion or an idea on how to improve the quality of care. Most of the reform approaches seem to revolve around the notion that more regulators, more regulations, and more sanctions will cause quality to improve in long-term care.

That solution reminds me of the quote from a humorous office memo: “The floggings will continue until moral improves.” More restrictions and penalties will not significantly, nor permanently, move the quality measures in long-term care facilities.

In any industry or profession, poor performance is generally caused by people problems. Poor selection, poor training, poor supervision, and poor leadership. If we need more of anything than ever before, it is highly motivated and competent leaders. Long-term care needs the best and the brightest that our educational system can send out to the profession. These leaders need advanced training, positive incentives, and recognition of the value they add to the lives of older adults. They need information on expected outcomes and the tools, information, and resources necessary to be successful leaders.

As committed leaders currently in the profession, we can and will systematically improve the quality and outcomes in long-term care, but we will need to be part of the solution and not part of the problem. We need to step forward and make the bold changes needed to provide systematic quality improvements.

As a student of this profession, you hold the key to the future of elderly care. Your ability to use the knowledge, expertise, and education you have gained during your education will be critical in making the changes needed to meet the demands and requirements of current and future customers. Be good stewards of those tools and go forth to do good work in furthering the practice of long-term care leadership.

A special thank you to John Pratt and his colleagues at Saint Joseph’s College of Maine for this book and the work they do with new (and old) students of long-term care. You are helping to make a difference in the lives of millions of people each and every day.

Steven Chies
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In a time when change is the rule in most businesses, the field of long-term care is changing faster and more dramatically than most. There are seemingly constant changes in regulations and in reimbursement methodology. The field is undergoing a great deal of redefinition of the roles of institutional and community-based providers. Those in public policy positions affecting the delivery of long-term care are trying to balance a much-needed increase in emphasis on home health care and other alternatives to institutional care with the realization that there is still a valid place in the system for a variety of institutional service providers. New levels of care, or at least new names and rules for existing types of care (assisted living, subacute care), are being created constantly. Long-term care providers must focus on integration with other players in the healthcare system while, at the same time, experiencing competition from those same players. These changes, whether considered individually or collectively, place huge demands on those who manage the organizations providing long-term care.

As change takes place and the field becomes more sophisticated and diverse, successful long-term care administrators will face tougher challenges than any they have seen before and will have to bring new skills to their jobs. They will have to possess the ability to change with the times and manage their organizations while under considerable pressure. They will need to be flexible enough to adapt to different management settings or provide services that are different from those with which they may have been familiar. It is no longer enough to be an expert in home health care, skilled nursing care, or residential care. Tomorrow’s long-term care managers will be expected to possess those skills essential to managing larger, more complex organizations, which will probably include multiple segments of the continuum of care.

At a very minimum, they must understand:

- The differences and similarities among the many long-term care service providers.
- How the various segments of long-term care fit together to form an overall system.
- The issues affecting them all, individually or collectively.
- The skills they will need to succeed in that system.
This book supplies that information and gives those managers a solid foundation on which to build their expertise. It is aimed at providing a comprehensive view of the field as it exists today, of the changes taking place in that continuum now and in the near future, and of the skills managers need to survive and prosper. It is a practical management reference for all long-term care administrators—long-term care being defined as including all institutional and noninstitutional providers of chronic or long-term care services (nursing facilities, assisted living, subacute care, senior housing, adult day care, home health care, and hospice).

It should be noted here, before some critic (rightfully) points it out, that long-term care does not represent the entire continuum of care. That is acknowledged. The full continuum, as explained in Chapter 1, is a lengthier and more comprehensive list of services, including acute care (hospitals and physician services) and preventive health care at one end and social services (such as housing and transportation) at the other.

Long-term care, however, is such an integral part of the overall continuum and interacts so intimately with the rest that it deserves special examination. Thus, the focus here is on the organization portion of the continuum of care, showing what it is, where it fits, and the nature of its relationships with other segments.

This book has been written for two separate but closely related segments of a common audience: long-term care administrators who are currently practicing and future administrators being trained in long-term care administration in college and university programs. It is academic enough to meet the latter need, but it is practical and not overly theoretical, allowing it to serve both groups.

In the first group are many of today’s long-term care managers who have extensive experience providing one type of service (e.g., nursing facility care, home health care) but who have limited knowledge of or contact with other segments of the field. They can no longer be content to be expert in a single specialty area. They must learn about the entire continuum of care and be prepared to manage anywhere within it.

The second group of long-term care managers for whom this book is written consists of those who are being educated through college degree programs to fill the many positions being created as the field expands. With the expected increasing need for long-term care and, consequently, for long-term care managers caused by the aging of our society, those college programs must be supported. It is intended as a comprehensive text for students in these programs, giving them a good understanding of the field they plan to enter. The first and second editions have been used as a required text in dozens of college and university programs. Their feedback has been of great assistance in updating the text material.

This book should also be of interest to others engaged in the topic, including policy makers, regulators, and consumer advocates. Because it presents a comprehensive view of the continuum of long-term care, it provides readers with both an overview and a moderately detailed view of various aspects of the continuum.

There are several excellent textbooks dealing with the specific types of day-to-day activities involved in managing each of the different segments of the long-term care field,
such as nursing facilities, subacute care, home health care, and assisted living. They cover knowledge of applicable regulations and the detailed procedures and practices involved in hands-on administration (e.g., admission, resident/client classification, grievance procedures) of particular types of long-term care organizations. None addresses the entire long-term care continuum. On the other hand, there are several good texts dealing with the continuum of care from a broad, policy-oriented, macro/sociological viewpoint.

The approach here is different from these others in that the focus is on management in different segments of the continuum, not just definition of the continuum itself. It deals with management within the continuum as such and goes beyond definition to compare and contrast the different service providers and the impact of change on them.

The text is divided into five sections. Part I, Introduction: The Changing Long-Term Care Scene, presents an overview of the long-term care continuum as it exists today. It includes an explanation of how long-term care reached its current state and looks at where the system is—or should be—going. Chapter 1 defines long-term care, including its various segments, and examines the dynamics particular to the overall field. Chapter 2 discusses the goals toward which we should aim in seeking an ideal long-term care system, based largely on the Criteria for Designing or Evaluating a Long-Term Care System, a copy of which is included as Appendix A. The criteria were developed by me, your author, with assistance from a group of long-term care experts. They present benchmarks for measuring a long-term care system, as well as the steps needed to attain those benchmarks.

Part II, Long-Term Care Service Providers, includes chapters devoted to each of the major long-term care service providers, with a goal of providing readers with a good understanding of each of those individual provider types. Chapters 3 through 7 include descriptions and overviews of each service, the types and numbers of consumers served, financial aspects, staffing and human resource issues, legal and ethical issues, particular management challenges and opportunities, and other pertinent information, such as any significant trends affecting the service. All chapters in this section have been written in a similar format, for the purpose of making comparison of the various providers easier.

Part III, Interaction Within the Continuum, turns to investigating the broader aspects of long-term care, showing how the individual players interact to produce the system as it now exists. It also relates to the ideal long-term care system described in Part II and discusses implications for providers, regulators, payers, and consumers. Covered in this section are Chapters 8 through 12, which address issues relevant to all long-term care providers, including the movement toward more competition, cooperation, and integration; external forces controlling long-term care, such as regulation, licensure, and accreditation; reimbursement; quality; and ethical issues.

Part IV, Managing in the Long-Term Care System, recognizes that managers in long-term care organizations need certain skills if they and their organizations are to survive and succeed. Chapters 13 through 16 (leadership and culture change, governance and administration, technology, and marketing/community relations) identify these skills and present helpful information about obtaining and maintaining them.
The final section, Part V, The Future: Continuing Change, discusses the future of long-term care. Chapter 17 examines trends that are likely to affect the field; Chapter 18 offers suggestions for managing in the coming millennium.

In preparing this book, I decided that it should go beyond a mere description of long-term care and the pieces that make it a whole. I also wanted to tie those pieces together and delve more deeply into why they exist and how they interact with each other and with the rest of the continuum of care. Thus, you will find many opinions expressed herein. These opinions are based on my extensive experience and view of the field as it exists now and in the coming decades and are intended as a source of enrichment for the text.

Readers will notice an inevitable overlap from chapter to chapter because I covered many topics and issues from a variety of different perspectives. For example, the topic of “consumer choice” is referenced in numerous sections because it affects so much of the long-term care system and those who manage within it. Similarly, while there are separate chapter segments dealing with financing, regulation, and ethical issues, those topics are also covered in the chapters dealing with individual provider types (e.g., nursing facilities), showing how they are affected. This gives readers an opportunity to see such topics from different viewpoints, and is intended as a means of providing a comprehensive, multidimensional view of the long-term care system. I hope you will find this book informative, and perhaps even enjoyable, reading.

John Pratt
John Pratt is a professor at Saint Joseph’s College in Standish, Maine, where he is assistant director of the health administration programs. Prior to entering semi-retirement in 2008, he had been director of those programs, which are designed for working adult healthcare professionals and are taught online. He is also director of the Long-Term Care Management Institute at the College. Prior to moving to academia, he served as a healthcare administrator for 25 years. He is a Fellow of the American College of Health Care Administrators (ACHCA) and a Life Fellow of the American College of Healthcare Executives (ACHE). He currently serves on the board of directors of ACHCA and chairs that organization’s Education Committee. He is also active in the National Association of Long-Term Care Administrator Boards (NAB). He is a regular presenter at professional conferences and an active contributor to professional journals.