© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Effective Management of Long-Term Care Facilities

SECOND EDITION

Douglas A. Singh, PhD, MBA
Associate Professor of Management
School of Business and Economics
Indiana University–South Bend
South Bend, Indiana

JONES AND BARTLETT PUBLISHERS
Sudbury, Massachusetts
BOSTON TORONTO LONDON SINGAPORE

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

World Headquarters
Jones and Bartlett Publishers
40 Tall Pine Drive
Sudbury, MA 01776
978-443-5000
info@jbpub.com
www.jbpub.com

Jones and Bartlett Publishers Canada
6339 Ormindale Way
Mississauga, Ontario L5V 1J2
Canada

Jones and Bartlett Publishers International
Barb House, Barb Mews
London W6 7PA
United Kingdom

Jones and Bartlett's books and products are available through most bookstores and online booksellers. To contact Jones and Bartlett Publishers directly, call 800-832-0034, fax 978-443-8000, or visit our website, www.jbpub.com.

Substantial discounts on bulk quantities of Jones and Bartlett's publications are available to corporations, professional associations, and other qualified organizations. For details and specific discount information, contact the special sales department at Jones and Bartlett via the above contact information or send an email to specialsales@jbpub.com.

Copyright © 2010 by Jones and Bartlett Publishers, LLC

All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

This publication is designed to provide accurate and authoritative information in regard to the Subject Matter covered. It is sold with the understanding that the publisher is not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the service of a competent professional person should be sought.

Production Credits
Publisher: Michael Brown
Editorial Assistant: Catie Heverling
Editorial Assistant: Teresa Reilly
Senior Production Editor: Tracey Chapman
Senior Marketing Manager: Sophie Fleck
Manufacturing and Inventory Control Supervisor: Amy Bacus
Composition: Publishers' Design and Production Services, Inc.
Cover Design: Kristin E. Parker
Cover Image: © Comstock Images/Alamy Images; © Marafona/ShutterStock, Inc.
Printing and Binding: Malloy, Inc.
Cover Printing: Malloy, Inc.

Library of Congress Cataloging-in-Publication Data
Singh, Douglas A., 1946-
Effective management of long-term care facilities / Douglas A. Singh. — 2nd ed.
p. ; cm.
Includes bibliographical references and index.
ISBN-13: 978-0-7637-7403-5 (pbk.)
ISBN-10: 0-7637-7403-0 (pbk.)
1. Long-term care facilities—Administration. 2. Nursing homes—Administration. I. Title.
[DNLM: 1. Nursing Homes—organization & administration. 2. Facility Design and Construction. 3. Homes for the Aged—organization & administration. 4. Long-Term Care—organization & administration.
WT 27.1 S617e 2010]
RA999.A35S56 2010
362.16068—dc22

2009010455

6048
Printed in the United States of America
13 12 11 10 09 10 9 8 7 6 5 4 3 2 1

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Table of Contents

Foreword xvii
Preface xix
Acknowledgments xxvii
About the Author xxix
List of Abbreviations xxxi

Part I Introduction to Long-Term Care 1

Chapter 1 Overview of Long-Term Care 3
The Nature of Long-Term Care 3
Variety of Services 4
Individualized Services 8
Well-Coordinated Total Care 8
Promotion of Functional Independence 9
Extended Period of Care 9
Use of Current Technology 9
Use of Evidence-Based Practices 10
Holistic Approach 10
Maximizing Quality of Care 10
Maximizing Quality of Life 11
Clients of Long-Term Care 12
Older Adults 12
Children and Adolescents 13
Young Adults 14
People with HIV/AIDS 14
People Requiring Subacute or High-Tech Care 15
The Long-Term Care Delivery System 15
The Informal System 16
The Community-Based System 17
The Institutional System 18
The Non-Long-Term Health Care System 20
Rational Integration of Long-Term Care and Complementary Services 20
For Further Thought 22
For Further Learning 23
References 23

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Chapter 2 Long-Term Care Policy: Past, Present, and Future 25
Policy Overview 26
Forms and Sources of Policy 26
Policymaking 28
Policy and Politics 28
Long-Term Care Policy: Historical Perspectives 29
Welfare Policies and Long-Term Care 29
Financing and Growth of Nursing Homes 30
Financing of Community-Based Services 31
Deregulation Averted 32
Efforts to Address Quality Issues 32
Oversight for Other Services 34
Current State of Long-Term Care Policy 34
Financing 35
Utilization 37
Quality 38
Policy for the Future 39
Prevention 40
Financing 41
Workforce 41
Health Information Technology 42
Mental Health 42
Evidence-Based Practices 42
For Further Thought 42
For Further Learning 43
References 43

Chapter 3 The Long-Term Care Industry 47
Scope of the Industry 48
The Provider Sector 48
Community-Based Service Providers 48
Quasi-Institutional Providers 50
Institutional Providers 52
The Insurance Sector 57
Commercial Insurance 57
Managed Care 58
Long-Term Care Professionals 59
Administrative Professionals 59
Clinicians 61
Paraprofessional Caregivers 65
Ancillary Personnel 66
Social Support Professionals 66
The Ancillary Sector 67
Case Management Agencies 67

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Long-Term Care Pharmacies . . . 67
Long-Term Care Technology . . . 67
For Further Thought . . . 70
For Further Learning . . . 70
References . . . 71

Part II External and Internal Environments . . . 75

Chapter 4 Responding to the External Environment . . . 77
The Closed and Open Systems . . . 78
Closed System . . . 78
Open System . . . 78
Stakeholders . . . 79
Role of Governance . . . 80
Cycle of Exchanges . . . 80
Resource Inputs . . . 80
Clients and Payments . . . 81
Production of Outputs . . . 81
Returns to the Environment . . . 81
Open-System and Strategic Management . . . 82
Understanding the Environment . . . 84
Environmental Domains . . . 84
Environmental Proximity . . . 86
Building Exchange Relationships . . . 89
A Systems Model of Value Exchanges . . . 89
Mission-Driven Partnerships . . . 90
Focus on Outputs . . . 95
Facility Outputs as Key Ingredients . . . 96
Expectations from the Exchanges . . . 96
For Further Thought . . . 96
For Further Learning . . . 97
References . . . 97

Chapter 5 Legal Environment . . . 99
Purpose of Laws . . . 100
Nursing Home Litigation . . . 100
Classifications of Laws . . . 101
Federal, State, and Local Laws . . . 101
Constitutional, Statutory, Administrative, and Common Law . . . 102
Public and Private Laws . . . 102
Civil and Criminal Law . . . 103
Tort and Contract Law . . . 103
Personal and Corporate Liability . . . 105
Personal Liability . . . 105
Corporate Liability . . . 107

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Corporate Law . . . 109
Types of Ownership . . . 109
Licensure, Certification, and Accreditation . . . 111
Licensure . . . 111
Certification . . . 112
Accreditation . . . 114
Patient Rights . . . 114
Right to Self-Determination . . . 115
Right to Nondiscrimination . . . 117
Right to Freedom from Abuse, Neglect, and Misappropriation of Property . . . 117
Right to Privacy and Confidentiality . . . 118
For Further Thought . . . 121
For Further Learning . . . 121
References . . . 121

Chapter 6 Regulation and Enforcement . . . 123
Purpose of Regulation and Enforcement . . . 124
Nursing Home Oversight . . . 124
Requirements of Participation . . . 125
Survey and Enforcement . . . 125
Types of Survey . . . 125
Survey Process and Protocols . . . 126
Plan of Correction . . . 130
Enforcement and Remedies . . . 135
Life Safety Code . . . 136
General Accessibility Standards . . . 140
OSHA and Workplace Safety . . . 141
OSHA Standards and Enforcement . . . 142
OSHA Recordkeeping Requirements . . . 143
For Further Thought . . . 144
For Further Learning . . . 144
References . . . 145

Chapter 7 Financing and Reimbursement . . . 147
Financing and Its Importance . . . 148
Private Financing . . . 149
Out-of-Pocket Financing . . . 149
Private Insurance . . . 150
Medicare . . . 151
Part A of Medicare . . . 151
Part B of Medicare . . . 154
Part C of Medicare . . . 155
Part D of Medicare . . . 155
Medicare Prospective Payment System . . . 157
Case-Mix-Based Reimbursement . . . 157
Patient Assessment and Reimbursement . . . 157

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Medicaid. 158
Program of All-Inclusive Care for the Elderly 160
Managed Care and Health System Partnerships 161
Managed Care Financing 161
Hospital and Health System Partnerships 162
Veterans Health Administration Contracts 163
Fraud and Abuse 163
Federal Fraud and Abuse Law 164
False Claims Act 164
For Further Thought 166
For Further Learning 166
References 166
Appendix 7-1 Minimum Data Set (MDS) 3.0 168

Chapter 8 Internal Environment and Culture Change 199
Evolution of Nursing Home Internal Environments 200
Philosophy of Care Delivery 201
Challenges to a Full Integration 203
Primacy of Clinical Care 204
Economic Constraints 204
Patient-Related Constraints 204
Regulatory Burden 204
Need for Balance 205
Clinical Organization 205
Nursing Units 205
Nursing Station 206
Socio-Residential Environment 208
Personal Domain 208
Public Domain 211
Modern Architectural Designs 212
Cluster Design 213
Nested Single-Room Design 213
Aesthetics 217
Lighting 217
Color 217
Furnishings 218
Enriched Environments 218
Theoretical Foundations 219
Principles of Enrichment 219
Culture Change. 220
Contemporary Models of Culture Change 222
The Eden Alternative 222
The Green House Project 224
Environment for Patients With Dementia. 228
For Further Thought 229

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

For Further Learning 229
References 229
Appendix 8-1 Artifacts of Culture Change 233

Part III Organization and Delivery of Services 245

Chapter 9 Social Services, Admission, and Discharge 249
Overview of Social Services 250
Social Services Department 250
Staffing 250
Qualifications 251
Knowledge of Aging and the Elderly 252
Understanding Aging 252
Theories of Aging 252
Inaccurate Views of Aging 253
Diversity and Cultural Competence 255
Cultural Accommodations 256
Skills and Competencies 258
Engagement Skills 258
Assessment Skills 258
Communication Skills 259
Conflict Resolution Skills 259
Interviewing Skills 261
Documentation Skills 261
Social Service Roles 261
Informational Role 262
Case Manager Role 262
Coordination Role 262
Enabler Role 262
Intervention Role 263
Advocacy Role 263
Admission and Discharge 264
Preadmission Inquiry 264
Admission and Orientation 267
Discharge Planning 269
Resident Council 270
Family Management 271
Death and Terminal Illness 272
For Further Thought 273
For Further Learning 274
References 274

Chapter 10 Medical Care, Nursing, and Rehabilitation 277
Medical Care 278
Attending Physicians 278
Medical Director 279

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Nursing Services . . . 283
Nursing Administration . . . 283
Director of Nursing . . . 283
Nursing Organization . . . 285
Patient Assessment and Care Planning. . . . 286
Plan of Care . . . 287
Infection Control . . . 288
Policies and Procedures . . . 289
Screening . . . 289
Infection Control Practices . . . 289
Surveillance . . . 290
Education . . . 290
Control of Infectious Outbreaks . . . 291
Special Areas of Nursing Care Management . . . 291
Falls and Fall Prevention . . . 291
Pressure Ulcers . . . 292
Use and Misuse of Physical Restraints . . . 294
Urinary Incontinence and Catheters . . . 294
Mental and Cognitive Disorders . . . 295
Pharmacy Services . . . 297
Controlled Substances . . . 298
Emergency Kit . . . 299
Psychotropic Drugs . . . 299
Rehabilitation . . . 300
Restorative Rehabilitation . . . 300
Maintenance Rehabilitation . . . 301
For Further Thought . . . 301
For Further Learning . . . 301
References . . . 302

Chapter 11 Recreation and Activities . . . 307
Activities: Their Goals and Purpose . . . 308
Activity Department . . . 309
Staffing . . . 309
Qualifications . . . 309
Skills and Competencies . . . 310
Program Development . . . 310
Basic Considerations . . . 310
Meeting a Variety of Needs . . . 313
Scheduling . . . 314
Active and Passive Stimulation . . . 315
Intergenerational Appeal . . . 315
Intervention Approaches . . . 315
Sensory Stimulation . . . 316
Reality Orientation . . . 316

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Reminiscence . . . 316
Validation Therapy . . . 316
Multisensory Stimulation . . . 316
Activities for Dementia Patients. . . . 317
Program Planning and Implementation . . . 318
Identifying Suitable Programs . . . 319
Planning Programs . . . 319
Conducting Activities . . . 320
Program Evaluation . . . 320
Volunteer Support. . . . 321
For Further Thought . . . 322
For Further Learning . . . 323
References . . . 323

Chapter 12 Dietary Services . . . 325
Food Service Principles . . . 326
Dietary Department . . . 326
Supervision. . . . 326
Food Service Assistants . . . 327
Dietary Consultation . . . 328
Dietary Screening . . . 328
Menu Planning . . . 328
Meal Plans . . . 329
Menu Choice . . . 329
Menu Cycle . . . 330
Menu Development . . . 330
Standardized Recipes and Portions . . . 332
Purchasing Food and Supplies . . . 332
Vendor Arrangements . . . 332
Food Ordering . . . 333
Dietary Supplies. . . . 333
Food Storage and Inventory . . . 333
Receiving . . . 333
Storage . . . 334
Inventory Control . . . 334
Food Cost . . . 335
Food Production . . . 336
Production Planning . . . 336
Production Methods . . . 336
Therapeutic Diets and Nourishments . . . 338
Modified Diets . . . 338
Nourishments and Food Intake . . . 339
Intensive Nutrition . . . 339

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Enteral Feeding 340
Parenteral Feeding 340
Food Service 341
Centralized and Decentralized Systems 341
Food Service Station 341
Accuracy 342
Food Transportation Systems 342
The Dining Experience 343
Food Safety and Sanitation 343
For Further Thought 344
For Further Learning 344
References 345

Chapter 13 Plant and Environmental Services 347
Functions and Objectives 348
Organization of Environmental Services 348
Maintenance Department 348
Housekeeping and Laundry Departments 349
Security and Safety Functions 349
Maintenance Operation 350
Urgent Service Calls 350
Routine Repairs 350
Preventive Maintenance 350
Contract Work 352
Housekeeping Operations 352
Cleaning, Reconditioning, and Floor Care 353
Sanitizing 353
Infection Control 353
Laundry Operations 354
Microbicidal Washing 354
Standard Precautions 354
Linen Inventory 355
Security Operations 355
Physical Security 355
Procedural Security 357
Fire and Disaster Planning 358
Fire Safety Plan and Steps 358
Emergency Evacuation 359
Simulation Drills 360
Waste Management 360
General Waste 360
Hazardous Waste 361
Environmental Safety 361

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

For Further Thought . . . 362
For Further Learning . . . 362
References . . . 362

Chapter 14 Administrative and Information Systems . . . 365
The Business Office and Its Functions . . . 366
Reception . . . 367
Secretarial and Clerical . . . 368
Accounting and Bookkeeping . . . 368
Payroll and Compensation . . . 368
Exempt and Nonexempt Employees . . . 369
Minimum Wage . . . 370
Overtime Compensation . . . 370
Limits to FLSA's Jurisdiction . . . 371
Payroll Withholdings . . . 371
Other Bookkeeping Tasks . . . 372
Accounts Payable . . . 372
Petty Cash Fund . . . 373
Billing, Accounts Receivable, and Collection . . . 373
Patient Trust Fund . . . 375
Cash Receipts and Deposits . . . 376
Medical Records . . . 376
Staffing . . . 376
Functions . . . 376
Medical Record Content . . . 377
Purpose of Medical Records . . . 377
Information Systems . . . 378
Integrated Networks . . . 379
National Data . . . 380
Security Issues . . . 381
System Development . . . 381
For Further Thought . . . 382
For Further Learning . . . 382
References . . . 382
Appendix 14-1 Common Abbreviations Used in Patient Documentation . . . 384

Part IV Governance and Management . . . 387

Chapter 15 Effective Governance, Leadership, and Management . . . 389
Governance and Corporate Compliance . . . 390
The Board's Composition . . . 390
The Board's Functions . . . 391
Role of the Nursing Home Administrator . . . 392
Corporate Compliance . . . 392

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

The Executive Roles . . . 393
The Roles of CEO and COO . . . 394
The Administrative Officer Role . . . 395
The Effective Administrator . . . 395
Managing the Business Aspect . . . 396
Managing Work and Workers . . . 397
Managing the Facility in Community and Society . . . 398
Leadership . . . 398
The Meaning and Purpose of Leadership . . . 398
Leadership Attitudes and Styles . . . 399
Implications of Leadership Theories . . . 401
Management . . . 403
Management Roles . . . 403
Management Functions . . . 405
Tools for Effective Management . . . 407
Vision and Mission . . . 407
Values . . . 408
Managerial Decision Making . . . 409
Effective Meetings . . . 410
Conflict Management . . . 413
Relationship with Superiors . . . 414
Risk Management . . . 416
For Further Thought . . . 416
For Further Learning . . . 417
References . . . 417

Chapter 16 Effective Human Resource and Staff Development . . . 419
Human Resources and Their Importance . . . 420
Human Resource Management . . . 420
Goals, Main Functions, and Challenges . . . 421
Human Resource Goals . . . 421
Human Resource Functions . . . 421
Human Resource Challenges . . . 422
Human Resource Planning . . . 422
Staffing Levels . . . 422
Scheduling . . . 424
Staff Recruitment and Compensation . . . 424
Creative Recruitment . . . 424
Compensation . . . 425
Staff Licensure, Certification, and Registration . . . 425
Managing Absenteeism and Turnover . . . 426
Absenteeism . . . 426
Turnover and Retention . . . 426

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Staff Development 430
Staff Development Goals 430
Staff Development Content 430
Performance Appraisal 431
Self-Managed Work Teams 432
Counseling, Disciplining, and Terminating 433
Counseling 434
Disciplining 434
Terminating 436
Labor Relations and Unionization 437
Election for Collective Representation 437
Unfair Labor Practices 438
Collective Bargaining 439
Union Contract Administration 439
Strikes and Picketing 440
Employment Laws 440
Employment-at-Will 440
Equal Employment Opportunity 441
For Further Thought 443
For Further Learning 443
References 444

Chapter 17 Effective Marketing and Public Relations 447
The Importance of Marketing 448
Marketing: Its Philosophy and Essence 448
Value Perceptions 449
Influencing Value Perception 449
Value Creation 449
The Marketing Function and Its Goals 450
Functional Activities 451
Organizational Attitudes and Orientation 451
Marketing Goals 451
Marketing Strategy 452
Segmentation and the Target Market 452
Market Targeting 455
Positioning 456
Marketing Mix 458
Implementing the Marketing Mix 458
Product 458
Price 459
Place 460
Promotion 461
Competitive Differentiation 462
Differentiation Strategy 462
Personal Selling 463

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Customer Relations . . . 465
Promotion and Public Relations Tools . . . 466
Advertising . . . 466
Publicity . . . 467
Personal Contact . . . 467
Promotional Materials . . . 468
Event Promotion . . . 468
For Further Thought . . . 469
For Further Learning . . . 469
References . . . 469

Chapter 18 Effective Budgeting and Financial Controls . . . 471
Financial Management and Its Importance . . . 472
Accounting and Financial Statements . . . 473
The Income Statement . . . 473
The Balance Sheet . . . 474
The Cash Flow Statement . . . 474
Management Reports . . . 475
The Technique of Variance Analysis . . . 476
Managing Revenues . . . 476
Controlling Costs . . . 479
Types of Costs . . . 479
Controlling Labor Costs . . . 481
Controlling Nonlabor Expenses . . . 485
Accounts Payble Report . . . 485
Inventory Management . . . 485
Managing Receivables . . . 488
Minimizing Lost Charges and Reimbursement . . . 489
Minimizing Write-offs . . . 489
Minimizing the Collection Cycle . . . 490
Budgeting . . . 492
Budgeting Revenues . . . 492
Budgeting Expenses . . . 495
Budgeted Margin . . . 496
For Further Thought . . . 496
For Further Learning . . . 496
References . . . 496

Chapter 19 Effective Quality and Productivity Management . . . 497
Some Common Misperceptions . . . 498
Productivity and Quality . . . 498
What Is Quality? . . . 500
Consistency . . . 500
Holistic Well-Being . . . 501
Desirable Outcomes . . . 501
Prevention of Undesirable Consequences . . . 501

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Technical and Consumer-Defined Quality 502
Framework of Quality 503
Structures 504
Processes 504
Outcomes 505
Regulatory Minimum Standards 505
Measurement and Evaluation of Quality 506
Focus on Outcomes 506
Measuring Customer Satisfaction 507
Evaluation and Interpretation 507
Measuring Quality of Life 508
Quality Improvement 508
Meeting Customer Needs 508
Leadership and Culture 512
Data-Driven Process Improvement Cycle 513
Encompassing All Departments 515
Interdisciplinary Work Teams 515
Continuous Learning 515
Quality Culture 516
The Wellspring Model 517
For Further Thought 518
For Further Learning 519
References 519

Part V Case Studies 521

Case 1 A Central American Immigrant Couple 523

Case 2 A Legal and Ethical Dilemma 525

Case 3 Abusive Spouse 529

Case 4 Advance Directives 533

Case 5 Wound Care at Mountainview Nursing Center 535

Case 6 Implementing Culture Change in Food Service 539

Case 7 Evacuation of Angel Care Center 545

Case 8 Tug-of-War with the Director of Nursing 557

Case 9 Corporate Compliance at Mid-Atlantic Care Centers 561

Case 10 Chapel Square Health Care Center: Workforce Diversity 565

Case 11 Start-up of Blissful Gardens 571

Case 12 Implementation of the Wellspring Model 575

Glossary 585

Index 607

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Foreword

I welcome the second edition of *Effective Management of Long-Term Care Facilities* because it makes a timely contribution in the critical area of long-term care administration. It takes into account the altered health care environment and updates the tools we need to prepare long-term care managers to discharge their awesome responsibility of ensuring quality of life for 1.1 million of our elders in over 16,000 nursing homes. As leaders, long-term care administrators guide and mentor 650,000 CNAs, 300,000 RNs and LPNs, and 400,000 other staff in the art of caring for seniors. In long-term care, more than in most other settings, quality blossoms or withers by the commitment of its managers; managers are the creators and nurturers of the culture of quality in a nursing facility. This culture of quality is the core of person-centered care emphasized in this book. The philosophy of person-centered care must permeate our long-term care facilities.

You may read this book as a student of health care administration while you prepare for the professional licensure examination, when you need a ready reference, or when you consider a career in long-term care administration. You will not be disappointed. Dr. Singh provides a compendium of information needed for successful administration in long-term care.

This book clearly defines an administrator's scope of responsibility in these four dimensions of care: physical, social, mental, and spiritual. Although regulations require that you create a "home-like" environment in the nursing home, elders and their families yearn for it to be a "home." By using the physical design judiciously, empowering the staff, and engaging the community as partners in care, the leader-administrator creates an environment that both elders and caregivers want.

Dr. Singh frames many of these issues in a manner that familiarizes the reader with important theories and models, such as theories of aging and quality improvement models. He demonstrates to the reader the importance of functioning in an "open system" that is integrally linked to the external environment. The text clearly points out that using models, systems, and processes is essential for excellent outcomes in all areas of quality of life and quality of care.

Leaders must understand the realities of today while envisioning the possibilities of tomorrow. While detailing what you must know to deal with today's standards, the author also points to models that contain the seeds of future realities.

The challenges of managing long-term care are numerous. Our society demands near perfection in care, but does not support an adequate reimbursement system. Although regulation is highly prescriptive, it mandates maximum autonomy and choice. Students and candidates in health care professions are

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

frequently discouraged from working in long-term care by those oblivious to its many rewards. Being a leader in long-term care is one of the most rewarding and challenging positions in health care.

The American College of Health Care Administrators, the professional association for administrators in long-term care, conducted a survey of administrators in the fall of 2002. Their written comments were voluminous. This quote from one of those surveyed speaks to the reason that people working in the field find such rewards: *This is more than a job. I am in a position to affect change, to improve lives, to touch hearts. As administrators we should revel in the chance to make major differences in lives, patients, families, and staff. It is our privilege and our responsibility. Done correctly, the rewards are immeasurable*.

This edition will serve you as a source book that gives an overall feel for the evolving world of long-term care, as well as a ready reference for related issues you wish to pursue.

Mary Tellis-Nayak, RN, MSN, MPH
Vice President—Quality Initiatives,
My InnerView, Inc.
Past President/CEO, American College of
Health Care Administrators

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Preface

To My Readers

Successful reception of the first edition, feedback from several users, and my own recognition of needed improvements as I used the book to teach my students prompted the major revisions, additions, and streamlining presented in this second edition. Throughout this process, the driving objective has been to furnish much-needed knowledge and skills to prepare the next generation of long-term care administrators and also, to put into the hands of practicing administrators, corporate officers, and governing board members an in-depth reference source. In a nutshell, my aim has been to make a good book even better.

This book differentiates itself from others on the market by giving you the most comprehensive, yet concise, understanding of how to effectively manage a long-term care facility. In that respect, the book goes much beyond a mere discussion of the long-term care continuum and policy issues. It explores laws, regulations, and financing; enlightens you on what is necessary for creating a person-centered environment in which six distinct types of services must be delivered; and furnishes skills necessary to manage it all. Further value is added by furnishing a brand-new section that contains 12 cases, each with assignment questions to apply the concepts and skills learned and to think beyond what any textbook can furnish. That's what you will be called upon to do in real life. This book can help you respond to that calling with a degree of self-confidence.

In the book's title, I have used the term "long-term care facilities" rather than "skilled nursing facilities" or "nursing homes" because, for the most part, the same or very similar skills are employed to effectively manage any other type of operation in the institutional long-term care continuum. If a person can learn how to manage a skilled nursing facility, he or she can easily make the transition into managing other, less complex and less challenging, environments such as assisted-living facilities or residential care facilities. Actually, both clinical and regulatory demands in these facilities will continue to grow. On the other hand, tomorrow's administrators must realize that effectively managed facilities will go beyond mere compliance with what regulations require.

What You Will Learn from This Book

This edition progresses quite smoothly from understanding long-term care, to detailing the external and internal environments, to organizing and delivering services, to developing leadership and management skills, and finally, to applying knowledge and skills to cases. Hence, the book has five sections.

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Part I: Introduction to Long-Term Care

It is critical for any administrator in the field to first understand what long-term care is. I have finally developed the most complete definition and explanation by incorporating 10 essential dimensions that help explain what long-term care is, why it is needed, who needs it, and how it should be delivered. These dimensions are also the essential characteristics that will be found in an ideal delivery system. As a subset within a larger health care delivery environment, long-term care encompasses a variety of service options and can be referred to as a system in its own right, but it must also interface with the broader health care environment to meet the total care needs of the clients it serves. Hence, the first chapter builds this necessary foundation.

In Chapter 2, you will go back in history to the beginnings of long-term care in the United States. After a discussion of what policy is, what purpose it serves, and how policy is made, it is easy to understand that policy has been the driving force behind the evolution of long-term care services as they exist today. The future will be shaped by both government policy and private innovation, but policy will continue to play the dominant role.

Chapter 3 is based on the premise that efficient delivery of services to a nation's population necessitates a long-term care industry. First, the industry requires numerous types of providers—both community-based and institutional—because people's needs differ quite substantially. Nursing homes and other institutions operate within this larger context—and will continue to be influenced by it. Second, the industry cannot function without insurers; professionals who have the desired qualifications; and the ancillary sector that includes case management agencies, long-term care pharmacies, and technology.

Part II: External and Internal Environments

An understanding of open systems, sensitivity to stakeholders' needs, and creation of value-based exchange partnerships often makes the difference between success and failure. But, has the governing board espoused their importance? Read Chapter 4 to find out why effective governance means supporting the open-system philosophy and to find out how it can be implemented.

Unrelenting litigation against long-term care providers is here to stay. But, does the long-term care administrator have the basic knowledge about malpractice, misconduct, contracts, personal versus corporate liability, patient rights, and privacy-related mandates imposed by the Health Insurance Portability and Accountability Act (HIPAA)? You will find these and other issues discussed in Chapter 5.

Regulatory oversight will also keep its unyielding pace. The Requirements of Participation are being enforced through the new Quality Indicator Survey. The well-prepared nursing home administrator must understand not only the survey and enforcement procedures, but also comply with the *Life Safety Code*®[1], the Americans with Disabilities Act, and the Occupational Safety and Health Act. Chapter 6 focuses on how to achieve regulatory compliance.

No health care administrator can survive without an understanding of financing and reimbursement. Chapter 7 attempts to simplify the complexities of both public and private sources of financing for long-term care services.

[1]*Life Safety Code*® and 101® are registered trademarks of the National Fire Protection Association, Quincy, Ma.

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

The internal structures, living environments, and ways of delivering care in the vast majority of nursing facilities date back more than 25 years. Now, there is a growing movement toward person-centered care, enriched environments, and staff empowerment. Loosely referred to as culture change, Chapter 8 will help you understand what this is all about.

Part III: Organization and Delivery of Services

Long-term care institutions must organize their services into six departments or functions. These functions will be needed regardless of the adoption of culture change. Quality of care and quality of life must be the common themes that govern the delivery of these services.

First and foremost, a long-term care facility must enable the residents to cope and adapt to a major change in their lives when they move into a facility. It requires an understanding of aging and how to dispel the myths associated with aging. In addition, issues of cultural diversity, resident and family empowerment, planning for admission and discharge, and family support when death and terminal illness occur are all covered in Chapter 9.

Most administrators do not have background or training in clinical care. Yet, the primary reason that patients utilize a long-term care facility is to have their medical, nursing, and rehabilitation needs addressed. Along with other chronic and comorbid conditions, residents commonly suffer from depression, delirium, and dementia. An understanding of these and other areas of special attention are discussed in Chapter 10.

In Chapter 11, you will discover that activity programming is not simply a matter of putting together a recreational agenda to comply with regulatory requirements. Meaningful activities call for a great deal of skill and resourcefulness.

Chapter 12 explains that dietary services must be designed to meet individual nutritional needs, sensory gratification, and social interaction. Menu planning, ordering and receiving, food production, cost control, emergency plans, and close attention to sanitation and food temperatures all play an important role in achieving those objectives.

Maintenance and repairs, housekeeping, laundry, linen supplies and cost control, building security, fire and disaster planning, waste disposal, and environmental safety are the main topics found in Chapter 13.

In Chapter 14, you will learn that business office functions go beyond basic reception and bookkeeping. Payroll and compensation practices, handling of the patient trust fund, and medical records are all governed by laws and regulations. Information systems are essential for effective management.

Part IV: Governance and Management

Chapter 15 emphasizes that the governing board has the primary responsibility for ensuring corporate compliance. The administrator is responsible for managing the business aspects of the operation, managing work and workers and making both more productive, and discharging responsibility toward the community and society. The task requires leadership skills and an understanding of management roles and functions.

Apart from the well-defined human resource functions and labor laws, in Chapter 16 you will pick up helpful tips on meeting the special challenges of long-term care in staffing, confronting absenteeism and

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

turnover, and establishing self-managed work teams.

In addition to the typical themes in marketing and public relations, you will discover in Chapter 17 that perhaps the most challenging aspect of long-term care marketing is its personnel, the 5th P of the marketing mix.

Chapter 18 focuses on budgeting and financial controls and has been designed with the aim of dispelling the myth that financial management is difficult to grasp.

Chapter 19 should help you get a clear picture of not only what quality is, but also how quality can be improved.

Part V: Case Studies

In case analysis, multiple factors generally need to be brought to bear on the issues. They require thinking beyond what may appear to be obvious from reading some section of a given chapter. Hence, a separate section instead of incorporating cases with individual chapters.

After studying the first three chapters, you should be able to address Case 1, in which an elderly immigrant couple needs long-term care services. The next three cases deal with legal and ethical issues in which patient rights must play an important role. Case 5 is about medical malpractice. Case 6 deals with both strategy and logistics that will often be necessary for implementing culture change. Evacuation of a facility (Case 7) is not common, but the administrator must be prepared to take action for various kinds of emergencies. In Case 8, you will find that leadership styles and actions can create conflicts that effective administrators must learn to prevent, but they must also address the conflict when it has already occurred. Corporate compliance is the theme in Case 9. There are many facilities today in which staff-related problems will appear insurmountable. Case 10 challenges you to apply your ingenuity. Some administrators will face the challenge of opening new facilities. See if you are up to the challenges presented in Case 11. Culture change may be a buzzword today, but it is the wave of the future. Will you be deterred by what you encounter in Case 12?

Tools That Will Enhance Learning

- Read the brief overview at the beginning of each of the five parts of the book.
- Go through the *What You Will Learn* summaries at the beginning of each chapter.
- Study the chapters, keeping in mind the main themes that divide each chapter.
- Use the Glossary when you encounter an unfamiliar technical term.
- Stop and review the numerous illustrations (figures, tables, exhibits, etc.) you will find throughout the book.
- Think through the *For Further Thought* assignments at the end of each chapter.
- Pick some area of interest to build on what you have learned by using the Internet resources in the *For Further Learning* sections.

Throughout the text, certain terms have been used interchangeably. Examples include: nursing home, nursing facility, facility, and long-term care facility; patient, resident, and elder; and employee, associate, staff member, and worker.

For Instructors

Please contact your Jones and Bartlett representative to get access to the complete In-

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

structor's Manual, PowerPoint presentations, a TestBank, and Excel materials. Also, if you would like to share your thoughts, I would be delighted to hear from you. See my contact information at the end of this Preface.

Transition Guide and New Materials

If you used the first edition, this transition guide should help you locate materials that have been reorganized. This section also highlights what is new in this edition.

Chapter 1: Overview of Long-Term Care

Pertinent materials from the previous edition's Chapters 1 and 2 are combined here. Long-term care has been explained by incorporating four additional domains in the six components that appeared in the old edition. The following have been moved to Chapter 4: open and closed systems, external environment (previously in Chapter 1), and exchange relationships (previously in Chapter 2).

Chapter 2: Long-Term Care Policy: Past, Present, and Future

This is a brand-new chapter that reviews the past, present, and future of long-term care from a policy perspective. The main themes of financing, utilization, and quality from a current policy perspective are incorporated here (previously in the Introduction).

Chapter 3: The Long-Term Care Industry

This chapter is brand new. First, it gives a detailed overview of the continuum of providers (some of these, such as continuing care retirement communities, assisted-living facilities, and subacute care providers, were previously in Chapter 1). A detailed overview of providers includes home health care, homemaker and personal services, adult day care, hospice, government-assisted and private-pay housing, and custodial care providers such as adult foster care homes. The insurance sector includes managed care. A full section is devoted to professionals that include administrators in home health agencies, assisted living, and nursing homes and clinicians such as physicians, nurses, nonphysician providers, rehabilitation professionals, dietitians, paraprofessionals, and social support professionals. The specialized role of long-term care pharmacies is included. The chapter concludes with an overview of seven categories of long-term care technology according to what these technologies are designed to do.

Chapter 4: Responding to the External Environment

Pertinent materials from former Chapters 1 and 2 are incorporated here. The SWOT model appropriately belongs here and has been moved from former Chapter 13.

Chapter 5: Legal Environment

Much of the materials from former Chapter 3 are found here. Two mini-cases are embedded in the narrative, one old and one new. The section on patient rights, which also includes HIPAA, has been expanded. Requirements of Participation and survey and enforcement have been moved to Chapter 6. Materials on governance and the role of the nursing home administrator have been moved to Chapter 14.

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Chapter 6: Regulation and Enforcement

This is essentially a new chapter. It retains the regulatory parts of former Chapter 3, but it now incorporates brand-new materials on the *Life Safety Code*®, accessibility standards under the Americans with Disabilities Act, and OSHA standards and recordkeeping requirements.

Chapter 7: Financing and Reimbursement

The previous edition's Chapter 4 has been expanded to include Medicare Part D, and all data have been updated. New materials include the Program of All-Inclusive Care for the Elderly (PACE), minimum data set (MDS) 3.0 (even though it was not yet launched at the time the book manuscript was completed), and resource utilization group classifications (RUG-53).

Chapter 8: Internal Environment and Culture Change

This chapter was created by combining pertinent materials from former Chapters 5 and 6 and removing some of the extraneous materials. The chapter was reorganized for a smoother flow. Beginning with the adoption of hospital layout and the sick-role model in earlier nursing homes, the chapter transitions to the application of person-centered philosophy. Modern architectural designs, culture change, and Eden Alternative and Green House models make up the latter half. The traditional clinical structure from former Chapter 5 has been retained because the vast majority of nursing facilities are still organized that way. A new section includes environments for patients with dementia. Discussion of Snoezelen has been moved to Chapter 11 on activities, and the Wellspring Model has been moved to Chapter 19.

Chapter 9: Social Services, Admission, and Discharge

New sections include diversity and cultural competence, cultural accommodation, conflict resolution skills, Preadmission Screening and Resident Review (PASRR) compliance, and death and terminal illness.

Chapter 10: Medical Care, Nursing, and Rehabilitation

A new section has been added on mental and cognitive disorders that include depression, delirium, and dementia. The section on controlled substances has been expanded.

Chapter 11: Recreation and Activities

The section on multisensory stimulation has been expanded. A new section, *Activities for Dementia Patients*, has been added.

Chapter 12: Dietary Services

The 2005 Dietary Guidelines for Americans, jointly published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture, replace the former Food Guide Pyramid.

Chapter 13: Plant and Environmental Services

The former Chapter 11 needed only minor updates.

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Chapter 14: Administrative and Information Systems

Compensation and job categories under the new Fair Labor Standards Act (FLSA) guidelines have been revised, and minimum wage information has been updated. Because this law can be confusing, a new section clarifies areas in which FLSA does not apply. The section on information systems has been tweaked a little, but overall it is considered adequate.

Chapter 15: Effective Governance, Leadership, and Management

Governance, board composition, board functions, and corporate compliance are new materials. Some of the material was moved from former Chapter 3. Students had some difficulty relating the discussion on bureaucracy (in former Chapter 13) to management. That section is eliminated and replaced with management—and its roles and functions.

Chapter 16: Effective Human Resource and Staff Development

The section on turnover and retention has been updated and expanded. The section on unionization includes the Employee Free Choice Act, which did not pass but is likely to be resurrected in the future. A section on alcohol and drug abuse has been added under the Employment Laws section. Students found that the calculation of staffing levels by determining weights and relative values was difficult to follow. The concept behind this has been retained, but the details on the calculations and accompanying exhibit have been deleted. Unfortunately, to my knowledge, there is currently no other practical model available for tying staffing levels to patient acuity. The exhibit from the old edition is included in the Excel files available to instructors.

Marketing, Finance, and Quality

Chapters 17, 18, and 19 on marketing, financial management, and quality, respectively (former Chapters 15, 16, and 17), did not require any substantive changes, except that the Wellspring Model is now consolidated in Chapter 19. Additional information on Wellspring is contained in Case 12.

I continue to dedicate this book to all those who have decided to serve the noble profession of long-term care as caregivers or leaders in the field and to the educators who are preparing the next generation of these caregivers and leaders.

With my best wishes,

Douglas A. Singh
School of Business and Economics
Indiana University–South Bend
E-mail: dsingh@iusb.edu

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

Acknowledgments

The addition of a much-needed section on cases was made possible only with the help of several collaborators. I would like to gratefully acknowledge the assistance of nursing home administrators Lynn Binnie, Anthony Ughetti, and others who wished to remain anonymous, and medical director, Dr. Patrick Claudius, for providing invaluable information and materials that were used in developing several of the cases. Other cases were made possible through partnerships with Jullet Davis (and the assistance of Paul Davis), University of Alabama; Jeffrey A. Kramer, University of Connecticut; Cindy K. Manjounes, Lindenwood University; Lisa E. Sliney, Barry University; Alan S. Whiteman, Barry University; and Paul R. Willging, Johns Hopkins University. These individuals independently developed and contributed cases for this edition, and their work is greatly appreciated.

Comments from the readers and users of the first edition prompted some of the revisions and additions incorporated in this edition. I appreciate their thoughtfulness. I am also very grateful to Mary Tellis-Nayak, former president/chief executive officer of the American College of Health Care Administrators, who provided valuable insight and assistance for the first edition, which remains the foundation for making this second edition a reality. Of course, all errors and omissions in this book remain my responsibility.

Douglas A. Singh

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

About the Author

Dr. Douglas Singh teaches graduate and undergraduate courses in health care delivery, policy, finance, and management in the School of Business and Economics and in the Department of Political Science at Indiana University–South Bend. He has authored/co-authored four books and has been published in several peer-reviewed journals.

He spent more than 15 years as a licensed long-term care administrator in four states. He also held the positions of regional manager, vice-president, and consultant and supervised both skilled nursing care and independent living operations. His doctoral work at the School of Public Health, University of South Carolina, broke new ground in understanding nursing home performance on certification surveys, for which he was awarded the Long-Term Care Research award in 1995 by the Foundation of the American College of Health Care Administrators.

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

List of Abbreviations

AAC	Activity Assistant, Certified
AAHSA	American Association of Homes and Services for the Aging
AARP	Formerly known as the American Association of Retired Persons
ACHCA	American College of Health Care Administrators
ADA	Americans with Disabilities Act; American Dietetic Association
ADEA	Age Discrimination in Employment Act (1967)
ADC	Activity Director, Certified
ADL	Activities of daily living
ADN	Associate's degree in nursing
ADON	Assistant director of nursing
AFC	Adult foster care home
AFL-CIO	American Federation of Labor-Congress of Industrial Unions
AHCA	American Health Care Association
AHIMA	American Health Information Management Association
AI	Adequate intake
AIDS	Acquired immunodeficiency syndrome
AIT	Administrator-in-training
ALFA	Assisted Living Federation of America
AMDA	American Medical Directors Association
ASHA	American Speech-Language-Hearing Association
BBA	Balanced Budget Act of 1997
BSN	Bachelor of science degree in nursing
BSW	Bachelor's degree in social work
CADE	Commission on Accreditation for Dietetics Education
CAPS	Certified aging-in-place specialist
CBO	Congressional Budget Office
CCRC	Continuing care retirement community
CDC	Centers for Disease Control and Prevention
CDM	Certified dietary manager
CDR	Commission on Dietetic Registration
CEO	Chief executive officer
CFO	Chief financial officer
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

CNA	Certified nursing assistant
CON	Certificate of need
COTA	Certified occupational therapy assistant
CPOE	Computerized provider order entry (system)
CQI	Continuous quality improvement
CSA	Controlled Substances Act (1970)
CSRA	Community Spouse Resource Allowance
CTRS	Certified therapeutic recreation specialist
DD	Developmentally disabled
DHHS	U.S. Department of Health and Human Services
DMA	Dietary Managers Association
DME	Durable medical equipment
DNR	Do-not-resuscitate (order)
DO	Doctor of osteopathic medicine
DON	Director of nursing
DPOA	Durable power of attorney
DRG	Diagnosis-related groups
DRI	Dietary Reference Intake
DTR	Dietetic Technician, Registered
EEOC	Equal Employment Opportunity Commission
EPA	U.S. Environmental Protection Agency
FCA	False Claims Act (1863)
FDA	U.S. Food and Drug Administration
FICA	Federal Insurance Contributions Act
FIFO	First-in first-out
FLSA	Fair Labor Standards Act
FMLA	Family and Medical Leave Act (1993)
FSES	Fire Safety Evaluation System
FUTA	Federal Unemployment Tax Act
GAAP	Generally accepted accounting principles
GNP	Geriatric nurse practitioner
HCBS	Home and Community Based Services
HHA	Home health agency
HI	Hospital Insurance (Part A of Medicare)
HIPAA	Health Insurance Portability and Accountability Act (1996)
HIT	Health information technology
HIV	Human immunodeficiency virus
HMO	Health maintenance organization
HUD	U.S. Department of Housing and Urban Development
IADL	Instrumental activities of daily living
ICF	Intermediate care facility
ICF/MR	Intermediate care facility for the mentally retarded
ICP	Infection control practitioner

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

IOM	Institute of Medicine
IRF	Inpatient rehabilitation facility
IRS	Internal Revenue Service
IT	Information technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LAN	Local area network
LPN	Licensed practical nurse
LSC	*Life Safety Code®*
LTC	Long-term care
LTCH	Long-term care hospital
LVN	Licensed vocational nurse
MA-PD	Medicare Advantage Prescription Drug Plan (under Part C of Medicare)
MBO	Management by objectives
MCCA	Medicare Catastrophic Coverage Act (1988)
MCO	Managed care organization
MD	Doctor of medicine
MDRO	Multi-drug resistant organism
MDS	Minimum data set
MIA	(Community Spouse) Monthly Income Allowance
MMA	Medicare Prescription Drug, Improvement, and Modernization Act (2003)
MR/DD	Mentally retarded/developmentally disabled
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSBT	Multisensory behavior therapy
MSD	Musculoskeletal disorder
MSE	Multisensory environment
MSS	Multisensory stimulation
MSW	Master's degree in social work
NAB	National Association of Long Term Care Administrator Boards
NASPAC	National Association of Subacute/Post Acute Care
NBCOT	National Board for Certification in Occupational Therapy
NCCAP	National Certification Council for Activity Professionals
NCTRC	National Council for Therapeutic Recreation Certification
NF	Nursing facility (referring to a federal certification category)
NFPA	National Fire Protection Association
NHA	Nursing home administrator
NLRA	National Labor Relations Act (1935)
NLRB	National Labor Relations Board
NP	Nurse practitioner
NPP	Nonphysician practitioner
OAA	Old Age Assistance
OBRA-87	Omnibus Budget Reconciliation Act of 1987
OSCAR	On-line Survey Certification and Reporting (system)
OSHA	Occupational Safety and Health Administration

© Jones and Bartlett Publishers, LLC. NOT FOR SALE OR DISTRIBUTION

OT	Occupational therapist or occupational therapy
OTR	Occupational Therapist, Registered
P&L	Profit and loss statement (Income statement)
PA	Physician assistant
PACE	Program of All-Inclusive Care for the Elderly
PASRR	Pre-admission Screening and Resident Review
PDP	Prescription Drug Plan (under Part D of Medicare)
PDSA	Plan, do, study, act
PERS	Personal emergency response systems
PHI	Protected health information
PHP	Prepaid health plan
POA	Power of attorney
POC	Plan of correction
PPD	Per-patient-day; purified protein derivative
PPS	Prospective payment system
PT	Physical therapist or physical therapy
PTA	Physical therapy assistant
QCI	Quality of care indicator
QIS	Quality Indicator Survey
QM/QI	Quality measure/quality indicator (report)
QoL	Quality of life
RAI	Resident Assessment Instrument
RC/AL	Residential care/assisted living (administrator's license)
RD	Registered dietitian
RDA	Recommended daily allowances
RHIA	Registered health information administrator
RHIT	Registered health information technician
RN	Registered nurse
RUG	Resource utilization group
SLP	Speech/language pathologist
SMI	Supplementary Medical Insurance (Part B of Medicare)
SMWT	Self-managed work team
SNF	Skilled nursing facility
SPs	Standard precautions
SSI	Supplemental Security Income
TB	Tuberculosis
TCU	Transitional care unit
TPN	Total parenteral nutrition
TQM	Total quality management
USDA	U.S. Department of Agriculture
VHA	Veterans Health Administration
VRE	Vancomycin-resistant enterococci