Part

I

Role of Disciplines/Professionals

Chapter 1

Administration Within Long-Term Care

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Learning Objectives

1. To increase the understanding of the scope of gerontology and geriatric health services administration
2. To provide the importance of the role of management in quality of gerontology health services administration
3. To heighten the awareness of the continuum of care concept as a requirement for a successful healthcare system
4. To understand the importance of organizational culture in providing quality care
5. To create an awareness of the importance of a model in management application

Key Terms

Geriatric Health Services Administration/Long-Term Care (LTC) Administration: Refers to management of facilities and community programs/organizations providing services to the elderly

Continuum of Care: Refers to following individuals throughout all phases of their disease processes

Gerontology: The study of the aging process among administrators and professionals

Geriatrics: Medical care of the aging population

Organization Culture: The unseen assumptions, values, beliefs, and ideas shared by staff

Organizational Climate: How staff members feel within the organization

Coordinated Care Retirement Community (CCRC): A campus providing multiple settings, typically including independent living, assisted living, skilled care, hospice care, and memory (dementia) care

INTRODUCTION

Face of Aging

Today, the Baby Boomers (born between 1946 and 1964) account for 41 million persons in the U.S. population aged 65 and older (Vincent & Velkoff, 2010). This means they stand on the edge of retirement. Even though this generation tends to age in place, many will encounter declining health and functional status. Wright (2010) verbalizes certainty that caregiving for older adults with declining health and functional status will become one of America's greatest challenges of the 21st century. When the last group of Baby Boomers turns 65 in 2029, that same population group will have grown to just over 70 million persons (Vincent & Velkoff, 2010). By 2020, 81 million persons will be managing more than one chronic condition (Bodenheimer, Chen, & Bennett, 2009).

> Older adults use many health care services, have complex conditions, and require professional expertise that meets their needs. Most providers receive some type of training on aging, but the percentage of those who actually specialize in this area is small. . . . Most older adults want to remain in their communities as long as possible. Unfortunately, when they acquire disabilities, there is often not enough support available to help them (Healthy People 2020, 2012).

As the Baby Boomers begin to lose their independence, they may be less accepting of the limited options offered by the system to deliver the care they most need and desire (Wright, 2010).

Community providers must assume the responsibility for services necessary to meet the needs of their older population. The expectations of our older consumers include a multitude of quality services available to them. Thomas (2010) uses the term "Eldertopia" to define a community that improves the quality of life for people of all ages by strengthening and improving the means by which the community protects, sustains, and nurtures its elders, and by which the elders contribute to the well-being and foresight of the community.

Gerontology and Geriatrics Health Services Administration

Gerontology and Geriatrics Health Services Administration is an area of health services administration that requires a focus on older adults. The administrative role dictates competencies in management and, equally as important, sensitivity for the elderly. One must develop a management style that warrants compassion and empathy for people, both the staff and consumer.

In order to acquire this background, the role of administrator is critical with an understanding of the theoretical base and application of management principals. Research on administrative experiences and the impact of management relative to quality is a part of the discussion.

Gerontology and Geriatrics Health Services Administration occurs in all settings, from home to acute care, which could include adult day care, assisted living, skilled nursing, and community programs. There are different models of adult day care, such as the Medical Model and the Social Model. An example of the Medical Model is the Program for All-Inclusive Care for the Elderly (PACE), which is an expanded and enhanced comprehensive model of care offering services at a licensed adult day center by an interdisciplinary team. PACE blends the roles of healthcare provider and insurance payer. In Pennsylvania it is called the LIFE program, standing for Living Independently for Elders, since there is a PACE program for drugs. The LIFE program is licensed by Pennsylvania's Office of Long-Term Living for compliance with state aging regulations. The program is also under the jurisdiction of several other regulatory bodies, including Pennsylvania's Department of Public Welfare, as well as the Centers for Medicare & Medicaid Services. This model is a very innovative way to manage seniors who are nursing-home eligible in the community.

A Coordinated Care Retirement Community (CCRC) is a unique setting, providing care depending on needs of the elderly person. The CCRC campus may provide independent living, personal care/assisted living, skilled care, and hospice services. The resident ordinarily pays an entrance fee and periodic adjustable payments, which, in turn, gives the resident a package of residential and healthcare services that the CCRC is obligated to provide at the time these residential and healthcare services are required.

There are exceptions to some of the federal and state government's licensing requirements. For example, a licensed personal care home may take care of residents with dementias, including Alzheimer's disease, as long as a waiver is in place to accept this kind of resident. The facility must also have certain protections in place to prevent injury to its demented residents.

Role of Administration in Gerontology and Geriatrics

The reality of a broken system for providing long-term care is apparent, according to Wright (2010). Looming over the next 2 decades is the even harsher reality of major workforce shortages in long-term care, which may guarantee that high quality care cannot be delivered even if system reforms are implemented (Wright, 2010). Hence, the critical role of administration in long-term care is a component of the geriatric imperative. An understanding of the skills and competencies required for positive and effective administration determines successful outcomes of evidence-based care.

Administration in this field may occur in numerous settings; however, the concept of administration does not change, even though the job description will read differently in terms of specific activities. For example, an administrator for a community agency may need to focus more on planning for services and how to finance programs through grants, while the administrator in a long-term care facility may find application of governmental regulations a priority. Nevertheless, leadership skills, team organization, and coordination are imperative to a successful administrator.

The author visualizes the first step in becoming an administrator as exceptional training, both academically and on the job. Prerequisites include compassion and commitment. Commitment to improving the health of the older adult may come from experiences with a family member. Many times a passion for gerontology comes from an experience of living with a beloved grandparent. Firsthand, the vulnerability and excessive needs of the elderly person become apparent. Secondly, an understanding of the aging process itself brings forth this required commitment. A number of the administrators have had life experiences that dictate their love for the field of gerontology.

Nursing home administrators are required to have a license. This process is a lengthy exposure, which includes practicum/administrator in training, professional education, and state board examinations. Personal care administrators must also be licensed through an educational process. Middle management also requires initial and ongoing education. In June 2008, the American Geriatrics Society convened a meeting that led to the development of the Partnership for Health in Aging. Their first step was the development of a set of core competencies in the care of older adults that pertain to all health professional disciplines. Middle management also must acquire leadership skills with a culture of accountability. In a culture of accountability:

- The goal is continuous learning and improvement.
- Decisions regarding care and direction are guided by evidence-based protocols and clinical guidelines.
- Performance measurement is essential for assessing outcomes and guiding improvement initiatives.
- Reporting errors is encouraged, not punished.
- There is collaboration and coordination among and between all levels of the organization.

O'Hagan and Persaud (2010) suggest six steps to achieve accountability:[1]

1. *Provide leadership*. Strong leadership enhances employee responsibility, morale, cooperation, and trust, as well as reduces turnover, helping to maintain accountability within the organization. Leadership that exemplifies accountability should be pervasive at all levels of the organization.
2. *Emphasize quality*. It is important to reinforce that not only the quality of patient care will improve, but also the quality of work will improve.
3. *Make customer service a priority*. An environment that provides exceptional quality care not only improves the patient's experience, but also leads to more satisfied staff, fewer preventable medical errors, fewer malpractice lawsuits, and improved revenues.
4. *Performance management*. Performance measurement is important because measurement informs on quality, and you cannot manage what you do not measure. The measurement of outcomes includes monitoring the performance of the organization against service standards and organizational goals, as well as collecting feedback from patients and other stakeholders.
5. *Support the human dimension*. This begins by increasing the self-efficacy of employees, which positively enhances their beliefs about their capabilities. Ensure that employees are rewarded by using a recognition program that celebrates both small and large successes.
6. *Provide a supportive infrastructure*. It is important to provide people with the means and competencies necessary to be successful. Effective communication systems are needed that allow the distribution of information and knowledge to everyone.

Administrators also see their role changing due to the environment of uncertainty, greater stringency, and intensified public scrutiny.

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1. Used with permission from O'Hagan, J., & Persaud, D. (2010). *Create a culture of accountability*. Hatboro, PA: Nurses Service Organization Risk Advisor.

LEADERSHIP

Leadership skills are an important component of success in geriatric health services administration, as shown at the end of this chapter as part of a model for administrators in the field. Effective leadership skills include numerous assets, such as:

- Be a model and lead by example
- Be a profound communicator as well as a good listener
- Must demand teamwork
- Must focus on decision-making solutions, not problems
- Must have the ability to influence behavior
- Must have integrity and stimulation
- Must respect high standards of dignity
- Must understand the politics within the community
- Understand success factors in the Six Sigma model for management
- Must have emotional and intellectual maturity

There is a direct relationship between a supportive environment for staff and asking them to take good care of their elderly consumers.

In order to meet the leadership challenges in long-term care, change is evident. Farrell, Brady, and Frank (2011) discuss their roadmap for successful change, focusing on people first, and then on systems that support people to work well together. A successful leader models genuine caring through good interpersonal skills. Stress reduction allows utilization of positive staff energy (Farrell, Brady, & Frank, 2011). Channeling energy into a positive framework brings about improved clinical outcomes with staff and patient satisfaction.

Leadership competencies must include team building, since a team model is essential to accomplishing excellent clinical outcomes and satisfaction. Pratt (2010) advocates that the team leader must provide direction to the team and facilitate its activities toward common goals. Team members will collectively share the challenges facing the team and celebrate its successes as a group with the leader, fulfilling dual roles, both as leader of the team and as a team member (Pratt, 2010). The interdisciplinary team functions within long-term care settings as collaborators and coordinators to execute superior care planning.

Time management is imperative for an administrator in that lack of coordination, organization, empowerment, and poor communication skills could result in concerns/issues. The ability to focus and set priorities becomes essential. The application of a tactical and strategic planning process allows a focus on needs and outcomes. Measurable goals and objectives

must lead to successful outcomes utilizing evidence-based practice guidelines. Unmet timelines can result in failure.

ORGANIZATIONAL CULTURE

A good leader can cultivate the culture of an organization by reinforcing behavioral norms and expectations that lead to effectiveness. Research has shown that organizational culture can be characterized by 12 cultural styles, organized in 3 general cultural norm clusters that guide the way people interact with one another and approach their work. (Human Synergistics International, 2012). **Table 1.1** details these cultural norms.

Changes in the external environment make the role of management ever evolving. Change may take place every day with new situations and new regulations/requirements from regional, state, and federal levels.

CONTINUUM OF CARE

In the field of gerontology, a continuum of care is most imperative. For the elderly person, an integrated system of care that guides and tracks the individual over time through a comprehensive array of health, mental health, and social services must span all levels of intensity of care (as cited in Evashwick, 2005). Hence, the CCRC model is effective in care of the elderly as both services and integrating mechanisms are provided. A continuum of care embraces a person-oriented system of care. A return to the basic principles of health care treats the whole person and ongoing needs, from wellness to illness to recovery, fostering the natural birth–natural death process. This can occur through informal arrangements, a network of affiliations, a team of professionals, or contracts for services. Services must be dependable, consistent, and traceable—a true system. A care coordinator may act as the case manager, facilitating services through collaboration of programs and facilities throughout the community.

In order to develop a continuum of care, an administrator must have vision with defined goals and objectives and a strategic business plan requiring energy, resources, and leadership (Evashwick, 2005). Levels along the continuum range from acute hospital care to home and community care. Once an individual requires some assistance with activities of daily living and cannot live alone, an assisted living facility would be an appropriate level of care. Long Term Care Education.com LTCE (2011) uses the United States Department of Health and Human Services' definition of assisted living—"a residential setting that provides either routine general protective oversight or assistance with activities necessary for independent living

Table 1.1 Descriptions of the 12 Styles Measured by the Organizational Culture Inventory® (and Sample Items)

Constructive Norms

[Cultural Styles Promoting Satisfaction Behaviors]

Achievement

An *achievement* culture characterizes organizations that do things well and value members who set and accomplish their own goals. Members are expected to set challenging but realistic goals, establish plans to reach these goals, and pursue them with enthusiasm. *(Pursue a standard of excellence; openly show enthusiasm)*

Self-Actualizing

A *self-actualizing* culture characterizes organizations that value creativity, quality over quantity, and both task accomplishment and individual growth. Members are encouraged to gain enjoyment from their work, develop themselves, and take on new and interesting activities. *(Think in unique and independent ways; do even simple tasks well)*

Humanistic/Encouraging

A *humanistic/encouraging* culture characterizes organizations that are managed in a participative and person-centered way. Members are expected to be supportive, constructive, and open to influence in their dealings with one another. *(Help others to grow and develop; take time with people)*

Affiliative

An *affiliative* culture characterizes organizations that place a high priority on constructive interpersonal relationships. Members are expected to be friendly, open, and sensitive to the satisfaction of their work group. *(Deal with others in a friendly, pleasant way; share feelings and thoughts)*

Passive/Defensive Norms

[Cultural Styles Promoting People/Security Behaviors]

Approval

An *approval* culture describes organizations in which conflicts are avoided and interpersonal relationships are pleasant—at least superficially. Members feel that they should agree with, gain the approval of, and be liked by others. *("Go along" with others; be liked by everyone)*

Conventional

A *conventional* culture is descriptive of organizations that are conservative, traditional, and bureaucratically controlled. Members are expected to conform, follow the rules, and make a good impression. *(Always follow policies and practices; fit into the "mold")*

Dependent

An *dependent* culture is descriptive of organizations that are hierarchically controlled and do not empower their members. Centralized decision making in such organizations leads members to do only what they are told and to clear all decisions with superiors. *(Please those in positions of authority; do what is expected)*

Avoidance

An *avoidance* culture characterizes organizations that fail to reward success, but nevertheless punish mistakes. This negative reward system leads members to shift responsibilities to others and avoid any possibility of being blamed for a mistake. *(Wait for others to act first; take few chances)*

(Continued)

Aggressive/Defensive Norms
[Cultural Styles Promoting Task/Security Behaviors]

Oppositional

An *oppositional* culture describes organizations in which confrontation and negativism are rewarded. Members gain status and influence by being critical and thus are reinforced to oppose the ideas of others. *(Point out flaws; be hard to impress)*

Power

A *power* culture is descriptive of nonparticipative organizations structured on the basis of the authority inherent in members' positions. Members believe they will be rewarded for taking charge, controlling subordinates and, at the same time, being responsive to the demands of superiors. *(Build up one's power base; demand loyalty)*

Competitive

A *competitive* culture is one in which winning is valued and members are rewarded for outperforming one another. Members operate in a "win-lose" framework and believe they must work against (rather than with) their peers to be noticed. *(Turn the job into a contest; never appear to lose)*

Perfectionistic

A *perfectionistic* culture characterizes organizations in which perfectionism, persistence, and hard work are valued. Members feel they must avoid any mistakes, keep track of everything, and work long hours to attain narrowly defined objectives. *(Do things perfectly; keep on top of everything)*

to mentally or physically limited persons" (para 6). Assisted living may be thought of as a bridge between active retirement living and care in a skilled nursing facility (Long Term Care Education.com [LTCE], 2011).

When an individual's medical status changes and continuous 24-hour nursing care is required, a skilled nursing facility is appropriate. The statutory definition of a skilled nursing facility from the Social Security Act is an institution primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. This type of facility offers the highest intensity level of long-term care (LTCE, 2011).

Ownership varies among long-term care facilities. The types of ownership include nonprofit, for-profit, state-owned, investment-based, and religious-based organizations. A nonprofit owner uses surplus revenues to achieve

organizational goals rather than distributing them as profit or dividends; whereas, a for-profit organization as a corporation operates as a business which will return a profit to owners. Nevertheless, each facility along the continuum must uphold the conditions of participations for regulation.

The SERVICE Model of Care[2]

The first leadership model for long-term care (LTC) administrators was discussed by Glister and Dalessandro (2009) using SERVICE as the acronym for seven domains—service, education, respect, vision, inclusion, communication, enrichment. In health care and long-term care, it is assumed that the primary job is to care for and serve others. Many focus their healthcare careers on a desire to do this. Yet, a service-oriented culture is not what many people experience in today's healthcare environment.

Service

Service involves providing for and caring for others. Service has several facets: the desire to serve, fulfillment of an obligation, and, for some, a duty or "calling." In leadership, the desire to serve is recognized as an important component for success. Service-oriented leadership involves putting the needs of others before one's own, finding ways to meet those needs, and recognizing other individuals' worth and value.

In this model, service is achieved when leaders and staff use their talents to serve and fulfill an obligation to others and to the organization's vision and mission. The driving force is to have them work for something more important than themselves, something that will make a difference in the lives of others. The leader in this service model wears many hats, including colleague, guide, helper, teacher, coach, mentor, facilitator, role model, and cheerleader.

Education and New Learning

From administrator to housekeeper, individuals are often asked to accept a position with little educational training and no specific expectation communicated. Still, they are expected to work "successfully." When employees do not work up to these "standards," although expectations are rarely communicated clearly, they shoulder the blame. They are considered lazy, negligent, or not very bright. The fault, however, lies with the system, facility, and leadership.

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2. Reproduced with permission from Glister, S., & Dalessandro, J. (2009). Introducing the first leadership model for LTC administrators. *Long-Term Living: For the Continuing Care Professional*, 58(8), 32–35.

Supporting education begins with leadership valuing education and knowledge for themselves and others. Education is beneficial to staff performance. Education is more than training and skill development. It is a means of encouraging growth and development for staff in work and in life. It is a commitment to teaching and to continued learning as individuals and as an organization.

Ongoing training and educational support programs are essential to ensuring staff effectiveness. Educational needs do not end with the completion of orientation. Issues, questions, and problems surface continually, as does new information. Consistent and routine education and support meetings should serve to fulfill the educational needs of employees. Such programs also enhance communication, and demonstrate to staff that they are valued.

Respect

It is sad that the issue of respect must even be discussed—but it remains on the top of the list of what staff suggest is missing to ensure their workplace satisfaction. Employees in long-term care deserve more respect than they traditionally receive. Employees are to be treated with respect at all times, by all people. Staff is expected to respect one another; anything less is unacceptable and not to be tolerated. The message is: Respect others—or leave.

Vision

An exemplary organization begins with a clear vision and mission, guided by established principles and values, including respect, dignity, trust, honesty, and integrity. The vision is central to hiring, decision making, and problem solving, as it is the ultimate guide for the leader and all those who follow. The vision created or interpreted by all in the organization unites employees as they, in turn, share in the dream. A vision serves to move a group of individuals in an organization toward a common destination and provides meaning to their work.

Creating a vision that is shared by the staff takes time and effort; it does not happen on its own. The vision must be discussed and examined routinely as long as the organization is operational.

Inclusion

Involve staff in as much problem solving, decision making, and operational implementation as possible. This enhances staff interest and participation in the work and allows the organization to tap into their particular knowledge and experience. When staff members are part of the plan and solution, it becomes a reality to them. Because they are a part of it, they own it, and will work hard to see that it is successful.

To facilitate an inclusive philosophy, routine meetings with all staff should be held to relay information, and to offer the opportunity to discuss issues, plan, and problem solve. Specific department meetings are an added vehicle in which employees can offer input and communicate with their coworkers.

Staff members will be open to change and innovation, and accept it willingly, if involved in the planning and implementation process. Many staff members are creative—they can have wonderful ideas and be innovative in their solutions to problems. Employees are willing to try just about anything if it improves the care and outcome for residents. Therefore, their inclusion overall ensures a more effective organization.

Communication

When employees are asked to name what contributes to job satisfaction, the presence or absence of an effective communication system consistently ranks high. While no communication system is perfect, a variety of means for relaying and receiving information is essential to effectively leading the organization in a strategic direction. Such mechanisms must communicate not only the vision and direction of the organization, but how staff members are expected to work, interact, and care for residents and families. The purpose is to tap into all of the resources, knowledge, and talent at the disposal of the organization and thus design and implement the best possible mechanisms, programs, and solutions to realize the vision.

Enrichment

Enrichment as a domain teaches the leaders how to effect change collaboratively (Glister & Dallessandro, 2009).

ADMINISTRATORS' RESPONSES ABOUT THEIR ROLES

In order to understand and compare the experiences of administrators, this author conducted a hybrid qualitative survey with administrators of various facilities and programs for older adults in Northeastern Pennsylvania. Facilities from which administrators were interviewed included a CCRC, private and public skilled nursing settings, Area Agency on Aging subsidiaries, as well as private service industry management. Approximately hour-long interviews were completed with seven available administrators; the administrators were asked open-ended questions related to their views on the role of an administrator, as well as definitions of organizational culture and the concept of continuum of care. The responses to these semi-structured interviews were transcribed and analyzed for key themes and meaningful insights. The interviewer mailed a four-page structured survey

to the four unavailable administrators, which was returned with handwritten or typed responses. Similarly, these direct responses were analyzed for meaningful insights, the results of which are included here.

Based on this mixed-methods approach, the discussion on administrative perception is as follows: Administrators were asked, what is the role of (or how would you define) an administrator in long-term care? Administrators verbalized their role as a combination of a lot of different areas. The role was described as:

- Orchestrator of the delivery of services by combining collective efforts to ensure service
- Enforcement of corrective actions
- Negotiator, such as peacemaker
- Overall oversight, including human resources, contract-management compliance, budget, and liaison to state and federal regulations
- Management of delegated staff
- Presence of middle management
- Corporate expectations
- Increased accountability demanded by consumer families and citizen groups, and increased political visibility of long-term care

Organizational culture was described by one administrator as a 12-year concept with a conscientious effort to create an environment conducive to having individuals thrive in an independent setting. The genuine goal of administrators is to try to provide as much continuity to their lifestyle as possible without cutting the umbilical cord to their community. Thus, the culture can be described as very relaxed and very familial, but never sacrificing the delivery of service or the educational component that is necessary for anybody to survive in this type of environment.

Other administrators described their organizational culture as:

- Innovative, nontraditional path
- Out-of-the-box solutions
- Always thinking, "What can we do to maintain an individual in the community?"
- Organizational structure with hands down from the administrative level through middle management and down to all direct care givers, governed by a board of directors
- When individuals of the "team" establish agreements among themselves to achieve a common goal
- Goals are defined as positive attributes or characteristics which individuals strive to achieve

- A centralized management approach providing for the needs of individuals, hence the organization develops from the top to the bottom

When administrators were asked about their continuum of care, their responses varied depending on their setting:

- "We are a CCRC with assisted living as the gatekeeper of the continuum of care. From assisted living the individual can be transferred to the appropriate level of care reflecting their needs. Our CCRC has the entire concept—independent apartments, assisted living, the nursing home, the rehabilitation hospital. This is the hub, this is where it begins; people come in, and, of course, if they get better and more independent, then we try to place them in a less restrictive environment, such as independent apartments; or, if they are medically deteriorating or cognitively deteriorating, then we look for appropriate level of care such as a nursing home. We also try to bring in home health prior to transferring the individual, so there are services out in the community and through sister divisions that we try to take advantage of in order to retard the discharge of an individual to another level of care."
- "Increased role in the continuum, day care, services in home, respite."
- "Generally, assisted living is the bridge between living independently and needing skilled nursing care. Specifically we are affiliated with a senior high rise and a skilled nursing facility."
- A dementia facility stated that its mission in continuum of care is to ensure continuing development and delivery of appropriate care to those diagnosed with dementia and their families whose needs are not being adequately met by existing services and programs. In order to carry out this mission, the continuum is supplemented with existing services available to this population to promote, support, and encourage family strength and self-sufficiency by providing or procuring services to complete the range of services needed in the least restrictive, most appropriate setting. Further, the continuum ensures that the delivery of those services represented in its array of services (treatment programs, education services, counseling services, outreach services, volunteer and community services) are in compliance with appropriate state laws.

The mission of a community organization, Meals on Wheels, is to help participants remain at home with a nutritious meal.

A management style for geriatric administrators is discussed in the following section of this chapter. Long-term care administrators gave some very thoughtful responses to questions about their management style:

- Democracy involves believing that your staff members are your resources, since these caregivers know the residents best. Therefore, maximization of staff as a resource is important for an environment within a facility.
- Allow all staff to express their opinions, then as a magnet, make a hybrid out of all the input from all staff.
- Engage everyone in the process.
- Using a very hands-on style leads to being aware of happenings of staff and the elderly persons for whom they care.

The author's experience and anecdotal research has shown that management style has an impact on quality of care. Administrative responses support that observation:

- If you invest in employees as human beings and cultivate them into the staff members you want, then you will reap the benefits of that cultivation. A manager must recognize issues with employees and create an environment that alleviates concerns/issues as much as possible. The work environment creates maximum outcomes.
- A management style that insures responsibility impacts quality of care.
- Being aware means being able to act on a timely basis whenever necessary.
- Management style involves "walking the walk and talking the talk."
- Management style "totally and dramatically" affects quality of care.

When addressing the impact of state and federal regulations, administrators find that a large percentage of time is spent on meeting regulatory requirements and keeping their organization viable. Administrators responded with earnest as follows:

- Regulations have a tremendous impact, primarily financial. Health care is a business; the bottom line cannot be divorced from the mission statement. We must adhere to regulations even though we may not agree with them.
- Closures indicate a definite impact.
- Adherence to state regulations is ever present, even when they don't have much to do with the reality of managing the facility.
- The state (Pennsylvania) continues to look at regulations.

Administrators were asked: To what extent is management (style and model) driven by ownership? This question is important here in that programs within the field of gerontology have varied types of ownership within profit and nonprofit organizations. A nonprofit organization administrator

responded: We are a nonprofit organization, and depending on what type of facility you are licensed as, it certainly does have an impact on the administrator. I work to meet the goals of the delivery of service under the board. We have flexibility as a CCRC; I can implement services as long as the goal is beneficial to the consumer and fits within the goals of the organization (condensed answer).

Other nonprofit administrators stated that their organizations have regulations for quality, care, and organization as a whole. Under a board of directors, administration is given a great deal of responsibility and subsequently impacts management.

Administrators were asked, "Does management style impact organizational behavior, from your perspective?" Typical responses were:

- "My management style reflects the organization via the consumer's opinion of services. Satisfied customers generalize their opinions to the entire organization."
- "Yes, particularly so in a very hands-on type of environment."

Administrators have concerns on a daily basis that may challenge their strategic planning. When asked about these concerns, administrators responded with the following pressing issues:

- Appropriate staffing to meet regulations
- Meeting goals and needs of the organization
- Census
- Well-being of people you care for (alertness to their needs)
- Adequate services to prevent decline of the elderly
- Healthcare reform and financial implications
- Changing role of the caregiver
- Complexity of multiple regulatory bodies
- Competition
- Employee issues
- Financial issues
- Quality of care
- Resident and family concerns

Since quality of care is a major concern, administrators were asked about the frequency of quality assessment; responses varied, including four times per year assessments, formal annual assessments, everyday assessments, or ongoing assessments depending on areas of concern. Quality of care is foremost on any administrator's agenda and affects all of that administrator's decision-making solutions on a daily basis.

Staffing as a major concern to administrators dictates a discussion of approaches to staffing as a primary resource. When asked, "Does management style influence interactions with staff/residents/family members, and how do you address staff/resident/family concerns?" Administrators' responses were helpful in sharing insights into the value of the premier workforce:

- Staff members are the bloodline of this industry; the dynamics of their relationship with the elderly person is unlike any other in the healthcare system.
- Administrators must become involved personally/individually with family or we lose the person in our program. Families are under tremendous stress and appreciate administrative involvement and respect the administrator's knowledge.
- Families appreciate education and knowing their loved one is under the care of a sincere leader.
- Approachable open-door policy.
- Many concerns are handed to middle management.
- Importance of a belief system to decrease turnover, fostering staff who work well together.

Staff recruitment/retention is an ongoing challenge for any administrator. Administrators find difficulty in recruiting for therapies such as physical therapy, speech therapy, and occupational therapy. Generally, recruitment is competitive; however, a positive and attractive work environment is key to recruitment. Staff retention is an ongoing challenge that is handled through charge management effectively. Specific responses included luncheons, desserts, rewards, recognition, opportunities for advancement, ongoing performance evaluations, and intimate work environment. In-house training and ongoing continuing education incentives are imperative, especially since most professionals are required to have continued education for licensure renewal. An annual retreat for all administrative/management is beneficial and appreciated. Allowing staff to be involved in the decision process dictates that everyone's opinion is respected. Staff can then take ownership with flexibility. Management of staff concerns through monthly staff leadership meetings filters down to all levels of the organization. Constant communication is expected for a successful organization. One leads by example, setting the culture of the organization. Passion-driven staff are most valuable assets. If a staff member is genuine, longevity will flourish. One administrator looks for maturity, a certain personality, and a good work ethic when hiring staff.

When asked about stress, administrators responded that stress is inevitable from the elderly person to the handling of families, and is very difficult to keep in perspective. Administrators recommended direct involvement

with stressful issues relative to staff, as they consider themselves as part of the team. They discussed their management style as being conducive to stress management and prevention of stress.

Administrators responded to ethical issues by stating that the organization's ethics committee handles ethical questions and assists in resolving issues as a qualified team with the required knowledge and background.

As administrators provide daily leadership within a continuum-of-care environment, each one must decide which management style is most effective in his or her own setting. The next section introduces a model developed by the author.

MODEL FOR GERIATRIC HEALTH SERVICES ADMINISTRATION

After years of experience and observation in this field, the author has developed a model that focuses on the patient/resident/client as a focus of care. If administrators focus on an elderly person and his/her family, they must be careful not to go wrong in service delivery. Due to the complexities of health care, one's attention is often diverted away from the elderly person, and that must not happen.

In this model, the elderly person/family heads up the team; see **Figure 1.1**. In order for an administrator to deliver quality services, leadership skills as described earlier are paramount. In addition to basic leadership skills, there are 12 requirements for effectiveness:

- *Knowledge*. Competencies for administrative practice are essential; therefore, a profound knowledge base must exist. The author has been told by administrators that they do not understand Alzheimer's disease, yet they administer discrete Alzheimer's units.
- *Commitment to excellence*. Centers of excellence do exist with clear mission statements, value determinations, and measurable goals and objectives. Commitment must be part of an administrator's driving force to work with the elderly.
- *Effective communicator*. Communication is key to a successful organization. Lack of communication creates a barrier to existence. The author has observed lack of communication leading to confusion and error. Errors are not acceptable in this field. Administrators must be viewed as approachable, and their words and actions must support the mission. Relationship building will result from effective communication and enhance team building at the same time. Appreciative inquiry may be used as a mechanism for team communication and effectiveness.

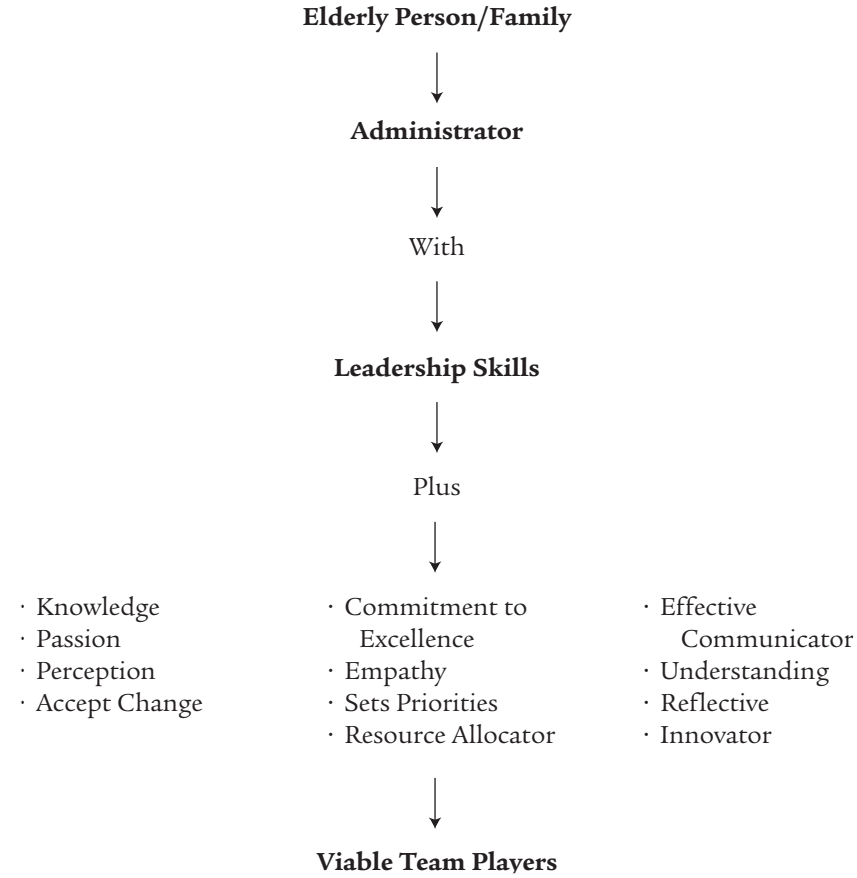

Figure 1.1 Model for Successful Administration of Geriatric Health Services

- *Passion*. If one has a passion for his/her position, this permeates the team. The team must live compassionate care and be passionate about service and serving.
- *Empathy*. With empathy, an administrator can better coordinate the team in delivering services. Empathy assists in creating, promoting, and fostering community.
- *Understanding*. As simple as this seems, administrators must understand the healthcare delivery system in order to foster partnerships within the community to achieve seamless service delivery, as discussed under continuum of care.
- *Perception*. One must be able to perceive both the internal and external environment. Vision must be a part of strategic planning. With vision one can perceive future outcomes of care.

- *Sets priorities*. Time-management skills are imperative with the ability to set priorities that are realistic and pertinent to each situation. Flexibility is a component needed to manage change and move the organization forward. At the same time, timelines must be identified. Administrators sometimes tend to set priorities based on their likes and dislikes of tasks, which could be troublesome without an awareness of one's own strengths and limitations.
- *Reflective*. Many times decisions are made without thought and reflection, as well as without facts. Reflective moments can yield better decisions. Reflection can also put issues and problems into perspective.
- *Accept change.* Change is inevitable and always present, especially for the administrator of tomorrow (and today). Managing change then becomes a key function.
- *Resource allocator*. Effective and efficient utilization of all resources is a challenge of every administrator, especially with the financial constraints of today. Creativity in programming is often indicated. For example, a well coordinated and administered volunteer program can be invaluable.
- *Innovator*. An administrator must embrace innovation and be able to provide supportive services and security to enrich the journey of aging.

Once leadership skills plus these 12 requirements are mastered, viable teamwork will enhance care management with excellent transition of care. Hence, quality of care will result and be recognized by consumers of care.

Long-term care facilities also require a medical director, many of whom are on contract. However, larger, skilled nursing facilities have a full-time medical director. The medical director must balance the clinical world with strong administrative leadership. The medical director works with the facility administrators to create medical policies, determine quality of care standards, and establish educational courses for the facility staff. Most medical directors hold the position as part-time employees.

The medical director may or may not be a Certified Medical Director. Almost 20 years ago the organization AMDA—Dedicated to Long Term Care Medicine (formerly the American Medical Directors Association) designed a certification program for medical directors. This certification program assists physicians with the balance required between clinical care and administrative management. In addition to the AMDA—Dedicated to Long Term Care Medicine certification, there are many other educational routes for medical directors. A physician desiring to gain a better understanding

of facility administration—and therefore the medical director position—can opt to earn a degree in hospital administration, business administration, or medical management (to name a few).

The report *Improving the Quality of Long Term Care,* published in 2001 by the Institute of Medicine, encouraged facilities to grant medical directors an increased role in medical care policies, but also increased responsibility. The increased responsibility has been mandated more and more by state legislators and regulators. States may begin to set requirements for education of medical directors.

In addition, there has been an emergence of geriatric care managers who are health and human specialists trained and experienced in fields such as nursing, gerontology, social work, or psychology, with a specialized focus on issues related to aging and elder care. Geriatric care managers are members of the National Association of Professional Geriatric Care Managers (NAPGCM), committed to the NAPGCM Code of Ethics and Standards of Practice.

Geriatric care managers add to quality of care among elders and their families by providing counseling, support, coordination of resources, and assistance in solutions to problems encountered by our older populations. The NAPGCM website (www.caremanager.org) provides information such as how to find a geriatric care manager, as well as the benefits of their services (National Association of Professional Geriatric Care Manager, 2012).

SUMMARY

The role of the administrator in working in long-term care settings is imperative to successful programs. Leadership skills are essential in the enhancement of an organizational culture conducive to effective outcomes in the care of our elderly population. This chapter emphasizes varied models that can be applied in successful administration in a variety of settings and programs. The author introduces a new model, bringing together all aspects discussed. Responses from administrators can be most helpful in understanding the administrative process required.

Discussion Questions

1. What would you include in an ideal management model?
2. How can a continuum-of-care concept result in quality?
3. How do you see the role of a geriatric care manager as imperative in healthcare reform?

4. What do you see as qualities for leadership?
5. What is unique regarding management of long-term care?

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