MANAGING GERIATRIC HEALTH SERVICES

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Preface

For several years, we have needed a textbook for our course, Gerontological Health Services Administration. This textbook is a timely answer, covering multiple aspects of administration in long-term care and community settings. As a growing field of study due to our ongoing number of older individuals requiring services, leadership is essential in the provision and coordination of care. In addition, the role of disciplines/professionals is important to understand our interdisciplinary team requirements to meet all regulations. This text is presented in three parts. Part I is six chapters covering the roles of key professionals. Part II includes eight chapters covering special topics identified as being critical in understanding the implications of gerontology and geriatrics health services administration. Finally, Part III presents interdisciplinary case studies, giving readers the opportunity for application. The material in this book is valuable to practicing professionals, including administrators and students.

In the first chapter, “Administration Within Long-Term Care,” I discuss the role of administrators in the field and introduce a new model. Based on a survey of administrators, responses are summarized allowing students to see how administrators respond to their organizational culture. Chapter 2, written by a professor in nursing and gerontology, covers the standards required for nurse administrators in the field. In Chapter 3, with assistance from Sneh Akruvala, graduate student, I review the role of physical, speech, and occupational therapists including credentialing requirements. A professor of social work has written Chapter 4, summarizing all aspects of social work in the field. Chapter 5 discusses the importance of nutrition and dietetics in care of the older population from experiences of two professors in nutrition and dietetics. In Chapter 6, Dr. Parker-Bell and her colleague, Sister Mariam Pfeifer, have looked at creative art therapies and music therapy and their value as services in gerontology, including requirements for practice by their professional organizations.
Part II: Special Topics starts with Chapter 7 discussing all aspects of financing, a complex process understood by the author, an instructor and administrator. Chapters 8 and 9 are written by Sister Gail Cabral, a professor in psychology and a spiritual leader in the field. Dr. Cabral discusses aspects of spirituality in working with the aged in Chapter 8. Chapter 9 further discusses psychological needs in long-term care. Her experience as a professor and her own personal experiences with the aged will engage the students in learning about these critical aspects of caring for our patients/clients. Chapter 10 is a most interesting chapter covering Dr. Parker-Bell’s research in caring for our dementia population. She has conducted research in how nurses feel about caring for our demented residents based on her interviews with nurses and administrators. Dr. Parker-Bell further addresses the human resource concerns regarding staffing, recruitment, and turnover. Chapter 11 covers a very important aspect of care, quality, written by Joe Lyons, a Health Services Administration professor, assisted by Dr. Kathleen Healy-Karabell, a nursing professor. Students and administrators will better understand quality with an enhanced awareness after reading this chapter. Chapter 12 on oral histories brings an important perspective for both students and administrators. Dr. Munley has worked with our program participants to understand both the purpose and process of oral histories. As part of our gerontology curriculum she teaches a class on oral histories, and as a historian her enthusiasm is demonstrated in this chapter. Chapter 13 covers a very important aspect of care, ethics. Dr. Hasemann has contributed widely to this special topic based on her experience as a consultant in long-term care and her membership on ethics committees. She offers some very thoughtful points related to the issue. Chapter 14 discusses end-of-life concerns, issues, and programs. This important aspect of the aging population is based on my professional and personal experiences, including authoring a hospice book. Mr. William Miller, a doctoral candidate and graduate assistant, has assisted in the writing.

Finally, this publication concludes with Part III, providing interdisciplinary case studies, discussion questions, and responses from healthcare professionals. This model of presentation has been very effective for interprofessional education. Dr. Arscott, a physician, developed this section based on her experiences working with the interdisciplinary model, which includes a holistic approach as well as administrative issues.

The case studies are intended to be utilized by faculty to create a discussion by applying the material from the text. Information for answering each question is included in the chapters. Each chapter is a resource for case study discussion. Dr. Arscott interviewed all contributors for feedback relative to the case studies. It is our hope that the case studies will be helpful
to faculty and students and administrators in an analytical approach to geriatric health services administration.

By providing learning objectives, key terms with definitions, summaries, and discussion questions, each chapter has a wealth of content to assist students, professionals, and administrators in understanding the field of geriatrics and gerontology. The interdisciplinary case studies are examples of how the best possible care can be provided to our older population.

This publication will stimulate critical thinking based on the underlying values and attitudes of old age. Perhaps this content will stimulate changes in our knowledge about old age. Scholarly attention is needed in our provision of services to our aging population. I feel this publication will accomplish needed learning objectives.

—Alice McDonnell, DrPH, MPA, RN, editor
Managing Geriatric Health Services is a timely and accessible resource for anyone, whether you are a gerontologist, healthcare educator, board member for a long-term care facility, a health professions student, or a family member. I found this book relevant and pertinent to the many facets of long-term care and daily life of those who work with or encounter the long-term care system. Long-term care is coming of age. It emerged as a significant issue both in terms of quality and financing during the 1990s and has reached the spotlight in recent years as we fuss (definitely an academic word!) with payment systems, services, and how best to provide long-term care. The demand for long-term care is expected to skyrocket as the Baby Boomers age. This cohort will not go softly into that good night! Although studies indicate that medicine has increased life expectancy, it has not changed the onset of illness. Therefore, as our population ages, people who use the long-term care system will be diverse in age and in the level of needs and services required.

Having structural and functional knowledge of the long-term care system is imperative as we work attentively to create practical systems for older adults, their families, and the staff and administrators who serve them. Although on average, approximately 5% of those who are 65 years of age or older are living in nursing homes, it is expected that between 39–49% of older adults will use nursing homes at some point, either for rehabilitation or extended stays. Most people who make the nursing home their final residence tend to live there for 1 to 2 years on average. Older adults who are able to access homecare services receive an average of 200 visits, hardly enough to remain at home if they experience challenges with activities of daily living.

The chapters in Managing Geriatric Health Services provide an excellent overview for those wanting to learn about long-term care or delve into
specific areas within this field. This book addresses big issues in long-term care in comprehensive yet accessible ways. As I read this text, the image that kept surfacing was that of a weaving loom with each of the chapters representing the various threads woven into the creation of fabric—a tapestry composed of interlaced threads.

The reader may find it helpful to think about Part I: Role of Disciplines/Professionals as one dimension of the tapestry that forms the foundation of function within long-term care. This section is particularly useful in orienting administrators, health professionals, and others so that they may realize the various nuances regarding scope of practice and interprofessionalism possibilities for long-term care. Part II: Special Topics weaves the threads of purpose, proficiency, and meaning into the fabric for those who work with or utilize long-term care services. The scope of long-term care services is intense, whether it involves its financial challenges, psychosocial needs, spirituality, ethics, or contributions to a good death. Part III: Case Studies provides an approach for handling the threads of knowledge and understanding gained from the first two parts of the book and weaving them into a serviceable pattern.

Managing Geriatric Health Services addresses long-term care in its broadest sense—the management of both facilities and community programs/organizations providing services to older adults (Chapter 1). Each chapter provides objectives, definition of terms, introductory statements, topic content, summary statements, and review questions. This approach guides and educates the reader as to the foundation and scope of the issues addressed in each chapter. Of note, the definition of terms that each author provides aids in alleviating confusion about how the terms are applied. In the field of aging we often find that terms may have a variety of definitions, all appropriate and some creatively applied, depending on the person using the term. It is helpful for the authors to define up front those terms that are significant in the chapter, making it explicitly clear how the terms are applied within the scope of their content area.

The threads woven through the chapters are congruent throughout and allow for a coalescence of concepts with care practice. For example, the thread of quality of care is interwoven into many of the chapters allowing the reader to consider the concept and its application within different professions/disciplines, among specialty topics, and in case studies. The authors have accomplished conveying information so that utilization and applicability can be improved. For example, in my opinion, the lifeblood of any organization is its people, and how appropriate to have a chapter dedicated to oral history projects within the long-term care setting. Additionally, to include nurse satisfaction, relationship building,
spirituality, and psychosocial needs as topics for discussion and edification speaks to the inclusion of healthcare humanity.

Financing long-term care services is a patchwork of public (federal, state, and local) funds and private dollars. I have dealt with the system in professional and personal realms. However, it wasn't until I read Chapter 7: Financing Long-Term Care that the pieces came together. This chapter provides a clearly marked path to follow and presents concepts and controversies in bite-sized pieces that augment understanding. As stated, the aging population faces significant challenges in how care will be accessed due to the lack of funding related to the nation’s healthcare programs, limiting reimbursement for long-term care. Financing long-term care is a critical issue to understand and become familiar with. Without a strong financial base, programs are and will continue to be compromised—possibly jeopardizing the humanity and quality that we so dearly want to ensure is part of the long-term care system.

The culture of long-term care is diverse and complex—valuing the professions that provide long-term care, nurturing interprofessional relationships, attending to staff and resident health and well-being, and maintaining safe and caring environments for all who work in and utilize these services requires mindfulness and skills not always easily acquired. This book provides the reader with it all. The informed experts (authors) have delivered a well balanced and useful guide that can help you navigate through the world of long-term care.

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