Appendix D: Summit Presentations

Tuesday, June 14, 2011: Examining the New Face of Leadership in Long Term Care

Examining the New Face of Leadership in Long-Term Care

National Emerging Leadership Summit
June 14, 2011

Outline for the afternoon

- Briefly explore current environment and perspectives in the field
- Review different models of leadership and change within and outside of the field of long-term
- Share 2011 NELS attendees perspectives
- Provide an overview of the 2010 Summit
- Discuss intersections and questions for this year’s experience

"Hearing the Voice of the Next Generation"
The Facts

- Decline in NAB applicants/renewals
- Fragile Educational Field
- Changing Labor Force
  - Aging of the field
  - Female presence
- NHA Turnover
- The Cliff

Factors Contributing to the Problem

- Silos
- Societal views
  - Lousy image
- Perception
  - Lack of prestige
- Management Orientation
  - Regulatory environment
- Reactive
  - “This really plays out with leadership development” - Olson

Circle diagram: Nursing Home Administrator
Upside of Leadership

- Proactive
- Demand & Need
  - Job market
- Competitive Edge
- Changing Landscape
- Synergy
- The excitement of a noble profession

*Every 10.9 seconds another American turns 60. By 2030, at the height of one of our undergraduate students careers, nearly 70 million Americans will be over the age of 65.*

Lessons Learned

- Reactive environment
- Emphasize Similarities
  - Not differences

<table>
<thead>
<tr>
<th>Nursing Home Administrator</th>
<th>Residential Care/Assisted Living Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident Care and Quality of Life (35%)</td>
<td>1. Resident Care Management (30%)</td>
</tr>
<tr>
<td>2. Human Resources (15%)</td>
<td>2. Human Resource Management (18%)</td>
</tr>
<tr>
<td>3. Finance (14%)</td>
<td>3. Business/Financial Management (18%)</td>
</tr>
<tr>
<td>4. Physical Environment &amp; Atmosphere (13%)</td>
<td>4. Physical Environment Management (13%)</td>
</tr>
<tr>
<td>3. Leadership and Management (23%)</td>
<td>3. Organizational Management (21%)</td>
</tr>
</tbody>
</table>
The Management Shift
- Dana 2005

Shift in Importance of Management Skills

Senior Management
Middle Management
Beginning Management

Technical  Relational  Conceptual

Fundamental Leadership Practices

Visioning - “The one hand rule”
Change – The only constant
Communication – big opportunity
Visible Presence – caring focus

Nothing is optional, everything you do has an impact.
Alignment of Effort – this week

A.

B.

C.

Pathway Health Services, Inc.

CHANGE

“It is not necessary to change. Survival isn’t mandatory.” - Deming

Consider individual person and organizational development as complementary, yet distinct.
Use analogy of their own life and their organization.
Self-development of the person - importance of education.
Change and Performance

Satir Change Model

Stages of acceptance

In many cases, initiatives are stopped or discontinued prematurely. Initiatives that could otherwise succeed are viewed as failures.

Heart of Change Model

- Kotter

- Increase Urgency
- Building the Guiding Team
- Get the Vision Right
- Communicate for Buy-In

- Empower Action
- Create Short Term Wins
- Don’t Let Up
- Make Change Stick

This week's application... how you move forward....
Communication

- Trust
- Transparency
- Technology
- Work environment

It is also changing....
Generation X, Y and ‘other’ expects more....
They want to know what’s going on.

Touching Hearts

- Caring Presence: Providing leadership support through visible behaviors and practices in the facility
  - Part of why you do what you do!

- Based on the high touch, personal nature of long-term care services this area is advocated, which is consistent with MBWA, Greenleaf’s Servant leadership and is also closely connected to Kouzes and Posner modeling behavior ideas.
Six Key Leadership Behaviors That Support Culture Change - Holleran

1. Transparency
2. Trustworthiness
3. Connectivity
4. Accountability
5. Empowerment
6. Optimism

Talent Development

- **Building Personal Capacity**
  Encouraging and supporting the individual and personal growth of the leadership team.
  - High interest are of NELS attendees
  - This is a concept that has been popularized by Buckingham as a core responsibility of leadership, and also a fundamental belief of Covey.

"I am keenly interested in learning from existing leaders their advise on how to make the next quantum leap in terms of career progression while also maintaining a focus on the care we provide" – NELS attendee
Looking Inside

- Identifying talent
  - 25-35%
- Developing talent
- Diversity of management team
- A 50/50 educational budget
- Growth opportunities

Looking Outside

- Hospitality Field
- Management trainee programs
- Succession planning
- Talent management
- Flexibility
Values

- Compassion
- Caring
- Service
  - Servant Leadership
- Integrity
- Open
- Wise leadership

Live First, Work Second
- Ryan

- Work to live
  - Driving force – brain drain concern
- Life-long learning
- Community
  - Vitality
  - Social capital
- The living environment
Who are They?

Age ______ Numbers

Echo Boomers, WHY
Meaningful Work

Work to Live

Defined by Job

The Greatest Generation
War Babies

Source: They're Not Aloof...
Just Generation X - Muetzel

Initial thoughts for Friday

- Who are you working with?
  - Intergenerational collision
- What can we learn from others?
- An inside and outside perspective
- Moving forward...it’s all about you!
Tuesday, June 14, 2011: Overview of 2010 Recommendations and Summit Attendees’ Profile

2010 National Emerging Leadership Summit Review

-Matt Mauthe and Dinah Martin

2010 NELS provided an opportunity for leaders in the field of health and aging services administration to engage in:

- Discussions of current best practices with other leaders
- Meet with representatives of key professional organizations
- Gain an inside perspective on the legislative process, (for you this will be on Thursday), and
- Explore solutions for attracting and retaining other Generation X and Y leaders.

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Four thematic areas for the 2010 NELS attendees:

- Community involvement needs to be elevated.
- Development of a new “holy grail” that describes the work that is done in a concise and high energy manner.
- Increased association involvement on both a personal and organizational level.
- Explore and address the barriers to entry of the administrator practice.
2010 National Emerging Leadership Summit Review

Key takeaways:

• Successful in bringing current and future LTC leaders together to establish recommendations for the LTC administration profession.

• Participants’ conviction to take ownership and their personal interest in implementation of recommendations.

• Results of efforts are helping to fuel a changing professional perspective.

• Sparked a new level of energy in planning the 2011 NELS

2010 NELS Survey Summary and Summit Recommendations – found in white paper

- Developing a new “holy grail”
  • Describing the work we do in a concise, positive and high energy manner

- Establishing a greater involvement with professional associations.

- Barriers to entry into the profession
  • Reciprocity issues
  • Emphasize community connection/impact

- Others – lots of conversation and ideas
Their identified next steps

- Developing strategy for the 2010 recommendations to serve as platform for the 2011 NELS Summit
- Establishing a formal commitment to action to advance the profession
  - The 2011 action agenda – NELS, the group, associations, individuals
- Identify a delegate/staff to facilitate and lead communications via web platforms
  - Better communication/coordination necessary
- Establishing a mechanism to participate on the planning steering committee, and expand reach to others

The 2011 NELS Perspective

- Exceptional group of individuals and talent from across the country
- Informed by advance resources and experiences
- Initial probe of perspectives paying attention to the established 2010 NELS platform
- An overview of your group’s thoughts
  - Lots of information in this handout
Where are the intersections from last year and this year…

- "I would like to say that the ranking activities were very difficult to do. I think the challenge is truly that almost all of the things that we were asked to rank are very important. I imagine that through some dialog the group of leaders attending this conference will be able to hone in each of the areas mentioned."  
  2011 NELS attendee

- Emphasis on caring & variety in job
  - Dealing with this not being viewed as an exciting profession

- Advance, refine or change
  - Holy grail work
  - Barriers to entry
  - Career roadmap, development, mentoring

Interesting questions to consider….

- As I read over the agenda, I am excited to learn more about the challenges for administrators, and how to become a better advocate at both the state and national levels for our profession, and our residents - synthesis of NELS attendee comments

- How do we deal with the inside and outside forces and perspectives?
- How do you define community?
- How do we really deal with diversity?
- What does being professionally engaged mean to you?
- Others
Possible opportunities...

- Raising the bar - noble profession
- Partnerships
  - National and State Initiatives
    - Mentoring
  - Practitioners and Associations
    - Leadership development
    - Image
  - The role of government and research
    - Exploring licensure
- Advancing and leveraging new models of university and provider relationships
- Caring & service holy grail connections
Association Activities…
the agenda for tomorrow

- AAHSA
- AHCA
- ACHCA
- NAB

“BEAR”

- Buy-In
- Empowerment
- Accountability
- Results

- The Summit
  - Personal Commitment
The Benefits

- Patient
  - Better service
- Organizational
  - Competitive Edge - Advantage
- Professional Unit
  - Outlook - View
- Personal
  - Your Career - Vitality

Conclusion

- Reactive vs. proactive – Health and aging services needs effective and strong leadership now!
- We need to hear your voice!
  - I’m not sure what to expect, but I am very excited and looking forward to it. -2011 NELS attendee
- You have many of the answers!
  - Advance video notice
- Have fun!
- Contact information
  - Doug Olson:olsondu@uwec.edu
  - University of Wisconsin – Eau Claire

"Evolution before Revolution"
Wednesday, June 15, 2011: American Health Care Association/ National Center for Assisted Living

2011 National Emerging Leadership Summit
Engaging with Professional Connections & Opportunities

Ted LeNeave
AHCA Board Member
Wednesday, June 15, 2011

Strategic Plan – 3 Themes

- We are the cost solution.
- We are the quality solution.
- We will leverage our broad-based membership to deliver our advocacy message.

ahca
Strategic Objectives

1. Strengthen our political power
2. Enhance our lobbying & advocacy presence
3. Lead the national quality effort
4. Improve public awareness of our profession
5. Strengthen public affairs
6. Extend research in support of our advocacy
7. Offer high-value member services
8. Build an effective & cutting-edge organization

Policy Issues
**Medicare**

- Sustain adequate Medicare funding
- Advocate for observation stays to count toward 3-day qualified stay requirement
- Extend annual exceptions process for therapy caps and/or achieve permanent fix

**Medicaid**

- Oppose Medicaid block grant proposals that would eliminate nursing home entitlement
- Retain prompt pay language
- Defeat proposals to eliminate the Medicaid provider tax program
- Offer innovative models for the care of dually eligible beneficiaries
Quality & Regulatory Issues

• Continue to lead national quality improvement efforts
• Work with CMS in changing the existing regulatory system to support & enhance quality initiatives

Public Awareness & Education
Who we are & What we do

• It’s time for perception to catch up to reality.
• We want to increase public awareness & underscore the divergence between what we do & how we’re perceived.
• Our education & awareness campaign must be measurable, affordable & replicable so that AHCA State Affiliates can fully participate in a sustained effort over time.

Campaign Objectives

• To change deeply rooted perceptions about the skilled nursing and post acute care profession
• Key components include:
  • Increase awareness & comprehension of nursing facility quality improvement initiatives & outcomes
  • Increase awareness of the breadth of services offered by long term & post-acute care providers today
  • Increase awareness of the range of people served today
  • Increase comprehension of the profession’s role in health care
Target Audience

• Adults 50+
• Current & future consumers of skilled nursing & post-acute care services
• Non-professional caregivers & family members
• Opinion elites

Campaign Tactics

• Develop messaging as a result of & through iterative feedback from research
• Create television & Internet display campaign
• Execute media test markets
• Execute prototype state rollout
What is the key in all of us changing perception and making a difference?

Customer Service = Meeting Needs

<table>
<thead>
<tr>
<th>(Good Customer Service)</th>
<th>(Who are the customers?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appreciation</td>
<td>- Residents</td>
</tr>
<tr>
<td>- Value</td>
<td>- Families</td>
</tr>
<tr>
<td>- Self-worth</td>
<td>- Staff</td>
</tr>
<tr>
<td>- Respect</td>
<td>- Regulators</td>
</tr>
<tr>
<td>- Loved</td>
<td>- Volunteers</td>
</tr>
<tr>
<td>- Important</td>
<td>- Providers</td>
</tr>
<tr>
<td>- Happy</td>
<td>- Physicians</td>
</tr>
<tr>
<td>- Etc…</td>
<td>- Everybody</td>
</tr>
</tbody>
</table>
Building Relationships of Trust

Knowledge (what or why)

Skill (how)

Desire (want)

Habit Or Character

For more information, visit www.ahcancal.org
The National Emerging Leadership Summit

David Kyllo
Executive Director

The LTC Continuum

Independent Living → AL → NF → Post Acute

Acuity
Assisted Living Residents

Data from ALFA, ASHA, AAHSA, NCAL & NIC
2009 Overview of Assisted Living

- Average Age = 86.9
- Average Age at Move-in = 84.6
- 73.6% Female; 26.4% Male
- Average Income = $27,260
- Average Assets (including home) = $431,020
- Median Income = $18,972
- Median Assets (including home) = $205,000

Health Conditions

Data from ALFA, ASHA, AAHSA, NCAL & NIC
2009 Overview of Assisted Living

- Hypertension 66%
- Arthritis 42%
- Alzheimer’s/Dementia 38%
- Coronary Heart Disease 33%
- Depression 30%
- Osteoporosis 27%
- Macular Deg./Glaucoma 19%
- Diabetes 17%
- Stroke 14%
ADL Dependence
ALF Data from 2009 ALFA, ASHA, AAHSA, NCAL & NIC Survey

<table>
<thead>
<tr>
<th>ADL</th>
<th>ALF</th>
<th>NF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>64%</td>
<td>96%</td>
</tr>
<tr>
<td>Dressing</td>
<td>39%</td>
<td>90%</td>
</tr>
<tr>
<td>Toileting</td>
<td>26%</td>
<td>84%</td>
</tr>
<tr>
<td>Transfer</td>
<td>19%</td>
<td>80%</td>
</tr>
<tr>
<td>Eating</td>
<td>12%</td>
<td>53%</td>
</tr>
</tbody>
</table>

- 81% of ALF residents need help with meds.
  (Average 9.9 meds daily – 7.6 prescriptions and 2.3 OTCs)

Other Care Issues
Data from ALFA, ASHA, AAHSA, NCAL & NIC 2009 Overview of Assisted Living

- Residents need assistance with 4.5 IADLs on average with 4 out of 5 needing help with housework, laundry, medications, transportation and meal preparation
- 54% use a walking device (cane, walker, etc.) and 22% use a wheelchair
- 31% bladder continent; 14% bowel incontinent
- 92% of communities arrange for/provide hospice care
Assisted Living Residents

Data from ALFA, ASHA, AAHSA, NCAL & NIC
2009 Overview of Assisted Living

- Average Length of Stay = 28.3 months
- Median Length of Stay = 21 months
- Average annual resident turnover = 42%
- 62% within 10 miles of their previous residence.
- 22% of residents made the decision to move independently; 49% partially involved; others made the decision for resident 25% of the time.

Residents Moving Out

Data from ALFA, ASHA, AAHSA, NCAL & NIC
2009 Overview of Assisted Living

- Nursing home 59%
- Home 9%
- Another ALF 11%
- Relative’s home 5%
- Hospital (other than short term) 7%
- Independent living 4%
- Hospice 2%
- Other 4%

One-third (33%) of residents die in the assisted living setting.
The Assisted Living Horizon

- The 112th Congress is different.
- Republicans will whittle away at the health care reform law.
- Congress may finally cut spending and will focus on cutting Medicare and Medicaid.
- March 15 Senate Aging Committee Roundtable: What will be the ramifications?
- First findings from the national study of assisted living may arrive by year end. Some stats may not be flattering.
- LTC insurance sales are dwindling.

The Assisted Living Horizon

- The new health care theme: Stop unnecessary hospitalizations and re-hospitalizations.
- Fraud is lawmakers’ new revenue stream.
- The Obama Administration will work to do in agencies what it could not do in Congress.
- HHS will focus resources on health care reform.
- Person centered care will be a factor in many LTC regulations and initiatives.
- The economy is recovering very slowly and states are struggling financially. Medicaid is a target.
The Assisted Living Horizon

• Lawsuits and formal complaints will continue to substitute as paychecks for some.
• National organizations will continue to develop guidelines (NFPA, Center for Health Design).
• Traditional nursing home advocacy groups (NCCNHR, CMA, NSLC) are diversifying with an eye on HCB care and especially assisted living.
• “Boomers turning 65” rhetoric will be everywhere. Our sky is not falling yet.

NCAL’s Policy Priorities

• Keeping Regulation of Assisted Living at the State Level
• Protecting, Improving Medicaid Coverage
• Completing the Medicare Part D Co-Pay Fix
• Helping Members Navigate the New Health Care Reform Law
• Stopping NLRB Expansion
• Keeping Assisted Living Included in CMS’ definition of Medicaid HCB settings
• Attaining Consistency in Building Codes
State Regulatory Trends

- In 2010 and January 2011, at least 18 states made AL legislative/regulatory changes.
- ID, KY, OR, PA, SC, & TX made extensive changes.
- Focal points of change include: Life safety, Disclosure, Alzheimer’s standards, Medication Management, Background Checks, & Enforcement.
- Other areas of change: move-in/move-out requirements, resident assessment, protection from exploitation, staff training, TB testing standards.

Source: NCAL 2011 State Regulatory Review

Methodology

- 1,000 Likely 2010 General Election Voters Nationally
- Interviews Conducted May 13-17, 2010
- Margin Of Error +/- 3.1%
  Overall, Higher For Subgroups
**Assisted Living Facilities Are Viewed Favorably by Americans**

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Favorability (ranked by mean)</th>
<th>Mean Ratio</th>
<th>Hard ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Care</td>
<td>10%</td>
<td>3.31</td>
<td>9.11</td>
</tr>
<tr>
<td>Doctors</td>
<td>11%</td>
<td>3.28</td>
<td>8.80</td>
</tr>
<tr>
<td>Assisted-living facilities</td>
<td>11%</td>
<td>3.23</td>
<td>8.20</td>
</tr>
<tr>
<td>Hospitals</td>
<td>11%</td>
<td>3.21</td>
<td>6.00</td>
</tr>
<tr>
<td>Rehabilitation and skilled nursing facilities</td>
<td>14%</td>
<td>3.21</td>
<td>8.55</td>
</tr>
<tr>
<td>Acute rehabilitation hospitals</td>
<td>9%</td>
<td>3.19</td>
<td>7.66</td>
</tr>
<tr>
<td>Long-term care facilities</td>
<td>11%</td>
<td>3.06</td>
<td>4.66</td>
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<tr>
<td>Nursing homes</td>
<td>13%</td>
<td>2.92</td>
<td>3.23</td>
</tr>
<tr>
<td>Health insurance companies</td>
<td>17%</td>
<td>2.48</td>
<td>1.06</td>
</tr>
<tr>
<td>Pharmaceutical companies</td>
<td>21%</td>
<td>2.43</td>
<td>1.06</td>
</tr>
</tbody>
</table>

**However, Americans are Less Impressed with the Quality of Care in Assisted Living**

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Quality of Care Rating</th>
<th>Mean Ratio</th>
<th>Quality of Care Rating</th>
<th>Mean Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>24%</td>
<td>2.91</td>
<td>30%</td>
<td>3.08</td>
</tr>
<tr>
<td>Home health care</td>
<td>24%</td>
<td>2.84</td>
<td>52%</td>
<td>2.58</td>
</tr>
<tr>
<td>Acute rehabilitation hospitals</td>
<td>22%</td>
<td>2.80</td>
<td>59%</td>
<td>2.23</td>
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<tr>
<td>Assisted-living facilities</td>
<td>28%</td>
<td>2.78</td>
<td>59%</td>
<td>2.11</td>
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<tr>
<td>Rehabilitation and skilled nursing facilities</td>
<td>29%</td>
<td>2.78</td>
<td>61%</td>
<td>2.35</td>
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<tr>
<td>Long-term care facilities</td>
<td>33%</td>
<td>2.59</td>
<td>48%</td>
<td>1.45</td>
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<tr>
<td>Nursing homes</td>
<td>41%</td>
<td>2.49</td>
<td>48%</td>
<td>1.17</td>
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</table>
### Closing this Gap is Critical for Assisted Living and One of the Goals of NCAL’s Quality Agenda

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Favorability Ratings (ranked by mean)</th>
<th>Quality Of Care Ratings</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Favorable</td>
<td>Unfavorable</td>
</tr>
<tr>
<td>Assisted-Living Facilities</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Rehabilitation and Skilled Nursing Facilities</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Acute Rehabilitation Hospitals</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Long-Term Care Facilities</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>71%</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Definition of Quality

Quality is the combination of care and services that meet or exceed customer needs and expectations.
Advocating Care Excellence (ACE)

• NCAL’s program to house all quality resources and tools for the membership

• NCAL Quality Web site
  ▪ Has all training tools created to date
  ▪ Links to collaborative partners (MIV, CEAL, AALNA, NAHCA and Provider Management)
  ▪ Links to all of NCAL’s Guiding Principles

http://www.ahcancal.org/ncal/quality/Pages/AdvocatingCareExcellence.aspx

Current Resources and Tools

• In-service Training Programs
  ▪ Transitioning into Assisted Living: A Guide for Residents and Their Families
  ▪ Transitioning Out of Assisted Living: A Guide
  ▪ Turning Complaints to Compliments
  ▪ The Power of Ethical Marketing
  ▪ Successful Resident and Family Councils
  ▪ Better Serving LGBT In Assisted Living

• CEAL Clearinghouse
  • www.theceal.org
NCAL’s Guiding Principles

1. Person-centered care
2. Ethical practices and financial stewardship
3. Facility mission and vision statements
4. Quality improvement
5. Workforce
6. Leadership

Why Do We Need Guiding Principles?

• To establish a strong philosophical foundation for policy and operational issues facing our profession.

• To provide a framework to help assisted living communities provide assistance with physical, health-related, social, emotional, cultural, intellectual, and spiritual needs of the residents.
Why?...cont.

• To assist providers, family members, and staff in providing quality care and services.
• To promote full disclosure of information to prospective family members and residents.
• To promote the focus to be on overall performance, data collection, benchmarking, customer satisfaction, and workforce development.

Guiding Principles for Leadership

1. Communication
2. Trust and Respect
3. Mentoring
4. Competence, Expertise and Collaboration
5. Compassion and Commitment to the Workforce
6. Accountability
How Do We Accomplish Person Centered Caring?

- Encourage personal development of your residents
- Maximize their decision making authority, independence, and dignity
- Promote their involvement and that of their families
- Support lifestyles that promote health and fitness
- Develop positive relationships with them
- Help them through the transition process with love and attention

Transitioning into Assisted Living

- Emotional experience
- May be defined on how staff and management respond
- Staff training on coping skills and emotions
- Supportive attitude and willingness to help
- Resource: Transitioning into Assisted Living
Transitioning Out of Assisted Living

- Training for staff
- Establishing expectations
- Criteria
- Choosing the right words for the resident and family

Customer Satisfaction

- Three groups
  - Resident
  - Family
  - Employee
- Different residents with different wants, needs and desires - very challenging
- Common satisfaction measures that providers can benchmark against each other
### Top 10

#### What matters most to assisted living residents and their families

**Residents**
1. Choices/preferences
2. Home-like atmosphere
3. Care (concern) of staff
4. Responsiveness of management
5. Competency of staff
6. Comparison of charges
7. Responsiveness of staff
8. Sufficiency of personal assistance
9. “Grow as person” opportunities
10. Sufficiency of healthcare needs

**Families**
1. Care (concern) of staff
2. Competency of staff
3. Responsiveness of management
4. Responsiveness of staff
5. Choices/preferences
6. Sufficiency of personal assistance
7. Sufficiency of healthcare needs
8. Home-like atmosphere
9. Respectfulness of staff
10. “Grow as person” opportunities

*Source: Assisted living resident and family satisfaction surveys conducted in 2003 by My InnerView*

### The voice of assisted living employees

<table>
<thead>
<tr>
<th>Management cares</th>
<th>Management listens</th>
<th>Assistance with job stress</th>
<th>Clear expectations by management</th>
<th>Fairness of evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

Support of career

<table>
<thead>
<tr>
<th>What matters most</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor cares</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

*Source: Assisted living employee satisfaction surveys conducted in 2003 by My InnerView*
Beyond Customer Satisfaction

Effective complaint management helps identify what makes customers unhappy, which can improve:

- Customer loyalty
- Resident retention
- Risk management
- Goodwill
- Living and working environments

Complaint Management Process

- Defined process

- Resource: NCAL’s Turning Complaints into Compliments
Performance Measures

- Identified 10 performance measures related to:
  - Operational performance
  - Resident quality of life
- First Measures Released in 2010

Performance Measures

- Resident/family satisfaction
- Employee satisfaction
- Staff retention
- Census/occupancy rate
- Resident councils
- Family councils
- Strategic plan to support mission and vision statements
- Safety programs
- Nurse availability
- State criminal background checks
NCAL Performance Measures Key Findings

- 91% measure resident and family satisfaction
- 85% measure employee satisfaction
- 94% regularly review incident reports
- 86% have safety committees
- 94% have a nurse available 24/7
- 98% conduct criminal background checks on ALL new employees

NCAL’s Web site – www.ncal.org

- Assisted Living Research and Studies
- News
- NCAL Publications
- Labor, Workforce & OSHA Resources
- Legislative Updates
- Practice Guidelines and Training Tools
- Webinar and Event Info.
- Quality Resource
- Consumer Resources
- And more…
Wednesday, June 15, 2011: National Association of Long Term Care Administrator Boards

Agenda

- Welcome & Introductions
- About the NAB
- Mission, Vision, Goals
- Primary Stakeholders
- NAB’s Ecosystem
- NAB Foundation
- How NAB Supports Licensure
- Licensure – Entry into the Profession: What works, What doesn’t
- Primary Challenges
- Vision – Preparing Future Administrators
- How you can shape the future of the profession
  - State Board Service
  - NAB Participation
- Contact/Resource Information
- Discussions & Questions
About the NAB

- National Association of Long Term Care Administrator Boards (NAB)
- Mission – Public Protection
- Membership
  - Regular
  - Associate
  - Subscribing
- Governing Structure
  - Board of Governors
  - Executive Committee
  - Staff

NAB’s Mission

- Enhance the Effectiveness and Success of Member Boards and Agencies
NAB’s Vision

- Be the nationally leading authority on licensing, credentialing, and regulating administrators of organizations along the continuum of long term care.

NAB’s Strategic Goals

- Ability to Meet Public Protection Mandate: for Member Boards and Agencies
- Ability to Foster Evidence-Based Change in an Evolving LTC Environment
- Ability to Operate Efficiently
Primary Stakeholders

- State Boards and Agencies
- Licensee Candidates/Licensees
- Academia
- CE Providers
NAB Foundation

- Advancing Excellence in Long Term Care Collaborative
- Pioneer Network Sponsorship
- AIT Best Practices Study – University of WI Eau Claire
- Research on factors that effect NHA success
- Interdisciplinary Case Study Team Member – Pioneer Network
- National Emerging Leaders Conference
  - George Washington University, UWEC, ACHCA, Foundation of the NAB, AHCA, LeadingAge

How NAB Supports Licensure

- Establishes and Measures Entry Level Educational Competency Standards
  - Job Analysis Studies (NHA & RC/AL)
  - Academic Accreditation Standards
  - Administrator in Training Guidelines
  - Examination Development and Administration
  - Publications
- Establishes Continuing Education Approval Standards
  - National Continuing Education Review Service
How NAB Supports Licensure

- Provides a Forum for Collaboration on Common Issues
  - Annual and Mid-Year Meetings
    - State Executives Forum
    - Board Member Forum
    - Continuing Education Forum (new)
    - Academic Forum (new)
    - Committees
    - Task Forces
    - Sharing of best practices
- Serves as a Liaison
  - LTC Trade & Professional Organizations
  - State and Federal Government
  - Boards, Agencies, CMS, HRSA, DOL, DHS
  - Allied Health Regulators (FARB, CLEAR)
  - Academia

Entry into the Profession: What works, What doesn’t

- Education
- Administrator in Training Program (AIT)
- Preparing for the exam
- How can we do a better job of preparing you to enter the profession?
- What are your post licensure challenges
Primary Challenges
Changing Continuum of Care: The Need for Leadership Core Competencies

- The provision of services along the long term care continuum are evolving rapidly
- Leadership core competencies have not kept pace with the changing environment
- The provider community has been passive and/or resistant to raising the bar on leadership core competencies
- Federal and state regulations have not kept pace with the changing need to assure leadership core competencies in long term care administration
- States rights continue to create 51 different regulatory safety standards which negatively impact administrators moving from state to state.
- The academic community has struggled to establish a market to support academic degree programs in long term care leadership
- How can NAB support emerging nations to educate, train and credential long term care administrators?

Primary Challenges
Changing regulatory board/agency structure and its impact on the validity of the mission of public protection and quality of life and quality of care

- A Federal mandate established the licensure of nursing home administrators in 1970
- Regulations established the licensure program through a state licensing authority
- Over the past 40 years the structure of the licensing authority has changed dramatically in most states
- Over the past 40 years the mandate to the states has not changed
- Over the past 40 years the long term care profession and industry has evolved dramatically
- Over the past 40 years most licensing authorities have not evolved with the evolution of the industry and the profession
- State economics and changes in the structure of the licensing authority have resulted in significant budget, staffing and professional development constraints on state licensing authorities
2010 Vision – Preparing Future Administrators

- Identify and define common leadership core competencies along the continuum of care (independent living to hospice)
- Identify and define the unique/specialized leadership competencies for specific service delivery systems (i.e. skilled nursing, assisted living, hospice, home care...)
- Design educational programs to prepare students with core competencies to work along the continuum – specialized learning modules
- Create a strong market for degree programs in long term care administration

2010 Vision – What has changed in 2011?

- Decision on broader scope core competency study (i.e. independent to hospice) to be made in 2011
- Consideration of global core competency study to meet need of developing nations to educate, train and credential long term care administrators
- Meet with key professional and trade association leadership to discuss measures to address future competency measures, common standards, reciprocity. Engage state based associations to support change at the state level.
- Aggressive initiative to meet with individual state regulatory boards to educate and discuss issues of core competencies, common standards, reciprocity issues.
- Support and engage with academic community to strengthen and market the value of degree programs in long term care administration in the US and globally.
Primary Challenges
Recruitment and Retention of Long Term Care Administrators

- Long Term Care Administration is not viewed as a sexy profession by most young people
- The industry and the profession are negatively impacted by a punitive and litigious regulatory system
- The press projects a negative and sensational image of long term care
- The average age of the profession is increasing
- The average age of those entering the profession is increasing
- The number of active NHA licenses is declining

How you Can Shape the Future of the Profession

- Serve on your State Regulatory Board
- Participate/serve in leadership roles in your professional and trade associations
- Serve as a Preceptor – There is a significant need for preceptors
- Volunteer Opportunities through NAB
  - Item Writing
  - Job Analysis Task Force
  - Continuing Education Review
  - Committees and Task Forces
Contact/Resource Information

1444 I St. NW, Suite 700
Washington, DC 20005
Tel: 202-712-9040  Fax: 202-216-9646
nab@nabweb.org
www.nabweb.org
Wednesday, June 15, 2011: American College of Health Care Administrators

American College of Health Care Administrators: Providing Excellence in Long Term Care Leadership

Overview
National Emerging Leadership Summit
June 15, 2011
Washington, DC

Description

The American College of Health Care Administrators (ACHCA) is a 501 (c) (3) membership organization that serves 2,400 professional members nationally and through its chapter network. Members include both experienced and novice nursing home and assisted living administrators, corporate leaders, aging services administrators, academics, students, and affiliate members.
How Does a Professional Association Differ from a Trade/Provider Association?

- Provider associations
  - National members are the state affiliates
  - State affiliate members are the facilities
  - AHCA/NCAL, AAHSA, ALFA
- Professional Associations:
  - Serve the *individual* professional (professional discipline)
  - Professional Associations (ACHCA, AMDA, ASCP, NADONA etc.)

Preamble

The members of The College are leaders within the profession. They:

- are committed to providing comprehensive health, personal, and social services for persons who require various therapeutic, protective, and supervised environments *with an emphasis on long-term care in order to improve the quality of care provided for those they serve;*
Preamble, Cont’d

- adhere to a professional Code of Ethics;
- are dedicated to advancing leadership excellence across the continuum of health care administration through education, research and professional development and achievement;
- Are guided by the ACHCA Principles of Leadership Excellence (replaced its Standards of Practice in 2004).

Mission

The American College of Health Care Administrators aspires to be the leading force in promoting excellence in leadership among long-term care administrators.
Vision

- The College shall be the premiere organization providing professional leadership development opportunities to health care administrators by identifying and meeting their needs.
- Dynamic leadership forges long-term health care services that are desired, meaningful, successful and efficient.

Values

The College:
- Identifies long-term care leaders
- Recognizes long-term care leaders
- Supports long-term care leaders
- Advocates for the mission of long-term care leaders
- Promotes professional excellence among long-term care leaders
Key Services

- Chapter and district networking and education
- National networking, mentoring, and Peer2Peer resource list serve
- National educational conferences of the highest caliber
- Continuing educational programs and online services
- Advancement to Fellow (FACHCA)
- Administrator Leadership Voice at Stakeholder tables:
  - Academy of Long Term Care Leadership and Development (2007)
  - Advancing Excellence Campaign/Collaborative (2007)
  - CEAL
  - Invitational meetings (Governmental meetings, trade and professional associations, etc.)
- ACHCA website
- E-news, member only newsletters, Industry Research
- Discounts on products and services for administrators

Key Services, cont.

- Professional Certification programs in both nursing home and assisted living administration
  - Commitment to the public, enhancement of the administrator profession, personal satisfaction and achievement, employer recognition
  - Some states recognize ACHCA’s CNHA program which in many cases “fast tracks” administrator eligibility for licensure in that state:
    Arkansas, Georgia, Illinois, Iowa, Kentucky, Louisiana, Maine, Michigan, Minnesota, Nevada, New Jersey, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Washington, West Virginia, Wisconsin
Licensing Requirements

- Licensing rules and requirements vary by state. Check with your state licensing board for your state’s reciprocity (recognition) requirements.
- A list of state licensure boards and contact information is maintained on the NAB website at www.nabweb.org.

Academy Initiatives (2011)

- The Leadership White Paper (released April 2007) sets direction for Academy initiatives.
- Student poster presentations at the 2010 and 2011 Convocation
- Co-sponsored an Academy Fellow, housed at the University of Wisconsin Eau Claire. Fellow supported the development of student chapters of ACHCA
- Co-sponsorship of this National Emerging Leadership Summit which focuses on the enrichment of leadership skills for emerging long-term care administrators (2010 and 2011)
- Actively involved in several funded grant opportunities
- Secured funding for our Academy mentoring initiative (five year project 2011-2015)
- Seeking funding to support major initiatives: An AIT best practices study
Listening to Your Voice

- Perception of the LTC field
  - How to change public perception?
  - Why should someone enter this profession?
    - How can you encourage others?
  - Work life blending/Quality of Life
  - Preparation for entry to practice (compared to other professions)
    - What are the drivers?
    - Enhancing diversity in the field

Listening, cont.

- Professional Development
  - How do you best learn and grow?
    - Conferences, tradeshows, online?
    - How do you get your CE?
    - Internet/social networking/self discovery
  - Value of networking?
  - How do you work with associates?
    - Develop talent?
  - Products and services that intrigue you?
Your Voice, cont.

- How do you meet the challenge for becoming a uniform voice for LTC administrators?
- How do you come together as leaders?
  - Work with Provider associations?
  - Volunteer at state and national committees?
- Are professional associations (ACHCA, ACHE) a benefit or a detriment to the profession?

Your Voice

Thank you for your ideas!
Contacts

Timothy Dressman
- President of the Board, ACHCA
- (937) 439-7121
- dressmant@stleonard.net

Marianna Kern Grachek
- President & CEO ACHCA
- 202-536-5120
- mgrachek@achca.org
- Website: www.achca.org
Thursday, June 16, 2011: Developing and Implementing Public Policy for LTC Administrators
• Agreement [between the survey findings and the standard] was worse when surveys were compared with the reference standard that was adjusted for case-mix, than when compared with the observed (unadjusted) findings. This suggests that in these areas surveyors may be citing facilities with worse case-mix, not necessarily worse outcomes.

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• A significant concern is that the exercise of surveyor discretion can lead to harmful facility practices not being cited, or practices being inappropriately cited, in both quality of care and quality of life domains . . . . [T]he structure of the survey, the instruments employed, the training of surveyors, and the inclinations of many surveyors, do not readily result in the resident-centered, outcome-oriented process that the IOM envisioned. The evaluation results suggest that the survey process currently employed is in need of restructuring.

Abt Associates’ Final Report, Evaluation of the Long Term Care Survey Process at 1, 2 (December 1996)
1999

- While it has now been more than a decade later since this legislation [OBRA ’87] was passed, there has been no systematic assessment of its extensive agenda and no methodical evaluation of whether the reforms it intended are actually working. [T]he lack of systematic review makes it difficult to determine if this major legislation has been successful in improving nursing home care.

2000

- **The Chairman.** Dr. Scanlon, do you think that the quality of the surveys and the information in the OSCAR database is reliable enough to make judgments about the level of quality provided in the nation’s nursing homes?
- **Dr. Scanlon.** Mr. Chairman, I am afraid it is not. I think that the variation that we see across states is troubling in the sense that we do not have confidence that the surveys are being administered consistently . . . We have no confidence that this variation reflects the actual care that is being provided in homes across states.

Hearing before the Special Committee on Aging, United States Senate, Hrg No. 106-39 at 165-66.
September 28, 2000
2000

- **The Chairman.** Do you think that the tools HCFA and the states are using to assess nursing homes give us information about the quality of care provided in them and what do they tell us about the care provided?

- **Dr. Scanlon.** Mr. Chairman, I do agree with the industry that we are not measuring outcomes of care in the process of the survey . . .

Hearing before the Special Committee on Aging, United States Senate, Hr’g No. 106-39 at 165-66. September 28, 2000
2010

- Sec. 2 Findings: Since the enactment of the Omnibus Budget Reconciliation Act of 1987, there has been little systematic evaluation or review of the effectiveness of the survey and certification system in measuring and improving the quality of care for nursing home residents as well as ensuring compliance with the requirements of participation by nursing homes participating in Medicare or Medicaid.

  Improving the Quality of Care in Nursing Homes Act of 2010.
Friday, June 16, 2011: Interactive Key Note: Leading the Next Generation

Leading The Next Generations

Michael R. Muetzel
Management Solutions

Beginning Discussion

I say describe “Today’s Employees”

You say ...

Issues for concentration in our time together from your perspective...
### Our Internal Human Capital Resources

#### Who are They?

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<td><strong>“Zippies”</strong></td>
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<td><strong>Gen Y, Millennials</strong></td>
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<td><strong>Echo Boomers, WHY Meaningful Work</strong></td>
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<td><strong>The Greatest Generation</strong></td>
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<td><strong>War Babies</strong></td>
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Source: They’re Not Abof... Just Generation X

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### Boomer Co-Workers

- Culture of respect your elders
- Culture do not question authority
- Company responsibilities are of the highest priority
  - relocate
  - work hours and travel
  - “Do not need to know at this point”
- “Traditionally” -- High degree of trust in management and government - diminishing quickly
Generation X Co-Workers

- Work to live: national turnover - 36 months
- 71% Text Message everyday
- Priorities: family and social values over work
- Raised in a culture of media questioning authority figures
- Lack of trust in corporations and government

Generation Y

- Live with work, balance, community (73%)
- Technologically ahead of older co-workers
  - 87% Text Message everyday
- Different communication expectations
- Different “pay the dues” expectations (51% 1-2 yrs)
- Impatient, 77% will decide in 6 months...
- Organization – professional development
  - No corner office, time clock, casual dress
Generation X/Y Co-Workers
Live First Work Second
Rebecca Ryan

- Work to live:
  - Power: From Control to Sharing...
  - Higher Priority on Geographic/Community Location… “Good Job(2) vs. Cool Community(1)"
    - Diversity
  - Decisions, later -w research -knowledge workers
  - Social groups, ‘Young Professionals’ to Social Networking...

![Pie chart showing generations at work]

- War Babies: 8%
- Boomers: 42%
- Gen Y: 20%
- Gen X: 30%
Why Is This So Critical?

- What Is The **COST** Of This *Turnover*??

Where Does It Go On The G/L??
And What Does It Do To *Service*??

---

**Gallup Engagement Survey**

- 16%
- 29%
- 55%

[Engaged] [Not Engaged] [Actively DisEngaged]

---

**Solutions...**

- Best Buy 60% No defined hrs (+35%) ROWE
- Microsoft Video Games
- Deloitte W. Stanton Smith, National Director, Next Generation Initiatives

*Decoding Generational Differences*

- Budget Strategy as well as ‘People’ Strategy
Real Life Data

* 49% of employees surveyed in August are either looking for a new job or plan to do so after the recession ends.

* 30% of surveyed employees are already actively seeking new employers.

* Generation X is least likely to stay with their current employer (37%) as compared to Generation Y (44%) and Baby Boomers (50%).

Deloitte, "Keeping Your Team Intact: A Special Report on Talent Retention"

Real Life Data
A Tale of 2 Mindsets

* Just 9% of corporate leaders surveyed said they expected voluntary turnover intentions to increase.

* Corporate leaders surveyed ranked "excessive workload" 2nd among barriers to retaining employees, surveyed employees ranked it 10th overall.

* Surveyed employees ranked "lack of trust in leadership" 6th surveyed corporate leaders rated "lack of trust in leadership" 10th at only 12%.

* Wall Street Journal, May 2010, employees leaving surpasses those being discharged...

Deloitte, "Keeping Your Team Intact: A Special Report on Talent Retention"
Mission-Centric
Culture vs. Programs... 4 Keys

- Trust - Employee Equity - Engagement
- Mission-Centric vs. Product-Centric HBR
- Positive Reinforcement - Not Lunch w Boss
- Feed The Growth (Development)

Additional Challenge for us...
- Perceptions, Inside vs. Outside

Priorities...

Attract
Sources, Traditional vs. Non Traditional

Our Websites...

Source staffing.org, June 2010
Feed the Growth
Leadership, Succession Planning

- Development programs do not need to be expensive
- Training counteracts “impatience”
- IBM Study, 80% Mgrs in Development
  - 3x more profitable than just 60%

Muetzel Information

mxmm@bellsouth.net
www.unlockthemysteries.com
770-486-1416

Thank You!