

## STRATEGIES AND TACTICS TO MOBILIZE THE SENIOR CARE TEAM

D. Michael Abrashoff's leadership model provides an apt introduction to a discussion of key challenges facing the senior care industry, not least because meeting such challenges will require innovative and progressive management by LTC institutional leaders. Dr. Ronald Retzke, founder of the consulting firm Retzke and Associates and an authority on long-term care, addressed some of the major issues that are affecting the quality of senior care, influencing public perceptions of the LTC industry, and impeding the recruitment and retention of senior care staff. In turn, Retzke outlined various strategies and tactics available to senior care management for successfully dealing with these issues.

### MANAGEMENT: A MATTER OF STYLE

Managers in long-term care must assess their own management style and determine if it is properly suited to achieving outcomes in the context of the aforementioned challenges. Generally, managers adhere to one of three predominant management styles:

- **Power Management.** The power manager operates almost exclusively on the authority inherent in the position. The emphasis is on *performance* as opposed to *people*. The manager generally develops plans and goals alone. He or she is likely to accept limited input from subordinates and is attentive and responsive to people in higher positions. There is great emphasis on the objectives and needs of the organization.
- **Affiliative Management.** An affiliative manager generally is oriented on the needs of people in the group. Such a manager organizes subordinates based on their ability to get along, and tends to rely on good feelings and evidence of friendship as measures of group performance. Conflict and signs of disagreement are ignored or avoided. There is concern for the needs of the individual.
- **Achievement Management.** The achievement manager motivates by encouraging others to set and achieve goals. Performance and satisfaction are integrated. Planning, goal setting, and decision making typically evolve from a team process, with a high level of individual participation. Such a manager helps people prepare for change. There is great emphasis on accomplishing the objectives of the organization by meeting the needs of people.

For those who own and operate LTC facilities, the key is to be self-aware and adaptable enough to incorporate elements of all three approaches into a balanced, progressive management model that simultaneously satisfies the needs of the organization and of the people who comprise its staff.

### CHALLENGES FACING SENIOR CARE

The aging of the American populace is a major demographic development with profound implications for our system of senior care. Not surprisingly, this surge in the elderly population is compelling the major decision makers in long-term care—including administrators, practitioners, regulators, payers, and public policymakers—to address the challenges that are confronting the senior care industry, and which threaten its operational and financial viability. These challenges have coalesced into three broad arenas: *quality issues*, *advocacy issues*, and *human resources*.

#### Quality Issues

The survey and enforcement process in long-term care is a source of dissatisfaction for all industry stakeholders. Consumer advocates complain that it is too lax and insufficiently punitive. Providers, on the other hand, believe that the process is onerous, inconsistent, overly punitive, and does not reward positive behaviors. Surveyors themselves are unhappy with the existing system, largely because of overlap between federal and state survey responsibilities. Such overlap subjects them to frequent second-guessing and implicates them in political battles between state and federal agencies. Overall, the survey process is hindered by excessive paperwork, overlapping responsibilities, inconsistency, and an overemphasis on regulatory technicalities.

A key strategy for dealing with such issues would be increased collaboration among regulators in assessing and implementing punitive measures, with greater emphasis placed on outcomes and consistency. Reform efforts should consider de-emphasizing or otherwise modifying the utilization of F-tags in the survey process. The current survey

#### *Defining Quality*

What really is meant by "quality" in the context of long-term care? As senior care providers and surveyors seek to establish a common and objective definition for this term, they should consider the following questions:

- Is quality the problem, or is the *perception* of quality the problem?
- Is quality defined by the standard and scope of care provided by LTC facilities...or is it defined by the resident/customer?

If industry stakeholders determine that the standard and scope of care is the basis for defining quality, then senior care facilities need to pursue best practices more rigorously.

process is centered on the inadequacies in LTC facilities, and do not define what quality should be. Rather, the process focuses entirely on *deficiencies*, which are a limited determinant of quality. The inherently negative emphasis of F-tags serves to demoralize staff in senior care facilities and to place LTC providers on the defensive.

Lawmakers at the federal level are beginning to weigh legislative action to reform the survey process. According to the American Association of Homes and Services for the Aging, the existing system wields strong incentives for preventing problems, but lacks inducements for improving care. The proposed Medicare and Medicaid Nursing Facility Quality Improvement Act of 2002 (HR4030) would significantly revamp the current survey certification enforcement system. The bill would allow surveyors to offer providers advice on care delivery. It also would mandate restoration of staff training privileges as soon as a facility demonstrates compliance with federal standards, create an independent review process for resolving survey disputes, and establish waiver demonstration programs to allow states to adopt innovative regulatory processes. But the bill is likely to be altered significantly during the legislative debate.

Beyond legislative action, another approach to resolving quality issues in the long-term care setting would be a greater reliance on best practices. Senior care has much to learn about best practices from the experience of other industries. But best practices models should be pursued with sober expectations because they don't represent a wholesale solution. The drawback to such models is that they may discourage innovation by suggesting that only one approach is effective. Moreover, best practice models are difficult to implement in nursing homes without a staff medical director or attending physicians, because of the challenges inherent in coordinating and monitoring care provided by non-staff clinicians.



### **Malcolm Baldrige National Quality Award: Quality Core Values**

1. Visionary leadership
2. Patient-focused excellence
3. Organizational and personal learning
4. Valuing staff and partners
5. Agility
6. Focus on the future
7. Managing for innovation
8. Management by fact
9. Public responsibility and citizenship
10. Systems perspective
11. Focus on results and creating value

What are the core organizational values upon which the realization of true quality in long-term care might be founded? The prestigious Malcolm Baldrige National Quality Award, which recognizes American businesses and organizations that have an outstanding record of management-driven quality improvement, offers a model framework in the form of its qualification criteria for nominees (see accompanying table). These criteria include visionary leadership, managing for innovation, and patient-focused excellence.

The 2002 winners of the Malcolm Baldrige National Quality Award will be named in a public ceremony later this year. Among the recipients is a long-term care facility that has exemplified these core values through a number of specific initiatives, such as implementation of a needleless IV system. Determined to stem the significant number of needle stick injuries at the facility, the management decided to abandon the traditional IV insertion system and to train employees in a new needleless system. The facility's nursing staff, pharmacy consultants, and manufacturers all provided training for the new practice. As a result, there has been a significant reduction in the number of needle stick injuries and concomitant risk to employees for blood born pathogen contamination. Moreover, the organization reduced waste and related costs by evaluating current medical waste disposal practices. In-service education related to infection control and proper identification of biohazard waste materials reduced the amount of red bag waste.

This is one example of how overall operational efficiencies may be achieved by adopting a new process and utilizing a very intensive training system for its implementation. The same facility has adopted other notable quality-based initiatives aimed both at enhancing the working experience of its staff and improving services for patients and their families. For example, it now operates a van shuttle service for employees to and from outlying areas of Chicago, where public transportation is not available. In addition, the facility's pharmacy has created detailed medication fact sheets for patients and families that describe medication use, drug interactions, and common side effects in an easy-to-read format. Nurses have access to an automated system that allows them to search for a drug name, then pull up and print up multiple fact sheets designed for physician, employee, and patient family education. Such initiatives exemplify how management can parley a set of core values into quality improvements.

#### **Advocacy Issues**

The long-term care industry is plagued by a generally negative public image. This image—which stems from a perception that LTC facilities are financially unstable, provide substandard care, abuse patients, violate regulatory standards, and underpay their workers, and which the mainstream media perpetuate with unflattering, headline grabbing stories—poses a serious threat to the industry. It impacts regulatory standards, the survey and enforcement process, reimbursement, and the capacity to attract workers. Clearly, the industry must do a much better job at con-

veying its story, and advocating its interests, to policymakers and the public at large.

Unless Congress acts soon, the temporary Medicare givebacks that were enacted following institution of the Prospective Payment System under the Balanced Budget Act of 1997 will expire on September 30, 2002, resulting in a 17% cut in Medicare payments to long-term care facilities.<sup>1</sup> Long-term care leaders are calling this dramatic impending funding cut “the Medicare cliff.” The cut amounts to a per diem reduction of about \$90 for Medicare patients, representing an industry

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loss annually of approximately \$3 billion. Moreover, Medicaid, which covers approximately two-thirds of patient days in LTC, is underfunded by \$3.3 billion. This combined revenue shortfall has huge industry-wide ramifications, particularly for companies just emerging from bankruptcy. Clearly, better advocacy is required to preserve the industry's interests and protect its future.

The advocacy strategy that senior care leaders are well advised to embrace is one that focuses on building alliances. Indeed, the advocacy campaign that resulted in the existing industry givebacks under Medicare was staged by a broad alliance of professional, consumer, and industry organizations that coordinated their lobbying efforts. The industry's near- and intermediate-term prospects will hinge on whether a similar alliance forms to address the current reimbursement crisis.

Another advocacy strategy involves tapping an underutilized constituency within the senior care fold: patient families. Families are natural and potentially very effective advocates for the needs and interests of long-term care. Yet families do not typically have a detailed understanding of industry issues

and are not organized to act in unison. Consumers—ie, patients and their families—by and large are represented by “professional advocates” rather than by family members. But the LTC industry has an opportunity to give families a greater voice in the senior care public policy debate by enlisting them directly in the lobbying process. By educating families about key industry issues and involving them in professional advocacy functions, LTC leadership can mobilize this constituency as an influential agent in policymaking.

#### **Human Resources**

Staff shortages represent a persistent and very serious issue for senior care. They compromise the quality of care, result in inadequate patient services, and create a self-fulfilling vicious cycle of staff turnover. Inadequate staffing feeds a negative chain of events that threatens the financial standing of senior care facilities.

What is the starting point for addressing staffing issues? Improved recruitment is the immediate and short-term stop-gap solution. Successful retention programs, however, may ease or even preempt the need for recruitment initiatives. The caliber of leadership also has a major impact on staff retention. A recent Gallup survey suggests that 70% of people leave their workplace leaders, not their workplace.<sup>2</sup> Clearly, leadership training must be an integral component of any employee retention strategy. Front-line leaders represent the organizational level that has the greatest impact on employee retention, and there is a need to invest in cultivating front-line leadership skills to retain and mobilize staff.

Based on the findings of a 10-year study of 400,000 employees, Gallup identified 12 factors that correlate positively to staff retention, including a clear employee understanding of what's expected of him/her; employee access to the resources he or she needs to complete his or her work properly; timely employer recognition of good work by staff; and opportunities to learn and grow.<sup>2</sup> How can LTC facilities begin to establish these factors as organizational norms? By creating an environment that encourages and rewards their implementation, and by holding management accountable for results. The industry as a whole must support front-line leaders in their efforts to foster an institutional commitment to greater staff retention.

In summary, the senior care industry needs to mobilize on several key fronts in order to meet the challenges pertaining to quality, advocacy, and human resources. It must push for constructive reform of the survey process. It should incorporate best practices judiciously to improve standards of care. And it must adopt strategies and tactics founded on values that promote quality improvement, encourage innovation, and result in a more fulfilled workforce.

<sup>1</sup> Bilyeu S. Edging toward ‘the cliff.’ *Long Term Care*. Available at [www.ltcimag.com](http://www.ltcimag.com). Accessed May 1, 2002.

<sup>2</sup> Buckingham M, Coffman C. *First, Break All the Rules: What the World's Greatest Managers Do Differently*. New York, NY: Simon & Schuster; 1999.