Finding “Success” in Long Term Care
Becoming a Valuable and Respected Administrator

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Spring 2013

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In the Long term care industry administrators are continuously expected to do more with less. Current administrators must accept guidelines from the government and owners, yet still manage to find the path to success. The first baby boomer turned 65 in 2011, and consequently future demand for long term care and Medicare are expected to sky rocket. Administrators operating successfully in this sensitive industry know health care is distinct from regular business. There is more to it than selling a high quantity of products for maximum profit. Long term care providers manage numerous aspects of their residents’ daily life—everything from meals, laundry, and showers to their individualized disease process and end of life care. Success, both financially and ethically, will require intrinsically motivated administrators with knowledge of how to increase the bottom line, in addition to commitment toward making the decisions that are principled and focused on the best patient outcomes.
Successful administration in long term care is extremely imperative for our country now more than ever. Millions of baby boomers are beginning to qualify for Medicare. On January 1st 2011 the first baby boomers turned 65, and every day for the next 19 years more than 10,000 baby boomers will join them (Snyder 2010). As a prospective nursing home administrator this sounds like great news. However, there is an enormous problem. Our health care system is extremely expensive and relatively inefficient, yet baby boomers are counting on government Social Security benefits. As life expectancy increases along with health care costs, caring for the baby boomers will grow even more expensive than current projections (Snyder 2010). To make matters worse, news of increasing demand for long term care has come at a time when our government is making budget cuts and the economy has slowly been recovering from a recession. The fear for many policy makers is that the influxes of Baby Boomers will push America into national bankruptcy.

The financial solution to this problem is in the hands of policy makers, but with a large number of successful administrators we can also minimize the impact. Successful administration is a critical component of public service delivery (Abraham 2008). Administrators can use our current system to work for residents, not against them, while doing their best to containing costs. Administrators must have a clear vision and definition of success, and work every day to become that definition and vision.

There is not a completely universal agreement regarding success as a long term care administrator. Every individual may have their own personal definition of success. To fully comprehend discovering success as a long term care administrator it is helpful to look at the history of the industry, where we are currently, where we expect to be in the future, and attempt
to define success in long term care. After studying the industry and defining success as a long
term care administrator, you will gain a better understanding of the requirements of successful
administrators. They must be responsive to their political environment, intrinsically motivated,
know how to increase the bottom line, and be committed to make decisions that are principled
and focused on the best patient outcomes.

The history dates back as far as the 1700’s. America was still developing as a nation and
most Americans were young people for numerous reasons. Life expectancy was considerably
lower because of the difficult living conditions settling the new continent (Stevenson n.d.). Most
elderly or ill individuals didn’t attempt the dangerous ocean voyage. The slave population was
also very young and able bodied. Slave traders had no investment in the ill or elderly
populations. Although it was rare to reach old age, some Americans did. To have security as an
elder it was vital to have numerous children or substantial wealth (Abe 2012). Below a social
security pamphlet describes one man’s thoughts at this time in our nation’s history:

"A young man then could hardly afford not to marry. He needed a wife as a business
partner, children as helpers. In early New England not only spinsters but bachelors were under a
cloud. Bachelors, in fact, were regarded with suspicion. Usually they had to live where the court
told them to. Single people had to attach themselves to a family to get a chance to work for their
living. Both the children and the old people earned their place at the family table."(Why Social
Security 2012)

For many single Americans without children or wealth security in old age was a major
concern. In the 18th and 19th centuries welfare systems and programs were not federally
supported like we see today. It was a local responsibility to care for the elderly and poor. Later
states began funding institutions called almshouses, poorhouses, or poor farms to care for the indignant (Allen 2011). The states were concerned that the opportunity for free living in the almshouse would be very appealing and that citizens would opt to be poor at the expense of the taxpayers. As a result, states tried to make life at the almshouse as uncomfortable as possible. They were not referred to as residents like we hear today, instead those living in the almshouse were called “inmates” (Stevenson n.d.). The inmates wore uniforms, could not come and go as they pleased, and worked to maintain the institution. Almshouses aimed to be as self-sufficient as possible to reduce operational costs. Some states still avoided costs by boarding out the elderly and poor to relatives or paying farmers to care for them (Stevenson n.d.). The indignant would do work around the house if able bodied in exchange for meals, care, and a place to stay.

By the 1800’s Americans started traveling west for cheaper land on the famous Oregon Trail and many families were separated. Elderly family members stayed behind, and it became more unlikely for the elderly to find security with family in old age (Stevenson n.d.). Family living situations continue to influence the long term care industry today. Elderly individuals with families have support systems and are more likely to be discharged home. Even today with the regulations and standards individuals prefer not to be in long term care facilities.

In the past living in the almshouse was even less desirable. The horrific conditions of the past explain why long term care facilities are so heavily regulated today. The care for the mentally ill was extremely horrendous. People were often chained or kept in pens (Stevenson n.d.). The elderly were often living in the same room as dangerous individuals. When states caught wind of such activities Boards of Charities were established to report and supervise almshouse operations. Reports produced by the Boards of Charities led to improved conditions and classification of residents to separate the insane and dangerous from the mentally ill. The
boards of the past have evolved over the years and currently America has the Department of Welfare and state inspections to ensure the horrible conditions from history are kept in the past.

By the start of the 19th century states were providing more funding for the poor and elderly, but still limited compared to current standards. States began movements to deliver assistance in the form of public funding to prevent the poor elderly from ending up at the almshouse. In 1928 only 6 states/territories had old-age assistance laws (Stevenson n.d.). By 1930’s the Great Depression hit America hard. Limited state assistance provided little to no relief, many families were forced into poverty, and they were looking to the federal government for answers. The government’s response was the Social Security Act.

The Social Security Act was created in 1935 and originally consisted of 11 titles. Over the years new amendments have been added. In 1960 the program was also known as OASDHI—Old Age Survivors and Disabled Health Insurance. The amendments that had the greatest effect on the nursing home industry, Medicare (Title 18) and Medicaid (Title 19), began legislation in 1965 (Allen 2011). By 1974 Title 20 was added supporting home services and an array of other services. After the mid-1970’s legislation no longer expanded services, instead amendments passed focus on containing costs.

As a result of the Hill-Burton act, to receive government funds providers must follow federal rules and regulations (Kitchiener and Harrington 2004). The state inspects long term care facilities annually to make certain they are complying with the state and federal regulations. Not complying with such regulations can make a facility no longer eligible for Medicare and Medicaid. This is significant because Medicare and Medicaid reimbursement account for well over half of the average nursing home cash flow (Allen 2011). Although such a significant
amount of long term care facility funding comes from Medicare and Medicaid, neither offers comprehensive long term care insurance. It is necessary to understand the intentions, terms, and conditions surrounding Medicare and Medicaid.

Administrators must understand that Medicare and Medicaid have similar intentions, but are very distinct programs with different terms and conditions. Medicare is a federally administered program for those receiving Social Security benefits (Allen 2011). To have an inpatient stay in a long term care facility covered by Medicare four conditions must be met. The prospective resident must have:

1. Spent three qualifying days in a row at the hospital
2. Been transferred to the long term care facility for rehabilitation or treatment
3. Been admitted to the facility within 30 days of discharge from a hospital
4. Been certified by a physician to needing and receiving services daily

(Allen 2011)

Even when individuals meet the four conditions for Medicare eligibility to continue to receive Medicare benefits additional eligibility requirements must be met. Residents must show progression and that they are still benefiting from services offered by the facility. After 20 days in the facility co-pay is required and usually set well above half the daily cost of a stay. After 100 days in the long term care facility Medicare pays nothing. Medicare advantage plans are plans offered by private companies that contract with Medicare to ensure you receive all Medicare Part A and Part B benefits. Medicare reimbursement was more profitable for providers in the past before federal cost containment amendments. Reimbursement rates were once flexible and based
on each providers cost. Currently Medicare reimbursement rates are determined by industry average costs.

Medicaid in contrast is administered by the state and different conditions must be met for eligibility. The following classifications of persons are eligible for medical assistance:

- Families with dependent children
- Those receiving Old Age Assistance
- Blind
- Disabled
- Indigent people, not receiving welfare currently but are in one of the above classifications, whose income is below the eligibility level of each state

Conversely, one thing Medicare and Medicaid have in common is that the costs quickly exceeded projections. More people are recipients of the programs than expected and health care costs are rising.

The future of long term care is deeply seeded in politics. The financing issues associated with Medicare and Medicaid are yet to be ironed out and the Affordable Care Act is fast approaching. All while life expectancy is steadily increasing and more baby-boomers are beginning to utilize long term care services. The average life expectancy has increased by 19 years since the creation of Medicare and Medicaid (Allen 2011). There is no question, successful administrators are vital for the future of long term care. Before elaborating on the characteristics of a successful administrator it is necessary to define success in long term care.
To begin note that health care is a business, but it is distinct from ordinary business. Ordinary businesses market and provide goods and services to maximize profit. Success can be ethical or financial, but in long term care it must be both. Health care administrators are in the business of human life. It is a sensitive industry, and success is not based solely on profits. Rather accomplishment comes from balancing ethical success with financial success by creating the best patient outcomes at a cost that maintains a viable business. The industry does not follow normal economic trends because the government is extremely invested in reimbursement programs such as Medicare and Medicaid (Baker 2009). About fifty percent of healthcare spending comes from the government (Baker 2009). In long term care this percentage is even higher. Government involvement has led to numerous regulations that dictate many aspects of business. Certain practices, such as fraud and abuse, can put administrators at risk for jail time. Success is involves following regulations, but much more.

There are multiple fitting definitions of success. Jaima Eisenhauer says, “no matter what, at the end of the day you need to be able to look yourself in the mirror.” Her definition falls in line with what Albert Einstein says, “Try not to become a man of success, but rather a man of value.” Once an administrator understands true value, financial success will shortly follow. What exactly is value in health care and how can prospective administrators achieve it?

Achieving value for the residents of the facility must be the pervasive goal of administrators when delivering long term care (Michael E. Porter 2010). With sights set on value, all players in the health care system unite with the common goal of what matters most for residents. Thus, everyone can play a role in containing health care costs. The definition of increasing value is improving health outcomes per dollar spent (Michael E. Porter 2010). As value improves, our long term care will become more sustainable and providers, residents,
insurance companies, and suppliers will collectively benefit (Michael E. Porter 2010). Note that true value is not simply cost reduction and volume maximization. Value depends on outcomes not inputs. Changing focus to outcomes involves measuring outcomes and costs. The measuring unit for value should include all activities that determine successfully meeting the resident’s needs.

An easier to measure definition comes from the dictionary. “Success is the completion of anything intended.” To follow this definition the administrator must have esteemed and feasible intentions. Andrew Keen says, “You know you are a successful facility when you have become the preferred provider in your area.” This is also true. There are numerous perspectives regarding success. In conclusion the collective definition of success, specifically in long term care, is becoming a person and facility of value, for the residents, the community, and other providers capable of accomplishing goals.

Now that the definition of success is clear, the question becomes what it will require. Success, both financially and ethically, will require responsiveness to the political environment, intrinsically motivated administrators, knowledge of how to increase the bottom line, and commitment toward making the decisions that are principled and focused on the best patient outcomes.

Administrators must reconsider how they operate in the political environment to succeed with building new community connections, encouraging cooperation, and improving the organization’s reimbursement and regulatory environment (Dudman 2007). Political awareness in health care is not only skillful interaction with representatives of government and institutions. Political awareness is also the ability to build alliances in the community that will enable the
facility to meet objectives. Politics in the simplest terms is who gets what and how (Barber). In long term care doctors, insurance companies, hospitals, and other nursing facilities influence referrals, reimbursement rates, and the census’ patient mix. To meet facility goals through political awareness administrators must be sensitive to the concealed agendas and perspectives of all players that influence the industry and their individual facility. Long term care facilities cannot ignore the political dimensions of business. It is a fundamental aspect of successful leadership, especially in long term care, because so much uncertainty surrounds revenue sources such as Medicare and Medicaid.

Politicking in business often has a negative connotation of self-interested managers protecting personal intentions. In long term care, successful politicking is accomplished by influencing leaders outside of the organization to conform to the intentions of the facility as a whole instead. The five main attributes for administrators seeking political responsiveness are as follows:

1. Personal skills
2. Interpersonal skills
3. Interpretation of people and situations
4. Forming connections
5. Scanning situations strategically

(Dudman 2007)

Each attribute is vital for politically successful managers. Personal skills will help managers in long term care understand where outsiders are coming from and their explicit interests. Mastery of such personal skills will allow administrators to have a greater influence on
their external environment (Dudman 2007). Interpersonal skills will give administrators the ability to influence others by making them feel they are respected. This makes resolving conflict more feasible (Dudman 2007). The ability to interpret people and situations will benefit administrators by allowing them to recognize both concealed and obvious agendas (Dudman 2007). This will improve negotiation tactics. Forming connections is at the heart of business and politics because collective actions are more powerful than struggling to accomplish goals alone. Scanning situations strategically will allow administrators to plan long term and look at the bigger picture to fix issues that affect the facility. The attributes above are inherent in appropriate leadership. It is important to understand the perspectives of individuals that influence the facility (Dudman 2007). Comprehensive understanding of political responsiveness will assist administrators by delivering services more effectively.

Likewise, delivering effective long term care requires intrinsically motivated administrators who surround themselves with intrinsically motivated employees. Intrinsic individuals are self-motivated and have higher job satisfaction (Kalleberg 1977). High job satisfaction among all employees will undoubtedly improve the performance of the facility. Employees with high job satisfaction tend to have fewer absences and therefore reduce the facility turnover (Kalleberg 1977). In fact Dornbusch and Fuller define intrinsic motivation as the comprehensive level of job satisfaction. This supports the link between job satisfaction and intrinsic motivation improving organizations across the board. It is irrefutable that intrinsic motivation is an important tool to maximize success. The true challenge is how to accomplish intrinsic motivation across the entire long term care facility. There are an array of different techniques administrators should use to intrinsically motivate employees and themselves. Some include: job enrichment, job rotation, and job enlargement (Nelson Quick).
The first technique, job enrichment, encompasses all three techniques and is the most important. Job enrichment is accomplished by incorporating motivational factors into the design of the facility (Nelson Quick). Every employee in every department of the facility must feel valued and appreciated. It is a common misconception that the nursing department is most essential, but all departments in the long term care facility are equally important to providing optimal resident care (Eisenhauer 2013). Everyone must feel like what they do matters. One example of something administrators can do to increase job enrichment is to take time to listen to management staff and employee suggestions and concerns. Administrators must create a facility culture which ensures that all employees feel comfortable voicing concerns to the management staff and administrator without fear or hesitation. Some organizations use suggestions boxes for employees to write anonymous comments to management staff without fear (Keen 2013). Listening to suggestions and improving policy based on employee suggestions will inspire personal accountability and pride in each employee, thus breaking down vertical differentiation (Nelson Quick. 247).

The second technique, Job rotation, is a variation of job enrichment. Job rotation can make employees feel valued by exposing employees to multiple departments or multiple tasks over time (nelson quick). One job rotation strategy cooperate may use to motivate administrators is requiring CNA training and certification for all administrators before managing the facility. This will allow the administrator to aid in lifts or help residents like a CNA would walking through the facility. When other employees see their administrator on the floor this will also increase their respect for the administrator. Another example of job rotation is common with Administrator In Training programs. Numerous AIT programs require prospective administrators to spend time in every department of the long term care facility learning regulations, systems,
and job specific duties. The employees teaching the administrator also benefit with this technique because there is a sense of accomplishment instilled by teaching others (Nelson Quick). Job rotation strategies should be adopted to inspire administrators and other employees as well. Having a variety of tasks and duties allows employees to see the big picture and will reduce boredom, thus increasing intrinsic motivation and job satisfaction.

Another variation of job enrichment and a great way to overcome the boredom of over specialized work in the long term care facility is job enlargement. Job enlargement is accomplished by simply increasing the number of undertakings in a job. One example of job enlargement comes from Bell Trace Health and Living Center. The head of housekeeping department, Stacy, has expanded duties beyond her original job description to include ordering nursing supplies for the entire facility. She works closely with nursing staff and attends morning nursing meeting to ensure residents and nurses have the tools needed for care.

As with any business long term care administrators must understand their financial responsibilities. The revenues must be greater than the costs of doing business in order to keep the doors open and continue seeing patients (Keen 2013). It is the administrator’s responsibility to make informed decisions by correctly interpreting financial reports, ensure the accounting and bookkeeping functions run properly, and guarantee the MDS and RUGs are accurate. Thus, a responsible administrator will surround themselves with experienced, organized, and responsible individuals; create checks and balances system to minimize human error; and utilize cost reports, in house audits, and government audits.

Financial success is largely enhanced affiliation with a chain, rather than a stand-alone facility. The profit margin in long term care is small. Consequently facilities may experiences
years of profit followed by loss and vice versa. It is helpful to be affiliated with sister facilities so that loss can be compensated by profits elsewhere.

To avoid loss it is vital for administrators to understand their revenues. The three types of routine service revenue are private pay, Medicaid, and Medicare. The revenue of a facility is governed by census and rate, but both of which are difficult to control. Successful Administrators do their best to influence census and rates in their favor. It will significantly improve revenue if you are able to keep census up. Effective marketing and building professional relationships to increase referrals can improve census. However, this takes time that facilities under financial strain often do not have on their side. Successful administrators think ahead and have effective marketing and solid professional relationships before getting into financial trouble.

Rates can be influenced in a number of ways. The rates not set by the government, private pay, can be influenced by market prices and adjusted based on the services offered. Medicare and Medicaid take a different approach. Medicare reimbursement can be increased by maximizing RUG scores. To do this facilities must have a team of professionals, nurses, therapists, social workers, and a MDS coordinator, who collectively understand the financial benefits and can legally identify ways to increase RUG scores through diligence and attention to detail.

The minimum data set (MDS) is an assessment of how much care and attention a resident requires. It is the tool used to get paid by the government. MDS was created by the Omnibus Budget and Reconciliation Act of 1987 with the goal of making resident health problems easier to identify and create a standard of assessing resident abilities (Allen 2011). MDS is also used to generate care planning, electronic payment submissions, the nursing home quality initiative, and
survey process (Allen 2011). The administrator must understand the importance of MDS and have a MDS coordinator who is outstanding. After all, MDS ensures proper payment and residents are being cared for correctly and optimizing their quality of life.

Maximizing the length of stay will increase revenues and value for residents. Essentially maximizing length of stay increases census (Measure 2012). It is helpful to complete a checklist before discharging residents. Ask an array of questions such as the following: Could the resident benefit from more rehab? Should staff take extra time to educate residents about disease management before discharge? There are many more questions administrators can add to the list. The discharge checklist will not only benefit the facility, but the residents as well. It provides exceptional resident performance results and will decrease the likelihood of being readmitted to the hospital.

If census at the facility is low despite efforts by the administrator, budgets are essential. Cost containment is accomplished by effectively managing the labor force. Out of all the cost of a facility, labor expenses usually account for 50% of total costs, and 85% of the total controllable costs (Allen 2011). Census fluctuations can make staffing patterns unpredictable. Many previous employees cite unpredictability of hours as their reason for quitting. To control the revolving door administrators must be sensitive to the staffing needs of all employees. Employees depend on their paychecks to feed their families. A common measurement for regulating labor is hours per patient day. Administrators must understand the math behind this and monitor hours per patient day closely, especially when census is low.

It is also important to have the proper amount of full time equivalents. Hours cannot be cut in the same way for full time equivalents. Full time equivalents are often valuable members
of the management team, but are also more expensive to staff because the facility provides a benefits package. The Affordable Care Act changes the threshold to qualify as a full time employee, making it more likely to qualify. Administrators must budget for such changes and adjust staffing patterns to maintain a viable facility.

As our health care system approaches reform it is becoming more and more complex. In our increasingly complex system ethics is becoming a necessity for administrators and employees of the facility. The administrator at Bell Trace has an ethical motto. It is that the answer to any reasonable request is always yes. Many residents would rather be home. As an administrator it is your ethical duty to make them feel as comfortable as possible in your facility. To be respected on the grounds of ethics one must be able to balance fussiness functions with ethics. In some instances the administrator may allow morals to guide decisions. It is important to know when it is okay to bend the rules and make moral exceptions and when things must be done by the book. For example, at Bell Trace they sometime admit patients that are not profitable because of moral obligations. It is also important to support employees who encounter moral distress because of the high stress associated with facing ethical dilemmas. Administrators must understand the role of ethics in their decisions and feel comfortable discussing situations openly and honestly.

Many workers at the facility suffer from high stress from the ethical dilemmas they are faced with at work (Hoglund, et al. 2004). This is known as moral distress, and is common among nursing staff especially. There are limitations, such as budget issues and regulations that may go against the moral considerations of the administrator and employees. In some instances the administrator may allow morals to guide decisions. It is important to know when it is okay to bend the rules and make moral exceptions and when things must be done by the book. For
example, at Bell Trace they sometime admit patients that are not profitable because of personal relationships. Handling morel distress properly is accomplished with focus on context (Hoglund, et al. 2004). Great administrators will create support resources and organizational structures that diminish moral distress among all employees. A great place to start is educating employees about ethics and creating open communication to discuss morally upsetting circumstances.

In conclusion, long term care has come a long way. Before the regulations and legislation of today, life for residents in long term care facilities was shockingly different from what we know today. The almshouses were also known as poor houses or poor farms and the conditions inside were horrible. The elderly were often in the same room as dangerous individuals, were called inmates, and could not come and go as they pleased. Over the years conditions in the long term care facility have changed. The industry is much more specialized and heavily regulated. Knowing about the history of the industry will allow administrators to gain a new appreciation for the regulation and legislation.

With the future increase in demand successful policy and administrators is vital. Many may fear that the influxes of Americans 65 and older, utilizing long term care services will significantly increase financial strain for our country. Possible financial solutions are in the hands of our policy makers, but more successful administrators can increase efficiency and help minimize the impact.

Success is becoming a person and facility of value capable of accomplishing goals, for the residents, the community, and other providers. In accordance with this definition, successful
administrators must be politically responsive and aware, intrinsically motivated, financially experienced, and ethically sound.
There were many great publications I used to guide my research. To find success in long term care I found it necessary to study the history and value. To account for the history in long term care I reviewed *The Historical Development of the Social Security Act* from research notes and studies by Abe Bortz. He talks about the transformation of American values from the days of English poor laws and almshouses to the Social Security Act. To accurately define success and how to create true value as an administrator I analyzed Michael E. Porter’s, *What is Value in Health Care* from the New England Journal of Medicine. Creating value for a health care facility is very distinct from regular business. Improving value is done by improving health outcomes per dollar spent. It is measured by looking at the process, but more importantly the outcomes and the costs. My research fits in by using this information to give administrators a guide to finding success in long term care. This is accomplished by reviewing history and expectations, defining success, and top attributes of a successful administrator.

Accounting the history related to long term care is important for administrators because they must appreciate and understand the source of regulations and legislation. Abe Bortz, Ph.D. reported the historical development of the Social Security Act. He begins by pointing out that man’s quest for economic security is primitive and innate. The English Poor Laws influenced many American attitudes towards the poor and indignant. Early in our history Americans also made special provisions for veterans and merchant servants. The industrial revolution later created a strong American economy. In complex industrial economy threats to job security are a major concern. Thus, America passed the earliest form of social insurance in 1908 with the passage of the Federal Compensation Act—workmen’s compensation. Unemployment was only
discussed in congress in 1920’s. It wasn’t until after The Great Depression that it became a true problem. One of his main points I would like to call attention to is the problem of the Aged. The ability of older Americans to support themselves was being undermined. This issue still exists today. In 1929 the depression began. Americans were hit hard financially and were eager for the New Deal. From Roosevelt’s presidency came the Social Security Act. The president himself called it “the supreme achievement of his administration.” The Social Security act is good because it provided reliable assistance for the elderly, but it is possible it could have prevented development of an old age movement that could change many of the stigmas and norms we see today. The act is also weak because it relies on heavy taxation, took great sums of money to create revenues, and denied coverage to other deserving classes of workers. The Social Security Act also set up the notion that a government has a responsibility for the welfare of its people the act passed the responsibility of social welfare to the hands of the Federal and States Governments. Private organizations as a result have a different job to do, supplement Government services. He ends by saying, “This is an earmark of a maturing society -- no longer leaving things to chance generosity-- but doing them in the boldest humanitarian ways.”

With social welfare in the hands of the government it is important not to lose sight of value. Providing long term care for America is a sensitive industry. Success is not based on profits, but achieving wide spread value. Michael E. Porter discusses value in health care and how it is accomplished. As with any field, improving efficiency relies on common goals among all stakeholders. Currently the players in our health care system often have conflicting goals. Different goals take different approaches and ultimately slow progression. The goal in health care must be the same for everyone—achieving value. Improving value is defined as improving health outcomes per dollar spent. If together we can improve value all stakeholders will benefit
and our health care system will become economically sustainable. To encourage progression value must be measured and improved. Process management is important but it is more vital to measure outcomes and costs. Both must jointly be considered. Cost reduction without regard to outcome will have negative effects and vice versa. Quality in healthcare also must have measurement focused on the outcomes not the process. The most widely used quality measurement system for hospitals, the Healthcare Effectiveness Data and Information Set, 73 out of 78 hospitals measure quality through process. Process measurement offers no substitute to looking at the outcomes.

Also I found the textbook from my long term care administration class by James E. Allen extremely helpful for my research. His book would be a great reference resource for current administrators and will strengthen an administrator’s ability to meet regulations and care for residents. Each piece of information is valuable to long term care. For my contribution I pulled together the knowledge from each, and many more. Then I used this knowledge determine the definition of success and guide my data collection related to the attributes of a successful administrator.

To collect data and understand how to be a successful manager I spent 10 hours per week at Bell Trace Health and living center. Most of my time was spent in the skilled nursing facility, but they also offer independent living and assisted living. The data I collected was qualitative. There I worked alongside the managers from each department, and learned the day to day functions they require to be successful and also observed the qualities that each successful manager possessed. I found many important traits for management staff and the administrator that will eventually lead to the definition of success. It was difficult to narrow it down to four.
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