

**CREATIVE LONG-TERM CARE
ADMINISTRATION**

Fourth Edition

CREATIVE LONG-TERM CARE ADMINISTRATION

Edited by

GEORGE KENNETH GORDON, Ed.D.

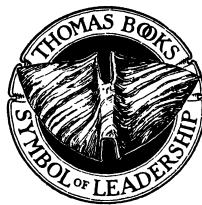
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We dedicate this book with fond memories and highest regards to the more than three decades of students who have become our esteemed colleagues.

PREFACE

During the last 30 years, we have had the privilege of having long-term care administrators from all over the United States study with us at the University of Minnesota. These men and women have been creative, perceptive, and often quite adroit in applying academic knowledge to their administrative practice. They have also been generous in teaching us to understand which areas of practice might need and benefit from academic inquiry. This reciprocal teaching-learning relationship has always guided the selection and development of content for this book.

Prior editions of *Creative Long-Term Care Administration* (1983, 1988, and 1994) have been used as textbooks for both undergraduate and graduate courses. They have also been popular as a basic resource for an array of other long-term care practitioners and professions, as well as housing managers, board members, and owners.

This, the fourth edition, has been revised extensively. There is, for example, the fundamental updating throughout to reflect structural and regulatory changes which have been occurring in the field as well as the introduction of recent research findings, evolving ideas, and new practices. In addition, there are new perspectives introduced by nine new chapter authors plus three entirely new chapters: monitoring clinical outcomes, spiritual care, and using information technology. Finally, we particularly welcome the seasoned scholarship and visionary leadership provided by Dr. Leslie Grant as third editor of this fourth edition.

George Kenneth Gordon
Ruth Stryker

CONTENTS

<i>Preface</i>	<i>Page</i> xi
----------------------	-------------------

Part I THE EVOLUTION OF LONG-TERM CARE

Chapter

1. THE HISTORY OF CARE OF THE AGED5
Ruth Stryker
2. CHARACTERISTICS OF THE
LONG-TERM CARE MODEL18
Ruth Stryker

Part II DEVELOPING THE ORGANIZATION

3. GOVERNING THE LONG-TERM CARE
ORGANIZATION29
William F. Henry
4. EXECUTIVE LEADERSHIP56
George Kenneth Gordon
5. DEVELOPING THE MANAGEMENT TEAM67
Ruth Stryker
6. FISCAL LEADERSHIP81
Barbara Portnoy Barron

Part III HUMAN RESOURCE MANAGEMENT

7. HUMAN RESOURCE MANAGEMENT OVERVIEW95
Ruth Stryker

8. WORKER MOTIVATION, ATTITUDES, AND PERCEPTIONS	108
<i>George Kenneth Gordon</i>	
9. RECRUITMENT, SCREENING, AND SELECTION OF PERSONNEL	126
<i>Ruth Stryker</i>	
10. PERSONNEL POLICIES WITH SPECIAL IMPACT ON EMPLOYEES	140
<i>Ruth Stryker</i>	
11. STAFF DEVELOPMENT	152
<i>Ruth Stryker</i>	
12. MONITORING AND EVALUATING HRM PRACTICES ...	166
<i>Ruth Stryker</i>	

**Part IV
OPTIMIZING HEALTH CARE OUTCOMES**

13. REHABILITATION AND EXERCISE IN LONG-TERM CARE	183
<i>Ruth Stryker</i>	
14. MEDICAL CARE AND THE ROLE OF THE MEDICAL DIRECTOR	193
<i>Karen S. Feldt</i>	
15. THE DEPARTMENT OF NURSING	204
<i>Christine Mueller</i>	
16. SOCIAL SERVICES IN LONG-TERM CARE	224
<i>James R. Reinardy</i>	
17. THERAPEUTIC ACTIVITY	232
<i>Carla E.S. Tabourne</i>	
18. ENHANCING ORGANIZATIONAL PERFORMANCE THROUGH ENVIRONMENTAL DESIGN	247
<i>Leslie A. Grant</i>	
19. MONITORING CLINICAL OUTCOMES	259
<i>Christine Mueller</i>	

**Part V
CREATING A SUPPORTIVE LIVING ENVIRONMENT**

20. MANAGING THE EFFECTS OF INSTITUTIONALIZATION271
George Kenneth Gordon and Leslie A. Grant

21. FAMILIES: THE SECOND CLIENT281
Wayne Caron

22. INTERGENERATIONAL ACTIVITIES290
Ruth Stryker

23. COMPANION ANIMALS IN THE ENVIRONMENT297
Ruth Stryker

24. END OF LIFE IN A LONG-TERM CARE FACILITY305
Shawn Mai and Ruth Stryker

25. SPIRITUAL CARE AND THE CHAPLAIN IN THE LONG-TERM CARE FACILITY318
Michele Micklewright

**Part VI
CREATING A BETTER FUTURE**

26. USING INFORMATION TECHNOLOGY TO IMPROVE QUALITY MEASUREMENT337
Sandra Potthoff

27. MANAGING CHANGE352
Ruth Stryker and George Kenneth Gordon

Appendix A Competencies of Directors of Nursing/Nurse Administrators in Long-Term Care Facilities363

Appendix B Determination of Staffing Using the RUG-III Case-Mix Classification System for Nursing Time366

Appendix C Two-Week Blocks for Nursing Staff Schedule368

Author Index375

Subject Index383

**CREATIVE LONG-TERM CARE
ADMINISTRATION**

Part I

**THE EVOLUTION OF
LONG-TERM CARE**

Chapter 1

THE HISTORY OF CARE OF THE AGED

RUTH STRYKER

Every society develops ways of dealing with its marginal citizens—those who consume more than they produce and who, to that extent, are dependent upon society for support. They are usually referred to as “the poor” or “those on welfare.” Historically, the poor included the chemically dependent (inebriates), the developmentally disabled (imbeciles), the mentally ill (lunatics), the disabled (cripples), criminals and the aged. The labels used to identify these groups in the past (as indicated in parentheses) contrast with those used today and reflect gradual social and attitudinal changes which have mainly taken place during the past three decades.

Cultural attitudes, expediency and both the capability and willingness of a society dictate how it will deal with its unproductive members. Nomadic tribes often left them behind to die, and Eskimos commonly put them on an ice floe. During the Greco-Roman era, medical attention was given only to those who could be cured, thus abandoning the disabled and aged to prevent a drain on resources. European societies tended to group “all of the poor” by isolating them in some kind of spartan housing arrangement. Primary, financial responsibility, while always mixed, has shifted across the centuries from the family to the church and philanthropy and, more recently, to the public through taxes with attempts to increase family responsibility.

Cultural attitudes toward nonproductive members of society have also varied. Helper motivations differ. For example, the Roman privileged class cared for “unfortunates” in order to achieve a sense of individual virtue. In contrast, Maimonides, the twelfth century Jewish physician and philosopher, declared that a recipient of benefactions should be spared a sense of shame and that assistance should enable persons to help themselves—a modern day rehabilitation philosophy! The contrast in motivation of the “helper” is startling—one for the benefit of the benefactor, the other for the benefit of the recipient. One