Leadership: The Missing Ingredient in Nursing Home Quality

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Chair, Public Policy Committee

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Disclosures

- Shareholder, Sanolla

- Board of Directors, AMDA-The Society of Post Acute and Long Term Care Medicine

- Editorial Board, The Merck Manual

- Advisory Board, Presidium, The Key

- Board of Directors, California Association of Long Term Care Medicine (CALTCM)

I also have a strong bias against ageism, which I will never remain quiet about!

Learning Objectives

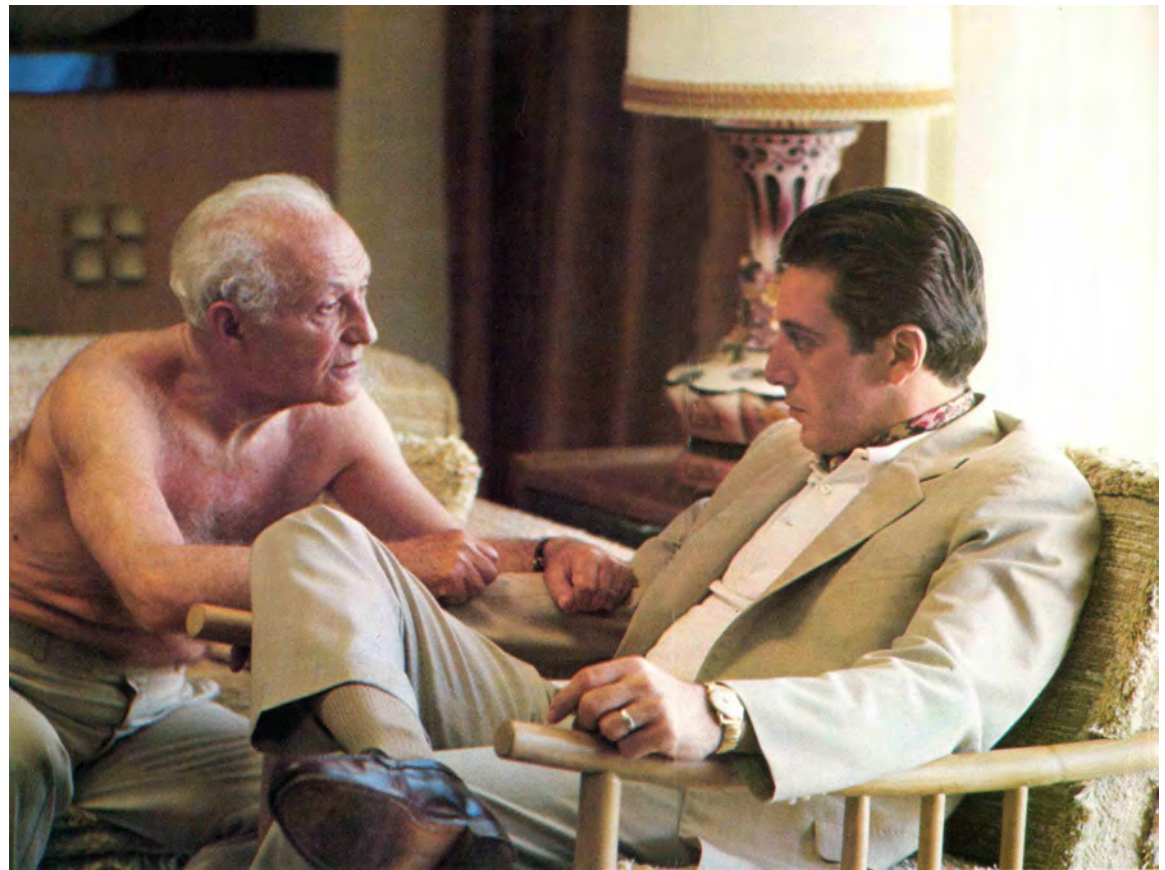By the end of the presentation, participants will be able to:

- Understand fiduciary and moral/ethical drivers of nursing home decision making

- Understand the difference between transformational and transactional leadership styles

- Describe Bonoma-Slevin Leadership Styles

- Understand the importance of leadership in a nursing home

1974
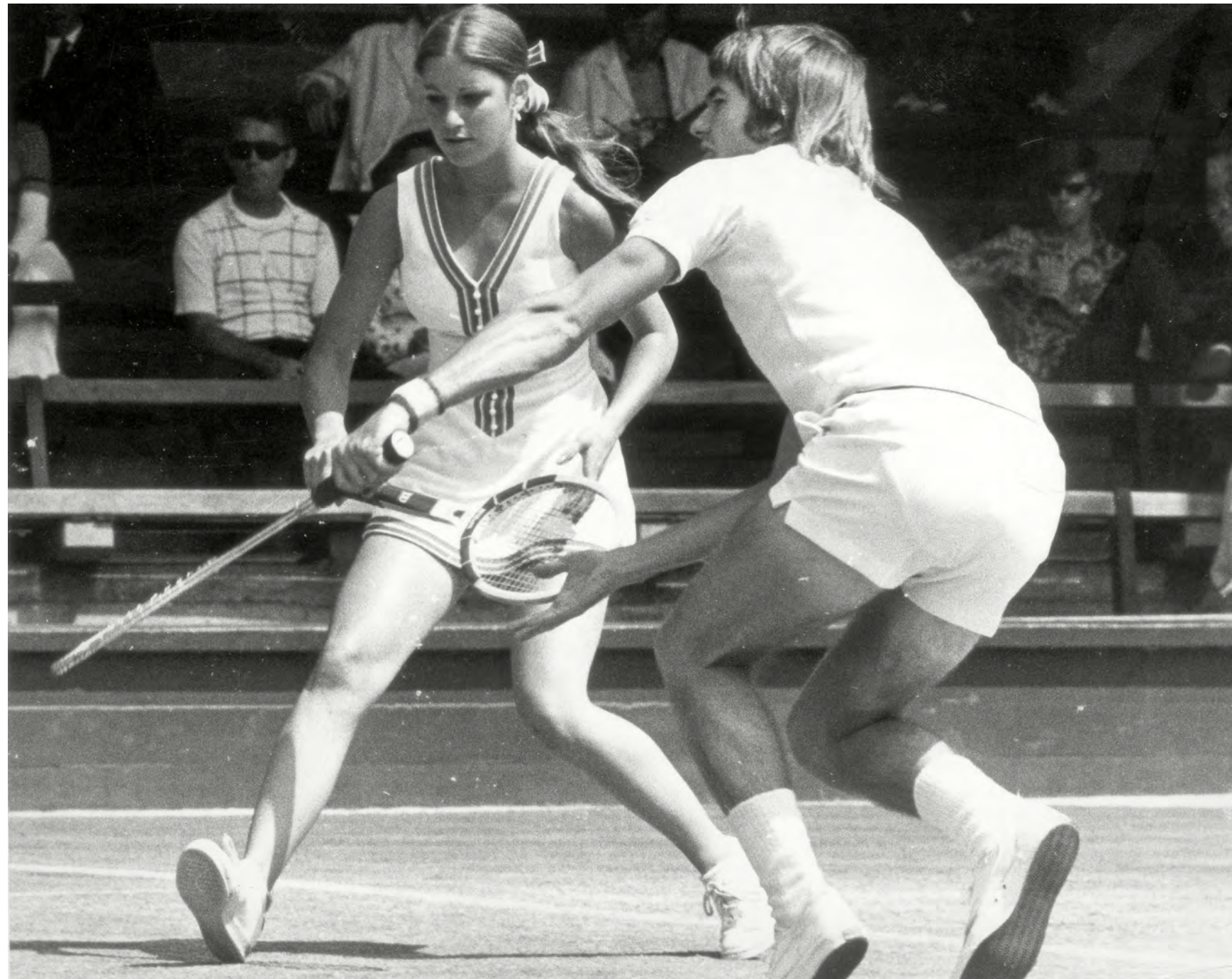
NURSING HOME CARE IN THE UNITED
STATES: FAILURE IN PUBLIC POLICY

INTRODUCTORY REPORT

PREPARED BY THE

SUBCOMMITTEE ON LONG-TERM CARE

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

DECEMBER 1974

"Those who cannot remember the past are condemned to repeat it" - George Santayana
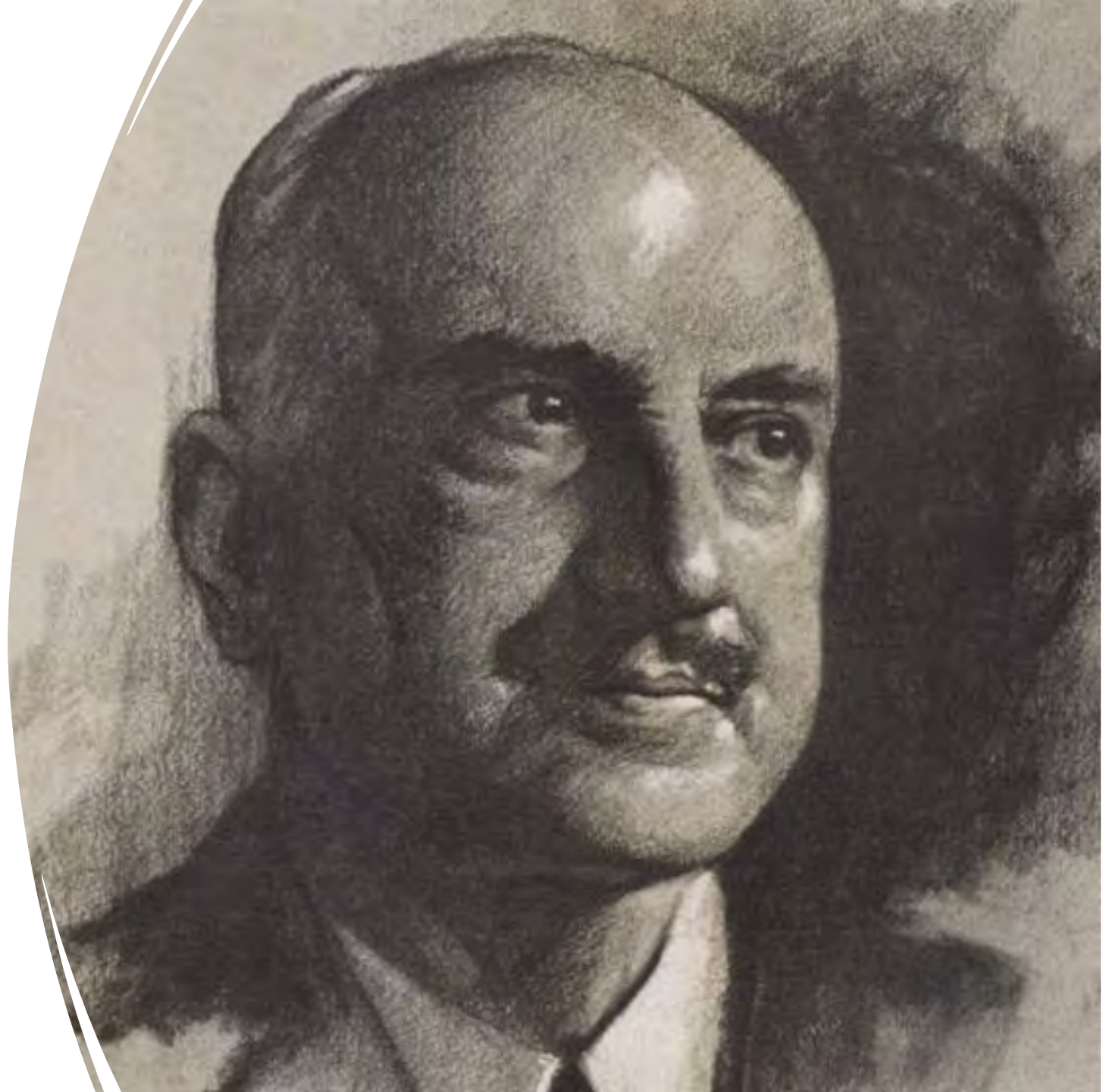
2014

Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

**ADVERSE EVENTS IN SKILLED
NURSING FACILITIES:
NATIONAL INCIDENCE AMONG
MEDICARE BENEFICIARIES**

Daniel R. Levinson
Inspector General

2014 OIG Report on SNF's

- 22% of Medicare beneficiaries with adverse events
- 11% experienced temporary harm
- 59% of adverse events/harm preventable
- Preventable harm due to
  - Substandard treatment
  - Inadequate resident monitoring
  - Failure or delay of necessary care

2021 & 2023 OIG Reports on COVID-19 in Nursing Homes

U.S. Department of Health and Human Services

Office of Inspector General
Data Brief

U.S. Department of Health and Human Services

Office of Inspector General

Data Snapshot
June 2021, OEI-02-20-00490

COVID-19 Had a Devastating Impact on Medicare Beneficiaries in Nursing Homes During 2020

Why These Data Are Important

The COVID-19 pandemic has presented extraordinary challenges for the Nation's health care system. Nursing home residents have been particularly affected by the disease, as they are predominately elderly, tend to have underlying conditions, and live in close quarters.

The media have chronicled the fear, loneliness, and isolation residents have endured, as well as the grief they have felt watching so many peers die. However, data on the number of nursing home residents who were diagnosed with COVID-19 or likely COVID-19 have not been readily available, particularly for early in the pandemic. Nursing homes are not required to report cases and deaths that occurred before May 8, 2020. It is important that we understand the extent of the outbreaks in nursing homes, including increases in deaths, to not only

Key Takeaways

- 2 in 5 Medicare beneficiaries in nursing homes were diagnosed with either COVID-19 or likely COVID-19 in 2020.
- Almost 1,000 more beneficiaries died per day in April 2020 than in April 2019.
- Overall mortality in nursing homes increased to 22 percent in 2020 from 17 percent in 2019.
- About half of Black, Hispanic, and Asian beneficiaries in nursing homes had or likely had COVID-19, and 41 percent of White beneficiaries did.
- Understanding the pandemic's effects on nursing home residents is necessary if tragedies like this are to be averted.

"Cargo Cult Science" (1974) and Nursing Homes Today

- ***Care Coordination Demonstration***
- ***NHVBP Demonstration***
- ***QAPI Demonstration***
- ***All negative studies!***
- ***CMS implements them!***

WHAT'S MISSING IN ORDER TO MAKE THESE PROGRAMS WORK?

The Geriatrics Approach to Care

The Structure to Allow
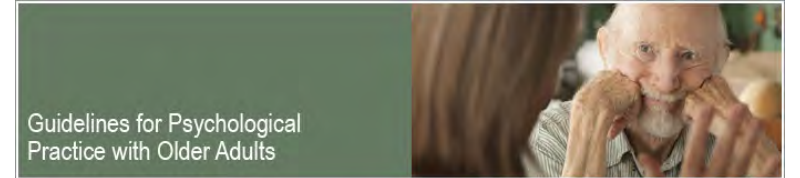
The Leadership to Implement

Function

Person Centered Care

Managing Chronic Disease

Guidelines for Psychological Practice with Older Adults

Psychological and Social Aspects of Care

The Geriatrics Approach to Care

Spirituality

Listen and Communicate

Realistic Optimism & Hope

Wellness
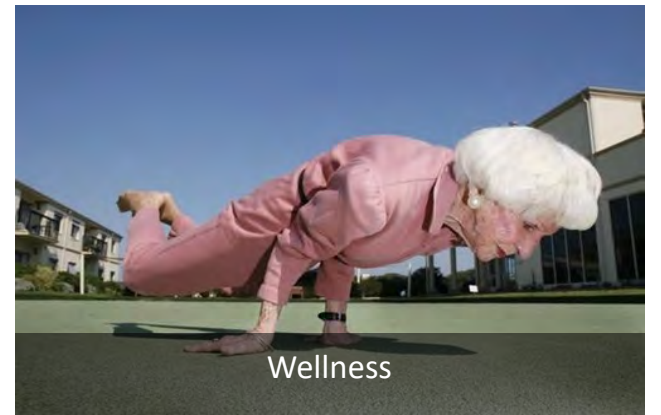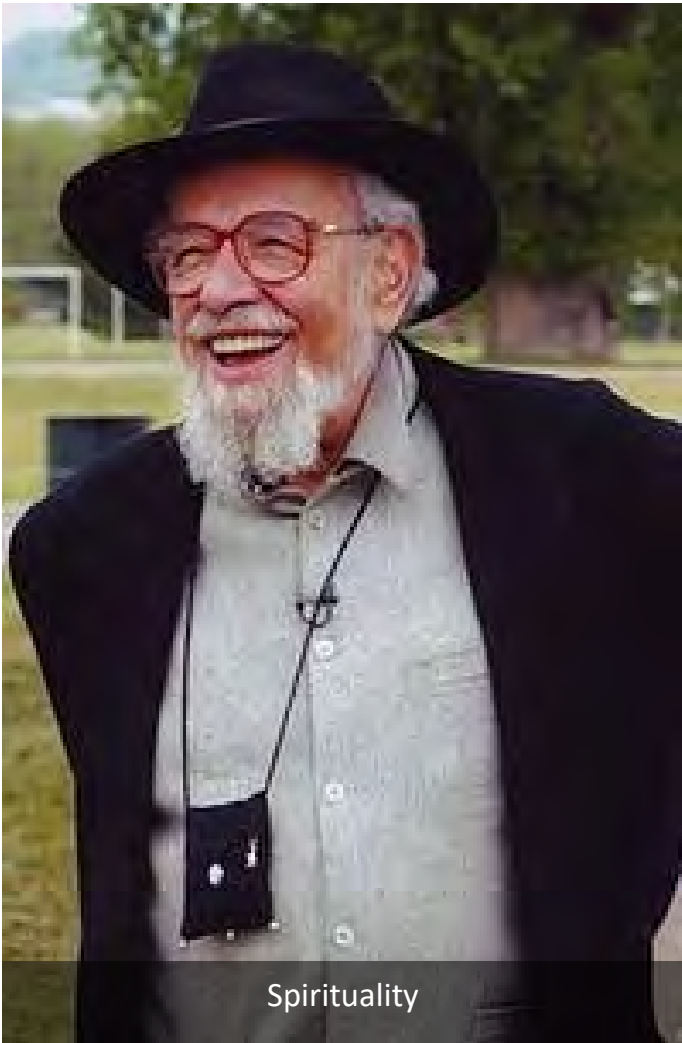
The Geriatrics Approach to Care

Teamwork

Respect Dignity & Autonomy

Purpose

"Can nursing home residents with Dementia, Strokes, Parkinson's Disease and other physical and cognitive challenges really prepare a meal and feed the homeless?" See the three minute documentary below to find out.

Sensitive to Financial Condition

The Geriatrics Approach to Care

The Geriatrics Approach to Care Works!

Acute Care of the Elderly (ACE) units

Geriatric Resources for Assessment and Care of Elders (GRACE)

Program for All inclusive Care of the Elderly (PACE)

Optimistic

ACE Unit Meta-analysis*

Fewer falls (risk ratio (RR) = 0.51, 95% CI = 0.29–0.88)

Less delirium (RR = 0.73, 95% CI = 0.61–0.88)

Less functional decline at discharge from baseline (RR = 0.87, 95% CI = 0.78–0.97)

Shorter length of hospital stay (weighted mean difference (WMD) = 0.61, 95% CI = 1.16 to 0.05)

Fewer discharges to a nursing home (RR = 0.82, 95% CI = 0.68–0.99)

Lower costs (WMD = $245.80, 95% CI = $446.23 to $45.38)

More discharges to home (RR = 1.05, 95% CI = 1.01–1.10)

*Fox MT, Persaud M, Maimets I, O'Brien K, Brooks D, Tregunno D, Schraa E. Effectiveness of acute geriatric unit care using acute care for elders components: a systematic review and meta-analysis. J Am Geriatr Soc. 2012 Dec;60(12):2237-45. doi: 10.1111/jgs.12028. Epub 2012 Nov 23. PMID: 23176020; PMCID: PMC3557720.

GRACE PROGRAM: Geriatric Resources for Assessment and Care of Elders (GRACE) model: GRACE Team Care"

NP/SW team overseen by a Geriatrician

Focus on geriatric conditions and medication management

Provides recommendations for care and resources for implementation and follow-up

Incorporates proven care transition strategies

Provides home-based and proactive care management

Integrates with community resources and social services

Develops relationships through longitudinal care

GERIATRICS IN PRIMARY CARE: ENHANCED PRIMARY CARE (GRACE)*

- Improvements in health-related QOL

- Better quality of care for geriatric conditions

- Fewer ED visits

- Reduction in hospitalizations in the high risk group.

- Increases in chronic and preventive care costs were offset by reductions in acute-care costs -- intervention was cost neutral in the first 2 years

- Replication of this model has been successful in Medicare managed-care and VA health care settings

- Consistent improvement in quality of care and reductions in hospital utilization

*Butler, D.E., Frank, K.I., Counsell, S.R. (2015). The GRACE Model. In: Malone, M., Capezuti, E., Palmer, R. (eds) Geriatrics Models of Care. Springer, Cham. https://doi.org/10.1007/978-3-319-16068-9_10

GRACE Homebound Study*

34% decrease in hospital admissions

29% decrease in hospital bed days

44% decrease in sub-acute admits

53% decrease in sub-acute bed days

22% decrease in ED visits

*Steven R. Counsell et al., "Dissemination of GRACE Care Management in a Managed Care Medical Group," poster Presentation at the Annual Scientific Meeting of the American Geriatrics Society, May 2011.

PACE (PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY)

- All Medicare and Medicaid services through single delivery point
- Targeted to frail older adults with a host of chronic care needs
- Provider-based model of care
- Participants at the center of the plan of care developed by an interdisciplinary team
- Full continuum of preventive, primary, acute, rehabilitative, and long-term care services
- Comprehensive care in a fiscally responsible manner for families, health care
- Providers, government programs, and others that pay for care
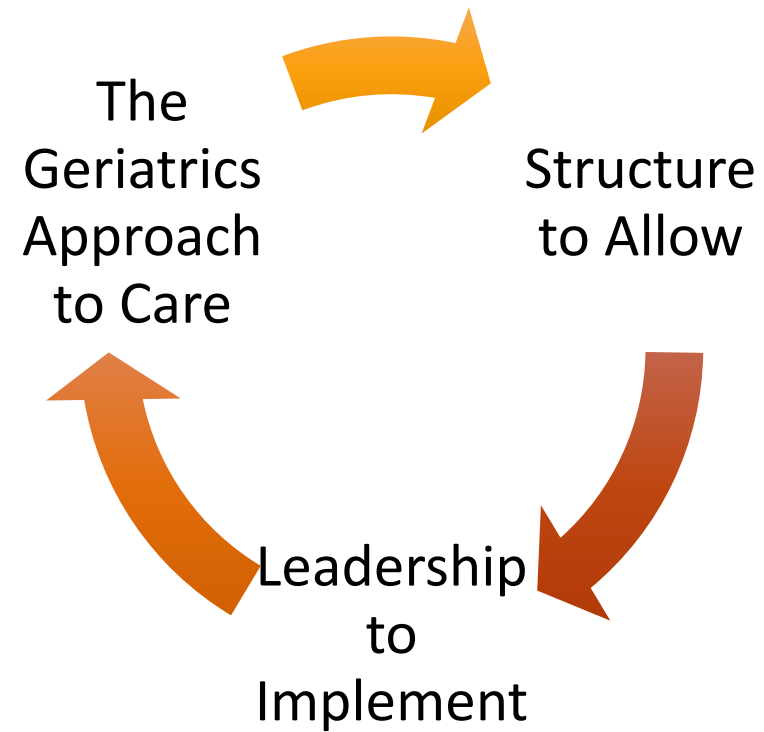- Historically staffed by Geriatricians

OPTIMISTIC*,**

- 19 geriatrics-trained RNs in nursing homes
- RNs helped administer care to patients
- Worked to support, educate, and train facility staff to hone their skills
- Focus on improving the quality of geriatric medical practice and palliative care
- Improved potentially avoidable hospitalizations by 29.3%.
- Reduced all-cause hospitalizations by 21.2%.
- Lowered per-resident expenditures on all-cause ED visits by 30.9%

*Blackburn, J., Balio, C.P., Carnahan, J.L. et al. Facility and resident characteristics associated with variation in nursing home transfers: evidence from the OPTIMISTIC demonstration project. BMC Health Serv Res 21, 492 (2021). https://doi.org/10.1186/s12913-021-06419-y

**Kathleen T Unroe, MD, MHA, Susan E Hickman, PhD, Jennifer L Carnahan, MD, MPH, Zach Hass, PhD, Greg Sachs, MD, Greg Arling, PhD, Investigating the Avoidability of Hospitalizations of Long Stay Nursing Home Residents: Opportunities for Improvement, Innovation in Aging, Volume 2, Issue 2, June 2018, igy017, https://doi.org/10.1093/geroni/igy017

The Geriatrics Approach to Care → Structure to Allow → Leadership to Implement →

COVID-19 has "Unmasked" Underlying Issues in Post Acute & Long Term Care

Is there enough money in long term care?

- Operations
- Real estate
- Related parties

Are there enough trained staff?

- Wages and Benefits
- Are staff valued, respected and treated honorably?
- Is training sufficient?
- Are most NHAs and DONs offered adequate training?

Who is responsible and accountable for quality?

- Regulators
- Operators
- Consultants/Managers
- Real estate owners

These Administrative Actions Would Improve
Nursing Home Ownership And Financial
Transparency In The Post COVID-19 Period

Charlene Harrington, Anne Montgomery, Terris King, David C. Grabowski, Michael Wasserman

FEBRUARY 11, 2021   10.1377/hblog20210208.597573

Examples of related parties that have an impact on nursing home finances

- Real estate

- Medical supplies

- Service providers

- Wound Care

- Construction

- Management

Impact of Real Estate Ownership on Nursing Homes

Lease and Triple Net (Real Estate Taxes, Insurance and Maintenance Costs)

- Real estate owner collects their rent; operations pays for maintenance, property taxes and insurance

Appreciation

- Real estate owner benefits from appreciation of property

Leveraging of Assets

- Real estate owners able to collateralize the asset to borrow money
- Is borrowed money spent on capital improvements?
- **Is borrowed money spent on quality improvement?**

Responsibilities of Finance, Operations and Clinical Components of Nursing Homes

Fiduciary Responsibility

Moral/Ethical Responsibility

To Employer/Shareholders

To Patients/Residents

- Care
- Loyalty
- Good Faith
- Confidentiality
- Prudence

Hippocratic Oath

- Do no harm
- Commitment to person centered care
- Professionalism
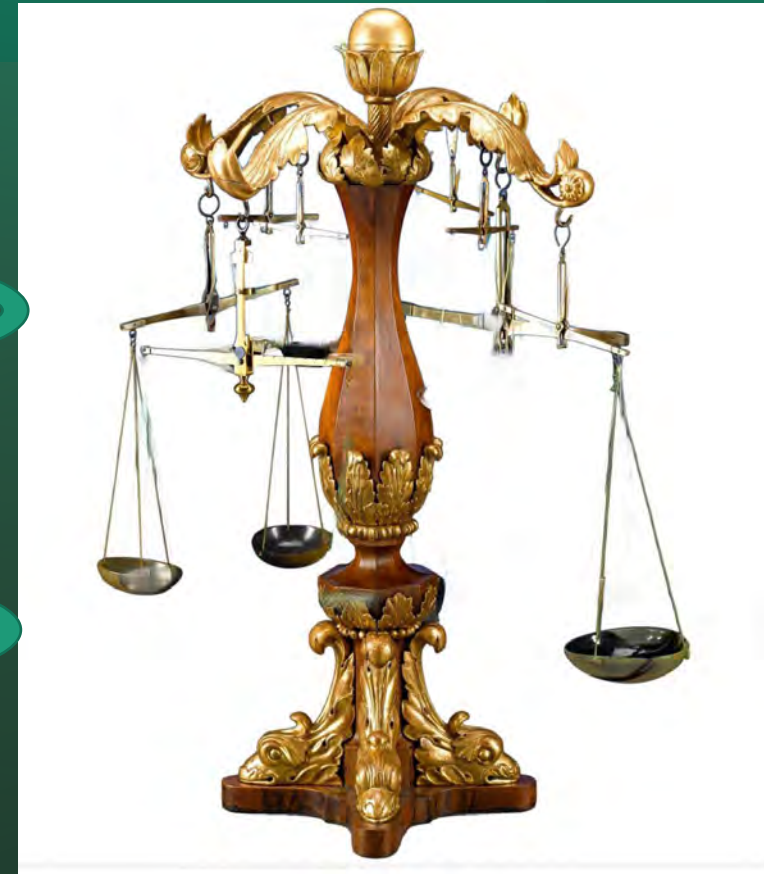
Primarily financial in nature

Primarily clinical in nature

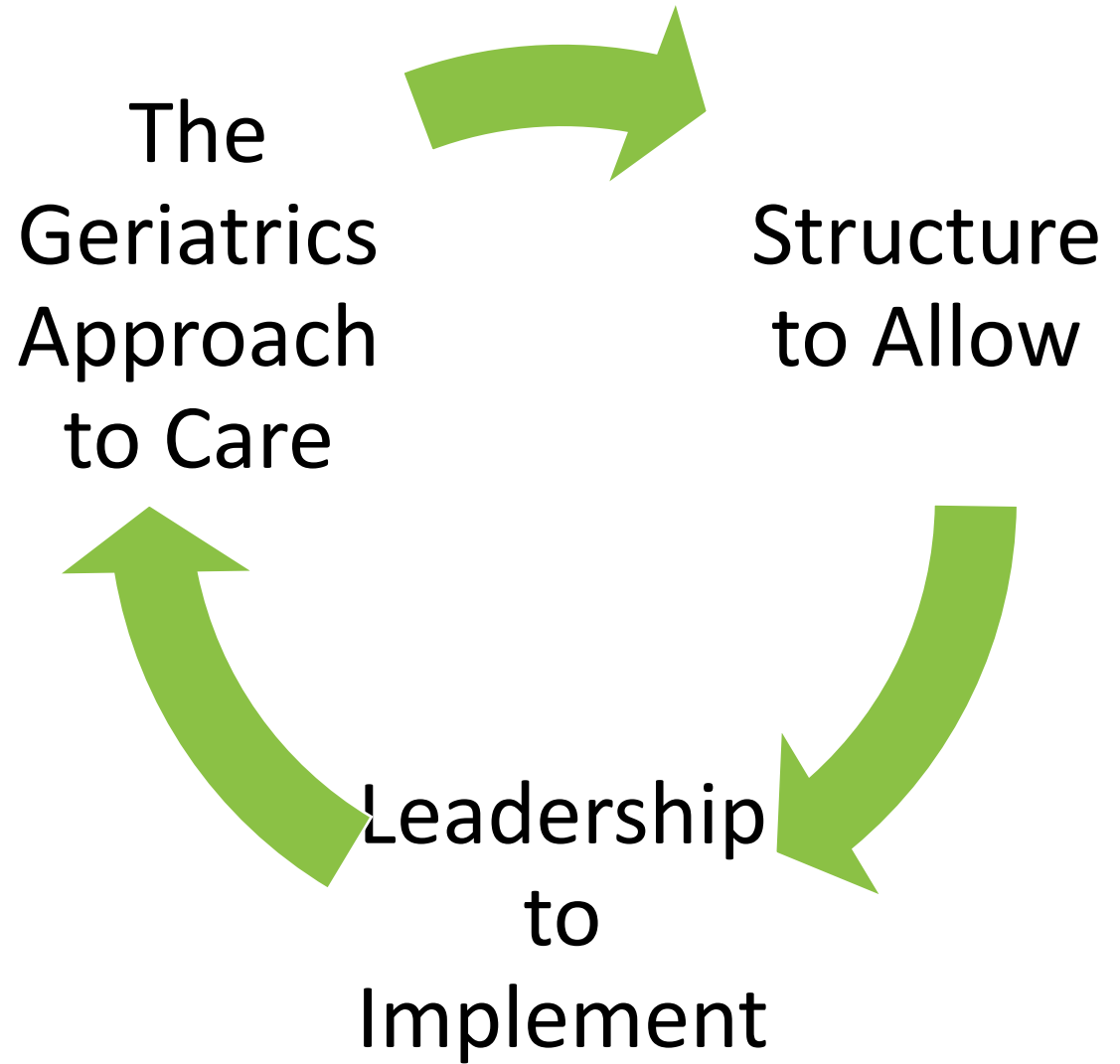# Nursing Home as a 3-Sided Scale: Structural Challenge to Keep the Scale Balanced

Operations

Finance

Clinical

What's *Really* Missing in Post Acute & Long Term Care?

The Geriatrics Approach to Care

Structure to Allow

Leadership to Implement

Leadership is Key!

My Mentors and Colleagues, Leaders All!

"Full Range of Leadership Model"-Avolio & Bass*

Transformational

- Motivates followers to do more than what is expected of them

Transactional

- Emphasizes the exchange relationship between leader and follower; both encouraged to meet their own needs

Passive-avoidant

- Passive management-by-exception or avoidance of leadership
- Laissez-faire or absence of leadership

*Poels, J., Verschueren, M., Milisen, K. *et al.* Leadership styles and leadership outcomes in nursing homes: a cross-sectional analysis. *BMC Health Serv Res* **20,** 1009 (2020). https://doi.org/10.1186/s12913-020-05854-7

Transformational Leadership

- Increase levels of motivation and morality among followers
- Transformational leadership will often result in performance that surpasses the expected outcomes

Transformational Leadership

- *Associations with Staff*
  - Increased wellbeing
  - Higher job satisfaction
  - Decreased intention to leave
  - Decreased burn-out rate
- *Associations with Health Outcomes*
  - Higher patient satisfaction
  - Higher quality of care
  - Lower mortality
  - Fewer medication errors

Transactional Leadership

Emphasizes the exchange relationship between leader and follower;

- Both encouraged to meet their own needs.
- Two components
  - Providing followers with material or psychological rewards *contingent* on the fulfillment of obligations
  - Active management by exception refers to a leader actively monitoring the work of followers so that, in case of errors, corrective actions can be undertaken.

Transactional leadership will often result in expected outcomes

Passive-Avoidant Leadership

Passive management by exception, reflecting avoidance of leadership

Laissez-faire, which means absence of leadership

Leadership styles and leadership outcomes in nursing homes: a cross-sectional analysis*

Joris Poels, Marc Verschueren, Koen Milisen, and Ellen Vlaeyen

- IN THIS STUDY
  - Head nurses and DON scored significantly lower on transformational and transactional leadership styles and significantly higher on passive-avoidant leadership styles.
  - All leadership outcomes were significantly lower for head nurses. Similar results, however not statistically significant, were found concerning leadership outcomes of DON.

*Poels, J., Verschueren, M., Milisen, K. *et al.* Leadership styles and leadership outcomes in nursing homes: a cross-sectional analysis. *BMC Health Serv Res* **20,** 1009 (2020). https://doi.org/10.1186/s12913-020-05854-7

Bonoma-Slevin Leadership Types

Consensus manager

- Seeks input from the work group and allows the work group's input to influence decision making

Consultative autocrat

- Seeks input but makes all important decisions on his or her own

Autocrat

- Does not seek any input and makes all decisions on his or her own.

Shareholder manager

- Fails to solicit input from the staff on decision making and neglects to share important information with the staff that would enable them to make better decisions on their own

Leadership Styles in Nursing Homes*

NHA leadership styles (%)	
Consensus manager	30.9
Autocrat	28.4
Consultative autocrat	26.5
Shareholder manager	14.2

Leadership Style & Staff Turnover*

Table 2. RN, LPN, and NA Turnover Rates by NHA Leadership Style

	NHA leadership style			
	Shareholder manager (%)	Autocrat (%)	Consultative autocrat (%)	Consensus manager (%)
RN turnover	44.3	18.5	8.4	6.5[a]
LPN turnover	57.1	26.0	13.7	5.4[a]
NA turnover	74.3	71.4	56.8	47.4[b]

Notes: NA = nurse's aide; RN = registered nurse; LPN = licensed practical nurse; NHA = nursing home administrator.
[a] Analysis of variance (ANOVA) SNK test found significant differences between all figures in the row ($p < .05$).
[b] ANOVA SNK test found significant differences between all figures in the row, except for the difference between shareholder managers and autocrats ($p < .05$).

Table 3. Regression Coefficients for the Effects of Leadership Style on Nursing Home Quality Indicators

| Variables	(1) Percent physical restraint use (LSR)	(2) Percent with moderate to severe pain (LSR)	(3) Percent low-risk residents with pressure sores (LSR)	(4) Percent high-risk residents with pressure sores (LSR)	(5) Percent had a catheter inserted and left in bladder (LSR)	(6) 5-Star quality measure score[a]	(7) 5-Star health inspection score[a]
NHA leadership styles[b]							
Consensus manager	0.64*** (0.20)	0.49*** (0.11)	0.62** (0.22)	0.74 (0.37)	0.51 (0.30)	7.16** (2.05)	0.19* (0.05)
Consultative autocrat	0.83* (0.35)	0.56 (0.39)	0.95 (0.42)	0.86 (0.47)	0.69 (0.35)	3.11 (2.05)	0.03 (0.03)
Shareholder manager	0.35 (0.16)	0.88* (0.40)	1.38 (0.22)	0.44 (0.34)	0.39* (0.18)	4.13* (1.92)	0.15 (0.9)
Autocrat	1.12** (0.45)	1.77** (0.30)	0.46* (0.18)	0.78* (0.31)	1.90 (0.63)	1.72 (3.01)	0.18 (0.10)
DON leadership styles[b]							
Consensus Manager	0.57* (0.23)	0.44* (0.20)	0.76** (0.18)	0.51** (0.20)	0.40*** (0.10)	5.53** (1.67)	0.15** (0.41)
Consultative Autocrat	0.69 (0.43)	0.38 (0.21)	0.89** (0.28)	0.72 (0.33)	0.88* (0.25)	3.13 (2.28)	0.05* (0.02)
Shareholder Manager	0.83* (0.37)	1.21 (0.16)	1.20 (0.15)	0.55 (0.40)	1.04 (0.04)	4.46 (4.15)	−0.02 (0.01)
Autocrat	1.43** (0.17)	1.20 (0.19)	1.12 (0.15)	0.90 (0.47)	0.91 (0.49)	−2.22* (1.03)	0.11 (0.09)
Combination of leadership styles[c]							(2.51)
NHA/DON dissimilar styles	0.99 (0.56)	0.82* (0.37)	0.84 (0.54)	0.95 (0.66)	1.05* (0.02)	1.14 (1.32)	−0.06 (0.03)
NHA/DON both Consensus Managers	0.97* (0.43)	0.51** (0.21)	0.79 (0.53)	0.62* (0.24)	0.79*** (0.19)	4.02** (1.85)	0.08** (0.02)
Pseudo R^2	0.29	0.32	0.37	0.26	0.29	0.39 (R^2)	0.37 (R^2)

Leadership Styles and Outcomes*

*Castle NG, Decker FH. Top management leadership style and quality of care in nursing homes. Gerontologist. 2011 Oct;51(5):630-42. doi: 10.1093/geront/gnr064. Epub 2011 Jun 30. PMID: 21719632.

Leadership and Vaccine Confidence*

By organizational leadership	Safe	Effective at preventing people from getting sick	Adequately tested for safety and effectiveness specifically among people of color.
Poor	27.3%	15.2%	15.2%
Average	35.8%	29.6%	25.9%
Good	51.2%	46.3%	39.0%
p-value	0.09	0.02*	0.07

*Niznik JD, Harrison J, White EM, Syme M, Hanson LC, Kelley CJ, Porter L, Berry SD. Perceptions of COVID-19 vaccines among healthcare assistants: A national survey. J Am Geriatr Soc. 2022 Jan;70(1):8-18. doi: 10.1111/jgs.17437. Epub 2021 Sep 8. PMID: 34449885; PMCID: PMC8657352.

The
Geriatrics
Approach
to Care

Structure
to Allow

Leadership
to
Implement
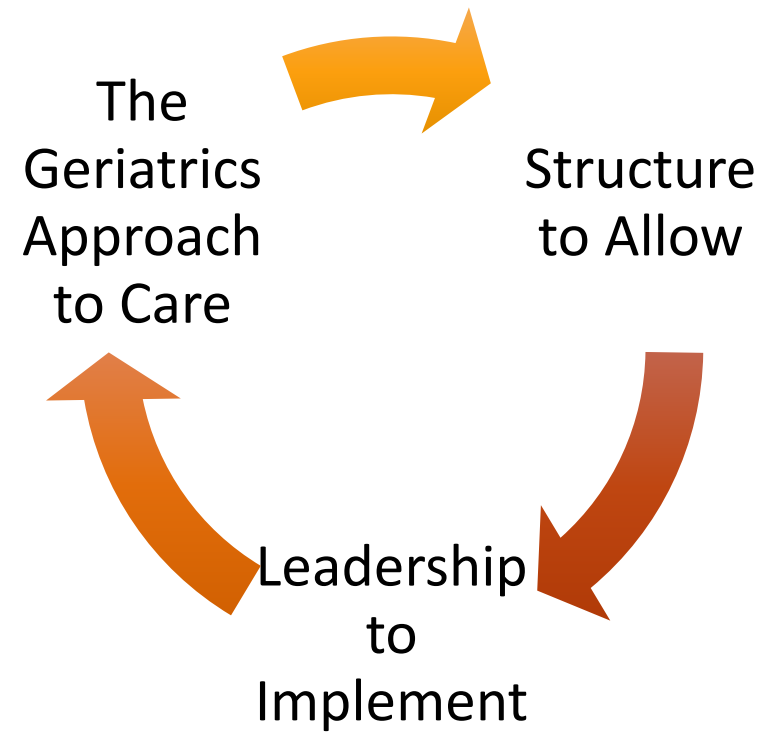
WHAT IS CARGO CULT SCIENCE?

"In the South Seas there is a Cargo Cult of people. During the war they saw airplanes land with lots of good materials (cargo), and they want the same thing to happen now"

"So they've arranged to make things like runways, to put fires along the sides of the runways, to make a wooden hut for a man to sit in"

"with two wooden pieces on his head like headphones
and bars of bamboo sticking out like antennas—he's
the controller—and they wait for the airplanes to
land."

"They're doing everything right. The form is perfect. It looks exactly the way it looked before. But it doesn't work. No airplanes land. So I call these things Cargo Cult Science, because they follow all the apparent precepts and forms of scientific investigation, but they're missing something essential, because the planes don't land."

CARGO CULT SCIENCE APPROACH TO LONG-TERM CARE OVER THE DECADES

Regulations

Check lists

Penalties

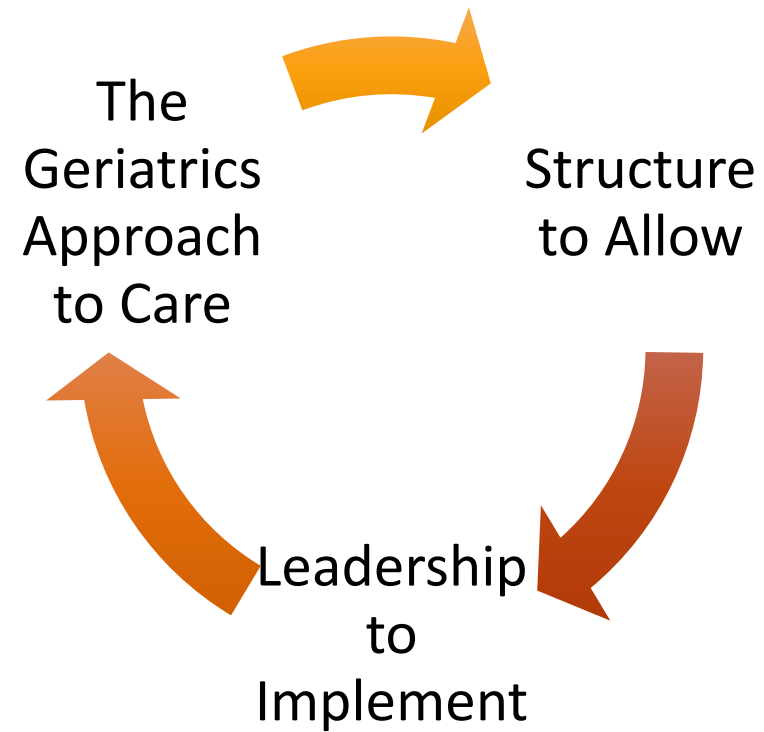**Aren't we just building runways and wooden airplanes?**

What's the right approach?

The Geriatrics Approach to Care → Structure to Allow → Leadership to Implement → (cycle back to The Geriatrics Approach to Care)
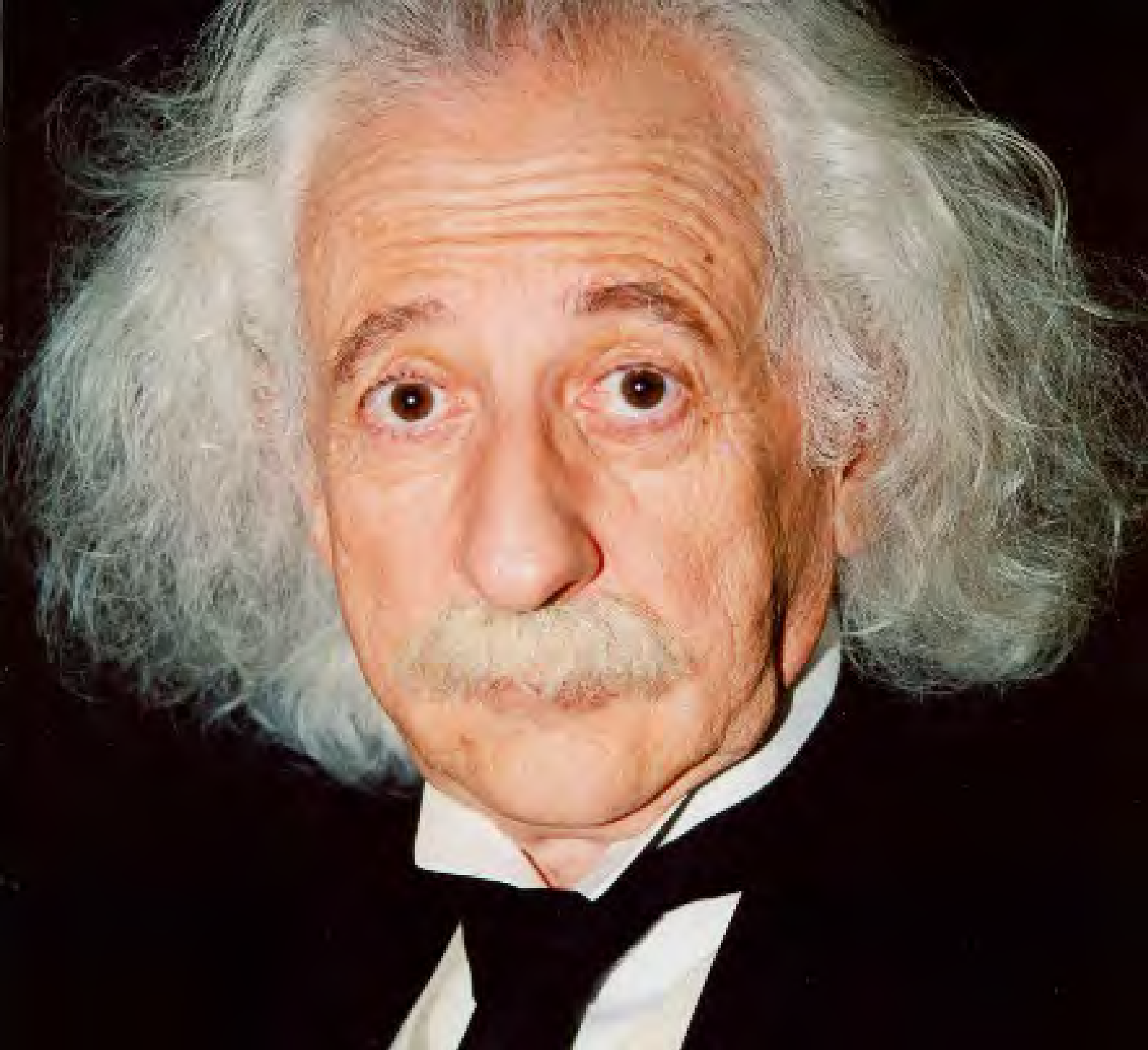
WE ARE THE KEEPERS OF THE
GERIATRICS APPROACH TO CARE

If not us, then who?

Questions???

California Association of Long Term Care Medicine

@CALTCM

#CALTCM

@Wassdoc

Check the CALTCM Website (CALTCM.org) and
e-newsletter, the CALTCM Wave, for updates.