

## Leadership: The Missing Ingredient in Nursing Home Quality

Michael R. Wasserman, MD, CMD  
Chair, Public Policy Committee  
California Association of Long Term Care Medicine

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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!**

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### 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

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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



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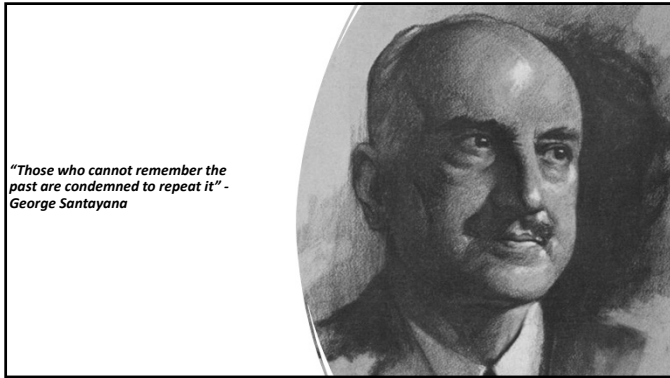
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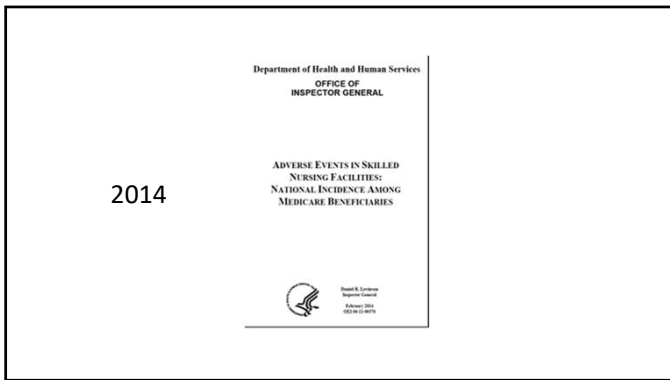
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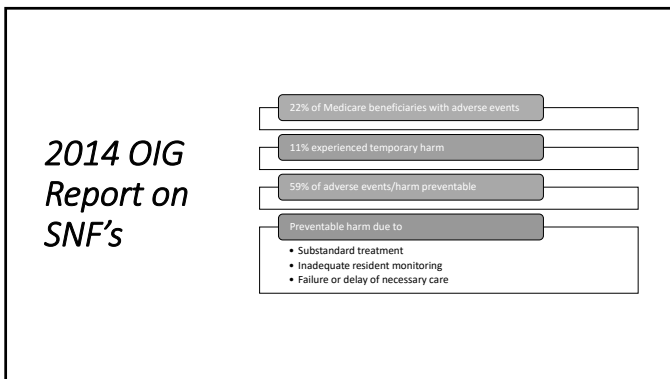
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# 2021 & 2023 OIG Reports on COVID-19 in Nursing Homes



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

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



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

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

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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*

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Spirituality      Listen and Communicate      Realistic Optimism & Hope  
Wellness

*The Geriatrics Approach to Care*

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Teamwork      Respect Dignity & Autonomy      Purpose  
Sensitive to Financial Condition

*The Geriatrics Approach to Care*

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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

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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, Perreaud M, Malmets L, O'Brien K, Brooks D, Tegano 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. 2022 Dec;60(12):2237-45. doi: 10.1111/jgs.12028. Epub 2022 Nov 23. PMID: 23176000; PMCID: PMC3557720.

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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

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**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.L., Counsell, S.R. (2015). The GRACE Model. In: Malone, M., Capozzi, E., Palmer, R. (eds) Geriatrics Models of Care. Springer Cham. [https://doi.org/10.1007/978-9-3-319-16668-9\\_10](https://doi.org/10.1007/978-9-3-319-16668-9_10)

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**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 2013.

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**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

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## 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, L., Ballo, C.P., Carahan, 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, 493 (2021). <https://doi.org/10.1186/s12913-021-05413-y>

\*\*Matthew T. Torres, MD, MBA, Susan E. Hickman, PhD, Jennifer L. Carahan, MD, MPH, Zach Haas, PhD, Greg Sachs, MD, Greg Arling, PhD, Investigating the Avoidability of Hospitalizations of Long Stay Nursing Home Residents: Opportunities for Improvement, Innovations in Aging, Volume 7, Issue 2, June 2018, pp417. <https://doi.org/10.1093/innovations/ixn072>

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The Geriatrics Approach to Care

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Structure to Allow

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Leadership to Implement

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### 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

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**HEALTH AFFAIRS BLOG**

HEALTHY TOPICS: NURSING HOMES | QUALITY OF CARE | MEDICARE | FINANCIAL | AFFORDABLE CARE ACT | MEDICAD | FINANCIAL SERVICES

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

Charlene Harrington, Anna Montgomery, Terri King, David C. Grabowski, Michael Wasserman

FEBRUARY 11, 2021



10.1077/hsaj.2021.0108.19170

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

- Real estate
- Medical supplies
- Service providers
- Wound Care
- Construction
- Management

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**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?

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**Responsibilities of Finance, Operations and Clinical Components of Nursing Homes**

Fiduciary Responsibility	Moral/Ethical Responsibility
<p>To Employer/Shareholders</p> <ul style="list-style-type: none"> <li>• Care</li> <li>• Loyalty</li> <li>• Good Faith</li> <li>• Confidentiality</li> <li>• Prudence</li> </ul>	<p>To Patients/Residents</p> <p>Hippocratic Oath</p> <ul style="list-style-type: none"> <li>• Do no harm</li> <li>• Commitment to person centered care</li> <li>• Professionalism</li> </ul>
Primarily financial in nature	Primarily clinical in nature

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



Operations

Finance

Clinical

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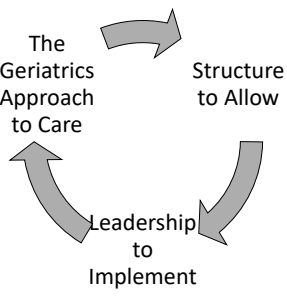
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What's Really Missing in Post Acute & Long Term Care?



The Geriatrics Approach to Care

Structure to Allow

Leadership to Implement

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Leadership is Key!

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My Mentors  
and  
Colleagues,  
Leaders All!  
is Key!

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“Full Range of Leadership Model”-Avolio & Bass\*

Transformational	Transactional	Passive-avoidant
<ul style="list-style-type: none"> <li>Motivates followers to do more than what is expected of them</li> </ul>	<ul style="list-style-type: none"> <li>Emphasizes the exchange relationship between leader and follower; both encouraged to meet their own needs</li> </ul>	<ul style="list-style-type: none"> <li>Passive management-by-exception or avoidance of leadership</li> <li>Laissez-faire or absence of leadership</li> </ul>

\*Poels, J., Verchueren, 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>

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Transformational Leadership

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



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### 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



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### 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

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### Passive-Avoidant Leadership

Passive management by exception, reflecting avoidance of leadership

Laissez-faire, which means absence of leadership

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**Leadership styles and leadership outcomes in nursing homes: a cross-sectional analysis\***  
 Joris Poels, Marc Verschuieren, 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., Verschuieren, 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>

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**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

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**Leadership Styles in Nursing Homes\***

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

\*Christopher Donoghue, PhD, Nicholas G. Castle, PhD, Leadership Styles of Nursing Home Administrators and Their Association With Staff Turnover. *The Gerontologist*, Volume 49, Issue 2, April 2009, Pages 166-174. <https://doi.org/10.1093/geront/gpn001>

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### 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 <sup>a</sup>
LPN turnover	57.1	26.0	13.7	5.4 <sup>a</sup>
NA turnover	74.3	71.4	56.8	47.4 <sup>b</sup>

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

\*Christopher Donoghue, PhD, Nicholas G. Castle, PhD, Leadership Styles of Nursing Home Administrators and Their Association With Staff Turnover, *The Gerontologist*, Volume 49, Issue 2, April 2009, Pages 166-174. <https://doi.org/10.1093/geront/49g021>

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

Variables	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Percent physical restraint use (LSR)	Percent with moderate to severe pain (LSR)	Percent low-risk residents with pressure sores (LSR)	Percent high-risk residents with pressure sores (LSR)	Percent had a catheter inserted and left in bladder (LSR)	5-Star quality measure score*	5-Star health inspection score*
<b>NHA leadership style<sup>a</sup></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	0.33* (0.15)	0.56 (0.39)	0.91 (0.42)	0.86 (0.47)	0.69 (0.35)	3.11 (2.05)	0.03 (0.03)
Shareholder manager	0.51 (0.16)	0.88* (0.40)	1.38 (0.22)	0.44 (0.34)	0.39* (0.18)	4.33* (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 (1.01)	0.18 (0.10)
<b>DON leadership style<sup>b</sup></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)
<b>Combination of leadership style<sup>c</sup></b>							
NHADON dissimilar styles	0.89 (0.56)	0.82* (0.37)	0.84 (0.54)	0.95 (0.64)	1.05* (0.02)	1.14 (1.32)	-0.06 (0.03)
NHADON 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 <sup>2</sup>	0.29	0.32	0.37	0.26	0.29	0.39 (R <sup>2</sup> )	0.37 (R <sup>2</sup> )

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.

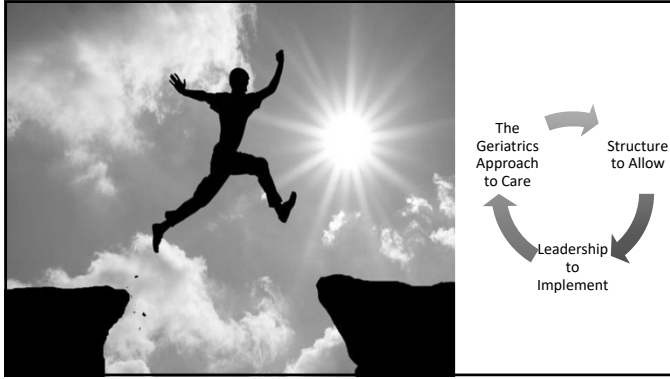
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### Leadership and Vaccine Confidence\*

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 ID, Harrison J, White EM, Syme M, Hanson LC, Kelley CL, 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.

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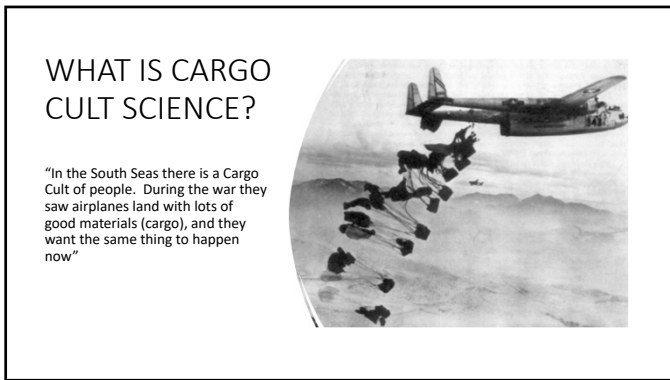
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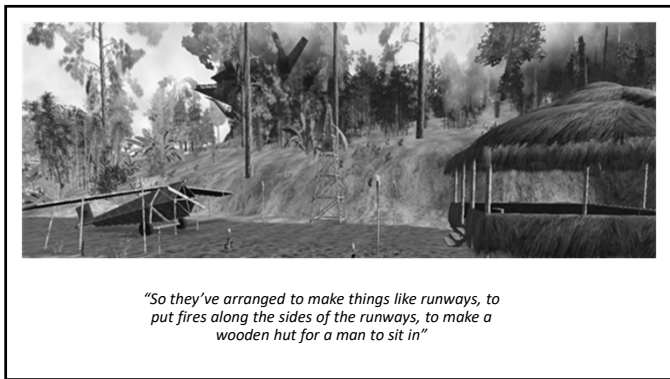
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“with two wooden pieces on his head like headphones and bars of bamboo sticking out like antennas—he’s the controller—and they wait for the airplanes to land.”

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“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.”



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

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**Regulations**

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**Check lists**

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**Penalties**

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

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**What’s the right approach?**



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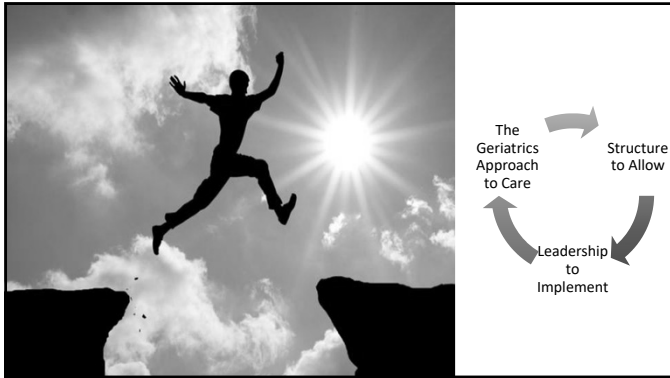
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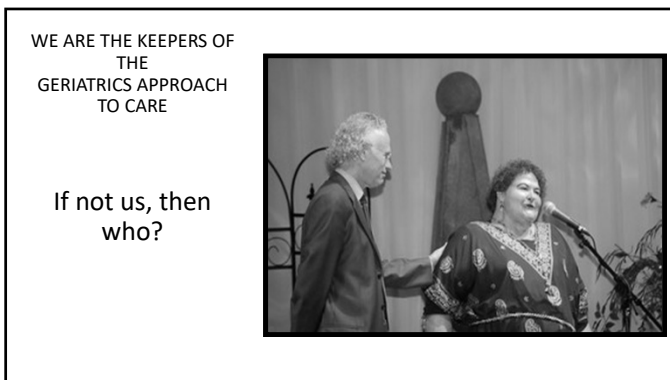
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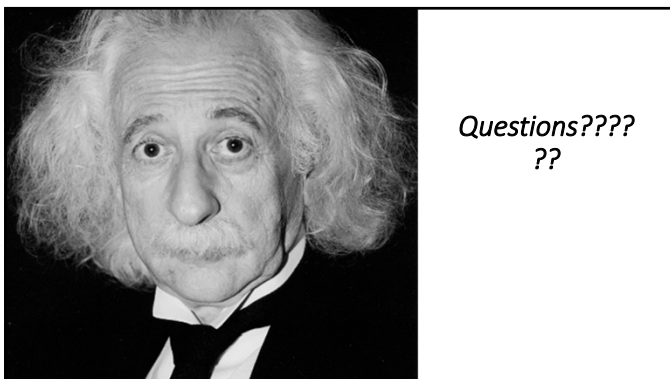
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**California  
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Long Term Care  
Medicine**

@CALTCM  
#CALTCM  
@Wassdoc

Check the CALTCM  
Website ([CALTCM.org](http://CALTCM.org))  
and  
e-newsletter, the  
CALTCM Wave, for  
updates.

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