

**The Education and Credentialing of Nursing Home Administrators in New York State
Meeting the Health Care Needs of Nursing Home Residents**

October 2001

A Study By

The Center for Health Workforce Studies
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Prepared For

The Fan Fox & Leslie R. Samuels Foundation
350 Fifth Avenue
New York, NY 10118

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EXECUTIVE SUMMARY

Background

Nursing home administrators play a central role in the quality of life of nursing home residents. These administrators are responsible for overseeing all aspects of life in a nursing home, including health care, housing, nutrition, social services, security, and recreation. Nursing home administrators are also responsible for supervising and managing staff, managing the finances of the facility, and for assuring compliance with many government regulations and reporting requirements.

This study, supported by the Fan Fox and Leslie G. Samuels Foundation in New York City, gathered facts and insights from many sources to help understand the education, training, and licensure of nursing home administrators and the impact of licensure and professional education on the performance of both nursing home administrators and nursing homes. The study components included:

- Review of the literature.
- Survey of all active New York State nursing home administrator licensees.
- Survey of a sample of inactive New York State nursing home administrator licensees.
- Structured interviews with nursing home administrators and other stakeholders.
- Synthesis of facts and findings into recommendations for the profession and other stakeholders.

Key Findings and Conclusions

Demographics

- Although the majority (55%) of active nursing home administrators in New York in 2000 are men, the percentage of active nursing home administrators who are women has increased progressively over time. Women comprise 30% of those licensed in the 1970s, 36% of those licensed in the 1980s, 50% of those licensed in the 1990s, and 73% of (the relatively small number of) those licensed in 2000.
- The average age of active nursing home administrators in NYS in 2000 was just over 50, and 16% were 60 or older.
- Active nursing home administrators in NYS in 2000 were predominantly white, with only 3% Blacks, 2% Hispanic, 1% Asian, and less than 0.5% Native American, which is significantly different from the population at large.

Work Setting, Sponsorship, and Income

- The percentage of for-profit nursing homes in NYS (47%) is less than the in the US as a whole (65%).
- The median income of active nursing home administrators in NYS in 2000 was \$90,000, with an average of \$99,700. The median incomes for active nursing home administrators in not-for-profit and for-profit nursing homes were both \$90,000, while the median income for nursing home administrators in public nursing homes was \$65,000.
- Incomes of female nursing home administrators were generally less than incomes of male nursing home administrators but this appears to be changing. While the difference in median incomes was significant for those who received their licenses in the 1970s and 1980s, women who received their licenses in the 1990s had median incomes slightly greater than for men.

Education and Career Paths

- Nearly two-thirds of the active nursing home administrators in New York have a Masters degree. This is a significantly higher proportion than nursing home administrators in the US as a whole. More recent nursing home administrators are more likely to have Masters degrees, with nearly 80% of nursing home administrators with less than 10 years experience having a Masters degree.
- The major criticism of the educational requirements to obtain a nursing home administrator license were related to the lack of easily available practical hands-on experience as acquired in Administrator-In-Training (AIT) programs. These programs are especially important for younger trainees who often lack

the practical experience and seasoning needed to be effective nursing home administrators. However, it is difficult to find suitable AIT programs in New York and few of these offer compensation for trainees. This may also discourage some people from considering the field.

- Nearly one-third of active nursing home administrators indicated they were planning to leave the profession within the next five years. This includes some 70% of those 60 or older, but it also includes more than one in five of nursing home administrators under age 60.

Quality

- Study informants generally agreed that the two prime determinants of quality of care in nursing homes are adequate funding and a quality-minded nursing home administrator. There was consensus among the study informants that the nursing home administrator is critical in determining the quality of nursing home services.
- A high percentage of nursing home administrators have participated in continuing education programs related to quality of care (more than 75% over the prior two years).
- Most active NYS nursing home administrators rank the need for additional attention to quality very highly.

Supply of Nursing Home Administrators

- There has been a sharp decline in individuals taking the national nursing home administrator licensing examination in recent years, and significant numbers of active NYS nursing home administrators are planning to retire or move in the next five years. These factors point to an impending shortage of administrators over the next few years.

Study Recommendations

- Pre-licensure education should be improved in a number of areas:
 - Administrator in Training (AIT) programs should be expanded in New York State;
 - Funding should be made available from public and private sources to encourage nursing homes to provide training experiences for aspiring administrators, including paid internships and scholarships for trainees; and
 - Current nursing home administrator education and training should be made more rigorous and realistic.
- Continuing education should be strengthened in a number of ways:
 - Continuing education programs for nursing home administrators should be monitored more closely to ensure quality, relevance, and currency; and
 - Special management training programs should be developed to assist existing nursing home administrators.
- Several additional initiatives should be developed to improve the quality of care to residents:
 - A long term care administrator fellowship program should be established to provide intensive continuing professional education and to provide for support a cadre of existing administrators and junior staff in the long term care industry.
 - Health care provider associations should expand their efforts to assist their members to improve the quality of care.
 - Additional programs to assist and strengthen nursing home administration. This could include a number of approaches ranging from an educational academy, to additional short-term intensive programs, to internet-based programs.
 - The long term care industry and others should develop a campaign to market administrative careers in the long term care industry.

PREFACE

Nursing home administrators play a central role in the quality of life of nursing home residents. These administrators are responsible for overseeing all aspects of life in a nursing home, including health care, housing, food service, social services, security, and recreation. Nursing home administrators are also responsible for supervising and managing staff, managing the finances of the facility, and for assuring compliance with a wide range of government regulations and reporting requirements. In overseeing all of these many diverse areas, one of the fundamental goals is to try to provide the residents with the highest quality of life possible given their individual condition and needs.

The Center for Health Workforce Studies at the School of Public Health, University at Albany, with support from the Fan Fox and Leslie R. Samuels Foundation in New York City, undertook a study of the education, licensing, and career tracks of nursing home administrators licensed in New York State. An important goal of the study was to try to assess the impact of the education and training of the administrator as well as the current licensure requirements on the quality of care provided to nursing home residents. The study included a survey of all administrators with an active New York State nursing home license, a survey of a sample of individuals that previously had a nursing home administrator license in the state and interviews with nursing home leaders in New York.

Mary Jane Koren, MD at the Fan Fox and Leslie R. Samuels Foundation provided invaluable guidance and assistance in designing the study, framing the policy questions addressed by the study, and identifying key informants. The study was also informed by an advisory committee of experts in the field, whose names and affiliations are provided in Appendix D. Their insights and expertise are gratefully acknowledged. The Office of Continuing Care of the New York State Department of Health and the state Nursing Home Administrator Licensure Board provided mailing lists of active and inactive NYS-licensed nursing home administrators.

The Center for Health Workforce Studies is a not-for-profit research center operating under the auspices of the University at Albany of the State University of New York and Health Research, Incorporated (HRI). The ideas expressed in this report are those of the authors, and do not necessarily represent the views or positions of the State University of New York, the School of Public Health, HRI, the Office of Continuing Care, NYS Nursing Home Administrator Licensure Board, the NYS Department of Health, or the Fan Fox and Leslie R. Samuels Foundation.

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SUMMARY

Background

The medical and social needs of nursing home residents have increased significantly over the past several years. This reflects a number of factors, including the evolution of the health care delivery system, significant advances in the science and practice of medicine, and the continuing aging of the population. Hospitals are discharging patients more quickly, leading to an increase in the number of patients in nursing homes needing subacute care and rehabilitative services. At the same time, the expansion of assisted living facilities and home care have provided options for the healthier elderly and disabled individuals, leaving nursing homes with increasing numbers and percentages of very frail and needy residents.

These changes come at a time of growing concerns about both the cost and quality of nursing home care. Medicaid and Medicare, the two major sources of funding for nursing home care, are both trying to limit cost increases. Family members, patients, consumer advocates, and government representatives have all expressed concerns with the quality of care and are pressing for improvements in services. A growing shortage of nurses and nurse aides in many parts of the country adds significantly to the challenge of providing high quality services.

This is the environment in which nursing home administrators must operate. In the face of the growing challenges to these professionals, questions have arisen about their qualifications, licensing, and education. The questions cover a wide range of topics, including: characteristics and qualifications of nursing home administrators; education and licensing requirements; the relationship between education and licensing and quality of care; programs and initiatives that could improve the qualifications and performance of nursing home administrators; the extent of turnover among nursing home administrators; and possible state and national investments in the education and training of nursing home administrators to improve the quality of life and care in nursing homes.

Study Objectives

The four key objectives of the study were to:

- Collect, compile, and present data on the characteristics, education, work environment, professional activities, and career tracks of nursing home administrators in New York;

- Understand the role of licensure and required education on the performance of nursing home administrators in different aspects of their work, especially related to quality of care;
- Develop recommendations to increase the relevance and impact of pre-licensure and post-licensure education and training for nursing home administrators; and
- Identify education and training initiatives to improve the quality of care and services provided to nursing home residents.

Study Components

- **Review of the literature.** This included a comprehensive review of the literature on nursing home industry trends, nursing home administrators and the relationship between education, training and licensure, and the quality of care.
- **Survey of active NYS nursing home administrator licensees.** All individuals with an active nursing home administrator license in the state received a mail survey requesting information on:
 - demographic characteristics;
 - general educational background and pre-licensure education and preparation;
 - employment history;
 - current work setting and income;
 - continuing professional education, including related to quality of care; and
 - recommendations to strengthen the education and training of nursing home administrators.
- **Survey of inactive NYS nursing home administrator licensees.** A sample of former holders of a nursing home administrator license in the state were surveyed regarding reasons for leaving the field and their perspective on steps to strengthen the education and training of nursing home administrators.
- **Structured interviews with nursing home administrators and other interested stakeholders.** A series of structured interviews were conducted with nursing home administrators and other stakeholders including educators and government regulators. These interviews provided important insights on the nursing home environment, the role of the

administrator in assuring quality of care and the role of education, training and licensure in assuring well prepared administrators.

- **Synthesis of facts and findings into recommendations for the profession and the industry.** This report provides the synthesis and recommendations.

KEY FINDINGS

During the summer and fall of 2000, the Center for Health Workforce Studies mailed a survey to the 1,358 individuals with an active nursing home administrator license in New York State as of July of 2000. The original mailing and two follow up mailings, yielded responses from 852 (63%) of the licensees.

Of the respondents, 508 (60%) were currently practicing as nursing home administrators. This includes 412 Administrators of Record (AORs) and 96 nursing home administrators not working as an AOR¹. Another 95 (11%) of respondents had worked as an AOR or in another nursing home administrator position in the past two years. Since there were 671 nursing homes in NYS [NYSDOH, 1998], the 603 respondents that were nursing home administrators within the past two years, represent a significant proportion of the nursing homes in the state.²

Nursing home administrators in NYS have a wide range of day-to-day management responsibilities including: patient care, personnel, financial management, physical plant and safety, and governance and evaluation. Unlike hospitals, which generally have large, differentiated administrative staffs, nursing homes, especially smaller ones, tend to have few administrative staff and nursing home administrators personally handle many aspects of administration.

The survey yielded many insights about nursing home administrators in New York. These are summarized below.

¹ Every nursing home must have a licensed administrator who is designated by the home as the “administrator of record.” (AOR) Nursing homes may also employ other administrators some of whom may have a New York State nursing home administrator license.

² Some of the respondents were likely to be from the same nursing home. However, since the survey did not ask for the name of the nursing home, it is not possible to determine exactly how many different nursing homes were represented by the respondents.

Demographics

- Although the majority (55%) of active nursing home administrators in New York are men, the percentage of active nursing home administrators who are women has increased progressively over time. Women comprise 30% of those licensed in the 1970s, 36% of those licensed in the 1980s, 50% of those licensed in the 1990s, and 73% of (the relatively small number of) those licensed in 2000.
- The average age of active nursing home administrators in NYS in 2000 was just over 50, and 16% were 60 or older.
- Active nursing home administrators in NYS in 2000 were predominantly white, with only 3% Blacks, 2% Hispanic, 1% Asian, and less than 0.5% Native American.

Work Setting, Sponsorship and Income

- The distribution of the nursing home administrators responding to the survey by sponsorship type closely resembles the distribution of nursing homes in New York State: 49% indicated not-for-profit, 43% reported for-profit, and 8% reported public. The distribution of the 671 nursing homes in New York in the three categories is: 45% not-for-profit, 47% for-profit, and 8% public [NYSDOH, 1998]. This suggests that the survey results are representative of the universe of nursing home administrators in NYS in 2000.
- The percentage of for-profit nursing homes in NYS (47%) is less than in the US as a whole (65%) [AHCA, 2000].
- Nursing home administrators in larger nursing homes tend to be older. This suggests that administrators may progress from smaller nursing homes to larger as they gain experience. The proportion of active nursing home administrators with Masters degrees does not vary significantly by size of nursing home.
- The median income of active nursing home administrators in NYS in 2000 was \$90,000, with an average of \$99,700. The median incomes for active nursing home administrators in not-for-profit and for-profit nursing homes were both \$90,000, while the median income for nursing home administrators in public nursing homes was \$65,000.
- Nursing home administrator incomes tend to increase with age, years as a nursing home administrator, and with the total budget of the nursing home which suggests normal

progressions related to experience, seasoning, and job demands. Incomes of active nursing home administrators in nursing homes with total budgets of \$20 million or more averaged \$134,000, more than twice that of nursing home administrators in nursing homes with budgets of less than \$4 million (\$65,000).

- Incomes of female nursing home administrators were generally less than incomes of male nursing home administrators but this appears to be changing. While the difference in median incomes was approximately \$23,000 for those who received their licenses in the 1970s and \$18,000 for those who received their licenses in the 1980s, women who received their licenses in the 1990s had median incomes \$2,000 *greater* than for men. There was no difference in median incomes for the small number of men and women who received their licenses in 2000. Some of the income gap among older administrators may be attributable to alternative compensation arrangements at nursing homes operated by religious organizations, although it is not possible from the study data to determine the extent to which this is the cause of the differences.

Education and Career Paths

- Nearly two-thirds of the active nursing home administrators in New York have a Masters degree. This is significantly higher than nursing home administrators in the US as a whole. More recent nursing home administrators are even more likely to have Masters degrees, with nearly 80% of nursing home administrators with less than 10 years experience having a Masters degree. The majority of the graduate degrees are in either health care administration or business administration.
- Of the 347 currently active nursing home administrators who provided information on positions held 10 years earlier, 77% had held a position in a nursing home, and 51% had been a nursing home administrator. Although the questions asked of both active and inactive nursing home administrator licensees revealed some insights about the work of nursing home administrators over time, there are limits to what can be learned about career paths of nursing home administrators from a single survey. Those staying in the field over time are more likely to be still working and available to complete the survey; while administrators with short tenure in the field are likely to be missed.

- Forty-six (46%) percent of active nursing home administrators indicated that a larger nursing home or a long-term care network was the most promising opportunity for career advancement. Another 30% identified integrated network as the most promising opportunity. Fewer than 4% indicated hospitals as their most promising opportunity.
- Nursing home administrators reported extensive continuing professional education over the past 24 months, which is consistent with legal requirements. Most (75%) had taken at least one program on Quality Assurance over the prior two years.
- Although most nursing home administrators reported that they were adequately trained to carry out their duties and responsibilities, most also indicated that additional training would be desirable in several areas, particularly quality assurance and financial management.
- The major criticism of the educational requirements for obtaining a nursing home administrator license were related to the lack of easily available practical hands-on experience as acquired in Administrator-In-Training (AIT) programs. These programs are especially important for younger trainees who often lack the practical experience and seasoning needed to be effective administrators. However, it is very difficult to find suitable AIT programs in New York and few of these offer compensation for trainees, which may force some trainees to out-of-state programs. It may also discourage some people from considering the field.
- Several informants expressed concern that current training focuses too much on “simple, linear problems” that are relatively easy to resolve using “cookbook” solutions. As a result some nursing home administrators felt ill prepared to deal with some of the “complex, non-linear” problems that must be addressed in actual practice.
- Nearly one-third of active nursing home administrators indicated they were planning to leave the profession within the next five years. This includes some 70% of those 60 or older, but it also includes more than one in five of nursing home administrators under age 60.

Inactive Nursing Home Administrators

- Based on a sample of inactive NYS nursing home administrators licensees in mid-2000, approximately 38% were retired or unemployed, 15% were working in nursing homes, 17% were working in other health care facilities, 22% were working in non-health care organizations, and 8% were doing something else.

- Of the inactive licensees under 60 years old, 44% were still involved in the health care industry, 32% were in another type of organization, 11% were unemployed, and 13% were pursuing other activities. Over 70% of inactive licensees 60 or older were retired or unemployed.

CONCLUSIONS

Based on these findings and others described in this report, a number of conclusions can be drawn.

- Nursing home administrators in New York are generally well educated and experienced. While their education and training could be strengthened, possible shortcomings in the education and training process do not appear to be a major contributor to the problems facing the industry.
- Similarly, while licensure requirements can be strengthened, the current requirements appear to be adequate to assure a minimum level of competence for nursing home administrators.
- Nursing homes in New York and across the nation are facing numerous, very serious challenges that will require strong leadership and highly effective managers. The current environment—including the adversarial relationship with government, increasing consumer expectations, constrained resources, and the public’s distaste for nursing homes—will not only make effective management difficult, but also discourage some well qualified potential applicants from considering the field. In fact, the field appears to be facing a serious shortage of nursing home administrators in the coming years.
- One of the more effective approaches to preparing future nursing home administrators involves internships, like those offered by the Administrator in Training (AIT) program. Unfortunately, the number of these opportunities has dwindled, especially paid internships. This is a serious shortcoming that could limit entry into the field.
- A high percentage of nursing home administrators have participated in continuing education programs related to quality of care (more than 75% over the prior two years). While this is encouraging, it appears that the continuing education programs can and should be strengthened. The requirement that nursing home administrators receive 48 hours of continuing professional education every two years appears to be reasonable if there are additional assurances that the education programs meet higher standards.

- While increased pre-licensure education, continuing education, and licensure requirements might lead to some limited improvements in quality of care, at this time of reduced interest in nursing home administration careers, it does not appear appropriate or wise to raise entry, continuing education or licensure requirements. Greater gains would probably come from voluntary efforts to provide expanded and improved education and training.
- Paths that lead to nursing home administrator licensure and employment in NYS are not always clear to individuals considering becoming a nursing home administrator. There are multiple paths, depending on candidates' previous background and experience which is appropriate [Appendix F], but entry points into the process are not widely known.
- Support from current licensees for the current nursing home administrators licensing process in NYS was equivocal. Most informants indicated that the licensing examination developed by the National Association of Boards of Examiners of Long Term Care Administrators (NAB) screens for the kinds of skills and abilities needed by the nursing home administrators. However, several informants were concerned that otherwise well qualified candidates for nursing home administrator positions are filtered out of the system because of the formal education/examination/license requirements.
- Two out of three survey respondents indicated that the nursing home administrator licensing exam does not assure that new nursing home administrators are adequately prepared for their work. Forty percent of these respondents indicated that the exam did not measure skills needed by nursing home administrators (e.g., applied knowledge, ability to deal with complex situations, and commitment to patients/residents). Another 38% indicated that hands-on experience is more important than an exam.
- Continuing education programs often cover appropriate and important topics, but they would benefit from additional rigor. Some informants indicated that many continuing education programs do not have the depth and thoroughness necessary to keep nursing home administrators skills at top form. This is especially important given the increasing demands being placed on nursing home administrators due to increased patient acuity and increasing management challenges.
- There is reason for concern about maintaining numbers of licensed nursing home administrators in New York State in the future. Significant numbers of existing nursing home

administrators are planning to retire or move in the next five years, and the number of new nursing home administrators is beginning to decline. Nationally the number of people taking the National Association of Boards of Examiners of Long Term Care Administrators (NAB) licensing examination has declined significantly in recent years [NAB, 2001]. Unless something is done relatively quickly to make the profession more attractive, this decline in new administrators could result in serious shortages for nursing homes in the future.

- Study informants generally agreed that the two prime determinants of quality of care in nursing homes are adequate funding and a quality-minded nursing home administrator. Funding impacts all organizational levels, starting with the ability to recruit sufficient direct care workers to meet the everyday needs of residents, and ending with special initiatives to introduce special programs and services for residents. Although this study did not attempt to assess the links between nursing home administrator licensure and quality of care in nursing homes, there was a general consensus among the study informants that the nursing home administrator is a critical factor in determining the quality of nursing home services. The administrator sets the tone in both practice and philosophy about providing quality care and making the extra effort to see that the needs of residents are met.
- Many informants indicated concern about current state and federal nursing home surveillance systems and what appears to be an antagonistic approach on the part of government agencies. Although the current review processes can identify facilities with problems, they are often overly concerned about minor infractions in facilities that have high quality programs and services. The resulting negative publicity about relatively minor infractions creates unnecessary difficulties for the affected nursing homes and nursing home administrators.
- While New York's nursing homes are different in certain ways from nursing homes in other parts of the country, the concerns with quality of care are similar in New York to the rest of the nation. Two notable differences between New York and the rest of the nation are the relatively high proportion of not-for-profit nursing homes in New York (along with an absence of publicly held for-profit nursing home chains), and the percentage of nursing home administrators with Masters degree training, which is 66% in NYS in contrast to closer to 40% nationally.

RECOMMENDATIONS

Based on the literature review, the two surveys and the interviews, the study has developed a number of recommendations:

Educational Requirements for Licensure

Although there was no consensus on the qualifications and skills of the “ideal nursing home administrator” study informants generally agreed that the most effective nursing home administrators are those who can successfully bridge concerns about quality of care and the human needs of residents and staff in their facilities with concerns about business, management, and regulatory issues. This has implications for the training and preparation of nursing home administrators for their positions, especially the education requirements which establishes the essential skill sets and knowledge sets for practicing nursing home administrators. Pre-licensure education is a critical element in the larger process of certifying the capabilities of nursing home administrators and ensuring that they are able to handle the important duties of their positions. Improvements are possible in a number of areas:

- **Administrator in Training (AIT) programs should be expanded.** Additional “seasoning” of new nursing home administrators, especially those with no previous management experience, should be actively promoted. The primary formal mechanism for accomplishing this in New York is the AIT program which should be expanded in both duration and numbers of people through a voluntary industry initiative. Appropriate supervision of these internships is critical to their success. *Expansion of this program may require external funding support to cover the additional costs of personal monitoring and supervision needed for an effective AIT program. This funding should come from public and/or private sources.*
- **A scholarship program for individuals to be educated as nursing home administrators and/or AITs should be developed.** A scholarship program, whether financed publicly or privately, could increase the number of future nursing home administrators participating in AIT programs, and could help improve the skills of administrators. It might also make the profession a more attractive career choice by making it more affordable for some and by sending a signal to the public that this is an important career that is valued by our society. In this period of generally negative attitudes about nursing homes and long term care, even 10

scholarships a year could help to promote a more positive attitude about the value and rewards of this important profession.

In addition to general scholarships for nursing home administrators in training, some scholarships might be targeted to minorities, who are very underrepresented in the ranks of nursing home administrators.

- **Current nursing home administrator education and training should be made more rigorous and realistic.** Nursing home administrators should be exposed to more concepts and techniques for addressing the human needs and problems of both residents and staff. Curricula should be augmented to include more “complex, non-linear” problems, comparable to those that must be addressed in actual nursing home administrators practice. This is especially important in nursing homes that are shifting to more patient-centered philosophies. Some of this could be accomplished through courses in management techniques related to leadership, communication, and team building. This applies to both pre-licensure education and continuing education.

Licensure

- **Licensure for nursing home administrators should be continued.** Study informants were virtually unanimous that licensure serves a variety of useful purposes. This includes: setting minimum thresholds of competence for nursing home administrators; defining basic skills and knowledge needed by nursing home administrators; reassuring the public that quality care is being provided; and creating a focal point for any needed corrective actions in a nursing home.
- **Additional formal education requirements and certifications for special skills and topics should not be required for nursing home administrator licensure or renewal in New York State at this time.** Nursing home administrators desiring to distinguish themselves from their peers through special certifications from colleges or professional organizations should not be discouraged from doing so on an individual, voluntary basis.

Continuing Education Requirements

Continuing professional education is a critical part of the professional development process for nursing home administrators. A number of recommendations are appropriate.

- **Continuing education programs for nursing home administrators should be monitored more closely to ensure quality, relevance, and currency.** Most continuing education programs are suitable, but the quality is variable over the entire spectrum of programs. The current requirement of 48 hours of continuing education every two years was deemed appropriate by most informants, although many recommended that most programs, especially those conducted as part of professional conferences, should be more rigorous.
- **New management training programs should be developed to assist nursing home administrators and the nursing home industry.** Without stronger management and leadership at individual nursing homes and professional associations, and regulating agencies, it is unlikely that the nursing home industry will be able to overcome the image problems it now faces. A variety of different approaches to delivering education and training are possible. Some attention should be devoted to such topics as risk taking, change management, organizational development, strategic thinking, quality assessment, and political strategies.

Quality Improvement

Although the determinants of nursing home quality are not well documented or calibrated, several initiatives have been identified that promise to help nursing home administrators improve the quality of care to residents.

- **The nursing home industry in New York State should create an institute or academy dedicated to assisting long-term care programs and providers.** The institute would serve as a locus of technical assistance and general support for nursing home administrators, especially related to programs and initiatives to improve quality of care. With a small staff of experts the institute would help any nursing home administrator, especially those in small nursing homes, deal with difficult problems and issues. Among the possible components, roles, and activities of the institute are:
 - A resource center containing descriptions of successful initiatives and best practices;
 - A small cadre of paid current and/or former nursing home administrators to serve as advisors and consultants;
 - A web site that provides easy access to information and resources at any time;

- Site visits to help local nursing home administrators diagnose problems and identify appropriate interventions;
 - A non-adversarial, participatory surveillance system to help identify and solve critical problems in nursing homes;
 - A special data base containing a variety of statistical indicators of performance and outcomes of participating nursing homes.
- **A fellowship program to enhance the knowledge and skills of existing long term care administrators should be established.** Managing nursing homes and other long term care facilities effectively is extremely difficult. A fellowship program working with a cadre of administrators over a one or two year period could yield significant improvements in quality of care. The program could include a mix of weekend retreats, on-line education, and other education and networking strategies.
 - **A series of special 2-day continuing education programs on improving the quality of nursing home programs and services should be developed for nursing home administrators and other long term care administrators.** These programs should be much more rigorous than the typical programs on quality improvement, with special attention to translating the work in the classroom into practice on the job.

Recruiting the Next Generation of Nursing Home Administrators

A new process for attracting candidates into the nursing home administrator profession should be created, drawing on the resources of state government, professional associations, and the nursing homes themselves. Ideally, this process should be part of a more general effort to rebuild the image and reputation of the nursing home industry. The industry is viewed by too many people in a negative light, e.g., working with old people, no excitement, heavily regulated, hard work for low pay, quality problems, deficiencies even in good nursing homes, unethical practices. This makes it hard to recruit workers of all types, including nursing home administrators. Several steps should be considered to help recruit new nursing home administrators:

- Clearly identifying entry points and prerequisites for licensure;
- Standardizing the educational requirements and paths to licensure;

- Removing unnecessary barriers and restrictions for otherwise qualified candidates; and
- Improving the work environment of nursing home administrators.

Other Recommendations

Virtually all the informants of this study spoke about the challenges facing nursing home administrators and nursing homes today. Though not directly related to the specific study objectives, it is important for policy makers, especially those not part of the nursing home industry, to understand the general context in which the study findings and conclusions have been reached. The recommendations that follow identify a number of general initiatives not directly related to nursing home administrators education and licensure that deserve consideration as part a comprehensive strategy for improving the quality and effectiveness of nursing home programs and services.

- **Adequate funding for basic nursing home programs and services is essential.** Although nursing home financing and reimbursement are not primary themes of this study, many informants expressed serious concerns about these topics. Adequate funding for nursing home services is essential if quality care is to be provided. Nursing home administrators often find it impossible to provide services needed for quality care simply because current reimbursement rates are insufficient to hire necessary staff. There are also needs for resources to fund special programs and investments that can improve both quality of care and cost effectiveness.
 - Better funding is required to support innovative patient-centered programs, services, and technologies. Very few nursing homes have resources needed to take advantages of opportunities to improve the efficiency of their operations and offer new services to residents.
 - Many nursing homes have facilities that, even if they are in good repair, do not meet the changing expectations of the public about the kind of environment they want for their families and themselves. Mechanisms should be provided that provide nursing homes with better access to capital to address these problems.
- **State and federal surveillance agencies should develop more discriminating performance indicators and deficiency criteria for nursing homes.** Many informants felt

that the current system, which makes little distinction between major deficiencies related to the care/safety of residents and minor deficiencies in support activities like record keeping, is too adversarial and punitive. While no one condones improper or unsafe practices, overly aggressive surveillance often results in costly responses that are basically unproductive. It also generates unnecessary adverse publicity which makes it more difficult for nursing home administrators to improve the quality of care, maintain the quality of life of nursing home residents, and recruit and retain a stable, high quality workforce.

Chapter 1

BACKGROUND

The task of managing a nursing home in New York State and nationally has become much more challenging over the past decade. Broad changes in the delivery and oversight of nursing home services have had a profound effect on management processes:

- increases in the acuity of illnesses and complexity of care in nursing homes due to changes in the health care delivery system and advances in medicine;
- increasing pressures to contain and reduce costs due to concerns about the growing costs of health care;
- greater concerns about the quality of care and clinical outcomes for nursing home residents;
- more pressure by patient advocates and government for improved quality of care; and
- the aging of the population which results in increased demand for the full range of long term care services.

All signs point to continuation of these trends in the future, which will add even more to the challenge of managing a nursing home effectively. This raises important questions about how to ensure that nursing home administrators are adequately prepared to handle the growing challenges. There are also related questions about how to ensure that there will be an adequate supply of nursing home administrators to serve all nursing homes in the state.

In New York State, as in all states, nursing home administrators are licensed by the state to assure a minimum level of competency. To become licensed, an individual must meet minimum educational and training requirements and pass a national examination. It is unclear, however, if the current requirements are sufficient to assure that licensees have all the skills needed to be effective nursing home administrators in today's environment.

This chapter reviews the literature related to the preparation, credentialing, and licensing of nursing home administrators. It summarizes a number of reports, articles, and data bases published over the past decade that help to understand and define the context in which nursing home administrators work. None of the references are specific to New York, but all have some relevance to the Empire State. The review is presented in two broad categories, the first related to the nursing home industry and the second to nursing home administrators. Where appropriate,

selected data tabulations are presented that help to clarify relevant patterns and trends taking place in the nursing home industry.

A. Nursing Home Trends

Nursing homes have changed dramatically over the past few decades. As hospitals discharge patients sooner, the acuity of illness of nursing home residents has risen correspondingly. The change in nursing home use and resident and facility characteristics has been documented in the literature.

1. Nursing Home Use

The number of elderly people has been increasing and will keep growing.

The number of elderly people, who are the largest group of nursing home residents, has been increasing dramatically. According to the Census, the number of people aged 65 and over increased from 25.6 million in 1980 to 34.5 million in 1999 (35.2% increase) [Hobbs & Damon, 1996; U.S. Census Bureau, 2000c]. The number is expected to jump to 53.7 millions by the year 2020 [U.S. Census Bureau, 2000b]. Although smaller in number, the growth of those aged 85 and over, who are most likely to be in nursing homes, has been even more dramatic. The number jumped from 2.2 million in 1980 to 4.2 millions in 1990 (86.4% increase) [Hobbs & Damon, 1996; U.S. Census Bureau, 2000c] and is expected to become more than 6.7 million in 2020 (U.S. Census Bureau, 2000b). The experience in New York State has been consistent with national trends. Between 1980 and 1999, the number of those aged 65 and over increased from 2.2 million to 2.4 million (12.1% increase). For those 85 and over, the number grew from 195,633 in 1980 to 310,167 in 1999 (58.2% increase) [US Census Bureau, 1995; US Census Bureau, 2000a]. By the year 2020, the number of the elderly in New York State will be 2.9 million, including 370,281 people who are 85 and over [US Census Bureau, Internet].

The proportion of the elderly people using nursing home has been decreasing.

According to Bishop [1999], the nursing home residents per 1,000 people aged 65 and over declined from 46.2 in 1985 to 42.4 in 1995. The same trend can be seen for those who are 85 and over: the rate declined from 219.4 in 1985 to 198.6 in 1995. The slowing growth rates of nursing home beds in recent years, both in New York State and nationwide, reflect such trends [Harrington, Carrillo, Thollaug, & Summers, 1999]. Bishop [1999] points out that

such a decline in nursing home use among the elderly might have been a result of decreasing disability rates and increasing availability of other care settings. Cost containment strategies by HCFA and many states may also be limiting increases in new nursing home beds. Recent growth in home health care [National Association for Home Care, 2000] and assisted living [Hawes, Rose, & Phillips, 1999] suggests that less disabled people, who used to reside in nursing home, now reside and receive care in their own homes or more “home-like” settings like assisted living facilities. Consequently, those who remain in nursing homes are more disabled than ever with more complex care needs.

2. Resident Characteristics

Nursing home residents are becoming more disabled.

The proportion of nursing home residents who need assistance in Activities of Daily Living (ADL) has been increasing. According to the National Nursing Home Survey, the percentage of residents who are incontinent increased from 55.0% in 1985 to 64.9% in 1997 [National Center for Health Statistics, 1999]. The percentages of residents who are dependent in mobility and eating have also increased in the same period, 75.7% to 79.3% and 40.9% to 45.1%, respectively. In New York State, the proportion of residents who are bedridden has also increased, from 1.7% in 1991 to 5.2% in 1997 [Harrington et al., 1999].

Nursing home residents are becoming more racially diverse.

Racial minorities are not only growing in number and proportion but are also more likely to use nursing home care than a decade ago. According to Bishop [1999], nursing home use per 1,000 elderly aged 65 and over among white population was 47.7 in 1985. The number declined to 42.3 in 1995. On the other hand, the rate among black elderly population increased from 35.0 in 1985 to 45.2 in 1995, higher than for the white population. A study by Singh, Amidon, Shi, & Samuels [1996] indicates that racial bias rather than a bias based on financial status (i.e., Medicaid pay) is a predictor of quality in nursing facilities. These disturbing findings suggest that nursing home administrators may need to create a more culturally sensitive organizational climate in response to increasing racial diversity of nursing home residents.

3. Facility Characteristics

The number of special care beds has been increasing.

The number of beds for residents with special needs, (e.g., Alzheimer's disease, AIDS, ventilator) has been increasing both in New York State and nationwide. In particular, numbers of beds for AIDS and ventilator patients have been growing faster than the national average. Alzheimer's beds had the largest numerical growth in New York State as well as nationwide. nursing home administrators are expected to respond to more complex care needs of those residents in special care beds.

Nursing homes in New York State are larger than the national average, and the size continues to grow.

The average size of nursing homes in the U.S. has been approximately 105 beds for the last 10 years. In New York State, the average size was 166.1 beds in 1991 and 173.0 in 1997 [Harrington et al., 1999]. The size of nursing homes also varies within the state. While some nursing homes in larger cities have more than 300 beds, those in rural areas may have as few as 30 or 40 beds. The roles and expectations of nursing home administrators and issues they face may differ depending on the facility size.

Proportions of for-profit and nonprofit nursing homes have been stable in the last 10 years both in New York State and nationwide. However, facilities in New York State are more likely to be nonprofit and less likely to be chain-owned than the national average.

Compared to the nation as a whole, nursing homes in New York State are more likely to be owned by nonprofit organizations. In New York State, the proportions of for-profit and nonprofit nursing homes are similar, whereas about two-thirds of nursing homes in the US are owned by for-profit organizations. The proportions of chain-owned facilities also differ: 11.8% in New York State and 53.8% in the US in 1997 [Harrington et al., 1999]. Several studies examined relationships between nursing home quality and ownership but yielded inconsistent findings [Steffen & Nystrom, 1997]. The extent to which ownership and affiliation affect the issues, focus, and roles which nursing home administrators must address is not clear.

4. Financial Mechanisms

Public funds represent a growing share of nursing home expenditures.

While Medicaid is the major source of public funding, the Medicare share has been growing. According to the HCFA (now the Center for Medicaid and Medicare [CMS]) [Internet], the

proportion of Medicare payments in nursing home expenditures increased from 1.7% in 1980 to 9.1% in 1995. In New York State, the percentage of certified nursing facility residents with Medicare as their primary payer jumped from 5.6% to 11.4% between 1991 and 1997 [Harrington et al., 1999]. Since Medicare pays only for post-acute care, the increasing proportion of Medicare payments in nursing homes implies that residents are now more likely to be recovering acute care patients rather than those who need long term care. This shift of payment sources has a number of implications for nursing home administrators, not only in financial management but also in responding to changing residents' health care needs.

There are growing pressures to constrain costs.

As the proportion of public payments for nursing homes increase, the industry is becoming more vulnerable to recent initiatives to cut public health care costs. According to McDonald and Muller [1998], both Medicaid and Medicare are now pressuring the industry to cut their costs. Almost every state has already moved its Medicaid program to some form of prospective payments. Even the traditional reimbursement systems are capped more tightly. Moreover, the repeal of Boren Amendment gives states more flexibility to reduce reimbursement and/or limit increases. Nursing homes used to deal with such Medicaid cost constraints by increasing the number of residents with Medicare, which is a retrospective payment system. However, the Balanced Budget Act of 1997 replaced the Medicare retrospective cost-based reimbursement with prospective payments. Grimaldi [1999] argues that this changeover will reduce Medicare payments for most nursing homes. In addition, a growing number of nursing homes are involved in managed care (e.g., sub-acute care, managed long term care, integration of acute and long term care), which may also create additional pressures to cut costs [McDonald & Muller, 1998].

5. Staff Shortage and Retention Difficulties

Nursing homes across the nation have been reporting serious shortages of workers [DeParle, 2000; Frank et al., 2000; McDonald & Muller, 1998; NYAHS, 2000 Straker & Atchley, 1999]. In particular, a number of homes identify direct care staff as the hardest positions to fill [Contemporary Long Term Care, 1999]. Recently, the New York Association of Homes and Services for the Aging [NYAHS, 2000] conducted telephone interviews with long term care providers, including nursing home representatives in New York State. The study found that 92% of nursing homes reported labor shortages, and over a half of them also reported

retention difficulties. These numbers for nursing homes were higher than for other long term care providers such as home health agencies and adult day care centers.

Nursing home representatives identified a number of factors contributing to labor shortages and retention difficulties, including competition with other industries/facilities; a small labor pool; and poor wages, benefits, and working environment [NYAHS, 2000]. The near record-low unemployment rates put even more pressures on nursing homes to compete with other industries and facilities which involve less demanding work and provide better wages and benefits. Although economic conditions are beyond the control of nursing home administrators, studies also show that management styles, such as staff involvement/recognition and levels of teamwork, can have a significant impact on nursing home staff turnover and retention [Banaszak-Holl & Hines, 1996; Iowa Caregiver Association, 1998; Moffatte, Stefanini, & Hardke-Peck, 2000; Pillemer, 1997; Waxman, Carner, & Berkenstock, 1984]. These findings suggest that, despite some inevitable factors like financial pressures and the tight labor market, nursing home administrators can still be effective in recruiting and retaining staff members who are critical to quality care.

In response to the serious shortage of nursing home workers, states have passed or considered legislation in recent years. A survey of 48 states found 16 states that have approved or implemented some form of a wage pass through [North Carolina Division of Facility Services, 1999]. A number of other initiatives have also taken by states, including shift differentials, transportation reimbursement, and nurse aide career ladders. In addition, a recent report by HCFA (now CMS) calls for action to address staffing issues at the national level [DeParle, 2000]. Hence, nursing home administrators must pay close attention to legislative and regulatory changes at both state and national levels.

6. Quality of Care

Survey results show that nursing homes in New York State on average provide higher quality of care than national averages, although some indicators show improvements in nursing homes at national level but stable performance in New York State

The On-Line Survey of Certification Reporting System (OSCAR) provides valuable data on nursing facilities and the quality of care in each facility [Harrington et al., 1999]. According to the OSCAR data, nursing homes in New York States provide better quality care than the

national average [Harrington et al., 1999]. For example, 35.3% of the facilities in the New York had no deficiencies in 1997, compared to 21.6% nationwide. The percentages of facilities with deficiencies in most of the categories (e.g., physical restraints, pressure sore, nutrition, etc.) are lower in New York State than the national average. However, while the national data show some quality improvements since 1991, the performance data have been stable in New York State. A possible argument is that the nursing home quality in New York State has reached a limit; therefore, it is extremely difficult to make further improvements. However, the data show that about two-thirds of nursing homes in New York States still have at least one deficiency and that more than 10% of the facilities in the state have deficiencies in several categories, including pressure sore and limited range of motion services. Hence, there is still a room for improvements in nursing home quality in New York State as well as nationwide.

The average nursing staff hours per resident has been stable while residents need more care

Despite the increase in special care beds and growing dependency of nursing home residents, the amount of time nursing staff (RN, LPN, and nurse aides) spend with residents has not increased in the last 10 years [Harrington et al. 1999]. This implies that direct care staff are providing more care and/or that residents are receiving less care per patient. Staffing is an important issue for nursing home administrators, not only in resident care but also in personnel management such as staff morale and skill improvement, so that fewer staff can provide quality care for residents with less feeling of burnout or stress.

7. Quality Improvement Initiatives

OBRA 1987

In response to growing consumer complaints and reports criticizing nursing home quality, Congress enacted a major reform of nursing home regulation in 1987 included in the Omnibus Budget Reconciliation Act of 1987 [OBRA-87]. The OBRA-87 represented a comprehensive approach to quality improvement, including higher standards of care, the new inspection procedures focusing on process and outcome quality, and the new enforcement system with emphasis on outcomes [Hawes, 1996]. Since the enactment of the legislation, studies show some improvements in quality of nursing home care [Hawes, 1996; Harrington

et al., 1999]. Despite some improvements, however, survey results continue to show deficiencies of varying kinds in a number of homes [Harrington et al., 1999; Institute of Medicine, 1996].

Dissemination of survey results

Recently, both federal and state governments have made survey results of each nursing home available on their web sites [federal: <http://www.medicare.gov/nursinghomeCompare/Home.asp>; state: <http://www.health.state.ny.us/nysdoh/nursing/main.htm>].

Potential consumers can now easily access the information on and compare the quality of care in nursing homes throughout the state and country. The availability of such information to the public is likely to put increasing pressure on nursing homes, particularly nursing home administrators, to maintain and improve the quality of care.

Growing interest in quality improvement (e.g., TQM, CQI)

Recently, new concepts of quality improvement, such as Total Quality Management (TQM) and Continuous Quality Improvement (CQI) have been receiving growing attention in the nursing home industry. These concepts originated in the business (manufacturing) field, but a number of efforts have been made to apply these concepts to nursing home in the last decade [Graves & MacDowell, 1994-1995; Huda, 1995; Kane, 1998; Rainmondo, 1994; Schnelle, Ouslander, Osterweil, & Blumenthal, 1993]. Although there is disagreement about whether or not these concepts are applicable and/or useful in the nursing home industry [Dugan 1996; Fishpaw, 1996], nursing home administrators are now expected at least to be familiar with these concepts whether or not they incorporate them in their nursing homes.

B. Nursing Home Administrators

Since the late 1960s, national and state governments, as well as professional organizations, have set standards for nursing home administrators. In the same period, regulations for nursing homes have also become more strict, striving for quality improvement. Along with these regulatory changes in the profession and the industry, the characteristics, roles and responsibilities of nursing home administrators have also changed.

Compared to other occupations in nursing homes (e.g., nurses, nurse aides), there are relatively few studies focusing on administrators. Although limited in number, existing literature helps us understand characteristics, roles, and effectiveness of nursing home administrators.

1. Characteristics of Nursing Home Administrators

Several studies present demographic characteristics of nursing home administrators. The following data are based on the studies in Oklahoma and Connecticut [Al-Assaf, et al., 1992], South Carolina [Singh et al., 1997], and Ohio [Will, 1994]. According to these data, the age of nursing home administrators varies; the majority of them are in their 30s and 40s, but a substantial minority are in their 20s or over 50. About 40 to 60% of nursing home administrators are female, and a majority have extensive experience (6+ years) in nursing home administration.

Unlike many other professions, most states do not require any particular field of study for nursing home administrator license holders. Hence, nursing home administrators have a wide range of educational backgrounds, and their backgrounds vary from state to state. The proportion of administrators with less than bachelor's degrees ranges from 5.7% to 59.9%, whereas the 11.0% to 45.2% of them reported to have graduate degrees. These variations may be due in part to different data collection dates and differences in licensure requirements in each state. The majority of nursing home administrators have educational backgrounds in health administration, business, and nursing. However, a number of them have backgrounds in a variety of other fields, including liberal arts, nutrition, and social work. The results of the survey of nursing home administrators conducted as part of this study are presented in the next chapter of this report.

2. Responsibilities of Nursing Home Administrators

Nursing home administrators are typically required to perform a broader range of management tasks than hospital administrators [Singh, 1994] or administrators in many other fields. Currently National Association of Board of Examiners [NAB, 1996] identifies five areas of practice in their licensure examination:

- Resident care management: quality of care, social services, food services, medical services, recreational/activity programs, medical records, pharmaceutical programs, rehabilitation programs;
- Personnel management: communication, recruitment, training, evaluation, retention, personnel policies, employee safety/health;
- Financial management: budget, fiscal allocation, monitoring, audit, reporting;

- Environmental management: maintenance, clean and home-like environment; and
- Governance and management: policies and procedures, outcome evaluation, resident satisfaction, resident rights, risk management, public relations, service integration.

3. Nursing Home Administrator Licensure Requirements

Currently each state is responsible for its own nursing home administrator licensure. Except for the uniform national examination, which is developed and administered by National Association of Board of Examiners (NAB), educational and training requirements vary tremendously from state to state (a complete list of state licensure requirements is available at American College of Health Care Administration web site at

<http://www.achca.org/licensure/index.htm>) . For example, some states require a master's degree (e.g., California, Georgia) while others only require an associate's degree (e.g., Louisiana, Vermont). A majority of the states have their own state examinations, whereas some states have only the national examination (e.g., Alaska, Massachusetts, New York). The requirements for continuing education also varies, from no required education (e.g., Colorado and Hawaii) to 60 hours every 2 years (Kansas and Oregon).

In New York State, as of April 2000, requirements for nursing home administrator licensure are as follows: a) be at least 21 years of age, b) have good moral character and suitability, c) possess a bachelor's degree in any field with specific required courses (e.g., gerontology, health care financing), d) complete a 12-month internship, e) complete a 100-hour pre-licensure course in nursing home administration, and attain a passing score on the national licensure examination [New York State Board of Examiners of Nursing Home Administrators, 1999]. However, the state makes exceptions in those requirements for some individuals who have experiences and/or training in certain fields, such as nursing and health facility administration. [See Appendix F, page 83.]

4. Characteristics of Nursing Home Administrators Related to Nursing Home Quality

Several studies found relations between nursing home quality and nursing home administrator characteristics, including their management styles. Sheridan and colleagues [1992] compared nursing homes which passed and failed periodic state inspections, focusing on staff, supervision, and administrative characteristics. Their findings suggest that the administration's human resource management are underlying factors contributing to poor

care. Other studies also found nursing home quality and several factors that are closely related to administrators, including the administrators' formal educational background in nursing, the amount of time an administrator spends in functions related to patient care, and stability of the administrator [Bravo et al., 1999; Christensen & Beaver, 1996; Singh et al., 1996]. These findings point out the importance of training and management styles of nursing home administrators in quality improvements.

5. Preparation of Nursing Home Administrators

There are few studies which examined the perceptions of nursing home administrators about their preparedness for their jobs. Singh et al. [1997] and Al-Assaf et al. [1992] studied correlation between several nursing home administrator characteristics and their self-perceived job preparation in each area of practice. The studies disagree on the correlation between the job preparedness and age and years of experience. However, both studies found no significant difference between educational level and preparedness in any area of practice. Singh et al. [1997] also found that administrators with nursing background felt more prepared in patient care and quality assurance but less prepared in financial management, marketing, and physical resource management. There are also positive associations between the administrators' background in health administration and their preparedness in personnel management, quality assurance, and financial management [Singh et al., 1997]. These findings suggest that nursing home administrators from various backgrounds have different training needs in spite of the training they went through before licensure examinations.

6. Nursing Home Administrator Turnover/Retention

As mentioned above, stability of nursing home administrators, as well as their training and management styles, is an important factor contributing to quality of nursing home care. Literature on nursing home administrator turnover and retention is very limited. A few studies found the annual turnover rates to be approximately 40% [Singh & Schwab, 1998; Singh & Schwab, 2000]. According to Singh and Schwab [2000], over a half of voluntary moves among nursing home administrators resulted in subsequent promotion, which is a positive career advancement. On the other hand, however, a number of administrators leave their jobs for more problematic reasons. Studies found several factors that are associated with nursing home administrator turnover, including administrator's expectation, fit between the administrator's ability and the demands made by the organization, facility performance

outcomes, and facility ownership (i.e., administrators in stand-alone facilities tend to stay longer than those in chain-affiliated facilities) [Singh & Schwab, 1998; Singh & Schwab, 2000].

Practice And Research Implications

The literature confirms anecdotes that nursing home industry has changed dramatically in the last few decades, and that nursing home administrators from various backgrounds have a wide range of responsibilities. Studies have also demonstrated the important roles administrators play in nursing home quality. Yet, a number of questions still remain to be answered regarding adequacy of preparation for the administrators to fulfill their responsibilities. For example:

- Which areas of practice do nursing home administrators rank highly?
- What are some critical issues which nursing home administrators are currently facing?
- Are there new roles and responsibilities that nursing home administrators fulfill; and if there are, how adequately are the administrators prepared to perform them?
- Do the current educational and training programs adequately prepare the administrators in the areas of practice; and if not, what are the skills and knowledge bases on which administrators feel the need for further training?
- Do nursing home administrators identify different issues and training needs depending on facility size, ownership, geographic area, and/or their demographic/educational characteristics; and if so, what are the differences?
- What are some critical skills and knowledge of nursing home administrators which are closely related to nursing home quality?

Once such educational and training needs are identified, a further step should be taken to develop the best way for the administrators to obtain the skills and knowledge they need. Several questions are yet to be answered, including:

- Should the content of initial training, licensure examinations, and/or continuing education be modified; and if so, what contents should be added, cut, or changed?
- Should there be additional requirements for licensure; and if there are, what are they?

- What are effective ways for administrators to obtain skills and knowledge they need (e.g., more field experience requirements, additional initial or continuing education requirements)?

Another problem in the literature is limited generalizability of studies in other states to New York. As mentioned before, there are state-to-state variations not only in nursing home administrator characteristics but also in nursing home administrator licensure requirements. Nursing home administrators in New York may have quite different characteristics from those in South Carolina or California, or they may be facing quite different issues than those in other states because of the differences in facility size and ownership, regulations, and training. However, there are few prior studies on nursing home administrators in New York State. State specific data are needed in order to understand the current conditions and needs of nursing home administrators, including:

- Who are the nursing home administrators in New York State, and how are they different from or similar to nursing home administrators in other states?
- What do nursing home administrators in New York State think of current licensure requirements?

Several research methods can be used to find the answers to these questions listed above. For example, surveys can reveal information on nursing home administrator characteristics and their current working conditions. Some existing data, such as OSCAR data, are also helpful to find characteristics and performance of each nursing home. On the other hand, there is little information available on the administrators' training needs and the ways to fulfill such needs. These questions require more exploratory studies, such as in-depth interviews with administrators and other experts as well as case studies of existing training and educational programs.

In conclusion, nursing home administrators can play significant roles in quality improvements of nursing homes. Despite the relatively good OSCAR survey results in the last 10 years, data show that nursing homes in New York State still need improvements in quality of care. Further studies are needed to identify the educational and training needs of nursing home administrators, so that improved educational/training programs can help administrators improve the nursing home quality in the rapidly-changing industry environment.

Chapter 2

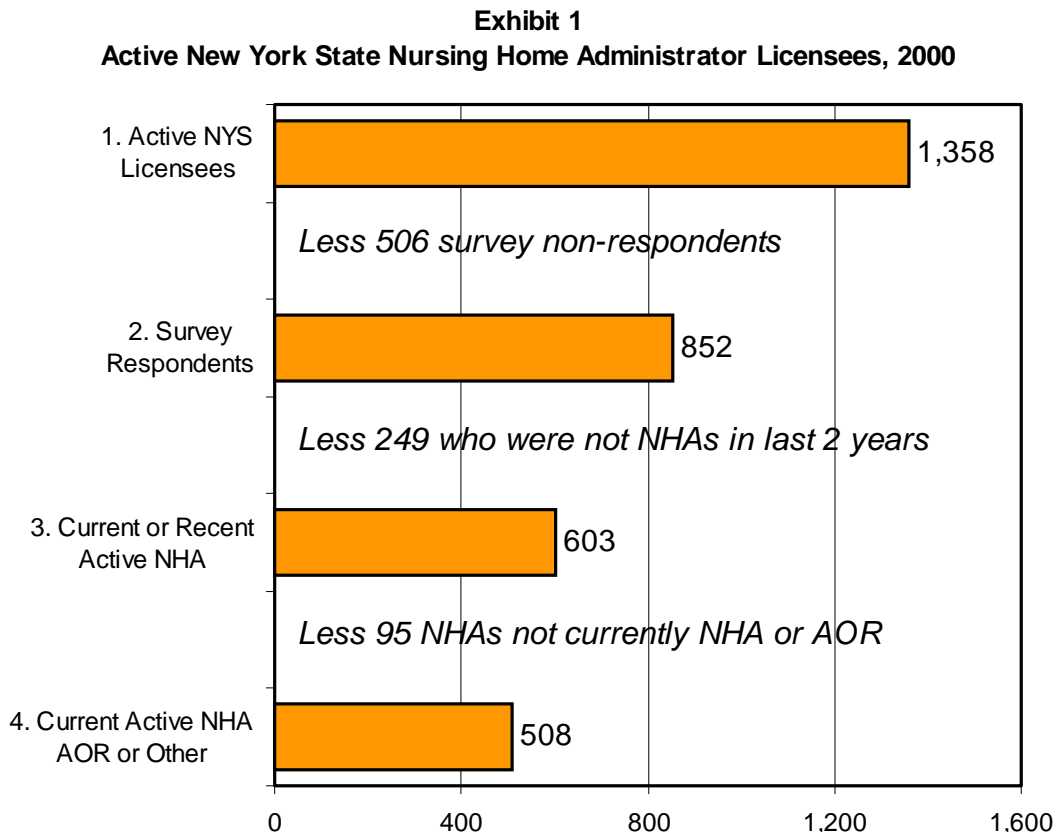
SURVEY OF ACTIVE NYS NURSING HOME ADMINISTRATOR LICENSEES

In the Summer and Fall of 2000, the Center conducted a survey of the 1,358 active New York State Nursing Home Administrator licensees. Using the latest mailing lists maintained by the Office of Continuing Care in the NYS DOH, the Center conducted three rounds of mailings to the entire list of active licensees. This resulted in a response rate of 63%, which provides a sound basis for drawing conclusions about all active nursing home administrators in the state.

This chapter summarizes the responses to the survey. Sections are provided on demographic and educational characteristics, nursing home characteristics, career paths, training related to quality, and adequacy of preparation for licensure and work as an nursing home administrator.

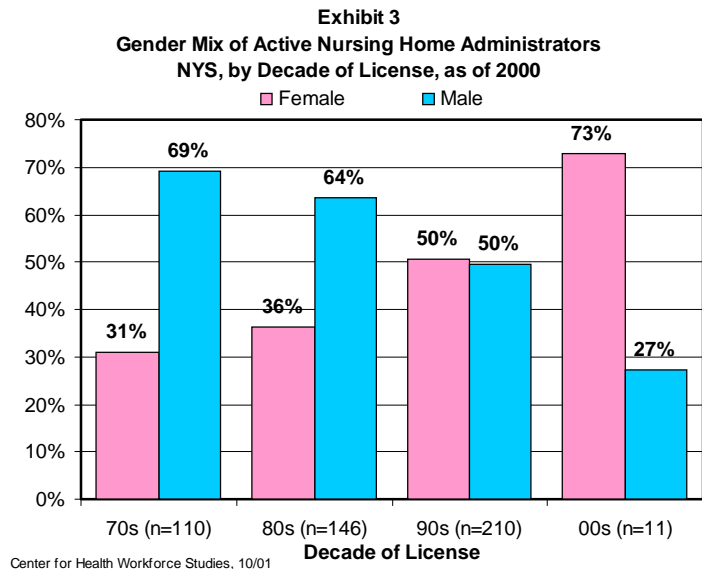
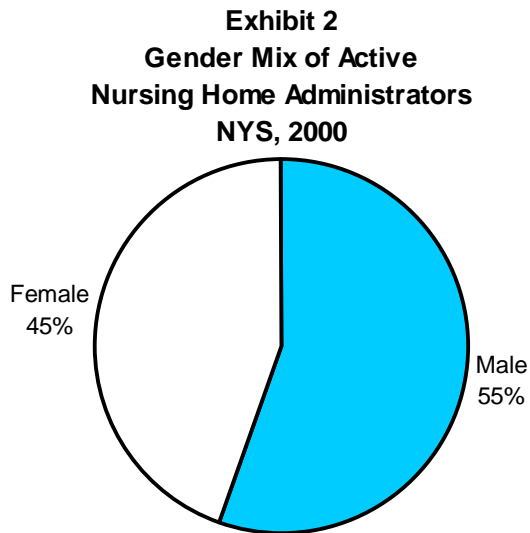
Survey Responses

Figure 1 shows the counts of survey respondents. Most of the exhibits present data for active nursing home administrators, i.e., respondents with active licenses who were either Administrators of Record (AORs) or other nursing home administrators at the time of completing the survey.

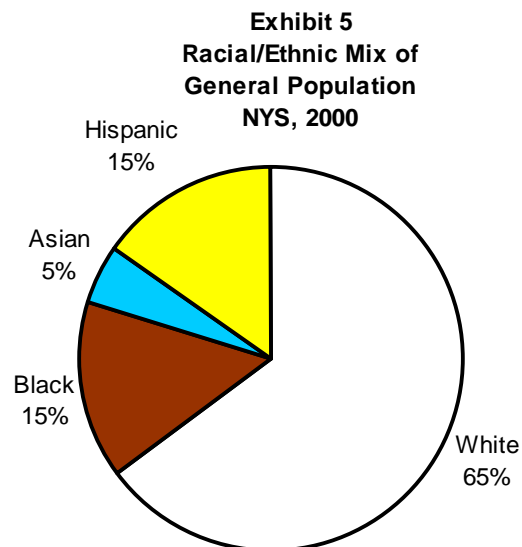
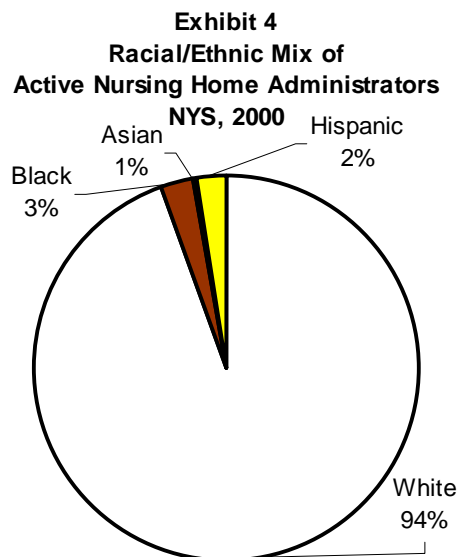


Demographic and Educational Characteristics

A majority (55%) of the 508 active nursing home administrators in New York State were men. The percentage of active nursing home administrators who are women has increased progressively over time. Women comprise 30% of those licensed in the 1970s, 36% of those licensed in the 1980s, 50% of those licensed in the 1990s, and 73% of (the relatively small number of) those licensed in 2000. [Exhibit 3]

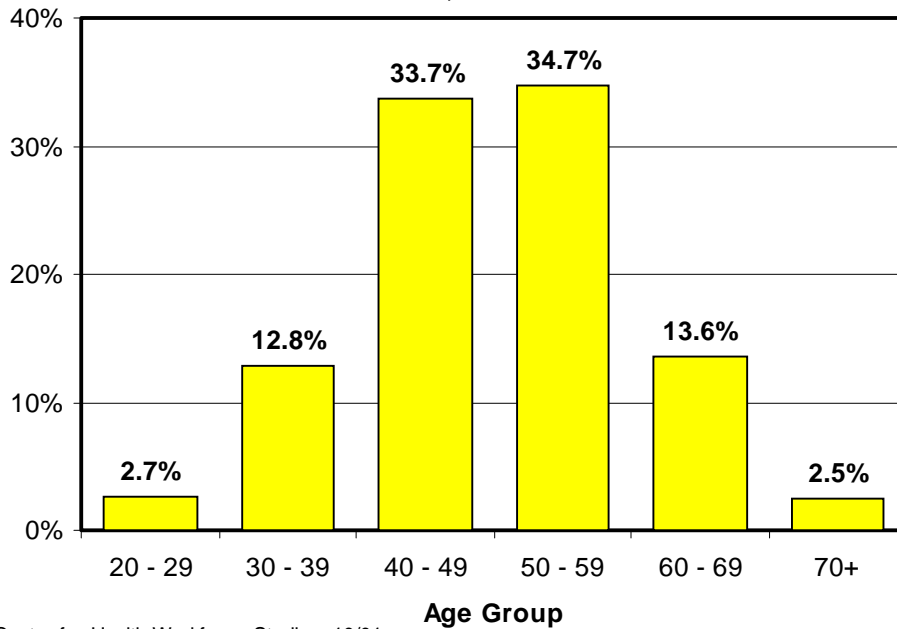


The vast majority of active nursing home administrators were non-Hispanic White (94%), with only 3% Black/African American, 2% Hispanic/Latino, 1% Asian/Pacific Islander, and less than 1% Native American. This is a much smaller percentage of minorities than in the general population in the state: 64% non-Hispanic White, 15% Black/African American, 15% Hispanic/Latino, 5% Asian/Pacific Islander, and less than 1% Native American.



The average age of active nursing home administrator licensees in New York in 2000 was approximately 50. The age distribution is shown in Exhibit 6. As would be expected of a group of senior facility administrators, a high proportion of nursing home administrators (50.8%) are 50 or older. Just over 16% were 60 or older. This age profile is somewhat older than that reported in Oklahoma, Connecticut, and South Carolina. (See page 20.)

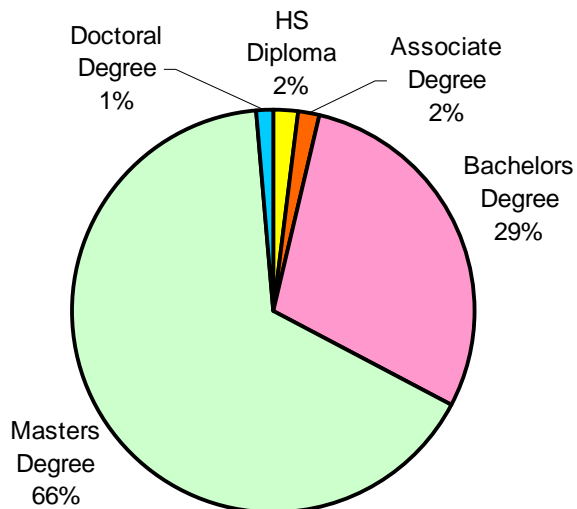
**Exhibit 6
Age Distribution of
Active Nursing Home Administrators
NYS, 2000**



Center for Health Workforce Studies, 10/01

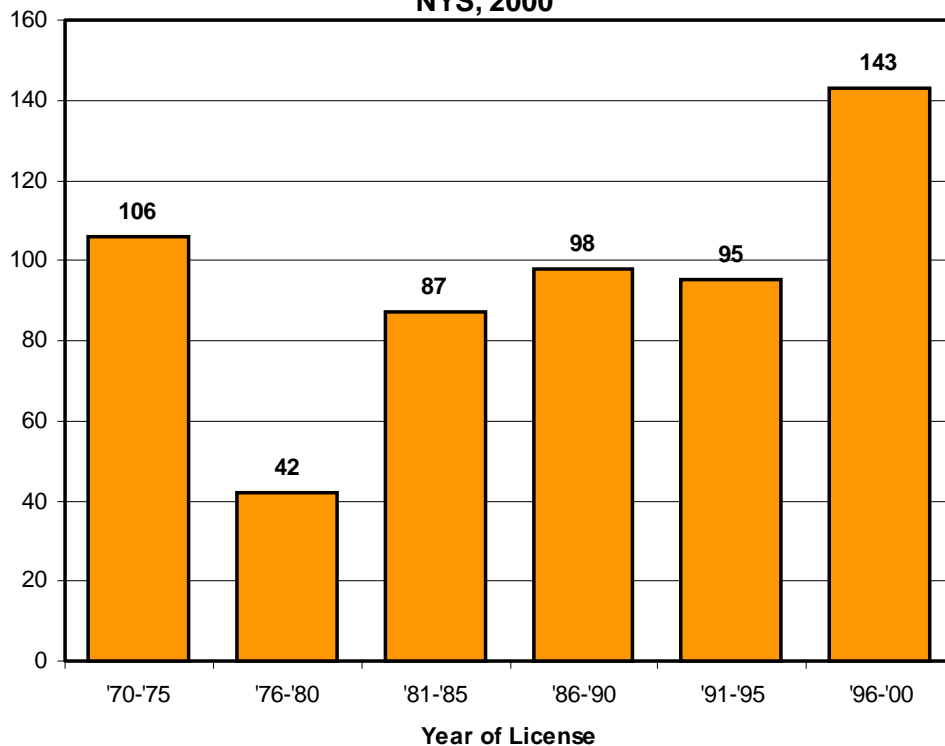
Although a bachelors degree is now required of all NYS licensed nursing home administrators, nearly two out of three active NYS nursing home administrator licensees held master degrees in 2000. Another 29% held at least a bachelors degree [Exhibit 7].

**Exhibit 7
Highest Degree Attained by Active
Nursing Home Administrators
NYS, 2000**



The year of licensure of active New York State-licensed nursing home administrators is shown in Exhibit 8. The unusual distribution has been shaped by several factors. Licensure was first required of nursing home administrators in New York State in 1970. At that time most nursing home administrators were grandfathered into the system. Even though many of these earliest licensed nursing home administrators have aged out of the licensing system, many remain active. The reason for the jump in numbers in the '96-'00 group cannot be determined from the survey responses. However, it appears that many newly licensed administrators may leave the profession after just a few years.

Exhibit 8
Year of Licensure of Active Nursing Home Administrators
NYS, 2000



Center for Health Workforce Studies, 10/01

Salaries

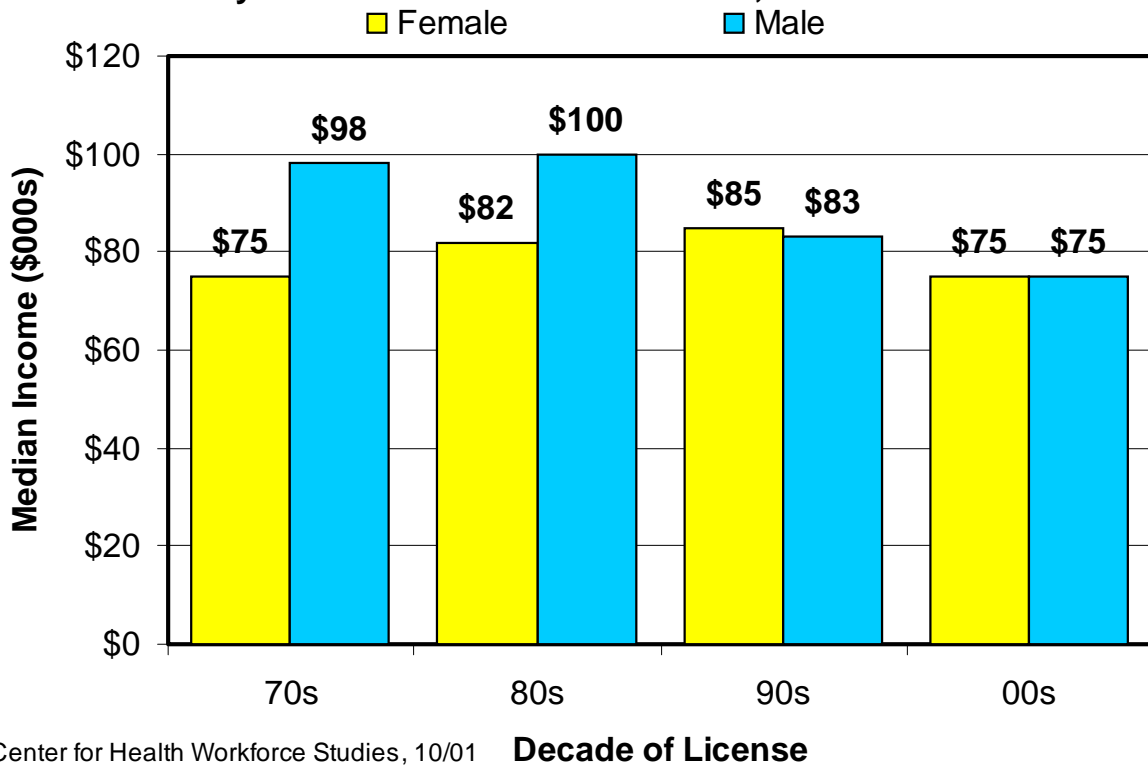
The average annual income of active nursing home administrators in 2000 based on this survey was \$99,700 and the median income was \$90,000. The median incomes for active nursing home administrators in Not-for-Profit, For-Profit, and Public nursing homes were \$90,000, \$90,000, and \$65,000, respectively.

Nursing home administrator incomes tend to increase with age, years as an nursing home administrator, and especially with total budget of nursing home, which suggests normal

progressions related to experience, seasoning, and job demands. Incomes of nursing home administrators in nursing homes with total budgets of \$20 million or more averaged more than twice (\$134,000) that of nursing home administrators in nursing homes with budgets of less than \$4 million (\$65,000).

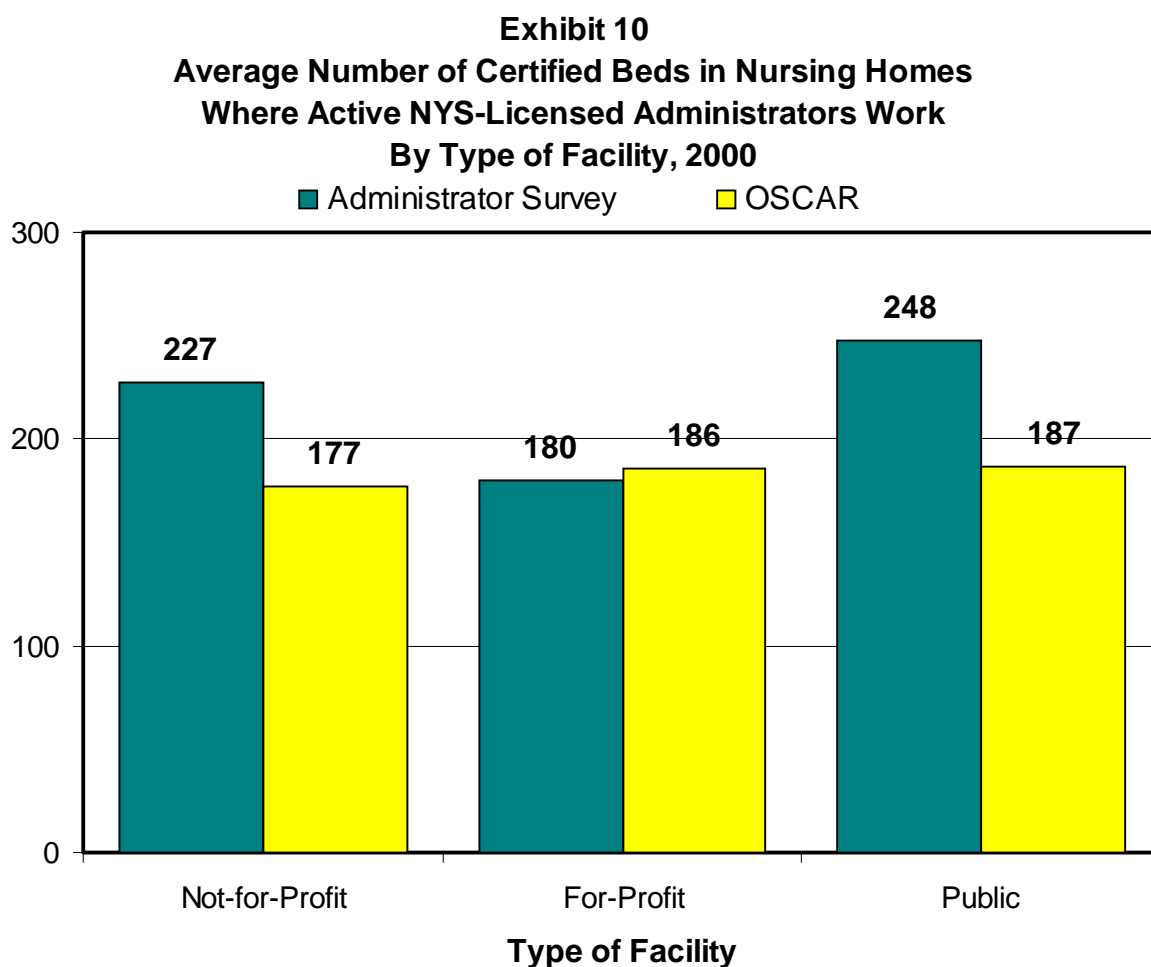
Incomes of female nursing home administrators were generally less those of male nursing home administrators in 2000 [Exhibit 9]. The difference in median incomes was approximately \$23,000 for those who received their license in the 1970s and \$18,000 for those who received their license in the 1980s. Women who received their licenses in the 1990s had median incomes \$2,000 greater than for men. There was no difference in median incomes for the small number of men and women who received their licenses in 2000. Some of the income gap among older administrators may be attributable to low salaries and alternative compensation arrangements at nursing homes operated by religious organizations, although it is not possible from the study data to determine the extent to which this is the cause of the differences.

Exhibit 9
Median Incomes of Active Nursing Home Administrators
by Gender and Decade of License, as of 2000



Characteristics of Nursing Homes In Which Respondents Worked

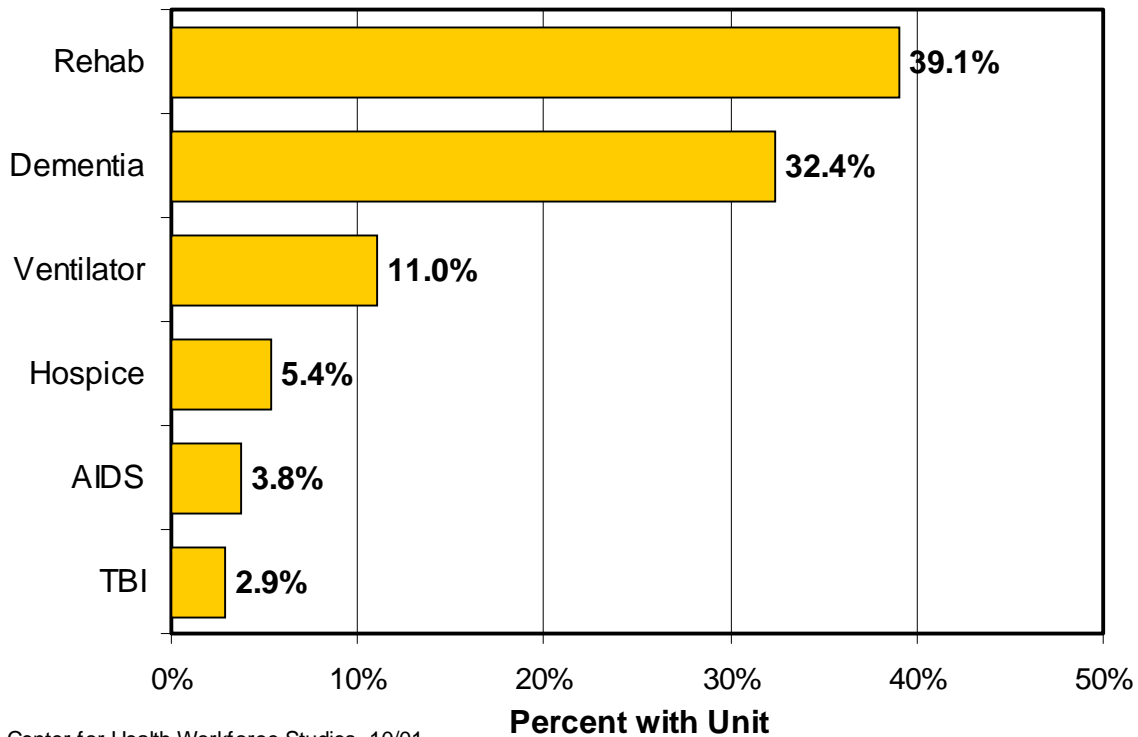
Active nursing home administrators worked in either Not-For-Profit, For-Profit, or Public nursing homes. The average numbers of beds in each of these three types of nursing homes was 227, 180, and 248, respectively [Exhibit 10]. These compare to actual NYS averages of 177, 186, and 187, respectively, from the OSCAR system for 1999-2000 (Harrington, et al. 2000). Thus, nursing home administrators from smaller nursing homes were somewhat less likely to respond to the survey. There was no way to determine the geographic location of the nursing home from the survey data.



Center for Health Workforce Studies, 10/01

Exhibit 11 shows the percentage of nursing homes with different types of specialty units. Units for Rehabilitation and Dementia were the most common, with units at 39% and 32% of the nursing homes, respectively. Smaller percentages of nursing homes had special units for ventilator patients (11%), hospice (5.4%), AIDS (3.8%), or TBI (2.9%).

Exhibit 11
Percent of NYS Nursing Homes With Specialty Units
Based on Responses of Active Administrators, 2000

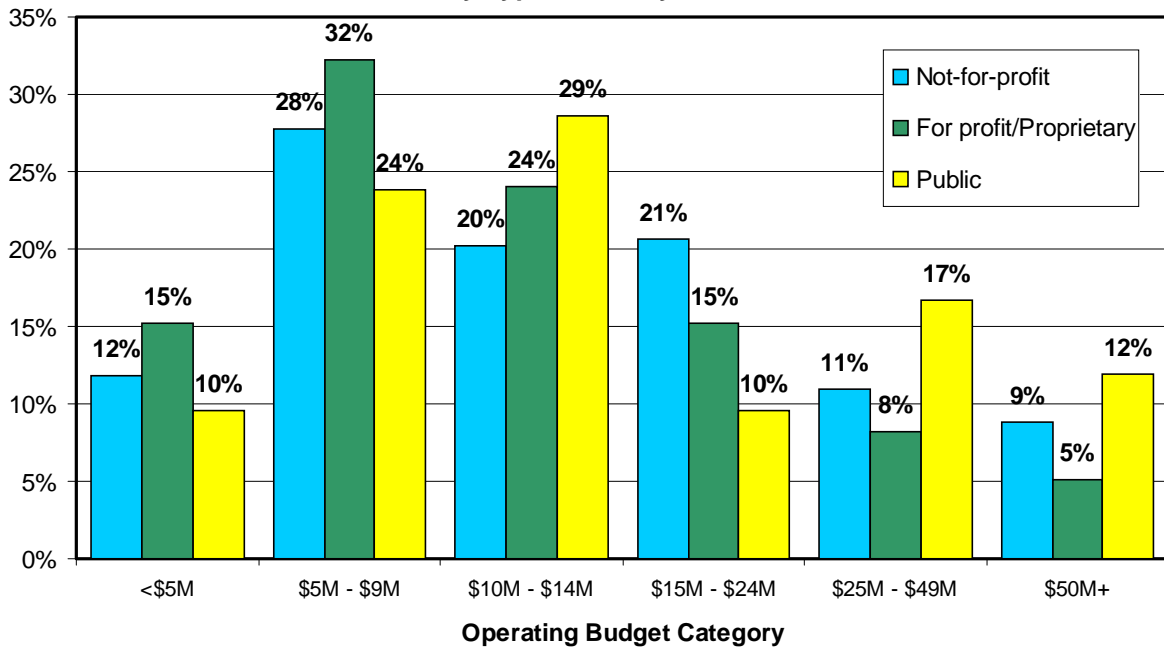


Center for Health Workforce Studies, 10/01

The distribution of operating budgets for the nursing homes where active nursing home administrators are employed are shown in Exhibit 12. The figure shows that, although well over half of nursing homes in each of the three types has a budget of less than \$15 million, a significant minority of each of the three types have budgets above \$50 million. Calculation from the responses to this survey shows average operating budgets per bed for not-for-profit, for-profit, and public nursing homes of \$114,000, \$113,000, and \$88,000, respectively.

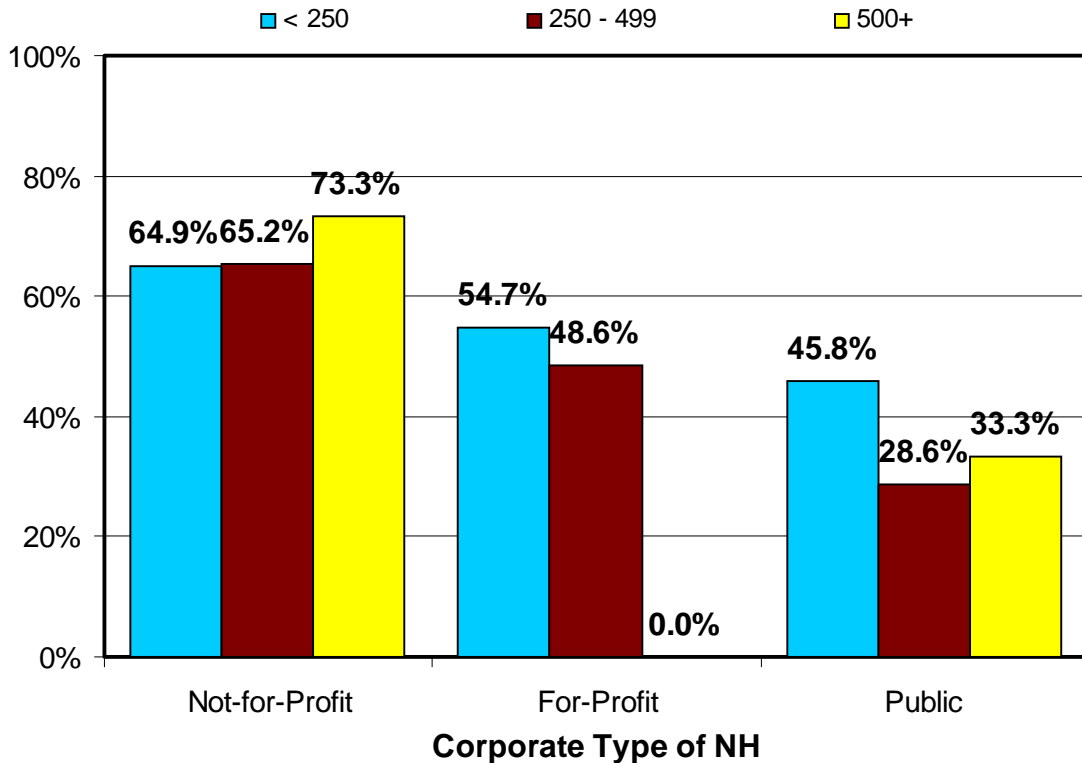
Fifty-eight percent of nursing homes were reported to be part of larger organizations (e.g., multiple nursing home organization, integrated delivery system, or long term care alliance). Not-for-profit nursing homes were more likely to be part of a larger organizations (65%) and publics were less likely (41%). There were some variations in percentages of homes part of larger organizations across sizes of nursing homes of different types. [Exhibit 13] Larger not-for-profits were more likely to be part of larger organizations, while larger publics and for-profits were less likely.

Exhibit 12
Operating Budgets of Nursing Homes in Which
Active NYS-Licensed Nursing Home Administrators Work,
By Type of Facility, 2000



Center for Health Workforce Studies, 10/01

Exhibit 13
Percentage of Nursing Homes
Part of Larger Organization(s)
NYS, By Type and Size of Nursing Home, 2000



Center for Health Workforce Studies, 10/01

Preparation for Licensing Exam and Work as Nursing Home Administrator

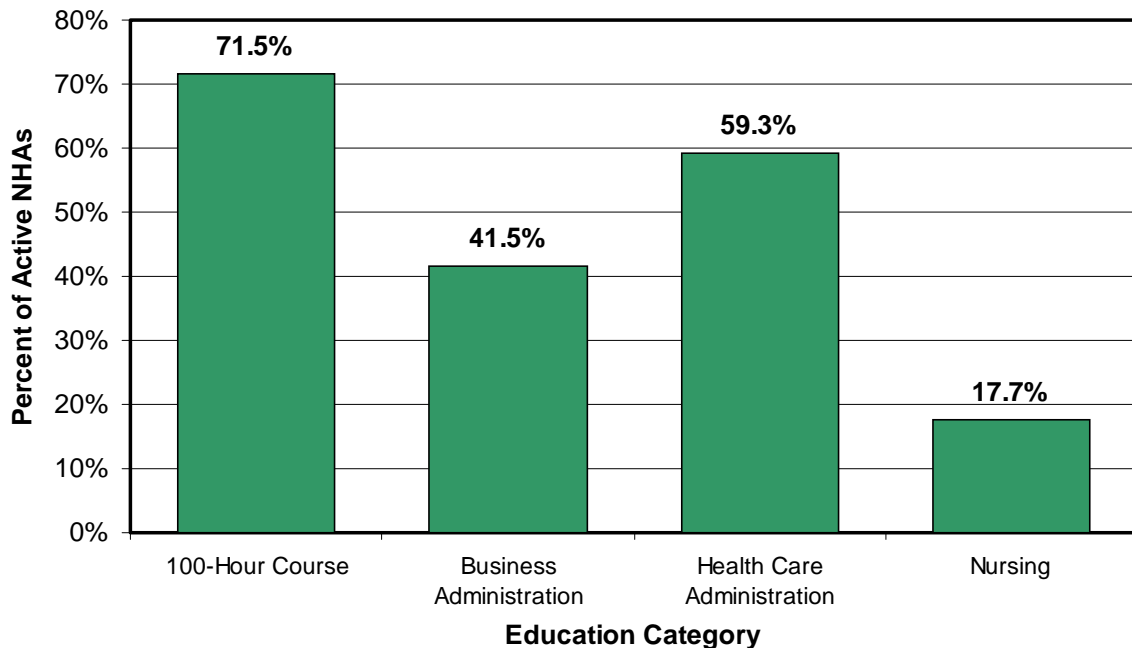
Nursing home administrators come from a wide range of backgrounds and bring an equally wide range of educational experiences as well. Exhibit 14 shows that two-thirds of the 508 active nursing home administrators who responded to the survey had a graduate degree, and another 29% had a bachelors degree. For administrators less than 60 years old, the percentage with a graduate degree was 70%, while for those 60 or older, the percentage was 52%.

Exhibit 14
Highest Degree Earned for Active Nursing Home Administrators
by Age Group, New York State, 2000

Age Group	Level of Formal Education			Total
	< Bachelors	Bachelors	Graduate	
Less Than 60	2%	28%	70%	100%
60 or Older	12%	36%	52%	100%
Total	4%	29%	67%	100%

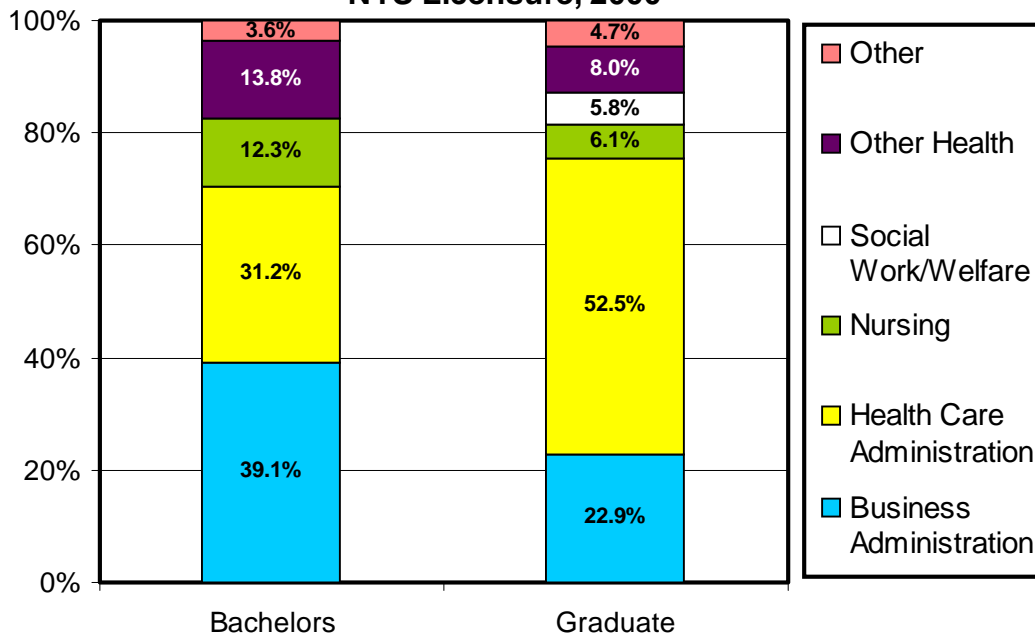
Exhibit 15 shows the percentages of currently active administrators who reported four different types of preparation for the licensing exam. While 71% reported the 100-hour course, 59% reported health care administration and 41% reported business administration. Only 18% reported nursing at any educational level.

Exhibit 15
Percentage of Active Nursing Home Administrators in NYS
Reporting Selected Educational Preparation for Licensure



Of those reporting bachelors or graduate level preparation for the licensing exam, the percentages in different fields of study are shown in Exhibit 16. Health care administration and business administration were the most frequently mentioned, with other health and nursing mentioned

Exhibit 16
Percentages of Active Nursing Home Administrators
Reporting Different Fields of Study as Preparation for
NYS Licensure, 2000



Center for Health Workforce Studies, 10/01

Ratings of Educational Programs

Ratings of these education and training programs as preparation for the nursing home administrator licensing exam and practice as an nursing home administrator are provided in Exhibit 17. Although the majority of respondents rated the preparation adequate or better for both the exam and for practice, more than one in eight rated the preparation for the examination marginal or worse, and more than one in four rated the preparation for nursing home administrator practice as marginal or worse. Differences in these ratings for administrators in not-for-profit, for-profit, and public nursing homes were not statistically significant.

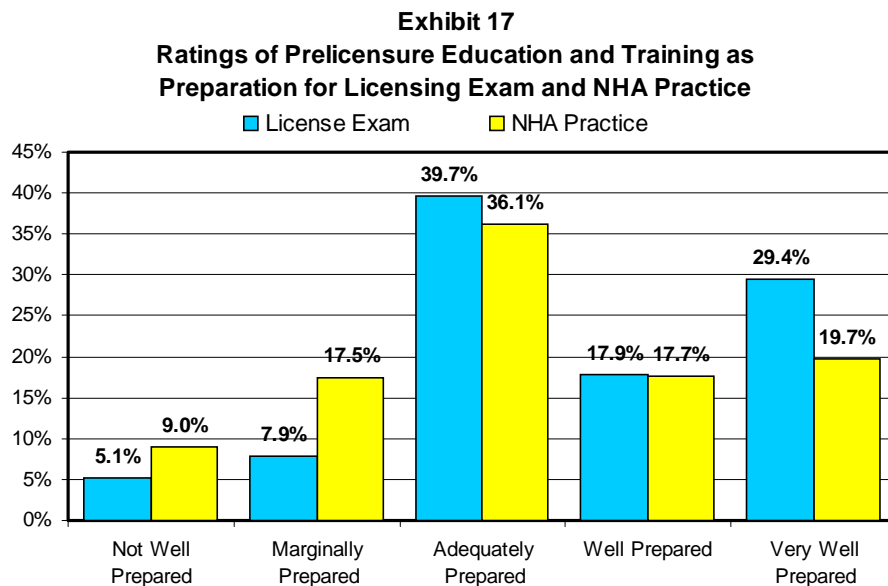


Exhibit 18 presents the recommendations of three groups of NYS nursing home administrator licensees about the emphasis that should be devoted to different management areas currently included in the licensure examination. The numbers in the table are average scores for each of the 17 management areas for each of the three groups of nursing home administrators. None of the average ratings for any of the management areas were negative for any of the three groups. The three groups tended to assign similar rates to the 17 areas³.

Among all active licensees, the highest average scores were for recruiting and retention (1.08), quality assurance (1.04), budgeting (1.03), and financing (1.03). The lowest average scores

³ The Spearman Rank Order Correlation Coefficients of the scores for the 17 scales across the three groups ranged from +0.83 to +0.96.

medical records (0.15), food service (0.27), therapy care (0.29), and pharmaceutical care (0.36). The average scores for those with active licenses tended to be higher for management areas related to patient care, while the average scores for those with inactive licenses tended to be higher for management areas related to financing, personnel, safety, and quality assurance. These ratings may be useful to analysts assessing the training programs offered to candidates for nursing home licensure, suggesting areas to receive more or less emphasis in future training programs.

Exhibit 18
Recommendations about Emphasis on Different Management Areas
in the Prelicensure Curriculum and Licensing Exam for NHAs
By Active and Inactive NYS NHA Licensees in 2000

Management Area	Active Licensees*			Inactive Licensees**
	All Resp (779/852)	Active NHA*** (555/779)	Other (224/779)	
Nursing Care	0.76	0.81	0.64	0.65
Social Service	0.38	0.37	0.40	0.35
Food Service	0.27	0.28	0.26	0.16
Medical Service	0.49	0.49	0.48	0.60
Therapy	0.29	0.25	0.38	0.27
Medical Records	0.15	0.10	0.26	0.29
Pharmaceutical	0.36	0.35	0.39	0.34
Rehabilitation	0.65	0.65	0.67	0.56
Communication	0.93	0.87	1.08 ✓	1.01 ✓
Recruiting/Retention	1.08 ✓	1.07 ✓	1.12 ✓	1.00 ✓
Personnel Policies	0.70	0.70	0.69	0.73
Employee Health & Safety	0.59	0.57	0.62	0.63
Budgeting	1.03 ✓	0.98 ✓	1.15 ✓	1.28 ✓
Financing	1.03 ✓	0.99 ✓	1.12 ✓	1.30 ✓
Plant & Safety	0.54	0.57	0.44	0.81
Quality Assurance	1.04 ✓	1.06 ✓	0.99	1.09 ✓
Satisfaction & Outcomes	0.95	0.93	1.00	0.98
Other	1.53 ✓	1.60 ✓	1.46 ✓	0.95
OVERALL	0.66	0.65	0.69	0.71

Ratings are averages for the respective groups of respondents computed from raw scores in which:

- 2 = Significantly less emphasis needed in prelicensure curriculum
- 1 = Somewhat less emphasis
- 0 = About the same emphasis
- +1 = Somewhat more emphasis
- +2 = Significantly more emphasis

* Holders of an active NYS NHA license

** Holders of a NYS NHA license that is not currently active

*** Respondent who has worked as an AOR or other NHA in 1998, 1999, or 2000

✓ Top five rated management areas in each column

Source: Center for Health Workforce Studies, 10/01

Current Activities of Respondents Who Are Active Nursing Home Administrators

The survey asked a number of questions about the nature of the work performed by the respondents. The responses for active nursing home administrators (defined as someone who was an Administrator of Record [AOR] or other Nursing Home Administrator at the time of completing the questionnaire or up to two prior years ago) are summarized below. In all cases the respondent had an active NYS nursing home administrator license. Just under 75% of active nursing home administrators were currently an AOR, with another 18% holding another nursing home administrator position [Exhibit 19]. Another 8% held some other position.

Exhibit 19
Current Position of All Respondents
to Active NYS NHA Licensee Survey, 2000

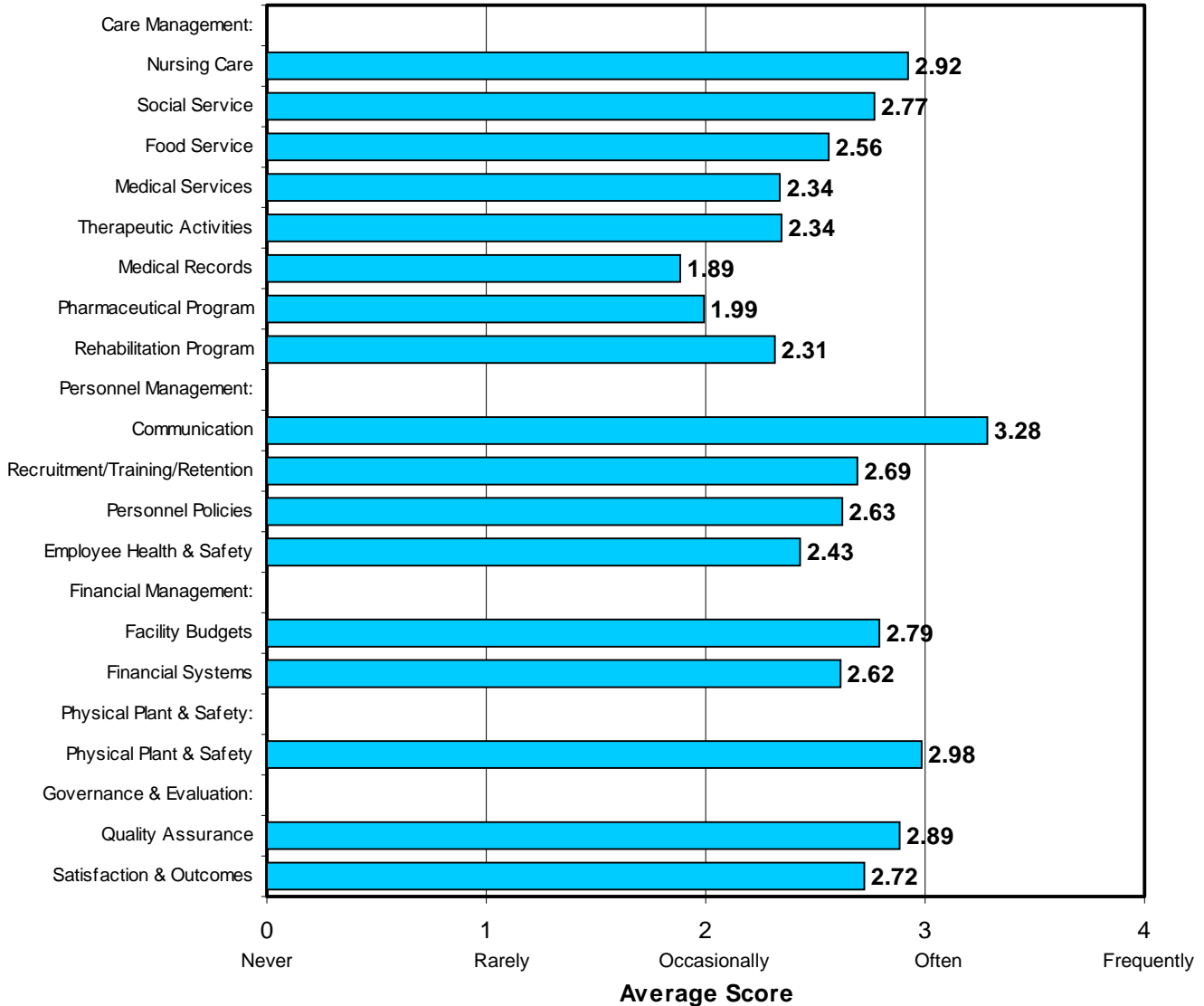
Current Position	# Resp	Percent	Valid %
NHA, AOR	412	48.4%	59.4%
NHA, not AOR	96	11.3%	13.8%
Other Non-clinical NH Position	46	5.4%	6.6%
Dir Nursing in NH	18	2.1%	2.6%
Other NH Clinical	2	0.2%	0.3%
Home Health Administrator	1	0.1%	0.1%
Other LTC Position	27	3.2%	3.9%
Hosp Administrator	24	2.8%	3.5%
Other Health Care Position	10	1.2%	1.4%
Other Position	26	3.1%	3.7%
N/A	20	2.3%	2.9%
Consulting	12	1.4%	1.7%
Total	694	81.5%	100.0%
Missing	158	18.5%	0.0%
	852	100.0%	0.0%

Note: Highlighted categories are the 508 active NHAs described in many of the exhibits in this report.

Center for Health Workforce Studies, 10/01

A profile of the extent to which respondents handle different aspects of nursing home administration is shown in Exhibit 20. Average scores were computed for each of 17 different aspects of nursing home management represented in the NYS licensing examination. The scale used in the questionnaire had five categories: Never [= 0]; Rarely (Yearly) [= 1]; Occasionally (Monthly) [= 2]; Often (Weekly) [= 3]; and Frequently (Daily) [= 4].

Exhibit 20
Frequency of Personal Handling of Different Aspects
of Nursing Home Administration
by 508 Active Administrators in New York State



Note: The categories used in this chart are based on the typology used in the licensing exam developed by the National Advisory Board of Examiners of Long Term Care Administrators (NAB).

The average scores for the 508 active nursing home administrators ranged from a high of 3.28 for Communication to a low of 1.89 for Medical Records. Other activities in the top five were: Physical Plant & Safety (2.98), Nursing Care (2.92), Quality Assurance (2.89), and Facility Budgets (2.79). Other activities in the bottom five were: Pharmaceutical Program (1.99), Rehabilitation Program (2.31), Medical Services (2.34), and Therapeutic Activities (2.34).

These ratings are not definitive evidence of the relevance or appropriateness of the current mix of topics covered by the licensing examination, but they do suggest that all of the topics do receive attention by active nursing home administrators in their work.

Continuing Education

The survey of active licensees also asked about continuing education of active nursing home licensees. Exhibit 21 shows where respondents received their continuing education over the past two years. Conference Programs and Professional Associations had the most mentions with more than half of respondents indicating 10 or more hours of continuing education credit from conference programs, and nearly half mentioning professional association programs. A small minority of respondents (11%) mentioned programs offered by colleges or universities.

Exhibit 21
Continuing Education Obtained from Different Sources
By 508 Active NYS Administrators, 2000

Source of Continuing Education	Hours in Past Year				Total
	None	1-9	10-19	20+	
Conference Program	21.3%	21.2%	29.6%	27.9%	100.0%
Professional Association	29.4%	24.2%	28.2%	18.2%	100.0%
Government Agency	75.5%	22.2%	2.0%	0.3%	100.0%
Private Company	71.2%	18.2%	6.3%	4.3%	100.0%
College/University	88.8%	6.5%	2.2%	2.5%	100.0%
Other	96.9%	1.0%	0.8%	1.3%	100.0%

Source: Center for Health Workforce Studies, 10/01

In response to a question about the appropriateness of the required 48 hours of continuing education every two years as a standard for maintaining licensure, nearly 2/3 of active licensees indicated that 48 hours is appropriate. Half of the others indicated that less than 48 hours would be sufficient [Exhibit 22].

Exhibit 22
Adequacy of 48 Hour Continuing Education Requirement
Assessments by 508 Active NYS Administrators, 2000

Assessment	
Yes, 48 hours is appropriate	63.7%
No, more than 48 hours is needed	8.8%
No, less than 48 hours would suffice	18.4%
No response	9.1%
Total	100%

Source: Center for Health Workforce Studies, 10/01

Exhibit 23 indicates which of the seven broad management areas that active licensees reported as needing better preparation. The highest rated area was financial management which was mentioned by 43% of the respondents. The lowest rated area was physical plant and safety with 13% of respondents.

Exhibit 23
Management Areas Needing Better Preparation
Assessments by 508 Active NYS Administrators, 2000

<u>Management Area</u>	<u>% Indicating More Prep Needed</u>
Care Management	26.0%
Personnel Management	16.3%
Financial Management	43.4%
Physical Plant & Safety	13.3%
Governance & Evaluation	25.4%
Quality Assurance	23.2%
Other	4.1%

Note: Sum is greater than 100% because some respondents indicated more than one management area.

Source: Center for Health Workforce Studies, 10/01

Exhibit 24 provides assessment of active licensees about possible changes in continuing education programs. Nearly half (47%) indicated that no change was needed, while 20% indicated that more rigorous courses should be offered. Formal internships were mentioned by 16% of respondents.

Exhibit 24
Changes in Continuing Education for NYS NHAs
Recommended by 508 Active NYS Administrators, 2000

<u>Possible Change</u>	
No Change Needed	46.9%
More Hours of Continuing Education	7.0%
More Rigorous Courses	20.4%
Formal Internships	16.4%
Periodic Re-Certification Exams	7.8%
Other	6.3%

Note: Sum is greater than 100% because some respondents recommended more than one change.

Source: Center for Health Workforce Studies, 10/01

Training Related to Quality of Care

A central theme of this study is quality of care in nursing homes. The survey asked a number of questions designed to learn about the extent to which nursing home administrators are involved in and are trained in quality of care. Exhibit 25 summarizes the extent to which the nursing homes in which active nursing home administrator licensees work. The table shows that well over half of the respondents work in nursing homes with multiple programs related to quality improvement, with 73% mentioning both satisfaction surveys and TQM or CQI programs.

Exhibit 25
Percent of Nursing Home Administrators with Different Programs Related to Quality Assurance
in New York State, By Type of Nursing Home, 2000

Quality Program	Type of Nursing Home			
	Not-for-profit	For-profit	Public	All
Patient Satisfaction Surveys	79.4%	83.2%	94.6%	82.2%
Family Satisfaction Surveys	73.4%	74.3%	81.1%	74.4%
TQM or CQI Program	83.7%	81.7%	70.3%	81.8%
Other Formal Quality Program	50.6%	57.4%	62.3%	54.4%
Benchmarking Studies	66.5%	51.0%	59.5%	59.3%
Other #1	9.9%	5.0%	2.7%	7.2%
Other #2	3.0%	1.5%	n/a	2.1%

Note: Sum exceed 100% because instructions indicated "Mark All That Apply"

Center for Health Workforce Studies, 10/01

A majority (70%) of active licensees indicated that they had participated in one or more programs related to quality over the past two years [Exhibit 26]. Of the general programs, CQI was mentioned most often (50%). Special topics of Quality Indicators (63%), State Surveys (62%), and Regulatory Compliance (62%) were mentioned by nearly 2/3 of respondents.

The timing of programs was reported by 73% of respondents. More than 84% of respondents indicated the training had been within the past 12 months.

The location of continuing education related to quality over the past two years is indicated in Exhibit 27. As with continuing education in general, continuing education related to quality is obtained predominantly in conference programs or professional associations.

Exhibit 26
Percentage of Active NYS Nursing Home Administrators
Reporting Training Related to Quality in Past Two Years, 2000

Quality Topic	Percentage of Respondents Reporting	
	At Least One Topic	Specific Topic
	70.0%	
Satisfaction Surveys		29.4%
Total Quality Management		39.3%
Continuous Quality Improvement		50.1%
Benchmarking Against Other NHs		32.3%
Statistical Analysis and Interpretation		26.2%
Other		1.3%
State Surveys		61.9%
Regulatory Compliance		62.4%
Care-Related Issues		56.6%
Quality Indicators		63.3%
Other		5.5%
Timing of Training Related to Quality		
Within Past 6 Months	34.5%	
7 - 12 Months Ago	50.1%	
13 - 18 Months Ago	37.6%	
18 - 24 Months Ago	27.0%	

Note: Sums exceed 100% because instructions indicated
"Mark All That Apply"

Center for Health Workforce Studies, 10/01

Exhibit 27
Hours of Continuing Education Related to Quality of Care
Received from Different Sources By Active
NYS-Licensed Nursing Home Administrators in the Past 2 Years

	Number of Hours				Total
	None	1 - 9	10 - 19	20 +	
Conference Program	0.9%	46.4%	22.3%	26.8%	96.4%
Professional Association	1.9%	44.1%	21.6%	19.4%	87.0%
Government Agency	8.1%	32.2%	5.2%	1.7%	47.2%
Private Company	11.4%	24.9%	9.2%	5.0%	50.5%
College/University	16.1%	7.6%	3.8%	7.6%	35.1%
Other	5.0%	0.7%	0.5%	6.2%	12.3%

Source: Center for Health Workforce Studies, 10/01

Nursing Home Administrator Licensing

Two out of three respondents indicated that the nursing home administrator licensing exam does not assure that new nursing home administrators are adequately prepared for their work. Forty percent of these respondents indicated that the exam did not measure skills needed by nursing home administrators (e.g., applied knowledge, ability to deal with complex situations, and commitment to patients/residents). Another 38% indicated that hands-on experience is more important than an exam.

Despite these acknowledged limitations, more than 90 percent of respondents indicated that nursing home administrator licensure is necessary. Nearly 40% of those indicating that licensure is necessary provided an explanation. These explanations included: Ensuring standards and quality (30%), Setting minimal competency levels (20%), Accountability/credibility (14%), Screening out unqualified individuals (14%), and Other (22%).

Of the 10% of respondents who indicated that licensure is not necessary, more than 75% cited the fact that hospitals and other health facilities do not require licensure. Other explanations included: Licensure doesn't ensure quality (15%), Experience is more important (12%), and Licensure is a barrier for some talented people (5%), and Other (22%).

Career Paths for Nursing Home Administrators

Several questions in the survey provide insights about career paths of nursing home administrators. Exhibit 28 shows that active nursing home administrators are likely to have worked in other capacities in nursing homes prior to becoming nursing home administrators, with nearly half (45%) having served as a nursing home administrator AOR for at least 10 years.

Exhibit 28
Positions Held By Current Active NYS-Licensed NH Administrators
in 1999, 1998, 1995, and 1990

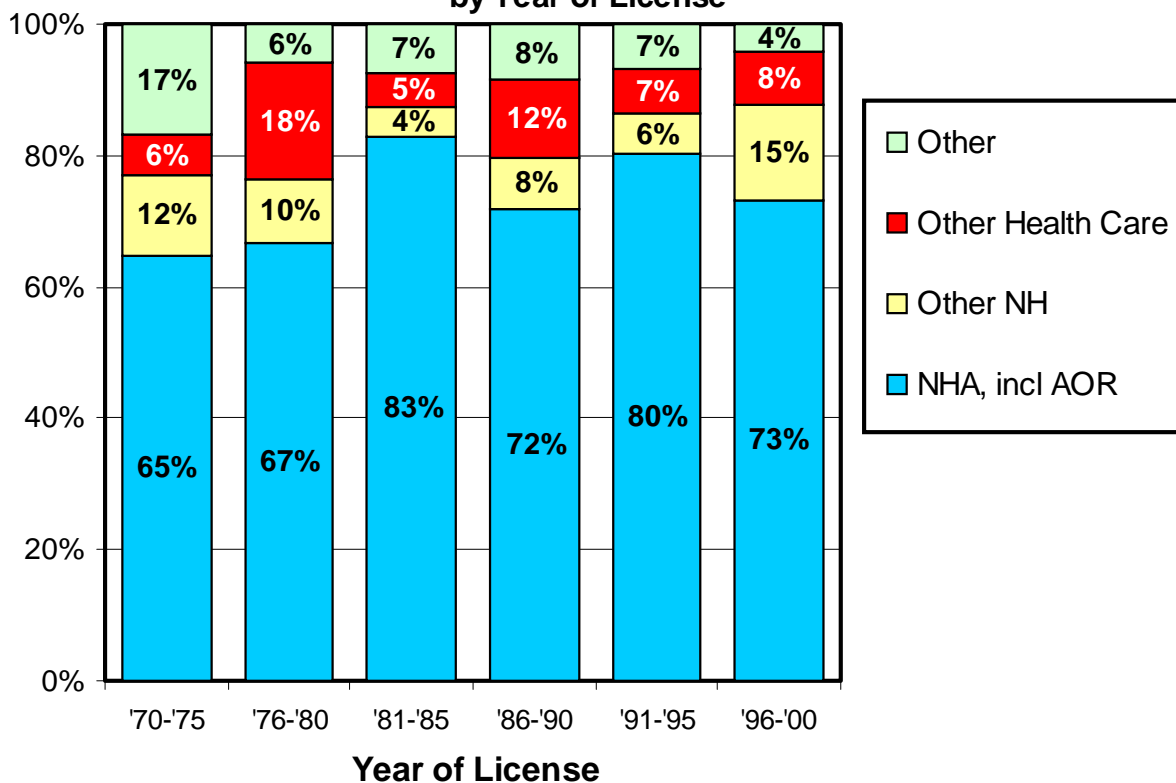
Year	Current NHA Position	
	AOR	Not AOR
1999	83.8%	9.3%
1998	74.9%	12.2%
1995	58.8%	12.3%
1990	45.4%	10.1%

Source: Center for Health Workforce Studies, 10/01

Exhibit 29 shows the percentages of currently active nursing home administrators licensed in different years who are currently in different types of positions. Several conclusion appear appropriate:

- A significant minority of nursing home administrator licensees in each year group are not nursing home administrators (AOR or not). This indicates there is attrition in the ranks of nursing home administrators regardless of when licensure was earned.
- Only a small percentage of active nursing home administrator licensees work outside of nursing homes or some other long term care setting.

Exhibit 29
Percent of 655 NYS Nursing Home Administrator License
Holders Currently Employed in Different Positions
by Year of License



Center for Health Workforce Studies, 10/01

Most Promising Career Opportunities

Three out of four active nursing home administrator licensees rate being an administrator in a larger nursing home, a nursing home network, or an integrated network as their best career opportunities [Exhibit 30]. Respondents who were not working as an nursing home administrator were three or four times as likely to rate hospital administrator as a promising career opportunity than those who were nursing home administrators. Only a small percentage of respondents viewed ownership as a promising option.

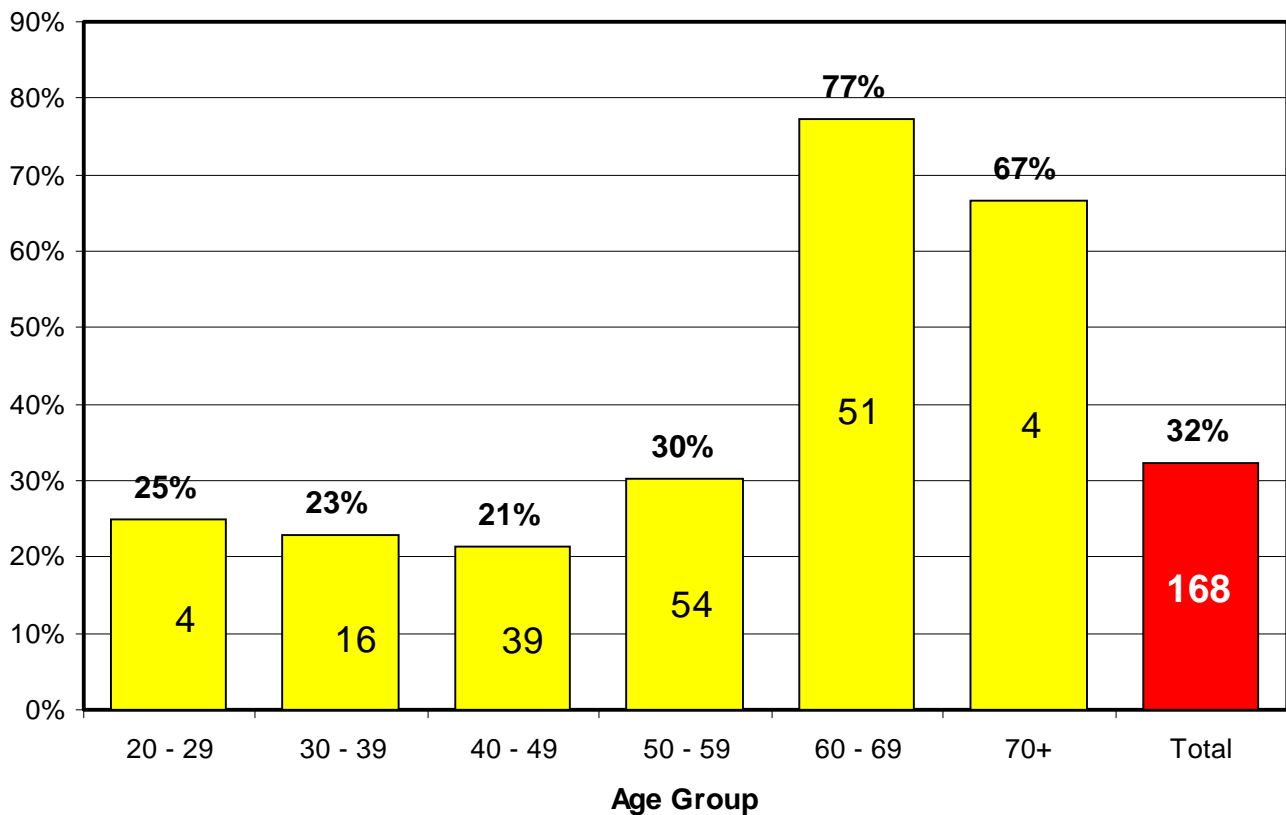
Exhibit 30
Most Promising Career Opportunity Reported by Active Administrators
New York State, as of Fall 2000

Possible Position (number selecting)	Current Position			
	NHA		Other Position	All Resp
	AOR (362)	Not AOR (78)	(38)	(478)
Admin in Larger NH	26.2%	28.2%	15.8%	25.7%
Admin in NH Network	20.7%	17.9%	18.4%	20.1%
Admin in Integrated Network	29.6%	29.5%	36.8%	30.1%
Hospital Administrator	4.1%	2.6%	13.2%	4.6%
Owner/Operator	4.1%	1.3%	0.0%	3.3%
Other	12.2%	16.7%	15.8%	13.2%
Leaving Field/Retiring	3.0%	3.8%	0.0%	2.9%
Total	100%	100%	100%	100%

Center for Health Workforce Studies, 10/01

Exhibit 31 looks at career paths from the perspective of the numbers of nursing home administrator licensees who are planning to leave their nursing home administrator position within the next five years. Nearly one-third (32%) indicated they intended to leave their nursing home administrator position. This would mean that, barring some change in the use of nursing home administrator licensees, 168 new nursing home administrators would have to be educated and attracted into the profession over this time period. Assuming that the same patterns hold for the survey nonrespondents, this would translate into a total of more than 260 new nursing home administrators required just to maintain current numbers.

Exhibit 31
Percent of Active Nursing Home Administrators Planning to Leave
Nursing Home Administrator Position Within 5 Years, By Age Group



Numbers in bars represent numbers of NHAs planning to leave NHA position in next five years

Center for Health Workforce Studies, 10/01

This is a reason for concern since the number of candidates for the NAB nursing home administrator licensing examination has declined more than 36% over the 1998 to 2000 period (National Association of Boards of Examiners, 2001). This raises the specter of a shortage of licensed nursing home administrators which could create serious problems for some nursing homes in the future.

Chapter 3

SURVEY OF INACTIVE NYS NURSING HOME ADMINISTRATOR LICENSEES

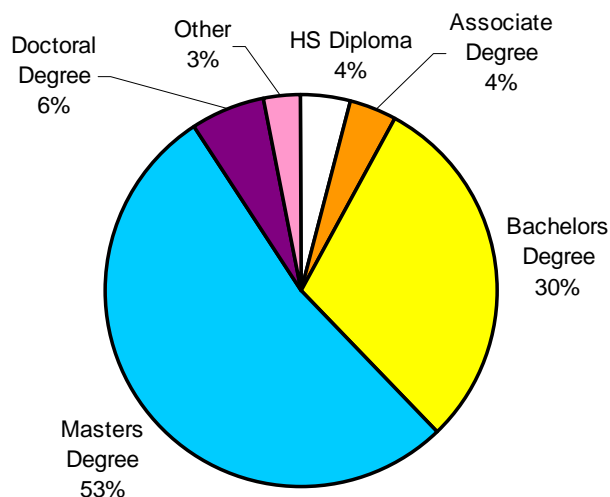
In the Fall of 2000 the Center conducted a survey of a random sample of inactive New York State Nursing Home Administrator licensees (individuals who at one time held an active NYS nursing home administrator license, but had not kept the license active). Using mailing lists maintained by the Office of Continuing Care of the NYS Department of Health, the Center conducted a single mailing to a random sample of 615 inactive licensees, out of a total of 4300 individuals who had at one time or another held an active license. After omitting 235 questionnaires returned as undeliverable and six returned with notes indicating the addressee was deceased, there were 100 responses, which resulted in an effective response rate of 21%.

The remainder of this chapter summarizes the responses to the survey. Sections are provided on demographic characteristics, education/training/background, career paths, training related to quality, and adequacy of preparation for licensure and work as an nursing home administrator.

Demographic and Educational Characteristics

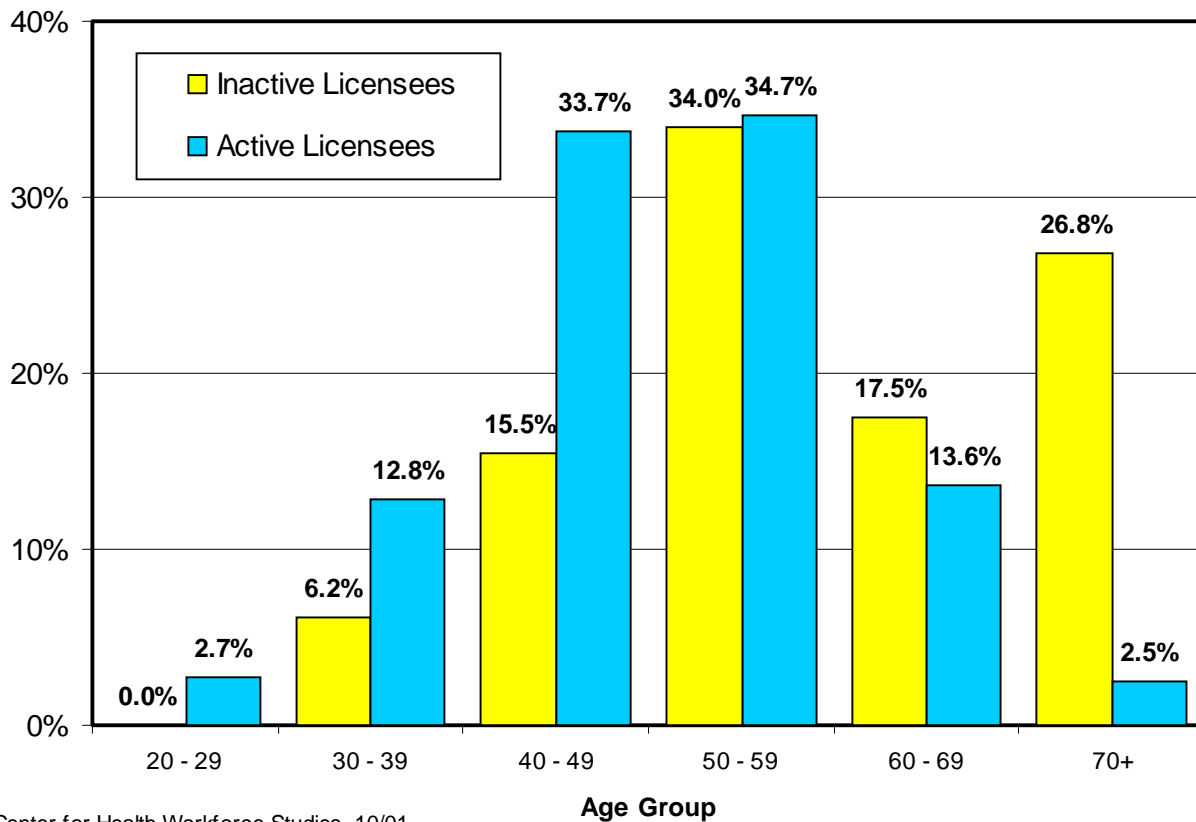
Exhibit 32 shows the percentages of inactive licensees with different highest degrees earned. The pattern is similar to that for active licensees [See Exhibit 7] except that a smaller proportion of respondents hold masters degrees.

Exhibit 32
Highest Degree Earned by Inactive
NYS-Licensed Nursing Home Administrators
as of 2000



As one would expect, a larger percentage of inactive nursing home administrator licensees are in older age groups than for active licensees [Exhibit 33]. This figure, as do others in this report, reveals that a significant number (22%) of inactive licensees are younger than 50. This confirms the general finding that nursing home administrators leave this profession at all ages.

Exhibit 33
Percentage of Active and Inactive NYS-Licensed
Nursing Home Administrators in Different Age Groups, 2000



Current Activities of Inactive Nursing Home Administrator Licensees

The current employment of inactive nursing home administrator licensees is shown in Exhibit 35 for five different age groups. Not surprisingly, the percentage retired increases dramatically for those aged 60 and above. It is interesting that significant minorities of respondents in the 60-69 (35%) and 70+ (18%) categories are still working.

Exhibit 35 shows that 42% of all inactive nursing home administrator licensees never served as a nursing home administrator (AOR), and 75% never served as a non-AOR nursing home administrator. More than a quarter (27%) of inactive licensees did serve as a nursing home administrator AOR for at least 10 years.

Exhibit 34
Current Employment of Individuals with Inactive NYS Nursing Home Administrator Licenses
By Age Group, as of 2000

Position (count)	30 - 49 (21)	50 - 59 (33)	60 - 69 (17)	70+ (26)	Total (97)
Nursing Home Administrator	15.0%	18.2%			9.3%
Another NH Position	6.7%	3.0%	11.8%	7.7%	7.2%
Admin in other type of LTC facility	8.4%	3.0%	5.9%	3.8%	4.1%
Admin in other type of health facility	13.3%	15.2%	5.9%		10.3%
Clinical practitioner	3.3%	3.0%			2.1%
Government agency		3.0%		3.8%	2.1%
Non-health related	20.0%	3.0%			4.1%
Consultant/lobbyist		3.0%		3.8%	2.1%
Faculty/teacher	3.3%	15.2%			6.2%
Full-time student	8.4%				1.0%
Self employed		12.1%	11.8%		6.2%
Retired		3.0%	58.8%	73.1%	30.9%
Temporarily not employed	6.7%	6.1%		3.8%	5.2%
Permanently not employed		3.0%			1.0%
Other	15.0%	9.1%	5.9%	3.8%	8.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Center for Health Workforce Studies, 10/01

Exhibit 35
Time Spent as Nursing Home Administrator
by Inactive NYS Licensees, 2000

Time Spent	AOR	Other NHA
Never	42.4%	74.7%
< 2 Years	9.1%	5.1%
2 to 4 Years	9.1%	8.1%
5 to 9 Years	12.1%	7.1%
10+ Years	27.3%	5.1%
Total	100.0%	100.0%

Center for Health Workforce Studies, 10/01

More than 80% of inactive nursing home administrator licensees younger than 60 report that they are employed [Exhibit 36], and the majority of those are working in New York State. Only 15% of inactive licensees reported working in another state.

Career Paths of Inactive Nursing Home Administrator Licensees

Exhibit 37 shows that the three major reasons for leaving nursing home administration were better career and salary opportunities, retirement, and differences with owner operators. Burnout and lack of enjoyment of nursing home administration were also cited by about 20% of respondents.

Exhibit 36
Work Location of NYS-Licensed NHAs with Inactive Licenses
By Age Group, 2000

Age Group (count)	Working in					Total (59)	Not Working (38)	TOTAL (97)
	NY (45)	CT (4)	NJ (2)	PA (2)	Other (6)			
30 - 39	50.0%	16.7%	0	16.7%	0	83.3%	16.7%	100%
40 - 49	73.3%	6.7%	6.7%	0	0	86.7%	13.3%	100%
50 - 59	57.6%	6.1%	3.0%	3.0%	15.2%	84.8%	15.2%	100%
60 - 69	41.2%	0	0	0	0	41.2%	58.8%	100%
70+	19.2%	0	0	0	3.8%	23.1%	76.9%	100%
Total	46.4%	4.1%	2.1%	2.1%	6.2%	60.8%	39.2%	100%

Source: Center for Health Workforce Studies, 10/01

Exhibit 37
Reasons for Leaving Nursing Home Administration
Inactive NYS Nursing Home Administrator Licensees, 2000

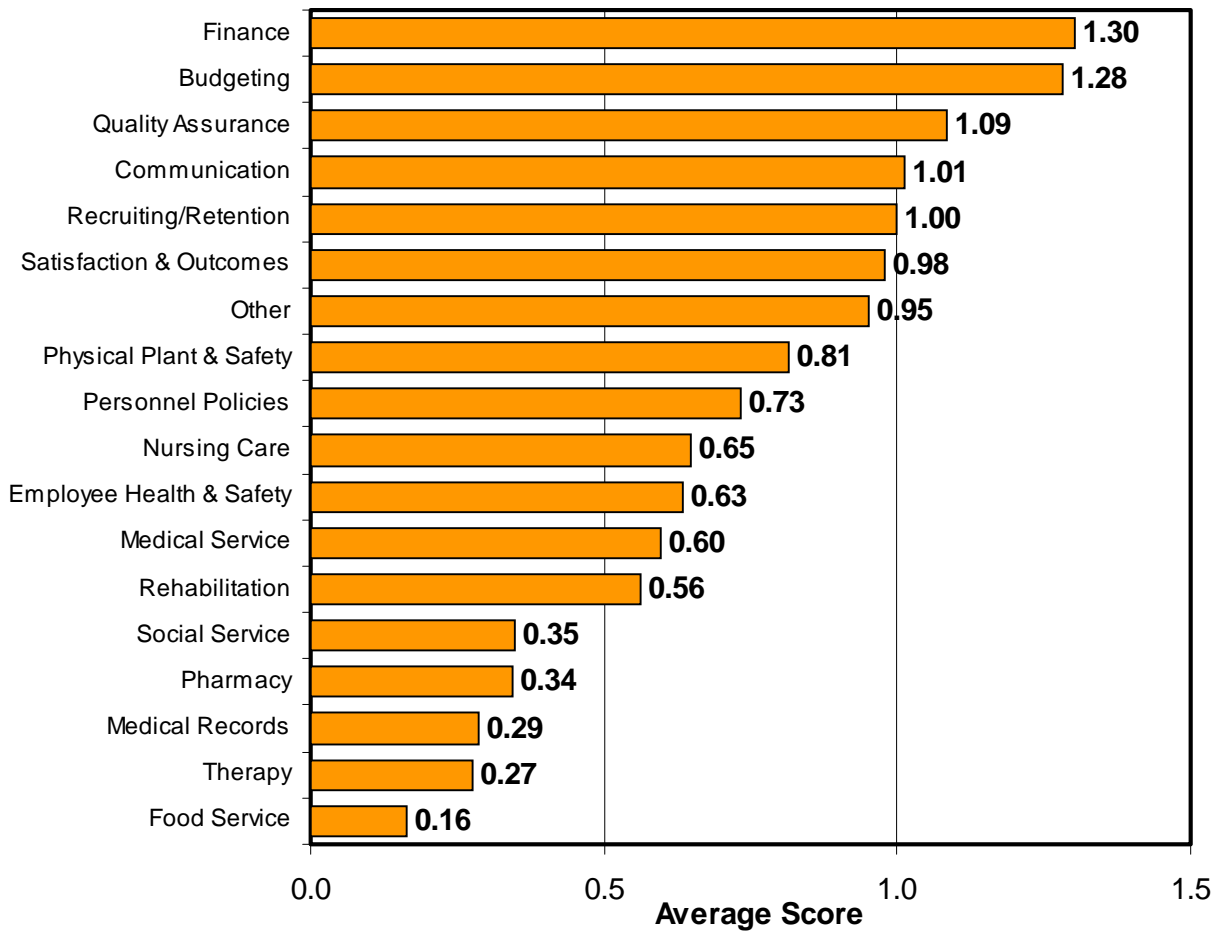
Reason (total count)	Reason 1 (64)	Reason 2 (41)
Position with Better Career Opportunity	20.3%	12.2%
Position with Better Salary	6.3%	19.5%
Lower Level Position in a NH		2.4%
Clinical Position in a NH		2.4%
Moved to another Geographic Area	3.1%	
Didn't Enjoy NH Administration	3.1%	4.9%
Burn Out	3.1%	17.1%
Retired	26.6%	4.9%
Fired	1.6%	4.9%
Differences with Owner/Operator	17.2%	7.3%
Personal Obligation	3.1%	2.4%
Other	15.6%	14.6%
Other 2		7.3%
Total	100.0%	100.0%

Source: Center for Health Workforce Studies, 10/01

Recommendations About Prelicensure Training

Inactive licensees were also asked to indicate the management areas in which they would recommend changes be made for prelicensure curriculum and examinations. Exhibit 39 shows that this group as a similar pattern to that for active licensees [Exhibit 18], with finance and budgeting having the greatest interest; and food service, therapy, and medical records having the least interest.

Exhibit 38
Change in Emphasis in Prelicensure Curriculum & Examination
Recommended by Inactive NYS NHA Licensees, 2000



-2 = Much Less; -1 = Less; 0 = About the Same; +1 = More; +2 = Much More

Centerfor Health Workforce Studies, 10/10

Chapter 4

SUMMARY OF INTERVIEWS WITH NURSING HOME INDUSTRY LEADERS

In the Fall of 2000, seventeen interviews were conducted with stakeholders in the nursing home industry in New York State. The interviewees included 3 nursing home administrators, 2 educators, 4 association representatives, 3 regulators, 2 researchers, and 2 others. The individuals were selected based on suggestions of the project advisory committee and others contacted by the project staff. A list of the individuals is provided in Appendix E.

All interviewees were asked a standard set of questions about different aspects of the nursing home industry, nursing home administrator education and licensing, and nursing home quality. (See Appendix C for the script.) In addition, each type of interviewee was asked a targeted set of questions. The responses and comments of the interviewees are summarized below.

The interviews confirmed the responses and comments in the two surveys: the nursing home industry is in a period of unprecedented change. The changes are placing tremendous demands on nursing home administrators who must juggle an increasing number of balls as they guide their organizations through a host of internal and external changes.

Nursing Home Industry

Questions about the nursing home industry fell into three broad categories addressing: trends in the industry, current issues and problems, and new challenges over the next few years.

- Major trends in the nursing home industry

Although there were some variations in emphasis, most of the interviewees identified the same broad trends: staffing, consolidation, finances, accountability, and nursing home culture changes. More than half the interviewees mentioned the problems of *recruiting and retaining qualified direct care workers* as a critical issue. Several interviewees believed this problem was being aggravated by the current strong economy, which has created many alternatives for the women who comprise the bulk of the direct care workforce in nursing homes. None saw this as a strictly temporary problem, and none had any suggestions for addressing the problem.

Driven in part by conscious strategies and incentives by government agencies, *consolidation* is a constant theme in the nursing home industry. Larger facilities and integrated

organizations provide important opportunities for economies of scale, and current reimbursement formulas provide strong incentives for facilities to merge and integrate. The mergers are both vertical (i.e., with other types of health care facilities) and horizontal (i.e., with other nursing homes).

Also mentioned by many respondents was *increased patient acuity*. Managed care is driving hospitals to discharge patients sooner and sicker, as they cut costs to take advantage of prospective payment systems. Larger numbers of these patients are being discharged into nursing homes, who get larger reimbursements for these “subacute care patients”, but also must deal with a growing number of medial procedures for these patients. Adding to this acuity problem is the fact that older nursing home residents also need more care. Growing proportions of residents also have dementia, which requires additional attention and services.

Financing was another central theme among the interviewees, although some mentioned it as a current issue and some as a new or emerging issue. In all cases there was concern that current reimbursement procedures provide less resources than are needed to provide high quality services for nursing home residents. Reimbursement levels are remaining essentially constant in the face of increasing acuity of care, more subacute care, and more residents with dementia and other chronic problems that make care more expensive. These difficulties are aggravated by declining daily censuses caused in part by a broader range of patients/residents many of whom remain in the nursing home for relatively short stays.

A fifth key trend identified by the interviewees was *accountability*. This is manifest in several related themes: increased and more adversarial surveillance, more bad publicity, and more concern about patient/family satisfaction. All of these place greater demands on both direct care workers and nursing home administrators to deliver “deficiency-free care”. Few nursing homes are in a position to try innovations to improve quality of care or reduce costs.

A number of other trends were mentioned by one or two interviewees. These included: shift toward more patient autonomy, increasing attention on quality and consumer satisfaction, , and difficulty keeping up with desires of residents.

- Current issues and problems in the nursing home industry

The list of critical issues and problems needing attention by nursing homes today was consistent with the major trends mentioned above. *Staffing* topped the list, with more than

half the respondents indicating that recruiting and retaining direct care workers was a critical problem. Low wages were cited by several as a major contributor to the problem, especially in this current time of low unemployment. The current trend toward requiring criminal background checks was also cited as contributing factor. This raised the point that staffing issues cannot be dealt with simply by finding warm bodies. It is essential that staff be willing and able to provide high quality services.

An issue receiving equal attention to staffing was *image building* for both individual nursing homes and the entire nursing home industry. The media is constantly on the lookout for nursing home “horror stories”, and takes every opportunity to expose problems to the public. This was not a concern of the interviewees per se, but several pointed out that other situations are feeding this frenzy. The system of regulators citing facilities for “minor deficiencies” was criticized by several respondents as being counterproductive. This practice distracts nursing home administrators and others from more important operational and strategic issues.

Several issues cited by the respondents dealt with different aspects of the *reimbursement* process. Concerns were raised that current reimbursement levels were inadequate to support some important services. Two respondents said that is important that work begin on designing comprehensive new reimbursement strategies and procedures that take into account all sources of revenue and all objects of expenditures, including capital improvements. It was also pointed out that the current trend toward shorter lengths of stay results in higher vacancy rates and corresponding reductions in revenues and increases in administrative costs for recruiting new patients/residents.

Other issues cited by interviewees included difficulties innovating caused by the current confrontational surveillance system. Most nursing home administrators are reluctant to risk even promising new innovations on the chance that the initiative might fail and result in a deficiency. Several observed that better information and assessment systems are required in the nursing home industry.

- New challenges in the nursing home industry

A variety of new issues and challenges were identified in the interviews. At the top of the list was the “*culture change*” now taking place in the nursing home industry. This terminology covers a wide range of trends, including shifts to more “home-like” settings and greater

emphasis on continuum of care, and more resident-centered programs. These programs, typified by such innovations as the new Pioneer programs, will require major changes in both philosophy and practice that have the potential to dramatically change nursing homes and their services. The point was also made that there is a risk that some nursing homes will implement only the superficial trappings of these innovative programs, and not the fundamental changes in philosophy and services that may be entailed.

Another critical emerging issue was *capital financing*, which was also mentioned as a current issue by several respondents. Only a handful of nursing homes have sufficient resources to finance innovative capital projects to better provide the environments and services that a growing number of families want for themselves and their loved ones.

The interviewees also identified a number of other new issues. These included: growing competition for patients, especially the least ill patients, with Assisted Living and other long term care facilities; the increasing cultural and ethnic diversity of the elderly, with many minorities having insufficient resources to cover nursing home care; and the coming baby boom generation, which will begin to impact the system in 2010 and beyond.

Nursing Home Administrator Education/Licensure

This part of the interview addressed seven broad questions dealing with different aspects of the education and licensure of nursing home administrators. The responses are synthesized and summarized below. Several broad themes emerged in response to the questions, all of which were consistent with the notion that licensure of nursing home administrators is important, but is not sufficient to guarantee effective nursing home administrator performance.

- *How well are nursing home administrators prepared to address the issues identified above?*

Key themes repeated by most of the interviewees were that there is great variability in the skills and knowledge of nursing home administrators, much of which is related to how much experience they have. There was general agreement with the notion that to be an effective nursing home administrator, one must have on-the-job exposure to real management problems. The formal prelicensure training is not sufficient to establish one's skills as an nursing home administrator. "Seasoning" is needed to develop the full range of skills and knowledge needed in most nursing homes today. Staffing problems and risk taking are examples of issues/behaviors that extend beyond the realm of the formal license.

Several respondents indicated that many nursing home administrators are not well prepared to deal with the complex patients and non-linear problem solving that is becoming more common in nursing homes today. They also observed that there is no link between licensure and on-the-job performance.

- *Will nursing home administrators need more training, experience, or education to address the new issues?*

A majority of respondents answered this question in the affirmative, pointing to the critical role of continuing education in developing the skills and knowledge of nursing home administrators. Most offered specific suggestions on topics that needed more attention, but few topics were mentioned by more than one person. Among the topics that were mentioned were: the holistic needs of chronically ill patients, leadership/management, strategic HR practices, information for decision making, crisis management, change management, communication, demographics, and marketing.

Another set of comments addressed education processes. These too were very diverse, including such topics as: the need for careful screening of continuing education programs and the need for mentoring. Also mentioned was the need for flexibility and waivers for nursing home administrators with different backgrounds.

- *Should curricula for prelicensure training be modified?*

The responses to this question were also variable. One theme that was expressed by a number of the respondents focused on the need for more training experiences in actual nursing home settings, focusing on “real” problems and not some of the “silly details” now covered in the licensing exam (e.g., mandated food temperatures). The point was made by one respondent that you can’t train people to “care”, but many can learn about caring in on-the-job settings.

- *Are there more effective ways for nursing home administrators to obtain needed skills and knowledge?*

Respondents generally called for more opportunities for sharing with/learning from peers in field experiences. This is important at several levels. It helps nursing home administrators to get out of the nursing home and think more broadly about issue and problems. This helps to alleviate the isolation that many nursing home administrators experience, and it enhances creativity on the part of participants.

Concern was expressed by one respondent that the current emphasis is too much on “staying out of trouble”. This is an outgrowth of the current deficiency-driven surveillance programs, that deter flexibility, innovation, creativity, and risk taking by nursing home administrators.

Two interviewees suggested that new delivery modes should be explored for education programs, including electronic delivery via the Internet and/or distance learning. The only new training topic mentioned in response to this question was leadership development.

Interesting points were raised by two respondents: Because of the importance of on-the-job education and experience, Administrator in Training (AIT) programs should be paid and reimbursed. Even though there were general calls for greater rigor in continuing education programs, one respondent called for less stringent CEU requirements, which now promote relatively narrow topic selection and delivery modes.

- *Do you think nursing home administrator licensure is necessary?*

All but one of the interviewees responded yes to this question, although a few of them qualified their response with the statement that more is needed than just licensure to develop a good nursing home administrator. This is the approximately the same ratio as the respondents to the active nursing home administrator survey. The one dissenter argued that the relationship between licensure and performance is too tenuous to necessitate licensure, citing the fact that hospital administrators are not required to be licensed.

A number of different rationales in favor of licensure were cited, including: Licensure establishes a minimum floor of competence and knowledge. Licensure documents the professionalism of the nursing home administrator. Licensure provides regulators with a quick way to get rid of nursing home administrators who behave illegally or incompetently. In addition, licensure does create a pool of potential nursing home administrators who can be recruited into the workforce, although the current bad image of nursing homes undercuts this potential advantage at this time.

One respondent observed that in the 30 years since licensure was mandated, the overall quality of care has improved. This means that the problems in the 60s that precipitated licensure have been at least partially solved. Another respondent was in favor of periodic re-examination of nursing home administrator licensees.

- *Do you see relationships between quality of care and nursing home administrator licensure?*

Although a few respondents answered this question in the affirmative, a majority indicated that there is insufficient evidence of a relationship between licensure and quality to answer one way or the other. Two respondents recommended research on this question addressing such questions as the impact of education and training on nursing home administrator success and performance; factors related to high quality outcomes for patients; and factors related to the work and living environments in nursing homes.

- *Should some sort of advanced certification for nursing home administrators be instituted?*

The general sense of the respondents was that additional mandated certification is probably not necessary. Two noted that ACHCA already has a voluntary program, and suggested that that program or something like it should be sufficient. Several respondents did speak in favor of the idea, stating that “it couldn’t hurt”. Another was in favor, on the condition that such programs be tied in some way to individual nursing home administrator professional growth plans.

Nursing Home Quality

Quality of care is a continuing concern in the nursing home industry. In fact, it was concerns about quality in the 1960s that resulted in the current requirement that nursing home administrators be licensed. This section of the report summarizes the responses of the interviewees about quality of care in nursing homes.

Although the responses do not provide definitive answers to all the questions, they do help to understand the complexity of this important aspect of nursing home care. They also reinforce the feeling that there is considerable room for improvement.

- *Are there significant quality problems in nursing homes in NYS today? If yes, please describe.*

Although several respondents qualified their answers, only one indicated that there are not significant quality problems in nursing homes in NYS today. Several respondents indicated that the quality of direct, hands-on care in most nursing homes is generally excellent, although several also acknowledged that there is room for improvement in human/interpersonal interactions, especially related to showing more respect for residents/patients. There was a general feeling that quality problems are no worse in New York than in other jurisdictions.

Two respondents observed that there were perhaps fewer quality problems in New York because of the absence of for-profit chains. One indicated that there were “few bad apples” in New York State.

- *To what do you attribute these problems?*

The reasons for the problems were harder for the respondents to define. The two reasons mentioned most often were resource/staff shortages and nursing home administrator/staff turnover. Staff shortages result in either rushed care or omitted care, or both. Staff turnover results in lack of continuity and confusion about priorities and procedures.

Several respondents observed that the current survey system, which is driven by deficiencies, sometimes creates false impressions about quality of care. One cited the situation in which a deficiency is inappropriately assigned to a nursing home because a resident lost weight, when the reason the patient was losing weight was that he was dying and not able to eat.

- *Do nursing home administrators make a difference in quality of care?*

All the respondents indicated that nursing home administrators do make a difference in quality of care. They are especially important in creating the culture of and setting the tone and priorities for the facility. They also approve programs and services for residents. They also provide leadership concerning the human side of the enterprise, the respect shown to both residents and staff, and their willing to listen to problems and take corrective action.

One respondent noted that nursing home boards/owners/operators may be more important than the nursing home administrator in defining or promoting quality. They often have the final say in implementing programs and services that may result in better or worse quality.

- *Please suggest steps that could be taken by different stakeholders to ensure high quality care.*

This question elicited a wide range of responses. The step that most respondents recommended involved changing the nursing home organization to focus on people (both residents and staff) more than day-to-day routines. Several referred to new models of care (e.g., Pioneer, Wellspring, and Eden) as examples of the changes they envisioned. These programs are often cited as ways of improving both staff relations and nursing home outcomes.

Several respondents mentioned the desirability of a less adversarial and less punitive nursing home surveillance system. The current system highlights problems, some of which may be relatively insignificant. This creates negative publicity which aggravates the problems of recruiting and retaining nursing home administrators, direct care workers, and residents. The desirability of closer working relations between regulators and nursing homes was also mentioned, but it was not clear how this might be implemented.

Other general recommendations made by several respondents included: better oversight of direct care workers; more resources (including staff) to provide needed services to residents/patients; and adequate reimbursement and funding for essential services. A number of more practical suggestions were also provided: background checks on direct care workers; better career ladders for nursing home direct care to increase retention and improve continuity of care; better ombudsman programs; longer internships for nursing home administrators, especially younger candidates; and reexamination of nursing home administrator curriculum.

- *Do you have any other comments?*

Several of the respondents had a closing remark or two. These included: licensure is not “central” to many of these issues and concerns related to quality of care. nursing home administrator is a “very challenging profession”. As external demands on nursing home administrators grow, it is important to be sure that internal roles are not neglected. There are a number of important definitional problems (e.g., “quality of care” versus “quality of life”) that should be addressed in any thorough discussion of these issues.

Questions for Nursing Home Administrators

Two additional questions were asked of nursing home administrators as part of the interview. The responses are summarized below.

- *How relevant was the nursing home administrator licensing exam for the kinds of roles and functions you perform?*

The relevance of the exam varies by administrative function. The exam assesses knowledge of regulations and other facts, and is relevant to that aspect of the work. The exam does not provide a basis for assessing an nursing home administrators ability to manage people or finances. It would take a different type of exam to accomplish that.

- *Please describe your ideal roles and ideal environment as an nursing home administrator.*

One respondent indicated that he was not as close to the “action” (i.e., the residents) as he would prefer. Too much time is spent on finances, staffing, and external affairs (e.g., regulations).

- *Do you have any additional comments about quality?*

One respondent observed that small nursing homes have bigger problems because the nursing home administrator must do everything. Resources are not available to carry an “extra” administrator to handle special functions and duties.

Questions for Educators

Four additional questions were asked of educators as part of the interview. The responses are summarized below.

- *What changes in curricula for nursing home administrator programs are you now planning?*

Different education organizations have different scopes of education activities. For example, the professional associations (i.e., NYAHS and NYSHFA) have extensive education programs associated with their annual conferences. All the educators use their own intelligence networks to identify topics and program formats they think will best meet the needs of their constituencies. All try to identify the current hot topics, and provide programs for nursing home administrators. No dramatic changes were projected for the next year.

- *Are special programs related to quality assurance being developed and offered?*

None of the respondents indicated that an entire program devoted to quality would be offered.

- *How are topics for nursing home administrator continuing education selected?*

Several mechanisms were cited for gathering intelligence about programs to be offered. These include: formal advisory committees, reviews of the press and the professional literature, and discussions with leaders in the field. Some programs updating topics of continuing interest are offered on a regular periodic basis.

- *What noteworthy changes in nursing home administrator students have you observed over the past few years?*

No noteworthy changes in the types of students were noted.

Questions for Regulators

One additional question was asked of regulators as part of the interview. The responses are summarized below.

- *Is the licensure process now in place adequate?*

The current licensure system is adequate for entry-level nursing home administrators. Several ways to improve the system were suggested, including: adding more schools at which pre-licensure programs could be taken (although one of the last existing programs in upstate New York may be closing); opening a special nursing home administrator masters program; and setting up better information systems to track the nursing home administrator licensees over time.

Questions for Associations

Two additional questions were asked of representatives of professional associations as part of the interview. The responses are summarized below.

- *What role(s) should associations play in nursing home administrator licensure, if any?*

Three roles were suggested: work with the Department of Health to help design any new requirements; conduct and share relevant research on the nursing home industry; and identify facilities that perform especially well.

- *What role(s) should nursing home Associations play in efforts to improve quality of care?*

Several roles were suggested, although they were not developed into real recommendations: advocacy, education, assistance, and consulting/research.

- Two additional comments were offered: Assessments of nursing homes should be done by outside researchers; and nursing home administrators should be trained to “think outside the box”.

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APPENDIX A

Active NYS Nursing Home Administrator Licensee Questionnaire

The four-page questionnaire used in the survey of Active New York State Nursing Home Licensees is reproduced on the following pages.

Marking Instructions

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Make no stray marks on this form.
- Do not tear or mutilate this form.

● CORRECT ✗ ✖ ✎ ✏ INCORRECT

Survey of New York State Licensed Nursing Home Administrators

Center for Health Workforce Studies
School of Public Health, University at Albany

This questionnaire is designed to obtain information on the education, experience, licensing, continuing education, and career tracks of individuals with New York State nursing home administrator licenses. Your response will be anonymous and information about you or your facility will be reported only in the statewide or regional tabulations and summaries.

Please complete the following questions about your background.

1. Gender
 Female
 Male

2. Age
 20-29
 30-39
 40-49
 50-59
 60-69
 70+

3. What is your highest degree?
 HS Diploma
 Associate Degree
 Bachelors Degree
 Masters Degree
 Doctoral Degree
 Other: _____

4. Please indicate your racial-ethnic status.
 White, non-Hispanic
 Black/African American
 Asian/Pacific Islander
 Hispanic/Latino
 Native American

5. What year did you first get your NH administrator license?

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

If you are not working as a nursing home administrator, please answer questions 7-10. If you are working as a nursing home administrator, please skip to Question 11.

7. How many years did you work as a nursing home administrator?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

8. Why did you leave? (Please mark most and 2nd most important reasons.)

Most	2nd	
<input type="radio"/>	<input type="radio"/>	Took position with better career possibilities
<input type="radio"/>	<input type="radio"/>	Took position with better salary
<input type="radio"/>	<input type="radio"/>	Moved to another geographic area
<input type="radio"/>	<input type="radio"/>	Didn't care for nursing home administration work
<input type="radio"/>	<input type="radio"/>	Burn out
<input type="radio"/>	<input type="radio"/>	Retired
<input type="radio"/>	<input type="radio"/>	Fired
<input type="radio"/>	<input type="radio"/>	Differences of opinion with owner/operator
<input type="radio"/>	<input type="radio"/>	Personal/family obligation
<input type="radio"/>	<input type="radio"/>	Never worked as a nursing home administrator
<input type="radio"/>	<input type="radio"/>	Other: _____

9. How many years ago did you stop?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

10. What are you doing now? (Please mark principal position.)

Another position in a nursing home
 A position in another type of long-term care facility
 Administrator in another type of health facility
 Clinical practitioner
 Staff of professional association
 Staff in a government agency
 Consulting/lobbying
 Faculty/teacher
 Full-time student
 Other: _____

Please skip to Question 26.

Please complete the following questions about your nursing home background and experience.

6. Please indicate the type of position you held at different points in time in the recent past. (Please mark only one for each point in time.)

	Currently	One Year Ago	Two Years Ago	Five Years Ago	Ten Years Ago
NH Administrator Of Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NH administrator, not AOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other NH position, non-clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Director of Nursing, Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Practitioner, Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other long term care:					
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health care:					
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:					
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are currently working as a nursing home administrator, please answer the following questions.

11. How many years in total have you worked as a nursing home administrator?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

12. What is your income as a nursing home administrator? \$ _____,000

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ONE



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Please describe the nursing home in which you now work.

13. Total certified beds in facility:

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

14. Please indicate if the facility has dedicated units in any of the following areas:

- Rehabilitation
- Ventilator
- Hospice
- TBI
- Dementia
- AIDS
- Other: _____

15. Please indicate the corporate type of the nursing home.

- Not-for-profit
- For profit/proprietary
- Public

16. What is the operating budget of this facility (in millions)?

\$

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

17. Is the facility part of a larger organization? (Please mark all that apply.)

- Multiple Nursing Home Organization
- Integrated Delivery System
- Long-Term Care Alliance
- Other: _____

Please complete the following questions about your current nursing home position.

18. Please indicate how frequently you personally handle each of the following aspects of nursing home administration. (Please mark one in each row.)

	Never	Rarely (Yearly)	Occasionally (Monthly)	Often (Weekly)	Frequently (Daily)
Care Management:					
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Management:					
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment/Training/Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management:					
Facility Budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Plant & Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance and Evaluation:					
Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction and outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about quality assurance.

19. Please indicate which of the following programs/activities related to quality assurance currently take place at your nursing home. (Please mark all that apply.)

- Patient satisfaction surveys
- Family satisfaction surveys
- Total Quality Management or Continuous Quality Improvement program
- Other formal quality improvement program(s)
- Benchmarking against other nursing homes
- Other: _____
- Other: _____

20A. Have you received any formal education or training on assessing or improving quality of care?

- Yes
- No

20B. If yes, please indicate topics in which you personally received formal training over the past 2 years. (Please mark all that apply.)

Methods:

- Satisfaction surveys
- Total Quality Management
- Continuous Quality Improvement
- Benchmarking against other NHs
- Statistical analysis and interpretation
- Other: _____

Special Topics:

- State surveys
- Regulatory compliance
- Care-related issues (e.g., abuse, nutrition)
- Quality indicators
- Other: _____

20C. If yes, when did you receive this education/training? (Please mark all that apply.)

- Within past 6 months
- 7–12 months ago
- 13–18 months ago
- More than 18 months ago

20D. If yes, please indicate the number of hours of education/training related to quality you received in the past 2 years.

	Hours			
	0	1–9	10–19	20+
Conference Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College/University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate the two most important factors that limit your ability to provide high quality care/service.

- | | | |
|-----------------------|-----------------------|-----------------------------------|
| Most | 2nd | |
| <input type="radio"/> | <input type="radio"/> | Training for direct care workers |
| <input type="radio"/> | <input type="radio"/> | Training for administrative staff |
| <input type="radio"/> | <input type="radio"/> | Resources for training |
| <input type="radio"/> | <input type="radio"/> | Resources for equipment |
| <input type="radio"/> | <input type="radio"/> | Turnover of staff |
| <input type="radio"/> | <input type="radio"/> | Recruiting new staff |
| <input type="radio"/> | <input type="radio"/> | Aging facilities |
| <input type="radio"/> | <input type="radio"/> | Other: _____ |
| <input type="radio"/> | <input type="radio"/> | Other: _____ |

Please complete the following questions about continuing education.

22. How many continuing education hours did you obtain from the following sources over the past year? (Please mark one in each row.)

	Hours			
	0	1-9	10-19	20+
Conference Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College/University	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Do you feel the requirement of 48 hours of continuing education every two years to retain an NHA license is appropriate?

- Yes, 48 hours is appropriate
- No, more than 48 hours is needed
- No, less than 48 hours would suffice

24. Please indicate any management areas in which you would like to be better prepared.

- Care Management
- Personnel Management
- Financial Management
- Physical Plant and Safety
- Governance and Evaluation
- Quality Assurance
- Other: _____

25. To help assure that SNFs have well qualified, up-to-date administrators, what changes, if any, would you recommend for continuing education programs for Nursing Home Administrators? (Please mark all that apply.)

- No change needed
- More hours required for continuing education
- More rigorous courses
- Formal internships
- Periodic re-certification exams
- Other: _____

Please complete the following questions about your prelicensure education and training.

26. What formal education/training did you receive to prepare you for the nursing home administrator licensing examination? (Please mark all that apply.)

	Non-degree	Associate	Bachelors	Graduate
Business Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work/Welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Health:				
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100-hour program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:				
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Please indicate whether you would recommend more or less emphasis in the prelicensure curriculum and licensing exam for NHAs in the following management areas. (Please mark one in each row.)

	Significantly Less Emphasis	About the Same	Significantly More Emphasis
Care Management:			
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmaceutical Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel Management:			
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment/Training/Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Health and Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management:			
Facility Budgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Plant & Safety:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governance and Evaluation:			
Quality Assurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28A. Did your prelicensure education/training adequately prepare you for the nursing home administrator licensing exam?

- | | | |
|-----------------------|-----------------------|-----------------------|
| Very Well Prepared | Adequately Prepared | Not Well Prepared |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28B. Did your prelicensure education/training adequately prepare you for your position as a nursing home administrator?

- | | | |
|-----------------------|-----------------------|-----------------------|
| Very Well Prepared | Adequately Prepared | Not Well Prepared |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

APPENDIX B

Inactive NYS Nursing Home Administrator Licensee Questionnaire

The two-page questionnaire used in the survey of Inactive New York State Nursing Home Licensees is reproduced on the following pages.

**SURVEY OF INDIVIDUALS WITH
INACTIVE NYS NURSING HOME ADMINISTRATOR LICENSEES**
Center for Health Workforce Studies
School of Public Health, University at Albany

THIS QUESTIONNAIRE IS DESIGNED TO OBTAIN INFORMATION ON THE CAREER TRACKS OF INDIVIDUALS WHO PREVIOUSLY HAD ACTIVE NEW YORK STATE NURSING HOME ADMINISTRATOR LICENSES. RESPONSES WILL BE ANONYMOUS AND WILL BE REPORTED ONLY IN STATEWIDE OR REGIONAL SUMMARIES.

Personal background

1. Gender
 Female Male
2. Age:
 20 to 29
 30 to 39
 40 to 49
 50 to 59
 60 to 69
 70+
3. What is your highest degree?
 HS Diploma
 Associate Degree
 Bachelors Degree
 Masters Degree
 Doctoral Degree
 Other: _____
4. Please indicate your racial-ethnic status.
 White, non-Hispanic
 Black/African American
 Asian/Pacific Islander
 Hispanic/Latino
 Native American
 Other: _____
5. In what year did you first get your NHA license?

 0
 1
 2
 3
 4
 5
 6
 7
 8
 9

Current Employment/ Activity

6. What are you doing now? *Please mark principal position.*
 Nursing home administrator
 Another position in a nursing home
 Administrator in another type of long-term care facility
 Administrator in another type of health facility
 Clinical practitioner
 Employed in a government agency
 Staff of professional association
 Employed in non-health related company
 Consultant/lobbyist
 Faculty/teacher
 Full-time student
 Self-employed
 Retired
 Temporarily not employed
 Permanently not employed
 Other: _____
7. If you are employed, in what state are you working?
Please mark state of principal position.
 NY CT NJ PA Other: _____

8. Please indicate how long you held any of the positions listed below. *Please mark only one in each row.*

	10 or more years	5 to 9 years	2 to 4 years	Less than 2 years	Never
NH Administrator Of Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHA, not AOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other NH position, non-clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NH Director of Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other long term care: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If you once worked as a nursing home administrator, and are not now, why did you leave?

Please mark 1st and 2nd most important reasons.

- | 1 st | 2 nd | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Took position with better career possibilities |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Took position with better salary |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Moved to another geographic area |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Took a lower level position in a nursing home |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Took a clinical position in a nursing home |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Didn't enjoy working in a nursing home |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Didn't enjoy nursing home administration |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Burn out |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Retired |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Fired |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Differences of opinion with owner/operator |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Personal/family obligations |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other: _____ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other: _____ |

10. Why did you let your NYS license go inactive?
Please mark all that apply.

- Left New York State
 Stopped being Administrator of Record
 Left nursing home industry
 Other: _____

11. Under what circumstances, if any, would you reactivate your NYS nursing home administrator license?
Please mark all that apply.

- Not under any circumstances
 If an AOR position is offered to me in New York
 If family/personal obligation(s) are met
 Other: _____

nursing home Administrator Education and Training

12. Please indicate whether you would recommend more, the same, or less emphasis in the prelicensure curriculum and licensure exam for nursing home administrators in the following management areas. *Please mark one in each row.*

	Much Less	About the Same	Much More		
Care Management:					
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmaceutical Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel Management:					
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment/Training/Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Health and Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management:					
Facility Budgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Plant & Safety:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governance and Evaluation:					
Quality Assurance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction and outcomes:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. To help assure that nursing homes have well qualified, up-to-date administrators, what changes, if any, would you recommend for education and training programs for nursing home administrators? *Please mark all that apply.*

- No changes needed
- More education for initial licensure
- More continuing education for continued licensure
- Drop licensure in favor of non-gov't certification
- Institute periodic re-licensure exams
- Require formal internships for new licensees
- Other: _____

14. If there were to be changes in the education and training requirements for nursing home administrators, what topics and themes would you recommend be given more emphasis? *Please mark all that apply.*

- Care management
- Personnel management
- Financial management
- Physical plant and safety
- Governance and evaluation
- Quality assurance
- Other: _____

15. In the space provided below, please provide any additional comments or observations you may have about the education, certification, and licensing of nursing home administrators. *Please use additional sheets if necessary.*

THANKS FOR YOUR HELP WITH THIS STUDY!

Please use the enclosed stamped envelope to return the completed questionnaire to:

**The Center for Health Workforce Studies
School of Public Health, University at Albany
One University Place, Suite 200
Rensselaer, NY 12144-3456**

If you have questions about the study or about the questionnaire, please call:

**Paul Wing, Project Director
518-402-0250**

APPENDIX C

Nursing Home Administrator Interview Questions

Questions for Everyone:

- About the nursing home (nursing home) industry
 - Please describe any major trends now taking place in the nursing home industry.
 - What are the critical issues and key problems that nursing home administrators are facing in 2000?
 - Please describe any new issues and challenges you think will emerge for nursing home administrators over the next few years?
- About nursing home administrator education/licensure requirements
 - Based on your experience/observation, how well are nursing home administrators prepared to address these issues?
 - Based on your experience/observation, will nursing home administrators need additional training, experience, or education to address new issues that will emerge over the next few years?
 - Should curricula be modified in the initial training, licensure examinations, and/or continuing education? If yes, what content should be added, deleted, or modified?
 - Are there more effective ways for nursing home administrators to obtain skills and knowledge they need (e.g., more field experience requirements, additional course requirements for initial, continuing education, new exams)?
 - Do you think nursing home administrator licensure is necessary? Please explain.
 - Do you see relationships between quality of nursing home care and nursing home administrator licensure?
 - Should some sort of advanced certification process for nursing home administrators be instituted?
- About nursing home quality
 - Are there significant quality problems in nursing homes in NYS today? If yes, please describe.
 - To what do you attribute those problems?
 - Do nursing home administrators make a difference in quality of care? If yes, how?
 - Please suggest steps that could be taken by nursing homes, governments, associations, or others to help ensure that nursing home residents receive high quality care (e.g., new license requirements for nursing homes & nursing home administrators, more surveillance, more \$, better data systems)
- Are there other people we should talk to?
- Any other comments?

Questions for Nursing Home Administrators:

- How relevant was the licensing exam for the kinds of roles and functions you now carry out?
- Please describe your ideal roles and ideal environment as a nursing home administrator.
- Additional questions based on the survey results?

Questions for Educators:

- What changes in curricula for nursing home administrator education programs, if any, are you planning?

- Are special programs related to quality assurance in nursing homes being developed and offered?
- How are the topics for nursing home administrator continuing education selected?
- What noteworthy changes in students, if any, have you observed over the past few years?

Questions for Regulators:

- Is the licensure process now in place adequate? If not, how could it be improved?

Questions for Associations:

- What role should Associations play in nursing home administrator licensure, if any?
- What role should Associations play in efforts to improve quality of care in nursing homes?

APPENDIX D
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APPENDIX E
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APPENDIX F
Nursing Home Licensure Process in New York State

The following page contains a chart that presents the variety of paths available to interested parties to become a licensed nursing home administrator.

NOTES FOR THE CHART ON FOLLOWING PAGE:

*** Qualifying Field Experience:**

Experience gained through full-time service on the staff of a qualifying health care facility in an administrative position above the department head level, requiring the incumbent to actively participate in the administration, direction, and operation of the facility. Additionally, the position must include substantial supervisory responsibilities and be compensated at a salary commensurate with the level of responsibility claimed.

**** Administrator of Record:**

Single individual who is charged with the general administration of a nursing home and who carries out his/her responsibilities under the authority of a valid and currently registered nursing home administrator license issued by the state or jurisdiction in which the facility is located.

***** Administrator in Training (AIT) Program:**

a 12-month Board-approved internship conducted in a qualifying nursing facility and completed within the 10-year period preceding approval of the licensure application.

******Qualifying Health Care Facility:**

Nursing home or hospital as defined in Article 28 of the NYS Public Health Laws (and regulations promulgated thereunder), psychiatric hospital as defined under Article 31 of the NYS Mental Hygiene Law (and regulations promulgated thereunder), or comparable facilities recognized under similar statutes of other states or jurisdictions.

NYS Nursing Home Administrator Licensure Process

QUALIFICATION Ways to Fulfill Requirement

