

2011 Guide **McKnight's** Professional Development



Acing the interview
Preparation will help you stand out
page 4



Taking stock of opportunity page 3

You'll need a solid plan to make the most of your future

Get that raise you deserve

Tough times are no reason to get passed over for a pay hike that you have earned. Here are the things you need to do gain additional leverage for now—and later

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Online learning options

Technology is making it easier than ever for your computer to be your mentor. Find out why savvy pros are using the Internet to gain knowledge and new skills

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Help wanted in eldercare

Why this is a great time to be looking for a job—or hiring

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How much do your peers make?
See the latest salary results..... page 13

SUPPLEMENT TO

McKnight's

Long-Term Care News & Assisted Living



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Jeb King

Director of Learning and Organizational Development
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SKILL SETS

For Administrators

- Prepares annual budget for facility.
- Monitors monthly performance of facility in relation to budget and intervenes as needed.
- Recruits, hires, provides orientation/training, and retains a sufficient number of qualified staff to carry out facility programs and services.
- Ensures employee performance meets expectations and periodic performance appraisals are conducted on a timely basis.
- Assures facility is a safe, clean, comfortable and appealing environment for residents, patients, visitors and staff, in accordance with company guidelines.
- Ensures all required records are maintained and submitted, as appropriate, in an accurate and timely manner.
- Completes required forms and documents in accordance with company policy and state and/or federal regulations.

For Directors of Nursing

- Develops, implements and evaluates programs to measure, assess and improve the quality of nursing care delivered to patients.
- Ensures that optimal quality of care is provided in a safe environment.
- Has an appropriate degree from an accredited RN program.
- Has supervisory experience in long-term care.
- Participates in facility surveys.
- Manages programs that promote the recruitment, retention and continuing education of nursing staff.
- Ensures that adequate nursing staff are available, based on census and facility requirements.
- Complies with federal, state and local regulations, as well as company policies and procedures.
- Plans and facilitates meetings and committees, and coordinates with other departments.



Managing one's career in this field can be challenging. But most agree its rewards are unmatched.

The book on managing your path in the eldercare field: Have a plan

By John O'Connor

In “Managing Long-Term Care” (Health Administration Press), authors Connie Ewashick and James Riedel present a chapter on career management that’s specifically tailored for you. Most important: Have a plan.

“The manager of an LTC organization must have a plan for his or her own future, similar to the strategic plan for the organization,” the book advises. The authors address eight key areas:

Determine where you want to be

By some estimates, there are more than 70,000 long-term care businesses. Each person in the field needs to find his or her niche.

Establish a plan

A three- to five-year time frame is realistic, although a longer-term goal may underlie short-term activities.

Know yourself

It’s important to know your strengths and weaknesses. You also need to be aware of your style, and how you prefer to interact with people.

Prepare for continuous learning

In today’s rapidly changing world, constant learning is a must. You may be out of college, but that doesn’t mean you’re done hitting the books (or more likely, your computer screen).

Build relationships

Reliable professional relationships can be a key that opens new doors throughout your career. It’s important to cultivate mentors and peers who can help you move forward.

Educate others and give back

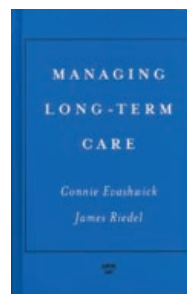
Once you have begun to establish yourself, it’s important to give back. Options here include educating others, donating to local charities, sponsoring community activities, volunteering for boards—or making your facility’s common areas available to community groups for meetings and other events.

Strive for balance

Without monitoring, your job can begin to look and feel like a jealous mistress. It’s important to seek a balance between your career and other aspects of your life. Make sure your day is structured to include adequate personal time for yourself and the (non-work-related) people you care about most.

Enjoy your job

The authors caution that people who do not truly enjoy their job “will not have the patience, the enthusiasm or the drive to handle the many management challenges that arise.” ■



GETTING AHEAD

Preparation is key to having a good job interview

By Julie Williamson

Despite the persistently tough employment market, you've managed to land an interview for an eldercare job that's perfectly suited to your experience and your professional goals.

Still, there's more to snagging that coveted job than just wedging a foot in the door, submitting an impressive resume and sealing the deal with a smile and handshake. With more and more qualified, yet unemployed, professionals all vying for the same open positions, it's more important than ever to do what it takes to rise above the competition.

Preparation is key. While most savvy applicants recognize the importance of researching the company and job before the interview, career counselors and human resources executives say some let positions slip through their fingers because they didn't adequately prepare for some common, albeit challenging, interview questions.

Keep it professional

These days, interviews are primarily focused on competency-based principles. Anticipating questions in advance and rehearsing appropriate, professional responses is vital. According to Kylie Hammond, founder and



principal consultant of Amazing Results Executive Search & Coaching Group, an interviewee can all but guarantee that the questions asked will broadly cover the following five key areas:

1. Why are you here/why do you want to work for us?
2. What can you do for us?
3. What kind of person are you? Will you fit in our organization?
4. What distinguishes you from other applicants?
5. Can we afford you?

Just the facts

According to the *Harvard Management Update* best practices article "How

Experts agree: There's no substitute for being prepared.

to Ace an Interview," establishing trust with the interviewer and giving them a few clear ideas about what you can do for the company is essential. Applicants should have specific job-related experiences and successes up their sleeve, along with a goal-driven, thoughtful response about why they are seeking new employment. If poor management or an ongoing conflict with a boss or coworker was to blame, show mature restraint.

"Never bad-mouth a former employer," stresses Hammond. But don't sidestep questions about on-the-job weaknesses with canned comments about being a perfectionist or working too hard. Sharing an actual weakness or example of a project failure is the best approach, as long as it's not one that'll cost the job. Examples might include past trouble managing e-mails or lacking confidence during public speaking. Applicants should then address how they're working to rise above those challenges.

And don't miss the opportunity to ask some good questions of your own. "Have a couple of prepared questions ready to end an interview," suggests Hammond. "Only ask questions that you otherwise could not research easily yourself and don't ask any questions about employment terms or conditions." ■

GET NOTICED

Be prompt—and polite

Showing up late is equivalent to a nail in a coffin. The same goes for being disrupted by a ringing or vibrating cell phone, arriving to an interview with a mouthful of gum, or demonstrating arrogance or cockiness.

Dress for success

Wear your best, but don't over-accessorize (ditch fragrances, too). Healthcare professionals may want to wear blue – studies show it's a color that conveys confidence, yet professional restraint.

Sell yourself

Bring a stand-out resume and a list of reliable references. Clearly verbalize your strengths and contributions, and why you're the best person for the job. Be clear, concise and calm.

Make a connection

Use the interviewer's name during the interview and share your knowledge and enthusiasm about the company/position. Be professional, but don't forget to smile. Take notes.

Follow up

Promptly mail a post-meeting "thank you" note (no e-mail!) to the interviewer, which reinforces your interest in the position. It can give you an advantage over other candidates who may be applying.

ASK THE MENTOR

Speaking from experience

Q: *One of our best nurses regularly arrives late for work. "Jane" is a great employee when she's here. But others often have to "fill in" until she arrives. What should we do?*

A: It's unfair to expect others to fill in for Jane because she's running late. Ultimately, Jane needs to get to work on time, or risk losing her job. That's the point her manager should have already made. However, discretion is advised, especially considering her manager's reluctance to intervene. If Jane acts like she has a special relationship with the powers that be, it's possible that she does.

Q: *A nearby facility just offered me a better paying job that I just accepted. Should I submit a letter of resignation?*

A: Even if you are leaving the job from hell, write a letter of resignation. It's a good way to close a work relationship, and will give your manager coverage if he has to explain to his superiors why you left. Your letter should thank the firm and briefly explain why you are leaving. If your actual reasons for leaving will likely cause ill feeling, then make something up.

Q: *I have always enjoyed working in long-term care. But I may be getting burned out. Lately, it seems the hours and workloads are worse than ever. And I can't remember feeling this much pressure. Is this normal?*

A: Try this: Leave work on Friday and commit to treating yourself to a relaxing, stress-free weekend. Do not bring any work home or check work e-mails. Sleep in both days, eat well, and fill your time with enjoyable activities you haven't made time for lately. If you don't feel better Monday morning, you may need to start making some lifestyle changes to get things turned around. Burnout can be extremely unhealthy, but it's not terminal.

Asking for a raise? Performance and market realities paramount

By Julie Williamson

Given the lingering recession—not to mention reimbursement cuts—it's understandable why long-term care professionals might assume that even a modest pay hike is out of the question for 2011.

Not so fast. While fiscal prudence is indeed paramount for providers, that doesn't necessarily mean a raise is off the table for top performers. The secret to securing a pay increase lies in advance planning, skill, timing, and, yes, even a fallback plan. Put simply, a raise hinges on both performance and the market for one's skills.

Keeping a finger on the company's financial pulse is vital for anyone seeking a raise. It's a bad idea to ask for a pay increase in the face of company layoffs, for example, notes Bill Coleman, senior vice president for compensations at Needham, MA-based Salary.com. Further, Salary.com reports that employees should never base a raise request around personal issues.

"Most employers base their pay decisions at least partly on individual performance. This is an important variable when being considered for a pay increase or promotion," Coleman says.

Set the stage

Employees seeking a raise must thoroughly build their case for the request by outlining specific accomplishments, measurable contributions and exceeded expectations. Has the role expanded since first being hired? Have you headed a project or implemented a change that increased efficiencies, improved staff or resident satisfaction and, perhaps, reduced costs? Have you earned a degree or job-related certification? Do you have clear, documented data that suggests you're underpaid? Each of these examples, when clearly communicated to a boss or executive team, can be helpful.

Briefly summarizing the raise pitch is a good strategy and, when left in the hands of financial decision-makers, can help further underscore one's value to the company and justify the request for the increase. And when



Build your case for a raise, but be sure not to ask for more based on personal issues.

it comes to the amount, don't beat around the bush. If you honestly believe a 7% increase is in order, ask for it. Just be prepared to have the performance data or salary comparisons to support it.

Sometimes, rigid pay structures and a particularly challenging economic climate will mean that even the most deserving employees won't see a pay increase—or will be met with a seemingly stingy counter-offer. That's where having a fall-back plan can pay big dividends.

Employees who get a lower than expected raise (or none at all) should politely ask why they were declined, so they will better know what to expect moving forward. And they shouldn't stop there. According to Aon Hewitt, a Chicago-based provider of human resources outsourcing and consulting services, employees should be ready to explore other options, such as a title change, flex time or extra vacation time. And if none of those is an option it may be time to consider transferring to a position that offers a higher base salary.

"Many people forget the option to transfer into other roles at work," Aon Hewitt states. "This may be the only way for you to get a salary increase you want or need this year." ■

GETTING AHEAD

No substitute for an academic degree

By John Andrews

Andrew Carle is an assistant professor at George Mason University in suburban Washington. He also founded the university's assisted living and senior housing administration program. He recently talked about the benefits of continuing one's academic education.

Q: *Who in the long-term care environment would benefit most from an additional degree?*

A: The biggest opportunity is in executive management. The clinical areas have been well established within the health-care continuum. But administrator and associated management positions have lagged behind in

long-term care versus other areas of healthcare.

Q: *What is the best way to pursue the additional degree?*

A: While the online courses are convenient, their need to 'hard set' content is a factor in that long-term care is constantly changing in terms of regulations, models of care and technology. So this limits the number of courses that can be offered online. Right now an on-campus course is likely to be more up to date in content and best practices.

Q: *Are professional certifications a sufficient alternative to the college sheepskin?*

A: A certification is appropriate to document a minimum skill set for a specific function. But



"The biggest opportunity is in executive management."

Andrew Carle
George Mason University

a certification completed over a few weeks or even days is not equivalent nor intended to be the same as an academic degree accomplished over many months or years of study.

Q: *How common is it for employers to fund a worker's advanced degree? How has that changed, if at all?*

A: It was more common until the recent recession; however organizations generally understand the strategic value in supporting the careers of their staff. As the baby boomers retire, there will be more jobs than people to fill them, so this will become an internal need as well in order to keep the people you already have. ■

Integrated knowledge increasingly critical

By John Andrews

Kevin Heffner is director of external relations for the Erickson School's Graduate Program in Management of Aging Services. He recently talked about the intensive program's track record and vision for the future.

Q: *How would you assess the state of graduate education opportunities in long-term care?*

A: Our perception is that there is no school doing what we're doing. It is very unique. To this point, there is no other university that offers a degree in Management of Aging Services. It is an executive training program designed to attract the brightest people.



"We're judged and will be judged by how our students perform."

Kevin Heffner
Erickson School's Graduate Program in Management of Aging Services

Q: *What void does the school fill in terms of offering long-term care professionals advancement opportunities?*

A: The cornerstone of the program is evidenced in the three little circles in the logo. The circles signify that integration of knowledge is important for the study of aging, management and public policy. Our belief is that if you are a nursing home administrator, you may understand the aging process, but if you don't understand public policy, you're not as effective you should be. By the same token, if you are a passionate and committed social worker but don't understand the administrative side, you won't be as effective, either.

Q: *What parts of the curriculum are most critical and why?*

A: It is set up like an MBA with workgroups doing projects and presentations together. We throw them together to learn from each other to problem solve together.

Q: *What advantages does Erickson bring to the educational process that sets it apart from other academic centers?*

A: What John Erickson intended with the gift to the school was that this would be a unique program that no one else offered. Five years later, it is still a unique program and doing groundbreaking things. We're judged and will be judged by how our students perform once they're out there. ■

GETTING AHEAD



More LTC organizations are offering leadership development training to promising employees.

For top long-term care managers, the job can bring numerous perks

By John O'Connor

Many long-term care companies have come to realize that successful compensation packages extend beyond mere paychecks. That's why so many of them offer additional benefits and other perks, especially for career-minded employees. Among the most numerous perks are programs intended help eldercare professionals develop their abilities to move up the company ladder.

One such firm, Kindred Healthcare, puts a premium on professional development. The Louisville, KY-based firm has several programs intended to groom future leaders. One is its Executive Fellowship program. Kindred also has developed its own Nurse Leadership Program.

Golden Living also offers several opportunities for career advancement, including:

- Numerous leadership training opportunities

- Specialized skill training
- Company-paid CNA training and certification
- Mentoring programs
- Ongoing training and refresher courses
- Clinical and management career tracks
- Company-paid CEUs

A survey of many large employers shows that benefits packages typically include employer-paid health insurance, 401k programs with employer matches, paid vacations, life insurance and other insurance options.

Many firms also offer bonuses on top of paid salary. The "2010-2011 Nursing Home Salary & Benefit Report" reveals that administrators receive bonuses that average just over 17% of their average salary nationwide. That translates

to an additional \$15,300. At the same time, DON bonuses averaged 10.48% of their salaries, or about \$8,300. (A full salary story begins on page 13). ■



BY THE NUMBERS

1.9
The long-term-care nursing workforce exceeds 1.9 million individuals.

19,400
More than 19,400 registered nurse vacancies exist in long-term care.

50,200
Long-term care added 50,200 jobs in 2009, according to the AHCA.

260,000
The U.S. nursing shortage is projected to grow to 260,000 RNs by 2025.

WHERE TO WORK



Golden Living's
Neil Kurtz, M.D.

Largest SNFs

| Company | Beds |
|------------------------------|--------|
| HCR Manor Care | 38,092 |
| Golden Living | 31,696 |
| Life Care Centers of America | 30,840 |
| Kindred Healthcare | 27,523 |
| Genesis Healthcare | 25,451 |
| Sun Healthcare Group | 23,205 |
| Sava Senior Care | 21,279 |
| Extendicare | 16,782 |
| Evangelical Lutheran GSS | 13,051 |
| National HealthCare Corp. | 9,772 |
| Skilled Healthcare Group | 9,704 |
| The Ensign Group | 8,376 |
| Daybreak Venture | 8,085 |
| United Health Services | 7,934 |
| Signature Healthcare | 7,738 |
| Peterson Healthcare | 7,341 |
| Five Star Quality Care | 6,238 |
| American Senior Communities | 6,160 |
| Advocat | 5,784 |



Aegis'
Dwayne Clark

Assisted living

| Company | Units |
|-------------------------------|--------|
| Emeritus Corp. | 32,300 |
| Sunrise Senior Living | 29,604 |
| Brookdale Assisted Living | 29,133 |
| Five Star Quality Care | 10,352 |
| Assisted Living Concepts | 9,280 |
| Merrill Gardens | 7,462 |
| HCR Manor Care | 5,084 |
| One Eighty-Leisure Care | 5,000 |
| Benchmark Assisted Living | 4,006 |
| Hearthstone Senior Services | 4,000 |
| Life Care Services | 3,265 |
| Genesis Healthcare Corp. | 2,873 |
| Aegis Living | 2,700 |
| Capital Senior Living | 2,685 |
| Belmont Village Senior Living | 2,649 |
| Ecumen | 2,450 |
| The Evangelical Good Sam | 2,226 |
| Americare | 1,993 |

Source: AHCA, 2010

GETTING AHEAD

ONLINE SITES

Learn at your desktop

Mycme.com

<http://www.mycme.com>

Why it's helpful: Offers high-quality, free, accredited learning programs for health professionals across many specialties.



Cool feature: Users can easily find courses pertinent to their specific clinical interests, with search capabilities organized by disease, specialty and profession.

Online Education Database

<http://oedb.org>

Why it's helpful: OEDb currently contains reviews of 1,025 programs from 83 accredited online colleges.



Cool feature: Easy to find programs in 20 healthcare-related subjects,

including healthcare management and nursing.

Medscape Nurses Education

<http://www.medscape.org/nurses>

Why it's helpful: Well-stocked site for CME and CE information intended for nurses.



Cool feature: CE for nurses is easy to find, as are other items of interest.

Webcast.Berkeley

<http://webcast.berkeley.edu/events.php?category=Health+%26+Medicine>

Why it's helpful: Watch webcasts and lectures from UC Berkeley about health- and medicine-related topics.

Cool feature: Huge selection of topics makes it easy and fast to learn more about high-interest issues.

More eldercare pros going online to improve knowledge, skill sets

By John Andrews

Technology continues to be a key facilitator of continuing education for long-term care pros, with online training companies reporting strong participation rates across the board.

“While I can’t give you a good estimate with any confidence as this is a very big field, what I do know is that we’ve grown more in the past year than in our seven-year history of online training,” said Sharon Brothers, president and CEO of Oregon City, OR-based aQuire Training Solutions. “More direct care level individuals are learning online—from CNAs to personal care aides and in-home caregivers to individuals at leadership level—supervisors and administrators.”

Brothers believes that growth is due in part to the increasing quality and cost-effectiveness of online training programs.

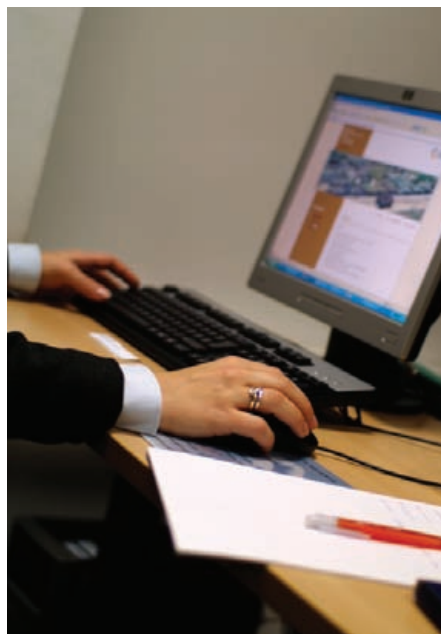
“Good, high quality online programs can also help forward-thinking organizations offer much more than the required training to their staff, building leadership skills and helping employees move up career ladders without additional expense—very important during belt-tightening times,” she said.

Mike Mutka, president and COO of Charlottesville, VA-based Silverchair Learning Systems, reports a similar surge in online training participants.

“We have grown from 20,000 users in 2004 to a half-million users now,” he said. “Our average user takes 12 to 15 courses a year, including regulatory disaster preparation, HIPAA compliance, infection control, corporate compliance, fire safety and clinical issues like wound care.”

Mutka figures the number of post-acute care workers who have participated in an online training program is close to 5 million and that 1 million are training online regularly.

“That’s everyone from maintenance to administrators to the regional vice president to the home office to the CNAs,” he said. “The benefit for the executives is obvious, but what we find is



More LTC managers are learning online.

that frontline caregivers love doing this versus sitting in a classroom. It lets them select when to do the training, they can dictate the pace and they feel like they are treated as adults.”

Brothers’ company recently received a three-year federal training grant to create more distance learning programs for nursing assistants and home health aides in collaboration with providers and community colleges.

“There’s a strong recognition on the part of both funders and educators that distance learning—online education, if you will—is going to become increasingly essential to help meet coming needs for trained long-term care professionals,” she said.

Brothers believes that online education and training programs will continue to grow as quality programs become increasingly available, affordable and accessible.

“Regardless of the economy, individuals are looking for ways to gain the knowledge and skills they need in a way that fits into a busy lifestyle,” she said. ■

GETTING AHEAD



Continuing education options are becoming more numerous and varied in the eldercare field.

Emerging options making it much easier to obtain needed CE credits

Quality-focused long-term care professionals know that continuing education is critical for on-the-job success. It not only keeps them abreast of evolving standards and practices, which plays a direct role in improving operations and resident care, but it's also necessary for maintaining certification status.

These days, CE options abound—from association meetings and formal courses to in-services, webinars and online lesson plans, to name just a few.

“It’s really about making continuing education more accessible,” says Sherrie Dornberger, president of the National Association Directors of Nursing Administration in Long Term Care, Cincinnati.

Going the distance

One CE trend that’s really caught on is distance learning, and that comes as little surprise given that many long-term care professionals are increasingly time- and resource-strapped. Evolving multi-media technology also is helping blaze that trail.

“Distance learning—whether it’s through reading, video or audio—is an explosive trend. Some of the biggest, most exciting developments have come in the way



of webinars,” notes Randy Lindner, president of the National Association of Long Term Care Administrator Boards (NAB), Washington. Today, webinars are more interactive, which creates a richer experience and allows participation to be better measured, he said.

Webinars’ cost-effectiveness and accessibility are other notable perks. “They allow for multiple people to participate in a training exercise, but not at the expense of leaving the facility and incurring travel and per diem costs. Webinars are also usually archived and can be accessed on demand,” says Teresa Eyet, director of educational development, American Health Care Association and the National Center for Assisted Living, Washington.

That’s especially beneficial for facilities with limited nursing staff, Dornberger pointed out.

“Sometimes, there’s only one registered nurse in the building, so it’s not easy for them to just take off. For many, it’s hard to even attend an onsite in-service without being interrupted,” Dornberger explains. “Computer-based learning allows them to pick a time and place that fits in their schedule, without pulling them away from their job, using good educational websites out there that are easily accessible and affordable.” ■

STATE RULES

States that require CE

| | Administrators | Nurses |
|----------------|----------------|--------|
| Alabama | • | • |
| Alaska | | • |
| Arizona | • | |
| Arkansas | • | • |
| California | • | • |
| Colorado | | |
| Connecticut | | |
| Delaware | • | • |
| Florida | • | • |
| Georgia | • | |
| Hawaii | • | |
| Idaho | • | |
| Illinois | | • |
| Indiana | • | |
| Iowa | • | • |
| Kansas | • | • |
| Kentucky | • | • |
| Louisiana | • | • |
| Maine | | |
| Maryland | • | |
| Massachusetts | | • |
| Michigan | • | • |
| Minnesota | • | • |
| Mississippi | • | |
| Missouri | • | |
| Montana | • | |
| Nebraska | • | • |
| Nevada | • | • |
| New Hampshire | • | • |
| New Jersey | • | • |
| New Mexico | • | • |
| New York | • | • |
| North Carolina | • | • |
| North Dakota | • | • |
| Ohio | • | • |
| Oklahoma | • | |
| Oregon | • | • |
| Pennsylvania | • | • |
| Rhode Island | • | • |
| South Carolina | • | • |
| South Dakota | • | |
| Tennessee | • | • |
| Texas | • | • |
| Utah | • | • |
| Vermont | • | |
| Virginia | • | |
| Washington | • | |
| West Virginia | • | • |
| Wisconsin | | |
| Wyoming | • | • |

Sources: NAB, Gannett, 2011

MAIN FEATURE

Help wanted

While many other sectors have cut back on hiring, that's hardly the reality in eldercare today



By John Andrews

Employment woes in the general marketplace are having the opposite effect on long-term care. Other sectors' losses are LTC's gain, and leaders in this labor-starved industry are making no apologies.

It is a relief to have a steady flow of applicants for once for Dwight Tew, vice president of talent solutions for Brentwood, TN-based Brookdale Senior Living.

"The high unemployment rate has significantly increased applicants to job openings, particularly in mid-level manager positions," he said. "We receive more than four times the normal applicant flow as compared to previous years. Our hiring managers have

a much larger pool to choose from and depend on our recruiting staff to screen effectively. More specialized positions such as IT and finance continue to attract fewer applicants. These positions typically benefit from in-house referrals and networking."

The caliber of job candidates has risen dramatically as well, Tew said, with Brookdale getting resumes from better educated, highly motivated people.

"Candidates not only present more education, but also certificates and ongoing continuing education," he said. "Candidates are better trained in the various computer software programs such as MS Office Suite and Internet tools. Most are motivated to meet and exceed company expectations due to the uncertainty of the

economy and the state of their current employer.”

While not discounting the importance of LTC’s infusion of new job seekers, Katherine Lehman, manager of public affairs for the American Health Care Association, concedes that the situation is only a temporary fix to the industry’s chronic labor problems.

“This shortage has [historically] caused high vacancy rates in many caregiver jobs in nursing facilities and assisted living residences and without a steady stream of staff, many facilities have experienced high turnover rates,” she said. “Despite the current low vacancy rates, the long-term care profession is currently experiencing, we fully expect that when the economic recession begins to dissipate, we will see a return to an employment environment similar to that of previous years.”

AHCA’s most recent Vacancy, Turnover and Retention Survey found that vacancy rates were highest among nursing staff (5.4%) and lowest for administrative and therapy staff (1.8% to 2%). Across the nursing job positions, vacancy rates were highest for registered nurses with administrative duties and staff registered nurses, at 8.7% and 7.9%, respectively. The vacancy rate for certified nurse assistants was 5.7%. By 2020, AHCA projects that the total number of vacant nursing positions in nursing facilities will increase to 142,000.

“The long-term care profession is not immune from the current economic recession—although applicant flow is slightly better for entry-level employees, recruitment of registered nurses and licensed practical nurses still proves somewhat challenging,” Lehman said. “The high unemployment rate seems to manifest itself more in the retention and turnover of employees. At the CNA level,

employees have the option of finding employment at any number of facilities, so there is a particularly high turnover rate (53.5%) among CNAs.”

Despite the ongoing hiring challenges, Lehman contends that AHCA’s 11,000 member facilities “have always and will continue to recruit and retain high quality employees to care for our nation’s elderly.” In fact, she says “AHCA members consistently provide career ladder training for their employees, on nearly every level of employment opportunity.”

To help members continue to recruit individuals with appropriate skills, AHCA recently collaborated with the Department of Labor to create a Long-Term Care Career Guide.

Promoting healthcare jobs

Long-term care may feel the labor shortage pinch the most, but the entire healthcare industry has suffered through a dearth of employees—especially at the nursing level. Now that other industries are experiencing a job drought, the Bureau of Labor Statistics is pointing to healthcare as a fertile career environment.

In the 2010-11 edition of its “Occupational Outlook Handbook,” the bureau presents a rosy picture of healthcare job opportunities for medical and health services managers. Long-term care is one of the markets examined, along with hospitals, outpatient care centers, physician clinics and home healthcare services.

“Employment is projected to grow faster than the average. Job opportunities should be good, especially for applicants with work experience in healthcare and strong business management skills,” the handbook

“Employment is projected to grow faster than the average.”

Bureau of Labor Statistics

Gauging salaries

Median annual wages of medical and health services managers were \$80,240 in May 2008, the last year data was available. The lowest 10% earned less than \$48,300, and the upper 10% earned more than \$137,800, while the middle range was between \$62,170 and \$104,120. Median annual wages in the industries employing the largest numbers of medical and health services managers in May 2008 were:

| | |
|--|----------|
| General medical and surgical hospitals | \$87,040 |
| Outpatient care centers | \$74,130 |
| Offices of physicians | \$74,060 |
| Home health care services | \$71,450 |
| Nursing care facilities | \$71,190 |

Earnings of medical and health services managers vary by type and size of the facility, and by level of responsibility.

Source: Bureau of Labor Statistics, 2010



MAIN FEATURE

says. “Employment of medical and health services managers is expected to grow 16% from 2008 to 2018, faster than the average for all occupations. The health-care industry will continue to expand and diversify, requiring managers to help ensure smooth business operations.”

Managers in all settings will be needed to improve quality and efficiency of healthcare while controlling costs, as insurance companies and Medicare demand higher levels of accountability, the handbook contends. Managers also will be needed to oversee the computerization of patient records and to ensure their security as required by law.

“Additional demand for managers will stem from the need to recruit workers and increase employee retention, to comply with changing regulations, to implement new technology, and to help improve the health of their communities by emphasizing preventive care,” the handbook concluded.

Filling vacancies

Going forward, job placement—particularly in the administrative ranks—will continue to challenge the long-term care industry, Lehman said.

“The administrator role in a facility is, and will continue to be, a difficult role to fill,” she said. “It is always a critical and necessary position, but there are not a lot of individuals entering that career path. For those who do, there is a limited support system for new administrators. Additionally, the long-term care profession must continue to focus on the changing patient population in many of our facilities and residences nationwide. The increasing move to post-acute and rehabilitation populations will require facilities to hire employees with increased specializations, and perhaps even begin other methods of care such as physician coverage models.”

Tew asserts that therapy and nursing will continue to be the greatest areas of need for the industry.

“Both are in short supply with a very strong demand,” he said. “These positions help our residents maintain an active lifestyle for as long as possible and increase their quality of life. Administratively, specialized positions such as nursing quality assurance, memory care specialists, information technology in business intelligence, executive directors and specialized finance positions will be in big demand for the foreseeable future.” ■

“The administrator role in a facility is, and will continue to be, a difficult role to fill.”

Katherine Lehman
American Health
Care Association

In demand: Medical managers

In its “Occupational Outlook Handbook,” the Bureau of Labor Statistics has identified medical and health services managers as a hot career path for job seekers. Its contents include the following:

Job definition. “Medical and health services managers, also referred to as healthcare executives and healthcare administrators, plan, direct, coordinate and supervise the delivery of health-care.” In describing nursing home administrator duties, the handbook lists managing personnel, finances, facility operations and admissions, while also providing resident care.

Job demands. “The structure and financing of healthcare are changing rapidly. Future medical and health services managers must be prepared to deal with the integra-

tion of healthcare delivery systems, technological innovations, an increasingly complex regulatory environment, restructuring of work, and an increased focus on preventive care. They will be called on to improve efficiency in health-care facilities and the quality of the care provided.”

Job distinctions. “Clinical managers have training or experience in a specific clinical area and, accordingly, have more specific responsibilities than do generalists. Clinical managers establish and implement policies, objectives,

and procedures for their departments; evaluate personnel and work quality; develop reports and budgets; and coordinate activities with other managers.

Health information managers are responsible for the maintenance and security of all patient records. Recent regulations enacted by the federal government require that all healthcare providers maintain electronic patient records and that these records be secure. As a result, health information managers must keep up with current computer and software technology, as well as with legislative requirements.”

Source: Bureau of Labor Statistics, 2010

Tempered hikes in pay for LTC managers

Admin pay rises to \$91,106; DON wages increase to \$79,169

By Brett Bakshis

After seeming to dodge the disastrous economic collapse of 2008 and 2009, the long-term care industry has appeared to finally experience the impact of the lackluster economy.

Surveys collected for the “2010-2011 Nursing Home Salary & Benefits Report” show that many positions in long-term care management received smaller salary increases than in years past, while some just barely broke even.

The “Salary & Benefits Report” is issued each year by Hospital & Healthcare Compensation Service (HCS), in association with LeadingAge (formerly the American Association of Homes and Services for the Aging) and supported by the American Health Care Association.

Admin and DON salaries

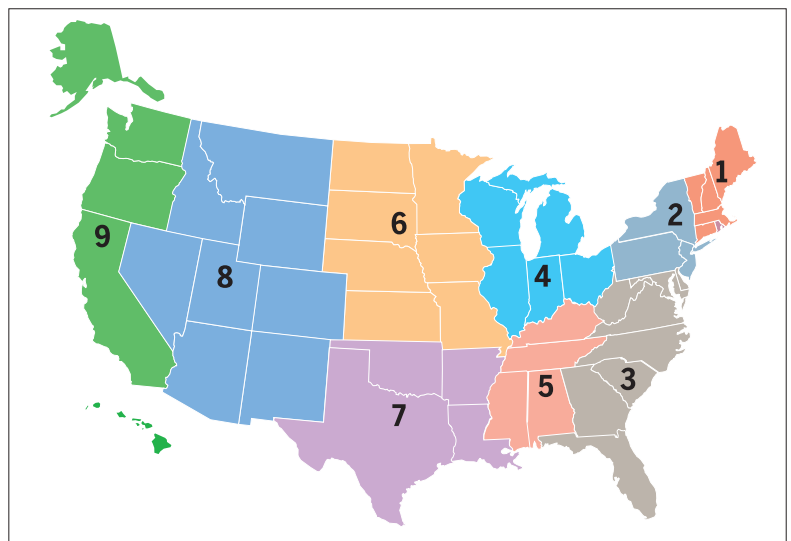
Nursing home administrator wages managed to sneak past the \$90,000 mark in 2010, despite a national median pay rise of just 1.67%. Median salaries climbed to \$91,106 from 2009’s level of \$89,606.

Assistant administrators saw an even more dismal gain of 0.49%, bringing them just \$321 more than last year’s national median level of \$65,000.

On the clinical side, directors of nursing saw a rise similar to their administrative counterparts, with a 1.6% increase over last year. This increased median salaries to \$79,169 from \$77,921 in 2009.

Unfortunately for assistant directors of nursing, their median rise was non-existent. After a 4% rise, assistant DON pay stayed flat at \$62,400 in 2010.

Registered nurses under the title “head nurse” took the biggest hit this year, losing 10.6% from their



The “Salary & Benefits Report” reveals distinct salary differences among regions.

Key to the nine regions

- 1—CT, ME, MA, NH, RI, VT
- 2—NY, NJ, PA
- 3—DE, DC, FL, GA, MD, NC, SC, VA, WV
- 4—IL, IN, MI, OH, WI
- 5—AL, KY, MS, TN
- 6—IA, KS, MN, MO, NE, ND, SD
- 7—AR, LA, OK, TX
- 8—AZ, CO, ID, MT, NV, NM, UT, WY
- 9—AK, CA, HI, OR, WA

national median salary. The median fell to \$50,511 from \$56,497.

There were slightly fewer respondents to this salary survey compared to the previous one. 2,131 facilities returned information this year, compared with 2,250 in 2009, a drop of 0.5%. For-profit facilities once again responded in much greater numbers than not-for-profits: for-profits comprised roughly 79% of the sample, while not-for-profits represented 21%.

Marginal erosion

There is empirical evidence in a couple of instances that the healthcare industry has endured, like the rest of the economy, a slowdown on jobs and salary growth,

SALARY ANALYSIS

says Paul Gavejian, managing director of Total Compensation Solutions in Armonk, NY.

“The actual percentage of [salary] increase between April '09 and March 2010 has actually eroded marginally,” Gavejian says, noting that two-tenths of a percent can constitute marginal erosion. “It does reflect the fact that, overall, the economy is doing poorly.”

It's no surprise then that nursing home managers saw smaller increases, says Rosanne Zabka, director of reports for HCS. She points out that in 2009, there was an overall increase of 3% to 4% for management jobs, while in 2010 it was between 1% and 2%.

“The interesting part of the 2010 increase trend was that the [chief financial officer] received the highest increase of the management jobs—3.31 percent,” says Zabka.

For facilities that participated in both the 2009 and 2010 surveys, salaries for CFOs rose to \$108,962 from \$105,466 in 2009.

Zabka also noted the slightly smaller increases granted to RNs and licensed practical nurses this year. RNs increased 1.57% in 2009 compared with 1.36% in 2010, and LPNs increased 2.07% in 2009 compared

with 1.94% in 2010, exemplifying the marginal erosion Gavejian has seen.

Any company faced with such dire economic conditions is going to start considering ways to reduce their costs, and in healthcare the biggest cost issue is labor, Gavejian notes. So these marginal erosions are generally to be expected.

“It becomes earth-shattering when a healthcare institution freezes its salaries across the board,” he says.

Accounting for zero

In some facilities across the country, however, that's exactly what has happened. On the whole, assistant DONs saw a 0% salary increase over 2009, and many facilities said they had no plans to increase salaries over the coming year.

So many facilities reported a 0% actual or planned increase, in fact, that Zabka and her team included separate calculations in their latest report: one excluding zeroes and one including zeroes.

“The tables excluding zeroes give the picture of what the average is of those that were able to provide increases,” Zabka says.

Nursing home administrator (salary medians by region)

| Fewer than 100 beds | | | | 100 or more beds | | | | All bed sizes | | | |
|---------------------|---------------|---------------|---------------|------------------|---------------|---------------|----------------|---------------|---------------|---------------|----------------|
| Region | Low | Median | High | Region | Low | Median | High | Region | Low | Median | High |
| 1 | 84,213 | 89,159 | 95,649 | 1 | 95,139 | 105,825 | 116,168 | 1 | 89,150 | 98,845 | 110,560 |
| 2 | 82,817 | 90,378 | 96,789 | 2 | 87,695 | 99,000 | 115,000 | 2 | 87,000 | 96,851 | 113,427 |
| 3 | 77,996 | 85,715 | 94,137 | 3 | 91,282 | 100,464 | 115,000 | 3 | 87,652 | 96,750 | 111,506 |
| 4 | 69,836 | 76,773 | 85,931 | 4 | 81,838 | 90,000 | 100,256 | 4 | 76,990 | 86,743 | 98,000 |
| 5 | 70,399 | 81,935 | 87,754 | 5 | 84,001 | 91,700 | 97,171 | 5 | 79,789 | 88,000 | 95,000 |
| 6 | 58,606 | 65,626 | 73,728 | 6 | 74,113 | 82,812 | 95,041 | 6 | 61,395 | 71,727 | 80,508 |
| 7 | 75,500 | 80,772 | 91,663 | 7 | 83,660 | 90,000 | 96,482 | 7 | 80,543 | 89,139 | 95,000 |
| 8 | 76,500 | 85,010 | 91,000 | 8 | 90,000 | 97,005 | 106,199 | 8 | 85,000 | 92,549 | 100,762 |
| 9 | 89,725 | 101,516 | 112,752 | 9 | 100,006 | 114,608 | 122,980 | 9 | 93,744 | 107,100 | 120,016 |
| Nat'l | 67,743 | 80,073 | 91,624 | Nat'l | 85,914 | 95,796 | 108,603 | Nat'l | 79,212 | 91,106 | 103,428 |

Director of nurses (salary medians by region)

| Fewer than 100 beds | | | | 100 or more beds | | | | All bed sizes | | | |
|---------------------|---------------|---------------|---------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Region | Low | Median | High | Region | Low | Median | High | Region | Low | Median | High |
| 1 | 72,943 | 80,448 | 89,112 | 1 | 83,610 | 92,852 | 97,471 | 1 | 79,997 | 88,810 | 95,000 |
| 2 | 74,879 | 80,000 | 86,500 | 2 | 79,872 | 87,951 | 96,933 | 2 | 78,283 | 86,493 | 96,893 |
| 3 | 70,859 | 74,989 | 85,542 | 3 | 78,551 | 86,048 | 97,586 | 3 | 75,366 | 84,364 | 95,000 |
| 4 | 63,231 | 69,934 | 74,048 | 4 | 72,800 | 79,000 | 85,514 | 4 | 70,005 | 76,257 | 83,595 |
| 5 | 62,342 | 67,338 | 74,256 | 5 | 71,923 | 76,189 | 84,405 | 5 | 69,356 | 74,997 | 80,272 |
| 6 | 54,631 | 58,380 | 64,260 | 6 | 62,400 | 69,881 | 74,261 | 6 | 55,911 | 61,875 | 68,391 |
| 7 | 67,880 | 76,003 | 84,950 | 7 | 75,004 | 82,594 | 87,500 | 7 | 74,518 | 81,877 | 87,051 |
| 8 | 67,059 | 73,320 | 77,844 | 8 | 75,774 | 81,873 | 89,107 | 8 | 71,950 | 78,920 | 85,738 |
| 9 | 87,519 | 94,932 | 101,500 | 9 | 89,631 | 104,926 | 115,000 | 9 | 87,677 | 98,207 | 108,991 |
| Nat'l | 61,092 | 70,034 | 80,160 | Nat'l | 75,000 | 82,871 | 92,651 | Nat'l | 70,004 | 79,169 | 89,852 |

Source: “2010-2011 Nursing Home Salary & Benefits Report,” published by Hospital & Healthcare Compensation Service in cooperation with LeadingAge and supported by the American Health Care Association.

Recent salaries and increases (by percentage)

| Title | 2006 | +% | 2007 | +% | 2008 | +% | 2009 | +% | 2010 | +% |
|---------------------|--------|--------|--------|-------|--------|--------|--------|-----|--------|------|
| Administrator | 80,000 | 4.64 | 82,400 | 3.00 | 85,464 | 3.59 | 89,606 | 4.8 | 91,106 | 1.67 |
| Asst. Administrator | 53,591 | (8.60) | 59,357 | 10.76 | 62,000 | 4.26 | 65,000 | 4.8 | 65,321 | 0.49 |
| DON | 68,959 | 3.05 | 72,515 | 5.16 | 75,000 | 3.31 | 77,921 | 3.9 | 79,169 | 1.6 |
| Asst. DON | 57,232 | 4.41 | 60,022 | 4.87 | 60,000 | (0.03) | 62,400 | 4.0 | 62,400 | 0.0 |

Criteria for granting wage increases

(Note: Some facilities reported using both cost-of-living-adjustment [COLA] and merit increases.)

| Management | | Registered Nurses | | LPNs | | CNAs | |
|------------|------------|-------------------|------------|----------|------------|----------|------------|
| Criteria | % of total | Criteria | % of total | Criteria | % of total | Criteria | % of total |
| Merit | 65.3 | Merit | 38.6 | Merit | 38.7 | Merit | 33.3 |
| COLA | 30.0 | COLA | 31.2 | COLA | 31.3 | COLA | 27.1 |
| Step | 0.8 | Step | 13.8 | Step | 13.7 | Step | 18.7 |
| Other | 3.9 | Other | 16.4 | Other | 16.3 | Other | 20.9 |

Based on this calculation, the actual planned management increase for 2010 was 2.32%, not far from the planned 2.49% in 2009.

“When you include those with zero,” Zabka continues, “the average was 1.96%. The tables show that the increases continue to hover in the 2% range, compared with the 3% to 4% increases of prior years.”

So which calculation should providers look at when trying to plan and budget properly? In order to stay competitive, Gavejian says look at the calculation that doesn't include the zeroes.

“[A zero-percent increase] is, I think, a catastrophic action,” Gavejian says. “That's something you do when you're under significantly tighter cost constraints.”

While some facilities are definitely still feeling the pinch, most are probably in good enough shape to offer something instead of zero, he says. That means that when they are putting together salary budgets or considering salary increases, providers should carefully take into account the market-based calculation in order to stay competitive.

“Because, who are you keeping up with?” Gavejian asks. “Are you keeping up with the people who provided no increase, or are you keeping up with the people that provided the increase? I think it's the latter.”

Stepping up ...

Since the start of the recession, workers in almost every field have been taking on more hours and more shifts trying to keep ahead of the economic collapse. A 2009 survey from AMN Healthcare found that as many as 58% of nurses are working more than they

had before as the recession continues.

“If your spouse is unemployed, you're willing to pick up extra work doing stuff you wouldn't normally do just to make sure you've still got a job,” says Philip Wilson, president of the Labor Relations Institute in Broken Arrow, OK.

Accordingly, annual turnover rates for nurse and nurse aide positions have fallen since last year, according to the 2010 Salary & Benefits Report. RN and LPN turnover rates were 35% and 33%, respectively, in 2009, but those rates fell to 29.8% and 27.8% this year. CNA rates, too, fell from 43.7% in 2009 to 36.4% in 2010.

... and burning out

But while existing workers seem willing to take on more responsibilities in order to both make ends meet and make sure they keep their positions, managers still seemed reluctant to take on new staff in 2010, Gavejian says.

In August, the Department of Labor's Bureau of Labor Statistics announced that nonfarm worker productivity had dropped for the first time in more than a year. This did not surprise Wilson, who sees a few reasons for the United States' slight slide in productivity. The first, and probably most obvious, reason is that people are just getting tired of working so much.

“People can do that for a while, but eventually they get sick of it,” Wilson says.

Also, technology improvements in healthcare, which can increase worker productivity, tend to get put on hold during an economic slump. ■

“The tables show that the increases [for managers] continue to hover in the 2% range.”

Rosanne Zabka
HCS
Hospital & Healthcare
Compensation
Service

From diagnosis to late stage

Alzheimer's management

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Note: Nurses can receive a half-hour of CE credit by reading this article and taking a test.

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By Dr. Freddi Segal-Gidan

With the aging of the population, the incidence and prevalence of Alzheimer's disease (AD), already the most common type of dementia, are projected to rise. A diagnosis of AD has implications for ongoing care across all settings and providers—whether you are the primary-care provider (PCP) and made the diagnosis, assuming the care of a new patient with AD, or a consultant asked to provide input for a chronic problem of someone with AD. A diagnosis of AD adds to the complexity and cost of care. This article focuses on post-diagnostic care and is based on the 2008 report from the *California Workgroup on Guidelines for Alzheimer's Disease Management*.¹

Because it is a slowly progressive neurodegenerative condition that may continue for a decade or more after diagnosis, management of AD must change over time. The majority of patients with AD (and their caregivers) receive their medical care from PCPs.² PCPs are key to ensuring the care provided is appropriate to the patient's needs and situation.

Assessment

Appropriate treatment plans and goals that meet all of a patient's needs require ongoing comprehensive assessment of the patient, the family, and the living situation. This assessment should include daily functioning, cognitive status, comorbid medical conditions, behavioral symptoms, medications (prescription and OTC), living arrangement and safety, and need for palliative and/or end-of-life care. The use of standardized instruments to assess function, cognition and behavior can help the PCP monitor changes.

Longitudinal monitoring of disease progression and response to therapy, along with regular health maintenance examinations, are essential.^{3,4} The frequency of visits depends on a number of factors, including the patient's clinical status, likely rate of change, current treatment plan, need for any specific monitoring of treatment effects, and the reliability and skills of the patient's caregivers and support system. Assessment

should occur at least every six months or anytime there is a sudden change in behavior or increase in the rate of decline.

It is essential that assessment also include identification of the primary caregiver and the adequacy of family and other support systems. Assessment of the caregiver should include knowledge, social support, health status (including psychiatric symptomatology), and ethnic and cultural issues.⁵ Family caregivers are central to the PCP's assessment and care of the person with AD.⁶ Therefore, establishing and maintaining a relationship with caregivers is crucial in the ongoing care of patients with AD.⁷ This relationship is most important as the disease progresses into the moderate and severe stages, at which time family members who oversee day-to-day care and implement and monitor treatment become the real managers.⁸

Beginning at the time of diagnosis and continuing throughout the course of the disease, ongoing assessment of a patient's decision-making capacity is essential. Capacity assessment is decision-specific, with more complex decisions requiring higher cognitive function than simpler decisions.⁹ Since patients with AD experience decreasing cognition and will eventually lose all decision-making ability, identification of a surrogate decision-maker early in the course of the disease is important. In the beginning stages of AD, patients typically retain their decision-making capacity and are able to appoint a surrogate decision-maker for the time in the future when they will no longer retain this capacity.¹⁰ In addition, identification of the patient's and family's culture, values, primary language and literacy level is necessary to ensure that an appropriate treatment plan is developed and can be carried out.

Treatment

In addition to monitoring function and cognitive decline, ongoing regular management of general health and other medical conditions is essential to the care of the patient with AD. Management goals and interventions need to be appropriate to the patient's (if capable) and family's preferences and modified as the disease

progresses. When prescribing medications (whether for AD, associated behaviors, or other comorbid conditions), it is important to assess the ability of the patient and family member or caregiver to adhere to the regimen. Medications should be reviewed with attention to discontinuing nonessential medication, simplifying the dosing schedule, and using aids (e.g., pillboxes).

Appropriate treatment of comorbid medical conditions is crucial and may require extra vigilance and adjustment, depending on where the AD patient is in the course of the illness. The degree of cognitive impairment impacts the ability to manage other chronic and acute medical conditions, and the appropriate management of these other conditions can impact both cognition and function in AD. Whenever a new treatment or intervention is considered or a change in the current treatment is anticipated, the healthcare provider must assess the patient's and the caregiver's ability to understand and participate in the decision-making process.¹¹

Schedule a meeting with every patient and his or her family about the use of FDA-approved medications for the treatment of cognitive decline. The currently available cholinesterase inhibitors (i.e., donepezil, galantamine, rivastigmine) all work by blocking acetylcholinesterase. These medications have similar efficacy and side effects. Patients and family members must be given realistic expectations about the medications, which are aimed at slowing—not reversing—cognitive decline.

Reports from clinical trials and meta-analyses of individual agents and the class of acetylcholinesterase inhibitors demonstrate a small, statistically significant benefit in cognition, activities of daily living, and behavior over a period of six to 18 months.¹²⁻¹⁵ GI side effects, primarily nausea or diarrhea, occur in 10% to 15% of patients and may require discontinuation of the treatment. Rivastigmine is available in a patch form, which makes it more tolerable. Patients with bradycardia or bradyarrhythmias have an increased risk for syncope or dizziness with cholinesterase inhibitors.¹² Treatment with one of these agents should be



Behavioral problems can make Alzheimer's care especially difficult for all caregivers.

started on diagnosis or after six months' duration of AD symptoms. Evaluation for adverse drug reaction should occur after two to four weeks of treatment. Reassess effectiveness every six months.

Memantine, an N-methyl D-aspartate receptor antagonist widely used in Europe, is currently approved for use in the United States for moderate AD. Memantine also has been shown to have a small effect on cognition, function, and behavior.¹⁶ Use this medication either alone or in conjunction with an acetylcholinesterase agent.

At this time, there is insufficient evidence to support the recommendation of other pharmacologic treatments for patients with AD. Studies of antioxidant therapy with vitamin E,^{17,18} ginkgo biloba,¹⁹ estrogen,^{20,21} and nonsteroidal anti-inflammatory agents²² have failed to demonstrate any clear benefit in pre-

OBJECTIVES

- After participating in this activity, clinicians should be better able to:
- Become familiar with the cognitive assessment tools available to primary-care clinicians.
- Explain the benefits of acetylcholinesterase inhibitors in the treatment of Alzheimer's.
- Recognize how drug formulation affects the tolerability of the chosen treatment.
- Identify the preferred approach to treatment of behavioral problems.

CONTINUING EDUCATION FEATURE

venting or postponing cognitive decline or affecting function or behavior.

Behavioral symptoms and mood disorders are common in people with AD as well as their caregivers, affecting up to 90% of patients at some time during the illness.²³ These include a broad spectrum of symptoms (e.g., apathy, wandering, agitation, verbal and physical aggression, and psychosis) that can vary from intermittent and mildly annoying to life-threatening. Behavioral symptoms in AD patients are among the most difficult aspects of care for patients, caregivers and healthcare providers. There is agreement that except in emergency situations, nonpharmacologic strategies are the preferred treatment approach for behavioral problems.^{24,25} This should include such approaches as environmental modification, task simplification, appropriate activities, and physical exercise. Consider psychotropic medication only when nonpharmacologic approaches have been exhausted and have failed to reduce agitation or improve behavioral symptoms. The use of psychotropic medications is controversial, and no agents are currently approved by the FDA for use in people with AD or other dementias. If used, medication should be targeted to a specific behavior, for narrowly specified and predetermined goals, with close monitoring for side effects and drug interactions.^{26,27} Start with a low dose, and increase slowly until the behavior improves or adverse effects emerge.³

Education and support

Education and support services for AD patients and their families are critical for effective long-term management of this progressive disease. Medical care must be integrated with education that connects patients and caregivers to support organizations. Patients and caregivers should be provided with linguistically and culturally appropriate educational materials and referrals to community resources, including support groups, legal counseling, financial resources, respite care and counseling, and consultation on care needs and options.

Discuss the diagnosis, progression, treatment choices, and goals of AD care in a manner that is consistent with the patient's and family's values, preferences, culture, education and ability. This discussion should occur at the time of initial diagnosis and recur periodically throughout the course of the disease. If feasible, encourage patients to complete an advance directive with identification of surrogates for making medical and legal decisions along with statements of their care preferences.

AT A GLANCE

Maintaining a relationship with caregivers is crucial in the ongoing care of patients with Alzheimer's disease.

When prescribing medications, it is important to assess the patient's ability to adhere to the regimen.

Integrate medical care with education that connects patients and caregivers to support organizations.

Address major legal and financial decisions early in the course of the disease while the patient is still capable.

Caregiver assessment, education, and community referral have been shown to lead to improved well-being and enhanced quality of life for the caregiver as well as the recipient.^{28,29} This counseling is often beyond the scope and time of a routine office visit and may require an additional appointment. At a minimum, providers should be familiar with agencies and services in their community that can provide assistance and routinely and repeatedly refer families and caregivers.

Legal considerations

Since cognitive decline over time will deprive the patient with AD of the ability to think clearly, major legal and financial decisions should be addressed early in the course of the disease, while the patient is still capable. Healthcare providers occupy a unique position of trust and influence that provides an ideal opportunity to discuss the importance of basic legal and financial planning.

A capacity evaluation may be required before a patient's chosen surrogate or substitute decision-maker can be authorized to act on his or her behalf. Utilize a structured approach to the assessment of capacity with attention to the relevant criteria for the kind of decisions being required of the patient. Depending on the state, a capacity declaration is usually required when one or more clinicians consider conservatorship of a patient with AD.

AD patients are at increased risk for abuse and neglect.³⁰ Because of their cognitive and functional decline, it is particularly challenging to obtain information about potential abuse from these patients. Providers need to actively monitor for evidence and report all suspicions of abuse to the proper authorities. Abuse can take many forms, including physical, sexual and financial. Abuse may also involve neglect, isolation, abandonment or abduction. Monitoring requires that the provider be alert to both the patient's and the caregiver's circumstances. In addition, be aware that the patient's behavior may be a reaction to a disturbing or dangerous situation in his or her environment.³¹

The cognitive, visuospatial, and other impairments associated with AD increase the risks associated with driving. In some states, the diagnosis of dementia in a licensed driver requires automatic reporting. Patients with moderate or severe AD should not drive.³² In patients with mild or early disease, careful consideration of the ability to safely operate a motor vehicle is required.²²

Special considerations

Early-stage AD

Improved recognition of signs of cognitive decline has led to earlier diagnosis of AD. This is resulting in a growing population of early-stage individuals who are able to benefit from active involvement, education and support interventions. Patients in the early stages of AD have unique concerns that need to be recognized and addressed. These individuals should be involved in planning their own care. Discussions about the implications of the diagnosis with respect to work and family may require more frequent medical visits and/or referral to community resources. Clinicians need to be able to provide patients in early-stage AD with recommendations that promote continued functioning, assist with independence and maintain cognitive health (including physical exercise, stimulation, and social support). Support groups specifically for individuals with early-stage AD and their caregivers are being developed in many communities to address the special concerns and needs of this population.

End-of-life care

The course of AD is one of slow, gradual decline. As the dementia worsens and the ability to understand treatment options and participate in decision making declines, care should shift to a focus on relief of discomfort. The advisability of routine screening tests, hospitalization and invasive procedures should be made based on a previously discussed care plan, patient wishes and severity of the dementia. As the end of the patient's life nears, emphasize options that maximize comfort and avoid futile treatments that may not provide relief and could prolong the dying process. Generally, tube feeding is not recommended for patients with severe dementia.³³ Consider referral to hospice sooner rather than later to provide the patient and family optimal support.

A diagnosis of AD is often the beginning of a long period of decline in cognition and function that is frequently accompanied by behavioral changes. These changes can be challenging for everyone, including healthcare providers. Evidence-based recommendations for ongoing assessment, treatment, education, support and legal considerations enable clinicians to better meet the needs of patients and assist families and caregivers over the course of the disease.

Dr. Segal-Gidan is director of the Rancho/University of Southern California Alzheimer's Disease Research Center in Los Angeles. She has no relationships to disclose relating to the content of this article.

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Care2Learn's Staff Training Prescription

Consistence

For over 10 years, Care2Learn has delivered an easy-to-use online university solution for continuing education and inservice training for some of the largest long-term care facilities in the country.

Compliance

Care2Learn allows facilities to easily and quickly access online training that targets compliance and provides the largest accredited course library in the industry – over 800 course hours.

Convenience

Care2Learn supplies every client with a dedicated Healthcare Account Manager – an experienced industry professional whose only job is to help ensure your goals are met.

Care2Learn

Focused exclusively on the educational needs of the post-acute care industry, Care2Learn has successfully delivered more than 1.6 million course hours to over 320,000 students.



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Care2Learn

Company Profile

Care2Learn is the premier provider of online CE and compliance training for the post-acute care industry and the only ANCC-accredited provider on the market. Our fully-hosted online university combines innovative and ever-expanding course content with an easy-to-use Learning Management System designed to make training and tracking as simple and cost-efficient as possible.

Care2Learn's course library is the largest in the industry, with 800+ hours of expert-authored courses spanning 17 disciplines and accredited by more than 50 state and national organizations. We offer the industry's largest inservice selection, as well as extensive accredited therapy content and courses linked to F-, G- and L-Tags to meet state and federal guidelines.

Our recently enhanced Learning Management System features a broad range of administrative tools designed to help assign, track and manage staff training, including 48 observable competency assessments. In the past decade, Care2Learn has delivered over 1.6 million course hours to 320,000+ students.

Care2Learn recently earned a Silver Award in the Best Health/Healthcare Content category in the 11th annual eHealthcare Leadership Awards competition.

Learning and Development

Our customizable, online universities help facilities meet the unprecedented demand for well-trained, quality staff with solutions that can be implemented quickly and cost-effectively. By helping organizations align goals to maximize reimbursement, measure organization-wide customized learning initiatives, link their training to resolving survey deficiencies and more, we strive to show again and again why we're the top choice of industry leaders.

- **NEW Training:** We add new training courses and inservices to our library every month including course series on MDS 3.0, Restorative Care, Respiratory Therapy, Microsoft Training, Executive Education, Bed Bugs, Family Education and more.

- **Industry-Leading Course Format:** We offer regular live webinars covering relevant topics in post-acute care, feature courses in a new game-style format, and offer new interactive features in many courses.

- **Simplified User Experience:** Our recently redesigned learning management system (LMS) features improvements such as a simplified student dashboard, enhanced graphics, and faster navigation tools to make it easier to enroll

FastFacts



Website: www.care2learnenterprise.com

Phone: (866) 248-0734

E-mail: helpdesk@care2learn.com

Fax: (813) 321-8007

Address: 4890 West Kennedy Blvd., Suite 740,
Tampa, FL 33609

Date Founded: 1999

Type of Services Offered: Online Continuing Education and Training for the Post-Acute Care Market

Number of Programs Offered: 400+

in new courses, track course history, print certificates and monitor training compliance.

Culture

Care2Learn encourages a creative, collaborative environment at every level of the organization. We believe the combination of special people and partners has been vital to the development of our unique corporate culture, which fosters enthusiasm, excellence and an uncompromising dedication to quality and integrity.

To fulfill our mission—to help people achieve their goals, advance their careers, and enrich their lives and those they serve through online education—we honestly don't believe we can "phone it in." To us, it's vital that everyone on the team feels a passionate preference for excellence over competency and strives to put in the extra effort that enables innovation. We believe in giving all we have to enable caregivers to deliver the kind of care we'd want for ourselves.

Unique Offerings

No other Learning Management System in the industry can match Care2Learn's. It is developed specifically to meet and document compliance needs, meet regulatory CE requirements, manage accreditations, and measure employee competencies. Our exclusive course search allows you to search for courses by license and by survey deficiencies.

Care2Learn also sets a new standard in customer care. Each of our clients is assigned a dedicated Healthcare Account Manager—an industry professional whose job is to ensure that a client's goals are met.

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Pathway Health Services

Company Profile

Pathway Health Services is an independently owned, nationally recognized management and consulting company serving clients in the long-term care industry. Our professionals have expertise in skilled nursing, home health, hospice and assisted living - making Pathway a full-service long-term care consulting firm. Since our founding in 1997, we have provided quality services for thousands of satisfied customers throughout the country. We are a team of experienced, hands-on professionals with an outstanding track record for providing management, education, consulting and technical support.

We are responsible, reliable and resourceful individuals who are:

- Interdisciplinary Team Members
- Directors of Nursing
- Administrators
- Nurse Managers
- State and Federal Surveyors
- Registered Dietitians
- WOCN Wound Specialists
- Board Certified Rehab Nurses
- AANAC Certified Master Trainers – MDS 3.0
- Social Services Professionals
- Therapists (Physical, Occupational and Speech)
- Accredited QIS Instructors
- OASIS-C Master Trainers

Learning and Development

Pathway Health Services prides itself in having employees who are leaders in the long-term care industry and desire opportunities for professional growth. In order to stay up-to-date in the ever-changing environment, we provide team members with daily industry updates, web-based education, and accredited training at our Annual Employee Summit. We also have on-site training in our nationally renowned Fireside Education Centers. Pathway provides mentorship and professional growth opportunities for team members with our specialty leaders in the areas of clinical reimbursement, wound care, electronic health records, and more.

Culture

Pathway Health Services offers a unique working experience for all individuals. As an independently owned organization, our employees are located throughout the country

Fast Facts



Pathway Health Services

Website: www.pathwayhealth.com

Phone: (651) 407-8699 or (877) 777-5463

E-mail: consult@pathwayhealth.com

Fax: (651) 429-8721

Address: 2025 4th Avenue, White Bear Lake, MN 55110

Date Founded: 1997

Type of Services Offered: ■ Interim Management

■ Clinical Reimbursement ■ Regulatory Compliance

■ Education ■ Specialty Services

Number of Programs Offered: ■ Registered Nurses

■ Clinical Reimbursement Specialists

■ Home Care/Hospice Professionals

and enjoy the flexibility of non-traditional employment. With an average of over 20 years of experience in long-term care, our employees are respected individuals within their fields. Our exceptional employment structure supports individuals in all stages of their career, with the ability to choose how many hours they want to work in the field. The wealth of knowledge of our employees, their deep insight into the industry and unsurpassed experience in the field of long-term care makes Pathway an employer of choice for over 150 consultants nationwide.

Unique Offerings

What sets Pathway Health Services apart? It is our people! Our employees are highly experienced and nationally recognized leaders in the long-term care industry. Our flexible and non-traditional work environment is perfect for individuals in any stage of their career. Our consultants do not provide direct patient care, but are leaders within any organization they enter – working side-by-side with staff members to provide excellent services to the long-term care industry. Our employees utilize their own specialty areas in order to have a positive impact on long-term care centers throughout the country.

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Prestige Care operates on our core values of *Respect, Integrity, Commitment* and *Trust* and has provided the finest Senior Care for over four generations. We are looking for compassionate and dedicated individuals to join our Legacy of Caring. We have several locations and opportunities available. EEO/AA

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Prestige Care

Company Profile

Prestige Care is a Washington-based provider of senior living and long-term care in the Western region of the United States.

Founded in 1985, Prestige's care philosophy is rooted in a set of shared core values that deliver on a promise to provide unmatched quality care, led by a compassionate heart. Across the company, Prestige team members strive to personally touch lives, guided by the four pillars of our core values: respect, integrity, commitment, trust.

Prestige's core values are instilled by the legacy of Sarah Delamarter, a pioneer in the long-term care industry. Today, Sarah's legacy lives on through Prestige Care Inc., which includes 52 senior care communities across eight states. Prestige Care is a complete senior services organization, that provides Nursing and Rehabilitation services, Memory Care, and Assisted Living and Retirement Services.

Prestige communities' commitment to excellence has most recently been recognized by the American Healthcare Association with 10 Bronze and one Silver quality care award.

Learning and Development

Prestige believes strongly in enhancing its employees' skills and knowledge through training and continued education. The company hosts a range of training sessions for its employees throughout the year. Prestige's innovative memory care program requires a specialized intensive two-day training course hosted from the Central Support Education Room in Vancouver, WA.

In addition, we offer free Certified Nursing Assistant classes, Certified Medication Aide classes and promote from within to our Administrator in Training program.

Education is a cornerstone of the company's approach to providing top quality senior care.

Culture

Prestige actively seeks compassionate individuals who exemplify traits that encompass our Core Values which are: Respect, Integrity, Commitment and Trust. Prestige believes the character of our people is what sets us apart.

We look at care a little differently. Ours is not so much a job as a privilege. You see, we spend our days and nights with fascinating people who have wonderful stories to share. We take time to get to know our residents and consider every one of them to be a cherished member of our family.

FastFacts



Website: www.prestigecare.com

Phone: (360) 735-7155

Fax: (360) 735-9416

Address: 7700 NE Parkway Drive, Suite 300, Vancouver WA. 98662

Presence: Prestige Care is a complete senior service organization consisting of fifty-two nursing facilities, dementia care facilities, assisted living communities and retirement communities. We are one of the largest Northwest-based operators of long-term senior care facilities. Prestige Care has facilities in eight states: Alaska, Oregon, Washington, Nevada, California, Arizona, Montana and Idaho.

Employees: 3,000

Employee titles currently in high demand: Directors of Nursing, Administrators, licensed nursing staff and certified nursing assistants.

Company type: Private

Tax status: For profit

What percent of facilities does your firm own:

We own about two-thirds of our facilities and manage about one-third.

Date founded: 1985

At Prestige Care, we make it our mission to deliver quality care guided by a compassionate heart. It's a philosophy of caring based on the values we live by every moment, hour and day we touch our resident's lives.

Employee Benefits

Prestige is a growing company in a growing industry offering an array of advancement opportunities as well as experience working in a field that is stable. Our employees are offered medical dental vision, 401K, paid holidays and vacation.

Unique Offerings

Our employees are our greatest asset. We value good people and know that a great team makes a healthier and happier environment for our residents. Our employees bring enthusiasm and a caring attitude to their work. We value talented and compassionate people and know that this is what encompasses a successful team and a healthier and happier environment for our residents.

COMPANIES AT A GLANCE

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