

Professional Development



What you'll get

Title, location affect earnings potential
page 12

LTC wants you

page 16

Long-term care professionals are in hot demand. But you'll need skills, drive and the right attitude if you want to succeed

Not just for women

Nursing was once viewed as a career choice solely for women. But men are entering the profession more than ever. AALTCN's Ron Romano explains why

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Going the distance

For professionals interested in gaining continuing education credit, a cornucopia of new options has become available. Some are just a touchscreen away

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Online options explode

Digital education options are dramatically increasing for senior living professionals. And the best is yet to come, according to the experts

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Youth movement to the rescue?

Finally, help for the worker shortage page 3

Top vocational areas identified

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Social media as a job finder

Sure beats pounding the pavement page 8

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GETTING AHEAD



Although more people are entering the field, plenty of nursing opportunities exist, experts say.

Nursing shortage may be ebbing as younger pros enter the field

By John Andrews

After continually growing wider over the past two decades, the nursing gap may finally be closing. Data from the U.S. Department of Labor's Bureau of Labor Statistics show that not only are there plentiful opportunities in nursing, but that more people are starting to enter the profession, too.

Teri Morisi, branch chief for the Bureau of Labor Statistics' Division of Occupational Outlook, reports that over the next few years, nursing will produce "among the largest number of new jobs for any occupation" and that employment of nurses "is expected to grow much faster than average." Between now and 2018, the labor statistics bureau expects 581,500 new jobs to be created and that an additional hundreds of thousands of job openings will occur from the need to replace experienced nurses who leave the profession.

Employment of registered nurses is expected to grow by 22% through 2018, much faster than the average for all occupations. Growth will be driven both by technological advances in patient care, which will permit a greater number of health problems to be treated, and by an increasing emphasis on preventive care.

"Many elderly patients want to be treated at home or in residential care facilities, which

drives demand for nurses in those settings," the bureau reported. "Financial pressure on hospitals to discharge patients as soon as possible should produce more admissions to nursing and residential care facilities and referrals to home healthcare."

Filling the shortage

At the moment, the nursing shortage is still acute as the lingering effects of workforce apathy toward the profession continue. Yet a turnaround is happening, maintains David Auerbach, health economist for Rand Corporation. In some instances, he says, job availability is tight for prospective nurses.

"We are working on a paper that will quantify this, but high unemployment does lead to more licensed RNs working – they are not retiring when they otherwise would, working longer hours or working when they would otherwise stay home," he said.

Ann Kirby, managing director of Huron Healthcare, says competition for top nursing talent has been fierce because women have pursued other career paths in the past 20 years. As fewer young nurses entered the field, the average age of a nurse has risen. Auerbach's research showed an increase in average nurse age from 37 in 1983 to 43 in 2010. ■

SKILL SETS

Administrator

- Prepares annual budget for the entire 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/exceeds expectations and that performance appraisals are conducted on a timely basis.
- Ensures 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.

Director of Nursing

- Develops, implements, and evaluates programs to measure, assess, and improve the quality of nursing care delivered to patients.
- Ensures 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 to address resident care issues.
- Sets goals and establishes priorities, then coordinates and manages the policies and resources needed to meet those goals.

GETTING AHEAD

Nursing not just for women any more: expert

By John Andrews

As the nursing drought wore on during 1990s and 2000s, healthcare leaders scratched their heads about how to generate more interest in the profession. Yet one largely overlooked solution was right there in plain sight: boosting the ranks of male nurses.

While it seemed like a daunting challenge at one time, the U.S. Department of Labor's Bureau of Labor Statistics shows that indeed more men are now becoming nurses. Whether due to the sour economy, strong recruiting efforts or enhanced public awareness, figures show a slow but gradual increase in the number of male nurses. The percentage of male licensed practical nurses, for instance, grew by nearly 4% over the past seven years. Men now represent nearly 10% of the LPN workforce.

Ron Romano, RN, director of professional services for the American Association of Long-Term Care Nursing, is encouraged by the growth.

"When I went to nursing school 25 years ago, I was the only guy in my class," he said. "Things are definitely changing now."

Many reasons

Perceptions of the male nurse's role in healthcare are changing, the healthcare industry is practically recession-proof, the job pays enough to support a family and the work brings an enormous amount of satisfaction, Romano says. Healthcare organizations may offer sterling benefits for employees, including



"Things are definitely changing."

Ron Romano
AALTCN

tuition assistance. Men, in turn, bring special attributes to the profession as well.

"Men are physically stronger, which is very important in the long-term care setting," he said. "Having a man around to help with patient lifting and other physical tasks is a valuable asset."

The nursing profession itself also has diversified greatly in

ways that men could consider to be more masculine, Romano said, such as facility management, clinical consulting and sales.

"When you get a nursing degree, you aren't limited to the bedside," he said. "You can do just about anything with a nursing degree — the sky's the limit."

Once seen as a "stepchild" to

acute care nursing, the long-term care and gerontology clinical field is increasingly being seen as a destination point for nurses, Romano says.

"We are seeing a lot more interest in our industry now," he said. "It is no longer seen as the last place nurses want to go."

Long-term care provides nurses with unusual and valuable skills on the job, Romano says. The list of desirable assets includes clinical assessment, wound care, fall prevention, dementia care, family communications and medication management.

"Gerontologic nurses work in a different environment than acute care — it is a place where they can have more independence and have more control," he said. "It is very rewarding to care for the elderly, serving their special needs."

Money matters

Although the Bureau of Labor Statistics lists long-term care nurse salaries as slightly behind their counterparts in other sectors, Romano believes that as the eldercare field grows, so will the pay scale.

"I think things might change and that salaries will come up a little," he said. "Changes in reimbursement and the advent of accountable care organizations will have a definite impact on nursing.

"They will have to increase their competencies in medical assessment and patient evaluation. Facilities will find that unless they attract quality nurses, it will have a negative impact on them." ■

Average RN wages

As of May 2008, median annual wages of registered nurses were \$62,450. The middle 50% earned between \$51,640 and \$76,570. The lowest 10% earned less than \$43,410, and the highest 10% earned more than \$92,240. Median annual wages in the sectors employing the largest numbers of registered nurses in May 2008 were:

Employment services	\$68,160
General medical and surgical hospitals	63,880
Offices of physicians	59,210
Home health care services	58,740
Nursing care facilities	57,060

Many employers offer flexible work schedules, child care, educational benefits, and bonuses. About 21 percent of registered nurses are union members or covered by union contract.

Source: U.S. Department of Labor, Bureau of Labor Statistics, 2011

More people 'going the distance' to procure continuing education



Long-term care pros have more options than ever when it comes to obtaining continuing education credits.

By John Andrews

The opportunities for long-term care professionals to advance their careers with continuing education units are getting more plentiful all the time, says Randy Lindner, president of the National Association of Long-Term Care Administrator Boards.

"Through the NAB National Continuing Education Review Service we have seen a rapid growth in distance learning opportunities and the method of delivery of programs also continues to expand," he said. "As technology continues to advance and costs decline, we are seeing many more 'live' interactive Web-based program offerings. The evolution of Web-based technology facilitates faster development and delivery of newly released information to the learning community."

Along with self-paced Web-based programs, media options available for earning CEUs include printed and audio materials, live and recorded webinars, DVDs and CDs. Moreover, Lindner says NAB is adapting to new trends in learning in shorter time frames: Effective May 1, 2012, the NAB National Continuing Education Review Service will approve learning opportunities of less than one hour in length in 15-minute increments.

Through NCERS, Lindner says the association's role is to "apply standards of quality in review of the appropriateness of the content as it relates to the knowledge of a long-term care administrator, that the content is current, that the presenter is qualified to present the content, and to assure attendance." Although physical attendance can be assured, he says "it is the personal responsibility of the attendee to maximize their participation and engagement in the learning experience."

The NAB also provides a forum for sponsors of continuing education at each of its meetings to facilitate the exchange of best practices and to support continual quality improvement. This forum is open to all interested sponsors of long-term care continuing education opportunities.

With more educational options available, Lindner is encouraging long-term care professionals to take the time to assess what their CEU priorities should be.

Continuing education options allow providers to assess their strengths and weakness – and adjust as needed, according to Scott Roan, Care2Learn's firm's vice president of information technology. He added that this exercise has never been easier to do. ■

CE REQUIREMENTS

States with CE rules

State	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

GETTING AHEAD

ONLINE SITES

Learn at your desktop

[Mycme.com](http://www.mycme.com)

<http://www.mycme.com>

Why it's helpful: McKnight's sister site, it 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)

<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.

[Medscape Nurses Education](http://www.medscape.org/nurses)

<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)

<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.

Online learning choices increase 'by leaps and bounds,' experts say

By John Andrews

One of the hottest professional development activities in long-term care is online education for workers. Seen as a quick, convenient and effective way to augment employee skill levels, online training is progressing ahead "by leaps and bounds," says Silverchair Learning Systems President and CEO Mike Mutka.

"The adoption rate for regulatory mandated training has accelerated in the past five years – we have brought 500,000 new users online in that time and it has come across the entire healthcare spectrum," he explained, noting more growth is expected.

The impetus for this rapid growth, Mutka said, is "simple dynamics": many healthcare employees are required to receive 12 hours of training per year on key topics; high employee turnover necessitates retraining and tracking challenges; management teams are typically stretched too thin to handle training needs; and traditional classroom training is time-consuming, inconsistent and ineffective because employees learn at different rates.

Long-term care operators now have access to a wider range of course options than ever, according to Scott Roan, Care2Learn's vice president of information technology. He noted that some of the most popular categories are Alzheimer's disease, ethics, Medicare, nutrition and wound care, just to name a few.

Sharon K. Brothers, president and CEO of aQuire Training Solutions, adds that "online education is more affordable and accessible than ever before, providing many more learning opportunities to facilities and their teams than they could ever deliver in person — and at a lower cost."

As companies began to utilize online education to meet basic foundational and compliance training, Brothers asserts that they can focus more on individual learning needs, building community culture and enhancing the level of service while maintaining confidence that they are meeting training requirements with ease.



Online education is attracting record numbers of participants, experts say.

"It's a way to check off the basic and build toward the exceptional with ease and affordability," she said.

Online educators such as Upstairs Solutions are also tailoring their educational programs to specific industries like long-term care, which gives workers a higher dimension of training, said President Tamar Abell.

"Workers who come in from other healthcare sectors may not be apprised of certain long-term care practices," she said. "There are various geriatric issues that new workers need to know about, such as wound care, medications, fall prevention, dementia and family interaction."

A recent Sloan Survey of Online Learning found that 5.6 million college-level students were enrolled in at least one online course in fall 2009, the most recent term for which figures are available.

"This represents the largest ever year-to-year increase in the number of students studying online," said study co-author I. Elaine Allen, co-director of the Babson Survey Research Group and Professor of Statistics and Entrepreneurship at Babson College. ■

GETTING AHEAD

Leadership, direct care training are top LTC vocational areas

By John Andrews

Labor force studies show that the greatest healthcare job growth will be for home health and personal care aides. But to accommodate this tremendous growth, there needs to be more academic and vocational training available for people entering the elder-care field, specialists say.

“The graying of our population, combined with the reality that the vast majority — possibly as high as 90% — of all long-term care services are provided at home by family members means that everyone is paying attention to long-term care training and work preparedness,” said Sharon K. Brothers, president and CEO of aQuire Training Solutions. “There are two key areas that must be focused on: direct care worker training and leadership level training; both are absolutely essential to meeting the coming needs of an aging population.”

Therefore, aQuire Training Solutions is participating in a three-year federal Health Resources and Services Administration grant that is specifically aimed at training programs to meet this upcoming need, utilizing academic partnerships — specifically community colleges — and vocational trainers, distance learning companies and long-term care providers, Brothers said.

Mike Mutka, president and chief operating officer for Silverchair Learning Systems, says the decline of manufacturing jobs and high unemployment rate are steering more people into long-term care and that the academic community is responding.

“So many people are looking for stable



Demographic changes will demand more workers in most branches of senior care.

career paths and jobs that they can feel sure will always be in demand,” he said. “Being a caregiver in long-term care meets that demand. Now schools have recognized this opportunity and are looking to capitalize.”

Diane Heasley, former vice president of clinical services for DermaRite Industries, sees vocational nursing programs reviving and says it’s a positive development.

“There is a great need for it and the program is attractive because in one year, an individual can gain an education and career that can support a family,” she said. “There is funding for these programs at the local, state and federal levels, removing the fiscal barrier for school. These are a good programs – I learned a lot from vocational nurses.” ■

WHERE TO WORK



Neil Pruitt, CEO
UHS-Pruitt Corp.

Skilled nursing

Company	Beds
HCR Manor Care	38,092
Golden Living	31,143
Life Care Centers of America	29,272
Kindred Healthcare.....	27,905
Genesis Healthcare	26,018
Sun Healthcare Group.....	22,243
Sava Senior Care.....	21,279
Extendicare	16,893
Evangelical Lutheran GSS.....	12,419
Skilled Healthcare Group	10,456
National HealthCare Corp.....	9,742
Signature Healthcare	8,837
The Ensign Group.....	8,714
UHS-Pruitt Corp.	6,238
Daybreak Venture	8,173
Peterson Health Care	7,457
Trilogy Health Services	6,717
American Senior Communities ..	6,481
Covenant Care	5,787
Five Star Quality Care.....	5,648



Thomas Grape, CEO
Benchmark

Assisted living

Company	Units
Emeritus Corp.	50,100
Brookdale Assisted Living.....	27,447
Sunrise Senior Living.....	23,200
Atria Senior Living	14,372
Five Star Quality Care.....	10,591
Assisted Living Concepts.....	9,305
Merrill Gardens	7,700
HCR Manor Care	5,084
One Eighty-Leisure Care	4,801
Life Care Services.....	4,331
Hearthstone Senior Services.....	4,000
Benchmark Assisted Living	3,925
Senior Care.....	3,855
Capital Senior Living.....	3,834
Integral Senior Living	2,977
Genesis Healthcare Corp.	2,901
Belmont Village Senior Living	2,578
Frontier Management.....	2,547
Benedictine Health System.....	2,194
Americare.....	2,067

BY THE NUMBERS

1.9

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

3.3

There are 3.3 million job openings in the United States, says the U.S. Bureau of Labor Statistics.

8.5

The unemployment rate sank to 8.5% in December, its lowest level since February 2009.

200,000

The nation’s economy added 200,000 new jobs in December, analysts said.

GETTING AHEAD

ASK THE MENTOR

Managing staff

Feeling disrespected

Q: *I was recently promoted to management. One of our team members is a self-proclaimed expert who often talks back to me. Worse, she routinely skips our first-thing-in-the-morning meetings. I'm not sure what to do. Can you help?*

A: Being a new manager can be intimidating. But now it's time to start acting like one. Begin by making a strong statement to this person along the lines of, "I know you are busy, but I expect to see you at the meetings. It's important that everyone hear the same information, so I expect to see you tomorrow, and every day." Outline what will happen if she misses the meeting, and end the conversation. If she's absent, impose the consequence without delay and repeat your expectation that she attend the meetings.

Clearing the air

Q: *One of my employees has a bad breath problem. I'm very uncomfortable discussing this with her, but some other people have complained. As the manager, I feel that I should do something. How do I tactfully handle it?*

A: There's no comfortable way to deal with this issue. But you may want to try something like this: "I want to talk with you about an issue that is somewhat difficult to discuss. Frankly, I'm a little uncomfortable bringing it up, but, as your manager, I feel that I should tell you about it. I've noticed that there is a rather unusual odor on your breath. I know that this can sometimes indicate a medical problem, so I wanted to see if you were aware of it." Then see how she responds. While she may be embarrassed, it's better for her to be aware of the issue. Ignoring the matter will leave a bad taste in everybody's mouth.

Social media used to screen and recruit tech-savvy job applicants



For many job seekers, social media and cyberspace are a better option than pounding the pavement.

By John Andrews

Pavement pounding isn't what it used to be. These days, instead of sore feet from walking door to door, there are weary index fingers from clicking on sites all over the Internet. And with the rise in popularity of social media pages such as LinkedIn, Facebook and Twitter, job hunters have many more cyberspace avenues to travel.

But how effective is social media in helping job hunters land a lucrative position? What kinds of doors can it open, what rules of etiquette exist and how should employers and prospects correspond with each other?

Mike Mutka, president and COO for Silverchair Learning Systems, says social media sites have become very active venues for job seekers and employers alike.

"There are many employment opportunities to be found on social media sites, so people are flocking to them," he said. "I definitely think employers recognize that for this generation of workers, social media is a primary means of communication and gathering information. Most employers have shifted their recruiting activities accordingly. It has become a valuable tool for employers to screen

applicants electronically before they decide whom to interview."

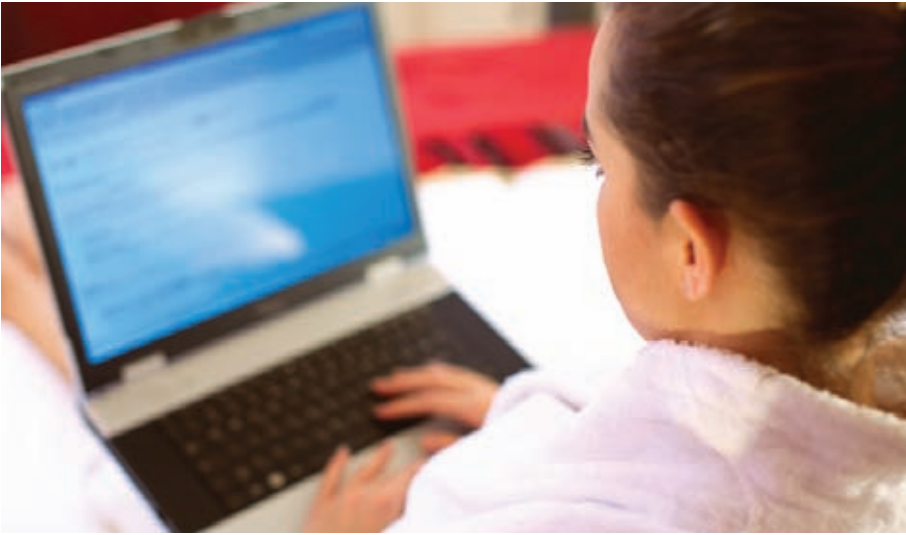
LinkedIn — with an estimated 135 million members — is designed to be a professional networking site and has proven to be an effective job search tool.

Professional résumé writer Jeff Shane estimates that "a significant majority of hiring managers recruited through social networks during 2011" and that "many hiring managers check candidates' backgrounds using tools such as LinkedIn, Twitter or Facebook, in addition to general Google searches." When using social media for a job search, Mutka advises prospects to "make sure you understand how online applicants are screened for consideration and how your application will appear to the employer."

Key words, proper format and sharing the right information "make all the difference" between being considered for an interview versus being electronically discarded, he said.

Another advantage of social media, Mutka says, is that "it can give you opportunities to locate other employees in targeted companies so that you can network and try to find your way through the HR filter more successfully." ■

GETTING AHEAD



Delete non-essential items from your resume to avert possible detractors from your job candidacy.

Advice from a workforce expert: view resume as project proposal

By John Andrews

Jobs may be plentiful in long-term care, but landing one is far from automatic. No matter the position, from entry level to executive, applicants must demonstrate they can produce a well-written resume that is explanatory and compelling.

The resume is an important tool job candidates can use to market themselves and effectively show what they can do, says Guillermo Moreno, vice president of Experis Healthcare Practice.

“You have to put your stake in the ground and make yourself unique,” he said. “When my team looks at individual resués, they are looking for a document that is clean and concise. Some resumes are really long, with a lot of unnecessary verbiage. I am looking for one paragraph explaining why you are unique with a trajectory that leads to job history. Include only the most relevant information.”

In distilling a resume down to its essentials, Moreno advises including no more than 10 years of job history, job titles and descriptions of how you added to the company’s success. Phrase it in the most interesting way possible without going into too much detail, he said.

“Be sure to disclose the qualities that make you special and unique, but keep it simple,” he said. “You don’t want to bore those who read your resume.”

Presentation is extremely important to make a good impression because it reflects on the candidate’s organizational skills, Moreno said.

“When I look at someone’s resume – the way it’s presented, the format, the font, the look and feel are my first brush with that person,” he said.

“It makes an impression. This is the first door you must enter in the hiring process and you are not even physically there. If the resume is messy, it makes that person look disorganized.”

The best ones, Moreno says, are “concise and polished, with the first statement identifying who you are.”

While resumes are typically composed of boilerplate information, the standouts have a custom message that separate them from the pack, experts agree.

“Think of your resume as a project proposal,” he said. “If you are competing for a position against 20 others with the same qualifications, you need to distinguish yourself.” ■

ASK THE MENTOR

Boss problems

Crossing the line

Q: My boss is a very religious person, which is not a problem. The problem is that he is trying to convert me to his religion. I’m sure his intentions are honorable, but there are times when I find such behavior offensive and inappropriate. What’s the best way to handle this sticky situation?

A: The safest thing to do is to smile and nod until your manager finishes talking, and then switch to another topic. A more assertive response is to politely say that you respect his religion, but are committed to your own beliefs. If he inquires about the nature of those beliefs, simply state that, for you, religion is a private matter. Then change the subject, as quickly as possible.

All in the family

Q: I was recently hired as the DON at a family-owned facility. I have been having problems with our administrator, who happens to be the son of our CEO. Recently, I had a long talk with the CEO and gave him some constructive criticism about his son’s performance. He made it clear that critiquing him was a big mistake. I got the message that his son can do no wrong and discussion of his performance is off-limits. How can I deal with these extremely frustrating family dynamics?

A: A family-run nursing facility is not at all like a publicly-traded company. When you work for a family, you’re in a completely different universe. Even if the business is professionally managed, family members have a special status and non-relatives are outsiders. During your chat about the CEO’s son, did you completely forget that you were talking to his father? As a manager, he should have listened to your feedback. But his paternal reaction shouldn’t have surprised you.

GETTING AHEAD

ASK THE MENTOR

Problems with coworkers

The silent treatment

Q: *Several weeks ago, a co-worker stopped speaking to me. She socializes with everyone else, but does not acknowledge me at all. When she has to communicate about work, she sends me an email. I've asked her twice if there's a problem, but she says no.*

A: This is a textbook example of passive-aggressive behavior. Passive-aggressive types are deeply afraid of conflict. Because direct communication scares them, they send "messages" to convey their anger. Not speaking is a common tactic. Your best option is to stop playing along. Rather than pleading for an explanation, indicate that you're aware of a problem. Perhaps something like: "It's clear that you are upset with me, but I don't know why. When would be a good time to talk?" If she takes you up, you've ended the game. If she continues to insist all is well, accept her response as the truth.

Affairs not in order

Q: *For the past year, a receptionist at our facility has been having an affair with our administrator. Neither has made an effort to hide what's going on. The problem is that the receptionist has become so distracted that her work has suffered. She used to be quite friendly with everyone, but now she only has time to assist her boyfriend. Yet corporate seems to think very highly of this woman.*

A: Stay focused on her work, not her personal life, and keep written records of specific problems. However, your administrator is putting your facility at risk for a lawsuit since most companies have policies that forbid supervisor-employee relationships. If this is true of your company, it's time for Human Resources to get involved.

Preparation and confidence can reduce interview-related stress



Do your homework and research your host company before sitting in for a job interview, experts suggest.

By John Andrews

Being selected for an interview can be an exciting and nerve-wracking phase of a job search. Positive interaction with the potential employer could be the key to getting hired, while a less-than-stellar performance could mean restarting the entire process.

So what can the job candidate do to ensure that the interview goes smoothly so as to maximize the chance of landing the position? Workplace specialist Guillermo Moreno says it is a matter of confidence and preparation.

"The best measure of a good interview is when you can break the ice and put the interviewer in talk mode," he said. "Strong candidates do their research and effectively sell themselves."

Appearance is critical because negative first impressions can be disastrous, Moreno says.

"The job interview is the next level. If you manage to get through the initial phase because you present yourself strong on paper, don't ruin it by slouching in a chair and not making eye contact," he said. "The most important aspects of the interview are eye contact, personality and presentation."

Because tattoos and piercings are popular, especially with the younger generation, Moreno says it is now harder to disqualify someone for those fashion statements. Yet he recommends that job candidates present themselves tastefully by covering tattoos and removing piercings where possible.

"I view this as risk mitigation," he said. "While tattoos and piercings have become more acceptable, you should still avoid showing them off. Why risk alienating an interviewer?"

Applicants should expect — and welcome — tough questions during the interview, Moreno said. They should research the company beforehand. Fielding questions that require quick thinking demonstrate a candidate's attitude, priorities and capabilities, he said.

"One question I have been asked and one that I like to ask is this: 'You've managed to get through some doors and are now in the final stages of consideration ... why should I hire you over the others that have made it this far? What makes you that much better and what success-based qualities will you bring to the table?'" ■

Understand what's being offered along with the chance to join firm



People who are offered positions often fail to ask enough about the job's actual requirements.

By John Andrews

After clearing the resume and interview hurdles, a key step remains before the job quest is complete — the process of getting hired. Most people might be so happy and relieved to make it through first two stages that they don't put much thought into what they need to do next, but that would be a mistake, says healthcare workplace specialist Guillermo Moreno.

Moreno, vice president of Experis Healthcare Practice, says job seekers make two critical missteps at this final phase of the hiring process: overinflating their worth and not asking enough questions. The best approach, he says, is to be assertive, honest and diplomatic.

"What happens during the job offer stage depends on the job, so an executive will have a different discussion than the entry level worker," he said. "But for everyone, the basic elements of the discussion should entail salary requirements and a clear definition of the work and benefits. Employees are entitled to know these things and all they have to do is ask."

The salary requirements topic should always be raised by the employer, Moreno says; otherwise

"it conveys an agenda or anxiety from you." The issue will be brought up at the appropriate time and the employee should show proper restraint, he said.

While most jobs have a defined salary band, some new hires get a little too aggressive in negotiations and overinflate their requirements — a tactic Moreno calls "a dangerous game" because salary history is easy to check in this day and age.

"We live in a rich data world and we can look at the last two or three W2s, so don't overstate yourself," he said. "You should know the industry norm and keep to it."

Once employed for a time, it is natural to seek a pay raise. And while there are various strategies for going about it, Moreno is hesitant about recommending that employees ask for one now.

"I'm not seeing a lot of raises being issued in the marketplace right now," he said. "Healthcare organizations are dealing with a lot of financial challenges, so most are in cost-containment mode. Given the state of the economy, most people are just happy to be employed. But if you see that your company is experiencing revenue growth, then maybe that is an opportunity to ask for a raise." ■

ASK THE MENTOR

Office politics

Toxic workplace

Q: *I recently left a very toxic facility. I never again want to work in such a fearful, backbiting culture. Next time, how do I make sure that I'm entering a healthier work environment?*

A: Spotting a toxic organization from the outside can be tricky, but it's worth the effort. An online search can help. But the best way to get answers is to talk to people who have worked there.

Use networking contacts to get names of current or former employees, and then give them a call. Actual conversation will provide more information than an email exchange.

For best results, ask open-ended questions. Saying, "Is this community a good place to work?" invites a one-syllable answer. To encourage greater disclosure, ask, "How would you describe the positive and negative aspects of working there?"

During interviews, you can pose tactful questions about the work environment. But interpret the answers carefully.

Too quiet?

Q: *I do good work, but never seem to get noticed. Another worker brags about herself nonstop and puts me down in front of everyone. I never respond because I am very polite and do not want to make a bad impression on the boss. This lady got a promotion that I wanted because she constantly chit-chats with the boss. But talking to him makes me nervous.*

A: To avoid appearing self-centered, you have gone to the opposite extreme. But if no one knows what you're doing, promotions will not come your way. So you need to get out of the shadows and start speaking up. When your manager comes by, be prepared with appropriate questions to ask or interesting information to share.

SALARY ANALYSIS

Following freeze, wages starting to thaw again

Admins hit \$93,000 while DONs surpass the \$81,000 level

By Brett Bakshis

Another slow year for the nation's economy has yielded small salary increases in the long-term care sector, according to the "2011-2012 Nursing Home Salary & Benefits Report."

Facilities responding to this year's survey indicated that, while there may be signs of hope on the horizon, most employee averages saw either modest gains or moderate losses. Still, some financial managers, facility administrators and nursing directors received salary increases nearly in line with years past.

The "Salary & Benefits Report" is issued each year by Hospital & Healthcare Compensation Service (HCS), in association with LeadingAge. It is also supported by the American Health Care Association.

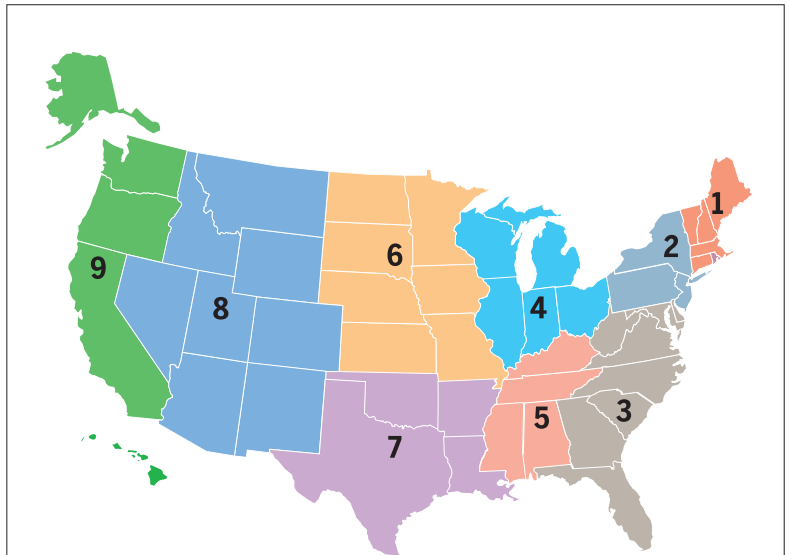
The bottom line

The national median salary for nursing home administrators rose to an even \$93,000 in 2011, up roughly 2.1% from the previous year. Though much lower than in many years, the increase is an improvement over 2010's rise of just 1.67%.

The assistant administrator national median did not fare as well. It dropped more than 3.5% from the previous year to settle at \$63,000, according to HCS findings.

This loss could be due to relatively low cumulative salaries reported by facilities participating in the HCS survey for the first time. Among facilities that were already participating in the survey, average assistant administrator salaries actually increased slightly (at a rate of 0.37%).

Directors of nursing, meanwhile, experienced an overall bump in their salaries, climbing past the \$80,000 mark for the first time. National median salaries rose 2.5% from \$79,169, to end up at \$81,224.



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

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

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	86,632	90,402	99,100	1	96,907	105,000	115,981	1	90,000	100,360	113,666
2	86,278	93,619	98,536	2	87,554	99,451	114,555	2	87,000	97,643	111,807
3	82,000	86,986	95,000	3	93,165	103,270	116,778	3	89,061	99,835	112,800
4	74,158	80,501	88,183	4	83,640	92,250	102,648	4	79,499	87,998	97,505
5	80,000	85,765	96,348	5	90,000	97,948	105,041	5	85,000	94,000	103,949
6	59,998	67,974	75,099	6	75,889	82,488	93,978	6	63,099	73,235	80,536
7	81,402	90,771	98,925	7	85,759	92,998	103,875	7	85,000	92,003	102,022
8	70,200	86,736	97,089	8	85,604	97,885	111,356	8	80,080	93,018	103,100
9	89,773	100,506	110,000	9	100,513	115,003	123,396	9	94,139	104,983	118,410
Nat'l	72,854	84,136	95,000	Nat'l	88,000	98,093	110,427	Nat'l	81,224	93,000	105,215

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	75,892	86,000	92,425	1	85,920	93,065	98,125	1	82,816	90,002	96,095
2	79,543	86,805	95,220	2	81,976	91,408	99,904	2	80,721	90,210	98,843
3	71,862	76,877	84,201	3	80,217	87,983	97,184	3	77,824	85,136	95,021
4	65,860	72,300	76,731	4	74,440	80,226	86,799	4	71,147	77,000	84,292
5	65,300	72,465	77,000	5	73,950	78,374	85,000	5	71,169	76,197	82,049
6	55,610	59,970	65,554	6	65,373	72,236	77,916	6	57,000	62,416	70,512
7	71,707	76,877	84,509	7	78,021	85,000	90,000	7	75,470	84,006	90,000
8	70,175	74,909	81,574	8	78,750	84,974	91,949	8	73,899	81,692	89,000
9	89,347	97,442	105,000	9	95,000	109,990	116,938	9	91,242	101,338	111,821
Nat'l	63,752	72,983	83,057	Nat'l	77,251	85,000	94,328	Nat'l	72,000	81,224	91,488

Source: "2011-2012 Nursing Home Salary & Benefits Report," published by Hospital & Healthcare Compensation Service in cooperation with LeadingAge and supported by the American Health Care Association.

After no change in national median salary levels in 2010, assistant directors of nursing saw just a 1.6% increase this year. Their median salary rose from \$62,400 to \$63,440.

HCS sent roughly 13,500 surveys to nursing homes around the country; 2,243 facilities responded, resulting in a response rate of 17%. Of these facilities, 18% were nonprofits, and 82% were for-profits.

Slow and cautious

Each year, HCS asks facilities to report their "planned percent increases" for management, non-management and clinical staff for the following year. In 2010, the average facility had planned a 1.96% increase for management, and a 2.04% increase for non-management positions.

"By analyzing the actual [increases] and planned increases ... from the 2010 and 2011 reports, one can see numbers are going slightly upward," observed HCS director of reports Rosanne Zabka. "That is good news, but it is a slow and cautious increase."

Indeed, the actual percent increases that occurred in 2011 were 2.09% for management and 2.1% for employees who were not a part of management.

Delving further into the actual and planned per-

centage increases in this year's report, Zabka saw even more positive signs. In 2010, HCS began tracking the number of facilities that provided a "zero-percent" actual salary increase.

"In looking at all 2010 actual percent increase categories [management, non-management, RNs, LPNs, and CNAs], 27.4% of respondents reported a zero-percent increase," Zabka said.

This year, that number was just 10.6%. For planned percent increases, 13.6% of facilities reported a zero-percent planned increase in 2010, while 11.6% reported a zero-percent planned increase in 2011.

"This is very good news," according to Paul Gavejian, managing director of Total Compensation Solutions in Armonk, NY. "What that says is that facilities are dropping their salary freezes. I think that employers have decided that they can't freeze salaries anymore. It's not an acceptable strategy because the employees can't keep up with the cost of living."

Proving their worth

These slow and cautious increases, however, may not be enough to keep long-term care employees ahead of rising inflation.

The "WorldatWork 2011-2012 Salary Budget Sur-

SALARY ANALYSIS

Recent salaries and increases (by percentage)

Title	2007	+	2008	+	2009	+	2010	+	2011	+
Administrator	82,400	3.00	85,464	3.59	89,606	4.8	91,106	1.67	93,000	2.17
Asst. Admin.	59,357	10.76	62,000	4.26	65,000	4.8	65,321	0.49	63,000	(3.55)
DON	72,515	5.16	75,000	3.31	77,921	3.9	79,169	1.6	81,224	2.5
Asst. DON	60,022	4.87	60,000	(0.03)	62,400	4.0	62,400	0.0	63,442	1.6

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	70.6	Merit	44.7	Merit	41.5	Merit	41.2
COLA	25.3	COLA	27.8	COLA	25.9	COLA	25.9
Step	0.5	Step	12.8	Step	18.7	Step	18.9
Other	3.6	Other	14.7	Other	13.9	Other	14.0

“Companies have caught on to the fact that you can make the employee earn their increases.”

Paul Gavejian,
Total Compensation
Solutions

vey,” which samples data from roughly 2,400 employers, representing 15 million employees in a variety of industries, has found that for the first time since 1980, the rising cost of living has outpaced salary budget increases.

During the 12-month period from April 2010 to April 2011, inflation as measured by the Consumer Price Index was 3.2%, according to the WorldatWork survey. Total salary budget increases during that same period topped out at 2.8%.

“Successful organizations will not pay more than necessary for any expenditure, and with low risk of losing employees to other organizations, higher increases are not justified at this time,” according to Don Lindner, CCP, senior compensation practice leader for World atWork.

How to get an increase

And when it comes to salary increases in long-term care, many organizations are no longer simply granting their workers automatic cost-of-living raises. When asked what criteria are used for granting increases, a significant number of facilities reported that increases were given based on merit, rather than a cost of living adjustment or step increase.

“I think companies have caught on to the fact that you can make the employee earn their increases,” Gavejian said.

Among management positions, more than 70% of facilities said salary increases were given based on merit, compared with just over 25% for cost of living. This compares with 65% and 30%, respectively, in 2010.

For non-management positions, the percentage of facilities reporting merit increases rose even more sharply, from 50.7% in 2010 to 63.9% this year.

“When companies and nursing homes and hospitals are being evaluated on their performance, it makes sense that we get away from a cost of living [increase],” noted Gavejian. “You have to earn increases through some special recognition, through evaluation by your supervisor. They want to recognize that.”

Long-term care is experiencing a “weird confluence” of economic pressures, said Phil Wilson, president of the Labor Relations Institute in Broken Arrow, OK. Medicare and Medicaid payment cuts, both real and threatened, are hammering long-term care and acute care facilities alike.

“One of the ways the acute care people deal with that is by pouring all the people out of hospitals and into nursing homes,” Wilson said.

That means long-term care facilities are experiencing revenue cuts at the same time that the demand for higher skilled, more capable people is higher.

“I think it’s going to be interesting to see how that plays out for the skilled nursing and management positions,” Wilson said. “You’ll see wage pressure ... and it’s only going to increase as new people become insured under the healthcare plan and more and more elderly people are coming into the system.”

Bearing the brunt

“It’s not strange that long-term care facilities are doing everything that they can to keep and retain those highly skilled people because they’re hard to replace and they’re so vital,” Wilson said.

Vacancy rates for department heads, therapy staff and RNs have fallen slightly since last year, according to HCS findings.

Among RNs, the improvement was slight, with vacancy falling from 19.6% to 18.8%. For department heads,



Photo: Total Compensation Solutions

Paul Gavejian says survey results indicate salary freezes are being lifted.

the change was more noticeable, dropping from 14.7% to 12.1%. Therapy staff saw the biggest improvement, however, with average vacancy rates sinking to 12.4%, down from 16.5% in 2010.

Lower-paid workers, most notably dietary staff and CNAs, were not so lucky.

Vacancy rates for dietary staff rose markedly, from 13.3% in 2010 to 19.1% in 2011. CNAs were hit even harder, with rates climbing from 17.3% to 23.4%.

“Over long stretches of economic downturn, it’s unfortunate to say, but the lower level jobs seem to be the first ones to go,” Gavejian observed, “particularly in an academic or clinical environment where your bread and butter are your clinicians.”

Regulatory action

Washington’s usual style of heated debate reached a fever pitch recently over proposals to raise the national debt ceiling. Congress’s approval rating sank to a new low of 14%, according to a CNN poll released late last summer, just as politicians were approving the big debt compromise deal.

Add a presidential election campaign cycle to this already contentious climate and it’s easy to imagine Congress remaining gridlocked for the next year, Wilson speculated.

“The presidential campaign is basically in full gear. We’re going to be in full-blown presidential campaign mode and nothing’s going to get done in Washington,” he said.

With legislators tied up in electoral politics, all the big actions affecting long-term care over the coming year are likely to come from the regulatory agencies. The healthcare reform law included a major increase in funding for Medicare and Medicaid fraud detection

and prevention initiatives, and regulators are sure to be looking at long-term care facilities with a microscope, Wilson said.

But the future is still very uncertain for the health-care reform law. The 2010 elections brought a wave of young Tea Party politicians into Congress, many of whom vowed to overturn the new reforms.

“The political environment is just so volatile and it’s likely to become more so,” said Wilson. “It’ll be interesting to see what ends up happening.”

In the meantime, providers are still trying to sift through the regulations to discover just what they mean, according to Gavejian.

“Healthcare reform is still brand new,” he said. “We’re still trying to figure it out. I think next year, we’ll know more about what healthcare reform means to the nursing home industry.”

2012 prophecies

Despite all the tension and economic pressures that seem to be conspiring against long-term care, both Wilson and Gavejian see small but steady improvements on the distant horizon.

“Everything is going to just creep up slowly,” Gavejian said. “With respect to salaries, I expect that we’re going to see marginally higher salary budgets for 2013.”

But for 2012, it’s unlikely there will be any large salary budget expansions, said Gavejian.

“If you look at [it],” Wilson said, “you’re going to see brutal political campaigns, possibly a second recession but certainly not any dramatic [economic] growth, long-term care will stay under the same pressures it’s been under, and more and more people are going to be in nursing homes.”

But while Wilson expects to see stagnant wages just about everywhere in the coming year, he wouldn’t be surprised if skilled nursing staff’s and administrators’ salaries improve.

“You have to pay money to recruit those folks and to keep them, because there’s a lot of opportunity around,” he said.

But there is a shrinking cost base in the healthcare industry, Gavejian notes, and if the Centers for Medicare & Medicaid Services continue to try to cut Medicare and Medicaid reimbursement rates, it’s all going to be up in the air. An average 11.1% reimbursement reduction from CMS kicked in Oct. 1, already.

“It’s an interesting area because we’re all going to be in the nursing home at some point in our lives,” Gavejian said. “It’s sort of an inevitability, and the health of that industry is an important thing for all of us to be aware of.” ■

FEATURE

Worker shortages continue in long-term care, despite high overall U.S. unemployment; an aging population and a growing number of positions may draw more employees in

Help (still) wanted

By John Andrews

Extensive research has shown healthcare to be an anomaly in an era of high unemployment. While most industries are turning away applicants by the thousands, healthcare — and especially long-term care — has plenty of vacancies.

As a result, the situation appears to be fortuitous for provider organizations that have gone begging for workers over the past couple of decades. The job market also appears to be responding in ways that could finally provide the industry with a volume of employees it has not experienced before, labor analysts say, though barriers and challenges continue to exist.

Already one of the largest domestic industries, healthcare provided 14.3 million jobs for wage and salary workers in 2008, the U.S. Department of Labor's Bureau of Labor Statistics reports. Moreover, the labor bureau's "Career Guide to Industries 2011" study reveals that healthcare is poised to grow much larger in the next decade, with 3.2 million new wage and salary jobs expected to appear through 2018.

"That is more than any other industry, largely in response to rapid growth in the elderly population," the report stated. "Ten of the 20 fastest-growing occupations are related to healthcare. Many job openings should arise in all healthcare employment settings as a result of employment growth and the need to replace workers who retire or leave their jobs for other reasons."

Among the fastest-growing jobs are positions in home health, nursing and residential care, the study found, because as life expectancies rise, "families are less able to care for their elderly family members and rely more on long-term care facilities." Occupations with the most replacement openings, such as nursing aides, orderlies and attendants, and home health aides are among those adding the most new jobs in the industry between 2008 and 2018 — about 592,200 combined. "By contrast, occupations with relatively few replacement openings — such as physicians and surgeons — are characterized by high pay and status, lengthy training requirements, and a high proportion of full-time workers," the report stated.

"Even though the jobless rate is up, we still suffer in skilled care from a nursing shortage,"

Diane Heasley,
Clinical specialist

Workforce 'complexities'

Deloitte Consulting has similarly studied healthcare's labor needs and has generated many of the same findings. Yet the firm also sees a disconnect between labor demand and supply: "The existing landscape of healthcare workforce supply lacks a consistent and comprehensive national overview of the full extent of professions and health workers active in the system. In particular, data on mid-level, allied healthcare and direct care workers such as home health aides is limited and poorly represents the full range of employment settings."

In a report called "The Complexities of National Healthcare Workforce Planning," the Deloitte group maintains that "despite the healthcare sector being an area of strong employment growth over the past decade, challenges in current approaches to health workforce planning relate to fragmented data collection, occurring in a range of jurisdictions with variation in data definitions and data captured.

"Comprehensive and comparable data sources for healthcare workforce supply information across a broad range of professions are lacking; current sources are limited, inconsistent, profession-specific and non-comparable. A national picture is difficult to establish. The lack of timely, available information further complicates accurate supply trend projections."

The study found that workforce participation — including entry, retention, exit and re-entry — is subject to "unpredictable and variable supply-side influences," including labor market factors such as access to professions, licensure requirements and skills portability, as well as structural workforce issues such as participation levels, workforce aging, lifestyle factors and gender. Demand-side variables include shifting utilization patterns of evolving consumer expectations of healthcare; utilization trends in service delivery, policy changes that impact pricing and payment systems; and the uptake of insurance and evolving service delivery models.

Other limitations of planning models include the comparability of data collected and the precision of data collection instruments, the study found, adding:

“Workforce planning models must consider changes in practice patterns, provider skills required by new team-based service delivery models, funding and payment models, changes in health risk, staffing models, technology innovations, and provider activity and productivity.”

Job opportunities

Labor analysts say healthcare (and especially long-term care) providers need to do a better job of promoting the career opportunities that exist and utilize academic and vocational institutions to steer students into health-related fields. Still, publicity about the glaring need for workers has been prevalent, as evidenced by a recent *CareerBuilder.com* Work Buzz blog that lists three healthcare positions in its top 10: home health aide, medical assistant and registered nurse. In particular, the medical assistant position is expected to grow by nearly 34% over the next decade, with the greatest need in physician offices.

Healthcare IT positions are also growing rapidly and the need for computer professionals in long-term care is expected to mirror that growth. Guillermo Moreno, vice president of the recruiting firm Experis, recently cited the evolution of various healthcare IT-related positions, and several seem applicable to long-term care, including chief knowledge officer (CKO), social media “guru,” informatics experts and clinical and revenue analysts.

The CKO is someone who understands how to manage the massively growing database of information provider organizations are collecting, said Moreno, adding: “They need to know what it means to use it and present it, so an organization can make solid decisions around whatever they’re focusing on.”

The industry also is starting to see more social media and communication professionals taking the spotlight and helping organizations understand how to navigate external and internal media sites, he said. “This includes marketing and consumer portals, with social media activity in context to that.”

Moreno says there is also a growing need for leaders in informatics integration and revenue analysts who can understand the impact of mandates such as the switch from ICD-9 to ICD-10 coding in 2013.

“These are areas that are going to be in high demand in the next four years or so,” he said. “If you follow what’s happening in the marketplace, cost reduction and cost containment is a great need. Long-term care providers need to start looking at themselves as part



Jobs are out there — if you know where to look, experts emphasize.

of the healthcare equation and that they should start positioning themselves in the IT environment.”

LTC still suffers

The general economy’s misery would seem to be an antidote for long-term care’s labor plight, but at this point it remains difficult to fill all the vacancies that exist, said Diane Heasley, former vice president of clinical services for DermaRite Industries.

“Even though the jobless rate is up, we still suffer in skilled care from a nursing shortage,” she said. “Licensed caregivers come out of nursing school like shiny new pennies — eager, excited, and wanting to be the best they can be. Clinically, they may have had three patients. Some have leadership programs, but nothing prepares them for getting their first job in skilled care, having a short orientation program then having to manage 60 residents. As an adjunct instructor in many schools of nursing, I see this repeatedly. New grads can’t find jobs in the acute side ... these jobs go to seasoned professionals.”

Even so, the need continues to be “dire” for CNAs and Heasley doesn’t see that changing anytime soon.

“Being a CNA is a really tough job,” she said. “Pay rates vary, but the work remains hard — grueling, in fact. A change in requirements for minimum staffing patterns to raise the direct care hours would help, but with Medicare cuts and facilities working on shoestring budgets, it could place even more financial strain on owners. Until the government sees that the only thing that changed between today and yesterday was the arena in which care is provided, then the disparity will continue.” ■

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Email: helpdesk@Care2Learn.com

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

Date founded: 1999

Presence: All 50 states

Type of services offered: Online Continuing Education and Compliance Training for the Post-acute Care Market

Number of programs offered: 400+

NEW Training: Care2Learn is continually adding new courses and inservices as well as updating our existing online education library to include essential topics such as QIS, MDS 3.0, Restorative Nursing Care, Safe Transportation of Passengers, and more. We're adding new clinically complex courses to support specialty units and expanding our SLP and PT/OT library.

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We built our company by bringing together our deep knowledge of senior care, specialized skills in technology and a passion for client service. Silverchair uses these core elements to help our clients successfully manage their training, empower their employees, actively engage and connect with their resident families, and provide the highest level of care to their residents.

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FastFacts



Website: www.silverchairlearning.com

Phone: (866) 805-7575

Email: sales@silverchairlearning.com

Address: 310 East Main Street, Charlottesville, VA 22902

Date founded: 2002

Presence: Nationwide (50 states)

Type of services offered: Online training for senior care employees; communications and feedback website for resident families; employee survey/feedback system

Number of programs offered: More than 250 courses for employees and families

right in the system (no waiting for a third party to edit your content). Silverchair is launching more reporting features and an improved offline tracking tool for 2012 that makes using the system even easier.

Unique Offerings

In addition to our online training system, Silverchair offers Silverchair For Families, a communication/feedback system that allows providers to actively engage and educate resident families to manage expectations and solicit resident and family feedback. Our newest offering, the Silverchair Employee Feedback System, is part of our learning management system and combines employee satisfaction surveys and training to deliver surveys, provide a high response rate, and give managers the analytics and tools needed to take action.

COMPANIES AT A GLANCE

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(866) 938-4608
www.adjustasink.com

Crossroads Hospice

1957 Lakeside Parkway, Suite 500
Tucker, GA 30084
(770) 270-9898
www.crossroadshospice.com

Prestige Senior Living, LLC.

7700 NE Parkway Drive #300
Vancouver, WA 98662
(360) 735-7155
www.prestigecare.com

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Care2Learn

4890 West Kennedy Boulevard
Suite 740
Tampa, FL 33609
(866) 703-9497
www.care2learnterprise.com

Kwalu

1835 Savoy Drive, Suite 200
Atlanta, GA 30341
(877) 695-9258
www.kwalu.com

Silverchair Learning Systems

107 Edinburgh South
Suite 206
Cary, NC 27511
(866) 805-7575
www.silverchairlearning.com

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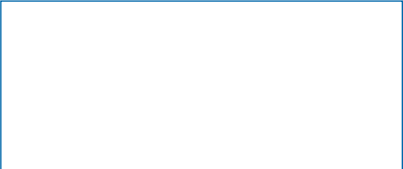
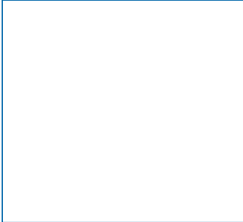
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