# Careers in the Continuum of Care

**Requirements and Opportunities**

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## Career Options
- Administrator of a Long-Term Care Facility (NF/SNF)
- Adult Services
- Hospice

## Iowa Licensure Board Requirements for LTC
- A BS/BA degree
- 12 credits of Health Care Administration
- 10 credits of Business'
- 6 credits of Gerontology
- 12 credits of Practicum the equivalent of 720 hours
- The Board requires the completion of an application and all college transcripts be submitted to the Board.
- The Board will review and approve applicant to sit for the NAB

## Director of Assisted Living Programs
- DIA (Department of Inspection and Appeals) requires a course regarding Assisted Living rules & regulations.
- 481—69.23(231C) Criteria for admission and retention of tenants.
- 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who:
  - a. Is bed-bound; or
  - b. Requires routine, two-person assistance with standing, transfer or evacuation; or
  - c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who:
    - 1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or
    - 2) Displays behavior that places another tenant at risk; or
  - d. Is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or
  - e. Requires more than part-time or intermittent health-related care; or
  - f. Requires medical assistance with activities of daily living.
- There is no exam at this time.

## Adult Services
- Other options in the continuum of care for frail elderly:
  - Director of Assisted Living
  - RCF
  - Home and Community Based Services (DHS)
    - AIDS Waiver
    - Brain Injury Waiver
    - Children’s Mental Health Waiver
    - Elderly Waiver
    - Ill and Handicapped Waiver
    - Intellectual Disability Waiver
    - Physical Disability Waiver
  - Home Health
  - Adult Day Care
  - Congregate Meal Sites/Senior Centers
  - Activity Coordinator

## Opportunities
- We have a growing senior population
- The need for administrators, director and managers in the continuum of care will continue to grow.
- Many current administrators are at or close to retirement.
- The large CCRC may have both an administrator and an assisted administrator.
Paradigm Shift

- Facilities that have in the past provided care for the frail elderly have followed a medical model.
- There is a movement under way to change the environment to a social model.
- The goal is to provide both a quality of health and a quality of life for the residents or tenants.

Design of Long-Term Care Facilities

- Long-term care facilities were modeled after hospitals.
- They adhered to a structured schedule.
- Residents were not given choices.
- As residents show an increase in depression and behavioral issues there is an increase in medication.

CULTURE CHANGE

- Changing the culture is achieved through person-directed care.
- Person-directed care promotes the empowering of residents and staff to create a better environment.

Dr. Bill Thomas

Doctor Thomas, who served as the medical director in a nursing home, observed that the elderly suffer from:
- Boredom
- Loneliness
- Helplessness
- Loss of control
COMPARING MODELS
- Medical Model
  - Regulated environment
  - Loss of independence
  - Loss of privacy
  - Comply with facility schedule
  - Environment stays the same no matter who comes & goes
- Social Model
  - Meet regulations
  - Choices
  - More privacy
  - Self-determined schedule
  - The community changes based on who is living, growing & contributing

GOAL
- To change the environment by making it a positive place to live and work
- To provide residents with choices
- To allow resident autonomy
- To help residents feel more in control of their own life’s
- To develop better relationships between staff, residents and families.

OVERVIEW
- Person Directed
  - Individual receiving services is the “driver” of the services
  - Focus is on individual and their needs
  - Home is the main focus and compliance is also achieved.
  - Budgets are met through increasing census and decreasing turnover thereby increasing the quality of care.
- System Centered
  - Outcome measurements are crafted on external controls
  - Political agenda
  - Compliance serve the system rather than individuals
  - Budgets are met through decreasing services but turnover continues to be a concern and lowers the quality of care.

POSITIVE OUTCOMES
- Increased resident satisfaction
- Increased family satisfaction
- Employee job satisfaction
- Reduced staff turnover
- Become the facility of choice
- Cost effective

“Honey, I’ve been through 2 world wars, the Great Depression, taught 3,297 children, administered 4 elementary schools and outlived everyone of the pastors I worked with. I’m 89 years old and you’re telling me it’s bedtime.”
LOOKING AT THE CHANGES

- Residents get up & go to bed on their schedule
- Residents decide on their bath schedules
- Open dining with food choices
- Facility is designed into neighborhoods
- Residents name their neighborhoods
- Consistent staffing in the neighborhoods
- Residents participate in selecting activities and outings in their neighborhood

NEW TYPES OF HOMES

Homes that are implementing person centered care

Eden Alternative:
An environment with cats, dogs, plants, birds that promotes a feeling of home.

Green House:
Smaller home with 15 – 20 residents with private rooms, living room, kitchen & dining area and staff and residents are involved in all aspects of daily living.

In Closing