

## **Best Practices for Shared Administrators**

The following guidance is identified as best practices from interviews with Minnesota shared administrators currently serving in those roles. As the Administrator of Record (AOR) practices are beneficial whether in a single or shared campus. Although not written into statute or rule, this guidance document is provided to meet contemporary practice standards.

- *Be Available:* residents, family and staff must be able to communicate with the Administrator as research demonstrates the critical 'central role' of the administrator in creating successful daily operations.
- *Be Visible:* Use of Management By Walking Around (MBWA) –relationship building is key in long term care administration. The art of 'rounding' or MBWA is used to describe the administrative quality improvement managerial rounding. Skilled administrators are aware of the emerging evidence of the administrator being engaged in environment quality improvement rounds, while informally developing and engaging in staff and resident satisfaction.
- *Gain Initial support by management team;* Feedback by successful shared administrators suggests that both the existing and the new team must be willing to accept new responsibilities and support the role of a shared administrator for both facilities to be successful. The administrator needs to promote and develop leadership skills of the merged management team and key staff. The administrator should enable training and delegation to those emerging leaders. The NAB "Domains of Practice" or the knowledge, skills and tasks core competencies of the administrator are available on the BENHA website and virtually all of the listed aspects can be delegated when training occurs with return demonstration. Delegation needs to be continuously assessed and monitored by the administrator. Management teams are successful when the administrator supports, educates and develops mutual trust with all team members.
- *Enhance the use of technology to support team communication;* Administrators informed the board of key successes such as being capable of reviewing the electronic medical record for significant changes, maintaining daily contact. Others use email, telephone, or a web cam for a daily stand up meeting. Use of the cellular phone or other electronic means for both sites to contact the Administrator of Record is essential. The administrator must establish communication expectations of critical, emergent communications but also establish boundaries for essential, yet standard operational issues. The board understands the 24/7/365 day operational status of the community needs and the need to create non-work life balance for long term personal success.
- *Delegation of Authority;* clearly define who is in charge in your absence and what specific tasks are delegated. If provided the education and policy, many tasks can be delegated to other leaders. Those tasks require clear direction as to who has the delegated responsibility for specific roles. The Administrator remains ultimately responsible for 'ensuring' the completion of the NAB Domains of Practice. Administrators at shared positions receive a copy of the NAB Domains of Practice which lists the acceptable and prevailing community practice standards. Minnesota Department of Health Rules 4658.0060 also lists the responsibilities for the Minnesota Administrator which should be reviewed and specifically determined as to what the administrator views as delegable and what is retained at the LNHA authority level. The Delegation of Authority needs to be written and shared for family, resident and staff.

- *Joint Opportunities:* Consider the potential of the human and technical resources at both sites to promote new programming by joint strategic planning, shared expertise by discipline, temporary job assignment sharing for open management positions, internal quality assurance audit and peer review. Create new learning opportunities for both communities to excel using the collective team talent.

The BENHA expectations to meet the administrator's professional conduct and conform to meet the minimum standards of acceptable and prevailing practice include:

- An administrator will be the lead individual involved in the CMS compliance surveys, unless the administrator is on vacation or temporarily unavailable. No other staff member more completely understands the combination of the clinical and non-clinical operations. The Administrator core competencies clearly list the minimum understanding of expected resident care and quality of life knowledge, skills and tasks. The AOR must ensure administrative oversight of the survey process, and the formal response to the survey results. Clearly, delegation of the response and collaboration is necessary, but the AOR should be the final owner of the final response.
  - VAA Reporting system - ensure the internal system operates effectively with the current laws of the state of Minnesota. Current expectations are for the administrator to be informed immediately when a significant event has occurred at the organization.
  - Quality Assurance and Performance Improvement: Quarterly meeting attendance is required by MDH rules for the Administrator. Regardless, communities with synchronized leadership using Continuous Quality Improvement principles guides the organizational forward, recognizing human error and system correction.
- *'Just Cause' Philosophy:* The board strives for a culture that balances the need for a non-punitive learning environment with an equally important need to hold persons accountable for their actions. The board understands human errors in a community environment and the daily judgments that must be performed by educated, prepared staff members, including administrators with reasonable protection of residentially based elder services. The Just Cause philosophy attempts to distinguish between human error, at risk behavior and intentional risk behavior.