

Conversations with Leaders in the Field of Patient-Centered Care

One of the ways Picker Institute supports patient-centered care is by recognizing people in healthcare who have made significant contributions to achieving patient-centered care worldwide. Conversations with Leaders in the Field of Patient-Centered Care is a regular feature that highlights people who have promoted patient-centered care in their work or through their organization. This Conversation is with David Farrell, the director of organizational development and regional director of operations for SnF Management in Berkeley, Calif.

A Conversation with David Farrell, MSW, LNHA



David Farrell

*David Farrell is a licensed nursing-home administrator who has spent his entire career in the long-term care profession. He started as a certified nursing assistant in order to earn extra money while attending college, an experience that inspired him to pursue a master's degree in social work with a concentration in gerontology and administration from Boston College. In the 25 years he has served as a nursing home administrator, Farrell has advocated for culture change using quality improvement practices. He is a co-author of the best-selling *Meeting the Leadership Challenge in Long-Term Care: What You Do Matters*, which includes an account of his year as the administrator of an inner-city nursing home and his success in turning the troubled facility into a profitable organization with a substantial increase in the health and well-being of its residents. While working for state Quality*

Improvement Organizations, he played a lead role in the National Nursing Home Quality Initiative. Currently, Farrell is the director of organizational development and regional director of operations for SnF Management in Berkeley, Calif.

As a nursing home administrator, you have made a rare success of containing the costs of healthcare without endangering its quality. What in your management philosophy makes this possible?

Quality equals profitability in LTC settings. So . . . it's not so much about containing costs as it is about shifting from inefficient and wasteful expenses to wise investments. I want to invest in better-quality food, and to do so I will contain employee overtime by stabilizing the staffing. Therefore, I spend a considerable amount of time focused on controlling labor costs while staffing at a high level.

Do you think this success can be duplicated at other facilities, or is it a lucky combination of your personality/expertise and the power structure?

I really don't think what I'm doing is rare. My experience and the research demonstrates that the highest quality nursing homes have excellent outcomes across a broad base of performance metrics. The outcomes are interrelated. What I did is being replicated at other homes, and the entire profession is gaining a deeper understanding of how to do it.

Your account of a year as an administrator in a nursing-home facility is thoughtful, compassionate and compelling. What prompted you to, first of all, keep the journal and, second, publish it as a handbook for other administrators?

I recognized that a first-hand account of the challenges associated with trying to manage a complex organization like a nursing home was missing. I had enjoyed reading *Making Gray Gold: Narratives of Nursing Home Care*, by Timothy Diamond, which was written from the perspective of a CNA. I wanted to contribute to this field by documenting my efforts to take a troubled inner-city nursing home and make it better—a better place to live, to recover or to work. And let's face it: Nursing home administrators are not exactly held in the highest esteem by the general public. Hopefully, this journal provides a glimpse into both the business and the emotion of this job. I don't consider myself unique. Most of the administrators in this field are amazing, compassionate leaders.

As an administrator you were very close to your residents. Does your present position permit that same closeness?

I've been running a different nursing home in Oakland now for the past eight months, so I'm very close with my residents there. I'm still doing other things. But these opportunities keep coming up, so I have lots of time with residents.

Have you seen the kind of “culture change” you describe gaining any ground? What do you think of the prospects for widespread reform?

Culture change and quality are now linked in the minds of LTC leaders, and that's not something that could have been said five years ago. Nursing home executives see culture change as the path to quality outcomes. The process of making deep, widespread organizational change is still complex for most. But every critical step of every possible change is now documented and available for free. So the foundation has been built.

What is one of the things you like most about the work you do?

I'm fascinated by the people who work in nursing homes. The people side of this business requires such an incredible investment of time on the part of the leadership team. Successful nursing homes have leaders who are willing to make that personal investment of themselves to engage the staff.