



WHERE HAVE ALL THE LTC STAFF GONE?

PHARMACY PARTNERS HELP FILL THE VOID

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THE BURNING QUESTION: WHERE HAVE ALL THE LONG-TERM CARE STAFF GONE?

Innovative practices, powerful technology and workplace culture can help ease provider workforce burdens in a timely manner.



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THE RIGHT EDUCATIONAL TOOLS HELP SNFS COPE WITH THE LABOR SQUEEZE

Predictive supply-chain programs help Omnicare deliver for its clients.



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NAVIGATING THE SURVEY PROCESS IN PARTNERSHIP

With the right support, skilled nursing staff can commit more energy to essential care and med management tasks.



A PRESCRIPTION FOR STAFFING AND STRESS RELIEF

As anyone involved with long-term care knows, workforce recruitment and staffing retention challenges are off the charts. As a result, help is being sought, and found, in places that might not be top of mind for stakeholders. That includes the consultant pharmacist ranks.

Pharmacy partners such as Omnicare can help alleviate strain by providing valuable tools and additional resources. Whether it's job delegation, enhanced technology or improving workplace culture, there are many viable options for improving workforce quality and staying power.

As normal regulatory surveys begin to take center stage again, providers are going to have to be at their sharpest with everything from medication ordering and reordering to immunizations — both new and old. As a trusted, long-term partner, we're always here to help.

Todd King, Pharm.D., CGP,
Senior Director of Clinical Services
Omnicare, a CVS Health company



WHERE HAVE ALL THE LONG-TERM CARE STAFF GONE?

PHARMACY PROVIDERS LOOK TO ASSIST AN INDUSTRY STRUGGLING TO HIRE, EVEN AS CENSUS BEGINS TO GROW

By Amy Novotney

Workforce challenges have always been prevalent within the long-term care industry, but a recent survey by the American Health Care Association and National Center for Assisted Living suggests the pandemic has pushed staffing concerns to dire levels. Nearly three-fourths of nursing homes and more than half of assisted living communities say their facility's overall workforce situation has gotten worse compared to 2020.

A distressing 94% of nursing homes and 81% of assisted living communities were facing a shortage of staff members, according to an AHCA/NCAL survey of 616 nursing homes and 122 assisted living communities across the U.S. in June. More than half of facilities were actively trying to fill vacant positions for certified nursing assistants, licensed practical nurses, registered nurses, dietary staff and housekeeping at the time.

Early retirements and concerns over the virus are much to blame for the industry's current staffing challenges, said Corinne Bishop, RN, CRRN, CRNI, director of clinical nursing services for Omnicare, a CVS

Health company. She noted that pre-pandemic, many long-term care nurses were working past retirement age.

"When COVID hit and it was announced that anyone over age 60 was at higher risk of complications, nursing facilities lost a significant amount of staff," she said. "If people had the means to retire at that point, they retired, rather than putting their lives at risk."

Many other staff voluntarily chose to leave the industry amid the pandemic, often due to concerns over their risk of contracting COVID-19, she added.

BEYOND AN INDUSTRY PROBLEM

Inadequate staffing has long plagued nursing homes and quality of care for the residents who live in them. But the pandemic exposed these issues more sharply, noted Robyn Stone, DrPH, LeadingAge senior vice president for research and co-director of the LeadingAge LTSS Center @UMass Boston.

It's also led to staffing challenges within nearly every sector of the country, she added. Other types of healthcare providers, restaurants, airlines and employers in a wide range of industries in between are struggling to attract job candidates despite offering bonuses and improved wage-and-benefit packages.

"Part of the challenge we see is that this is beyond an industry shortage — all sectors are experiencing shortages," Stone said. "The pandemic has changed attitudes around how much people are willing to accept."

She also noted that anecdotally, she's heard that many CNAs and nurses are leaving their roles within facilities to go to staffing agencies, where hourly wages have increased exponentially amid the pandemic.

Bishop agreed, noting that in addition to better wages, nurses and CNAs may have more flexibility with schedules working for an agency. Some facilities are now almost 100% agency staffed, which leads to an additional set of challenges, particularly from a regulatory perspective.

"An agency nurse that is filling in is getting paid a lot of money to work an eight-hour shift. He or she may not know the regulations

"Strong organizations with good, healthy work cultures have been able to bear the brunt better than others"

—Robyn Stone, LeadingAge

required by the Centers for Medicare & Medicaid Services," Bishop said. "The limitations that using staffing agencies puts on nursing facilities are huge."

She also noted that many agency nurses refuse to administer IVs, which greatly limits a facility's ability to admit new residents, particularly some medically complex patients that hospitals need to refer for post-acute care.

"Even now, when we're at a critical time trying to recover census, some facilities just don't have the skilled staff to take care of complex patients," Bishop said.

PHARMACY PARTNERS PITCHING IN

Long-term care pharmacy partners such as Omnicare can help skilled nursing facilities overcome some of these challenges, Bishop noted.

While Stone and Bishop agree that these COVID-related staffing shortages are likely temporary, the field will still be dealing with them for a few years.

"I don't think there's going to be a huge influx of nurses entering the field in time to make any kind of impact over the next few years," Bishop said. In

response, Omnicare and others are working with customers to consider what's possible in terms of nurse delegation. This may include exploring the use of certified medical technicians where permissible, as opposed to licensed nurses.

"There are people that can do these in-demand frontline jobs that don't always need the level of training at which the field has been hiring, and that may be one solution right now," Stone said.

While many states still have strict nurse delegation rules, Stone noted that it may be time to try and work more closely with state boards to get them to realize that the COVID crisis has shown that the long-term care industry needs to have more nimble and flexible staffing requirements and allowances.

Bishop also encouraged facilities to embrace Med-Tech programs if allowed in their state.

"We're currently partnering with several customers to explore this option to help them with staffing," she said.

It's also critical for LTC partners to support their customers' efforts to promote a strong work culture, Stone noted.

"Anecdotally, we've seen that really strong organizations with good, healthy work cultures have been able to bear the brunt of all of this much better than others," Stone said. "Burnout and trauma are taking a toll right now because there's been much more loss, grief and stress than normal, and there's something about having a culture that empowers, trains and supports its staff that makes a difference." ■



THE RIGHT TOOLS HELP SNFS COPE WITH LABOR SQUEEZE

SIMPLIFYING REGULATORY SPEAK, PROVIDING PORTABLE RESOURCES AND TRAINING GET STAFF UP TO SPEED QUICKLY

By Amy Novotney

Before the onset of the COVID-19 pandemic, when a pharmacy partner or state surveyor entered a long-term care facility, they often found experienced staff members ready and willing to discuss antibiotic stewardship and psychoactive medication usage.

Those terms are a bit more foreign these days, amid industry staffing shortages, with some facilities forced to rely on an abundance of agency staff to help fill shifts.

“One of the biggest challenges we see is that agency staff aren’t familiar with the terminology for the Centers for Medicare & Medicaid Services regulations for long-term care,” said Shannon Wright, RN, BSN, director of clinical nursing services for Omnicare, a CVS Health company. “As a result, our customers are asking us for help with tools so that they can quickly train the agency staff.”

Wright added that facilities these days simply don’t have time for new staff or agency nurses to go through a two-week orientation process as they did before. Instead, they’re looking for materials that can be easily displayed at the nurses station and throughout the facility.

“We all have to pick our battles at this point on the education front,”

Wright noted. “We need the residents taken care of, and we have to meet in the middle and figure out the best way to do that.”

In an effort to help, Omnicare has developed “shortened CMS Pathways” offering clear explanations of regulations so new staff or those coming in from an agency can get a fast, thorough view of the long-term care regulations.

“Customers are asking for quick, effective educational materials that can be used on hire and ongoing for agency staff as a tool to guide them daily through their shift,” Wright explained. “We are working to shorten some of our educational materials to accommodate that need — while still meeting the regulatory requirements — as

we move forward in the staffing process we're in in long-term care right now."

TRAINING ON THE GO

Omnicare has long provided nurse education and skills competency training in long-term care so customers don't have to recreate the wheel and develop their own. The company has a team of nurses that can provide the training on-site. Amid the current staffing crunch, however, enhancing clinical skills has had to take a backseat to infection prevention education and patient care needs, said Corinne Bishop, RN, CRRN, CRNI, director of clinical nursing services for Omnicare.

As a result, the company has been working to make its training programs even more succinct and to the point, providing additional handouts and reference cards rather than more in-depth training programs, Bishop noted.

"We're really working to tailor our programs around the nursing shortage right now," she said.

For example, Omnicare offers a med pass review video that covers all the basic principles of a med pass. At only 12 minutes long, it is something Bishop said she's been recommending customers show to all their incoming agency staff as they wait for the results of their rapid COVID tests to come back.

The firm also has been working to provide simple tools for staff, including med pass checklist and "cheat sheet" reference guides on how drugs, insulin and controlled substances need to be stored. Even simple reference cards with the pharmacy's phone number, fax number, hours of operation, and



requirements around what medications can be submitted electronically, which must be faxed and which require a phone call, now go a long way toward helping prevent ordering and reordering errors, Bishop said.

"They don't need a 40-page dissertation right now on how to do a med pass following CMS regulations," Bishop said. "They need quick bullet points. Omnicare has a lot of those tools in place already and we're always looking at opportunities to provide more."

The firm has also seen demand as of late for its "quick reference ring" that offers laminated cards for the top 12 intravenous medications a nurse might be administering. The ring hooks to the med cart and lists the key things the nurse needs to do for each infusion.

"Those reference tools help the agency nurses feel more comfortable," Bishop explained.

Heading the time crunch LTC staff continue to face, Wright and Bishop also pointed to the popularity and convenience of Omnicare's "Clinical Nurse Highlights," stand-up in-services provided to facilities in 15 minutes or less by Omnicare's clinical nursing team when potential issues are identified during a quality review visit.

"These are usually related to pharmacy products and services, such as ordering and reordering medications and medication storage procedures," Wright noted.

The firm also has launched a deep podcast series that provides information and training that nurses can listen to on their work commute. Recent episodes have focused on topics such as "Vancomycin Lab Monitoring" and "Preventing Drug Diversion in Post Acute Settings."

"We are trying to help facilities with identifying creative solutions in terms of finding the time to train staff," Bishop said. ■



NAVIGATING THE SURVEY PROCESS IN PARTNERSHIP

AS COVID FADES, PHARMACISTS CAN ASSIST PROVIDERS IN PREPARING FOR BROADER ENFORCEMENT TO RAMP UP AGAIN

By Amy Novotney

Regulatory compliance is a key component of a skilled nursing facility's success. Yet, amid long-term care's current staffing challenges, facilities may be a bit concerned about handling their next state or federal survey.

Thanks to COVID-19, nearly every facility's survey schedule has been thrown off course, but things are edging closer to "business as usual" when it comes to inspections. One thing hasn't changed: Partnering with a consultant pharmacist for survey preparation and support can help facilities improve their survey scores, says Shannon Wright, RN, BSN, director of clinical nursing services for Omnicare, a CVS Health company.

"Our job is to really work with our customers to figure out what's going on in their facilities and what are the root causes behind their citations," Wright said. "Then we figure out how we can help them prevent these issues in the future."

Omnicare is also dedicated to sharing information and updates with all of its nurses so they can spread the word to other facilities about what needs to be addressed prior to their next survey.

TAKE A REFRESHER ON MEDS ORDERING

One of the biggest concerns Omnicare staff has been hearing lately from customers has been errors made during the medication ordering or reordering process, Wright said.

“With all of the staff turnover and agency staff, we’re seeing more issues in that area, so we’ve been really working closely with customers to determine whether it’s an electronic medical record issue or an education issue with staff,” she said.

In response, Omnicare released a short video for its customers earlier this year that provides a refresher on the basics of ordering and reordering medications.

Nancy Losben, RPh, CCP, FASCP, CG, senior director of quality for Omnicare, noted that the company’s consultant pharmacists also work with facilities to make sure residents are using the right drug or medication at the right time — in the right strength, and with good reason.

“One of the good things that happened during COVID was that there was a lot more appropriate prescribing, or what some people term as ‘deprescribing,’” Losben said. “So there may actually be fewer medications being used right now in skilled nursing facilities, and that’s a good thing.”

She noted, however, that as facilities begin to see an increase in new admissions, there likely will be some “medication creep” that occurs. Consultant pharmacists “will see additional drugs being used that may not be necessary.”

Losben also added that consultant pharmacists can be a key player in engaging facility staff, residents and family members in discussions around the appropriate use of antibiotics, as well as the role of immunizations in preventing infections.

“Pharmacists really have knowledge of immunizations by virtue of their education, and they are really

“Consultant pharmacists can serve as critical members of a facility’s interdisciplinary infection control team.”

— Nancy Losben, Omnicare

stepping up to help overcome vaccine hesitancy,” Losben said.

They also can be a great asset to help facilities continue to stay on top of non-COVID immunizations.

“We don’t want to see facilities drop their focus on shingles, influenza or pneumonia vaccinations given all the attention being given to COVID,” she said. “Consultant pharmacists can serve as critical members of a facility’s interdisciplinary infection control team to help the infection preventionist, medical director and director of nursing manage these types of issues.”

INFECTION CONTROL REMAINS FOCUS

Consultant pharmacists are seeing big changes in their daily routines when it comes to working with facilities.

One of the biggest, Losben noted, is the need for pharmacists to be in ongoing contact with a facility before they come for a visit. For example, before a consultant pharmacist or non-nurse arrives at a facility now, they need to touch base with the facility to find out if there are any illnesses, and ask

about the facility’s policies and procedures for entering.

“Some facilities are now requiring that all vendors are vaccinated against COVID-19 in order to be admitted, and some ask that vendors bring their own personal protective equipment,” Losben noted. “Those are the types of things we need to accommodate for our customers and think about before visiting a facility.”

She added that it’s also essential for pharmacists to plan their day around managing infection control. It’s important to start with buildings that have no communicable disease and then, if they need to enter a facility where COVID, pneumococcal infections or influenza is present, they make that the last place they visit.

“Those are the types of infection prevention thoughts that we have in the process to work with the facility teams to prevent infections, but that’s a really big change for us,” she said.

And yet, pharmacists must remember that there are still medication-related issues outside of COVID-19 and infection prevention that cannot be overlooked, experts emphasize.

As one veteran pharmacist notes, just because all eyes have been on COVID doesn’t necessarily mean that all other medication concerns have disappeared.

“We really need to continue to look at the big picture,” she said, “and approach our care from a holistic viewpoint.” ■

For more information:
[omnicare.com/what-we-offer/staff-tools-and-support](https://www.omnicare.com/what-we-offer/staff-tools-and-support)