



WebinarPLUS⁺

HOW TO STREAMLINE TASKS AND INCREASE CARE IN THE COVID ERA

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What a year 2020 was.

“We started off with a pandemic, moved on to some social unrest, national elections and now the second wave of the most serious pandemic to hit our country in more than 100 years,” says Omnicare President Jim Love, who figuratively leapt from the frying pan into the fire in his new role just as the pandemic was ramping up in the spring.

Now, senior living operators find themselves part of an unparalleled event, the aptly dubbed “twindemic” of influenza and COVID-19.

To help, Omnicare, the long-term care pharmacy of CVS Health, recently sponsored a *McKnight’s Senior Living* webinar to educate senior living health and wellness directors, executive directors and others on how to juggle the priorities of providing more hands-on resident care and tending to the administrative and operational parts of their jobs.

STRONG VACCINATION PROGRAMS NEEDED

COVID-19 and influenza present themselves similarly in older adults, share similar transmission behaviors (primarily by contact, droplets and fomites) and are best avoided through hand hygiene and respiratory etiquette such as sneezing into one’s elbow. But they are markedly different in several ways, explained Nancy Losben, R.Ph., CCP, CG, a consultant pharmacist and chief quality officer for Omnicare/CVS Health.

One difference is that COVID-19 has a much longer incubation period — five to six days — compared with three for influenza. And COVID-19 also is significantly more powerful: One COVID-infected person easily can infect up to three people.

And as every senior living community caregiver has come to learn, the severity of and mortality from a COVID-19 infection increases with age. The elderly, meanwhile, are joined by children and pregnant women as the riskiest targets of a flu infection.

The point of all of this information is to drive home the importance of strong vaccination programs and clinics, said Derek Darling, Omnicare’s vice president of strategy, marketing and internal operations for long-term care.

The toll from the flu alone is staggering, Darling explained. Each year, American businesses take a hit of more than \$16 billion, and 17 million U.S. workdays are lost due to influenza, he said. On the flip side, workers who are vaccinated lose up to 45% fewer workdays, and a reduction of up to 60% of flu cases is seen each year in the

overall population co-mingled with vaccinated people.

VACCINES HAVE VALUE, BENEFITS

The more obvious benefits of vaccination include lower health risks, lower costs from fewer primary care visits, better health and less antibiotic and antiviral resistance and, of course, productivity gains from better outcomes.

Care-related productivity is a less obvious benefit. “When we take care of the caregivers, we release them to do hands-on care and supervision for unhealthy seniors,” Losben noted.

A significant benefit also comes from overall improved health in the greater population that includes the unvaccinated, she added.

Even more profound are the long-term benefits of staff vaccination, which will make 2021 a better year than 2020 due to freeing hospital capacity from continual over-taxed COVID admissions and much fewer sick days, Losben predicted.

STILL, RESISTANCE LOOMS LARGE

Losben warned senior living caregivers not to become complacent even if they struggle to manage the demands of the flu season while working alongside potentially sick co-workers and dealing with even more pressing worries over their own families.

“We need to convince our staff now more than ever if they have any fears that vaccinations aren’t the right thing to do,” she said.

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When it comes to residents, Losben said: “Most seniors today in long-term care, regardless of setting, have been witness to the wonder of vaccines. They all lived through a national polio vaccine program in the Eisenhower era and saw it eradicated from the United States. And that is what I will use to remind them that vaccines are not harmful. There isn’t a single one — be it flu or COVID injections — that has a trace of live vaccine in it.”

Personal protective equipment does not negate the usefulness of a vaccine for staff members, she said. “They may be wearing masks in the facility, but they’re not wearing masks everywhere else,” Losben said.

Communities should aim for a vaccination rate of at least 90% of residents and staff members to achieve herd immunity, she said.

* COMMUNICATION A LARGE HURDLE

How senior living employees handle the flow of information during vaccination season — from staffing and COVID-19 testing and results to process changes and family interaction — could make or break the success of a vaccine rollout.

The challenges are innumerable and include how one interacts with staff members and all of the allied people who come and go during the course of work; recording, communicating and monitoring test results; and learning how to use telecommunications or telemedicine — technologies that are being used more and more for a variety of purposes, Losben noted.



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—Nancy Losben,
R.Ph., CCP, CG

Communicating process and policy changes has become more complicated and involved, and the way caregivers and business staff members interact with families has changed. “Sometimes, you’re standing at the door to speak to a resident who may be infected, if you’re not a hands-on healthcare provider,” Losben said. “But you’re also listening to family members and working with them over video or calling them more often because we haven’t been able to see them one-on-one.”

And there seems to be less and less time to communicate effectively.

One solution to communication challenges, Losben said, is to enlist the services of a consultant pharmacist or nurse practitioner “to lead the way in demystifying the misconceptions about influenza vaccine and get to that 90%-or-greater goal that has been set for long-term care staff.”

CLEAR THE CLUTTER AND STREAMLINE COMMUNICATION

Minimizing unnecessary paperwork while concentrating on items such as resident assessment tools can help communities go far in communicating effectively

within their own buildings and to communicate with outside providers, Losben and the other presenters said.

Several years ago, the Centers for Medicare & Medicaid Services introduced the “Patients Over Paperwork” initiative in response to a presidential executive order that directed federal agencies to cut red tape and reduce or streamline bureaucratic rules, increase efficiencies and, in the agency’s case, improve the beneficiary experience.

Although applicable to only a small portion of long-term care settings outside of skilled nursing that care for Medicaid beneficiaries, the initiative provides several valuable practices and lessons that can help senior living providers, Losben said. Improved and more efficient communication has been linked to better resident and patient outcomes, safer work environments, decreased adverse events and improved care transitions, she added.

“These are the types of things we can shore up today to ensure we’ll be ready for the ‘twindemic’ that is upon us,” Losben said.

Obtaining communications and information passively from the Food and Drug Administration,

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the Centers for Disease Control and Prevention and other agencies more efficiently is a good first step. Losben encouraged senior living professionals to sign up for various health alert distribution lists from federal, state and local government agencies.

She also encouraged professionals to streamline communication with physicians/prescribers, labs, pharmacies, ambulance companies, and outside vendors and service companies in dietary and maintenance, to name a few areas. Ensure the information comes directly, and regularly monitor fax machines and email programs.

TECH'S ROLE IN EFFICIENCY

Accomplishing the goal may mean exploring and using the best available technology, such as tablet computers and cell phones, and working with electronic health records and Wi-Fi vendors to determine how to get needed information as quickly and hassle-free as possible.

"These are just some of the ways to decrease paperwork and increase time for resident care," Losben said.

A recent experience witnessing a hospital discharge was an epiphany, she said.

"I watched the nurse come into the room and sit down just before the patient left the facility. Using a cell phone, she verbally checked off all of the patient's medications; another tap on her phone and she was wirelessly printing out home care directions and details on the next doctor's appointment," Losben said. "The patient then received a phone call to confirm all of what just happened. The nurse

keyed in an important number on the resident's phone."

The lesson? "We need to think about new ways and new technology by using ingenuity and asking more questions," she added.

MAJOR OBJECTIVES AHEAD

To Losben and the other webinar speakers, the path toward complete efficiency and resident care excellence boils down to three major initiatives.

First, they advised operators to improve communication systems with ancillary care providers. During the pandemic and flu season, for example, such systems could expedite the way clinical information is communicated about residents who have respiratory symptoms. Doing so could stave off much more severe and potentially deadly COVID infections.

Second, they said, decrease the administrative time spent on the management of medications and pharmacy services. Pharmacy service efficiencies such as streamlining medication passes and prior authorizations can help.

For example, some states allow prescribers and pharmacists to join a collaborative practice agreement, or CPA, permitting a pharmacist to obtain the prior authorization under certain circumstances. The CDC describes CPAs as "a useful mechanism for increasing efficiencies of team-based care."

Other areas for improvement include automation and medication management. Toward this end, the speakers suggested multidose and special blister card packaging; automated dispensing machines;

automated refill systems that use bar codes; and a method called "deprescribing unnecessary medications," which not only decreases nurse time needed but also minimizes the risk of COVID-19 transmission among staff members and residents.

Finally, operators will want to select the best tools to assess residents' conditions during COVID-19 and the 2020-2021 influenza season. "Doing so will ensure you have made the correct assessment to inform physicians and also comply with regulations provided for skilled nursing facilities and best practices for assisted living facilities," Losben said.

One particular tool she recommended is Situation, Background, Assessment, Recommendation. Created by the U.S. Navy to communicate information on nuclear submarines, SBAR is used to improve the effectiveness of communication between individuals. An example of its relevance to long-term care can be seen in an evidence-based tool that allows a caregiver to expedite a resident assessment and reduce nursing time by ensuring they have the right information at hand when discussing a resident's symptoms with a physician so they get the care they need, Losben added.

Those and other operational issues "need to be addressed sooner than later — actually urgently," she said. ■

The original webinar, "Patients over Paperwork"— Improving Operational and Clinical Efficiencies to Advance Resident Care During a Pandemic," is available at www.mcknightsseniorliving.com/111720webinar.