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# HOW TO INCREASE OCCUPANCY BY LEVERAGING YOUR PREFERRED PHARMACY

With occupancy pressures and staff turnover affecting senior living communities across the country, increasing numbers of operators are looking for new ways to improve their census and provide high-quality services and care.

For many, leveraging a single “house” pharmacy is a proven way to meet those challenges, according to Brady Ford, account management director, senior living for Omnicare.

“A significant piece of this

is how senior living operators have access to medications for their residents and where they can go to get medications in a pinch,” Ford said during a recent *McKnight’s* webinar sponsored by Omnicare, a CVS company.

“What bad looks like is having 10 pharmacies for your 30 residents. What less-than-quality care looks like is having to call a daughter two hours away on a Sunday because you need some pepto for a resident with a stomach ache. What unfair looks like is having to wait two days for a mail-order pharmacy to FedEx a necessary medication.

“All of these anecdotes place undue stress on the caregivers

as they are on the frontline of seeing their residents suffer.

“The concept of having your own pharmacy — the idea that this is your home and your place of work and you have a pharmacy that works for you — is a major advantage when utilized to its highest potential.”

Ford and others recognize how polypharmacy exacerbates work challenges now facing every assisted living community.

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### Occupancy pressures

The occupancy metric has been in a downslide — an average of 85% and dipping. With it comes a loss of profitability. “You need residents to be safer and live at your community longer, because turning that bed over is a major challenge you face,” Ford said. “Competition is fierce for potential move ins.”

Complicating matters is more and more seniors are delaying decisions to move to an assisted living community. By the time they do, they are generally sicker and more frail, taking more medications and needing more services. As a result, most communities are turning over their resident population faster than ever, creating even more stress. The problem has a cascading impact on operating costs, and the higher fees operators pass on to incoming residents leads to higher living costs and ultimately, declining numbers of new customers.

### Ever-changing state regs

As the level of resident acuity rises and care issues become more critical in assisted living, so are the challenges wrought by regulations, many of which are increasingly complex and unclear.

According to Ford, more than half of the 50 states will be proposing, formally reviewing, or considering changes that would affect assisted living communities in the coming year.

### Workforce issues

Another problem: Employment opportunities and the size of the assisted living labor pool are going in opposite directions. Much of it is due to wage pressures and adverse working conditions such as excessive overtime



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**Staff must be able to articulate the benefits of using a single pharmacy.**

and undesirable weekend and holiday shifts.

Turnover currently averages 31% and is rising, and the challenges and complexities of recruiting, hiring, training and replacing (at \$2,500 per employee) quality staff have never been greater.

“There’s also a significant need for easy-to-use pharmacy systems that can withstand high staff turnover in order to weather the storm of high turnover, and retain quality care for residents,” Ford said. “You need medication ordering systems similar to what long-term care pharmacies offer to make the job easier and more efficient for staff ... There is a lack of streamlined efficiencies to offload workforce risk.”

### Stressors on census, staffing

Before explaining the benefits of a house pharmacy, Ford detailed the myriad pressures so many owner-operators are facing today — no doubt an epiphany moment for many who attended the webinar.

For communities looking to turn things around, they must first recognize the reasons why juggling so many pharmacies is

adversely impacting medication management at a high level, Ford said.

Some warning signs include:

- Overcrowded, unorganized med carts
- General confusion about refill sources
- Missed resident doses
- Drug errors and frequent inability to get stat meds on weekends and evenings
- Excessive med tech overtime, turnover
- “Holes” in medication administration records, or MAR
- Too many bottles and too few blister cards
- Low electronic refill rates and
- Hospitalization due to conditions such as urinary tract infections.

For example, confusion over refill sources is often the result of low electronic, or e-MAR use, which happens because retail pharmacies don’t connect with eMAR vendors, Ford said. The confusion also can lead to some bad behaviors, like storing medications in overflow cabinets, using multiple medication carts, and ultimately, staff worries about adequate space for residents themselves.

### The single pharmacy concept

According to Ford, a single pharmacy model provides:

- Medication management. “Three-fourths of [residents] are coming to you with an expressed, or underlying, desire to improve their lives through a professional managing their medications.”
- Around-the-clock availability of medications. “You need to fulfill that desire by having a partner that can deliver medications directly to your community at any hour of the day, any day of the week.”
- Accurately maintained medical records. “MARS are essential to your operations, and vital from a compliance standpoint.”
- Expertise. “Compliance requires a pharmacy consultant.” The pharmacists are checking each medication to ensure contraindications are avoided, dosing is appropriate for age and diagnosis and are safe for residents to ingest.
- Equipment and technology. In most cases, a single pharmacy provides the equipment needed to do all of the above. This includes everything from med carts and fax machines to computer software, which can save an average community anywhere from \$2,000 to \$5,000, he said. Because medications are all stored and maintained offsite, diversion and critical compliance mistakes are avoided, he added. Retail pharmacies cannot offer the comprehensive approach to

#### For more information

The original webcast is available at [www.mcknightsseniorliving.com/April25webinar](http://www.mcknightsseniorliving.com/April25webinar).

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medication management that long-term care pharmacies do, according to Ford.

"By understanding some of these basics we can root ourselves into why a single pharmacy concept is helpful to your operations," he said.

Ford challenged the group to ask themselves whether they value the partnerships they have with pharmacies.

"Do you view them as a vendor or as a partner in resident care?" he asked.

"I can tell you as working for each side — the ALF and the pharmacy — that our partnership is often underutilized," added Ford, who has worked in various senior living environments — from skilled nursing, memory care and assisted living and in his current role with a dedicated senior living pharmacy.

"The purpose of the pharmacy is to be your partner in medication management, compliance and staffing. From the assisted living standpoint, you should be able to view your pharmacy as an enabler to resident care, a trusted partner that you can leverage when speaking to family about their loved ones' medication needs."

### Something about Mary

To illustrate the contrast between multiple pharmacies and a single house pharmacy, Ford presented a fictional case of "Mary," an 88-year-old woman with COPD and dementia who suffered a fall in her home.

After a hospital stay, Mary was transferred to a skilled facility for short-term rehab and then sent home, where her condition only worsened. In a different scenario, Mary was transferred after rehab to a more holistic care environment — a memory care community, where she received

supportive services and her condition improved.

The critical thing that must happen when discussing Mary's care after that short-term skilled nursing care was a commitment to Mary's family to offer a house

can provide.

"People aren't typically bought in unless they know how it affects them," he said. That's why he emphasizes improved resident care and safety, convenience and staff efficiency — all

*"The purpose of the pharmacy is to be your partner in medication management, compliance and staffing."*

pharmacy service to help diminish the likelihood of a return hospital stay, he added.

Along with regular, proper physician monitoring and making sure there are proper durable medical equipment provisions, the assisted living community needs to "ensure her medication regimen is accurate and readily available for her in terms of emergency services. Ensuring STAT deliveries for UTI, or behavioral medications," Ford said.

### Clinching the deal

A key to the success is promoting the single pharmacy model to Mary's loved ones.

"We aren't only caring for the resident. We're also caring for adult children," Ford explained. "Their lives have been in near constant worry. This is the message to tell to increase occupancy: You and your community have the resources to care for Mary and provide the dignified life she deserves."

Ford outlined a litany of benefits a single 'house pharmacy'

of which can go far in ensuring both residents and employees stay longer.

The first step in leveraging your house pharmacy is for staff to recognize how the model benefits your community, emphasizing the themes of resident care and staff efficiency.

House pharmacies typically provide a senior care specialization, EHR support and integration and around-the-clock medication availability.

Staff efficiencies are realized with benefits like convenient ordering, clear and accurate medication labeling, safe and organized storage, quick administration and technology integration.

Next, staff need to emphasize the themes of convenience and safety. This includes the availability of trained geriatric support.

One of the less obvious benefits is the ability to offer customized solutions.

### Final arguments

After decisions have been made

and your senior living community has a house pharmacy program in place, the task of sealing the deal comes during the touring process, according to Ford.

A complete team approach helps during this critical step.

The first step involves training key staff to communicate consistent themes that establish a clear link to house pharmacy benefits.

"Staff need to be completely familiar with the benefits of resident safety and staff efficiency," he added.

Various staff have opportunities to engage prospective residents and family members throughout the process of shopping and touring, assessment, agreements signing, move-in and more.

Ford emphasized the need to "own" the decision to switch to a single pharmacy.

"Regardless of who prepares the meals in your kitchen, they are viewed by residents and their loved ones as your product," Ford said. "You're responsible for everything your community produces."

"Similarly, the medications your residents receive are viewed as a product of your pharmacy. When you have families with armfuls of brochures trying to decide which community to put Mom into, medication management is a major concern.

"When you treat your pharmacy as your business, you truly take ownership and are setting yourself apart." ■

### Editor's note

This McKnight's Senior Living Webinar Plus supplement is based on a similarly named webinar presented on April 25. The event was sponsored by Omnicare. The full presentation is available at [www.mcknightsseniorliving.com/April25webinar](http://www.mcknightsseniorliving.com/April25webinar).