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Perspectives on Deprescribing in long-term care: qualitative findings from nurses, aides, residents, and proxies

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Abstract

Background: Deprescribing initiatives in the long-term care (LTC) setting are often unsuccessful or not sustained. Prior research has considered how physicians and pharmacists feel about deprescribing, yet little is known about the perspectives of frontline nursing staff and residents. Our aim was to elicit perspectives from LTC nursing staff, patients, and proxies regarding their experiences and preferences for deprescribing in order to inform future deprescribing efforts in LTC.

Methods: This study was a qualitative analysis of interviews with nurses, nurse aides, a nurse practitioner, residents, and proxies (family member and/or responsible party) from three LTC facilities. The research team used semi-structured interviews. Guides were designed to inform an injury prevention intervention. Interviews were recorded and transcribed. A qualitative framework analysis was used to summarize themes related to deprescribing. The full study team reviewed the summary to identify actionable, clinical implications.

Results: Twenty-six interviews with 28 participants were completed, including 11 nurse aides, three residents, seven proxies, one nurse practitioner, and six nurses. Three themes emerged that were consistent across facilities: 1) build trust with team members, including residents and proxies; 2) identify motivating factors that lead to resident, proxy, nurse practitioner, and staff acceptance of deprescribing; 3) standardize supportive processes to encourage deprescribing. These themes suggest several actionable steps to improve deprescribing initiatives including: 1) tell stories about successful deprescribing, 2) provide deprescribing education to frontline staff, 3) align medication risk/benefit discussions with what matters most to the resident, 4) standardize deprescribing monitoring protocols, 5) standardize interprofessional team huddles and care plan meetings to include deprescribing conversations, and 6) strengthen non-pharmacologic treatment programs.

Conclusions: By interviewing LTC stakeholders, we identified three important themes regarding successful deprescribing: Trust, Motivating Factors, and Supportive Processes. These themes may translate into actionable steps for clinicians and researchers to improve and sustain person-centered deprescribing initiatives.

Trial registration: NCT04242186

Keywords: Deprescribing, Nursing home, Falls, Qualitative

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Long Term Care Perspectives From Research And Demonstrations

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United States Government Publications United States. Superintendent of Documents, 1985 February issue includes Appendix entitled Directory of United States Government periodicals and subscription publications September issue includes List of depository libraries June and December issues include semiannual index *The Coming Health Crisis* John R. Wolfe, 1993-04

Moreover other traditionally reliable sources of financial assistance Social Security Medicare and Medicaid have faced serious financial difficulties in recent years Who will the aged turn to for assistance The Coming Health Crisis suggests that as funds from all quarters dwindle older Americans will have to look to alternative programs for financial assistance Wolfe urges immediate action to develop new saving programs and increase existing transfer schemes to head off an imminent crisis Although tax increases might provide some resources he demonstrates that it is more important to accumulate capital to create solid reserves for the future Wolfe also explores two roles for government prefunding new or existing social insurance programs and promoting private insurance options **Health Care Financing Review** ,1988 *For-Profit*

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