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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.

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Keywords: Deprescribing, Nursing home, Falls, Qualitative

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William N. LeVee



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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

Choosing Who's to Live James William Walters, 1996 The population is rapidly aging while access to proper and affordable medical treatment is becoming more and more limited This impasse challenges us to make ethical decisions regarding the rationing of health care Arguing that de facto rationing is already taking place due to economic necessity and that proper management of this rationing is essential to the fair and ethical treatment of all seeking care **Choosing Who's to Live** directly addresses one of the most challenging moral questions of our day Appearing in the wake of increasing awareness of health care reform this volume identifies four compelling arguments for managed health care rationing the number of citizens over age eighty five will increase 500 percent by the year 2040 current baby boomers could live longer than today's elderly by seven to fifteen years new medical technologies are appearing every day and the ratio of workers to retirees will be 1.4 in forty years instead of the current 1.25 In this volume six leading scholars take the discussion of rationing health care beyond the simple idea of withholding government funded live saving treatment from the very old to a more ethical effective treatment plan for all Long-Term Care: Economic Issues and Policy Solutions Roland Eisen, Frank A. Sloan, 2012-12-06 Ensuring long term care LTC is one of the most urgent problems in health care today Demographic trends are expected to lead to a higher proportion of old and very old people in the global population As a result an increased proportion of global income will be devoted to LTC services With this in mind Long term Care Economic Issues and Policy Solutions aims to address the following important objectives to provide a detailed analysis of the arrangements and institutions designed to protect the disabled and dependent elderly people in various countries and to try to evaluate their respective merits to discuss the projections of future costs of protection for dependent elderly and to assess the impact of improvements in disability free life expectancy on the future cost of care and choices between informal and formal care to present empirical research on these decisions with special consideration of primary caregivers and on the substitution between in kind and cash benefits as well as between institutional or formal care and home or informal care to analyze different theoretical approaches in modeling decisions referring to LTC services to be provided both within and between generations With its mix of empirical theoretical and policy related contributions Long term Care Economic Issues and Policy Solutions will be of interest not only to health economists but also to social scientists health insurers and public policy advocates **For-Profit Enterprise in Health Care** Institute of Medicine, Committee on Implications of For-Profit Enterprise in Health Care, 1986-01-01 This book is the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care says Robert Pear of The New York Times This major study by the

Institute of Medicine examines virtually all aspects of for profit health care in the United States including the quality and availability of health care the cost of medical care access to financial capital implications for education and research and the fiduciary role of the physician In addition to the report the book contains 15 papers by experts in the field of for profit health care covering a broad range of topics from trends in the growth of major investor owned hospital companies to the ethical issues in for profit health care The report makes a lasting contribution to the health policy literature Journal of Health Politics Policy and Law

Improving the Quality of Care in Nursing Homes Institute of Medicine, Committee on Nursing Home Regulation, 1986-02-01 As more people live longer the need for quality long term care for the elderly will increase dramatically This volume examines the current system of nursing home regulations and proposes an overhaul to better provide for those confined to such facilities It determines the need for regulations and concludes that the present regulatory system is inadequate stating that what is needed is not more regulation but better regulation This long anticipated study provides a wealth of useful background information in depth study and discussion for nursing home administrators students and teachers in the health care field professionals involved in caring for the elderly and geriatric specialists

Self-evolution Frida Fuchs-Simonstein, 2004 **Robotics Technology and Its Varied Uses** United States. Congress. House. Committee on Science, Space, and Technology. Subcommittee on Science, Research, and Technology, 1989

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