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

Milta O. Little^{1*}, Emily J. Hecker¹, Cathleen S. Colon-Emeric^{1,2}, Laurie Herndon³, Eleanor S. McConnell^{2,4}, Tingzhong Michelle Xue^{2,4} and Sarah D. Berry^{3,5}

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

*Correspondence:
Milta O. Little
milta.little@duke.edu
Full list of author information is available at the end of the article



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Table of Contents Long Term Care Perspectives From Research And Demonstrations

1. Understanding the eBook Long Term Care Perspectives From Research And Demonstrations
 - The Rise of Digital Reading Long Term Care Perspectives From Research And Demonstrations
 - Advantages of eBooks Over Traditional Books
2. Identifying Long Term Care Perspectives From Research And Demonstrations
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Long Term Care Perspectives From Research And Demonstrations
 - User-Friendly Interface
4. Exploring eBook Recommendations from Long Term Care Perspectives From Research And Demonstrations
 - Personalized Recommendations
 - Long Term Care Perspectives From Research And Demonstrations User Reviews and Ratings
 - Long Term Care Perspectives From Research And Demonstrations and Bestseller Lists

5. Accessing Long Term Care Perspectives From Research And Demonstrations Free and Paid eBooks
 - Long Term Care Perspectives From Research And Demonstrations Public Domain eBooks
 - Long Term Care Perspectives From Research And Demonstrations eBook Subscription Services
 - Long Term Care Perspectives From Research And Demonstrations Budget-Friendly Options
6. Navigating Long Term Care Perspectives From Research And Demonstrations eBook Formats
 - ePub, PDF, MOBI, and More
 - Long Term Care Perspectives From Research And Demonstrations Compatibility with Devices
 - Long Term Care Perspectives From Research And Demonstrations Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Long Term Care Perspectives From Research And Demonstrations
 - Highlighting and Note-Taking Long Term Care Perspectives From Research And Demonstrations
 - Interactive Elements Long Term Care Perspectives From Research And Demonstrations
8. Staying Engaged with Long Term Care Perspectives From Research And Demonstrations
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Long Term Care Perspectives From Research And Demonstrations
9. Balancing eBooks and Physical Books Long Term Care Perspectives From Research And Demonstrations
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Long Term Care Perspectives From Research And Demonstrations
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Long Term Care Perspectives From Research And Demonstrations
 - Setting Reading Goals Long Term Care Perspectives From Research And Demonstrations
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Long Term Care Perspectives From Research And Demonstrations
 - Fact-Checking eBook Content of Long Term Care Perspectives From Research And Demonstrations
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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