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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.

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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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and Karen A Roberto build reader awareness of programs and discuss how to better understand help seeking behavior as well as explain ways to take advantage of the resources available to older adults The substantially revised Fifth Edition includes new topics and updated research tables and figures to help answer key questions about the evolution and utilization of programs for older adults and the challenges that service providers face **Mental Health Consultation in Nursing**

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Health Care Financing Review , 1988 **DHHS Publication No. (PHS).** , 1989 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 Annual Report on Medicare Covering Fiscal Year ... United States. Health Care Financing Administration,1983 Annual Report on Medicare United States. Health Care Financing Administration,1981 **Medicare Annual Report to the Congress** , Health Spending in the 1980's Mark S. Freeland,Carol E. Schendler,1984 *New Perspectives on HIV-related Illnesses* William N. LeVee,1989 *Robotics Technology and Its Varied Uses* United States. Congress. House. Committee on Science, Space, and Technology. Subcommittee on Science, Research, and Technology,1989 Aging Social Policies Robbyn R. Wacker,Karen A Roberto,2010-12-07 Our population is aging What will we do about it Due to population explosion and a global increase in average life expectancies an unprecedentedly high percentage of the world s population is aging By the middle of this century there will be up to 2 billion individuals over the age of 65 a demographic shift never before experienced in our human history In addition declining birth rates in industrialized countries means a decrease in the number of adults under 64 In *Aging Social Policies An International Perspective* the authors consider how policy domestic and international affects and will continue to affect the lives of our aging population

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