



deprescribing.org

Reducing medications safely
to meet life's changes

Moins de médicaments, sécuritairement –
pour mieux répondre aux défis de la vie

A Framework for Deprescribing in Ontario Long Term Care

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On behalf of Dr. Barbara Farrell, Dr. Lisa McCarthy, Pam Howell
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- Potential Conflicts of Interest: None



Objectives

At the end of this workshop, participants will be able to:

- List behaviours that support shared decision making in medication management and deprescribing in LTC
- Describe ways to participate in the co-creation and use of relevant tools and processes that support these behaviours
- Determine appropriate and relevant dissemination strategies for these resources

Why are we here?



- **Residents in long-term care** receive an average of **10 medications daily** compared to **7 for those living in the community**
- Polypharmacy increases risk of medication-related harm

Deprescribing is:

- The **planned and supervised** process of **dose reduction** or **elimination of medication** that may be **causing harm** or no longer be **providing benefit**
 - Goal of reducing medication burden and harm while maintaining or improving quality of life
- Part of **good prescribing** – backing off when doses are too high or **stopping medication** that are **no longer needed or may be causing harm**

Our goal

- Create an environment where deprescribing is a sustainable component of medication management practices in Ontario LTC homes

Our steps

Phase 1

- Environmental scan (2018/19) to engage stakeholders and explore opportunities for deprescribing initiatives in LTC

Phase 2

- Stakeholder Forum (June 2019) to identify target behaviours and supporting actions for enhancing capacity for deprescribing in LTC (published online in a Forum Report)

Phase 3

- Stakeholder Forum (January 2020) to develop Ontario implementation plan to enact actions to support future deprescribing activities

Phase 4

- Resource and tool development

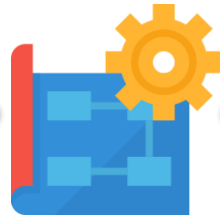
Phase 1: Environmental scan

- Stakeholders from 3 Ottawa LTC homes to explore:
 - Current deprescribing knowledge and practices
 - Lessons learned from deprescribing projects already implemented
- Stakeholders with a broader provincial connection
 - Explore feasibility of implementing deprescribing across LTC sector in Ontario
- Total: 22 meetings and 9 outreach events

Lessons shared by stakeholders: Highlights

Facilitators

- Scheduled **medication reviews** and annual care conferences
- Evidence-based **resources**
- Identifying a key **champion** amongst the health care staff
- **Successes** with other deprescribing initiatives (AUA collaboration)



Challenges

- Prescriber, specialist, hospitalist **buy in**
- Administrator **buy in**
- **Low engagement** with people and caregivers
- Inconsistencies with the health **care team approach**

All agreed there was value and a need for deprescribing

Moving beyond ‘it seemed like a good idea at the time’

GOAL: We wanted to create a framework for integrating deprescribing into medication management practices in LTC

APPROACH: Behaviour Change Wheel

- Outlines a step-wise process for understanding the behaviour(s) you are trying to change and links them to evidence-based interventions

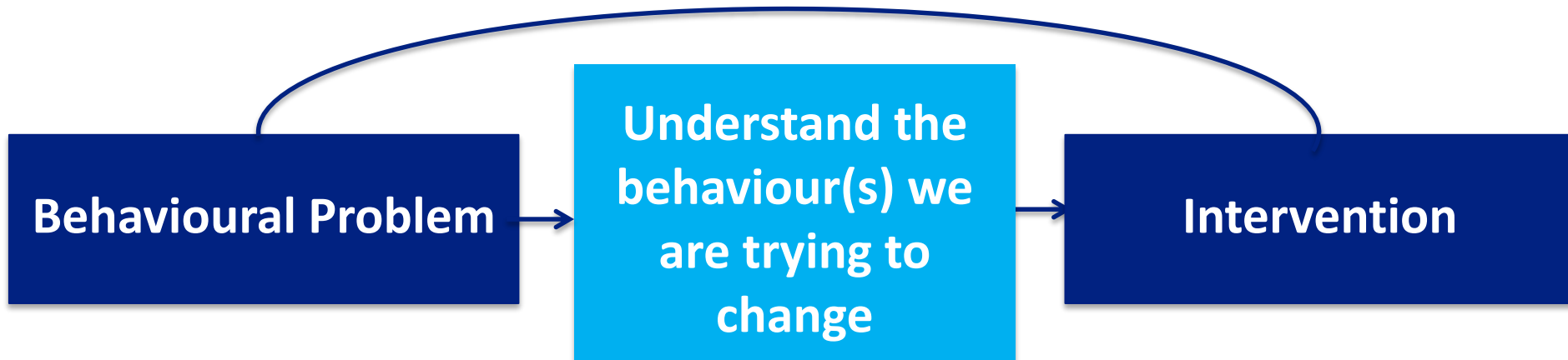


Diagram Adapted From Michie 2011

Phase 2: June 2019 stakeholder forum

- Objectives:
 - Identify options and actions that support capabilities, opportunities and motivation for deprescribing in LTC
 - Prioritize and initialize planning for selected activities to support deprescribing
- Outline:
 - 23 participants representing twenty long-term care stakeholder organizations attended.
 - Decision-makers (48%), health care providers (30%), and public members (22%).
 - Mix of presentations, roundtables and feedback to identify relevant target behaviours and actions to support them

[Forum Report Available at: https://deprescribing.org/the-ontario-deprescribing-in-ltc-report/](https://deprescribing.org/the-ontario-deprescribing-in-ltc-report/)

Our approach (adapted from BCW)

Understand the Behaviour

1. Brainstorm target behaviours
2. Specify target behaviours (who needs to do what differently, how, when, with whom)

Identify Actions

4. Identify possible actions
5. Prioritize actions

Align with BCW

4. Determine how behaviours aligned with COM-B model
5. Determine which actions were evidence-based

During June 2019 Forum (with stakeholders)

After Forum (by team)

Summary of Desired Behaviours and Prioritized Actions

*Establish a monitoring and evaluation framework for the impact of health care provider and personnel collaborations on deprescribing, care plans, quality of life, retention and workload

*Recognize health care providers and personnel who identify signs and symptoms that lead to a deprescribing conversation

All members of the health care team will participate in conversations about deprescribing.

*Use approaches like modelling to illustrate positive outcomes through personal story sharing

*Offer/develop educational resources for people living in long-term care homes and their family/caregivers to inform them about their opportunities for contributions and to standardize approaches

People living in LTC homes and their families, caregivers will participate in shared decision-making to establish and monitor goals of care with respect to medication use.

*Schedule timely medication-focused discussions with the people living in LTC homes, families, caregivers and the health care team

All health care providers and personnel will observe for signs and symptoms in the people they care for, reporting changes as a result of medication adjustments, or changes that might prompt review for deprescribing.

* Provide education and training using tools that link signs and symptoms to medication-related effects

Prescribers in every health care setting will document reasons for use, goals and timelines for each medication.

*Incorporate relevant components (reason for use, goals of therapy, planned duration of use and date for review) into e-prescribing and electronic health records

The Ontario Deprescribing in Long-Term Care Forum June 2019 Report



- Environmental scan results
- Proposal for target behaviours that would facilitate deprescribing

<https://deprescribing.org/the-ontario-deprescribing-in-ltc-report/>

Phase 3: January 2020 stakeholder forum

- Objectives:

- Champion an Ontario-wide implementation plan that facilitates sustainable deprescribing practices in long-term care
- Engage in knowledge exchange of the tools and best practice strategies that will help drive deprescribing behaviours

- Outline:

- 7 planning committee stakeholders met over 8 meetings to plan the vision, objectives and content for the forum
- 23 participants representing 17 LTC stakeholder organizations attended
- Before the Forum, participants ranked which activities on which they wanted to focus
- Mix of presentations, roundtables and discussions to develop implementation plans for activities arising from June 2019's behaviours and actions

Summary of prioritized activities



Develop a consistent approach and expectations for shared decision-making in medication management and care planning.



Develop/adapt/use testimonials illustrating personal experience with participating in medication reviews to engage people and empower them to contribute.



Use or adapt existing tools/resources, or develop tools/resources to help healthcare providers and personnel flag people for medication assessment.



Determine a priority list and justifications of standard and optimal components (including drop-down menus where possible) that should be incorporated into e-prescribing and electronic health records.



Develop a framework that helps monitor the impact of having all members of the health care team participate in conversations about deprescribing (both intended and unintended consequences).

Phase 4: Beyond the January 2020 forum

- Founded Leadership Team to guide efforts of 5 Implementation Teams

1. Anne Hamilton, Ontario Long-Term Care Clinicians
2. Emily Farrell, Ontario CLRI at Bruyère
3. Jean-Paul Allen, Medisystem Pharmacy
4. Rhonda Collins, Revera Group and Ontario Long Term Care Clinicians
5. Susan Conklin, Independent Consultant and Public Member
6. Victoria Ip, Ontario Pharmacists Association
7. Winnie Sun, Registered Nursing Association of Ontario & UOIT
8. Zsofia Orosz, Ontario CLRI at Bruyère
9. Barbara Farrell
10. Lisa McCarthy

- Implementation Teams have been hard at work giving 'life' to their charters

Implementation teams

Shared decision making in medication management: Barb Farrell, Susan Conklin, Fred Mather, Anne Hamilton, Robert Patzer, Lisa Richardson, Samantha Peck, Denis O'Donnell, Barb Farrell

Documenting Reason for use: Lisa McCarthy, Jean-Paul Allen, Emily McDonald, James Downar

Flagging people for medication review: Lisa Richardson, Jennifer Major, Tanya MacDonald, Victoria Ip, Ian DaSilva, Emily Farrell, Zsofia Orosz

Evaluation Framework: Emily Farrell, Lora Bruyn-Martin, Jean-Paul Allen, Barb Farrell

Shared Decision-Making in Medication Management

Deliverables:

1. SDM Process Guide (complete)
2. SDM Video (in progress)
3. Written Testimonials (in progress)
4. Admission Checklist (in progress)
5. Infographic, Cue Cards (under final review)
6. Fillable medication history and experience form (in progress)
7. Discussion Guide
8. Finalize Contents of Resource Guide
9. Disseminate

Flagging People for Medication Review

Deliverables:

1. Collect Existing Tools in Retirement Homes (done)
2. Infographic (under final review)
3. Slide Deck for PSWs (in progress)
4. Workflow to Support Implementation Process
5. Training Webinar
6. Disseminate

As presented October 21, 2020

Document Reasons for Use, Goals and Timelines for each Medication

Deliverables:

1. Research top 50 PIMs in LTC (in progress)
2. Establish Key HCP Stakeholders for Feedback
3. Prioritized List of 5-10 PIMS in LTC (Delphi)
4. Possible Indications for Drop Down Menu
5. Protocol for REB Submission
6. Standard to Incorporate into E-prescribing/EMR

Evaluation Framework for Monitoring Impact

Deliverables:

1. Identify and Recruit Stakeholders
2. Stakeholder Consultation
3. Identify Potential Indicators/Metrics
4. Identify and Investigate Existing Frameworks
5. Draft and Validate Framework
6. Recruit Pilot Sites/Pilot Framework
7. Evaluate Pilot

As presented October 21, 2020

We want to hear from you

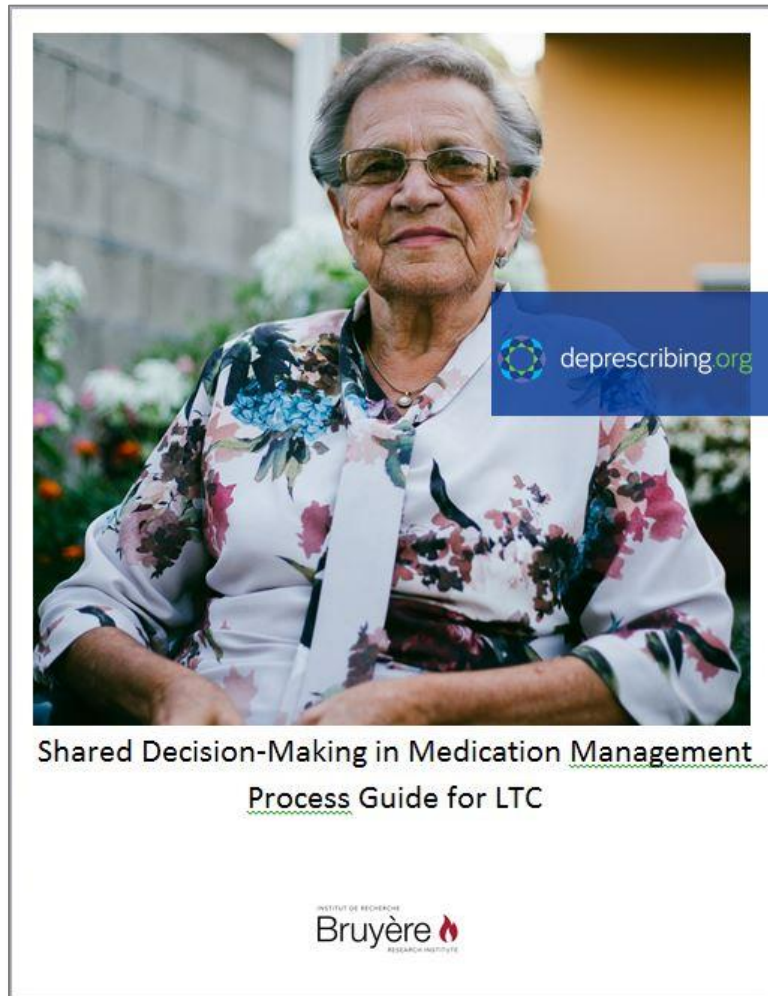
<https://deprescribing.org/deprescribing-in-ltc-framework/>

1. Would this type of tool change behaviour (in the desired way?)
2. What will be the challenges to its use?
3. How can we improve it?
4. What are some ways that we can successfully implement its use in practice?
5. How can we raise awareness about this tool amongst people who will/should/can use it?

- Talk to Us: CLRI virtual booth
- Visit our Website
- Fill out a survey or email us at

deprescribing@bruyere.org

Shared decision-making in medication management process guide



- To help people living in LTC and their health care teams work together to manage medications by using shared decision-making
- To empower people to actively participate in decisions about medications
- To encourage people to share information about their medication experiences and goals

Shared Decision-Making in Medication Management.

Take part in **decisions** about **medications**. Discuss **goals and preferences** within the **circle of care**. Ask questions to help healthcare providers share their knowledge to make a **shared decision** about the best **medication plan**.

Get involved in decisions about medications.



What is the 'circle of care'?

Everyone involved in helping you make informed decisions about your medication options. Includes doctors, pharmacists, nurses, caregivers and family.

5 KEY STEPS

to participate in shared decision-making about medications.

- 1 **CONSIDER** that a decision about a medication may need to be made.
- 2 **ASK** about the benefits, risks and expected outcomes of each option and listen to what the healthcare provider says about reasonable expectations.
- 3 **FEEL** informed about each option and clear about goals of care, ask questions if not sure.
- 4 **DISCUSS** goals of care and preferences.
- 5 **HELP** make an informed decision about medication options and let a healthcare provider know if you decide to change your mind.

Supported By:

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This is a draft document, please contact Barbara Farrell, bfarr@bruyere.org or Lisa McCarthy, lisa.mccarthy@utoronto.ca for more information

This infographic has been designed using some icons from FlatIcon.com

Medication management addition to move-in/admission or care conference “Checklist Statement”

- You will be reviewing your medications at your upcoming meeting with your circle of care.
- You can prepare for a medication review by completing this "medication chart" (link, or attachment) and bringing it to the meeting.
- Think about your experiences and goals for each medication. This will help you and the care team made good decisions about continuing or changing your medications.
- More information about shared-decision making for medication management can be found here (link to the process guide on our website).

Flagging people for medication review infographic

Flagging People for Medication Review.

It's likely that one in two people you care for take at least one medication that may do more harm than good, causing serious risks, including falls, fractures, and hospitalizations.

Spot the signs and flag possible medication-related side effects with your healthcare team in the people you care for.

Your voice matters in making a difference.

- Spot a change (new, worse or bothersome) in the people you care for.
- Flag your concerns with nursing staff that may prompt a medication review with a pharmacist or doctor.
- Follow-up with nursing staff on resident outcomes.

What is a medication review?
A careful review of a resident's medication involving the entire circle of care, including doctors, pharmacists, nurses, personal support workers, and family, to help make the best and safest medication decisions.

Supported By:

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This is a draft document, please contact Barbara Farrell, barrel@bruyere.org or Lisa McCarthy, lisa.mccarthy@ulcbrnbc.ca for more information

The infographic features a central blue silhouette of a human figure. Dotted lines with yellow dots at the end point to various parts of the body, each labeled with a symptom: Confusion (head), Blurred Vision (eyes), Difficulty Swallowing (throat), Nausea (stomach), Constipation or Diarrhea (lower abdomen), and Swelling (lower legs).

- To help caregivers and staff observe for signs and symptoms in the people they care for
- To help report changes as a result of medication adjustments, or changes that might prompt medication review for deprescribing
- To assist frontline personnel (specifically PSWs) identify people for a medication assessment and potential deprescribing opportunities

Deprescribing.org Webpage for Resources

Deprescribing in Long-Term Care Framework

A framework for ensuring deprescribing discussions are part of medication management

People living in LTC homes sometimes take many medications. Preventing the overuse of medication and medication-related harm is a global priority. Decisions about medication use are best made when people partner with their health care providers. Ideally, these decisions consider the perspectives and experience of the person taking them as well as information about medication effectiveness and side effects. Everyone who cares for a person living in LTC can help make medication-related care safe and effective.

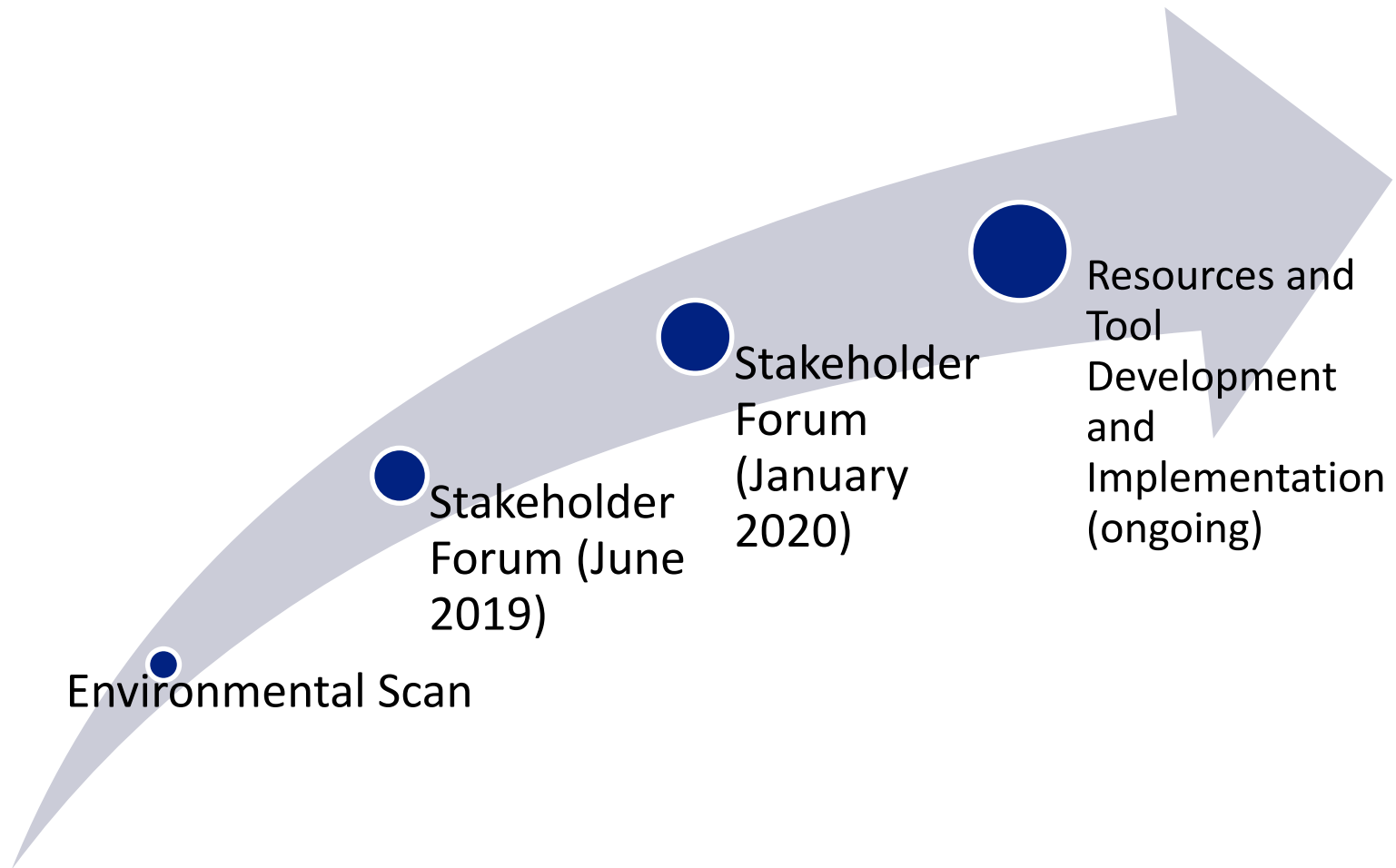
To support people in having discussions about when to continue, reduce or stop a medication, our team worked with the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at Bruyère. We conducted an environmental scan with Ontario LTC stakeholders and hosted two Forums in 2019 and 2020. Stakeholders identified behaviours that would help people integrate deprescribing into daily living in LTC and actions that would support these behaviours.

Below, we outline each behaviour and action, providing links to tools that we have designed with our stakeholders.

We'd like to hear from you about whether these tools are helpful, ways in which they could be improved and options for spreading the work to those who might use them.

<https://deprescribing.org/deprescribing-in-ltc-framework>

Overview



Our overarching goal

Prevent, detect and reduce medication-related harm



Photo by [Cristian Newman](#) on [Unsplash](#)



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