

# deprescribing.org

Reducing medications safely to meet life's changes

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

# Tools you can use: Supporting deprescribing in LTC

#### Barbara Farrell, BScPhm, ACPR, PharmD, FCSHP

Pharmacist and Senior Investigator, Bruyère Research Institute Assistant Professor, Department of Family Medicine, University of Ottawa Adjunct Assistant Professor, School of Pharmacy, University of Waterloo

### Lisa McCarthy BScPhm, PharmD, MSc

Pharmacist and Clinician Scientist, Institute for Better Health, Trillium Health Partners
Affiliate Investigator, Bruyère Research Institute
Associate Professor, Leslie Dan Faculty of Pharmacy/Department of Family and Community Medicine, University of Toronto

### Acknowledgement: Wade Thompson PharmD, MSc, PhD

Assistant Professor, Department of Anesthesiology, Pharmacology, and Therapeutics, University of British Columbia





## **Presenter Disclosure**

Faculty: Lisa McCarthy

### Relationships with financial sponsors:

- Grants/Research Support:
  - Ontario Centres for Learning, Research and Innovation in LTC at Bruyère
- Speakers Bureau/Honoraria:
  - Rexall Health Solutions, MediSystem Pharmacy, European Association of Hospital Pharmacy
- Other
  - Employee of Trillium Health Partners







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  - Freeport Family Health Team, University of Hong Kong, GeriMedRisk, Pharmacy Association of Nova Scotia, American College of Clinical Pharmacy, Canadian Pharmacists Association, United States Deprescribing Research Network
- Other:
  - Employee of Bruyère Continuing Care







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- Ontario Personal Support Workers Association
- Ontario Pharmacists Association
- Registered Nurses Association of Ontario
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# Today's objectives

- List behaviours, such as shared decision-making, that support deprescribing in long-term care
- Describe tools and processes that support these behaviours
- Develop appropriate and relevant dissemination strategies to promote adoption of these tools and processes



## Why are we here?



- Residents in long-term care receive an
   ~ 10 medications daily
- Residents have risk of medicationrelated harm

# **Deprescribing**

- Planned and supervised process of dose reduction or elimination of medication that may be causing harm or no longer be providing benefit
- Goal = reduce harm and improve quality of life





# **Deprescribing in LTC – a Framework**

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





## Deprescribing in LTC Framework: a timeline

Environmental scan to identify deprescribing practices, challenges and facilitators (2018)

Working groups developed tools to support deprescribing behaviours (2020-2021)

LTC Stakeholder consultations to identify deprescribing target behaviours (2019, 2020) <a href="https://deprescribing.org/the-ontario-deprescribing-in-ltc-report/">https://deprescribing.org/the-ontario-deprescribing-in-ltc-report/</a>







# **Deprescribing in LTC:**

# A sustainable component of medication management practices

#### **Supporting Actions**

- 1. Develop role descriptions to facilitate collaboration amongst the health care team
- Create dedicated time and space for discussions during each shift, at care conferences and as needed
- 3. 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.

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 considering
effectiveness, safety and
non-drug alternatives.

#### **Supporting Actions**

- \* 1. Use approaches like modelling to illustrate positive outcomes through personal story sharing
- \* 2. Offer/develop educational resources for people living in LTC homes and their family/caregivers to inform them about their opportunities for contributions and to standardize approaches
- \* 3. Schedule timely medication-focused discussions with the people living in LTC homes, families, caregivers and the health care team
- 4. Develop regulations that mandate and monitor the person/family/caregiver involvement in care planning and medication review

#### **Supporting Actions**

- Provide education and training using tools that link signs and symptoms to medication-related effects
- Use approaches like modelling to promote health care provider and personnel engagement through personal story sharing
- 3. Make tools to help monitor changes in signs and symptoms accessible at the point-of-care

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.

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

#### **Supporting Actions**

- Incorporate relevant components (reason for use, goals of therapy, planned duration of use and date for review) into e-prescribing and electronic health records
- Develop regulations that mandate and monitor associated documentation standards and compliance
- Enable medication information sharing via centralized electronic records



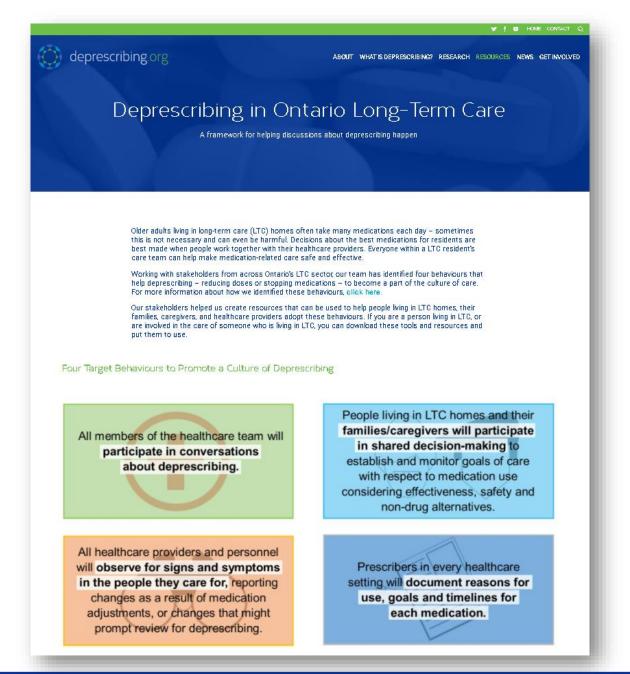


<sup>\*</sup> Asterisks represent prioritized actions

## **Open-source**

- All resources on our website (<u>https://deprescribing.org/deprescribing-in-ltc-framework/</u>)
- Choose what you'd like to implement, modify if needed, and decide how to implement in your context

McCarthy LM, Farrell B, Howell P, et al. Supporting deprescribing in long-term care: an approach using stakeholder engagement, behavioral science and implementation planning. Explor Res Clin Soc Pharm 2022 https://doi.org/10.1016/j.rcsop.2022.100168









# Shared decision-making in medication management

- Make medication decisions that are a good fit for individual residents
- Healthcare providers share their knowledge of medication effectiveness and side effects
- Residents/caregivers share their goals and experience
- Then, they decide as a team what the best medication plan is for that resident



https://www.nia.nih.gov/health/effective-communication-caring-older-adults







# What is shared decision-making?



Create awareness that options exist

Discuss options and potential benefits/harms

Explore preferences for different options

Make the decision

Jansen J et al. Too much medicine in older people? Deprescribing through shared decision making. *BMJ (Online)*, 2016;353(June). https://doi.org/10.1136/bmj.i2893







# Tools to help promote shared decision-making in LTC

- Shared decision-making guide for residents and families
- Infographic
- Cue card
- Medication record that people can fill out and provide to LTC healthcare providers
- Videos





# **Shared Decision-Making in Medication Management Process Guide**

- Outlines process for making choices about medications
- Designed for people living in LTC homes, their families, caregivers, and healthcare providers so that everyone works together to make decisions

deprescribing or Shared Decision-Making in Medication Management A Guide for Long-Term Care







# Infographic

- Summarizes key steps from the guide
- Encourages residents and their families to take part in conversations
- Serves as a reminder for healthcare providers and staff

Available at: https://deprescribing.org/resources/deprescribing-in-ltc-framework/

## 

Take part in decisions about medications. Discuss goals and preferences with your care team. 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 'care team'? Everyone involved in helping you make informed decisions about your medication options. Includes doctors, pharmacists, nurses, caregivers and family.

## KEY STEPS

decision-making about medications.

- CONSIDER that a decision about your medication may need to be made.
- SHARE goals of care and preferences.
- ASK about the benefits, risks and expected outcomes of each option and listen to what the healthcare provider says about reasonable expectations.
- Feel like you UNDERSTAND each option, ask questions if not sure.
- HELP make an informed decision about medication options and let your healthcare provider know if you change your mind.

For more information visit www.deprescribing.org/deprescribing-in-itc-framework/

This infographic has been designed union some income from Elektron com-













## **Cue Card**

- Outlines key concepts, can be shared with residents and their families
- Contains prompting questions to help residents and their families start a conversation with their healthcare provider

Available at: https://deprescribing.org/resources/deprescribing-in-ltcframework/



- 1. CONSIDER that a decision about your medication may need to be made.
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(Front)

# Having conversations about your medications.

Take part in decisions about your medications with your healthcare provider. Consider using the prompts or questions below to help you when having these important conversations.

- "It is important to me that...."
- "What are the different options available to me? Are there any non-drug options?"
- "What are the risks and benefits of each option?"
- "I would prefer...."







(Back)







## **Fillable Medication Record**

- Helps residents and their families share details about their medication history and experience
- Can be provided to residents and their families as people are moving into LTC

Name:		Emerge	ncy contact nam	ie:		
Date this form was last updated:		Emerge	ncy contact pho	ne number:		
Last updated by:		Pharma	cy name:		Pharmacy phone n	umber:
This is your personal medication record. Plo you up for success. You can find information ealthcare team ensures that you and they medications.	on about your medication	ns on the vial, fr	om your family	doctor and fro	m your pharmacist. Sha	ring this record with
List any allergies. Be sure to describe who allergy and when it happened.	at the reaction was for e	each	•		ects to any medications each medication and w	
Current medications						
nclude all prescription and over-the-count njections. Medication name and how I take it:	ter drugs, vitamins and s Reason(s) for use	I started this medication	I was told to take this	any eye/ear d Prescribed by	Additional informat doses, side effects I w	tion (e.g., changes in atch for, did it help m
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(Available in fillable PDF format)







## Statement for Move-in and Care Conference Checklists

#### Proposed statement for moving in and care conference checklists for long term care

Last updated: March 24, 2021

You will be reviewing your medications at your upcoming meeting with your care team. You can prepare for a medication review by completing this "medication record" (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 about medications can be found here (link to the process guide on our website).

\*This is a draft document, please contact Barbara Farrell, <a href="mailto:bfarrell@bruyere.org">bfarrell@bruyere.org</a> or Lisa McCarthy, <a href="mailto:lisa.mccarthy@utoronto.ca">lisa.mccarthy@utoronto.ca</a> for more information\*

- Encourages residents and their families to prepare for, and engage in, conversations about their medications upon admission to the home and during care conferences
- Can be included as an item on a LTC home's regular admissions and care conference checklists







## **Videos**

- Series of videos modelling example shared decisionmaking conversations
- Can be shown to residents and their circle of care to show them what shared decisionmaking conversations look like











# SHINE

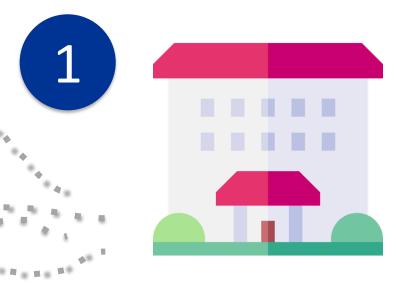
# **Shared decision-making about medications in LTC**











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<sup>\*</sup> Asterisks represent prioritized actions

# Tools to help people observe for changes that might prompt medication review and deprescribing

- A guide to help care providers identify people for medication assessment
- Infographic
- Powerpoint presentation for educating care providers







# Identify People for Medication Assessment - A Guide for Long-Term Care

 Provides information to help PSWs and other LTC staff identify signs and symptoms that may be related to medications

 Outlines a process people can use to 'flag' concerns to other members of the care team







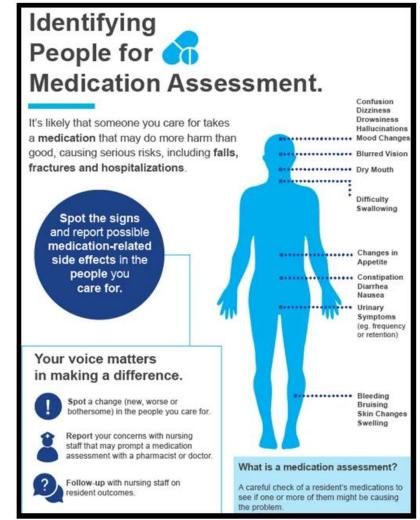


# Identifying People for Medication Assessment Infographic Identifying

 Summarizes key steps from the guide in poster/handout format

 Helps those interacting with patient regularly recognize when a medication might be causing a problem

Outlines steps for reporting









# Identifying People for Medication Assessment Powerpoint Presentation

- 30 minute interactive presentation about people who might benefit from medication assessment and how people can be involved
  - Created for different audiences

 Can be used for lunch n learns, during huddles









# Interactive portion!







# To frame the discussion, imagine this:

### Meet Rita

- 85 yr old resident
- Enjoys the common area
- You've been involved in her care for several months
- Over the past week, you have noticed swelling in her feet (hard to get shoes on or walk)
- She is also more sleepy







# When you think about this resident....

Is it **feasible** for caregivers and staff to identify when a new sign or symptom might prompt the need for medication assessment?

- Would the tools provided be useful to facilitate this?
- How could these tools best be implemented for maximum uptake?

Is it **feasible** for this resident and/or her caregiver to participate in a shared decision-making conversation with a healthcare provider about options should a medication be identified as a potential cause of one of these symptoms?

- Would the tools provided be useful to facilitate this?
- How could these tools best be implemented for maximum uptake?







# Roundtable and group discussion

- 1. Review the **behaviour and tools** at your table, THEN **discuss**:
  - a. Is the behaviour **feasible**?
  - b. How **useful** are the tools for supporting the behaviour?
  - c. What ways can you think of for how these tools could be implemented in your setting?
  - d. What could be done to maximize awareness and use of these tools across Ontario LTC homes?
  - e. What ideas do you have for **determining the success** of the approach in d)?
- 2. Highlight important concepts from above for the large group.
- 3. Develop an action plan for applying tools and processes in your own practice your home.



## Our next steps

### Short-term

- Interviews with residents and caregivers to collect information about the tools and usability
- Review documentation from workshop and share with Stakeholder Advisory Committee

### Longer-term

- Identify additional funding for further implementation of currently available resources and evaluation of their impact on adoption of the target behaviours
- Develop approaches/tools that will help people adopt the other behaviours

Interested in getting more involved? Contact us at deprescribing@bruyere.org









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Please hand-in your discussion worksheet or leave it on the table.
Thank you!



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