

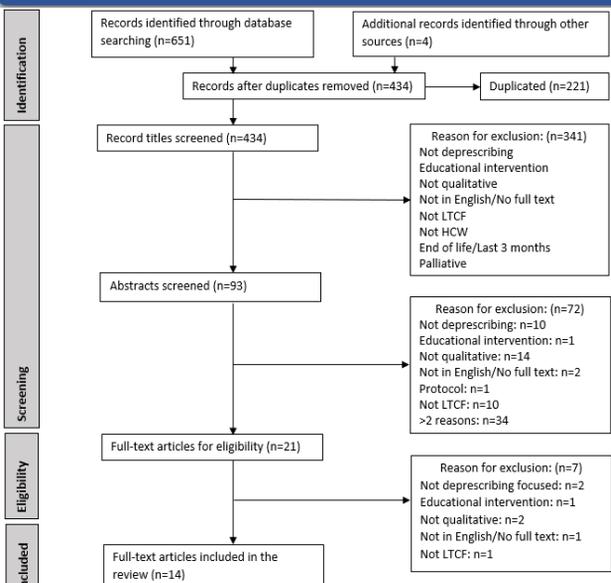
INTRODUCTION

Inappropriate use of medications for older adults in long-term care facilities (LTCFs) remains high ⁽¹⁾. Deprescribing interventions have positive patient safety outcomes ⁽²⁾. However, deprescribing is still not routine practice in Irish LTCFs.

Deprescribing benefits: To improve medication adherence, quality of life and time on medication administration ⁽³⁾.

Aim: To review the qualitative evidence and synthesise the barriers and enablers to deprescribing in LTCFs as perceived by healthcare workers (HCWs).

METHODS



Search strategy

Research question: SPICE framework → search strategy.
Electronic databases: Inception – December 2020.

Inclusion criteria:

HCW: GP/pharmacist/nurse/healthcare assistant in LTCF.
Opinions of deprescribing for older adults in LTCF.
Primary research: qualitative data collection & analysis.
Mixed methods: if recognised qualitative research method.

Exclusion criteria: Identified in PRISMA.

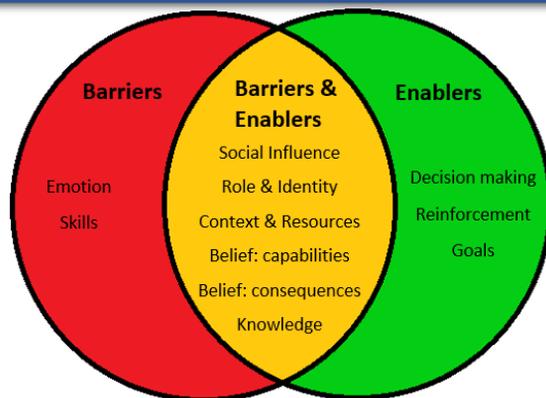
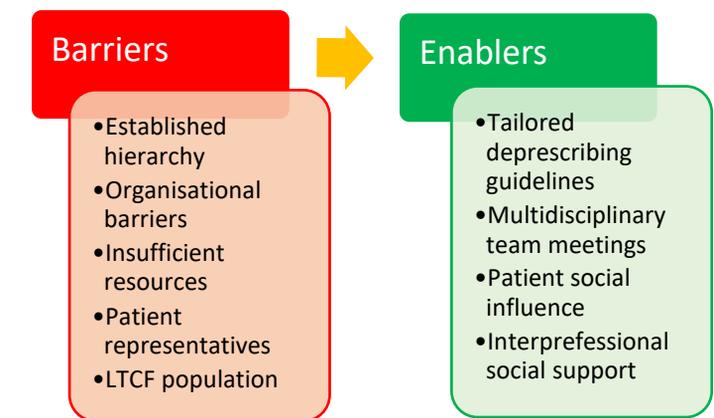
Analysis

- CASP Tool: assess quality of included studies.
- 'Best-fit' framework method: synthesise evidence.
- Included studies qualitatively analysed and mapped to the Theoretical Domains Framework (TDF). Thematic analysis used to incorporate data which did not directly map to TDF.
- GRADE-CERQual: to assess confidence in the findings.

Fig.1 Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flow diagram of study selection:

RESULTS

The 'best-fit' framework identified **33 findings**:
17 barriers and **16 enablers** mapping to 11 of the 14 original TDF domains.
5 barriers and **4 enablers** received a GRADE-CERQual rating of high confidence.



Relationships between domains:

1. Education develops professional role.
2. Nurses' have leaderships role, maintaining patient focus and social support.
3. Fragmented healthcare systems influence HCW's ability to maintain a patient focus.
4. Availability of resources influences deprescribing engagement.

DISCUSSION

- **Patient focus** had a significant social influence on HCWs engagement with deprescribing in LTCF. Deprescribing can be implemented successfully, when HCWs consider patients' opinions when setting care goals.
- **Interprofessional social support** was a social influence which could facilitate deprescribing. Collaboration through multidisciplinary team meetings was valued, as it facilitated communication, delegation and shared decision making.
- Despite this, perception of an **'established hierarchy'** can negatively affect collaboration and deprescribing.
- Insufficient resources, such as time, staff, documentation and finance limit HCWs engagement with deprescribing.

CONCLUSIONS & RESEARCH IMPLICATIONS

- Organisational switch to a patient-focused model, where the organisational structure supports deprescribing.
- Education, interprofessional communication and defined professional roles can facilitate deprescribing. This includes communication and collaboration between healthcare systems.
- HCWs require adequate reimbursement and equipped with the required resources, such as tailored guidelines, to successfully engage with deprescribing.

REFERENCES

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3. Ailabouni et al. Do Residents Need All Their Medications? A Cross-Sectional Survey of RNs' Views on Deprescribing and the Role of Clinical Pharmacists. J Gerontol Nurs. 2017/09/26 ed. 2017