



Deprescribing in Terminal Illness: The Role of the Hospice Nurse

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Background and Review of Literature

Deprescribing: discontinuing ineffective, unnecessary, or harmful medications (Cadogen et al., 2015)

- Review of literature
- Themes:
- Hospice patients do not tolerate multiple medications
 - Doctors cite consistent barriers to deprescribing
 - Hospice nurses may most effectively facilitate deprescribing due to trustworthy and ongoing patient relationships
- Gaps:
- What is the nurse's role in deprescribing?
 - Can a standardized approach be utilized for more effective deprescribing?

The purpose of this study was to gain insight on the attitudes and practices of hospice nurses at Hospice of Cincinnati (HOC) regarding medications and deprescribing and to disseminate evidenced based tools that they may incorporate into practice.

Methods Part II: Algorithm

Step II: Developing an algorithm for nurses. See Figure 1

Concept: Timing is Everything

Evidence:

- Initiating conversations about deprescribing too soon or too late can have adverse mental or physical effects on the patient (Reeve et al., 2014)
- Survey results indicated that, while most HOC nurse are routinely discuss deprescribing, there is no consistency in the timing of their approach

Step III: In-servicing HOC nurses

Focus:

- Survey results
- Proposed algorithm (Figure 1) with explanation (Figure 2)
- Communication techniques for deprescribing conversations

Figure 2. Assessing Five Alert Points for Deprescribing

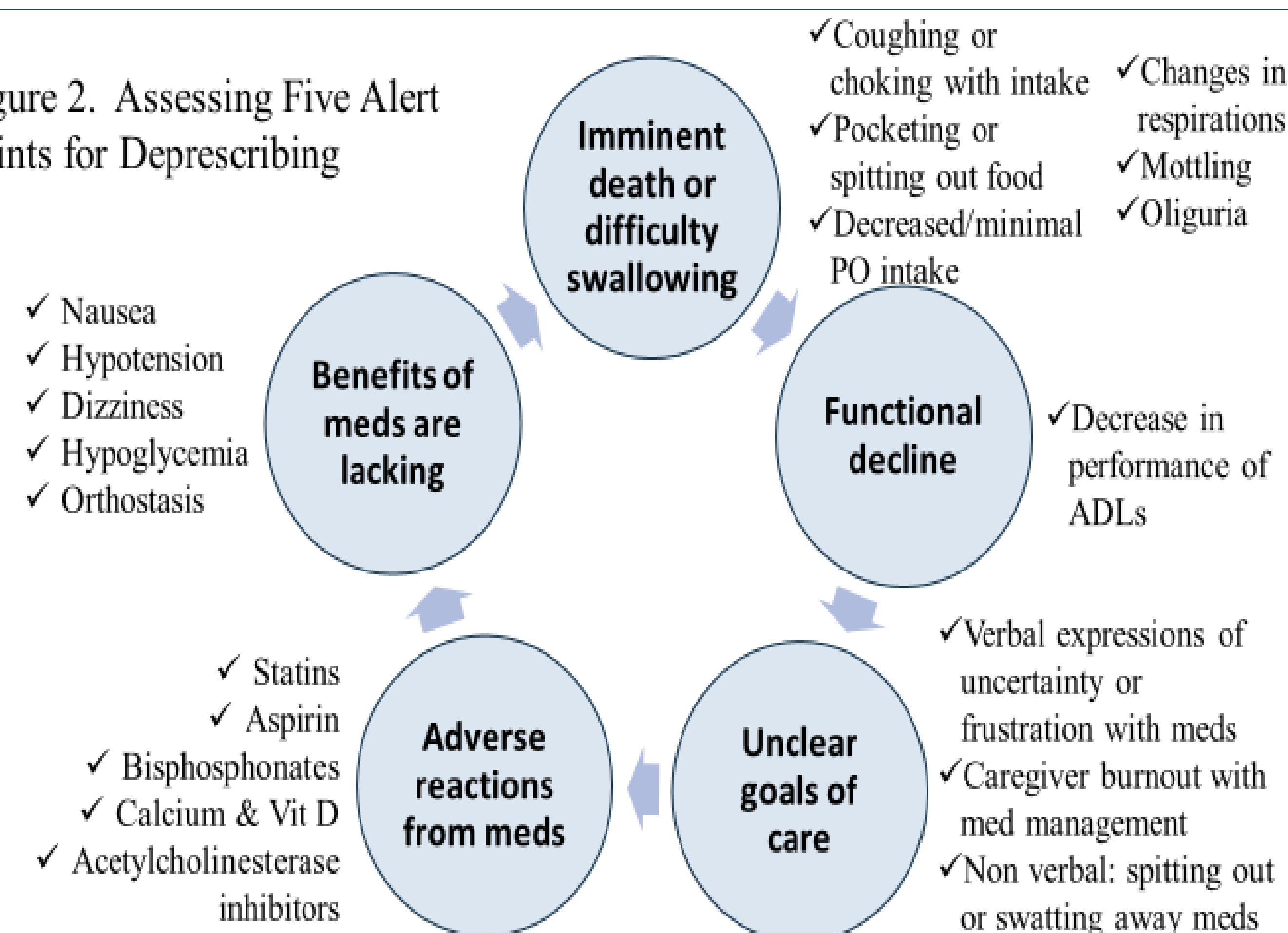


Figure 2. A checklist for assessment of the five points to discuss deprescribing can ensure that nurses are consistent in their recognition of turning points

Methods Part I: Survey

Step I: Needs assessment and insight into organization's practices regarding deprescribing

- To determine nurses' feelings and current practices in facilitating deprescribing of ineffective medications. 1 in 3 Wish they had more information about how and when to discuss deprescribing
- Nurses selected for the electronic survey were those who see patients in the community (home or long term care facility) 3 in 4 Routinely ask their patients how they feel about taking multiple medications
- Of the 90 nurses invited, 33 completed the survey Regarding when deprescribing is discussed:
 - 60% of home care nurses responded: at the initial visit
 - 75% of long term care nurses responded: when the patient can no longer swallow

Methods Part III: Education session

Figure 1. When is it Time to Talk About Discontinuing Ineffective Medications

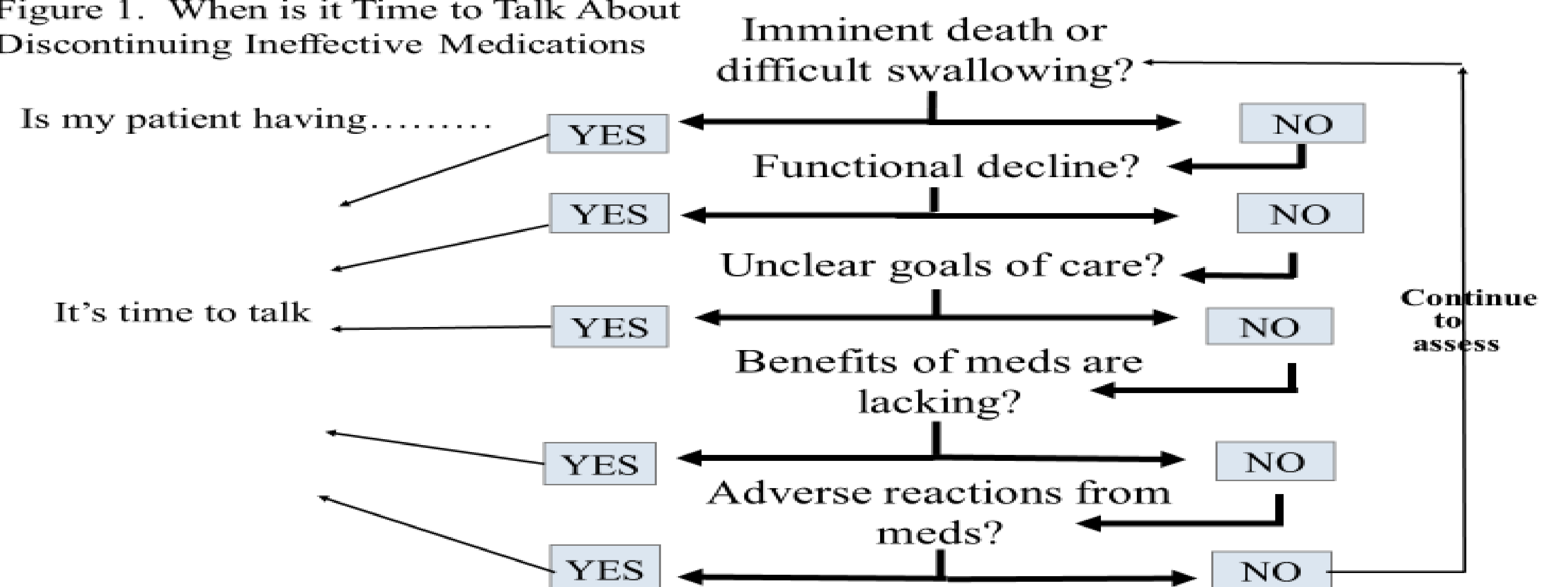


Figure 1. Algorithm representing five milestones that harken deprescribing conversations

Nursing Theoretical Framework

Katherine Kolcaba's Theory of Comfort

Comfort is the desired holistic outcome of nursing interventions and attainment of comfort is necessary for the physical and psychological wellbeing that can lead to a peaceful death (Kolcaba,1994)

Implies that the nurse must....

- Assess for physical intolerance or adverse side effects of medication
- Discuss patient's goals and feelings on taking medications

Expected Outcomes and Challenges

- Decrease in amount of inappropriate medications
- Cost savings
 - Improved nurse's knowledge
 - More efficient, high quality visits
 - Better patient and family satisfaction
 - Improved CAHPS scores
 - More referrals

Negative perceptions for associations with withdrawal of care: a dilemma for stakeholders

Garnering full support of physician and long term care partners

Abstract

Eliminating unnecessary, ineffective, or unsafe medications, also known as deprescribing, is important for the safety and wellbeing of patients who face terminal illness. Hospice nurses play a pivotal role in helping these patients navigate decisions about medicines as end of life approaches yet evidenced based guidelines and tools on how and when to do this are scarce. The purpose of this study was to gain insight on the attitudes and practices of hospice nurses at Hospice of Cincinnati (HOC) regarding medications and deprescribing and to disseminate evidenced based tools that they may incorporate into practice. The first part of the study consisted of an electronically administered survey to the home care and long-term care nurses working at HOC. Next, an educational session was held for the home care and long-term care nurses' teams at HOC. The focus of the session was results of the survey as well as a proposed algorithm and communication techniques that the nurses may use to initiate therapeutic conversations about stopping certain medications. The proposed algorithm and scripts were tailored to the results of the survey and consistent with current literature. These tools have the potential to facilitate deprescribing earlier and with more ease, both of which serve to benefit the organization, the patient and families, as well as the nurses using them.

Keywords: deprescribing, terminal illness, hospice nurses, medication discontinuation, polypharmacy

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