Lost in translation? Developing shared meanings, collective action and buy-in to facilitate the translation of a co-designed deprescribing initiative into the care home context

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Background: Taking multiple medications increases the likelihood of harmful side effects from drugs, particularly among older adults. Rationales for reviewing/stopping medications can be difficult to understand, and deprescribing needs to be addressed in a way that is sensitive to stakeholders' contexts and settings. The DEPPLOY-CH project (DEprescribing Problematic PoLypharmacy in Older adults with frailtY in Care Homes) adapted a successful primary care intervention to increase understanding around medication review and deprescribing for use in care homes. A set of documents co-designed with care home residents, relatives and staff facilitated engagement in structured medication reviews and deprescribing conversations. Key considerations for actively embedding the implementation in care homes remained unexplored, and a secondary analysis of stakeholder data was conducted to investigate how individual and collective actions might initiate, integrate and sustain the behaviours required to embed the intervention in a new context.

Objectives: To identify potential facilitators of embedding the intervention into care home settings using Normalisation Process Theory (NPT) as an analytic framework.

Methods: Secondary analysis of data from interviews, stakeholder workshops and free text from a clinician survey.

Results: Analysis explored three key NPT constructs: i) sense-making and coherence, ii) cognitive participation, and iii) collective action, and identified action points related to integrating the intervention in the care home context. Achieving coherence requires defining the medication review rationale and process, resolving misunderstandings around deprescribing, and developing shared meaning around the intervention for all stakeholders through knowledge sharing and prospective/post-intervention communication. Cognitive participation involves legitimisation of the intervention through its association with compliance around medication management systems/processes, a decrease in the need for ad hoc reviews, and a consideration of inequities related to cognitive decline. Collective actions likely to increase integration include systematising the review process, clarifying the involvement of Primary Care Networks, increasing role-specific ownership of the intervention, and creating management buy-in.

Conclusion: Secondary analysis using NPT can shape recommendations for implementation that are firmly grounded in stakeholder perspectives. Successful implementation of the DEPPLOY-CH intervention requires clear definition of review processes, deprescribing rationales and role specifications. Implementation is likely to be enhanced by wrap-around communication at timepoints defined by individual sites, and association of the intervention with good practice around medication management.

Lost in translation? Developing shared meanings, collective action and buy-in for co-designed deprescribing resources for care homes

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What's the problem?

Taking multiple medications has increasingly been recognised as a patient safety issue. Polypharmacy increases the likelihood of harmful side effects from medicines, particularly among older adults. Stopping potentially harmful medicines (deprescribing) requires shared decision-making and effective communication between clinicians, patients and their carers.

The **DEPPLOY-CH Study** (DEprescribing Problematic PoLypharmacy in Older adults with frailtY in Care Homes) developed deprescribing resources (see right) to increase engagement with structured medication reviews and stopping medicines among care home staff, residents and their families.

A similar intervention proved successful in primary care, but the challenges of embedding the intervention into care homes remained unexplored.

Aims

To explore how to encourage the initiation and integration of the DEPPLOY-CH deprescribing resources into care homes, and to understand what practices might sustain their use.

Methods

DEPPLOY-CH generated qualitative data from staff, resident and relative interviews and workshops, and free text from a clinician survey, as part of its stakeholder co-design process for intervention development. Three concepts from an implementation science model, Normalisation Process Theory[1], were used as an *a priori* framework for secondary analysis of the data:

NPT concept 1 — **Coherence** How do people make sense of the DEPPLOY-CH deprescribing intervention?

NPT concept 2 — **Cognitive participation** How do people become engaged in and committed to the intervention?

NPT concept 3 — **Collective action** What might people do collaboratively to successfully implement and sustain the intervention?

DEPPLOY-CH deprescribing resources:

Structured Medication Review Invitation and Explanatory Letter with preparatory questions
1 for residents
1 for relatives

Safely Stopping Medicines leaflet and personal deprescribing record
1 for residents
1 for relatives & staff

Structured Medication Review Information Poster for care home staff to explain the purpose of the intervention

Findings

To achieve **coherence**:

- develop shared meanings around the intervention through knowledge sharing, communication and feedback
- define the medication review rationale and process
- actively resolve misunderstandings around deprescribing.

To encourage **cognitive participation**:

Legitimise the intervention through associating it with:

- national policy initiatives around reducing polypharmacy
- a decrease in the need for *ad hoc* reviews
- equitable, individualised support to safely stop inappropriate medicines for *all* residents and their families, including people experiencing cognitive decline.

Collective actions likely to increase integration:

- systematising the new practice to embed it into care home processes
- clarifying the involvement of Primary Care Networks in reviews
- increasing role-specific ownership of the intervention documents
- creating care home management buy-in.

Conclusions

- Secondary analysis of data using NPT can shape targeted recommendations for implementation firmly grounded in stakeholder perspectives.
- Deprescribing benefits from systematisation in social care, requiring clear communication of review processes, roles, and deprescribing rationales.
- Implementation is likely to be enhanced by wrap-around communication to introduce and follow-up the intervention documents, tailored to the local context of each site.

Reference

[1]Murray, E. et al (2010) Normalisation process theory: a framework for developing, evaluating and implementing complex interventions. *BMC Medicine*. 8:63

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