

LTC+ Acting on Pandemic Learning Together

Webinar recap for June 14th, 2021

TOPIC

Deprescribing during COVID-19

KEY AREA(S)

Plan for COVID-19 and non-COVID-19 care

SPEAKER(S)

- Suzanne Gilbert, Territorial Pharmacist, RUISSS Montréal, OPUS-AP/PEPS approach
- Judy Yip, Clinical Pharmacist, Carewest
- Teresa K. Fung, Clinical Pharmacy Coordinator, Hebrew Rehabilitation Center, Hebrew Senior Life, Harvard Medical School Affiliate
- Rachel Rouleau, Pharmacist, OPQ Fellow, Assistant Head of the Pharmacy Department at CIUSSSCN, Associate Researcher at VITAM and Clinical Professor at Université de Montréal

OBJECTIVES

- Discuss the appropriate use of medications in LTC throughout Canada before the pandemic and during the pandemic in terms of optimization and person-centered approaches.
- Share hopes and expectations for the future regarding the appropriate use of medication

SUMMARY

1. In the CIHI report from 2016 LTC, it was reported that older adults living in LTC were prescribed more drugs than older adults living in the community. Based on your experience has this trend changed since the report?

- Since polypharmacy has been studied over many years, understanding how the pandemic has impacted this trend is difficult. In Quebec, this trend may be getting worse.
- In Canada, the population is aging and as people age, there is a greater amount of time to be diagnosed with different pathologies that require a multitude of medications.
- In the US, Hebrew Senior Life has been addressing polypharmacy issues since 2011 and since then, the trend of polypharmacy has decreased.

- In Alberta, there is an aggressive movement to deprescribe because new residents are already being prescribed 20+ medications (excessive polypharmacy), at the time they are admitted to LTC. Senior Hebrew Life has also observed this trend.
- Another consideration of deprescription is engaging families of resident as many advocate for certain herbal supplements or cannabis products to be used.
- Changes to medication volume can happen when multidisciplinary teams of nurses, physicians, and pharmacists work together to evaluate the goal of each medication being prescribed.

2. The pandemic has created more complexity in terms of delivering routine, non-COVID-related care for LTC residents, especially during the first wave. We know that the appropriate use of antipsychotics and other pharmaceuticals plays an important role in delivering safe, quality care for residents. Could you each take a moment to reflect on the prescribing practices you observed in the LTC homes you service throughout the pandemic, noting any important changes from the first wave and now?

- Prior to the pandemic, many homes in Quebec had started to reduce polypharmacy through the OPUS-AP and PEPS initiatives. With the pandemic, IPAC measures added to the complexity of care and there were staff shortages making it more difficult to administer medications multiple times a day.
- In Quebec, pharmacists determined which medications could be stopped, medications were regrouped, and dosages were adjusted to reduce how many times a medication was administered. These practices were maintained after the first wave.
- In Alberta, more older adults with complex mental health needs were entering LTC, creating challenges for nurses when residents needed to be isolated. Prior to entering LTC, most of these residents were being administered long-acting antipsychotic injections to control behaviour.
- Efforts to reduce polypharmacy in Alberta include antipsychotic mapping especially for residents who are being prescribed antipsychotics with no psychosis. There are also monthly reviews of residents who are candidates for deprescription. In terms of PRN usage, after 3 months PRNs are automatically removed from the resident's profile if they have not been used.
- In Quebec and Alberta, smoking cessation strategies (nicotine patch/gum administration) were initiated because residents were isolated. In Alberta, security was hired to accompany residents outside so they could smoke.
- In the US, Hebrew Senior Life has a multidisciplinary team and medications are reviewed proactively. Pharmacists are trained to contact providers if there is an interaction to confirm the prescription is necessary. There is also a policy to include a stop date on all antipsychotic medications.
- During the pandemic, reducing polypharmacy was a challenge especially for antipsychotics because residents were moving from their known environment to new environments if they needed to be isolated.

3. With many competing priorities during a time of COVID in LTC, how did your organization and care teams ensure that polypharmacy and person-centered care approaches remained a priority in resident care?

- Pharmacists at Hebrew Senior Life continued to review polypharmacy but there were challenges with taking medications to COVID-19 and non-COVID-19 floors. Ensuring medications were going to the correct floors and deciding to discard or quarantine unused medications increased workload for all staff.
- During the pandemic, resource shortages including staffing shortages resulted in emergency stop orders on certain medications including vitamins and supplements to reduce workload. At Hebrew Senior Life, once teams had capacity to restart medications, many of the stopped medications were not reinitiated which supported polypharmacy efforts.
- In Quebec, the Armed Forces were sought to support LTC homes by providing basic care to residents. Person-centered care was difficult to maintain because families were not able to enter the home, and families were providing a bulk of care to residents.
- To address staffing shortages in Quebec, rapid training of 10,000 new PSWs helped to reinitiate person-centered approaches.
- Other efforts in Quebec prioritized vaccination to reduce case numbers. This has allowed LTC homes to deploy a new workflow where each staff member has a specific role so person-centered care and reducing polypharmacy can be prioritized.
- There is hope that over the summer, staff can recharge and return with person-centered care.

4. As we slowly start to recover and look ahead to the future of the LTC sector, what is an important lesson learned from the pandemic, as far as ensuring appropriate prescribing practices, and what is your hope for the future?

- Increase engagement of families so they have a better understanding of polypharmacy and impacts of vitamins/supplements on polypharmacy. This starts with educating family and patients who can make decisions to improve informed decision making.
- Develop strategies to engage with family members, noting that most families may be reluctant to learn about polypharmacy at first.
- Increase interdepartmental medication review on a timelier basis and continuing to assess patients daily for their ability to swallow and changes in health status.
- Learn to respect the choices of older adults to ensure medications align with resident's expectations and are supported by science.

RESOURCES SHARED

Listed below are the resources mentioned during the webinar:

- [Reimagining Care for Older Adults Report](#)
- [Appropriate Use of Antipsychotics/Optimizing Practices, Uses, Care, and Services](#)

WEBINAR RECORDING

[Watch the full webinar here!](#)

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