Process evaluation of a complex intervention for optimizing appropriateness of prescribing in the nursing home setting (COME-ON study): Focus on the interdisciplinary case conferences.

Anrys Pauline[1], Strauven Goedele[2], Roussel Sandrine[1], Vande Ginste Marie[2], De Lepeleire Jan[3], Foulon Veerle[2] and Spinewine Anne[1-4]

1. Université catholique de Louvain, Louvain Drug Research Institute, Clinical Pharmacy Research Group, Brussels, Belgium,
2. KU Leuven, Department of Pharmaceutical and Pharmacological Sciences, Leuven, Belgium
3. KU Leuven, Department of Public Health and Primary Care, Leuven, Belgium.
4. Université catholique de Louvain, CHU UCL Namur, pharmacy, Yvoir, Belgium

Introduction

The COME-ON study (Collaborative approach to Optimize Medication use for Older people in Nursing homes) assessed the impact of a complex intervention consisting of **interdisciplinary case conferences (ICCs)** (i.e. **face-to-face** medication reviews performed by an **interdisciplinary team**: general practitioner, pharmacist and nurse) supported by **training** and **local concertations**. Participants were requested to conduct three case conferences per nursing home resident.

Objective

The process evaluation aimed to explore the implementation, mechanisms of impact and contextual factors that influenced the intervention.

Methods

Quantitative data on implementation were collected throughout the study period. Qualitative data were collected through multidisciplinary focus groups in 11 nursing homes.

Results

1675 case conferences were registered for 681 residents (= 85% of residents included in the intervention group)

Median [P_{25}-P_{75}]: **3 [2-3]** per resident

Median duration of ICC: **15 minutes**

Overall, participants were satisfied with case conferences.

Although they perceived benefits for themselves, their perception of the impact on residents varied from limited impact to positive impact in terms of number of medications or cost.

Several **barriers (B)** and **facilitators (F)** to the implementation and the perceived impact of the case conferences were identified.

		Implementation	Perceived impact
(a) intervention	Face-to-face approach	B	F
	Interdisciplinary approach with three different HCPs	B	F
	"I think we were all in our particular roles and everyone mattered." (Head nurse – NH-W3)		
	Preparation of the ICCs	-	F
	Material (i.e. summary of the evidence) provided by the research team	-	F
(b) Professional	Interprofessional relationships and clarity of role and responsibility	-	B/F
	GPs' motivation to participate	B/F	-
	GPs open to suggestions from other HCPs	-	B/F
	"I'm telling you, I've become aware of the communication problem, which I then tried to ease. Because sometimes they [general practitioners] tend to not to react to what the pharmacist says or not to think about it at all." (Coordinating physician – NH-F5)		
	Lack of skills, knowledge, and experience needed to conduct a medication review on the part of pharmacists	-	B
(c) Organization	Those of the nursing staff not involved in ICCs	-	B
	Nurses' staff resources	B/F	-
	Availability of the delivering pharmacist	B	-
	Previous experience of interdisciplinary collaboration/pre-existing relationship between HCPs	F	F
	"…and so we had a team that knew each other well, who already met often…and I wonder about the implementation in practice of something like that with the other general practitioners come to the nursing home.."(Coordinating physician– NH-W3)		
	One person responsible for the planning, who motivated the team	F	F
	Logistical resources: e.g. a quiet room, access to the resident 's records and medication schedule during ICC, computer, Wi-Fi connection	-	F
(d) External context	Financial incentive	F	-
	"If there had been no payment, there might not have been many participants."(General practitioner – NH-W4)		
	Clinical trial context	F	-

Key conclusion

These quantitative data as well as qualitative data on experiences and satisfaction have been essential to generate recommendations for Belgian policymakers on the future implementation of case conferences in nursing homes, for example in terms of frequency, format, prerequisites.

1. Anrys, P., et al., Collaborative approach to Optimise MEdication use for Older people in Nursing homes (COME-ON): study protocol of a cluster controlled trial. Implementation Science, 2016. 11;11:35.