Improving Medication Prescription in the Context of Advanced Care Planning for Patients Receiving Nursing Home Care (IMPETUS): Study Protocol of a Cluster Randomized Controlled Trial


**Background** Nursing home (NH) residents in the Netherlands have a limited remaining life expectancy (mean survival 1.5-2 years) and suffer from complex multi-morbidity. For many patients, the goals of care change from a focus on life extension and disease-specific targets, to a more geriatric-palliative care (GPC) approach that focuses on quality of life, comfort and medication-safety. Consequently, a change in prescribing practice would be expected, with a focus on symptom medication instead of chronic preventive medication. However, due to many patient- and care provider-related barriers, current prescribing practice lags behind.

**Purpose** This study aims to align medication prescription with GPC goals in NH residents, by means of a structured Advance Care Planning (ACP+) intervention.

**Method** A 18-months cluster randomized controlled trial in 2x20 somatic and psychogeriatric long term care wards of NHs. For this study, 480 patients will be included. NH patients are eligible if they have a clear wish for GPC or have an indication based on their life-expectancy (≥1.5-2 years, judged by their physician and the Supportive Palliative Indicators Care Tool (SPICT)). The intervention consists of biannual structured multidisciplinary medication reviews followed by ACP discussions with patients/surrogates. NH care providers in the intervention group will receive a training. Patients in the control group will receive usual care. To enable fast and easy data collection, a special Electronic Patient Record-tool will be developed. Primary outcome measures are appropriateness of medication prescription (reduction of chronic and preventive medication, increased prescriptions for symptom management). Secondary outcomes are the frequency of falls, hospitalizations, mortality, quality of life and patient/surrogate satisfaction with involvement in decision-making. A qualitative process analysis will also be performed after the trial.

**Findings** Expected start of the trial: March 2018.

**Conclusion** This study is expected to increase appropriateness of medication prescription without increase in mortality, hospital admissions, falls or adverse effects. We expect no negative effect on quality of life. A positive effect on patient/surrogate satisfaction in decision-making is also expected.