

NURSES' AWARENESS IN THE MANAGEMENT OF CHRONICITY AND POLYPHARMACY THERAPY BY NURSE SPECIALISTS

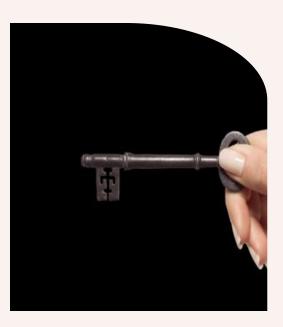
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ESNO Congress Milano, Italy June 6, 2024 Sara Carrodano - MScN, RN -Educational faculty in the health care area Planning and Quality, HealthCare Organization (ASL) 5 La Spezia, Italy - Specialist Nurse in Emergency and Intensive Care Alessandro Stievano - PhD, RN - Coordinator Centre of Excellence for Nursing Scolarship - OPI Rome, Italy Paola Lorenzani - MScN, RN - Educational faculty University of Genoa - Educational AreaASL 5 La Spezia, Italy

BACKGROUND



- Progressive ageing of the population
- Emergence of multiple chronic diseases
- Related polypharmacotherapy



The aim is the sustainability and quality care for all European healthcare systems.

Assisting patients in the management of their chronicity is essential to ensure safety and maintain health status, particularly during transitions of care.

The **NURSE SPECIALIST** plays a key role.

Fraze TK, et al. Role of nurse practitioners in caring for patients with complex health needs. Med Care. 2020;58(10):853-860.





In Italy, temporary outpatient clinics conducted free medication recognition/reconciliation on September 17, 2022, World Patient Safety Day.

RESEARCH TEAM

A multidisciplinary teams composed of physicians, pharmacists and nurses from 46 operating units in 9 Italian Regions, offered a free pharmacological drugs reconnaissance and reconciliation service to patient over 65 years under polypharmacy.

AIM OF THE STUDY

The aim was to map the situation of polytherapy patients and identify the challenges of nurses caring for them.

MATERIALS AND METHODS



STEP I

This was a Multi-centre study sponsored by the Italian Network for Safety in Healthcare (INSH)

Data were collected through
INTERcheck web, a web
application developed by Mario
Negri IRCCS Institute in Milan,
Italy

This app allowed professionals to identify inappropriateness and/or interactions in polypharmacy patients.

The results were analysed on an Excel database using descriptive statistics.

MATERIALS AND METHODS



STEP II

Quantitative research addressed to the healthcare personnel involved

Exploratory survey divided into two sections:

- 6 items: sociodemographic characteristics of the sample
- 20 items: dichotomous questions, closed multiple-choice questions and items on the NET Likert scale

The results were analysed on an Excel database using descriptive statistics.



RESULTS

46 temporary outpatient clinics

488 patients

43.2% female

average of 8.5 (±3.4) medications.

95% exposed to interactions

2/3 of the sample exposed to interactions that impacted clinical outcome

66.5% was the
prevalence of potentially
serious DDIs (drug-drug
interactions)= most
frequent involved drugs
with cardiotoxic and
additive effects on QT

A high percentage of patients (46.5%) were receiving three or more psychotropic drugs (benzodiazepines, antipsychotics or antidepressants) resulting in an increased risk of falls

RESULTS



STEP II

Exploratory Survey

Nurses = 30% of the sample

Unanimous enthusiasm for the initiative and they would be happy to participate in another study to assess the impact on the review of the prescribed therapies

EDUCATIONAL IMPACT

- 14.3% of the sample had no understanding of the Ministerial Recommendation No. 17 on therapy review.
- 21.4% of the sample was not aware it was part of the Essential Levels of Care in Italy.
- 35.7% of the sample did not apply the Ministerial Recommendation.
- 7% of the sample did not know the INTERcheck system

RESULTS



STEP II

Exploratory Survey

Other concepts emerged:

- The need to implement the Intercheck Web tool in everyday professional life.
- Lack of knowledge about the healthcare personnel who should carry out the different stages of drug recognition.



DISCUSSION



In elderly persons with multimorbidity and polypharmacy, the identification of a potential drug interaction may result in an unacceptably high risk. Drug reconciliation is a key step in ensuring patient safety (McNamara et al. 2017).

The survey that involved healthcare professionals revealed a still suboptimal knowledge and use of best practice in drug reconciliation. It would be necessary to promote the implementation of an interdisciplinary team approach, involving not only patients, but also their relatives and caregivers and family doctors.

A limitation of this study is the lack of follow-up, however, the high educational impact can be emphasized.

CONCLUSIONS



- The presence of professionals capable of effectively assisting patients in the transitions of care, particularly in the management of the disease and its treatment, is crucial.
- The implementation of professional skills and awareness in care management is indispensable for the support and education of patients in self-care and for the maintenance of their health status (Rushton et al., 2015).



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THANKS FOR LISTENING