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The RESPECT-brochure: Development of a tool to inform and empower residents and informal caregivers on the medicines' pathway in nursing homes

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ABSTRACT

Objective: To develop and evaluate a tool to inform and empower nursing home (NH) residents and informal caregivers regarding the medicines' pathway.
Methods: Feedback on the tool's text, drafted by the research team, was collected from a professional organization; the lay-out was designed by an illustrator. The tool was pilot tested in NHs, focusing on feasibility, appropriateness, and meaningfulness. Semi-structured interviews and focus groups with residents, informal caregivers, and healthcare professionals were performed, as well as document analysis. Qualitative data were analyzed inductively.
Results: The RESPECT-brochure was developed and described each process of the medicines' pathway. Piloting showed that the tool was well perceived among residents and informal caregivers and offered opportunities to discuss medication-related questions and concerns, but that skills to tailor the conversation, especially given the changing NH population, a matching vision and local champion are required for the tool's uptake.
Conclusion: An informative and empowering tool has been successfully developed and pilot tested in NHs. Future research should investigate which strategies for implementation work best and can explore the impact of the tool's use in daily practice.
Innovation: The tool is the first in its kind and grants nursing home staff a new strategy to promote person-centered care.

1. Introduction

Person-centered care (PCC) is defined as care that is guided by an individual's health and life goals and preferences, and involves individuals and their informal caregivers (e.g. relatives) to the extent they desire [1].

To this day, research on PCC with regard to the medicines' pathway in NHs remains scarce. This pathway in nursing homes (NHs) includes processes such as medication prescribing, medication storage and administration, as well as the monitoring of medication (side-)effects [2]. Although previous research has shown that nursing home residents (NHRs) and informal caregivers are involved in several of these processes, a recent study indicates that their involvement remains unstructured and limited, when compared to the entirety of the pathway [3-5].

Explanations for this low level of involvement include the perception among healthcare professionals (HCPs) that NHRs and their informal caregivers are not capable to be involved, or do not want to be involved [4]. The perception that they lack medication-related knowledge and capabilities also lives among NHRs and informal caregivers themselves [5-9]. Nevertheless, recent study findings show that both groups want to be involved and express involvement preferences that range from minimal information needs to active participation needs [4,5]. Moreover, these findings suggest resident and informal caregiver involvement as a potential strategy to support patient safety in NHs [5].

Another important barrier towards resident and informal caregiver involvement in the medicines' pathway is the lack of knowledge among NHRs and informal caregivers with regard to the content of the

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medicines' pathway, which naturally hinders their perception of opportunities to be involved therein [5].

A first step towards resident and informal caregiver involvement, according to the ladder of Patient and Family Engagement by Kim et al., is to inform both groups on the processes and activities of the medicines' pathway [10]. Following this, NHRs and informal caregivers should be empowered to take up their role in the medicines' pathway, to the extent they individually desire [10], as empowerment leads to a greater sense of self-efficacy and self-management skills among individuals with chronic conditions [11].

It can be hypothesized that an informative and empowering initiative might be a means to respond to several NHR and informal caregiver related barriers (e.g. perceived lack of opportunities) and improve their involvement in the medicines' pathway. Therefore, the aim of the present study is to develop and evaluate a tool to 1) inform NHRs (and informal caregivers) about the processes of the medicines' pathway and to 2) empower them to take up their role therein.

2. Methods

The development of the tool occurred as part of the RESPECT (i.e. RESident's Participation in the Evaluation and Customization of Therapy) project that was set up in Belgium. This project aims to explore opportunities for NHRs and informal caregiver involvement in the medicines' pathway and medication decision-making in NHs.

The development process consisted of two phases: 1) development of the tool itself, and 2) pilot testing of the tool in NHs.

2.1. Setting: Resident and informal caregiver involvement in the medicines' pathway in Belgium

The medicines' pathway in Belgian NHs contains eight processes: resident's (re-)admission, medication prescribing, medication purchasing, delivery, storage, preparation, administration, and monitoring medication effectiveness [2]. Previous research has shown resident and informal caregiver involvement across this pathway is limited and unstructured. The level of involvement of each resident and informal caregiver depends on a confluence of circumstances, including the NH and its vision, perceptions of individual HCPs (e.g. regarding the capabilities and willingness of residents and informal caregivers to be involved), as well as the attitude and perceptions of individual residents and informal caregivers (e.g. regarding the opportunities to be involved) [4,5].

2.2. Development of the tool

The content of the tool was drafted by the research team (AD, VF), two female researchers with a background in pharmacy. The content was based on the composing processes of the medicines' pathway, as identified by Strauven et al. [2]. This information was complemented with interview findings from NHRs, informal caregivers and HCPs regarding resident and informal caregiver involvement in the medicines' pathway in NHs [4,5]. Following this, feedback on the readability and clarity of the draft was collected from 'Wablieft', a Flemish organization that provides support in writing clear texts for specific populations. Simultaneously, an illustrator worked on the formatting and lay-out of the tool. Decisions on formatting and lay-out were made in consultation with several home-residing older adults from the researchers' own personal network (e.g. (grand)parents and acquaintances).

2.3. Pilot testing in nursing homes

The tool was distributed among interested NHs. Nursing homes that took part in earlier projects of the research team (i.e. Come-On study or earlier parts of the RESPECT project) were invited for participation (i.e. Series 1). Besides this, NHs participating in a pilot study regarding the implementation of a residential care pharmacist were included (i.e. Series 2).

In participating NHs, HCPs (i.e. member of the NH staff or the residential care pharmacist, as applicable) were asked to use the tool as a conversation starter to inform future or recently admitted NHRs and/or their informal caregivers on the different processes of the medicines' pathway, and to encourage them to take up their role therein. No inclusion or exclusion criteria for residents, informal caregivers or HCPs were applied. Imposing only few instructions during the pilot study allowed to explore the added value as well as the pitfalls of the RESPECT-brochure and its use in a bottom-up approach.

Pilot testing of the tool was guided by the Joanna Briggs Institute model of evidence-based healthcare, evaluating three outcomes: feasibility, appropriateness, and meaningfulness [12]. Feasibility explores whether an activity or intervention (i.e. conversation with the RESPECT-brochure) is physically and culturally practical and possible within a given context (i.e. NHs). Second, appropriateness checks the extent to which the intervention fits with the context. Last, meaningfulness relates to personal experiences and opinions of NHRs, informal caregivers and NH staff [12].

Evaluation was performed by means of semi-structured interviews and focus groups with NHRs, informal caregivers, and HCPs. Interviews and focus groups were audio-recorded and afterwards summarized in a narrative manner. Furthermore, participating residential care pharmacists were asked to write and submit a report on conversations performed with the tool. They were also instructed to question the NHRs and informal caregivers on their experiences regarding the tool and the conversation therewith, and to describe these in the report submitted to the research team.

An inductive approach, based on the Qualitative Analysis Guide of Leuven [13], was used to analyze the narrative interview summaries and reports (i.e. document analysis). Initial analysis was executed by AD, a female researcher with a background in pharmacy and experience in qualitative research. Findings were regularly discussed with other members of the research team, AVH and VF, to identify and describe themes.

The evaluation of the tool took place between April 2022 and December 2022 and was approved by the Social and Societal Ethics Committee of KU Leuven (G-2021-3941). The pilot study on the role of the residential care pharmacist was independently approved by the Ethics Committee Research UZ/KU Leuven (MP021892). At the start of each interview or focus group, written informed consent was collected.

3. Results

3.1. Development of the tool

Each of the eight processes of the medicines' pathway (i.e. admission, prescribing, purchase and ordering, delivery, storage, preparation, administration, and monitoring) was separately described in the tool. Each section described one process and was made up of both an informative and an empowering subsection. The tool also provided a small introduction, an overview of the processes of the pathway, and the opportunity to make notes.

The feedback of 'Wablieft' predominantly related to the use of active instead of passive language. Besides this, to increase clarity, they suggested to use subtitles instead of solely naming each section the respective process of the medicines' pathway (e.g. "Admission" was changed into "Admission – What should you do at admission?"). The feedback resulted in a thorough rewriting of the text.

With the support of an illustrator, and in consultation with five home-residing older adults, the tool was developed as a square 'double gate fold' brochure and was entitled the RESPECT-brochure. An impression of the tool is provided in Fig. 1, but the complete version is available upon request from the authors.

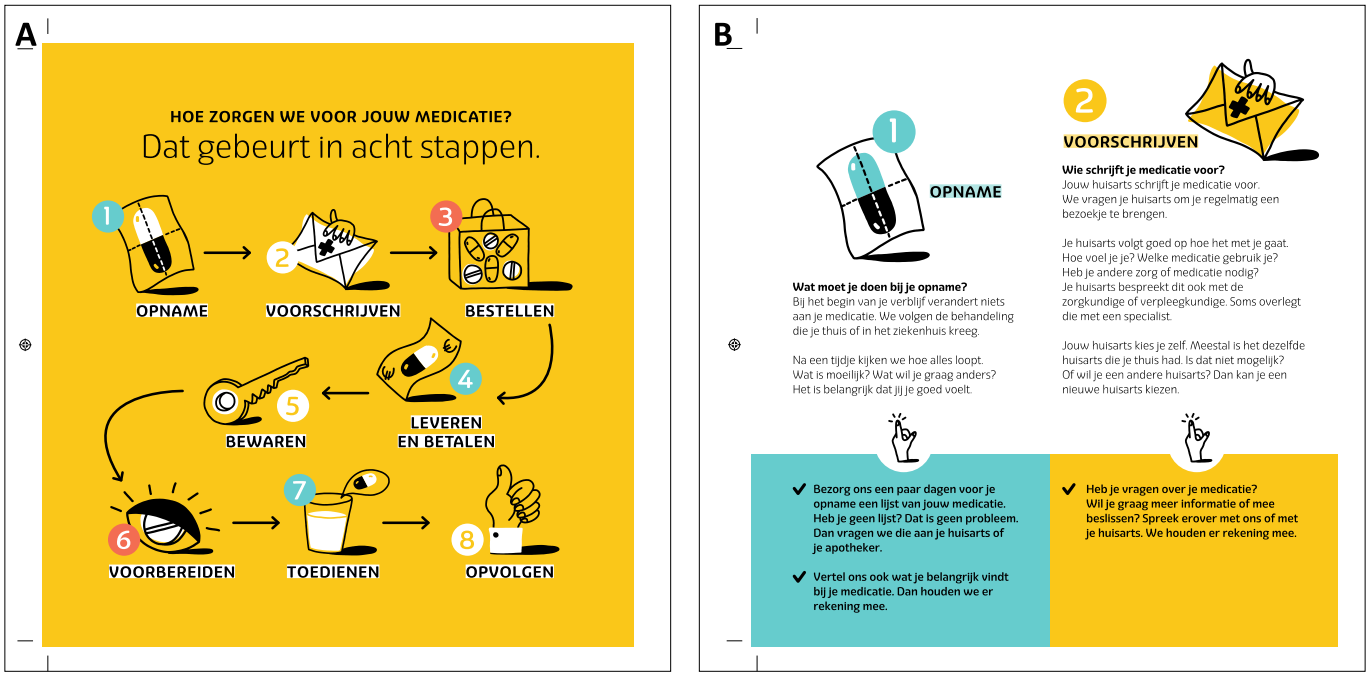

Fig. 1. Parts of the RESPECT-brochure (in Dutch) as developed by the research team, with integrated feedback from 'Wablieft' and formatted by a graphic designer (**A** = outside, describing the eight processes of the medicines' pathway going from admission (1), over prescribing (2) to medication administration (7) and monitoring (8); **B** = inside, providing information on the admission ('What to do upon admission?') and prescribing ('Who prescribes your medication?') processes).

3.2. Pilot testing in nursing homes

A total of 13 NHs was included (see Table 1). Three NHs agreed to participate after being invited based on their involvement in earlier projects of the research team (i.e. Series 1). In these NHs, 4 conversations were held with NHRs and 8 with informal caregivers. Three quality coordinators, 1 admission coordinator, 3 NHRs, and 1 informal caregiver (i.e. daughter of a resident) were interviewed to evaluate the brochure and its use. Two of the interviews with NHRs were afterwards excluded from the analysis because of the resident being confused at the time of the interview. Hence, it was not clear if they remembered the tool or even the conversation held with them by a member of staff. Therefore, only one of the interviews with NHRs was considered during the evaluation of the tool in this phase.

Furthermore, 10 NHs participating in a pilot study on the implementation of a residential care pharmacist were included in the evaluation of the tool (i.e. Series 2). Of these NHs, 10 pharmacists performed multiple conversations and submitted a report for 10 conversations with NHRs and 1 with an informal caregiver.

Six themes were derived from the data, describing the feasibility, appropriateness and meaningfulness of the brochure.

Table 1
Overview of participants and conversations (HCPs = healthcare professionals, NHRs = nursing home residents).

	Series 1	Series 2	Total
Nursing homes, *N*	*3*	*10*	*13*
Conversations, *N*	*12*	*11*	*23*
NHRs	4	10	14
Informal caregivers	8	1	9
Participants for evaluation, *N*	*6*	*21*	*27*
NHRs	1	10	11
Informal caregivers	1	1	2
HCPs	4	10	14

3.2.1. Format and lay-out well perceived

The format of the tool (i.e. a square 'double gate fold' brochure) was considered appropriate and supportive during conversations with NHRs and informal caregivers. The size of the brochure and the font size, as well, were found not too big, nor too small. Participants indicated the brochure was nicely illustrated and used vibrant colors and distinguishable symbols to illustrate the processes of the medicines' pathway.

"The brochure lends itself easily to starting a conversation [about the medicines' pathway]. It is a nice, structured and clear tool that is easy to use in the nursing home. The two sides (the extensive explanation versus the concise overview with symbols) ensure that you can easily switch when you feel that the resident and/or family would like more or less explanation. (…) It's perfect the way it is and it works.", pharmacist 4.

3.2.2. Tailoring of the conversation to the individual

Some HCPs indicated to use the resident's or informal caregiver's own experiences with regard to the resident's medication use or medicines' pathway as a way to clarify the information available in the tool for the individual.

"I started the discussion of the medicines' pathway by addressing the fact that she had changed GPand that admission to a nursing home does indeed entail a lot of changes. In this way I touched upon every process of the medicines' pathway, step by step, and further clarified each process by using her own experiences as an example.", pharmacist 1.

Besides this, HCPs described to use the overview of the eight steps of the medicines' pathway to structure the conversation when they noticed that the resident was feeling overwhelmed with the amount of information being provided, and did in such cases not elaborate each step of the pathway.

3.2.3. A matching NH vision and a local champion required for the tool's successful uptake

In some of the participating NHs, HCPs decided not to work with the tool, nor to perform conversations with future or newly admitted NHRs or their informal caregivers to inform and empower them with regard to the medicines' pathway in the NH. In these NHs, HCPs declared that certain information provided in the tool did not match the NH's vision.

More specifically, these NHs did not support the self-management of medication (e.g. to purchase medication at a pharmacy of their choice and/or to store medication in the resident's room) and did not want to risk empowering NHRs and informal caregivers in this regard. Therefore, a match between the NH's vision and the objective of the tool was seen as an important factor in the tool's uptake.

"We prefer to let sleeping dogs lie.", quality coordinator 1.

In other NHs, conversations with the tool were successfully carried out with both NHRs and informal caregivers. In these NHs, conversations were carried out by a select number of HCPs (i.e. one or two), typically by a quality coordinator, admission coordinator, or the residential care pharmacist. These were people who seemed to be convinced of the added value of such conversations with NHRs or informal caregivers and were committed to the tool's implementation. Hence, these people were seen as local champions and were thus identified as a second success factor for the tool's uptake.

"I think residents have a right to [receive] this information, even if they do not ask for it themselves. In our NH, I saw that information about the medication process is often forgotten and that little attention is paid to this topic. (…) The brochure is the ideal tool to include this information in an easy and structured way, for example during the admission interview. In any case, it is important to make some time to discuss this with the residents.", pharmacist 10.

3.2.4. An opportunity provided to discuss medication-related questions and concerns

Healthcare professionals indicated that during conversations with NHRs or informal caregivers about the medicines' pathway, supported by the tool, both groups asked questions about the resident's medication use or shared medication-related concerns. As such, conversations with the tool were not limited to a one-sided provision of generic information (i.e. the HCPs just explains the content of the brochure) but these also provided insight into an individual's medication-related needs and concerns as it enhanced questioning.

"During the conversation, the woman indicated that she was a bit worried about the antibiotic she uses for her bladder infection. In addition, she also spoke the words 'I do take a lot of medication'.", pharmacist 7.

3.2.5. Appreciation among most NHRs and informal caregivers

Overall, NHRs and informal caregivers showed appreciation for the information about the medicines' pathway. Residents and informal caregivers indicated that, before the tool's implementation, they were not aware of what processes the medicines' pathway entails, how extensive these were, and did not realize why NHs insist on the handover of the medication management to the NH staff. Moreover, NHRs and informal caregivers indicated that, thanks to the explanation supported by the tool, they now knew who to address with medication-related questions or concerns during the resident's NH stay.

While most experiences and feedback collected from NHRs and informal caregivers was positive, HCPs indicated that not all NHRs and informal caregivers were enthusiastic and acknowledged the added value of a conversation regarding the medicines' pathway.

"They [residents and informal caregivers] really indicated that they found the information enlightening. They did not realize that the medicines' pathway entails so many things.", quality coordinator 3.

"You know a bit more of course. You're a bit more informed about what it's all about and how it works [the medicines' pathway]. But it's not really necessary. We can handle ourselves.", informal caregiver 1.

3.2.6. The challenge of a changing NH population

Nursing home staff unanimously described new NHRs as more care dependent than previous generations of NHRs. Most NHRs who were recently admitted to the NH were characterized by severe cognitive impairment and thus considered by staff as incapable to have a conversation with about the medicines' pathway. It was noted that in most NHs the brochure was only used for NHRs who were considered capable to hold a conversation with. In some of the cases in which the resident was considered too cognitively impaired, but not all, it was decided to perform the conversation with the resident's informal caregiver. This change in NH population was named as the main challenge for the tool's implementation.

"What we also notice is that those who are admitted to the nursing home are increasingly care dependent. (…) The length of stay is barely 3 years. They [residents] come in much more vulnerable. We really admit the heavier [care] profiles, both cognitively or physically.", quality coordinator 2.

On the contrary, some NH staff members acknowledged that, thanks to an increasing number of accessible information sources in our society, future generations of NHRs might be more demanding with regard to their information and participation needs, and thus still considered the tool meaningful.

"What we often notice with this target population is that they are not used to it [being informed]. This is still a population that says 'The doctor says' and just accepts that. And that is going to change. (…) I notice that the younger generation arriving [at the nursing home] expects that. We have a working group of relatives who say 'When I come here, I want to be able to work with my iPad and I want to be properly informed'. It [the tool] will be useful for that group. They are used to receiving brochures, but the current generation is not. I think there will be a switch.", quality coordinator 2.

Also noted was that some NHs chose to use the brochure to only inform and empower those NHRs or informal caregivers who first expressed an interest in the topic themselves.

4. Discussion and conclusion

4.1. Discussion

This paper describes the development of an informative and empowering tool for NHRs and their informal caregivers with regard to the medicines' pathway in NHs (i.e. the RESPECT-brochure), to our knowledge, the first tool that is being developed and published with this aim. After the development of the tool, a pilot study resulted in important findings with regard to the tool's feasibility, appropriateness and meaningfulness.

As previous research indicated that current NH admission processes do not include informing residents and informal caregivers about the medicines' pathway in the NH, the implementation of the tool entails a change of existing working routines [5]. Study findings show that successful implementation of the tool requires a local NH vision that matches the tool's objective and can be facilitated by a local champion who cares for the tool's implementation. This corresponds with well-known implementation frameworks such as the Consolidated Framework for Implementation Research (CFIR) and the Normalisation Process Theory (NPT) [14,15]. Here, local champions were staff members who worked across units in the NH (e.g. quality coordinators, residential care pharmacists). In the future, when implementation is scaled up, these champions can serve as implementation facilitators and leads, and promote systematic uptake of the tool across the NH [14]. Nevertheless, residential care pharmacists are not yet part of permanent NH staff in Belgium. Therefore, the integration of this function in NH practice should be further explored as they may serve not only as local champions in the tool's uptake but also in other medication-related activities and the medicines' pathway by expansion [16-18].

Before upscaling the tool's implementation, some findings of the pilot study need to be reflected upon. First, the content of the tool needs consideration to further promote the tool's uptake. Despite efforts to create a generic tool that would be applicable in all NHs, not every participating NH was comfortable using it and presenting it to NHRs and informal caregivers in its current form. Especially presenting the opportunity to NHRs or informal caregivers to self-manage the resident's medication to the extent they desire, while taking into account their individual capabilities, was a part of the tool that some NHs did not agree with. Although self-management of medication by NHRs (or to

some degree by informal caregivers) occurs in several Belgian NHs and is subject of national guidelines in other countries (e.g. Australia, UK), a number of NHs does not allow it [5,19,20]. This resulted in lower implementation levels in some NHs compared to others [14,15,21]. This was not entirely surprising as interviews with HCPs previously highlighted organizational concerns as a barrier towards providing NHRs or informal caregivers with involvement opportunities across the medicines' pathway, and thus informing both groups about these opportunities [3,4].

Hence, the question may be raised on the necessity to provide a tool of which the content can be modified to match the local vision and medication policy [14]. Still, all information provided in the tool was deliberately included with the aim to stimulate HCPs, or NH staff in general, to explore involvement opportunities across the medicines' pathway for every (new) NHR and/or their informal caregiver(s) on an individual level. Also, a modification of the tool's content would (at least to some part) annul its objective (i.e. inform and empower NHRs and informal caregivers). Last, findings from our pilot study suggest mainly appreciation among NHRs and informal caregivers for the provided information on the medicines' pathway, rather than actual requests of both groups to be actively involved. This might indicate that the fear of HCPs that informing and empowering NHRs and informal caregivers would result in a for them unwanted shift of responsibilities, might be in most cases unnecessary and unjustified.

As such, it is important to combine the distribution of the tool with other initiatives to improve the awareness of HCPs on the opportunities for and benefits of resident and informal caregiver involvement in the medicines' pathway, and PCC in general, to target their perceptions and fears, and increase the tool's uptake [21].

Second, since a change of population seems to be occurring in NHs, as was indicated by HCPs and named as the main challenge for the tool's implementation, attention should be paid to the target population of the tool. Indeed, a significant portion of NHRs is diagnosed with dementia (i.e. more than one third in Belgium) and the number is only expected to increase [22]. This group of NHRs is most often considered as incapable to perform a conversation with regarding the medicines' pathway. In some of these cases, but certainly not all, the conversation was instead performed with the resident's informal caregiver(s). Nevertheless, there is still a large number of residents who are not or only mildly cognitively impaired. Findings show that also this group of NHRs is not systematically informed nor empowered on their involvement opportunities across the medicines' pathway, and that the initiative was often limited to NHRs and informal caregivers who first expressed an interest in medication-related topics themselves. This reactive way of working has been described before and can be attributed to the perception of HCPs that NHRs and informal caregivers do not have the capabilities nor the desire to be involved in the medicines' pathway [4,23].

It is important to break through this reactive way of working and evolve towards a more proactive way of informing and empowering NHRs and informal caregivers. To obtain this, a conversation with regard to the medicines' pathway should be opened with every NHR or, when the resident is too cognitively impaired, with their informal caregiver(s), preferably in the presence of the resident himself. A range of involvement preferences characterizes the population of NHRs and their informal caregivers, which has been described before and is also supported by current research findings [5,6,24,25]. It is therefore crucial to assess the preferences of each NHR and informal caregiver if every person is to be involved to the extent they individually desire, which is key to PCC [1]. Furthermore, previous research has shown that certain resident or caregiver-related barriers exist that prevent both groups from expressing their interest, potentially causing their information or participation needs to stay under the radar [3,5-9,26]. This further emphasizes the importance of a proactive assessment of NHRs' and informal caregivers' involvement preferences. Additionally, it can be expected that future NHRs will possess a more critical attitude towards their medication use and the medicines' pathway and may express stronger information and participation needs.

Third, study findings serve as a reminder to reflect on the communication skills of HCPs, or NH staff in general, to make oneself understood. Several HCPs described to have adapted their communication style or the tool's application during the conversation with a NHR or informal caregiver. Since NHRs may experience communication difficulties as a barrier towards being involved in their own care, HCPs should be motivated to maintain or improve their communication skills. Naturally, it is important that information is presented to NHRs and informal caregivers in a way that they understand and that offers them an opportunity to communicate preferences and concerns [27].

Interestingly, a conversation about the medicines' pathway supported by a tool that entails a process-oriented perspective (e.g. How is medication being prescribed?), also provides an opportunity for NHRs and informal caregivers to express and discuss their medication-related questions and concerns (e.g. What medication am I currently using and why?). Hence, the tool may serve as a facilitator for the assessment of an individual's medication-related needs, preferences, and concerns, and may subsequently enhance the person-centeredness of the resident's medicines' pathway. Moreover, when implemented systematically for all NHRs and informal caregivers, it could target the reactive manner of HCPs or NH staff to involve both groups in the medicines' pathway [4]. Healthcare professionals should thus be encouraged to use the tool as it could contribute to the provision of PCC in their NH.

Based on the findings from the pilot study, different facilitating strategies may further encourage the tool's implementation [21]. These may include initiatives to raise awareness among HCPs, but also NHRs and informal caregivers on the benefits of involvement in the medicines' pathway, as well as training of HCPs in effective communication skills. Also a manual to explain the tool's objective and guide its use in practice may be useful, in which instructions regarding the tool's target population and tips on effective communication can be presented. Future research can investigate which strategies work best. Simultaneously, the impact of the tool's use can be explored by investigating the fulfillment of NHRs' and informal caregivers' information and participation needs, as well as the change in their perceived self-management and self-efficacy skills.

A few limitations of the pilot study need to be considered. A high level of fatigue marks the Belgian NH setting, which may be due to the Covid-19 pandemic, persistent staff shortages, (unannounced) visits from Health Inspection and the public reporting of these often concerning reports, countless invitations for research projects, etc. This (at least partly) explains the limited sample size of the pilot study. Only few NHs and members of NH staff were interested to participate and even fewer managed to implement the tool in their NH. Findings suggest that the integration of a residential care pharmacist in the interdisciplinary team of the NH may serve as a response to this fatigue in the NH setting. Additionally, despite instructing NHs to use the tool to inform and empower all future or newly admitted NHRs or their informal caregiver(s), it was noted that in most NHs a selection of both groups was made with whom they performed the conversation. This may have resulted in a certain degree of selection bias. Including more participants and assuring a more random selection of participants would have potentially resulted in other or additional pilot study findings. Last, only a small number of residents and informal caregivers was directly interviewed by a member of the research team. Although the study tried to meet this limitation by including additional residents' and informal caregivers' experiences in an indirect manner (through conversation reports submitted by residential care pharmacists), it is important to consider that interviewing more residents and informal caregivers could have resulted in additional findings.

Nevertheless, important lessons with regard to the feasibility, appropriateness and meaningfulness of the tool are drawn and can be considered during future work.

4.2. Innovation

To our knowledge, the brochure described in this paper is the first tool developed with the specific aim to inform and empower nursing home residents and informal caregivers regarding the medicines' pathway. Moreover, the tool provides HCPs, or NH staff in general, with a new strategy to promote PCC in the NH since previous research has shown that involvement of NHRs and informal caregivers seems to be non-existing during (re-)admission to the NH, and that HCPs do not acknowledge information and participation needs of both groups [4,5]. Moreover, the tool targets the lack of knowledge regarding the course of the medicines' pathway and the perceived lack of opportunities to be involved therein among NHRs and informal caregivers [5]. The pilot study also suggests the potential value of a residential care pharmacist in medication-related activities in NHs, a HCP whose role is not yet defined nor integrated in the interdisciplinary team of Belgian NHs.

4.3. Conclusion

As part of the RESPECT project, an informative and empowering tool was developed as a square 'double gate fold' brochure (i.e. the RESPECT-brochure). A first pilot study of the tool provided important lessons on the tool's feasibility, appropriateness, and meaningfulness. First, findings showed that solely distributing the tool among NHs did not necessarily result in implementation. Successful uptake required a local NH vision that matches the tool's objective and was facilitated by a local champion who cared for the tool's implementation. In this regard, and by expansion all medication-related activities in the NH, the integration of a residential care pharmacist in NH practice should be further investigated. Still, additional initiatives are needed to improve awareness among HCPs, NHRs and informal caregivers on the benefits of involvement in the medicines' pathway, and guidance is required to further implement the tool. Future research can investigate which strategies work best in promoting the tool's uptake and can explore the impact of the tool's use in daily practice.

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Declaration of Competing Interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

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