



Appropriate Use of Antipsychotics (AUA) in Long Term Care

Project Bulletin



President's Excellence Awards *Celebrating Outstanding Achievements*

Congratulations!

The Appropriate Use of Antipsychotics in LTC project team is the recipient of the third annual President's Excellence Award for Outstanding Achievement and Quality Improvement!

This achievement highlights the innovation, collaboration, passion and dedication of LTC teams across Alberta—we are truly blazing a trail for better dementia care nationally and internationally! Over the past year, despite many obstacles and no increase in resources, LTC teams:

- Decreased use of antipsychotics
- Discovered reasons for responsive behaviours such as pain, medication side effects and personal preferences
- Introduced creative, person-centred approaches
- Improved quality of life for the vulnerable elderly
- Enhanced teamwork and job satisfaction

Let's celebrate! Give LTC teams a cheer!

Inside this issue

New and Revised AUA Tools	2
EMS learns about dementia.....	2
PRN Antipsychotic Trends.....	2
News from the North	3
Music to My Ears	3
SCNs: Meet Martha Winchell.....	4
Secret of AUA Success.....	4

Special points of interest

- The provincial average for anti-psychotic use for Q4 2014 was **21.1%**!
- Individual site data reporting is now available on the CIHI website. The data reported is **Q4 2013/14**. This may be updated in the next couple of months. See:

<http://yourhealthsystem.cihi.ca>

Alberta Health Services
Resident site

Monthly Antipsychotic Medication Review

DATE _____

Current Antipsychotic (Dose/Frequency) _____

Responsive Behaviour (Description, Frequency and Intensity) (Same/Improved/Worsened) _____
 e.g. Agitation, Restlessness, Wandering, Aberrant/Inappropriate Social Interactions, Vocal/Physical Aggression, Sleep, Pacing, Escaping, Calling out, inappropriate information requests, checking, wandering

Documented (Y/N) _____

Supportive Approaches and Strategies (Interventions) _____
 Approaches and strategies (Interventions) used on admission _____

Additional strategies (Interventions) all include _____

Documented (Y/N) _____

Side Effects (e.g. same/Improved/Worsened/new) _____
 e.g. Constipation, Agitation, Restlessness, Inappropriate use of objects, Suicidal Ideas, Anorexia/Weight Loss, Blurred Vision, Dry Mouth, Loss of Appetite, Difficulty Swallowing

Documented (Y/N) _____

Family/Alternate Decision Maker (Contacted/Consented) (Y/N) _____ Date of documentation _____

Interdisciplinary Team Recommendations

Reduce dose (frequency) (e.g. reduce from BID to QD) _____

Discontinue medication (dose) _____

Continue with same medication (dose) _____

Increase dose/frequency _____

Next Review date _____

Reviewer name _____ Signature _____

Reviewer name _____ Signature _____

Physician or Prescriber name _____ Site _____

Signature _____

* Suggested interdisciplinary team members: Physician, Pharmacist, Nurse, Psychologist, RN, LPN

Senior Health Strategy Clinical Network | Last updated June 2015

Revised Medication Review & Behaviour Assessment Tools - in time for LTC Audits

The **Antipsychotic Medication Review Worksheet** has been revised to include the steps and documentation required by the AUA Guideline and Continuing Care Standards e.g. prescriber signature and family consent.

A simplified version has been developed for **Monthly Antipsychotic Medication Review**.

Behaviour mapping: Many LTC teams recognize the limits of check-box forms, are frustrated with duplicate charting and confused about what behaviour map to use when. An AUA behaviour

tracking and assessment tool is also in the works, and is being trialed by front-line experts.

Once approved, these forms will be available in the AUA Toolkit, Medication Review section.

We hope these forms will support and streamline best practice, and set LTC sites up for success with upcoming fall audits.

For draft copies, contact aua@albertahealthservices.ca

See AUA Toolkit Responsive Behaviours section for additional behaviour assessment tools.

EMS Learns about Dementia

Emergency Medical Services are often called for crises in dementia. Dementia requires specialized knowledge and skill sets. A north zone site has shared the Me & U-First Online modules with their EMS team. Brilliant!

To access the modules, see: [Me & U-First! On-line modules: the P.I.E.C.E.S. framework as it relates to responsive behaviours](#)

Central zone Pharmacist examines trends in PRN antipsychotic administration

In a recent article published in the American Journal of Alzheimer's Disease, Rob Neumann examined as needed use of psychotropics in residents with behavioural and psychological symptoms of dementia from 5 geropsychiatric units at Centennial Centre for Mental Health and Brain injury. Findings:

- PRNs are often given without consideration for scheduled doses, resulting in double dosing and adverse effects that may not be realized until hours or days after a PRN is administered.
- Patients are more likely to receive a PRN if they are younger, shortly after shift change, in the evening, and during the weekend. If a range is provided, they are more likely to receive a higher dose range independent of the next scheduled dose.

The authors make some important recommendations worthy of consideration for prescribers, nurses and educators. The article exemplifies the expertise and professionalism of pharmacists, who have been crucial to the success of the AUA project in Alberta.

Coming Soon to the AUA Toolkit: FAQs for Pharmacists and Prescribers

Full article: <http://aja.sagepub.com/content/30/3/247.full.pdf?ikey=gNifbJiWWGSA93&keytype=finite>

AUA News from the North!

Zero residents at Northern Lights LTC, Fort MacMurray were on antipsychotics as of April 2015, down from approximately one third in January. Their secret? Weekly interdisciplinary antipsychotic reviews until numbers were drastically reduced. The whole team came on board to implement alternative strategies, including the Housekeeper, Dietary, Unit Clerk, HCAs, RNs and family. “We have not noticed any increased agitation on the unit with reduction of antipsychotics.”

It took time to meet weekly. But the payoff is now one brief monthly Chemical Restraint review, and improved resident quality of life:

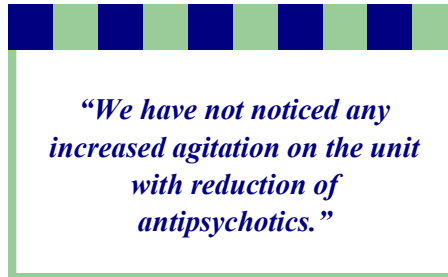
- ◆ One resident was on high dose antipsychotics for screaming—she was in pain. She’s on more appropriate medication, and now—when she does scream—staff are more inclined to look at the reason than the behaviour. “She has also been smiling more,” report staff, “which makes this all worthwhile!”
- ◆ A resident’s cognition improved so dramatically, she figured out she needed to press 4 digits and the # key on the elevator WanderGuard system. Occasionally she got the combination of numbers right, and had to be returned to the unit. Although this presented a heightened security risk, staff were ecstatic at her increased cognitive capability! Their solution: change the code to 6 numbers and watch her more closely.

Home Care Case Managers and other team members are now collaborating with residents to look at their medications.

Fairview LTC placed information about each resident on colourful posters. Each puzzle piece describes family members, birthplace and occupation, religion, past and present hobbies and special memories. Person-centred care is convenient for any family or staff member entering the room!

They have also engaged residents in activities such as taking out soiled laundry and garbage, “childcare” of baby dolls, art work (painting) and woodwork: building and selling bird houses. Proceeds go to resident council.

Residents feel useful again, and joke about expecting paychecks!



“We have not noticed any increased agitation on the unit with reduction of antipsychotics.”

Music to my ears

Vernon Lutness once played at country dances in a band called The Swing Four. But at 82, after a hip fracture, he slept a lot and didn’t talk much. All that began to change after he was taken off his antipsychotic.

As Vernon began to vocalize and respond, staff got to know him as a person. One day Vern turned to his



sister out of the blue and said, “Thanks for visiting me today.”

She burst into tears. “His eyes were

bright and I could tell he was listening to the music.”

Vernon lives at CapitalCare Strathcona. They began to address antipsychotic use two years ago as one of 11 pilot sites and were recently featured in a CIHI article.

For the full article, go to: <http://www.cihi.ca/land/Article/In+Focus/cihi016190>



Seniors Health Strategic Clinical Network: Meet the People!

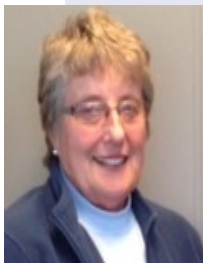
The AUA provincial project is led by the Seniors Health Strategic Clinical Network (SH SCN) in collaboration with the Addiction & Mental Health SCN.

SCNs bring together people from across Alberta who are passionate and knowledgeable about specific areas of health to find ways to improve care.

Martha Winchell's extensive background in dementia care includes roles as LTC manager and area director. She was key in the development of Supportive Path-

ways, which she continues to facilitate with enthusiasm!

As an AUA Practice Lead, Martha has provided invaluable support to families and LTCs in central and north zone, and developed interactive learning modules now on MyLearning-Link and the AUA Toolkit.



The Secret to the Success of the AUA Project



Charlie, Violet and Mary enjoy a morning visit at George Boyack LTC

Mother Theresa said, “Intense love does not measure, it just gives.”

The AUA project has exceeded all expectations, because it's fueled by something stronger than clinical evidence, the AUA Guideline, Continuing Care Standards and Health Canada warnings. It's the product of passion and compassion.

Charlie is a perfect example. His care was once fueled by fear—his own fear and confusion, and the fears of staff at risk from his aggression. When admitted to CareWest George Boyack, he was barely conscious on multiple sedatives. Now Charlie is on an appropriate, low dose of an antipsychotic. When he calls out, RN Janeth sings, “Charlie, Charlie.” He quiets, knowing who he is and that he's safe. Gentle Surrinder is the dedicated bath HCA—bath day is no longer the worst day of Charlie's life. His eyes light up when daughter Violet enters the room, or when Mary, his wife, is wheeled in for a visit.

Recently, the AUA project was highlighted in Ontario-based [Healthy Debate](#). When CIHI facility level results went live, Alberta's low antipsychotic use drew attention. We are excited for the publicity and the impressive data because the inspiration is spreading! It means more stories like Charlie's will be lived out across Canada every day.

<http://healthydebate.ca/2015/06/topic/community-long-term-care/antipsychotics>