Steps to Implementing Appropriate Use of Antipsychotics

**GETTING STARTED**
- Step 1: Why Address Antipsychotic Use in Your Facility?
- Step 2: Five Key Interventions for Reducing Antipsychotic Use
- Step 3: Decide on a Starting Point; Gather an AUA Team

**BUILD AWARENESS**
- Step 4: Build Awareness Within the AUA team
- Step 5: Get the Word Out
- Step 6: Build AUA Awareness Within the Facility or Unit

**CREATE DESIRE**
- Step 7: Create Desire Within the Care Team
- Step 8: Overcome Resistance to Change on Your Unit

**SPREAD**
- Share your experience with the remainder of your facility or organization
- Reference the AUA Guideline, AUA Toolkit resources and these steps

**REINFORCE CHANGE**
- Step 12: Reinforce Change in Your Unit and/or Facility

**DEVELOP KNOWLEDGE AND ABILITY**
- Step 9: Develop Knowledge Within the Care Team in the 5 Key Areas
- Step 10: Enhance the Medication Review Process
- Step 11: Foster the Ability of the Care Team & Facility to Provide Person-centred Alternatives

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Seniors Health Strategic Clinical Network

Last updated August, 2015
Steps to Implementing Appropriate Use of Antipsychotics (AUA)

**GETTING STARTED**

- **Step 1:** Why Address Antipsychotic Use in Your Facility?
- **Step 2:** Five Key Interventions for Reducing Antipsychotic Use
- **Step 3:** Decide on a Starting Point; Gather an AUA Team

**BUILD AWARENESS**

- **Step 4:** Build Awareness Within the AUA team
- **Step 5:** Get the Word Out
- **Step 6:** Build AUA Awareness within Unit

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<table>
<thead>
<tr>
<th>Date:</th>
<th>AUA project to begin with unit ☐ ☐ floor ☐ Entire site ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Steps: who will do what, by when:</td>
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</table>

<table>
<thead>
<tr>
<th>Roles to consider for team</th>
<th>Names that come to mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/DOC</td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td></td>
</tr>
<tr>
<td>Prescriber / Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
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<tr>
<td>Allied Health / Programming Staff</td>
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<tr>
<td>Health Care Aide</td>
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<tr>
<td>Educator/RAI Coordinator</td>
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- Best day of week / time for AUA team to meet / participate in medication and/or care plan review: (include at least 2-3 team members)

  - AUA Team members identified ☐ agreed to participate ☐ introduced to the unit

<table>
<thead>
<tr>
<th>AUA team participated in:</th>
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<tbody>
<tr>
<td>☐ AUA Workshop</td>
<td>☐ Staff awareness: staff meetings, letter sent</td>
</tr>
<tr>
<td>☐ AUA teleconference</td>
<td>☐ Physician letter sent</td>
</tr>
<tr>
<td>And/or AUA team familiar:</td>
<td>☐ Family letter and brochure sent</td>
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<tr>
<td>☐ AUA Guideline</td>
<td>☐ AUA Project Poster on Quality Improvement board</td>
</tr>
<tr>
<td>☐ AUA Toolkit documents e.g. responsive behaviours, person-centred and non-pharmacologic approaches, clinical indications, medication review</td>
<td>☐ Success stories and articles shared: staff room, resident council, in-services (e.g. AUA bulletins)</td>
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**Staff in-services:**

- Antipsychotic hazards/side effects
- What antipsychotics are / are not effective for
- Possible underlying reasons for responsive behaviours

**Next Steps:** Who will do what, by when:

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**CREATE DESIRE**

- **Step 7: Create Desire Within the Care Team**
- **Step 8: Overcome Resistance to Change on Your Unit**

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Identify 1-3 residents to trial antipsychotic gradual dose reduction</td>
<td>Talk about your successes, no matter how small they seem! Celebrate &amp; post stories on QI board</td>
</tr>
<tr>
<td>Talk about your successes, no matter how small they seem! Celebrate &amp; post stories on QI board</td>
<td>Share stories you’re hearing and reading about: bulletin, videos</td>
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<td>Share stories you’re hearing and reading about: bulletin, videos</td>
<td>What choices can you offer staff?: e.g. things to try before using an antipsychotic</td>
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<td>How will you make it easier to change than to stay the same?</td>
</tr>
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</table>

**Next steps:** Who will do what, by when:

**Evaluation:**

What staff members or groups of staff are convinced it’s a good idea to use antipsychotics more appropriately?

Are there any individuals, groups or shifts that remain unconvinced?

What strategies or resources might be helpful?

**Next steps:** Who will do what, by when:
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DEVELOP KNOWLEDGE AND ABILITY

- Step 9: Develop Knowledge Within the Care Team
- Step 10: Enhance the Medication Review Process
- Step 11: Foster Ability of Care Team & Facility to Support Person-Centred Care

Next steps: Who will do what, by when:

☐ Staff Education:
  ☐ Facilitator available to provide Dementia education (e.g. Supportive Pathways)
  ☐ Dementia education or refresher provided for staff (e.g. SP)
  ☐ Staff inservices / videos provided on strategies for specific responsive behaviours
  ☐ Behaviour mapping education: how to look for periods of calm, triggers for agitation.
  ☐ Consider PIECES training for one or more professional staff.

☐ Medication Review:
  ☐ Team and time identified
  ☐ Schedule organized to review 100% of residents on antipsychotics monthly
  ☐ Measurement: Progress & outcomes measured, tracked and shared with staff (e.g. excel measures of success, graphs).

☐ Care Plan Reviews: assessment of underlying reasons for responsive behaviours, and identification of person-centred alternatives to antipsychotics
  ☐ Formal times to review care plans & behaviour mapping identified:
  ☐ Informal times to review responsive behaviours with HCAs identified:

☐ Family / Alternate Decision Maker Consent and Involvement
  ☐ Process in place to obtain family input for responsive behaviours
  ☐ Discusisons have occurred with families whose loved ones are on antipsychotics
  ☐ A process is in place to discuss antipsychotics with families on admission
  ☐ Family education made available to interested families (e.g. resident council, brochure)

☐ Facility Stressors identified:
  ☐ Strategies in place to minimize the following facility stressors:
  ☐ Strategies in place to eliminate loneliness, helplessness and boredom:
  ☐ A plan is in place for more consistent staffing assignments

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- **Step 12: Reinforce Change in Your Unit and/or Facility**
  - Build accountability systems into daily practice
  - Discuss antipsychotic use in monthly staff and unit manager/case manager meetings
  - Develop facility experts (e.g. PIECES trained staff)
  - Initiate a process for new admissions
  - Develop a process to review / evaluate all new antipsychotic orders
  - Consider extending medication review to other medications
  - Celebrate successes and milestones
  - Include AUA and Dementia care in orientation of new staff
  - Provide ongoing (e.g. yearly) dementia care refreshers and education opportunities
  - Include person-centred care in performance discussions

**Next steps:** Who will do what, by when:
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SPREAD

- Share your experience with the remainder of your facility or organization
- Reference the AUA Guideline, AUA Toolkit and these steps

☐ Invite leaders and care teams to an AUA learning session
☐ Share success stories
☐ Share AUA resources on the AHS External Website
☐ Share your expertise, tools and processes
☐ Provide encouragement and inspiration
☐ Celebrate successes and milestones

Next steps: Who will do what, by when: