

Step 10: Enhance the Medication Review Process

For many long term care centres, the “process” of monthly antipsychotic medication review involves generating and reviewing a list, and signing the required forms to continue the status quo.

An effective interprofessional antipsychotic medication review:

- Requires assessment and preparation prior to the medication review meeting
- Involves dialogue, collaboration and interprofessional discussion
- Intentionally looks to identify residents whose antipsychotics can be reduced or discontinued
- Identifies side-effects, effectiveness of the medication, and of alternative approaches, and considers underlying issues or medical conditions.
- Aims to taper or discontinue the medication as soon as possible once behaviour stabilizes or at 3 months as described by the AUA guideline.
- Is regularly scheduled and well-organized
- Informs and involves family members and alternate decision makers.

The most successful Alberta LTC centres have an efficient process, which allows them to review 4-5 residents in a 60-90 minute medication review meeting. They also initially employed strategies to systematically reduce numbers of residents on antipsychotics to a manageable number, so that these remaining residents could be reviewed in one monthly meeting. The process and strategies are outlined in [Suggested Steps for Developing an Antipsychotic Medication Review Process](#) and are described in more detail below.

1. Obtain a list from pharmacy to identify residents on regularly scheduled and PRN antipsychotics

Typical and atypical antipsychotics will need to be separated from other sedatives such as benzodiazepines and tricyclic antidepressants. These medications are not the focus of the AUA quality improvement project, though their misuse is also concerning. Your facility will acquire insight and strategies for the reduction and elimination of other sedatives, as dementia knowledge and skills are implemented.

2. Identify who will be on the antipsychotic medication review team

- a. A team of 3-5 people is suggested, and may include a registered nurse, licensed practical nurse, pharmacist, prescriber (physician/nurse practitioner/pharmacist), allied health, and/or health care aide.
- b. Identify who will lead the process. The leader will decide which residents will be reviewed at each meeting, will set up the meeting, and inform the team. The leader may also guide the team to identify individual roles and responsibilities.

- c. Set medication review dates and times that work best for members of the medication review team. Attempt to include staff from more than one shift if possible. If a team member is unable to attend, they can submit their assessments to the rest of the team prior to the meeting. Health care aides may find it difficult to leave the floor – decide who will obtain input from front line staff prior to the meeting.
- d. Establish a schedule. When there are high numbers of residents on antipsychotics, it may be necessary to meet weekly or bi-weekly for a few months. Decide how to work through the list – alphabetically, by location, or (as described in suggested strategies) by starting with the “easy wins”, those least likely to have an increase in behaviours.
- e. Monitor behaviours for one week prior to each resident's antipsychotic medication review. Track behaviours over the month following gradual dose reductions, and upon discontinuation for at least one month. If there is no change in the responsive behaviour upon discontinuation, avoid re-starting the medication.

3. Strategies to reduce antipsychotics

Alberta LTC centres have suggested strategies to start antipsychotic medication reductions with those least likely to have an increase in behaviours:

- Discontinue unused PRNs where there is no scheduled antipsychotic
- Taper/discontinue antipsychotic medication prescribed for behaviours not likely to respond.
- Taper/discontinue antipsychotic medication for residents with no behaviours
- Taper/discontinue antipsychotic medication for agitation and aggression that has stabilized
- Taper/discontinue antipsychotics on new admissions immediately (especially if the medication was prescribed for delirium that has now resolved) or within 4-6 weeks.
- Review more challenging residents last, accompanied by dementia education.

Of course, there are exceptions. Sometimes the most challenging residents are those whose behaviours (calling out, agitation, restlessness, insomnia) are worsened by antipsychotics. You may choose to begin with these residents. As they become calmer and quieter, all the residents and staff on the unit benefit. Other times, these challenging residents have an underlying issue such as pain or constipation that is not being addressed.

4. Team Member Roles

At the medication review meeting, each team member takes a task, which prevents time being wasted running for charts, documents and to ask questions of front-line staff. Decide who will:

- a. Bring charts, resident labels and extra supplies such as order sheets
- b. Obtain or review reports such as:
 - i. Resident list
 - ii. Input from health care aides
 - iii. Input from family members
 - iv. Programming / recreation reports
 - v. Behaviour tracking and progress notes
 - vi. Delirium tracking
 - vii. Medication Administration Record review for PRN usage
 - viii. Falls review
 - ix. Review of Minimum Data Set (MDS) outcome scales such as Aggressive Behaviours Scale (ABS), Depression Rating Scale (DRS), Cognitive Performance Scale (CPS), Pain, MDS assessment.
- c. Document in the resident progress notes
- d. Document communication to the physician
- e. Communicate changes / recommendations to staff and family members.

5. Care Plan Revisions

Discuss and revise care plan interventions and strategies, either in combination with the medication review, or in a separate care plan review meeting.

6. Family or alternate decision maker involvement

Discuss the use of antipsychotics, including risks, side-effects, benefits, goal of treatment and response to treatment. Work with the family to discover possible reasons for responsive behaviours, and person-centred approaches that may be more effective. Various resources are included in the AUA project section of the AUA Toolkit to support staff with these conversations.

7. Measurement and Celebration

Measure and share progress with families and staff, using tools such as the medication tracking excel workbook, and Coming Alive story template found in the AUA Project resources in the [AUA Toolkit](#).