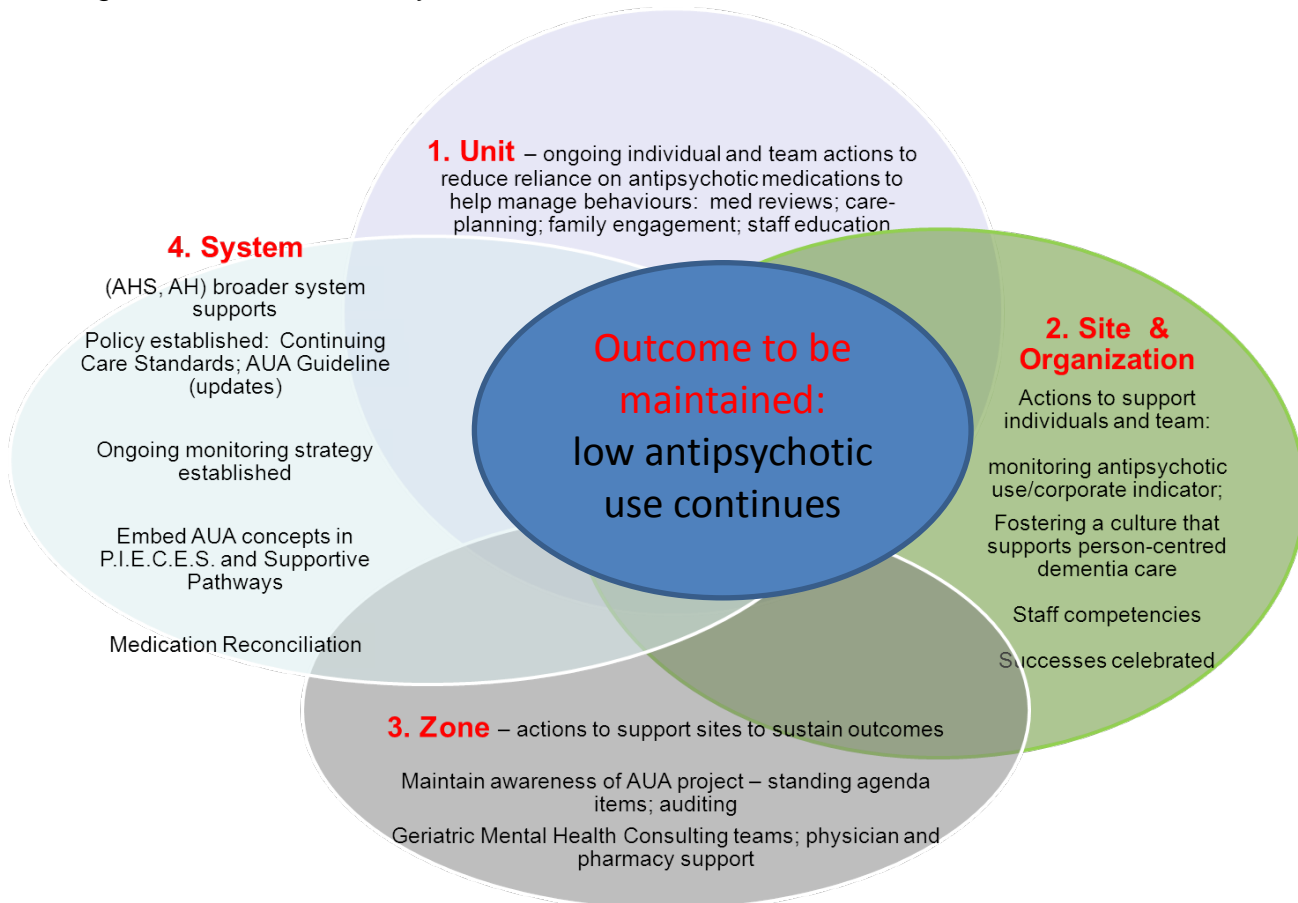


Step 12: Reinforce Change Within Your Unit, Facility & Organization

How will you prevent individuals and facility routines from slipping back into reliance on antipsychotics? Sustained change will be most successful when supported at unit, site/organization, zone and system levels.



The Seniors Health Strategic Clinical Network, in collaboration with Addiction & Mental Health SCN and Alberta Health, are working to support appropriate use of antipsychotics at zone and system levels.

Here are some strategies developed by Alberta LTC centres to reinforce change **at unit, site and organizational levels**:

- **Build accountability systems into practice:**
 - Require thorough documentation for all PRN antipsychotic medications given: possible reasons for agitation and aggression, other strategies tried before giving the PRN, changes to the care plan to prevent or reduce future behaviours.
 - Facilities and organizations have found it helpful to review and discuss the percentage of residents on antipsychotics without an approved diagnosis in

ongoing (e.g. monthly) meetings. This keeps unit attention focused on appropriate use of antipsychotics and person-centred care.

- Develop unit or facility experts who can assist front-line staff to identify effective strategies for responsive behaviours. This reduces nursing requests to prescribers for antipsychotics and other sedatives.
 - One facility required all 3 shifts to agree before an antipsychotic was added or increased.
 - Other facilities have a dedicated page in the health record and/or a bright coloured label so that residents on antipsychotics can be easily identified, and information can be quickly updated.
- **Initiate a process with new admissions:** inform family of risks, attempt to discover the reason for the antipsychotic prescription. If appropriate, discontinue or initiate a gradual dose reduction immediately or within 4-6 weeks of admission. Set a review date. A medication that adds confusion, sedation, insomnia and restlessness to cognitive impairment will not necessarily enhance adjustment to a new environment.
 - **New antipsychotic orders:** ensure compliance with the AUA Guideline. Review all new antipsychotic orders (especially those obtained on evenings or weekends) the next business day. Involve the staff who initiated the order in discussions around possible reasons for the responsive behaviour. Explore non-pharmacologic strategies.
 - **Continue to celebrate and recognize successes and milestones.** Any improvement in quality of life makes a difference for the resident and their family: opening eyes, increased independence (e.g. with eating and drinking), increased mobility, fewer falls, improved communication, recognition of family members... Celebrate unit-level accomplishments such as 97% of staff trained in Supportive Pathways, 11 residents had antipsychotics discontinued in the past 4 months, successful reductions in antipsychotic use (e.g. from 44 to 30%, then from 30 to 20%, less than 10% of residents on antipsychotics...)
 - **Orientate new staff** to appropriate use of antipsychotics
 - **Provide ongoing dementia care education** such as the Supportive Pathways refresher to bring fresh knowledge into collaborative discussions around responsive behaviours.
 - **Employee Performance Evaluations:** Include person-centred care in performance discussions.

Ultimately, the reinforcement for appropriate use of antipsychotics comes from staff satisfaction when resident quality of life improves, and care interactions become more successful. This inspires staff to go beyond person-centred care, to find ways to bring joy, purpose and emotional connection into each person's day.