

Step 3: Decide on a Starting Point; Gather an AUA Change Team

Generally, facilities with multiple units are more successful if they focus efforts on one unit and then spread to the remainder of the facility. Some sites have started with units with high antipsychotic use; others have begun with lower use units. Or, you may choose to begin where you've already identified champions. If your facility has approximately 50 beds or less, you may decide to implement AUA in the entire site.

It takes a team to implement Appropriate Use of Antipsychotics (AUA). The team will:

- Conduct monthly medication reviews of residents on antipsychotics
- Work with families and front line staff to identify person-centred alternatives to antipsychotics
- Implement these strategies into the care plan, and communicate them to staff
- Arrange or provide staff education.
- Track and share data

Team composition depends on the availability of people and schedules:

- Consider including 3-5 of the following in your medication review team: prescriber and/or pharmacist, RN, LPN, care manager, educator, HCA and recreation or activity programming staff.
- It's very important for unit or facility **leaders/managers** to be involved in some way.
- Look for passion. Consult and involve key staff who are respected and influential, as well as quieter individuals known for excellent care.
- Introduce your AUA change team: e.g. in staff meetings, by posting their picture on the QI board, or including their names in letters sent out to staff.

Time Commitment:

- **A time frame of approximately 9 months** allows time to arrange staff education, enhance medication and care planning reviews, adjust facility processes, and reduce numbers of residents on antipsychotics to a level that is appropriate for residents and the facility.
- **Look for ways to enhance existing teams and medication review meetings**, rather than create new meetings. Some sites have combined care plan and antipsychotic medication reviews. Others have changed the timing of medication reviews to accommodate the pharmacist, physician and/or evening staff.
- **Monthly**, share successes and challenges with others in your site / organization, or with other teams in your zone who are working on reducing antipsychotic use.

- **1 hour monthly meeting:** of the change team to plan next steps and inservices, set up and review behaviour maps, set up the medication review schedule, maintain the QI board, collect and submit month-end data.
- **Monthly medication review meetings:** An efficient antipsychotic medication review process can review up to 4-5 residents in a 1 hour meeting. It takes time, preparation and practice to become efficient. If you have more than 4-5 residents on antipsychotics, you may need to schedule reviews bi-weekly or weekly until the numbers of residents on antipsychotics are low enough to review in one monthly meeting.

It does require a time investment up front to arrange staff education, become a Supportive Pathways facilitator, consult families, review antipsychotic medications, participate in care planning focus groups or “huddles”, and identify alternative approaches for responsive behaviours. This time investment is eventually offset by gains in resident quality of life, improved family satisfaction, increased staff engagement and decreased staff stress and turnover.

Best unit/floor/neighborhood to start the AUA project:

Roles to consider for team	Names that come to mind	Next Steps
Leader/Manager		
Prescriber / Pharmacy		
Nursing		
Allied Health / Programming Staff		
Health Care Aide		
Education		
Other:		

