

Step 8: Overcome Resistance to Change on Your Unit

Some people are innovators and early adopters – they’re quick to accept new ideas. These people are great to include in your change team – they’ll enthusiastically get the word out. Others need more time to warm up to change, but once convinced can become your strongest advocates. Pay attention to them, as they can be very influential: take time to listen to their concerns and offer choices.

- **Listen First.** Avoid arguing or “selling”. People need to talk about their concerns without judgment. Ask questions. Learn from their beliefs and fears – these will reveal opportunities for timely and relevant staff education. Consider inviting them to be part of the AUA change team.
- **Offer Choices.** This will be a learning process. The needs of each resident are unique; a strategy that works one day may not work the next. It takes time to develop confidence and competence around alternatives to antipsychotics.
 - *“The best thing you told us at the workshop was “you may not get everyone off an antipsychotic. You can try, but if it doesn’t work, you can always put them back on. There was no iron fist.”*
 - LTC centres have developed their own AUA mottos: *“We challenged staff by saying, ‘Dare to try!’ and ‘What’s the worst thing that can happen?’”*
 - After discontinuing the regularly scheduled dose, a care centre said, *“You can always use the PRN if you need it.”* (Note: PRN medication documentation includes assessment, interventions and effect.)
- **Provide Direct Experiences.** Start with “easy wins” – those least likely to experience an increase in behaviours. Note that it may take months for the antipsychotic to fully clear the brain, so an increase in behaviours within the first days or weeks of reducing the dose is more likely related to an underlying need such as pain, which may have been masked by the antipsychotic.
 - *For most of our residents, there was no immediate change. They were weepy before, and they’re weepy now. The antipsychotic wasn’t helping. After a couple of months, however, staff began to notice things like, “She’s really waking up and coming alive!”*
- **Tell Stories.** Talk about the improvements / absence of worsening behaviours. Highlight effective staff / resident encounters and care plan modifications. Invite stories during staff meetings and at shift change:
 - *Remember how C used to be so combative with care? Now she’s calmer, more alert, has a better appetite, is sleeping better at night and is less resistant to care. The family is so happy to be able to interact with her again!*

- *Did you hear that Mr. B was able to recognize his wife on their anniversary? She was thrilled!*
- **Make it easier to change than to stay the same.** There will always be factors working against any change: comfort with existing culture (habits, beliefs and practices), fear of change, and lack of confidence with new skills. LTC sites have adopted strategies to make change easier – and staying the same more difficult.
 - Consider adding an extra step before giving a PRN antipsychotic, for example:
 - Discuss and document possible reasons for agitation and what has been tried
 - Exhaust other alternatives first: analgesic, warm blanket, rest, activity...
 - Call the family, discuss options for responsive behaviour management
 - 1:1 Companion (family member, outside agency, someone hired by family, volunteer)
 - Follow-up of all new antipsychotic orders is essential. *“The day nurse is a ‘gatekeeper’: she checks to see what co-workers are writing and requesting from physicians, and follows up with a conversation to discover opportunities for assessment and more person-centred care.”*
 - Youville Home required informed consent from all families/alternate decision-makers regardless whether the antipsychotic would be decreased or continued. This added additional accountability for appropriate use of antipsychotics and supported partnerships with families.
 - Some sites provide families with information on antipsychotics on admission. Families understand from the start that this is a temporary solution with high risks.
 - Sherbrooke Care Centre in Saskatoon Saskatchewan treats chemical or pharmacologic restraints with the same care as physical restraints, requiring frequent monitoring and behaviour mapping. The increased work and documentation generates incentive to look for the reason for the behaviour, and for alternatives to antipsychotics.
 - While nurses in some facilities are encouraged to leave PRN antipsychotic orders on the chart, just in case, one medical director commented, *“If there’s suddenly a new need for an antipsychotic, I want to know – because it could signal the onset of a delirium or some other issue requiring assessment.”*
 - Other sites have determined that new antipsychotic orders will be PRN only, and have automatic stop dates if not used within 30 days.

“Some people change when they see the light, others when they feel the heat.” - unknownⁱ

ⁱ PROSCI 2012, used under license