Step 9: Develop Knowledge Within the Care Team in the Five Key Areas

As antipsychotics are reduced and discontinued, there is often little change in residents initially, as it can take weeks to months for medication to work its way out of the elderly brain. As antipsychotics clear, some residents will wake up and improve, while others may have an increase in responsive behaviours such as wandering and verbal aggression. This increase in behaviours can be due to many reasons such as medication side-effects, underlying pain, boredom, overstimulation, constipation, loneliness or an urgent need to use the toilet (see the Responsive Behaviours section of the AUA Toolkit). Antipsychotic reductions will only be successful in these residents when staff have the knowledge and ability to assess the reasons for their behaviours and provide effective non-pharmacologic strategies along with more appropriate medications such as analgesics.

1. Staff Dementia Education:

Staff Approach: Responsive behaviours may be related to staff approach. Courses such as Supportive Pathways and Gentle Persuasive Approaches instruct staff in more effective strategies to protect themselves, and prevent, manage and bring positive outcomes from responsive behaviours.

- *He would flail and throw his arms because they would come rushing in at him yelling his name "Melvin, Melvin, Melvin" even though he had only ever gone by "Mel" and really disliked being called Melvin. He would get really upset and start yelling. He never would hurt even a fly, but once he lost both his vision and his memory he became so scared. He would flail his arms around in defense but never intended to punch or intentionally hit anyone. If you took time with him, spoke to him softly and one person at a time, you could always help him to get changed, to the toilet etc.*
- Youville Home gives Teddy Bears to hold and warm blankets before care, and finds they work much better than antipsychotics.

Responsive Behaviour Assessment and Behaviour mapping: What are the underlying needs, the reasons for the behaviours? Many facilities "do behaviour mapping" without a clear idea of what they're looking for. Effective behaviour mapping looks for patterns and periods of calm – and solutions such as snacks, walks, analgesics or naps to help to maintain the calm. Patterns of agitation may be related to triggers such as pain, overstimulation, boredom, hunger and fatigue.

- One resident at Bow View Manor consistently "screamed" every afternoon around 2 pm, which provoked others to be unsettled and call out or scream. Staff came up with an idea to assist the resident to an afternoon nap. They learned it was not a problem with pain, but fatigue. Now, the resident is more settled, and so is everyone else!

- A resident at Rivera Riverview had been on an antipsychotic for many years. When the antipsychotic was reduced, she was able to tell staff about her pain.

Sometimes the behaviours are a result of the antipsychotic itself.

- *Have you noticed that E isn't yelling as much since we stopped her antipsychotics? She's having an easier time explaining what she needs. And her daughter said yesterday that they had one of the best visits she'd ever had!*

Behaviour mapping is also a way to assess whether interventions are helping. You'll find behaviour mapping tools and examples of other reasons for responsive behaviours in the *Responsive Behaviours section of the AUA Toolkit*.

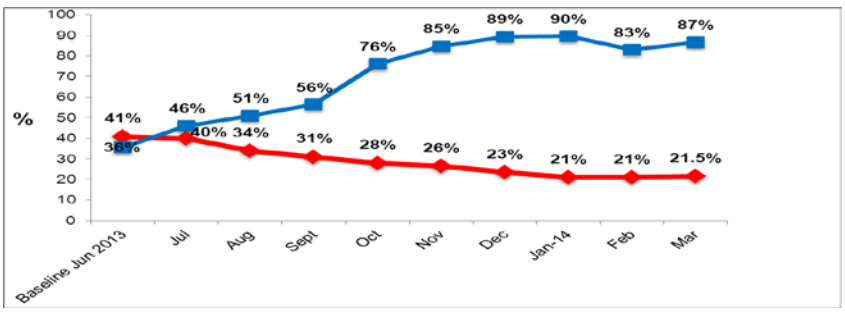
Consider training one or more professional staff in P.I.E.C.E.S. P.I.E.C.E.S training supports comprehensive assessment and is designed for professional staff such as nurses to assess the physical, intellectual, emotional, capabilities, environment and social components of behaviours.

- Good Samaritan Southgate assessed that a resident needed space and privacy. The door handle was changed to a knob, and a black strip was placed on the floor of the doorway to deter wandering neighbours.
- Another resident was upset by loose stools. A change in bowel routine improved behaviour and bowels.

2. Monthly Interprofessional Medication Review

A thorough description of the medication review requirements of antipsychotics is included in the AUA Toolkit. Suggested Steps for Developing an Antipsychotic Medication Review Process guides care teams to enhance existing medication review processes, and to involve input from front line staff such as health care aides. Tools to guide discussions about antipsychotics are also provided.

11 LTC sites in Alberta demonstrated that as monthly interprofessional reviews of residents on antipsychotics approached 100%, the percentage of residents on antipsychotics without a diagnosis dropped. The monthly medication review will be described in more detail in Step 10, as it is crucial to crucial to appropriate antipsychotic use.



3. Care Plan Reviews

Care plan reviews go hand in hand with medication reviews. What underlying reasons for responsive behaviours have been identified? What additions or changes to the care plan could prevent or manage underlying issues such as pain, hunger, boredom, fatigue or overstimulation? Are interventions being trialed? How are they working? The Care Planning for Responsive Behaviours section of the AUA Toolkit provides many resources, ideas and strategies.

- "One woman would hit and kick people because she didn't want to bathe in the morning. Whey they changed her bath time to the evening, she would roll down the hall and say, "*I'm going on a hot date!*" Youville Home

4. Family / Alternate Decision Maker Consent and Involvement

For many care team members, it's a new thing to involve families in discussions about risks and limitations of antipsychotics. Some families will be very excited to reduce antipsychotics, many trust the recommendations of care staff, and a few will be reluctant to make any changes based on past experiences, or lack of understanding about responsive behaviours and antipsychotic medications.

- *When mom arrived at the care centre, I was handed a form named "Consent for Chemical Restraint". I was confused. I had been told my mom was slowly clearing from delirium, and making good progress - that she may even become well enough to be on her own again. The staff member was unable to tell me why she needed chemical restraint. She just showed me where my signature was required – it seemed to be a routine part of their admission process. Even though I'm an RN, and informed enough about medications to know my mom didn't need Zyprexa, I didn't feel like I had a choice.*

- One family noticed poor appetite and jerky movements after the antipsychotic began to be reduced, and demanded it be restarted, not realizing these are antipsychotic side-effects.

- Another family became upset when their parent became more alert and pleaded to go home. Staff needed to develop strategies to distract the resident and support the family when their visit ended (see Alzheimer Society's Shifting Focus guide)

Brochures and resources have been developed and included in the AUA Project section, to support care teams with conversations around antipsychotic benefits, limitations, risks and adverse effects. Care team members are also encouraged to seek family input around the preferences and habits of residents, what has helped in the past, and ideas or suggestions regarding responsive behaviours.

- *His wife told us that he'd always hated being cold. So we placed a warm blanket around his shoulders before his bath, and then we were able to get him undressed and into the water.*

- *Her husband asked, "She never got up before 11:00 at home – why are you getting her up for breakfast at 8:00?" We'd fight to get her dressed and in her chair, and she'd sleep in her chair until 11:00 and refuse to eat. It made more sense to give her something off the snack cart once she was awake and ready to eat.*

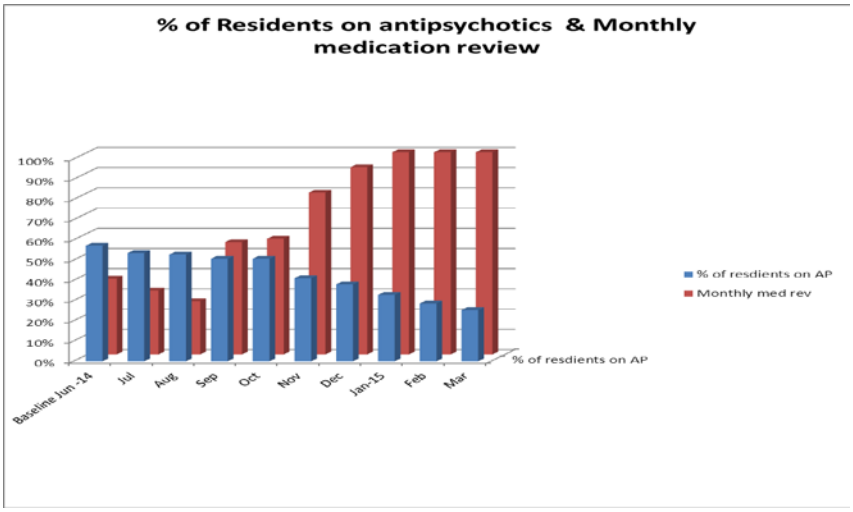
5. Measurement and Celebration

Appropriate use of Antipsychotics is very measurable. Resident Assessment Instrument (RAI) Data on antipsychotic use in LTC is publicly available on the Canadian Institute for Health Information (CIHI) website, at zone and provincial levels. Individual facility usage will be added in 2015.

But RAI data doesn't provide the month to month feedback individual units need to demonstrate their success to their own staff and families. Measurement tools have been developed by the AUA project team to assist individual units to monitor:

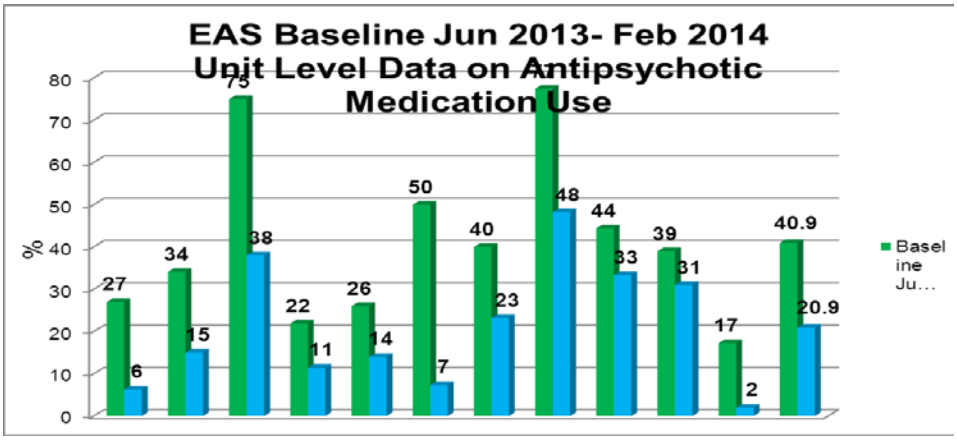
- Percent of residents on antipsychotics without an approved diagnosis (RAI 2.0 DRG01)
- Percent of residents who had an interprofessional medication review each month
- Numbers on a gradual dose reduction, or who had their antipsychotic discontinued
- Impact on residents: no change, improvements or worsening behaviours.
- Family and staff education.

Numbers demonstrate the success of persistence over time. The Measures of Success excel tracking record automatically generates graphs that can be shared on unit quality improvement boards, talked about at staff meetings, shared between units and discussed at care manager meetings.



Measurement provides reassurance to front line staff, for example: “out of the 15 people who had antipsychotics reduced or discontinued over the past 4 months, only one had an increase in aggression, which was determined to be due to pain. The rest demonstrated no change, or improvements in communication and alertness.”

Numbers demonstrate progress. Every site starts at a different place – and all can make improvements. These Alberta units started with greater than 35% of their residents on antipsychotics without an approved diagnosis. Four were below 30% by the time baseline data was collected, just by paying more attention to antipsychotic use. All made significant improvements by participating in the AUA project as you can see from the graph below.



Numbers support the qualitative data: It’s the stories of improvements in quality of life that build excitement around appropriate use of antipsychotics, and these stories need to be told and celebrated. The quantitative data supports the stories, and can offset the impression – based on a small number of residents – that reduced antipsychotics lead to an increase in aggression, or a decrease in safety.

Numbers show us reasons to celebrate: Over a period of 8 months, 11 Alberta LTC units were able to collectively reduce antipsychotics from an average of almost 40% to approximately 21%, without any increase in staff requirements. In fact, staff found it easier to care for residents when antipsychotic use was decreased, and as they gained confidence and competence in dementia care.