

Appropriate Use of Antipsychotics (AUA) in Long Term Care (LTC)

Project Bulletin

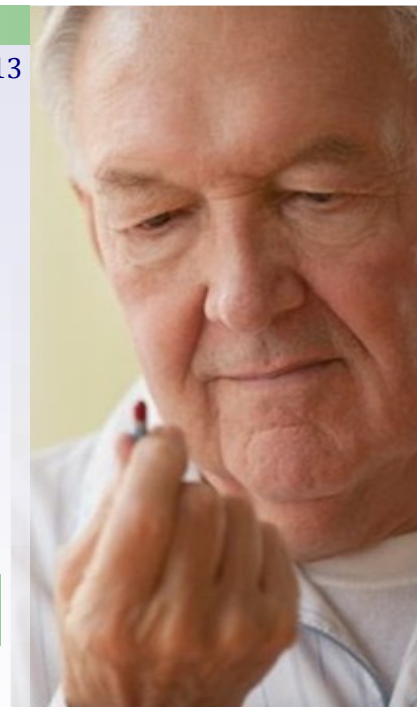
Project Goal and Scope

The goal of the AUA project is to support LTC sites in Alberta to reduce the prevalence of antipsychotic medications used to manage responsive behaviours associated with dementia. One of the RAI 2.0 quality indicators provides a measure of how often these medications are used when there is no indication of a psychosis or related condition (for example, Schizophrenia). It is important to note that there are appropriate short term situations when an antipsychotic is helpful in clinical care even though a psychosis or related condition is not present. However, using this RAI data for the 2012 calendar year, the Alberta average for antipsychotic use without an indication was 28.9%. The goal of this AUA project is to see this measure reduced to under 20% as a provincial average.

To help accomplish this goal, two resources are being developed with input from clinical experts across the province: a Guideline on the Appropriate Use of Antipsychotic Medications and a Toolkit of resources to help implement the Guideline, including alternative interventions to manage responsive behaviours exhibited by residents with dementia. Eleven Early Adopter Sites will trial these resources before they are implemented in LTC sites across Alberta, starting in 2014.

Why Pursue the AUA Project?

There are a number of adverse events known to be associated with long-term use of antipsychotic medications. This includes increased falls, cerebral vascular adverse events (strokes) and death. As well, there are concerns about the sleepiness and quality of life of residents who are prescribed these medications.



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Special points of interest

- The AUA Guideline will build on documents published by B.C. in 2012.
- A literature review has been completed to provide evidence for alternative interventions to be included in the toolkit.
- Knowledge Translation (KT) is the science of moving new ideas into practice. The Innovation Collaborative approach is one of our KT strategies.



Early Adopter Sites

Eleven early adopter sites have been chosen to implement the draft clinical guideline and toolkit over the fall-winter 2013 before they are made available to the remaining 164 LTC sites in the province.

Zone & Site Name	Early Adopter Site Lead
North Zone	
· Extendicare (Athabasca)	Joan Cody
Edmonton Zone	
· Capital Care: Strathcona	Liz Tante
· Good Samaritan: Southgate	Edythe Andison
· Covenant: Youville	Cecilie Marion
South Zone	
· Covenant: St. Michael's (Lethbridge)	Chuck Couillard
· Revera: Riverview (Medicine Hat)	Darcy Engbert
Calgary Zone	
· AgeCare: Beverly Glenmore	Robin Harron
· Bethany Care Society: Bethany (Calgary)	Dana Penner
· Brenda Strafford Foundation—Bow View	Judy Mizuik
· Revera: Bow-Crest	Kathy Clark
Central Zone	
· AHS Rimbey LTC	Kathy Maconochie

Clinical Guideline and Toolkit will be made available to the remaining 164 LTC sites in the Spring of 2014.

Flooding in Calgary!

Two of our early adopter sites were significantly impacted by the flooding in Southern Alberta in June. Both the Bowview Manor and Bowcrest sites were evacuated as a result of flooding in their buildings. Both sites are located in the community of Bowness, which is close to the Bow River in Calgary. As the river waters rose, residents were evacuated.

Evacuation started by moving residents to upper floors. As flooding increased, residents were moved out of the buildings, first to a gymnasium, then to various care sites in Calgary. Evacuation lasted between three and seven days.

When asked if the residents required an increase in antipsychotic medications as a result of this 'turmoil,' staff at each facility reported that the residents responded in an amazing way and there were very few 'responsive behaviors' during their evacuation.

Kudos to the staff in these sites who must be credited with excellent care during a very stressful time!



Success Story

In 2009, the interdisciplinary team of Revera’s Jasper Place Continuing Care Centre, in Edmonton, started reviewing all scheduled and PRN antipsychotic usage in their facility. The process includes the use of the “Audit of Antipsychotic Use in Dementia”, a tool developed by Rexall Pharmacy in conjunction with the site’s clinical pharmacist. The interdisciplinary team uses this tool to guide their resident medication reviews, which includes answering the following questions:

- Has the antipsychotic been prescribed for an appropriate indication?
- Is there a specific goal of therapy?
- Is there is documentation of effectiveness?
- Are possible side effects identified and monitored?
- In the absence of symptoms, is there a documented plan for dose reduction after of period of stability?
- Is there documentation for discontinuation of medication when determined not necessary?

In conjunction with the audit tool the team also discusses the following:

- Resident condition worsening or improved
- Current responsive behaviors
- Fall history
- Program involvement
- Alternative interventions used
- Family involvement
- Environmental concerns
- Resident history

The team uses RAI-MDS 2.0 outcome scores to review a resident’s circumstance:

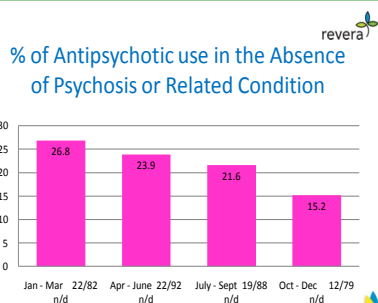
- Depression Rating Scale
- Aggressive Behavior Scale
- Index of Social Engagement
- Point of Care behavior documentation summary
- Responsive behavior tracking tool
- OT assessments, current therapeutic recreation activity summary.

The team discusses issues related to pain, communication, involvement in programming, alternative interventions, and whether or not the resident is generally improving or worsening.

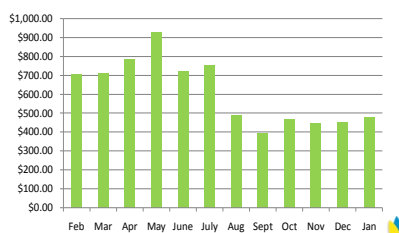
The team reviews facility data to determine if there is an overall:

- Reduction or discontinuation of antipsychotic medications
- Increase in the awareness and team involvement in the appropriate use of antipsychotics
- Increase in the use of non-pharmacological interventions
- Increased effort by frontline focused intervention groups in discussions on resident specific interventions for responsive behaviors.

Jasper Place, Revera is a 100 bed LTC facility in which the average resident is 87 years old and 70 % have a dementia diagnosis.



Antipsychotic Costs



In 2012, Jasper Place, Revera was able to reduce the use of antipsychotics in the absence of a psychosis or related condition from 26.8% to 15.2% .

Vanja Jovic



AUA Practice Lead

We are pleased to have Vanja Jovic join our AUA team as Practice Lead. In this role, Vanja will be the key contact for the 11 early adopter sites as they review their antipsychotic medication use. In Phase 3 of the project (starting in 2014), she will help with the implementation of the AUA guideline and toolkit in the remaining 164 LTC sites in Alberta.

Vanja is a registered nurse who has worked as a staff nurse, an educator and a RAI Coordinator in LTC settings.

In 2009, Vanja obtained CNA Certification in the speciality of gerontology. She has been involved in supporting subsequent study groups through the Edmonton chapter of Alberta Gerontological Nurses Association.

We are very pleased to have Vanja’s strong clinical skills and knowledge of RAI – MDS 2.0 to help the early adopter sites in their efforts to reduce the use of antipsychotics as part of this project.

Innovation Collaborative

IHI Collaborative Model for Achieving Breakthrough Improvement

Tracy Wasylak, SVP of the AHS Strategic Clinical Networks, received training in the use of IHI Collaborative Model, and has added a quality improvement strategy of balanced scorecards to the method. Teams from various sites come together at Learning Workshops to learn, share success and problem-solve challenges to implementation of new approaches to care. This method was successfully implemented in the Bone and Joint Network to introduce a hip fracture pathway and resulted in significant reductions in acute care “length of stay” and related cost savings. We are pleased to have Tracy’s experience to guide our innovation collaborative approach!

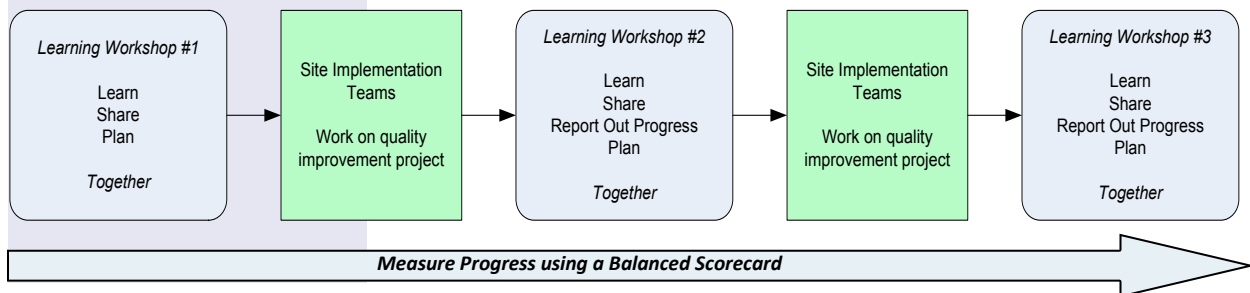
In June 2013, three to five staff from each of eleven Early Adopter Sites (EASs) gathered in Edmonton to learn about the AUA project. They attended presentations from the Seniors Health Strategic Clinical Network Senior Medical Director, Dr. Duncan Robertson, regarding the current knowledge of the benefits and risks of using antipsychotic medications. Margaret Plaizier from the Jasper Place (Revera) Continuing Care Centre shared that site’s success in reducing antipsychotic use (see article on page 3).

Each site developed a ‘scorecard’ to measure the effects of their efforts on key indicators they selected. Each EAS was asked to develop an action plan to guide their efforts once they returned to their site.

On October 17, 2013, the EASs will gather again, this time in Calgary, for another Learning Workshop. They will share the success and challenges they have experienced in their first three months of implementation. The benefit of participating in a Collaborative is the opportunity to learn from one another and problem solve potential solutions to challenges.

At the October 17th Learning Workshop the AUA Guideline and Toolkit resources will be shared more fully with the sites. Sites will update their action plans to include activities for the next few months.

The final Learning Workshop for the EASs will be held in early 2014. Work on reducing antipsychotic use will continue after this formal support from the project has ended!



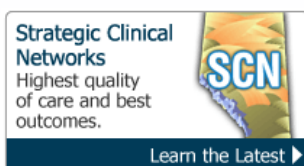
Seniors Health SCN

Strategic Clinical Networks (SCNs) are the mechanism through which AHS will empower and support physicians, clinical leaders and the community to develop and implement evidence-informed, clinician-lead, team-delivered health improvement strategies across Alberta.

The Seniors Health Strategic Clinical Network (SCN) brings together clinicians from across the province to develop strategies to address the unique care needs of older adults in all streams of our health care system. The key advisory body is the core committee, consisting of physicians, other front line clinicians, researchers and administrators.

The work of the Seniors Health SCN is focused on two key areas: the care needs of those experiencing a cognitive impairment (e.g. dementia) and the care needs of those whose health is complex resulting in frailty. Various projects, such as the AUA project, are undertaken by the SCN as a means of implementing change across the province and improving healthcare provided to older adults.

You are encouraged to contact any of the Seniors Health SCN Leadership Team members with your questions or comments:



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