



# Appropriate Use of Antipsychotic (AUA) in Long Term Care

## Why AUA?

Antipsychotic medications are indicated, or 'appropriate,' when used in the treatment of chronic mental health conditions such as schizophrenia and to manage psychosis (hallucinations or delusions that are troublesome to the person). Experts now agree that in many cases non-pharmaceutical approaches work as well or better at managing many of the behaviours we see in people with dementia.

Antipsychotic medications are often prescribed to help manage the behaviours associated with dementia. For many of these behaviours, such as wandering and calling out, these medications are not effective at changing the behaviour. For other behaviours, such as 'striking out' the effect of the medications is limited. Long term use of antipsychotics is now known to be associated with adverse events such as falls, cerebral vascular adverse events and increased rates of death.

Antipsychotic medications are used across Alberta in LTC sites to manage an average of 28.9% of the residents who do NOT have any 'appropriate' reason documented on their health record. The goal of this project is a reduction of this average to below 20%.

## AUA Clinical Practice Guideline and Toolkit

Two resources have been developed as part of this AUA project: 1) **Guideline** on the Appropriate Use of Antipsychotics in LTC and 2) a **Toolkit of Resources** that includes non-pharmacologic approaches to managing many of the behaviours associated with dementia. These resources have been developed by working groups of clinicians from across the province who specialize in caring for people with dementia.

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### Special points of interest

- The Seniors Health and Addiction and Mental Health Strategic Clinical Networks have undertaken this AUA project to support LTC sites to review their residents who are on antipsychotic medications.
- 11 units from the early adopter sites involved in Phase 2 of the project have seen an average reduction of AUA from 33.2 to 21.9% over 5 months. 5 of these units report under 20%.
- The AUA Guideline and Toolkit are currently being circulated for stakeholder feedback
- Planning is underway for Phase 3 of the project that will see the AUA Guideline and Toolkit made available to all LTC sites in the province.



## *Eleven early adopter sites have been chosen to implement the draft clinical guideline*

Eleven early adopter sites, listed below, have been chosen to trial the implementation of the draft clinical guideline and companion toolkit over the Fall-Winter 2013. After this, these resources will be made available to the remaining 164 LTC sites in the province.

### **North Zone**

- Extendicare (Athabasca)

### **Edmonton Zone**

- Capital Care: Strathcona
- Good Samaritan: Southgate
- Covenant: Youville

### **Calgary Zone**

- AgeCare: Beverly Glenmore
- Bethany Care Society: Bethany (Calgary)
- Brenda Strafford Foundation: Bow View
- Revera: Bow-Crest

### **Central Zone**

- AHS Rimbey LTC

### **South Zone**

- Covenant: St. Michael's (Lethbridge)
- Revera: Riverview (Medicine Hat)

## A quote from Dr James Silvius, AUA Provincial Steering Committee Co-Chair:

“The development of a Clinical Practice Guideline and a Toolkit of Resources for Managing Responsive Behaviours are significant tasks.

In addition, we will be working with the owners of the 14,500 long term care beds in Alberta to implement the Clinical Practice Guideline and Toolkit by March 2015. Together these efforts reflect the importance being given to address the opportunity to improve clinical safety and the quality of the lives of older Albertans.”

Dr. James Silvius,  
Provincial Medical  
Director, Primary and  
Community Care and  
Co-Chair of the AUA  
Provincial Steering  
Committee.

## What is a responsive behaviour?

**Responsive Behaviour.** In the past, staff may have over-attributed ‘dementia’ as the most significant underlying cause of behaviours and may not have looked for other underlying causes. The term ‘**responsive behaviour**’ is intended to focus staff’s attention on discovering the care approach that addresses those behaviours that are determined to be a response to an un-met need or to the environment.

Responsive behaviours refer to the significant sub-set of Behavioural and Psychological Symptoms of Dementia (BPSD) that are thought to be an expression of an un-met need or a response to a stimulus in the person’s environment. Those working with people with dementia are called to discover the cause of the responsive behaviour and to find ways to manage the care approach to minimize the behavioural response. This reframing recognizes that the person with dementia has limited capacity to communicate their needs and experiences, nor to control their responses to these situations. Health care professionals working with un-regulated staff such as Health Care Aides are encouraged to avoid conversations that ‘blame’ the staff for the responsive behaviours. Engaging HCAs in problem-solving conversations to help discover possible underlying causes of behaviours provides a more supportive environment for all involved in the care of those with dementia.

Staff are guided to look for possible causes of the responsive behaviour within the domains of: the physical body (pain, delirium, hunger/thirst, cold/hot, etc.); the person’s psychological experiences (depression, stress, etc.); the physical environment (noise, light, activity); and, the social/cultural environment (relationships with others, etc.). The AUA Toolkit of Resources provides many suggestions to help staff uncover the possible meaning of responsive behaviours.

The term ‘responsive behaviour’ is explained well in this video clip (developed in Nova Scotia as part of an oral care in-service for staff working with those with dementia):

<http://www.youtube.com/watch?v=kTFuw65SrZl>

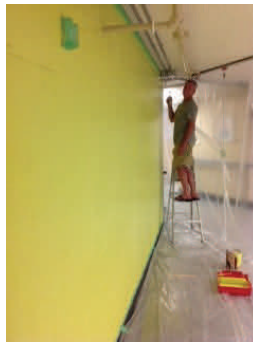
Each AUA Bulletin will highlight the success of one site at reducing their use of antipsychotic medications.

## Convenant: Youville

Covenant Health's Youville LTC centre in Edmonton Zone is one of the early adopter sites of the Appropriate Use of Antipsychotics (AUA) project. The implementation team at Youville under the leadership of Dawn Gammon, NP, has done an amazing job of coordinating many of the initiatives that have resulted in a reduction of the use of antipsychotic medications on the project unit.

**Monthly Education.** The Youville AUA team provide monthly education sessions on a broad range of topics. The topics allow all staff at Youville to learn the features of dementia related behaviour including assessment methods, benefits/risks of antipsychotic use and alternatives “non-medication” options for managing behaviours. The goal of this initiative is to increase resident safety by having the Youville staff speak “a common language” about behaviours. All staff, including the leadership team, attend these sessions and write a quiz developed by the AUA HCA and LPN team members. The frontline participation in developing this education has aided in the true development and use of a “common language”.

**Family Representative.** Youville staff have recruited a family representative for their AUA team. This family representative has had many experiences with dementia associated behaviours while caring for both her parents in the past and now is supporting the “love of her life” through dementia and the use of antipsychotic medications. Her input and ideas from her love and grieving have given the Youville team a valued perspective in both the education sessions and the development of new plans for non-medication alternatives for care.



**Orientation Wall.** Youville is currently developing an Orientation Wall on the AUA project unit and will help reorient the residents to where they are, what time it is, what day it is, etc. The wall itself was painted as a donation by OML Construction and the Youville Auxiliary has kindly funded all the artwork, calendars, etc. Once the wall is completed the Youville team intends to focus on its “Helping Hands Project” which is a Montessori based program for decreasing behaviours and increasing pride our dementia residents.

**Medication Review.** An example of one of the success stories from Youville involves a resident who had a UTI which caused him to have a delirium. As part of the management of the hallucinations associated with the delirium, he was prescribed antipsychotic medications, but even after the delirium resolved, the antipsychotic medication was continued. This gentleman was experiencing approximately 45 aggressive episodes per month. When the team started to review his antipsychotic medication they reduced the medications very slowly over a number of months. Now he is off the medications and has had no episodes of aggression.



**Medication costs down.** Youville’s success in reducing antipsychotic medications has resulted in a significant reduction in medication costs as well. Youville Senior Director, Cecilia Marion, says the team deserves credit for the hard work that has resulted in lower antipsychotic medication costs demonstrating good stewardship of the site’s resources.

**Staff on side.** The staff talk about which behaviours that may respond to antipsychotic medications and which ones do not. These days the HCAs remind each other about non-pharmacologic ways to manage responsive behaviours to decrease responsive behavior.

## Keys to Success

Of the 175 Long Term Care Sites in Alberta, about 30 sites are already meeting the provincial target by having rates below 20%. Why are these sites performing well on this RAI indicator? Early impressions are there are several keys to success:

- Supportive and engaged leaders who find ways to help the staff try new approaches to providing care.
- Regular team meetings where HCAs are involved in problem solving different approaches to managing residents with responsive behaviours.
- Involvement of the whole team in medication reviews. The perspectives of the Nurses, Pharmacists, Physicians, Recreation Therapy staff and the PT/OT staff are all important in finding non-pharmacologic approaches to managing responsive behaviours.
- Quality Improvement (QI) bulletin boards are visible for everyone to see how well the site is doing on key measures like Appropriate Use of Antipsychotic medications.
- Front line staff are regularly involved in QI projects.

**The staff report that the unit is much calmer now.**

**Way to go Youville!**



# Scorecards and Measuring Progress

Strategic Clinical Network  
 Highest Quality of Care and Best Outcomes  
 Seniors Health Strategic Clinical Network

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**SAMPLE AUA SCORECARD** For BASELINE Period: June 2013

QUALITY DIMENSIONS:	APPROPRIATE:	EFFICIENT:	APPROPRIATE:	ACCEPTABLE:	ACCESSIBLE:	EFFECTIVE:	SAFE:	
<b>SELECTED MEASURE:</b>	RAI 2.0 (3) AUA (if possible collect by unit every month)	% of residents on antipsychotics reviewed monthly by team	% of residents with decrease in antipsychotic medication use	% of residents who have been involved in care planning around responsive behaviours	% of residents with responsive behaviours whose care has been reviewed by Mental Health team	% of residents whose symptoms have improved (BEH14)	% of residents physical restraints (RES01)	
<b>PERFORMANCE LEVEL:</b>	Project required data		Ideal target based on what can be realistically achieved in one year - negotiable					
10 (Target level)	Less than 20%	100%	100%	100%	100%	80%	0%	10
9	20%	90%	90%	90%	90%	70%	1%	9
8	25%	80%	80%	80%	80%	60%	2%	8
7	30%	75%	75%	75%	75%	50%	3%	7
6	35%	50%	50%	50%	50%	40%	4%	6
5	40%	25%	25%	25%	25%	30%	5%	5
4	45%	20%	20%	20%	20%	20%	8%	4
3 (Risk of harm)	50%	10%	10%	10%	10%	10%	10%	3
2	55%	5%	5%	5%	5%	5%	15%	2
1	60%	0%	0%	0%	0%	0%	20%	1
<b>WEIGHTING (%)</b>	20%	20%	20%	10%	10%	10%	10%	= 100 (5)
SCN Measure Score (Limit = Weighted Composite)	100	100	100	100	100	100	100	100 (5)

Strategic Clinical Networks (SCNs) are about using evidence based practices to get the most out of our health-care system. The goal of the AUA project is to limit the use of antipsychotic medications to appropriate clinical situations where these medications are known to be effective. This work is intended to enhance the quality of life of Seniors with dementia who live in LTC sites and to benefit the health-care system by reducing un-necessary medication expenses

If you have ideas for future projects to be considered by any of the SCNs please go to the external AHS webpage and search Strategic Clinical Networks and look for directions to 'submit a good idea'

<http://www.albertahealthservices.ca/8444.asp>

Each of the 11 Early Adopter Sites involved in the AUA project began by forming a unit/based AUA implementation team. At a Learning Workshop held in June of 2013, these teams developed Action Plans to help guide their efforts at reviewing and reducing the amount of antipsychotic medication used on their units. Each team was given a scorecard like the one above. All teams were asked to measure the first two indicators on the score card: one that tracked their AUA Quality Indicator for the unit (using the RAI 2.0 definitions) and one that tracked the number of residents whose had a monthly antipsychotic medication review completed by the inter-professional team. Monthly medication reviews by the whole team seem to be the key intervention to help reduce the use of antipsychotic medications. Each team then chose four additional 'site-specific' measures to help track both intended results (e.g. improvements in residents communication) and unintended results (e.g. increase in the use of physical restraints). The sites use the scorecard to monitor their monthly progress. Regular measuring makes a difference!

## The Addiction and Mental Health Strategic Clinical Network is the co-sponsor of the AUA project

The AMH SCN is a co-sponsor of the AUA project. Many of the non-pharmacologic interventions that are recommended for those with dementia, will also benefit those with other mental health conditions such as Schizophrenia and Huntington's chorea. People with these mental health conditions may need to remain on antipsychotic medications for an extended period of time. Resources to assist staff to complete regular reviews of these individuals will be added to the AUA Toolkit.

The goal of the Addiction and Mental Health SCN is to engage stakeholders in the dissemination and implementation of best evidence practices to prevent, treat and improve outcomes in addiction and mental health. Since its inception in 2012, the Addiction and Mental Health SCN has consulted and collaborated with a variety of stakeholders to mine for project ideas that will bring transformational change to Alberta Health Services as well as support front line staff and teams in providing value for money in their service delivery.

The three main areas of focus for the Addiction and Mental Health SCN are early childhood and youth support, servicing the complex high needs population and improving the prevention and treatment of depression. Within these areas are specific projects and priorities including: a clinical trial examining the treatment of depression; a school based prevention and intervention project; and the development of an alcohol care pathway. In addition to specific projects, the SCN has developed three research networks that provide opportunities for researchers to connect and find synergies between areas of interest. The research networks provide subject expertise and highlight grant opportunities for the SCN.

If you would like to get involved with the SCN or have any questions, we would be happy to hear from you.

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