April 2014

Alberta Health Services

Seniors Health Strategic Clinical Network
Addiction & Mental Health Strategic Network

Appropriate Use of Antipsychotics (AUA) in Long Term Care

Inside this issue

Care Centres Discover the Benefits of AUA

Antipsychotic medications are often prescribed to manage behaviours associated with dementia, but in many cases, responsive behaviours are a result of residents not being able to effectively communicate their needs. When we understand what the person is trying to communicate, and meet those needs, many residents become calmer. The AUA project has worked with 11 Long Term Care teams to help them find different ways to provide care without depending on antipsychotic medications.

One care centre that tried this new approach witnessed the most demanding resident on the unit become the most helpful after her underlying issue was addressed. Now she knows the other residents by name, and helps them out!

When fewer antipsychotics were used:

- **No additional care staff were required:** It took time to figure out what the person with dementia needed, but the solutions didn't require more staff. Residents participated more in group activities.

- **Behaviours got better, not worse**: As the medications were reduced, staff reported more talking and less yelling. Residents were more awake, joined in activities and re-engaged with families.

The Results Are IN! 11 units participated in the early phase of the AUA project. In June 2013 these units had a total of 248 residents on antipsychotics without an appropriate diagnosis. By January 2014 there were 126. That's a 50% reduction! WOW!

Coming Soon!

AUA Resources for staff, families and prescribers will soon be available on the AHS external website, Seniors Health SCN home page.

Phase 3 is Underway

The successes of the 11 Early Adopter Sites will continue to spread throughout their facilities, and to the remaining 164 Long Term Care Sites in Alberta over the next year.

Inviting Families to the AUA Conversation

Sleep Matters! Lack of sleep can contribute to depression, aggression and increased falls. Cary Brown discussed 3 factors for a sound sleep at our February workshop.

Light: Dim evening light (<50 Lux) prepares the brain for sleep. A sunny afternoon (5000+ Lux) stimulates wakefulness. Cary uses a smart phone App to measure light.

- Position residents beside windows during the day
- Avoid evening TV except to stay awake longer
- Try motion-activated night lights:>30 Lux disturbs sleep.
- Wear sunglasses on the way home after night shifts—protect *your* sleep!

Sound: Anything over 35 dB disturbs sleep (another phone App will measure this!)

- Are nighttime conversations waking residents?
- Maybe nighttime isn't the best time to vacuum—or as Cary put it, "Drive the Zamboni down the hallway".

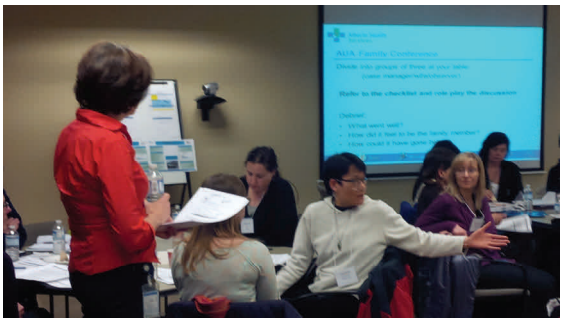
Temperature: Ever notice how relaxed you feel after a hot bath? Heating up and then cooling down makes us sleepy.

- Try warming residents just before bedtime.

Dusty's Story:

After an exhausting journey from BC to Alberta with my 89 year old mother riding beside me, we arrived at the new facility. She had already been living in a dementia unit for three years. I was worried about her ability to adjust to a new environment. After moving her into a new room, a young man came looking for me. He introduced himself as the Pharmacist. He asked to speak with me in the nurse's office. Once there, he asked me about my Mum's health and her current medications. He was thorough, kind and interested in what I had to say about allergies and medication history. He took careful notes and explained he was always available if I had any questions about medications. He gave me his phone number and schedule. I returned to my Mum feeling valued and needed as a part of her new care team.

Families value being consulted and informed! Appropriate use of Antipsychotics is a conversation that can be integrated into existing practices:



Family representative Tracy Wong explains why it's so important to include families.

- **On admission** to discuss risks, benefits and appropriateness of antipsychotics.
- **Ongoing**, to discuss responsive behaviours, which are very distressing to families. What is the resident trying to tell us? How could we better meet their needs?
- **During care conferences**. Should antipsychotics be continued, started, reduced or discontinued? What behaviour is being treated? Is it helping? What else could we try?

Practice leads Verdeen Bueckert and Vanja Jovic role-play an AUA discussion.

The AUA project team has developed resources to support these conversations:

- A **family brochure**, explaining responsive behaviours in dementia, along with risks, benefits and limitations of antipsychotics.
- A discussion **tracking tool**
- A **checklist** and **guide** to support conversations around antipsychotic use.
- Coming soon, **role play videos** to support staff education.

Each AUA Bulletin highlights the success of one site at reducing antipsychotic medication use.

Calgary Zone: Celebrating Bow View Manor!

L to R: Bennette Aguirre, Christie Christieson, Lorraine Handford and Paul Dhaliwal

2 Years ago, Bow View Manor used antipsychotics "left and right". As of January 2014, only 12.5% of their residents are on antipsychotics without an appropriate diagnosis, well below the provincial target of 20% - and they're not done yet!

The secret of their success? "Communication!" says Director of Nursing Bennette Aguirre. "If you don't discuss the project and the reason for doing it with Registered Nurses, Licensed Practical Nurses and Health Care Aides, how will you get buy-in?" They also set a goal to educate 100% of staff in the updated Supportive Pathways, and achieved it with focus and prioritization. "We started with the second floor dementia/ wander guard unit and a list of staff names. Then once all second floor staff were educated, we moved to the mixed dementia unit. We prioritized those needing education right away by looking at how long it had been since their Supportive Pathways education."

You chose to assess for pain and constipation. What did you learn from this? Staff understand pain and behaviou can be related. Now nurses and Health Care Aides think about factors contributing to behaviour, rather than use an antipsychotic right away. Staff are thinking more outside of the box. Their motto is "what can we do?" rather than "How can we fix it / give medication?"

Staff are thinking more outside the box.

What convinced you it was important to reduce use of antipsychotics? Quality of life, even at the end of life, is still very important. Better interventions can be put in place .

Can you give examples of the changes in staff approach? One resident 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 lay the resident down in the afternoon. They learned it was not a problem with pain, but fatigue. Now, the resident is more settled, and so is everyone else! Another resident is unsettled at night. Rather than use medication as an intervention, staff use a warm towel or blanket around the shoulders.

Mr. and Mrs. Bye from Bow View, were featured in the Calgary Herald and on Global TV. To view their story, click here!

A family member has commented that the first thing you notice when you walk into Bow View Manor is the calm. The Bow View team is quick to share credit for their success. It has been a multidisciplinary team effort, with family involvement and 100% support from their physicians. Well done Bow View!

Keys to Success

Brilliant ideas from Early Adopter Sites:

- Use hot pink sheets on charts to identify residents on antipsychotics
- When HCAs develop tests for AUA education modules —they "own" the education. And the tests are hard!
- Collect AUA modules and post-tests into a binder of quizzes for new staff so everyone gets the same information.
- Teach Supportive Pathways in short segments on all shifts—and follow with brainstorming activities around specific residents: Better knowledge transfer and fewer challenges getting people to full-day courses.
- Require informed family consent to change *or continue* antipsychotic use.
- Facilitate more consistent, person-centred care by not rotating staff through all wings.
- Enlist champions and build a great team!

What are Strategic Clinical Networks?

Strategic Clinical Networks (SCNs) are about using evidence based practices to get the most out of our health-care system.

The Seniors Health SCN has initiated the AUA project to limit the use of antipsychotic medications to appropriate clinical situations where they are known to be effective. This work is intended to enhance the quality of life of seniors with dementia and to benefit the health-care system by reducing unnecessary medication expenses.

Future projects will focus on "Elder Friendly Care" in acute care hospitals and add an advice line to Health Link for those caring for family with dementia. For further information, contact AUA@albertahealthservices.ca

Site Achievements Applauded

Troy Stooke, Engagement Consultant for the Strategic Clinical Networks, is encouraged to see the AUA project focus purposefully on patients and families, inviting them to conversations around responsive behaviours and antipsychotic medication use. She's also:

- **Inspired** by the results achieved in such a short time
- **Impressed** by the participation of Early Adopter Sites, a testament to their dedication, and pride in their staff.
- **Humbled** by the sites that experienced flooding and were still able to reach out and find family advisors for their work.

These are signs of the passion and caring in care centres. "Everything that is good about health care is being demonstrated by this project."

Long term care work is complex and difficult. But teams are implementing new strategies, health care aides are translating education into best practice, and families can tweak the strategies and make them their own for their loved ones. "People are seeing this links directly to patient safety."

> ***"Everything that is good about healthcare is being demonstrated by this project."***

"Families often feel like they have no power," says Troy. "It's important for us to open the door for conversation. The power to do that begins with one person at a time." Troy encourages care providers to reach out and ask residents and families: "How did we do today? Is there anything we could do better?" and to ask those questions in a spirit of learning. We may be afraid to invite complaints, but from the family's perspective, it feels like *dignity, respect, participation, collaboration and information sharing*.

Troy watches with great enthusiasm the hard work everyone is doing. "Alberta care centres are poised to lead practices across the country!"

That's My Husband! My mother-in-law had dementia for 14 years, and lived in two different long term care centres during the last 4 years of her life. She was on and off antipsychotics and it was always a mystery to our family why she was on or off. Near the end of her life, she hadn't said a sentence in 2-3 years. Over the last 4-5 months of her life, she was off antipsychotics. Last July she spied my father-in-law from across the room and exclaimed, "That's my husband!"

She died recently, and these last words were a gift to her husband and our whole family. *T. Stooke*