



Appropriate Use of Antipsychotics (AUA) in Long Term Care

Project Bulletin



AUA Toolkit Website now LIVE!

The use of antipsychotics in dementia is receiving global attention. Many exceptional resources have been developed for staff:

- ◆ When to use – and avoid antipsychotics
- ◆ Common reasons for agitation and aggression
- ◆ Approaches to empower and protect staff
- ◆ Person-centred and non-pharmacologic ideas and strategies
- ◆ Tools for behaviour mapping, assessment, medication review
- ◆ Engaging videos and helpful tip-sheets for staff education
- ◆ Brochures and ideas for families and volunteers

Some of these resources have been developed by the AUA project team right here in Alberta. Many more are from experts and top-notch organizations passionate about dementia care in Canada, USA, UK and Australia. The AUA Toolkit is your convenient link to a wealth of ideas and information. Check it out here:

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

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Phase 3 updates

- In May & June, approximately 70 of 174 Alberta LTC facilities attended Learning Workshops.
- Additional workshops and tele-conferences will be offered this fall.
- Groups of facilities meet in a “Learning Collaborative” to learn from each other’s successes and challenges.
- There is growing interest in AUA in acute care and supportive living—the project team is working to expand support for appropriate use of antipsychotics.

Athabasca in the News!

Extendicare Athabasca was featured in their local newspaper in February! Some of Athabasca's non-pharmacologic approaches include:

Boots the cat, who sits on walkers, goes for rides and is a welcome distraction.

Music therapy: Staff work with families to develop playlists for individuals. This music is played when the resident is likely to become agitated.

Athabasca has worked to inform and involve families regarding antipsychotic use, and families have been very supportive.

Interested in learning about music or pet therapy? See [AUA Toolkit links](#) under "Person-Centred & Non-Pharmacologic Approaches"

Edmonton Zone: Good Samaritan - Southgate

In June 2013, 47 of 76 residents of Good Sam's third floor were on anti-psychotic medications. After 9 months of monthly medication reviews and staff education, they were down to 6! All this despite sub-optimal facility design:

- ◆ **A hive of activity:** mobile residents with moderate to advanced dementia move freely between 3 wings connected by a common dining room and nursing desk. This area tends to become congested and noisy.
- ◆ **Long narrow hallways** and minimal storage – keeping halls tidy is a challenge.
- ◆ **Few private rooms** – most are semi-private.



The keys to their success?

Education: Before they reduced antipsychotics, education was provided to each shift by the pharmacist and RAI coordinator.

Medication Reviews: Weekly at first – just to get the list of residents on antipsychotics down to a more reasonable size; then monthly by February. Initially, Care Manager Miki Skendzic led the medication reviews with champion physician, Dr. Grynoch. An RN, LPN and HCA participated and the unit clerk took notes. After each review, families were contacted and the rest of the team informed of the planned dose reduction. Miki later coached a nurse to lead the reviews; now they occur even when she's away.

Seeing is Believing: Staff bought into the project when they saw the results for themselves. A woman had been in almost a vegetative state, curled in a fetal position in her Broda chair, unable to talk. After her antipsychotic was discontinued, she lifted her head, ate better and had a sparkle in her eye. (continued next page)

Care Plan Reviews: Health Care Aides, nurses and PIECES trained staff helped develop person-centred care plans. As the team became more comfortable talking together about the care of residents, they gained confidence to reduce antipsychotics and try person-centred, non-pharmacological strategies:

- ◆ A cool blanket helped settle a resident with itchy skin.
- ◆ One man became very agitated if he was dressed before his morning bowel movement.
- ◆ Another 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.
- ◆ A resident was upset by loose stools. A change in bowel routine improved behaviour and bowels.

“It’s all about sharing information, working together to ensure good dementia care. It’s not about numbers and dollars. It’s about quality of life.”

When staff reported a resident as “aggressive”, they were asked to provide details. They came to recognize what behaviours antipsychotics are *not* appropriate for.

The Good Sam team noticed the need for a strategy to sustain their success. Now, 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.

“You have to believe in yourself,” Miki says of their efforts to reduce antipsychotic use. “It’s all about sharing information, working together to ensure good dementia care. It’s not about numbers and dollars. It’s about quality of life.”

Southgate is spreading the project to the remaining two units in the building. We’ll be following their progress!

What Families Noticed at Southgate

- “My husband is less stiff and more alert when I visit.”
- “My mom can say a few words now, there was nothing there before.”
- “My husband opens his eyes and looks at me. For the longest time his eyes were closed and he slept most of the time”.
- “My mom is more alert, more awake when I visit.”

What Good Sam is doing differently as they reduce antipsychotics on two remaining floors:

“We communicated to all families by sending the AUA family letter— regardless if the resident was on an antipsychotic or not.”

Families appreciate more communication!

Did you know? When a person’s medications are gradually reduced, we call this process a “gradual dose reduction” or GDR for short! Learn more about GDR in the [AUA Toolkit](#) under “Medication Review”

Strategic Clinical Networks: Meet the People!

The AUA provincial project is led by the Seniors Health Strategic Clinical Network (SCN) in collaboration with Addiction & Mental Health SCN.

SCNs bring together people from across Alberta who are passionate and knowledgeable about specific areas of health to find ways to improve care.



AUA Practice Lead Verdeen Bueckert, an RN with a Masters in Leadership, joined the team in January. Verdeen first noticed the anti-

psychotic issue in 1998 when her grandmother was heavily sedated despite family concerns.

She later saw the challenges of dementia care from staff, patient and family perspectives as a clinical nurse educator on Unit 32 (Foothills Hospital), an innovative medical unit that has introduced many elder friendly initiatives.

Her impression of the AUA project in LTC? *“Inspiring! I love hearing the success stories from families and staff!”*

Getting the word out about AUA

Over the past months we've taken every opportunity to speak up about appropriate use of antipsychotics – we think the more times you hear about it, the better!



- ◆ Dr. Doug Faulder presented at [Geriatric Grand Rounds in Edmonton](#). You have to sign up but it's free and there are other great resources. Click menu item “Videos Archive” then follow the brief instruction. Handouts are on the same webpage: posters and handouts tab – look for 20140408 (April 8, 2014).
- ◆ Dr. James Silvius summarized current thinking on antipsychotic medications in dementia, in the [May 2014 issue of The Messenger](#), a newsletter of the College of Physicians & Surgeons of Alberta.
- ◆ AUA Practice Lead Verdeen Bueckert wrote two articles on antipsychotic use: one published in the Summer edition of [Alberta RN magazine](#) and the second scheduled for the fall edition of *CARE* magazine, published by the College of Licensed Practical Nurses of Alberta.
- ◆ Mollie Cole (Manager), Dennis Cleaver (Executive Director), Vanja Jovic (AUA Practice Lead) and Dr. Duncan Robertson (Senior Medical Director) made various presentations on behalf of the Seniors Health SCN: Licensed Practical Nurse and Nurse Practitioner conferences in Edmonton, Alberta Gerontological Nurses Association conference in Red Deer, and the National Collaborative on Appropriate Use of Antipsychotic medications through the Canadian Foundation for Healthcare Improvement.

AUA and “SCREAMING”: Dramatic improvements were recently observed in several residents with repetitive vocalization, after reducing antipsychotics. The residents are calmer, quieter and better able to communicate their needs.

For questions about the AUA project, contact Practice Leads Vanja or Verdeen:

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