December, 2014

Alberta Health Services

Seniors Health Strategic Clinical Network
Addiction & Mental Health Strategic Clinical Network

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

Project Bulletin

AUA Project Update

More than 100 of Alberta's 170 LTC centres have attended AUA Learning Workshops! The goal is to reduce use of antipsychotics from the current provincial average of 25.8% to under 20%, by March 2018. LTC sites accomplish this by:

- Monthly interprofessional medication reviews.
- Assessments of underlying reasons for agitation and aggression such as pain, overstimulation, fatigue, loneliness and boredom. Person-centred strategies are then described in resident care plans.
- Staff education regarding antipsychotic side-effects, dementia care strategies, responsive behaviours and person-centred care.
- Family consent and involvement in addressing responsive behaviours.
- Measurement and celebration. Many facilities are already below 20%!

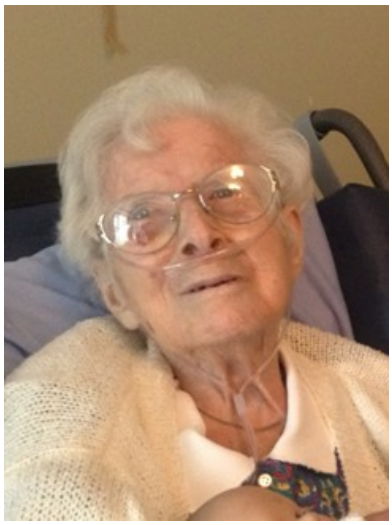
There is much to celebrate!

- **Discharged Home from LTC?** Staff questioned the diagnosis and antipsychotic medications on a new admission with a sudden and very recent onset of cognitive impairment. Delirium was treated and discharge planned!
- **Difficult to Delightful!** Care teams are enjoying the residents more; many staff are more satisfied with their work.
- **Still Difficult; Antipsychotics Weren't Helping**. A 2006 meta analysis in the American Journal of Geriatric Psychiatry showed 5 to 14 people need to be treated for 12 weeks for 1 person to show significant improvement in aggressive symptoms associated with dementia. Creativity required! One woman is more settled after having make-up applied. Another resident is calmer when personal care occurs in the bathroom.
- **Good Surprises!** Some residents are speaking after years of being mute.

Inside this issue

Go Alberta LTCs!

- The CIHI website now lists LTC antipsychotic use by province and zone: Your Health System in Brief http://yourhealthsystem.cihi.ca (Trouble viewing? See p. 4)
- Antipsychotic drug use in Alberta, in absence of psychotic and related conditions, dropped from **27.3% in 2011/12 to 25.8% in 2013/14.**
- Facility-level data will be posted on the CIHI webpage in the spring of 2015.



Antipsychotics & Aggression

So far, AUA project data suggests discontinuation of antipsychotics leads to no change, or improved behaviours more than 90% of the time.

These results are supported by a 2013 Cochrane review of 9 trials with 606 participants, which concluded that many older people can be withdrawn from antipsychotic medication without detrimental effects on behaviour.

"Yous" in the News

Youville Home was featured in a recent media release by Global Edmonton and the St. Albert Gazette.

Yvonne (photo), a Youville resident, had been on antipsychotics for calling out. Now off antipsychotics, she enjoys increased independence. At her 98th birthday party she read all her cards and personally thanked each guest for coming!

Dr. Verna *Yiu*, AHS Vice President of Quality and Chief Medical Officer, was recently interviewed by CBC radio regarding the achievements of AUA Project Participants.

What about *You*? Do you have a great story to share in the AUA bulletin? Send your story to: **AUA@albertahealthservices.ca**

In the works: *Resources are being developed to support appropriate use of antipsychotics in those with* ***chronic mental health conditions*** *and to address* ***polypharmacy*** *in older adults.*

AUA Project Salutes the 20% under 20%!

More than 20% of Alberta LTC sites were below 20% and 32% were under 25% in antipsychotic use prior to joining the AUA project. These sites have worked consistently to nurture person-centred cultures, and to reduce antipsychotics on new admissions. We'd like to introduce you to some of the unsung heroes of LTC!

Heather Hart now supports the AUA project in the South zone. Many years ago, Heather and her team in Medicine Hat worked to reduce antipsychotics and other medicines in a dementia unit, and found creative ways to address responsive behaviours:

- **One woman kept "stealing" purses**. Staff bought 10 purses at Goodwill, stocked them with junk mail and other treasures, and placed them around the unit. Each day the resident delightedly found her own purses and explored the contents within (staff purses were safe after that!)

- **Hoarding & Wandering**: A pillowcase of clothing and interesting objects kept one resident occupied. Another was given a jewelry box with many little drawers, full of surprises. The jewelry box was put away once she lost interest in it, so every day, it was an exciting discovery! (It's important to place resident names on objects, so they won't be shared or thrown away.)
- **Sleep**: Staff tracked sleep/wake data to see if residents woke on their own, or were disturbed by staff. More than half the time, staff woke the residents by turning the lights on, collecting commodes, stocking cupboards and using noisy equipment such as the addressograph. Staff reorganized the work that needed to be done, kept the doors open and the curtains drawn at night, did visual rounds with flashlights, moved the addressograph to a conference room, turned off the ice machine at night, and negotiated with housekeeping to come in at 0830 instead of 2 am. They also negotiated cold breakfast trays for those residents who wanted to sleep in.

Verbal aggression reduced by 42%, and physical aggression by 43%. There was less resistance to morning care, and residents were more pleasant to visit with! Their research was published in the Jan 1998 edition of the AARN Newsletter.

- **Afternoon Tea**: The noise and enthusiasm of afternoon shift change triggered many responsive behaviours until tea was organized at a quiet area on the unit. Families saw an opportunity to help, and brought in snacks and home baking.
- **Afternoon Quiet Time**: The lights were turned off an hour after lunch. Residents rested, and even those prone to wandering sat quietly in the dim light. Staff were sometimes reminded by the residents to keep their voices down! Visitors were encouraged to leave the unit during quiet time. Family members used this time to connect with each other at Tim Hortons, and to plan the baking schedule for afternoon tea.

What strategies have helped to support person-centred care in your facility? **Send your ideas to AUA@albertahealthservices.ca!**

AUA Toolkit Highlights

Noise and inconsistent assignments increase agitation! Check these links under the Care Planning section in the AUA Toolkit:

- **Pioneer Network**: Individualizing Care Starter Toolkit, resources on **Falls & Alarms**, **Consistent Assignments**
- Alzheimer Knowledge Exchange: Design & Dementia, **Noise-Physical**, **Noise-Social**
- Wisconsin Dept. of Health Services: **Personal Alarms: Safety Device or Hazard?**

The **Project** section describes steps to follow when implementing the AUA project.

Stay tuned! **New resources and sections** are still being added!

Seniors Health Strategic Clinical Network: Meet the People!

The AUA provincial project is led by the Seniors Health Strategic Clinical Network (SH SCN) in collaboration with the 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 Boris Woytowich is an RN with a Master of Nursing in Aging. He draws on his experience as a nurse researcher and educator to contribute to strategies to spread AUA across the province. Boris' passion is fueled by a desire to ensure that front-line care teams do not experience the same lack of preparedness he initially felt in caring for those with dementia. He hopes to ensure that all care providers receive the knowledge, skills and support needed to provide the best care possible.

Are You Overlooking Pain?

Many caregivers mistakenly believe that older adults – especially those with cognitive impairments – don't feel pain. As a result, pain is often poorly assessed, or undertreated. This may result in responsive behaviours, loss of appetite and malnutrition, withdrawal from social activities, impaired function, falls, sleep disturbances and/or depression.

Pain can be caused by constipation, dental problems, headaches, pressure ulcers, osteoarthritis, cancer, poor circulation in the lower legs, medication side-effects and/or a history of fractures.

When older adults are unable to communicate with words, how can you tell if they're in pain? Watch for 2-3 of the following behaviours:

- Agitation, fidgeting, pacing
- Rapid blinking
- Crying or moaning
- Guarding or rubbing of body parts
- Noisy breathing
- Fearful expression
- Negative vocalizations
- Hitting, resistance to care and rigidity.

You can also use pain assessment tools such as PAINAD, found in the Responsive Behaviours section of the AUA Toolkit. The Toolkit also includes links to many other resources on pain and pain assessment. Coming soon—an online learning module on Pain in Dementia!

Did you know? **Individual facility data** will be available on the Canadian Institute for Health Information (CIHI) Website in the spring of 2015. The ten indicators will include antipsychotic use, restraint use, social engagement, pressure ulcers, falls and pain.

Trouble viewing "Your Health System" in CIHI ? Google Chrome recommended; make it your alternate, not default, browser to avoid interference with Lync and AHS applications. You may also try F5 to refresh your search in older versions of Internet Explorer.