April 2015

Alberta Health Services

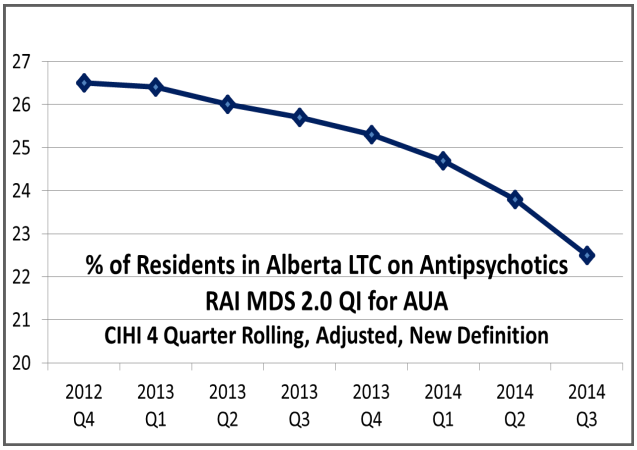
Seniors Health Strategic Clinical Network in collaboration with
Addiction & Mental Health Strategic Clinical Network

Appropriate Use of Antipsychotic (AUA)

Project Bulletin

Can Passion and Compassion be Measured?

Over the past nine months, Alberta LTC centres have taken the plunge. At first, teams put a toe in the water, by reducing antipsychotics on one or two individuals with dementia. Initially, there was little change. Over time, resident quality of life often improved and agitation decreased. Staff became bolder—reducing antipsychotics and trying out person-centred strategies with more challenging residents.



Care teams put their heads together to understand responsive behaviours, and meet underlying needs. Care plans and daily routines were adjusted around the resident. Families were consulted. Health Care Aides contributed key insights and strategies. Nurses, allied health, pharmacists, physicians and mental health consultants added their expertise. The numbers show evidence of hard work, passion and compassion. The stories will warm your heart!

Inside this issue

Points of interest

- 95% of the 168 LTC centres in Alberta are now involved in the AUA Project
- Plans are underway to extend the AUA project to other areas such as Supportive Living

AUA in Acute & LTC: Hanna AB

Acute Care is a tough place for people with dementia. They need:

- Consistent, friendly faces
- Staff who understand the needs behind their behaviours
- Routines customized to their preferences
- A calm, homelike environment
- A balance between rest and activity

In addition, the transition from a familiar place to a hospital environment can cause agitation. This is often worsened by pain, infections, fractures and drug side-effects, which may cause delirium.

Hanna acute care uses low doses of antipsychotics, only when absolutely necessary, for as short a time as possible. Dr. Emad Hanna is careful to weigh staff reports of behaviours with a personal assessment of the client. As patients settle in, they're invited to day program activities at the attached LTC.

Hanna Health Centre

By the time residents are transferred from acute to long term care, they're rarely on antipsychotics. These strategies have greatly benefited Hanna LTC—only *one* of 61 residents is currently on an antipsychotic.

Hanna Health Centre illustrates what is possible when acute care and long term work together. They're learning that antipsychotics can be helpful, especially for underlying mental health diagnoses and short term treatment of acute agitation. In most cases, however, person-centred strategies are more effective.

Read more: AHS Zone News http://www.albertahealthservices.ca/assets/zone/ahs-zone-print-central-2015-03.pdf

Online, Interactive Learning Modules now available!

Check out AHS MyLearningLink and the AUA Toolkit (Dementia Education Resources) for the following learning modules:

- ◊ AUA for Persons with Dementia
- ◊ Pain in Dementia
- ◊ Family Engagement

Mysteries solved by LTC Detectives

⇒ A resident was on antipsychotics for "hallucinating"- talking to herself. Her care team discovered she had been an actress, and was practicing her lines! Her antipsychotic was discontinued.

⇒ A man was on an antipsychotic for agitation. He had dental pain. His dental work has been done; he's off his antipsychotic.

⇒ While a resident's antipsychotic was being reduced, he was accidentally given Tylenol #3 instead of Tylenol #1. He was much calmer and happier that day—they realized he was in pain. His pain medication was increased, and his antipsychotic discontinued.

These examples highlight the need for thorough assessment and are just a few examples of the excellent detective work being done in LTC.

Creating Moments of Joy in Long Term Care

As antipsychotics are reduced, residents wake up, start moving—and look for something to do. Not all care centres have Recreation Therapists, and even those who do must figure out how to occupy residents on evenings, nights and weekends. Fortunately, many activities don't require an RT, expensive equipment or extra time—just opportunities for work, self-care, leisure and rest / restoration.

Work: Residents might shovel snow, clear and clean tables, wipe handrails, deliver coffee and tea, stock the Keurig pods, dust or help clean the bird cage. A resident has an office in her room where she writes her memoirs. A former police-woman helps "watch" the medication cart. A family member brought in bread, baloney, mustard and mayonnaise weekly and the residents made sandwiches for the homeless. Some enjoy caring for life-like dolls—though one woman complained after a few weeks that she was tired of babysitting!

Self-care: The more residents can do for themselves, the better they feel! Offer simple choices: the red sweater or the blue one? A resident cut his fingernails on the left hand; the HCA assisted with the right.

Leisure: E.g. Visiting with a pet, listening to children read, looking at photos, a simple/ age appropriate puzzle, browsing a Sears catalogue. A companion made up a crossword puzzle about a resident's life and family—she was so excited to know the answers!

Rest and Restoration: On bath days, hair is blow-dried and curled, lipstick and powder applied. All day long residents are told how beautiful they look. Hand cream and a hand / foot massage are relaxing. Nap therapy helps people cope in the evenings.

Butterfly moments: Small interactions bring joy!

- Touch: A comforting hug, applying lotion to hands or face, holding hands
- Share your life: bring in a photo of a baby, wedding dress, pet, renovation project, vacation or hobby— and talk about it
- Interesting objects: seashells or starfish, a bowl of snow, table centre pieces, baby booties

- Learn a few words in the resident's first language
- Wear something noticeable and fun: bright lipstick, a big hat

For more ideas, see Person-Centred and Non-Pharmacologic Approaches in the AUA Toolkit.

Unique Solutions at Bethany LTC Sites

- Flexible waking times are improving resident moods at Bethany Calgary. A HCA said, "I used to pray a lot before I went in the resident's rooms. Now it's fun. People are more alert; it's a pleasure."
- A wheelchair-bound man is now walking and assisting with care.
- A resident's aggression returned - he was put back on the antipsychotic; they're looking for the reason for the aggression.
- Bethany Sylvan Lake is addressing pill burden. A woman was overmedicated and had declined. Now that she's on less medication she recognizes her daughter and remembers her name!
- Bethany Cochrane HCAs are taking on personal projects to improve quality of life for residents. Everyone knows the strategy for each person, including housekeeping.

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.

Mollie Cole, Seniors Health SCN manager, has advocated for nurses and seniors in multiple leadership roles and professional affiliations, including Clinical Nurse Specialist with Seniors Health, president of the Alberta Gerontological Nursing Association and Clinical Coordinator for Calgary Zone NICHE (Nurses Improving Care for Healthsystem Elders) .

Mollie has cultivated a vast network of expert allies, eager to collaborate and contribute valuable perspectives and ideas.

Her passion, respect, energy, caring demeanour and great sense of humour are just a few of her stand-out qualities!

LTC Superheroes

What has more IQ than Einstein and solves problems faster than a speeding med cart? It's the Interdisciplinary Team! IDTs are creating quite a buzz in Central zone. Teams are coming together to puzzle over responsive behaviours and develop strategies. They're no longer reliant on experts to solve all their problems. They've discovered their superpowers!

At a recent learning workshop in Drumheller, Seniors Outreach nurses Gail Sanders and Nicky Samuel observed that previously, they had to convey to LTC staff that the behaviours of concern were pretty typical and/or responses to needs. Now, the IDTs work together to identify and meet underlying needs, and are very reluctant to resort to antipsychotics. "That is a complete 360°," Gail observes. "Also I see a crossover to LTC's taking a closer look at all the other drugs: benzo's, PPI's, statins, diuretics, narcotics etc...It's great to see."

Central zone educator Camille Rudolf notices there are some very strong IDTs who communicate well with their peers, so everyone is aware of the process and documents effectively. These teams are no longer coming to the educator or manager asking how to do something—they're coming with their own ideas, asking "Does this sound right?" This takes a lot off the manager's plate!

Community Geriatric Mental Health Medical Director Dr. Stuart Sanders observes consultations with IDTs allow all aspects of the person and non-pharmacological options to be considered. "I remember one case, a person who was aggressive with caregivers and on the inevitable drugs. As we discussed options one Nurse said she thought he might be depressed as he never ate all his food. A care aide said, 'He does if you turn his plate around.' Turned out he had a neglect syndrome. The solution? Turn his bed through 180 degrees so he would notice and interact when staff approached the bed. Problem solved!"