

# Appropriate Use of Antipsychotics (AUA)

Project Bulletin



## AUA Moves Upstream

When the AUA Project was introduced to Long Term Care (LTC), people often asked, “When are you going to acute care?” Antipsychotics are often started in acute care for responsive behaviours in dementia, and for psychosis in delirium. Here is the news you’ve been waiting for!

Nine acute care pilot sites participated in our Elder Friendly Care (EFC) Learning Workshops on Restraints as a Last Resort in February 2017, and in May, returned to learn about Support of Sleep and Delirium Prevention. In the fall we will cover topics such as engaging with family and the importance of mobility. Participants include staff from Acute Care, Emergency Department, LTC, Supportive Living (SL) and/or Home Care. This cross-setting approach reinforces the good work underway in LTC and SL.

Full provincial roll-out of AUA to SL will be completed by March 2018. The stories from participating sites are truly inspiring—you’ll find them on the next page!

The AUA Project supports use of person-centered strategies instead of antipsychotics or other pharmacologic restraints. This has been shown to improve quality of life and reduce responsive behaviours associated with dementia. **Alberta currently has the lowest antipsychotic use in LTC in Canada at 17.4%** (Q4 2016/17, Canadian Institute for Health Information).

This piece of art was created by 32 individuals trained as **Opening Minds through Art (OMA)** facilitators. OMA’s mission is to build bridges across age and cognitive barriers through art. This program is one of eight projects funded by Alberta Health and supported by the Seniors Health SCN (Community Innovation Grant for People Impacted by Dementia)

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### Special point of interest

We are working with the University of Calgary and a group of physicians to develop an education module for doctors regarding antipsychotic medication use in older adults with dementia. Plans are underway to have the module ready for sharing by the end of the calendar year.

# Success Stories from Supportive Living in Edmonton

**Rutherford Heights Retirement Residence** has two onsite doctors and a pharmacist leading the change. Residents taken off antipsychotics are more alert and falls have decreased. As a result, more educational opportunities and family involvement with care planning is underway.

**West Country Hearth:** Staff have successfully taken down the number of residents on antipsychotics from nine to four. Now, with all medication reviews, their physician stamps the chart "AUA Reviewed". Their recreation program has introduced new activities, and opportunities are opening up for further staff education.

**Shepherd's Care Kensington Village** has successfully taken 10 residents off antipsychotics and is beginning to review residents on a second unit. One of the biggest turn-arounds was a frail resident on five different antipsychotics upon admission. She was bent over and leaned to the side, couldn't walk, and was non-verbal. The care team weaned her off all these meds. She is now very busy and chatty with other residents, and any behaviour is easily redirected. Care staff describe the resident as going from completely inactive to becoming a vital part of the home.

**Summerwood Village Retirement Residence** has reduced antipsychotic dosages for nine residents and weaned five completely off; they are now reviewing residents on a second unit. One amazing success was a resident who sobbed regularly and could not be consoled. Once the antipsychotic was reduced, the crying stopped. She now socializes, participates in recreational activities and is calm during care. Staff say she is like a new person and is full of life!

*Care staff describe the resident as going from completely inactive to becoming a vital part of the home.*

**Devonshire Village:** 16 residents on antipsychotics are now reduced to four. Their pharmacist and doctor are working to ensure numbers remain low. One challenge is making all new staff aware of AUA. They overcame this by developing a creative orientation package for new staff.

**Lewis Estates Retirement Residence** uses the AUA Quality Improvement board and tracks their progress for all to see. This keeps the AUA project fresh and visible and creates excitement in the staff when they see the numbers declining! People say it affirms the work they are doing and recognizes their efforts. The memory care unit has reduced antipsychotic use to 17%.

**Glastonbury:** The wellness manager saw the AUA project as opportunity to improve interdisciplinary care planning. The recreational therapist revamped existing tools and incorporated a new assessment including life history and an inventory of interests. This approach was trialed on a resident known to be withdrawn and aloof. Meaningful activity was introduced as his antipsychotics were reduced. He took a 180 degree turn—became more engaged with others, moved around more, and participated in recreational outings and activities. This prompted review of all his medications to see what else can be reduced or eliminated. They cannot wait to do more work with other residents!



AUA QI board at Medicine Hat Homecare

# Meaningful Activities in Acute Care

In the demanding world of acute care, it can be challenging to engage patients with dementia in activities that are meaningful and enjoyable. But it's possible!

**Oilfields General Hospital in Black Diamond:** An elderly patient came to them after a hip replacement, and his dementia had advanced significantly. "We had been trying to provide activities for him, but he found some of the knob turning activities and activity apron to be almost insulting," explained Norma Schock, acute and ER care manager. At a weekly multidisciplinary meeting, his nurse shared that he was a former bus driver, and asked about creating a steering wheel, similar to those found on shopping carts. The occupational therapist and her aide worked with engineering to fashion a table top with a steering wheel for his wheelchair. The patient could remove the apparatus whenever he chose, but never did. "This patient was happiest in his wheelchair, driving his school bus," recalls Schock. "I am very proud of our staff engagement with our patients. They see the human inside and work hard to honor each person."



George Martin continues to enjoy his steering wheel. Image used with consent

**Calgary South Health Campus:** Kaitlin Segboer, a Recreation Therapist, has found music to be a great way to create bonds with dementia patients. "Music and memories are deeply connected," Segboer emphasizes. "Often times, people who are unable to have a conversation are still able to sing along to their favourite songs." She suggests first ensuring the patient enjoys music, and doesn't become agitated with sounds. Next, find out what songs or genres are meaningful to that person by speaking with friends or family. "Play their favourite songs and listen to the music together. Use this interaction to form a connection with that person as you listen together. By doing this, you use music in an intentional and meaningful way, instead of having it as background noise. From there, you can engage in conversations about what the music reminds them of, instruments in the song, or how it sounds."

**Calgary Foothills Medical Centre Transition Unit:** Shyann Rogers, a Clinical Nurse Educator, agrees. "We embrace getting to know our patients and developing individualized care plans. We do activities based on individual needs, and likes/dislikes, such as music." The Transition units have a pair of kalimbas, which are wooden instruments with metal tines. Patients can play them by plucking the tines with their thumbs. Other activities include adult colouring books and washable markers, online colouring pages that can be printed for free, durable and washable playing cards from education stores, plastic cribbage boards, dementia mats, a bag of buttons for sorting, and reading materials. "Most of the stuff we have was donated free to the units. It's just thinking about what we have kicking around and how it might be used in an activity." Or it can be something as simple as taking patients for a walk. Ambulatory patients walk in a loop around the units with staff. "While we walk, we talk. It's a culture change that's bigger than just activities. If we get to know our elderly beyond their disease, we can provide the best care for all patients."

## EFC Pilot: Success Stories from Acute Care

### Strategic Clinical Networks

The AUA project is a provincial project led by the Seniors Health Strategic Clinical Network. The project is guided by experts passionate about improving care to older adults.

Welcome to the team, Sarah Hennings and Cory Banack!

Sarah is an RN studying to become a Nurse Practitioner.

She has a background in community nursing, addiction and mental health and LTC. Sarah was inspired by resident successes at her LTC to become involved

with the AUA project. Sarah assists Michele Ray-Jones with the Supportive Living roll-out.

Cory is an Advanced Practice Nurse in Gerontology, who has worked as a Clinical

Nurse Specialist at Calgary acute care. He completed his Masters in Nursing to help the system help the senior, and finds the complex medical/social/

psychological picture of older adults satisfies his need to “solve puzzles”. Cory supports the Elder Friendly Care project in acute care.



**Cardston Health Centre** reduced antipsychotics on a person who yelled and screamed. She is quieter now, and able to laugh and interact with visitors and staff. She is more alert and no longer requires thickened fluids.

**Northern Lights Regional Hospital, Fort McMurray:** One patient had a dramatic decline in cognition, was on 20 medications and 3 antipsychotics, and used to lie in bed and scream. Now that her antipsychotics are reduced, she walks around. She still screams at times e.g. when showering. They are supporting their Health Care Aides to be more person-centred e.g. offer her more control during showers.

**Oilfields Hospital, Black Diamond:** Staff recognized delirium in a post-op patient. Instead of responding to her night time confusion with an antipsychotic, they took her to the bathroom, gave her a drink of water and settled her in bed with a warm blanket. She felt much better the next day!

**Villa Caritas, Edmonton** care teams switched from behaviour logs to behaviour maps. The behaviour map allows them to identify patterns and assists with care planning development. They're communicating with the sending facility and/or case manager about care plans and strategies, and working to decrease length of stay.

**St Joseph's Hospital Vegreville** initiated a “breakfast club”. Patients walk down or are taken to a common dining area for a communal socializing opportunity. After this it's time for group exercise. Afternoon rest periods have become very quiet!

**Lethbridge Chinook Regional Hospital:** The transition units recognized the value of a medication review for all older adults, especially those with responsive behaviours and aggression.

**Killam Health Centre:** offered Supportive Pathways training for Long Term Care staff, and approximately 60% of acute care staff also attended! They are working to provide dementia education to the other 40%.

**Misericordia Hospital Edmonton Emergency Department** recognized sleep needs to be a priority. Patients are often ordered vital signs every 2 hours the first night when admitted to medical, surgical and psychiatric units. They want to discuss with physicians what is really needed to balance benefits of sleep with potential medical instability.

**Misericordia Hospital, Edmonton—6E/W** are reviewing their schedule for medications and assessments. They discussed adjusting times and consolidating care to limit interruptions for sleep – e.g. 2200-0200-0600.