Winter 2017

Alberta Health Services

Seniors Health Strategic Clinical Network (SCN)

Appropriate Use of Antipsychotics (AUA)

Project Bulletin

AUA Project: Part of A Global Culture Shift

"When Psychosis Isn't the Diagnosis", a Toolkit based on the Alberta AUA Project, is the second most frequently downloaded Toolkit on the Choosing Wisely Canada website and has recently been translated into French. Choosing Wisely is a global movement that partners with medical associations, health systems and patient organizations to help clinicians and patients make smart and effective care choices.

The AUA project has also sparked "Canadian Connections", a community of practice led by the SH SCN. Participants learn from leading practices in Canada and the United States. The culture is shifting around the world, from antipsychotics and other forms of restraint, to person-centered strategies and de-prescribing.

Alberta care teams continue to demonstrate exemplary practices. A review of the RAI data shows LTCs are stopping antipsychotics in new admissions sooner than before the AUA Project, and taking longer to start new antipsychotics. There has been no increase in numbers of residents excluded by an appropriate mental health diagnosis. The data supports the stories we hear: practices are shifting!

All 136 Supportive Living (SL) 4/4D and 40 SL3 sites will have participated in the AUA Project by June 2018. Check out our fall project bulletin for exciting stories emerging from Supportive Living.

The Elder Friendly Care project in acute care builds on the success of AUA in LTC and SL. 50 units from 13 hospitals are currently learning about restraint as a last resort, frailty, care planning, mobility, support of sleep, delirium prevention, family engagement and effective care transitions.

Inside this issue

Special points of interest

Alberta LTC and SL facilities who have participated in the AUA Project are well prepared for the new Restraint as a Last Resort provincial policy, effective Feb 2018.

The new target for antipsychotic use in LTC is 15%; the goal will be for 80% of Alberta LTCs to fall between 10-20% by March 31, 2020.

The EFC pilots in rural Alberta include teams from LTC, Acute Care, Emergency Department, Case Managers, and Primary Care Network. This is sparking collaboration and innovation.

Tools to Support Appropriate Use of Antipsychotics

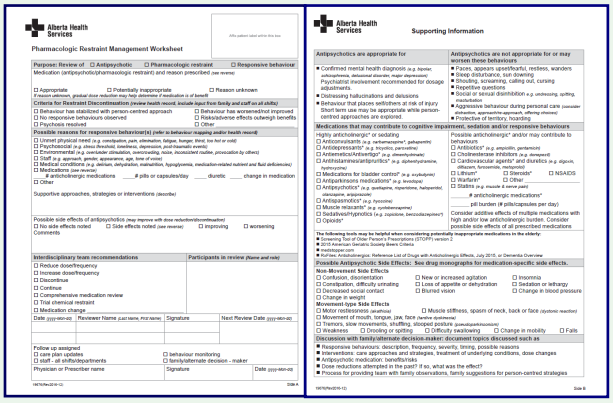
How can we determine if a pharmacologic restraint is being used appropriately? Where do we document antipsychotic reviews?

The **Pharmacologic Restraint Management Worksheet** was designed to guide and document interdisciplinary reviews of antipsychotics and other medications.

Here are some tips to simplify and streamline use of this tool:

- Only the front of the worksheet needs to be completed. The back is for reference.
- Do a thorough assessment the first time. Photocopy the worksheet and add notes during monthly assessments after that.
- If the prescriber hasn't signed the worksheet, but has written an order in response to team recommendations, simply mark the date of the order on the worksheet!

http://www.albertahealthservices.ca/frm-19676.pdf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Pharmacologic Restraint Management Worksheet

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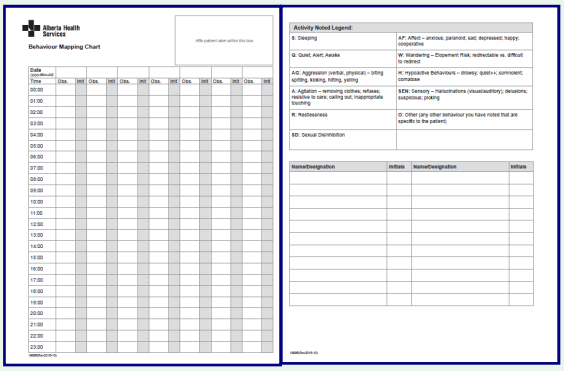
Supporting Information

How can we identify patterns and triggers, and recognize whether person-centred strategies and medication changes are making a difference?

The **behaviour mapping chart** is a simplified version of the modified Dementia Observation System. It's a tool you can use when you need more in depth (e.g. hourly) information over a number of days, e.g. when developing alternate strategies for responsive behaviours.

https://www.albertahealthservices.ca/frm-19895.pdf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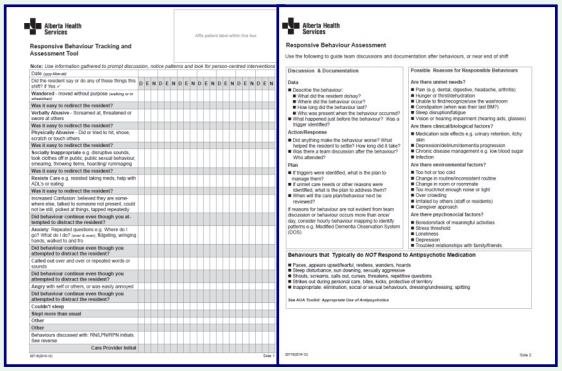
Behaviour Mapping Chart

Another tool is the **Responsive Behaviour Tracking and Assessment**. This tool uses RAI assessments to identify whether behaviours occur per shift. The back of the tool guides care teams to consider possible contributing factors and unmet needs. This discussion is then recorded in the progress record.

Don't double chart! If you're already charting the behaviour assessments e.g. as part of your RAI assessment, simply use the back of the form to guide the discussion, document in the MPR .

https://www.albertahealthservices.ca/frm-20718.pdf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Responsive Behaviour Tracking and Assessment Tool

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Responsive Behaviour Assessment

Behaviour mapping is a time limited strategy to support the development of person-centred care plans and treatments.

The Future is Friendly in Acute Care

Since the EFC project began 10 months ago, 9 sites (25 units) have engaged in the pilot and 25 units have joined from 4 Calgary hospitals. Participants include teams from Acute Care, Long Term Care (rural), Emergency Department, Orthopedic Surgery, Transition Units, Geriatric Psychiatry and Palliative Care. Collaboration between units and professions has led to exciting outcomes!

Practices in acute care can shift quickly. We ask care teams to reduce all 4 types of restraint on 1 or 2 patients. Within 6-7 weeks of the first workshop, a team from Peter Lougheed Centre reported success on 2 patients previously destined for extended acute care stays due to behaviours.

- Patient #1: Staff used behaviour mapping to develop a focused care plan; the patient was discharged to LTC because his behaviours were well managed. He has adjusted well.
- Patient #2: Personal care required 6 staff and ended with pharmacologic and mechanical restraint. The family were very distressed, as he was restrained in bed 24 hours per day and hadn't walked for 7 months. He now receives care from 2 caregivers, and is walking again. He is on a small dose of antipsychotic, and no mechanical restraint.

Fewer Broda/Geri chairs are being used. Broda chairs contribute to de-conditioning and delirium along with loss of continence, mobility, and independence. This limits discharge options for patients, contributing to long waits in acute care. A doctor's order is now required for Geri chairs at Villa Caritas and doctors first discuss the reason for the request and alternate approaches.

Grey Nuns Medical Unit is working with volunteers to make activity boxes for different interests. They report less mechanical restraint, including Broda chairs, and less agitation and confusion. 75% of patients now get up for breakfast and 95% for lunch. This optimizes ability to provide patient care and to reduce restraint. They have grippy socks stocked on supply carts, so they don't have to wait for the family to bring shoes.

A care plan is a plan for success. Before EFC, most units did not care plans in place for frail older adults. Now teams communicate the patient and family perspective, person-centred approaches, mobility and toileting. Detailed care plans impact sleep, continence, delirium and discharge.

Behaviour mapping is reducing restraint use. Behaviour mapping is a time-limited, purposeful opportunity to identify patterns, triggers and effective strategies for responsive behaviours. This supports development of care plans, so behaviours can be stabilized in preparation for discharge.

There are so many great examples of creativity and ingenuity in EFC units. Misericordia Ortho unit had a contest for staff to create "activity aprons" to occupy patients. St. Joseph's Vegreville has a breakfast club to provide a social setting for meals. The social interaction and exercise has contributed to calmer, happier patients and quieter afternoons. The EFC Project—and the hard work and dedication of acute care teams— is improving outcomes for patients, families and staff.

Spotlight on Exceptional Care

Sarah Hennings, now a Practice Lead with Seniors Health SCN, was *not* excited when antipsychotics became a last resort at Good Samaritan South Ridge in Medicine Hat. Like many health care providers, Sarah feared there would be more safety concerns and a heavier workload. But the opposite occurred.

As medications were tapered, residents stopped hollering as much and slept better. For those still awake at night, staff developed individualized plans in collaboration with families and care partners, such as playing music residents enjoyed.

Staff discovered many clients struck out because they were in pain, and were more comfortable with pain medication.

One man screamed every morning. His family explained he had always eaten a peanut butter sandwich for breakfast. Since he could no longer chew and swallow sandwiches, staff brought in a blender and made him a peanut butter banana chocolate smoothie.

Mechanical restraints were also avoided. The beds go all the way to the floor. If residents rolled out of bed onto fall mats, they checked to make sure they were okay, made them comfortable and allowed them to continue sleeping. Since this technically constituted a fall, a prior agreement was reached with families and physicians, and "no neuro vital signs" was ordered to avoid disrupting sleep.

Many other strategies support both sleep and safety. Safety checks are done with a small pen light. Night time continence products are used to avoid disrupting the sleep of those unable to get up to the bathroom. Special air mattresses prevent the need to wake for repositioning. Lights are dimmed in the evening to help residents wind down for bed.

One man missed his wife the most each evening. His wife was encouraged to bring a photograph, along with a shirt and blanket that smelled like her. The shirt was put on a teddy bear. Once settled with blanket and bear, he commanded staff to "Get out!" and fell asleep.

The care team has seen improvements in the care and safety of residents, and in staff relationships. There's more collaboration and problem solving with families and between staff, pharmacists and physicians. "I love it," Sarah says. "When I go to work, I feel proud. It's heavy work, but staff are invested in it."

Good Sam South Ridge, you are stars!

What is the Seniors Health SCN?

AUA and EFC are provincial projects led by the Seniors Health Strategic Clinical Network. The SH SCN is a group of experts passionate about improving care of older adults.

Other SH SCN initiatives include:

- Dementia Advice via Health Link 811: dementia care nurses provide support to care partners of persons with dementia
- Early Dementia Diagnosis and Support in the Community via Primary Care Networks
- Community Innovation Grants to support dementia friendly communities
- Coming Soon: an Appropriate Prescribing Strategy for older adults