

Appropriate Use of Antipsychotics (AUA) & Elder Friendly Care (EFC)

Project Bulletin

4 Reasons to Celebrate 17.0%!

- 1. Alberta is inspiring practice across Canada.**
Antipsychotic use has declined nationally, from over 30% to 21% in the past 6 years. Alberta Long Term Care antipsychotic use declined from 26.8% to 17.0%. Data from Supportive Living Pharmacy Information Network (PIN) shows a decline of 20 to 17% over the past 2 years.
- 2. We're prescribing more appropriately.** LTC and SL teams tell us some of the remaining 17% of clients on antipsychotics are on very low doses. The data shows antipsychotics are being discontinued earlier after LTC admission.
- 3. We're not seeing evidence of associated increases in** worsening behaviours, use of mechanical restraints or benzodiazepines, incidences of bodily harm, resident on resident aggression, or staff injury.
- 4. This achievement represents dedication and passion.** Teams have implemented multiple quality improvements in routines, environment, staffing and approach. As work continues across the continuum of care, including EFC in hospitals, we're reaching for a 15% benchmark by 2020.

Alberta care teams continue to explore and inspire new possibilities. Do you have a success story to share? Contact aua@ahs.ca or efc@ahs.ca.

Not All Meds Get Along



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Safe Medication Use

Monday October 29: Learn 10 best practices for reducing inappropriate medication use and polypharmacy. Register at www.patientsafetyinstitute.ca

Thursday November 1 Practice Wise webinar: Safe Medication Use in Older Adults—What is Your Role? A link to the recorded presentation will become available in early December. Non-AHS staff e-mail: aua@ahs.ca

Polypharmacy & Deprescribing Module: www.bruyere.org/en/emodules

Appropriate Prescribing Websites:

- ◆ Deprescribing.Org
- ◆ RxISK.org
- ◆ MedStopper.com
- ◆ Therapeutics Initiative
www.ti.ubc.ca

McKenzie Towne Collaboration

Congratulations to Oksana Saroa and the McKenzie Towne Retirement Residence team for reaching less than 10% inappropriately prescribed antipsychotics! What's the secret of their success? Collaboration:

- ◆ Teamwork and strong relationships with pharmacists, geriatric mental health, and community physicians.
- ◆ The team initiates impromptu "touch-down" consultations for residents with complicated behaviors and invests the time to complete frequent behavior mapping. Together, the RN, LPN, and HCA team assess this charting to ensure that appropriate interventions are considered and documented accurately. Care approaches are modified as needed.
- ◆ Families are included as care-partners. The team offers education and helps families feel comfortable sharing any changes they see.
- ◆ Recreation therapy is introduced early in the care planning process, to identify a variety of meaningful activities.



This collaborative approach has built capacity within the staff, streamlined idea sharing and improved quality of interventions.

Oksana notes that one of the biggest outcomes of the AUA project is improved collaboration between shifts. Interdisciplinary team members are working together and people are trying to better understand each other's challenges. Great job and keep up the inspiring work!

Canadian Patient Safety Week

Campaign; Special Event - October 29, 2018 07:00 - November 2, 2018 17:00 (MT)



This year's focus is Medication Safety.

- 2 out of 3 Canadians over the age of 65 take at least 5 different prescription medications, while 27% take at least 10 different prescription medications.
- In 2016, 1 in 143 Canadian seniors were hospitalized due to harmful effects of their medication.

Patient Safety week includes podcasts, Medication Safety webinar, Quizzes and Comic Challenges with terrific prizes.

To register, order promotional packages or learn more: <http://www.patientsafetyinstitute.ca>

2 Case Studies

Delirium in a 100 Year Old Patient

A 100 year old woman was transferred from Assisted Living to the Emergency Department at Oilfields General Hospital (OGH) in Black Diamond, with a 2 week history of increased agitation at night, calling out and visual hallucinations. She had stopped eating and drinking, and was increasingly drowsy and confused. She became hypotensive and hypoxic in the ED, and was admitted with CHF, Renal Failure, Failure to Thrive and Delirium.

Interventions: The nursing team recognized delirium, and took quick action to interrupt its course. They stopped all antipsychotics, pushed oral fluids, addressed constipation and removed the Foley catheter. The nursing team worked with family and caregivers to develop a “Top 5” document that allowed them to converse with the patient about her life.

Outcome: Six days later, she walked to the door and back with her walker, her cognition and delirium cleared. She was independent with meals, able to interact with other patients and was discharged to Long Term Care soon after.



Oilfields General Hospital staff make an extra effort to keep patients like Betty Storm hydrated, in order to prevent delirium.

Aggression and Friendship

Two ladies in LTC were good friends until one of them began having difficulty communicating and resorted to her native language. This caused friction, which escalated into daily verbal and physical confrontations. Extra resources were needed to keep the women apart.

Intervention: Support positive experiences together, versus trying to keep these ladies apart. Working with AUA Practice Lead/OT Sylvia Wong-Kathol, the team identified activities both women would enjoy. A staff member brought the women together for a shared activity and facilitated friendly conversation. Their time together gradually increased from 10 to 30 minutes twice per day.

Outcomes: By the end of 3 weeks, the ladies looked forward to their meeting and required little cueing to attend. There was just one observed aggressive incident. No medications were needed to manage the aggression. One of the ladies had been depressed and antisocial - since the intervention she is actively socializing!

Appropriate Prescribing at Westview Stony Plain

What is the Seniors Health SCN?

AUA and EFC are provincial projects led by the Seniors Health Strategic Clinical Network. The SCNs create improvements within focused areas of health care. Seniors Health SCN is finding new and innovative ways of delivering care that will provide better quality, outcomes and value for older Albertans.



Welcome Sylvia Wong-Kathol!

Sylvia joins the Seniors Health SCN as a Practice Lead supporting AUA in LTC and SL.

Sylvia is an Occupational Therapist with 22 years of experience in traumatic brain injury, stroke recovery and dementia care. In her work with seniors in Primary and LTC, she discovered a passion to empower older adults to have a voice in their care.

There used to be 7-9 standard medication administration times per day on the Westview Stony Plain active care unit. Now there are 3-4, with fewer medications to deliver. The differences are dramatic:

- * Use of antipsychotic medications is significantly lower.
- * Staff are learning and implementing strategies for managing responsive behaviours associated with dementia.
- * Evening shifts are quieter – staff have more time to help patients settle for the night. Sleep is improved. A site-wide policy on overhead paging contributes to the quiet.

“Decreasing the number of medication times has had a significant impact on medication delivery on evenings and has given me more time for hands-on patient care –it has been great!” - unit LPN

Why Review and Reduce

Medications? Older Adults are at increased risk of medication-related adverse events, drug–drug/food/disease interactions, medication burden, shortened life expectancy, frailty and changing priorities. As frailty and vulnerability increase, emphasis shifts to optimizing comfort and quality of life. Less intensive management of conditions such as hypertension and diabetes may be appropriate.

What Medications are Targeted?

- * The team accessed AUA resources to address antipsychotic use.
- * The Edmonton Zone Facility Living DEPRESCRIBING GUIDE, recommends consideration of the appropriateness of proton pump inhibitors, anti-hyperglycemics, iron, vitamins, herbal/natural health products, bisphosphonates (unless used for hypercalcemia with malignancy), anti-hypertensives, ASA, statins, and possibly anticoagulants for atrial fibrillation.

What’s the process? Their step-wise approach begins with engaging the patient and family in ongoing medication reassessment, and is a team effort that includes patients, families, nurse practitioner, pharmacists and physicians.

Who receives medication reviews? Initially, the team targeted acute care patients waiting for Alternate Levels of Care. This quickly expanded to all patients on admission, as most are over 65.

DEFAULT TIMES FOR MEDICATIONS	
DAILY.....	0900
BID.....	0900/1700
BIDF.....	0900/1700
TID.....	0900/1700/2000
TIDF.....	0900/1200/1700
QID.....	0900/1200/1700/2000
HS.....	2000