

Steps to Culture Change

Appropriate Use of Antipsychotics in Dementia
Strategies and Resources

Seniors Health Strategic Clinical Network (SCN)
In collaboration with Addiction & Mental Health SCN

This PowerPoint describes the steps and strategies developed by the Appropriate use of Antipsychotics (AUA) project team, to support LTC teams in Alberta.

People and Change: what have you noticed?



Adapted from International Association of Public Participation



When it comes to change:

- No one likes to be told what to do.
- Change is threatening
- There's too much change! (and some of it isn't useful, doesn't make sense)

Not everyone will be enthusiastic about reducing reliance on antipsychotics for residents with dementia. It's important that you don't ignore those who are resistant to change! They may be very influential! Make sure they've been **informed** about the risks, side-effects and limitations of antipsychotics.

Consult them about their concerns, and ideas that could improve care in your facility. The facility strengths assessment is one tool you can use to consult front line staff.

Involve them. The more people involved, the more likely people will support the change, because they have a say. One care centre had a health care aide on modified duty accompany her peers, and then discuss how their approach with a resident might go better next time. Another care centre enlisted several health care aides to make up the post-tests for monthly AUA staff education. The RNs found the tests really hard!

Collaborate: Powerful things happen when people work together to solve problems. Often, front line providers have valuable information or an approach that works well. Collaboration enables everyone on the team to share ideas and strategies, and learn from each other.

Empower: The more empowered staff feel, the more likely they are to bring forward ideas and solutions, and work towards improving quality of life and the work environment. The AUA project can be a catalyst for the many good things your facility chooses to do in the future!

AUA Strategies and Resources

1. Staff education
2. Monthly interprofessional medication review
3. Care plan reviews
4. Family consent – and consultation
5. Measurement and Celebration

Change

"If there is no struggle, there is no progress." - Frederick Douglass



Good news and bad news

The bad news:

- Change will take a modest investment of time up front – and we are all pressed for time

The good news:

- The resources and strategies have been developed and tested to make the process as simple and painless as possible.
- We encourage you NOT to add new meetings, but to find ways to enhance existing meetings and processes – because we know your time is limited

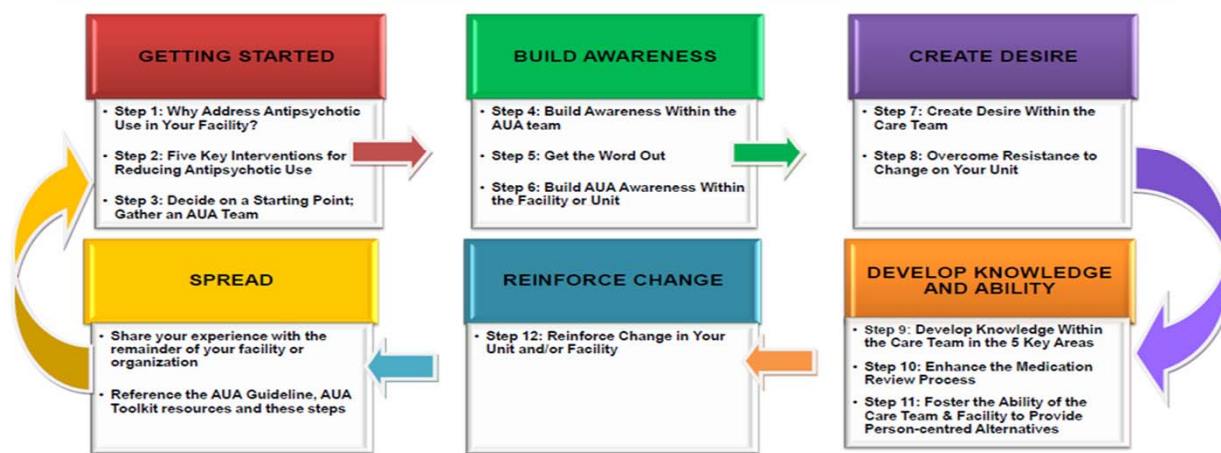
The **best news** is that – in the end – the time you spend at work becomes more meaningful and satisfying because:

- Residents wake up and assist more with their own care
- Residents are easier to work with
- Happier residents
- Less aggression and agitation
- Improved sleep
- Improved quality of life
- Improved work environment

Steps to Implementing AUA: Map



Steps to Implementing Appropriate Use of Antipsychotics



*Adapted from PROSCI, used under license

Seniors Health Strategic Clinical Network

Last updated September 2014

This is a one-page overview of steps to using antipsychotics more appropriately in your facility.

It's a 12 step, sequential process, accompanied by a checklist that will support your team to make and carry out a plan that fits your unique needs.

This tool can be found in the Project Resources section of the AUA Toolkit, along with resources and documents that have been developed to support each step. (Google "AUA Toolkit", Search AUA on the AHS External website, or go to <http://www.albertahealthservices.ca/auatoolkit.asp>)

Steps to Implementing AUA*



Why AUA?

**Five Key Interventions
for Reducing
Antipsychotic Use**

**Decide on a Starting
Point, Gather an AUA
Team**



*Adapted from PROSCI, used under license



Getting Started is about preparing facility or unit leaders to support and participate in an Appropriate use of Antipsychotics (AUA) project.

The first step is becoming aware of the issues around antipsychotic use in dementia, and why it's important to use of antipsychotics appropriately. This information is described in the PowerPoint "Appropriate Use of Antipsychotics in Dementia – What's all the fuss?" which can be found in the Project Resources section of the AUA Toolkit.

Step 2 is awareness of the five key interventions for reducing antipsychotic use, described earlier in this presentation.

In step 3, facilities decide what unit, floor or neighbourhood to focus on first, and an AUA change team is gathered.

Steps to Implementing AUA

BUILD AWARENESS

**Build Awareness Within the
AUA team**

Get the Word Out

**Build AUA Awareness Within
the Facility or Unit**



In Step 4, the AUA change team explores resources in the AUA Toolkit so they can support staff education and discussions with their colleagues around antipsychotic use.

In Step 5, the team works to raise awareness of all stakeholders, including staff, prescribers and families. Letters, posters, articles, PowerPoints and other resources can be found in the AUA project resources section of the AUA Toolkit, to support your facility to get the word out.

Building AUA awareness involves sharing resources and brief in-services about:

- antipsychotic side effects and adverse effects
- common causes of responsive behaviours
- what behaviours cannot be improved by antipsychotics
- when it is appropriate to use antipsychotics

Steps to Implementing AUA



**Create Desire
Within the Care
Team**

**Overcome
Resistance to
Change on Your
Unit**



In order to create desire for change, share the success stories in the bulletins and videos describing improvements in quality of life of residents.

Develop confidence to reduce antipsychotics by starting with the “easy wins” described in the Medication review section of the AUA toolkit.

Look for 1 – 3 residents to begin gradual dose reductions of antipsychotics, such as:

- those with no responsive behaviours on regularly scheduled antipsychotics
- residents who are prescribed antipsychotics for things that are more likely to become worse such as insomnia, repetitive vocalizations and restlessness.

Depending on dosage, it may take months for antipsychotics to fully clear the brain, so a reaction seen within the first few days is unlikely to be related to the dose reduction.

In some persons with dementia, there may be an increase in wandering or exit-seeking, which may be related to the need to use a bathroom, to have more activities, social opportunities and exercise, or to modify the environment.

It's also possible to see an increase in verbal aggression, which may suggest an underlying reason such as pain.

As residents wake up, staff must be equipped with new knowledge and abilities to provide better alternatives to antipsychotics.

Steps to Implementing AUA

DEVELOP KNOWLEDGE AND ABILITY

Develop Knowledge
within the Care Team
in the 5 Key Areas

Enhance the
Medication Review
Process

Foster Ability of the
Care Team & Facility to
Support Person-
Centred Care



Step 9 involves developing knowledge and ability in the care team to provide person-centred care, and to look for the reasons for responsive behaviours.

This may involve dementia education such as supportive pathways, staff inservices on specific challenges such as baths and personal care, or discussions about the purpose and process of behaviour mapping, so that it becomes a useful practice, that can reveal patterns of calm as well as triggers for agitation.

Step 10: The medication review process is described in detail in the Medication review requirements section of the AUA Toolkit. Tools have also been developed for assessing and enhancing your medication review process, and for guiding the medication review discussion.

Step 11 discusses ways to transfer knowledge to practice. Many care centres have told us that even though their staff have attended compulsory dementia education, care remains task-focused. Simple strategies can be integrated into existing practices to overcome this tendency. Sometimes adjustments need to be made in facility:

- Schedules - to allow residents to wake up when they're ready
- Staffing - consistent staffing so resident needs are understood and met consistently, a consistent health care aide for baths, so that individual fears and preferences are addressed, a most responsible RN, so that each resident receives focused attention.
- Practices e.g. overuse of call bells, bed alarms and overhead paging, which is over stimulating and stressful for those with dementia.
- Support services: so that housekeeping, dietary and maintenance are an informed part of the team

Steps to Implementing AUA



Reinforcing change can make the rewards of change outweigh the challenges.

One site found that simply requiring informed, written consent– for existing and new antipsychotic orders – made a huge difference.

Some sites follow up with nurses who request new antipsychotics orders to discuss what they observed, and what other strategies were tried.

Or, before dispensing the prn medication the nurse asks questions such as, “Why do you think he’s agitated?” or “What have you already tried?”

Another site requires agreement between all three shifts before approving the addition of an antipsychotic.

A certain facility moved their medication review time to 2:30 in the afternoon, so that evening staff could be included in the discussions – as many responsive behaviours occur on evenings when residents become tired.

These are all strategies that made it easier to change than to stay the same.

Measures of Success of Appropriate Use of Antipsychotics (AUA)

Month	Number of residents admitted on antipsychotic this month	Number of residents on unit	Number of residents with Dx of Schizophrenia, Huntington's chorea, Hallucinations, Delusions	Number of residents without indication as per RAI 2.0 definition	Looking ONLY at column C, record the number of residents on antipsychotics	Calculation D/C	Percent of residents receiving an antipsychotic medication without indication as per RAI 2.0 definition	Looking ONLY at Column D, record the number of residents who had an inter-professional team medication review	Calculation E/D	Percent of residents on antipsychotics with a medication review	Looking ONLY at Column E, record the number of residents with Gradual Dose Reduction (GDR)	Looking ONLY at Column F, record the number of residents whose behaviour improved or had no change	Looking ONLY at Column E, record the number of residents who had antipsychotic medication discontinued	Looking ONLY at Column H, record the number of residents whose behaviour improved or had no change	Looking ONLY at columns <u>F&H</u> , record the number of residents with worsened behaviours	Looking ONLY at Column D, record the number of family/alternate decision maker who had AUA education	Number of F/T P/T staff on unit	Number of staff who had AUA education
	A	B	A-B+C	D	Calc J	%	F	Calc J	%	F	G	H	I	J	K	L	M	
August																		
September																		
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Goal						< 20%			100%		100%		100%		0 - 10%	100%		100%

The AUA project team has developed an excel spreadsheet that allows teams to track unit level data month by month. This provides valuable feedback:

- To your change team
- To staff – who can see from the data that very few residents have worsening behaviours when antipsychotics are reduced.
- To facility and organizational leadership, who can observe the process and not just the numbers – which may take time to shift.

This tracking tool assists care teams to track not only the numbers of residents on antipsychotics without an approved diagnosis according to RAI 2.0 DRG01 definition – but also crucial parts of the process:

- How many residents on antipsychotics received a monthly medication review?
- How many had a gradual dose reduction in the past month – and what was their response?
- How many had their antipsychotics discontinued – and of those, how many stayed the same or improved, and how many had worsening behaviours?
- How many families and staff received some form of education on appropriate use of antipsychotics?

Some LTC teams only used this spreadsheet during the first 9 to 12 months of their AUA Project; others find it useful as a more long term strategy to keep attention on antipsychotic use.

Last Step...

SPREAD

**Spread appropriate
use of antipsychotics
to other wings, units
and neighbourhoods
in your facility**



The final step is to spread appropriate use of antipsychotics to other wings/units/neighbourhoods in your facility

The AUA Toolkit includes many resources and this step by step process for you to share with others interested in using antipsychotics more appropriately.

Plan-Do-Study-Act (PDSA)

It may take trial and error to find the best solutions for your facility

- Plan: develop a plan to test a change
- Do: carry out the test
- Study: observe and learn from the consequences
- Act: determine what modifications should be made to the plan

<http://www.albertahealthservices.ca/auatoolkit.asp>



There is no one-size fits all process. Each facility is unique in its size, location, resources and resident profile.

Each resident has unique needs and these needs change with the progression of dementia.

The AUA resources and strategies have been developed to provide a process to follow, and ideas to choose from – or to spark new ideas.

Your journey will be a learning process, whether it's trying out a new approach with a resident, or enhancing your medication review.

We hope the AUA Guideline and Toolkit will be valuable companions on this journey. If you have questions, or additional resources to share, please contact the address on the Alberta Health Services AUA Toolkit webpage.

Team Action Planning

- Use the AUA Map to identify where you are and assign next steps
- Use the Suggested Steps for Developing an Antipsychotic Medication Review Process to discuss how to enhance your medication review process



If you are reviewing this information with other LTC teams, it's helpful to make plans for your facility and then share your facility's next steps with each other.

The AUA project in Alberta utilized Learning Collaboratives

- groups of change teams from 6 to 12 facilities
 - met 3 times over the course of 9 months
 - to learn about appropriate use of antipsychotics, person-centred care, how to involve families, and how to provide meaningful activities for residents
 - to share their successes, challenges, ideas and good news stories
 - and to report their progress in reducing inappropriate use of antipsychotics

THANK YOU!



- For improving the quality of life for those with dementia
- For including families and alternate decision makers in what is important to the resident and the family
- For making such a difference for your care teams!