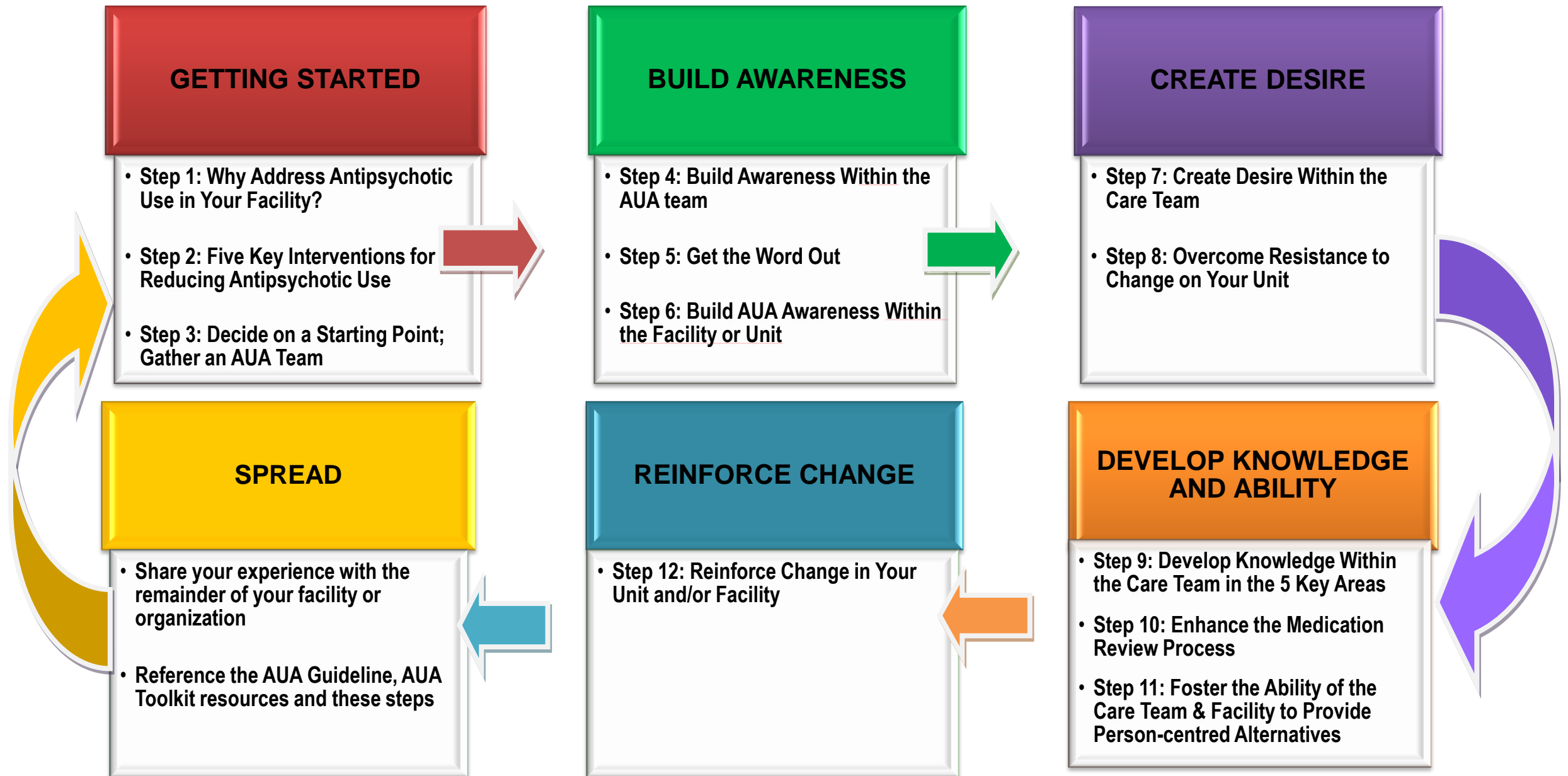


Steps to Implementing Appropriate Use of Antipsychotics



Steps to Implementing Appropriate Use of Antipsychotics (AUA)

GETTING STARTED

- Step 1: Why Address Antipsychotic Use in Your Facility?
- Step 2: Five Key Interventions for Reducing Antipsychotic Use
- Step 3: Decide on a Starting Point; Gather an AUA Team

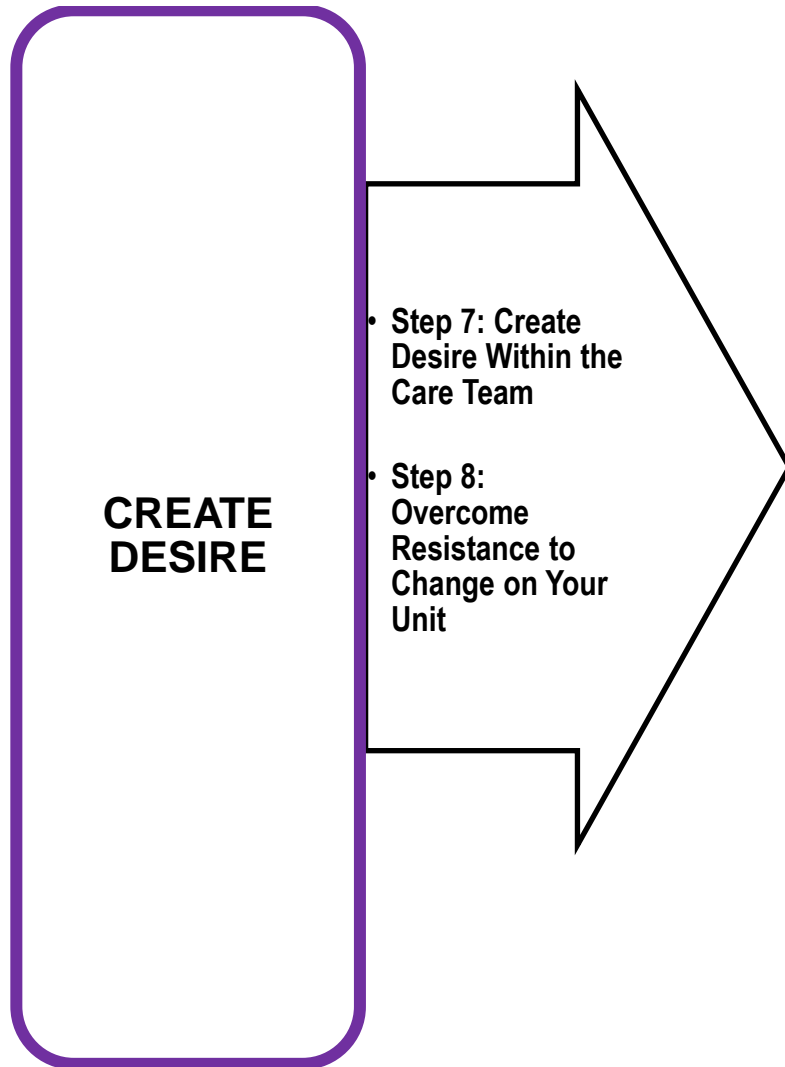
| Date: | AUA project to begin with unit _____ <input type="checkbox"/> _____ floor <input type="checkbox"/> Entire site <input type="checkbox"/> |
|---|---|
| Next Steps: who will do what, by when: | |
| Roles to consider for team | Names that come to mind |
| Manager/DOC | |
| Case Manager | |
| Prescriber / Pharmacist | |
| Nursing | |
| Allied Health / Programming Staff | |
| Health Care Aide | |
| Educator/RAI Coordinator | |
| Best day of week / time for AUA team to meet / participate in medication and/or care plan review: (include at least 2-3 team members) | |
| <input type="checkbox"/> AUA Team members identified <input type="checkbox"/> agreed to participate <input type="checkbox"/> introduced to the unit | |

BUILD AWARENESS

- Step 4: Build Awareness Within the AUA team
- Step 5: Get the Word Out
- Step 6: Build AUA Awareness within Unit

| | |
|--|---|
| AUA team participated in: <input type="checkbox"/> AUA Workshop <input type="checkbox"/> AUA teleconference And/or AUA team familiar: <input type="checkbox"/> AUA Guideline <input type="checkbox"/> AUA Toolkit documents e.g. responsive behaviours, person-centred and non-pharmacologic approaches, clinical indications, medication review | <input type="checkbox"/> Staff awareness: staff meetings, letter sent <input type="checkbox"/> Physician letter sent <input type="checkbox"/> Family letter and brochure sent <input type="checkbox"/> AUA Project Poster on Quality Improvement board <input type="checkbox"/> Success stories and articles shared: staff room, resident council, in-services (e.g. AUA bulletins) Staff in-services: <input type="checkbox"/> Antipsychotic hazards/side effects <input type="checkbox"/> What antipsychotics are / are not effective for <input type="checkbox"/> Possible underlying reasons for responsive behaviours |
| Next Steps: Who will do what, by when: | |

Steps to Implementing Appropriate Use of Antipsychotics (AUA)



| |
|--|
| <input type="checkbox"/> Identify 1-3 residents to trial antipsychotic gradual dose reduction <input type="checkbox"/> Talk about your successes, no matter how small they seem! Celebrate & post stories on QI board <input type="checkbox"/> Share stories you're hearing and reading about: bulletin, videos <input type="checkbox"/> What choices can you offer staff?: e.g. things to try before using an antipsychotic <input type="checkbox"/> How will you make it easier to change than to stay the same? |
| <hr/> <p>Next steps: Who will do what, by when:</p> |
| <hr/> <p>Evaluation:</p> <p>What staff members or groups of staff are convinced it's a good idea to use antipsychotics more appropriately?</p> <p>Are there any individuals, groups or shifts that remain unconvinced?</p> <p>What strategies or resources might be helpful?</p> <p>Next steps: Who will do what, by when:</p> |

Steps to Implementing Appropriate Use of Antipsychotics (AUA)

DEVELOP KNOWLEDGE AND ABILITY

- **Step 9: Develop Knowledge Within the Care Team**
- **Step 10: Enhance the Medication Review Process**
- **Step 11: Foster Ability of Care Team & Facility to Support Person-Centred Care**

- **Staff Education:**
 - Facilitator available to provide Dementia education (e.g. Supportive Pathways)
 - Dementia education or refresher provided for staff (e.g. SP)
 - Staff inservices / videos provided on strategies for specific responsive behaviours
 - Behaviour mapping education: how to look for periods of calm, triggers for agitation.
 - Consider PIECES training for one or more professional staff.
- **Medication Review:**
 - Team and time identified
 - Schedule organized to review 100% of residents on antipsychotics monthly
 - **Measurement:** Progress & outcomes measured, tracked and shared with staff (e.g. excel measures of success, graphs).
- **Care Plan Reviews: assessment of underlying reasons for responsive behaviours, and identification of person-centred alternatives to antipsychotics**
 - Formal times to review care plans & behaviour mapping identified:
 - Informal times to review responsive behaviours with HCAs identified:
- **Family / Alternate Decision Maker Consent and Involvement**
 - Process in place to obtain family input for responsive behaviours
 - Discussions have occurred with families whose loved ones are on antipsychotics
 - A process is in place to discuss antipsychotics with families on admission
 - Family education made available to interested families (e.g. resident council, brochure)
- **Facility Stressors identified:**
 - Strategies in place to minimize the following facility stressors:
 - Strategies in place to eliminate loneliness, helplessness and boredom:
 - A plan is in place for more consistent staffing assignments

Next steps: Who will do what, by when:

Steps to Implementing Appropriate Use of Antipsychotics (AUA)

**REINFORCE
CHANGE**

• **Step 12: Reinforce
Change in Your
Unit and/or
Facility**

- Build accountability systems into daily practice
- Discuss antipsychotic use in monthly staff and unit manager/case manager meetings
- Develop facility experts (e.g. PIECES trained staff)
- Initiate a process for new admissions
- Develop a process to review / evaluate all new antipsychotic orders
- Consider extending medication review to other medications
- Celebrate successes and milestones
- Include AUA and Dementia care in orientation of new staff
- Provide ongoing (e.g. yearly) dementia care refreshers and education opportunities
- Include person-centred care in performance discussions

Next steps: Who will do what, by when:

Steps to Implementing Appropriate Use of Antipsychotics (AUA)

