

Best Practices Guide for Safely Reducing Anti-Psychotic Drug Use in Residential Care

Ensuring Residential Care Homes
are Safe Places to Live and Work



**BC CARE PROVIDERS
ASSOCIATION**

2013

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Message from the BC Care Providers Association



The BC Care Providers Association is pleased to release its *Best Practices Guide for Safely Reducing Anti-Psychotic Drug Use in Residential Care*. Keeping seniors, other adults and their care providers safe in residential care homes is a key priority for the continuing care sector. Safely reducing the use of anti-psychotic drugs among residents is vital to ensuring seniors and other adults are treated with dignity and respect, and it supports a safe work environment for BC's care providers. With the rapidly increasing number of persons with dementia in residential care, the time is now to support care providers in reducing the use of anti-psychotic medication through enhanced awareness about safe and effective non-pharmacological interventions.

- Daniel Fontaine, CEO
BC Care Providers Association

About the BC Care Providers Association

The BC Care Providers Association (BCCPA) is a non-profit society that has been serving private and non-profit community care providers for over 35 years. We have over 230 site, home care and commercial members across British Columbia.

The BCCPA volunteer Board of Directors is comprised of members from all regions of the province and has a strong track record of managing partnerships with federal and provincial governments. Our vision is to deliver effective leadership and valued resources that support progressive change, promoting the growth and success of its members who provide the best possible care services for seniors.



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*This Guide does not contain medical or legal advice.
It provides general information only.*

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Introduction

The BC Care Providers Association (BCCPA) has developed this Best Practices Guide to help long-term care providers reduce the use of anti-psychotic drugs in their residential care homes. The strategies in this Guide enhance seniors' dignity and quality of life, and also ensure that residential care homes are safe places to live and work.

In December 2011, British Columbia's Ministry of Health released a [report](#) on the use of anti-psychotic drugs in BC residential care homes (the Report). The Report found that the use of anti-psychotic drugs has been increasing in residential care settings, and that British Columbia had higher rates of use than other provinces. This increased usage is partially a result of growing numbers of persons with dementia in residential care. In BC, the number of dementia cases is estimated to increase 47 percent by 2026.

It is within this context that the Report emphasized the need for greater awareness about dementia and health care consent, as well as more collaborative care planning and information sharing amongst health care professionals, service providers and families. The Report made a number of recommendations about the safe and appropriate use of anti-psychotic medications, including the need to educate physicians, facility staff and the public.

This Guide responds to the Report by highlighting successful anti-psychotic drug reduction strategies implemented by seven BC residential care providers. Their strategies have safely minimized the administration of anti-psychotics, benefiting persons with dementia, their families and care providers. Through these initiatives, BCCPA members are ensuring their residential care homes are safe and respectful places for both residents and staff.

How this Guide is Organized

This Guide is organized into three parts.

Part 1: An Overview provides facts and figures about dementia, anti-psychotic prescription rates, health care consent, and workplace safety.

Part 2: Our Members' Best Practices describes the successful anti-psychotic drug reduction strategies used by seven BC residential care providers.

Part 3: Resources provides information about other helpful materials, including resources and tips from some other jurisdictions.

Part 1: An Overview

Dementia

Dementia is a condition marked by declines in mental abilities, such as memory, reasoning and perception. The most common form of dementia is Alzheimer's disease.

- In British Columbia, over 70,000 people are living with Alzheimer's disease or a related dementia (Alzheimer's Society of BC).
- The number of dementia cases in BC is estimated to increase 47 percent by 2026 (Ministry of Health, 2011).
- The prevalence of dementia increases significantly after age 65 and continues to rise beyond age 85 (Canadian Study of Health and Aging).

People with dementia can become confused, aggressive and agitated. Some are restless and repeat behaviours. Some scream. They can become depressed and anxious. Others might wander or have disturbed sleep.

These behaviours can be distressing to both the person with dementia and their caregiver. It is important to remember that the behaviour is a form of communication. When caring for a person with dementia, "[i]t is helpful to view behaviours as the person's best attempt to respond to their current situation and communicate their unmet needs" (Ministry of Health, 2012).

Anti-Psychotic Drugs

Anti-psychotic drugs are used to treat severe distortions in thought, perception, and emotion that characterize psychosis (Canadian Mental Health Association). While these medications were first developed to treat psychotic disorders, such as schizophrenia and bipolar disorder, they have been increasingly used to manage the behavioural and psychological symptoms of dementia (Ministry of Health, 2012).

Anti-psychotic drugs are divided into three classes: typical, atypical and third generation. According to PharmaNet data, the most commonly used anti-psychotics in BC residential care homes are atypical (quetiapine, risperidone, loxapine and olanzapine).

In 2005, Health Canada advised that atypical anti-psychotic medications (except risperidone) were not approved for elderly people with dementia. Studies showed that elderly people with dementia prescribed these drugs had a 1.6 greater death rate than those taking placebos.

According to the Ministry of Health (2012), "[i]t is now generally accepted that all antipsychotics, whether typical or atypical, are associated with increased morbidity and mortality in persons with dementia and should be used with caution."

- In British Columbia, between April 2010 and June 2011, 50.3 percent of residential care patients were prescribed an anti-psychotic, up from 47 percent in 2006/07 and 37 percent in 2001/02 (PharmaNet).
- 477,765 anti-psychotic prescriptions were dispensed in BC between April 2010 and June 2011, costing PharmaCare \$9.245 million (PharmaNet).

Health Care Consent

In BC, every adult is presumed to be capable of making their own health care decisions, unless proven otherwise. This presumption of capacity applies to all adults, including seniors in residential care homes.

Before giving any treatment, including medication, a health care provider must obtain the resident's consent (if the resident is capable). If the resident is incapable of giving or refusing consent to treatment, the health care provider must obtain consent from the resident's substitute decision-maker (e.g., a family member appointed under the *Representation Agreement Act*).

Sometimes, doctors prescribe anti-psychotics to reduce the distressing symptoms of dementia for the therapeutic benefit of the resident (e.g., to help the resident rest). In other situations, anti-psychotics may be prescribed or administered for the purpose of controlling behaviour, beyond any therapeutic benefit. In these cases, the medication is used as a restraint (BC Ombudsperson, 2012).

Using medication as a restraint is governed by the requirements set out in the *Residential Care Regulations*. Except in emergencies, health care providers may only restrain a person if there is written consent from the resident (or their substitute decision-maker) and from the doctor or nurse responsible for the resident's care.

Workplace Safety

Residential care homes are also workplaces. It is important to keep staff safe, by minimizing their risk of being injured by a resident's aggressive behaviour.

The second most common cause of occupational injury in residential care is being struck or grabbed. This accounts for over 1,000 time-loss claims per year in BC. Many of these claims are related to staff caring for people with dementia (WorkSafeBC).

According to [Statistics Canada](#) (2005), 50 percent of nurses working in geriatrics / long-term care homes reported that they had been physically assaulted by a patient in the previous year. 49 percent reported emotional abuse.

The strategies in this Guide reduce the use of anti-psychotics among seniors with dementia, without compromising staff safety.



Part 2: Our Members' Best Practices

In 2012, the BC Care Providers Association invited residential seniors care homes across the province to express their interest in sharing their stories about safely reducing the use of anti-psychotic drugs, for inclusion in a best practices guide for seniors care providers. We received a very positive response, and seven of the homes are featured in this Guide. All provide publically funded complex seniors care on behalf of British Columbia health authorities.

In this part of the Guide, you will learn about:

- **Luther Court Society's** 50 percent decrease in the use of anti-psychotic medications.
- The Anti-Psychotic Medication Optimization Program implemented by **The Lodge at Broadmead**.
- **Northcrest Care Centre's** commitment to continuity of care.
- **New Vista Society's** Reduce Aggression Now project.
- **Cheam Village's** strong leadership team and use of new therapies (e.g., aroma therapy and a revamped activity program).
- **Creekside Landing's** success in keeping anti-psychotic drug use to less than 30 percent of residents.
- The 24 hour, seven-day-a-week communication tool used by frontline care aides and nurses at **The Hamlets at Westsyde**.

For expanded stories and video interviews, please visit the BCCPA website at: www.bccare.ca.

To share your best practices, email us at info@bccare.ca or write to us at 301 – 1338 West Broadway, Vancouver, British Columbia V6H 1H2.



About

Luther Court Society is accredited and licensed to provide complex care services to 60 seniors. Luther Court also provides 30 assisted living suites, 28 independent low-rental apartments, provides home support to its tenants in assisted and independent living and operates an adult day centre for 60 clients. Professional nursing staff is on duty 24-hours a day, seven days a week.

Location

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Contact

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Luther Court Society, Victoria

In 2011, Luther Court Society accelerated its efforts to review the use of anti-psychotic medication in the 60-bed complex care houses of its campus of care. The impetus for the review was rooted in its commitment to providing person-centred care within a social model of care, as opposed to a medical one. Luther Court's decision was also informed by the Canadian Institute of Health Information's report comparing Canadian anti-psychotic medication use with other jurisdictions.

"The high Canadian rate caused us to look carefully at how anti-psychotic medications were being used at Luther Court," said the facility's Executive Director Karen Johnson-Lefsrud. "As we are a least-restraint facility, we wanted to take a serious look at chemical restraints and how we might reduce their use. The literature is very compelling with regard to the side-effects of these medications which can be fairly significant and detrimental to the senior's wellbeing."

As part of their review, Luther Court looked at a number of factors, including:

- Prescribing practices at admission to Luther Court.
- Risk of falls and resulting injuries due to the sedating nature of some medications.
- The effectiveness of the medications to control behaviours.
- The medication review process for all clients.
- Best practice literature provided by the International Psychogeriatric Association and Ontario's Physical, Intellectual, Emotional, Capabilities, Environment, and Social (PIECES) care model, which is an interactive tool.

"We work from the premise that all behaviour has meaning," added Johnson-Lefsrud. "We need to understand the behaviour and respond appropriately in a way that honours the integrity and autonomy of the person."

Luther Court's review concluded that many residents are admitted to complex care already on anti-psychotic medications, perhaps as the result of an episode of delirium experienced in the hospital. Often the critical event has passed, but

the medications have remained in place. Because many residents admitted to facilities are not followed by their previous family physicians, facility physicians had been reluctant to change their medications.

While reviewing its own practices, Luther Court also worked with another long term care facility (Oak Bay Lodge) to expand its work and share resources. With a consultant, the two facilities developed joint education sessions and the following comprehensive program was implemented:

- Supported by the RAI data and its initial 14-day observation period, staff care-plan for residents who are on anti-psychotic medications. Behaviour mapping is initiated and a medication review is scheduled.
- By the first care conference (within six to eight weeks) there will be a scheduled trial of reduction accompanied by behaviour mapping and consultation with the care team, resident and family.
- If new behaviours occur, anti-psychotic medication is no longer the first intervention considered. Activities of daily living modification, recreation therapies such as music therapy, and effective pain management are considered ahead of medication use.
- For those who are taking long-term anti-psychotics or are on a trial reduction that was not successful, medication reviews continue regularly.
- As part of RAI assessments, the care plans are reviewed quarterly. A care plan note is required as to why medication continues to be used and quarterly audits review practices.
- The PIECES algorithm created by Interior Health has been a major contributor to assisting staff when considering alternative approaches.
- Luther Court added activity staff, including a music therapist.

As a result of its efforts, Luther Court experienced a 50 percent drop in the use of anti-psychotic medications within the first six months. By adopting these strategies, Luther Court has continued to reduce the use of these medications and instead manage behaviours through improved early assessment and targeted interventions.

In 2012, when the success of the program was shared, Luther Court was approached by the Vancouver Island Health Authority to educate other care providers. Since then, Luther Court has facilitated training sessions for over 40 facilities.



"We need to understand the behaviour and respond appropriately in a way that honours the integrity and autonomy of the person."

Karen Johnson-Lefsrud
Executive Director,
Luther Court Society

Best Practices

- A scheduled trial of reduction along with behaviour mapping and consultation with the care team, senior and family.
- Activities, music therapy and effective pain management.
- More activity staff.
- Review care plans quarterly.

Results

50%

reduction in the use of anti-psychotic medications



About

The Lodge at Broadmead is a 229-bed residential care facility with 115 priority access beds, 110 community beds and four respite care beds for veterans. Broadmead also operates a Veteran Health Centre that provides health, social and recreational services for veterans living in the community, as well as a residential program for 40 adults between the ages of 19 and 55 with disabilities.

Location

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The Lodge at Broadmead, Saanich

For the past seven years, Broadmead Care's Medication Safety Advisory Committee has focused on medication optimization – to support sound prescribing practices. The Committee undertook a quality improvement project to examine anti-psychotic use among its residents with dementia. It called the project A-MOP (Anti-Psychotic Medication Optimization Program).

"The overarching goal of the A-MOP is to examine the use of atypical anti-psychotic medications and ensure that we are using these drugs in an optimal manner based on informed evidence," said Broadmead's Director of Care Fiona Sudbury.

Through the implementation of the A-MOP, Broadmead set out to:

- Identify all residents receiving anti-psychotic drugs.
- Critically review the use of these medications through an audit and clinical review process.
- Develop a standardized process to ensure that all residents prescribed anti-psychotics have a documented rationale for the use of the medication and regular reassessments to determine whether the drug dosage could be lowered or discontinued altogether.
- Establish baseline data on the use of anti-psychotic drugs at the facility and, where possible, reduce the utilization of these medications.
- Support nurses and physicians in the use of critical thinking skills when administering anti-psychotics, by increasing awareness of anti-psychotic medications, indications, potential side effects and non-drug interventions for behavioural and psychiatric symptoms.
- Inform future policy/procedural review and development.

The A-MOP project started in 2011 with baseline data on the number of residents currently prescribed atypical anti-psychotics. Information obtained from the pharmacy database showed that 72 residents (32 percent) had a prescription for an atypical anti-psychotic. A "flag" was placed on these residents' rounds forms to remind the care team to discuss the efficacy of the medication.

Then, there was an audit of the resident's health record, followed by a clinical review of the current requirement for the atypical anti-psychotic prescription. The review resulted in a recommendation to continue, decrease, or discontinue the current medication dose. The recommendation was forwarded to prescribers for their consideration.

In June 2012, Broadmead completed and reported the A-MOP results. At the conclusion of the project, the number of residents on atypical anti-psychotics decreased from 72 (32 percent) to 58 (26 percent).

It should be noted that over the eight month time frame of the project, 27 residents with anti-psychotic drug orders were added to the project. These were either newly admitted residents who had an anti-psychotic drug order at the time of admission, or existing residents who received a new order for an anti-psychotic drug during the time of the project. The aggregate results are as follows: For 25 Broadmead residents, atypical anti-psychotics were discontinued entirely. 16 had their dosage reduced. Eight had their dosage increased and another eight had a new order for an atypical anti-psychotic drug initiated. The remaining 15 residents either passed away or moved.

The A-MOP report made a number of recommendations, including:

- All residents moving into the Lodge with a prescribed atypical anti-psychotic will have a clinical review completed within six weeks to determine whether the medication is still required. This may include behaviour mapping and a review of the care plan to ensure identification of non-pharmacological behaviour care strategies.
- PRN (as needed) atypical anti-psychotic prescriptions that have not been used for three months will be automatically discontinued.
- Any resident living at the Lodge who has an atypical anti-psychotic initiated will have a care plan, to ensure consistent and daily monitoring for effect and side effect. A formal review will be conducted after three months. If no behaviour of concern is noted, there will be a trial dose reduction.

The Medication Safety Advisory Committee now reviews atypical anti-psychotic medication statistics every six months. In March 2013, only 22 percent of residents had a prescription for an atypical anti-psychotic medication.



"Overall, the A-MOP project was highly successful in reducing atypical anti-psychotic prescriptions, and in particular, PRN-only prescriptions."

- David Cheperdak
CEO, Broadmead

Best Practices

- Clinical review within six weeks of admission.
- Discontinue PRN atypical anti-psychotic prescriptions after three months of non-use.
- Formal review after three months, and if no behaviour of concern, a trial dose reduction.

Results

Only

22%

of residents prescribed an atypical anti-psychotic.



About

Northcrest Care Centre is a 106-bed complex care facility in North Delta, BC. It is home to four units on two floors, including a 28-bed special care unit for individuals with severe dementia and associated behavioural challenges.

Location

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Northcrest Care Centre, Delta

Northcrest Care Centre's commitment to practice person-centred care has proven to be an effective way of reducing the use of anti-psychotic drugs in the facility. In particular, Northcrest has achieved positive results by maintaining continuity of care by not rotating staff through various units and shifts. This consistency allows staff to develop relationships with residents, where they get to know the seniors' preferences and routines, as well as the approaches that work with the particular resident.

Over the years, Northcrest has developed a least-restraint program that includes a special emphasis on minimizing the use of anti-psychotic drugs. The facility has recently decided to adopt the new Least Restraint Clinical Practice Guideline from the Fraser Health Authority.

Following the Guideline, Northcrest now requires that the physician and family sign a consent form before a resident is started on a chemical restraint. Northcrest management is hopeful that this step will motivate staff to try alternative, non-pharmaceutical measures first. The forms are also used for physical/mechanical and environmental restraint.

Northcrest's success in reducing the use of anti-psychotics can also be attributed to its talented staff. In addition to having excellent geriatric physicians, Northcrest uses the services of a geriatric psychiatrist for their residents with difficult-to-manage behaviour. The psychiatrist starts the resident on PRN (as needed) dosing of anti-psychotics, rather than regularly scheduled doses. This, along with a behaviour chart, allows the psychiatrist to place the resident on the minimal amount of anti-psychotic needed to address the behaviour. Northcrest says this approach works well for the residents because staff are aware of the doctor's intent and know when to administer the medication.

Collaboration among staff is also key. “We encourage our staff to discuss issues and approaches with their peers and other members of the interdisciplinary team - including the managers - so that they have the best opportunity of managing behaviours effectively without having to resort to the use of restraint,” said Northcrest Director of Care Gloria Hunter.

Further, a major focus of the interdisciplinary care conferences and psychiatry rounds is to minimize the use of anti-psychotics. The Medication Safety Committee regularly monitors the use of anti-psychotic medications throughout the facility.

In March 2013, only 21 percent of the residents (including residents in the special care unit) were taking atypical anti-psychotics.

“With the new Best Practice Guideline we are using, a written agreement for the use of restraints is signed by both the family and the physician before a resident is started on a chemical restraint.”

- Gloria Hunter
Director of Care,
Northcrest Care Centre

Best Practices

- Keep staff consistent.
- Require written agreement before starting a chemical restraint.
- Start with PRNs.
- Encourage collaboration among staff.

Results

Only

21%

of the residents are on atypical anti-psychotics.





About

The New Vista Society is a non-profit society and registered charity dedicated to providing care, support and housing for seniors. The Society operates a 235-bed complex care facility and offers housing for low-income families and seniors on its 17-acre site in Burnaby, BC. The Society also provides specialized programs to support the needs and enrich the lives of seniors at New Vista and in the surrounding community.

Location

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New Vista Society, Burnaby

New Vista Society's Reduce Aggression Now (RAN) project is designed to reduce aggressive resident behaviour and anti-psychotic drug use in its special care units. In partnership with the BC Patient Safety and Quality Council (BCPSQC), New Vista set a target in the fall of 2012 to reduce anti-psychotic drug use by 50 percent before April 2013. In February 2013, Director of Care and Programs Leslie Karmazinuk reported, "We have reduced usage by 45 percent in the two special care villages at New Vista, and the facility is poised to reach 50 percent in short order. I am getting close!"

Over the past eight years, aggressive behaviour by dementia clients has increased six times within New Vista's special care units. This increase is due to the inclusion of complex mental health diagnoses with the standard cases of moderate to severe dementia.

In a presentation to the BCPSQC Quality Academy, Karmazinuk reported, "With the closing of beds at Riverview [a mental health facility], an inordinate amount of clients have been admitted with an array of mental health challenges. Elderly community clients at risk are now taken from their home by a psychiatrist via an ambulance directly to the ER, where a second psychiatrist assesses them before directly admitting them into New Vista for an initial 30-day commitment."

The origins of New Vista's RAN project began in the summer of 2012, when the staff started having open discussions about a perceived over-reliance on anti-psychotic medications. Shortly after, eight LPN and RCA staff in the facility's two special care units were trained via the Crisis Prevention Institute's Dementia Capable Care Foundation Course.

RAN's goals are to:

- Reduce the total acts of aggression from 27 to no more than 13 per quarter by April 2013.
- Reduce PRN psychotropic drug use from 563 doses to less than 280 per quarter by April 2013.
- Ultimately reduce all acts of aggression to zero and keep anti-psychotic drug use to 90 or less total doses.

The RAN project includes collaboration with the Fraser Health Authority's Burnaby Mental Health Team, who does monthly rounds in the facility to help troubleshoot behaviours.

New Vista is collecting data for the project from incident reports documenting concerning behaviours after a PRN psychotropic drug is given.

In its first four months, the project was already coming close to reaching its preliminary goals. Karmazinuk recalled one resident that was identified as being very violent. "We used a piece of toast in that instance, and in two of the three cycles of the offending behaviour, we were successful in de-escalating the situation without medication." Karmazinuk also said, "We are now using strategies that include distraction, individualized care planning and pet therapy as part of treating those in special care."

New Vista is achieving success despite the fact that both units were hit with an outbreak of the Norwalk virus in November 2012, resulting in quarantine for close to three weeks. During this time, while techniques such as distraction continued, other RAN innovations were temporarily suspended due to the fact that violent acts were acutely diminished as a result of the outbreak.

In addition to working towards their April 2013 targets, New Vista's project team holds regular meetings to encourage the practice of reporting of all incidents, the expansion of collaboration with the Burnaby Mental Health Team, an upgrade in staff training for non-violent crisis interventions, and increased interaction with Fraser Health Authority decision-makers as part of initial admissions and returns from and to the hospital.

"Initial feedback from staff on the variety of new approaches to dementia management is very positive."

- Leslie Karmazinuk
Director of Care and Programs, New Vista Society

Best Practices

- Set clear targets.
- Collaborate with Mental Health Teams.
- Use alternative strategies such as distraction, individualized care planning and pet therapy.
- Encourage the reporting of all incidents.
- Train staff in non-violent crisis interventions.

Results

45%

reduction in anti-psychotic use within four months.





About

Located at the entrance to Agassiz just minutes from Harrison Lake, Cheam Village is a 68-bed complex care facility that has been operating since 2008. With a home-like setting, residents live in one of four neighbourhoods, each with its own kitchen, dining area and living room. Residents have a private bedroom with ensuite, 24-hour professional nursing care and a robust list of activity programming. Cheam creates a very personal experience for residents.

Location

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Cheam Village, Agassiz

Between 2010 and 2012, Cheam Village and Glenwood Care Facilities in Agassiz reduced the use of anti-psychotics from 25 percent of residents to 3.5 percent. To date they have maintained their rate of use below five percent.

Asked how this success was achieved, Cheam Village Executive Director Ann Marie Leijen said it was not done without difficulty. The genesis of the project came from a family complaint and subsequent adverse news coverage.

Cheam Village reviewed the literature and evidence showing that anti-psychotics made little difference. They also found that their care staff was viewing the prescription of the anti-psychotic as an indication that something helpful was being done for the resident, even if it made no change to behaviour. The Cheam leadership team decided to try to reduce the use of drugs.

Simply stopping the prescription was not effective, because they were frequently restarted. A more comprehensive approach needed to be adopted.

Person-centred care initiatives were introduced that focused on closer partnerships with families, with the intention of reducing the use of anti-psychotics. Individual strategies were included in residents' care plans. The result was the remarkable drop in the use of anti-psychotic drugs, without an increase in the use of other psychotropic medications.

When explaining how others could replicate these results, Leijen said, "It starts with a strong leadership team that recognizes and supports the need for change, and developing common goals, policies and strategies around the issue."

Leijen also emphasized that staff safety was paramount. "Staff members were encouraged to report problematic behaviours on incident forms even if no incident actually occurred. This allowed proactive actions to be taken preventing injuries and reducing reportable incidents."

In addition to a strong leadership team and prioritizing staff safety, Leijen offers six other suggestions to help BC residential care facilities reduce the use of anti-psychotics:

1. Initiate a clinical review of every resident by the medical director aimed at stopping or reducing the use of anti-psychotic drugs.
2. Develop a consent form for the prescription of anti-psychotics, ensuring that the team meet with families and develops a common understanding of the reasons to reduce and eliminate them.
3. Plan for dedicated staff education about the initiative and support for the care aides, LPNs and RNs in their decision making.
4. Hold weekly planning meetings with care staff and the Director of Care to update and personalize care plans for all residents – in particular those with difficult behaviours.
5. Have a strategy to reduce telephone calls and faxes to physicians requesting drugs for challenging behaviours.
6. Consider the introduction of new therapies to manage difficult behaviours. Some successful examples used by Cheam include:

- Hiring a music therapist and developing individual music therapy strategies, including having the music therapist at bath time.
- Aroma therapy.
- Enhanced daily exercise and walking programs.
- Accepting that a resident was opposed to the intervention at the given time, and simply returning a while later.

Today, Cheam's care team is continuously making adjustments to their approach and they are continuing to get results. From October 2012 to March 2013, they received only one request for a physician to assess the need for anti-psychotic medication.

"Staff safety was paramount in the changes we made. Staff was encouraged to report problematic behaviours on incident forms even if no incident actually occurred. This allowed proactive actions to be taken preventing injuries and reducing reportable incidents."

- Ann Marie Leijen, Cheam Village Executive Director



"We have found that staff education, weekly care planning rounds, aroma therapy, music therapy and a revamped activity program are just as effective as anti-psychotics when dealing with BPSD."

- Ann Marie Leijen
Executive Director,
Cheam Village

Best Practices

- Promote a strong leadership team.
- Close partnerships with families.
- Use a consent form.
- Introduce new therapies, such as aroma and music therapy.
- Hold weekly planning meetings.

Results

3.5%

Reduced the use of anti-psychotics from 25 percent to 3.5 percent.



About

Located in the British Columbia Okanagan, Creekside Landing is a long-term care facility that operates 70 residential care beds, 28 of which are part of the Special Care Unit for people with dementia, on behalf of the Interior Health Authority for frail seniors in Vernon, BC. The privately owned facility is operated by Kaigo Retirement Communities, which also runs long-term care homes across the Okanagan and the Fraser Health Region.

Location

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Creekside Landing, Vernon

Creekside Landing's anti-psychotic reduction strategy focuses on decreasing the unnecessary use of these medications wherever possible across the client spectrum. As the population is ever changing in the home, the need for the medication is changing with it.

"The reason we are reducing the use of anti-psychotics in this [senior] population is because of the increased risk associated with the use of these drugs," said Creekside's Nurse Manager, Tamara Ross. "To measure the outcomes of our reduction efforts, we are looking much more long term. We will always be looking at poly-pharmacy in the elderly and the chance that the more medications our residents are on probably means that many of them are cancelling each other out."

Like many other senior care providers, Creekside often finds that residents moving into their facility from acute care hospital beds are already on anti-psychotic drugs. "To fully address the use of anti-psychotic drugs in community care, we have to start with what is happening in hospitals and before the resident arrives at our door", said Ross. "I have a lot of confidence that facility managers can reduce the unnecessary use of these medications and make sure families are active participants in the process."

When residents and family arrive, Creekside staff immediately assesses anti-psychotic drugs through medication reconciliation and reviews with the site's general practitioner and pharmacist. Creekside's Medical Director, Dr. Rick Sherwin, has been an active supporter in developing the facility's strategy. Dr. Sherwin regularly completes reviews of anti-psychotics in addition to the residents' individual care conferences. The conferences also provide an opportunity to educate families and the resident about the medications.

Mandatory medication reviews are conducted every six months for each resident. Ross also holds quarterly medication safety and management meetings with the facility's pharmacist and the nursing staff. The meetings

cover a range of issues, including a review of best practices and current research on ways to properly reduce the use of anti-psychotics among seniors.

Communication among staff is also important. “Recently we had several new admissions that have true psychosis, as diagnosed by our geriatric psychiatrist, Dr. Francois Pretorius,” said Ross. “In all cases where true psychosis is present and anti-psychotics are necessary, our nurses monitor the residents very closely and communicate behaviour monitoring results to [Dr.] Pretorius. The need for the medications, in these cases, is reassessed when the psychiatrist visits every three weeks.”

Ross said Dr. Pretorius meets with residents and staff at the facility at least once every three weeks, and is supportive of decreasing the unnecessary use of anti-psychotics by the home’s senior population. “He has done a lot to educate myself and the other nurses on the proper use of these medications.”

As a result of their work over the past 12 months, Creekside has successfully kept anti-psychotic drug use to under 30 percent of residents, far below the average identified in the Ministry of Health (2011) review on the use of anti-psychotic drugs in BC residential care facilities.



“To fully address the use of anti-psychotic drugs in community care, we have to start with what is happening in hospitals and before the resident arrives at our door.”

- Tamara Ross
Nurse Manager,
Creekside Landing

Best Practices

- Mandatory medication reviews every six months.
- Quarterly medication safety and management meetings.
- Annual care conferences with all members of the health care team including the resident and family.
- Referral process to the geriatric psychiatrist who visits the facility every three weeks.
- A standardized medication reconciliation process in consult with the pharmacy and physician at all transition points (e.g., admission, re-admission from acute care).
- Ongoing education with the care staff, residents and their families.

Results

Fewer than

30%

of residents are on anti-psychotics.



About

Located in Kamloops, British Columbia, The Hamlets at Westsyde provides 112 residential care beds for seniors with varying degrees of dementia and other chronic illnesses. Managed by H&H Total Care Services since 2007 and licensed under the Community Care Act, The Hamlets at Westsyde has publicly and privately funded beds, and works with various funding partners, including the Interior Health Authority, Ministry of Housing and Social Development, WorkSafeBC, ICBC, as well as a range of private insurers.

Location

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Contact

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The Hamlets at Westsyde, Kamloops

Over the past couple of years, The Hamlets at Westsyde has implemented effective strategies to achieve proven and measurable interRAI scores. However, the home is not resting on its laurels when it comes to reducing the use of anti-psychotic medications by the seniors they serve.

A key focus is achieving consistency when it comes to behaviours, potential triggers and nursing interventions. "It is paramount for all members of the team to be consistent in their approach to assessing, monitoring and treating the behaviours and psychological symptoms associated with dementia," says The Hamlet's Chief Operating Officer Hendrik Van Ryk. "If the resident is settled and there is documentation to support that, the nurses and pharmacists are required to work together with the physician to reduce the medication dose."

One strategy to achieve consistency involves a 24 hour, seven-day-a-week communications tool for front line care aides and nurses. The tool establishes consistent reporting between the evening/night staff and the day staff. Van Ryk said the importance of noting the behaviours that care aides encounter is crucial to tapering off medication doses.

The strategy supports continuity of care. "As staff regularly monitor the residents' behaviours and care plans, we are able to deliver more continuity in care, regardless of which staff member is attending to the resident. This is comforting for the senior who wants to maintain a routine and familiar surroundings where they can recognize caregivers, sounds and smells."

The Hamlets attribute the majority of their success in reducing the use of anti-psychotics to completing thorough and accurate assessments. Van Ryk reported that approximately five percent of residents are admitted into The Hamlets with a dose of anti-psychotic medication to help manage the transition.

For The Hamlets staff, care planning begins immediately the resident is accepted to the home. This work normally results in one of two scenarios taking place:

1. The transition into residential care is smooth and the senior settles into a comfortable routine. No new or prior behaviours or symptoms manifest.
2. The transition is not smooth. New or prior behaviours and incidences manifest. The resident requires further assessment to understand the root causes of the specific symptoms.

In the second scenario, where behaviour begins, behaviour tracking starts at the onset of concern. This tracks:

- Time of behaviour.
- What activity the resident was doing prior to the behaviour.
- What the interventions were by the staff.
- The response of the resident to the interventions.
- The outcome.

To get a sense of potential triggers, staff track these measurements for a 14-day period. The results are reviewed by the facility's attending physician and geriatric psychiatrist, and a series of questions are developed to guide problem-solving strategies and future care planning. If an anti-psychotic medication is ordered, nursing staff monitor the effectiveness of the medication, and any concerns are brought forth for a discussion with the physician and nurse.

"This process helps us ensure every alternative to using anti-psychotic medication is considered before it is prescribed by the doctor," concludes Van Ryk. "It is important for our staff to recognize that the answer to treating behavioural or psychological concerns is not necessarily achieved through medication."



"For us, the most important time for questions to be asked and answered regarding behaviours and psychological symptoms is prior to admission, when the nurse management team reviews the profile of the resident."

- Hendrik Van Ryk,
The Hamlets at
Westsyde Chief
Operating Officer

Best Practices

- 24 hour, seven-day-a-week communications tool.
- Thorough and accurate assessments.
- Begin care planning immediately.
- Behaviour tracking.

Results

51%

reduction in anti-psychotic medication use.



Part 3: Resources

This section of the Guide provides information about other helpful materials, including resources from some other jurisdictions. To access these resources, you can click on the link or visit the BC Care Providers Association website at: www.bccare.ca.

British Columbia

Ministry of Health

[A Review of the Use of Antipsychotic Drugs in British Columbia Residential Care Facilities](#) (December 2011).

This report examines the extent of anti-psychotic drug use in provincial residential care homes, reviews existing protocols for treatment of dementia symptoms, and makes recommendations to help ensure the health, safety and dignity of elderly residents with dementia.

[Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care](#) (October 2012).

This guideline was developed in response to the Ministry's 2011 review. The guideline, together with an [algorithm](#) developed by the Interior Health Authority, support health care providers "to provide interdisciplinary, evidence-based, person-centred care to those experiencing behavioural and psychological symptoms of dementia (BPSD), with a specific focus on the appropriate use of antipsychotic drugs in the residential care setting."

[Clinical Practice Guideline on Cognitive Impairment in the Elderly: Recognition, Diagnosis and Management](#) (2007, revised 2008).

This guideline, developed jointly by the BC Ministry of Health and BC Medical Association, summarizes current recommendations for recognition, diagnosis and longitudinal management of cognitive impairment and dementia in the elderly.

[Call for Less Antipsychotics in Residential Care \(CLeAR\).](#)

CLeAR is a voluntary quality improvement initiative designed to support interested teams in their efforts to address the behavioural and psychological symptoms of dementia (BPSD) within the context of Ministry of Health and health authority priorities, policies and initiatives. The aim is to reduce the number of seniors in residential care on antipsychotics by 50 percent by December 31, 2014.

WorkSafeBC

[Dementia: Understanding Risks and Preventing Violence](#) (2010).

This book reviews how clinical care approaches and interventions can prevent or minimize the risk of injury to workers that care for people with dementia. It also provides the framework for how to incorporate the Occupational Health and Safety Regulation into clinical care to reduce workers' exposure to aggressive behaviours by people with dementia.

Ontario

[Behavioural Supports Ontario.](#)

In 2011, the Ontario Ministry of Health and Long Term Care announced its \$40 million investment in Behavioural Supports Ontario, allowing local health service providers to hire new health care professionals and train them in the specialized skills necessary to provide quality care to people with dementia.

United States

[Cobble Hill Nursing Home \(Brooklyn\).](#)

In 2011, Cobble Hill Nursing Home reduced the number of patients on anti-psychotics from 30 percent to less than 15 percent. The Associated Press reports, "[t]he staff has learned to help patients avoid outbursts without pills. The solution is often simple: Asking before entering a room, serving a meal earlier or putting on a favourite Nat King Cole album."

[Awakenings Initiative](#) (Minnesota).

With the help of a \$3.8 million state grant, seniors care provider Ecumen has introduced its Awakenings project to 15 nursing homes in Minnesota. The project works to reduce, where appropriate, the use of anti-psychotic drugs through alternative treatments. The treatments emphasize human relationships and non-pharmaceutical remedies, such as taking residents on walks and playing games such as balloon volleyball. Therapies also include validation, reminiscence, music, aroma and pets. In one home, the use of anti-psychotics decreased by 30 to 50 percent.

United Kingdom

[The use of antipsychotic medication for people with dementia: Time for action](#) (October 2009).

Professor Sube Banerjee prepared this independent report for the Minister of State for Care Services. It was commissioned and funded by the Department of Health. The report estimates that around 180,000 people with dementia in the UK are treated with anti-psychotics, and of these, only 36,000 may derive some benefit from the treatment. The report makes 11 recommendations that would help reduce the use of anti-psychotics to a level where patients are being managed safely and effectively.

[The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia](#) (June 2011).

In 2011, the Dementia Action Alliance and the National Health Service announced a call to action to reduce the inappropriate use of anti-psychotic drugs for people with dementia. The goal was to have all people with dementia who receive anti-psychotics to have a clinical review by March 31, 2012. The purposes of the clinical reviews were to ensure that care complied with current best practices, that alternatives to prescriptions were considered, and that decision-making was shared.

[Antipsychotic drugs in dementia: a best practice guide](#) (2012).

This guide summarizes some of the main considerations in prescribing anti-psychotics to people with dementia. It also reviews a number of best practices taking place across the UK, such as life-story work to support clients through transition and to build relationships.

Australia & New Zealand

[Antipsychotics for Dementia Best Practice Guide](#) (2008).

This Guide focuses on the rational and safe use of anti-psychotics in people with dementia, and the treatment of the behavioural and psychological symptoms of dementia. It is a multi-disciplinary resource, for all those involved in the care of patients with dementia.

[Older New Zealanders and antipsychotic medications knowledge project: Understanding current prescribing practice](#) (December 2011).

This report reviews the current prescribing practice of anti-psychotic medications to older people in New Zealand. The researchers also conducted telephone interviews of prescribers to explore how actual practice compared to best practice guidelines. The project's main conclusion was that "a multi-faceted approach and clearer guidelines will likely be needed to improve antipsychotic prescribing for older people."

Conclusion

The strategies outlined in this Guide are intended to help long-term care providers safely reduce the use of anti-psychotic drugs, in ways that ensure residential care homes are safe places to live and work. The Guide responds to the Ministry of Health's recommendation for increased awareness about dementia and health care consent, as well as more collaborative care planning and information sharing amongst health care professionals, service providers and families.

The BC Care Providers Association remains committed to working with its partners to support the implementation of safe and appropriate anti-psychotic drug reduction strategies. To share your best practices, please email us at info@bccare.ca or write to us at 301 – 1338 West Broadway, Vancouver, British Columbia V6H 1H2.

For expanded stories and video interviews, please visit the BCCPA website at: www.bccare.ca.



Notes

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