

Appropriate Use of Antipsychotics (AUA)

Project Bulletin

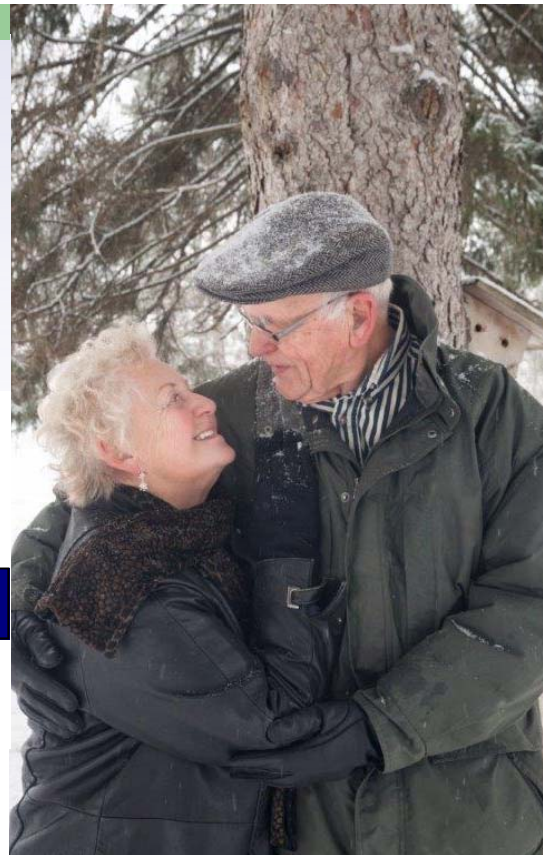
AUA and Restraints as a Last Resort

The AUA Project supports care teams to use person-centered strategies instead of antipsychotics or other pharmacologic restraints. This has been shown to improve resident quality of life and reduce responsive behaviours associated with dementia.

A new provincial policy will reinforce and expand on Appropriate Use of Antipsychotics. Restraints as a Last Resort applies to all AHS facilities and partners, including acute, continuing and primary care. The policy includes four types of restraints:

- ◆ Pharmacologic: using medicines to control behaviour or activity.
- ◆ Mechanical: restricting movement with lap belts, side rails, tray tables, wrist ties, recliners & hand cuffs.
- ◆ Physical: hands-on holding. Arms, hands, legs or body held gently but firmly.
- ◆ Environmental: restricting a person to a room or general area by using a barrier, such as a door the person cannot open.

Communication and education materials are currently under development, and will become available when the policy is approved. Stay tuned!



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Special points of interest

- **NEW!** [Pharmacologic Restraint Management Worksheet](#) now available
- **Passionate about Pain Assessment?** Join our panel in January 2017 and share thoughts on behaviours related to pain in nursing home residents with moderate to severe dementia. Contact jknopp@athabascau.ca

Families Appreciate Fewer Non-essential Medicines

Medications can cause agitation, sedation and responsive behaviours. Families notice the difference when care teams reduce pill burden.

“The last couple of times we met with the care team the doctor said ‘our goal is to take your mom off all non-essential drugs.’ Gradually they

got her off of everything and we could see... she was a lot more alert. More willing to interact with the rest of us. She still has Alzheimer’s, I don’t think she really knows who we are, but

the thing is she knows that it’s a familiar face that’s coming to visit her all the time. She gets a big smile on her face when she sees us, so you know for us we could see a difference and it was for the better.”

“I did want to see him come off as much medication as he could, that he didn’t need, and because he has been passed around so much nobody really knew why he was on these or what was going on. The doctor now has played trial and error kind of, and so far he has been able to wean him off with no issues really.”



AUA in Supportive Living: the “Let’s Make Them Awake Project”

St Albert Retirement Residence dubbed their AUA initiative the “Let’s Make Them Awake Project”! People often wake up and come alive when antipsychotics are reduced.

AUA is underway in SL4/SL4D in Edmonton and South zones, and coming soon to Central, Calgary and North zones.

The Power of Music

Capital Care Grandview [residents enjoy the bliss of live Opera at mealtimes](#) thanks to a talented Health Care Aide named Michael. At a Shepherd’s Care facility, a drum circle sparks smiles and laughter.

Music calms and comforts , stimulates memories, increases alertness, improves mood and helps caregivers with transitions and care tasks.



57 sites participated in “Implementing Music Care in Continuing Care”, hosted by the Institute for Continuing Care Education and Research (ICCER) on Nov 9 2016. One of the presenters was Kelly Deis, Project Coordinator at Shepherd’s Care Foundation. Kelly shared results of a pilot that involved participants in listening to music.

- * All participants had a positive affect and participated in verbal communication or conversation during music sessions.
- * Residents listened to the music rather than voice anxious thoughts.
- * Live music was engaging whether familiar or not, BUT when it came to recorded music, familiar music was very important.

For more information, see [ICCER education sessions](#) or the Meaningful Activities section of the [AUA Toolkit](#).

Managing Aggression with Least Possible Restraint

The MDE unit (Managing Dementia with Expertise) at Bethany Calgary specializes in caring for clients with unpredictable aggression. All the things you might expect are missing: residents are not sedated in rows of wheelchairs and there are no security guards. Relaxed and contented residents share rooms and wander freely throughout the secure unit. Though there's a weekly stack of incident reports, the team enjoys their work and there's very low staff turnover. How do they do it?



Bethany Calgary is home to the MDE unit which specializes in care of aggressive residents.

Person-centred strategies are the foundation of care. MDE staff receive training in Supportive Pathways and Non-Violent Crisis Intervention and have regular in-services and lunch-and-learns. The Inter-professional team meets weekly to discuss strategies that have been successful or unsuccessful, and they don't begin the meeting until the health care aides arrive. Some of their strategies include:

- ◇ Distraction: E.g. one person will speak or sing to the resident while another provides care
- ◇ Approach/Re-approach: If the resident refuses care, leave and try again later
- ◇ Dignity and respect: Offer choices, no means no, take the path of least resistance
- ◇ Reassurance: "You're safe here, we're here to help, you're welcome here"
- ◇ Dementia communication: E.g. get their attention before talking, use fewer words and demonstrate, give time to respond, one person talking at a time, don't talk over or about them
- ◇ Understand and avoid known triggers, promote a calm environment
- ◇ Consistent care: Residents are cared for by HCAs they've established rapport with.

Medications are continuously monitored and adjusted; anything that doesn't seem to be helping is discontinued. This often includes antipsychotics, memory drugs, anti-depressants, benzodiazepines, sleeping pills, medications with anticholinergic properties and more. The goal is for residents to be alert, calm and mobile and to enjoy meaningful visits with their families.

Personal care can be a trigger for aggression. When physical restraint is necessary to protect staff, it's provided in such a way that residents won't feel afraid. Here's what this might look like: The resident stands during personal care. One person on each side gently and firmly holds his hands. A person in front faces the resident and gives simple directions or distracts the resident with a song or conversation. Another person quickly and quietly provides care from behind. Only one person speaks.

For more information, see the Curbside Consultation Report "Managing Aggression on a Specialized Dementia Unit".

Strategic Clinical Networks

The AUA project is a provincial project led by the Seniors Health Strategic Clinical Network. The project is guided by experts passionate about improving care to older adults.

We welcome Deepthy Biju Cheruvathur and Tara Sawchuk, our newest Practice Leads. Both Dee & Tara are passionate about seniors and quality improvement.

Dee has a background in Continuing Care Standards and Safety, Transitions Services and Long Term Care. Dee will provide ongoing support of AUA in Continuing Care.

Tara has worked as an RN and Clinical Nurse Educator in Medicine, Cardiology and Emergency, and has been involved in Elder Friendly initiatives in Calgary zone. Tara will support Elder Friendly Care in acute care.



V/C Workshops Attract a Crowd!

You can join AUA video conferences from anywhere in Alberta:

- * Appropriate Use of Antipsychotics (AUA)
- * Support of Sleep in Dementia
- * Delirium Prevention

The 1.5 hour video conferences are followed by lively group discussion. To register, go to V/C scheduler.

The sleep workshop was the best session to date. Packed with information, resources, tools & strategies.



Curbside Consultation Reports: Now available on the AUA Toolkit!

Now you can find case study reports on topics such as:

- ⇒ Alternatives to Physical Restraints
 - ⇒ Residents Who Don't Sleep
 - ⇒ Bathing without a battle
 - ⇒ Resistance to Night Time Care
 - ⇒ Disruptive Vocalizations
 - ⇒ Assessing Pain in Residents with Cognitive Impairment
 - ⇒ Intrusive Wandering
 - ⇒ Managing Aggression on a Specialized Dementia Unit
- Each report includes a case study, medication list and suggested strategies from experts across the province.

To find Curbside Consultation reports, Google [AUA Toolkit](#) and look for:

AUA News & Ideas

To be added to the invitation list for curbside consultations and reports, contact us: aua@ahs.ca