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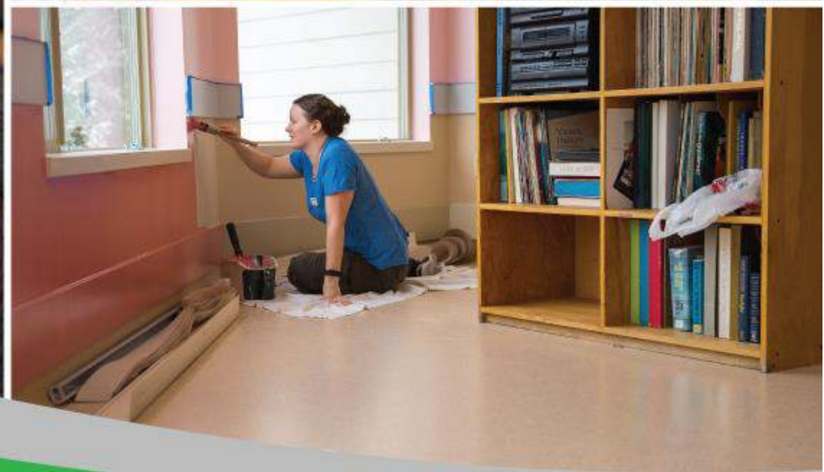

A Pathway to Ensuring the Appropriate Use of Antipsychotics in Continuing Care:

Sharing Success Stories from BCCPA Members

April 2018

Foreword: Message from the Quality Committee

Concerns regarding the use of antipsychotic medications in people with dementia have been well documented over the last two decades. Antipsychotic medications, which were originally developed for use in people with schizophrenia or psychosis, are often prescribed to manage the behavioural and psychological symptoms of dementia (BPSD). These behaviours include aggression, agitation, restlessness and anxiety, and have a significant impact on the quality of life for people with dementia and the people who care for them.

Antipsychotic medications may be considered where symptoms are severe and the risk of harm to oneself or others is high; however, there are serious adverse events associated with their use including an increased risk of falls, infections, stroke and death in people with dementia. In addition, clinical trials have illustrated that the benefits of antipsychotic medications are small and not always effective.

In response to these concerns, the BC Care Providers Association (BCCPA) developed a member-led guide in 2013 which focused on successful interventions that safely reduced the use of antipsychotic medications in care homes. The guide, *Best Practices Guide for Safely Reducing Anti-Psychotic Drug Use in Residential Care*, remains one of the most accessed resources from the BCCPA's website.

Since the publication of the 2013 guide, numerous guidelines, resources and initiatives have emerged locally and across Canada to address concerns regarding the inappropriate use of antipsychotic medications for people with dementia experiencing BPSD. Many care providers, including BCCPA members, have made use of these resources and participated in initiatives to reduce the inappropriate use of antipsychotics.

Despite the significant awareness and work being done in this regard, there is widespread variation in the rate of antipsychotic use in care homes that cannot be explained solely by resident characteristics alone. Rather it appears that the care homes' organizational culture, physician prescribing practices, and other numerous factors continue to play a determinative role. As a result, the excessive use of antipsychotics to treat BPSD in people with dementia, particularly in care homes, continues to be identified as a key action area for improvement, and is essential to improving the quality of life for seniors in care homes.

A key challenge, identified by care providers and health care professionals, is the implementation of effective non-pharmacological management strategies for BPSD in the care home setting. The challenge of implementing best practice guidelines into day to day practice raises many questions and highlights the complexity of caring for people with dementia within our care homes.

The BCCPA's Quality Committee has developed a renewed guide with a focus on the practical details required to enable implementation by care staff. Through BCCPA member profiles, this guide provides real world examples of care homes that have successfully reduced their rate of inappropriate antipsychotic use through various non-pharmacological interventions. Key organizational change strategies are identified that have led to cultural change and embodied the principles of person centred care.

These examples are in narrative form, allowing the reader to become fully engaged with successful approaches and to learn from challenges and lessons learned. We believe this will begin to bridge the knowledge and implementation gap and benefit future improvement work in our care homes.

Important principle including being person-centred and mindful of the risks and benefits of antipsychotic medications, working collaboratively within an interdisciplinary team, using validated tools and change management strategies, and fully involving the resident and their family in care planning are necessary both in the care home and community at large to reduce the use of inappropriate antipsychotic medications.

The purpose of this report is to share learning from a diverse group of care providers about how they developed a pathway to ensure the appropriate use these medications. The BCCPA believes that the guide will assist a diverse range of readers to provide the best quality, safest care for older people with dementia.

Sincerely,

Ann Marie Leijen
Chair of BCCPA Quality Committee

Special Recognition

The BC Care Providers Association (BCCPA) would like to acknowledge its Board of Directors and the Quality Committee, for agreeing to support this initiative and dedicating the necessary resources to make it happen.

- Karen Baillie, BCCPA Board President, Quality Committee – Menno Place
- Ann Marie Leijen, Quality Committee Chair – Valley Care
- Erroll Hastings, Quality Committee – Zion Park Manor
- Debra Hauptman, Quality Committee – Langley Lodge
- Mary McDougall, Quality Committee - Trellis Group
- Celeste Mullin, Quality Committee – Golden Life Management
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- Aly Devji, BCCPA Board Vice President – Delta View Habilitation Centre
- Riz Gehlen, Board Treasurer – Park Place Seniors Living
- Bob Boulter, Board Member – Beacon Community Services
- Elissa Gamble, Board Member – Bayshore Home Health
- Hilary Manning, Board Member – Chartwell Retirement Residences
- Becky Marlatt, Board Member – Sienna Seniors Living
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- Joe McQuaid, Board Member – Alberni-Clayoquot Continuing Care Society
- Lenore Pickering, Board Member – Hawthorne Seniors Care
- Elaine Price, Board Member – Eden Care Centre
- Hendrik Van Ryk, Board Member – H&H Total Care
- David Hurford, Board Member – Three Links Care Society

A number of individuals also contributed their time and energy in developing this guide, sharing information on the practices that they are using within their own organizations. As such, the BCCPA would like to give thanks to:

- Ann Marie Leijen – Cheam Village and Glenwood Care Centre
- Deanna Smith – Arrowsmith Lodge
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- Cynthia Langenberg – KinVillage
- Noreen Guenther – Creekside Landing
- Shannon Johnson and Christine Sydorko – Royal City Manor
- Joy Hall – Augustine House

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SECTION 1: BACKGROUND

About BCCPA

BC Care Providers Association is the leading industry association for B.C.'s continuing care sector. We have been serving non-government care providers for over 40 years. Our growing membership includes over 300 residential care, assisted living, home support and commercial members across British Columbia. Over 23,000 seniors and younger adults receive their care from our members each day.

Antipsychotics Best Practice Guide (First Edition)

In 2013 the BCCPA developed its first Best Practices Guide for Safely Reducing Anti-Psychotic Drug Use in Residential Care. The guide was designed to assist staff and care homes to reduce the use of antipsychotic medications, and highlighted strategies that were implemented by seven B.C. long term care homes. All homes reduce the antipsychotic use significantly through implementing various initiatives, including focusing on person-centred care, prioritizing non-pharmacological approaches to behaviour management, offering alternative therapies, undertaking regular medication reviews and reconciliations, and providing staff training to managing responsive behaviours. The first edition of the Guide remains one of the most accessed resources from the BCCPA's website.

About this Guide

Since the publication of the first edition of this guide, numerous initiatives, best practices guides, and other resources have been developed to address the inappropriate use of antipsychotics in long term care. However, care providers have identified that current guidelines and resources to address the use of antipsychotics are often difficult to translate into practice at the care home level. This is evidenced by the fact that there are still significant variations in the use of antipsychotics between care homes, and this degree of variation cannot be explained by resident characteristics alone.

These inconsistencies suggest that intangible factors, such as organizational culture, continue to play a significant role in prescribing practices. This variation, despite concerted efforts to make meaningful reductions in antipsychotic use, also raises key questions regarding the potential to build effective, feasible, real-world interventions to manage BPSD and antipsychotic use in the complex landscape of care homes.

Recognizing these ongoing challenges, the BCCPA has developed a renewed guide highlighting best practices, resources, and initiatives from Canada and Internationally (Section 2), as well as real-world examples of care homes that have made changes to their care culture and undertaken specific antipsychotic reduction initiatives (Section 3).Through this Guide you will learn about:

- **Cheam Village and Glenwood Care's** commitment to bottom-up organizational change and commitment to a shared purpose;
- **Royal City Manor's** shift to bottom-up interdisciplinary quality improvement teams, and their participation in the CLeAR initiative;
- **Christenson Village's** approach to address aggressive and responsive behaviours through interdisciplinary special issues meetings, as well as education and training to manage BPSD;

- **Augustine House's** commitment to behavioural tracking following any medication changes among their residents;
- **Arrowsmith Lodge**'s efforts to ensure appropriate coding and their investment in the development of a comprehensive multi-sensory stimulation room;
- **Menno Place's** focus on staff training and education regarding the appropriate use of antipsychotics, and managing responsive behaviours;
- **Langley Lodge's** systematic polypharmacy reduction initiative and adoption of an Electronic Medication Administration Record system;
- **Park Place's** company-wide initiative, focused on onboarding local family physicians, and providing education on polypharmacy to resident's and their families;
- **Kin Village's** diligent tracking of responsive behaviours to address underlying causes and therefore minimize the inappropriate use of antipsychotics;
- **Creekside Landing**'s focus on staff training and education to care for residents with dementia, eliminating coding errors, and working with family physicians; and
- **Hawthorne** focus on timely and consistent medication reviews, staff training to manage responsive behaviours and providing therapeutic alternatives.

Background

ANTIPSYCHOTIC DRUGS

Psychotropic medications are drugs that *alter chemical levels in the brain and are used to treat a wide range of conditions, including psychosis, depression and anxiety*. They are commonly prescribed to seniors in both community care and long term care settings, and include the class of drugs known as antipsychotics. [1] Antipsychotic drugs were initially developed to treat people experiencing psychosis from illnesses such as schizophrenia and bipolar disorder. These medications are increasingly being used to manage the behavioral and psychological symptoms of dementia.

People with dementia often exhibit responsive behaviours because of their cognitive impairment. These behaviours may be aggressive, perceived as interfering with the delivery of care, or otherwise disruptive. Though antipsychotic medicines are often prescribed, they may provide limited benefit and can cause serious harm, including premature death. As outlined by the Canadian Geriatric Society, the use of these drugs should be limited to cases where non-pharmacologic measures have failed, and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary.[2]

The use of antipsychotics with other psychotropic drugs increases the risk of side effects, including falls. Among 22% of residents in long term care regularly taking antipsychotics, nearly two-thirds (64%) were taking a regular antidepressant and approximately 1 in 6 residents were also regularly taking benzodiazepine, which can increase the risk of side effects. [3]

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[1] BC Office of the Seniors Advocate. 2015. Placement, Drugs and Therapy… We Can Do Better. Vancouver: BC Office of the Seniors Advocate.

[2] Choosing Wisely Canada, Canadian Geriatrics Society. 2014. Five Things Physicians and Patients Should Question. Toronto, April 2.

[3]BC Office of the Seniors Advocate. 2015. *Placement, Drugs and Therapy… We Can Do Better.* Vancouver: BC Office of the Seniors Advocate.

Previous research from the Canadian Institute for Health Information (CIHI) has also found that across Canada one in three long-term care home residents is taking antipsychotic drugs without a clinical diagnosis of psychosis and that the use of antipsychotics is nine times higher in long term care populations than among home care populations. [4] Research also shows that 33% of residents in B.C.'s long term care homes may have their quality of life affected because they are taking potentially inappropriate antipsychotic medications.[5] In particular, B.C. RAI data shows that only four percent of seniors in long term care have a diagnosis of a psychiatric disorder, yet 34% of this client group are prescribed antipsychotic medications. [6]

CIHI also found that antipsychotic use was highest among residents with severe cognitive impairment and those exhibiting highly aggressive behavior. However, the rate of use among seniors exhibiting highly aggressive behaviors (51.3%) suggests that even in the most severe cases, where residents or caregivers may be at risk of harm, non-drug treatment options are being considered. [7] Another recent study of long term care residents with Parkinson's disease shows that they are frequently given potentially harmful antipsychotic drugs without clear justification. [8]

The general overuse of antipsychotics may be partially due to a lack of adequate prescribing guidelines around when antipsychotics should not be prescribed to residents in care; many physicians believe that existing evidence-based guidelines are not adequate for daily practice.[9] The literature has identified that many key topics in the prescription of antipsychotics are not sufficiently addressed in consensus papers and other practice guidelines for physicians, including:[10]

- detailed indication and thresholds to prescribe antipsychotics in agitation, aggression, and psychosis;
- risk factors that should be considered before prescription;
- circumstances at which antipsychotics should be stopped or tapered;
- specific criteria for justifying long-term treatment; and
- involvement of the multidisciplinary team and family caregiver in the prescription process.

Another significant factor is how medications are prescribed in other care settings. Many residents are admitted to complex care already on antipsychotic medications, often as a result of an episode of delirium experienced in the hospital. Physicians in the care home are often reluctant to change the resident's medications without a thorough review, as they often do not have access to appropriate documentation outlining the reasons for the prescription. Thus, although the critical incident has passed, the medications remain in place.

As a result, long term care providers have identified that prescribing practices in acute and community care settings are a system level barrier to sustainable change in the long term care sector.[11] The *Call for Less Antipsychotics in Residential Care (CLeAR*) initiative found that 47% of newly admitted residents to

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[4] Ibid.

[5] Canadian Institute for Health Information. (2014). Your Health System. Retrieved 2015.

[6] BC Office of the Seniors Advocate. 2015. *Placement, Drugs and Therapy… We Can Do Better*. Vancouver: BC Office of the Seniors Advocate.

[7] Canadian Institute for Health Information (CIHI). 2016. *Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities, 2014.* Trends Report, Ottawa: CIHI.

[8] Weidner, Johanna. 2017. *Parkinson's patients are over-prescribed antipsychotics: study.* Waterloo: Waterloo Region Record , February 9.

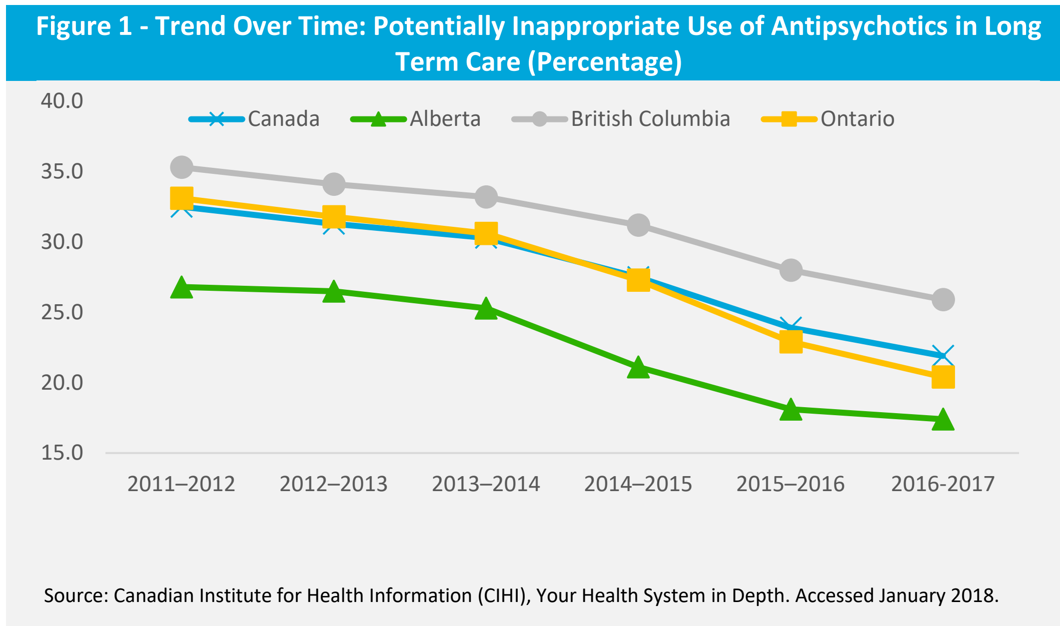
[9] McCleery, Jenny, and Robin Fox. 2012. "Antipsychotic prescribing in nursing homes." *BMJ* 344:e1093. doi:https://doi.org/10.1136/bmj.e1093.

[10] Zuidema et al, 2015. "A consensus guideline for antipscyhotic drug use for dementia in care homes. Bridging the gap between scientific evidence and clinical practice." *International Pscyhogeriatrics* 27 (11): 1849-1859.

[11] BC Patient Safety and Quality Council (BCPSQC). 2017. *CLeAR Wave 2: Final Evaluation Report.* Vancouver : BCPSQC, Reichert & Associates.

long-term care were already being prescribed an antipsychotic (see Figure 2).[12] One research paper identified that 54% of seniors with dementia are prescribed antipsychotic medications in acute care, compared to 48% and 26% in long term care and home care respectively.[13]

Figure 1 - Trend Over Time: Potentially Inappropriate Use of Antipsychotics in Long Term Care (Percentage)

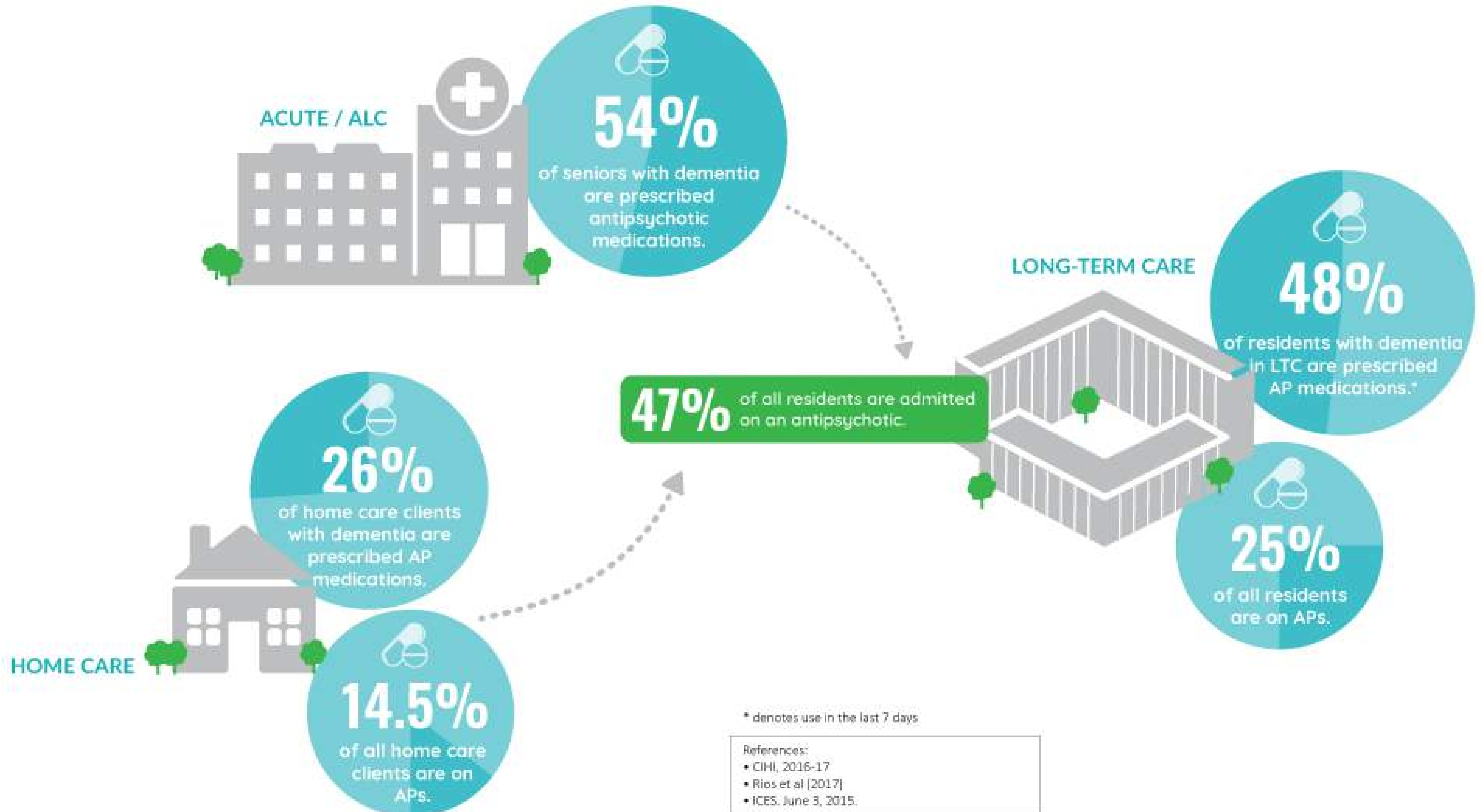


Source: Canadian Institute for Health Information (CIHI), Your Health System in Depth. Accessed January 2018.

Despite these challenges trends, there is evidence to support the fact that the use of antipsychotics in B.C. is declining. CIHI reports that the potentially inappropriate use of antipsychotics among B.C.'s long-term care residents has decreased by 27%, from 35% in 2011 to 26% in 2017 (see Figure 1). Many resources and initiatives are driving these changes, both locally and in other jurisdictions. Section 3 of this paper outlines some of the individual care home practices and approaches that have reduced the use of antipsychotics, while Section 2 deals with broader initiatives across Canada and internationally.

[12] BC Patient Safety and Quality Council (BCPSQC). 2017. *CLeAR Wave 2: Final Evaluation Report.* Vancouver : BCPSQC, Reichert & Associates.
[13] Rios, Sebastian, Christoper M. Perlman, Andrew Costa, George Heckman, John P. Hirdes, and Lori Mitchell. 2017. "Antipsychotics and dementia in Canada: a retrospective cross-sectional study of four health sectors." BMC Geriatrics 17 (244): 1-8. doi:10.1186/s12877-017-3636-8.

Figure 2: Antipsychotic Use Among Seniors with Dementia in Canada: A health sector perspective



SECTION 2: BEST PRACTICES IN CANADA AND INTERNATIONALLY

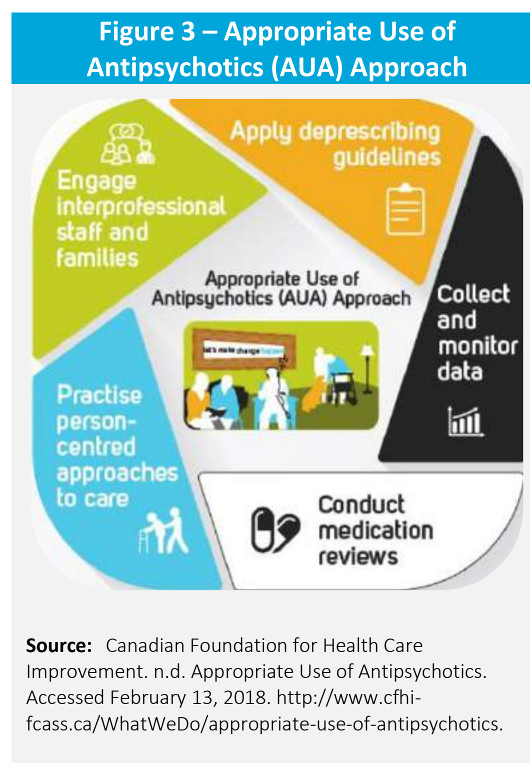
Canada – National Initiatives

CANADIAN FOUNDATION FOR HEALTHCARE IMPROVEMENT (CFHI)

One of the most prominent national initiatives to reduce the use of antipsychotics in long term care is being undertaken by the Canadian Foundation for Health Care Improvement (CFHI). Starting in 2014, CFHI began by collaborating with long term care homes across Canada to implement the *Appropriate Use of Antipsychotics (AUA)* Approach (see Figure 3), by focusing on providing person-centred care for residents with dementia. Fifty-six long term care homes participated in the first wave of the initiative, including BCCPA member care homes.[14]

CFHI's approach is to provide tailored learning and coaching to help teams of healthcare providers and administrators to use data to identify residents who may benefit from non-drug therapies to treat behavioural issues related to dementia. Armed with better information about each resident, front-line staff are able to customize their approach to provide quality care and to improve quality of life for residents. The approach involves front-line staff and clinicians working together with families to provide personalized care, such as music and recreation therapy, to replace antipsychotic drugs and improve the quality of life of residents.

Figure 3 – Appropriate Use of Antipsychotics (AUA) Approach



Source: Canadian Foundation for Health Care Improvement. n.d. Appropriate Use of Antipsychotics. Accessed February 13, 2018. http://www.cfhi-fcass.ca/WhatWeDo/appropriate-use-of-antipsychotics.

In May 2016, CFHI released the results from its first wave of the initiative.[15] From a sample of over 400 long term care residents, 54% had their antipsychotics discontinued (36%) or significantly reduced (18%). Among these residents, falls decreased by 20%, verbally abusive behavior decreased by 33%, physically abusive behavior decreased by 28%, socially inappropriate behavior decreased by 26%, and resistance to care decreased by 22%.[16]

Building on the success of this initiative, in May 2016 the CFHI and the New Brunswick Association of Nursing Homes (NBANH) announced that 15 care homes had been selected to participate in the

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[14] Canadian Institute for Health Information (CIHI). 2016. *Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities, 2014.* Trends Report, Ottawa: CIHI

[15] Canadian Foundation for Healthcare Improvement (CFHI). 2016. *New National Results: Taking seniors off antipsychotics shows dramatic improvement in care.* May 16. Accessed July 17, 2017

[16] Ibid.

province's *Appropriate Use of Antipsychotics Collaborative*. According to CFHI, New Brunswick's had among the highest provincial rates of antipsychotic use in the elderly at the time.

In their first year, the 15 homes participating in the New Brunswick Appropriate Use of Antipsychotics Collaborative have identified 272 residents on antipsychotics without a diagnosis of psychosis – roughly 15 percent of all residents inappropriately prescribed these medications in the province. Of the 204 residents still participating at the nine-month mark, 43 percent had their antipsychotics safely reduced or discontinued, and among these residents, falls have decreased by 6 percent; social engagement, wakefulness and the ability to self-manage care have significantly improved; and aggressive behaviours and use of other psychotropic medications have not increased.

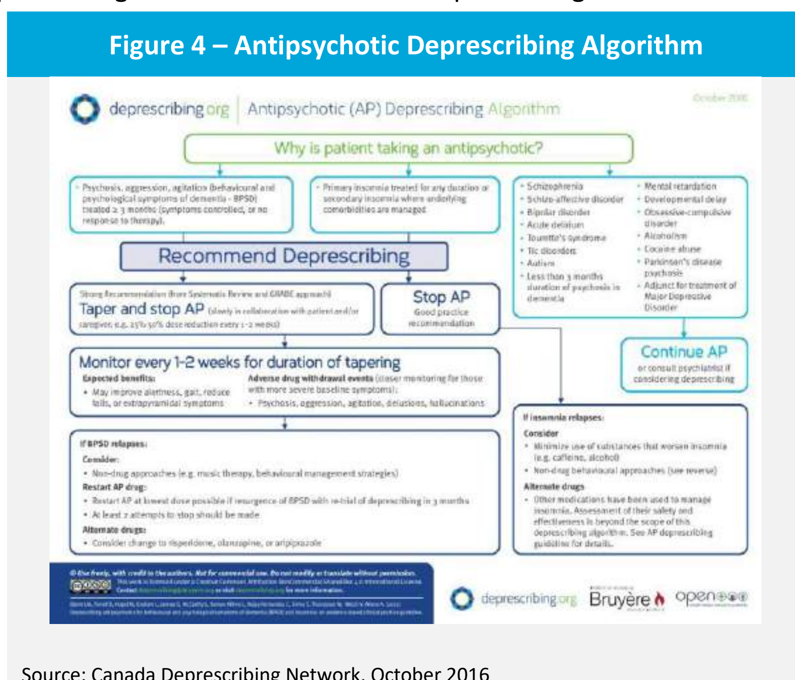
Recognizing the success of the first wave, in May 2017 it was announced that forty-three long term care homes across New Brunswick would join the second wave of the collaborative, supported by $600,000 in funding from the Government of New Brunswick.[17] This second wave will conclude in August of 2018.

CHOOSING WISELY CANADA AND CANADA DEPRESCRIBING NETWORK

National campaigns are also attempting to address the issue of antipsychotics and polypharmacy. Choosing Wisely Canada is a campaign to reduce unnecessary tests and treatments, including prescription drug use. Choosing Wisely has developed 'A Toolkit for Reducing Inappropriate Use of Antipsychotics in Long Term Care',[18] which outlines seven critical strategies for effective antipsychotic reduction (see Table 1 below).

Another resource is the Canadian Deprescribing Network. The Canadian Deprescribing Network is a group of health care leaders, clinicians, decision-makers, academic researchers and patient advocates working together to mobilize knowledge and promote the deprescribing of medication that may no longer be of benefit or that may be causing harm. The Network has set a goal of reducing unnecessary and inappropriate medication use in older patients by 50% by 2020.[19] With respect to antipsychotics, the Network has created a deprescribing algorithm, which helps clinicians decide when and how to reduce antipsychotics safely and how to monitor effect (see Figure 4).

Figure 4 – Antipsychotic Deprescribing Algorithm



Source: Canada Deprescribing Network, October 2016

[17] Morris, Nadine. 2017. *Resident-Centred Dementia Care Expanding Throughout New Brunswick Nursing Homes.* Moncton, May 23.
[18] Choosing Wisely Canada. 2017. *When Psychosis Isn't the Diagnosis: A Toolkit for Reducing Inappropriate use of Antipsychotics in Long Term Care.* Toolkit, Toronto: Canadian Geriatrics Society.
[19] Butler, Don. 2016. *New network aims to wean seniors off inappropriate prescription drugs.* Ottawa: Ottawa Citizen, February 26.

Table 1 - Strategies to Reduce the Inappropriate Use of Antipsychotics in Long-Term Care	
Establish an inter-professional team to assess antipsychotic appropriateness	A team of 3-5 people is suggested, and may include a registered nurse, licensed practical nurse, health care aide, pharmacist, prescriber (physician/nurse practitioner), pharmacist, and/or allied health staff. Involve the care team in decisions to gradually reduce or discontinue antipsychotic medications.
Agree on appropriateness criteria for antipsychotic use	An important step to antipsychotic de-prescribing is first achieving consensus on appropriate indications for use.
Educate care staff	The alternatives to antipsychotics are person-centred strategies to increase trust, reduce stress and address reasons for responsive behaviours.
Inform and involve families	Families and alternate decision makers should be included in discussions around risks, benefits and side-effects of antipsychotic medications.
Establish a regular medication review process	Monthly inter-professional antipsychotic medication reviews are a key component of the intervention. An efficient medication review process requires prior preparation and allows care teams to review 4-12 residents during a 60-90 minute medication review meeting. Where there are large numbers of residents on antipsychotics, it may be necessary to hold medication review meetings weekly or bi-weekly until numbers of residents on antipsychotics can be reviewed in one monthly session.
Taper residents off potentially inappropriate antipsychotic prescriptions	Successful antipsychotic reductions reassure care teams this is a safe and beneficial intervention – begin slowly and monitor the response. Attempt antipsychotic reductions on 1-2 residents initially. The suggested strategy is to begin antipsychotic medication reductions in less challenging cases first and with the benefit of experience, gradually progress to more challenging cases.
Implement non-pharmacologic strategies	De-prescribing antipsychotics is best done in combination with non-pharmacologic strategies that help lessen some of the stressors experienced by residents. Some examples of non-pharmacologic strategies to reduce responsive behaviours, sleep disturbances and delirium – common reasons for residents being on antipsychotic medications.

Source: Choosing Wisely Canada. 2017. *When Psychosis Isn't the Diagnosis: A Toolkit for Reducing Inappropriate use of Antipsychotics in Long Term Care*. Toolkit, Toronto: Canadian Geriatrics Society.

British Columbia

CALL FOR LESS ANTIPSYCHOTICS IN RESIDENTIAL CARE (CLEAR)

The BC Patient Safety and Quality Council established *Call for Less Antipsychotics in Residential Care* (CLeAR) in 2012, a voluntary initiative that supports long-term care homes to reduce the number of residents who are prescribed antipsychotic medications. CLeAR established a goal to achieve a province-wide reduction of 50% in inappropriate use of antipsychotics by December 2014. The initiative focused on establishing evidence-based management of the behavioral and psychological symptoms of dementia for seniors living in long term care.

CLeAR reports that there was a steady decline in antipsychotic use among the 48 participating care teams, from 38% in October 2013 to less than 32% in December 2014. From the CLeAR Post-Initiative

Survey, 79% of respondents were satisfied with their progress in reducing the use of antipsychotics and 66% felt their teams accomplished the goals they originally set out to achieve. [20]

BCCPA member care homes were also part of the CLeAR initiative. Delta View Life Enrichment Centre, for example, reduced its use of all antipsychotics from more than 20% to 6%, while the use of PRN (i.e. when required or as needed) antipsychotics dropped to zero.[21]

More recently, in CLeAR's second wave, 40 care homes collectively worked to reduce or discontinue the use of antipsychotics among approximately 1,400 residents in care. A total of 1001 of the 1457 residents who had a prescription for antipsychotics had their medications discontinued or reduced during the initiative (68.8%), including 542 residents who had their antipsychotic medications eliminated completely (37.2%). Overall, the average percent of residents prescribed to receive any antipsychotics fell from 33.2% in September 2015 to 27.6% in December 2016.

CLeAR's work is ongoing. The third wage, which was established in 2018, is specifically targeting care homes with more than 25% of their residents prescribed antipsychotics without a diagnosis of psychosis.

MINISTRY OF HEALTH BEST PRACTICE GUIDELINE

In 2012 the Ministry of Health released the *British Columbia Best Practice Guideline for Accommodating and Managing Behavioral and Psychological Symptoms of Dementia in Residential Care* (the "B.C. guideline"). The guideline was developed to supplement the BCPSQC's BPSD Algorithm, and its objectives are to: (i) improve the quality of care for people with dementia in long term care; (ii) improve resident and family member engagement in care and treatment decisions; (iii) focus on the appropriate use of antipsychotic drugs in treating BPSD in long term care; and (iv) build the system's capacity to provide appropriate assessment and care for residents experiencing BPSD.

Key recommendations from the B.C. guideline include adopting a person-centered approach, determining target behaviours in dementia, developing appropriate care plans, and attempting non-pharmacological interventions first. The guide also outlines considerations for pharmacological interventions. See Table 2 for future details.

As per the B.C. guideline, a care plan that focuses on non-pharmacological interventions is considered best practice as the first-line management of most behavioural and psychological symptoms of dementia (BPSD). Categories of non-pharmacologic interventions include behavioural therapy, sensory enhancements and relaxation, social contact, structured activities, training and development for staff, and environmental medications. Any non-pharmacological strategies should be person-centred and tailored to the individual.

[20] BC Patient and Safety Quality Council (BCPSQC). 2015. *The journey towards dignity & resident-centered care: summary results from the call for less antipsychotics in residential care.* CLeAR Final Report, Vancouver.

[21] Ibid.

Table 2 - Key recommendations from B.C. Best Practice Guideline	
Determine target behaviours	Each of the behaviours under the umbrella of BPSD may have underlying factors and individuals frequently exhibit a specific pattern. BPSD symptoms are a manifestation of unmet needs of the patient that warrant a thorough, patient centered assessment. It is also necessary to distinguish dementia from delirium and depression utilizing the following tools: Cohen Mansfield Agitation Inventory (CMAI), Dementia Observation Scale and Behaviour Pattern Record.
Develop a care plan	Once a diagnosis of dementia has been established, the ABC model (Antecedent, Behaviour, and Consequences) can help in understanding triggers for BPSD. RAI Clinical Assessment Protocols (CAPs) may be used for clinical assessment, decision-making and developing a care plan.
Non-pharmacological interventions should be considered as the first line of treatment	The decision to use a specific type of non-pharmacological intervention should be guided by the person-centered approach where individual background, preferences (e.g., cultural, linguistic, religious, and life experiences are taken into account. P.I.E.C.E.S.™, which is a person-centered approach for assessment and care planning for BPSD, should be considered.
Pharmacological treatment may be considered as second line therapy	Antipsychotic medications should be considered when: alternative therapies are ineffective on their own, there is an identifiable risk of harm to the resident and others and the symptoms are severe enough to cause suffering and distress to the individual. The physician should rule out comorbidities like depression, infection, or metabolic disturbances before prescribing antipsychotics. An assessment using the ABC model should be conducted, along with inputs from caregivers and family members. A parallel non-pharmacological regimen may also be considered. While antipsychotics are indicated for aggression, agitation, or psychotic symptoms causing immediate risk of harm to the individual, there are many BPSD symptoms, such as wandering, hiding and hoarding, tugging at seatbelts, repetitive activity, inappropriate dressing/undressing and eating inedible objects, that *do not* benefit from antipsychotic treatment. Upon the selection of appropriate medication, the guiding principle is to "start slow and go slow, and monitor frequently for clinical response and adverse effects." Antipsychotic drug therapy should be considered as a short term strategy aimed at the management of specific target symptoms. Healthcare providers should conduct regular reviews at least every three to six months with the goal to either reduce the medication or to eliminate completely. In the initial phase of antipsychotic therapy, reviews should be more frequent (weekly, every 2 weeks and then monthly).

Source: University of Calgary. 2014. *Best Practices in the management of behavioural and psychological symptoms of dementia in residents of long-term care facilities in Alberta.* A Health Technology Reassessment, Calgary: University of Calgary: Faculty of Medicine.

DOCTORS OF BC

Shared Care

Doctors of BC and the provincial government have been working together through the Shared Care Committee on a Poly Pharmacy Risk Reduction project to help reduce the amount of medication prescribed to seniors. The initiative started in eight long term care homes and is now being expanded

province-wide. Antipsychotics and antidepressants are two of the drug classes examined, though the initiative takes a holistic approach to addressing multiple medications.[22]

The Shared Care initiative focuses on enhanced medication reviews within the circle of care. Through a multidisciplinary approach, physicians, pharmacists, care home staff, residents, and family members collaborate to design and implement strategies for polypharmacy risk reduction for each resident. Enhanced medication reviews are followed by close monitoring and supported by the safe discontinuation of unnecessary medications. [23]

To support meaningful medication reviews, physicians are provided with access to clinical resource materials. Physicians are provided with information about when to undertake a full or focused medication reviews and drug decision algorithms, as well as drug advisory sheets. An evidence summary regarding the use of antipsychotics in the treatment of BPSD in the elderly is also available online, as well as videos to walk physicians through difficult conversations about the goals of care.[24] Education and support are also provided to family members so that they can be active participants in medication-related decisions.

Finally, the initiative involves a series of local workshops, where physicians receive information and tools to facilitate polypharmacy risk reductions in their own care settings. A train-the-mentor program has been developed and will be expanded across the province to foster physician to physician mentoring.

In its preliminary phase, the Shared Care initiative has reduced the number of prescriptions for seniors in the pilot project sites, with residents also being more alert and active. In a Chilliwack care home, for example, 194 medications were successfully discontinued for 90 residents.[25]

General Practice Services Committee (GPSC) Residential Care Initiative:

The Doctors of BC are also working in conjunction with the Ministry of Health on the Residential Care Initiative under the General Practice Services Committee (GPSC). Established in 2014, the GPSC's residential care initiative enables physicians to develop local solutions to improve care of patients in residential care facilities. Initially started as a pilot project, the initiative has now expanded to all long term care beds in B.C., supported by $12 million annually from the GPSC. As an incentive to participate, funding is available for Divisions of Family Practice at $400 per bed.

Residential Care Initiative – Best Practices

Meaningful Medications Reviews are to be conducted with the interdisciplinary care team:

- ✓ Every 6 months
- ✓ Upon Admission
- ✓ During episodes of Decline
- ✓ During Transitions

This initiative is focused on implementing five best practice expectations, one of which is meaningful medication reviews to address the risk of polypharmacy, including the overuse of antipsychotics. Meaningful medications reviews are to be completed as soon as possible after admission, and thereafter, at least every six months, as well as at any change in the resident's health status, and after

[22] Doctors of BC. 2015. *Seniors and medication.* Vancouver, April 8. https://www.doctorsofbc.ca/hot-health-topics/seniors-and-medication.
[23] SharedCare: Partners for Patients. 2015. "Polypharmacy Risk Reduction: Initiative Overview." SharedCare BC. September 21.
[24] SharedCare. n.d. "Clinical Support." *SharedCare: Polpharmacy Risk Reduction Initiative.* Accessed Februrary 14, 2018. http://www.sharedcarebc.ca/initiatives/polypharmacy/Clinical%20Support.
[25] Ibid.

any transfer back from acute care. Medications reviews are to be undertaken with the interdisciplinary care team, preferably with a pharmacist present.

System level results are not yet available regarding the success of the residential care initiative. However, the GPSC reports that meaningful medication reviews in Mission have resulted in an 18% reduction in the number of residents on nine or more medications, and an 11% reduction in the use of antipsychotic medications. These improvements to resident care have contributed to a 33% reduction in ER transfers.

Alberta

APPROPRIATE USE OF ANTIPSYCHOTICS INITIATIVE

The province of Alberta has shown recent success in reducing potentially harmful drugs for patients with dementia. Starting in 2013, Alberta has implemented the *Appropriate Use of Antipsychotics* (AUA) initiative to reduce antipsychotic medication use within long term care. The initiative started in 2013, with 11 early adopter care homes committing to reducing the use of antipsychotics by 50%.

Subsequently, the initiative was introduced to all of Alberta's 170 long term care homes as of 2014, with a goal of reducing the use of antipsychotic medications among residents to 20% by March 2018. The project is also being shared with 165 Supportive Living residences and piloted in 9 acute care sites.

The initiative has focused on person-centered approaches. Care teams consider each person's unique life story, look for underlying reasons for agitation and address needs. A dementia friendly approach requires families, physicians and staff to work together to investigate and trial approaches to reduce agitation and anxiety.

The process includes staff education, discussions with family members and development of resident-specific care plans. A monthly inter-professional medication review tracks, assesses and reduces inappropriate use of these medications. Resources to support the Appropriate Use of Antipsychotics Project included learning workshops, as well as an online toolkit.[26]

Alberta Health Services reports that the initiative has been overwhelmingly successful, with antipsychotics use decreasing by more than 30% over 2.5 years. As of 2017, 17.4% of Alberta's long-term care residents who do not have a chronic mental health condition are using antipsychotic medications, compared to the national average of 21.9%.[27] Alberta Health Services reports that the benefits extend beyond statistics as families report that residents are happier, more alert, independent and communicative. Long-term care teams also report that residents are calmer, and more active, which makes caring for them easier.

Manitoba – Winnipeg Health Region

A 2014 report by the Canadian Institute for Health Information (CIHI), entitled *Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities 2014*, singled out the Winnipeg Health Region for its efforts to reduce the number of personal care home residents on antipsychotic medication. The report noted that trends in the rate of antipsychotic use varies by province, but that "the most notable change occurred in Manitoba, where antipsychotic use decreased from 38.2 per cent in 2006 to 31.5 % in 2014.

[26] Alberta Health Services. 2016. Appropriate Use of Antipsychotics (AUA) Toolkit For Care Teams.
[27] Alberta Health Services. 2015. Strategic Clinical Networks: Appropriate Use of Antipsychotic Medications. Calgary, 6 3.

This was due in part to initiatives implemented by the Winnipeg Health Region to reduce inappropriate antipsychotic use in [long term care] homes."

The Winnipeg Health Region began to focus on dementia care when the P.I.E.C.E.S.™ approach was adopted and delivered in collaboration with Manitoba Health and the Alzheimer Society of Manitoba. The P.I.E.C.E.S.™ approach looks to understand the meaning behind a person's behaviour considering Physical, Intellectual, Emotional, Capabilities, Environment and Social aspects. Health-care providers are empowered to develop creative methods that address each resident's needs, recognizing that all behaviour has meaning. Medications such as antipsychotics are used only as a last resort.

From 2013-2014, the "Blazing a TRAIL (Team Review of Antipsychotics in LTC) Towards Improved Resident Care" project focused on collaboration between physicians, pharmacists and nurses at the quarterly medication reviews to reassess the use of antipsychotic medications at three Winnipeg personal care homes: Oakview Place, Tuxedo Villa, and Heritage Lodge. Antipsychotic medications were discontinued or reduced in 56.5% or 65 residents in the project.

Both projects utilized data from the Resident-Assessment Instrument - Minimum Data Set (RAI-MDS), which monitors antipsychotic medication use within the personal care homes in the Region. The goal is to bring the program to all 38 personal care homes in Winnipeg by December 2018.[28]

As of 2017, CIHI reports that the use of antipsychotics in the Winnipeg Health Region is just below the national average, at 19.8%.

Ontario

Overall, there has been a concentrated effort in Ontario to reduce the inappropriate use of antipsychotics including by organizations such as Health Quality Ontario (HQO) whose quality standard for long-term care home residents living with dementia is that antipsychotic medications should only be used when they are at risk of harming themselves or others, or are in severe distress.

According to a 2017 report by Health Quality Ontario, the proportion of long-term care home residents in that province without psychosis who were given antipsychotic medication fell to 22.9% from 35.0% between 2010/11 and 2015/16. Compared to other provinces in Canada where comparable data are collected, only Alberta, where 18.1% of long-term care home residents without psychosis were given antipsychotic medication, performed better than Ontario in 2015/16.[29]

One promising initiative is Behavioral Supports Ontario, which has seen coordinated efforts to deal with patients and residents with dementia and responsive behaviors. As part of the program, staff take specialized training to gently approach and redirect residents with complex or responsive behaviors, as well as reducing or preventing aggressive behaviours. Early results are promising; one care home has reduced antipsychotic medication by half while lowering rates of agitation, restlessness and conflict.[30]

[28] Daly, Mike. 2016. *When less is better: Region a leader in reducing the use of antipsychotics in personal care homes.* Winnipeg: Winnipeg Health Region Authority, May.
[29] Health Quality Ontario. 2017. Measuring Up 2017: A yearly report on how Ontario's health system is performing. Toronto: Queen's Printer for Ontario.
[30] BC Care Providers Association. 2016. *Op-ed: Reducing Resident on Resident Aggression in British Columbia.* Burnaby, January 5.

In 2015, the Ontario Long-Term Care Association was lobbying the Ontario government for $60 million over three years to support this program so teams of experts can be placed in more care homes.[31] In its 2016 budget, the Ontario government announced it will invest an additional $10 million annually in Behavioral Supports Ontario to help long-term care home residents with dementia and other complex behaviors.[32]

Table 3 - Core Elements of Behaviour Supports Ontario Service Delivery Model
➢ Mobile interdisciplinary behavioural support outreach teams that provide support to professional care providers and informal family caregivers; ➢ Case management and transitional supports to ensure care continuity and integration across sectors, as well as dementia day programs and respite care; and ➢ Specialized short- and long-stay long term care for those with particularly complex and challenging health issues.

International

AUSTRALIA

Like Canada, up to 50% of long term care home residents in Australia have a dementia-related illness, with many experiencing behavioural and psychological symptoms (BPSD). Despite minimal evidence supporting their effectiveness to manage symptoms of dementia, the use of antipsychotic drugs is widespread in Australian care homes. Australia-led researchers have shown their use could be drastically reduced by creating awareness about these risks and training nursing staff to use alternative approaches to manage the symptoms of dementia.

In response to these challenges, Australia's Dementia Collaborative Research Centre (DCRC) developed the *Halting Antipsychotic use in Long Term care (HALT*) project to address the inappropriate use of antipsychotics in care. The program involved 140 residents from 23 care homes in New South Wales, where deprescribing was achieved through training care home nurses to recognize potential causes of BPSD. In turn, they trained other nurses in how to handle behavioral problems using non-pharmacologic and person-centered approaches.

Overall, HALT reports that approximately 80% of residents that their regular antipsychotic medications eliminated after six months.[33] Of the 125 patients who stopped their antipsychotic, 15 restarted it in the first 3 months, 10 restarted antipsychotic therapy after six months, and 1 restarted after 12 months.

UNITED STATES - CMS: NATIONAL PARTNERSHIP TO IMPROVE DEMENTIA CARE IN NURSING HOMES

In the United States, the Centers for Medicaid and Medicare Services (CMS) has been partnering with federal and state agencies, long term care home, other providers, advocacy groups, and caregivers to

[31] Sher, Jonathan. 2016. *Nursing homes ask province to help reduce violence among elderly.* Ottawa: Ottawa Citizen, January 4.
[32] Ministry of Finance, Ontario. 2016. "Transforming Health Care." *Government of Ontario* . March 23. Accessed June 16, 2017.
[33] Brooks, Megan. 2016. *New Initiative Safely Halts Antipsychotic Use in Dementia Patients.* Toronto, July 28. https://www.medscape.com/viewarticle/866764#vp_1.

improve comprehensive dementia care. Since the launch of the National Partnership, significant reductions in the prevalence of antipsychotic use in long-stay care home residents have been documented. The Partnership continues to work with state coalitions and long term care home to reduce that rate even further.

Between the end of 2011 and the end of 2013, the National Partnership achieved a reduction in the national prevalence of antipsychotic medication use in long-stay care home residents by 15.1%, decreasing usage from 23.8% to 20.2% nationwide.[34] Since then, the National Partnership reports that care homes have made further reductions, with the six-month antipsychotic rate having fallen to 15.3% as of February 2017.[35]

UNITED STATES - OASIS

Various states have also taken the lead in reducing use of antipsychotics, particularly Massachusetts where nearly 100 long term care home significantly reduced these medications when staff were trained to recognize complex behaviors of cognitively impaired residents as communication of their unmet needs. One of the main reasons for this reduction was the development of a new communication training program called "OASIS" for long term care staff on off-label antipsychotic use. The OASIS curriculum and training was launched by the Massachusetts Senior Care Association in collaboration with the Massachusetts Department of Health. OASIS equips frontline staff, including nursing assistants, nurses, dietary staff and receptionists, with the knowledge, skills and attitudes to meet the needs of residents with dementia using nonpharmacologic approaches rather than medication.[36]

Research has examined the effectiveness of the OASIS intervention in 93 Massachusetts long term care over a period of two years from 2011 to 2013. Among OASIS care homes, the prevalence of antipsychotic prescriptions was cut from 34% to 27% after nine months. No increases in other psychotropic medicine or behavioral disturbances were observed. Over the maintenance period of the intervention, however, the decreases did not continue. [37]

UNITED KINGDOM

Antipsychotics became an area of focus in the United Kingdom following release of the government's 2009 National Dementia Strategy (NDS), which recommended a review of their use in light of potential serious side effects. Despite being an area of focus, recent research from a sample of 600 care homes in the UK did not demonstrate that there had been any significant reductions in the use of antipsychotics between 2009 and 2012. [38]

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[34] Tritz, Karen, and Michele Laughman. 2016. *Update Report on the Centers for Medicare & Medicaid Services (CMS) National Partnership to Improve Dementia Care in Nursing Homes: 2014 Quarter 2 – 2015 Quarter 3.* Baltimore: Centres for Medicare and Medicaid Services, June 3.

[35] Centres For Medicare & Medicaid Services. 2017. *National Partnership to Improve Dementia in Nursing Homes & Quality Assurance and Performance Improvement (QAPI).* National Provider Call , Baltimore: Medicare Learning Network

[36] MedicalXpress. 2017. New study shows that antipsychotic medications can be reduced in dementia patients. April 17

[37] Ibid.

[38] Roache, Alex. 2016. *Care home dementia study finds failure to reduce antipsychotic prescribing.* Coventry: Coventry University, 9 21

While the results show no significant decreases, the study showed had some interesting findings which could perhaps be factors to account for differences in the use of antipsychotics. In particular, the study found that care homes in the highest prescribing 20% are more likely to be located in a deprived area, and that care homes in lowest prescribing 20% are more likely to be served by a single GP practice.

SECTION 3: MEMBER APPROACHES & SUCCESS STORIES

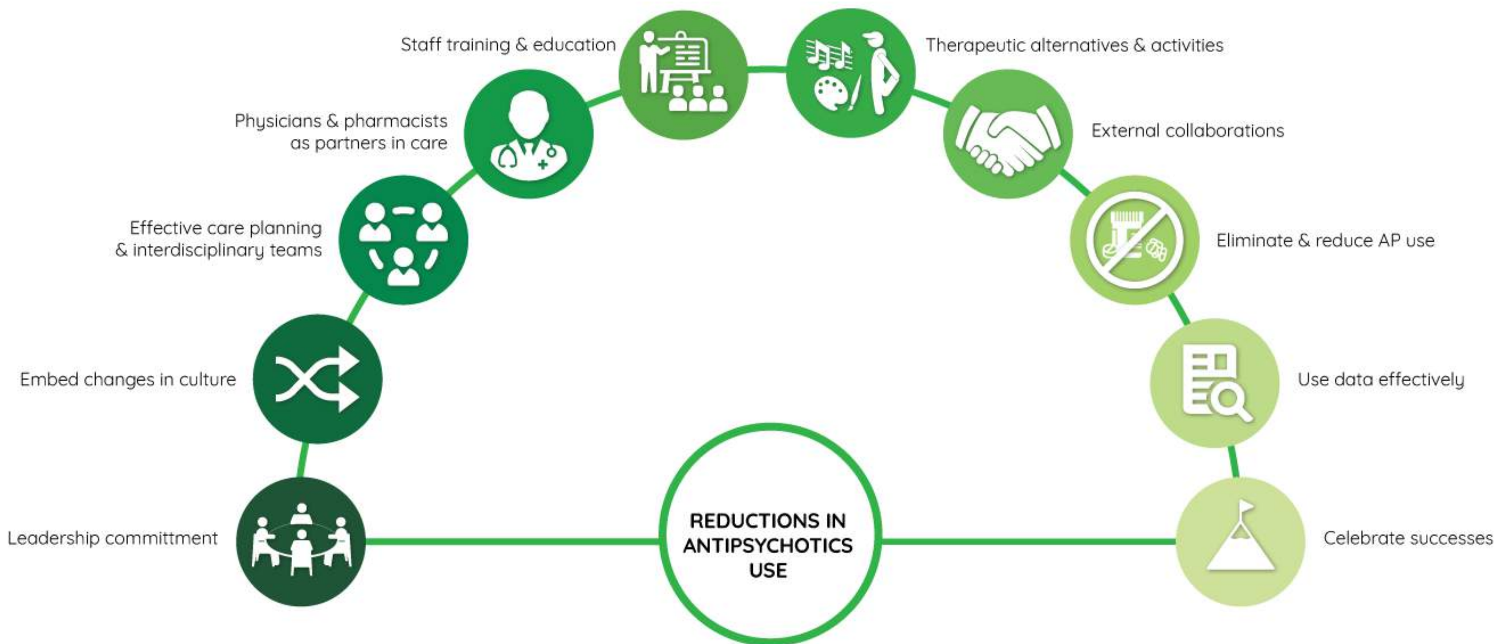
In 2012, the BC Care Providers Association (BCCPA) invited long term care homes from across the province to express their interest in sharing stories about safely reducing the use of antipsychotic drugs. The BCCPA received a very positive responsive, and seven care homes were featured in the 2013 guide, entitled *Best Practice Guide for Safely Reducing Anti-Psychotic Drug Use in Residential Care.* Included in the guide were Luther Court Society, The Lodge at Broadmead, Northcrest Care Centre, New Vista Society, Cheam Village, Creekside Landing, and the Hamlets at Westsyde.

The BCCPA renewed this call for approaches and strategies in 2016, inviting members from across British Columbia to provide information about the work that their organizations have been doing to ensure the appropriate use of antipsychotics over the last three years. BCCPA members at all stages of their quality improvement initiatives submitted information about their work to ensure the appropriate use of antipsychotics, and these initiatives are detailed here.

The member profiles highlight ideas and approaches that care providers are using to minimize the inappropriate use of antipsychotics, while maintaining staff and resident safety. The profiles outline successes and potential resources, as well as challenges and lessons learned, so that care providers across B.C. can learn from the experiences of their peers. The first of the eleven profiles begin on page 31.

Themes & Critical Best Practices

Throughout the course of conducting the research and developing member profiles for this best practice guide, fundamental themes and best practices emerged. These best practices are outlined here, and broadly fall within ten themes, summarized in the diagram below. Where appropriate, challenges that care providers may face within their organizations are noted, as well as effective strategies to respond to these issues.



LEADERSHIP COMMITMENT IS FUNDAMENTAL

> *"Especially in the beginning stages, formal leaders of the care home must be actively involved in the day-to-day care – you must "walk the talk". While you can plan change in an office setting, implementation and the unforeseen challenges must be worked through at the point of care, with the staff who actually have to do and be part of the envisaged change."*
>
> Ann Marie Leijen, Cheam Village

Leadership commitment is fundamental to the success of any quality improvement initiative. With respect to addressing antipsychotics and polypharmacy, strong commitment must come from formal leaders, including the Administrator, Director of Care, and Medical Directory. The leadership team must have solid understanding of the current research regarding antipsychotics, in addition to understanding how they will implement change within the particular context of their care environment. Leadership teams must also be flexible, recognizing that not every approach will be successful initially. As such, leaders must be able to reassess, change tactics, and persevere until a solution is found. Leadership teams also need to implement specific policies and procedures that are necessary to support a "new" way of working. This is in addition to effective listening, consistent

communications, acknowledging work well done, and supporting staff to try new ideas. Where possible, staff should be supported and given the autonomy to be the primary drivers behind this work, in order to ensure that the philosophy is entrenched in the organization's culture. Overall, this will help ensure the success and sustainability of the reduction initiative.

CHANGES IN PRACTICE MUST BE EMBEDDED IN CULTURE

Related to the theme of leadership support, is the need for a culture shift towards a person-centred approach that considers complex behaviours within the context of the whole person. This approach views responsive behaviours through a lens of unmet needs, rather than as 'challenging' behaviours that are 'disruptive.' This culture shift will enable the care team to discover the underlying causes of these behaviours, and then to address the person's unmet needs through therapeutic alternatives.

While many care homes may already operate within this philosophy, those that are attempting to make significant reductions in their use of antipsychotics will need to ensure that their organizational culture will support such a shift before implementing specific policies and procedures. Many factors will contribute to the success of a such a culture shift, including leadership support, open and effective team communication, staff education on dementia and BPSD, and skills training on managing responsive behaviours.

"It has been quite a change from when staff would ask right away for an antipsychotic to manage the residents' behaviour, to now trying to find out what may be causing the behaviour. Staff are more open to thinking outside the box, to try different interventions."

Cynthia Langenberg, KinVillage

EFFECTIVE, INTERDISCIPLINARY CARE PLANNING

Effective care planning is central to providing person-centred care, including ensuring the appropriate use of antipsychotics. Care planning encompasses a variety of activities from daily huddles, to weekly team care planning sessions, to a formal assessment using P.I.E.C.E.S™ and behavioural care planning. It requires an interdisciplinary approach and when done well can be very time consuming. The goal, with respect to the use of antipsychotics, is to view complex behaviours through the lens of unmet needs and to attempt non-pharmacological therapeutic interventions first, only moving on to pharmacological approaches when all else fails.

Effective care planning requires exceptional teamwork based on trust and an ongoing commitment to from the staff team to support each other. It is important to actively include direct care staff, specifically care aides to participate in all care planning activities. Effective team communication is important; many care providers identified tools and resources to enhance team communication, some of which are summarized in section 5 of this guide.

Care providers also identified the importance of always remembering that the resident and their family are members of the care team. Care teams need to provide families and residents with accurate

information and education about the potential benefits and harms of antipsychotics, so that they can make informed decisions regarding care. Opportunities to engage residents and family members in efforts to address the use of antipsychotics include communicating through formal letters, engaging one-on-one through annual care conferences and presenting information, updates and requesting feedback at resident and family council meetings.

"Enhanced family conferences are viewed as essential to our success in reducing antipsychotics. The focus of the meeting is entirely on what is important to the person in care and developing goals of care. This is a meaningful conversation and we have developed a specific format to lead the discussion."

Ann Marie Leijen, Cheam Village

PHYSICIANS AND PHARMACISTS AS PARTNERS IN CARE

Securing physicians and pharmacists as partners in care is another integral part of interdisciplinary care planning. Care Providers identified that when physicians and pharmacists do not share their philosophy of care, or are not current on the risks associated with antipsychotics, that it is very challenging to make organization-wide reductions in antipsychotic use.

Opportunities to engage with like-minded physicians and pharmacists include through local divisions of family practice, the GPSC's Residential Care Initiative, or other educational opportunities focused on polypharmacy or antipsychotics specifically.

Care Providers also acknowledged that it is important to communicate with physicians and pharmacists about the organizations philosophy with respect to antipsychotics. This can be done through many avenues, including:

- Encouraging conversations and information sharing between medical professionals;
- Encouraging local physicians to participate in education initiatives around polypharmacy, such as conferences through the local division of family practice; and
- Providing pharmacists and physicians with a form letter informing them of antipsychotics initiative and the intent to use pharmacological and non-pharmacological alternatives to antipsychotics.

"Having one physician, a specialist, oversee pharmaceutical treatment of our residents has provided the consistency needed to avoid unnecessary polypharmacy."

April Paxton, Christenson Village

STAFF TRAINING AND EDUCATION

Providing staff with education and training is necessary to preventing the inappropriate use of antipsychotics. Important areas of education and training identified were:

i. managing responsive behaviours;
ii. dementia care and disease progression;

iii. providing person-centered care; and
iv. the appropriate use of antipsychotics.

Providing adequate training and education was identified as a challenge by operators for several reasons. It was noted that training is an ongoing process, as new staff are hired continuously, and existing staff require regular refreshers. Some providers noted logistical challenges, such as providing education for multiple shifts (evenings, weekends, casuals). It was also noted that training can be expensive, when backfill as well as upfront costs are accounted for.

However, it was also identified that the cost of training can be reduced through the train-the-trainer model, particularly by investing in select staff persons becoming Master Trainers. This may allow training to be delivered in-house and across multiple sessions at lower cost.

"With the P.I.E.C.E.S.™ training and a recent workshop on the management of BPSD, [our staff] feel confident in their knowledge of best practices, and they are committed to safely reducing the use of these medications."

Hilde Wiebe, Menno Place

ALTERNATIVE THERAPIES, ACTIVITIES & RECREATION PROVIDE MEANING

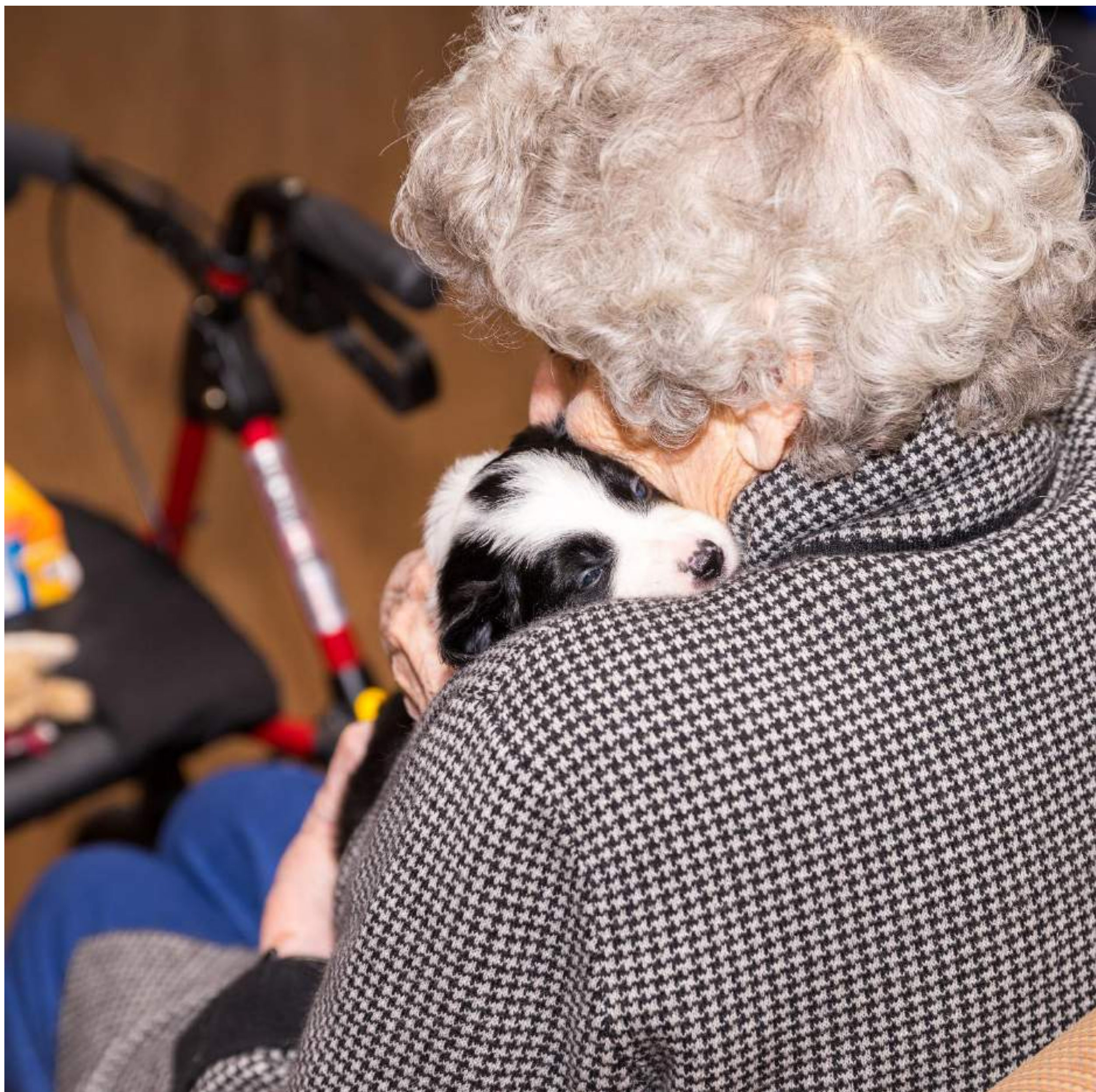
Alternative therapies and activities are the primary non-pharmacological approach to manage behavioural and psychological symptoms of dementia. Such approaches include music therapy, pet

therapy, exercise programs, multi-sensory stimulation therapy, and others. These approaches must be designed and delivered with the intent of providing residents with meaning and purpose in their day and improving their quality of life. Approaches should be tailored to the resident's interests, and be appropriate for the person's skills and abilities.

Increasing recreation and activity hours is an effective way of proactively managing BPSD. Activities can assist with managing behaviours as residents are tapered off antipsychotic medications, and prevent residents from needing to be place on antipsychotics in the first place.

"What happened was we realized that a lot of these behaviours that we were so worried about were just boredom. When we gave them an activity to actively engage it, that mostly took care of the behaviour."

Shannon Johnson, Royal City Manor



However, securing adequate funding and resources to provide activities, recreation, and therapies can be challenging. Care providers are required to provide activities on each floor, and the activities must be provided at different times of day and must meet the needs of a diverse resident population, with different skill levels, interests, cultures, and preferred languages.

Given current shortages of skilled workers in the continuing care sector, keeping the appropriate staff in place to deliver therapy, recreation and activities can also be challenging. To circumvent these challenges, providers often make use of volunteers and family members to deliver group or individual activities, where appropriate.

BETTER TOGETHER - EXTERNAL COLLABORATORS

Collaborating while undertaking quality improvement initiatives can greatly increases an organization's changes of success. Almost all care providers interviewed for this guide identified that they had been part of formal collaborations to address the use of antipsychotics or polypharmacy, or had been in contact with similar organizations also undertaking polypharmacy reduction initiatives. These relationships allow for the exchange of best practices, leading and emerging research, as well as approaches and strategies to address setbacks or challenges. In some cases, these relationships also provided individuals with personal support, or even a healthy sense of competition. Such collaborations can also be beneficial for converting individuals who are resistant to change into supporters of the work, by gradually shifting opinions and attitudes as well as providing further education.

Identified Partners

- Call for Less Antipsychotics in Residential Care (CLeAR)
  https://bcpsqc.ca/clinical-improvement/clear/
- Canadian Foundation for Health Care Improvement's Antipsychotic Reduction Collaborative
  http://www.cfhi-fcass.ca/WhatWeDo/reducing-antipsychotic-medication-use-collaborative
- Divisions of Family Practice
  www.divisionsbc.ca
- Other care homes within the same company or local region

REDUCE AND ELIMINATE ANTIPSYCHOTICS CONSISTENTLY

With appropriate care plans in place, accurate data, well-trained and educated care teams, leadership support and family approval, care teams may now be ready to begin strategically tapering residents off antipsychotics. As identified by care providers, these adjustments should be made gradually, with only a few residents at a time ("start slow, go slow" philosophy).

A key component of this strategy is correctly identifying which residents may be using antipsychotics inappropriately. Annual care conferences are an opportunity to review the resident's use of an antipsychotic and where appropriate, reduce or eliminate the dose in favor of pharmacological alternatives and non-pharmacological approaches. Many care providers also identified that it is often effective to identify residents that have recently moved in from an acute care setting, as these individuals may have only been on an antipsychotic for a short-period of time.

"The biggest challenge we have is that residents arrive from acute care using these medications and they are not discontinued when they are discharged from hospital, often without any diagnosis or explanation as to why they are on them in the first place," explains Shannon. "We are also finding that GP's in the community are prescribing these medications to their patients so that families can cope at home, often without comprehensive follow ups. This work needs to be done on all levels in order for us to adequately serve our vulnerable seniors population."

Shannon Johnson, Royal City Manor

Finally, given the constantly changing population within long term care homes, it is necessary for this work to be done continually and consistently. This can be a challenge for care providers and their teams, as they have many competing priorities.

Care providers have also identified that in order to be successful in this work, there needs to be a broader shift in how the health care system cares for people with dementia. If fewer people with dementia are prescribed antipsychotics to manage behaviours, regardless of care settings, then less time and effort will need to be dedicated towards tapering residents off of medications.

USE DATA EFFECTIVELY & APPROPRIATE CODING

Another key component of ensuring the appropriate use of antipsychotic medications is accurate coding and tracking of medications. This allows providers to understand at an organizational level whether antipsychotics are being prescribed and used appropriately. Accurate data can be useful for tracking trends and communicating progress with the interdisciplinary care team, as well as identifying areas that need improvement. Accurate data tracking is greatly enhanced by using electronic medication administration records.

Care Providers identified that it is useful to review indicators for systematic coding errors and, if identified, to provide training and education to correct these errors. However, current limitations with interRAI data may mean some medication use that *is* appropriate may not be coded as such. Due to these limitations, care providers outlined that interRAI data may not always capture the organization's progress accurately and should be supplemented with other quantitative measures, as well as anecdotes and success stories.

"We're really excited about the possibilities that electronic health records are going to be opening up for us…this is going to give us a much better picture of how we are doing and what our blind spots are."

Debra Hauptman, Langley Lodge

SHARE PROGRESS & CELEBRATE SUCCESS

As with any quality improvement initiative, it is important to communicate progress to the entire team and to celebrate successes. Care providers report that they use a variety of indicators to measure success, including organization wide-statistics, as well as individual success stories and feedback from families.

"I believe that we could be better at acknowledging, on a daily basis, the commitment, kindness and compassion that our staff show every Resident and their families."

Ann Marie Leijen, Cheam Village

Cheam Village & Glenwood Care, Agassiz

Cheam Village and Glenwood Care Centre are located in Agassiz, just east of Chilliwack in the Fraser Valley and are part of a larger campus of care that includes Independent and Assisted Living apartments and care services. Cheam Village and Glenwood Care provide a mix of complex care, rehabilitation services for older adults and a community based day program. Both care homes are family owned by Valley Care, and share a common leadership and staffing team for their 94 complex care residents. Just over 80% of residents at Cheam Village and Glenwood Care Centre have a diagnosis of dementia, and approximately 50% of new admissions are taking at least one antipsychotic.

It was in 2010 that the leadership team at Cheam and Glenwood began looking at their rate of antipsychotic use, which was approximately 25% at the time across the two homes. Over the next two years, their leadership directed significant effort into reducing the use of antipsychotics, beginning with a comprehensive assessment of residents currently receiving antipsychotics - why they were started, length of time on the medication and the behavioural issues still of concern. The team provided this information to their physician and together they began to slowly decrease the use of antipsychotics on selected residents.

However, both care homes faced significant setbacks, as staff raised concerns regarding safety and managing residents who were exhibiting increased responsive and psychological behaviours associated with their dementia. As a result, almost all residents were re-started on their antipsychotic medications.

Ann Marie Leijen, Executive Director, reports that three major learnings occurred from this experience:

- Research findings did not contribute to or engage their staff members understanding of BPSD;
- Top-down communication is ineffective; and
- The leadership team must have a thoughtful understanding of organizational change.

Based on this experience, Cheam and Glenwood Care embarked on a revamped strategy that started with education. Staff education focusing on dementia and person-centred care was provided to all employees of

About

Cheam Village and Glenwood Care Centre are located in Agassiz in the Fraser Valley and are part of a larger campus of care that includes Independent and Assisted Living apartments and care services. Cheam Village has 68 beds, of which 57 beds are for predominately older people requiring complex care, 10 beds are for a Convalescent Care program that provides rehabilitation for older people following an acute care hospital stay and there is one respite care bed. Glenwood has 37 beds complex care beds and also provides a day program for older people living in the community. Each care home also has accessible, secure outside gardens for their residents to enjoy.

Locations

Cheam Village
1525 MacKay Crescent
Agassiz, BC
www.valleycare.info/

Glenwood Care
1458 Glenwood Drive
Agassiz, BC
www.valleycare.info/

Shared Purpose

"It is about ensuring each resident has the best possible day, today, given their individual circumstances."

- Shared Purpose at Cheam Village and Glenwood Care

Best Practices

- Leadership commitment to organizational change
- Celebrating successes and thanking staff for their hard work
- Providing residents with access to their choice of therapies, activities and recreation
- Staff training for Dementia Care and addressing Behavioural and Psychological Symptoms of Dementia, and peer coaching from nurses
- Residents and Families as Partners in Care

Result:

87% Reduction

reduction at Glenwood Care, and 84% reduction at Cheam Village in the potentially inappropriate use of antipsychotics over 5 years.

2% Use

of antipsychotic without a diagnosis of psychosis at Cheam Village and 4% at Glenwood as of 2016/17

Cheam and Glenwood. These sessions were viewed these as a foundational learning experiences, and all staff members were expected to attend. The same education session was held multiple times and staff attended during their regular working hours. Ongoing education sessions continue today at both Cheam and Glenwood but they tend to be shorter, about 15-20 minutes and focused on specific practical issues.

Ann Marie explains that transferring knowledge to practical skills that can be applied in the daily work environment is essential. This is why an experienced Nurse, without a specific resident assignment, is readily available to assist and coach staff especially when they are dealing with responsive behaviours, at the point of care.

Staff safety is paramount at Cheam and Glenwood, and all staff members are expected to complete a detailed incident report if they encountered aggressive behaviours for any reason. Each incident is fully investigated, even if there was no injury reported, and the findings are widely shared so that the team can focus on prevention. Cheam and Glenwood also post statistics showing WorkSafe BC claims and injury rates, and use these to illustrate ongoing improvement.

Along with providing increased education around managing BPSD, Cheam and Glenwood have increased their activity department's hours, and implemented a variety of alternative therapies. As such, music therapy has been fully implemented into both care homes. The music is highly personalized, allowing each resident to enjoy their favourite song selections; many residents are able to enjoy music in their first language.

The two care homes also offer aromatherapy (lemon balm), a weekly art therapy program, and exercise in a variety of forms, including 'sit and be fit', yoga, oestofit, and walking in fresh air. Ann Marie notes that it is important that activities are meaningful to the person and have genuine purpose, are suitable in regard to the resident's abilities, and ideally will help them develop relationships with other people. Sometimes only one person will benefit from a particular approach, so it is important to be flexible and if something doesn't work to quickly move on to another intervention. Other interventions that the team will attempt include the use of pets, dolls, gardening, and baking, among others.

Other best practices that Cheam and Glenwood have adopted include bringing in residents and family members as full partners in care. Ann Marie believes it is important to have explicit consent from the family and resident when either stopping or starting an antipsychotic medication, and that enhanced family conferences have been essential to their success in reducing rates of antipsychotic use. Their interdisciplinary approach to care planning has also been important, which includes direct care staff and family, and encompasses a wide variety of activities from daily huddles, to weekly team care planning sessions, to a formal assuming using P.I.E.C.E.S. ™ and behavioural care planning.

Cheam Village and Glenwood Care report that although they initially struggled to reduce the use of antipsychotics, by focusing on making small incremental changes to all aspects of their operations they were able to reduce the use of antipsychotics to 5% over an 18-month period change. Having developed a systematic method to implement change in their care homes has also resulted in sustained improvements in other clinical areas, such as reducing polypharmacy, infection rates, and transfers to acute care.

Ann Marie believes that the success of any antipsychotic reduction initiatives depends on strong commitment from their leadership team, including their Administrator, Director of Care, and Medical Director. Ann Marie reports that her team was successful because they were well informed about the current research regarding antipsychotics, and understood how to implement this change within the context of their care homes.

“Especially in the beginning stages, formal leaders of the care home must be actively involved in the day-to-day care. You must “walk the talk,” reports Ann Marie. “While you can plan change in an office setting, implementation and the unforeseen challenges must be worked through at the point of care, with the staff who actually have to do and be part of the envisaged change.”

The leadership team at Cheam and Glenwood also believe that it is important to visibly thank staff for all their hard work, something that the two care homes do on a formal basis several times a year, with staff barbecue’s, wellness fairs and Christmas events.

“I believe that we could be better at acknowledging, on a daily basis, the commitment, kindness and compassion that our staff show every day to our Residents and their families,” acknowledges Ann Marie. “And I say this because no organizational improvement is possible without these qualities.”

Cheam and Glenwood report that decreasing the use of antipsychotics resulted in a significant cultural change in their care homes; while staff still care for residents who exhibit responsive behaviours, they no longer request medication as a solution, and now view these behaviours through the lens of unmet needs. The team also developed a “Shared Purpose” statement that guides their decision making:

Our Shared Purpose

“It is about ensuring each resident has the best possible day, today, given their individual circumstances”

Royal City Manor, New Westminster

Royal City Manor (RCM) is a complex care home in the city of New Westminster, that cares for 165 residents from both the Fraser Health and Vancouver Coastal Health regions. Their resident population is diverse, consisting of both frail and elderly seniors, as well as younger persons with physical disabilities and brain injuries. RCM is owned and operated by Revera Long Term Care.

Shannon Johnson (Executive Director) and Christine Sydorko (Associate Director of Care) recount that Royal City Manor began looking at the use of antipsychotics six years ago – a time when their antipsychotic use was as high as 88%, and nearly 100% of their residents were on 9 or more medications. The care home then began working to reduce their use of antipsychotics, an initiative that really began to pick up steam when they joined the CLeAR initiative in 2013.

"CLeAR was the turning point for us, because it allowed us to connect to a group of people with the same beliefs, and it gave us a systematic process for going about this work, to which we would be held accountable," explains Shannon.

Supported by resources from CLeAR, as well as the UBC Med Stopper Program, the Royal City Manor team began to review their resident's use of medications, and where appropriate reducing or eliminating the use of antipsychotics.

Shannon reports that the staff at Royal City Manor were initially worried about potential increases in responsive behaviours, and increased safety risks for residents as well as workers. To address these concerns, Shannon explains that they started very slowly, with a minimal number of residents, so that any increase in behaviours could be effectively managed. The team noticed immediate changes in the residents, who were more alert and active, as well as better able to communicate.

"What happened was we realized that a lot of these behaviours that we were so worried about were just boredom. When we gave them an activity to actively engage it, that mostly took care of the behaviour," reports Shannon. "The staff began to realize that having residents be more active and alert made their work a lot more meaningful,

About

Royal City Manor is a complex care home located in New Westminster, that cares for 165 residents from both the Fraser Health and Vancouver Coastal Health regions. Their resident population is diverse, with both frail and elderly seniors, as well as younger persons with physical disabilities and brain injuries.

Royal City Manor is part of Revera, one of North America's leading and most trusted providers of seniors' accommodation, care and services since 1961.

Location

77 Jamieson Court
New Westminster, BC
www.reveraliving.com/

because they were spending more time getting to know the resident and keeping them engaged, rather the difficult physical work of lifts and transfers."

Informed by the Monterssori Approach to Dementia, Royal City Manor offers an array of alternative therapies and approaches to keep residents meaningfully engaged in their environment. One of their approaches has been to create an art gallery to display art work created by the residents. While art therapy programs are not in themselves a new idea, the program has been very well received, with over 50 residents participating regularly in the program. The gallery itself has received significant media attention, and the art of the residents has been displayed at several venues across Canada, including the national Alzheimer's Society Conference.

Other programs include an intergenerational program, where a Montessori day care visits the residents twice a week, a pet therapy program, and sensory enhancements such as massage and touch therapy, music therapy, aroma therapy. Residents are also encouraged to participate in structured group activities including outdoor walks and physical activities.

Perhaps most importantly, Royal City Manor's work to reduce the use of antipsychotic medications was part of a larger culture shift to an organization founded on staff empowerment and team-based leadership. Shannon reports that RCM team has very few routines around care, so that workers have the flexibility and autonomy to do what is best for the resident on any given day. This allows the care staff to focus on person-centered care, rather than on completing tasks, an approach that works because of the care team's philosophy of mutual accountability.

Royal City Manor also has a bottom up approach to implementing quality improvement initiatives, with over a dozen interdisciplinary care teams taking the lead on everything from falls prevention and occupational first aid, to enhancing dining room eating. The teams are staff led, and composed of volunteers from both care and non-care staff, which allows them to implement comprehensive solutions to identified challenges and opportunities. With respect to antipsychotics, their polypharmacy team takes the initiative to have regular team meetings, where they go over best practices and procedures around polypharmacy, talk about staff training and orientation, and then act on identified gaps or improvements that need to be made.

"We expect everyone on our team to have an innovative mind-set, to share our values around care, and to be actively engaged," notes Shannon. "Without this culture change piece, we wouldn't have been able to make the antipsychotics reductions that we needed."

Other approaches implemented at Royal City Manor include:

- Ongoing staff education and training on managing responsive behaviours, reducing polypharmacy, and implementing a person-centered approach to care;
- Participating in quality improvement research, including Translating Research in Elder Care (TREC)[39], Releasing Time to Care (RT2C)[40], and Improving Nursing Home Care through Feedback on PerforRMance Data[41]; and

[39] University of Alberta. n.d. *Translating Research in Elder Care (TREC).* Accessed 11 16, 2017

[40] BC Patient Safety and Quality Council (BCPSC). 2017. "Releasing Time to Care." Accessed 11 16, 2017.

[41] University of Alberta. 2017. "TREC: Improving Nursing Home Care through Feedback on PerfoRMance Data." Edmonton: University of Alberta.

"At Royal City Manor, we concentrate on what residents can do, not what they can't. Once these medications are out of a resident's system, they become alive."

- Shannon Johnson, Executive Director

Resources

- MedStopper
- CLeAR and the BPSD Algorithm
- Getting to Know Me Tool
- DementiAbility

Best Practices

- Montessori Approach to Dementia
- CLeAR initiative
- Team-Based Leadership & Culture
- Art Therapy Program, Intergenerational Program, Pet Therapy, and other purposeful activities

Results:

85% Reduction

in residents taking antipsychotic medications without a diagnosis of psychosis over four years.

8% Use

of antipsychotic without a diagnosis of psychosis as of 2016/17

- Environmental modifications, including reduced stimulation, wandering areas, and light therapy.

The results at Royal City Manor have been dramatic. In 2011, before Royal City Manor joined the CLeAR program, over half (50.4%) of residents were taking an antipsychotic without an appropriate diagnosis; but over the next five years, this proportion dropped to just 7.7% - a 85% decrease overall.

Shannon reports that the early indicator data from 2017 demonstrate even further progress, with only 12% usage during a typical month.

"The biggest challenge we have is that residents arrive from acute care using these medications and they are not discontinued when they are discharged from hospital, often without any diagnosis or explanation as to why they are on them in the first place," explains Shannon. "We are also finding that GP's in the community are prescribing these medications to their patients so that families can cope at home, often without comprehensive follow ups. This work needs to be done on all levels in order for us to adequately serve our vulnerable seniors population."

Considering these system level challenges, Shannon is very proud of her staff and what they have achieved over the past few years. To sustain their progress, the team at Royal City Manor intends to continue their participation in the CLeAR initiative and to look at other forms of education and training that promote person-centred care.

Christenson Village, Gibsons

Christenson Village is a faith-based not-for-profit located in Gibsons B.C., which provides care for over 100 older adults from the Sunshine Coast. The campus of care offers 50 long term care beds, and 3 secure dementia care cottages. Christenson Village is owned by the Good Samaritan Society, which operates not-for-profit care homes across B.C. and Alberta.

Christenson Village began its participation in the CLeAR initiative back in 2014, starting with the residents of its three dementia care cottages, and expanding the program to its 50 long-term care residents in October of 2015. Since then, Christenson Village has implemented a number of strategies to address the potentially inappropriate use of antipsychotics among its residents.

April Paxton, Christenson Village's Care Manager, reports that much of the work has focused on educating care staff on how to be able to recognize and manage the behaviour and psychological symptoms of dementia (BPSD).

Christenson Village's team achieved this goal in several phases, first by educating their staff on the anatomy and physiology of brain and how it is affected by dementia, and then by educating staff on the strategies and approaches that can be effective in managing BPSD. Finally, they focused on putting this education into practice, anticipating that this would decrease the need and use of antipsychotic medications.

Part of this training was a five minute "dementia experience", where staff members were asked to complete basic tasks such as dressing and folding laundry, while being beset by irritating physical stimuli to simulate the experience of having dementia. Fingers on their dominant hand were taped together to mimic dexterity impairment, popcorn kernels were put inside the staff members shoes to mimic neuropathy, goggles were worn to impair vision and mimic macular degeneration, and earbuds were worn that had noisy, irritating, background music playing to provide auditory distraction. The staff members were not given enough time to complete the tasks, and were given complicated, confusing instructions regarding the task at hand.

About

Christenson Village is a faith-based not for profit located in Gibsons BC, which provides care for over 100 older adults from the Sunshine Coast. The campus of care offers 50 long term care beds, 60 assisted living suites, and 3 secure dementia care cottages that house 10 residents each.

The care campus is owned by the Good Samaritan Society, which operates faith-based care campuses across Interior Health, Vancouver Coastal Health, and Fraser Health regions.

Location

585 Shaw Road
Gibsons, BC
www.gss.org/

"Having one physician, a specialist, oversee pharmaceutical treatment of our residents, has provided the consistency needed to avoid unnecessary polypharmacy."

- April Paxton, Care Manager

Resources

- Understanding Dementia: A Free Online Course
- BPSD Algorithm from the BC Patient Safety and Quality Council (BCPSQC)

Best Practices

- Dementia Experience
- Music & Recreation Therapy
- Annual Care Conferences with Nurse, Medical Advisor & Pharmacist
- Weekly Interdisciplinary Special Issues Meetings
- Non-pharmacological approaches for BPSD, and pharmacological alternatives
- Weekly visits from Psychiatrist, providing alternative medications and reducing BPSD symptoms

Results

46% Reduction

in residents taking antipsychotic medications without a diagnosis of psychosis over four years.

16% Use

of antipsychotic without a diagnosis of psychosis as of 2016/17

Based on feedback from Christenson Village's staff, this experience was very successful in demonstrating how frustrated, angry and afraid their residents can feel at times, especially if they have cognitive impairment or physical disabilities.

Team navigator, Sara Skeath, also gathered many resources such as YouTube videos, the best practice learning and development initiative P.I.E.C.E.S. ™ model, behavior tracking tools, pain scales, and the BPSD Algorithm from the BC Patient Safety and Quality Council (BCPSQC). Sara shared these resources with the staff, demonstrating how they can be utilized through weekly half hour meetings.

Christenson Village reports that the results of this work have been positive so far, as staff have learned to recognize resident specific triggers and to adapt when an approach is not working. The staff of Christenson Village are also spending more quality time with residents, taking them for regular walks, or just sitting on the couch, listening and reminiscing.

"The other important contributor to our success, in reducing antipsychotic medications, has been the work of Bruce Devereux [winner of the 2017 BCCPA Innovation of the Year Award] and the Recreation Department. He focuses on authentic connection with the residents and is an innovative leader for our site," says April. "Under the leadership of Bruce, the recreation department recently installed a great sound system in the cottages has also been very helpful. Now sometimes there is spontaneous dancing when music is playing!"

Other strategies that Christenson Village has found to be effective include both regular care conferences, and weekly special issues meetings. Care conferences at Christenson Village occur on an annual basis, and bring together an interdisciplinary team to review the resident's care plan and all medications. April reports that families find this process very useful, and have provided many positive comments about the team's efforts to limit the use of medications, and antipsychotics in particular.

Similarly, the Christenson Village team also has weekly interdisciplinary 'special issues' meetings, where any

current problems residents are experiencing are discussed within the team, and appropriate interventions are decided on collectively. The care team will then implement non-pharmaceutical interventions for dementia related behaviour.

If these interventions are not adequate, or the resident is being prescribed an antipsychotic, the resident is referred to Vancouver Coastal Health's psychiatrist, Dr. Marius Welgemoed. Dr. Welgemoed focuses on prescribing alternative medications to residents that in most cases work effectively to reduce BPSD symptoms, otherwise, he reduces the dosage of antipsychotic medication, where appropriate.

"Regular weekly visits from our psychiatrist Dr. Welgemoed are extremely effective. He provides consistent care and excellent follow up. He is always willing to meet with the families and has even attended our family support group as a guest. He is open to answering staff questions and is easy to communicate with," April informs. "Having one physician, a specialist, oversee pharmaceutical treatment of our residents, has provided the consistency needed to avoid unnecessary polypharmacy."

As a result of their dedicated efforts, Christenson Village has seen their percentage of residents on antipsychotics without a diagnosis of psychosis fall by nearly half, such that only 16% of residents were taking an antipsychotic without a diagnosis of dementia as of 2016/17. April also reports that since the implementation of the CLeAR initiative, responsive behaviours are being managed more effectively and seem to have been reduced overall.

Sara shares an anecdote following the first wave of CLeAR, when a resident who had previously been non-ambulatory began walking again after being tapered off her regular dose of quetiapine (an antipsychotic) following a medication review. Though her ability to walk unassisted lasted for only a few months because she began experiencing regular falls, this improvement in her quality of life meant the world to her husband, who stated that he felt like he "had her back again."

For the continued success of this work, April Paxton and Leslie Brown would like to recognize the tireless work of Sara Skeath in implementing the CLeAR initiatives, and ensuring the appropriate use of antipsychotics at Christenson Village. When faced with challenges and setbacks, it was Sara's passion that pushed this project forward.

"We believe that staff have pride in the work they do. We hope they feel they are in an environment where they are encouraged to learn and grow, and their work is appreciated and significant."

Augustine House, Delta

Augustine House is an independent retirement community for older adults located in Delta B.C., minutes from the town centres of Ladner and Tsawwassen. Governed by the not-for-profit Augustine House Society, the community cares for over 140 seniors, offering independent and assisted living spaces, as well as a small complex care community (Haven House). All of the seniors living in Haven House are private-pay clients, and were previously residents of the Assisted Living community.

Joy Hall, Director of Care, reports that the care team at Augustine House became interested in working to reduce the use of antipsychotics in 2013 when they were approached to participate in the first-wave of the CLeAR initiative. Upon reviewing the information about the program, they decided to participate, and have since participated in all three waves of the program.

Joy reports that the team's commitment to this work has been reinforced by their experiences with two near misses, where residents were placed on antipsychotics without enough discussion and consultation with the care team. Both residents experienced adverse side-effects because of the medication, and now the Augustine care team is hyper vigilant about the use of such medications.

"We had two near miss situations related to antipsychotic medications that really grounded us and helped us to have total buy-in to this philosophy" explains Joy.

One high-impact approach that the Augustine care team has been implementing is behavioural tracking following any medication changes. Joy explains that by using a colour-coded behavioural tracking tool for two weeks following a medication change, it allows the care team to track the resident's daily behaviours and recognize any patterns that emerge. Once patterns have been identified, the staff can then implement any necessary strategies to manage or prevent responsive behaviours, such as exit seeking or aggression. In this way, the care team can proactively attempt alternative therapies rather than using medications as a crisis-management tool.

The care team has also focused on making environmental improvements, by reducing resident's exposure to stimuli

About

Augustine House Society is a not-for-profit, retirement residence for seniors and is located in Ladner, a community in Delta, BC. The community cares for over 140 older adults, who seek independent and assisted living lifestyles, as well as 12 residents in their complex care community called Haven House. All complex care and independent living residents are private-pay, while their Assisted Living is a mix of private-pay and publicly-subsidized clients. Augustine House is governed by the Augustine House Society, and opened in August 2003.

Location

3820 Arthur Drive
Delta, BC
http://augustinehouse.ca/

"We had two near miss situations related to antipsychotic medications that really grounded us and helped us to have total buy-in to this philosophy"

- Joy

Resources

- CLeAR
- BPSD Algorithm

Best Practices

- Behavioural Tracking
- Team Reviews of any Medication Changes, with "start low / go slow / change one at a time" approach
- Manage stimuli in the physical environment
- Provide Recreation and Activities during challenging times of day

Result

Zero

resident's currently taking antipsychotic medications.

that may be disruptive or agitating. The care team is encouraged to speak in soft, muted tones, and they have invested in lighting that is adjustable, allowing the team to lower the lighting during quiet times, and reducing the effects of late-day confusion (also referred to as "sundowning").

Augustine House has also adjusted their recreation hours to support more challenging times in the unit when residents tend to struggle the most. The team offers morning, afternoon, and evening recreational and exercise programs, and seeks to make needs specific adjustments to their recreational programs when the dynamic of their clientele changes.

Finally, the team at Augustine Houses focuses on providing person-centered care to residents through proven, validated delivery of care philosophies. Joy outlines that these philosophies guide their daily practices, from allowing residents to wake gradually, respecting resident's space and privacy, promoting family life, purposeful activities, and respecting the resident when they decline care.

As a result of Augustine House's dedication and efforts, all residents that were on antipsychotics were gradually removed from these medications. Furthermore, Joy reports that they currently have no residents on antipsychotic medications, an outcome that they are proud of and are working hard to maintain. Their ongoing efforts will include continued participation in the CLeAR initiative to remain up to date on best practices, as well as continuing to focus on the provision of person-centered care.

Arrowsmith Lodge, Parksville

Arrowsmith Lodge is a not-for-profit, non-denominational home for the elderly of Parksville B.C. and the surrounding communities. Co-located with the assisted living residence Cokely Manor, Arrowsmith Lodge provides care embracing the philosophy of the Eden Alternative Model of Care. The Lodge has 74 long-term care beds and one respite bed. The lodge has been operational since 1969. As of 2017, Arrowsmith Lodge has an Accreditation Primer Award from Accreditation Canada.

The care team at Arrowsmith Lodge has taken on the challenge of ensuring the appropriate use of antipsychotics for residents as part of a larger quality improvement project, which has also included a major focus on reducing the use of daily physical restraints without increasing the risk of falls.

As part of their initiatives to ensure the appropriate use of antipsychotics, Arrowsmith Lodge has incorporated a number of approaches, including:

- Participating in the CLeAR initiative;
- Increasing the activity hours so that activity staff can have more one-on-one visits with the residents;
- Implementing "sensory therapy" as part of a broader quality improvement initiative; and
- Ensuring proper coding for when an antipsychotic is administered, including for residents with a history of delusions or for those at end-of-life (less than 6 months to live).

One of the major changes that Arrowsmith Lodge has undertaken was the development of an innovative sensory room as a therapeutic environment for residents. Arrowsmith's sensory room, which follows the Snoezelen philosophy[42], is equipped with a range of equipment to stimulate the senses, including soft music, fiber optics, moving pictures, water bubbles, aromatherapy, weighted blankets, and interactive objects.

About

Arrowsmith Lodge is a not-for-profit, non-denominational home for the elderly of Parksville BC and the surrounding communities. Co-located with the assisted living residence Cokely Manor, Arrowsmith Lodge provides care embracing the philosophy of the Eden Alternative Model of Care. The Lodge has 74 long-term care beds and one respite bed. The lodge has been operational since 1969.

As of 2017, Arrowsmith Lodge has an Accreditation Primer Award from Accreditation Canada.

Location

266A & B Moilliet Street
Parksville, BC
http://arrowsmithlodge.ca/

[42] Snoezelen, or controlled multisensory environment, is a therapy for people with autism and other developmental disabilities, dementia or brain injury. Multi-sensory environments are relaxing spaces that help reduce agitation and anxiety, but they can also engage and delight the user, stimulate reactions and encourage communication.

"I am proud of our staff. They are asking more questions and becoming more engaged in conversations about why residents are being administered PRNs and what alternatives there are," says Deanna. "When a resident presents with a responsive behaviour, we are brainstorming as a team to identify how can we reduce that trigger or distract with an activity. It's a change in philosophy and approach."

- Deanna Smith

Best Practices

- Sensory Therapy
- Increased one-on-one activity hours
- Ensuring the proper coding of RAI-MDS 2.0 data
- Participation in CLeAR

Results

61% Reduction

in residents taking antipsychotic medications without a diagnosis of psychosis

20% Use

of antipsychotic without a diagnosis of psychosis as of 2016/17

The sensory room is open 24 hours a day, and can be used by staff, volunteers and family to provide residents with therapy in short intervals of 15 to 20 minutes.

The goal of the therapy is simply to provide residents with a pleasurable experience and sense of well-being, and can be used for many purposes, including relaxation, stimulation, distraction, and socialization.

The program is still in its infancy, having only become fully operational in December of 2016 after nearly two years of development, including research, conceptualization and fundraising. The program is already showing promise around reducing the use of PRN (as needed) antipsychotics. Each resident has a Sensory Room Care Plan, which documents, among other details, which stimuli the resident enjoys most. While the program so far has been completely self-funded, Arrowsmith hopes to secure funding in the future to staff the sensory room with a full-time activity aide.

"When staff do tours of our campus, one of the first things they will show visitors is the sensory room," reports Deanna. "To me, this demonstrates that they have a lot of pride around the fact that we have this therapy available for our residents."

Reducing the unnecessary use of antipsychotics has not, however, been without its challenges.

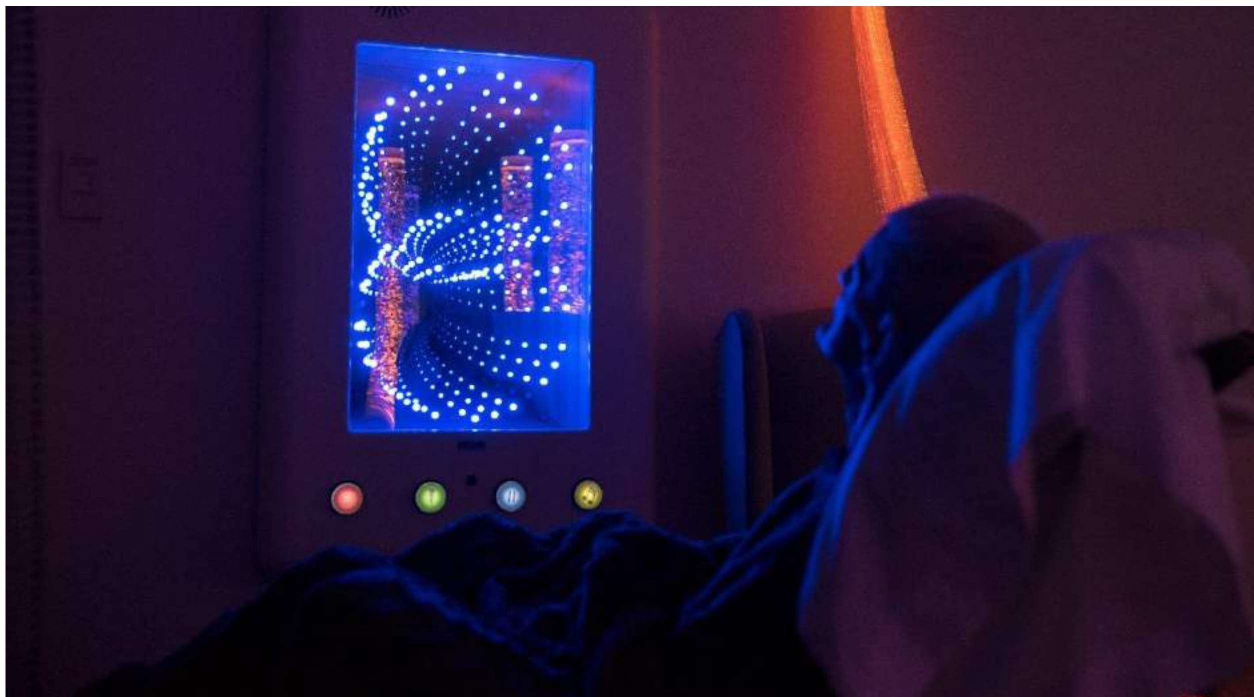
"The use of antipsychotics can be a slippery slope. You need *all* disciplines involved and invested. We have no control of outside factors or philosophies that drive the outside participants in our elders' care," reports Deanna, noting that getting some physicians on-board has been a significant challenge. "We can only give them our information and goals. This can make it difficult to change the culture. We keep trying though."

Deanna notes that one of the most significant drivers behind the reduction Arrowsmith's rate has been ensuring appropriate coding. While earlier in 2014, the unadjusted rate for "taking antipsychotics without a diagnosis of psychosis" was 56.1%, there were a number of errors because exclusions (such as a history of delusions and hallucinations, as well as end-of-life) where not being charted properly.

Arrowsmith Lodge implemented staff education for those staff responsible for coding. Deanna reports that staff have found the improvements, which have been recorded via charts to be very encouraging and are interested to see how far they have come.

“I am proud of our staff. They are asking more questions and becoming more engaged in conversations about why residents are being administered PRNs and what the alternatives there are,” says Deanna. “When a resident presents with a responsive behaviour, we are brainstorming as a team to identify how can we reduce that trigger or distract with an activity. It’s a change in philosophy and approach.”

Because of their efforts, Arrowsmith Lodge has experienced a 61% drop in the use of antipsychotics without a diagnosis of psychosis over the last two years. By adopting these strategies, Arrowsmith Lodge has continued to ensure that antipsychotics, when necessary, are being used with appropriate documentation, and to better manage behaviour through alternative therapies, including the sensory room.



Menno Place, Abbotsford

Opened in 1953, the care campus at Menno Place in Abbotsford B.C. houses over 700 seniors across its eleven-acre campus. A not-for-profit, Menno Place offers a full range of seniors housing and care options, including independent and assisted living, as well as long term care services in two dedicated residences – Menno Hospital and Menno Home. The care campus is owned and operated by the Mennonite Benevolent Society.

Hilde Wiebe, the Executive Director of Care Services (EDCS), reports that Menno Place is currently undertaking several initiatives to address the potentially inappropriate use of antipsychotics in its two long term care homes.

Starting in 2014, Menno Place began rolling out P.I.E.C.E.S. ™ training to its nurses to obtain a better understanding of how to care for residents living with dementia. This ongoing education initiative is focused on teaching Menno Place's team how to address the behavioural and psychological symptoms of dementia (BPSD), and which responsive behaviours are not amenable to treatment by antipsychotics (see Table 4).

One of the direct outcomes from the P.I.E.C.E.S. ™ education has been a shift in how the nurses, health care assistants and other staff at Menno Place are approaching residents who are exhibiting responsive behaviours. Hilde notes that it used to be common practice for the nurses' first response to be a request to the physicians to prescribe a medication, usually an antipsychotic, when dealing with responsive behaviours

Much has changed, however, since implementing the P.I.E.C.E.S. ™ training. Now procedure dictates that the first course of action is to refer the issue to the unit nurse. If the unit nurse needs assistance, the nurse manager provides support. The nurse manager works collaboratively with the interdisciplinary (pharmacy, social work, recreation, dietary, spiritual care) team, and attempts to address the behaviours through alternative approaches including therapeutic recreation programs such as music therapy, updating the care plan as needed.

Alternative approaches are attempted first. If they are found to be ineffective a communication tool – Situation,

About

As BC's first campus of care (and now one of the largest) Menno Place offers a full range of housing and long-term care options. Over 700 seniors live on the 11 acre campus – from independent living to complex care. This campus-of-care allows couples to be supported if their care needs should change.

Menno Place's main 11-acre campus, which includes Menno Home and Hospital and Menno Housing, is owned and operated by the Mennonite Benevolent Society.

While each new building project offers a visible sign of growth, Menno Place is also growing in their appreciation of the "human treasures" on campus, notably the elders they are privileged to serve.

Location

32945 Marshall Road
Abbotsford, BC
www.mennoplace.ca/

"With the PIECES training and a recent workshop on the management of BPSD, [staff] feel confident in their knowledge of best practices, and they are committed to safely reducing the use of these medications."

- *Hilde Wiebe, Executive Director Care Services*

Resources & Tools:

- PIECES Training
- SBAR (Situation, Background, Assessment, Recommendation) Communication Tool
- Local Division of Family Practice (Abbotsford)
- SafeCare BC's "Train the Trainer" for Violence Prevention

Best Practices

- Dementia Care and Violence Prevention Training
- Antipsychotics Education
- Care Conferences
- Learning about the resident's personal history
- Connect with Leaders from other care organizations

Results

34% Reduction

in the potentially inappropriate use of antipsychotics between 2014 and 2017.

30% Use

of antipsychotic without a diagnosis of psychosis as of 2016/17

Background, Assessment and Recommendation (SBAR) is sent to the physician for review of "expressions of behaviour" to determine whether an medication is appropriate.

"We are already seeing a change in how the nurses are approaching the use of these medications. It has occurred where the physician has [inappropriately] advised to increase medication, and our nurses are pushing back," notes Hilde. "With the P.I.E.C.E.S. ™ training and a recent workshop on the management of BPSD, they feel confident in their knowledge of best practices, and they are committed to safely reducing the use of these medications."

The second change in procedure that Menno Place has undertaken is a new requirement for written consent from the family or the designated health care decision maker before an antipsychotic is prescribed. Hilde reports that in the past, all that was required for a new medication to be prescribed was a phone call. "We now have to demonstrate that we have exhausted all reasonable alternatives" reports Hilde. "This has increased our accountability to the family and to each other, which is definitely a powerful motivator."

Progress isn't without its setbacks however; Hilde acknowledges that there are still some nurses and physicians who default to the use of antipsychotics, even for behaviours that can not successfully be managed by them. The Director of Care and Nurse Managers monitor shift reports and when these cases arise, they are turned into opportunities to provide in-the-moment education about the appropriate use of antipsychotics.

Menno Place has also been active in participating in initiatives undertaken by the Abbotsford Division of Family Practice, including their Residential Care Initiative (RCI), and more recently, a conference hosted for physicians, nurses and the interdisciplinary team in Abbotsford specifically focused on the BPSD.

Hilde reports that the BPSD conference was beneficial in that it not only provided essential education for staff and physicians, but it also has been a great way to connect with local leaders to share best practices.

"We are looking at the systems and strategies that other care homes have in place, and looking to adopt the approaches that are working. I've heard about some great tools that other care homes are using," reports Hilde.

Already the Menno care campus has seen significant reductions in potentially inappropriate use of antipsychotics, falling from 44.7% in 2013 to 29.7% as of 2016/17. These statistics, while above the B.C. average, put them on a significant downward trend, which is a powerful motivator for the Menno Place team.

The work at Menno Place is on-going, with a number of additional strategies and initiatives to be implemented over the next 12 to 18 months. Next steps include rolling out additional training to health care aides (including Gentle Persuasive Approach and Dementia Care training, as well Violence Prevention through SafeCare BC's "Train the Trainer" program) and beginning to reduce and eliminate antipsychotic use where possible, and reducing the dosages otherwise.

Table 4 - Examples of BPSD Usually Not Amenable to Antipsychotic Treatment

- Wandering
- Hiding and Hoarding
- Repetitive Activity
- Vocally Disruptive Behaviour
- Inappropriate Dressing or Undressing
- Inappropriate Voiding
- Eating Inedible Objects
- Pushing Wheel Chair Bound Residents

Source: BC Government. Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care. A Person-Centred Interdisciplinary Approach. October 25, 2012.

Table 5 - Indications that MAY warrant antipsychotic medications

- **Confirmed Mental Health Diagnosis** such as schizophrenia and related disorders, mania in bipolar disorder, or adjunctive treatment of major depressive disorder in adult patients with an inadequate response to prior antidepressants treatments in the current episode.
- **Severe psychotic symptoms**, such as delusions and hallucinations, in delirium and/or dementia.
- **Behaviours that place the resident or others at risk of injury,** while keeping in mind that agitation and aggression may be related to factors such as medication side-effects, pain, changes in medical condition, fatigue, overstimulation and staff approach.

Adapted from: Choosing Wisely Canada. When Psychosis Isn't the Diagnosis: A Toolkit for Reducing Inappropriate Use of Antipsychotics in Long Term Care. July 2017.

Langley Lodge, Langley

Langley Care Society is a not-for-profit society that was incorporated in 1974, which operates Langley Lodge - an accredited, licensed long term care home. Over 130 residents live at Langley Lodge, and receive 24-hour, professional care. Langley Lodge offers a mix of publicly-subsidized and private-pay spaces in their six-story building that was renovated in 2011. The Langley Care Society believes in person centered care and involvement of family in the life and care of each resident.

Debra Hauptman, CEO, explains that the care home began looking at the potentially inappropriate use of antipsychotics in 2015 as part of a larger polypharmacy reduction initiative. In order to facilitate this work, the team developed a framework for change by:

- Creating a policy for polypharmacy reduction;
- Informing stakeholders of commitment to medication reduction as one of the goals of care; and
- Implementing specific strategies, such as quarterly medication reviews, to reduce the use of antipsychotics and to track progress.

Once this framework was conceived, Langley Lodge began by adopting the Fraser Health Authority's (FHA) Polypharmacy Risk Reduction policy to mitigate the risk for residents from inappropriate use of medications.

Langley Lodge also convened a Medication Safety Advisory Committee comprising of the Medical Director and Nurse Practitioner, Pharmacist, Director of Care, and a Staff Nurse, to begin systematically reviewing the medications being used by residents. The committee organized the medication review by drug classification, prioritizing high-risk medications such as benzodiazepines, antipsychotics, and others. The committee undertakes quarterly medication reviews for residents, and then makes recommendations to prescribers to eliminate unnecessary medications, where possible.

Debra reports that their Medical Director has also taken the initiative to provide education to prescribers about the harms and risk associated with prescription medications in the elderly. This is necessary because those prescribing

About

Langley Care Society is a non-profit society, incorporated in 1974. LCS operates Langley Lodge, an accredited, licensed long term care home. 139 residents reside in Langley Lodge, and receive 24 hour, professional care. The society believes in person centered care and involvement of family in the life and care of each resident. The organization has received several awards: "Best Residential Care Operator" by the Langley Advance 2015 citizens poll, a Business Excellence Award by the Langley Chamber of Commerce in 2016, and Exemplary Standing with Accreditation Canada in 2016.

Location

5451 204th Street
Langley, BC
www.LangleyLodge.org

"We know that the benefits of reducing and eliminating unnecessary medications in the elderly include improved physical and cognitive functioning, reductions in falls, and elimination of side effects and drug interactions to name a few. By implementing a strategy for polypharmacy reduction, we are providing better care and quality of life for our residents."

- *Debra Hauptman, CEO*

Best Practices

- Adopted a Polypharmacy Risk Reduction Policy
- Annual Care Conferences
- Regularly reviewing high-risk medications with multi-disciplinary care team
- Polypharmacy risk education for families and prescribers
- Staff Education to manage BPSD and provide person-centered care
- Connecting with external leadership teams to share best practices
- Providing person-centered care, and access to recreational activities and therapies
- Electronic Medication Administration Record (eMAR) system

Result

67% Reduction

in the potentially inappropriate use of antipsychotics

16% Use

of antipsychotic without a diagnosis of psychosis as of 2016/17

medications to residents often do not have expertise in geriatrics and may be reluctant to adjust medications when the resident appears to be stable.

Langley Lodge has also recently adopted an improved Electronic Medication Administration Record (eMAR). While it is too early to determine what the results of this change have been, Debra anticipates that the new eMAR system will greatly improve documentation and data quality for the use of medications, including antipsychotics, which are currently being tracked through paper reports. The new eMAR system will also allow Langley Lodge to generate detailed reports to inform future quality improvement initiatives.

"We're really excited about the possibilities that electronic health records are going to be opening up for us" says Debra. "Learning how to extract all of the information out of this new system is going to be a huge learning curve, but this is going to give us a much better picture of how we are doing and what our blind spots are."

Langley Lodge has also been focusing on implementing the Eden Alternative Philosophy[43], in order to provide a more calming and home-like environment for residents. Debra notes that they have adjusted their Therapeutic Recreation program to provide more small-group activities, as well as more activities on the evenings and weekends. These efforts are designed to improve not only the resident's quality of life, but also to prevent feelings of loneliness, boredom, and helplessness.

"Improving the resident's quality of life, and minimizing negative experiences and emotions definitely reduces the behaviours that often precipitate the administration of an PRN or other psychotropic medication," says Debra. "These are up-stream, preventative solutions that not only allow us to meet our quality improvement targets, but also improves our resident's quality of life – and at the end of the day that's what it's all about."

Other approaches that have been part of Langley Lodge's initiative include:

[43] The Eden Alternative Philosophy is an social model of care that posits that the three ills that elders face in long term care are loneliness, helplessness and boredom, and that these issues need to be addressed in order to improve quality of life for residents in care.

- Restructuring their Care Conferences to incorporate more education for families about the risks of polypharmacy, particularly antipsychotics;
- Providing staff education around person-centred care (e.g. P.I.E.C.E.S.™), and managing responsive behaviours associated with Dementia;
- Hiring a Clinical Nurse Educator (CNE) who has implemented regular Nursing Professional Practice meetings, and also providing in-service education; and
- Connecting with other Leadership and Care Team through the Langley Division of Family Practice to share best practices and effective strategies.

After more than two years of dedication, the efforts of the Langley Lodge team are paying off. The care home has seen a 67% decrease in the use of antipsychotics without a diagnosis, falling from 48.2% in 2013 to just 15.9% as of 2016/17. Debra also notes that they have made considerable progress towards addressing overall polypharmacy among their residents as well. At present, only 18.5% of Langley Lodge's residents are taking 9 or more medications, which is well below the average for long term care homes in the Langley area (36.5%), as reported by the Langley Division of Family Practice as part of their Residential Care Initiative.

Debra and her team are very pleased with the success of the polypharmacy reduction initiative so far, and will continue to work towards further reductions.

Park Place Seniors Living, British Columbia

Park Place Seniors Living is a family owned and operated company that enriches the lives of seniors by providing care that puts seniors' needs first. Established over 20 years ago by Al and Jenny Jina, today Park Place owns over 25 care residences across British Columbia and Alberta, including seventeen long-term care homes.

A part of their mission to always provide person-centred care, the leadership team at Park Place began looking at the use of antipsychotics and polypharmacy starting in January of 2016.

One of the first steps for starting this process for Park Place was onboarding their local physicians. The Directors of Care and Site Leaders for each care home ensured that physicians received a letter informing them that the care home intended to participate in the CLeAR initiative, and would be actively looking to find alternatives to antipsychotics and polypharmacy. The letter also communicated that nursing staff would be receiving education to support alternative approaches to behaviour management and that they would be communicating with families about this work.

Lynda Foley, Vice President of Quality Assurance, reports that this initial onboarding was very successful, as local physicians were very open to this work. Lynda further notes that encouraging conversations between their pharmacists and physicians was incredibly important, particularly for those general practitioners that were initially hesitant about adjusting the medications of otherwise stable residents.

One strategy that has been particularly successful is focusing on residents who have been recently transferred from acute care. Seniors are often placed on antipsychotics for the first time while in acute care and their relatively short history of taking the medication makes these newly admitted residents prime candidates to be gradually tapered off the medication. Furthermore, its often effective to start reducing the use gradually, by targeting only 2 or 3 residents in a neighbourhood at a time.

"While it can be tempting to try to taper an entire neighbourhood within a care home off antipsychotics all at once, it's not generally a good idea" notes Lynda. "You do

About

A family business, Park Place is owned by Al and Jenny Jina, who established the company more than 20 years ago. Their first experience as owners of a care home in Nelson showed them how much they could enrich seniors' lives by providing care that put seniors' needs first. To ensure excellence, all care homes are fully Accredited by the internationally respected Accreditation Canada. Park Place has over 25 care homes in British Columbia and Alberta, many of which provide assisted and independent living, as well as long-term care services.

Location

- Coquitlam
- Duncan
- Surrey
- Ladysmith
- Nelson
- Campbell River
- Salmon Arm
- Kamloops
- Port Coquitlam
- Kelowna
- Nanaimo
- Alberta

www.parkplaceseniorsliving.com/

"We are all working really hard as a team at Park Place to address this issue, because at the end of the day it is about great resident care"

- Lynda Foley, Vice President, Quality Assurance

Best Practices

- Participation in CLeAR
- Partnering with Pharmacists and Physicians
- GPA & PIECES training
- Multi-Stimulation Therapy and other therapeutic alternatives
- Prioritizing residents recently admitted from acute care
- Targeting only a few residents at a time
- Care Conferences
- Educating & engaging with families

Result

28% Reduction

in the potentially inappropriate use of antipsychotics on average over 5 years

21% Use

of antipsychotic on average without a diagnosis of psychosis as of 2016/17

see resurgence in responsive behaviours, so its really important that you give the care staff time to learn how to work best with that resident."

In this way, Park Place is dedicating time and resources to give its care staff have the knowledge and tools to mitigate behaviours associated with BPSD. Nurses have been trained using P.I.E.C.E.S.™, and Lynda reports that they are gradually rolling out GPA training to all their Health Care Aides. This work is being aided by the fact that many site leaders are becoming GPA master trainers, which means that they can train their own staff.

Another key part of this initiative has been increasing communication with family members. Park Place has used an number of strategies to engage with families about the potentially harmful side effects of antipsychotics, including:

- Informing family members of the care home's engagement in the CLeAR initiative through formal letters sent from the Medical Leader and the Site Leader;
- Presenting the ongoing results of the CLeAR program at resident and family council meetings; and
- Inviting family members to become more actively engaged in annual Care Conferences, participating in medication reviews.

"Some family members are initially reluctant, because their loved one has been on the medication for such a long time. We do a lot of work to educate them about the potential benefits of eliminating medication use, or if that's not possible, getting them down to the lightest possible dose," says Lynda. "At the end of the day, we just want the families to be making informed decisions about their loved one's care."

Since beginning the initiative, Park Place has seen significant reductions in the use of antipsychotics and polypharmacy at a number of their care homes, with a company average that has been holding steady throughout the year.

"We've had some really great success stories," notes Lynda. "The husband of one of our resident told us how thankful he was for 'getting his wife back', as he put it. She has

impaired cognition, and on the lower dose she could smile, she could acknowledge him. It makes such a huge difference."

Park Place has also made significant improvements in the polypharmacy front; across all of their long-term care homes, the average medications per resident is down from 9.8 in January of 2016, to 9.0 in December, well below the provincial average.[44]

"Our results haven't been completely even across the board. Some homes are doing better than others. But having multiple care homes does give us some leverage, because we can bring the success stories to the medical coordinators at the homes that aren't doing as well, and show them the gap," reports Lynda. "It never hurts to create some friendly competition."

[44] According to the office of the Seniors Advocate (2015), 51% of the publicly-subsidized residential care population are taking 9 or more medications.

KinVillage, South Delta

Located in Tsawwassen British Columbia, KinVillage provides a full spectrum of seniors' care and housing services, as well as a community centre and day program for older adults. It is home to over 300 seniors, providing affordable rental housing, assisted living, and long term care.

Cynthia Langenberg, Director of Health Services at KinVillage, reports that as part of its commitment to excellence in care and to the quality of life of its care home residents, KinVillage began looking more closely at the issue of antipsychotics as part of a larger polypharmacy review. This polypharmacy review was initiated by their medical director, Dr. Christine Gemeinhardt beginning in 2013, and targeted residents who were being prescribed six or more medications.

Building on these efforts, in 2015 KinVillage formed an interdisciplinary committee of passionate individuals to join the second wave of the CLeAR initiative. This team included their clinical practice leader, medical coordinator, pharmacists, as well as two LPNs, and they committed to reducing the use of these medications by 5% over a 12-month period.

Cynthia reports that the committee began working with their pharmacists to identify the residents who were potentially being prescribed an antipsychotic inappropriately, such as those without any accompanying diagnosis of psychosis. They began by tapering these residents off the medication and, where possible, deprescribing completely.

As this occurred, the care team was tracking responsive and aggressive behaviours in their special care neighbourhood with the help of the Dementia Observation Systems (DOS) tool. The DOS is a tool that tracks behaviours 24 hours a day over a week, in order to determine patterns of behaviours. It uses colour-coded and numerical entries and is helpful in identifying triggers and peak periods when care strategies are most helpful.

KinVillage identifies that tracking this behaviour is key to finding and addressing the root cause, rather than simply managing the symptoms. Cynthia provides the example of a resident who was very restless in the afternoons and was

About

Located in Tsawwassen British Columbia, KinVillage provides a full spectrum of seniors' care and housing services, as well as a community centre and day program for older adults. It is home to over 300 seniors, providing affordable rental housing, assisted living, and long term care.

KinVillage's West Court offers a caring home for 100 long-term care residents. This includes 18 residents with advanced dementia who live in Parkview, a special care neighbourhood. The Gentle Care philosophy underlies the care provided to residents with dementia and, regardless of a resident's needs and circumstances, the team at KinVillage strives to not only provide excellent person-centred care, but to help each resident achieve their best possible quality of life.

KinVillage is accredited by Accreditation Canada.

Location

5410 10 Ave
Delta, BC
www.kinvillage.org

"Reducing the use of antipsychotics in our care home has been a very positive experience for our staff," says Cynthia. "I think the most important thing is that we are seeing a real culture shift towards using nonpharmacological interventions being tried first."

- Cynthia Langenberg, Director of Health Services

Resources

- Dementia Observation Systems (DOS) tool
- BPSD Algorithm by BCPSQC
- PIECES Training & Provincial Violence Prevention Education

Best Practices

- Obtaining a comprehensive history of who the resident is and what is important to them
- Consistent Medication Reviews & tracking residents on anti-psychotics
- Regular Safety Rounds and huddles in order to flag resident behaviour concerns
- Ongoing Education for the entire inter-professional team, including PIECES, Violence Prevention, polypharmacy, and person-centred care
- Increased recreation and rehabilitation hours
- Snoezelen Therapy
- Targeting residents that have recently been admitted from acute care for medication review.

continuously trying to exit the building. Staff tracked and identified this pattern of behaviour using the DOS tool, determining that his exit seeking behaviour was the result of previously undetected pain. The care team was able to treat his pain symptoms, which significantly reduced his exit seeking behaviour and thus were able to avoid prescribing an antipsychotic to manage his behaviour.

Cynthia further reports that their efforts around antipsychotics have been complemented by increased staff education and training. This education has been comprehensive and has included training on person-centred care, dementia care, violence prevention and the P.I.E.C.E.S.™ framework.

KinVillage reports that because of this education, they have seen a shift in terms of how their staff approach caring for their residents.

"It has been quite a change from when staff would ask right away for an antipsychotic to manage the resident's behavior, to now trying to find out what may be causing the behavior. Staff are more open to thinking outside the box, to try different interventions."

Finally, KinVillage reports that they took advantage of a unique opportunity to review the care home's staffing plan. To promote both quality of life and quality of care for its residents, KinVillage increased its recreation and rehabilitation hours, allowing residents to participate in more exercise programs, as well as group and one-on-one activities. KinVillage recognizes the importance of recreation and rehabilitation not only in helping residents to feel engaged, but also in their role in reducing responsive behaviours.

Other initiatives and approaches that KinVillage that undertaken include:

- Involving care aides in the Care Conferences with family members;
- Incorporating a Snoezelen Therapy concept into their dementia care neighbourhood; and
- Introducing the BPSD Algorithm to their care team, and consolidating the algorithm from the website into easy to use resource binders for frontline staff to access.

Since beginning this work in 2013, KinVillage has seen a 43% reduction in the use of antipsychotics, down from 26.3% in 2013 to 14.9% in 2017 – performing well ahead of the B.C. and Fraser Health averages (see Figure 1). In addition to tracking their statistics, KinVillage also points towards the positive feedback they have received from families and friends as indicators of success.

"Families and visitors are telling us how much more awake, alert and engaged their loved ones are," says Cynthia. "One family member commented to us how nice it was to see their Dad hold his own glass of scotch again!"

KinVillage reports that their future work will focus on sustaining their progress by continuing to implement a person-centred approach and by focusing on continuous improvement.

Results

43% Reduction

in the potentially inappropriate use of antipsychotics over 4 years

15% Use

of antipsychotic on without a diagnosis of psychosis as of 2016/17

Creekside Landing, Vernon

Ensuring the appropriate use of antipsychotics has been an ongoing project at Creekside Landing, a care campus located in Vernon, British Columbia. The long term care home, which is operated by Kaigo Seniors Living, cares for 70 residents in its long-term care building, in addition to another 70 seniors through its assisted living and independent living suites.

A significant part of the work in recent years has been around enhancing staff training, reports Noreen Guenther, Regional Manager for Kaigo Seniors Living.

Over the past few years, Creekside has invested in training its Health Care Aides through the Gentle Persuasive Approach (GPA), which combines hands-on teaching with leading practices in dementia care to provide frontline continuing care staff with practical, in-the-moment strategies to address complex behaviours associated with dementia.

Despite facing challenges around finding the time and resources to undertake this training, Creekside Landing has made this training a priority for front-line staff. Part of their success in this approach has been getting two of their staff members trained as GPA Master Trainers through SafeCare BC, which means they can now train staff in-house.

Along with better equipping their care staff with the skills to address responsive behaviours, Creekside Landing has also provided frontline staff with more education around the appropriate use of antipsychotics, including their risks and benefits.

There has been a real cultural shift in how the Creekside Landing team provides care to their residents, reports Noreen; the team is more comfortable re-approaching a resident when they are not ready for care, rather than asking for the resident to be prescribed a PRN ('when required'). Even small shifts in approach, such as being more flexible around bathing schedule, can make a significant difference in whether a resident is prescribed a PRN antipsychotic.

"But you can't let go of the reigns" says Noreen. "You have to keep training new staff as they come in, and providing refreshers and updates for current staff. It's an issue that has to stay on their radar."

About

Located in Vernon BC, Creekside Landing is a campus of care that provides long term care, assisted and independent living services, thus providing the ability for spouses & family members with different care needs to reside in the same community, keeping families together. The long term care site has 70 beds, including 28 special care beds in a secure unit. The campus also includes 24 funded and 14 private pay assisted living suites, and 31 independent living spaces. The care campus is owned by Kaigo Seniors Living, which operates long-term care homes across the Okanagan and Fraser Health region.

Location

6190 Okanagan Landing Road
Vernon, BC
http://kaigo.ca

"The reduction of the use of antipsychotics will be an on-going initiative." reports Noreen. "We are all working as a team to reduce polypharmacy, and to really focus on quality of life rather than a medically focused approach."

- Noreen Guenther, Regional Manager

Noreen also identifies that training on coding errors, particularly around coding end stage disease-has been essential for ensuring the accuracy of the interRAI data. Giving nurses and clinicians the tools to properly identify when a resident's health is deteriorating is crucial, as coding end-of-life care patients properly ensures that they are not inaccurately being flagged as potentially inappropriate use.

Creekside Landing has found a number of resources useful in this area, including:

- The **C**hanges in **H**ealth, **E**nd-Stage Disease, **S**igns, and **S**ymptoms (CHESS) Scale, which is designed to identify individuals at risk of serious decline.
- **S**upporting **P**alliative **C**are **I**ndicators **T**ool (SPICT), which is used to help identify people whose health is deteriorating and to assess them for unmet supportive and palliative care needs; and
- iPAL, which provides access to key information about palliative care.

Not all coding errors can be eliminated however.

"We haven't been completely successful eliminating the 'noise' from the data, in particular because the population that we are caring for is changing," says Noreen. "Some clients with diagnoses such as Acquired Brain Injury will code as an inappropriate use of antipsychotics despite the physician's assessment that the use of antipsychotics is appropriate for their patient."

Finally, Noreen reports that having the active participation of local physicians and pharmacists is very valuable, particularly those that share their philosophy around the use of antipsychotics.

One resource that has been identified as helpful is Dementia Trajectory Tool for Practitioners, developed by Dr. Trevor Janz, the Physician Lead for the Kootenay Boundary Division of Family Practice. The tool, which is aimed at physicians, clarifies what the goals of care are for patients living with early, middle, late and end-stage dementia. The tool is useful in that it makes explicit the need to reduce medication burden overall as the disease progresses and that any medications for end-stage dementia should be provided for comfort only.

Resources

- Dementia Trajectory Tool for Practitioners
- PIECES & GPA Training
- Tools to identify end-stage, including resources from iPAL, SPICT tool, and CHESS scale

Best Practices

- Training on person-centred care
- Training on correcting coding errors
- Education on pharmacological classifications
- Medication reviews & assessments
- Partnership with Interior Health on their anti-psychotic initiatives
- On-going communication with Physicians on reduction initiatives
- CIHI data tracking
- Care conferences
- Adjusting staffing matrix to distribute more care/assistance in areas that it is needed

Results

46% Reduction

in the potentially inappropriate use of antipsychotics

17% Use

of antipsychotic on without a diagnosis of psychosis as of 2016/17

“Here we have been incredibly fortunate. Dr. Trevor Janz is a true team member and shares our goals. He also challenges the local physicians where necessary, making sure that they have a justification for prescribing an antipsychotic, and suggesting alternatives where appropriate”, says Noreen.

As of 2013, Creekside Landing had 31.9% of its residents on antipsychotics. Now, as a result of their continued efforts, Creekside reports that as of 2016/17 only 17.2% of the care home’s residents use antipsychotics, a 46% reduction. Creekside landing intends to continue its efforts in this area, in order to keep momentum going.

“The reduction of the use of antipsychotics will be an on-going initiative.” reports Noreen. “We are all working as a team to reduce polypharmacy, and to really focus on quality of life rather than a medically focused approach.”

Hawthorne Seniors Care Community, Port Coquitlam

Hawthorne Seniors Care Community ("Hawthorne") has been the leader in senior care in the community of Port Coquitlam for over five decades. The campus of care offers both complex care, assisted living, and adult day programs, and cares for over 130 residents. The Hawthorne Lodge has 75 care spaces for seniors with varying degrees of cognitive impairment and supports 6 spaces for residents requiring peritoneal dialysis. Hawthorne's Dementia Cottages have 56 care spaces and caters to residents with moderate to severe dementia care needs.

Margaret Ezzet, Director of Resident Services, reports that Hawthorne began looking at its use of antipsychotics beginning in September 2013. The care home was invited to participate in the first wave of the CLeAR initiative, an invitation that they welcomed because of their high proportion of residents with moderate to severe dementia.

As part of their reduction initiative, the Hawthorne team set a goal of consistent and timely medication reviews. While the medications of all residents are reviewed every 6 months, antipsychotics are targeted for review every 3 months. This goal is supported by Hawthorne's use of electronic charting, which enables them to have accurate and timely information regarding medication use and its effects. Furthermore, residents are also discussed at weekly interdisciplinary huddles and during monthly rounds with the Geriatric Psychiatrist.

Hawthorne also decided to invest in additional training and education to support workers to provide person-centered care and to better manage behavioural and psychological symptoms of dementia (BPSD). Margaret notes that this has a been a particularly important piece of Hawthorne's antipsychotics reduction initiative because of the care home's special dementia care cottages, where all residents have at least moderate dementia and workers are often more isolated than in traditional care environments.

As a result, Hawthorne has provided some staff with P.I.E.C.E.S.™ training, as well as investing in having two of their care team certified as GPA trainers. These GPA trainers are working on rolling out training to the entire care team, starting with those staff working in the special care unit and

About

Hawthorne has been the leader in senior care in the community of Port Coquitlam for over five decades. The campus of care offers both complex care, assisted living, and adult day programs. The Hawthorne Lodge has 75 care spaces for seniors with varying degrees of cognitive impairment, and also supports 6 spaces for residents requiring peritoneal dialysis. Hawthorne's Dementia Cottages have 56 care spaces and cater to residents with moderate to severe dementia care needs.

Location

2111 Hawthorne Ave,
Port Coquitlam, BC

"Clients who have dementia with BPSD do better with very individualized care, access to outdoors, and the opportunity to participate in meaningful, therapeutic recreation."

- Margaret Ezzet, Director of Resident Services

the dementia care cottages. Hawthorne also makes a point to take advantage of any educational opportunities being provide externally, such as training through the Health Authority or SafeCare BC, for example.

Margaret recounts that the Hawthorne team has been very receptive to education on antipsychotics.

"Once you explain to them that the antipsychotic isn't really treating the behaviour, it's just making us feel better, that's when it really clicks" says Margaret. "We also find it useful to provide education reviews and updates every few months to keep the information fresh and top-of mind."

Another area of focus has been on the provision of alternative therapies, including aromatherapy, music and recreation, as well as pet therapy. Margaret explains that their residents seem to respond very positively to robotic pets; the care home invested in two robotic cats, which are an affordable way to provide residents with companionship. Hawthorne also received a donation of an extremely life-like doll, which Margaret explains has been a great comfort for many residents.

Margaret is also frank about the challenges of providing person-centred care to highly acute residents in the current system.

"Clients who have dementia with BPSD do better with very individualized care, access to outdoors, and the opportunity to participate in meaningful, therapeutic recreation," explains Margaret. "This requires a higher staff level and mix than most care homes are able to provide under current funding."

Despite these system level challenges, Hawthorne's team is making headway against the potentially inappropriate use of antipsychotics. According to CIHI data, the care home has reduced its potentially inappropriate use by 21% over three years, down from 31.1% in 2013 to 26.8% in 2016.

More broadly, Hawthorne has also made progress with respect to polypharmacy. The percentage of residents who are receiving 9 or more medication is just 24%, well below the health authority target of 48%.

Margaret reports that Hawthorne will be continuing their practice of timely medication reviews and adjustment with a

Resources

- GPA and P.I.E.C.E.S.™ Training
- SafeCare BC Training & Education
- Robotic Pets

Best Practices

- Participating in Polypharmacy reduction initiatives, including CLeAR, and the FHA Polypharmacy Reduction Initiative;
- Person-Centred Care Approach
- Staff Education and Training on managing responsive behaviours and providing person-centred care
- Quarterly Antipsychotic medication reviews
- Electronic Charting and Data Tracking
- Recreation, Music & Pet Therapy
- Multisensory Therapy (Snoezelen therapy)

Results

21% Reduction

in the potentially inappropriate use of antipsychotics

27% Use

of antipsychotic on without a diagnosis of dementia as of 2016/17

view to having only those medications that are absolutely necessary. Hawthorne's view is that persistence is key, as the resident population changes frequently and many residents moving in from acute care settings are being prescribed antipsychotic medications. Hawthorne will also be seeking sustainable ways to continue staff education, in order to strengthen the knowledge base of their care team.

SECTION 4: CONCLUSION

Concerns regarding the use of antipsychotic medications in people with dementia have been well documented over the last two decades. Antipsychotic medications, which were originally developed for use in people with schizophrenia or psychosis, are often prescribed to manage the behavioural and psychological symptoms of dementia (BPSD). However, evidence demonstrates that their effectiveness for managing BPSD is limited, and there are serious adverse events associated with their use, including an increased risk of falls, infections, stroke and even death in people with dementia.

Responding to these concerns, the health care experts have developed many best practice guides, as well as undertaken several large-scale initiatives to limit the use of antipsychotics in long term care. Many care providers, including BCCPA members, have made use of these resources and participated in these initiatives.

Despite the significant awareness and work being done in this regard, there is widespread variation in the rate of antipsychotic use in long care homes that cannot be explained by resident characteristics alone. Rather it appears that the organizational culture of care homes, physician prescribing practices, and other numerous factors play a determinative role. As such, the excessive use of antipsychotics to treat people with BPSD in long term care continues to be identified as a key action area for improvement.

In order to improve quality of life for seniors living in care and to ensure the appropriate use of antipsychotics, the BCCPA's Quality Committee has developed this renewed best practice guide. Recognizing that many antipsychotic guidelines and resources are often difficult to translate into practice at the care home level, this guide focuses on reporting successful strategies and resources, as well as highlighting challenges and lessons learned. Ten critical themes are identified in the guide, including:

1. **Leadership Commitment is Fundamental:** leadership teams must support antipsychotic reduction initiatives by creating an environment that supports success. This will include implementing specific policies and procedures, providing additional education and training where necessary and giving staff the autonomy to be the primary drivers behind the work. It will also mean being flexible when strategies are not working and changing tactics until solutions are found.
2. **Changes in Practice must be Embedded in Culture:** the new practices must be embedded in and consistent with the organization's culture. The organizational culture must take a person-centred approach and view responsive behaviours through the lens of unmet needs;
3. **Care Planning as an Interdisciplinary Team:** the interdisciplinary care team must work together to proactively manage behaviours by addressing the resident's unmet needs. This team will at various points need to include the care staff, recreation team, as well as the resident themselves and their family members.
4. **Physicians and Pharmacists as Partners in Care:** physicians and pharmacists must be integrated into the care home's interdisciplinary team approach and must be kept abreast of alternative

approaches to address behaviours that in the past may have been managed through medication. Medical professionals also have a responsibility to be up to date on the latest research regarding antipsychotics and polypharmacy more broadly.

5. **Staff Training & Education to Manage Responsive Behaviours:** to effectively reduce the use of antipsychotics, care team staff must have the education and training to know when antipsychotic use is not appropriate and the alternative approaches that can be used to manage the behavioral and psychological symptoms of dementia.
6. **Alternative Therapies, Activities & Recreation provide meaning**: complex behaviours that have traditionally been labeled as challenging are often the result of unmet needs. Alternative therapies can be used to manage pain and other physical symptoms, while activities and recreation provide meaning, purpose, and reduce boredom. These approaches should be tailored to the resident's interests, and be appropriate for the person's skills and abilities.
7. **Collaborating with External Partners:** Antipsychotic reductions initiatives are more effective when done in collaboration with external partners. These collaborations support the exchange of best practices, successful strategies and innovative approaches to address challenges. Partnerships may be formal or informal.
8. **Reducing and Eliminating Antipsychotics Consistently:** the use of antipsychotics requires regular review and where possible medications should be eliminated or kept to minimal doses. Reduction efforts must be continuous as new residents enter the care home and as their medical and psychological conditions progress.
9. **Using Data to Inform Decisions:** Accurate tracking of antipsychotic medications is essential for understanding medication trends within care homes and for identifying cases where the use is potentially inappropriate. Care homes must work continuously to ensure that their coding is accurate and up to date.
10. **Sharing Progress and Celebrating Success**: As with any quality improvement initiative, it is important to communicate progress to the entire team and to celebrate successes. A variety of measures can be used to indicate success, including organization wide-statistics, individual success stories and feedback from families.

The BCCPA is confident that if the best practices and approaches identified in this guide are implemented, it will assist a diverse range of stakeholders to address the use of antipsychotics among seniors in care. It is also encouraging to note for care providers at the beginning of their quality improvement journey, choosing any one of these critical elements will start you down the pathway towards ensuring the appropriate use of antipsychotics at your care home.

Ensuring the appropriate use of antipsychotics is just one component of the Quality Committee's mandate. The Committee is deeply committed to ensuring a high quality of life for all seniors living in care. In order to further this cause, the Committee is working to develop a framework for defining quality of life, as well as identifying key initiatives and collaborations that make improvements in this regard. The BCCPA invites you, the reader, to become a part of this vision, and to work with the BCCPA to ensure that seniors in B.C. have access to the highest quality, safest care possible.

SECTION 5: RESOURCES AND REFERENCES

Resources

CULTURE CHANGE TOOLS

- BC Patient Safety & Quality Council's *Culture Change Toolbox*
  www.bcpsqc.ca/blog/knowledge/culture-change-toolbox/

STAFF TRAINING & EDUCATION

- P.I.E.C.E.S Training
  www.pieceslearning.com
- G.P.A. Training
  www.ageinc.ca
- SafeCare BC Training on Violence Prevention and Dementia Care
  www.safecarebc.ca
- Provincial Violence Prevention E-Learning Modules
  www.heabc.bc.ca
- Teepa Snow
  www.teepasnow.com/
- Alzheimer Society of BC
  www.alzheimer.ca/
- DementiAbility
  www.dementiability.com/

ENSURING THE APPROPRIATE USE OF ANTIPSYCHTOICS

- BC Patient Safety & Quality Council, BPSD Algorithm
  www.bcbpsd.ca/
- CLeAR's *Guide for Success: CLeAR Driver Diagram, An Introduction*
  www.bcpsqc.ca//documents/2013/06/Driver-Diagram-with-Cover-FINAL.pdf
- Choosing Wisely Canada's *When Psychosis Isn't the Diagnosis. A Toolkit for Reducing Inappropriate Use of Antipsychotics in Long Term Care*
  www.choosingwiselycanada.org/perspective/antipsychotics-toolkit/
- Deprescribing Network's *Antipsychotic Deprescribing Algorithm*
  www.open-pharmacy-research.ca/wordpress/wp-content/uploads/antipsychotic-deprescribing-algorithm.pdf
- Antipsychotic drug prescription for patients with dementia in long-term care: A practice guideline for physicians and caregivers. Supplement 1.
  www.ncbi.nlm.nih.gov/pmc/articles/PMC4582430/

- Interior Health's *Accommodating and Managing Responsive Behaviours, PIECES-ABC Tool*
  www.interiorhealth.ca/sites/Partners/SeniorsCare/DementiaPathway/MiddleDementiaPhase/Documents/PIECES-ABCtool.pdf

- MedStopper BETA
  www.medstopper.com/

CARE PLANNING TOOLS

- Divisions of Family Practice's Dementia Trajectory Tool for Practitioners
  www.divisionsbc.ca/CMSMedia/WebPageRevisions/PageRev-12297/SNO%20Dementia%20Trajectory_PROOF.pdf

- Dementia Observation Systems (DOS) tool
  http://bcbpsd.ca/docs/part-1/Dementia%20Observational%20System%20(DOS)%20Tool%20Provincial%20BPSD%20algorithm.pdf

- Changes in Health End-Stage Disease, Signs and Symptoms (CHESS) Scale
  www.interrai.org/assets/files/Scales/CHESS%20Scale.pdf

- Supporting Palliative Care Indicators Tool (SPICT)
  http://www.spict.org.uk/

- iPAL
  https://ipalapp.com/

COMMUNICATION TOOLS

- SBAR: A Shared Structure for Effective Team Communication. An Implementation Toolkit.
  http://www.uhn.ca/TorontoRehab/Education/SBAR#toolkit

CODING MEDICATIONS

- Alberta Health. RAI-MDS 2.0 Quality Indicator Interpretation Guide.
  http://www.health.alberta.ca/documents/CC-CIHI-RAI-Guide-2015.pdf

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