



AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
<p>Reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across BC by 15% from baseline by December 31, 2023.</p>	<p><b>1</b> Resident Care Planning for Quality of Life and Safety</p>	<ul style="list-style-type: none"><li>» Expand “care team” definition to include family, caregivers and all multi-disciplinary team members</li><li>» Implement team communication tools for consistent care approach and delivery of person-centred care</li><li>» Work with staff to develop, implement and evaluate effective person-centred, individualized care plans</li></ul>
	<p><b>2</b> Appropriate antipsychotic use in Long-Term Care Homes</p>	<ul style="list-style-type: none"><li>» Reduced use of antipsychotics: regular dose and PRN</li><li>» Improved medication needs assessments, prescribing and medication review processes</li><li>» Communication with care team and caregivers prior to decision to start new medication</li></ul>
	<p><b>3</b> Best practice management for residents with BPSD</p>	<ul style="list-style-type: none"><li>» Use BPSD Algorithm and Guidelines</li><li>» Non-pharmacological interventions tested and reviewed before starting antipsychotics</li><li>» Use alternative communication and care delivery strategies to reduce BPSD</li><li>» Involve family and caregivers in learning about residents and best responses to reduce distressed reactions</li></ul>
	<p><b>4</b> Culture: Enhance Teamwork and Communication in Workplace and Workflow</p>	<ul style="list-style-type: none"><li>» Develop and support an environment of respectful communication, teamwork and learning from mistakes</li><li>» Support sharing and communication between team members</li><li>» Implement Administrative Leadership Walkarounds</li></ul>

PRIMARY DRIVER

SECONDARY DRIVERS

CHANGE IDEAS

1

**Resident Care Planning for Quality of Life and Safety**

**Expand “care team” definition to include family, caregivers and all multi-disciplinary team members**

Record, communicate and follow-up on observations from all levels of staff, family and caregivers:

- » Develop multi-disciplinary resident care planning sessions
- » Ongoing family or caregiver involvement in behaviour interpretation and devising approaches for residents with BPSD, care planning and care reviews

**Implement team communication tools for consistent care approach and delivery of person-centred care**

Enhanced access to/reference to care plan by all staff

Daily “huddles” to address resident distressed reactions/ focus on more immediate outcome improvements

Post visual cues (e.g. laminated cards) at points of care delivery to remind all team members about successful approaches to comfort and reduce stress for resident

**Work with staff to develop, implement and evaluate effective person-centred, individualized care plans**

Implement the use of standardized, evidence-based tools to assess and monitor behaviours

- » Implement targeted daily checklists to record triggers and distressed reactions for a resident exhibiting BPSD

Use a defined process to share assessment findings and person-centred care plan with all care team members

Develop strategies to ensure that all care team staff access person-centered individualized care plan on a daily basis

Embed meaningful resident measurement and improvement strategies into care delivery and post results for all to view



# 2

## Appropriate Antipsychotic Use in Long-Term Care Homes

**Reduced use of antipsychotics: regular dose and PRN**

Use antipsychotic medications only if appropriate and following recurrent assessment

Antipsychotic medications will be considered only after non-pharmacological strategies have been trialed and reviewed<sup>1</sup>

**Improved medication needs assessments, prescribing and medication review processes**

Enhance multi-disciplinary medication review processes:

- » Assessment/medication reviews following subtle (episodic) changes in behaviours or condition
- » Implement monitoring and reviewing tools following recognition of changes in behaviour or medication initiation
- » Medication reconciliation on admission and with each transition
- » Best practice/enhanced review every 6 months and with RAI updates

Reduce number of medications (pill burden):

- » Introduce Shared Care Polypharmacy Initiative Clinical Algorithm and Anti-psychotics Drug Advisory Sheet
- » Introduce BC BPSD Guidelines and Algorithm

Educate Family Practitioners and Nurse Practitioners on prescribing:

- » Host meetings to learn/share about antipsychotic reduction and BPSD algorithm as practice support tool

**Communication with care team and caregivers prior to decision to start new medication**

Appropriate assessment processes including resident, family/caregiver and multi-disciplinary team members

- » Introduce BPSD guideline and algorithm
- » Build standardized BPSD guideline and algorithm tools into assessment/review processes
- » Implement multi-disciplinary team meetings
- » Implement focused Team Huddles on units
- » Include patient/family in care planning and medication use discussions
- » Timely referral to, and consultation with, mental health team

Discuss, obtain and record consent for use or changes of antipsychotic medications with family and caregivers



<sup>1</sup> Except in situations of significant risk or distress: <http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>

# 3

## Best Practice Management for Residents with BPSD

Use BPSD algorithm and guidelines

Use a defined and organized approach for assessment and care planning for older adults with dementia-related behaviour:

- » Introduce and implement the BPSD algorithm as the basis for BPSD recognition and assessment of each resident in care.

Non-pharmacological interventions tested and reviewed before starting antipsychotics

Include non-pharmacological strategies in person-centred care plans for all residents with dementia

- » Develop a process for trialing therapies and evaluating effectiveness for each resident

Use alternative communication and care delivery strategies to reduce BPSD

Adopt an assessment model and BPSD algorithm process to support reduction of distressed reactions to care

Involve family and caregivers in learning about residents and best responses to reduce distressed reactions

Work with family and care team to plan person-centred responses to BPSD during care delivery and document in care plan

- » Develop a collaborative process to involve family/caregivers and direct care staff to recognize and interpret potential trigger events
- » Develop plan for coping strategies for trigger events/situations
- » Develop a defined process to share assessment findings from all family/caregivers and care team members and include responses in care plan

Enhanced education about dementia and BPSD for all staff

- » Include residents/families/caregivers in education opportunities at site about dementia and BPSD

Enhanced education on using a standardized, person-centred approach to care delivery for all staff interacting with residents



# 4

## Culture: Enhance Teamwork and Communication in Workplace and Workflow

Develop and support an environment of respectful communication, teamwork and learning at the site

BPSD awareness and skills training for all new staff at orientation and repeat on ongoing basis

- » Yearly educational plan and monitoring of performance of all staff
- » Accessible package of electronic references, including BPSD e-Learning resources, and other research-based references for ongoing staff education
- » Explore how to survey (or use existing survey results) teamwork and communication to identify areas for improvement

Use the Culture Toolbox as a guide and reference for staff to:

Support sharing and communication between team members

Provide feedback to staff on the strategies used to reduce BPSD to staff

- » Practice scenarios with care team that improve helpful responses and the use of care principles to reduce BPSD
- » Identify local champions who can support staff around daily care challenges

Support staff and share learning through a “debrief” following incidents with harm associated with BPSD

Implement administrative leadership walkarounds

Have leadership spend time with front-line staff, residents and families to hear about issues and concerns on the unit

Create time for staff to discuss care issues with leader

