



Health Quality Ontario Long-Term Care Antipsychotics

Best Practices

Updated on October 02, 2017

“Insanity is doing things the way we’ve always done them and expecting different results.”

Albert Einstein

[Percentage of long-term care home residents without psychosis on antipsychotics in the last 7 days](http://indicatorlibrary.hqontario.ca/indicator/Detailed/Antipsychotic-Medication-Use/EN) [<http://indicatorlibrary.hqontario.ca/indicator/Detailed/Antipsychotic-Medication-Use/EN>] is a priority indicator for the QIP. This indicator measures the percentage of long-term care home residents without psychosis using antipsychotic medication. A lower percentage is better. In [Ontario](http://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance/Antipsychotic-Medication-Use/) [<http://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance/Antipsychotic-Medication-Use/>] 22.9% of long-term care residents not living with psychosis were given antipsychotic medications during 2015/2016.

Below are evidence informed best practices for reducing the percentage of potentially inappropriate prescribing of antipsychotics in long-term care. Evidence-informed best practices are based on quality evidence, they can optimize outcomes and should be implemented into practice where possible. They are graded according to [Type of Evidence](http://qualitycompass.hqontario.ca/Documents/EN/QualityCompassLevelsofEvidence.pdf) [<http://qualitycompass.hqontario.ca/Documents/EN/QualityCompassLevelsofEvidence.pdf>].

To help you move from best evidence to best practice you can join the [Long-Term Care Community of Practice](https://quorum.hqontario.ca/en/Home/Community/Groups/Activity/groupid/35) [<https://quorum.hqontario.ca/en/Home/Community/Groups/Activity/groupid/35>] hosted by Health Quality Ontario, or refer to the report [Looking for Balance: Antipsychotic medication use in Ontario long-term care homes](http://www.hqontario.ca/System-Performance/Specialized-Reports/Antipsychotic-Medication-Report/) [<http://www.hqontario.ca/System-Performance/Specialized-Reports/Antipsychotic-Medication-Report/>], or browse the interactive table below for a quick summary of how to improve on potentially inappropriate antipsychotic use.

EVIDENCE-INFORMED BEST PRACTICES

Education, Training and Assessment

Evidence-Informed Best Practice	Change Ideas	Toolbox

<p>Staff Education</p>	<ul style="list-style-type: none"> • Use Academic detailing paired with Audit and Feedback interventions for staff educational outreach • Use Behavioural Education and Training Supports Inventory (BETS) to develop a plan • Tailored education for all staff (e.g., direct care, support, leadership) for the following topics: <ul style="list-style-type: none"> • All behaviour has meaning • Signs, symptoms, and prognosis of different types of dementia • Impact of behaviors on families • Non-pharmacological management approaches (P.I.E.C.E.S.™) • Differentiating delirium, dementia, depression (3Ds) • Best practices for communication, bathing, dressing, oral care, dining, pain management • Verbal/non-verbal supportive de-escalation strategies • Impact of environment, noise, and sleep issues • Train staff in communication and conflict de-escalation techniques to avoid frustrating residents (e.g., <i>maintaining good eye contact, asking simple, one-sentence questions</i>) • Make non-drug alternatives available 	<ul style="list-style-type: none"> • BrainXchange's Behavioural Education and Training Supports Inventory (BETS) [http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Behavioural-Education-and-Training-Supports-Invent.aspx] • Centre for Effective Practice Long-Term Care Academic Detailing Service [https://effectivepractice.org/resources/lc-academic-detailing-service-2015-2017/] • Iowa Geriatric Education Center Improving Antipsychotic Appropriateness in Dementia Patients IA – ADAPT [https://igec.uiowa.edu/ia-adapt/] • HQO's Responsive Behaviours Poster [http://www.hqontario.ca/portals/0/Documents/qi/rf-poster-responsive-behaviours-en.pdf] • HQO's Responsive Behaviours Change Table and Worksheet [http://www.hqontario.ca/portals/0/Documents/qi/rf-change-table-responsive-behaviours-en.pdf] • HQO's Long-Term Care Practice Reports [http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Long-Term-Care] • RPNAC's Interactive e-learning modules on Dementia De-Escalation [https://www.rpnao.org/practice-education/e-learning/de-escalation] • I.E.C.E.S Kingston Standardized Behavioural Assessment [http://nebula.wsimg.com/16559a382ab29464be57bc2802f99cd7?AccessKeyId=954A289F7CD F75707C10&disposition=0&alloworigin=1] • Choosing Wisely Canada When Psychosis Isn't the Diagnosis [https://choosingwiselycanada.org/perspective/antipsychotics-toolkit/]
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Resident and Caregiver Education	<ul style="list-style-type: none"> Engage residents and families to inform them of the following areas related to responsive behaviours: <ul style="list-style-type: none"> All behaviour has meaning Triggers, risks, prevention, and impact of environment and noise Home's restraint policy Home's philosophy of care Effective communication Palliative/end-of-life care planning Support groups To treat their relative like an adult, encourage autonomy whenever possible and respect their decisions Whenever possible, communicate in the language most comfortable for the resident and their family Use effective communication strategies in all interactions (e.g., <i>approach from front, speak at eye level, address by name, simple words, short phrases and gentle calm tone, minimize noise and distractions, give time to respond, suggest words, avoid "baby/elder talk"</i>) Involve residents and families in care planning and give families a copy of the plan Ask families for feedback and ideas for improvement 	<ul style="list-style-type: none"> CAMH Handbook Understanding Psychiatric Medications Antipsychotics [http://www.camh.ca/en/education/about/camh_publications/Documents/Flat_PDFs/upm_antipsychotics.pdf] Centre for Effective Practice A Guide to Antipsychotics for Residents, Families and Caregivers [https://thewellhealth.ca/wp-content/uploads/2016/12/GuideforResidentsFamiliesCaregivers-2016.pdf] Centre for Effective Practice's Use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia (BPSD) Discussion Guide [https://thewellhealth.ca/wp-content/uploads/2016/05/UseofAntipsychotics_LTC2016-2.pdf] Choosing Wisely Canada Dementia and Antipsychotics [https://choosingwiselycanada.org/antipsychotic-for-disruptive-behaviour-dementia/] CPSI's Medication Education Take with Questions [http://www.patientsafetyinstitute.ca/en/Events/cpsw/Pages/Take-with-Questions.aspx]
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Regularly Review Resident Behaviour and Needs

Evidence-Informed Best Practice	Change Ideas	Toolbox
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<p>Perform comprehensive interdisciplinary assessments at various points in time</p>	<ul style="list-style-type: none"> • Perform a comprehensive interdisciplinary assessment upon admission to a long-term care home including: <ul style="list-style-type: none"> • Life history (interests, preferences, routines) • Medical and Mental Health history • Behavioural history and assessment using the Dementia Observation System (DOS) • Medication reconciliation • Triggers • Sleep Patterns • Degree of risk to self and others • Language abilities • Social and family supports • Create a 24-hour Admission Care Plan. Share the admission information and care plan with all staff 	<ul style="list-style-type: none"> • P.I.E.C.E.S Aids and Toolkits [http://pieceslearning.com/job-aids/] • The Dementia Observational System Tool (DOS) [http://bcbpsd.ca/docs/part-1/Dementia%20Observational%20System%20(DOS)%20Tool%20Provincial%20BPSD%20algorithm.pdf] is used to measure and track behaviours. The DOS helps determine if behaviours have responded to medications/ interventions.
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<p>Measure the resident's behavioural impairment</p>	<ul style="list-style-type: none"> • On a regular basis review the resident's needs as well as their behaviours • Create standardized risk assessment algorithm for situations of escalating behaviour • Review each behavioural episode • Reduce environmental triggers: reduce noise, harsh lighting, colour and signage, environments for ideal hearing and vision. • Create a home like environment 	<ul style="list-style-type: none"> • Kingston Standardized Behavioural Assessment Administration and Interpretation Manual [http://www.providencecare.ca/wp-content/uploads/2016/10/KS-BA-Administration-and-Interpretation-Manual.pdf] • P.I.E.C.E.S three question job aid [http://pieceslearning.com/job-aids/] • Dementia Observational System Tool (DOS) [http://bcbpsd.ca/docs/part-1/Dementia%20Observational%20System%20(DOS)%20Tool%20Provincial%20BPSD%20algorithm.pdf] • Functional Assessment Staging Test [http://www.mccare.com/pdf/support/product/fast_Overview.pdf] • Mini Mental State Exam [http://www.veterans.gc.ca/eng/forms/document/171] • Confusion Assessment Method [https://www.viha.ca/NR/rdonlyres/6121360B-B90F-4EF3-88F6-D50CC4825EE7/0/camshortform.pdf]
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Communication Best Practices for Dementia

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Utilize best practices for prescribing and communicating</p>	<ul style="list-style-type: none"> • Avoid antipsychotics unless there is an indication of a psychotic condition • Engage staff to help develop philosophy of care (e.g., personalized, creative, flexible, supports retained abilities, preserves dignity and personhood, responsive to resident preferences and prior routines, engages family) • Train staff as Responsive Behaviour Champions and trainers • Train Dementia Observation System (DOS) Champions on units • Create tip sheets for different staff 	<ul style="list-style-type: none"> • Choosing Wisely Canada: Less Sedatives for your Older Relatives https://choosingwiselycanada.org/perspective/benzos-hospital-toolkit/ • Choosing Wisely Canada: Treating disruptive Behaviours in People with Dementia: Antipsychotics drugs are usually not the best choice https://choosingwiselycanada.org/antipsychotic-for-disruptive-behaviour-dementia/ • Choosing Wisely Canada When Psychosis Isn't the Diagnosis https://choosingwiselycanada.org/perspective/antipsychotics-toolkit/ • HQO's Long-Term Care Practice Reports http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Long-Term-Care/ • Iowa Geriatric Education Centre Improving Antipsychotic Appropriateness in Dementia Patients IA-ADAPT https://igec.uiowa.edu/ia-adapt/

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Measurement

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“While all changes do not lead to improvement, all improvement requires change”

Institute for Healthcare Improvement

How do we know if a change is an improvement? Measurement is a critical step in QI to assess the impact of a change. Quality indicators are used in the QIPs to measure how well something is performing. There are three types of quality indicators used to measure QI efforts:

- **Outcome Indicators:** capture clinical outcomes and or system performance,
- **Process Indicators:** track the processes that measure whether the system is working as planned, and
- **Balancing Indicators:** ensure that changing one part of the system does not cause new problems in another.

Indicator	Percentage of long-term care home residents without psychosis on antipsychotics in the last 7 days [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Antipsychotic-Medication-Use/EN/]
Topic	Ageing
Quality Dimension	Effective, Patient-centred, Safe
Type of Indicator	Process
Measure	Percentage (%)
Data Source	Continuing Care Reporting System [https://www.cihi.ca/en/continuing-care-metadata] (CCRS)
Data Collection Instrument	Collected by the Canadian Institute of Health Information (CIHI)
How to Calculate	<p>The indicator is calculated using 4 rolling quarters of data and summing the number of residents that meet the inclusion criteria for the target quarter and each of the previous 3 fiscal quarters for both the numerator and denominator.</p> <p>$(\text{Sum of Numerator} / \text{Sum of Denominator}) \times 100$</p> <p>Numerator: # LTC home residents in a fiscal quarter who used antipsychotic medication on 1+ days in the 7 days before their resident assessment</p> <p>Denominator: # LTC home residents in a fiscal quarter with a valid resident assessment (excluding those with schizophrenia, Huntington's, hallucinations or delusions, and end-stage disease or in hospice care)</p> <p>See the Indicator Library [http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Antipsychotic-Medication-Use/EN/] for specifics on calculating this indicator.</p>
Target	Lower is better (set by individual institutions)
Range	0 – 100%
HQO Reporting Tool	Practice reports (audit/feedback), Public reporting, Quality Improvement Plans (QIPs)

This data can be presented using [Run Charts \[http://qualitycompass.hqontario.ca/Documents/EN/Interpreting%20Run%20Charts.pdf\]](http://qualitycompass.hqontario.ca/Documents/EN/Interpreting%20Run%20Charts.pdf) to track improvement over time. To read more about general measurement in QI refer to [Measurement for Quality Improvement \[http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf\]](http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf) or the [QI Getting Started Section \[http://qualitycompass.hqontario.ca/portal/getting-started#.WZVhL1F96Uk\]](http://qualitycompass.hqontario.ca/portal/getting-started#.WZVhL1F96Uk).

Tools & Resources

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Health Quality Ontario's Tools and Resources

- Choosing Wisely Canada [Long Term Care Resources](https://choosingwiselycanada.org/long-term-care/) [https://choosingwiselycanada.org/long-term-care/]
 - [Treating Disruptive Behaviour in People with Dementia: Antipsychotics not the best choice](https://choosingwiselycanada.org/antipsychotic-for-disruptive-behaviour-dementia/) [https://choosingwiselycanada.org/antipsychotic-for-disruptive-behaviour-dementia/]
 - [When Psychosis Isn't the Diagnosis Toolkit](https://choosingwiselycanada.org/perspective/antipsychotics-toolkit/) [https://choosingwiselycanada.org/perspective/antipsychotics-toolkit/]
 - [Less Sedatives for Your Older Relatives](https://choosingwiselycanada.org/perspective/benzos-hospital-toolkit/) [https://choosingwiselycanada.org/perspective/benzos-hospital-toolkit/]
- Health Quality Ontario's [Residents First Responsive Behaviours Change Table](http://www.hqontario.ca/portals/0/Documents/qi/rf-change-table-responsive-behaviours-en.pdf) [http://www.hqontario.ca/portals/0/Documents/qi/rf-change-table-responsive-behaviours-en.pdf]
- Health Quality Ontario's [Residents First Responsive Behaviours Poster](http://www.hqontario.ca/portals/0/Documents/qi/rf-poster-responsive-behaviours-en.pdf) [http://www.hqontario.ca/portals/0/Documents/qi/rf-poster-responsive-behaviours-en.pdf]
- Health Quality Ontario's Antipsychotic Medication Report [Looking for Balance](http://www.hqontario.ca/System-Performance/Specialized-Reports/Antipsychotic-Medication-Report) [http://www.hqontario.ca/System-Performance/Specialized-Reports/Antipsychotic-Medication-Report]
- Health Quality Ontario's [Long-Term Care Practice Reports](http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Long-Term-Care) [http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Long-Term-Care]
- Health Quality Ontario's Report on [Insights into Quality Improvement in Long-Term Care](http://www.hqontario.ca/Portals/0/documents/qi/qip/qip-ltc-insights-improvement-2016-2017-en.pdf) [http://www.hqontario.ca/Portals/0/documents/qi/qip/qip-ltc-insights-improvement-2016-2017-en.pdf]

Other Tools and Resources

- BrainXchange's Resources and Information on [Drugs](http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Drugs.aspx) [http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Drugs.aspx] (specifically antipsychotics)
- BrainXchange's Presentation on [Antipsychotic Drug Therapy in Older Adults](https://vimeo.com/130327627) [https://vimeo.com/130327627] (by Dr. Paula Rochon)
- Centre for Effective Practice's [Long-Term Care Academic Detailing Services](https://effectivepractice.org/resources/ltc-academic-detailing-service-2015-2017/) [https://effectivepractice.org/resources/ltc-academic-detailing-service-2015-2017/]
- Centre for Effective Practice's [Antipsychotics and Dementia](https://thewellhealth.ca/dementia) [https://thewellhealth.ca/dementia]
- CFHI's [Antipsychotic Reduction Collaborative](http://www.cfhi-fcass.ca/WhatWeDo/reducing-antipsychotic-medication-use-collaborative) [http://www.cfhi-fcass.ca/WhatWeDo/reducing-antipsychotic-medication-use-collaborative]
- Institute for Healthcare Improvement's [Antipsychotic Reduction Collaborative](http://www.cfhi-fcass.ca/WhatWeDo/reducing-antipsychotic-medication-use-collaborative) [http://www.cfhi-fcass.ca/WhatWeDo/reducing-antipsychotic-medication-use-collaborative]
- Iowa Geriatric Education Centre – [IA ADAPT \(Improving Antipsychotic Appropriateness in Dementia Patients\)](https://igec.uiowa.edu/ia-adapt) [https://igec.uiowa.edu/ia-adapt]
- RNAO's [Long-Term Care Best Practices Program](http://mao.ca/bpg/initiatives/longterm-care-best-practices-initiative) [http://mao.ca/bpg/initiatives/longterm-care-best-practices-initiative]
- RNAO's [Long-Term Care Best Practices Toolkit](http://ltctoolkit.mao.ca/) [http://ltctoolkit.mao.ca/]
- P.I.E.C.E.S [Kingston Standardized Behavioural Assessment](http://nebula.wsimg.com/16559a382ab29464be57bc2802f99cd7?AccessKeyId=954A289F7CDF75707C10&disposition=0&alloworigin=1) [http://nebula.wsimg.com/16559a382ab29464be57bc2802f99cd7?AccessKeyId=954A289F7CDF75707C10&disposition=0&alloworigin=1]
- P.I.E.C.E.S [3 Question Template](http://pieceslearning.com/wp-content/uploads/2016/02/PIECES_Laminate_Nov_09.pdf) [http://pieceslearning.com/wp-content/uploads/2016/02/PIECES_Laminate_Nov_09.pdf]

Background

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"Dementia affects the family as much as the person living with the disease. It is critical that we respond to the needs of both patient and caregiver".

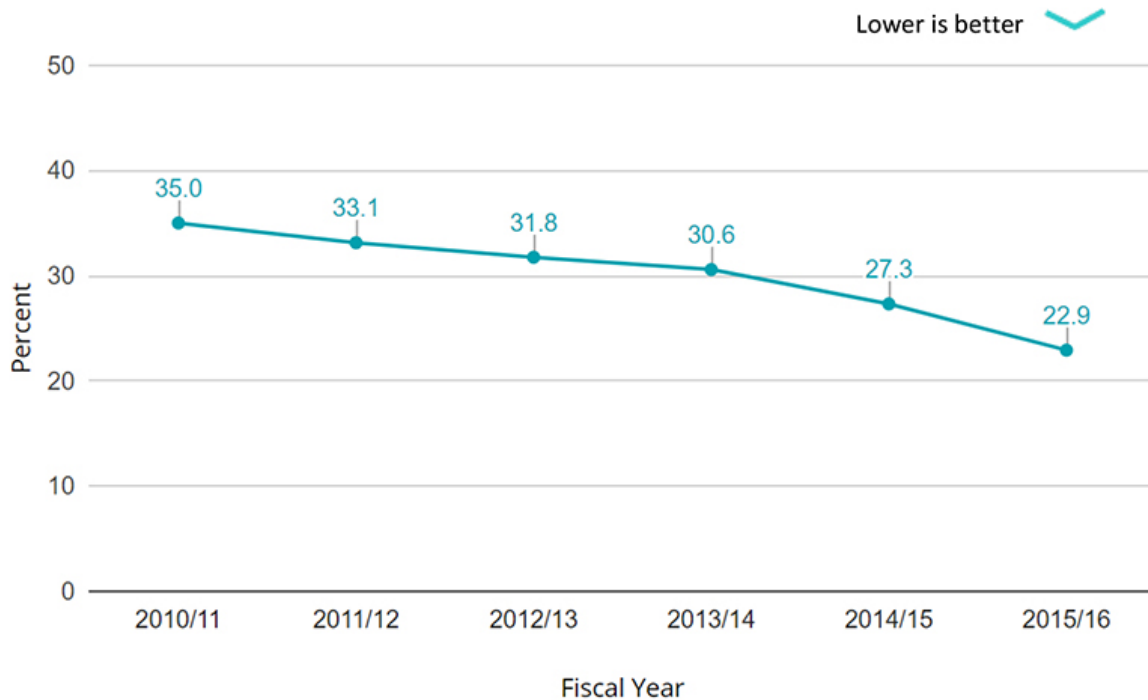
Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care

Issue

For some residents of Ontario's long-term care homes, antipsychotic medications improve quality of life and reduce suffering. But for others, these drugs may bring more risks than benefits. Antipsychotic medications are often used to treat psychosis, a term used to describe the hallucinations and other behaviours that frequently occur in people with conditions such as schizophrenia and bipolar disorder. These medications may also be effective at relieving symptoms such as agitation and aggression, and can improve quality of life in people with dementia (Herrmann et al, 2001; HQO, 2015; Jeste et al., 2008; Steinberg & Lyketsos, 2012).

In Ontario the long-term care sector has made significant progress in reducing potentially inappropriate antipsychotic use across the province. The performance on this indicator has improved over the last six years from 35% in 2010/2011 to 22.9% in 2015/16.

Figure 1: Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications, in Ontario, 2010/11 to 2015/16



However there is wide variation in the proportion of residents using an antipsychotic medication across long-term care homes, from no residents in some to more than 50% in others. To view the percentages of long-term care home residents not living with psychosis who were given antipsychotic medications in individual homes use the interactive graph in [System Performance \[http://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance/Antipsychotic-Medication-Use\]](http://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance/Antipsychotic-Medication-Use).

Call to Action

Antipsychotics are often prescribed to reduce responsive behaviours which are related to a resident's condition, situation or environment. Responsive behaviours include wandering, resistance to care, or behaviours that are verbally abusive, physically abusive, socially inappropriate or disruptive causing stress or harm to themselves, other residents, caregivers and staff.

However, antipsychotics are not the only way to reduce such behaviours, the change ideas outlined in the "[Best Practices](http://qualitycompass.hqontario.ca/portal/long-term-care/Antipsychotics#.WcFcUsiGOUk) [<http://qualitycompass.hqontario.ca/portal/long-term-care/Antipsychotics#.WcFcUsiGOUk>]" tab can help address the root causes of this issue.

The overall percentage of residents in Ontario using an antipsychotic medication has decreased over the past six years, which is a favourable trend. However, the substantial variation across regions and long-term care homes highlights the challenges for system-wide improvement.

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