# Appropriate Use of Antipsychotics in Long–Term Care

# Improvement Guide

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| **Long-Term Care Home** |  |
| **Number of Beds** |   |
| **Project Lead Name and Title** |  |
| **Executive Sponsor** |  |
| **Date** |  |

**AUA IN LTC IMPROVEMENT GUIDE INSTRUCTIONS**

For this action series, we will use the following Appropriate Use of Antipsychotics in Long-Term Care (AUA in LTC) Improvement Guide as the framework to support your team’s improvement efforts towards the appropriate use of antipsychotics in your LTC home. The self-assessment results will provide you with the information needed to utilize this guide. Many of the sections are pre-populated and include templates and examples to develop your aim statement, life improvement ideas, measurement plan and monthly workplan. Working through this improvement guide will help you and your team outline what you are hoping to achieve throughout the action series. We will review your responses and provide support at coaching calls.

**AUA IN LTC ACTION SERIES TEAM**

Convene a team and empower them with the time, resources and accountability to help lead your AUA in LTC improvement efforts during the action series. The team should include people with diverse skills, professional backgrounds, cultures and perspectives to promote shared understanding of the opportunity for improvement[[1]](#footnote-2).

Your AUA in LTC Action Series team may also play a dual role on your Interdisciplinary Team supporting medication management for behavioural and psychological symptoms of dementia (BPSD).

**Action Series Team**

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| **Name** | **Role/Responsibility** |
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**BC PROBLEM STATEMENT**

Reducing the use of antipsychotics when administered (potentially) inappropriately for behavioral and psychological symptoms of dementia (BPSD) within long-term care homes is a complex but critically important endeavor. Antipsychotic medications play a crucial role in managing symptoms of certain disorders, however, their use in LTC settings, particularly among elderly people with dementia, can cause unnecessary harm when not used appropriately.

BC’s Q1 2024 Canadian Institute for Health Information (CIHI) unadjusted rates of administering antipsychotic medication to LTC residents without a diagnosis of psychosis remain were 27.7%, above the national average, 22.7%. Due to many circumstances, these rates have been continuously increasing since 20191. The Ministry of Health’s 25/26 performance target for this indicator is 18%.

**LTC HOME PROBLEM STATEMENT**

Expand on the overarching problem statement above to describe the problem specific to your LTC home regarding the appropriate use of antipsychotics:

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**YOUR CURRENT RATES**

What is your current rate for potentially inappropriate use of antipsychotics without a diagnosis? If you are having difficulty finding your current rate, reach out to us at longtermcare@healthqualitybc.ca.

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SET A GOAL: What is your target rate for potentially inappropriate use of antipsychotics without a diagnosis by September 2025?

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**AUA IN LTC SELF-ASSESSMENT**

Review your LTC home AUA in LTC Self-Assessment scores and enter them into the table below. Whoever completes the online self-assessment will receive an email with the results that you can transfer to the table below.

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| **Key Element** | **Self-Assessment Score** |
| 1 – Leadership Support |  |
| 2 – Interdisciplinary Team: Supporting BPSD |  |
| 3 – MDS RAI/interRAI Assessments |  |
| 4 – Medication Reviews and Management |  |
| 5 – Care Planning and Documentation |  |
| 6 – Family Engagement |  |
| 7 – Staff Training and Culture |  |
| 8 – Non-Pharmacological Approaches to Care |  |

**PRIORITIZE YOUR KEY ELEMENTS AND LIFE IMPROVEMENT IDEAS**

What life improvement ideas can your care home try based on the AUA in LTC self-assessment results?

Take your lowest three assessment scores from the table above and prioritize what quality of life improvement ideas your care home will focus on during the action series. Discuss with the team what data and information will need to be collected to know if your idea has made an improvement and document this information in the planning notes section. Be sure to use the [AUA in LTC Toolkit](https://healthqualitybc.ca/improve-care/long-term-care/it-starts-with-asking-why-action-series/) where you will find strategies, resources and data collection examples for each key element to help with your improvement journey. Complete the self-assessment minimum every 6 months and repeat the process.

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| **Priority #** | **Self-Assessment Priority Areas** *(based on lowest key element scores from above)* | **Life Improvement Ideas and Planning Notes** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

## AIM STATEMENT

Every LTC home will need to develop an aim statement for their AUA improvement work. Use this worksheet to help you develop your aim statement. Read more about aim statements [here.](https://import.cdn.thinkific.com/624546/courses/2408724/HQBCAimStatements-231011-104306.pdf)

1. **What will improve?** (e.g., improve completion rate of the RAI)

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1. **Where?** (name of your LTC home)

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1. **By how much?** (e.g., by 25%)

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1. **By when?** (end of the AUA in LTC Action Series or September 30, 2025)

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Our Aim Statement (put it all together):

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MEASUREMENT PLAN

How Do We Know We Are Improving?

Measurement is an essential part of improvement. Your data needs to accurately reflect what is happening at the care home level. Measurement informs the team where they need to adjust, provides evidence that supports the case for change and can increase engagement.

Below is an AUA in LTC specific measurement plan which includes the type of measure, operational definition for each measure, frequency of collection, source of data information, who is responsible for collecting, baseline and target measures. This much detail ensures you embed a sustainable approach for ongoing analysis and monitoring. This will be required data collection for the AUA in LTC Action Series. Some data you will be required to submit each month using the data collection survey and some data can be collected from your CIHI indicators with support from your respective health region or HQBC.

Please [**click here**](https://survey.healthqualitybc.ca/surveys/AUA-in-LTC-Action-Series-2025-Data-Collection-Survey) to submit your monthly data collection.

Deadline: last day of each month.

**HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?**

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| **How will we know a Change is an improvement?**  |  |  |
| **Measure** | **Operational Definition** | **Collection Strategy**  | **Baseline** | **Target**  |
| **Outcome Measures** |
| Total # of residents administered antipsychotics | The total number of residents currently being administered antipsychotics with or without a diagnosis. | Clinical Nurse Lead or Designate to enter rates into data collection survey each month from the Medication Administration Record (MAR). |  |  |

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| **Measure**  | **Operational Definition** | **Collection Strategy**  | **Baseline** | **Target**  |
| **Process Measures** |
| # of Pro Re Nata (PRN) antipsychotic medications administered  | The total number of antipsychotics administered via PRN in the home. | Clinical Nurse Lead or Designate to enter PRN dispensation into data collection survey each month from the MAR.  |  |  |
| % of Resident Assessment Instrument (RAI) Assessment Completed | The proportion of total RAI assessments that were completed out of the total number of required assessments. | Quarterly Canadian Institute for Health Information (CIHI) data reports retrieved from respective health region or Health Quality BC (HQBC). |  |  |
| # of responsive behaviour incidents  | Total number of responsive behaviour incidents resulting in levels of harm (3, 4 or 5) or emergency department transfers. | Clinical Nurse Lead or Designate to enter into data collection survey each month from Patient Safety Learning System (PSLS) reports (or respective reporting program used). |  |  |
| # of Resident Related WorkSafeBC Incidents | The total number of WorkSafeBC claims related to a resident interaction at the LTC home. | Clinical Nurse Lead or Designate to enter into data collection survey each month from Worksafe BC reports. |  |  |
| *Insert additional process measure(s) based on your self-assessment* |
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| **Measure** | **Operational Definition** | **Collection Strategy**  | **Baseline** | **Target**  |
| **Balancing Measures** |
| # of falls  | Reportable incidents of falls with injury per month. | Clinical Nurse Lead or Designate to enter # of falls into data collection survey each month from the respective LTC home reporting program used.  |  |  |
| # of emergency physical restraints | Reportable incidents of emergency use of physical restraints per month.  | Clinical Nurse Lead or Designate to enter # of emergency physical restraints used into data collection survey each month from the respective LTC home reporting program used. |  |  |
| Hours of direct care provided per resident day (HPRD) | A measure of staffing levels based on the average number of hours of direct care provided per day in LTC. Direct care hours are ‘first-level’, ‘hands-on’ care provided by registered nurses, health care assistants and allied care providers, such as occupational therapists or dietitians. | Manager, Director of Care or Designate to enter HPRD into data collection survey each month.  |  |  |
| *Insert additional balancing measure(s) based on your self-assessment* |
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MONTHLY WORKPLAN

As a team, use this template to develop a monthly workplan based on your prioritized life improvement ideas. To support accountability and moving the ideas forward, it is important to document a plan with manageable pieces of work, this includes timelines with clear roles and responsibilities for who will do what. Designate someone to update this each month during your huddles.

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| **Milestones/Deliverables** | **Start Date** | **Completion Date** | **Roles/Responsibilities** | **Achievements** |
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COMMON ACRONYMS DEFINED

AUA: Appropriate Use of Antipsychotics

BPSD: Behavioural and psychological symptoms of dementia

CIHI: Canadian Institute for Health Information

HQBC: Health Quality BC

HPRD: Hours of direct care provided per resident day

LTC: Long-Term Care

MDS: Minimum Data Set

MAR: Medication Administration Record

PRN: Pro Re Nata

PSLS: Patient Safety Learning System

RAI: Resident Assessment Instrument

1. Quality Improvement Workshop Workbook. Healthcare Excellence Canada and Health Quality BC. October 2, 2024. [↑](#footnote-ref-2)