



Learning Webinar 2: Interdisciplinary Team Approaches Supporting AUA in LTC

At the second learning webinar of the AUA in LTC Action Series, we engaged in a panel discussion with a diverse group of care providers from across the province. They shared how to lean into the strengths of interdisciplinary team members to support the appropriate use of antipsychotics in long-term care.

WHO DID WE HEAR FROM?

We want to extend our heartfelt thanks to our panelists! They are prioritizing the appropriate use of antipsychotics in each of their care homes, and beyond. April Price, from Health Quality BC facilitated the panelists below:

Johanna McMillan & Sara Smith, The Cascades LTC Home - Fraser Health
Greg Andreas, Family Medicine - Interior Health
Kailee MacIsaac, Pharmacy - Northern Health
Bryan Chow, Geriatric Psychiatry - Vancouver Coastal

WHAT KEY MESSAGES CAME UP?

Connection

- The importance of consistent and regular team meetings with core team members who know the residents.
- Be curious and ask what matters to the residents and staff.
- Meet people where they are in their AUA journey and allow space to learn along the way.
- Build AUA conversations into existing structures – do you already meet at a safety huddle, or team rounds? These are great places to incorporate discussions on which residents may benefit from a review of their antipsychotics.

Communication

- It's great if the physician can attend regular team meetings, and many do, but if it's not possible, a consistent liaison between the team and the physician is important.
- Utilize your pharmacy supports to help navigate medication review discussions.
- Rely on multiple means of communication and use clear documentation to help tell the story of changes in a resident's behaviours as they move through their dementia journey. Physician Engagement Tool - Coming soon!

Education

- Education, tools and resources that are easily accessible and practical help to lay the foundation of appropriate antipsychotic use.
- Include residents and families in education strategies and interventions they can incorporate to understand and manage behaviours of their loved ones. This gives both staff and families confidence to be able to support nonpharmacological approaches to manage behaviours.



CHECK OUT THE FOLLOWING RESOURCES!

Access the full pdf version of the [AUA in LTC Toolkit](#) and check out the following resources under Key Element 2: [Interdisciplinary Team - Supporting Medication Management for BPSD](#)

- [Interdisciplinary Team Roles and Responsibilities](#)
- [Interdisciplinary Team Referral Form](#)
- [Care Conference Cheat Sheet-What Matters to You](#)
- [Example of Chemical Restraint Prescribing Algorithm](#)

WHAT QUESTIONS CAME UP DURING THE WEBINAR?

Q: How do we engage physicians in our AUA in LTC work?

- What holds us back – fear – we don't want to cause harm and for staff to have to deal with situations – in the [AUA in LTC Toolkit](#), Key Element 7: Staff Training and Culture has a link to practice scenarios for teams to try.
- Survey the staff – generic staff survey template, coming soon as a resource in the toolkit!
- Balance the risk – explore deprescribing but have a plan if things don't go as anticipated. Being thoughtful and forward thinking – put a mitigation plan in place. Have your interdisciplinary team review what symptoms the antipsychotic might be treating, e.g. is there an unmet need the resident is experiencing (pain, insomnia) so we aren't just deprescribing, but actually treating things more appropriately. Using tools like a Dementia Observational System (DOS) or pain scoring to get a better understanding of when these behaviors are happening and what the cause may be. This provides prescribers with something they can actually treat, which is easier than getting them to manage something as vague as wandering or behaviour.
- Talk about the stories of the residents – review Key Element 7 and 8 in the [AUA in LTC Toolkit](#) for strategies and resources.

Q: How do we involve health care aides and build their confidence in nonpharmacological approaches to managing behaviours?

- Involve health care aides in education and team rounds when possible – they are often the ones building relationships with the care staff.
- All staff need to feel valued. Ask them about the residents, let them know they are seen and there is someone listening. Ensure care aides are included in education - UFirst is a great program to enhance health care aid education on BPSD and approaches to care.

[View the full recording here!](#)