



## IT STARTS WITH ASKING WHY

Appropriate Use of Antipsychotics in Long-Term Care

## SELF-ASSESSMENT RESOURCE

This Action Series centres on a toolkit, based around eight key elements that will help your LTC home identify strengths and opportunities focusing on the appropriate use of antipsychotics, and improve the quality of life for the residents, family and staff who live and work there. Your care home starts with completing an AUA self-assessment, which will help you prioritize quality of life improvements to try and test, then collect data to understand if you have made an improvement and, finally, implement your ideas based on that information.

This resource is a summary of the self-assessment questions that you can share with your team to discuss before completing the online version. The person who completes the online version of the self-assessment will receive an email copy of the results. These results will help your team prioritize actions towards the appropriate use of antipsychotics to manage behaviours. The goal is to identify improvements that your care home can then embed as sustainable practices in your day-to-day operations to reduce unnecessary medications in a safe manner, when appropriate, and to monitor your progress every six months.

If you have specific questions about the AUA in LTC self-assessment, please contact us at [longtermcare@healthqualitybc.ca](mailto:longtermcare@healthqualitybc.ca).

### AUA IN LTC TOOLKIT STEPS



## SELF-ASSESSMENT QUESTIONS

You will be asked to rate each question on the following scale:

1 – **Never** – 0% of the time

4 – **Sometimes** – 41-60% of the time

2 – **Almost Never** – 1-20% of the time

5 – **Often** – 61-80% of the time

3 – **Rarely** – 21-40% of the time

6 – **Almost Always** – 81-100% of the time

KEY ELEMENT	SELF-ASSESSMENT QUESTIONS
1 – Leadership Support	Leadership at all levels prioritize improving the appropriate use of antipsychotics at your LTC home.
2 – Interdisciplinary Team – supporting medication management for BPSD	LTC home has an active Interdisciplinary Team who supports medication management for residents with Behavioural and Psychological Symptoms of Dementia (BPSD).
	LTC home has a Clinical Nurse Leader(s) or designate with allocated time in their role to coordinate efforts towards the appropriate use of antipsychotics.
3 – MDS RAI/interRAI Assessments	Clear processes are established to ensure timely and accurate MDS-RAI/interRAI assessments are completed for each resident on a quarterly basis.
4 – Medication Reviews and Management	LTC home has a standardized behaviour tracking process established to review and document all residents on antipsychotics without a diagnosis <b>within 6 weeks of admission</b> .
	Once a resident is stable, LTC home has a standardized behaviour tracking process established to review and document all residents on antipsychotics without a diagnosis on a <b>quarterly basis</b> .
5 – Care Planning and Documentation	Upon admission, clear processes are in place to include family and caregivers with developing and updating a care plan that best prevents or responds to distressed reactions and triggers. All residents have an effective person-centered, individualized care plan that is updated on a quarterly basis.
6 – Family Engagement	Families and caregivers are provided education on dementia care and risks of using antipsychotics.
	LTC home has a process in place to ensure informed consent is received by resident or substitute when antipsychotic medications are used as part of a health care treatment.
7 – Staff Training and Culture	All staff who interact with residents receive onboarding and ongoing education for person-centered approach to care delivery (e.g. DementiAbility, GPA, PIECES, UFirst, Palliative Care approach).
	All staff who interact with residents embed person-centered approaches to care delivery into daily practice and workplace culture.
8 – Non-Pharmacological Approaches to Care	All staff are trained to know that non-pharmacological interventions are best practice to managing behaviours and the use of medications to manage specific behaviours, (e.g. extreme aggressiveness, agitation) are used as a last resort, and only to be considered when all other interventions have been exhausted and a clinical assessment rules out remedying other possible causes (e.g. pain, discomfort, urinary tract infection, delirium).
	All staff support, model and prioritize non-pharmacological interventions before using medications to manage behaviours.