

management in relation to antipsychotic use.

Anecdotal reporting from staff provides additional insight into the various benefits offered during the MMC service including:

- More meaningful interactions and engagement from residents with staff.
- Significant reductions in incidences of drowsiness, improved night-time sleep quality, increased mobility, fewer falls, increased appetite and enjoyment from food when residents' antipsychotic medication doses were reduced and/or ceased.
- Strengthening of existing non-pharmacological interventions, developing and documenting a comprehensive review process when an antipsychotic medication is prescribed, and monitoring for signs of ineffectiveness and adverse effects.
- Seeing value in developing a tailored and new antipsychotic procedure with a sustainability plan to ensure the processes continue to be implemented after the consultancy ends.

Lessons from the work

DTA knows that there is a greater acceptance for any changes to practice when all key stakeholders, including senior management, are involved in the MMC process. At Ananda Aged Care, the Action Group included staff in senior roles, which provided organisational support to drive and lead onsite quality improvement and practice change.

A major quality improvement outcome achieved for Ananda Care included the development of site-specific antipsychotic management procedures. These ensured a systematic process was in place that aligned to the evidence-based, best-practice recommendations and included collaborative development to represent the thoughts and ideas from a diverse range of participants within the Action Group. Learnings from Ananda

Aged Care's success has influenced DTA's recommendations regarding selection of Action Group participants and will further shape future improvements in the way DTA supports organisations through sustainable change processes.

Conclusion

Supporting Ananda Aged Care throughout the MMC process has led to benefits for both staff and residents. The MMC process has demonstrated improved staff knowledge of antipsychotic use, as well as reduction in prescribed antipsychotics for residents. We congratulate the organisation on its ongoing dedication in delivering what matters most to people living with dementia and its success at making such a difference at these facilities. ■

Reference

Brown D, Westbury J (2016) Assessing Health Practitioner Knowledge of Appropriate Psychotropic Medication Use in Nursing Homes: Validation of the Older Age Psychotropic Quiz. *Journal of Gerontological Nursing*. 42(9) 21-27.

More information

Dementia Training Australia offers the Medication Management Consultancy Service alongside a range of other consultancies and educational services through Tailored Training Packages (TTPs), which are designed to bring about sustainable change within organisations to improve the wellbeing of people living with dementia and the staff who care for them. For more information about improving the use of antipsychotic medications used to support people living with dementia, visit the DTA website www.dta.com.au or phone (02) 4221 5555 to request a call-back from a DTA consultant.



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Kavita Saini, Clinical Nurse at Ananda Aged Care, Findon, reflects on the benefits of the DTA Medication Management Consultancy



Action Group Findon members, Workforce Development Manager Michael Page (far left), Kavita Saini (at back), Daniel Sim (far right), Huong Thi Diem Nguyen (kneeling) and Pradeep Chandran Ramachandran Nair (inset)

Ananda Aged Care partnered with Dementia Training Australia (DTA) from March 2019 until June 2020 to receive expert training via a Tailored Training Package (TTP) for its staff. One part of the TTP was a Medication Management Consultancy (MMC), which started in August 2019 and ran to June 2020. The main objective for Ananda was to understand the use of antipsychotic medication in the context of responsive behaviours due to unmet needs in our residents living with dementia.

Champions for change

Two separate groups of four staff at each site (known as the Action Group) were involved as champions for change. I was a member of Findon's Action Group, along with another clinical nurse, a registered nurse and a personal care worker who had been a pharmacist in India and was an asset to the team for his knowledge and ability to

communicate learnings to the care team. We met with the DTA consultants via regular Zoom meetings to discuss our plan of management and the outcomes. DTA also provided helpful resources, including quick reference cards and posters for each home.

Prior to the program, Ananda was using various strategies to support people with responsive behaviours, including our own approach called 'Follow the Five' which asks staff to first check whether any of five unmet needs (pain, under/over stimulation, continence needs, hunger/thirst, and repositioning) could be prompting the behaviour. Following this, staff consult with the resident's representatives, the GP, then the on-call manager prior to administering any pro re nata (PRN, as required) antipsychotic medications. We also involve Dementia Support Australia (DSA) for additional support and review if required.

The Ananda angle

Positive results

Before 2018 (when Ananda invested significantly in dementia education and training for staff) it was not uncommon for care staff to ask nurses to use medication to 'manage' residents with dementia, especially if a person was agitated or vocally disruptive. On reflection, following the DTA-led change management process, we feel we have had great success: now at Findon we have no residents with PRN antipsychotic medication prescribed.

Working together with GPs and residents' representatives we have also reduced the use of regular antipsychotic medication among residents. One example involves a situation where we advocated with a GP. Initially the GP was not willing to review his client's antipsychotic medication, but after we put into practice some strategies to aid communication within the multidisciplinary team, the GP agreed with the benefit of reducing the medication dosage. He said later that he was very impressed with the amount of work our facility was doing with the MMC.

During the COVID-19 pandemic concern has been that care home residents may be more likely to be prescribed antipsychotic medication in response to increased emotional distress due to social isolation and lockdowns. However, our experience has been that we have managed to further reduce antipsychotic medication use during COVID-19 with no adverse effects or increased incidents of responsive behaviour.

Assessing pain

In January 2020, we introduced PainChek® artificial intelligence app technology to help assess pain

in residents unable to verbalise this to staff. We consulted with GPs and commenced regular PainChek® assessments for residents with cognitive impairment: three times a day in fact. PainChek® is a validated assessment tool which is best used post-movement and, in our experience, is superior to standard pain assessment charts. It gives us more opportunities to assess a person's pain very precisely, especially with its ability to detect pain by scanning a resident's face. In July 2020 our staff carried out almost 1600 pain assessments using PainChek®.

The daughter-in-law of one resident is a pharmacist and was very satisfied to know that her mother-in-law has

been de-prescribed antipsychotic drugs successfully. The resident had a history of calling out – she also used to do this when she was living at home. We sought advice from Dementia Support Australia (DSA) who provided a series of recommendations. Staff introduced a range of strategies and the resident's vocally disruptive behaviours reduced significantly, allowing de-prescription. Now, in retrospect, it seems likely that this woman had been experiencing hallucinations as a result of medication side-effects.

Conclusion

The MMC did not just benefit nursing staff: care staff are also now more aware of the importance of non-pharmacological interventions

to give quality care to our residents with responsive behaviour. They proactively look for signs of unmet needs and respond accordingly, using an individualised plan of care.

The MMC was a very rewarding and helpful process. Yet the MMC and overall TTP is not a one-off project – it is an ongoing work in progress, especially when new residents arrive with an antipsychotic prescription in place. The MMC has equipped us with the skills and knowledge to continue to review our residents for optimal medication management in order to improve the quality of care we deliver. ■

Acknowledgments

All staff at Ananda Aged Care who have taken part in this process, especially Action Group Findon: Kavita Saini, Daniel Sim, Huong Thi Diem Nguyen, Pradeep Chandran Ramachandran Nair; and Action Group Hope Valley: Karen Steer, Taffy Nyanhemwa, Karamjit Sekhon, Belinda Cavaioulo.

Ananda Aged Care and the DTA TTP

Ananda Aged Care is a family-run organisation of two homes in Adelaide, South Australia. Ananda Findon is a 67-bed home which includes Rose Wing, an eight-bed Memory Support Unit (MSU) for female residents. Ananda Hope Valley, purpose-built in 2004, is a one-level 137-bed home with several attractive gardens and outside courtyard spaces. It has a 19-bed capacity MSU, Derwent Wing, which was substantially refurbished in 2018.

Both the MSUs were locked units until December 2018. Since then, their doors are now open during the daytime and shut at 5pm to promote a quiet environment until breakfast time.

Both homes attract a high proportion of residents from Culturally and Linguistically Diverse (CALD) communities, in particular the Italian and Greek communities.

Following the appointment of Michael Page as Ananda's Resident Focused Care Advocate, the organisation partnered with DTA to carry out a one-year Tailored Training Package (TTP) for staff. Due to the COVID-19 pandemic, the consultancy extended from March 2019 to June 2020 and in that time Ananda benefited from

expert advice and training which included:

- Access to a suite of online dementia education for all staff chosen by Ananda management.
- Access to materials for Michael Page to use for workshop training for six one-hour units.
- A Responsive Behaviours Consultancy which ran for eight weeks (March to June 2019) for one hour via video conference with DTA as part of a 'lead and learn' program. Outcomes included: improved confidence of staff in supporting responsive behaviours; continuous improvements reflecting best practice dementia care at both homes; and a reduction in antipsychotic use and other forms of restraint.
- Access to and use of the DTA's assessment tool to assist cost-effective improvements to the environment (known as BEAT-D).
- The Medication Management Consultancy which ran from August 2019 until June 2020 at both sites.

The TTP has previously been reported on in two *AJDC* articles (*A New Standard of Care*, *AJDC* 8(4), Aug/Sept 2019 and *Opening the Doors on a New Standard of Care* (*AJDC* 8(5), Oct/Nov 2019).