



**Healthcare Excellence Canada**

**Appropriate Use of  
Antipsychotics in Long Term  
Care Toolbox**

**2024**



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# 1. Introduction

Every year, more than 78,000 people in Canada aged 65 and older are newly diagnosed with dementia and often prescribed antipsychotic medications in an attempt to manage responsive behaviours. The Canadian Institute for Health Information (CIHI) has suggested that up to 1 in 4 residents in long-term care homes are taking potentially inappropriate antipsychotics (2022). While rates were declining, the COVID-19 pandemic exacerbated the issue, causing rates to rise.

There are dangers associated with antipsychotic use, including increased risk of falls and fractures, strokes, cardiovascular events and even death. However, non-pharmacological approaches to address responsive behaviours can be used to reduce the risks associated with antipsychotic use for people with dementia.

The Appropriate Use of Antipsychotics (AUA) approach focuses on leveraging person-centered approaches to care as a means to deprescribe antipsychotics that no longer benefit and potentially cause harm for people living with dementia. Research shows this can improve the person's quality of life and safety, providers' work-life balance, and family and care partners' satisfaction.

The foundation of the AUA approach is providing a supportive care environment for the person with dementia; getting to know them and tailoring care to their habits and preferences. By regularly investigating possible causes for their responsive behaviours, those providing care can try to resolve any unmet needs they may have. Such person-centred care is usually the most successful way to decrease or stop responsive behaviours.

## 2. Purpose of the Toolbox

From the environmental scan, various tools, resources, information, and guidelines have been compiled into an interactive toolbox designed to support healthcare providers, residents, care teams, and long-term care (LTC) leadership in implementing optimal use of antipsychotics in dementia treatment and LTC settings.

The purpose of this toolbox is to support both care providers and those receiving care in understanding the benefits, risks, options, and alternatives when it comes to the use of antipsychotics in managing the behavioral and psychological symptoms of dementia, and empower parties to make informed decisions. The resources included range from studies and reports that illustrate the landscape of AUA in dementia care, to specific tools and algorithms for use in deprescribing processes. All parties involved in shaping dementia care in LTC homes and the treatment experiences for people with dementia will find something relevant and informative to their role within this toolbox. Great effort was taken to develop a toolbox that would be a valuable addition to existing compilations of AUA resources.

*Disclaimer: Please note that the links provided may change, move, or become inactive over time, and they are not regularly monitored. We cannot guarantee the continued accuracy or availability of these external resources.*

### 3. Methodology

The environmental scan looked to identify existing resources, information, tools, best practices, and evidence-based guidelines related to the appropriate use of antipsychotics in dementia treatment and LTC settings.

The search for literature was guided by the following key search terms:

- “Appropriate use of antipsychotics”;
- “Antipsychotics”;
- “Long-term care”;
- “LTC”;
- “Dementia”;
- “Behavioural & psychological symptoms of dementia”;
- “BPSD”;
- “Deprescribing”;
- “Deprescribing interventions”;
- “Person-centered care”;
- “Quality improvement”;
- “Cultural safety”;
- “Pharmacist guidelines”;
- “Pharmacy guidelines”; and
- “Prescriber engagement”.

These search terms were selected because they represent the main concepts reflected within the range of subject matter that is captured within the inclusion criteria listed below. Sources that addressed any of the listed inclusion criteria were considered eligible for inclusion in the database. While AUA-specific material was prioritized, the review also includes non-AUA resources that offer comprehensive, detailed, and evidence-based approaches to dementia care.

The scan process began with a hand search of the following organizations using various combinations of the above search terms within each organization's website search function: Canadian Association for Long Term Care; Canadian Medical Association; Canadian Nurses Association; Canadian Geriatrics Society; Canadian Society for Long Term Care Medicine; Choosing Wisely Canada; Canadian Deprescribing Network; Alzheimer Society of Canada; Canadian Institute for Health Information.

A general google search utilizing a range of combinations of the above listed search terms was undertaken as well as targeted website browsing of Canadian provincial and territorial government websites.

Searches were not limited to Canada, although Canadian resources were prioritized. International sources were included where deemed valuable and relevant to multiple simultaneous inclusion criteria categories.

A preliminary title and abstract review excluded articles beyond the stated scope and those meeting any of the listed exclusion criteria. The snowballing technique of reviewing references, citations, and key linked resources was employed to guide the direction of this scan once a sufficient collection of relevant sources was identified

Although peer-reviewed research and academic articles are included, the search prioritized identification of accessible, user-friendly guidelines, documentation, tools, and resources.

### 3.1. Inclusion Criteria:

- Appropriate use of antipsychotics;
- Dementia / Behavioural and Psychological Symptoms of Dementia (BPSD);
- Polypharmacy or general deprescribing interventions that specifically include antipsychotics;
- Guidelines / clinical standards mentioning antipsychotics;
- Non-pharmacological interventions / person-centred care for dementia;
- Approaches to Quality Improvement implementation / implementation science;
- Approaches to cultural safety in LTC related to person-centred care;
- Lessons learned on person-centred care and deprescribing during COVID-19 outbreaks/crisis (but minimal resources on this);
- Focused on AUA for older adults in congregate care/ institutionalized care settings / clinical settings;
- Pharmacy/pharmacist related clinical guidelines supporting AUA / deprescribing;
- Bilingual resources; and
- Team building / engagement (in particular relating to engaging prescribers).

### 3.2. Exclusion Criteria:

- Non-AUA general deprescribing / polypharmacy resources;
- Private / for-profit / trademarked approaches (eg. Some are trademarked as a private approach to be purchased by Meaningful - - Care Matters (MCM)\*\*);
- Publication years prior to 2014, with exception of potential key documents;
- Focused on supporting older adults living in the wider community / aging in place; and
- Not available in English (unless a key French resource).



## 4. How Resources are Categorized in the Toolbox:

The information landscape is complex and with an abundance of sources it can be time consuming to determine what information best meets your needs and where to find it. Categorization helps navigate or browse through collections and search results to quickly find what matters most. This toolbox uses five categories, as a way to acknowledge the many different categories and ways of thinking about information.

- **Audience:** who this resource may be most helpful for, be it leadership, health workers, or residents, family and essential care partners.
- **AUA Approach Component:** the key component in the AUA approach. Each resource has been classified into one or two categories based on the AUA Approach.
- **Focus:** the core subject or primary content of the resource. Each resource has been classified into one or two focus categories.
- **Type:** the type of resource—from case studies and policy documents, to action plans and best practices.
- **Format:** the medium or format that the resource is available in.

### 4.1. Primary Audience

The primary audiences used for categorization include:

- Residents and Patients;
- Leadership;
- Healthcare Providers; and
- Family Members and Essential Care Partners.

## 4.2. AUA Approach

The AUA approach focuses on leveraging person-centred approaches to care as a means to deprescribing antipsychotics that no longer benefit and potentially cause harm for people living with dementia. Research shows this can improve the person's quality of life and safety, providers' work–life balance, and family and care partners' satisfaction.

The AUA approach in practice includes:

- Deprescribe medications as appropriate;
- Collect and monitor data;
- Conduct medication reviews;
- Enhance Supportive Care; and
- Take a full team approach.

### **AUA Approach Component Definitions:**

**Deprescribe:** Applying deprescribing guidelines and implementing person-centred changes to the delivery of care.

**Collect and Monitor Data:** Measuring data including outcome, process, and balancing measures to understand if changes in care have resulted in the desired improvement.

**Conduct Medication Reviews:** The medication review process allows healthcare providers to identify residents who are currently prescribed potentially inappropriate medication and may be candidates for deprescribing.

**Enhance Supportive Care:** Practicing person-centred approaches to care including getting to know the history and preferences of residents and engaging non-pharmacological interventions for responsive behaviours.

**Team Approach:** partnering with interprofessional staff, residents, and families to provide a full team approach towards the goal of deprescribing.

### 4.3. Focus

The different focus categories included are:

- Workforce Experience;
- Resident and Family Essential Care Partners;
- Quality Improvement;
- Prescribers;
- Person-centered Care Approaches and Non-pharm. Interventions; and
- Appropriate Use.

### 4.4. Type

The different type categories included are:

- Tool / Toolkit;
- Standards and Competencies;
- Policy and Clinical Guidelines;
- Guide / Action Plan;
- Framework / Strategy;
- Evidence Base;
- Education / Training;
- Case Study;
- Best Practices and Recommendations; and
- Algorithm / Guidelines.

## 4.5. Format

The different format categories included are:

- Webpage;
- Video;
- Slide Deck;
- Resource Hub;
- Report;
- Interactive Tool / Worksheet;
- Infographic;
- Course / E-Learning;
- Brochure; and
- Article / Paper

## 5. Resources

Resources provided below have been organized by the primary audience.

### 5.1. Residents and Patients

**Alberta Health Services. (2015). Involving Families In Appropriate Use Of Antipsychotics.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-family-engagement.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-family-engagement.pdf)

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Appropriate Use; Resident and Family Essential Care Partners

**Type:** Case Study

**Format:** Brochure

**Available in French:** No

**Summary:** This pamphlet provides guidance for engaging families in the care of residents with dementia, particularly when reducing or discontinuing antipsychotic medications. It offers strategies for addressing common questions and supporting families throughout the process.

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**Alberta Health Services. (2016). Care Planning To Prevent And Manage Responsive Behaviours.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
care-planning.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>care-planning.pdf)

**AUA Approach:** Team Approach; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Intervention; Resident and Family Essential Care Partners

**Type:** Standards and Competencies

**Format:** Brochure

**Available in French:** No

**Summary:** This pamphlet offers guidance on care planning for residents with dementia in long-term care settings, particularly when considering a reduction in antipsychotic medications. It provides strategies for assessing residents' needs, creating individualized care plans, and involving interdisciplinary teams in the planning process.

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**Camille Gagnon, Canadian Medication Appropriateness and Deprescribing Network. (2024). Medications And Memory.**

[https://static1.squarespace.com/static/5836f01fe6f2e1fa62c11f08/t/65ef5cb597fb1d2e81c34391/1710185654181/Medications%2Band%2BMemory\\_Final\\_English.pdf](https://static1.squarespace.com/static/5836f01fe6f2e1fa62c11f08/t/65ef5cb597fb1d2e81c34391/1710185654181/Medications%2Band%2BMemory_Final_English.pdf)

**AUA Approach:** Conduct Medication Reviews

**Focus:** Appropriate Use; Resident and Family Essential Care Partners

**Type:** Education / Training

**Format:** Brochure

**Available in French:** Yes

**Summary:** This patient-facing article presents examples of medications that can affect the brain and memory, including antipsychotics, and offers some questions for patients to ask their health professionals.

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**Deprescribing.org. (2018). Deprescribing: Reducing Medications Safely To Meet Life's Changes.**

[https://deprescribing.org/wp-content/uploads/2018/08/Deprescribing-focus-on-APs\\_v5\\_FINAL\\_CC.pdf](https://deprescribing.org/wp-content/uploads/2018/08/Deprescribing-focus-on-APs_v5_FINAL_CC.pdf)

**AUA Approach:** Deprescribe

**Focus:** Appropriate Use; Prescribers

**Type:** Algorithms and Guidelines

**Format:** Infographic

**Available in French:** Yes

**Summary:** This infographic outlines the importance of deprescribing antipsychotic medications used for behavioral and psychological symptoms of dementia (BPSD) and insomnia, emphasizing the risks associated with long-term use and the need for careful management by healthcare providers. It encourages patients to consult their healthcare providers about the deprescribing algorithm and to access available resources to safely reduce or stop these medication.

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**Deprescribing.org, Ontario Centres for Learning, Research and Innovation in Long-Term Care (OCLRI) and Bruyère. (2024). Getting Involved In Medication Decisions In Long-Term Care (LTC): A Guide For Residents, Families, and Caregivers.**

[https://deprescribing.org/wp-content/uploads/2024/02/Ver-3.1-Getting-Involved-in-Medication-Decisions-with-Logos-Acknowledgement-Feb-2024.pdf?mc\\_cid=493a0dc1e3&mc\\_eid=5d228415f9](https://deprescribing.org/wp-content/uploads/2024/02/Ver-3.1-Getting-Involved-in-Medication-Decisions-with-Logos-Acknowledgement-Feb-2024.pdf?mc_cid=493a0dc1e3&mc_eid=5d228415f9)

**AUA Approach:** Conduct Medication Reviews

**Focus:** Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This short guide offers information to residents, families and caretakers on who to talk to regarding decisions about medication in long-term care (LTC), as well as definition medication reviews and when they should take place.

## 5.2. Leadership

### **Alberta Health Services. (2015). Strengths Analysis Tool.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-facility-strengths.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-facility-strengths.pdf)

**AUA Approach:** Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Appropriate Use

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This resource is a Facility Strengths Assessment Tool developed by the Seniors Health Strategic Clinical Network to evaluate and improve person-centered care in long-term care facilities. It focuses on assessing the environment, staff practices, and processes related to reducing reliance on antipsychotics, promoting quality of life, and implementing person-centered care strategies for seniors, particularly those with dementia

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### **Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Five Key Interventions For Reducing Antipsychotic Use.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-step2.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-step2.pdf)

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Appropriate Use

**Type:** Guide / Action Plan

**Format:** Brochure



**Available in French:** No

**Summary:** This resource outlines five key interventions for reducing antipsychotic use in long-term care facilities, focusing on shifting culture towards more appropriate and person-centered care. The interventions include staff education, regular interprofessional medication reviews, care plan reviews, obtaining family consent, and using measurement tools to track progress and celebrate successes in reducing antipsychotic usage.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Decide On A Starting Point; Gather An Aua Change Team.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-aua-step3.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource outlines the steps for implementing the Appropriate Use of Antipsychotics (AUA) initiative in long-term care facilities, emphasizing the importance of starting with one unit or area and forming a dedicated change team. The team is responsible for conducting monthly medication reviews, educating staff, involving families, and tracking progress, with the goal of reducing antipsychotic use and improving resident care.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Build Awareness Within The AUA Team.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-aua-step4.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource focuses on building awareness within the Appropriate Use of Antipsychotics (AUA) team by encouraging them to learn about the risks, side effects, and alternatives to antipsychotic medications. It provides guidance on utilizing the AUA Toolkit, educational materials, and ongoing learning opportunities to enhance the team's knowledge and facilitate effective care planning for residents with responsive behaviors.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Get The Word Out At Your Site.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-aua-step5.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource provides guidance on effectively communicating the importance of reducing antipsychotic use in long-term care facilities. It emphasizes the need to inform and engage staff, residents, and families by explaining the reasons for change, outlining the benefits, and using appropriate communication channels to ensure the message is heard and understood.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Build Awareness Within The Facility Or Unit.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-step6.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-step6.pdf)

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource focuses on building awareness within long-term care facilities about the appropriate use of antipsychotics. It encourages staff to address underlying causes of responsive behaviors rather than relying on medication, provides guidance on when antipsychotics are appropriate, and offers tools for educating staff and families about the risks and alternatives to these medications.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Create Desire Within The Care Team.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-step7.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-step7.pdf)

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource focuses on creating motivation within care teams to reduce antipsychotic use by sharing success stories and positive outcomes from other facilities. It encourages staff to start with easy wins, observe improvements as antipsychotics are reduced, and share these successes to build confidence and support for using fewer medications.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Overcome Resistance To Change On Your Unit.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-step8.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-step8.pdf)

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource provides strategies for overcoming resistance to reducing antipsychotic use in long-term care facilities. It emphasizes listening to concerns, offering choices, and starting with “easy wins” to build confidence. It also highlights the importance of sharing success stories and making it easier to implement change than to maintain the status quo.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Develop Knowledge Within The Care Team In The Five Key Areas.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aia-step9.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aia-step9.pdf)

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource outlines five key areas for developing knowledge within care teams to support the reduction and discontinuation of antipsychotics in long-term care residents. It emphasizes the importance of staff education, regular medication and care plan reviews, family involvement, and using measurement tools to track and celebrate progress in improving resident care and reducing antipsychotic use.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Enhance The Medication Review Process.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aua-step10.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aua-step10.pdf)

**AUA Approach:** Team Approach and Conduct Medication Reviews

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource provides detailed guidance on enhancing the medication review process in long-term care facilities to reduce and discontinue antipsychotic use. It outlines strategies for organizing effective interprofessional review meetings, involving family members in decision-making, and tracking progress to improve resident care and reduce reliance on antipsychotic medications.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Foster The Ability Of The Care Team And Facility To Provide Person-Centred Alternatives To Antipsychotics.**

[https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-  
aua-step11.pdf](https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-<br/>aua-step11.pdf)

**AUA Approach:** Team Approach; Enhance Supportive Care

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource emphasizes the importance of developing the care team's ability to provide person-centered alternatives to antipsychotics in long-term care facilities. It highlights strategies for enhancing staff education, creating supportive care environments, and fostering consistent caregiver relationships to reduce antipsychotic use and improve the quality of life for residents with dementia.

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**Alberta Health Services (Seniors Health Strategic Clinical Network). (2014). Reinforce Change Within Your Unit, Facility And Organization.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-aa-a-step12.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This resource outlines strategies for sustaining and reinforcing the reduction of antipsychotic use in long-term care facilities. It emphasizes building accountability systems, continuous staff education, celebrating successes, and involving all levels of the organization to maintain low antipsychotic use and improve resident quality of life.

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**Amer Kaissi, Regina Q'Appelle Health Region & Canadian Policy Network. (2012). A Roadmap for Trust: Enhancing Physician Engagement.**

[https://drive.google.com/file/d/1gm3ycpbykAJ\\_nSpzJFBg7N8aJTmZ3ifl/view?usp=drive\\_link](https://drive.google.com/file/d/1gm3ycpbykAJ_nSpzJFBg7N8aJTmZ3ifl/view?usp=drive_link)

**AUA Approach:** Team Approach

**Focus:** Workforce Experience

**Type:** Framework / Strategy

**Format:** Report

**Available in French:** No

**Summary:** The report focuses on strategies to foster physician engagement, highlighting its importance in improving organizational performance, satisfaction, and patient outcomes. It emphasizes the need for clear communication, trust-building, and leadership development, presenting frameworks to guide healthcare organizations in better engaging physicians through collaborative decision-making and shared goals.

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**BC Care Providers Association. (2018). A Pathway To Ensuring The Appropriate Use Of Antipsychotics In Continuing Care: Sharing Success Stories From Bccpa Members.**

<https://bccare.ca/wp-content/uploads/2018/04/BCCPA-Antipsychotics-Guide-2018.pdf>

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Appropriate Use; Resident and Family Essential Care Partners

**Type:** Best Practices and Recommendations

**Format:** Report



**Available in French:** No

**Summary:** Building on the 2013 Antipsychotics Best Practice Guide developed by BCCPA, this update guide highlights best practices, resources, and initiatives from Canada and Internationally, as well as real-world examples of care homes that have made changes to their care culture and undertaken specific antipsychotic reduction initiatives.

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**Bruyère Research Institute Deprescribing Research Team. (2019). The Ontario Deprescribing In Long-Term Care Forum June 2019 Report.**

[https://deprescribing.org/wp-content/uploads/2019/11/The-Ontario-Deprescribing-in-LTC-Forum-2019-Report\\_November-27-2019.pdf](https://deprescribing.org/wp-content/uploads/2019/11/The-Ontario-Deprescribing-in-LTC-Forum-2019-Report_November-27-2019.pdf)

**AUA Approach:** Conduct Medication Reviews; Deprescribe

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Framework / Strategy

**Format:** Report

**Available in French:** No

**Summary:** This report details an initiative aimed at reducing polypharmacy and integrating deprescribing practices in long-term care (LTC) homes across Ontario. It outlines the objectives of engaging stakeholders, developing a deprescribing framework, and supporting the uptake of evidence-based tools, culminating in a proposed framework to promote sustainable deprescribing practices in LTC settings.

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## **Cynthia Sinclair. (n.d.). Culture Change & Sustainability Presentation.**

[https://docs.google.com/presentation/d/1CVRBK1H3dYtpv9Xhx8Xr3Kez59HHu7Ot/edit?usp=drive\\_link&ouid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/presentation/d/1CVRBK1H3dYtpv9Xhx8Xr3Kez59HHu7Ot/edit?usp=drive_link&ouid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Team Approach

**Focus:** Workforce Experience

**Type:** Best Practices and Recommendations

**Format:** Slide Deck

**Available in French:** No

**Summary:** The presentation discusses the challenges of changing workplace culture and emphasizes that culture cannot be changed directly but through shifts in behavior, leadership, communication, and organizational systems. It highlights the importance of focusing on small, critical behavioral shifts, leveraging existing strengths, and integrating both formal and informal interventions to create sustainable cultural change.

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## **Cynthia Sinclair. (n.d.). Culture Change & Sustainability Case Study.**

[https://docs.google.com/document/d/1GkjqJD6vP6eBSMCRaKc0eMlo3p548BU5/edit?usp=drive\\_link&ouid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/document/d/1GkjqJD6vP6eBSMCRaKc0eMlo3p548BU5/edit?usp=drive_link&ouid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Team Approach

**Focus:** Workforce Experience

**Type:** Case Study

**Format:** Brochure

**Available in French:** No

**Summary:** The case study explores the implementation of “Wobble Rooms” at Sleepy Hollow Personal Care Homes Inc. as a strategy to improve staff well-being and retention. While three homes succeeded due to collaborative leadership, staff engagement, and thoughtful planning, the majority of homes saw limited success due to poor communication, lack of management buy-in, and insufficient consultation with staff, leading to a failure in sustaining the initiative long-term.

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**Cynthia Sinclair. (n.d.). Culture Change: Changing A Negative Workplace Culture.**

[https://docs.google.com/presentation/d/1KnEt8hoPd1S1LDuETTmNWqAeRPvuvyIC/edit?usp=drive\\_link&oid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/presentation/d/1KnEt8hoPd1S1LDuETTmNWqAeRPvuvyIC/edit?usp=drive_link&oid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Team Approach

**Focus:** Workforce Experience

**Type:** Education / Training

**Format:** Slide Deck

**Available in French:** No

**Summary:** The presentation outlines the different types of organizational cultures—constructive, passive/defensive, and aggressive/defensive—each with distinct characteristics. It emphasizes the importance of leadership, small steps, and open communication in shifting from a negative to a positive culture, which ultimately leads to improved employee morale, productivity, and retention.

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**Glenn Simpson, Charlotte Entwistle, Andrea D Short, et al.. (2023).  
A Typology Of Integrated Care Policies In The Care Home Sector: A  
Policy Document Analysis.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989008/pdf/fpubh-11-943351.pdf>

**AUA Approach:** Enhance Supportive Care

**Focus:** Quality Improvement

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** No

**Summary:** This article discusses the development of a typology tool to map integrated long term care home policies and initiatives within a region of England. Authors claim the typology could provide a useful tool for policymakers to identify gaps in the implementation of initiatives within their own areas, while also allowing researchers to evaluate what works most effectively and efficiently in future research based on a comprehensive policy map.

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**Healthcare Excellence Canada (HEC). (2024). Long Term Success  
Tool.**

[https://www.healthcareexcellence.ca/media/tgujvoos/2022\\_longtermsuccesstool\\_en.pdf](https://www.healthcareexcellence.ca/media/tgujvoos/2022_longtermsuccesstool_en.pdf)

**AUA Approach:** Collect and Monitor Data

**Focus:** Quality Improvement

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** Yes

**Summary:** This tool is designed to help teams assess and ensure the sustainability of improvement initiatives by evaluating 12 key factors such as commitment, involvement, leadership, and resources. It encourages teams to reflect, rate their progress, and develop action plans to address both strengths and risks associated with long-term success.

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**Healthcare Excellence Canada (HEC). (2023). Quality Improvement Workbook.**

[https://www.healthcareexcellence.ca/media/zn2fzd1m/20220222\\_foundationsofqiforltc\\_en.pdf](https://www.healthcareexcellence.ca/media/zn2fzd1m/20220222_foundationsofqiforltc_en.pdf)

**AUA Approach:** Team Approach

**Focus:** Quality Improvement

**Type:** Guide / Action Plan

**Format:** Interactive Tool / Worksheet

**Available in French:** Yes

**Summary:** This workbook supports quality improvement in long-term care (LTC) settings, focusing on the appropriate use of antipsychotics (AUA). It provides tools and strategies for reducing unnecessary antipsychotic use through a team-based, data-driven approach involving healthcare providers, residents, families, and caregivers. The workbook guides participants in creating problem and aim statements, forming interdisciplinary teams, measuring outcomes, and planning sustainable changes to enhance care quality.

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**Healthcare Excellence Canada (HEC). (2021). Readiness To Spread Assessment Tool.**

<https://www.healthcareexcellence.ca/en/resources/readiness-to-spread-assessment/>

**AUA Approach:** Team Approach

**Focus:** Quality Improvement

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** Yes

**Summary:** This tool helps leaders and program champions evaluate whether an improvement practice is ready to be expanded across organizations. It guides decision-making processes by highlighting areas that may need further development and preventing premature scaling. The tool can be used to foster discussions that will help teams to set realistic expectations and ensure successful spread of a promising practice without creating unnecessary barriers.

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**Healthcare Excellence Canada (HEC), Choosing Wisely. (2021). Providing The Best Care And Support Through The Appropriate Use Of Antipsychotics For People Living With Dementia: Guidance For Long-Term Care (LTC) Home Leaders.**

<https://www.healthcareexcellence.ca/media/abcmrvqgq/hec-guidance-for-ltc-home-leaders-tool-final.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** Yes

**Summary:** This guide provides long-term care (LTC) home leaders with strategies to improve care and support for people living with dementia through the appropriate use of antipsychotics. It emphasizes a team approach, gathering perspectives, setting goals, providing education, nominating deprescribers, and embedding best practices to reduce unnecessary use of antipsychotics while ensuring the well-being of residents.

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**Healthcare Excellence Canada (HEC) Curriculum Tool. (n.d.).  
Elements of Sustainability.**

[https://docs.google.com/document/d/11es79d0Mfo9ScM3OfOXVgb3V87r3qBAk/edit?usp=drive\\_link&oid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/document/d/11es79d0Mfo9ScM3OfOXVgb3V87r3qBAk/edit?usp=drive_link&oid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Collect and Monitor Data

**Focus:** Workforce Experience

**Type:** Framework / Strategy

**Format:** Brochure

**Available in French:** No

**Summary:** The document outlines key factors necessary for sustaining initiatives at any organizational level, including governance, resource availability, shared leadership, staff engagement, and clear communication. It emphasizes integrating interventions into existing processes, ongoing education, patient and family engagement, and regular monitoring to ensure long-term success.

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**Health Quality BC, BC Patient Safety & Quality Council (BCPSQC). (2020). CLeAR - Wave 3 Summary Report.**

[https://healthqualitybc.ca/wp-content/uploads/BCPSQC\\_ClearWaveReport\\_v5-FINAL.pdf](https://healthqualitybc.ca/wp-content/uploads/BCPSQC_ClearWaveReport_v5-FINAL.pdf)

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Case Study

**Format:** Report

**Available in French:** No

**Summary:** This report details a quality improvement initiative aimed at reducing the use of antipsychotic medications in LTC facilities for residents without psychosis. The initiative focused on enhancing the dignity and quality of life for residents with behavioral and psychological symptoms of dementia (BPSD) through person-centered care and best practices. LTC teams participated over 18 months, resulting in significant reductions in antipsychotic use and improvements in care planning and teamwork. The report highlights the importance of interdisciplinary approaches, regular medication reviews, and non-pharmacological strategies in achieving these outcomes, and provides insights for future initiatives in improving care for older adults.

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**Heather M Hanson, Tova Léveillé, Mollie Cole, et al. (2021). Effect Of A Multimethod Quality Improvement Intervention On Antipsychotic Medication Use Among Residents Of Long-Term Care.**

<https://bmjopenquality.bmj.com/content/bmjqr/10/2/e001211.full.pdf>

**AUA Approach:** Team Approach



**Focus:** Quality Improvement; Appropriate Use

**Type:** Evidence Base

**Format:** Article / Paper

**Available in French:** No

**Summary:** This article discusses the findings from an evaluation of a quality improvement initiative aimed at reducing inappropriate antipsychotic medication use among dementia patients in long-term care facilities in Alberta.

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**Louis Brier Home & Hospital. (n.d.). Person Centered Care Framework.**

<https://louisbrier.com/wp-content/uploads/2022/08/LBHH-Person-Centered-Care-Framework.pdf>

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Quality Improvement

**Type:** Framework / Strategy

**Format:** Brochure

**Available in French:** No

**Summary:** The Louis Brier Home & Hospital in Vancouver BC is committed to the delivery of safe quality care that is resident and family centered. The Person Centered Care Framework serves as integral component of this commitment, providing a system-wide approach to ensuring resident and family engagement in all areas of the organization.

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### 5.3. Healthcare Providers

**Alberta Health Services. (2014). Steps To Implementing Appropriate Use Of Antipsychotics.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-aua-map-steps.pdf#:~:text=Step%201%3A%20Why%20Address%20Antipsychotic%20Use%20in%20Your,Word%20Out%20Step%206%3A%20Build%20AUA%20BUILD%20AWARENESS>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This guide provides a 12-step process for implementing appropriate use of antipsychotics (AUA) in long-term care (LTC) facilities. It includes building awareness, enhancing medication reviews, developing knowledge, fostering person-centered care, and reinforcing improvements to ensure sustainable and appropriate antipsychotic use.

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**Alberta Health Services. (2024). Appropriate Use Of Antipsychotics (AUA) Toolkit.**

<https://www.albertahealthservices.ca/scns/auatoolkit.aspx>

**AUA Approach:** Enhance Supportive Care; Conduct Medication Reviews

**Focus:** Appropriate Use

**Type:** Tool / Toolkit

**Format:** Resource Hub

**Available in French:** No

**Summary:** This curated collection of tools, resources, and information provides individuals, families, clinicians and care teams with guidance regarding the assessment and management of responsive behaviours associated with cognitive impairment (dementia, delirium) and appropriate use of medications in older adults.

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**Alberta Health Services. (2022). Pharmacological Restraints And Behaviour Tracking.**

<https://www.albertahealthservices.ca/apps/cdn/if-ua-pharmacological-restraints-and-behaviour-tracking-module-1/index.html>

**AUA Approach:** Conduct Medication Review; Collect & Monitor Data

**Focus:** Appropriate Use

**Type:** Education / Training

**Format:** Course / E-Learning

**Available in French:** No

**Summary:** This training module is to support health care providers with knowledge and understanding regarding the use of pharmacological restraints, including antipsychotics, and the monitoring and documentation recommendations when using these medications.

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**Alberta Health Services. (2016). Responsive Behaviours.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-responsive-behaviours.pdf>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Appropriate Use

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This pamphlet provides guidance for managing responsive behaviors in people with dementia, focusing on understanding and addressing the underlying causes and using person-centered care approaches, environmental modifications, and non-pharmacological interventions.

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**Alberta Health Services. (2017). Bringing Person-Centred Dementia Care To Life.**

<https://www.youtube.com/watch?v=zZr6OQx8PUs>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Resident and Family Essential Care Partners

**Type:** Education / Training

**Format:** Video

**Available in French:** No

**Summary:** In this presentation Alberta Health Services discusses key elements of implementing person-centered care for those with dementia in residential living options.

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**Alberta Health Services. (2020). Behaviour Mapping Chart.**

<https://www.albertahealthservices.ca/frm-20718.pdf>

**AUA Approach:** Collect and Monitor Data; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This sample behaviour mapping chart can be used to support the creation of personalized Behavioural Support Plans by charting behavioural trends, triggers and effective interventions.

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**Alberta Health Services. (n.d.). Behaviour Mapping.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-efc-behaviour-map-guide.pdf>

**AUA Approach:** Collect and Monitor Data; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Algorithm / Guidelines

**Format:** Brochure

**Available in French:** No

**Summary:** This behaviour mapping guide support care providers in creating personalized care plans that reflect behavioural trends, triggers and effective interventions by tracking hourly observations and creating multidisciplinary progress records.

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**Alberta Health Services. (2018). Behaviour Mapping & Care Planning.**

<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-efc-behaviour-map-slides.pdf>

**AUA Approach:** Collect and Monitor Data; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Best Practices and Recommendations

**Format:** Slide Deck

**Available in French:** No

**Summary:** This presentation provides an overview of the Alberta Health Services Behaviour Map, focusing on its use in assessing and managing responsive behaviors in patients, particularly older adults. It explains how the tool helps healthcare teams identify behavioral triggers, implement appropriate interventions, and improve patient outcomes through a structured, interdisciplinary approach.

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**Alberta Health Services. (n.d.). Pharmacological Restraints And Behaviour Tracking E-Learning Module.**

<https://www.albertahealthservices.ca/apps/cdn/if-aua-pharmacological-restraints-and-behaviour-tracking-module-1/index.html>

**AUA Approach:** Deprescribe; Enhance Supportive Care

**Focus:** Appropriate Use

**Type:** Education / Training

**Format:** Course / E-Learning

**Available in French:** No

**Summary:** This e-learning module is designed to support health care providers with knowledge and understanding regarding the use of pharmacological restraints and the monitoring and documentation recommendations when using these medications.

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**Alberta Health Services Clinical Innovation and Practice Support Team). (2022). Managing Responsive Behaviours.**

<https://www.albertahealthservices.ca/apps/cdn/if-aua-managing-responsive-behaviors-module-2/index.html>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Resident and Family Essential Care Partners

**Type:** Education / Training

**Format:** Course / E-Learning

**Available in French:** No

**Summary:** This training module supports health care providers by sharing knowledge and skills on common responsive behaviors in the elderly and how to manage them.

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**Alberta Medical Association. (2020). Appropriate Use Of Antipsychotics In Dementia.**

<https://www.albertadoctors.org/news/publications/ops/antipsychotics-in-dementia/>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use

**Type:** Case Study

**Format:** Webpage

**Available in French:** No

**Summary:** This toolkit and accompanying resources, provides individuals, families, clinicians and care teams with guidance regarding the assessment and management of responsive behaviours associated with cognitive impairment (dementia, delirium) and appropriate use of medications in older adults.

---

**Alzheimer Society of Canada. (2014). 7 Key Elements Of Person-Centred Care Of People With Dementia In Long-Term Care Homes.**

[https://alzheimer.ca/sites/default/files\\_documents/PC-PEARLS\\_Full\\_Alzheimer-Society-Canada.pdf](https://alzheimer.ca/sites/default/files_documents/PC-PEARLS_Full_Alzheimer-Society-Canada.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm Interventions; Quality Improvement



**Type:** Framework / Strategy

**Format:** Brochure

**Available in French:** No

**Summary:** This resource introduces seven key elements to begin and sustain a culture shift in care for people with dementia towards people-centered care. Elements include: Person and Family Engagement, Care, Processes, Environment, Activity & Recreation, Leadership, and Staffing. It resulted from a study of six care homes practicing people-centered care across Canada. Information sheets on all seven elements are available at the same link.

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**Alzheimer Society of Canada. (2024). Person-Centred Care Of People With Dementia Living In Care Homes.**

<https://alzheimer.ca/en/help-support/im-healthcare-provider/person-centred-care-people-dementia-living-care-homes>

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Resident and Family Essential Care Partners

**Type:** Algorithm / Guidelines

**Format:** Webpage

**Available in French:** Yes

**Summary:** This webpage offers guidance on implementing person-centered care for people with dementia living in care homes and discusses evidence-based practices for creating supportive environments, engaging in meaningful activities, and fostering strong relationships between staff and residents.

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**BC BPSD Algorithm. (Updated 2019). Use Of Antipsychotics And Other Medications For Urgent Treatment Of Severe Agitation, Psychosis Or Aggression In Older Adults With Dementia In Long-Term Care Settings.**

<https://bcbpsd.ca/docs/part-1/Use%20of%20Antipsychotics%20and%20Other%20Meds%20-%20Updated%20June%202019.pdf>

**AUA Approach:** Conduct Medication Reviews

**Focus:** Appropriate Use

**Type:** Algorithm / Guidelines

**Format:** Brochure

**Available in French:** No

**Summary:** “This document provides guidelines on the appropriate use of antipsychotic medications and other related drugs in managing behavioral and psychological symptoms of dementia. It highlights assessment considerations, pharmacological management guidelines, and behaviour/symptom monitoring tips.

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**Behavioural Supports Ontario, Brainxchange. (2019). Behavioural Supports Ontario - Dementia Observation System (BSO-DOS) Tools.**

<https://brainxchange.ca/BSODOS>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Resource Hub

**Available in French:** Yes

**Summary:** This toolkit is for tracking and analyzing behaviors in individuals with dementia, supporting appropriate antipsychotic use (AUA) by identifying patterns and triggers for personalized, non-pharmacological interventions. The website offers additional resources, including guides, training materials, and best practice strategies to enhance care and reduce unnecessary antipsychotic use.

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**brainXchange; Alzheimer Society of Canada. (2015). Antipsychotic Drug Therapy In Older Adults.**

<https://vimeo.com/130327627>

**AUA Approach:** Conduct Medication Reviews

**Focus:** Appropriate Use; Person-centred Care Approaches, and Non-pharm. Interventions

**Type:** Education / Training

**Format:** Video

**Available in French:** No

**Summary:** This webinar presentation describes anti-psychotic drug therapies and their use in older adults and explores alternative management strategies.

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**Canadian Institute for Health Information. (2016). Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities, 2014.**

[https://secure.cihi.ca/free\\_products/LTC\\_AiB\\_v2\\_19\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/LTC_AiB_v2_19_EN_web.pdf)

**AUA Approach:** Collect and Monitor Data

**Focus:** Appropriate Use; Prescribers

**Type:** Evidence Based

**Format:** Report

**Available in French:** Yes

**Summary:** This study analyzed antipsychotic use among seniors in Canadian long-term care (LTC) facilities using data from the National Prescription Drug Utilization Information System (NPDUIS). The study found that residents with severe cognitive impairment or aggressive behavior were more likely to be prescribed antipsychotics, though non-drug alternatives were also considered.

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**Centre for Effective Practice. (2016). Use Of Antipsychotics In Behavioural And Psychological Symptoms Of Dementia (BPSD) Discussion Guide (1st edition).**

[https://cep.health/media/uploaded/UseofAntipsychotics\\_PrimaryCare2016-2.pdf](https://cep.health/media/uploaded/UseofAntipsychotics_PrimaryCare2016-2.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use

**Type:** Tool / Toolkit

**Format:** Brochure

**Available in French:** No

**Summary:** This tool is designed to help providers understand, assess, and manage patients in primary care with behavioural and psychological symptoms of dementia (responsive behaviours), with a focus on antipsychotic medications. This tool integrates best-practice evidence with clinical experience, and makes reference to relevant existing tools and services wherever possible.

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**Centre for Effective Practice (CEP). (2016). Use Of Antipsychotics In Behavioural And Psychological Symptoms Of Dementia (BPSD) Discussion Guide (2nd Edition).**

[https://cep.health/media/uploaded/UseofAntipsychotics\\_LTC2016-2.pdf](https://cep.health/media/uploaded/UseofAntipsychotics_LTC2016-2.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use; Person-centred Care Approaches, and Non-pharm. Interventions

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This guide emphasizes evaluating behavioral and psychological symptoms of dementia, prioritizing non-drug therapies, and cautious antipsychotic use. It includes strategies for regular reassessment and deprescribing to ensure antipsychotics are used appropriately.

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**Centre for Effective Practice (CEP). (2016). Antipsychotics In Dementia Care.**

<https://tools.cep.health/tool/use-of-antipsychotics-in-behavioural-andpsychological-symptoms-of-dementia-bpsd/>

**AUA Approach:** Deprescribe; Enhance Supportive Care

**Focus:** Appropriate Use; Person-centred Care Approaches, and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Webpage

**Available in French:** No

**Summary:** This tool aims to assist providers in understanding, assessing, and managing patients or residents in primary care and long-term care (LTC) homes who exhibit behavioral and psychological symptoms of dementia (responsive behaviors), with a particular emphasis on antipsychotic medications. Created by the Centre for Effective Practice's Academic Detailing Service for LTC homes, it combines best-practice evidence with clinical experience and references relevant existing tools and services when applicable.

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**Centre for Effective Practice (CEP). (2024). Appropriate Use Of Antipsychotics In Residents Of Residential And Long-Term Care Centres (CHSLDs) With Behavioural And Psychological Symptoms Of Dementia (BPSD).**

[https://www.inesss.qc.ca/fil\\_admin/doc/INESSS/Rapports/Medicaments/Outil\\_Amorce\\_EN.pdf](https://www.inesss.qc.ca/fil_admin/doc/INESSS/Rapports/Medicaments/Outil_Amorce_EN.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use; Prescribers

**Type:** Algorithm / Guidelines

**Format:** Brochure

**Available in French:** Yes

**Summary:** This tool offers physicians, pharmacists, and nurses a structured approach for initiating and monitoring antipsychotic treatments in older adults, particularly those with dementia. It includes guidance on assessing the necessity of medication, criteria for starting treatment, and protocols for monitoring and adjusting care.

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**Centre for Effective Practice (CEP). (2024). Optimal Use Of Antipsychotics In Residents Of Québec's Residential And Long-Term Care Centres With Behavioural And Psychological Symptoms Of Dementia (BPSD).**

[https://www.inesss.qc.ca/fil\\_admin/doc/INESSS/Rapports/Medicaments/Affiche\\_tipsychotique.pdf](https://www.inesss.qc.ca/fil_admin/doc/INESSS/Rapports/Medicaments/Affiche_tipsychotique.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use

**Type:** Framework / Strategy

**Format:** Infographic

**Available in French:** No

**Summary:** This poster outlines proposed health care strategies for promoting optimal use of antipsychotic medications in residents of residential and long-term care settings. It includes a visual aid that can be used by care teams to support safe and effective deprescribing processes.

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**Cynthia Sinclair. (n.d.). Huddles & Behaviour Tracking Role Play.**

[https://docs.google.com/document/d/1JUOUKyvp\\_o4DFkvOJdTyOHa87p5mxP55O/edit?usp=drive\\_link&oid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/document/d/1JUOUKyvp_o4DFkvOJdTyOHa87p5mxP55O/edit?usp=drive_link&oid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Education / Training

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** The document provides a detailed scenario for team-based discussions about the care of a resident named Ruth, who is experiencing wandering and behavioral challenges in a nursing home. Different roles, including the nurse, healthcare aides, housekeeping, dietary staff, recreation, and Ruth's husband, are tasked with contributing observations, concerns, and suggestions to identify patterns and improve her care plan collaboratively.

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**Cynthia Sinclair based on PIECES. (n.d.). Sample Direct Observation Tool / Dementia Observation System (DOS).**

[https://docs.google.com/document/d/1MHDVtDs-dd26xJio909FTazf2QF0-c5e/edit?usp=drive\\_link&oid=105146374625180654427&rtmpof=true&sd=true](https://docs.google.com/document/d/1MHDVtDs-dd26xJio909FTazf2QF0-c5e/edit?usp=drive_link&oid=105146374625180654427&rtmpof=true&sd=true)

**AUA Approach:** Collect and Monitor Data

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** The tool is designed to track and document behaviors of a resident with dementia over a week-long period. It records specific actions such as wandering, using profanity, and periods of sleep or quietness, to identify patterns and help inform care strategies.

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**Denis O'Mahony, Paula A. Rochon. (2022). Prescribing Cascades: We See Only What We Look For, We Look For Only What We Know.**

<https://academic.oup.com/ageing/article/51/7/afac138/6625698?login=false>

**AUA Approach:** Conduct Medication Reviews

**Focus:** Appropriate Use; Prescribers

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** No

**Summary:** This article discusses the concept of prescribing cascades, which occur when side effects from medications are misinterpreted as new health conditions, especially in older adults with multiple chronic illnesses. It emphasizes the need for better detection and management of these cascades, and calls for novel approaches to their identification and prevention, integrating them with existing criteria for inappropriate prescribing in older adults.

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**Deprescribing.org. (2018). Antipsychotic (AP) Deprescribing Algorithm.**

<https://deprescribing.org/wp-content/uploads/2018/08/AP-deprescribing-algorithm-2018-English.pdf>

**AUA Approach:** Deprescribe and Conduct Medication Reviews

**Focus:** Appropriate Use; Prescribers

**Type:** Algorithm / Guidelines

**Format:** Infographic

**Available in French:** Yes

**Summary:** This document provides a detailed algorithm for safely tapering and discontinuing antipsychotic (AP) medications in patients, particularly those with behavioral and psychological symptoms of dementia (BPSD) and insomnia. It emphasizes a systematic approach that includes regular monitoring, assessing the initial reasons for AP use, considering non-drug interventions, and involving patients and caregivers in the deprescribing process. The guideline suggests tapering doses gradually, monitoring for withdrawal symptoms, and considering alternate treatments if necessary.

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**Deprescribing.org. (2017). Deprescribing In Ontario Long-Term Care.**

<https://deprescribing.org/resources/deprescribing-in-ltc-framework/>

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Appropriate Use; Resident and Family Essential Care Partners

**Type:** Framework / Strategy

**Format:** Webpage

**Available in French:** No

**Summary:** This framework promotes reducing or stopping unnecessary medications, including antipsychotics, to improve resident safety and quality of life. It emphasizes shared decision-making, recognizing symptoms that suggest medication adjustments, and involving all healthcare team members in deprescribing conversations. The framework includes tools and resources to support these practices in long-term care (LTC) settings.

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**Health PEI. (n.d.). Behaviour Tracking Chart (HealthPEI).**

[https://drive.google.com/file/d/1nsyc9Uh6k93e1ljHB1kvo-ou535Lo7QU/view?usp=drive\\_link](https://drive.google.com/file/d/1nsyc9Uh6k93e1ljHB1kvo-ou535Lo7QU/view?usp=drive_link)

**AUA Approach:** Collect and Monitor Data

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** The Behaviour Tracking Chart from Health PEI is a tool used to document and monitor behaviors, environmental triggers, and the effectiveness of interventions over a 24-hour period. It allows staff to assess the frequency and intensity of behaviors, while tracking which interventions are successful in managing them.

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**Health Quality BC, BC Patient Safety & Quality Council (BCPSQC). (2015). CLeAR Final Report - The Journey Towards Dignity & Resident-Centred Care: Summary Results From The Call For Less Antipsychotics In Residential Care.**

<https://healthqualitybc.ca/wp-content/uploads/CLeAR-Final-Report-sm.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Case Study

**Format:** Report

**Available in French:** No

**Summary:** This report details the “Call for Less Antipsychotics in Residential Care” initiative, which aimed to reduce inappropriate antipsychotic use in British Columbia’s residential care facilities. The initiative focused on evidence-based management of behavioral and psychological symptoms of dementia (BPSD), emphasizing non-pharmacological interventions. It achieved significant reductions in antipsychotic use, highlighting the importance of careful assessment, individualized care plans, and ongoing monitoring to ensure the appropriate use of antipsychotics (AUA).

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Health Quality BC, BC Patient Safety & Quality Council (BCPSQC). (2018). CLeAR Program - Driver Diagram.

<https://healthqualitybc.ca/wp-content/uploads/Clear-Wave-3-Driver-Diagram.pdf>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Quality Improvement

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This guide outlines a structured approach to reduce antipsychotic use in long-term care (LTC) facilities by addressing key areas like appropriate medication use, best practice management for behavioral and psychological symptoms of dementia (BPSD), teamwork enhancement, and resident-centered care planning. It provides a framework of primary and secondary drivers along with actionable change ideas to implement these strategies effectively.

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**Healthcare Excellence Canada (HEC). (2020). CFHI Person-Centred Care Education Modules to Support Appropriate Use of Antipsychotics (AUA).**

<https://www.youtube.com/playlist?list=PL4kAZziQlydPtlnj6w-h7wxJczzMINBSA>

**AUA Approach:** Enhance Supportive Care; Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Appropriate Use

**Type:** Education / Training

**Format:** Course and E-Learning

**Available in French:** No

**Summary:** This series of 10 videos, including one webinar recording, offers guidance that can be used for staff education for developing person-centered care approaches and associated skills to support appropriate use of anti-psychotics. Video topics include: Person-centered care (PCC), Understanding Dementia, the 7 A's of Supportive Care Strategies; Using AUA Huddles in LTC Homes; Appropriate Use of Antipsychotics; using the Behavioural Supports Ontario Dementia Observation System (BSO-DOS); and Conflict Resolution.

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**Healthcare Excellence Canada (HEC). (2016). Supportive Care Strategies: The 7 A's.**

[https://drive.google.com/file/d/1cmM1SCol5aJgmCfjmOT9cqPbNPfEqzFL/view?usp=drive\\_link](https://drive.google.com/file/d/1cmM1SCol5aJgmCfjmOT9cqPbNPfEqzFL/view?usp=drive_link)

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Education / Training

**Format:** Slide Deck

**Available in French:** No

**Summary:** This module provides information to support readers in identifying practical non-pharmacological strategies to support people with cognitive losses associated with dementia, as well as practical ways of creating a supportive environment.

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**Healthcare Excellence Canada (HEC). (2016). Appropriate Use Of Antipsychotics.**

[https://drive.google.com/file/d/1uVuQCNCkawiAgK3rmZvNAVHmnrkvS4lo/view?usp=drive\\_link](https://drive.google.com/file/d/1uVuQCNCkawiAgK3rmZvNAVHmnrkvS4lo/view?usp=drive_link)

**AUA Approach:** Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Appropriate Use

**Type:** Education / Training

**Format:** Slide Deck

**Available in French:** No

**Summary:** This module supports readers in knowing how to identify appropriate and indications for the prescription of antipsychotic medication, common types of antipsychotic medications, and common behaviours that are not responsive to antipsychotics.

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**Healthcare Excellence Canada (HEC). (n.d.). Behavioural Tracking & Strategies For Managing Behavioural Symptoms Presentation.**

[https://docs.google.com/presentation/d/1jmaYP1HDnYOhYAw3HbEiLKrSf-ZyixQV/edit?usp=drive\\_link&ouid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/presentation/d/1jmaYP1HDnYOhYAw3HbEiLKrSf-ZyixQV/edit?usp=drive_link&ouid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Collect and Monitor Data

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Best Practices and Recommendations

**Format:** Slide Deck

**Available in French:** No

**Summary:** The presentation on “Behavioural Tracking & Strategies for Managing Behavioural Symptoms” outlines tools and methods such as the Direct Observational System (DOS) and detailed behavior mapping to monitor and address challenging behaviors in residents. It emphasizes the importance of consistent tracking, team collaboration, and personalized care plans to identify trends and implement tailored interventions that improve residents’ well-being.

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**Healthcare Excellence Canada (HEC). (n.d.). Effective Huddles Presentation.**

[https://docs.google.com/presentation/d/1hrNynCNpD0mX95RKJWxKHtifA2Kd4HdN/edit?usp=drive\\_link&ouid=105146374625180654427&rtpof=true&sd=true](https://docs.google.com/presentation/d/1hrNynCNpD0mX95RKJWxKHtifA2Kd4HdN/edit?usp=drive_link&ouid=105146374625180654427&rtpof=true&sd=true)

**AUA Approach:** Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Quality Improvement

**Type:** Education / Training

**Format:** Slide Deck

**Available in French:** No

**Summary:** The presentation outlines how to conduct short, focused interdisciplinary meetings to address resident care, emphasizing preparation, documentation, and follow-up. It provides guidance on structuring huddles, involving all team members, and using tools like behavior mapping to create actionable care plans, with the goal of improving communication and care outcomes.

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**Healthcare Excellence Canada (HEC), Choosing Wisely. (2021). Providing The Best Care And Support Through The Appropriate Use Of Antipsychotics For People Living With Dementia: Guidance For Prescribers.**

<https://www.healthcareexcellence.ca/media/ac1jabp3/hec-guidance-for-prescribers-tool-final.pdf>

**AUA Approach:** Deprescribe; Conduct Medication Reviews

**Focus:** Appropriate Use; Prescribers

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** Yes

**Summary:** This resource targets prescribers and staff in long-term care (LTC), offering guidelines on taking a team approach, pacing steps towards deprescribing, providing education, and documenting changes. It highlights the importance of supportive care strategies and the safe reduction of antipsychotic medications to enhance the quality of life for individuals with dementia.

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**Institute for Healthcare Improvement. (2019). “What Matters” To Older Adults? A Toolkit For Health Systems To Design Better Care With Older Adults.**

[https://www.ihl.org/sites/default/files/2023-09/IHI\\_Age\\_friendly\\_What\\_Matters\\_to\\_Older\\_Adults\\_Toolkit.pdf](https://www.ihl.org/sites/default/files/2023-09/IHI_Age_friendly_What_Matters_to_Older_Adults_Toolkit.pdf)

**AUA Approach:** Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Resident and Family Essential Care Partners

**Type:** Tool / Toolkit

**Format:** Report

**Available in French:** No

**Summary:** This toolkit provides practical tools and resources to help healthcare teams focus on what matters most to older adults. It guides professionals through integrating personalized care plans, ensuring older patients’ needs and priorities are at the center of care decisions. The toolkit supports the implementation of the “4Ms” framework: What Matters, Medication, Mentation, and Mobility, which is key to delivering age-friendly care.

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**Institute for Healthcare Improvement. (2024). Age-Friendly Health Systems: Guide To Care Of Older Adults In Nursing Homes.**

[https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Guide-Nursing-Homes\\_March28-22.pdf?\\_hsenc=p2ANqtz-R2POw6Jb2LSS71A1fDuJerMn0NifYaXBuNFE27C4x0ml4ZKUyxGqA1NBIkJw525rxHPzg](https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Guide-Nursing-Homes_March28-22.pdf?_hsenc=p2ANqtz-R2POw6Jb2LSS71A1fDuJerMn0NifYaXBuNFE27C4x0ml4ZKUyxGqA1NBIkJw525rxHPzg)

**AUA Approach:** Team Approach

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Resident and Family Essential Care Partners

**Type:** Guide / Action Plan

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This guidebook provides a comprehensive framework to help nursing homes deliver care aligned with the 4Ms (What Matters, Medication, Mentation, and Mobility) that are essential to the well-being of older adults. It offers strategies, best practices, and tools to integrate these principles into care plans, enhancing the quality of life and health outcomes for older adults in nursing home settings.

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**Institute for Safe Medication Practices Canada. (2018).  
Deprescribing: Managing Medications To Reduce Polypharmacy.**

<https://ismpcanada.ca/wp-content/uploads/ISMPCSB2018-03-Deprescribing.pdf>

**AUA Approach:** Deprescribe

**Focus:** Appropriate Use; Prescribers

**Type:** Education / Training

**Format:** Brochure

**Available in French:** Yes

**Summary:** This guide emphasizes the planned reduction or stopping of medications, including antipsychotics, that may no longer benefit or may harm patients. It provides strategies for assessing medication use, engaging patients and healthcare teams in deprescribing, and monitoring outcomes to ensure safety and improve quality of life. The guide includes resources and algorithms to support the appropriate use of antipsychotics (AUA).

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**Institute for Safe Medication Practices Canada (ISMP), Strengthening Med Safety in Long-Term Care, Canadian Deprescribing Network, Deprescribing.org. (2022). Deprescribing And Safe Medication Use In Long-Term Care For Health Care Providers.**

<https://ismpcanada.ca/wp-content/uploads/Deprescribing-in-LTC.pdf>

**AUA Approach:** Deprescribe; Conduct Medication Reviews

**Focus:** Appropriate Use; Prescribers

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** Yes

**Summary:** This guide emphasizes the importance of reducing or stopping medications that are no longer beneficial or may cause harm in order to improve residents' quality of life in long-term care (LTC). Developed by leading deprescribing organizations, this resource highlights the need for a collaborative approach among healthcare providers, residents, and families, and recommends regular medication reviews, education, and communication to overcome barriers and ensure safe and effective medication management.

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**Interior Health BC. (2019). BC BPSD Algorithm.**

<https://bcbpsd.ca/index.php>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Algorithm / Guidelines

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** The BPSD Algorithm website offers a practical, electronic, interactive tool intended to support interdisciplinary, evidence-based, person-centered care for persons with behavioural and psychological symptoms of dementia.

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**Island Health. (2018). The Use Of Restraints In Residential Care Facilities.**

[https://www.islandhealth.ca/sites/default/files/2018\\_12/restraints-use-residential-care.pdf](https://www.islandhealth.ca/sites/default/files/2018_12/restraints-use-residential-care.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use

**Type:** Policy and Clinical Guidelines

**Format:** Brochure

**Available in French:** No

**Summary:** This home policy guideline outlines the legislation surrounding the use of restraints in community care facilities of Island Health, as defined in Sections 73 to 75 of BC's Residential Care Regulation (RCR). It details the types of restraints—physical, chemical, and environmental—and the conditions under which they can be used.

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**Jennifer Tjia, Kathleen M Mazor, Terry Field, et al.. (2009). Nurse-Physician Communication In The Long-Term Care Setting: Perceived Barriers And Impact On Patient Safety.**

<https://europepmc.org/article/PMC/2757754>

**AUA Approach:** Team Approach

**Focus:** Workforce Experience

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** No

**Summary:** This article explores nurses' perceptions of communication with physicians in long-term care (LTC) settings, revealing multiple barriers such as physician openness, logistical challenges, and language issues. The study emphasizes that both nurse and physician behaviors contribute to ineffective communication, with key barriers including feeling rushed and difficulty reaching physicians. The findings suggest the need for structured communication interventions to enhance patient safety and care quality.

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**Julia Kirkham, Chelsea Sherman, Clive Velkers et al.. (2016). Antipsychotic Use In Dementia.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5317021/>

**AUA Approach:** Deprescribe

**Focus:** Appropriate Use; Prescribers

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** Yes

**Summary:** Antipsychotics are often necessary for older adults with major mental illnesses, but their use for neuropsychiatric symptoms (NPS) in dementia patients is controversial. While antipsychotics can be appropriate for some NPS, their benefits are often modest, and they carry significant risks. Currently, about one-third of dementia patients are prescribed antipsychotics, with wide variation across care settings. Efforts to reduce inappropriate use have gained attention, leading to a recent decline in prescriptions in long-term care, though rates remain higher than optimal. Psychiatrists play a crucial role in improving dementia care through clinical practice and research.

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**Kathleen Bartholomew, RN, MN. (n.d.). Ten Steps To Improving Physician-Nurse Relationships.**

[https://drive.google.com/file/d/1Kk8DKsc3bxl2LoZW9lJo7Fc5-YpO9RSi/view?usp=drive\\_link](https://drive.google.com/file/d/1Kk8DKsc3bxl2LoZW9lJo7Fc5-YpO9RSi/view?usp=drive_link)

**AUA Approach:** Team Approach

**Focus:** Workforce Experience

**Type:** Best Practices and Recommendations

**Format:** Brochure

**Available in French:** No

**Summary:** The document provides practical tips for nurses, managers, and physicians to enhance communication and collaboration in healthcare settings. It emphasizes the importance of respectful communication, mutual recognition, and proactive problem-solving to foster a positive and effective working relationship between physicians and nurses.

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**Kezia Scales, Sheryl Zimmerman & Stephanie J Miller. (2018). Evidence-Based Nonpharmacological Practices To Address Behavioral And Psychological Symptoms Of Dementia.**

[https://academic.oup.com/gerontologist/article/58/suppl\\_1/S88/4816740?login=false](https://academic.oup.com/gerontologist/article/58/suppl_1/S88/4816740?login=false)

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Workforce Experience

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** No

**Summary:** Drawing from systematic and other literature reviews this paper identifies, describes, and critiques nonpharmacological practices to address behavioral and psychological symptoms of dementia (BPSDs) and provides evidence-based recommendations for dementia care.

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**Mary Jean Hande, Janice Keefe & Deanne Taylor. (2021). Long-Term Residential Care Policy Guidance For Staff To Support Resident Quality Of Life.**

<https://academic.oup.com/gerontologist/article/61/4/540/6069260>

**AUA Approach:** Enhance Supportive Care

**Focus:** Quality Improvement; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** No

**Summary:** This article explores long-term residential care (LTRC) policies in four Canadian jurisdictions, focusing on how existing regulations support staff in enhancing residents' quality of life. Using an asset-based analysis, it highlights that while policies emphasize safety and security, they also contain promising guidance that allows staff flexibility to improve resident quality of life.

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**NHS PrescQIPP. (2014). Reducing Antipsychotic Prescribing In Dementia Toolkit.**

<https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f2602%2ft7-antipsychotics-20.pdf>

**AUA Approach:** Team Approach; Enhance Supportive Care

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** The document, aimed at healthcare providers, offers insights, guidance, tools, and recommendations to support reducing inappropriate antipsychotic in dementia care use while maintaining patient safety and care quality.

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**Nova Scotia Health Authority. (2024). Elder Care In Hospital.**

<https://library.nshealth.ca/HospitalElderCare/Behaviours>

**AUA Approach:** Enhance Supportive Care; Conduct Medication Reviews

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Resource Hub

**Available in French:** No

**Summary:** This webpage provides resources and guidance on managing behavioral symptoms in older adults, particularly in hospital settings. It emphasizes non-pharmacological interventions, offers strategies for addressing agitation, aggression, and other behavioral challenges, and highlights the importance of understanding the underlying causes of these behaviors. It also includes links to relevant tools and guidelines to support healthcare providers in delivering effective, compassionate care.

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**Nova Scotia Health Authority. (2019). Elder Care In Hospital Behaviour Tracking Form.**

[https://library.nshealth.ca/ld.php?content\\_id=17777246](https://library.nshealth.ca/ld.php?content_id=17777246)

**AUA Approach:** Collect and Monitor Data; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This is a sample behaviour tracking form for use by healthcare providers and staff to track and monitor behavioral symptoms of elderly patients.

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**Nova Scotia Health Authority. (2019). Behaviour Tracking Hourly Monitoring For Med Adjustment.**

[https://library.nshealth.ca/ld.php?content\\_id=37043583](https://library.nshealth.ca/ld.php?content_id=37043583)

**AUA Approach:** Collect and Monitor Data; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This is a sample behaviour tracking tool to support hourly behaviour monitoring throughout medication adjustment periods.

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**Nova Scotia Health Authority. (2017). Elder Care In Hospital Behaviour Care Plan - Example.**

[https://library.nshealth.ca/ld.php?content\\_id=17777249](https://library.nshealth.ca/ld.php?content_id=17777249)

**AUA Approach:** Collect and Monitor Data; Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** This is a sample behaviour care plan that healthcare providers can use to guide and support person-centered behavioural interventions for elderly patients.

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**Deprescribing Guide for Antipsychotics For Treatment Of Behavioural And Psychological Symptoms Of Dementia. (2018). NSW Government.**

<https://www.nswtag.org.au/wp-content/uploads/2018/06/1.2-Deprescribing-Guide-for-Antipsychotics-for-Treatment-of-Behavioural-and-Psychological-Symptoms-of-Dementia.pdf>

**AUA Approach:** Deprescribe

**Focus:** Appropriate Use; Prescribers

**Type:** Algorithm / Guidelines

**Format:** Brochure

**Available in French:** No

**Summary:** This guide provides deprescribing information that can be applied to written and/or verbal communication between clinicians, patients and/or carers.

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**Ontario Centres for Learning, Research And Innovation In Long-Term Care. (2024). LTCO. Minimizing Restraint Use In Long-Term Care.**

<https://learn.clri-ltc.ca/courses/ltco-minimizing-restraint-use/>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Appropriate Use

**Type:** Education / Training

**Format:** Interactive Tool / Worksheet

**Available in French:** No

**Summary:** Minimizing Restraint Use in Long-Term Care is a self-paced orientation course that will equip or refresh long-term care team members on the knowledge and skills required to support residents. By taking this course, team members will learn: what restraints are and their types; when restraint use is appropriate; how to safely apply and monitor restraints when necessary, and; what the alternatives are to restraint use.

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**Ontario Centres for Learning, Research and Innovation in Long-Term Care (OCLRI) and Bruyère. (2021). Identifying Residents For Medication Assessment A Guide For Long-Term Care.**

[https://deprescribing.org/wp-content/uploads/2021/07/A-Process-Guide-for-Identifying-Residents-for-Medication-Assessment\\_V3-July-15-2021.pdf](https://deprescribing.org/wp-content/uploads/2021/07/A-Process-Guide-for-Identifying-Residents-for-Medication-Assessment_V3-July-15-2021.pdf)

**AUA Approach:** Conduct Medication Reviews

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This guide aids in recognizing long-term care (LTC) residents needing medication reviews, including antipsychotics. It outlines steps for spotting medication-related changes, reporting, and follow-up, focusing on non-drug approaches and enhancing resident

care through regular assessment and communication. Supportive tools like infographics and educational presentations are provided.

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**PIECES Canada. (2020). The PIECES Approach.**

<https://piecescanada.com/pages/the-pieces-approach>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Guide / Action Plan

**Format:** Webpage

**Available in French:** No

**Summary:** The PIECES approach guides healthcare providers to implement models of person-centred care through four foundational principles: Validating, Shared Solution Finding, Acting Together, and Enhancing and Translating Knowledge.

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**Rx Files - Saskatoon Health Region (SHR). (2014). Dementia - Bringing Evidence And Experience To Drug Therapy Decision Points.**

<https://www.rxfile.ca/rxfiles/uploads/documents/Dementia-Newsletter-Overview-Booklet-WEB.pdf>

**AUA Approach:** Conduct Medication Reviews; Team Approach

**Focus:** Appropriate Use

**Type:** Guide / Action Plan

**Format:** Report

**Available in French:** No

**Summary:** This newsletter provides an overview of evidence and guidance for drug therapy decisions related to dementia, focusing on the management of cognitive impairments and behavioral symptoms. It discusses the use of cholinesterase inhibitors and other medications, emphasizing non-drug strategies as effective first-line treatments for dementia-related symptoms. The resource also includes detailed information on the risks and benefits of various treatments, along with practical recommendations for healthcare professionals managing dementia in different care settings.

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**Tyler R Resse, Derrick J Thiel & Katherine E Cocker. (2016). Behavioral Disorders In Dementia: Appropriate Nondrug Interventions And Antipsychotic Use.**

<https://www.aafp.org/pubs/afp/issues/2016/0815/p276.pdf>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Appropriate Use

**Type:** Evidence Based

**Format:** Article / Paper

**Available in French:** No

**Summary:** This article addresses the management of BPSD, recommending nonpharmacologic treatments such as reducing stressors and modifying routines as first-line interventions. It discusses the limited effectiveness of psychosocial interventions and the cautious use of antipsychotics in refractory cases.

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**Yorkshire and the Humber Clinical Network and London Clinical Network NHS England. (2022). Appropriate Prescribing Of Antipsychotic Medication In Dementia.**

<https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2022/10/Antipsychotic-Prescribing-Toolkit-for-Dementia.pdf>

**AUA Approach:** Deprescribe; Conduct Medication Reviews

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Report

**Available in French:** No

**Summary:** This resource provides guidance and information to address: the uses, risks and alternatives to antipsychotic medication for BPSD treatment; risk reduction in antipsychotic prescribing; and support for local systems to deliver best practices in antipsychotic prescribing and de-prescribing where appropriate.

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**Medication Therapy Services Clinic; Memorial University School of Pharmacy. (2018). Deprescribing Antipsychotics Tracking Worksheet Tool (EN).**

[https://drive.google.com/file\\_d/1Mhcu8hcfHmCMzOaAQJiAtTLLbfEyMIWd/view?usp=drive\\_link](https://drive.google.com/file_d/1Mhcu8hcfHmCMzOaAQJiAtTLLbfEyMIWd/view?usp=drive_link)

**AUA Approach:** Conduct Medication Reviews; Deprescribe

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Tool / Toolkit

**Format:** Interactive Tool / Worksheet

**Available in French:** Yes

**Summary:** The Deprescribing Antipsychotics Tracking Worksheet is a tool used to assess the appropriateness of antipsychotic medications for elderly residents, particularly those without specific diagnoses such as schizophrenia or end-of-life status. It promotes reducing antipsychotics through a slow tapering process while encouraging non-pharmacological interventions like recreation therapy and involving caregivers in the care plan.

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## 5.4. Family Members and Essential Care Partners

**Alzheimer Society of Ontario. (2013). Shifting Focus: A Guide To Understanding Dementia Behaviour.**

<https://brainxchange.ca/Public/Files/Behaviour/ShiftingFocusBooklet.aspx>

**AUA Approach:** Enhance Supportive Care

**Focus:** Person-centred Care Approaches and Non-pharm. Interventions; Resident and Family Essential Care Partners

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** No

**Summary:** This booklet is for the family, friends and co-residents of people who live with dementia and are acting in ways that create distress. The tips and tools are designed to help you improve the relationship with a person with dementia living with responsive or challenging behaviour.

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**Centre for Effective Practice (CEP). (2019). How Antipsychotic Medications Are Used To Help People With Dementia: A Guide For Residents, Families, And Caregivers.**

[https://cep.health/media/uploaded/CEP\\_BPSD\\_Discussion\\_Guide\\_ENG\\_RFCg\\_Updated2019.pdf](https://cep.health/media/uploaded/CEP_BPSD_Discussion_Guide_ENG_RFCg_Updated2019.pdf)

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** Yes

**Summary:** This guide focuses on managing behavioral and psychological symptoms of dementia by prioritizing non-drug approaches and using antipsychotics cautiously. It provides strategies for creating supportive environments, addressing unmet needs, and regularly reassessing the use of antipsychotics to ensure they are used appropriately and safely.

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**Choosing Wisely Canada. (n.d.). Treating Disruptive Behaviour In People With Dementia: Antipsychotic Drugs Are Usually Not The Best Choice.**

<http://choosingwiselycanada.org/download/3716>

**AUA Approach:** Team Approach

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Education / Training

**Format:** Brochure

**Available in French:** Yes

**Summary:** This patient- and family-facing pamphlet offers information on the challenges and risks associated with using antipsychotics as a first choice for treating disruptive behaviour in people with dementia.

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**Healthcare Excellence Canada (HEC), Choosing Wisely. (2021).  
Providing The Best Care And Support Through The Appropriate Use  
Of Antipsychotics For People Living With Dementia: Guidance For  
People Living With Dementia And Care Partners.**

<https://www.healthcareexcellence.ca/media/m21lbewg/hec-guidance-for-people-living-with-dementia-tool-final.pdf>

**AUA Approach:** Enhance Supportive Care

**Focus:** Appropriate Use; Person-centred Care Approaches and Non-pharm. Interventions

**Type:** Guide / Action Plan

**Format:** Brochure

**Available in French:** Yes

**Summary:** This guide is designed for people living with dementia and their care partners, providing information on when antipsychotics may not be an appropriate choice for management of responsive behaviors, the potential side effects of antipsychotic medications, and the benefits of supervised deprescribing. It advocates for supportive care tailored to individual needs to improve quality of life and safety.

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