

Reducing Antipsychotic Prescribing Rates in My Practice

How Dr. Julie Auger cut “inappropriate” antipsychotic prescribing rates in half

Dr. Julie Auger works at the Golden Manor Home for the Aged in Timmins, Ontario. With 178 beds, it is one of only two secure dementia behavioural units north of Sudbury. The facility tends to draw the more complex cases in the area and has limited access to psychogeriatric support. Dr. Auger knew she could probably improve her antipsychotic prescribing rate, but with her heavy patient load and limited time she thought she was doing relatively well. That is, until she saw her own data.

Identifying the problem: From [MyPractice: Long-Term Care](#) reports, Dr. Auger saw that Golden Manor averaged an overall antipsychotic prescribing rate of 40% in 2015, which was much higher than she had expected. Motivated to set an example for the sector, she was determined to make some changes.

Dr. Auger had to dedicate protected time in her busy schedule to review all of her residents' files and confirm each of their diagnoses. She realized that there was quite a bit of misclassification (mislabeled drugs or indications, incorrect diagnoses) in her patients' charts and the nursing home's coding database.

“ I must admit, it was easy to generate all sorts of excuses as to why my numbers were justifiably high. But when I really started digging into it ... one of the biggest barriers in getting them down had been my own inertia and just lack of time and energy to focus on it. ”

—Dr. Julie Auger

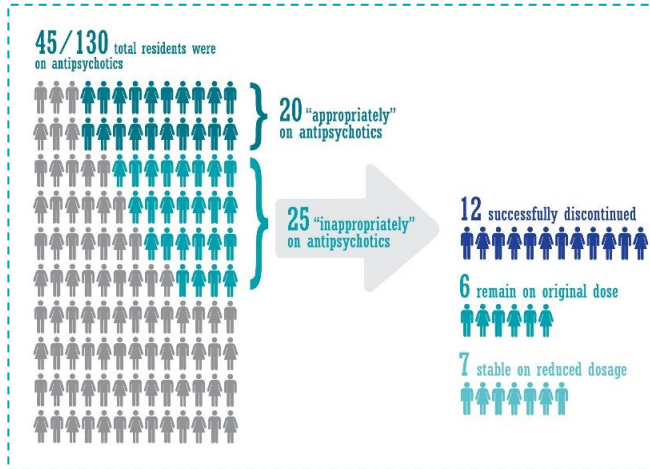
After cleaning up the files and educating staff at the home on the importance of accurate documentation, by the fall of 2015 Dr. Auger found that her overall rate of antipsychotic use was 35%: 20/130 (15%) were appropriately medicated and 25/130 (19%) were “inappropriately” prescribed.

Using quality improvement tools, Dr. Auger found that the reason she was unable to get on top of her antipsychotic prescribing was the lack of a tracking system. Without one, it was difficult to monitor what she had done for each of her residents—and when. After doing some research, she and her team adapted an existing antipsychotic monitoring form for their unique requirements.

Piloting a solution: Dr. Auger and her team piloted the antipsychotic monitoring form on a single ward, and found that the information recorded by nurses was inconsistent and didn't always correctly capture the information required regarding indications, side effects, and impact. For example, if the target behaviour was aggression with care, a nurse may have documented that the intervention was not working due to the continuation of an unrelated behaviour, such as repetitive vocalization.

They tweaked the process by:

- Adapting the Antipsychotic Medication Review Worksheet from [Alberta Health Services' Appropriate Use of Antipsychotics Toolkit](#), a form that was easier to use than the one they had originally developed
- Asking the nurse practitioner to complete the monitoring forms because she could consistently identify and focus the information they needed to capture



After implementing these changes, the rate of “inappropriate” antipsychotic prescriptions went from 19% to about 10% in a year (with residents taking fewer medications without increased behaviours). Residents and families are generally happier as a result, and Dr. Auger is proud to report that the process runs quite smoothly now that she’s put in the initial effort. And, while she admits that she had a prior interest and a foundation in quality improvement, she believes it’s a natural thought process for physicians.

Ongoing challenges: Dr. Auger and her team continue to face the following hurdles as they work to reduce “inappropriate” antipsychotic prescribing rates:

- Inconsistencies in the data from their pharmacist compared to the data they received from health care institutions (perhaps as a result of adjusted calculations) and a frustrating time lag between making changes in the facility and seeing those changes reflected in the data.
- Keeping antipsychotic prescribing rates consistently low: the facility loses about one third of its population annually, so there are often big influxes of new residents who are already taking antipsychotics.
- The greater systemic issue: efforts to reduce the use of antipsychotics also need to be made in acute care and the community, not just in long-term care.

These challenges will likely be common among physicians trying to reduce their antipsychotic use in patients. However, Dr. Auger has proven that they are not insurmountable, and that making meaningful changes now can have a huge impact on the lives of patients and caregivers in a relatively short time.

Visit [Health Quality Ontario's Long-Term Care website](#) to learn more and explore tools and resources.

Dr. Julie Auger is the Medical Director of Golden Manor Home for the Aged in Timmins, Ontario, Medical Director of Continuing Care Rehabilitation Programs at Timmins and District Hospital, and Board Member of the not-for-profit organization Ontario Long Term Care Clinicians.