**A group of people in a meeting

AI-generated content may be incorrect.**

Dear Network Participant,

We are pleased to partner with you to launch the Ontario Appropriate Use of Antipsychotics (AUA) Innovator Network!

This Workbook is designed to support your long-term care home in assessing current practices related to antipsychotic use and identifying opportunities to enhance appropriate use. It includes worksheets for your team to complete that support you to take a step-by-step approach, as outlined in the [**Appropriate Use of Antipsychotics Handbook**](https://ismpcanada.ca/wp-content/uploads/ISMPCanada-AUA-Handbook-2025.pdf).

Key topics include the following:

* Establish a Quality Improvement (QI) team to lead the initiative;
* Reflect on current practices related to antipsychotic use;
* Identify areas for improvement;
* Develop a SMART goal to focus their efforts; and
* Implement strategies that enhance the appropriate use of antipsychotic medications for residents, families, and caregivers.

See below for a detailed overview of the approximately 8-month QI process, including webinar dates with the planned learning activities.

Each home will be assigned a coach to support your development, implementation, and evaluation of your AUA QI actions.

As always, you can also connect with Christina Jeong, Project Manager through the [LTC@ismpcanada.ca](mailto:LTC@ismpcanada.ca) email if you have any questions or concerns.

Regards,

*Carolyn*

Carolyn Hoffman, CEO

|  |  |
| --- | --- |
| Activity | Summary |
| **Workshop 1** – **Getting Started**  **Date: September 10, 2025**  See AUA Handbook, Steps 1 to Step 5 | The focus of the Workshop 1 is to launch a QI team, collect data, measure, and monitor progress, and establish a SMART goal. The workshop will also discuss the self-assessments that need to be completed and submitted.  **Activity:**   * [**Appendix A**](#A)**:** AUA Self-Assessment * [**Appendix B**](#B)**:** Medication Safety Indicator Worksheet * [**Appendix C**](#C)**:** Selecting Improvement Team Worksheet * [**Appendix D**](#D)**:** SMART Goal Worksheet * Incident Analysis for LTC Workshop – September 18, 2025 * [**Appendix I**](#I)**:** Resident and Family letter template for adaptation by interested homes |
| **Workshop 2** – **Identifying Contributing Factors**  **Date: October 1, 2025**  See AUA Handbook, Steps 6 to Step 9 | Workshop 2 focuses on providing tools to support the following objectives:   * A data collection template for residents taking antipsychotics * Identification of all contributing factors to BPSD within the home * Understanding and describing the processes within the home that 1) inhibit or facilitate AUA 2) identify applicable residents to target for improvement strategies and implement those strategies effectively   **Activity:**   * [**Appendix F**](#F)**:** Process Map Elements |
| **Workshop 3** – **Testing Changes for Improvement**  **Date: November 5, 2025**  See AUA Handbook, Step 10 | In Workshop 3, participants learn how to properly implement tests of change and assess whether those changes are working. The session also includes examples of practical solutions for implementation.  **Activity:**   * [**Appendix G**](#G)**:** Intervention Prioritization and Plan-Do-Study-Act (PDSA) * Incident Analysis for LTC Workshop if not previously attended |
| **Workshop 4** – **Overcoming challenges to improvement**  **Date: December 3, 2025**  See AUA Handbook, Step 10 | In Workshop 4, homes will share updates on their QI work, including the challenges and strategies they’ve faced, and the strategies used to overcome them.  **Activity:**   * [**Appendix B**](#B)**:** Medication Safety Indicator Worksheet * Incident Analysis for LTC Workshop if not previously attended |
| **Workshop 5** – **Sharing Results and Spreading the Learning**  **Date: January 7, 2026**  See AUA Handbook, Step 11 | In Workshop 5, participants from homes will share updates and any results from their QI work s and spread the learnings.  **Activity:**   * Ongoing PDSA cycles, measurement and monitoring |
| **Workshop 6** – **Sustaining Success**  **Date: February 4, 2026**  See AUA Handbook, Step 12 | Workshop 6 will focus on providing tools and approaches to help homes maintain momentum (i.e. Run Charts) and share their successes.  **Activity:**   * Ongoing PDSA cycles, measurement and monitoring |
| **Workshop 7** – **Celebration of Achievements so far on the QI Journey**  **Date: March 4, 2026** | In Workshop 7, homes will celebrate their achievements so far on the QI journey.  **Activity:**   * [**Appendix B**](#B)**:** Medication Safety Indicator Worksheet |

**Appendix A: AUA Self-Assessment**

The ISMP Canada Medication Safety Self-Assessment® for Long-Term Care (MSSA-LTC) supports homes with evaluating the safety of their medication management systems. This relates to Step 2 in the [AUA Handbook](https://ismpcanada.ca/resource/appropriate-use-of-antipsychotics-handbook/) - Measurement, Monitoring and Oversight for Improvement.

In this section, you will reflect on questions adapted from selected MSSA-LTC items to address antipsychotic use in your home. Responses to these targeted self-reflection questions will inform project goals during your home’s participation in the AUA Innovator Network.

AUA Self-Assessment is to be completed and submitted through the [portal](https://portal.ismpcanada.ca/#0) by **October 1, 2025**.

**Targeted Self-Reflection Questions Related to AUA**

With your team, reflect on the following questions. Enter your responses below.

**Resident and Family Engagement**

1. Does your home engage residents and their family/caregiver in developing individualized plans of care to address behaviours? Yes / No **(circle one)**

If yes, please indicate which of the following are part of your process (select all that apply).

Residents and family/caregiver are offered an opportunity to ask questions and learn about antipsychotic medications (i.e., purpose for use, expected outcomes, important side effects, intended duration).

Resident and family/caregiver input is obtained in the development and evaluation of the individualized plan of care to address behaviours.

We obtain informed consent from the resident and family/caregiver to start/taper/deprescribe/change antipsychotic medications.

Other (please specify):

**Medication Therapy Monitoring and Best Possible Medication History (BPMH)**

1. Does your home have a formalized and documented approach to support the appropriate use of antipsychotics (e.g., see page 38 of the AUA Handbook)?

Yes/No **(circle one)**

If yes, please indicate which of the following are part of your process (select all that apply).

The known indication(s) for antipsychotic use is always documented on the Best Possible Medication History (BPMH)

When the indication for antipsychotic use is not known, there is a follow-up process in place to identify the indication

We have a process to monitor residents receiving antipsychotics for possible side effects (e.g., sedation)

When antipsychotics are used on an as-needed basis (PRN), there is a process in place to document their use and track how often they are used

At the quarterly medication review, there is a process to reassess the resident’s antipsychotic use, including the indication and/ or opportunities for deprescribing

Other (please specify):

**Quality Improvement**

1. Does your home track, review and discuss the results of the CIHI AUA indicator (details available from: <https://www.cihi.ca/en/indicators/potentially-inappropriate-use-of-antipsychotics-in-long-term-care>)?  Yes/No **(circle one)**

If yes, please provide your most recent results and the frequency of review of results.

1. Does your home also track, review and discuss the total use of antipsychotics (e.g., total number of residents taking antipsychotics for any reasons?) Yes/No **(circle one)**

**Incident Analysis (Report, Learn & Act After a Critical Incident)**

1. Please briefly describe your process, and who is involved, for analyzing critical incidents that may be related to a resident’s antipsychotic use (e.g. resident-to-resident altercation, fall with injury, or other potential medication-related harm to a resident, requiring a hospital transfer, etc.)

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online [portal](https://portal.ismpcanada.ca/#0)

**Measurement and Evaluation**

**How do you know things are changing if you are not measuring how you are doing?**

Measurement allows us to know to what degree we are meeting our targets for safety and quality, helps to identify elements of care we do well, and highlights areas of care where more work needs to be done. Indicators are the items or elements of a process that we measure, and by keeping track of certain indicators related to safety and antipsychotic use, you can evaluate your progress.

You’ll be asked to complete the Indicator Worksheet monthly and submit it to ISMP Canada through the online [portal](https://portal.ismpcanada.ca/#0) by the dates listed below. See Appendix B below.

|  |  |
| --- | --- |
| **Data period** | **Submit by** |
| Jun, Jul, Aug 2025  This data will help inform your baseline measure by looking back over the last three months | Nov 5th 2025 |
| Sep, Oct, Nov 2025 | Dec 31st 2025 |
| Dec 2025, Jan, Feb 2026 | Mar 31st 2025 |

Data required for completion of the worksheet includes the **name of your home**, the **number of beds**, and **items on the table below**:

|  |  |  |
| --- | --- | --- |
| Indicator | Rationale | Possible data sources |
| Medication incidents classified as near-miss, no harm, harm, death  (see definitions below) | This indicator is an oversight and surveillance metric of the medication use process, measuring the total number of medication incidents, and the degree of harm.  This measure would be used for surveillance of the medication use process, to identify trends and outliers, and to provide direction for improvement processes. | Nursing Leadership, Incident Management Software, Pharmacy Service Provider |
| Monthly number of incidents that involved high-alert medications – refer to your organization’s high-alert medication list | This indicator is an oversight metric of the medication use process related to high alert medications and relates to processes in place for high alert medications.  This measure would be used for surveillance of the medication use process, identify trends and outliers, and provide direction for improvement processes related to high alert medications. | Nursing Leadership, Incident Management Software, Pharmacy Service Provider |
| Monthly number of Resident transfers to Emergency Department | This indicator measures the number of residents requiring escalation of care due to clinical status.  Approximately 15-20% of ED visits are related to medications. | Nursing Leadership, Resident Daily Census |
| Monthly number of residents prescribed antipsychotics **for any reason** (the worksheet will automatically calculate percent of total residents) | This indicator measures the total number of residents prescribed antipsychotics for any reason. This includes those with important diagnoses such as schizophrenia and depression.  This measure gives a picture of how many residents in your home are prescribed antipsychotics, both appropriately and potentially inappropriately. | RAI coordinator, BSO staff, Pharmacy Service Provider |
| Monthly number of residents prescribed antipsychotics **without a diagnosis of psychosis** (unadjusted number) (the worksheet will automatically calculate percent of total residents) | This indicator measures the total number of residents who are prescribed antipsychotics but who are not diagnosed with psychosis. This is similar to the CIHI indicator, but more accurately reflects the current numbers required for the QI project in your Home (The CIHI indicator is delayed in time and further adjusted).  This measure gives a picture of how many residents in your home have dementia without psychosis and who are also prescribed antipsychotics. These residents may benefit from a review for potentially inappropriate antipsychotic medications. | RAI coordinator, BSO staff, Pharmacy Service Provider |

**Definitions of harm**

Adapted from Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework. Edmonton, AB: 2012 and National Coordinating Council for Medication Error Reporting and Prevention.

***Near Miss:***

A patient safety incident that did not reach the patient, also referred to as a “good catch” or “close call”.

*Example: A resident received another person’s medications in a cup, but the resident recognized that the pill colours and shapes were unfamiliar, and alerted a staff member who confirmed that these medications were intended for another resident*

***No Harm:***

A patient safety incident that reached a patient, but no discernible harm resulted.

*Example: A resident received a 500 mg tablet of acetaminophen, rather than the intended 325 mg tablet. No harm was noted.*

***Harmful Incident:***

A patient safety incident that resulted in harm to the patient. Harm can be broadly defined as physiologic (e.g., significantly decreased blood pressure), psychologic (e.g., decompensation of dementia), emotional (e.g., causing distrust in staff or medications), or financial (e.g., incurring an unnecessary cost).

*Example: A resident was prescribed an expensive immunization not covered by insurance. Unfortunately, a month later, it was discovered that the vaccine was administered to the wrong resident. In this case, no harm was experienced by the resident receiving the unintended dose, but harm was experienced by the resident for whom the vaccine was intended: physiologic in the sense that the resident was left unprotected against a disease, financial in the sense that a second dose must now be purchased, and emotional in the loss of trust in the healthcare system.*

***Death:***

A patient safety incident that contributes to the death of the resident

**Appendix B: Hard Copy of Medication Safety Indicator Worksheet**

(See [Innovator Home Calendar](https://ismpcanada.ca/resource/ltc/innovator-homes/calendar/2025/9/) for dates of submission)

1. Use the AUA Innovator Network Indicator Excel Worksheet available from [here](https://ismpcanada.ca/wp-content/uploads/YourHomeName-Ontario-AUA-Innovator-Network-Indicator-Worksheet-verAug08.xlsx).

Instructions are available under the “Instructions” tab at the bottom of the worksheet.

2. On the “Indicator Worksheet” insert the name of your Home and the current number of residents.

3. Each month, insert the number of events corresponding to each category of incident harm, and for each other indicator.

4. The chart and graph will automatically update as additional data for the monthly indicators are entered.

5. Save the worksheet, including your Home name in the file name.

6. Submit the worksheet to the online portal as directed in the [Innovator Home Calendar](https://ismpcanada.ca/resource/ltc/innovator-homes/calendar/2025/9/).

**Do not submit any personal or identifying information to ISMP Canada on this or any other worksheets.**

A screenshot of a computer

AI-generated content may be incorrect.

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online [portal](https://portal.ismpcanada.ca/#0)

**Appendix C: Selecting Improvement Team Worksheet**

# **AUA Team Selection Worksheet**

This worksheet is a tool for Long-term Care homes to select the Quality Improvement team for the Appropriate Use of Antipsychotics (AUA) project (Step 1 in the [AUA Handbook](https://ismpcanada.ca/resource/appropriate-use-of-antipsychotics-handbook/)).

## **Roles to consider for team**

|  |  |  |
| --- | --- | --- |
| **Role** | **Names** | **Agreed to Participate** |
| Manager/DOC |  |  |
| Medical Director |  |  |
| Resident/Family Representative |  |  |
| Prescriber |  |  |
| Pharmacist |  |  |
| Nursing (RN/RPN) |  |  |
| Allied Health / Programming Staff/BSO Staff |  |  |
| Personal Support Worker |  |  |
| QI Specialist/Educator/RAI Coordinator |  |  |
| Other |  |  |

## **Name of Sponsor (Senior Leader that ensures the team has the resources to succeed and removes barriers):**

## **Name of Project Lead (leads team meetings, ensures meetings are organized and project is on track):**

## **Meeting Schedule & Frequency**

* + Best day of week / time for AUA team to meet / participate in medication and/or care plan review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Meeting frequency (at least monthly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUA Team Selection Worksheet is to be completed and submitted through the [portal](https://portal.ismpcanada.ca/#0) by **October 1, 2025**.

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online [portal](https://portal.ismpcanada.ca/#0)

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**Appendix D: SMART Goal Worksheet**

**SMART Goal Worksheet**

**This worksheet relates to Step 2 in the** [**AUA Handbook**](https://ismpcanada.ca/resource/appropriate-use-of-antipsychotics-handbook/) **-** **Measurement, Monitoring and Oversight for Improvement**

The Quality Improvement method is a systematic approach to solving problems. It involves taking a team through the stages of:

* Writing a SMART (Specific, Measurable, Achievable, Relevant, Timebound) Goal
* Analyzing data and process to identify the key contributing factors
* Brainstorming and prioritizing potential solutions and testing solutions to determine if they will help the team achieve the goal
* Taking steps to sustain the results and then spread the learning to other units/locations~~.~~

This worksheet is a guide to the first step in the QI method – writing a SMART goal. The teams determine what is the “big needle” or **Outcome measure** that will be impacted by the process changes (associated measures are “**process measures**”) that are made by the team, and the “**counterbalancing measure**” is to ensure that the improvement is real and not at the cost of something that is important to residents.

1. **Outcome Measures** tracked monthly and submitted quarterly to ISMP Canada (**From Columns O and Q on the AUA Innovator Network Indicator Sheet):**

* Percentage of residents prescribed antipsychotics for any reason (Column O)
* Percentage of residents prescribed antipsychotics without a diagnosis of psychosis (Column Q)

1. Here are some examples of **Process Measures (select one or more and adapt for your home if applicable )** that you could measure and change during the initiative (*CAUTION – Each selected measure will need its own measurement plan, process map and interventions*):
   * % of residents that are on antipsychotics that do not exhibit any responsive behaviours more than *6 weeks after admission*
   * % residents where non-pharmacologic interventions were attempted before PRN antipsychotics were prescribed
   * % residents on PRN antipsychotics for *longer than 6 weeks*
   * % of residents on antipsychotics without an active diagnosis of psychosis or presence of aggressive behaviours
   * % of care plans for residents on antipsychotics without an active diagnosis of psychosis where the residents/families participated in identifying non-pharm strategies.
2. How much IMPROVEMENT (%) in the process measure would you like to see by March 31, 2026 (Typically teams aim for a 15% - 25% improvement)
   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Use at least one **Counterbalancing Measure** to show that improvement in the Process and Outcome measures didn’t cause a deterioration in another measure, for example:
   * Percentage of residents on other psychotropic medications
   * Number of incidents of resident-to-resident altercation
   * Number of incidents of resident-to-staff altercation
   * Other
4. Write your SMART Goal in the following format:
   * Increase/Decrease the (PROCESS MEASURE) by (IMPROVEMENT %) by TARGET DATE, while maintaining the (COUNTERBALANCING MEASURE).
   * Write here –



1. Track the Process and Counterbalancing measure(s) monthly, or on the Data Collection Template, if the Home decides to use it.

SMART Goal Worksheet is to be completed and submitted through the [portal](https://portal.ismpcanada.ca/#0) by **October 1, 2025**.

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online [portal](https://portal.ismpcanada.ca/#0)

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**Appendix E: Data Collection Plan**

This [Data Collection Plan template](https://ismpcanada.ca/wp-content/uploads/Data-Collection-Template-Ontario-AUA-Innovator-Network.xlsx) enables the Quality Improvement team to collect data for Outcome, Process and Counterbalancing measures.

A screenshot of a spreadsheet

AI-generated content may be incorrect.**This tool relates to Step 2 in the** [**AUA Handbook**](https://ismpcanada.ca/resource/appropriate-use-of-antipsychotics-handbook/) **-** **Measurement, Monitoring and Oversight for Improvement.** Homes may use this tool if desired and adjust it to meet their needs.

**Appendix F: Process Map Elements**

After you have determined the Quality Improvement Process measure (Appendix D) and you have collected baseline data (Appendix E), you will map with the current state of the process related to the measure that you are trying to improve, for example:

* Admission, assessment and medication review process
* PRN antipsychotics assessment, ordering and monitoring process
* Building and implementing individualized care plans for residents on antipsychotics.

**This worksheet relates to Steps 3, 4, 5 and 6 in the** [**AUA Handbook.**](https://ismpcanada.ca/resource/appropriate-use-of-antipsychotics-handbook/)

**SMART Goal:** (From Appendix D)

**Trigger:** (What starts the current process?) For example:

* Resident gets admitted with a medication order for antipsychotics
* Resident displays aggressive behaviour(s)
* Resident is on a scheduled order of antipsychotics

**Result/End Point: (**What is the end point of the current process?); for example:

* Decision gets made to continue/taper/discontinue antipsychotics
* Individualized care plan regarding responsive behaviours gets implemented

**Customer: (**Who is the result important for?) – Resident, other residents

**Work Token: (**What is flowing through the current process?) For example:

* Medication Order
* Care Plan
* Assessment Form

**Process Steps:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Description** | **Who is Leading This Work** | **How long Does this Step Take? (can be validated through direct observations)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

Process Map elements worksheet is to be completed and submitted through the [portal](https://portal.ismpcanada.ca/#0) by **November 5, 2025**.

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online [portal](https://portal.ismpcanada.ca/#0)

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**Appendix G: Intervention Prioritization and Plan-Do-Study-Act (PDSA) Template**

After you have mapped the current state of the process that you are trying to improve, this template will enable your team to identify the critical opportunities for improvement (key contributing factors), brainstorm some possible interventions, prioritize those interventions and then create a plan to test each of the prioritized interventions.

This template relates to Steps 7,8,9, and 10 of the AUA Handbook.

Intervention Prioritization and Plan-Do-Study-Act (PDSA)worksheet is to be completed and submitted through the [portal](https://portal.ismpcanada.ca/#0) by **December 3, 2025**.

1. SMART Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is preventing you from doing this (Look at your Process Map Worksheets and identify which steps have gaps)?

a.

b.

c.

d.

1. Identified Critical Opportunity(ies)/ Key Contributing Factors:
2. Brainstorm Interventions for each Critical Opportunity/Key Contributing Factor:

a.

b.

c.

d.

e.

f.

1. Intervention Prioritization Matrix (Also known as Impact-Effort Matrix):

* Place a dot in the appropriate quadrant for each intervention.

**Impact**

High

Low

|  |  |
| --- | --- |
|  |  |
|  |  |

High

Low

**Effort**

**Fill out this worksheet for each prioritized (selected) intervention.**

**SMART Goal:**

**PDSA Cycle No:** . **Start Date:**  **End Date:**

**Selected Intervention (Change) for testing:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the Test of Change (ToC)** | **Who**  **(responsible)** | **When**  **(completion date)** | **Where**  **(location)** |
|  |  |  |  |

**Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **List the tasks needed to set-up the ToC** | **Who**  **(responsible)** | **When**  **(completion date)** | **Where**  **(location)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Predict what will happen when the ToC is carried out** | **Measures to determine if predictions succeed** |
|  |  |

**Do** – Describe what actually happened during the ToC.  Capture data/measurements, document problems and unexpected observations.

* Enter text here

**Study** – What were the results of the ToC.  Analyze data/measurements, compare to predictions & summarize learnings.

* Enter text here

**Act** – Describe what modifications to the plan will be made for the next cycle from what you learned.  Are you going to adopt, adapt or abandon?

* Enter text here

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online [portal](https://portal.ismpcanada.ca/#0)

**Appendix H: Run Chart Template**

**This tool relates to Steps 11 & 12 in the** [**AUA Handbook.**](https://ismpcanada.ca/resource/appropriate-use-of-antipsychotics-handbook/)

Run charts are a graphical representation of your data (y-axis) over time (x-axis) and are used to depict whether there is an improvement and as a tool to sustain the improvements.

Homes may use this tool if desired and adjust it to meet their needs.

**Appendix I: Resident and Family letter template for adaptation by interested homes**

*It is important for AUA project information to be shared with the applicable residents, family members, and/or alternate decision makers early in the Quality Improvement process. A draft letter is enclosed below for adaptation and distribution locally.*

Dear Resident, Family Member and/or Alternative Decision Maker,

Many long-term care homes in Ontario are now working to advance the appropriate use of antipsychotic medicines prescribed to residents. Examples of these medicines include Seroquel (quetiapine), Rexulti (brexpiprazole), and Risperdal (risperidone), among others.

Antipsychotics are medicines sometimes prescribed to people with dementia to help manage behavioural concerns. For residents who have been diagnosed with psychosis, antipsychotic medicine can be helpful. Unfortunately, these medications can be prescribed inappropriately. They can also result in side effects such as sleepiness, restlessness, agitation, confusion, and an increased risk of falls, strokes and/or death.

The nurses, doctors, pharmacists, and other staff involved in caring for residents will be reviewing the use of antipsychotic medications for each resident to determine if the medication is appropriate for their care needs. The goal is to determine if there are ways other than medication to respond and manage behavioural concerns so that the inappropriate use of antipsychotic medications can be reduced.

Decreasing or stopping the use of antipsychotic medication will only be considered where appropriate. However, the individual care needs of the resident will be considered and prioritized in the review process.

When the time comes to review the medicines for each resident, we will contact the appropriate family members and caregivers. Input and feedback from residents, families, and caregivers will be valuable and will help inform this process. Any changes to antipsychotic medicine use will be discussed beforehand and residents will be monitored closely if changes are made.

We have included a [handbook](https://ismpcanada.ca/wp-content/uploads/ISMPCanada-AUA-Handbook-2025.pdf) that provides more information about the use of antipsychotic medicines. If you have any questions about this process, please feel free to contact [*insert the name of a contact at the home that is working on the project and able to answer any questions*].

We also would like to share that the home is participating in the Ontario Appropriate Use of Antipsychotics Innovator Network. We will be receiving free tools, education, and coaching support from representatives of the [Institute for Safe Medication Practices Canada (ISMP Canada)](https://ismpcanada.ca/). As a Network participant, we will also engage in online webinars for sharing and learning with other homes across the province.

This project is being led by ISMP Canada as part of the *Strengthening Medication Safety in Long-Term Care* initiative, which is funded by the Ontario Ministry of Long-Term Care.

[*insert name of the person at the home distributing this information*]