MEMORANDUM TO: Long-Term Care Home Sector Partners

FROM: The Honourable Dipika Damerla
Associate Minister of Health and Long-Term Care
Long-Term Care and Wellness

SUBJECT: Antipsychotic Medication in long-term care homes

The use of antipsychotic medication in long-term care (LTC) homes is a top priority, not only for me, but a shared priority across the sector. Sector leadership at the Ontario Long-Term Care Association, Ontario Association of Not-for-Profit Homes and Services for Seniors, the Ontario Long-Term Care Physicians (OLTCP), Family Councils’ Program, Ontario Association of Residents’ Councils, the Ontario Pharmacists Association, Nurse Practitioners Association of Ontario and the Ontario Medical Association (OMA) have been championing significant efforts to drive appropriate prescribing of antipsychotic medication, with quality of life and the safety of residents as the primary focus. However, recently released data and reports highlight the variation in prescription of antipsychotic medications in Ontario’s LTC homes. While there have been recent improvements, the substantial variation highlights system-wide challenges and room for improvement. I am writing to ask all LTC homes and sector partners to enhance their efforts.

There are two key initiatives that LTC homes should be leveraging.

First, the Quality Improvement Plan (QIP) that outlines a LTC home’s quality commitments to its residents, staff and community. I am encouraged that 80% of LTC homes included the appropriate use of antipsychotic medications as a priority to improve on, with measureable improvement targets, but I know we can do more. To that end, I am asking the 20% of homes that did not include this in their QIP to reconsider the selection of this indicator as an improvement priority for their home. I would also ask that all homes consider a more aggressive target for improvement. Should you choose to resubmit your QIP, the deadline is August 31, 2015. Health Quality Ontario (HQO) will provide additional information in the coming days to assist with this process.

Coordinated support to the sector to achieve their targets will be needed. As such, I am asking HQO to build on their successful work to date with this sector and identify interventions to support those most in need.

Second, in recognition of this priority, the ministry has been working with the OMA to support LTC homes with appropriate prescribing through a demonstration project, first
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focusing on antipsychotic medications. This project will deliver on a provision of the 2012 Physicians Services Agreement related to opportunities to support appropriate prescribing through voluntary, quality-based, educational strategies. This work is focused on supporting quality, as well as improving the experience of residents, families, and providers in the sector. Through this demonstration project, all physicians practicing in LTC will be able to access their prescribing data and all homes, resident and family councils will be supported with tools and resources to improve the appropriate use of antipsychotic medications.

A call for proposals was completed in the Fall of 2014, selection of homes is currently being finalized and the program will launch in September, 2015. I strongly encourage all physicians practicing in LTC to show their commitment to the quality of care and safety of their residents by accessing this valuable and specially-designed resource, and will look for support from the OMA and OLTCP in this regard.

In summary, it is clear that there is interest in the sector to improve, as well as momentum toward a culture of continuous improvement. I view the elements noted above as a first step in a targeted, comprehensive approach to ensure the appropriate use of antipsychotic medications in LTC homes.

Yours sincerely,

Dipika Damerla
Associate Minister