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We need to pay attention to the organisational culture of aged-care facilities to reduce the inappropriate use of psychotropic medication. ”

– Dr Mouna Sawan

Addressing aged-care facility organisational culture to reduce the use of antipsychotic medications



What is the focus of the research?

Evaluating the organisational culture of residential aged-care facilities to stop the overuse of psychotropic medications in residents living with dementia.



Why is it important?

Psychotropic medications are commonly used to treat behavioural changes in people with dementia who live in residential aged-care facilities (RACF).

These medications, which include antipsychotics and antidepressants, act on the brain and can affect a person’s mind, mood and behaviour. RACF often use them to manage sleep disturbances, agitation, aggression and depression.

Research has shown that non-medication interventions should be the first line of treatment for behavioural changes. When using medications, possible benefits need to be balanced against the risk of harm. The inappropriate use of psychotropics in some RACF was highlighted as a concern in the Royal Commission into Aged Care Quality and Safety.

The extent to which psychotropic medications are used in RACF may depend on organisational culture, which comprises the values, beliefs and attitudes of staff members and management. Currently, no tool exists that can a) evaluate RACF culture to identify what is needed to reduce the inappropriate use of psychotropics, and b) determine if facilities' current strategies are making a difference.

Dr Sawan and her team are developing the Psychotropic Medications use in Residents and Culture: Influencing Clinical Excellence (PRACTICE) tool. It's a user-friendly questionnaire that aims to comprehensively evaluate all aspects of facility culture and tailor strategies to address where it may have impacted psychotropic medication use.

The questions were developed from gold-standard research and evaluated by healthcare professionals with experience and/or expertise in medication management in RACF. Dr Sawan will develop a scoring algorithm that, based on the responses, highlights specific areas of concern. The PRACTICE tool aims to empower RACF to make important changes that reduce the inappropriate use of these medications.



How will this happen?

Stage 1: recruit RACF staff, managers and healthcare providers to pre-test and refine the PRACTICE tool via a series of in-depth interviews.

Stage 2: perform a cross-sectional survey with RACF staff and healthcare professionals to ensure that items in the tool a) measure what is intended, and b) enable scoring of the tool to provide feedback to RACF providers.

Stage 3: conduct focus groups with people who have lived experience of dementia in RACF to explore their perceptions of the tool's application in research and practice.



What will this mean for people with dementia?

- Person-centred approach to psychotropic prescribing when living in residential care.
- Non-medication interventions as the first line of treatment for behaviour changes.
- Better quality of life for people living in residential care.



Who's undertaking the research?

Dr Mouna Sawan, University of Sydney

Dr Sawan is an early career researcher dementia fellow in medication safety and dementia at the School of Pharmacy, Faculty of Medicine and Health, University of Sydney. She is also a practising registered and accredited pharmacist. Dr Sawan was awarded the 2021 Dementia Centre for Research Collaboration fellowship to document medication

use specifically in people with dementia. Her seminal research includes the development of the PRACTICE tool. Dr Sawan's research excellence was recognised with the 2019 Research in Social and Administrative Pharmacy Best Paper Award and 2022 Best Oral Presentation at the Australian Dementia Research Forum.

The title of Dr Sawan's project is *Evaluating organisational culture of residential aged care facilities to reduce the inappropriate use of psychotropic medications in residents living with dementia.*