Easing Transitions and Addressing Safety

BIGGER PICTURE PERSPECTIVE

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FRASER HEALTH RESIDENTIAL CARE, ASSISTED LIVING & SPECIALIZED POPULATIONS

BCPGA CONFERENCE MAY 3, 2014

Intentions for today's discussion

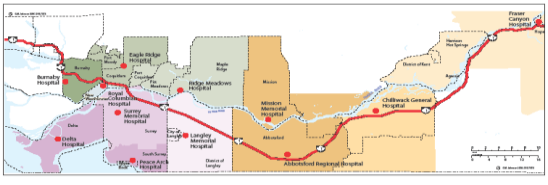
- Overview of the P.I.E.C.E.S. Education Initiative
- Transitions
- Safety

Background

Pulling it all together

P.I.E.C.E.S. Education Initiative involves ..

fraserhealth
Better health. Best in health care.



Over 7,000 residents in 80 care facilities

P.I.E.C.E.S.™ PROGRAM: BRIEFLY

What is P.I.E.C.E.S.?

- **A program originating from Ontario**
- **A framework with a comprehensive systematic and interdisciplinary approach that helps teams detect, assess and understand complex physical and cognitive/mental health needs and associated behavioural changes**

Putting the P.I.E.C.E.S. ...together

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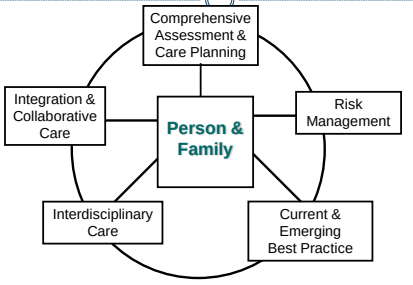
Physical, **I**ntellectual, **E**motional, **C**apabilities, **E**nvironment, **S**ocial, and are the cornerstones of the philosophy and care of the **P.I.E.C.E.S.** Education Initiative.

What are the P.I.E.C.E.S.™ goals?



P.I.E.C.E.S.™
A Model for Changing Practice

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P.I.E.C.E.S.™ Leadership & Performance Improvement Program for Senior Leaders

P.I.E.C.E.S.™ Education Programs for Regulated Staff

Foundation for Practice Change: Common vision, language and approach

The P.I.E.C.E.S™ approach enhances Collaborative Care

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Individual	Team	Organization	System
Education can change individual behaviours/practice	Increased **collaboration & results** at the team **level**	**Vision** linked to team and individual outcomes	Part of a larger **approach** to support system change

Accountability to front line

Direct Caregivers

Fraser Health - Phased Approach

Prototype Sites Selected → Expand to all facilities → Evaluate & Sustain

WHO DOES WHAT?

Beginning Phase : **It takes a village ..**

Senior Leaders

Enablers

"Clear the path" so that P.I.E.C.E.S. can move forward

*Some differences

P.I.E.C.E.S. Facilitators
External or In-house

- Facilitate the Senior Leadership sessions
- Facilitate the 24 hour Program for in-house PRPs
- Potentially coach, mentor in-house PRPs; provide/support in-house education using P.I.E.C.E.S; co-facilitate Physician education

P.I.E.C.E.S. Resource Person (PRP) In-house

- Not an expert
- Not meant to train others to use P.I.E.C.E.S
- Meant to coach, mentor Team to apply P.I.E.C.E.S. Assessment & Care Planning Framework
- Liaison with P.I.E.C.E.S. Facilitator & external partners (e.g. GMHT)

*References Psychogeriatric Resource Consultants – Ontario resource and not to be confused with P.I.E.C.E.S. Facilitator or P.I.E.C.E.S. Resource Person

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P.I.E.C.E.S.™ Mantra

Working Smarter
NOT
Harder

P.I.E.C.E.S. © Used with Permission

Integration and Collaborative/Shared Care?

PARTNERSHIPS ARE INTEGRAL

HOW WILL THIS WORK ACROSS SECTORS?

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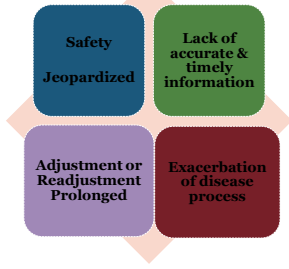
Mr. C. is a 72 year old reti

What you didn't know until now, as information wasn't communicated on his Community Assessment, is that he was also "on guard" the condo he resided in

guard and that the home is a detention centre

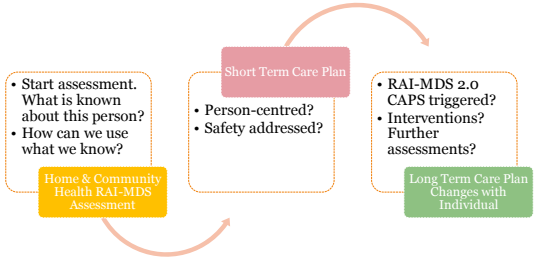
Adapted P.I.E.C.E.S. Resource Guide

Transitions in Residential Care



Fraser Health (2007). Transition to Residential Care. Improving Care Transitions & Reducing Relocation Stress.

TRANSITION POINTS



How P.I.E.C.E.S. can help 3 Questions Template

Adapted from P.I.E.C.E.S. Resource Guide

Behavioural Observation

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How do we observe behaviour in an objective way?

A: Antecedents (triggering factors)
B: Behaviour (severity, frequency, timing and duration)
C: Consequences (response)

Importance of standardized assessment tools

P.I.E.C.E.S. © Used with Permission

What happens if the P.I.E.C.E.S. standardized assessment tools or BPSD Algorithm tools are different from what is currently supported in Clinical Practice Guidelines etc.?

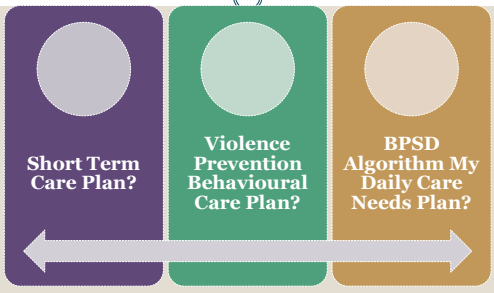
Standardized Assessment Tools

P.I.E.C.E.S. Resource Guide (2010)	Fraser Health uses
• Dementia Observation Tool (DOS) • Cohen-Mansfield Agitation Inventory (CMAI) • Confusion Assessment Method (CAM) • Mini-cog • Mini-Mental Status Exam (MMSE)	• 7 Day Observation Sheet; Behaviour Pattern Tracking Record • Cohen-Mansfield Agitation Inventory (CMAI) • Confusion Assessment Method (CAM) • Standardized Mini-Mental Status Exam (SMMSE)

Standardized Assessment Tools

P.I.E.C.E.S. Resource Guide (2010)	Fraser Health uses
• I Watch Death • SIG E CAPS • Geriatric Depression Scale (GDS) • Functional Assessment Staging Tool (FAST) • Lawton Brody – functional	• PRISME • SIG : E CAPS/M SIG E CAPS • Geriatric Depression Scale (GDS) • Global Deterioration Scale (GDS) & FAST • RAI CAPS: ADL, IADL

Which care plan do you use?



Later … RAI-MDS Care Plan. Change in status.

Is the P.I.E.C.E.S. Job Aid different from the BC BPSD Algorithm and if so how so?

Reminder – Current and Emerging Best Practice

Some Difference or Similarities Between:

P.I.E.C.E.S. Job Aids	BC BPSD Algorithm (2014)
• Used for persons with Physical & Cognitive/mental health needs & associated behavioural changes • Person-centred, family centred • 3 Question Template • ABC Approach • Assessments – Tools	• Used for persons with Behavioural & Psychological Symptoms of Dementia • Person-centred, family centred • ABC Approach • Assessments – Tools • P.I.E.C.E.S. Embedded • Care Planning

Some Difference or Similarities Between:

P.I.E.C.E.S. Job Aids	BC BPSD Algorithm (2014)
• Medications • Psychotropic selection, monitoring, risks & benefits • TEAM - Interdisciplinary • Collaboration/shared care • U-First (HCAs)	• Medications • Care Plan – RAI; My Daily Care Needs • Interdisciplinary • Psychotropic selection, monitoring, risks & benefits • Evaluation

Guidelines for Dosages in Dementia

P.I.E.C.E.S. Psychotropics Framework (Slide 44)	BC BPSD Guidelines (2012)
Risperidone 0.25 - 1.5mg Target 1.0 mg	Risperidone 0.25mg daily - bid. Max 1 mg/day
Olanzapine 2.5 - 10mg	Olanzapine 1.25 - 2.5mg daily hs - bid. Max 5mg/day
Quetiapine 25 –125mg	Quetiapine 12.5 - 25mg bid-tid. Max 150mg/day
Note: may need to use higher dosages (200-300mg) for Quetiapine; always titrate to response and tolerability: GO SLOW	Aripiprazole 2mg daily. Max 10 mg/day

To continue with the story of Mr. C ..

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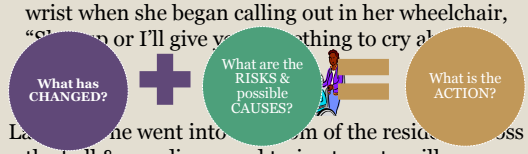
2 nights ago he grabbed a female co-resident by the wrist when she began calling out in her wheelchair, "S[illegible]p or I'll give y[illegible]thing to cry a[illegible]



La[illegible]he went into [illegible]m of the resid[illegible]oss the hall & was discovered trying to put a pillow over his face because he had been making noise.

Adapted from P.I.E.C.E.S. Resource Guide

P.I.E.C.E.S. INTEGRATION AND EVALUATION

Integration of P.I.E.C.E.S. into current/emerging practice

- **Identification & Response to Behaviours Clinical Practice Guideline**
- **Violence Prevention – Level 3: Enhanced Behaviours Education**
- **Safety Huddle Form**
- **Caring Journey**
- **Least Restraints**
- **Sexual Health & Intimacy Protocol**

Gathering data to get a better grasp of the situation..

Learning from those who have gone before us..

Fraser Health – P.I.E.C.E.S. Program

- Program Logic Model – track and evaluate processes
- Clinical and Systems Approach to Responsive Behaviour Plan 2013-2016 Adapted from Ontario Residents First Initiative (2011)

Some Ontario P.I.E.C.E.S. Evaluation Results

Benefits	Needs
• PRPs are empowered • Resident care improved • Diminished unusual behaviour • Added knowledge, confidence to deal with difficult situations • Improves QOL resident • Fewer "crises" • See residents as a whole • Framework helps develop staff objectivity	• PRPs Time – adds to workload • Funding – for extra hours in-house PRPs • Support in-house PRPs • Staff constraints • More in-house PRPs per facility • HCAs/other staff need more training as well • Physician [Nurse Practitioner]training

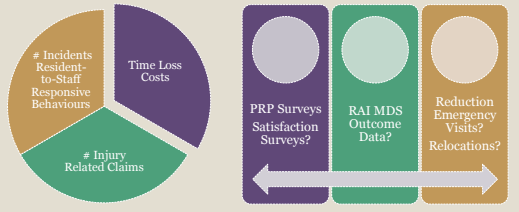
P.I.E.C.E.S. is Most Successful When:

- Management supports the program
- In-house PIECES Resource Person has time to coach/mentor other staff with problem-solving
- There is more than one P.I.E.C.E.S. trained staff in a facility
- Physician [Nurse Practitioner]is supportive
- There are opportunities for teaching other direct care staff specific content

The Provincial P.I.E.C.E.S. Evaluation sub-group identified three streams for evaluation:

- Pre and post session surveys
- Establishment of records/audits to determine application of PIECES in practice.
- Identification of RAI indicators that can be tracked provincially.

Indicators Suggesting P.I.E.C.E.S. Contributed to Practice Change and Quality Improvement ?



We don't have good data about .. and hear about in Media Reports

Fraser Health –Education Next Steps

1
- P.I.E.C.E.S. Resource Person Education – Remaining sites
- P.I.E.C.E.S. Facilitators – Need More Educated
- Systems – Internet Shared Point Site

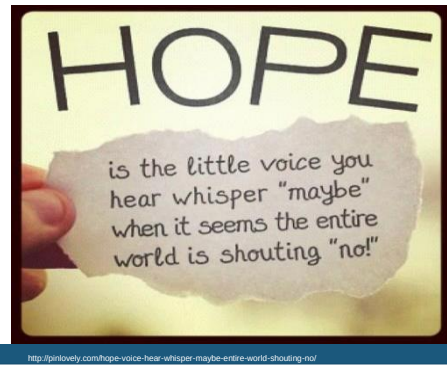
2
- Direct Care Nurse Education
- Allied Health Education
- Health Care Assistants Education

3
- Physician [Nurse Practitioner]Education?
- Across Sector Education?

Fraser Health –Next Steps

1. P.I.E.C.E.S. Integration RAI Platform?
   - Care Plans – Clarify approach
2. Collaboration with Tertiary Mental Health?
3. Evaluate and Sustain

IN SUMMARY



http://pinlovely.com/hope-voice-hear-whisper-maybe-entire-world-shouting-no/

References

- British Columbia Ministry of Health (2012). Best practice guideline for accommodating and managing behavioural and psychological symptoms of dementia in residential care. Retrieved November 19, 2012 from http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf
- British Columbia Patient Safety Quality Committee (2014).Accommodating and managing Behavioural and Psychological Symptoms of Dementia (BPSD) in residential care. Retrieved April 30, 2014 from http://www.bcbpsd.ca/
- British Columbia Patient Safety Quality Committee (2014). Retrieved from http://bcpsqc.ca/clinical-improvement/clear/
- Fraser Health Authority (2007). Transition to Residential Care. Improving Care Transitions & Reducing Relocation Stress.
- Fraser Health Authority (n. d.). Municipal map. Retrieved from http://www.fraserhealth.ca/media/FH_map_municipal(1).pdf
- Ontario. Health Quality Ontario. Retrieved from http://www.hqontario.ca/Portals/0/Documents/qi/rf-change-table-responsive-behaviours-en.pdf
- P.I.E.C.E.S. Consult Group (2010). P.I.E.C.E.S.™ Resource Guide. 6th Edition (R).
- P.I.E.C.E.S. Consult Group (2010). Putting the P.I.E.C.E.S. ™ Together. 24-hour Program and Psychotropics PowerPoints.