“Lead From Where You Stand”

EXTRA Research Project: Reducing Antipsychotic Medications

WRHA PCH Program

Alzheimer Society MANITOBA

Module 2: P.I.E.C.E.S. & MDS

P.I.E.C.E.S. is a dementia care education program .

P.I.E.C.E.S. provides a framework to:

- understand the care needs of individuals with complex cognitive and mental health needs
- assess care needs and develop care plans
- help people at risk for responsive behaviours

What are the P.I.E.C.E.S.™?

- P = physical
- I = intellectual
- E = emotional
- C = capabilities
- E = environment
- S = social

The P.I.E.C.E.S.™ Framework- the 3 Question Template

The 3 Questions that guide assessment:

1. **What has CHANGED?**
   - think atypical, avoid assumptions
2. **What are the RISKS and their possible CAUSES?**
   - think P.I.E.C.E.S.™
3. **What is the ACTION?**
   - interventions, interactions, information

P.I.E.C.E.S.

- Question 1: What has changed?

  - Is the problem behavior new? If so, in what way and when did the change emerge.

  - Did the problem already exist? If so, is it worse or different?

  - If the problem behavior longstanding and unchanged? If so, what else could have changed, for example, caregiver stress?

WRHA PCH Program

Alzheimer Society MANITOBA

P.I.E.C.E.S.

Question 2: What are the RISKS…

- **R** = roaming/wandering
- **I** = imminent physical harm e.g.. falls, frailty
- **S** = suicide
- **K** = kinship/relationships
- **S** = self neglect/substance abuse

WRHA PCH Program

Alzheimer Society MANITOBA

Question 2: …and what are the possible causes (think P.I.E.C.E.S.™)?

- **P** = physical
- **I** = intellectual
- **E** = emotional
- **C** = capabilities
- **E** = environment
- **S** = social

P=Physical

- looking for physical causes that might be contributing to the behaviours
- is the resident:
  - in pain?
  - hungry?
  - cold?
  - needing to go to the bathroom?
  - experiencing a delirium?
  - unable to hear well?
  - experiencing a worsening of a physical condition e.g.. arthritis?

I=Intellectual

- dementia affects the person's memory, thinking, language, problem solving, etc.
- how are changes in the brain affecting behaviour?

E = Emotional

- we need to be aware of personal losses the Resident has experienced, such as loss of a spouse
- think about what you lose when you are admitted to a Personal Care Home
  - your home/belongings, privacy, choices, independence/freedom

- the person may have trouble adjusting to these losses and other changes in their life
- depression may be present
- we need to learn what were their “mountain-top” experiences? valleys in their life?

C = Capabilities

- maximize the resident's abilities
- know what the resident can and can't do
  - find the balance between "out-pacing" them (expecting more than they are capable of doing) and providing opportunities to do tasks on their own (breaking down tasks into smaller steps)
- build on strengths to promote quality of life

E = Environment

- be aware of how the environment affects the resident
  - what is your facility's environment like in terms of noise, privacy, routines, lighting, etc.?
- a safe, supportive environment helps the resident build on their strengths
- as a part of a resident's environment, caregivers need to be flexible to support changing needs

S = Social

- each person has a unique social, spiritual and cultural background
- what do we need to know about this person to give the best care?
  - how does knowing more about the person change our views, approach, understanding?

Question 3: What is the action?

- **Intervention**
  - blood work, consults, etc.
- **Interactions**
  - approach, care planning
- **Information**
  - who is on the team and how do we share the information with them

WRHA PCH Program

Alzheimer Society MANITOBA

Assessment Tools

- MDS Outcome Scales (Module 6)
- DOS
- CAM

For the EXTRA Project: Reducing Antipsychotic medications, these tools will be used to assess residents

Dementia Observational System (D.O.S.)

- Used to assess the resident's activities over the course of a 24 hour cycle
- "What is the rhythm of this person's day?"
- Provides clinical team with measureable data
- Helps to determine if there is evidence to support a behavioural diagnosis (ex. sleep disturbance)

The tool replaces opinion with measurable data by establishing the:

- Occurrence of a distinct behavioural entity
- Frequency with which target behaviours occur
- Duration the target behaviour is displayed
- Frequency with which the target behaviours of **the greatest risk** are displayed in comparison with those behaviours that should be accomodated.

General Info about D.O.S.

Worksheet comes in 2 versions:

<u>Standardized</u>

- Has behavioural key to track sleep, calm/awake noise, restlessness, exit-seeking, verbal aggression, and physical aggression

<u>Individualized</u>

- Has behavioural key that describes up to eight behaviours that can be individualized to the resident

When Do You Use D.O.S.?

- Whenever there is a change or concern in the person's typical behavioural profile
- Whenever the team needs an outcome measure to determine if target behaviour has changed in frequency and duration

Confusion Assessment Method (CAM)

- A tool to assist with the identification of individuals who may be suffering from delirium/acute confusion
- Is quick and can be done by non-psychiatric clinicians
- Not a diagnostic tool – more a screening tool for delirium

How Do We Use CAM?

- Info from interview of resident, family and caregivers
- Info from chart
- Info from direct observation

All this information is used to made a determination about each feature in the delirium algorithm.

Features of CAM

Diagnostic Algorithm for Suspecting Delirium:

1. Acute onset & fluctuating course
2. Inattention
3. Disorganized thinking
4. Altered L.O.C.
   - Alert (normal)
   - Vigilant (hyper-alert, startles easily)
   - Lethargic (drowsy, easily aroused)
   - Stupor (difficult to arouse)
   - Coma
   - uncertain

QUESTIONS