1-207 Partners in care

TIPS Question:

Is there a guideline developed to implement the P.I.E.C.E.S. framework step by step? (ie. “doable chunks” achievable on a timeline to ensure successful implementation)

Response:

This is a very good question and refers to getting "buy in" from staff and management at your facility. This also involves teachable moments and building on current strengths and programs already in place in your facility! Facilities are all at a “different place” in terms of their resources, clinical skill base, etc.

In the southwest region you are fortunate to have a “P.I.E.C.E.S. Implementation” Committee. Your facility will hear more about this through SWOGAN (the Southwestern Ontario Geriatric Assessment Network) and the Long Term Care Innovation and Leadership Institute.

Here are some practical TIPS from my own experience:

- I sometimes feel like a "car salesman" when I speak to groups and facilities about behavioural approaches because I feel like I'm trying to "sell" the idea of investing time to save time. It is very difficult at first, but this must be looked at as a ***process*** that occurs over time. I always warn people not to expect too much, too fast because then it is only disappointing. For example, when I first go to a facility to discuss a resident's challenging behaviours, I focus on the fact that I was asked. That is the most important first step. The fact that your DON and admin. sent you for P.I.E.C.E.S. education is great!

- As a second step, I hope to convey some meaningful information to staff about challenging behaviours. I try to slowly introduce concepts that staff should take into consideration when assessing residents. Over time, and several cases, I work toward my goal of helping staff review their approaches and assessments with residents. Staff eventually notice how their new approaches help decrease challenging behaviours. This realization is more meaningful to them when they feel they have been guided rather than when they feel they have had new approaches "pushed at them". This reinforces change and the whole process becomes easier.

- The best thing you can do is strive for small changes in your facilities' approaches; gently reinforce this and allow your facility to come to their own understanding that if time is initially given to do specific assessments and tools; then time is saved later with less challenging behaviours.

- You may want to consider finding time to meet with your DON/Adm/supervisor and share the highlights of your P.I.E.C.E.S. experiences, the overall P.I.E.C.E.S. frameworks, the value of ongoing networking with P.I.E.C.E.S. participants you have met locally, regionally, and provincially. Working with your senior group, you need to consider your priorities in light of your facility mission and existing strengths and programs. Physician involvement will also be important.

To help you focus as you plan for overall staff and physician collaboration, try adjusting the Partners in Care questions – this may provide some interesting answers! For example:

1. What are the expectations staff, senior mgmt and the physician have related to complex physical and cognitive/mental health needs of the resident?
2. What are the strengths, contributions, and opportunities for collaboration as a result of bringing the team including the staff, senior mgmt, and the physician together to plan care?
3. How should people including staff, senior mgmt, and the physician communicate care needs, strategies, and care plan improvements?
4. Are staff, senior mgmt, and the physician satisfied with the outcomes of resident care?

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! PIECES participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*