3-251 Time for assessments

TIPS Question:

Partners in LTC facility and I am able to identify and get to the root of the behaviours / problems. However, how can I find more time to actually work on a particular individual to do assessments using the learned tools during P.I.E.C.E.S. training? How family members & other caregivers interpret behaviour & its causes can assist in determining how to help that individual to better understand the behaviour experiencing loss/grief?

Response:

It appears that there are two questions here. One is about time and how to find it to use the tools. The other is about how to use information to help families.

The challenge for many P.I.E.C.E.S. trained people (PRP's) as we discussed during the P.I.E.C.E.S. sessions, is how to take what has been learned in the program and apply it to day- to-day practice. You have indicated that partners in the LTC facility can identify and assist in getting to the root of the behaviour. How are they currently doing this? Is there a way to improve the process of identification and create a common approach to problem solving in your facility. The Six-Question template is an excellent way of looking at all the factors that can impact a particular behavioural symptom. Combined with what you have learned about U-First! these templates can be used to initiate dialogue with both staff and family either separately, using unit meetings, staff report, separate meetings with family or as a way of guiding a case conference when all partners in care are present. P.I.E.C.E.S. can help focus dialogue on what the person can still do. It provides a balanced way of looking at change and preserving ability. This approach can help all partners focus on continuing strengths of the individual and the family's very important role in helping staff develop support strategies that are individualized with a common goal of helping to maintain purpose and meaning and quality of life. Our Understanding of the individual and their life history informs the nature of Support strategies we will use as a Team. The section on Partners in Care in your P.I.E.C.E.S. Guide is a good resource. Also review the U-First! information in the manual.

With respect to time, what are some of the ways you could incorporate the use of tools using mechanisms that already exist in your facility? The group brainstormed a number of excellent ideas during the P.I.E.C.E.S. education session. For example, the Cohen Mansfield Agitation Inventory and the Dementia Observation System (DOS) are best completed using a Team approach. Can you think of opportunities where you could take some time to introduce a tool, eg unit meetings, report, etc. Helping the Team understand why the tool is helpful and how the information can be applied to care approaches increase success for continued use. Think back to the dialogue on learning strategies in your P.I.E.C.E.S. Resource Guide. Adults need to apply the learning right away. Choose a care situation of a resident that would really benefit from more information gathered. Build on the experience of one successful example.

Have you thought about training other registered staff in your facility to use the tools? This is a positive way to begin to integrate the learning more broadly in an organization and helps build Team. Approach your administration with your ideas to gain support and foster enthusiasm for your efforts to improve care using what you have learned. Your Psychogeriatric Resource Consultant (PRC) in your area would be a great resource to assist with this.

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! P.I.E.C.E.S. 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.*