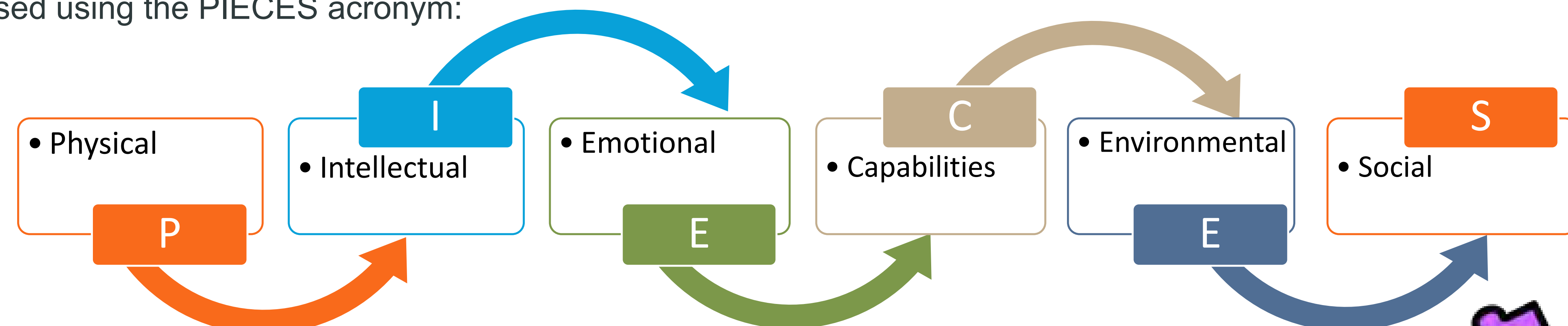


## WHAT IS P.I.E.C.E.S.?

- PIECES is a holistic, patient-centered approach to understanding the challenging behaviors of individuals that have complex physical, cognitive, and mental health conditions
- Framework that conveys individuality and importance of various factors that affect the well-being, self-determination, and quality of life of older persons and their families
- Patients are assessed using the PIECES acronym:



## CASE STUDY:

89 year old woman admitted with right hip fracture, failure to cope and MRSA

## NEW BEHAVIOURS

### Q1: WHAT HAS CHANGED? BEHAVIOURS OF CONCERN:

- Cries constantly
- Exit seeking
- Calls taxi, 911, porters
- Goes to other patients rooms and nursing station to use the phone
- Verbally abusive, swearing

### Q2: WHAT ARE THE RISKS?

**R:** Wandering, exit seeking

**I:** Falls

**S:** Not applicable

**K:** Verbally abusive towards staff, constantly calling family, family rarely visits, going into other patient rooms and invading their privacy

**S:** Korsakoff's, refuse to allow staff to do ADLs

### And what are the PIECES?

**P:** Right hip fracture, Korsakoff's, history of alcohol abuse. Delirium ruled out with a negative urine sample. Disability- uses wheelchair

**I:** Apathy- not motivated to do things. Anosognosia- lack of insight, thinks that she can manage at home

**E:** Adjustment disorder, going from home to the hospital. Mood disorder- loneliness, limited tolerance of others

**C:** Refuses assistance with ADLs, uses wheelchair for mobility. Able to feed self, can speak. Occasionally incontinent, wears soiled clothing

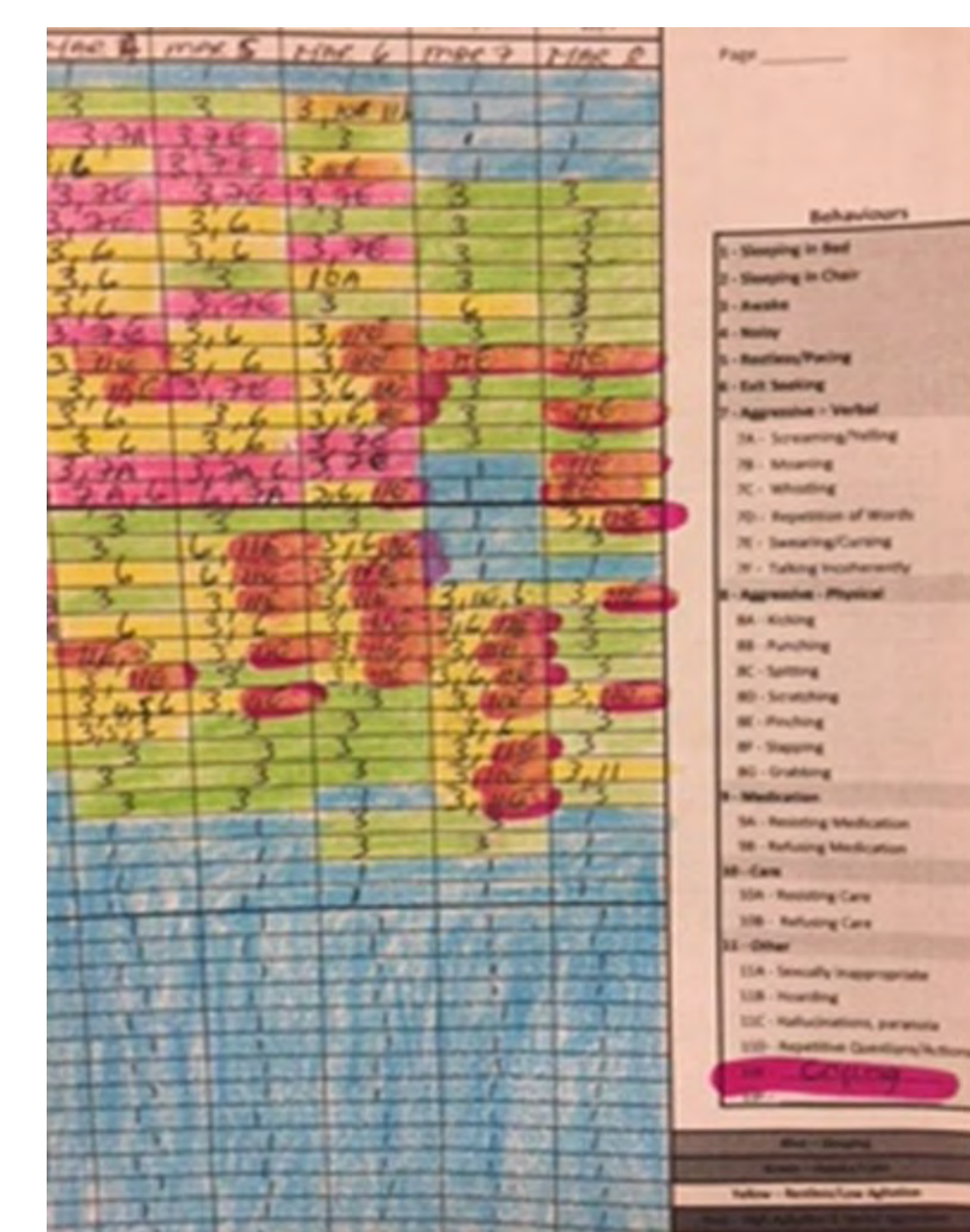
**E:** Isolated due to MRSA. Lack of control. Relocated to 5W from another unit without sitter

**S:** Grade 10 high school education. Lived at home with 2 cats and her common law husband. Has a daughter and a sister. Minimal visits from friends and family. Loves swimming

### Q3: WHAT IS THE ACTION?

#### Intervention/ interactions

- Used CAM, DOS, and MoCA
- GeriPsych was consulted, pharmacy was involved with medication review- increased doses of thiamine and valium
- Created a care plan
- Falls prevention measures were put in place
- GPA used
- MRSA treated, then patient moved to semi- private room with roommate, so she was less lonely
- Removed phone with family's consent
- Provided with DVD player, TV activated
- Given a stuffed cat/animal
- Volunteers spent time with her
- OT/ PT walked with her



#### Information

- Communicated with staff to continue with DOS tool/care plan
- Interdisciplinary team involved via rounds
- Patient attended recreational therapy groups and interacted with volunteers
- Information passed onto other staff through charge nurse reports and patient care handoffs
- All About Me** booklet initiated

#### Outcomes

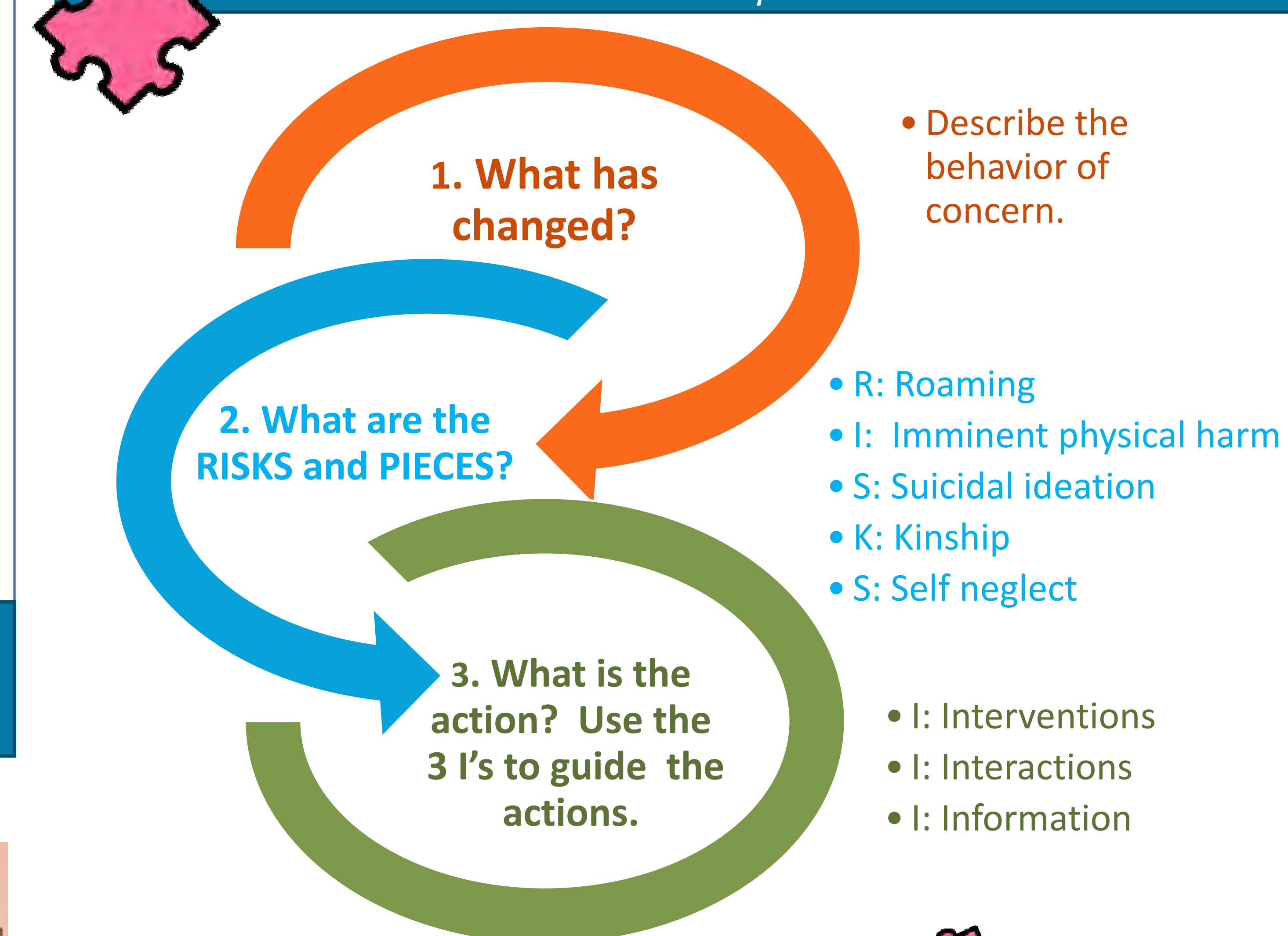
- Reduced wandering and exit seeking
- Reduced crying
- Individualized timing and doses of medications
- More compliant and autonomous with her ADLs
- More social with volunteers, going to activities
- Consistent interventions
- Successfully transferred long term care



**References**  
www.alzheimer.ca  
www.piecescanada.com

## HOW DO WE PUT THE PIECES TOGETHER?

Ask the three questions



## BENEFITS OF PIECES

- Holistic approach
- All disciplines work more closely together and get different inputs on the behaviors
- Care plan is tailored to the patient
- More systematic approach
- Find the meaning behind behaviors and see the person beyond the illness

## CHALLENGES OF PIECES

- Getting patient information and learning about their life history
- Time to complete observation tools
- PIECES tools in hardcopy vs. electronic
- Dedicated resources needed to train all staff

## P.I.E.C.E.S. TEAM

