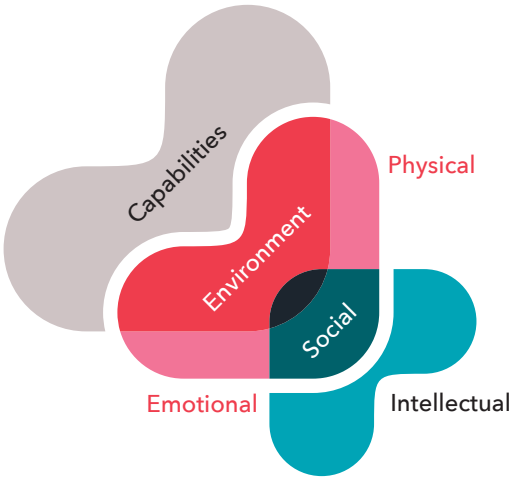
Pieces Canada

PIECES™ 3-Question Template

Guiding Collaborative Engagement, Shared Assessment and Supportive Care

PIECES is a holistic, relationship focused approach to collaborative engagement and supportive care with older Persons at risk or living with complex chronic conditions.

Using the PIECES 3-Question Template guides an evidence informed Team approach to collaborative assessment and shared care, building on the Person's unique strengths, promoting optimum health, and preventing unnecessary disability; always considering the Person's: **Physical**, **Intellectual** and **Emotional** health, strategies to support their **Capabilities**, their social and physical **Environment** and **Social** self (life story, social network, cultural, spiritual, sexuality, gender identity).



PIECES 3-Question Template

Q1 What are the **priority** concerns; is it a **change** for the Person?

Q2 What are the **RISKS** and possible **contributing factors**?
Think PIECES
Avoid Assumptions! Think Atypical!

Q3 What are the **actions**?

- Investigations
- Interactions
- Interventions

The **Team** always begins with the Person and Care Partner, and includes all Team members working in collaboration to achieve shared goals, within and across settings.

The PIECES 3-Q Template is very **practical** and **versatile**, focusing Team collaboration:

- In-the-moment
- During Team huddles
- In urgent situations, especially to guide the assessment/care planning over the next several, 24, 48 hours, etc.
- To guide ongoing shared assessment/care planning
- To guide care conferences
- Across the continuum of care
- Using a framework into which other best practices/assessment protocols can easily be integrated

Q1 What are the priority concerns; is it a change for the Person?

Priority concerns could be related to the Person's behavioural, emotional, cognitive, or physical health.

For each priority concern(s), ask; is it a **change** for the Person?

- Is it new and, if so, in what way?
- If previously existing, is it different and, if so, how?
- Whether new or different, when did the change(s) emerge?

Avoid making assumptions and moving too quickly to actions before the Team has a shared understanding of the **priority** concerns.

Remember!

When a Person is living with complexity, the priority concerns will vary over time; What are we seeking to understand now?

RISKS Acronym

Roaming
(e.g. searching, seeking exit)

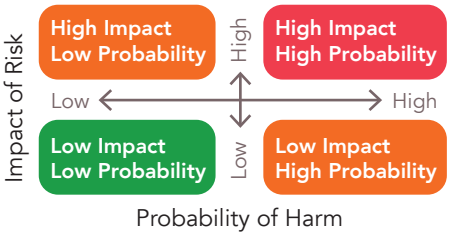
Imminent harm
Frailty, Falls, Fire, Firearms

Suicide Ideation

Kinship relationships (risk of harm by the Person or to the Person by others; includes avoidance of the Person)

Substance use **Self-neglect**, **Safe driving**, **Security**
(e.g. finances, housing, food)

Assessing Degree of RISKS
Impact – Probability Tool



- Requires immediate attention
- Not imminent; but if understood and addressed will contribute to best possible care and prevention
- No significant concern at this time

Q2 What are the RISKS and possible contributing factors? Think PIECES

To prioritize RISKS (related to the priority concerns):

- Use the **RISKS acronym** to identify the areas of RISKS.
- For each RISKS identified, use the **Impact/Probability** tool for Assessing Degree of RISKS.

What are the possible **contributing factors? Think PIECES**

Avoid assumptions! Think Atypical!

To help **prioritize** the exploration:

- Use RISKS assessment information.
- Screen for delirium if there has been an acute change (Q1), which may require immediate attention.

What do we currently know (including strengths) and what do we need to find out?

Physical:	Delirium, Disease, Discomfort, Drugs, Disability
Intellectual:	Neurocognitive changes; 7 A's
Emotional:	Mood, Adjustment, Suicidality, Substance Use, Psychosis, Trauma
Capabilities:	Abilities overwhelmed/ strengths underused
Environment:	Enabling/disabling factors, transitions
Social:	Life story, social network, cultural, spiritual, sexuality, gender identity

Q3 What are the actions?

- Investigations
- Interactions
- Interventions

Based on what has surfaced in Q1 and Q2:

Investigations

- What **priorities** has the Team identified in Q2 for investigation of RISKS and possible contributing factors **(PIECES)**?
- What is the plan for implementation and sharing findings?

Interactions

- What communication strategies will be most supportive?
- How will Team members interact to continue learning and sharing information?

Interventions

- What are the **priority** care strategies that will;
  - — Minimize RISKS
  - — Build on the Person's strengths
  - — Prevent unnecessary decline and/or reoccurrence, especially during transitions?

Remember!

How will the Person, Care Partner and all other Team members act together to monitor and evaluate the priority plan of care?

Are we continuing to engage the Person; honouring their values, preferences, and right to autonomy?

What screening or assessment tools would contribute to the clinical evidence?

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