

To each and every one of you, a sincere thank for your continued dedication, commitment and daily contribution to the best possible care and support for older adults living with complexity during this COVID-19 pandemic.

In these unprecedented times we recognize everyone is working together to navigate the challenges and tremendous emotional and physical impact of sustained environmental and social isolation. Health care providers continue with dedication and compassion in their collaboration with the Person and their Care Partners, while also focusing on personal and family health and safety.

The P.I.E.C.E.S. 3-Q Template remains a familiar resource to many Teams. Given the additional stresses and complexities at this time it will help guide focused, time-sensitive and meaningful conversations as care needs are changing.

Using the **3-Question Template** to help the Team focus on **priority** concerns during COVID-19

Q 1 What has **changed**?

- Most importantly, identify the **priority** concern(s); is it a **change** for the Person?
 - Understanding whether the priority concerns are new or previously existing (but different in some way) and knowing when the change(s) emerged is critical to diagnosis and shared solution finding.
- Avoid making assumptions and moving too quickly to actions.
- When a Person is living with complexity, the priority concerns will vary over time; what are we seeking to understand **now**?

Q 2 What are the **RISKS** and possible **causes**?

Avoid Assumptions! Think Atypical!

- Flag areas of **RISKS** as they relate to the **priority** concerns identified in Q 1
 - Roaming – searching, seeking exit (especially if compromises safety and need for isolation)
 - Imminent Harm – related to **Frailty** (complex conditions, diminished reserve), **Falls**, **Fire**, **Firearms**
 - Suicide Ideation
 - Kinship relationships – risk of harm by the Person or to the Person; increased risks related to isolation, reduced contact with family, need for interaction using PPE
 - Substance use, **Self-Neglect**, **Safe Driving**, **Security** (e.g. finances, housing, food)
- For each area of RISKS identified consider the potential **Impact** and **Probability of Harm** (see page 2)
- **Prioritize** exploration of possible **causes/contributing factors** (Think P.I.E.C.E.S.) – recognizing increased complexity affecting all aspects of the Person's well-being related to the current pandemic.
 - What specific areas of RISKS were identified to help focus attention/exploration?
 - Has the Person experienced an acute change (identified in Q 1) requiring immediate assessment e.g. delirium, COVID-19 symptoms? Could this be an atypical presentation?
 - What initial screening/assessment tools would contribute to the clinical evidence?

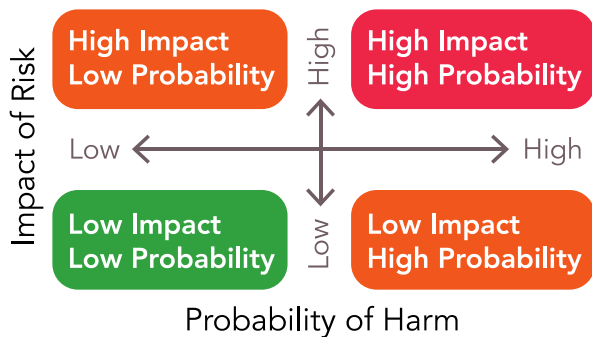
Q 3 What is the **Action**? (priority plan of care e.g for the next 12, 24, 48 hours)

- Priorities identified for **Investigations**.
- Specific **Interaction** strategies and therapeutic **Interventions** to support the Person; given the shared understanding of priority RISKS and possible causes /contributing factors.
- Monitor the **priority** plan of care, ensuring the Person, Care Partner and all other Team members remain engaged:
 - Have we optimized the benefits to the Person and minimized the risks?
 - What care strategies (both biopsychosocial and pharmacological) need to be maintained, what needs to be modified, how will this information be communicated?

Assessing Degree of the RISKS

For each area of RISKS identified (Q 2) use the following **Impact – Probability** tool to help assess the degree of the RISKS and focus the care planning:

Assessing Degree of RISKS



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

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

- All behavioural expressions have meaning; do we have a shared understanding of the possible contributing factors including those that are new or exacerbated by the pandemic experience?
- What have we learned about the impact on the Person's; **Physical** (delirium, disease, drugs, discomfort, disability), **Intellectual** (cognitive abilities), **Emotional** health (anxiety, depression, psychosis, substance use), **Capabilities** (abilities overwhelmed, unused strengths, changes in routine), their social and physical **Environment** (enabling/disabling factors, impact of isolation), and **Social** self (loss of family connection and social network)
- What have we learned about the impact on our own health and well-being (**P.I.E.C.E.S.**) and how it might be influencing our interactions with the Person and other members of the Team?

Visit <https://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/COVID-19.aspx#3> for a listing of COVID-19 resources that have been collected in collaboration with Behavioural Supports Ontario (BSO). This list continues to be updated on a regular basis and includes resources from across Canada.

Each jurisdiction will also be providing extensive and uniquely developed resources. The current pressures within our health care system due to COVID-19 are many and ever changing. Acting together and supporting each other remains essential. In this fast-paced and concerning environment, move forward together as a Team to assess, engage, create a plan and re-evaluate as the Person's needs continue to change. Reach out for support, take care of yourself and keep safe. Thank you!

The redesign of the P.I.E.C.E.S.™ Learning and Development program continues in the background. We will share an update in the coming weeks when appropriate

Please connect with us by email office@piecescanada.com if you have any questions or comments to share.