



30 Years and Thriving: How the PIECES™ Approach Transforms Care with the Complex Older Person

April 29, 2026

I recognize that I live and work in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq, whose inherent rights were recognized in the Peace and Friendship Treaties. These treaties did not involve the surrender of land and continue to be living agreements that guide our relationships today.

I also recognize that African Nova Scotians are distinct people and have shared and enriched that part of Mi'kma'ki known as Nova Scotia for over 400 years.

I am grateful to live and work as a treaty person in Mi'kma'ki.

Land Acknowledgement

Objectives

1

Appreciate what makes the PIECES Approach unique, that it is much more than an assessment framework.

2

Appreciate How using the PIECES 3-Question Template guides best possible care for older Persons at risk or living with complex chronic conditions.

3

Appreciate possibilities of using the PIECES Approach to:

- Meaningfully engage family/care partners in shared clinical assessment.
- Strengthen interdisciplinary and intersectoral team collaboration.



Poll Question #1

- What is your familiarity with the PIECES Approach?
 - 1 = Not familiar
 - 2 = Somewhat familiar
 - 3 = Very familiar

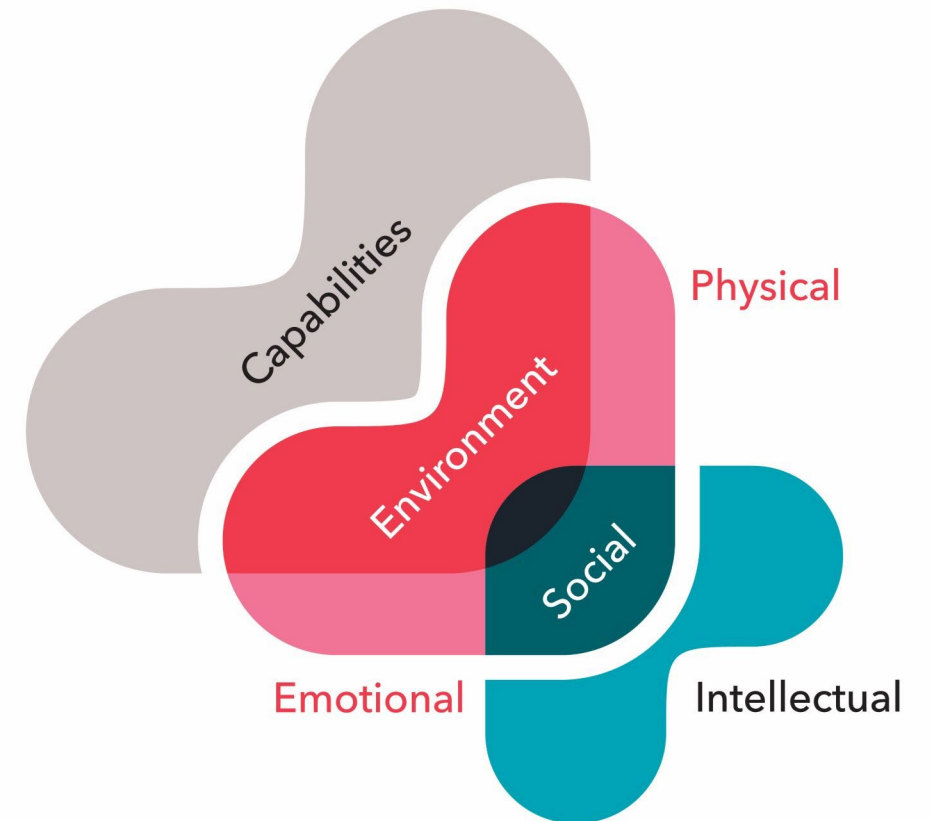


Poll Question #2

- If you are familiar or somewhat familiar, please explain how you use the PIECES Approach:
 - 1 = It is used in my organization
 - 2 = I use it in my practice
 - 3 = I am a PIECES Practitioner
 - 4 = I am a PIECES Educator
 - 5 = N/A



What is the PIECES Approach and what makes it unique?



PIECES™ Approach

Developed 1997

- Long Term Care, Ontario
- Older adults living with *dementia*

30 Years Later

- Continues to be recognized as best practice



Evidence-informed, Holistic Approach

- Collaborative engagement, shared clinical assessment, supportive care

Enhanced Reach

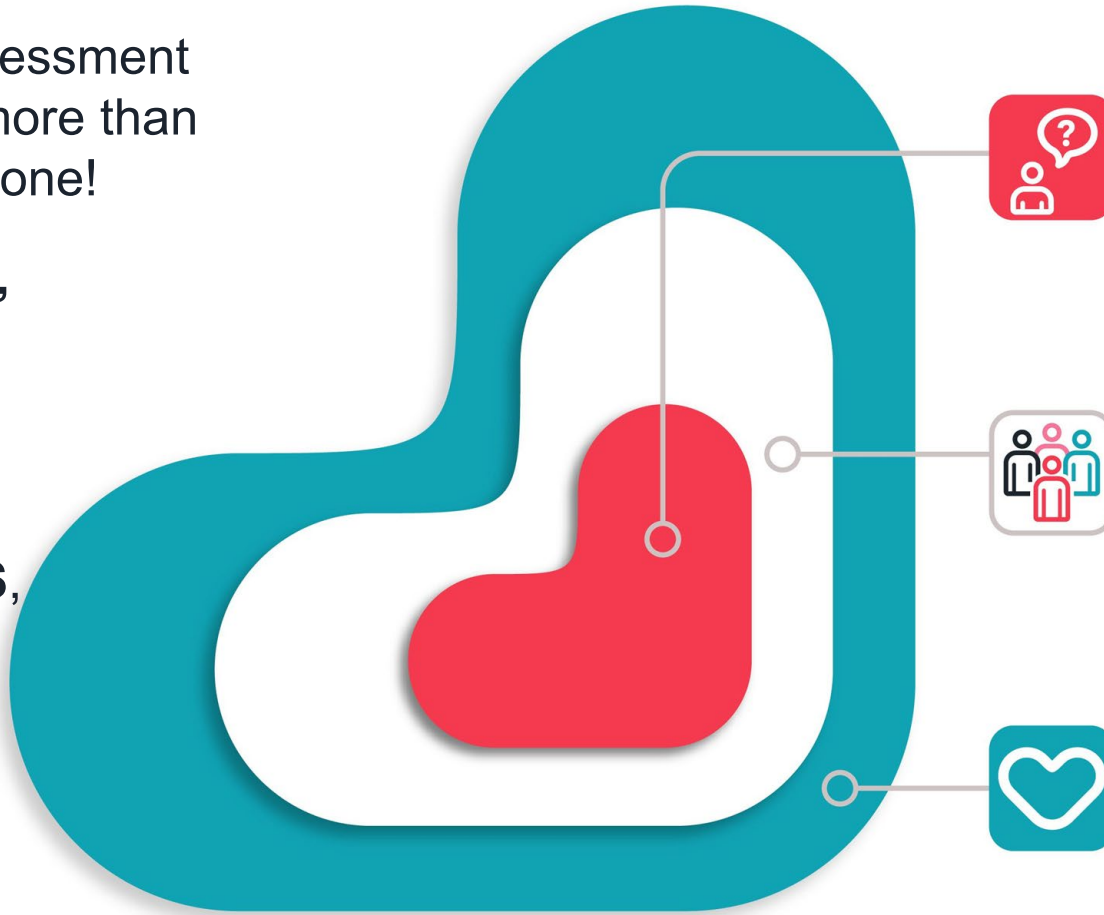
- Development of PIECES Practitioners *across the continuum of care*



PIECES™ Approach

More than a clinical assessment framework; and much more than the PIECES acronym alone!

Guides **time-sensitive**, and **meaningful** conversations focused on **priority** concerns, assessing associated areas/degree of **RISKS**, prioritizing assessment of possible **contributing factors**, priority **action plan**.



The **Why** that drives the PIECES approach is the best possible Person and Care Partner centred care especially when there is complexity.



What will impact Team collaborative care is the **PIECES 3-Question Template**

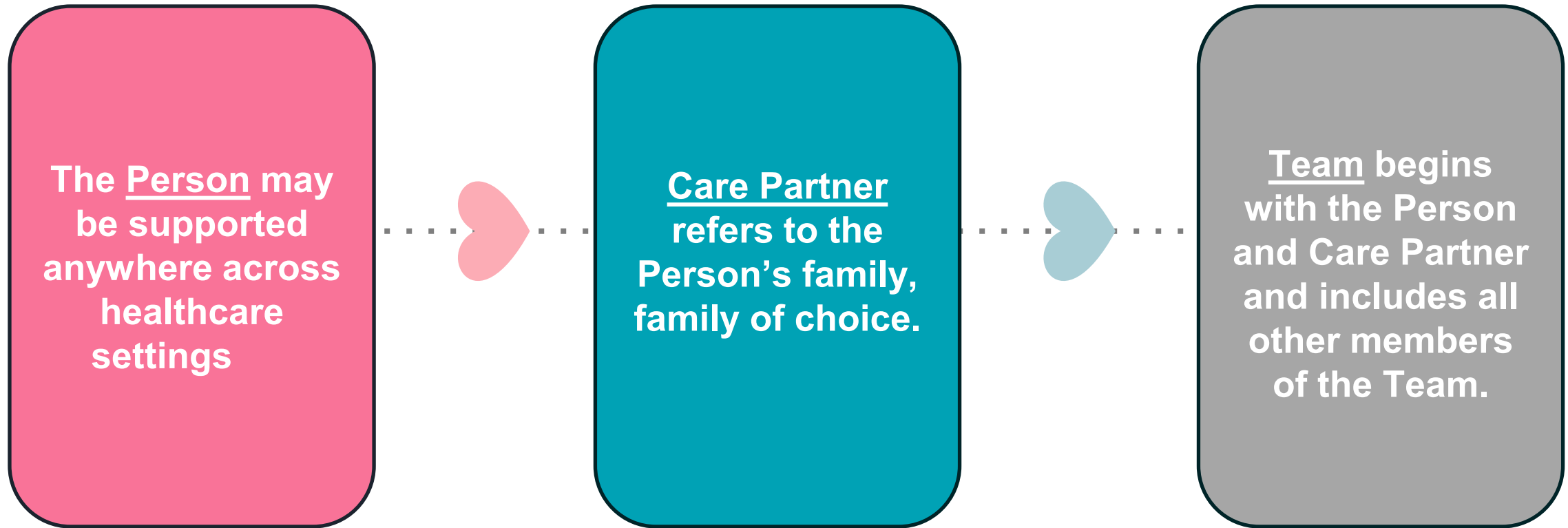


How the 3-Q Template is applied in practice matters! Best possible care is realized when the Team **acts together**.

Guides evidence-informed collaborative **clinical assessment and care planning** that is **emotion based** and driven by *what matters* to the Person. It ensures a focus on **prevention, early detection, monitoring progress, and minimizing disability**.



PIECES™ Approach



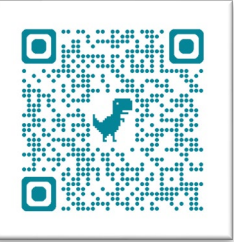
PIECES™ Practitioner Role

Developed through the PIECES Learning and Development Program;

- Evidence informed, practical, 2-Day
- Focuses on advancement of Core Competencies
- Facilitated with a focus on and modelling **how** not just **what**
- Health care practitioners with clinical scope of practice

Mobilizes the PIECES Approach in action;

- Guiding the application of the PIECES 3-Question Template in clinical assessment and care planning.
- Especially when there is complexity and risk
- Always using a collaborative Team approach

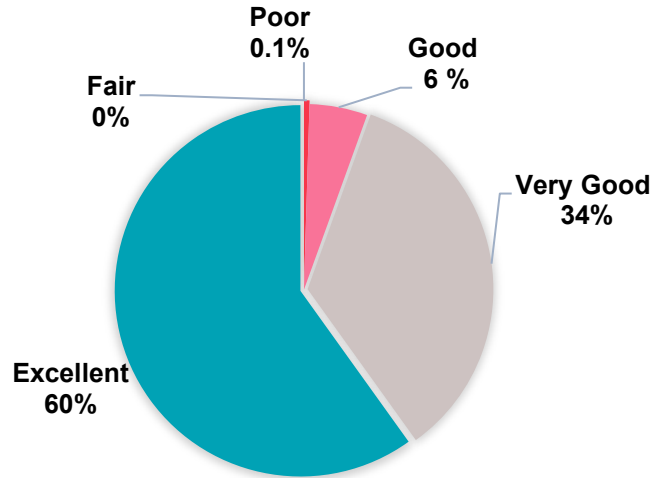


Learn more about the

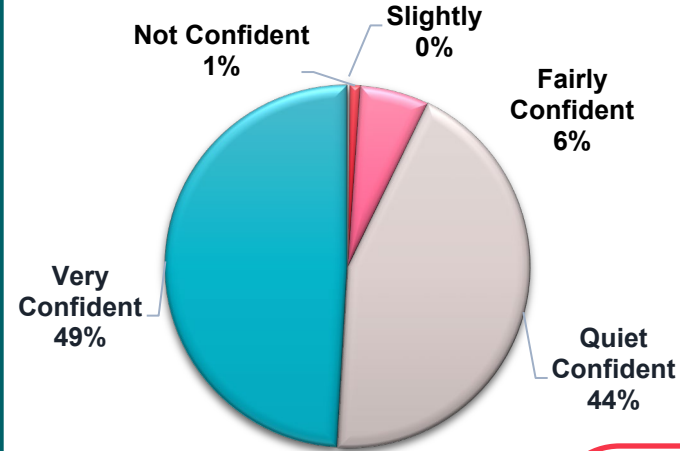
- PIECES Learning & Development Program
- PIECES Practitioner role



Learner Survey: 2025 Highlights, 835 Respondents

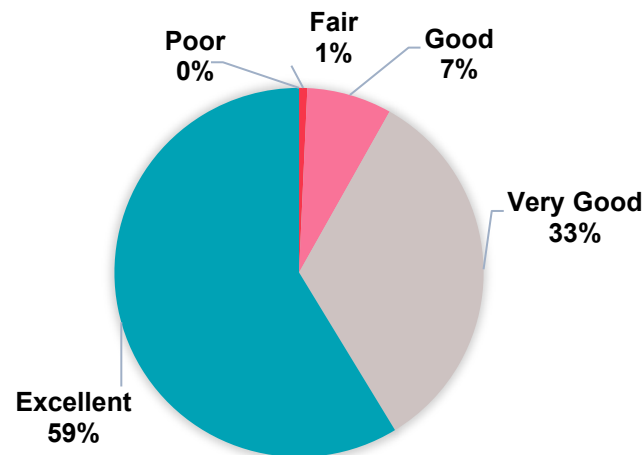


Applying the PIECES 3-Q Template to guide a **holistic**, practical and **evidence informed** approach to **shared assessment and collaborative care.**

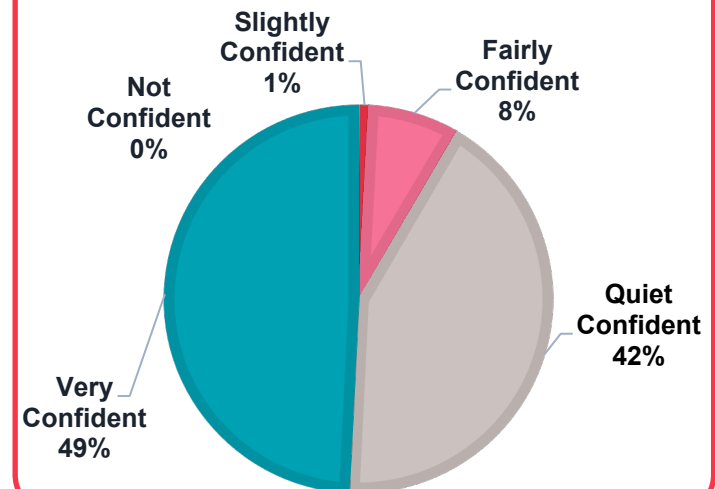


Confidence in **applying the PIECES 3-Q Template** to **engage** Team members, the Person and Care Partner in **developing and monitoring a priority care plan.**

Demonstrating the PIECES approach centred on the Person and Care Partner, and what matters to them



Confidence in **applying the PIECES 3-Q Template** to **identify and prioritize RISKS** of greatest concern, maintaining a **Person-Centered Approach**



PIECES 3-Question Template

Guiding Clinical Assessment & Supportive Care

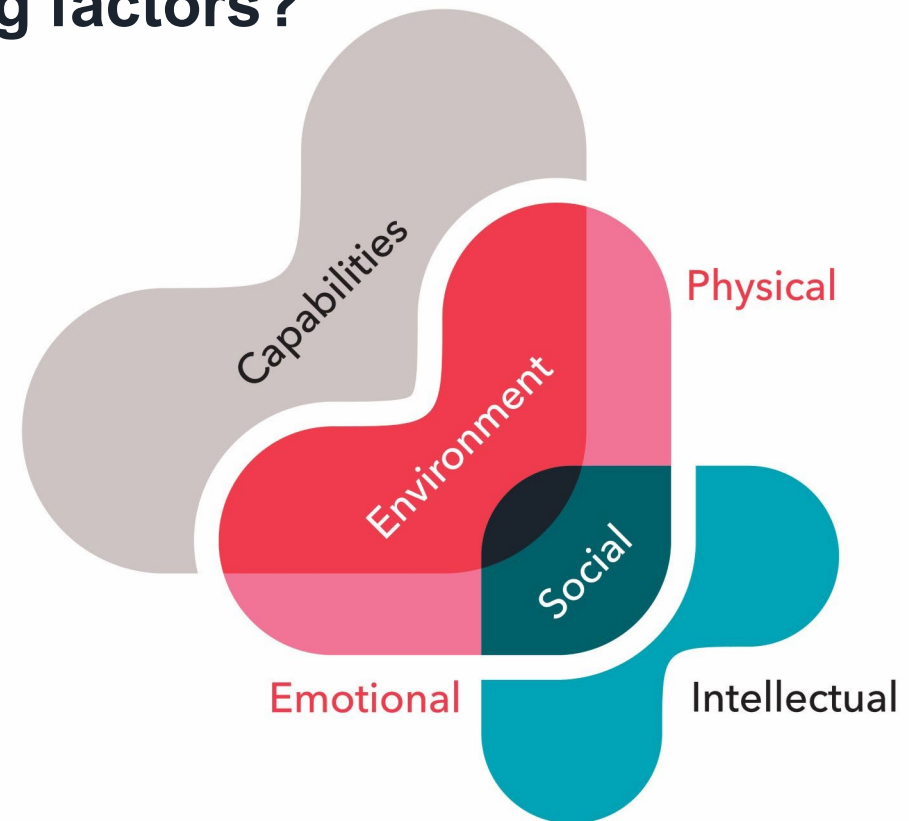
Q1 What are the **priority** concerns; is it a **change** for the Person?

Q2 What are the **RISKS** and possible **contributing factors**?

- Think **PIECES**
- Avoid Assumptions! Think Atypical!

Q3 What are the **actions**?

- Investigations
- Interactions
- Intervention



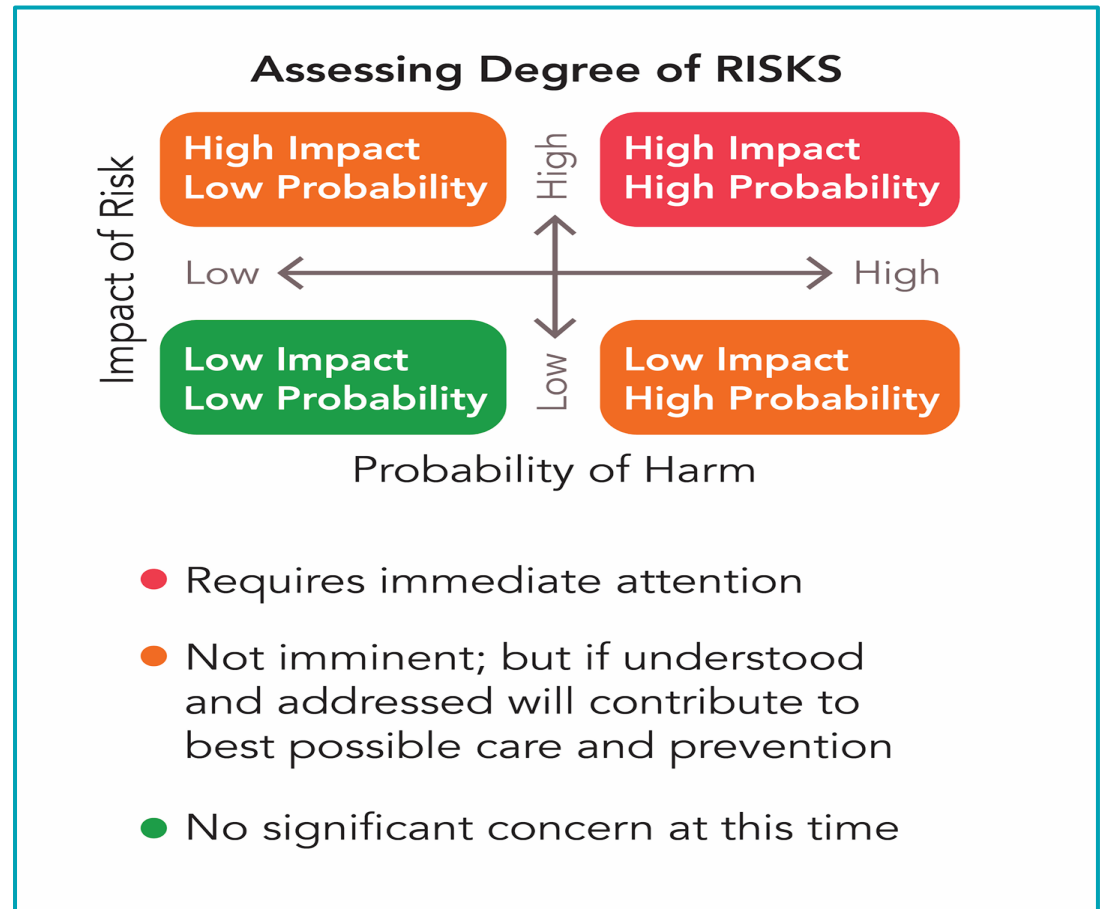
Q2 What are the RISKS & possible contributing factors?

Prioritizing assessment of RISKS

RISKS Acronym

R	Roaming	e.g., Searching, seeking exit
I	Imminent Harm	Frailty, Falls, Fire, Firearms
S	Suicide Ideation	
K	Kinship Relationships	Risk of harm by the Person or to the Person by others; including avoidance of the Person
S	Substance use, Self-neglect, Safe driving, Security	Finances, housing, food

Impact/Probability of Harm Tool



PIECES 3-Question Template

Guiding Clinical Assessment & Supportive Care

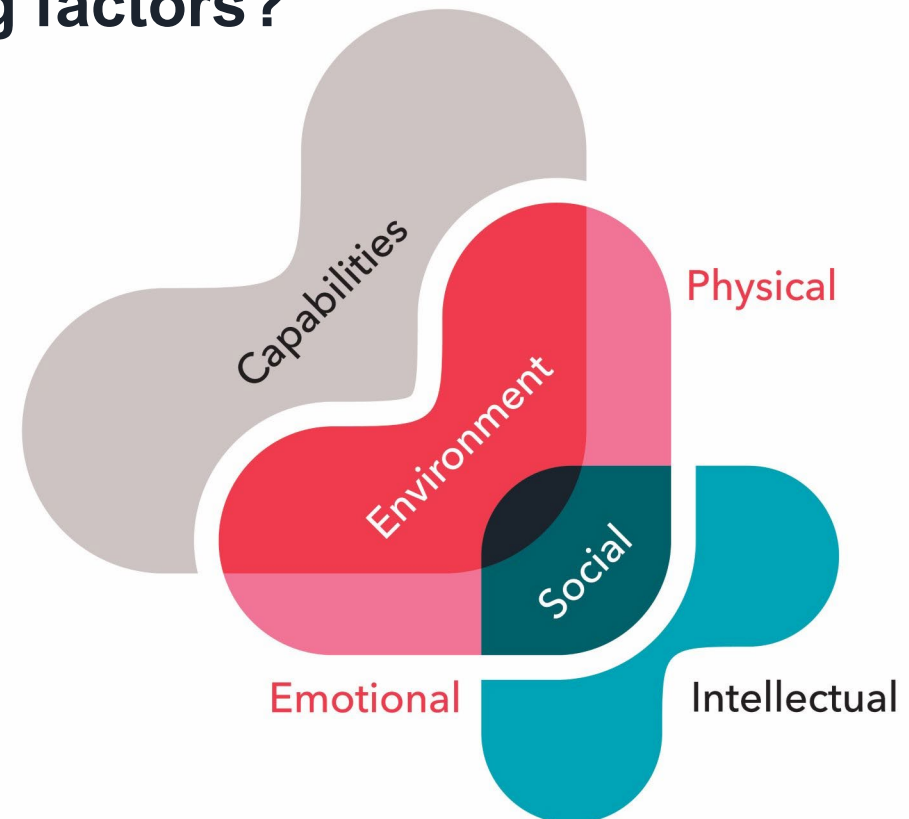
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Detect-Select-Effect: Informing Pharmacological Interventions

Detect

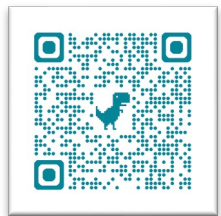
- What information has been gathered to identify the need for a psychotropic intervention?

Select

- What information has been gathered to contribute to the selection of the right medication for the Person?

Effect

- How are we going to monitor the effect of the medication selected?



Check Out
PIECES™
Resources





Ongoing Development:
Informed by Feedback,
Research and Innovative
Collaborations



Launch PIECES Education

- PIECES Approach developed and introduced in the Ontario LTC sector. Included in the Ontario Alzheimer Disease and Related Dementia Strategy (1999-2004).

1997

Further Development

- Redesign PIECES Educator Development Program
- New Website Launched
- Pieces Canada Office Processes Updated

2022-
2023

Program Revision

- Revision of PIECES Approach, Assessment Framework, and Learning Programs informed by evaluation, Learner and Educator feedback.

2003

New Resource Introduced

- Team PIECES™ in Action Resource Package launched to support PIECES Practitioners and enhance Team collaboration in the shared clinical assessment and care planning.

2024

Expansion

- Implementation of PIECES Approach and Learning Programs in AB, NS, MB, YK, SK, BC.
- Further enhancements to Learning Programs: 2013, 2014, 2015, 2016

2004 -
2016

PIECES™ Ongoing Development

System Level Collaborations

- Included in the Behavioural Supports 5 STaR Specialized Training & Resources
- RNAO Dementia and Depression Clinical Pathways.

2025

Redesign

- Comprehensive redevelopment of the PIECES Approach, core Learning and Development Program, and all associated materials.

2019-
2021

Expand Technology

- Website - New PIECES Educator Portal
- Innovate and optimize Pieces Canada Office processes
- Collaboration electronic application acute care

2026

Evidence Informing Ongoing Development



Early Publications & Evaluations



Publications

- Looking Through Different Lenses: Meeting the Mental Health Challenge in Long Term Care (2009)
- Sustained Transfer of Knowledge to Practice in Long-Term Care: Facilitators and Barriers of a Mental Health Learning Initiative (2008)
- Adopting a Clinical Assessment Framework in Older Adult Mental Health (2016)

External Program Evaluation

- Ontario: TCH sector (2003)
- Nova Scotia: LTC, Home Care & Continuing Care sectors (2006)

Recent Research Projects & Associated Publications



• Implementation Science

Research Project: The application of the PIECES approach in clinical practice, to enhance resident-centred collaborative assessment and shared care in LTC. Western University (2021 – 2022).

• **Co-design Toolkit:** Supporting LTC homes implementing virtual team care planning using PIECES™ Approach. Western University (2023-2025)

• **Policy Research:** Virtual team-based care planning for seamless transitions in care. University of British Columbia (2023-2024)

Recent Innovative Collaborations



Behavioural Supports Ontario: Provincial Coordinating Office

- BSO Behavioural Supports Team Conversation Guide and Tip Sheet (2022) Included in [BSO Provincial Toolkit](#)
- BSO Behaviour Support Assessment (2022) Included in [BSO Provincial Toolkit](#)
- [Supporting the Sexual Health of People with Dementia](#) (Feb 2025)
- [Clues, Causes & Care to Consider for Responsive Behaviours](#) (Dec 2025)

Institute for Safe Medication Practices: [ISMP Appropriate Use of Antipsychotics Handbook](#) (Nov 2024)

Western University: [How to Prepare for a Care Conference in LTC when there are behaviors of concern.](#) (Oct 2025)

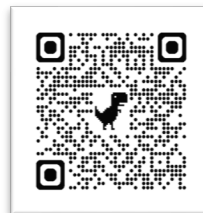
Center for Addictions & Mental Health: Technology-Enabled Integrated Care Pathway for Behavioural Symptoms of Dementia in Long Term Care. Toronto Central Region (Currently Underway)

Behaviour Supports Ontario 5 STaR Programs



Behaviour Supports Ontario
Specialized **T**raining and **R**esources
(**STaR**) Programs

- ❖ Behaviour Supports Ontario Foundations
- ❖ PIECES™ and/or U-First!®
- ❖ Gentle Persuasive Approaches™
- ❖ DementiaAbility™



PIECES Approach and Registered Nurses' Association of Ontario's Dementia and Depression Clinical Pathways

PIECES Approach

PIECES 3-Question Template *continues to focus* Team collaboration in shared clinical assessment.



PIECES Practitioner

- Connection initiated when need for further clinical assessment is identified (*the role has not unchanged*).

Collaboratively leads the Team in:

- Application of 3-Question Template
- Documentation of findings in the Resident's Electronic Medical Record

Coming Spring 2026! RNAO Dementia & Depression Clinical Pathways

- Part of larger Clinical Pathways Program for Long Term Care Homes in Ontario.
- Digitized versions of RNAO Best Practice Guidelines contextualized for LTC sector; embedded into PointClickCare.
- All meet and exceed legislative/ regulatory requirements in four key areas; *Evidence-Based Practice, Resident-Centred Care, Required Programs and Responsive Behaviours*.
- PIECES 3-Question Template has been **digitized** and included in association with *new* Dementia and Depression Clinical Pathways.



RNAO Clinical Pathways and the PIECES Approach: Building on What is Already in Place and Working

- **Further** supports important role of PIECES Practitioner in shared clinical assessment and care planning
- Provides **another** opportunity to flag concern requiring application of the 3-QT
- **Further** supports Person-Centered approach with Team engagement
- **Reinforces** value of sharing a completed 3-QT when engaging external partners for consultation/collaboration

Recent Innovative Research

Focussed on Strengthening Team Engagement/System Collaboration

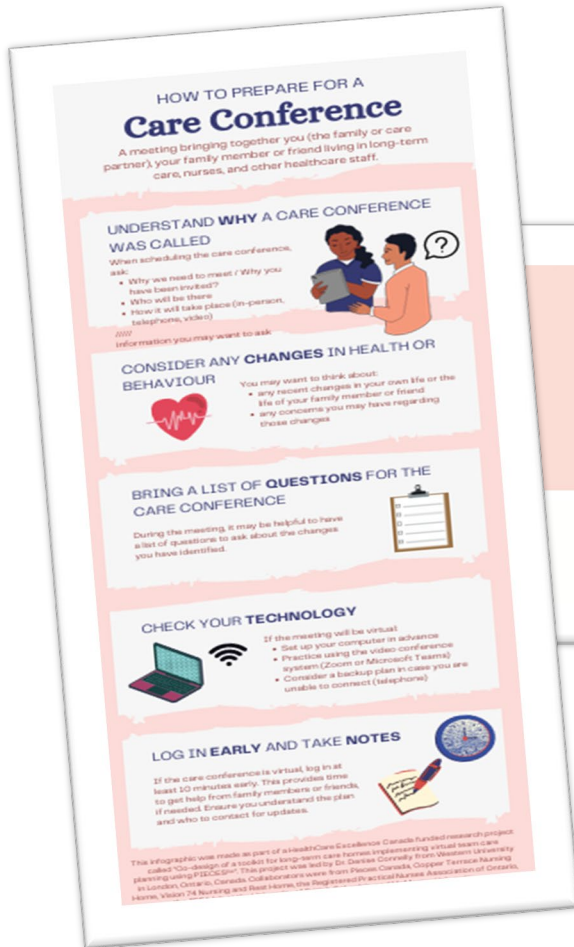


Virtual application of the PIECES Approach

- Long Term Care
 - Staff reported increased Team efficacy and implementation in practice
 - Families/Care Partners felt recognized and valued as critical members of the Team
- Transitions from Acute Care to Long Term Care
 - Virtual care has the potential to support more coordinated and inclusive transitions for people with dementia
 - PIECES Approach was the recommended best practice



Toolkit: How to Prepare for a Care Conference



- Co-designed: LTCH residents, Families/Care Partners, staff
- Goal: Develop a toolkit for LTC homes implementing virtual team care planning using the PIECES Approach
- In practice: Assists LTCH/PIECES Practitioners to engage family members so they can prepare and meaningfully participate in a care conference whether **virtual** or **in-person**.
- Includes; 7-minute Video *How to prepare for a care conference when there are behaviours of concern* and Infographic.



Team PIECES™ In Action Resource Package

Designed to support PIECES Practitioners to meaningfully engage all members of the Team in the shared assessment and care planning process.

Team > PIECES™ in Action!
Understanding Changes in a Person's Behavioural Expressions

A Person living with complex health conditions will often experience changes in their behavioural expressions. When this occurs, we commit to work together as a Team to develop a shared understanding of what is happening.

Who is the Team?
The Team always begins with the Person and Care Partner (the Person's family or family of choice) and includes all Team members working in collaboration.

All behavioural expressions have meaning. Each of us communicates our thoughts, our reactions, and how we are feeling through our verbal and nonverbal behavioural responses.

It can be challenging to understand changes in a Person's behavioural expressions. To support us working collaboratively, we have adopted the PIECES approach. Team conversations, whether in the moment, during Team huddles (no matter the size) or care conferences, are ways to connect, share information, and plan together.

The following questions will help guide the best possible assessment and supportive care:

1. What are Team members most concerned about **at this time**? Is it a change for the Person?
2. What:
 - are the **associated RISKS** (possible consequences) for the Person and others?
 - might be **contributing** to the behavioural expression(s)? Think **Physical, Intellectual, Emotional, Capabilities, Environment, Social**.
3. What is the plan for moving forward **at this time**?

Physical – health conditions and medication, pain, vision, hearing, mobility, etc.
Intellectual – thinking, memory, communication, judgement, etc.
Emotional – stress, anxiety, adjusting to loss, depression, etc.
Capabilities – abilities that remain, abilities that require support
Environment – physical space and social connections with others
Social – life story, culture, spiritual, significant life experiences (positive or negative)

It may take us time to fully understand, and that's okay. We will keep moving forward together! Our focus, as always, will be on how we support and communicate with the Person, and continuing to connect as a Team.

Our conversations can be in person, on the phone, or by video. If you have any questions at all, please contact:

@

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Team > PIECES™ in Action!

The PIECES approach guides assessment to support the older Person living with complex health issues and associated behavioural expressions. Working together as a Team, beginning with the Person and Care Partner, is essential!

The PIECES acronym encourages Team conversations that recognize all aspects of the Person's health and well being. The illustrations below provide examples to stimulate the sharing of information unique to the Person. This information is vital to the PIECES clinical assessment. Talk to your Team!

Physical
In the assessment of a Person's Physical health, using the 3 D's (Delirium, Disuse, Discomfort, Disability) ensures the Team considers all possibilities, including how they may impact each other.

Intellectual
A shared understanding of the Person's intellectual health (cognitive), and the possible impact of neurocognitive disorder always includes unique strengths and abilities. Consider the TA's.

Emotional
An appreciation of the Person's Emotional health considers mood, adjustment, substance use, suicidality, psychosis, mental health and trauma history, as well as strengths and coping strategies.

Capabilities
The Team's support of the Person's Capabilities always considers strengths, needs and possible contributing factors across all other domains of the Person.

Environment
Recognizing and understanding the impact of a Person's physical and social environment includes the identification of areas of need/needs and strengths ensuring they inform care planning.

Social
Honouring the Person's individuality includes knowing about their Social self, life story, social network, cultural, spiritual, sexuality, gender identity) and how it impacts all other domains of the Person and their behavioural expressions.

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Team > PIECES™ in Action!

Physical
Intellectual
Emootional
Capabilities
Environment
Social

The **Team** includes the Person, Care Partner and all other members of the Team! Who is available for *this* conversation?

Everyone's contribution matters!

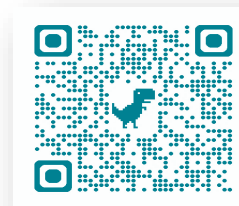
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Team > PIECES™ in Action!

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 - might be **contributing** to the behavioural expression(s)? Think **PIECES**.
3. What is the plan for moving forward **at this time**?

B

Download the
Team! PIECES in Action Resource Package



How to Use The Resource Package: Information Sheet & Poster



- Information/Welcome Package
- Staff Orientation



- Raising awareness about using the PIECES Approach e.g., 1-1 conversation, Care Partner Meetings, Care Conference



- Catalyst for conversations and connections



- Reinforces Commitment to Emotion based and Person and Care Partner Centered

How to use Resource Package: Pocket Card



Team > PIECES™ in Action!



Physical
Intellectual
Emotional
Capabilities
Environment
Social

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A

Team > PIECES™ in Action!

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B

- Reminder of the PIECES 3-QT conversational questions
- Reinforce essential contribution of Care Partners when using the PIECES approach.
- Easily carried and accessible
- Shared at the beginning of Team conversation and used to guide the discussion.



The PIECES™ Approach Transforming Complex Care



More than an
assessment
framework, it is
an Approach.

Practical
Versatile
Feasible

30 years later;
remaining
Relevant,
Valuable and
Evolving.



Poll Question #3

- Has your *appreciation* of what is *unique* about the PIECES Approach changed?
 - Yes
 - No



Poll Question #4

- Has today's session stimulated thoughts on how to strengthen your engagement with the Person and their Family / Care Partner?
 - Yes
 - No



Poll Question #5

- Will you share information from this webinar with others e.g., team members, colleagues, leadership?
 - Yes
 - No





Thank you for your interest!

Joanne Collins RSW

Director, Pieces Canada



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Recent Research Publications

1. Gallant NL, Hardy MS, Beogo I, Conklin J, Connelly D, Kaasalainen S, Keefe J, Robitaille A, Yous ML, Fanaki C, Cameron C. Improving Family Presence in Long-Term Care during the COVID-19 Pandemic. *Healthc Q.* 2022 Dec;25(SP):34-40. doi: 10.12927/hcq.2022.26980. PMID: 36562582.
2. Gao H, Yous ML, Connelly D, Hung L, Garnett A, Hay M, Snobelen N. Implementation and impacts of virtual team-based care planning for older persons in formal care settings: A scoping review. *Digit Health.* 2023 Jan 23;9:20552076231151567. doi: 10.1177/20552076231151567. PMID: 36714541; PMCID: PMC9880593.
3. Garnett A, Connelly D, Yous ML, Hung L, Snobelen N, Hay M, Furlan-Craievich C, Snelgrove S, Babcock M, Ripley J, Hamilton P, Sturdy-Smith C, O'Connell M. Nurse-Led Virtual Delivery of PIECES in Canadian Long-Term Care Homes to Support the Care of Older Adults Experiencing Responsive Behaviors During COVID-19: Qualitative Descriptive Study. *JMIR Nurs.* 2022 Dec 13;5(1):e42731. doi: 10.2196/42731. PMID: 36446050; PMCID: PMC9762137.
4. Hung, L.; Santaella, P.; Connelly, D.; Sakamoto, M.; Mann, J.; Chan, I.; Wong, K.L.Y.; Upreti, M.; Hundal, H.; Yous, M.L.; et al. Virtual Team-Based Care Planning for Older Adults with Dementia: Enablers, Barriers, and Lessons from Hospital-to Long-Term Care Transitions. *J. Dement. Alzheimer's Dis.* 2025, 2, 34. <https://doi.org/10.3390/jdad2040034>



Recent Research Publications

5. Hung, L.; Santaella, P.; Connelly, D.; Sakamoto, M.; Mann, J.; Chan, I.; Wong, K.L.Y.; Upreti, M.; Hundal, H.; Yous, M.L.; et al. Virtual Team-Based Care Planning for Older Adults with Dementia: Enablers, Barriers, and Lessons from Hospital-to Long-Term Care Transitions. *J. Dement. Alzheimer's Dis.* 2025, 2, 34. <https://doi.org/10.3390/jdad2040034>
6. Hung L, Lee PA, Au-Yeung AT, Kucherova I, Harrigan M. Adopting a clinical assessment framework in older adult mental health. *J Psychosoc Nurs Ment Health Serv.* 2016 Jul 01;54(7):26–31. doi: 10.3928/02793695-20160616-05. [[DOI](#)] [[PubMed](#)] [[Google Scholar](#)]
7. Yous M, Connelly DM, Zhuang R, Hay ME, Garnett A, Hung L, Snobelen N, Gao H, Criferg K, Furlan-Craievich C, Snelgrove S, Babcock M, Ripley J. Perceptive responses and familiar staff facilitate meaningful engagement of older adults and family/care partners in long-term care home implementation science research during COVID-19. *Patient Experience Journal.* 2023; 10(2):138-147. doi: 10.35680/ 2372-0247.1790.
8. Yous M, Ploeg J, Kaasalainen S, Martin LS. Healthcare professionals' perceptions of P.I.E.C.E.S. education in supporting care delivery for older adults with responsive behaviours of dementia in acute care. *Gerontol Geriatr Educ.* 2020 Feb 01;41(1):32–51. doi: 10.1080/02701960.2019.1572011. [[DOI](#)] [[PubMed](#)] [[Google Scholar](#)]

