

“Putting it All Together” RAI-MDS[®] and P.I.E.C.E.S.[™] Integration Job Aid

The information captured in the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) and the (P.I.E.C.E.S.) (Physical, Intellectual, Emotional, Capabilities, Environment, Social) Framework can be integrated to enhance the person’s and his/her TEAM care planning process and eliminate unnecessary assessment duplication.

RAI-MDS[®] and P.I.E.C.E.S.[™] Integration

The RAI-MDS and the P.I.E.C.E.S. Framework both:

- ✓ Foster an interdisciplinary, person-centered approach to care;
- ✓ Are grounded in the principles of seeking effective intervention and evaluation for care planning; and
- ✓ Facilitate appropriate referrals such as:
 - Referral to the P.I.E.C.E.S. Resource Staff team members;
 - Referral to the PRC;
 - Referral to other interdisciplinary partners such as Psychogeriatric Outreach; Palliative Care, Pain Consultant; Stroke Strategy team, rehabilitation partners, Alzheimer Society

The RAI-MDS and P.I.E.C.E.S. Framework – How Do They Connect?

1. The most recent RAI-MDS assessment, the CAPs¹, and Outcome Measures provide evidence-based information to inform the P.I.E.C.E.S. 3-Question Assessment Framework for those “IN the MOMENT” situations that occur when a person is experiencing an acute change between RAI-MDS assessments.
 - i) “What has changed?” – What was the person’s status on the most recent assessment? What’s different now?
 - ii) “What are the RISKS and possible causes?” - What were the risks identified on the most recent assessment? What are they now?
 - iii) “What is the action?” - What interventions were in place to address a triggered CAP for the most recent assessment? Is there a need for changes in the intervention(s) now?

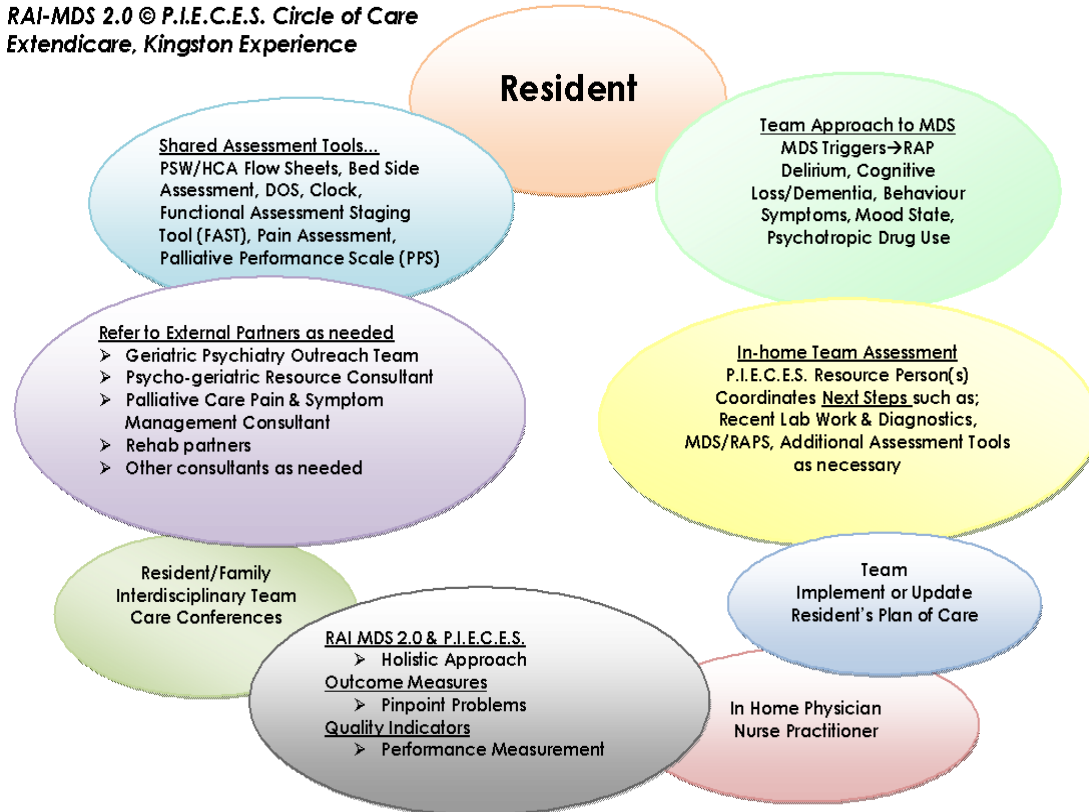
¹ Clinical Assessment Protocols were released by CIHI May 2008. Jurisdictions that have not implemented CAPs may continue to use Resident Assessment Protocols (RAPs) for the RAI 2.0 and Client Assessment Protocols (CAPs) for the RAI-HC

2. If a person is experiencing an acute change situation, the P.I.E.C.E.S. Assessment Framework may assist in addressing the care needs “IN the MOMENT” and in determining the need for a full RAI-MDS “Significant Change” assessment.
3. The P.I.E.C.E.S. Assessment Framework can be used to assist with care planning when CAPs are triggered (e.g., Delirium, Cognitive Loss, Behaviour, Mood, and Pain) during routine assessments.
4. The completion of a RAI-MDS assessment may prompt the need for more specialized assessment using the P.I.E.C.E.S. Assessment Framework and/or referral to PRC or other interdisciplinary partners.
5. Intervention(s) initiated as part of a P.I.E.C.E.S. assessment and team discussions can be evaluated by comparing the RAI-MDS Outcome Measures from the “before and after intervention”.

Two models that provide examples of P.I.E.C.E.S. and RAI integration are shown on the flip side of this page. They may be adopted or customized to an organization’s standards and policies for practice.

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RAI-MDS 2.0 © P.I.E.C.E.S. Circle of Care
Extendicare, Kingston Experience

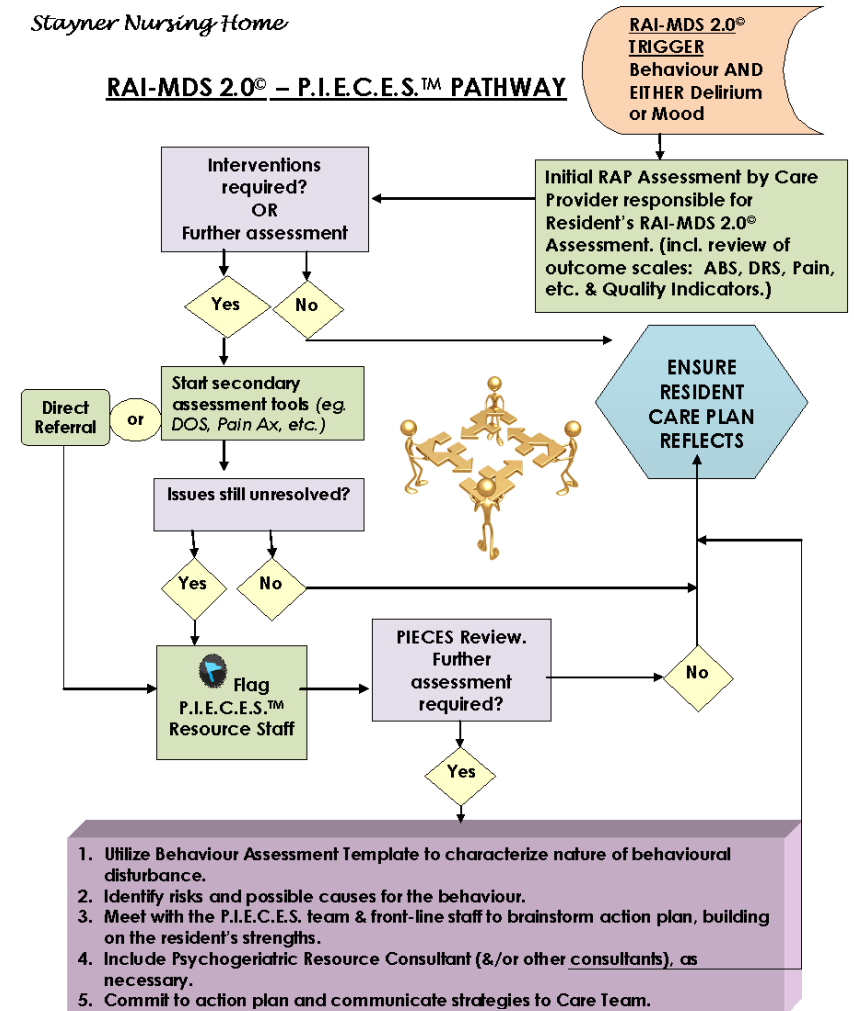


Assessments and Care Planning include observations by all interdisciplinary team members. This continuous step-by-step approach recognizes changes in a Resident's behaviour which triggers further team dialogue and evaluation.

Developed by Extendicare, Kingston, Kingston, Ontario

Stayner Nursing Home

RAI-MDS 2.0[®] – P.I.E.C.E.S.[™] PATHWAY



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