



Becoming a Long-Term Care P.I.E.C.E.S.[™] HCA Care Coach Guide

The information you will find in this document is for resource purposes only and is subject to change.

“The greatest good you can do for another is not just to share your riches but to reveal to him his own.”

Benjamin Disraeli

Territorial Acknowledgement



Before Canada and BC were colonized by settlers, Indigenous peoples lived in balance and interconnectedness with the land and water in which the necessities of life are provided.

I acknowledge that health disparities persist, which are due to the impacts of colonization and Indigenous-specific racism. I am an uninvited settler and I acknowledge and reflect on the honour and privilege of working and living on these traditional Territories.

Island Health acknowledges and recognizes these homelands and the stewardship of Indigenous peoples of this land; it is with humility we continue to work toward building our relationship.

Indigenous Territorial Map (Vancouver Island)



Reflection: What Indigenous Territory do you have the privilege and honour to live and work?

Congratulations!

On completing the PIECES HCA Care Coach Orientation and beginning your journey coaching your peers to shift to the PIECES Approach to promote best practice by providing individualized, relational care for persons living with Behavioural Psychological Symptoms of Dementia (BPSD).

About This Guide

This guide is a roadmap for coaches to follow as you navigate your new role. It outlines learner and coaching responsibilities in the following topics.

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How to Use this Guide



Work through the guide during your orientation session and throughout your ongoing learning to enhance your coaching abilities.

As you go through this guide, **reflect** on the requirements of each topic and write down your **strengths** and **areas to strengthen**. This will allow you to pinpoint your learning needs.

To keep track of your learning needs, use the SMART Learning Guide you received at the PIECES HCA Orientation. To understand your thoughts and feelings, consider keeping a journal.

Attend the Community of Practice Virtual Meetings offered by the Island Health LTC Clinical Nurse Educators (CNE) and QRLs (Quality Resources Leads), to learn and to share your experiences (what works, what needs to be strengthened).

Reach out to your Manager, CNL, CNE, and Quality Resource Leaders for more resources as needed.

Resident and Family Centred Care

Vision: Making every moment matter for each person

Mission: A vibrant and innovative long-term care community that nurtures and inspires hope, choice and meaning

Long-term Care Philosophy of Care



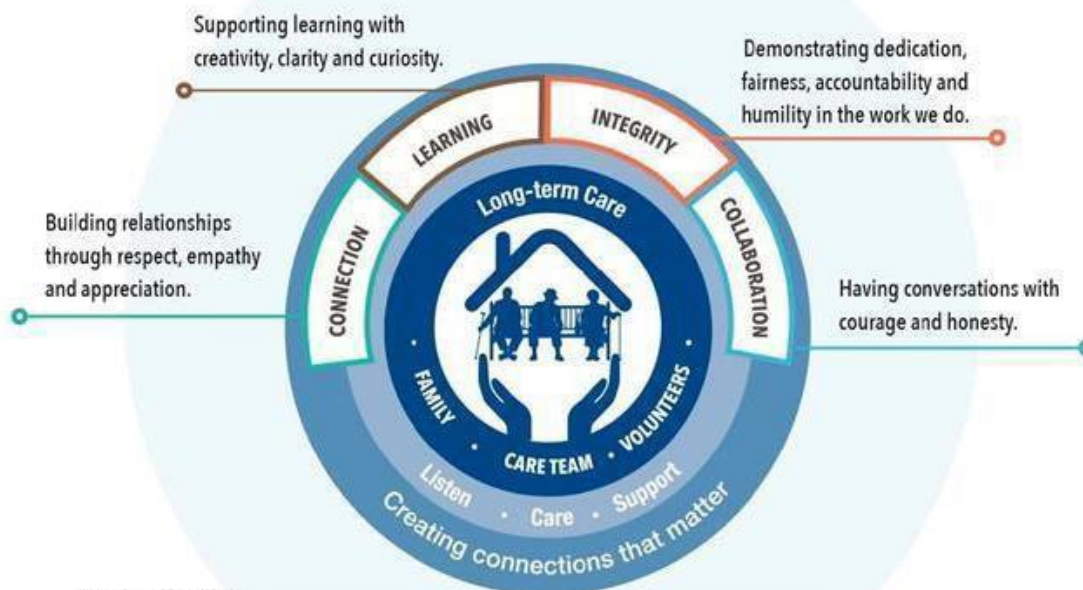
OBJECTIVE:

To unite the Long-term Care (LTC) program in a shared value system for providing resident and family centred care and what it means to be held in trust with the responsibility of creating a safe, happy and content place for persons to live and work.

To reflect on how do we plan our days in the service of others while remaining true to our values and commitment to residents, families and the care team.

CONCEPT:

- To deliver quality driven, resident and family focused care in an environment that is home-like, welcoming and inclusive for our residents and their families.
- Residents are at the centre of, and are included in decisions that affect their care, living in a "home-like environment".
- Families, care teams and volunteers support residents on their journeys by listening to them, and by caring for their needs.
- Approaching opportunities for conversations within the community, the care team, families, volunteers and residents.
- Create and support opportunities for learning in our daily work.
- Building relationships through respect, empathy, and appreciation.
- Demonstrating dedication, fairness, accountability and humility in the work we do.
- Promoting a nurturing and compassionate lived experience including preservation of dignity, and maintenance of residents personal autonomy.



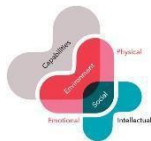
KEY WORDS:

- Integrity
- Community
- Connections
- Support
- Care
- Acknowledge
- Listen
- Engagement
- Empathy
- Human connection

- Participate
- Learning
- Collaboration
- Building relationships
- Humility
- Safety
- Day to day activities
- Mindfulness
- Great place to work and learn

- Resident centered
- Inclusive
- Home-like environment
- Respect
- Helping
- Families
- Quality of care
- Creativity
- Mentors
- Protection

PIECES & U-First



PIECES & U-First Approach

Physical, Intellectual, Emotional, Capabilities, Environment, Social

Is a basic, relational care approach that supports a shift to non-medication approaches for persons living with Behavioural Psychological Symptoms of Dementia (BPSD).

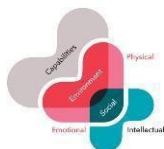
Its four core “**heart**” principles develop a common knowledge base, language, values and approach to caring for people with Alzheimer’s disease and cognitive impairment. By **understanding the person and associated behaviour changes and collaborating as a team to develop individualized care that helps the resident feel calm and happy.**

This approach is foundational in helping to reduce the use of inappropriate psychotropic medications in Island Health, Long-term homes.

Appropriate Use of Antipsychotic Medication

Review the [video](#) (7:00 minutes). **What’s the Fuss with Antipsychotics?** Video presented by Dr. Ian Bekker. See the companion booklet (How Antipsychotic Medications are Used to Help People with Dementia) in your Orientation Classroom Folder or the LTC Education Program Website.

PIECES Care Coach Qualities



The care coach qualities include having a:

- | | | |
|------------------------------|------------------------------------|-------------------------------|
| ✓ Respectful attitude | ✓ Eagerness to learn | ✓ Ability to self-reflect |
| ✓ Being flexible | ✓ Empathetic | ✓ Compassionate |
| ✓ Patient | ✓ Kind | ✓ Caring |
| ✓ Having a positive attitude | ✓ Being open to receiving feedback | ✓ Talented at time management |
| ✓ Using clear communication | ✓ Having confidence | ✓ Being conscientious |
| ✓ Honest | ✓ Having integrity | ✓ Being motivated |

These qualities help your success as a coach by encouraging personal growth and satisfaction in becoming an accomplished member of the team. There may be ongoing qualities that you want to focus on improving which can be done through self-reflection (journaling) and goal setting.



Learner Role

Welcome to the Learner Role



PIECES Care Coach Role

Peer coaching is the relationship between two people where an experienced and knowledgeable PIECES Care Coach shares and guides a peer/colleague to reflect on current practices to recognize their wish to build new approaches by sharing ideas and learning from one another.

This mutual relationship has benefits to all partners in care.

- The coach benefits because they are able to guide the learner in an area they care about and ensure that best practices are passed along
- The learner benefits because they learn new practices that enhance their care
- The resident benefits because they receive care that meets their needs, preferences and their abilities
- The family member benefits knowing their loved one is receiving the best possible care.



Watch [video](#) (3:13 minutes) **Peer Mentoring (Care Coaching)**



Why Peer Support? During the video add additional benefits as a coach and as a peer coached by a PIECES Care Coach.

Benefits to the Care Coach	Benefits to the Peer

Self-Reflection

Self-awareness and empathy go hand in hand in understanding the differences between ourselves and others and what makes them who they are. Coaching peers, is a process of discovering shared values, beliefs and attitudes to help each other grow to try new care approaches.

Empathy



Our shared philosophy of **Resident and Family Centered Care** is an example of our shared values. When we focus on our actions on its guiding principles, we are able nurture our best resident care.

Watch [video](#) (2:53 minutes) **Understanding Empathy**

Reflective Journaling

Consider keeping a journal on your thoughts and feelings to support your growth in coaching others.

Reasons to Write a Reflection Journal

1. Journaling is writing down your thoughts and feelings to better understand the things that have happened.
2. To reflect on why it happened this way.
3. To align future actions with your values and lessons learned from your past experiences.
4. To share and get your thoughts and ideas out of your head.

Use the journal sample in your care coach orientation folder or on the LTC Education Program Website.

Use Feeling Words when writing in your journal

Examples of Feeling Words to describe the way you feel at a given point in time and why.

What are you feeling and thinking!



Use these 10 self-reflection questions to guide your thinking about what you are learning and areas to strengthen.

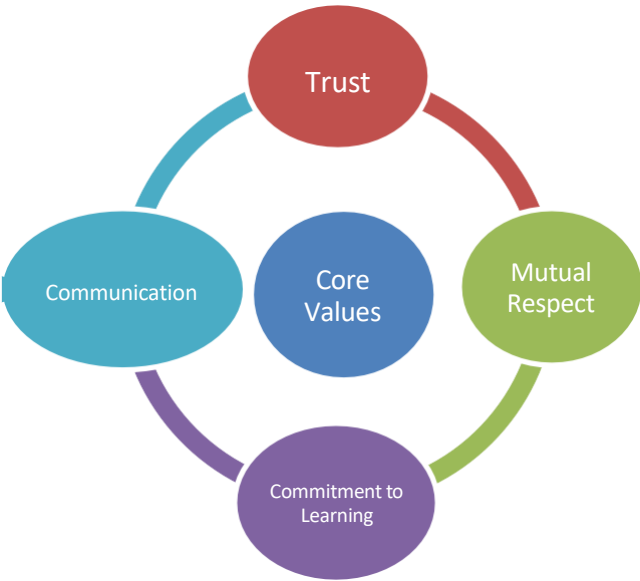
Question	Purpose
What is your most memorable experience as a Care Coach so far?	To understand your experiences and highlight positive aspects of your work.
What do you see as your strengths as a Care Coach?	To identify your areas of strength and build on them.
Can you describe a time when you felt fulfilled in your role as a Care Coach?	To understand what motivates you and what you find fulfilling about your work.
What have been some of your biggest challenges as a Care Coach and how did you overcome them?	To understand your challenges and help you find solutions.
What do you think makes your work as a Care Coach unique and valuable?	To understand your perspectives on your work and its value.
Can you share an example of a time when you felt proud of your work as a Care Coach?	To highlight positive experiences and build confidence.
What do you think is the most important part of being a Care Coach?	To understand your priorities and values in your work.
Can you describe a time when you felt inspired by a colleague or mentor in your role as a Care Coach?	To understand your sources of inspiration and how you can be encouraged.
What do you think sets you apart as a Care Coach?	To identify your unique skills and qualities.
Can you describe a time when you were able to make a positive impact on a resident’s life as a Care Coach?	To highlight your successes and help you understand the impact of your work.





PIECES Care Coach Core Values

Everyone has beliefs or core values about what is important to them to help guide decisions made. The **PIECES Care Coach Core Values** are behaviours and attitudes you bring to your role. The main core values are presented below for your *reflection* on what these terms mean to you with more detailed competencies following to learn and model to support your growth as a care coach.



Trust	Mutual Respect
Allows us to believe in the reliability of others. You'll do what you say you'll do and no harm will result in your actions.	We value interpersonal relationships that honour authenticity, trust, respect and ethical behaviour.
Commitment to Learning	Communication
We value personal growth through professional and personal development.	Through effective communication the coach presents the PIECES Approach clearly to help peers meet their goal to shift their practice.

PIECES Care Coach Competencies: Abilities and qualities to help peers shift to a PIECES Approach

Care Coach Competencies	
Communication	Relationships
Listening for Understanding Providing Feedback	Building respect and trust Encouraging others Understanding others
Performance	Accomplishments
Setting goals Ongoing encouragement	Following through with requests Recognition of accomplishments Participating in tracking performance



Commitment to Excellence

Care Coach Competency

Peer coaching is all about learning and growth. When you are committed to continuous growth through learning and working toward improvements, you'll discover the PIECES care coaching offers ample opportunities to strive for excellence in care.

Reflect on your accomplishments and what areas to strengthen

Respect and Trust

Care Coach Competency

Forming trusting consistent relationships helps to open up honest conversations about what worked and what didn't. The peer wants to feel that you have their best interests at heart because they respect and trust you.

Reflect on your accomplishments and what areas to strengthen

Communication

Care Coach Competency

The coach's role involves guiding practice with another person by sharing the PIECES Approach on how to help a resident be a partner in their care and by considering when, where, how much and how it meets best practice requirements.

The ability to break down an approach into easy-to-understand steps that you can share with a peer is vital to being an effective coach.

Reflect on your accomplishments and what areas to strengthen

Listen for Understanding

Care Coach Competency

Listening is another sign of respect. It requires an open mind to what others say, being attentive to both the content of what is being said and the feelings being expressed (sometimes unconsciously). Active listening involves conveying your understanding by reflecting what you hear. You can do this by using phrases such as, “What I hear you saying is...” and “You seem to be concerned about”.

Reflect on your accomplishments and what areas to strengthen

Encouragement

Care Coach Competency

There are no hard and fast rules to what encourages anyone. However, to inspire the enthusiasm and commitment necessary for accomplishing the shift to the PIECES Approach, you consider what motivates the person you are coaching and tie in their desires and goals. This requires continual evaluation of the situation and the person. Trying to “read” the person can waste time and effort. Instead, just ask. Find out what is important to them and how it relates to the new learning.

Reflect on your accomplishments and what areas to strengthen

Goal Setting

Care Coach Competency

Helps those being coached see the bridge between new behaviours and approaches used before. It also encourages belief about their abilities to succeed. For example, encouraging the use of the PIECES Approach you can compare how the resident responded with previous approaches. Perhaps the shared first goal would be using the U-First Wheel and 3 Question Template to invite conversations about the resident prior to providing care. Use the Point of Care Check List (High 5, High 10) to help be specific on what you and the peer had hoped to accomplish and how your approaches helped the resident avoid responsive behaviours.

Reflect on your accomplishments and what areas to strengthen

Feedback and Feedforward

Care Coach Competency

Giving feedback about a peer's approach is important. To do this effectively, carefully observe performance on their approach and share these observations in a respectful and compassionate manner. Note what the person is doing well and what can be improved. Then work with the individual to check in whether they understand your feedback and then feedforward by exploring what they will do to enhance their approach.

Reflect on your accomplishments and what areas to strengthen

Recognition of Accomplishment

Care Coach Competency

Use a variety of positive encouragements with others for making progress on the PIECES Approach. Look for growth in the peer's accomplishment and offer acknowledgement soon after you observe it. Ongoing acknowledgement of the peer's performance helps to build your relationship of trust as you respect that small steps are what matters to accomplish your shared goal that the resident has the best care possible.

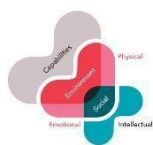
Reflect on your accomplishments and what areas to strengthen

Recognition of Self-Care


Care Coach Competency

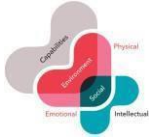
Know your self-worth. Do not expect gratitude at all times, but offer it to others. Acknowledge your accomplishments to reflect and enjoy what you are doing. It makes you feel good and in turn, builds more confidence in your work. Ward off effects of self-doubt by being the change you hope for.

Reflect on your accomplishments and what areas to strengthen






PIECES Care Coach Role and Responsibilities

Role is supernumerary	This is a supernumerary role so you will have the time to continue to learn your role as you guide others.
Day in the Life of a Care Coach	Review the guide in your orientation class room folder or the LTC Education Program Website. It describes the details of your activities.
Weekly Community of Practice Sessions	The LTC CNEs and QRLs will be inviting you to the Community of Practice meeting for a group check in to learn more about your role and share your experiences. Review the meeting's Terms of Reference in Appendix A or the LTC Education Program Website
Consult the Guide to Becoming a PIECES Care Coach 	Review this guide to learn more about your role. Use the reflection (what went well, and what can you strengthen) and journaling (thoughts and feelings) tools to guide your experience. Also available on the LTC Education Program Website.
Participate in the Inter-professional Report and Huddle	As a care coach, you participate in the report and huddle by preparing and reviewing the tools the care team will use such as the U-First Wheel, 3 Question Template, BSO-DOS, PAINAD, ABC, VBACT, the resident chart, plan of care (POC), and My Story. These tools encourage the team to be able to share and encourage conversations about the resident care approaches that match the resident needs, preferences and abilities. See the Inter-professional Report and Huddle Guide from your Orientation Classroom Folder or the LTC Program Website



PIECES Care Coach Role and Responsibilities

<p>Partner with resident and family</p> 	<p>Partnering with resident and families to include them in care decisions.</p>
<p>In the moment coaching</p> 	<p>Every effort is made to encourage your peers to share their care approaches. For example, considering what worked and what did not aids in helping the resident avoid responsive behaviours. Examples of in the moment coaching:</p> <ul style="list-style-type: none"> • A new resident's arrival to the care home with behavioural risks • A resident with a new behavioural alert or ongoing • Any time, there is a need for developing or revising a resident with BPSD symptoms plan of care
<p>Complete the Point of Care Check list</p> 	<p>Use the check list as a memory prompt to prepare for the report and huddle and resident bedside care. Use the points of the list to set goals and evaluate your own and your peers' performance. See the forms in your Orientation Classroom Folder or the LTC Education Program Website</p>
<p>Complete the Weekly Activity Tracking Form</p>	<p>Make notes on this form every day for a week as needed and send it to the email address provided in your Orientation Classroom Folder or the LTC Education Website</p>

Consult Leaders for support	Check in with your Leaders and supports (Manager, CNLs, CNEs and QRLs) as needed. The manager and CNL are there to help you understand the scheduled days you are assigned as a care coach. Be sure to share your successes and concerns.
Participate in Quality improvement processes including care home Quality Council	Participate in the various Inter-professional plan of care meetings that involve resident living with BPSD such as the Weekly Plan of Care Meetings (CAPS), Resident and Family Conferences, and your care home Quality Council. The Quality Council is an Inter-professional meeting encouraging discussions and planning on quality resident care initiatives.

PIECES Care Coach Responsibilities

You are responsible for the collaborative guidance and support of the new learner.

An effective Peer Coach:

- ❖ Draws on adult learning principles.
- ❖ Uses respectful communication.
- ❖ Coaches and guides.
- ❖ Practices critical thinking skills.
- ❖ Reflects on practice to guide learning.
- ❖ Supports and encourages.
- ❖ Empowers learners to identify their own needs and goals.
- ❖ Provides honest feedback about what went well and what may need to be strengthened (feedforward).

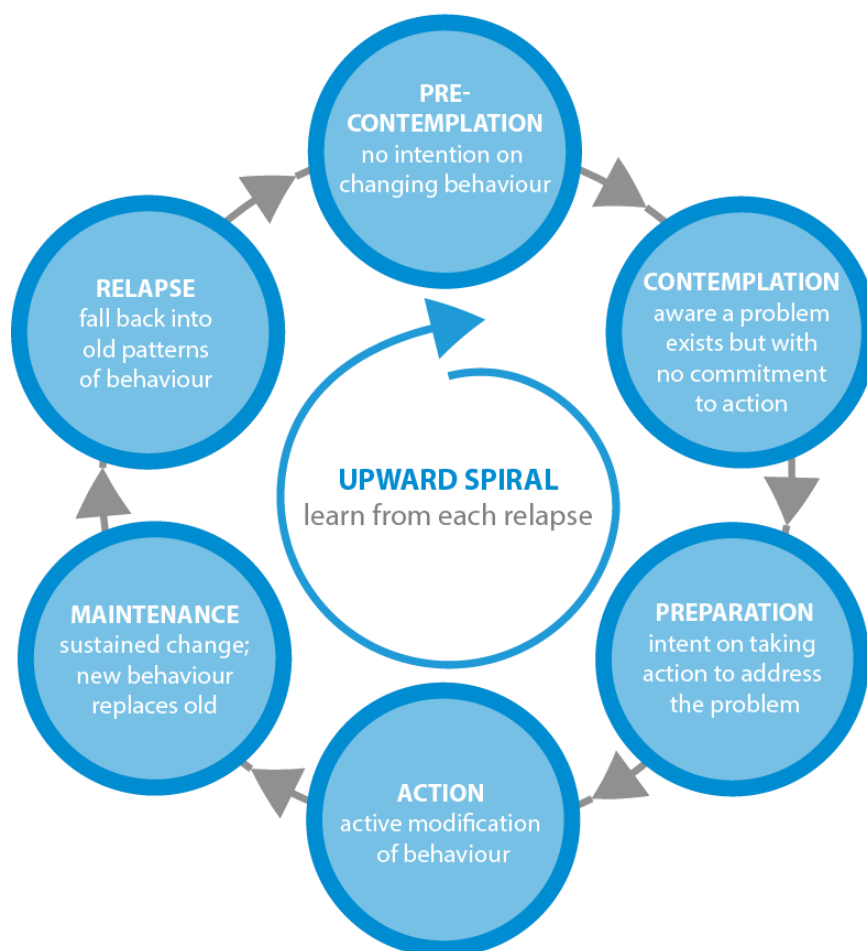
Your guidance will not only provide support for learning, it is a good time to reflect on your own strengths and abilities.

Your Peer Mentor role will continue to support the new learner in their practice, on their request, after the orientation period has ended.

Thank you for supporting your colleagues during their orientation.



STAGES OF CHANGE

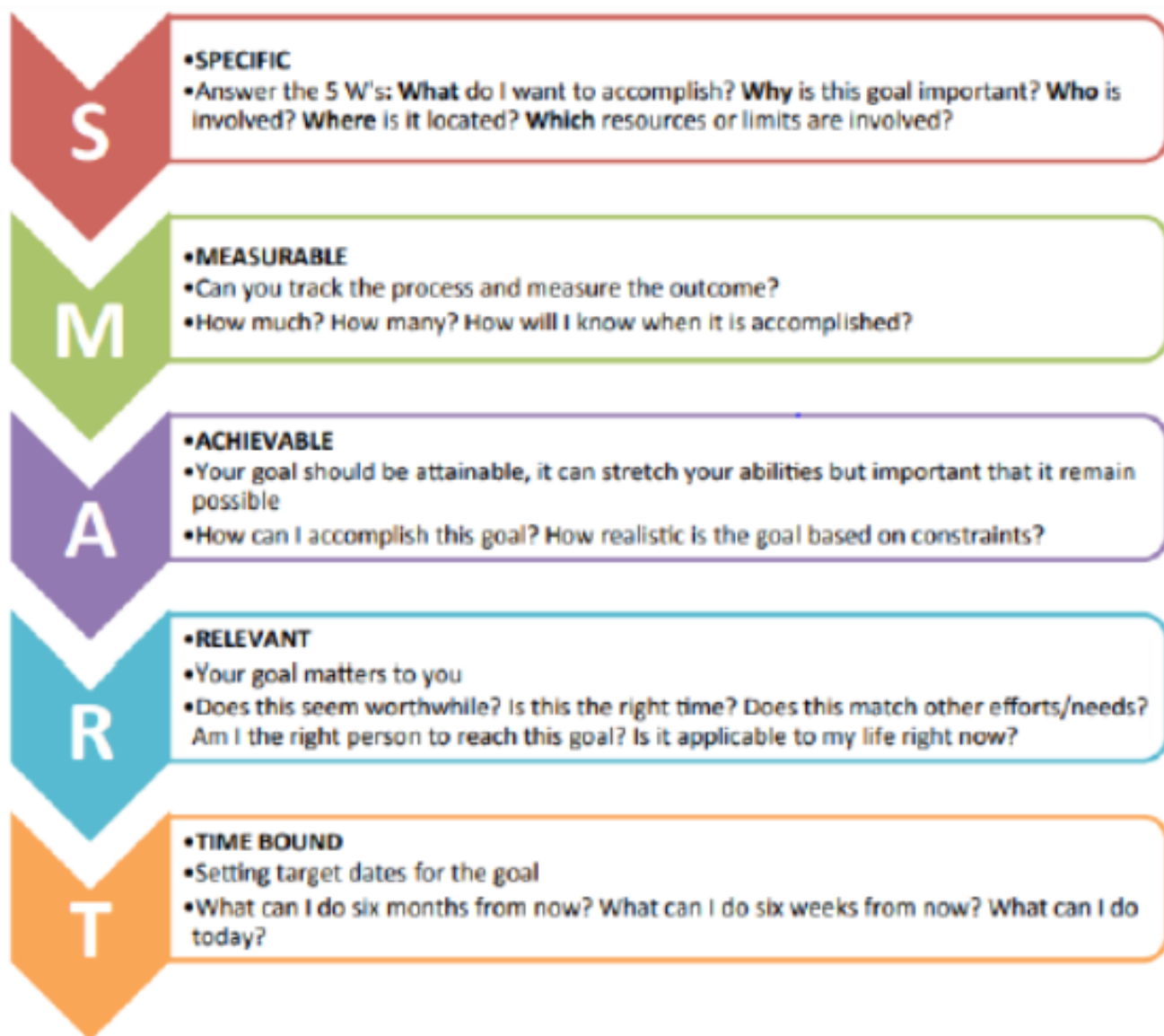


Acting as a coach, it's important to understand the stages of practice change when coaching colleagues in setting the stage for creating safe and trusting relationships. As you help colleagues shift to a PIECES Approach, you'll discover that the learning can shift back and forth. To help the change in learning to stick, review the following stages of change.

Stages of Change	How to support peers
Pre-contemplation	Validate feelings and choices about the change.
Contemplation	Help them break through their blind spots. Help use their imaginations to spell out possibilities.
Preparation	Encourage exploring of care approaches to work on. Set goals for achievement Offer information/resources if requested and needed. Helping to find incentives to commit to the change in approach.
Action	Reflect (feedback) on the goals. What went well and what could be strengthened (feedforward). Discover different ways to achieve their goal to shift their care approach. Validate feelings and needs (best fit options). Continue to offer encouragement to follow with their plan or make adjustments.
Maintenance	Help plan for another encounter with a resident living with BPSD to strengthen their learned approaches.
Relapse to familiar patterns of work	Encourage learning from experience. Help plan by setting goals for other approaches that may work.

Take a moment to reflect on your experiences with the change cycle.

1. Reflect on the stages of changes that is happening for your peers.
2. Ask yourself, if you are seeing any changes from when they had no intention of changing behaviour to shifting to the PIECES Approach (using the U-First Wheel, 3 Question Template) and where are they now?
3. Reflect on what SMART goals (see examples on next page) you set for yourself and with others to make the change.



Different meanings to the acronym:

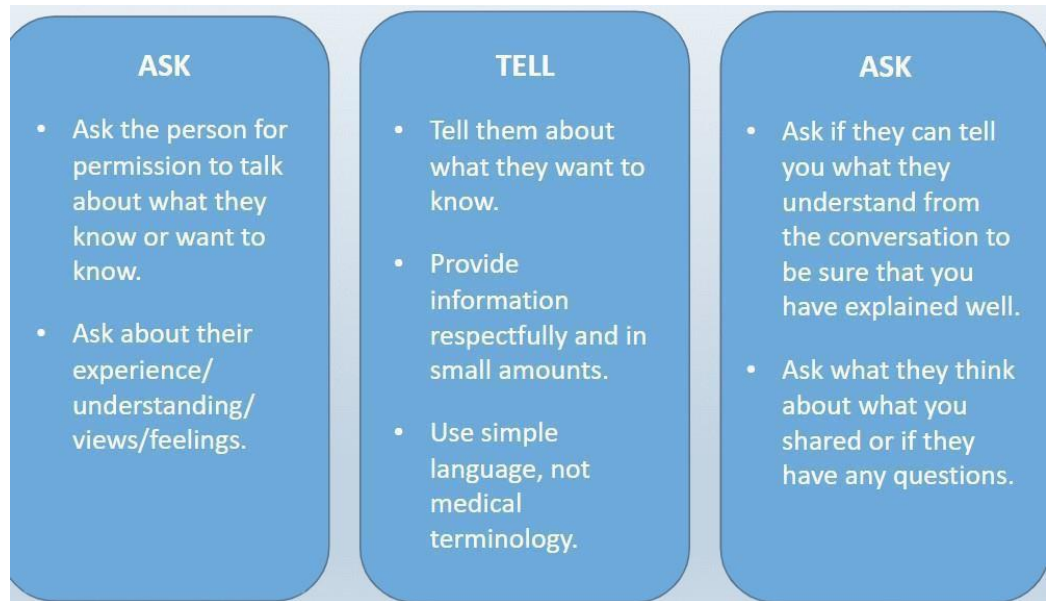
- **S**pecific (simple, sensible, significant).
- **M**asurable (meaningful, motivating).
- **A**chievable (agreed, attainable).
- **R**elevant (reasonable, realistic and resourced, results-based).
- **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive).

**Essential
Conversations:
Ask-Tell –Ask**

Think about a time you felt proud about your conversation with a peer you had coached about the PIECES Approach.



Watch the Essential Conversation [Video](#) (1:17 minutes)



Compare your conversation with the Ask-Tell-Ask guide. As you make your comparisons consider your successes and what made the conversation work. Practice what works and keep on learning.

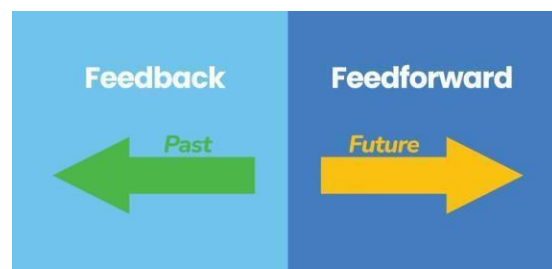
Now think about a time you felt the conversation with a peer could have improved. Consider the stages of practice change and the goals set.

Feedback and Feedforward

Feedback is something most of us are familiar with. It's when after a peer has given care to a resident, the care coach offers a commentary with the intention of guiding peer to improve in the future or/and to provide recognition of accomplishments. The commentary is focused more on what actually happened during the care.

- ✓ Ask for permission to provide the feedback and feedforward including the time and place.

Feedforward, on the other hand, might be a new term to many. Feedforward approaches provide commentary and information for improvement in the future. Feedforward has a much more future outlook, so peers feel empowered to explore their insights about themselves to build competence and confidence in their care.



Practice Activity:

Fatima (she/her) the HCA Care Coach is partnering with HCA, Pierre (he/him) caring for Mr. Bill Chapman, who prefers to be called Bill. Bill has been declining care by pushing the care giver's hands away and yelling "Go Away". Bill is living with dementia and remembers his distant past.

Pierre, carefully reviewed the resident's plan of care, My story and ADL. Prior to providing care, he consults Fatima with a plan that he will chat with Mr. Chapman about his chickens on the farm where he lived and the time to open the coup and then have breakfast.

Bill is very engaged and is able to wash and dress with limited assistance. At one point, Pierre, drops Bill's sock on the floor and turns his back from Bill. Bill wanting to help, launches himself out of bed, landing on the floor. Bill isn't injured and is assisted to bed, still talking about his chickens.



Practice giving feedback and feedforward to Pierre

Feedback Tips:

Ask your peer what was their experience providing care with the resident using the PIECES Approach?

Actively listen.

Then ask if you could provide feedback on what care aligned with the PIECES Approach and what areas need more focus.

A combination of both feedback and feed forward helps make it possible for ongoing learning to enhance competence and confidence.

Take a moment to reflect on the communication approaches you will use to open and during the conversation for the feedback and feedforward - Think about your use of Ask, Tell, Ask, empathy, and patience.

[illegible]

Feedforward Tips:

Ask your peer what would they do in the future to avoid the resident fall?



- ✓ For the best effect, giving feedback and feedforward after resident care when the experience is still fresh in your collective memories is important rather than waiting till the next day or later on.





8 Tips FOR DIFFICULT CONVERSATIONS

CHECKLIST



1. Plan

Think about what you want to say ahead of time. Jot down a few words you want to say.



2. Pick a good time

If they are busy or with a group of people. Ask if you can meet later on.



3. Set Expectations

Let the person know you have something to say and, with appreciation, ask them to wait before answering.



4. Talk About Feelings

Avoid blame and statements like: "You don't respect me. You talk behind my back. I can't stand it".
Try statements like "I really feel hurt when you say things like...Can you see why I would find that hurtful?"



5. Pace the conversation

Avoid too many words at once.
They may miss what you are saying.



6. Listen

Try to understand what is being said.



7. Stay Calm

A raised voice does not help you get your message across.



8. Take Breaks

If the conversation stops being productive (if you are going over the same points again and again), it's okay to take a break. You can always try again later after you've had some time to think.



8 Tips for Difficult Conversations

At times, conversations can become uncomfortable. It's important to recognize why the conversation is stuck or changed towards an unintended direction.

The following 8 Tips for Difficult Conversations can shed a light on what is happening.

Self Care

Your passion to help others is your strength. As you shift to your new role, at times, you may feel overwhelmed. It is well known that compassion fatigue and burnout can strike the most dedicated healthcare worker. Consider taking the Learning Hub course code ([8604](#)) Understanding and Addressing Compassion Fatigue and Burnout (1-hr eLearning) to help you recognize the signs and symptoms, associated risk factors and strategies that can help reduce your risk of fatigue and burnout and support recovery.





Cultural Safety

A **culturally safe** environment can only be defined by the Indigenous person receiving care and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual's identity. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humility.

Cultural Humility is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making.

from [In Plain Sight Report, 2020](#)

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful process and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

– from **FNHA's Cultural Safety and Humility Standard**



Watch [Video](#) (6:07 minutes)
Compassion Informed Care

Moment for reflection: How to do you acknowledge yourself as a learner when it comes to understanding another's experience.



Dementia + LGBTQ2S Seniors

Dementia is a life-changing illness, both for those who receive a diagnosis and those who take on the duty of caring for them. But not everyone is affected the same way. New research from [Egale Canada](#) and the National Institute on Ageing (NIA) shows there is a pressing need to tailor support and resources to better address the distinct needs of 2SLGBTQI people living with dementia and those who provide unpaid care for them.

Go EGALÉ Canada to read the report "*Coming out and Coming in to Living with Dementia*" and to access 2 short e-modules designed for healthcare providers, social work professionals, and other support personnel specializing in the care of people living with dementia.



Watch [Video](#) (33:29 minutes)

Safe and Visible: Creating a Care Home Safe and Welcoming to LGBTQ2S Seniors

Moment for reflection: How do you create a Home that is safe and welcoming to LGBTQ2S Seniors?

Quality Improvement

National data shows that B.C has the highest use of “potentially inappropriate antipsychotic use”.
Report 2022



Island Health Long-term Care Quality Improvement Project

Appropriate Antipsychotic medication use begins with all health care team members including physicians and pharmacists, residents and families understanding that the PIECES Approach is the first line of treatment for persons living with Behavioural Psychological Symptoms of Dementia (BPSD). Antipsychotic medications are typically appropriate for less than 20% of the resident community in your care home. Most Island Health care homes are administering more antipsychotic medications than the recommended usage.

Our Aim is to Reduce Antipsychotic Medication Use to < 20%

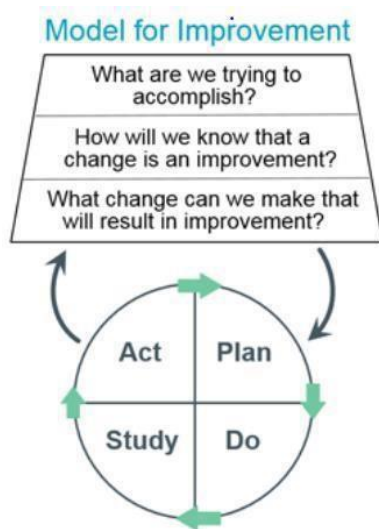


Watch the [video](#) (7:00 minutes)

What's the Fuss about Antipsychotic Medications?

The Island Health Quality Improvement Team invited care homes to participate in this Quality Improvement Project with an understanding that to reduce the medication use, we need to work together with all the partners of care and service, along with the resident and family using a Plan-Do-Study-Act cycle.

The **Plan –Do-Study-Act (PDSA Cycle)** -The PDSA Cycle shorthand for trying out a change in care practice by developing a plan to test the change (Plan), carrying out the change (Do), observing and learning about the change (Study), and determining what alterations should be made to the practice approach for ongoing care (Act). The goal of the PDSA cycle is to provide a tool that a care team can use to improve an identified care performance.



In 2022, an Island Health Care Home developed this PDSA to focus on their shared aim to do things differently to reduce the potentially inappropriate Antipsychotic Medication Use.



Plan	A. Reduce Inappropriate Antipsychotic Medication Use
Do	B. Use the PIECES approach for residents living with dementia
Study	C. Care team shifted using PIECES Approach. Not all care members were confident with this approach
Act	D. Hurray! They reduced medication use by 17.7%. To help enhance care team members confidence, they introduced the PIECES HCA Care Coach and PIECES Practitioners (clinicians) for ongoing education and support

With this outstanding success, the PIECES HCA Care Coach Quality Care Improvement Program was launched in 2023 with thirteen participating care homes working with the British Columbia Patient Safety and Quality Council and Island Health Quality Improvement and Clinical Nurse Educator teams.


The following project was designed and the first Care Coaches began their learning to be a care coach in March 2023. Thank you for sharing your passion for enhancing quality resident care.

Quality Improvement in LTC


AIM: REDUCE POTENTIALLY INAPPROPRIATE ANTIPSYCHOTIC MEDICATION USE OVERVIEW




Build on the success of the PIECES Approach integration in an Island Health care home in 2022. Reduction in inappropriate antipsychotic medication use to 20%




Introduce the PIECES HCA Care Coach to mentor peers on the PIECES Approach




Use PIECES Tools to understand the underlying causes of the resident behaviours

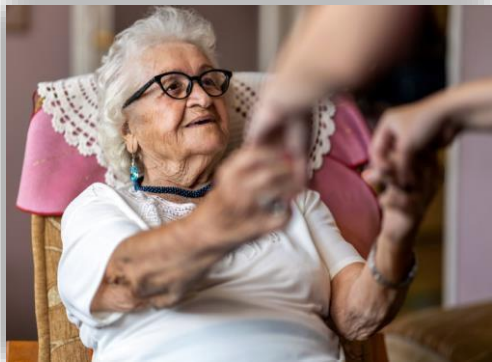




The Care Home Quality Council members using the PLAN, DO, STUDY, ACT (PDSA) cycle keep track of accomplishments and what improvements are possible

Celebrate successes in appropriate antipsychotic medication use, enhanced resident and family centred care and team collaboration.





 Sharing is caring

Learning Resources – Persons Living with Dementia

Island Health Learning Hub Resource Course Code 13062	Dementia Care: Fundamental Knowledge, Skills and Competencies for Providing Person Centred Care
Island Health Dementia Video Series	It offers caregivers practical advice to help them respond to new challenges while maintaining a meaningful and healthy relationship with a person living with dementia.

For more information on the Care Coach Program: LTCCoach@islandhealth.ca