

# The Manitoba Dementia Education Initiative

## Recognizing a Year of Progress!

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## Project Objective:

- “In order for people with dementia to have an optimum quality of life . . . staff who are involved with them as they progress through the disease must be informed and educated.”
  - “The development and maintenance of individual skills and knowledge of medical treatment options and other interventions, as well as planning, supporting and providing care for people with dementia and their families.”

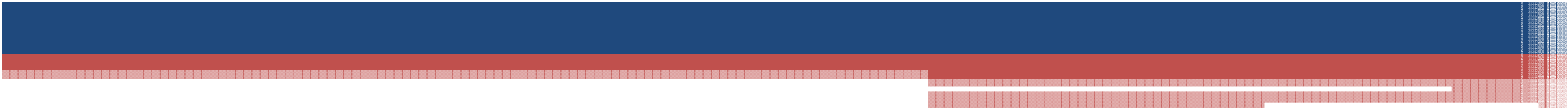
# Project Timeline:

- 2002 Alzheimer Strategy makes recommendation about dementia care education.
- 2003 - 2007 Alzheimer Strategy Education Working Group seeks education tool.
- 2007 Manitoba Health announces funding of the dementia care education initiative.
- April 2008 Project facilitators are trained.
- 2008 - 2009 Project roll out began.

## Education Tool Chosen:

- **P**hysical
- **I**ntellectual
- **E**motional
- **C**apabilities
- **E**nvironment
- **S**ocial





“The (P.I.E.C.E.S.<sup>™</sup>) framework provides a useful structure to ensure that things are not missed.”

P.I.E.C.E.S.<sup>™</sup> Participant



## P.I.E.C.E.S.<sup>™</sup> Pillars:

- Person/relationship centred care
- Visionary leadership
- Change informed by knowledge
- Health Care Team members committed to care planning and solution finding.



## P.I.E.C.E.S.<sup>™</sup> Goals:

- Comprehensive Approach to Assessment and Care Planning.
- Risk Management
- Implementation of Current and Emerging Best Practice
- Interdisciplinary Care
- Integration and Collaborative Care

## P.I.E.C.E.S.™ by the Numbers:

- 10 Regional Leaders and 21 Facilitators trained.
- 15 Senior Leaders sessions reached 369 people -
  - 48% above the three year objective of 250.
- 11 – 40 Hour Frontline sessions reached 337 staff members –
  - 35% above the one year objective of 250.
- 9 RHAs have participated in Senior Leaders sessions.
- 8 RHAs have done 40 Hour Frontline training.





## 40 Hour Frontline Participants:

- Nurses – RN, LPN, RPN
- Social Workers
- Recreation Professionals
- Spiritual Care
- Occupational Therapists
- Dietitians
- An observer from the Yukon



## Organizations & Facilities served:

- Regional Health Authority Senior Leaders
- Personal Care Home Senior Leaders and Frontline Staff
  - 54% of PCHs have received 40 Hour Frontline Training in 2008-2009.
- Seniors Mental Health Teams
- Selkirk Mental Health Centre
- Protection of Persons in Care Office.



## Senior Leaders responses:

- “Looking forward to the “roll-out” – this is a new way to approach true person-centred holistic care.”
- “I found that there were no new ideas – for myself it validates what we are doing and that our organization is on the right path. Looking forward to applying what was presented in our team to ensure our resident care is optimal.”



## Senior Leaders responses: (cont.)

- “I am glad to hear that the Geriatric Mental Health Team will be trained – it will promote Regional consistency.”
- “ I am excited to see the benefits that will come to our residents – to improve quality of life.”

## 40 Hour Frontline responses:

- “I found it very valuable to evaluate risks in a systematic way.”
- “I realize there is more to “What has changed?” than change itself.”
- “You need everyone in the team, as every person in the team is important.”
- “Thanks for teaching us - reminding us again of ‘why we do what we do’ and giving us the tools to use.”

## How is the dementia care education initiative changing the lives of people in care?

- Resident assessments are more holistic.
  - “I am learning to think atypically and to look for pain and depression instead of starting an antipsychotic.”
  - “I am using of the delirium assessment tools (4 M’s, I WATCH DEATH) and DOS.”
- Staff are gaining a greater understanding of the causes of changing behaviour.
  - “I am looking at resident behaviours as a reaction, not a ‘bad’ behaviour. All behaviour has meaning!”



## How is the dementia care education initiative changing the lives of people in care? (cont.)

- Medication reviews that include the pharmacist are taking place.
  - “Medications are not always the answer to behaviour.”
- Resident disabilities are being accommodated.
  - “We are remembering to put the resident’s glasses on – we used to believe that the person was confused and wouldn’t notice things.”

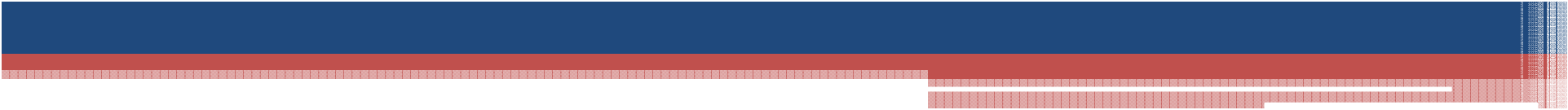
## How is the dementia care education initiative changing the lives of people in care? (cont.)

- Staff are using more innovative approaches to resident behaviours.
  - “(We) made ‘Ladies Room’ signs for doors (of women’s rooms) to stop a male resident from entering. So far, so good!”
  - “I am spending a few minutes several times a week with an “attention seeking” resident. (Using the Pro-Attention Plan.)
  - Rossburn PCH staff are scrapbooking the resident Getting to Know You information.



## How is the dementia care education initiative changing the lives of people in care? (cont.)

- Staff are becoming more resident focused.
  - “I am slowing down when doing client care.”
  - “I really evaluate my own manner and gestures when approaching clients.”
  - “I see the residents in “their world” and thus am more compassionate and understanding.”
- Staff are valuing the family as a resource.
  - “We are using the “S” (social). We are talking to family members about the resident’s history.”

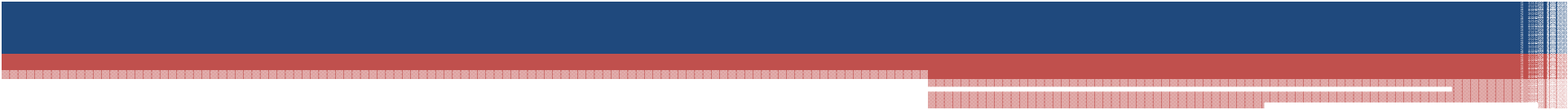


How is the dementia care education initiative helping professionals help people with dementia and their families?

- SEMAN RHA has revised their resident handbook to reflect more resident centred language. They incorporated the philosophy:
  - “We work in the person’s home, they do not live in our workplace.”
- Resource staff are seeing more assessment in place and more creative problem solving has been done prior to PCHs calling for a consult.

## How is the dementia care education initiative helping professionals help people with dementia and their families? (cont.)

- Staff are enjoying the benefit of working as a team.
  - “Our manager is in agreement with PIECES and sent a team of staff rather than just one person – together we can help other staff.”
  - “We are using teachable moments with staff to educate them about the reasons why clients do the things they do.”
- Using common language and tools has assisted staff in reporting scenarios and when discussing resident needs at annual care planning meetings.



How is the dementia care education initiative helping professionals help people with dementia and their families? (cont.)

- The WRHA PCH program has revised the application for Overcost Funding for Constant Care to be consistent with the P.I.E.C.E.S.<sup>TM</sup> Assessment Framework.
  - PCHs are submitting DOS reports with applications for Overcost Funding for Constant Care.
- Selkirk Mental Health Centre has incorporated the P.I.E.C.E.S.<sup>TM</sup> Assessment Framework into their charting process.

# Areas for Growth:

- 40 Hour Frontline participants are moving toward use of language that is respectful and does not label residents or their behaviours.
- Staff are improving their assessment skills. There is a continuing need for staff to develop innovative, individualized care responses that will in turn lead to better resident care.
- Staff continue to need encouragement that the time invested in a P.I.E.C.E.S.™ will result in better care planning for residents.
- Pain assessment skills could be sharpened.
- Greater support for implementation of the P.I.E.C.E.S.™ philosophy and tools at the local level.



## The Future?

- Another busy year of 40 Hour Frontline training sessions.
- Some RHAs have designed P.I.E.C.E.S.<sup>™</sup> friendly training for non-registered staff. Other RHAs will have this kind of training in place for fall 2009.