



Challenging Behaviour Program Manual

Continuing Care Branch

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Policy: Challenging Behaviour Program Manual	
Effective date: September 19, 2013	Version: 1
Approved by: Kevin McNamara, Deputy Minister, Department of Health and Wellness	
Signature: <i>Original signed by Deputy Minister, Department of Health and Wellness</i>	

1.0 Introduction

Health challenges associated with aging can impact an individual's physical, mental and social well-being. Individuals who experience cognitive decline often have limited ways of expressing how these challenges impact their overall well-being.

They may exhibit behavioural responses, or non-compliant behaviours, such as aggression, wandering, physical resistance and agitation. These responsive behaviours often cause distress and/or harm to the individual, his or her family members, significant others, care providers and other long term care residents. Research completed in 2010 by the Canadian Institute for Health Information (CIHI) indicates that approximately 58% of seniors in residential care in Canada exhibit responsive behaviours.

The Nova Scotia Department of Health and Wellness established the Challenging Behaviour Program, province wide, in June 2004 to enhance capacity in the provision of care to older adults experiencing cognitive impairment and associated responsive behaviours. The Program is an integral part of the response to enhance capacity to address responsive behaviours experienced by older continuing care clients with cognitive impairment due to dementia, mental health problems, addictions and other neurological conditions.

All staff of the Department of Health and Wellness, District Health Authorities who manage and deliver the components of the Challenging Behaviour Program must comply with the contents of this manual.

2.0 Purpose

The Challenging Behaviour Program enhances capacity in the provision of care to older adults experiencing cognitive impairment and associated responsive behaviours.

3.0 Vision

There is enhanced capacity for continuing care service providers to address care needs for home care and nursing home clients with cognitive impairments who may exhibit or are at risk of expressing responsive behaviours.

4.0 Mission

Health professionals and service providers effectively detect, assess and respond to clients in home care, nursing homes and homes for the aged who may exhibit responsive behaviours.

5.0 Guiding Principles

The foundation of the Challenging Behaviour Program is based on the five guiding principles listed below. These values-based principles are reflected in all components of the program and guide all program improvement activities.

- Person and Family Centred Care
Relationships built upon respect, trust and accepting the person and family/caregiver as they present are crucial to support the development of services, processes and the delivery of individualized care.
 - The client and family/caregiver must have an equal voice and role as partners in care to facilitate personal individualized care and life goal decisions.
 - The values, needs and self-determination of the person and family/caregiver (family as defined by the person) inform the system of care and are reflected in processes and services associated with the delivery of care.
 - This principle is foundational to all other principles associated with the Challenging Behaviour Program.

- Behaviour Has Meaning
Responsive or challenging behaviors are not meaningless or unpredictable but are a means to communicate unmet needs, problem solve or express distress.
 - Behavioural expressions can be minimized through a holistic approach to assessment and understanding the person, identifying patterns and potential triggers leading to behaviours, adapting the delivery of care and adapting the social and/or physical environment.
 - Developing an understanding of responsive behaviors and subsequent interventions often requires a team effort and multiple adaptations over time.

- Capacity Enhancement
Identifying and building upon existing capacity within the system of care is central to responding to the needs of persons expressing responsive behavior.

- Capacity enhancement is a continuous process focusing upon strengthening skills, knowledge, and relationships at the individual, team and organization levels which positively influence the overall system of care.
 - Increasing capacity for action and change contributes to improvements in efficiency, effectiveness, a sustainable approach to care and effectively assessing and responding to responsive behaviours.
- Collaborative Care
Working partnerships between the person, his or her family members and/or caregivers and health professionals across a variety of settings are optimal and enhance coordination of care and services.
 - Seeking, respecting and incorporating the lived experience, education, knowledge and expertise of all partners provides an inclusive foundation to better inform the delivery of care.
 - Collaborative approaches are essential to maximize efforts to improve health outcomes and should be inclusive of health promotion and prevention activities, detection, assessment and care planning, prevention of excess disability and crisis prevention and management.
- Systems Approach
Responsive behaviours are indicators that change may be needed not just with the person, but also with the care team, the organization and the overall system of care.
 - Often the required intervention or service cannot be provided by one single individual, team or organization. Cooperation between partners within the system is required.
 - The promotion of a relationship building approach, among and between individuals and organizations, to address gaps and challenges in the system of care is required to set a course for improvement for clients.

6.0 Challenging Behaviour Program Model

The Challenging Behaviour Program model is designed to support the intent of the program. It acknowledges that the 'system of care' includes all of the persons, professionals and organizations that are involved in the care of home care agencies, nursing services, nursing homes and homes for the aged.

The Challenging Behaviour Program aims to

- build on strengths, knowledge and skills of target organizations
- provides support to build on the strengths, knowledge and skills of individuals, and care teams
- promotes a coordinated approach to care within and across systems of care

This systems approach recognizes that clients' care needs are impacted by

- their individual circumstances including their health condition, environment and informal supports
- the healthcare team that provides their direct care
- the organization (facility or agency) that administers their care
- the system (district and/or department) that allocates resources and sets policies for them

All program components and intended outcomes are expected to be representative of this approach.

6.1 Program Components

While responsive behaviours may be present in any population or health care setting, all components of this program are designed to support specific target groups outlined below and this represents the parameters of the program model.

6.1.1 Target Groups

The program is designed to support the following groups:

- Target Population
The target population includes older adults with cognitive impairment, due to dementia, mental health problems, addictions and other neurological conditions, who may exhibit, or are at risk of exhibiting responsive behaviours in home care, nursing homes or homes for the aged. Many of the behaviours and conditions associated with the target population sometimes manifest in younger adults receiving Continuing Care services. Although this is not the primary target population, the supports offered through the program may be of assistance to those clients.
- Target Audience
The target audience includes
 - health professionals who provide care to the target population

- leaders and administrators who support health professionals providing, care ,support and services for clients in the target population
- Target Organizations
The program provides services to all
 - licensed nursing homes and homes for the aged that are funded by the Department of Health and Wellness
 - approved home care agencies and nursing agencies that are funded by the Department of Health and Wellness
 - Continuing Care Coordination offices

6.1.2 Core Services

Core services that support the application of the model include:

- Education
Education is provided formally via workshops, including P.I.E.C.E.S.™ education, and informally, through coaching and providing information through presentations and promotion and learning materials.
- Consultation
Case-based consultations are provided by health professionals who have taken the P.I.E.C.E.S.™ education; the Challenging Behaviour Resource Consultants based in the District Health Authorities; and the Challenging Behaviour Program Provincial Coordinator from the Department of Health and Wellness.
- Capacity Building
Challenging Behaviour Resource Consultants, the Challenging Behaviour Program Provincial Coordinator and learners in the program facilitate communication and collaboration between partners in care to create a stronger system of care for clients who exhibit or are at risk of expressing responsive behaviours.

7.0 Governance

7.1 Legislated Responsibilities

The roles and responsibilities of the Department of Health and Wellness and the District Health Authorities are set forth in the *District Health Authorities Act (2000)*.

7.1.1 Department of Health and Wellness

According to the *District Health Authorities Act (2000)*, Sections 60 and 61, the NS Department of Health and Wellness' responsibilities include, but are not limited to, providing strategic direction, developing standards, monitoring and evaluating health services, resource management, determining the health services to be provided by the District Health Authorities and associated funding levels, and establishing requirements for the District Health Authorities.

7.1.2 District Health Authorities

According to the *District Health Authorities Act (2000)*, Section 20, the District Health Authorities responsibilities include, but are not limited to, setting priorities within the district, allocating District Health Authority resources, implementing the district's business plan, making recommendations to the Minister, participating in the development and implementation of provincial policies, standards, information systems and human resource plans, and other responsibilities as may be assigned by the Minister.

8.0 Roles and Responsibilities

The following are the roles and responsibilities of the Department of Health and Wellness and the District Health Authorities in relation to the Challenging Behaviour Program.

8.1 Department of Health and Wellness

The Department of Health and Wellness shall

- exercise and maintain the overall stewardship of the Challenging Behaviour Program, including
 - providing funding to the District Health Authorities to provide the services inherent to the Challenging Behaviour Program, such as the salaries and benefits (based upon the position rating approved by the Department of Health and Wellness) and associated costs, such as travel, for the Challenging Behaviour Resource Consultant positions.
 - setting policies and standards for the Challenging Behaviour Program
 - monitoring and evaluating the program
 - developing and ensuring continuous quality improvement measures for the program are implemented
 - funding and managing the Challenging Behaviour Program Provincial Coordinator position

- establishing the number of full time equivalent Challenging Behaviour Resource Consultant positions that are required and funded per district
- coordinate and facilitate P.I.E.C.E.S.™ education, such as
 - defining who may participate in P.I.E.C.E.S.™ education
 - developing further education programs in collaboration with the P.I.E.C.E.S.™ Canada organization
 - making changes and improvements to curriculum, materials and the structure of education sessions as needed in collaboration with the P.I.E.C.E.S.™ Canada organization
 - retaining ownership and management of the database for P.I.E.C.E.S.™ education learners and program evaluations
 - funding and organizing the logistics for the P.I.E.C.E.S.™ education sessions
 - training P.I.E.C.E.S.™ facilitators in collaboration with representatives from the P.I.E.C.E.S.™ organization
 - evaluating the facilitation of P.I.E.C.E.S.™ education sessions for the purposes of providing professional support, in terms of mentoring and/or formal training, and ensuring the fidelity of the education program
 - distributing approved P.I.E.C.E.S.™ education materials to the Challenging Behaviour Resource Consultants
 - organizing, facilitating and funding (with the exception of travel costs) the provincial the Challenging Behaviour Resource Consultants Network meetings
 - being the main contact for the P.I.E.C.E.S.™ Canada organization

8.2 District Health Authorities

The District Health Authorities shall

- deliver the P.I.E.C.E.S.™ education sessions
- employ the number of full time equivalent positions for the Challenging Behaviour Resource Consultants as determined and funded by the Department of Health and Wellness
- supervise and administer the positions of the Challenging Behaviour Resource Consultants
- provide clinical consultation, as defined below in the Appendix A Summary of Terms, and professional support to organizations supported by the program and P.I.E.C.E.S.™ learners

- participate in the evaluation and development of any changes to the Challenging Behaviour Program as requested by the Department of Health and Wellness
- update the Challenging Behaviour Program Provincial Coordinator on any complex client cases and/or system issues that may result in learning or development for the Challenging Behaviour Program or the Continuing Care sector in general
- provide reports and evaluations to the Challenging Behaviour Program Provincial Coordinator on the delivery of the education and/or consultation components of the Challenging Behaviour Program

8.3 Joint Responsibilities

Capacity Development

Both the Nova Scotia Department of Health and Wellness and the District Health Authorities are responsible to demonstrate leadership in bringing together partners in care so they may work collaboratively to address the care needs of clients by

- providing guidance to participants in the Challenging Behaviour Program on how to build capacity in the system
- participating and/or leading various committees or teams working to improve the quality of care for older adults with cognitive impairments, as outlined in Section 3.2.1 of this manual, who may exhibit responsive behaviours
- embodying a person-centred shared-care, systems-wide, collaborative approach to care in everyday practice

8.5 Challenging Behaviour Program Provincial Coordinator

The Challenging Behaviour Program Provincial Coordinator is an employee of the Department of Health and Wellness and acts as the liaison between the department and District Health Authorities to ensure the program is delivered province-wide. The Coordinator has overall responsibility for the program and the following specific duties:

- participate in the development and evaluation of policies and standards for the Challenging Behaviour Program in collaboration with staff at the Department of Health and Wellness and the District Health Authorities
- monitor the Challenging Behavior Program at a provincial level
- report on the ongoing development and evaluation of the program, and any changes required or challenges identified with the program
- participate in the development and implementation of continuous quality improvement mechanisms in collaboration with staff of the Department of Health and Wellness and the District Health Authorities

- provide consultation to the Challenging Behaviour Resource Consultants and their managers regarding implementation, development and sustainability of the program at local and provincial levels
- organize logistics associated with P.I.E.C.E.S.™ education sessions
- mentor and train the Challenging Behaviour Resource Consultants to provide P.I.E.C.E.S.™ education and consultation
- evaluate and monitor P.I.E.C.E.S.™ education and the consultation provided by the Challenging Behaviour Resource Consultants to ensure fidelity to the program P.I.E.C.E.S.™ model, approach and education programs
- provide P.I.E.C.E.S.™ resource materials as required to the Challenging Behaviour Resource Consultants
- coordinate and facilitate meetings for the Challenging Behaviour Resource Consultant Network
- update and work with the P.I.E.C.E.S.™ Canada organization regarding any feedback and/or improvements to the curriculum and/or resource materials
- manage the database for P.I.E.C.E.S.™ education learners and workshop evaluations
- participate on or lead groups and/or committees dealing with issues concerning the system of care for older adults with cognitive impairments who may exhibit responsive behaviours
- report back to the Continuing Care Leadership Team on issues concerning the system of care for older adults with cognitive impairments who may exhibit responsive behaviours
- promote the Challenging Behaviour Program within the sector and across the health system

8.6 Challenging Behaviour Resource Consultants

The Challenging Behaviour Resource Consultants are employed and supervised by the District Health Authorities and seek support and guidance from the Challenging Behaviour Program Provincial Coordinator. It is the responsibility of the Challenging Behaviour Consultants to provide the following supports to target organizations, listed in section 3.2.1 of this manual.

Program Support

- provide clinical and system of care consultation
- monitor all P.I.E.C.E.S.™ education and consultation occurring in his or her district to ensure that the integrity of the language, vision and P.I.E.C.E.S.™ approach is maintained

- actively participate in the ongoing development of the Challenging Behaviour Program
- attend the regular Challenging Behaviour Resource Consultant Network meetings that are organized and facilitated by the Challenging Behaviour Program Provincial Coordinator

Consultation

- coach P.I.E.C.E.S.™ Resource Consultants (PRCs) and care teams on the P.I.E.C.E.S.™ approach and associated assessment tools by guiding them in the development and implementation of care plans for individual clients
- provide consultation and coaching to P.I.E.C.E.S.™ Resource Consultants and care teams in case based consultations.

These consultations are conducted with the client's direct care team who provide care, support and services to the client. The goal of the consultation is to discuss individual client cases to work through identifying biological, psychological and social indicators of responsive behaviours and to find solutions in relation to managing and addressing the behaviours.

The direct care team retains all responsibility in relation to the direct care of the client, including writing and maintaining the case file and care plan.

- provide support and guidance to the managers of P.I.E.C.E.S.™ Resource Consultants to support strategies to change practice and to implement the P.I.E.C.E.S.™ approach

Education

- deliver formal and informal P.I.E.C.E.S.™ education
- identify the learning and development needs of health professionals and care teams related to responsive behaviours
- facilitate and organize Local Learning Network meetings for P.I.E.C.E.S. Resource Consultants at least three times per year
- participate in the evaluation of P.I.E.C.E.S.™ education and contribute to the ongoing review, evaluation and improvement of the curriculum

Capacity Building

- collaborate and facilitate connections between partners in care to address individual client and system of care issues
- support P.I.E.C.E.S.™ Resource Consultants, care teams and organizations to connect with each other and other health care providers
- increase awareness and promote the P.I.E.C.E.S.™ approach throughout the health care system

9.0 P.I.E.C.E.S.™ Education

The P.I.E.C.E.S.™ approach provides a method to understanding and enhancing care for individuals with complex physical and cognitive needs and behavioural responses. The approach is systematic, comprehensive and provides a holistic interdisciplinary person centred approach to team dialogue and solution finding.

Central to the approach is an assessment framework that assesses the *physical, intellectual* and *emotional* care needs of the client, identifies the *capabilities* of the client and the system affecting his or her care and analyzes those needs and capabilities through the lenses of the client's physical and emotional *environment* and his or her *social self*.

9.1 Eligibility for P.I.E.C.E.S. Education

P.I.E.C.E.S.™ education programs are only available to health professionals (e.g. registered nurses, licensed practical nurses, occupational therapists, social workers) and senior leaders in the following target organizations:

- nursing homes and homes for the aged that are licensed by the Department of Health and Wellness
- home support agencies and nursing agencies that are approved by the Department of Health and Wellness
- care coordination offices of the District Health Authorities

In addition, eligible health professionals must have

- the scope of practice, which includes the development of clinical care plans
- responsibility for psychogeriatric assessments, case management, and/or providing direct care to older adults with cognitive impairments
- responsibility to supervise or support those health professionals who provide direct care (to participate in the P.I.E.C.E.S. Leadership and Performance Improvement).

9.2 Facilitators of P.I.E.C.E.S.™ Education

Challenging Behaviour Resource Consultants are responsible for facilitating P.I.E.C.E.S.™ education as required in their districts.

Facilitators must present the P.I.E.C.E.S.™ approach and assessment framework as illustrated in the P.I.E.C.E.S.™ Facilitation Manual and P.I.E.C.E.S.™ Learning Resource Guide. If a facilitator has any questions or concerns about any of the material or instruction in the guides, he or she must consult with the Challenging Behaviour Program Provincial Coordinator.

9.2.1 Goals of P.I.E.C.E.S.™¹

Facilitators will ensure that all of the goals listed below are reflected in their delivery of the P.I.E.C.E.S.™ education and will be able to provide a clear explanation to learners of how the goals fit into the modules.

- A Comprehensive and Best Practices Approach to Assessment and Care Planning
The P.I.E.C.E.S.™ approach promotes the understanding of older adults with complex physical and cognitive/mental health needs and associated behavioural changes through a common vision, common language and common approach to assessment and care planning.
- Risk Management
The P.I.E.C.E.S.™ approach provides an effective means for detecting risk and identifying strategies to address risk management issues.
- Implementation of Current and Emerging Best Practices
The P.I.E.C.E.S.™ approach provides strategies that enable the person, family, caregivers, family physician, teams and organizations to share best practices and knowledge from various fields of study. This continuous improvement approach includes health promotion and disability prevention.
- Interdisciplinary Care
The P.I.E.C.E.S.™ approach provides a practical way to promote and implement interdisciplinary, collaborative care and shared solution finding through its framework, complimentary and supportive assessment tools and education. P.I.E.C.E.S.™ helps the team maximize health promotion and minimize unnecessary disability.
- Integration and Collaborative Care (Shared Care)
The P.I.E.C.E.S.™ approach provides strategies and tools to enhance communication, collaboration, and sharing of information and data between direct care teams, organizations and care systems around older adults with cognitive impairments who may exhibit responsive behaviours.

Facilitators will deliver P.I.E.C.E.S.™ education based on adult education principles including

- continuous improvement of the education sessions based on emerging best practices in adult education and clinical practice and feedback given by P.I.E.C.E.S.™ learners
- a learning-through-dialogue approach, and minimized lecture time, that involves small group work and opportunities for information exchanges between learners

¹ Putting the P.I.E.C.E.S.™ Together; A Model for Collaborative Care and Changing Practice; A Learning Resource for Providers Caring for Older Adults with Complex Physical/Mental Health Needs and Behavioural Changes. 6th Edition (R), September, 2008, pp.3

- case-based learning elicited from learners
- the presentation of complex situations through workplace and in-class assignments which test the learners' newly developed skills

Additionally, facilitators of P.I.E.C.E.S.™ education must ensure that their sessions are up-to-date according to expectations and curriculum set out by P.I.E.C.E.S.™ Canada. This information is distributed by the Provincial Challenging Behaviour Program Coordinator.

9.3 Learners in P.I.E.C.E.S.™ Education

The P.I.E.C.E.S.™ 24 hour Program for Continuing Care Providers is designed for health professionals who have an active role in the day-to-day assessment, planning and delivery of direct care to persons with complex cognitive and mental health needs and associated behavioural changes.

A complimentary P.I.E.C.E.S.™ Leadership and Performance Improvement Program is available for senior leaders who supervise or support those health professionals who provide direct care.

9.3.1 Education Expectations

Learners who participate in the education program must have the educational background and scope of practice to develop and implement clinical care plans in collaboration with their care teams.

The Challenging Behaviour Resource Consultants and the Challenging Behaviour Program Provincial Coordinator will communicate the following to potential learners of P.I.E.C.E.S.™ education programs:

Leadership/management learners who undertake P.I.E.C.E.S.™ education receive content which enables them to

- enhance the capacity of staff to integrate P.I.E.C.E.S.™ learning into day-to-day practice through the development of learning strategies (which will be introduced in the education session and supported by the Challenging Behaviour Resource Consultants once the manager returns to his or her place of work) support P.I.E.C.E.S.™ Resource Consultants in their efforts to enhance organizational practices by
 - supporting person-centred approaches to assessment and care planning
 - supporting interdisciplinary communication and solution finding approaches within and external to the organization
 - providing coaching and resources to the P.I.E.C.E.S.™ Resource Consultants and other team members as required
 - partnering with Challenging Behaviour Resource Consultants and other external partners in care to assist staff to strengthen the system of care around the client

Health professionals who undertake P.I.E.C.E.S.™ 24 hour Program for Continuing Care Providers receive content which enables them to become in-house P.I.E.C.E.S.™ Resource Consultants who

- assess develop and evaluate individualized care plans for older adults with cognitive impairments who may exhibit responsive behaviours according to the P.I.E.C.E.S.™ assessment framework
- mentor colleagues in the P.I.E.C.E.S.™ approach and assessment framework
- collaborate with management and partners in care to develop strategies to enhance the system of care around the client
- participate in Local Learning Networks to increase knowledge and share resources, learning and information with other P.I.E.C.E.S.™ Resource Consultants

10.0 Reporting Requirements

District Health Authorities are required to comply with all performance measurement and reporting requirements for the Challenging Behaviour Program, as established by the Department of Health and Wellness.

District Health Authorities are required to comply with the Department of Health and Wellness' auditing processes, intended to measure compliance with the Challenging Behaviour Program Manual, as established by the Department of Health and Wellness.

11.0 Privacy and Confidentiality

11.1 Legislation

Any client information shared during the consultation and education components of the Challenging Behaviour Program is considered personal health information.

In Canada, there are federal and provincial laws that guide how a person's personal health information is gathered and shared.

Federally, there is the *Privacy Act* and the *Personal Information Protection and Electronic Documents Act*. In Nova Scotia, there are laws, such as the *Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Act*.

Challenging Behaviour Resource Consultants, the Challenging Behaviour Program Provincial Coordinator and program participants must comply with all relevant legislation concerning personal health information, and policies and guidelines related to the verbal disclosure of information, privacy breaches, the transmission of client information and the protection of client information.

Challenging Behaviour Resource Consultants must ensure that participants are made aware of relevant federal and provincial legislation and encourage participants to consider their organization's policies regarding the gathering and sharing of personal health information.

11.2 Collecting, Documenting and Sharing Client Information

The Challenging Behaviour Resource Consultants, Challenging Behaviour Program Provincial Coordinator and program participants must comply with the following principles:

- Identifying Purpose
Consultants and participants must have a clear rationale as to why they need to collect or use any client's personal information, (this includes any information which may identify the client inadvertently).
- Consent
Before sharing *specific* client information, participants should discuss this with the client and the substitute decision maker (as appropriate) and obtain written consent.
- Limiting Use, Disclosure and Retention
In case based consultations, the consultants must ask health professionals to disclose the client *issue* first, before any identifying information about the client is shared. The consultant then decides if he or she needs more specific information that will require the health professional to share client information which may have identifying characteristics. If this is the case, he or she will be specific about what information he or she needs in order to weigh in on the case based consultation.
- Accuracy
Consultations with the consultants should be noted in the client's file. It is the responsibility of the participant to record information regarding case based consultation content and/or outcomes in the client's file, not the responsibility of the Challenging Behaviour Resource Consultant.

11.3 Client Information and Education Sessions

The following principles have been developed as a basic guideline for education program learners. These principles must be shared with education program learners during P.I.E.C.E.S.™ education sessions.

- If a Challenging Behaviour Resource Consultant becomes aware of a program learner who is in violation of any of the following principles during an education session or in a consultation, he or she must remind the learner of the relevant principle(s).
- If the learner continues to violate the principle(s) after being reminded, the consultant must discuss the situation with his or her supervisor and/or the Challenging Behaviour Program Provincial Coordinator.

Client cases may be shared to promote learning in P.I.E.C.E.S.™ education sessions or in consultations with health professionals *as long as no identifying information is given* without the express consent of the client.

12.0 Accountability

The Executive Director, Continuing Care Branch, or designate, is responsible for ensuring compliance with this manual.

The manual may be amended by the Executive Director, Continuing Care Branch, or designate, as necessary. Such amendments shall be published in the revised manual.

13.0 References

Putting the P.I.E.C.E.S(tm) Together; a Model for Collaborative Care and Changing Practice; A Learning Resource for Providers Caring for Older Adults with Complex Physical/Mental Health Needs and Behavioural Changes. 6th Edition (R)

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Winnipeg Regional Health Authority. Collaborate: Better Help for All.
<http://www.wrha.mb.ca/professionals/collaborativecare/files/WhyCollaborate.pdf>

An Approach to Care for Continuing Care Clients with Challenging Behaviour, Continuing Care Branch, NS Department of Health, October 2002

Harris M, Clark S, Lusk E, editors. National behavioural support systems project: guiding principles and recommended components. Version 3. Canada: 2011.

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https://secure.cihi.ca/free_products/Dementia_AIB_2010_EN.pdf

14.0 Appendix A

Summary of Terms

Case Based Consultation – the Challenging Behaviour Resource Consultants and P.I.E.C.E.S.™ Resource Consultants provide consultation and coaching (based on the P.I.E.C.E.S.™ approach) on individual client cases to the health professionals who are providing care and assessments to those clients.

Challenging Behaviours (also referred to as responsive behaviours) – behavioural responses that are potential evidence that a client’s needs, in terms of care or assessment, have not been fully met. These behaviours often cause distress and harm to the client, family members, care givers and/or providers and potentially other people and/or residents who live with the client. These behaviours may have physical, verbal and/or sexual manifestations.

Challenging Behaviour Program – has three components of service:

- **Education**- both formal and informal education is offered to service providers and those who lead them. This education is given formally in the form of workshops, including P.I.E.C.E.S.™ education, and informally, through coaching and providing information through presentations and promotion and learning materials.
- **Consultation** – trained individuals are available to provide clinical consultation on individual cases and professional support to address behaviour support system issues and clinical care needs to service providers and those who lead them. These individuals are peers and administrators in facilities who have had P.I.E.C.E.S.™ education; Challenging Behaviour Resource Consultants from the District Health Authorities and the Challenging Behaviour Provincial Coordinator from the Department of Health and Wellness.
- **Capacity Building** – this is an essential outcome of both the education and consultation components of the program, as learners are challenged to identify gaps and/or challenges in the whole micro and macro systems of care which affect the client who is demonstrating responsive behaviours. These system gaps and/or challenges must be managed, which requires building capacity and connections between many actors; including health professionals and management; service providers and the authorities and government agencies who administer, set policy direction and fund them; advocacy groups and the public in general.

Challenging Behaviour Resource Consultants – Challenging Behaviour Resource Consultants provide formal and informal education and consultation to health professionals and administrators who work with older adults with cognitive impairments who may exhibit responsive behaviours and work to build capacity in the care system for those clients by facilitating communication and increasing collaboration between partners in care. The consultants are employed and supervised by the District Health Authorities and seek support and guidance from the Challenging Behaviour Program Provincial Coordinator.

Challenging Behaviour Provincial Coordinator – The Challenging Behaviour Provincial Coordinator is an employee of the NS Department of Health and Wellness. The purpose of the Challenging Behaviour Provincial Coordinator position is to provide general oversight of the program, to ensure there are sufficient resources to support the program, to provide guidance to clients of the Challenging Behaviour program and the Challenging Behaviour Resource Consultants and to continue to evaluate, develop and improve upon the program.

Challenging Behaviour Resource Consultant Network – This network is comprised of the Challenging Behaviour Resource Consultants and the Program Coordinator. The network meets regularly and is facilitated and organized by the Challenging Behaviour Provincial Program Coordinator.

Client Centred Care – In client centered health care, clients are considered first and foremost at every

point in the planning, implementation, and evaluation of service delivery. This approach views clients as whole; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making to the greatest extent possible.

Clinical Consultation and Professional Support includes

- the provision of formal (classroom) and informal (work site/point-of-care) education focusing on enhancing or maintaining clinical capacity in person centred approaches to care, holistic assessment, care planning and inter-disciplinary and inter-sectoral coordination and collaboration
- supporting P.I.E.C.E.S. In-house Resource Consultants and/or other team members in the application of person centred approaches, clinical assessment tools, incorporation of results and findings into care plans and care plan review, and evaluation. Support includes: providing effective and empathic communication, listening and feedback to team concerns; providing case based best practice information; actively supporting and engaging individuals/teams in problem identification, application and interpretation of assessment tools and the development of care plans and interventions and evaluation of the clinical outcomes.

Collaborative Care – Healthcare professionals and service providers engage with clients, their families, caregivers and communities to provide care for clients. Respect and consideration is given for all diverse perspectives and contributions that focus on improving health outcomes for home care and nursing home clients.

Interdisciplinary Care – Interdisciplinary health care is about people's health needs being met by a team of health care providers who work together with the client to determine how care will be delivered and health best supported. Interdisciplinary health care teams enhance access to comprehensive health care because care is provided by the most appropriate practitioner. Teams are made up of a variety of providers such as dietitians, physiotherapists, social workers, family doctors, nurse practitioners, registered nurses and others so that clients benefit from the collective expertise of the group. The make-up of the team will vary depending on the needs of the client. These providers have knowledge and skills in particular areas, such as medical diagnosis, immunization, healthy eating to prevent and treat disorders, counselling, health assessment, family health, radiology, elder health and so on to provide care throughout the life cycle. By working as a team, they share responsibility and accountability for care.

Partners in Care – Partners in care is an inclusive term meaning care team members including the person, the family, the physician(s), the P.I.E.C.E.S.™ Resource Consultant, clergy, dietary, activation, volunteers and so forth also including support from external partners such as a Challenging Behaviour Resource Consultant, the Alzheimer Society and/or members of Specialty Geriatric Outreach Teams.

P.I.E.C.E.S.™ – provides a framework for understanding the often multiple causes as to why an older person with complex physical, cognitive/mental health needs and associated behavioural changes behaves the way he or she does and what resources are available to address the care needs of the client. P.I.E.C.E.S.™ looks at the *physical, intellectual and emotional* care needs of the client, identifies the *capabilities* of the client and the system affecting his or her care and analyzes those needs and capabilities through the lenses of the client's physical and emotional *environment* and his or her *social self*.

P.I.E.C.E.S.™ Education – there are two educational programs offered through the Challenging Behaviour Program:

1. P.I.E.C.E.S.™ 24 Hour Program for Continuing Care Providers – is designed for health professionals who have an active role in the day-to-day assessment, planning, and delivery of direct care to persons with complex cognitive and mental health needs and associated behavioural changes. Learners must have the educational background and scope of practice to develop and implement clinical care plans in collaboration with their care teams. This program provides education specific to the P.I.E.C.E.S.™ model of care and assessment.

2. P.I.E.C.E.S.™ Leadership and Performance Improvement Program – a one day program for leaders of nursing homes, home care and nursing agencies and care coordination offices. This course gives the learners a foundation in the P.I.E.C.E.S.™ model and promotes strategies that enhance team dialogue, on the job learning, team problem solving and transferring knowledge into day to day practices.

P.I.E.C.E.S.™ Approach – The following are cornerstones to the P.I.E.C.E.S.™ approach to care and assessment

Person/relationship centred approach

- The person and/or family are meaningfully involved with the health care team and are active learners in the care process;
- The lived experience of the person and/or family are valued and supported;
- Expanding consumer knowledge is respected and contributes to the evolution of practices.

Leadership vision and action

- Organizational leadership to continually improve performance using a wide-range of training and non-training interventions and change management strategies;
- Leadership ensures linkages with individuals and families and collaboration with communities.

Change informed by knowledge and experience (Rycroft-Malone et al.,2002)

- From traditional research;
- From field knowledge;
- From the lived experience of the individual and family.

P.I.E.C.E.S.™ Learners

- All members of the health care team learn and develop by respecting each other’s involvement, experience, and contribution to care planning and solution finding;
- Each learner has a role as leader in interdisciplinary care;
- Each learner understands and respects consumer need for information, involvement and to be informed.

P.I.E.C.E.S.™ Canada – or the P.I.E.C.E.S.™ Consult Group, this group is the national organization responsible for and has copyright of P.I.E.C.E.S.™ education. More information can be found at www.piecescanada.com.

P.I.E.C.E.S.™ Resource Consultants – these consultants are health professionals who have taken the P.I.E.C.E.S.™ education and have received formal education in the P.I.E.C.E.S.™ approach to assessment and care. They assist their team members to:

- Plan care for clients/residents with complex physical, cognitive, emotional and mental health needs and associated challenging behaviour issues;
- Detect changes in clients/residents, assessing the clinical situation and developing individualized care plans; and
- Collaborate with leadership/management teams and appropriate internal and external stakeholders to develop strategies to enhance capacity in providing care for clients/residents;
- Participate in local learning networks to increase knowledge and share resources, learning and information with other P.I.E.C.E.S.™ Resource People.

P.I.E.C.E.S.™ Resource Consultants (PRC’s) Local Learning Networks – the P.I.E.C.E.S.™ approach encourages health professionals to learn from each other and to share learning in relation to clients who have complex physical and/or mental health needs. The Local Learning Networks are facilitated and organized by the Challenging Behaviour Resource Consultants in their districts in an effort to bring the PRCs together.

System of Care – this approach is comprised of four levels of analysis; the person or individual client; the team which directly provides care to the client; the organization which administers care and the system (district or departmental level) which funds and sets policy for the program.

