**Growing the capacity to manage responsive behaviours:
From living lab to organic reality**

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Learning Objectives

Participants will learn about:

- A best-practice assessment framework (P.I.E.C.E.S.©) introduced to care staff in a living lab at Covenant Health to support the delivery of person-centred care when managing aggressive responsive behaviours (RBs)

- An implementation strategy (NIRN) to spread and sustain best practices beyond the lab into living reality.

Project Background

- Responsive behaviours (RBs) are variable responses to an individual's environment that are disruptive to the person exhibiting the behaviour as well as to those around them.

- RBs typically arise as a result of congenital or acquired conditions, mental health conditions or addictions, or neurocognitive disorders.

- Throughout the continuum of care, managing RBs is of increasing concern.

- Use of evidence-based best practice employing a person and family-centred perspective is vital.

Pilot Site: Misericordia Community Hospital

Pilot Site

- Acute Care Transition Unit

- 21 beds

- Various diagnoses

- Age range: 18-95 years

- Length of stay: varies from 1 week to over a year

Misericordia: Context

- Managing RBs exhibited by clients was identified as a challenge

- The need to support staff in managing RBs was identified (to reduce use of restraints such as Broda Chairs or chemical restraints)

- Staff expressed a lack of confidence managing client behaviours

- A framework to more effectively manage responsive behaviours was being sought

- A research project funded by NESHW offered an opportunity to trial the P.I.E.C.E.S.© assessment framework as a means of helping to build staff capacity to manage client behaviours

Implementation Design

Capacity-building of regulated and non-regulated care staff to manage RBs through application of the P.I.E.C.E.S.© assessment framework was undertaken including:

- Initial education and training (P.I.E.C.E.S.© and U-First!)

- In situ application of learnings through huddles and learning circle

- Maintenance of fidelity to the best practice using ongoing learning strategies.

Implementation Objectives

- Increase person-centred care

- Enhance the relationship between staff and patients

- Implement a best practice framework

- Reduce responsive behaviours

- Increase staff capacity to manage responsive behaviours

- Reduce the unnecessary use of restraints

Methodology

- Stakeholder engaged feedback was used to identify needs and evaluate implementation of P.I.E.C.E.S.©

- Data Collection - Focus Groups and Interviews

- Qualitative Methodology
  - Transcripts entered into NVivo for coding and analysis
  - Coding was guided by Braun & Clarke's (2006) approach to thematic analysis
  - Findings are based on experiences and perceptions of staff and senior leaders (N = 13)

Implementation Strengths

- Desire among staff for person-centred care delivery
- Support and buy-in from senior management
- Embedding of P.I.E.C.E.S.© into routine practice
  - Bedside shift report
  - Shift introduction
- Integration of P.I.E.C.E.S.© into policy and documentation
- Contextualization to acute care setting
  - Huddles
  - P.I.E.C.E.S.© documentation forms

Implementation Barriers

- Research project: voluntary nature
- Readiness for change
- Unit environment (acute care)
- Staffing
- Unanticipated events
- Competing Priorities
  - Change in shift reporting,
  - Introduction of new processes/procedures (e.g. insulin pen)
- Documentation practices
  - Charting by exception

Recommendations for Sustainability

- Alignment of best practice with policy and procedures
- Cultivation of staff buy-in to facilitate culture change
- Role clarification and responsibilities
- Environmental cues to support best practices
- Implementation plan
- Communication plan
- Availability of ongoing learning opportunities and education
- Cultivation of team collaboration and communication

Villa Caritas

Villa Caritas: Re-evaluating the use of P.I.E.C.E.S.©

P.I.E.C.E.S.© was previously introduced at the site

Site strengths:
- Presence of site champions
- Leadership support
- Skilled and competent staff
- Training/mentoring support from Rosehaven and Edmonton zone

Site goal:
- Review and update the way in which P.I.E.C.E.S.© is being used across the site
- Return to using P.I.E.C.E.S.© as an assessment framework
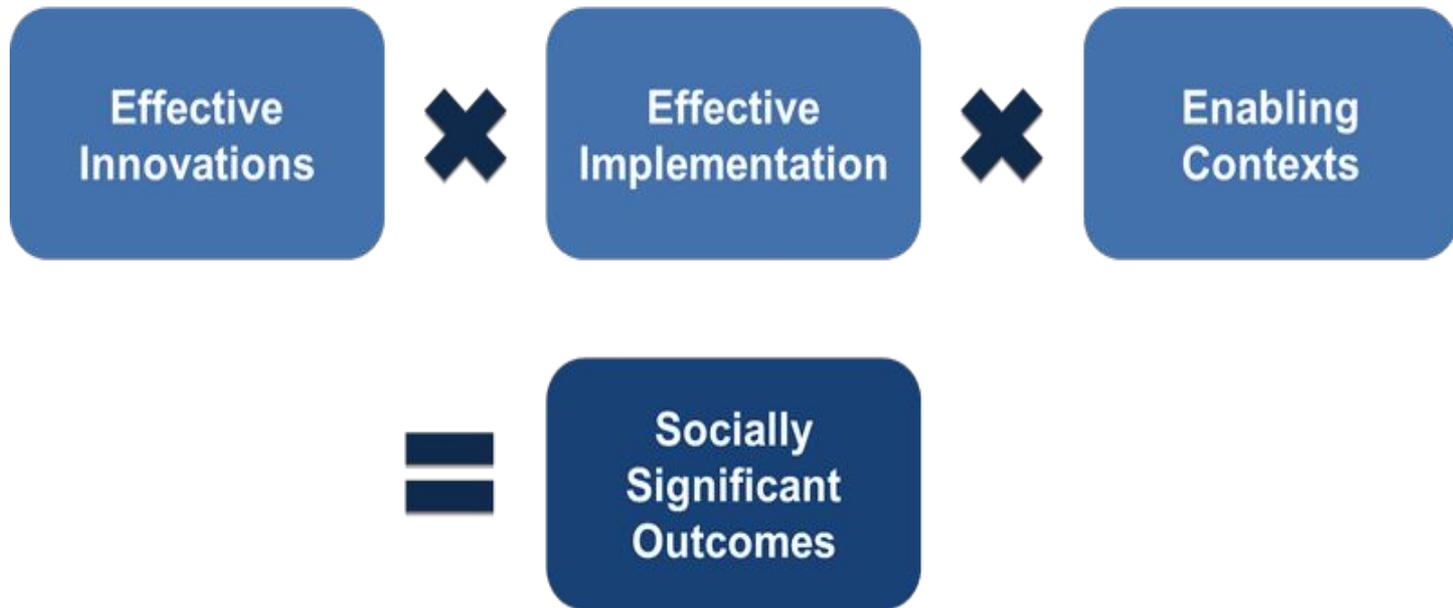
Villa Caritas

Aims to:

- Become a Centre of Excellence
- Provide quality, person-centred care
- Employ evidence-based approaches in clinical practice
- Contribute to evidence (e.g. use of P.I.E.C.E.S.©)
- Support other sites in managing complexity
- Foster a common approach and language across the site and during client transition to other sites
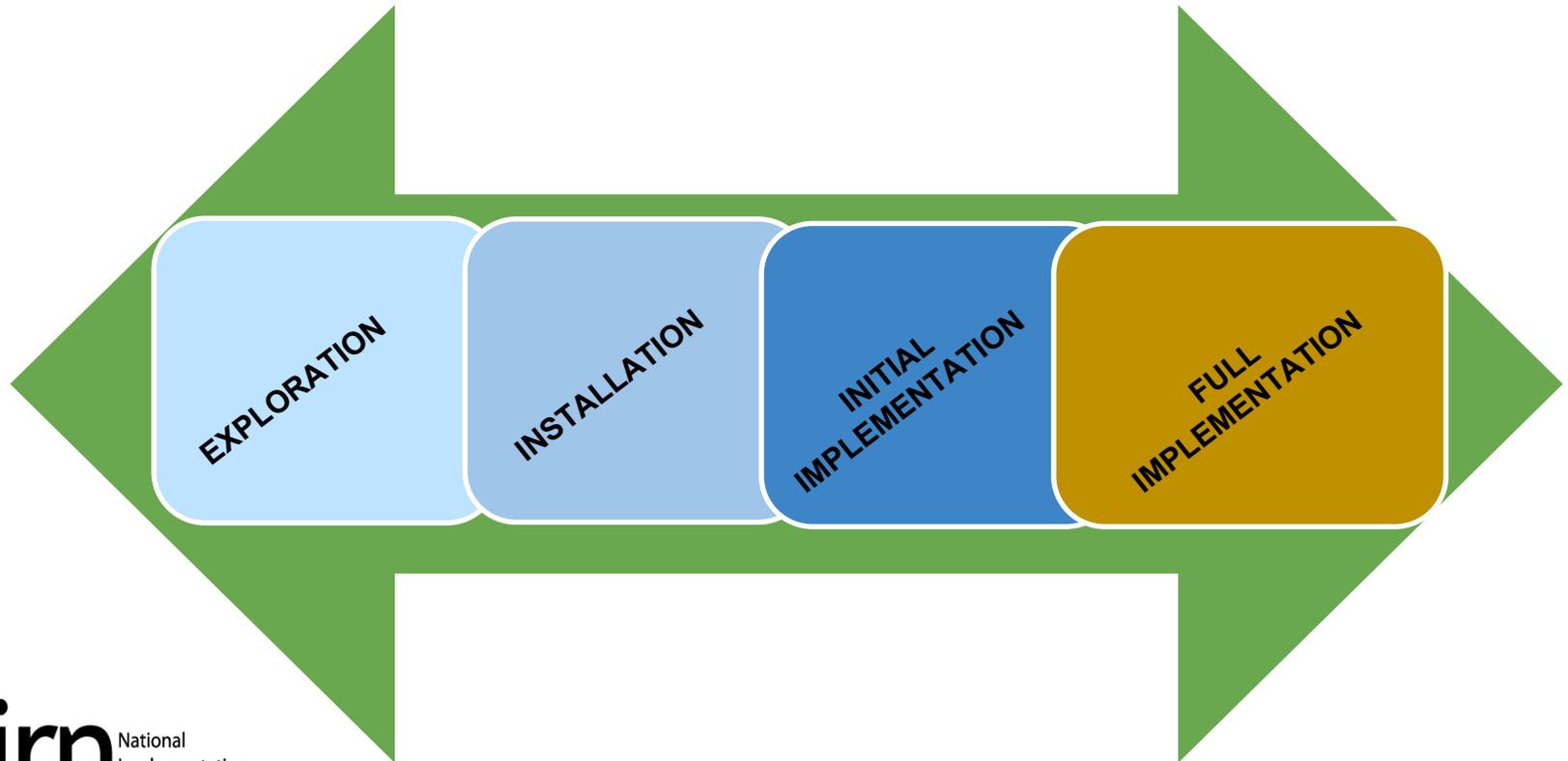- Engage in ongoing quality improvement

Consideration:

- Use of an Implementation Framework to support aims

NIRN: Formula for Successful Implementation

NIRN: Stages of Implementation

EXPLORATION · INSTALLATION · INITIAL IMPLEMENTATION · FULL IMPLEMENTATION

Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

NIRN: Stages of Implementation

Exploration	• Create an implementation team • Determine what will be (re)implemented
Installation	• Define the best practice • Make a plan – how to (re)implement
Initial Implementation	• Try out the new/improved practice • Make improvements using feedback (PDSA)
Full Implementation	• Practice is now embedded • Continue to monitor and support the practice

Methodology

- Stakeholder engaged feedback was used to determine the perceived utility of the NIRN Framework for (re)evaluating the use of the P.I.E.C.E.S.© assessment framework at VC
- Data Collection: NIRN Working Groups (N = 9)
  - Participating senior leaders reviewed the NIRN framework and tools
- Qualitative Methodology
  - Transcripts from the working groups were entered into NVivo for coding and analysis
  - Coding was guided by Braun & Clarke's (2006) approach to thematic analysis
  - Findings are based on experience and perceptions of senior leaders regarding implementation of best practices and review of the NIRN resources

Perceived Strengths of the NIRN Framework

- Offers a clear, step by step, intentional, explicit and systematic process for implementing best practices.
- Its use would potentially support:
  - Cultivation of VC as a Centre for Excellence
  - (Re)evaluation of use of P.I.E.C.E.S.© at VC as a best practice process
  - (Re)invigoration of use of P.I.E.C.E.S.© at Villa Caritas
  - Enhanced fidelity to the P.I.E.C.E.S.© process
  - Enhanced person and family centred care delivery
  - Enhanced staff confidence in managing complex situations and behaviours.
  - Improved quality of care
  - Buy-in to long-term process at organization
  - Improved transitions across and communication with staff/sites

Villa Caritas: Perceived Limitations of the NIRN Framework

- Limited dedicated resources for implementation process
- Required long-term timeline necessitates strong buy-in
- A dedicated champion is needed to drive the process
- Outcome measures and evaluation tools are less explicit in the NIRN framework (additional tools are required)
- Consensus regarding a unified vision for a P.I.E.C.E.S.© Practice Profile (best practice process) may be a challenge
- Competing priorities, experiences, scales and agendas

Villa Caritas: Recommendations for Sustainability

- Need the support of a community of interest
- Alignment of vision, language and policy
- Electronic care plans
- Embedding into daily practice
- NIRN has utility for Provincial Implementation
- Standardized P.I.E.C.E.S.© guidelines for Implementation
- Sustainability Plan

General Conclusions

P.I.E.C.E.S.© as a best-practice assessment framework has been demonstrated to be effective in:

- Supporting person and family centred-care delivery,
- Facilitating improved relationships between client's and care staff,
- Enhancing staff confidence and team collaboration
- Improving client outcomes as regards the management of complex needs and RBs.

General Conclusions

- The opportunity to enhance the adoption of P.I.E.C.E.S.© through use of the NIRN framework can enable successful (re)implementation, sustainability and spread of the best practice.
- Where an intentional, explicit and systematic approach to implementation was undertaken (such as that outlined in the NIRN framework), adoption of best practices was success, and sustainability and spread was supported. Where this was not the case, efforts to move best practices from the bench of the living lab to the broader bedside were significantly compromised.

Thank you!

Questions!

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