

Comprehensive Behavioural Inter-Professional Assessment Domains and Elements

Introduction	Physical Health Assessment	Medical History	Medication Review	Cognitive	Functional
Reason for referral	Vitals - Trends	Past medical and surgical history	Best possible medication history Include OTC	Dementia	<u>Individual capabilities</u>
What issues would you like to address?	Orthostatic hypotension ⁴⁵	Chronic Disease Management	New medications	- Short term memory loss - Orientation - Lack of insight - Poor judgement - Poor focus	Ability to move voluntarily
Access to Primary Care Provider	Cardiovascular Respiratory	History of falls	Adherence	- follow through - end task	- Equipment/ assistive devices - Gait - Balance - transfer
Current residence	Level of Consciousness		Packaging & administration	Task Ability	ADLs
Current supports:	Vision		Anticholinergic medications or BEERS list	- Initiate - sequence - follow through - end task	- Eat, - drink, - dress, - grooming (teeth, hair, shaving), - bath,
- Caregiver	Hearing			Communication	IADLs
- H&CC / community supports	Oral Health – Nutrition			- Language loss - Expressive aphasia - Receptive aphasia	- food prep - telephone / communication - banking - home maintenance - driving / transportation
- GPOT, BSS, Wendat, Alzheimers Society, etc	Continence – bowel/bladder				
	Sleep Hygiene				

A Competency Framework for Interprofessional Geriatric Assessment FINAL DRAFT (September 12, 2017). RGPS of Ontario; Seniors Care Network; North East Specialized Geriatric Centre; RGP of Toronto; University of Ontario Institute of Technology

Quality Standard: : Behavioural Symptoms of Dementia - Care for Patients in Hospitals and Residents in LTCH. (2016). Health Quality Ontario.

Capacity Building Roadmap (February 2012). Health Quality Ontario; Alzheimer Knowledge Exchange; Alzheimer Society of Ontario.

P.I.E.C.E.S.™ Canada (February 2010). Putting the P.I.E.C.E.S.™ Together: A model of Collaborative Care and Changing Practice, P.I.E.C.E.S.™ Resource Guide

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Psychiatric and Emotional	Behavioural	Psychosocial	Environment	Investigation and Treatment
<p>Past history of mental illness</p> <p>Emotional changes</p> <ul style="list-style-type: none"> - sad or depressed mood - boredom - grief - anxiety - recent losses <p>Mental Health</p> <ul style="list-style-type: none"> - depression - apathy - addictions - suicide - psychosis <p>Mental status assessment</p>	<p>Type and description of behaviours</p> <ul style="list-style-type: none"> - frequency - alterability - progression over last 30 days <p>R.I.S.K.S.</p> <ul style="list-style-type: none"> - Roaming - Imminent Physical Danger (FIRE,FALLS,FRAILITY) - Suicidal - Kinship relationships - Self Neglect, Substance Abuse, Safe Driving <p>Current non-pharm interventions</p> <p>Non-supportive Care approaches</p> <ul style="list-style-type: none"> - outpacing or overwhelming (impatience, too fast) - not providing adequate time to respond - ignoring retained abilities - taking over - lack of adequate sub-tasking cues and direction - not honoring persona preferences - loss of controls and choice 	<p>Gender/sexuality</p> <p>Culture/ place of birth / religion / language</p> <p>Family demographics – marital status, children, grandchildren, pets</p> <p>Current/past occupation</p> <p>Alcohol / smoking</p> <p>Abuse/neglect</p> <p>Hobbies / Interests</p> <p>SDM/POA</p> <p>Caregiver burden</p> <p><u>Individual strengths</u></p> <p>Ability to socialize – limited/changed, non-meaningful</p> <p>Humor, usual demeanor</p> <p>Mountain Top moments</p> <p>Music appreciation</p>	<p>Physical</p> <ul style="list-style-type: none"> - noise - temperature - environmental design - clutter - smell - lighting - #of people - Familiarity - Use of restraints - Access to outside - Change in routine - Relocation <p>Social</p> <ul style="list-style-type: none"> - Social isolation - Lack of meaningful contact - Loss of privacy - Other residents with responsive behaviours - Limited personal space - Invaded personal space <p>Over/under stimulation in both physical and social environment</p>	<p>Potential Contributing Factors to symptoms and/or responsive behaviours</p> <p>Delirium</p> <p>Labs/Diagnostics</p> <p>Infections – pneumonia, urine, skin</p> <p>Pain</p>

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