



High Five Report and Huddle Preparation Check List

1. a. Collaborate with the most responsible nurse to select the best time of the day for the huddle.
b. Communicate the scheduled time to the rest of the team.
2. a. Gather required documents for the huddle and report (PIECES 3 Question Template, U-First Wheel, Resident Plan of Care, ADL, BSO-DOS, PAINAD, ABC, VBACT, Resident's 'My Story', etc.).
b. Ensure required team members are present.
3. In collaboration with the clinician, use the U-first wheel and PIECES 3-Question Template to begin the conversation of: "What are the priority concerns; is it a change for the Person?"
4. Have an open conversation between clinician/care team regarding considerations to try to alter BPSD using non-medication approaches.
5. Clinician to document updates to Resident Plan of Care including evaluation date and initiate plan for further assessment, if required.



How to Use This Guide:

Use this tool to guide your person-centred care approaches, especially in caring for residents living with BPSD. Can be used individually or with the PIECES HCA Care Coach.

Glossary of Terms

ADL	Activities of Daily Living Bedside Sheet
BSO-DOS	Behavioural Supports Ontario-Dementia Observation System
PAINAD	Pain Assessment in Advanced Dementia
ABC	Antecedent-Behaviour-Consequence monitoring documentation
VBACT	Violent Behaviour Assessment Considerations Tool
PIECES	Physical, Intellectual, Emotional, Capabilities, Environment, Social contributing factors
BPSD	Behavioural and Psychological Symptoms of Dementia



High Ten Point of Care Spot Check List

1. Review Safety Communication Board/Safety alerts and behavioural care plan, if present, prior to interaction.

2. Review the entire resident plan of care prior to interaction, including 'My Story' and bedside ADL sheet.

3. Review risk factors, stressors and relevant history prior to interaction.

4. Point of care violence risk assessment completed:

a. Person (e.g. cooperative or a change in behaviour?)

Are you witnessing an emotional crisis or behavioural emergency

b. Environment (e.g., safe area, potential weapons? safe exit?)

c. Task (e.g. does this task need to be done right now?)

d. Self (e.g. settled self before proceeding, if needed)

5. Review resident plan of care for how many care team members are required. Ensure communication device(s) are in place per care home requirements, if indicated (i.e. walkie talkie, duress, Vocera, screecher).

6. Explain the purpose of your visit to the resident and/or family and ask for permission as appropriate.

7. Consider the resident's willingness, readiness and ability to participate/cooperate in care.

8. Use of the ready posture to convey open communication and respect.

9. Use de-escalation skills/techniques as needed (redirection, distraction, validation, active listening, paraphrasing, provide time and space etc.).

10. Report to clinician any information required for documentation including incidents of BPSD.



High 10

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