"Raising the P.I.E.C.E.S. Flag"

Classification of This Practice	
Process Measures	Outcome Measures

Legend			
N/A	*Measures or evidence of results not available in this category*	*N/A*	*Measures or evidence of results not available in this category*
	No evidence of improvement in process measures		*No evidence of improvement in outcome measures*
	Demonstrated improvement in process measures over the short term (< one year)		*Demonstrated improvement in outcome measures over the short term (< one year)*
	Demonstrated sustained improvement in process measures over the longer term (> one year)		*Demonstrated sustained improvement in outcome measures over the longer term (> one year)*

The Registry is intended to promote the sharing of improvement practices. It is not expected that users could necessarily implement a practice without making contact with the organization which submitted the practice. Therefore, we strongly encourage you to get in touch with the contact person listed in the practice if you want further information.

Posting Date: 27/07/2006
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LHIN: Central East

1. The Categories of Practice
Improving Efficiency through Process Redesign

2. Organization Name
Peterborough Regional Health Centre's PASE (Psychiatric Assessment Services for the Elderly)
Organization web address: http://www.prhc.on.ca/department/m/mhspase.asp
Organization description
The Peterborough Regional Health P.A.S.E. Unit/Extendicare Peterborough has looked at ways to increase quality of care by promoting P.I.E.C.E.S. training as a primary goal in the facility. This outreach program offers geriatric mental health assessment, consultation and education services, with limited capacity to provide treatment and case management services for people 65 and older. The program is separately mandated to offer Psychogeriatric Resource Consultant (PRC) services for the HKPR district.

3. The Type of Organization
Long Term Care

4. Objective
To increase the quality of care by promoting P.I.E.C.E.S. training as a primary goal in the facility.

PASE "Raising the P.I.E.C.E.S. Flag" Pilot Project Objectives

1. To provide allocated PRP focused time in each facility to work towards facility specific goals to enhance care using the P.I.E.C.E.S framework.
2. To provide PRC support, following the P.I.E.C.E.S. framework, to the PRP, to enhance their confidence and skills for assessing and managing an older person's complex physical and cognitive/mental health problems and associated behavioural issues.
3. To facilitate the dissemination of this knowledge by the PRP across the participating organizations.
4. To integrate P.I.E.C.E.S. and U-First training into the systems of care "raising the P.I.E.C.E.S. flag".
5. To encourage the use of a common language across the organizations among individuals who care for those with

Alzheimer's disease, related dementias and other mental health and associated behavioral issues.
6. To promote and foster collaboration among the facility, the specialty psycho-geriatric team, the PRC, and other partners in care.
7. To provide the necessary knowledge and skills to ensure that, as a result of the project, the time of the PASE and PRC staff will be used more efficiently because the facility staff will have appropriately completed the assessment tools and referral forms for PASE.

5. Background & Timeline

The Pilot project "Raising the P.I.E.C.E.S. Flag" completed March 30 2005 was the second component of three major projects undertaken at Peterborough Extendicare to support the learning needs of 40 Registered staff to make them P.I.E.C.E.S. knowledgeable and 210 staff who have received U-First Training. This was completed in partnership with PASE (Psychiatric Assessment Services for the Elderly, Peterborough Regional Health Center) and the PRC (Psychogeriatric Resource Consultant). Evaluation data for the two other major initiatives are being collected and will be made available if requested.

The "Raising the P.I.E.C.E.S. pilot project was a major initiative undertaken by PASE in partnership with nine facilities and completed over a two month period in 2005. Permission was obtained from the MOHLTC to use unspent salary dollars in the PASE program to support this project. The project goals were worked out with the facilities. Funds from PASE provided ten days of backfill funding and support for a P.I.E.C.E.S. trained PRP (Psychogeriatric Resource Person) in each facility to work on specific facility short and long term goals. Extendicare Peterborough was one of these facilities. Fleming Data Research group was hired to support the evaluations work group. Pre, post and 10 month follow up surveys were completed. The overall project evaluations are included here. The outcomes of the project support the working premise that if PRPs are supported by management and if there is sufficient time provided to the PRPs, significant achievements can be achieved to integrate P.I.E.C.E.S. training into the systems of care, promote and foster collaboration, and encourage the use of P.I.E.C.E.S. as a common language for those individuals working in the organization caring for those with Alzheimer's disease, related dementias and other mental health and associated behavioural issues.

6. Practice Changes

PRE to Post surveys Pilot Project Summary Data

1. Facility Specific Short-term Goals:
Outcome: Of the short-term goals identified across all participating facilities (N=41), 46% were completely met by participating facilities, 20% of short-term goals were partially met and 15% were between partially and completely met.
• Extent of goals achieved depended on where the facility started. Some facilities had not begun to integrate P.I.E.C.E.S. in the work place others had.
• Some goals were fairly concrete and easy to capture.

2. Facility Specific Long-term Goals:
Outcome: Of the long-term goals identified across all participating facilities (N=38), 26% were completely met and 11% were between partially and completely met.
• For some, the goals were met sooner than had been expected.
• While it was expected there would be some movement towards meeting the goals, it was not expected a large number of the long term goals would be met in the timeframe of the project.
• The Facility's focus on attaining these goals made this achievement possible.
• Some facilities had less concrete and more visionary goals.
3. PRP Learning Goals:
Outcome: Of the PRP Learning Goals identified across all participating facilities (N=33) 36% were completely met, 27% were partially met, 21% were between partially and completely met, 12% were less than partially met and 3% were not attempted as goals.
• Four PRP's reported achieving some goals that did not match their PRP Needs assessment.
• Recognized that not all PRP staff have the same level of experience: the less experienced with P.I.E.C.E.S. could have used more direction in the understanding of the project and the PRC role.
• Targets not met, perhaps the facilities needed to be more attentive to the PRP learning needs for direction in the facility goal setting process.
• For next time: Combine facility and PRP goals to clearly match the assessed needs.

4. Integration of 13 various aspects of P.I.E.C.E.S. activities:
Participating facilities were asked to rate 13 categories considered to be indicators of the level of integration of P.I.E.C.E.S.' principles and activities.
MP - Post-project Survey - the mean level of integration
MC - 10 Month Follow-up Survey -the mean level of integration
(Level of integration is measured on a 5-point scale where 1 = Low and 5 = High)

Outcome: Facilities report significant improvement integrating the 13 activities into everyday practice. The following summary describes changes in the level of integration of various P.I.E.C.E.S. aspects within all facilities from the Post-project survey (MP), compared to the pre survey from before the project began, to the 10 month later "10 Month Follow-up" (MC) in February 2006. Results are based on responses to the "Follow-up Survey – Sustained Outcomes" conducted

in early 2006 and include the mean integration scores:

Please refer to the Response by Question and Question 1 Summary reports for further details.

a) The care planning process and written tools are reflective of the P.I.E.C.E.S. 6 question template.
All facilities surveyed indicated low integration of this P.I.E.C.E.S. aspect in the Pre-survey, compared to 5 of the 9 facilities in the Post-survey.
At 10 Month Follow-up: (MP = 2.3 vs. MC = 2.9)
All facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 4/9 facilities currently have a higher level of integration of this aspect
- 5/9 facilities have maintained their previous level of integration

b) A P.I.E.C.E.S. Three Question Framework for Selecting and Monitoring the Use, Risk and Benefits of Psycho-trophics laminate is on every medication cart and formal teaching has taken place supporting staff on how to use the framework.
Following the Enhancement Pilot program, 8 of the 9 of facilities surveyed indicated high integration of resource binders at all nursing stations and in use by all staff. Prior to the program, all facilities had indicated low integration of this aspect.
At 10 Month follow-up: (MP = 3.7 vs. MC = 3.7)
Again, all facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 1 facility currently has a higher level of integration of this aspect
- 8/9 facilities have maintained their previous level of integration

c) The P.I.E.C.E.S. Resource Binders are at all nursing stations and in use by all staff.
Following the Enhancement Pilot program, all facilities surveyed indicated high integration of the P.G. divider in every resident chart, compared to 4 out of 9 prior to the pilot.
At 10 Month follow-up: (MP = 4.4 vs. MC = 4.4)
Most facilities maintained or increased the level of integration of this aspect since the Post-project survey:
- 1 facility currently has a higher level of integration of this aspect
- 1 facility indicated the level of integration is now lower for this aspect
- 7/9 facilities have maintained their previous level of integration

d) A P.G. divider is in every resident chart for PASE - consults, assessment tools, etc.
All participating facilities had high integration of this aspect prior to and following the Pilot program
At 10 month follow-up: (MP = 4.9 vs. MC = 5.0)
All facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 1 facility indicated they currently have a higher level of integration of this aspect
- 8/9 facilities have maintained their previous level of integration.

e) A current CPS is at every nursing station.
Eight out of 9 facilities indicated low integration of this aspect prior to the Enhancement Pilot program; compared to 2 facilities following the Pilot program. Six of the 9 facilities indicated medium integration of this aspect in the Post-survey, compared to only 1 in the Pre-survey. Two facilities indicated high integration following the program.
At 10 month follow-up: (MP = 5.0 vs. MC = 4.8)
Most facilities have maintained the level of integration of this aspect since the Post-project survey:
- 1 facility indicated they currently have a lower level of integration of this aspect
- 8/9 facilities have maintained their previous level of integration

f) Tools are used for assessment purposes routinely by all nursing charge personnel when completing the P.I.E.C.E.S. 6 question template.
Six of nine facilities indicated low integration of this aspect in advance of the Pilot program; this decreased to three out of nine after the program.
At 10 month follow-up: (MP = 3.0 vs. MC = 3.5)
Most facilities have increased the level of integration of this aspect since the Post-project survey:
- 6/9 facilities currently have a higher level of integration of this aspect, while 2/9 have maintained their previous level.
- 1 facility indicated they currently have a lower level of integration of this aspect

g) The DOS is taught to all staff and employed by the entire care team.
Prior to the Pilot program, six of the nine facilities indicated low integration of this aspect, compared to only two following the program.
At 10 month follow-up: (MP = 3.1 vs. MC = 3.9)
All facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 5/9 facilities currently have a higher level of integration of this aspect
- 4/9 facilities have maintained their previous level of integration

h) The Folstein Mini Mental Status Screen performed at admission by charge nurses and on each anniversary thereafter.
Prior to the Pilot program, none of the nine facilities surveyed indicated high integration of this aspect. Following the program, seven facilities indicated that this aspect was highly integrated in their facility.
At 10 month follow-up: (MP = 3.9 vs. MC = 3.9)
Most facilities have maintained the level of integration of this aspect since the Post-project survey:

- 5/9 facilities have maintained their previous level of integration of this aspect
- 2/9 facilities have increased the level of integration, while 2/9 indicated they currently have a lower level of integration

i) P.I.E.C.E.S. related concepts are actively coached throughout the organization by trained personnel.
All participating facilities indicated low integration of this aspect prior to the Pilot program. Following the Pilot program, 2 out of 9 facilities indicated this aspect was highly integrated in their facility.
At 10 month follow up: (MP = 3.7 vs. MC = 4.2)
All facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 5/9 facilities have maintained their previous level of integration
- 4/9 facilities currently have a higher level of integration of this aspect

j) The facility scheduled education roster includes an annual refresher of P.I.E.C.E.S. by the PRC and PRP.
Prior to the Pilot program, none of the nine facilities surveyed indicated high integration of this aspect. Following the program, three facilities indicated this aspect was highly integrated in their facility.
At 10 month follow-up: (MP = 3.3 vs. MC = 3.4)
Most facilities have maintained the level of integration of this aspect since the Post-project survey:
- 7/9 facilities have maintained their previous level of integration
- 1 facility currently has a higher level of integration, while 1 facility has a lower level of integration

k) P.I.E.C.E.S. trained staff actively participate in the quarterly P.I.E.C.E.S. networking sessions.
Seven of the nine facilities indicated high integration of this aspect following the Pilot program, compared to only two prior to the Pilot program.
At 10 month follow-up: (MP = 4.2 vs. MC = 4.0)
Most facilities have maintained the level of integration of this aspect since the Post-project survey:
- 7/9 facilities have maintained their previous level of integration
- 1 facility currently has a higher level of integration, while 1 facility has a lower level of integration

l) Management schedules appropriate time and space to do PRP activities.
Prior to the Pilot program, six of the nine facilities indicated low integration of this aspect, compared to only two following the program.
At 10 month follow-up: (MP = 3.3 vs. MC = 4.0)
All facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 5/9 facilities currently have a higher level of integration of this aspect
- 4/9 facilities have maintained their previous level of integration

m) As appropriate, the care 'team' incorporates the Alzheimer Society support worker; the PEC, the PRC and the PASE specialty mental health out-reach team.
Prior to the Pilot program, five of the nine facilities indicated low integration of this aspect, compared to only one following the program.
At 10 month follow up: (MP = 3.8 vs. MC = 3.9)
All facilities have maintained or increased the level of integration of this aspect since the Post-project survey:
- 8/9 facilities have maintained their previous level of integration
- 1 facility currently has a higher level of integration of this aspect

5. Facility Specific Goals and Project Objectives:
Extent facility met the overall PASE Pilot Project Objectives: (see front of this document for Overall Project Objectives)
Summary
- Respondents report objectives of project were generally well met.
- Hypothesis: The evaluation team suggests those facilities who dedicate time for the PRP on an ongoing basis started with P.I.E.C.E.S. more integrated and completed the project with more integration than those that did not. A facility with a PRP with dedicated time to support P.I.E.C.E.S. can expect better, more positive outcomes. Lower achieved outcomes compared to objectives identify areas for future study and/or specific targets for a pilot project (In particular Objective #3, dissemination of this knowledge by the PRP across the organizations., Objective # 4, integrating the P.I.E.C.E.S. in to the systems of care, Objective # 5: encourage the use of a common language, "hampered by the number of staff an size of home" and Objective # 6 partners of care).
- Watch PRP versus assessed learning goals/needs to integrate into the facility short term or long term goals.
- Post project outcomes indicate 4/9 facilities reported enhanced use of, and more effective use of, the specialized geriatric psychiatry services and the PRC role in the facility. The other 33% reported this was 'partially' achieved at the outcome of the project.

6. Best possible 2-3 aspects of the P.I.E.C.E.S. Enhancement Pilot program, as cited by:
Management:
- Effective use of time and resources when front line staff have the tools they can use, time management tool.
- Project allowed for enhancement of skills and knowledge at the right level.
- This allows for a more efficient use of time and resources between PASE and PRP and facility through regular and

planned meetings.
• Better awareness of P.I.E.C.E.S. objectives and support by facility management resulted from this project. Their support contributed to the systemic integration of P.I.E.C.E.S. into the work place outcomes realized by this project.

There were a lot of similarities in the answers between management, PRP, and PRC
• General theme of optimism that this project should be shared with funders to allow it to continue as it brought the resources together for better care and working together in the future

7. Practical changes – P.I.E.C.E.S.: (Best 2-3 practical changes recommended for future "Raising the P.I.E.C.E.S. Flag" integration activities):
• P.I.E.C.E.S. - include in staff orientation packages
• Provide technical/administrative support, i.e. photocopying
• Improvements can be made in the timing and length of lead time for the project
• Better goal setting – need both consistency for evaluation purposes and individualized approach to meet facility needs. Recommend consideration of a thematic objectives list which facilities can select and adapt to meet their needs
• Marketing of project effectively and extensively so staff are more aware and involved.

8. Unexpected/Additional Outcomes:
• A interdisciplinary care conference tool was developed by one facility incorporating the P.I.E.C.E.S. six-question template and P.I.E.C.E.S. approach. This will go much further to integrate P.I.E.C.E.S. and U-First into the everyday care decisions across disciplines and with families. It will be reflected in the documentation and support further "Raising the P.I.E.C.E.S. Flag" initiatives.
• Permission has been received to share the care planning tool with other facilities in the four counties. It will be reviewed and shared with P.I.E.C.E.S. trained individuals at the P.I.E.C.E.S. networking sessions supported by PASE PRCs.
• 10 Month Follow-up Survey shows unanticipated improvement of each of the 13 indicators suggesting PIECES systems were integrated into the facilities and maintained a momentum not present before the pilot project.
• Even though there was a short time frame to design and support the project, facility management was keen to partner and develop this innovative approach.

7. Measures

Name/ Description	Formula (e.g. numerator and denominator)	Definitions of Components in the Formula	Data Source (s)	Frequency of Reporting the Measure
Fleming Data Research, Peterborough, was employed to support the Evaluation Work Group in development, testing, execution and data analysis and validation of outcomes				
Pre test PRP Learning Goals				
Pre test Facility Short and Long Term Goals including 13 indicators				
Post project PRP Learning Achieved				
Post project Facility Short and Long Term Goal Achievement including 13 indicators from Management and PRC individual perspectives and partnership/team perspective including PRP, Management and PRC.				
10 month follow up Survey to asses sustained achievement and track improvement of 13 indicators in the 9 facilities.				

8. Results of Practice Changes

Please see attachment.

9. Lessons Learned

10. Additional Information

P.I.E.C.E.S. Enhancement Education Long-Term Care (LTC) Pilot Project
"Raising the P.I.E.C.E.S. Flag"
Memorandum of Understanding
This memorandum of understanding is between Psychiatric Assessment Services for the Elderly (PASE), Peterborough Regional Health Centre and ____________________________.
(facility name)
The P.I.E.C.E.S. Enhancement Education LTC Pilot Project intends to support facilities in raising the P.I.E.C.E.S. flag by

building on the P.I.E.C.E.S. educational initiative sponsored by the Ministry of Health and Long-Term Care. It also builds on existing relationships and enhances the collaboration between the specialized mental health outreach team (PASE), Psychogeriatric Resource Consultants (PRC), the Psychogeriatric Resource Person (PRP) in the facility and the management of the participating long-term care facility. The intended outcome is that P.I.E.C.E.S. and U-FIRST will be more integrated into the systems of care in the facility through education, coordinated support and program development.

By redirecting funding from the 04-05 PASE budget, the project enables facilities to free up P.I.E.C.E.S. trained staff to give them time to concentrate on PRP issues, to refresh their knowledge and utilize their skills to developing facility based best practices around P.I.E.C.E.S. and U-First. The Project will enable 10-12 organizations in backfilling a P.I.E.C.E.S. trained staff (PRP) (approximately ten days).

It is agreed that PASE and partner (facility name) ___________________________ will participate in the PASE P.I.E.C.E.S. Enhancement Pilot Project and share the following project objectives.

The overall project objectives of this pilot project:
PASE "Raising the P.I.E.C.E.S. Flag" Pilot Project Objectives
1. To provide facility time through the PRP to enhance care using the P.I.E.C.E.S framework.
2. To provide PRC support, following the P.I.E.C.E.S. framework, to the PRP, to enhance their confidence and skills for assessing and managing an older person's complex physical and cognitive/mental health problems and associated behavioral issues.
3. To facilitate the dissemination of this knowledge by the PRP across the participating organizations.
4. To integrate P.I.E.C.E.S. and U-First training into the systems of care "raising the P.I.E.C.E.S. flag".
5. To encourage the use of a common language across the organizations among individuals who care for those with Alzheimer's disease, related dementias and other mental health and associated behavioural issues.
6. To promote and foster collaboration among the facility, the specialty psychogeriatric team, the PRC and other partners in care.
7. To provide the necessary knowledge and skills to ensure that, as a result of the project, the time of the PASE and PRC staff will be used more efficiently because the facility staff will have appropriately completed the assessment tools and referral forms for PASE.

Role of the PRC

The PRC will work with the PRP up to a half-day each week during the pilot project to support the PRP in their role. Potentially PRC support will be required more in the initial stages.

The PRC function may include: review of the P.I.E.C.E.S. program, formal education, case based learning and practice of skills to mentor the PRP in carrying out the following steps:

1. supervised practice with the assessment tools. This would ensure consistency in administering the tools. The PRP person would then be able to teach other staff and the administration on the use of the assessment tools.
2. generating support for the establishment of P.I.E.C.E.S. and U-First as part of the facility's focused client–centered solution.
3. devise documentation strategies to reflect P.I.E.C.E.S. and U-First assessment and interventions.
4. support the care team by assisting in the development of the P.I.E.C.E.S. Resource Binders.

Role of the Psychogeriatric Resource Person (PRP)

The PRP will complete pre and post evaluations and identify learning goals and core competencies.
To continue in the development of the 6 team core competencies of P.I.E.C.E.S., namely:

1. detect and/or flag cognitive/mental health needs and associated behavioural issues,
2. use the P.I.E.C.E.S. templates to guide a systematic and comprehensive approach to these complex issues,
3. be familiar with assessment tools taught through the P.I.E.C.E.S. education initiative and when appropriate, use appropriate tools to assist with assessing client needs,
4. plan care and services with others,
5. evaluate based on the goals developed through care and service planning,
6. serve as a resource to develop the above five competencies in others,
7. assist the organization in systems to support best practice in psychogeriatrics care using P.I.E.C.E.S. and U-First.

The Facility will:

1. Select the P.I.E.C.E.S. trained person(s) to participate in the pilot project who meet the following attributes:
• Knowledge and experience with/responsibility for older people with Alzheimer's disease and related dementias as well as other mental health and associated behavioural issues;
• Sensitivity to the impact of attitudes, behaviours, life experiences, values, thoughts and feelings on the well being and quality of life;
• Capability and willingness to serve as a role mode, facilitator and coach;

- Ability to listen, to question self and others, and identify new approaches and solutions;
- Dedication and commitment to solving problems and taking action to provide the best care and services possible;
- Willingness to be open and flexible and learn from others;
- Be a leader and respected by their peers to ensure the project is effective.

2. Review P.I.E.C.E.S., U-First and develop necessary expertise to support both programs.
3. Consider this project a priority and make every effort to maximize its effectiveness for the development of new systems with long-term outcomes.
4. Participate in the development, execution and analysis of an evaluation component, specific facility pertinent objectives, time lines and pilot project objectives.
5. Back-fill staff and allow the PRP the time to work exclusively with psychogeriatric clients and systems.
6. Schedule the PRP to work on agreed days that fit with the PASE PRC schedule.
7. Actively show management support of the project and meet with the PRC and PRP weekly throughout the project to include systemic support for system change to evidence-based best practices.
8. Invoice the PASE program for the replacement costs of the PRP before March 31, 2005.

PASE will:

1. establish an Evaluation Work Group to lead in the development, execution and analysis of an evaluation component, develop and finalize pilot project objectives with partners.
2. be responsible for the development of the project and contracts and evaluation of P.I.E.C.E.S. Enhancement.
3. support the assessment of individualized facilities in P.I.E.C.E.S. readiness and assist in the development of plans with short and long term outcomes.
4. will support the PRP in working through the top three individualized learning goals to enable the PRP to be the leader in P.I.E.C.E.S. and U-First systems change.
5. will develop the Memorandums of Understanding with each facility administration and be prepared to assume the next steps in early February.
6. reimburse facilities selected to be in the pilot project by the salaries and benefits incurred by facilities to 'back-fill" the PRP when the invoice is received before March 31, 2005.

Timing of the P.I.E.C.E.S. Enhancement Education Pilot Project:

PASE and ____________________ agree a total of ______days will be compensated at the maximum rate of _________ to support the PRP in the pilot project. The project will be completed before the last week of March. Note: PASE proposes the PRP be available two days a week for five weeks. The schedule must be worked out at first facility/PRC meeting and consider the PRC's availability for one of the two days each week.

Evaluation of the P.I.E.C.E.S. Enhancement Education Pilot Project:

Representatives of the facilities involved in this project have agreed to develop an evaluation system which will evaluate the project's outcomes. This signed Memorandum of Understanding reflects _____________ agreement to participate in the evaluation process in terms of evaluating the project goals, the facilities' long and short-term goals, the PRP learning goals, PRP confidence and skills, "raising the P.I.E.C.E.S. flag" and PRC support.

Data generated from this evaluation will maintain the individual facilities confidentiality. The Fleming Data Research Group will group the data. Then it will be analyzed by the Evaluation Work Group with the assistance of the Fleming Data Research Group. The outcomes will be shared with participating organizations, PRPs, PRCs and will be shared with the provincial P.I.E.C.E.S. Consultation Team towards their understanding of raising the P.I.E.C.E.S. flag through this project.

If at any time the facility or PASE perceives the project goals are not being met or need to discuss the performance to the objectives, the party will contact the other in a timely fashion.

Signature: Date :___________
Gail C. Grant
Manager, PRC
Psychiatric Assessment Services for the Elderly (PASE)
Peterborough Regional Health Centre
705-876-5076

Facility Administrator:
Signature: Date :___________
Facility Name:____
Facility Address:______________________________________

11. Improvement Team

Margaret Lazure, Administrator, Extendicare Peterborough,
Cathy Donaldson, Director of Care, Extendicare Peterborough,
Marney Ready, PRC (Psychogeriatric Resource Consultant,
Gail Grant Manager, PASE (Psychiatric Assessment Services for the Elderly), Peterborough Regional Health Centre.

12. Contact Information

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13. Attachments

Attachment _PHRC_PIECES.doc

14. Registry Status