

## High Intensity Management Plans

Gina Wilks PANDDA Conference 15<sup>th</sup> October 2024





### What are Management Plans?

- User friendly way of explaining what is required to support the person with their High Intensity needs
- Required when Health Professional oversight is required for
- High Intensity care
- Can be in whatever format works for the person a document, online components, photos, videos etc

### When are Management Plans required?

#### For High Intensity Supports, including:

- Complex bowel care
- Enteral feeding support
- Dysphagia support
- Ventilator support both invasive and non-invasive BiPAP, CPAP etc
- Tracheostomy support
- Urinary Catheter Support
- Subcutaneous injections
- Complex wound care
- Seizure support

### Where have we come from?



- Initially Management Plans were for carers/Support Workers/Schools, not usually for people themselves
- They were often generic based on best practice , not always person-centred
- Usually medically based often completed by GP, Specialist
- Didn't usually provide information on who to contact for help
- Were essential for Schools, but not required for Support Workers/family
- There weren't set guidelines on what was required (could be a positive or negative)



#### TROUBLESHOOTING BIPAP IN AN EMERGENCY



He has minimal respiratory drive (he is unable to initiate an effective breath) and is COMPLETELY dependent on his BIPAP machine.

NB: If the BIPAP machine is not working properly he will not be able to breathe or talk. He will shake his head vigorously and this is an EMERGENCY.

He requires staff to stay nearby as he is unable to call out or buzz for assistance.

Turn on at the back of the machine The air intake is at the back corner of the machine (don't ever cover)

His "Best Friend", the resuscibag. The white end goes into his mouth Instructions on how to use on next page

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WHAT TO DO IF HE CANNOT BREATHE

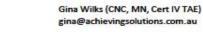
- Remain calm.
- Remove the BIPAP mask
- Obtain the Resuscitator Bag and put mouthpiece into his mouth
- Commence using the bag at a rate of 30 breaths per minute (every 2

#### seconds)

- o While he is now getting assistance to breathe, check each of the steps below
- o Check that the face mask is attached appropriately. His nostrils should be in the top opening, and his mouth in the bottom opening.
- o Check tubing isn't kinked, machine is turned on and connected to power
- o Check nothing is on the back of the BIPAP machine as that is where the

air vent is.

- Do this quickly, if none of these resolve the issue...
- If the issue is not identified then follow the emergency procedure and
  - call 000 and continue to use the Resuscitator Bag until they arrive



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### Where are we now?

- NDIA request them to decide on funding
- Developed with the person as much as possible
- identifies what person can do for themselves, and what others need to do to support the person to be as independent as possible
- Reducing risk How and when to seek help, ensuring training
- The Provider is at risk if there is not funding, or the participant chooses not to utilise their funding to develop management plan as NDIA consider it a requirement of providing High Intensity Support



# What are the ESSENTIAL components of a management plan?

- Up to date, readily available and describes support needs
- NOT written by SW and just signed off by the participant's GP
- Needs to be overseen by a relevant Health practitioner
- Clear who has completed the Management Plan if multiple people, identify who has completed each section
- WHEN AND HOW TO SEEK ASSISTANCE weekdays and after hours ESSENTIAL
- Risks and how to minimize them
- Who is involved with High Intensity Supports and what are their roles?
- What supplies are required and where can they be sourced?

### Let's look at a case study - Rudi

- Rudi's new SIL (Supported Independent Living) Provider contacted me with concerns of poor utilisation of his non-invasive ventilation (NIV), to see if more could be done to support Jason to use the device without the need for restrictive practices
- Rudi has just moved to new Supported Independent Living (SIL). Upon moving to new SIL, some staff who have previously been trained on NIV attempted to support Rudi with his NIV
- Rudi was very resistive to using NIV and was becoming aggressive to staff who tried to support him to reapply his mask overnight
- Behaviour Support Practitioner had been engaged at previous SIL, and they had been considering restrictive practices
- CoS had advised NDIA that Rudi has CPAP with diagnosis of Intellectual Disability, Diabetes, obesity, hyperlipidaemia NDIA refuse to fund for machine, consumables, training or Management Plan as considered health



- Upon obtaining a history, Rudi has potential for apnoea caused by a rare congenital disorder. BiPAP (not CPAP) was ordered many years ago for this high risk of apnoea.
- It is very likely that Jason has not been using BiPAP consistently for many years.
- Obtaining information from device showed :
  - Usage of 6 episodes in the past 30 days, for maximum 3 hours at any one time.
  - Episodes of usage were consecutive nights, and upon further review, the BiPAP had been used on nights where staff who previously had been trained on importance of NIV had been working

### What are the goals?

- For Rudi to increase usage of BiPAP **Rudi's strengths**
- Keen to be involved in his care, actively participated in developing plan, taking photos, participating in training and has a good rapport with his team
   Areas to develop with Rudi
- Developing a Management Plan that meets his needs
  - Rudi advised he did not want a document, he shows capability when checked at each appointment. Understood his team needed one and worked on this
  - Ensure all team members are aware of support required
- Education
  - Rudi agreed to attend training session
  - Staff as many as can attend face to face, offer online option
- Compliance
  - Capability assessments for staff
  - Regular review and updates of Management Plans

Name:

Page 1

Rudi Mannequin

Date of Birth: 1 May 1980

Date Plan Developed: 29 July 2024

Date Plan Review Required: 29 Jul 2025



This High Intensity Care Management Plan has been developed by a Registered Nurse with Rudi to meet his needs. The High Intensity Care Management Plan MUST be overseen by a Registered Nurse (RN) or other Health Practitioner (eg Doctor or Allied Health as appropriate). Any changes to this plan must also be signed off by RN or other Health Practitioner.

Staff members MUST be appropriately trained to undertake any High Intensity care. This High Intensity Management Plan should be read in conjunction with relevant policies and procedures. GainEd shall not be held liable for any actions undertaken by staff outside the controlled training environment, including tasks for which they were not assessed, or that are beyond their assigned roles and responsibilities.

#### General information about condition and reason for BiPAP:

Rudi has Apnoeas (episodes where he will stop breathing). He also has Severe Obstructive Sleep Apnoea, Epilepsy, Asthma.

In relation to Schizencephaly – Common symptoms of problems in the nervous system include trouble moving, speaking, swallowing, *breathing*, or learning.

Specifics about the Device:

ResMed AirSense 10 Autoset

Client specific support requirements: Rudi has a BiPAP machine that is required to be used every night.

IT IS MANDATORY THAT RUDI IS ASSISTED EVERY NIGHT WITH HIS BIPAP. IF RUDI DOES NOT USE THE BIPAP WHILE ASLEEP THEN ESCALATE THIS TO TEAM LEADER.

RUDI IS TO BE CHECKED REGULARLY OVERNIGHT TO ENSURE HE HAS BIPAP ON. IF RUDI GETS UP TO GO TO THE TOILET, HE NEEDS TO BE ASSISTED TO REAPPLY MASK.

Rudi attended training on BiPAP on 29th July 2024 and is aware why he needs to use BiPAP. He is learning to apply mask, so please ensure he has time to do this himself, staff to assist only if Rudi requires it.



What are the risks involved with the High Intensity support and what can be done to minimise them?

Risk of BiPAP	Ways to reduce risk
Broken equipment	Ensure have backup of mask, tubing, and straps which can be rotated and changed when required
Power outage	Ensure battery backup available
Local skin damage (pressure injury from the mask)	ensure mask is correctly fitted, keep skin clean and clear of moisturisers
Air leaking from the mask	keeping mouth closed to keep circuit working
Eye irritation	Keep eyes well lubricated, ensure correct fitting of mask
Dry mouth	Good oral care at least twice a day, or more if needed, ensure correct level of water in cannister
Aspiration	Ensure that the BiPAP machine is lower than Rudi, and any water in the tubing is removed to prevent it going into Rudi
Unable to breathe	Ensure plenty of air around machine, and that nothing is covering the air inlet valve



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My support requirements include:

Support required:	Role responsible:	Frequency:	
Cleaning the device	Support Workers	Daily - in the morning when Rudi wakes up and takes his mask off	
Airing humidifier cannister and tubing	Support Workers	Empty daily and rinse and air dry, put tubing over curtain rail to dry. Once dry, place back in place. As part of Rudi's nighttime routine, fill cannister with distilled H2O to max level - Do not overfill the humidifier as water may enter the device and air tubing. Reinsert to machine.	
Changing the water	Support Workers	Daily	
Cleaning the mask	Support Workers	Daily with <u>CPAP wipes</u> to ensure no dust residue on mask.	
Cleaning humidifier, washable diffuser from face mask and tubing	Support Workers	Weekly on a Sunday. Fill kitchen sink to shallow level, add 1/4 cup of white vinegar (in cupboard) and wash/rinse out humidifier & tubing – Drip dry & then hang over towel rack	
Applying the mask	Rudi to hold in place while Support Workers place over Rudi's head	each time Rudi applies mask. Staff to assist with reapplying mask if Rudi takes it off overnight.	
Changing the filter	Support workers	BiPAP has a filter on the side. This is the air inlet, and must be clear of anything to enable good air flow. Check the air filter and replace it at least every six months. Replace more often if there are any holes or blockages by dirt or dust. It is not washable.	
Checking for pressure injuries/red areas	Support Workers and Nurse	Daily - every morning with oral cares	
Oral care	Support Workers	Twice daily or more if needed	
Visits to respiratory supplier	Support Workers	<ul> <li>Take BiPAP machine to Respiratory Supplier monthly for print off of previous months data, to be emailed to <u>nursing@gained.com.au</u> for review, as well as taken to GP and respiratory clinic appointments</li> <li>3 monthly serving and filter changes</li> </ul>	

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Products and Specific instructions: (eg connecting/disconnecting, cleaning site, maintaining and cleaning equipment):

<ol> <li>Ensure the device is on a stable level surface lower than the person</li> </ol>	2. With the device on a stable level surface, grip the retention clip on the back of the device and pull up to open, plug power in and then push down retention clip	3. Connect the air tubing firmly to the air outlet located on the rear of the device.
4.Open the humidifier and fill it with water up to the maximum water level mark. Water is refilled with distilled water	5. Close the humidifier and insert it into the side of the device.	6. Assist Rudi to apply mask over his mouth and nose, making sure the bottom of the mask rests on the crease of his chin. While Rudi is holding the mask in place, put the straps over his head and ears, and clip edges onto mask.
7. Connect the free end of the air tubing firmly onto the assembled mask.		

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Documentation required:

- Equipment cleaning
- Time on BiPAP

#### ESCALATING CARE

Escalation of care: (non emergency situations)

Specific examples of non emergency situations and what steps need to be undertaken, both in and outside of business hours. (eg gradual decline or improvement in condition)

- Rudi reports that BiPAP not effective
- · Decline in Rudi's respiratory effort
- Boken equipment

Who to contact for non-emergency situations (family, GP, RN, Allied Health etc); Guardian: Respiratory Supplier: Nurse: GP: Service Provider:

Review of Management Plan is required: Yearly

A review will be required sooner if:

- A problem has been identified
- A new risk is identified
- Advice from GP/Specialist/Allied Health Professional

Contact the following person/team to assist with reviewing this document: Gina Wilks (Clinical Nurse Consultant): nursing@gained.com.au 0417 022 433 General Practitioner:

Respiratory Outpatients Clinic:



#### Training – face to face options



#### **BiPAP training for Rudi**

Presenters name: Gina Wilks (Clinical Nurse Consultant) Click to insert date

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- Face to face training with Rudi and Support Workers who could attend on the day
- Capability Assessments on the day



For more training opportunities www.gained.com.au e: <u>admin@gained</u>.
p: 0417 022 433

Management Plan Details			
Client:			
Name of Document:			
Date Developed:			
Prepared by:			

#### NON-INVASIVE VENTILATION CAPABILITY CHECKLIST

Have you already completed theory on the tasks required in the Managen If Yes, what have you completed?	nent Pla	an?		Yes			No		
			Yes	s No					
Have you read the Management Plan, Support Plans, Risk Assessment and documents?	l any of	ther I	releva	ant			Y	N	
Have you met client or worked with them previously?				Yes	/es No				
Are the tasks in the Management Plan within your role and scope of pract NM - Not Met D - Developing 5 - Satisfact	ice? tory			N%Å	- Not	applik	No cable		
	NM	Lea D		N/A			ssor S		
PREPARES		-				_			
Reads and understands the Management Plan									
Recognises the individual needs of the client									
Gathers equipment as per Management Plan									
IMPLEMENTS									
Follows Management Plan to complete tasks									
Follow Infection Prevention & Control Principles									
Uses appropriate Personal Protective Equipment (PPE)									
Follows Hand Hygiene Principles									
Disposes of waste appropriately									
Documents appropriately									
REVIEWS									
Identifies any issues with plan									
Knows who to contact regarding any issues									
Knows who to contact to escalate care (Emergency/Non-Emergency)									

Select the knowledge/skills that were covered during this training session:



Disclaimer: The learner has been trained and assessed to perform tasks as per aforementioned clients Management Plar in a controlled training environment as per the NDIS high intensity skills descriptors. GainEd shall not be held liable for any actions undertaken by the learner outside the controlled training environment, including Tasks for which they were not assessed, or that are beyond their assigned roles and responsibilities. Yes

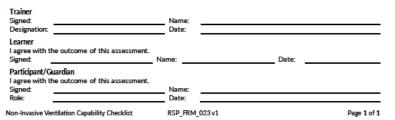
CPAP Support

Oral Care

Simulated

Was the	client present for training?
Was the	training simulated or with client:





#### Training – remote options



- Online course individualized to Rudi, Manager access (participant, Team Leader or other relevant person can view who has completed training) for staff who are on Night Duty
- <u>Video example</u>
- Going over individualized Management Plan
- Capability Assessment completed via Teams

### **Results of interventions**



- Change of circumstance submitted to NDIA approval given for BiPAP including training, overseeing BiPAP management plan and consumables to be funded from his plan
- Increased use of BiPAP
  - Latest reading from BiPAP machine showed 31 nights use in August 2024 averaging 6.4 hours of use each night
  - Rudi advised he was feeling less tired
  - Staff report reduction in "behaviours"
  - Rudi has shown interest in learning more skills cooking, managing his Diabetes











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