



Care plan review and responding to changes in an older person

Disclaimer: This video is designed to be a conversation starter on the topic of identifying and responding appropriately to changes observed in consumers for remote aged care providers. The facilitator should make use of other resources to ensure the learner continues to develop their understanding and competency in this topic. Whilst this video uses the health condition dysphagia as an example of a provider responding to a change in a person's health status it is not intended to be a guide to providing care and services to a person living with dysphagia.

As people get older, we generally see a decline in their physical health and/or their cognition (their mind). While it's easier to recognise the faster deterioration in a person's health due to an incident such as a fall, other signs of deterioration can be harder to identify if staff are not observant. Care staff need to keep an eye out for small changes in a person that can indicate they may need additional services, changes to how their help is provided, or referral to a health professional.

In this video, Tamika learns about the need to review a person's care plan and services after they have experienced a significant adverse health event.

Review of a care plan

In this scenario, the coordinator (Enid) is reviewing care plans with two of the care team. They are discussing a person (Delia) who is returning home after experiencing a stroke. Enid talks about this effect on Delia; weakness on one side of her body and dysphagia. She notes that they can't simply restart Delia's services without taking into account these changes.

Any serious health incident triggers a review of the care and services being delivered to a person. Care staff should be aware of triggers and report these to their supervisor. Triggers for a care plan review could also include things like the person moving home, losing a loved one or support person, or changes in a person's behaviour. Also, a person's care plan is reviewed at least once every twelve months.

- *Talk about changes in a person receiving care that a staff member should be aware of and report.*
- *Talk about a time a person receiving care needed their care plan adjusted and what changes were made to meet their needs.*

Referrals

During a care plan review, the assessor might identify a need to refer the person for additional supports or services. For example, in the video, Delia's carer has asked for grab rails to be installed in the bathroom.

Equipment such as grab rails or shower chairs make it safer for the person receiving care and helps support independence. Aids and equipment must be reviewed and approved by a



health professional such as an occupational therapist; this ensures they are safe and effective for the person.

Items such as shower chairs come in different sizes and weight limits, so the correct item must be purchased. Rails and ramps also need to be measured up and placement considered to ensure they are installed in the right location and are safe to use.

- *Talk about personal care equipment or mobility aids purchased for a person and what was done to ensure they were suitable.*

Dysphagia

Dysphagia is difficulty swallowing. In this scenario, the person being reviewed (Delia) has dysphagia.

Enid and Judith discuss the health condition, noting that dysphagia is not a disease but the result of a disease or health condition. They also talk about some of the health events or conditions that can cause the condition and its impact on the person.

Dysphagia can be a serious health condition. People who cannot swallow safely may not eat enough food to stay healthy or maintain their ideal weight.

Food that is too large to swallow can block the person's airway. If food or liquid gets into the airways of a person with dysphagia, it may not be removed by coughing or cleaning the throat. This can result in the growth of harmful bacteria, causing a lung infection called aspiration pneumonia.

In the scenario, Enid and Judith educate Tamika on dysphagia and how to help a person living with the condition to eat safely. They discuss texture modification which includes mashing, mincing, pureeing or cutting up the meal into smaller, more manageable pieces that make eating easier and safer for them. They also discuss other tips for supporting a person living with dysphagia.

- *If your service provides delivered meals, find the texture modification chart in the kitchen and talk to the kitchen staff about any people receiving care who have their meals modified.*

The scenario looks at how the aged care service works with other health professionals to keep people safe and help them to regain their health.

- *Talk about other health professionals your organisation works with, such as physiotherapists, occupational therapists, dieticians or speech therapists.*

The importance of being observant

Direct care staff need to understand they are the eyes and ears of the service. They are in a unique position of seeing a person often enough that they can identify changes in them. If these changes are addressed early enough, the person can often be supported to regain their health or slow any decline.



Therefore, staff must recognise their role and responsibility and report changes to their supervisor when they notice them.

Links to additional resources

Aged Care Quality Standards storyboards and user guide, Standard 2, 3 & 4 – Aged Care Quality and Safety Commission: <https://www.agedcarequality.gov.au/resources/aged-care-quality-standards-storyboards-and-user-guide>

Swallowing and texture modified diets webinar – Aged Care Quality and Safety Commission https://youtu.be/6_q3KTrb2lo