



Australian Government

**Assessment Requirements for
HLTAHCS006 Implement complex health
care plans**

Release: 1

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Modification History

Not applicable.

Performance Evidence

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and:

- develop a complex health care plan, in collaboration with the health care team and client, for a total of five Aboriginal and/or Torres Strait Islander clients to collectively include:
 - females
 - males
 - people across the lifespan including children and adolescents through to the elderly
 - people with:
 - complex acute conditions
 - chronic disease
 - communicable disease
- for each of the five clients, and according to their individual needs and care plan:
 - explain all aspects of their care plan
 - discuss the need for lifestyle modifications and provide advice on support services that can assist
 - administer clinical treatments within scope of practice, and collectively covers at least five different treatments across the five clients
 - monitor the client's ongoing health and evaluate, in consultation with the health care team, outcomes against their care plan
 - document, in client records, accurate details of each client contact, referrals provided, treatments administered and the evaluation of health outcomes.
- offer a brief intervention for smoking cessation to one client
- offer a brief intervention for reduction or cessation of alcohol consumption to one client.

Knowledge Evidence

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- organisational policies and procedures for recording care plans in client records
- organisational responsibilities and role boundaries of those involved in developing and implementing care plans:
 - Aboriginal and/or Torres Strait Islander health practitioners
 - medical practitioners, registered nurses and other members of the health care team

- the role of standard treatment protocols in developing and implementing care plans:
 - types that are used by primary health care organisations including Standard Treatment Manuals (STM) and how to access
 - purpose, format and inclusions
 - how to use to identify treatment options and administer treatments for complex health conditions and chronic disease
- the concept of holistic health care management, and the broad meaning of a ‘treatment’ within a care plan
- common types of treatments included in care plans for the management of complex health conditions and chronic disease and when the following are indicated:
 - use of medications
 - clinical treatments
 - client self-care strategies
 - surgery
 - management of lifestyle risk factors and modification of lifestyle choices
- formats and typical inclusions of written care plans for complex health conditions:
 - clinical risks of treatments to the individual client
 - details of planned treatments and referrals
 - treatment and client goals
 - schedules for follow-up care, monitoring and reassessment
 - roles and responsibilities of health care team members
- the importance of developing care plans that involve the client, significant others and multidisciplinary health care practitioners
- how to access information about lifestyle modification support services available in the community and state or territory
- for brief interventions:
 - meaning, opportunistic nature and how to judge when they would be useful and when they would be counterproductive
 - aims associated with brief interventions and how these differ from counselling and cessation support services
 - motivational interviewing techniques that can be used
- chronic and communicable diseases of high incidence in Aboriginal and/or Torres Strait Islander populations:
 - cardiovascular disease
 - chronic respiratory disease, including asthma and obstructive lung disease
 - chronic kidney disease
 - chronic liver disease including alcoholic liver disease and cirrhosis
 - cancer
 - diabetes
 - musculoskeletal conditions, including arthritis
 - eye, ear and oral disease

- sexually transmitted infections (STIs)
- blood borne viruses including HIV, hepatitis A, hepatitis B and hepatitis C
- chronic and communicable diseases of current significance in the state/territory and local community
- for each of the above listed chronic and communicable diseases:
 - pathology and other tests used to monitor, and recommended intervals
 - overview of the common forms of clinical treatment including their aim
 - types of treatments that are administered by Aboriginal and/or Torres Strait Islander health practitioners, and associated standard treatment protocols, equipment and infection control precautions
- wound management and care associated with chronic disease including prevention, cleaning and dressing
- the importance of continuity of care for clients with complex health conditions, and:
 - how health care team members work together to coordinate treatments and care, and how to facilitate referrals
 - the need for regular attendance, check-ups, and reassessment for changes in presentation and detection of complications
 - how to use client information systems and recall functions to follow-up clients for care and regular check-ups.

Assessment Conditions

Skills must be demonstrated in a health service workplace within a multidisciplinary primary health care team.

Evidence of performance must be gathered:

- during on-the-job assessments in the workplace under live conditions while interacting with Aboriginal and/or Torres Strait Islander people, or
- during off-the-job assessments in the workplace, not under live conditions, using simulated activities while interacting with Aboriginal and/or Torres Strait Islander people.

Evidence of workplace performance can be gathered and reported through third party report processes. (Refer to the Companion Volume Implementation Guide for information on third party reporting.)

Evidence can be supplemented by assessments in a simulated workplace environment using simulated activities, scenarios or case studies only when:

- the full range of situations covered by the unit cannot be provided in the individual's workplace, or
- situations covered by the unit occur only rarely in the individual's workplace.

Assessment must ensure the use of:

- personal protective equipment (PPE) for infection control
- medical equipment and consumables suited to the treatment of complex and chronic conditions
- clinical waste and sharps disposal bins

- client records including results of health assessments
- template care plans
- standard treatment protocols used by the organisation which can include Standard Treatment Manuals
- organisational policies and procedures for recording care plans in client records
- manufacturer specifications.

Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and:

- be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health practitioner, or
- be a registered health practitioner with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>