Australian Government

HLTAHCS010 Provide support to clients with chronic disease

Release: 1

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Modification History

Not applicable.

Application

This unit describes the performance outcomes, skills and knowledge required to provide information and support to Aboriginal and/or Torres Strait Islander clients with chronic disease and their families to enable informed choices about treatment and self-care.

It requires the ability to assist clients to participate in the planning of their ongoing treatment and care, take self-management approaches, and to access chronic disease support services. It covers the coordination of ongoing care for clients with chronic disease.

Support for clients with diabetes and clients with cancer is covered by other specific units.

This unit is specific to Aboriginal and/or Torres Strait Islander people working as health practitioners. They work as part of a multidisciplinary primary health care team to provide primary health care services to Aboriginal and/or Torres Strait Islander clients.

The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice.

No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

Pre-requisite Unit

Nil

Competency Field

Health Care and Support

Unit Sector

Aboriginal and/or Torres Strait Islander Health

Elements and Performance Criteria

ELEMENTS	PERFORMANCE CRITERIA
Elements describe the essential outcomes	*Performance criteria describe the performance needed to demonstrate achievement of the element.*
1. Assist clients with	1.1. Provide information about relevant chronic disease,

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self-management approaches for chronic disease.	treatment and health care options in plain language using culturally appropriate and safe communication. 1.2. Explain to client their role in managing the disease and elements of self-management. 1.3. Assist client to express their needs and preferences and encourage their own choices for treatments and health care. 1.4. Assist clients with chronic disease to actively participate in the ongoing development of multidisciplinary care plans.
2. Provide resources and information about chronic disease support services.	2.1. Provide culturally appropriate consumer based education resources about relevant chronic disease and its treatment to clients and their families. 2.2. Inform clients about relevant chronic disease support services available in the community, state or territory. 2.3. Facilitate access to chronic disease support services according to client needs and preferences.
3. Provide information and support to clients with chronic disease.	3.1. Communicate consistently in culturally appropriate and safe ways with client, using plain language. 3.2. Provide information on key psychosocial issues facing Aboriginal and/or Torres Strait islander people with chronic disease. 3.3. Identify clients at higher risk of psychosocial distress and determine need for assessment. 3.4. Facilitate referrals for clients with chronic disease according to multidisciplinary clinical partnerships. 3.5. Discuss barriers faced by client in accessing chronic disease treatments and recommend resolutions. 3.6. Explain to client importance of regular check-ups, tests and reassessments in the management of chronic disease. 3.7. Provide information about advanced care planning and palliative care when requested by client, their family or community.
4. Advise on chronic disease self-care strategies.	4.1. Explain, to relevant clients, the importance of self-monitoring blood pressure, blood glucose and urine, and providing records to health care professionals. 4.2. Demonstrate use, care and maintenance of home monitoring equipment and confirm client understanding. 4.3. Provide accurate information about nutrition and lifestyle choices, and impact of unhealthy choices, including alcohol and smoking. 4.4. Provide education resources and offer advice on nutrition, healthy eating and exercise. 4.5. Offer brief interventions for smoking cessation and reduction or cessation of alcohol consumption.

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	4.6. Encourage active involvement of client and/or significant others in self-care to ensure optimum outcomes
5. Complete documentation and provide ongoing care for clients with chronic disease.	5.1. Update client records to include details of services, information and referrals provided to client, according to organisational procedures. 5.2. Plan and provide continuity of care in consultation with client and multidisciplinary team. 5.3. Organise ongoing care for clients with chronic disease using organisational registers. 5.4. Identify when clients are overdue for health care checks and employ active-recall strategies.

Foundation Skills

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

SKILLS	DESCRIPTION
Reading skills to:	• interpret detailed and sometimes unfamiliar client records, involving medical terminology and abbreviations • interpret detailed and sometimes unfamiliar plain language consumer based education resources.
Writing skills to:	• use fundamental sentence structure, health terminology and abbreviations to complete forms and reports that require factual and subjective information.
Oral communication skills to:	• use language and terms sensitive to clients' values and emotional state • incorporate motivational interviewing techniques into client interactions and brief interventions • ask open and closed probe questions and actively listen to determine client needs and understanding of information provided.
Learning skills to:	• use information provided in credible evidence-based consumer resources to update and extend knowledge of chronic disease, treatments and available support services.
Initiative and enterprise skills to:	• source information that meets the specific needs of clients and families.

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Unit Mapping Information

This unit supersedes and is not equivalent to HLTAHW028 Provide information and strategies in chronic condition care.

Links

Companion Volume implementation guides are found in VETNet - https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705

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