



**Australian Government**

# **HLTAHW018 Plan, implement and monitor health care in a primary health care context**

**Release: 2**

## HLTAHW018 Plan, implement and monitor health care in a primary health care context

### Modification History

| Release   | Comments                                                                                                                                                                                                                                                                                                                |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Release 2 | <p>Updated:</p> <ul style="list-style-type: none"> <li>• assessor requirements statement</li> <li>• foundation skills lead in statement</li> <li>• licensing statement</li> <li>• modification history to reflect 2012 standards</li> </ul> <p>Equivalent outcome.</p>                                                  |
| Release 1 | <p>This version was released in <i>HLT Health Training Package release 1.0</i> and meets the requirements of the 2012 Standards for Training Packages.</p> <p>Significant changes to elements and performance criteria.<br/>New evidence requirements for assessment, including volume and environment requirements</p> |

### Application

This unit deals with the required skills and knowledge to plan, implement and monitor a range of health care services as a member of a multidisciplinary team working with Aboriginal and/or Torres Strait Islander communities.

Care plans are developed to address findings of clinical assessments, tests and procedures. Treatments as part of care plans include making referrals and development, implementation and evaluation of plans in line with legislative requirements and organisational protocols.

This unit applies to those Aboriginal and/or Torres Strait Islander Health Workers providing a range of primary health care services to Aboriginal and/or Torres Strait Islander clients and communities.

This unit does not cover the skills and knowledge to assess physical wellbeing – these are detailed in HLTAHW016 Assess client's physical wellbeing.

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

### Elements and Performance Criteria

#### ELEMENT

#### PERFORMANCE CRITERIA

*Elements define the essential outcomes of a unit of competency.*

*Performance criteria specify the level of performance needed to demonstrate achievement of the element.*

1. Propose care plan

- 1.1 Access health assessment outcomes according to organisational procedures and policies
- 1.2 Identify specific aspects of health assessment to address in health care plan
- 1.3 Propose treatment as part of the care plan in accordance with policies and procedures
- 1.4 Develop the plan with primary health care team, using relevant standing orders and written care protocols
- 1.5 Clearly establish responsibilities for implementing the care plan
- 1.6 Document proposed health care plan in client's file in line with organisational policies and procedures

2. Communicate proposed health care plan to client

- 2.1 Use effective and culturally appropriate and safe communication skills to discuss the proposed care plan with clients and explain how it relates to their health assessment results
- 2.2 Provide client with information about each aspect of the proposed care plan and the rationale for its inclusion
- 2.3 Encourage the client to ask questions about the proposed care plan to support understanding and cooperation, and agreement
- 2.4 Explain self-management aspects of the proposed care plan
- 2.5 Consult with the primary health care team about any client-suggested changes to the proposed plan and adjust plan as appropriate
- 2.6 Document finalised plan according to organisational procedures and policies

3. Implement care plan

- 3.1 Refer clients as required to relevant health professionals in line with community, organisational and regulatory requirements
- 3.2 Conduct treatment in accordance with the care plan
- 3.3 Support client to take a self-care approach to implementation in line with individual, organisational and

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community requirements

3.4 Maintain current, complete, accurate and relevant records for each client contact

4. Provide information on healthy nutrition and lifestyle choices as part of the care plan

4.1 Provide accurate information regarding nutrition and lifestyle choices, and the impact of poor nutrition and lifestyle choices, including alcohol and smoking

4.2 Discuss risk factors relating to specific nutrition and lifestyle choices for the individual client in the context of their family, culture and local community

4.3 Provide information on early intervention and prevention practices to avoid disease caused by poor nutrition and lifestyle choices

4.4 Assist client to select an appropriate and varied diet in line with dietary guidelines and client needs

4.5 Develop strategies to assist individuals who have not exercised for some time to become more active

4.6 Offer brief interventions for smoking cessation

4.7 Establish patterns of alcohol consumption and offer brief interventions

4.8 Make appropriate referrals where required

5. Provide care and support for clients with chronic condition as part of the care plan

5.1 Provide information about the nature, incidence and potential impacts of chronic conditions in specific relation to the client's own health

5.2 Provide information on practices to manage chronic conditions to address identified individual needs

5.3 Provide practical advice relating to maintaining good health in relation to prevalent chronic conditions and in line with community needs and organisational guidelines

5.4 Explain and/or demonstrate practices for early detection of specific chronic conditions in line with organisational guidelines

5.5 Support clients to take a self-care approach to

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maintaining health

5.6 Make appropriate referrals for clients with chronic conditions in line with organisational guidelines

### 6. Monitor health care

6.1 Encourage clients and family/carer to maintain health by being actively involved in the care plan

6.2 Monitor client health in line with individual schedule and criteria incorporated in care plan

6.3 Reassess and review care plan as required where client fails to progress, in accordance with expectation

6.4 Ensure standing order/written care protocols underpin health assessment and management actions

6.5 Conduct health monitoring in accordance with organisational policies and procedures and occupational health and safety requirements

6.6 Organise follow-up care for clients with chronic conditions using computer and/or paper-based registers

6.7 Identify when clients are overdue for health care checks and employ active-recall strategies

### 7. Review effectiveness of health care

7.1 Gain feedback from the client and/or family or carer/s about their level of comfort and compliance with the health management regime

7.2 Determine degree of improvement of client's condition and compare with expectations outlined in health care plan

7.3 Provide client and/or family/carers with clear information about their level of improvement in relation to the health care plan and their level of compliance

7.4 Evaluate impact of ongoing health management in relation to the client's physical, mental and emotional condition and behaviour, in consultation with the primary health care team

## Foundation Skills

*The Foundation Skills describe those required skills (language, literacy, numeracy and employment skills) that are essential to performance.*

- Numeracy
- in order to measure and administer medication
  - in order to use medical equipment, including peak flow meter, glucometer, scales and sphygmomanometer
  - in order to carry out care plan treatments, including immunisations, CPR and nebuliser administration

Other foundation skills essential to performance are explicit in the performance criteria of this unit.

## Unit Mapping Information

No equivalent unit.

## Links

Companion Volume implementation guides are found in VETNet -

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