

<b>Title</b>	<b>Apply a palliative care approach in a health or wellbeing setting</b>		
<b>Level</b>	<b>4</b>	<b>Credits</b>	<b>8</b>

<b>Purpose</b>	<p>This unit standard is targeted at people with significant experience of providing services in a health or wellbeing setting.</p> <p>People credited with this unit standard are able to: demonstrate knowledge of ethical issues that may arise when providing support using a palliative care approach; provide support to a person with a life-limiting or life-threatening condition and their family and whānau using a palliative care approach within an inter-disciplinary team, and provide support to a person and their family and whānau during the last days of life</p>
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<b>Classification</b>	Health, Disability, and Aged Support > Health and Disability Principles in Practice
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<b>Available grade</b>	Achieved
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## Guidance Information

- 1 Recommended for entry: Unit 28738, *Describe the key principles of palliative care and a support worker's role in a palliative approach to care.*
- 2 Legislation and Code relevant to this unit standard include but are not limited to:
  - Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (the Code of Rights);
  - Health and Disability Services (Safety) Act 2001;
  - Health Practitioners Competence Assurance Act 2003;
  - Health and Safety at Work Act 2015;
  - Human Rights Act 1993;
  - Medicines Act 1981;
  - Privacy Act 1993.
  - all available at <http://www.legislation.govt.nz/>
- 2 New Zealand Standards relevant to this unit standard include:
  - NZS 8134.0:2008 *Health and disability services (general) Standard*;
  - NZS 8134.1:2008 *Health and disability services (core) Standards*;
  - NZS 8158:2012 *Home and Community Support Sector Standard*, available at <https://www.standards.co.nz/>

### 3 References:

- Hospice New Zealand. (2012). *Fundamentals of Palliative Care*. Retrieved on September 4, 2020, from <https://www.hospice.org.nz/education-training/training-modules/>
- Ministry of Health. (2015). *New Zealand Palliative Care Glossary*. Retrieved from <https://www.health.govt.nz/system/files/documents/publications/new-zealand-palliative-care-glossary-dec15.pdf>
- Ministry of Health. (2017). *Te Ara Whakapiri: Toolkit*. Retrieved from <https://www.hospice.org.nz/wp-content/uploads/2019/03/te-ara-whakapiri-toolkit-formatted-23-mar-1.pdf>
- Palliative Care Council of New Zealand. (2010). *Positioning Palliative Care in New Zealand: A review of Government Health Policy in relation to the provision of Palliative Care Services in New Zealand*. Retrieved from [https://www.moh.govt.nz/notebook/nbbooks.nsf/0/93B5F5A00B27504CCC257E9600149023/\\$file/Positioning%20Palliative%20Care%20in%20NZ%20-%20%20Feb%202010.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/93B5F5A00B27504CCC257E9600149023/$file/Positioning%20Palliative%20Care%20in%20NZ%20-%20%20Feb%202010.pdf)

### 4 Definitions:

- *Health or wellbeing setting* includes but is not limited to: the aged care, acute care, community support, disability, mental health, rehabilitation, social services and youth development sectors.
- *Last days of life* is the period when a person is dying. It is 'the period of time when death is imminent and may be measured in hours or days' (New Zealand Palliative Care Glossary 2015).
- *Inter-disciplinary team* refers to a grouping of healthcare professionals with different skillsets who can provide holistic care for a person.
- *Life-limiting condition* is a condition for which there is no reasonable hope of cure and from which the person is expected to die. Some of these conditions cause progressive deterioration rendering the person increasingly dependent on family and carers.
- *Life-threatening condition* is usually of short duration with an acute or unexpected onset. Curative treatment may be feasible but can fail. It may or may not occur in the context of a pre-existing life-limiting condition.
- *Organisational policies and procedures*: policies, procedures, and methodologies of an organisation. They include legislative and regulatory requirements which may apply across an organisation, a specific site, or a workplace. Requirements are documented in organisational health and safety plans, contract work programmes, quality assurance programmes, policies, and procedural documents such as job descriptors and employment contracts.
- *Palliative care* is care for people of all ages with a life-limiting or life-threatening condition (whether death is days, weeks, months or occasionally even years away) which aims to optimise an individual's quality of life until death by addressing the person's physical, psychosocial, spiritual and cultural needs; and supporting the individual's family/whānau and other caregivers where needed, through the illness and following death.
- *The palliative care approach* incorporates holistic, positive and open attitudes toward death and dying by service providers working with the person and their family and whānau, and respects the wishes of the person in relation to their treatment and care.
- *Advance Care Plan* refers to end of life care, and may include funeral plans, power of attorney, advanced directive.

- *Total suffering* indicates that there are many factors which contribute to the experience of pain and other physical symptoms and each person must be treated with the knowledge that physical symptoms cannot be treated in isolation.
- 4 Evidence for the practical components of this unit standard must be gathered in the workplace.
  - 5 People awarded credit for this unit standard must provide support under the guidance and delegation of a senior health professional in accordance with own role and responsibilities, and organisational policies and procedures.

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## Outcomes and performance criteria

### Outcome 1

Demonstrate knowledge of ethical issues that may arise when providing support using a palliative care approach.

#### Performance criteria

- 1.1 Ethical issues that may arise when supporting a person are identified and described.

Range issues may include but are not limited to: artificial nutrition and hydration, palliative sedation, limitation of treatments, do not resuscitate or allow natural death, informed consent, advance care planning, advance directives; evidence is required of two ethical issues.

### Outcome 2

Provide support to a person with a life-limiting or life-threatening condition and their family and whānau using a palliative care approach within an inter-disciplinary team.

#### Performance criteria

- 2.1 Advocacy or support for self-advocacy is provided for the person and their family and whānau.
- 2.2 Support assists health professional(s) with assessing and managing the person's pain and symptoms.
- 2.3 Support to the person and their family and whānau reflects the concept of total suffering.
- 2.4 Support is based on a partnership with the person and their family and whānau that considers the person's cultural and spiritual needs and maintains respect for the person's dignity.
- 2.5 Support assists the person and their family and whānau to deal with feelings of loss and grief that arise in a palliative care situation.

- 2.6 Self-care to preserve own emotional and physical health when using a palliative care approach is implemented.

### Outcome 3

Provide support to a person and their family and whānau during the last days of life.

#### Performance criteria

- 3.1 Support applies the principles of caring for a person in the last days of life.
- 3.2 Support assists the person and their family and whānau to deal with feelings of loss and grief that arise in the last days of life.
- 3.3 Support is based on a partnership with the person and their family and whānau that considers the person's cultural and spiritual needs and maintains respect for the person's dignity.
- 3.4 Self-care to preserve own emotional and physical health when supporting a person during the last days of life is implemented.
- 3.5 Support is recorded and reported in accordance with organisational policies and procedures.

<b>Planned review date</b>	31 December 2025
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#### Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	19 May 2016	31 December 2022
Review	2	23 November 2017	31 December 2022
Rollover and Revision	3	24 October 2019	31 December 2022
Review	4	MM 2020	

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <https://www.nzqa.govt.nz/framework/search/index.do>

#### Comments on this unit standard

Please contact Careerforce [info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard.