

Title	Support a person with frailty in a health or wellbeing setting		
Level	4	Credits	5

Purpose	<p>People credited with this unit standard are able to:</p> <ul style="list-style-type: none"> • describe the impact of frailty on a person’s health and functional status; • contribute to developing a plan that uses personal care techniques and support strategies for a person with frailty in a health or wellbeing setting; • contribute to the application of a personal plan used to support a person with frailty in a health or wellbeing setting. • contribute to the evaluation of a personal plan used to support a person with frailty in a health or wellbeing setting.
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Classification	Health, Disability, and Aged Support > Core Health
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Available grade	Achieved
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Guidance information

1 Assessment conditions:
Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

People awarded credit for this unit standard must work under the guidance and delegation of a health professional in accordance with own role and responsibilities, and organisational policies and procedures.

2 Range:
Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- documented organisational policies, procedures, and methodologies;
- applicable health and safety plans, contract work programmes, and quality assurance programmes.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pasifika, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the legislative and regulatory requirements specified in:

- 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 2020.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- 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*.

NZ standards can be retrieved from <http://www.standards.co.nz/>.

3 Definitions:

Frailty is defined as ‘a medical syndrome with multiple causes and contributors that is characterised by diminished strength, endurance, and reduced physiologic function that increases an individual’s vulnerability for developing increased dependency and/or death.’ (Morley et al 2013).

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.

Health professional refers to a person who is registered with an authority (which is appointed by or under the Health Practitioners Competence Assurance Act 2003) as a practitioner of a particular health profession to deliver health services in accordance with a defined scope of practice.

Organisational policies and procedures are the policies, procedures, and methodologies used in 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.

Person is a person accessing services. Other terms used for the person may include client, consumer, customer, patient, individual, resident, or service user.

Support should aim to maintain, improve, or restore a person’s independence by utilising existing strengths and appropriate resources; but may include providing assistance to enable a person’s health and wellbeing needs to be met.

4 References:

Health Quality & Safety Commission New Zealand. (2019). *Frailty care guides: Ngā aratohu maimoa hauwarea*. Retrieved from https://www.hqsc.govt.nz/assets/ARC/PR/Frailty_care_guides/Frailty-care-guide-master-update-6.pdf

Morley J.E., Vellas B., van Kan G.A., et al. (2013). Frailty consensus: a call to action. *Journal of the American Medical Directors Association* 14(6): 392–7.

Outcomes and performance criteria

Outcome 1

Describe the impact of frailty on a person's health and functional status.

Range evidence is required of supporting two persons.

Performance criteria

1.1 Frailty theories are described in relation to the person's health and functional status.

Range must include, but is not limited to: Rockwood, Fried.

1.2 Frailty is described in terms of real and potential impacts on the person's health and functional status.

Range physical, emotional/psychological, social, environmental, cultural.

Outcome 2

Contribute to developing a plan that uses personal care techniques and support strategies for a person with frailty in a health or wellbeing setting.

Performance criteria

2.1 Personal care techniques are identified and selected.

Range may include but is not limited to: medication, bowel cares, bladder cares, nutrition, skin conditions, personal hygiene; evidence is required of three techniques.

2.2 Support strategies are selected and described.

Range may include but is not limited to: assessment, planning, goal setting, risk management and review, monitoring, person-centred approach, moving and handling, specialist equipment/technology, challenging/reducing stigma and discrimination, information provision; evidence is required of four strategies.

2.3 A personal plan is prepared which includes appropriate personal care techniques and support strategies.

Outcome 3

Contribute to the application of a personal plan used to support a person with frailty in a health or wellbeing setting.

Performance criteria

- 3.1 Personal care techniques are applied in accordance with the personal plan.
Range three techniques.
- 3.2 Support strategies are applied in accordance with the personal plan.
Range four strategies.
- 3.3 The person's health and functional status is documented and reported in accordance with organisational policies and procedures.

Outcome 4

Contribute to the evaluation of a personal plan used to support a person with frailty in a health or wellbeing setting.

Performance criteria

- 4.1 The person's health and functional status is evaluated in accordance with the applied personal plan and amended as necessary according to outcomes.
- 4.2 The personal plan is evaluated and updated, if required, in accordance with organisational policies and procedures.

Planned review date	31 December 2026
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	MM 2021	

Consent and Moderation Requirements (CMR) reference	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 if you wish to suggest changes to the content of this unit standard.