

Palliative Care for Heart Failure Patients in Wales

Functional Map, September 2009

Introduction

In preparation for the development or application of National Occupational Standards (NOS) or National Workforce Competences (NWCs)¹, a Functional Map is created which attempts to identify, in a structured format, all the functions which have to be undertaken by those working in a particular area – in this case, providing Palliative Care for Heart Failure Patients in Wales.

This Functional Map has been developed by undertaking a literature review, conducting telephone interviews, holding a one-day workshop and inviting subject matter experts to complete a questionnaire on the draft Functional Map and related NOS/NWCs.

Key Purpose

The Functional Map has been developed by creating, first of all, a *Key Purpose* for Palliative Care for Heart Failure Patients in Wales that answers the question – *what is it that all those involved in providing palliative care for heart failure patients in Wales are working to achieve?* The *draft Key Purpose* for the Palliative Care for Heart Failure Patients in Wales has been defined as:

to identify and meet the physical, psychological, social and spiritual (PPSS) needs and preferences of patients with advanced heart failure and their families, help them achieve the best possible quality of life and support them during the final stages of their life.

Functional Analysis

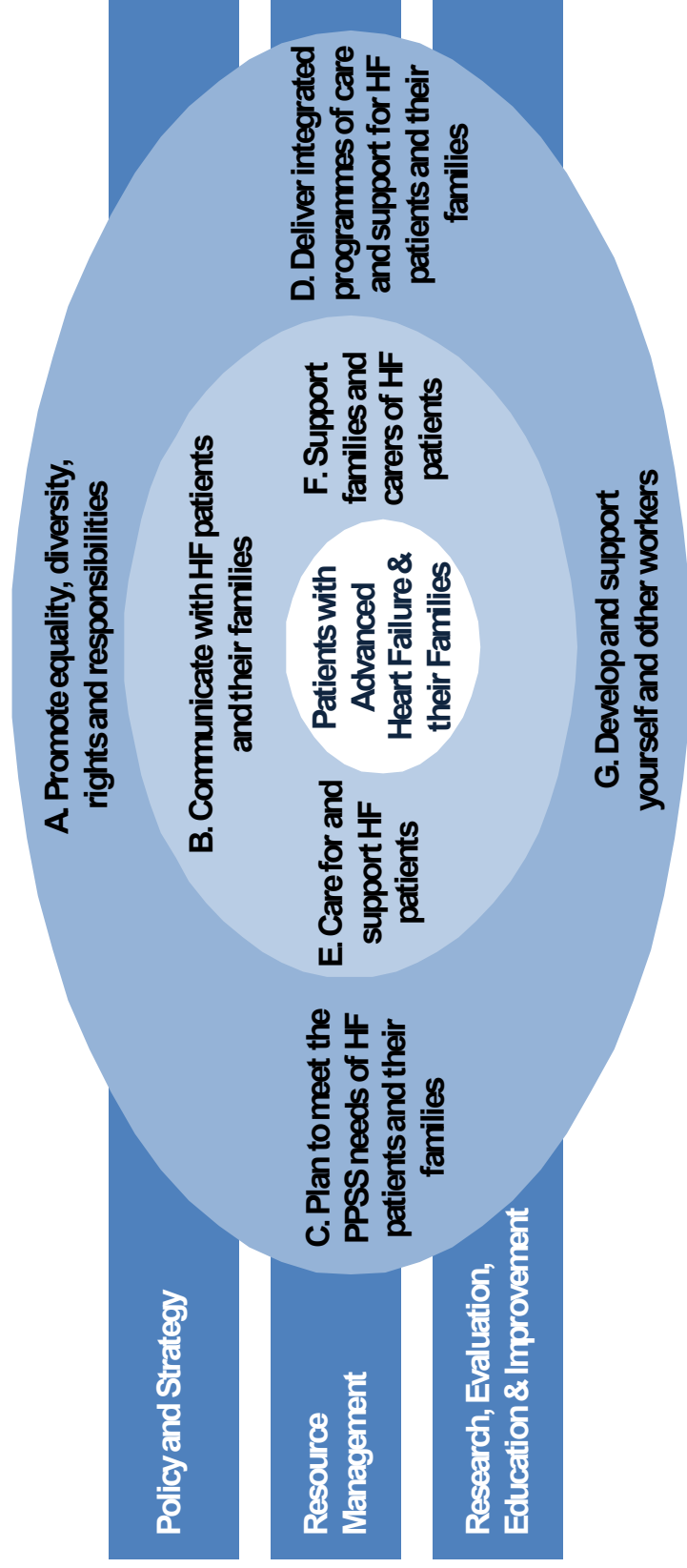
The rest of the Functional Map has been drafted using the *Functional Analysis* methodology. We have asked the question over and over again: *what has to happen to achieve this key purpose? ...what else has to happen? ...and what else?*

¹ For information about NOS/NWCs and how they can be used, visit [Skills for Health's website](#)

In this way we can identify discrete functions that can be carried out by individuals, for example: *Develop relationships with individuals with long term conditions, Form a professional judgement of an individual's health condition, Assess the healthcare needs of individuals with long term conditions and agree care plans, Organise a programme of support following withdrawal from treatment, Prescribe medication for individuals with a long term condition, Support individuals through the process of dying, Empower families, carers and others to support individuals with long term conditions.*

These functions have been grouped together in a structured way into seven Key Areas A-G shown in the figure below.

The Key Areas are underpinned by three other important functional domains: (i) Policy and Strategy, (ii) Resource Management and (iii) Research, Evaluation, Education and Improvement. These domains are not addressed within this project as they are generic to the delivery of any ethical, evidence-based health/social care service.



The Key Areas of the Functional Map of Palliative Care for Heart Failure Patients in Wales

Gap Analysis

There are already NOS and NWCs developed by Skills for Health and/or Skills for Care and Development which may adequately describe the performance of someone involved in providing palliative care for HF patients when they are carrying out particular functions. Potentially relevant NOS/NWCs are listed, with hyperlinks to the NOS/NWCs themselves, in the third column of the tables on pages 4-11 below. Where appropriate competences exist, these can be used by those involved in providing palliative care for HF patients. Where no appropriate competences exist, or the competences do not fully reflect the performance expected of those providing palliative care for HF patients, these gaps and/or deficiencies will be identified and reported these to Skills for Health so that they can take these into account when reviewing the NOS/NWCs.

Roles

The fourth column of the tables on pages 4-11 indicates the roles to which the individual NOS/NWCs may apply. Further work will need to be carried out at a local level to define exactly who is expected to do what and, therefore, who needs which competences. This may differ from area to area depending on local policy, geography/demography, organisational structures and service delivery models.

Functional Map

The full *draft* Functional Map for Palliative Care for Heart Failure Patients in Wales is presented on pages 4-11 below.

It is important to understand that, although the Functional Map is presented in a hierarchical format, there is no intention to suggest that functions nearer the top of the hierarchy are more important than those at the bottom. Likewise, there is no intention to suggest that functions must happen as a linear process; sometimes they do, but more often than not functions happen simultaneously and there are lots of feedback loops.

Functional Map

Key Area	Function	NOS/NWCs	Roles	
A. Promote equality, diversity, rights and responsibilities	AA. Promote the equality, diversity, rights and responsibilities of HF patients and their families	HSC3111 Promote the equality, diversity, rights and responsibilities of individuals	All	
Key Area	Function	NOS/NWCs	Roles	
B. Communicate with HF patients and their families	BA. Establish and sustain relationships with HF patients and their families	CHS100 Develop relationships with individuals with long term conditions	All	
		HSC388 Relate to families, parents and carers	Most	
	BB. Communicate with HF patients and their families about their situation	GEN22 Communicate effectively with individuals	All	
		CHS56 Provide clinical information to individuals	Clinical	
	BC. Enable individuals with HF to make informed choices concerning their health and wellbeing	CHS48 Communicate significant news to individuals	Most	
		CM C3 Enable individuals with long term conditions to make informed choices concerning their health and well-being	Most	
		BD. Help HF patients and their families access information and services	CHS177 Advise on access to and use of services	Most
			HSC330 Support individuals to access and use services and facilities	Most

Key Area	Function	NOS/NWCs	Roles
C. Plan to meet the PPSS needs of HF patients and their families	CA. Identify HF patients in need of palliative care	CHS118 Form a professional judgement of an individual's health condition	Clinical
	CB. Assess the PPSS needs and preferences of HF patients and their families	CM A5 Assess individual needs and preferences CM C2 Assess the healthcare needs of individuals with long term conditions and agree care plans	Clinical Clinical
	CC. Develop plans to meet the PPSS needs and preferences of HF patients and their families	CHS84 Develop and agree care management plans with individuals diagnosed with long term conditions	Clinical & social
	CD. Develop risk management plans to support HF patients living at home	CM B3 Develop risk management plans to support individuals' independence and daily living within their home	All working with those at home and discharge
	CE. Review and evaluate plans to meet the PPSS needs and preferences of HF patients and their families	CHS85 Review and evaluate care management plans with individuals diagnosed with long term conditions	Clinical & social

Key Area	Function	NOS/NWCs	Roles
D. Deliver integrated programmes of care and support for HF patients and their families	DA. Co-ordinate care and support for HF patients and their families	CHS97 Organise a programme of support following withdrawal from treatment	Clinical
	DB. Arrange care and support for HF patients from other providers	CHS98 Arrange services and support with other health care providers	Clinical
	DC. Work as part of a multi-disciplinary team for HF patients and their families	CM C5 Build a partnership between the team, patients and carers	Clinical
		GEN39 Contribute to effective multidisciplinary team working	All
		CHS126 Conduct handover between healthcare personnel	Clinical
	DD. Assist in the transfer of HF patients between services	CM I3 Plan and implement transfer of care and discharge with individuals who have a long term condition and their carers	Clinical

Key Area	Function	NOS/NWCs	Role
E. Care for and support HF patients	EA. Support HF patients to manage their own condition	CM E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life	Clinical
		CHS57 Enable individuals to manage their own long term conditions	Clinical
		CM E5 Enable people with long term conditions to cope with changes to their health and wellbeing	Clinical
		CM A6 Enable individuals with long term conditions to manage their medicines	Clinical
		CM C4 Support individuals to live at home	Most
	EB. Support HF patients to meet their daily living needs	CM E4 Provide information and advice to support individuals in undertaking desired occupational and non-occupational activities	OT
		CHS135 Implement programmes and treatments with individuals who have restricted movement / mobility	Physio
		CHS137 Implement mobility and movement programmes for individuals to restore optimum movement	Physio
		CHS136 Assist in the implementation of programmes and treatments with individuals who have severely restricted movement / mobility	Physio

Key Area	Function	NOS/NWCs	Role
		CHS140 Authorise assistive devices to meet the individual's needs	District Nurse
		CM E3 Enable individuals to use assistive devices and assistive technology	AHP
	EC. Support HF patients to meet their healthcare and symptom control needs	CHS19 Undertake physiological measurements	Clinical
		HSC216 Help address the physical comfort needs of individuals	Clinical
		HSC217 Undertake agreed pressure area care	Clinical
		CHS12 Undertake treatments and dressings related to the care of lesions and wounds	Clinical
		CHS99 Refer individuals to specialist sources of assistance in meeting their health care needs	Clinical
		CM A7 Prescribe medication for individuals with a long term condition	Clinical
		CHS74 Manage an individual's medication to achieve optimum outcomes	Clinical
		CHS3 Administer medication to individuals	Clinical
		PSL2 Set up and renew syringe driver/infusion device for subcutaneous use and deliver treatment	Clinical

Key Area	Function	NOS/NWCs	Role
		CHS164 Manage pain relief for an individual	Clinical
		CHD FE1 Programme and monitor implanted anti-arrhythmic devices	Clinical
		Deactivate implanted anti-arrhythmic devices (this is a gap – no appropriate NOS/NWC have been identified)	Clinical
	ED. Support HF patients to meet their personal care needs	HSC218 Support individuals with their personal care needs	Clinical & social
	EE. Support HF patients with their dietary and nutritional needs	CHS11 Undertake personal hygiene for individuals unable to care for themselves	Clinical & social
	EF. Support HF patients to address their psychological needs	CHS68 Support individuals with long term conditions to manage their nutrition	Clinical
		CHS70 Support individuals with long term conditions to optimise their psychological functions	Clinical
		CM D1 Identify mental health needs and related issues	Clinical
		CM D2 Refer individuals to mental health and/or other services	Clinical
		CM D5 Enable patients to access psychological support	Clinical
	EG. Support HF patients to address their spiritual needs	HSC350 Recognise, respect and support the spiritual wellbeing of individuals	All

Key Area	Function	NOS/NWCs	Role
	EH. Support HF patients through the process of dying	CM H3 Support individuals through the process of dying	All
	EI. Care for deceased HF patients	HSC239 Contribute to the care of a deceased person	District Nurse

Key Area	Function	NOS/NWCs	Role
F. Support families and carers of HF patients	FA. Support carers in the caring role	HSC387 Work in collaboration with carers in the caring role	Clinical & social
	FC. Support families and carers through bereavement	CM H2 Support individuals through bereavement	Clinical & social

Key Area	Function	NOS/NWCs	Role	
G. Develop and support yourself and other workers	GA. Develop yourself and other workers	HSC33: Reflect on and develop your practice	All	
		HSC43 Take responsibility for the continuing professional development of self and others	Specialists	
	GB. Support yourself and other workers		GEN35 Provide supervision to other individuals	Supervisors
			GEN36 Make use of supervision	Those who are supervised
			GEN41 Identify team members' need for psychological support	All
			GEN42 Provide psychological support for team members	Specialists in psychological support