

Unit 28: Coordinate the Progress of Individuals Through Care pathways

Level:	3
Unit type:	Optional
Credit value:	3
Guided learning hours:	15

Unit Aim

This unit is about coordinating the effective management of individuals through care or patient pathways. Pathways are determined by the specific needs of the individual and their condition.

Assessment requirements

This unit must be assessed in line with *Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence* document. Detailed information can be found in *Annexe A* of the qualification specification.

Evidence for skills within learning outcome 3 must come from real work activities.

Learning outcomes The learner will:	Assessment criteria The learner can:
1 Understand current legislation, national guidelines, policies, protocols and good practice guidelines in relation to coordinating the progress of individuals through care pathways	1.1 Summarise current legislation, national guidelines, policies, protocols, and good practice guidelines in relation to the coordination of the progress of individuals through care pathways in relation to own role
	1.2 Explain own and others' roles and responsibilities in the delivery of care pathways
	1.3 Explain why and when individuals' priorities are reviewed
	1.4 Describe the protocols for prioritising care and treatment in relation to own role
2 Understand the coordination of individuals through care pathways	2.1 Describe the stages of an individual's care pathway
	2.2 Describe ways in which individuals accessing services can be managed and optimised

Learning outcomes The learner will:	Assessment criteria The learner can:
	<p>2.3 Describe ways to maintain individual safety when supporting the operation of care pathways</p> <p>2.4 Identify the resources required for supporting individuals through care pathways</p> <p>2.5 Identify any actions required to overcome any identified problems</p>
<p>3 Be able to coordinate the progress of individuals through care pathways</p>	<p>3.1 Share accurate information regarding the individual, their needs and treatment when the individual is transferred to the care of colleagues, other departments or services</p> <p>3.2 Identify actions required when there is deviation from the planned pathway within scope of own role</p> <p>3.3 Update records, store and share documentation and information in line with local policy and protocol</p> <p>3.4 Coordinate aspects of the care pathway in line with local policy and protocol and within scope of own role</p> <p>3.5 Assess issues that arise as an individual moves through the care pathway</p>

Additional information about the unit

Exemplification of terms used in assessment criteria:

Care pathways: Represents every aspect of the individual's care from their initial presentation through to the successful resolution of their health care needs, their discharge or their death.

Individuals: refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

Resources: may include:

- People/ practitioners
- Physical resources
- Services and facilities.

Actions may include signposting.