

Self-assessment tool 2019-20

Surgical and procedural capability framework

Level 3

Facility name:

Capability frameworks

The Department of Health and Human Services is developing and implementing clinical capability frameworks over 2019-20, for renal, surgical and procedural, emergency, urgent care & trauma, and cardiac services.

A capability framework describes the minimum requirements for a specific clinical specialty for each (more complex) level of care, in terms of its scope of service, workforce, infrastructure and equipment, clinical support, and governance. For example, a small rural urgent care centre may be identified as a level 1 whereas a major surgical hospital will be identified as a level 6.

Capability frameworks provide a common language for staff, the community and other health services for describing a hospital's capability and assist the planning and service development at the local, regional and systems levels.

Self-assessment

This self-assessment tool enables surgical and procedural service facilities to identify gaps in capability and how these may be addressed to deliver the desired level of capability.

The process of self-assessment reviews a facility's capability against the agreed minimum criteria for that specialty. For each criterion, the capability is assessed as yes/no or met/not met. Comments can be made where additional information is necessary. The self-assessment template mirrors the statements found in the capability framework.

Your health service has been identified as providing surgical and/or procedural services at one or more of its facilities. Minimum service level scope for inclusion is the provision of GP procedures (for example suturing).

How to complete the self-assessment

The capability framework self-assessment tool is designed to collect information on the current capability of your facility across six areas: service level; workforce requirements; clinical support services; equipment and infrastructure; and clinical governance. It consists of yes/no or met/not met responses to questions about capability criteria.

To complete the template, please follow these steps:

- Identify the **provisional capability level allocated** by the department for each facility in your health service (this was provided in an attachment with the email advising you about self-assessment). For example, level 3.
- Ensure you have downloaded the correct level template (this document).
- At the top of the template, fill in the name of the facility (for example Bushflower Track District Health Service).
- Answer every question in this document. If you do not answer a question, you will be assessed as answering no/not met.
- Some criteria statements in the self-assessment form have several parts within the one question. A positive response of yes or met, indicates that all parts of the question have been met. Where the criteria has been partially met, no or not met should be selected, with additional information provided in the comments section.

- You can also provide commentary in the General Comments panel, below. This is where you can describe future plans or temporary issues that may affect this capability.
- This self-assessment is provided and should be submitted as a **fillable PDF form**.
- The template may be filled in using most freeware PDF software. Adobe reader may be downloaded at <https://acrobat.adobe.com/au/en/acrobat/pdf-reader.html?promoid=C4SZ2XDR&mv=other>

To **submit** your completed self-assessment form, please:

- Ensure the name of health service authorising executive officer is included in the section below.
- The completed self-assessment must be uploaded online at <http://bit.ly/SurgeryCF> by **31 January 2020**.

General comments

Please include any general comments and/or mitigation strategies relevant to this facility’s capability.

Contact

If you have any queries you can send a message to capabilityframeworks@dhhs.vic.gov.au or contact Amy Szczygielski on 9096 7333, or Michael Langley on 9096 8230.

Executive sponsor approval

Name	
Position	
Health service	
Facility name	
Signature	
Date	

Level 3 surgery and procedural service

Part A: Service Level Descriptors

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
A1. Complexity of care/ service role description <i>(not applicable to elective only facilities)</i>	A1.1 Provides medium risk surgical/procedural complexity care with deep sedation and general anaesthesia (ASA 1, ASA 2 and ASA 3).		
	A1.2 Provides planned care to adult patients having surgery or procedures on a day stay or multi-day basis.		
	A1.3 Provides planned care to paediatric patients having surgery or procedures on a day stay or multi-day basis.		
	A1.4 Provides planned surgery and procedures for a range of specialties where there is sufficient volume to support a regular list and competency.		
	A1.5 Manages planned procedures through documented waiting list processes.		
	A1.6 Provides general, plastics and orthopaedic emergency surgery and obstetric emergency care 24/7.		
	A1.7 Provides emergency procedures e.g. gastroenterology, respiratory, and cardiology procedures in line with designated cardiac capability level 24/7.		
	A1.8 Has an emergency surgery service that is led by a senior medical specialist and performed in business hours whenever possible.		
	A1.9 Arranges for discharge care in the community or in primary care.		
A2. Complexity of care/ service role description <i>(Applicable to elective only facilities)</i>	A2.1 Provides planned surgery and procedures for a range of specialties where there is sufficient volume to support a regular list and competency.		
	A2.2 Provides planned care to adult patients having surgery or procedures on a day stay or multi-day basis.		
	A2.3 Provides planned care to paediatric patients having surgery or procedures on a day stay or multi-day basis.		

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
	<i>Public only</i> A2.4 Manages planned procedures through documented waiting list processes.		
	A2.5 Provides services that are medium surgical resource complexity and medium anaesthetic complexity for patients who are of low to medium complexity.		
	A2.6 Arranges for discharge care in the community or in primary care.		
A3. Emergency services	A3.1 Has established protocols for referral to nearest emergency department or urgent care centre for emergency assessment.		
	A3.2 Provides advanced life support if required.		
	A3.3 Procedures and protocols in place to ensure rapid transport of patients with serious intra and post-operative complications or adverse events to higher level service.		
	A3.4 Able to manage common intra and post-operative complications and adverse events without the need for rapid transport to a higher facility.		
	<i>Excluding elective only facilities</i> A3.5 Provides emergency surgery for a range of common acute general, simple plastics and orthopaedic surgical emergencies and obstetrics emergency care 24/7.		
	A4 Pre-admission services	A4.1 Provides a comprehensive preoperative assessment.	
A4.2 Has a comprehensive risk-based re-admission process.			
A4.3 Has a comprehensive preoperative risk assessment for patients < 2 years of age.			
A4.4 Has a comprehensive preoperative risk assessment for patients with behaviours of concern.			
A4.5 Has a comprehensive preoperative risk assessment for patients > 70 years of age.			
A4.6 Provides preoperative patient education and post-operative planning for patients triaged as having increased risk.			

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
	A4.7 Has processes in place to optimise day of surgery admissions (DOSAs).		
	A4.8 Has a GP liaison service that works with general practice to provide information about referral to the service (and specialist clinics) and guidance on management of conditions in preparation for surgery.		
A5 Procedure /Surgery (including surgical or procedural and anaesthetic complexity)	A5.1 Provides ambulatory, day-stay and or multi-day, or GP procedures.		
	A5.2 Undertakes low risk surgical and procedural cases under local anaesthetic, where serious complications are very unlikely.		
	A5.3 Manages patients that are low, medium or high complexity where serious complications are possible but not likely.		
	A5.4 Has an operating room and/or procedure room and a separate recovery room.		
	A5.5 Planned day cases (may be extended hours) with arrangements to provide overnight care for patients whose condition required extended monitoring.		
	A5.6 Emergency surgery is scheduled in standard hours as much as possible		
	<i>Minor procedures – Day cases</i> A5.7 Capable of providing local or regional block with or without sedation to patients who are of low anaesthetic complexity (ASA 1, ASA 2 and ASA 3).		
	<i>Surgery – Day Cases</i> A5.8 Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2).		
	<i>Surgery – Overnight or multi day cases (if provided)</i> A5.9 Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2).		
	A5.10 Has a dedicated on or off-site central sterilising and stock control unit.		

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
A6 Post-operative/ procedural care/ recovery	A6.1 Has separate post-anaesthetic care unit for low acuity patients.		
	A6.2 Discharge areas for recovery stage 3 are utilised to maximise unit flow.		
	A6.3 Provides post-operative care to medium acuity patients.		
	A6.4 Recovery stage 2 areas are utilised to optimise unit workflow.		
A7 Post - discharge care	A7.1 Provides patients and/or carers with post-procedural advice regarding the warning signs of deterioration and potential complications and action if either occurs, following the procedure		
	A7.2 Arranges follow-up care to be provided by GP or other primary care provider.		
	A7.3 Has procedures and protocols to refer patients to post-discharge support services at neighbouring health services, community health centres or through primary care.		
	A7.4 GP liaison services work with general practice to improve discharge communication.		

Part B: Clinical workforce capability criteria statements

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
B1. Emergency response	B1.1 Does your facility have a recognition and response system including rapid response (for example 'respond blue') and designated roles on-site 24/7 to respond immediately to medical, surgical and procedural emergencies across the facility in line with health service clinical protocols?		
	B1.2 Does your facility have a registered health practitioner(s) with demonstrated competency in advanced life support (adult and paediatric) on-site 24/7?		
	B1.3 If the facility is standalone are there formal agreements with an acute hospital for transfer of patients? (This facility should be within reasonable proximity)		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
B2. Pre-admission staff	B2.1 Does your facility have designated nursing or medical staff to screen and triage patients pre-admission?		
B3. Surgery/Proceduralist	<i>Minor procedures – Day cases</i> B3.1 Is a registered health practitioner, credentialed at the health service for procedural care (including low complexity endoscopy), available in operating hours?		
	<i>Surgery - Day cases</i> B3.2 Does your facility have registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, relevant to the services being provided, available within operating hours?		
	<i>Surgery - Overnight cases</i> B3.3 Does your facility have registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, relevant to the service being provided, available 24/7?		
	<i>For private services</i> B3.4 Does your facility have registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, relevant to the service being provided, available 24/7?		
B4. Emergency surgery staff (Excludes elective only services)	B4.1 Does your facility have a registered medical specialist (RACS) or equivalent, credentialed at the health service for emergency general surgical care, available 24/7?		
	B4.2 Does your facility have registered medical specialists (RACS – Orthopaedic surgery) or equivalent, credentialed at the health service for emergency orthopaedic care, available 24/7?		
	B4.3 Does your facility have a registered medical practitioner, with demonstrated competency in peri-operative medical management, available 24/7?		
B5. Perioperative staff	B5.1 Is the facility's perioperative clinical team structured to provide perioperative care 24/7 and includes a registered medical specialist, (ANZCA or JCCA-accredited training) or equivalent,		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	<p>credentialed for anaesthetic care, available 24/7?</p> <p>B5.2 Is the facility's perioperative clinical team structured to provide perioperative care 24/7 and includes a registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, available within operating hours to provide anaesthetic care for ASA 3 patients where required?</p>		
B6. Anaesthetics	<p><i>Medical</i></p> <p>B6.1 If providing general anaesthesia, deep sedation and/or a regional block is a registered medical practitioner, who has successfully completed JCCA-accredited training or equivalent, credentialed at the health service for anaesthetic care available to provide anaesthetic care?</p>		
	<p><i>Paediatrics - planned</i></p> <p>B6.2 If providing planned paediatric procedures requiring general anaesthesia is a registered medical specialist, who has successfully completed JCCA-accredited training or equivalent, OR registered medical specialist (ANZCA) or equivalent credentialed at the health service for paediatric anaesthetic care, available to provide paediatric anaesthetic care?</p>		
	<p><i>Paediatrics - Emergency</i></p> <p>B6.3 Does the facility have a registered medical specialist available to provide paediatric anaesthetic care 24/7, who has successfully completed JCCA-accredited training or equivalent, OR registered medical specialist (ANZCA) or equivalent credentialed at the health service for paediatric anaesthetic care?</p>		
B7. Nursing	<p>B7.1 Does your facility have nursing staffing in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i>, or in the case of the private sector, the relevant enterprise agreement and statutory requirement?</p>		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
B8. Allied health	B8.1 Does your facility have physiotherapists available during business hours for admitted patients?		

Part C: Clinical support services capability criteria statements

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
C1. Pathology	C1.1 Does your facility have point of care and on-site blood and specimen collection with processing for biochemistry, haematology and microbiology available during operating hours and overnight if admitted care?		
	C1.2 Does your facility have anatomical pathology service with off-site processing?		
C2. Medical imaging	<i>Excludes elective only</i> C2.1 Does your facility have an on-site ultrasound and x-ray service available 24/7?		
	<i>Elective only</i> C2.2 Does your facility have an on-site ultrasound and x-ray service available during operating hours?		
	C2.3 Does your facility have access to CT services. These may also be available off-site and provided under arrangement with another facility?		
C3. Medication Management	C3.1 Does your facility have ready access to medicines required for local and or regional blocks?		
	C3.2 Does your facility have medications for procedures available in accordance with the National Safety and Quality Health Service Standards criteria 4.1, 4.4, 4.7 and 4.8?		
	C3.3 Does your facility have ready access to medicines for post procedure care such as analgesia and antiemetics for pain and nausea relief?		
C4. Pharmacy	C4.1 Does your facility have an on-site pharmacy service that provides clinical		

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
	pharmacy, medicines information, hospital-wide medication management services, medicines procurement, dispensing and distribution services available during business hours with on-call access 24/7?		
C5. Blood management and blood products	C5.1 Does your facility provide blood and blood products in accordance with Victoria's agreement to the national blood and blood products charter for hospitals?		
	C5.2 Does your facility provide blood and blood products in accordance with Victoria's agreement to the national blood and blood products charter for pathology labs?		
	C5.3 Does your facility provide blood and blood products in accordance with Victoria's agreement to Standard 7 of the NSQHS Standards: Blood and blood products?		
C6. Pre-admission services	C6.1 Does your facility have a comprehensive pre-admission review process for all patients based on a risk-based approach and utilising standardised tools such as patient health questionnaires?		
	C6.2 Does your facility triage patients to determine if further assessment is required before admission?		
	C6.3 Does your facility identify higher risk groups and has specialist medical and/or anaesthetic reviews?		
	C6.4 Does your facility have book in processes on day of admission? This includes: - flags for deterioration - or change in condition since referral that may change risk profile and suitability for care at that service?		
C7. Acute care	C7.1 Does your facility have agreed protocols to admit patients requiring extended stay to an acute facility (including inter-hospital transfer or retrieval)?		
C8. Language services	C8.1 Does your facility have access to accredited interpreters and translators and other language services in		

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
	accordance with Victoria's <i>Language services policy</i> ?		
C9. Allied health	C9.1 Does your facility have guidelines for referral to physiotherapy?		
	C9.2 Does your facility have guidelines for referral to social work?		
	C9.3 Does your facility have guidelines for referral to dietetics?		
	C9.4 Does your facility have guidelines for referral to occupational therapy?		
	C9.5 Does your facility have guidelines for referral to speech therapy?		
C10. GP liaison services	<i>Publics only</i> C10.1 Does your facility have a dedicated GP liaison role for surgery?		
	C11. Aboriginal hospital liaison officer services	C11.1 Does your facility have Aboriginal hospital liaison officer services (male and female) accessible during business hours? (This may be in partnership within the region.)	
C12. Non-admitted services	C12.1 Does your facility have documented patient pathways that optimise post-discharge review in the community and specialist clinics review for public patients where a specialist review is required?		
	C12.2 Does your facility have referral pathways to health independence programs including rehabilitation services, continence management services, post-acute care or community nursing?		
C13. Discharge planning	C13.1 Does your facility have processes to identify patients likely to need support at home, care coordination and/or at risk of unplanned re-presentation and have formal referral pathways to high use services?		

Part D: Equipment and infrastructure capability criteria statements

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
D1. Resuscitation equipment	D1.1 Does your facility have access to resuscitation equipment and medicines on site with appropriately trained staff on site to use that equipment or medicines?		
D2. Waiting space	D2.1 Does the waiting space meet the requirements laid out in the <i>Australasian Health Facility Guidelines – 0155 Ambulatory Care Unit</i> , and <i>Part D: Infection Prevention and Control</i> ?		
	D2.2 Does your facility have culturally safe places for the patient and family to meet?		
D3. Procedure rooms	D3.1 Are procedures undertaken in patient areas that meet the requirements described in the <i>Australasian Facility Guidelines – 0155 Ambulatory Care Unit</i> , and <i>Part D: Infection Prevention and Control</i> ?		
D4. Surgical/procedural equipment	D4.1 Does your facility have processes to ensure equipment for the procedure and post procedure care is available on-site prior to commencement of procedure/surgery?		
	D4.2 If your facility undertakes endoscopies is there is an endoscope cleaning/decontamination unit on-site?		
	D4.3 Does your facility use an appropriate cleaning and sterilisation service for reusable medical and surgical instruments and equipment, or have a policy pertaining to use of pre-packaged and sterile items, or documented process with external supplier?		
D5. Environmental services	D5.1 Does your facility provide a sufficient and dedicated sterilisation services unit on-site, fit for purpose to ensure adequate and timely distribution of equipment and supplies and reprocessing of reusable medical devices, scopes and other equipment?		
	D5.2 Does your facility have a store of disposable single use instruments		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	available on-site from an accredited supplier?		
D6. Telehealth	D6.1 Does your facility have equipment and information and communications technology (ICT) infrastructure to enable service delivery via telehealth?		
D7. Paediatric space (where provided)	D7.1 Does your facility care for children and adolescents in a safe and appropriate physical environment designed, furnished and decorated to meet their needs and developmental age?		
D8. Operating suite and recovery	D8.1 Does your facility provide operating suites in line with <i>Australasian Health facility Guidelines 0270 Day Surgery Procedure Unit and 0511 Ambulatory?</i>		
	<i>For private hospitals and day procedure centres</i> D8.2 Does your facility have operating rooms as specified in Private Hospital & Day Procedure licence?		
	D8.3 Does your facility have discharge areas for recovery stage 3 utilised to maximise unit flow?		
D9. Endoscopy services	D9.1 If your facility undertakes endoscopies do the facilities and equipment align with the <i>Standards for Endoscopic facilities and Services (2011)?</i>		
D10. Clinical summary	D10.1 Does your facility have the capability to produce a written summary of the procedure and post-procedure care to patients and general practitioners before discharge in accordance with the transfer of care from acute inpatient services?		
D11. Admitted care	D11.1 Does your facility have inpatient facilities informed by AHFG 0340 - Inpatient Accommodation Unit for overnight stay patients?		
	D11.2 Does your facility have processes to ensure surgical patients are managed as a cohort in a specific ward/wards?		
D12. Clinics	D12.1 Does your facility have consult room(s) in line with AHFG standard component Consult room for pre and		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	post-operative reviews and Ambulatory care Unit AHFG 0155?		

Part E: Clinical governance capability criteria statements

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
E1. Service guidelines	E1.1 Does your facility have guidelines that define the scope of procedural care available at the health service site and detail requirements for access, admission and discharge?		
	E1.2 Are service partners and the community provided information about the level of surgery and procedural care provided at the facility and how services can be accessed. Is this information provided in a format that meets the cultural and communication needs of consumers?		
	E1.3 Does your facility have guidelines that detail requirements for access, admission and discharge?		
	E1.4 Does your facility have documented policies and processes that improve the safety and quality of care for Aboriginal and Torres Strait Islander people?		
	E1.5 Does your facility or hospital have a nominated executive officer to review and approve all current and new procedures to ensure they are within scope?		
	<i>Public services only</i> E1.6 Does your facility or hospital have a nominated executive officer to review and approve all current and new procedures to ensure aligned with Elective Surgery Access Policy anaesthetic procedures list and clinical thresholds?		
	E1.7 Does your facility or hospital have policies and procedures to identify patient risk factors and conditions that are likely to exclude a patient from treatment in that facility?		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
E2. Partnership care	E2.1 Does your facility have agreed protocols between each proceduralist and the facility on assessing clinical risk as well as the procedure types to be undertaken?		
	E2.2 Does your facility have agreed protocols for post-procedure care in the community and information for patients about care at home and escalation?		
	<i>For public hospitals</i> E2.3 Does your facility have a documented agreement to support sub-regional waiting list management where relevant (streaming/shared lists or pooled lists)?		
E3. Consultation, referral and transfer	E3.1 Does your facility have guidelines for consultation, referral and transfer that are established in accordance with agreed regional referral, escalation and transfer pathways to ensure that risks and care needs of patients are identified and managed early?		
	E3.2 Does your facility have guidelines for consultation, referral and transfer that are established in accordance with agreed regional referral, escalation and transfer pathways to ensure that patients who require higher surgical complexity care have access to appropriate services?		
	E3.3 Does your facility have guidelines for consultation, referral and transfer that are established in accordance with agreed regional referral, escalation and transfer pathways to ensure that patients receive services as close to home as possible (including pre- and post-procedure services)?		
	E3.4 Does your facility have guidelines for consultation, referral and transfer that are established in accordance with agreed regional referral, escalation and transfer pathways to ensure that staff providing procedural care can easily access expert advice within the region?		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	E3.5 Does your facility have formal referral pathways to community providers for smoking cessation programs and other services identified as part of pre-admission assessment?		
	E3.6 Are there formal agreements with acute care facility/facilities for transfer of care in an emergency?		
E4. Competence and credentialing	E4.1 Does your facility have credentialing processes for medical staff providing procedural care.?		
	E4.2 Does your facility have a process to assess competency of staff in advanced life support (ALS)?		
	E4.3 Does your facility have credentialing processes that include assessment of volume of procedures to maintain competency and likely local demand for a procedure?		
	E4.4 Does your facility have annual peer review processes for staff providing surgery and procedural care consistent with the Australian Commission on Safety and Quality in Healthcare's <i>Review by peers: a guide for professional, clinical and administrative processes</i> ?		
E5. Telehealth	E5.1 Does your facility have policies and processes in place to support service delivery via telehealth?		