

Self-assessment tool 2019-20

Surgical and procedural capability framework Level 4

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 4 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	A1.1 Provides medium risk surgical/procedural complexity care with deep sedation and general anaesthesia for adult patients who are of high complexity (ASA 1-ASA 4).		
	A1.2 Provides low-medium risk surgical/procedural complexity care with deep sedation and general anaesthesia complexity for paediatric patients who are of low-medium complexity (ASA 1, ASA 2 and ASA 3).		
	A1.3 Provides planned care to adult patients having surgery or procedures on a day stay or multi-day basis.		
	A1.4 Provides planned care to paediatric patients having surgery or procedures on a day stay or multi-day basis.		
	A1.5 Provides planned surgery and procedures for a range of specialties and common subspecialties - colorectal, breast and endocrine, head and neck procedures.		
	A1.6 Manages planned procedures through documented waiting list processes.		
	A1.7 Provides general, orthopaedic, plastics emergency surgery 24/7.		
	A1.8 Provides obstetric emergency care in line with designated maternity capability levels.		
	A1.9 Provides gastroenterology, respiratory, cardiology and emergency procedures 24/7.		
	A1.10 Has an emergency surgery service that is consultant led and performed in business (standard) hours whenever possible.		
	A1.11 Arranges for discharge care in the community or in primary care.		

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
A2. Emergency services	A2.1 Provides advanced life support if required.		
	A2.2 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.		
	A2.3 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> A2.4 Provides emergency surgery including 24/7 for a range of common acute general, simple plastics and orthopaedic surgical emergencies.		
	<i>Excluding elective only facilities</i> A2.5 Provides emergency surgery including 24/7 for obstetrics emergency care in line with their maternity capability level.		
A3 Pre-admission services	A3.1 Provides a comprehensive preoperative assessment.		
	A3.2 Has a comprehensive risk-based re-admission process.		
	A3.3 Has a comprehensive preoperative risk assessment for patients < 2 years of age.		
	A3.4 Has a comprehensive preoperative risk assessment for patients with behaviours of concern.		
	A3.5 Has a comprehensive preoperative risk assessment for patients > 70 years of age.		
	A3.6 Provides preoperative patient education and post-operative planning for patients triaged as having increased risk.		
	A3.7 Has processes in place to optimise day of surgery admissions (DOSAs).		
	A3.8 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.		

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
	A3.9 Provides specialised preoperative specialist medical assessment and post-operative care (preadmission clinics).		
A4. Procedure /Surgery (including surgical or procedural and anaesthetic complexity)	A4.1 Provides ambulatory, day-stay and or multi-day, or GP procedures.		
	A4.2 Undertakes low risk surgical and procedural cases under local anaesthetic, where serious complications are very unlikely.		
	A4.3 Manages patients that are low, medium or high complexity.		
	A4.4 Has an operating room and/or procedure room and a separate recovery room.		
	A4.5 Planned day cases (may be extended hours) with arrangements to provide overnight care for patients whose condition required extended monitoring.		
	A4.6 Emergency surgery is scheduled in standard hours as much as possible.		
	<i>Minor procedures – Day cases</i> A4.7 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> A4.8 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> A4.9 Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2).		
	A4.10 Capable of providing anaesthesia to adult patients who are of high anaesthetic complexity (ASA 4).		
	A4.11 Services include wide range of medical and surgical subspecialties and support services.		
	A4.12 Has a dedicated on or off-site central sterilising and stock control unit.		

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
A5. Post-operative/procedural care/ recovery	A5.1 Has separate post-anaesthetic care unit for low acuity patients.		
	A5.2 Discharge areas for recovery stage 3 are utilised to maximise unit flow.		
	A5.3 Provides post-operative care to medium acuity patients.		
	A5.4 Recovery stage 2 areas are utilised to optimise unit workflow.		
	A5.5 Provides post-operative care to high acuity patients, including those needing intensive care.		
	A5.6 Patients are cared for on age-appropriate, specialist surgical care wards post-operatively.		
A6. Post - discharge care	A6.1 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.		
	A6.2 Arranges follow-up care to be provided by GP or other primary care provider.		
	A6.3 Has procedures and protocols to refer patients to post-discharge support services at neighbouring health services, community health centres or through primary care.		
	A6.4 GP liaison services work with general practice to improve discharge communication.		
	A6.5 Facilitates transition of the patient to home including provision of post-acute care and specialist rehabilitation as required.		
	A6.6 Specialist clinics provide a post-operative review and formal discharge of the patient back to referring provider.		

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		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	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 adult advanced life support on-site 24/7?		
	B1.3 Does your facility have a registered health practitioner(s) with demonstrated competency in paediatric advanced life support on-site 24/7?		
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	B3.1 Does your facility have a clinical unit structured to provide medical specialist led care in clinical streams that collectively provide ambulatory care, pre and post-surgery/procedure care and 24/7 care to admitted patients and manage complications of surgery?		
	B3.2 Does each clinical unit have a head of unit?		
	B3.3 Does each clinical unit have a registered medical specialist (RACS) or equivalent, credentialed at the health service for general surgical care, available 24/7?		
	B3.4 Does each clinical unit have a registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties?		
	B3.5 Does each clinical unit have registered medical practitioners including trainees on RACS training program or equivalent?		
	B3.6 Does each clinical unit have advanced and extended practice nurses with demonstrated competency in provision of specialist services?		
	B3.7 Does each clinical unit have specialty (nurse) coordinators for key specialties?		
	B3.8 Does each clinical unit have a registered medical specialist (RACS) or equivalent, credentialed at the health		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	service for emergency general surgical care, available 24/7?		
	B3.9 Does the number, type and composition of units at your facility reflect demand for services and local agreements about workload management?		
B4. Emergency surgery staff <i>Note: Excludes elective only facilities</i>	B4.1 Does your facility have a registered medical specialist (RACS) or equivalent credentialed at health service for emergency general surgical care, available 24/7?		
	B4.2 Where emergency orthopaedic care is within service scope 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 Where emergency sub-specialty surgical care is within scope, does your facility have medical specialists (RACS) credentialed at the health service for sub-specialty surgical care, available 24/7?		
	B4.4 Does your facility have a registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, available 24/7?		
	B4.5 Does your facility have a registered medical practitioner, with demonstrated competency in peri-operative medical management, on-site 24/7?		
B5. Anaesthetics	B5.1 Does your facility have an anaesthetic team that is structured to provide anaesthetic services across ambulatory, diagnostic and operating suite and acute pain services?		
	B5.2 Does the team include registered medical specialists (ANZCA) or equivalent?		
	B5.3 Does the team include registered medical practitioners with appropriate experience in anaesthetics (may be accredited registrar on the ANZCA training program)?		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	B5.4 Does the team include advanced and extended practice nurses with demonstrated competency in provision of specialist services?		
	B5.5 Does the team include anaesthetic technicians?		
	<i>For paediatrics</i> B5.6 Does the facility have a registered medical specialist (ANZCA) or equivalent, credentialed at the health service for paediatric anaesthetic care, available 24/7? (Where paediatric services are provided)?		
B6. Perioperative staff	B6.1 Does the facility have a perioperative clinical team structured to provide perioperative care 24/7 and includes a registered medical specialist, (ANZCA or JCCA-accredited training) or equivalent, credentialed for anaesthetic care, available 24/7?		
	B6.2 Does the facility have a 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?		
B7. Nursing	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?		
	B7.2 Does your facility have advanced and extended practice nurses with demonstrated competency in provision of specialist services?		
B8. Allied health	B8.1 Does your facility have physiotherapists available during business hours for adult admitted patients?		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	B8.2 Does your facility have physiotherapists available during business hours for paediatric 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 available seven days a week for biochemistry, haematology and microbiology?		
	C1.2 Does your facility have anatomical pathology service with off-site processing?		
C2. Medical imaging	C2.1 Does your facility have on-site ultrasound and x-ray services available 24/7?		
	C2.2 Does your facility have access to CT services? These may also be available off-site and provided under arrangement with another facility?		
	C2.3 Does your facility have a range of on-site imaging services available during extended hours?		
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 are 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 pharmacy, medicines information, hospital-wide medication management services, medicines procurement, dispensing and distribution services available during business hours and accessible 24/7?		

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
	C4.2 Does your facility have ready and secure access to medications including anaesthetics in operating suite?		
C5. Pain management	C5.1 Does your facility have an acute pain management service available during extended hours?		
C6 Blood management and blood products	C6.1 Does your facility provide blood and blood products in accordance with Victoria's agreement to the National blood and blood products charter for hospitals?		
	C6.2 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?		
	C6.3 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?		
C7. Pre-admission services	C7.1 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?		
	C7.2 Does your facility triage patients to determine if further assessment is required before admission?		
	C7.3 Does your facility identify higher risk groups and has specialist medical and/or anaesthetic reviews?		
	C7.4 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?		
C8. Medical specialties	C8.1 Does your facility have registered medical specialists or equivalent, credentialed at the health service, available 24/7 for general medicine?		
	C8.2 Does your facility have registered medical specialists or equivalent, credentialed at the health service, available 24/7 for infectious diseases?		

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
	C8.3 Does your facility have registered medical specialists or equivalent, credentialed at the health service, available 24/7 for general paediatrics (where required for paediatric medical care)?		
	C8.4 Does your facility have registered medical specialists or equivalent, credentialed at the health service, available 24/7 for intensive care medicine (ACEM / ANZCA / CICM / RACP)?		
C9. Language services	C9.1 Does your facility have access to accredited interpreters and translators and other language services in accordance with Victoria's <i>Language services policy</i> ?		
C10. Allied health	C10.1 Does your facility have guidelines for referral to physiotherapy?		
	C10.2 Does your facility have guidelines for referral to social work?		
	C10.3 Does your facility have guidelines for referral to dietetics?		
	C10.4 Does your facility have guidelines for referral to psychology?		
	C10.5 Does your facility have guidelines for referral to occupational therapy?		
	C10.6 Does your facility have guidelines for referral to speech therapy?		
	C10.7 Does your facility have guidelines for referral to podiatry?		
C11. GP liaison services	<i>Publics only</i> C11.1 Does your facility have a dedicated GP liaison role for surgery?		
C12. Aboriginal hospital liaison officer services	C12.1 Does your facility have Aboriginal hospital liaison officer services (male and female) available business hours?		
C13. Non-admitted services	C13.1 Does your facility structure pre-operative clinics to ensure patients are ready for surgery including pre-admission clinics, multidisciplinary surgical assessment clinics and pathways?		
	C13.2 Does your facility have documented patient pathways that optimise post-discharge review in the community and		

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
	specialist clinics review for public patients where a specialist review is required?		
	C13.3 Does your facility have referral pathways to health independence programs including rehabilitation services, continence management services, post-acute care or community nursing?		
C14. Discharge planning	C14.1 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?		
	C14.2 Does your facility have an inter-disciplinary approach and processes to discharge planning for specific cohorts of patients (for example complex care) and discharge coordinators (or similar) to work with specific cohorts?		
	C14.3 Does your facility have established referral processes for a range of subacute, home care and community services in line with the service's casemix?		

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, and 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</i>		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	<i>Unit. and 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 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?		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
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 provide 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 the 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. Critical care	D12.1 Does your facility have on-site access to an Intensive Care Unit, informed by AHFG 0360 Intensive Care – General?		
D13. Clinics	D13.1 Does your facility have consult room(s) in line with AHFG standard component Consult room for pre and post-operative reviews and Ambulatory care Unit AHFG 0155?		
D14. Operating rooms	D14.1 Does your facility have a dedicated emergency theatre?		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
D15. Imaging rooms	D15.1 Does your facility have dedicated imaging in the operating suites?		

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 they are 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?		
	E3.5 Does your facility have formal referral pathways to community providers for smoking cessation programs and other		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	services identified as part of pre-admission assessment?		
	E3.6 If your facility is a designated regional service do you provide a consultation services for key specialties for health services in the region and have agreed escalation and referral processes to accept patients 24/7?		
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?		