

Self-assessment tool 2019-20

Surgical and procedural capability framework

Level 6

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 6 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. | A level 6A service: <i>(To be completed by 6A services only)</i> | | |
| | A1.1 Provides high risk surgical/procedural complexity care with high anaesthetic complexity for patients who are of high complexity (ASA 3, ASA 4 and ASA 5), for both emergency and planned care. | | |
| | A1.2 Provides planned care to adult patients having surgery or procedures on a day stay, overnight or multi-day basis. | | |
| | A1.3 Provides planned surgery and procedures for a comprehensive range of specialties and subspecialties. | | |
| | A1.4 Manages planned procedures through documented waiting list processes. | | |
| | A1.5 Provides specialty emergency surgery procedures, and cardiology procedures in line with designated cardiac capability level 24/7 | | |
| | A1.6 Provides obstetric emergency care in line with their maternity capability level and renal care in line with their renal capability level. | | |
| | A1.7 Has an emergency surgery service that is consultant led and performed in business (standard) hours whenever possible | | |
| | A1.8 Arranges for discharge care in the community or in primary care. | | |
| | A level 6B service: <i>(To be completed by 6B services only)</i> | | |
| | A1.9 Is a specialist surgery and planned procedure service that provides care to patients 24/7 across the continuum of care for a specialty or patient population. | | |
| | A1.10 Provides planned care to patients having surgery or procedures on a day stay, overnight or multi-day basis in line with their clinical scope of services. | | |

| Service | Description | Compliance | If 'No' is selected, please describe current arrangements: |
|--|---|------------|--|
| | A1.11 Provides the full range of surgical and anaesthetic complexity to all levels of patient risk types for adult emergency and planned care, within the clinical scope of the specialty. | | |
| | A1.12 Provides the full range of surgical and anaesthetic complexity to all levels of patient risk types for paediatric emergency and planned care, within the clinical scope of the specialty. | | |
| | A1.13 Provides planned surgery and procedures for a comprehensive range of subspecialties within the clinical scope of the specialty. | | |
| | A1.14 Manages planned procedures through documented waiting list processes. | | |
| | A1.15 Provides specialty emergency surgery procedures and cardiology procedures. | | |
| | A1.16 Provides obstetric emergency care. | | |
| | A1.17 Has an emergency surgery service that is consultant led and performed in business (standard) hours, whenever possible. | | |
| | A1.18 Arranges for discharge care in the community/primary care. | | |
| | A1.19 Designated statewide children's hospitals provide high risk surgical care to paediatric populations with the highest risk profiles for complications and who require specialist preoperative, post-operative and post discharge care. | | |
| This section onwards to be completed by all services | | | |
| 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. | | |

| Service | Description | Compliance | If 'No' is selected, please describe current arrangements: |
|--------------------------------------|---|------------|--|
| | A2.4 Provides emergency surgery including 24/7 for a range of common acute general, simple plastics, orthopaedic surgical emergencies and obstetrics emergency care. (<i>Excluding elective only facilities</i>) | | |
| | A2.5 Provides a 24/7 emergency surgical capacity. | | |
| | A2.6 Able to manage immediate life-saving emergency surgery procedures including (but not limited to) emergency craniotomy, surgery for penetrating neck trauma, tracheostomy thoracotomy, thoracostomy, emergency laparotomy, escharotomy and life and limb saving extremity procedures. | | |
| | A2.7 Provides a 24/7 emergency interventional radiology service. | | |
| | A2.8 Provides a full suite of surgical and procedural emergency care. | | |
| 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). | | |
| | A3.10 Provides specialised preoperative specialist medical assessment and post-operative care inclusive of post-operative critical care support. | | |
| | A3.11 Provides preoperative monitoring of high-risk patients awaiting specialist intervention e.g. transplant. | | |
| 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 Manages patients that are low, medium or high complexity. | | |
| | A4.3 Has an operating room and/or procedure room and a separate recovery room | | |
| | A4.4 Planned day cases (may be extended hours) with arrangements to provide overnight care for patients whose condition required extended monitoring. | | |
| | A4.5 Emergency surgery is scheduled in standard hours as much as possible. | | |
| | A4.6 <i>Minor procedures – Day cases</i> 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). | | |
| | A4.7 <i>Surgery – Day Cases</i> Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2). | | |
| | A4.8 <i>Surgery – Overnight or multi day cases (if provided)</i> Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2). | | |
| | A4.9 Capable of providing anaesthesia to adult patients who are of high anaesthetic complexity (ASA 4). | | |
| | A4.10 Services include wide range of medical and surgical subspecialties and support services. | | |
| | A4.11 Provides the most complex and specialised procedural services | | |

| Service | Description | Compliance | If 'No' is selected, please describe current arrangements: |
|---|--|------------|--|
| | A4.12 Capable of managing the most complex anaesthetic and perioperative complications | | |
| | A4.13 Has a dedicated on or off-site central sterilising and stock control unit. | | |
| 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 Recovery stage 2 areas are utilised to optimise unit workflow. | | |
| | A5.4 Provides post-operative care to high acuity patients, including those needing intensive care. | | |
| | A5.5 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. | | |
| | A6.7 Provides comprehensive acute substitution services such as hospital in the home or medi hotels. | | |
| | A6.8 Provides sub-acute services, including admitted services both for rehabilitation and Geriatric Evaluation and | | |

| Service | Description | Compliance | If 'No' is selected, please describe current arrangements: |
|---------|---|------------|--|
| | Management (GEM), and a comprehensive range of ambulatory services. | | |
| | A6.9 Services have extensive post-discharge support services available e.g. may have own inpatient and/or in-home and/or community-based rehabilitation services. | | |

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 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 registered medical specialist (RACS) or equivalent, credentialed at the health service for surgical care, employed as Director of surgical services responsible for clinical governance? | | |
| | B3.2 Does your facility have a clinical unit structured to provide consultant 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? | | |

| Service | Capability criteria | Compliance | If 'Not met' is selected, please describe current arrangements: |
|--|---|------------|---|
| | B3.3 Does each clinical unit have a head of unit? | | |
| | B3.4 Does your facility have a registered medical specialist (RACS) or equivalent, credentialed at the health service for general surgical care, available 24/7. | | |
| | B3.5 Does your facility have medical practitioners including trainees on RACS training program or equivalent? | | |
| | B3.6 Do your clinical units have advanced and extended practice nurses with demonstrated competency in provision of specialist services? | | |
| | B3.7 Do your clinical units have nurse practitioners? | | |
| | B3.8 Do you clinical units have specialty (nurse) coordinators for key specialties? | | |
| | B3.9 Does your facility have registered medical specialist (RACS) or equivalent, credentialed at the health service for emergency general surgical care, available 24/7? | | |
| | B3.10 Does your facility have registered medical practitioners experienced in peri-operative medical management on-site 24/7 | | |
| | B3.11 Does the number, type and composition of surgical units at each service 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 the 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, medical specialists (RACS) | | |

| Service | Capability criteria | Compliance | If 'Not met' is selected, please describe current arrangements: |
|-------------------------|---|------------|---|
| | 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? | | |
| | B4.6 Does your facility have a registered medical practitioner, credentialed at the health service for general surgical care (including initiation of management for surgical emergency) available 24/7. May be an accredited registrar on the RACS training program. | | |
| B5. Anaesthetics | B5.1 Does the facility have a Head of Perioperative Services: registered medical specialist (ANZCA/RACS) or equivalent? | | |
| | B5.2 Does your facility have an anaesthetic team that is structured to provide anaesthetic services across ambulatory, diagnostic and operating suite, acute pain services? | | |
| | B5.3 Does the team have a head of unit? | | |
| | B5.4 Does the team include registered medical specialists (ANZCA) or equivalent? | | |
| | B5.5 Does the team include registered medical practitioners with appropriate experience in anaesthetics (may be accredited registrar on the ANZCA training program)? | | |
| | B5.6 Does the team include advanced and extended practice nurses with demonstrated competency in provision of specialist services? | | |
| | B5.7 Does the team include anaesthetic technicians? | | |
| | B5.8 Does your facility have a registered medical practitioner credentialed at the health service to initiate anaesthetic management for surgical emergencies (beyond ANZCA Supervision Level 1), available 24/7? They may be an | | |

| Service | Capability criteria | Compliance | If 'Not met' is selected, please describe current arrangements: |
|--------------------------------|---|------------|---|
| | <p>accredited registrar on the ANZCA training program?</p> <p><i>For paediatrics</i> B5.9 Does your 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)?</p> | | |
| B6. Perioperative staff | B6.1 Does your 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 your 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 ASA3 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 occupational therapists available during extended hours for adult admitted patients? | | |
| | B8.2 Does your facility have occupational therapists available during extended hours for paediatric admitted patients? | | |
| | B8.3 Does your facility have dieticians available during extended hours for paediatric admitted patients? | | |

| Service | Capability criteria | Compliance | If 'Not met' is selected, please describe current arrangements: |
|---------|--|------------|---|
| | B8.4 Does your facility have dieticians available during extended hours for paediatric admitted patients? | | |
| | B8.5 Does your facility have speech therapists (where relevant surgical sub-specialities are within scope) available 24/7 for adult admitted patients? | | |
| | B8.6 Does your facility have speech therapists (where relevant surgical sub-specialities are within scope) available 24/7 for paediatric admitted patients? | | |
| | B8.7 Does your facility have speech therapists (where relevant surgical sub-specialities are within scope) accessible 24/7 for adult admitted patients? | | |
| | B8.8 Does your facility have speech therapists (where relevant surgical sub-specialities are within scope) accessible 24/7 for paediatric admitted patients? | | |
| | B8.9 Does your facility have physiotherapists available 24/7 for adult admitted patients? | | |
| | B8.10 Does your facility have physiotherapists available 24/7 for paediatric admitted patients? | | |
| | B8.11 Does your facility have social workers available 24/7 for adult admitted patients? | | |
| | B8.12 Does your facility have social workers available 24/7 for paediatric 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 available seven days a week for biochemistry, haematology and microbiology? | | |
| | C1.2 Does your facility have anatomical pathology service with off-site processing? | | |

| Service | Description | Compliance | If 'Not met' is selected, please describe current arrangements: |
|--|--|------------|---|
| 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 a full range of on-site imaging services available 24/7? | | |
| | C2.3 Does your facility have access to CT services? | | |
| 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 pharmacy, medicines information, clinical trial support, hospital-wide medication management services, medicines procurement, sterile compounding, dispensing and distribution services available seven days a week during business hours and accessible 24/7. | | |
| | 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? | | |
| | C5.2 Does your facility have on-site, multi-disciplinary, comprehensive acute management services available during business 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 | | |

| Service | Description | Compliance | If 'Not met' is selected, please describe current arrangements: |
|-----------------------------------|---|------------|---|
| | 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. Acute care | C8.1 Does your facility have agreed protocols to admit patients requiring extended stay to an acute facility (including inter-hospital transfer or retrieval)? | | |
| C9. Admitted care | C9.1 Does your facility have access to specialist admitted care services that reflect caseload (e.g. cardiothoracic, vascular surgery, orthopaedic services)? | | |
| C10 Medical - specialities | C10.1 Provides the full range of adult specialty and subspecialty services and support services available 24/7 across the continuum of care? | | |
| | C10.2 Provides the full range of paediatric specialty and subspecialty services and support services available 24/7 across the continuum of care? | | |
| C11. Language services | C11.1 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> ? | | |
| C12 Allied health | C12.1 Does your facility have guidelines for referral to physiotherapy? | | |
| | C12.2 Does your facility have guidelines for referral to social work? | | |
| | C12.3 Does your facility have guidelines for referral to dietetics | | |
| | C12.4 Does your facility have guidelines for referral to occupational therapy? | | |
| | C12.5 Does your facility have guidelines for referral to speech therapy? | | |
| | C12.6 Does your facility have guidelines for referral to podiatry? | | |
| | C12.7 Does your facility have guidelines for referral to a range of allied health services to support surgical casemix for pre and post-surgical care. | | |
| C13 GP liaison services | <i>Publics only</i> C13.1 Does your facility have a dedicated GP liaison role for surgery?. | | |
| C14 Aboriginal hospital liaison officer services | C14.1 Does your facility have Aboriginal hospital liaison officer services (male and female) available business hours and accessible 24/7? | | |
| C15 Non-admitted services | C15.1 Does your facility structure pre-operative clinics to ensure patients are ready for surgery including pre-admission clinics, multidisciplinary surgical assessment clinics and pathways? | | |
| | C15.2 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? | | |
| | C15.3 Does your facility have referral pathways to health independence programs including rehabilitation services, continence management services, post-acute care or community nursing? | | |
| C16 Discharge planning | C16.1 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 | | |

| Service | Description | Compliance | If 'Not met' is selected, please describe current arrangements: |
|--------------------------------|---|------------|---|
| | formal referral pathways to high use services? | | |
| | C16.2 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? | | |
| | C16.3 Does your facility have established referral processes for a range of subacute, home care and community services in line with the service's casemix? | | |
| C17 Transplant services | C17.1 Does your facility have access to a transplant coordinator available 24/7? | | |
| | C17.2 Does your facility have access to a transplant procurement team available 24/7. | | |

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 Do your facility waiting space/s met 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 Unit, and Part D: Infection Prevention and Control?</i> | | |

| Area | Capability criteria | Compliance | If 'Not met' is selected, please describe current arrangements: |
|--|--|------------|---|
| 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? | | |
| 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> | | |

| Area | Capability criteria | Compliance | If 'Not met' is selected, please describe current arrangements: |
|-------------------------------|--|------------|---|
| | 8.2 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. Critical care | D12.1 Does your facility have on-site access to Intensive care unit, informed by AHFG 0360 Intensive Care – General? | | |
| D13. Clinics | D13.1 Does your facility have facility 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? | | |
| | D14.2 Does your facility have a hybrid operating theatre? | | |
| D15. Imaging rooms | D15.1 Does your facility have dedicated imaging in operating suite? | | |

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 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 The facility or hospital have a nominated executive officer to review and approve all current and new procedures to ensure they are within scope? | | |
| | 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 (public services only)? | | |
| | 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? | | |