

Self-assessment tool 2019-20

Surgical and procedural capability framework

Level 2

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 2 surgical 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 low risk surgical/procedural complexity care with low risk anaesthetic complexity (local and or regional block with or without sedation) for adults and paediatric patients (ASA 1, ASA 2 and ASA 3).		
	A1.2 Provides specialist pre-, intra- and post-operative/procedural care on a day-stay basis.		
	A1.3 Focuses on providing a small number of procedures (such as scopes) or a wider range of services where there is sufficient volume to support a regular list and staff competency.		
	A1.4 Provides services from a designated space that is a free-standing centre, a clinic, a unit within a hospital or part of an integrated operating (theatre) suite.		
	A1.5 Has arrangements to transfer patients needing unplanned extended recovery period to an admitted (overnight) service.		
	A1.6 Arranges for follow-up/post discharge care to occur in the community.		
A2. Emergency services	A2.1 Has established protocols for referral to nearest emergency department or urgent care centre for emergency assessment.		
	A2.2 Provides advanced life support if required.		
	A2.3 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.		

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
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.		
A4. Procedure /Surgery (including surgical or procedural and anaesthetic complexity)	A4.1 Provides ambulatory, day-stay 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 where serious complications are possible but not likely.		
	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 <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 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.		
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 Provides (or facilitates provision of) post-discharge support 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 during service operating hours to respond immediately to medical and procedural emergencies across the facility in line with health service clinical protocols?		
	B1.2 Does your facility have a registered health practitioner with demonstrated competency in advanced life support available during service operating hours to stabilise a patient prior to transfer out or retrieval?		
	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)?		
B2. Pre-admission staff	B2.1 Does your facility have designated nursing or medical staff to screen and triage patients pre-admission?		
B3. Proceduralist	B3.1 Are your facility's procedures/surgery performed by a registered medical practitioner or other qualified registered health practitioner, credentialed at the health service for the procedure or surgery?		

Service	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	B3.2 If paediatric procedures are in scope is a registered medical practitioner, credentialed at the health service in the peri-operative management of paediatric patients, available for operating hours?		
B4. Anaesthetics	<i>Medical</i> B4.1 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?		
	<i>Medical paediatrics</i> B4.2 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?		
B5. Nursing	B5.1 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?		

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 blood and specimen collection with processing available during operating hours for biochemistry, haematology and microbiology?		
	C1.2 Does your facility have an 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 access to general X-ray and ultrasound services during business hours?		
C3. Medication management	C3.1 Does your facility have ready access to medicines required for local and or regional blocks?		
	C3.2 Medication 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. Pre-admission services	C4.1 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?		
	C4.2 Does your facility triage patients to determine if further assessment is required before admission?		
	C4.3 Does your facility identify higher risk groups and has specialist medical and/or anaesthetic reviews?		
	C4.4 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?		
C5. Acute care	C5.1 Does your facility have agreed protocols to admit patients requiring extended stay to an acute facility (including inter-hospital transfer or retrieval)?		
C6. Language services	C6.1 Does your facility have access to accredited interpreters and translators and other language services in accordance with Victoria's <i>Language services policy</i> during the procedure?		

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
C7. Aboriginal hospital liaison officer services	C7.1 Does your facility have guidelines for referral to Aboriginal hospital liaison officer services (male and female)?		
C8. Non-admitted services	C8.1 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?		
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 occupational therapy?		
	C9.4 Does your facility have guidelines for referral to speech therapy?		

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 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?		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	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 Are children and adolescents cared for 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 provide discharge areas for recovery stage 3 utilised to maximise unit flow?		

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

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 documented policies and processes that improve the safety and quality of care for Aboriginal and Torres Strait Islander people?		
	E1.4 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>For public services only</i> 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 aligned with Elective Surgery Access Policy anaesthetic procedures list and clinical thresholds?		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	E1.6 Does the 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?		
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		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	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 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 Is credentialing determined by the scope of services and only includes procedures/groups of procedures where there is sufficient volume demand to maintain the skills of the proceduralist and the care team?		
	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?		