

Self-assessment tool 2019-20

Surgical and procedural capability framework

Level 1

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 Bush 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.

Level 1 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 selected ambulatory low risk surgical/procedural care under local anaesthetic to adult and paediatric patients.		
	A1.2 Manages patients who are low, medium or high complexity.		
	A1.3 Ensures pre-procedure and discharge care is undertaken in the community or in primary care.		
	A1.4 Maintains a treatment room where procedures are undertaken.		
	A1.5 Provides care on demand and does not maintain planned procedure waiting lists.		
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.		
A3. Procedure /Surgery (including surgical or procedural and anaesthetic complexity)	A3.1 Provides ambulatory, day-stay or GP procedures.		
	A3.2 Undertakes low risk surgical and procedural cases under local anaesthetic, where serious complications are very unlikely.		
	A3.3 Manages patients that are low, medium or high complexity.		
A4. Post - discharge care	A4.1 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		
	A4.2 Arranges follow-up care to be provided by GP or other primary care 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 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. Proceduralist	B2.1 Does your facility perform procedures by a registered medical or health practitioner, credentialed at the health service for minor procedures including local anaesthetic/regional blocks?		

Part C: Clinical support services capability criteria statements

Service	Description	Compliance	If 'Not met' is selected, please describe current arrangements:
C1. Medication management	C1.1 Does your facility have ready access to medicines required for local and or regional blocks?		
	C1.2 Are 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?		
C2. Language services	C2.1 Does your facility have access to accredited interpreters and translators and other language services in accordance with Victoria's <i>Language services policy</i> ?		
C3. Aboriginal hospital liaison officer services	C3.1 Does your facility have guidelines for referral to Aboriginal hospital liaison officer services (male and female)?		

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 Is equipment for the procedure available on-site prior to commencement of procedure?		
D5. Environmental services	D5.1 Is 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?		

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 documented policies and processes that improve the safety and quality of care for Aboriginal and Torres Strait Islander people?		
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?		
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		

Area	Capability criteria	Compliance	If 'Not met' is selected, please describe current arrangements:
	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.		
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)?		
E5. Telehealth	E5.1 Does your facility have policies and processes in place to support service delivery via telehealth?		