

Renal Capability Framework

Information Webinar

23 October 2019

Sue O'Sullivan, A/Assistant Director, Health Services Policy

Michael Langley, Senior Policy Officer, Health Services Policy

Renal Capability Framework - Webinar

Overview of Capability Frameworks

- Targeting Zero: background
- Capability frameworks: what are they

Self-assessment process (Information Gathering)

- process
- Self-assessment example template
- Online resources

Questions and Answers

Next steps

Capability frameworks - background

Targeting zero, the review of hospital safety and quality assurance in Victoria (2016) found that the department had failed to provide adequate oversight of quality and safety of health services and in its role as system manager of Victoria's public health services.

Targeting Zero recommended that the department:

- Play a stronger role in “*managing risk in the system to ensure that hospitals only offer care that is within their capabilities, with high-risk care concentrated in the centres where it is safest.*”
- Expand capability frameworks (within 3 years) to cover all major areas of hospital clinical practice and be monitoring adherence to the capability frameworks across both public and private hospitals.

What is a capability framework?

Capability frameworks:

- describe the clinical services and complexity that can be safely managed by health services against 6 levels
- describe the workforce skills, infrastructure, equipment, clinical support services and clinical governance needed
- are a common language for staff, the community and other health services about a local hospital's capability, and
- support a transparent approach to planning and service development at the local, regional and system levels.

In Victoria, the use of capability frameworks is well established in relation to Maternity and Newborn services, where they have been published and in use since 2010. The most recent Maternity and Newborn Capability Framework was released in March 2019.

Capability frameworks – consultation process

February 2019

Department invited feedback on the draft service descriptors for each of the four clinical service streams (renal, surgery, emergency/trauma/UCC, cardiac). The service descriptors were updated in response to this feedback.

April 2019

Draft versions of the frameworks, including the revised service descriptors and the draft service requirements, circulated for consultation.

Stakeholders consulted included public health services, private hospitals, professional associations and unions, peak bodies, Safer Care Victoria, relevant clinical networks and a number of business units internal to the department.

The Self-assessment process (Information Gathering)

- Self-assessment tool template with provisional renal capability level for each facility sent to 11 hubs
- All rural satellite health services sent template for any shared facility
- Hubs responsible for coordinating self-assessment tool process.
- Hub executive director to authorise (sign-off) each self-assessment before submission (by 8 November)
- Return completed self-assessments via web portal

Online resources

- General webpage

<https://www2.health.vic.gov.au/hospitals-and-health-services/health-system-design-planning/implementation-capability-frameworks>

- Framework document

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/renal-services-capability-framework-implementation-version>

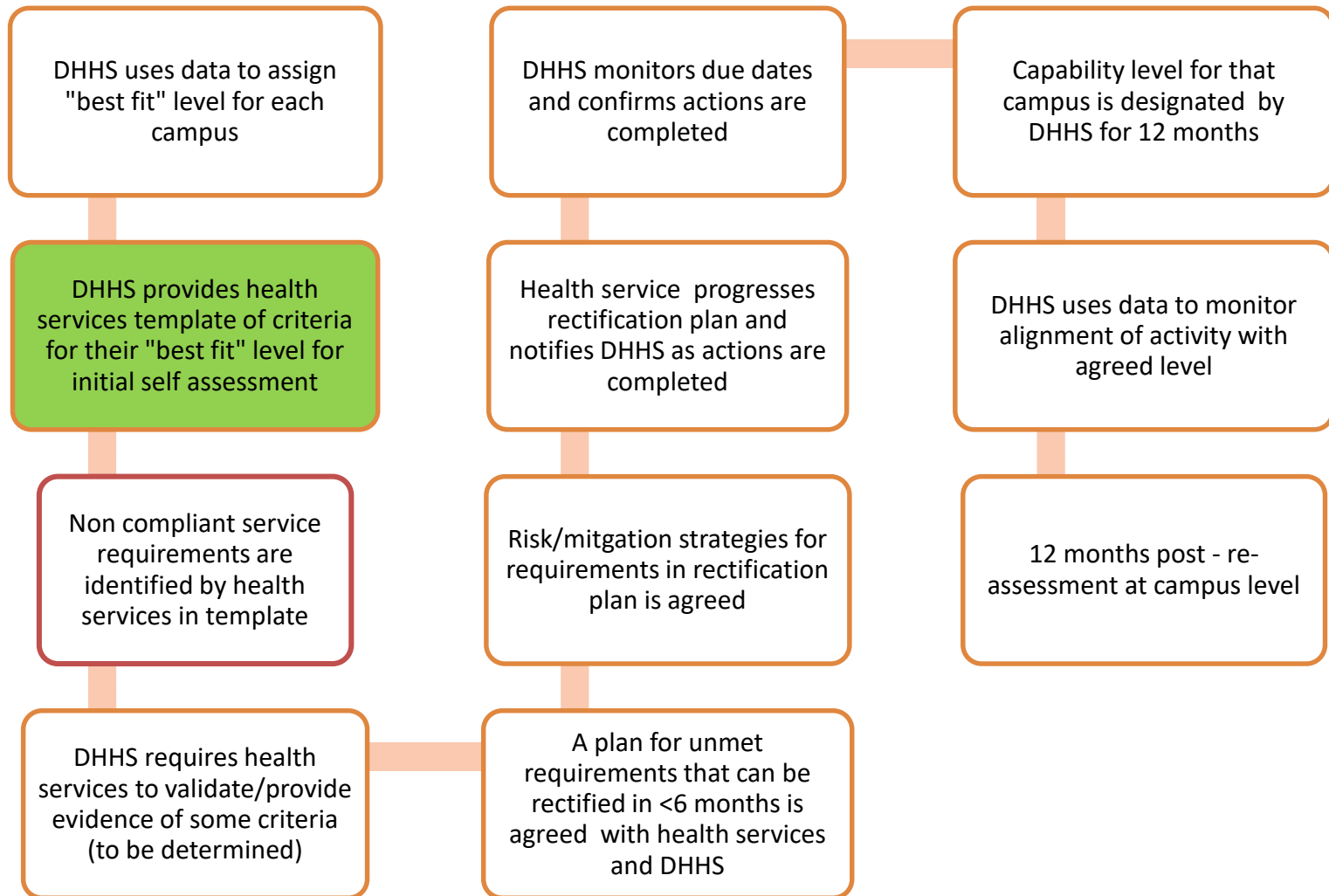
- Example level 4 self-assessment template

<https://www2.health.vic.gov.au/about/publications/formsandtemplates/renal-capability-self-assessment-tool-19-20>

- Submission Portal

<https://app.smartsheet.com/b/form/870ed1bce2ce49d381af5a17e9f6169a>

Implementation process



Example self-assessment (p1)

Link to Framework document

Provisional level allocation – VAED data for proxy procedure

Link to webpage for general information

Renal capability self-assessment tool
2019-20
Better Care Hospital - Level 4*
(*provisional capability level)

Capability Frameworks

The Department of Health and Human Services is developing clinical capability frameworks over 2019-20, which will be implemented jointly with health services. The frameworks describe clinical services and complexity, workforce skills, infrastructure, equipment, clinical services and governance. They provide a common language for staff, the community and other health services about a hospital's capability and assist the planning and service development at the local, regional and systems levels.

Frameworks are being developed for renal services, urgent and emergency and trauma care, surgical and procedural care, and cardiac care.

Implementation: first step information gathering

Information reported by health services through this self-assessment tool will provide the basis for future discussions around the allocation of a renal capability level for each facility.

The Department, using VAED data, has assigned a **provisional capability level** for each renal facility, according to the six-level [Capability Framework for Victorian renal services](#). This provisional assessment shows that:

Better Care Hospital is a Level 4 renal service

	2	3	4	5
Apheresis/plasma exchange				
Fistula creation				
Minimally supervised haemodialysis				
Native renal biopsy	588		37	1
Overnight/Multiday stay				
Parathyroidectomy			87	
Peritoneal catheter insertion		467		38
			12	

Data source: VAED 2018-19 post-consolidation.

Activity data is just one part of the assessment process. This self-assessment tool enables renal service facilities to:

- identify the capability criteria statements that are being met or are not being met
- provide commentary on any identified unmet requirements
- build an understanding on the capability level that is currently the 'best fit' for the facility based on this self-assessment
- identify gaps in capability and how these may be addressed to deliver the desired level of capability.

For more information about implementation of capability frameworks, please go to [Capability Frameworks for Clinical Services](#). This includes an explanatory reference table for VAED activity data used for provisional assessments.

VICTORIA
Government | Health and Human Services

Example self-assessment (p2)

Comment section: where additional information, data, rationale can be provided to indicate change in level for this facility.

Answer each section with EITHER yes or no, or Met or Not Met, but not both or blank – these will be interpreted as not being met.

Link to online submission portal

Executive sponsor sign-off

Please provide any comment on the **provisional** capability level assigned to the facility (e.g. arrangements across a hub or health service that may impact on the capability level of a specific facility, planned changes to services etc.).

What you need to do

Please refer to the [Capability frameworks for Victorian renal services \(2019\)](#). For each capability criteria statement indicate if the facility meets that requirement.

If the capability criteria statement is not met, please describe the current arrangement(s).

Note: the department will interpret ticking both no and yes/met and not met or leaving both boxes blank as indicating that the capability criteria statement is not being met.

If you have any queries you can send a message to capabilityframeworks@dhs.vic.gov.au or contact Michael L... Senior Policy Officer on 9096 8230.

Please upload the completed self-assessment via this [link](#) by **8 November 2019**.

Executive Sponsor Approval

Name	
Role & Health Service	
Signature	
Date	

Renal Capability self-assessment tool – Level 4 – Example Only

2

Example self-assessment (p3-4)

Self-assessment

LEVEL 4 SERVICE LEVEL DESCRIPTORS

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
Complexity of care/ service role description	Provides a comprehensive renal service for medium complexity adult patients including specialist services (clinics) for diagnosis and management of other medium complexity renal conditions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides a comprehensive renal service for medium complexity adult patients including establishing patients on peritoneal dialysis and haemodialysis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides a comprehensive renal service for medium complexity adult patients including a nurse operated dialysis service for patients having acute and planned chronic maintenance haemodialysis (haemodialysis and peritoneal).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides a comprehensive renal service for medium complexity adult patients including selecting, training and supporting patients to dialyse at home.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides a comprehensive renal service for medium complexity adult patients including an active home dialysis service for the region and its lower level services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not	
	Provides a comprehensive renal service for medium complexity adult patients including acute dialysis to inpatient services that are on site/collocated.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides admitted and non-admitted care to patients with medium complexity renal conditions. Excluding: peri-operative, operative and postoperative management of kidney transplantation).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We have gaps in service delivery for: <ul style="list-style-type: none"> nuclear medicine specialists clinical genetic testing. Aboriginal hospital liaison officers neuro-psychologist renal specialist clinics infectious diseases
	Provides vascular access on demand.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides emergency care for common complications including hyperkalaemia, haemorrhage, haemolysis, air embolism and peritoneal dialysis related peritonitis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Service	Description	Compliance	If 'No' is selected, please describe current arrangements:
	Has specialist nephrology advice and supervision available 24/7.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides specialist nephrology clinical supervision for patients in lower level services through formal arrangements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency services	Care available for all dialysis-related emergencies 24/7 including unplanned dialysis and peritoneal dialysis related peritonitis and line contamination/disconnection.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Has emergency department protocols for management of common renal complications.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Being updated
	Provides a range of renal investigations which are initiated, supervised and interpreted by a nephrologist including native renal biopsy.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	24/7 availability of either surgical and/or radiological support in the event of a major bleed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Acute and subacute care	Provides care for medium risk, medium complexity admitted care and renal inpatient beds are co-located together.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides admitted peritoneal dialysis services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides tunnelled and non-tunnelled dialysis related central venous lines, vascular access surgery and interventional radiology of limited complexity on an elective basis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides insertion and management of peritoneal dialysis catheters.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provides dialysis to rehabilitation patients with dialysis scheduling to maximise patients access to rehabilitation therapies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic kidney disease (CKD) and	Partners with primary care providers and others to promote early identification and management of renal risk factors or early disease for local community.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> No	

Questions from the sector 1

1. How was the provisional level for my facility decided?

- Proxy procedures were allocated for each level, with levels set for minimum requirements.
- Provisional allocation reflects capability in implementation framework document (developed in consultation with sector)
- Data used to build capability profile.
- Data reported by health services used for activity snapshot for each facility (Victorian Admitted Episode Dataset, 2018-19).

	2	3	4	5	
BETTER CARE HOSPITAL	Apheresis/plasma exchange			1	
	Fistula creation		37		
	Minimally supervised haemodialysis	588			
	Native renal biopsy			87	
	Overnight/Multiday stay		467		
	Parathyroidectomy				38
	Peritoneal catheter insertion			12	

Questions from the sector 2

2. I don't agree with the provisional level allocated – it doesn't match all the services we currently provide?

- Level allocated is provisional.
- Up to health service to demonstrate how it is currently at a different level than allocated.
- Provisional level is a starting point for discussion with department.

NB: Capability frameworks are tools that describe the scope of services and the complexity that can be safely managed at each level of care, and the minimum service requirements – the workforce skills, infrastructure and equipment, clinical support services and clinical governance – that are needed to consistently deliver the scope of services described.

Questions from the sector 3

3. Whose responsibility is it to fill in the self-assessment forms for the satellites?

- Hub manager is responsible for coordinating and overseeing completion of all self-assessments.
- Either hub manager or satellite can fill in forms.
- Hub executive director is responsible for signing off on completed form.

Questions from the sector 4

4. What if I answer no or not met to some of the questions – does that mean the facility drops down a scale?

- Purpose of the self-assessment tool is to identify your actual or current capability.
- There will be a later step which will include discussion regarding your facility's aspirational level.

Questions from the sector 5

5. What happens after this stage?

- All self-assessments reviewed and collated
- Discussion between department and facilities to explore clarification and develop strategies to bridge a gap and associated risk plans.
- *(See Implementation flowchart, slide 8)*

Next steps

Complete templates and submit by 8 November

Health services to provide executive director nominee

Liaise with satellite facilities

Further questions/contact: **Michael Langley**

- Senior Policy Officer
- Tel 9096 8230
- capabilityframeworks@dhhs.vic.gov.au