Capability framework for Victorian surgical and procedural services

Webinar

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VICTORIA State Government | Health and Human Services

Surgical and procedural capability framework

Overview

- Targeting Zero

- Capability frameworks

Provisional levels and proxy data

Self-assessment

- Process overview

- Self-assessment template

- Online resources

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Targeting Zero - 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 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.

What is a capability framework?

Capability frameworks:

- describe the clinical services and complexity that can be safely managed by hospital facilities against 6 levels

- describe the workforce, infrastructure, equipment, clinical support services and clinical governance needed

- provide a common language for staff, the community and other health services about a 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/urgent care centres, 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

1. Email sent to nominated executive contact/s with provisional surgical and procedural capability level for each health service facility

2. Self-assessment templates for each level available to download

3. Executive sponsor to approve each self-assessment before submission (by 31 January 2020) of template

4. Return completed self-assessments via online form (smartsheet)
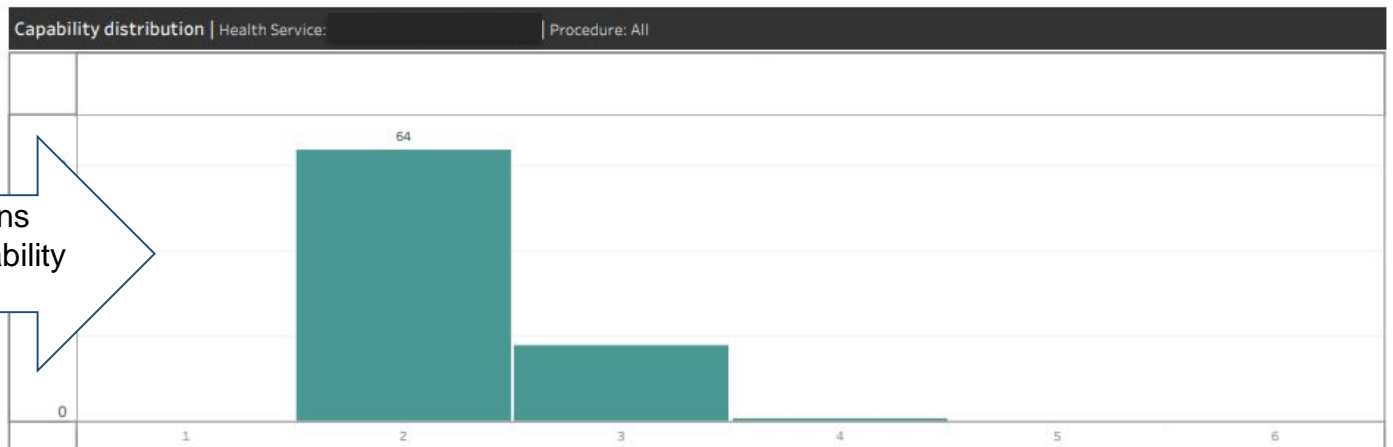
A few words on 'provisional' levels

- Level allocated is provisional.

- Provisional level is a starting point for discussion with department (where required).

- Data used to build capability profile.

- Data reported by health services used for activity snapshot for each facility (Victorian Admitted Episode Dataset, 2018-19)

Surgical proxy data attachment sent to health services

Surgical capability framework
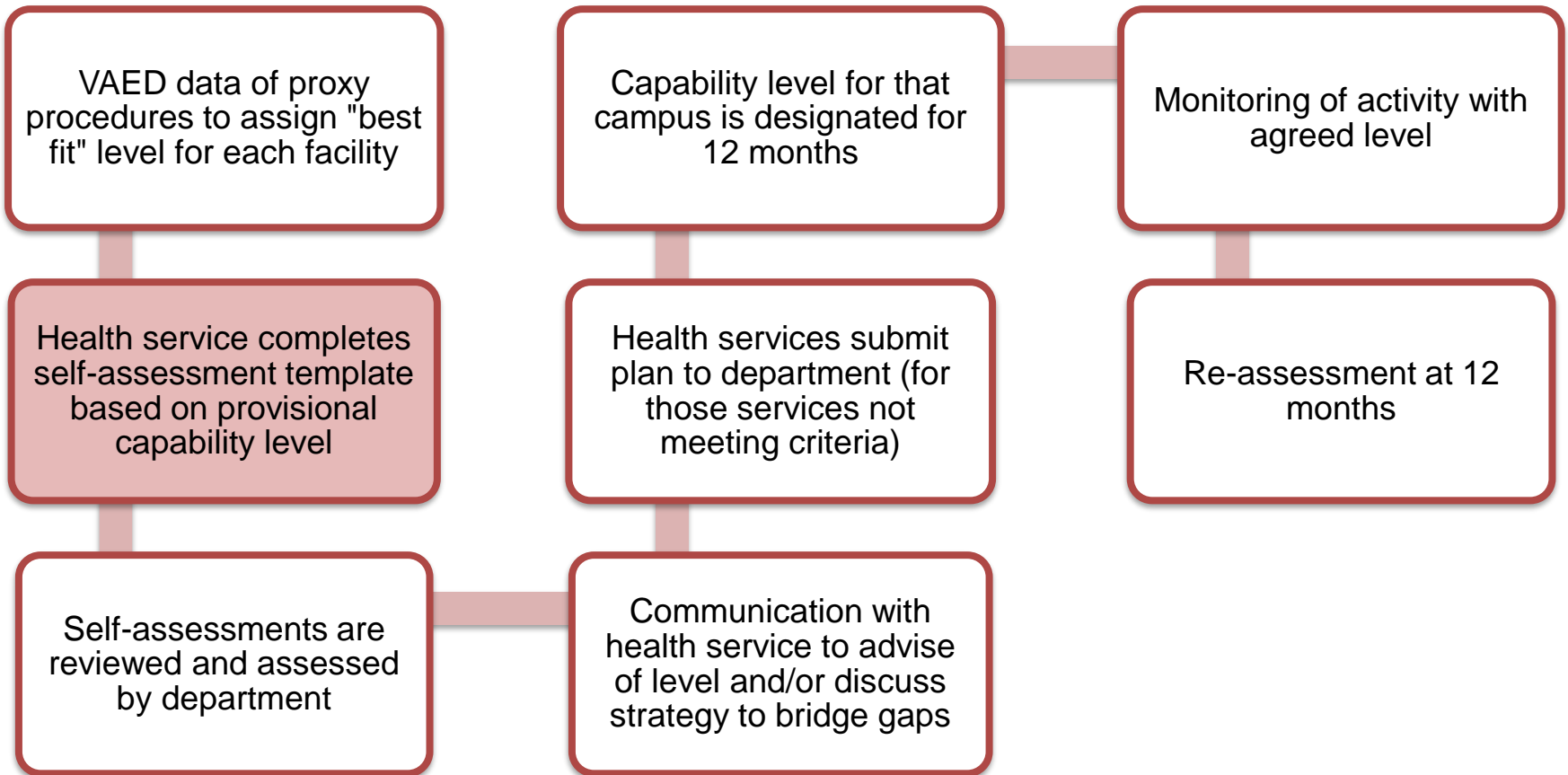FY 2018 - 2019

Health Service

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Services

Capability distribution | Health Service: | Procedure: All

Number of all separations (surg/procedures) by capability level

| | 64 | | | | |

Max capability level | Health Service:

Campus Name	Level	(n)
	4	1

Maximum surgical capability but NOT provisional level

Top procedures | Campus: | | Level: All

Procedure	Level	Emergency	Planned
Colonoscopy	2	0	64
Gastroscopy	3	0	18
Colorectal	4	0	1

Decision Support
20/11/2019

Implementation process

VAED data of proxy procedures to assign "best fit" level for each facility

Capability level for that campus is designated for 12 months

Monitoring of activity with agreed level

Health service completes self-assessment template based on provisional capability level

Health services submit plan to department (for those services not meeting criteria)

Re-assessment at 12 months

Self-assessments are reviewed and assessed by department

Communication with health service to advise of level and/or discuss strategy to bridge gaps

Self-assessment template

Template for provisional level

Insert facility name

Instructions

Template is a fillable PDF form
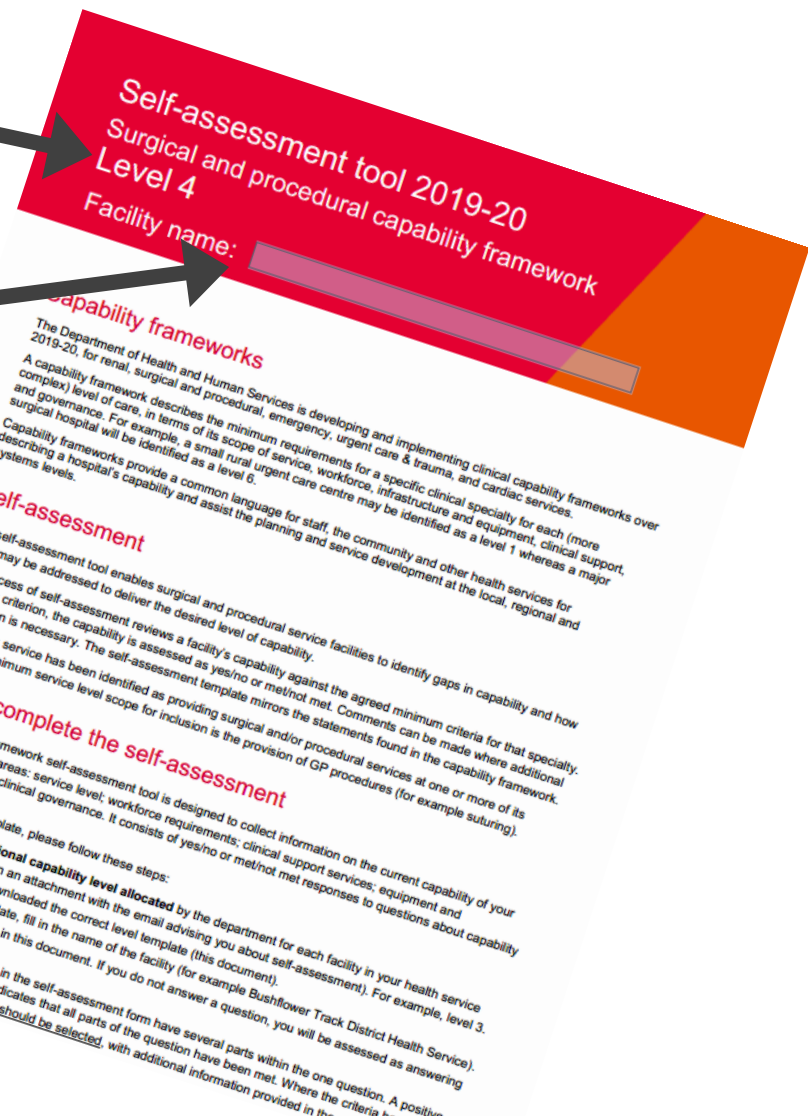
Self-assessment template

Provide any additional information or comments about the facility or to request to change the facility level from the provisional level allocated

Executive sponsor sign-off
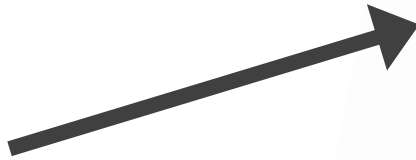
General comments
Please include any general comments and/or mitigation strategies relevant to this facility's cap

Contact
If you have any queries you can send a message to capabilityframeworks@dhhs.vic.gov.au or cont
Amy Szczygielski on 9096 7333, or Michael Langley on 9096 8230.

Executive sponsor approval

Name	
Position	
Health service	
Facility name	
Signature	
Date	

Self-assessment template

Template contains drop down boxes. Answer all sections. Any blanks will be interpreted as not being met.

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).	Yes / Yes / No	
	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).	Yes	
	A1.3 Provides planned care to adult patients having surgery or procedures on a day stay or multi-day basis.	Yes	
	A1.4 Provides planned care to paediatric patients having surgery or procedures on a day stay or multi-day basis.	Yes	

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?	Not met	
	C1.2 Does your facility have anatomical pathology service with off-site processing?	Not met	
C2. Medical imaging	C2.1 Does your facility have on-site ultrasound and x-ray services available 24/7?	Not met	
	C2.2 Does your facility have access to CT services? These may also be available off-site and provided under arrangement with another facility?	Not met	
	C2.3 Does your facility have a range of on-site imaging services available during extended hours?	Not met	
C3. Medication Management	C3.1 Does your facility have ready access to medicines required for local and or regional blocks?	Not met	

Provide additional information in the comments section

Some criteria statements have several parts. A positive response of yes or met, indicates that all parts of the statement have been met. Use the comments section to provide additional information

Self-assessment templates are due 31 January 2020

http://bit.ly/SurgeryCF

Resources

Capability frameworks for clinical services

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

Capability Framework and self-assessment templates

https://www2.health.vic.gov.au/hospitals-and-health-services/health-system-design-planning/implementation-capability-frameworks/surgical-procedural-care

Submission (smartsheet)

http://bit.ly/SurgeryCF

Targeting Zero

https://www.dhhs.vic.gov.au/publications/targeting-zero-review-hospital-safety-and-quality-assurance-victoria

Questions and answers

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

- Proxy procedures were identified for each level of the Capability Framework

- VAED data was used to build a capability profile and activity snapshot (Victorian Admitted Episode Dataset 2018-19)

- Proxy procedures indicate that generally the procedure is performed by a facility having the described capabilities of a particular level, other factors may influence the procedure being performed at a higher or lower capability level (for example patient risk)

- Provisional level based on available data and best fit

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

- Level allocated is <u>provisional</u>.

- Facilities need to demonstrate and provide evidence about 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 <u>safely managed</u> at each level of care, and the minimum service requirements – the workforce, infrastructure and equipment, clinical support services and clinical governance – that are needed to <u>consistently deliver</u> the scope of services described.

3. Whose responsibility is it to fill in the self-assessment form?

- Each health service may determine the most appropriate person to coordinate the completion of the self-assessment template

- An appropriate executive sponsor is responsible for approving completed templates

Questions and answers

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

- Purpose of the self-assessment is to identify your <u>current</u> capability

- Later in the implementation process there will be a discussion about your facility's aspirational level or whether a strategy will need to be developed to bridge any gaps

5. What happens next?

- All self-assessments will be reviewed by the department

- You will receive further advice about whether your facility met the requirements of the provisional level allocated

- In some cases a meeting may be scheduled to clarify the self-assessment results or to discuss a plan to bridge any identified gaps

- It is anticipated that health services will hear from the department in late February 2020

Next steps

Complete templates and submit by 31 January 2020

Contact:

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