

# CSCF

## Fact sheet 8 – Myth busters

This fact sheet outlines what the Clinical Services Capability Framework (CSCF) for public and licensed private health facilities is and is not.

What the CSCF is:	What the CSCF is not:
<p><b>Its purpose is to:</b></p> <ul style="list-style-type: none"> <li>☑ describe a set of capability criteria that identifies minimum patient safety requirements by service level.</li> <li>☑ provide a consistent language for healthcare providers and planners to use when describing and planning health services.</li> <li>☑ assist health services to identify and manage risk.</li> <li>☑ guide health service planning.</li> <li>☑ provide a component of the clinical governance system, credentialing and scope of practice of health services.</li> <li>☑ instil confidence in clinicians and consumers services meet minimum requirements for patient safety.</li> </ul> <p><b>It outlines:</b></p> <ul style="list-style-type: none"> <li>☑ requirements for safe provision of acute and sub-acute health services.</li> <li>☑ essential considerations contributing to safe, quality, coordinated and integrated health service planning and care delivery in Queensland.</li> <li>☑ various clinical services health facilities may provide by service level capability rather than overall capability of a health facility.</li> <li>☑ legislation and non-mandatory standards (although not exhaustive) with which facilities should comply.</li> </ul>	<p><b>It is not a replacement for, nor an amendment to:</b></p> <ul style="list-style-type: none"> <li>☒ clinical judgment or service-specific patient safety policies and procedures.</li> <li>☒ established mandatory standards developed by legislation and/or external bodies.</li> <li>☒ accreditation processes.</li> <li>☒ credentialing of registered health practitioners and working within defined scope of clinical practice.</li> <li>☒ developing and organising workforce capability and capacity.</li> <li>☒ defining service models best suited to local areas and population needs and specific geographical, social, economic and cultural contexts differentiating metropolitan, regional, rural and remote communities.</li> <li>☒ managing health facilities' business processes, budgets, clinical process redesign and business process re-engineering.</li> <li>☒ developing risk management processes.</li> <li>☒ performance monitoring and accountability.</li> <li>☒ determining health facilities building structures and configuration requirements.</li> <li>☒ prescribing service networks at a local or statewide level.</li> <li>☒ service delivery processes such as                             <ul style="list-style-type: none"> <li>• adherence to documentation requirements relating to patient admission, management, discharge, and/or mutual agreements with higher-level service providers to facilitate ongoing patient management of more complex conditions and enable timely transfers and back-transfers, as required.</li> <li>• compliance with auditing and reviewing clinical service and quality activities including evidence of internal and external clinical audits and reviews; review of all sentinel events; review of incidents and complaints relating to adverse events; and service-based educational activities reviewing best practice evidence.</li> <li>• providing relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.</li> </ul> </li> </ul>

The complete CSCF is available at: [www.health.qld.gov.au/cscf](http://www.health.qld.gov.au/cscf)