CSCF

Fact sheet 5 – Essential considerations

When applying the Clinical Services Capability Framework (CSCF) for public and licensed private health facilities, all services should deliberate on the essential considerations listed in Table 1. Collectively, these essential considerations contribute to safe, quality, coordinated and integrated health service planning and care delivery in Queensland.

Table 1 Essential considerations

Consideration	Description
1. Culturally safe service provision	A lack of cultural understanding and communication has been linked to adverse experiences in mainstream health settings. Health service provision should be in accordance with recognised Queensland Health cultural capability frameworks e.g. Aboriginal and Torres Strait Islander cultural capability framework. Other services such as interpreter services should be considered when providing services for Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and/or people with sensory impairment.
2. Service networks	Service networks provide essential service links to ensure continuity of care for patients. A dedicated *fact sheet* has been compiled on this topic (*fact sheet 6*).
3. Outreach services	These are services delivered in sites beyond the location of the 'home' service to meet or complement local service need. These services may require a multidisciplinary mix of staff and may deliver ambulatory care, consultation services, planned procedures and/or health information such as 13HEALTH (13 43 25 84). They require the necessary infrastructure, clinical support services and service networks to deliver safe and quality care.
4. Multidisciplinary teams	Multidisciplinary team care underpins best practice, with team composition reflective of specialty needs. As care complexity increases, so too does the team's specialist knowledge and skills. Each CSCF module provides guidance on who should be considered as part of the multidisciplinary team for particular services and service levels.
5. Research, teaching and education	Research, teaching and education is undertaken in **all** health services in order to provide current evidence-informed care. The degree of involvement is expected to increase with service level so that: • Level 1 to level 4 services may have some research commitment/s by an individual clinician or health service, may provide clinical placements for health students, and/or may provide supervised practice for health professionals. • Level 5 services have research commitment/s by either individual clinicians or the health service through one or more university or other relevant affiliation/s, have clinical placements for health students, and/or provide supervised practice for health professionals. • Level 6 services have major research commitments by either individual clinicians or the health service in local service-based and multicentre research and have a major role in clinical placements for health students and/or supervised practice for health professionals. Staffing for teaching and education must reflect corresponding service level requirements e.g. where student clinical placement is provided in levels 1 to 3 services, staff with relevant clinical knowledge and/or qualifications are available for supervision, while levels 4 to 6 services may have access to educators for all health professionals, particularly for level 6 superspecialty services.

Consideration	Description
6. Risk management	Both public sector and licenced private health facilities are required to have a documented risk management strategy regarding risk mitigation processes. Particular attention to risk management strategies is required where risks to service sustainability are identified. A dedicated *fact sheet* has been compiled on this topic (*fact sheet 6*).
7. Planned and emergency care	***Planned care*** includes elective surgery and non-emergency patient care provided where the capability of the service level allows for a safe and quality service. On occasions services will be required to respond to and provide short-term care beyond the capability level of the service for patients presenting with complex health issues requiring ***emergency care***. On these occasions, a decision should be made about whether the patient can be managed safely at a lower-level service for a period of time, and if and when the patient should be transferred to a higher-level service. The decision is based on clinical judgment and requires a risk management response. The decision involves assessment of local capability and capacity, and multidisciplinary consultation with a higher-level service and other appropriate stakeholders including the patient and their family/carer.
8. Occupational health and safety	Underpinning delivery of safe and accessible clinical services is integration of workplace health, safety and injury management into all management systems and core functions. Health services are required to implement and maintain an effective occupational health and safety management system including the key elements of policy, planning, implementation, measurement and evaluation, review and improvement, and workers' compensation and injury management. Particular occupational risks to be managed within healthcare environments include, but are not limited to: • chemical exposure and hazardous and dangerous goods • fire, electrical and radiation hazards. • infection control and biological exposures • manual handling and healthcare ergonomics (e.g. manual handling of patients including bariatric patients) • occupational violence.
9. Children's services	Child-friendly environments and facilities for children, families and carers are essential where children are cared for on a routine basis. Where services are provided to children who require sedation, paediatric resuscitation equipment must be available, and clinicians must be competent with its use. Unless otherwise specified, children's age groups are identified as follows: • 0–1 year—infant • older than 1 year and up to 14 years—child • older than 14 years and up to 18 years—adolescent • older than 18 years—adult.

Consideration	Description
10. Rural and remote services	The provision of services to rural and remote areas differs from provision of services in urban or regional areas due to various factors. Key considerations in rural and remote areas should include: • local staff supported to maintain existing and develop new capabilities in line with their full scope of practice. • services embedded within network of services with planned and dependable access to higher level services. • emergency services supported through 'real time' access to specialist advice via communication technologies and pre-determined protocols. • visiting specialist services predictable and coordinated and recognise role of local staff in ongoing patient management. • safe practice supported by physical environment in which staff provide services and technologies supporting reliable diagnosis and accurate treatment. • clinical support services locally available or can be accessed in timely way to support diagnosis and high-quality treatment. • collaborative service delivery with providers from private sector (e.g. community pharmacist) and not-for-profits the norm rather than exception and safety discussions need to encompass consideration of capabilities and clinical governance applying to these other providers.