## Clinical Services Capability Framework v3.2

#### **Self-Directed Learning Package**

#### Instructions:

**Step 1:** Complete CSCF Self-Directed Learning Package (takes approximately 20 to 30 minutes to complete).

**Step 2:** Complete quiz at end of CSCF Self-Directed Learning Package (takes approximately 5 to 10 minutes to complete).

**Step 3:** Complete CSCF Self-Directed Learning Package evaluation form (optional).

**Step 4:** Submit your completed CSCF Self-Directed Learning Package **evaluation form** and obtain 100% on the quiz to receive a **Certificate of Achievement** (optional)

## Let's get started!

- The Queensland CSCF is a technical document written by health professionals for health professionals.
- It is predominantly a patient safety tool.
- It has been designed to guide a coordinated and integrated approach to health service planning and delivery in Queensland hospitals.
- The CSCF applies to both public and licensed private health facilities.

## Purpose of the CSCF (why we have one):

- Describes a set of capability criteria identifying minimum requirements by service level.
- 2. Provides a consistent language for healthcare providers and planners to use when describing and planning health services.
- Assists health services to identify and manage risk.
- 4. Guides health service planning.
- Provides a component of the clinical governance system, credentialing and scope of practice of health services.
- Instils confidence in clinicians and consumers that services meet minimum requirements for patient safety and guides health service planning.

## **Assumptions underpinning the CSCF:**

#### Health facilities comply with:

- relevant legislative requirements, standards, guidelines and benchmarks including organisational policies such as informed consent, fatigue management, etc.
- health professional workforce requirements such as professional registration, codes of conduct, and health & safety of employees, contractors and visitors.
- relevant health professional credentialing and scope of clinical practice.
- other sector-relevant policies, procedures, frameworks, etc.
- culturally safe and capable service provision guidelines, including interpreter services, as the foundation for providing minimum standards of clinically safe and accessible healthcare.

#### **CSCF** essential considerations:

When applying the CSCF, all services should consider:

- 1. Culturally safe service provision
- 2. Service networks
- 3. Outreach services
- 4. Multidisciplinary teams
- 5. Research, teaching and education
- 6.Risk management
- 7. Planned and emergency care
- 8. Occupational health and safety
- 9. Children's services
- 10.Rural and remote services

## **Checkpoint #1**

#### The CSCF does not replace:

- established legislation.
- mandatory standards developed by professional bodies.
- credentialing of health professionals.
- service-specific patient safety policies and procedures.

#### Structure of the CSCF:

- Presented in modular format.
- Overarching module is the Fundamentals of the Framework which contains information common to all modules.
- Fundamentals of the Framework also contain an acronym list and glossary to clarify terminology used in the CSCF.
- A series of individual modules describe specific minimum service-level capability criteria.
- Some modules include sections.

## Core components of the CSCF:

- 1. Fundamentals of the Framework provides the foundation for application of the CSCF.
- 2. Service levels clinical and support services can be classified by up to 6 service levels.
- 3. Service level criteria including service descriptions, service requirements, workforce requirements, specific risk considerations (where relevant), and support services requirements.
- 4. Legislation, regulations & legislative standards.
- Non-mandatory standards, guidelines, benchmarks, policies and frameworks.

## **Checkpoint #2**

#### The CSCF does not replace:

- accreditation processes.
- defined scope of clinical practice.
- developing and organising workforce capability and capacity.
- clinical judgement.

## Distinguishing 'service' from 'facility':

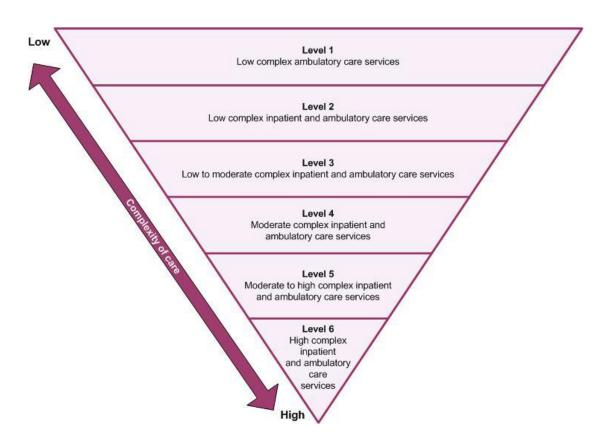
- The CSCF describes clinical and support services health facilities may provide.
- The word 'service' refers to a clinical or support service provided under the auspices of an organisation or facility.
- The word 'facility' refers to a physical or organisational structure that may operate a number of services of a similar or differing capability level.

### **CSCF** services and level/s by facility:

- CSCF services and service level/s for each public
  hospital by Hospital and Health Service are listed on the
  Queensland Health CSCF internet site see the Public
  hospitals site @ <a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public/default.asp">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public/default.asp</a>
- CSCF services and service level/s by licenced private
  health facility are outlined on the licence issued to the
  licensee by the Department of Health this licence must
  be publicly displayed at the facility

#### **CSCF** service levels:

**Note:** there are differences between service capability levels i.e. the higher the service level, the higher the required service capability due to complexity of care provided.



## **Activity #1:**

Read CSCF Fact Sheet 4 to learn about the current CSCF services by capability level.

Visit <a href="https://www.health.qld.gov.au/clinical-">https://www.health.qld.gov.au/clinical-</a>

practice/guidelines-procedures/service-

delivery/cscf/about/default.asp and hyperlink into PDF titled 'Outline of current services by capability level'.

### **Describing service levels:**

CSCF module service levels are set out as follows:

- Service description e.g. setting, patient type, hours of operation, etc.
- Service requirements e.g. particular interventions, treatment pathways, inter-service relationships, equipment, etc.
- Workforce requirements i.e. minimum workforce requirements for employed staff.
- Specific risk considerations (where relevant) unique to service levels.
- Support services requirements i.e. minimum 'suite of services' needed to deliver a service at a given capability level, with the support service either on-site <u>or</u> accessible.

## Legislative & non-mandatory requirements:

- Governments mandate minimum safety and quality standards under legislation, regulations and/or legislative standards.
- Governing bodies and/or health professional colleges or equivalent may develop requirements to inform safe practice.
- Those legislative and non-mandatory requirements
  applicable across the CSCF are listed in the Fundamentals
  of the Framework at Appendix 1 and 2 while those unique
  to a module are listed in that specific module.
- It is the responsibility of each service to comply with all relevant and current versions and revisions.

## **Checkpoint #3**

#### The CSCF does not amend requirements for:

- determining building structures and configuration requirements for health facilities.
- managing health facilities' business practices, clinical process redesign and/or business process re-engineering.
- defining service models best suited to local areas and population needs, and specific geographical, social, economic and culture context differentiating metropolitan, regional, rural and remote communities.
- developing risk management processes.

#### **Queensland CSCF:**

#### Consists of 35 modules including:

- Fundamentals of the Framework (overarching module).
- 2 Preambles (prefacing Cancer and Children's services).
- 6 support services modules.
- 23 clinical modules (some generalist and some specialist modules).

## **CSCF** support services modules:

- 1. Anaesthetic services (adults)
- 2. Anaesthetic services (children's)
- 3. Medication services
- 4. Medical imaging services
- 5. Nuclear medicine services
- 6. Pathology services

## **CSCF** generalist clinical modules:

- 1. Medical services (adult and children)
- 2. Surgical services (adult and children)
- 3. Palliative care services
- 4. Rehabilitation services

## **CSCF** specialist clinical modules:

- 1. Alcohol & Other Drug services multiple sections
- 2. Cancer services multiple modules
- 3. Cardiac services multiple sections
- Close observation services children
- 5. Emergency services (adult and children)
- 6. Geriatric services multiple sections
- 7. Intensive care services (adult and children)
- 8. Maternity services
- 9. Neonatal services
- 10. Mental health services multiple sections
- 11. Perioperative services multiple sections
- 12. Persistent pain management services
- 13. Renal services
- 14. Trauma services

## **Activity #2:**

Visit http://www.health.qld.gov.au/clinicalpractice/guidelines-procedures/servicedelivery/cscf/modules/default.asp to read more about each of the CSCF service modules.

#### Also note:

- Public sector Health Service Chief Executives are responsible for the implementation and monitoring of the CSCF in their Hospital and Health Service.
- The private hospital sector in Queensland is obligated to use the CSCF for licensing purposes.

## **CSCF** monitoring, reporting & compliance:

- Existing public sector monitoring and reporting mechanisms are outlined in DoH service agreements.
- Existing private sector monitoring and compliance mechanisms influence licensing arrangement for private health facilities.
- Visit <a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/default.asp">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/default.asp</a> to learn more about hospitals' responsibilities in relation to the CSCF.

## **Checkpoint #4**

#### The CSCF does not amend requirements for:

- service delivery processes such as adherence to documentation requirements, compliance with auditing, reviewing clinical service and quality activities, and/or providing relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.
- creating service networks either at local, statewide or broader levels.
- performance monitoring and accountability.

#### **Extra assistance:**

#### Further CSCF learning material

 Fact Sheets and FAQs available at <u>https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/about/default.asp</u>

#### Further CSCF support

- Public sector phone contact on (07) 3328 9883
- Private sector phone contact on (07) 3328 9048
- Email cscf@health.qld.gov.au

## **Congratulations!**

- You have now completed the CSCF self-directed learning package and are ready to tackle the CSCF selfdirected learning package quiz.
- If you want to read more about the CSCF before tackling the quiz, read the Fundamentals of the Framework available at http://www.health.qld.gov.au/clinicalpractice/guidelines-procedures/servicedelivery/cscf/modules/default.asp
- Otherwise please proceed to the next slide.

## **CSCF** self-directed learning package quiz:

#### Instructions:

**Step 1:** Complete the quiz – you can do it as many times as you like to score 100% (takes approximately 5 to 10 minutes to complete).

**Step 2:** Complete CSCF Self-Directed Learning Package evaluation form (optional).

**Step 3:** Submit your completed CSCF Self-Directed Learning Package <u>evaluation form</u> and obtain 100% on the quiz to receive a **Certificate of Achievement** (optional).

Reference: Fundamentals of the Framework @ http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/modules/default.asp

### Q1. Who should read the CSCF:

- a) Clinical staff.
- b) Patients and the public.
- c) Managers and service planners.
- d) A and C.
- e) All the above.

## Q2. The CSCF has been designed to:

- a) Specify role delineation by facility.
- b) Guide a coordinated and integrated approach to health service planning and delivery.
- c) Prescribe how services must be delivered.
- d) Replace service-specific patient safety policies and procedures.

## Q3. The CSCF applies to:

- a) Primary health care services.
- b) Public and private hospitals.
- c) Public and licensed private health facilities.
- d) Aged care sector.
- e) All of the above.

## Q4. The CSCF enhances provision of safe, quality services by:

- a) Providing service planners and providers with a standard set of minimum capability criteria.
- b) Serving as an accompanying funding tool.
- c) Informing local workforce planning.
- d) Outlining models of care.

## Q5. Essential considerations when applying the CSCF include:

- a) Service networks, outreach services and multidisciplinary teams.
- b) Risk management and culturally safe service provision.
- c) Planned and emergency care.
- d) Research, teaching and education and occupational health and safety.
- e) All the above.

# Q6. How do I work out the appropriate service level for the service in which I work?

- a) Read the service levels in the relevant module and select the one most relevant to your service.
- b) Read through the relevant service module in full and select a service level.
- c) Read the Fundamentals of the Framework, then the relevant service module including module overview and underpinning requirements, then select a service level.
- d) Read the Fundamentals of the Framework first, followed by any Preambles preceding a module, then relevant service modules including module overview and underpinning requirements, and then specific service levels including service descriptions, and service, workforce and support service requirements, then select a service level.

#### Q7. Which statement is true?

- a) There are 6 service level in each CSCF module.
- b) Level 1 services provide the most complex level of care.
- c) The higher the service level the higher the required capability level.
- d) CSCF service levels only cater for inpatient care.

#### Q8. Each CSCF service level includes:

- a) A service description.
- b) Service requirements.
- c) Workforce requirements.
- d) Support services requirements.
- e) All the above.

## Q9. How many modules make up the Queensland CSCF?

- a) 35
- b) 21
- c) 29
- d) 47
- e) 63











## Q10.An example of a CSCF clinical module is:

- a) Fundamentals of the Framework
- b) Cardiac Services module
- c) Pathology module
- d) Preambles
- e) None of the above

## **CSCF Self-Directed Learning Package** answer guide:

```
Q1
                  D (see Slide 2)
Q2
                  B (see Slide 2)
Q3
                  C (see Slide 2)
                  A (see Slide 3)
Q4
                  E (see Slide 5)
Q5
Q6
                  D (see Slide 8)
Q7
                 C (see Slide 12)
Q8
                 E (see Slide 14)
Q9
                 A (see Slide 17)
Q10
                 B (see Slide 20)
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## **CSCF Self-Directed Learning Package evaluation form (optional):**

Please assist us to meet your CSCF awareness/training needs by rating questions 1 to 3 using the scale:

Content in the Self-Directed Learning Package was clear and logical?

Please rate

2. The Self-Directed Learning Package provided enough information to give me a basic understanding of the CSCF?

Please rate

Please rate

- 3. Overall satisfaction with the Self-Directed Learning Package?
- 4. How could the CSCF Self-Directed Learning Package be improved?

5. Please provide any additional comments to better facilitate your learning about the CSCF.

Please return your completed evaluation to cscf@health.qld.gov.au

## **Contact details (optional):**

If you have achieved 100% on the quiz and returned your completed <u>evaluation form</u> to cscf@health.qld.gov.au - you can obtain a

#### Certificate of Achievement

by completing the details below and emailing cscf@health.qld.gov.au

Name:			
Work loc	cation:		
Email:			

Thank you for participating in this learning opportunity!