SA Health

Clinical services capability framework

2016

Fundamentals of the Framework

Government of South Australia
SA Health

Contents

Fundamentals of the Framework

Introduction

The SA Health Clinical Services Capability Framework (CSCF) sets out the planned structure of public health services across South Australia. It is an important tool for statewide strategic planning and provides a comprehensive picture of clinical services across the state.

The CSCF outlines indicative service requirements, workforce requirements and support services for health services to deliver safe and appropriately supported clinical service delivery. Local Health Networks (LHNs) can use the CSCF to develop localised clinical service plans, as it provides planners and clinicians with a consistent approach to the way clinical services are described, and identifies inter-dependencies which exist between clinical areas. The CSCF also complements existing frameworks, policies and models of care, but in doing so does not replace safety and quality standards from relevant legislation, regulations and guidelines.

Service delineation frameworks have been used to describe and plan health service delivery in other jurisdictions across Australia. In developing the CSCF, SA Health would like to gratefully acknowledge the extensive contribution of Queensland Health whose core content and structure were used as the basis for the service modules. Considerable work has been undertaken to prepare this document to reflect the way services are organised and delivered across South Australia, with extensive and targeted consultation with clinicians within all Local Health Networks, SA Ambulance Service and Statewide Clinical Support Services.

The CSCF is presented in a modular form, which allows users to navigate between modules using links embedded with each module. Not all clinical areas are represented with a stand-alone module, as the requirements for many specialties are sufficiently covered within broad modules such medical and surgical services. However, a formal process will be available to assess and guide the need for new module development as appropriate. It is also recognised that the CSCF must be responsive to emerging trends, changes in clinical practice and new technologies. Regular updates will be scheduled to ensure the framework remains current, whilst there will be processes in place to allow for significant changes to be endorsed at times which do not fit this schedule.

Application of the CSCF will facilitate collaborative planning processes. It will enable services to be mapped across the system as a mechanism to identify gaps, interdependencies and service development priorities. It is expected that the CSCF will help the South Australian healthcare system deliver consistent, quality services into the future.

Purpose

The CSCF has been designed to guide a coordinated and integrated approach to health service planning and delivery in South Australia. It applies to public health facilities and will enhance the provision of safe, quality services by providing health service planners and service providers with a standard set of indicative clinical capability criteria.

The CSCF's purpose is to:

- describe a set of capability criteria that identifies minimum requirements by service level
- provide a consistent language for healthcare providers and planners to use when describing and planning health services
- assist health services to identify and manage risk
- guide health service planning
- provide a component of the clinical governance system, credentialing and scope of practice of health services
- instil confidence in clinicians and consumers that services meet minimum requirements for patient safety and guide health service planning.

The CSCF is intended for a broad audience including clinical staff, managers and health service planners. It is not intended to replace clinical judgment or service-specific patient safety policies and procedures, but to complement and support the planning and/or provision of acute and sub-acute health services.

Structure

The CSCF is presented in modular form. Each module must be read in conjunction with this section, the Fundamentals of the Framework, and, where relevant, other modules.

The module overview details module-specific criteria and, where relevant, service networks, service requirements and workforce requirements. Each module identifies specific minimum service-level capability criteria.

Legislative and non-mandatory information relating to all modules has been listed in Appendix 3 and 4 of the Fundamentals of the Framework. Each module lists additional legislative and/or non-mandatory information specific to the module. Each module also provides a link to SA Health policy directives and guidelines as follows:

SA Health Policy Directives
http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/health+system+development/office+of+the+chief+executive/policies/directives/policy+directives

SA Health Policy Guidelines
http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/health+system+development/office+of+the+chief+executive/policies/guidelines/policy+guidelines

SA Health Clinical Directives and Guidelines
http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/health+system+development/office+of+the+chief+executive/policies/clinical+directives+and+guidelines

Please refer to Figure 1 to assist with reading and understanding the CSCF.

Figure 1: Reading and understanding the CSCF

Step	What to read	Why
1	Fundamentals of the Framework	This document underpins the CSCF, containing information common to all modules and is pivotal to understanding the CSCF.
2	Preamble (where relevant)	Children's and Cancer Services are preceded by a Preamble. A Preamble contains information common to the specific group of modules it precedes and is essential to fully understanding those relevant modules.
3	Relevant service module/s	Each module contains an overview of the service including underpinning requirements (such as service networks, service and workforce requirements and/or risk considerations unique to the module, where relevant), up to six service levels, and legislation and non-mandatory standards and guidelines applicable to the module.
4	Service level/s	Service levels describe the level of service offered (service description), service and workforce requirements by level, and specific risk considerations (where relevant). Service levels build on each other i.e. a Level 2 service entails all Level 1 requirements plus Level 2 requirements, etc.
5	Relevant identified support module/s	Each module lists support services requirements by level. It is crucial to refer to the identified support services modules to determine capability factors of those services.

Parameters of the CSCF

Scope

The CSCF is applicable to public health facilities in South Australia. Prevention, screening and early detection services are not in the scope of the CSCF.

Strategic Themes

The CSCF is guided by the strategic themes in the South Australian Health and Wellbeing Strategy 2020-2025 to support clinical service planning:

- Together: SA Health works in partnership to develop patient-centred solutions and service improvements
- Trusted: SA Health is trusted to provide safe, reliable and high quality treatment and care
- Targeted: SA Health targets priority health needs and disparities with the right evidence, motivation and interventions
- Tailored: SA Health tailors services to meet the diverse and complex needs of individuals
- Timely: SA Health optimises health and wellness outcomes delivering timely and appropriate health care

Assumptions underpinning the CSCF are for health facilities to comply with:

- relevant legislative requirements, standards, guidelines and benchmarks including all SA Health policy directives and guidelines
- health professional workforce requirements such as professional registration, codes of conduct, and the health and safety of employees, contractors and visitors
- relevant health professional credentialing and scope of clinical practice
- other policies, procedures and frameworks relevant to the sector

Context

The CSCF provides a framework to determine the capacity of health facilities to deliver services of a defined clinical complexity. It also complements the SA Health Planning Framework 2021 and the SA Health Commissioning Framework 2020 by providing a consistent approach to the way clinical services are described.

The CSCF supports the South Australian Department for Health and Wellbeing and Local Health Networks by providing a guide for coordination and integration of health service planning and delivery. It is intended to work along with and inform other frameworks, systems or mechanisms supporting the provision of safe and quality health services.

The CSCF does not replace, nor does it amend requirements relating to:

- established mandatory standards
- accreditation processes
- credentialing – as there are documented processes for verifying and evaluating the qualifications, experience, professional standing and other relevant professional attributes of registered medical and other health practitioners within specific organisational settings
- defined scope of clinical practice – the capability level of a service is one of a number of factors assisting in delineating the extent of an individual registered health practitioner's practice within a particular service
- developing and organising workforce capability and capacity – such as creating training capacity, improving clinical education and training, and, where relevant, aligning with state and national initiatives
- defining the 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
- clinical judgement
- developing risk management processes – health services should have separate risk management processes in place to identify, analyse, prioritise and manage risk through continuous improvement and performance management strategies
- performance monitoring and accountability responsibilities

Essential considerations

When applying the CSCF, all services should deliberate on the essential considerations listed below. These are essential to safe, quality, coordinated and integrated health service planning and delivery.

Culturally safe service provision

Culturally safe and competent health care improves outcomes, access to services, and successful engagement in clinical treatment and care for Aboriginal and Torres Strait Islander patients, and culturally and linguistically diverse patients.

A lack of cultural understanding and communication has been linked to adverse experiences in mainstream health settings. These limitations have been found to compromise the safety and quality of care received by Aboriginal and Torres Strait Islander patients and by culturally and linguistically diverse patients. The provision of services should be in accordance with recognised cultural capability frameworks.

Outreach services

Outreach services may require a multidisciplinary mix of staff and deliver ambulatory care, consultation services, planned procedures and/or health information. These services require the necessary infrastructure, clinical support services and service networks to deliver safe and quality care at a specific service level, and are referred to as the 'provider service'.

The term 'host service' is used to describe the service the provider service is visiting or assisting. Provider services may visit host services on a regular (clinic) or ad hoc (emergency) basis, or assist them through telehealth and/or other mechanisms.

'Provider services' can affect service levels of 'host services'. A combination of the capabilities of the 'host service' and 'provider service' may temporarily change the capability level of the 'host service' for the time the approved 'provider service' is on-site.

If planned procedures require after-care (e.g. post-operative observation beyond the capability level of the 'host service'), the 'provider service' is required to remain at the 'host service' for the necessary period of time to ensure all care is safely managed.

Multidisciplinary teams

The composition of multidisciplinary teams reflects the specialty area. As care complexity increases, the need for increasingly advanced knowledge and skills within the multidisciplinary team increases. Multidisciplinary team members typically include medical, nursing and allied health professionals and support staff. As a general guide, within the CSCF the allied health professional workforce typically includes, but is not limited to, art therapists, audiologists, developmental educators, epidemiologists, dieticians/nutritionists, exercise physiologists, genetic counsellors, radiation therapists, music therapists, nuclear medicine technologists, occupational therapists, optometrists, orthoptists, orthotists, perfusionists, pharmacists, physiotherapists, podiatrists, prosthetists, psychologists, radiographers, sonographers, social workers and speech pathologists.

Each module indicates who should be considered as part of the multidisciplinary team for the particular service and service levels.

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 in research, teaching and education is expected to increase with service level. As a general case, the following should apply:

Level 1 to Level 3 services:

- may have some research commitment/s by an individual clinician or the health service
- may provide clinical placements for health students and/or supervised practice for health professionals.

Level 4 and 5 services:

- have some research commitment/s by either an individual clinician 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 an individual clinician or the health service in local service-based and multicentre research
- have a major role in providing clinical placements for all health students and/or supervised practice for health professionals.

Research must be conducted ethically at all times within relevant legislative frameworks and guidelines, and be approved by relevant research ethics committees.

Risk management

Where minimum requirements for a particular service level are unable to be met, timely risk management strategies should be developed, documented and implemented. Particular attention should be paid to risk management strategies where there are identified risks to service sustainability, such as a service that relies on a sole practitioner in a given specialty or subspecialty. The risk management response needs to be in accordance with relevant health sector policy statements and standards.

Work health and safety

Underpinning the delivery of safe and accessible clinical services is the integration of workplace health, safety and injury management into all management systems and core operations. Health services are required to implement and maintain an effective work 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:

- infection control and biological exposures
- chemical exposure and hazardous and dangerous goods
- manual handling and healthcare ergonomics (e.g. manual handling of patients including bariatric patients)
- fire, electrical and radiation hazards.

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 children are treated in an adult health service environment, the service must:

- comply with the relevant components of the children's services CSCF modules
- ensure all medical staff have credentials and a defined scope of practice enabling them to provide services to children, and demonstrate currency of practice, which must be noted on their privileging document
- ensure all staff have the appropriate clearance to work with children
- ensure all health workers are aware of the need to report any reasonable suspicions of child abuse and neglect to the Families SA child abuse report line
- ensure a clear documented process for child protection reports
- ensure all other staff involved in the care of children have qualifications and experience commensurate with the service being provided.

Where services are provided to children who require sedation, paediatric resuscitation equipment must be available and clinicians must be competent with its use.

For the purposes of the CSCF, ages identified are assumed to be the age on the day of the birthday. Age groups are consistent except where otherwise stated, such as within the *Children's Cancer Services* and *Mental Health Services* modules (specifically *Child and Youth* and *Older Persons Services*). Age groups are identified as follows:

- 0 to 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.

Rural and remote services

The provision of services in rural and remote areas differs from the provision of services in urban or regional areas due to various factors including workforce availability, issues associated with accessibility and sustainability of services, and different patterns of health need. The planning, design and delivery of quality, contemporary health care in these communities needs careful planning, recognising these differences. The level of remoteness is defined by the Australian Standard Geographical Classification Remoteness Areas (ASGC-RA)[1].

Health services are characteristically provided by a combination of rural general practitioners, a range of nurses and midwives, allied health staff and often, visiting specialist health professionals. These professionals may make periodic visits of varying frequency, or be accessible as required, for example, through telehealth. In smaller rural communities, doctors and nurses have traditionally worked alone. Arrangements where these health professionals are supported by a local colleague or by telehealth, and provided adequate leave coverage are necessary to sustain the service. Community information about the service capability needs to be available to the public.

Key considerations for the delivery of safe health services in the rural and remote context are:

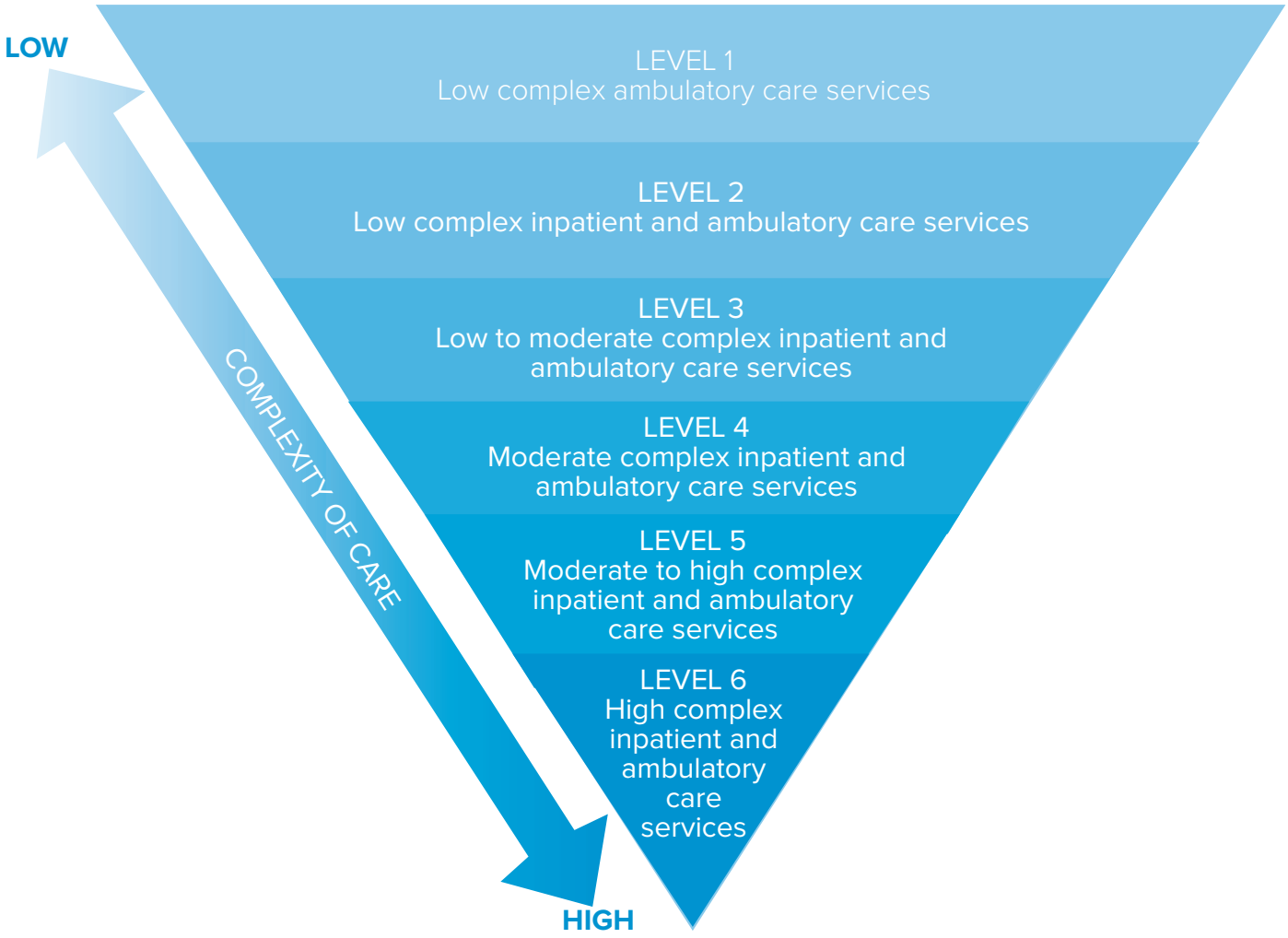
- local staff are supported (as individuals and/or teams) to maintain existing, and develop new capabilities, allowing them to provide services in line with their full scope of practice
- services are embedded within a network of services with planned and dependable access to higher level services
- emergency services are supported through 'real time' access to specialist advice via communication technologies and pre-determined protocols
- visiting specialist services are predictable and coordinated, and recognise the role of local staff in ongoing management of the patient
- safe practice is supported by the physical environment in which staff provide services and the technologies supporting reliable diagnosis and accurate treatment
- clinical support services, for example, pathology, medications and radiography, are locally available or can be accessed in a timely way to support diagnosis and high quality treatment

Fundamentals of the Framework

The Fundamentals of the Framework provides the foundation for the application of the CSCF. It is essential staff read and apply the necessary prerequisites found in the Fundamentals of the Framework before and during all stages of planning and coordination of safe and quality care at all service levels.

Within the CSCF, clinical services are categorised into six service levels with Level 1 managing the least complex patients and Level 6 managing the highest level of patient complexity. However, complexity of care may vary between modules. The size of the service and diversity of health care managed at each level will be greater as service levels increase (Figure 2).

Figure 2: Clinical service levels by complexity of care



As a general rule, service levels build on the previous service level's capability. For instance, service Level 6 should have all the capabilities of service Level 5 plus additional capabilities resourcing the most highly complex service. Each service level within the modules provides the additional capabilities representing the minimum requirements for that level.

Service level criteria

The service level criteria stipulated within the CSCF include:

- service description
- service requirements
- workforce requirements
- specific risk considerations
- support services requirements, if identified.

Minimum requirements for each criterion are defined in the service levels of the modules. The minimum requirements are based on best available evidence and requirements of the service. The minimum criterion requirements must be met at each level to provide safe and quality clinical services. A service level may exceed the minimum requirements but cannot claim subsequent service level status until the minimum requirements for the subsequent level are met.

Service description

Each module includes a brief description of the service including:

- service setting
- type of patient (e.g. multiple comorbidities)
- providers and subspecialties, where relevant.

Each level provides a more in-depth description of the service level capacity, which may not be covered in the module overview.

Service requirements

Each module provides additional detail and service-specific requirements including:

- type of service provided (e.g. particular interventions or treatment pathways, which could involve telehealth)
- providers (e.g. specific expertise of the team/s)
- inter-service / inter-level relationships (e.g. service networking, referral pathways, transfer arrangements and interaction with other services, general practitioners, multidisciplinary teams and specialists).

Service requirements also list infrastructure, asset and equipment requirements, and each service level may have additional requirements. As the management of patient care becomes more complex, the service requirements of a service level may change. Infrastructure, asset and equipment service requirements include, but are not limited to:

- all equipment and infrastructure is:
  - compliant with the manufacturers' instructions and relevant current national standards, in particular, the Therapeutic Goods Administration (TGA) regulatory guidelines and standards for medical devices
  - compliant with the Australasian Health Facility Guidelines
  - maintained in accordance with relevant Australian Standards
  - used in compliance with the manufacturer's intended purpose and instructions for use
- staff responsible for using the equipment are trained and competent in equipment use
- users of equipment and infrastructure have access to appropriate maintenance and support services, including biomedical engineering and technical services, information communications technology support, and building maintenance services
- all Level 6 services have access to on-site biomedical engineering and technical support services.

Workforce requirements

Workforce requirements describe the medical, nursing, allied health and other workforce specifications relevant to the levels within each module. These may be further defined within the service levels as the service level complexity increases.

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the relevant industrial instruments including, but not limited to:

- SA Health Salaried Medical Officers Enterprise Agreement 2013
- SA Health Visiting Medical Specialists Enterprise Agreement 2012
- Department of Health Clinical Academics Enterprise Agreement 2014
- Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013
- SA Ambulance Service Enterprise Agreement 2011

- SA Public Sector Wages Parity Enterprise Agreement Salaried 2014
- SA Government Wages Parity (Weekly Paid) Enterprise Agreement 2015

Minimum workforce requirements include:

- must be suitably qualified for the role in which they are employed and only work within their scope of clinical practice
- must complete an orientation program
- must complete training related to occupational health and safety
- must attend continuing education and skill enhancement programs
- all healthcare workers caring for children must be competent in basic paediatric life support.
- must comply with continuing professional education requirements for registration as specified by the Colleges or the Professional Association
- must comply with mandatory training requirements

Specific risk considerations

This section in each module identifies any service-specific risks.

Support services requirements

Support services requirements identify the minimum suite of services needed to deliver a service at a particular capability level. Support service levels listed in the support services requirements table of each module, where necessary, are the required capability levels of the support service to deliver the specified CSCF level relative to each CSCF module. For example, a Level 4 surgical service may require an on-site Level 3 medication service whilst only requiring an accessible Level 4 rehabilitation service.

Appendix 1 - Acronyms

Acronym	Description
AANMS	Australasian Association of Nuclear Medicine Specialists
ABMDR	Australian Bone Marrow Donor Registry
ACCCN	Australian College of Critical Care Nurses
ACEM	Australasian College for Emergency Medicine
ACHS	Australian Council on Healthcare Standards
ACORN	Australian College of Operating Room Nurses
ACPSEM	Australasian College of Physical Scientists and Engineers in Medicine
ACRRM	Australian College of Rural and Remote Medicine
AHPRA	Australian Health Practitioner Regulation Agency
AIR	Australian Institute of Radiography
ANZCA	Australian and New Zealand College of Anaesthetists
ANZICS	Australian and New Zealand Intensive Care Society
ANZNN	Australian and New Zealand Neonatal Network
ANZPIC	Australian and New Zealand Paediatric Intensive Care
ANZSNM	Australian and New Zealand Society of Nuclear Medicine
APAC	Australian Pharmaceutical Advisory Council
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency

Acronym	Description
AS	Australian Standards
AANMS	Australasian Association of Nuclear Medicine Specialists
ABMDR	Australian Bone Marrow Donor Registry
ACCCN	Australian College of Critical Care Nurses
ACEM	Australasian College for Emergency Medicine
ACHS	Australian Council on Healthcare Standards
ACORN	Australian College of Operating Room Nurses
ACPSEM	Australasian College of Physical Scientists and Engineers in Medicine
ACRRM	Australian College of Rural and Remote Medicine
AHPRA	Australian Health Practitioner Regulation Agency
AIR	Australian Institute of Radiography
ANZCA	Australian and New Zealand College of Anaesthetists
ANZICS	Australian and New Zealand Intensive Care Society
ANZNN	Australian and New Zealand Neonatal Network
ANZPIC	Australian and New Zealand Paediatric Intensive Care
ANZSNM	Australian and New Zealand Society of Nuclear Medicine
APAC	Australian Pharmaceutical Advisory Council
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
AS	Australian Standards
ASA	American Society of Anesthesiologists
ASA	Australian Society of Anaesthetists
ASAPO	Australasian Society of Anaesthetic and Paramedical Officers
ASAR	Australian Sonographer Accreditation Registry
BiPAP	Bi-level Positive Airway Pressure
CARI	Caring for Australians with Renal Impairment
ChSS	Child Safety Services
CICM	College of Intensive Care Medicine
CKD	Chronic kidney disease
CPLO	Child Protection Liaison Officer
CPAP	Continuous Positive Airway Pressure
CSANZ	Cardiac Society of Australia and New Zealand
CSCF	Clinical Services Capability Framework
CT	Computerised tomography
ECG	Electrocardiogram/electrocardiograph
ECT	Electroconvulsive Therapy

Acronym	Description
EN	Enrolled Nurse
EQuIP	Evaluation and Quality Improvement Program
ERCP	Endoscopic Retrograde Cholangiopancreatography
ESKD	End-stage kidney disease
FACEM	Fellowship of the Australasian College for Emergency Medicine
FBC	Full Blood Count
FCICM	Fellows of the College of Intensive Care Medicine
FRACS	Fellowship of the Royal Australasian College of Surgeons
GA	General Anaesthetic
GP	General Practitioner
HHS	Hospital and Health Service
ICU	Intensive Care Unit
IRSA	Interventional Radiology Society of Australasia
ISO	International Standardisation Organisation
JCCA	Joint Consultative Committee in Anaesthesia
LHN	Local Health Network
MET	Medical Emergency Team, also known as Emergency Response Team and Medical Emergency Response Team, among others
MFM	Maternal Foetal Medicine
MHPPEi	Mental Health Promotion Prevention and Early Intervention
MRI	Magnetic Resonance Imaging
NATA	National Association of Testing Authorities
NICU	Neonatal Intensive Care Unit
NP	Nurse Practitioner
NPAAC	National Pathology Accreditation Advisory Council
PACS	Picture Archiving and Communications System
PACU	Post-Anaesthetic Care Unit
PCA	Postconceptional Age
PET	Positron Emission Tomography
PGY1	Postgraduate Year 1
PGY2	Postgraduate Year 2
PICC	Peripherally Inserted Central Catheter
PICU	Paediatric Intensive Care Unit
PoCT	Point of Care Testing
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons

Acronym	Description
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RFDS	Royal Flying Doctor Service
RM	Registered Midwife
RN	Registered Nurse
ROMP	Radiation Oncology Medical Physicist
RRT	Renal replacement therapy
SC	Surgical Complexity
SHPA	Society of Hospital Pharmacists of Australia
TGA	Therapeutic Goods Administration

Appendix 2 - Glossary

*** = definitions contextualised for purposes of CSCF**

Acronym	Description	Source
24 hours	Unless otherwise stated, refers to 24 hours a day, 7 days a week.	
Access / accessible	Ability to utilise a service (either located on-site or off-site and via recall/remote call) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth and/or outreach.	
Acute care	Healthcare in which patients treated for acute (immediate and severe) episodes of illness; for subsequent treatment of injuries related to accidents or trauma; or during recovery from surgery. Usually provided in hospitals by specialised personnel using complex and sophisticated technical equipment and materials. Unlike chronic care, it is often necessary only for a short time.	Forster, P. Queensland Health Systems Review: Final Report. Brisbane; 2005
Admitted patient	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the home patient).	Australian Institute of Health and Welfare. Definitions for terms used on page 'Hospitalisation'. AIHW.
Advanced life support	Advanced life support (ALS) is basic life support with the addition of invasive techniques (e.g. defibrillation, advanced airway management, intravenous access and drug therapy).	Australian Resuscitation Council (2010) Guideline 11.1 p1

Acronym	Description	Source
Ambulatory care	Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Can also be used to refer to care provided to patients of community-based (non-hospital) healthcare services.	Australian Institute of Health and Welfare. Australia's Health. Canberra: AIHW; 2008
Ambulatory setting	Non-inpatient setting where patients do not require a hospital bed and are freely able to walk around/mobilise during treatment.	
Available	Ability to seek and obtain advice and physical intervention from a suitably qualified person who is deemed, is rostered, is on-call / standby or has nominated to be contactable and immediately available to a clinical unit. Individual facilities may define specific availability requirements of medical practitioners and/ or other health practitioners in local policy or work arrangement, or under their by-laws.	
Back-transfer	The process that occurs when higher level services transfer patients back to service/s closer to their place of residence (may involve transfer from service/s with higher to lower capability).	
Basic life support	Basic life support (BSL) is the preservation or restoration of life by the establishment of and/or the maintenance of airway, breathing and circulation, and related emergency care.	Australian Resuscitation Council (2010) Guideline 11.1 p1
Case management	The activities health professionals normally perform to ensure coordination of health services required by a patient. When used in connection with managed care, it also covers all the activities of evaluating the patient, planning treatment, referral, and follow-up so care is continuous and comprehensive, and payment for the care is obtained.	Victorian Government. Better Health Channel. Melbourne; 2009 (modified)
Chronic diseases	A diverse group of diseases (such as heart disease, diabetes and arthritis) which tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (e.g. infections), the term is usually confined to non-communicable diseases.	Australian Institute of Health and Welfare. Australia's Health. Canberra: AIHW; 2008
Clinical governance	The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks and fostering an environment of excellence in care for consumers	Australian Council on Healthcare Standards
Clinical pathway	Standardised, evidence-based multidisciplinary management plan, which identifies an appropriate sequence of clinical interventions, time frames, milestones and expected outcomes for a homogenous patient group.	Queensland Government. Queensland Health Implementation Standards: Clinical Pathways. Queensland Health; 2007

Acronym	Description	Source
Close observation care area	Designated area which may be located in a general ward for patients who have increased dependence on nursing support, including additional monitoring above general ward baseline resources. Close observation care areas in general wards have designated floor space to accommodate one or more beds and any necessary equipment required to manage patients requiring increased observation. Patients requiring invasive monitoring should be cared for in a close observation care area only when there is an ICU or appropriately credentialed registered medical practitioner on-site for consultation and intervention, if required. Patients requiring more than one system of invasive monitoring are normally cared for in a higher-resourced area unless otherwise agreed by qualified registered medical specialist.	
Comorbidity	When a person has two or more health problems concurrently.	Australian Institute of Health and Welfare. Australia's Health. Canberra: AIHW; 2008
Continuity of care	The provision of barrier-free access to the necessary range of healthcare services over any given period of time, with the level of care varying according to individual needs.	World Health Organization Centre for Health Development. A glossary of terms for community health care and services for older persons. Kobe: WHO; 2004
Credentialing	Formal process used to verify qualifications, experience, professional standing and other relevant professional attributes for the purpose of forming a view about a clinician's competence, performance and professional suitability to provide a safe, high quality healthcare service within specific environments.	Australian Commission on Safety and Quality in Health Care
Cultural competence	A system where a person's cultural background, beliefs and values are respected, taken into account and incorporated into the way healthcare is delivered to that individual.	Australian Government Department of Health and Ageing. National Mental Health Policy 2008: Glossary. Dept of Health and Ageing; 2009
Cultural respect and safety	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples and other cultural groups.	Australian Government Department of Health and Ageing. National Mental Health Policy 2008: Glossary. Dept of Health and Ageing; 2009
Designated (in the context of a service)	Specifically defined hours, equipment (e.g. beds) or infrastructure (e.g. ward or unit) are available for providing the service. Includes a routine/regular caseload.	

Acronym	Description	Source
Documented process	A process agreed by services involved. It may include a networking agreement, letter of agreement between parties, a policy arrangement, memoranda of understanding and/or contractual arrangements for retrieval and/or transfer of patients between facilities and/or outsourcing of services.	
Episode of care	Period of admitted patient care between formal or statistical admission and formal or statistical separation, characterised by only one care type.	Australian Institute of Health and Welfare. Australian Hospital Statistics 2003-04. Canberra: AIHW; 2005
Exclusive rostering	Where mention is made to clinicians being "exclusively rostered to a unit", this requirement is relevant only when services are operational, and does not prohibit them from leaving their immediate work area to attend work-related matters, on the proviso they are readily contactable and able to return promptly to the unit if required to do so.	
Health professional	A trained health professional who may or may not be registered with AHPRA.	
Hub and spoke model	Typically involves arrangements whereby one site acts as a principal base providing centralised support or activities to satellite sites connected to the principal site. Hub and spoke arrangements can vary within health care depending on the nature of organisations involved and types of services provided.	
On-site	Staff, services and/or resources located within the health facility or adjacent campus including third party providers.	
Performance indicator	Measures the efficiency and effectiveness of health services (hospitals, health centres, and so forth) in providing healthcare.	Australian Institute of Health and Welfare. Australia's Health. Canberra: AIHW; 2008
Perinatal period	The perinatal period commences at 22 completed weeks of gestation and ends seven completed days after birth	World Health Organisation
Primary health care	Primary health care is the first level of contact that individuals, families and communities have with the health care system. This incorporates personal care with health promotion, the prevention of illness and community development	Australian Practice Nurse Association
Qualification	May include formal qualification/s from a higher education institution such as a university, at either under-graduate or post-graduate level, or informal qualification/s obtained as part of an ongoing professional development program, employer-based in-service program, College and/or Professional Association membership, etc.	The Australian Qualifications Framework definition available at http://www.aqf.edu.au/

Acronym	Description	Source
Referral pathways	Provide the process or series of steps to be taken to enable timely referral of individuals to services that will best meet their needs. The referral pathway is ideally developed through a comprehensive and inclusive approach involving all local health services. It may be part of a clinical pathway.	
Scope of clinical practice	The extent of an individual practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and needs and capability of the organisation to support the practitioner's scope of clinical practice.	Australian Commission on Safety and Quality in Health Care
Service network	Formalised and clearly defined links of health services across a range of sites and settings to provide an appropriate, effective, comprehensive and well-coordinated response to health needs.	
Shared care	Establishment of pathways through which clients and health professionals in hospital and community settings can collaborate in developing a therapeutic plan to meet clinical and functional needs of the client.	
Telehealth	The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information sharing across distance. Telehealth may include but is not limited to telephones, facsimile machines, electronic mail systems, live interactive video links and remote patient monitoring devices used to collect and transmit patient data for monitoring and interpretation.	

Table note: Not all terms used in the CSCF have been defined. In the absence of a defined CSCF term, readers are encouraged to defer to 'plain English' interpretation relative to these words.

Appendix 3 - Legislation, regulations and legislative standards

- Aged Care Act 1997 (Cwlth)
- Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney
- National Health and Medical Research Centre (NHMRC) (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare.
- Standards Australia. AS/NZS 4187:2003. Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in healthcare facilities
- Carers (Recognition) Act 2005
- Children's Protection Act 1993
- Controlled Substances Act 1984
- Coroners Act 2003
- Department of Health Clinical Academics Enterprise Agreement 2014
- Disability Services Act 1993
- Environmental Protection Act 1993
- Freedom of Information Act 1991
- Guardianship and Administration Act 1993
- Health Care Act 2008
- Ombudsman Act 1972
- Health Practitioner Regulation National Law Act 2010
- Mental Health Act 2009
- Mental Health Regulations 2010
- National Health Act 1953 (Cwlth) [including Section 100]
- Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013
- Privacy Act 1988 (Cwlth)
- Privacy Amendment Act 2004 (Cwlth)
- Public Sector Act 2009
- Public Health Act 2011
- Public Health General Regulation 2013
- Return to Work Act 2014
- SA Health Salaried Medical Officers Enterprise Agreement 2013
- SA Health Visiting Medical Specialists Enterprise Agreement 2012
- SA Ambulance Service Enterprise Agreement 2011
- SA Health Clinical Academics Enterprise Agreement 2014
- SA Public Sector Wages Parity Enterprise Agreement Salaried 2014
- Therapeutic Goods Act 1989 (Cwlth)
- Therapeutic Goods Standards (Cwlth)
- Transplantation and Anatomy Act 1983
- Water Industry Act 2012
- Work Health and Safety Act 2012

Appendix 4 - Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)

Association for the Wellbeing of Children in Health Care. Health Care Policy Relating to Children and Their Families. AWCH; 1999. www.awch.org.au/child-and-adolescent-health-policies.php

Association for the Wellbeing of Children in Health Care. Policy Related to Provision of Play for Children in Hospital. AWCH; 1986, revised 2002. www.awch.org.au/hospital-play-policy.php

Australasian Faculty of Rehabilitation Medicine Standards www.racp.edu.au/fellows/resources/

Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines: Revision v4.0. AHIA; 2010. www.healthfacilityguidelines.com.au/

Australian and New Zealand College of Anaesthetists. Professional Standard PS8: Recommendations on the Assistant for the Anaesthetist. ANZCA; 2008. www.anzca.edu.au/resources/professional-documents/

Australian and New Zealand College of Anaesthetists. Professional Standard PS26: Guidelines on Consent for Anaesthesia or Sedation. ANZCA; 2005. www.anzca.edu.au/resources/professional-documents/

Australian and New Zealand College of Anaesthetists. Professional Standard PS45: Statement on Patients' Rights to Pain Management and Associated Responsibilities. ANZCA; 2010. www.anzca.edu.au/resources/professional-documents/

Australian College of Rural and Remote Medicine. Credentialing and Clinical Privileging for Rural and Remote Medical Practice. www.acrrm.org.au/

Australian College of Emergency Medicine. www.acem.org.au

Australian Commission on Safety and Quality in Health Care. www.safetyandquality.gov.au/

Australian Council for Safety and Quality in Health Care. Standard for Credentialing and Defining the Scope of Clinical Practice. Canberra: Australian Government; 2004. www.safetyandquality.gov.au/

Australian Council on Healthcare Standards. Standards and Guidelines. www.achs.org.au

Australian Government Department of Health and Ageing. Aboriginal and Torres Strait Islander Health Performance Framework. Department of Health and Ageing; 2008. www.health.gov.au/internet/main/publishing.nsf/Content/

Australian Government Department of Health and Ageing. Infection Control Guidelines. Department of Health and Ageing; 2004. www.health.gov.au/

Australian Government. Cultural competency in health: A guide for policy, partnerships and participation. National Health and Medical Research Council; 2006. www.nhmrc.gov.au/

Australian Government. National Health and Medical Research Council Guidelines. NHMRC; 2010. www.nhmrc.gov.au/guidelines/index.htm

Australian Health Practitioner Regulation Agency (AHPRA). www.ahpra.gov.au/

Australian Resuscitation Council. Standards for Resuscitation: Clinical Practice and Education. ARC; 2008. www.resus.org.au/clinical_standards_for_resuscitation_march08.pdf

College of Intensive Care Medicine of Australia and New Zealand. Minimum Standards for Transport of Critically Ill Patients. CICM; 2003. www.cicm.org.au/

Council of Australian Governments. National Partnership Agreement for Hospital and Health Workforce Reform. COAG. www.coag.gov.au

Dental Board of Australia. http://www.dentalboard.gov.au/

International Organisation for Standardisation. Standards and guidelines. http://www.iso.org/iso/home.htm

Medical Board of Australia – Registration Standards. www.medicalboard.gov.au

National Standards for Mental Health Services, 2010.

Nursing and Midwifery Board of Australia (NMBA). Registration standards. NMBA. www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

Nursing and Midwifery Board of Australia (NMBA). Codes, guidelines and statements. NMBA. www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx

The Royal Australasian College of Physicians. Standards for the Care of Children and Adolescents in Health Services. RACP; 2008. www.awch.org.au/pdfs/Standards_Care_Of_Children_And_Adolescents.pdf

Royal Australian College of General Practitioners. Standards for General Practices. RACGP; 2010. http://www.racgp.org.au/standards

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Department of Health and Ageing. Australian Standard Geographical Classification Remoteness Areas (ASGC-RA). http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/content/ra-intro

For more information

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