

Symposiums

S11.2**Improving Clinical Effectiveness****14:30 Theatre 1****Scope of Clinical Practice: The Critical Role of the Capacity and Capability of the Healthcare Facility***O'Sullivan D**Metro North Hospital and Health Service, Brisbane, Australia*

An isolated autonomous doctor is unable to deliver modern medical care in its entirety. The care identified and prescribed by a doctor is delivered within the complex, complicated and sophisticated systems of the modern hospital many important and critical parts of which are invisible to that doctor. If one or more of these parts is missing or not functioning at an appropriate level, the carefully identified and prescribed care cannot be delivered as envisaged potentially resulting in patient harm. The doctor and the care systems must “fit” together with the doctor undertaking patient care (diagnostic, therapeutic and palliative) that is within the capacity and capability of that particular hospital.

How to succinctly and accurately describe a hospital's capability is challenging. A number of Australian jurisdictions have developed standard descriptive frameworks of clinical service elements. These elements include support services and staffing levels required to safely deliver a particular clinical service. Once done hierarchical categorisation, from simplest to most complex, using a numerical scale is undertaken. Various known as role delineation statements or clinical service capability frameworks (CSCF), these documents focus on clinical services. A hospital is therefore not described in terms of a single number but rather a list of clinical services each of which has an identified level. This is a useful tool within the “credentialing process” given the consistent and systematised documentation of a clinical service capability that can then be matched with the doctor's credentials. Whilst the doctor has one set of credentials, she may have a number of “scopes of clinical practice”. For example a cardiologist may have a scope of clinical practice for interventional work at the tertiary hospital with a Cardiology CSCF level 6, diagnostic work at a secondary level hospital (Cardiology CSCF level 5) and consultation at another hospital (General medicine CSCF level 4). Whilst the role of the doctor has long been recognised as a critical element in the safety and quality system, the hospital's capacity to deliver that prescribed care and the matching of doctor to hospital capability is just as important in our quest for ongoing improvement in safety and quality for our patients.