ACT Government | Canberra Health Services

Model of Service

Building 5 Surgical Inpatient Units

Division of Surgery

September 2023

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Approvals

Position	Name	Signature	Date
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1. Introduction

This Model of Service (MoS) for the Building 5 Surgical Inpatient Units sets out the evidence-based framework for describing the right care, at the right time, by the right person / team and in the right location. A clearly defined and articulated MoS helps ensure that all health professionals are 'viewing the same picture', working towards common goals and evaluating performance on an agreed basis.

This MoS:

- outlines the principles, benefits, and challenges of each Building 5 Surgical Inpatient Units Models of Care (MoC),
- provides the basis for how we deliver evidence-based care; and
- contains information of patient/client flows (the areas from where patients enter and exit the service) and service co-ordination.

2. Principles

Our vision and role reflect what we want our health service to stand for, to be known and to delivery every day. The vision and role are more than just words - they are our promise to each other, to our patients and their families and to the community. We all have a role to play in delivering on the promise:

- Vision: Creating exceptional health care together
- Role: To be a health service that is trusted by our community.

Our values:

- We are reliable - we always do what we say we will do.
- We are progressive - we embrace innovation.
- We are respectful - we value everyone.
- We are kind - we make everyone feel welcome and safe.

Our **Strategic Plan** sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of 'creating exceptional health care together' for our consumers, their families, and carers.

Our **Partnering with Consumers Framework** provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with consumers and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.

In addition to the organisation values, this MoS is founded on the following service principles. They will guide our work and how we deliver services for patients/clients and families accessing care in the Surgical Inpatient Units.

Our service principles:

- Stream MoC - The Building 5 Surgical Inpatient Units MoC are underpinned by streamlined patient pathways. This ensures appropriate care and treatment in the most suitable environment.
- Shared Organisational Goals - The organisation has shared goals and responsibility for achieving Relative Stay Index Targets.
- Clinical Leadership and Expertise – The Building 5 Surgical Inpatient Units leadership team support clinicians through effective communication, clinical expertise, role modelling and commitment to excellence.
- Access to treatment - The Building 5 Surgical Inpatient Units provide timely, accessible, and appropriate health services to people with acute illness or injury of varying urgency and complexity. The Building 5 Surgical Inpatient Units operate 24 hours a day, 365 days a year.
- Education and Training **-** The Building 5 Surgical Inpatient Units have a strong focus on education and training. The Building 5 Surgical Inpatient Units contribute to teaching students from:
    - Australian National University (ANU) Medical School,
    - Australian Catholic University,
    - Charles Sturt University,
    - Flinders University,
    - University of Canberra; and
    - Canberra Institute of Technology.

- Supported decision making - The Building 5 Surgical Inpatient Units promote autonomy, awareness of rights and responsibilities, equal partners within the multidisciplinary care team (MDT), patient (and where possible their family members and carers) to be actively involved in their own care.
- Canberra Health Service (CHS) is committed to fostering an environment of inclusion, respect, and diversity. We recognise the uniqueness of every individual, regardless of their race, ethnicity, gender, age, sexual orientation, religion, disability, or socio-economic background. Together, we aim to adopt informed, flexible, and adaptive practices which foster a culture of respectful and therapeutic relationships.
- CHS is committed to ensuring information collected about an individual is managed in accordance with the Health Records (Privacy and Access) Act 1997. CHS will not collect information if it is not required.

3. Description of service

The Canberra Hospital (TCH), Building 5 Surgical Inpatient Units provide care to patients over 16 years of age who require surgical care. This includes planned and unplanned, pre and post operative care or conservative management without surgical intervention.

The Building 5 Surgical Inpatient Units includes the following surgical specialties:

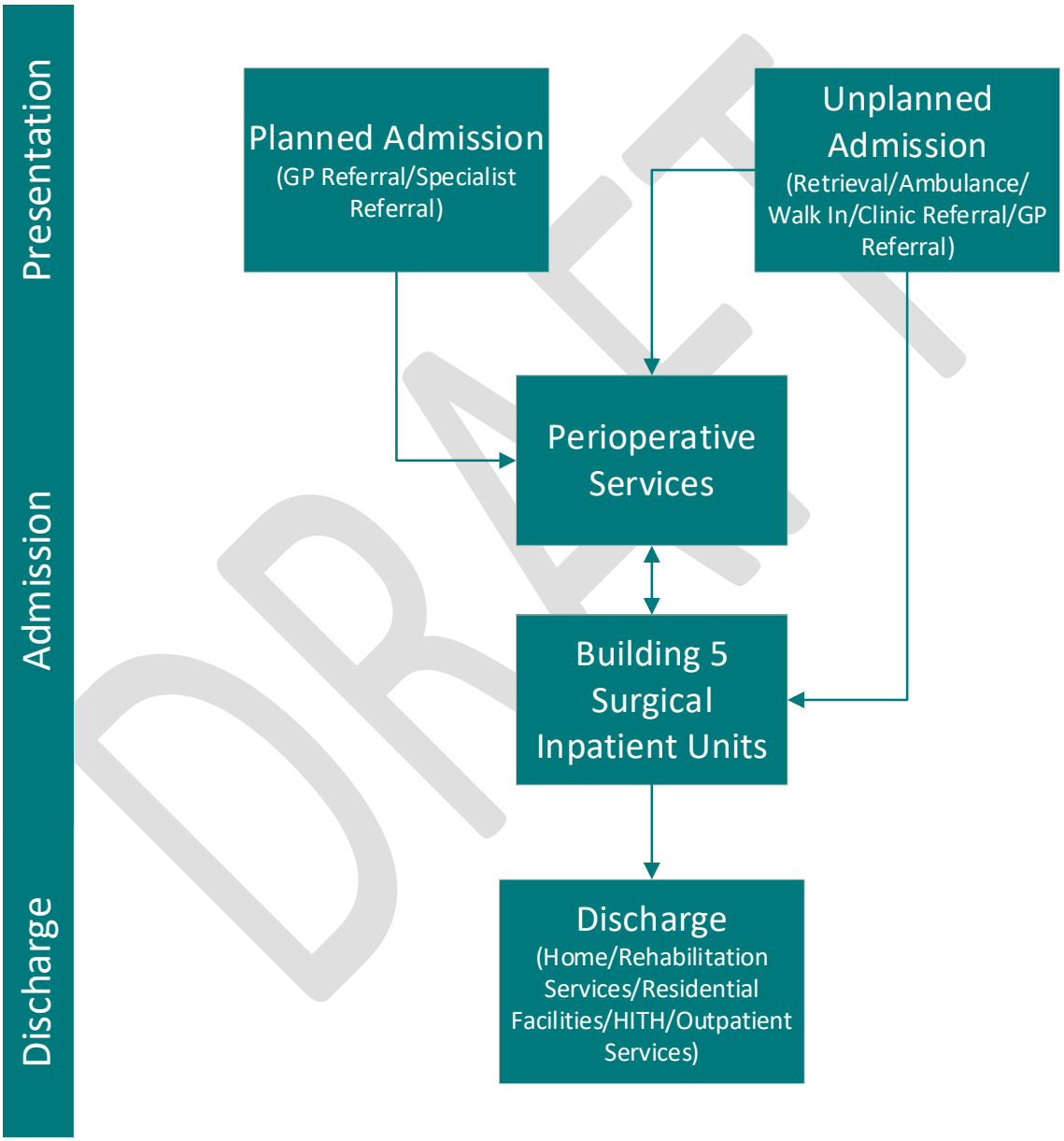
- Cardiothoracic Surgery,
- Emergency General Surgery,
- Neurosurgery,
- Oral Maxillofacial Surgery; and
- Vascular Surgery.

Patients within the Building 5 Surgical Inpatient Units will be cared for by their appropriate surgical consultant led team.

4. Surgical Inpatient Models of Care and Patient Journey

The Surgical Inpatient MoC provides a clear understanding of how care is provided across the Building 5 Surgical Inpatient Units patient journey (Figure 1).

Figure 1: Patient Journey



4.1. Cardiothoracic Surgery

Model of Care	
Description	The Cardiothoracic Surgery MoC is for pre and post operative care of elective and emergency Cardiothoracic patients. Cardiothoracic Surgery specialises in surgical management of cardiac and pulmonary disease. Cardiac surgery patients follow a cardiothoracic surgical clinical pathway. This includes a preoperative ward stay, a perioperative procedure, intensive care unit stay and post operative ward management. Patients under close observation post cardiac surgery are closely monitored by skilled cardiothoracic surgery nurses. Close observation includes continuous cardiac and non-invasive blood pressure monitoring and may include intravenous cardiac medication, temporary epicardial pacing. Allied health services are pivotal to post operative management of cardiac surgery patients. All cardiac surgery patients undergo treatment and review from physiotherapy and occupational therapy during their acute phase. Cardiac surgery patients are referred to the Cardiac Rehab Unit at discharge. Allied Health provides specialised, goal-based care and interventions to maximise patient's functionality and quality of life. Patients who do not follow the Cardiothoracic Surgery Clinical Pathway may be transferred to their local hospital for step down care or to other inpatient or community rehabilitation services. Thoracic patients may experience a patient journey involving the Emergency Department (ED), Intensive Care Unit (ICU) and Perioperative Services. Elective patients may follow an Enhanced Recovery After Surgery (ERAS) pathway, involving additional outpatient pre-operative education and preparation provided by the multidisciplinary team.

Model of Care	
	Thoracic patients may be admitted for both operative and non-operative management. These patients are assessed and treated as clinically appropriate with varying lengths of stay (LoS).
Principles	• Assess, treat and provide interventions for operative and non-operative management. • Follow clinical pathway for post operative management of Cardiac surgery patients. • Staff are trained and competent to manage complex post operative Cardiothoracic care. • Clinical guideline and protocol enhance best practice implementation. • Coordinated multidisciplinary approach to operative and non-operative care.
Benefits	• Clear admission and discharge process for Cardiac surgery patients. • Reduced LoS.
Performance Indicators	• Consumer and staff feedback. • Relative Stay Index. • Hospital acquired complications. • Readmission rate. • Complication rate.

4.2. Emergency General Surgery

Model of Care	
Description	The Emergency General Surgery (EGS) MoC is for pre-operative, post operative and conservative management of EGS patients. EGS specialises in surgical management of abdominal organs, skin and soft tissue, and endocrine organs. Most admissions to the ward come through the ED or are from urgent intrahospital consultations. The EGS patient journey may include an emergency or preoperative ward admission, a perioperative procedure/intervention intensive care unit stay and post operative ward management. The average LoS within the unit is between 24 to 72 hours after surgery. If LoS is likely to be prolonged, operational processes are activated by the surgical team to facilitate transfer of care to downstream surgical teams or other departments/ facilities (e.g., rehabilitation or residential aged care facility). Allied health services are pivotal in the management of EGS patients. All EGS patients undergo treatment and review from a variety of allied health services based on their needs. This allied health input provides specialised, goal-based care and interventions to maximise patient's functionality and quality of life.
Principles	• Assess, treat and provide interventions for operative and non-operative management. • Staff are trained and competent to manage complex Emergency General Surgery patients. • Clinical guidelines and protocols enhance best practice implementation. • Coordinated multidisciplinary approach to operative and non-operative care.

Model of Care	
Benefits	• Reduced LoS. • Improved patient flow. • Improved hospital wide bed capacity.
Performance Indicators	• Consumer and staff feedback. • Relative Stay Index. • Hospital acquired complications. • Readmission rate. • Complication rate.

4.3. Neurosurgery

Model of Care	
Description	The Neurosurgery MoC is for pre and post operative care of elective and emergency neurosurgery patients. Neurosurgery specialises in the diagnosis and treatment of disorders of the central and peripheral nervous system. Neurosurgery patient journey may include an emergency or preoperative ward admission, a perioperative event, intensive care unit stay and post operative ward management. Post operative ward-based management may include close observation and supervision for patients at high risk of neurological deterioration. Patients under close observation post neurosurgical intervention are closely monitor by skilled neurosurgical nurses. Close observations may include intracranial pressure, continuous cardiac and non-invasive blood pressure monitoring. Patients with complex neurosurgical injuries due to trauma may require close observation post injury and/or discharge from the ICU.

Model of Care	
	Allied health services are pivotal in the management of neurosurgery patients. All neurosurgery patients undergo treatment and review from a variety of Allied Health services based on their needs. This allied health input provides specialised, goal-based care and interventions to maximise patient's functionality and quality of life. Patients requiring further rehabilitation beyond inpatient services may be transferred to their local hospital for step down or to other inpatient or community rehabilitation services. Some patients may require specialised rehabilitation services outside the ACT and their local health district.
Principles	• Assess, treat and provide interventions for operative and non-operative management. • Follow clinical pathway for post operative management of neurosurgery patients. • Staff are trained and competent to manage complex post operative neurosurgery care. • Clinical guideline and protocol enhance best practice implementation. • Coordinated multidisciplinary approach to operative and non-operative care.
Benefits	• Supported admission and discharge process for neurosurgery patients. • Reduced LoS.
Performance Indicators	• Consumer and staff feedback. • Relative Stay Index. • Hospital acquired complications. • Readmission rate. • Complication rate.

4.4. Oral Maxillofacial Surgery

Model of Care	
Description	The Oral Maxillofacial Surgery MoC is for pre and post operative care of elective and emergency Oral Maxillofacial Surgery patients. Oral Maxillofacial Surgery specialises in the management of patients presenting with disorders and injuries of the face, jaw, mouth and teeth. This includes complex facial trauma, dental related infections, oral and facial cancers and temporomandibular joint (TMJ) problems. The Oral Maxillofacial Surgery patient journey may include an emergency or preoperative ward admission, a perioperative event, intensive care unit stay and post operative ward management. Oral Maxillofacial Surgery patients may require follow up care provided in the outpatient clinics within the Canberra Hospital Campus. Patients requiring further allied health rehabilitation beyond inpatient services may be transferred to their local hospital for step down or to other inpatient or community rehabilitation services.
Principles	• Assess, treat and provide interventions for operative and non-operative management. • Follow clinical pathway for post operative management of oral maxillofacial surgery patients. • Staff are trained and competent to manage complex post operative oral maxillofacial surgery care. • Clinical guideline and protocol enhance best practice implementation. • Coordinated multidisciplinary approach to operative and non-operative care.

Model of Care	
Benefits	• Supported admission and discharge process for oral maxillofacial surgery patients. • Reduced LoS.
Performance Indicators	• Consumer and staff feedback. • Relative Stay Index. • Hospital acquired complications. • Readmission rate • Complication rate

4.5. Vascular Surgery

Model of Care	
Description	The Vascular Surgery MoC is for pre and post operative care of elective and emergency Vascular Surgery patients. Vascular Surgery specialises in the assessment and treatment for conditions involving blood vessels and treatment and management of planned and traumatic amputations. Vascular surgery involves both open (surgery) and endovascular (minimally invasive) techniques to diagnose and treat arterial and venous diseases. Elective patients may follow an Enhanced Recovery After Surgery (ERAS) pathway, involving additional outpatient pre-operative education and preparation provided by the multidisciplinary team. Rehabilitation of patients that have undergone vascular surgery including an amputation begins post-surgery during the acute treatment phase. Vascular surgery patients undergo treatment and review from a variety of allied health services based on their needs. Allied health input provides specialised, goal-based care and interventions to maximise patient's functionality and quality of life.

Model of Care	
	Patients may be referred for ongoing rehabilitation services and allied health support. Patients requiring further rehabilitation beyond inpatient services may be transferred to their local hospital or to other inpatient or community rehabilitation services. Some patients may require specialised rehabilitation services outside the ACT and their local health district. Vascular surgery is significantly involved in wound/ulcer management and manage diabetic foot complications. We do this with the assistance of other specialists such as endocrinologists and podiatrists through the High-Risk Foot Clinic.
Principles	• Assess, treat and provide interventions for operative and non-operative management. • Follow clinical pathway for post operative management of vascular patients. • Staff are trained and competent to manage complex post operative vascular care. • Clinical guideline and protocol enhance best practice implementation. • Coordinated multidisciplinary approach to operative and non-operative care.
Benefits	• Supported admission and discharge process for Vascular Surgery patients. • Reduced LoS.
Performance Indicators	• Consumer and staff feedback. • Relative Stay Index. • Hospital acquired complications. • Readmission rate. • Complication rate.

5. Innovation

5.1 Automatic Dispensing Cabinets

Automatic Dispensing Cabinets (ADCs) allow medications to be stored and dispensed near the point of care. They allow for the controlling and tracking of drug distribution. The Surgical Inpatient Units will be utilising ADCs throughout. This will enable efficiencies in the management of pharmacological agents.

5.2 Bariatric Rooms

Bariatric rooms within the Surgical Inpatient Units are designed to accommodate patients up to 450kg. Bariatric rooms are fitted with equipment weight rated for bariatric patients. This includes overhead lifters and toilets.

Bariatric rooms are weight rated to 250kgs or Super Bariatric rooms are weight rated to 450kgs.

Each Surgical Inpatient Unit has one super bariatric room, two single bariatric room and 4 bedspaces capable of caring for bariatric patients.

5.3 Multitherapy space

The multitherapy space on Level 7 of Building 5 is a space specifically designed by Allied Health services to assist in maximising patient's functionality and quality of life.

The multitherapy space is on level 7 with the Surgical Inpatients Units to provide an ease of accessibility to inpatients. Equipment available in the space includes parallel bars, stairs, treadmill, plinth, pedal, rail system and scales.

5.4 Procedure rooms

The Level 7 procedure room provides a controlled environment for planned or emergent, minimally invasive procedures performed under topical, local or regional anaesthesia. Safe sedation may be used in conjunction with the hospital safe sedation policy.

It is to be noted that the procedure room is not a substitute for an operating theatre with strict guidelines for approved clinical procedures.

6. Interdependencies

Interdependencies describe internal and external functional relationships with other services that specifically enable the Building 5 Surgical Inpatient Units MoS and MoC.

6.1 ACT Trauma Service

Physical injuries, or trauma, is a leading cause of mortality and morbidity in those under the age of 45 and an increasing burden on older citizens. In Australia, injuries are responsible for 7% of the total burden of disease, equating to over 185,050 years of healthy life lost due to premature death or disability. It is estimated that road trauma alone costs the Australian economy over $30 billion every year.

TCH was designated as the major trauma centre for the ACT in 2000 and supports a regional population of over 748 500. Because the ACT is an enclave within the state of NSW, TCH has an integral role in management of patients injured in rural areas of NSW and is recognised as part of the NSW trauma system. The Hospital provides a trauma tertiary referral role to two regional NSW hospitals, Goulburn and Wagga Wagga, and to 34 smaller hospitals also located in NSW including Bega, Bateman's Bay, Cooma, Tumut, Holbrook and Young.

Trauma patients are initially assessed and stabilised within the ED and are admitted under the ACT Trauma Service. Patients with multiple organ system injuries will require complex care coordination. Single organ system injuries will be looked after by the most appropriate subspeciality once a full assessment and initial observation has been completed. This includes any fractures, any abdominal organ injury, rib fractures, and closed head injuries requiring post traumatic amnesia testing, etc.

6.2 Acute Pain Service

The Acute Pain Service (APS) is an inpatient service designed to help you manage pain after surgery or trauma. APS provides care to patients of the Building 5 Surgical Inpatient Units post referral or included in a clinical pathway.

6.3 Allied Health

TCH Acute Allied Health Service is an inpatient service. A cohesive relationship between the Surgical Inpatient Units and Acute Allied Health Services is primary in providing specialised, goal-based care and interventions to maximise patient's functionality and quality of life.

Allied Health prehabilitation is initiated for selected patients in the preadmission phase with the aim to optimise patients physically prior to a surgical procedure.

6.4 Hospital in the Home

The Hospital in the Home (HITH) service allows for hospital level care in your home or outpatient services instead of on a hospital ward. HITH provides care to patients transferred from Building 5 Surgical Inpatient Units as per the HITH Referral, Admission and Discharge Procedure. Post-Operative Support in the Home (POSH) is a service provided by HITH and may be accessible post operative instead of overnight hospital admission.

6.5 Intensive Care Unit

The ICU is a separate and self-contained area of the Hospital, dedicated to the management and monitoring of patients with life-threatening illnesses, injuries, and complications.

It provides specialised expertise and facilities for support of vital organ function through the skills of medical, nursing, allied health and other personnel experienced in complex clinical patient management.

Admission from the ICU to the Building 5 Surgical Inpatient Units may be planned as part of a patient's post operative pathway or occur following an unplanned ICU stay prior to transfer to the surgical inpatient units.

Management of patients transitioning between ICU and Building 5 Surgical Inpatient Units is a complex and dynamic process. Clinical communication is critical during this transition and is managed in accordance with the *'CHS, Clinical Handover, Procedure'*.

6.6 *Perioperative Services*

Patients admitted to the Building 5 Surgical Inpatient Units may be transferred to perioperative services for surgery to treat trauma or acute illness following an emergency or unplanned presentation. Patients will be transferred to the appropriate Surgical Inpatient Unit post-operatively to receive their aftercare.

The multidisciplinary clinical Enhanced Recovery After Surgery (ERAS) team provide a comprehensive, patient-centred assessment prior to elective surgery. Selected adult patient cohorts may be suitable for the ERAS program. The ERAS program helps patients recover from surgery with fewer complications and reduces patients' LoS. This is achieved by lowering patients' stress response, optimising patients' physiological function and facilitating a swift and uncomplicated recovery.

6.7 *Outpatient Clinics*

Each speciality within the Building 5 Surgical Inpatient Units has outpatient clinics. The outpatient clinics facilitate consultation, minor procedures and timely follow up care of surgical patients. Within outpatient clinics, some specialised clinics and services play an integral role in the assessment, treatment and management of patients discharged from the Surgical Inpatient Units.

The Cardiac and Heart Failure Rehabilitation Service is a specialised service to treat people with problems and injuries to the heart and circulatory system. Cardiac surgery patients following a Cardiothoracic Surgery Clinical Pathway are referred to this service to continue their cardiac rehabilitation.

High risk foot clinic is a specialised service for wound and ulcer management and management of diabetic foot complications. Vascular Surgery work closely in this clinic with other specialists and allied health services such as podiatry to support patients with these disease processes.

7. Workforce

The management of staff within Building 5 Surgical Inpatient Units is undertaken in accordance with the:

- Relevant Enterprise Agreements
- ACTPS Work Level Standards

- Public Sector Management Act (1994)
- Public Sector Management Standards (2016)
- Health Act 1993
- ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework
- Visiting Medical Officer Contracts.

Workforce requirements are based on the number of points of care, number of patient presentations, patient types and intensity of care provided in different areas of the Building 5 Surgical Inpatient Units.

The Building 5 Surgical Inpatient Units workforce is summarised in Table 1.

Table 1: SI workforce categories

Category	Roles
Medical staff	• Clinical Director • Deputy Directors • Postgraduate Fellows • Career Medical Officers • Senior Registrars • Registrars • Senior Registered Medical Officers • Registered Medical Officers • Interns
Nursing	• Assistant Director of Nursing • Nurse Managers • Clinical Nurse Consultants • Clinical Development Nurses • Registered Nurses (Grades 1, 2 and 3) • Enrolled Nurses

Category	Roles
Allied Health	• Physiotherapists • Occupational Therapists • Pharmacists • Social Workers • Dietitians • Speech Pathologists • Aboriginal and Torres Strait Islander Liaisons • Psychologists • Exercise Physiologists
Support staff	• Administration staff • Division of Surgery Operations Manager • Division of Surgery Administration Manager • Medical Secretaries • Medical Education Officer • Clinical support through: • Ward Clerks • Wardspersons • Assistant in Nursing • Hospital Assistants • Central Equipment • Courier Services • Spiritual Support Services • Capital Linen • Food Services • Security

Category	Roles
	• Heath Technology Management • Equipment Officers • Environmental staff.

8. Implementation

The MoS will be implemented through the following strategies:

- Orientation and training programs for new and existing staff to work within the service.
- Ongoing training programs for staff working within the service.
- Processes and documentation used within the service that support the principles of the Building 5 Surgical Inpatient Units MoC.

9. Performance

The Building 5 Surgical Inpatient Units MoS will be delivered in accordance with key government strategic performance objectives and priorities. The Building 5 Surgical Inpatient Units MoS supports achieving performance indicators related to Building 5 Surgical Inpatient Units access targets and quality safe patient care.

The objective for all performance improvements is to ensure patients receive quality, safe health care in 'the right care, at the right time, by the right team and in the right place'.

The Surgical Inpatient Units will evaluate performance against:

- ACT Health Strategic Indicators
- Australian Council of Healthcare Standards (ACHS), National Safety and Quality Standards
- CHS, Clinical Governance Structure and Committees
- CHS, Strategic Indicators
- Consumer Feedback.

Surgical Inpatient Units will ensure the provision of high-quality service through ongoing feedback from patients, families and carers who use the service, as well as the measure of staff satisfaction and well-being.

Monitoring and evaluation of Building 5 Surgical Inpatient Units will occur through a range of mechanism including:

- CHS's Clinical Governance Structure and Committees.
- CHS's Risk Management Processes.
- National Safety and Quality Health Service (NSQHS) Standards Committees

Data collected by the CHS Consumer Engagement team via the Australian Hospital Patient Experience Question Set (AHPEQS) has a key role in monitoring and identifying and acting on themes from surveys and other feedback sources. This process includes seeking input from the CHS Consumer and Carer Sub-Committee, to ensure subsequent quality indicators from the consumers perspective are appropriate and meaningful.

10. Definitions & Terms

Table 2 provides abbreviations and acronyms used in this document.

Table 2: Acronyms

Acronym	Meaning
ACHS	Australian Council on Healthcare Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
ADC	Automatic Dispensing Cabinet
AHPEQS	Australian Hospital Patient Experience Question Set
ANU	Australian National University
APS	Acute Pain Service
ASU	Acute Surgical Unit
BCP	Business Continuity Plan
CH	Canberra Hospital

Acronym	Meaning
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
CIT	Canberra Institute of Technology
CPHB	Calvary Public Hospital Bruce
DHR	Digital Health Record
ED	Emergency Department
EGS	Emergency General Surgery
ERAS	Enhanced Recovery After Surgery
ERP	Emergency Response Plan
HITH	Hospital in the Home
HTM	Healthcare Technology Management
ICT	Information and Communications Technology
ICU	Intensive Care Unit
KPI	Key Performance Indicator
LOS	Length of Stay
MDT	Multidisciplinary Team
MI	Medical Imaging
MoC	Model of Care
MoS	Model of Service
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NSQHS	National Safety and Quality Health Service
POSH	Post-Operative Support in the Home
SI	Surgical Inpatients
TCH	The Canberra Hospital

Acronym	Meaning
TIS	Translating Interpreting Services
TMJ	Temporomandibular Joint
UC	University of Canberra
UCH	University of Canberra Hospital
WHSMS	Work Health Safety Management System

Table 3 provides term definitions used in this document.

Table 3: Term Definitions

Term	Definition
Guideline	Aimed at CHS staff, guidelines detail the recommended practice to be followed by staff but allow some discretion or autonomy in its implementation or use. Guidelines are written when more than one option is available under a given set of circumstances, and the appropriate action requires a judgement decision. Guidelines may also be used when the supporting evidence for one or other course of action is ambiguous.
Model of Care	Model of Care describes the way health services are delivered including best practice, population groups and patient cohorts through the stages of care. It aims to provide the 'right care, at the right time, by the right team and in the right place'.
Model of Service	Model of Service describes overarching operational principles of a service area and performance measures.
Next of Kin	Patient nominated next of kin include biological family relations of any degree, but also family of choice who may not be biologically related, carers or loved ones such as friends.
Policy	Aimed at CHS staff, policy documents are an overarching, organisational wide directive about how staff are to act in defined circumstances or regarding a particular situation. Policies are documents based on legislation, Standards,

Term	Definition
	regulations and/or ACT Government requirements and compliance is mandatory.
Procedure	Aimed at CHS staff, procedures detail specific methods or actions staff must undertake to complete required processes within CHS. Procedures inform staff about how to complete clinical or administrative actions consistently across the organisation. The actions are evidence based and informed by staff who are subject matter experts. Non-compliance with a clinical procedure must be clearly documented in the patient's clinical record.
Riskman	A core software tool used by CHS for consumer and staff incident reporting, integrated risk management, legislative compliance, and quality improvement monitoring.
Tertiary care	The term tertiary care refers to services provided by hospitals with specialised equipment and expertise. At this level, hospitals provide services such as intensive care, major trauma management, neurosurgery, cardiothoracic surgery, and interventional procedures.

11. References List

Frameworks

- CHS Exceptional Care Framework 2020-2023
- CHS Clinical Governance Framework 2020-2023
- CHS Partnering with Consumers Framework 2020-2023
- CHS Corporate Plan 2020-2021
- CHS Strategic Plan 2020-2023
- CHS Work Health Safety Strategy 2018-2022

Policies & Procedures

- CHS Consumer and Carer Participation
- CHS Consumer Feedback Management
- CHS Consumer Handouts
- ACT Health Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management
- ACT Health Work Health and Safety
- CHS Work Safety Policy
- ACT Health Incident Management
- ACT Health Language Services (Interpreters, Multilingual Staff and Translated Materials)
- CHS Clinical Records Management
- CHS Protective Security – Security Design for Facilities
- CHS Waste Management

Legislation

- Human Rights Act 2004
- Charter of Health Care Rights
- Workplace Privacy Act 2011
- Work Health Safety Act 2011
- Dangerous Substances Act 2004

External Standards/Guidelines

External organisations may have standards and guidelines that are relevant to the Building 5 Surgical Inpatient Units which may include but not be limited to:

- Australian Commission on Safety and Quality in Health Care
- ACT Ambulance Service, Clinical Management Guidelines
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare.

12. Model of Service Development Participants

Participant Position
Clinical Director, Division of Surgery
Clinical Director, Cardiothoracic Surgery
Clinical Director, Emergency General Surgery
Clinical Director, Neurosurgery
Clinical Director, Oral Maxillofacial Surgery
Clinical Director, Vascular Surgery
Director, Acute Allied Health Services
Director of Nursing, Division of Surgery
Assistant Director of Nursing, Surgical Inpatient Units, Division of Surgery
Clinical Nurse Consultant, ASU
Clinical Nurse Consultant, 6B
Clinical Nurse Consultant, 9B
Clinical Nurse Consultant, 5B
Client Liaison Officer, Inpatient Units and Clinical Training Facility, Campus Modernisation
Senior Change Specialist, Campus Modernisation

ACKNOWLEDGMENT OF COUNTRY
Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. CHS respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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