CLINICAL PROCEDURE:

Craniofacial Patients - South Australian Government (SAG) funding guideline

DOCUMENT MANAGEMENT	
Document Number	cp2019_196
Summary	Guidelines for Cleft and Craniofacial SA patient selection for funding under the South Australian Government (SAG) Scheme
Applies to:	WCHN Division / Service: Surgical Services Specialty: C&CSA
Exceptions	Nil
Replaces	Nil
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Status	Active
Approved by	Dr Cindy Molloy, Divisional Medical Director – Surgical Services
Approval Date	5 September, 2019

Compliance with WCHN Procedures is mandatory.

Document History

Version	Date	Writer	Amendment/s	Status
v1.1	4/1/21	A Manna Craniofacial & Plastics NC, Surgical Services	Minor update. Transferred to new template. ACFU changed to Cleft & Craniofacial SA	Draft

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CORE CLINICAL PRACTICE REQUIREMENTS:

Positive patient identification
Consumers should be positively identified using three core identifiers: **full name**, **date of birth**, **medical record number/address**, prior to implementation of this procedure.
Staff completing positive patient identification should be mindful of collecting or confirming consumer identification information in a respectful, non-shaming way. Aboriginal people may have a number of names. For example, a person may have a European first name and surname, a skin name and maybe even a nickname. An individual gains a 'skin name' upon birth based on the skin names of his or her parents and skin names are used in a manner similar to a surname.

As a mark of respect, many Aboriginal people will avoid referring to a deceased person by name where the avoidance period may last anywhere from 12 months to several years. Those of the same name as the deceased are referred to by a substitute name during the avoidance period.

Identifying Aboriginal and Torres Strait Islander Status
The collection of the Aboriginal and Torres Strait Islander status of patients/consumers by WCHN is important for improving Aboriginal and Torres Strait Islander health. Under-identification of Aboriginal status has serious implications for Aboriginal health in two ways.

- Firstly, it prevents delivery of targeted services to Aboriginal and Torres Strait Islander people. If clinicians do not know which of their patients/consumers are Aboriginal, they are unable to offer them health interventions that are specific to Aboriginal people.
- Secondly, incomplete and unreliable data on Aboriginal and Torres Strait Islander health impede effective responses to the higher burden of disease and death among Aboriginal people, and make accurate assessment of progress in 'closing the gap' difficult.

See Identification of Patients / Clients prior to Delivery of Care/Service/Treatment for additional information.

Consumer Safety Risks
Patient safety risks eg physiological deterioration, infection status, fall, pressure injury, mental state, nutrition or other safety risk (including social /domestic and family violence), must be considered in relation to this procedure. Consider, with cultural sensitivity, completion of Domestic & Family Violence ASK/ASSESS/RESPOND PS-5/MR* form (Ask, Assess and Respond).

For Aboriginal and Torres Strait Islander people, past policies and practices and have created unresolved trauma which has been passed down from generation to generation. Transgenerational trauma can manifest in many different ways and affect people differently. The social and health disadvantages experienced by Aboriginal and Torres Strait Islander people and the impact of unresolved trauma should be considered in relation to this procedure.

Trauma and the impact of unresolved trauma should be considered in relation to all WCHN consumers, including, but not limited to migrants, refugees and new arrivals.

Staff should consider the requirements of the Information Sharing Guidelines (ISG) in relation to these patients / families.

Person and Family Centred Care
WCHN staff operate in a framework of Person and Family Centred practice which involves; treating consumers and their family with dignity and respect, communicating information clearly and openly with the consumer, actively involving consumers in decision making and being positive and kind.

Diversity
WCHN will seek to ensure that this health service becomes more receptive and responsive to, and culturally safe for, Aboriginal and Torres Strait Islander people using their services and facilities in order to achieve equitable health outcomes. Aboriginal and Torres Strait Islander people should be recognised as having a special heritage and the WCHN will, in interacting with Aboriginal and Torres Strait Islander people, support values that respect their traditional and contemporary cultures.

WCHN services will be sensitive to the linguistic, physical, spiritual and cultural needs and requirements of consumers, and responsive as far as practicable to the particular circumstances of individuals and their families. Identification of linguistic, physical, spiritual and cultural needs is a responsibility of all staff. Interpreters should be used when appropriate to ensure clear and complete communication on health care and to support patients to partner in their health care.

Documentation
All aspects of care delivery must be documented in the health record, including documentation of discussions with the patient/care giver, in accordance with the WCHN Procedure: Documentation in Patient/Client Health Records.

MANAGER RESPONSIBILITIES:

Managers are responsible for:

- ensuring staff are aware of this procedure;
- have the skills and knowledge to undertake the actions described; and
- escalating any issues with the implementation of this procedure through the appropriate mechanism.

Cleft and Craniofacial South Australia (C&CSA), as a multidisciplinary department functioning administratively within the Women's and Children's Hospital (WCH) but working clinically across both the WCH and the Royal Adelaide Hospital (RAH) provides for the Free, Aliquot or Private treatment of patients from overseas who fulfil certain clinical criteria which will be detailed below.

1. Diagnostic categories:

Patients who have a major craniofacial anomaly:

- Craniosynostosis – syndromic and multicultural. Single suture synostosis would only be accepted for treatment where that service is not available in the country of origin.
- Rare Tessier craniofacial clefts.
- Fronto-ethmoidal meningo-encephalocoele (FEME) and like conditions.
- Hemifacial microsomia (Craniofacial microsomia)
- Treacher Collins Syndrome or like conditions.
- Benign craniofacial growth disorders – fibrous dysplasia, craniofacial neurofibromatosis etc.

Malignant tumours in the craniofacial region will not be managed under this scheme.

2. Number of cases:

There is an allowance of up to 15 SAG cases per year, and a number of Aliquot patients which can be brought in addition, where time and resources permit. This is contained within the SA Government guidelines.

3. Referral sources:

- Referrals may be accepted from overseas counterparts within our region (Asia – Pacific), and from referral agencies within Australia/ NZ with an established record in dealing with such cases e.g. ACMFF, Interplast, ROMAC, Children's First Foundation etc.
- No clinician on overseas clinics / missions (representing C&CSA, or otherwise) can guarantee to overseas patients or counterparts that any patient is eligible for treatment under this scheme – this final decision as to eligibility for treatment is the responsibility of the full C&CSA team, in concert with the WCH Chief of Surgery.
- It is expected that such referral agencies have a medical contact / service in the country from which the patient presents, to assist with administrative issues and to in ensure appropriate early and long term follow-up after treatment.
- That the service is neither readily available nor affordable in their country of origin.
- That all efforts are made to explore and identify if in-country referral for treatment is possible.
- That patients be accepted from as far west as Bangladesh, through the nations of south-east Asia to the Pacific Islands in the east. Patients may be accepted from beyond this region, where referral is from a former fellow/ colleague, who makes a direct recommendation for treatment at C&CSA.
- The final decision to accept for treatment is the responsibility of the C&CSA consultant surgical team – Craniofacial and Neurosurgeons for most cases.

4. Timing of treatment:

It is expected that cases will be accepted for treatment at a time consistent with, and related to established C&CSA protocols.

In those cases where treatment may involve staged surgery, at different times of facial growth (e.g. syndromic craniosynostosis), acceptance for initial treatment does not guarantee their return in later years for further treatment- in the intervening years an appropriate service may have become available in their home country.

It is anticipated that the duration of treatment for such cases here at the C&CSA should not exceed 6-8 weeks.

5. Financial support :

There are SA government gazetted rules/ guidelines regarding the costs associated with the treatment of these SAG and Aliquot cases. Generally these state that there are to be no costs/ fees generated by clinicians involved in treating these cases. Patients are admitted as Public patients to the WCH or RAH, and there are no fees available for the provision of any ad hoc out of hospital management.

Referral organisations are to be encouraged to contribute to the costs of supporting patients / accompanying persons when they are not hospital inpatients -accommodation/ daily living allowances etc as these otherwise are taken from the C&CSA departmental budget.

INTEGRATION (list any special requirements for this procedure here)	
Governance	Surgical Services
Escalation	Divisional Medical Director – Surgical Services
Communication	C&CSA team meeting
Shared Decision Making	All surgical interventions are discussed with consumer and caregivers. **Consent to Medical Treatment**
Documentation	**Documentation in Patient/Client Health Records**

RISK ASSESSMENT *(only complete for applicable categories)*

CATEGORY	Clinical - S&Q of Consumers	Financial	Workforce - Our People / WH&S	Legislative & Compliance	Service Delivery	Reputation & Image
Consequence	insignificant					
Likelihood	unlikely					
Risk Rating	**low**					
Description						

Overall Risk rating:	low

COMPLIANCE EVALUATION

Compliance Measures *(not required for LOW risk rated procedures)*
N/A

REFERENCING	
National Standard/s	Comprehensive Care Clinical Governance
Definitions and Acronyms:	C&CSA Cleft and Craniofacial South Australia SAG South Australian Government
Legislation:	Nil
SA Health: *(eg policy, clinical guideline)*	Nil
References:	Nil
Related Documents: *(eg procedure/s, forms, standards)*	Nil
Consumer Health Information	Nil