

**GUIDE TO THE
ROLE DELINEATION OF
HEALTH SERVICES**

DRAFT FOR COMMENT

Statewide Services Development Branch

September 1999

Draft

Guide to the Role Delineation Of Health Services

Prepared by Statewide Services Development Branch
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INTRODUCTION

History

In 1986 the Department of Health, following considerable consultation, published the *Guide to the Delineation of the Roles of Area Health Services and Hospitals*. Since the mid 1980's role delineation has been applied in NSW in the capital planning of hospital facilities and in the strategic planning of services at Area/Regional and State level.

Following a further formal consultation with the learned Colleges, relevant professional organisations and other interested parties, the *Guide to the Role Delineation of Health Services* was released in 1991. The guidelines have been progressively revised and improved with the assistance of representatives of professional bodies and health service providers and managers. As a result, this current draft has been formulated with the assistance of a reference group and officers from a number of Branches within the Department. Following commentary by Area Health Services, Colleges, private organisations and service providers a revised Guide will be finalised.

Definition

Role delineation is a process which determines that support services, staff profile, minimum safety standards and other requirements are provided to ensure that clinical services are provided safely and appropriately supported. The aim of the Guide is to provide a consistent language which Area, and Statewide health care providers and planners can use when describing health services, and a tool for planning service developments.

The role level of a service describes the complexity of the clinical activity undertaken by that service, and is chiefly determined by the presence of medical, nursing and other health care personnel who hold qualifications compatible with the defined level of care. However, these factors need to be supported by similar factors in related and support services. Adequate formal appointment and credentialling processes are therefore mandatory for all facilities. This document does not represent a description of criteria for credentialling.

The Guide does not attempt to describe all the services which are provided by health care facilities, but confines itself to those which are widely considered to be the core services for hospitals and community health facilities. The clinical services are presented in three major groupings: inpatient care, hospital services which are integrated with community-based services, and community-based health services.

Services not described in the Guide should be covered by appropriate hospital policy. For example, the safety of services which depend on medical equipment must be ensured by a formal equipment maintenance program. Equipment not covered under operational maintenance contracts should be maintained by an appropriately constituted Biomedical Engineering Service.

Application

The Guide to Role Delineation applies to public hospitals and health services. When developing functional and strategic plans, Area Health Services should use this document to describe the size, service profile and roles of the institutions which form part of the Area. Each service will then be planned and developed at the level necessary to meet the needs of the catchment population for that service as determined in the Area thus ensuring efficiency in the health system as a whole, while also improving local access. The Guide is used as a tool to determine the necessary support services once core service levels are resolved, or to provide a common language when describing services. Current support and

core service role levels should not drive decisions to increase or decrease levels of core services.

Once **support** and **core** services are delineated the Area is responsible for ensuring that the criteria set out in this Guide for each service's level are maintained.

Interpretation

When determining the levels in **core** services in each hospital or community health service, networking can be considered. Some **support services** may be required on campus for clinical reasons (eg. intensive care). However, where there are off-campus **support** services available in an Area, a hospital may be credited with having that **support** service, if there is equivalent functional access to that service **and** if patient care is not compromised by that service being off-site. Off-site support services must provide the same level of support or the skills of appropriately credentialed staff which would apply were they on campus.

The Guide should be applied with a degree of flexibility which gives consideration to the functional level of services. Thus, a service need not satisfy all the stated criteria in order to achieve a particular level, as long as the service is provided at a level of safety which is equivalent to that described in the guide for the level concerned.

Services described in the Medical and Surgical sections of the Guide may be provided wholly or partly on an outpatient basis. The standards established for the inpatient service continue to apply in these instances. Similarly, it is assumed that appropriate arrangements will be made for the completion of care of recently discharged patients. For example, by the use of the outpatients and allied health departments, and effective discharge planning.

All services must have access to interpreter services as per Departmental Circular 94/10 and quality assurance programs as required by the Department and the Australian Council on Healthcare Standards. Quality assurance activities in Level 1 and 2 services should, where possible, be complemented by participation in quality assurance networks with services of similar and higher levels.

Conclusion

Role delineation provides health service planners with a valuable tool to facilitate the development of facility based and networked services in Areas. The process of delineating health service roles should be co-ordinated by the Area, have both local and external representation of the disciplines involved, and have a flexible approach in achieving service levels to best meet the needs of the community it serves when planning.

This version of the Guide provides an additional component, a disc which contains an Access database which will further facilitate the process of review.

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FORMAT OF THE GUIDE

The Guide is presented in two interrelated parts.

PART 1 - CLINICAL SUPPORT SERVICES

These eight clinical **support** services are primarily hospital based and are essential to the successful provision of clinical **core** services. They are as follows:

1. Pathology
2. Pharmacy
3. Diagnostic Imaging
4. Nuclear Medicine
5. Anaesthetics
6. Intensive Care
7. Coronary Care
8. Operating Suite

PART 2 - CORE SERVICES

This section comprises fifty three major specialty areas with up to six levels of service (1-6) in increasing complexity.

Due to the degree of complexity required to perform the service some medical and surgical specialities lower levels are not represented as such activities are defined in General Medicine and General Surgery e.g. Plastic Surgery.

The core services fall into six categories:- Emergency, Medical, Surgical, Maternal and Child, Integrated Community and Hospital Services, and Community Based Health Services. They have flagged dividers for ease of reference.

In surgical specialties and anaesthetics the general terms "good, moderate and bad risk" have been used (definitions in Appendix II), rather than more specific definitions, to allow scope for varying circumstance and appropriate clinical judgement. The anaesthetic risk scale is based on that produced by the American Society of Anaesthesiologists (Appendix II) and made available by the RACS Faculty of Anaesthetists. The levels described relate to non-emergency situations. It is accepted that in certain circumstances special consideration is needed.

Complexity of surgical procedures are described in the Guide as "minor", "common and intermediate", "major" and "complex major". The list given in Appendix III, entitled "Indicative List of Surgical Procedures" is intended only as a guide to the meaning of those terms and is not prescriptive of the procedures which may be performed in each category. The actual range of surgical procedures which may be performed by individual practitioners appointed to a general or subspecialty surgical service of a given level will be determined through the credentialling process by which clinical privileges are granted. Acknowledgement is given to the Royal Australasian College of Surgeons for their assistance with the Indicative List.

Levels of core services recognise the interdisciplinary nature of health by including different staff requirements at the various levels. Definitions of staff titles used are in Appendix I.

Correlation of Levels in the Guide to other Specialist Service Gradings for (Trauma, Neonatal and Intensive Care):

Trauma Service levels have been described in the "Policy for Trauma Services" released by the NSW Health Department (ISBN-07305-3317-4), in Circular 89/73, and in the State

Trauma Plan released in April, 1991. The required levels of support and core services for Trauma Service levels, based on the Trauma Plan, appear in Appendix IV.

Neonatal and Intensive Care services also have four different descriptions for levels of service, these graded levels of service are integrated into the role levels of this Guide.

APPENDICES

The Appendices contain important supporting and definitional material and should be consulted regularly during the role delineation process. Throughout the text, there are footnotes to direct the user to the appropriate Appendix.

INDEX

An index is provided to assist with cross referencing.

DISC

An access data base disc to assist in the planning process is enclosed.

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HOW TO USE THIS GUIDE

WHEN DESCRIBING SERVICES

- Step 1 Each of the 8 clinical **support** services (**Part 1**) should be assessed for your facility/network.
- Step 2 **Core** services (**Part 2**) should then be assessed, service by service.
- Step 3 Area Health Services should record and maintain details of each facilities clinical support levels and core service levels.

IN STRATEGIC AND FUNCTIONAL PLANNING

- Step 1 Refer to the Area Health Plan and Individual Service Plans for core services, as required for facilities concerned.
- Step 2 Using the text in this Guide, assign role levels to each service according to requirements in these Plans.
- Step 3 Refer to **support** services matrix in appropriate level of **core** services and determine required levels of **support** services.
- Step 4 By comparing existing and required support services, identify necessary changes to meet requirements and develop an action plan, or reassign role levels.

SECTION A

Clinical Support Services

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1 PATHOLOGY

Level	Description
1	<p>No on site pathology service. Blood and diagnostic collecting facilities available with staff appropriately trained in collection and specimen handling techniques. Policies and procedures controlled by and supervised by the National Association of Testing Authorities (NATA) accredited pathology testing service where the specimens will be tested. Quality assurance activities in place to monitor activities of the collection service and the service of the testing authority. ⁽¹⁾</p>
2	<p>As Level 1 plus a range of urgent tests available on site. These tests may be performed by appropriately trained health workers using suitable Point of Care testing devices such as blood gas analysers with electrolytes, Hb, Glucose and other parameters. Blood storage facilities will be available on site with some stock of O-negative blood. Appropriate quality control and quality assurance activities in place under the control and supervision of a NATARCPA accredited.</p>
3	<p>As Level 2 plus on site core pathology services operating with 24 hour on-call access. The laboratory will be NATA accredited and will obtain specialist scientific and clinical supervision from a NATA accredited Category 1 laboratory. Range of tests performed on site will include FBC, electrolytes, glucose, cross matching, basic coagulation, pregnancy testing urine microscopy and gram staining. The service may provide testing for a single or group of hospitals and will operate as part of an Area or group service with formal connections to a Hub service. Service will employ on site pathology personnel with appropriate tertiary qualifications in accordance with National Pathology Accreditation Committee (NPACC) guidelines.</p>
4	<p>As Level 3 with 24 hour on site service. Fine needle aspiration's, frozen sections and bone marrow's available on site and a range of tests including those listed at level 3 and liver function test's, cardiac enzymes, calcium, magnesium and phosphate. Other tests may need to be provided on site to meet clinical need if they cannot be provided in a timely manner by a level 5 or 6 laboratory. (e.g. microbiology).</p>
5	<p>As Level 4 plus large pathology service providing 24 hour on site services. This service is likely to support the clinical services of a regional or large suburb hospital and may provide secondary laboratory and clinical services for other hospitals or other laboratories in the Area or group service. May have on site pathologist(s) and conduct limited teaching and research activities. The range of tests available on site will largely be determined by the local clinical needs and the ability of a level 6 laboratory to provide the results in a timely manner.</p>
6	<p>As Level 5 as well as a range of Tertiary clinical, laboratory and business support services. Will have a teaching and research role and may provide reference or public health services to the State. May be the centre of a pathology Network. This service will be under the control of a Clinical Director and will employ other pathologists in a range of specialities. Will perform testing of a complex technical nature in fields such as molecular diagnostics, electron microscopy, flow cytometry and specialised inorganic chemical analysis.</p>

(1) See "Glossary" in Appendix V

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2 PHARMACY

Level	Description
1	Drugs supplied on individual prescription from retail pharmacy, or drugs from a networked Regional or Area public hospital. No pharmacist employed but regular visits from pharmacists associated with provision of the service. Visiting pharmacist may participate in Drug and Therapeutics Committee or equivalent. Quality assurance activities. ⁽¹⁾
2	As Level 1, plus pharmacist employed on part-time or sessional basis. Co-ordination of drug distribution from community pharmacy or Regional/Area source. Limited clinical service. May provide patient and staff education. May participate in ward meetings or rounds. Has an established and regularly updated pharmacopoeia.
3	As Level 2 with at least one pharmacist employed full time. May also have support staff. Pharmacy-controlled drug distribution to in-patients. Clinical service includes drug information, drug monitoring, utilisation review, adverse drug reaction reporting. Has limited participation in ward meetings and rounds and provides patient and staff education programs. May have limited manufacturing services. Formal quality assurance program. ⁽¹⁾ May be involved in domiciliary/community care. May provide outpatient service.
4	As Level 3 plus more than one permanent full-time pharmacist employed plus support staff. Pharmacist on-call for emergency advice. Director of Pharmacy involved in Drug (or Pharmacy and Therapeutics) Committee. Non-sterile manufacturing service with facilities provided to Standards Association of Australia (SAA) requirements. May have sterile manufacture, which follows Good Manufacturing Practice (GMP) standards. May provide pre-registration training.
5	As Level 4 plus provides regular drug information service and bulletins. Participation in ward rounds or meetings. Must have outpatient service. Has staff development and training program for pharmacy staff. Sterile manufacturing and IV admixture service including cytotoxic drugs if clinical unit present in hospital. Facilities to standard of SAA. Code of GMP standards followed. May supply to other Regional or Area hospitals. Clinical trial support for research activities in hospital.
6	As Level 5 plus extensive involvement in research, clinical trials, clinical review. Provides pre- and post-graduate pharmacy training. Has pharmacist on call 24 hours.

⁽¹⁾ See "Glossary" in Appendix V

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3 DIAGNOSTIC IMAGING

Level	Description
1	Visiting/mobile service and limited to X-ray of extremities, chest, and abdomen. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.
2	As Level 1 plus access to designated room with bucky table. Has film processing capacity.
3	As Level 2 plus has on site designated room with bucky table. Access to fluoroscopy facility. Has mobile condenser discharge (CD) for perioperative use. Radiographer in attendance who has regular access to radiologist consultation. Simple ultrasound capacity for foetal monitoring. Formal quality assurance program ⁽²⁾ .
4	As Level 3 with facilities for general X-ray, fluoroscopy, in addition to mobile CD for wards, operating suite and A.& E. (where present). Has automatic film processing capacity. Has mobile image intensifier in theatre and/or CCU or ICU. Has staff radiographer on call 24 hours. Has specialist radiologist appointed. May have ultrasound and/or a CAT scanner. Registered nurse as required. Level 3 Anaesthetics, ICU, CCU and Operating Suite services are required on site.
5	As Level 4 plus established Department. Full ultrasound service available. Has radiologist in charge. May have radiology registrar ⁽¹⁾ . Has registered nurse ⁽¹⁾ . 24hr on site service for urgent x-rays. CAT scanner on site or locally available. Level 3 Pharmacy and Level 4 Pathology, Anaesthetics, ICU and Operating Suite services are required on site. MRI and DSA available locally.
6	As Level 5 plus special rooms for cardiac investigation and digital angiography, neuro-radiology etc. CAT scan and full ultrasound service, appropriately staffed, available 24 hours. Has MRI, digital angiography available. May have cardiac catheter laboratory. Has radiology registrar ⁽¹⁾ Performs invasive procedures. Level 4 Pharmacy and Level 5 Pathology, ICU, CCU and Level 6 Operating Suite Services are required on site.

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Glossary" in Appendix V

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4 NUCLEAR MEDICINE

Level	Description
1-2	No service.
3	Access to a Level 4 Nuclear Medicine facility. Quality assurance activities ⁽¹⁾ . Interpreters as per Circular 94/10. On site facility with the following characteristics. Full time supervision by National Specialist Qualification Committee of Australia (NSQAC) recognised nuclear medicine specialist. Technologist staff accredited by Australian and New Zealand Scientists in Nuclear Medicine who supervise radiopharmaceutical preparation. One or more gamma cameras with whole body and SPECT capabilities. Access to cardiac stress testing equipment. Relevant support equipment and personnel. Designated Radiation Safety Officer. May have bone densitometer. Standards to conform to NSW Radiation Control Act and Regulations, including Code of Practice #5 (1997). Facilities for unsealed radio-isotope source therapy not requiring patient isolation. Technical standards should comply with those of the Technical Standards Advisory Committee of ANZSNM. Supervision by recognised NSQAC nuclear medicine specialist during procedures.
4	As Level 4 plus the following characteristics. Accredited by Australian and New Zealand Association of Physicians in Nuclear Medicine for Advanced Training in Nuclear Medicine. On call service for out of hours scanning. Facilities for unsealed radio-isotope source therapy requiring patient isolation. Dedicated research programs and outcomes. Facilities for in-vitro tracer studies.
5	As Level 4 plus the following characteristics. Accredited by Australian and New Zealand Association of Physicians in Nuclear Medicine for Advanced Training in Nuclear Medicine. On call service for out of hours scanning. Facilities for unsealed radio-isotope source therapy requiring patient isolation. Dedicated research programs and outcomes. Facilities for in-vitro tracer studies.
6	As Level 5 plus PET scanning facilities.

⁽¹⁾ See "Glossary" in Appendix V

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5 ANAESTHETICS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s	
1	Analgesia/sedation available by medical officer. Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	-	-	-	-	-	1	-
2	As Level 1 plus general anaesthetics on good risk ⁽²⁾ patients given by accredited medical practitioner (anaesthetics) ⁽¹⁾ . May have specialist anaesthetist ⁽¹⁾ appointed for consultation.	1	1	2	-	-	2	1	2	2
3	As Level 2 plus specialist anaesthetist ⁽¹⁾ appointed for consultation and to provide service for moderate risk ⁽²⁾ patients. Specific operating room anaesthetic staff support available. Formal quality assurance program ⁽³⁾ .	3	2	3	-	-	3	3	3	3
4	As Level 3 plus specialist anaesthetist ⁽¹⁾ on 24hr roster for good, moderate and bad risk ⁽²⁾ patients. Nominated specialist director of anaesthetic staff. Medical officer(s) ⁽¹⁾ on site 24 hours.	4	4	4	3	-	4	3	3	3
5	As Level 4 plus specialist anaesthetic staff on site during day. Anaesthetic registrar ⁽¹⁾ on site 24 hours or available within 10 minutes. May have teaching and research role.	4	4	5	4	-	4	4	4	3
6	As Level 5, with subspecialists, research and teaching of graduates and undergraduates. 24 hour on site anaesthetic registrar ⁽¹⁾ . Has teaching and research role.	5	5	5	5	-	5	5	5	6

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Levels of Risk" in Appendix II

⁽³⁾ See "Glossary" in Appendix V

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6 INTENSIVE CARE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							Op/s
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	
1	No Service	Not applicable							
2	Recovery area for post-operative patients and different high dependency area for general ward patients requiring observation over and above that available in general ward area. Registered nursing equivalent to 4 hours/patient/day (1:6) desirable. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	2	2	2	-	2	-	1	-
3	As Level 2 plus 24hr access to medical officer ⁽¹⁾ on site or available within 10 minutes. Registered nursing equivalent to 6 hours/patient/day (1:4) desirable for designated high dependency beds. Has nursing unit manager ⁽¹⁾ . Separate recovery area preferable. The services of a specialist paediatrician are essential for children requiring management in Level 3 Intensive Care. Formal quality assurance program ⁽¹⁾ . Liaison psychiatry available. Access to medical and nursing education programs.	3	2	3	-	3	-	3	2
4	As Level 3 plus mechanical ventilation and simple invasive cardiovascular monitoring for several hours. Separate and self-contained facility in the hospital capable of providing basic, multi-system life support usually for less than 24 hours. Medical Director ⁽¹⁾ with training and experience in intensive care. In addition to attending specialist(s), the unit must have at least one registered medical officer ⁽¹⁾ on site or available to the unit at all times. Approximately equivalent to level I# of ANZCA guidelines.	4	4	4	3	4	-	3	3

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6 INTENSIVE CARE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
5	<p>As Level 4 plus mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for a period of several days. Separate and self-contained facility in hospital capable of providing complex multi-system life support. Medical Director⁽¹⁾ with substantial training and experience in intensive care or specialist in specialty appropriate to the nature of the work of the Unit (e.g. anaesthetics). At least one specialist accredited with appropriate experience in intensive care. Plus one registered medical officer(s)⁽¹⁾ who is onsite, predominantly present in the Unit and exclusively rostered to the Unit at all times. Nurse unit manager⁽¹⁾ with post-registration qualifications in intensive care or the clinical specialty of the unit. Nurse in charge⁽¹⁾ of the shift permanent staff member and appropriately qualified. All nursing staff of Unit responsible for direct patient care are registered nurses. Majority of nursing staff have post-registration qualifications in intensive care or clinical specialty of the Unit. 1:1 care for ventilations or equivalently critically ill. Capacity to provide greater than 1:1 care if required. At least 2 registered nurses⁽¹⁾ in Unit if there is a patient in the Unit. Active medical and nursing education programs. Access to clinical nurse educator⁽¹⁾. 24 hour access to pharmacy, pathology, operating suite and imaging. Appropriate access to physiotherapy, social worker, dieticians, pastoral care and other allied health services. Approximately equivalent to level II# of ANZCA guidelines.</p>	5	5	5	4	5	-	4	4

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6 INTENSIVE CARE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
6	<p>As Level 5 plus mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for an indefinite period. Separate and self-contained Unit in hospital capable of providing complex, multi-system life support for an indefinite period. Referral centre for intensive care patients. Medical Director⁽¹⁾ accredited intensive care specialist or consultant physician in intensive care. Plus one registered medical officer⁽¹⁾ who is in the hospital, predominantly present in the Unit and exclusively rostered to the Unit at all times. Nurse unit manager⁽¹⁾ with post-registration qualifications in intensive care or Units clinical specialty. Nurse in charge⁽¹⁾ of shift permanent staff member and appropriate qualifications. All nursing staff registered⁽¹⁾ if providing direct patient care. Majority of nursing staff have post-registration qualifications in intensive care or Unit clinical specialty. 1:1 care for ventilations or equivalent critically ill, greater than 1:1 for selected patients. More than 2 registered nurses⁽¹⁾ present in the Unit if patient in the Unit. Clinical nurse educator⁽¹⁾. Physiotherapy services are accessible. Appropriate access to other allied health services. Minimum 1:3 nurses per shift. Active research. Designated social worker. Biomedical engineering services on-site. Approximately equivalent to level III# of ANZCA guidelines.</p>	6	6	6	6	5	6	-	5	6

⁽¹⁾ See "Glossary" in Appendix V

⁽²⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Approximately equivalent to this level of ANZCA guidelines

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7 CORONARY CARE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Capable of providing Basic Life Support prior to referral to a more sophisticated unit. Basic resuscitation equipment available. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	-	-
3	Intensive Care with bedside monitoring of coronary care patients. Has 24hr access to medical officer ⁽¹⁾ rostered for emergencies on site or within 10 minutes. Registered nursing equivalent to 6 hours/patient/day (1:4) desirable, or according to dependency of patient. Has nursing unit manager ⁽¹⁾ . Formal quality assurance program ⁽²⁾ .	3	2	3	-	3	3	-	2
4	As Level 3 plus designated coronary care area ⁽³⁾ with clearly defined admission and discharge policy and patient care review. Nominated specialist director. Day time medical officer(s) ⁽¹⁾ ; experienced medical officer(s) ⁽¹⁾ on call after hours. Has cardiologist or general physician on call 24 hours. Registered nursing equivalent to 8 hours/patient/day (1:3) desirable or according to dependency of patient. Has experienced registered nurses ⁽¹⁾ . Has bedside and central monitoring.	4	3	4	3	4	4	-	3
5	As Level 4 plus rostered cardiologist director. Cardiologist/general physicians on call 24 hours. Medical officer(s) ⁽¹⁾ on site 24 hours. Has medical registrar ⁽¹⁾ on call 24 hours. Invasive monitoring available. Isolation facilities available. Formal audit and review procedures. Registered nursing equivalent to approximately 12 hours/patient/day (1:2) desirable, or according to dependency of patient. Access to clinical nurse consultant is desirable ⁽¹⁾ .	5	5	5	5	5	5	-	4
6	As Level 5 plus specialist cardiologists with procedural expertise available on site or available within 10 minutes on 24hr basis. Capable of all forms of cardiac assessment, monitoring and therapy including bypass support. Access to cardiac surgery. Registered nursing equivalent to 16 hours/patient/day (1:1.3) desirable, or according to dependency of patient. Has cardiology registrar ⁽³⁾ . Medical registrar ⁽¹⁾ on site 24 hours.	5	5	6	5	6	6	-	6

⁽²⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Glossary" in Appendix V

⁽³⁾ Not necessarily physically separate from ICU. May be within the ICU facility

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8 OPERATING SUITES

Level	Description
1	No Service Operating room equipped for minor ⁽¹⁾ diagnostic and therapeutic surgical procedures. Anaesthetic induction undertaken within area. Recovery area for post surgical procedures combined with general ward. Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.
2	As Level 2 plus equipped for intermediate ⁽¹⁾ surgical procedures. More than one operating room. Separate anaesthetic room. Separate recovery area with registered nurse for every 3 recovering patients. A minimum of 3 nurses (in addition to surgeon's assistant, where applicable) per operating team. Has nursing unit manager ⁽²⁾ . Formal quality assurance program ⁽³⁾ .
3	As Level 3 plus equipped for major ⁽¹⁾ procedures. Usually more than two operating rooms. May have day surgery operating room and special endoscopy area. Separate recovery area with full time staff. 24hr availability. Has nursing unit manager ⁽²⁾ and experienced registered nurses ⁽²⁾ .
6	As Level 4 plus operating rooms equipped for major and complex major ⁽¹⁾ diagnostic and treatment procedures. Specialist units and teaching role. Staffing on site or available within 20 minutes. Access to clinical nurse consultant ⁽²⁾ is desirable.

(1) See "Indicative List of Surgical Procedures" Appendix III

(2) See "Medical and Nursing Staff Definitions" in Appendix I

(3) See "Glossary" in Appendix V

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SECTION B

CORE SERVICES

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**Core Services -
Emergency
Medicine**

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9 EMERGENCY MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1	No planned Emergency Service. Able to provide first aid and treatment prior to moving to higher level of service, if necessary. Access to a medical practitioner. Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	1	1	-	1	-	1	-
2	Emergency service in small hospital. Designated assessment and treatment area. Can cope with minor injuries and ailments. Resuscitation and limited stabilisation capacity prior to referral to higher level of care. Nursing staff ⁽¹⁾ from ward available to cover emergency presentations. Visiting medical officer on call. May be Local Trauma Service ⁽²⁾ . Access to local and statewide retrieval and transport service. Access to specialist consults with the ability to transfer and refer.	1	1	2	-	-	1	2	1	-
3	As Level 2 plus designated nursing staff ⁽¹⁾ available 24hr and nursing unit manager ⁽¹⁾ . Some registered nurses having completed or undertaking relevant post-basic studies. Has 24hr access to medical officer(s) ⁽¹⁾ on site or available within 10 minutes. Specialists in General Surgery, Anaesthetics, Paediatrics and Medicine available for consultation, if applicable. Full resuscitation facilities in separate room. Formal quality assurance program ⁽³⁾ . Access to allied health professionals and liaison psychiatry. Ideally Medical Director ⁽¹⁾ , preferably with specialist qualifications. Pathology, radiology and operating suites available during normal hours and on call access after hours. Education programs for nursing and medical staff	3	2	3	-	-	3	3	3	3

Draft

9 EMERGENCY MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
4	As Level 3 plus can manage most emergencies, including stabilisation and assisted ventilation and provide definitive care for most. Purpose designed area. Designated Medical Director ⁽¹⁾ with training and experience in emergency medicine. Experienced medical officer(s) ⁽¹⁾ and nursing staff ⁽¹⁾ on site 24 hours. Experienced registered nurses ⁽¹⁾ on site 24 hours. Specialists on call 24 hours in intensive care, general surgery, paediatrics, orthopaedics, anaesthetics and medicine. 24 hour access to on call liaison psychiatry. May send out medical and nursing teams to disaster site. Participation in regional adult retrieval system (rural base hospitals) is desirable. May be a Regional Trauma Service ⁽²⁾ . May provide Emergency Department registrar position. Provides in-house formal medical and nursing education programs. Access to Clinical Nurse Consultant ⁽¹⁾ and Clinical Nurse Educator ⁽¹⁾ is desirable. 24 hour access to pathology, radiology and operating suites.	4	4	4	4	3	4	4	4	4
5	As Level 4 plus can manage all emergencies including stabilisation and assisted ventilation, and provide definitive care for most. Medical Director ⁽¹⁾ is FACEM accredited. Access to clinical nurse consultant ⁽¹⁾ and clinical nurse consultant ⁽¹⁾ . Has designated registrar ⁽¹⁾ accredited with the Australasian College for Emergency Medicine (ACEM). Staff specialists in emergency medicine additional to Director 16hours/7days. 24 hour on call emergency consultant cover. May be Area/Regional Trauma Service ⁽²⁾ which links with Referral Hospitals for Tertiary level sub-specialties. Access to retrieval service. Send out teams to disaster site. Liaison psychiatry on call 24 hours. Extended hour access to Allied Health (in particular social work services and physiotherapy)	5	5	5	5	3	4	5	5	4

Draft

9 EMERGENCY MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
6	<p>As Level 5 plus has neurosurgery and cardiothoracic surgery on site. Sub-specialists available on rosters. Has advanced sub-specialty registrar⁽¹⁾ on site 24 hours. May be designated Supra-Area Trauma Service⁽²⁾. May have out of hours roster for emergency department staff specialists 24hours/7days. Capacity for management of frequent major trauma and other life threatening emergencies. Capacity for invasive monitoring and short term ventilation. Dedicated Nursing Director and/or Nurse Managers⁽¹⁾ 24 hours. Provides advice and stabilisation for complex cases transferred from other network hospitals. May provide or participate in regional retrieval service. Active research program. CT and nuclear medicine available on site.</p>	6	6	6	6	5	6	6	6	6

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See Appendix IV, for related services required.

(3) See "Glossary" in Appendix V

Draft

Core Services - Medicine

Draft

10 GENERAL MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1	Management and appropriate referral by medical practitioner. Registered nurse ⁽¹⁾ in charge on each shift. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	1	-	1	2	1	-
2	As Level 1 plus general physician consultation available. Continuing education programs for nurses available specific to the needs of the service. Access to allied health professionals.	1	2	2	2	-	1	2	1	-
3	As Level 2 plus referral and management primarily by accredited medical practitioners ⁽¹⁾ or general physicians. Has 24hr access to medical officer ⁽¹⁾ on site or available within 10 minutes. Consultations available from other specialists. Nursing unit manager ⁽¹⁾ for general ward. Some registered nurses having completed or undertaking relevant post-basic studies. Formal quality assurance program ⁽²⁾ . Access to health promotion services, and liaison psychiatry.	3	3	3	3	-	2	3	3	2
4	As Level 3 plus service provided by general physicians rostered on call 24 hours. May have subspecialty interest/skills. Medical officer(s) ⁽¹⁾ on site 24 hours. Has medical registrar ⁽¹⁾ . Has nursing unit manager ⁽¹⁾ and experienced registered nurses. Allied health professionals on site. Formal link with Level 4 Rehabilitation Service.	4	4	4	4	-	4	4	4	2
5	As Level 4 plus Department of medicine. Subspecialists available for consultation. Has medical registrar ⁽¹⁾ on call 24 hours. Access to clinical nurse consultant ⁽¹⁾ for relevant subspecialties is desirable. May have subspecialties on site. May have teaching and research role. Has link with Level 5 Rehabilitation Service including conjoint appointments.	5	5	5	5	4	4	4	4	2
6	As Level 5 plus Division of medicine with subspecialty Departments. Has medical registrar ⁽¹⁾ on site 24 hours. Experienced registered nurses ⁽¹⁾ on most shifts. Has teaching and research role. May have statewide role.	As appropriate level for subspecialty								

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Glossary" in Appendix V

Draft

11 CARDIOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine								
4	As for General Medicine Level 4 plus general physicians with interest in cardiology on call 24 hours.	4	4	4	4	3	4	4	4	2
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed cardiologist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role. Link with cardiothoracic unit. <u>Link to Level 5 Rehabilitation Service.</u>	5	5	5	5	4	4	5	5	2
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has cardiology registrar ⁽¹⁾ . Cardiology department including cardiology sub-specialties. Cardiologist on call 24 hours. Has teaching and research role. Has cardiac catheterisation facility and cardiothoracic surgery on site.	6	5	6	6	6	5	6	6	6

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

12 DERMATOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES									
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s	
1-4	As for General Medicine	As for appropriate level in General Medicine									
5	As General Medicine Level 4 plus appointed specialist dermatologist. Has medical registrar ⁽¹⁾ on call 24 hours. May have teaching and research role. Link with Radiation Oncology Level 3.	4	4	4	4	3	4	4	4	2	
6	As Level 5 plus dermatology registrar ⁽¹⁾ . Has dermatology department. May have dermatologist on call 24 hours. Has teaching and research role.	5	5	4	4	3	4	4	4	2	

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

13 ENDOCRINOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for General Medicine Level 4 plus general physician with interest in endocrinology. Has diabetic education service. Link with Level 4 Health Promotion Service. Has an integrated hospital/community diabetes management service.	4	4	4	3	4	4	4	2
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed endocrinologist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role. Link to Level 5 Rehabilitation Service.	5	5	5	5	4	4	4	4
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has department of endocrinology. Endocrinologist is on call 24 hours. Has endocrinology registrar ⁽¹⁾ . Has teaching and research role. May have Statewide role.	6	6	5	5	5	5	5	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

14 GASTROENTEROLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1-2	As for General Medicine	As for appropriate level in General Medicine								
3	As General Medicine Level 3. May have fibre optic endoscopy performed by accredited medical practitioner ⁽¹⁾ .	3	3	4	-	2	3	3	2	2
4	As General Medicine Level 4 plus service provided by general physicians with interest in gastroenterology. Regular endoscopy service including colonoscopy. Has access to drug and alcohol counselling.	4	4	4	-	4	4	4	4	3
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Gastroenterologist appointed. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	4	4	4	4	4	4
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has gastroenterology registrar ⁽¹⁾ . Has gastroenterology department. Gastroenterologist on call 24 hours. Has teaching and research role. May have Statewide role.	6	6	5	5	5	5	5	4	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

15 HAEMATOLOGY - CLINICAL

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES												
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s				
1-3	As for General Medicine													
	As for appropriate level in General Medicine													
4	As for General Medicine Level 4 plus service provided by general physician with interest in haematology. May have haematologist visiting regularly. Link with palliative care service.	4	4	4	4	3	4	4	4	4	4	4	4	2
5	As Level 4 plus general medical registrar ⁽¹⁾ on call 24 hours. Appointed haematologist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	5	5	4	4	5	4	4	4	4	4
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has department of haematology. Haematologist on call 24 hours. Has haematology registrar ⁽¹⁾ . Has teaching and research role. May provide cell separation. May perform bone marrow transplantation.	6	5	5	5	5	5	5	5	5	4	4	4	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

16 HIV / AIDS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES																		
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s										
1	Limited range of community services provided by non-specialist staff in consultation with general practitioners (GPs). Access to specialised community health services for consultation and referral. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10. Provide health information through pamphlets and other media. Needle and Syringe Exchange Program secondary outlet.																			
2	As Level 1 plus access to HIV testing, multidisciplinary health, sexual health, or community HIV clinic staff providing a range of assessment, home care, counselling, information, education and prevention programs. Counselling and support services by a range of disciplines. Link with sub acute and palliative care beds.																			
3	As Level 2 with access to inpatient beds managed by physician or medical practitioner with training in HIV medicine. Has experienced registered nurses ⁽¹⁾ . Formal quality assurance program ⁽²⁾ . Access to sexual health and/or community HIV clinic desirable. Support services as for General Medicine Level 3.	3	3	3	3	-	2	3	3	2	3	3	3	3	3	3	3	3	3	2
4	As Level 3 with formal links between hospital and community support services including home care and respite care and at least Level 3 Palliative Care Services. Management by physicians or medical officer experienced in the management of HIV and related diseases. Support services as for General Medicine Level 4. Health promotion and education programs planned, monitored, implemented and evaluated in liaison with Health Promotion service. Formal links with GPs through Divisions of General Practice; sexual health service Level 3. Formal interagency collaboration with relevant Area government and non-government organisations.	4	4	4	4	-	4	4	4	4	4	4	4	4	4	4	4	4	4	2

Draft

16 HIV / AIDS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
5	As Level 4 with specialist multidisciplinary team with experience and training in HIV, including allied health professionals and social workers. Management by specialist immunologist or infectious diseases physicians. Participates in research, community education and professional development programs and consultative outreach programs. Strong link with Level 5 Palliative Care Service. Community support program including formal link with home and voluntary non government organisations. Facilities for ambulatory and sameday admitted care. On site specialist medical staff in areas such as neurology, oncology, psychiatry, respiratory and gastrointestinal. Accepts referrals from lower levels. Specialist O/P clinic. Access to clinical nurse consultant ⁽¹⁾ experienced in HIV is desirable. Level 4 Operating Suite, other support services as for General Medicine Level 5.	5	5	5	4	4	4	4	4	4
6	As Level 5 plus nominated director of Infectious Diseases/HIV/AIDS Inpatient and Community Services. May have designated Unit. May provide State referral role. Formal teaching and research role. Level 6 Operating Suite, other support services as for Immunology Level 6.	6	6	5	5	5	5	5	4	6

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Glossary" in Appendix V

Draft

17 IMMUNOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for General Medicine plus service provided by general physician with interest in immunology	4	4	4	3	4	4	4	2
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed immunologist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	5	4	4	4	3
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has department of immunology. Immunologist on call 24 hours. Has immunology registrar ⁽¹⁾ . Has teaching and research role. Has Statewide role.	6	6	5	5	5	5	4	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

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18 INFECTIOUS DISEASES

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine								
4	As General Medicine Level 4 plus services provided by general physician with interest in subspecialty. Facilities include isolation rooms(s) with internal washbasins and toilets, as well as staff washbasins immediately outside the room(s). An area with separate air conditioning available.	4	4	4	4	3	4	4	4	2
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed specialist. May have teaching and research role. Link with Sexual Health and HIV Services.	5	5	5	5	4	3	4	4	3
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has specialist infectious diseases physician(s) and infectious diseases registrar ⁽¹⁾ . Access to clinical nurse consultant ⁽¹⁾ is desirable. Designated in-patient area for infectious and communicable diseases. Facilities to treat all quarantinable diseases. Has a teaching and research role. Has Statewide role.	6	5	5	5	4	4	5	4	4

(1) See "Medical and Nursing Staff Definitions" in Appendix I

All health services must ensure that an infection control policy is in place including body substances isolation and suitable contaminated water disposal.

Draft

19 MEDICAL ONCOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for general medicine Level 4 plus service provided by general physician with interest in medical oncology. May have visiting medical oncologist clinics. Established liaison and consultation with radiotherapy, palliative care, psychiatric and social work services.	4	5	4	3	4	4	4	3
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed medical oncology specialist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role. Multidisciplinary management of oncology patients, including case conferences with radiotherapists and surgeons. May have pain clinics. Links with palliative care service and participates in Health Promotion.	5	5	5	5	4	5	4	4
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has oncology department, oncology specialist(s) and oncology registrar ⁽¹⁾ . Has teaching and research role. Is a Comprehensive Cancer Care Centre.	6	6	5	6	5	6	4	6

(1) See "Medical and Nursing Staff Definitions" in Appendix I

Draft

20 NEUROLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES									
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s	
1-3	As for General Medicine	As for appropriate level in General Medicine									
4	As for General Medicine Level 4 plus service provided by general physician with interest in neurology. Formal link with at least Level 4 Rehabilitation and Level 4 Geriatrics service.	4	4	4	4	-	4	4	4	2	
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed neurologist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role. Neurosurgery support, EMG, nerve conduction, evoked responses and EEG available on site.	5	4	5	4	4	4	5	4	4	
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has neurology department, neurology specialist(s) and neurology registrar ⁽¹⁾ . Has teaching and research role. Has access to CT scanning, 24 hour basis. May have MRI. May have PET.	6	5	6	5	5	5	6	4	4	

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

21 RADIATION ONCOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	No Service	Not Applicable							
4	Visiting radiation oncologist, working in conjunction with a comprehensive cancer care service. No treatment facilities. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	2	1	-
5	Basic modern radiation oncology treatment centre; comprising a minimum of superficial, deep x-ray therapy and megavoltage machine(s). Has intracavity irradiation equipment. May have mould room. Access to simulator and some form of computerised planning. Has data collection program for annual recording and monitoring of work undertaken for the Radiotherapy Management Information System Report. Has radiation oncologists, medical physicists, radiation therapists, biomedical engineers or technicians and therapeutic radiographers. May have Stereotactic Radiosurgery and Brachytherapy. Works in conjunction with, or as part of, a comprehensive cancer service (as outlined in the Cancer Care Model). Access to Palliative Care Level 5.	5	5	5	5	4	5	4	4
6	As Level 5 plus has radiation oncology registrar(s) ⁽¹⁾ . Multiple linear accelerators with at least one linear accelerator of 10-25 MeV potential with photon and electron capabilities. A fully integrated, computer assisted, planning and treatment system with system(s) for verifying precision, planning and treatment modalities. Remote control intracavity equipment with afterloading techniques. Mechanical workshop and biomedical support facilities. Provides training in biomedical engineering, mould room techniques and medical physics. Has research role. Located in a principal referral hospital with ready access to all subspecialties.	6	6	6	6	5	6	4	6

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Glossary" in Appendix V

Draft

22 RENAL MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-2	As for General Medicine	As for appropriate level in General Medicine							
3	As for General Medicine Level 3 plus renal patients managed by general physician. May have self care dialysis centre with patients under the care of larger renal unit.	3	3	3	-	2	3	3	2
4	As Level 3 with management of patients by general physician with interest in nephrology. Nephrologist consultation available. Has medical officer ⁽¹⁾ on site 24 hours. Has nursing unit manager ⁽¹⁾ and experienced registered nurses ⁽¹⁾ . Has self care renal dialysis centre with formal link to larger renal unit.	4	4	4	-	4	4	4	3
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Specialist renal physician. Part-time unit director or co-ordinator. All types of dialysis available including treatment of patients requiring haemodialysis (2 or more patients treated on average at any one time). Renal biopsies performed. Registered nursing at or above 6 hours/patient/day (1:4) desirable. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	5	4	5	4	4
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has nephrology department. Renal transplantation available and co-ordinated by full-time renal unit director. Has nephrology registrar ⁽¹⁾ . Experienced registered nurses ⁽¹⁾ on most shifts. Has teaching and research role.	6	5	6	5	5	6	4	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

23 RESPIRATORY MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for General Medicine Level 4 plus service provided by general physician with interest in respiratory medicine.	4	4	4	3	4	4	4	2
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24hr. Appointed respiratory medicine specialist. Access to clinical nurse consultant ⁽¹⁾ is desirable. May have teaching and research role. Has access to Level 5 cardiothoracic surgery and Level 5 cardiology service.	5	5	5	3	4	5	4	3
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has Respiratory Medicine Department with subspecialist respiratory physicians. Has respiratory medicine registrar ⁽¹⁾ . Has teaching and research role. Has a respiratory function laboratory.	5	5	5	5	5	6	4	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

24 RHEUMATOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for General Medicine Level 4 plus service provided by general physician with interest in rheumatology	4	4	4	-	4	4	4	2
5	As Level 4 plus medical registrar ⁽¹⁾ on call 24 hours. Appointed rheumatology specialist. Access to clinical nurse consultant ⁽¹⁾ is desirable. Link to Level 5 rehabilitation service. May have teaching and research role	4	5	4	3	4	4	4	3
6	As Level 5 plus medical registrar ⁽¹⁾ on site 24 hours. Has rheumatology registrar ⁽¹⁾ . Has teaching and research role.	5	5	5	5	5	4	4	3

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

Core Services- Surgery

Draft

25 GENERAL SURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Minor procedures under local anaesthetic in procedures room. Appropriate referral by medical practitioner. Registered nurse ⁽¹⁾ in charge on each shift. Quality assurance activities ⁽⁵⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	1	-
2	Minor ⁽³⁾ diagnostic and therapeutic surgical procedures on good risk ⁽²⁾ patients performed by accredited medical practitioner ⁽¹⁾ with postgraduate training in surgery. Anaesthesia given by accredited practitioner ⁽¹⁾ in anaesthetics. General surgeon available for consultation. Continuing nursing educational programs ⁽¹⁾ available specific to the needs of the service. May have access to allied health professionals.	1	2	2	-	2	2	1	2
3	As Level 2 plus intermediate ⁽³⁾ surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by specialist surgeon ⁽¹⁾ or by accredited medical practitioner ⁽¹⁾ with postgraduate training in surgery. Accredited medical practitioner ⁽¹⁾ (in anaesthetics) may provide anaesthetics for good risk patients, specialist anaesthetists ⁽¹⁾ providing anaesthetics for moderate risk ⁽²⁾ patients. Has 24hr access to medical officer(s) ⁽¹⁾ on site or available within 10 minutes. Consultation available from other specialities. Has nursing unit manager ⁽¹⁾ for general ward. Some registered nurses having completed or undertaking relevant post-basic studies. Access to allied health professionals. Formal quality assurance program ⁽⁵⁾ .	3	2	3	-	3	3	3	3
4	As Level 3 plus selected ⁽⁴⁾ major ⁽³⁾ surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by specialist surgeons ⁽¹⁾ and specialist anaesthetists ⁽¹⁾ . Specialists on call 24 hours. Has designated medical officer(s) ⁽¹⁾ . Some surgical subspecialties available. Has nursing unit manager ⁽¹⁾ and experienced registered nurses ⁽¹⁾ . Links with oncology, radiotherapy and palliative care services. Allied health professionals on staff, and liaison psychiatry available.	4	4	4	3	4	4	3	4

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25 GENERAL SURGERY

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Level	Description	MINIMUM LEVEL SERVICE					
		Path	Phar	Imag	Diag	NMed	Other
5	As Level 4 plus full range of major ⁽³⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by specialist surgeons ⁽¹⁾ and specialist anaesthetists ⁽¹⁾ . Has general surgical registrar ⁽¹⁾ on call 24 hours. Access to subspecialties. Access to clinical nurse consultant ⁽¹⁾ is desirable. May provide Area/Regional service. May have teaching and research role. Usually a major referral hospital with department of surgery.	4	4	5	4	5	3
6	As Level 5 plus ability to deal with complex major ⁽³⁾ diagnostic and treatment procedures in association with other specialties. Has division of surgery. Has registrars ⁽¹⁾ in surgical subspecialties. Experienced registered nurses ⁽¹⁾ on most shifts. May have Statewide role in a specific field. Has teaching and research role. Usually a principal referral hospital with division of surgery.	5	5	6	6	5	4

At all levels there needs to be assessment of the minimum throughput levels to maintain expertise especially in non-routine procedures. This should be addressed in the clinical privileges delineation process for all professional staff.

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Levels of Risk" in Appendix II

(3) See "Indicative List of Surgical Procedures" in Appendix III

(4) Based on clinical privileges determined at relevant hospital.

(5) See "Glossary" in Appendix V

Draft

26 BURNS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES											
		Path	Phar	Imag	Diag	NMed	Anes	ICU	CCU	Op/s			
2	As for General Surgery Level 2 plus emergency casualty service for burns (able to manage minor burns, ie. less than 5% total body surface area). All other burns stabilised and transferred as per Burns Protocol ⁽²⁾ . Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	-	-	-	1	-	1	-	-	-	-
3	As Level 2 plus continuing service by general surgeon for partial thickness burns estimated at less than 18% total body surface area and full thickness burns of less than 10% total body surface area, or any other burns not defined for referral in Burns Protocol ⁽²⁾ . I.V. fluid therapy available. May have access to allied health professionals. Formal quality assurance program ⁽³⁾ .	3	2	2	2	-	3	2	1	2	-	-	-
4	As for Level 3 plus general surgical registrar ⁽¹⁾ on call 24 hours. Manages patients with partial thickness burns not exceeding 27% of total body surface area. Some registered nurses having completed or undertaking relevant post-basic studies. Link with Level 4 Rehabilitation Service. Has access to liaison psychiatry, allied health professionals, and health promotion service.	4	3	3	3	-	4	4	3	3	-	-	-
5	As for Level 4 plus general surgical registrar on call 24 hours. Part time director of a separately located Burns Unit. Manages patients with partial thickness burns not exceeding 40% of total body surface area. Has nursing unit manager ⁽¹⁾ and experienced nursing staff ⁽¹⁾ .	5	5	4	4	3	5	5	4	4	6	-	-
6	As for Level 5 plus medical officer ⁽¹⁾ on site 24 hours. Specialty registrars on call 24 hours. Full-time burns unit registrar on duty 8 hours/day. Director of burns unit. Provides a Statewide Service with all severe burns cases accepted, including inter-hospital transfers. Renal and emergency care consultants on call 24 hours. Registered nursing equivalent 16 hours/patient/day (1:1.3) desirable, or according to dependency of patient. Has clinical nurse consultant ⁽¹⁾ . Links to Level 5 Rehabilitation Service and Plastic Surgery Service.	6	6	4	4	3	6	6	5	6	6	5	6

(1) See "Medical and Nursing Staff Definitions" in Appendix 1

(2) See Circulars 88/25 and 89/48

(3) See "Glossary" in Appendix V

Draft

27 THORACIC/CARDIOTHORACIC SURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-4	No planned thoracic/cardiothoracic surgery service.	Not Applicable							
5	As for General Surgery Level 5 plus elective and emergency thoracic and emergency cardiothoracic procedures (such as closed pulmonary embolectomy) performed by thoracic/cardiothoracic surgeons ⁽¹⁾ and specialist anaesthetists ⁽¹⁾ . Has liaison psychiatry and health promotion services. Level 5 Rehabilitation Service available on site. Link with palliative care service.	4	4	5	4	5	5	4	6
6	As for Level 5 plus elective and emergency cardiac surgery (eg. mitral valvotomy). Cardiopulmonary by-pass performed regularly by cardiothoracic surgeons and specialist anaesthetists. Able to deal with highly complex diagnostic and treatment procedures in association with other specialties. Minimum caseload of 300 open heart cases and a total of 900-1000 cardiac surgery cases per year is desirable. Has registrar ⁽¹⁾ in cardiothoracic surgery. Experienced registered nurses ⁽¹⁾ on most shifts. May have State role in a specific field. Has teaching and research role.	5	6	6	5	6	6	6	6

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

28 DAY SURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anes	ICU	CCU	Op/s
1	Minor ⁽¹⁾ diagnostic and therapeutic procedures on good risk ⁽²⁾ patients by accredited medical practitioners ⁽³⁾ . Registered nurse ⁽³⁾ in charge on each shift. Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or I.V. sedation. Endoscopies not requiring general anaesthesia included. Where unit is free-standing, emergency back-up is provided by nearby hospital. Quality assurance activities ⁽⁴⁾ . Interpreters as per Circular 94/10. Uses appropriate pre operative patient screening and selection processes. Continuing nursing educational programs available specific to the needs of the service. Uses appropriate discharge criteria as part of the discharge processes.	1	1	1	1	-	2	2	1	2
2	As Level 1 plus minor ⁽¹⁾ diagnostic and therapeutic procedures requiring general or regional anaesthesia on good risk ⁽²⁾ patients performed by accredited medical practitioners ⁽³⁾ with anaesthesia performed by accredited medical practitioners ⁽³⁾ in anaesthesia. Medical practitioner on site until patients have recovered from anaesthesia and medical practitioners rostered for emergencies available within 10 minutes.	1	2	2	2	-	2	2	1	2
3	As Level 2 plus common and intermediate ⁽¹⁾ diagnostic and therapeutic procedures performed on good risk ⁽²⁾ patients by specialist surgeons ⁽³⁾ and specialist anaesthetists ⁽³⁾ or accredited medical practitioners ⁽³⁾ in anaesthesia. Has nursing unit manager ⁽³⁾ . Formal quality assurance program ⁽⁴⁾ . Minimum support services on site or available within 10 minutes.	3	2	3	3	-	2	2	1	2

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28 DAY SURGERY

		MINIMUM LEVEL OF SUPPORT SERVICES								
Level	Description	Path	Phar	Imag	Diag	NMed	Anes	ICU	CCU	Op/s
4	<p>As Level 3 plus common and intermediate⁽¹⁾ diagnostic and therapeutic procedures performed on good and moderate risk⁽²⁾ patients by specialist surgeons⁽³⁾ and specialist anaesthetists⁽³⁾. Procedures on children aged 12 months to 4 years performed by general surgeon⁽³⁾ accredited in paediatric surgery and anaesthesia performed by paediatric anaesthetist⁽³⁾. (Children under 12 months referred to Level 5 paediatric surgery service). Has nursing unit manager⁽³⁾ and experienced registered nurses⁽³⁾. Consultation available from other specialities. Access to allied health professionals.</p>	3	2	3	3	-	3	3	3	3

(1) See "Indicative List of Surgical Procedures" in Appendix III

(2) See "Levels of Risk" in Appendix II

(3) See "Medical and Nursing Staff Definitions" in Appendix I

(3) See "Glossary" in Appendix V

Draft

29 EAR, NOSE AND THROAT

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	No planned ENT Service	Not Applicable							
4	As for General Surgery Level 3 plus common and intermediate ⁽¹⁾ ENT surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by ENT surgeons ⁽³⁾ and specialist anaesthetists ⁽³⁾ , excluding neuro-otic or intracranial surgery. Has designated medical officer(s) ⁽³⁾ or surgical registrar ⁽³⁾ . Has nursing unit manager ⁽³⁾ and experienced registered nurses ⁽³⁾ . Specialists on call 24 hours. Audiology service available. Access to liaison psychiatry.	4	3	4	-	4	3	3	3
5	As Level 4 plus major ⁽¹⁾ diagnostic, and treatment procedures on good, moderate and bad risk ⁽²⁾ patients, including neuro-otic surgery if Level 6 neurosurgery is available on site. Has surgical registrar(s) ⁽³⁾ on call 24hrs. Access to clinical nurse consultant ⁽³⁾ is desirable. May provide Area service. May have teaching and research role. Links with oncology, radiotherapy and palliative care services.	4	4	5	5	5	5	3	6
6	As Level 5 plus ability to deal with full range of complex major ⁽¹⁾ diagnostic and treatment procedures, in association with other specialities including neuro-otic and intracranial procedures where Level 6 Neurosurgery is available on site. Has ENT registrar ⁽³⁾ , may have State role in specific field.	5	5	6	5	6	6	4	6

(1) See "Indicative List of Surgical Procedures" in Appendix III

(2) See "Levels of Risk" in Appendix II

(3) See "Medical and Nursing Staff Definitions" in Appendix I

Draft

30 GYNAECOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES																		
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s										
1	No planned gynaecology service																			
2	As for General Surgery Level 2 plus minor ⁽¹⁾ diagnostic and therapeutic gynaecological surgical procedures on good risk ⁽²⁾ patients performed by accredited gynaecological practitioners ⁽³⁾ or general surgeons ⁽³⁾ with post graduate training in gynaecological surgery. Anaesthesia given by accredited medical practitioner ⁽³⁾ in anaesthetics. Gynaecologist available for consultation.	1	2	2	2	-	2	2	1	2										
3	As Level 2 plus common and intermediate ⁽⁴⁾ gynaecological procedures on good or moderate risk ⁽²⁾ patients performed regularly by gynaecologists ⁽³⁾ or general surgeons ⁽³⁾ credentialled in rural areas for these types of procedures. Accredited medical practitioners ⁽³⁾ may provide anaesthetics for good risk ⁽²⁾ patients, specialist anaesthetists ⁽³⁾ providing anaesthetics for moderate risk patients. Has 24hr access to medical officer(s) ⁽³⁾ on site or available within 10 minutes. Has nursing unit manager ⁽³⁾ for general ward. Some registered nurses having completed or undertaking relevant post-basic studies. Consultation available from other specialities. Access to allied health professionals. Formal quality assurance program ⁽⁴⁾ .	2	2	3	3	-	3	3	3	3										
4	As Level 3 plus selected major ⁽¹⁾ gynaecological procedures on good or moderate risk ⁽²⁾ patients performed regularly by gynaecologists ⁽³⁾ and specialist anaesthetists ⁽³⁾ . Has designated medical officer ⁽³⁾ and/or surgical registrar ⁽³⁾ . Has nursing unit manager ⁽³⁾ and experienced registered nurses ⁽³⁾ . Specialists on call 24 hours. Allied health professionals on staff. Some surgical subspecialties available. Links with oncology, radiotherapy and palliative care services. Access to liaison psychiatry.	4	4	4	4	-	4	4	3	4										
5	As Level 4 plus major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by gynaecological surgeons ⁽³⁾ and specialist anaesthetists ⁽³⁾ . May have gynaecology registrar ⁽³⁾ . Access to clinical nurse consultant ⁽³⁾ is desirable. May provide Area/Regional service. May have teaching and research role.	5	5	5	5	4	4	4	4	4										

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30 GYNAECOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
6	As Level 5 plus ability to deal with complex major ⁽⁶⁾ diagnostic and treatment procedures in association with other specialties. These include reproductive endocrinology, infertility and multidisciplinary management of gynaecological malignancy (including chemotherapy and radiotherapy). Has registrars ⁽³⁾ in gynaecological subspecialties. May have Statewide role in a specific field. Has teaching and research role.	5	5	5	5	6	5	4	6

(1) See "Indicative List of Surgical Procedures" in Appendix III

(2) See "Levels of Risk" in Appendix II

(3) See "Medical and Nursing Staff Definitions" in Appendix I

(4) See "Glossary"

Draft

31 NEUROSURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	No planned Neurosurgery Service	Not Applicable							
4	As for General Surgery Level 3 plus management of minor head injuries by general surgeon. Has medical officers ⁽¹⁾ on site 24 hours. Neurosurgical consultation available. Operating room equipment adequate for emergency neurosurgery. Link with Level 4 Rehabilitation Service.	4	4	5	3	4	4	3	4
5	As Level 4 plus full range of major ⁽²⁾ diagnostic and treatment procedures on good, moderate and bad risk patients. Neurosurgeons and accredited specialist anaesthetists ⁽¹⁾ available 24 hours. Surgical registrar ⁽¹⁾ on call 24 hours. Has nursing unit manager ⁽¹⁾ and experienced registered nurses ⁽¹⁾ . Some registered nurses having completed or undertaking relevant post-basic studies. Designated neurosurgical beds. 24hr access to CT scanner. Link with brain injury and spinal injury rehabilitation service. May undertake research. May have teaching role.	5	5	5	4	5	5	3	6
6	As for Level 5 plus complex major ⁽²⁾ procedures. Neurosurgery ward and neurosurgical high dependency/ICU. Neurosurgery registrar ⁽¹⁾ on call 24 hours. Neurosurgical anaesthetists. Experienced registered nurses ⁽¹⁾ on most shifts. Access to clinical nurse consultant ⁽¹⁾ is desirable. Link with Level 5 Rehabilitation Service. May provide Area service or Statewide role in a specific field. Has teaching and research role.	5	5	6	5	6	6	4	6

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Indicative List of Surgical Procedures" in Appendix III.

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32 OPHTHALMOLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	As for General Surgery Level 2 plus minor extra ocular diagnostic and treatment ophthalmological procedures on good risk ⁽¹⁾ patients performed regularly by ophthalmic surgeons ⁽²⁾ . Consultation available from other specialists. Allied health professionals on site.	1	2	1	-	3	2	1	2
3	As General Surgery Level 3 plus common and intermediate ⁽³⁾ procedures on good or moderate risk ⁽¹⁾ patients performed regularly by ophthalmic surgeons ⁽²⁾ . Accredited medical practitioner ⁽²⁾ in anaesthetics may provide anaesthetics for good risk patients with specialist anaesthetists ⁽²⁾ providing anaesthetics for moderate risk patients. Medical officer ⁽²⁾ on call 24hrs. Has nursing unit manager ⁽²⁾ and experienced registered nurses ⁽²⁾ . Access to orthoptists.	3	3	3	3	3	3	3	3
4	As Level 3 plus major ⁽³⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽¹⁾ patients performed regularly by ophthalmic surgeons ⁽²⁾ and specialist anaesthetists ⁽²⁾ . Has designated medical officer ⁽²⁾ and/or surgical registrar ⁽²⁾ on call 24 hours. Has orthoptists on staff. May have teaching and research role. Access to liaison psychiatry.	4	4	5	3	4	4	3	6
5	As Level 5 plus ability to deal with complex major ⁽³⁾ diagnostic and treatment procedures in association with other specialities. Has ophthalmology registrar ⁽²⁾ on call 24 hours. Access to clinical nurse consultant ⁽²⁾ is desirable. Able to undertake neuro-ophthalmology where level 6 Neurosurgery is available on site. May have Statewide role in a specific field. Has access to Level 5 Radiotherapy Service. Has teaching and research role.	5	5	5	5	5	4	4	6

⁽¹⁾ See "Levels of Risk" in Appendix II

⁽²⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽³⁾ See "Indicative List of Surgical Procedures" in Appendix III

Draft

33 ORTHOPAEDICS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
5	<p>As Level 4 plus full range of major⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk⁽²⁾ patients performed regularly by orthopaedic surgeons and specialist anaesthetists⁽³⁾. Access to clinical nurse consultant⁽⁴⁾ is desirable. May provide area/regional service. May undertake research. Has orthopaedic registrar⁽⁵⁾ on call 24 hours. Access to subspecialties. May have teaching and research role. Link to Level 5 Rehabilitation Service.</p>	4	4	5	3	5	4	3	6
6	<p>As Level 5 plus ability to deal with major complex⁽¹⁾ diagnostic and treatment procedures in association with other specialties. Experienced registered nurses⁽²⁾ on most shifts. May have Statewide role in a specific field. Link with Level 6 Rehabilitation service. Has teaching and research role.</p>	5	5	5	5	6	6	4	6

(1) See "Indicative List of Surgical Procedures" in Appendix III

(2) See "Levels of Risk" in Appendix II

(3) See "Medical and Nursing Staff Definitions" in Appendix I

(4) See "Glossary" in Appendix V

(5) See "Trauma Services - Related Support and Core Services" in Appendix VII

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34 PLASTIC SURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES										
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s		
1-3	No planned Plastic Surgery Service											
4	As for General Surgery Level 3 plus selected major ⁽¹⁾ plastic surgery procedures on good or moderate risk ⁽²⁾ patients performed regularly by plastic surgeons ⁽³⁾ and specialist anaesthetists ⁽³⁾ . Medical officers ⁽³⁾ on site 24 hours. Specialist on call 24 hours. Has nursing unit managers ⁽³⁾ and experienced registered nurses ⁽³⁾ . Allied Health professional on staff, and liaison psychiatry available.	4	4	4	4	3	4	4	4	3	4	4
5	As General Surgery Level 5 plus full range of major ⁽³⁾ plastic surgical diagnostic and treatment procedures on good, moderate and bad risk ⁽¹⁾ patients performed regularly by plastic surgeons ⁽²⁾ and specialist anaesthetists ⁽²⁾ . Link with Level 5 Rehabilitation Service.	4	4	5	4	4	5	5	3	6		
6	As Level 5 plus ability to deal with complex major ⁽³⁾ diagnostic and treatment procedures in association with other specialties. Has registrar ⁽²⁾ in plastic surgery. Access to clinical nurse consultant ⁽²⁾ is desirable. May have Statewide role in specific field. May have teaching and research role.	5	5	5	5	6	5	4	6			

(1) See "Indicative list of Surgical procedures" Appendix III
 (2) See "Levels of Risk" in Appendix II
 (3) See "Medical and Nursing Staff Definitions" in Appendix I

Draft

35 UROLOGY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-2	No planned Urology Service	Not Applicable							
3	As General Surgery Level 3 plus common and intermediate ⁽¹⁾ urological procedures on good or moderate risk ⁽²⁾ patients performed regularly by specialist urologists or general surgeons ⁽³⁾ credentialled in urology.	3	2	3	-	3	3	3	3
4	As Level 3 plus selected major ⁽¹⁾ urological procedures on good or moderate risk ⁽²⁾ patients performed regularly by urologists ⁽³⁾ and specialist anaesthetists ⁽³⁾ . Medical officer(s) ⁽³⁾ on site 24 hours. Specialist on call 24 hours. Has nursing unit manager ⁽³⁾ and experienced registered nurses ⁽³⁾ . Links with oncology, radiotherapy and palliative care services. Allied health professionals on staff, and liaison psychiatry available.	4	4	4	3	4	4	4	4
5	As Level 4 plus full range of major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk patients ⁽²⁾ performed regularly by urologists and specialist anaesthetists ⁽³⁾ . Access to clinical nurse consultant ⁽³⁾ is desirable. May provide Area/Regional service. May have teaching and research role. Has surgical registrar ⁽³⁾ on call 24 hours.	4	4	5	3	5	5	3	6
6	As Level 5 plus ability to deal with complex major ⁽¹⁾ diagnostic and treatment procedures in association with other specialities. Has urology registrar ⁽³⁾ . Has Urodynamic Unit. May have Statewide role in a specific field. Has teaching and research role.	5	5	6	5	6	6	4	6

⁽¹⁾ See "Indicative list of Surgical Procedures" in Appendix III

⁽²⁾ See "Levels of Risk" in Appendix II

⁽³⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

36 VASCULAR SURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1-3	No planned Vascular Surgery	Not Applicable							
4	As for General Surgery Level 3 plus common and intermediate ⁽¹⁾ vascular surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by vascular or general surgeons ⁽³⁾ . Specialist anaesthetists ⁽³⁾ providing anaesthesia. Has nursing unit manager ⁽³⁾ and experienced registered nurses ⁽³⁾ . Specialists on call 24 hours. Has designated medical officer ⁽³⁾ and/or surgical registrar ⁽³⁾ . Allied health professionals on staff. Some surgical subspecialties available. Pre-operative rehabilitation specialist consultation available (for elective amputees). Access to liaison psychiatry.	4	4	4	3	4	4	3	4
5	As Level 4 plus major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by vascular or general surgeons and specialist anaesthetists ⁽³⁾ . May provide Area service. May undertake research. Has surgical registrar ⁽³⁾ on call 24hrs. May have teaching and research role. Link with Level 5 Rehabilitation Service.	4	4	5	4	5	5	4	6
6	As Level 5 plus ability to deal with complex major ⁽¹⁾ diagnostic and treatment procedures in association with other specialties. Access to clinical nurse consultant ⁽³⁾ is desirable. Has teaching and research role. Has surgical registrar ⁽³⁾ . May have Statewide role in a specific field.	5	5	6	5	6	6	4	6

⁽¹⁾ See "Indicative List of Surgical Procedures" in Appendix III

⁽²⁾ See "Levels of Risk" in Appendix II

⁽³⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

37 OBSTETRICS

		MINIMUM LEVEL OF SUPPORT SERVICES								
Level	Description	Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1	<p>Postnatal⁽¹⁾ only. Normal post-partum mothers and babies delivered elsewhere returned for post-natal care provided there are no complications. Midwives, mothercraft nurses and/or other accredited registered nurses with appropriate experience and continuing nursing educational programs⁽²⁾ available specific to the needs of the service. Has Level 1 Neonatal Service. <u>Quality assurance activities⁽³⁾</u>. Interpreters as per Circular 94/10.</p> <p>Good risk⁽¹⁾ delivery only. Able to cope with sudden unexpected complications until transfer. Accredited medical practitioners⁽²⁾ in obstetrics and newborn paediatrics. Has 24hr access to medical officers⁽²⁾ on site or available within 10 minutes. Nursing unit manager⁽²⁾ is desirable for general ward. Midwives available. Has Level 2 (level I#) Neonatal Service. Link for continuing education, referrals and transfers with units at higher levels of service. Periodic structured medical refresher program; RACGP, RACOG, ACP. Has more than 80 deliveries per year, or has medical practitioners complying with the RACGP/RACOG "Recommended Guidelines relating to Hospital Access and Delineation of Clinical Privileges In Obstetrics for General Practitioners". (If minimum caseload cannot be achieved, considerations may be made for the degree of geographic isolation). Has Level 2 General Surgery. Participates in quality assurance program⁽³⁾ linked with other services at same and higher levels.</p>	1	1	-	-	1	1	-	1	-
2	<p>As Level 2 plus may deliver selected low⁽¹⁾ risk pregnancies. Access to obstetrician for consultation. Elective caesarean's after consultation with obstetrician. Has accredited medical practitioners⁽²⁾ in obstetrics and an additional accredited medical practitioner⁽²⁾ in newborn paediatrics. Sufficient accredited medical practitioners⁽²⁾ to provide simultaneous care of mother and neonate in theatre. Specialist anaesthetist (may be general practitioner anaesthetist credentialled for obstetric anaesthesia) and general surgeon (may be medical practitioner credentialled for obstetrics credentialled for LSCS) credentialled for lower segment caesarean section (LSCS). Some nurses with experience in neonatal care and/or having or undertaking relevant post-basic studies. Full resuscitation facilities available. Formal quality assurance program⁽³⁾</p>	2	2	1	-	2	2	2	1	2
3	<p>As Level 2 plus may deliver selected low⁽¹⁾ risk pregnancies. Access to obstetrician for consultation. Elective caesarean's after consultation with obstetrician. Has accredited medical practitioners⁽²⁾ in obstetrics and an additional accredited medical practitioner⁽²⁾ in newborn paediatrics. Sufficient accredited medical practitioners⁽²⁾ to provide simultaneous care of mother and neonate in theatre. Specialist anaesthetist (may be general practitioner anaesthetist credentialled for obstetric anaesthesia) and general surgeon (may be medical practitioner credentialled for obstetrics credentialled for LSCS) credentialled for lower segment caesarean section (LSCS). Some nurses with experience in neonatal care and/or having or undertaking relevant post-basic studies. Full resuscitation facilities available. Formal quality assurance program⁽³⁾</p>	2	2	1	-	2	2	2	1	2

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37 OBSTETRICS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES									
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s	
4	As Level 3 plus care for mothers and babies at moderate risk ⁽¹⁾ and elective LSCS. Obstetricians, paediatricians and specialist anaesthetists ⁽²⁾ on call 24 hours. Accredited ⁽²⁾ medical practitioners or medical officer(s) ⁽²⁾ on site 24 hours. Has nursing unit manager ⁽²⁾ and experienced registered nurses ⁽²⁾ . Experienced midwives on all shifts. Access to clinical nurse consultant ⁽²⁾ is desirable. Has a minimum of Level 3 (level IIb# neonatal service). Allied health professionals and liaison psychiatry available. Formal quality assurance program. Full resuscitation facilities available.	4	3	4	4	3	4	3	3	3	3
5	As Level 4 plus may deliver selected high risk pregnancies. Has Level 4 (Level IIa# neonatal service). Care of good, moderate and high risk ⁽¹⁾ deliveries. Obstetric registrar ⁽⁴⁾ on site 24 hours. Anaesthetic registrar ⁽⁴⁾ on site 24 hours and available exclusively for obstetrics for hospitals with more than 3000 births per year. Obstetricians may have specific subspecialties/skills/training. Experienced registered nurses ⁽²⁾ on most shifts. Capacity to provide high ratio of nurse/patient care for high risk mothers who do not require intensive care. 24 hour access to ultrasound services and reporting. CTG monitoring available for every obstetrics ward bed. Capacity to carry out fetal scalp pH's in obstetrics ward. Operating suite staff on site. Capacity to carry out caesarean section within 30 minutes. Usually a specialist supra regional unit or Statewide role. At least 3,500 deliveries per year, and/or meet specific Area and supra-Area service role. Has Level 5 (level III# neonatal service). Access to liaison psychiatry and allied health.	4	4	4	4	3	4	4	3	3	3
6	intensive care. 24 hour access to ultrasound services and reporting. CTG monitoring available for every obstetrics ward bed. Capacity to carry out fetal scalp pH's in obstetrics ward. Operating suite staff on site. Capacity to carry out caesarean section within 30 minutes. Usually a specialist supra regional unit or Statewide role. At least 3,500 deliveries per year, and/or meet specific Area and supra-Area service role. Has Level 5 (level III# neonatal service). Access to liaison psychiatry and allied health.	5	4	5	5	3	6	5	3	3	4

Refers to Neonatal Services Working Party in report of April 1990

(1) See "Risk Factor Criteria - Obstetrics" in Appendix II

(2) See "Medical and Nursing Staff Definitions" in Appendix I

(3) See "Glossary" in Appendix V

(4) Designated registrar may be advanced trainee (RACOG)

Draft

38 NEONATAL

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1	<p>Postnatal care of mothers and babies delivered elsewhere with no complications. Emphasis on parenting, bonding, and breastfeeding. Basic Life Support for neonates available. Midwives, and/or mothercraft nurses and general practitioner care. Registered nurse⁽¹⁾ in charge on each shift. Continuing nursing educational programs⁽¹⁾ available specific to the needs of the service. Quality assurance activities⁽³⁾. Interpreters as per Circular 94/10.</p>	1	1	1	-	1	2	*	-
2	<p>(I#) As Level 1 plus provision for good risk⁽²⁾ pregnancies and healthy infants of greater than 36 weeks gestation. Accredited medical practitioners⁽¹⁾ in obstetrics and newborn paediatrics. Has 24hr access to medical officer(s)⁽¹⁾ on site or available within 10 minutes. Nursing unit manager⁽¹⁾ for general ward. Some nurses with experience in neonatal or paediatric care and/or undertaking relevant post basic studies. Structured periodic medical refresher program (RACGP, RACOG, ACP). Link with higher level unit. (IIb#) As Level 2 plus manages moderate risk⁽²⁾ pregnancies. Special care nursery. Management of babies > 32 weeks gestation with minimal complications and small babies growing up. Facilities include humidicribs, cardiorespiratory monitoring, IV fluid therapy, tube feeds, and phototherapy. Obstetricians and paediatricians or accredited⁽¹⁾ medical practitioners on call 24 hours; medical officer(s)⁽¹⁾ on site. Nursing ratio of 1:4 cots desirable. Has nursing unit manager and experienced registered nurses⁽¹⁾. Some registered nurses with paediatric or neonatal/perinatal training. Established link with Level 5 (III#) Unit. Allied health professionals and liaison psychiatry available. Formal quality assurance program⁽³⁾.</p>	2	2	2	-	1	2	*	2
3	<p>(IIa#) As Level 3 plus provides short term assisted ventilator care (< 6 hours), pending transfer. Accredited specialist physician (neonatal paediatrician). Paediatric registrar on call 24 hours. A minimum of one registered nurse (preferably with post-basic qualifications) per shift. Link with Level 5 (III#) unit may include rotation of physician(s)/neonatologist(s).</p>	3	3	3	-	4	3	*	3
4	<p>(IIa#) As Level 3 plus provides short term assisted ventilator care (< 6 hours), pending transfer. Accredited specialist physician (neonatal paediatrician). Paediatric registrar on call 24 hours. A minimum of one registered nurse (preferably with post-basic qualifications) per shift. Link with Level 5 (III#) unit may include rotation of physician(s)/neonatologist(s).</p>	4	4	4	-	-	-	-	-

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38 NEONATAL

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
5	(III#) As Level 4 plus manages high risk ⁽²⁾ pregnancies. Provides for all aspects of neonatal care including intensive care for the critically ill baby and medium/long term ventilation and total parenteral nutrition. Full time neonatologist director. Neonatal intensive care trained nursing staff. Access to clinical nurse consultants ⁽¹⁾ is desirable. Medical officer(s) ⁽¹⁾ on site 24 hours. Has access to clinical and diagnostic paediatric subspecialties. Multi-disciplinary follow up service provided. May participate in neonatal retrieval. Role in post-graduate medical and nursing education. Undertakes research and evaluation.	5	5	5	4	4	5	4	*	4
6	(IV#) As Level 5 and also provides neonatal surgery and care for complex congenital and metabolic diseases of the new born. On site clinical and diagnostic paediatric subspecialty services. Has Level 6 paediatric medicine and Level 6 paediatric surgery. Experienced registered nurses ⁽¹⁾ on most shifts.	6	5	6	4	4	6	5	*	6

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Risk Factor Criteria - Obstetrics and Neonatal" in Appendix II

⁽³⁾ See "Glossary" in Appendix V

* Adult CCU - not applicable

Roman numerals relate to levels used in report of the Neonatal Intensive Care Working Party, April 1990.

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39 PAEDIATRIC MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1	No planned inpatient paediatric medical service or designated beds. Provides primary and emergency care; and stabilisation for children prior to moving to appropriate higher level of service. Quality assurance activities. ⁽²⁾ Interpreters as per Circular 94/10.	1	1	1	-	1	-	*	-
2	Designated paediatric inpatient in a general hospital in an outlying and geographically isolated area. May have isolation capacity. Accredited ⁽¹⁾ medical practitioner on call. Formal consultative links with Paediatrician. Would be used for only minor medical conditions or convalescence following referral from a higher level unit. Registered nurses with skills consistent with a competent paediatric nurse ⁽¹⁾ . Continuing nursing educational programs available. Able to provide accommodation for parents or carers.	3	2	3	-	3	2	*	2
3	As Level 2, plus designated paediatric ward/area with patient amenities. Has isolation capacity in separate rooms. Provides care for common medical conditions. Nursing Unit Manager ⁽¹⁾ or access to clinical nurse consultant within the Area and registered nurses with skills consistent with a competent paediatric nurse ⁽¹⁾ . Some registered nurses undertaking relevant postgraduate studies. Has 24-hour access to medical officer ⁽¹⁾ on site or available within 10 minutes. Access to allied health professionals. Formal link to community child and family health service. Formal quality assurance program ⁽²⁾ .	③	3	3	-	3	2	*	2
4	As Level 3, Designated Director of Paediatric Medical Services, plus provides integrated hospital inpatient unit, non-inpatient family and child health services, and community health services for most paediatric medical conditions. Designated adolescent area. Specialist paediatrician on call 24 hours. Paediatric support offered to other units within the Area. Designated medical officer ⁽¹⁾ . May have paediatric registrar ⁽¹⁾ . Nursing unit manager ⁽¹⁾ or access to clinical nurse consultant within the Area. Access to audiology services. Allied health professionals on site.	4	4	4	4	4	4	*	2

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39 PAEDIATRIC MEDICINE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
5	As Level 4, plus specialised paediatric inpatient unit. May have some paediatric sub-specialty skills. Designated adolescent unit. Has paediatric registrar ⁽¹⁾ on site 24 hours. Active program of undergraduate and postgraduate teaching and research coordinated with a Level 6 service. Access to clinical nurse consultant ⁽¹⁾ is desirable. Rostered allied health staff, including recreational therapy. School teacher available.	5	5	5	5	5	4	5	*	2
6	As Level 5, plus most paediatric medical and surgical sub-specialties available. Designated adolescent ward. Clinical and diagnostic services provided by appropriately trained paediatric specialists. Provides some statewide services. Subspecialty consultant on call 24 hours. Has designated subspecialty registrar. Provides 24 hour Child Protection Services with consultant paediatrician and social worker. School service for inpatients provided by Department of Education. Has research and specialist paediatric teaching role.	6	6	6	6	6	4	5	*	2

(1) See "Medical and Nursing Staff Definitions" in Appendix 1.

(2) See "Glossary" in Appendix V

* Adult ccu - not applicable

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40 PAEDIATRIC SURGERY

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	<p>No planned inpatient paediatric surgical service. Provides primary and emergency care; and stabilisation of children prior to moving to appropriate higher level of service. Quality assurance activities⁽⁴⁾. Interpreters as per Circular 94/10.</p> <p>Except in emergencies, children under the age of one year should not be admitted. Minor⁽¹⁾ elective and selected moderate⁽¹⁾ surgical procedures on ASA category 1⁽²⁾ children over the age of 1 year performed by general surgeons or accredited medical practitioners⁽³⁾ credentialled in paediatric surgery, and specialist anaesthetists or medical practitioners⁽³⁾ with appropriate paediatric anaesthetic experience and/or qualifications as determined by the credentialling process involving the relevant Colleges. Appropriate surgical, anaesthetic and resuscitation equipment available. Has 24 hour access to medical officers⁽³⁾ on site or available within 10 minutes. Registered nurse⁽³⁾ with skills consistent with a competent paediatric nurse⁽⁶⁾ caring for the child. Continuing nursing educational programs⁽³⁾ available specific to the needs of the service. Formal consultative links with paediatrician and paediatric surgeons. Amenities for parents or carers. Operating suite and recovery room provide for the special needs of children and carers. Formal quality assurance program⁽⁴⁾.</p>	1	1	1	-	1	2	*	-
3	<p>Except in emergencies, children under the age of one month should not be admitted. Designated children's ward with parent amenities. Moderate⁽¹⁾ and selected major⁽¹⁾ surgical procedures on ASA categories 1 and 2⁽²⁾ children performed by surgeons⁽³⁾ credentialled in paediatric surgery, and specialist anaesthetists⁽³⁾ with appropriate paediatric anaesthetic experience and/or qualifications as determined by the credentialling process. Medical officer⁽³⁾ on site 24 hours. Consultation available from specialist paediatrician. Facility to isolate in single room. Has nursing unit manager⁽³⁾ and registered nurses⁽³⁾ with skills consistent with a competent paediatric nurse⁽¹⁾. Some registered nurses undertaking relevant postgraduate studies. Has access to allied health professionals. May have a role in providing paediatric support to other units within the Area.</p>	3	3	3	-	3	3	*	3
4	<p>Except in emergencies, children under the age of one month should not be admitted. Designated children's ward with parent amenities. Moderate⁽¹⁾ and selected major⁽¹⁾ surgical procedures on ASA categories 1 and 2⁽²⁾ children performed by surgeons⁽³⁾ credentialled in paediatric surgery, and specialist anaesthetists⁽³⁾ with appropriate paediatric anaesthetic experience and/or qualifications as determined by the credentialling process. Medical officer⁽³⁾ on site 24 hours. Consultation available from specialist paediatrician. Facility to isolate in single room. Has nursing unit manager⁽³⁾ and registered nurses⁽³⁾ with skills consistent with a competent paediatric nurse⁽¹⁾. Some registered nurses undertaking relevant postgraduate studies. Has access to allied health professionals. May have a role in providing paediatric support to other units within the Area.</p>	4	4	4	3	4	4	*	4

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40 PAEDIATRIC SURGERY

	MINIMUM LEVEL OF SUPPORT SERVICES									
	Op/s	CCU	ICU	Anaes	NMed	Diag Imag	Phar	Path		
5		*	5	5	5	5	5	5	5	6
<p>As Level 4 plus specialised paediatric inpatient unit with nominated director of paediatric surgical services. Provides most major diagnostic and treatment procedures on ASA categories 1 to 5⁽²⁾ children excluding complex major⁽¹⁾ paediatric surgery on rare complex congenital malformations (frequency of less than one in 2,500 births). Specialist surgeons (paediatric), general surgeons⁽³⁾ credentialled in paediatric surgery, and specialist anaesthetists⁽³⁾ (paediatric) on call 24 hours. Participates in undergraduate and postgraduate teaching. Paediatric support offered to other units within the Area. Training positions for paediatric nurses. Paediatric registrar⁽³⁾ on call 24 hours. Surgical registrar⁽³⁾ on call 24 hours. Access to clinical nurse consultant⁽³⁾ is desirable. May have teaching and research role. Rostered allied health staff, including recreational therapy and educational services.</p>										
6		*	6	6	6	6	6	6	6	6
<p>As Level 5 plus has sub-specialty units in most areas of paediatric surgery (eg. may have paediatric neurosurgery, cardiac surgery). Provides a statewide service. Active program of undergraduate and postgraduate teaching, research and development. Paediatricians and specialist surgeons (paediatric)⁽³⁾ with sub-specialty interests on call 24 hours. Designated paediatric surgical registrars⁽³⁾ in sub-specialty units. Has research and specialist paediatrics teaching role.</p>										

(1) See "Indicative List of Paediatric Surgical Procedures" in Appendix III

(2) See "Levels of Anaesthetic Risk - Children" in Appendix II

(3) See "Medical and Nursing Staff Definitions" in Appendix I

(4) See "Glossary" in Appendix V

* Adult ccu - not applicable

Draft

41 FAMILY AND CHILD HEALTH

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES											
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s			
1	Early Childhood Services and school health screening programs conducted by appropriately qualified registered nursing ⁽¹⁾ staff. Home visiting capacity, access to general practitioners and other secondary screening and referral services. Links with higher level service for management of children with identified needs. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10. Access to other child and family care providers, eg. education, DCS.	-	-	-	-	-	-	-	-	-	-	-	-
2	As Level 1 plus designated team providing a range of assessment treatment information education and prevention programs, eg. immunisation clinics, for target population. Regular follow up of non-attenders/at risk clients. Limited child and family counselling, speech pathology, and secondary screening services. Liaison with range of professional disciplines including hospital mothercraft and midwifery nurses. Continuing nursing educational programs available. ⁽¹⁾	1	1	-	-	-	1	-	1	-	-	-	-
3	As Level 2 plus community paediatrician or accredited medical practitioner ⁽¹⁾ available for consultation. Has experienced registered nurse ⁽¹⁾ . Regular speech pathology services and multi-disciplinary child and family counselling. Access to allied health professionals. Link with paediatric medicine in-patient services where specialist maternal and paediatric units serve the same catchment population. Co-ordinated health promotion program eg. ante-natal education, injury prevention. Access to a range of other community health specialist services with regular liaison between staff. Formal quality assurance program ⁽²⁾ . Links with other child and family care providers, eg. Education, DCS.	1	1	1	1	-	1	-	1	-	-	1	-

Draft

41 FAMILY AND CHILD HEALTH

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
4	As Level 3 plus director of community service. Hospital and community service integrated, with a hospital service of Level 3 Paediatric Medicine, Paediatric Surgery and Obstetric Services, with F/T community paediatrician. Has hospital liaison sister. Access to a range of specialist services, such as family planning clinic, pregnancy support services etc. Has wide range of professional disciplines eg. pre-school social workers, well established child and family counselling service, and registered nurses ⁽¹⁾ with appropriate experience. Access to audiology and orthoptic services. Access to child, adolescent and family psychiatry services. May provide screening and follow-up services to school aged handicapped children. Has interagency liaison mechanisms such as Child At Risk Committee. Provision of a broad range of educative and preventive services at centres, schools, hospital and community venues.	1	1	2	-	1	-	1	-	1
5	As Level 4 plus provision of some specialist sub-units such as day care, infant stress/mothercraft day stay program. Community paediatrician may have joint hospital appointment. Consultant child psychiatrist available with access to child psychiatry in-patient unit. Access to clinical nurse consultant ⁽¹⁾ is desirable. Link with in-patient treatment services of at least Level 4 in Paediatric Medicine, Paediatric Surgery and Obstetrics. Link with paediatric audiology services. Screening and follow-up services provided to handicapped school aged children. Extensive range of health promotion programs. Link with a broad range of other community health specialist services.	4	4	4	4	4	4	4	4	2
6	As Level 5 plus has link with at least Level 5 Paediatric Medicine, Paediatric Surgery and Obstetric in-patient services. Has residential facilities for infant stress/mothercraft. Regular health promotion programs provided in all venues. Link to relevant tertiary institutions providing regular undergraduate and post graduate training for a range of professional disciplines. Has research activities.	5	5	5	5	4	4	5	5	2

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Glossary" in Appendix V

Draft

**Core Services -
Integrated Community
and
Hospital Services**

Draft

42 ADOLESCENT HEALTH

Level	Description
1	Limited range of community and hospital services provided by non-specialist staff. Access to specialist adolescent health services for referral and consultation when appropriate. Quality assurance activities ⁽¹⁾ . Interpreters as per Circular 94/10.
2	Designated, non-specialist multi-disciplinary staff providing a range of assessment, treatment, counselling, information, education and prevention programs designed specifically for adolescents. Regular liaison with relevant hospital and community services.
3	As Level 2 with some specialist staff working full-time with adolescents and their families. Formal link with in-patient and community-based health services. Formal quality assurance program ⁽¹⁾ .
4	Integrated specialist multi-disciplinary adolescent health team with designated geographic catchment, provided in hospital and community settings. Designated area in paediatric unit. Activities include specifically targeted health promotion programs, referral, assessment and treatment services, intensive family intervention: case co-ordination and supervision. Formal network of interagency collaboration with other government departments and relevant local non-government organisation. Staff to include part-time psychiatrist. Extended hours and crisis intervention services. Support services for in-patient care as for Paediatric Medicine Level 4.
5	Designated adolescent service in major referral hospital with full-time staff specialist physician and psychiatrist, nursing and allied health professionals with appropriate training and experience. Designated adolescent unit. Provides consultancy to lower level services. Support services for in-patient care as for Paediatric Medicine Level 5.
6	Specialist adolescent services provided at major paediatric referral centres. Designated adolescent ward. Full-time registrars ⁽²⁾ in adolescent medicine and child/adolescent psychiatry. Provide consultancy services for specific target groups including chronic/terminally ill, sexual assault and physical abuse victims. Has teaching and research role. Statewide referral with 24hr access to consultancy and crisis management. Support services for inpatient care as for Paediatric Medicine Level 6.

⁽¹⁾ See "Glossary" in Appendix V

⁽²⁾ See "Medical and Nursing Staff Definitions" in Appendix I

Draft

43 ADULT MENTAL HEALTH (Inpatient – Acute & Extended Care)

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anes	ICU	CCU	Op/s
1	<p>Access to general hospital beds under management of GP for provision of continuous adult and aged mental health care with inpatient referral and management. Registered nurse in charge of each shift. May include stabilisation of acute mental illness prior to moving to higher level of service. Service provision in accordance with NSW Health departmental circulars e.g. Interpreters as per Circular 94/10. May have formal links with community mental health services including ageing and disability. Access to Aged Care Assessment Teams (ACATs). Access to community support services (HACC, Meals on Wheels). Quality assurance activities⁽⁹⁾</p> <p>As Level 1 plus access to psychiatrists and psycho-geriatricians. Access to experienced community mental health staff (may be via teleconferencing). Gazetted beds with medical superintendent responsible for treatment and staffed by registered nurses with access to allied health. Has support required to admit involuntary patients. Provision for inpatient rehabilitation. Access to long stay beds. Partnerships established with relevant services, e.g. consumers, Aboriginal community controlled health services, aged care services, Guardianship Board, Carers Association. Formal links with ACAT teams and Nursing Homes.</p>									
2	<p>As Level 2 plus dedicated general hospital inpatient unit. Either staff specialist or VMO psychiatrist consultation is available. 24 hour emergency general medicine resident cover on site. Consultant psychiatrist on call 24 hours. Nurse unit manager and experienced registered nurses. Psycho-geriatrician consultation is available. Provision of allied health services. Provides psychiatric consultation to general hospital wards. Access to routine and emergency mental health care. Formal arrangements with community mental health services and aged care services for care coordination and rehabilitation planning. Access to rehabilitation cottages and provision of extended care long stay wards. Range of rehabilitation services available may include specialised day care programs. Has some links with Non Government Organisation (NGO) sector. Education and training programs for all disciplines.</p>									
3										

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43 ADULT MENTAL HEALTH (Inpatient – Acute & Extended Care)

MINIMUM LEVEL OF SUPPORT SERVICES

Op/s
CCU
ICU
Anes
NMed
Diag
Imag
Phar
Path

Description

- | Level | Description |
|-------|---|
| 4 | <p>As Level 3 plus psychiatric registrar. Deals with emergency presentation. Medical superintendent is a psychiatrist. Multi-disciplinary team structure. Clinical nurse specialist and allied health professionals on site. Access to a consultant physician in geriatric medicine and senior psycho-geriatrician on site. Access to clinical nurse consultant specialised in ageing. Case management provision including psycho-geriatric case management. Specialised services such as day care, rehabilitation programs, geriatric rehabilitation programs, depression and related disorders, early psychosis and related disorders available. Formalised links with community mental health rehabilitation services, NGOs, consumer and carer groups. Providers of community screening services. May be providers of telepsychiatry. Formal quality assurance program including clinical supervision, professional development and peer review.</p> <p>As Level 4 plus liaison psychiatrist provision. May have dedicated beds for subspecialties with registrar support, e.g. psycho-geriatric and postnatal. Psychiatric registrar on call-back after hours. Provides specialist psycho-geriatric services. Clinical nurse consultant available. Clinical nurse specialist in aged care on site. Access to age-specific allied health services (e.g. neuropsychology). Comprehensive rehabilitation program.</p> |
| 5 | <p>As Level 5 plus access to full range of subspecialty and related services. Has subspecialty registrars. Consultant psycho-geriatrician on site. Clients have 24 hour support from a designated multi-disciplinary team, including a crisis team available 24 hours per day, 7 days a week. Intensive rehabilitation programs may frequently involve research activities and as such may provide a state referral service. Undertakes a range of teaching and research functions including community-based research and training. May provide telepsychiatry services. May provide a state referral service.</p> |
| 6 | <p>As Level 5 plus access to full range of subspecialty and related services. Has subspecialty registrars. Consultant psycho-geriatrician on site. Clients have 24 hour support from a designated multi-disciplinary team, including a crisis team available 24 hours per day, 7 days a week. Intensive rehabilitation programs may frequently involve research activities and as such may provide a state referral service. Undertakes a range of teaching and research functions including community-based research and training. May provide telepsychiatry services. May provide a state referral service.</p> |

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See Appendix IV

(3) See "Glossary" in Appendix V

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44 ADULT MENTAL HEALTH (Community Care – Acute & Non-acute)

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							Op/s	
		Path	Phar	Imag	Diag	NMed	Anes	ICU		CCU
1	<p>Services provided by community nurse in conjunction with GPs⁽¹⁾. Able to consult with psychiatrists, generalist community health staff & VMO's⁽¹⁾. Able to provide assessment/treatment for common conditions. Emergency services available from local hospital &/or Area mental health 1800 cover. Access to Aged Care Assessment Teams (ACAT) services. Personal and nursing care available as necessary. May have developed partnerships with police and ambulance services. Quality assurance activities⁽²⁾. Interpreters as per Circular 94/10.</p>	1	1	-	-	-	-	-	-	-
2	<p>As Level 1 plus services provided by dedicated multi-disciplinary mental health professionals including access to visiting psychiatrist and appropriate consultation/liaison services. Access to local non-dedicated hospital beds. Access to local mental health emergency service delivery after hours. On call access available at other times through the local hospital emergency department. Facility will be appointed as a Gazetted Health Care Agency. Some community mental health service network components in place, such as living skills training and support for residential units. May provide mental health promotion and prevention activities. Links with respite aged care services.</p>	1	2	1	-	-	-	-	-	-
3	<p>As Level 2 plus dedicated general hospital inpatient unit. Has psychiatrist and 24 hour access to medical officer on site or available in 10 minutes. Provides formal psychiatric consult /liaison services to general hospital wards. Nurse unit manager and experienced registered nurses in wards⁽¹⁾. Some registered nurses completed or undertaking relevant post basic studies. Continuing nursing education program specific to the needs of the service available. Community services may operate from numerous sites. Extended hours community mental health service network. Service is authorised Health Care Agency. Maintains a computer based care register management system. Partnerships developed with relevant local agencies to provide coordinated care. Formal links with adult mental health teams for specialised assessment. Formal quality assurance program.</p>	3	4	2	-	-	1	3	1	-

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44 ADULT MENTAL HEALTH (Community Care – Acute & Non-acute)

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anes	ICU	CCU	Op/s
4	<p>As Level 3 plus continuous case management system across community and hospital based services. Has designated psychiatrists for community services. Has psychiatric registrar and experienced registered nurses for community and hospital based services and allied health staff. Deals with psychiatric emergency presentations to hospital and community treatment settings. Access to psycho-geriatrician. Access to specialist assessment and diagnostic services provided by interdisciplinary team including outreach extended care services, supported accommodation services, vocational services or partnerships with vocational services and child/adolescent services for older people with mental illness. Education and training program in place for all mental health professionals.</p>	3	4	4	4	-	3	3	1	-
5	<p>As Level 4 plus extensive community mental health service network including support to a range of formal mental health rehabilitation services. Psychiatric registrar on call 24 hours. Access to clinical nurse consultant is desirable. May have dedicated psychiatrist for extended care as part of the integrated mental health services. May have subspecialty registrars. Partnerships with Non Government Organisations (NGOs) and community services formalised to provide a range of rehabilitation options (e.g. employment, social support and education). Access to after hours phone counselling and if required emergency home visits by on-call staff. Formal links with psycho-geriatric service. May have teaching and research role.</p>	3	4	4	4	-	3	3	1	-

Draft

44 ADULT MENTAL HEALTH (Community Care – Acute & Non-acute)

Level	Description	Path	Phar	Imag	Diag	NMed	Anes	ICU	CCU	Op/s
6	As Level 5 plus access to full range of subspecialty and related services. Has subspecialty registrars. (1) Consultant pyscho-geriatrician on site. Cilents have 24 hour support from a designated multi-disciplinary team, including a crisis team available 24 hours per day, 7 days a week. Intensive rehabilitation programs may frequently involve research activities and as such may provide a state referral service. Undertakes a range of teaching and research functions including community-based research and training. May provide telepsychiatry services. May provide a state referral service.	3	4	4	-	4	3	3	-	-

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Glossary" in Appendix V

Draft

45 CHILD/ADOLESCENT MENTAL HEALTH (Inpatient Care)

Level	Description
1	<p>Acute inpatient care provided by GP and local general hospital with support from generalist mental health liaison. Protocols for telephone access to specialist Child and Adolescent Mental Health Services for referral and consultation. Referral networks with paediatric services. Links with other relevant services such as Department of Community Services (DOCS), Education and Non Government Organisations (NGOs). Mental health information available. Quality assurance activities⁽¹⁾. Interpreters as per Circular 94/10.</p>
2	<p>As Level 1, plus generalist mental health staff providing liaison to paediatric beds in local general hospital. Access to child and adolescent mental health service network, including Area Child and Adolescent Mental Health Coordinator with established liaison/consultation links with higher level specialist child and adolescent mental health services. Paediatric liaison/consultation available. Established linkages with specialist child and adolescent services including PANOC, and with other child and adolescent services and supports such as DOCS, Education and NGOs. Access to professional education and training. Established linkages to Supra-Area inpatient specialist child and adolescent facilities for consultation and referral of severe or complex cases.</p>
3	<p>As Level 2 plus child and adolescent mental health staff providing consultation/liaison for children or adolescents admitted to general hospital mental health inpatient or paediatric beds. Some child and adolescent mental health on call services available. Has 24 hour access to medical officer(s)⁽²⁾ on site or available. Access to a paediatrician. Access to consultation/liaison from child and adolescent psychiatrist. Formal quality assurance program. Authorised Health Care Agency⁽³⁾. available in Area.</p>
4	<p>As Level 3 plus established linkages with experienced community-based child and adolescent mental health staff for follow-up. Has designated child and adolescent psychiatrist and psychiatry registrar. Provides specialist child and adolescent mental health day patient program. Child and adolescent clinical psychologist available. Training in child and adolescent mental health is available for staff. May have specific child and adolescent mental health programs such as depression or early psychosis. Access to allied health professionals, such as physiotherapist and speech pathologist.</p>
5	<p>As Level 4 plus Supra-Area designated specialist child and adolescent mental health inpatient/day patient unit or specialist child and adolescent inpatient program provided in a paediatric hospital. May provide a state referral, assessment and treatment service. Child and adolescent psychiatrist on call 24 hours. Designated child and adolescent clinical nurse consultant. Child and adolescent mental health staff are highly skilled and most are experienced. Provides education, training and supervision and conducts research in child and adolescent mental health. Experienced allied health staff. Provides consultation/liaison child and adolescent mental health services for other relevant services and agencies such as primary health care (including maternal, child and family and youth health), DOCS, Education and NGOs.</p>

45 CHILD/ADOLESCENT MENTAL HEALTH (Inpatient Care)

6 As Level 5 plus designated gazetted child and adolescent inpatient beds.

(1) See Glossary in Appendix 5.

(2) See "Medical and Nursing Staff Definitions" in Appendix 1

(3) A service dedicated to carry out compulsory treatment in the community under the Mental Health Act 1990 NSW.

Draft

46 CHILD/ADOLESCENT MENTAL HEALTH (Community Care- Acute & Non-acute)

Level	Description
1	<p>Services provided by community nurses in conjunction with general practitioners. Able to provide assessment/treatment for common conditions. Protocols for telephone access to specialist child and adolescent mental health services for referral and consultation. Referral networks with paediatric services. Emergency services provided by GPs ⁽²⁾ and local hospital. Referral protocols for inpatient care for children and adolescent with severe or complex mental health problems. Links with other relevant services such as Department of Community Services (DOCS), Education and Non Government Organisations (NGOs). Links to education and training on child and adolescent mental health issues. Mental health information available. Quality assurance activities⁽¹⁾. Interpreters as per Circular 94/10.</p>
2	<p>As Level 1 plus after hours support through mental health extended hours service. A range of community-based services provided by a range of health staff. Access to community child and adolescent mental health service network, including Area Child and Adolescent Mental Health Coordinator with established liaison/consultation links with higher level specialist child and adolescent mental health services. Paediatric liaison/consultation available. Established linkages with specialist child and adolescent health services including PANOC, and with other child and adolescent services and supports such as DOCS, Education and NGOs. Access to education and training on child and adolescent mental health issues. Some mental health promotion and prevention programs available. Some early intervention programs available.</p>
3	<p>As Level 2 plus child and adolescent mental health staff providing assessment, treatment and management. Some child and adolescent mental health on call services available. Access to consultation/liaison from child and adolescent psychiatrist. Access to paediatrician. Continuing professional education programs available specific to needs of the service including evidence-based mental health promotion, prevention, early intervention and treatment. Maintains a computer based case register management system. Formal quality assurance program. Authorised Health Care Agency available in Area ⁽³⁾. Provides community-based services which may operate from numerous sites including a range of mental health promotion, prevention, early intervention and treatment programs for a range of mental health problems and disorders.</p>
4	<p>As Level 3 plus experienced child and adolescent mental health staff providing a range of programs from promotion, prevention, early intervention, to treatment and management. Extended hours service available 7 days per week, with some staff trained in child and adolescent mental health. Access to child and adolescent psychiatrist. Child and adolescent clinical psychologist available. Specific child and adolescent mental health programs such as depression, psychosis and suicide prevention programs with dedicated specialist staff. Access to allied health professionals, such as physiotherapist and speech pathologist.</p>

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46 CHILD/ADOLESCENT MENTAL HEALTH (Community Care- Acute & Non-acute)

As Level 4 plus experienced child and adolescent mental health staff providing a comprehensive spectrum of programs from promotion, prevention, early intervention, to treatment and management across the age span of 0-17 years. Provides consultation/liaison child and adolescent mental health services for other relevant services and agencies such as primary health care (including maternal, child and family and youth health), DOCS, Education, NGOs. Child and adolescent mental health specialist in extended hours team. Provides education, training and supervision and conducts research in child and adolescent mental health. Clinical nurse consultant in child and adolescent mental health is desirable. Experienced allied mental health staff such as occupational therapist.

5

As Level 5 plus provides Supra-Area or Statewide specialist outreach services such as telepsychiatry. 24 hour access to child and adolescent psychiatrist. Provides a Statewide or Supra-Area referral, assessment and treatment service. Child and adolescent mental health staff are highly skilled and most are experienced. Oversees a range of community-based child and adolescent mental health education, training and supervision programs. Provides a lead role in child and adolescent mental health research including support for evaluation and outcome monitoring. Provides a Supra-Area role for establishing mental health prevention and early intervention programs including support for evaluation and outcome monitoring. May provide leadership in applying population based mental health promotion programs.

6

(1) See Glossary in Appendix 5

(2) See "Medical and Nursing Staff Definitions" in Appendix 1

(3) A service dedicated to carry out compulsory treatment in the community under the Mental Health Act 1990 NSW.

Draft

**47 CHILD PROTECTION SERVICES
(PANOC Services- Physical and Emotional Abuse and Neglect of Children)**

Level	Description
1	Reporting and appropriate referral by medical practitioner and health professionals. Management of presenting health problem. Reporting to Department of Community Services (DCS) in accordance with Children (Care and Protection) Act, 1987 and Circular 97/14. Pathology Level 1 and access to Diagnostic Radiology Level 2. Referral for counselling/medical care to next level or appropriate local community health services. No planned PANOC Service. Formal link with Level 4 PANOC and Sexual Assault Service. Interpreters as per Circular 94/10. Staff trained in relation to recognition and notification as per 97/14. Copies of <i>Recognising and Notifying Child Abuse and Neglect, Procedures for Front Line Health Professionals & A Policy for Protecting Children and Young People from Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect</i> . Copy of <i>Interagency Guidelines for Child Protection Intervention</i> available and all relevant staff aware and adhere to all documents.
3	As Level 1 plus links with on or off site specialist PANOC workers with experience and training in counselling intervention with child victims of physical or emotional abuse or neglect and their carers. Medical service provided by paediatrician/medical officer with paediatric experience. Ongoing medical treatment or monitoring as required. Access to and links with Emergency Departments. Formal link with Level 4 PANOC Service and Level 4 Sexual Assault Service (on or off site). Networks developed between social work department, obstetrics units, paediatric services, mental health, drug and alcohol and community health services. Link and regular meetings with local Department of Community Services and NSW Police Service.
4	As level 3 plus 24 hour crisis intervention service provided by paediatric/medical officer and health professionals- all with training in dealing with child abuse. Designated PANOC coordinator. Formal link with Level 6 PANOC Service. Designated area in Emergency Department or elsewhere in hospital for crisis care. Referrals from lower levels accepted. Paediatric Medicine Level 4 and Paediatric Surgery Level 3 on site.
6	As Level 4 plus designated multidisciplinary team consisting of medical services (paediatrician, medical officer), psychiatrist, social worker, psychologist, allied health professionals and nursing staff who will provide 24 hour crisis intervention rostered service from within the team. Has designated director. Has active undergraduate, postgraduate and professional teaching role and conducts research. Clinical pathology available. Medical officer and paediatric specialists available for consultation. Paediatric Medicine Level 6 and Paediatric Surgery Level 6 on site. Provide peer review for medical practitioners. Formal procedures for referring children and families for ongoing counselling intervention back to Level 3 and 4.

(1) See "Medical and Nursing Staff Definitions" in Appendix 1.

Draft

48 DRUG AND ALCOHOL SERVICES

Level	Description
1	Limited range of drug and alcohol services provided in a general hospital by general practitioner (GP) or non-specialist staff in consultation with specialist drug and alcohol services or G.P. Access to specialist medical and other back-up by means of referral. Unmedicated detoxification available. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.
2	As Level 1 plus formalised education programs to clinicians and staff in early detection skills of harmful and hazardous drug and alcohol use. Capacity for methadone dispensing and dosing for 10 outpatients. Link to specialist treatment services. Has Level 2 Pharmacy service.
3	As Level 2 plus capacity to provide medicated detoxification and support for patients assessed to be low risk of life threatening sequelae. Management supervised by medical officer(s) ⁽¹⁾ with specific drug and alcohol experience/training and liaison psychiatry available. Provision of training to doctors, nurses and other professionals. May have outpatient methadone management dosing for a maximum of 20 outpatients. Has access to allied health professional services (health, welfare, legal). Formal quality assurance program ⁽²⁾ .
4	As Level 3 plus provision of non-medicated detoxification and medicated detoxification of single and multiple drug dependencies. These services must be integrated with other hospital and community services comprising extended hours assessment and treatment. Has capability to provide methadone assessment, dispensing and dosing to a minimum of 25 patients. Has relevant subspecialty consultancy service, eg. gastroenterology, neurology, infectious diseases including HIV. Registered nurse ⁽¹⁾ experienced in drug and alcohol interventions on staff. Support services for inpatient care as for General Medicine Level 3.
5	As Level 4 plus multidisciplinary drug and alcohol team on site providing full assessment and treatment services including assessment for brain damage, management of drug related brain damage, clinical supervision of staff, public education and prevention activities. Has capability to provide methadone assessment, prescribing, dispensing and dosing to a maximum of 120 patients. Provides advanced postgraduate training. Has nursing unit manager ⁽¹⁾ . Access to clinical nurse consultant ⁽¹⁾ is desirable. Support services for inpatient care as for General Medicine Level 4.
6	As Level 5 plus specialist drug and alcohol training program for all staff working with conditions related to drug and alcohol use and clinical supervision of these staff. Relevant subspecialty consultancy on site. Experienced registered nurses ⁽¹⁾ on most shifts. Teaching and consultancy services to all other levels (1-5), research into early detection, early intervention and treatment of drug and alcohol related problems; providing specialist services to groups with particular needs, eg. pregnant opioid dependent women or HIV antibody positive individuals; capacity for methadone assessment, prescribing, dispensing and dosing to a maximum of 200 patients. May provide advanced post graduate training. May have Area or Statewide role. Support services for inpatient care as for General Medicine Level 5.

(1) See "Medical and Nursing Staff Definitions" in Appendix I
 (2) See "Glossary" in Appendix V

Draft

49 GERIATRICS

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES							Op/s
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	
1	Primarily supportive. Personal and nursing care available as necessary. Referral and management by general practitioner. Links to Home and Community Care Services and hostel and nursing home accommodation. Registered nurse ⁽¹⁾ in charge on each shift (in-patient unit). Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	2	1	-
2	As Level 1 plus general physician consultation available. Continuing nursing educational programs ⁽¹⁾ available specific to the needs of the service. Access to allied health professionals. Can provide respite care.	1	2	1	-	1	2	1	-
3	As General Medicine Level 3 plus provides limited rehabilitation.	3	3	3	-	2	3	3	2
4	As Level 3 plus active assessment and rehabilitation involving inter-disciplinary team providing services to day patients and in-patients. Has nursing unit manager ⁽¹⁾ and experienced registered nurses ⁽¹⁾ . Medical services provided by specialists supported by medical registrars ⁽¹⁾ or medical officers ⁽¹⁾ . Access to consultant physician in geriatric medicine. Consultation and referral links to relevant medical and surgical services.	3	3	4	-	3	3	3	3
5	As Level 4 plus integrated assessment in-patient unit and domiciliary consultant service serving a defined geographical catchment. Link with in-patient rehabilitation unit. Nominated specialist medical director and medical registrar ⁽¹⁾ . Access to clinical nurse consultant ⁽¹⁾ is desirable. Has, or links with psychogeriatric service. May have teaching and research role.	5	4	5	3	4	4	4	3
6	As Level 5 plus admission rights including from emergency services department, for acute patients under specialist geriatricians. Has teaching and research role. Has geriatrics registrar. May have Statewide role.	6	6	5	5	4	4	4	4

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Glossary" in Appendix V

Draft

50 HEALTH PROMOTION

Level	Description
1	Provide health information through pamphlets, publications and other media. Provide patient education to clients and family members. <u>Quality assurance activities⁽¹⁾</u> . Interpreters as per Circular 94/10.
2	As Level 1, plus patient access to standard health promotion and patient education programs in community and hospital settings (eg. diabetes education groups, QUIT, antenatal education). Provide preventive health services, including screening and referral for specific health issues (eg. Pap smears). Mechanisms for community participation.
3	As Level 2, plus have specific health promotion staff. Plan, implement and monitor health promotion programs. Conduct programs in response to Area/Region Strategic Plans and State campaigns. Conduct local needs assessment. Consult with clinicians on patient education programs. Specific programs for ethnic groups where indicated. Documentation of programs. Access to audio-visual and communication, public relations support services.
4	As Level 3 plus maintain continuous and substantial health promotion and patient education activities. Ongoing strategic and program planning for health promotion. Consultation and collaboration with public health resources in the Area/Region. Collaboration with clinical staff in the development of health promotion interventions. Evaluation of selected programs and resources. Train and supervise Community Educators. Provide consultancy training and supervision in health promotion to other staff. Organisation has established policies and ongoing patient education programs. Consultancy training and supervision of clinical staff in patient education.
5	As Level 4 plus conduct extensive and diversified health promotion and patient education activities. Conduct formal outcome evaluation of health promotion/patient education activities. Develop and implement innovative and demonstration health promotion and patient education programs. Collaboration between GPs, community health services and hospitals on health education initiatives. Provide health promotion policy input to Area/Region planning and service development. Representation of senior executive on Area committee, or other structure (eg. Health For All). Collaboration with tertiary education institutions. Develop intersectoral collaboration on health promotion intervention.
6	As Level 5 plus conduct formal research projects and outcome evaluation of health promotion and patient education activity. Has specialised health promotion and patient education staff. Provides a comprehensive health information and education resource service. Conjoint appointments with tertiary education institutions. Established intersectoral committee or other structure at senior executive level to address health issues.

⁽¹⁾ See "Glossary" in Appendix V

Draft

51 PALLIATIVE CARE

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1	Primarily supportive. Management by general practitioners and generalist community nurses (community patients). In-patient management has registered nurse ⁽¹⁾ in charge on each shift. Quality assurance activities. Interpreters as per Circular 94/10.	1	1	1	1	-	1	-	-	-
2	As Level 1 plus consultation available from specialist physician ⁽¹⁾ . Continuing nursing education programs available specific to the needs of the service.	1	1	1	1	-	1	-	-	-
3	As Level 2 plus consultative support from clinical nurse specialist/clinical nurse consultant ⁽¹⁾ (community patients). In-patient management by accredited medical practitioners ⁽¹⁾ or by specialist physicians ⁽¹⁾ . Nursing unit manager ⁽¹⁾ . Access to social worker. Formal quality assurance program ⁽²⁾ .	2	1	1	1	-	1	2	1	-
4	As Level 3 plus mobile consultancy support from medical practitioner specialising in palliative care (community patients) and designated palliative care beds managed by medical practitioner specialising in palliative care. Social worker and allied health professionals on staff.	3	2	2	2	-	3	2	1	3
5	As Level 4 plus integrated community/hospice consultative service under direction of medical practitioner accredited ⁽¹⁾ in palliative care or palliative care physician. Has medical officer ⁽¹⁾ or medical registrar ⁽¹⁾ . Clinical nurse specialist or clinical nurse consultant ⁽¹⁾ , social worker and allied health professional staff attached to service. Has links with oncology, radiotherapy, anaesthetics, psychiatry, multidisciplinary pain clinic, rehabilitation and surgical services.	4	4	2	2	3	4	2	1	3
6	As for Level 5 plus palliative care specialist ⁽¹⁾ providing liaison consultancy to various units at major referral hospitals. Link with multidisciplinary pain clinic. Has registrar ⁽¹⁾ in palliative medicine. Based in or has staff with conjoint appointments between hospice and major referral hospital.	4	4	4	5	3	5	3	1	4

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Glossary" in Appendix V

Draft

52 REHABILITATION

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1-2	No Service	Not Applicable								
3	Inpatient care in which the goal is functional restoration following an episode of disability. Referral and management by accredited medical practitioners ⁽¹⁾ . Documented rehabilitation goals using functional status measures. Allied health professionals with skills in stroke, orthopaedics etc. Formal quality assurance program ⁽²⁾ . Interpreters as per Circular 94/10.	1	2	2	2	-	2	2	1	1
4	A Level 4 Rehabilitation Medicine Service has dedicated inter-disciplinary teams with specific expertise in orthopaedic, neurological and/or geriatric rehabilitation programs. Specialist with accredited training in Rehabilitation Medicine responsible for patient care supported by medical officers. May have Rehabilitation Registrar, Nursing unit manager and registered nurses ⁽¹⁾ with appropriate experience. Allied health professionals are experienced to levels commensurate with program needs. As Level 4 plus may be freestanding and networked with or exist within acute services. May be a specified Program – “amputee” program, “brain injury” program etc. Serving a defined geographical areas. Defined inpatient and outpatient rehabilitation programs. Unit directed by a Specialist in Rehabilitation Medicine ⁽¹⁾ . Has Nurse Unit Manager, Clinical Nurse Specialists and access to Clinical Nurse Consultant ⁽¹⁾ . Has Registrar ⁽¹⁾ . Has dedicated Activities of Daily Living (ADL) and therapy areas with special equipment commensurate with programs offered. Unit has patient management program incorporating goals, outcomes and benchmarking. May have teaching and research role. Dedicate allied health staff. Networked with hydrotherapy and work conditioning programs. Linked with appropriate medical and surgical sub-specialties.	3	2	3	-	3	2	1	2	2
5		3	3	4	3	4	2	1	3	3

Draft

52 REHABILITATION

Level	Description	MINIMUM LEVEL OF SUPPORT SERVICES								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
6	As Level 5 plus either freestanding and networked with a Referral Hospital, or exist within such a hospital. Serving local geographical area and having supra-regional role for specific Rehabilitation Programs. Has Teaching and Research roles. Outreach services from supra-regional programs. Directed by Consultant in Rehabilitation Medicine ⁽¹⁾ . Has Rehabilitation Registrars ⁽¹⁾ . Has access to 24 hour medical cover on site or within 10 minutes. Clinical Nurse Consultant in Rehabilitation, Nurse Unit Manager and Clinical Nurse Specialists ⁽¹⁾ . May have a supra-area role (eg. spinal unit). Senior dedicated allied health professionals. Linked to referral hospital specialty services.	3	4	4	4	3	4	3	3	4

⁽¹⁾ See Medical and Nursing Staff Definitions" in Appendix I

⁽²⁾ See "Glossary" in Appendix V

Draft

53 SEXUAL ASSAULT SERVICES

Level	Description
1	<p>No planned service. Able to provide treatment or support prior to referral to designated sexual assault service. Able to assist with transport to referral centre. Formal link with a Level 4 Sexual Assault Service with Policies and procedures in place for referral developed in consultation with Level 4 service. Quality assurance activities⁽¹⁾. Interpreters as per Circular 94/10. Staff trained in relation to recognition and notification as per 97/14. Copies of <i>Recognising and Notifying Child Abuse and Neglect, Procedures for Frontline Health Professionals & A Policy for Protecting Children and Young People from Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect</i>. Copy of <i>Interagency Guidelines for Child Protection Intervention</i> available and all relevant staff aware of and adhere to all documents.</p>
3	<p>As Level 1 plus specialist counselling staff providing follow up counselling for victim and for non-offending family. This includes individual, group and family counselling. No after hours medical service. Able to assist with transport to Level 4. Formal links with Level 4 for 24 hours crisis counselling and medical care. May provide follow up medical care. Formal quality assurance program⁽¹⁾. Program of community education and professional training provided to other relevant health workers. Training and adherence to Child Protection Policy and Procedures Manual and/or Sexual Assault Service- Policy and Procedures Manual for Adults and relevant interagency protocols. Services without Coordinators must receive supervision and support from Level 4 or Area Sexual Assault Coordinator. May be based in hospitals or community health centre with access to hospital facilities. Pathology Level 1.</p>
4	<p>As Level 3 plus 24 hour service with counsellor and medical officer on call. Designated coordinator of service. Has medical officer⁽³⁾ trained in the care of sexual assault victims, including completing forensic protocol⁽²⁾. Designated area in emergency department or elsewhere in hospital for crisis care, with support services as for Level 3 Emergency Services. Access to specialist care including mental health, surgery, gynaecology and Drug and Alcohol services. Program of community education and professional training. Adherence to Child Protection Policy and Procedures Manual and/or Sexual Assault Service – Policy and Procedures Manual for Adults and Interagency Guidelines for Child Protection Intervention and/or Interagency Guidelines for Responding to Adult Victims of Sexual Assault.</p>
6	<p>As Level 4 plus conducts research. Extensive program of community education and professional training. Specialist medical staff available for consultation. Colposcopy for children available. Accepts referral from Level 4 for specialist medical assessment. Level 4 Pathology available. Medical officer and paediatric sub-specialists available for consultation. For child sexual assault services Paediatric Medicine and Paediatric Surgery Level 6 on site. For adults gynaecological surgery at Level 5. Provide peer review for medical practitioners.</p>

(1) See "Glossary" in Appendix V

(2) Sexual Assault Referral Unit, Medical Protocol or Child Sexual Assault Medical Protocol, Division of Forensic Medicine, Department of Health.

(3) See "Medical and Nursing Staff Definitions" in Appendix I

DRAFT

Core Services – Community Based Health Services

Draft

54 ABORIGINAL HEALTH

Level	Description
1	Limited range of services available with non-specialist health staff, liaison between public sector management and local Aboriginal community leaders. Quality assurance activities ⁽¹⁾ . Interpreters as per Circular 94/10.
2	In areas with significant Aboriginal populations, Aboriginal hospital liaison officer providing consultation to management, local GPs and community. May have Aboriginal community health position(s) providing health promotion, community development and some direct nursing and/or counselling services in the absence of community-controlled health services.
3	As Level 2 plus Aboriginal health position(s) with a community development approach determining service priorities. Liaison as a service priority. An established link to public sector services of a complementary nature, or, established community controlled organisations providing basic counselling and health services. Access to cultural awareness programs. Formal quality assurance program ⁽¹⁾ .
4	As for Level 3 plus community-controlled health services providing a range of specialist health programs appropriate to local needs such as dental services, public health, drug and alcohol, community nursing. Primary medical practitioner based in a community controlled health service. Integrated hospital and community health services specifically for Aborigines being developed and extensive interagency liaison mechanisms. Aboriginal membership of hospital management board appropriate to catchment population and patient utilisation. Development of cultural awareness programs.
5	Full range of community-controlled Aboriginal health services including primary medical, dental, drug and alcohol (assessment, treatment, rehabilitation), specific health and health promotion complemented by public hospital and community health services appropriate to needs of the local community, priorities, policies and quality assurance programs managed by joint public sector and Aboriginal community representative committee. May have Aborigines in a range of mainstream service disciplines with particular equal employment opportunity (E.E.O.) strategies in place to promote this process. Established cultural development programs.
6	As Level 5 plus mainstream services employing Aborigines in various staff categories in similar proportions to presence in catchment population. Extensive involvement in research into Aboriginal Health Management issues. May have Statewide specialist role in some specific Aboriginal service area including education/training in all Aboriginal health disciplines.

⁽¹⁾ See "Glossary" in Appendix V

Draft

55 COMMUNITY HEALTH - GENERAL

Level	Description
1	Limited range of community services provided by non-specialist staff. Population up to 20,000. Access to specialised community health services for consultation and referral. Quality assurance activities. Interpreters as per Circular 94/10.
2	As Level 1 plus designated interdisciplinary community health team providing a range of assessment, treatment, information, education and prevention programs based on needs of catchment area wider than one local neighbourhood (eg., in an urban setting, a population of 20-50,000). Regular liaison with general practitioners (GPs) and hospital services.
3	As Level 2, plus some specialist staff and access to a range of consultants/specialist teams appropriate to services provided. Manager has a 50% clinical load. Well developed planning and review of service provision based on community needs. Links with in-patient services, other agencies and specialist services. Provision of a broad range of programs for all population sub-groups across several local neighbourhoods (eg., in an urban setting, a population of 50-100,000). May operate from multiple centres. Formal quality assurance program ⁽¹⁾ .
4	Integrated hospital and community services with full time staff specialising in specific community health programs targeting particular health problems or population groups. Manager has a small clinical load. May have specialised sub-teams or functional units. Registered nurses ⁽¹⁾ with relevant experience, (eg. in mental health, child and family, drug and alcohol) on staff. Well developed quality assurance programs ⁽¹⁾ . Should have extensive inter-agency liaison mechanisms. Co-ordinated services with multiple centres operating out of central base. In an urban setting, may serve a population of 100-300,000.
5	Full range of community services relevant to the needs of catchment population provided by designated specialist teams. Full-time manager. May have some general (non-specialist) workers at the neighbourhood centre level for first-line assessment, referral and community development roles. Extensive (Level 5) health promotion and prevention program with formal outcome evaluation. Access to appropriate clinical nurse consultants is desirable.
6	As Level 5, plus link to relevant tertiary institutions providing regular undergraduate and postgraduate training for a range of professional disciplines. Conducts formal research projects.

⁽¹⁾ See "Glossary" in Appendix V

Draft

56 COMMUNITY NURSING

Level	Description
1	Co-ordination and provision of direct care service and development of care plan in close liaison with general practitioner and other community support services. Links to other community-based and in-patient health facilities. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.
2	Designated team of community nurses providing a range of primary care services and additional services based on identified needs of the catchment population such as domiciliary nursing ⁽¹⁾ , supportive counselling/advice to clients and relatives. Population-based screening and health promotion activities. Continued nursing education programs specific to the needs of the service.
3	As Level 2, with designated nursing unit manager ⁽¹⁾ . Some nurses having completed or undertaking relevant studies. Formal quality assurance program ⁽²⁾ .
4	Component of an integrated, comprehensive hospital and community health service relevant to the identified health needs of the entire catchment population. Links to hospital discharge planner. Ready access for consultation with a range of health disciplines, and services, eg. specialist medical care, residential centres and family day care cottages. Has nursing unit manager ⁽¹⁾ and experienced registered nurses ⁽¹⁾ .
5	As Level 4. Local access to experienced registered nurses ⁽¹⁾ desirable. (eg. community psychiatry, palliative care, stoma therapy, maternal and infant welfare etc). Has specialty sub-teams. Provides limited after-hours service.
6	As Level 5. Provision of 24 hour service with experienced registered nurses ⁽¹⁾ on most shifts. Provision of consultation to other community nursing services. Provision of formal teaching and research functions (eg. in conjunction with Colleges of Nursing and University Departments of Community Medicine).

⁽¹⁾ See "Medical and Nursing Staff Definitions" in Appendix I
⁽²⁾ See "Glossary" in Appendix V, page 106

Draft

57 GENETICS

Level	Description
1	No Genetic Counsellor or Associate Genetic Counsellor ⁽¹⁾ at facility, but staff able to arrange on site clinics with Clinical Geneticists attending. Access to Genetic Education Program information. Interpreters as per Circular 94/10.
4	Services as Level 1 plus services provided by an Associate or Certified Genetic Counsellor ⁽²⁾ . Provide information and counselling for individuals and family members. Counselling and diagnostic services provided by visiting or part-time Clinical Geneticists. Access to Level 5/6 Pathology services for diagnostic purposes. Submission of relevant service data to NSW Genetics Service Executive Officer in NSW Department of Health.
5	Services as Level 4 plus service operates as a separate unit providing statewide referral services. Full-time Geneticists on call 24 hours. Access to Level 5/6 laboratory services. Access to related specialists, eg oncology, neurology, gastroenterology and cardiology as required by disease diagnosis.
6	Services as at Level 5 plus may provide statewide expertise in a specific disorder. Colocated with genetics laboratory services. Teaching and research role for Geneticists. Statewide Genetics Education Program produces genetics information and fact sheets for public and health professionals. The Newborn Screening Program is a statewide service based at RAHC.

(1) An Associate Genetic Counsellor is working towards accreditation.

(2) A Certified Genetic Counsellor has fulfilled the requirement for accreditation with the Human Genetics Society of Australasia.

Draft

58 MULTICULTURAL HEALTH

Level	Description
1	Standard Procedures for Improved Access... (Circular 94/10) should be followed. Access to telephone interpreter services of comprehensive range of languages for more immediate access. Should have dual handset telephone facilities with appropriate privacy arrangement in localities with populations of significant non-English speaking background. N.B. This does not mean the provision of interpreter services by relatives or bilingual health service staff not specifically employed for this purpose. Quality assurance activities ⁽¹⁾ .
3	As Level 1, plus access to generalist ethnic health worker(s) providing a range of services in association with locally based teams on a regular basis. Access to a wider range of health care interpreter services. May have regular on-site arrangements for interpreter services for major language groups. Access to cultural awareness programs. Formal quality assurance program ⁽¹⁾ . Established Ethnic Access Committees.
4	As for Level 3 with on-site generalist ethnic health worker(s) and access to specialist ethnic health workers eg. ethnic aged care workers. Regular on-site access to interpreter services for main language groups. Formally integrated hospital and community multicultural health services. Extensive interagency liaison and co-operation in the delivery of community-based projects for migrants.
5	As Level 4 plus ethnic health staff providing diverse specialty services in a wide range of disciplines eg. health education workers, bilingual counsellors in mental health or drug and alcohol, etc. Development on-going of cultural awareness programs.
6	As Level 5 plus bilingual health professionals providing a full range of specialist services targeted to the major ethnic groups. 24hr access to extensive interpreter services. Involvement in research and teaching on multicultural health issues for undergraduate and postgraduate health disciplines.

⁽¹⁾ See "Glossary" in Appendix V

Draft

59 ORAL HEALTH

Level	Description
1	Facilities for emergency oral health care for in-patients only. Care provided by dentists or dental specialists.
2	As Level 1. Emergency and general oral health care for outpatients. Mobile or fixed site (stand alone or part of another facility). Care provided by dental therapists, dental hygienists, dental prosthetists or dentists.
3	As Level 2 plus some or full range of specialist oral health care. Specialist care provided by dentists with specialist experience or by dental specialists. (Specialist care includes oral surgery, oral medicine, endodontics, orthodontics, periodontics, paediatric dentistry).
5	As Level 3 plus emergency, general and some specialist oral health care for inpatients ± outpatients. General care provided by dental therapists, dental hygienists, dental prosthetists, or dentists. Specialist care provided by dentists with specialist experience or dental or medical specialists. Facilities for general anaesthesia for day surgery or longer admission.
6	As Level 5 with full range of specialist oral health care available, and provides undergraduate and postgraduate oral health training.

Dental therapists and dental hygienists have Diploma or Associate Diploma level training and are supervised by dentists. Dental hygienists are registered with the Dental Board of NSW. Dental prosthetists are registered with the Dental Technicians Board of NSW. Dentists are registered with the Dental Board of NSW. Specialists have appropriate postgraduate training and are registered with either the NSW Dental or Medical Board.

Draft

60 SEXUAL HEALTH SERVICES

Level	Description
1	Emergency services provide assessment, treatment and appropriate referral by registered nurse ⁽¹⁾ or medical practitioner with limited training in STD/HIV. Quality assurance activities ⁽²⁾ . Access to identified sexual health services. Pathology Level 1. Provide health information through pamphlets and other media. Interpreters as per Circular 94/10. Needle and Syringe Exchange Program secondary outlet.
2	As Level 1 with designated clinic sessions run by a medical officer with recognised qualifications (assessed by Area/hospital credentialing committee) in sexual health or a general practitioner (GP) with training in sexual health and an experienced registered nurse ⁽¹⁾ . Limited outreach facility (contact tracing, education). Links with and consultation and referral to and from GPs; other specialist medical services; HIV/AIDS service, community, women's and Aboriginal health services. Onsite microscopy. One to one patient education.
3	As level 2 plus specialist medical officer with recognised qualifications in sexual health and a multidisciplinary team, including counsellors and nurses with experience and training in sexual health available. Access to Clinical Nurse Consultant experienced in sexual health is desirable. Sexual health promotion and education programs planned, monitored, implemented and evaluated in liaison with Health Promotion service. Access to a range of specialist medical services (eg gynaecology, colposcopy, dermatology, immunology, infectious diseases). Link with sexual assault services. Formal links with GPs through Division of General Practice; HIV/AIDS service, community, women's and Aboriginal health services. Access to Level 4 Pathology service. Formal interagency collaboration with relevant Area government and non-government organisations. Formal quality assurance program ⁽²⁾ .
4	As Level 3 plus formal link with specialist medical services. Provides professional development, including GP training and support. May undertake research. Multidisciplinary sexual health promotion programs with evaluation and monitoring of those programs. Formal link with Health Promotion service and HIV/AIDS service.
5	As for Level 4 plus medical team comprising medical officers with recognised qualifications in sexual health and clinics in relevant specialty areas such as dermatology and colposcopy. Clinical and sexual health promotion research and professional development programs.

(1) See "Medical and Nursing Staff Definitions" in Appendix I

(2) See "Glossary" in Appendix V

Draft

61 WOMEN'S HEALTH

Level	Description
1	Range of community services by general staff (including self-help and support groups for women). Community development in health initiatives. Access to identified women's health services and general practitioners (GPs), for consultation and referral. Quality assurance activities ⁽¹⁾ . Interpreters as per Circular 94/10.
2	As Level 1 plus general staff providing programs specifically targeting women's health issues, eg. promoting breast self examination. Consultation and referral to GPs with access to specialist medical services. Health promotion and prevention programs available.
3	As Level 2 plus F/T designed women's health nurse practitioner(s) providing range of services. Formal interagency collaboration on health promotion and prevention programs. Link to specialist multidisciplinary women's health teams. (Level 4). Formal quality assurance program ⁽¹⁾ .
4	As Level 3 plus specialist multidisciplinary women's health teams offering primary medical care. May have on-site medical practitioner. Links with local GPs. Specifically targeted women's health programs. Multi-disciplinary health promotion programs with evaluation and monitoring of those programs. Extensive health promotion and prevention programs with formal outcome evaluation. Formal interagency collaboration with other relevant government departments, and non government organisations. Links with specialist medical and surgical in-patient services (gynaecology, oncology).
6	As Level 4 plus specialist relevant medical and surgical services (eg. gynaecology, oncology). May provide undergraduate and postgraduate training for professional disciplines. Research projects in women's health and health promotion. Has teaching and research activities.

⁽¹⁾ See "Glossary" in Appendix V

Draft

APPENDICES

Draft

Appendix I

MEDICAL AND NURSING STAFF DEFINITIONS

ENROLLED NURSE

Means a person enrolled by the New South Wales Nurses' Registration Board.

REGISTERED NURSE

Means a person registered by the New South Wales Nurses' Registration Board.

AN EXPERIENCED REGISTERED NURSE

Is a registered nurse with at least two years post basic registration experience, including one year experience in the relevant clinical field or experience as deemed appropriate by the facility nursing administration. An experienced registered nurse may be a clinical nurse specialist. Education for the purpose of this definition refers to staff development, continuing education or any orientation and inservice course specific to the needs of the service.

NURSING UNIT MANAGER

Means a registered nurse in charge of a ward or unit or group of wards or units in a hospital or health service. Preferably will have completed in service management course as minimum. May be attaining a management qualification.

CLINICAL NURSE SPECIALIST

The definition of a clinical nurse specialist is:

- A registered nurse with a minimum of two years post basic registration experience including one year experience in the relevant specialist field together with an approved formal post basic qualification in that field,

or

- A minimum of four years post basic registration experience including three years experience in the relevant specialist field.

In other hospitals the definition is:

- A registered nurse with a minimum of two years post basic experience including one year experience in the relevant specialist field together with an approved formal post basic qualification in that field.

CLINICAL NURSE CONSULTANT

Is a position approved by the Department of Health and must be filled by a registered nurse who has had at least five years post basic registration experience and who has in addition approved post basic qualifications relevant to the field in which such appointment is made or such other qualifications or experience deemed appropriate by the Department.

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COMPETENT PAEDIATRIC NURSE

- Able to assess a child's normal parameters, recognise the deviations from the normal and act on the findings.
- Demonstrates a broad knowledge of growth and development.
- Demonstrates an understanding of the effects of hospitalisation on the child and family.
- Communicates effectively and works in partnership with children and families.
- Demonstrates knowledge of medical and surgical conditions and their management relevant to their casemix.
- Is able to commence and maintain effective Basic Paediatric Resuscitation
- Is able to calculate and administer medications safely.
- Recognises and challenges management that compromises the child's safety.
- Utilises contact with the child and family to promote child health i.e. immunisation, child safety.
- Demonstrates an awareness and acts accordingly to the Children's (Care and Protection) Act 1987, NSW
- Integrates the philosophy of Partnership in Care into their clinical practice.

Adopted by the Australian Confederation of Paediatric & Child Health Nurses (NSW Branch) Executive Committee, 7 November 1994 and revised February 1998.

MEDICAL OFFICER

Medical officers are registered medical practitioners employed/contracted by health service providers. They are usually responsible to the medical superintendent and to the senior clinicians contracted in the service in which they perform their duties. They do not require experience specific to the area of practice and may be a career medical officer, a full-time or part-time resident medical officer, a general practitioner, etc.

REGISTRAR

Registrars are experienced **medical officers** appointed to positions in hospitals or community health services. They may participate in a formal training program approved by a learned college and may have prior experience in the relevant speciality area. Medical officers may occupy registrar positions in some circumstances provided they are experienced in the relevant speciality area.

ACCREDITED MEDICAL PRACTITIONER

Accredited Medical Practitioners are general practitioners appointed to a hospital and to whom specific clinical privileges have been granted (eg. surgery, anaesthetics, obstetrics, endoscopy, etc.) following review of his/her training and continuing skills, by the Health Service's Credentials Committee. The Committee will have given regard to medical practitioner's documented post-graduate training and (the volume, and type of past and recent) clinical practice history considered to be essential for the maintenance of skills in the requested privileges. In the case of infrequently performed procedures, skills maintenance should be through exchange release programs at base hospitals with level 4, 5, or 6 of appropriate service. In addition, there should be a demonstrated level of special skills, a commitment to continuing education, and a continuing assessment of the ready availability of specialist medical practitioners in the sphere of practice in which privileges are requested.

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SPECIALIST ANAESTHETIST

Specialist Anaesthetists are medical practitioners whose training has been acknowledged by the award of Fellowship in the Australian and New Zealand College of Anaesthetists (ANZCA), or one who holds an equivalent post graduate qualification accepted by the faculty.

ACCREDITED SPECIALIST ANAESTHETIST

Accredited Specialist Anaesthetists are specialist anaesthetists as defined and who, as a result of additional training and acquisition of skills, has been granted additional clinical privileges by the Health Service's Credentials Committee beyond the usually accepted parameters of specialist anaesthetic practice.

GENERAL PHYSICIAN

General Physicians are registered medical practitioners whose training has been acknowledged by the award of the Fellowship in the Royal Australasian College of Physicians, or one who holds an equivalent post-graduate qualification accepted by the College.

SPECIALIST GENERAL PHYSICIAN WITH SUB-SPECIALTY INTEREST

This category of specialist general physician is defined, as a result of further training and acquisition of skills, by the granting of privileges by the Health Service's Credentials Committee in areas of medical practice usually considered to be sub-specialties outside the accepted field of general medicine.

A Specialist Physician, (eg. cardiology, paediatrics, geriatrics, psychiatry, rheumatology, dermatology, etc). is a physician who has completed a learned College approved training program with the award of a fellowship, and who has successfully undertaken additional approved training programs in the indicated sub-specialty.

SPECIALIST SURGEON

This title includes:

(A) General Surgeon

Is a registered medical practitioner whose training has been acknowledged by the award of a Fellowship in General Surgery in the Royal Australasian College of Surgeons, or one who holds an equivalent postgraduate qualification accepted by the college; and holds a hospital appointment as a specialist surgeon.

(B) General Surgeon (credentialled for a specialist interest in a subspecialty).

Is a general surgeon as defined, whose training has included areas of surgical practice additional to the current training program in general surgery and who has been granted privileges by the hospital credentials committee to practise in those additional fields.

The current training program in general surgery includes:

- alimentary surgery
- head and neck surgery

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- vascular surgery
- endocrine and breast surgery
- endoscopy and other diagnostic procedures

For subspecialty privileges to be granted to a general surgeon evidence of training in relevant subspecialty of 6-12 months duration in a hospital which has level 5 or 6 in the subspecialty must be demonstrated.

- (C) **Subspecialty Surgeon:** (Subspecialty type eg. urologist, gynaecologist, ophthalmologist, orthopaedic surgeon, vascular surgeon, plastic surgeon, etc).

Is a surgeon who has successfully completed a college approved training program with the award of a fellowship in the indicated specialty, or subsequent to the award of a fellowship in general surgery, has undertaken successfully the approved post fellowship training in a surgical subspecialty; or, a surgeon whose training has been accepted by the appropriate college.

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Appendix II

LEVELS OF RISK - ADULTS

CLASSIFICATION OF PHYSICAL STATUS FOR PRE-OPERATION ASSESSMENT:

NEGLECTIBLE RISK

There is no organic, physiological, biochemical or psychiatric disturbance; the pathological process for which operation is to be performed is localised and not conducive to systemic disturbance.

GOOD RISK

Mild to moderate systemic disturbance caused by either the condition to be treated surgically or by other patho-physiological processes.

MODERATE RISK

Severe systemic disturbance or pathology from whatever cause.

BAD RISK

A patient with a severe life-threatening systemic disorder which may not be corrected by the operation.

DESPERATE

A moribund patient with little chance of survival.

With acknowledgement to the American Society of Anaesthesiologists.

LEVELS OF RISK - CHILDREN (Ages 0-14 inclusive)

GOOD RISK

Healthy children.

MODERATE RISK

Any patient with a history of

- (a) prematurity at birth,
- (b) asthma

Any patient who presents with an acute surgical emergency.

BAD RISK

Any patient with an associated medical condition such as diabetes, bleeding disorder, congenital heart disease, steroid dependent asthma.

Any patient with an associated congenial malformation.

With acknowledgement to the Royal Australasian College of Surgeons (Paediatric Surgeons).

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LEVELS OF RISK - OBSTETRICS AND NEONATAL

POST PARTUM:

Normal postpartum mothers and babies.

GOOD RISK:

No adverse conditions are present or develop subsequently. (This is the largest group of women). The following conditions are **compatible with good risk**:

General Factors

- * Anaemia, Mild - Hb.10g/100ml or more.
- * Age - primigravida - **MORE** than 17 years and **LESS** than 35 years old.

LOW RISK FACTORS:

The following conditions are deemed to be low risk factors:

Consideration may be given to consultation with an obstetrician when women present with, or develop any conditions listed below:

General Factors:

- * Primary infertility
- * Age - primigravida - **LESS** than 17 years and **MORE** than 35 years old.

Maternal Disease

- * Essential hypertension, mild - diastolic pressure 90 - 100 mm Hg in the first trimester
- * Sexually transmitted disease diagnosed during pregnancy - active genital herpes.
- * Epilepsy
- * Gestational diabetes mellitus controlled by diet.

Obstetric History

- * Threatened miscarriage in the first trimester (incidence of preterm labour after a threatened miscarriage is 18%)
- * Parity - para 5 or more
- * Previous prolonged labour
- * Previous Caesarean section
- * Previous retained placenta
- * Previous postpartum haemorrhage

Complications of present pregnancy

- * Multiple pregnancy - twins only
- * Hypertensive disease of pregnancy, mild-moderate - B.P. elevated, but less than 145/100 with or without proteinuria and/or oedema.
- * Term breech or any other malpresentation
- * Placenta Praevia

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MODERATE RISK FACTORS:

The moderate risk factors are an indication for referral to a consultant obstetrician. The following conditions are deemed to be moderate risk:

General Factors

- * Non-narcotic drug dependence, eg benzodiazepines
- * Foetus at risk of genetic disease or birth defect; and/or indication to consider prenatal diagnosis.
- * Where both parents are heterozygous for haemoglobinopathy or other inherited disorders
- * Heavy alcohol consumption
- * History of psychotic illness
- * Skeletal abnormality likely to preclude vaginal delivery
- * Congenital abnormalities of the genital tract
- * Uterine fibroids

Maternal Disease

- * Acute pyelonephritis in the present pregnancy
- * Hb, less than 10g/100ml
- * Cardiovascular disease : grades I & II
- * Uncomplicated diabetes mellitus - Insulin dependent
- * Essential hypertension, severe diastolic pressure over 100mm Hg in the first trimester
- * Previous venous thrombosis/embolism
- * Previous uterine surgery
- * Severe respiratory disease
- * Carriers of serious infections:
 - Hepatitis B positive
 - HIV positive

Obstetric History

- * Previous pre-term labour
- * Habitual abortion
- * Previous perinatal mortality
- * Previous congenital abnormality

Complications of present pregnancy

- * Potential delivery from any cause at 33-34 weeks transfer in utero
- * Polyhydramnios
- * Abruption placentae
- * Hypertensive disease of pregnancy - moderate-severe - BP 145/100 or higher with or without proteinuria and/or oedema
- * Oligohydramnios
- * Intra - uterine growth retardation
- * Placenta praevia following LSCS
- * Pre-term - pre-labour rupture of membranes (Approx 85% of pre-term rupture of membranes deliver in one week)

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HIGH RISK FACTORS:

High risk factors require Level 6 care in most cases. The following conditions are deemed to be high risk factors:

General Factors

- * Hard drug dependence - opiate addiction
- * Blood group isoimmunisation

Maternal Disease

- * Cardiovascular diseases - Grades III - IV
- * Chronic renal disease
- * Insulin dependent diabetes with vascular complications.
- * Auto-immune disease - systemic lupus erythematosus, idiopathic thrombocytopenic purpura, obstetric lupus syndrome.

Complications of Present Pregnancy

- * Multiple pregnancy - triplets or more
- * Potential delivery from any cause at 32 weeks or less - transfer in utero.

A pregnancy that is considered to be "at risk" and referred to a consultant, may proceed normally and be referred back to the referring doctor by the consultant. For example, Level 6 care may refer back to Level 5 care for the birth.

Rural non specialist obstetric practitioners are expected to seek consultant advice either by telephone or referral as soon as actual or potential problems are recognised which put the outcome of the pregnancy at risk.

Base hospitals/metropolitan district hospitals must continue to upgrade their level of competence and facilities to perform effectively as Level 5 centres of perinatal expertise and advice, and in some cases they are the Area perinatal centres.

Problems of transport and accommodation for the isolated population coming to Level 4, 5 or 6 maternity units must be discussed and arrangements made by Areas well in advance of the woman requiring transfer. This will help the woman and her family to have a reasonable knowledge of what will be expected. Particular consideration in some Areas needs to be given to air transport facilities.

Lines of communication should be established between the rural Area perinatal centre and a special obstetric unit. (Level 6).

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NEONATE:

HIGH RISK FACTORS

- * Apgar score 7, or less, at 5 minutes
- * Birth weight less than 2000 gm
- * Evidence of respiratory distress
- * Persistent hypothermia
- * Neonatal hypoglycaemia
- * Major congenital anomaly

Reference:

*Obstetric Services in NSW, Part 2, Country Regions,
Report of the Maternal and Perinatal Committee, 1983, NSW Health Department*

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Appendix III

INDICATIVE LIST OF SURGICAL PROCEDURES

GENERAL SURGERY

MINOR SURGICAL PROCEDURES

Excision of skin lesion
Excision of subcutaneous tumour
Drainage of abscess
Toe-nail surgery

COMMON AND INTERMEDIATE SURGICAL PROCEDURES

Appendectomy
Varicose vein surgery
Herniorrhaphy
Haemorrhoidectomy
Excision of breast lump

MAJOR SURGICAL PROCEDURES

Thyroidectomy
Vascular graft
Cholecystectomy
Bowel resection
Mastectomy
Exploratory laparotomy

COMPLEX MAJOR SURGICAL PROCEDURES

Abdomino-perineal resection
Anterior resection
Oesophagectomy
Aortic surgery
Pancreatic resection
Neck dissection

Note: The procedures listed are indicative of the complexity of surgical activity in each category.

The actual range of procedures which may be performed by individual practitioners appointed to a general or subspecialty surgical service of a given level will be determined through the credentialing process at which clinical privileges are granted.

Acknowledgement is given to the Royal Australasian College of Surgeons for assistance with the indicative list of surgical procedures.

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Appendix III

INDICATIVE LIST OF PAEDIATRIC SURGICAL PROCEDURES

MINOR SURGICAL PROCEDURES

Suture of laceration
Excision of skin lesion

Drainage of abscess
Circumcision (ie. any operation
which in competent hands takes
less than half an hour)

MODERATE COMPLEXITY

Pyloromyotomy
Herniotomy after the first year of life
Orchidopexy after the first year of life
Appendectomy

MAJOR SURGICAL PROCEDURES

Neonatal surgery
Major reconstructive surgery
(anorectoplasty, rectosigmoidectomy, etc)
Pyeloplasty
Thoracotomy
Lymphangioma
Uretic reimplantation
Fundoplication
Splenectomy
Cleft lip/palate surgery
Herniotomy in first year of life
Orchidopexy in the first year of life
Burns grafting
Urethroplasty
Operative reduction of intussusception
Closure of colostomy
Insertion of central line in first two years
of life (ie. any procedure which in the hands of
competent surgeon takes
more than one hour)

Note: The procedures listed are indicative of the complexity of surgical activity in each category.

The actual range of procedures which may be performed by individual practitioners appointed to a general or subspecialty surgical service of a given level will be determined through the credentialling process at which clinical privileges are granted.

Acknowledgement is given to the Royal Australasian College of Surgeons (Paediatric Surgeons) for assistance with the indicative list of paediatric surgical procedures. The procedures and their ranking are based on complexity definitions of the Board of Paediatric Surgery of the RACS.

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Appendix IV

TRAUMA SERVICES

RELATED LEVEL SUPPORT AND CORE SERVICES

Trauma Service Designation within Trauma Services Plan	Pathology	Diagnostic Imaging	Nuclear Medicine	Anaesthetics	ICU	Operating Suite	Emergency	General Medicine	Neurology	General Surgery	Cardiothoracic	Neurosurgery	Ophthalmic	Orthopaedics	Plastic	Urology	Vascular	Rehabilitation
Local	Support and core services as delineated for the individual hospital																	
Area	4	4	4	4	4	4	4	4	4	4	*	** 5	4	4	*	4	4	4
Supra-Area	6	6	5	6	6	6	6	5	5	5	5	6	5	5	5	5	5	6

* Access to Level 5 of this service by appropriate interhospital transfer

** Where Level 5 Neurosurgery not appropriate, Level 4 plus access to Level 5 by established interhospital transfer.

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Appendix IV

PAEDIATRIC TRAUMA SERVICES

RELATED LEVELSUPPORT AND CORE SERVICES

Trauma Service	Rehabilitation	Family and Child Health	Paediatric Surgery	Paediatric Medicine	Orthopaedic	Neurosurgery	Cardiothoracic	Burns	Emergency	Operating Suite	ICU	Anaesthetics	Nuclear Medicine	Diagnostic Imaging	Pathology
(Local)	As for General Medicine/Surgery appropriate to the Hospital														
Area	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4
Paediatric Referral Centres	5	6	6	6	6	6	6	5	6	6	6	6	6	6	6

* Access to Level 5 of this service by appropriate interhospital transfer

** Where Level 5 Neurosurgery not appropriate, Level 4 plus access to Level 5 by established interhospital transfer.

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Appendix V

GLOSSARY

ACCESS:

The ability to make use of, without difficulty or delay. If referring to an individual, such a person may or may not necessarily be a full-time employee of the hospital concerned, but formal arrangements regarding this person's service to the hospital have been made.

CONSULTATION AVAILABLE:

A formal arrangement has been made with a consultant (eg. an obstetrician), who has agreed to provide advice in person or by telephone under agreed circumstances.

DESIGNATED:

Obligation to a defined or specified purpose.

DESIRABLE:

Recommended, but not mandatory or obligatory.

FORMAL:

To follow established or agreed process.

LINK:

To connect with, or be connected with, by formal association.

NETWORKING:

Refers to an inter-connected group, eg. of hospitals. This arrangement may be a vertical one, as instanced by reference of patients to a hospital providing overall increased levels of skills or facilities; or horizontally by referral of patients to a hospital of similar level but having greater expertise or facilities in a specific service in patient management. If there is ready access to a support service, and where patient care is not compromised by that service being off campus, a hospital may be credited with itself providing that level of support service for the purposes of role delineation.

QUALITY ASSURANCE:

"Quality Assurance is a planned and systematic approach to monitoring and assessing the care provided, or the service being delivered, that identifies opportunities for improvement and provides a mechanism through which action is taken to make and maintain these improvements"⁽¹⁾.

QUALITY ASSURANCE ACTIVITIES:

The undertaking of measurement of outcome and other assessments of quality of service. Improvements in practice brought about on the basis of assessment. Local activities should be complemented by participation in a networked cluster of hospitals with similar and higher levels.

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FORMAL QUALITY ASSURANCE PROGRAM:

The use of explicit criteria, objective measurement of performance, comparisons of results over time, documentation of review procedure and results, and mechanisms for communication of findings and recommendations, and taking corrective action. A Level 3 service should incorporate services with levels below it in a networked program.

MENTAL HEALTH SERVICE NETWORK:

Refers to a group of specialised mental health services linked usually through responsibility for a specific geographical catchment and function to provide integrated and coordinated treatment options for persons with mental disorders. They are mainstreamed within general health services and have well developed relationships with all community groups able to assist people with mental disorders.

PSYCHIATRIC CONSULTATION/LIAISON SERVICES:

Psychiatric consultation/liaison services are services which provide psychiatric assessment or advice to general hospital or other patient care facilities either as a direct service and/or as a consultative service to primary care personnel for the management of psychiatric or psychological problems.

- (1) With acknowledgement to the Australian Council on Healthcare Standards

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