Guide to the Role Delineation of Health Services

Queensland Health

December 1994

Copies available from:
Policy and Planning Branch
Telephone: (07) 234 0870

ISBN 0 7242 6046 3

First Edition, December 1994

QUEENSLAND HEALTH

GUIDE TO
THE ROLE DELINEATION
OF HEALTH SERVICES

December 1994

QUEENSLAND HEALTH

TABLE OF CONTENTS

TABLE OF CONTENT

QUEENSLAND HEALTH

PAGE

TABLE OF CONTENT

QUEENSLAND HEALTH

PAGE

SURGERY

MATERNAL AND CHILD

INTEGRATED COMMUNITY & HOSPITAL SERVICES

TABLE OF CONTENT

QUEENSLAND HEALTH

PAGE

The following are requirements that must be achieved for each service:

- An established link (regularly updated service agreement) to a public/private sector unit who provide a higher level of service.
- A regularly updated service agreement with the Queensland Ambulance Service.
- An assessment of the minimum throughput levels to maintain expertise especially in non-routine procedures. This should be addressed in the clinical privileges process for all professional staff.
- Appropriate auxiliary support staff eg administration, security.
- An orientation program for all new staff.
- On-going formal education program for all staff.
- Compliance with Infection Control Guidelines, College Guidelines or guidelines released from time to time by other recognised bodies, statuary bodies, non-government organisations eg NHMRC, AHEC, AHTAC, ARTAC relating to patterns of practice for specific services.

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. Step 2

Step 2 Core services (Part 2) should then be assessed, service by service.

IN STRATEGIC AND FUNCTIONAL PLANNING

Step 1 Refer to Regional Services Plan 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 Regional Services Plan.

Step 3 Assess the core services for actual levels of support services. Refer to support services matrix in appropriate level of core services.

Step 4 By comparing existing and required support services, identify necessary changes. Matters to be addressed include the adequacy of existing services to provide continuity of care for patients transferred from higher level services.

QUEENSLAND HEALTH

PART 1

CLINICAL SUPPORT SERVICES

QUEENSLAND HEALTH

1. PATHOLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
0	• No service.
1	• No on site pathology service. • Blood and specimen collecting service, 24 hours per day, seven days per week. • Collection of specimens controlled by, and responsibility of, a National Association of Testing Authorities (NATA) accredited laboratory. • Defined referral pattern for specimens. • Result driven network.
2	• As Level 1 plus crossed matched blood available within one hour and blood storage facilities on site.
3	• As Level 2. • A range of urgent tests readily available, including haemoglobin, blood gas analysis, Na, K. • Formalised quality assurance program in accordance with NATA and Royal College of Pathologists of Australasia (RCPA) requirements. • Keeps infection control records and monitors them.
4	• As Level 3 plus basic pathology service on site. • Has a formal pathology department. Performs range of service as in 3 plus defined range of routine tests for a single hospital or group of hospitals. • Has blood bank with on-site cross matching. • Cytology and frozen sections are available on-site. • Locally managed, but with formal link to large laboratory. • *24* hour on call service.

Reference Numbers (v), (vi), (viii), (x)

2. PHARMACY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
1	• No pharmacist employed but regular visits from pharmacists associated with provision of the service.
2	• As Level 1 plus pharmacist employed on part-time or sessional basis. • Limited clinical service. • May provide patient and/or staff education. • Drugs supplied through Central Pharmacy. • Has regularly updated reference texts and relevant statutory Regulations.
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, adverse drug reaction reporting. • Provides patient and staff education programs. • May be involved in domiciliary/community care. • May provide dispensing service for Alcohol and Drug Dependent clients.
4	• As Level 3 plus more than one permanent full-time pharmacist employed plus support staff. • Pharmacist on-call for emergency or advice. Chief Pharmacist involved in Drug (or Pharmacy and Therapeutics) Committee. • Limited extemporaneous dispensing service. • May have sterile manufacture/dispensing, which follows Good Manufacturing Practice (GMP) standards. • May undertake drug utilisation evaluation.
5	• As Level 4 plus provides regular drug information service and bulletins. • Has pharmacist on call 24 hours. Extensive clinical pharmacy service including participation in ward meetings. • Has staff development and training program for pharmacy staff. Sterile manufacturing and IV admixture service including cytoxic drugs (or appropriate external source) if needed in hospital. • Facilities to standard of SAA. Code of GMP standards followed. • Services provided at least 6 days a week including public holidays. • Clinical trial support for research activities in hospital. Has a formal patient medication and education activity. • Follows the standards for the preparation of pharmaceuticals in Australian hospitals and pharmacy departments.

Continued

2. PHARMACY

6	• As for Level 5 plus extensive involvement in research, clinical trials, clinical review, teaching and training of pharmacy and other students and hospital staff. • Provides on-site pharmacist service seven days a week. • Formal drug utilisation evaluation program. Involvement n relevant committees such as infection control, research, scientific ethics, where input concerning drug use and drug policy development is required. • Designated specialist pharmacist positions eg oncology.

Reference Numbers (v), (vi), (viii), (x)

3. DIAGNOSTIC RADIOLOGY (X-RAY)

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
0	• No service.
1	• Mobile x-ray unit limited to x-ray of extremities, chest, and abdomen. • Has film-processing capacity. • Radiation safety activities.
2	• As Level 1 plus on-site designated room with fixed x-ray unit and bucky table.
3	• As Level 2 plus fluoroscopy facility. • B mode ultrasound suitable for abdominal and obstetric scanning. • Radiographer in attendance who has regular access to radiologist consultation.
4	• As Level 3 plus further facilities for general x-ray, further mobile unit(s), mobile image intensifier in theatre and/or CCU or ICU, operating suite and designated room with fixed unit and bucky table in or immediately adjacent to accident and emergency unit. • May have CAT scanner. • Has automatic film processing capacity. • Has radiographer on call 24 hours. • Has specialist radiologist appointed. Registered nurse as required.
5	• As Level 4 plus full ultrasound service. • CAT scanner on-site. • Has radiologist in charge. • Has 24-hour on-site service for urgent x-rays.
6	• As Level 5 plus facilities for digital vascular imaging, other invasive and interventional procedures and MRI. • All modalities should be technologically current, appropriately staffed and available 24 hours. • Has physicist. • Has clinical nurse consultant with post basic qualifications and experience in this specialty, and some clinical nurses. • Routinely undertakes research projects.

Reference Numbers (v), (vi), (viii), (x)

4. NUCLEAR MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
0	• No service.
3	• Access to a Level 4 Nuclear Medicine facility.
4	• On site facility which includes at least a gamma camera and computer based quantification. Has nuclear medicine specialist with certified technologist(s). Has access to a physicist and registered nurse as required. Radiation safety activities.
5	• As Level 4 plus more than one gamma camera including at least one SPECT camera and able to perform more demanding studies related to specialised diagnoses and special groups, eg. cardiology, paediatrics. • Dedicated facility for production, dispensing, storage and disposal of radiopharmaceutical. • 24 hour on call service. • May have a physicist.
6	• As Level 5 plus nuclear medicine physician(s), registered nurse(s), physicist and radiopharmacist/radiochemist. • Adequate facilities for radiopharmaceutical therapy. • All facilities should be technologically current. • Routinely undertakes research projects

Reference Numbers (v), (vi), (viii), (x)

5. ANAESTHETICS

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	Anae	ICU	CCU	OT
0	• No service.	Not Applicable							
1	• Analgesia/sedation/local anaesthetic available	1	1	1	0	-	0	1	0
2	• As Level 1 plus general anaesthetics on good risk patients given by specialist anaesthetists with clinical privileges in anaesthetics.	1	1	2	0	-	2	1	2
3	• As Level 2 plus general anaesthetics on moderate risk patients. • Medical officers on site or on call 24 hours. • Specific operating room. • Anaesthetic support staff available.	3	2	3	0	-	3	3	3
4	• As Level 3 plus specialist anaesthetist on 24 hour call for good, moderate and bad risk patients. • Nominated specialist director of anaesthetic service. • Medical officer on site 24 hours.	4	4	4	3	-	4	3	3

Reference Numbers (v), (vi), (viii), (x), (xv)

6. INTENSIVE CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
0	• No service.	Not Applicable							
	High Dependency Unit								
1	▪ Defined admission, discharge and referral policies ▪ A medical director who is recognised by the JSAC-IC as a specialist in intensive care. ▪ Consultant support always available. ▪ At least one registered medical practitioner who is available to the Unit at all times. ▪ A nurse in charge of the Unit who has a post registered qualification in intensive care or in the clinical speciality of the Unit. ▪ All nursing staff of the Unit responsible for direct patient care being registered nurses; and the majority must have a post registration qualification in intensive care or in the clinical speciality of the Unit. ▪ A nursing staff: patient ratio of 1:1 for all critically ill patients. ▪ A minimum of two registered nurses present in the Unit at all times when there is a patient admitted to the Unit. ▪ Educational programs for both medical and nursing staff. ▪ An orientation program for new staff. ▪ Audit of its activities and their outcomes. ▪ 24 hour access to pharmacy. Pathology, operating theatres and basic imaging services and appropriate access to physiotherapy and other allied health services.	4	4	4	3	4	-	3	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
2	▪ As for Level 1 ▪ Sufficient specialist staffs to provide reasonable working hours and leave of all types. ▪ One registered medical practitioner with an appropriate level of experience exclusively rostered for the unit and available at all times. ▪ Nursing staff: patient staff ratio of 1:1 for all ventilated and other critically ill patients; the capacity to provide greater than 1:1 nursing for selected patients: some patients may require less than 1:1 nursing. ▪ Access to a nurse educator. ▪ Educational programs for medical and nursing staff ▪ An orientation program for new staff ▪ Formal audit and review of its activities and outcomes. ▪ Suitable infection control and isolation procedures and facilities including ideally one wash basin per bed, and at least one isolation room with controllable airflow. ▪ 24 hour access to pharmacy, pathology, operating theatres, basic imaging services and appropriate access to physiotherapy and other allied health services. ▪ Support staff as appropriate eg. Biomedical engineer, clerical staff. ▪ Adequate office space. • Recovery area for post-operative patients or high dependency area for general ward patients requiring observation over and above that available in general ward area.	5	5	5	4	5	-	4	4

Continued

6. INTENSIVE CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	Anae	ICU	CCU	OT
3	• As for Level 2 • At least six staffed and equipped beds. • More than 350 mechanically ventilated patients per annum. • A medical director who is recognised by JSAC-IC as a specialist in intensive care. The medical director must have a clinical practice predominantly in intensive care medicine. • Sufficient supporting specialist so that consultant support is always available to the medical staff in the Unit. • At least one of the supporting specialists exclusively rostered to the Unit at all times. • In addition to the attending specialist, at least one registered medical practitioner with an appropriate level of experience exclusively rostered and predominantly present in the Unit at all times. • A minimum of 1;1 nursing for ventilated and other similarly critically ill patients, and nursing staff available to greater than 1;1 ratio for patients requiring complex management. • A nurse educator and formal nursing educational program. • 24 hour access to pharmacy, pathology, operating theatres and tertiary level imaging services, and appropriate access to physiotherapy and other allied health services. • Suitable infection control and isolation procedures and facilities, one wash basin to each bed, and at least one isolation room with controllable air flow. • Formal audit and review of its activities and outcomes. • Educational programs for medical staff. • Adequate office space. • An active research program. • An orientation program for new staff. • Separate recovery area preferable. • The services of a specialist paediatrician are essential for children requiring management in Level 3 Intensive Care. • Liaison psychiatry available. • Access to physiotherapist, speech pathologist, dietitian, psychologist and social worker.	5	5	6	5	6	-	5	6

Reference Numbers (v), (vi), (viii), (x), (xvi)

7. CORONARY CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhAr	XRAy	NMed	ANae	ICU	CCU	OT
0	• No planned service. • Can provide cardiopulmonary resuscitation.	Not Applicable							
1 - 2	• Capable of providing Basic Life Support prior to referral to a more sophisticated unit. • Basic resuscitation equipment available. • Access to physiotherapist.	1	1	1	0	1	0	-	0
3	• Medical Director who is recognised as a specialist Cardiologist. • 24-hour access to at least one registered medical practitioner who is available to the unit at all times, on site or within 10 minutes. • Has clinical nurse consultant with post basic qualifications and experience in critical care nursing. • All nursing staff responsible for direct patient care are registered nurses with the majority having a post registration qualification in Coronary Care or in the clinical specialty of the unit. • A nursing ratio of 1:1 for ventilated patients or for otherwise critically ill patients. • Non- Ventilated patients, registered nursing equivalent to 6 hours/patient/day (1:4) desirable, or according to dependency of patient. • There must be a minimum of two registered nurses present in the unit at all times when there is a patient in the unit. • Self-contained unit which provides basic equipment including mechanical ventilation and non-invasive monitoring equipment. • Access to occupational therapist, social worker, dietitian and psychologist.	3	2	3	0	3	3	-	2

Continued

7. CORONARY CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
4	• As Level 3 plus designated coronary care area with clearly defined admission and discharge policy and patient care review. • Nominated specialist director. • Daytime medical officer(s) experienced medical officer(s) 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. • Have clinical nurses. • Has bedside and central monitoring. • Access to speech pathologist and psychologist. • On site physiotherapist.	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) on site 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 Nursing Unit Manager is desirable. • On-site occupational physiotherapist.	5	5	5	5	5	5	-	4

Continued

7. CORONARY CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
6	• As Level 5 plus specialist cardiologists with procedural expertise available on site or available within 10 minutes on 24 hour 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 clinical nurse rostered 24 hours. • Has medical officer or cardiologist on site 24 hours. • Designated occupational therapist, physiotherapist, social worker and psychologist.	5	5	6	5	6	6	-	6

Reference Numbers (v), (vi), (viii), (x), (xviii), (xix)

8. OPERATING SUITE SERVICES

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
0	• No service.
2	• Operating room equipped for minor diagnostic and therapeutic surgical procedures. • Anaesthetic induction undertaken within area. • Recovery area for post-surgical procedures combined with general ward.
3	• As Level 2 plus equipped for intermediate surgical procedures. • More than one operating rooms. • *Separate anaesthetic room.* • Separate recovery area with registered nurse for every 3-recovering patient. • A minimum of 3 nurses (in addition to surgeon's assistant, where applicable) per operating team. • Has clinical nurse consultant.
4	• As Level 3 plus equipped for major procedures. • Usually more than two operating rooms. • May have day surgery operating room and special endoscopy area. • Separate recovery area with full time staff. • 24 hour availability. • Has nursing unit manager and clinical nurses.
6	• As Level 4 plus operating rooms equipped for major and complex major diagnostic and treatment procedures. • Specialist units and teaching role. • Staffing on site or available within 20 minutes. • Access to clinical nurse consultant with post basic qualifications and experience in pen-operative care is desirable. • Has clinical nurses' rostered 24 hours.

Reference Numbers (v), (vi), (viii), (x)

QUEENSLAND HEALTH

PART 2

CORE SERVICES

QUEENSLAND HEALTH

MEDICINE

9. EMERGENCY SERVICES

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned service.	Not Applicable							
1 - 2	**Primary Care Facility** • No planned Emergency Service. • GP services. • Designated treatment area. • Can cope with minor injuries and ailments. • Able to provide first aid and treatment prior to moving to higher level of service, if necessary. • Access to retrieval and transport services. • Basic resuscitation equipment, drugs and dressings. • Nursing staff on-site from inpatient area or on immediate call to cover emergency presentations. • Provides rural trauma service. • Access to physiotherapist and social worker. • Equivalent to small rural hospital with Medical Superintendent with Right of Private Practice.	0	1	1	0	0	0	1	0

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
3	• Defined admission, discharge and referral policies. • A Medical Director recognised by FACEM as a specialist in emergency medicine. • Consultant support always available. • The Department needs sufficient specialist coverage to provide reasonable working hours and leave of all types. • At least one medical practitioner with appropriate training and/or level of experience in emergency medicine who is rostered to the Department at all times. • Purpose designed area. • Has nurse in charge with post registration qualifications and experience in emergency nursing • Has Level 2 clinical nurses, with post registration qualification and experience in emergency nursing, available 24 hours. • All nursing staff involved in direct patient care are registered nurses. • Some registered nurses having completed or undertaking emergency nursing qualifications. • Educational programs for both medical and nursing staff. • An orientation program for new staff. • Has appropriate quality mechanisms for the auditing of its activities and their outcomes. • Access to specialists in General Surgery, Anaesthetics, Paediatrics, Medicine and Liaison Psychiatry. • Has 24 hour access to pathology service, radiology, pharmacy, operating theatres, physiotherapy and other allied health services. • Full Resuscitation facilities in separate area. • Disaster response capability • Support services eg technical, security and administrative staff. • Adequate office space.	2	2	3	0	3	3	3	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
4	• As per Level 3. • A full time Medical Director recognised by FACEM as a specialist in emergency medicine • At least one other specialist recognised by FACEM as a specialist in emergency medicine. • At least one medical practitioner with appropriate level of experience in emergency medicine who is rostered at all times. • Level two clinical nurses with post registration qualification in emergency nursing on 24 hour rotating roster. • Access to a nurse educator. • Formal audit and review of its activities and outcomes. • Suitable infection control and isolation procedures and facilities. • Specialists in General Surgery, Anaesthetics, Orthopaedics, Paediatrics, and General Medicine on call 24-hours. • Has integrative disaster plan.	3	3	4	3	4	3	3	4

Continued

9. EMERGENCY SERVICES

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
5	• As per Level 4 • Received more than 200 major trauma patients • Sufficient support specialists in Emergency Medicine so that consultant support is always available to the medical Staff in the Emergency Department • At least one of the supporting specialists exclusively rostered to the Emergency Department at all times. • At least one registered medical practitioner with appropriate level of experience exclusively rostered and predominantly present in the department at all times. • A minimum of three registered nurses available at all times for trauma management. • Formal educational program for both medical and nursing staff. • All staff educated and trained to manage all emergencies including calls for medivac teams	4	5	5	3	5	5	4	4

Reference Numbers (v), (vi), (viii), (x), (xxii)

10. GENERAL MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PharAy	XRAy	NMed	Anae	ICU	CCU	OT
0	• No service.	Not Applicable							
1	• Management and appropriate referral by medical practitioner. • Registered nurse-in-charge on each shift. • Access to social worker.	1	1	1	0	1	2	1	0
2	• As Level 1 plus general physician consultation available. • Continuing education programs for nurses available specific to the needs of the service. • Access to occupational therapist, speech pathologist and dietitian. • On-site physiotherapist	1	2	2	0	1	2	1	0
3	• As Level 2 plus referral and management primarily by accredited medical practitioners or general physicians. • Has 24 hour access to medical officer on site or available within 10 minutes • Consultations available from other specialists. • Has Clinical Nurse Consultant. • Some registered nurses having completed or undertaking relevant post-basic studies. • Access to health promotion services audiologist and psychologist	3	3	3	0	2	3	3	2
4	• As Level 3 plus service provided by general physicians rostered on call ours. • May have subspecialty interest/skills. • Medical officer(s) on site 24 hours. • Has Nursing Unit Manager and clinical nurses. • Formal link with Level 4 Rehabilitation Service. • On site occupational therapist, dietitian, audiologist and psychologist. • Designated social worker, physiotherapist and speech pathologist	4	4	4	0	4	4	4	2

Continued

QUEENSLAND HEALTH

10. GENERAL MEDICINE

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
5	• As Level 4 plus department of medicine. • Subspecialists available for consultation. • Has medical officer on call 24 hours. • Access to clinical nurse for relevant subspecialty is desirable. • May have subspecialties on site. • May have teaching and research role. • Has link with Level 5 Rehabilitation Service including conjoint appointments. • Designated occupational therapist and dietitian	5	5	5	4	4	4	4	2
6	• As Level 5 plus division of medicine with subspecialty departments. • Has medical registrar on-site 24 hours. • Has clinical nurse rostered 24 hours on most shifts. • Has teaching and research role.	As appropriate: level for subspecialty							

Reference Numbers (v), (vi), (viii), (x)

11. CARDIOLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
0 – 3	• As for General Medicine. • Allied health professionals as for General Medicine Levels 1-3	As appropriate level in General Medicine							
4	• As for General Medicine Level 4 plus general physicians with interest in cardiology on call 24 hours. • Access to psychologist and speech pathologist. • On-site occupational therapist and dietitian. • Designated social worker and physiotherapist.	4	4	4	3	4	4	4	2
5	• As Level 4 plus medical registrar on call 24 hours. • Appointed cardiologist. • Access to clinical nurse consultant with post basic qualifications and experience in cardiology nursing is desirable. • This specialty may have teaching and research role. • Link with cardiothoracic unit. • Link to Level 5 Rehabilitation Service. • Designated occupational therapist, physiotherapist and dietitian. • On site speech pathologist and psychologist. • Social worker on-call 24 hours.	5	5	5	4	4	5	5	2
6	As Level 5 plus medical registrar on site 24 hours. Has cardiology registrar. Cardiology department including cardiology sub-specialties. Cardiologist on-call 24 hours. Has clinical nurse rostered 24 hours. Has teaching and research role. Has cardiac catheterisation facility and cardiothoracic surgery on site. Allied health professionals as outlined above.	6	5	6	6	5	6	6	6

Reference Numbers (v), (vi), (viii), (x)

12. GASTROENTEROLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
0 – 2	• As for General Medicine, including allied health professionals.	As appropriate level in General Medicine							
3	• As General Medicine Level 3. • May have fibre optic endoscopy performed by accredited medical practitioner. • Access to dietitian, psychologist, social worker, physiotherapist and speech pathologist (paediatrics).	3	3	4	0	2	3	3	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. • On-site occupational therapist, social worker, dietitian, psychologist and speech pathologist (paediatrics).	4	4	4	0	4	4	4	3
5	• As Level 4 plus appointed Gastroenterologist. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Designated social worker and dietitian. • On site physiotherapist.	5	5	5	4	4	4	4	4
6	• As Level 5 plus medical officer on site 24 hours. • Gastroenterologists on call 24 hours. • Has clinical nurse on call 24 hours. • Has teaching and research role. • Designated speech pathologist (paediatrics), physiotherapist and psychologist.	6	6	5	5	5	5	4	4

Reference Numbers (v), (vi), (viii), (x)

13. HAEMATOLOGY - CLINICAL

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	AnaE	ICU	CCU	OT
0 - 3	• As for General Medicine including allied health professionals..	As 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. • Access to occupational therapist, social worker, physiotherapist, dietitian, psychologist and speech pathologist.	4	4	4	3	4	4	4	2
5	• As Level 4 plus medical officer on call 24 hours. • Appointed haematologist. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Designated social worker.	5	5	5	5	4	5	4	4
6	• As Level 5 plus medical registrar) on site 24 hours. • Has department of haematology. • Haematologist on call 24 hours. • Has clinical nurse rostered 24 hours. • Has teaching and research role. May provide cell separation. • May perform bone marrow transplant. • Designated occupational therapist, physiotherapist and dietitian.	6	5	5	5	5	5	4	4

Reference Numbers (v), (vi), (viii), (x)

14. NEUROLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	Anae	ICU	CCU	OT
0 – 3	• As for General Medicine including allied health professionals.	As 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. • On-site occupational therapist, social worker, physiotherapist, dietitian, audiologist and speech pathologist.	4	4	4	0	4	4	4	2
5	• As Level 4 plus medical officer on call 24 hours. • Appointed neurologist. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Neurosurgery support, EMG, nerve conduction, evoked responses and EEG available on site. • Designated occupational therapist, social worker, physiotherapist, psychologist and speech pathologist.	5	4	5	4	4	5	4	4
6	• As Level 5 plus medical officer on site 24 hours. • Has neurology department, neurology specialist(s) and neurology registrar. • Has clinical nurses' rostered 24 hours. • Has teaching and research role. Has access to CT scanning, 24-hour basis. • May have MRI. • May have PET. • Allied health professionals as outlined above.	6	5	6	5	5	6	4	4

Reference Numbers (v), (vi), (viii), (x)

15. ONCOLOGY - MEDICAL

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	ANae	ICU	CCU	OT
0 - 3	• As for General Medicine including allied health professionals.	As appropriate level in General Medicine							
4	• As for general medicine Level 4 plus service provided by medical oncologist. • May have visiting medical oncology clinics. • Clinical nurse consultant with post-basic qualifications and experience in this specialty is desirable. • A consultation group composed of specialists in medical oncology, surgery, radiotherapy, haematology, pathology and dermatology should be involved in the development of a management strategy to provide the greatest chance of cure or palliation. • If Day Oncology Unit, details of arrangements for those patients requiring overnight and emergency hospitalisation. • Established liaison and consultation from radiotherapy, palliative care, pain management psychiatric and social work services. • Appropriately trained pharmacist (if cytotoxic drug preparation to take place on-site). • Access to occupational therapist, social worker, physiotherapist, speech pathologist, psychologist and dietitian .	4	5	4	3	4	4	4	3
5	• As Level 4 plus medical officer on call 24 hours. • Appointed medical oncology specialist. • May have teaching and research role. • Multidisciplinary management of oncology patients, including case conferences with radiotherapists. • 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 officer on site 24 hours. • Has oncology specialist(s). • Has clinical nurses' rostered 24 hours. • Has teaching and research role. • Allied health professionals as outlined above.	6	6	5	6	5	6	4	6

Reference Numbers (ii), (v), (vi), (viii), (ix), (x)

16. ONCOLOGY - RADIOTHERAPY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
0	• No service.	As appropriate level in General Medicine							
4	• Visiting radiotherapist, working in conjunction with a comprehensive cancer care service. • No treatment facilities. • A consultation group composed of specialists in medical oncology, surgery, radiotherapy, haematology, pathology and dermatology should be involved in the development of a management strategy to provide the greatest chance of cure or palliation. • Allied health professionals as outlined in 19. Oncology - Medical.	1	1	1	0	1	2	1	0
5	• Basic modern radiation oncology department; comprising a minimum of superficial and 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 program for annual recording and monitoring of work undertaken. • Have radiation oncologists, physicists and therapeutic radiographers. • Clinical nurse consultant with post-basic qualifications and experience in this specialty is desirable. • Works in conjunction with, or as part of, a comprehensive cancer service. • Access to Palliative Care Level 5.	5	5	5	5	4	5	4	4

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PPhar	XRAy	NMed	ANae	ICU	CCU	OT
6	• As Level 5 plus has radiation oncology registrar(s). • Multiple linear accelerators with at least one linear accelerator of 10-25 ME V 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. • May provide 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

Reference Numbers (ii), (iii), (v), (vi), (viii), (x)

17. RENAL MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaRAy	NMed	Anae	ICU	CCU	OT	
0 – 2	• As for General Medicine including allied health services.	As 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. • Suggested requirements for haemodialysis machines per patient: ♦ 1:4 chronic inpatients; ♦ 1:1 acute inpatients ♦ 1:4 outpatients. • Access to social worker, audiologist, dietitian, physiotherapist and psychologist.	3	3	3	0	2	3	3	2
4	• As Level 3 with management of patients by general physician with interest in nephology. • Nephrologist consultation available. • Has medical officer on site 24 hours. • Has nursing unit manager and clinical nurses. • Has self-care renal dialysis centre with formal link to larger renal unit. • Provision of a full range of investigative and treatment options for renal failure patients and patients with evidence of renal disease or other conditions which are associated with complications, including: • Acute haemodialysis services on a 24 hour a day basis for patient with acute renal failure; • Emergency haemodialysis services on a 24 hour a day basis for patients with chronic renal failure. • Access to speech pathologist and occupational therapist. • On-site physiotherapist.	4	4	4	0	4	4	4	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
5	• As Level 4 plus medical officer on call 24 hours. • Specialist renal physician. • Part-time unit director or coordinator. • 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(s) with post-basic qualifications and experience in renal medicine, dialysis, transplantation is desirable. • May have teaching and research role. • Designated occupational therapist, physiotherapist, social worker, dietitian and psychologist. • On-site speech pathologist.	5	5	5	5	4	5	4	4
6	• As Level 5 plus medical officer on site 24 hours. • Renal transplantation available and coordinated by full-time renal unit director. • Has clinical nurses' rostered 24 hours. • Has teaching and research role. • Allied health professionals as outlined above.	6	5	6	5	5	6	4	4

Reference Numbers (v), (vi), (vii), (viii), (x)

18. RESPIRATORY MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
0 – 3	• As for General Medicine. Including allied health professionals.	As appropriate level in General Medicine							
4	• As for General Medicine Level 4 plus service provided by general physician with interest in respiratory medicine. • On-site social worker and dietitian. • Designated physiotherapist and psychologist.	4	4	4	3	4	4	4	2
5	• As Level 4 plus medical officer on call 24 hour. • Appointed respiratory medicine specialist. • Access to clinical nurse consultant(s) with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Has access to Level 5 cardiothoracic surgery and Level 5 cardiology service. • Access to occupational therapist and speech pathologist. • Designated social worker.	5	5	5	3	4	5	4	3
6	• As Level 5 plus medical officer on site 24 hours. • Has clinical nurse rostered 24 hours. • Has teaching and research role. • Has a respiratory function laboratory. • Designated dietitian.	5	5	5	5	5	6	4	4

Reference Numbers (v), (vi), (viii), (x)

19. HYPERBARIC THERAPY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT						
		Path	PhAr	XRAy	NMed	Anae	ICU	CCU	OT
•									
•									
•									
•									

Reference Numbers (v), (vi), (viii), (x), (xxi)

SURGERY

QUEENSLAND HEALTH

20. GENERAL SURGERY

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
0	• No service	Not Applicable							
1	• Minor procedures under local anaesthetic in procedure room. • Appropriate referral by medical practitioner. • Registered nurse in charge on each shift.	1	1	1	0	1	0	1	0
2	• Minor diagnostic and therapeutic surgical procedures on good risk patients performed by accredited medical practitioner with postgraduate training in surgery. • Anaesthesia given by accredited practitioner' in anaesthetics. • General surgeon available for consultation. • Continuing nursing educational programs available specific to the needs of the service. • Access to social worker, physiotherapist, and dietitian.	1	2	2	0	2	2	1	2

3	• As Level 2 plus intermediate surgical procedures on good or moderate risk patients performed regularly by specialist surgeon or by accredited medical practitioner with postgraduate training in surgery. • Accredited medical practitioner (in anaesthetics) may provide anaesthetics for good risk patients, specialist anaesthetists providing anaesthetics for moderate risk patients. • Has 24 hour access to medical officer(s) on site or available within 10 minutes. • Consultation available from other specialties. • Has clinical nurse. • Some registered nurses having completed or undertaking relevant post-basic studies. • Access to occupational therapist, social worker, phvsiotherapist, dietitian and psychologist.	3	2	3	0	3	3	3	3

Continued

20. GENERAL SURGERY

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	**Phar**	**XRAy**	**NMed**	**Anae**	**ICU**	**CCU**	**OT**
4	• As Level 3 plus selected major surgical procedures on good or moderate risk patients performed regularly by specialist surgeons and specialist anaesthetists. • Specialists on call 24 hours. • Has designated medical officer(s). • Some surgical subspecialties available. • Has nursing unit manager and clinical. • Links with oncology, radiotherapy and palliative care services. • Liaison psychiatry available. • Designated occupational therapist, social worker and physiotherapist. • Access to speech pathologist, dietitian and psychologist.	4	4	4	3	4	4	3	4

5	• As Level 4 plus full range of major diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by specialist surgeons and specialist anaesthetists. • Has general surgical registrar on call 24 hours. • Access to subspecialties. • Access to clinical nurse consultant(s) for relevant subspecialty is desirable. • May have teaching and research role. • Designated dietitian and psychologist. • Designated on call hours for physiotherapist and social worker.	4	4	5	4	5	5	3	6
6	• As Level 5 plus ability to deal with complex major diagnostic and treatment procedures in association with other specialties. • Has clinical nurse rostered 24 hours. • Has teaching and research role. • Allied health professionals as outlined above.	5	4	6	6	5	6	4	6

Reference Numbers (v), (vi), (viii), (x)

21. CARDIAC CATHETER – DIAGNOSTIC / THERAPEUTIC

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		P a t h	**P h a r**	**X R A y**	**N M e d**	**A n a e**	**I C U**	**C C U**	**O T**
0	• No planned service.	Not applicable							

1	**DIAGNOSTIC** (see "Exclusion List" Appendix IV) • Diagnostic procedures on good risk adult patients only performed by accredited medical practitioner. • Registered nurse in charge on each shift. • Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or IV sedation. • Anaesthesia performed by an accredited medical practitioner in anaesthetics. • Patient selection procedures with particular reference to the risk assessment criteria and triage processes to be employed. • On-site emergency care unit, and availability of cardiopulmonary resuscitation measures • Where unit is freestanding, emergence back up is provided by nearby hospital. • Has an arrangement with a hospital where cardiac surgery is performed. This service must be accessible within 30 minutes. • Access to designated cardiac monitoring facilities, intensivists with cardiothroacic training and physiotherapist.	1	1	1	0	1	2	1	2
2	**THERAPEUTIC** • As for Level 1 • On-site coronary care unit • Access to cardiac surgery facilities. • Access to cardiac rehabilitation programs. • Has teaching and research role. • Has a clinical nurse consultant with post basic qualifications and experience in this specialty. • All staff has appropriate registration and recognition by professional bodies. These should include nursing, technical, biomedical, radiation safety specialists	4	4	5	4	4	4	4	6

Reference Numbers (I), (v), (vi), (viii), (x), (xviii), (xix) (xx)

22. THORACIC/CARDIOTHORACIC SURGERY

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	**Phar**	**XRAy**	**NMed**	**Anae**	**ICU**	**CCU**	**OT**
0	• No planned thoracic/cardiothoracic surgery service.	Not applicable							

1 - 3	• Allied health professionals as for General Surgery.	As appropriate level for General Surgery							
4	• Designated social worker, dietitian and psychologist. • 24 hour on call physiotherapist, dietitian and psychologist. • Access to speech pathologist.	As above							
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 and specialist anaesthetists. • Has a liaison psychiatry and health promotion service. • Level 5 Rehabilitation Service available on site. • Links with palliative care service and pain management service. • Has clinical nurse consultant with post basic qualifications and experience in this specialty. • Designated speech pathologist.	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 medical officer rostered 24 hours. • Has clinical nurses' rostered 24 hours. • Has teaching and research role.	5	6	6	5	6	6	6	6

Reference Numbers (I), (v), (vi), (viii), (x)

23. DAY SURGERY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
1	• Minor diagnostic and therapeutic procedures on good risk patients by accredited medical practitioner. • Registered nurse in charge on each shift. • Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or IV sedation. Endoscopies not requiring general anaesthesia included. • Anaesthesia performed by an accredited medical practitioner in anaesthetics. • Where unit is freestanding, emergence back up is provided by nearby hospital. • Access to physiotherapist.	1	1	1	0	2	2	1	2
2	• As Level 1 plus minor diagnostic and therapeutic procedures requiring general or regional anaesthesia on good risk patients. • Medical practitioners on site until patients have recovered from anaesthesia and medical practitioners rostered for emergencies available within 10 minutes. • Continuing nursing educational programs available specific to the needs of the service. • Access to psychologist, dietitian and social worker.	1	2	2	0	2	2	1	2
3	• As Level 2 plus common and intermediate diagnostic and therapeutic procedures performed on good risk patients by specialist surgeons and specialist anaesthetists or accredited medical practitioners in anaesthesia. • Has clinical nurse consultant with post basic qualifications and experience in peri-operative nursing. • Minimum support services on site or available within 10 minutes. • On-site occupational therapist, social worker and physiotherapist.	3	2	3	0	2	2	1	2

Continued

23. DAY SURGERY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
4	• As Level 3 plus common and intermediate diagnostic and therapeutic procedures performed on good and moderate risk patients by specialist surgeons and specialist anaesthetists. • Procedures on children aged 12 months to 4 years performed by general surgeon accredited in paediatric surgery and anaesthesia performed by paediatric anaesthetist. (Children under 1 months referred to Level 5 paediatric surgery service). • Has nursing unit manager and clinic nurse. • Consultation available from other specialties. • Designated social worker. • Access to dietitian. • On-site psychologist and physiotherapist.	3	2	3	0	3	3	3	3

Reference Numbers (v), (vi), (viii), (x)

24. EAR, NOSE AND THROAT

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned ENT service.	Not applicable							
1 – 3	• Allied health professionals as for General Medicine.	As appropriate for General Medicine							
4	• As for General Surgery Level 3 plus common and intermediate ENT surgical procedures on good or moderate risk patients performed regularly by ENT surgeons and specialist excluding neuro-otic or intracranial surgery. • Has designated medical officer(s). • Has nursing unit manager and clinical nurses. • Specialists on call 24 hours. • Access to liaison psychiatry. • On-site social worker, speech pathologist, physiotherapist, dietitian, audiologist and psychologist.	4	3	4	0	4	3	3	3
5	• As Level 4 plus major diagnostic, and treatment procedures on good, moderate and bad risk patients, including neuro-otic surgery if Level 6 neurosurgery is available on site. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Links with oncology, radiotherapy and palliative care services. • Designated social worker, speech pathologist, dietitian, audiologist, physiotherapist and psychologist.	4	4	5	5	5	5	3	6
6	• As Level 5 plus ability to deal with full range of complex major diagnostic and treatment procedures, in association with other specialties including neuro-otic and intracranial procedures where Level 6 Neurosurgery is available on site. • Has clinical nurses rostered 24 hours. • Allied health professionals as outlined above.	5	5	6	5	6	6	4	6

Reference Numbers (v), (vi), (viii), (x)

25. GYNAECOLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned gynaecology service.	Not applicable							
2	• As for General Surgery Level 2 plus minor diagnostic and therapeutic gynaecological surgical procedures on good risk patients performed by accredited medical practitioners or general surgeons with post graduate training in gynaecological surgery. • Anaesthesia given by accredited medical practitioner in anaesthetics. • Gynaecologist available for consultation. • Access to social worker, psychologist, dietitian and physiotherapist.	1	2	2	0	2	2	1	2
3	• As Level 2 plus common and intermediate gynaecological procedures on good or moderate risk patients performed regularly by gynaecologists or general surgeons credentialled in rural areas for these types of procedures. • Accredited medical practitioners may provide anaesthetics for good risk patients, specialist anaesthetists providing anaesthetics for moderate risk patients. • Has 24 hour access to medical officer(s) on site or available within 10 minutes. • Has clinical nurse consultant for general ward. • Some registered nurses having completed or undertaking relevant post-basic studies. • Consultation available from other specialties. • Access to occupational therapist.	2	2	3	0	3	3	3	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	Anae	ICU	CCU	OT
	Assisted Reproductive Services: • **Staff and Facilities** • A designated Medical Director who is a recognised specialist in infertility management. • Access to other specialist medical, surgical, scientific, counselling and nursing personnel. • Affiliation with specific support groups. • Emergency resuscitation services must be available. • Access to ultrasound diagnostic and monitoring facilities. • Access to a medical practitioner who possesses a relevant diploma or training in obstetric ultrasound who is responsible for ultrasonography. • Nursing staff with special training in infertility practice responsible for the coordination, care and comprehensive nursing management of patients. • Access to laboratory facilities including a Scientific Director normally with a doctorate of philosophy by research in Biological Science and laboratory staff who possesses qualifications and training relevant to their responsibilities. • Transport and storage of gametes and embryos must conform to standards required to minimise the chance of loss or confusion of their origin. • **Patient Information:** • Patients shall be made aware of the legal, financial, psychosocial and medical implications prior to treatment. • Patients should be informed of the availability of patient support groups. • Discussion and written information about procedures including comprehensive details about treatment options, the treatment regimen, current clinic success rates and the particular patient's chances of successful treatment, possible side effects and complications of treatment and if appropriate relevant information about donors and recipients of donated gametes or embryos. • Access to group information sessions, additional written material, audiovisual tapes, reference libraries, newsletters and patient support group publications. • The medical practitioner obtains voluntary and informed consent in writing.								

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
4	• As Level 3 plus selected major gynaecological procedures on good or moderate risk patients performed regularly by gynaecologists and specialist anaesthetists. • Has designated medical officer and/or surgical registrar. • Has nursing unit manager and clinical nurses. • Specialists on call 24 hours. • Some surgical subspecialties available. • Links with oncology, radiotherapy and palliative care services. • Access to liaison psychiatry and occupational therapist. • Designated social worker. • On-site social worker, dietitian and psychologist.	4	4	4	0	4	4	3	4
5	• As Level 4 plus major diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by gynaecological surgeons and specialist anaesthetists. • May have gynaecology registrar. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Designated physiotherapist and dietitian.	5	5	5	4	4	5	4	6
6	• As Level 5 plus ability to deal with complex major diagnostic and treatment procedures in association with other specialties. These include reproductive endocrinology, infertility and multidisciplinary management of gynaecological malignancy (including chemotherapy and radiotherapy). • Have registrars in gynaecological subspecialties. • Have clinical nurses rostered 24 hours. • Has teaching and research role. • Access to audiologist.	5	5	5	5	6	5	4	6

Reference Numbers (v), (vi), (viii), (x), (xiii), xvii

26. NEUROSURGERY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
0	• No planned neurosurgery service.	Not applicable							
1 – 3	• Allied health professionals as for General Surgery. • Can provide cardiopulmonary resuscitation.	As appropriate for General Surgery							
4	• As for General Surgery Level 3 plus management of minor head injuries by general surgeon. • Has a medical officer on site 24 hours. • Neurosurgical consultation available. • Operating room equipment adequate for emergency neurosurgery. • Documented referral, triage and emergency arrangement for neurosurgical services. • An established link (regularly updated service agreement) to a public/private sector intensive care unit. • On-site emergency care unit. • Link with Level 4 Rehabilitation Service. • Designated social worker, occupational therapist, physiotherapist and psychologist. • On-site speech pathologist and dietitian. • Access to audiologist.	4	4	5	3	4	4	3	4

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
5	• As Level 4 plus full range of major diagnostic and treatment procedures on good, moderate and bad risk patients. • Neurosurgeons and accredited specialist anaesthetists available 24 hours. • Has nursing unit manager and clinical nurses. • Some registered nurses having completed or undertaking relevant post-basic studies. • Designated neurosurgical beds. • 24 hour access to CAT scanner. • Link with brain injury and spinal injury rehabilitation service. • May undertake research. • May have teaching role. • Designated dietitian. • On-site audiologist.	5	5	5	4	5	5	3	6
6	• As for Level 5 plus complex major procedures. • Neurosurgery ward and neurosurgical high dependency/ICU. • Neurosurgical anaesthetists. • Has clinical nurses' rostered 24 hours. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • Link with Level 5 Rehabilitation Service. • Has teaching and research role.	5	5	6	5	6	6	4	6

Reference Numbers (v), (vi), (viii), (x)

27. OPHTHALMOLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned ophthalmology service.	Not applicable							
2	• As for General Surgery Level 2 plus minor extra ocular diagnostic and treatment ophthalmological procedures on good risk patients performed regularly by ophthalmic surgeons. • Consultation available from other specialists. • Access to occupational therapist, social worker, dietitian, psychologist and physiotherapist.	1	2	1	0	3	2	1	2
3	• As General Surgery Level 3 plus common and intermediate procedures on good or moderate risk patients performed regularly by ophthalmic surgeons. • Accredited medical practitioner in anaesthetics may provide anaesthetics for good risk patients with specialist anaesthetists providing anaesthetics for moderate risk patients. • Medical officers on call 24 hours. • Have clinical nurse consultant and clinical nurse. • Access to orthoptists.	3	3	3	3	3	3	3	3
4	• Designated social worker. • On-site psychologist and physiotherapist. • Has nursing unit Manager.	As appropriate for General Surgery							
5	• As Level 3 plus major diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by ophthalmic surgeons and specialist anaesthetists. • Has designated medical officer on call 24 hours. • Has orthoptists on staff. • May have teaching and research role. • Access to liaison psychiatry. • Allied health professionals as outlined above.	4	4	5	3	4	4	3	6

Continued

27. OPHTHALMOLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
6	• As Level 5 plus ability to deal with complex major diagnostic and treatment procedures in association with other specialities. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • Has clinical nurses' rostered 24 hours. • Able to undertake neuro-ophthalmology where level 6 Neurosurgery is available on site. • Has access to Level 5 Radiotherapy Service. • Has teaching and research role. • Allied health professionals as for Level 5 however designated hours for psychologist and physiotherapist.	5	5	5	5	5	4	4	6

Reference Numbers (v), (vi), (viii), (x)

28. ORTHOPAEDICS

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
0	• No planned orthopaedic service.	Not applicable							
2	• As for General Surgery Level 2 plus minor reduction of fractures performed on good risk patients by accredited medical practitioners with post graduate experience in orthopaedic surgery. • General or regional anaesthesia given by accredited medical practitioners in anaesthetics. • Orthopaedic consultation available. • Access to occupational therapist, social worker, dietitian, psychologist and physiotherapist.	1	1	2	0	2	2	1	2
3	• As Level 2 plus common and intermediate orthopaedic surgical procedures on good or moderate risk patients performed regularly by orthopaedic surgeons or general surgeons credentialled in orthopaedics. • Accredited medical practitioners may provide anaesthesia for good risk patients, specialist anaesthetists providing anaesthesia for moderate risk patients. • Has 24-hour access to medical officer on-site or available within 10 minutes. • Has clinical nurse consultant for general ward. • Some registered nurses having completed or undertaking relevant post-basic studies. • Consultation available from other specialties. • Power drills, power saws and theatre x-ray available. • On-site social worker, designated physiotherapist and occupational therapist.	3	2	3	0	3	3	3	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	Anae	ICU	CCU	OT
4	• As Level 3 plus major orthopaedic surgical procedures on good or moderate risk patients performed regularly by orthopaedic surgeons and specialist. • Has nursing unit manage and clinical nurses. • Rostered specialists available. • Has designated medical officer and/or surgical registrar. • Has access to Level 4 Rehabilitation Service. • Access to liaison psychiatry. • Designated social worker and dietitian. • On-site psychologist. • 24 hour on call service for physiotherapist and social worker.	4	3	4	3	4	4	3	4
5	• As Level 4 plus full range of major diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by orthopaedic surgeons and specialist anaesthetists. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May undertake research. • Access to subspecialties. • May have teaching and research role. • Link to Level 5 Rehabilitation Service.	4	4	5	3	5	4	3	6
6	• As Level 5 plus ability to deal with major complex diagnostic and treatment procedures in association with other specialties. • Has clinical nurses' rostered 24 hours. • Link with Level 6 Rehabilitation service. • Has teaching and research role. • Designated dietitian.	5	5	5	5	6	6	4	6

Reference Numbers (v), (vi), (viii), (x)

29. PLASTIC SURGERY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned Plastic Surgery service.	Not applicable							
0 – 3	• Allied health professionals as for General Surgery.	As appropriate for General Surgery							
4	• As for General Surgery Level 3 plus selected major plastic surgery procedures on good or moderate risk patients performed regularly by plastic surgeons and specialist anaesthetists. • Medical officers on site 24 hours. • Specialists on call 24 hours. • Has nursing unit manager and clinical nurses. • Liaison psychiatry available. • On-site occupational therapist, physiotherapist, speech pathologist, dietitian and psychologist. • Access to social worker.	4	4	4	3	4	4	3	4
5	• As General Surgery Level 5 plus full range of major plastic surgery diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by plastic surgeons and specialist anaesthetists. • Link with Level 5 Rehabilitation Service. • Designated occupational therapist, social worker, dietitian and physiotherapist.	4	4	5	4	5	5	3	6
6	• As Level 5 plus ability to deal with complex major diagnostic and treatment procedures in association with other specialties. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Allied health professionals as outlined above. • Designated speech pathologist.	5	5	5	5	6	5	4	6

Reference Numbers (v), (vi), (viii), (x)

30. UROLOGY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhAr	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned urology service	Not applicable							
1 – 2	• Allied health professionals as for General Surgery.	As appropriate for General Surgery							
3	• As General Surgery Level 3 plus common and intermediate urological procedures on good or moderate risk patients performed regularly by specialist urologists or general surgeons credentialled in urology. • On-site social worker and physiotherapist. • Access to dietitian.	3	2	3	0	3	3	3	3
4	• As Level 3 plus selected major urological procedures on good or moderate risk patients performed regularly by urologists and specialist anaesthetists. • Medical officer(s) on site 24 hours. • Specialists on call 24 hours. • Has nursing unit manager and clinical nurses. • Links with oncology, radiotherapy and palliative care services. • Liaison psychiatry available. • On-site occupational therapist, dietitian and psychologist. • Designated social worker and physiotherapist.	4	4	4	3	4	4	3	4
5	• As Level 4 plus full range of major diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by urologists and specialist anaesthetists. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • May have teaching and research role. • Designated physiotherapist. • Access to speech pathologist.	4	4	5	3	5	5	3	6

Continue

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
6	• As Level 5 plus ability to deal with complex major diagnostic and treatment procedures in association with other specialties. • Has clinical nurses' rostered 24 hours. • Has Urodynamic Unit. • Has teaching and research role. • Allied health professionals as outlined above.	5	5	6	5	6	6	4	6

Reference Numbers (v), (vi), (viii), (x)

31. VASCULAR SURGERY

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaRmacy	XRAy	NMed	Anae	ICU	CCU	OT
0	• No planned vascular surgery.	Not applicable							
1 – 3	• Allied health professionals as for General Surgery.	As appropriate for General Surgery							
4	• As for General Surgery Level 3 plus common and intermediate vascular surgical procedures on good or moderate risk patients performed regularly by vascular or general surgeons. • Specialist anaesthetists providing anaesthesia. • Has nursing unit manager and clinical nurses. • Specialists on call 24 hours. • Has designated medical officer. • Some surgical subspecialties available. • Pre-operative rehabilitation specialist consultation available (for elective amputees). • Access to liaison psychiatry, occupational therapist, dietitian and psychologist. • Designated social worker and physiotherapist.	4	4	4	3	4	4	3	4
5	• As Level 4 plus major diagnostic and treatment procedures on good, moderate and bad risk patients performed regularly by vascular or general surgeons and specialist anaesthetists. • May undertake research. • May have teaching role. • Link with Level 5 Rehabilitation Service. • Designated occupational therapist. • On-site speech pathologist.	4	4	5	4	5	5	4	6

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
6	• As Level 5 plus ability to deal with complex major diagnostic and treatment procedures in association with other specialties. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • Has clinical nurses rostered 24 hours. • Has teaching and research role. • Allied health professionals as outlined above.	5	5	6	5	6	6	4	6

Reference Numbers (v), (vi), (viii), (x)

QUEENSLAND HEALTH

MATERNAL AND CHILD

32. OBSTETRICS

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMEd	ANae	ICU	CCU	OT
		Not applicable							
0 - 2	• No service								
	•								
3	• Good risk delivery only. • Able to cope with sudden unexpected complications until transfer. • Accredited medical practitioners in obstetrics and newborn paediatrics. • Has 24 hour access to medical officers on site or available within 10 minutes. • Clinical nurse consultant is desirable for general ward. • Midwives available. • Dedicated delivery suites. • A dedicated Nursery with adequate cot space and a separate area for preparation of food supplements. • *Has Level 2 Neonatal Service.* • Link for continuing education, referrals and transfers with units at higher levels of service. • Periodic structured medical refresher program; RACGP, RACOG, ACP. • Minimum throughput of 240 deliveries per year per delivery suite (If minimum caseload cannot be achieved, affiliation with another obstetric unit to ensure staff skill levels are maintained). • *Has Level 2 General Surgery.* • Access to social worker and dietitian. • On-site physiotherapist.	2	2	1	0	2	2	1	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
3	• As Level 2 plus may deliver medium risk pregnancies. • • Selected elective caesarean sections after consultation with obstetrician where appropriate. • The availability of an operating room staff on a 24-hour emergency basis for emergency caesarean deliveries. • A Specialist Obstetrician is on the clinically accredited staff and is designated as the Director of the Obstetric Ward and Nursery. • A Specialist Anaesthetist accredited for obstetric anaesthesia is available. • A Specialist Paediatrician with experience in paediatric care is on the clinically accredited staff • A Specialist Paediatrician or a Medical Practitioner with experience in paediatrics is available 24 hours. • The Nurse in charge of the obstetric unit has postgraduate midwifery qualifications and current midwifery experience. • A senior nurse appointed in charge of the nursery area, is a registered midwife with a post graduate qualifications in paediatric nursing. • A minimum of one registered nurse, with post-basic midwifery qualifications and current paediatric experience, on roster per shift. • Minimum nursing ratio of 1:4 cots. • All nurses working regularly in the unit should demonstrate regular, at least yearly, attendance at continuing education on paediatric care. • Full resuscitation facilities available. • Access to physiotherapist.	2	2	1	0	2	2	1	2

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	ANae	ICU	CCU	OT
4	• As Level 3 plus care for mothers and babies at moderate risk and elective LSCS. • Obstetricians, paediatricians and specialist anaesthetists on call 24 hours. • Accredited medical practitioners or medical officer(s) on site 24 hours. • Has nursing unit manager and clinical nurses. • Experienced midwives on all shifts. • Access to clinical nurse consultant with post basic qualifications and experience in this specialty is desirable. • Has a minimum of Level 3 (level llb#) neonatal service. • Liaison psychiatry available. • Full resuscitation facilities available. • Access to occupational therapist, social worker, dietitian and psychologist.	4	3	4	3	4	3	3	3
5	• As Level 4 plus may deliver selected high-risk pregnancies. • Has special care nursery. • On-site occupational therapist. • Access to speech pathologist.	4	4	4	3	4	4	3	3
6	• Care of good, moderate and high-risk deliveries. • Obstetric registrar on site 24 hours. Obstetricians may have specific subspecialties/skills/training. • Clinical nurses on most shifts. • Usually a specialist supra regional unit or Statewide role. • At least 3,500 deliveries per year. • Has intensive care nursery.	5	4	5	3	6	5	3	4

Reference Numbers (v), (vi), (viii), (x), (xii)

33. NEONATAL

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
0	No service	Not applicable							
1	• Provision for good risk pregnancies and healthy infants of greater than 36 weeks gestation. Postnatal care of mothers and babies delivered elsewhere with no complications. • Emphasis on parenting, bonding, and breastfeeding. • Basic Life Support for neonates available. • Accredited medical practitioners in obstetrics and newborn paediatrics. • Has 24-hour access to medical officer(s) on-site or available within 10 minutes. • Midwives, and/or mothercraft nurses and general practitioner care. • Clinical nurse consultant for general ward. • Registered nurse in charge on each shift. • Some nurses with experience in neonatal or paediatric care and/or undertaking relevant post basic studies. • Continuing nursing educational programs available specific to the needs of the service . • Structured periodic medical refresher program (RACGP, RACOG, ACP). • Link with higher level unit. • Access to physiotherapist, speech pathologist, audiologist, social worker and dietitian. • On-site social worker and physiotherapist.	2	2	2	0	1	2	*	2

Continued

33. NEONATAL

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	Anae	ICU	CCU	OT
2	**Special care nursery** • As Level 1 plus manages moderate risk pregnancies. • Management of babies > 32 weeks gestation with minimal complications and small babies growing up. • Facilities include humidicribs, cardiorespiratory monitoring, IV fluid therapy, tube feeds, phototherapy and short-term assisted ventilator care (< 6 hours), pending transfer. • Obstetricians and paediatricians or accredited medical practitioners with experience in neonatal care on call 24 hours. • Accredited specialist physician (neonatal paediatrician). • Medical officer(s) on site. • Nursing Staff: ♦ A senior nurse appointed in charge of the neonatal nursery area (preferably a midwife), with extensive experience in high dependency neonatal nursing and/or post graduate qualifications in neonatal/perinatal nursing. ♦ Some registered nurses to have paediatric/neonatal training. ♦ A minimum of one registered nurse, preferably with post-basic qualifications, per shift. ♦ All nurses working regularly in the unit should demonstrate regular, at least yearly, attendance at continuing education on neonatal care. ♦ Minimum nursing ratio of 1:4 beds dependant upon patient dependency. • Nursing ratio of 1:4 cots desirable. • Has Nursing Unit Manager and clinical nurses. • Some registered nurses with paediatric or neonatal/perinatal training. • Established links with tertiary intensive care unit, which may include the rotation of physicians/neonatologist(s). • Liaison psychiatry available. • Designated social worker and physiotherapist. • Access to dietitian, audiologist, speech pathologist, psychologist and pastoral care.	4	4	4	0	4	4	*	4

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
3	**Intensive Care Nursery** • As Level 2 plus manages high-risk 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. • Provides neonatal surgery and care for complex congenital and metabolic diseases of the newborn. • Full time neonatologist director. • On site clinical and diagnostic paediatric subspecialty services. • Have Level 6-paediatric medicine and Level 6-paediatric surgery. • Neonatal intensive care trained nursing staff. • Access to Clinical Nurse Consultants with post-basic qualifications and experience in neonatal nursing is desirable. • Experienced registered nurses on most shifts. • Medical Officer(s) on-site 24 hours. • Has access to clinical and diagnostic paediatric subspecialties. • Multi-disciplinary follow up service provided. • Role in post-graduate medical and nursing education. • Undertakes research and evaluation. • On-site occupational therapist. • Designated speech pathologist, dietitian and audiologist.	6	5	6	4	6	5	*	6

Reference Numbers (iv), (v), (vi), (viii), (x)

34. PAEDIATRIC MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	ANae	ICU	CCU	OT
0	• No service	Not applicable							
1	• No planned in-patient paediatric medical service or designated beds. • Provides first aid treatment and stabilisation for children prior to moving to appropriate higher level of service. • Access to social worker.	1	1	1	0	1	0	*	0
2	• Designated paediatric in-patient beds as part of a general ward in a hospital in an outlying and geographically isolated area. • May have isolation capacity. • Accredited medical practitioner on call. • Paediatrician consultation available. • Would be used for only minor medical conditions or convalescence following referral from a higher level unit. • Clinical nurse available for each shift. • Continuing nursing educational programs available. • Able to provide accommodation for parents. • Access to occupational therapist, physiotherapist, dietitian, psychologist and speech pathologist.	3	2	3	0	3	2	*	2

Continued

34. PAEDIATRIC MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
3	• As Level 2 plus designated paediatric ward/area with parent accommodation. • Has isolation capacity in separate rooms. Provides care for common medical conditions. • Nursing Staff: ♦ A senior nurse appointed in charge of the paediatric area, with demonstrated post graduation qualification and extensive, current experience in paediatric practice qualifications in neonatal nursing. ♦ Registered nurses to have paediatric training. ♦ All nurses working regularly in the unit should demonstrate regular, at least yearly, attendance at continuing education on paediatric care. ♦ Minimum nursing ratio of 1:4 beds dependant upon patient dependency. • Some registered nurses having or undertaking relevant post basic studies. • Has 24 hour access to Medical Officer on site or available within 10 minutes. • The unit has an established link with a tertiary Paediatric care unit. • Formal link to community child and family health service. • Designated occupational therapist, social worker and physiotherapist. • On-site psychologist, dietitian and audiologist.	3	3	3	0	3	2	*	2
4	• As Level 3, Designated Director of Paediatric Medical Services, plus provides integrated hospital in-patient unit, non-inpatient family and child health services, and community health services for most paediatric medical conditions. • Designated adolescent area. • Specialist paediatricians on call 24 hours. • Designated medical officer. May have paediatric registrar. • Nursing Unit Managers. • Majority of registered nursing staff has paediatric qualifications. • On-site speech pathologist.	4	4	4	4	4	4	*	2

Continued

34. PAEDIATRIC MEDICINE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
5	• As Level 4 plus specialised paediatric in-patient unit. • May have some paediatric sub-specialty skills. • Support offered to other paediatric units within the Region. • Designated adolescent unit. Has paediatric registrar on site 24 hours. • Active program of undergraduate and postgraduate teaching and research coordinated with a Level 6 service. • Access to Clinical Nurse Consultant with post-basic qualifications and experience in paediatric nursing is desirable. • Recreational therapy. • Teacher available. • On-site occupational therapist. • Designated speech pathologist, dietitian and audiologist.	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. • Clinical nurses on most shifts. • Provides some Statewide services. • Subspecialty consultants on call 24 hours. • Has designated subspecialty registrar. • Provides 24 hour Child Protection Service with consultant paediatrician and social worker. • School service for in-patients provided by Department of Education. • Has research and specialist paediatric teaching role.	6	6	6	6	4	5	*	2

Reference Numbers (v), (vi), (viii), (x)

35. Paediatric Surgery

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	Anae	ICU	CCU	OT
1	• No planned in-patient paediatric surgical service. • Provides first aid treatment and stabilisation to children prior to moving to appropriate higher level of service. • Allied health professionals as outlined in 38. • Paediatric Medicine for all levels.	1	1	1	0	1	2	*	0
3	• Except in emergencies, children under the age of five years should not be admitted. • Minor elective and selected intermediate surgical procedures on good risk children over the age of 5 years performed by general surgeon credentialled in paediatric surgery and specialist anaesthetists or medical practitioners accredited in paediatric anaesthesia. • Appropriate surgical, anaesthetic and resuscitation equipment available. • 24 hour access to medical officers on-site or available within 10 minutes. • Registered nurse in charge on each shift. • Continuing nursing educational programs available specific to the needs of the service. • Formal consultative links with paediatrician and paediatric surgeons. • Able to accommodate parents. • Operating suite and recovery room provide for the special needs of children and parents. • The unit has an established link with a tertiary Paediatric care unit.	3	3	3	0	3	3	*	3

Continued

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	Anae	ICU	CCU	OT
4	• Except in emergencies, children under the age of one month should not be admitted. • Designated children's ward with parent accommodation facilities serving a moderate catchment area. Intermediate paediatric surgical procedures on good and moderate risk children performed by specialist surgeons (paediatric) or general surgeons credentialled in paediatric surgery, and specialist • Paediatric accredited anaesthetists for children under 12 months. • Medical officer on-site 24 hours. • Consultation available from specialist paediatrician. • Facility to isolate in single room. • Nursing Staff: ♦ A senior nurse appointed in charge of the paediatric nursery area, with demonstrated post graduation qualification and extensive, current experience in paediatric practice qualifications in neonatal nursing. ♦ Registered nurses to have paediatric training. ♦ All nurses working regularly in the unit should demonstrate regular, at least yearly, attendance at continuing education on paediatric care. ♦ Minimum nursing ratio of 1:4 beds dependant upon patient dependency. • Some registered nurses having or undertaking relevant post-basic studies.	4	4	4	3	4	4	*	4

Continued

35. Paediatric Surgery

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
5	• As Level 4 plus specialised paediatric in-patient unit with nominated director of paediatric surgical services. • Provides most major diagnostic and treatment procedures on good moderate and bad risk children excluding complex major paediatric surgery on rare complex congenital malformations (frequency of less than one in 2,500 births). • Specialist surgeons (paediatric), general surgeons' credentialled in paediatric surgery and specialist anaesthetists (paediatric) on call 24 hours. • Participates in undergraduate and post-graduate teaching. • Training positions for paediatric nurses. • Majority of nursing staff with paediatric qualification desirable. • Access to clinical nurse consultant with post basic qualifications and experience in paediatric surgery is desirable. • May have teaching role. • Rostered allied health staff including recreational therapy and educational services.	5	5	5	5	5	5	*	6
6	• 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 post graduate teaching, research, and development. • Paediatricians and specialist surgeons (paediatric) with sub-specialty interests on call 24 hours. • Clinical nurses on most shifts. • Has research and specialist paediatrics teaching role.	6	6	6	6	6	6	*	6

Reference Numbers (v), (vi), (viii), (x)

QUEENSLAND HEALTH

INTEGRATED COMMUNITY AND HOSPITAL SERVICES

36. MENTAL HEALTH

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
1 - 2	No service	1	1	1	0	0	0	0	0
3 - 4	• Meets Minimum Service Standards appropriate to service level[1] • Adequate admission, discharge and referral policy documentation • Appropriate visiting Specialist Psychiatrists who are acknowledge by RANZCP as being Specialist Psychiatrist, other local medical practitioners including General Practitioners. • 24 hour access to a registered medical practitioner. • At least one FTE Specialist Psychiatrist for the service. • Specialist Psychiatrists available to provide assistance with assessment, treatment, case management, case review, Mental Health Act administration, admission to a specialist acute inpatient unit, education, support and supervision of local health workers. • One or more local mental health professionals working in conjunction with other health workers and the visiting mental health service to provide assessment, treatment, case management, referral consultation or liaison during normal working hours.	1	1	1	0	0	0	0	0

Continued

36. MENTAL HEALTH

[1] Refer Appendix V

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	XRAy	NMed	ANae	ICU	CCU	OT
3-4	• Networks with appropriate agencies for housing, social, disability and support services • The service is fully integrated • A nurse in charge of the unit who has post registration qualifications in mental health nursing. • Clinical nurses with post registration qualification in mental health nursing rostered 24 hours. • All nursing staff in the unit responsible for directs patient care should be registered nurses with appropriate mental health nursing education and/or training. • Access to a nurse educator and formal nursing educational program. • Staff is regularly trained to understand and appropriately and safely respond to aggressive and other difficult behaviours. • A minimum of two staff member in unit on 24 hour basis. • Appropriate quality assurance mechanisms for audit and review of its activities and outcomes. • Formal mechanism established for involvement of consumers in the planning, operation, monitoring and evaluation of services • May provide some extended hours assessment and crisis response services. • Access to non-dedicated hospital beds for inpatient management. • Access to acute inpatient beds. • Access to a rehabilitation program. • Dedicated specialist inpatient unit available with adequate and flexible secure options to allow the local management of high dependency patients • Alternatives to admission to acute inpatient beds may be available • Network established with child and youth mental health services. • Operational family/carer support and education programs. • On-site occupational therapist, social worker and psychologist. • 24-hour access to social workers, occupational therapist, psychologist, ethnic and deaf interpreter services and other allied health services.	3	3	2	0	2	3	1	0

Continued

36. MENTAL HEALTH

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
3-4	• Extended hours assessment and crisis response service is mobile and available 7 days per week for at least 84 hours a week. • Intensive case management services for vulnerable patients available during normal working hours. • Formal and extensive consultation and liaison services available to general hospitals, GP's, primary health workers and geriatric services. • Intermediate level rehabilitation services provided.	3	4	4	0	3	3	0	0
5	• All the requirements for level 3-4 plus • Adequate admission, discharge and transfer policies for involuntary patients. • Extended hour's assessment and crisis response service available 24 hours per day. • Has sufficient designated beds for the reception of involuntary patients • Intensive case management service available 7 days per week for a minimum of 84 hours/week. • Access to nurse in charge who has post registration qualification in mental health nursing. • Provides comprehensive rehabilitation services. • Access to local extended treatment and rehabilitation services but not self-sufficient for these. • Provides a specialist geriatric psychiatry service, at least at the level of a core group of mental health professionals providing assessment, treatment and consultation/liaison services. • May have a teaching and research role. • Allied health professionals as outlined above.	3	4	4	0	3	3	1	0

Reference Numbers (v), (vi), (viii), (x)

37. DRUG & ALCOHOL SERVICES

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
1	• Provision of limited drug and alcohol services by general practitioners or other non-specialist staff. • Capacity to refer to community based sobering up facility desirable. • Capacity to refer to specialised health services. • Uncomplicated detoxification may be undertaken. • Relevant health promotion materials on site. • Access to psychologist and social worker.
2	• As Level 1 plus limited activity directed to detection and intervention in harmful and hazardous drug and alcohol use. • Limited access to community based treatment or support agencies. • On-site social worker.
3	• As Level 2 plus capacity to provide simple medical detoxification supervised by qualified medical practitioner preferably with experience/training in alcohol and drugs. • Ability to access, via referral, appropriate specialist services. • Formalised education/training is available to medical and nursing staff as part of a planned program to increase professional skills and knowledge in the area of alcohol and drugs. • Has clinical nurse ~ with post basic qualifications and experience in this specialty. • Established linkages with community treatment and support agencies able to provide input into case management and training activities. • Collaborative health promotion activities between hospital and community. • Has capacity to provide methadone maintenance treatment program. • On-site occupational therapist and psychologist. • Designated social worker. • Access to physiotherapist, dietitian and speech pathologist.
4	• As Level 3 plus may link with non-medical detoxification community facility. Integration between hospital and community services. • Appropriate sub-specialty services available on a consultancy basis. • Designated alcohol and drug health professionals on staff. • Designated psychologist. • Access to audiologist.

Continued

37. DRUG & ALCOHOL SERVICES

QUEENSLAND HEALTH

LEVEL	DESCRIPTION
5	• As Level 4 plus multidisciplinary drug and alcohol team on site, experienced in the behavioural and clinical management of patients providing full assessment and treatment services. • Alcohol and drug staff is involved in consultation/liaison and teaching activities within the hospital. • Provides postgraduate training opportunities for health professionals. • Designated occupational therapist. • On-site speech pathologist.
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. • Teaching to all other levels (1 -5). • Research into alcohol and drug related treatment and prevention initiatives. • Provides or is involved in sub-speciality programs for special groups such as pregnant opioid dependant women, therapeutic opioid addicts, and individuals with alcohol related brain injury. • May provide advanced postgraduate training.

Reference Numbers (v), (vi), (viii), (x)

38. PALLIATIVE CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PhaR	AXRay	NMed	Anae	ICU	CCU	OT
0	• No service.	Not applicable							

1	• Primarily supportive.
	• Management by general practitioners and generalist community nurses (community patients).
	• In-patient management has registered nurse in charge on each shift.
	• The quality activities should also include:
	  • Individual patient focused monitoring
	  • Interdisciplinary quality of care
	  • Interdisciplinary quality projects
	  • Death audit
	  • Register of complaints/compliments and action taken
	  • Evaluation of education
	  • Bereavement follow up
	  • Evaluation of palliative care team
	• Compliance with standards, ethics and philosophies (Appendix IV, Glossary, Palliative Care Services).
		1	1	1	0	1	0	0	0

2	• As Level 1 plus consultation available from specialist physician. • Continuing nursing education programs available specific to the needs of the service.	1	1	1	0	1	0	0	0
3	• As Level 2 plus consultative support from clinical nurse/clinical nurse consultant with post-basic qualifications and experience in this specialty is desirable. • In-patient management by accredited medical practitioners or by specialist physicians. • Clinical nurse consultant. • Access to occupational therapist, physiotherapist, psychologist, speech pathologist, social worker and dietitian.	2	1	1	0	1	2	1	0

Continued

38. PALLIATIVE CARE

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAY	NMed	Anae	ICU	CCU	OT
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. Designated occupational therapist, physiotherapist and social worker. On-site psychologist.	3	2	2	0	3	2	1	3
5	• As Level 4 plus integrated community/hospice consultative service under direction of medical practitioner accredited in palliative care or palliative care physician. • Has medical officer or medical registrar. • Clinical nurse consultant with post-basic qualifications and experience in palliative care. • Has links with oncology, radiotherapy, anaesthetics, psychiatry, multidisciplinary pain clinic, rehabilitation and surgical services. • Designated psychologist, speech pathologist and dietitian. • Access to audiologist.	4	4	2	3	4	2	1	3
6	• As for Level 5 plus palliative care specialist providing liaison consultancy to various units at major referral hospitals. • Link with multidisciplinary pain clinic. • Has clinical nurses' rostered 24 hours. • Allied health professionals as outlined above.	4	4	5	3	5	3	1	4

Reference Numbers (ii), (v), (vi), (viii), (x)

39. REHABILITATION

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	Phar	XRAy	NMed	ANae	ICU	CCU	OT
0	• No Service	Not applicable							
1 – 2	• Allied health professionals as for general medicine.	Not applicable							
3	• Some slow stream or restricted rehabilitation provided. • Referral and management by accredited medical practitioners or by specialist physicians. • Medical officers on call 24 hours. • Clinical nurse consultant. • Some registered nurses having or undertaking post basic studies. • Access to liaison psychiatry. • Designated occupational therapist, social worker, physiotherapist and speech pathologist. • On-site dietitian and psychologist. • Access to audiologist.	1	2	2	0	2	2	1	1
4	• As Level 3 plus active rehabilitation programs available, involving salaried inter-disciplinary team. Services provided by medical practitioner or physician with special interest in rehabilitation medicine supported by medical officer(s). • Consultation with a rehabilitation specialist available. • Nursing unit manager and clinical nurses. • Outpatient services supported by accessible transport. • Link with Level 4 Health Promotion Service. • On-site audiologist.	3	2	3	0	3	2	1	2

Continued

xxxix. REHABILITATION

QUEENSLAND HEALTH

LEVEL	DESCRIPTION	MINIMUM LEVEL OF SUPPORT							
		Path	PHar	XRAy	NMed	ANae	ICU	CCU	OT
5	• As Level 4 plus active in-patient and outpatient rehabilitation programs serving a defined geographical catchment. • Unit directed by a rehabilitation specialist. • Access to clinical nurse consultant with post-basic qualifications and experience in rehabilitation is desirable. • In-patient beds may be off-campus but under the control of the director. • Has access to hydrotherapy and a limb-fining service. • Co-ordinates with orthopaedic, neurology and neurosurgery departments. • Has an accessible transport service for outpatients. • May have teaching and research role. • Designated dietitian and audiologist.	3	3	4	3	4	2	1	3
6	• Has links with major referral hospital. • Has teaching and research role. • Clinical nurses rostered 24 hours. • Allied health professionals as outlined above.	3	4	4	3	4	3	3	4

Reference Numbers (v), (vi), (viii), (x)

QUEENSLAND HEALTH

REFERENCE GUIDE

Reference Number

Reference

QUEENSLAND HEALTH

i. AHTAC 1995, *Superspeciality Service Guidelines for Acute Cardiac Interventions.*

ii. Australian Health Ministers' Advisory Council. Super-Specialty Services Subcommittee (1987), *Guidelines for Cancer Treatment Services.*

iii. Australian Health Technology Advisory Committee (1996), *Beam and Isotope Radiotherapy.* Australian Government Publishing Service, Canberra.

iv. Commonwealth Department of Health and Family Services Circular HBF 456 / PH 253, *Neo-Natal Facilities for the Treatment of Newly Born Children.*

v. Commonwealth Department of Health and Family Services 1997, *Quality and Outcome Indicators for Acute Healthcare Services.*

vi. Commonwealth Department of Human Services and Health (1994), *Better Health Outcomes for Australians, National Goals, Targets and Strategies for Better health Outcomes into the Next Century,* Australian Government Publishing Service, Canberra.

vii. National Health and Medical Research Council (1992), *Guidelines for Renal Dialysis and Transplant Services,* Australian Government Publishing Service, Canberra.

viii. Queensland Health (1996), *Guidelines for the Management of Clinical and Related Wastes in Public Health Care Establishments,* Queensland Government Printing Service.

ix. Queensland Health (1997) *Guide to Handling Cytotoxic Drugs and Related Waste,* Queensland Government Printing Service.

x. Queensland Health (1994), *Queensland Guide to Role Delineation, Of Health Services* Queensland Government Printing Service.

xi. Queensland Workplace Health and Safety Act (1993) *Workplace Health and Safety (Hazardous Substances) Compliance Standard,* Queensland Government Printing Service.

xii. Shearman Report (1989), *The Ministerial Task Force on Obstetric Services in NSW.*

xiii. The Fertility Society of Australia Reproductive Technology Accreditation Committee (1997), *Code of Practice for Centres Using Assisted Reproductive Technology.*

Reference Number **Reference**

xiv. National Health and Medical Research Council (1995), *Working Party Report,* Australian Government Publishing Service, Canberra.

xv. Australian and New Zealand College of Anaesthetists' Standards

xvi. Faculty of Intensive Care Guidelines

xvii. National Statement on Ethical Conduct in Research Involving Humans 1999.

xviii. NSW Guideline for the Development of New Cardiac Catheterisation Laboratories, NSW Health Department, March 1996

xix. The Cardiac Society of Australia and New Zealand Practice Guidelines

xx. AHTAC 1995, ***Superspecialty Service Guidelines for Acute Cardiac Interventions***

xxi. Health Regulations, 1996

xxii. Australasian College for Emergency Medicine *Policy Document – Role Delineation.*
Australian Health Technology Advisory Committee (1996), Beam and Isotope Radiotherapy. Australian Government Publishing Service, Canberra.
Commonwealth Department of Human Services and Health (1994), Better Health Outcomes for Australians, National Goals, Targets and Strategies for Better Health Outcomes Into the Next Century, Australian Government Publishing Service, Canberra.
Guide to Handling Cytotoxic Drugs and Related Waste 1997, Queensland Health.
Health Services Act 1991
National Health and Medical Research Council 1999 National Guide lines for Waste Management in the Health Industry
NSW Guideline for the Development of New Cardiac Catheterisation Laboratories, NSW Health Department, March 1996
AMAQ Palliative Care Policy

QUEENSLAND HEALTH

QUEENSLAND HEALTH

SUMMARY SHEETS

HEALTH SERVICE SUMMARY SHEET (page 1)

PRIVATE HEALTH FACILITY:.....

Service Number and Name		Actual Level	Proposed Level	Approved Level	Comments
1	Pathology				

QUEENSLAND HEALTH

2	Pharmacy				
3	Diagnostic Radiology (X-Ray)				
4	Nuclear Medicine				
5	Anaesthetics				
6	Intensive Care				
7	Coronary Care				
8	Operating Suites				
9	Emergency Services				
10	General Medicine				
11	Cardiology				
12	Gastroenterology				
13	Haematology – Clinical				
14	Neurology				
15	Oncology - Medical				
16	Oncology – Radiotherapeutic				
17	Renal Medicine				
18	Respiratory Medicine				
19	Hyperbaric Therapy				
20	General Surgery				
21	Cardiac Catheter Diagnostic/Therapeutic				
22	Cardiothoracic Surgery				
23	Day Surgery				
24	Ear, Nose & Throat				
25	Gynaecology				

HEALTH SERVICE SUMMARY SHEET (page 2)

PRIVATE HEALTH FACILITY:.....

Service Number and Name		Actual Level	Proposed Level	Approved Level	Comments
26	Neurosurgery				

27	Ophthalmology				
28	Orthopaedics				
29	Plastic Surgery				
30	Urology				
31	Vascular Surgery				
32	Obstetrics				
33	Neonatal				
34	Paediatric Medicine				
35	Paediatric Surgery				
36	Mental Health				
37	Drug & Alcohol Services				
38	Palliative Care				
39	Rehabilitation				

APPENDICES

QUEENSLAND HEALTH

APPENDIX I
MEDICAL AND NURSING STAFF DEFINITIONS

MEDICAL PRACTITIONER
All medical graduates registered by the Medical Board of Queensland to practice medicine in the State of Queensland. Includes both general and specialist practitioners.

MEDICAL OFFICER
A generic term to describe non-specialist medical practitioners employed or contracted by a health service. Mainly applies to resident medical officers but may include non-specialist career positions such as senior medical officers and also general practitioners who have a paid role in the public health service.

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 specialty area. Medical officers may occupy registrar positions in some circumstances provided they are experienced in the relevant specialty area.

QUEENSLAND HEALTH

ACCREDITED MEDICAL PRACTITIONER
Usually refers to non-specialist medical practitioners to whom specific clinical privileges have been granted eg. in anaesthetics, obstetrics or surgery. This is following review of the practitioner by the Clinical Credentials and Privileges Committee as recommended in guidelines issues for that purpose.

SPECIALIST
A medical practitioner whose training has been acknowledged by the relevant specialist College by the award of Fellowship of that College and who is registered by the Medical Board of Queensland to practice in that specialty in Queensland. Includes General surgeon and general physician. Clinical privileges may be granted to practice medicine in sub-specialty areas e.g. medicine and surgery after appropriate additional training and assessment by the Clinical Credentials and Privileges Committee. May be full time or visiting.

MEDICAL SUPERINTENDENT
A medical practitioner appointed to have administrative responsibility for all medical practitioners in a health service. Medical superintendents are appointed to all Queensland public hospitals and be full time or part time with right of private practice. In smaller hospitals medical superintendents have a clinical role and are responsible for the care of public patients.

VISITING MEDICAL OFFICER
A medical practitioner appointed to provide services on a sessional or hourly rate. In larger hospitals usually refers to specialists who provide services on a less than full time basis. May also refer to non-specialists such as general practitioners who attend public patients.

Continued

APPENDIX I
MEDICAL AND NURSING STAFF DEFINITIONS

ENROLLED NURSE means a person appointed as such and registered with the Queensland Nursing Council.

LEVEL 1: REGISTERED NURSE is registered with the Queensland Nursing Council to practise nursing without supervision and assumes accountability and responsibility for own actions and acts to rectify unsafe nursing practice and/or unprofessional conduct. It is essential that the nurse hold a current practising certificate.

LEVEL 2: CLINICAL NURSE is a nurse who is appointed as such and who is registered with the Queensland Nursing Council.
The Clinical Nurse role requires a broad developing knowledge in professional nursing issues and a sound specific knowledge-base in relation to a field of practice.

LEVEL 3: NURSING UNIT MANAGER means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council, accountable for the management of human and material resources for a specified group of clinical units.

The Nursing Unit Manager collaborates with the Clinical Nurse Consultant, Nurse Educator and Nurse Researcher to facilitate the provision of quality, cost-effective nursing care.

Nurse Managers demonstrate management skills including:

- organisation and planning skills in relation to personnel and material resource management;
- awareness and understanding of staffing methodologies;
- leadership qualities; and
- analytical and report writing skills.

LEVEL 3: CLINICAL NURSE CONSULTANT

The Clinical Nurse Consultant means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council. The Clinical Nurse Consultant is a proficient practitioner who is accountable for the co-ordination of standards of care delivered in a specific patient/client care area.

The Clinical Nurse Consultant collaborates with the Nurse Manger, Nurse Educator and Nurse Researcher to facilitate the provision of quality cost-effective care.

Continued

APPENDIX I
MEDICAL AND NURSING STAFF DEFINITIONS

The Clinical Nurse Consultant demonstrates:

- an advanced level of clinical skills;
- proficiency in the delivery of nursing care;
- skilled co-ordination of nursing care; and
- leadership qualities.

LEVEL 3: NURSE EDUCATOR

Nurse Educator means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council and is accountable for the assessment, planning, implementation and evaluation of nursing education and/or staff development programs.
The Nurse Educator collaborates with the Clinical Nurse Consultant, Nurse Manager and Nurse Researcher to facilitate the provision of quality, cost-effective nursing care.

The Nurse Educator demonstrates:

- appropriate mix of clinical and educational skills;
- analytical and report writing skills;
- leadership qualities; and
- organisational and planning skills in relation to education.

LEVEL 3: RESEARCHER

Nurse Researcher is an employee appointed as such, who is a nurse registered with the Queensland Nursing Council and is responsible for development, conduct and quality of ethically sound nursing research projects and quality assurance programs. The Nurse Researcher acts as a resource person for nurses engaged in research and quality assurance projects. The Nurse Researcher demonstrates:

- the knowledge of and ability to apply a range of research techniques and methodologies;
- organisation and planning skills in relation to research practice;
- leadership qualities;
- analytical and report writing skills, and
- an awareness of ethical standards in research practice.

Continued

APPENDIX I
MEDICAL AND NURSING STAFF DEFINITIONS

LEVEL 4: ASSISTANT DIRECTOR OF NURSING - CLINICAL

Assistant Director of Nursing - Clinical means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council, and is an expert clinical practitioner. The Assistant Director of Nursing - Clinical is responsible for the overall co-ordination, formulation and direction of policies relating to the provision of clinical nursing care in designated practice settings, as well as providing advice on clinical issues for clients/patients.

The Assistant Director of Nursing - Clinical works collaboratively with Assistant Directors of Nursing (Management, Clinical, Education, Research) to ensure the provision of quality cost-effective nursing care, is responsible for the development of appropriate policy and standards for the planning, development, implementation and evaluation of client/patient care.

The Assistant Director of Nursing - Clinical initiates and monitors quality assurance and research programs to ensure the provision of quality nursing care.

QUEENSLAND HEALTH

LEVEL 4: ASSISTANT DIRECTOR OR NURSING - EDUCATION AND STAFF DEVELOPMENT

Assistant Director of Nursing - Education and Staff Development means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council, expert in the field of nurse education and is accountable for:

- development, implementation and evaluation of staff development programs;
- the co-ordination and standards of nurse education/staff development programs.

The Assistant Director of Nursing (Education) works collaboratively with the Assistant Directors of Nursing (Clinical, Research and Management) to ensure the provision of quality cost-effective nursing care.

Continued

APPENDIX I
MEDICAL AND NURSING STAFF DEFINITIONS

LEVEL 4: ASSISTANT DIRECTOR OR NURSING - MANAGEMENT

Assistant Director of Nursing - Management means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council, expert in the field of nursing management and accountable for coordinating the provision and availability of human, material and financial resources to an assigned number of management units and for staffing methodologies.

The Assistant Director of Nursing (Management) works collaboratively with the Assistant Directors of Nursing (Clinical, Management, Education, Research) to ensure the provision of quality, cost effective nursing care.

Incumbents co-ordinate the preparation of unit budget submissions and the preparation of the nursing division budget submission.

LEVEL 4: ASSISTANT DIRECTOR OR NURSING - RESEARCH

Assistant Director of Nursing - Research means an employee appointed as such, who is a nurse registered with the Queensland Nursing Council, expert in the field of research and is responsible for the overall co-ordination and management of nursing research.

Assistant Director of Nursing - Research works collaboratively with Assistant Directors of Nursing Clinical, Management and Education to:

- improve the quality of nursing care through practice-oriented research;
- ensure cost effective delivery of health care based on research; and
- monitor the standards of quality care.

LEVEL 5: DIRECTOR OF NURSING

Director of Nursing means an employee appointed as such, who is a Nurse registered with the Queensland Nursing Council.

The Director of Nursing has responsibility for strategic planning and decision-making relating to the nursing service and is accountable for the activities of the nursing service, participates as a member of the executive management team within the health care agency and is involved in future planning strategies to ensure that the health facility meets the changing needs of patients/clients.

The Director of Nursing demonstrates knowledge in and experience of contemporary nursing theory and practice and expertise in health care, personnel and financial/economic management, leadership skills and is required to formulate policies and strategic plans for staff and organisational development within the nursing service.

APPENDIX II
LEVELS OF RISK - ADULT

CLASSIFICATION OF PHYSICAL STATUS FOR PRE-OPERATION ASSESSMENT:

NEGLIGIBLE 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.

QUEENSLAND HEALTH

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 acknowledgment to the American Society of Anaesthesiologists.

Continued

APPENDIX II
LEVELS OF RISK – CHILDREN (Ages 0 – 14 inclusive)

GOOD RISK

Healthy children.

MODERATE RISK

Any patient with a history of:

- prematurity at birth,
- 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 acknowledgment to the Royal Australasian College of Surgeons (Paediatric Surgeons).

Continued

APPENDIX II
RISK FACTOR CRITERIA – OBSTETRICS AND NEONATAL

OBSTETRICS

The suggested levels of care for women presenting with or developing any condition during pregnancy are:

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.lOg/lOOml 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.

Continued

APPENDIX II
RISK FACTOR CRITERIA – OBSTETRICS AND NEONATAL

Obstetric History

- Threatened miscarriage in the first trimester (incidence of pre-term labour after a threatened miscarriage is 1 8%)
- 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

QUEENSLAND HEALTH

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

Continued

APPENDIX II
RISK FACTOR CRITERIA – OBSTETRICS AND NEONATAL

Maternal Disease

- Acute pyelonephritis in the present pregnancy Anaemia, less than 1 Og/1 QOml
- 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)

Continued

APPENDIX II
RISK FACTOR CRITERIA – OBSTETRICS AND NEONATAL

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 erythematous, idiopathic thrombocytopenic purpura, obstetric lupus syndrome.

Complications of Present Pregnancy

- Multiple pregnancy - triplets or more

- Potential delivery from any causes 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 eg Level 6 care may refer back to Level 5 care for the birth.

Country non-specialist obstetric practitioners are expected to seek consultant advice either by telephone or referral as soon as actual or potential problems are recognised, that 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 Regional perinatal centres.

Problems of transport and accommodation for the isolated population coming to Level 4, 5 or 6 maternity units must be discussed and conclusions reached by Regions 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 of them. Particular consideration in some Regions needs to be given to air transport facilities.
Lines of communication should be established with the Regional perinatal centre and with a special obstetric unit. (Level 6).
Continued

APPENDIX II
RISK FACTOR CRITERIA – OBSTETRICS AND NEONATAL

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

Whenever possible any transfer should be directly to the appropriate level of care, bearing in mind the severity of the condition and the time and distance involved in the transfer.

QUEENSLAND HEALTH

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

Appendicectomy
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 credentialling process at which clinical privileges are granted.

Acknowledgment is given to the Royal Australasian College of Surgeons for assistance with the indicative list of surgical procedures. The procedures and their ranking are extracted from the R.A.C.S. operative summary sheet, page 4.

Continued

APPENDIX III
INDICATIVE LIST OF PAEDIATRIC SURGICAL PROCEDURES

MINOR SURGICAL PROCEDURES

Suture of laceration
Excision of skin lesion
Drainage of abscess
Circumcision
i.e. 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
Appendicectomy

MAJOR SURGICAL PROCEDURES

Neonatal surgery
Major reconstructive surgery (anorectoplasty, rectosigmoiodectomy, 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
i.e. any procedure which in the hands of competent surgeon takes more than one hour

QUEENSLAND HEALTH

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.

Acknowledgment 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.

APPENDIX IV
EXCLUSION CRITERIA - AMBULATORY CATHETERISATION

High Risk

1. Known or suspected severe cardiac disease
2. Recent deterioration such as acute ischaemic event, active endocarditis
3. Severe aortic or mitral valve disease
4. Reduced left ventricular function (ejection fraction equal to or less than 35%).
5. Mechanical prosthetic valve

General

1. Geographic remoteness (more than 1 hour drive) from the laboratory with inadequate or unreliable follow-up likely over the next 24 hours
2. An interventional therapeutic procedure (PTCA or valvuloplasty)
3. Infancy
4. Non-candidacy for cardiac catheterisation because of other circumstances such as fever, infection, severe anaemia or electrolyte imbalance, bleeding diathesis, uncontrolled hypertension, digitalis toxicity)
5. Transient cerebral ischaemic attack or recent stroke (< 1 month before)
6. Suspected severe pulmonary hypertension
7. Severe peripheral vascular disease
8. Severe insulin-dependent diabetes
9. Non-invasive testing data suggesting that detected ischaemia may be associated with a high risk for adverse outcome

Additional

1. History of contrast allergy
2. Paediatrics
3. More than 75 years old
4. Severe obesity
5. Generalised debility or dementia
6. Frequent ventricular arrhythmias
7. Renal insufficiency

[Source. ACC/AHA Guidelines for Cardiac Cat heterisation and Cardiac Cat heterisation Laboratories Ad Hoc Task Force Report, 199l,pp 12 -13.]

APPENDIX V
GLOSSARY

ACCESS:	The ability to make use of without difficulty or delay and there is no urgency about the provision of the service. If referring to an individual person, 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. Education programs have been established to inform the community about how to access services.
COMMITMENT TO:	Involvement in employing (such as actively attempting to attract into employment personnel whose demand exceeds supply).
CONSULTATION AVAILABLE:	A formal arrangement has been made with a consultant, (e.g. an obstetrician), who has agreed to provide advice in person or by telephone under agreed circumstances.
DESIGNATED:	Specifically defined hours are available for the provision of the service. Includes a routine/regular caseload.
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.

QUEENSLAND HEALTH

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.

Continued

APPENDIX V
GLOSSARY

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.

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.

FORMAL QUALITY ASSURANCE PROGRAM: The use of explicit criteria, objective measurement of performance, comparisons of results over time, documentation of review procedure, 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.

ON SITE: No routine caseload for that specialty but there are staff available on the facility with a routine caseload in other specialties and they are able to provide the service without difficulty or delay when the need arises.

QUEENSLAND HEALTH

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.

With acknowledgment to the Australian Council on Health Care Standards

Continued

APPENDIX V
GLOSSARY
Mental Health Services

Alternatives to admission

A range of services, which may be available for treatment as an alternative, option to admission to an acute hospital inpatient bed. They may include in-home intervention, or supervision up to twenty-four hours per day in community residential settings, for short-term treatment or respite.

Mechanisms for Consumer Involvement

This refers to formally established mechanisms and processes to ensure that consumers and carers are involved in planning and review of mental health services on a region or sector basis. An example would be a Consumer Advisory Group, comprised solely of consumers and carers, convened to advise the Regional Director and/or the Manager/Director of Mental Health Services in each Region/Sector on matters pertaining to the planning, operation, monitoring and evaluation of services in that Health Region.

Extended Treatment and Rehabilitation Services

Services provided over an extended period of time to people suffering from serious mental disorders and associated disabilities who can not be managed in a less restrictive setting elsewhere. The objective of these services is functional gain or maintenance of current functioning over time, with the expectation of return to community living in an area of that person's choice.

These services are provided to people who require the presence of trained mental health professionals' 24 hours per day. They may be provided from a traditional hospital setting, a smaller special purpose community based facility or as a component of geriatric facility.
Five broad groups of patients are eligible for admission to these facilities:

QUEENSLAND HEALTH

Aged people suffering from dementia and associated mental and/or behaviour disorder whose condition prevents management in any other setting.

- People with intellectual disability and an associated mental disorder who exhibit behaviour which prevents management in a less restrictive setting.
- People with acquired brain damage and associated mental disorder and/or severe behavioural disorder resulting from serious loss of impulse control.
- People suffering from serious mental disorder and associated impairments and disabilities who are highly vulnerable and unable to be managed in a less restrictive community based setting.
- People with serious mental disorders that exhibit unremitting assaultive, suicidal or oppositional behaviour, which requires management in a secure setting for the protection of that person and/or others.

Continued

APPENDIX V
GLOSSARY
Mental Health Services

Housing, Social, Disability and Support Services

The range of community services including safe, flexible and affordable housing options, support services, income maintenance, education, vocational training, employment options, transport, legal services, rehabilitation, respite care, leisure and recreation activities.

Integrated Mental Health Service

This requires inpatient and community components of specialised mental health services to be functionally organised into a single service. One single accountable officer has management and budgetary responsibilities for all service components. The service has an identified budget within a defined catchment population. Systems are in place to ensure coordination between hospital, community and other support services according to the individual needs of clients.

Quality Management Systems

A planned and ongoing system to continuously improve all aspects of mental health service delivery, including structures, processes and outcomes. All mental health services should have a Quality Management System in place. This local system should be linked with the Regional and State Mental Health quality Management System.

Standards

- Minimum Service Standards for Mental Health Services in Queensland released in September 1993 and for ratification in June 1994 following a statewide review. Service from level 4 and above will be required to meet all Standards. Service below this level will not be expected to meet:

QUEENSLAND HEALTH

Level 1:
Standard 2: 2.3; 2.6;
Standard 3: 3.5; 3.8 and 3.9
Standard 4: 4.2
Standard 5: All of this standard
Standard 6: 6.3; 6.4; 6.5; 6.6; 6.7 and 6.8
Standard 7: All of this standard

Level 2: Standard 2: 2.3; 2.6
Standard 3: 3.5 and 3.9
Standard 5: 5.6 and 5.7
Standard 7: 7.4

Level 3: Standard 2: 2.3
Standard 7: 7.4

Continued

APPENDIX V
GLOSSARY
Palliative Care Services

Ethics and Philosophies:

The Australian Medical Association of Queensland have espoused the following ethics and philosophies in respect to policy on palliative care. The following should also be considered when developing a hospice[1]/palliative care unit.

1. Patients need and should be able to access competent palliative care professionals and high quality palliative care services.

2. The patient should be assisted to maintain their dignity and to remain as comfortable and symptoms free as possible with control of pain a paramount priority.

3. Terminally ill people should be provided with information and support to facilitate an informed choice about treatment methodologies and care options. They should be allowed to have full participation in their own care and management, allowing a continuing sense of autonomy.

4. All patients have the ethical and legal right to decide which treatments they will accept and which they will refuse - including those that will prolong life - in particular, artificial life support, including artificial hydration and nutrition.

[1] Black's *Medical Dictionary* defines **HOSPICE as "a** hospital that cares only for the terminally ill and dying. The emphasis is on providing quality of life and special care is taken in providing pain relief by whichever methods are deemed best suited to the person's needs".

5. Access to twenty-four hours care and support should be provided for the patient.

6. The patient's carers, family and friends constitute the patient's unit of support and should, where appropriate, be encouraged to play an integrated role in the patient's support.

7. The physical environment should be conducive to optimum care of the terminally ill patient.

8. Adequate space, time and privacy must be given to the palliative care patient and the patient's extended unit of support, with particular attention being paid to privacy needs.

9. It must be recognised that emotional support is necessary for health professionals involved in the delivery of palliative care, because of their in-depth emotional attachment to the patient.

Continued

APPENDIX V
GLOSSARY
Palliative Care Services

Standards:

Standard 1. The hospice palliative care service recognises the patient and family as the unit of care.

Performance Criteria
1. The patient and family are identified as the unit of care in the written philosophy and objectives of the service.
2. Assessment processes seek to identify the needs of individual patients and their families, and care plans focus on and are adapted to their needs.
3. Possible strategies for improving patient and family support are identified and utilised as appropriate, eg in home respite, volunteer assistance, counselling.
4. Bereavement and follow up counselling is provided.

Standard 2. The care of the patient is based on the needs and wishes of the patient as a whole person.

Performance Criteria
1. The physical, social, spiritual, emotional needs of each patient are assessed.
2. The plan of care reflects the patient's needs. This is reviewed and evaluated as appropriate.
3. The patient is informed about all aspects of care and treatment, and is involved in decision making as far as it is socially and culturally appropriate for the individual patient and family.
4. Hospice palliative care services options are explained in the context of individual patient needs so that choice as to service provision can be made and the ability to move freely between service options as appropriate is facilitated.
5. Services have policies for access to specialist advice or services.

6. Access for hospice palliative care services is based on need.
(Interpretation: access should be based on clinical need and availability of the service, not ability of the patient to pay).

Continued

APPENDIX V
GLOSSARY
Palliative Care Services

Standard 3. A collaborative multidisciplinary team approach exists to provide coordinated medical. Nursing and allied services to patients and families.

(Interpretation: It is recognised that the size of some services will preclude representation of all professional disciplines on staff. However, the services need to be able to demonstrate that a multidisciplinary expertise is used to determine patient and family care plans. A designated doctor and registered nurse with relevant expertise should provide clinical leadership.)

Performance Criteria
1. The written philosophy and objectives of the service are used to guide the work of the team.
2. The team meets regularly to discuss the needs of each patient and family, and to plan and evaluate care.
3. The team meets regularly to discuss issues related to the provision of services, e.g. staffing, treatment, policies, etc.
4. The need for team and individual support is recognised. Formal and informal strategies are in place to provide appropriate support to staff. Specific policies guide action and care for staff in all aspects of their work, including acute crisis response.
5. The values and role of the patient's own family doctor and other primary health car professionals are recognised and integrated into service provision where appropriate.

Standard 4. Volunteer help is used by the service if it is available and appropriate.

Performance Criteria
1. Volunteer assistance is recognised in the philosophy and objectives of the organisation.
2. Policies exist for the selection and education of volunteers.
3. Policies exist for the utilisation of voluntary help and the responsibilities of the organisation for it's voluntary helpers.

4. Volunteers are recognised as part of the team. Volunteers enjoy the same conditions as paid staff except monetary reward.
5. Volunteers have access to support, and specific strategies are in place to prevent stress.
6. A designated person or persons coordinate volunteer effort.

Continued

APPENDIX V
GLOSSARY
Palliative Care Services

Standard 5. The service is committed to education for its team and for the wider professional and local community where applicable.

Performance Criteria
1. Resource materials are available to the service to ensure relevant knowledge and skill.
2. Staff providing leadership within the service has had relevant education.
3. A continuing education programme for staff and volunteers is in place.
4. Where appropriate the service provides outreach education for other professionals and the community.

Standard 6. A bereavement follow up program extends support to family and friends.

Performance Criteria
1. A bereavement follow up program exists.
2. A policy guides the implementation of the program.
3. An assessment process exists to identify bereaved people at risk and a referral protocol determines action to be taken in such circumstances.

Standard 7. Administrative policies and protocols ensure the provision of service appropriate for the needs of the community.

Performance Criteria
1. All people needing hospice palliative care have access to the service.
2. Referral mechanism and admission and discharge criteria are part of the organisation's policies.
3. Appropriate data is collected to demonstrate service utilisation and evaluation.
4. Mechanisms are in place to ensure financial accountability.
5. The service is integrated with other health and community services to ensure that efficient use is made of available resources.
6. The service is evaluated from the perspective of the patient and family, health professionals and the community.