



Queensland Government

Queensland **Health**

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

**Private Health Facilities
Information Package
Section 3**

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GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

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GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

FORWARD

Section 12 of the *Private Health Facilities Act 1999* empowers the Chief Health Officer to make standards for the protection of the health and well-being of patients receiving health services at private health facilities. Standards may be made about the matters specified in section 12(2) of the Act including “*the particular types of health services to which patients at a private health facility must have access (whether or not the services are provided at the facility) when other health services of a particular type are provided at the facility*”. The standards will refer to various guidelines which give direction as to how compliance with the standards can be achieved.

The ‘Guidelines for Clinical Services in Private Health Facilities’ specify the support services, staff profile, minimum safety standards and other requirements to be met in private health facilities to ensure safe and appropriately supported clinical services and are to be read in conjunction with the relevant standards made by the Chief Health Officer.

The aim of the guidelines is to provide a consistent language which health care providers and planners can use when describing health services and a tool for use when planning service developments. The level of a service describes the complexity of the clinical activity undertaken by that service, and is chiefly determined by the presence of medical, nursing, support and ancillary health care personnel who hold qualifications compatible with the defined level of care. Adequate formal appointment and credentialling processes are therefore mandatory for all facilities. This document does not represent a description of or criteria for credentialling, and the reader is referred to published guidelines such as the *Credentials, Clinical Privileges and Appointments for Medical Practitioners*, published by Queensland Health in 1993 and the *Guideline for Rural Medical Practitioners 2001* or to respective professional bodies for such information.

Each clinical service is described in accordance with different levels of service. The following is a general description for each level of service:

- a) **Level 1:** **Core general service.**
- b) **Level 2:** **Limited speciality service.**
- c) **Level 3:** **Extensive speciality service capable of undertaking complex services on high risk patients.**

The ‘Guidelines for Clinical Services in Private Health Facilities’ will be reviewed and updated as required and additional guideline documents may be issued as necessary.

CORE SERVICES

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

1. GENERAL SURGERY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> • Basic diagnostic and therapeutic surgical procedures performed on low risk patients only. • Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. • Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Procedures performed by credentialled medical practitioner. • Credentialled general surgeon available for consultation. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Registered nurse-in-charge on each shift. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to social worker, physiotherapist, and dietitian. <p>Core Support Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 1, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> • Anaesthetics Level 1
2	<ul style="list-style-type: none"> • Intermediate surgical procedures performed on low or medium risk patients. • Links with intensive care, oncology and palliative care services. • Some surgical sub-specialties available. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Procedures performed by specialist medical practitioner credentialled in general surgery. • Credentialled specialist available 24 hours. • Consultation available from other specialties. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Senior nurse with relevant post-graduate qualifications and/or extensive experience. • Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to occupational therapist, speech pathologist, dietitian and psychologist. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 2 <p>Speciality Services:</p> <ul style="list-style-type: none"> • Anaesthetics Level 2, High Dependency Unit Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

2. GENERAL MEDICINE

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none">Established affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service.Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none">Management by credentialed medical practitioner(s).Credentialed medical practitioner available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none">Registered nurse-in-charge on each shift. <p>Support Staff:</p> <ul style="list-style-type: none">Access to social worker, occupational therapist, speech pathologist, physiotherapist and dietitian. <p>Core Support Services:</p> <ul style="list-style-type: none">PathologyPharmacyRadiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none">Central Sterilisation Department
2	<p>Medical Staff:</p> <ul style="list-style-type: none">Referral and management primarily by credentialed specialist physicians.Credentialed specialist available 24 hours.Consultations available from other specialties. <p>Nursing Staff:</p> <ul style="list-style-type: none">Senior nurse with relevant post-graduate qualifications and/or extensive experience.Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

3. DAY HOSPITAL¹

LEVEL

DESCRIPTION

1

- Basic diagnostic, low risk therapeutic and surgical procedures on low risk patients.
- Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks), sedation other than simple sedation² or general anaesthesia.
- Written arrangement with a nearby public hospital and / or suitably licensed private health facility for overnight and emergency hospitalisation of patients if required.
- Continuing education for staff.

Medical Staff:

- Procedures performed by credentialled medical practitioner.
- Anaesthesia given by credentialled medical practitioner.
- Credentialled specialist anaesthetist available for advice.

Nursing Staff:

- Senior nurse with relevant post-graduate qualifications and/or extensive experience.
- Registered nurses who are experienced in the care of patients recovering from anaesthesia must be present while patients are in recovery.

Support Staff:

- Access to physiotherapist.

Core Support Services:

- Pathology
- Pharmacy
- Radiology

Ancillary Facilities:

- Central Sterilisation Department
- If facility is performing surgical procedures, Operating Theatre Level 1

Speciality Services:

- If facility is performing surgical procedures, Anaesthetics Level 1

2

- Limited diagnostic, low risk therapeutic and surgical procedures requiring spinal, epidural, regional blocks or general anaesthesia performed on low or selected medium risk patients.
- Minimum support services available within 10 minutes.

Medical Staff:

- Procedures on selected medium risk patients performed by credentialled, specialist medical practitioner.
- Procedures on children performed by specialist medical practitioner credentialled in paediatric surgery.
- Consultation available from other specialties.
- Credentialled specialist available 24 hours.
- Medical practitioner on site until patients have recovered from anaesthesia.

Nursing Staff:

- Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience.
- Registered nurses who are not experienced in the care of patients recovering from anaesthesia must be supervised.

Support Staff:

- Access to psychologist, dietitian and social worker.

Reference Numbers (v), (vi), (viii), (x), (xv), (xvi), (xvii), (xviii)

¹ Physical Facilities as per the Building Code of Australia

² Private Health Facilities Act 1999 s(3) (a) (ii) *"Simple sedation" means the administration of one or more drugs to a person, that depress the person's central nervous system, to allow a procedure to be performed on the person by a medical practitioner in a way that –*

(a) *Allows communication with the person to be maintained while the procedure is being performed; and*

(b) *Makes loss of the person's consciousness unlikely.'*

CORE SUPPORT SERVICES

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

4. PATHOLOGY

LEVEL	DESCRIPTION
1	Clinical Services: <ul style="list-style-type: none">• No on-site pathology service.• Access to 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.• Crossed matched blood available within one hour and blood storage facilities on-site.• Defined referral pattern for specimens.• Result driven network.
2	Clinical Services: <ul style="list-style-type: none">• Collection service on-site.• Locally managed, but with formal link to large laboratory.• Formalised quality assurance program in accordance with NATA and Royal College of Pathologists of Australasia (RCPA) requirements.• Maintains infection control records and monitors outcomes.
3	Clinical Services: <ul style="list-style-type: none">• Has a formal pathology department or contracted service.• Has blood bank with on-site cross matching.• Cytology and frozen sections are available on-site.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

5. PHARMACY

LEVEL	DESCRIPTION
1	<p>Clinical service:</p> <ul style="list-style-type: none">• No pharmacist employed but regular visits from pharmacists associated with provision of the service.• Limited clinical service.• Has regularly updated reference texts and relevant statutory Regulations.
2	<p>Clinical service:</p> <ul style="list-style-type: none">• On-site pharmacy or contacted service which provides:<ul style="list-style-type: none">- Drug information, drug monitoring, adverse drug reaction reporting.- Provides patient and staff education programs.- Limited extemporaneous dispensing service. <p>Staff:</p> <ul style="list-style-type: none">• More than one permanent full-time pharmacist employed plus support staff.• Pharmacist available for emergency or advice.• Pharmacy-controlled drug distribution to in-patients.
3	<p>Clinical service:</p> <ul style="list-style-type: none">• Sterile manufacturing and IV admixture service including cytotoxic 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.• Provide regular drug information service and bulletins.• Has staff development and training program. <p>Staff:</p> <ul style="list-style-type: none">• Has pharmacist available 24 hours. Extensive clinical pharmacy service including participation in ward meetings.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

6. DIAGNOSTIC IMAGING AND INTERVENTIONAL RADIOLOGY

LEVEL	DESCRIPTION
1	Clinical service: <ul style="list-style-type: none">• Mobile x-ray unit limited to x-ray of extremities, chest, and abdomen.• Has film-processing capacity.• Radiation safety activities.
2	Clinical service: <ul style="list-style-type: none">• On-site designated room with fixed x-ray unit and bucky table.• B mode ultrasound suitable for abdominal and obstetric scanning. Staff: <ul style="list-style-type: none">• Radiographer in attendance who has regular access to radiologist consultation.
3	Clinical service: <ul style="list-style-type: none">• Further facilities for general x-ray and mobile image intensifier in operating suite, CCU and/or ICU, emergency unit and other designated units.• Full ultrasound service.• On-site CAT scanner.• May have MRI on-site.• Has automatic film processing capacity. Staff: <ul style="list-style-type: none">• Has radiographer available 24 hours.• Has specialist radiologist appointed.• Registered nurses as required.• Has 24-hour on-site service for urgent x-rays.

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

ANCILLARY FACILITIES

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

7. CENTRAL STERILISATION DEPARTMENT¹

LEVEL	DESCRIPTION			
	Physical Facility Functional Areas:	Equipment - Decontamination:	Equipment – Packing Area:	Equipment Sterilising:
1	(a) Contractual arrangement with another private or public health facility or (b) On-site: • Initial decontamination • Sterile Store • Sterile Linen	• Dual sinks with splashback of 450mm • Hot/cold water • Waste/sharps Disposal • Storage and transportation of contaminated items	• Handwash (clinical) • Stainless Steel Benches • Stainless Steel Trolley's	• Transport trolley's sterile stock • Sterile stock shelving
2	(a) On-site: • Decontamination • Packaging • Sterilising Area • Plant Room • Contaminated Receiving Area • Trolley Wash • Unsterile Store • Unsterile Linen • Sterile Trolley	• Hand Basin • High pressure water nozzle • Compressed Air • Wall Suction • Ultrasonic Cleaner • Dryer (pass-thru) • Washer Disinfectant (pass-thru)	• Packaging Table (Ergonomic) • Heat-sealer (jaw type) • Wrap racks	• Cooling trolley • Downward Displacement Steriliser ² • Pre-vacuum Steriliser
3	(a) On-site: • Trolley Store • Cleaners Room • Store Room • Office • Sterile Dispatch		• Rotary Heat-sealer • Magnifying lamp	
Reference Numbers (v), (vi), (viii), (x), (xxiii), (xxiv), (xxv)				

¹ Physical Facilities as per the Building Code of Australia

² According to Australian Standards 4187 Included in downward displacement types of sterilisers are the emergency instrument 'flash' sterilisers which are designed to sterilise unwrapped single instruments in emergency situations eg the dropped instrument in the operating room. Instrument sets should not be sterilised routinely by this method. The use of 'flash' sterilisers should be restricted to emergency situation or where -

- There is an urgent need in which time does not permit the instrument to be processed by the wrapped method;
- The physical layout of the health care facility ensures delivery of the sterilised items to the point of use; and where
- Work practices ensure adequate decontamination cleaning, inspection and assembly of the instrument trays prior to sterilisation. (Both decontamination and cleaning help preserve proper function of the instruments treated);
- There is failure of alternative methods of sterilisation, eg wet loads, equipment breakdown;
- Sterilisation of instruments required for emergency surgery after hours when the operating room sterile services or the sterile processing facility is closed;
- Suction tubing should not be processed in 'flash' sterilisers as sterilisation is not accomplished;
- Due to difficulty of air removal and steam penetration, the ability of the sterilisation cycle to achieve sterilisation of cannulated instruments should be established with due consideration being given to inside diameter and lengths of instruments. Blind-ended cannulated instruments cannot be sterilised by 'flash' sterilisation due to air entrapment.
- The emergency instrument ('flash') steriliser should be performance tested daily to ensure the efficacy of the sterilisation process.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

8. OPERATING SUITE SERVICES

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none">• Basic diagnostic, therapeutic and surgical procedures performed on low risk patients.• Anaesthetic induction undertaken within area.• At least one operating room and/or a procedure room.• Separate recovery area.• Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service.• Continuing education programs for staff. <p>Recovery Equipment: Each bed space should be provided with:</p> <ul style="list-style-type: none">• Oxygen flowmeter and patient oxygen delivery systems• Suction equipment including a receiver, appropriate hand pieces and a range of suction catheters• Pulse oximeter• Facilities for blood pressure measurement including cuffs suitable for all patients• Stethoscope• Means of measuring body temperature <p>Within the recovery area there must be:</p> <ul style="list-style-type: none">• Means for manual ventilation with oxygen in a ratio of one unit per two bed spaces, but with a minimum of two such devices• Equipment and drugs for airway management and endotracheal intubation• Emergency and other drugs• A range of intravenous equipment and fluids and a means of warming those fluids• Drugs for acute pain management• A range of syringes and needles• Patient warming devices• Devices for measuring expired carbon dioxide <p>There should be easy access to:</p> <ul style="list-style-type: none">• 12 lead electrocardiograph• Defibrillator• neuromuscular function monitor <p>Medical Staff:</p> <ul style="list-style-type: none">• Procedures performed by credentialled medical practitioner.• Anaesthesia given by credentialled medical practitioner.• Medical Practitioner on-site until patients have recovered from anaesthesia.• Credentialled specialist(s) available for consultation. <p>Nursing Staff:</p> <p>a) Theatre:</p> <ul style="list-style-type: none">• Has senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>b) Recovery:</p> <ul style="list-style-type: none">• Registered nurses with relevant post-graduate qualifications and/or extensive experience must be present at all times. <p>Core Support Services:</p> <ul style="list-style-type: none">• Pathology• Pharmacy• Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none">• Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none">• Anaesthetics Level 1

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

8. OPERATING SUITE SERVICES Continued

LEVEL	DESCRIPTION
2	<ul style="list-style-type: none">• Intermediate surgical procedures performed on low and medium risk patients.• At least two operating rooms. <p>Medical Staff:</p> <ul style="list-style-type: none">• Procedures performed by credentialed specialist medical practitioners. <p>Nursing Staff:</p> <p>a) Theatre:</p> <ul style="list-style-type: none">• A minimum of 2 nurses per operating team.• Anaesthetic nurse/technician. <p>b) Recovery:</p> <ul style="list-style-type: none">• Senior nurse with relevant post-graduate qualifications and/or extensive experience.• Some registered nurses with relevant post-graduate qualifications and/or experience.• Registered nurses who are not experienced in the care of patients recovering from anaesthesia must be supervised. <p>Speciality Services:</p> <ul style="list-style-type: none">• Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none">• Major surgical procedures performed on low, medium and high risk patients.• At least 3 operating rooms.• May have designated day surgery unit. <p>Nursing Staff:</p> <ul style="list-style-type: none">• 24 hour availability of staff.• Full time recovery staff with the majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or extensive experience. <p>Speciality Services:</p> <ul style="list-style-type: none">• Anaesthetic Level 3, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

9. AFTER HOURS SERVICE

LEVEL	DESCRIPTION
1	<p>Contractual arrangement to provide after hours general practice services to ambulatory general practice patients.</p> <p>Physical Facility:</p> <ul style="list-style-type: none">• Area, with own reception / waiting area, consulting and / or treatment room(s). <p>Model of Care:</p> <ul style="list-style-type: none">• Initial contact by patient via medical practitioner or representative who will provide information on access to the service.• Arrangement with private health facility to cover emergency presentations. <p>Clinical Services:</p> <ul style="list-style-type: none">• No planned Emergency Service.• Designated treatment area.• Can cope with minor injuries and ailments.• Able to provide first aid and treatment prior to transfer to higher level of service, if necessary.• Basic resuscitation equipment, drugs and dressings.• Community information re after hours service. <p>Medical Staff:</p> <ul style="list-style-type: none">• Service provided by credentialled medical practitioner. <p>Nursing Staff:</p> <ul style="list-style-type: none">• Available when required. <p>Support Staff:</p> <ul style="list-style-type: none">• Access to physiotherapist and social worker. <p>Core Support Services:</p> <ul style="list-style-type: none">• Pathology• Pharmacy• Radiology

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

10. PRIMARY CARE FACILITY

LEVEL

DESCRIPTION

1

a) On-site:

Tendering / Selection Process:

- Advertise for tenders.
- An interview process to include either the Director of Medical Services or at least one member of the credentials and clinical privileges committee.
- A selection process using selection criteria that has been developed by the hospital in association with the credentials and clinical privileges committee.
- Formal contractual arrangement between the General Practitioner(s) and the hospital management to include the range of services, hours of service, proposal for after hours service and management of patients requiring transfer as per Standards¹.

Physical Facility:

- Purpose-designed area, with own reception / waiting area, consulting and / or treatment room(s).

Clinical Services:

- No planned Emergency Service.
- 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.
- Basic resuscitation equipment, drugs and dressings.
- Community information re primary care service.

Medical Staff:

- Service provided by credentialled medical practitioner.

Nursing Staff:

- Nursing staff available to unit
- Arrangement with private health facility to cover emergency presentations.

Support Staff:

- Access to physiotherapist and social worker.

Core Support Services:

- Pathology
- Pharmacy
- Radiology

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

SPECIALITY SERVICES

ANAESTHETICS

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

11. ANAESTHETICS

LEVEL

DESCRIPTION

1

Clinical Services:

- Anaesthesia including spinal, epidural, regional blocks, sedation other than simple sedation¹ or general anaesthesia performed on low risk patients.

Staff:

- Anaesthesia performed by credentialled medical practitioners with appropriate training and experience in anaesthetics²³.
- Access to credentialled specialist anaesthetists for advice on equipment and services.
- An assistant to help the anaesthetist.

Equipment:

a. For local anaesthesia and/or sedation other than simple sedation:

- An operating table, trolley or chair which can be readily tilted.
- Adequate uncluttered floor space to perform resuscitation should this prove necessary.
- Adequate suction and room lighting.
- A supply of oxygen and suitable devices for the administration of oxygen to a spontaneously breathing patient.
- A self inflating bag suitable for artificial ventilation together with a range of equipment for advanced airway management.
- Appropriate drugs for cardiopulmonary resuscitation and a range of intravenous equipment.
- A pulse oximeter.
- Ready access to a defibrillator

b. For general anaesthesia:

- An anaesthetic machine capable of delivering oxygen and medical air (where this is clinically indicated) as well as other anaesthetic agents
- Calibrated vaporisers or other systems designed for the delivery of inhalation anaesthetic agents
- A range of suitable breathing systems including paediatric if children are to be anaesthetised.
- Oxygen Supply Failure Alarm
- A reserve supply of oxygen
- Oxygen Analyser
- Breathing System Disconnection or Ventilator Failure Alarm
- A high pressure relief valve.
- An anti-hypoxic device for use whenever nitrous oxide is administered must be fitted to all anaesthesia delivery systems by January 2002.
- An approved non-slip connection for the common gas outlet.
- A separate means of inflating the lungs with oxygen must be provided in each anaesthetising location.
- Suction apparatus must be available for the exclusive use of the anaesthetist at all times together with appropriate hand pieces and endotracheal suction catheters.
- Electrocardiography
- Temperature Monitor
- Carbon Dioxide Monitor
- Neuromuscular Function Monitor
- Volatile Anaesthetic Agent Monitor
- A cardiac defibrillator with capacity for synchronised cardioversion
- Other Equipment when clinically indicated.

Core Support Services:

- Pathology
- Pharmacy
- Radiology

Ancillary Facilities:

- Operating Suite Level 1, Central Sterilisation Department

¹ Private Health Facilities Act 1999 s(3) (a) (ii) *"Simple sedation" means the administration of one or more drugs to a person, that depress the person's central nervous system, to allow a procedure to be performed on the person by a medical practitioner in a way that –*

(c) Allows communication with the person to be maintained while the procedure is being performed; and

(d) Makes loss of the person's consciousness unlikely.'

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

11. ANAESTHETICS Continued

LEVEL	DESCRIPTION
2	<p>Clinical Services:</p> <ul style="list-style-type: none"> Anaesthesia performed on low or medium risk patients. <p>Staff:</p> <ul style="list-style-type: none"> Credentialed specialist anaesthetist available 24 hours. Anaesthetic support staff available. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2 <p>Speciality Services:</p> <ul style="list-style-type: none"> High Dependency Unit Level 1
3	<p>Clinical Services:</p> <ul style="list-style-type: none"> Anaesthesia performed on low, medium and high risk patients. <p>Staff:</p> <ul style="list-style-type: none"> Procedure performed by specialist medical practitioner credentialed in anaesthesia. Credentialed medical director who is registered with the Medical Board of Queensland as a specialist in anaesthesia. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Intensive Care Level 1

Reference Numbers (v), (vi), (viii), (x), (xv), (xvi), (xvii), (xviii)

² Defined in the Rural Training Curriculum in Anaesthetic or equivalent and current MOPS accreditation with the JCCA or ANZCA.
³ Australian and New Zealand College of Anaesthetists, *Statement on Credentialling in Anaesthesia*, (2001)

SPECIALITY SERVICES

SURGERY

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

12. CARDIAC SURGERY

LEVEL	DESCRIPTION
	Minimum throughput: <ul style="list-style-type: none"> Refer to The Private Health Facilities (Standards) Notice 2000.
3	<ul style="list-style-type: none"> Elective and emergency cardiac procedures Links with rehabilitation and pain management services. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. Medical Staff: <ul style="list-style-type: none"> Credentialed medical director who is registered with the Medical Board of Queensland as a specialist in cardiothoracic surgery. Procedures performed by specialist medical practitioner credentialed in cardiac surgery. Credentialed specialist available 24 hours. Credentialed medical practitioner on-site 24 hours. Nursing Staff: <ul style="list-style-type: none"> Registered nurse in charge on each shift. Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post- graduate qualifications and/or extensive experience in this specialty. Support Staff: <ul style="list-style-type: none"> Access to physiotherapist, speech pathologist, social worker, dietitian and psychologist. Core Support Services: <ul style="list-style-type: none"> Pathology Pharmacy Radiology Ancillary Facilities: <ul style="list-style-type: none"> Operating Suite Level 3, Central Sterilisation Department Speciality Services: <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 2, Rehabilitation Level 2

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

13. EAR, NOSE AND THROAT

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate ENT surgical procedures on low or medium risk patients. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialed in ENT surgery. Credentialed specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to social worker, speech pathologist, physiotherapist, dietitian, audiologist and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities</p> <ul style="list-style-type: none"> Operating Suite Level 2 and Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> General Surgery Level 2, Anaesthetics Level 2, High Dependency Unit Level 1. If providing a paediatric service, Paediatric Surgery Level 2.
3	<ul style="list-style-type: none"> Complex surgical procedures on low, medium and high risk patients. Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialed medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking post-graduate qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine, Anaesthetics Level 3, Intensive Care Level 1. If providing a paediatric service, Paediatric Surgery Level 3.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

14. GASTROINTESTINAL SURGERY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate gastrointestinal procedures performed on low or medium risk patients. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in general surgery. Credentialled specialist available 24 hours. Consultation available from other specialties. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses with relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, social worker, psychologist, dietitian and physiotherapist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2 and Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Complex gastrointestinal procedures performed on low, medium or high risk patients Some surgical subspecialties available. Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

15. GYNAECOLOGY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core Service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate gynaecological procedures performed on low or medium risk patients Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in gynaecology. Credentialled specialist available 24 hours. Consultation available from other specialties. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, social worker, psychologist, dietitian and physiotherapist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Major gynaecological procedures performed on low, medium or high risk patients Some surgical subspecialties available. Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-qualifications and/or experience <p>Support Staff:</p> <ul style="list-style-type: none"> Access to psychologist. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

16. NEUROSURGERY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate neurosurgical procedures, excluding intracranial surgery, performed on low or medium risk patients Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. Link with Level 2 Rehabilitation Service. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in neurosurgery surgery. Medical care under supervision of credentialled neurosurgeon. Management of minor head injuries by credentialled general surgeon. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to social worker, occupational therapist, physiotherapist, audiologist, speech pathologist, dietitian and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, Nuclear Medicine, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Full range of major neurosurgical procedures, including intracranial surgery, on low, medium and high risk patients. 24 hour access to CAT scanner. Operating room equipment adequate for emergency neurosurgery. Link with brain injury and spinal injury rehabilitation service. Links with oncology, radiotherapy, palliative care services and Level 3 Rehabilitation Service. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled neurosurgeons and specialist anaesthetists available 24 hours. Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

17. OPHTHALMOLOGY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate procedures on low or medium risk patients. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in ophthalmology. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to orthoptists, occupational therapist, social worker, dietitian, psychologist and physiotherapist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2
3	<ul style="list-style-type: none"> Major surgical procedures performed on low, medium and high risk patients. Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, High Dependency Unit Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

18. ORTHOPAEDICS

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Selected major orthopaedic surgical procedures performed on low or medium risk patients Has access to Rehabilitation Service Level 1. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in orthopaedic surgery. Credentialled orthopaedic surgeon available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, social worker, dietitian, psychologist and physiotherapist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, Nuclear Medicine, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Full range of major surgical procedures performed on low, medium and high risk patients Access to subspecialties. Access to Rehabilitation Service Level 2. Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

19. PLASTIC SURGERY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Selected major plastic surgery procedures on low or medium risk patients Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in plastic surgery. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to social worker, occupational therapist, physiotherapist, speech pathologist, dietitian and psychologist. <p>Core/Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Full range of complex plastic surgical procedures performed on low, medium and high risk patients. Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

20. PAEDIATRIC SURGERY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate paediatric surgical procedures performed on low or medium risk children. Children under the age of one month should not be admitted. Appropriate surgical, anaesthetic and resuscitation equipment available. Designated clinical unit with ability to accommodate parents. Operating suite and recovery room provide for the special needs of children and parents. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in paediatric surgery. Credentialled specialist available 24 hours. Formal consultative links with credentialled paediatrician and paediatric surgeons. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Complex paediatric surgical procedures performed on low, medium or high risk children Facility to isolate in single room. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled anaesthetists with paediatric experience for children less than 12 months. Credentialled medical practitioner on-site 24 hours. Consultation available from credentialled specialist paediatrician. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of nurses with relevant post-graduate qualifications and/or experience in paediatric nursing. All nurses working regularly in the unit must participate, at least yearly, in continuing education on paediatric care. Minimum nursing ratio of 1:4 beds dependant upon patient dependency. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to recreational therapy and educational services. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Unit Level 1.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

21. THORACIC SURGERY

LEVEL

DESCRIPTION

1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate thoracic procedures performed on low or medium risk patients Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in thoracic surgery. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to dietitian, social worker and physiotherapist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Elective and emergency thoracic procedures Links with palliative care and pain management services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to speech pathologist, dietitian and psychologist. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 1, Rehabilitation Level 2

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

22. UROLOGY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate urological procedures performed on low or medium risk patients Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in urology. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to dietitian, social worker and physiotherapist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> General Surgery Level 2, Anaesthetics Level 2, High Dependency Unit Level 1
3	<ul style="list-style-type: none"> Major urological procedures including renal transplants performed on low, medium or high risk patients Links with oncology, radiotherapy and palliative care services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist and psychologist. <p>Ancillary Services:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

23. VASCULAR SURGERY

LEVEL

DESCRIPTION

1	<ul style="list-style-type: none"> Core service according to General Surgery Level 1.
2	<ul style="list-style-type: none"> Common and intermediate vascular surgical procedures on low or medium risk patients Some surgical subspecialties available. Pre-operative rehabilitation specialist consultation available for elective amputees. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in vascular surgery. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to physiotherapist, social worker, occupational therapist, dietitian and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2, High Dependency Unit Level 1.
3	<ul style="list-style-type: none"> Major diagnostic, treatment and surgical procedures performed on low, medium and high risk patients Link with Rehabilitation Service Level 2. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to speech pathologist. <p>Ancillary Services:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, Nuclear Medicine, Intensive Care Level 1

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

SPECIALITY SERVICES

MEDICINE

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

24. CARDIAC CATHETER – DIAGNOSTIC / THERAPEUTIC

LEVEL

DESCRIPTION

Minimum throughput:

- Refer to The Private Health Facilities (Standards) Notice 2000.

1

DIAGNOSTIC ONLY

- Designated clinical unit.
- Diagnostic procedures performed on low risk adult patients only. Patients selected for angiography should have a stable clinical profile and should not have significant associated co-morbidities. Refer to exclusion criteria¹
- Availability of adequate and reliable follow-up for 24 hours post procedure.
- Formal affiliation with a public or suitably licensed private hospital. This affiliation must include an agreed plan for the emergency transfer of patients to a higher level of service where cardiopulmonary bypass is performed. This service must be available within one hour. The affiliation and agreed plan must be reviewed every 3 years.
- Availability of appropriate hemodynamic support capability for patient transfer, including intra aortic balloon pump and temporary transvenous pacing.
- An effective communication system between the primary site and referral centre.
- Patients to be advised in advance of the potential risk of delayed surgical intervention for a complication as a result of the emergency transfer of the patient to the affiliated facility for cardiac surgery.
- Access to Cardiac Rehabilitation.

Medical Staff:

- Procedures performed by a credentialed medical practitioner.
- Medical practitioners must comply with the Cardiac Society of Australia and New Zealand Practice Guidelines².
- Regular review of patient complications and outcomes.

Nursing Staff:

- Senior nurse in charge of the unit with post-graduate qualifications and / or experience in this specialty.
- Majority of staff have appropriate training and / or experience in cardiac catheterisation.
- Suitably qualified staff capable of maintaining a patient with an intra aortic balloon pump and temporary transvenous pacing.
- Ongoing education programs and annual competency assessments for nursing staff.

Core Support Services:

- Pathology
- Pharmacy
- Radiology

Speciality Services:

- Coronary Care Level 2

2

THERAPEUTIC – WITHOUT ON-SITE CARDIAC SURGERY

- Therapeutic procedures performed on low-risk adult patients only.
- The formal affiliation agreement must also include the provision of emergency transfer of patients to a cardiac surgery operating room where cardiopulmonary bypass can be instituted within a maximum of 2 hours of the occurrence.
- A cardiac surgical team at the affiliated hospital must be on standby when angioplasties are being performed.

Medical Staff:

- Medical practitioners must comply with the Cardiac Society of Australia and New Zealand Practice Guidelines³. (Minimum of 75 cases per year).

Speciality Services:

- Intensive Care Unit Level 1, Cardiac Rehabilitation Level 2

¹ The American College of Cardiology and Society for Angiography and Interventions *Clinical Expert Consensus Document on Laboratory Standards*

² Cardiac Society of Australia and New Zealand *Policy on Support Facilities for Coronary Angiography and Angioplasty*

³ Cardiac Society of Australia and New Zealand *Guidelines for Competency in Coronary Angioplasty*

3

THERAPEUTIC – WITH ON-SITE CARDIAC SURGERY

- Therapeutic procedures performed on low, medium or high-risk patients.

Ancillary Facilities:

- Operating Suite Level 3, Central Sterilisation Department

Speciality Services:

- Intensive Care Unit Level 2, Anaesthetics Level 3, Cardiac Surgery Level 3, Nuclear Medicine Level 3
-

Reference Numbers (i), (v), (vi), (viii), (x), (xxi), (xxii), (xxvii), xxxv, xxxiii.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

25. CARDIAC STRESS TESTING - CLINICAL EXERCISE STRESS TESTING

LEVEL	DESCRIPTION
1	<p>Physical Facility:</p> <ul style="list-style-type: none">• Adequate uncluttered floor space, minimum 6 m², to perform resuscitation should this prove necessary.• The resuscitation and exercise equipment must be arranged so as to facilitate cardiopulmonary resuscitation in the space immediately adjacent to the exercise equipment.• A "staff assist" call system <p>Equipment:</p> <ul style="list-style-type: none">• Ready access to a defibrillator.• A 12-lead electrocardiogram.• A sphygmomanometer.• Adequate suction and room lighting.• A supply of oxygen and suitable devices for the administration of oxygen to a spontaneously breathing patient.• A means of inflating the lungs with oxygen (eg a range of pharyngeal airways and a self-inflating bag suitable for artificial ventilation).• Appropriate drugs for cardiopulmonary resuscitation and a range of intravenous equipment. <p>Staff</p> <p>Medical:</p> <ul style="list-style-type: none">• A medical practitioner who must supervise the clinical exercise stress testing by being in attendance at all times during the exercise period and the immediate post-exercise period.• The medical practitioner must be fully versed in the techniques of basic and advanced life support (as defined by the Australian Resuscitation Council Guidelines on Basic Life Support) and be able to perform these techniques with skill in an emergency situation. <p>Support:</p> <ul style="list-style-type: none">• At least one assistant for stress testing possessing the ability to:<ul style="list-style-type: none">▪ perform cardiopulmonary resuscitation▪ obtain a high quality ECG trace▪ recognise the major arrhythmic and ischaemic ECG and clinical manifestations likely to occur during stress testing.

Reference Numbers (v), (vi), (viii), (x), (xxxvi), (xxxiv).

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

26. CORONARY CARE

LEVEL

DESCRIPTION

- | LEVEL | DESCRIPTION |
|-------|---|
| 1 | <ul style="list-style-type: none"> Self-contained unit which provides basic equipment including non-invasive monitoring equipment. Formal affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialed medical director who is recognised as a specialist physician. At least one credentialed medical practitioner with coronary care experience available to the unit at all times. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. Registered nursing equivalent to 6 hours/patient/day (1:4) 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. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to physiotherapist, occupational therapist, social worker, dietitian, speech pathologist and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine |
| 2 | <ul style="list-style-type: none"> Designated coronary care area. Has bedside and central monitoring. <p>Medical Staff</p> <ul style="list-style-type: none"> At least one credentialed medical practitioner with an appropriate level of experience exclusively rostered to the unit and immediately available at all times. Has credentialed cardiologist and/or general physician available 24 hours. Specialist support always available. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nursing equivalent to 8 hours/patient/day (1: 3) or according to dependency of patient. Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. |
| 3 | <ul style="list-style-type: none"> Invasive Monitoring available. Isolation facilities available. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialed specialist cardiologist available 24 hours. Credentialed medical practitioner on-site 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> All registered nurses must have relevant post-graduate qualifications and / or experience. Registered nursing equivalent to approximately 24 hours/patient/day (1: 1). |

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

27. EMERGENCY SERVICES

LEVEL	DESCRIPTION
2	<ul style="list-style-type: none"> • Purpose designed area with suitable infection control and isolation procedures and facilities. • 24-hour service. • Full Resuscitation facilities in separate area. • Formal affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service. • Continuing educational programs for both medical and nursing staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> • A credentialled medical director who is registered with the Medical Board of Queensland as a specialist in emergency medicine. • At least one credentialled medical practitioner with relevant post-graduate training and/or level of experience in emergency medicine who is rostered to the unit and immediately available at all times. • Sufficient support specialists available to the emergency medical staff with at least one of the supporting specialist available 24-hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Registered nurse in charge on each shift. • All nursing staff involved in direct patient care are registered nurses. • Some registered nurses who have completed or are undertaking emergency nursing training and/or experience. • A senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> • Has 24-hour access to physiotherapy and other allied health services. <p>Core Support Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> • Anaesthetics Level 2, Intensive Care Level 2
3	<ul style="list-style-type: none"> • All staff educated and trained to manage all emergencies. <p>Medical Staff:</p> <ul style="list-style-type: none"> • A full time credentialled medical director who is registered by the Medical Board of Queensland as a specialist in emergency medicine • At least one other credentialled specialist who is registered by the Medical Board as a specialist in emergency medicine. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • A minimum of three registered nurses available at all times. • All registered nurses must have completed or are undertaking emergency nursing training. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> • Nuclear Medicine, Anaesthetics Level 3, Intensive Care Level 3, Neurosurgery Level 3.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

28. ENDOSCOPY SERVICES

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Procedures performed on low risk patients. Regular endoscopy service including colonoscopy. Dedicated procedure room with separate recovery and decontamination areas. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Fibre optic endoscopy performed by credentialled medical practitioner with training in endoscopy. Credentialled medical practitioner available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Senior nurse with relevant post-graduate qualifications and/or extensive experience in gastroenterology. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology
2	<ul style="list-style-type: none"> Procedures performed on low and medium risk patients. <p>Medical Staff:</p> <ul style="list-style-type: none"> Procedures performed by specialist medical practitioner credentialled in gastroenterology. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to dietitian, psychologist, social worker, physiotherapist and occupational therapist. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 2
3	<ul style="list-style-type: none"> Procedures performed on low, medium and high risk patients. <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled gastroenterologists available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 3, High Dependency Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

29. HAEMATOLOGY – CLINICAL

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Day patient service only. Designated clinical unit. Link with Palliative Care and Oncology service. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by specialist medical practitioner credentialled in haematology. May have a credentialled specialist registered by the Medical Board of Queensland as a specialist in haematology visiting regularly. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, social worker, physiotherapist, dietitian, psychologist and speech pathologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine
3	<ul style="list-style-type: none"> May do bone marrow transplants if appropriate facilities available. <p>Medical Staff:</p> <ul style="list-style-type: none"> Specialist available 24 hours. Appointed haematologist. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses with relevant post-graduate qualifications and/or experience in this speciality.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

30. HIGH DEPENDENCY UNIT

LEVEL

DESCRIPTION

1	<ul style="list-style-type: none"> • High dependency area for general ward patients requiring observation over and above that available in general ward area. • Capable of providing Basic Life Support prior to referral to a higher level of service. • Established affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service. • Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Credentialed specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Senior nurse with relevant post-graduate qualifications and/or extensive experience. • Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience • The ratio of registered nurses to patients needs to be flexible so as to provide no less than one nurse to three patients, and one nurse to each patient who has not recovered protective reflexes or consciousness. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to physiotherapy and other allied health services. <p>Core Support Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> • Anaesthetics Level 2
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Reference Numbers (v), (vi), (viii), (x), (xix)

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

31. INTENSIVE CARE

LEVEL	DESCRIPTION
	<p>Minimum throughput:</p> <ul style="list-style-type: none"> Refer to The Private Health Facilities (Standards) Notice 2000.
1	<ul style="list-style-type: none"> Provide immediate resuscitative management for the critically ill patient. Designated unit with at least six staffed and equipped beds. Short term mechanical ventilation (up to 12 hours). Simple invasive cardiovascular monitoring. Formal affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service. Educational programs for both medical and nursing staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> A credentialled medical director who is registered with Medical Board of Queensland as a specialist in intensive care. At least one credentialled medical practitioner with an appropriate level of experience exclusively rostered to the unit and immediately available at all times. Specialist support always available. <p>Nursing Staff:</p> <ul style="list-style-type: none"> A senior nurse in charge of the unit who has a post-graduate qualification in intensive care or in the clinical speciality of the unit. The majority of nursing staff must have a post-graduate qualification and/or extensive experience in intensive care or in the clinical speciality of the unit. A nursing staff patient ratio of 1:1 for all ventilated and other 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. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to physiotherapist, speech pathologist, dietitian, psychologist and social worker. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 3, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine, Anaesthetics Level 3
2	<ul style="list-style-type: none"> Suitable infection control and isolation procedures and facilities, one wash basin to each bed, and at least one isolation room with controllable air flow. Medium term mechanical ventilation (up to 48 hours). <p>Medical Staff:</p> <ul style="list-style-type: none"> At least one other credentialled specialist registered with the Medical Board of Queensland with extensive experience in intensive care. <p>Nursing Staff:</p> <ul style="list-style-type: none"> All registered nurses must have a post-graduate qualifications and experience in intensive care or in the clinical speciality of the unit. The capacity to provide greater than 1:1 nursing for patients requiring complex management.
3	<ul style="list-style-type: none"> 24-hour access to tertiary level imaging services. Long term mechanical ventilation (more than 48 hours). <p>Medical Staff:</p> <ul style="list-style-type: none"> At least one other credentialled intensive care specialist registered with the Medical Board of Queensland as a specialist in intensive care. At least one of the credentialled supporting specialists exclusively rostered to the unit (or to more than one unit in the same building) at all times. During normal working hours this specialist must be predominantly present in the unit, and at all other times be able to proceed immediately to it. The services of a specialist paediatrician are essential for children requiring management in unit.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

32. NEUROLOGY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Established affiliation with public or suitably licensed private hospital with Level 2 Rehabilitation services. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by general physician with interest in neurology. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, social worker, physiotherapist, dietitian, audiologist and speech pathologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology
3	<ul style="list-style-type: none"> EMG, nerve conduction, evoked responses and EEG available on-site. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by specialist medical practitioner credentialled in neurology. Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to psychologist. <p>Speciality Services:</p> <ul style="list-style-type: none"> High Dependency Unit Level 1, Neurosurgery Level 2

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

33. NUCLEAR MEDICINE

LEVEL	DESCRIPTION
1	Clinical Services: <ul style="list-style-type: none">• Formal affiliation with off-site Nuclear Medicine facility with-in close proximity.
2	Clinical Services: <ul style="list-style-type: none">• On-site facility which includes at least a gamma camera and computer based quantification.• Radiation safety activities. Staff: <ul style="list-style-type: none">• Has nominated nuclear medicine specialist with certified technologist(s).• Has access to a physicist.• Has access to registered nurse as required.
3	Clinical Services: <ul style="list-style-type: none">• More than one gamma camera including at least one SPECT camera.• 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. Staff: <ul style="list-style-type: none">• 24-hour on-call service.• May have a physicist.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

34. ONCOLOGY – MEDICAL

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Day patient service only. Designated clinical unit. Written agreement with a public hospital and / or licensed private health facility for overnight and emergency hospitalisation. Link for referrals and transfers with units at higher levels of service. Established liaison and consultation from radiotherapy, palliative care, pain management and social work services. Continuing educational programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by specialist medical practitioner credentialled in oncology. A consultation group composed of credentialled specialists in medical oncology, surgery, radiotherapy, haematology, pathology and dermatology must be involved in the development of a management strategy to provide the greatest chance of cure or palliation. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, social worker, physiotherapist, speech pathologist, psychologist and dietitian. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine
3	<ul style="list-style-type: none"> Multidisciplinary management of oncology patients, including case conferences with radiotherapists. May have pain clinics. Links with palliative care service. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by a specialist who is registered with the Medical Board of Queensland as a medical oncologist. Specialist available 24 hours.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

35. ONCOLOGY – RADIOTHERAPY

LEVEL	DESCRIPTION
3	<ul style="list-style-type: none"> • A consultation group composed of specialists in medical oncology, surgery, radiotherapy, haematology, pathology and dermatology must be involved in the development of a management strategy to provide the greatest chance of cure or palliation. • 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. • Works in conjunction with, or as part of, a comprehensive cancer service. • Access to Palliative Care Level 2. • Established liaison and consultation from, palliative care, pain management, psychiatric and social work services. • Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Have credentialled radiation oncologists, physicists and therapeutic radiographers. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Senior nurse with relevant post-graduate qualifications and/or extensive experience <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to occupational therapist, social worker, physiotherapist, speech pathologist, psychologist and dietitian. <p>Core Support Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology <p>Specialist Services:</p> <ul style="list-style-type: none"> • Nuclear Medicine

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

36. PAEDIATRIC MEDICINE

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Minor medical conditions or convalescence following referral from a higher level unit. Designated paediatric in-patient beds as part of a general ward in a hospital. May have isolation capacity. Able to provide accommodation for parents. Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by medical practitioner credentialled in paediatric medicine. Has credentialled specialist available 24 hours. Credentialled paediatrician consultation available. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, physiotherapist, dietitian, psychologist and speech pathologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology
3	<ul style="list-style-type: none"> Designated paediatric ward with parent accommodation. Has isolation capacity in separate rooms. Formal link to community child and family health service. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by specialist medical practitioner(s) credentialled in paediatric medicine. Credentialled specialist available 24-hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. All nurses working regularly in the unit must participate, at least yearly, in continuing education on paediatric care. Minimum nursing ratio of 1:4 beds dependant upon patient dependency. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to social worker and audiologist. <p>Specialist Services:</p> <ul style="list-style-type: none"> High Dependency Unit Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

37. RENAL DIALYSIS

LEVEL

DESCRIPTION

2

- Day patient service only
- Designated clinical unit for treatment of patients requiring elective haemodialysis.
- May have self-care or assistance with own care dialysis centre.
- A minimum requirement for a haemodialysis machine per patient is 1:4.
- Patient to be mobile and capable of accessing the Unit
- A minimum of four stations is required
- Patients must have a full medical review performed by a nephrologist at least quarterly.
- Established affiliation with public or suitably licensed private hospitals for transfer of patients to a higher level of service.
- Continuing education programs for staff.

Medical Staff:

- Service provided by specialist medical practitioner credentialled in renal medicine.
- A credentialled nephrologist who visits on a regular basis is responsible for patient management and supervision of the unit.

Nursing Staff:

- Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience.
- Senior nurse with relevant post-graduate qualifications and/or extensive experience.
- Registered nursing staff / patient ratio 1:4
- Minimum of 2 staff available when unit operating.

Support Staff:

- Access to social worker, audiologist, dietitian, physiotherapist and psychologist.
- Ancillary staff as appropriate eg biomedical engineer.

Core Support Services:

- Pathology
- Pharmacy
- Radiology

3

- Designated clinical 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; and
 - ♦ Emergency haemodialysis services on a 24 hour a day basis for patients with chronic renal failure.
- All types of dialysis available including treatment of patients requiring haemodialysis (2 or more patients treated on average at any one time).
- Minimum requirements for haemodialysis machines per patient are 1:4 chronic inpatients and 1:1 acute inpatients.
- Renal biopsies performed.

Medical Staff:

- Credentialled nephrologist consultation available.
- Credentialled specialist available 24 hours.
- Credentialled medical practitioner with relevant experience available to the unit at all times.

Support Staff:

- Access to speech pathologist and occupational therapist.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

38. RENAL MEDICINE

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by specialist medical practitioner credentialled in renal medicine. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to social worker dietitian, physiotherapist and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine
3	<ul style="list-style-type: none"> Has access to renal dialysis and urology services. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by credentialled nephrologist. Credentialled specialist available 24 hours <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist and speech pathologist.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

39. RESPIRATORY MEDICINE

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> Service provided by specialist medical practitioner credentialled in respiratory medicine. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to social worker dietitian, physiotherapist and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology <p>Speciality Services:</p> <ul style="list-style-type: none"> Nuclear Medicine
3	<ul style="list-style-type: none"> Has access to Cardiothoracic Surgery services <p>Medical Staff:</p> <ul style="list-style-type: none"> Credentialled specialist available 24 hours <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist and speech pathologist. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> Operating Suite Level 1 if performing bronchoscopies, Central Sterilisation Department. <p>Speciality Services:</p> <ul style="list-style-type: none"> Anaesthetics Level 1 if performing bronchoscopies.

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

40. SLEEP DISORDERS

LEVEL

DESCRIPTION

1

- Designated clinical unit.
- Continuing education programs for staff.

Medical Staff:

- Credentialed medical director with specific detailed training in sleep disorder and meets the Thoracic Society of Australia and New Zealand (TSANZ) criteria.
- Service provided by credentialed general physician who have completed the equivalent of one (1) years full time training in sleep disorder medicine.

Other Staff:

- A scientist / technologist to function in a supervisory capacity who has a minimum of two (2) years experience in a sleep disorders service and a tertiary degree in biological or physical sciences, or equivalent qualification, is desirable.
- That other staff members are appropriately qualified for their tasks by education, training, and/or experience, and that their roles and responsibilities are specified.
- Scientific/technological staff are responsible for accurate performance of tests, equipment maintenance, continuing quality assurance of both equipment and techniques and patient safety during performance of tests.

Nursing Staff:

- Registered nurse in charge on each shift.
- Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience.

Core Support Services:

- Pathology
- Pharmacy
- Radiology

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

41. SUB-ACUTE MEDICAL DESCRIPTION

LEVEL

- | LEVEL | DESCRIPTION |
|-------|---|
| 1 | <ul style="list-style-type: none">• Transfer of patients to subacute unit from public hospitals or suitably licensed private health facilities.• Established affiliation with public or suitably licensed private hospitals for emergency transfer of patients to a higher level of service.• Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none">• Management by credentialed medical practitioner.• Credentialed medical practitioner available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none">• Registered nurse-in-charge on each shift. <p>Support Staff:</p> <ul style="list-style-type: none">• Access to social worker, occupational therapist, speech pathologist, physiotherapist and dietitian. <p>Core Support Services:</p> <ul style="list-style-type: none">• Pathology• Pharmacy• Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none">• Central Sterilisation Department |

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

42. MENTAL HEALTH DESCRIPTION

LEVEL

- 2
- For Electroconvulsive Therapy (ECT) procedures refer to Appendix VI
- Voluntary Patients – Day Program**
- Designated mental health area
 - Meets Minimum Service Standards appropriate to service level²
 - Formal affiliation with a public or suitably licensed private hospital for referrals and transfer of patients to a higher level acute mental health in-patient service.
 - Appropriate referral from the above affiliated facility
 - Formal mechanism established for involvement of consumers in the planning, operation, monitoring and evaluation of services
 - Continuing education programs for staff.
- Voluntary Patients – Inpatient**
- As for Voluntary Patients – Day Program plus
 - Designated mental health inpatient unit
 - Adequate admission, discharge and referral policy documentation
 - The service is fully integrated.
 - Rehabilitation program.
 - Operational family/carer support and education programs.
 - Networks with appropriate agencies for housing, social, disability and support services
- Medical Staff:**
- Appropriate visiting credentialled specialist psychiatrists who are registered with the Medical Board of Queensland and who are available to provide assistance with assessment, treatment, case management, case review.
 - Credentialled specialist available 24 hours.
 - Consultation available from other specialities, including general practitioners.
- Nursing Staff:**
- A nurse in charge of the unit who has post-graduate qualifications in mental health nursing.
 - Senior nurses with post-graduate qualifications in mental health nursing rostered 24 hours.
 - All registered nurses must have post-graduate qualifications in mental health nursing and/or experience.
 - Staff are regularly trained to understand and appropriately and safely respond to aggressive and other difficult behaviours.
 - A minimum of two staff member in the mental health unit at all times.
- Support Staff:**
- Access to social workers, occupational therapist, psychologist, ethnic and deaf interpreter services and other allied health services.
- Core Support Services:**
- Pathology
 - Pharmacy
 - Radiology

3

Involuntary Patients:

- Adequate admission, discharge policies for involuntary patients.
- Has sufficient designated beds for the reception of involuntary patients
- Provides comprehensive rehabilitation services.
- Provides a core group of mental health professionals providing assessment, treatment and consultation/liaison services.

Reference Numbers (v), (vi), (viii), (x), (xxv), (xxvii).

² Refer Appendix V & VI

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

43. REHABILITATION (including Cardiac)

LEVEL

DESCRIPTION

2	<ul style="list-style-type: none"> • Some slow stream or restricted rehabilitation provided. • May be in designated clinical unit. • Established affiliation with public or suitably licensed private hospitals for transfer of patients to a higher level of service. • Continuing education programs for staff. • Multi-disciplinary approach. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Referral and management by specialist medical practitioner credentialled in rehabilitation medicine and supported by a credentialled medical practitioner. • Credentialled specialist or medical practitioner available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Registered nurse in charge on each shift. • Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. • Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to audiologist, dietitian, occupational therapist, social worker, physiotherapist, speech pathologist and psychologist. <p>Core Support Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology
3	<ul style="list-style-type: none"> • Designated clinical unit. • Active in-patient and outpatient rehabilitation programs available. • Has access to hydrotherapy and a limb-fitting service. • Co-ordinates with orthopaedic, neurology and neurosurgery departments. • Consultation with a rehabilitation specialist available. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Credentialled medical director who is registered with the Medical Board of Queensland as a rehabilitation specialist or a specialist physician with extensive experience in rehabilitation medicine. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Majority of registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Speciality Services:</p> <ul style="list-style-type: none"> • Nuclear Medicine

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

44. PALLIATIVE CARE / ACUTE HOSPICE

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> Core service according to General Medicine Level 1.
2	<ul style="list-style-type: none"> Meets Minimum Service Standards¹ Integrated community/hospice consultative service Primarily supportive with acute treatment options available eg IV pain relief. Multidisciplinary approach. Compliance with standards, ethics and philosophies (Appendix IV, Glossary, Palliative Care Services). Link with oncology, radiotherapy, anaesthetics, multidisciplinary pain clinic, rehabilitation and surgical services. Established affiliation with public or suitably licensed private hospitals for transfer of patients to a higher level of service. Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> In-patient management by specialist medical practitioner or medical practitioner credentialled in palliative care. If medical practitioner, consultation available from specialist physician. Credentialled specialist or medical practitioner available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> Registered nurse in charge on each shift. Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none"> Access to occupational therapist, physiotherapist, psychologist, speech pathologist, social worker and dietitian <p>Core Support Services:</p> <ul style="list-style-type: none"> Pathology Pharmacy Radiology

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

¹ Refer Appendix IV

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

45. DRUG & ALCOHOL SERVICES

LEVEL	DESCRIPTION
2	<ul style="list-style-type: none">• Designated clinical unit.• Capacity to provide simple medical detoxification.• Established affiliation with public or suitably licensed private hospitals for transfer of patients to a higher level of service.• Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none">• Treatment supervised by specialist medical practitioner credentialed in alcohol and drugs.• Ability to access, via referral, appropriate specialist services. <p>Nursing Staff:</p> <ul style="list-style-type: none">• Registered nurse in charge on each shift.• Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience.• Senior nurse with relevant post-graduate qualifications and/or extensive experience. <p>Support Staff:</p> <ul style="list-style-type: none">• Access to physiotherapist, dietitian, occupational therapist and speech pathologist. <p>Other:</p> <ul style="list-style-type: none">• 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.• Established linkages with community treatment and support agencies able to provide input into case management and training activities.• Has capacity to provide methadone maintenance treatment program.

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

SPECIALITY SERVICES

PRE / POST NATAL

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

46. OBSTETRICS

LEVEL	DESCRIPTION
	Minimum throughput: <ul style="list-style-type: none">• Refer to The Private Health Facilities (Standards) Notice 2000.
1	<ul style="list-style-type: none">• Low risk delivery only.• Able to cope with sudden unexpected complications until transfer.• Dedicated delivery suite with a minimum of 6 beds.• A dedicated Nursery with adequate cot space and a separate area for preparation of food supplements.• Established affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service.• Continuing education programs for staff. Medical Staff: <ul style="list-style-type: none">• Service provided by medical practitioner credentialled in obstetrics and newborn paediatrics.• Consultation with credentialled specialist obstetrician available.• Credentialled specialist available 24 hours. Nursing Staff: <ul style="list-style-type: none">• Senior nurse with postgraduate midwifery qualifications and extensive experience.• Staffed by registered nurses that are authorised to practice midwifery by the Queensland Nursing Council. Support Staff: <ul style="list-style-type: none">• Access to physiotherapist, social worker and dietitian. Core Support Services: <ul style="list-style-type: none">• Pathology• Pharmacy• Radiology with 24 hour access to an ultrasound within the obstetric unit. Ancillary Facilities: <ul style="list-style-type: none">• Operating Suite Level 2, Central Sterilisation Department Speciality Services: <ul style="list-style-type: none">• Anaesthetics Level 2, Neonatal Level 1

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

46. OBSTETRICS Continued

LEVEL	DESCRIPTION
2	<ul style="list-style-type: none"> • May deliver low and 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. • Full resuscitation facilities available. <p>Medical Staff:</p> <ul style="list-style-type: none"> • A specialist obstetrician is on the clinical credentialling staff and is designated as the Director of the Obstetric Ward and Nursery. • A credentialled specialist anaesthetist in obstetric anaesthesia is available. • A specialist neonatologist with experience in neonatal care is on the clinical credentialling staff • Credentialled obstetrician, paediatrician and specialist anaesthetist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • A senior nurse appointed in charge of the nursery area with a post graduate qualifications and/or extensive experience in neonatal nursing. • A minimum of one registered nurse, with obstetric and neonatal experience, on roster per shift. • All nurses working regularly in the unit must regularly attend, at least yearly, continuing education on obstetric nursing care. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to occupational therapist and psychologist. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 2, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> • Anaesthetics Level 2, , High Dependency Unit Level 1, Neonatal Level 2
3	<ul style="list-style-type: none"> • May deliver low, medium, medium to high and selected high-risk pregnancies. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 3 <p>Speciality Services:</p> <ul style="list-style-type: none"> • Nuclear Medicine, Anaesthetics Level 3, Intensive Care Level 1, Neonatal Level 3

Reference Numbers (v), (vi), (viii), (x), (xii), (xxxii), (xxxvii).

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

47. NEONATAL

LEVEL	DESCRIPTION
1	<p data-bbox="204 242 494 270">Mature Infant Nursery</p> <ul data-bbox="204 279 1529 511" style="list-style-type: none"> • Provision for low 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. • Established affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service. • Continuing education program for staff. <p data-bbox="204 511 375 539">Medical Staff:</p> <ul data-bbox="204 548 740 576" style="list-style-type: none"> • Credentialed specialist available 24 hours. <p data-bbox="204 576 375 604">Nursing Staff:</p> <ul data-bbox="204 613 1415 751" style="list-style-type: none"> • Registered nurse in charge on each shift. • Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience in neonatal nursing. • Continuing nursing educational programs available specific to the needs of the service. <p data-bbox="204 751 375 779">Support Staff:</p> <ul data-bbox="204 788 860 816" style="list-style-type: none"> • Access to physiotherapist, social worker and dietitian. <p data-bbox="204 816 483 845">Core Support Services:</p> <ul data-bbox="204 853 360 947" style="list-style-type: none"> • Pathology • Pharmacy • Radiology
2	<p data-bbox="189 976 457 1004">Special Care Nursery</p> <ul data-bbox="189 1013 1487 1209" style="list-style-type: none"> • Manages low and medium risk pregnancies. • Management of babies > 32 weeks gestation with minimal complications and small babies growing up. • Facilities include humidicribs, cardio-respiratory monitoring, IV fluid therapy, tube feeds, phototherapy and short-term assisted ventilator care (< 6 hours), pending transfer to an Intensive Care Nursery. • Established affiliation with tertiary intensive care unit, which may include the rotation of physicians/neonatologist(s). <p data-bbox="189 1209 360 1238">Medical Staff:</p> <ul data-bbox="189 1247 1307 1319" style="list-style-type: none"> • Service provided by credentialed specialist paediatrician with experience in neonatal care. • Credentialed medical practitioner with experience in neonatal paediatrics available 24 hours. <p data-bbox="189 1319 360 1347">Nursing Staff:</p> <ul data-bbox="189 1356 1507 1603" style="list-style-type: none"> • A senior nurse appointed in charge of the special care nursery with post-graduate qualifications in special care neonatal nursing and/or extensive experience. • Some registered nurses to have relevant post-graduate qualifications and/or experience. • A minimum of one registered nurse, preferably with post-graduate qualifications, per shift. • All nurses working regularly in the unit must regularly attend, at least yearly, continuing education on neonatal nursing care. • Minimum nursing ratio of 1:4 beds dependant upon patient dependency. • Nursing ratio of 1:4 cots. <p data-bbox="189 1603 360 1631">Support Staff:</p> <ul data-bbox="189 1640 1110 1668" style="list-style-type: none"> • Access to allied health professionals, psychologist and pastoral care workers. <p data-bbox="189 1668 468 1696">Core Support Services:</p> <ul data-bbox="189 1705 478 1799" style="list-style-type: none"> • Pathology • Pharmacy • Diagnostic Radiology <p data-bbox="189 1799 421 1828">Ancillary Facilities:</p> <ul data-bbox="189 1836 602 1865" style="list-style-type: none"> • Central Sterilisation Department

3

Intensive Care Nursery:

- Manages low, medium and 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.
- On-site clinical and diagnostic subspecialty services.
- An established link to a public sector Level 6 Paediatric Medicine and Level 6 Paediatric Surgery (as according to Queensland Health *Guide to Role Delineation of Health Services*, December 1994).
- 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.

Medical Staff:

- Credentialed full time neonatologist director.

Nursing Staff:

- Registered nurse in charge on each shift.
- All registered nurses having completed or undertaking post-graduate qualifications in neonatal intensive care and/or experience.
- Senior nurse with post-graduate qualifications in neonatal intensive care and/or extensive experience.

Ancillary Facilities:

- Operating Suite Level 3, Central Sterilisation Department

Speciality Services:

- Anaesthetics Level 3

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

48. POSTNATAL

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> • A dedicated Nursery with adequate cot space and a separate area for preparation of food supplements. • Established affiliation with public or suitably licensed private hospitals for referrals and transfer of patients to a higher level of service. • Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Service provided by medical practitioner credentialled in obstetrics and newborn paediatrics. • Consultation with specialist obstetrician available. • Credentialled specialist available 24 hours. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Registered nurse in charge on each shift. • Senior nurse with postgraduate midwifery qualifications and experience. • Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to physiotherapist, social worker and dietitian. <p>Core Support Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology. <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> • Neonatal Level 1

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

49. ASSISTED REPRODUCTIVE SERVICES

LEVEL	DESCRIPTION
1	<p>1. Staff and Facilities</p> <ul style="list-style-type: none"> • Accreditation with the Reproductive Technology Accreditation Committee (RTAC). • A designated credentialled medical director who is a recognised specialist in infertility management. • Access to other credentialled 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 credentialled specialist 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. <p>2. Patient Information:</p> <ul style="list-style-type: none"> • Patients shall be made aware of the legal, financial, psychosocial and medical implications prior to treatment. • Patients must 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 specialist obtains voluntary and informed consent in writing. <p>Core Support/ Speciality Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy • Radiology <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 1, Central Sterilisation Department <p>Speciality Services:</p> <ul style="list-style-type: none"> • Gynaecology Level 2

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

50. TERMINATION OF PREGNANCY

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> • Procedure performed in accordance with the <i>Criminal Code Act 1899</i> • Procedures performed on low risk patients • Established affiliation with public or suitably licensed private hospital for referrals and transfer of patients to a higher level of service. • Registrar General provided with a "Certificate of Perinatal Death" for pregnancies in excess of 20 weeks of gestation. • All pregnancies are confirmed by either pregnancy test or ultrasound. • Preoperative haemoglobin or haematocrit must be done when gestation is over 18 weeks. • Continuing education programs for staff. <p>Medical Staff:</p> <ul style="list-style-type: none"> • Procedures performed by credentialled medical practitioner. • Consultation available from other specialties. <p>Nursing Staff:</p> <ul style="list-style-type: none"> • Registered nurse in charge on each shift. • Some registered nurses having completed or undertaking relevant post-graduate qualifications and/or experience. <p>Patient Information:</p> <ul style="list-style-type: none"> • Patients must have counselling prior to procedure. • Patients shall be made aware of the legal, financial, psychosocial and medical implications prior to the procedure. • Patients must be informed of the availability of continuing support services as required. • Discussion, provision of written information and documentation about: <ul style="list-style-type: none"> ▪ the options available to the patient, and ▪ complications and possible side effects of termination. • The medical practitioner obtains voluntary and informed consent in writing. <p>Support Staff:</p> <ul style="list-style-type: none"> • Access to counsellors <p>Core Support/ Speciality Services:</p> <ul style="list-style-type: none"> • Pathology • Pharmacy <p>Ancillary Facilities:</p> <ul style="list-style-type: none"> • Operating Suite Level 1, Central Sterilisation Department

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

REFERENCES

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

Reference Number

Reference

- i. Australian Health Technology Advisory Committee (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*.
- iv. Australian Department of Health and Ageing Circular HBF 583 / PH 340, *Neo-Natal Facilities for the Treatment of Newly Born Children*.
- v. Australian Department of Health and Ageing (1997), *Quality and Outcome Indicators for Acute Healthcare Services*.
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- vii. National Health and Medical Research Council (2001), *Recommendations for the Donation of Cadaveric Organs and Tissues for Transplantation*.
- viii. Environmental Protection (Waste Management) Regulation and Policy 2000.
- ix. Queensland Health (1997) *Guide to Handling Cytotoxic Drugs and Related Waste*.
- x. Queensland Health (1994), *Queensland Guide to Role Delineation, Of Health Services*.
- xi. Queensland Workplace Health and Safety Act (1995)
- xii. Shearman Report (1989), *The Ministerial Task Force on Obstetric Services in NSW*.
- xiii. The Fertility Society of Australia Reproductive Technology Accreditation Committee (2002), *Code of Practice for Centres Using Assisted Reproductive Technology*.
- xiv. National Health and Medical Research Council (1995), *Working Party Report*.
- xv. Australian and New Zealand College of Anaesthetists T1 (2000) *Recommended Minimum Facilities for Safe Anaesthetic Practice in Operating Suites*.
- xvi. Australian and New Zealand College of Anaesthetists PS4 (2000) *Recommendations for the Post-Anaesthesia Recovery Room*.
- xvii. Australian and New Zealand College of Anaesthetists PS9 (2001) *Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures*.
- xviii. Australian and New Zealand College of Anaesthetists PS8 (1995) *The Assistant for the Anaesthetist*.
- xix. Faculty of Intensive Care and Australian and New Zealand College of Anaesthetists (1997) *Minimum Standards for Intensive Care Units*
- xx. National Statement on *Ethical Conduct in Research Involving Humans* 1999.
- xxi. NSW Guideline for the Development of New Cardiac Catheterisation Laboratories, NSW Health Department, March 1996

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

Reference Number	Reference
xxii.	The Cardiac Society of Australia and New Zealand Practice(1999), <i>Policy on Support Facilities for Coronary Angiography and Angioplasty</i>
xxiii.	Health Regulations, 1996
xxiv.	Australasian College for Emergency Medicine <i>Policy Document – Role Delineation.</i>
xxv.	AS4187 <i>Code of Practice for Cleaning, Disinfecting and Sterilising Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities</i> (1998).
xxvi.	National Coordinating Committee on <i>Therapeutic Goods’ Standard for the Operation of Sterile Supply/Services in Health Care Facilities</i> (1995).
xxvii.	Queensland Health (1997), <i>Capital Works Guidelines.</i>
xxviii.	Queensland Health (1997), <i>Guide to Handling Cytotoxic Drugs and Related Waste.</i>
xxix.	NSW Health Department (1996), <i>NSW Guideline for the Development of New Cardiac Catheterisation Laboratories.</i>
xxx.	AMAQ Palliative Care Policy
xxxi.	Australian Council on Health Care Standards (1995), <i>Accreditation Guide – Standards for Australian Health Care Facilities</i> 13 th Edition.
xxxii.	Private Health Facilities Act 1999
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xxxiv.	Palliative Care Australia (1999), <i>Standards for Palliative Care Provision.</i>
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xxxvi.	The Cardiac Society of Australia and New Zealand, <i>Safety and Performance Guidelines for Clinical Exercise Stress Testing</i>
xxxvii.	Australian and New Zealand College of Anaesthetists T2 (2000) <i>Recommendations on Minimum Facilities for Safe Anaesthesia Practice Outside Operating Suites</i>
xxxviii.	The Thoracic Society of Australia and New Zealand and Australasian Sleep Association (August 2000), <i>Accreditation of Sleep Disorders Services</i>
xxxiv.	The Australian Resuscitation Council <i>Guidelines on Basic Life Support</i>
xxxv.	The Cardiac Society of Australia and New Zealand (2001), <i>Guidelines for Competency in Coronary Angioplasty</i>
xxxvi.	The Australian Cardiac Rehabilitation Association (2000), <i>Recommendations for Cardiac Rehabilitation</i>
xxxvii.	Criminal Code Act 1995
xxxviii.	Abortion Providers Federation of Australasia, <i>Standards of Practice and Guidelines for Member Facilities</i> , July 1998
xxxix.	Mental Health Act 2000

SUMMARY SHEET

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

CLINICAL SERVICE SUMMARY SHEET

PRIVATE HEALTH FACILITY:.....

Service Number and Name		Level	Comments
1.	General Surgery		
2.	General Medicine		
3.	Day Hospital		
4.	Pathology		
5.	Pharmacy		
6.	Diagnostic Imaging and Interventional Radiology		
7.	Central Sterilisation Department		
8.	Operating Suites		
9.	After Hours Service		
10.	Primary Care Facility		
11.	Anaesthetics		
12.	Cardiac Surgery		
13.	Ear, Nose & Throat		
14.	Gastrointestinal Surgery		
15.	Gynaecology		
16.	Neurosurgery		
17.	Ophthalmology		
18.	Orthopaedics		
19.	Plastic Surgery		
20.	Paediatric Surgery		
21.	Thoracic Surgery		
22.	Urology		
23.	Vascular Surgery		
24.	Cardiac Catheter – Diagnostic/ Therapeutic		
25.	Cardiac Stress Testing – Clinical Exercise Stress Testing		
26.	Coronary Care		
27.	Emergency Services		
28.	Endoscopy Services		
29.	Haematology – Clinical		
30.	High Dependency Unit		
31.	Intensive Care		
32.	Neurology		
33.	Nuclear Medicine		
34.	Oncology – Medical		
35.	Oncology – Radiotherapeutic		
36.	Paediatric Medicine		
37.	Renal Dialysis		
38.	Renal Medicine		
39.	Respiratory Medicine		
40.	Sleep Disorders		
41.	Sub Acute Medical		
42.	Mental Health		
43.	Rehabilitation, including Cardiac		
44.	Palliative Care/ Acute Hospice		
45.	Drug & Alcohol Services		
46.	Obstetrics		
47.	Neonatal		
48.	Postnatal		
49.	Assisted Reproductive Services		
50.	Termination of Pregnancy		

APPENDICES

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX I

DEFINITIONS

GENERAL

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.

Affiliation:

An agreement between relevant services providers (such as the provider, transport service and higher level service provider) to provide one or all of the following:

- Coordination of inter-hospital transfers;
- Access to specialised health services;
- Staff training and ongoing education programs.

Clinical Unit:

Designated functional area where patient care activity is performed.

Consultation Available:

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

Designated:

Specifically defined hours are available for the provision of the service. Includes a routine/regular caseload.

Established:

Recognised process.

Formal:

Documented process.

Levels of Risk:

Classification of physical status for pre-operative assessment.

Link:

To connect with or be connected with by formal association.

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 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.

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.

Peer Review:

Review of the work practices of a person by a group of the same standing and with the same qualifications. This would usually include a review of clinical audit data.

Risk Factor:

Anything in the environment, personal characteristics or events that make it more or less likely one might develop a given disease or experience a change in health status.

Reference Numbers (xxxi).

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX I Continued

DEFINITIONS

MEDICAL STAFF

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.

SPECIALIST

A specialist 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 and includes general surgeon and general physician. Clinical privileges may be granted to practice medicine in sub-specialty areas eg medicine and surgery after appropriate additional experience and / or training and assessment by the Clinical Credentials and Privileges Committee.

MEDICAL DIRECTOR

A specialist appointed to have administrative responsibility for the specified health service.

DEFINITIONS

NURSING STAFF

REGISTERED NURSE

A Registered Nurse is registered with the Queensland Nursing Council to practise nursing without supervision, 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.

SENIOR NURSE

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

The Senior Nurse collaborates with other Senior Nurses to facilitate the provision of quality cost-effective care.

NURSE IN CHARGE

A registered nurse is appointed in charge of the nursing staff at the facility eg Director of Nursing. If the nurse in charge does not have qualifications in the speciality health service/s provided by the facility eg mental health, obstetrics then the quality and standards of nursing care must be delegated to an appropriately qualified registered nurse in the unit.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX II

LEVELS OF RISK

ADULT

LOW RISK

Anaesthesia performed for diagnostic, therapeutic or surgical procedures on patients whose classification of physical status is deemed by The Australian and New Zealand College of Anaesthetists as Class 1 or 2. In private hospitals this also includes emergency procedures.

MEDIUM RISK

Anaesthesia performed for diagnostic, therapeutic or surgical procedures on patients whose classification of physical status is deemed by The Australian and New Zealand College of Anaesthetists as Class 1, 2 or 3. In private hospitals this also includes emergency procedures.

HIGH RISK

Anaesthesia performed for diagnostic, therapeutic or surgical procedures on patients whose classification of physical status is deemed by The Australian and New Zealand College of Anaesthetists as Class 1, 2, 3, 4 or 5.

The Australian and New Zealand College of Anaesthetists classification of physical status:

Class I	A normal healthy patient
Class II	A patient with mild systemic disease
Class III	A patient with a severe systemic disease that limits activity but is not incapacitating
Class IV	A patient with an incapacitating systemic disease that is a constant threat to life
Class V	A moribund patient not expected to survive 24 hours

CHILDREN (Ages 0 – 14 inclusive)

LOW RISK

Healthy children.

MEDIUM RISK

Any patient with a history of:

- prematurity at birth,
- asthma.

Any patient who presents with an acute surgical emergency.

HIGH RISK

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

APPENDIX II Continued

LEVELS OF RISK

OBSTETRICS

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

LOW RISK

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

General Factors:

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

MEDIUM RISK

The following conditions are deemed to be medium risk factors. Consideration may be given to consultation with an obstetrician when women present with, or develop any conditions listed below:

General Factors:

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

Maternal Disease:

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

Obstetric History:

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

Complications of present pregnancy:

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

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX II Continued

LEVELS OF RISK

OBSTETRICS

HIGH RISK FACTORS

The high risk factor is an indication for referral to a specialist obstetrician and requires Level 3 obstetric and neonatal care. The following conditions are deemed to be high risk factors:

General Factors:

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

Maternal Disease:

- Acute pyelonephritis in the present pregnancy
- Anaemia, less than 10g/100ml
- Cardiovascular disease – Grade I and II
- Insulin dependent diabetes
- Essential hypertension, severe diastolic pressure over 100mm Hg in the first trimester
- Previous venous thrombosis/embolism
- Previous uterine surgery
- Severe respiratory disease
- Carriers of infectious diseases eg Hepatitis and HIV.

Obstetric History:

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

Complications of present pregnancy:

- Multiple pregnancy - triplets or more
- Potential delivery from any causes at 33 - 34 weeks or less - transfer in utero.
- Polyhydramnios
- Abruptio 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)

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX II Continued

LEVELS OF RISK

NEONATAL

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 must 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.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX III

Palliative Care Services

Palliative Care Australia, Standards for Palliative Care Provision, October 1999

Model of Quality for Palliative Care Services

The model of quality for palliative care services describes the components of quality specialist care for dying patients, their families and the community. They are designed to reflect the standards for specialist palliative care services. Standards for generalist or primary level services that utilise a palliative approach¹ in the care of patients will be developed in the future.

The standards are designed to be used along side generic quality standards for health care services (eg EQuIP, CHASP). Consequently, those areas covered by generic standards (e.g. Leadership, Human Resources, Safety) have not been replicated in these standards. Where there are significantly unique aspects of palliative care service delivery that cannot be examined through interpretation of the generic standards they have been addressed with a specific palliative care standard.

It is anticipated that the standards will be subjected to an ongoing process of evaluation and clarification that may result in additional standards, criteria or fuller definition of these standards. The model of quality for palliative care services organises the standards into five domains based upon the needs of the patient and family. These quality domains are underpinned by core values and principles are focussed on the needs of patients, families, staff, volunteers and the wider community. The standards are embedded in a supporting framework of attention to the interdisciplinary team, volunteers, research and evaluation, and education. The standards are designed to be able to be interpreted across the continuum of service delivery contexts (i.e. community, inpatient unit, and consultative service).

The standards have been developed to describe quality at the service or organisational level and they must be appropriately and sensitively applied at the level of patient and family care.

STANDARDS:

Domain 1: Physical

Standard 1.1 A comprehensive, interdisciplinary assessment of the patient and their family is undertaken to develop a plan of care.

Criteria:

- 1 The palliative care service has a policy for prioritising and responding to referrals. Response times are regularly evaluated.
- 2 The assessment process and documentation reflects an interdisciplinary approach and is coordinated to reduce repetition of history taking or clinical assessment. It is undertaken or reviewed by specialist palliative care practitioners⁴.
- 3 The needs, understandings and expectations of the patient and family are documented and are reflected in the assessment. The patient and family are encouraged to express their care needs to the palliative care service during the assessment process.
- 4 Comprehensive demographic and clinical data is collected and recorded during the assessment process. Validated assessment tools should be used when available.
- 5 A process for review of initial assessment data and ongoing assessment exists.
- 6 Where discharge is anticipated a comprehensive discharge plan is initiated on admission. Discussion and documentation of the patient and family's wishes about the terminal stage of illness is also begun.

Standard 1.2 A care plan based on the identified expressed needs of the patient and family is established and regularly reviewed.

Criteria:

- 1 Care plans are guided by the initial assessment and are regularly reviewed and include goals set by the patient and family as documented in the assessment.
- 2 Care plans are appropriate and responsive to the changing needs of the patient and family and the changing phase of the patient's illness.

¹ The palliative approach is relevant to all patients with incurable conditions. It emphasises the importance of considering psychosocial and spiritual aspects as well as the purely physical. It includes consideration of family and domestic carers. Most specialities and all general practitioners look after patients with life threatening disease; attention to the patients' concerns and fears can guide management and ensure appropriate interventions. A palliative approach should be a core skill of every clinician, who may seek expert specialist help to ensure the best possible quality of life of the patient. (Finlay I G & Jones R V H 1995. Definitions in palliative care, British Medical Journal, 311, p 754)

⁴ Specialist palliative care practitioners are defined in this document as practitioners whose role is exclusively or substantially involved in the care of terminally ill patients and their families, and who have relevant qualifications and experience.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX III Continued

Palliative Care Services

- 3 Care plans are clearly and concisely documented.
- 4 The care plan reflects an acknowledgment of the continuity of care and identifies required supports that will continue across all care settings.

Standard 1.3 The management of the patient's symptoms is directed by best available evidence applied systematically and skillfully.

Criteria:

- 1 Regular assessment is undertaken and documented including the patient and family's understanding of the disease process and treatment.
- 2 Validated assessment tools, where available, are used in the evaluation of symptom management.
- 3 Treatment decisions are based on the best available evidence and patient and family wishes. Ongoing evaluation of the effectiveness of treatment is in evidence.
- 4 Clear referral pathways exist to ensure patients have access to appropriate health care professionals when required.
- 5 A timely and appropriate response is made to the patient's experience of distressing symptoms.
- 6 Treatment options and choices are clearly explained to enable the patient and family to make informed decisions.
- 7 Family and volunteers are educated to provide care to address the comfort and safety needs of the patient.

Standard 1.4 The terminal phase of illness is recognised and sensitive care is provided.

Criteria:

- 1 Treatment and care is individualised to meet patient and family needs and wishes.
- 2 The wishes of the patient and family regarding place of care during the terminal phase are documented, and reasons for inability to meet these wishes are evaluated by the palliative care service.
- 3 End of life issues and anticipation of death are honestly discussed with patients, family and staff as appropriate considering social and cultural customs.
- 4 The patient's transition into the terminal phase is recognised.
- 5 Flexible allocation of resources reflects the intensification of care needs which may occur during the terminal phase.
- 6 Sensitive care of the patient and family continues in the hours following the death of the patient.

Standard 1.5 The importance of the environment in which care is provided is recognised and patient and family wishes are considered.

Criteria:

- 1 Where possible care is provided in the environment chosen by the patient and family.
- 2 Planning incorporates an awareness of the importance of safety, space, privacy, access to external areas and the maintenance of a homelike environment for patients and families.
- 3 Care plans and practices recognise the importance of maintaining usual routines and environments and incorporate family care when available.

Domain 2: Psychological

Standard 2.1 The psychological impact of terminal illness on the patient and family is assessed and responded to appropriately.

Criteria:

- 1 The interdisciplinary team will include members with appropriate training and skills in the provision of psychological care in terminal illness.
- 2 The assessment process and documentation reflects an interdisciplinary approach and is coordinated to reduce repetition.
- 3 The psychological and emotional needs of the patient and family are assessed using a validated tool or process where available and required. The patient and family are encouraged to express their emotional needs to interdisciplinary team.
- 4 A care plan appropriate and responsive to the changing needs of the patient and family and the changing phase of the patient's illness is established and implemented.
- 5 A process for review of the initial and ongoing assessment exists.

Standard 2.2 Where identified psychological need exceeds the available capacity of the palliative care service, the patient and/or family are referred to external specialist services.

Criteria:

- 1 Effective referral policies and procedures are established to ensure continuity of care for patients and families.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX III Continued

Palliative Care Services

- 2 Consultation or referral is made to qualified practitioners with an understanding of psychological care of patients and their families in the context of life threatening illnesses.
- 3 The needs, understandings and expectations of the patient and family are reflected in the assessment and referral process.

Standard 2.3 A bereavement program is available to families and carers based on best available evidence and assessed need.

Criteria:

- 1 A bereavement risk assessment is routinely undertaken as part of the initial and ongoing patient and family assessments.
- 2 A validated bereavement risk assessment tool is used to identify people at risk of complex grief reactions.
- 3 Information on loss and grief and the availability of bereavement support services is routinely provided to family members prior to and after the death of the patient.
- 4 Staff and volunteers who are routinely involved in bereavement support are trained and provided with regular supervision and support.
- 5 Services will collect data to evaluate outcomes of bereavement support.
- 6 A bereavement service is recognised and funded as a core component of the palliative care service.
- 7 A directory of professional counselling resources is available and referral is offered as appropriate.

Standard 2.4 The palliative care service recognises the impact on staff of providing care to dying patients and their families.

Criteria:

- 1 Strategies are in place to provide situational support for staff and volunteers.
- 2 Specific policies guide the support and care of staff, including critical incident debriefing and response.
- 3 Education is available to enable staff and volunteers to develop effective coping strategies to minimise the personal impact of working in the palliative care service.

Domain 3: Social

Standards 3.1 A comprehensive interdisciplinary assessment is undertaken to identify the social needs of the patient and family.

Criteria:

- 1 Appropriate social assessment is undertaken and documented, and may include family relationships, recreational issues, work environment, financial issues, sexuality, intimacy, living arrangements, carer availability, access to services or legal issues.
- 2 Social needs are incorporated into care planning in consultation with the patient and family and are also considered in relation to post discharge care.
- 3 Education programs that focus on the social needs of terminally ill patients and families are available to staff and volunteers.

Standards 3.2 An individualised, integrated care plan is developed in consultation with the patient and family to address social needs.

Criteria:

- 1 The care plan is guided by the initial assessment and includes goals set by the patient and family as documented in the assessment.
- 2 The care plan is updated regularly to reflect changes in patient and family needs and identified priorities.
- 3 Staff will advocate on behalf of patients and families in accordance with their wishes.
- 4 Referrals are made as required to relevant primary care services to meet specific social needs, and as agreed by patient and family.
- 5 The care plan is developed with involvement and utilisation of existing social networks and services.

Standards 3.3 The importance of raising and maintaining community awareness of palliative care is recognised and acted upon.

Criteria:

- 1 A coordinated approach exists between peak bodies, government departments and palliative care service providers to raise the profile of palliative care.
- 2 Palliative care services will take the opportunity to raise awareness of palliative care in individuals and groups within the community including through the establishment of effective media liaison mechanisms.
- 3 Staff and volunteers of palliative care services represent palliative care and contribute to raising community awareness.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX III Continued

Palliative Care Services

- 4 The palliative care service participates in the promotion and support of local and national palliative care awareness initiatives.
- 5 Services advocate for the appropriate implementation of, and support for, palliative care services.

Standards 3.4 Palliative care services are actively involved in social policy formation.

Criteria:

- 1 Palliative care services collect data on social and community need where possible in order to contribute to the development of related policy.
- 2 Links are established with other service providers and relevant community and government organisations as a means of facilitating policy directions.

Domain 4: Spiritual

Standard 4.1 The spiritual dimensions of the patient and family are acknowledged, explored and responded to appropriately.

Criteria:

- 1 A spiritual assessment process or validated tool is used to identify the spiritual strengths and needs of the patient and family.
- 2 A care plan, based on the spiritual assessment and reflecting the patient's right to self determination is developed and documented.
- 3 The care plan reflects an acknowledgment of the spiritual dimension and provides opportunity its expression.
- 4 Access to spiritual awareness development programs is facilitated for staff and volunteers.

Standard 4.2 The religious beliefs of the patient and family are recognised and respected.

Criteria:

- 1 The service displays sensitivity in its use of religious symbols and icons.
- 2 The patient and family is encouraged to display the religious symbols and icons of their belief systems.
- 3 Opportunities for the patient and family to conduct rites or practice spiritual rituals are facilitated by the palliative care service.
- 4 Staff and volunteer development programs build an awareness of diverse religious beliefs and traditions.

Standard 4.3 Appropriate spiritual and religious support for patients, families and carers is provided.

Criteria:

- 1 The interdisciplinary team will include appropriately trained and funded pastoral care professionals.
- 2 A structured and documented process for accessing pastoral care is in evidence.
- 3 A directory of pastoral care resources is available.
- 4 The pastoral care service, on behalf of patients and families, facilitates appropriate contacts with community based religious or spiritual support groups or individuals.

Domain 5: Cultural

Standard 5.1 The palliative care service meets the cultural needs of the patient and family and reflects the cultural diversity of the community it serves.

Criteria:

- 1 The recruitment policy and profile of staff and volunteers, reflects, as far as possible the cultural diversity of the community it serves.
- 2 The cultural requirements of the patient and family are identified and documented.
- 3 Flexibility of interdisciplinary care and management of the environment meets the identified cultural needs.
- 4 An accommodation of diversity in language, cuisine, habit and practice is in evidence.
- 5 The interdisciplinary team identifies and utilises appropriate cultural resources, including interpreter services.
- 6 Education and development programs that build an awareness and a sensitivity to diverse cultural traditions are available for staff. Programs should be developed according to the cultural profile of the community in which it is located.

Palliative Care Services

Domain 6: Structural Standards

Standard 6.1 An interdisciplinary team approach exists to provide coordinated medical, nursing and allied services to the patient and family.

Criteria:

- 1 The written philosophy and objectives of the service are used to guide the work of the team.
- 2 The composition of team incorporates specialist palliative care practitioners and reflects its ability to meet the physical, psychological, social, spiritual and cultural needs of the patient and family.
- 3 The interdisciplinary team is constituted around the needs of the patient and family, and may include the family doctor, generalist community nurses and other health care professionals.
- 4 Patients and families have access to specialist assessment and care on a 24-hour, 7-day basis.
- 5 The team meets regularly to plan, review and evaluate the care of the patient and family.
- 6 The team meets regularly to discuss issues relating to provision of services, eg staffing, policies etc.
- 7 Staff who provide leadership within the service have relevant qualifications and experience.

Standard 6.2 The interdisciplinary team will incorporate appropriately trained volunteers.

Criteria:

- 1 Volunteer participation is recognised in the philosophy and objectives of the service.
- 2 Policies and procedures guide the recruitment, selection, training, performance, support and evaluation of volunteers.
- 3 Policies guide the utilisation and supervision of volunteers, their work practices, and establish the responsibilities of the service for its volunteers.
- 4 The service recognises its statutory obligations to its volunteers.
- 5 The volunteers are coordinated by a designated team member.

Standard 6.3 Specialist palliative care education is provided to the interdisciplinary team and other health care professionals.

Criteria:

- 1 A continuing education program for staff and volunteers is in place.
- 2 Staff contribute to and participate in the provision of undergraduate and postgraduate education in palliative care.
- 3 Where appropriate, the service provides outreach education for other professionals to facilitate the development of a palliative approach in the wider health care community.
- 4 Education resource materials are available for staff to support the development of specialist knowledge and skills.

Standard 6.4 The palliative care service undertakes quality improvement and research activities in clinical and management practices.

Criteria:

- 1 An appropriately constituted ethics committee guides research.
- 2 Policies to guide a program of quality improvement and research exist within the palliative care service.
- 3 Quality improvement and research programs are collaborative, interdisciplinary and focused on the identified needs of patients and families.
- 4 The service is evaluated from the perspectives of the patient and family, health professionals and the community.
- 5 Benchmarking with other service providers is undertaken as a means of developing quality and implementing best practice.
- 6 There is evidence of the dissemination and incorporation of research and quality improvement findings into practice.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX IV

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:

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.

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 practitioner 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 were released in January 1997. All service from level 1 and above will be required to meet all Standards.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX V

ELECTROCONVULSIVE THERAPY (ECT) CRITERIA

The following criteria must be met in order to perform electroconvulsive therapy (ECT):

- In a private health facility which has an approved mental health service in accordance with the Private Health Facilities Act 1999,
- In an authorised mental health service, by an authorised and credentialled doctor, in accordance with the Mental Health Act 2000,
- On a patients who can give informed consent, or if the patient cannot give informed consent, in accordance with sections 139 & 140 of the Mental Health Act 2000,
- In a designated procedure room,
- In accordance with Australian and New Zealand College of Anaesthetists T2 (2000) *Recommendations on Minimum Facilities for Safe Anaesthesia Practice Outside Operating Suites*.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX V

NATIONAL STANDARDS MENTAL HEALTH

The following are only the National Standards for Mental Health. The criteria to meet these standards can be accessed on the Australian Department of Health and Ageing website www.health.gov.au/hsdd/mentalhe/mhinfo/standards/nsmhs.htm

Standard 1 - Rights

The rights of people affected by mental disorders and/or mental health problems are upheld by the mental health service (MHS).

Standard 2 - Safety

The activities and environment of the MHS are safe for consumers, carers, families, staff and the community.

Standard 3 - Consumer and Carer Participation

Consumers and carers are involved in the planning, implementation and evaluation of the MHS.

Standard 4 - Promoting Community Acceptance

The MHS promotes community acceptance and the reduction of stigma for people affected by mental disorders and/or mental health problems.

Standard 5 - Privacy and Confidentiality

The MHS ensures the privacy and confidentiality of consumers and carers.

Standard 6 - Prevention and Mental Health Promotion

The MHS works with the defined community in prevention, early detection, early intervention and mental health promotion.

Standard 7 - Cultural Awareness

The MHS delivers non-discriminatory treatment and support which are sensitive to the social and cultural values of the consumer and the consumer's family and community.

Standard 8 - Integration

Standard 8.1 - Service Integration

The MHS is integrated and coordinated to provide a balanced mix of services which ensure continuity of care for the consumer.

Standard 8.2 - Integration within the Health System

The MHS develops and maintains links with other health service providers at local, state and national levels to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

Standard 8.3 - Integration with Other Sectors

The MHS develops and maintains links with other sectors at local, state and national levels to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

Standard 9 - Service Development

The MHS is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.

Standard 10 - Documentation

Clinical activities and service development activities are documented to assist in the delivery of care and in the management of services.

Standard 11 - Delivery of Care

Principles guiding the delivery of care The care, treatment and support delivered by the mental health service is guided by:

Standard 11.1 - Access

The MHS is accessible to the defined community.

Standard 11.2 - Entry

The process of entry to the MHS meets the needs of the defined community and facilitates timely and ongoing assessment.

Standard 11.3 - Assessment and Review

Consumers and their carers receive a comprehensive, timely and accurate assessment and a regular review of progress.

Standard 11.4 - Treatment and Support

The defined community has access to a range of high quality mental health treatment and support services.

Standard 11.4.A- Community Living

The MHS provides consumers with access to a range of treatment and support programs which maximise the consumer's quality of community living.

GUIDELINES FOR CLINICAL SERVICES IN PRIVATE HEALTH FACILITIES

APPENDIX V Continued

NATIONAL STANDARDS MENTAL HEALTH

Standard 11.4.B - Supported Accommodation

Supported accommodation* is provided and/or supported in a manner which promotes choice, safety and maximum possible quality of life for the consumer.

** Psychiatric inpatient accommodation is addressed under Inpatient Care (Standard 11.4.E)*

Standard 11.4.C - Medication and Other Medical Technologies

Medication and other medical technologies are provided in a manner which promotes choice, safety and maximum possible quality of life for the consumer.

Standard 11.4.D - Therapies

The consumer and the consumer's family/carer have access to a range of safe and effective therapies.

Standard 11.4.E - Inpatient Care

The MHS ensures access to high quality, safe and comfortable inpatient care for consumers.

Standard 11.5 - Planning for Exit

Consumers are assisted to plan for their exit from the MHS to ensure that ongoing follow-up is available if required.

Standard 11.6 - Exit and Re-entry

The MHS assists consumers to exit the service and ensures re-entry according to the consumer's needs.

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