

NSW Health Guide to the **Role Delineation of Clinical Services**



| **Health**

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SHPN (SRPB) 230990
ISBN 978-1-76023-711-0

Further copies of this document can be downloaded from the
NSW Health website www.health.nsw.gov.au

Sixth Edition, January 2024

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HISTORY

Since the mid-1980s role delineation has been applied in NSW to inform strategic service, clinical and capital planning at the local and State level. The previous NSW Health *Guide to the Role Delineation of Health Services* was released in 2002, with a Rural Companion Guide produced in 2004.

This revised *Guide to the Role Delineation of Clinical Services* (the Guide) was developed through a series of stakeholder workshops, with the assistance of a Project Reference Group and support from within the Ministry and the pillar agencies. It has also been informed by ongoing consultation and commentary from Local Health Districts (LHDs), Specialty Health Networks (SHNs) and service providers. The contribution from all individuals involved is invaluable and greatly appreciated.

As the Guide is an electronic or “live” document, the review of individual clinical standards and information can be achieved more easily to ensure key reforms in clinical areas are incorporated in services planning.

DEFINITION

Role delineation provides a framework that describes the minimum support services, workforce and other requirements for clinical services to be delivered safely. **It delineates the level of clinical services, not hospitals or health facilities as a whole.**

The aim of the Guide is to provide a consistent language across NSW for describing clinical services. It is one of the tools used by LHDs and SHNs in service planning and development but can also assist clinical governance in considering potential risk (e.g. to illustrate the wider effects of proposed changes to a single clinical service) and in determining the services provided by a particular health facility. The Guide has no separate compendium for rural health services as these requirements are integrated into each service standard.

The Guide focusses on the provision of planned clinical services and does not address emergency response or trauma requirements. It does not replace existing policy frameworks, guidelines or industrial standards. For example, it does not include criteria for staff credentialing or the Australasian Health Facility Guidelines. Where a NSW Health Policy Directive (PD), Guideline or Framework referenced in the Guide is updated or replaced, the new PD, Guideline or Framework applies.

The Guide does not attempt to describe all the services that could be provided by health care facilities but rather those that are sufficiently common to be useful exemplars. Services not described in the Guide should be covered by appropriate hospital policy. For example, the safety of services which depend on medical equipment must be supported by a formal equipment maintenance program and comply with relevant statutory requirements (e.g. Radiation Control Amendment Act 2010 (NSW) and its associated Regulation).

APPLICATION

The Guide applies to public hospitals and health services. When developing plans such as clinical services plans, business cases for capital projects and other service plans, LHDs and SHNs should use this document as a tool to describe the size, service profile and roles of the facilities for which they are responsible. Each clinical service is then planned and developed to the level appropriate to meet the needs of the relevant catchment population as determined by the LHD/SHN, ensuring efficiency in the health system as a whole, while improving local access. Role delineation service levels apply to individual clinical services, not to hospitals or health facilities.

Some terminology from the 2002 Guide changed in response to stakeholder feedback. The previous ‘clinical support’ services (e.g. pathology, pharmacy, anaesthesia) are now called **core** services; and the previous ‘core’ services are now called **clinical** services. The Guide continues to be used to determine the necessary **core** services once **clinical** service levels are resolved, and to provide a common language when describing services. Once **core** and **clinical** services are delineated the LHD/SHN is responsible for ensuring each service level is maintained.

INTERPRETATION

Since publication of the 2002 Guide service networking has developed and matured. Networking of clinical and core services where appropriate is supported and should be considered when determining service levels for health facilities and community health services, particularly in rural areas.

Where clinically appropriate, virtual care can be used to enhance access and clinical management, provided systems for governing and improving quality and safety are in place. A properly developed virtual care system within a network may enable a health facility to have a support service where there is equivalent functional access to that service and where patient care is not compromised by that service being off-site.

Some core services may be required on campus for clinical reasons (e.g. intensive care). However, where an off-campus core service is available, a facility may be credited with having that minimum core service if there is equivalent functional access and patient care is not compromised by that service being off-site. The essential consideration is that the requirements of the clinical service are met, and not whether the core service is provided on-site or off-site. This approach is appropriate when assessing minimum core services for the clinical and core services. However, it does not apply when assessing the role delineation of a core service at a particular facility, for which the requirements as given in the core service standard need to be met.

The Guide is not intended to dictate service models, as LHDs and SHNs are best placed to determine these for their own catchment populations. For example, services may be provided wholly or partly on an ambulatory basis; or contracted from a public or private provider.

NSW Health has a strong commitment to teaching and research. While role delineation will influence the level of teaching and research provided at any particular site, related activities are undertaken by many health facilities at various service levels and are not generally useful in delineating clinical service roles. Requirements for trainee clinical staff are outlined by agencies such as the Health Education and Training Institute (HETI) and the medical colleges, and are not detailed in the Guide. Likewise, staff education and development are part of workforce management at all levels of service provision and are not included.

Service standards recognise the interdisciplinary nature of health by including different staff requirements at the various levels, while avoiding industrial terminology wherever possible to allow flexibility, particularly for rural services. Definitions of staff titles used are in Workforce Definitions (**Appendix V**). Decisions regarding the appropriate nursing and midwifery workforce need to be made at the local level depending on factors such as colocation, size of services and models of care. This includes decisions on whether support roles such as Clinical Nurse/Midwifery Educator and Clinical Nurse/Midwifery Consultant roles should be shared within or across facilities. The Nursing and Midwifery Workforce Framework (**Appendix IV**) is designed to support local services in making those decisions.

The Guide is presented in two interrelated sections, as explained below. Within these sections, each individual service standard is described under three headings: service scope, service requirements and workforce.

Each service standard has up to six levels of service in ascending order of complexity. Not all services start at Level 1. Table 1 summarises the service levels able to be reported for each core and clinical service. Not all levels follow consecutively, with a gap generally reflecting considerable difference between levels. Only whole numbers may be applied; the use of split numbers or “+” and “-” symbols should not be used to describe service levels. Where a health facility has no planned service, this should be classified as level ‘NPS’ with no numerical value assigned.

SECTION 1 – CORE SERVICES

The eight core services are essential to the successful provision of many other clinical services, with the required levels given in each service standard as ‘minimum core services’ where relevant. The core services are as follows:

1. Anaesthesia and Recovery
2. Operating Suite
3. Close Observation Unit
4. Intensive Care Service
5. Nuclear Medicine
6. Radiology and Interventional Radiology
7. Pathology
8. Pharmacy.

When revising the Guide, a strong focus was placed on the internal consistency between the minimum core services for each service standard (e.g. Level 4 Anaesthesia and Recovery requires Level 4 Intensive Care Service and Level 4 Operating Suite). This is intended to more accurately describe the majority of services and should not affect functional levels of service that include networking (see Interpretation above).

Other significant changes from the 2002 Guide, based on stakeholder advice, are that Coronary Care is no longer a separate service standard; post-operative recovery is considered under Anaesthesia instead of with Operating Suite; Diagnostic Imaging is now Radiology and Interventional Radiology; and Intensive Care has been divided into two new standards, Intensive Care Service and Close Observation Unit. The Intensive Care Service refers to services managed by a medical director of intensive care and includes outreach services provided within the hospital, such as rapid response teams. The Close Observation Unit refers to identified beds providing a higher level of patient monitoring and observation than a ward, where medical care may be managed by each patient’s admitting consultant. A hospital may have both an Intensive Care Service and a Close Observation Unit.

Core services for paediatric care, up to and including Level 5, refer to adult core services with the capacity to treat children. At Level 6, core services are generally paediatric services provided by a specialist children’s hospital. Instead of a Close Observation Unit, paediatric service requirements may include a close observation service, where additional resources are applied to individual paediatric safe beds as needed.

SECTION 2 – CLINICAL SERVICES

This section comprises forty eight major specialty areas. The clinical services fall into seven categories as follows:

- A. Emergency Medicine
- B. Medicine
- C. Surgery
- D. Child and Family Health Services
- E. Mental Health
- F. Aboriginal Health
- G. Community Health.

Many specialty service standards in the 2002 Guide cross referenced General Medicine or General Surgery at lower service levels (e.g. ‘as for Level 3 General Medicine’). To avoid ambiguity between General Medicine/General Surgery and other services these cross references have been kept to a minimum.

Other changes to the clinical services include removal of the Day Surgery standard; development of a comprehensive Community Health standard that includes Community Nursing, Women’s Health and Multicultural Health; replacement of the Health Promotion standard by health education requirements across standards; and inclusion of HIV/AIDS service elements in related standards such as Sexual Health, Immunology and Infectious Diseases instead of a separate standard.

The titles of some service standards have changed to reflect contemporary practice; the most significant being Adolescent Health to Youth Health, Paediatric Surgery to Surgery for Children, Cardiology to Cardiology and Interventional Cardiology, and Thoracic/Cardiothoracic Surgery to Cardiothoracic Surgery.

The neonatal and maternity service standards are based on the NSW Health GL2022_002 *Maternity and Neonatal Service Capability*.

Where applicable (e.g. surgical specialties, anaesthesia and gastroenterology), the anaesthetic risk scale based on that produced by the American Society of Anesthesiologists (**Appendix III**) is used, instead of the general terms ‘good, moderate and bad risk’. Surgical standards and anaesthesia also refer to the Indicative List of Surgery for Adults (**Appendix I**) or the Indicative List of Surgery for Children (**Appendix II**), with surgical complexity being categorised as ‘minor’, ‘common and intermediate’, ‘major’ and ‘complex major’.

These appendices are only intended as an indicative guide and are not prescriptive of procedures that may be performed in each category. The actual range of surgical procedures that may be performed by individual practitioners appointed to a service will be determined through the credentialing process by which clinical privileges are granted. The limits described at each service level for procedural standards are only intended as a guide and do not replace clinical judgement or local preadmission processes and service models. It is accepted that in certain circumstances special consideration is needed.

APPENDICES AND FURTHER READING

The appendices contain important supporting and definitional material and should be consulted regularly during the role delineation process. Throughout the text, there are footnotes to direct the user to the appropriate appendix. **Appendix VII** contains hyperlinks to the further readings listed in each service standard.

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
5	Nov 2021	Minor edits
6	Dec 2023	Minor edits

TABLE 1: Role Delineation Service Standards Overview

Section 1	Standard	NPS	L1	L2	L3	L4	L5	L6
Core Services	Anaesthesia and Recovery	✓	✓	✓	✓	✓	✓	✓
	Operating Suite	✓	✓	✓	✓	✓	✓	✓
	Close Observation Unit	✓	✗	✗	✓	✓	✗	✗
	Intensive Care Service	✓	✗	✗	✗	✓	✓	✓
	Nuclear Medicine	✓	✗	✗	✗	✓	✓	✓
	Radiology and Interventional Radiology	✓	✓	✓	✓	✓	✓	✓
	Pathology	✓	✓	✓	✓	✓	✓	✓
	Pharmacy	✓	✓	✓	✓	✓	✓	✓

Section 2	Standard	NPS	L1	L2	L3	L4	L5	L6
Part A: Emergency Medicine	Emergency Medicine	✓	✓	✓	✓	✓	✓	✓
Part B: Medicine	Acute Stroke Services (Adult)	✓	✗	✗	✗	✓	✓	✓
	Cardiology and Interventional Cardiology	✓	✓	✓	✓	✓	✓	✓
	Chronic Pain	✓	✗	✗	✓	✓	✓	✓
	Clinical Genetics	✓	✗	✗	✓	✓	✓	✓
	Dermatology	✓	✗	✓	✓	✓	✓	✓
	Drug and Alcohol Services	✓	✓	✓	✓	✓	✓	✓

Section 2	Standard	NPS	L1	L2	L3	L4	L5	L6
Part B: Medicine (continued)	Endocrinology	✓	✗	✓	✓	✓	✓	✓
	Gastroenterology	✓	✓	✓	✓	✓	✓	✓
	General and Acute Medicine	✓	✗	✓	✓	✓	✓	✓
	Geriatric Medicine	✓	✗	✓	✓	✓	✓	✓
	Haematology	✓	✗	✗	✓	✓	✓	✓
	Immunology	✓	✗	✓	✗	✓	✓	✓
	Infectious Diseases	✓	✗	✓	✗	✓	✓	✓
	Neurology	✓	✗	✓	✓	✓	✓	✓
	Oncology – Medical	✓	✓	✓	✓	✓	✓	✓
	Oncology – Radiation	✓	✗	✗	✗	✓	✓	✓
	Palliative Care	✓	✗	✓	✓	✓	✓	✓
	Rehabilitation Medicine	✓	✗	✓	✓	✓	✓	✓
	Renal Medicine	✓	✗	✓	✓	✓	✓	✓
	Respiratory and Sleep Medicine	✓	✗	✓	✓	✓	✓	✓
	Rheumatology	✓	✗	✓	✗	✓	✓	✓
	Sexual Assault Services	✓	✓	✗	✓	✓	✗	✓
	Sexual Health	✓	✓	✓	✓	✓	✓	✗

TABLE 1: Role Delineation Service Standards Overview *continued*

Section 2	Standard	NPS	L1	L2	L3	L4	L5	L6
Part C: Surgery	Burns	✓	✗	✓	✗	✓	✗	✓
	Cardiothoracic Surgery	✓	✗	✗	✗	✗	✓	✓
	Ear, Nose and Throat Surgery	✓	✗	✗	✓	✓	✓	✓
	General Surgery	✓	✓	✓	✓	✓	✓	✓
	Gynaecology	✓	✗	✓	✓	✓	✓	✓
	Neurosurgery	✓	✗	✗	✗	✗	✓	✓
	Ophthalmology	✓	✓	✗	✓	✗	✓	✓
	Oral Health	✓	✗	✓	✓	✓	✓	✓
	Orthopaedic Surgery	✓	✗	✗	✓	✓	✓	✓
	Plastic Surgery	✓	✗	✗	✗	✓	✓	✓
	Urology	✓	✗	✓	✓	✓	✓	✓
	Vascular Surgery	✓	✗	✗	✗	✓	✓	✓

Section 2	Standard	NPS	L1	L2	L3	L4	L5	L6
Part D: Child and Family Health Services	Child and Family Health	✓	✗	✓	✓	✓	✓	✓
	Child Protection Services	✓	✓	✗	✓	✓	✗	✓
	Maternity	✓	✓	✓	✓	✓	✓	✓
	Neonatal	✓	✓	✓	✓	✓	✓	✓
	Paediatric Medicine	✓	✗	✓	✓	✓	✓	✓
	Surgery for Children	✓	✗	✓	✓	✓	✗	✓
	Youth Health	✓	✗	✓	✓	✓	✗	✓
Part E: Mental Health	Adult Mental Health	✓	✗	✓	✓	✓	✓	✓
	Child and Youth Mental Health	✓	✗	✓	✓	✓	✓	✓
	Older Person Mental Health	✓	✓	✓	✓	✓	✓	✓
Part F: Aboriginal Health	Aboriginal Health	✓	✗	✓	✗	✓	✗	✓
Part G: Community Health	Community Health	✓	✓	✓	✓	✓	✗	✗

DESCRIBING SERVICES

STEP 1

Each of the eight **core** services in **Section 1** should be assessed for the facility/network.



STEP 2

Each **clinical** service in **Section 2** should then be assessed, service by service.



STEP 3

LHD/SHNs should record and maintain details of each facility's core service levels and clinical service levels.

STRATEGIC AND FUNCTIONAL PLANNING

STEP 1

Refer to the LHD/SHN clinical service plan and/or individual service plans for the clinical services required for the facility.



STEP 2

Using the text in this Guide, assign role levels to each clinical service according to the requirements in these plans.



STEP 3

Refer to the **minimum core** services matrix for the relevant level of **clinical** service, and determine the required levels of **core** services.



STEP 4

By comparing existing and required **core** services, identify necessary changes to meet requirements and develop an action plan, or reassign role levels.

Version	Date	Comment
1.0	Jan 2016	Original publication

Section One: Core Services

1. ANAESTHESIA AND RECOVERY

For children, refer to service standard D6: Surgery for Children and Appendix II: Indicative List of Surgery for Children.

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Analgesia and conscious sedation available. Excludes general anaesthesia.	Patient monitoring and oxygen available. Local Clinical Emergency Response System (CERS) protocol in place to facilitate escalation of care and patient transfer when required. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical practitioner credentialled to provide sedation. Medical officer available on call or via virtual care 24 hours. Anaesthetic assistant (may be nurse, technician or other staff) available during procedures. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	-	1	-	-	-	-	1	1
2	As for Level 1. In addition, provide anaesthesia for ASA 1 and 2^ patients undergoing Minor* surgical procedures. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.] Anaesthetic induction undertaken within procedure room.	As for Level 1. In addition, formal network arrangement so specialist anaesthetists are available for consultation, advice and support. Recovery area for post-surgical procedures may be a discharge lounge, with trained recovery staff and facilities as required.	As for Level 1. In addition, medical practitioner credentialled in anaesthesia. Anaesthetist available for consultation.	-	2	-	-	-	2	1	2
3	As for Level 2. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Common and Intermediate* surgical procedures. May provide anaesthesia for ASA 1 and 2^ patients undergoing selected Major* surgical procedures. Provide anaesthesia for ASA 3 and selected ASA 4^ patients undergoing Minor* surgical procedures.	As for Level 2. In addition, dedicated operating room. Separate recovery area.	As for Level 2. In addition, anaesthetist appointed for consultation and service.	-	3	3	-	-	3	3	2
4	As for Level 3. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Major* surgical procedures. Provide anaesthesia for ASA 3^ and some ASA 4^ patients undergoing selected Common and Intermediate* surgical procedures. Provide appropriate care for ASA 5^ and ASA 6^ patients.	As for Level 3.	As for Level 3. In addition, medical head of service with considerable experience in anaesthesia, preferably a Fellow of the Australian and New Zealand College of Anaesthetists (ANZCA) or other registered specialist [may be networked access in rural centres]. Anaesthetist available 24 hours. For children, paediatrician available 24 hours. Medical officer on-site 24 hours.	-	4	-	4	-	4	4	4
5	As for Level 4. In addition, provide anaesthesia for ASA 1 and 2^ patients undergoing selected Complex Major* surgical procedures. Provide anaesthesia for ASA 3 to 5^ patients undergoing Common and Intermediate*, and selected Major* surgical procedures.	As for Level 4. In addition, specialty services on-site for consultation. Provide support for lower level networked services.	As for Level 4. In addition, anaesthetist on-site in business hours. For children, anaesthetist with specialist paediatric experience. Medical officer in anaesthesia with three or more postgraduate years of experience on call 24 hours; may be in training with the ANZCA.	-	5	-	5	-	5	5	5
6	As for Level 5. In addition, provide anaesthesia for all levels of patient risk^ undergoing Complex Major* surgical procedures. Subspecialty anaesthesia on-site, such as neurosurgery, cardiothoracic surgery and/or burns.	As for Level 5.	As for Level 5. In addition, subspecialist anaesthetists. Medical officer in anaesthesia with three or more postgraduate years of experience on-site 24 hours; may be in training with the ANZCA.	-	6	-	6	-	6	6	6

1. ANAESTHESIA AND RECOVERY *continued*

*see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in **Appendix VII***

Australian and New Zealand College of Anaesthetists (ANZCA) PS04_2018 *Statement on the Post-Anaesthesia Care Unit*

ANZCA PS09_2014 *Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures*

ANZCA PG29(A) 2020 *Guideline for the Provision of Anaesthesia Care to Children*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy*

NSW Health PD2013_049 *Recognition and Management of Patients who are Clinically Deteriorating*

NSW Health PD2022_053 *The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities*

NSW Health GL2017_010 *NSW Paediatric Service Capability Framework*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
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1.0	Jan 2016	Original publication
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5	Dec 2021	Tranche 2 review
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2. OPERATING SUITE

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Minimum Core Services

Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia).	Dedicated procedure room. Local Clinical Emergency Response System (CERS) protocol in place to facilitate escalation of care and patient transfer when required. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Appropriately credentialled medical practitioner. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison officer roles available, preferably both male and female.	1	-	-	-	-	-	1	1
2	As for Level 1. In addition, provide Minor* surgical procedures that may require general anaesthesia. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]	As for Level 1.	As for Level 1.	2	-	-	-	-	2	1	2
3	As for Level 2. In addition, provide surgical procedures requiring general anaesthesia. Provide common and Intermediate* surgical procedures. May provide selected Major* surgical procedures.	As for Level 2. In addition, appropriately equipped operating room. Access to allied health services commensurate with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours (may be on call). Allied health professionals available. Staff available for patient transfers.	3	-	3	-	-	3	3	2
4	As for Level 3. In addition, provide Major* surgical procedures.	As for Level 3. In addition, access to image intensifier. May have a second operating room commensurate with patient load.	As for Level 3. In addition, surgeon available 24 hours.	4	-	-	4	-	4	4	4
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures. For children, provided in a specialist children's hospital. 24 hour on call availability.	As for Level 4. In addition, specialty services on-site with consultation available. Usually more than two operating rooms. Provide support for lower level networked services.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the Australian and New Zealand College of Anaesthetists (ANZCA).	5	-	-	5	-	5	5	5
6	As for Level 5. In addition, provide Complex Major* surgical procedures. For children, provided in a specialist children's hospital. Manage patients at the highest level of surgical risk [^] . Provide specialised surgery such as cardiothoracic surgery, neurosurgery, complex oncology surgery, transplantation surgery. May have cross LHD role (e.g. complex oncology surgery, transplantation surgery, major trauma service).	As for Level 5. In addition, equipped for highly specialised procedures (e.g. cardiopulmonary bypass, extracorporeal membrane oxygenation (ECMO)).	As for Level 5. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with ANZCA.	6	-	-	6	-	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

[^] see **Appendix III: Indicative Levels of Patient Risk**

Further Reading– *hyperlinks available in Appendix VII*

Australian and New Zealand College of Anaesthetists (ANZCA) PS09-2014 *Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures*
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities
NSW Health PD2020_018 *Recognition and Management of Patients who are Deteriorating*
NSW Health GL2017_010 *NSW Paediatric Service Capability Framework*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Nov 2021	Tranche 2 review
6.0	Dec 2023	Minor edit

3. CLOSE OBSERVATION UNIT

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
3	<p>Dedicated unit (i.e. more than one bed) in adult health facilities with no Intensive Care Service (ICS).</p> <p>[NB: Dedicated unit not required for paediatric care or for maternity care.]</p> <p>Provide a higher level of monitoring and observation than standard ward based care (e.g. cardiac monitoring, diabetic ketoacidosis management) as needed.</p> <p>May have central monitoring.</p> <p>Patient admission and medical care remains under the direction of the admitting medical practitioner.</p>	<p>Dedicated adult beds.</p> <p>[NB: For paediatric care, close observation resources are applied to the paediatric ward/unit as needed.</p> <p>For maternity care, close observation resources are applied to the birthing environment.]</p> <p>An executive approved escalation of care and transfer process with a LHD/SHN or networked Level 5 or 6 intensive care service (ICS).</p> <p>Formal network and relationship with a Level 5 or 6 ICS, within LHD/SHN if available, including mutual transfer and back-transfer policies, clinical advice and professional development support (may include virtual care).</p> <p>Each patient must have a medical management plan that includes a process to facilitate escalation of care and patient transfer when required.</p> <p>Each patient must have at least daily medical review and care planning.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Preferably, access to consultation-liaison psychiatry.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Medical officer available 24 hours (may be on call). Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals such as physiotherapist, occupational therapist, speech pathologist, pharmacist and/or social worker available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	2	2	-	-	-	2	2	2
4	<p>Dedicated unit in health facilities with an ICS.</p> <p>Provide level of care between standard ward and an intensive care unit (ICU), with close monitoring and observation. For example, patients transitioning out of the ICU; patients likely to need intensive care outreach support such as rapid response or ICU liaison.</p> <p>Patient admission and medical care may be under the direction of the admitting medical officer or an intensivist.</p> <p>May provide non-invasive ventilation (NIV) where the intention is not to escalate to invasive ventilation.</p> <p>May provide short term low level vasopressor therapy where there is low likelihood for or intention to escalate to intensive care.</p>	<p>As for Level 3. In addition, close relationship with the ICS, including clinical advice and professional development support.</p>	As for Level 3.	4	4	-	4	4	4	4	4

3. CLOSE OBSERVATION UNIT

Further Reading – *hyperlinks available in **Appendix VII***

Agency for Clinical Innovation (ACI) (2018) Establishment, governance and operation of a close observation unit: key principles

NSW Health *PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health *GL2017_010 NSW Paediatric Service Capability Framework*

ACI (2022) *Close Observation Unit Organisational Models*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Nov 2016	Approved changes
5.0	Nov 2021	Tranche 2 review

4. INTENSIVE CARE SERVICE

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
4	<p>Part of the local health district/specialty health network (LHD/SHN) critical care network, supported by and integrated with a Level 5 or 6 intensive care service (ICS).</p> <p>Provide immediate resuscitation and short term cardio-respiratory support for critically ill patients.</p> <p>Provide invasive mechanical ventilation and simple invasive cardiovascular monitoring.</p> <p>Patients requiring care for longer than 24 hours, or complex care (i.e. more than routine post-operative/post-procedural support), should be managed in daily consultation with the networked Level 5 or 6 ICS.</p> <p>In units where children may be admitted, provide emergency stabilisation and support for paediatric patients prior to transfer to specialist children’s hospital within 24 hours.</p>	<p>Dedicated facility in the hospital.</p> <p>At least one staffed and equipped bed capable of invasive mechanical ventilation.</p> <p>Clear patient selection criteria and medical governance, developed in consultation with the LHD/SHN critical care network.</p> <p>Formal network and relationship with a Level 5 or 6 ICS, within LHD/SHN if available, including mutual transfer and back-transfer policies, clinical advice and professional development support (may include virtual care).</p> <p>Each patient has medical management plan agreed by the ICS medical director, with daily medical review and a process for escalation of treatment and possible transfer to another facility in case of deterioration.</p> <p>Access to consultation-liaison psychiatry.</p> <p>Allied health services on-site during business hours commensurate with casemix and clinical load.</p> <p>Extended hours access to physiotherapy services commensurate with casemix and clinical load.</p> <p>Access to comprehensive technical equipment support program, with processes in place to manage the quality assurance cycle for essential life support and monitoring equipment.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Participation in an ICS database desirable to allow benchmarking with other units.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p> <p>May have combined operational and performance meetings with the supporting Level 5 or 6 unit to promote service (rather than unit) based approach to critical care delivery.</p>	<p>Service medical director with considerable experience in intensive care, preferably a Fellow of the College of Intensive Care Medicine (CICM), or other medical specialist.</p> <p>Paediatrician available in units where children may be admitted.</p> <p>Medical officer, Advanced Life Support (ALS) competent, on-site 24 hours; responsible for reviewing patients in the ICS.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Access to allied health professionals, such as physiotherapist, social worker, speech pathologist, occupational therapist and/or dietitian.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>[Where the ICS has responsibilities for rapid response or other outreach services such as vascular access, tracheostomy care, parenteral nutrition or participation in end of life care, consideration is given to staffing requirements that support these functions.]</p>	4	4	-	-	4	4	4	4

4. INTENSIVE CARE SERVICE *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, provide complex multi-system life support.</p> <p>Provide mechanical ventilation, renal replacement therapy and invasive cardiovascular monitoring, for an indefinite period if appropriate specialty support is available.</p>	<p>As for Level 4. In addition, specialty services on-site available for consultation.</p> <p>Networked with a Level 6 service for clinical advice and professional development support.</p> <p>Support networked Level 4 ICS and close observation units within the LHD/SHN.</p> <p>Staffed and equipped beds capable of invasive mechanical ventilation.</p> <p>Clinical workload of more than 200 invasively ventilated patients per annum to maintain clinical expertise.</p> <p>Alternatively, more than 150 invasively ventilated patients and more than 50 patients receiving non-invasive ventilation (NIV).</p> <p>Technical equipment support program.</p>	<p>As for Level 4. In addition, at least one intensive care physician or other medical specialist accredited in intensive care medicine appointed.</p> <p>Medical officer in intensive care with three or more postgraduate years of experience on-site 24 hours; may be in training with the CICM.</p> <p>Medical and nursing staff in regional ICS should have some training and experience in managing critically ill children, preferably with Advanced Paediatric Life Support (APLS) provider status or equivalent.</p> <p>May have clinical information system manager, data manager and research officer.</p>	5	5	-	-	5	5	5	5
6	<p>As for Level 5. In addition, provide comprehensive critical care, including complex multi-system life support, for an indefinite period.</p> <p>Provide support for specialised services and other complex activity, such as extracorporeal membrane oxygenation (ECMO), organ transplantation, spinal injury and severe burns.</p> <p>Referral centre for complex patients from lower level services within the LHD/SHN or from other services, consistent with cross LHD role.</p> <p>Leadership role for critical care network.</p>	<p>As for Level 5. In addition, provide clinical advice and professional development support for lower level networked services.</p> <p>Sufficient clinical workload of invasively ventilated patients to maintain expertise consistent with comprehensive critical care service provision (e.g. 300 invasively ventilated patients per annum).</p> <p>Comprehensive technical equipment support program that supports lower level services within the LHD/SHN.</p>	<p>As for Level 5. In addition, allied health professionals with specific skills in intensive care.</p>	6	6	-	-	5	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

Agency for Clinical Innovation (ACI) (2015) *Intensive Care Service Model: NSW Level 4 Adult Intensive Care Units*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

College of Intensive Care Medicine (CICM) – Professional documents

NSW Health PD2018_011 *NSW Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Dec 2021	Tranche 2 review

5. NUCLEAR MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
4	Access to nuclear medicine services provided by a public or suitably licensed and accredited private health facility, either on-site or with formal networking arrangements in place. Limited diagnostic nuclear medicine studies such as bone, brain and lung scans available.	Networking arrangements must include the provision of clinically appropriate transport options; nursing care; and qualified personnel. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	As per networked arrangements. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	-	-	-
5	On-site (or locally based) licensed and accredited nuclear medicine facility operating during business hours. Provide interventional studies requiring the presence of a nuclear medicine physician, such as stress myocardial perfusion and studies involving pharmacological interventions.	Specialty services on-site with consultation available. One or more gamma cameras offering Single Photon Emission Computed Tomography (SPECT) combined with Computed Tomography (SPECT-CT). May have positron emission tomography (PET). Access to paediatric anaesthesia service if children are seen.	Nuclear medicine physician on-site during business hours. Paediatrician available if children are seen. Medical radiation scientist (MRS) nuclear medicine on-site during business hours. Radiation safety officer who meets Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) requirements. Nuclear medicine physicist available during business hours. May have a radiopharmaceutical scientist available.	3	3	3	-	-	4	3	4
6	As for Level 5. In addition, provide 24 hour on-call nuclear medicine service. Provide services such as positron emission tomography (PET), cardiac stress testing, bone densitometry, and/or offer radionuclide therapies. May provide <i>in vitro</i> tracer studies.	As for Level 5. In addition, paediatric intensive care service available if children are seen.	As for Level 5. In addition, nuclear medicine physician available 24 hours. Medical radiation scientist (MRS) nuclear medicine available 24 hours. Nuclear medicine physicist available, preferably on-site. Radiopharmaceutical scientist available, preferably on-site.	3	3	3	-	-	4	3	5

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Version	Date	Comment
1.0	Jan 2016	Original publication
4.0	Oct 2019	Approved edits
6.0	Dec 2023	Minor edits

6. RADIOLOGY AND INTERVENTIONAL RADIOLOGY

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Mobile service with a limited range of x-ray capability, dependent on radiographer/ remote operator qualifications and availability, and mobile unit capacity.	Formal links to higher level networked radiology service for consultation, image reporting and patient transfer. May have image processing capacity. May have access to Picture Archiving and Communication System (PACS)/Radiology Information System (RIS). Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Radiologist available off-site for reporting. Appropriately licensed remote x-ray operator/s^, able to provide limited radiography services in rural and remote areas of NSW if radiographer not available to attend. Refer to Appendix IV: Nursing and Midwifery Workforce. May have on-site Medical Radiation Scientist (MRS) (Diagnostic Radiographer). Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	-	-	-
2	Provide low risk diagnostic radiology service as part of ambulatory and inpatient care.	<i>As for Level 1.</i> In addition, dedicated room. Access to PACS/RIS.	Radiologist available for consultation and reporting in business hours. Refer to Appendix IV: Nursing and Midwifery Workforce. MRS (Diagnostic Radiographer) access on-site. Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	-	-	-
3	<i>As for Level 2.</i> In addition, provide comprehensive range of general examinations; may include ultrasound.	<i>As for Level 2.</i> In addition, a Bucky table. Mobile unit available for wards, operating suite and emergency medicine. May have access to an ultrasound facility. May have access to Computed Tomography (CT).	<i>As for Level 2.</i> In addition, radiologist available for consultation and reporting 24 hours. May have MRS (Diagnostic Radiographer) available 24 hours. Staff available for patient transfers.	-	-	-	-	-	-	-	-
4	<i>As for Level 3.</i> In addition, provide 24 hour diagnostic radiology services, including urgent x-rays, Computed Tomography (CT) and ultrasound. Provide access to basic diagnostic angiography service; may be networked. Provide access to a basic interventional radiology (IR) service, including some Royal Australian and New Zealand College of Radiologists (RANZCR) Tier A* procedures such as CT-guided biopsy, ultrasound-guided biopsy, drainage, spinal injections.	<i>As for Level 3.</i> In addition, general x-ray and ultrasound facilities and access to CT scanner. Mobile image intensifier for operating theatre.	<i>As for Level 3.</i> In addition, certified and credentialed interventional radiologist available for any interventional procedure. Medical officer available 24 hours. Sonographer. MRS (Diagnostic Radiographer) available 24 hours.	3	3	3	-	-	-	-	3
5	<i>As for Level 4.</i> In addition, provide access to 24 hour complex diagnostic radiology services. Provide access to an intermediate level IR service, including RANZCR Tier A* procedures such as peripherally inserted central catheter (PICC) lines, insertion of ports, nephrostomy. Provide access to some Tier B* procedures (e.g. embolisation) for selected complex major surgical procedures. May provide CT perfusion scanning.	<i>As for Level 4.</i> In addition, all modalities available including full ultrasound service. Basic digital subtraction angiography (DSA) suite for interventional services. CT scanner on-site. Access to Magnetic Resonance Imaging (MRI).	<i>As for Level 4.</i> In addition, clinical head of service. May have medical officer in radiology with three or more postgraduate years of experience as part of a networked arrangement; may be in training with the RANZCR.	4	4	-	4	-	-	4	4

6. RADIOLOGY AND INTERVENTIONAL RADIOLOGY *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	As for Level 5. In addition, provide access to comprehensive 24 hour IR service, including RANZCR Tier B* procedures. Provide CT perfusion scanning. Paediatric IR provided by specialist children's hospital. May provide MRI guided IR. May provide trauma IR. May provide interventional neuroradiology (INR).	As for Level 5. In addition, single-plane and/or biplane DSA suite. MRI scanner on-site.	As for Level 5. In addition, medical officer/s in radiology with three or more postgraduate years of experience; may be in training with the RANZCR. Chief MRS (Diagnostic Radiographer). May have access to clinical imaging educator/tutor.	5	5	-	5	-	-	5	5

* Royal Australian and New Zealand College of Radiologists (2019) *Standards of Practice for Clinical Radiology, Version 11* – Appendices B and C:

Appendix B – Tier A Interventional Procedures

- Basic diagnostic angiography and interventional techniques
- Basic diagnostic angiography
- Nephrostomy
- Abscess and cyst drainage and biopsy
- Simple venous access
- Breast localisation
- Image-guided biopsies
- Joint arthrography and injection
- Spinal tap, epidural and spinal nerve root block
- Other non-tier B interventional procedures.

Appendix C – Tier B Interventional Procedures

1. All neuro-interventional procedures, intracranial and extracranial – these are subject to additional specific credentialing requirements determined jointly by the RANZCR, ANZSNR and IRSA
2. All vascular interventional procedures other than basic diagnostic angiography; that is, stents (including carotid stenting with its associated intracranial and extracranial angiography), angioplasty, thrombolysis, thrombectomy, atherectomy, embolisation, retrieval of foreign bodies and laser and mechanical angioplasty
3. Venous and arterio-venous graft interventions other than basic diagnostic venography or fistulography; that is, thrombolysis, angioplasty, stents, atherectomy, pulmonary embolectomy/thrombolysis and caval filter insertion
4. Biliary intervention including TIPS
5. Thoracic intervention; that is, embolisation of AVMs, bronchial stents, occlusion of bronchopleural fistulas and bronchial artery embolisation
6. Gastro-intestinal intervention; that is, oesophageal and duodenal stents, percutaneous gastrostomy, and gastrointestinal vascular procedures other than diagnostic angiography, such as embolisation, chemo-embolisation and transplant intervention
7. Urological intervention; that is, renal artery embolisation, angioplasty or stenting, percutaneous nephrolithotomy
8. Gynaecological – fallopian tube recanalisation, embolisation of fibroids and temporary aortic occlusion
9. Orthopaedic – percutaneous vertebroplasty and percutaneous discectomy.

[^] see **Appendix V: Workforce Definitions**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Australian Government Department of Health (2016) Diagnostic Imaging Accreditation Scheme (DIAS)

Version	Date	Comment
1.0	Jan 2016	Original publication
4.0	Oct 2019	Approved edits

7. PATHOLOGY

Pathology role descriptions are based on the services provided at or delivered to a site, rather than what is physically present on the site.

Level	Service Scope	Service Requirements	Workforce
NPS	No planned service.		
1	Blood and diagnostic specimen collecting services available.	Supported by a timely courier service to a National Association of Testing Authorities / Royal College of Pathologists of Australasia (NATA/RCPA) accredited laboratory for testing. Collection policies and procedures established by the accredited laboratory. Referral pathways to relevant Aboriginal programs and services. Compliance with the quality and safety requirements as determined by NATA and the National Pathology Accreditation Advisory Council (NPAAC).	Workforce requirements in accordance with standards and guidelines specified by the NPAAC; accredited for compliance by NATA.
2	<i>As for Level 1.</i> In addition, a range of urgent tests available. Tests may be performed by appropriately trained health workers using approved Point of Care Testing devices (see NSW Health PD2018_028 <i>Managed Point of Care Testing (PoCT) Service.</i>).	<i>As for Level 1.</i> In addition, comply with NSW Health PD2018_042 <i>Blood Management.</i>	<i>As for Level 1.</i>
3	<i>As for Level 2.</i> In addition, an accredited Category B (Branch)* laboratory providing core pathology services, either on-site or through networked arrangements. Range of tests available varies according to clinical need. Will usually include basic haematology (e.g. full blood count, cross matching, blood grouping and basic coagulation), biochemistry (e.g. liver and renal function tests, electrolytes) and microbiology (e.g. urine microscopy, Gram staining).	<i>As for Level 2.</i> In addition, under the overall control of, with specialist scientific and clinical supervision from, an accredited laboratory. 24 hour on call access to Category G^ laboratory.	<i>As for Level 1.</i>
4	<i>As for Level 3.</i> In addition, part of a service network providing some specialist diagnostic tests (e.g. fine needle aspiration, frozen section, bone marrow biopsy) and/or an expanded range of tests.	<i>As for Level 3.</i> In addition, provide an extended hours service to meet agreed clinical needs.	<i>As for Level 1.</i>
5	<i>As for Level 4.</i> In addition, accredited as Category B* or G^ laboratory. Provide access to comprehensive range of pathology services, either on-site or through networked arrangements. Provide support for clinical trial and research activities. May act as 'hub' laboratory, providing diagnostic and clinical services for other hospitals or laboratories in the region or pathology network.	<i>As for Level 4.</i> In addition, provide 24 hour access to comprehensive range of pathology services.	<i>As for Level 1.</i>
6	<i>As for Level 5.</i> In addition, accredited as Category G^ laboratory. Provide comprehensive range of core clinical, laboratory and business support services as part of the clinical management team. Perform testing of a complex technical nature in a range of fields to support clinical services. May initiate and lead clinical trial and research activities. May operate reference laboratories and provide public health services for the State.	<i>As for Level 5.</i>	<i>As for Level 1.</i>

- * **Category B (Branch):** This category is used for a laboratory that is either: an integral part of a Category G laboratory apart from its geographic location, or a part of a regional pathology service. A Category B laboratory shall have a documented agreement with a Category G laboratory to ensure that the range of pathology tests provided and the standard of work in the laboratory is under the direction and control of a designated supervising pathologist or senior scientist of an accredited Category G laboratory.

Source: NPAAC (2018) *Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories. Fifth edition.* Commonwealth of Australia, Canberra.

- ^ **Category G (General):** These categories are used for both large and small multidiscipline or general laboratories providing comprehensive services. It is also used for limited or single discipline laboratories.

Source: NPAAC (2018) *Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories. Fifth edition.* Commonwealth of Australia, Canberra.

Introduction of PoCT and specialised testing has resulted in new categories of laboratories for these sites. For further information please contact NSW Health Pathology.

Further Reading – *hyperlinks available in Appendix VII*

National Pathology Accreditation Advisory Council (NPAAC) (2013) *Guidelines for Approved Pathology Collection Centres (Requirements for Medical Pathology Specimen Collection). Third edition.*

NPAAC (2018) *Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories. Fifth edition.*

NPAAC (2007) *Requirements for the Supervision of Pathology Laboratories.*

NPAAC Publications.

NSW Health PD2017_011 *Accreditation of Pathology Laboratories in NSW Health.*

NSW Health PD2018_028 *Managed Point of Care Testing (PoCT) Service.*

NSW Health PD2018_042 *Blood Management.*

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Apr 2017	Edited in consultation with NSW Health Pathology
4.0	Oct 2019	Approved edits

8. PHARMACY

Level	Service Scope	Service Requirements	Workforce
NPS	No planned service.		
1	Service provided by LHD/SHN network or external pharmacy. Drugs supplied to patients/clients on individual prescription and/or through an imprest system in accordance with NSW Health PD2013_043 <i>Medication Handling in NSW Public Health Facilities</i> .	Access to medicines procurement and distribution service. Access to patient and staff medicines education. Access to therapeutic guidelines. Access to drug and therapeutics committee or equivalent. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current <i>National Safety and Quality Health Service (NSQHS) Standards</i> as appropriate.	Pharmacist available for consultation, advice and support (may include telehealth; outreach). Aboriginal hospital liaison roles available, preferably both male and female.
2	As for <i>Level 1</i> . In addition, provide on-site clinical pharmacy service (e.g. patient medicines information, medication chart review, staff education).	As for <i>Level 1</i> . In addition, access to information technology to support integrated pharmacy management system. May have dedicated pharmacy space.	Allocated pharmacist resource (may be via LHD/SHN network).
3	As for <i>Level 2</i> . In addition, provide administration and pharmacy management support. May provide medicines procurement, dispensing and distribution services.	As for <i>Level 2</i> . In addition, dedicated pharmacy space. May have processes to provide medications that require compounding (may be networked or external arrangement).	Pharmacist on-site. May have pharmacy support staff (e.g. pharmacy technician, stores person).
4	As for <i>Level 3</i> . In addition, provide medicines procurement, dispensing and distribution services. Drug and therapeutics committee or equivalent. May support specialised services (e.g. renal dialysis).	As for <i>Level 3</i> . In addition, department of pharmacy. Provide service during business hours with access out of hours. Processes to provide medications that require compounding (may be networked or external arrangement). Access to clinical trial and research support. May provide administration and pharmacy management support to other health facilities or services. May supply to other health facilities or services not on-site.	As for <i>Level 3</i> . In addition, service director. Pharmacy support staff (e.g. pharmacy technician, pharmacy assistant, stores person).
5	As for <i>Level 4</i> . In addition, provide support for clinical specialty services (e.g. oncology, haematology), quality improvement, and medication safety and stewardship services. Provide support for clinical trial and research activities.	As for <i>Level 4</i> . In addition, processes for sterile manufacturing and cytotoxic drugs where clinically necessary (may be networked or external arrangement). May provide support for electronic medication management and distribution systems. May provide networked support to lower level pharmacy services within the LHD/SHN (e.g. advice, purchasing assistance).	As for <i>Level 4</i> . In addition, pharmacist appointed as clinical pharmacy educator. Senior pharmacy technician/s. May have clinical specialist pharmacist roles (e.g. oncology, haematology). May have pharmacist management roles (e.g. distribution service, mental health, cytotoxic production unit, aseptic production unit). May have pharmacist medication safety quality improvement role. May have pharmacist stewardship role such as antimicrobial stewardship (AMS). May have pharmacist health informatics role.

8. PHARMACY *continued*

Level	Service Scope	Service Requirements	Workforce
6	<p>As for Level 5. In addition, provide advanced level support for wide range of highly specialised services (e.g. cystic fibrosis, cancer services, transplantation including bone marrow transplant, neonatology).</p> <p>Active involvement in clinical trials and research activities (e.g. contribute to Human Research Ethics Committee, extensive numbers of clinical trials).</p> <p>Active involvement in supporting electronic medication management and medication safety quality improvement activities.</p> <p>May provide specialist medicines information services.</p> <p>May have pharmacy automation.</p>	<p>As for Level 5. In addition, 24 hour on call access to pharmacy service.</p> <p>Provide networked support to lower level pharmacy services within the LHD/SHN.</p>	<p>As for Level 5. In addition, clinical specialist pharmacist roles. Senior pharmacists.</p> <p>May have chief pharmacist information officer role.</p>

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Australian Health Practitioner Regulation Agency (AHPRA) – Pharmacy Codes, Guidelines and Policies.

Clinical Excellence Commission (CEC) (2014) *National Quality Use of Medicines Indicators for Australian Hospitals*.

NSW Health PD2022_032 *Medication Handling*

NSW Health PD2023_021 *Preparation of pharmaceutical and advanced therapeutic products*

NSW Health PD2016_033 *Approval Process of Medicines for Use in NSW Public Hospitals*.

Pharmaceutical Society of Australia (PSA) (2016) *National Competency Standards Framework for Pharmacists in Australia*.

The Society of Hospital Pharmacists of Australia (SHPA) – Standards of Practice.

Version	Date	Comment
1.0	Jan 2016	Original publication
4.0	Oct 2019	Approved edits

Section Two: **Clinical Services**

Part A: **Emergency Medicine**

A. EMERGENCY MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Provide primary care assessment within designated area of health facility. In remote locations, may assist NSW Ambulance paramedics with patient resuscitation.	Formal network and relationship with higher level emergency medicine service (within LHD/SHN if available), including 24 hour access to advice, education and quality review. Formal escalation plan for obtaining immediate clinical assistance when overwhelmed by critically ill patients (e.g. NSW Ambulance Clinical Emergency Response Systems (CERS) Assist). Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Staff on-site 24 hours with basic life support capability for adults and children. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female. Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.	-	-	-	-	-	-	-	-
2	Provide emergency care within a designated area of health facility. Emergency caseload may be intermittent. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service.	<i>As for Level 1.</i> In addition, purpose specific area to receive and manage emergency presentations, including a co-located resuscitation area with appropriate equipment for advanced paediatric, adult and trauma life support prior to transfer to definitive care. 24 hour access to local and statewide retrieval and transport service. Access to specialty services (may be via telephone, virtual care and/or hospital outreach) such as surgical, medical, orthopaedics, mental health, paediatrics, obstetrics and gynaecology; with ability to transfer and refer. Access to formal ALS education and training for nursing and medical staff. May have access to allied health services commensurate with casemix and clinical load.	<i>As for Level 1.</i> In addition, medical practitioner on call or available via virtual care at least during daytime hours. Preferably, medical practitioner available with a basic level of post-graduate emergency medicine training (Australasian College for Emergency Medicine (ACEM) non-specialist Emergency Medicine Certificate or equivalent). Some nurses with extra training (e.g. Emergency Triage Education Kit (ETEK); Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams (DETECT); ALS; First Line Emergency Care Course (FLECC)). May have allied health professionals available. [A variety of models of care exist that may include nurse practitioners, acute physiotherapy and other health workers.]	-	-	-	-	-	1	2	1

A. EMERGENCY MEDICINE *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
3	<p>Manage full range of emergency presentations, including some complex emergency cases.</p> <p>Provide primary emergency care, including short term mechanical ventilation, pending transfer to definitive care.</p> <p>Provide a 24 hour clinical triage service in accordance with Australian Triage Scale.</p> <p>Capable of responding to local major incidents, with a formal role in disaster response planning.</p> <p>May have a dedicated short stay unit managed within and by the emergency department.</p>	<p><i>As for Level 2.</i> In addition, full resuscitation facilities in a separate space.</p> <p>Ideally, a dedicated waiting area for children that is easily observable by staff and where possible with age appropriate play equipment.</p> <p>Formal network with a Level 5 emergency medicine service, for advice, education and quality review.</p> <p>Documented processes to guide clinical management, including paediatrics, mental health and obstetrics/gynaecology as appropriate.</p> <p>Access (may be via telephone, virtual care and/or referral hospital outreach) to medical and surgical specialties; tertiary level paediatrics; higher level critical care services; mental health services; drug and alcohol dependency services; and community services.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Formal processes to ensure readily available, 24 hour patient transfer and back-transfer.</p> <p>Clinical information system that records patient details, clinical information and data.</p> <p>May have point of care ultrasound service.</p>	<p><i>As for Level 2.</i> In addition, medical head of service (may be via network).</p> <p>Medical practitioner with a basic level of post-graduate emergency medicine training available 24 hours (may be via virtual care).</p> <p>Medical practitioner available 24 hours (may include on call).</p> <p>Allied health professionals available.</p> <p>Administrative and service support staff on-site 7 days per week.</p>	3	3	3	-	-	3	3	2
4	<p><i>As for Level 3.</i> In addition, provide definitive care for most emergency presentations, including invasive monitoring.</p> <p>May have short stay unit or similar model, managed within and by the emergency department.</p>	<p><i>As for Level 3.</i> In addition, point of care ultrasound service.</p> <p>Access to aged care services team.</p>	<p><i>As for Level 3.</i> In addition, specialist emergency medicine staff on-site commensurate with casemix and clinical load.</p> <p>Medical officers with a range of postgraduate years of experience rostered to work in the emergency department over 24 hours; may be in training with ACEM.</p> <p>Allied health professionals such as social worker, physiotherapist, occupational therapist, and/or dietitian available.</p> <p>Administrative and service support staff on-site 24 hours.</p>	4	4	-	4	4	4	4	4
5	<p><i>As for Level 4.</i> In addition, manage critically ill patients.</p>	<p><i>As for Level 4.</i> In addition, specialty services on-site for consultation.</p> <p>Provide support to lower level networked services including advice, education and quality review.</p> <p>Purpose built resuscitation area for trauma and other life-threatening presentations.</p> <p>Specific safe area for patients with, or at risk of developing, severe behavioural disturbance and/or patients with challenging behaviours.</p> <p>Extended hours access to allied health services commensurate with casemix and clinical load.</p> <p>Emergency medicine short stay unit capable of monitoring and assessment.</p>	<p><i>As for Level 4.</i> In addition, 24 hour specialist emergency medicine cover (may include on call).</p> <p>Extended hours access to selected allied health professionals, such as social worker and/or physiotherapist.</p>	5	5	-	5	4	5	5	5

A. EMERGENCY MEDICINE *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	As for Level 5. In addition, manage all complex emergencies, including activity related to cross LHD/SHN services. Referral centre for complex patients from lower level services within the LHD/SHN or from other services consistent with cross LHD/SHN role.	As for Level 5. In addition, specialty services on-site such as neurosurgery, cardiothoracic surgery.	As for Level 5.	6	6	-	6	5	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

Australasian College for Emergency Medicine (ACEM) P28_2019 *Policy on a Quality Framework for Emergency Departments. Version 5*

ACEM S12_2012 *Statement on the Delineation of Emergency Departments. Version 5*

College of Emergency Nursing Australasia (CENA) (2020) *Practice Standards for the Emergency Nursing Specialist. Fourth edition*

NSW Health PD2018_010 *Emergency Department Patients Awaiting Care*

NSW Health GL2021_011 *NSW Rural Paediatric Emergency Clinical Guidelines. Third edition*

NSW Health GL2022_004 *Rural Adult Emergency Clinical Guidelines*

NSW Health GL2020_001 *Safe Assessment Rooms*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Dec 2021	Tranche 3 review
6.0	Dec 2023	Approved edits

Section Two: **Clinical Services**

Part B: **Medicine**

B1. ACUTE STROKE SERVICES (ADULT)

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service. Protocols in place to ensure stroke recognition and transfer of appropriate patients to a higher level service for assessment. May provide acute stroke thrombolysis with networked support (may include virtual care).										
4	Provide stroke unit care* as part of a general hospital. Provide immediate acceptance and initial assessment of potential stroke patients to determine eligibility for acute stroke thrombolysis and/or endovascular clot retrieval (may include virtual care support). Provide cardiac monitoring and recording. Provide standardised on-site assessment for rehabilitation needs, ideally within 24-48 hours of admission, as a basis for ongoing care and/or referral. May provide acute stroke thrombolysis.	Dedicated stroke unit or stroke beds. Coordinated emergency medicine systems including validated stroke screening tools and agreed triage categories. Protocols in place to transfer patients to higher level acute stroke service as needed for acute stroke thrombolysis and/or endovascular clot retrieval. Protocols in place for acute stroke care and access to rehabilitation. Protocol in place for acute stroke thrombolysis if provided. Rapid access to computed tomography (CT) brain scanning 24 hours. Level 4 neurology service on-site. Network with a higher level acute stroke service. Network with at least Level 4 rehabilitation medicine service. Network with Level 4 geriatric medicine service. Access to stroke coordinator^. Access to multidisciplinary team on-site, including medical, nursing and allied health professionals (e.g. speech pathologist, physiotherapist, occupational therapist, social worker, dietitian), preferably with experience in stroke and/or rehabilitation. Access to medical and surgical specialties for consultation such as cardiology, vascular surgery, neurosurgery, palliative care. Access to community based health services (e.g. ambulatory allied health services, primary health care, rehabilitation services, community nursing). Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Physician available 24 hours. Neurologist or stroke physician^ available for consultation 24 hours. Medical team includes medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP) or equivalent training program. Medical officer on-site 24 hours. Refer to Appendix IV: Nursing and Midwifery Workforce . Medical radiation scientist (diagnostic radiographer) on call 24 hours. Allied health professionals available on-site (e.g. speech pathologist, physiotherapist, occupational therapist, social worker, dietitian).	4	4	-	4	-	4	4	4

B1. ACUTE STROKE SERVICES (ADULT) *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, provide acute stroke thrombolysis 24 hours (may include networked support and/or virtual care).</p> <p>Provide neurology outpatient service on-site or via local specialist/s for ongoing stroke management and follow up.</p> <p>May have LHD leadership role in stroke practice.</p>	<p>As for Level 4. In addition, medical lead and stroke coordinator^.</p> <p>Coordinated processes for ongoing inpatient rehabilitation, secondary prevention (e.g. clinic or follow up service), and community reintegration (e.g. early supported discharge).</p> <p>Rapid access to CT angiography 24 hours.</p> <p>Access to magnetic resonance imaging (MRI).</p> <p>Level 5 neurology service on-site.</p> <p>Level 5 neurosurgery service on-site or via networked arrangement, with 24 hour consultation available.</p> <p>Clinical specialty services on-site for consultation (e.g. cardiology, vascular surgery).</p> <p>Network with subacute services (e.g. rehabilitation medicine, geriatric medicine, palliative care).</p> <p>Allied health services may include extended hours access (e.g. speech pathology to assess swallowing), commensurate with casemix and clinical load.</p> <p>May provide CT perfusion.</p> <p>May provide support to lower level networked services, including clinical advice and professional development (may include virtual care).</p>	<p>As for Level 4. In addition, medical head of stroke service.</p> <p>Neurologist or stroke physician^ available 24 hours.</p> <p>Neurosurgeon available for consultation 24 hours.</p> <p>Medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the RACP.</p> <p>May have medical officer in neurology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Allied health professionals with specific skills in stroke available on-site (e.g. speech pathologist, physiotherapist, social worker, occupational therapist, dietitian, clinical psychologist).</p> <p>Designated stroke coordinator^.</p>	5	5	-	5	4	5	5	5
6	<p>As for Level 5. In addition, provide specialised stroke interventions on-site 24 hours including endovascular clot retrieval; large vessel (e.g. carotid artery) angioplasty and/or stenting; hemicraniectomy.</p> <p>Provide acute stroke thrombolysis on-site 24 hours.</p> <p>May have cross LHD role.</p>	<p>As for Level 5. In addition, interventional neuroradiology on-site.</p> <p>Rapid access to CT perfusion 24 hours.</p> <p>MRI scanner on-site.</p> <p>Level 6 neurology and cardiology services on-site.</p> <p>Level 6 neurosurgery and vascular surgery services on-site.</p> <p>Allied health services with extended hours access, especially speech pathology to assess swallowing.</p> <p>Access to clinical specialty services such as palliative care and rehabilitation medicine on-site.</p> <p>Provide support to lower level networked services, including clinical advice and professional development (may include virtual care).</p>	<p>As for Level 5. In addition, appropriately credentialled neurointervention specialist^ available 24 hours.</p> <p>Medical officer in neurology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>Allied health professionals dedicated to stroke management.</p>	6	6	-	6	5	6	6	6

^ see **Appendix V: Workforce Definitions**

* see **Appendix VI: Glossary of Terminology**

B1. ACUTE STROKE SERVICES (ADULT) *continued*

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Cadilhac et al (2013) *Evaluation of Rural Stroke Services: Does Implementation of Coordinators and Pathways Improve Care in Rural Hospitals?* *Stroke*. 44(10): 2848-2853

NSW Health PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care*

NSW Health PD2018_011 *Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)*

Agency for Clinical Innovation (2020) [Telestroke Model of Care](#)

Stroke Foundation (2019) *National Acute Stroke Services Framework*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
4.0	Oct 2019	Original publication
6.0	Dec 2023	Minor edits

B2. CARDIOLOGY AND INTERVENTIONAL CARDIOLOGY

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service										
1	Provide assessment against a recognised chest pain pathway or guideline for people presenting with cardiac conditions including arrhythmias and acute coronary syndrome, prior to transfer/retrieval to a larger centre. Defibrillation available. Treatment may include thrombolysis.	Formal network with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Protocols to manage thrombolysis and arrhythmias. Access to an electrocardiogram (ECG) reading service. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical officer available for advice. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	-	-	-
2	As for Level 1. In addition, assess and stabilise patients, initiate care and refer for in/outpatient care as required. In consultation with networked cardiology service, provide short term cardiac care for up to 48 hours for stabilisation of arrhythmias, acute coronary syndrome (ACS), and non-ST elevation myocardial infarction (NSTEMI). Provide continuous cardiac monitoring and defibrillation. May initiate treatment for ST elevation myocardial infarction (STEMI) prior to transfer to facility with angiography.	As for Level 1. In addition, mechanisms to ensure case conference occurs with higher level networked service within 48 hours of admission. Transcutaneous pacing available. Access to cardiac rehabilitation service. Access to ongoing education and training for nursing and medical staff such as Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams (DETECT), 12 lead ECG interpretation and cardiac monitoring, with clinically appropriate competency assessment. Access to allied health services commensurate with casemix and clinical load.	As for Level 1. In addition, physician available 24 hours. Medical officer, advanced life support (ALS) competent, available 24 hours. Allied health professionals such as occupational therapist and physiotherapist available.	2	2	-	-	-	3	3	3
3	As for Level 2. In addition, manage ACS/STEMI in consultation with networked cardiology service. Admitted patients managed by cardiologist or physician with experience in cardiology. Provide follow up care for permanent pacemakers. May be able to insert temporary transvenous pacing wire prior to transfer (desirable).	As for Level 2. In addition, consultation available from other clinical specialties. Formal network with an interventional cardiology service. Access to non-invasive diagnostic tests including stress testing and holter monitoring. Access to coronary angiography within 48 hours. Access to echocardiography ('echo') within 48 hours. Access to heart failure program. Access to formal advanced life support (ALS) education and training program for nursing and medical staff.	As for Level 2. In addition, cardiologist or physician with cardiology experience appointed. Medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Physicians (RACP).	3	3	3	-	-	3	3	3

B2. CARDIOLOGY AND INTERVENTIONAL CARDIOLOGY *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	As for Level 3. In addition, provide 24 hour on call echocardiography and transoesophageal echocardiography (TOE) services. Provide cardiac rehabilitation service. Provide heart failure program (may include virtual care). May provide diagnostic coronary angiography with a view to proceeding to full interventional services as per Cardiac Society of Australia and New Zealand (CSANZ) Guidelines*.	As for Level 3. In addition, formal network and referral relationship with lower level cardiology service/s, including mutual transfer and back-transfer policies, clinical advice, joint clinical review and professional support; may include virtual care (e.g. ECG reading) support. Transvenous pacing available. Formal bed management systems in place to provide equitable and timely access for transfer and back-transfer of patients from other hospitals to services. Allied health services on-site commensurate with casemix and clinical load. May have Cardiac Catheterisation Laboratory (CCL).	As for Level 3. In addition, cardiologist head of service (may be networked) responsible for clinical governance procedures and audit. Cardiologist or physician with cardiology experience available 24 hours. Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP. Allied health professionals on-site.	4	4	-	4	4	4	4	4
5	As for Level 4. In addition, provide interventional cardiac catheterisation service as per CSANZ Guidelines for non-surgical sites* (i.e. without cardiothoracic surgery on-site). May provide electrophysiology services such as pacemaker insertion. May provide 24 hour on call service for urgent Acute Myocardial Infarction (AMI) presentations.	As for Level 4. In addition, a CCL.	As for Level 4. In addition, cardiologist with procedural expertise available 24 hours. Cardiac technologist available 24 hours (may include on call).	5	5	-	5	5	5	5	5
6	As for Level 5. In addition, provide tertiary/quaternary referral service for complex cardiac conditions, including electrophysiology services and management of adult congenital heart disease. Provide 24 hour primary Percutaneous Coronary Intervention (PCI) services.	As for Level 5. In addition, Level 5 or 6 cardiothoracic surgery available on-site.	As for Level 5. In addition, cardiologist on call 24 hours, with sufficient cardiologists to provide sustainable 24 hour cover. Medical officer in cardiology with three or more postgraduate years of experience; may be in training with the RACP.	6	6	-	6	6	6	6	6

* Cardiac Society of Australia and New Zealand (CSANZ) (2016) *Guidelines on Support Facilities for Coronary Angiography and Percutaneous Coronary Intervention (PCI) including Guidelines on the Performance of Procedures in Rural Sites*

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities
Cardiac Society of Australia and New Zealand (CSANZ) (2016) *Guidelines on Support Facilities for Coronary Angiography and Percutaneous Coronary Intervention (PCI) including Guidelines on the Performance of Procedures in Rural Sites*

CSANZ (2016) Paediatric Cardiology - Standards of Practice Statement

CSANZ (2014) Position Statement on Performance of and Support Facilities for a Primary PCI Service

CSANZ (2014) Position Statement on Sedation for Cardiovascular Procedures

CSANZ (2017) Cardiac Implantable Electronic Devices (CIEDs): Selection, Implantation and Follow Up

Agency for Clinical Innovation (ACI) [State Cardiac Reperfusion Strategy](#)

ACI (2022) *Cardiac Monitoring of Adult Cardiac Patients in NSW Public Hospitals*



B2. CARDIOLOGY AND INTERVENTIONAL CARDIOLOGY

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
5.0	Nov 2021	Tranche 3 review
6.0	Dec 2023	Minor edits

B3. CHRONIC PAIN MANAGEMENT SERVICES

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
3	Outpatient service providing assessment and structured chronic pain management program for adult, low complexity patients, delivered by a multidisciplinary team.	<p>Networked with a higher level pain management service for advice, education and quality review, including patient referral, transfer and back transfer.</p> <p>Provide group clinical space sufficient to accommodate the multidisciplinary team.</p> <p>Referral pathways to relevant key Aboriginal programs.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Medical practitioner available (may include on call arrangements).</p> <p>May have nursing professional/s (including nurse practitioner).</p> <p>Multidisciplinary team preferably includes a physiotherapist and clinical psychologist.</p> <p>May have occupational therapist, pharmacist and/or other allied health professionals available (e.g. social worker, counsellor, dietitian, exercise physiologist, diversional therapist, art therapist, music therapist).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	-	-	-	-	-	-	-	1
4	<p><i>As for Level 3.</i> In addition, provide multidisciplinary assessment and pain management for medium complexity patients with low to moderate disability, led by a medical specialist.</p> <p>Provide inpatient consultation to other clinical services.</p> <p>Procedural interventions (e.g. nerve block, spinal block, ketamine infusion) may be provided via networked higher level pain management service.</p> <p>May provide a paediatric service.</p>	<p><i>As for Level 3.</i> In addition, acute pain service or department of anaesthesia available for consultation.</p> <p>Consultation available from other clinical specialties.</p> <p>For paediatric patients, access to child life therapy or resources.</p> <p>For paediatric patients, social work service available.</p>	<p><i>As for Level 3.</i> In addition, multidisciplinary team includes a medical specialist with relevant experience and preferably Australian and New Zealand College of Anaesthetists (ANZCA) pain medicine qualifications.</p> <p>Multidisciplinary team includes nursing professional/s. Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Physiotherapist and clinical psychologist available.</p> <p>Multidisciplinary team includes allied health professionals such as occupational therapist, pharmacist, social worker, counsellor, dietitian, exercise physiologist, child life therapist, diversional therapist, art therapist, music therapist.</p>	2	2	3	-	-	2	2	2
5	<p><i>As for Level 4.</i> In addition, care provided for complex patients by an expanded multidisciplinary team that includes relevant clinical specialties (e.g. anaesthesia, addiction medicine, psychiatry, neurology, neurosurgery, palliative medicine, rehabilitation, rheumatology).</p> <p>Provide basic procedural interventions (e.g. nerve block, spinal block, ketamine infusion).</p>	<p><i>As for Level 4.</i> In addition, other clinical specialties on-site for consultation (see Service Scope for examples).</p> <p>Networked access to mental health (e.g. consultation liaison psychiatry) and drug and alcohol services.</p> <p>Access to procedure room on-site.</p>	<p><i>As for Level 4.</i> In addition, regular clinical sessions that may include an anaesthetist, addiction medicine specialist, neurologist, neurosurgeon, palliative medicine physician, rehabilitation physician, rheumatologist, psychiatrist and/or other relevant medical specialists (may include virtual care).</p> <p>Medical officer with three or more postgraduate years of experience; may be in training with the ANZCA Faculty of Pain Medicine.</p> <p>May have nurse practitioner.</p>	4	4	-	4	5	5	4	4
6	<p><i>As for Level 5.</i> In addition, provide cross LHD pain management and training support to lower level services.</p> <p>May provide more complex interventional pain management services (e.g. spinal cord stimulation, intrathecal pump service).</p>	<p><i>As for Level 5.</i> In addition, mental health services (including psychiatry) on-site.</p> <p>Drug and alcohol services available.</p> <p>Specialist oral health services available (e.g. prosthodontics, cranio-facial pain management).</p>	<i>As for Level 5.</i>	5	5	-	5	5	5	5	5

Further reading – *hyperlinks available in Appendix VII*

Australian and New Zealand College of Anaesthetists (ANZCA) (2017) *Faculty of Pain Medicine, Accreditation of units offering training in pain medicine.*
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities
Agency for Clinical Innovation (ACI) - *Pain Management Network Resources*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
3.0	May 2018	Original publication

B4. CLINICAL GENETICS

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
3	Consultative genetics service provided via networked arrangement with higher level service (may include virtual care) Provide information on support groups after diagnosis.	Formal network with a higher level service (within LHD/SHN if available) including access to specialist support and advice. Access to genetics information resources, education programs and genetics services directory information. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Clinical geneticist and/or other medical specialist available. Certified or associate genetic counsellor available. Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	1	1	-
4	As for Level 3. In addition, provide information and counselling for individuals and family members. Arrange genetic testing as required. May be provided within a multidisciplinary setting.	As for Level 3. In addition, access to genetic counselling and diagnostic services. Access to genetic testing laboratory. Access to other clinical specialties on-site.	As for Level 3. In addition, certified or associate genetic counsellor appointed. Allied health professionals available commensurate with casemix and clinical load.	-	-	-	-	-	2	3	-
5	As for Level 4. In addition, provide consultative service within a multidisciplinary setting. Provide counselling and diagnostic services by clinical geneticists. May provide outreach services. May provide specialised genetic services such as metabolic medicine, cancer genetics/familial cancer, high risk reproductive disorders, cardiac genetics, neuro-genetics, prenatal genetics.	As for Level 4. In addition, other clinical specialties available for consultation. Access to other specialties that use genomics such as oncology, neurology, cardiology, immunology, fetal medicine. Access to specialised genetic testing laboratory service (e.g. metabolic genetics).	As for Level 4. In addition, clinical geneticist. May have other medical specialists with a scope of practice in genetics. May have medical officer in clinical genetics with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).	-	-	-	-	-	2	6	-
6	As for Level 5. In addition, provide outreach services. May have cross LHD role (e.g. expertise in a specific disorder, newborn screening program, metabolic genetic service), including support for acute inpatient care of metabolic genetic conditions.	As for Level 5. In addition, formal network/s with lower level services to provide support and advice. Genetics department. May have access to bioinformatics services for clinical evaluation and therapeutic targeting.	As for Level 5. In addition, head of service. Medical officer in clinical genetics with three or more postgraduate years of experience; may be in training with the RACP.	-	-	-	-	-	3	6	-

Further reading – hyperlinks available in **Appendix VII**

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Nov 2021	Tranche 3 review
6.0	Dec 2023	Minor edits

B5. DERMATOLOGY

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Limited service with management primarily by general practitioner or general physician. Access to patient education and support programs.	Formal network and relationship with a higher level service (within LHD/SHN if available), including access to clinical advice and support. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Appropriately credentialled medical practitioner or physician. Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	-	2	2
3	As for Level 2. In addition, access to dermatology services from networked higher level service.	As for Level 2. In addition, allied health services on-site commensurate with casemix and clinical load.	As for Level 2. In addition, dermatologist available via network or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Allied health professionals.	-	-	-	-	-	-	3	2
4	As for Level 3. In addition, provide inpatient consultative service to other specialties. May provide outpatient clinic. May provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]	As for Level 3. In addition, consultation available from other clinical specialties on-site. Access to community health services, in particular community nursing.	As for Level 3. In addition, dermatologist appointed.	2	2	-	-	-	2	4	2
5	As for Level 4. In addition, provide inpatient service with management by general physician. Provide outpatient services. Provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients. Provide consultative service for complex conditions (e.g. drug reactions, autoimmune diseases, infections). May provide specialised clinics (e.g. psoriasis, eczema).	As for Level 4. In addition, access to facilities for surgical procedures. May have phototherapy unit or access to phototherapy services. Access to Level 5 radiation oncology service. Access to Level 4 general surgery.	As for Level 4. In addition, may have medical officer with three or more postgraduate years of experience; may be in training with the Australasian College of Dermatologists (ACD).	4	4	-	4	4	4	5	4

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide inpatient services. Provide Common and Intermediate* and Major* dermatological procedures on all levels of patient risk^.</p> <p>Provide consultative service to patients with complex conditions within a multidisciplinary setting (e.g. emergency medicine, oncology, haematology, immunology, rheumatology, infectious diseases).</p> <p>Specialised dermatology clinics (e.g. psoriasis, eczema, skin cancer, transplant).</p> <p>Provide patient education and support programs.</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>May have cross LHD role or expertise in a particular area (e.g. melanoma service, neonatal dermatology, burns, cutaneous lymphoma).</p>	<p>As for Level 5. In addition, dermatology department. Dermatology beds.</p> <p>Phototherapy unit.</p> <p>Provide support to lower level networked services, including clinical advice and professional development support.</p> <p>Access to procedural facilities for advanced surgical procedures (e.g. complex/wide excision, skin grafts, flaps).</p> <p>Access to laser equipment (may be off-site) for treatment of non-cosmetic medical conditions (e.g. birthmark, congenital malformation) where relevant to casemix and patient load.</p> <p>Access to radiotherapy where relevant to casemix and patient load.</p> <p>Access to electron microscopy.</p> <p>May have access to confocal microscopy.</p>	<p>As for Level 5. In addition, medical head of service.</p> <p>May have dermatologist available 24 hours.</p> <p>Medical officer with three or more postgraduate years of experience; may be in training with the Australasian College of Dermatologists (ACD).</p> <p>Medical officer on-site 24 hours to provide patient care.</p> <p>Phototherapy nurse.</p>	5	5	-	5	4	5	6	5

* see **Appendix I: Indicative List of Surgery for Adults** and **Appendix II: Indicative List of Surgery for Children**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Feb 2017	Minor edits
3.0	May 2018	Approved edits
5.0	Nov 2021	Tranche 3 review
6.0	Dec 2023	Minor edits

B6. DRUG AND ALCOHOL SERVICES

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service. Networked arrangements for emergency presentations.										
1	<p>Provide drug and alcohol assessment and referral in a general health care facility without drug and alcohol clinicians.</p> <p>Limited range of drug and alcohol services provided by general practitioner (GP), or non-specialist staff in consultation with specialist drug and alcohol service or GP with experience in drug and alcohol treatment.</p> <p>Continuum of care in the community provided by general community health and primary health clinicians in liaison with networked drug and alcohol clinicians.</p>	<p>Formal network with higher level service (within LHD/SHN where appropriate) for consultation support from drug and alcohol clinicians available 24 hours or via NSW Drug and Alcohol Specialist Advisory Service (DASAS).</p> <p>Links with community support services and other relevant government and non-government agencies.</p> <p>NSW Drug and Alcohol Specialist Advisory Service (DASAS) and Alcohol Drug Information Service (ADIS) access available 24 hours.</p> <p>Level 2 general and acute medicine service on-site or via networked arrangement.</p> <p>Referral pathways to adult, child and youth, and older person mental health services.</p> <p>Referral pathways to and from primary health and community care.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>As for <i>Level 2</i> general and acute medicine service.</p> <p>Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.</p>	-	-	-	-	-	-	-	1
2	<p>As for <i>Level 1</i>. In addition, an identified drug and alcohol service provided as part of general clinical services; may include on-site and/or community services.</p> <p>May include networked arrangements.</p>	<p>As for <i>Level 1</i>.</p>	<p>As for <i>Level 1</i>. In addition, clinician with addiction medicine experience available in business hours (may include on call arrangements).</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available (e.g. social worker, counsellor, psychologist, health education officer).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	-	-	-	-	-	-	1	1
3	<p>As for <i>Level 2</i>. In addition, capacity to provide specialised intervention and support (e.g. withdrawal management, assessment, drug and alcohol counselling, case management) for patients assessed to be at low risk of life threatening sequelae; may include networked arrangements.</p> <p>Provide access to local multidisciplinary community care.</p> <p>Provide access to opioid substitution treatment program.</p> <p>May provide drug and alcohol consultation service to the emergency department and local general hospital inpatients.</p>	<p>As for <i>Level 2</i>. In addition, access to coordination assessment of involuntary drug and alcohol treatment (IDAT) beds under the NSW <i>Drug and Alcohol Treatment Act 2007</i> (DAT Act).</p> <p>Level 3 general and acute medicine service on-site or via networked arrangement.</p>	<p>As for <i>Level 2</i>. In addition, clinicians with addiction medicine experience available 7 days with some extended hours cover (may include on call arrangements).</p>	2	2	3	-	-	3	3	3

B6. DRUG AND ALCOHOL SERVICES *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, manage complex presentations; services may be on-site and/or community based.</p> <p>Provide specialised counselling.</p> <p>Provide drug and alcohol consultation service to the emergency department and local general hospital inpatients.</p> <p>May provide court diversion services (e.g. Magistrates Early Referral Into Treatment [MERIT]).</p> <p>May provide other specialised outpatient drug and alcohol treatment services (e.g. drug and alcohol clinical neuropsychologist, pharmacist for older people with substance use problems).</p> <p>May provide inpatient care.</p>	<p>As for Level 3. In addition, networked access to relevant clinical services such as adult mental health, child and youth mental health, older person mental health, gastroenterology, chronic pain management, obstetrics, general medicine, general surgery, orthopaedics.</p> <p>Level 4 general and acute medicine service on-site or via networked arrangement.</p>	<p>As for Level 3. In addition, medical officer with addiction medicine experience available (may include on call arrangements).</p> <p>Medical officer on-site 24 hours.</p>	4	4	-	4	-	4	4	4
5	<p>As for Level 4. In addition, comprehensive assessment and treatment services (e.g. assessment and management of drug and alcohol related cognitive impairment, neuropsychology, substance use in pregnancy); services may be on-site and/or community based.</p> <p>Provide specialist clinics (e.g. psychiatric comorbidity); may include networked arrangements.</p> <p>Provide support to lower level services.</p>	<p>As for Level 4. In addition, clinical specialty services available for consultation.</p> <p>May have a drug and alcohol inpatient unit.</p>	<p>As for Level 4. In addition, addiction medicine specialist or other medical specialist with addiction medicine experience available (may include on call arrangements).</p> <p>Allied health professionals with specific skills in addiction medicine on-site, commensurate with casemix and clinical load.</p>	4	4	-	-4	-	4	4	4
6	<p>As for Level 5. In addition, manage high acuity presentations including inpatient care under an addiction medicine specialist.</p> <p>Provide cross LHD referral service for inpatient and non-admitted care.</p> <p>Provide coordination and expert advisory role for delivery of drug and alcohol treatment.</p> <p>May provide involuntary drug and alcohol treatment service under the NSW <i>Drug and Alcohol Treatment Act 2007</i> (DAT Act).</p>	<p>As for Level 5. In addition, clinical specialty services on-site for consultation.</p> <p>Level 5 nuclear medicine service on-site or via networked arrangement for functional magnetic resonance spectroscopy.</p> <p>Network with adult mental health, child and youth mental health, and older person mental health services.</p> <p>Network with chronic pain management service.</p> <p>Links with LHD community health and ambulatory care services.</p>	<p>As for Level 5. In addition, specialist in addiction medicine available 24 hours (may include on call arrangements).</p> <p>Medical officer with two or more postgraduate years of experience on-site 24 hours; may be in training with the Royal Australasian College of Physicians (RACP), Royal Australian and New Zealand College of Psychiatrists (RANZCP), or other medical college.</p> <p>May have medical officer in addiction medicine with two or more postgraduate years of experience; may be in training with the RACP.</p>	5	5	-	5	-	5	5	5

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities NSW Government (2007) *Drug and Alcohol Treatment Act 2007 No 7*.

NSW Health (2015) *Older People's Drug and Alcohol Project - Full Report*.

NSW Health *Handbook for Nurses and Midwives: responding effectively to people who use alcohol and other drugs*.

NSW Health GL2008_009 *Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines*.

NSW Health *Clinical guidance for withdrawal from alcohol and other drugs*

Further reading *(continued)* – *hyperlinks available in Appendix VII*

NSW Health GL2018_019 *NSW Clinical Guidelines: Treatment of Opioid Dependence*.
NSW Health PD2006_049 *Opioid Dependent Persons Admitted to Hospitals in NSW - Management*.
NSW Health PD2021_011 *Access to Dosing Services in Public Hospitals for Patients on Opioid Treatments*.
NSW Health PD2006_085 *Information Sharing - NSW Health & DoCS - Opioid Treatment - Responsibility - Children Under 16*.
NSW Health PD2020_032 *Nursing & Midwifery Management of Drug & Alcohol Use in the Delivery of Health Care*.

Version	Date	Comment
2.0	May 2017	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Approved edits

B7. ENDOCRINOLOGY

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Provide limited outpatient service, with management and appropriate referral by medical or nurse practitioner.	Formal network and relationship with a higher level endocrinology service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Access to virtual care support and limited outreach clinics (e.g. podiatry, dietetics). Access to allied services commensurate with casemix and clinical load. Access to community health services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Physician consultation available. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals such as podiatrist and dietitian available. Aboriginal hospital liaison roles available, preferably both male and female. Ideally, Aboriginal Health Practitioner(s) are integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.	1	1	-	-	-	-	1	1
3	As for Level 2. In addition, provide inpatient service, predominantly diabetes, with management by general practitioner (GP) or general physician. May provide diabetes outpatient/ambulatory service. May provide local support in diabetes management for primary care and aged care facilities in rural and remote areas. May provide insulin pump service.	As for Level 2. In addition, consultation available from other clinical specialties. Access to health education services relevant to endocrine diseases such as diabetes. Access to dietetic service. Access to podiatry service (may be off-site). Access to high risk foot service via network or virtual care. Access to community health services, in particular community nursing.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician appointed. Medical officer available 24 hours (may be on call).	2	2	3	-	-	3	3	3
4	As for Level 3. In addition, provide diabetes outpatient/ambulatory services. Provide diabetes education service. May have access to paediatric diabetes service (e.g. initial assessment, acute and chronic management) provided by general paediatrician in partnership with a higher level service. May provide diabetes in pregnancy service. May provide basic bone metabolism and thyroid services; lipid disease management; management of disorders of appetite and weight. May provide networked support to lower level services, including clinical advice.	As for Level 3. In addition, on-site dietetic service. On-site podiatry service. Access to an integrated hospital/community diabetes management service. Access to renal and cardiology services for consultation.	As for Level 3. In addition, physician available 24 hours. Paediatrician appointed if children seen. Medical officer on-site 24 hours. May have visiting endocrinologist (paediatric and/or adult). Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP). Allied health professionals on-site, including dietitian and podiatrist.	4	4	-	4	4	4	4	4

B7. ENDOCRINOLOGY *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, manage a range of endocrinology presentations, including some complex cases.</p> <p>Provide inpatient consultative service to other specialties.</p> <p>Provides diabetes in pregnancy service.</p> <p>May provide services in thyroid, adrenal, pituitary medical management; reproductive endocrinology; bone metabolism; disorders of appetite and weight; and/or lipid disorders.</p> <p>May provide high risk foot service.</p>	<p>As for Level 4. In addition, provide networked support to lower level services, including clinical advice and professional development support.</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Links with renal medicine especially for dialysis., Access to rehabilitation services, particularly amputee, stroke and cardiac rehabilitation.</p> <p>Access to surgical services including vascular, orthopaedic and neurosurgery.</p> <p>Access to ophthalmology service with expertise in the management of diabetes-related eye conditions, including laser therapy.</p>	<p>As for Level 4. In addition, endocrinologist appointed.</p> <p>Medical officers with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>Allied health professionals on-site in particular, social worker, physiotherapist, and/or occupational therapist.</p> <p>May have exercise physiologist and psychologist.</p>	5	5	-	5	5	5	5	5
6	<p>As for Level 5. In addition, manage complex cases including specialised surgical and medical interventions.</p> <p>Provide specialised endocrine dynamic testing (e.g. adrenal venous sampling, inferior petrosal sinus sampling, water deprivation tests, insulin tolerance tests).</p> <p>Provide consultative inpatient, outpatient and ambulatory service to patients with complex conditions in a multidisciplinary setting (e.g. intensive care, transplantation, ophthalmology, neurosurgery, high risk obstetrics, gynaecology, oncology).</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>Provide high risk foot service.</p> <p>Provide insulin pump service.</p> <p>May provide specialty outpatient/ambulatory clinics.</p> <p>May support neuroendocrine surgery.</p> <p>May have cross LHD role (e.g. neuroendocrine surgery).</p>	<p>As for Level 5. In addition, endocrinology beds.</p> <p>Endocrinology department.</p> <p>Shielded treatment room if ablative thyroid treatment is offered.</p> <p>On-site ophthalmology laser service.</p> <p>Access to bone densitometry diagnostic equipment.</p> <p>Access to specialised surgical services such as neuroendocrine and cardiac surgery, relevant to the casemix and patient load.</p> <p>Access to cardiovascular, renal and cancer care services and other speciality services relevant to the casemix and patient load.</p>	<p>As for Level 5. In addition, medical head of service.</p> <p>Endocrinologist on call 24 hours.</p> <p>Medical officer in endocrinology with three or more postgraduate years of experience; may be in training with the RACP.</p>	6	6	-	6	5	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

Agency for Clinical Innovation (2014) *Standards for High Risk Foot Services (HRFS) in NSW*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities



B7. ENDOCRINOLOGY *continued*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Dec 2021	Tranche 3 review
6.0	Dec 2023	Approved edits

B8. GASTROENTEROLOGY

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services								
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy	
NPS	No planned service.											
1	Management and appropriate referral by medical practitioner or nurse practitioner. Consultative service only.	Formal network with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	1	1	1	
2	As for Level 1. In addition, may have networked endoscopy and colonoscopy services (predominantly diagnostic) on ASA 1, 2^, and selected ASA 3^ patients, provided by a specialist proceduralist from a higher level service (within or external to the LHD/SHN), performed under sedation only. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment, in keeping with local models of care for procedural gastroenterology.]	As for Level 1. In addition, access to health education service. May have access to hepatology service. May have access to Inflammatory Bowel Disease (IBD) service. May have access to allied health services commensurate with casemix and clinical load.	As for Level 1. In addition, physician or gastroenterologist available. May have access to dietitian.	2	2	-	-	-	2	2	2	
3	As for Level 2. In addition, provide endoscopy and colonoscopy service with some therapeutic interventions, on ASA 1, 2^ and selected ASA 3^ patients.	As for Level 2. In addition, consultation available from other clinical specialties. Access to allied health services, including dietetics service, commensurate with casemix and clinical load. Access to drug and alcohol service. Access to consultation-liaison psychiatry. Access to community health services, in particular community nursing.	As for Level 2. In addition, appropriately credentialled medical practitioner, physician, surgeon and/or gastroenterologist appointed. Medical officer available 24 hours (may be on call). Access to dietitian.	3	3	3	-	-	3	3	2	
4	As for Level 3. In addition, provide enteral procedures (e.g. insertion, replacement and removal of gastrostomy tubes). Provide home enteral nutrition including follow-up care, nutrition support (oral/enteral/parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). May provide manometry.	As for Level 3. In addition, allied health services on-site commensurate with casemix and clinical load.	As for Level 3. In addition, physician and/or surgeon available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP). Allied health professionals such as dietitian, social worker and speech pathologist.	4	4	-	4	-	4	4	4	

B8. GASTROENTEROLOGY *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	As for Level 4. In addition, manage most levels of patient risk. Provide endoscopy and colonoscopy service including therapeutic interventions on ASA 1 to 4 [^] patients. Provide sub-specialised non admitted services such as hepatology, IBD, manometry and motility services.	As for Level 4. In addition, provide networked support to lower level services, including clinical advice and professional development support.	As for Level 4. In addition, gastroenterologist or dual trained general physician/gastroenterologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the RACP.	4	4	-	4	4	5	5	5
6	As for Level 5. In addition, manages all levels of patient risk [^] . Participate in multidisciplinary teams undertaking complex procedures such as Endoscopic Ultrasound (EUS) supported by on-site cytology service, endoscopic retrograde cholangiopancreatography (ERCP). Provide Inflammatory Bowel Disease (IBD) service. May have cross LHD role (e.g. support liver transplant).	As for Level 5. In addition, gastroenterology department. Gastroenterology beds.	As for Level 5. In addition, gastroenterologist on call 24 hours. Medical officer in gastroenterology with three or more postgraduate years of experience; may be in training with the RACP. Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.	5	5	-	5	5	5	5	6

[^] see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Australian and New Zealand College of Anaesthetists (ANZCA) PS09-2014 *Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures*

Australian Commission on Safety and Quality in Health Care (2021) *National Safety and Quality Health Service (NSQHS) Standards*. Second edition.

Gastroenterological Society of Australia (GESA) (2011) *Standards for Endoscopic Facilities and Services*. Third edition.

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Feb 2017	Minor edits
3.0	May 2018	Approved edits
5.0	Nov 2021	Tranche 3 review

B9. GENERAL AND ACUTE MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Management and appropriate referral by a medical or nurse practitioner. Provide limited outpatient service (may be via networked arrangement).	Formal network with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Access to limited outreach clinics. Access to allied health services commensurate with casemix and clinical load. Access to community health services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Physician consultation available. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals available. Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	-	1	1
3	<i>As for Level 2.</i> In addition, provide inpatient and acute ambulatory care/ outreach services, managed by appropriately credentialled medical practitioner or physician.	<i>As for Level 2.</i> In addition, consultation available from other clinical specialties. Allied health services on-site commensurate with casemix and clinical load. Access to consultation-liaison psychiatry, and drug and alcohol services.	<i>As for Level 2.</i> In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals on-site (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian).	2	2	3	-	-	3	3	3
4	<i>As for Level 3.</i> In addition, patient care provided by general physician.	<i>As for Level 3.</i> In addition, networked with appropriate subacute services (e.g. rehabilitation (neuromuscular, cardiac and/or pulmonary), geriatric medicine, palliative care, pain management). Extended hours access to allied health services commensurate with casemix and clinical load.	<i>As for Level 3.</i> In addition, general physician available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).	4	4	-	4	-	4	4	4
5	<i>As for Level 4.</i> In addition, a Medical Assessment Unit (MAU) or similar model of care. Provide formal Hospital in the Home (HITH) program or equivalent outreach service.	<i>As for Level 4.</i> In addition, provide network support to lower level services, including clinical advice and professional development support. Clinical specialty services on-site for consultation. Department of (or with responsibility for) general and acute medicine.	<i>As for Level 4.</i> In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.	4	4	-	4	4	5	5	5
6	<i>As for Level 5.</i> In addition, may have cross LHD role.	<i>As for Level 5.</i> In addition, specialty departments of medicine.	<i>As for Level 5.</i> In addition, medical officer in general and acute medicine with three or more postgraduate years of experience; may be in training with the RACP.	5	5	-	5	5	5	6	6



Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Dec 2021	Tranche 3

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	<p>Management and appropriate referral by a medical or nurse practitioner, including general practitioner (GP) and Royal Flying Doctor Service (RFDS).</p> <p>Does not apply to residential aged care in a Multi-Purpose Service (MPS).</p> <p>Admitted patients may be awaiting placement in an aged care facility.</p> <p>May provide limited outpatient services.</p> <p>May provide palliative and/or respite care.</p>	<p>Formal network and relationship with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice.</p> <p>Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required.</p> <p>Access to inpatient beds.</p> <p>Access to community health services and community aged care services (e.g. Commonwealth Home Support Program and Commonwealth Home Care Packages).</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to oral health services commensurate with casemix and clinical load.</p> <p>Access to mental health service for older people.</p> <p>Access to health education programs such as falls prevention.</p> <p>May have access to specialised consultations that include medical, nursing and allied health professionals on-site or via virtual care.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>May include medical support (local GP or RFDS) or nurse practitioner or registered nurse supported by LHD/SHN aged care service available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	-	-	-	-	-	-	1	1
3	<p><i>As for Level 2.</i> In addition, management provided primarily by medical practitioner.</p> <p>Provide minor surgery without general anaesthesia and access to other surgical procedures as clinically appropriate.</p> <p>Access to, or may provide limited rehabilitation and/or reconditioning.</p>	<p><i>As for Level 2.</i> In addition, regular geriatrician consultation available.</p> <p>Access to specialised consultations including medical, nursing and allied health, on-site or via virtual care.</p> <p>Formal links to community health services, in particular community nursing and aged care service providers.</p> <p>Access to case management for dementia.</p>	<p><i>As for Level 2.</i> In addition, medical practitioners with scope of practice in geriatric medicine.</p> <p>Physician available for consultation.</p> <p>Geriatrician available for consultation.</p> <p>Medical officer available 24 hours (may be on call).</p> <p>Access to allied health professionals including social worker, physiotherapist, occupational therapist, speech pathologist and dietitian.</p>	1	1	-	-	-	2	2	2

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, provide assessment and rehabilitation involving inter-disciplinary team.</p> <p>Provide geriatric medicine clinics, assisted by staff with experience in dementia.</p> <p>Dementia case management by appropriately trained staff.</p> <p>Provide assessment and management service for behavioural and psychological symptoms of dementia.</p> <p>Provide psychosocial and family consultation and support.</p> <p>May provide outreach service to residential care (e.g. Hospital in the Home).</p>	<p>As for Level 3. In addition, consultation and referral links to other medical and surgical services.</p> <p>Allied health services on-site, commensurate with casemix and clinical load.</p> <p>Access to consultation-liaison psychiatry service.</p> <p>Access to inpatient mental health unit or Specialist Mental Health Services for Older People (SMHSOP) beds.</p>	<p>As for Level 3. In addition, physician skilled and experienced in diagnosis and management of geriatric syndromes, such as general physician, rehabilitation physician and/or geriatrician available.</p> <p>Medical officer on-site 24 hours.</p> <p>Medical officers may include doctors with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>Allied health professionals on-site.</p> <p>Community staff with experience in dementia.</p>	2	2	3	-	-	3	3	3
5	<p>As for Level 4. In addition, provide inpatient geriatric assessment.</p> <p>Provide orthogeriatric service.</p> <p>Provide outreach service to residential care (e.g. Hospital in the Home).</p> <p>Provide psychogeriatric service including social work and clinical neuropsychology (may be networked).</p> <p>May provide networked support to other services including education, consultation and outreach.</p>	<p>As for Level 4. In addition, geriatric assessment unit.</p> <p>Provide networked support to lower level services, including clinical advice and professional development support.</p> <p>Networked with other specialty medical and surgical services (e.g. neurosurgery, neurology, orthopaedics).</p> <p>Link with inpatient rehabilitation unit.</p>	<p>As for Level 4. In addition, medical head of service.</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>May have medical officer in geriatric medicine with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Allied health professionals on-site including physiotherapist, occupational therapist, speech pathologist, dietitian, social worker, orthotist and podiatrist.</p>	4	4	-	4	4	5	5	4
6	<p>As for Level 5. In addition, provide a dedicated aged care service, including admission of acute patients from the emergency medicine department under geriatricians.</p> <p>Provide psychogeriatric service including inpatient care.</p> <p>Provide cross LHD/SHN consultation/management for complex and extraordinary presentations.</p> <p>May have a behaviour assessment management service (BAMS).</p>	<p>As for Level 5. In addition, aged care beds.</p>	<p>As for Level 5. In addition, geriatricians on-site.</p> <p>Medical officer in geriatric medicine with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Allied health professionals on-site including psychologist.</p>	4	4	-	4	5	5	6	6

Further reading – hyperlinks available in **Appendix VII**

Agency for Clinical Innovation (ACI) (2014) *Building Partnerships: A Framework for Integrating Care for Older People with Complex Health Needs*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health GL2017_22 *NSW Older People's Mental Health Services: Service Plan 2017-2027*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
5.0	Nov 2021	Tranche 3 review

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service. Haematology advice, laboratory advice, result interpretation and transfusion advice provided by higher level service via virtual care.										
3	Referral and management primarily by general practitioner or general physician. Provide outpatient service access (may be via networked arrangement). Provide patient education and support programs.	Formal network and relationship with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Consultation available from other clinical specialties. Access to allied health services commensurate with casemix and clinical load. Network with community health services, in particular community nursing. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Appropriately credentialled medical practitioner or physician available on-site or via virtual care. Haematologist available. Medical officer available 24 hours (may be on call). Nurse practitioner may also provide clinical support and consultation. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals available. Aboriginal hospital liaison roles available, preferably both male and female.	2	2	3	-	-	3	3	3
4	<i>As for Level 3.</i> In addition, provide inpatient care with capability to manage a limited range of haematological presentations; may be in conjunction with related disciplines (e.g. medical oncology, clinical immunology). Provide inpatient consultative service to other specialties within the hospital (e.g. gastroenterology/hepatology, cardiology, renal medicine). Provide on-site outpatient and ambulatory support services. Provide ambulatory central line (e.g. Hickman's catheter) support service (may be networked arrangement). Provide networked ambulatory chemotherapy service for low risk patients. May have multidisciplinary team. May provide post-transplant support service.	<i>As for Level 3.</i> In addition, allied health services on-site commensurate with casemix and clinical load. Network with palliative care service. Network with Level 4 rehabilitation service. Network with Level 4 geriatric medicine service.	<i>As for Level 3.</i> In addition, physician with interest in haematology appointed. Medical specialist available 24 hours with access to haematologist advice (may be networked). Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP). Allied health professionals on-site (e.g. social worker, occupational therapist, speech pathologist, dietitian, physiotherapist). Clinical psychologist or social worker consultation available.	4	4	-	4	4	4	4	4

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, provide comprehensive range of haematology services including assessment and management, access to clinical and laboratory diagnosis. Inpatient care provided by multidisciplinary haematology team.</p> <p>Provide consultative service for complex conditions in a multidisciplinary setting (e.g. intensive care, obstetrics, gynaecology, surgical service, emergency service) and on referral from lower level services.</p> <p>Provide apheresis (may be networked arrangement).</p> <p>Provide stem cell autograft, also known as autologous haematopoietic stem cell transplant (may be networked arrangement).</p> <p>Provide treatment of acute leukaemia.</p> <p>May have speciality clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).</p> <p>If children are seen, paediatric staff may provide chemotherapy and blood products.</p>	<p>As for Level 4. In addition, department of haematology. Inpatient beds (may be shared with medical oncology or other related disciplines).</p> <p>Access to haematopoietic stem cell transplant laboratory (may be via networked arrangement).</p> <p>On-site bone marrow staining and reporting.</p> <p>May provide networked support to lower level services.</p>	<p>As for Level 4. In addition, medical head of service. Haematologist available 24 hours (may be networked in rural/regional areas).</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>Paediatric staff if children are seen.</p> <p>Preferably, medical officer in haematology with three or more postgraduate years of experience; may be in training with the RACP.</p>	5	5	-	5	5	5	5	5
6	<p>As for Level 5. In addition, provide stem cell allograft (also known as allogeneic haematopoietic stem cell transplant). Provide outpatient/ambulatory services with specialty clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>May have cross LHD role (e.g. haemophilia, specialty/reference laboratory).</p>	<p>As for Level 5. In addition, provide networked support to lower level services, including clinical advice and professional development support.</p> <p>Dedicated beds.</p> <p>Inpatient beds with functional positive pressure available.</p> <p>Haematopoietic stem cell transplant laboratory.</p> <p>Haemato-pathology laboratory available.</p> <p>Integrated specialist laboratory and clinical services available, relevant to specialties provided.</p> <p>Access to Level 6 nuclear medicine service (e.g. for positron emission tomography (PET)).</p>	<p>As for Level 5. In addition, haematologist on call 24 hours. Medical officers in haematology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Allied health professionals with specific haematology caseload on-site (e.g. pharmacist, clinical psychologist, social worker, occupational therapist, dietitian, physiotherapist).</p>	5	5	-	5	6	5	6	6

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 5 review

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service (may be via networked arrangement).	Formal network with higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Access to limited outreach clinics. Access to allied health services commensurate with casemix and clinical load. Access to community health services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Physician consultation available. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals available. Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	-	1	1
4	<i>As for Level 2.</i> In addition, service provided by general physician. May provide consultative or outpatient service on-site through visiting immunologist (adult and/or paediatric) from networked higher level service. May provide education service (e.g. asthma education, allergen avoidance, epi-pen education). May provide immunoglobulin replacement therapy program under guidance of networked higher level service.	<i>As for Level 2.</i> In addition, consultation available from other clinical specialties. Extended hours access to allied health services commensurate with casemix and clinical load.	<i>As for Level 2.</i> In addition, access to immunologist (adult and/or paediatric) via network, virtual care and/or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP). Medical officer available 24 hours (may be on call). Allied health professionals.	4	4	-	4	-	4	4	4
5	<i>As for Level 4.</i> In addition, manage a range of immunology presentations; service may be provided in conjunction with related specialty disciplines (e.g. HIV medicine, infectious diseases). Provide basic inpatient immunology service (e.g. asthma, allergy, rheumatology, skin and soft tissue immune-related disorders, HIV medicine, infectious diseases), including consultative service to other specialties. May provide regular immunology outpatient clinic and ambulatory services (e.g. allergy assessment).	<i>As for Level 4.</i> In addition, consultation available from other clinical specialties on-site. Formal network with Level 6 service, including clinical advice and professional development support.	<i>As for Level 4.</i> In addition, immunologist appointed or immunology service from related specialty discipline on-site. Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.	4	4	-	4	4	5	5	5

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide a comprehensive range of inpatient and outpatient immunology services (e.g. allergy assessment and management, access to clinical and laboratory diagnosis, including genetic diagnosis, assessment and management of autoimmune and autoinflammatory diseases, immune deficiency, HIV management).</p> <p>Provide consultative services for complex conditions (e.g. assessment of drug reactions, antibiotic desensitisation, immunosuppression treatment and monitoring, laboratory test interpretation), in a multidisciplinary setting (e.g. infectious diseases, HIV medicine, intensive care, transplantation, oncology, haematology, endocrinology, rheumatology, gastroenterology, neurology) and on referral from lower level services.</p> <p>Non-admitted services include specific clinics (e.g. infusional therapies including intravenous immunoglobulin, home subcutaneous immunoglobulin service, infusional immunomodifiers, allergy desensitisation, anaphylaxis assessment, HIV infection, outpatient assessment and management of autoimmune, inflammatory and vasculitic conditions).</p> <p>May have cross LHD role (e.g. neuroimmunology, primary and secondary immunodeficiencies, HIV services, immune aspects of interstitial lung disease, post-transplant immunology services, stem cell transplant, immunoglobulin therapy, plasmapheresis, oncology related immune issues, specialty/reference immunology laboratory).</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>Provide patient education and support programs.</p>	<p>As for Level 5. In addition, department of immunology. Provide networked support to lower level services, including clinical advice and professional development support.</p> <p>Access to Australian Red Cross Blood Service for specialised blood products.</p> <p>Access to immunopathology service.</p> <p>May have access to plasmapheresis service, commensurate with casemix and patient load.</p>	<p>As for Level 5. In addition, medical head of service. Immunologist on call 24 hours.</p> <p>Medical officer in immunology with three or more postgraduate years of experience; may be in training with the RACP.</p>	5	5	-	5	5	5	6	6

Further Reading – *hyperlinks available in Appendix VII*

Australasian Society of Clinical Immunology and Allergy (ASCIA) (2023). Guidelines: *Acute management of anaphylaxis*.

ASCIA (2014) *Scope of Practice Specialist Physicians in Immunology and Allergy in Australia ASCIA Guidelines*.

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*



B12. IMMUNOLOGY *continued*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 5 review

B13. INFECTIOUS DISEASES

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Management and appropriate referral by a medical or nurse practitioner.	<p>Formal network with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice.</p> <p>Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required.</p> <p>Access to limited outreach clinics.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to community health services.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance.</p> <p>General physician consultation available.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	1	1	-	-	-	-	1	1
4	<p>As for Level 2. In addition, infection control and antimicrobial stewardship services provided by nursing staff and/or pharmacists with relevant experience, under direction of general physician.</p> <p>Provide inpatient care.</p>	<p>As for Level 2. In addition, isolation room/s with internal washbasins and toilets, as well as staff washbasins immediately outside room/s consistent with Australasian Health Facility Guidelines (AusHFG).</p> <p>Patient area with separate air conditioning available consistent with AusHFG.</p> <p>Allied health services on-site commensurate with patient load and casemix.</p>	<p>As for Level 2. In addition, infectious diseases physician and/or clinical microbiologist and/or HIV medicine physician available (may include consultation via network, virtual care or outreach).</p> <p>Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>Medical officer on-site 24 hours.</p> <p>Allied health professionals on-site.</p>	4	4	-	4	4	4	4	4
5	<p>As for Level 4. In addition, provide inpatient consultative infectious diseases service to other specialties; may be in conjunction with related disciplines (e.g. microbiology, HIV medicine, sexual health, immunology).</p> <p>May provide regular infectious diseases outpatient clinic and ambulatory services.</p>	<p>As for Level 4. In addition, may provide network support to lower level services.</p> <p>On-site infectious diseases service.</p> <p>Access to sexual health service.</p> <p>Access to HIV medicine service.</p> <p>Access to clinical microbiology service.</p>	<p>As for Level 4. In addition, infectious diseases physician and/or clinical microbiologist and/or HIV medicine physician appointed.</p> <p>Medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the RACP.</p> <p>May have medical officer in infectious diseases with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Specialised infection prevention and control staff available.</p>	4	4	-	4	4	5	5	5

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide comprehensive range of services and inpatient care.</p> <p>Provide outpatient clinic and ambulatory services.</p> <p>Provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital and on referral from lower level services (e.g. complex infections, laboratory test interpretation, surgical complications, intensive care, haematology, oncology, neurology, maternity, transplantation).</p> <p>Contribute to multidisciplinary care with related disciplines (e.g. HIV medicine, sexual health, immunology) and with other clinical specialties (e.g. surgical services, intensive care).</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>May have a cross LHD role (e.g. designated facility for specified infectious conditions).</p>	<p>As for Level 5. In addition, provide network support to lower level services, including clinical advice and professional development support.</p> <p>Infectious diseases department.</p> <p>Inpatient beds with functional negative pressure rooms.</p> <p>Access to antimicrobial stewardship pharmacy service.</p> <p>May have facilities to treat specified infectious diseases, including very high risk infectious/ novel/ quarantinable conditions.</p>	<p>As for Level 5. In addition, medical head of service.</p> <p>Infectious diseases physician and/or clinical microbiologist and/or HIV medicine physician available 24 hours.</p> <p>Medical officer in infectious diseases with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p>	6	6	-	6	4	6	6	6

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health – Infectious Diseases Portal.

NSW Health – Public Health Infectious Diseases Control Guidelines.

Australasian Health Facility Guidelines available at AusHFG | (healthfacilityguidelines.com.au)

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 5 review

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service (may be via networked arrangement).	Formal network with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Access to allied health services commensurate with casemix and clinical load. Access to limited outreach clinics. Access to community health services. Access to health education services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Physician consultation available. Refer to Appendix IV: Nursing and Midwifery Workforce. Allied health professionals available. Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	-	1	1
3	<i>As for Level 2.</i> In addition, provide basic neurology service, including assessment of patients with stroke, initial assessment of new neurology symptoms (adult and paediatric) and management of stable chronic neurological disease, in partnership with specialists from a higher level service. Referral and management primarily by a physician. May provide support and care to stable neurology patients as part of a general community outreach service or multidisciplinary outreach team.	<i>As for Level 2.</i> In addition, consultation available from other specialties. Access to computed tomography (CT) scanning during business hours. Access to consultation-liaison psychiatry service. Links to general community outreach service or multidisciplinary outreach team or community rehabilitation service.	<i>As for Level 2.</i> In addition, physician appointed, preferably with an interest in neurology. Paediatrician available 24 hours if children seen. Neurologist/paediatric neurologist available for consultation. Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, and/or dietitian).	2	2	3	-	-	3	3	3
4	<i>As for Level 3.</i> In addition, provide local support and care to stable neurology patients as part of general community outreach service or multidisciplinary outreach team. May have stroke service/unit. May provide acute stroke thrombolysis (AST) where network with acute thrombolysis service is in place.	<i>As for Level 3.</i> In addition, 24 hour access to CT scanning. If providing AST, 24 hour access to specialist neurologist consultation. Networked with at least Level 4 rehabilitation medicine service. Networked with Level 4 geriatric medicine service. Allied health services on-site commensurate with casemix and clinical load. Access to community based health services (e.g. ambulatory allied health services, primary health care, chronic disease management services, community nursing). Access to adult and paediatric electroencephalography (EEG) during business hours desirable.	<i>As for Level 3.</i> In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP). Medical officer on-site 24 hours. Allied health professionals on-site (e.g. speech pathologist for swallow assessment).	4	4	-	4	-	4	4	4

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, provide wide range of neurology services and manage acute neurological conditions.</p> <p>Provide AST; may be via networked arrangement.</p> <p>Provide neurology outpatient service on-site or via local specialist/s.</p> <p>May provide paediatric neurology outpatient service on-site or via local specialist/s if children are seen.</p> <p>May provide neurosurgical outpatient service.</p>	<p>As for Level 4. In addition, provide support to lower level networked services, including clinical advice and professional development support (may be via vital care).</p> <p>Clinical specialty services on-site for consultation.</p> <p>Stroke unit.</p> <p>EEG available on-site.</p> <p>Allied health services including extended hours access, commensurate with casemix and clinical load.</p> <p>Access to electromyography (EMG), nerve conduction, and evoked responses diagnostic services.</p> <p>Access to magnetic resonance imaging (MRI).</p> <p>Adult Level 5 neurosurgery service on-site or via networked arrangement, with 24 hour consultation available.</p> <p>Networked with subacute services (e.g. rehabilitation, geriatrics, palliative care, pain management).</p> <p>Networked with primary health care/chronic disease management services.</p> <p>Access to early discharge service (e.g. Hospital in the Home).</p>	<p>As for Level 4. In addition, neurologist available 24 hours.</p> <p>Neurosurgeon available for consultation 24 hours.</p> <p>Medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the RACP.</p> <p>May have medical officer in neurology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Allied health professionals (e.g. speech pathologist, physiotherapist, social worker, occupational therapist, and/or dietitian).</p> <p>Allied health professionals/team with specific skills in neurology available.</p>	5	5	-	5	4	5	5	5
6	<p>As for Level 5. In addition, manage full range of neurological presentations including complex cases.</p> <p>Provide specialised surgical (e.g. carotid artery angioplasty and/or stenting; endovascular clot retrieval) and medical (e.g. AST) stroke interventions.</p> <p>Provide consultative service for complex conditions in a multidisciplinary setting and on referral from lower level services.</p> <p>Provide specialty outpatient clinics.</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>May have cross LHD role (e.g. complex epilepsy, deep brain stimulation).</p>	<p>As for Level 5. In addition, department of neurology.</p> <p>Neurology beds (additional to stroke unit).</p> <p>EEG service available 24 hours.</p> <p>Interventional neuroradiology available 24 hours if thrombectomy provided.</p> <p>Access to other specialties, preferably on-site (e.g. neurosurgery, interventional neuroradiology, neuro-immunology, neuro-genetics, neuropsychiatry).</p> <p>Access to angiography.</p> <p>Access to positron emission tomography (PET) service.</p>	<p>As for Level 5. In addition, medical head of service.</p> <p>Neurointervention specialist^ available.</p> <p>Medical officer in neurology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>Allied health professionals with paediatric experience including child life therapists if children are seen.</p>	6	6	-	6	5	6	6	6

^ see Appendix V: Workforce Definitions

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*



B14. NEUROLOGY

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
4.0	Oct 2019	Minor edits
5.0	Nov 2021	Minor edits
6.0	Dec 2023	Tranche 5

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services								
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy	
NPS	No planned service.											
1	Provide low risk oral chemotherapy service as part of shared care model between general practitioner and Level 4 (or higher) medical oncology service. No intravenous chemotherapy administered.	Formal network and relationship with Level 4 or higher service within LHD/SHN where appropriate, including 24 hour access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required. Access to cancer multidisciplinary care team. Access to cancer care coordination. Access to community health service. Access to palliative care service. Access to pain management service. Access to allied health services commensurate with casemix and clinical load (may be networked). May have access to virtual care and limited outreach clinics (e.g. psychiatry). Referral pathways to appropriate Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical or nurse practitioner available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals available. Aboriginal hospital liaison roles available – preferably both male and female.	-	-	-	-	-	-	1	1	
2	As for Level 1. In addition, provide non-admitted low risk intravenous chemotherapy and immunotherapy services. Care managed by medical oncologist as part of network with a larger cancer centre (may include virtual care).	As for Level 1. In addition, resuscitation trolley and automatic defibrillation available within the unit. On-site access to a clinician with Advanced Life Support (ALS) training during clinic hours (may be via rapid response team). Access to oncology-specific pharmacy service for drug compounding and clinical advice (may be external pharmacy).	As for Level 1. In addition, medical oncologist available for consultation.	-	-	-	-	-	-	1	2	
3	As for Level 2. In addition, provide access to non-admitted medium risk intravenous chemotherapy and immunotherapy services. May have visiting medical oncologist outpatient clinics.	As for Level 2. In addition, inpatient capacity (may be general medicine). Consultation available from other clinical specialties. Access to mental health service. Access to radiation oncology service.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. May have visiting medical oncologist. Medical officer available 24 hours (may be on call).	-	-	-	-	-	3	3	3	

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, provide multidisciplinary management of oncology patients, including case conferences with radiation oncologists and surgeons (may include teleconference participation).</p> <p>Medical oncology outpatient clinics available.</p> <p>May participate in clinical trials.</p> <p>May be networked with a specialist children's hospital to provide care for children closer to home.</p>	<p>As for Level 3. In addition, visiting radiation oncology clinics.</p> <p>Other specialties on-site for consultation such as gastroenterology and respiratory medicine.</p> <p>Cancer care coordination.</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Access to familial cancer service.</p> <p>Access to Level 4 rehabilitation service.</p>	<p>As for Level 3. In addition, medical oncologist appointed. Physician available 24 hours.</p> <p>Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>Medical officer on-site 24 hours.</p> <p>Allied health professionals on-site (e.g. dietitian, social worker, speech pathologist, psychologist).</p>	4	4	-	4	4	4	4	4
5	<p>As for Level 4. In addition, provide high risk and admitted chemotherapy service.</p> <p>Participate in clinical trials.</p>	<p>As for Level 4. In addition, oncology beds available.</p> <p>Palliative care outpatient clinic available.</p> <p>Provide support to lower level services, including 24 hour clinical advice and professional development support.</p> <p>Access to home enteral nutrition service including follow-up care, nutrition support (oral/enteral/parenteral) and equipment (e.g. feeding pumps, giving sets, syringes).</p> <p>May have access to Positron Emission Tomography (PET).</p> <p>May have pain clinic.</p>	<p>As for Level 4. In addition, medical oncologist available 24 hours (may be networked in rural/regional areas).</p> <p>Medical officer in medical oncology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>Oncology pharmacist available (may be via network).</p> <p>Allied health professionals with specific skills in oncology such as speech pathologist and dietitian.</p>	5	5	-	5	4	5	5	5
6	<p>As for Level 5. In addition, provide comprehensive cancer service with defined specialised multidisciplinary teams (e.g. melanoma, breast cancer, lung cancer, colorectal cancer, gynaecological cancer).</p> <p>Undertake clinical trials.</p> <p>May provide familial cancer service.</p> <p>Paediatric service provided by specialist children's hospital.</p>	<p>As for Level 5. In addition, oncology department.</p> <p>Radiation oncology service readily available, preferably on-site.</p> <p>Access to clinical genetics service.</p>	<p>As for Level 5. In addition, medical officers with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>Oncology pharmacist on-site.</p>	6	6	-	6	5	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*
 Cancer Institute NSW – *eviQ Administration of Antineoplastic Drugs*.

Version	Date	Comment
1.0	Jan 2016	Original publication
6.0	Dec 2023	Tranche 5 review

B16. ONCOLOGY - RADIATION

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
4	Consultative service only, networked with a higher level service with clear referral pathway in place. No radiation oncology treatment facilities on-site.	Formal network and relationship with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice. Consultative palliative care service. Access to cancer multidisciplinary care team. Access to allied health services commensurate with casemix and clinical load. Access to community nursing service. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Visiting radiation oncologist, working in conjunction with a higher level cancer care service. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals available such as social worker, clinical psychologist, speech pathologist, occupational therapist, dietitian and/or physiotherapist. Aboriginal hospital liaison roles available, preferably both male and female.	2	2	3	-	-	2	2	2
5	Part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation therapy and medical physics.	As for Level 4. In addition, provide support to lower level services. Formal referral network with Level 6 service for specialised radiotherapy services not available on-site (e.g. radioactive iodine therapy, stereotactic body radiation therapy (SBRT)) and positron emission tomography (PET). Minimum one dual mode linear accelerator on-site, with intensity modulated radiation therapy capability and ancillary devices (e.g. image guidance, immobilisation, dosimetry, quality assurance). Dedicated radiation oncology information system. Allied health services on-site commensurate with casemix and clinical load. Access to simulation and treatment planning on-site or via networked arrangement. Access to inpatient beds (not necessarily co-located with the treatment facility). Access to at least Level 4 medical oncology service for chemotherapy. Access to oral and maxillofacial surgery. Access to home enteral nutrition service, including follow-up care, nutrition support (oral/ enteral/ parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). Access to equipment for completing nutritional assessment, including accurate medical grade weigh scales and stadiometer. Access to general lymphoedema service. Access to speech and swallowing assessment services (e.g. modified barium swallow, fibre optic endoscopic evaluation of swallowing). Communication equipment (e.g. voice restoration such as voice prostheses, electro-larynx).	As for Level 4. In addition, radiation oncologist on-site for inpatient care. Medical officer available 24 hours (may be on call). Radiation therapist on-site. Allied health professionals on-site such as social worker, clinical psychologist, speech pathologist, occupational therapist, dietitian and/or physiotherapist. Medical physicist on-site. Access to biomedical engineer or technician (on-site or off-site).	4	4	-	4	5	5	5	5

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide comprehensive multidisciplinary cancer service.</p> <p>Provide 24 hour on call service for radiation oncology simulation and treatment.</p> <p>Provide one or more subspecialty services (e.g. brachytherapy, stereotactic radiotherapy).</p> <p>Provide inpatient care co-located with treatment facility.</p> <p>Paediatric service provided by specialist children's hospital.</p>	<p>As for Level 5. In addition, minimum 2 linear accelerators on-site; at least one dual mode.</p> <p>Oncology beds.</p> <p>Clinical specialty services on-site for consultation (e.g. medical oncology, ENT).</p> <p>CT-simulation, treatment planning system and mould room on-site.</p> <p>Specialist lymphoedema service available.</p> <p>Home enteral nutrition service on-site.</p> <p>Equipment for completing nutritional assessment on-site, including accurate medical grade weigh scales and stadiometer.</p> <p>Speech and swallowing assessment services on-site (e.g. modified barium swallow, fibre optic endoscopic evaluation of swallowing).</p> <p>Access to mechanical workshop and biomedical support facilities.</p>	<p>As for Level 5. In addition, clinical head of service.</p> <p>Radiation oncologist available 24 hours.</p> <p>Medical officer in radiation oncology with three or more postgraduate years of experience; may be in training with the Royal Australian and New Zealand College of Radiologists (RANZCR).</p> <p>Allied health professionals with specific skills in radiation oncology.</p> <p>Biomedical engineer or technician on-site in business hours.</p>	5	5	-	5	6	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Clinical Oncology Society of Australia (COSA) – Reports and Papers.

Isenring E, Zabel R, Bannister M, Brown T, Findlay M, Kiss N, Loeliger J, Burgess C, Camilleri B, Davidson W, Hill J, Bauer J. Updated evidence-based practice guidelines for the nutritional management of patients receiving radiation therapy and/or chemotherapy. *Nutrition & Dietetics* 2013; 70 (4): 312 – 324.

The Royal Australian and New Zealand College of Radiologists (RANZCR) (2023) *Radiation Oncology Practice Standards. Part A: Fundamentals and Part B: Guidelines. Version 3.*

Version	Date	Comment
1.0	Jan 2016	Original publication
6.0	Dec 2023	Tranche 5 review

B17. PALLIATIVE CARE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Generalist palliative care service provided via community health, primary care, private and/or non-government organisation (NGO). May provide patient support at home (may be via telephone).	Access to palliative care team, within LHD/SHN if available, for advice and support (may be via outreach, in-reach or virtual care). Formal relationship with NSW Ambulance Service to facilitate support when required. Access to community health services. Access to cancer multidisciplinary care team for palliative care in oncology. Access to pain management service. Access to bereavement service or support (e.g. social work, counselling). Access to pastoral care. Access to inpatient beds. Minimum Core Services may be off-site with networked arrangements in place. May have access to allied health services commensurate with casemix and clinical load. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Generalist clinician such as general practitioner or primary health care nurse available (may be via telephone or Clinical Emergency Response Systems (CERS) Assist). Nurse practitioner may also provide clinical support and consultation. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female. May have allied health professionals available. Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.	1	1	-	-	-	1	1	1
3	<i>As for Level 2.</i> In addition, specialist palliative care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide access to 24 hour patient support at home (may include telephone support). May provide outreach service (e.g. via virtual care or fly-in, fly-out).	<i>As for Level 2.</i> In addition, access to medical oncology, radiation oncology, mental health, rehabilitation and surgical services. Allied health services commensurate with casemix and patient load.	<i>As for Level 2.</i> In addition, medical practitioner with palliative medicine qualification available. Allied health professionals available. May have allied health professionals with specific skills in palliative care available (e.g. occupational therapist, dietitian, social worker).	2	2	3	-	-	2	2	2
4	<i>As for Level 3.</i> In addition, care provided by palliative care multidisciplinary team, including medical practitioner credentialled in palliative medicine. Ambulatory palliative care services (e.g. outpatient clinics) available. Provide consultation service to other specialties (e.g. participate in case conferences). Provide inpatient care if required.	<i>As for Level 3.</i> In addition, palliative care multidisciplinary team.	<i>As for Level 3.</i> In addition, medical practitioner credentialled in palliative medicine. Allied health professionals with specific skills in palliative care available.	2	2	3	-	-	2	3	3

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	As for Level 4. In addition, provide advanced psychosocial assessment. Provide community outreach service.	As for Level 4. In addition, provide network support to lower level services, including clinical advice and professional development support. Link with medical oncology service. Link with radiation oncology service. Link with consultation-liaison psychiatry service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience available 24 hours; may be in training with the Royal Australasian College of Physicians (RACP). May have medical officer in palliative medicine with three or more postgraduate years of experience; may be in training with the RACP.	4	4	-	4	4	4	4	4
6	As for Level 5. In addition, provide community outreach service 24 hours. May provide rural and regional outreach services.	As for Level 5. In addition, provide 24 hour network support to lower level services. Access to multidisciplinary pain management service.	As for Level 5.	5	5	-	5	4	5	5	5

Further Reading – *hyperlinks available in Appendix VII*

Agency for Clinical Innovation (ACI) (2017) *Subacute Care Type Policy Guidance*.

Australian and New Zealand Society of Palliative Medicine – Publications.

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Palliative Care Australia (PCA) (2016) *National Standards Assessment Program: Quality Report 2010-2015*.

Version	Date	Comment
1.0	Jan 2016	Original publication
2.0	May 2017	Approved edits
3.0	Dec 2023	Tranche 5 review

B18. REHABILITATION MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	<p>Provide low complexity subacute rehabilitation, inpatient and/or ambulatory care (day, outpatient or community). Rehabilitation plan may be carried out by appropriately qualified personnel directed by clinician with expertise in rehabilitation.</p> <p>May provide services for patients with higher complexity needs, with outreach or virtual care support from a higher level service as part of a network.</p> <p>May provide health education service.</p>	<p>Formal network with higher level service (within LHD/SHN where appropriate), for clinical advice and support (may include virtual care).</p> <p>Formal relationship with NSW Ambulance (or via district interhospital transport) to facilitate escalation of care and patient transfer when required (e.g. Clinical Emergency Response Systems (CERS) Assist).</p> <p>Each patient has documented, interdisciplinary, coordinated rehabilitation care plan and treatment program, including person centred goals and specified timeframes.</p> <p>Involvement of consumer, carers and family in planning rehabilitation services.</p> <p>Minimum Core Services may be off-site with networked arrangements in place.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to appropriate rehabilitation equipment and therapy space.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Medical or nurse practitioner available 24 hours; or CERS Assist; or formal relationship with NSW Ambulance.</p> <p>Rehabilitation physician available.</p> <p>Allied health professionals available.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	-	-	-	-	-	-	1	1
3	<p><i>As for Level 2.</i> In addition, patients are medically stable with rehabilitation generally of low-medium complexity (e.g. reconditioning, general orthopaedic).</p> <p>Provide inpatient care.</p> <p>Provide health education service.</p> <p>May provide rehabilitation services for ongoing treatment and review with networked support.</p> <p>May provide outreach community teams servicing wider geographic areas as part of network arrangements.</p> <p>May provide program or rehabilitation case management.</p>	<p><i>As for Level 2.</i> In addition, access to consultation-liaison psychiatry and/or psychology service.</p> <p>Access to inpatient beds.</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Therapy spaces on-site, appropriately equipped to support rehabilitation care and programs delivered.</p> <p>May have access to orthotics and prosthetics, rehabilitation engineering and/or seating clinics.</p>	<p><i>As for Level 2.</i> In addition, medical officer available 24 hours (may be on call).</p> <p>Allied health professionals on-site, such as social worker, physiotherapist, occupational therapist and speech pathologist.</p> <p>May have allied health assistant/s.</p>	-	-	-	-	-	-	1	2

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, provide multidisciplinary rehabilitation services for specific impairment groups (e.g. geriatric, orthopaedic, stroke) with moderately complex rehabilitation needs.</p> <p>Inpatient programs delivered minimum 5 days per week.</p> <p>Provide program or rehabilitation case management.</p> <p>May provide outreach services to lower level services.</p>	<p>As for Level 3. In addition, networks with community-based rehabilitation teams or ambulatory rehabilitation programs to facilitate referral, admission and discharge processes.</p> <p>Dedicated therapy spaces such as therapy gym, activities of daily living areas (e.g. functional kitchen), hydrotherapy pool.</p> <p>Access to prosthetics, orthotics and footwear prescriptions; rehabilitation engineering and seating clinics.</p> <p>Access to transitional independent living unit, commensurate with casemix.</p> <p>Access to specialised rehabilitation services. Provide clinical and professional support and advice to lower level services, including allied health support.</p>	<p>As for Level 3. In addition, rehabilitation physician appointed.</p> <p>May have medical officer in rehabilitation medicine with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>Allied health assistant/s.</p>	-	-	-	-	-	3	3	2
5	<p>As for Level 4. In addition, provide rehabilitation services for patients with complex care needs, such as neurological, major trauma, brain injury, and spinal injury dysfunction.</p> <p>Provide individual and group therapies, with frequency determined by patient need and service model.</p> <p>May provide in-home ambulatory rehabilitation service.</p> <p>May provide in-reach/consultation service to acute care facilities.</p> <p>May provide specific rehabilitation programs (e.g. cancer, amputee, chronic pain, Parkinson's Disease, lymphoedema).</p> <p>May provide programs for living skills development and community reintegration.</p> <p>May provide post-injury behaviour support program.</p>	<p>As for Level 4. In addition, inpatient rehabilitation unit located either in an acute care facility or in a standalone facility, networked with an acute care facility to facilitate patient transfer for emergency, critical and surgical care.</p> <p>For regional brain injury rehabilitation services, close working relationship with metropolitan brain injury rehabilitation services.</p> <p>Dedicated interdisciplinary teams.</p> <p>Access to medical and surgical specialties for consultation, such as neurology, pain management, plastic surgery.</p> <p>Access to specialised services such as spinal, brain injury, trauma and transplant rehabilitation.</p> <p>Access to mental health, consultation-liaison psychiatry, and drug and alcohol management services.</p> <p>Access to clinical psychology and neuropsychology services.</p> <p>Access to appropriate setting for behaviour support program, if provided.</p> <p>May provide clinical and professional support for rural teams, consultation and/or rural clinics.</p>	<p>As for Level 4. In addition, medical head of service; should be a rehabilitation physician.</p> <p>Clinical psychologist available.</p> <p>Neuropsychologist available.</p> <p>Allied health professionals with specific skills in rehabilitation.</p>	3	3	3	-	-	4	3	3

B18. REHABILITATION MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiolog	Patholog	Pharmac
6	<p><i>As for Level 5.</i> In addition, provide rehabilitation services for patients with highly complex needs, including specific programs (e.g. cancer, amputee, chronic pain, Parkinson's Disease, lymphoedema).</p> <p>Provide clinical and professional advice to lower level services.</p> <p>Provide in-reach/consultation service to acute care facilities.</p> <p>Provide programs for living skills development and community reintegration.</p> <p>Provide complex seating and equipment prescription.</p> <p>Provide post-injury behaviour support program.</p> <p>May provide cross LHD/SHN services including clinical and professional support for rural teams, consultation and/or rural clinics (e.g. transplant, brain injury, spinal injury dysfunction).</p>	<p><i>As for Level 5.</i> In addition, provide networked support and advice to lower level services, including allied health and nursing support.</p> <p>Allied health services available extended hours commensurate with casemix and clinical load (e.g. physiotherapy).</p> <p>Interdisciplinary ambulatory services for referral, follow up, review and therapy.</p> <p>Appropriate setting for behaviour support program.</p> <p>Access to transitional living units commensurate with case mix.</p> <p>For paediatric patients, partnership with the Department of Education.</p>	<p><i>As for Level 5.</i> In addition, medical officer in rehabilitation medicine with three or more postgraduate years of experience on-site; may be in training with the RACP.</p>	4	4	-	4	4	4	3	4

Further reading – *hyperlinks available in Appendix VII*

Agency for Clinical Innovation (ACI) (2017) *Subacute Care Type Policy Guidance*.

Australasian Faculty of Rehabilitation Medicine (AFRM) (2011) *Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals 2011*.

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

ACI (2019) Principles to support rehabilitation care

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
2.0	May 2017	Approved edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 5 review

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	<p>Provide local support and care to renal patients as part of a formal network.</p> <p>Provide dialysis facility for self-managing home dialysis patients if considered clinically appropriate by their nephrologist.</p> <p>Provide dialysis facility for those who are medically stable but require nurse assistance with dialysis.</p>	<p>Formal network and relationship with higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice.</p> <p>Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required (e.g. Clinical Emergency Response Systems (CERS) Assist).</p> <p>Access to allied health services commensurate with patient load and casemix.</p> <p>Access to community health services.</p> <p>Access to renal supportive care.</p> <p>May have a networked pre-dialysis service to offer pre-dialysis education.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Clinician available 24 hours, such as medical practitioner, nurse practitioner, renal clinical nurse consultant, renal clinical nurse specialist or registered nurse with appropriate skills and experience; or CERS Assist; or formal relationship with NSW Ambulance.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.</p>	-	-	-	-	-	1	1	1
3	<p>As for Level 2. In addition, manage up to stage 4 chronic kidney disease (CKD); stable end stage kidney disease (ESKD) in the maintenance, rehabilitative or palliative phase; and mild acute kidney injury (AKI).</p> <p>[NB: These limits are intended as a guide only and do not replace clinical judgement.]</p> <p>Care provided by physician in consultation with other specialists.</p> <p>May provide access to satellite haemodialysis centre under supervision of trained nursing staff for stable and self-care dialysis patients, with care managed through formal network arrangement with a higher level unit.</p>	<p>As for Level 2. In addition, access to consultation from other specialties (e.g. endocrinology, cardiology, vascular surgery, palliative care, rehabilitation medicine).</p> <p>Access to vascular access service.</p> <p>Access to pre-dialysis education.</p>	<p>As for Level 2. In addition, physician available.</p> <p>Nephrologist consultation available on-site or via virtual care.</p> <p>Medical officer available 24 hours (may be on call).</p> <p>Allied health professionals available (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist).</p>	2	2	3	-	-	3	3	3

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p><i>As for Level 3.</i> In addition, manage broader range of renal disease in less stable patients than Level 3, such as ESKD patients in the acute phase of their illness; patients with AKI not requiring imminent dialysis.</p> <p>Care provided by nephrologist or with nephrologist consultation via formal networked arrangement within the LHD/SHN.</p> <p>Provide access to satellite haemodialysis centre under the supervision of trained nursing staff.</p> <p>May admit patients on peritoneal dialysis if trained nursing staff available for peritoneal dialysis exchanges 24 hours a day (including weekends).</p>	<p><i>As for Level 3.</i> In addition, networked with a larger renal unit for in-centre haemodialysis.</p> <p>Allied health services on-site, commensurate with casemix and clinical load.</p> <p>Formal network with a renal transplantation centre.</p> <p>May have access to home dialysis outreach service.</p>	<p><i>As for Level 3.</i> In addition, nephrologist available for on-site consultation for dialysis patients admitted with an acute illness.</p> <p>Medical officer on-site 24 hours.</p> <p>Allied health professionals on-site (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist, podiatrist).</p>	4	4	-	4	-	4	4	4
5	<p><i>As for Level 4.</i> In addition, may admit patients on all types of dialysis.</p> <p>Provide both peritoneal dialysis and haemodialysis to inpatients.</p> <p>Provide initiation of dialysis.</p> <p>Provide access to home training for haemodialysis and peritoneal dialysis (may be via networked arrangement).</p> <p>Provide renal biopsy.</p> <p>Provide general renal and transplant clinics.</p>	<p><i>As for Level 4.</i> In addition, in-centre haemodialysis unit with nursing staff trained to conduct peritoneal dialysis exchange 24 hours (including weekends).</p> <p>Provide networked support to lower level services, including clinical advice and professional development support.</p> <p>Clinical specialty services on-site for consultation.</p> <p>Access to renal pathology service (Light Microscopy (LM), Immunofluorescence (IF), Electron Microscopy (EM)).</p> <p>Access to home dialysis outreach service.</p>	<p><i>As for Level 4.</i> In addition, medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the Royal Australasian College of Physicians (RACP).</p>	5	5	-	5	5	5	5	5
6	<p><i>As for Level 5.</i> In addition, provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital (e.g. intensive care, coronary care, surgical service, obstetrics) and on referral from lower level services.</p> <p>Provide home training for haemodialysis and peritoneal dialysis (may be via networked arrangement).</p> <p>Provide home dialysis outreach service (may be via networked arrangement).</p> <p>Provide specialised renal supportive care service.</p> <p>Paediatric services provided by specialist children's hospital.</p> <p>May have cross LHD role (e.g. home dialysis training; transplantation unit).</p> <p>May provide acute kidney transplantation service.</p>	<p><i>As for Level 5.</i> In addition, nephrology department.</p> <p>May have dedicated renal beds.</p>	<p><i>As for Level 5.</i> In addition, medical head of service.</p> <p>Medical officer in nephrology with three or more postgraduate years of experience available in business hours; may be in training with the RACP.</p> <p>After hours on call nursing and medical staffing to support dialysis service.</p>	6	6	-	6	5	6	6	5



Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

B20. RESPIRATORY AND SLEEP MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services								
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy	
NPS	No planned service.											
2	Management and appropriate referral by a medical practitioner or nurse practitioner. May provide limited outreach service. May provide respiratory rehabilitation program.	Formal network with a higher level service (within LHD/SHN if available), including access to specialist support and advice. Formal relationship with NSW Ambulance to facilitate support when required. Access to community health services. Access to respiratory diagnostic services such as spirometry and oxygen saturation measurement. Access to respiratory health education programs such as smoking cessation and general lifestyle advice on sleep hygiene. Access to Level 2 radiology service desirable. Access to allied health services commensurate with casemix and clinical load such as physiotherapy. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical practitioner, nurse practitioner or registered nurse supported by LHD/SHN respiratory service available 24 hours; or Clinical Emergency Response Systems (CERS) Assist; or formal relationship with NSW Ambulance. Physician consultation available. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals such as physiotherapist available. Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	1	1	1	
3	As for Level 2. In addition, basic inpatient respiratory medicine service provided by medical practitioner or physician. May provide acute ambulatory care service.	As for Level 2. In addition, referral pathways to respiratory and sleep medicine specialists. If treating children, access to paediatrician or Level 4 paediatric medicine service. Blood gas analysis on-site. Access to primary health care/chronic disease management services and programs such as respiratory rehabilitation.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals available may include physiotherapist, occupational therapist, social worker, speech pathologist, and/or dietitian.	2	2	3	-	-	3	3	3	
4	As for Level 3. In addition, manage haemodynamically stable adult patients with respiratory conditions requiring close observation including non-invasive ventilation, but not patients who are haemodynamically unstable or require inotropic support or intubation. Provide a respiratory rehabilitation service. Provide community based respiratory outreach service. May provide respiratory outpatient services.	As for Level 3. In addition, network with programs such as Hospital in the Home and/or community health that provide alternatives to hospitalisation and enable early discharge (may include virtual care). Allied health services on-site commensurate with casemix and clinical load. Access to other specialties for consultation (e.g. infectious diseases, immunology, medical oncology).	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP). Medical officer on-site 24 hours. Allied health professionals on-site, (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian, clinical psychologist).	4	4	-	4	-	4	4	4	

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, manage haemodynamically unstable adult patients with respiratory conditions requiring close observation, including non-invasive ventilation.</p> <p>Provide respiratory ambulatory care service with nursing outreach under medical supervision.</p> <p>May provide diagnostic bronchoscopy service.</p> <p>May provide access to sleep investigation service.</p> <p>May provide access to lung function laboratory.</p> <p>May provide tuberculosis clinic.</p>	<p>As for Level 4. In addition, clinical specialty services on-site for consultation.</p> <p>Provide support to lower level services, including clinical advice and professional development support.</p> <p>Extended hours access to physiotherapy services commensurate with casemix and clinical load.</p> <p>Level 5 cardiology service available on-site or via networked arrangement.</p> <p>Level 5 cardiothoracic surgery available on-site or via networked arrangement.</p> <p>Access to subacute services, palliative care and community health services, in particular community nursing.</p> <p>Access to early discharge service.</p> <p>May have a department of respiratory and sleep medicine (adult).</p>	<p>As for Level 4. In addition, respiratory medicine physician, sleep medicine physician or dual trained general physician/respiratory physician available.</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>May have medical officer in respiratory or sleep medicine with three or more postgraduate years of experience; may be in training with the RACP.</p>	5	5	-	5	4	5	5	5
6	<p>As for Level 5. In addition, provide sleep investigation and management service including positive airway pressure, oral appliances, upper airway surgery, positional therapy (bed head elevation and/or keeping people in the lateral posture during sleep) and weight loss support, either directly or by referral.</p> <p>Provide diagnostic bronchoscopy service and interventional respiratory procedures.</p> <p>Provide pleural disease management service.</p> <p>Provide respiratory ambulatory care service with a multidisciplinary team under specialist medical supervision for interval care, acute episodes and post-acute care.</p> <p>Provide home delivered ventilation service.</p> <p>Provide respiratory outpatient services.</p> <p>Provide sleep outpatient services.</p> <p>Provide tuberculosis clinic.</p> <p>Paediatric services provided by specialist children’s hospital.</p> <p>May have cross LHD role (e.g. transplantation, cystic fibrosis complex interventional respiratory services).</p>	<p>As for Level 5. In addition, specialty services available on-site include ENT surgery, immunology, rheumatology, medical oncology, radiation oncology, gastroenterology, thoracic surgery, endocrinology, psychiatry and dental services.</p> <p>Level 6 cardiothoracic surgery available.</p> <p>Level 6 cardiology service available.</p> <p>Respiratory medicine beds.</p> <p>Dedicated acute care monitoring area.</p> <p>Respiratory and sleep medicine department.</p> <p>Respiratory function laboratory.</p> <p>Dedicated sleep investigation area.</p>	<p>As for Level 5. In addition, clinical head of service.</p> <p>Medical officer in respiratory or sleep medicine with three or more postgraduate years of experience; may be in training with the RACP.</p>	6	6	-	6	6	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

Australasian Sleep Association August (ASA) (2016) *Standard for Sleep Disorders Services*.

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Thoracic Society of Australia and New Zealand (TSANZ) – Respiratory Function Laboratory Accreditation.



B20. RESPIRATORY AND SLEEP MEDICINE

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	<p>Management and appropriate referral by medical or nurse practitioner.</p> <p>Provide limited outpatient service (may be via networked arrangement).</p> <p>Provide patient health education.</p>	<p>Formal network with a higher level service (within LHD/SHN if available), including 24 hour access to specialist support and advice.</p> <p>Formal relationship with NSW Ambulance to facilitate escalation of care and patient transfer when required (e.g. Clinical Emergency Response Systems (CERS) Assist).</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to outreach clinics.</p> <p>Access to community health services.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Medical or nurse practitioner available 24 hours; or CERS Assist; or formal relationship with NSW Ambulance.</p> <p>Physician consultation available.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	1	1	-	-	-	-	1	1
4	<p><i>As for Level 2.</i> In addition, basic musculoskeletal medicine service provided by physician and/or paediatrician/nurse practitioner with interest in rheumatology (e.g. initial adult and/or paediatric assessment; management of acute and chronic rheumatology disease) in partnership with rheumatologist from a higher level service, available via virtual care.</p> <p>May provide local support and care to rheumatology patients as part of general community outreach service.</p>	<p><i>As for Level 2.</i> In addition, formal network with Level 4 rehabilitation service.</p> <p>Consultation available from other clinical specialties (e.g. orthopaedics, cardiology, respiratory medicine, endocrinology).</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Community based health services available to provide chronic disease support.</p> <p>Access to pain management service.</p> <p>May have access to ambulatory infusion service.</p>	<p><i>As for Level 2.</i> In addition, physician and/or paediatrician with an interest in rheumatology and/or visiting rheumatologist locally available.</p> <p>Physician and/or paediatrician available 24 hours.</p> <p>Medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>Medical officer on-site 24 hours.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Allied health professional on-site (e.g. physiotherapist, occupational therapist, social worker).</p>	4	4	-	4	-	4	4	4

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
5	<p>As for Level 4. In addition, service provided by rheumatologists and/or paediatric rheumatologists to manage a range of presentations, including some complex cases.</p> <p>Provide inpatient consultative service to other specialties.</p> <p>Provide outpatient clinic and/or ambulatory service.</p> <p>May provide networked support to lower level services, including clinical advice, skills maintenance and professional development support.</p>	<p>As for Level 4. In addition, clinical specialty services on-site for consultation (e.g. orthopaedics, respiratory medicine, cardiology, endocrine, immunology, neurology, dermatology).</p> <p>Formal network with Level 5 rehabilitation service.</p> <p>May network with other musculoskeletal specialties and programs such as orthopaedics.</p> <p>Access to ambulatory infusion service.</p> <p>Access to ambulatory programs/early discharge programs (e.g. Hospital in the Home (HITH), outpatient physiotherapy, outpatient occupational therapy).</p> <p>Access to Dual Energy X-ray Absorptiometry (DEXA/DXA) bone mineral densitometry scan.</p>	<p>As for Level 4. In addition, rheumatologist and/or paediatric rheumatologist appointed.</p> <p>Medical officer with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP.</p> <p>Allied health professionals with specific skills in musculoskeletal conditions (may be shared with other musculoskeletal specialties/programs).</p>	4	4	-	4	4	4	4	5
6	<p>As for Level 5. In addition, provide coordinated multidisciplinary team care of rheumatology patients.</p> <p>Provide rheumatology consultation service 24 hours.</p> <p>Provide consultative rheumatology service to patients with complex conditions in multidisciplinary setting (e.g. orthopaedic, endocrine, vascular, dermatology, immunology, respiratory, renal, pain, neurology, haematology, ophthalmology) and on referral from lower level services.</p> <p>Provide outpatient clinic/ambulatory services including rapid access clinic for acute rheumatology conditions (e.g. back pain, early arthritis).</p> <p>Provide ambulatory infusion service.</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>May have cross LHD role such as expertise in specific disorder.</p> <p>May provide biologic therapy.</p>	<p>As for Level 5. In addition, provide networked support to lower level services, including clinical advice and professional development support.</p> <p>Department of rheumatology.</p> <p>Rheumatology beds.</p> <p>Access to relevant specialties for consultation and multidisciplinary clinics, including orthopaedic surgery, endocrinology, vascular surgery, dermatology, immunology, respiratory medicine, renal medicine, pain medicine, neurology, haematology, ophthalmology and spinal surgery.</p> <p>Interventional radiology, DEXA/DXA (bone mineral densitometry) MRI, ultrasound and nuclear medicine access on-site.</p> <p>May have positron emission tomography (PET).</p> <p>May have consultation-liaison psychiatry.</p>	<p>As for Level 5. In addition, clinical head of service.</p> <p>Rheumatologist available 24 hours.</p> <p>Medical officer in rheumatology with three or more postgraduate years of experience; may be in training with the RACP.</p> <p>May have osteoporosis fracture prevention liaison coordinator.</p> <p>May have osteoarthritis chronic care coordinator.</p> <p>May have exercise physiologist and/or psychologist.</p>	5	5	-	5	5	6	5	5

Further reading – hyperlinks available in **Appendix VII**

Agency for Clinical Innovation (ACI) (2013) *Model of Care for the NSW Paediatric Rheumatology Network*.

ACI (2018) *NSW Model of Care for Osteoporotic Re-Fracture Prevention. Second Edition*.

ACI (2012) *Osteoarthritis Chronic Care Program Model of Care*.

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*



Further reading (continued) - *hyperlinks available in Appendix VII*

Australian Paediatric Rheumatology Group standards of care for the management of juvenile idiopathic arthritis *Journal of Paediatrics and Child Health*, 50:663–666.

Royal Australian College of General Practitioners (RACGP) (2009) *Clinical guideline for the diagnosis and management of early rheumatoid arthritis*.

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

B22. SEXUAL ASSAULT SERVICES

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	<p>Level 1 Sexual Assault Services (SAS) are commonly referred to as Sexual Assault Assessment Centres and operate mainly in regional and rural NSW where there is no Level 3 or higher SAS within 200km.</p> <p>Provide 24 hour face-to-face psychosocial responses and assessment and referral to Level 3 SAS or higher, including for a 24 hour integrated psychosocial, medical and forensic crisis response if required.</p> <p>Integrated trauma-informed prevention and response to violence, abuse and neglect in accordance with NSW Health PD2019_041 Integrated Prevention and Response to Violence, Abuse and Neglect Framework.</p> <p>Identify and respond to sexual assault in accordance with NSW Health PD2020_006 Responding to Sexual Assault (Adult and Child) Policy and Procedures.</p> <p>Identify and respond to child health and wellbeing in accordance with NSW Health PD2013_007 <i>The Child Wellbeing and Child Protection Policies and Procedures for NSW Health</i>.</p> <p>May provide an Early Evidence Kit (EEK) in consultation with a Level 3 or higher SAS medical and forensic examiner in accordance with NSW Health GL2002_010 Early Evidence Collection.</p>	<p>Formal network with Level 3,4 and 6 SAS (within LHD/SHN if available), including agreed referral processes, clinical advice and support (may include virtual care and access to CASACAL - the Child Abuse and Sexual Assault Clinical Advice Line).</p> <p>Located in an emergency department with procedures in place for a treating doctor or nurse practitioner to give medical clearance for the client to travel to Level 3 or higher SAS, if required.</p> <p>NSW Health Mandatory Reporter Guide, as outlined in NSW Health PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health, and Child Protection and Wellbeing – NSW Interagency Guidelines, available to staff.</p> <p>Referral pathways to relevant local Aboriginal programs and services including Aboriginal Family Wellbeing and Violence Prevention Program (AFWVP) workers.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>SAS counsellors trained and available for 24 hour response.</p> <p>Emergency department staff available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.</p>	-	-	-	-	-	-	-	-

B22. SEXUAL ASSAULT SERVICES *continued*

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
3	<p>As for Level 1. In addition, provide specialised, psychosocial sexual assault responses to child, young person and adult victims and their families, including crisis counselling information, casework and care navigation, and court support for victims of sexual assault and their significant others.</p> <p>Operate during business hours or may provide a limited after hours response.</p>	<p>As for Level 1. In addition, 24 hour availability of identified area in emergency department or elsewhere in hospital if SAS crisis responses (psychosocial only or integrated psychosocial, medical and forensic) are not provided on-site.</p> <p>Formal network and agreed referral processes with the Joint Child Protection Response Program (JCPRP).</p> <p>Referral pathway to a Level 4 or 6 SAS for 24 hour psychosocial only crisis response.</p> <p>Referral pathway to Level 4 or 6 SAS for 24-hour integrated psychosocial, medical and forensic response.</p> <p>Referral pathway to services for children and young people aged under 10 or aged 10–17 years who engage in problematic and harmful sexual behaviours and their families.</p>	<p>As for Level 1. In addition, medical officer trained in sexual assault response or Sexual Assault Nurse Examiner (SANE) with appropriate accreditation as a sexual assault medical and forensic examiner available in business hours.</p> <p>SAS counsellors (e.g. social workers, psychologists, , sexual assault workers) with Aboriginal sexual assault workers with appropriate qualifications and training to provide a psychosocial sexual assault response to child, young person and adult victims of sexual assault and their significant others.</p>	-	-	-	-	-	-	1	1
				Minimum Core Services may be off-site.							
4	<p>As for Level 3. In addition, 24 hour integrated psychosocial, medical and forensic crisis responses for children, young people and/or adults who have experienced sexual assault. Provide the seven key elements of the SAS service model in accordance with NSW Health PD2020_006 Responding to Sexual Assault (Adult and Child) Policy and Procedures (page 71, section 12, Overview of sexual assault services service model):</p> <ol style="list-style-type: none">1. 24 hour psychosocial crisis response2. 24 hour medical or medical and forensic services3. ongoing therapeutic interventions4. court preparation, court support and legal reports5. systems advocacy6. professional consultation and training7. community engagement, education and prevention. <p>Each district/network has minimum one Level 4 or Level 6 SAS within their geographic boundaries.</p> <p>Advise and accept appropriate referrals from lower level services.</p> <p>Manage and facilitate health response for sexual assault related JCPRP matters.</p>	<p>As for Level 3. In addition, facilities in or close to an emergency department for 24 hour integrated psychosocial, medical and forensic crisis responses in accordance with NSW Health PD2020_006 Responding to Sexual Assault (Adult and Child) Policy and Procedures.</p> <p>Non-crisis responses, ongoing and follow-up care ideally occur outside the emergency department such as a community health setting.</p> <p>Provide network support to lower level services, including clinical advice, professional development support and peer review.</p> <p>Consultation available from other clinical specialties including mental health, surgery, gynaecology, and drug and alcohol services.</p> <p>Consultation available from paediatricians and paediatric specialties.</p> <p>For children <18 years, formal network with Level 6 child protection service/unit.</p> <p>For children <18 years, access to video colposcopy for children available on-site.</p>	<p>As for Level 3. In addition, service manager or clinical lead.</p> <p>Medical director credentialed to perform medical and forensic examinations.</p> <p>Nurse practitioner models may also provide clinical consultation and support services.</p> <p>Designated and appropriately trained sexual assault counsellors (e.g. social workers, psychologists, sexual assault workers) available 24 hours (may include on call).</p> <p>Preferably at least one sexual assault counsellor will be an Aboriginal identified position.</p> <p>Medical and forensic examiners, either trained and credentialed medical officers or SANE, available 24 hours (may include on call).</p> <p>Emergency department staff available.</p>	-	-	-	-	-	1	2	2
				Minimum Core Services may be off-site.							

B22. SEXUAL ASSAULT SERVICES *continued*

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 4. In addition, accept referrals from Level 3 and 4 services for specialist and forensic medical assessment and treatment.</p> <p>Provide consultation for other health workers in lower level services.</p> <p>Provide consultation and peer review for forensic examiners in Level 1 to 6 services.</p> <p>Provide an extensive program of community education and professional training, consultation and support.</p>	<p>As for Level 4. In addition, formal network with Level 6 child protection service.</p> <p>Level 4 (or above) sexual health service on-site.</p> <p>For adults, Level 5 gynaecology service on-site.</p> <p>For children <18 years, Level 6 paediatric medicine and Level 6 surgery for children services on-site.</p>	<p>As for Level 4. In addition, specialist medical staff (e.g. surgeon, psychiatrist) available for consultation.</p> <p>Paediatrician with expertise in child sexual assault available for consultation.</p> <p>Multidisciplinary team response available (e.g. mental health, allied health professionals).</p>	-	-	-	-	-	1	4	2
				Minimum Core Services may be off-site.							

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Government – Child Protection and Wellbeing - Interagency Guidelines.

NSW Health PD2005_287 *Victims Rights Act 1999*

NSW Health PD2013_007 *Child Wellbeing and Child Protection Policies and Procedures for NSW Health.*

NSW Health PD2015_047 *Photo and video imaging in cases of suspected child sexual abuse, physical abuse and neglect for NSW Health*

NSW Health PD2019_041 *Integrated Prevention and Response to Violence, Abuse and Neglect Framework*

NSW Health PD2020_006 *Responding to Sexual Assault (Adult and Child) Policy and Procedures*

Domestic Violence – Identifying and Responding for NSW Health

NSW Police, Health and Office of the Director of Public Prosecutions *Guidelines for responding to adult victims of sexual assault*

NSW Health GL2002_010 *Early Evidence Collection*

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
6.0	Dec 2023	Tranche 4 review

B23. SEXUAL HEALTH

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Provide initial assessment, testing, treatment and appropriate referral. Provide nurse dispensing and supply medication for treatment of sexually transmissible infection (STI). Provide sexual health and human immunodeficiency virus (HIV) medicine education and information through pamphlets and other media.	Formal network and relationship with a higher level specialist service (within LHD/SHN if available), including 24 hour access to specialist support and advice. System for management of positive STI and HIV results. Referral pathways for provision of pre and post exposure prophylaxis for HIV (PrEP and PEP). Access to counselling and support services such as HIV support program. Access to higher level pathology services (in addition to minimum core service level). Access to clean injecting equipment via needle and syringe program or other outlet. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Appropriately trained and experienced medical practitioner or registered nurse (RN). Nurse practitioner may also provide clinical support and consultation. Accredited HIV s100 prescriber available. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female. Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.	-	-	-	-	-	-	1	1
2	<i>As for Level 1.</i> In addition, consultation and referral from general practitioner (GP) or nurse practitioner.	<i>As for Level 1.</i> In addition, links with GP and other clinical specialty services. Links with community health, (including community HIV teams if available), Aboriginal health, women's health, men's health, gender clinics and sexual assault services. Links with non-government and community support organisations. Access to sexual health education programs.	<i>As for Level 1.</i> In addition, GP available.	-	-	-	-	-	-	1	1
3	<i>As for Level 2.</i> In addition, provide consultation service to other clinical specialties.	<i>As for Level 2.</i> In addition, provide post exposure prophylaxis for HIV. Access to multidisciplinary team, including counselling resource. Access to Level 3 radiology and interventional radiology service (in addition to minimum core service level). Access to allied health services commensurate with casemix and clinical load. Link with supra LHD services (e.g. NSW Sexually Transmissible Infections Programs Unit). Link with NSW Primary Health Networks.	<i>As for Level 2.</i> In addition, medical practitioner credentialed in sexual health and/or HIV medicine available. Medical officer available 24 hours (may be on call). Allied health professionals available.	-	-	-	-	-	2	1	2

B23. SEXUAL HEALTH *continued*

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, provide advice on and manage complex cases.</p> <p>Provide outpatient clinics on-site or in close proximity (may be nurse led).</p> <p>Provide sexual health support to a range of services including emergency department, mental health, drug and alcohol, public health, maternity, paediatrics, HIV care and sexual assault services.</p> <p>Provide assistance to primary care services (e.g. health education, delivery of positive results, complex contact tracing), including outreach clinics.</p> <p>Provide leadership at LHD level in planning and implementing targeted services, consistent with NSW strategic directions.</p> <p>Provide advice on and manage complex cases, including collaborating with the local public health unit on issues requiring a public health response.</p>	<p>As for Level 3. In addition, provide support to lower level services, including clinical advice and professional development support.</p> <p>Allied health services on-site or via community HIV team, commensurate with casemix and clinical load.</p> <p>Access to Level 4 radiology and interventional radiology service (in addition to minimum core service level).</p> <p>Contribute to statewide planning and development of sexual health and HIV medicine services.</p>	<p>As for Level 3. In addition, medical officer in infectious diseases or sexual health with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Physicians (RACP).</p> <p>Allied health professionals on-site.</p> <p>Multidisciplinary team to support health education programs available.</p>	-	-	-	-	-	3	1	2
5	<p>As for Level 4. In addition, cross LHD role in planning, implementation and evaluation of sexual health and/or HIV medicine strategies.</p> <p>Paediatric services provided by specialist children’s hospital.</p>	<p>As for Level 4. In addition, coordinate system support for service access and standards of care.</p>	<p>As for Level 4. In addition, may have nominated head of service; may be in association with infectious diseases, and/or HIV medicine services and/or immunology.</p>	-	-	-	-	-	3	1	2

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health *NSW HIV Strategy 2021-2025*

NSW Health PD2019_004 *Management of people with HIV who risk infecting others*

PrEP patient information booklet - [prep-patient-information-booklet.pdf \(nsw.gov.au\)](#)

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

Section Two: **Clinical Services**

Part C: **Surgery**

C1. BURNS

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	<p>Manage burns not requiring surgical intervention that do not meet criteria for transfer under the <i>NSW Burn Transfer Guidelines</i>.</p> <p>All other burns stabilised and transferred as per the <i>NSW Burn Transfer Guidelines</i>.</p> <p>Provide ambulatory care burns service.</p> <p>Access to burn specific health education.</p>	<p>Networked with higher level service (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care).</p> <p>Access to wound management service.</p> <p>Access to pain management service.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to virtual care support with ability to send digital images and clinical information electronically.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Appropriately credentialled medical practitioner.</p> <p>General surgeon or paediatrician available for consultation.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available such as physiotherapist, occupational therapist and social worker.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	1	1	-	-	-	-	1	1
4	<p><i>As for Level 2.</i> In addition, provide immediate surgical management if required and/or stabilisation prior to transfer (as per the <i>NSW Burn Transfer Guidelines</i>).</p> <p>Provide surgical management for burns that do not meet criteria for transfer under the <i>NSW Burn Transfer Guidelines</i>.</p> <p>May admit patients for pain management.</p> <p>Coordinate ongoing burns management in consultation with a burn unit of the Statewide Burn Injury Service (i.e. Concord, Royal North Shore, Children's Hospital Westmead).</p>	<p><i>As for Level 2.</i> In addition, allied health services on-site, commensurate with casemix and clinical load.</p> <p>Access to general rehabilitation service.</p> <p>Access to scar management service.</p> <p>Access to consultation-liaison psychiatry.</p>	<p><i>As for Level 2.</i> In addition, appropriately credentialled surgeon.</p> <p>Medical officer available 24 hours.</p> <p>Allied health professionals on-site.</p>	4	4	-	4	-	4	4	4

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 4. In addition, provide a comprehensive cross LHD service, including inter-hospital transfers for patients that meet criteria for transfer under the <i>NSW Burn Transfer Guidelines</i>.</p> <p>Ambulatory burns clinic for referrals from lower level services, including wound management.</p> <p>Provide burns specific health education.</p> <p>Paediatric service provided by specialist children's hospital.</p>	<p>As for Level 4. In addition, clinical specialty services on-site with consultation available, including plastic surgery, ophthalmology, pain management, palliative care endocrinology, dermatology, orthopaedics, ENT, infectious diseases.</p> <p>Dedicated burn operating suite sessions/lists.</p> <p>Dedicated inpatient beds.</p> <p>Provide support to lower level services (including virtual care), with clinical advice and professional development support.</p> <p>Networked as part of the Statewide Burn Injury Service (SBIS).</p> <p>Access to Level 6 rehabilitation service.</p> <p>Access to skin laboratory service.</p> <p>Access to dental service.</p> <p>Access to child and family psychiatry service.</p> <p>Access to expert laser service.</p>	<p>As for Level 4. In addition, clinical head of service with relevant clinical experience.</p> <p>Renal and emergency medicine consultants available 24 hours.</p> <p>Dedicated burn anaesthetist.</p> <p>Medical officer in surgery with three or more postgraduate years of experience in burns unit 8 hours/day; may be in training with the Royal Australasian College of Surgeons (RACS).</p> <p>Medical officer in surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the RACS.</p> <p>Specialist senior nursing staff to support complex wound care and rehabilitation.</p> <p>Allied health professionals including dietitian, occupational therapist, orthotist/prosthetist, physiotherapist, play/child life therapist (for children), psychologist, social worker, and/or speech pathologist. May have specific skills in burns.</p>	6	6	-	6	5	6	6	6

Further Reading – *hyperlinks available in Appendix VII*

Agency for Clinical Innovation (ACI) – Pain Management network resources

ACI (2017) *Statewide Burn Injury Service - NSW Burn Transfer Guidelines. Fourth edition*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

C2. CARDIOTHORACIC SURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
5	<p>Provide Major* and selected Complex Major* cardiac and thoracic surgical procedures on ASA 1 to 5[^] patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]</p> <p>Provide elective cardiothoracic procedures (e.g. pacemaker insertion) and elective and emergency thoracic procedures (e.g. lung resection) that do not require cardiopulmonary bypass.</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>May provide cross LHD service.</p>	<p>Department of cardiothoracic surgery.</p> <p>Clinical specialty services on-site for consultation (e.g. vascular surgery, upper gastrointestinal surgery).</p> <p>Level 5 rehabilitation service available on-site or through a formal networking arrangement.</p> <p>Provide support for lower level networked service/s, including clinical advice and professional development support.</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Extended hours access to physiotherapy services commensurate with casemix and clinical load.</p> <p>Link with palliative care service.</p> <p>Access to consultation-liaison psychiatry service.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Clinical head of service.</p> <p>Cardiothoracic surgeons appointed.</p> <p>Cardiothoracic or thoracic anaesthetists on-site.</p> <p>Other specialist surgeons on-site.</p> <p>Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).</p> <p>Medical officer on-site 24 hours.</p> <p>May have medical officer in cardiothoracic surgery with three or more postgraduate years of experience; may be in training with the RACS.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and/or dietitian.</p> <p>Physiotherapist available extended hours (may be on call).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	5	5	-	5	5	5	5	5
6	<p>As for Level 5. In addition, provide Complex Major* cardiac and thoracic surgical procedures for all levels of patient risk[^].</p> <p>Cardiopulmonary bypass regularly performed.</p> <p>Manage highly complex diagnostic and treatment procedures (e.g. massive thoracoabdominal aneurysm, renal tumour with inferior vena caval involvement) in association with other specialties (e.g. vascular surgery, upper gastrointestinal surgery, urology).</p> <p>May have cross LHD role in specific fields (e.g. surgery for adult congenital heart disease).</p>	<p>As for Level 5. In addition, preferable minimum activity of 300 open heart cases per year.</p>	<p>As for Level 5. In addition, medical officers in cardiothoracic surgery with three or more postgraduate years of experience on call 24 hours; may be training in cardiothoracic surgery with the RACS.</p>	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

[^] see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy*.

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

C3. EAR, NOSE AND THROAT SURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
3	Provide Minor* day surgical procedures on ASA 1 and 2^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.] May provide paediatric services (refer to Surgery for Children service standard).	Access to audiology service (on-site or off-site). Operative microscope available for insertion of tympanostomy or ventilation tubes ('grommet surgery'). Formal referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care). Access to allied health services commensurate with casemix and clinical load. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Otolaryngologist-head and neck (ENT) surgeon appointed. Appropriately credentialed medical practitioner (anaesthesia) or anaesthetist experienced in paediatric anaesthesia if children seen. Refer to Appendix IV: Nursing and Midwifery Workforce . Perioperative staff trained in paediatric recovery. Allied health professionals available, including audiologist. Aboriginal hospital liaison roles available, preferably both male and female.	3	3	3	-	-	-	-	2
4	As for Level 3. In addition, regularly provide Common and Intermediate* and selected Major* surgical procedures on ASA 1, 2 and 3^ patients. Overnight patient admissions.	As for Level 3. In addition, access to blood for transfusion. Consultation from other specialties (may include virtual care).	As for Level 3. In addition, ENT surgeon available 24 hours. Medical officer available 24 hours. Access to allied health professionals including dietitians, and speech pathologists.	4	4	-	4	-	4	4	4
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 4^ patients. May have intra LHD/SHN role.	As for Level 4. In addition, clinical specialty services on-site for consultation. ENT endoscopic and microscopic equipment. Access to nerve integrity monitor.	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).	5	5	-	5	4	5	5	5
6	As for Level 5. In addition, provide full range of Complex Major* surgical procedures for all levels of patient risk^. Paediatric service provided by specialist children's hospital. Participate in multidisciplinary teams with other specialties (e.g. cancer multidisciplinary teams). May perform skull base procedures. May have cross LHD role in specific fields.	As for Level 5. In addition, department of ENT. Provide support for lower level networked service/s, including clinical advice and professional development support. Level 6 neurosurgery on-site for skull base procedures. Allied health services on-site commensurate with casemix and clinical load. Access to medical oncology, radiotherapy, palliative care, neurology, neurosurgery and plastic surgery services. Access to consultation-liaison psychiatry.	As for Level 5. In addition, clinical head of service. Medical officer in ENT with three or more postgraduate years of experience on call 24 hours; may be in training with the RACS. Allied health professionals including audiologist, speech pathologist, social worker, occupational therapist, dietitian, physiotherapist and/or psychologist.	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit.*

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy.*

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 6 review

C4. GENERAL SURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Referral by medical practitioner. Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia).	Procedure room. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Appropriately credentialled medical practitioner. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	1	1	1
2	<i>As for Level 1.</i> In addition, provide Minor* surgical procedures on ASA 1 and 2^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]	<i>As for Level 1.</i> In addition, formal referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care). May have access to allied health services commensurate with casemix and clinical load.	<i>As for Level 1.</i> In addition, general surgeon available for consultation. May have allied health professionals available.	2	2	-	-	-	2	1	2
3	<i>As for Level 2.</i> In addition, provide Common and Intermediate* and selected Major* surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 3^ and some ASA 4^ patients.	<i>As for Level 2.</i> In addition, consultation from other clinical specialties (may include virtual care). Access to allied health services commensurate with casemix and clinical load.	<i>As for Level 2.</i> In addition, surgeon credentialled in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	3	3	3	-	-	3	3	2
4	<i>As for Level 3.</i> In addition, provide Major* surgical procedures on ASA 1 and 2^ patients. Provide Common and Intermediate* surgical procedures on ASA 3 and ASA 4^ patients. Provide appropriate care for ASA 5 and 6^ patients. Models of care in place to separately address emergency and elective surgery.	<i>As for Level 3.</i> In addition, access to rehabilitation, medical oncology, radiotherapy and palliative care services. Allied health services on-site commensurate with casemix and clinical load. Access to cancer multidisciplinary teams. Access to services that support early discharge from surgical procedures, such as Hospital in the Home (HITH), ambulatory care services and community nursing. Consultation-liaison psychiatry available.	<i>As for Level 3.</i> In addition, surgeon credentialled in general surgery available 24 hours. Allied health professionals on-site such as physiotherapist, occupational therapist, speech pathologist, social worker and/or dietitian.	4	4	-	4	4	4	4	4
5	<i>As for Level 4.</i> In addition, provide selected Complex Major* surgical procedures on ASA 1 and 2^ patients. Provide Major* surgical procedures on ASA 3 to 5^ patients. Participate in multidisciplinary teams (e.g. cancer, orthopaedic, cardiac).	<i>As for Level 4.</i> In addition, department of general surgery. Clinical specialty services on-site for consultation. Provide support for lower level networked service/s, including clinical advice and professional development support. Access to Level 6 nuclear medicine service for Positron Emission Tomography (PET); may be on an outpatient basis.	<i>As for Level 4.</i> In addition, clinical head of service. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).	5	5	-	5	5	5	5	5
6	<i>As for Level 5.</i> In addition, provide Complex Major* surgical procedures for all levels of patient risk^. May have cross LHD role.	<i>As for Level 5.</i> In addition, most clinical specialties on-site; may include neurosurgery and/or cardiothoracic surgery.	<i>As for Level 5.</i> In addition, medical officer in general surgery with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACS.	6	6	-	6	6	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health (2012) *Rural Surgery Futures 2011-2021*.

NSW Health GL2021_007 *NSW Emergency Surgery Guidelines and Principles for Improvement*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit*.

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy*.

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Feb 2017	Minor edits
3.0	May 2018	Approved edits

C5. GYNAECOLOGY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]	Procedure room. Formal referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care). May have access to allied health services commensurate with casemix and clinical load. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical practitioner with post graduate training in gynaecological surgery, credentialed in gynaecology. Obstetrician and gynaecologist available for consultation. Nurse practitioner may also provide clinical support and consultation. Refer to Appendix IV: Nursing and Midwifery Workforce . May have allied health professionals available. Aboriginal hospital liaison roles available, preferably female.	2	2	-	-	-	2	1	2
3	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to address procedures that induce menopause.	As for Level 2. In addition, consultation from other specialties (may include virtual care). Access to allied health services commensurate with casemix and clinical load.	As for Level 2. In addition, appropriately credentialed obstetrician and gynaecologist or general surgeon. Medical officer available 24 hours. Allied health professionals available (e.g. women's physiotherapist, social worker).	3	3	3	-	-	3	2	2
4	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, surgical specialties available for consultation. Allied health services on-site commensurate with casemix and clinical load. Access to consultation-liaison psychiatry.	As for Level 3. In addition, obstetrician and gynaecologist credentialed in gynaecology available 24 hours. Allied health professionals on-site.	4	4	-	4	-	4	4	4
5	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients. May provide cross LHD service.	As for Level 4. In addition, department of obstetrics and gynaecology. Clinical specialty services on-site for consultation. Provide support for lower level networked service/s, including clinical advice and professional development support.	As for Level 4. In addition, clinical head of service. Medical officer in obstetrics and gynaecology with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).	5	5	-	5	4	5	5	5

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk[^]. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. Participate in multidisciplinary teams with other surgical specialties, including providing consultation and support. May provide specialised services such as reproductive endocrinology, infertility and urogynaecology. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have cross LHD role in specific fields.</p>	As for Level 5.	<p>As for Level 5. In addition, gynaecological subspecialists available 24 hours.</p> <p>Medical officers in gynaecological subspecialties with three or more postgraduate years of experience; may be in training with the RANZCOG.</p> <p>May have subspecialty expertise in areas such as oncology, fertility and surgery.</p> <p>Specialist senior nursing and allied health staff to support complex patient management.</p>	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

[^] see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Nov 2016	Approved revision
3.0	May 2018	Approved edit
6.0	Dec 2023	Tranche 7 review

C6. NEUROSURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service. Services such as management of minor head injuries provided as general surgery.										
5	<p>Provide Common and Intermediate* and selected Major* neurosurgical procedures on ASA 1 to 5^ patients.</p> <p>[NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]</p> <p>Models of care in place to separately address emergency and elective surgery.</p> <p>May provide intra LHD/SHN service.</p>	<p>Dedicated neurosurgical beds.</p> <p>Modern neurosurgical microscope, surgical navigation system and ventriculoscope commensurate with complexity of neurosurgery undertaken.</p> <p>24 hour access to Computed Tomography (CT) and Magnetic Resonance Imaging (MRI).</p> <p>Network with brain injury and spinal injury rehabilitation services.</p> <p>Network with Level 4 rehabilitation service.</p> <p>Provide support for lower level networked service/s.</p> <p>Clinical specialty services on-site for consultation.</p> <p>Consultation-liaison psychiatry available.</p> <p>Allied health services with extended hours access on-site commensurate with casemix and clinical load.</p> <p>Access to services that support early discharge from surgical procedures, such as Hospital in the Home (HITH), ambulatory care services and community nursing.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Neurosurgeon available 24 hours.</p> <p>Neurosurgical anaesthetist available 24 hours.</p> <p>Medical officer in surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).</p> <p>May have medical officer in neurosurgery with three or more postgraduate years of experience; may be in training with the RACS.</p> <p>Medical officer on-site 24 hours.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals on-site (e.g. physiotherapist, occupational therapist, speech pathologist, social worker and/or dietitian).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	5	5	-	5	4	5	5	5
6	<p><i>As for Level 5.</i> In addition, provide Major* and Complex Major* neurosurgical procedures for all levels of patient risk^.</p> <p>Paediatric services provided by specialist children's hospital.</p> <p>Participate in multidisciplinary teams with other specialties such as neurology, plastic surgery ENT, orthopaedic surgery, oncology and aged care.</p> <p>Support other surgical teams in complex operations/procedures.</p> <p>May have cross LHD role in specific fields such as neurovascular, neuro-oncology, endospinal surgery.</p>	<p><i>As for Level 5.</i> In addition, department of neurosurgery.</p> <p>Neurosurgical intensive care capacity.</p> <p>24 hour access to interventional neuroradiology (INR) service.</p> <p>Network with Level 5 rehabilitation service.</p> <p>May have neurosurgical close observation unit.</p>	<p><i>As for Level 5.</i> In addition, clinical head of service.</p> <p>Medical officer in neurosurgery with three or more postgraduate years of experience on call 24 hours; may be in training with the RACS.</p> <p>May have subspecialty expertise in relevant areas such as neurovascular, neuro-oncology and endospinal surgery.</p> <p>Allied health professionals with specific skills in neurosurgery on-site such as physiotherapist, occupational therapist, dietitian, speech pathologist, social worker, orthotist.</p>	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit.*

NSW Health PD2022_001 *Elective Surgery Access.*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 7 review

C7. OPHTHALMOLOGY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	Provide minor extra ocular diagnostic and therapeutic procedures under local anaesthesia and/or conscious sedation (excludes general anaesthesia). For example, slit lamp examination, removal of superficial corneal foreign body. Excludes procedures requiring an ophthalmic operating microscope. Provide referral and after care as required.	Network with higher level service (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care). Procedure room. Slit lamp and relevant ophthalmic surgical instruments. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Appropriately credentialled medical practitioner. Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	-	1	1
3	<i>As for Level 1.</i> In addition, provide Minor* and Common and Intermediate* ophthalmic procedures on ASA 1, 2 and 3^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.] Provide inpatient and outpatient consultation to other specialties and/or the emergency department as required. Provide referral to low vision support services.	<i>As for Level 1.</i> In addition, ophthalmic operating microscope. Phacoemulsification ('phaco') machine. Access to outpatient service (may be networked arrangement). Access to allied health services commensurate with casemix and clinical load. Access to Level 4 pathology as required for tissue analysis. Access to Level 4 radiology as required for 24 hour Medical Radiation Scientist (Diagnostic Radiographer) availability.	<i>As for Level 1.</i> In addition, ophthalmologist appointed. Medical officer available 24 hours. Allied health professionals available such as orthoptist.	3	3	3	-	-	3	3	3
5	<i>As for Level 3.</i> In addition, provide Major* ophthalmic procedures on ASA 1 to 4^ patients. May provide care for paediatric patients (refer to Surgery for Children service standard). Provide outpatient services with ophthalmic equipment available, preferably on-site. May provide consultative support to Neonatal Intensive Care Unit (NICU).	<i>As for Level 3.</i> In addition, operating room with ophthalmic equipment (e.g. laser). Appropriate anaesthesia and recovery facilities for paediatric patients if seen. Clinical specialty services on-site or available for consultation, such as plastic surgery, neurosurgery, neurology. Access to consultation-liaison psychiatry. May provide outreach services on a networked basis to lower level services.	<i>As for Level 3.</i> In addition, medical officer in ophthalmology with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). Allied health professionals available such as psychologist, social worker and occupational therapist. Orthoptist, preferably on-site.	5	5	-	5	5	5	5	5
6	<i>As for Level 5.</i> In addition, provide Complex Major* ophthalmic procedures for all levels of patient risk^. Participate in multidisciplinary teams with other specialties (e.g. cancer and trauma multidisciplinary teams). May have cross LHD role in specific fields.	<i>As for Level 5.</i> In addition, department of ophthalmology. Provide support for lower level networked service/s, including clinical advice and professional development support. Access to Level 5 radiation oncology service. Level 6 neurosurgery on-site for oculo-plastic procedures.	<i>As for Level 5.</i> In addition, clinical head of service. Ophthalmologist available 24 hours. Orthoptist on-site.	6	6	-	6	5	6	6	6



* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit*.

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 7 review

C8. ORAL HEALTH

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	General oral health care provided by visiting dental service (e.g. outreach from a networked service) to children and/or adults. Provide consultation and treatment services to outpatients and/or inpatients.	Minimum of one dental chair (may be mobile) with access to dental operating equipment. Access to dental x-ray service. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Dental practitioners (e.g. dentist, oral health therapist, hygienist) registered with the Australian Health Practitioner Regulation Agency (AHPRA). Dental assistants. Aboriginal hospital liaison roles available, preferably both male and female.	-	-	-	-	-	-	-	-
3	<i>As for Level 2.</i> In addition, regular clinic providing selected Minor* dental procedures. [These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following pre-assessment.] Fixed site (standalone or part of another facility) or fully equipped mobile dental clinic. Access to inhalational sedation (nitrous oxide). Participate in multidisciplinary dental and medical teams to provide dental procedures. May provide community and outreach services (e.g. to aged care and special needs facilities); may be via virtual care.	<i>As for Level 2.</i> In addition, minimum of one dental chair with fixed dental operating equipment. Dedicated space. May have formal referral network with higher level service/s (within LHD/SHN if available), including clinical advice and support (may include virtual care).	<i>As for Level 2.</i>			-	-	-			
4	<i>As for Level 3.</i> In addition, provide some specialised level of oral health care (e.g. paediatric services). Provide Minor* dental procedures. May provide selected Common and Intermediate* dental procedures. May provide networked support to lower level services.	<i>As for Level 3.</i> In addition, access to general anaesthesia (may be off-site). Access to dental laboratory providing both fixed and removable prosthetics. Access to Level 3 Surgery for Children service.	<i>As for Level 3.</i> In addition, dentist with specialised experience or specialist dental practitioner (e.g. endodontist, prosthodontist, paediatric dental specialist, geriatric dental specialist, special needs dental specialist).	1	1	-	-	-	1	1	1
5	<i>As for Level 4.</i> In addition, provide a range of specialist oral health care (e.g. maxillofacial surgery). Provide Common and Intermediate* dental procedures. Provide networked support to lower level services.	<i>As for Level 4.</i> In addition, clinical specialty services on-site for consultation. On-site cone beam computed tomography and orthopantomogram (OPG). Access to dental laboratory / device manufacturing providing both fixed and removable prosthetics.	<i>As for Level 4.</i> In addition, oral and maxillofacial surgeon if maxillofacial surgery provided. Dental technician available. Refer to Appendix IV: Nursing and Midwifery Workforce.	3	3	3	-	-	4	3	2

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	As for Level 5. In addition, 24 hour service available. Provide Major* dental procedures. Provide a comprehensive range of specialist dental procedures and services. Provide cross LHD referral service.	As for Level 5. In addition, department of oral health. Access to inpatient beds with medical support available. Intravenous sedation service available. Provide support for lower level networked service/s, including clinical advice and professional development support. Access to allied health services (e.g. speech pathology and dietetics) commensurate with casemix and clinical load.	As for Level 5. In addition, dentist available 24 hours.	4	4	-	4	-	4	4	4

* see **Appendix I: Indicative List of Surgery for Adults** and **Appendix II: Indicative List of Surgery for Children**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Dental Board of Australia – 2020 *Guidelines for scope of practice*.

NSW Health *Oral Health Strategic Plan 2022-2032*

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 7 review

C9. ORTHOPAEDIC SURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
3	Provide Minor* and Common and Intermediate* orthopaedic procedures on ASA 1, 2 and 3^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.] May provide paediatric services (refer to Surgery for Children service standard).	Power drills, power saws and theatre x-ray available. Consultation from other clinical specialties, such as general and acute medicine, geriatric medicine, rehabilitation (may include virtual care). Referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care). Access to fracture clinic. Access to allied health services commensurate with casemix and clinical load. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Orthopaedic surgeon in attendance as required. Medical officer available 24 hours (may be on call). Nurse practitioner may also provide clinical support and consultation. Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals including physiotherapist available. Aboriginal hospital liaison roles available, preferably both male and female.	3	3	3	-	-	3	3	2
4	As for Level 3. In addition, provide selected Major* orthopaedic procedures on ASA 1, 2 and 3^ patients.	As for Level 3. In addition, access to Level 4 rehabilitation Service. Access to consultation-liaison psychiatry. May have orthogeriatrics service.	As for Level 3. In addition, orthopaedic surgeon available 24 hours. Medical officer and/or orthopaedic medical officer with three or more postgraduate years of experience; may be in training with the Royal Australasian College of Surgeons (RACS). Allied health professionals including occupational therapist, dietitian, social worker, podiatrist and orthotist available.	4	4	-	4	4	4	4	4
5	As for Level 4. In addition, provide full range of Major* orthopaedic procedures on ASA 1 to 5^ patients. Provide intra LHD/SHN services.	As for Level 4. In addition, specialty services on-site with consultation available, including general and acute medicine, geriatric medicine, neurology, vascular surgery, plastic surgery. Orthogeriatrics service. Allied health services on-site commensurate with casemix and clinical load. Networked with Level 5 rehabilitation service. Provide support for lower level networked service/s, including clinical advice and professional development support.	As for Level 4. In addition, orthopaedic medical officer with three or more postgraduate years of experience on call 24 hours; may be in training with the RACS. Allied health professionals on-site. Physiotherapist with specific orthopaedic caseload.	5	5	-	5	4	5	5	5

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide Complex Major* orthopaedic procedures for all levels of patient risk[^]. Paediatric service provided by specialist children's hospital. Participate in multidisciplinary teams with other specialties, such as cancer and trauma multidisciplinary teams. Support other surgical teams in complex operations/procedures.</p> <p>May have cross LHD role in specific fields (e.g. hand surgery, spinal surgery).</p>	<p>As for Level 5. In addition, department of orthopaedics. Networked with Level 6 rehabilitation service. Access to medical oncology, radiotherapy and palliative care services.</p>	<p>As for Level 5. In addition, clinical head of service. May have subspecialty expertise in areas such as oncology, trauma, spine and joints. Specialist nursing and allied health staff to support complex wound care and rehabilitation.</p>	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

[^] see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit*.

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy*.

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 7 review

C10. PLASTIC SURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
4	<p>Provide Minor*, Common and Intermediate*, and selected Major* plastic surgical procedures on ASA 1, 2, 3 and selected 4^ patients.</p> <p>[NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]</p> <p>Models of care in place to separately address emergency and elective surgery.</p> <p>May provide paediatric services (refer to Surgery for Children service standard).</p> <p>May provide specialised service such as hand surgery.</p>	<p>Formal referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care).</p> <p>Consultation from other clinical specialties (may include virtual care).</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to consultation-liaison psychiatry.</p> <p>Access to medical oncology, radiotherapy and palliative care services.</p> <p>Access to services that support early discharge from surgical procedures, such as Hospital in the Home (HITH), ambulatory care services and community nursing.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Plastic surgeon available 24 hours.</p> <p>Medical officer available 24 hours.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	4	4	-	4	4	4	4	4
5	<p>As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 5^ patients.</p> <p>May provide intra LHD/SHN service.</p>	<p>As for Level 4. In addition, clinical specialty services on-site for consultation (e.g. vascular surgery).</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Provide support for lower level networked service/s.</p> <p>Network with a Level 5 rehabilitation service.</p>	<p>As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).</p> <p>Allied health professionals on-site.</p>	5	5	-	5	4	5	5	5
6	<p>As for Level 5. In addition, provide Complex Major* plastic surgical procedures for all levels of patient risk^.</p> <p>Paediatric service provided by specialist children's hospital.</p> <p>Participate in multidisciplinary teams with other surgical specialties.</p> <p>Support other surgical teams in complex operations/ procedures.</p> <p>May have cross LHD role in specific fields such as severe burns, complex surgery (breast, melanoma, orthopaedics, upper and lower gastrointestinal surgery), trauma.</p>	<p>As for Level 5. In addition, department of plastic surgery.</p> <p>Plastic surgery operating instruments for microsurgery.</p>	<p>As for Level 5. In addition, clinical head of service.</p> <p>Medical officer/s in plastic surgery with three or more postgraduate years of experience; may be in training with the RACS.</p> <p>May have subspecialty expertise in areas such as breast, orthopaedic, head and neck surgery.</p> <p>Specialist nursing and allied health staff to support complex wound care and rehabilitation.</p>	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit.*

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy.*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 7 review

C11. UROLOGY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Provide Minor* urological procedures on ASA 1, 2^ and selected ASA 3^ patients. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]	Access to continence education. Referral pathways to relevant Aboriginal programs and services. Formal referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care). May have access to allied health services commensurate with casemix and clinical load. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Medical practitioner credentialled in urology. Refer to Appendix IV: Nursing and Midwifery Workforce . May have allied health professionals, such as physiotherapist, available. Aboriginal hospital liaison roles available, preferably both male and female.	2	2	-	-	-	2	1	2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* urological procedures on ASA 1, 2 and 3^ patients. Provide Minor* urological procedures for ASA 4^ patients on an ambulatory care basis. May provide paediatric services (refer to Surgery for Children service standard).	As for Level 2. In addition, consultation from other clinical specialties, such as general surgery; general and acute medicine (may include virtual care). Access to allied health services commensurate with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours. Allied health professionals, such as physiotherapist, available.	3	3	3	-	-	4	3	3
4	As for Level 3. In addition, provide Major* urological procedures on ASA 1, 2 and 3^ patients. Provide continence service.	As for Level 3. In addition, links with oncology, radiotherapy, gynaecology and palliative care services. Access to consultation-liaison psychiatry service. Allied health services on-site commensurate with casemix and clinical load.	As for Level 3. In addition, urologist available 24 hours. Allied health professionals on-site.	4	4	-	4	4	4	4	4
5	As for Level 4. In addition, provide Major* urological procedures on ASA 4 and 5^ patients and selected Complex Major* urological procedures on ASA 1 to 3^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation, including renal medicine, oncology, radiotherapy, gynaecology and palliative care services.	As for Level 4. In addition, medical officer in surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).	5	5	-	5	5	5	5	5
6	As for Level 5. In addition, provide Complex Major* urological procedures for all levels of patient risk^. Provide outpatient service. Participate in multidisciplinary teams with other surgical specialties. Support other surgical teams in complex operations/procedures. Provide intra LHD/SHN consultative and/or outreach services. May have cross LHD role in specific fields such as urogynaecology, renal transplantation, neuro-urology. Paediatric service provided by specialist children’s hospital.	As for Level 5. In addition, department of urology. Participate in cancer and trauma multidisciplinary teams. Provide support for lower level networked service/s, including clinical advice and professional development support.	As for Level 5. In addition, clinical head of service. Medical officer in urology with three or more postgraduate years of experience; may be in training with the RACS.	6	6	-	6	5	6	6	6



* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit.*

NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy.*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
6.0	Dec 2023	Tranche 7 review

C12. VASCULAR SURGERY

For children, refer to service standard **D6: Surgery for Children** and **Appendix II: Indicative List of Surgery for Children**.

For children, refer to service standard D6: Surgery for Children and Appendix II: Indicative List of Surgery for Children.				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service. Services such as varicose vein surgery provided as general surgery.										
4	<p>Provide Minor*, Common and Intermediate*, and selected Major* vascular surgical procedures on ASA 1, 2 and 3^ patients.</p> <p>[NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment.]</p> <p>Models of care in place to separately address emergency and elective surgery.</p>	<p>Vascular operating instruments (e.g. balloon catheters, vascular clamps).</p> <p>Formal referral network with higher level service/s (within LHD/SHN if available), including mutual transfer and back-transfer policies, clinical advice and support (may include virtual care).</p> <p>Consultation from other specialties (may include virtual care).</p> <p>Pre-operative rehabilitation consultation available for elective amputees.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Access to consultation-liaison psychiatry.</p> <p>Access to services that support early discharge from surgical procedures, such as Hospital in the Home (HITH), ambulatory care services and community nursing.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Vascular or general surgeon available 24 hours.</p> <p>Medical officer available 24 hours.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	4	4	-	4	4	4	4	4
5	<p>As for Level 4. In addition, provide Major* vascular surgery procedures on ASA 1 to 5^ patients.</p> <p>May provide intra LHD/SHN service.</p>	<p>As for Level 4. In addition, access to specialised prostheses.</p> <p>Clinical specialty services on-site for consultation.</p> <p>Allied health services on-site commensurate with casemix and clinical load.</p> <p>Provide support for lower level networked service/s, including clinical advice and professional development support.</p> <p>Access to a Level 5 rehabilitation service.</p>	<p>As for Level 4. In addition, vascular surgeon available 24 hours.</p> <p>Medical officer in surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS).</p> <p>Allied health professionals on-site.</p>	5	5	-	5	4	5	5	5
6	<p>As for Level 5. In addition, provide Complex Major* vascular surgery procedures for all levels of patient risk^.</p> <p>Participate in multidisciplinary teams with other surgical specialties.</p> <p>Support other surgical teams in complex procedures such as trauma, orthopaedics, gastrointestinal surgery.</p> <p>May have cross LHD role in specific fields.</p> <p>May provide consultant support to paediatric service in specialist children’s hospital.</p>	<p>As for Level 5. In addition, department of vascular surgery.</p>	<p>As for Level 5. In addition, clinical head of service.</p> <p>Medical officer in vascular surgery with three or more postgraduate years of experience; may be in training with the RACS.</p> <p>Specialist nursing and allied health staff to support complex wound care and rehabilitation.</p>	6	6	-	6	5	6	6	6

* see **Appendix I: Indicative List of Surgery for Adults**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*
NSW Health GL2012_001 *High Volume Short Stay Surgical Model Toolkit*.
NSW Health PD2022_001 *Elective SurgeryAccess*.

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Jan 2017	Minor edits
3.0	May 2018	Approved edits
6.0	Dec 2023	Tranche 7 review

Section Two: **Clinical Services**

Part D: **Child and Family Health Services**

D1. CHILD AND FAMILY HEALTH

Level	Service Scope	Service Requirements	Workforce
NPS	No planned service.		
2	<p>Provide child and family health services, including universal health home visiting, for children from birth to five years (see Further Reading)</p> <p>Provide access to parenting groups (e.g. for first-time parents, postnatal depression).</p> <p>Provide breastfeeding support (see Further Reading).</p> <p>Provide hearing screening for newborn babies (see Further Reading).</p> <p>Provide primary health assessments and reviews for children entering statutory out-of-home care (may be via outreach) (see Further Reading).</p> <p>Participate in and refer to multidisciplinary case discussion as part of SAFE START pathway (see Further Reading).</p> <p>Provide vision screening for 4 year old children (see Further Reading).</p> <p>Referral for secondary screening and management of children with identified needs (e.g. general practitioner (GP), audiologist, eye health professional, counselling service, speech pathology, occupational therapy).</p> <p>Referral to higher level services for case management of parents/carers with identified needs likely to impact on their parenting (e.g. mental health, drug and alcohol, domestic violence issues).</p>	<p>Links with referring maternity services, including Aboriginal Maternal and Infant Health Services.</p> <p>Referral pathways to relevant Aboriginal mothers, babies and children's programs and services.</p> <p>Data management systems for regular identification and follow up of non-attenders and vulnerable clients.</p> <p>Access to other child and family care providers (e.g. residential and day stay family support/parentcraft facilities; education and community services; Aboriginal Community Controlled Health Organisations, child protection and paediatrics services).</p> <p>Links with Primary Health Network/s.</p> <p>Links with child protection, youth health and oral health services.</p> <p>Links with relevant district clinical stream and/or clinical governance processes.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>General practitioners (GPs) allied health professionals and other secondary screening and referral services available.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.</p>
3	<p><i>As for Level 2.</i> In addition, designated team provide a range of assessment, treatment, information, education and prevention programs (e.g. immunisation clinics for target population (birth to five years).</p> <p>Collaboration with professional partners and disciplines relevant to families experiencing vulnerability (see Further Reading).</p> <p>May provide parenting groups for first time parents and targeted groups according to local need (e.g. postnatal depression group).</p>	<p><i>As for Level 2.</i> In addition, access to generalist child and family psychosocial support.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Link with public health unit.</p>	<p><i>As for Level 2.</i> In addition, allied health professionals available, including speech pathologist and occupational therapist with specific skills in paediatrics.</p> <p>Nurse practitioner models may also provide clinical consultation and support services.</p>
4	<p><i>As for Level 3.</i> In addition, provide therapies for an individual developmental delay (e.g. fine motor, gross motor, social and emotional, speech), specific learning difficulty and/or mental health issue.</p> <p>Provide short term interventions (e.g. for breastfeeding, transition to solids, sleep and settling matters).</p> <p>Provide comprehensive assessment and review of children in out-of-home care (see Further Reading)</p> <p>Provide secondary services such as sustained health home visiting program (see Further Reading) or day stay parenting facility (e.g. Family Care Centres/Cottages).</p>	<p><i>As for Level 3.</i> In addition, access to facilities appropriate to the special needs of parents and carers.</p> <p>Links with Aboriginal parenting, babies and children's programs.</p> <p>Links with drug and alcohol services.</p> <p>Links with child, adolescent and family mental health services</p>	<p><i>As for Level 3.</i> In addition, medical practitioner credentialed in paediatrics available for consultation.</p> <p>Allied health professionals available, including occupational therapist, dietitian and physiotherapist.</p>

D1. CHILD AND FAMILY HEALTH *continued*

Level	Service Scope	Service Requirements	Workforce
5	As for Level 4. In addition, provide broad range of education and preventive services at centres and community venues. Provide specialist outreach services to identified vulnerable populations.	As for Level 4. In addition, intra LHD community health service stream linked with hospital services such as Level 4 maternity, paediatric medicine, surgery for children and child protection services. Links with clinical genetics and pre-conception services. Links with violence, abuse and neglect services. Links with eating disorder services. Access to a range of specialist services such as family planning and pregnancy options. Interagency liaison mechanisms such as child protection committee.	As for Level 4. In addition, community paediatrician appointed. Qualified lactation consultant available. Allied health professionals available, including social worker, audiologist and orthoptist.
6	As for Level 5.	As for Level 5. In addition, intra LHD community health service stream linked with inpatient treatment services of at least Level 5 in maternity, neonatal, paediatric medicine and of Level 6 surgery for children. Formal network with diagnostic developmental assessment unit for global developmental delay (e.g. autism). Formal network with perinatal and infant mental health service. Formal network with child psychiatry service. Formal network with adult mental health service. Formal network with drug and alcohol inpatient treatment service. Links with disability service providers such as the National Disability Insurance Scheme (NDIS).	As for Level 5. In addition, allied health professionals available including psychologist, child life therapist, podiatrist and orthotist.

Further Reading – *hyperlinks available in Appendix VII*

NSW Health (2000) *Guidelines for Family Care Centres in New South Wales*.

NSW Health GL2010_002 *Statewide Infant Screening - Hearing (SWISH) Program*.

NSW Health Out-of-Home Care Health Pathway program

NSW Health IB2022_028 *Child Personal Health Record (Blue Book) Release of Revised Version 2022*.

NSW Health PD2010_016 *SAFE START Strategic Policy* (a component of the NSW Health / Families NSW Supporting Families Early Package).

NSW Health PD2010_017 *Maternal & Child Health Primary Health Care Policy* (a component of the NSW Health / Families NSW Supporting Families Early Package).

NSW Health PD2016_013 *Building Strong Foundations (BSF) Program Service Standards*.

NSW Health PD2018_015 *Statewide Eyesight Preschooler Screening (StEPS) Program*.

NSW Health PD2018_034 *Protecting, promoting and supporting breastfeeding*

NSW Health PD2019_008 *The First 2000 Days Framework*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

Version	Date	Comment
1.0	Jan 2016	Original publication
6.0	Dec 2023	Tranche 4 review

D2. CHILD PROTECTION SERVICES

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	<p>Identify and respond to child health, safety and wellbeing in accordance with NSW Health PD2013_007 <i>Child Wellbeing and Child Protection Policies and Procedures for NSW Health</i>.</p> <p>Integrated assessment and management of presenting health problem, with an agreed referral pathway for psychosocial interventions and/or further medical and forensic care.</p> <p>Integrated trauma-informed prevention and response to violence, abuse and neglect in accordance with NSW Health PD2019_041 Integrated Prevention and Response to Violence, Abuse and Neglect Framework.</p> <p>Identify and respond to sexual assault in accordance with NSW Health PD2020_006 Responding to Sexual Assault (Adult and Child) Policy and Procedures.</p>	<p>Formal network with Level 3, 4 and 6 child protection and sexual assault services.</p> <p>Access to hospital or community based clinicians trained to provide a child protection and psychosocial response.</p> <p>Access to Level 2 radiology service.</p> <p>Access to at least Level 3 emergency medicine service.</p> <p>Access to Child Abuse & Sexual Assault Clinical Advice Line (CASACAL) support for clinicians providing medical and forensic services to children and young people who are suspected victims of sexual assault, physical abuse and neglect.</p> <p>NSW Health PD2013_007 <i>Child Wellbeing and Child Protection Policies and Procedures for NSW Health</i>, NSW Mandatory Reporter Guide and <i>Child Protection and Wellbeing – Interagency Guidelines</i> available to staff.</p> <p>Referral pathways to relevant local Aboriginal programs and services including Aboriginal Family Wellbeing and Violence Prevention Program (AFWVP) workers.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Emergency department staff.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.</p>	-	-	-	-	-	-	1	1
<i>Minimum Core Services may be off-site.</i>											
3	<p>As for Level 1. In addition, access to acute and ongoing integrated medical, forensic and psychosocial assessment, management and ongoing psychosocial counselling response, including services for problematic sexualised behaviours in children <10 years.</p>	<p>As for Level 1. In addition, 24 hour availability of identified area in emergency department or elsewhere in hospital for crisis care, integrated assessment, interview and response.</p> <p>Formal network with Level 6 and Level 4 child protection services, Level 4 sexual assault service and Joint Child Protection Response Program (JCPRP).</p> <p>Links with hospital or community based clinicians trained to provide a child protection and psychosocial response.</p> <p>Links with social work, obstetrics, paediatric, mental health, drug and alcohol and community health services.</p> <p>NSW Health GL2014_012 <i>Suspected Child Abuse and Neglect (SCAN) Medical Protocol</i> is used by appropriately trained staff.</p>	<p>As for Level 1. In addition, if paediatrician or medical officer credentialled in paediatrics is employed, scope of practice should include forensic and medical response to child abuse and neglect (i.e. sexual assault, physical abuse, emotional abuse and exposure to domestic violence).</p> <p>Staff trained in the provision of a specialised integrated psychosocial child protection response to children and adolescent victims and their families.</p>	-	-	-	-	-	2	2	2
<i>Minimum Core Services on-site.</i>											

D2. CHILD PROTECTION SERVICES *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
4	<p>As for Level 3. In addition, 24 hour crisis intervention service providing clinical and forensic responses to child abuse and neglect (i.e. sexual assault, physical abuse, emotional abuse and exposure to domestic violence). Advise and accept appropriate referrals from lower level services.</p> <p>Manage and facilitate a Health response for JCPRP matters.</p>	<p>As for Level 3. In addition, formal network with a Level 6 child protection service.</p> <p>Level 4 paediatric medicine service on-site.</p> <p>Level 3 surgery for children service on-site.</p> <p>Formal links with Department of Communities and Justice (DCJ) and NSW Police Force.</p>	<p>As for Level 3. In addition, Joint Child Protection Response Program (JCPRP) health clinicians available in business hours.</p> <p>Child protection coordinator for the LHD/SHN.</p> <p>Forensic physician or appropriately credentialled paediatrician with training and scope of practice that includes medical and forensic response to child abuse and neglect (i.e. sexual assault, physical abuse, emotional abuse and exposure to domestic violence).</p> <p>Multidisciplinary team response available as required (e.g. mental health, allied health professionals).</p> <p>Joint Child Protection Response Program (JCPRP) health clinicians available in business hours.</p>	4	4	-	-	4	4	4	4
				Minimum Core Services on-site.							
6	<p>As for Level 4. In addition, provide 24 hour integrated crisis intervention service, including JCPRP matters.</p> <p>Provide medical and forensic assessment.</p> <p>Provide extensive program of community education.</p> <p>Provide consultation and peer review for medical practitioners in Level 1 to 6 services, including provision of the Child Abuse and Sexual Assault Clinical Advice Line (CASACAL).</p>	<p>As for Level 4. In addition, formal procedures for referring children and families back to Level 3 and/or 4 child protection services for ongoing counselling intervention as required.</p> <p>Level 6 paediatric medicine service on-site.</p> <p>Level 6 surgery for children service on-site.</p> <p>Level 6 emergency medicine service on-site.</p>	<p>As for Level 4. In addition, psychosocial and medical management positions.</p> <p>Paediatrician specialised in child protection.</p> <p>Medical officer/paediatrician available for consultation 24 hours (may include on call).</p> <p>Social worker or psychologist trained in child protection psychosocial response available 24 hours (may be on call).</p>	6	6	-	6	6	6	6	6
				Minimum Core Services refer to paediatric services.							

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Government – *Child Protection and Wellbeing - Interagency Guidelines*

NSW Health PD2005_287 *Victims Rights Act 1999*

NSW Health PD2013_007 *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*

NSW Health GL2014_012 *Suspected Child Abuse and Neglect (SCAN) Medical Protocol*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Government – *Child Protection and Wellbeing - Interagency Guidelines*

NSW Health PD2005_287 *Victims Rights Act 1999*

NSW Health PD2013_007 *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*

NSW Health GL2014_012 *Suspected Child Abuse and Neglect (SCAN) Medical Protocol*

NSW Health PD2015_047 *Photo and video imaging in cases of suspected child sexual abuse, physical abuse and neglect for NSW Health*

NSW Health PD2019_041 *Integrated Prevention and Response to Violence, Abuse and Neglect Framework*

NSW Health PD2019_052 *Violence Abuse and Neglect (VAN) Service Standards Policy and Procedures*

NSW Health PD2020_006 *Responding to Sexual Assault (Adult and Child) Policy and Procedures*

Joint Child Protection Response Program Statement of Intent

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Minor edits
6.0	Dec 2023	Tranche 4 review

D3. MATERNITY

Based on NSW Health GL2022_002 Maternity and Neonatal Service Capability

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned maternity service.										
1	Provide midwifery only or general practitioner (GP) antenatal and postnatal care. No planned birthing or neonatal nursery care.	Place of birth is planned within the Tiered Perinatal Network^. Consultation, referral or transfer is organised within the Tiered Perinatal Network. Referral pathways to relevant Aboriginal programs and services including Aboriginal Maternal and Infant Health Services (AMIHS). Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) standards.	Refer to Appendix IV: Nursing and Midwifery Workforce . Aboriginal hospital liaison role available. Refer to NSW Health GL2022_002 Maternity and Neonatal Service Capability.	1	1	-	-	-	-	1	1
2	<i>As for Level 1.</i> In addition, provide intrapartum care from ≥37 ⁺⁰ weeks gestation to women who are suitable for midwifery only care.. May provide care to women in consultation with a suitably qualified clinician in the relevant Tiered Perinatal Network. Antenatal care provided in either a shared care arrangement with GPs/GP obstetricians or by midwives in consultation with medical officers within their Tiered Perinatal Networks when required.	<i>As for Level 1.</i> In addition, neonatal support networked across the district. Formal protocols and referral links to allied health (e.g. social work) and psychiatry services. May provide care as a stand-alone midwifery unit or publicly funded homebirth service, in consultation with medical officers within their Tiered -Perinatal Network when required.	Refer to NSW Health GL2022_002 Maternity and Neonatal Service Capability.	1	1	-	-	-	1	2	2
3	<i>As for Level 2.</i> In addition, antenatal, intrapartum and postnatal care for women following consultation and development of a management plan with a suitably qualified clinician within the Tiered Perinatal Network. Collaborative care is provided by midwives, GP obstetricians and/or specialist obstetricians. Intrapartum care for women from ≥37 ⁺⁰ weeks gestation, including induction of labour, vacuum and forceps births. Provide Common and Intermediate* obstetric procedures (e.g. planned Lower Segment Caesarean Section (LSCS) ≥39 weeks gestation).	<i>As for Level 2.</i> In addition, neonatal support networked across the district. Antenatal and intrapartum electronic fetal heart rate (FHR) monitoring as a means of fetal welfare assessment. Utilise networked Level 4, 5 and 6 maternity services, and Level 3, 4, 5, and 6 Neonatal services, for consultation, referral and/or transfer. Access to allied health services commensurate with casemix and clinical load.	Refer to NSW Health GL2022_002 Maternity and Neonatal Service Capability.	3	3	3	-	-	3	3	2

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, antenatal, intrapartum and postnatal care for women $\geq 34^{+0}$ weeks gestation (may be in consultation with specialist obstetrician or maternal-fetal medicine specialist within the Tiered Perinatal Network).</p> <p>Well defined linkages for consultation and/or referral must be in place with a delineated higher level maternity and neonatal service.</p> <p>Provide selected Major* obstetric procedures.</p> <p>Collaborative care is provided by midwives, junior medical officers, GP obstetricians and obstetricians.</p>	<p>As for Level 3. In addition, supported by Level 3 neonatal service.</p> <p>Able to perform intrapartum fetal blood sampling.</p> <p>Established links and support with surrounding Level 3 maternity services and Level 1 and 2 neonatal services, regarding consultation, referral and transfer.</p> <p>Established links and support with geographically appropriate Level 5 and 6 maternity services and Level 4, 5 and 6 neonatal services regarding consultation, referral and transfer.</p>	Refer to NSW Health GL2022_002 Maternity and Neonatal Service Capability.	4	4	-	4	4	4	4	4
5	<p>As for Level 4. In addition, antenatal, intrapartum and postnatal care for women $\geq 32^{+0}$ weeks gestation.</p> <p>Provide Major* and selected Complex Major* obstetric procedures.</p> <p>Collaborative care is provided by midwives, junior medical officers, obstetricians and maternal-fetal medicine specialists and neonatologists.</p>	<p>As for Level 4. In addition, supported by Level 4 neonatal service.</p> <p>Established links and support with surrounding lower level maternity and neonatal services regarding consultation, referral and transfer.</p> <p>Established links and support with geographically appropriate Level 6 maternity services and Level 5 and 6 neonatal service regarding consultation, referral and transfer.</p>	Refer to NSW Health GL2022_002 Maternity and Neonatal Service Capability.	4	4	-	4	4	4	5	4
6	<p>As for Level 5. In addition, provide care for all women regardless of gestational age or clinical risk.</p> <p>Provide Complex Major* obstetric procedures.</p>	<p>As for Level 5. In addition, supported by Level 5 or 6 neonatal service.</p> <p>Provide a maternal-fetal medicine service.</p> <p>Established links and support with surrounding lower level maternity services regarding consultation, referral and transfer.</p> <p>Established systems for seamless patient transfer.</p>	Refer to NSW Health GL2022_002 Maternity and Neonatal Service Capability.	6	6	-	6	5	6	6	6

^ Tiered Perinatal Network (TPN)

A formalised arrangement between maternity and neonatal services within and across LHDs in NSW and the ACT that are linked with a Level 6 service to provide support where higher level care is required. The TPN recognises the capability, capacity, responsibilities and expertise of each facility in the network (see NSW Health PD2020_014 Tiered Networking Arrangements for Perinatal Care in NSW).

* see **Appendix I: Indicative List of Surgery for Adults**

Further reading – *hyperlinks available in **Appendix VII***

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health PD2023_035 Tiered Networking Arrangements for Perinatal Care in NSW

NSW Health GL2022_002 Maternity and Neonatal Service Capability

NSW Health PD2018_034 Protecting, promoting and supporting breastfeeding

NSW Health PD2021_018 Framework for Termination of Pregnancy in New South Wales

NSW Health PD2020_008 *Maternity - National Midwifery Guidelines for Consultation and Referral.*

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Nov 2016	Approved revision
4.0	Oct 2019	Minor edits
6.0	Dec 2023	Tranche 4 review

D4. NEONATAL

Based on NSW Health GL2022_002 Maternity and Neonatal Service Capability

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
1	<p>Provide support for a Level 1 to3 maternity service.</p> <p>Provide immediate care for newborns $\geq 37^{+0}$ weeks gestation with no identified risk factors for the newborn baby.</p> <p>Provide ongoing care for return transfers of preterm and convalescing newborns $\geq 36^{+0}$ weeks corrected age and having full care by the mother supported by clinical staff.</p> <p>Newborns requiring special or intensive care treatment should be discussed with a higher-level facility in the Tiered Perinatal Network (TPN)^ as per local protocols, and/or Newborn and paediatric Emergency Transport Service (NETS) for clinical advice and retrieval.</p> <p>Provide education and support for parents/carers.</p>	<p>Equipment for neonatal resuscitation and pre-retrieval support.</p> <p>On-site:</p> <ul style="list-style-type: none"> neonatal bilirubin measurement neonatal pulse oximetry neonatal blood spot screening <p>Access to:</p> <ul style="list-style-type: none"> paediatric specialty services for advice/referral routine hearing screening point of care glucose testing <p>Information for parents/carers on community and child and family health services and support.</p> <p>Processes and equipment to support virtual care.</p> <p>Consultation, escalation and transfer is organised within the Tiered Perinatal Network^.</p> <p>Access to allied health services commensurate with casemix and clinical load.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Medical practitioner available.</p> <p>Nurse practitioner may also provide clinical support and consultation.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Clinician competent in basic neonatal life support on-site.</p> <p>Allied health professionals available (e.g. social worker).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	<p><i>Minimum Core Services as for the relevant level of the linked maternity service.</i></p> <p><i>see D3: Maternity</i></p>							

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
2	<p>As for Level 1. In addition, provide support for Level 1 to 3 maternity services.</p> <p>Support networked Level 1 neonatal services for consultation, escalation and transfer.</p> <p>Provide immediate care for newborns $\geq 37+0$ weeks gestation when the mother and fetus have no identified risk factors.</p> <p>Short term care for simple neonatal problems (e.g. jaundice not at risk of requiring exchange transfusion, hypoglycaemia treated and successfully managed and resolved with supplemental feeds, mild respiratory distress that is successfully managed and resolves within four hours post birth)</p> <p>Ongoing care for return transfers of preterm and convalescing babies $\geq 35+0$ weeks corrected age requiring minimal ongoing care. Newborns return transferred to a Level 2 neonatal service should not require full cardio-respiratory monitoring nor full tube feeding.</p> <p>Provide short term tube feeding to supplement oral feeding.</p>	<p>As for Level 1. In addition, consultation, escalation and transfer are organised within the Tiered Perinatal Network[^].</p> <p>Equipment for short-term respiratory support of newborns awaiting transfer to higher level of service.</p>	<p>As for Level 1. In addition, 24 hour access to a medical officer with appropriate paediatric skills, qualifications or experience in newborn care including advanced life support.</p>	<p>Minimum Core Services as for the relevant level of the linked maternity service.</p> <p>see D3: Maternity</p>							
3	<p>As for Level 2. In addition, provide support for Level 4 maternity service.</p> <p>Support networked Level 1 and 2 neonatal services for consultation, escalation and transfer.</p> <p>Manage common problems of the newborn (e.g. hyperbilirubinaemia, hypoglycaemia).</p> <p>Immediate care for newborns $\geq 34+0$ weeks gestation without identified additional fetal risk.</p> <p>Ongoing care for back transfers of preterm and convalescing babies, as within the agreed Tiered Perinatal Network[^] admission, transfer and discharge guidelines. Babies back transferred to a Level 3 neonatal service should not require intensive care interventions.</p> <p>Work with Levels 4 to 6 neonatal services in the Tiered Perinatal Network[^], to ensure newborns and families are transferred closer to home as soon as appropriate.</p>	<p>As for Level 2. In addition, separately staffed and equipped beds.</p> <p>Continuous cardiorespiratory monitoring</p> <p>Initiate and maintain intravenous therapy.</p> <p>Mobile radiology..</p> <p>Non-invasive blood pressure monitoring.</p> <p>Blood gas measurement with results available within 30 minutes.</p> <p>Electrolyte, full blood count, blood group and direct anti-globulin test results available within 4 hours.</p>	<p>As for Level 2. In addition, paediatrician available on call 24 hours.</p> <p>Medical officer with neonatal skills, qualifications or experience on-site 24 hours.</p> <p>Access to consultation with lactation consultant via Tiered Perinatal Network[^].</p>	<p>Minimum Core Services as for the relevant level of the linked maternity service.</p> <p>see D3: Maternity</p>							

				Minimum Core Services							
Level		Service scope	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	<p>As for Level 3. In addition, provide support for Level 5 maternity service.</p> <p>Support networked Levels 1-3 neonatal services for consultation, escalation and transfer.</p> <p>Provide care for ongoing neonatal problems such as feeding issues.</p> <p>Provide immediate care for newborns ≥ 32+0 weeks gestation without identified additional fetal risk and immediate care for newborns ≥ 32+0 weeks gestation with identified additional fetal or neonatal risk and where a management plan has been developed with suitably qualified clinicians within the Tiered Perinatal Network^.</p> <p>Ongoing care for back transfers of preterm and convalescing babies of any weight no longer requiring higher level service ≥ 30+0 weeks corrected age and considered stable by a Level 5 or 6 neonatal service, as per Tiered Perinatal Network^ admission, transfer and discharge guidelines.</p>	<p>As for Level 3. In addition, capability to commence intubation and mechanical ventilation.</p> <p>Ongoing continuous positive airways pressure (CPAP) or humidified high flow nasal cannula (HHFNC) oxygen for ongoing respiratory distress.</p> <p>Management of pneumothorax.</p> <p>Administration of surfactant.</p> <p>Point of care blood gas testing.</p> <p>Electrolyte and full blood count results within 2 hours, and neonatal bilirubin results within 60 minutes in normal circumstances.</p> <p>Provide early discharge program to support, for example, home tube feeding, low flow oxygen, opiate administration and psycho-social support.</p> <p>Provide indirect ophthalmology examination (eye-checks).</p> <p>Access to cranial ultrasonography.</p> <p>May provide peripheral supplementary parenteral nutrition for low birth weight neonates.</p>	<p>As for Level 3. In addition, paediatrician available 24 hours, credentialled to provide neonatal care.</p> <p>Head of neonatal paediatric services.</p> <p>May have neonatologist.</p> <p>Medical officer with three or more postgraduate years of experience, including neonatal experience, on-site 24 hours; may be in training with the Royal Australasian College of Physicians (RACP).</p>	<p>Minimum Core Services as for the relevant level of the linked maternity service.</p> <p>see D3: Maternity</p>							
5	<p>As for Level 4. In addition, provide support for Level 6 maternity service.</p> <p>Provide neonatal care in accordance with Tiered Perinatal Network^ arrangements.</p> <p>Provide comprehensive neonatal care, excluding complex surgical, cardiac and metabolic services.</p> <p>Provide intensive care for critically ill newborns (e.g. ventilation, total parenteral nutrition, exchange transfusion).</p> <p>Provide full range of respiratory support.</p> <p>Provide neonatal care on cross LHD basis.</p> <p>Provide consultation for statewide emergency neonatal transport.</p> <p>Collaborative multidisciplinary care.</p>	<p>As for Level 4. In addition, blood gas machine or other point-of-care laboratory equipment capable of instantly measuring blood gases, electrolytes, bilirubin and haemoglobin.</p> <p>Full range of respiratory support capability.</p> <p>Invasive blood pressure monitoring capability.</p> <p>Total parenteral nutrition capability.</p> <p>Exchange transfusion capability.</p> <p>Therapeutic hypothermia and amplitude integrated electroencephalography (EEG) capability.</p> <p>Access to paediatric surgical consultation.</p> <p>Referral pathways to paediatric and surgical specialties.</p> <p>Access to 24 hour mobile radiology service.</p> <p>Access to 24 hour neonatal echocardiography, cranial ultrasonography and magnetic resonance imaging (MRI).</p>	<p>As for Level 4. In addition, neonatologist available 24 hours.</p> <p>On-site access to paediatric cardiologist,</p> <p>Access to lactation consultant.</p>	<p>Minimum Core Services as for the relevant level of the linked maternity service.</p> <p>see D3: Maternity</p>							

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 5. In addition, provide neonatal surgical and medical subspecialty services for the whole of NSW and the ACT.</p> <p>Provide access to care for complex diseases of newborns that require input from multiple subspecialties, including allied health professionals.</p> <p>Support women with pregnancies with known fetal abnormality requiring consultation, treatment or surgery immediately following birth.</p> <p>Provide services for all aspects of neonatal care.</p> <p>Provide palliative care expertise to other level services.</p> <p>Provide on the same campus, postnatal inpatient or ambulatory care for mothers of admitted babies.</p> <p>Provide early discharge program to support for example, home tube feeding, respiratory support, palliative care, opiate administration and psycho-social support.</p>	<p>As for Level 5. In addition, co-located Level 6 Paediatric Intensive Care Unit (PICU).</p> <p>[NB: Minimum Core Services refer to paediatric services.]</p>	As for Level 5. In addition, neonatologist head of service.	6	6	-	6	6	6	6	6
				<p><i>Minimum Core Services as for the relevant level of the linked maternity service.</i></p> <p>see D3: Maternity</p>							

^ Tiered Perinatal Network

Identified NSW health facility networks for consultation, patient referral and/or transfer to a higher level of care, given in NSW Health PD2020_014 Tiered Networking Arrangements for Perinatal Care in NSW

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*

NSW Health PD2023_035 *Tiered Networking Arrangements for Perinatal Care in NSW*

NSW Health GL2022_002 *Maternity and Neonatal Service Capability*

NSW Health GL2016_027 *Neonatal - Jaundice Identification and Management in Neonates ≥ 32 Weeks Gestation*

NSW Health GL2018_016 *Maternity - Resuscitation of the Newborn Infant.*

NSW Health PD2018_034 *Protecting, promoting and supporting breastfeeding*

NSW Health PD2020_008 *Maternity - National Midwifery Guidelines for Consultation and Referral.*



D4. NEONATAL *continued*

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Nov 2016	Approved revision
3.0	May 2018	Approved edits
4.0	Oct 2019	Minor edits
6	Dec 2023	Tranche 4 review

D5. PAEDIATRIC MEDICINE

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Provide primary care. No planned paediatric admissions. [NB: Patients may be held for observation and stabilisation pending possible transfer; may be up to 48 hours following paediatrician consultation.]	Capacity to isolate patient in a paediatric safe bed. Formal network and relationship with Level 4 or higher level service within LHD/SHN, including 24 hour access to specialist support and advice. Consultation, escalation and patient transfer is organised with networked paediatric service and documented processes with Newborn and paediatric Emergency Transport Service (NETS) and NSW Ambulance. Appropriate equipment for children (including resuscitation) available. Access to allied health services commensurate with casemix and clinical load. Access to community health services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Paediatrician consultation available. Medical practitioner available 24 hours (or Clinical Emergency Response Systems (CERS) Assist). Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals, such as physiotherapist, occupational therapist, social worker, speech pathologist and/or dietitian available. Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	1	1	1
<i>Minimum Core Services refer to adult services with capacity to treat children.</i>											
3	As for Level 2. In addition, provide short term observation (up to 48 hours) or inpatient care for uncomplicated common paediatric medical conditions (according to clinical judgement), with networked paediatrician consultation. May have hospital in the home (HITH), ambulatory care services, short stay unit and/or acute review service.	As for Level 2. In addition, paediatric safe beds available (may be via networked arrangement). Close observation service available for children admitted overnight (i.e. close observation resources applied to paediatric ward/unit as needed). Access to community child and family health services. Access to facilities appropriate to the special needs of parents and carers.	As for Level 2. In addition, medical practitioner to provide paediatric care, available 24 hours for overnight admitted patients (may be on call). Preferably, allied health professionals with specific paediatric caseload.	3	3	3	-	-	3	3	3
<i>Minimum Core Services refer to adult services with capacity to treat children.</i>											
4	As for Level 3. In addition, provide non-inpatient child and family health services (e.g. developmental assessment, assess and treat psychosocial and behavioural problems by multidisciplinary team) for most paediatric medical conditions. Provide hospital in the home (HITH), ambulatory care services, short stay unit and/or acute review service Provide paediatric support to other facilities within the LHD/SHN. Active program of undergraduate and postgraduate teaching and research coordinated with a Level 6 service.	As for Level 3. In addition, paediatric safe beds on-site. Provide support to lower level units. Allied health services on-site. Access to adult specialty services. Access to child life therapy or resources. Preferably, adolescent area available. May have access to youth health services, such as adolescent clinics and/or transition services for chronic illness. May have access to child and youth mental health services.	As for Level 3. In addition, clinical head of service. Paediatrician available 24 hours. Allied health professionals with specific paediatric caseload on-site (e.g. occupational therapist, physiotherapist, speech pathologist, dietitian and/or social worker).	4	4	-	4	4	4	4	4
<i>Minimum Core Services refer to adult services with capacity to treat children.</i>											

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	As for Level 4. In addition, provide some paediatric specialty services (e.g. diabetes, respiratory medicine, allied health).	As for Level 4. In addition, may have school service for inpatients provided by the Department of Education.	As for Level 4. In addition, preferably community paediatrician available. Preferably, medical officer in paediatrics with three or more postgraduate years of experience on-site 24 hours; may be in training with the Royal Australasian College of Physicians (RACP). Allied health professionals with skills in paediatrics on-site.	5	5	-	5	5	5	5	5
				Minimum Core Services refer to adult services with capacity to treat children.							
6	As for Level 5. In addition, provide most paediatric medical specialties. Provide HITH service. Provide cross LHD/SHN services.	As for Level 5. In addition, paediatric medical specialties available on-site. Provide networked support and outreach to Level 4 and 5 services, including clinical advice and professional development support. Allied health services in paediatric specialties. Child life therapy/play therapy on-site. School service for inpatients provided by the Department of Education.	As for Level 5. In addition, specialty paediatricians on call 24 hours. Medical officer in paediatrics with three or more postgraduate years of experience on-site 24 hours; may be in training with the RACP. Medical officer in paediatric specialties with three or more postgraduate years of experience; may be in training with the RACP. Allied health professionals with skills in paediatric specialties.	5	5	-	5	6	6	6	6
				Minimum Core Services refer to paediatric services.							

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health GL2017_010 NSW Paediatric Service Capability Framework.

NSW Health PD2010_032 Children and Adolescents – Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery.

NSW Health PD2010_033 Children and Adolescents – Safety and Security in NSW Acute Health Facilities.

NSW Health PD2010_034 Children and Adolescents – Guidelines for Care in Acute Care Settings.

NSW Health PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating.

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edits

D6. SURGERY FOR CHILDREN

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service for children.										
2	Provide primary care for children in appropriately equipped emergency department. No planned surgical service for children.	Formal network and relationship with Level 4 or higher level service within LHD/SHN, including 24 hour access to specialist support and advice. Consultation, escalation and patient transfer is organised with networked paediatric service and documented processes with Newborn and paediatric Emergency Transport Service (NETS) and NSW Ambulance. Appropriate equipment for children (including resuscitation) available. Access to allied health services commensurate with casemix and clinical load. Access to community health services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Paediatrician consultation available. Medical practitioner available 24 hours (or Clinical Emergency Response Systems (CERS) Assist). Refer to Appendix IV: Nursing and Midwifery Workforce . Allied health professionals available such as physiotherapist, occupational therapist, social worker, speech pathologist and/or dietitian. Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-	-	1	1	1
<i>Minimum Core Services refer to adult services with capacity to treat children.</i>											
3	Provide Minor* surgical procedures on ASA category 1 to 4 ⁺ children. Provide Common and Intermediate*, and selected Major* surgical procedures on ASA category 1 and 2 ⁺ children. [NB: These limits are intended as a guide only and do not replace clinical judgement. Patient selection should be determined following preadmission assessment. Local models of care for elective surgery in children, supported by effective clinical governance, may include networked arrangements with a higher level service.] May have hospital in the home (HITH), ambulatory care services, short stay unit and/or acute review service.	As for Level 2. In addition, paediatric safe beds available. Operating suite and recovery space appropriate to the special needs of children and carers. Close observation service available for children admitted overnight (i.e. close observation resources applied to paediatric ward/unit as needed). Appropriate positioning, mobility and/or pressure relieving equipment for children available for use in the post-operative period and/or at discharge. Access to facilities appropriate to the special needs of parents and carers.	As for Level 2. In addition, surgeon or medical practitioner (surgery) credentialed to treat children. Anaesthetist or medical practitioner (anaesthesia) credentialed to treat children. Consultative links with paediatrician. Medical officer available 24 hours to provide paediatric care for overnight admitted patients (may be on call). Preferably, allied health professionals with specific paediatric caseload.	3	3	3	-	-	3	3	3
<i>Minimum Core Services refer to adult services with capacity to treat children.</i>											
4	As for Level 3. In addition, provide Common and Intermediate*, and selected Major* surgical procedures on ASA category 1 to 4 ⁺ children. Provide paediatric support to other units within the LHD/SHN.	As for Level 3. In addition, facility to isolate in single room. Allied health services on-site. Access to child life therapy or resources. Should have adolescent area available. May have access to adult specialty services. May have access to youth health services, such as adolescent clinics and transition services for chronic illness. May have access to child and youth mental health services.	Surgeon credentialed to treat children. Anaesthetist credentialed to treat children. Paediatrician available 24 hours. Medical officer on-site 24 hours. Allied health professionals with specific paediatric caseload on-site (e.g. occupational therapist, physiotherapist, speech pathologist, social worker and/or dietitian).	4	4	-	4	4	4	4	4
<i>Minimum Core Services refer to adult services with capacity to treat children.</i>											

				Minimum Core Services							
Level	Service Scope	Service Requirements	Workforce	Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	As for Level 4. In addition, provide Complex Major* surgical procedures for children at all levels of patient risk^, including rare complex congenital malformations (frequency of less than one in 2,500 births). Provide paediatric surgical specialties. Provide cross LHD/SHN services. May provide neurosurgery, cardiac surgery.	As for Level 4. In addition, paediatric medical specialties available on-site. Provide formal network support to lower level services, including clinical advice and professional development support. Allied health services in paediatric specialties. Access to youth health services, such as adolescent clinics and transition services for chronic illness. Access to child and youth mental health services. School service for inpatients provided by the Department of Education.	As for Level 4. In addition, clinical head of paediatric surgery service. Paediatrician and paediatric surgeon with specialty interest available 24 hours. Paediatric anaesthetist available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours; may be in training with the Royal Australasian College of Surgeons (RACS). Medical officer in paediatrics with three or more postgraduate years of experience on-site 24 hours; may be in training with the Royal Australasian College of Physicians (RACP). Medical officers in paediatric specialties with three or more postgraduate years of experience; may be in training with the RACP. Allied health professionals with skills in paediatric specialties.	6	6	-	6	6	6	6	6
				Minimum Core Services refer to paediatric services.							

* see **Appendix II: Indicative List of Surgery for Children**

^ see **Appendix III: Indicative Levels of Patient Risk**

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Australian and New Zealand College of Anaesthetists (ANZCA) PS09-2014 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.

ANZCA PS29-2008 *Statement on Anaesthesia Care of Children in Healthcare Facilities Without Dedicated Paediatric Facilities*.

NSW Health GL2017_010 *NSW Paediatric Service Capability Framework*.

PD2022_053 The Safety and Wellbeing of Children and Adolescents in NSW Acute Health NSW Health PD2020_018 *Recognition and Management of Patients who are Deteriorating*.

Version	Date	Comment
1.0	Jan 2016	Original publication
3.0	May 2018	Approved edit

D7. YOUTH HEALTH

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service.										
2	Limited range of community and hospital services for youth/adolescents/young people* aged between 12 and 24 years. Facilitate referral to specialist youth health services such as transition support for young people with chronic illness.	Access to specialist youth health services for referral and consultation. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	Generalist multidisciplinary staff available business hours. Aboriginal hospital liaison roles available, preferably both male and female. Nurse practitioner may also provide clinical support and consultation.	-	-	-	-	-	-	-	-
3	<i>As for Level 2.</i> In addition, provide a range of assessment, treatment, counselling, information, education, early intervention and prevention programs designed specifically for young people (may be across LHD/SHN).	<i>As for Level 2.</i> In addition, formal network and relationship with a higher level youth health service (within LHD/SHN if available). Access to allied health services commensurate with casemix and clinical load (e.g. social work, psychology, occupational therapy). Formal network of interagency collaboration with other government departments (e.g. Department of Communities and Justice (DCJ), education, housing, Centrelink, legal services) and relevant local non-government organisations (NGO).	<i>As for Level 2.</i> In addition, may have youth health coordinator. Refer to Appendix IV: Nursing and Midwifery Workforce. Allied health professionals available.	-	-	-	-	-	-	-	-
4	<i>As for Level 3.</i> In addition, provide youth specific service in both hospital and community settings (may be across LHD/SHN). Support transition care to adult services for chronically ill adolescents. Services include targeted health education programs; referral, assessment and treatment services; intensive family intervention; case coordination. Provide community based general counselling, family counselling and group programs.	<i>As for Level 3.</i> In addition, paediatric inpatient unit with adolescent area available. Support services for inpatient care as for Level 3 paediatric medicine (including close observation service available for patients admitted overnight) or Level 3 general and acute medicine (including close observation unit).	<i>As for Level 3.</i> In addition, paediatrician and/or physician consultation available. Child or adult psychiatrist consultation available. Allied health professionals available such as occupational therapist, clinical psychologist, social worker. Youth health coordinator and/or youth health services manager (may be at LHD/SHN level).	3	3	-	-	-	3	3	3
				<i>Minimum Core Services refer to adult services with capacity to treat children.</i>							
6	<i>As for Level 4.</i> In addition, provide adolescent medicine consultation for inpatients. Provide outpatient shared care model for specialty clinics. Provide consultancy service for specific target groups such as chronically ill, terminally ill, sexual assault and physical abuse victims, people with intellectual disability, youth mental health and youth drug and alcohol issues. Provide extended hours and crisis intervention services.	<i>As for Level 4.</i> In addition, adolescent ward. Provide networked support to lower level services. Support services for inpatient care as for Level 5 paediatric medicine or Level 5 general and acute medicine. Allied health services on-site commensurate with casemix and clinical load.	<i>As for Level 4.</i> In addition, medical officer in adolescent medicine with three or more postgraduate years of experience; may be in training with Royal Australasian College of Physicians (RACP). Medical officer in child and adolescent psychiatry with three or more postgraduate years of experience; may be in training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Allied health professionals on-site such as dietitian, physiotherapist, occupational therapist, clinical psychologist, and social worker. Allied health professionals in the community such as occupational therapist, clinical psychologist, social worker, family therapist.	5	5	-	5	5	5	5	5
				<i>Minimum Core Services refer to adult services with capacity to treat children.</i>							

* In this Guide, the terms youth, adolescent and young people are used interchangeably to refer to people aged between 12 and 24 years. The age range recognises that the transition from childhood to adulthood is a process rather than a discrete event, and that the length of the process varies from individual to individual. It is also recognised that responding to and meeting developmental needs rather than considering chronological age is important in providing good health care to young people.

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 *Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities*
NSW Health (2014) *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*.
NSW Health PD2017_019 *NSW Youth Health Framework 2017-2024*.
The Royal Australasian College of Physicians (RACP) Paediatrics & Child Health Division (2008) *Standards for the Care of Children and Adolescents in Health Services*.

Version	Date	Comment
1.0	Jan 2016	Original publication
2.0	May 2017	Approved edits
3.0	Dec 2023	Tranche 4 Review

Section Two: **Clinical Services**

Part E: **Mental Health**

E1. ADULT MENTAL HEALTH

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
NPS	No planned service. Networked arrangements for emergency presentations.										
2	Provide general hospital inpatient services without declared* mental health unit or mental health clinicians. Provide mental health care for patients admitted under management of general practitioner (GP) or other medical officer, including stabilisation of illness before transfer to a higher level mental health service where necessary. Continuum of care in the community provided by general community health and primary health clinicians in liaison with networked community based mental health clinicians.	Formal network with higher level service (within LHD/SHN where appropriate) for consultation support from mental health clinicians, available 24 hours. Referral pathways to primary health and community care. NSW Mental Health Line available 24 hours. Level 2 general and acute medicine service on-site or via networked arrangement. Referral pathways to child and youth, and older person mental health services. Referral pathways to drug and alcohol services. Referral pathways to relevant Aboriginal programs and services. Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.	As for Level 2 general and acute medicine.	1	1	-	-	-	-	1	1
3	<i>As for Level 2.</i> In addition, provide declared* Emergency Department (ED) without a collocated declared* mental health inpatient unit. May be operated on demand without permanent mental health clinicians. May include remote access to mental health assessment via virtual care.	<i>As for Level 2.</i>	<i>As for Level 2.</i> In addition, networked access to authorised medical officer^ appointed under the NSW Mental Health Act 2007, medical officers in psychiatry and mental health clinicians (may include virtual care and/or on call arrangements). Refer to Appendix IV: Nursing and Midwifery Workforce. Allied health professionals available (e.g. social worker, psychologist, dietitian, occupational therapist). Aboriginal hospital liaison roles available, preferably both male and female.	1	1	-	-		1	1	2
4	<i>As for Level 3.</i> In addition, provide a declared* mental health inpatient unit (with or without a declared* ED). Provide local multidisciplinary community care with some extended hours coverage (may include on call arrangements and virtual care), supported by the 24 hour capacity of the declared* mental health unit. May be a standalone mental health facility without general hospital services on-site. May provide mental health consultation service to ED and local general hospital inpatients. May provide acute care team, care coordination team and/or assertive outreach team, including support to lower level services.	<i>As for Level 3.</i> In addition, networked access to specialised mental health services including consultation support (e.g. child and youth mental health service, specialist mental health services for older people). Access to cross LHD/SHN mental health beds (e.g. mental health acute care, acute child and youth mental health unit). Level 3 general and acute medicine service on-site or via networked arrangement. Access to cerebral imaging service.	<i>As for Level 3.</i> In addition, psychiatrist consultation available 24 hours (may include virtual care and/or on call arrangements). Medical officer in mental health available 24 hours (may be on call). Registered nurses with relevant skills and experience in mental health available 24 hours.	2	2	3	-	-	3	3	3

E1. ADULT MENTAL HEALTH *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
5	<p>As for Level 4. In addition, provide extended hours acute community and inpatient care options, ongoing care coordination team and/or assertive outreach team.</p> <p>Provide mental health consultation service to ED and local general hospital inpatients.</p> <p>Provide support to lower level services (may include virtual care).</p> <p>Provide some specialised services (e.g. electroconvulsive therapy [ECT], mental health acute care, mental health high dependency, Psychiatric Emergency Care Centre [PECC], step down/medium stay unit, long stay rehabilitation service).</p>	As for Level 4. In addition, Level 4 general and acute medicine service on-site or via networked arrangement.	<p>As for Level 4. In addition, medical officer in psychiatry with two or more postgraduate years of experience on call 24 hours (may include virtual care); may be in training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP).</p> <p>Allied health professionals with relevant skills and experience in mental health available, commensurate with casemix and clinical load.</p> <p>Peer mental health workforce available.</p>	4	4	-	4	-	4	4	4
6	<p>As for Level 5. In addition, provide wide range of specialised mental health services (e.g. [see Level 5], non-ECT brain stimulation, community/transitional care).</p> <p>Provide cross LHD referral service (e.g. forensic mental health unit, eating disorders unit, state-wide outreach perinatal service for mental health, neuropsychiatry); may include virtual care.</p> <p>Provide 24 hour crisis service (may include virtual care and/or on call arrangements).</p>	As for Level 5.	<p>As for Level 5. In addition, subspecialty psychiatrists on-site.</p> <p>Medical officers in psychiatric subspecialties with two or more postgraduate years of experience on-site; may be in training with the RANZCP.</p>	4	4	-	4	-	4	4	4

* Refers to premises approved for admission of voluntary or involuntary patients under the *NSW Mental Health Act 2007 No 8*.

^ An authorised medical officer is either the medical superintendent of a declared mental health facility, or a doctor who has been nominated by the medical superintendent to fulfil certain responsibilities and make various decisions under the *NSW Mental Health Act 2007 No 8*.

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Mental Health Commission of New South Wales (2014) *Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024*.

NSW Health GL2015_009 *Psychiatric Emergency Care Centre Model of Care Guideline*.

NSW Health PD2011_016 *Children and Adolescents with Mental Health Problems Requiring Inpatient Care*.

NSW Government (2007) *NSW Mental Health Act 2007 No 8*.

Version	Date	Comment
2.0	May 2017	Original publication
3.0	May 2018	Approved edits

E2. CHILD AND YOUTH MENTAL HEALTH

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services								
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy	
NPS	No planned service. Networked arrangements for emergency presentations.											
2	<p>Provide general hospital/multipurpose service (MPS) inpatient services, without a declared* mental health unit or mental health clinicians.</p> <p>Provide mental health care for patients admitted under management of general practitioner (GP) or other medical officer, including stabilisation of illness before transfer to a higher level mental health service where necessary.</p> <p>Continuum of care in the community provided by general community health and primary health clinicians in liaison with networked community based mental health clinicians.</p>	<p>Formal network with higher level service (within LHD/SHN where appropriate) for clinical support from mental health clinicians, available 24 hours.</p> <p>Links with community support services and other relevant government and non-government agencies.</p> <p>NSW Mental Health Line, and Kids Help Line, available 24 hours.</p> <p>Level 2 paediatric medicine and/or Level 2 general and acute medicine service (appropriate to patient age) on-site or via networked arrangement.</p> <p>Referral pathways to primary health and community care.</p> <p>Referral pathways to higher level child and youth^ mental health services (community and/or inpatient).</p> <p>Referral pathways to developmental and disability services.</p> <p>Referral pathways to drug and alcohol service.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>As for Level 2 paediatric medicine and/or Level 2 general and acute medicine.</p> <p>Networked access to medical officers in paediatrics and mental health clinicians (may include virtual care and/or on call arrangements).</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available (e.g. dietitian, social worker, psychologist, occupational therapist).</p>		As for Level 2 D5: Paediatric Medicine and/or Level 2 B8: General and Acute Medicine .							
3	<p>As for Level 2. In addition, provide inpatient care for low risk child and youth^ mental health conditions according to clinical judgement, with networked paediatrician consultation.</p> <p>Networked access to declared* mental health inpatient unit.</p> <p>May provide hospital in the home (HITH), ambulatory care services, short stay unit and/or acute review service.</p>	<p>As for Level 2. In addition, paediatric safe beds available (see NSW Health PD2010_032 <i>Children and Adolescents - Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery</i>).</p> <p>Child and youth^ mental health may be an area operating on demand within an adult mental health unit or a paediatric unit.</p> <p>Networked access to higher level child and youth^ mental health services (may include virtual care and/or on call arrangements).</p> <p>Level 3 paediatric medicine and/or Level 3 general and acute medicine service (appropriate to patient age) on-site or via networked arrangement.</p> <p>Access to community child and family health services.</p> <p>Access to facilities appropriate to the special needs of parents and carers.</p>	<p>As for Level 2. In addition, psychiatrist consultation available 24 hours (may include virtual care and/or on call arrangements).</p> <p>An authorised medical officer** appointed under the <i>NSW Mental Health Act 2007</i>.</p> <p>Mental health medical officer available 24 hours (may be on call).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>		As for Level 3 D5: Paediatric Medicine and/or Level 3 B8: General and Acute Medicine .							

E2. CHILD AND YOUTH MENTAL HEALTH *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	As for Level 3. In addition, provide a multidisciplinary child and youth^ mental health community care team.	<p>As for Level 3. In addition, networked access to child and youth^ mental health acute inpatient service.</p> <p>Networked access to paediatric and/or adult intensive and high dependency care (appropriate to patient age).</p>	<p>As for Level 3. In addition, access to child and adolescent psychiatrist or psychiatrist experienced in working with children and young people (may include virtual care and/or on call arrangements).</p> <p>May have medical officer in psychiatry with two or more postgraduate years of experience; may be in training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP).</p> <p>Registered nurses with relevant skills and experience in mental health available to the multidisciplinary child and youth^ mental health community care team, commensurate with casemix and clinical load.</p> <p>Access to child and adolescent clinical psychologist or psychologist experienced in working with children and young people (may include virtual care and/or on call arrangements).</p> <p>Allied health professionals with relevant skills and experience in mental health available to the multidisciplinary child and youth^ mental health community care team, commensurate with casemix and clinical load.</p>								
5	<p>As for Level 4. In addition, provide cross LHD/SHN acute child and youth^ mental health inpatient service.</p> <p>Provide child and youth^ mental health consultation, education and training (may include virtual care and/or on call arrangements) to other services in the LHD/SHN such as lower level services or non-government organisations.</p>	<p>As for Level 4. In addition, dedicated child and youth^ mental health inpatient unit; may be within an adult mental health unit.</p> <p>Level 4 paediatric medicine and/or Level 4 general and acute medicine service (appropriate to patient age) on-site or via networked arrangement.</p>	<p>As for Level 4. In addition, child and adolescent psychiatrist available 24 hours (may include virtual care and on call arrangements; roster may include general psychiatrists in rural areas).</p> <p>Medical officer in psychiatry with two or more postgraduate years of experience on call 24 hours (may include virtual care); may be in training with the RANZCP.</p> <p>Medical officer in child and youth^ psychiatry with two or more postgraduate years of experience on-site (may include on call arrangements); may be in training with the RANZCP.</p> <p>Allied health professionals with relevant skills and experience in mental health on-site, commensurate with casemix and clinical load.</p> <p>May have peer mental health workforce available.</p>								

E2. CHILD AND YOUTH MENTAL HEALTH *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
6	<p>As for Level 4. [NB: Level 6 builds on Level 4, not Level 5.]</p> <p>In addition, provide non-acute child and youth^ mental health inpatient service.</p> <p>Provide cross LHD/SHN non-acute child and youth^ mental health inpatient referral services (e.g. eating disorders, forensic medicine).</p>	<p>As for Level 4. In addition, dedicated child and youth^ mental health inpatient unit.</p> <p>Networked with Level 5 acute child and youth^ mental health inpatient service.</p> <p>Level 4 paediatric medicine and/or Level 4 general and acute medicine service (appropriate to patient age) on-site or via networked arrangement.</p>	<p>As for Level 4. In addition, child and adolescent psychiatrist available 24 hours (may include virtual care and/or on call arrangements).</p> <p>Medical officer in psychiatry with two or more postgraduate years of experience on call 24 hours (may include virtual care); may be in training with the RANZCP.</p> <p>Medical officer in child and adolescent psychiatry with two or more postgraduate years of experience on-site (may include on call arrangements); may be in training with the RANZCP.</p> <p>Allied health professionals with relevant skills and experience in mental health on-site, commensurate with casemix and clinical load.</p> <p>May have peer mental health workforce available.</p>			As for Level 4 D5: Paediatric Medicine and/or Level 4 B8: General and Acute Medicine.					

* Refers to premises approved for admission of voluntary or involuntary patients under the *NSW Mental Health Act 2007 No 8*.

** An authorised medical officer is either the medical superintendent of a declared mental health facility, or a doctor who has been nominated by the medical superintendent to fulfil certain responsibilities and make various decisions under the *NSW Mental Health Act 2007 No 8*.

^ In this Guide, the terms youth, adolescent and young people are used interchangeably to refer to people aged between 12 and 24 years. The age range recognises that the transition from childhood to adulthood is a process rather than a discrete event, and that the length of the process varies from individual to individual. It is also recognised that responding to and meeting developmental needs rather than considering chronological age is important in providing good health care to young people.

Further reading – hyperlinks available in **Appendix VII**

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health PD2010_032 *Children and Adolescents - Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery.*

NSW Health PD2022_053 *The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities*

NSW Health PD2011_016 *Children and Adolescents with Mental Health Problems Requiring Inpatient Care.*

NSW Government (2007) *NSW Mental Health Act 2007 No 8.*

NSW Mental Health Commission (2014) *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024.*

Version	Date	Comment
2.0	May 2017	Original publication
3.0	May 2018	Approved edits

E3. OLDER PERSON MENTAL HEALTH

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services								
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy	
NPS	No planned service. Networked arrangements for emergency presentations.											
1	<p>Provide general hospital/multipurpose service (MPS) inpatient services, without declared* mental health unit or mental health clinicians.</p> <p>Provide mental health care for patients admitted under management of general practitioner (GP) or other medical officer, including stabilisation of illness before transfer to a higher level mental health service where necessary.</p> <p>Continuum of care in the community provided by general community health and primary health clinicians in liaison with networked community based mental health clinicians.</p>	<p>Formal network with higher level service (within LHD/SHN where appropriate) for consultation support from mental health clinicians available 24 hours (may include virtual care and/or on call arrangements).</p> <p>Level 2 general and acute medicine service on-site or via networked arrangement.</p> <p>Links with community support services and other relevant government and non-government agencies, including aged care providers.</p> <p>NSW Mental Health Line available 24 hours.</p> <p>Referral pathways to primary health and community care.</p> <p>Referral pathway to higher level older person mental health service.</p> <p>Referral pathway to geriatric medicine service.</p> <p>Referral pathways to drug and alcohol services.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	As for Level 2 general and acute medicine.	1	1	-	-		-	1	1	
2	<p>As for Level 1. In addition, provide declared* mental health Emergency Department (ED) without a collocated declared* mental health inpatient unit.</p> <p>May be operated on demand without permanent mental health clinicians.</p>	As for Level 1.	<p>As for Level 1. In addition, an authorised medical officer^ appointed under the NSW Mental Health Act 2007.</p> <p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Allied health professionals available (e.g. dietitian, social worker, psychologist, occupational therapist).</p> <p>Access to mental health clinicians in business hours (may include virtual care and/or on call arrangements).</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p>	1	1	-	-		1	1	2	
3	<p>As for Level 2. In addition, provide a declared* mental health inpatient unit (with or without a declared* ED).</p> <p>May be a standalone mental health facility without general hospital services on-site.</p> <p>May provide local older person mental health services with some extended hours mental health coverage (may include virtual care and/or on call arrangements), supported by the 24 hour capacity of the declared* mental health unit.</p> <p>May provide behavioural assessment and intervention service.</p>	<p>As for Level 2. In addition, networked access to older person mental health services (may include virtual care and/or on call arrangements).</p> <p>Networked access to behavioural assessment and intervention service.</p> <p>Level 3 general and acute medicine service on-site or via networked arrangement.</p> <p>Access to cerebral imaging service.</p>	<p>As for Level 2. In addition, psychiatrist consultation available 24 hours (may include virtual care and/or on call arrangements).</p> <p>Medical officer in mental health available 24 hours (may be on call).</p> <p>Registered nurses with relevant skills and experience in mental health available 24 hours.</p>	2	2	3	-	-	3	3	3	

E3. OLDER PERSON MENTAL HEALTH *continued*

Level	Service Scope	Service Requirements	Workforce	Minimum Core Services							
				Anaes	Op Suite	COU	ICS	Nuc Med	Radiology	Pathology	Pharmacy
4	As for Level 3. In addition, provide multidisciplinary older person mental health community care team (e.g. behavioural assessment and intervention service, dementia behaviour management advisory service).	As for Level 3. In addition, access to adult mental health high dependency care. Minimum Core Services may be accessed via networked arrangements.	As for Level 3. In addition, access to old age psychiatrist or psychiatrist experienced in working with older people (may include virtual care and/or on call arrangements). Access to geriatrician (may include virtual care and/or on call arrangements). May have medical officer in psychiatry with two or more postgraduate years of experience; may be in training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Allied health professionals with relevant skills and experience in mental health available to the multidisciplinary older person mental health community care team, commensurate with casemix and clinical load.	4	4	-	4	-	4	4	4
5	As for Level 4. In addition, provide acute older person mental health inpatient care; may be within a general mental health unit. Provide some specialised services (e.g. electroconvulsive therapy [ECT], mental health high dependency care, Psychiatric Emergency Care Centre [PECC], step down/medium stay unit, and/or long stay rehabilitation service). Provide older person mental health consultation, education and training (may include virtual care and/or on call arrangements) to other services in the LHD (e.g. lower level services, nursing homes, non-government organisations).	As for Level 4. In addition, older person mental health beds; may be within a general mental health unit. Level 4 general and acute medicine service on-site or via networked arrangement. Access to age-specific allied health services (e.g. neuropsychology).	As for Level 4. In addition, old age psychiatrist available (may include virtual care and/or on call arrangements). Medical officer in psychiatry with two or more postgraduate years of experience on call 24 hours (may include virtual care); may be in training with the RANZCP. Allied health professionals with relevant skills and experience in mental health available, commensurate with casemix and clinical load. Peer mental health workforce available.	4	4	-	4	-	4	4	4
6	As for Level 5. In addition, provide older person mental health non-acute inpatient services. May provide cross LHD older person mental health referral service. May provide behaviour assessment management service.	As for Level 5. In addition, older person mental health inpatient unit. Networked with geriatric medicine service.	As for Level 5. In addition, old age psychiatrist on-site. Medical officer/s in old age psychiatry with two or more postgraduate years of experience on-site; may be in training with the RANZCP.	4	4	-	4	-	4	4	4

* Refers to premises approved for admission of voluntary or involuntary patients under the *NSW Mental Health Act 2007 No 8*.

^ An authorised medical officer is either the medical superintendent of a declared mental health facility, or a doctor who has been nominated by the medical superintendent to fulfil certain responsibilities and make various decisions under the *NSW Mental Health Act 2007 No 8*.

Further reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Government (2007) *NSW Mental Health Act 2007 No 8*.

NSW Health GL2015_009 *Psychiatric Emergency Care Centre Model of Care Guideline*.

NSW Health GL2022_003 *NSW OPMH Acute Inpatient Unit Model of Care Guideline*

NSW Health GL2017_22 *NSW Older People’s Mental Health Services, Service Plan 2017-2027*.

NSW Mental Health Commission (2014) *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*.

Version	Date	Comment
2.0	May 2017	First publication
3.0	May 2018	Approved edits

Section Two: **Clinical Services**

Part F: **Aboriginal Health**



Health

F. ABORIGINAL HEALTH

Each LHD/SHN provides Aboriginal health services according to local community needs and the availability of public and non-government organisation (NGO) services. The levels of complexity for these services are described in the table below. In addition, three service models, which may operate alone or in combination at any service level, are summarised as follows:

1. Stand-alone Aboriginal Health Unit providing local services that may include outreach. The Aboriginal workforce may include health and community workers, administration and management.
2. Partnership model where services are provided by an NGO such as an Aboriginal Community Controlled Health Service (ACCHS) or Primary Health Network. A range of programs or services may be brokered through the NGO, or the NGO may provide services at LHD/SHN facilities on an outreach basis. Either the NGO or the LHD/SHN may have operational responsibility for the Aboriginal workforce within a partnership agreement.
3. Aboriginal workforce located and managed within mainstream networks or teams such as mental health, drug and alcohol, sexual health, family and child services or community health. This workforce supports Aboriginal people and advises other service providers.

Level	Service Scope	Service Requirements	Workforce
NPS	No planned service.		
2	<p>Limited range of services provided by generalist health staff, with liaison between health service management and local Aboriginal community leaders/Elders.</p> <p>May have local Aboriginal community representation through formal relationship with health service.</p> <p>May have Aboriginal health and community workers assigned to specialist programs and services.</p>	<p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Links with local Aboriginal Community Controlled Health Services (ACCHS), where present.</p> <p>Access to Aboriginal health services such as chronic care services with 48 hour follow up.</p> <p>Access to shared/brokered services (e.g. with ACCHS, community health services, mental health services and/or Primary Health Network).</p> <p>Culturally safe environment such as a specific room, outdoor space and/or Aboriginal administration or health worker staff.</p> <p>May have on-site management and administrative support.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>LHD/SHN manager of Aboriginal workforce development available, with responsibility for coordinating and supporting Aboriginal workers.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>Aboriginal community health worker available.</p> <p>Ideally, Aboriginal Health Practitioner(s) integrated into the Aboriginal Health Unit team.</p>
4	<p><i>As for Level 2.</i> In addition, Aboriginal community workers and Aboriginal health workers providing services as part of specialist programs.</p> <p>Provide access to Aboriginal health services such as mental health services; environmental health services; child and family health services with early intervention programs including child wellbeing and child protection; drug and alcohol programs.</p> <p>May provide face to face Aboriginal cultural awareness and/or competency training to specialist and generalist service providers.</p>	<p><i>As for Level 2.</i> In addition, general management and administration support on-site.</p> <p>May have access to overnight accommodation for some family members.</p>	<p><i>As for Level 2.</i> In addition, Aboriginal community health worker.</p> <p>Aboriginal health worker relevant to programs provided.</p> <p>May have Aboriginal health practitioner.</p>
6	<p><i>As for Level 4.</i> In addition, provide generalist and specialist Aboriginal health programs, either on-site or via outreach/satellite programs.</p> <p>Provide leadership to Aboriginal health workers.</p> <p>Provide Aboriginal leadership to LHD/SHN, communities and specialist service providers.</p> <p>Provide leadership and monitoring for cultural safety, including involvement in performance management for agreements related to Aboriginal health programs.</p> <p>Provide evidence regarding best practice programs.</p> <p>May have statewide role in specific Aboriginal service area, including education/training.</p>	<p><i>As for Level 4.</i> In addition, data analysis capability to support monitoring and planning functions.</p> <p>May have access to overnight accommodation for extended family members.</p>	<p><i>As for Level 4.</i> In addition, may have LHD/SHN manager of Aboriginal workforce development.</p> <p>Aboriginal senior management position/s.</p>

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

NSW Health IB2018_018 *Definition of an Aboriginal Health Worker.*

NSW Health PD2022_028 *Aboriginal Cultural Training - Respecting the Difference.*

NSW Health PD2012_066 *NSW Aboriginal Health Plan 2013-2023.*

NSW Health PD2016_013 *Building Strong Foundations (BSF) Program Service Standards.*

NSW Health PD2016_053 *NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020.*

NSW Health PD2017_034 *Aboriginal Health Impact Statement.*

NSW Health – Stepping Up: Online Recruitment Resource

NSW Health’s Decision Making Framework for Aboriginal Health Practitioners.

Aboriginal Health Worker Guidelines for NSW Health

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
3.0	May 2018	Minor edits
6.0	Dec 2023	Approved edits

Section Two: **Clinical Services**

Part G: **Community Health**



Health

G. COMMUNITY HEALTH

While the role delineation of many clinical services is health facility based, community health services are provided in a variety of settings, including peoples' homes, health and non-health facilities. Various models of care may support the provision of higher level community health services across a range of settings to meet patient need. Accordingly, the levels of community health services described in this standard do not necessarily relate to a particular health facility context. The scope and levels of community health services provided will be unique to local needs and services planning. In the medium term, community health service provision is expected to be impacted by a number of current national and NSW reforms including the National Disability Insurance Scheme and Primary Health Networks.

Level	Service Scope	Service Requirements	Workforce
NPS	No planned service.		
1	<p>Identified limited community based service that may be stand alone, collocated with a general practice, or an outreach service from a larger centre; most likely in a rural setting.</p> <p>Generalist community nursing service provided by sole community health nurse. May provide complex wound management, continence management, opportunistic immunisation, domestic violence screening and/or chronic care. May be a first aid post.</p> <p>May provide outreach services including home visits to small neighbouring localities according to community needs.</p> <p>May provide regular clinics.</p> <p>May raise awareness and provide information and/or referral/liaison to available primary, community services (e.g. continence programs), according to community needs and LHD/SHN programs.</p> <p>May provide access to counselling services.</p> <p>May provide advice, support and appropriate referral to self-management strategies including health education.</p>	<p>Referral arrangements with relevant agencies such as Primary Health Network, general practice, non-government organisation (NGO) and/or other services within the LHD/SHN.</p> <p>Access to multicultural health service commensurate with identified community need, for provision of staff education regarding standard procedures for assessing language competencies of Culturally and Linguistically Diverse (CALD) clients, accessing and use of interpreters, and sources of additional support and information.</p> <p>Referral pathways to relevant Aboriginal programs and services.</p> <p>Quality and risk management programs in line with current National Safety and Quality Health Service (NSQHS) Standards.</p>	<p>Refer to Appendix IV: Nursing and Midwifery Workforce.</p> <p>Aboriginal hospital liaison roles available, preferably both male and female.</p> <p>Ideally, Aboriginal Health Practitioner/s integrated into clinical teams that service Aboriginal communities, or where culturally appropriate care is required.</p>
2	<p><i>As for Level 1.</i> In addition, services provided by appropriately trained and experienced clinicians with LHD/SHN clinical, management and governance support.</p> <p>Facilitate access and referral to specialist services (e.g. paediatrics, disability diagnosis and assessment, children at risk, youth health, oral health, chronic disease management, aged care, rehabilitation, palliative care, drug and alcohol and mental health programs, sexual health; sexual assault).</p> <p>Facilitate access to Enable NSW for disability equipment and support.</p> <p>May provide women's health services according to identified community needs such as reproductive health information and education, breast and cervical cancer screening.</p> <p>May provide service in collaboration with visiting allied health professionals.</p> <p>May provide multicultural service according to identified community need such as cultural advice to professionals and cultural competency training for staff.</p>	<p><i>As for Level 1.</i> In addition, links with hospital discharge planner or other discharge services.</p> <p>Links with LHD/SHN clinical streams and networks.</p> <p>Links with Aged Care Assessment Team (ACAT).</p> <p>Links with carer support services.</p> <p>Access to pathology, pharmacy and radiology services commensurate with casemix and clinical load.</p> <p>Access to allied health services such as occupational therapy, social work and psychology.</p> <p>Access to transitional aged care service.</p> <p>Access to community health nursing and palliative care nursing services within LHD/SHN.</p> <p>Access to women's health service with breast and cervical cancer screening within LHD/SHN.</p> <p>Access to wound clinic within LHD/SHN.</p> <p>Access to public health unit and needle and syringe program.</p> <p>Access to CALD programs commensurate with identified community need.</p> <p>Access to technical support for clinical applications and electronic medication systems.</p> <p>Access to equipment stores and biomedical engineering capacity relevant to programs provided.</p>	<p><i>As for Level 1.</i> In addition, allied health professionals available, commensurate with community need (may be via outreach).</p> <p>Multicultural workers available according to identified community need.</p> <p>May have on-site team leader.</p>

Level	Service Scope	Service Requirements	Workforce
3	<p>As for Level 2. In addition, provide multidisciplinary services such as chronic disease management and prevention, rehabilitation, and aged care, according to identified need; may include outreach.</p> <p>Provide allied health community and ambulatory services such as speech pathology, physiotherapy, dietetics, podiatry, psychology, counselling, social work and/or occupational therapy</p> <p>Provide community health clinics such as women's health, community HIV medicine, community paediatrics.</p> <p>Provide multicultural health services according to identified community need (e.g. refugee health clinics, antenatal support/education groups, home visiting programs).</p> <p>May provide in-reach discharge planning support to acute facilities.</p> <p>May provide Hospital in the Home (HITH) program or similar hospital avoidance/substitution program and early discharge program.</p> <p>May provide integrated care in partnership with services and organisations (e.g. acute services, private sector, NGOs).</p>	<p>As for Level 2. In addition, provide networked support to lower level services.</p> <p>Locally available allied health services commensurate with casemix and clinical load.</p> <p>Formal inter-agency liaison with police, Family and Community Services (FACS), emergency service agencies (e.g. State Emergency Service), as appropriate.</p> <p>May facilitate access to community aged care day centre.</p> <p>May have access to bilingual health professionals to support specialist services targeted to the major identified CALD groups according to identified community needs.</p>	<p>As for Level 2. In addition, community health manager or senior officer on-site.</p> <p>Locally available allied health professionals commensurate with clinical load and casemix.</p> <p>May have case coordinator/case manager to support specialty programs (e.g. chronic care).</p>
4	<p>As for Level 3. In addition, provide comprehensive range of multidisciplinary community based services, preferably including after hours on call services.</p> <p>Provide HITH or similar hospital avoidance/substitution program and early discharge program.</p> <p>Provide integrated care in partnership with other services and organisations (e.g. acute services, private sector agencies, NGOs).</p> <p>Provide secondary needle and syringe program at suitable sites.</p>	<p>As for Level 3. In addition, links with inpatient services (e.g. medical, surgical, paediatric, maternity) to ensure seamless care transition.</p> <p>Access to Level 1 radiology service.</p> <p>Access to Level 2 pathology service.</p> <p>Access to Level 3 pharmacy service.</p> <p>Access to point of care electronic medical record (eMR) for community nursing services.</p>	<p>As for Level 3. In addition, comprehensive workforce with experienced nursing, medical and allied health staff.</p> <p>Appropriately credentialled medical officers available for programs such as family planning and chronic care.</p> <p>Bilingual health professionals available to support services targeted at identified CALD groups.</p> <p>Aboriginal health workers available.</p>

Further Reading – *hyperlinks available in Appendix VII*

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities

Eagar K et al (2008) *Community health at the crossroads: which way now? Final report of the NSW Community Health Review*, Centre for Health Service Development, University of Wollongong.

NSW Health PD2005_483 *Non-English Speaking Background - Standard Procedures - Improved Access Area/Public Health Services*.

NSW Health PD2011_014 *Refugee Health Plan 2011-2016*.

NSW Health PD2017_044 *Interpreters - Standard Procedures for Working with Health Care Interpreters*.

NSW Health PD2019_018 *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2012-2016*.

Version	Date	Comment
1.0	Jan 2016	Original publication
6.0	Dec 2023	Approved edits

Appendices

APPENDIX I: INDICATIVE LIST OF SURGERY FOR ADULTS

There is no widely accepted and validated system for classifying the physiological stressfulness of surgical procedures. The examples given below, drawn from different specialties, are intended to provide an indicative guide only and do not replace clinical judgement. Some procedures commonly provided on an emergency basis are included (e.g. closed reduction of fracture) as useful general indicators of surgical complexity.

Minor	Common and Intermediate	Major	Complex Major
<ul style="list-style-type: none"> • Insertion of grommets • Circumcision • Colonoscopy • Drainage of abscess • Fine needle aspiration • Minor debridement • Toe-nail surgery • Diagnostic endoscopy • Polypectomy • Vasectomy • Cervix loop excision for dysplasia • Hysteroscopy • Suction curettage for miscarriage • Chalazion removal • Superficial corneal foreign body removal • Wedge biopsy of eyelid skin lesion • Tooth extraction • Minor dento-alveolar surgery • Minor periodontal surgery • Orthodontic anchorage screw placement/removal • Dental laser surgical procedure • Fixed prosthodontics (e.g. crowns, inlays, onlays) • Minor amputation (e.g. toe) • Percutaneous wire removal • Simple orthopaedic implant removal • Skin biopsy • Skin lesion curettage and cautery • Skin lesion excision • Subcutaneous tumour excision • Cystoscopy 	<ul style="list-style-type: none"> • Adenoidectomy • Inferior turbinate surgery • Septoplasty • Appendicectomy • Diagnostic laparoscopy • Haemorrhoidectomy • Laparoscopic cholecystectomy • Herniorrhaphy • Excision of breast lump • Mastectomy • Hemithyroidectomy • Orchidectomy • Vaginal prolapse repair • Lower Segment Caesarean Section (LSCS) • Cataract surgery • Pterygium surgery • Trabeculectomy • Dental implant placement/removal • Endodontic surgery • Maxillofacial surgery • Carpal tunnel surgery • Closed reduction of fracture • Diagnostic arthroscopy (knee/shoulder) • Arthroscopy with meniscectomy/chondroplasty • Uncomplicated hip/knee replacement • Laser skin surgery • Simple skin graft • Skin excision with flap or graft closure • Simple ureteroscopy • Transrectal ultrasound (TRUS) guided prostate biopsy. • Transurethral resection of prostate (TURP) • Varicose vein surgery 	<ul style="list-style-type: none"> • Pacemaker insertion • External and some middle ear surgery • Sinus surgery • Thyroidectomy • Bowel resection • Bariatric surgery, non-anastomotic • Diaphragmatic hernia repair • Exploratory laparotomy • Abdominal pelvic floor repair • Bladder neck procedures for stress incontinence • Hysterectomy (e.g. laparoscopic, abdominal) • LSCS for major placenta praevia • Carotid endarterectomy • Cerebral neoplasm (cortical convexity) surgery • Cerebral shunting • Craniotomy • Vitreoretinal surgery • Major dento-alveolar surgery (e.g. cyst enucleation) • Major periodontal surgery (e.g. connective tissue grafts, bone block grafts, sinus lifts) • Major amputation (e.g. below, above or through knee) • Revision hip/knee replacement • Extensive or complicated skin graft (e.g. hand, perineal) • Major flap reconstruction • Mohs surgery • Pressure area surgery • Complicated ureteroscopy • Nephrectomy • Open bladder surgery • Prostatectomy • Embolectomy • Vascular access procedures for dialysis 	<ul style="list-style-type: none"> • Multidisciplinary surgery (e.g. cancer, major trauma) • Organ transplantation • Aortic surgery • Coronary artery bypass graft • Sternal reconstruction • Lung resection • Head and neck tumour resection and graft reconstruction surgery • Modified radical mastoidectomy • Neck dissection • Bariatric surgery, anastomotic • Interventional endoscopy • Oesophagectomy • Pancreatic resection • Gynaecological oncology surgery • Planned caesarean hysterectomy • Caesarean section for placenta accreta • Arteriovenous malformation (AVM) surgery • Cerebral neoplasm (base of skull) surgery • Epilepsy surgery • Skull base surgery • Spinal cord injury surgery • Scoliosis surgery • Orbital exenteration • Complex corneal, retinal and glaucoma surgery • Microsurgical tissue transfer • Cystectomy • Carotid stents • Complex endovascular grafts (e.g. fenestrated aortic branch device)

Note: The actual range of procedures that may be performed by individual practitioners will be determined through the credentialing process where clinical privileges/scope of practice is granted.



APPENDIX I: INDICATIVE LIST OF SURGERY FOR ADULTS

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
1.1	Nov 2016	Approved revision
6.0	Dec 2023	Tranche 7 review

APPENDIX II: INDICATIVE LIST OF SURGERY FOR CHILDREN

There is no widely accepted and validated system for classifying the physiological stressfulness of surgical procedures. The examples given below, drawn from different specialties, are intended to provide an indicative guide only and do not replace clinical judgement. Some procedures commonly provided on an emergency basis are included (e.g. suture of laceration, closed reduction of fracture) as useful general indicators of surgical complexity.

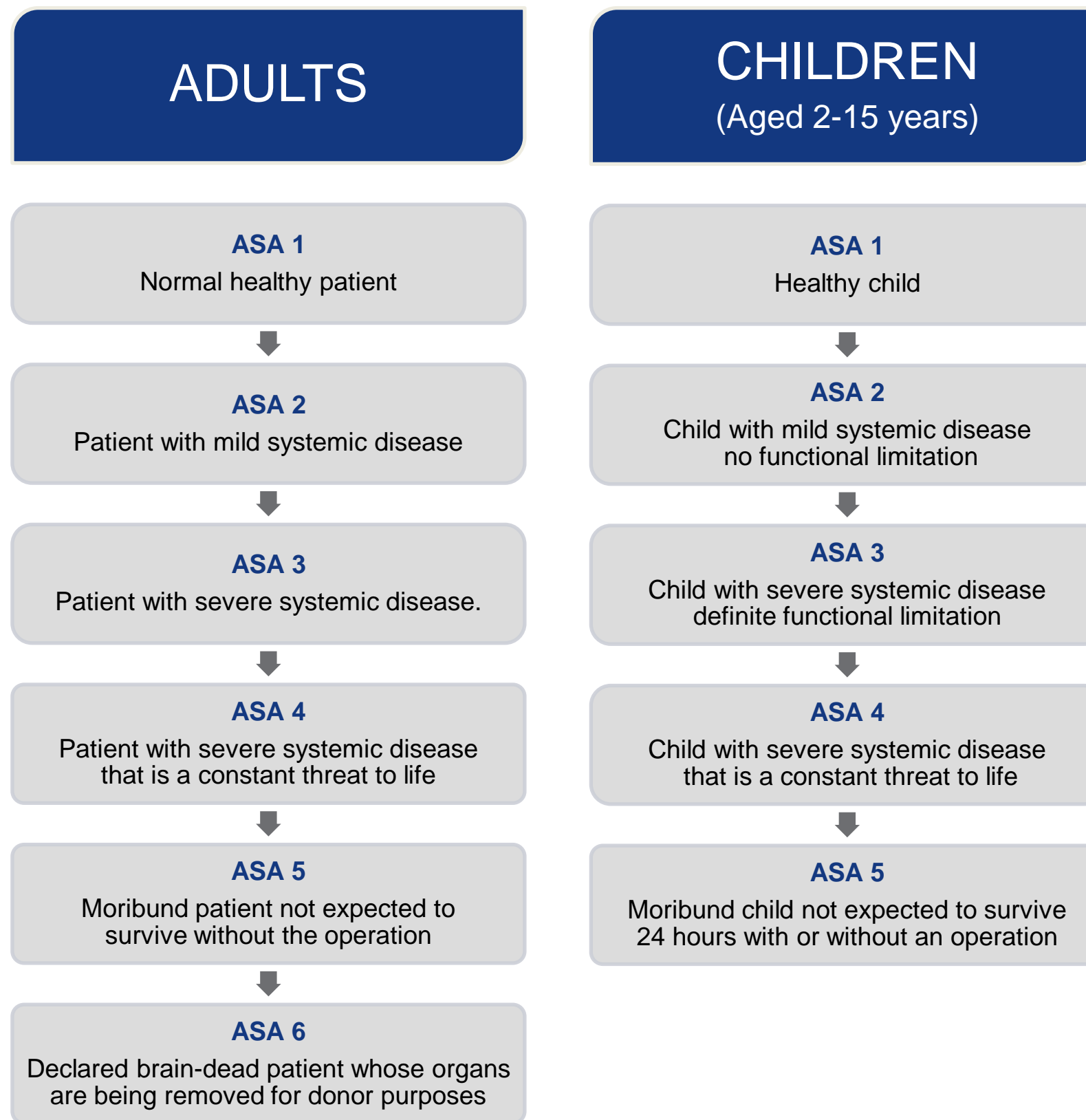
Minor	Common and Intermediate	Major	Complex Major
<ul style="list-style-type: none"> • Drainage of abscess • Insertion of grommets • Minor debridement • Skin biopsy • Skin lesion curettage and cautery • Skin lesion excision • Suture of laceration • Tooth extraction • Percutaneous wire removal • Removal of buried metalware and implants • Circumcision • Tongue tie 	<ul style="list-style-type: none"> • Appendicectomy • Closed reduction of fracture • Diagnostic endoscopy • Laser skin surgery • Simple skin graft • Skin excision with flap or graft closure • Superficial corneal foreign body removal • Simple congenital foot and ankle surgery (tenotomies and casting) 	<ul style="list-style-type: none"> • Adenoidectomy • Closure of colostomy • Foot surgery (e.g. tendon release or transfer, subtalar fusion) • Herniotomy • Insertion of central line in first two years of life • Operative reduction of intussusception • Orchidopexy • Squint surgery • Therapeutic endoscopy • Tonsillectomy • Ureteric reimplantation • Urethroplasty • Simple limb deformity correction (hemiepiphyodesis, epiphyodesis and epiphysiolysis) • Upper and lower limb trauma requiring reduction and surgical fixation • Open reduction of hip dislocation • Upper and lower limb osteotomies • Ligament reconstruction • Arthroscopic cartilage and meniscal surgery • Complex hand trauma • Congenital hand deformity surgery • Oral and maxillofacial surgery 	<ul style="list-style-type: none"> • Cleft lip/palate surgery • Laparoscopic procedures <5 years of age • Major reconstructive surgery (e.g. anorectoplasty, rectosigmoidectomy) • Neurosurgery • Open heart surgery • Organ transplant • Scoliosis surgery • Splenectomy • Thoracotomy • Vascular surgery excluding Central Venous Access Devices (CVAD) and lines • Complex congenital foot and ankle surgery (osteotomy and arthrodesis) • Complex limb deformity correction • Orthopaedic oncology (limb reconstruction associated with sarcoma surgery) • Periacetabular osteotomy • Single event multilevel surgery (SEMLS) in cerebral palsy • Major limb threatening trauma

Note: The actual range of procedures that may be performed by individual practitioners will be determined through the credentialing process where clinical privileges/scope of practice is granted.

Version	Date	Comment
1.0	Jan 2016	Original publication
1.1	Nov 2016	Approved revision
6.0	Dec 2023	Tranche 7 review

APPENDIX III: INDICATIVE LEVELS OF PATIENT RISK

This table is based on the American Society of Anesthesiologists (ASA) Physical Status Classification System, a simple tool to describe patient preoperative physical status. While useful for the purposes of the Guide, this is but one contributor to perioperative risk and is indicative only. In addition, the ASA system does not consider patient age and should be treated with caution in the elderly, the very young and pregnant women.



Version	Date	Comment
1.0	Jan 2016	Original publication
5.0	Nov 2021	Tranche 2 review (including name change)

APPENDIX IV: NURSING AND MIDWIFERY WORKFORCE

Nursing and midwifery staffing of all clinical services must adhere to the provisions set out in the *Public Health System (Nurses' and Midwives) State Award* ('the Award') and in particular the staffing arrangements under clause 53 which includes specific arrangements for:

- General inpatient wards, dedicated rehabilitation wards/units, dedicated palliative care wards/units and inpatient adult acute mental health wards
- Emergency Departments
- Maternity Services (Birthrate Plus)
- Perioperative Services (ACORN 2008).

The number and skill level of the nurses/midwives required to provide the day to day care should be based on the number and acuity of the patients within each ward, unit and department within a clinical service and, where relevant, adhere to the minimum Nursing Hours per Patient Day set out in the Award, Birthrate Plus for midwifery units and ACORN 2008 standards for operating theatres.

CLINICAL EDUCATION

All wards/units/departments must have access to clinical education. While this will be provided predominantly by Clinical Nurse/Midwifery Educators (CN/ME) clinical education may also be provided by a variety of other nursing roles including Clinical Nurse/Midwifery Specialists Grade 1 and 2 (CN/MS 1 and 2), Clinical Nurse/ Midwifery Consultants (CN/MC), Nurse/Midwifery Educators (NE/ME), Nurse Practitioners (NP), Registered Nurses and Registered Midwives.

CLINICAL EXPERTISE

Specialised wards/units/departments that deliver nursing/midwifery care must have access to an identified expert nursing/midwifery resource with a high level skill set in the relevant clinical specialty. This role would be provided predominantly by a CN/MC, Nurse Practitioner or a CN/MS2.

Depending on the role delineation and level of clinical service provided, the support may be provided on-site, across the District/Network or via virtual care.

Nurse Practitioners lead care, provide consultation services and/or support the broader workforce for care delivery (e.g. state-wide burns service, palliative care, oncology, emergency care, rural generalist care). Organisations are to factor in NP models of care when determining multidisciplinary models of service delivery.

Version	Date	Comment
1.0	Jan 2016	Original publication
2.0	May 2017	Approved edits
4.0	Oct 2019	Approved edits
6.0	Dec 2023	Approved edits

APPENDIX V: WORKFORCE DEFINITIONS

Term	Definition
Aboriginal Health Worker ¹	<p>An Aboriginal Health Worker is someone who:</p> <ul style="list-style-type: none"> Is an Aboriginal and/or Torres Strait Islander person, which means someone who: <ul style="list-style-type: none"> is of Aboriginal and/or Torres Strait Islander descent; and identifies as an Aboriginal and/or Torres Strait Islander; and is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live, or formerly lived. Is employed in an Aboriginal identified position in NSW Health. Has undertaken or is willing to undertake a minimum Certificate III Aboriginal Primary Health Care (including undergoing recognition of prior learning processes against current qualifications). Provides flexible, holistic and culturally sensitive health services to Aboriginal clients and the community to achieve better health outcomes and better access to health services for Aboriginal people.
Aboriginal Health Practitioner ²	<p>An Aboriginal Health Practitioner is someone who:</p> <ul style="list-style-type: none"> Has completed a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (including undergoing recognition of prior learning processes against current qualifications). Has current registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) AHPRA registration as an Aboriginal Health Practitioner. Is an Aboriginal and/or Torres Strait Islander person, which means someone who: <ul style="list-style-type: none"> is of Aboriginal and/or Torres Strait Islander descent; and identifies as an Aboriginal and/or Torres Strait Islander; and is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live, or formerly lived. Is employed in an Aboriginal identified Aboriginal Health Practitioner position in NSW Health. Is capable of providing a range of clinical primary health care services to Aboriginal and/or Torres Strait Islander clients and communities, including specific health care programs, advice and assistance with, and administration of, medication. Is capable of flexibly assuming a variety of job roles and undertake a broad range of tasks either individually or as a member of a multidisciplinary team. Provides flexible, holistic and culturally sensitive health services to Aboriginal clients and the community.
AHPRA	Australian Health Practitioner Regulation Agency, which works with the 14 National Health Practitioner Boards in administering the National Registration and Accreditation Scheme across Australia.
Allied Health Assistant ³	Works under the supervision and direction of allied health professionals to perform clinical and non-clinical duties.

¹ NSW Health IB2018_018 *Definition of an Aboriginal Health Worker*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2018_018

² NSW Health (2018) *Aboriginal Workforce Strategic Framework for NSW Health Aboriginal Health Practitioners undertaking clinical activities*. www.health.nsw.gov.au/workforce/aboriginal/Publications/decision-making-framework.pdf

³ NSW Health (2022) *Allied Health Assistant Horizon Scanning and Scenario Generation Report*. <https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/aha-report.pdf>

APPENDIX V: WORKFORCE DEFINITIONS *continued*

Term	Definition																								
Allied Health Professional ⁴	<p>The following criteria are used to define allied health professionals:</p> <ul style="list-style-type: none">• Tertiary qualified health professionals and hold relevant State or Territory registration, licence or accreditation to practice• Provide a range of therapeutic and diagnostic services in the public or private health care sector• Apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function• Use a range of complex professional clinical skills including communication, clinical reasoning, reflection and evidence-based practice skills• Are ‘allied’ or aligned to each other and other members of the health professional workforce, working together as part of a multidisciplinary team; to each other and other members of the health professional workforce, to their clients, the client’s family, carers and community working across the health system. <p>NSW Health categorises the following tertiary qualified professions as ‘Allied Health’ as per the NSW Treasury Codes:</p> <table><tr><td>○ Art Therapy</td><td>○ Exercise Physiology</td><td>○ Orthoptics</td><td>○ Radiation Therapy[#]</td></tr><tr><td>○ Audiology</td><td>○ Genetic Counselling</td><td>○ Orthotics & Prosthetics</td><td>○ Radiography[#]</td></tr><tr><td>○ Counselling</td><td>○ Music Therapy</td><td>○ Pharmacy[#]</td><td>○ Sexual Assault</td></tr><tr><td>○ Child Life Therapy</td><td>○ Nuclear Medicine</td><td>○ Physiotherapy[#]</td><td>○ Social Work</td></tr><tr><td>○ Dietetics & Nutrition</td><td>Technology</td><td>○ Podiatry[#]</td><td>○ Speech Pathology</td></tr><tr><td>○ Diversional Therapy</td><td>○ Occupational Therapy[#]</td><td>○ Psychology[#]</td><td>○ Welfare</td></tr></table> <p>[#] indicates a registered profession with AHPRA</p>	○ Art Therapy	○ Exercise Physiology	○ Orthoptics	○ Radiation Therapy [#]	○ Audiology	○ Genetic Counselling	○ Orthotics & Prosthetics	○ Radiography [#]	○ Counselling	○ Music Therapy	○ Pharmacy [#]	○ Sexual Assault	○ Child Life Therapy	○ Nuclear Medicine	○ Physiotherapy [#]	○ Social Work	○ Dietetics & Nutrition	Technology	○ Podiatry [#]	○ Speech Pathology	○ Diversional Therapy	○ Occupational Therapy [#]	○ Psychology [#]	○ Welfare
○ Art Therapy	○ Exercise Physiology	○ Orthoptics	○ Radiation Therapy [#]																						
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○ Counselling	○ Music Therapy	○ Pharmacy [#]	○ Sexual Assault																						
○ Child Life Therapy	○ Nuclear Medicine	○ Physiotherapy [#]	○ Social Work																						
○ Dietetics & Nutrition	Technology	○ Podiatry [#]	○ Speech Pathology																						
○ Diversional Therapy	○ Occupational Therapy [#]	○ Psychology [#]	○ Welfare																						
Anaesthetic assistant/technician/nurse	Staff that assist a medical practitioner in providing anaesthesia. Anaesthetic assistants are often nurses who may have additional experience and/or training. Anaesthetic technicians have training in anaesthetic technology or paramedical science (anaesthesia) and may also manage anaesthetic equipment.																								
Authorised medical officer	The Mental Health Act 2007 Guide Book ⁵ defines an authorised medical officer as either the medical superintendent of a declared mental health facility, or a doctor who has been nominated by the medical superintendent to fulfil certain responsibilities and make various decisions under the Act.																								
Cardiac scientist	Person with an undergraduate degree and further training in cardiac technology. Accreditation with the Australian Sonographer Accreditation Registry if echocardiography is required.																								
Clinical geneticist	Specialist physician recognised by the Medical Board of Australia.																								
Clinical Nurse/Midwifery Consultant (CNC/CMC)	Registered nurse appointed as such to a position approved by the Local Health District or Specialist Network, who has had the required post registration experience and has acquired approved post registration nursing qualifications relevant to the field in which he/she is appointed, or such other qualifications or experience deemed appropriate.																								
Clinical Nurse/Midwifery Educator (CN/ME)	Registered nurse/ midwife appointed to a position classified as such who holds relevant clinical or education post registration qualifications or such education and clinical experience deemed appropriate by the employer. The CN/ME delivers and evaluates clinical education programs at the ward/unit level including: <ul style="list-style-type: none">• providing day to day clinical education support, one on one informal education and support for skill development in clinical procedures.• acting as the preceptor in orientations to the ward/unit;• providing support for professional development and clinical policy development; and• providing a ward/unit based in-service program.																								

⁴ Health Education and Training Institute *Allied Health Professions in NSW Health*. www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-professions-in-nsw-health

⁵ Health Education and Training (2019) *NSW Mental Health Act (2007) no.8 Guide Book. Sixth edition*. www.heti.nsw.gov.au/_data/assets/pdf_file/0009/457983/Mental-Health-Act_2007_Guide-Book_6th-edition-2019-published-07.08.2019.pdf

APPENDIX V: WORKFORCE DEFINITIONS

Clinician with specialised expertise ⁶	Term used in NSW Health PD2016_039 <i>Care Type Policy for Acute, Sub-Acute and Non-Acute and Mental Health Admitted Patient Care</i> in relation to Rehabilitation, Palliative Care, Geriatric Evaluation and Management (GEM), Maintenance and Psychogeriatric admitted care. A clinician with specialised expertise can be a medical, nursing or allied health professional who possesses recognised clinical skills in the subacute care type being provided. This can include formal specialist qualification, evidence of advanced training, relevant/extensive clinical experience, and/or recognition of possessing expertise by peers within the subacute care specialty.
Dental assistant	Prepares patients for dental examination and assists dental practitioners, hygienists and therapists in providing care and treatment.
Dental practitioner ⁷	Dentist, dental therapist, dental hygienist, dental prosthetist or oral health therapist (OHT) registered with the Dental Board of Australia.
Forensic physician	Medical practitioner with post-graduate qualifications in forensic medicine, who provides forensic medical services to the living, including the collection and interpretation of information for the purposes of civil and criminal law, the judiciary and the police.
General physician	Medical practitioner who has the postgraduate qualification of Fellowship of the Royal Australasian College of Physicians (FRACP) or equivalent; and actively practises general medicine.
General Practitioner (GP)	Medical practitioner who has postgraduate qualifications in general practice and who may have specialist registration as a general practitioner.
Genetics counsellor ⁸	Allied health practitioner with an undergraduate degree in a non-nursing, non-medical discipline and in addition holds a post graduate qualification in genetics counselling or has attained Part I certification in genetics counselling from the Human Genetics Society of Australasia.
Joint Investigation Response Team (JIRT) Senior Health Clinician	Person responsible for managing NSW Health components of the JIRT response together with interagency partners, NSW Police and Department of Family and Community Services (FACS).
Medical officer	Hospital employed non-specialist doctor who may be employed under the following award classifications: intern, resident, registrar, senior registrar or career medical officer. These doctors may be registered trainees with a medical specialist college and training to become a specialist. They work under the direction of a medical specialist.
Medical physicist	Generally, a person who is accredited or seeking accreditation with the Australian College of Physical Scientists and Engineers in Medicine (ACPSEM).
Medical practitioner	Doctor practising medicine who is registered with the Medical Board of Australia. Relevant registration categories include specialist, general, provisional, and limited registration.
Medical Radiation Scientist (MRS)	Allied health professional registered with the Medical Radiation Practice Board of Australia. May be qualified as an MRS (Nuclear Medicine), an MRS (Diagnostic Radiographer) or an MRS (Radiation Therapist).
Medical specialist ⁹	Registered medical practitioner with postgraduate medical specialist qualifications (Fellowship) from an Australian Medical Council accredited specialist medical college. They may be engaged as a staff specialist or visiting medical officer. Also known as a consultant or senior doctor.
Neurointervention specialist	A medical specialist in radiology, neurosurgery or neurology, who has training and experience consistent with the requirements of the Conjoint Committee for Recognition of Training in Interventional Neuroradiology (CCINR).
Nuclear medicine physicist	<i>see Medical physicist</i>

⁶ Agency for Clinical Innovation (2017) *Sub-Acute Care Type Policy Guidance*. www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/251553/Sub-Acute_Care_Type_Policy_Guidance.pdf

⁷ Dental Board of Australia (2014) *Guidelines for scope of practice*. www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Guidelines-Scope-of-practice.aspx

⁸ NSW Health Service Health Professionals (State) Award (2019). www.health.nsw.gov.au/careers/conditions/Awards/health-professional.pdf

⁹ Medical Board of Australia (2018) List of Specialties, fields of specialty practice and related specialist titles. www.medicalboard.gov.au/documents/default.aspx?record=WD10%2f106&dbid=AP&chksum=07LyDUkqgYa5O5LXuqbSzg%3d%3d

APPENDIX V: WORKFORCE DEFINITIONS *continued*

Nurse Practitioner (NP)	Registered nurse who has satisfied the requirements of the Nursing and Midwifery Board of Australia (NMBA) to be endorsed as a NP. Endorsement allows the NP to initiate diagnostic investigations, prescribe medications and make referrals. NPs work at an advanced practice level that demands: <ul style="list-style-type: none"> • expert clinical knowledge • advanced specialised education • complex decision making skills • clinical reasoning and diagnostic skills • ability to initiate and evaluate therapeutic management plans.
Nursing/Midwifery Unit Manager	Means a registered nurse in charge of a ward or unit or group of wards or units in a hospital or health service. Responsibilities include: <ul style="list-style-type: none"> • coordination of patient services • unit management • nursing staff management.
Orthoptist	Allied health professional who specialises in disorders of eye movements and diagnostic procedures related to disorders of the eye and visual system. Works mainly in the private sector, including neonatal care, paediatrics, rehabilitation, geriatrics, neurological impairment, community services and ophthalmic technology.
Orthotist/Prosthetist	Allied health professional who assesses and treats physical and functional limitations resulting from illness and disability, including limb amputations. Trained to prescribe, design, fit and monitor orthoses and prostheses.
Peer mental health workforce	Individuals with lived experience of mental distress and personal recovery. These staff are employed to engage consumers at all points of the mental health system to inspire hope, to model recovery and challenge stigma associated with mental ill health – this may include recovery oriented practise and trauma informed and consumer centred care. This discipline covers roles that include peer educators, peer support workers, consumer academics and researchers.
Pharmacist	Allied health professional registered as a practising pharmacist with the Pharmacy Board of Australia.
Physician	Medical practitioner recognised as a specialist physician by the Medical Board of Australia.
Radiation therapist	<i>see Medical Radiation Scientist (MRS)</i>
Radiographer	<i>see Medical Radiation Scientist (MRS)</i>
Radiopharmaceutical scientist	<i>see Medical physicist</i>
Registered Nurse/Midwife	Person registered with the Nursing and Midwifery Board as such.
Remote X-Ray Operator ¹⁰	The Environmental Protection Agency (EPA), the Ministry of Health and the Australian Institute of Radiography have developed a user licence for remote operators to allow limited radiography services to be provided in rural and remote areas of NSW. If a radiographer is not in attendance, or not available to attend, the remote operator may use x-ray apparatus to take plain radiographs. The remote operator must obtain certification or authorisation by the referring medical practitioner on the request form prior to the examination.
Sexual Assault Nurse Examiner (SANE)	Registered Nurse employed by NSW Health, with recognised qualifications and having completed the NSW Health approved SANE training course, who provides a forensic response (not counselling) to adult victims of sexual assault as a member of a sexual assault service.
Sonographer	Person who has attained a post-graduate degree in sonography or qualifications or competencies deemed equivalent by the employer and performs cardiac sonography, vascular sonography, general sonography or electrophysiological studies or any other type of sonography.

¹⁰ NSW Environment Protection Authority (2017) *Radiation user license – remote operators*. www.epa.nsw.gov.au/your-environment/radiation/radiation-user-licence/user-licence-information/user-licence-remote-operators

APPENDIX V: WORKFORCE DEFINITIONS *continued*

Stroke coordinator ¹¹	A clinical coordinator who works with people with stroke and their carers to construct care plans, discharge plans and to help coordinate the use of healthcare services during recovery in hospital. They also facilitate improvements in the organisation and delivery of recommended stroke care, including the establishment of a stroke unit, development of protocols and standardised care plans, and the provision of education.
Stroke physician	A neurologist or other physician with experience in stroke management who has been credentialed to provide stroke services.
Youth health coordinator	Provides a point of coordination for youth health activities and services in the NSW Health services, and undertakes planning, networking, mapping and professional development activities. They build networks and foster a collaborative approach between stakeholders, agencies and young people. They work across government and community sectors with organisations that deal with a range of issues affecting young people.

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2016	Original publication
2.0	May 2017	Approved edits
3.0	May 2018	Minor edits
4.0	Oct 2019	Approved edits
6.0	Dec 2023	Approved edits

¹¹ Adapted from Cadilhac et al. (2013) Evaluation of Rural Stroke Services: Does Implementation of Coordinators and Pathways Improve Care in Rural Hospitals? Stroke. 44(10): 2848-2853.
www.ahajournals.org/doi/full/10.1161/STROKEAHA.113.001258?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed

APPENDIX VI: GLOSSARY OF TERMINOLOGY

Term	Definition
24 hour/s	Unless otherwise stated, refers to 24 hours a day, 7 days a week.
Access	Ability to use a service, or skills of an appropriately qualified and experienced person, when needed and without undue difficulty or delay. May be on-site or off-site unless specified in the standard. May be via networked or contracted service from within or external to the LHD/SHN. Modalities used may include telephone, virtual care or outreach.
ACEM	Australasian College for Emergency Medicine
ACD	Australasian College of Dermatologists
ACRRM	Australian College of Remote and Rural Medicine
Acute care	<p>Care provided for an admitted patient where the principal clinical intent is to do one or more of the following:</p> <ul style="list-style-type: none"> manage labour (obstetric) reduce severity of illness or injury protect against exacerbation and or complication of an illness or injury which could threaten life or normal functions perform surgery cure illness or provide definitive treatment of injury relieve symptoms of illness or injury (excluding palliative care) perform diagnostic or therapeutic procedures <p>Acute care is usually provided in hospitals or day clinics by specialised personnel, often using complex and sophisticated technical equipment and specialised consumables. Unlike chronic care, acute care is often necessary only for a short time.</p>
Acute review service	Planned acute patient review subsequent to departure from the Emergency Department/hospital. May include multiple planned reviews, procedures or other treatments such as wound dressing changes or IV antibiotic administration.
Admitted patient	<p>A patient who undergoes a hospital admission process to receive treatment and or care provided over a period of time where one or more of the following apply to the patient:</p> <ul style="list-style-type: none"> condition requires clinical management and or facilities not available in the patient's usual residential environment requires observation in order to be medically assessed or diagnosed requires at least daily assessment of their medication needs procedure/s that cannot be performed in a stand-alone facility such as a doctor's room without specialised support facilities and or expertise available (e.g. cardiac catheterisation) there is a legal requirement for admission (e.g. under child protection legislation) some Hospital in the Home (HITH) patients.
Adolescent ^{1, 2}	In this Guide, the terms youth, adolescent and young people are used interchangeably to refer to people aged between 12 and 24 years. The age range recognises that the transition from childhood to adulthood is a process rather than a discrete event, and that the length of the process varies from individual to individual. It is also recognised that responding to and meeting developmental needs rather than considering chronological age is important in providing good health care to young people.
Advanced life support ³	Advanced life support (ALS) is basic life support (BSL) with the addition of invasive techniques (e.g. defibrillation, advanced airway management, intravenous access and drug therapy).
Ambulatory care	Care provided to hospital patients who may not undergo a formal admission process, such as patients of emergency departments and outpatient clinics. Can also refer to care provided to hospital patients in non-hospital settings such as a residential aged care facility, school or workplace, through initiatives such as Hospital in the Home (HITH).
ANZCA	Australian and New Zealand College of Anaesthetists
ANZSNR	Australian and New Zealand Society of Neuroradiology

¹ NSW Health PD2017_019 NSW Youth Health Framework 2017-24. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_019

² NSW Health (2014) *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*. www.health.nsw.gov.au/kidsfamilies/Pages/healthy-safe-well-2014-24.aspx

³ The Australian Resuscitation Council. www.resus.org.au

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Available	Ability to use a service, or skills of an appropriately qualified and experienced person, when needed and without undue difficulty or delay. May be on-site or off-site unless specified in the standard. May be via networked or contracted service from within or external to the LHD/SHN. Modalities used may include telephone, virtual care or outreach.
Back transfer	The transfer of patients to their referring health service.
Basic life support (BLS) ⁴	The preservation or restoration of life by the establishment of and/or the maintenance of airway, breathing and circulation, and related emergency care.
Business hours	Commonly 9 am to 5 pm, Monday to Friday, or as determined by an individual service.
Cancer care coordination	A comprehensive approach to achieving continuity of care for patients that seeks to ensure care is delivered in a logical, connected and timely manner so the medical and personal needs of the patient are met.
Case management	The activities that health professionals perform to ensure the coordination of the health services required by a patient. When used in connection with managed care, it also covers all the activities of evaluating the patient, planning treatment, referral, and follow-up so that care is continuous and comprehensive.
Categories GX and GY (General) pathology laboratories ^{5, 6}	<p>These categories are used for both large and small multidiscipline or general laboratories providing comprehensive services. They are also used for limited or single discipline laboratories.</p> <ul style="list-style-type: none"> • <i>Category GX</i> comprises of a laboratory, or a number of co-located laboratories, performing services in 1 or more groups of pathology: <ul style="list-style-type: none"> a) under the direction, control and full-time supervision of a supervising pathologist or senior scientist who is expert in the group, or groups, concerned; and b) at which the number of working pathologists (whether full-time or part-time) is equivalent to more than 2 full-time pathologists. • <i>Category GY</i> comprises of a laboratory, or a number of co-located laboratories, performing services in 1 or more groups of pathology: <ul style="list-style-type: none"> a) under the direction, control and full-time supervision of a supervising pathologist or senior scientist who is expert in the group, or groups, concerned; and b) at which the number of working pathologists (whether full-time or part-time) is equivalent to not more than 2 full-time pathologists. <p>Where a laboratory is operating for less than a full-time equivalent working week then the requirements for supervision in these categories must apply for the hours of operation of that laboratory.</p>
CERS ⁷	All public health facilities in NSW are required to implement and formalise a local Clinical Emergency Response System (CERS), including clinical review and rapid response, for patients who are clinically deteriorating, with referral to higher levels of care where necessary. Initial urgent resuscitation may include NSW Ambulance Service 'CERS Assist' and the consequent referral systems may include formal liaison and assistance from the Aeromedical and Medical Retrieval Services (AMRS), Royal Flying Doctor Service (RFDS), Newborn and paediatric Emergency Transport Service (NETS) or the Perinatal Advice Line (PAL) as required.
CERS Assist	The Clinical Emergency Response Systems (CERS) Assist initiative of NSW Ambulance provides urgent additional clinical assistance for a rapidly deteriorating patient in a public health care facility where there are insufficient clinical resources, especially at rural and remote locations across the state.
Child ⁸	An individual aged less than 16 years.

⁴ The Australian Resuscitation Council. www.resus.org.au

⁵ NSW Health PD2017_011 *Accreditation of Pathology Laboratories in NSW Health*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_011

⁶ National Pathology Accreditation Advisory Council (NPAAC) (2007) *Requirements for the Supervision of Pathology Laboratories*. www1.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-publication.htm

⁷ NSW Health PD2013_049 *Recognition and Management of Patients who are Clinically Deteriorating*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2013_049

⁸ NSW Health PD2010_034 *Children and Adolescents - Guidelines for Care in Acute Care Settings*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010_034

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Chronic disease	A diverse group of diseases (such as cardiovascular disease, diabetes and arthritis) which tend to be long-lasting and persistent in their symptoms or development and are generally not cured completely. Chronic diseases are mostly characterised by: <ul style="list-style-type: none"> • complex causality • multiple risk factors • functional impairment or disability • long latency periods • a prolonged course of illness
Close Observation Unit (COU)	A specially staffed and equipped area of a hospital providing a level of care between intensive care and a general adult ward. A COU may be established in a hospital with no intensive care service (i.e. a Level 3 COU) or in a hospital with a Level 4, 5 or 6 intensive care service (i.e. a Level 4 COU).
Close observation service	Close observation requirements applied to a paediatric ward/unit as needed; no designated unit (i.e. COU) as for adult patients. Patient admission and medical care remains under the direction of the admitting specialist.
Collaborative care ⁹	Refers to all members of the health care team working in partnership with consumers and each other, to provide the highest standard of and access to health care. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision-making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe health care.
Competence	The demonstrated combination of skills, knowledge, attitudes, values and abilities that support effective performance in the professional's practice, to provide healthcare services at an expected level of safety and quality.
Consultation available	A formal arrangement has been made with a staff member (e.g. medical specialist), to provide advice in person or by telephone under agreed circumstances.
Consultation-liaison psychiatry	Psychiatric subspecialty focussing on the practice of psychiatry in collaboration with a range of other health professionals, usually in a hospital setting.
Corrected age	Term used to describe children up to 3 years of age who were born preterm. Corrected age is calculated by subtracting the number of weeks born before 40 weeks of gestation from the chronological age.
Credentialing	The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a clinician, for the purpose of forming a view about their competence, performance and professional suitability to provide the specified safe, high-quality healthcare services within specific organisational environments. Credentialing involves obtaining evidence contained in verified documents to delineate the theoretical range of services that a practitioner is competent to perform.
Cross LHD service	Services provided beyond the home LHD, on a regional or state wide basis. Some services providing cross LHD service may be designated supra LHD services. Current supra LHD services are listed in the annual Service Level Agreements.
CT	Computed tomography (CT) is a medical imaging procedure that uses x-ray and digital technology to create cross-sectional images including bone, blood vessels and soft tissue. A CT scan is also known as a computed axial tomography (CAT) scan.
Dedicated	Resource (e.g. staff or space) used for a particular purpose. Need not be used exclusively for this purpose.
Desirable	Recommended, but not mandatory or obligatory.
ED Short Stay Unit (EDSSU)	EDSSUs (also known as ESSU) or Emergency Medical Units (EMU) are inpatient units, managed by Emergency Department staff, designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the Emergency Department.
EFM/FHR	Electronic Fetal Monitor (EFM) that records fetal heart rate (FHR).

⁹ Australian College of Midwives (2014) *National Midwifery Guidelines for Consultation and Referral. Third Edition. Issue 2.* www.midwives.org.au/shop/national-midwifery-guidelines-consultation-and-referral-3rd-edition-issue-2-book

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Extended hours	Beyond business hours but not 24 hours (e.g. weekend access and/or evening access).
Family Care Centres (or Family Care Cottages) ¹⁰	Day stay facilities for the more complex developmental, behavioural, feeding, sleeping and adjustment problems of infancy, offering clients an intensive intervention for problems that need longer appointments or a multidisciplinary focus.
Formal	Officially sanctioned; generally recognised by suitably authorised documentation.
Healthy Children Initiative	Provides funding to support implementation of healthy lifestyle programs in childhood settings across Australia under the National Partnership Agreement on Preventive Health (NPAPH).
HITH ¹¹	Hospital in the Home (HITH) services provide acute, subacute and post-acute care to children and adults residing outside hospital, in substitution for or prevention of in-hospital care. The place of residence may be permanent or temporary.
HIV/AIDS	The human immunodeficiency virus (HIV) causes acquired immune deficiency syndrome (AIDS). A person with HIV may not have AIDS. When the immune system is weakened by AIDS, various infections and cancers may occur.
HVSSS ¹²	High Volume Short Stay Surgery (HVSSS) is defined as planned procedures requiring admission for up to 72 hours. It includes both Day Only surgery and Extended Day Only (EDO) surgery (23 hour surgery). It does not include minor surgery under local anaesthetic conducted in procedure rooms or surgeon's office. The aim of the HVSS surgical model of care is to concentrate suitable planned surgical cases in dedicated high volume, short stay surgical units.
Infant	An individual aged 0 to 1 years of age (inclusive).
Interdisciplinary team	A group of health care professionals from different clinical specialties who work in a coordinated fashion toward a common goal for the patient (e.g. palliative care, pain management).
Interpreters	See NSW Health PD2017_044 <i>Interpreters – Standard Procedures for Working with Health Care Interpreters</i> , which describes the roles and functions of the Health Care Interpreter Service, situations in which interpreters must be used, what to do if an interpreter is not available, and the responsibilities of health care providers when using interpreters.
Intra LHD/SHN services	Services provided within an LHD/SHN.
IRSA	Interventional Radiology Society of Australasia
JIRT	Joint Investigation Response Team (JIRT), an interagency partnership between NSW Health, NSW Police and the Department of Family and Community Services (FACS) to respond to serious child protection issues.
Link	Connected with, by association. For the purpose of this Guide, a link is less formal than a networked arrangement (see networked services).
Mechanical (or assisted) ventilation	Use of devices to help maintain ventilation, usually by delivering a volume of air/oxygen. May be non-invasive (e.g. various types of face masks or nasal prongs) or invasive, involving endotracheal intubation.
Medical Assessment Unit (MAU)	May be co-located with the Emergency Department but managed and staffed by inpatient medical teams. The primary orientation is to improve efficiency of the admission process for unplanned patient presentations by providing multidisciplinary assessment, care and treatment for a designated period (usually up to 48 hours) prior to transfer to an acute ward or home (where appropriate).

¹⁰ NSW Health (2000) *Guidelines for Family Care Centres in New South Wales*. www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/guidelines-family-centres.aspx

¹¹ NSW Health GL2018_020 *Adult and Paediatric Hospital in the Home Guideline*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_020

¹² NSW Health GL2012_001 *High Volume Short Stay Model Toolkit*. www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Minimum Core Services	The minimum level of the core services (see Section One of this Guide) required to support each level of a given clinical service. Note that these may be provided via formal network arrangements.
MRI	Magnetic Resonance Imaging (MRI) uses magnetic fields and radiofrequency waves to acquire very detailed images of the body.
Multidisciplinary team	Team with different professional disciplines (e.g. nursing, medical, allied health) who coordinate the contributions of each profession, which are not considered to overlap, in order to improve patient care.
MPS	Multipurpose Services (MPS) are integrated health and aged care services that provide flexible and sustainable service options for small rural and remote communities. The Australian Government provides aged care funding which is combined with State and Territory government funding for health services and infrastructure to bring a flexible mix and range of aged care and health services together under one management structure.
NATA	National Association of Testing Authorities
Neonate	An individual 0 – 28 days of age (inclusive).
Networked services	<p>Two or more interconnected health services and/or clinicians that ensure continuity of patient care, especially for smaller or more remote services. This may include the use of technology such as virtual care. Some service levels require that a formal network is established and these are generally negotiated locally, within or between LHD/SHNs, or with non-government or private sector agencies. Some networking arrangements are governed by policy (e.g. Critical Care Tertiary Referral Networks).</p> <p>Networking arrangements should be documented and regularly reviewed by all participants. The following should be agreed and documented for each site:</p> <ul style="list-style-type: none"> • criteria for patient transfer and back transfer • processes for patient referral and transfer, including clinical review requirements • defined communication pathways • safety and quality indicators for the agreed documented process.
Neurosurgical Close Observation Unit	Part of a neurosurgery unit, with patients admitted under the care of a neurosurgeon and a higher nurse to patient ratio than ward patients.
NPAAC	National Pathology Accreditation Advisory Council
NPS	No Planned Service
NSQHS Standards	National Safety and Quality Health Service (NSQHS) Standards developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) are compulsory for the majority of public and private health care organisations. The eight Standards and a national accreditation scheme drive the implementation of safety and quality systems and provide a nationally consistent statement about the level of care consumers can expect from health service organisations.
On call	Staff, services and/or resources located off-site but available to be called in if needed.
On-site	Staff, services and/or resources based at the health facility; i.e. not needing to be called in. Note that this may include private sector service providers.
Off-site	Physically located outside the health facility.
Outpatient service	Clinical services provided to non-admitted patients.
Outreach / Inreach	Provision of mobile clinical services to patients external to the originating health facility/service.

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Paediatric safe bed ¹³	<p>Not all facilities will have a paediatric unit; however, all children must be located in a paediatric safe bed. A paediatric safe bed is a bed that can be located anywhere within a facility [including ED, Imaging or a general ward] that meets the criteria for ensuring the safety of the child. A paediatric safe bed must meet the following minimum conditions:</p> <ul style="list-style-type: none"> • must be able to be observed • the bed area must be immediately accessible to paediatric specific emergency equipment • must have sufficient nurses allocated per shift to ensure adequate supervision and care relevant to admitted patient acuity • nursing staff caring for the child must be familiar with local NSW Health paediatric guideline protocols and be competent in using recognition of the sick child skills and tools • nurses caring for children should have skills equivalent to that of the 'competent paediatric nurse' as defined in the document <i>Competencies for the Specialist Paediatric and Child Health Nurses</i> ¹⁴ • must be physically safe for children with any potentially dangerous equipment, medications, chemicals or fluids out of reach or in locked cupboards • has appropriate furniture that is child safe and meets appropriate Australian Standards for children (e.g. appropriate cots for children 2 years of age or less) • parents/visitors must not take hot drinks to children's bedsides • the facility should comply with the requirements of the NSW Breastfeeding Policy for the care of paediatric patients and support continued breastfeeding among infants and children by providing facilities and breastfeeding advice to mothers as well as breast milk collection and breast milk storage facilities. Provision must be made for the safe preparation of infant formula if necessary. • it should be possible for parents or primary carers to stay with their children during admission • parent's current contact details must be ascertained at presentation • other patients in the hospital must not pose a significant psychological, physical or sexual risk to the child • basic equipment should be present to allow age appropriate play, for example a TV and video/DVD/games console with age appropriate media, books or board games.
Paediatric safe ward/area ¹⁵	<p>In addition to the criteria outlined above for paediatric safe beds, a paediatric ward/area must also meet the following minimum conditions:</p> <ul style="list-style-type: none"> • must be functionally separated from any adult patients preferably with a secured door that cannot be opened by young children • must be covered by a 24 hour medical roster with doctors credentialed in the care of paediatric patients • must have a Nursing Unit Manager (NUM), preferably with post basic qualifications, or access to a paediatric Clinical Nurse Consultant (CNC) • parents or primary carers should have access to bedside sleeping facilities and ideally a kitchenette with fridge and microwave to allow them to provide for their own and their children's nutritional needs when appropriate • physical safety requirements must include regulated hot water temperature and secure electrical outlets • must have facilities available to allow age appropriate play including a designated and appropriately equipped play area.
PACS RIS	Picture Archiving and Communication System (PACS) and Radiology Information System (RIS) store, analyse and distribute images that can be accessed by computer and/or mobile devices across a network.
Point of Care Testing (PoCT) ¹⁶	For the purpose of this Guide, a PoCT service is defined as a quality assured pathology service using devices located near the patient.

¹³ NSW Health PD2010_032 *Children and Adolescents - Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery*, Appendix 1. www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2010_032

¹⁴ Australian Confederation of Paediatric and Child Health Nurses (2006) *Competencies for the Specialist Paediatric and Child Health Nurses*. Second edition. www.chnwa.org.au/Portals/0/docs/ACPCHN.pdf

¹⁵ NSW Health PD2010_032 *Children and Adolescents - Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery*, Appendix 1. www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2010_032

¹⁶ NSW Health PD2018_028 *Managed Point of Care Testing (PoCT) Service*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_028

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Preadmission ¹⁷	Patients are assessed before admission to hospital for their suitability to undergo the intended procedure/treatment, associated anaesthetic and discharge plans.
Primary Health Care	Comprehensive, community based health care, including services for prevention, diagnosis and treatment of ill-health, and ongoing management of chronic disease, delivered to people living in their communities – outside hospitals. First level health care is provided by a range of health care professionals in socially appropriate and accessible ways and supported by integrated referral systems. It includes health education, illness prevention, care of the sick, advocacy and community development.
Primary assessment	Initial patient assessment, resuscitation and immediate management.
Procedure room	Room for performing procedures that do not require general anaesthesia but may include analgesia and/or conscious sedation (e.g. complex wound dressings, suturing, lumbar puncture).
Quality assurance	The use of explicit criteria, objective measurement of performance, comparisons of results over time, documentation of review procedure and results, mechanisms for communication of findings and recommendations, and taking corrective action. <i>see NSQHS Standards</i>
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
Rapid Response ¹⁸	Urgent patient review undertaken by a Rapid Response Team (RRT), or designated responder(s), as defined in the local Clinical Emergency Response System (CERS) protocol. The RRT members or designated responder(s) must have an advanced level of competence in the management of the clinically deteriorating patient and a designated team leader who has an advanced level of competence in resuscitation and stabilisation of patients, and has completed all three tiers of the Between the Flags Education Curriculum.
RCPA	Royal College of Pathologists of Australasia
SAFE START ¹⁹	A model of universal psychosocial assessment, depression screening and follow-up care and support during the perinatal period.
Scope of practice	Follows credentialing and involves delineating the extent of an individual's clinical practice within a particular organisation based on their credentials, competence, performance and professional suitability; and the needs and the capability of the organisation to support the scope of clinical practice. It has replaced the term 'clinical privileges'.
Secondary assessment	Systematic clinical assessment undertaken after any lifesaving interventions initiated in the primary assessment, as a basis for further patient care.
Service Network	Two or more interconnected health services and/or clinicians that ensure continuity of patient care, especially for smaller or more remote services. This may include the use of technology such as virtual care. Some service levels require that a formal network is established and these are generally negotiated locally, within or between LHD/SHNs, or with non-government or private sector agencies. Some networking arrangements are governed by policy (e.g. Critical Care Tertiary Referral Networks). Networking arrangements should be documented and be regularly reviewed by all participants. The following should be agreed and documented for each site: <ul style="list-style-type: none"> • criteria for patient transfer and back transfer • processes for patient referral and transfer, including clinical review requirements • defined communication pathways • safety and quality indicators for the agreed documented process.

¹⁷ NSW Health PD2012_011 *Waiting Time and Elective Surgery Policy*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2012_011

¹⁸ NSW Health PD2013_049 *Recognition and Management of Patients who are Clinically Deteriorating*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2013_049

¹⁹ NSW Health PD2010_016 *SAFE START Strategic Policy*. https://www1.health.nsw.gov.au/pds/pages/doc.aspx?dn=PD2010_016

APPENDIX VI: GLOSSARY OF TERMINOLOGY *continued*

Term	Definition
Shared care ²⁰	Antenatal care is provided by a community maternity service provider (specialist obstetrician, GP obstetrician, obstetrician in training and/or midwife) in collaboration with hospital medical and/or midwifery staff under an established agreement and can occur both in the community and in hospital outpatient clinics. Intrapartum and early postnatal care usually takes place in the hospital by hospital midwives and doctors, often in conjunction with the community doctor or midwife (particularly in rural settings).
Stroke Unit Care ²¹	Organised care within a specific ward in a hospital provided by a multidisciplinary team who specialise in stroke management.
Subspecialty	A field within a clinical specialty (e.g. stroke medicine is a subspecialty of neurology; hand surgery is a subspecialty of orthopaedic or plastic surgery; gynaecological oncology is a subspecialty of obstetrics and gynaecology).
Sustained health home visiting ²²	Intensive and sustained visits by health professionals (usually nurses) over the first two years of life for families that require additional support.
Virtual Care	Virtual care is any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. As technology has evolved so too has our terminology, and 'telehealth' services are increasingly being referred to as 'virtual care' to better reflect the broader range of technologies ²³ .
Tiered Perinatal Network (TPN)	A formalised arrangement between maternity and neonatal services within and across LHDs in NSW and the ACT that are linked with a Level 6 service to provide support where higher level care is required. The TPN recognises the capability, capacity, responsibilities and expertise of each facility in the network (see NSW Health PD2023_035 <i>Tiered Networking Arrangements for Perinatal Care in NSW</i>).
Universal Health Home Visiting (UHHV) ²⁴	Under UHHV, every family in NSW is offered a home visit by a child and family health nurse within two weeks of a baby's birth.
Young people	<i>see Adolescent</i>
Young Person	A person aged 16 years or above but who is under the age of 18 years, in accordance with the <i>Children and Young Person's (Care and Protection) Act 1998 (NSW)</i> .
Youth	<i>see Adolescent</i>

Version	Date	Comment
1.0	Jan 2016	Original publication
2.0	May 2017	Inclusion of additional terminology
3.0	May 2018	Minor edits
4.0	Oct 2019	Approved edits
6.0	Dec 2023	Approved edits

²⁰ Australian Institute of Health and Welfare (2014) *Nomenclature for models of maternity care: a consultation report*. www.aihw.gov.au/reports/mothers-babies/nomenclature-for-models-of-maternity-care-a-consu/contents/table-of-contents

²¹ Stroke Foundation (2019) National Acute Stroke Services Framework. strokefoundation.org.au/What-we-do/Treatment-programs/National-stroke-services-frameworks

²² NSW Health PD2010_017 *Maternal & Child Health Primary Health Care Policy*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010_017

²³ NSW Health *NSW Virtual Care Strategy 2021-2026* (2022) www.health.nsw.gov.au/virtualcare/Publications/nsw-health-virtual-care-strategy-feb-2022.pdf

²⁴ NSW Health PD2010_017 *Maternal & Child Health Primary Health Care Policy*. www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010_017

APPENDIX VII: FURTHER READING

Aboriginal Health	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health IB2018_018 <i>Definition of an Aboriginal Health Worker</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2018_018
NSW Health PD2022_028 <i>Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_028
NSW Health PD2012_066 <i>NSW Aboriginal Health Plan 2013-2023</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2012_066
NSW Health PD2016_013 <i>Building Strong Foundations (BSF) Program Service Standards</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016_013
NSW Health PD2016_053 <i>NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016_053
NSW Health PD2017_034 <i>Aboriginal Health Impact Statement</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_034
NSW Health – Stepping Up: Online Recruitment Resource	www.steppingup.health.nsw.gov.au
NSW Health - Decision Making Framework for Aboriginal Health Practitioners	www.health.nsw.gov.au/workforce/aboriginal/Pages/decision-making-framework.aspx
Aboriginal Health Worker Guidelines for NSW Health	www.health.nsw.gov.au/workforce/aboriginal/Pages/aboriginal-health-worker-guidelines.aspx
Acute Stroke Services (Adult)	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Cadilhac et al. (2013) Evaluation of Rural Stroke Services: Does Implementation of Coordinators and Pathways Improve Care in Rural Hospitals? <i>Stroke</i> . 44(10): 2848-2853	www.ahajournals.org/doi/full/10.1161/STROKEAHA.113.001258?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrd.org&rft_dat=crd%3Dpubmed
NSW Health PD2011_031 <i>Inter-facility Transfer Process for Adults Requiring Specialist Care</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2011_031
NSW Health PD2018_011 <i>Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_011
Agency for Clinical Innovation (2020) Telestroke Model of Care	aci.health.nsw.gov.au/statewide-programs/telestroke
Stroke Foundation (2019) <i>National Acute Stroke Services Framework</i>	strokefoundation.org.au/media/iocf4szi/national-acute-stroke-services-framework-2019.pdf
Adult Mental Health	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Mental Health Commission of New South Wales (2014) <i>Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</i>	nswmentalhealthcommission.com.au/living-well-agenda/living-well-plan-and-report
NSW Health GL2015_009 <i>Psychiatric Emergency Care Centre Model of Care Guideline</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2015_009
NSW Health IB2023_001 <i>Accessing inpatient mental health care for children and adolescents</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2023_001
NSW Government (2007) <i>NSW Mental Health Act 2007 No 8</i>	www.legislation.nsw.gov.au/#/view/act/2007/8

APPENDIX VII: FURTHER READING *continued*

Anaesthesia and Recovery	
Australian and New Zealand College of Anaesthetists (ANZCA) PS04_2018 <i>Statement on the Post-Anaesthesia Care Unit</i>	www.anzca.edu.au/resources/professional-documents
ANZCA PS09_2014 <i>Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures</i>	www.anzca.edu.au/resources/professional-documents
ANZCA PG29(A) 2020 Guideline for the Provision of Anaesthesia Care to Children	www.anzca.edu.au/getattachment/568bad2d-7517-4eea-9c5d-cb7aa1c60c01/PG29(A)-Guideline-for-the-provision-of-anaesthesia-care-to-children-(PS29)
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001
NSW Health PD2020_018 <i>Recognition and Management of Patients who are Deteriorating</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_018
NSW Health PD2022_053 <i>The Safety and Wellbeing of Children and Adolescents in NSW Acute Health</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_053
NSW Health GL2023_022 <i>Paediatric Service Capability (Paediatric Medicine and Surgery for Children)</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2023_022
Burns	
Agency for Clinical Innovation (ACI) – Pain Management Network Resources	www.aci.health.nsw.gov.au/networks/pain-management/resources
ACI (2017) <i>Statewide Burn Injury Service - NSW Burn Transfer Guidelines. Fourth edition.</i>	www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/burns-guidelines
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Cardiology and Interventional Cardiology	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Cardiac Society of Australia and New Zealand (CSANZ) (2016) <i>Guidelines on Support Facilities for Coronary Angiography and Percutaneous Coronary Intervention (PCI) including Guidelines on the Performance of Procedures in Rural Sites</i>	www.csanz.edu.au/resources/#investigations-procedures
CSANZ (2016) <i>Paediatric Cardiology - Standards of Practice Statement</i>	www.csanz.edu.au/for-professionals/position-statements-and-practice-guidelines/
CSANZ (2014) <i>Position Statement on Performance of and Support Facilities for a Primary PCI Service</i>	www.csanz.edu.au/for-professionals/position-statements-and-practice-guidelines/
CSANZ (2014) <i>Position Statement on Sedation for Cardiovascular Procedures</i>	www.csanz.edu.au/for-professionals/position-statements-and-practice-guidelines//
CSANZ (2017) Cardiac Implantable Electronic Devices (CIEDs): Selection, Implantation and Follow Up	www.csanz.edu.au/for-professionals/position-statements-and-practice-guidelines/
Agency for Clinical Innovation (ACI) State Cardiac Reperfusion Strategy	aci.health.nsw.gov.au/resources/cardiac/state_cardiac_reperfusion_strategy/scrs
ACI (2022) <i>Cardiac Monitoring of Adult Cardiac Patients in NSW Public Hospitals</i>	aci.health.nsw.gov.au/networks/cardiac/resources/cardiac-monitoring

APPENDIX VII: FURTHER READING *continued*

Cardiothoracic Surgery

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001

Child and Family Health

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2019_008 The First 2000 Days Framework	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_008
NSW Health (2000) <i>Guidelines for Family Care Centres in New South Wales</i>	www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/guidelines-family-centres.aspx
NSW Health GL2010_002 <i>Statewide Infant Screening - Hearing (SWISH) Program</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2010_002
NSW Health Out-of-Home Care Health Pathway program)	www.health.nsw.gov.au/kidsfamilies/MCFhealth/programs/Pages/out-of-home-care.aspx
NSW Health IB2022_028 <i>Child Personal Health Record (Blue Book) Release of Revised Version 2022</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2022_028
NSW Health PD2010_016 <i>SAFE START Strategic Policy</i> *	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2010_016
NSW Health PD2010_017 <i>Maternal & Child Health Primary Health Care Policy</i> *	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2010_017
NSW Health PD2016_013 <i>Building Strong Foundations (BSF) Program Service Standards</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2016_013
NSW Health PD2018_015 <i>Statewide Eyesight Preschooler Screening (StEPS) Program</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_015
NSW Health PD2018_034 <i>Protecting, promoting and supporting breastfeeding</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_034

* a component of the NSW Health / Families NSW Supporting Families Early Package

Child and Youth Mental Health

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2022_053 <i>The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_053
IB2023_001 <i>Accessing inpatient mental health care for children and adolescents</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2023_001
NSW Government (2007) <i>Mental Health Act 2007 No 8</i>	www.legislation.nsw.gov.au/#/view/act/2007/8
NSW Mental Health Commission (2014) <i>Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</i>	nswmentalhealthcommission.com.au/living-well-agenda/living-well-plan-and-report

APPENDIX VII: FURTHER READING *continued*

Child Protection Services

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Government – Child Protection and Wellbeing - Interagency Guidelines	www.facs.nsw.gov.au/providers/children-families/interagency-guidelines
NSW Health PD2005_287 Victims Rights Act 1999	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2005_287
NSW Health PD2013_007 <i>Child Wellbeing and Child Protection Policies and Procedures for NSW Health</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2013_007
NSW Health GL2014_012 <i>Suspected Child Abuse and Neglect (SCAN) Medical Protocol</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2014_012
NSW Health PD2015_047 Photo and video imaging in cases of suspected child sexual abuse, physical abuse and neglect for NSW Health	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2015_047
NSW Health PD2019_041 Integrated Prevention and Response to Violence, Abuse and Neglect Framework	www.health.nsw.gov.au/parvan/Pages/iparvan-framework.aspx
NSW Health PD2019_052 Violence Abuse and Neglect (VAN) Service Standards Policy and Procedures	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_052
NSW Health PD2020_006 Responding to Sexual Assault (Adult and Child) Policy and Procedures	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_006
Joint Child Protection Response Program Statement of Intent	www.facs.nsw.gov.au/providers/children-families/child-protection-services/joint-child-protection-response

Chronic Pain Management Services

Australian and New Zealand College of Anaesthetists (ANZCA) (2017) <i>Faculty of Pain Medicine, Accreditation of units offering training in pain medicine</i>	www.anzca.edu.au/education-training/pain-medicine-training-program
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Agency for Clinical Innovation (ACI) – Pain Management Network Resources	www.aci.health.nsw.gov.au/networks/pain-management/resources

Clinical Genetics

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
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Close Observation Unit

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Agency for Clinical Innovation (ACI) (2018) Establishment, governance and operation of a close observation unit: key principles	aci.health.nsw.gov.au/_data/assets/pdf_file/0007/430837/ACI-ICNSW-Close-observation-units-key-principles.pdf
NSW Health GL2023_022 NSW Paediatric Service Capability Framework	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2023_022
ACI (2022) Close Observation Unit Organisational Models	aci.health.nsw.gov.au/_data/assets/pdf_file/0003/724035/ACI-ICNSW-Close-observation-unit-organisational-models.pdf

APPENDIX VII: FURTHER READING *continued*

Community Health

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Eagar K et al (2008) <i>Community health at the crossroads: which way now? Final report of the NSW Community Health Review</i> , Centre for Health Service Development, University of Wollongong	ro.uow.edu.au/cgi/viewcontent.cgi?article=1576&context=ahsri
NSW <i>Refugee Health Plan 2022 -2027</i>	www.health.nsw.gov.au/multicultural/Pages/refugee-health-plan.aspx
NSW Health PD2017_044 <i>Interpreters - Standard Procedures for Working with Health Care Interpreters</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2017_044
NSW Health PD2019_018 <i>NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_018

Dermatology

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_011
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Drug and Alcohol Services

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Government (2007) <i>Drug and Alcohol Treatment Act 2007 No 7</i>	www.legislation.nsw.gov.au/#/view/act/2007/7
NSW Health (2015) <i>Older People's Drug and Alcohol Project - Full Report</i>	www.health.nsw.gov.au/aod/professionals/Pages/opdap-fullreport.aspx
NSW Health <i>Handbook for Nurses and Midwives: responding effectively to people who use alcohol and other drugs</i>	www.health.nsw.gov.au/aod/professionals/Pages/handbook-nurses-aod.aspx
NSW Health GL2008_009 <i>Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2008_009
NSW Health – <i>Clinical guidance for withdrawal from alcohol and other drugs</i>	www.health.nsw.gov.au/aod/professionals/Pages/clinical-guidance.aspx
NSW Health GL2018_019 <i>NSW Clinical Guidelines: Treatment of Opioid Dependence</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_019
NSW Health PD2006_049 <i>Opioid Dependent Persons Admitted to Hospitals in NSW - Management</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2006_049
NSW Health PD2021_011 <i>Access to Dosing Services in Public Hospitals for Patients on Opioid Treatments</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2021_011
NSW Health PD2006_085 <i>Information Sharing - NSW Health & DoCS - Opioid Treatment - Responsibility - Children Under 16</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2006_085
NSW Health PD2020_032_ <i>Nursing & Midwifery Management of Drug & Alcohol Use in the Delivery of Health Care</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_032

Ear, Nose and Throat Surgery

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2022_001

APPENDIX VII: FURTHER READING *continued*

Emergency Medicine	
Australasian College for Emergency Medicine (ACEM) P28_2019 <i>Policy on a Quality Framework for Emergency Departments. Version 5.</i>	acem.org.au/getmedia/1383ce5e-c9f5-4f93-81b0-06bc45e3d4eb/Jul_16_P28_Policy_on_Quality_Framework.aspx
ACEM S12_2012 <i>Statement on the Delineation of Emergency Departments. Version 5.</i>	acem.org.au/getmedia/aa6c120d-bd9f-4850-a257-2b9a8f3860b3/S12_Statement_on_the_Delineation_EDs_Nov-12_v05-(1).aspx
College of Emergency Nursing Australasia (CENA) (2020) <i>Practice Standards for the Emergency Nursing Specialist. Fourth edition.</i>	www.cena.org.au/public/118/files/Policies/2020%20PracStd%20SpecEmergNurse.pdf
NSW Health PD2018_010 <i>Emergency Department Patients Awaiting Care</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_010
NSW Health GL2021_011 <i>NSW Rural Paediatric Emergency Clinical Guidelines. Third edition.</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2021_011
NSW Health GL2022_004 <i>Rural Adult Emergency Clinical Guidelines</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2022_004
NSW Health GL2020_001 <i>Safe Assessment Rooms</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2020_001
Endocrinology	
Agency for Clinical Innovation (ACI) (2014) <i>Standards for High Risk Foot Services (HRFS) in NSW</i>	www.aci.health.nsw.gov.au/_data/assets/pdf_file/0004/248323/ACI_Standards_for_High_Risk_Foot_Services.pdf
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Gastroenterology	
Australian and New Zealand College of Anaesthetists (ANZCA) PS09_2014 <i>Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures</i>	www.anzca.edu.au/resources/professional-documents
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Australian Commission on Safety and Quality in Health Care (2021) <i>National Safety and Quality Health Service (NSQHS) Standards. Second edition.</i>	www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-health-service-standards-second-edition
GESA <i>Standards for Endoscopic Facilities and Services Third edition 2006</i>	www.conjoint.org.au/docs/Endoscopy_Standards.pdf
General and Acute Medicine	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
General Surgery	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health (2012) <i>Rural Surgery Futures 2011-2021</i>	www.health.nsw.gov.au/Performance/Pages/rural-surgery-futures-rep.aspx
NSW Health GL2021_007 <i>NSW Emergency Surgery Guidelines and Principles for Improvement</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2021_007
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001

APPENDIX VII: FURTHER READING *continued*

Geriatric Medicine

Agency for Clinical Innovation (ACI) (2014) <i>Building Partnerships: A Framework for Integrating Care for Older People with Complex Health Needs</i> .	www.aci.health.nsw.gov.au/networks/aged-health/about/building-partnerships
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_011
NSW Health GL2017_022 <i>NSW Older People's Mental Health Services: Service Plan 2017-2027</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017_022

Gynaecology

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_011
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Haematology

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
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Immunology

Australasian Society of Clinical Immunology and Allergy (ASCIA) (2023) <i>Guidelines: Acute management of anaphylaxis</i>	www.allergy.org.au/health-professionals/papers/acute-management-of-anaphylaxis-guidelines (NB: these are intended for primary care physicians and nurses providing first responder emergency care)
ASCIA (2014) <i>Scope of Practice Specialist Physicians in Immunology and Allergy in Australia ASCIA Guidelines</i>	www.allergy.org.au/index.php?option=com_content&view=article&id=583:ascia-scope-of-practice&catid=97:reports&Itemid=101133
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011

Infectious Diseases

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health – Infectious Diseases Portal	www.health.nsw.gov.au/Infectious/Pages/default.aspx
NSW Health – Public Health Infectious Diseases Control Guidelines	www.health.nsw.gov.au/Infectious/controlguideline/Pages/default.aspx
Australasian Health Facility Guidelines available at AusHFG (healthfacilityguidelines.com.au)	healthfacilityguidelines.com.au

Intensive Care Service

Agency for Clinical Innovation (ACI) (2015) <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Units</i>	www.aci.health.nsw.gov.au/networks/icnsw/research/intensive-care-service-model
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
College of Intensive Care Medicine (CICM) – Professional Documents	www.cicm.org.au/Resources/Professional-Documents
NSW Health PD2018_011 <i>NSW Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_011

APPENDIX VII: FURTHER READING *continued*

Maternity	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2023_035 <i>Tiered Networking Arrangements for Perinatal Care in NSW</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_035
NSW Health GL2022_002 <i>Maternity and Neonatal Service Capability</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2022_002
NSW Health PD2018_034 Protecting, promoting and supporting breastfeeding South Wales	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_034
NSW Health PD2021_018 Framework for Termination of Pregnancy in New South Wales	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2021_018
NSW Health PD2020_008 <i>Maternity - National Midwifery Guidelines for Consultation and Referral</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_008
Neonatal	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2023_035 <i>Tiered Networking Arrangements for Perinatal Care in NSW</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_035
NSW Health GL2022_002 <i>Maternity and Neonatal Service Capability</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2022_002
NSW Health GL2016_027 Neonatal - Jaundice Identification and Management in Neonates \geq 32 Weeks Gestation	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2016_027
NSW Health GL2018_016 Maternity - Resuscitation of the Newborn Infant.	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_016
NSW Health PD2018_034 Protecting, promoting and supporting breastfeeding	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_034
NSW Health PD2019_048 Framework for Termination of Pregnancy in New South Wales	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2021_018
NSW Health PD2020_008 <i>Maternity - National Midwifery Guidelines for Consultation and Referral</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_008
Neurology	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Neurosurgery	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001

APPENDIX VII: FURTHER READING *continued*

Nuclear Medicine

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
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Older Person Mental Health

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Government (2007) <i>NSW Mental Health Act 2007 No 8</i>	www.legislation.nsw.gov.au/#/view/act/2007/8
NSW Health GL2015_009 <i>Psychiatric Emergency Care Centre Model of Care Guideline</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2015_009
NSW Health GL2022_003 <i>NSW OPMH Acute Inpatient Unit Model of Care Guideline</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2022_003
NSW Health GL2017_022 <i>NSW Older People's Mental Health Services, Service Plan 2017-2027</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017_022
NSW Mental Health Commission (2014) <i>Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</i>	nswmentalhealthcommission.com.au/living-well-agenda/living-well-plan-and-report

Oncology – Medical

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Cancer Institute NSW – eviQ Education: Administration of Antineoplastic Drugs	www.eviq.org.au/search?searchtext=antineoplastic

Oncology – Radiation

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Clinical Oncology Society of Australia (COSA) – Reports and Papers	www.cosa.org.au/advocacy/reports-papers/
Isenring E, Zabel R, Bannister M, Brown T, Findlay M, Kiss N, Loeliger J, Burgess C, Camilleri B, Davidson W, Hill J, Bauer J. Updated evidence-based practice guidelines for the nutritional management of patients receiving radiation therapy and/or chemotherapy. <i>Nutrition & Dietetics</i> 2013; 70 (4): 312 – 324.	<i>Link unavailable</i>
The Royal Australian and New Zealand College of Radiologists (RANZCR) (2023) <i>Radiation Oncology Practice Standards. Part A: Fundamentals and Part B: Guidelines. Version 3.</i>	www.ranzcr.com/search/radiation-oncology-practice-standards-part-a-guidelines www.ranzcr.com/search/radiation-oncology-practice-standards-part-b-guidelines

Operating Suite

Australian and New Zealand College of Anaesthetists (ANZCA) PS09-2014 <i>Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures</i>	www.anzca.edu.au/resources/professional-documents
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health PD2020_018 <i>Recognition and Management of Patients who are Deteriorating</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_018

APPENDIX VII: FURTHER READING *continued*

NSW Health PD2017_010 <i>Paediatric Service Capability (Paediatric Medicine and Surgery for Children)</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2023_022
Ophthalmology	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
Oral Health	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Dental Board of Australia (2020) – Guidelines for scope of practice	www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Guidelines-Scope-of-practice.aspx
NSW Health Oral Health Strategic Plan 2022-2032	https://www.health.nsw.gov.au/oralhealth/Pages/oral-health-strategic-plan.aspx
Orthopaedic Surgery	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2022_001
Paediatric Medicine	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2023_022 <i>Paediatric Service Capability (Paediatric Medicine and Surgery for Children)</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2023_022
NSW Health PD2022_053 The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_053
NSW Health PD2020_018 <i>Recognition and Management of Patients who are Deteriorating</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2020_018
Palliative Care	
Agency for Clinical Innovation (ACI) (2017) <i>Subacute Care Type Policy Guidance</i>	aci.health.nsw.gov.au/_data/assets/pdf_file/0003/251553/Sub-Acute_Care_Type_Policy_Guidance.pdf
Australian and New Zealand Society of Palliative Medicine (ANZPM) – Publications	www.anzspm.org.au/Web/Web/Resources/Useful-Links.aspx?hkey=51b44772-feb7-4890-a0d8-1b56761bdd25
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Palliative Care Australia (PCA) (2016) <i>National Standards Assessment Program: Quality Report 2010-2015</i>	palliativecare.org.au/wp-content/uploads/dlm_uploads/2016/03/2015-National-Report.pdf

APPENDIX VII: FURTHER READING *continued*

Pathology	
National Pathology Accreditation Advisory Council (NPAAC) (2013) <i>Guidelines for Approved Pathology Collection Centres (Requirements for Medical Pathology Specimen Collection)</i> . Third edition.	www1.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-docs-apcc.htm
NPAAC (2021) <i>Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories</i> . Sixth edition.	www1.health.gov.au/internet/main/publishing.nsf/Content/health-npaac-docs-supervision.htm
NPAAC (2007) <i>Requirements for the Supervision of Pathology Laboratories</i>	www1.health.gov.au/internet/publications/publishing.nsf/Content/npaac-supervision07-toc
NPAAC – Publications	www.safetyandquality.gov.au/our-work/accreditation/pathology-accreditation-standards/national-pathology-accreditation-scheme
NSW Health PD2017_011 <i>Accreditation of Pathology Laboratories in NSW Health</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_011
NSW Health PD2018_028 <i>Managed Point of Care Testing (PoCT) Service</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_028
NSW Health PD2018_042 <i>Blood Management</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_042

Pharmacy	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Australian Health Practitioner Regulation Agency (AHPRA) – Pharmacy Codes, Guidelines and Policies	www.pharmacyboard.gov.au/codes-guidelines.aspx%20
Clinical Excellence Commission (CEC) (2014) <i>National Quality Use of Medicines Indicators for Australian Hospitals</i>	www.nswtag.org.au/wp-content/uploads/2017/08/using-manual.pdf
NSW Health PD2022_032 <i>Medication Handling</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_032
NSW Health PD2023_021 <i>Preparation of pharmaceutical and advanced therapeutic products</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_021
NSW Health PD2022_056 <i>Approval Process for Medicines and their use</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_056
Pharmaceutical Society of Australia (PSA) (2016) <i>National Competency Standards Framework for Pharmacists in Australia</i>	www.shpa.org.au/publications-resources/standards-of-practice
The Society of Hospital Pharmacists of Australia (SHPA) – Standards of Practice	www.shpa.org.au/publications-resources/standards-of-practice

Plastic Surgery	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_001 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001

Radiology and Interventional Radiology	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Australian Government Department of Health (2016) <i>Diagnostic Imaging Accreditation Scheme (DIAS)</i>	www.safetyandquality.gov.au/publications-and-resources/resource-library/diagnostic-imaging-accreditation-scheme-user-guide-practices-applying-accreditation

APPENDIX VII: FURTHER READING *continued*

Rehabilitation Medicine

Agency for Clinical Innovation (ACI) (2017) <i>Subacute Care Type Policy Guidance</i>	www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/251553/Sub-Acute_Care_Type_Policy_Guidance.pdf
Australasian Faculty of Rehabilitation Medicine (AFRM) (2011) <i>Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals</i>	www.racp.edu.au/docs/default-source/default-document-library/afmr-standards-provision-of-inpatient-adult-rehabilitation-medicine-services.pdf?sfvrsn=564f2d1a_4
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
ACI (2019) <i>Principles to support rehabilitation care</i>	aci.health.nsw.gov.au/_data/assets/pdf_file/0014/500900/ACI-Principles-support-rehabilitation-report.pdf

Renal Medicine

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
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Respiratory and Sleep Medicine

Australasian Sleep Association (ASA) (2016) <i>Standard for Sleep Disorders Services</i>	www.sleep.org.au/common/Uploaded%20files/Public%20Files/Professional%20resources/Sleep%20Documents/ASA%20NATA%20standards.pdf
Thoracic Society of Australia and New Zealand (TSANZ) – Respiratory Function Laboratory Accreditation	www.thoracic.org.au/lab-accreditation-program/

Rheumatology

Agency for Clinical Innovation (ACI) (2013) <i>Model of Care for the NSW Paediatric Rheumatology Network</i>	www.aci.health.nsw.gov.au/resources/musculoskeletal/paediatric_rheumatology/paediatric-rheumatology-moc
ACI (2018) <i>Model of Care for Osteoporotic Re-Fracture Prevention. Second edition.</i>	www.aci.health.nsw.gov.au/resources/musculoskeletal/osteoporotic_refracture/orp
ACI (2012) <i>Osteoarthritis Chronic Care Program Model of Care</i>	www.aci.health.nsw.gov.au/resources/musculoskeletal/osteoarthritis_chronic_care_program/osteoarthritis-chronic-care_program
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Australian Paediatric Rheumatology Group standards of care for the management of juvenile idiopathic arthritis <i>Journal of Paediatrics and Child Health</i> , 50:663–666	Link unavailable
Royal Australian College of General Practitioners (RACGP) (2009) <i>Clinical guideline for the diagnosis and management of early rheumatoid arthritis</i>	racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Joint%20replacement/Rheumatoid-arthritis-recommendations.pdf

Sexual Assault Services

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Government – Child Wellbeing and Child Protection - NSW Interagency Guidelines	www.facs.nsw.gov.au/providers/children-families/interagency-guidelines
NSW Health PD2005_287 Victims Rights Act 1999	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2005_287
NSW Health PD2013_007 <i>Child Wellbeing and Child Protection Policies and Procedures for NSW Health</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2013_007
NSW Health PD2015_047 Photo and video imaging in cases of suspected child sexual abuse, physical abuse and neglect for NSW Health	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2015_047
NSW Health PD2019_041 Integrated Prevention and Response to Violence, Abuse and Neglect Framework	www.health.nsw.gov.au/parvan/Pages/iparvan-framework.aspx

APPENDIX VII: FURTHER READING *continued*

NSW Health PD2020_006 Responding to Sexual Assault (Adult and Child) Policy and Procedures	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_006
Domestic Violence – Identifying and Responding for NSW Health	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2006_084
NSW Police, Health and Office of the Director of Public Prosecutions Guidelines for responding to adult victims of sexual assault	catalogue.nla.gov.au/catalog/3802555
NSW Health GL2002_010 Early Evidence Collection	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2022_010

Sexual Health

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health <i>NSW HIV Strategy 2021-2025</i>	www.health.nsw.gov.au/endinghiv/Pages/nsw-hiv-strategy-2021-2025.aspx
NSW Health PD2019_004 Management of people with HIV who risk infecting others	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_004
PrEP patient information booklet - prep-patient-information-booklet.pdf (nsw.gov.au)	www.health.nsw.gov.au/endinghiv/Documents/prep-patient-information-booklet.pdf

Surgery for Children

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
Australian and New Zealand College of Anaesthetists (ANZCA) PS09-2014 <i>Guidelines on Sedation and/or Analgesia for Diagnostic Interventional Medical, Dental or Surgical Procedures</i>	www.anzca.edu.au/resources/professional-documents
ANZCA PS29-2008 <i>Statement on Anaesthesia Care of Children in Healthcare Facilities Without Dedicated Paediatric Facilities</i>	www.anzca.edu.au/resources/professional-documents
NSW Health GL2017_010 <i>NSW Paediatric Service Capability (Paediatric Medicine and Surgery for Children)</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2023_022
NSW Health PD2022_053 <i>The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_053
NSW Health PD2023_036 <i>Visiting Endorsed Midwife Practice</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_036

Urology

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_011 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001

Vascular Surgery

NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health GL2012_001 <i>High Volume Short Stay Surgical Model Toolkit</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_001
NSW Health PD2022_011 <i>Elective Surgery Access</i>	www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_001

APPENDIX VII: FURTHER READING *continued*

Youth Health	
NSW Health PD2023_011 Australian Health Service Safety and Quality Accreditation Scheme in NSW Health Facilities	www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_011
NSW Health (2014) <i>Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24</i>	www.health.nsw.gov.au/kidsfamilies/Pages/healthy-safe-well-2014-24.aspx
NSW Health PD2017_019 <i>NSW Youth Health Framework 2017-2024</i>	www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2017_019
The Royal Australasian College of Physicians (RACP) Paediatrics & Child Health Division (<i>Position Statements</i>)	www.racp.edu.au/policy-and-advocacy/division-faculty-and-chapter-priorities/paediatrics-and-child-health-division

<i>Version</i>	<i>Date</i>	<i>Comment</i>
1.0	Jan 2017	Original publication
2.0	May 2017	Links updated
3.0	May 2018	Approved edits
4.0	Oct 2019	Minor edit
5.0	Dec 2021	Approved edits
6.0	Dec 2023	Approved edits