



Guide to the Role Delineation of Health Services

Third Edition 2002

Statewide Services Development Branch

NSW HEALTH DEPARTMENT

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Guide to the Role Delineation of Health Services Reference Group

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INTRODUCTION

HISTORY

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

Following a further formal consultation with the learned Colleges, relevant professional organisations and other interested parties, the *Guide to the Role Delineation of Health Services* was released in 1991. The Guide has been progressively revised and improved with the assistance of representatives of professional bodies and health service providers and managers. As a result, this third edition has been formulated with the assistance of a Reference Group and officers from a number of Branches within the Department. Following commentary by Area Health Services, Colleges, private organisations and service providers a revised Guide is developed. The valuable contribution from all individuals involved in the development of the Guide is appreciated.

DEFINITION

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

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

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

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

APPLICATION

The Guide to Role Delineation applies to public hospitals and health services. When developing functional and strategic plans, Area Health Services should use this document to describe the size, service profile and roles of the institutions which form part of the Area. Each service will then be planned and developed at the level necessary to meet the needs of the catchment population for that service as determined in the Area thus ensuring efficiency in the health system as a whole, while also improving local access.

The Guide is used as a tool to determine the necessary support services once core service levels are resolved, or to provide a common language when describing services. Current support and core service role levels should not drive decisions to increase or decrease levels of core services. Once **support** and **core** services are delineated the Area is responsible for ensuring that the criteria set out in this Guide for each service's level are maintained.

INTERPRETATION

When determining the levels in **core** services in each hospital or community health service, networking can be considered. Some **support services** may be required on campus for clinical reasons (eg. intensive care). However, where there are off-campus **support** services available in an Area, a hospital may be credited with having that **support** service, if there is equivalent functional access to that service **and** if patient care is not compromised by that service being off-site. Off-site support services must provide the same level of support or the skills of appropriately credentialled staff which would apply were they on campus. Pathology is an example of a clinical support service that may not necessarily require on site infrastructure to meet the requirements in this document. Indeed, hospitals often receive appropriate pathology support from an off site area pathology service using a combination of on-site or off-site service provision. For pathology, the essential consideration is whether the requirements of the clinical services are met, and not whether the Pathology service is providing them on- or off-site.

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

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

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

CONCLUSION

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

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

The Department is in the process of developing a companion guide to assist in the application of this document in rural Area Health Services.

FORMAT OF THE GUIDE

The Guide is presented in two interrelated parts.

PART 1 - CLINICAL SUPPORT SERVICES

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

They are as follows:

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

PART 2 - CORE SERVICES

This section comprises fifty three major specialty areas with up to six levels of service (1-6) in increasing complexity. Not all services start at Level 1.

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

The core services fall into six categories:

- Emergency;
- Medical;
- Surgical;
- Maternal and Child;
- Integrated Community and Hospital Services; and
- Community Based Health Services.

They have flagged dividers for ease of reference.

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

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

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

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

Trauma Service levels have been described in the "Policy for Trauma Services" released by the NSW Health Department (ISBN-07305-3317-4), in Circular 89/73, and in the State Trauma Plan released in April, 1991. The required levels of support and core services for Trauma Service levels, based on the Trauma Plan, appear in Appendix IV.

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

APPENDICES

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

INDEX

An index is provided to assist with cross-referencing.

DISC

A database disc to assist in the planning process is enclosed.

HOW TO USE THIS GUIDE

WHEN DESCRIBING SERVICES

STEP 1

Each of the 8 clinical **support** services (**Part 1**) should be assessed for your facility/network.

STEP 2

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

STEP 3

Area Health Services should record and maintain details of each facilities clinical support levels and core service levels.

IN STRATEGIC AND FUNCTIONAL PLANNING

STEP 1

Refer to the Area Health Plan and Individual Service Plans for core services, as required for facilities concerned.

STEP 2

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

STEP 3

Refer to **support** services matrix in appropriate level of **core** services and determine required levels of **support** services.

STEP 4

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

ABBREVIATIONS

CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
GP	General Practitioner
FICANZCA	Fellowship in the Australian and New Zealand College of Anaesthetists
NGO	Non-Government Organisations
NUM	Nurse Unit Manager
RMO	Registered Medical Officer
RN	Registered Nurse
VMO	Visiting Medical Officer

SECTION A

Clinical Support Services

1 PATHOLOGY

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

⁽¹⁾ See "Glossary" in Appendix V

2 PHARMACY

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

⁽¹⁾ See "Glossary" in Appendix V

3 DIAGNOSTIC IMAGING

Level	Description
1	Mobile service with a limited range of X-ray dependant on operator's qualifications and mobile unit's capacity. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10. Has film processing capacity.
2	As Level 1 plus a designated room which may have a bucky table. Radiographer in attendance who has regular access to Radiologist consultation.
3	As Level 2 plus has bucky table. Access to fluoroscopy facility. Has mobile unit. May have ultrasound facility. Has Staff Radiographer on call 24 hours. Formal quality assurance program ⁽²⁾ .
4	As Level 3 with facilities for general x-ray, fluoroscopy, in addition to mobile unit for wards, operating suite and emergency medicine. Has mobile image intensifier in theatre and/or CCU or ICU. Has Specialist Radiologist on site at least part-time. Has general ultrasound service. Has CAT scanner on site or locally available. RN as required. Level 3 Anaesthetics, Intensive Care, Coronary Care and Operating Suite Services are required on site.
5	As Level 4 plus established Department with a designated Director. Full ultrasound service (including all modalities eg. Doppler) available. May have Radiology Registrar ⁽¹⁾ . Has RN ⁽¹⁾ . 24 hour on site service for urgent x-rays and 24 hour on call service for CAT scans. Level 3 Pharmacy and Level 4 Pathology, Anaesthetics, Intensive Care and Operating Suite services are required on site. Access to MRI and DSA locally.
6	As Level 5 plus special rooms for cardiac investigation and digital angiography, neuro-radiology. CAT scan and full ultrasound service, appropriately staffed, available 24 hours on site. Has MRI, digital angiography available. May have cardiac catheterisation laboratory. Has Radiology Registrar ⁽¹⁾ Performs complex invasive procedures. Level 4 Pharmacy and Level 5 Pathology, Intensive Care, Coronary Care and Level 6 Operating Suite Services are required on site.

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

⁽²⁾ See "Glossary" in Appendix V

4 NUCLEAR MEDICINE

Level	Description
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3	Access to a Level 4 Nuclear Medicine facility. Quality assurance activities ⁽¹⁾ . Interpreters as per Circular 94/10.
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4	On site facility with the following characteristics. Full-time supervision by National Specialist Qualification Committee of Australia (NSQAC) recognised nuclear medicine specialist. Technologist staff accredited by Australian and New Zealand Scientists in Nuclear Medicine (ANZSNM) who supervise radiopharmaceutical preparation. One or more gamma cameras with whole body and SPECT capabilities. Access to cardiac stress testing equipment. Relevant support equipment and personnel. Designated Radiation Safety Officer. May have bone densitometer. Standards to conform to NSW Radiation Control Act and Regulations, including Code of Practice #5 (1997). Facilities for unsealed radioisotope source therapy not requiring patient isolation. Technical standards should comply with those of the Technical Standards Advisory Committee of ANZSNM. Supervision by recognised NSQAC Nuclear Medicine Specialist during procedures.
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5	As Level 4 plus the following characteristics. Accredited by Australian and New Zealand Association of Physicians in Nuclear Medicine for Advanced Training in Nuclear Medicine. On call service for out-of-hours scanning. Facilities for unsealed radioisotope source therapy requiring patient isolation. Dedicated research programs and outcomes. Facilities for in-vitro tracer studies.
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6	As Level 5 plus Positron Emission Tomography (PET) scanning facilities.
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⁽¹⁾ See "Glossary" in Appendix V

5 ANAESTHETICS

Level	Description	Minimum Level Of Support Services							Op/s
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	
1	Analgesia/sedation available by Medical Officer. Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	-	-	-	-	1	-
2	As Level 1 plus general anaesthetics on good risk ⁽²⁾ patients given by Accredited Medical Practitioner (Anaesthetics) ⁽¹⁾ . May have Specialist Anaesthetist ⁽¹⁾ appointed for consultation.	1	1	2	-	-	2	1	2
3	As Level 2 plus Specialist Anaesthetist ⁽¹⁾ appointed for consultation and to provide service for moderate risk ⁽²⁾ patients if required. Specific operating room anaesthetic staff support available. Formal quality assurance program ⁽³⁾ .	3	2	3	-	-	3	3	3
4	As Level 3 plus Specialist Anaesthetist ⁽¹⁾ on 24 hour roster for good, moderate and bad risk ⁽²⁾ patients. Nominated Specialist Director of Anaesthetic staff. Medical Officer(s) ⁽¹⁾ on site 24 hours.	4	4	4	3	-	4	3	3
5	As Level 4 plus Specialist Anaesthetic staff on site during day. Anaesthetic Registrar ⁽¹⁾ on site 24 hours or available within 10 minutes. May have teaching and research role.	4	4	5	4	-	4	4	3
6	As Level 5, with subspecialists, research and teaching of graduates and undergraduates. 24 hour on site Anaesthetic Registrar ⁽¹⁾ . Has teaching and research role.	5	5	5	5	-	5	5	6

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

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

⁽³⁾ See "Glossary" in Appendix V

6 INTENSIVE CARE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
2	Recovery area for post-operative patients and different high dependency area for general ward patients requiring observation over and above that available in general ward area. Registered nursing equivalent to 4 hours/patient/day (1:6) desirable. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	2	2	2	-	2	-	1	-
3	As Level 2 plus 24 hour access to Medical Officer ⁽¹⁾ on site or available within 10 minutes. Registered nursing equivalent to 6 hours/patient/day (1:4) desirable for designated high dependency beds. Has NUM ⁽¹⁾ . Separate recovery area preferable. The services of a specialist paediatrician are essential for children requiring management in Level 3 Intensive Care. Formal quality assurance program ⁽¹⁾ . Liaison psychiatry available. Access to medical and nursing education programs.	3	2	3	-	3	-	3	2
4	As Level 3 plus mechanical ventilation and simple invasive cardiovascular monitoring for several hours. Separate and self-contained facility in the hospital capable of providing basic, multi-system life support usually for less than 24 hours. Medical Director ⁽¹⁾ with training and experience in intensive care. In addition to attending specialist(s), the unit must have at least one RMO ⁽¹⁾ on site or available to the unit at all times. Equivalent to level I# of FICANZCA Guidelines.	4	4	4	3	4	-	3	3
5	As Level 4 plus mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for a period of several days. Separate and self-contained facility in hospital capable of providing complex multi-system life support. Medical Director ⁽¹⁾ accredited Intensive Care Specialist or consultant physician in intensive care. At least one specialist accredited with appropriate experience in intensive care. Plus one RMO(s) ⁽¹⁾ who is on site, predominantly present in the Unit and exclusively rostered to the Unit at all times. NUM ⁽¹⁾ with post-registration qualifications in intensive care or the clinical specialty of the Unit. Nurse in charge of the shift is a permanent staff member and appropriately qualified. All nursing staff of Unit responsible for direct patient care are RNs. Majority of nursing staff have post-registration qualifications in intensive care or clinical specialty of the Unit. 1:1 care for ventilations or equivalently critically ill. Capacity to provide greater than 1:1 care if required. At least two RNs ⁽¹⁾ in Unit if there is a patient in the Unit. Active medical and nursing education programs. Access to CNE ⁽¹⁾ . 24 hour access to pharmacy, pathology, operating suite and imaging. Appropriate access to Physiotherapist, Social Worker, Dieticians, Pastoral Care and other allied health services. Equivalent to level II# of FICANZCA Guidelines.	5	5	5	4	5	-	4	4

6 INTENSIVE CARE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
6	As Level 5 plus mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for an indefinite period. Separate and self-contained Unit in hospital capable of providing complex, multi-system life support for an indefinite period. Referral centre for intensive care patients. Medical Director ⁽¹⁾ accredited Intensive Care Specialist or consultant physician in intensive care. Plus one RMO ⁽¹⁾ who is in the hospital, predominantly present in the Unit and exclusively rostered to the Unit at all times. NUM ⁽¹⁾ with post-registration qualifications in intensive care or Units clinical specialty. Nurse in charge of shift is permanent staff member and appropriately qualified. Must be RNs ⁽¹⁾ if providing direct patient care. Majority of nursing staff have post-registration qualifications in intensive care or Unit clinical specialty. 1:1 care for ventilations or equivalent critically ill, greater than 1:1 for selected patients. More than two RNs ⁽¹⁾ present in the Unit if patient in the Unit. CNE ⁽¹⁾ and formal nursing educational program. Physiotherapy services are accessible. Appropriate access to other allied health services. Active research. Designated social worker. Biomedical engineering services on site. Equivalent to level III [#] of FICANZCA Guidelines.	6	6	6	5	6	-	5	6

⁽¹⁾ See "Glossary" in Appendix V

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

[#] Equivalent to this level of FICANZCA Guidelines

7 CORONARY CARE

Level	Description	Minimum Level Of Support Services							Op/s
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	
1	Capable of providing Basic Life Support prior to referral to a more sophisticated unit. Basic resuscitation equipment available. Access to specialised community health services. Provide health information through pamphlets and other media. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	-	-
3	Intensive Care with bedside monitoring of coronary care patients. Has 24 hour access to Medical Officer ⁽¹⁾ rostered for emergencies on site or within 10 minutes. Registered nursing equivalent to 6 hours/patient/day (1:4) desirable, or according to dependency of patient. Has NUM ⁽¹⁾ . Provide range of assessment, home care, counselling, information, education and prevention programs. Counselling and support services by a range of disciplines. Formal quality assurance program ⁽²⁾ .	3	2	3	-	3	3	-	2
4	As Level 3 plus designated coronary care area ⁽³⁾ with clearly defined admission and discharge policy and patient care review. Nominated Specialist Director. Day time Medical Officer(s) ⁽¹⁾ ; experienced Medical Officer(s) ⁽¹⁾ on call after hours. Has Cardiologist or General Physician on call 24 hours. Registered nursing equivalent to 8 hours/patient/day (1:3) desirable or according to dependency of patient. Has experienced RNs ⁽¹⁾ . Has bedside and central monitoring.	4	3	4	3	4	4	-	3
5	As Level 4 plus rostered Cardiologist Director. Cardiologist/General Physicians on call 24 hours. Medical Officer(s) ⁽¹⁾ on site 24 hours. Has Medical Registrar ⁽¹⁾ on call 24 hours. Invasive monitoring available. Isolation facilities available. Formal audit and review procedures. Registered nursing equivalent to approximately 12 hours/patient/day (1:2) desirable, or according to dependency of patient. Access to CNC is desirable ⁽¹⁾ .	5	5	5	5	5	5	-	4
6	As Level 5 plus specialist Cardiologists with procedural expertise available on site or available within 10 minutes on 24 hour basis. Capable of all forms of cardiac assessment, monitoring and therapy including bypass support. Access to cardiac surgery. Registered nursing equivalent to 16 hours/patient/day (1:1.3) desirable, or according to dependency of patient. Has Cardiology Registrar ⁽³⁾ . Medical Registrar ⁽¹⁾ on site 24 hours.	5	5	6	5	6	6	-	6

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

⁽²⁾ See "Glossary" in Appendix V

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

8 OPERATING SUITES

Level	Description
2	Operating room equipped for minor ⁽¹⁾ diagnostic and therapeutic surgical procedures. Anaesthetic induction undertaken within area. Recovery area for post surgical procedures combined with general ward. Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.
3	As Level 2 plus equipped for intermediate ⁽¹⁾ and some major ⁽¹⁾ surgical procedures. May have a second operating room. May have separate anaesthetic room. Separate recovery area with RN for every three recovering patients. A minimum of three nurses (in addition to surgeon's assistant, where applicable) per operating team. Has NUM ⁽²⁾ . Formal quality assurance program ⁽³⁾ .
4	As Level 3 plus equipped for major ⁽¹⁾ procedures. Usually more than two operating rooms. May have day surgery operating room and special endoscopy area. Separate recovery area with full-time staff. 24 hour availability. Has NUM ⁽²⁾ and experienced RNs ⁽²⁾ .
6	As Level 4 plus operating rooms equipped for major and complex major ⁽¹⁾ diagnostic and treatment procedures. Specialist units and teaching role. Staffing on site or available within 20 minutes. Access to CNC ⁽²⁾ is desirable.

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

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

⁽³⁾ See "Glossary" in Appendix V

SECTION B

CORE SERVICES

Core Services - Emergency Medicine

9 EMERGENCY MEDICINE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Able to provide first aid and treatment prior to moving to higher level of service, if necessary. Access to a Medical Practitioner. Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	1	-
2	Emergency service in small hospital. Designated assessment and treatment area. Generally deals with minor injuries and ailments. Resuscitation, limited stabilisation capacity and assisted ventilation capacity prior to referral to higher level of care. Nursing staff with isolated certificate to perform emergency x-rays of chests and broken limbs. RN ⁽¹⁾ from ward available to cover emergency presentations. RN ⁽¹⁾ with recent acute experience/First Line Emergency Care ⁽¹⁾ (FLEC) education. VMO on call. May be Local Trauma Service ⁽²⁾ . Access to local and statewide retrieval and transport service. Access to specialist consults including mental health resources, with the ability to transfer and refer. Access to CNC ⁽¹⁾ . Access to CNE ⁽¹⁾ is desirable. ⁽¹⁾	1	1	1	-	1	-	1	-
3	As Level 2 plus designated nursing staff ⁽¹⁾ available 24 hour and NUM ⁽¹⁾ . Some RNs ⁽¹⁾ having completed or undertaking relevant post-basic studies. Has 24 hour access to Medical Officer(s) ⁽¹⁾ on site or available within 10 minutes. Specialists in general surgery, anaesthetics, paediatrics and medicine available for consultation, if applicable. Access to CNC. ⁽¹⁾ Full resuscitation facilities in separate room. Formal quality assurance program ⁽³⁾ . Access to allied health professionals and availability of specialist psychiatric/ mental health assessment. Ideally Medical Director ⁽¹⁾ , preferably with specialist qualifications. Pathology, radiology and operating suites available during normal hours and on call access after hours. Education programs for nursing and medical staff	3	2	3	-	3	3	3	3
4	As Level 3 plus can manage most emergencies, including stabilisation and assisted ventilation and provide definitive care for most. Purpose designed area. Designated Medical Director ⁽¹⁾ with training and experience in emergency medicine. Experienced Medical Officer(s) ⁽¹⁾ on site 24 hours. RNs ⁽¹⁾ and experienced RNs ⁽¹⁾ on site 24 hours, including a RN with post basic emergency qualifications on each shift. Specialists on call 24 hours in intensive care, general surgery, paediatrics, orthopaedics, anaesthetics and medicine. 24 hour access to on call liaison psychiatry. May send out medical and nursing teams to disaster site. Participation in regional retrieval system (rural Base Hospitals) is desirable. May be a Regional Trauma Service ⁽²⁾ . May provide Emergency Department Registrar position. Provides in-house formal medical and nursing education programs. Access to CNC. ⁽¹⁾ Access to CNE ⁽¹⁾ is desirable. 24 hour access to pathology, radiology and operating suites.	4	4	4	3	4	4	4	4

9 EMERGENCY MEDICINE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
5	As Level 4 plus can manage all emergencies, and provide definitive care for most. Medical Director ⁽¹⁾ is Fellow of the Australasian College for Emergency Medicine (FACEM) accredited (NB . Specialist Paediatric Hospitals may have Medical Director with specialist qualifications in paediatric emergency medicine). Access to CNC ⁽¹⁾ . Access to CNE ⁽¹⁾ is desirable. Has designated Registrar ⁽¹⁾ accredited FACEM. May have Staff Specialists in emergency medicine additional to Director. 24 hour on call emergency consultant cover. May be Area/Regional Trauma Service ⁽²⁾ which links with referral hospitals for tertiary level sub-specialties. Access to retrieval service. Send out teams to disaster site. 24 hour psychiatric assessment, on call. Extended hour access to allied health professionals (in particular social work services and physiotherapy)	5	5	5	3	4	5	5	4
6	As Level 5 plus has neurosurgery and cardiothoracic surgery on site. Subspecialists available on rosters. Has advanced subspecialty Registrar ⁽¹⁾ on site 24 hours. May be designated Supra-Area Trauma Service ⁽²⁾ . May have out-of-hours roster for Emergency Department Staff Specialists 24 hours/7 days. Capacity for management of frequent major trauma and other life threatening emergencies. Capacity for invasive monitoring and short-term ventilation. Dedicated Nursing Director and/or NUM ⁽¹⁾ 24 hours. A designated CNC ⁽¹⁾ and CNE ⁽¹⁾ . Provides advice and stabilisation for complex cases transferred from other network hospitals. May provide or participate in regional retrieval service. Active research program. CT and nuclear medicine available on site.	6	6	6	5	6	6	6	6

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

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

⁽³⁾ See "Glossary" in Appendix V

Core Services - Medicine

10 GENERAL MEDICINE

Level	Description	Minimum Level Of Support Services							Op/s
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	
1	Management and appropriate referral by Medical Practitioner. RN ⁽¹⁾ in charge on each shift. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	1	-
2	As Level 1 plus General Physician consultation available. Continuing education programs for nurses available specific to the needs of the service. Access to allied health professionals. Nursing staff with isolated certificate to perform emergency x-rays of chests and broken limbs.	1	2	1	-	1	-	1	-
3	As Level 2 plus referral and management primarily by Accredited Medical Practitioners ⁽¹⁾ or General Physicians. Has 24 hour access to Medical Officer ⁽¹⁾ on site or available within 10 minutes. Consultations available from other specialists. NUM ⁽¹⁾ for general ward. Some RNs having completed or undertaking relevant post-basic studies. Formal quality assurance program ⁽²⁾ . Access to health promotion services, and liaison psychiatry. Formal links to community health services in particular community nursing.	3	3	3	-	2	3	3	2
4	As Level 3 plus service provided by General Physicians rostered on call 24 hours. May have subspecialty interest/skills. Medical Officer(s) ⁽¹⁾ on site 24 hours. Has Medical Registrar ⁽¹⁾ . Has NUM ⁽¹⁾ and experienced RNs. Allied health professionals on site. Formal link with Level 4 Rehabilitation Service.	4	4	4	-	4	4	4	2
5	As Level 4 plus Department of Medicine. Subspecialists available for consultation. Has Medical Registrar ⁽¹⁾ on call 24 hours. Access to CNC ⁽¹⁾ for relevant subspecialties is desirable. May have subspecialties on site. May have teaching and research role. Has link with Level 5 Rehabilitation Service including conjoint appointments.	5	5	5	4	4	4	4	2
6	As Level 5 plus Division of Medicine with subspecialty Departments. Has Medical Registrar ⁽¹⁾ on site 24 hours. Experienced RNs ⁽¹⁾ on most shifts. Has teaching and research role. May have statewide role.	As appropriate level for subspecialty							

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

⁽²⁾ See "Glossary" in Appendix V

11 CARDIOLOGY

Level	Description	Minimum Level Of Support Services							Op/s
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for Level 4 General Medicine plus General Physicians with interest in cardiology on call 24 hours.	4	4	4	3	4	4	4	2
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Cardiologist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role. Link with cardiothoracic unit. Link to Level 5 Rehabilitation Service with specific cardiac rehabilitation services. Formal links to community health services in particular Community Nursing. Link to Level 5 Respiratory Medicine.	5	5	5	4	4	5	5	2
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Cardiology Registrar ⁽¹⁾ . Cardiology Department including cardiology sub-specialties. Cardiologist on call 24 hours. Has teaching and research role. Has cardiac catheterisation facility and cardiothoracic surgery on site.	6	5	6	6	5	6	6	6

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

12 DERMATOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-4	As for General Medicine	As for appropriate level in General Medicine							
5	As Level 4 General Medicine plus appointed Specialist Dermatologist. Has Medical Registrar ⁽¹⁾ on call 24 hours. May have teaching and research role. Link with Level 3 Radiation Oncology.	4	4	4	3	4	4	4	2
6	As Level 5 plus Dermatology Registrar ⁽¹⁾ . Has Dermatology Department. May have Dermatologist on call 24 hours. Has teaching and research role.	5	5	4	3	4	4	4	2

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

13 ENDOCRINOLOGY

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine								
4	As for Level 4 General Medicine plus General Physician with interest in endocrinology. Has diabetic education service. Link with Level 4 Health Promotion Service. Has an integrated hospital/community diabetes management service.	4	4	4	3	4	4	4	2	
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Endocrinologist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role. Link to Level 5 Rehabilitation Service.	5	5	5	5	4	4	4	4	
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Endocrinology Department. Endocrinologist is on call 24 hours. Has Endocrinology Registrar ⁽¹⁾ . Has teaching and research role. May have statewide role.	6	6	5	5	5	5	5	4	

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

14 GASTROENTEROLOGY

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU	Op/s
1-2	As for General Medicine	As for appropriate level in General Medicine								
3	As Level 3 General Medicine. May have fibre optic endoscopy performed by Accredited Medical Practitioner ⁽¹⁾ .	3	3	4	-	2	3	3	2	
4	As Level 4 General Medicine plus service provided by General Physicians with interest in gastroenterology. Regular endoscopy service including colonoscopy. Has access to drug and alcohol counselling.	4	4	4	-	4	4	4	3	
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Gastroenterologist appointed. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	4	4	4	4	4	
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Gastroenterology Registrar ⁽¹⁾ . Has Gastroenterology Department. Gastroenterologist on call 24 hours. Has teaching and research role. May have statewide role.	6	6	5	5	5	5	4	4	

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

15 HAEMATOLOGY - CLINICAL

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for Level 4 General Medicine plus service provided by General Physician with interest in haematology. May have Haematologist visiting regularly. Link with palliative care service.	4	4	4	3	4	4	4	2
5	As Level 4 plus General Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Haematologist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	5	4	5	4	4
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Haematology Department. Haematologist on call 24 hours. Has Haematology Registrar ⁽¹⁾ . Has teaching and research role. May provide cell separation. May perform bone marrow transplantation.	6	5	5	5	5	5	4	4

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

16 HIV / AIDS

Level	Description	Minimum Level Of Support Services									
		Path	Phar	Imag	Diag	NlMed	Anaes	ICU	CCU	Op/s	
1	Limited range of community services provided by non-specialist staff in consultation with GPs. Access to specialised community health services for consultation and referral. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10. Provide health information through pamphlets and other media. Needle and Syringe Program secondary outlet.										Not Applicable
2	As Level 1 plus access to HIV testing, multidisciplinary health, sexual health, or community HIV clinic staff providing a range of assessment, home care, counselling, information, education and prevention programs. Counselling and support services by a range of disciplines. Link with sub acute and palliative care beds.										Not Applicable
3	As Level 2 with access to inpatient beds managed by physician or Medical Practitioner with training in HIV Medicine. Has experienced RNs ⁽¹⁾ . Formal quality assurance program ⁽²⁾ . Access to sexual health and/or community HIV clinic desirable. Support services as for Level 3 General Medicine.	3	3	3	-	2	3	3	2		
4	As Level 3 with formal links between hospital and community support services including home care and respite care and at least Level 3 Palliative Care Services. Management by physicians or Medical Officer experienced in the management of HIV and related diseases. Support services as for Level 4 General Medicine. Health promotion and education programs planned, monitored, implemented and evaluated in liaison with Health Promotion service. Formal links with GPs through Divisions of General Practice; Level 3 Sexual Health Service. Formal interagency collaboration with relevant Area government and NGOs. If there is a designated unit, a NUM and RNs with post basic qualifications is desirable.	4	4	4	-	4	4	4	2		

16 HIV / AIDS

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

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

(1) See "Glossary" in Appendix V

17 IMMUNOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for General Medicine plus service provided by General Physician with interest in immunology	4	4	4	3	4	4	4	2
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Immunologist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	5	4	4	4	3
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Immunology Department. Immunologist on call 24 hours. Has Immunology Registrar ⁽¹⁾ . Has teaching and research role. Has statewide role.	6	6	5	5	5	5	4	4

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

18 INFECTIOUS DISEASES

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine								
4	As Level 4 General Medicine plus services provided by General Physician with interest in subspecialty. Facilities include isolation rooms(s) with internal washbasins and toilets, as well as staff washbasins immediately outside the room(s). An area with separate air conditioning available.	4	4	4	3	4	4	4	2	
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Specialist. May have teaching and research role. Link with sexual health services and HIV services.	5	5	5	4	3	4	4	3	
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Specialist Infectious Diseases Physician(s) and Infectious Diseases Registrar ⁽¹⁾ . Access to CNC ⁽¹⁾ is desirable. Designated inpatient area for infectious and communicable diseases. Facilities to treat all quarantinable diseases. Has a teaching and research role. Has statewide role.	6	5	5	4	4	5	4	4	

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

Note: All health services must ensure that an Infection Control Policy is in place including body substance's isolation and suitable contaminated water disposal.

19 MEDICAL ONCOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for Level 4 General Medicine plus service provided by General Physician with interest in medical oncology. May have Visiting Medical Oncologist clinics. Established liaison and consultation with radiotherapy, palliative care, psychiatric and social work services. Formal links to community health services in particular Community Nursing.	4	5	4	3	4	4	4	3
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Medical Oncology Specialist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role. Multidisciplinary management of oncology patients, including case conferences with Radiotherapists and Surgeons. May have Pain Clinics. Links with palliative care service and participates in health promotion.	5	5	5	5	4	5	4	4
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Oncology Department, Oncology Specialist(s) and Oncology Registrar ⁽¹⁾ . Has teaching and research role. Participates with other oncology specialties as part of a comprehensive cancer service and is a component of a Cancer Care Centre consistent with the <i>Optimising Cancer Management Cancer Care Model</i> .	6	6	5	6	5	6	4	6

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

20 NEUROLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for Level 4 General Medicine plus service provided by General Physician with interest in neurology. Formal link with at least Level 4 Rehabilitation and Level 4 Geriatrics Services.	4	4	4	-	4	4	4	2
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Neurologist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role. Neurosurgery support, EMG, nerve conduction, evoked responses and EEG available on site. Strong link with Level 5 Rehabilitation Service.	5	4	5	4	4	5	4	4
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Neurology Department, Neurology Specialist(s) and Neurology Registrar ⁽¹⁾ . Has teaching and research role. Has access to CT scanning, 24 hour basis. May have MRI. May have PET.	6	5	6	5	5	6	4	4

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

21 RADIATION ONCOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imaq	Diag	NMed	Anaes	ICU	CCU
4	Visiting Radiation Oncologist, working in conjunction with a comprehensive cancer care service. No treatment facilities. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	2	1	-
5	Basic modern radiation oncology treatment centre; comprising a minimum of superficial, deep x-ray therapy and megavoltage machine(s). Has intracavity irradiation equipment. May have mould room. Has dual modality linear accelerators (linac) equipped with multileaf collimator, electronic portal imaging and internal wedging system. Has one bunker per linac and recommissioning bunker. Access to simulator with digital imaging capability and access to CT and MRI scan and/or CT simulator. Required equipment includes: immobilisation system, automated block cutting and casting system, beam data acquisition system and invivo dose monitoring system. Has dedicated Information Network System including electronic patient records. Has 3D Planning System. Has data collection program for annual recording and monitoring of work undertaken for the Radiotherapy Management Information System Report. Has Radiation Oncologists, Medical Physicists, Radiation Therapists, Biomedical Engineers or Technicians and Therapeutic Radiographers. May have stereotactic radiosurgery and remote afterloading brachytherapy with relevant applicator. Is part of a comprehensive cancer service and is a Cancer Care Centre. Access to Level 5 Palliative Care Services. May provide training for radiation therapy in conjunction with University training. Capacity to deliver sealed and unsealed radioactive sources with storage and disposal facilities.	5	5	5	5	4	5	4	4
6	As Level 5 plus has Radiation Oncology Registrar(s) ⁽¹⁾ . Multiple linacs with at least one linac of 10-25 MeV potential with photon and electron capabilities. A fully integrated, computer assisted, planning and treatment system with system(s) for verifying precision, planning and treatment modalities. Remote control intracavity equipment with afterloading techniques. Mechanical workshop and biomedical support facilities. Provides training in biomedical engineering, mould room techniques and medical physics. Has research role. Located in principal referral hospital with ready access to all subspecialties. Is a key component of a Cancer Care Centre consistent with the <i>Optimising Cancer Management Cancer Care Model</i> .	6	6	6	6	5	6	4	6

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

⁽²⁾ See "Glossary" in Appendix V

22 RENAL MEDICINE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-2	As for General Medicine	As for appropriate level in General Medicine							
3	As for Level 3 General Medicine plus renal patients managed by General Physician. May have self care dialysis centre with patients under the care of larger renal unit.	3	3	3	-	2	3	3	2
4	As Level 3 with management of patients by General Physician with interest in nephology. Nephrologist consultation available. Has Medical Officer ⁽¹⁾ on site 24 hours. Has NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ . Has self care renal dialysis centre with formal link to larger renal unit.	4	4	4	-	4	4	4	3
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Specialist Renal Physician. Part-time Unit Director or Coordinator. All types of dialysis available including treatment of patients requiring haemodialysis (two or more patients treated on average at any one time). Renal biopsies performed. Registered nursing at or above 6 hours/patient/day (1:4) desirable. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role.	5	5	5	5	4	5	4	4
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Nephrology Department. Formal networking with renal transplantation centre. Has Nephrology Registrar ⁽¹⁾ . Experienced RNs ⁽¹⁾ on most shifts. Has teaching and research role.	6	5	6	5	5	6	4	4

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

23 RESPIRATORY MEDICINE

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU	Op/s
1-3	As for General Medicine	As for appropriate level in General Medicine								
4	As for Level 4 General Medicine plus service provided by General Physician with interest in respiratory medicine.	4	4	4	3	4	4	4	2	
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hour. Appointed Respiratory Medicine Specialist. Access to CNC ⁽¹⁾ is desirable. May have teaching and research role. Has access to Level 5 Cardiothoracic Surgery and Level 5 Cardiology Service. Formal links to community health services in particular Community Nursing.	5	5	5	3	4	5	4	3	
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Respiratory Medicine Department with subspecialist Respiratory Physicians. Has Respiratory Medicine Registrar ⁽¹⁾ . Has teaching and research role. Has a respiratory function laboratory.	5	5	5	5	5	6	4	4	

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

24 RHEUMATOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-3	As for General Medicine	As for appropriate level in General Medicine							
4	As for Level 4 General Medicine plus service provided by General Physician with interest in Rheumatology	4	4	4	-	4	4	4	2
5	As Level 4 plus Medical Registrar ⁽¹⁾ on call 24 hours. Appointed Rheumatology Specialist. Access to CNC ⁽¹⁾ is desirable. Link to Level 5 Rehabilitation Service. May have teaching and research role	4	5	4	3	4	4	4	3
6	As Level 5 plus Medical Registrar ⁽¹⁾ on site 24 hours. Has Rheumatology Registrar ⁽¹⁾ . Has teaching and research role.	5	5	5	5	5	4	4	3

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

Core Services- Surgery

25 GENERAL SURGERY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Minor procedures under local anaesthetic in procedures room. Appropriate referral by Medical Practitioner. RN ⁽¹⁾ in charge on each shift. Quality assurance activities ⁽⁵⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	1	-
2	Minor ⁽³⁾ diagnostic and therapeutic surgical procedures on good risk ⁽²⁾ patients performed by Accredited Medical Practitioner ⁽¹⁾ with postgraduate training in surgery. Anaesthesia given by accredited practitioner ⁽¹⁾ in anaesthetics. General Surgeon available for consultation. Continuing nursing educational programs ⁽¹⁾ available specific to the needs of the service. May have access to allied health professionals.	1	2	2	-	2	2	1	2
3	As Level 2 plus intermediate ⁽³⁾ and some major ⁽³⁾ surgical procedures ⁽³⁾ on good or moderate risk ⁽²⁾ patients performed regularly by specialist surgeon ⁽¹⁾ or by Accredited Medical Practitioner ⁽¹⁾ with postgraduate training in surgery. Accredited Medical Practitioner ⁽¹⁾ (in anaesthetics) may provide anaesthetics for good risk patients, Specialist Anaesthetists ⁽¹⁾ providing anaesthetics for moderate risk ⁽²⁾ patients if required. Has 24 hour access to Medical Officer(s) ⁽¹⁾ on site or available within 10 minutes. Consultation available from other specialties. Has NUM ⁽¹⁾ for general ward. Some RNs having completed or undertaking relevant post-basic studies. Access to allied health professionals. Formal quality assurance program ⁽⁵⁾ .	3	2	3	-	3	3	3	3
4	As Level 3 plus selected ⁽⁴⁾ major ⁽³⁾ surgical procedures ⁽³⁾ on good or moderate risk ⁽²⁾ patients performed regularly by Specialist Surgeons ⁽¹⁾ and Specialist Anaesthetists ⁽¹⁾ . Specialists on call 24 hours. Has designated Medical Officer(s) ⁽¹⁾ . Some surgical subspecialties available. Has NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ . Links with oncology, radiotherapy and palliative care services. Allied health professionals on staff, and liaison psychiatry available. Links to community based health services which support early discharge from surgical procedures such as Hospital in the Home and ambulatory care services (TACCT) and Community Nursing.	4	4	4	3	4	4	3	4
5	As Level 4 plus full range of major ⁽³⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by Specialist Surgeons ⁽¹⁾ and Specialist Anaesthetists ⁽¹⁾ . Has general Surgical Registrar ⁽¹⁾ on call 24 hours. Access to subspecialties. Access to CNC ⁽¹⁾ is desirable. May provide Area service. May have teaching and research role. Usually a major referral hospital with Department of Surgery.	4	4	5	4	5	5	3	6

25 GENERAL SURGERY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
6	As Level 5 plus ability to deal with complex major ⁽³⁾ diagnostic and treatment procedures in association with other specialties. Has Division of Surgery. Has Registrars ⁽¹⁾ in surgical subspecialties. Experienced RNs ⁽¹⁾ on most shifts. May have statewide role in a specific field. Has teaching and research role. Usually a principal referral hospital with Division of Surgery.	5	5	6	6	5	6	4	6

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

- (1) See "Medical and Nursing Staff Definitions" in Appendix I
- (2) See "Levels of Risk" in Appendix II
- (3) See "Indicative List of Surgical Procedures" in Appendix III
- (4) Based on clinical privileges determined at relevant hospital.
- (5) See "Glossary" in Appendix V

26 BURNS

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
2	As for Level 2 General Surgery plus emergency casualty service for burns (able to manage minor burns, ie. less than 5% total body surface area). All other burns stabilised and transferred as per Burns Protocol ⁽²⁾ . Quality assurance activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	-	-	1	-	1	-
3	As Level 2 plus continuing service by General Surgeon for partial thickness burns estimated at less than 18% total body surface area and full thickness burns of less than 10% total body surface area, or any other burns not defined for referral in Burns Protocol ⁽²⁾ . <u>I.V. fluid therapy available.</u> May have access to allied health professionals. Formal quality assurance program ⁽³⁾ .	3	2	2	-	3	2	1	2
4	As for Level 3 plus general Surgical Registrar ⁽¹⁾ on call 24 hours. Manages patients with partial thickness burns not exceeding 27% of total body surface area. Some RNs having completed or undertaking relevant post-basic studies. Link with Level 4 Rehabilitation Service. Has access to liaison psychiatry, allied health professionals, and health promotion service.	4	3	3	-	4	4	3	3
5	As for Level 4 plus general surgical Registrar on call 24 hours. Part-time Director of a separately located Burns Unit. Manages patients with partial thickness burns not exceeding 40% of total body surface area. Has NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ .	5	5	4	3	5	5	4	6
6	As for Level 5 plus Medical Officer ⁽¹⁾ on site 24 hours. Specialty Registrars on call 24 hours. Full-time Burns Unit Registrar on duty 8 hours/day. Director of Burns Unit. Provides a statewide Service with all severe burns cases accepted, including inter-hospital transfers. Renal and emergency Care Consultants on call 24 hours. Registered nursing equivalent 16 hours/patient/day (1:1.3) desirable, or according to dependency of patient. Has CNC ⁽¹⁾ . Links to Level 5 Rehabilitation Service and Level 6 Plastic Surgery Service.	6	6	4	3	6	6	5	6

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

⁽²⁾ See Circular 96/63

⁽³⁾ See "Glossary" in Appendix V

27 THORACIC/CARDIOTHORACIC SURGERY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-4	No planned thoracic/cardi thoracic surgery service	Not Applicable							
5	As for Level 5 General Surgery plus elective and emergency thoracic and emergency cardiothoracic procedures (such as closed pulmonary embolectomy) performed by thoracic/Cardiothoracic Surgeons ⁽¹⁾ and Specialist Anaesthetists ⁽¹⁾ . Has liaison psychiatry and health promotion services. Level 5 Rehabilitation Service available on site. Link with palliative care service.	4	4	5	4	5	5	4	6
6	As for Level 5 plus elective and emergency cardiac surgery (eg. mitral valvotomy). Cardiopulmonary bypass performed regularly by Cardiothoracic Surgeons and Specialist Anaesthetists. Able to deal with highly complex diagnostic and treatment procedures in association with other specialties. Able to deal with lung surgery such as lung cancer surgery and lung volume reduction surgery and may undertake lung transplantation. Minimum caseload of 300 open heart cases and a total of 900-1000 cardiac surgery cases per year is desirable. Has Registrar ⁽¹⁾ in cardiothoracic surgery. NUM with experienced RNs ⁽¹⁾ on most shifts as well as RNs with post basic qualifications and access to a CNC is desirable. May have State role in a specific field. Has teaching and research role.	5	6	6	5	6	6	6	6

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

28 DAY SURGERY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Minor ⁽¹⁾ diagnostic and therapeutic procedures on good risk ⁽²⁾ patients by Accredited Medical Practitioners ⁽³⁾ . RN ⁽³⁾ in charge on each shift. Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or I.V. sedation. Endoscopies not requiring general anaesthesia included. Where unit is free-standing, emergency back-up is provided by nearby hospital. Quality assurance activities ⁽⁴⁾ . Interpreters as per Circular 94/10. Uses appropriate pre-operative patient screening and selection processes. Continuing nursing educational programs available specific to the needs of the service. Uses appropriate discharge criteria as part of the discharge processes.	1	1	1	-	2	2	1	2
2	As Level 1 plus minor ⁽¹⁾ diagnostic and therapeutic procedures requiring general or regional anaesthesia on good risk ⁽²⁾ patients performed by Accredited Medical Practitioners ⁽³⁾ with anaesthesia performed by Accredited Medical Practitioners ⁽³⁾ in anaesthesia. Medical practitioner on site until patients have recovered from anaesthesia and Medical Practitioners rostered for emergencies available within 10 minutes.	1	2	2	-	2	2	1	2
3	As Level 2 plus common and intermediate ⁽¹⁾ diagnostic and therapeutic procedures performed on good risk ⁽²⁾ and some moderate risk ⁽²⁾ patients by Specialist Surgeons ⁽³⁾ or Accredited Medical Practitioners ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ or Accredited Medical Practitioners ⁽³⁾ in anaesthesia. Has NUM ⁽³⁾ . Formal quality assurance program ⁽⁴⁾ . Minimum support services on site or available within 10 minutes.	3	2	3	-	2	2	1	2
4	As Level 3 plus common and intermediate ⁽¹⁾ diagnostic and therapeutic procedures performed on good and moderate risk ⁽²⁾ patients by Specialist Surgeons ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ . Procedures on children aged 12 months to 4 years performed by General Surgeon ⁽³⁾ accredited in paediatric surgery and anaesthesia performed by Paediatric Anaesthetist ⁽³⁾ . (Children under 12 months referred to Level 5 Paediatric Surgery Service). Has NUM ⁽³⁾ and experienced RNs ⁽³⁾ . Consultation available from other specialties. Access to allied health professionals.	3	2	3	-	3	3	3	3

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

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

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

⁽⁴⁾ See "Glossary" in Appendix V

29 EAR, NOSE AND THROAT

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1-3	No planned ENT Service	Not Applicable							
4	As for Level 3 General Surgery plus common and intermediate ⁽¹⁾ ENT surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by ENT Surgeons ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ , excluding neuro-otic or intracranial surgery. Has designated Medical Officer(s) ⁽³⁾ or Surgical Registrar ⁽³⁾ . Has NUM ⁽³⁾ and experienced RNs ⁽³⁾ . Specialists on call 24 hours. Audiology service available. Access to liaison psychiatry.	4	3	4	-	4	3	3	3
5	As Level 4 plus major ⁽¹⁾ diagnostic, and treatment procedures on good, moderate and bad risk ⁽²⁾ patients, including neuro-otic surgery if Level 6 Neurosurgery is available on site. Has Surgical Registrar(s) ⁽³⁾ on call 24 hours. Access to CNC ⁽³⁾ is desirable. May provide Area service. May have teaching and research role. Links with oncology, radiation oncology and palliative care services.	4	4	5	5	5	5	3	6
6	As Level 5 plus ability to deal with full range of complex major ⁽¹⁾ diagnostic and treatment procedures, in association with other specialties including neuro-otic and intracranial procedures where Level 6 Neurosurgery is available on site. Has ENT Registrar ⁽³⁾ , may have State role in specific field.	5	5	6	5	6	6	4	6

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

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

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

30 GYNAECOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1	No planned gynaecology service	Not Applicable							
2	As for Level 2 General Surgery plus minor ⁽¹⁾ diagnostic and therapeutic gynaecological surgical procedures on good risk ⁽²⁾ patients performed by Accredited Medical Practitioners ⁽³⁾ or General Surgeons ⁽³⁾ with post graduate training in gynaecological surgery. Anaesthesia given by Accredited Medical Practitioner ⁽³⁾ in anaesthetics. Gynaecologist available for consultation.	1	2	2	-	2	2	1	2
3	As Level 2 plus common and intermediate ⁽⁴⁾ gynaecological procedures on good or moderate risk ⁽²⁾ patients performed regularly by Gynaecologists ⁽³⁾ or General Surgeons ⁽³⁾ credentialed in rural areas for these types of procedures. Accredited Medical Practitioners ⁽³⁾ may provide anaesthetics for good risk ⁽²⁾ patients, Specialist Anaesthetists ⁽³⁾ providing anaesthetics for moderate risk patients. Has 24 hour access to Medical Officer(s) ⁽³⁾ on site or available within 10 minutes. Has NUM ⁽³⁾ for general ward. Some RNs having completed or undertaking relevant post-basic studies. Consultation available from other specialties. Access to allied health professionals. Formal quality assurance program ⁽⁴⁾ .	2	2	3	-	3	3	3	3
4	As Level 3 plus selected major ⁽¹⁾ gynaecological procedures on good or moderate risk ⁽²⁾ patients performed regularly by Gynaecologists ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ . Has designated Medical Officer ⁽³⁾ and/or Surgical Registrar ⁽³⁾ . Has NUM ⁽³⁾ and experienced RNs ⁽³⁾ . Specialists on call 24 hours. Allied health professionals on staff. Some surgical subspecialties available. Links with oncology, radiotherapy and palliative care services. Access to liaison psychiatry.	4	4	4	-	4	4	3	4
5	As Level 4 plus major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by Gynaecological Surgeons ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ . May have Gynaecology Registrar ⁽³⁾ . Access to CNC ⁽³⁾ is desirable. May provide Area service. May have teaching and research role.	5	5	5	4	4	5	4	6
6	As Level 5 plus ability to deal with complex major ⁽⁶⁾ diagnostic and treatment procedures in association with other specialties. These include reproductive endocrinology, infertility and multidisciplinary management of gynaecological malignancy (including chemotherapy and radiotherapy). Has Registrars ⁽³⁾ in gynaecological subspecialties. May have statewide role in a specific field. Has teaching and research role.	5	5	5	5	6	5	4	6

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

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

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

⁽⁴⁾ See "Glossary"

31 NEUROSURGERY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
1-3	No planned Neurosurgery Service	Not Applicable							
4	As for Level 3 General Surgery plus management of minor head injuries by General Surgeon. Has Medical Officers ⁽¹⁾ on site 24 hours. Neurosurgical consultation available. Operating room equipment adequate for Emergency Neurosurgery. Link with Level 4 Rehabilitation Service.	4	4	5	3	4	4	3	4
5	As Level 4 plus full range of major ⁽²⁾ diagnostic and treatment procedures on good, moderate and bad risk patients. Neurosurgeons and accredited Specialist Anaesthetists ⁽¹⁾ available 24 hours. Surgical Registrar ⁽¹⁾ on call 24 hours. Has NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ . Some RNs having completed or undertaking relevant post-basic studies. Designated neurosurgical beds. 24 hour access to CT scanner. Link with brain injury and spinal injury rehabilitation service. May undertake research. May have teaching role.	5	5	5	4	5	5	3	6
6	As for Level 5 plus complex major ⁽²⁾ procedures. Neurosurgery ward and Neurosurgical High Dependency/ICU. Neurosurgery Registrar ⁽¹⁾ on call 24 hours. Neurosurgical Anaesthetists. Experienced RNs ⁽¹⁾ on most shifts. Access to CNC ⁽¹⁾ is desirable. Link with Level 5 Rehabilitation Service. May provide Area service or statewide role in a specific field. Has teaching and research role.	5	5	6	5	6	6	4	6

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

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

32 OPHTHALMOLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
1	As for Level 2 General Surgery plus minor extra ocular diagnostic and treatment ophthalmological procedures on good risk ⁽¹⁾ patients performed regularly by ophthalmic surgeons ⁽²⁾ . Consultation available from other specialists. Allied health professionals on site.	1	2	1	-	3	2	1	2
3	As Level 3 General Surgery plus common and intermediate ⁽³⁾ procedures on good or moderate risk ⁽¹⁾ patients performed regularly by ophthalmic surgeons ⁽²⁾ . Accredited Medical Practitioner ⁽²⁾ in anaesthetics may provide anaesthetics for good risk patients with Specialist Anaesthetists ⁽²⁾ providing anaesthetics for moderate risk patients. Medical Officer ⁽²⁾ on call 24 hours. Has NUM ⁽²⁾ and experienced RNs ⁽²⁾ . Access to Orthoptists.	3	3	3	3	3	3	3	3
5	As Level 3 plus major ⁽³⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽¹⁾ patients performed regularly by Ophthalmic Surgeons ⁽²⁾ and Specialist Anaesthetists ⁽²⁾ . Has designated Medical Officer ⁽²⁾ and/or Surgical Registrar ⁽²⁾ on call 24 hours. Has Orthoptists on staff. May have teaching and research role. Access to liaison psychiatry.	4	4	5	3	4	4	3	6
6	As Level 5 plus ability to deal with complex major ⁽³⁾ diagnostic and treatment procedures in association with other specialities. Has Ophthalmology Registrar ⁽²⁾ on call 24 hours. Access to CNC ⁽²⁾ is desirable. Able to undertake neuro-ophthalmology where Level 6 Neurosurgery Service is available on site. May have statewide role in a specific field. Has access to Level 5 Radiation Oncology Service. Has teaching and research role.	5	5	5	5	5	4	4	6

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

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

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

33 ORTHOPAEDICS

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1	No planned Orthopaedic Service	Not Applicable							
2	As for Level 2 General Surgery plus general or regional anaesthesia given by Accredited Medical Practitioners in anaesthetics. Orthopaedic consultation available. Has access to allied health professionals.	1	1	2	-	2	2	1	2
3	As Level 2 plus common and intermediate ⁽¹⁾ orthopaedic surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by Orthopaedic Surgeons or General Surgeons ⁽³⁾ credentialed in orthopaedics. Accredited Medical Practitioners ⁽³⁾ may provide anaesthesia for good risk patients, Specialist Anaesthetists ⁽³⁾ providing anaesthesia for moderate risk patients. Has 24 hour access to Medical Officers ⁽³⁾ on site or available within 10 minutes. Has NUM ⁽³⁾ for general ward. Some RNs having completed or undertaking relevant post-basic studies. Consultation available from other specialties. Has access to allied health professionals including Physiotherapist. Power drills, power saws and theatre x-ray available. Formal quality assurance program ⁽⁴⁾ .	3	2	3	-	3	3	3	3
4	As Level 3 plus major ⁽¹⁾ orthopaedic surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by Orthopaedic Surgeons and Specialist Anaesthetists ⁽³⁾ . Has NUM ⁽³⁾ and experienced RNs ⁽³⁾ . Rostered specialists available. Has designated Medical Officer and/or Surgical Registrar ⁽³⁾ . Has allied health professionals including Physiotherapist. Has access to Level 4 Rehabilitation Service. Access to liaison psychiatry.	4	3	4	3	4	4	3	4
5	As Level 4 plus full range of major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by Orthopaedic Surgeons and Specialist Anaesthetists ⁽³⁾ . Access to CNC ⁽³⁾ is desirable. May provide Area service. May undertake research. Has Orthopaedic Registrar ⁽³⁾ on call 24 hours. Access to subspecialties. May have teaching and research role. Link to Level 5 Rehabilitation Service.	4	4	5	3	5	4	3	6
6	As Level 5 plus ability to deal with major complex ⁽¹⁾ diagnostic and treatment procedures in association with other specialties. Experienced RNs ⁽³⁾ on most shifts. May have statewide role in a specific field. Link with Level 6 Rehabilitation Service. Has teaching and research role.	5	5	5	5	6	6	4	6

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

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

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

⁽⁴⁾ See "Glossary" in Appendix V

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

34 PLASTIC SURGERY

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	N/Med	Anaes	ICU	CCU	Op/s
1-3	No planned Plastic Surgery Service	Not Applicable								
4	As for Level 3 General Surgery plus selected major ⁽¹⁾ plastic surgery procedures on good or moderate risk ⁽²⁾ patients performed regularly by Plastic Surgeons ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ . Medical Officers ⁽³⁾ on site 24 hours. Specialist on call 24 hours. Has NUMs ⁽³⁾ and experienced RNs ⁽³⁾ . Allied health professional on staff, and liaison psychiatry available.	4	4	4	3	4	4	3	4	
5	As Level 5 General Surgery plus full range of major ⁽³⁾ plastic surgical diagnostic and treatment procedures on good, moderate and bad risk ⁽¹⁾ patients performed regularly by Plastic Surgeons ⁽²⁾ and Specialist Anaesthetists ⁽²⁾ . Link with Level 5 Rehabilitation Service.	4	4	5	4	5	5	3	6	
6	As Level 5 plus ability to deal with complex major ⁽³⁾ diagnostic and treatment procedures in association with other specialties. Has Registrar ⁽²⁾ in Plastic Surgery. Access to CNC ⁽²⁾ is desirable. May have statewide role in specific field. May have teaching and research role.	5	5	5	5	6	5	4	6	

⁽¹⁾ See "Indicative list of Surgical procedures" Appendix III

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

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

35 UROLOGY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
1-2	No planned Urology Service	Not Applicable							
3	As Level 3 General Surgery plus common and intermediate ⁽¹⁾ urological procedures on good or moderate risk ⁽²⁾ patients performed regularly by Specialist Urologists or General Surgeons ⁽³⁾ credentialed in Urology.	3	2	3	-	3	3	3	3
4	As Level 3 plus selected major ⁽¹⁾ urological procedures on good or moderate risk ⁽²⁾ patients performed regularly by Urologists ⁽³⁾ and Specialist Anaesthetists ⁽³⁾ . Medical Officer(s) ⁽³⁾ on site 24 hours. Specialist on call 24 hours. Has NUM ⁽³⁾ and experienced RNs ⁽³⁾ . Links with oncology, radiotherapy and palliative care services. Allied health professionals on staff, and liaison psychiatry available.	4	4	4	3	4	4	3	4
5	As Level 4 plus full range of major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk patients ⁽²⁾ performed regularly by Urologists and Specialist Anaesthetists ⁽³⁾ . Access to CNC ⁽³⁾ is desirable. May provide Area service. May have teaching and research role. Has Surgical Registrar ⁽³⁾ on call 24 hours.	4	4	5	3	5	5	3	6
6	As Level 5 plus ability to deal with complex major ⁽¹⁾ diagnostic and treatment procedures in association with other specialties. Has Urology Registrar ⁽³⁾ . Has Urology Unit. May have statewide role in a specific field. Has teaching and research role.	5	5	6	5	6	6	4	6

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

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

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

36 VASCULAR SURGERY

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU	Op/s
1-3	No planned Vascular Surgery	Not Applicable								
4	As for Level 3 General Surgery plus common and intermediate ⁽¹⁾ vascular surgical procedures on good or moderate risk ⁽²⁾ patients performed regularly by vascular or General Surgeons ⁽³⁾ . Specialist anaesthetists ⁽³⁾ providing anaesthesia. Has NUM ⁽³⁾ and experienced RNs ⁽³⁾ . Specialists on call 24 hours. Has designated Medical Officer ⁽³⁾ and/or Surgical Registrar ⁽³⁾ . Allied health professionals on staff. Some surgical subspecialties available. Pre-operative rehabilitation specialist consultation available (for elective amputees). Access to liaison psychiatry.	4	4	4	3	4	4	3	4	
5	As Level 4 plus major ⁽¹⁾ diagnostic and treatment procedures on good, moderate and bad risk ⁽²⁾ patients performed regularly by vascular or General Surgeons and Specialist Anaesthetists ⁽³⁾ . May provide Area service. May undertake research. Has Surgical Registrar ⁽³⁾ on call 24 hours. May have teaching and research role. Link with Level 5 Rehabilitation Service.	4	4	5	4	5	5	4	6	
6	As Level 5 plus ability to deal with complex major ⁽¹⁾ diagnostic and treatment procedures in association with other specialties. Access to CNC ⁽³⁾ is desirable. Has teaching and research role. Has Surgical Registrar ⁽³⁾ . May have statewide role in a specific field.	5	5	6	5	6	6	4	6	

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

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

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

**Core Services -
Maternal
And Child
Health Services**

37 MATERNITY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Postnatal ⁽¹⁾ only. Normal post-partum mothers and babies delivered elsewhere returned for post-natal care provided there are no complications. Mothercraft nurses and RNs ⁽²⁾ with post-graduate qualifications and/or experience specific to the needs of the service. Access to midwives ⁽²⁾ with current clinical experience preferable. Nursing and midwifery education programs available, specific to the needs of the service. Has Level 1 Neonatal Service. Quality improvement activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	-	-	1	-	1	-
2	Normal risk ⁽¹⁾ delivery only. As Level 1. Plus able to cope with sudden unexpected complications until transfer. Has 24 hour access to Medical Officers ⁽²⁾ on site or available within 10 minutes. NUM ⁽²⁾ is desirable for general ward. Midwives available. Continual education programs for all clinical staff in neonatal and adult resuscitation methods and the management of obstetric emergencies (as per Circular 99/86). Has Level 2 Neonatal Service. Links with units at higher levels of service, for referrals and transfers, consistent protocols and continuing education. Strategies in place to ensure ongoing competency of all providers of maternity care. Has more than 80 deliveries per year, or has Medical Practitioners complying with the RACGP/RACOG "Recommended Guidelines relating to Hospital Access and Delineation of Clinical Privileges In Obstetrics for GPs". (If minimum caseload cannot be achieved, considerations may be made for the degree of geographic isolation). Has Level 2 General Surgery. Formal quality improvement program ⁽³⁾ . Formal protocols and referral links to allied health and psychiatry services. Has established referral links to higher levels of care and expertise, including specialist medical, nursing and midwifery services ⁽²⁾ .	2	2	1	-	2	2	1	2
3	As Level 2 plus may deliver selected moderate ⁽¹⁾ risk pregnancies (>36 week gestation) in consultation. Access to obstetrician/s for consultation. Has Accredited Medical Practitioners ⁽²⁾ to provide simultaneous care of mother and neonate in theatre. Specialist anaesthetist (may be GP anaesthetist credentialled for obstetric anaesthesia) and an additional Accredited Medical Practitioner ⁽²⁾ in new born paediatrics. Sufficient Accredited Medical Practitioners ⁽²⁾ (may be GP anaesthetist credentialled for obstetric anaesthesia) and General Surgeon (may be accredited Medical Practitioner in obstetrics) credentialled for lower segment caesarean section (LSCS). Has NUM. Midwives on all shifts ⁽²⁾ . Some RNs with experience in neonatal care and/or having or undertaking relevant post-basic studies.	2	2	1	-	2	2	1	2

37 MATERNITY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
4	As Level 3 plus care for mothers and babies (>34 weeks gestation) at moderate risk ⁽¹⁾ and elective LSCS. Obstetricians, Paediatricians and Specialist Anaesthetists ⁽²⁾ on call 24 hours. Accredited ⁽²⁾ Medical Practitioners ⁽²⁾ on site 24 hours. Has NUM ⁽²⁾ and experienced RNs ⁽²⁾ . Experienced midwives on all shifts. Established links with CNC and/or CNE ⁽²⁾ in midwifery and neonatal nursing. Has a minimum of Level 3 Neonatal Service. Allied health professionals and liaison psychiatry available.	4	3	4	3	4	3	3	3
5	As Level 4 plus may deliver selected high risk pregnancies. Has Level 4 Neonatal Service. CNCs and/or CNE ⁽²⁾ in midwifery on site.	4	4	4	3	4	4	3	3
6	Care of normal, moderate and high risk ⁽¹⁾ deliveries. Obstetric Registrar ⁽⁴⁾ on site 24 hours. Anaesthetic Registrar ⁽⁴⁾ on site 24 hours and available exclusively for obstetrics for hospitals with more than 3000 births per year. Obstetricians may have specific subspecialties/skills/training. Access to fetomaternal specialist. May participate on High Risk Pregnancy and Feto-Maternal Advisory Line (PAL) roster. Experienced midwives ⁽²⁾ on all shifts. Capacity to provide high ratio of nurse/patient care for women with acute complications with pregnancy or birth. 24 hour access to ultrasound services and reporting. CTG monitoring available with capacity to carry out fetal scalp pH in labour ward. Operating suite staff on site. Capacity to carry out caesarean section within 30 minutes. Usually a specialist supra regional unit or statewide role. The lead hospital within a defined network, in which the combined total is at least 3000 births per year. Has Level 5 Neonatal Service. 24 hour access to liaison psychiatry and allied health services. Full-time CNC and/or CNE ⁽²⁾ in midwifery.	5	4	5	3	6	5	5	4

Refers to Neonatal Services Working Party in report of April 1990

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

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

⁽³⁾ See "Glossary" in Appendix V

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

38 NEONATAL

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1	Postnatal care of mothers and babies delivered elsewhere with no complications. Emphasis on parenting, bonding, and breastfeeding. Basic Life Support for neonates available. Midwives, and/or mothercraft nurses and GP care. RN ⁽¹⁾ in charge on each shift. Continuing nursing educational programs ⁽¹⁾ available specific to the needs of the service. Quality improvement activities ⁽³⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	2	*	-
2	As Level 1 plus provision for normal risk ⁽²⁾ pregnancies and healthy infants of > 36 weeks gestation. Accredited Medical Practitioners ⁽¹⁾ in Obstetrics and Newborn Paediatrics. Has 24 hour access to Medical Officer(s) ⁽¹⁾ on site or available within 10 minutes. NUM ⁽¹⁾ for general ward. Some nurses with experience in neonatal or paediatric care and/or undertaking relevant post registration/enrolment studies. Structured periodic medical refresher program (RACGP, RACOG, ACP). Continual education programs for all clinical staff in neonatal and adult resuscitation. Links with units at higher levels of service, for referrals and transfers, consistent protocols and continuing education.	2	2	2	-	1	2	*	2
3	As Level 2 plus manages moderate risk ⁽²⁾ pregnancies. Special care nursery. Management of babies > 34 weeks gestation with minimal complications and convalescing babies. Facilities include incubators, oxygen, cardiorespiratory monitoring, IV fluid therapy, tube feeds, and phototherapy. Obstetricians and Paediatricians or Accredited Medical Practitioners ⁽¹⁾ on call 24 hours; Medical Officer(s) ⁽¹⁾ on site to provide skilled resuscitation and stabilisation pending transfer. Nursing ratio of 1:4 cots desirable. Has NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ . Some RNs ⁽¹⁾ with appropriate post registration or enrolment qualifications specific to the needs of the service. Has established referral links with Level 5 Unit. Formal protocols and referral links to allied health professionals and liaison psychiatry available. Formal quality improvement program ⁽³⁾ .	3	3	3	-	4	3	*	3

38 NEONATAL

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
4	As Level 3 plus may provide short term and complex care in consultation with Level 5/6 Neonatal Centre. Capable of delivering care to convalescing medical and surgical patients. Accredited specialist physician (neonatal paediatrician). Ultimately planning towards on site specialist paediatrician with direct involvement in neonatal ward. Paediatric Registrar on site 24 hours. A minimum of one RN ⁽¹⁾ (preferably with relevant post graduate qualifications) per shift. Established links with CNC ⁽¹⁾ and/or CNE ⁽¹⁾ in neonatal nursing at tertiary facility. Link with Level 5 Unit may include rotation of senior clinical staff.	4	4	4	-	4	4	*	4
5	As Level 4 plus involved in antenatal fetal management of high risk ⁽²⁾ pregnancies. Provides for all aspects of neonatal care including intensive care for the critically ill baby. Medium to long term complex support. Has Neonatologist Director. Neonatal intensive care trained nursing staff. Experienced RNs ⁽¹⁾ on all shifts. Access to CNCs ⁽¹⁾ and/or CNE ⁽¹⁾ in neonatal nursing on site ⁽¹⁾ . Has access to clinical and diagnostic paediatric subspecialties. Multi-disciplinary follow up service provided. May participate in neonatal retrieval. Formal role in post-graduate medical and nursing education. Ensures clinically timely return transfer of convalescing infants. Undertakes research and evaluation.	5	5	5	4	5	4	*	4
6	As Level 5 and also provides neonatal surgery and care for complex congenital and metabolic diseases of the newborn. On site clinical and diagnostic paediatric subspecialty services. Full-time CNC ⁽¹⁾ and/or CNE ⁽¹⁾ in Neonatal Nursing on site. Has Level 6 Paediatric Medicine and Level 6 Paediatric Surgery.	6	5	6	4	6	5	*	6

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

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

⁽³⁾ See "Glossary" in Appendix V

* Adult CCU - not applicable

39 PAEDIATRIC MEDICINE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
1	No planned inpatient paediatric medical service or designated beds. Provides primary and emergency care; and stabilisation for children prior to moving to appropriate higher level of service. Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	-	*	-
2	Designated paediatric inpatient in a general hospital in an outlying and geographically isolated area. May have isolation capacity. Accredited Medical Practitioner ⁽¹⁾ on call. Formal consultative links with Paediatrician. Would be used for only minor medical conditions or convalescence following referral from a higher level unit. RNs ⁽¹⁾ with skills consistent with a competent Paediatric Nurse ⁽¹⁾ . Continuing nursing educational programs available. Able to provide accommodation for parents or carers.	3	2	3	-	3	2	*	2
3	As Level 2, plus designated paediatric ward/area with patient amenities. Has isolation capacity in separate rooms. Provides care for common medical conditions. NUM ⁽¹⁾ , preferably with post basic clinical qualifications or access to CNC ⁽¹⁾ within the Area and RNs ⁽¹⁾ with skills consistent with a competent Paediatric Nurse ⁽¹⁾ . Some RNs ⁽¹⁾ undertaking relevant postgraduate studies. Has 24-hour access to Medical Officer ⁽¹⁾ on site or available within 10 minutes. Access to allied health professionals. Formal link to community child and family health service. Formal quality assurance program ⁽²⁾ .	3	3	3	-	3	2	*	2
4	As Level 3, Designated Director of Paediatric Medical Services, plus provides integrated hospital inpatient unit, non-inpatient family and child health services, and community health services for most paediatric medical conditions. Designated adolescent area. Specialist Paediatrician on call 24 hours. Paediatric support offered to other units within the Area. Designated Medical Officer ⁽¹⁾ . May have Paediatric Registrar ⁽¹⁾ . NUM ⁽¹⁾ or access to CNC within the Area. Access to Audiology services. Allied health professionals on site.	4	4	4	4	4	4	*	2
5	As Level 4, plus Specialised Paediatric Inpatient Unit. May have some paediatric subspecialty skills. Designated adolescent unit. Has Paediatric Registrar ⁽¹⁾ on site 24 hours. Active program of undergraduate and postgraduate teaching and research coordinated with a Level 6 service. Access to CNC ⁽¹⁾ is desirable. Rostered allied health professionals on staff, including recreational therapy. School teacher available.	5	5	5	5	4	5	*	2

39 PAEDIATRIC MEDICINE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
6	As Level 5, plus most paediatric medical and surgical sub-specialties available. Designated Adolescent Ward. Clinical and diagnostic services provided by appropriately trained Paediatric Specialists. Provides some statewide services. Subspecialty consultant on call 24 hours. Has designated Subspecialty Registrar. Provides 24 hour Child Protection Services with consultant Paediatrician and Social Worker. School service for inpatients provided by Department of Education. Has research and specialist paediatric teaching role.	6	6	6	6	4	5	*	2

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

(2) See "Glossary" in Appendix V

* Adult CCU - not applicable

40 PAEDIATRIC SURGERY

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	No planned inpatient paediatric surgical service. Provides primary and emergency care; and stabilisation of children prior to moving to appropriate higher level of service. Quality assurance activities ⁽⁴⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	2	*	-
3	Except in emergencies, children under the age of one year should not be admitted. Minor ⁽¹⁾ elective and selected moderate ⁽¹⁾ surgical procedures on ASA category 1 and 2 ⁽²⁾ children over the age of 1 year performed by General Surgeons or Accredited Medical Practitioners ⁽³⁾ credentialed in paediatric surgery, and Specialist Anaesthetists or Medical Practitioners ⁽³⁾ with appropriate paediatric anaesthetic experience and/or qualifications as determined by the credentialling process involving the relevant Colleges. Appropriate surgical, anaesthetic and resuscitation equipment available. Has 24 hour access to Medical Officers ⁽³⁾ on site or available within 10 minutes. RN ⁽³⁾ with skills consistent with a competent Paediatric Nurse ⁽³⁾ caring for the child. Continuing nursing educational programs ⁽³⁾ available specific to the needs of the service. Formal consultative links with Paediatrician and Paediatric Surgeons. Amenities for parents or carers. Operating suite and recovery room provide for the special needs of children and carers. Formal quality assurance program ⁽⁴⁾ .	3	3	3	-	3	3	*	3
4	Except in emergencies, children under the age of one month should not be admitted. Designated children's ward with parent amenities. Moderate ⁽¹⁾ and selected major ⁽¹⁾ surgical procedures on ASA categories 1 and 2 ⁽²⁾ children performed by Surgeons ⁽³⁾ credentialed in paediatric surgery, and Specialist Anaesthetists ⁽³⁾ with appropriate paediatric anaesthetic experience and /or qualifications as determined by the credentialling process. Medical Officer ⁽³⁾ on site 24 hours. Consultation available from specialist paediatrician. Facility to isolate in single room. Has NUM ⁽³⁾ and RNs ⁽³⁾ with skills consistent with a competent Paediatric Nurse ⁽³⁾ . Some RNs ⁽³⁾ undertaking relevant postgraduate studies. Has access to allied health professionals. May have a role in providing paediatric support to other units within the Area.	4	4	4	3	4	4	*	4

40 PAEDIATRIC SURGERY

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NlMed	Anaes	ICU	CCU	Op/s
5	As Level 4 plus specialised paediatric inpatient unit with nominated Director of Paediatric Surgical Services. Provides most major diagnostic and treatment procedures on ASA categories 1 to 5 ⁽²⁾ children excluding complex major ⁽¹⁾ paediatric surgery on rare complex congenital malformations (frequency of less than one in 2,500 births). Specialist Surgeons (paediatric), General Surgeons ⁽³⁾ credentialed in paediatric surgery, and Specialist Anaesthetists ⁽³⁾ (paediatric) on call 24 hours. Participates in undergraduate and postgraduate teaching. Paediatric support offered to other units within the Area. Training positions for Paediatric Nurses. Paediatric Registrar ⁽³⁾ on call 24 hours. Surgical Registrar ⁽³⁾ on call 24 hours. Access to CNC ⁽³⁾ is desirable. May have teaching and research role. Rostered allied health professionals, including recreational therapy and educational services.	5	5	5	5	5	5	5	*	6
6	As Level 5 plus has subspecialty units in most areas of Paediatric Surgery (eg. may have paediatric neurosurgery, cardiac surgery). Provides a statewide service. Active program of undergraduate and postgraduate teaching, research and development. Paediatricians and Specialist Surgeons (paediatric) ⁽³⁾ with subspecialty interests on call 24 hours. Designated Paediatric Surgical Registrars ⁽³⁾ in subspecialty units. Has research and specialist paediatrics teaching role.	6	6	6	6	5	6	6	*	6

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

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

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

⁽⁴⁾ See "Glossary" in Appendix V

* Adult CCU - not applicable

41 FAMILY AND CHILD HEALTH

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

41 FAMILY AND CHILD HEALTH

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

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

⁽²⁾ See "Glossary" in Appendix V

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

42 ADOLESCENT HEALTH

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

⁽¹⁾ See "Glossary" in Appendix V

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

43 ADULT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1	General hospital inpatient services without designated or gazetted mental health beds or staff, at General Medicine Level 1, providing mental health care for voluntary patients admitted under management of GP ⁽¹⁾ or other Medical Officer ⁽¹⁾ , including stabilisation of acute illness prior to moving to higher level of mental health service where necessary. Linkages ⁽²⁾ to consultation-liaison from experienced ⁽¹⁾ mental health staff (may be by teleconferencing). Access ⁽²⁾ to community support services. Formal ⁽²⁾ arrangements for nearest Level 5 Diagnostic Imaging service. Reporting and Quality Assurance activities as required by General Medicine for inpatient services, and as required by Mental Health Services (MHS) for mental health consultation-liaison.	1	1	1	-	1	-	1	-
2	Special mental health care suite with gazetted ⁽²⁾ beds, generally operated on demand, without permanent staff. Medical Superintendent ⁽¹⁾ responsible for treatment. Must have support required to admit involuntary patients, including teleconferencing. Staffed by RNs ⁽¹⁾ with formal linkages ⁽²⁾ to psychiatrists, allied health, and other experienced ⁽¹⁾ mental health staff (may be by teleconferencing). Linkages ⁽²⁾ to community support services via Area MHS, including local Health Care Agency ⁽³⁾ , networked ⁽²⁾ non-acute inpatient services. Formal ⁽²⁾ arrangements for nearest Level 5 Diagnostic Imaging service. Reporting and Quality Assurance activities as required by MHS when beds operated as mental health beds.	1	2	1	-	1	-	1	-
3	Dedicated acute mental health inpatient unit with gazetted ⁽²⁾ beds in a general hospital with Level 3 or above General Medicine service. Medical Superintendent ⁽¹⁾ responsible for treatment. Manages both routine and emergency mental health care. Either Staff Specialist or VMO Psychiatrist ⁽¹⁾ consultation is available and on call 24 hours (may be by teleconferencing). NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ . Resident Medical Officer ⁽¹⁾ on-site 24 hours. Teleconferencing available on-site. Provision of allied health services. May provide psychiatric consultation-liaison to general hospital and Area MHS. Linkages ⁽²⁾ via Area MHS to community mental health, rehabilitation and extended care services, including NGOs and networked ⁽²⁾ non-acute inpatient services. Education and training programs for all disciplines. Formal ⁽²⁾ arrangements for nearest Level 5 Diagnostic Imaging service. Reporting and Quality Assurance as required by MHS.	3	3	3	-	2	3	3	2

43 ADULT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
4	As level 3 but general hospital with at least Level 4 General Medicine plus Medical superintendent ⁽¹⁾ is a psychiatrist and has psychiatric Registrar ⁽¹⁾ . CNS ⁽¹⁾ and allied health professionals on-site. May operate specialised programs. Generally expected to be provider of telepsychiatry. Formal quality assurance program including clinical supervision, professional development and peer review. Supervision and training of Registrars ⁽¹⁾ .	4	4	4	-	4	4	4	2
5	As Level 4 but with specialised features. May provide liaison psychiatry. May have dedicated beds for subspecialties with Registrar ⁽¹⁾ support, eg postnatal. Psychiatric Registrar ⁽¹⁾ on call after hours. CNC ⁽¹⁾ available. Access ⁽²⁾ to specialised allied health services, as appropriate.	4	4	4	-	4	4	4	2
6	As Level 5 plus access ⁽²⁾ to full range of subspecialty and related services. Has subspecialty Registrars ⁽¹⁾ and consultants on-site. Provides state referral service. Undertakes a range of teaching and research functions. Provides telepsychiatry services.	4	4	4	-	4	4	4	2

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

⁽³⁾ See "Glossary" in Appendix V

⁽³⁾ A service designated to carry out compulsory treatment in the community under Section 114 of the Mental Health Act 1990 NSW.

44 ADULT MENTAL HEALTH (Community Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1	<p>Outreach mental health service provided by visiting mental health staff in conjunction with general community health staff and GPs⁽¹⁾ in (typically) Level 1 Community Health Service serving a population to 20,000, with no local mental health staff. Able to provide assessment/treatment for common conditions. Formal⁽²⁾ arrangements for Level 1 Pathology and Level 1 Pharmacy services locally, and nearest Level 5 Diagnostic Imaging service. Services provided by general community health staff in conjunction with GPs⁽¹⁾ and visiting mental health staff. Emergency services available from local hospital and/or Area mental health emergency number. Linkages⁽²⁾ to Area Mental Health Services (MHS) for outreach services, including nearest Health Care Agency⁽³⁾. Reporting and Quality Assurance activities as required by MHS for services by visiting mental health staff, otherwise as for general community health.</p>	-	-	-	-	-	-	-	-
2	<p>Has local mental health staff during business hours and may be local Health Care Agency⁽³⁾. Formal⁽²⁾ arrangements for access⁽²⁾ to adult mental health Level 1 or 2 inpatient beds if these are the highest level available locally. Formal⁽²⁾ arrangements for Level 1 Pathology and Level 1 Pharmacy services locally, and nearest Level 5 Diagnostic Imaging service. Emergency services available from local hospital and/or Area mental health emergency number cover, and/or on call arrangements. Linkages⁽²⁾ via Area MHS for visiting psychiatrist and other specialist consultation-liaison (may be by teleconferencing). May provide outreach services, but usually not. Established linkages⁽²⁾ with general community health services and other agencies for coordinated care. Reporting and Quality Assurance activities as required by MHS.</p>	-	-	-	-	-	-	-	-
3	<p>As level 2 but provides local multidisciplinary service and some additional extended hours coverage via on-call arrangements. Has some experienced⁽¹⁾ mental health staff. May provide outreach services. Can conduct most relevant assessments locally. Is an Authorised Health Care Agency⁽³⁾, and may provide consultation-liaison service to emergency department and general inpatient service of local hospital. Formal⁽²⁾ arrangements for nearest Level 5 Diagnostic Imaging service. May have local access⁽²⁾ to Level 3 or above adult mental health beds, but usually not.</p>	1	1	-	-	-	-	-	-

44 ADULT MENTAL HEALTH (Community Care)

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
4	As level 3 plus has designated psychiatrist or Registrar and experienced RNs ⁽¹⁾ and allied health professionals. Operates emergency services. Provides or has access ⁽²⁾ to specialised diagnostic and assessment services. May provide education and training programs, telepsychiatry, mental health promotion and illness prevention and other services for lower-level services in the Area MHS.	1	1	-	-	-	-	-	-	-
5	As Level 4 and has Psychiatrist/Registrar ⁽¹⁾ on call 24 hours. Has access ⁽²⁾ to CNC ⁽¹⁾ . Provides emergency home visits by on-call staff. May have subspecialty Registrars ⁽¹⁾ . May have teaching and research role.	1	1	-	-	-	-	-	-	-
6	As Level 5 plus access to full range of subspecialty and related services. Has subspecialty Registrars ⁽¹⁾ and consultants on-site. Has 24-hour crisis service seven days. Provides state referral service. Undertakes a range of teaching and research functions. Provides telepsychiatry services.	1	1	-	-	-	-	-	-	-

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

⁽²⁾ See "Glossary" in Appendix V

⁽³⁾ A service designated to carry out compulsory treatment in the community under Section 114 of the Mental Health Act 1990 NSW.

45 CHILD/ADOLESCENT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
1	<p>General hospital inpatient services without designated paediatric or gazetted⁽²⁾ mental health beds or staff, at General Medicine Level 1 and above, providing mental health care for child/adolescent voluntary patients admitted under management of GP⁽¹⁾ or other Medical Officer⁽¹⁾, including stabilisation of acute illness prior to moving to higher level of mental health service where necessary. Access⁽²⁾ to mental health consultation-liaison. Linkages⁽²⁾ to consultation-liaison from experienced⁽²⁾. Child/adolescent mental health staff (may be by teleconferencing). May have formal⁽²⁾ links⁽²⁾ with other relevant agencies, eg Department of Community Services, Department of Education and Training. Access⁽²⁾ to community support services. Formal⁽²⁾ arrangements for nearest Level 5 Diagnostic Radiology service. Reporting and Quality Assurance activities as required by General Medicine for inpatient services, and as required by Mental Health Services (MHS) for consultation-liaison.</p>	(As for Level 1 General Medicine)							
2	<p>As Level 1, but provides inpatient care using Paediatric Medicine service at Level 2 or above, or Adult Level 2 mental health beds (ie, special care suite allocated to child/adolescent patient/s) with mental health consultation-liaison. If gazetted⁽²⁾ Adult Level 2 beds are used, involuntary patients may be admitted, with medical superintendent⁽¹⁾ responsible for treatment. Access⁽²⁾ to child/adolescent mental health service network, including Area Child/Adolescent Mental Health Coordinator with established consultation-liaison links⁽²⁾ with higher level specialised child/adolescent MHS. Paediatric consultation-liaison available. Established linkages⁽²⁾ with specialist child/adolescent services including PANOC. Linkages⁽²⁾ to community support services, and networked⁽²⁾ non-acute inpatient services via Area MHS. Reporting and Quality Assurance activities as required by Paediatric Medicine for admission to paediatric beds, and otherwise as required by MHS.</p>	(As for Level 2 General Medicine or Level 2 Paediatric Medicine depending on "host" unit)							

45 CHILD/ADOLESCENT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	N/Med	Anaes	ICU	CCU	Op/s
3	As Level 2, but includes services in hospitals with Level 3 or above adult mental health beds, and has access ⁽²⁾ to child/adolescent mental health staff providing consultation-liaison. Beds may be a child/adolescent special mental health care suite operating on demand within the adult mental health unit or paediatric unit. Some child/adolescent mental health on call services available. Has 24 hour access ⁽²⁾ to Resident Medical Officer ⁽¹⁾ on site or available. Access ⁽²⁾ to consultation-liaison from child/adolescent psychiatrist (may be by teleconferencing). Access ⁽²⁾ to a paediatrician. Access ⁽²⁾ to local Health Care Agency ⁽³⁾ , via Area MHS. Reporting and Quality Assurance activities as required by Paediatric Medicine for admission to paediatric beds, and otherwise as required by MHS.									(As for Level 3 General Medicine or Level 2 Paediatric Medicine depending on "host" unit)
4	As level 3 plus access ⁽²⁾ to child/adolescent psychiatrist and Psychiatry Registrar ⁽¹⁾ . Established linkages ⁽²⁾ with experienced community-based child/adolescent mental health staff for follow-up. May provide child/adolescent mental health day patient program. Access ⁽²⁾ to child/adolescent Clinical Psychologist. Access ⁽²⁾ to allied health professionals such as Physiotherapist and Speech Pathologist. Training in child/adolescent mental health available for staff. May have specific child/adolescent mental health programs such as depression, early intervention in psychosis. May be provider of telepsychiatry.									(As for Level 4 General Medicine or Level 2 Paediatric Medicine depending on "host" unit)
5	As Level 4 but is either (1) a Supra-Area designated specialist child/adolescent Mental Health Unit with gazetted ⁽²⁾ beds, in which case the medical superintendent ⁽¹⁾ responsible for treatment is a child/adolescent Psychiatrist, or (2) a specialist child/adolescent inpatient program provided in a paediatric hospital. Provides specialised supra-area child/adolescent network service. Child/adolescent Psychiatrist on call 24 hours. In paediatric hospitals, a dedicated child/adolescent CNC ⁽¹⁾ . Experienced ⁽²⁾ child/adolescent mental health staff. Access ⁽²⁾ to age-specific allied health services. Provides education, training and supervision and conducts research in child/adolescent mental health.									(As for Level 4 General Medicine or Level 2 Paediatric Medicine depending on "host" unit)

45 CHILD/ADOLESCENT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
6	As Level 5 but must have designated gazetted ⁽²⁾ child/adolescent inpatient beds and provides a full range of subspecialty and related services. Medical Superintendent ⁽¹⁾ responsible for treatment is a child/adolescent Psychiatrist. Subspecialty Registrars ⁽¹⁾ and consultants on-site. Undertakes a range of teaching and research functions. Provides telepsychiatry services.									(As for Level 4 General Medicine or Level 2 Paediatric Medicine depending on "host" unit)

⁽¹⁾ See Glossary in Appendix 5.

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

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

46 CHILD/ADOLESCENT MENTAL HEALTH (Community Care)

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU	Op/s
1	Outreach mental health service provided by visiting mental health staff in conjunction with general community health staff and GPs ⁽¹⁾ in (typically) Level 1 Community Health Service serving a population to 20,000, with no local mental health staff. Able to provide assessment/treatment for common conditions. Formal ⁽²⁾ arrangements for pathology level 1 and pharmacy level 1 services locally, and nearest diagnostic imaging level 5 service. Linkage ⁽²⁾ to Area emergency services available from local hospital and/or Area mental health emergency number. Linkages ⁽²⁾ to Area Mental Health Service (MHS) for outreach services, including specialist child/adolescent mental health staff and nearest Health Care Agency ⁽³⁾ . Reporting and Quality Assurance activities as required by MHS for services by visiting mental health staff, otherwise as for general community health.	-	-	-	-	-	-	-	-	-
2	Mental health service with local mental health staff during business hours and may be local Health Care Agency ⁽³⁾ , but does not have staff specialising in child/adolescent mental health care. Formal ⁽²⁾ arrangements for access ⁽²⁾ to Level 1 or 2 inpatient beds if these are the highest level available locally. Formal ⁽²⁾ arrangements for pathology level 1 and pharmacy level 1 services locally, and nearest diagnostic imaging level 5 services. Emergency services available from local hospital and/or Area mental health emergency number, and/or on call arrangements by general mental health staff. Linkages ⁽²⁾ via Area MHS for visiting child/adolescent psychiatrist or Registrar ⁽¹⁾ and other specialist consultation-liaison (may be by teleconferencing). May provide outreach services, but usually not. Established linkages ⁽²⁾ with general community health services and other agencies for coordinated care. Reporting and Quality Assurance activities as required by MHS.	-	-	-	-	-	-	-	-	-

46 CHILD/ADOLESCENT MENTAL HEALTH (Community Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
3	As level 2 but has some experienced ⁽¹⁾ child/adolescent mental health staff, provides local multidisciplinary service and some additional extended hours coverage via on-call arrangements by mental health staff. Is an Authorised Health Care Agency ⁽³⁾ . Formal ⁽²⁾ arrangements for nearest diagnostic imaging level 5 service. Can conduct most relevant assessments locally. May provide consultation-liaison ⁽²⁾ service to ED and general inpatient service of local hospital. May provide outreach services. May have local access ⁽²⁾ to Level 3 or above child/adolescent mental health beds. May provide consultation/liaison child and adolescent mental health services for other services and agencies such as primary health care (including maternal, child and family and youth health), DOCS, Education and NGOs.	1	1	-	-	-	-	-	-
4	As level 3 plus has designated child/adolescent psychiatrist or Registrar ⁽¹⁾ and experienced RNs ⁽¹⁾ and allied health professionals. Operates emergency services. Provides or has access ⁽²⁾ to specialised diagnostic and assessment services. May provide education and training programs, telepsychiatry, mental health promotion and illness prevention and other services for lower-level services in the Area MHS. Provides consultation/liaison ⁽²⁾ child and adolescent mental health services for other services and agencies such as primary health care (including maternal, child and family and youth health), DOCS, Education and NGOs.	1	1	-	-	-	-	-	-
5	As Level 4 plus has child/adolescent Psychiatrist or Registrar ⁽¹⁾ on call 24 hours. Has access ⁽²⁾ to CNC ⁽¹⁾ . Provides emergency home visits by on-call staff. May have subspecialty Registrars. ⁽¹⁾ May have teaching and research role.	1	1	-	-	-	-	-	-
6	As Level 5 plus has access ⁽²⁾ to full range of subspecialty and related services. Has subspecialty Registrars ⁽²⁾ and consultants on-site. Has 24-hour crisis service seven days. Provides supra-Area referral service. Undertakes a range of teaching and research functions. Provides telepsychiatry services.	1	1	-	-	-	-	-	-

⁽¹⁾ See Glossary in Appendix 5

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

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

47 OLDER ADULT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NMed	Anaes	ICU	CCU
1	General hospital inpatient services without designated or gazetted ⁽²⁾ psychogeriatric beds or staff, at Level 1 General Medicine and above, providing mental health care for older voluntary patients admitted under management of GP ⁽¹⁾ or other Medical Officer ⁽¹⁾ , including stabilisation of acute illness prior to moving to higher level of mental health service where necessary. Linkages ⁽²⁾ to consultation-liaison from experienced ⁽¹⁾ mental health staff (may be by teleconferencing). May have formal ⁽²⁾ links ⁽²⁾ with Aged Care Assessment Teams (ACAT), other Ageing and Disability Services. Access ⁽²⁾ to community support services (Home and Community Care Services, Meals on Wheels). Formal ⁽²⁾ arrangements for nearest diagnostic imaging level 5 service. Reporting and Quality Assurance activities as required by General Medicine for inpatient services, and as required by Mental Health Services (MHS) for consultation-liaison.	1	1	1	-	1	-	1	-
2	Special psychogeriatric care suites with designated psychogeriatric beds, generally operated on demand in this role, without specific staff, either in a general hospital or adult mental health inpatient unit at Level 2 or above. Includes gazetted ⁽²⁾ beds with Medical Superintendent ⁽¹⁾ responsible for treatment. Must have support required to admit involuntary patients, including teleconferencing. Linkages ⁽²⁾ to consultation-liaison from experienced ⁽¹⁾ mental health staff (may be by teleconferencing). Staffed by RNs ⁽¹⁾ with access ⁽²⁾ to Psychiatrists and Psychogeriatricians, allied health, and experienced ⁽¹⁾ mental health staff. Linkages ⁽²⁾ to community support services, including ACAT teams and Nursing Homes, local Health Care Agency ⁽³⁾ , and networked ⁽²⁾ non-acute inpatient services, via Area MHS. Formal ⁽²⁾ arrangements for nearest diagnostic imaging level 5 service. Reporting and Quality Assurance activities as required by MHS.	1	2	1	-	1	-	1	-

47 OLDER ADULT MENTAL HEALTH (Inpatient Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
3	Dedicated acute psychogeriatric inpatient unit with gazetted beds ⁽²⁾ in a general hospital with Level 4 or above General Medicine service. Medical Superintendent ⁽¹⁾ responsible for treatment. Manages both routine and emergency mental health care. Either Staff Specialist or VMO ⁽¹⁾ psychiatrist consultation is available and on call 24 hours (may be by teleconferencing). Psychogeriatrician consultation available. NUM ⁽¹⁾ and RNs ⁽¹⁾ experienced in psychogeriatric care. Resident Medical Officer ⁽¹⁾ on-site 24 hours. Teleconferencing available on-site. Formal ⁽²⁾ arrangements for nearest Level 5 Diagnostic Imaging service. Provision of allied health services. May provide psychogeriatric consultation-liaison to general hospital and Area MHS. Linkages ⁽²⁾ via Area MHS to community mental health, rehabilitation, aged care and extended care services, including NGOs and networked ⁽²⁾ non-acute inpatient services. Education and training programs for all disciplines. Reporting and Quality Assurance as required by MHS.	3	3	3	-	2	3	3	2
4	As level 3 plus Medical Superintendent ⁽¹⁾ is a Psychiatrist and has Psychiatric Registrar ⁽¹⁾ . CNS ⁽¹⁾ and allied health professionals on-site. Access ⁽²⁾ to a consultant physician in geriatric medicine and Psychogeriatrician on-site. Access ⁽²⁾ to CNC ⁽¹⁾ specialising in ageing. May operate specialised programs. Generally expected to be provider of telepsychiatry. Formal quality assurance program including clinical supervision, professional development and peer review. Supervision and training of Registrars ⁽¹⁾ .	4	4	4	-	4	4	4	2
5	As Level 4 but with specialised features. May provide liaison psychiatry. Provides specialised psychogeriatric consultation-liaison service. May have dedicated beds for subspecialties with Registrar ⁽¹⁾ support. Psychiatric Registrar ⁽¹⁾ on call after hours. CNC ⁽¹⁾ available. CNS ⁽¹⁾ in aged care on-site. Access ⁽²⁾ to age-specific allied health services (eg, neuropsychology).	4	4	4	-	4	4	4	2
6	As Level 5 plus provides a full range of subspecialty and related services. Subspecialty Registrars ⁽¹⁾ and consultants on-site. Provides supra-Area referral service. Undertakes a range of teaching and research functions. Provides telepsychiatry services.	4	4	4	-	4	4	4	2

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

⁽²⁾ See "Glossary" in Appendix V

⁽³⁾ A service designated to carry out compulsory treatment in the community under Section 114 of the Mental Health Act 1990 NSW.

48 OLDER ADULT MENTAL HEALTH (Community Care)

Level	Description	Minimum Level Of Support Services								
		Path	Phar	Imag	Diag	N/Med	Anaes	ICU	CCU	Op/s
1	<p>Outreach mental health service provided by visiting mental health staff in conjunction with general community health staff and GPs⁽¹⁾ in (typically) Level 1 Community Health Service serving a population to 20,000, with no local mental health staff. Able to provide assessment/treatment for common conditions. Formal⁽²⁾ arrangements for Level 1 Pathology and Level 1 Pharmacy services locally, and nearest Level 5 Diagnostic Imaging service. Services provided by general community health and aged care staff in conjunction with GPs and visiting mental health staff. Emergency services available from local hospital and/or Area mental health emergency number. Linkages⁽²⁾ to Area Mental Health Service (MHS) for outreach services, including nearest Health Care Agency⁽³⁾. Reporting and Quality Assurance activities as required by MHS for services by visiting mental health staff, otherwise as for general community health.</p>									
2	<p>Mental health service with local mental health staff during business hours and may be local Health Care Agency⁽³⁾, but does not have staff specialising in psychogeriatric care. Formal⁽²⁾ arrangements for access⁽²⁾ to Level 1 or 2 mental health inpatient beds if these are the highest level available locally. Formal⁽²⁾ arrangements for Level 1 Pathology and Level 1 Pharmacy services locally, and nearest diagnostic imaging level 5 services. Emergency services available from local hospital and/or Area mental health emergency number, and/or on call arrangements. Linkages⁽¹⁾ via Area MHS for visiting Psychiatrist/Psychogeriatrician and other specialist consultation-liaison (may be by teleconferencing). Established linkages⁽²⁾ with general community health services and other agencies for coordinated care, especially Aged Care Assessment Teams (ACAT), Nursing Homes, MPS, etc. Reporting and Quality Assurance activities as required for MHS.</p>									

48 OLDER ADULT MENTAL HEALTH (Community Care)

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
3	As level 2 but provides local multidisciplinary service and some additional extended hours coverage via on-call arrangements, and is a specialised component of the Area MHS. Has some staff specialising in psychogeriatric care. Formal ⁽²⁾ arrangements for nearest Level 5 Diagnostic Imaging service. May provide outreach services and consultation-liaison to other services on psychogeriatric care. Can conduct most relevant assessments locally. Is an Authorised Health Care Agency ⁽³⁾ , and may provide consultation-liaison service to emergency department and general inpatient service of local hospital. Formal ⁽²⁾ arrangements for nearest diagnostic imaging level 5 service. May have local access ⁽²⁾ to Level 3 or above adult mental health beds, but usually not.	1	1						
4	As level 3 plus has designated Psychogeriatrician, Registrar ⁽¹⁾ and experienced RNs ⁽¹⁾ and allied health professionals. Provides or has access ⁽²⁾ to specialised diagnostic and assessment services. May provide education and training programs, telepsychiatry and other services for lower-level services in the Area MHS.	1	1						
5	As Level 4 but has Psychogeriatrician/Registrar ⁽¹⁾ on call 24 hours. Has access to specialist CNC. May have teaching and research role.	1	1						
6	As Level 5 plus access to full range of subspecialty and related services. Has subspecialty Registrars ⁽¹⁾ and consultants on-site. Has 24-hour crisis service seven days. Provides state referral service. Undertakes a range of teaching and research functions. Provides telepsychiatry services.	1	1						

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

⁽²⁾ See "Glossary" in Appendix V

⁽³⁾ A service designated to carry out compulsory treatment in the community under Section 114 of the Mental Health Act 1990 NSW

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

Level	Description
1	Reporting and appropriate referral by Medical Practitioner and health professionals. Management of presenting health problem. Reporting to Department of Community Services (DOCS) in accordance with Children (Care and Protection) Act, 1987 and Circular 97/14. Level 1 Pathology and access to Level 2 Diagnostic Imaging. Referral for counselling/medical care to next level or appropriate local community health services. No planned PANOC Service. Formal link with Level 4 PANOC and Sexual Assault Service. Interpreters as per Circular 94/10. Staff trained in relation to recognition and notification as per 97/135. Copies of <i>Recognising and Notifying Child Abuse and Neglect, Procedures for Front Line Health Professionals and A Policy for Protecting Children and Young People from Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect</i> . Copy of <i>Interagency Guidelines for Child Protection Intervention</i> available and all relevant staff aware and adhere to all documents.
3	As Level 1 plus links with on or off site specialist PANOC workers with experience and training in counselling intervention with child victims of physical or emotional abuse or neglect and their carers. Medical service provided by paediatrician/Medical Officer with paediatric experience. Ongoing medical treatment or monitoring as required. Access to and links with Emergency Departments. Formal link with Level 4 PANOC Service and Level 4 Sexual Assault Service (on or off site). Networks developed between social work department, obstetrics units, paediatric services, mental health, drug and alcohol and community health services. Link and regular meetings with local DOCS and NSW Police Service.
4	As Level 3 plus 24 hour crisis intervention service provided by paediatric/Medical Officer and health professionals- all with training in dealing with child abuse. Designated PANOC coordinator. Formal link with Level 6 PANOC Service. Designated area in Emergency Department or elsewhere in hospital for crisis care. Referrals from lower levels accepted. Level 4 Paediatric Medicine and Level 3 Paediatric Surgery on site.
6	As Level 4 plus designated multidisciplinary team consisting of medical services (paediatrician, Medical Officer), psychiatrist, social worker, psychologist, allied health professionals and nursing staff who will provide 24 hour crisis intervention rostered service from within the team. Has designated director. Has active undergraduate, postgraduate and professional teaching role and conducts research. Clinical pathology available. Medical Officer and paediatric specialists available for consultation. Level 6 Paediatric Medicine and Level 6 Paediatric Surgery on site. Provide peer review for Medical Practitioners. Formal procedures for referring children and families for ongoing counselling intervention back to Level 3 and 4.

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

50 DRUG AND ALCOHOL SERVICES

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

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

⁽²⁾ See "Glossary" in Appendix V

51 GERIATRICS

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NMed	Anaes	ICU	CCU	Op/s
1	Primarily supportive. Personal and nursing care available as necessary. Referral and management by GP. Links to Home and Community Care Services and hostel and nursing home accommodation. RN ⁽¹⁾ in charge on each shift (inpatient unit). Quality assurance activities ⁽²⁾ . Interpreters as per Circular 94/10.	1	1	1	-	1	2	1	-
2	As Level 1 plus General Physician consultation available. Continuing nursing educational programs ⁽¹⁾ available specific to the needs of the service. Links to community based health services, particularly Community Nursing. Access to allied health professionals. Can provide respite care.	1	2	1	-	1	2	1	-
3	As Level 3 General Medicine plus provides limited rehabilitation.	3	3	3	-	2	3	3	2
4	As Level 3 plus active assessment and rehabilitation involving inter-disciplinary team providing services to day patients and inpatients. Has NUM ⁽¹⁾ and experienced RNs ⁽¹⁾ . Medical services provided by specialists supported by Medical Registrars ⁽¹⁾ or Medical Officers ⁽¹⁾ . Access to consultant physician in geriatric medicine. Consultation and referral links to relevant medical and surgical services.	3	3	4	-	3	3	3	3
5	As Level 4 plus integrated assessment inpatient unit and domiciliary consultant service serving a defined geographical catchment. Link with inpatient rehabilitation unit. Nominated specialist medical director and Medical Registrar ⁽¹⁾ . Access to CNC ⁽¹⁾ is desirable. Has, or links with psychogeriatric service. May have teaching and research role.	5	4	5	3	4	4	4	3
6	As Level 5 plus admission rights including from Emergency Services Department, for acute patients under specialist Geriatricians. Has teaching and research role. Has Geriatrics Registrar. May have statewide role.	6	6	5	5	4	4	4	4

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

⁽²⁾ See "Glossary" in Appendix V

52 HEALTH PROMOTION

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

⁽¹⁾ See "Glossary" in Appendix V

53 PALLIATIVE CARE

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Diag Imag	NIMed	Anaes	ICU	CCU	Op/s
1	Primarily supportive. Management by GPs and generalist community nurses (community patients). Inpatient management has RN ⁽¹⁾ in charge on each shift. Quality assurance activities. Interpreters as per Circular 94/10.	1	1	1	-	1	-	-	-
2	As Level 1 plus consultation available from specialist physician ⁽¹⁾ . Continuing nursing education programs available specific to the needs of the service.	1	1	1	-	1	-	-	-
3	As Level 2 plus consultative support from CNS/CNC ⁽¹⁾ (community patients). Inpatient management by Accredited Medical Practitioners ⁽¹⁾ or by specialist physicians ⁽¹⁾ . NUM ⁽¹⁾ . Access to social worker. Formal quality assurance program ⁽²⁾ .	2	1	1	-	1	2	1	-
4	As Level 3 plus mobile consultancy support from Medical Practitioner specialising in palliative care (community patients) and designated palliative care beds managed by Medical Practitioner specialising in palliative care. Social worker and allied health professionals on staff.	3	2	2	-	3	2	1	3
5	As Level 4 plus integrated community/hospice consultative service under direction of Accredited Medical Practitioners ⁽¹⁾ in palliative care or palliative care physician. Has Medical Officer ⁽¹⁾ or Medical Registrar ⁽¹⁾ . CNS ⁽¹⁾ or CNC ⁽¹⁾ , social worker and allied health professional staff attached to service. Has links with oncology, radiotherapy, anaesthetics, psychiatry, multidisciplinary pain clinic, rehabilitation and surgical services.	4	4	2	3	4	2	1	3
6	As for Level 5 plus palliative care specialist ⁽¹⁾ providing liaison consultancy to various units at major referral hospitals. Link with multidisciplinary pain clinic. Has Registrar ⁽¹⁾ in palliative medicine. Based in or has staff with conjoint appointments between hospice and major referral hospital.	4	4	5	3	5	3	1	4

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

⁽²⁾ See "Glossary" in Appendix V

54 REHABILITATION

Level	Description	Minimum Level Of Support Services							
		Path	Phar	Imag	Diag	NIMed	Anaes	ICU	CCU
3	Inpatient care in which the goal is functional restoration following an episode of disability. Referral and management by Accredited Medical Practitioners ⁽¹⁾ . Documented rehabilitation goals using functional status measures. Allied health professionals with skills in stroke, orthopaedics etc. Formal quality assurance program ⁽²⁾ . Interpreters as per Circular 94/10.	1	2	2	-	2	2	1	1
4	A Level 4 Rehabilitation Medicine Service has dedicated inter-disciplinary teams with specific expertise in orthopaedic, neurological and/or geriatric rehabilitation programs. Specialist with accredited training in Rehabilitation Medicine responsible for patient care supported by Medical Officers ⁽¹⁾ . May have Rehabilitation Registrar ⁽¹⁾ , NUM ⁽¹⁾ and RNs ⁽¹⁾ with appropriate experience. Allied health professionals are experienced to levels commensurate with program needs.	3	2	3	-	3	2	1	2
5	As Level 4 plus may be freestanding and networked with or exist within acute services. May be a specified Program - "amputee" program, "brain injury" program etc. Serving a defined geographical area. Defined inpatient and outpatient rehabilitation programs. Unit directed by a Specialist in Rehabilitation Medicine ⁽¹⁾ . Has NUM, CNS and access to CNC ⁽¹⁾ . Has Registrar ⁽¹⁾ . Has dedicated Activities of Daily Living and therapy areas with special equipment commensurate with programs offered. Unit has patient management program incorporating goals, outcomes and benchmarking. May have teaching and research role. Dedicated allied health professionals. Networked with hydrotherapy and work conditioning programs. Linked with appropriate medical and surgical sub-specialties.	3	3	4	3	4	2	1	3
6	As Level 5 plus either freestanding and networked with a Referral Hospital, or exist within such a hospital. Serving local geographical area and having supra-Area role for specific Rehabilitation Programs. Has Teaching and Research roles. Outreach services from supra-Area programs. Directed by Consultant in Rehabilitation Medicine ⁽¹⁾ . Has Rehabilitation Registrars ⁽¹⁾ . Has access to 24 hour medical cover on site or within 10 minutes. CNC in Rehabilitation, NUM and CNS ⁽¹⁾ . May have a supra-area role (eg. spinal unit). Senior dedicated allied health professionals. Linked to referral hospital specialty services.	3	4	4	3	4	3	3	4

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

⁽²⁾ See "Glossary" in Appendix V

55 SEXUAL ASSAULT SERVICES

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

⁽¹⁾ See "Glossary" in Appendix V

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

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

Core Services – Community Based Health Services

56 ABORIGINAL / INDIGENOUS HEALTH

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

⁽¹⁾ See "Glossary" in Appendix V

57 COMMUNITY HEALTH - GENERAL

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

⁽¹⁾ See "Glossary" in Appendix V

58 COMMUNITY NURSING

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

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

⁽²⁾ See "Glossary" in Appendix V

59 GENETICS

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

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

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

60 MULTICULTURAL HEALTH

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

⁽¹⁾ See "Glossary" in Appendix V

61 ORAL HEALTH

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

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

62 SEXUAL HEALTH SERVICES

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

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

⁽²⁾ See "Glossary" in Appendix V

63 WOMEN'S HEALTH

Level	Description
1	Range of community services by general staff (including self-help and support groups for women). Community development in health initiatives. Access to identified women's health services and GPs, for consultation and referral. Quality assurance activities ⁽¹⁾ . Interpreters as per Circular 94/10.
2	As Level 1 plus general staff providing programs specifically targeting women's health issues, eg. promoting breast self examination. Consultation and referral to GPs with access to specialist medical services. Health promotion and prevention programs available.
3	As Level 2 plus full-time designed Women's Health Nurse(s) providing range of services. Formal interagency collaboration on health promotion and prevention programs. Link to specialist multidisciplinary women's health teams (Level 4). Formal quality assurance program ⁽¹⁾ .
4	As Level 3 plus specialist multidisciplinary women's health teams offering primary medical care. May have on site Medical Practitioner. Links with local GPs. Specifically targeted women's health programs. Multi-disciplinary health promotion programs with evaluation and monitoring of those programs. Extensive health promotion and prevention programs with formal outcome evaluation. Formal interagency collaboration with other relevant government departments, and NGOs. Links with specialist medical and surgical inpatient services (gynaecology, oncology).
6	As Level 4 plus specialist relevant medical and surgical services (eg. gynaecology, oncology). May provide undergraduate and postgraduate training for professional disciplines. Research projects in women's health and health promotion. Has teaching and research activities.

⁽¹⁾ See "Glossary" in Appendix V

APPENDICES

Appendix I

MEDICAL AND NURSING STAFF DEFINITIONS

Accredited Medical Practitioner

Accredited Medical Practitioners are GPs appointed to a hospital and to whom specific clinical privileges have been granted (eg. surgery, anaesthetics, obstetrics, endoscopy, etc.) following review of his/her training and continuing skills, by the Health Service's Credentials Committee.

The Committee will have given regard to Medical Practitioner's documented post-graduate training and (the volume, and type of past and recent) clinical practice history considered to be essential for the maintenance of skills in the requested privileges. In the case of infrequently performed procedures, skills maintenance should be through exchange release programs at base hospitals with Level 4, 5, or 6 of appropriate service.

Accredited Specialist Anaesthetist

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

Clinical Nurse Consultant (CNC)

Means a Registered Nurse appointed as such to a position approved by the Area Health Service, who has had at least five years full-time equivalent post registration experience and in addition who has approved post registration nursing qualifications relevant to the field in which he/she is appointed, or such other qualifications or experience deemed appropriate by the Area Health Service.

Clinical Nurse Educator (CNE)

Means a registered and tertiary qualified nurse with at least five years relevant experience who assesses, plans, implements and evaluates nursing education and professional development programs. A Clinical Nurse Educator:

- Plans and develops syllabus structures and course programs for nursing education;
- Plans and participates in clinical education in hospitals, other health care facilities and community settings;
- Designs, implements and evaluates educational programs and curricula for specialised nursing groups;
- Undertakes nursing research; and
- Maintains an information base on educational programs.

Clinical Nurse Specialist (CNS)

The definition of a Clinical Nurse Specialist is:

A Registered Nurse with relevant post-basic qualifications and twelve months experience working in the clinical area of his/her specified post-basic qualification

Or

A minimum of 4 years post-basic registration experience including three years experience in the relevant specialist field and

who satisfies the local criteria.

Experienced Registered Nurse or Midwife

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

Experienced Staff (Mental Health)

Is an *"appropriately qualified and experienced mental health professional"* as defined in Section 3 of the glossary of the National Standards for Mental Health Services (NSMHS) who has either:

1. Two years of post basic qualification experience, including one year experience in the relevant clinical field; or
2. Experience as deemed appropriate by the Area Mental Health Service.

For this document the NSMHS definition has been adapted to be consistent with that of *"An Experienced Registered Nurse or Midwife"* (see above). This is based on the understanding that Area Mental Health Services are complying with the NSMHS and thus would not deem a person to have the required qualifications and experience unless they met the NSMHS requirement (below).

The NSMHS definition is:

"An individual with recognised qualifications and experience which enable them to provide appropriate treatment and support to the consumers and their carers. The degree of formal training and expertise required will be determined by factors such as the degree of specialisation required/ available (eg: staff specialising in child and adolescent mental health), the needs of the defined community (eg: Aboriginal and Torres Strait Islander mental health staff, ethnic health workers) and the type of services being delivered (acute care, residential support, drop-in, rehabilitation)."

It should also be noted that the NSMHS definition also applies explicitly to persons who are not necessarily recognised health professionals, but may have relevant experience.

First Line Emergency Care

A Registered Nurse with recognised education and training, who can demonstrate the ability to initially assess, resuscitate and aim to stabilise the emergency presentation of trauma and acutely ill patients.

General Physician

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

Medical Officer

Medical Officers are registered Medical Practitioners employed/contracted by health service providers. They are usually responsible to the Director, Medical Services and to the senior clinicians contracted in the service in which they perform their duties. They do not require experience specific to the area of practice and may be a career Medical Officer, a full-time or part-time resident Medical Officer, a GP, etc.

Medical Superintendent

The Medical Superintendent means the Medical Practitioner appointed under section 209 of the Mental Health Act to be responsible for clinical treatment and standards in a gazetted facility.

Nurse 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:

- Coordination of patient services;
- Unit management; and
- Nursing staff management.

Nurses Caring For Sick Children

This statement is directed at any nurse caring for sick children. The minimum standard is related to competence rather than experience. The Nurse:

- Demonstrates a broad knowledge of growth and development.
- Assesses children's normal parameters, recognises the deviations from the normal and acts appropriately on the findings.
- Demonstrates a knowledge of medication, calculates and safely administers medication and other preparations for children.
- Demonstrates an understanding of the effects of hospitalisation on children and families.
- Communicates effectively and works in partnership with children and families.
- Demonstrates knowledge of health problems and their management relevant to their area of childhood clinical practice.
- Commences and maintains effective basic paediatric life support.
- Recognises and challenges clinical management that may compromise children's safety.
- Utilises contact with children and families to promote health.
- Demonstrates an awareness of appropriate Federal and State legislation and policies and acts accordingly.

The Australian Confederation of Paediatric and Child Health Nurses (ACPCHN) accepts and endorses:

1. ACHS Standards "Guidelines for Hospital-Based Child and Adolescent Care (1998)
2. AWCH Health Care Policy relating to children and families (1974)
3. United Nations Convention on the Rights of the Child (1989)

* A child is defined as a person between birth and 18 years of age.

Adopted by the ACPCHN (NSW Branch) Executive Committee, May 1999.

Recognised Intensive Care Specialist

Recognised Intensive Care Specialists have qualifications, training and/or experience that meet the criteria for specialist recognition defined by the Joint Specialist Advisory Committee in Intensive Care (JSAC-IC). The JSAC-IC is a joint committee of the Faculty of Intensive Care, Australian and New Zealand College of Anaesthetics and the Royal Australasian College of Physicians.

Registered Nurse

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

Registrar

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

In addition, there should be a demonstrated level of special skills, a commitment to continuing education, and a continuing assessment of the ready availability of specialist Medical Practitioners in the sphere of practice in which privileges are requested.

Specialist Anaesthetist

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

Specialist General Physician with Subspecialty Interest

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

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

Specialist Staff (Mental Health)

Is an *"appropriately qualified and experienced mental health professional"* as defined in Section 3 of the glossary of the NSMHS who has the specific qualifications and/or training for the field in which they are working, for example child/adolescent versus general adult versus psychogeriatric care, within their basic professional qualification.

Specialist Surgeon

This title includes:

(A) General Surgeon

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

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

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

The current training program in general surgery includes:

- alimentary surgery: (i) Upper gastrointestinal surgery; (ii) Hepatobiliary/pancreatic surgery; (iii) colorectal surgery.
- head and neck surgery
- vascular surgery
- endocrine and breast surgery
- endoscopy and other diagnostic procedures

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

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

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

Appendix II

LEVELS OF RISK - ADULTS

CLASSIFICATION OF PHYSICAL STATUS FOR PRE-OPERATION ASSESSMENT

The ASA Physical Status Classification System

GOOD RISK

P1: A normal healthy patient

P2: A patient with a mild systemic disease

MODERATE RISK

P3: A patient with severe systemic disease

BAD RISK

P4: A patient with severe systemic disease that is a constant threat to life

P5: A moribund patient who is not expected to survive without the operation

DESPERATE

P6: A declared brain-dead patient whose organs are being removed for donor purposes

Taken from the American Society of Anaesthesiologists Relative Value Guide 1999.

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

CLASSIFICATION OF PHYSICAL STATUS FOR PRE-OPERATION ASSESSMENT

The ASA Physical Status Classification System

ASA1: Healthy Child

ASA2: Child with mild systemic disease – no functional limitation

ASA3: Child with severe systemic disease- definite functional limitation

ASA4: Child with severe systemic disease- that is a constant threat to life

ASA5: Moribund child not expected to survive 24 hours with or without an operation.

With acknowledgement to the American Society of Anaesthesiologists.

LEVELS OF RISK - OBSTETRICS AND NEONATAL

BROAD RISK CATEGORIES FOR MATERNITY PATIENTS

NORMAL RISK:

This category implies the absence of any risk factors that may lead to pregnancy complications which would require the services of a specialist obstetrician. Most women are in this category and are appropriate for delivery in a unit of any level, and could receive care from practitioners of any description including midwives, GPs or specialists. In general this category implies delivery at full term of a healthy neonate who does not require a paediatrician. These patients may deliver in Level 2 or 3 Maternity Units. In certain circumstances operative delivery by non-specialists may be appropriate eg. the need for caesarean section does not always necessitate a move to moderate risk if appropriately trained proceduralists are available.

MODERATE RISK:

This category implies the presence of fetal or maternal risk factors which may adversely impact on pregnancy outcome. Management by, or least consultation with a specialist obstetrician is mandatory. Delivery will usually be in Maternity Units of at least Level 4. Preterm delivery may be anticipated but this should not be less than 32 weeks. Paediatric involvement is likely and should be available.

HIGH RISK:

Patients in this category have major fetal or maternal risk factors which will always require management by a specialist obstetrician, and frequently management by, or at least consultation with a subspecialist in Maternal-Fetal Medicine. Delivery in a Level 6 Unit will usually be indicated due to the potential need for Neonatal Intensive Care facilities. In some cases delivery in Level 5 Units may be appropriate depending on the availability of appropriate sub-specialties for consultation, and if delivery at greater than 32 weeks is anticipated.

Specific examples of At Risk Pregnancies are given below:

“At Risk” Pregnancies

While obstetric complications may occur in any pregnancy at any time, it is recognised that certain categories of patients or conditions, either solely or in combination, place some women ‘at risk’. In these categories, both maternal and perinatal morbidity and mortality are substantially increased. The accompanying list is presented to remind those practising in maternal and neonatal health of these dangers. It is recommended that patients falling into these groups should be assessed carefully and that if more than minor complications exist, consultation with an obstetrician with specialist experience should be considered, with possible referral of the case to a higher level of care.

1. General Factors

- prematurity
- age (early teenage, later reproductive years) especially primigravida
- social economic status
- aboriginality
- parity (primigravida and gravida 4+)
- height (short stature)

- weight (overweight and underweight)
- dietary aberrations
- drug dependence (opiate or other) and abuse of alcohol or tobacco
- mental disturbance/psychoses
- primary infertility

2. Maternal Diseases

- autoimmune disease
- cardiovascular disease including essential hypertension and hypertensive disease of pregnancy, previous thromboses (embolisms)
- diabetes mellitus
- anaemia's (all types)
- chronic renal disease including recurrent urinary infection
- past history of venous thrombosis and/or pulmonary embolism
- epilepsy
- sexually transmitted diseases diagnosed in pregnancy

3. Family History of Genetic Disorder or Birth Defect

- parent heterozygous for haemoglobinopathy or inherited disorders

4. Past Obstetric History

- previous prolonged labour
- previous caesarean section
- previous abortion, including habitual abortion
- previous perinatal mortality or morbidity
- previous premature labour or placental insufficiency
- previous obstetric complications (post partum haemorrhage, retained placenta)

5. Diseases Peculiar to Pregnancy

- preeclampsia
- rhesus and other blood group incompatibility

6. Bleeding in Pregnancy

- threatened abortion
- abruptio placentae
- placenta praevia

7. Obstetric Difficulties Discovered Antenatally

- serious infection (HIV, Hepatitis)
- polyhydramnios and oligohydramnios
- intrauterine growth restriction
- malpresentation, especially breech presentation and transverse lie
- disproportion
- multiple pregnancy
- placental insufficiency and restricted intrauterine growth
- prolonged pregnancy (past 42 weeks)

- premature rupture of membranes
- abnormalities of genital tract
- uterine fibroids

8. Patients Having Inadequate Antenatal Care

- failure to attend for regular antenatal checks
- non-booked cases
- late booked cases

9. Difficulties Discovered During Labour

- failure to progress satisfactorily, including prolonged labour
- fetal distress
- malpresentation

Rural non specialist obstetric practitioners may seek consultant advice either by telephone or referral if necessary when actual or potential problems are recognised which may put the outcome of the pregnancy at risk.

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

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

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

NEONATE:

HIGH RISK FACTORS

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

Reference:

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

Appendix III

INDICATIVE LIST OF SURGICAL PROCEDURES

GENERAL SURGERY

MINOR SURGICAL PROCEDURES

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

MAJOR SURGICAL PROCEDURES

Thyroidectomy
Vascular graft
Cholecystectomy
Bowel resection
Mastectomy
Exploratory laparotomy

COMMON AND INTERMEDIATE SURGICAL PROCEDURES

Appendicectomy
Varicose vein surgery
Herniorrhaphy
Haemorrhoidectomy
Excision of breast lump

COMPLEX MAJOR SURGICAL PROCEDURES

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

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

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

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

Appendix III

INDICATIVE LIST OF PAEDIATRIC SURGICAL PROCEDURES

MINOR SURGICAL PROCEDURES

Suture of laceration
Excision of skin lesion

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

MODERATE COMPLEXITY

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

MAJOR SURGICAL PROCEDURES

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

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

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

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

Appendix IV

TRAUMA SERVICES RELATED LEVEL SUPPORT AND CORE SERVICES

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

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

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

PAEDIATRIC TRAUMA SERVICES RELATED LEVELSUPPORT AND CORE SERVICES

Trauma Service	Pathology	Diagnostic Imaging	Nuclear Medicine	Anaesthetics	ICU	Operating Suite	Emergency	Burns	Cardiothoracic	Neurosurgery	Orthopaedic	Paediatric Medicine	Paediatric Surgery	Family and Child Health	Rehabilitation
(Local)	As for General Medicine/Surgery appropriate to the Hospital														
Area	4	4	4	4	4	4	4	4	4	4	3	4	4	3	4
Paediatric Referral Centres	5	6	6	6	6	6	6	5	6	6	6	6	6	6	6

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

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

Appendix V

GLOSSARY

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

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

DESIGNATED: Obligation to a defined or specified purpose.

DESIRABLE: Recommended, but not mandatory or obligatory.

FORMAL: To follow established or agreed process.

GAZETTED BEDS (OR GAZETTED HOSPITAL): The physical facilities approved for admission of persons who are informal (voluntary) or involuntary patients under the Mental Health Act.

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

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

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

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

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

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

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

(1) With acknowledgment to the Australian Council on Healthcare Standards

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