

# Capability framework for Victorian surgical and procedural services

Implementation version

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# About this document

## Capability frameworks in Victoria

Findings and recommendations from *Targeting zero: report of the Review of Hospital Safety and Quality Assurance in Victoria* (Duckett 2016) emphasise safety and quality improvement as a core goal for the Department of Health and Human Services (the department).

The staged introduction of a role delineation framework for the Victorian health system, underpinned by a suite of capability frameworks, is a key action of the *Statewide design, service and infrastructure plan for Victoria's health system 2017–2037* (Department of Health and Human Services 2017c).

This inaugural capability framework for surgery services in Victoria is one of several capability frameworks being developed and implemented by the department. Compliance with these capability frameworks will be mandatory for all public and private health services. Once implemented, all health services will have a service level designation determined and agreed by the department that they will be required to comply with. Further, health services will be required to notify the department of any changes to their capability.

Access to safe, high-quality care is a core right of all Victorians and a key principle underpinning all capability frameworks. All Victorians have a right to expect the same high standard of care no matter where they live or which health service they attend. These capability frameworks will help deliver greater consistency in quality and safety across the Victorian health system by facilitating a consistent approach to clinical risk assessment and management and supporting a transparent approach to planning and service development at the local, regional and system levels.

Within each capability framework, there are six levels that define the complexity of care that a health service can provide. Capability across the continuum of care is outlined at each level. The clinical workforce, infrastructure, equipment, clinical support services and governance requirements are also described and must be met at all times to maintain service capability. Each capability framework may also refer to other capability framework levels when describing the support services required. In these instances, the capability frameworks must be read together to determine the relevant requirements.

The frameworks do not replace or amend current legislation, mandatory standards or accreditation processes. The document assumes that health services provide care in accordance with:

- *Delivering high-quality healthcare – Victorian clinical governance framework*  
<<https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/clinical-governance-policy>>
- *National Safety and Quality Health Service (NSQHS) Standards*  
<<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>>
- *Victorian Managed Insurance Authority generic internal audit clinical tool*  
<<https://www.vmia.vic.gov.au/>>.

Furthermore, the surgery framework should be read in conjunction with:

- The Elective Surgery Access policy 2015
- < <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/elective-surgery-access-policy-2015>>
- A framework for emergency surgery in Victorian public health services

- < <https://www2.health.vic.gov.au/Api/downloadmedia/%7B9BE271B6-AC84-448F-B524-22FC4873BF8D%7D>>

## The surgical and procedural capability framework

There are many different types of surgical procedures varying largely in complexity. The most common procedures are relatively simple, and can be performed in day procedure centres with very little recovery time needed. Other procedures are much more complex and may involve multiple clinicians, a longer stay in hospital and an extended recovery period, including rehabilitation in hospital or in the community.

*The capability framework for Victorian surgery and procedural services* (the framework) will define minimum standards for health services and surgical specialities, informing the types of procedures health services can perform. This will include procedures that are highly complex and performed in low numbers, and procedures that are of a low complexity and performed often. It also provides a mechanism for services to increase their capability in a planned way with direction from the department.

Unless specifically mentioned the statements in the framework relate to both adult and paediatric surgical and procedural services. Where there are specific requirements for particular patient groups specific detail is provided.

The framework will help facilitate the development of a more locally based and integrated, coordinated surgery service system based on the following principles:

- Victoria's surgical services will be provided in the safest and most appropriate environment
- pre and post-surgical services will be delivered outside of the hospital setting where safe and appropriate, and as close to home as possible
- enhanced surgical system configuration and more flexible use of resources will better distribute new capacity and release existing capacity in our health services
- designated tertiary referral/specialist health services have a key role in ensuring access for patients from across Victoria who require higher surgical complexity care
- the relationship between the volume of procedures and quality outcomes will be reflected in surgical system design and service planning
- the prioritisation and distribution of high cost surgical equipment across the system will promote alignment of roles, capability and capacity.

The framework:

- describes the complexity of care that a service can safely provide and communicates this clearly to the local community
- assists health services to make informed decisions about the resources, partnerships and protocols required to manage different complexities of care
- enables a transparent approach to planning and service development at a local level, taking into account community need
- supports health service regions and the department to plan for and manage the surgery and procedural service system.

It is important to be aware of the relationships between the different capability frameworks, and the minimum requirements across different capability frameworks. Tables 1 and 2 describe the minimum cardiac capability level and renal capability level configuration requirements for surgery and procedural services. Where relevant, the requirements outlined in the *Capability framework for Victorian cardiac services* and the *Capability framework for Victorian renal services* must also be met.

**Table 1: Minimum configuration requirements for surgery and procedural and cardiac care**

Surgery and procedural service level of care	Minimum cardiac level of care
6	6
5	5
4	4

**Table 2: Minimum configuration requirements for surgery and procedural and renal care**

Surgery and procedural service level of care	Minimum renal level of care
6	6
5	5
4	4

The department is also developing capability frameworks for core services – medical imaging, pathology, pharmacy and medicines management, anaesthetics and critical care and intensive care. The department will ensure there is consistency between the core capability frameworks and the clinical stream capability frameworks.

It is recognised that capability frameworks must remain relevant and current and incorporate changing clinical practice where this is applicable. This will be achieved through regular review and updating of this framework led by the department.

## Next steps

The implementation of this framework will be led by the department commencing in Quarter 2, 2019-20. Full implementation is expected to take 12 months, beginning with a stocktake of where each service's capability currently sits against the framework. More information on the implementation process is available on the capability frameworks [webpage](#).

It is anticipated that there will be some further refinement of the capability framework during implementation. A final version will be published after the implementation phase.

## Risk matrix for surgical and procedural framework

The surgical and procedural care capability framework should be read in conjunction with the risk matrix below. The risk matrix (see table 3) recognises that in this surgical and procedural care there are three key domains of complexity that need to be considered:

- surgical or procedural resource complexity
- anaesthetic complexity
- patient complexity and other risk factors.<sup>1</sup>

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<sup>1</sup> There is no agreed definition of patient complexity, however in the context of this document assessing patient complexity and risk factors for surgery or procedural intervention may be interpreted as considering domains such as health, medications, comorbidities, demographics and social factors.

Table 3: Risk matrix for surgical and procedural framework			
Domain	Low risk	Medium risk	High risk
Surgical/procedural resource complexity	Usually an ambulatory, day-stay or emergency department procedure. Serious complications are very unlikely.	A procedure that requires an operating room and a separate recovery room. May be a same day, overnight or multiday stay case. Serious complications are possible but not likely.	The most complex surgical procedures that may require intensive care postoperatively. Overnight or multiday. Usually involving entering the cranial vault, thoracic cavity or abdomen. Serious complications can be expected.
Anaesthetic complexity	Local and or regional block with or without sedation <sup>2</sup>	Deep sedation General anaesthetic	Use of vasopressors and/or perfusion are routine
Patient complexity and risk factors	All patients requiring local analgesia  ASA 1 and 2 who are undergoing minor diagnostic or interventional procedures  ASA 1, 2 and 3 patients for intermediate complexity procedures, or ASA 4 for minor procedures	ASA 1 and 2 patients undergoing major surgical procedures	ASA 3, 4 and 5 patients undergoing major surgical procedures  All patients for all complexity of surgical procedures

\*American Society of Anaesthesiologists (ASA) Physical Status Classification System for adults:

ASA 1 - Normal healthy patient

ASA 2 - Patient with mild systemic disease

ASA 3 - Patient with severe systemic disease.

ASA 4 - Patient with severe systemic disease – that is a constant threat to life

ASA 5 - Moribund patient not expected to survive without the operation

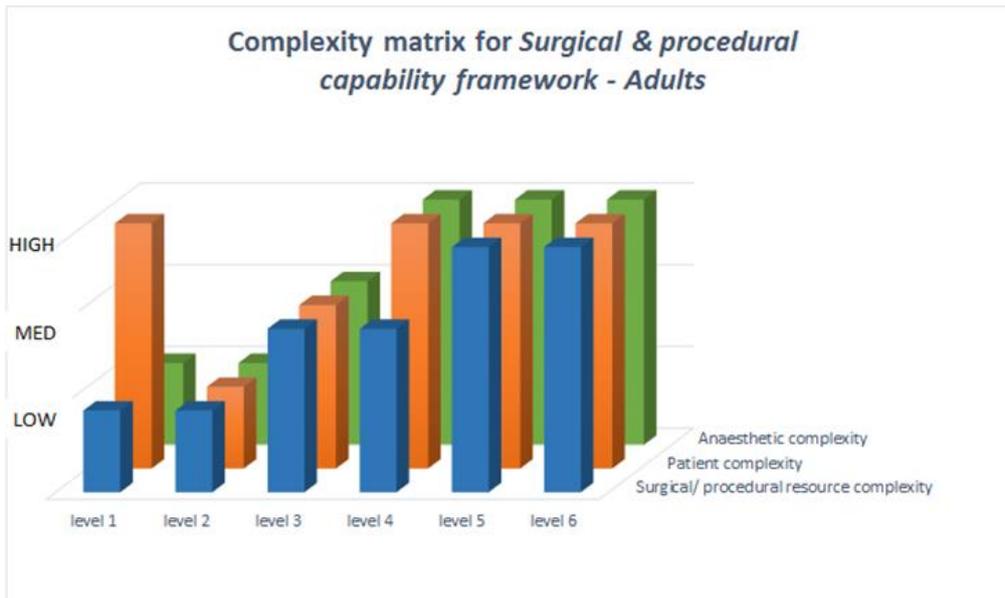
[ASA 6 - Declared brain-dead patient whose organs are being removed for donor purposes]

*Note: For this framework and risk matrix ASA 6 has been excluded.*

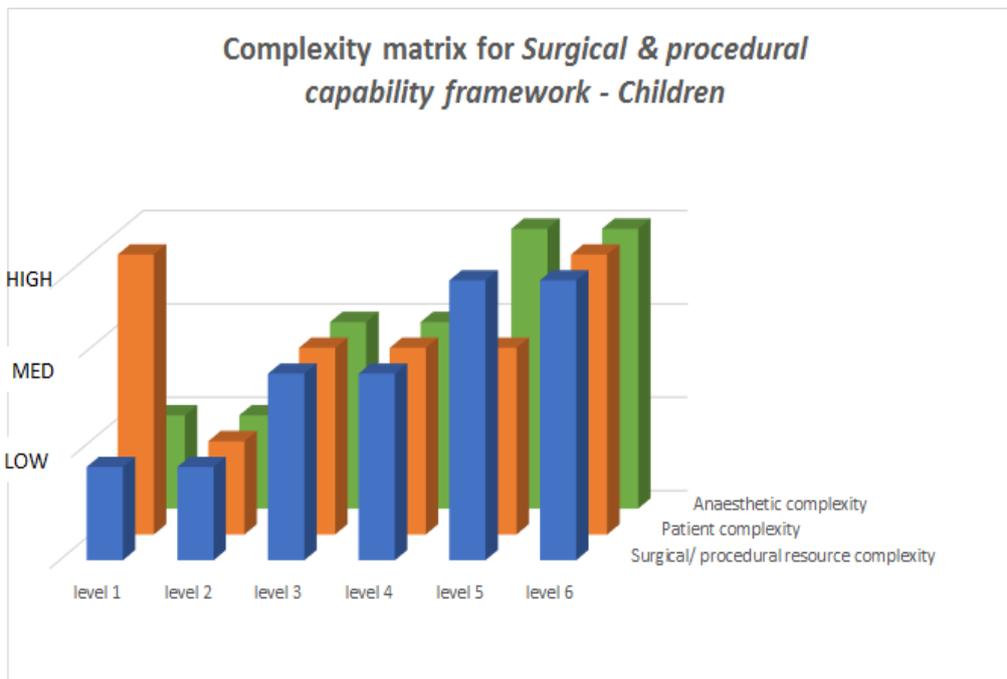
The proposed risk profile for the levels are summarised in figures 1 and 2.

<sup>2</sup> ANZCA Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures

**Figure 1: Proposed risk profile for adults**

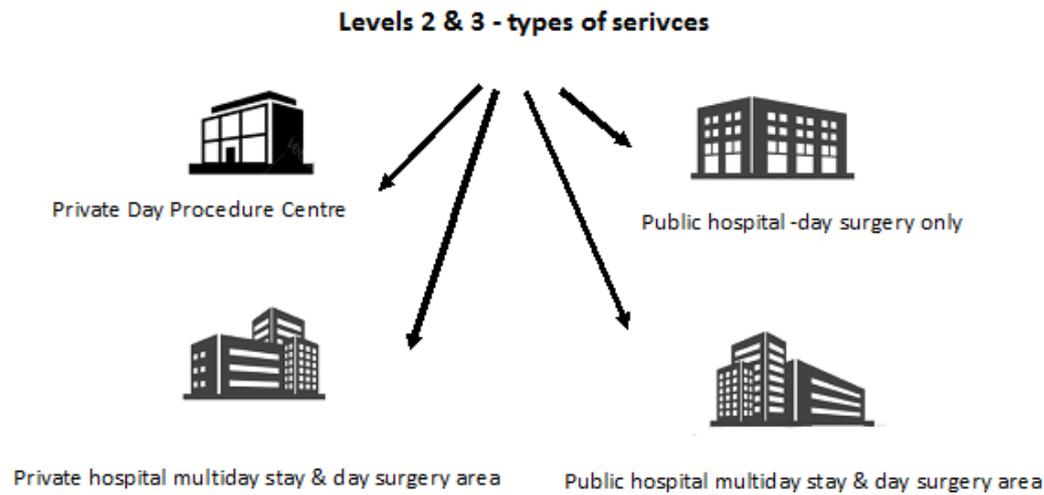


**Figure 2: Proposed risk profile for children**



At levels 2 and 3, there are several different facility types that can be included (see figure 3).

**Figure 3: Types of services at levels 2 and 3**



### How to read and navigate the framework

For each surgery and procedure service level the minimum standards for health services and surgical specialities are described against the following criteria:

- Part A describes the service offerings
- Part B describes clinical workforce requirements
- Part C describes clinical support services requirements
- Part D describes equipment and infrastructure requirements
- Part E describes clinical governance requirements

## Level 1 surgical and procedural service

### Part A: Service description

Service	Description
<b>Complexity of care/ service role description</b>	<p>A level 1 service:</p> <ul style="list-style-type: none"> <li>• provides selected ambulatory low risk surgical/procedural care under local anaesthetic to adult and paediatric patients</li> <li>• manages patients who are low, medium or high complexity<sup>3</sup></li> <li>• ensures pre-procedure and discharge care is undertaken in the community or in primary care</li> <li>• maintains a treatment room where procedures are undertaken</li> <li>• provides care on demand and does not maintain planned procedure waiting lists.</li> </ul>
<b>Emergency services</b>	<p>A level 1 service:</p> <ul style="list-style-type: none"> <li>• has established protocols for referral to nearest emergency department or urgent care centre for emergency assessment</li> <li>• provides advanced life support if required.</li> </ul>
<b>Pre-admission services</b>	Not applicable at level 1.
<b>Procedure /Surgery (including surgical or procedural and anaesthetic complexity)</b>	<p>A level 1 service:</p> <ul style="list-style-type: none"> <li>• provides ambulatory, day-stay or GP procedures</li> <li>• undertakes low risk surgical and procedural cases under local anaesthetic, where serious complications are very unlikely</li> <li>• manages patients that are low, medium or high complexity.<sup>4</sup></li> </ul>
<b>Post-operative/ procedural care/ recovery</b>	Not applicable at level 1.
<b>Post - discharge care</b>	<p>A level 1 service:</p> <ul style="list-style-type: none"> <li>• provides patients and/or carers with post-procedural advice regarding the warning signs of deterioration and potential complications and action if either occurs, following the procedure</li> <li>• arranges follow-up care to be provided by GP or other primary care provider.</li> </ul>

<sup>3</sup> Refer to risk matrix for surgery in introduction to this document.

<sup>4</sup> Standards Australia 2010, *Australian Standard 4083-2010, AS3745 Planning for emergencies: health care facilities*, Standards Australia, Sydney.

## Part B: Clinical workforce

Service	Requirements
<b>Emergency response</b>	<p>Recognition<sup>5</sup> and response system<sup>6,7</sup> including rapid response (for example 'respond blue') and designated roles on-site during service operating hours to respond immediately to medical and procedural emergencies across the facility in line with health service clinical protocols.</p> <p>Registered health practitioner with demonstrated competency in advanced life support available during service operating hours to stabilise a patient prior to transfer out or retrieval.</p> <p>If standalone facility, there are formal agreements with an acute hospital for transfer of patients. This facility should be within reasonable proximity of a surgery and procedural capability level 4 service.<sup>8</sup></p>
<b>Proceduralist</b>	<p>Procedure is performed by a registered medical or health practitioner, credentialed at the health service for minor procedures including local anaesthetic/regional blocks.</p>

## Part C: Clinical support services

Service	Requirements
<b>Medication management</b>	<p>Ready access to medicines required for local and or regional blocks.</p> <p>Medication for procedure is available in accordance with the National Safety and Quality Health Service Standards criteria 4.1, 4.4, 4.7 and 4.8.</p> <p><i>Medication management services align with pharmacy capability level 1 or above (pending advice on draft core capability levels).</i></p>
<b>Language services</b>	<p>Access to accredited interpreters and translators and other language services in accordance with Victoria's <i>Language services policy</i>.</p>
<b>Aboriginal hospital liaison officer services</b>	<p>Guidelines for referral to Aboriginal hospital liaison officer services (male and female).</p>

<sup>5</sup> <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>

<sup>6</sup> Australian Standard 4083-2010, AS3745 planning for emergencies in facilities

<sup>7</sup> Australian Commission on Safety and Quality in Health Care. *National consensus statement: essential elements for recognising and responding to acute physiological deterioration second edition*. Sydney, ACSQHC. 2017

<sup>8</sup> For example, the Standards for Endoscopic facilities and Services (Gastroenterological Society of Australia 2011) recommends free-standing endoscopy units are within a 15 minute ambulance journey of an acute hospital that provides ICU or emergency [department] care.

## Part D: Equipment and infrastructure

Area	Requirements
<b>Resuscitation equipment</b>	Access to resuscitation equipment and medicines on site with appropriately trained staff on site to use that equipment or medicines.
<b>Waiting space</b>	The waiting area meets the requirements laid out in the <i>Australasian Health Facility Guidelines – 0155 Ambulatory Care Unit</i> , and <i>Part D: Infection Prevention and Control</i> .  Culturally safe places for the patient and family to meet (for example discussions with Aboriginal health workers) – may be multipurpose.
<b>Procedure rooms</b>	Procedures are undertaken in patient areas that meet the requirements described in the <i>Australasian Facility Guidelines – 0155 Ambulatory Care Unit</i> , and <i>Part D: Infection Prevention and Control</i> .
<b>Surgical/procedural equipment</b>	Equipment for the procedure is available on-site prior to commencement of procedure.
<b>Environmental services</b>	Sufficient and dedicated sterilisation services unit on-site, fit for purpose to ensure adequate and timely distribution of equipment and supplies and reprocessing of reusable medical devices, scopes and other equipment. A store of disposable single use instruments is available on-site from an accredited supplier.
<b>Telehealth</b>	Equipment and information and communications technology (ICT) infrastructure to enable service delivery via telehealth.
<b>Paediatric space (where provided)</b>	Children and adolescents are cared for in a safe and appropriate physical environment designed, furnished and decorated to meet their needs and developmental age. <sup>9</sup>

## Part E: Clinical governance

Area	Requirements
<b>Service guidelines</b>	Guidelines define the scope of procedural care available at the health service site in accordance with surgery and procedural capability level, and detail requirements for access, admission and discharge.  Service partners and the community are provided information about the level of surgery and procedural care provided at the facility and how services can be accessed. This information is provided in a format that meets the cultural and communication needs of consumers.  Documented policies and processes that improve the safety and quality of care for Aboriginal and Torres Strait Islander people. <sup>10</sup>

<sup>9</sup> Royal Australasian College of Physicians 2008, *Standards for the care of children and adolescents in health services*, RACP, Sydney, accessed at <https://www.racp.edu.au/docs/default-source/advocacy-library/standards-for-the-care-of-children-and-adolescents-in-health-service.pdf>.

<sup>10</sup> Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute 2017, *National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health*, Sydney: Australian Commission on Safety and Quality in Health Care.

Area	Requirements
<b>Partnership care</b>	<p>There are agreed protocols between each proceduralist and the facility on assessing clinical risk as well as the procedure types to be undertaken.</p> <p>There are agreed protocols for post-procedure care in the community and information for patients about care at home and escalation.</p>
<b>Consultation, referral and transfer</b>	<p>Guidelines for consultation, referral and transfer are established in accordance with agreed regional referral, escalation and transfer pathways to ensure that:</p> <ul style="list-style-type: none"> <li>• risks and care needs of patients are identified and managed early</li> <li>• patients who require higher surgical complexity care have access to appropriate services</li> <li>• patients receive services as close to home as possible (including pre- and post-procedure services)</li> <li>• staff providing procedural care can easily access expert advice within the region.</li> </ul>
<b>Competence and credentialing</b>	<p>Credentialing processes for medical staff providing procedural care.<sup>11</sup></p> <p>Process to assess competency of staff in advanced life support (ALS).</p>
<b>Telehealth</b>	<p>Policies and processes are in place to support service delivery via telehealth.</p>

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<sup>11</sup> Safer Care Victoria 2018, *Credentialing and scope of clinical practice for senior medical practitioners policy*, State Government of Victoria, Melbourne, accessed at <https://bettersafecare.vic.gov.au/our-work/governance/credentialing>.

## Level 2 surgical and procedural service

### Part A: Service description

Service	Description
<b>Complexity of care/ service role description</b>	<p>A level 2 service:</p> <ul style="list-style-type: none"> <li>provides low risk surgical/procedural complexity care with low risk anaesthetic complexity (local and or regional block with or without sedation) for adults and paediatric patients (ASA1, ASA2 and ASA3)<sup>12</sup></li> <li>provides specialist pre-, intra- and post-operative/procedural care on a day-stay basis</li> <li>focuses on providing a small number of procedures (such as scopes) or a wider range of services where there is sufficient volume to support a regular list and staff competency</li> <li>provides services from a designated space that is a free-standing centre, a clinic, a unit within a hospital or part of an integrated operating (theatre) suite</li> <li>has arrangements to transfer patients needing unplanned extended recovery period to an admitted (overnight) service</li> <li>arranges for follow-up/post discharge care to occur in the community.</li> </ul>
<b>Emergency services</b>	<p>As for level 1, in addition:</p> <ul style="list-style-type: none"> <li>procedures and protocols in place to ensure rapid transport of patients with serious intra and post-operative complications or adverse events to higher level service.<sup>13</sup></li> </ul>
<b>Pre-admission services</b>	<p>A level 2 service:</p> <ul style="list-style-type: none"> <li>provides a comprehensive preoperative assessment</li> <li>has a comprehensive risk-based re-admission process</li> <li>has a comprehensive preoperative risk assessment for patients: <ul style="list-style-type: none"> <li>&lt; 2 years of age</li> <li>with behaviours of concern</li> <li>&gt; 70 years of age.</li> </ul> </li> </ul>
<b>Procedure /surgery (including surgical or procedural and anaesthetic complexity)</b>	<p>As for level 1, in addition:</p> <ul style="list-style-type: none"> <li>has an operating room and/or procedure room and a separate recovery room</li> <li>planned day cases (may be extended hours) with arrangements to provide overnight care for patients whose condition required extended monitoring</li> <li>serious complications are possible but not likely</li> <li>has a dedicated on or off-site central sterilising and stock control unit.</li> </ul> <p><i>Minor procedures – Day cases</i></p> <p>Capable of providing local or regional block with or without sedation to patients who are of low anaesthetic complexity (ASA 1, ASA 2 and ASA3)</p>

<sup>12</sup> Refer to risk assessment in the introductory section of this document.

<sup>13</sup> Australian Commission on Safety and Quality in Health Care 2017, *National safety and quality health service standards: Guide for day procedure services*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Safety-and-Quality-Health-Service-Guide-for-Day-Procedure-Services.pdf>.

Service	Description
	<p><i>Surgery – Day Cases</i></p> <p>Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2).</p>
<b>Post-operative/post procedural care/ Recovery</b>	<p>A level 2 service:</p> <ul style="list-style-type: none"> <li>has separate post-anaesthetic care unit for low acuity patients</li> <li>discharge areas for recovery stage 3 are utilised to maximise unit flow.<sup>14</sup></li> </ul>
<b>Post-discharge care</b>	<p>As for level 1, in addition:</p> <ul style="list-style-type: none"> <li>provides (or facilitates provision of) post-discharge support services.</li> </ul>

## Part B: Clinical workforce

As for level 1, in addition:

Service	Requirements
<b>Pre-admission staff</b>	Designated nursing or medical staff screen and triage patients pre-admission.
<b>Proceduralist</b>	<p>Procedure/surgery is performed by a registered medical practitioner or other qualified registered health practitioner, credentialed at the health service for the procedure or surgery.</p> <p>If paediatric procedures are in scope:</p> <ul style="list-style-type: none"> <li>registered medical practitioner, credentialed at the health service in the peri-operative management of paediatric patients, available for operating hours.</li> </ul> <p><i>Note: Some low risk paediatric procedures are safely performed by GPs.</i></p>
<b>Anaesthetics</b>	<p><i>Medical</i></p> <p><i>If providing general anaesthesia, deep sedation and/or a regional block:</i></p> <ul style="list-style-type: none"> <li>registered medical practitioner, who has successfully completed JCCA-accredited training or equivalent, credentialed at the health service for anaesthetic care is available to provide anaesthetic care.</li> </ul> <p><i>If providing planned paediatric procedures requiring general anaesthesia:</i></p> <ul style="list-style-type: none"> <li>registered medical specialist, who has successfully completed JCCA-accredited training or equivalent, OR registered medical specialist (ANZCA) or equivalent credentialed at the health service for paediatric anaesthetic care, is available to provide paediatric anaesthetic care.</li> </ul>
<b>Nursing</b>	Nursing staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i> <sup>15</sup> and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i> <sup>16</sup> , or in the case of the private sector, the relevant enterprise agreement and statutory requirement.

<sup>14</sup> Australasian Health Infrastructure Alliance 2016, *Australasian health facility guidelines, Part B - Health Facility Briefing and Planning 0270 - Day Surgery Procedure Unit*, AHIA, Sydney, accessed at [https://aushfg-prod-com-au.s3.amazonaws.com/HPU\\_B.0270\\_6\\_2.pdf](https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0270_6_2.pdf).

<sup>15</sup> Department of Health and Human Services 2015, *Safe patient care (nurse to patient and midwife to patient ratios) act 2015*, State Government of Victoria, Melbourne accessed at <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/safe-patient-care-act>.

<sup>16</sup> Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016-2020, accessed at <http://www.anmfvic.asn.au/~media/files/ANMF/EBA%202016/Nurses-and-Midwives-Vic-PS-SIE-EA-2016-2020-amended>.

## Part C: Clinical support services

As for level 1, in addition:

Service	Requirements
<b>Pathology</b>	<p>Point of care and blood and specimen collection with processing available during operating hours for biochemistry, haematology and microbiology.</p> <p>Anatomical pathology service with off-site processing.</p> <p><i>Pathology services align with pathology capability level 2 or above (pending advice on draft core capability levels).</i></p>
<b>Medical imaging</b>	<p>Access to general X-ray and ultrasound services during business hours.</p> <p><i>Medical imaging services align with medical imaging capability level 2 or above (pending advice on draft core capability levels).</i></p>
<b>Medication management</b>	<p>Ready access to medicines for post procedure care such as analgesia and antiemetics for pain and nausea relief.</p>
<b>Pre-admission services</b>	<p>Has a comprehensive pre-admission review process for all patients based on a risk-based approach and utilising standardised tools such as patient health questionnaires</p> <p>Patients are triaged to determine if further assessment is required before admission<sup>17</sup></p> <p>Can identify higher risk groups and has specialist medical and/or anaesthetic reviews<sup>18</sup></p> <p>Can book in processes on day of admission and include flags for deterioration or change in condition since referral that may change risk profile and suitability for care at that service.<sup>19</sup></p>
<b>Acute care</b>	<p>Agreed protocols to admit patients requiring extended stay to an acute facility (including inter-hospital transfer or retrieval).</p>
<b>Non-admitted services</b>	<p>There are documented patient pathways that optimise post-discharge review in the community and specialist clinics review for public patients where a specialist review is required.</p>
<b>Allied health</b>	<p>Guidelines for referral to the following allied health services:</p> <ul style="list-style-type: none"> <li>• physiotherapy</li> <li>• social work</li> <li>• occupational therapy</li> <li>• speech therapy.</li> </ul>

<sup>17</sup> The NSW Perioperative Toolkit (Agency for Clinical Innovation 2016) provides a framework and examples of pre-operative assessment processes.

<sup>18</sup> Australian Commission on Safety and Quality in Health Care 2015, *Advisory A14/02: Pre-admission requirements and responding to patient deterioration in small health facilities*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/publications/advisory-a1402-pre-admission-requirements-and-responding-to-deterioration-in-small-health-facilities/>.

<sup>19</sup> For example, the above advisory note identifies that “questions about deteriorating medical condition, infection or significant changes in condition, such as weight gain or loss since the last consultation with the admitting doctor, could identify risks not always known at the time of booking the admission”.

## Part D: Equipment and infrastructure

As for level 1, in addition:

Area	Requirements
<b>Operating suite and recovery</b>	<p>Operating suite facilities in line with <i>Australasian Health facility Guidelines 0270 Day Surgery Procedure Unit and 0511 Ambulatory</i>.</p> <p>For private hospitals and day procedure centres - operating rooms as specified in Private Hospital &amp; Day Procedure licence.</p> <p>Discharge areas for recovery stage 3 are utilised to maximise unit flow.</p>
<b>Endoscopy services</b>	For Level 2 services undertaking endoscopies, facilities and equipment align with the <i>Standards for Endoscopic facilities and Services (2011)</i> .
<b>Surgical/ Procedural equipment</b>	<p>There are processes to ensure equipment for the procedure and post procedure care is available on-site prior to commencement of procedure/surgery.</p> <p>For Level 2 services undertaking endoscopies there is an endoscope cleaning/decontamination unit on-site.</p> <p>Appropriate cleaning and sterilisation service for reusable medical and surgical instruments and equipment, or policy pertaining to use of pre-packaged and sterile items, or documented process with external supplier.</p>
<b>Clinical summary</b>	There is access to facilities to produce a written summary of the procedure and post-procedure care to patients and general practitioners before discharge in accordance with the transfer of care from acute inpatient services. <sup>20</sup>

## Part E: Clinical governance

As for level 1, in addition:

Area	Requirements
<b>Service guidelines</b>	<p>The facility or hospital nominate an executive officer<sup>21</sup> to review and approve all current and new procedures to ensure:</p> <ul style="list-style-type: none"> <li>they are within scope<sup>22</sup> (low complexity patients having procedures of low surgical complexity and low to medium anaesthetic complexity)</li> <li>aligned with Elective Surgery Access Policy anaesthetic procedures list and clinical thresholds (public services only).<sup>23</sup></li> </ul> <p>The facility or hospital has policies and procedures to identify patient risk factors and conditions that are likely to exclude a patient from treatment in that facility.</p>

<sup>20</sup> Department of Health and Human Services 2014, *Transfer of care from acute inpatient services: Guidelines for managing the transfer of care of acute inpatients from Victoria's public health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/acute-medicine/discharge-and-transfer>.

<sup>21</sup> An executive officer is ultimately accountable for the health service as to which procedures are appropriate to be performed at the assigned capability level. E.g. Director Medical Services

<sup>22</sup> Appendix 1: Indicative list of surgery and procedures for adults.

<sup>23</sup> Department of Health and Human Services 2015, *Elective surgery access policy*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/elective-surgery-access-policy-2015>.

Area	Requirements
<b>Partnership care</b>	<i>For public hospitals:</i> Agreements supporting sub-regional waiting list management (streaming/shared lists or pooled lists) are documented (where relevant).
<b>Consultation, referral and transfer</b>	Formal referral pathways to community providers for smoking cessation programs and other services identified as part of pre-admission assessment. Formal agreements with acute care facility/facilities for transfer of care in an emergency.
<b>Competence and credentialing</b>	Credentialing is determined by the scope of services and should only include procedures/groups of procedures where there is sufficient volume demand to maintain the skills of the proceduralist and the care team. Annual peer review processes for staff providing surgery and procedural care are consistent with the Australian Commission on Safety and Quality in Healthcare's <i>Review by peers: a guide for professional, clinical and administrative processes</i> . <sup>24</sup>

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<sup>24</sup> Australian Commission on Safety and Quality in Health Care 2010, *Review by peers: A guide for professional, clinical and administrative processes*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/37358-Review-by-Peers.pdf>.

## Level 3 surgical and procedural service

### Part A: Service description

Service	Description
<b>Complexity of care/ service role description</b>	<p>A level 3 service (not applicable to elective only facilities):</p> <ul style="list-style-type: none"> <li>provides medium risk surgical/procedural complexity care with deep sedation and general anaesthesia (ASA1, ASA2 and ASA3)<sup>25, 26</sup></li> <li>provides planned care to adult and paediatric patients having surgery or procedures on a day stay or multi-day basis</li> <li>provides planned surgery and procedures for a range of specialties where there is sufficient volume to support a regular list and competency</li> <li>manages planned procedures through documented waiting list processes</li> <li>provides general, plastics and orthopaedic emergency surgery 24/7<sup>27</sup> and obstetric emergency care in line with their maternity capability level</li> <li>provides emergency procedures e.g. gastroenterology, respiratory, and cardiology procedures in line with designated cardiac capability level 24/7</li> <li>has an emergency surgery service that is led by a senior medical specialist and performed in business hours whenever possible</li> <li>arranges for discharge care in the community or in primary care.</li> </ul> <p><i>Note: Patients requiring emergency surgery may come from transfers from other hospitals, inpatient wards, specialist clinics, elective surgery cases with complications, or presentations to the emergency department.</i></p> <p>Elective only facilities:</p> <ul style="list-style-type: none"> <li>provides planned surgery and procedures for a range of specialties where there is sufficient volume to support a regular list and competency</li> <li>provides planned care to adult and paediatric patients having surgery or procedures on a day stay or multi-day basis</li> <li>manages planned procedures through documented waiting list processes (public only)</li> <li>provides services that are medium surgical resource complexity and medium anaesthetic complexity for patients who are of low to medium complexity<sup>28,29</sup></li> <li>arranges for discharge care in the community or in primary care.</li> </ul>
<b>Emergency services</b>	<p>As for level 2, in addition:</p> <ul style="list-style-type: none"> <li>able to manage common intra and post-operative complications and adverse events without the need for rapid transport to a higher facility.</li> <li>provides emergency surgery including 24/7 for a range of common acute general, simple plastics and orthopaedic surgical emergencies and obstetrics</li> </ul>

<sup>25</sup> Refer to Risk assessment matrix in the introductory section of this document

<sup>26</sup> It is acknowledged that at times emergency surgery patients risk profile will be higher.

<sup>27</sup> Department of Health and Human Services 2012, *A framework for emergency surgery in Victorian public health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/A-framework-for-emergency-surgery-in-Victorian-public-health-services>.

<sup>28</sup> Refer to Risk assessment matrix in the introductory section of this document

<sup>29</sup> It is acknowledged that at times emergency surgery patients risk profile will be higher.

Service	Description
	emergency care in line with their maternity capability level ( <i>excluding elective only facilities</i> ).
<b>Pre-admission services</b>	As for level 2, in addition: <ul style="list-style-type: none"> <li>provides preoperative patient education and post-operative planning for patients triaged as having increased risk<sup>30</sup></li> <li>has processes in place to optimise day of surgery admissions (DOSAs)</li> <li>has a GP liaison service that works with general practice to provide information about referral to the service (and specialist clinics) and guidance on management of conditions in preparation for surgery.<sup>31</sup></li> </ul>
<b>Procedure /Surgery (including surgical or procedural and anaesthetic complexity)</b>	As for level 2, in addition: <ul style="list-style-type: none"> <li>emergency surgery is scheduled in standard hours<sup>32</sup> as much as possible</li> <li>may provide: <p><i>Surgery – Overnight or multi day cases</i></p> </li> <li>Capable of providing deep sedation or general anaesthesia to patients who are of low anaesthetic complexity (ASA 1 and ASA 2).</li> </ul>
<b>Post-operative/post procedural care/recovery</b>	As for level 2, in addition: <ul style="list-style-type: none"> <li>provides post-operative care to medium acuity patients</li> <li>recovery stage 2 areas are utilised to optimise unit workflow.</li> </ul>
<b>Post-discharge care</b>	As for level 2, in addition: <ul style="list-style-type: none"> <li>has procedures and protocols to refer patients to post-discharge support services at neighbouring health services, community health centres or through primary care</li> <li>GP liaison services work with general practice to improve discharge communication.</li> </ul>

<sup>30</sup> The NSW Perioperative Toolkit (Agency for Clinical Innovation 2016) provides examples of triaging processes.

<sup>31</sup> General Practice Queensland 2011, *Enhancing integration: The general practice liaison officer model*, Brisbane, accessed at [http://www.checkup.org.au/icms\\_docs/154927\\_Enhancing\\_Integration\\_The\\_General\\_Practice\\_Liaison\\_Officer\\_Model.pdf](http://www.checkup.org.au/icms_docs/154927_Enhancing_Integration_The_General_Practice_Liaison_Officer_Model.pdf).

<sup>32</sup> One-third of all emergency surgery patients present to the ED between 10 am and 2 pm, with nearly 60 per cent presenting between 8 am and 4 pm (Department of Health and Human Services 2012).

## Part B: Clinical workforce

As for level 2, in addition:

Service	Requirements
<b>Emergency response</b>	<p>Recognition<sup>33</sup> and response system<sup>34, 35</sup> including rapid response (for example 'respond blue') and designated roles on-site 24/7 to respond immediately to medical, surgical and procedural emergencies across the facility in line with health service clinical protocols.</p> <p>Registered health practitioner(s) with demonstrated competency in advanced life support (adult and paediatric) on-site 24/7.</p>
<b>Surgery/proceduralist</b>	<p><i>Minor procedures – Day cases</i></p> <p>Registered health practitioner, credentialed at the health service for procedural care (including low complexity endoscopy), available in operating hours</p> <p><i>Surgery - Day cases</i></p> <p>Registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, relevant to the services being provided, available within operating hours.</p> <p><i>Surgery - Overnight cases</i></p> <p>Registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, relevant to the service being provided, available 24/7.</p> <p><i>For private services</i></p> <p>Registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, relevant to the service being provided, available 24/7.</p>
<b>Emergency surgery staff</b>	<p><i>Note: excludes elective only services</i></p> <p>Registered medical specialist (RACS) or equivalent, credentialed at the health service for emergency general surgical care, available 24/7.</p> <p>Registered medical specialists (RACS – Orthopaedic surgery) or equivalent, credentialed at the health service for emergency orthopaedic care, available 24/7.</p> <p>Registered medical practitioner, with demonstrated competency in peri-operative medical management, available 24/7.</p>
<b>Perioperative staff</b>	<p>The perioperative clinical team is structured to provide perioperative care 24/7 and includes:</p> <ul style="list-style-type: none"> <li>• registered medical specialist, (ANZCA or JCCA-accredited training) or equivalent, credentialed for anaesthetic care, available 24/7</li> <li>• registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, available within operating hours to provide anaesthetic care for ASA3 patients where required.</li> </ul>

<sup>33</sup> <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>

<sup>34</sup> Australian Standard 4083-2010, AS3745 planning for emergencies in facilities

<sup>35</sup> Australian Commission on Safety and Quality in Health Care. *National consensus statement: essential elements for recognising and responding to acute physiological deterioration second edition*. Sydney, ACSQHC. 2017

Service	Requirements
<b>Anaesthetics</b>	<p><i>Paediatrics</i></p> <p><i>Planned: As for level 2</i></p> <p><i>Emergency:</i></p> <p>Registered medical specialist, who has successfully completed JCCA-accredited training or equivalent, OR registered medical specialist (ANZCA) or equivalent credentialed at the health service for paediatric anaesthetic care, is available to provide paediatric anaesthetic care, available 24/7</p>
<b>Nursing</b>	<p>Nursing staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i><sup>36</sup> and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i><sup>37</sup>, or in the case of the private sector, the relevant enterprise agreement and statutory requirement.</p>
<b>Allied health</b>	<p>Allied health professionals available for admitted patients during business hours:</p> <ul style="list-style-type: none"> <li>physiotherapy.</li> </ul>

## Part C: Clinical support services

As for level 2, in addition:

Service	Requirements
<b>Pathology</b>	<p>Point of care and on-site blood and specimen collection with processing for biochemistry, haematology and microbiology available during operating hours and overnight if admitted care.</p> <p><i>Pathology services align with pathology capability level 3 or above (pending advice on draft core capability levels).</i></p>
<b>Medical imaging</b>	<p>On-site ultrasound and x-ray service available 24/7 (<i>excludes elective only</i>).</p> <p>On-site ultrasound and x-ray service available during operating hours (<i>elective only</i>)</p> <p>CT service may also be available off-site and provided under arrangement with another facility.<sup>38</sup></p> <p><i>Medical imaging services align with medical imaging capability level 3 or above (pending advice on draft core capability levels).</i></p>

<sup>36</sup> Department of Health and Human Services 2015, *Safe patient care (nurse to patient and midwife to patient ratios) act 2015*, State Government of Victoria, Melbourne accessed at <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/safe-patient-care-act>.

<sup>37</sup> Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016-2020, accessed at <http://www.anmfvic.asn.au/~media/files/ANMF/EBA%202016/Nurses-and-Midwives-Vic-PS-SIE-EA-2016-2020-amended>.

<sup>38</sup> South Australia Health 2016, *Clinical services capability framework: Medical imaging services*, Government of South Australia, accessed at <https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Clinical+Services+Capability+Framework/>.

Service	Requirements
<b>Pharmacy</b>	On-site pharmacy service that provides clinical pharmacy, medicines information, hospital-wide medication management services, medicines procurement, dispensing and distribution services available during business hours with on-call access 24/7. <i>Pharmacy services align with pharmacy capability level 3 or above (pending advice on draft core capability levels).</i>
<b>Blood management and blood products</b>	Provision of blood and blood products in accordance with Victoria's agreement to: <ul style="list-style-type: none"> <li>• The National blood and blood products charter for hospitals<sup>39</sup></li> <li>• The National blood and blood products charter for pathology labs<sup>40</sup></li> <li>• Standard 7 of the NSQHS Standards: Blood and blood products.<sup>41</sup></li> </ul> <i>Blood product services align with pathology capability level 3 or above (pending advice on draft core capability levels).</i>
<b>Allied health</b>	Guidelines for referral to the following services: <ul style="list-style-type: none"> <li>• physiotherapy</li> <li>• social work</li> <li>• dietetics</li> <li>• occupational therapy</li> <li>• speech therapy.</li> </ul>
<b>GP liaison services</b>	There is a dedicated GP liaison role for surgery ( <i>publics only</i> ).
<b>Aboriginal hospital liaison officer services</b>	Aboriginal hospital liaison officer services (male and female) accessible business hours. May be in partnership within the region.
<b>Non-admitted services</b>	There are documented patient pathways that optimise post-discharge review in the community and specialist clinics review for public patients where a specialist review is required.  Referral pathways to health independence programs including rehabilitation services, continence management services, post-acute care or community nursing.
<b>Discharge planning</b>	Processes to identify patients likely to need support at home, care coordination and/or at risk of unplanned re-presentation and have formal referral pathways to high use services (as per the <i>Transfer of care from acute inpatient services: Guidelines for managing the transfer of care of acute inpatients from Victoria's public health services</i> <sup>42</sup> ).

<sup>39</sup> National Blood Authority Australia 2016, *Blood and blood products charter for hospitals*, National Blood Authority, Canberra, accessed at <https://www.blood.gov.au/australian-health-provider-blood-and-blood-products-charter>.

<sup>40</sup> National Blood Authority Australia 2016, *Blood and blood products charter for pathology laboratories*, National Blood Authority, Canberra, accessed at <https://www.blood.gov.au/australian-health-provider-blood-and-blood-products-charter>.

<sup>41</sup> Standard 7: Blood management. Australian Commission on Safety and Quality in Health Care 2017, *National safety and quality health service standards*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards-second-edition/>.

<sup>42</sup> Department of Health and Human Services 2014, *Transfer of care from acute inpatient services: Guidelines for managing the transfer of care of acute inpatients from Victoria's public health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/acute-medicine/discharge-and-transfer>.

## Part D: Equipment and infrastructure

As for level 2, in addition:

Area	Requirements
<b>Admitted care</b>	Inpatient facilities informed by AHFG 0340 - Inpatient Accommodation Unit for overnight stay patients.  Processes to ensure surgical patients are managed as a cohort in a specific ward/wards.
<b>Critical care</b>	<i>Note: Excludes elective only facilities</i>  <i>Critical care services align with critical care capability level 3 or above (pending advice on draft core capability levels).</i>
<b>Clinics</b>	Consult room(s) in line with AHFG standard component Consult room for pre and post-operative reviews and Ambulatory care Unit AHFG 0155.

## Part E: Clinical governance

As for level 2, in addition:

Area	Requirements
<b>Service guidelines</b>	Guidelines that detail requirements for access, admission and discharge
<b>Competence and credentialing</b>	Credentialing processes include assessment of volume of procedures to maintain competency and likely local demand for a procedure.  Annual peer review processes for staff providing surgery and procedural care are consistent with the Australian Commission on Safety and Quality in Healthcare's <i>Review by peers: a guide for professional, clinical and administrative processes</i> . <sup>43</sup>

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<sup>43</sup> Australian Commission on Safety and Quality in Health Care 2010, *Review by peers: A guide for professional, clinical and administrative processes*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/37358-Review-by-Peers.pdf>.

## Level 4 surgical and procedural service

### Part A: Service description

Service	Description
<b>Complexity of care/ service role description</b>	<p>A level 4 service:</p> <ul style="list-style-type: none"> <li>provides medium risk surgical/procedural complexity care with deep sedation and general anaesthesia for adult patients who are of high complexity (ASA1 – ASA4)<sup>44</sup></li> <li>provides low-medium risk surgical/procedural complexity care with deep sedation and general anaesthesia for paediatric patients who are of low-medium complexity (ASA1, ASA2 and ASA3)</li> <li>provides planned care to adult and paediatric patients having surgery or procedures on a day stay or multi-day basis</li> <li>provides planned surgery and procedures for a range of specialties and common subspecialties - colorectal, breast and endocrine, head and neck procedures</li> <li>manages planned procedures through documented waiting list processes.</li> <li>provides general, orthopaedic, plastics, emergency surgery 24/7<sup>45,46</sup> and obstetric emergency care in line with designated maternity capability levels</li> <li>provides gastroenterology, respiratory and emergency procedures, and cardiology procedures in line with designated cardiac capability level 24/7</li> <li>has an emergency surgery service that is consultant led and performed in business (standard) hours whenever possible</li> <li>arranges for discharge care in the community or in primary care.</li> </ul> <p><i>Note: Patients requiring emergency surgery come from transfers from other hospitals, inpatient wards, from specialist clinics, elective surgery cases with complications, or presentations to the emergency department</i></p>
<b>Emergency services</b>	As for level 3
<b>Pre-admission services</b>	<p>As for level 3, in addition:</p> <ul style="list-style-type: none"> <li>provides specialised preoperative specialist medical assessment and post-operative care (preadmission clinics).</li> </ul>
<b>Procedure /Surgery (including surgical or procedural and anaesthetic complexity)</b>	<p>As for level 3, in addition:</p> <ul style="list-style-type: none"> <li>capable of providing anaesthesia to adult patients who are of high anaesthetic complexity (ASA 4)</li> <li>services include wide range of medical and surgical subspecialties and support services</li> </ul>
<b>Post-operative/post</b>	As for level 3, in addition:

<sup>44</sup> Refer to risk matrix in the introduction to this document.

<sup>45</sup> Department of Health and Human Services 2012, *A framework for emergency surgery in Victorian public health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/A-framework-for-emergency-surgery-in-Victorian-public-health-services>.

<sup>46</sup> See Appendix C: Examples of Procedures Requiring Urgent Operative Management. New South Wales Health 2014, *Emergency surgery guidelines*, New South Wales Health, Sydney, accessed at [https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009\\_009](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009_009).

Service	Description
<b>procedural care/ Recovery</b>	<ul style="list-style-type: none"> <li>provides post-operative care to high acuity patients, including those needing intensive care</li> <li>patients are cared for on age-appropriate, specialist surgical care wards post-operatively.</li> </ul>
<b>Post-discharge care</b>	<p>As for level 3, in addition:</p> <ul style="list-style-type: none"> <li>facilitates transition of the patient to home including provision of post-acute care and specialist rehabilitation as required</li> <li>specialist clinics provide a post-operative review and formal discharge of the patient back to referring provider.</li> </ul>

## Part B: Clinical Workforce

As for level 3, in addition:

Service	Requirements
<b>Surgery/ Proceduralist</b>	<p>Clinical units are structured to provide medical specialist led care in clinical streams that collectively provide ambulatory care, pre and post-surgery/procedure care and 24/7 care to admitted patients and manage complications of surgery.</p> <p>The clinical units are comprised of:</p> <ul style="list-style-type: none"> <li>relevant head of units</li> <li>registered medical specialist (RACS) or equivalent, credentialed at the health service for general surgical care, available 24/7</li> <li>registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties</li> <li>registered medical practitioners including trainees on RACS training program or equivalent</li> <li>advanced and extended practice nurses with demonstrated competency in provision of specialist services<sup>47</sup></li> <li>specialty (nurse) coordinators for key specialties</li> <li>Registered medical specialist (RACS) or equivalent, credentialed at the health service for emergency general surgical care, available 24/7.</li> </ul> <p>The number, type and composition of units at each service reflects demand for services and local agreements about workload management.</p>
<b>Emergency surgery staff</b>	<p><i>Note: excludes elective only facilities</i></p> <p>Registered medical specialist (RACS) or equivalent, credentialed at the health service for emergency general surgical care, available 24/7.</p> <p>Where emergency orthopaedic care is within service scope, registered medical specialists (RACS – Orthopaedic surgery) or equivalent, credentialed at the health service for emergency orthopaedic care, available 24/7.</p>

<sup>47</sup> Including nurse practitioners, nurse consultant in stomal care, continence, wound management, nurse endoscopist/cystoscopist.

Service	Requirements
	<p>Where emergency sub-specialty surgical care is within scope, medical specialists (RACS) credentialed at the health service for sub-specialty surgical care, available 24/7.</p> <p>Registered medical specialist (ANZCA) or equivalent, credentialed at the health service for anaesthetic care, available 24/7.</p> <p>Registered medical practitioner, with demonstrated competency in peri-operative medical management, on-site 24/7.</p>
<b>Anaesthetics</b>	<p>The anaesthetic team is structured to provide anaesthetic services across ambulatory, diagnostic and operating suite, acute pain services and comprises:</p> <ul style="list-style-type: none"> <li>• registered medical specialists (ANZCA) or equivalent</li> <li>• registered medical practitioners with appropriate experience in anaesthetics (may be accredited registrar on the ANZCA training program)</li> <li>• advanced and extended practice nurses with demonstrated competency in provision of specialist services</li> <li>• anaesthetic technicians.</li> </ul> <p>Registered medical specialist (ANZCA) or equivalent, credentialed at the health service for paediatric anaesthetic care, available 24/7 (where paediatric services are provided).</p> <p><i>Anaesthetics services align with anaesthetics capability level 6 (pending advice on draft core capability levels).</i></p>
<b>Nursing</b>	<p>Advanced and extended practice nurses with demonstrated competency in provision of specialist services.</p> <p>Nursing staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i><sup>48</sup> and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i><sup>49</sup>, or in the case of the private sector, the relevant enterprise agreement and statutory requirement.</p>

## Part C: Clinical support services

As for level 3, in addition:

Service	Requirements
<b>Aboriginal hospital liaison officer services</b>	Aboriginal hospital liaison officer services (male and female) available business hours.
<b>Pathology</b>	Point of care and on-site blood and specimen collection with processing available seven days a week for biochemistry, haematology and microbiology.

<sup>48</sup> Department of Health and Human Services 2015, *Safe patient care (nurse to patient and midwife to patient ratios) act 2015*, State Government of Victoria, Melbourne accessed at <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/safe-patient-care-act>.

<sup>49</sup> Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016-2020, accessed at [http://www.anmfvic.asn.au/~/\\_media/files/ANMF/EBA%202016/Nurses-and-Midwives-Vic-PS-SIE-EA-2016-2020-amended](http://www.anmfvic.asn.au/~/_media/files/ANMF/EBA%202016/Nurses-and-Midwives-Vic-PS-SIE-EA-2016-2020-amended).

Service	Requirements
	<i>Pathology services align with pathology capability level 6 or above (pending advice on draft core capability levels).</i>
<b>Medical imaging</b>	<p>A range of on-site imaging services available during extended hours.</p> <p>X-Ray and ultrasound on-site 24/7.</p> <p>Access to CT services.</p> <p><i>Medical imaging services align with medical imaging capability level 3 or above (pending advice on draft core capability levels).</i></p>
<b>Pharmacy</b>	<p>On-site pharmacy service that provides clinical pharmacy, medicines information, hospital-wide medication management services, medicines procurement, dispensing and distribution services available during business hours and accessible 24/7.</p> <p>Ready and secure access to medications including anaesthetics in operating suite.</p> <p><i>Pharmacy services align with pharmacy capability level 5 or above (pending advice on draft core capability levels).</i></p>
<b>Allied health</b>	<p>Guidelines for referral to the following adult and paediatric allied health services:</p> <ul style="list-style-type: none"> <li>• physiotherapy</li> <li>• social work</li> <li>• dietetics</li> <li>• psychology</li> <li>• occupational therapy</li> <li>• speech therapy</li> <li>• podiatry.</li> </ul>
<b>Pain management</b>	An acute pain management service is available during extended hours.
<b>Medical specialties</b>	<p>Registered medical specialists or equivalent, credentialed at the health service, available 24/7:</p> <ul style="list-style-type: none"> <li>• general medicine</li> <li>• infectious diseases</li> <li>• general paediatrics (where required for paediatric medical care)</li> <li>• intensive care medicine (ACEM / ANZCA / CICM / RACP).</li> </ul>
<b>Non-admitted services</b>	Pre-operative clinics are structured to ensure patients are ready for surgery including pre-admission clinics, multidisciplinary surgical assessment clinics and pathways.
<b>Discharge planning</b>	<p>Has inter-disciplinary approach and processes to discharge planning for specific cohorts of patients (for example complex care) and discharge coordinators (or similar) to work with specific cohorts.</p> <p>Established referral processes for range of subacute, home care and community services in line with the service's casemix.<sup>50</sup></p>

<sup>50</sup> For example, rehabilitation services, wound management, post-acute care, pain management, council services.

## Part D: Equipment and infrastructure

As for level 3, in addition:

Area	Requirements
<b>Critical care</b>	On-site access to Intensive Care Unit, informed by AHFG 0360 Intensive Care – General. <i>Critical care services align with critical care capability level 4 or above (pending advice on draft core capability levels).</i>
<b>Cardiac care</b>	<i>Cardiac services align with cardiac capability level 4 or above.</i>
<b>Renal care</b>	<i>Renal services align with renal capability level 4.or above</i>
<b>Operating rooms</b>	Dedicated emergency theatre.
<b>Imaging rooms</b>	Dedicated imaging in operating suite.

## Part E: Clinical governance

As for level 3, in addition.

Area	Requirements
<b>Consultation, referral and transfer</b>	Designated regional services must provide consultation service for key specialties for health services in the region and have agreed escalation and referral processes to accept patients 24/7.

## Level 5 surgical and procedural service

### Part A: Service description

Service	Description
<b>Complexity of care/ service role description</b>	<p>A level 5 service:</p> <ul style="list-style-type: none"> <li>provides high risk surgical/procedural complexity care with high anaesthetic complexity for adult patients who are of high complexity (ASA3, ASA4 and ASA5)<sup>51</sup></li> <li>provides high risk surgical/procedural complexity care with high anaesthetic complexity for: <ul style="list-style-type: none"> <li>paediatric patients who are of medium complexity (ASA3 and ASA4)</li> <li>paediatric patients with behaviours of concern</li> <li>paediatric patients less than 12 months old</li> </ul> </li> <li>provides planned care to adult patients having surgery or procedures on a day stay, overnight or multi-day basis</li> <li>provides planned surgery and procedures for a range of specialties and sub-specialties</li> <li>may provide bariatric surgical services<sup>52</sup></li> <li>manages planned procedures through documented waiting list processes</li> <li>provides general surgery, vascular, orthopaedic, plastics and neurosurgical emergency surgical care 24/7<sup>53,54</sup> and obstetric emergency care in line with their maternity capability level</li> <li>provides gastroenterology, respiratory, ENT and emergency procedures, and cardiology procedures in line with designated cardiac service capability level 24/7</li> <li>has an emergency surgery service that is consultant led and performed in business (standard) hours whenever possible</li> <li>arranges for discharge care in the community or in primary care.</li> </ul> <p><i>Designated regional health services:</i></p> <ul style="list-style-type: none"> <li>provide emergency paediatric general surgery, orthopaedic and ENT surgery.</li> <li><i>Note: Patients requiring emergency surgery may be transfers from other hospitals, inpatient wards, specialist clinics, elective surgery cases with complications, or presentations to the emergency department.</i></li> </ul>
<b>Emergency services</b>	<p>As for level 4, in addition:</p> <ul style="list-style-type: none"> <li>Provides a 24/7 emergency interventional radiology service.</li> <li>Provides a 24/7 emergency surgical capacity.</li> </ul>

<sup>51</sup> Refer to risk matrix in the introduction to this document.

<sup>52</sup> Subject to the finalisation of the statewide model for bariatric surgery

<sup>53</sup> Department of Health and Human Services 2012, *A framework for emergency surgery in Victorian public health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/A-framework-for-emergency-surgery-in-Victorian-public-health-services>.

<sup>54</sup> See Appendix C: Examples of Procedures Requiring Urgent Operative Management. New South Wales Health 2014, *Emergency surgery guidelines*, New South Wales Health, Sydney, accessed at [https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009\\_009](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009_009).

Service	Description
	<ul style="list-style-type: none"> <li>• Able to manage immediate life-saving emergency surgery procedures including (but not limited to) emergency craniotomy, surgery for penetrating neck trauma, tracheostomy thoracotomy, thoracostomy, emergency laparotomy, escharotomy and life and limb saving extremity procedures.</li> </ul>
<b>Pre-admission services</b>	<p>As for level 4, in addition:</p> <ul style="list-style-type: none"> <li>• Provides specialised preoperative specialist medical assessment and post-operative care inclusive of post-operative critical care support.</li> </ul>
<b>Procedure /Surgery (including surgical or procedural and anaesthetic complexity)</b>	As for level 4
<b>Post-operative/post procedural care/ Recovery</b>	As for level 4
<b>Post-discharge care</b>	<p>As for level 4, in addition:</p> <ul style="list-style-type: none"> <li>• Provides comprehensive acute substitution services such as hospital in the home or medi hotels</li> <li>• Provides sub-acute services, including admitted services both for rehabilitation and Geriatric Evaluation and Management (GEM), and a comprehensive range of ambulatory services.</li> </ul>

## Part B: Clinical workforce

As for level 4, in addition:

Service	Requirements
<b>Surgery/ Proceduralist</b>	<p>Registered medical specialist (RACS) or equivalent, credentialed at the health service for surgical care, employed as Director of surgical services responsible for clinical governance.</p> <p>Clinical units are structured to provide consultant led care in clinical streams that collectively provide ambulatory care, pre and post-surgery/procedure care and 24/7 care to admitted patients and manage complications of surgery.</p> <p>The clinical units are comprised of:</p> <ul style="list-style-type: none"> <li>• relevant head of unit</li> <li>• registered medical specialists or equivalent, credentialed at the health service for surgical subspecialties, available 24/7</li> <li>• registered medical practitioners experienced in peri-operative medical management on-site 24/7</li> <li>• nurse practitioners</li> <li>• advanced and extended practice nurses with demonstrated competency in provision of specialist services<sup>55</sup></li> </ul>

<sup>55</sup> Including nurse practitioners, nurse consultant in stomal care, continence, wound management, nurse endoscopist/cystoscopist.

Service	Requirements
	<ul style="list-style-type: none"> <li>specialty (nurse) coordinators for key specialties.</li> </ul> <p>The number and type of units at each service reflects demand for services and local agreements about workload management.</p> <p><i>Designated regional health services:</i></p> <p>In addition to the listed emergency surgery capability, these services also provide the following specialties for planned surgery and procedures:</p> <ul style="list-style-type: none"> <li>gynaecological surgery</li> <li>urological surgery</li> <li>otolaryngology</li> <li>head and neck surgery.</li> </ul> <p><i>Note: This is to build regional self-sufficiency for core specialties</i></p> <p><i>Note: this can be through pooled/shared waiting list with subregional services</i></p>
<b>Emergency surgery</b>	<p>As for level 4, in addition:</p> <ul style="list-style-type: none"> <li>Registered medical practitioner, credentialed at the health service for general surgical care (including initiation of management for surgical emergency) available 24/7. May be an accredited registrar on the RACS training program.</li> </ul>
<b>Anaesthetics</b>	<p>Head of Perioperative Services: Registered medical specialist (ANZCA/RACS) or equivalent.</p> <p>The anaesthetic team is structured to provide anaesthetic service across ambulatory, diagnostic and operating suite, acute pain services and comprises:</p> <ul style="list-style-type: none"> <li>head of unit</li> <li>registered medical specialists (ANZCA) or equivalent</li> <li>registered medical practitioners with experience in anaesthetics; may be accredited registrar on the ANZCA training program</li> <li>advanced and extended practice nurses with demonstrated competency in provision of specialist services</li> <li>anaesthetic technicians.</li> </ul> <p>A registered medical practitioner credentialed at the health service to initiate anaesthetic management for surgical emergencies (beyond ANZCA Supervision Level 1), available 24/7. May be an accredited registrar on the ANZCA training program.</p> <p>Registered medical specialist (ANZCA) or equivalent, credentialed at the health service in paediatric anaesthetic care, available 24/7 (where paediatric services are provided).</p>
<b>Allied health</b>	<p>As for level 4, in addition:</p> <p>Allied health professionals for adult and paediatric admitted patients available for extended hours:</p> <ul style="list-style-type: none"> <li>physiotherapy</li> <li>occupational therapy</li> <li>social work</li> <li>dietetics.</li> </ul> <p>Allied health professionals for adult and paediatric admitted patients accessible 24/7:</p>

Service	Requirements
	<ul style="list-style-type: none"> <li>• physiotherapy</li> <li>• social work</li> <li>• speech therapy (where relevant surgical sub-specialties within scope).</li> </ul>

### Part C: Clinical support services:

As for level 4, in addition:

Service	Requirements
<b>Medical imaging</b>	<p>Large range of on-site imaging services available extended hours.</p> <p><i>Medical imaging services align with medical imaging capability level 5 or above (pending advice on draft core capability levels).</i></p>
<b>Pharmacy</b>	<p>On-site pharmacy service that provides clinical pharmacy, medicines information, clinical trial support, hospital-wide medication management services, medicines procurement, sterile compounding, dispensing and distribution services available seven days a week during business hours and accessible 24/7.</p> <p><i>Pharmacy services align with pharmacy capability level 6 or above (pending advice on draft core capability levels).</i></p>
<b>Allied health</b>	<p>Guidelines for referral to a range of allied health services to support surgical casemix for pre and post-surgical care.</p>
<b>Pain management</b>	<p>On-site, multi-disciplinary, comprehensive acute management services available during business hours.</p>
<b>Admitted care</b>	<p>Access to specialist admitted care services that reflect caseload (e.g. cardiothoracic, vascular surgery, orthopaedic services).</p>
<b>Specialist medical services</b>	<p>Registered medical specialists or equivalent, credentialed at the health service, available 24/7:</p> <ul style="list-style-type: none"> <li>• general medicine</li> <li>• intensive care medicine</li> <li>• paediatrics (for paediatric services).</li> <li>• dermatology</li> <li>• infectious diseases</li> <li>• oncology</li> <li>• respiratory medicine.</li> </ul>

### Part D: Equipment and infrastructure

As for level 4, in addition:

Area	Requirements
<b>Critical care</b>	<p><i>Critical care services align with critical care capability level 6 (pending advice on draft core capability levels).</i></p>
<b>Cardiac care</b>	<p><i>Cardiac services align with cardiac capability level 5 or above.</i></p>
<b>Renal care</b>	<p><i>Renal services align with renal capability level 5 or above</i></p>

## Part E: Clinical governance

As for level 4

## Level 6 surgical and procedural service

### Part A: Service description

Service	Description
<b>Complexity of care/ service role description</b>	<p>A level 6A service:</p> <ul style="list-style-type: none"> <li>provides high risk surgical/procedural complexity care with high anaesthetic complexity for patients who are of high complexity (ASA3, ASA4 and ASA5), for both emergency and planned care</li> <li>provides planned care to adult patients having surgery or procedures on a day stay, overnight or multi-day basis</li> <li>provides planned surgery and procedures for a comprehensive range of specialties and subspecialties</li> <li>manages planned procedures through documented waiting list processes</li> <li>provides specialty emergency surgery<sup>56,57</sup> procedures, and cardiology procedures in line with designated cardiac capability level 24/7</li> <li>obstetric emergency care in line with their maternity capability level and renal care in line with their renal capability level</li> <li>has an emergency surgery service that is consultant led and performed in business (standard) hours whenever possible</li> <li>arranges for discharge care in the community or in primary care.</li> </ul> <p><i>Emergency and trauma services align with Emergency and Trauma level 6 or above.</i></p> <p><i>Designations:</i></p> <ul style="list-style-type: none"> <li>two level 6 providers will be designated as surgical and procedural burns service (one adult and one paediatric)</li> <li>a level 6 provider will be designated as adult heart lung transplants service</li> <li>two level 6 providers will be designated as adult major trauma services and one as a designated paediatric major trauma service</li> <li>two level 6 providers will be designated as Endovascular Clot Retrieval services.</li> </ul> <p><i>6B: Specialty services</i></p> <p>A level 6B service:</p> <ul style="list-style-type: none"> <li>is a specialist surgery and planned procedure service that provides care to patients 24/7 across the continuum of care for a specialty or patient population.</li> </ul>

<sup>56</sup> Department of Health and Human Services 2012, *A framework for emergency surgery in Victorian public health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/A-framework-for-emergency-surgery-in-Victorian-public-health-services>.

<sup>57</sup> See Appendix C: Examples of Procedures Requiring Urgent Operative Management. New South Wales Health 2014, *Emergency surgery guidelines*, New South Wales Health, Sydney, accessed at [https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009\\_009](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009_009).

Service	Description
	<ul style="list-style-type: none"> <li>• provides planned care to patients having surgery or procedures on a day stay, overnight or multi-day basis in line with their clinical scope of services</li> <li>• provides the full range of surgical and anaesthetic complexity to all levels of patient risk types for both adult and paediatric, emergency and planned care, within the clinical scope of the specialty</li> <li>• provides planned surgery and procedures for a comprehensive range of subspecialties within the clinical scope of the specialty</li> <li>• manages planned procedures through documented waiting list processes.</li> <li>• provides specialty emergency surgery<sup>58</sup> procedures and cardiology procedures in line with designated cardiac capability level 24/7 and obstetric emergency care in line with their maternity capability level</li> <li>• has an emergency surgery service that is consultant led and performed in business (standard) hours, whenever possible</li> <li>• arranges for discharge care in the community/primary care</li> <li>• designated statewide children's hospitals provide high risk surgical care to paediatric populations with the highest risk profiles for complications and who require specialist preoperative, post-operative and post discharge care.</li> </ul> <p><i>Note: 6B includes Royal Children's Hospital, Royal Women's Hospital, Mercy Hospital for Women, the Royal Victorian Eye and Ear Hospital.</i></p>
<b>Emergency services</b>	As for level 5, in addition provides a full suite of surgical and procedural emergency care.
<b>Pre-admission services</b>	As for level 5, in addition provides preoperative monitoring of high-risk patients awaiting specialist intervention e.g. transplant.
<b>Procedure /Surgery (including surgical or procedural and anaesthetic complexity)</b>	<p>As for level 5, in addition:</p> <ul style="list-style-type: none"> <li>• provides the most complex and specialised procedural services</li> <li>• capable of managing the most complex anaesthetic and perioperative complications.</li> </ul>
<b>Post-discharge care</b>	<p>As for Level 5, in addition:</p> <ul style="list-style-type: none"> <li>• services have extensive post-discharge support services available e.g. may have own inpatient and/or in-home and/or community-based rehabilitation services.</li> </ul>

<sup>58</sup> See Appendix C: Examples of Procedures Requiring Urgent Operative Management. New South Wales Health 2014, *Emergency surgery guidelines*, New South Wales Health, Sydney, accessed at [https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009\\_009](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2009_009).

## Part B: Clinical workforce

As for level 5, in addition:

Service	Requirements
<b>Allied Health</b>	<p>Allied health professionals for adult and paediatric admitted patients available during extended hours:</p> <ul style="list-style-type: none"> <li>occupational therapy</li> <li>dietetics</li> </ul> <p>Allied health professionals for adult and paediatric admitted patients available 24/7:</p> <ul style="list-style-type: none"> <li>physiotherapy</li> <li>social work.</li> <li>speech therapy (where relevant surgical sub-specialities within scope).</li> </ul>

## Part C: Clinical support services

As for level 5, in addition:

Service	Requirements
<b>Aboriginal hospital liaison officer services</b>	Aboriginal hospital liaison officer services (male and female) available business hours and accessible 24/7.
<b>Medical – specialist services</b>	Provides the full range of adult and paediatric specialty and subspecialty services and support services available 24/7 across the continuum of care.
<b>Medical imaging</b>	<p>Full range of on-site imaging services available 24/7.</p> <p><i>Medical imaging services align with medical imaging capability level 6 or above.</i></p>
<b>Transplant services</b>	<p>Access to transplant coordinator available 24/7.</p> <p>Access to transplant procurement team available 24/7.</p>

## Part D: Equipment and infrastructure

As for level 5, in addition

Service	Requirements
<b>Operating rooms</b>	Hybrid operating theatre.
<b>Cardiac care</b>	<i>Meets requirements for cardiac capability level 6.</i>
<b>Renal care</b>	<i>Meets requirements for renal capability level 6.</i>

## Part E: Clinical governance

As for level 5.

## Glossary

Term	Description
<b>24/7</b>	24 hours a day, seven days a week.
<b>Access/ Accessible</b>	Refers to the ability to utilise resources, a service or the skills of a suitably qualified person without difficulty or delay (may be located on-site or off-site in accordance with requirements).
<b>Acute care</b>	Victorian acute care includes admitted and non-admitted services such as critical care, surgical services, admitted care (including Hospital in the Home), specialist clinics, trauma and emergency services.
<b>Admitted care</b>	Sufficient dedicated facilities fit for purpose for the clinical services provided to an admitted patient during an episode of care. Accommodation should support the care of diverse and speciality groups.
<b>Admitted patient</b>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (Hospital in the Home).
<b>Advanced life support (ALS)</b>	The provision of effective airway management, ventilation of the lungs and production of a circulation by means of techniques additional to those of basic life support. These techniques may include, but not be limited to, advanced airway management, vascular access/drug therapy and defibrillation.
<b>Allied health</b>	An allied health profession is one which has a direct patient care role and belongs to a national professional organisation with a code of ethics/conduct and clearly defined membership requirements.
<b>Ambulatory care</b>	Care provided to patients who are not admitted to the hospital, such as patients of emergency departments, specialist clinics and the Health Independence Program.
<b>Available</b>	Refers to the ability to immediately access and utilise resources, a service, or the skills of a suitably qualified person.  In relation to workforce, an available staff member is formally on-call and can be immediately contacted to provide advice and/or deliver face-to-face care within the timeframes agreed by the health service.
<b>Business hours</b>	9 am to 5 pm Monday to Friday.
<b>Clinical governance</b>	The framework through which health organisations are accountable for continuously improving the quality of their services and safe guarding high standards of care by creating an environment in which excellence in clinical care will flourish.
<b>Community service organisations</b>	Registered community health centres, local government authorities and non-government organisations that are not health services.
<b>Competency</b>	Refers to the demonstration of a current set of skills, knowledge and practice expertise required to provide care that is safe and high quality. Competency may be demonstrated across a scope of practice or depth of practice both during training or after formal assessment or credentialing.  Competency is usually demonstrated through: <ul style="list-style-type: none"> <li>• regular training and education</li> <li>• ongoing workplace assessment and review</li> <li>• recency of practice (within 12 months)</li> </ul> and may be used to offer privilege to provide specific services within a health service, be recognised through formal endorsement by a registering authority or a formal credentialing process.

<b>Credentialing</b>	Formal process of verifying the qualifications, experience, professional standing and other relevant professional attributes for the purpose of forming a view about a clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.
<b>Cultural competence</b>	A system where a person's cultural background, beliefs and values are respected, considered and incorporated into the way healthcare is delivered to that individual.
<b>Cultural respect and safety</b>	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples and other cultural groups.
<b>Dedicated space</b>	Agreed area with the necessary equipment and resources for clinical assessment and care.
<b>Designated staffing</b>	Specifically defined and named staffing available for providing a service.
<b>Dietitian</b>	A member of, or an individual eligible for membership of, Dieticians Association of Australia.
<b>Documented process/guidelines</b>	A process agreed by services involved. It may include a networking agreement, letter of agreement between parties, a policy arrangement, memorandum of understanding or a contractual arrangement for the delivery and receipt of services, however, defined between two organisations.
<b>Emergency department</b>	A dedicated hospital based facility specifically designed and staffed to provide 24 hour emergency care.
<b>Enrolled nurse</b>	A person registered as an Enrolled Nurse in the Register of Nurses kept by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National Law, other than as a student. The enrolled nurse practises with the support and professional supervision of the registered nurse.
<b>Extended hours</b>	The service is available beyond 9 am to 5 pm Monday to Friday; this may be extended hours during the day/evening or over the weekend.
<b>Facility</b>	Physical or organisational structure that may operate a number of services of a similar or differing capability level.
<b>Guideline</b>	Evidence-based statement(s) and/or recommendations that assist decision making to optimise patient care and outcomes. Guidelines include information and advice regarding referral pathways.
<b>Health practitioner</b>	A person whose name is entered on a register of practitioners maintained by a competent authority.
<b>Health service</b>	A registered funded agency, multipurpose service or health service establishment, as defined by the <i>Health Services Act 1988</i> , in regard to services provided within a hospital or a hospital-equivalent setting.
<b>Health service designation</b>	The act of assigning responsibilities to a specific health service to undertake a defined role. Designation is usually based on the level of workforce and infrastructure capacity.
<b>High dependency unit</b>	A high dependency unit is a specially staffed and equipped section of an intensive care complex that provides a level of care intermediate between intensive care and general ward care.
<b>Infection prevention</b>	In-hospital services require infection prevention services available in accordance with the preventing and controlling healthcare-associated infection standard (Infection prevention and control systems) listed in the <i>National safety and quality health services standards</i> .

<b>Infrastructure</b>	The physical equipment and facilities required to support service configuration and capacities necessary to achieve desired performance outcomes.
<b>Intensive care unit</b>	A unit within the hospital that has additional equipment and infrastructure to support: <ul style="list-style-type: none"> <li>• immediate resuscitation and short-term cardio-respiratory support</li> <li>• mechanical ventilation</li> <li>• invasive cardiovascular monitoring</li> <li>• renal replacement therapy</li> <li>• complex multi-system life support.</li> </ul>
<b>Major trauma service</b>	Centres of expertise in trauma management in Victoria. Responsible for providing definitive care to major trauma patients, either through primary triage or secondary transfer.
<b>Medical practitioner</b>	A health practitioner who has successfully completed a Bachelor of Medicine, Bachelor of Surgery (MBBS) or equivalent as accredited by the Australian Medical Council. A medical practitioner holds registration with the Medical Board of Australia.
<b>Medical practitioner (General Practitioner)</b>	A medical practitioner who has attained a specialist general practice qualification with either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.
<b>Medical specialist</b>	A medical practitioner who holds specialist registration with the Medical Board of Australia. Specialist registration is available to medical practitioners who have been assessed by an Australian Medical Council-accredited medical specialist college as being eligible for fellowship. Fellowship is not a pre-requisite for specialist registration.
<b>Midwife</b>	A person registered in the Register of Midwives kept by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National Law, other than as a student
<b>Multidisciplinary care</b>	Multidisciplinary care happens when medical, nursing and allied health professionals involved in patients' treatment hold regular structured meetings to together consider all treatment options and personal preferences of patients and collaboratively develop individual care plans that best meet the needs of patients.
<b>Non-admitted care</b>	Dedicated facilities fit for purpose for the services provided to patients who do not undergo a formal admission process and do not occupy a hospital bed.
<b>Nurse Practitioner</b>	A registered nurse who is endorsed as a Nurse practitioner by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National Law.
<b>Occupational therapist</b>	A health practitioner registered with the Occupational Therapy Board of Australia
<b>On-site</b>	Staff, services and/or resources located within the health facility or an adjacent campus, including third party providers.
<b>Operating hours</b>	The hours a specific service is open and provides services to patients.
<b>Operating rooms</b>	A facility within a hospital where surgical operations are carried out in an aseptic environment.
<b>Or equivalent</b>	A health professional determined via a credentialing process to have met the required workforce capability level. This applies to but is not limited to the following health professionals:

	<ul style="list-style-type: none"> <li>• registered medical practitioners with Limited Registration (or Provisional Registration) on either the Specialist Pathway – specialist recognition or the Specialist Pathway – area of need</li> <li>• registered medical practitioners on accredited training programs with previous training undertaken interstate.</li> </ul>
<b>Peer review process</b>	The evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance.
<b>Paediatric patient</b>	The Royal Australian College of Physicians defines paediatric patients as neonates (birth to four weeks) to children of 17 years of age. In some instances, may include individuals beyond this age.
<b>Physiotherapist</b>	A health practitioner registered with the Physiotherapy Board of Australia.
<b>Planned/elective surgery and procedures</b>	Surgery or procedures that, in the opinion of the treating clinician, is necessary but for which admission can be delayed for at least 24 hours.
<b>Podiatrist</b>	A health practitioner registered with the Podiatry Board of Australia.
<b>Point of care testing</b>	Also referred to as bedside testing. Diagnostic testing that takes place at or near the point of care – at the time and place of patient care.
<b>Primary care</b>	Primary care includes a broad range of activities and services (such as health promotion, prevention, early intervention, treatment of acute conditions, and management of chronic conditions) that are delivered in the home or in community-based settings such as general practices, community health centres and allied health practices.
<b>Procedure rooms</b>	Facilities to support the care of patients undergoing a range of surgical and/or endoscopic procedures with provision to deliver inhalational and other anaesthetic agents.
<b>Protocol/established protocol</b>	An agreed framework outlining the care to be provided to patients in a given situation.
<b>Psychologist</b>	A health practitioner registered with the Psychology Board of Australia.
<b>Referral pathway</b>	A shared and agreed process by which a patient is referred from one service provider to another. This includes agreed referral criteria, consistent management of referrals and timely communication between service providers regarding the outcome of the referral.
<b>Registered Nurse (RN)</b>	A person registered as a Registered Nurse in the Register of Nurses kept by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National Law, other than as a student.
<b>Service (health)</b>	Refers to a clinical service provided under the auspices of an organisation or facility. The word 'facility' usually refers to a physical or organisational structure that may operate a number of services of a similar or differing capability level.
<b>Seven days a week</b>	A specific service is open and provides services every day of the week.
<b>Social worker</b>	A member of, or individual eligible for membership of, the Australian Association of Social Workers.
<b>Statewide service</b>	A specialist service that is provided by one or two health services for the entire state. Examples include transplant services, specialist services for children, and endovascular clot retrieval for acute stroke.
<b>Telehealth</b>	Telehealth refers to the use of information and communications technologies (typically video) to deliver healthcare closer to home, including in-home care, and to provide professional advice and education.

<b>Urgent care centres</b>	Urgent care centres are generally found in rural areas in Victoria. They are often supported by general practitioners and/or advanced practice nurses.
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