

Capability framework for Victorian urgent, emergency and trauma care services

Implementation version

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

Available at <<https://www2.health.vic.gov.au/hospitals-and-health-services/health-system-design-planning/implementation-capability-frameworks/urgent-emergency-trauma-services>>

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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 urgent, emergency and trauma 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 and ED/UCC internal audit clinical tool
<<https://www.vmia.vic.gov.au/>>.

Furthermore, the urgent, emergency and trauma care framework should be read in conjunction with:

- DHHS (2017) *Urgent Care Centres Models of care toolkit*
< <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/urgent-care-centres-models-of-care-toolkit>>
- DHHS (2017) *Guidelines for behavioural assessment rooms in emergency departments*
< <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/behavioural-assessment-rooms-emergency-depts-guide>>
- DHHS (2019) *Time critical defined transfer guidelines*
< <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Time-critical-defined-transfer-guidelines>>

- DHHS (2018) *Authorised registered nurses - rural and isolated practice*
< <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/authorised-registered-nurses-rural-and-isolated-practice>>
- DHHS (2018) *Nurse practitioners - key legislative requirements in Victoria*
< <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nurse-practitioners-key-legislative-requirements-in-victoria>>
- DHHS (2018) *Guide for security arrangements to prevent and manage occupational violence and aggression: guiding principles*
< <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/guide-for-security-arrangements-to-prevent-manage-ova>>

The urgent, emergency and trauma capability care framework

The *Statewide design, service and infrastructure plan for Victoria's health system 2017-2037* (the plan) committed to stronger governance and oversight of urgent and emergency care services to ensure that all patients receive the same high quality and safe care, regardless of where they live. The plan also committed to strengthening rural urgent care centres and improving the connections between services through default referral pathways and standardised escalation processes to better meet patient needs.

Emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development¹. Emergency services receive, assess, stabilise and manage patients who present with a wide variety of conditions of varying urgency and complexity².

Unless a specialised paediatric hospital exists in the immediate vicinity, children will usually comprise a significant proportion of attendances to urgent, emergency and trauma care services. The principal of providing the highest quality treatment for the child appropriate for their age, condition, and local health service capability at the closest institution to their home applies when little difference to outcome is likely³. It is also expected that at all levels health services endeavour to provide care in an environment that is safe and appropriate for the age and stage of development of the child or adolescent. A health service caring for paediatric patients must provide facilities and equipment for children and adolescents that is specifically designed to meet their needs, size and developmental age. It is also expected that children and adolescents are cared for by staff specifically trained to meet their physical, psychosocial, developmental, communication and cultural needs⁴.

The capability framework for urgent, emergency and trauma care is based on the following continuum of care (Figure 1). This is different from the way trauma services are delineated in international literature and in the Royal Australasian College of Surgeons (RACS) Australian Trauma Verification Program Manual⁵, where level 1 has the highest capability. References to both the RACS designation and the Victorian State Trauma System designation are made throughout the framework, where relevant. It should be noted that this version of the framework does not provide comprehensive detail

¹ International Federation for Emergency Medicine – Definition of Emergency Medicine. <https://www.ifem.cc/about-us/>

² Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines: Version 2. AHIA; 2007. www.healthfacilityguidelines.com.au/

³ Royal Australian College of Surgeons (2017) Position Paper Surgery in Children. Melbourne, accessed at <https://www.surgeons.org/about-racs/position-papers>

⁴ Australasian College for Emergency Medicine 2002, Statement on hospital emergency department services for children, ACEM, Melbourne, accessed at [https://acem.org.au/getmedia/2cf3c286-61a4-497d-9922-0a87af6ad4ed/S11-Statement-Hospital-ED-Services-for-Children-Jul-12-v02-\(1\).aspx](https://acem.org.au/getmedia/2cf3c286-61a4-497d-9922-0a87af6ad4ed/S11-Statement-Hospital-ED-Services-for-Children-Jul-12-v02-(1).aspx).

⁵ Royal Australasian College of Surgeons (2009). The Australasian Trauma Verification Program Manual. Melbourne: RACS.

of the major trauma requirements. Further work will be undertaken to better describe these trauma capabilities for incorporation into a future version of the capability framework.

Figure 1. Continuum of emergency care

Level	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Continuum of emergency care	Initial emergency response	Advanced life support/ resuscitation & limited minor injuries/ illness		Emergency medicine		Comprehensive emergency medicine & major trauma care
Examples	Bush nursing hospitals/ centres	Urgent care services	Urgent care services	Emergency departments in rural settings and outer metropolitan areas	Emergency department including designated regional hospitals	Emergency department including major trauma & specialist services

Although Ambulance Victoria is a public health and emergency service, in this capability framework its role is incorporated as an enabler across all levels in the system. As such, Ambulance Victoria will not be assigned a capability level, however the capability framework describes how health services should use and interact with Ambulance Victoria.

The *Capability framework for Victorian urgent, emergency and trauma care services* (the framework) is an important tool that will support the development of a coordinated urgent, emergency and trauma system of care based on the following principles:

- Timely urgent, emergency and trauma care is available to all Victorians
- All patients receive the same high quality and safe care, regardless of where they live
- The needs of vulnerable patient groups are met, including people with mental illness, older people and children
- Integration with the broader health system, with a clear role and linkages to other services
- Health services recognise roles and responsibilities within a coordinated system of care
- Designated services provide clinical leadership across the system

The urgent, emergency and trauma care 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 urgent, emergency and trauma care 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 surgery and procedural capability level configuration requirements for urgent, emergency and trauma care services. Where relevant, the requirements outlined in the *Capability framework for Victorian cardiac services* and the *Capability framework for Victorian surgery and procedural services* must also be met.

Table 1: Minimum configuration requirements for urgent, emergency and trauma and cardiac care

Urgent, emergency and trauma service level of care	Minimum cardiac level of care
6	6
5	5
4	3

Table 2: Minimum configuration requirements for urgent, emergency and trauma and surgery and procedural care

Urgent, emergency and trauma service level of care	Minimum surgery and procedural level of care
6	6
5	5

The department is also developing capability frameworks for core services – that is, 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.

How to read and navigate the framework

For each urgent, emergency and trauma care level the minimum standards for health services 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 urgent, emergency and trauma care service

Part A: Service description

Service	Description
Complexity of care/ service role description	<p>A level 1 service:</p> <ul style="list-style-type: none"> – provides an initial emergency care response. Typically, in rural Victoria this will be a registered nurse, including remote area nurse, rural and isolated practice endorsed registered nurse (RIPERN) or paramedic who can provide an initial emergency care response service in the community or in a health care centre, using agreed protocols. – provides an emergency care response for potentially serious and life threatening conditions 24/7, including some advanced life support interventions and expeditious transfer to an emergency department (Level 4-6) or retrieval.
Assessment	<ul style="list-style-type: none"> – Provides assessment for first aid, life support, retrieval and referral. – Uses primary and secondary assessment and management of an emergency patient⁶ guidelines • Uses Trauma Victoria guidelines and assessment protocols for major trauma care⁷.
Treatment	<ul style="list-style-type: none"> • Provides definitive care for minor injuries. • Provides registered medical practitioner, paramedic or nurse-led emergency care and some advanced life support interventions for potentially serious and life threatening conditions, prior to retrieval or transfer. • As required, on advice from Ambulance Victoria (AV), Adult Retrieval Victoria (ARV) or Paediatric Infant Perinatal Emergency Retrieval (PIPER), provides support to stabilise patients prior to retrieval or transfer.
Disposition/ Discharge	<ul style="list-style-type: none"> • Provides patients (and their families and/or carers) with discharge information and instruction to support appropriate care and follow up as required. • Patients are directed to their general practitioner (GP) or other primary care provider for follow – up care as required. • Uses established protocols to refer to the nearest emergency department for emergency care assessment and treatment.
Trauma care	Provides an initial emergency care response for major trauma patients.

Part B: Clinical workforce

Service	Requirements
Emergency response	A rapid response system ^{8,9} (for example, 'respond blue'), including clinical protocols and designated roles on-site during service operating hours provides an initial emergency care response for potentially serious and life threatening conditions

⁶ Refer to: Department of Health and Human Services 2019, *Trauma Victoria: Early trauma care primary survey*, State Government of Victoria, Melbourne, accessed at <https://trauma.reach.vic.gov.au/guidelines/early-trauma-care/primary-survey>.

⁷ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

⁸ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities. <https://www.standards.org.au/standards-catalogue/sa-snz/publicsafety/fp-017/as--3745-2010>

⁹ 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
	<ul style="list-style-type: none"> Registered health practitioner with demonstrated competency in advanced life support available 24/7.
Trauma service role/response	As per emergency response.

Part C: Clinical support services

Service	Requirements
Emergency services	Access to 'triple 000' and Ambulance Victoria.
Language services	Access 24/7 to accredited interpreters, translators and other language services in accordance with Victoria's <i>Language services policy</i> .
Aboriginal hospital liaison officer services	Guidelines are in place for referral to Aboriginal hospital liaison officer services (male and female).

Part D: Equipment and infrastructure

Area	Requirements
Emergency response pack	Portable resuscitation equipment and medicines available in line with health service's clinical treatment protocol(s) ¹⁰ .

Part E: Clinical governance

Area	Requirements
Service guidelines	Guidelines define the scope of urgent, emergency and trauma care to be provided by designated staff. The community are provided information about the level of urgent, emergency and trauma care that can be provided. This information is provided in a range of formats to meet the cultural and communication needs of consumers.
	Guidelines are in place for primary and secondary survey for initial assessment and management of an emergency patient(s) ¹¹ .
	Policies and procedures are in place to meet the requirements of the <i>Emergency Management Manual Victoria</i> and associated policies for mass casualty management.
	Documented policies and processes are in place that improve the safety and quality of care for Aboriginal and Torres Strait Islander people ^{12,13} .

¹⁰The Rural and Remote Emergency Services Standardisation Guideline (2017) provides an example of a Emergency Response Pack that may be useful for services. Although a Queensland guideline, ACEM, ACRRM, RFDS and others developed it: https://www.health.qld.gov.au/_data/assets/pdf_file/0036/696906/RRCSU-Emergency-Response-Pack27022018.pdf.

¹¹ Refer to: Department of Health and Human Services 2019, *Trauma Victoria: Early trauma care primary survey*, State Government of Victoria, Melbourne, accessed at <https://trauma.reach.vic.gov.au/guidelines/early-trauma-care/primary-survey>.

¹² Department of Health and Human Services 2019, *Aboriginal and Torres Strait Islander cultural safety framework – For the Victorian health, human and community services sector*, State Government of Victoria, Melbourne.

¹³ 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
Consultation, referral and transfer	Guidelines are in place for consultation, referral and transfer in accordance with regional referral, escalation and transfer pathways. Guidelines are in place for consultation, referral and transfer with AV, ARV and PIPER.
Competence and credentialing	Credentialing processes for designated staff are established by health service. Annual competency assessment and review processes are in place for staff providing initial emergency care response role.

Level 2 urgent, emergency and trauma care service

Part A: Service description

Service	Description
Complexity of care/ service role description	<p>A level 2 service:</p> <ul style="list-style-type: none"> provides urgent and unscheduled care to adults and children who self-present (i.e. do not arrive by ambulance). partners with local primary care providers¹⁴ (where available) to provide unplanned care to the local community provides two streams of care: <ul style="list-style-type: none"> an emergency care response for potentially serious and life threatening conditions 24/7, with support from a primary care provider (where available), including advanced life support¹⁵, rapid transfer to an emergency department (Level 4-6), or retrieval definitive care to adult and paediatric patients with urgent minor injuries and illnesses¹⁶ during the hours local primary care services are not operating provides clinical assessment and treatment in a treatment/consulting space (that may be multipurpose) in an acute service is a protocol driven service model <p>Specialist emergency support for high acuity, high complexity cases is provided via telehealth by a level 5 service within the region (including support for health practitioners contracted by health service to provide emergency care at the level 2 service).</p> <p><i>Where there is no local primary care provider available:</i></p> <ul style="list-style-type: none"> medical support is provided by an off-site service as required (e.g. emergency care advice line) emergency care response for potentially serious and life threatening conditions is provided 24/7 by designated nurses, including some advanced life support interventions¹⁷, rapid transfer to an emergency department (Level 4-6) or retrieval Ambulances do not routinely take acutely unwell patients (e.g. priority codes 0, 1, 2 and 3) to these services, unless under the instruction of the AV on duty clinician and in accordance with agreed diversion criteria¹⁸.
Assessment	<ul style="list-style-type: none"> Uses standardised clinical assessment and triage protocols that align with existing tools (such as Australasian Triage Scale (ATS), ViCTOR, ViCTOR Urgent Care or equivalent validated tools) and includes primary care assessment domains. Uses Trauma Victoria guidelines and assessment protocols for major trauma patients¹⁹.

¹⁴ It is expected that this will be either a registered medical practitioner or nurse practitioner but could in future include other health practitioners who could fulfil the same requirements for the health service's agreement.

¹⁵ Health service clinical protocols must detail the roles and interventions that staff are authorised to undertake in relation to ALS – refer to Clinical Governance section for this level.

¹⁶ For example, wound management including simple lacerations for suturing, care for children with minor fevers and rashes, treatment of mild asthma (where the patient is able to walk and talk in full sentences)

¹⁷ Health service clinical protocols must detail the roles and interventions that staff are authorised to undertake in relation to ALS – refer to Clinical Governance section for this level.

¹⁸ Diversion criteria to be developed jointly by DHHS and AVC in early 2020.

¹⁹ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

Service	Description
	<ul style="list-style-type: none"> Has additional protocols in place for assessment, triage, treatment and referral for patient cohorts including children, obstetrics, vulnerable patients²⁰, and patients with high and complex needs, including referral to mental health services. Clinical care is supported by limited pathology services (blood and diagnostic specimen collecting services and defined scope point of care testing). There is access to limited radiology (such as x-ray) to support minor illness/injury in service hours.
Treatment	<ul style="list-style-type: none"> Provides definitive care for minor injuries and illnesses. Provides emergency care and some advanced life support interventions for potentially serious and life threatening conditions, prior to transfer or retrieval. As required, on advice from AV, ARV, PIPER or designated level 5 service, provides support to stabilise patients prior to retrieval or transfer.
Disposition/ Discharge	<p>As for level 1, in addition:</p> <ul style="list-style-type: none"> Uses established protocols for admission to hospital under the care of a medical practitioner or nurse practitioner for patients requiring ongoing monitoring, observation or treatment.
Trauma care	<ul style="list-style-type: none"> Is designated as a Primary Care service within the Victorian state trauma system²¹. Provides care in line with major trauma guidelines²². Has policies and procedures in place to meet the requirements of the <i>Emergency Management Manual Victoria</i> and associated policies for the purpose of mass casualty management.

Part B: Clinical workforce

Service	Requirements
Emergency response	<p>A recognition²³ and response system^{24,25}, including rapid response (for example, 'respond blue'), including clinical protocols and designated roles on-site 24/7 is in place to respond immediately to emergencies across the facility.</p> <ul style="list-style-type: none"> Registered health practitioner with demonstrated competency in advanced life support on-site 24/7. Registered medical practitioner or nurse practitioner commences escalation processes for referral, transfer or retrieval. <p><i>Where there is no registered medical practitioner or nurse practitioner available:</i></p> <ul style="list-style-type: none"> Health service has protocols in place to commence escalation processes for referral, transfer or retrieval.

²⁰ Australasian College for Emergency Medicine 2015, *Quality standards for emergency departments and other hospital-based emergency care services: Standard 1.10: Vulnerable and high risk patients*, ACEM, accessed at <https://acem.org.au/getmedia/cbe80f1c-a64e-40ab-998f-ad57325a206f/Quality-Standards-1st-Edition-2015.aspx>

²¹ As per Vic State Trauma System. Department of Health and Human Services 2019, *Victorian state trauma system*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/state-trauma-system>.

²² Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

²³ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>

²⁴ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities

²⁵ 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
	<p>A registered medical specialist (ACEM) or equivalent, credentialed at a level 5 urgent, emergency and trauma care health service is available 24/7 via video telehealth to advise health service staff on high acuity, high complexity patients?</p> <p><i>Note: Video telehealth is essential to provide opportunities for level 5 clinicians to support emergency assessment and interventions remotely for on-site registered medical practitioner and facility staff.</i></p> <hr/> <p>Staff to provide cardiac emergency care in line with level 2 cardiac care²⁶, as outlined below.</p> <p><i>For acute coronary syndromes:</i></p> <ul style="list-style-type: none"> • registered medical practitioner²⁷ credentialed at the health service to commence administration of fibrinolysis in accordance with clinical protocols²⁸ available 24/7, and/or • designated staff to commence administration of fibrinolysis under instruction and according to protocols (supported by a registered medical practitioner, a paramedic, or registered medical specialist (RACP – Cardiology) via the cardiology telephone advice line²⁹, on-site 24/7 • designated staff to initiate peripheral intravenous cannulation and therapy and take 12-lead ECG and interpret the results* within 10 minutes of the first emergency contact on-site 24/7³⁰ • a standardised clinical cardiac assessment tool is used by all staff³¹. <p><i>Note: this should be done in conjunction with escalation of care and arrangement to transfer the patient as soon as possible</i></p> <p><i>Note: *ECG interpretation may be by an ECG reading service or via a formal arrangement with a higher-level service.</i></p>
Trauma service role/response	<p>Provides limited resuscitation prior to early transfer to a Regional or Major Trauma Service, in accordance with the trauma guidelines³².</p> <p>Provides trauma resuscitation as per EMST/ATLS guidelines, with the priority being on the primary survey, adjuncts to primary survey and then secondary survey.</p>
Unplanned presentations	<p>A “Minor Illness/Injury service” operates during the hours that local primary care services are not operating, which is staffed by a designated registered nurse³³, who provides care in accordance with agreed clinical protocols.</p>

²⁶ Department of Health and Human Services 2019, *Cardiac care capability framework*, State Government of Victoria, Melbourne. To be released.

²⁷ It is expected that this will be a medical officer (RACGP trained) but could include Nurse Practitioners who can fulfil the same requirements for the health service’s agreement.

²⁸ For example, Chew, D, Scott, I, Cullen, L, French, J, Briffa, T, Tideman, P, Woodruffe, S, Kerr, A, Branagan, M & Aylward, P 2016, ‘National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes 2016’, *Heart, Lung and Circulation*, vol. 25 no. 9, pp.895-951, accessed at https://www.heartfoundation.org.au/images/uploads/publications/PRO-174_ACS_guidelines_2016-WEB.pdf.

²⁹ The cardiology telephone advice line currently supports ALS paramedics. It is envisioned that this will be expanded to incorporate health services in the near future in line with *Design, service and infrastructure plan for Victoria’s cardiac system*.

³⁰ Standard 2: Early assessment. Australian Commission on Safety and Quality in Health Care 2014, *Acute coronary syndromes clinical care standard*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-coronary-syndromes-clinical-care-standard/>.

³¹ Standard 1: Immediate management. *ibid*.

³² Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

Service	Requirements
	<p>Where there is no local primary care provider available the hours of operation may be extended.</p> <p><i>Note: Nurses designated to staff the “Minor Illness/Injury service” may have additional qualifications or endorsements but this is not mandated at this level.</i></p> <p>Emergency care – see above emergency response.</p> <p>Nurse staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i>³⁴ and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i>³⁵.</p>
Medical – general practice	<p>(1) <i>Emergency role</i>: Registered medical practitioner available 24/7. This includes ability to attend in person 24/7 for high acuity, high complexity patients.</p> <p>(2) <i>Minor injury/illness role</i>: Access 24/7 to registered medical practitioner to support registered nurses operating minor injury/illness service, as required.</p> <p><i>Single or no registered medical practitioners available:</i></p> <p>(1) <i>Emergency Role</i>: Not applicable (see emergency response).</p> <p>(2) <i>Minor injury/illness role</i>: Health service contracts off-site service (e.g. emergency care advice line) to support registered nurses operating minor injury/illness service by phone, as required.</p>

Part C: Clinical support services

Service	Requirements
Medical imaging	<p>Access to limited x-ray services is available. This may be via referral to an alternate site or provided by suitably qualified³⁶ and licenced³⁷ nursing and medical staff (for small rural services) in line with statewide guidelines³⁸.</p> <p><i>Medical imaging services align with medical imaging capability level 1 or above (pending advice on draft core capability levels).</i></p>
Pathology	<p>Defined scope point of care testing (for example, lactate, troponin) is available 24/7.</p> <p>Blood and diagnostic specimen collection service available during operating hours, with off-site testing and reporting.</p> <p><i>Pathology services align with pathology capability level 1 or above (pending advice on draft core capability levels).</i></p>

³⁴ 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>.

³⁵ 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>.

³⁶ Xray Operator qualification– <https://www2.health.vic.gov.au/public-health/radiation/licensing/use-licences-employees/sector-specific-information/medical/nurses>

³⁷ Radiation licencing: <https://www2.health.vic.gov.au/public-health/radiation/licensing/use-licences-employees/general-information>

³⁸ Department of Health and Human Services 2019, *Nurse-led limited x-ray service in small rural health services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/furthering-your-nursing-and-midwifery-career/nurse-led-x-ray-services>.

Service	Requirements
Medication management	<p>Medicines are supplied to patients via prescription and/or written medication orders and a licenced supply system (imprest system), in accordance with Victorian state regulations^{39,40}.</p> <p>There is access to a registered pharmacist for medication review, information and patient counselling services.</p> <p>Medicines available 24/7 for administration during resuscitation⁴¹.</p> <p>Access 24/7 to broad spectrum antibiotics for the management of sepsis.</p> <p><i>Medicines management services align with pharmacy and medicines management capability level 1 or above (pending advice on draft core capability levels).</i></p>
Language services	Access 24/7 to accredited interpreters and translators and other language services in accordance with Victoria's <i>Language services policy</i> .
Aboriginal hospital liaison officer services	Aboriginal hospital liaison officer services (male and female) accessible during business hours. This service can be in partnership within the region.

Part D: Equipment and infrastructure

Area	Requirements
Unplanned presentations treatment area	<p>A treatment/consulting space (may be multipurpose) that is informed by the Australasian Health Facilities Guidelines on Multipurpose Service Unit – emergency services area zone⁴².</p> <p>The area will comprise:</p> <ul style="list-style-type: none"> • triage room; and • resuscitation/treatment/holding room(s) – may be multipurpose. <p><i>Note: the area must have two points of access with staff having line of sight over both entrances</i></p> <p>Equipment available on-site:</p> <ul style="list-style-type: none"> • clinical equipment to support minor injury/illness service • resuscitation equipment for patients of all ages⁴³.
	Wayfinding from hospital entrance to unplanned presentations area and resuscitation area is signposted for ambulance and retrieval services to find in an emergency (and does not use “emergency department” signage).
Telehealth	Equipment and information and communications technology (ICT) infrastructure to enable service delivery via telehealth (video), is available 24/7 in treatment space for consultation with level 4-6 emergency department for high acuity, high complexity cases, and staff are skilled in its use.

³⁹ Victorian Chief Parliamentary Counsel. Drugs, Poisons and Controlled Substances Regulations 2017. Drugs, Poisons and Controlled Substances Act 1981 <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/drugsand-poisons-act-regulations>

⁴⁰ Department of Health and Ageing Guiding Principles for Medication Management in Residential Aged Care Facilities. Commonwealth of Australia 2012

⁴¹ For a suggested list, see Appendix 1 of International Federation of Emergency Medicine 2019, *Standards of Care for Children in Emergency Departments*, accessed at <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>.

⁴² Australasian Health Infrastructure Alliance 2015, *Australasian health facility guidelines, part b - health facility briefing and planning 0350 - multipurpose service unit*, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/part/part-b-health-facility-briefing-and-planning-0>.

⁴³ For a suggested list, see Appendix 1 of International Federation of Emergency Medicine 2019, *Standards of Care for Children in Emergency Departments*, accessed at <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>.

Area	Requirements
Admitted care	<p>Admitted care/acute care facilities are available on site that are in line with Australasian Health Facilities Guidelines on Inpatient Accommodation⁴⁴.</p> <p><i>Note: a level 2 urgent, emergency and trauma care service is part of an acute health service. Acute, admitted care may be a mixed service stream ward with some acute beds.</i></p>

Part E: Clinical governance

Area	Requirements
Service guidelines	<p>Guidelines define the scope of urgent, emergency and trauma care available at the health service site in accordance with urgent, emergency and trauma capability level, and provide information on access, admission and discharge.</p> <p>Service partners and the community are provided information about the level of urgent, emergency and trauma care provided at the health service and how services can be accessed. This information is provided in a range of formats to meet the cultural and communication needs of consumers.</p>
	<p>Guidelines are in place for referral to local community-based services⁴⁵, based on analysis of presentations.</p>
	<p>Guidelines are in place for referral to The Orange Door⁴⁶ and Centres Against Sexual Assault (CASAs).</p>
	<p>Documented clinical protocols approved for use for:</p> <ul style="list-style-type: none"> assessment and management of common minor injury/illnesses⁴⁷ emergency care (including ALS roles, functions and interventions) clinical assessment and triage that align with existing tools (such as ORCs⁴⁸, ViCTOR and ViCTOR Urgent Care⁴⁹, ATS⁵⁰, trauma guidelines⁵¹, or equivalent validated tools) and include primary care assessment domains admission of patients under the care of general practitioner(s) for ongoing monitoring, observation or treatment. <p>Emergency care protocols are developed with emergency medicine input and regional input and tailored to urgent care settings.</p> <p><i>Note: This is to build a networked emergency care system</i></p>
	<p>Documented protocols are in place for assessment, triage and referral of patient cohorts, including:</p>

⁴⁴Australasian Health Infrastructure Alliance 2018, *Australasian health facility guidelines, part b -health facility briefing and planning 0340 - inpatient accommodation unit*, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/part/part-b-health-facility-briefing-and-planning-0>.

⁴⁵ For example, smoking cessation, hospital admission risk program and other health independence program services, community mental health services, community allied health.

⁴⁶ Family Safety Victoria 2019, The Orange Door (website), accessed at <https://orangedoor.vic.gov.au/>.

⁴⁷ For example, Queensland Health and Royal Flying Doctor Service 2016, *Primary Clinical Care Manual 9th edition*, Queensland Government, Cairns, accessed at <https://swarh2.com.au/assets/A/4589/929e52e7b609dce41945812658111698/primary-clinical-care-manual---edition-9.pdf>.

⁴⁸ Australian Commission on Safety and Quality in Health Care 2019, *Observation and response charts*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/our-work/recognising-and-responding-to-clinical-deterioration/observation-and-response-charts/>.

⁴⁹ Victorian Children's Tool for Observation and Response (ViCTOR), Victorian Paediatric Clinical Network website (website), accessed at <https://www.victor.org.au/>.

⁵⁰ Australasian College for Emergency Medicine 2019, *The Australasian triage scale (ATS)*, ACEM, Melbourne, accessed at <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Triage>.

⁵¹ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

Area	Requirements
	<ul style="list-style-type: none"> • patients with high and complex needs, including referral to mental health services • paediatric patients • obstetric patients • vulnerable patients⁵². <p>Documented protocols are in place for the administration of medicines during resuscitation, including nurse initiation.</p> <p>Guidelines and clinical protocols are in place for discharge planning and care/follow-up in the community⁵³.</p> <p>Guidelines are in place for assessment, management and transfer of major trauma patients, in accordance with trauma guidelines⁵⁴.</p> <p>Policies and procedures are in place to meet the requirements of the <i>Emergency Management Manual Victoria</i> and associated policies for mass casualty management.</p> <p>Policies and processes are in place to support service delivery via telehealth.</p> <p>Documented policies and processes are in place that improve the safety and quality of care for Aboriginal and Torres Strait Islander people^{55,56}.</p> <p>A quality improvement system is in place that monitors, reports and responds to data anomalies for healthcare associated infections and antimicrobial use.</p>
Consultation, referral and transfer	<p>Guidelines are in place for consultation, referral and transfer in accordance with agreed regional referral, escalation and transfer pathways. This includes guidelines for the retrieval and transfer of major trauma patients to Major Trauma Services.</p> <p><i>Note: this must include protocols for referral to a level 4–6 urgent, emergency and trauma care service.</i></p> <p>Guidelines are in place for consultation, referral and transfer with AV, ARV and PIPER.</p>
Partnership care	<p>Formal agreement is established with a level 5 urgent, emergency and trauma care service for specialist emergency telehealth support for high acuity, high complexity cases.</p> <p>Formal guidelines are in place between health service and primary care providers that:</p> <ul style="list-style-type: none"> • delineate the roles, responsibilities and expectations of healthcare providers • clarify expectations and pathways for referral, care and support • support the provision of evidence-based care • facilitate clear communication and provide information to patients.

⁵² Australasian College for Emergency Medicine 2015, *Quality standards for emergency departments and other hospital-based emergency care services: Standard 1.10: Vulnerable and high risk patients*, ACEM, accessed at <https://acem.org.au/getmedia/cbe80f1c-a64e-40ab-998f-ad57325a206f/Quality-Standards-1st-Edition-2015.aspx>

⁵³ Including guidance for patients, for example Safer Care Victoria's patient information fact sheets for emergency presentations: <https://www.bettersafercare.vic.gov.au/news-and-media/updated-guidance-for-patients-in-emergency-departments-and-urgent-care-centres>

⁵⁴ Ibid.

⁵⁵ Department of Health and Human Services 2019, *Aboriginal and Torres Strait Islander cultural safety framework – For the Victorian health, human and community services sector*, State Government of Victoria, Melbourne.

⁵⁶ 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
	<p>Formal agreements with local primary care provider(s)⁵⁷ are in place for:</p> <ul style="list-style-type: none"> • emergency care input for high acuity, high complexity cases 24/7, and • provision of clinical support/advice for Registered Nurses providing minor injury/illness services. <p><i>Note: the local agreement specifies response times.</i></p> <p><i>Where there is no local primary care provider available:</i></p> <p>Health service contracts an off-site service (e.g. emergency care advice line) to support Registered Nurses operating minor injury/illness service, as required.</p>
Competence and credentialing	<p>Credentialing processes are in place for medical staff providing emergency, urgent and trauma care⁵⁸.</p> <p>Credentialing processes are in place for medical staff who admit patients for acute care at the health service⁵⁹.</p> <p>Annual competency assessment protocols are in place for staff nominated to provide ALS.</p> <p>Annual peer review processes for staff providing emergency, urgent and trauma 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>⁶⁰.</p>

⁵⁷ A formal agreement may be with individual clinicians, a general practice, a community health service or other third party employer.

⁵⁸ 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>.

⁵⁹ Ibid.

⁶⁰ 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 urgent, emergency and trauma care service

Part A: Service description

Service	Description
Complexity of care/ service role description	<p>A level 3 service:</p> <ul style="list-style-type: none"> • provides urgent and unscheduled care for adults and children: <ul style="list-style-type: none"> – with minor injuries and illnesses⁶¹ during the hours local primary care services are not operating – with some low complexity acute presentations that can safely receive definitive care at the service during the hours local primary care services are not operating – needing an emergency response for potentially serious and life threatening conditions 24/7 that includes advanced life support and expeditious transfer to an emergency department (Level 4-6) or retrieval • is part of an acute service, day hospital or standalone facility and care is delivered from a dedicated area of the facility that includes a resuscitation cubicle • accepts ambulance transfers for conditions likely to receive definitive care at the service (or as otherwise directed Ambulance Victoria). • Services are delivered by multidisciplinary⁶² models based on casemix and core competencies required. • Specialist emergency telehealth support for high acuity, high complexity cases is provided by a level 5 service (including support for medical practitioners contracted by health service to provide emergency care at the level 3 service).
Assessment	As for level 2.
Treatment	<p>As for level 2, in addition:</p> <ul style="list-style-type: none"> • Advanced life support including short-term assisted ventilation. • Clinical care is supported by a limited range of on-site clinical support services (point of care testing, limited radiology).
Disposition/ Discharge	As for level 2.
Trauma care	<p>As for level 2, in addition:</p> <ul style="list-style-type: none"> • Is designated as an Urgent Care Service or Primary Care Service within the Victorian state trauma system⁶³.

⁶¹ Department of Health and Human Services 2019, *Community hospitals program: Urgent care services*, State Government of Victoria, Melbourne. To be released.

⁶² Registered nurses, nurses with an endorsement (e.g. RIPERN), nurse practitioners, medical practitioners, paramedics.

⁶³ As per Vic State Trauma System. Department of Health and Human Services 2019, *Victorian state trauma system*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/state-trauma-system>.

Part B: Clinical workforce

Service	Requirements
Emergency response	<p>Recognition⁶⁴ and response system^{65,66}, including rapid response (for example, 'respond blue'), including clinical protocols and designated roles on-site 24/7 to respond immediately to emergencies across the facility</p> <ul style="list-style-type: none"> Registered health practitioner with demonstrated competency in advanced life support (adult and paediatric) on-site 24/7.
	<p>A registered medical specialist (ACEM) or equivalent, credentialed at a level 5 urgent, emergency and trauma care health service for emergency medicine available 24/7 via video telehealth to support health service staff and/or primary care on high acuity, high complexity presentations to the health service.</p> <p><i>Note: Video telehealth is essential to provide opportunities for level 5 clinician to support emergency assessment and interventions remotely by on-site registered medical practitioner and health service staff.</i></p>
	<p>Staff to provide cardiac emergency care in line with level 2 cardiac care⁶⁷, as outlined below.</p> <p><i>For acute coronary syndromes:</i></p> <ul style="list-style-type: none"> registered medical practitioner⁶⁸ credentialed at the health service to commence administration of fibrinolysis in accordance with clinical protocols⁶⁹ available 24/7, and/or designated staff to commence administration of fibrinolysis under instruction and according to protocols (supported by a registered medical practitioner, a paramedic, or registered medical specialist (RACP – Cardiology) via the cardiology telephone advice line⁷⁰) on-site 24/7 designated staff to initiate peripheral intravenous cannulation and therapy and take 12-lead ECG and interpret the results* within 10 minutes of the first emergency contact on-site 24/7⁷¹ a standardised clinical assessment tool is used by all staff⁷². <p><i>Note: this should be done in conjunction with escalation of care and arrangement to transfer the patient as soon as possible</i></p> <p><i>Note: *ECG interpretation may be by an ECG reading service or via a formal arrangement with a higher-level service.</i></p>

⁶⁴ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>

⁶⁵ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities

⁶⁶ 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

⁶⁷ Department of Health and Human Services 2019, *Cardiac care capability framework*, State Government of Victoria, Melbourne. To be released.

⁶⁸ It is expected that this will be a medical officer (RACGP trained) but could include Nurse Practitioners who can fulfil the same requirements for the health service's agreement.

⁶⁹ For example, Chew, D, Scott, I, Cullen, L, French, J, Briffa, T, Tideman, P, Woodruffe, S, Kerr, A, Branagan, M & Aylward, P 2016, 'National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes 2016', *Heart, Lung and Circulation*, vol. 25 no. 9, pp.895-951, accessed at https://www.heartfoundation.org.au/images/uploads/publications/PRO-174_ACS_guidelines_2016-WEB.pdf.

⁷⁰ The cardiology telephone advice line currently supports ALS paramedics. It is envisioned that this will be expanded to incorporate health services in the near future in line with *Design, service and infrastructure plan for Victoria's cardiac system*.

⁷¹ Standard 2: Early assessment. Australian Commission on Safety and Quality in Health Care 2014, *Acute coronary syndromes clinical care standard*, ACSQHC, Sydney, accessed at <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-coronary-syndromes-clinical-care-standard/>.

⁷² Standard 1: Immediate management. *ibid*.

Service	Requirements
Trauma service role/response	<p>Provides initial resuscitation and a limited stabilisation capacity prior to early transfer to a Regional or Major Trauma Service, in accordance with trauma guidelines⁷³.</p> <p>Provides trauma resuscitation as per EMST/ATLS guidelines, with the priority being on the primary survey, adjuncts to primary survey and then secondary survey.</p>
Unplanned presentations	<p>A “Minor Illness/Injury service” is operated by a team of two or more, comprising of registered medical practitioners and registered nurses⁷⁴, during the hours local primary care services are not operating.</p> <p>The team is led by:</p> <ul style="list-style-type: none"> • a registered nurse authorised to supply and administer scheduled medicines using clinical protocols, or • a nurse practitioner whose scope of practice includes the provision of minor injury/illness and low complexity acute care, or • a registered medical practitioner, with a formal supervision and support system and separate arrangements for critical care procedures, or • a registered medical specialist (RACGP/ACRRM) or equivalent, credentialed at the health service for minor injury/illness. May have an advanced skills qualification⁷⁵. <p><i>Note: service operates during the hours local primary care services are not operating</i></p> <p>Registered medical specialist (RACGP/ACRRM) or equivalent, credentialed at the health service for emergency care, available 24/7. May have an advanced skills qualification⁷⁶.</p> <p>Nurse staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i>⁷⁷ and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i>⁷⁸.</p>

Part C: Clinical support services

As for level 2, in addition:

Service	Requirements
Medical imaging	<p>On-site access to limited x-ray services and point of care ultrasound.</p> <p><i>Medical imaging services align with medical imaging capability level 2 or above (pending advice on draft core capability levels).</i></p>
Pathology	<p>Point of care testing on-site for commonly used testing available 24/7. On-site blood and specimen collection available 24/7, with off-site testing and reporting.</p>

⁷³ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

⁷⁴ Future iterations of this framework may include other health practitioners at this level, such as paramedics, as models and practices change.

⁷⁵ ACEM Emergency Skills Certificate / Diploma; JCCA accredited training; DRANZCOG / Advanced DRANZCOG; other.

⁷⁶ ACEM Emergency Skills Certificate / Diploma; JCCA accredited training; other.

⁷⁷ 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>.

⁷⁸ Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2016-2020, accessed at <http://www.anmfvc.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 2 or above (pending advice on draft core capability levels).</i>
Blood management and blood products	Provision of blood and blood products in accordance with Victoria's agreement to: <ul style="list-style-type: none"> the National blood and blood products charter for hospitals⁷⁹ the National blood and blood products charter for pathology labs⁸⁰. Standard 7 of the NSQHS Standards: Blood and blood products⁸¹.
Pharmacy	On-site pharmacy service available during business hours and accessible 24/7 that provides all services required for medicines dispensing, distribution and discharge medications for inpatients and non-admitted patients, and provides administration and pharmacy management support for all inpatients and emergency department. <p><i>Pharmacy services align with pharmacy and medicines management capability level 3 or above (pending advice on draft core capability levels).</i></p>

Part D: Equipment and infrastructure

Area	Requirements
Unplanned presentations treatment area	A dedicated area that is informed by the Australasian Health Facilities Guidelines on Multipurpose Service Unit – emergency services area zone ⁸² for the management of unplanned presentations and emergencies. <p>The area comprises:</p> <ul style="list-style-type: none"> triage room; and treatment/holding room(s); and separate resuscitation cubicle⁸³. <p><i>Note: the area must have two controlled points of access/egress with staff having line of sight over both entrances</i></p> <p>Equipment available on-site:</p> <ul style="list-style-type: none"> clinical equipment to support minor injury/illness service resuscitation equipment for patients of all ages, located in resuscitation area.
	Wayfinding from hospital entrance to unplanned presentations area and resuscitation area is signposted for ambulance and retrieval services to find in an emergency (and does not use “emergency department” signage).
Telehealth	Equipment and information and communications technology (ICT) infrastructure to enable service delivery via telehealth in the resuscitation cubicle, available 24/7, and staff are skilled in its use.
Admitted care	<i>For acute services:</i>

⁷⁹ 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>.

⁸⁰ 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>.

⁸¹ 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/>.

⁸² Australasian Health Infrastructure Alliance 2016, *Australasian health facility guidelines, part b - health facility briefing and planning 0350 - multipurpose service unit*, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/part/part-b-health-facility-briefing-and-planning-0>.

⁸³ Australasian Health Infrastructure Alliance 2017, *Australasian health facility guidelines, standard components patient bay - resuscitation, 25m2*, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/component/patient-bay-resuscitation-25m2-1>.

Area	Requirements
	Admitted care/acute care facilities are available on site that are in line with Australasian Health Facilities Guidelines on Inpatient Accommodation ⁸⁴ .

Part E: Clinical governance

As for level 2.

⁸⁴Australasian Health Infrastructure Alliance 2018, *Australasian health facility guidelines, part b -health facility briefing and planning 0340 - inpatient accommodation unit*, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/part/part-b-health-facility-briefing-and-planning-0>.

Level 4 urgent, emergency and trauma care service

Part A: Service description

Service	Description
Complexity of care/ service role description	<p>A level 4 service:</p> <ul style="list-style-type: none"> • is an emergency care service that provides 24/7 emergency care to adult and paediatric patients • accepts patients arriving by ambulance (including inter-hospital transfers) and those who self-present • provides services from a dedicated emergency department facility • provides care led by specialist emergency medicine service and supported by key specialist services accessible on-site (general medicine; general surgery; obstetrics; anaesthetics; paediatrics; and psychiatry) • refers patients requiring higher complexity specialist care to an appropriate higher-level service • arranges care into streams for specific cohorts such as short stay units, fast track models, paediatric teams and has models of care for managing patients with special needs, including high and complex needs (if supported by analysis of demand and casemix) • admits patients for acute or subacute care, including direct admission, or discharges patients to be managed in the community with a focus on safe, comprehensive, and quality discharge. • partners with local primary care providers on options for alternative primary care/medical and mental health services and appropriate referrals to emergency department. • Specialist emergency medicine support is available from a level 5 or 6 service.
Assessment	<ul style="list-style-type: none"> • Triage is undertaken according to the ATS and is supported by streaming models and specific assessment skills for mental health, paediatric and obstetric patients. • Service has an integrated response with key agencies to receive and assess patients with high and complex needs (AV and police). • Clinical care is supported by a comprehensive range of pathology and radiology services 24/7. • There are processes to identify cohorts of patients at higher risk of preventable re-presentation or who will need more comprehensive support on discharge. • Uses Trauma Victoria guidelines and assessment protocols for major trauma care⁸⁵. • Uses a streamlined acute stroke assessment workflow to minimise treatment delays.
Treatment	<ul style="list-style-type: none"> • Provides definitive care for a range of emergency presentations according to evidence-based clinical pathways. • Treatment is informed by triaging and streaming. • The service has guidelines for the treatment of common presentations/re-presentations, including with specialist units. • The use of short stay beds is in line with published guidance on eligibility/length of stay.

⁸⁵ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

Service	Description
	<ul style="list-style-type: none"> The use of a Behavioural Assessment Room is in line with published guidance.
Disposition/ Discharge	<ul style="list-style-type: none"> Has processes to expedite patient throughput and disposition and minimise the time that patients spend in the emergency department. Provides patients (and their families and/or carers) with discharge information and instruction to support appropriate care and follow up as required. Arranges routine follow up outside the emergency department. Risk-based approach to discharge planning is in place, including follow-up for high risk groups (e.g. left before treatment). Clear protocols are in place for: <ul style="list-style-type: none"> optimising the use of substitution services such as Hospital in the Home direct from emergency department direct admission to subacute services and medical assessment units. Follows specialist clinic access policy in relation to referrals to clinics.
Trauma care	<ul style="list-style-type: none"> Is designated as a Metropolitan Primary Care Service, Regional Trauma Service or Urgent Care Service within the Victorian state trauma system⁸⁶. Provides care in line with state trauma guidelines⁸⁷. Has policies and procedures in place to meet the requirements of the <i>Emergency Management Manual Victoria</i> and associated policies, for the purpose of mass casualty management.

Part B: Clinical Workforce

Service	Requirements
Emergency response	<p>Recognition⁸⁸ and response system^{89,90}, including rapid response (for example, 'respond blue'), including clinical protocols and designated roles on-site 24/7 to respond immediately to emergencies across the facility</p> <p>Registered health practitioner with demonstrated competency in advanced life support (adult and paediatric) on-site 24/7.</p> <p>A designated registered medical specialist (ACEM, ACRRM / RACGP – with ACEM Emergency Medicine Diploma / JCCA-accredited training) or equivalent, credentialed at the health service for emergency medicine is available 24/7.</p>
	<p>Staff use a streamlined acute stroke assessment workflow to minimise treatment delays, including rapid assessment in the emergency department, imaging, thrombolysis and use of transfer protocols to guide urgent transfer of suitable patients to a designated endovascular clot retrieval service for neurointervention, according to clinical guidelines for stroke management⁹¹.</p>
	<p>Designated registered medical specialist (ACEM, ACRRM / RACGP – with ACEM Emergency Medicine Diploma) or equivalent, credentialed at the health</p>

⁸⁶ As per Vic State Trauma System. Department of Health and Human Services 2019, *Victorian state trauma system*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/state-trauma-system>.

⁸⁷ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

⁸⁸ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>

⁸⁹ Australian Standard 4083-2010, AS3745 planning for emergencies in facilities

⁹⁰ 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

⁹¹ Stroke Foundation (2019). *Clinical Guidelines for Stroke Management*. Melbourne Australia.

<https://informme.org.au/en/Guidelines/Clinical-Guidelines-for-Stroke-Management>

Service	Requirements
Emergency department team	<p>service for emergency medicine, as lead clinician and responsible for clinical governance of service⁹².</p> <p>Registered medical specialist (ACEM, ACRRM / RACGP – with ACEM Emergency Medicine Diploma / JCCA-accredited training) or equivalent, credentialled at the health service for emergency medicine, to provide clinical supervision:</p> <ul style="list-style-type: none"> • on-site during business hours • available 24/7. <p>Registered medical practitioner on-site 24/7.</p> <ul style="list-style-type: none"> • The emergency department clinical teams are structured to provide medical specialist-led emergency care and to support streaming of cohorts of patients. • The number of teams and hours of operation is informed by analysis of demand, casemix and time/day of presentations. • Emergency departments will have the following teams operating for some part of the day, 7 days a week, providing 24/7 on-site cover: <ul style="list-style-type: none"> – Triage & treat/minor injuries/fast track⁹³ – Resuscitation – Paediatrics – General cubicles <p>An emergency department team has a mix of:</p> <ul style="list-style-type: none"> • registered medical specialist (ACEM, ACRRM / RACGP – with ACEM Emergency Medicine Diploma / JCCA-accredited training) or equivalent • registered medical practitioners (may include ACEM trainee(s)) • nurse practitioners • advanced and extended practice nurses • registered nurses, enrolled nurses. <p><i>Note: A team may also have additional clinical roles such as care coordinators.</i></p> <p><i>Resuscitation team:</i></p> <ul style="list-style-type: none"> • At least 2 members have demonstrated competency in advanced life support including advanced skills in managing deteriorating patient and cardiac arrest. <p><i>Paediatric team:</i></p> <ul style="list-style-type: none"> • Paediatric teams have medical and/or nursing staff with demonstrated competency in the emergency management of children and adolescents^{94,95}. <p>Where there are insufficient daily numbers of paediatric presentations for a specific team, there must be an adequate number of staff with demonstrated competency in the emergency management of children and adolescents to allow safe 24-hour coverage of all areas of the emergency department where paediatric patients are being cared for.</p>

⁹² Australasian College for Emergency Medicine 2012, *Statement on the delineation of emergency departments*, ACEM, Melbourne.

⁹³ The name of teams may be tailored to each site.

⁹⁴ Australasian College for Emergency Medicine 2002, *Statement on hospital emergency department services for children*, ACEM, Melbourne, accessed at [https://acem.org.au/getmedia/2cf3c286-61a4-497d-9922-0a87af6ad4ed/S11-Statement-Hospital-ED-Services-for-Children-Jul-12-v02-\(1\).aspx](https://acem.org.au/getmedia/2cf3c286-61a4-497d-9922-0a87af6ad4ed/S11-Statement-Hospital-ED-Services-for-Children-Jul-12-v02-(1).aspx).

⁹⁵ International Federation of Emergency Medicine 2019, *Standards of Care for Children in Emergency Departments*, accessed at <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>.

Service	Requirements
	Further, a nominated health practitioner (medical and nursing) with demonstrated competency in the emergency management of children and adolescents must be designated as paediatric lead 24/7.
Short stay units/observational medicine	<p>Where emergency led short stay units operate, the following staff are required for their hours of operation:</p> <ul style="list-style-type: none"> • a registered medical practitioner designated to the unit and in addition to emergency service medical staff in line with published guidance⁹⁶ • nursing staff designated as directly responsible for short-stay unit and in addition to emergency department nursing staff in line with published guidance⁹⁷. <p>Nurse staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i>⁹⁸ and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i>⁹⁹.</p> <p><i>Note: this does not include Psychiatric Assessment and Planning Units (PAPU) but may include other observation units where the emergency service has a governance role (chest pain assessment units).</i></p>
Nursing	<p><i>Public general ED and triage:</i></p> <p>Nurse staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i>¹⁰⁰ and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i>¹⁰¹.</p> <p><i>Private health services:</i></p> <p>In the case of the private sector, the relevant enterprise agreement and statutory requirement.</p>
Allied health	<p>Available during business hours:</p> <ul style="list-style-type: none"> • social work • physiotherapy • occupational therapy • care coordination^{102, 103}.

⁹⁶ Department of Health and Human Services 2017, *Guidelines for emergency department short stay units*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/guidelines-emergency-department-short-stay-may-2017>.

⁹⁷ Ibid.

⁹⁸ 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>.

⁹⁹ 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>.

¹⁰⁰ 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>.

¹⁰¹ 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>.

¹⁰² Registered Nurses may be members of care coordination teams as well as allied health professionals.

¹⁰³ Department of Health and Human Services 2018, *Emergency department care coordination*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/emergency-care/models-of-care/ed-care-coordination>.

Part C: Clinical support services

Service	Requirements
Medical imaging	<p>On-site imaging services available 24/7, including urgent x-rays, fixed-room fluoroscopy, computed tomography (CT) including CT angiogram and CT perfusion, and complex ultrasound.</p> <p><i>Medical imaging services align with medical imaging capability level 4 or above (pending advice on draft core capability levels).</i></p>
Pathology	<p>Point of care and on-site blood and specimen collection 24/7. On-site testing and reporting for a range of common biochemistry, haematology, anatomical pathology and microbiology during business hours. Limited on-call service for biochemistry and haematology.</p> <p><i>Pathology services align with pathology capability level 3 or above (pending advice on draft core capability levels).</i></p>
Pharmacy	<p>On-site pharmacy service available during extended hours (including some service on weekends) and accessible 24/7 that provides clinical pharmacy service for all admitted and non-admitted patients, clinical advice, inpatient supply and compounding supply.</p> <p><i>Pharmacy services align with pharmacy and medicines management capability level 4 or above (pending advice on draft core capability levels).</i></p>
Blood management and blood products	<p>Blood and blood products required for immediate management and stabilisation on-site and available 24/7.</p> <p>Provision of blood and blood products in accordance with Victoria's agreement to:</p> <ul style="list-style-type: none"> • the National blood and blood products charter for hospitals¹⁰⁴ • the National blood and blood products charter for pathology labs¹⁰⁵. • Standard 7 of the NSQHS Standards: Blood and blood products¹⁰⁶.
Medical – specialist services	<p>Registered medical specialists or equivalent, credentialed at the health service, available 24/7 for:</p> <ul style="list-style-type: none"> • anaesthesia • general surgery • general medicine • obstetrics • paediatrics <p><i>These services are available on-site.</i></p> <ul style="list-style-type: none"> • psychiatry <p><i>This service may be on-site or accessible 24/7 via telehealth.</i></p> <p>Registered medical specialist (RACP – Infectious diseases) or equivalent accessible 24/7 via formal agreement with an Infectious Diseases Service. May be in partnership within the region.</p>
Mental health	<p>Access 24/7 to psychiatric triage services and mental health services.</p>

¹⁰⁴ 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>.

¹⁰⁵ 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>.

¹⁰⁶ 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/>.

Service	Requirements
	Access to Acute Community Intervention Service (ACIS) in accordance with Victoria's <i>Acute Community Intervention Service guidelines</i> ¹⁰⁷ .
Drug and alcohol treatment services	Access 24/7 to alcohol and other drug services. Guidelines for referral to community drug and alcohol treatment services.
Language services	Access 24/7 to accredited interpreters and translators and other language services in accordance with Victoria's <i>Language services policy</i> .
Aboriginal hospital liaison officer services	Aboriginal hospital liaison officer services (male and female) available business hours.
Admitted services	Access extended hours to: <ul style="list-style-type: none"> • hospital in the home • direct admission to acute services • direct admission to subacute services.
Non-admitted services	Access to Health independence program services. Access to follow-up services through specialist clinics (in line with the specialist clinics in Victorian public hospitals access policy ¹⁰⁸).
GP liaison services	On-site access during business hours to a general practice liaison service.

Part D: Equipment and infrastructure

Area	Requirements
Emergency department	Facilities must align with Australasian Health Facilities Guidelines on emergency departments, including for the management of vulnerable and special patient groups (for example; children, bariatric patients, patients presenting with acute mental health conditions, people with disability and local cultural groups) ¹⁰⁹ . Resuscitation equipment for patients of all ages available on-site ¹¹⁰ . Short stay units must align with Australasian Health Facilities Guidelines on emergency departments and published guidance from DHHS ¹¹¹ . Shared or co-located services (such as Centres Against Sexual Assault (CASAs), PAPUs) have access to equipment and infrastructure in accordance with the local service agreement.

¹⁰⁷ Department of Health and Human Services 2014, *Acute community intervention services*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/mental-health/mental-health-services/support-and-intervention/acute-community-intervention-service>.

¹⁰⁸ Department of Health and Human Services 2014, *Specialist clinics in Victorian public hospitals: Access policy*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/specialist-clinics/access-policy>.

¹⁰⁹ Australasian Health Infrastructure Alliance 2016, *Australasian health facility guidelines, part b - health facility briefing and planning 0300 - emergency unit*, AHIA, Sydney, accessed at https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0300_6_0.pdf.

¹¹⁰ For a suggested list, see Appendix 1 of International Federation of Emergency Medicine 2019, *Standards of Care for Children in Emergency Departments*, accessed at <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>.

¹¹¹ Department of Health and Human Services 2017, *Guidelines for emergency department short stay units*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/guidelines-emergency-department-short-stay-may-2017>.

Area	Requirements
Behavioural assessment rooms (BARs)	Behavioural assessment rooms (BARs) comply with DHHS guidance on procedures and policies regarding their use and design ¹¹² .
Critical care	<p>Access 24/7 to on-site or co-located High Dependency Unit informed by the Australasian Health Facilities Guidelines on intensive care units¹¹³.</p> <p>Provides care for adult or paediatric patients with single organ dysfunction and are at high risk of developing complications.</p> <p><i>Critical care services align with critical care and intensive care capability level 3 or above (pending advice on draft core capability levels).</i></p>
Operating rooms	On-site 24/7 access to operating rooms.
Waiting room	<p>Information about primary care options and access in the local community is available.</p> <p>Health promotion information is available in line with the Victorian Government's public health and wellbeing priorities¹¹⁴.</p>
Telehealth	Equipment and information and communications technology (ICT) infrastructure to enable service delivery via telehealth in resuscitation area, available 24/7, and staff are skilled in its use ¹¹⁵ .

Part E: Clinical governance

Area	Requirements
Service guidelines	<p>Guidelines define the scope of urgent, emergency and trauma care available at the health service site in accordance with urgent, emergency and trauma capability level, and provide information on access, admission and discharge.</p> <p>Service partners and the community are provided information about the level of urgent, emergency and trauma care provided at the health service and how services can be accessed. This information is provided in a range of formats to meet the cultural and communication needs of consumers.</p>
	<p>There are clear operating protocols for co-located services¹¹⁶ with defined roles and responsibilities, escalation processes and shared services.</p> <p>For services with co-located CASAs, there must be:</p> <ul style="list-style-type: none"> a local agreement in place that outlines the agreed responsibilities of each agency and the expectations for the way in which staff work together in the shared space

¹¹² Department of Health and Human Services 2017, *Guidelines for behavioural assessment rooms in emergency departments*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/behavioural-assessment-rooms-emergency-depts-guide>.

¹¹³ Australasian Health Infrastructure Alliance 2016, *Australasian health facility guidelines, part b - health facility briefing and planning 0360 – intensive care – general*, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/part/part-b-health-facility-briefing-and-planning-0>.

¹¹⁴ Department of Health and Human Services 2019, *Victorian public health and wellbeing plan 2019–2023*, State Government of Victoria, Melbourne accessed at <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>.

¹¹⁵ ACEM 2015 Standard 1.9.4. The ED team participates in a collaborative hospital network which supports the use of telemedicine and provides the specialist expertise required. The ED team establishes and maintains relationships with specialists who may provide suitable expertise via telemedicine consultation. Australasian College for Emergency Medicine 2015, *Quality standards for emergency departments and other hospital-based emergency care services 1st edition*, ACEM, Melbourne, accessed at <https://acem.org.au/getmedia/cbe80f1c-a64e-40ab-998f-ad57325a206f/Quality-Standards-1st-Edition-2015.aspx>.

¹¹⁶ This includes some CASA's, (future) mental health hubs.

Area	Requirements
	<ul style="list-style-type: none"> • a local governance group with representatives of the agencies that meets at least monthly and is responsible for day to day management of the building and provision of services¹¹⁷ • processes in place to prevent contamination of evidence.
	<p>For behavioural assessment rooms (BARs):</p> <ul style="list-style-type: none"> • policies and procedures for using the BAR comply with DHHS guidance¹¹⁸ and are reviewed annually • a framework (or clinical guideline or process) to guide patient assessment is readily available to staff • a framework for continuous quality improvement is documented and implemented
	<p>Guidelines are in place for referral to a range of services:</p> <ul style="list-style-type: none"> • community allied health professionals • hospital admission risk program and other health independence program services • community mental health services • smoking cessation programs in the community • community drug and alcohol treatment services • The Orange Door¹¹⁹ • Centres Against Sexual Assault (CASAs).
	<p>Documented guidelines are in place for the treatment of common presentations/re-presentations, including for specialty areas (e.g. renal, elderly complex care).</p>
	<p>Documented protocols are in place for the different models of care within the emergency department (e.g. fast-track, streaming, mental health and Alcohol and Other Drug (AOD) hubs).</p>
	<p>Documented processes are in place to guide:</p> <ul style="list-style-type: none"> • clinical management of paediatric patients • clinical management of obstetrics patients, including for pregnancy loss • management of mental health patients including risk management strategies specific to this group • identification of cohorts at higher risk of preventable re-presentation • risk-based approach to discharge planning, including follow-up for high risk groups • consistency in both paediatric and adult triage.
	<p>Documented processes are in place for:</p> <ul style="list-style-type: none"> • optimising the use of substitution services (e.g. Hospital in the home) • direct admission to acute/subacute services for suitable patients¹²⁰.

¹¹⁷ Centres Against Sexual Assault 2014, *Victorian centres against sexual assault standards of practice, 3rd edition*, CASA Forum, accessed at <https://www.casa.org.au/assets/Documents/victorian-casa-standards-of-practice-manual.pdf>.

¹¹⁸ Department of Health and Human Services 2017, *Guidelines for behavioural assessment rooms in emergency departments*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/behavioural-assessment-rooms-emergency-depts-guide>.

¹¹⁹ Family Safety Victoria 2019, The Orange Door (website), accessed at <https://orangedoor.vic.gov.au/>.

¹²⁰ ACEM 2015 Standard 1.7.1. The ED team ensures that patients referred to the ED as a direct admission from an outpatient unit or transferred from another hospital are safe for transfer to the inpatient unit to await further assessment and treatment by

Area	Requirements
	<p>Guidelines and clinical protocols are in place for discharge planning and care/follow-up in the community¹²¹.</p> <p>Policies and processes are in place to support service delivery via telehealth.</p> <p>Documented policies and processes are in place that:</p> <ul style="list-style-type: none"> • improve the cultural safety of the emergency department^{122,123} • improve the safety and quality of care for Aboriginal and Torres Strait Islander people^{124,125}. <p>Quality improvement system is in place that monitors, reports and responds to data anomalies for healthcare associated infections and antimicrobial use.</p>
Consultation, referral and transfer	<p>Guidelines are in place for consultation, referral and transfer in accordance with agreed regional referral, escalation and transfer pathways. This includes guidelines for the retrieval and transfer of major trauma patients.</p> <p>Protocols are in place for accessing specialist and subspecialty medical services when required.</p> <p>Guidelines are in place for consultation, referral and transfer with AV, ARV and PIPER.</p>
Partnership care	<p>Formal agreement with:</p> <ul style="list-style-type: none"> • key agencies (Ambulance Victoria, Victoria Police, correctional services) to receive and assess patients with behaviours of concern • primary care providers to provide information about alternative medical services.
Competence and credentialing	<p>Credentialing processes are in place for medical staff providing emergency, urgent and trauma care¹²⁶.</p> <p>Annual competency assessment and review processes are in place for staff providing emergency, urgent and trauma care in:</p> <ul style="list-style-type: none"> • advanced life support (adult and paediatric) • triage and assessment¹²⁷ <p>Annual peer review processes for staff providing emergency, urgent and trauma care are consistent with the Australian Commission on Safety and Quality in</p>

the inpatient team. Australasian College for Emergency Medicine 2015, *Quality standards for emergency departments and other hospital-based emergency care services 1st edition*, ACEM, Melbourne, accessed at

<https://acem.org.au/getmedia/cbe80f1c-a64e-40ab-998f-ad57325a206f/Quality-Standards-1st-Edition-2015.aspx>

¹²¹ Including guidance for patients, for example Safer Care Victoria's patient information fact sheets for emergency presentations: <https://www.bettersafecare.vic.gov.au/news-and-media/updated-guidance-for-patients-in-emergency-departments-and-urgent-care-centres>

¹²² Australasian College for Emergency Medicine 2015, *Statement on culturally-competent care and cultural safety in emergency medicine*, ACEM, Melbourne.

¹²³ Department of Health and Human Services 2019, *Aboriginal and Torres Strait Islander cultural safety framework – For the Victorian health, human and community services sector*, State Government of Victoria, Melbourne.

¹²⁴ Ibid.

¹²⁵ 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.

¹²⁶ 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>.

¹²⁷ Australian Government Department of Health 2013, *Emergency triage education kit*, Commonwealth of Australia, Canberra, accessed at <http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-Triage%20Review%20Fact%20Sheet%20Documents>.

Area	Requirements
	Healthcare's <i>Review by peers: a guide for professional, clinical and administrative processes</i> ¹²⁸ .

¹²⁸ 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 5 urgent, emergency and trauma care service

Part A: Service description

Service	Description
Complexity of care/ service role description	<p>A level 5 service:</p> <ul style="list-style-type: none"> • is an emergency care service that provides 24/7 emergency care to adult and paediatric patients • provides definitive care for all except the most complex emergency presentations or patients requiring state-wide services. Emergency care includes access to an extended range of specialist and subspecialist services on-site • accepts patients arriving by ambulance (including inter-hospital transfers) and those who self-present • provides services from a dedicated emergency department facility • arranges care into streams for specific cohorts such as short stay units, fast track models, paediatric teams and has models of care for managing patients with special needs (including high and complex needs) • provides care by medical specialists, nurses, pharmacists and core allied health services who are dedicated to the emergency services (social work, physiotherapy, occupational therapy and radiography). • admits patients for acute or subacute care, or discharges patients to be managed in the community with a focus on safe, comprehensive, and quality discharge. • provides timely access to telephone-based and/or tele-health (visual) clinical decision support for lower level services 24/7 <p>** Note, tele-health to allow visual consult capacity</p> <ul style="list-style-type: none"> • partners with local primary care providers on options for alternative primary care/medical and mental health services and appropriate referrals to emergency department. • designated services provide after-hours specialist emergency Telehealth support for high acuity, high complexity cases at levels 1 – 4 in their region.
Assessment	<p>As for level 4, in addition:</p> <ul style="list-style-type: none"> • Has access to complex investigation modalities such as MRI, interventional radiology and nuclear medicine. • Has access to a range of subspecialist services for assessment and treatment.
Treatment	<p>As for level 4, in addition:</p> <ul style="list-style-type: none"> • provides timely access to telephone-based and/or tele-health (visual) clinical decision support for level 5 services 24/7 <p>** Note, tele-health to allow visual consult capacity</p>
Disposition/ Discharge	As for level 4.
Trauma care	<ul style="list-style-type: none"> • Is designated as a Regional Trauma Service or Metropolitan Trauma Service within the Victorian state trauma system¹²⁹.

¹²⁹ As per Vic State Trauma System. Department of Health and Human Services 2019, *Victorian state trauma system*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/state-trauma-system>.

Service	Description
	<ul style="list-style-type: none"> Provides care in line with state trauma guidelines¹³⁰. Has policies and procedures in place to meet the requirements of the <i>Emergency Management Manual Victoria</i> and associated policies, for the purpose of mass casualty management.

Part B: Clinical workforce

Service	Requirements
Emergency response	<p>Recognition¹³¹ and response system^{132,133}, including rapid response (for example, 'respond blue'), including clinical protocols and designated roles on-site 24/7 to respond immediately to emergencies across the facility</p> <p>Registered health practitioner with demonstrated competency in advanced life support (adult and paediatric) on-site 24/7.</p> <p>A designated registered medical specialist (ACEM) or equivalent, credentialed at the health service for emergency medicine, available 24/7.</p> <p>Staff use a streamlined acute stroke assessment workflow to minimise treatment delays, including rapid assessment in the emergency department, imaging, thrombolysis and use of transfer protocols to guide urgent transfer of suitable patients to a designated endovascular clot retrieval service for neurointervention, according to clinical guidelines for stroke management¹³⁴.</p>
Emergency department team	<p>Designated registered medical specialist (ACEM) or equivalent, credentialed at the health service for emergency medicine, as lead clinician and responsible for clinical governance of service¹³⁵.</p> <p>Designated registered medical specialist (ACEM, RACP – Paediatrics and child health) or equivalent, credentialed at the health services for children's emergency medicine, as senior clinician supporting clinical governance for children's emergency services.</p> <p><i>Roles may be undertaken by one individual if they demonstrate all competencies required.</i></p> <p>Registered medical specialist (ACEM) or equivalent, credentialed at the health service for emergency medicine, to provide clinical supervision:</p> <ul style="list-style-type: none"> on-site for extended hours, 7 days a week available 24/7. <p>Medical practitioner, credentialed to manage critically ill patients without on-site supervision (ACEM Emergency Medicine Diploma or equivalent), exclusively rostered to the unit 24/7. May be an accredited registrar on the ACEM training program.</p> <p><i>For designated health services:</i></p> <p>Registered medical specialist, credentialed at the health service for emergency medicine, is nominated 24/7 to provide specialist emergency telehealth support</p>

¹³⁰ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

¹³¹ <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>

¹³² Australian Standard 4083-2010, AS3745 planning for emergencies in facilities

¹³³ 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

¹³⁴ Stroke Foundation (2019). *Clinical Guidelines for Stroke Management*. Melbourne Australia.

<https://informme.org.au/en/Guidelines/Clinical-Guidelines-for-Stroke-Management>

¹³⁵ Australasian College for Emergency Medicine 2012, *Statement on the delineation of emergency departments*, ACEM, Melbourne.

Service	Requirements
	<p>for high acuity, high complexity cases at Levels 1–4 services in their region via telehealth¹³⁶.</p> <p>The emergency department clinical teams are structured to provide medical specialist-led emergency care and to support streaming of cohorts of patients. The number of teams and hours of operation is informed by analysis of demand, casemix and time/day of presentations.</p> <p>Each emergency department will have the following teams operating for some part of the day, 7 days a week, providing 24/7 on-site cover:</p> <ul style="list-style-type: none"> • Triage & treat/minor injuries/fast track¹³⁷ • Resuscitation • Paediatrics • General cubicles <p>An emergency department team has a mix of:</p> <ul style="list-style-type: none"> • registered medical specialist (ACEM, ACRRM GEM, ARGP) or equivalent • registered medical practitioners (including ACEM trainee(s)) • nurse practitioners • registered nurses, enrolled nurses <p><i>Note: A team may also have additional clinical roles such as care coordinators.</i></p> <p><i>Resuscitation team:</i></p> <ul style="list-style-type: none"> • At least 2 members have demonstrated competency in advanced life support including advanced skills in managing deteriorating patient and cardiac arrest on-site 24/7. <p><i>Paediatric team:</i></p> <ul style="list-style-type: none"> • Paediatric teams have medical and/or nursing staff with demonstrated competency in the emergency management of children and adolescents^{138,139}. <p>Where there are insufficient daily numbers of paediatric presentations for a specific team, there must be an adequate number of staff with demonstrated competency in the emergency management of children and adolescents to allow safe 24-hour coverage of all areas of the emergency department where paediatric patients are being cared for.</p> <p>Further, nominated health practitioners (medical and nursing) with demonstrated competency in the emergency management of children and adolescents must be designated as paediatric clinical lead 24/7.</p>
<p>Short stay units/observational medicine</p>	<p>Where emergency led short stay units operate, the following staff are required for their hours of operation:</p>

¹³⁶ ACEM 2015 Standard 1.3.1 - The ED team has a mechanism to consult with onsite or other emergency physicians within their regional network. Australasian College for Emergency Medicine 2015, *Quality standards for emergency departments and other hospital-based emergency care services 1st edition*, ACEM, Melbourne, accessed at <https://acem.org.au/getmedia/cbe80f1c-a64e-40ab-998f-ad57325a206f/Quality-Standards-1st-Edition-2015.aspx>.

¹³⁷ The name of teams may be tailored to each site.

¹³⁸ Australasian College for Emergency Medicine 2002, *Statement on hospital emergency department services for children*, ACEM, Melbourne, accessed at [https://acem.org.au/getmedia/2cf3c286-61a4-497d-9922-0a87af6ad4ed/S11-Statement-Hospital-ED-Services-for-Children-Jul-12-v02-\(1\).aspx](https://acem.org.au/getmedia/2cf3c286-61a4-497d-9922-0a87af6ad4ed/S11-Statement-Hospital-ED-Services-for-Children-Jul-12-v02-(1).aspx).

¹³⁹ International Federation of Emergency Medicine 2019, *Standards of Care for Children in Emergency Departments*, accessed at <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>.

Service	Requirements
	<ul style="list-style-type: none"> a registered medical practitioner exclusively rostered to the unit and in addition to emergency service medical staff in line with published guidance¹⁴⁰ nursing staff exclusively rostered as directly responsible for short-stay unit and in addition to emergency department nursing staff in line with published guidance¹⁴¹. <p><i>Note: this does not include Psychiatric Assessment and Planning Units (PAPU) but may include other observation units where the emergency service has a governance role (chest pain assessment units).</i></p>
Nursing	<p><i>Public general ED and triage:</i></p> <p>Nurse staffing in accordance with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i>¹⁴² and the <i>Nurses and midwives (Victorian Public Health Sector)(Single Interest Employers) enterprise agreement 2016-2020</i>¹⁴³.</p> <p><i>Private health services:</i></p> <p>In the case of the private sector, the relevant enterprise agreement and statutory requirement.</p>
Allied health	<p>Available during extended hours:</p> <ul style="list-style-type: none"> social work physiotherapy occupational therapy care coordination^{144, 145}. <p>Available during business hours:</p> <ul style="list-style-type: none"> neuropsychology
Pharmacist	Clinical pharmacist available for extended hours, and accessible 24/7.

Part C: Clinical support services:

As for level 4, in addition:

Service	Requirements
Medical imaging	<p>Complex on-site imaging services available 24/7, including Magnetic Resonance Imaging (MRI) and a basic digital subtraction angiography (DSA) suite for interventional services.</p> <p><i>Medical imaging services align with medical imaging capability level 5 or above (pending advice on draft core capability levels).</i></p>

¹⁴⁰ Department of Health and Human Services 2017, *Guidelines for emergency department short stay units*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/guidelines-emergency-department-short-stay-may-2017>.

¹⁴¹ Ibid.

¹⁴² 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>.

¹⁴³ 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>.

¹⁴⁴ Registered Nurses may be members of care coordination teams as well as allied health professionals

¹⁴⁵ Department of Health and Human Services 2018, *Emergency department care coordination*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/emergency-care/models-of-care/ed-care-coordination>.

Service	Requirements
Pathology	<p>Provides 24/7 service access to a comprehensive suite of pathology services, either on-site or through networked arrangements, including anatomical pathology, cytopathology, chemical pathology, haematology, immunopathology, microbiology and access to a range of blood products. On-site testing for all urgent requests.</p> <p><i>Pathology services align with pathology capability level 5 or above (pending advice on draft core capability levels).</i></p>
Pharmacy	<p>On-site pharmacy service available during extended hours (including weekends) with support available 24/7. Provides clinical pharmacy services 7-days a week, support for defined clinical specialty services (e.g. oncology, haematology), and processes for aseptic manufacturing and cytotoxic medicines where clinically necessary (may be networked or external arrangement).</p> <p><i>Pharmacy services align with pharmacy and medicines management capability level 5 or above (pending advice on draft core capability levels).</i></p>
Medical – specialist services	<p>Registered medical specialists or equivalent, credentialed at the health service, available 24/7:</p> <ul style="list-style-type: none"> • orthopaedic surgery • ENT • Cardiology (including specialists with expertise in clinical and diagnostic cardiology¹⁴⁶) • oncology • gastroenterology • endocrinology • intensive care medicine • geriatric medicine • respiratory • interventional radiology • psychiatry <p><i>These services are available on-site.</i></p> <p>Registered medical specialist (RACP – Infectious diseases) or equivalent accessible 24/7 via formal agreement with an Infectious Diseases Service.</p> <p>Surgery and procedural services align with surgery and procedural capability level 5.</p>
Nuclear medicine	<p>On-site dedicated and accredited¹⁴⁷ nuclear medicine service.</p> <p>Provides diagnostic nuclear medicine studies and PET service in business hours as well as a specified after-hours service.</p> <p>Access to commercial or in-house supply of radiopharmaceuticals.</p> <p>Registered medical specialist (RACP – Nuclear medicine, RANZCR – Nuclear medicine) or equivalent accessible 24/7.</p>
Pain management	<p>On-site, multi-disciplinary acute and persisting pain management services available during business hours.</p>
Transplant services	<p>Designated transplant coordinator accessible 24/7.</p>

¹⁴⁶ Including heart failure, non-invasive cardiology, interventional cardiology and cardiac electrophysiology.

¹⁴⁷ Australasian Association of Nuclear Medicine Specialists (AANMS) Nuclear Medicine Practice Accreditation Program – see https://www.aanms.org.au/index.php?option=com_content&view=article&id=13&Itemid=19

Part D: Equipment and infrastructure

As for level 4, in addition:

Area	Requirements
Critical care	<p>On-site access 24/7 to an intensive care unit that conforms to the Australasian Health Facilities Guidelines on intensive care units¹⁴⁸.</p> <p>Capable of providing care to critically ill adult patients needing complex multi-system life support.</p> <p>If providing paediatric care, provides paediatric intensive care in a mixed environment with designated beds.</p> <p><i>Critical care services align with critical care and intensive care capability level 5 or above (pending advice on draft core capability levels).</i></p>
Operating rooms	Meets requirements for surgery and procedural capability level 5 ¹⁴⁹ including a dedicated emergency theatre and dedicated imaging in operating suite.
Cardiac investigation unit	<ul style="list-style-type: none"> Dedicated facilities to support a range of cardiac investigations available during extended hours. The design of facilities should be informed by the <i>Australasian Health Facilities Guidelines on cardiac investigation units</i>¹⁵⁰. On-site access 24/7 to percutaneous coronary intervention services and facilities informed by the Australasian Health Facilities Guidelines on cardiac investigation units – ‘cardiac catheter laboratory’¹⁵¹.
Cardiac care	On-site access 24/7 to a standalone unit for the management of critically ill and complex cardiac patients and facilities informed by the Australasian Health Facilities Guidelines on cardiac care units ¹⁵² .

Part E: Clinical governance

As for level 4, in addition:

Area	Requirements
Service guidelines	<p><i>For designated services:</i></p> <p>Formal agreement with level 2, 3 and 4 services in the region for the provision of specialist emergency medicine support via telehealth.</p>
Consultation, referral and transfer	Protocols are in place for consultation, referral and transfer where a sub speciality service is not available.
Competence and credentialing	<p>Provides level 1–4 urgent, emergency and trauma care services within the region support for credentialing processes for medical staff providing urgent, emergency and trauma care.</p> <p>Provides level 1–4 urgent, emergency and trauma care services within the region support to complete annual competency assessment and review processes for staff providing urgent, emergency and trauma care.</p>

¹⁴⁸ Australasian Health Infrastructure Alliance 2016, *Australasian health facility guidelines, part b - health facility briefing and planning 0360 – intensive care – general*, Australasian Health Infrastructure Alliance, AHIA, Sydney, accessed at <https://healthfacilityguidelines.com.au/part/part-b-health-facility-briefing-and-planning-0>.

¹⁴⁹ Department of Health and Human Services 2019, *Surgery and procedural care capability framework*, State Government of Victoria, Melbourne. To be released.

¹⁵⁰ Australasian Health Infrastructure Alliance 2016, *Australasian health facility guidelines, part b - health facility briefing and planning 0170 - cardiac investigation unit*, AHIA, Sydney, accessed at https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0170_2_0.pdf.

¹⁵¹ Ibid.

¹⁵² Australasian Health Infrastructure Alliance 2018, *Australasian health facility guidelines, part b - health facility briefing and planning HPU 260 Cardiac Care Unit*, AHIA, Sydney, accessed at https://aushfg-prod-com-au.s3.amazonaws.com/HPU_B.0260_7%20_0_0.pdf.

Area	Requirements
	Provides level 1–4 urgent, emergency and trauma care services within the region support for the completion of annual peer review processes for staff providing urgent, emergency and trauma care.

Level 6 urgent, emergency and trauma care service

Part A: Service description

Service	Description
Complexity of care/ service role description	<p>A level 6A service:</p> <ul style="list-style-type: none"> • is an emergency care service that provides emergency care to adult and/or paediatric patients 24/7 • provides definitive care for all emergency presentations including the most complex presentations, excluding cases that require a state wide or a clinical service that is designated to specific sites • complex paediatric care is provided by specialist paediatric services, with non-specialist services providing paediatric care at a level commensurate with level 5 requirements, including transfers as required • is supported by access to an extended range of specialist and subspecialist services on-site • accepts patients arriving by ambulance (including inter-hospital transfers) and those who self-present • provides services from a dedicated emergency department facility • arranges care into streams for specific cohorts such as short stay units, fast track models, paediatric teams and has models of care for managing patients with special needs (including high and complex needs) • provides care by specialist emergency medicine practitioners, nurses, pharmacists and core allied health services who are dedicated to the emergency services (social work, physiotherapy, occupational therapy and radiography) • admits patients for acute or subacute care or discharges patients to be managed in the community with a focus on safe, comprehensive, and quality discharge • provides timely access to telephone-based and/or tele-health (visual) clinical decision support for level 5 services 24/7 <p>** Note, tele-health to allow visual consult capacity</p> <ul style="list-style-type: none"> • partners with local primary care providers on options for alternative primary care/medical and mental health services and appropriate referrals to emergency department. <p>Designated services – there will be:</p> <ul style="list-style-type: none"> • two designated adult Major Trauma Services and one designated paediatric Major Trauma Service (Level I Trauma Services¹⁵³) • designated services provide timely access to telephone-based and/or tele-health (visual) clinical decision support for lower level services 24/7 as part of their specialty service. <p>** Note, tele-health to allow visual consult capacity</p> <p>A specialty emergency care service:</p> <ul style="list-style-type: none"> • is a specialist emergency service that provides emergency care to patients 24/7 across the continuum of care for a specialty • provides definitive care for all emergency presentations including the most complex presentations within the clinical scope of the specialty

¹⁵³ Royal Australian College of Surgeons 2018, *RACS trauma verification benchmarking trauma care*, Melbourne, accessed at <https://www.surgeons.org/media/309212/2018-model-resource-criteria-short.pdf>.

Service	Description
	<ul style="list-style-type: none"> is supported by access to the subspecialty services within the clinical scope of the specialty has arrangements in place for the transfer of patients that present with conditions outside the clinical scope of the specialty accepts patients arriving by ambulance (including inter-hospital transfers) and those who self-present provides services from a dedicated emergency department facility arranges care into streams for specific cohorts such as short stay units, fast track models, paediatric teams and has models of care for managing patients with special needs provides care by specialist emergency medicine practitioners, nurses, pharmacists and core allied health services who are dedicated to the emergency services (social work, physiotherapy, occupational therapy and radiography) admits patients for acute or subacute care or discharges patients to be managed in the community with a focus on safe, comprehensive, and quality discharge provides timely access to telephone-based and/or tele-health (visual) clinical decision support for lower level services 24/7. <p>** Note, tele-health to allow visual consult capacity</p> <ul style="list-style-type: none"> partners with local primary care providers on options for alternative primary care/medical and mental health services and appropriate referrals to emergency department
Assessment	As for level 5.
Treatment	As for level 5.
Disposition/ Discharge	As for level 5.
Trauma care	<ul style="list-style-type: none"> Non-specialty services are designated as Metropolitan Trauma Services or Major Trauma Services within the Victorian state trauma system¹⁵⁴. Provides care in line with state trauma guidelines¹⁵⁵. Has policies and procedures in place to meet the requirements of the <i>Emergency Management Manual Victoria</i> and associated policies, for the purpose of mass casualty management.

Part B: Clinical workforce

As for level 5, in addition:

Service	Requirements
Trauma role	<i>For designated Major Trauma Services:</i> Full-time Director of Trauma appointed.
Medical – paediatrics	<i>For specialist paediatric services:</i>

¹⁵⁴ As per Vic State Trauma System. Department of Health and Human Services 2019, *Victorian state trauma system*, State Government of Victoria, Melbourne, accessed at <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/state-trauma-system>.

¹⁵⁵ Trauma Victoria 2017, *Victorian state trauma system guidelines*, Trauma Victoria, Melbourne, <http://trauma.reach.vic.gov.au/resources/trauma-victoria-guideline-pdf>.

Service	Requirements
	<ul style="list-style-type: none"> registered medical practitioner, credentialed at the health service for children's emergency medicine, exclusively rostered to the unit 24/7. May be an accredited registrar on the ACEM or Joint Paediatric Emergency Medicine training program. designated registered medical specialist (ACEM – Paediatric emergency medicine, RACP – Paediatrics and child health, Paediatric emergency medicine) or equivalent, credentialed at the health service for children's emergency medicine, on-site 16 hours a day, 7 days a week. registered medical specialist/s (ACEM, RACP – Paediatrics and child health) or equivalent (commensurate with casemix and patient load), credentialed at the health service for children's emergency medicine, on-site 16 hours a day, 7 days a week and available 24/7. designated registered medical practitioner, basic physician trainee (RACP – Paediatrics and child health) or equivalent, credentialed at the health service for children's emergency medicine, on-site 24/7. May be an accredited registrar on the RACP training program.

Part C: Clinical support services

As for level 5, in addition:

Service	Requirements
Aboriginal hospital liaison officer services	Aboriginal hospital liaison officer services (male and female) available business hours and accessible 24/7.
Medical imaging	Complex on-site interventional radiology and neuro-interventional procedures available 24/7. <i>Medical imaging services align with medical imaging capability level 6 (pending advice on draft core capability levels).</i>
Pathology	A range of expertise and testing for specialty and subspecialty clinical streams and access to a comprehensive blood service. <i>Pathology services align with pathology capability level 6 (pending advice on draft core capability levels).</i>
Pharmacy	Provides support for highly specialised services, acts as referral service for lower level services, and provides specialty pharmacy support where organisation is a designated centre for state wide or national service provision. <i>Pharmacy services align with pharmacy and medicines management capability level 6 (pending advice on draft core capability levels).</i>
Medical – specialist services	<p><i>For level 6A services:</i></p> <p>Provides a comprehensive range of medical and surgical specialist and subspecialist services on-site and available 24/7, including neurosurgery, cardiothoracic surgery, plastic surgery, vascular surgery, neurology and haematology.</p> <p>Surgery and procedural services align with surgery and procedural capability level 6 service.</p> <p>Registered medical specialist (RACP – Infectious diseases) or equivalent, available business hours and accessible 24/7.</p> <p>Provides specialist infectious diseases consultation and support for lower level services through formal arrangements.</p> <p><i>For level 6B services:</i></p>

Service	Requirements
	<p>Provides a comprehensive range of specialist and subspecialist services on-site within the clinical scope of the specialty service.</p> <p>Arrangements are in place with another service for the transfer of patients that present with conditions outside the clinical scope of the specialty service.</p>

Part D: Equipment and infrastructure

As for level 5, in addition:

Area	Requirements
Critical care	<p>Capable of providing comprehensive critical care including complex multi-system life support for an indefinite period.</p> <p><i>Critical care services align with critical care and intensive care capability level 6 (pending advice on draft core capability levels).</i></p>
Trauma	<p><i>For designated Major Trauma Services:</i></p> <ul style="list-style-type: none"> dedicated emergency operating theatre/s for major trauma available 24/7 on-site helicopter landing site.
Operating rooms	<p>Meets requirements for surgery and procedural care capability level 6¹⁵⁶ including a dedicated emergency theatre and dedicated imaging in operating suite.</p>
Cardiac care	<p>Cardiac care unit has advanced monitoring and diagnostic equipment, including for continuous cardiac and haemodynamic monitoring.</p>

Part E: Clinical governance

As for level 5, in addition:

Area	Requirements
Competence and credentialing	<p>Provides level 1–5 urgent, emergency and trauma care services support for credentialing processes for medical staff providing urgent, emergency and trauma care.</p> <p>Provides level 1–5 urgent, emergency and trauma care services support to complete annual competency assessment and review processes for staff providing urgent, emergency and trauma care.</p> <p>Provides level 1–5 urgent, emergency and trauma care services support for the completion of annual peer review processes for staff providing urgent, emergency and trauma care.</p>
Trauma	<p><i>For designated Major Trauma Services:</i></p> <p>Guidelines are in place for the provision of advice and support to lower level trauma services.</p> <p>Provides levels 1-5 with support and advice in the management and transfer of major trauma patients.</p>

¹⁵⁶ Department of Health and Human Services 2019, *Surgery and procedural care capability framework*, State Government of Victoria, Melbourne. To be released.

Glossary

Term	Description
24/7	24 hours a day, seven days a week.
Access/Accessible	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).
Acute care	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.
Admitted care	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.
Adult Retrieval Victoria (ARV)	Adult Retrieval Victoria (ARV) is part of Ambulance Victoria and provides clinical coordination, retrieval and critical care services.
Advanced life support (ALS)	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.
Available	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.
Basic life support (BLS)	The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an Automated External Defibrillator.
Business hours	9 am to 5 pm Monday to Friday.
Clinical governance	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.
Community service organisations	Registered community health centres, local government authorities and non-government organisations that are not health services.
Credentialing	Credentialing is the formal process of checking that medical practitioners and dentists are appropriately qualified, registered and experienced to deliver safe, high-quality care.
Cultural competence	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.
Cultural respect and safety	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples and other cultural groups.
Dedicated space	Agreed area with the necessary equipment and resources for clinical assessment and care.
Demonstrated competency	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

	<p>across a scope of practice or depth of practice both during training or after formal assessment or credentialing. Competency is usually demonstrated through:</p> <ul style="list-style-type: none"> • regular training and education • ongoing workplace assessment and review • recency of practice (within 12 months) <p>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.</p>
Designated staffing	Specifically defined and named staffing available to provide a service.
Dietitian	A member of, or an individual eligible for membership of, Dieticians Association of Australia.
Documented process/guidelines	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.
Emergency department	A dedicated hospital based facility specifically designed and staffed to provide 24 hour emergency care.
Emergency presentations	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged.
Enrolled Nurse (EN)	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.
Exclusively rostered	Where mention is made to clinicians being “exclusively rostered”, this requirement is relevant only when services are operational, and does not prohibit them from leaving their immediate work area to attend work-related matters, on the proviso they are readily contactable and able to return promptly to the unit if required to do so.
Extended hours	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.
Facility	Physical or organisational structure that may operate a number of services of a similar or differing capability level.
GP liaison service	A service that coordinates general practice-hospital integration and builds and enhances pathways, linkages, capacity, programs and services between general practice, community health care and the hospital.
Guideline	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.
Health practitioner	A person whose name is entered on a register of practitioners maintained by a competent authority.
Health service	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.
Health service designation	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.

High dependency unit	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.
Infrastructure	The physical equipment and facilities required to support service configuration and capacities necessary to achieve desired performance outcomes.
Intensive care unit	A unit within a hospital that has equipment and infrastructure to support: <ul style="list-style-type: none"> • immediate resuscitation and short-term cardio-respiratory support • mechanical ventilation • invasive cardiovascular monitoring • renal replacement therapy • complex multi-system life support.
Limited x-ray operator	A limited x-ray operator is an appropriately trained and licensed General Practitioner, registered nurse or other registered health professional who is licensed under the <i>Radiation Act 2005</i> to perform a limited range of X-rays on patients who are assessed and referred by an authorised referring practitioner as requiring diagnostic imaging.
Major Trauma Service – Victorian State Trauma System	A public hospital designated by DHHS as a Major Trauma Services responsible for providing definitive care to major trauma patients, either through primary triage or secondary transfer.
Medical practitioner	A health practitioner who has successfully completed a Bachelor of Medicine, Bachelor of Surgery (MBBS) or equivalent as accredited by the Australian Medical Council and holds registration with the Medical Board of Australia as a medical practitioner.
Medical specialist (general practitioner)	A medical practitioner who holds specialist registration with the Medical Board of Australia and is eligible for fellowship with either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.
Medical specialist	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.
Metropolitan Primary Care Services – Victorian State Trauma System	A public hospital designated by DHHS as a Metropolitan Primary Care Services that is responsible for providing definitive care to major trauma patients, either through primary triage or secondary transfer provide the third level of adult and paediatric trauma care in Melbourne.
Metropolitan Trauma Services – Victorian State Trauma System	A public hospital designated by DHHS as a Metropolitan Trauma Services that provides second level adult and paediatric trauma care in Melbourne.
Midwife	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
Non-admitted care	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.
Nurse Practitioner	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.

Observation medicine unit	A specially staffed and equipped area of a hospital providing intensive short-term assessment, observation or therapy to optimise the early treatment and discharge of selected patients.
Occupational therapist	A health practitioner registered with the Occupational Therapy Board of Australia
On-site	Staff, services and/or resources located within the health facility or an adjacent campus, including third party providers.
Operating rooms	A facility within a hospital where surgical operations are carried out in an aseptic environment.
Or equivalent	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"> • registered medical practitioners with Limited Registration (or Provisional Registration) on either the Specialist Pathway – specialist recognition or the Specialist Pathway – area of need • registered medical practitioners on accredited training programs with previous training undertaken interstate.
Paediatric infant perinatal emergency retrieval	The statewide Paediatric Infant Perinatal Emergency Retrieval (PIPER) service operated by the Royal Children’s Hospital.
Partnership care	A model of care between the patient, their General Practitioner and the health service(s) for patients with chronic or progressive conditions that require ongoing specialist advice.
Peer review process	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.
Pharmacist	A health practitioner registered with the Pharmacy Board of Australia.
Physiotherapist	A health practitioner registered with the Physiotherapy Board of Australia.
Point of care testing	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.
Primary Care Service – Victorian State Trauma System	A public hospital in small rural community designated by DHHS as a Primary Care Service to provide limited resuscitation prior to early transfer to a Regional or Major Trauma Service.
Primary care	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.
Protocol/established protocol	An agreed framework outlining the care to be provided to patients in a given situation.
Psychologist	A health practitioner registered with the Psychology Board of Australia.
Radiographer or Medical Imaging Technologist	A health practitioner registered with the Medical Radiations Practitioners Board of Australia.
Referral pathway	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.

Regional Trauma Service – Victorian State Trauma System	<p>Regional Trauma Services are located in major regional centres and receive appropriate referrals from surrounding catchment areas.</p> <p>Regional Trauma Services provide resuscitation and stabilisation of major trauma patients prior to their transfer to a Major Trauma Service. They also provide definitive care for a limited number of major trauma patients where their injuries are assessed, in agreement with an Major Trauma Service, as not requiring a transfer.</p>
Registered Nurse (RN)	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.
Rural and Isolated Practice Endorsed Registered Nurse (RIPERN)	<p>A registered nurse granted an endorsement under section 94 of the Health Practitioner Regulation National Law as qualified to obtain, supply, and administer limited schedule 2, 3, 4 or 8 medicines appropriate to the registered nurse’s scope of practice within the meaning of the current poisons standard under the Therapeutic Goods Act 1989 (Cwlth), s. 52D.</p> <p>*Please note the Nursing and Midwifery Board of Australia (NMBA), has determined that the Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice) will be discontinued once Victoria has an alternative legislative mechanism in place to allow RIPERN to continue to obtain, supply and administer approved medicines. To that end, any reference to RIPERNS may be subject to change in the future.</p>
Scope of clinical practice	Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession (National Boards).
Service (health)	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.
Seven days a week	A specific service is open and provides services every day of the week.
Social worker	A member of, or individual eligible for membership of, the Australian Association of Social Workers.
State Trauma System	The Victorian State Trauma System facilitates the management and treatment of major trauma patients in Victoria.
Statewide service	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.
Telehealth	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.
Urgent Care Service - Victorian State Trauma System	A health service in a small rural community that is designated by DHHS as an Urgent Care Services that provides initial resuscitation and a limited stabilisation of trauma cases prior to early transfer to a Regional or Major Trauma Service.

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