

# Perioperative service capability framework (Abridged version)



This document is an abridged version of the Perioperative service capability framework, presented in a horizontal format to assist health services in completing section 2 of the self-assessment. To view the full Perioperative service capability framework, please visit [Perioperative service capability framework for Victoria](https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria) <https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria>.

## Section 2: Perioperative capability levels

Section 2 of the Perioperative service capability framework provides detailed descriptions of the minimum capability for each of the six levels of perioperative care. Minimum requirements for each criterion are defined in the service levels based on best available evidence and requirements. The minimum criterion requirements for each level are incremental and cumulative and must be met at each level to provide safe, high quality perioperative services.

### Service description

The service description gives a summary of the minimum requirements for perioperative services provided at each capability level, including service provision and stay type, patient risk and procedural complexity. It gives a high-level indication of the setting, availability and complexity of care delivered, and the services that are available at the campus.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Complexity of care</b>	<p>A Level 1 service provides:</p> <ul style="list-style-type: none"> <li>office-based procedures (non-admitted care) by a range of proceduralists (for example, GPs, dentists and podiatrists), which only require local anaesthetic</li> <li>the lowest-risk procedures to all patients</li> </ul> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>office-based procedures using local anaesthetic in low-complexity paediatric patients</li> <li>services to paediatric patients of all ages.</li> </ul>	<p>A Level 2 service provides:</p> <ul style="list-style-type: none"> <li>low-moderate complexity procedural care, typically as a day procedure</li> <li>low-complexity anaesthetic care (local, regional and deep sedation, with provision for low-risk general anaesthesia where required) to adults with low-to-moderate complexity (ASA 1–3<sup>1</sup>)</li> </ul> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>planned, day-stay minor procedures</li> <li>low anaesthetic complexity, including general anaesthesia</li> <li>low patient complexity.</li> </ul>	<p>A Level 3 service provides:</p> <ul style="list-style-type: none"> <li>moderate complexity planned surgery.</li> <li>provides a range of anaesthesia, including general anaesthesia to adults with low-to-moderate perioperative complexity.</li> <li>may include emergency surgery, where 24/7 perioperative workforce coverage is available.</li> </ul> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>low-to-moderate complexity procedures, including overnight stays</li> <li>low anaesthetic complexity</li> <li>low patient complexity.</li> </ul>	<p>A Level 4 service provides:</p> <ul style="list-style-type: none"> <li>care for moderate complexity procedures, across selected specialties</li> <li>anaesthetic care for adult patients who have medium-to-high perioperative risk, for procedures across the selected specialties</li> <li>care for patients with identified risk factors, in accordance with agreed referral and escalation criteria.</li> </ul> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>low-to-moderate complexity procedures, including multiday stays</li> <li>low-to-moderate anaesthetic complexity</li> <li>low-to-moderate patient complexity for paediatric patients of all ages.</li> </ul>	<p>A Level 5 service provides:</p> <ul style="list-style-type: none"> <li>high-complexity procedures across most specialties</li> <li>anaesthetic care for high-complexity procedures across most specialties for adult patients who are of high perioperative risk</li> <li>virtual care clinical decision support services 24/7</li> </ul> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>high-complexity procedures across most specialties</li> <li>moderate-to-high anaesthetic complexity</li> <li>for high patient complexity paediatric patients of all ages.</li> </ul>	<p>A Level 6 service provides:</p> <ul style="list-style-type: none"> <li>the highest complexity procedures for specialties relevant to the services offered at that site</li> <li>anaesthetic care for the highest complexity procedures for adult patients who are of the highest perioperative risk</li> <li>perioperative services for all patients with complex medical needs who require specialist interdisciplinary care</li> </ul> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>highest complexity procedures across all specialties</li> <li>highest anaesthetic complexity</li> <li>highest complexity paediatric patients of all ages.</li> </ul>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Procedure/surgery</b>	<p>A Level 1 service:</p> <ul style="list-style-type: none"> <li>undertakes low-risk procedures under local anaesthetic, where serious complications are very unlikely</li> <li>provides only superficial procedures according to proceduralist scope of practice</li> <li>does not require separate anaesthetic support. Examples include podiatry, dental and minor GP procedures delivered in procedure rooms</li> <li>provides office-based procedures for paediatric services.</li> </ul>	<p>A Level 2 service provides:</p> <ul style="list-style-type: none"> <li>a focus on providing low-risk planned surgery</li> <li>planned specialist services, where there is sufficient volume to support a regular list and workforce competency</li> <li>planned, day-stay minor procedures for paediatric services.</li> </ul>	<p>A Level 3 service:</p> <ul style="list-style-type: none"> <li>focuses on providing moderate complexity planned surgery, which may include overnight stays</li> <li>may provide emergency surgery, where 24/7 medical coverage is available</li> <li>provides planned surgery and defined scope of procedures for specialties where there is sufficient volume to support a regular list and workforce competency</li> <li>provides low-to-moderate complexity procedures, including overnight stays for paediatric services.</li> </ul>	<p>A Level 4 service provides:</p> <ul style="list-style-type: none"> <li>emergency and planned general and orthopaedic surgery</li> <li>planned and, in some cases, emergency surgery for other surgical specialties, where dedicated perioperative staffing is available</li> <li>for paediatric services, low-to-moderate complexity procedures, including multiday stays.</li> </ul>	<p>A Level 5 service provides:</p> <ul style="list-style-type: none"> <li>planned and emergency surgery for most specialties and subspecialties</li> <li>high-complexity procedures across most specialties for paediatric services.</li> </ul>	<p>A Level 6 service provides:</p> <ul style="list-style-type: none"> <li>planned and emergency surgery and procedures for a range of specialties and subspecialties (including neurosurgery, cardiac surgery), including rare and infrequently performed procedures</li> <li>for paediatric services, the highest complexity procedures across all specialties.</li> </ul>
<b>Anaesthetic complexity</b>	<p>A Level 1 service provides:</p> <ul style="list-style-type: none"> <li>local infiltration anaesthetic and simple regional blocks to low-risk patients undergoing low-risk, minor procedures</li> <li>includes procedures done by registered health practitioners under service agreements with public health services</li> <li>planned and unplanned services</li> <li>local anaesthesia and procedures that will generally be completed by a sole practitioner</li> <li>local anaesthesia for paediatric services.</li> </ul>	<p>A Level 2 service provides:</p> <ul style="list-style-type: none"> <li>pre-operative assessment, anaesthesia and recovery care to predominantly day-stay, and some planned overnight care for surgical or procedural services for planned and/or unplanned care</li> <li>post-procedure anaesthetic recovery care and observation in a dedicated area or in the procedure room</li> <li>low anaesthetic complexity, including general anaesthetic, for paediatric services.</li> </ul>	<p>A Level 3 service provides:</p> <ul style="list-style-type: none"> <li>anaesthetic services to support the service's procedural caseload for low and selected moderately complex patients undergoing low-to-moderate complexity procedures</li> <li>planned anaesthetic services during standard hours for scheduled lists</li> <li>post-procedure anaesthetic recovery care and observation in dedicated area(s).</li> </ul> <p>Where 24/7 emergency surgery is provided, pre-operative assessment, anaesthesia and recovery care, must also be available to provide anaesthetic services 24/7.</p> <p>Paediatric services – as for Level 2.</p>	<p>A Level 4 service provides:</p> <ul style="list-style-type: none"> <li>pre-operative assessment, anaesthetic and recovery care to day-stay or multiday procedural services for both planned and emergency care</li> <li>anaesthetic services to support the agreed procedural caseload for low and selected moderate-risk patients undergoing moderate procedural complexity</li> <li>anaesthesia for selected low-perioperative-risk patients undergoing moderate complexity surgical procedures</li> <li>an anaesthetic team that is structured to provide anaesthetic service across non-admitted, diagnostic and operating suite, and inpatient care</li> <li>for paediatric services, low-to-moderate anaesthetic complexity.</li> </ul>	<p>A Level 5 service provides:</p> <ul style="list-style-type: none"> <li>anaesthetic services to support the service's high-complexity procedural caseload for high-complexity patients, who are at risk of intra- and post-operative complications</li> <li>moderate-to-high anaesthetic complexity for paediatric services.</li> </ul>	<p>A Level 6 service provides:</p> <ul style="list-style-type: none"> <li>anaesthetic services to support the service's procedural caseload for all patients undergoing all procedural complexity, and can account for risk of all intra- and post-operative complications</li> <li>services for patients with the highest level of anaesthetic risk across all specialties, in conjunction with the most complex surgical and medical presentations. These patients may have a high level of complexity or multiple comorbidities requiring specialist staff</li> <li>a full complement of anaesthetic services to all speciality and subspecialty patients</li> <li>for paediatric services, the highest anaesthetic complexity.</li> </ul>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Patient complexity</b>	<p>A Level 1 service provides:</p> <ul style="list-style-type: none"> <li>Adults – all patient complexities</li> <li>Paediatrics – low patient complexity</li> </ul>	<p>A Level 2 service provides:</p> <ul style="list-style-type: none"> <li>predominately sedation and regional block, with some general anaesthesia in ASA 1–2 and some stable ASA 3 patients</li> <li>low patient complexity for paediatric services, where patients are &gt;2 years of age. May provide procedures to patients &lt;2 years of age if this age group is appropriately credentialed to be within the treating clinicians’ scope of practice, including procedural, anaesthetic, nursing and allied health staff.</li> </ul>	<p>A Level 3 service provides:</p> <ul style="list-style-type: none"> <li>anaesthetic care for ASA1–3 patients, and selected ASA4 patients for low-risk procedures.</li> <li>Paediatric services – as for Level 2.</li> </ul>	<p>A Level 4 service provides:</p> <ul style="list-style-type: none"> <li>perioperative care for ASA1–3 patients, and ASA4 patients for selected moderate complexity procedures</li> <li>for paediatric services, low-to-moderate patient complexity for paediatric patients of all ages.</li> </ul>	<p>A Level 5 service:</p> <ul style="list-style-type: none"> <li>can accommodate all patient risk for the relevant specialist procedures</li> <li>can provide for high patient complexity paediatric patients of all ages for paediatric services.</li> </ul>	<p>A Level 6 service:</p> <ul style="list-style-type: none"> <li>can accommodate all patient risks for all specialist procedures</li> <li>for paediatric services, can provide for the highest complexity patients.</li> </ul>
<b>Emergency services/surgery</b>	<p>A Level 1 service:</p> <ul style="list-style-type: none"> <li>provides emergency services and transfers</li> <li>has established protocols for referral to the nearest emergency department or urgent care centre for emergency assessment (for example, calling Triple Zero (000))</li> <li>provides basic life support if required.</li> </ul>	<p>For emergency services and transfers, a Level 2 service:</p> <ul style="list-style-type: none"> <li>may have an urgent care service that can provide low-risk emergency procedures that are able to stabilise patients, prior to transfer to a higher-level service</li> <li>has procedures and protocols in place to ensure rapid transfer of patients with serious perioperative complications to a higher-level service.</li> </ul> <p>For emergency surgery, a Level 2 service can provide life-saving care in an emergency, with the aim of stabilising a patient, prior to transfer to a higher-level service.</p>	<p>A Level 3 service:</p> <ul style="list-style-type: none"> <li>will have a 24-hour urgent care or emergency service</li> <li>will be able to manage common perioperative complications, without the need for rapid transport to a Level 4–6 facility</li> <li>may have an emergency surgery service (where provided) that is led by a medical specialist and performed in standard hours, whenever possible.</li> </ul>	<p>A Level 4 service provides:</p> <ul style="list-style-type: none"> <li>emergency service and transfers</li> <li>a 24/7 emergency service</li> <li>an emergency surgery service, with emergency surgery that is available 24/7, led by a medical specialist and performed in standard hours, whenever possible.</li> </ul>	<p>For emergency services and transfers, a Level 5 service provides a 24/7 emergency surgical capacity for a range of specialities, and is able to manage most immediate life-saving emergency surgery procedures.</p> <p>Emergency surgery services – as for Level 4.</p>	<p>For emergency service and transfers, a Level 6 service provides a 24/7 emergency surgical capacity for all specialities, and is able to manage all immediate life-saving emergency surgery procedures, relevant to the services offered at that site.</p>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Pre-admission/ Pre-operative service</b>	In a Level 1 service, assessment of suitability for treatment is undertaken by the proceduralist, based on the policies of the health service campus and the proceduralist's credentialing.	A Level 2 service: <ul style="list-style-type: none"> <li>accepts patients for care based on the <a href="#">Statewide Referral Criteria for Specialist Clinics</a><sup>2</sup> and defined requirements for agreed specialities and procedures<sup>3</sup></li> <li>provides screening for suitability of treatment, which is undertaken by admission staff based on the health service's policies and scope of practice.</li> </ul>	As for Level 2.	A Level 4 service: <ul style="list-style-type: none"> <li>pre-operative clinics are structured to ensure patients are ready for surgery, including pre-admission clinics, multidisciplinary surgical assessment clinics and pathways as per <a href="#">PG07: Guideline on pre-anaesthesia consultation and patient preparation 2017 (ANZCA)</a><sup>4</sup></li> <li>a plan for post-operative admission to ICU is in place, where the need for higher than ward-based care is identified during the pre-admission review.</li> </ul>	As for Level 4.	A Level 6 service identifies high-risk patients on the preparation list to optimise their condition prior to specialist intervention (for example, cardiac surgery). <sup>5</sup>
<b>Pain management capability</b>	A Level 1 service: <ul style="list-style-type: none"> <li>ensures the patient has discharge advice about pain management in the community when required.</li> </ul>	A Level 2 service: <ul style="list-style-type: none"> <li>manages and supervises a patient's post-procedure analgesia and symptoms control.</li> </ul>	As for Level 2.	A Level 4 service: <ul style="list-style-type: none"> <li>coordinates an acute pain service to review patients, including those using patient-controlled analgesia units</li> <li>may have a role in a wider services pain management service (for example, within the emergency department).</li> </ul>	A Level 5 service provides: <ul style="list-style-type: none"> <li>acute pain management to all patients</li> <li>a daily medical round to review patients referred for pain management, supported by a medical specialist.</li> </ul>	A Level 6 service: <ul style="list-style-type: none"> <li>provides planned and unplanned services to theatre, procedure suites and imaging areas of the service</li> <li>coordinates a medical specialist-led (or supported) acute pain service to review patients.</li> </ul>
<b>Discharge planning</b>	A Level 1 service: <ul style="list-style-type: none"> <li>provides patients with post-procedural advice about the warning signs of deterioration and potential complications, and what action to take if they occur, following the procedure.</li> <li>arranges follow-up care to be provided by a GP or other primary care provider, where appropriate.</li> </ul>	A Level 2 service: <ul style="list-style-type: none"> <li>procedures and protocols are in place to refer patients to post-discharge support services.</li> <li>there are documented patient pathways that optimise post-discharge review in the community and specialist clinics review for public patients, where a specialist review is required.</li> <li>timely discharge communication occurs between the treating clinicians and the patient's primary care provider (for example, their GP).</li> </ul>	A Level 3 service: <ul style="list-style-type: none"> <li>provides (or facilitates provision of) post-discharge support services</li> <li>has processes in place to identify patients who need support at home, care coordination and are at risk of unplanned re-presentation</li> <li>has GP liaison services that work with general practice to improve discharge communication.</li> </ul>	A Level 4 services: <ul style="list-style-type: none"> <li>facilitates transition of the patient to home, including providing post-acute care and specialist rehabilitation as required</li> <li>has specialist clinics providing a post-operative review and formal discharge of the patient back to the referring provider</li> <li>has an interdisciplinary approach and processes to discharge planning for specific cohorts of patients (for example, complex care), and discharge coordinators (or similar) to work with specific cohorts.</li> </ul>	A Level 5 service provides: <ul style="list-style-type: none"> <li>comprehensive acute substitution services, such as Hospital in the Home</li> <li>sub-acute services, including admitted services for both rehabilitation and Geriatric Evaluation and Management, and a comprehensive range of non-admitted services.</li> </ul>	A Level 6 service: <ul style="list-style-type: none"> <li>has extensive post-discharge support services available (for example, it may have its own inpatient and/or in-home and/or community-based rehabilitation services).</li> </ul>

## Clinical workforce

Describes the minimum clinical workforce requirements including the medical, nursing and allied health staff relevant to each capability level.

The framework does not prescribe staffing ratios, skill mix, qualifications or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments.

Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this section should be considered as a guide only. All staffing requirements should be read in conjunction with the relevant industrial instruments.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Perioperative unit</b>	Undefined/according to scope of practice	Undefined/according to scope of practice	Undefined/according to scope of practice	Undefined/according to scope of practice	A medical specialist, credentialed at the health service for perioperative care, is employed as Director/Head of Perioperative services and has clinical governance responsibilities.	A medical specialist, credentialed at the health service for perioperative care, is employed as Director/Head of Perioperative services and has clinical governance responsibilities.
<b>Surgery/ proceduralist</b>	<p>Procedures and local anaesthesia are undertaken by a medical practitioner or other qualified registered health practitioner, who is credentialed at the health service for minor procedures, including local anaesthetic and simple regional blocks.</p> <p>If using local anaesthetic, the proceduralist has competence in:</p> <ul style="list-style-type: none"> <li>local anaesthetic procedures and management, including infection control, toxicity and allergic reactions.</li> </ul> <p>For paediatric services, procedures and local anaesthesia are undertaken by a registered medical practitioner or other qualified registered health practitioner, credentialed at the health service for minor procedures, including the use of local anaesthetic.</p>	<p>For minor procedures – day cases – a registered health practitioner, credentialed at the health service for procedural care, is available in standard operating hours.</p> <p>For surgery – day cases – medical specialists or equivalent, credentialed at the health service for surgical specialties, relevant to the services being provided, are available within standard operating hours.</p> <p>For paediatric services, a registered dentist or medical specialist, credentialed at the health service in the perioperative management of paediatric patients, is available in standard hours.</p>	<p>For surgery – overnight cases:</p> <ul style="list-style-type: none"> <li>the medical specialist who performed the procedure is accessible for a minimum of 24 hours post-procedure</li> <li>a medical practitioner with competency in perioperative medical management is available 24/7, while the patient is admitted</li> </ul> <p>For paediatric services, a registered medical specialist, credentialed at the health service for the perioperative management of paediatric patients, is available 24/7 while the patient is admitted.</p>	<p>Clinical units are structured to provide medical specialist-led care in clinical streams that collectively provide non-admitted care, pre and post-procedure care and 24/7 care to admitted patients, and manage complications of surgery.</p> <p>The clinical units consist of:</p> <ul style="list-style-type: none"> <li>relevant heads of units</li> <li>a medical specialist, credentialed at the health service for general surgical care, available 24/7</li> <li>a medical specialist, credentialed at the health service for orthopaedic surgical care, available 24/7</li> <li>medical specialists or uivalent, credentialed at the health service for agreed surgical specialties</li> <li>medical practitioners onsite 24/7.</li> </ul> <p>The number, type and composition of units at each service reflect demand for services and local agreements about workload management.</p> <p>Paediatric services – as for Level 3.</p>	<p>Clinical units are comprised of medical specialists or equivalent, credentialed at the health service for surgical specialties, and available 24/7.</p> <p>The number and type of units at each service reflects demand for services and local agreements about workload management.</p> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>clinical units are structured to provide care led by medical specialists, and provide non-admitted care, pre- and post-procedure care, and 24/7 care to admitted patients, and manage complications of surgery</li> <li>medical specialists, credentialed at the health service for paediatric surgical specialties, are available 24/7.</li> </ul>	<p>Medical specialists can:</p> <ul style="list-style-type: none"> <li>perform rare and/or complex procedures in both the planned and emergency setting applicable to that site</li> <li>perform routine procedures for patients with complex medical needs.</li> </ul> <p>Paediatric services include:</p> <ul style="list-style-type: none"> <li>a clinical head of paediatric perioperative services</li> <li>registered medical specialists credentialed to provide sub-specialist paediatric surgical care available 24/7.</li> </ul>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Anaesthetics</b>	As per proceduralist	<p>Anaesthesia is provided by a medical specialist, credentialed at the health service for perioperative care. They may be supported by a dedicated anaesthetic assistant (or equivalent) for identified cases.<sup>6</sup></p> <p>Best practice is outlined in <a href="#">PG09 Guideline on procedural sedation 2022</a>.<sup>7</sup></p> <p>For paediatric services, a registered medical specialist, credentialed at the health service for paediatric anaesthetic care, is available in standard hours.</p>	<p>medical specialist or equivalent, credentialed at the health service for perioperative care, is available 24/7 while the patient is admitted.</p> <p>For identified cases, a medical specialist, credentialed at the health service for anaesthetic care, is available within operating hours to provide anaesthetic care.</p> <p>For paediatric services, a registered medical specialist, credentialed at the health service for paediatric anaesthetic care, is available 24/7 while the patient is admitted.</p>	<p>The anaesthetic team is structured to provide anaesthetic services across non-admitted, diagnostic and operating suite, and acute pain services. It consists of:</p> <ul style="list-style-type: none"> <li>• a medical specialist, credentialed at the health service for anaesthetic care, as lead clinician and has clinical governance responsibilities (may be in partnership arrangement within region).</li> <li>• a medical specialist, credentialed at the health service for anaesthetic care, available 24/7</li> <li>• for identified cases, a health practitioner available to assist with anaesthesia per <a href="#">ANZCA PS08</a><sup>8,9</sup></li> <li>• a medical practitioner with competency in the management of perioperative patients, onsite 24/7, or available to respond to an emergency 24/7.</li> </ul> <p>Paediatric services – as for Level 3.</p>	<p>structured to provide anaesthetic service across non-admitted, diagnostic and operating suite and acute pain services. It includes:</p> <ul style="list-style-type: none"> <li>• a medical specialist, credentialed at the health service for anaesthetic care, as lead clinician, who has clinical governance responsibilities (may be in a partnership arrangement within the region)</li> <li>• a medical specialist(s), credentialed at the health service for anaesthetic care, available 24/7</li> <li>• a medical practitioner with appropriate experience in anaesthetics, credentialed to initiate anaesthetic management for emergencies, available 24/7</li> <li>• a second health practitioner available to assist with anaesthesia, as per <a href="#">ANZCA PS08</a><sup>10,11</sup></li> <li>• a designated member of the anaesthetic team to review patients referred for pain management daily.</li> </ul> <p>For paediatric services, the team includes:</p> <ul style="list-style-type: none"> <li>• a registered medical practitioner, credentialed to initiate paediatric anaesthetic management for emergencies, available 24/7</li> <li>• a second registered medical practitioner available to assist with anaesthesia, as per <a href="#">ANZCA PS08</a><sup>12</sup> and <a href="#">PS29</a>.<sup>13</sup></li> </ul>	<p>Medical specialists with qualifications and demonstrated competency in sub-specialist anaesthetic care are available during standard hours and accessible 24/7.</p> <p>A medical practitioner with appropriate experience in anaesthetics, credentialed to initiate anaesthetic management for emergencies, is onsite 24/7.</p> <p>Medical specialist-led pain management round to respond to pain management referrals operates daily.</p> <p>For paediatric services, registered medical specialists, credentialed to provide sub-specialist paediatric anaesthetic care, are available 24/7.</p>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Emergency Response / Emergency surgery</b>	A registered health practitioner with competency in basic life support is onsite during service operating hours to administer medicines under protocols and to stabilise a patient, prior to transfer out or retrieval.	A registered health practitioner with competency in advanced life support is available during service operating hours to stabilise a patient prior to transfer out or retrieval.  A registered health practitioner with competency in paediatric basic life support is available in standard hours for paediatric services.	A medical specialist, credentialed at the health service for emergency general surgical care, is available 24/7.  A medical practitioner, with competency in perioperative medical management, is available 24/7.  Staff trained and credentialed in paediatric advanced life support are available 24/7 for paediatric services.	Where emergency specialty surgical care is within scope, medical specialists, credentialed at the health service for specialty surgical care, is available 24/7.  A medical specialist, credentialed at the health service for anaesthetic care, is available 24/7.  A medical practitioner, with competency in perioperative medical management, is onsite 24/7.  Paediatric services – as for Level 3.	A medical practitioner, credentialed at the health service for general surgical care (including initiation of management for surgical emergency), is available 24/7.  For paediatric services, a medical practitioner, credentialed at the health service for general surgical care of children (including initiation of management for surgical emergency), is available 24/7.	Medical specialists with qualifications and demonstrated competency to perform rare emergency procedures, in line with the services provided at that site, are available 24/7.  For paediatric services, medical specialists with qualifications and demonstrated competency to perform rare emergency procedures, in line with the services provided at that site, are available 24/7.
<b>Nursing</b>	Undefined	Nursing staff with competency in perioperative care are available according to demand. <sup>14</sup>	As for Level 2.	Nursing staff with competency in post-anaesthetic and recovery care are available 24/7.  Nursing staff with competency in provision of pain management services are available, according to demand.  Nursing staff with competence in the assessment and management of acute pain are available to support the Acute Pain Service in standard hours.  Nursing staff with competency in provision of relevant specialist services are available, according to demand. <sup>15</sup>	As for Level 4.	As for Level 4.
<b>Allied health</b>	Undefined	Allied health staff with disciplines aligning with perioperative services provided are available.	As for Level 2.	As for Level 2.	Allied health staff are available during extended hours, with disciplines aligning with perioperative services provided.	As for Level 5.



## Clinical Support Services

Clinical support service requirements describe the minimum expected suite of essential services needed to deliver a perioperative service at each capability level. It includes services such as pharmacy, pathology, allied health, medical imaging, critical care services and specialist clinics.

This section of the framework depicts the minimum level of capability required by the relevant services that perioperative services are dependent on for the delivery of the safe, high-quality care.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Critical care</b>	There is provision of an immediate response to assess and commence management of a deteriorating patient.	As for Level 1.	Able to provide short-term close observation and support (up to 72 hours), with referral to a higher-level service if the patient does not improve.  Advanced life support is in place, in line with health service clinical protocols 24/7 for life-threatening conditions, and commencement of escalation processes for referral, transfer or retrieval.	Critical care services are aligned with the <a href="#">College of Intensive Care Medicine (CICM) minimum standards for intensive care units – Level I</a> . <sup>16</sup>  A medical specialist, credentialed for intensive care, is available 24/7 (credentialed for paediatric services are provided).	Critical care services are aligned with <a href="#">CICM minimum standards for intensive care units – Level II</a> . <sup>17</sup>  For paediatric services, dedicated paediatric beds are provided within the ICU environment.	Critical care services are aligned with <a href="#">CICM minimum standards for intensive care units – Level III</a> . <sup>18</sup>  For paediatric services: <ul style="list-style-type: none"> <li>a medical specialist, credentialed for paediatric intensive care, is available 24/7</li> <li>the highest level of intensive care support is provided to paediatric patients.</li> </ul>
<b>Emergency response</b>	Recognition <sup>19</sup> and a response system <sup>20,21</sup> , including rapid response (for example, 'code blue'), with designated roles are onsite during service hours to respond immediately to clinical emergencies, in line with health service campus clinical protocols.	As for Level 1.	Registered health practitioner(s) with competency in advanced life support are available onsite 24/7.	As for Level 3.	Registered health practitioners(s) from intensive care workforce support the organisation-wide rapid response team. <sup>22</sup>	As for Level 5.
<b>Medical imaging</b>	Undefined/ according to scope of practice	Undefined/ according to scope of practice There is access to general x-ray and ultrasound services during standard hours.	An onsite clinician ultrasound and x-ray service is available during operating hours (planned only).  CT is accessible – this may be offsite or provided by an external provider.  Where 24/7 emergency surgery is provided, ultrasound and x-ray services are available 24/7.	A range of onsite imaging services are available during extended hours, including in theatre image intensifier.  CT, x-ray and ultrasound is available onsite and accessible 24/7.	A large range of onsite imaging services are available for extended hours.	A full range of onsite imaging services is available 24/7.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Medical specialties</b>	Undefined/ according to scope of practice requirements	Undefined/ according to scope of practice requirements	Undefined/ according to scope of practice requirements	A medical specialist or equivalent, credentialed at the health service, is available 24/7 for: <ul style="list-style-type: none"> <li>• general medicine</li> <li>• intensive care medicine</li> <li>• paediatrics (where paediatric services are provided).</li> </ul>	Medical specialists or equivalent, credentialed at the health service, are available 24/7 for: <ul style="list-style-type: none"> <li>• dermatology</li> <li>• oncology</li> <li>• respiratory medicine</li> <li>• cardiology</li> <li>• gastroenterology</li> <li>• neurology</li> </ul>	Provide the full range of specialty and subspecialty services, relevant to the services provided, and support services are available 24/7 across the continuum.
<b>Pathology and blood/blood products</b>	Blood and specimen collection and processing is accessible (processing may be offsite). Guidelines for referral pathways and protocols are in place with an accredited pathology facility. <sup>23</sup> Provision of blood and blood products, in accordance with Victoria's agreement with: <ul style="list-style-type: none"> <li>• the Blood and blood products charter – hospitals</li> <li>• the Blood and blood products charter – pathology laboratories</li> <li>• Standard 7 of the <a href="#">NSQHS Standards: Blood and blood products</a>.<sup>24</sup></li> </ul>	Protocols are in place for access to blood. Onsite O- is available, and the service is capable of formal blood analysis for ordering specific blood stock. Point of care, blood and specimen collection with processing are available during operating hours for biochemistry, haematology and microbiology. An anatomical pathology service with offsite processing is available.	Point-of-care and onsite blood and specimen collection, with processing for biochemistry, haematology and microbiology, is available during operating hours and overnight for admitted care.	Point-of-care and onsite blood and specimen collection is provided, with processing available 7 days a week for biochemistry, haematology and microbiology. Blood and blood products required for immediate management and stabilisation onsite are available 24/7.	As for Level 4.	There is onsite access to pathology services 24/7 for: <ul style="list-style-type: none"> <li>• biochemistry</li> <li>• haematology</li> <li>• microbiology</li> <li>• serology and blood bank</li> <li>• anatomical pathology service.</li> </ul>
<b>Pain Management</b>	Undefined/according to scope of practice requirements.	Undefined/according to scope of practice requirements.	Undefined/according to scope of practice requirements.	An acute pain management service is available during standard hours.	Onsite, multidisciplinary, comprehensive acute management services are available during standard hours.	As for Level 5.
<b>Pharmacy and medicines management</b>	Access to local anaesthetic agents onsite is provided for planned and unplanned procedures. Emergency medications are onsite to respond to a deteriorating patient. Medication for procedures is available, in accordance with the <a href="#">NSQHS Standards criteria 4.1, 4.4, 4.7 and 4.8</a> . <sup>25</sup>	There is ready access to medicines for post-procedure care, such as analgesia and antiemetics for pain and nausea relief. A limited non-admitted and inpatient clinical pharmacy service is available onsite during normal standard hours or specified times.	An onsite pharmacy service that provides clinical pharmacy, medicines information, hospital-wide medication management services, medicines procurement, dispensing and distribution services, is available during standard hours, with on-call access 24/7.	Ready and secure access to medications is provided, including anaesthetics in the operating suite.	An onsite pharmacy service that provides clinical pharmacy, medicines information, clinical trial support, hospital-wide medication management services, medicines procurement, sterile compounding, dispensing and distribution services is available 7 days a week during standard hours and accessible 24/7.	As for Level 5.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Pre-admission services</b>	Undefined / according to scope of practice requirements	Undefined / according to scope of practice requirements	Undefined / according to scope of practice requirements	Pre-operative clinics are structured to ensure patients are ready for surgery, including pre-admission clinics, multidisciplinary surgical assessment clinics and pathways as per <a href="#">PG07: Guideline on pre-anaesthesia consultation and patient preparation 2017 (ANZCA)</a> , <sup>26</sup>  A plan for post-operative admission to ICU is in place, where the need for higher than ward-based care is identified during the pre-admission review.	As for Level 4.	As for Level 4.
<b>Sociocultural support</b>	Guidelines are established for referral to AHLO services.  Where organisational AHLO services are unavailable, there is an established relationship and engagement with a partner health service AHLO and local ACCO for resources and referral, and continuum of care support services, as required.  AHLO services are embedded within teams across the patient journey and continuum of care – pre-admission, admission/acute care and discharge planning.	As for Level 1.	There is a dedicated GP liaison role for surgery.  The relevant ACCO is involved in discharge planning for Aboriginal and Torres Strait Islander patients.	AHLO services available during standard hours.  The AHLO and care services team have an established engagement process, with a designated support officer/team within the local ACCO for resources and referral, and continuum of care support services, as required, including for weekends, urgent discharge planning and handover.	Protocols are in place to support care for people with disability, multicultural communities and LGBTIQ+ patients.	AHLO services are available during standard hours and accessible 24/7.

## Equipment and Infrastructure

This section identifies the minimum required equipment and infrastructure requirements for each capability level including facilities (e.g. appropriate theatres, access to recovery areas, sterilizing services, specialist anaesthetic equipment).

It is expected that all equipment and infrastructure is compliant with the manufacturers' instructions, and relevant current national standards, specifically, the Therapeutic Goods Administration (TGA) regulatory guidelines and standards for medical devices. Equipment and infrastructure must also be maintained in accordance with relevant Australian Standards.

It is also assumed that staff utilising the equipment and infrastructure are trained and competent in its use, and have access to appropriate maintenance and support services, including biomedical engineering and technical services, information communications technology support, and building maintenance services.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Equipment</b>	<p>Equipment is available to provide local anaesthesia.</p> <p>Equipment for the procedure is available onsite, prior to commencement of the procedure.</p> <p>There is onsite access to resuscitation equipment and medicines.</p>	<p>Relevant specialist anaesthetic and procedural equipment is available according to demand.</p> <p>Facilities are available as per <a href="#">ANZCA PS55: Minimum safe facilities</a>.<sup>27</sup></p> <p>Anaesthesia monitoring equipment is available and used in line with <a href="#">ANZCA PG18: Anaesthesia monitoring</a>.<sup>28</sup></p> <p>Minimum safety requirements for anaesthesia machines are in line with <a href="#">ANZCA PS54: Anaesthesia machine safety</a>.<sup>29</sup></p> <p>An anaesthesia delivery system is in place, maintained and checked in line with <a href="#">ANZCA PG31: Checking anaesthesia delivery systems</a>.<sup>30</sup></p> <p>Airway equipment is available in line with <a href="#">ANZCA PG56: Difficult airway equipment</a>.<sup>31</sup></p> <p>Equipment and information and communications technology infrastructure is in place to enable virtual care.<sup>32</sup></p> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>• appropriate perioperative equipment for children (including resuscitation) is available to enable agreed scope of services</li> <li>• the procedure and recovery spaces are appropriate to the needs of children and parents/carers.</li> </ul>	<p>Specific consideration is given to the needs of patients and, if appropriate, facilities and equipment are available (for example, patient BMI, obstructive sleep apnoea).</p> <p>Patient-controlled analgesia machines are available for post-operative care.</p> <p>Dedicated imaging is available to the operating suite.</p>	As for Level 3.	As for Level 3.	<p>Specialist surgical equipment required to undertake rare or complex surgery applicable to that site is provided.</p> <p>Specialist anaesthetic equipment is available for surgical subspecialties within scope.</p>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Environmental services</b>	Relevant referral and follow up arranged in the community is to be provided by a GP or other primary care provider, if required.	<p>Operating units/theatres align with the <a href="#">Australasian Health Facility Guidelines (Operating Unit)</a>, relevant at the time of construction or refurbishment.<sup>33</sup></p> <p>The day surgery/procedure unit aligns with the <a href="#">Australasian Health Facility Guidelines (Day Surgery/ Procedure Unit)</a>,<sup>34</sup> relevant at the time of construction or refurbishment.</p> <p>Patient recovery is managed and supervised in a properly equipped and staffed area, in line with <a href="#">ANZCA PS04: Post-anaesthesia care unit</a>.<sup>35</sup></p>	As for Level 2.	As for Level 2.	As for Level 2.	As for Level 2.
<b>Procedure rooms/ theatre/recovery</b>	A store of disposable single-use instruments is available onsite from an accredited supplier.	For services undertaking endoscopies, sterilising services and endoscope reprocessing units align with <a href="#">Australasian Health Facility Guidelines (B.0190 Sterilizing Services and Endoscope Reprocessing Units)</a> . <sup>36</sup>	<p>An area beyond recovery is available that enables close observation and monitoring for ongoing care post procedure.</p> <p>Where required, selected patients are reviewed on the ward.</p> <p>For paediatric services:</p> <ul style="list-style-type: none"> <li>• appropriate ward-based care and a team for post-operative management of paediatric patients are in place</li> <li>• the operating suite and recovery space are appropriate to the needs of children and parents/carers</li> <li>• arrangements are in place to enable at least one parent/carer to stay with children who require overnight admission.</li> </ul>	<p>Emergency theatre suites are available during standard hours and emergency on-call overnight.</p> <p>Post-operative care is provided to high-acuity patients, including those needing intensive care.</p> <p>Patients are cared for post-operatively on age-appropriate, specialist surgical care wards.</p> <p>For paediatric services, there is a dedicated children's ward space and recovery area.</p>	<p>Emergency theatre suites are available during extended standard hours, with on-call access after hours.</p> <p>Paediatric services – as for Level 4.</p>	<p>As for Level 5.</p> <p>Paediatric services – as for Level 4.</p>

## Endnotes

- 1 [ASA Classification](https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system) <https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system>
- 2 [Statewide referral criteria for specialist clinics - About](https://src.health.vic.gov.au/about) <https://src.health.vic.gov.au/about>
- 3 [Statewide referral criteria for specialist clinics – Specialties](https://src.health.vic.gov.au/specialities) <https://src.health.vic.gov.au/specialities>
- 4 [ANZCA Pre-anaesthesia consultation](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 5 [Department of Health Planned Surgery Access Policy 2024](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>
- 6 [PS08\(A\) – Statement on the Assistant for the Anaesthetist 2016](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 7 [PG09 Guideline on procedural sedation: Background Paper 2022](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 8 [ANZCA PS37 Local Anaesthesia](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 9 [ANZCA PS08: Assistant for anaesthetist BP](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 10 [ANZCA PS37: Local Anaesthesia](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 11 [ANZCA PS08: Assistant for anaesthetist](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 12 [ANZCA Assistant for anaesthetist](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 13 [ANZCA Anaesthesia in children](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 14 [2023 Professional Practice Standards for Perioperative Nurses \(ACORN Standards\)](https://www.acorn.org.au/standards/) <https://www.acorn.org.au/standards/>
- 15 Including nurse practitioners, a nurse consultant in stomal care, continence, wound management, and a nurse endoscopist/cystoscopist.
- 16 [Minimum Standards for ICUs](https://www.cicm.org.au/Resources/Professional-Documents#Policies) <https://www.cicm.org.au/Resources/Professional-Documents#Policies>
- 17 [Minimum Standards for ICUs](https://www.cicm.org.au/Resources/Professional-Documents#Policies) <https://www.cicm.org.au/Resources/Professional-Documents#Policies>
- 18 [Minimum Standards for ICUs](https://www.cicm.org.au/Resources/Professional-Documents#Policies) <https://www.cicm.org.au/Resources/Professional-Documents#Policies>
- 19 [Recognising and Responding to Acute Deterioration Standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>
- 20 Australian Standard 4083-2010, AS3745 Planning for emergencies in facilities.
- 21 [Australian Commission on Safety and Quality in Health Care 2017, National consensus statement: essential elements for recognising and responding to acute physiological deterioration](https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration/recognising-and-responding-acute-physiological-deterioration/national-consensus-statement-essential-elements-recognising-and-responding-acute-physiological-deterioration), second edition <https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration/recognising-and-responding-acute-physiological-deterioration/national-consensus-statement-essential-elements-recognising-and-responding-acute-physiological-deterioration>
- 22 [College of Intensive Care Medicine. Minimum standards for intensive care unit based rapid response systems](https://www.cicm.org.au/Resources/Professional-Documents#Policies). 2017 <https://www.cicm.org.au/Resources/Professional-Documents#Policies>
- 23 [NATA accreditation](https://www.nata.com.au) <https://www.nata.com.au>
- 24 [NHQHS Blood Management Standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/blood-management-standard) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/blood-management-standard>
- 25 [NHQHS Medication Safety Standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>
- 26 [ANZCA Pre-anaesthesia consultation](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 27 [ANZCA Minimum safe facilities](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 28 [ANZCA Guideline on monitoring during anaesthesia 2017](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 29 [ANZCA Anaesthesia machine safety](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 30 [ANZCA Checking anaesthesia delivery systems](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 31 [ANZCA Difficult airway equipment](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 32 [Virtual Care Operational Framework](https://www.health.vic.gov.au/virtual-care-operational-framework/virtual-care-operating-framework) <https://www.health.vic.gov.au/virtual-care-operational-framework/virtual-care-operating-framework>
- 33 [Health Planning Units \(Operating Unit\)](https://www.healthfacilityguidelines.com.au/health-planning-units) <https://www.healthfacilityguidelines.com.au/health-planning-units>
- 34 [Health Planning Units \(Day Surgery/Procedure Unit\)](https://www.healthfacilityguidelines.com.au/health-planning-units) <https://www.healthfacilityguidelines.com.au/health-planning-units>
- 35 [ANZCA PACU](https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines) <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
- 36 [Health Planning Units](https://healthfacilityguidelines.com.au/health-planning-units) <https://healthfacilityguidelines.com.au/health-planning-units>

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, February 2024. (2402679)

ISBN 978-1-76131-519-0 (pdf/online/MS word)

Available at [Perioperative service capability framework for Victoria](https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria) <https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria>

VERSION CONTROL		
Version number	Author	Date approved
1.0	Mary Benson	8 February 2024