Perioperative service capability framework

VICTORIA State Government | Department of Health

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About the Perioperative service capability framework

Victoria's health system and its perioperative services aim to deliver the best care, at the right time, in the right place.

Perioperative care refers to the continuum of multidisciplinary and patient-centred care that is provided before, during and after surgery[1]. This includes the integrated, planned and personalised approach to patient care before, during and after a surgical procedure involving anaesthesia.

The Perioperative service capability framework (the framework) recognises that provision of the best perioperative care depends on many factors. These may include the patient's needs, the anaesthetic and the procedure to be provided, as well as the workforce, clinical support services and infrastructure available at a health service campus (individual hospital).

The most appropriate care for patients having a procedure may not be in the same health service campus. Patients have different risk profiles due to their health, age and other factors. Different procedures require different resources to achieve the best outcome. The framework describes the minimum capability where procedures should be provided.

The framework recognises the need for an integrated network of health care within regions, and across the state, with the expectation that a health service providing perioperative services has pre-arranged referral and escalation pathways.

This framework is part of a suite of capability frameworks (including the *Maternity and newborn capability framework*, and *Palliative care service capability framework*), which work together to describe the clinical, workforce and support services required to deliver safe and high-quality care across the Victorian health system.

Aims

The framework aims to:

- enable safe, high-quality care for patients by supporting provision of perioperative services at the right time, in the right place
- enable the Department of Health (the department) to better perform its role as system steward by increasing the transparency of health services' activities and functions
- assist health services to make informed decisions about the resources, partnerships and protocols required to manage different complexities of patient care, and to make clear and timely decisions regarding care escalation
- support planning and perioperative service development at a local level, considering community need
- support clinicians to partner with patients, and their families and carers, to plan for their care from diagnosis to treatment and follow up.

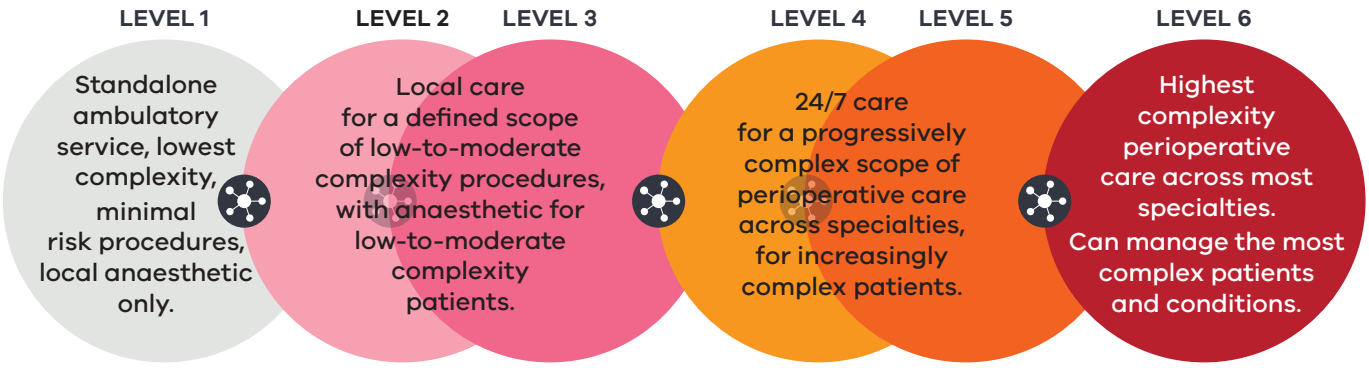
Purpose

The framework outlines the minimum requirements for the clinical workforce, infrastructure, equipment and clinical support services for health services undertaking planned procedures, to maintain service capability from Level 1 to Level 6. It also outlines universal requirements for clinical governance that all health service campuses should have in place to support safe care.

Level 1 services manage the least-complex, office-based procedures, and Level 6 services manage the highest level of patient complexity, as well as the most complex procedures (see Figure 1).

1 Victorian Perioperative Consultative Council 2021, Annual report 2021: Improving care before, during and after surgery <https://www.safercare.vic.gov.au/best-practice-improvement/publications/victorian-perioperative-consultative-council-annual-report-2021>.

Figure 1. Tiered system of perioperative care



Services operate in a networked system across the 6 levels

Guiding principles

The principles guiding the framework include that:

- health services adhere to a supportive care model designed around the needs and choices of each patient and their family
- perioperative care is provided as close to home as is safe and appropriate via a networked system
- the perioperative care needs of specific and priority community patient cohorts are met safely with respect and dignity, with consideration to diverse needs related to age, sex and gender identity, ability, sexuality, Aboriginality, cultural and linguistic diversity, rurality and other factors, such as for women who require hysterectomies or terminations of pregnancy
- cultural safety is embedded and prioritised in health services to support and improve equitable access to and quality of perioperative services for Aboriginal and Torres Strait Islander patients
- cultural competency is embedded and prioritised in health services to support and improve equitable access to and quality of perioperative services for culturally and linguistically diverse patients, including provision of language services
- service delivery is focused on the continuum of care, from diagnosis and treatment, through to discharge and follow-up care
- health services have agreed and documented consultation, referral, escalation and transfer processes in place to support safe, high-quality care (for example, referral to non-surgical treatment pathways, or prompt clinical escalation and transfer to local or specialised services as appropriate)
- the capability of the health service is clearly communicated to people accessing the service, the community and other service providers.

It is expected that in emergency situations where a patient may be at risk of serious harm if urgent treatment is not provided, and where more appropriate options for alternative treatment or transfer are not immediately available, that the best available care is provided.

How to use the framework

The framework outlines the minimum requirements for perioperative services from Level 1 to Level 6. Capability refers to the level of care (including the required workforce, infrastructure and equipment, and clinical support services) that a campus can consistently and continually provide.

Service levels build incrementally on the capabilities described in the previous level. For instance, Level 6 should have all the capabilities of Level 5, plus added capabilities to provide the highest complexity care for patients who require it.

Health service campuses that provide perioperative care will be categorised into one of the 6 service levels through a self-assessment process that is facilitated by the department.

Most surgical procedures are planned, where medical specialists can consider whether the procedure is appropriate for the patient, is at the right location at the relevant time, and if the hospital has suitable staffing arrangements for the perioperative care.

The framework includes a list of indicative planned procedures <https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria#resources>, which are intended as examples for procedures that can be safely performed at the majority of services at a given capability level.

Emergency (unplanned) surgery to treat trauma or acute illness, requires extra availability of staff (on-call rostering) and a workforce complement that can accommodate this. The volume of planned procedures that are delivered at a campus can impact the availability and scope of practice of clinicians who are available to manage emergency perioperative care. Therefore, descriptors for managing emergency procedures commence at higher-level services and, where possible, patients should be transported to those services to receive appropriate care.

In exceptional circumstances, where a patient may be at risk of serious harm if urgent treatment is not provided at a given campus, it is expected that the best available care is provided.

The scope of this framework

Planned perioperative services delivered across the spectrum of Victorian health services are considered in scope for this framework.

Statewide designated perioperative clinical services, such as specified transplants (for example, heart, lung, liver and pancreas), major trauma, and surgical and procedural burns services, are not in scope for this framework. Elements of the perioperative patient journey, including non-surgical management and post-procedure rehabilitation, are also not included in this framework.

Services for some specific cohorts of patients are considered elsewhere and are not in scope of this framework, such as:

- perioperative services related to obstetrics and newborn babies aged from birth to 28 days – see Capability frameworks for maternity and newborn services <https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria>.
- cancer surgery for children[2].

The framework does not replace or amend current legislation, mandatory standards or accreditation processes. It assumes that health services provide care in accordance with National Safety and Quality Health Service (NSQHS) Standards.

2 Service Capability Framework – A guide for Victorian health services providing primary treatment and shared care to children and adolescents with cancer <https://www.vics.org.au/pics-resources>.
3 The NSQHS Standards <https://www.safetyandquality.gov.au/standards/nsqhs-standards>.

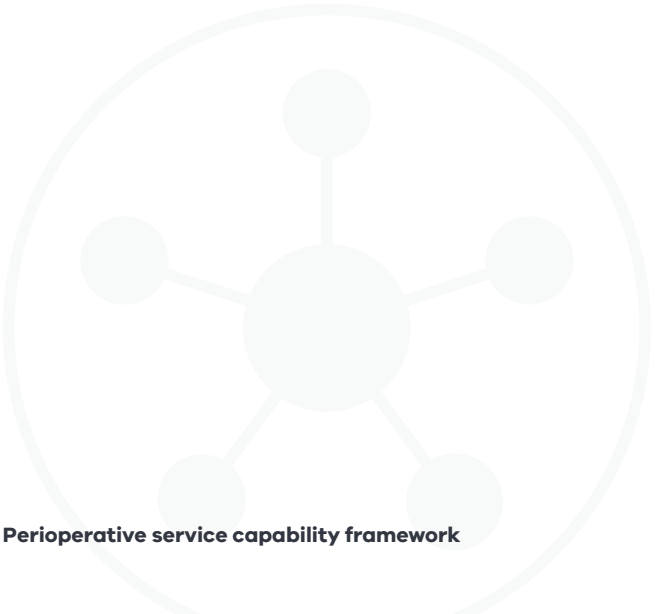
Role of the department and Safer Care Victoria (SCV)

As the system steward, the department will work with each health service campus to confirm a perioperative capability level. It will also work with health services to plan any changes to levels of care provided. Perioperative capability levels for each health service campus will be published on the department's website <https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria>.

The department is responsible for regular performance monitoring of public health services. Capability levels will be monitored on an ongoing basis in partnership with SCV, as part of routine performance conversations. More information about the assessment and monitoring process will be available on the department's website <https://www.health.vic.gov.au/health-system-design-planning/perioperative-service-capability-framework-for-victoria>.

Role of health services

- Each health service campus (individual hospital) in Victoria providing perioperative care will be required to complete a self-assessment. This will require Chief Executive Officer-level approval before it is submitted to the department.
- Once hospital capability levels are agreed with the department, they will be published on the department website. Temporary or longer-term changes to the published capability levels will require department notification.



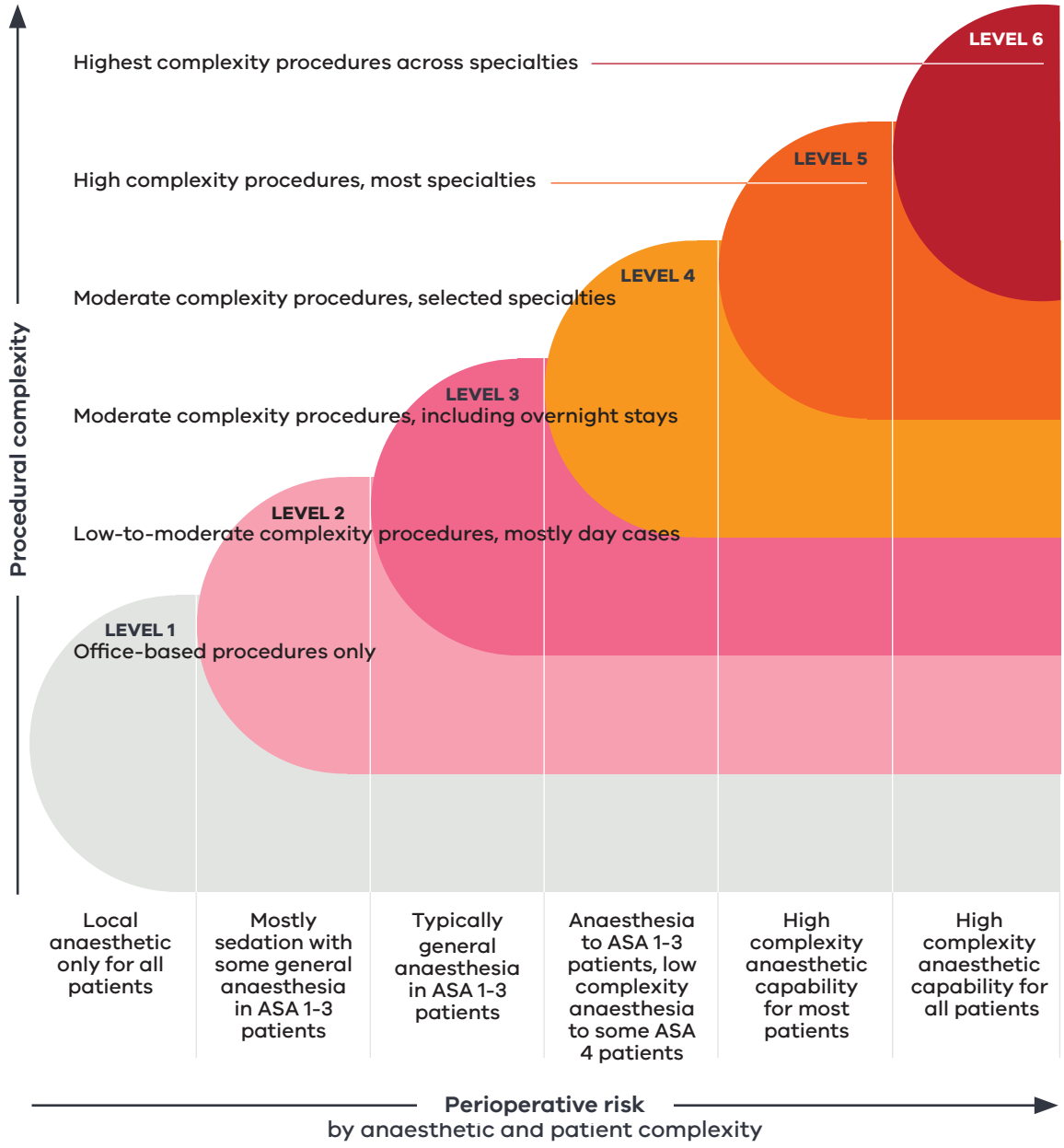
Victoria's perioperative service system

The framework describes minimum expectations for each capability level, informed by the scope of procedures undertaken and the associated anaesthetic support provided. As a patient's complexity and comorbidities increase, so will the inherent risks associated with undertaking a procedure.

The escalation of procedural and anaesthetic complexity across the capability framework is represented in Table 1 for adults and Table 2 for children, providing an example of the progression across capability levels. As patient and perioperative care requirements increase (or decrease), so does the need to consider referral to a different level of service provision.

As capability levels increase, it is expected that service delivery from lower levels is maintained (often in higher volumes).

Figure 2. Procedural and perioperative risk with definitions



Note: ASA refers to the American Society of Anesthesiologists physical status classification system. This is used by anaesthetists to describe a patient's physical status based on medical comorbidities prior to having anaesthesia[4].

The framework assumes that with each capability increment, service delivery from the previous level continues to be available.

The framework is based on the continuum of care for adults outlined in Table 1. This continuum recognises that the level of perioperative service provided by a health facility reflects the clinical case mix, surgical complexity, anaesthetic capability and the volume of patients treated at that facility.

Campuses with high patient acuity, and where a rapid response is required, should ensure that perioperative services are available onsite 24 hours, 7 days a week. Trauma, emergency, surgery, oncology and critical care volumes are key variables in the level of perioperative service required, due to the frequency of urgent procedures, and the complexity of procedural and post-operative requirements.

Table 1. Continuum of perioperative services capability – adults

Complexity	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Procedural	Office-based procedures only	Low-to-moderate complexity procedures, predominantly day cases	Moderate complexity procedures, including overnight stays	Moderate complexity procedures, selected specialities	High-complexity procedure across most specialities	Highest complexity procedures across most specialities
Anaesthetic	Local anaesthetic only	Low anaesthetic complexity, sedation and some general anaesthetic	General anaesthetic	Anaesthetic for defined scope of procedures	High-complexity anaesthetic	High-complexity anaesthetic
Patient	All patient complexities	Low-to-moderate patient complexity (ASA 1–3)	Low-to-moderate patient complexity (ASA 1–3)	Limited procedures on more complex patients (ASA 4)	Most patient complexity	Highest complexity patients

4 American Society of Anesthesiologists, Statement on ASA Physical Status Classification System <https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system#:~:text=The%20purpose%20of%20the%20system%20is%20to%20assess,it%20can%20be%20helpful%20in%20predicting%20perioperative%20risks>.

Perioperative services for children

The perioperative care needs for paediatric patients are different to adult patients. Surgery for most children is provided across several surgical specialities for a range of common procedures. While most paediatric procedures can be safely provided in general hospital settings, there are factors that will determine which campus is most appropriate.

These include:

- the age of the child
- management of children with complex health needs
- the scope of perioperative services provided by the campus
- the child-safe infrastructure, including equipment, facilities and accommodation available at the campus
- highly specialised or complex procedures that require a team of specialist paediatric clinicians.

Each campus should define its scope of perioperative care for children and confirm the workforce and infrastructure that is available to deliver that care.

For children whose care needs fall outside of the defined campus scope, explicit pathways and protocols should support seamless referral to an appropriate service. Children with complex requirements should receive perioperative services at a campus with a higher level of capability to comprehensively address all of their needs.

The paediatric perioperative service at a campus may be a different capability level to the adult service and is determined by clinical skill mix, facilities and governance arrangements.

Table 2. Continuum of perioperative services capability – paediatrics

Complexity	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Procedural	Office-based procedures only	Low-complexity procedures, predominantly day stays	Low-to-moderate complexity procedures, including overnight stays	Low-to-moderate complexity procedures, including multiday stays	High-complexity procedures across most specialties	Highest complexity procedures across all specialties
Anaesthetic	Local anaesthetic	Low anaesthetic complexity, including general anaesthetic	Low anaesthetic complexity, including general anaesthetic	Low-to-moderate anaesthetic complexity	Moderate-to-high anaesthetic complexity	Highest anaesthetic complexity
Patient	Low patient complexity	Low patient complexity, mostly patients >2 years of age*	Low patient complexity, mostly patients >2 years of age*	Low-to-moderate patient complexity	High patient complexity	Highest patient complexity

* May provide procedures to patients <2 years of age if this age group is appropriately credentialed to be within the treating clinician's scope of practice (including surgical, anaesthetic, nursing and allied health staff).

Perioperative cancer services for children should align with the Service Capability Framework: A guide for Victorian health services providing primary treatment and shared care to children and adolescents with cancer.

Safety and quality

While Victoria and Australia have some of the best perioperative systems internationally[5,6], it is vital to share regular monitoring, reviews and lessons learnt to improve the safety and quality of care. This framework provides an overarching framework for a health service to define what services can safely be delivered at a campus.

Health service staff should regularly monitor and review perioperative services to optimise outcomes for patients and families.

Several mechanisms to do this include:

- reporting and responding to adverse patient safety events, near misses and patient complaints/feedback[7]
- monitoring adverse patient safety event data to understand themes and implement improvements to reduce risk in the system[8]
- regular audits of key performance indicators, perioperative practices and patient outcomes, and actions to address audit findings
- participation in multidisciplinary mortality and morbidity review processes, including regional multidisciplinary mortality and morbidity forums comprising of multiple health services[9]
- timely and transparent reporting of perioperative patient morbidity and mortality to the Victorian Perioperative Consultative Council[10] and where an event meets sentinel event criteria, to SCV[11].

These activities are part of good clinical governance systems and processes. For more information on clinical governance requirements for perioperative services, see Section 1. Clinical governance requirements for all levels.

5 Victorian Perioperative Consultative Council annual report 2021 <https://www.safercare.vic.gov.au/best-practice-improvement/publications/victorian-perioperative-consultative-council-annual-report-2021>.

6 Victorian Audit of Surgical Mortality annual report 2016–2021 <https://www.safercare.vic.gov.au/best-practice-improvement/publications/victorian-audit-of-surgical-mortality-annual-report-2016-21>.

7 Policy and guideline: Adverse patient safety events <https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events>.

8 Adverse Patient Safety Event policy <https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events>.

9 Victorian Perioperative Consultative Council annual report 2021 <https://www.safercare.vic.gov.au/publications/victorian-perioperative-consultative-council-annual-report-2021>.

10 Perioperative harm or death <https://www.safercare.vic.gov.au/notify-us/perioperative-harm-or-death>.

11 Sentinel events <https://www.safercare.vic.gov.au/notify-us/sentinel-events>.

Section 1. Clinical governance requirements for all levels

Good clinical governance systems and processes are foundational to safe, high-quality care[12]. While some elements of clinical governance will be tailored and scaled depending on the circumstances of each health service, Table 3 outlines the clinical governance components that health services of all levels should have in place.

Table 3. Clinical governance requirements (all levels)

Requirements	Clinical governance components
Service guidelines	Health services define the scope of perioperative services available at each campus, and detail requirements for access, admission and discharge. Health services provide accessible information to the community about the type of perioperative services available at each campus, and how these can be accessed. Appropriate policies and procedures are in place for all planned procedures including, but not limited to: • comprehensive pre-admission review to confirm if the procedure is appropriate for the patient and safe to be performed at the campus, taking into account the patient's needs, and if the appropriate workforce, facilities, equipment and post-operative care are available for safe, quality care[13] • patient preparation, assessment, discharge and aftercare (for example, information for patients about care at home and signs of deterioration). Where there is ambiguity or uncertainty regarding the suitability of planned procedures for particular patient cohorts at the health service campus, health services will consult with relevant clinicians to achieve a resolution. Health service campuses are compliant with the Child Safe Standards[14].
Workforce, competence and credentialing	Credentialing processes for medical staff providing perioperative care are in place to ensure clinical staff are appropriately trained, qualified and skilled for the care they provide. Credentialing processes align with Victorian requirements outlined in the Credentialing and scope of clinical practice for senior medical practitioners policy (2020)[15]. Nurse staffing is in accordance with the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015[16] and the *Nurses and Midwives (Victorian Public Sector)(Single Interest Employers) enterprise agreement 2020–2024*[17]. Processes are in place to ensure nursing staff are competent in the perioperative services they provide, and to confirm they are working within their scope of practice. For health service campuses regularly providing paediatric care, processes are in place to ensure relevant medical and nursing staff are appropriately trained in advanced paediatric life support[18, 19]. Processes are in place to ensure staff have undertaken Aboriginal Cultural Safety Training, in line with the health services Action Plan, Cultural Safety (Fixed Grant) Plan and Cultural Safety Action Plan, and professional registration requirements[20, 21].

12 Clinical governance framework <https://www.safercare.vic.gov.au/publications/clinical-governance-framework>.
13 Elective surgery access policy <https://www.health.vic.gov.au/publications/elective-surgery-access-policy>.
14 About Child Safe Standards <https://www.vic.gov.au/about-child-safe-standards>.
15 Credentialing and scope of clinical practice for senior medical practitioners policy <https://www.safercare.vic.gov.au/best-practice-improvement/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>.
16 Department of Health, Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015, <https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation>.
17 Nurses and midwives (Victorian Public Sector)(Single Interest Employers) enterprise agreement 2020–2024 <https://www.anmfvic.asn.au/~/media/files/anmf/eba%202020/campaign%20updates/200120-NandM-EBA-master-clean.pdf>.
18 Australian and New Zealand College of Anaesthetists (ANZCA): Anaesthesia in Children <https://www.anzca.edu.au/resources/professional-documents/guidelines/ps29-guideline-for-the-provision-of-anaesthesia-ca>.
19 Australian College of Perioperative Nurses (ACORN) Standards <https://www.acorn.org.au/view-acorn-standards>.
20 Aboriginal and Torres Strait Islander cultural safety framework <https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1>.
21 Aboriginal cultural safety fixed grant guidelines - Cultural safety planning and reporting 2021-22 <https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and>.

Requirements	Clinical governance components
Workforce, competence and credentialing (continued)	Allied health is represented by a number of professions with different technical expertise, training pathways, sectors of practice and professional governance. The range of perioperative care reflected in this framework requires seamless interdisciplinary teamwork, and it is expected that the relevant allied health disciplines are fully engaged in patient care across the spectrum of capability levels. From Level 2 onwards, this is represented by the statement, 'Allied health staff available with disciplines aligning with perioperative services provided'. It is expected that processes are in place to ensure appropriate allied health practitioners are available, and that disciplines align with and are accessed, based on patient needs and the perioperative services provided. This will be particularly important as models of care evolve and non-surgical pathways of care are expanded.
Consumer partnerships	Health services ensure that all patients feel respected, safe and included in decision making, while receiving their care. The health service should adhere to the *Australian Charter for Healthcare Rights* and the *Victorian Human Rights Charter*[23], and have appropriate policies, initiatives, awareness and training programs in place for staff to create and strengthen the inclusion of diverse patient groups (for example, patients with disability – including neurodiverse patients – culturally and linguistically diverse patients and patients who identify as LGBTIQ+). Consumers are provided with information about their procedure and anaesthesia in a way that makes sense to them and allows them to make informed decisions about their care, in line with the NSQHS Partnering with Consumers Standard 2.04, 2.05[24], and the Royal Australasian College of Surgeons (RACS) and ANZCA guidelines[25]. Clinicians partner with consumers to achieve shared decision making (NSQHS Partnering with Consumers Standard 2.06, 2.07). Communication is tailored to the needs of consumers (NSQHS Partnering with Consumers Standard 2.08, 2.09 and 2.10). Health services have access to language services that align with the department's *Language Services Policy* and translations guidelines[26]. Health services align with the obligations, standards and requirements set out in the *Policy and Funding Guidelines 2022–23* on Meeting the Needs of all Victorians (section 16)[27], the *Hospital access for people seeking asylum*[28], and SCV's *Partnering in Healthcare: A framework for better care and outcomes*[29]. Policies and processes are in place to strengthen safe, culturally appropriate health care for Aboriginal and Torres Strait Islander consumers (NSQHS Partnering with Consumers Standard 2.13). Processes are in place to ensure working relationships are established with all care teams and the Hospital Aboriginal Health Liaison Officer (AHLO), and the local Aboriginal Community Controlled Organisation (ACCO) for patient liaison.

22 Australian Charter of Healthcare Rights <https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>.
23 The Charter of Human Rights and Responsibilities <https://www.humanrights.vic.gov.au/legal-and-policy/victorias-human-rights-laws/the-charter/>.
24 Partnering with Consumers Standard <https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard>.
25 PS26(A) Position statement on informed consent for anaesthesia or sedation 2021 <https://www.anzca.edu.au/resources/professional-documents/standards-(1)/ps26-statement-on-informed-consent-for-anaesthesia>.
25 Department of Health's Language services policy and guidelines <https://www.health.vic.gov.au/publications/language-services-policy>.
27 Policy and Funding Guidelines for health services <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.
28 Hospital access for people seeking asylum <https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum>.
29 SCV Partnering in healthcare framework <https://www.safercare.vic.gov.au/publications/partnering-in-healthcare>.

Requirements	Clinical governance components
Risk management and quality improvement	Quality and safety roles and responsibilities are delegated to members of the perioperative workforce[30]. Where clinicians identify key areas of patient risk (for example, suitability of individual patients and cohorts for a given procedure), the health service will respond appropriately. Timely reporting of adverse patient safety events, hazards and near misses are in line with the requirements of the Victorian Health Incident Management System Minimum Dataset (VHIMS MDS)[31]. Adverse patient safety events are managed in line with the Adverse Patient Safety Events Policy (2023)[32]. Audit and peer review processes are in place to identify and monitor variation in clinical practice, identify risks and provide feedback to clinicians[33].
Referral and transfer	Guidelines for consultation, referral and transfer are established in accordance with agreed referral, escalation and transfer pathways to ensure that: • risks and care needs of patients are identified and managed early • designated pathways are in place to consult with another campus or health service, and arrange transfer of deteriorating patients • patients who require higher procedural complexity care have access to appropriate services • patients receive services via a networked system, as close to home as possible (including pre- and post-procedure services) • clinicians have pathways to access appropriate, expert clinical advice, including contacting the proceduralist up to 24 hours post-procedure • Clinical staff use a structured patient handover tool for inter-hospital transfers (such as iSoBAR[34]).
Partnership protocols and agreements	Agreements supporting pooled preparation lists across campuses or regions are documented (where relevant)[35]. Protocols are in place between the facility and the clinician(s) to: • practice within the agreed range of procedures • assess patient risk and suitability for treatment at the site. Protocols are in place to provide timely discharge information to the patient's primary care provider.
Equipment	Reusable medical equipment and devices are managed in line with AS/NZS4187:2014: Reprocessing of reusable medical devices in health service organisations[36], or AS/NZS 4815:2006 – Office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment for office-based procedures. Health services have processes in place to ensure medical equipment is maintained in line with AS/NZS 3551:2012 *Management programs for medical equipment*.

30 Action 1.25 Safety and quality roles and responsibilities <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-125>.

31 VHIMS MDS <https://www.health.vic.gov.au/publications/victorian-health-incident-management-system-minimum-dataset>.

32 Adverse event review and response <https://www.safercare.vic.gov.au/support-and-training/review-and-response>.

33 Action 1.28 Variation in clinical practice and health outcomes <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-128>.

34 Action 6.07 Clinical handover <https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard/communication-clinical-handover/action-607>.

35 Department of Health Planned Surgery Access Policy 2024 <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>.

36 Advisory AS18/07: Reprocessing of reusable medical devices in health service organisations <https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/nsqhs-standards-advisories/advisory-as1807-reprocessing-reusable-medical-devices-health-service-organisations>.

Section 2. Perioperative capability levels

This section 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.

Level 1 perioperative services

Service description

This section outlines the service roles and responsibilities for Level 1 perioperative services.

Level 1 service	Description
Complexity of care	A Level 1 service provides: • office-based procedures (non-admitted care) by a range of proceduralists (for example, GPs, dentists and podiatrists), which only require local anaesthetic • the lowest-risk procedures to all patients • for paediatric services: – office-based procedures using local anaesthetic in low-complexity paediatric patients – services to paediatric patients of all ages.
Procedure/surgery	A Level 1 service: • undertakes low-risk procedures under local anaesthetic, where serious complications are very unlikely • provides only superficial procedures according to proceduralist scope of practice • does not require separate anaesthetic support. Examples include podiatry, dental and minor GP procedures delivered in procedure rooms • provides office-based procedures for paediatric services.
Anaesthetic complexity	A Level 1 service: • provides local infiltration anaesthetic and simple regional blocks to low-risk patients undergoing low-risk, minor procedures • includes procedures done by registered health practitioners under service agreements with public health services • provides planned and unplanned services • provides local anaesthesia and procedures that will generally be completed by a sole practitioner • provides local anaesthesia for paediatric services.
Emergency services/ surgery	A Level 1 service: • provides emergency services and transfers • has established protocols for referral to the nearest emergency department or urgent care centre for emergency assessment (for example, calling Triple Zero (000)) • provides basic life support if required.
Pre-admission service	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.
Pain management capability	A Level 1 service ensures the patient has discharge advice about pain management in the community when required.
Discharge planning	A Level 1 service: • 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 • arranges follow-up care to be provided by a GP or other primary care provider, where appropriate.

Clinical workforce

This section outlines the roles and responsibilities for the clinical workforce in Level 1 perioperative services.

Level 1 service	Requirements
Emergency response	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.
Surgery/ proceduralist	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. If using local anaesthetic, the proceduralist has competence in: • local anaesthetic procedures and management, including infection control, toxicity and allergic reactions. 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.

Clinical support services

This section outlines requirements for clinical support services in Level 1 perioperative services.

Level 1 service	Requirements
Emergency response	Recognition[37] and a response system[38,39], 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.
Critical care	There is provision of an immediate response to assess and commence management of a deteriorating patient.
Pathology and blood/ blood products	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[40]. Provision of blood and blood products, in accordance with Victoria's agreement with: • the Blood and blood products charter – hospitals • the Blood and blood products charter – pathology laboratories • Standard 7 of the NSQHS Standards: Blood and blood products[41].

37 Recognising and Responding to Acute Deterioration Standard <https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>.

38 Australian Standard 4083-2010, AS3745 Planning for emergencies in facilities.

39 Australian Commission on Safety and Quality in Health Care 2017, National consensus statement: essential elements for recognising and responding to 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>.

40 NATA accreditation <https://www.nata.com.au>.

41 NHQHS Blood Management Standard <https://www.safetyandquality.gov.au/standards/nsqhs-standards/blood-management-standard>.

Clinical support services continued

Level 1 service	Requirements
Pharmacy and medicines management	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 NSQHS Standards criteria 4.1, 4.4, 4.7 and 4.8[42].
Sociocultural support	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.

Equipment and infrastructure

This section outlines the requirements for equipment and infrastructure in Level 1 perioperative services.

Level 1 service	Requirements
Equipment	Equipment is available to provide local anaesthesia. Equipment for the procedure is available onsite, prior to commencement of the procedure. There is onsite access to resuscitation equipment and medicines.
Procedure rooms/ theatre/recovery	Relevant referral and follow up arranged in the community is to be provided by a GP or other primary care provider, if required.
Environmental services	A store of disposable single-use instruments is available onsite from an accredited supplier.

42 NHQHS Medication Safety Standard <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>.

Level 2 perioperative services

Service description

Level 2 perioperative services include all the roles and responsibilities in Level 1, with additional requirements that are outlined below.

Level 2 service	Description
Complexity of care	A Level 2 service provides: • low-moderate complexity procedural care, typically as a day procedure • 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[43]) • for paediatric services: – planned, day-stay minor procedures – low anaesthetic complexity, including general anaesthesia – low patient complexity.
Procedure/surgery	A Level 2 service provides: • a focus on providing low-risk planned surgery • planned specialist services, where there is sufficient volume to support a regular list and workforce competency • planned, day-stay minor procedures for paediatric services.
Anaesthetic complexity	A Level 2 service provides: • 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 • post-procedure anaesthetic recovery care and observation in a dedicated area or in the procedure room • low anaesthetic complexity, including general anaesthetic, for paediatric services.
Patient complexity	A Level 2 service provides: • predominately sedation and regional block, with some general anaesthesia in ASA 1–2 and some stable ASA 3 patients • low patient complexity for paediatric services, where patients are >2 years of age. May provide procedures to patients <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.
Emergency services/ surgery	For emergency services and transfers, a Level 2 service: • 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 • has procedures and protocols in place to ensure rapid transfer of patients with serious perioperative complications to a higher-level service. 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.
Pre-operative services	A Level 2 service: • accepts patients for care based on the Statewide Referral Criteria for Specialist Clinics[44] and defined requirements for agreed specialities and procedures[45] • provides screening for suitability of treatment, which is undertaken by admission staff based on the health service's policies and scope of practice.
Pain management capability	A Level 2 service manages and supervises a patient's post-procedure analgesia and symptoms control.
Discharge planning	For a Level 2 service: • timely discharge communication occurs between the treating clinicians and the patient's primary care provider (for example, their GP) • procedures and protocols are in place to refer patients to post-discharge support services • 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.

43 ASA Classification <https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system>
44 Statewide referral criteria for specialist clinics - About <https://src.health.vic.gov.au/about>.
45 Statewide referral criteria for specialist clinics – Specialties <https://src.health.vic.gov.au/specialities>.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 2 perioperative services that are in addition to Level 1 roles and responsibilities.

Level 2 service	Requirements
Emergency response	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.
Surgery/ proceduralist	For minor procedures – day cases – a registered health practitioner, credentialed at the health service for procedural care, is available in standard operating hours. 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. 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.
Anaesthetics	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[46]. Best practice is outlined in PG09 Guideline on procedural sedation 2022[47]. For paediatric services, a registered medical specialist, credentialed at the health service for paediatric anaesthetic care, is available in standard hours.
Nursing	Nursing staff with competency in perioperative care are available according to demand[48].
Allied health	Allied health staff with disciplines aligning with perioperative services provided are available.

Clinical support services

This section outlines the Description for clinical support services in Level 2 perioperative services that are in addition to Level 1 responsibilities.

Level 2 service	Requirements
Critical care	As for Level 1.
Emergency response	As for Level 1.
Medical imaging	There is access to general x-ray and ultrasound services during standard hours.
Pathology and blood/ blood products	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.
Pharmacy and medicines management	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.
Sociocultural support	As for Level 1.

46 PS08(A) – Statement on the Assistant for the Anaesthetist 2016 <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
47 PG09 Guideline on procedural sedation: Background Paper 2022 <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
48 2023 Professional Practice Standards for Perioperative Nurses (ACORN Standards) <https://www.acorn.org.au/standards/>.

Equipment and infrastructure

This section outlines the requirements for equipment and infrastructure in Level 2 perioperative services that are in addition to Level 1 requirements.

Level 2 service	Requirements
Equipment	Relevant specialist anaesthetic and procedural equipment is available according to demand. Facilities are available as per ANZCA PS55: Minimum safe facilities[49]. Anaesthesia monitoring equipment is available and used in line with *ANZCA PG18: Anaesthesia monitoring*[50]. Minimum safety requirements for anaesthesia machines are in line with *ANZCA PS54: Anaesthesia machine safety*[51]. An anaesthesia delivery system is in place, maintained and checked in line with *ANZCA PG31: Checking anaesthesia delivery systems*[52]. Airway equipment is available in line with *ANZCA PG56: Difficult airway equipment*[53]. Equipment and information and communications technology infrastructure is in place to enable virtual care[54]. For paediatric services: • appropriate perioperative equipment for children (including resuscitation) is available to enable agreed scope of services • the procedure and recovery spaces are appropriate to the needs of children and parents/carers.
Procedure rooms/ theatre/recovery	Operating units/theatres align with the Australasian Health Facility Guidelines (Operating Unit), relevant at the time of construction or refurbishment[55]. The day surgery/procedure unit aligns with the Australasian Health Facility Guidelines (Day Surgery/Procedure Unit)[56], relevant at the time of construction or refurbishment. Patient recovery is managed and supervised in a properly equipped and staffed area, in line with *ANZCA PS04: Post-anaesthesia care unit*[57].
Environmental services	For services undertaking endoscopies, sterilising services and endoscope reprocessing units align with Australasian Health Facility Guidelines (B.0190 Sterilizing Services and Endoscope Reprocessing Units)[58].

49 ANZCA Minimum safe facilities <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
50 ANZCA Guideline on monitoring during anaesthesia 2017 <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
51 ANZCA Anaesthesia machine safety <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
52 ANZCA Checking anaesthesia delivery systems <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
53 ANZCA Difficult airway equipment <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
54 Virtual Care Operational Framework <https://www.health.vic.gov.au/virtual-care-operational-framework/virtual-care-operating-framework>.
55 Health Planning Units (Operating Unit) <https://www.healthfacilityguidelines.com.au/health-planning-units>.
56 Health Planning Units (Day Surgery/Procedure Unit) <https://www.healthfacilityguidelines.com.au/health-planning-units>.
57 ANZCA PACU <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.
58 Health Planning Units <https://healthfacilityguidelines.com.au/health-planning-units>.

Level 3 perioperative services

Service description

Level 3 perioperative services include all the roles and responsibilities in Level 1 and Level 2, with additional requirements outlined below.

Level 3 service	Description
Complexity of care	A Level 3 service: • provides moderate complexity planned surgery. • provides a range of anaesthesia, including general anaesthesia to adults with low-to-moderate perioperative complexity. • may include emergency surgery, where 24/7 perioperative workforce coverage is available. • for paediatric services, provides: – low-to-moderate complexity procedures, including overnight stays – low anaesthetic complexity – low patient complexity.
Procedure/surgery	A Level 3 service: • focuses on providing moderate complexity planned surgery, which may include overnight stays • may proved emergency surgery, where 24/7 medical coverage is available • provides planned surgery and defined scope of procedures for specialties where there is sufficient volume to support a regular list and workforce competency • provides low-to-moderate complexity procedures, including overnight stays for paediatric services.
Anaesthetic complexity	A Level 3 service provides: • anaesthetic services to support the service's procedural caseload for low and selected moderately complex patients undergoing low-to-moderate complexity procedures • planned anaesthetic services during standard hours for scheduled lists • post-procedure anaesthetic recovery care and observation in dedicated area(s). Where 24/7 emergency surgery is provided, pre-operative assessment, anaesthesia and recovery care, must also be available to provide anaesthetic services 24/7. Paediatric services – as for Level 2.
Patient complexity	A Level 3 service provides anaesthetic care for ASA1–3 patients, and selected ASA4 patients for low-risk procedures. Paediatric services – as for Level 2.
Emergency services/ surgery	A Level 3 service: • will have a 24-hour urgent care or emergency service • will be able to manage common perioperative complications, without the need for rapid transport to a Level 4–6 facility • may have an emergency surgery service (where provided) that is led by a medical specialist and performed in standard hours, whenever possible.
Pre-admission service	As for Level 2.
Pain management capability	As for Level 2.
Discharge planning	A Level 3 service : • provides (or facilitates provision of) post-discharge support services • has processes in place to identify patients who need support at home, care coordination and are at risk of unplanned re-presentation • has GP liaison services that work with general practice to improve discharge communication.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 3 perioperative services that are in addition to Level 1 and Level 2 roles and responsibilities.

Level 3 service	Requirements
Surgery/ proceduralist	For surgery – overnight cases: • the medical specialist who performed the procedure is accessible for a minimum of 24 hours post-procedure • a medical practitioner with competency in perioperative medical management is available 24/7, while the patient is admitted • 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.
Anaesthetics	A medical specialist or equivalent, credentialed at the health service for perioperative care, is available 24/7 while the patient is admitted. For identified cases, a medical specialist, credentialed at the health service for anaesthetic care, is available within operating hours to provide anaesthetic care. 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.
Emergency surgery staff (excludes planned 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.
Nursing	As for Level 2.
Allied health	As for Level 2.

Clinical support services

This section outlines the requirements for clinical support services in Level 3 perioperative services that are in addition to Level 1 and Level 2 responsibilities.

Level 3 service	Requirements
Critical care	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.
Emergency response	Registered health practitioner(s) with competency in advanced life support are available onsite 24/7.
Medical imaging	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.
Pathology and blood/ blood products	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.
Pharmacy and medicines management	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.
Sociocultural support	There is a dedicated GP liaison role for surgery. The relevant ACCO is involved in discharge planning for Aboriginal and Torres Strait Islander patients.

Equipment and infrastructure

This section outlines the requirements for equipment and infrastructure in Level 3 perioperative services that are in addition to Level 1 and Level 2 requirements.

Level 3 service	Requirements
Equipment	Specific consideration is given to the needs of patients and, if appropriate, facilities and equipment are available (for example, patient BMI, obstructive sleep apnoea). Patient-controlled analgesia machines are available for post-operative care. Dedicated imaging is available to the operating suite.
Environmental services	As for Level 2.
Procedure rooms/ theatre/ recovery	An area beyond recovery is available that enables close observation and monitoring for ongoing care post procedure. Where required, selected patients are reviewed on the ward. For paediatric services: • appropriate ward-based care and a team for post-operative management of paediatric patients are in place • the operating suite and recovery space are appropriate to the needs of children and parents/carers • arrangements are in place to enable at least one parent/carer to stay with children who require overnight admission.

Level 4 perioperative services

Service description

Level 4 perioperative services include all the roles and responsibilities in Levels 1–3, with additional requirements outlined below.

Level 4 service	Description
Complexity of care	A Level 4 service provides: • care for moderate complexity procedures, across selected specialties • anaesthetic care for adult patients who have medium-to-high perioperative risk, for procedures across the selected specialities • care for patients with identified risk factors, in accordance with agreed referral and escalation criteria. • for paediatric services: – low-to-moderate complexity procedures, including multiday stays – low-to-moderate anaesthetic complexity – low-to-moderate patient complexity for paediatric patients of all ages.
Procedure/surgery	A Level 4 service provides: • emergency and planned general and orthopaedic surgery • planned and, in some cases, emergency surgery for other surgical specialties, where dedicated perioperative staffing is available • for paediatric services, low-to-moderate complexity procedures, including multiday stays.
Anaesthetic complexity	A Level 4 service provides: • pre-operative assessment, anaesthetic and recovery care to day-stay or multiday procedural services for both planned and emergency care • anaesthetic services to support the agreed procedural caseload for low and selected moderate-risk patients undergoing moderate procedural complexity • anaesthesia for selected low-perioperative-risk patients undergoing moderate complexity surgical procedures • an anaesthetic team that is structured to provide anaesthetic service across non-admitted, diagnostic and operating suite, and inpatient care • for paediatric services, low-to-moderate anaesthetic complexity.
Patient complexity	A Level 4 service provides: • perioperative care for ASA1–3 patients, and ASA4 patients for selected moderate complexity procedures • for paediatric services, low-to-moderate patient complexity for paediatric patients of all ages.
Emergency services/ surgery	A Level 4 service provides: • emergency service and transfers • a 24/7 emergency service • an emergency surgery service, with emergency surgery that is available 24/7, led by a medical specialist and performed in standard hours, whenever possible.
Pre-admission service	As for Level 2.
Pain management capability	A Level 4 service: • coordinates an acute pain service to review patients, including those using patient-controlled analgesia units • may have a role in a wider services pain management service (for example, within the emergency department).
Discharge planning	A Level 4 service: • facilitates transition of the patient to home, including providing post-acute care and specialist rehabilitation as required • has specialist clinics providing a post-operative review and formal discharge of the patient back to the referring provider • 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.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 4 perioperative services that are in addition to Levels 1–3 roles and responsibilities.

Level 4 service	Requirements
Surgery/proceduralist	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. The clinical units consist of: • relevant heads of units • a medical specialist, credentialed at the health service for general surgical care, available 24/7 • a medical specialist, credentialed at the health service for orthopaedic surgical care, available 24/7 • medical specialists or equivalent, credentialed at the health service for agreed surgical specialties • medical practitioners onsite 24/7. The number, type and composition of units at each service reflect demand for services and local agreements about workload management. Paediatric services – as for Level 3.
Anaesthetics	The anaesthetic team is structured to provide anaesthetic services across non-admitted, diagnostic and operating suite, and acute pain services. It consists of: • 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). • a medical specialist, credentialed at the health service for anaesthetic care, available 24/7 • for identified cases, a health practitioner available to assist with anaesthesia per ANZCA PS08[59,60] • a medical practitioner with competency in the management of perioperative patients, onsite 24/7, or available to respond to an emergency 24/7. Paediatric services – as for Level 3.
Emergency surgery staff	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.
Nursing	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[61].
Allied health	As for Level 2.

59 ANZCA PS37 Local Anaesthesia <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

60 ANZCA PS08: Assistant for anaesthetist BP <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

61 Including nurse practitioners, a nurse consultant in stomal care, continence, wound management, and a nurse endoscopist/cystoscopist.

Clinical support services

This section outlines the requirements for clinical support services in Level 4 perioperative services that are in addition to Levels 1–3 responsibilities.

Level 4 service	Requirements
Critical care	Critical care services are aligned with the College of Intensive Care Medicine (CICM) minimum standards for intensive care units – Level I[62]. A medical specialist, credentialed for intensive care, is available 24/7 (credentialed for paediatric care, where paediatric services are provided).
Emergency response	As for Level 3.
Medical imaging	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.
Medical specialties	A medical specialists or equivalent, credentialed at the health service, is available 24/7 for: • general medicine • intensive care medicine • paediatrics (where paediatric services are provided).
Pain management	An acute pain management service is available during standard hours.
Pathology and blood/ blood products	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.
Pharmacy and medicines management	Ready and secure access to medications is provided, including anaesthetics in the operating suite.
Pre-admission services	Pre-operative clinics are structured to ensure patients are ready for surgery, including pre-admission clinics, multidisciplinary surgical assessment clinics and pathways as per PG07: Guideline on pre-anaesthesia consultation and patient preparation 2017 (ANZCA)[63]. 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.
Sociocultural support	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.

Equipment and infrastructure

This section outlines the requirements for equipment and infrastructure in Level 4 perioperative services that are in addition to Levels 1–3 requirements.

Level 4 service	Requirements
Equipment	As for Level 3.
Environmental services	As for Level 2.
Procedure rooms/ theatre/recovery	Emergency theatre suites are available during standard hours and emergency on-call overnight. Post-operative care is provided to high-acuity patients, including those needing intensive care. Patients are cared for post-operatively on age-appropriate, specialist surgical care wards. For paediatric services there is a dedicated children's ward space & recovery area.

62 Minimum Standards for ICUs <https://www.cicm.org.au/Resources/Professional-Documents#Policies>.

63 ANZCA Pre-anaesthesia consultation <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

Level 5 perioperative services

Service description

Level 5 perioperative services include all the roles and responsibilities in Levels 1–4, with additional requirements outlined below.

Level 5 service	Description
Complexity of care	A Level 5 service provides: • high-complexity procedures across most specialties • anaesthetic care for high-complexity procedures across most specialties for adult patients who are of high perioperative risk • virtual care clinical decision support services 24/7 • for paediatric services: – high-complexity procedures across most specialities – moderate-to-high anaesthetic complexity – for high patient complexity paediatric patients of all ages.
Procedure/surgery	A Level 5 service provides: • planned and emergency surgery for most specialties and subspecialties • high-complexity procedures across most specialities for paediatric services.
Anaesthetic complexity	A Level 5 service provides: • 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 • moderate-to-high anaesthetic complexity for paediatric services.
Patient complexity	A Level 5 service: • can accommodate all patient risk for the relevant specialist procedures • can provide for high patient complexity paediatric patients of all ages for paediatric services.
Emergency services/ surgery	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. Emergency surgery services – as for Level 4.
Pre-admission service	As for Level 3.
Pain management capability	A Level 5 service provides: • acute pain management to all patients • a daily medical round to review patients referred for pain management, supported by a medical specialist.
Discharge planning	A Level 5 service provides: • comprehensive acute substitution services, such as Hospital in the Home • sub-acute services, including admitted services for both rehabilitation and Geriatric Evaluation and Management, and a comprehensive range of non-admitted services.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 5 perioperative services that are in addition to Levels 1–4 roles and responsibilities.

Level 5 service roles	Requirements
Perioperative unit	A medical specialist, credentialed at the health service for perioperative care, is employed as Director/Head of Perioperative services and has clinical governance responsibilities.
Surgery/ proceduralist	Clinical units are comprised of medical specialists or equivalent, credentialed at the health service for surgical specialties, and available 24/7. The number and type of units at each service reflects demand for services and local agreements about workload management. For paediatric services: • 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 • medical specialists, credentialed at the health service for paediatric surgical specialties, are available 24/7.
Anaesthetics	The anaesthetic team is structured to provide anaesthetic service across non-admitted, diagnostic and operating suite and acute pain services. It includes: • 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) • a medical specialist(s), credentialed at the health service for anaesthetic care, available 24/7 • a medical practitioner with appropriate experience in anaesthetics, credentialed to initiate anaesthetic management for emergencies, available 24/7 • a second health practitioner available to assist with anaesthesia, as per ANZCA PS08[64,65] • a designated member of the anaesthetic team to review patients referred for pain management daily. For paediatric services, the team includes: • a registered medical practitioner, credentialed to initiate paediatric anaesthetic management for emergencies, available 24/7 • a second registered medical practitioner available to assist with anaesthesia, as per ANZCA PS08[66] and PS29[67].
Emergency surgery staff	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.
Nursing	As for Level 4.
Allied health	Allied health staff are available during extended hours, with disciplines aligning with perioperative services provided.

64 ANZCA PS37: Local Anaesthesia <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

65 ANZCA PS08: Assistant for anaesthetist <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

66 ANZCA Assistant for anaesthetist <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>

67 ANZCA Anaesthesia in children <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

Clinical support services

This section outlines the requirements for clinical support services in Level 5 perioperative services that are in addition to Levels 1–4 responsibilities.

Level 5 service	Requirements
Critical care	Critical care services are aligned with CICM minimum standards for intensive care units – Level II[68]. For paediatric services, dedicated paediatric beds are provided within the ICU environment.
Emergency response	Registered health practitioners(s) from intensive care workforce support the organisation-wide rapid response team[69].
Medical imaging	A large range of onsite imaging services are available for extended hours.
Medical specialties	Medical specialists or equivalent, credentialed at the health service, are available 24/7 for: • dermatology • oncology • respiratory medicine • cardiology • gastroenterology • neurology
Pathology and blood/ blood products	As for Level 4.
Pain management	Onsite, multidisciplinary, comprehensive acute management services are available during standard hours.
Pharmacy and medicines management	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.
Pre-admission services	As for Level 4.
Sociocultural support	Protocols are in place to support care for people with disability, multicultural communities and LGBTIQ+ patients.

Equipment and infrastructure

This section outlines the requirements for equipment and infrastructure in Level 4 perioperative services that are in addition to Levels 1–4 requirements.

Level 5 service	Requirements
Equipment	As for Level 3.
Environmental services	As for Level 2.
Procedure rooms/ theatre/recovery	Emergency theatre suites are available during extended standard hours, with on-call access after hours. Paediatric services – as for Level 4.

68 College of Intensive Care Medicine of Australia and New Zealand <https://www.cicm.org.au/Resources/Professional-Documents#Policies>.

69 College of Intensive Care Medicine. Minimum standards for intensive care unit based rapid response systems. 2017 <https://www.cicm.org.au/Resources/Professional-Documents#Policies>.

Level 6 perioperative services

Service description

Level 6 perioperative services include all the roles and responsibilities in Levels 1–5, with additional requirements outlined below.

Level 6 service	Description
Complexity of care	A Level 6 service provides: • the highest complexity procedures for specialties relevant to the services offered at that site • anaesthetic care for the highest complexity procedures for adult patients who are of the highest perioperative risk • perioperative services for all patients with complex medical needs who require specialist interdisciplinary care • for paediatric services: – highest complexity procedures across all specialties – highest anaesthetic complexity – highest complexity paediatric patients of all ages.
Procedure/surgery	A Level 6 service provides: • planned and emergency surgery and procedures for a range of specialties and subspecialties (including neurosurgery, cardiac surgery), including rare and infrequently performed procedures • for paediatric services, the highest complexity procedures across all specialties.
Anaesthetic complexity	A Level 6 service provides: • 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 • 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 • a full complement of anaesthetic services to all speciality and subspecialty patients • for paediatric services, the highest anaesthetic complexity.
Patient complexity	A Level 6 service: • can accommodate all patient risks for all specialist procedures • for paediatric services, can provide for the highest complexity patients.
Emergency services/ surgery	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.
Pre-admission service	A Level 6 service identifies high-risk patients on the preparation list to optimise their condition prior to specialist intervention (for example, cardiac surgery[70].
Pain management capability	A Level 6 service: • provides planned and unplanned services to theatre, procedure suites and imaging areas of the service • coordinates a medical specialist-led (or supported) acute pain service to review patients.
Discharge planning	A Level 6 service identifies high-risk patients on the preparation list to optimise their condition prior to specialist intervention (for example, cardiac surgery).

70 Department of Health Planned Surgery Access Policy 2024 <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 6 perioperative services that are in addition to all the roles and responsibilities in Levels 1–5.

Level 6 service roles	Requirements
Perioperative unit	A medical specialist, credentialed at the health service for perioperative care, is employed as Director/Head of Perioperative services and has clinical governance responsibilities.
Surgery/proceduralist	Medical specialists can: • perform rare and/or complex procedures in both the planned and emergency setting applicable to that site • perform routine procedures for patients with complex medical needs. Paediatric services include: • a clinical head of paediatric perioperative services • registered medical specialists credentialed to provide sub-specialist paediatric surgical care available 24/7.
Anaesthetics	Medical specialists with qualifications and demonstrated competency in sub-specialist anaesthetic care are available during standard hours and accessible 24/7. A medical practitioner with appropriate experience in anaesthetics, credentialed to initiate anaesthetic management for emergencies, is onsite 24/7. Medical specialist-led pain management round to respond to pain management referrals operates daily. For paediatric services, registered medical specialists, credentialed to provide sub-specialist paediatric anaesthetic care, are available 24/7.
Emergency surgery	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.
Nursing	As for Level 4.
Allied health	As for Level 5.

Clinical support services

This section outlines the requirements for clinical support services in Level 6 perioperative services that are in addition to all the responsibilities in Levels 1–5.

Level 6 service	Requirements
Critical care	Critical care services are aligned with CICM minimum standards for intensive care units – Level III. For paediatric services: • a medical specialist, credentialed for paediatric intensive care, is available 24/7 • the highest level of intensive care support is provided to paediatric patients.
Emergency response	As for Level 5.
Medical imaging	A full range of onsite imaging services is available 24/7.
Medical specialties	Provide the full range of specialty and subspecialty services, relevant to the services provided, and support services are available 24/7 across the continuum of care.
Pathology and blood/ blood products	There is onsite access to pathology services 24/7 for: • biochemistry • haematology • microbiology • serology and blood bank • anatomical pathology service.
Pharmacy and medicines management	As for Level 5.
Pre-admission services	As for Level 4.
Sociocultural support	AHLO services are available during standard hours and accessible 24/7.

Equipment and infrastructure

This section outlines the requirements for equipment and infrastructure in Level 6 perioperative services that are in addition to all the requirements in Levels 1–5.

Level 6 service	Requirements
Equipment	Specialist surgical equipment required to undertake rare or complex surgery applicable to that site is provided. Specialist anaesthetic equipment is available for surgical subspecialties within scope.
Environmental services	As for Level 2.
Procedure rooms/ theatre/ recovery	As for Level 5. Paediatric services – as for Level 4.

Glossary

Term	Meaning in this document
24/7	24 hours a day, 7 days a week.
Access/accessible	Refers to the ability to use resources, a service or the skills of a suitably qualified person without difficulty or delay (may be located onsite or offsite, 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 that are fit for purpose for the clinical services are provided to an admitted patient during an episode of care. Accommodation should support the care of diverse and speciality groups.
Admitted patient	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (Hospital in the Home).
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.
Allied health	An allied health profession is one that has a direct patient care role and belongs to a national professional organisation with a code of ethics/conduct and clearly defined membership requirements.
Anaesthesia	A loss of sensation or awareness brought about by the delivery of medication to a patient. It allows procedures or surgery to be undertaken safely with minimal discomfort. It includes, but is not limited to, general anaesthesia, regional anaesthesia and sedation. For the purposes of this document, it excludes small procedures done under topical anaesthetic or local anaesthetic infiltration.
Anaesthesia – local	Infiltration of local anaesthetic to anaesthetise a small part of the body.
Anaesthetic assistant	An individual who has successfully completed a suitable training course to assist anaesthetists during the conduct of anaesthesia[71].
Available	Refers to the ability to immediately access and use 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.
Bush nursing centres/ hospitals	Victoria has five public bush nursing hospitals and one operating as a non-government organisation (Cobden District Health Services), and 15 bush nursing centres. These services will be covered under the capability framework.
Clinical mental health consultation-liaison service	This service comprises specialist mental health assessment, intervention and management for hospital patients requiring immediate mental health care, as well as providing support and training to hospital staff.
Clinical governance	The framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

71 ANZCA – Assistant for anaesthetist <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

Term	Meaning in this document
Community service organisations	Registered community health centres, local government authorities and non-government organisations that are not health services.
Competency	Refers to the demonstration of a current set of skills, knowledge and practice expertise required to provide care that is safe and high quality. Competency may be demonstrated across a scope of practice or depth of practice, both during training or after formal assessment or credentialing. Competency is usually demonstrated through: • regular training and education • ongoing workplace assessment and review • recency of practice (within 12 months). It may be used to offer privilege to provide specific services within a health service, and be recognised through formal endorsement by a registering authority or a formal credentialing process.
Consumer	A person, their family or carer/s who are current or potential users of health services.
Credentialing	The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners or dentists, for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services in specific organisational environments. For registered medical specialists, credentialing is as per the Credentialing and scope of clinical practice for senior medical practitioners policy[72]. For registered medical practitioners (non-specialists) and non-medical health professionals, credentialing is a health service process, whereby a registered medical specialist, or other suitably qualified person, assesses and documents that a health professional is appropriately qualified and competent to deliver safe, high-quality care within a specified scope of practice.
Cultural competency	Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals, enabling that system, agency or those professionals to work effectively in cross-cultural situations. Cultural competence offers a framework to ensure consumers receive safe, high-quality and culturally appropriate health care[73].
Cultural respect and safety	Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal and Torres Strait Islander peoples, where there is no assault, challenge or denial of their identity and experience. In a health service context, several elements to consider include: • individual staff knowledge and respect for self (reflection on knowledge, bias and learning journey) • knowledge and respect for Aboriginal and Torres Strait Islander people and culture • organisational reflection, a commitment to organisational review, and system redesign to eliminate racism and discrimination.
Day surgery procedures	Procedures performed on an outpatient basis, where the patient would normally be discharged on the same day[74,75].
Designated location	Agreed site or service for a defined purpose.
Designated staffing	Specifically defined and named staffing available for providing a service, for example, where a designated registered medical practitioner is readily contactable and able to attend immediately.

72 Credentialing and scope of clinical practice <https://www.safercare.vic.gov.au/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>

73 Centre for Culture, Ethnicity and Health 2012, A Framework for Cultural Competence, Centre for Culture, Ethnicity and Health, North Richmond <https://www.ceh.org.au/wp-content/uploads/2015/12/CC1_A-framework-for-cultural-competence.pdf>.

74 RACS position paper Day surgery in Australia 2017 <https://www.surgeons.org/about-racs/position-papers/day-surgery-in-australia-2017>.

75 ANZCA – Day stay patients <https://www.anzca.edu.au/resources/professional-documents/guidelines/ps15-guidelines-for-the-perioperative-care-of-pati>.

Term	Meaning in this document
Dedicated space	An agreed area with the necessary equipment and resources for clinical assessment and care.
Dentist	A person who is registered as a dentist with the Dental Board of Australia. For the purposes of this document, a dentist may also be referred to as the proceduralist.
Dental services (public)	Public dental services are provided through the Royal Dental Hospital Melbourne and over 50 integrated and registered community health services across Victoria, which are funded by the department of health (via Dental Health Services Victoria) to deliver public dental services. These services will be covered under the capability framework.
Dietitian	A member of, or an individual eligible for membership of, the Dietitians 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 surgery	Surgery to treat trauma or acute surgical illness following a presentation to an emergency department, an emergency admission directly to the ward, or clinical deterioration during hospital admission.
Enrolled nurse	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.
Extended hours	The service is available beyond common standard hours (9 am to 5 pm Monday to Friday); this may be extended hours during the day/evening or over the weekend.
Facility	A physical or organisational structure that may operate a number of services of a similar or differing capability level.
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 *Health Services Act 1988*[76], in regard to services provided within a hospital or a hospital-equivalent setting.
High dependency unit	A high dependency unit is a specially staffed and equipped section of a health service that provides a level of care that is intermediate between general ward care and intensive care.
Infection prevention	In-hospital services require infection prevention services available, in accordance with the preventing and controlling healthcare-associated infection standard (Infection prevention and control systems) listed in the *National safety and quality health services standards*[77].
Infrastructure	The physical equipment and facilities required to support service configuration and capacities necessary to achieve desired performance outcomes.

76 Health Services Act 1988 <https://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/167>.
77 Preventing and Controlling Infections Standard <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard>.

Term	Meaning in this document
Intensive care unit	A unit within the hospital that has additional equipment and infrastructure to support: • immediate resuscitation and short-term cardio-respiratory support • mechanical ventilation • invasive cardiovascular monitoring • renal replacement therapy • complex multi-system life support.
Major trauma service	Centres of expertise in trauma management in Victoria. Responsible for providing definitive care to major trauma patients, either through primary triage or secondary transfer.
Medical practitioner	A health practitioner, commonly referred to as a doctor, who has successfully completed a Bachelor of Medicine, Bachelor of Surgery (MBBS) or equivalent, as accredited by the Australian Medical Council. A medical practitioner holds registration with the Medical Board of Australia. For the purposes of this document, this assumes registration (general or specialist) with the Medical Board of Australia.
Medical specialist	A medical practitioner who holds specialist registration with the Medical Board of Australia[78]. 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 prerequisite for specialist registration.
Medical specialist – General practitioner	A medical practitioner who has attained a specialist general practice qualification with either the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM). Some general practitioners may be credentialed to perform procedures/ surgeries.
Medical specialist – General practitioner anaesthetist, or general rural anaesthetist	A general practitioner who has successfully obtained a Diploma of Rural Generalist Anaesthesia (DipRGA) or equivalent qualification.
Medical specialist – Senior medical practitioner	A medical practitioner who exercises autonomous decision making and has primary clinical responsibility for determining a patient's care and treatment. This includes general practice registrars who undertake independent patient care in a health service[79]. It does not include hospital-employed junior medical staff.
Medical specialist – Specialist anaesthetist	A medical practitioner who has completed specialist training and holds Australian and New Zealand College of Anaesthetists (ANZCA) Fellowship or equivalent.
Medical specialist – Surgeon	A medical practitioner who has completed specialist training and holds fellowship (or equivalent) of an AMC-accredited college, and includes Fellows of the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Faculty of Oral and Maxillofacial Surgery of the Royal College of Dental Surgeons.
Multidisciplinary care	Multidisciplinary care happens when medical, nursing and allied health professionals involved in patients' treatment hold regular structured meetings to together consider all treatment options and personal preferences of patients, and collaboratively develop individual care plans that best meet the needs of patients.

78 Medical Specialties and Specialty Fields <https://www.medicalboard.gov.au/registration/types/specialist-registration/medical-specialties-and-specialty-fields.aspx>.

79 Credentialing and scope of clinical practice for senior medical practitioners policy, Safer Care Victoria <https://www.safercare.vic.gov.au/best-practice-improvement/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>.

Term	Meaning in this document
Non-admitted care	Care provided to a patient who has not undergone a hospital's formal admission process. Non-admitted care may include outpatient visits and emergency department services (Australian Institute of Health and Welfare)[80].
Non-surgical management	Non-surgical treatment pathways describe care that includes evidence-based alternatives to surgery (diverting or delaying the need for surgery), and interventions aimed at optimising the health of patients before, during and after surgery.
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.
Occupational therapist	A health practitioner registered with the Occupational Therapy Board of Australia
Office-based procedures	Procedures performed with low doses of local anaesthetic, such that any dose given into a single location is insufficient to cause systemic toxicity if inadvertently given intravenously, or a dose that is not likely to reach toxic levels by absorption; and without intravenous sedation[81].
Onsite	Located within the health facility or an adjacent campus, this may refer to staff, services and/or resources, including third-party providers.
Operating hours	The hours a specific service is open and provides services to patients.
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 as a minimum. This applies to, but is not limited to: • 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.
Outreach surgery	A surgery performed by a surgeon in a town where that surgeon is not resident and may not be available in person for ongoing post-operative care or follow up. Outreach services refer only to situations where the services being delivered are not normally locally available[82].
Paediatric	An infant, child or adolescent under 16 years of age. Adolescent aged 16–18 may be considered paediatric by treating clinicians, based on the patient's developmental status.
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.
Perioperative services	Perioperative care refers to the continuum of multidisciplinary and patient-centred care that is provided before, during and after surgery. This includes the integrated, planned and personalised approach to patient care before, during and after a surgical procedure involving anaesthetics.
Physiotherapist	A health practitioner registered with the Physiotherapy Board of Australia.
Planned surgery and procedures (also known as elective surgery)	Surgery or procedures that, in the opinion of the treating clinician, is necessary, but for which admission can be delayed for at least 24 hours[83]. Planned surgery refers to planned surgical procedures that can be booked in advance and scheduled for normal working hours.

80 Glossary <https://www.aihw.gov.au/reports-data/myhospitals/content/glossary>.

81 RACS position paper Day surgery in Australia 2017 <https://www.surgeons.org/about-racs/position-papers/day-surgery-in-australia-2017>.

82 Outreach surgery in regional rural and remote Australia and New Zealand 2015 <https://www.surgeons.org/about-racs/position-papers/outreach-surgery-in-regional-rural-and-remote-australia-and-new-zealand-2015>.

83 Victorian Perioperative Consultative Council annual report 2021 <https://www.safercare.vic.gov.au/publications/victorian-perioperative-consultative-council-annual-report-2021>.

Term	Meaning in this document
Podiatrist	A health practitioner registered with the Podiatry 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	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.
Proceduralist	A health practitioner credentialed at the site to deliver the procedure being undertaken. This would typically be a medical practitioner (or dentist) but may also include podiatrists or extended scope of practice nurses, depending on the location and nature of the procedure.
Procedure rooms	Facilities to support the care of patients undergoing a range of surgical and/or endoscopic procedures, with provision to deliver inhalational and other anaesthetic agents. Facilities for the surgical/procedural treatment of patients who are admitted and discharged on the same day. These units may be integrated within a hospital complex, be a separate facility on a hospital campus or be a standalone facility[84].
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.
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.
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.
Scope of clinical practice	Delineating the extent of an individual practitioner's clinical practice in a particular organisation or facility, based on the individual's credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the scope of clinical practice[85].
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. For the purpose of this policy, a 'health service' includes all public hospitals, public health services and multipurpose services established under the *Health Services Act 1988* (Vic).
Service (as referred to in clinical support services)	Refers to the equipment and workforce required to deliver clinical support services.
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.

84 Australian Health Facility Guidelines, Day Surgery/Procedure Unit <https://www.healthfacilityguidelines.com.au/hpu/day-surgery-procedure-unit-2>.

85 Credentialing and scope of clinical practice for senior medical practitioners policy, Safer Care Victoria <https://www.safercare.vic.gov.au/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>.

Term	Meaning in this document
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.
Standard hours	Commonly defined as Monday to Friday, 9.00 am to 5.00 pm. Standard hours may otherwise be determined by the health service campus.
Urgent care centres	Urgent care centres are generally found in rural areas in Victoria. They are often supported by general practitioners and/or advanced practice nurses.
Virtual care	The delivery of healthcare and related services where care is provided by using information and communications technologies (including telephone, video-enabled and remote monitoring)[86].

86 Victorian virtual care strategy <https://www.health.vic.gov.au/victorian-virtual-care-strategy>.

List of acronyms

Acronym	Definition
ACCO	Aboriginal Community Controlled Organisation
ACRRM	Australian College of Rural and Remote Medicine
AHLO	Aboriginal Health Liaison Officer
ANZCA	Australian and New Zealand College of Anaesthetists
CICM	College of Intensive Care Medicine
DipRGA	Diploma of Rural Generalist Anaesthesia
GEM	Geriatric Evaluation and Management
ICT	Information and communications technology
NSQHS	National Safety and Quality Health Service
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SCV	Safer Care Victoria
VPCC	Victorian Perioperative Consultative Council

Appendix 1.

References and relevant ANZCA position statements[87]

PS06: The Anaesthesia Record. Recommendations on the Recording of an Episode of Anaesthesia Care.

PS08: *Statement on the Assistant for the Anaesthetist*

PS09: *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*

PG09: Guideline on procedural sedation

PS18: *Guidelines on Monitoring During Anaesthesia*

PS28: *Guidelines on Infection Control in Anaesthesia*

PG29(A) Guideline for the provision of anaesthesia care to children 2020

PS31: *Guidelines on Checking Anaesthesia Delivery Systems*

PS42: *Statement on Staffing of Accredited Departments of Anaesthesia*

PS55: *Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations*

PS56: *Guidelines on Equipment to Manage a Difficult Airway During Anaesthesia*

Further resources

Australian and New Zealand College of Anaesthetists (ANZCA), Guidelines, Standards and Safety and Quality <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>.

Victorian Perioperative Consultative Council (VPCC) <https://www.safercare.vic.gov.au/about/vpcc>.

Victorian Department of Health: Planned Surgery Reform Blueprint <https://www.health.vic.gov.au/planned-surgery-reform-blueprint>.

NSQHS Standards <www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards>.

Joint Consultative Committee on Anaesthesia (JCCA) <https://www.racgp.org.au/the-racgp/governance/committees/joint-consultative-committees/jcca>.

Australian Society of Anaesthetists, position statements and professional standards <www.asa.org.au/>.

AIWH National definitions for elective surgery urgency categories <https://www.aihw.gov.au/reports/hospitals/national-definitions-for-elective-surgery-urgency/summary>.

NSW Health <www.health.nsw.gov.au/services/Publications/guide-role-delineation-health-services.pdf>.

Australian Commission for Safety and Quality in Healthcare 2017, 'National consensus statement: Essential elements for recognising and responding to acute physiological deterioration', Second Edition.

87 ANZCA – Professional documents accessible at <http://www.anzca.edu.au/resources/professional-documents>.