

WA Health Clinical Services Framework 2005 - 2015



September 2005

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Foreword

This WA Health Clinical Services Framework 2005 - 2015 is WA Health's strategic overview for Clinical Services, developed in response to recommendations made by the Health Reform Committee in its Final Report of 2004 (the 'Reid report') and the Clinical Services Consultation.

The WA Health Clinical Services Framework has now been finalised following a period of intense consultation. WA Health is committed to the implementation of the recommendations of the Reid report and to utilising all available resources for best outcomes and greatest benefit for the health of our community.

Significant elements of the WA Health Clinical Services Framework include:

- clear role delineation for each of our health services and care facilities
- a description of the bed numbers planned for the metropolitan area
- the location of the central tertiary hospital site at the QEII Medical Centre
- significant investment in our health service infrastructure including a new tertiary hospital for the south metropolitan region to be developed as a collaborative initiative between Fremantle Hospital and Royal Perth Hospital
- building up our general hospitals
- investment in education and research
- a foreshadowing of work on models of care with a greater emphasis on prevention, primary care and care in the most appropriate setting
- advancement of country health service role delineation in alignment with metropolitan plans.

This document should be read in conjunction with the Clinical Services Consultation 2005 documents (<http://www.health.wa.gov.au/HRIT/csc/index.cfm>) which provide the background data, rationale for change and reform options which informed the decision-making process for this framework. The consultation process engaged a large number of expert clinical stakeholders, staff and community in deliberation about the options and implications for implementation. I am grateful to all who participated in this process for their interest, investment of time and contribution of knowledge and expertise.

A number of critical factors will impact on the successful implementation of the framework. These factors include the development of a strategic workforce plan, clinical frameworks and service models, infrastructure development plans, information, communication and technology and Area Health Service development plans. These planning processes will provide opportunities for the participation of all stakeholders (clinicians, staff, community, patients, consumers) and will build on the existing strengths and the many initiatives already in progress.

WA Health Clinical Services Framework 2005 - 2015

The way forward will present many challenges for the implementation of the WA Health Clinical Services Framework, but we are investing significant effort to ensure we are fit for the journey ahead. This includes building on the wealth of talent, skills and experience of our people, developing our leaders through our Healthy Leadership strategies and organisational realignment to ensure our Area Health Services have the support and resources needed to deliver appropriate standards and quality of care.

The commitment of stakeholders to work together to implement the change required is vital and already evident throughout many parts of our system. It is this commitment that will ensure the long-term goals of the health reform program are achieved.



DR NEALE FONG

Director General
Executive Chairman Health Reform Implementation Taskforce

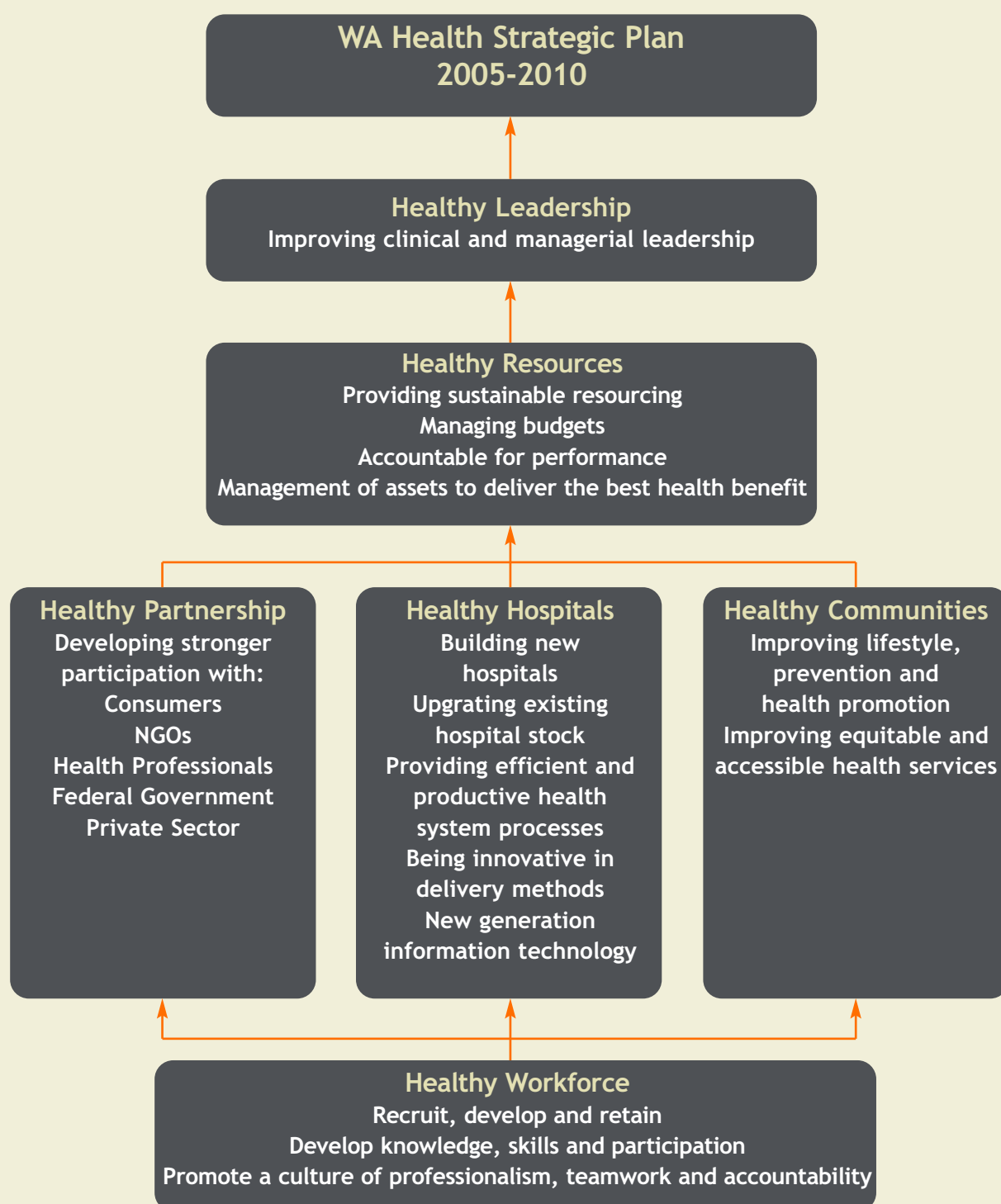
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Delivering a Healthy WA

WA Health Strategic Intent 2005-2010



1. Introduction

The WA Health Clinical Services Framework (CSF) is a strategic planning framework for the development and provision of health care services throughout Western Australia over the next ten to fifteen years and beyond.

Informed by the final recommendations of the Health Reform Committee in 2004 (the 'Reid report'), the CSF provides a guide for the Department of Health and Area Health Services for the development of a health care system that will contribute to the achievement of a number of long term reform objectives, namely to:

- improve access to services
- reduce inequality in health status
- provide safe, high quality health care
- promote a patient centred continuum of care
- ensure value for money
- optimise public and private services
- improve the balance of preventative, primary and acute care
- be financially sustainable as an integrated system
- support a highly skilled and dedicated workforce.

The CSF should be viewed as a foundation from which more extensive and detailed planning will occur. It is to be used in conjunction with other organisational planning documents such as the Delivering a Healthy WA Strategic Intent 2005-2010 which outlines key intentions for ensuring a Healthy Workforce, Healthy Partnerships, Healthy Hospitals, Healthy Communities, Healthy Resources and Healthy Leadership.

The CSF has been developed as part of an extensive planning process encompassing the following projects and reviews:

- Health Reform Committee Final Report as endorsed by Government
http://www.health.wa.gov.au/HRIT/publications/docs/Final_Report.pdf
- Health Reform Implementation Taskforce Workplan
<http://www.health.wa.gov.au/HRIT/publications/index.cfm>
- WA Health Strategic Intent 2005-2010
http://www.health.wa.gov.au/hrif/publications/docs/Strategic_Intent_2005-2010.pdf
- review of planning assumptions including impact of reform measures, impact of new technology, service demand modelling and population projections

WA Health Clinical Services Framework 2005 - 2015

- Clinical Services Consultation 2005 <http://www.health.wa.gov.au/HRIT/csc/index.cfm>
- WA Country Health Services Review 2003
http://www.wacountry.health.wa.gov.au/publications/docs/Country_Review.pdf

The Clinical Services Consultation was an important stage in the development of the CSF and the immense wealth of information, recommendations and suggestions gathered was reviewed and used to inform the final decision-making. All submissions received during this process have been registered and will be used to inform the subsequent planning for implementation of the CSF and transition arrangements.

The consultation process also validated a number of considerations which the health care community of WA felt critical to the successful implementation of the CSF:

- the need for a greater focus on workforce planning
- the role of training and research
- the importance of participation from clinicians and staff in decision making and planning processes
- the need for greater integration of the health care system across the state
- the need for a more defined continuum of care across levels of care within many disciplines
- the need for work on appropriate models of care for specific clinical programs
- the importance of the private and non-government sector in health care provision.

The South West Area Health Services and WA Country Health Service have also embarked upon comprehensive health service planning processes in consultation with their communities and regions. Whilst distinct from the metropolitan process due to the nature and timing of previous system reviews, this plan begins to incorporate all areas and health services as they align with the overall vision for the health system.

The CSF is situated within an ongoing organisational planning framework that will ensure planning at all levels of the system is aligned and focused on the same strategic outcomes and that strategies are functioning within an accountable structure.

Development of WA Health Strategic Plan 2005-2010



* WACHS - WA Country Health Service

** SWAHS - South West Area Health Service

2. WA Health Clinical Services Framework

2.1 Model of Care

The need for reform within the state's public health system was well documented in the Reid report. In particular, many recommendations were made regarding population health, primary and community care and access to hospital services.

The report findings included:

- fragmentation of the health system between primary care sector (GP, Pharmacist, Allied Health Professional, Community Health Nurse) and the public hospital system
- poor coordination and communication between primary care and acute care leading to avoidable admissions, adverse events and poor patient outcomes
- lack of focus on health promotion and early intervention
- tertiary hospitals admitting 80% of patients for secondary care
- concentration of hospital beds in large tertiary hospitals
- barriers to patients accessing the system (cultural, geographical, socio-economic).

The Reid report recommended working towards a system that:

- appears to the patient as a single unified health system, rather than comprising discrete disconnected entities
- increasingly emphasises the importance of health promotion, early intervention and prevention programs, and
- provides care in the most appropriate setting, particularly through the development of both general and specialist secondary care hospitals.

In essence, the vision offers a new direction forward for the model of care within the public health system, creating a system that invests more in keeping people well and at home and accessing appropriate hospital services for the right reasons.

Of priority will be the implementation of appropriate strategies to reduce the inequality in health status with a focus on Aboriginal health and the disadvantaged in areas of health promotion and early intervention, fostering a patient centred approach to care services with strong consumer participation, the development of links with all sectors of health and broader community services and greater responsibility at local area health service level for service delivery.

Significant reconfiguration of health services is now required to deliver this vision. The CSF brings together those recommendations made in the Reid report designed to support this goal. The chart on page 6 provides an example of how the principles of care as outlined in the Reid report will inform the way we organise our systems and health strategies with the goal of improving health outcomes and creating 'Healthy communities'.

The model of care development will need to be supported by a range of other more specific clinical strategies and policies which complement the vision, a number of which are already well progressed. The Health Policy and Clinical Reform division within the Department of Health will take a lead role in the development of statewide clinical networks to achieve this aim.

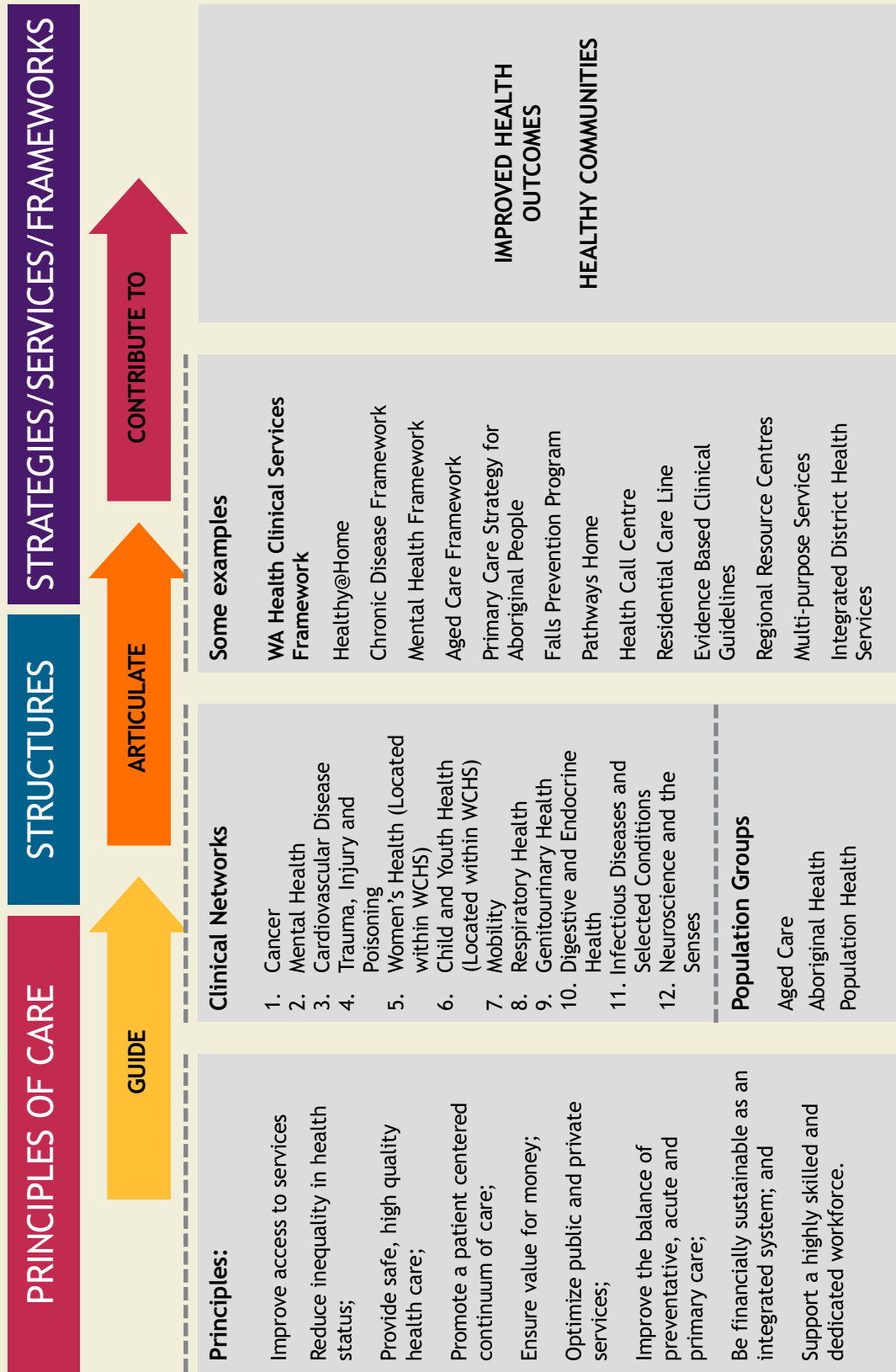
WA Health Clinical Services Framework 2005 - 2015

The following table provides examples of strategies designed to address those issues identified in the Reid report.

Examples of Response to Identified Issues in the Model of Care Development

Issues (as identified by Reid)	WA Health Vision	New Strategies
Fragmentation of the health system between primary care sector (GP, Pharmacist, Allied Health Professional, Community Health Nurse) and the public hospital system	Components of the primary care sector have strong, clear links with each other and the broader health sector	Statewide Women's and Children's Health Service Clinical Networks Cancer Network Advisory Group Healthy Partnerships Strategic Direction
Poor coordination and communication between primary care and acute care leading to avoidable admissions, adverse events and poor patient outcomes	An easy to navigate patient care journey incorporating tools and techniques to support service and care integration	Increased use of Health Call Centre Standardised Electronic Discharge Summaries Hospital in the Home Pathways Home Chronic Disease Management Expanded Residential Care Line Evidenced Based Clinical Guidelines Electronic Medical Records System-wide Clinical Information System
Lack of strategic policy focus on health promotion and early intervention	An integrated and focused approach to health promotion, prevention and early intervention	Primary Care Strategy for Aboriginal People Falls Prevention Program. Health Promotion Campaigns
80% of admissions to tertiary hospitals are for secondary care Concentration of hospital beds in large tertiary hospitals	Care in the most appropriate setting Increased availability of services closer to areas of predicted population growth	WA Health Clinical Services Framework Expanding and fully utilising capacity of the regional and metropolitan general hospitals via Infrastructure Development Program Reconfiguration of Outpatient Services Reconfiguration of General Hospital Services Expansion of Hospital in the Home Program
Barriers to patients accessing the system (culturally, geographically, socio-economic)	Access to services closer to home Culturally secure services	Building up of General Hospitals Overhaul of Elective Surgery Booking Process Regional Resource Centres Multi-purpose Services Integrated District Health Services Expanded Telehealth Services Primary Care Strategy for Aboriginal People Increase number of Aboriginal Health Care Professionals

WA Health - Model of Care



Delivering a Healthy WA - Strategic Intent

Healthy Workforce • Healthy Partnerships • Healthy Hospitals • Healthy Communities • Healthy Resources • Healthy Leadership

2.2 WA Health Clinical Services Role Delineation

The WA Health Clinical Services Framework (CSF) outlines the role of each metropolitan hospital as well as the key clinical services to be provided at each hospital site, reflecting the principles outlined in the Reid report, the vision for the model of care and feedback gained through consultation. It is based on the principles of providing services closer to people's homes and the reduction of duplication in services provided in the metropolitan area.

The CSF provides a strategic map of health care services and acts as a foundation for further planning processes. The framework will continue to be developed and refined and used more extensively throughout the state over time.

The CSF is essential to ensure that services are integrated, service directions are clearly articulated and can be planned for in a strategic manner. The CSF also allows for better workforce planning, informs financial and capital planning and clarifies clinical governance and models of evaluating care to ensure safety and quality while promoting economic efficiency in our health system.

The CSF, including role delineation and service level definitions, has been developed in collaboration with clinical experts and is based upon similar approaches in other health care systems. Important factors reviewed in the development of the CSF include:

- projected future demand for clinical services
- specialty specific patterns of services delivery including where patients receive services compared to where they live
- population growth and ageing
- scenario modelling designed to review detailed changes at clinical, age, region of residence and hospital level including changes in demand, average length of stay and referral patterns
- impact of reform initiatives.

2.2.1 Metropolitan Clinical Services Role Delineation

The role delineation matrix provides a clear role statement for each metropolitan public hospital and provides an outline of the type and level of clinical services to be provided at each of these sites into the future.

The matrix shows planned movement in clinical services from site to site as well as the upgrading of clinical services at some sites and the establishment of clinical services at new sites.

The matrix is intended as a strategic role statement, focusing on key clinical groups. Role delineation for more specific clinical specialties will be undertaken as part of the next planning stage.

The role and service type outlined in the matrix for each hospital is based on the application of some underlying principles and data including:

- providing care closer to where people live
- ensuring accessibility across the metropolitan area and country regions
- developing networked clinical services across the metropolitan area, with rural links
- supporting the Area Health Service concept
- projected future demand for services
- projected future population growth and demographic trends.

Definitions used in the Clinical Services Role Delineation

Tertiary Hospitals

Currently (2004-05) tertiary hospitals include:

- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- Fremantle Hospital
- Princess Margaret Hospital (tertiary paediatric facility)
- King Edward Memorial Hospital (tertiary women's facility)
- Graylands Hospital (tertiary mental health facility)
- Royal Perth Hospital Shenton Park Campus (tertiary rehabilitation facility).

By 2011, tertiary hospitals will be:

- Sir Charles Gairdner Hospital (central tertiary hospital)
- Fiona Stanley Hospital (southern tertiary hospital)
- Princess Margaret Hospital (tertiary paediatric facility)
- King Edward Memorial Hospital (tertiary women's facility)
- Graylands Hospital (tertiary mental health facility)
- Royal Perth Hospital Shenton Park Campus (tertiary rehabilitation facility)

Note that by at least 2015-16, it is planned that Joondalup Health Campus will also operate as a fully-fledged tertiary facility (ie northern tertiary hospital). While this was originally not planned until after 2020, the demand for services as population growth in the north has resulted in building up of Joondalup earlier than previously anticipated.

Also, by 2015-16, it is planned that tertiary rehabilitation services will be relocated from Royal Perth Hospital Shenton Park Campus to the Fiona Stanley Hospital, with the Shenton Park campus closing.

Tertiary hospitals provide services requiring highly specialised skills, technology and support to all of Western Australia. Typically a tertiary hospital may include centres of excellence, research and development and will provide a leadership role of integrated clinical services.

As a general rule of thumb, a tertiary hospital provides services at a level 6 according to the clinical services definition.

General Hospitals

By 2011, general hospitals will be:

- Joondalup Health Campus (although this campus is planned to be a tertiary facility by 2015-16 or sooner)
- Swan District Hospital
- Armadale Kelmscott Memorial Hospital
- Rockingham/Kwinana District Hospital.

The term general hospital highlights the community focus rather than a purely clinical focus. A general hospital should provide for most of the health needs of its population. A general hospital has the following clinical services and facilities:

- emergency departments
- 24 hour anaesthetic cover
- high dependency units
- general surgery capacity (including day surgery)
- obstetric services
- general medical and geriatric services
- general paediatrics
- some rehabilitation and mental health services
- centre for diagnostics, treatment and ambulatory care.

In the main, a general hospital provides services at a level 4 according to the clinical service definition. There are some exceptions, particularly with Joondalup Health Campus which will be built up in the medium term as it positions itself to be a tertiary facility. A general hospital will have resident general specialists, some visiting subspecialists and junior medical staff.

Specialist Hospitals

By 2011, specialist hospitals will refer to Osborne Park, Bentley and Fremantle Hospitals which will be reconfigured to focus on mental health, aged care and rehabilitation services. None of these hospitals will have emergency departments (although Fremantle Hospital will have an urgent primary care service). All three hospitals will retain some same day/ambulatory medical and surgical services. Some multiday elective surgical services will also be retained at Fremantle in the medium term. Osborne Park Hospital will retain some multiday elective surgery, becoming the centre for elective surgery for the North Metropolitan Area Health Service.

Generally, specialist hospitals (Osborne Park, Bentley and Fremantle Hospitals) will provide services at level 4/5 in their specialty according to the clinical services definition.

Other Hospitals

Other hospitals by 2011 include:

- Kalamunda District Hospital
- Peel Health Campus.

Kalamunda hospital will provide varied services as per the Clinical Services Role Delineation. A Peel Clinical Services Framework will be developed as part of a separate planning process.

The role delineation matrix which follows outlines the clinical services to be provided at each metropolitan hospital. For information regarding how to interpret the matrix, please refer to Appendix 1.

METROPOLITAN CLINICAL SERVICES FRAMEWORK

	South Metropolitan															North Metropolitan													Statewide																		
	Fiona Stanley Hospital			Fremantle			Rockingham			Bentley			Armadale			SCGH			RPH			RPH Shenton Park Campus			Swan			Osborne Park			Kalamunda			Joondalup			KEMH			PMH			Graylands				
	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16					
Medical Services																																															
General	nil	6	6	5/6	3	3	4	5	5	3	3	3	4	5	5	6	6	6	6	nil	nil	nil	nil	nil	4	5	5	3	3	3	3	3	3	4	5	5	nil	nil	nil	6	6	6	nil	nil	nil		
Cardiology	nil	6	6	6	nil	nil	3	4	4	nil	nil	nil	3	4	4	6	6	6	6	nil	nil	nil	nil	nil	3	4	4	nil	nil	nil	3	4	5	nil	nil	nil	6	6	6	nil	nil	nil					
Endocrinology	nil	6	6	6	nil	nil	3	4	4	3	3	3	3	4	4	6	6	6	6	nil	nil	nil	nil	nil	3	4	4	4	3	3	3	nil	nil	4	4	5	nil	nil	nil	6	6	6	nil	nil	nil		
Geriatric	nil	6	6	6	5	5	4	5	5	5	5	5	5	5	5	6	6	6	6	nil	nil	nil	nil	nil	5	5	5	5	5	5	3	3	3	5	5	5	nil	nil	nil	nil	nil	nil	nil	nil	nil		
Neurology	nil	6	6	4	nil	nil	3	4	4	2	nil	nil	3	4	4	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	nil	nil	nil	nil	nil	nil	4	4	5	nil	nil	nil	6	6	6	nil	nil	nil		
Renal - general - dialysis	nil 4	6 6	6 6	6 6	3 4	3 4	nil nil	4 4	4 4	2 2	4 4	4 4	3 4	4 5	4 5	6 6	6 6	6 6	6 6	nil 4	nil 4	nil 4	nil 4	nil 4	3 4	4 4	4 4	nil nil	4 4	4 4	nil nil	nil nil	nil 4	3 5	4 5	5 5	nil nil	nil nil	nil nil	6 6	6 6	6 6	nil nil	nil nil	nil nil		
Current year: dialysis services at Fremantle Hospitalincludes Melville Satellite Centre and Swan Hospital includes Midland Satellite Centre Future years: dialysis services at Fiona Stanley Hospital includes Melville Satellite Centre, Bentley Hospital includes Cannington Satellite Centre, Osborne Park Hospital includes Stirling Satellite Centre, and Swan Hospital includes Midland Satellite Centre																																															
Oncology	nil	6	6	6	nil	nil	nil	4	4	nil	nil	nil	3	4	4	6	6	6	6	nil	nil	nil	nil	nil	nil	4	4	nil	nil	nil	nil	nil	nil	3	4	5	nil	nil	nil	6	6	6	nil	nil	nil		
Radiation oncology	nil	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	5	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil		
Respiratory	nil incl sleep unit	6	6	6	nil	nil	3	4	4	3	nil	nil	4	4	4	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	nil	nil	nil	2	nil	nil	4	4	5	nil	nil	nil	6	6	6	nil	nil	nil		
Palliative care	4/5	6	6	6	nil	nil	2	4	4	2	nil	nil	2	4	4	6	6	6	6	6	nil	nil	nil	nil	nil	2	4	4	2	nil	nil	nil	nil	nil	2	4	5	nil	nil	nil	5	6	6	nil	nil	nil	
Fiona Stanley Hospital includes Murdoch Hospice. SCGH includes Cottage and Hollywood Hospice publicly contracted beds																																															
Gastroenterology	nil	6	6	6	nil	nil	2/3	4	4	3	3 sameday	3	3	4	4	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	5	4	4	3	nil	nil	3	4	5	nil	nil	nil	6	6	6	nil	nil	nil		
Other	nil	6	6	6	nil	nil	3/4	4	4	3	nil	nil	4	4	4	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	4	nil	nil	3	nil	nil	4	4	5	nil	nil	nil	6	6	6	nil	nil	nil		
Surgical Services																																															
General	nil kidney Tx	6	6	6	4	4 sameday	4	5	5	3	4	4 sameday	4	5	5	6	6	6	6	nil	nil	nil	nil	nil	4	5	5	4	4	4	3	3	3	5	6	6	5	5	5	6	6	6	nil	nil	nil		
ENT	nil	6	6	6	4	4 sameday	4	4	4	4	4	4 sameday	4	4	4	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	4	4	4	4	nil	nil	4	5	5/6	nil	nil	nil	6	6	6	nil	nil	nil		
Gynaecology	nil	5	5	4	nil	nil	4	4	4	3	nil	nil	4	4	4	nil	nil	nil	nil	nil	nil	nil	nil	4	4	4	4	nil	nil	3	nil	nil	4	5	5	6	6	6	nil	nil	nil	nil	nil	nil			
Ophthalmology	nil	6	6	6	4	4 sameday	4	4	4	3	4	4 sameday	4	4	4	6	6	6	6	nil	nil	nil	nil	nil	3	4	4	4	4	4	3	nil	nil	4	5	5/6	nil	nil	nil	6	6	6	nil	nil	nil		
Orthopaedics	nil	6	6	6	nil	nil	4	4	4	3	nil	nil	4	4	4	6	6	6	6	nil	nil	5	nil	nil	4	4	4	4	4	4	3	nil	nil	4	5	5/6	nil	nil	nil	6	6	6	nil	nil	nil		
Urology	nil	6	6	6	nil	nil	4	4	4	3	4	4 sameday	4	4	4	6	6	6	6	nil	nil	4	nil	nil	4	4	4	4	4	4	3	nil	nil	4	5	5/6	nil	nil	nil	6	6	6	nil	nil	nil		
Cardiothoracic	nil heart, lung Tx	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	4	4	nil	nil	nil	6	6	6	nil	nil	nil		
Vascular surgery	nil	6	6	6	nil	nil	3	4	4	nil	nil	nil	3	4	4	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	4	nil	nil	nil	nil	nil	nil	4	5	5/6	nil	nil	nil	6	6	6	nil	nil	nil	
Neurosurgery	nil	5/6	5/6	4	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	4	4	4	nil	nil	nil	6	6	6	nil	nil	nil		
Plastics	nil	6	6	5	nil	nil	3	4	4	2/3	nil	nil	3	4	4	6	6	6	6	nil	nil	4	nil	nil	3	4	4	4	4	4	nil	nil	nil	4	5	5	nil	nil	nil	6	6	6	nil	nil	nil		
Burns	nil	6	6	4	nil	nil	2	2	2	nil	nil	nil	2	2	2	4	4	4	6	nil	nil	nil	nil	nil	2	2	2	nil	nil	nil	nil	nil	nil	3	3	4	nil	nil	nil	6	6	6	nil	nil	nil		
Emergency/Trauma Services																																															
ED Urgent primary care	nil	6	6	6	nil 3	nil 3	4	5	5	nil	nil	nil	4/5	5	5	6	6	6	6	nil 3	nil 3	nil	nil	nil	4/5	5	5	nil	nil	nil	nil	nil	nil	5	5	5/6	nil	nil	nil	6	6	6	nil	nil	nil		
Currently nil emergency medicine consultant on duty 24 hours per day																																															

METROPOLITAN CLINICAL SERVICES FRAMEWORK

	South Metropolitan															North Metropolitan															Statewide														
	Fiona Stanley Hospital			Fremantle			Rockingham			Bentley			Armadale			SCGH			RPH			RPH Shenton Park Campus			Swan			Osborne Park			Kalamunda			Joondalup			KEMH			PMH			Graylands		
	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16						
Obstetrics Services																																													
Obstetrics	nil	5	5	4	nil	nil	4	4	4	4	nil	nil	4	4	4	nil	nil	nil	nil	nil	nil	4	4	4	4/5	nil	nil	3	nil	nil	4	5	5	6	6	6	nil	nil	nil	nil	nil	nil			
3 Nursery																																													
Paediatrics Services																																													
Paediatrics	nil	4/5	4/5	4	nil	nil	3	4	4	2	nil	nil	3	4	4	nil	nil	nil	nil	nil	nil	3	4	4	3	nil	nil	1	nil	nil	4	4/5	4/5	nil	nil	nil	6	6	6	nil	nil	nil			
Neonatology	nil	5	5	3	nil	nil	3	3	3	3	nil	nil	3	3	3	nil	nil	nil	nil	nil	nil	3	4	4	3	nil	nil	3	nil	nil	4	5	5	6	6	6	6	6	6	nil	nil	nil			
Level 2B SCN L1 SCN Level 1 SCN L1 SCN Level 1 SCN L1 SCN L1 SCN L1 SCN Level 2B SCN Level 3 SCN Level 3 SCN																																													
KEMH & PMH deliver a combined neonatal service																																													
Rehabilitation Services																																													
Rehabilitation	nil	6	6	6	5	5	3	5	5	5	5	5	5	5	5	6	6	6	6	nil	nil	6	6	nil	5	5	5	5	5	5	3	3	3	5	5	5/6	nil	nil	nil	5	5	5	1	1	1
State Rehab Centre																																													
Continuing Care Services																																													
Community assessment	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	nil	nil	nil	nil	nil	5	5	5	5	5	5	5	4	4	4	1	1	1	1	1	1	1	1	1	1	
Prevention and Promotion Services																																													
Environmental Health	1	5	5	5	1	1	1	1	1	1	1	1	1	1	1	5	5	5	5	nil	nil	nil	nil	nil	1	1	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Communicable Disease Control	nil	5	5	4	1	1	1	1	1	1	1	1	1	2	2	4	5	5	4	nil	nil	nil	nil	nil	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Child and Community Health	nil	5	5	5	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	nil	nil	nil	nil	nil	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
Aboriginal Health	2	3	3	2	3	3	2	2	2	2	2	2	2	3	3	5	5	5	5	nil	nil	nil	nil	nil	2	2	2	2	2	2	2	2	2	2	3	3	2	3	3	2	3	3	2	3	3
Health Promotion	nil	5	5	5	3	3	3	3	3	3	3	3	3	3	3	5	5	5	5	nil	nil	nil	nil	nil	3	3	3	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Breastscreen	nil	3	3	3	3	3	3	3	3	3	3	3	2	2	2	5	5	5	5	nil	nil	nil	nil	nil	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Cervical	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	5	5	5	5	nil	nil	nil	nil	nil	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Genomics	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	nil	nil	nil	nil	nil	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Primary Care Services																																													
GP based community nursing	5	6	6	4	5	5	4	5	5	4	4	5	4	4	5	5	5	6	5	nil	nil	nil	nil	nil	4	5	5	4	5	5	3	3	3	4	5	5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ambulatory Care Services																																													
Defined as outpatient services and community based and home care provided within the catchment area of each facility.																																													
Surgical		6	6		4	4		5	5		nil	nil		5	5		6	6		nil	nil	5	nil	nil		5	5		4	4		3	3		5	5/6		5	5		6	6		nil	nil
Medical		6	6		4	4		5	5		4	4		5	5		6	6		nil	nil	nil	nil	nil		5	5		4	4		3	3		5	5/6		5	5		6	6		nil	nil
Rehabilitation		5/6	5/6		5	5		4/5	4/5		5	5		4/5	4/5		6	6		5	nil	5	5	nil		4/5	4/5		5	5		1	1		4/5	5		nil	nil		6	6		nil	nil
Continuing care		5	5		6	6		5	5		6	6		5	5		5	5		nil	nil	nil	nil	nil		5	5		6	6		2	2		5	5		nil	nil		nil	nil		nil	nil
Paediatrics		5	5		nil	nil		4	4		nil	nil		4	4		nil	nil		nil	nil	nil	nil	nil		4	4		nil	nil		nil	nil		4/5	4/5		nil	nil		6	6		nil	nil
Obstetrics		5	5		nil	nil		4	4		nil	nil		4	4		nil	nil		nil	nil	nil	nil	nil		4	4		nil	nil		nil	nil		5	5		6	6		nil	nil		nil	nil
Current year Ambulatory Care Services are undefined. Mental Health Ambulatory Care Services are covered under Mental Health Services																																													

METROPOLITAN CLINICAL SERVICES FRAMEWORK

	South Metropolitan															North Metropolitan															Statewide														
	Fiona Stanley Hospital			Fremantle			Rockingham			Bentley			Armadale			SCGH			RPH			RPH Shenton Park Campus			Swan			Osborne Park			Kalamunda			Joondalup			KEMH			PMH			Graylands		
	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16			
Child and Adolescents Mental Health Services																																													
Mental health promotion and illness prevention	nil	6	6	3	6	6	nil	6	6	5	6	6	nil	6	6	nil	6	6	nil	nil	nil	3	6	6	5	6	6	nil	6	6	nil	6	6	5	6	6	nil	nil	nil						
Emergency services (hospital based)	nil	6	6	5	6	6	3	5	5	nil	nil	nil	3	nil	nil	5	6	6	5	nil	nil	nil	nil	3	5	5	nil	nil	nil	nil	nil	nil	5	6	6	3	3	3	4	5	5	nil	nil	nil	
Inpatient services	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	nil	nil	nil	6	6	6	nil	nil	nil				
Community clinical based services	nil	nil	nil	5	6	6	5	5	5	6	6	6	5	5	5	5	nil	nil	5	nil	nil	nil	nil	5	5	5	5	5	5	nil	nil	nil	5	6	6	nil	nil	nil	4	6	6	nil	nil	nil	
Day therapy services (hospital based)	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	5	5	nil	nil	nil	5	6	6	nil	nil	nil				
Community non clinical support programs	nil	3	3	2	4	4	2	3	3	2	3	3	2	3	3	2	3	3	2	nil	nil	nil	nil	nil	2	3	3	2	3	3	2	3	3	2	3	3	nil	nil	nil	nil	nil	nil	nil	nil	
Intermediate care	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	nil	4	4	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil		
Adult Mental Health Services																																													
Mental health promotion and illness prevention	nil	6	6	5	6	6	5	6	6	5	6	6	5	6	6	5	6	6	5	nil	nil	nil	nil	nil	5	6	6	5	6	6	nil	6	6	5	6	6	5	6	6	nil	nil	nil	nil	6	6
Emergency services (hospital based)	nil	6	6	5	5	5	3	5	5	5	5	5	4	5	5	5	6	6	5	nil	nil	nil	nil	nil	4	5	5	nil	5	5	nil	nil	nil	4	6	6	4	5	5	nil	nil	nil	6	6	6
Inpatient services	nil	6	6	5	5	5	nil	5	5	5	5	5	5	5	5	5	6	6	5	nil	nil	nil	nil	nil	5	5	5	nil	5	5	nil	nil	nil	5	5	5	5	6	6	nil	nil	nil	6	6	6
Community clinical based services	nil	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	nil	nil	nil	nil	nil	5	5	5	5	5	5	2	2	2	5	5	5	nil	4	4	nil	nil	nil	nil	nil	nil
Day therapy services (hospital based)	nil	6	6	5	5	5	nil	5	5	5	5	5	5	5	5	5	6	6	5	nil	nil	nil	nil	nil	5	5	5	nil	5	5	nil	nil	nil	5	5	5	5	6	6	nil	nil	nil	6	6	6
Community non clinical support programs	nil	nil	nil	5	5	5	3	6	6	3	6	6	3	5	5	5	6	6	5	nil	nil	nil	nil	nil	5	6	6	3	6	6	3	4	4	3	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil
Intermediate care	nil	4	4	nil	4	4	nil	4	4	nil	6	6	nil	5	5	nil	4	4	nil	nil	nil	nil	nil	nil	4	4	4	nil	5	5	nil	3	3	nil	6	6	nil	4	4	nil	nil	nil	6	6	
Older Persons Mental Health Services																																													
Mental health promotion and illness prevention	nil	6	6	nil	6	6	nil	6	6	nil	6	6	nil	6	6	nil	6	6	nil	nil	nil	nil	nil	nil	6	6	nil	6	6	nil	6	6	nil	6	6	nil	nil	nil	nil	nil	nil	6	6	6	
Emergency services (hospital based)	nil	6	6	3	5	5	3	5	5	3	5	5	3	5	5	3	6	6	3	nil	nil	nil	nil	nil	3	5	5	3	5	5	3	3	3	3	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil
Inpatient services	nil	5	5	5	5	5	nil	5	5	5	5	5	5	5	5	5	6	6	nil	nil	nil	nil	nil	5	5	5	5	5	5	nil	nil	nil	nil	5	5	nil	nil	nil	6	6	6				
Community clinical based services	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	nil	nil	nil	nil	nil	5	5	5	5	5	5	2	2	2	5	5	5	nil	nil	nil	nil	nil	nil	6	6	6
Day therapy services (hospital based)	nil	6	6	5	5	5	nil	5	5	6	6	6	5	5	5	nil	6	6	nil	nil	nil	nil	nil	nil	5	5	5	5	5	5	nil	nil	nil	nil	5	5	nil	nil	nil	5	6	6	nil	nil	nil
Community non clinical support programs	nil	nil	nil	nil	5	5	nil	5	5	nil	5	5	nil	5	5	nil	5	5	nil	nil	nil	nil	nil	nil	5	5	5	nil	5	5	nil	5	5	nil	5	5	nil	nil	nil	nil	nil	nil	nil	nil	nil
Intermediate care	nil	nil	nil	4	4	4	4	5	5	4	6	6	4	4	4	nil	nil	nil	nil	nil	nil	nil	nil	4	4	4	4	6	6	3	3	3	4	4	4	nil	nil	nil	nil	nil	nil	4	4	4	
Prevention promotion levels can not be considered as a continuum. Eg. Level 6 designation does not assume level 1- 5 are included in the level 6 coding.																																													
Statewide Mental Health Services																																													
Forensic	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6				
Maternal	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	5	6	6	nil	nil	nil	nil	nil	nil	nil	nil	
Neurological	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Alcohol and Drug	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Other - Eating disorders	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	nil	nil	nil	nil	nil	

METROPOLITAN CLINICAL SERVICES FRAMEWORK

	South Metropolitan															North Metropolitan															Statewide															
	Fiona Stanley Hospital			Fremantle			Rockingham			Bentley			Armadale			SCGH			RPH			RPH Shenton Park Campus			Swan			Osborne Park			Kalamunda			Joondalup			KEMH			PMH			Graylands			
	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16	2004/05	2010/11	2015/16							
Clinical Support Services																																														
Pathology	6	6	6	6	3	3	3	4	4	3	3	3	3	4	4	6	6	6	6	nil	nil	4	nil	nil	4	4	4	3	3	3	3	2	2	4	4	5/6	6	6	6	6	6	6	2	2	2	
Radiology	nil	6	6	6	3	3	4	5	5	3/4	3	3	5	5	5	6	6	6	6	nil	nil	5	nil	nil	4/5	5	5	3/4	3/4	3/4	3	2/3	2/3	5	5	5/6	5	5	5	6	6	6	nil	nil	nil	
Pharmacy	nil	6	6	6	4	4	4	4	4	4	4	4	4	4	4	6	6	6	6	nil	nil	4	nil	nil	4	4	4	4	4	4	3	3	3	4	5	5/6	5	5	5	6	6	6	6	6	6	
ICU/HDU	nil	6	6	6	nil	nil	nil	4	4	nil	nil	nil	nil	4	4	6	6	6	6	nil	nil	4	nil	nil	nil	4	4	nil	nil	nil	nil	nil	nil	4	4	5/6	3	3	3	nil	nil	nil	nil	nil	nil	
Paediatric ICU	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	nil	nil	nil		
CCU	nil	6	6	6	nil	nil	nil	4	4	nil	nil	nil	nil	4	4	6	6	6	6	nil	nil	nil	nil	nil	nil	4	4	nil	nil	nil	nil	nil	nil	4	4	5/6	nil	nil	nil	6	6	6	nil	nil	nil	
Anaesthetics	nil	6	6	6	3	3	3	4	4	4	1	1	3	4	4	6	6	6	6	nil	nil	4	nil	nil	3	4	4	4	4	4	3	3	3	4	4	5/6	6	6	6	6	6	6	nil	nil	nil	
Operating theatres	nil	6	6	6	4	4	3	4/5	4/5	4	2	2	4	4/5	4/5	6	6	6	6	nil	nil	5	nil	nil	4	4/5	4/5	4	4	4	3	3	3	4	4	5/6	5	5	5	6	6	6	nil	nil	nil	
Training and research	nil	6	6	6	4	4	3	4	4	4	4	4	4	4	4	6	6	6	6	nil	nil	5	nil	nil	4	4	4	4	4	4	3	3	3	4	4	5/6	5	5	5	6	6	6	4	4	4	
Population																																														
Geographical Catchment Population	229907	247987	269832	50377	52665	53689	115739	140612	163409	113510	119166	124655	103106	114122	134169	222535	227647	233823								181192	217633	246973	222019	228830	237742	41718	41941	45229	205031	252792	306995									
Bed Capacity																																														
- Medical/Surgical		335	574		95	60		100	115		0	0		94	94		705	705		0	0		0	0		120	120		60	60		33	33		240	300		20	20		0	0		0	0	
- Obstetrics		25	27		0	0		20	20		0	0		23	23		0	0		0	0		0	0		25	25		0	0		0	0		30	30		92	75		0	0		0	0	
- Paediatrics		18	18		0	0		8	9		0	0		10	10		0	0		0	0		0	0		10	10		0	0		0	0		19	19		2	2		176	112		0	0	
- Same Day		35	70		20	30		21	31		10	10		31	33		87	87		0	0		0	0		25	25		24	30		17	17		40	55		12	12		29	20		0	0	
- HDU/CCU/ICU		50	80		10	0		10	15		0	0		10	10		70	70		0	0		5	0		15	15		0	0		0	0		25	30		5	5		10	6		0	0	
- ESSU		12	16		0	0		6	8		0	0		8	8		20	20		0	0		0	0		8	8		0	0		0	0		10	16		0	0		7	6		0	0	
- Rehabilitation		42	147		38	38		24	40		63	63		40	40		30	30		24	24		105	0		48	48		89	89		0	0		40	64		0	0		0	0		0	0	
- Mental Health		48	56		66	66		40	50		111	111		43	43		36	92		12	12		0	0		51	51		25	74		0	0		56	62		8	8		8	8		210	136	
- Other		45	70		23	23		10	18		12	16		15	15		38	42		28	36		12	0		24	32		16	20		0	0		34	47		90	90		26	26		0	0	
Total	11	610	1058	541	252	217	85	239	306	235	196	200	207	274	276	645	986	1046	708	64	72	236	122	0	206	326	334	209	214	273	71	50	50	235	494	623	276	229	212	256	256	178	263	210	136	

NOTE: Bed numbers outlined in this document are indicative numbers only and will be subject to review as the implementation of the framework progresses. Bed numbers indicate hospital capacity.

SCGH/RPH includes 12 public mental health beds and 24 public restorative beds provided under contract by Mercy Hospital as well as 18 public palliative care beds provided under contract by Cottage Hospice (14) and Hollywood Hospital (4).

The FSH bed numbers include 11 public palliative care beds provide under contract by Murdoch Hospice.

Fremantle Hospital beds include 11 public dialysis chairs provided at the Melville Dialysis Unit.

Swan District bed numbers include the 12 dialysis chairs at the Midland dialysis unit.

In future years, Osborne Park and Bentley catchment areas will provide dialysis services, however, these will not be located on the hospital sites.

'Other' bed numbers refers to dialysis, neonatal and palliative care.

2.2.2 Country and South West Area Clinical Services Role Delineation

Clinical services within the WA Country Health Service and the South West Area Health Services will be guided by the CSF and configured according to the Area Health Service plans as outlined in 2.4 of this framework.

As per the Reid report, more formal links will be developed between country and metropolitan Area Health Services which will ensure regional patients have timely access to tertiary health care and up to date professional expertise. Such links, along with other strategies such as workforce, education/training and information management and communication technology will benefit metropolitan and country health systems and patients.

2.3 Metropolitan Bed Strategy

The complex demand modelling information, which underpins the CSF, has provided a vital data platform that will be used to inform the distribution, capacity and provision of health care services over time, including the number of inpatient and same day beds required within the health care system.

Demand modelling is a dynamic process used in a progressive manner in response to changes within the system—including the impact of health care reforms within the Reid report recommendations, new technology, actual population growth and service activity trends—to ensure health planning and decision making is based on the most advanced information.

Using the data provided by the demand modeling exercise, a comprehensive plan was developed for the transition from the current metropolitan hospital configuration (including number of beds and infrastructure capacity) to the long-term requirements. This information will be used to inform the Infrastructure Development Plan (see 3.3).

The following table provides an overview of the current and projected bed capacity required to meet future health care needs as defined through this process. The numbers provided are in reference to the provision of physical beds and hospital capacity. Please note this is a relatively dynamic model. Future detailed facility design and planning may alter the final size of the developments.

Projected Hospital Capacity

Metropolitan Hospitals	Current (April)	2010/2011	2015/2016
Fiona Stanley	11*	610	1,058
Fremantle (incl Woodside)	541	252	217
Rockingham	85	239	306
Bentley	235	196	200
Armadale	207	274	276
Central Tertiary(SCGH/RPH)	1353	1,050	1,118
Shenton Park	236	122	0
Swan District	206	326	334
Osborne Park	209	214	273
Kalamunda	71	50	50
Joondalup	235	494	623
KEMH	276	229	212
PMH	256	256	178
Graylands	263	210	136
TOTAL	4,184	4,522	4,981

* Palliative care beds provided under contract by Murdoch Hospice beds

It is important to note that opportunity for revision of bed distribution within Area Health Services will be structured into the implementation process as information is updated, refined and the effects of the reform process are evidenced. In addition each key component of the CSF will require detailed and comprehensive business case development and approval. This may result in alteration to the scale and scope of some aspects of the associated capital works program.

It is not possible at this stage of planning to specify the exact numbers of beds required by sub-specialties such as cardiology or orthopaedics. This work will be undertaken in the planning for specific sites, the ongoing work on models of care and the pragmatic approach which facility design and costing will require. An overview of major groups is included in the Role Delineation Matrix.

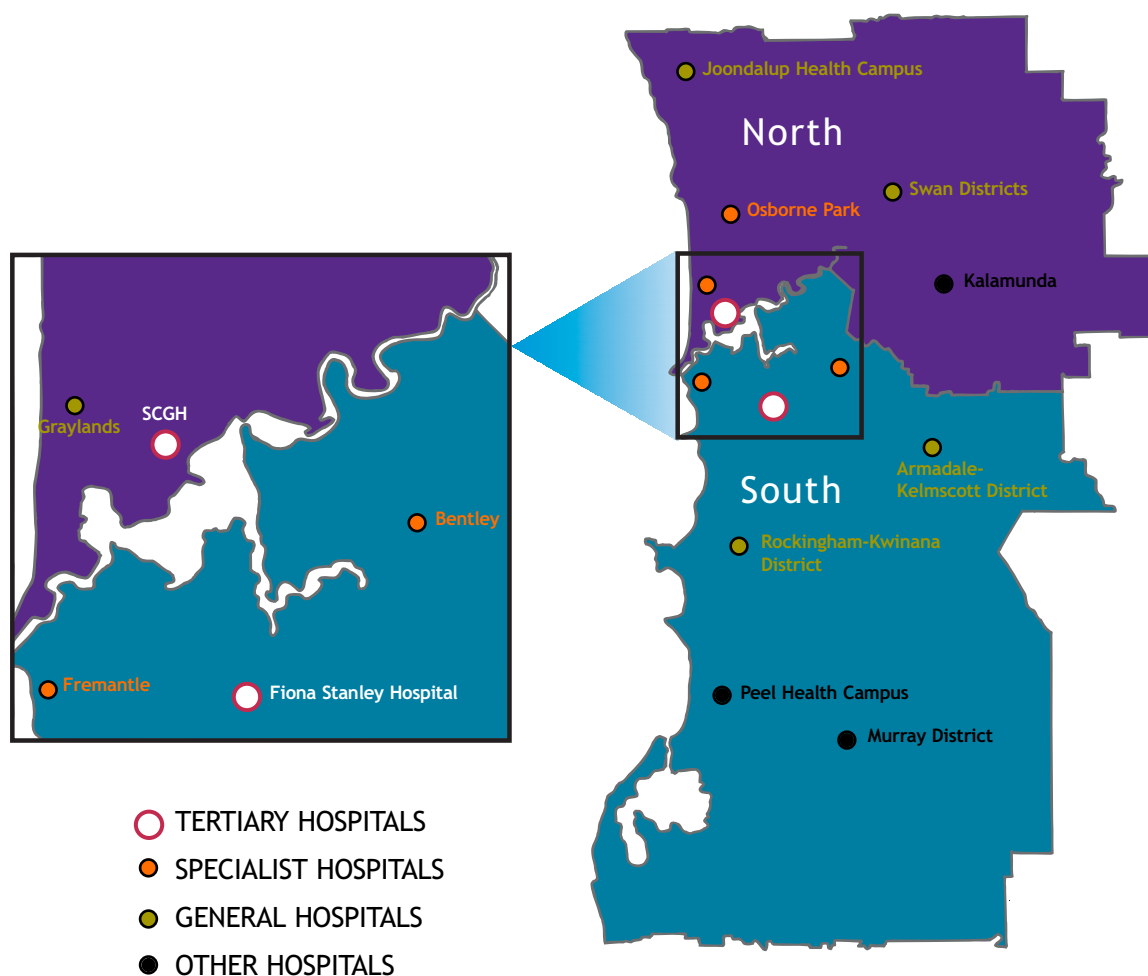
More specific information regarding bed configuration beyond the major specialty groups will be defined during the implementation of the CSF.

2.4 Vision for Area Health Services

- The health system now operates within an Area health model divided to reflect the growth in population and expansion of services and infrastructure:
- North Metropolitan Area Health Service (NMAHS)
- South Metropolitan Area Health Service (SMAHS)
- Women's and Children's Health Service (WCHS)
- WA Country Health Service (WACHS)
- South West Area Health Service (SWAHS)

A continuum of care is offered within each Area Health Service from the primary care sector, where the first point of contact for many is a local general practitioner, pharmacist or community health nurse, through to the secondary level care, provided by a local general or regional hospital, and then, for some, specialty clinical services, provided by a tertiary care hospital. The health system aims to provide the most appropriate and safe health care to the community in the most appropriate setting and in many cases this is not inside a hospital.

NMAHS & SMAHS Configuration



2.4.1 North Metropolitan Area Health Service

The population residing north of the Swan River is now part of the North Metropolitan Area Health Service (NMAHS).

The NMAHS will consolidate its service delivery and be able to dedicate resources to the population in the northern corridor following considerable development of services planned for the south metropolitan area. Those in communities residing in the very far north of the metropolitan area have had to travel significant distances to access many health services. The reconfiguration of the NMAHS will improve access and reduce the distance travelled for services.

Outside of the public hospital facilities across the NMAHS are a range of health care services that support and complement a continuum of care for patients, such as population health prevention and promotion programs, and ambulatory care services as part of Healthy@Home. Improvements and expansion in service delivery in order to reduce the pressures on the tertiary hospital system and allow patients to receive the best possible care in the most appropriate setting close to their community is underway. Underpinning this will be the strengthening of prevention and promotion activities to reduce trends of chronic disease and reduce the numbers of people entering the hospital system.

The reconfiguration and planning of health services in the NMAHS is based on the projected burden of disease for the future. Mental health, aged care and rehabilitation services will be strengthened as specialised services in response to predicted increased need.

The roles and functions of each of the major public health care centres in the NMAHS will change to ensure an appropriate range of clinical services is provided to the population within this Area. This is shown in the following table.

WA Health Clinical Services Framework 2005 - 2015

Health Care Facility	Current Role 2005	Future Role 2010-2015
Sir Charles Gairdner Hospital	Tertiary Care	Central tertiary hospital with significant growth and development planned. Service directions to include development of the State Cancer Centre, State Neurosciences Centre.
Royal Perth Hospital	Tertiary Care	Tertiary and some secondary services to be relocated to FSH by 2011. Some services will move to SCGH and northern general hospitals. Princess Margaret Hospital to be relocated to the North Block, Wellington Street by 2015.
Joondalup Health Campus	Secondary Care	Significant development to become one of four metropolitan general hospitals. Medium term plan for Joondalup to become a second tertiary hospital for the NMAHS and the development of a major private hospital including mental health.
Kalamunda Hospital	Secondary Care	Role to change with focus on primary care, aged care and sub acute care. Maternity services will be relocated when appropriate facilities are available at general hospitals.
Osborne Park Hospital	Secondary Care	Role to change to a specialist hospital with focus on aged care, mental health and rehabilitation, planned overnight and sameday surgery.
Swan District Hospital	Secondary Care	Significant development to become one of four metropolitan general hospitals providing increased capacity and service complexity, increasing access to health care services in the eastern metropolitan region.
Graylands Hospital	Specialist Care	Continued role as specialist hospital, providing tertiary level acute mental health services for the State.
RPH Shenton Park Campus	Rehabilitation Centre	Campus will close by 2016 with services relocated as alternative care is available at appropriate sites. Tertiary rehabilitation services will be relocated to a State Rehabilitation Centre at Murdoch.

Note: For detailed information regarding role and provision of clinical services please refer to the Metropolitan Clinical Services Role Delineation Framework at 2.2.1.

Overall, bed capacity itself will remain at a relatively constant level compared with current figures. In the long term there will be a slight increase in bed capacity to reflect growth in population in the northern suburbs. The increase in bed capacity will not be as dramatic as that planned for the SMAHS. Historically, there has been a bed shortage in the south, with the north bridging the gap in services.

With the increased capacity in the south, the north will now be able to provide dedicated services to the NMAHS, thus increases will be moderate. Services outside of hospital facilities such as hospital in the home and other ambulatory care programs will be strengthened to improve access and the range of health services offered to the community in the northern corridor and decrease demand on inpatient care.

On the Joondalup Campus it is planned to have a private hospital facility guild by the private operator to complement the existing services (approximately 150-200 beds).

Bed Provision Strategy			
Facility	2005	2010/11	2015/16
Central Tertiary Hospital (SCGH & RPH)	1353	1050	1118
Royal Perth Rehabilitation Hospital (Shenton Park)	236	122	0
Joondalup Hospital	235	494	623
Kalamunda Hospital	71	50	50
Swan District Hospital	206	326	334
Osborne Park Hospital	209	214	273
Graylands Hospital	263	210	136
Total	2573	2466	2534

* Includes palliative care beds provided under contract by Hollywood and Cottage Hospices. Also includes restorative and mental health beds provided under contract by Mercy Hospital.

2.4.2 South Metropolitan Area Health Service

The population residing south of the Swan River is now part of the South Metropolitan Area Health Service (SMAHS).

Significant development of health services will occur in the SMAHS in response to the needs of the population and will include the commissioning of a new public tertiary hospital at Murdoch.

Planning for this exciting new development will commence in the short term and will be conducted as a collaborative initiative between the tertiary hospitals of Fremantle and Royal Perth. The planning process will seek the contribution and participation of all stakeholders to ensure the establishment of a new health care service of the highest quality.

As in the north, a range of health care services that support and complement a continuum of care for patients will be enhanced outside of hospital-based services such as population health prevention and promotion programs and ambulatory care services. Mental health, aged care and rehabilitation services will be strengthened as specialised facilities in response to the predicted increase in demand.

WA Health Clinical Services Framework 2005 - 2015

The roles and functions of facilities located in the SMAHS will be reconfigured as follows:

Health Care Facility	Current Role 2005	Future Role 2010-2015
Fiona Stanley Hospital	Tertiary Care	New tertiary hospital to be developed at Murdoch by 2011. Service directions will include a State Trauma and Burns Centre, State Rehabilitation Centre, Heart/Lung Transplantation Services, Comprehensive Cancer Centre.
Fremantle Hospital (including Kaleeya Hospital)	Tertiary Care	Role to change to specialist hospital with focus on rehabilitation, aged care and mental health services. All tertiary services to be relocated to the Fiona Stanley Hospital by 2011. Some ambulatory/elective surgical services will be retained.
Woodside Hospital	Maternity Care	To be closed when appropriate alternative services are available within the SMAHS.
Rockingham Kwinana Hospital	Secondary Care	Significant development to become one of four metropolitan general hospitals providing comprehensive range of core clinical services to its catchment in the SMAHS.
Bentley Hospital	Secondary Care	Role to change to become a specialist hospital with focus on aged care, rehabilitation and mental health services. Same day elective surgery be maintained and ambulatory care services will be enhanced.
Peel Health Campus	Secondary Care	Whilst not included in the metropolitan clinical services framework, Peel Health Campus will continue its role within the SMAHS in providing health care services appropriate to the local catchment area. A separate Peel Clinical Services Framework is being developed.
Armadale Kelmscott Hospital	Secondary Care	Significant development to become one of four metropolitan General Hospitals providing comprehensive range of core clinical services to its catchment in the SMAHS.

Note: For detailed information regarding role and provision of clinical services please refer to the Metropolitan Clinical Services Role Delineation Framework at 2.2.1.

Overall, bed capacity will increase in the SMAHS as some services are relocated and capacity is increased. Existing secondary hospitals in the southern corridor such as Rockingham/Kwinana District Hospital and Armadale/Kelmscott Memorial Hospital will have their capacity increased and become two of the four General Hospitals in the metropolitan area.

Expressions of interest have been called for a potential private hospital collocation on the Rockingham site.

Bed Provision Strategy			
Facility	2005	2010/11	2015/16
Fiona Stanley Hospital	11*	610	1058
Fremantle Hospital	504	252	217
Woodside Maternity Hospital	37	0	0
Rockingham/Kwinana District Hospital	85	239	306
Bentley Hospital	235	196	200
Armadale Kelmscott Memorial Hospital	207	274	276
Total	1079	1571	2057

* Palliative care beds provided under contract by Murdoch Hospice beds

2.4.3 Women's and Children's Health Service

The Women's and Children's Health Service is a statewide service. Major services assigned to WCHS include:

- Princess Margaret Hospital (PMH)
- King Edward Memorial Hospital (KEMH)
- Child and Youth Health Clinical Network
- Women's Health Clinical Network including maternal health.

The role and function of KEMH and PMH will continue at a tertiary level. Reconfiguration of services in the NMAHS and SMAHS will support and complement these existing statewide services by increasing the provision of women's and children's services in general hospitals closer to where the community lives.

Bed Provision Strategy			
Facility	2005 (April)	2010/11	2015/16
Princess Margaret Hospital	256	256	178
King Edward Memorial Hospital	276	229	212

A range of health care services support and complement the continuum of care for women and children, such as population health prevention and promotion programs and ambulatory care services. Improvements and expansion in service delivery in order to reduce the pressures on the tertiary hospital system and allow patients to receive the best possible care in the most appropriate setting close to their community is underway.

Significant resources and effort have gone into re-establishing the reputation and physical facilities at King Edward Memorial Hospital. In the past 2 years over \$25m has been spent on a range of capital works including the development of a Maternal Foetal Monitoring Centre and an upgrade of the delivery suite, emergency department and acute high dependency unit.

Long-term solutions are required for a range of issues identified at the KEMH and PMH facilities which impact upon their effectiveness and efficiency.

Some of the issues identified are:

- constrained sites
- continuity of care
- isolation of some gynaecological services from other adult services
- ability to maintain high levels of clinical care, equipment, services and infrastructure on isolated sites
- difficulty in alignment of clinical quality and governance processes across distinct sites
- ability to maintain adequate maternity service provision on large number of sites given the long-term issue of attraction and retention of suitably experienced workforce.

It is acknowledged that co-location of the hospitals within the Women's and Children's Health Services at a tertiary adult site would be the preferred solution to address the issues identified. However, after extensive consultation and deliberation it has been concluded that:

- PMH should be relocated to the vacated Wellington Street Campus (North Block) when RPH services are relocated. Many of the difficulties of the current PMH site will be addressed by the more modern infrastructure of the north block and the proximity to public transport and parking.
- The Institute for Child Health Research should be relocated to the RPH site in close proximity to the Paediatric Hospital.
- King Edward Memorial Hospital should be relocated to a new site. Three options will be maintained at the FSH, SCGH and a site to the west of the existing North Block at RPH, with a final decision to be made closer to a move date. A 'footprint' for KEMH will be included in planning for the development of all sites, retaining an option for the most appropriate relocation when required.
- It is recognised that having diagnostic and adult high level support services co-located with the women's tertiary service is a preferred option. If KEMH was to eventually locate at the RPH site, it is possible that a private health provider might wish to collocate at this site, thus providing adult tertiary support services and access to clinicians.

Supporting the Vision

The WCHS will facilitate the enhanced coordination and support of women's and children's health service delivery to the state.

An important priority will be the articulation of a Maternal Services Framework, building upon successful models of care already in place in WA, to help inform the planning of new and enhanced services within the metropolitan and country area health services. This will be done with an aim to support and promote the practice of all members of the maternal care team including obstetricians, GP obstetricians and midwives, ensuring that the community continues to have choice in their preferred model of care.

Western Australia experiences a number of unique challenges in the provision of obstetric and maternal care services due to our vast geography, population distribution and cultural diversity. As recommended in the Western Australian Statewide Obstetric Services Review 2002, later endorsed by the Health Reform Committee in 2004 and as outlined in the Perinatal and Infant Mortality Report 2001-02, a Statewide Obstetric Support Unit (SOSU) has been established under the direction of the Women's and Children's Health Service.

The aim of the SOSU is to ensure the highest standard of maternity care is provided to the community of Western Australia. To achieve this aim, the service will work collaboratively within a network of metropolitan and country maternity services to provide support and direction in areas such as development of policy and standards, clinical quality and safety activities, workforce support and professional advice.

2.4.4 WA Country Health Service

The WA Country Health Service has embarked upon the implementation of the recommendations of the Country Health Services Review of 2003 (endorsed as part of the Reid report) that will guide the development of clinical services in regional areas.

The WA Country Health Service manages over 200 facilities, including 57 hospitals, 22 nursing posts and over 100 health centres, child, community and mental health facilities.

Regional Resource Centres, Integrated District Health Services and health services in smaller towns and communities form a regional network of health services across each region based on a 'hub and spoke' concept.

The aim of building a regional network model across the WA Country Health Service is to:

- provide a guaranteed level of patient care in each hospital
- improve the patient care available within the region
- increase patient access to clinical services.

Details on the level of service to be provided in each country hospital are included in Appendix 2.

Regional Resource Centres

Regional Resource Centres will deliver as much acute care within regions as possible, limiting the need for travel to Perth other than for services only available at major metropolitan hospitals. Regional Resource Centres will also provide patient services and other non-clinical support services to smaller health services within the region.

Regional Resource Centres are located in:

- Broome
- Port Hedland
- Geraldton
- Kalgoorlie
- Albany
- Bunbury

In the Wheatbelt, the dispersed population and close proximity to Perth suggest the development of four Integrated District Health Services rather than a single Regional Resource Centre. A detailed plan for the unique hospital and health service system in the Wheatbelt region will be undertaken in 2005.

Integrated District Health Services

Integrated District Health Services will provide a range of designated inpatient and primary care services for the town and surrounding communities, supported by outreach services from the Regional Resource Centre. Services will include 24 hour emergency cover, the planned delivery of low-risk births, and some low complexity surgery as well as diagnostic and primary health services.

Integrated District Health Services are located in:

Esperance	Katanning	Moora	Narrogin
Merredin	Northam	Carnarvon	Newman
Nickol Bay	Derby	Kununurra	

Health Services in Small Towns

Hospital and health services in small towns will be flexible to accommodate changing health needs. The emphasis is on continued provision of 24 hour emergency treatment services, the capacity for low level acute inpatient care, aged care and appropriate community-based services.

Towns with such services include:

Fitzroy Crossing, Halls Creek, Wyndham, Exmouth, Onslow, Paraburdoo, Wickham, Roebourne, Tom Price, Dongara, Kalbarri, Meekatharra, Morawa, Mullewa, North Midlands, Northampton, Laverton, Leonora, Norseman, Ravensthorpe, Beverley, Boddington, Bruce Rock, Corrigin, Cunderdin, Dalwallinu, Dumbleyung, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Pingelly, Quairading, Southern Cross, Wagin, Wongan Hills, Wyalkatchem, York, Denmark, Gnowangerup, Kojonup, Plantagenet.

Health Services for small communities/settlements

Some small communities have difficulty in supporting resident general practitioner services. Where GPs cannot be attracted, the primary care needs of these small communities may be met through services staffed by resident nurse practitioners and supported by visiting general practitioners, community nurses and allied health staff.

Partner Metropolitan Health Services

Partnerships between the country regions and metropolitan health services will provide support for country services including:

- visiting specialists/locum specialists/specialist rotations
- telehealth clinical consultations and support
- assistance with recruitment of specialists, doctors, nurses, allied health clinicians and joint appointments
- graduate medical, nursing and allied health rotations
- inservice education and training
- clinical advice and audit support.

Capital and Infrastructure

A capital and infrastructure plan has been articulated to develop the capacity of our Regional Resource Centres and Integrated District Health Services, replace or upgrade small health services where necessary, improve staff and patient accommodation and medical transport services.

Priorities 2005-2010

The priorities for the next five years are:

- establishing formal metro-country links
- building the clinical workforce in Regional Resource Centres
- developing the physical infrastructure and systems for regional health networks
- staff attraction and retention initiatives, especially improved staff housing
- better coordinated patient transport systems
- greater focus on aged care services.

WA Country Health Service and South West Area Health Service Configuration



2.4.5 South West Area Health Service

The South West Area Health Services (SWAHS) has embarked on a strategic service planning process to ensure the systematic improvement of health care services in the region over time in alignment with the State Strategic Health Plan.

The SWAHS service planning will embody clinical services planning and includes a scope of analysis and planning which is broader than just clinical services. This approach by SWAHS seeks to achieve both the requirements of a clinical services plan with its focus on service settings and the ten condition-based consumer centric programs that are the focus of service delivery in the South West.

The South West Health Campus at Bunbury will be maintained as the key central hub for services in the south-west. This private-public collocation has been extremely successful.

2.5 Education and Research

The Western Australian health system has a distinguished role in undertaking cutting-edge research which has benefited local, national and international patients. Similarly, there is a strong emphasis and long tradition in clinical education and training within our health care system.

The Department of Health is committed to the position of research within the system and to strengthening opportunities for clinical research across all health settings, including hospital, community and ambulatory care. The newly established State Health Research Advisory Council (SHRAC) will have a pivotal role in providing leadership for the further development of health and medical research, ensuring a coordinated approach to the planning, conduct of research and translation of research into policy and practice.

SHRAC will also provide advice on planning for development of facilities within current and proposed infrastructure developments, including Sir Charles Gairdner Hospital and the new Fiona Stanley Hospital and the expansion of research to be undertaken at the four general hospitals. Significant additional new research facilities will be established simultaneously with building development at FSH, SCGH and the newly located PMH.

The expanding role of health and medical research as outlined in the CSF is not confined to major teaching hospitals - it goes beyond to general and specialist hospitals, where patients will have the ability to participate in clinical research in hospitals that are closer to home and still benefit from the translation of research outcomes into policy and practice.

Teaching and training for medical, nursing and allied health students has traditionally been through an apprenticeship model primarily based at our large metropolitan tertiary hospitals. After considering the medical workforce and the influx of additional medical graduates from 2009, the Reid report recommended that new ways of undertaking medical training are needed.

Work has progressed to develop and implement new approaches to undergraduate and postgraduate medical training, including:

- greater exposure to private and secondary hospitals where junior doctors have the opportunity to experience training in a variety of medical and surgical conditions
- increased training within the ambulatory care setting
- greater training in community settings.

Key stakeholders will be engaged, including clinicians, colleges and universities to discuss sustainability of medical training into the future. A steering committee has been established to identify strategies and to monitor risks, quality and timeliness of strategies for medical training. Issues already raised include the need to incorporate appropriate teaching facilities within the reconfiguration of our health system.

There are a number of advantages to the ongoing commitment to research and training, including the improved quality of life and wellbeing for patients and the attraction and retention of staff involved in research and training.

2.6 Pathology Services WA

As recommended in the Reid report, a single pathology service has been established in WA with the aim to providing service quality and economic benefits over time which will support the implementation of the CSF.

Expected benefits include:

- improved demand management
- service rationalisation (adopting a system level approach to reducing costs by better matching capacity and demand, eliminating inappropriate duplication, and managing the development of specialist services)
- economies of scale in purchasing and procurement
- support for and expansion of teaching and research.

Further work will be done on the optimal facility deployment (eg centralised specialist laboratory services) in order to provide a comprehensive and world-class pathology service.

2.7 Mental Health

The State's mental health system has been under significant pressure for many years, and improving mental health services for patients and health system staff is now a top priority.

\$173.4 million in additional funding over the next three years has been allocated to enable the implementation of comprehensive mental health reform initiatives.

This funding of a range of new initiatives and the expansion of existing mental health services will have significant benefits to many individuals, carers and families in Western Australia who need support.

The *Mental Health Strategy 2004-2007* (available at www.mental.health.wa.gov.au) outlines key reforms needed to address the most pressing areas of need within the current mental health system.

Specifically, the *Mental Health Strategy 2004-2007* addresses the main areas of the health system where targeted interventions have the capacity to immediately and significantly increase access to mental health services and reduce demand on acute beds. The key areas are:

1. Mental health emergency services
2. Adult inpatient services
3. Community mental health services (adult and young people)
4. Supported community accommodation
5. Workforce and safety initiatives
6. Promotion, prevention and early intervention
7. Specialist mental health services
8. Non-government mental health services
9. Improving mental health services
10. Primary mental health care
11. Increasing consumer and carer participation

The development of these individual strategies is the culmination of a significant amount of consultation involving consumers, carers, mental health professionals, governments and non-government mental health bodies and peak industry organisations.

The Mental Health Advisory Group, made up of mental health specialists, is overseeing the implementation of the *Mental Health Strategy 2004-2007* and plays an integral role in the development and monitoring of activities.

In addition the Mental Health Action Plan 2005-2010 has been commenced to move improvement in mental health services including preventative strategies, forward as part of the Strategic Health Plan (www.mental.health.wa.gov.au).

3. Facilitating Change

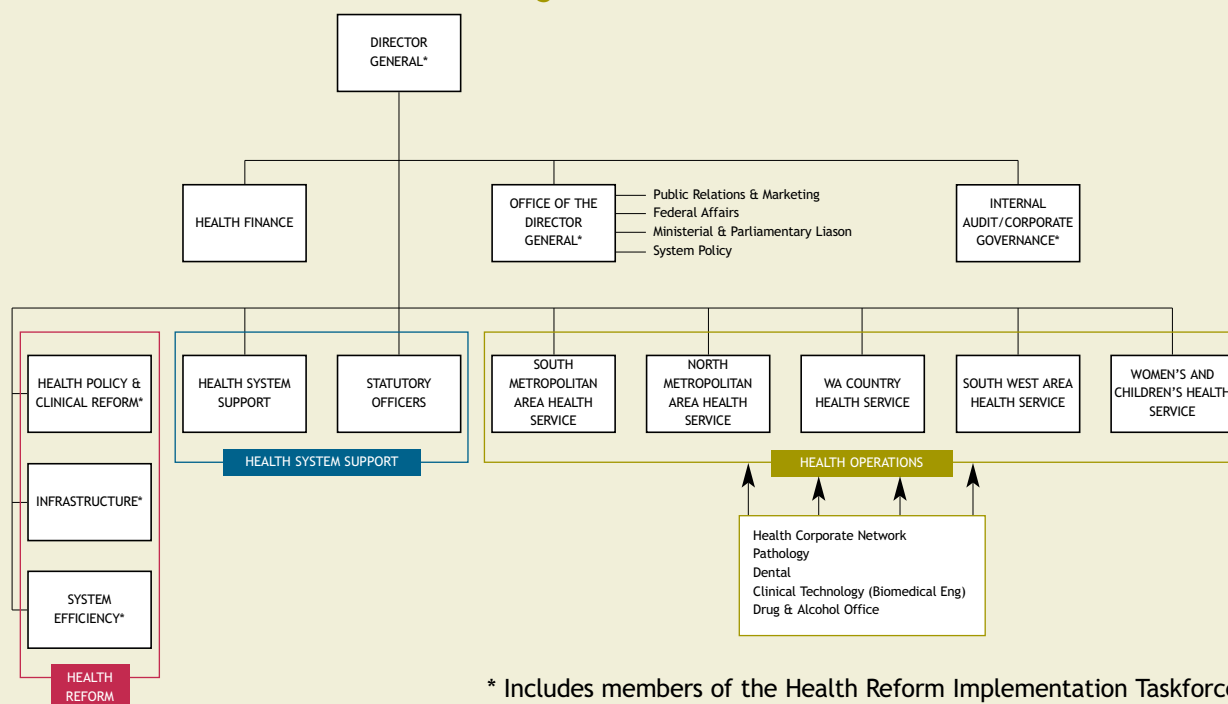
A number of key support functions are critical to the successful implementation of the CSF, such as governance and organisation structures, workforce, infrastructure, finance, information management and communication technology. Development of these support functions will take place over a long-term period. However, an overview of the direction for each function is included here.

3.1 Governance and Organisational Structure

A number of key organisational changes as recommended by the HRC will serve to support the implementation of the CSF and ensure accountability for the successful achievement of key reform outcomes. The changes include:

- continuing the focus on reform through the Health Reform Implementation Taskforce in close connection with the Office of the Director General
- strengthening the Area Health Services Model
- refocussing the Department of Health's functions towards a clearer role in supporting health services and reporting and evaluating health system performance for the Government
- strengthening the focus on health outcomes through the implementation of a policy framework for health in Western Australia - the Health Policy and Clinical Reform Division will be responsible for establishing statewide clinical networks within programs pertaining to long-established groups of conditions. This Division will bring together stakeholders in the public, private, non-government and academic sectors as well as consumers and carers to oversee the development of priorities that are underpinned by epidemiology, policy and protocols, planning, and performance targets for their respective clinical program areas
- establishment of the State Women's and Children's Health Service combining the former Women's and Children's Health and the Child and Community Health Directorate of the Department of Health
- Development and implementation of an improved Statewide Clinical Governance framework built on the four pillars of clinical audit, clinical risk, consumer values and professional development and management led by the Office of Safety and Quality in Health Care.

WA Organisational Chart



3.2 Strategic Workforce Framework

The changes planned within the health system will have significant implications for our workforce. Long term strategic planning is required to ensure we have the capacity to deliver the services that will be required to meet the health care needs of our population into the future.

A forecast of the nature and scale of future health workforce defined by the CSF across each of the metropolitan health sites and clinical specialties has been developed.

Projections have been made based on quantitative and qualitative knowledge of health workforce patterns and trends along with demand elements such as projected bed capacities, service throughputs, and service capability level data.

Detailed information is being developed to assist in workforce planning for the following categories of staff:

- nursing
- medical services including interns, registrars and specialist medical practitioners
- medical support including radiology, radiotherapy, pathology, dieticians, podiatry, chaplaincy, health promotion, other medical, pharmacy, technical, speech pathology, other ancillary services and allied health professionals
- site services including engineering, garden and security based occupations
- hotel services including catering, cleaning, stores/supply, laundry and transport occupations
- administration and clerical.

The following work in progress will impact on the CSF workforce projections:

- the increase in training posts across the health system e.g. interns, junior doctors and supervisory positions
- the third National Mental Health Plan
- privately contracted services, such as radiology
- an assessment of 'replacement demand' identifying demographic changes to the health workforce, including participation, retirement and migration trends.

Workforce Initiatives

Workforce reform and development strategies will centre on the new health workforce required to meet increasing demand. In particular the current scope of practice of the various health occupations requires examination and change in order to optimise workforce efficiency.

Major areas of workforce development include:

- better use of available professional workforce with delegation of tasks to other groups - for example, providing administration and clerical support to medical staff, better utilising their time, particularly as 'safe hours' pressures reduce current average working time
- expansion of scope of practice - for example, providing more Nurse Practitioners with prescribing rights in various clinical settings
- development of new, multi-skilled health workers to meet specific needs - for example, developing rural health workers able to provide services currently provided by a range of health workers in rural and remote settings
- review of current education and training regimes - for example, identifying where time in training can be reduced to address critical supply shortages.

Increasing Workforce Supply

Strategies are being developed to increase health workforce supply to meet predicted growth in demand for services.

Medical training will increase significantly in WA, with the number of medical student completing training doubling over the next five years.

The WA Health medical workforce is being mapped to identify specialist training priorities and optimise training capacity. Recently the Department completed an analysis of the surgical workforce, identifying training needs which will provide an adequate supply of surgeons to meet the future demand. As part of this process existing and potential training posts have been mapped and a business case developed to implement the required changes. This process will provide the template for future work as the other medical specialties are mapped.

The number of nurses in training and in the Nursing Register has also increased in recent years, and WA Health has developed retraining packages and supported training in key areas of shortages, including mental health.

WA Health is developing new models of training, such as the new podiatry training program, and the provision of scholarships for our staff to study in other states where there are no local training opportunities (e.g. radiation therapy and nuclear medicine).

Improved access to overseas labour is a key initiative to meet demand pressures in the short term. This is being achieved through the development of labour agreements and streamlined immigration processes with the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA).

Attraction and Retention

WA Health is developing attraction and retention initiatives that are responsive to staff needs. In addition to negotiations to improve pay and working conditions, the Department is exploring:

- family friendly initiatives
- flexible working arrangements
- improving the quality of working life, by putting in place strategies such as targeting violence in the workplace.

Related Systems and Reporting Development

The workforce aspect of the CSF links to a number of initiatives currently being undertaken by Workforce Planning and Supply Branch of the Department of Health to improve human resource analysis and reporting capacity, including:

- enhancement of reporting capacity through an improved systems-based reporting framework, which provides a single aggregated source of human resource payroll data
- changes to core source data systems to improve the completeness and quality of workforce data through a revision of record keeping standards and identification of health-specific minimum data requirements
- developing alternative views of financial measures, including productive and non-productive workforce profiles
- developing baseline establishment profiles that will facilitate improved reporting of actual staff numbers, organisational structures and identification of vacancy rates, thereby delivering improved workforce planning capacity
- developing alternative service-related performance reporting and workforce profiling that is more closely aligned with the operational requirements of health service units
- forging data links with other core Department of Health systems, including finance and activity systems.

Participation In National Health Workforce Initiatives

WA Health actively participates in national workforce bodies and various national initiatives as a means of ensuring that the state is represented at the highest level of national policy development, and to ensure a coordinated approach to workforce concerns across all jurisdictions

The National Health Workforce Strategic Framework, which was endorsed by Australian Health Ministers in April 2004, is focused on continuing to expand the supply of the medical, nursing, allied health and dental workforce. Priorities identified by the Australian Health Workforce Officials Committee (AHWOC) in December 2004 are:

- extending health workforce participation
- health workforce education and training including a new model of clinical education, alternative approaches to specialist education, and greater interaction with the higher education sector, and
- minimising barriers, workforce reform, redesign and new workforce models.

Work undertaken by jurisdictions in collaboration with the Australian Government includes:

- review of the Royal Australasian College of Surgeons and other Colleges arising from the Australian Competition and Consumer Commission (ACCC) determination
- review and reworking of national workforce projections undertaken by the Australian Medical Workforce Officials Committee (AMWAC), and review of national workforce data collections
- minimising barriers, workforce reform, redesign and new workforce models
- National reviews of workforce including the Surgical, General Practice, Radiation Oncology, Dental and Pathology workforces
- examining the interface between the health and education sectors
- developing nationally consistent medical registration and drafting instructions for medical registration legislation and for an intergovernmental agreement/memorandum of understanding for endorsement by State and Territory Health Ministers
- The Productivity Commission has been asked to undertake a study examining issues such as: institutional, regulatory and other factors across the health and education sectors that affect the supply of health workforce professionals; the structure and distribution of the health workforce; and factors affecting the demand for services to be completed by February 2006.

3.3 Infrastructure Development Framework

In order to maintain and improve existing health facility infrastructure and develop the new facilities articulated in the CSF, significant investment in health care infrastructure is required.

The Health Infrastructure Steering Group (HISG), the peak decision-making body at a whole of health level, will have responsibility for developing, managing and monitoring the overall health infrastructure program as agreed with Government. This will involve:

- providing direction on infrastructure development strategies and objectives
- developing and monitoring Health's capital expenditure program and capital investment plan
- approving new project concepts and business cases
- monitoring the progress of all approved infrastructure projects.

The HISG will meet its responsibilities with support from corporate health functions, including the Health Reform Implementation Taskforce (HRIT), Health Finance and the Licensing Unit. These groups will provide input into the infrastructure development process at various stages and:

- provide support to further clinical service planning
- develop and monitor the capital expenditure plan and investment program
- assist in the preparation, review and evaluation of business cases
- liaise with Department of Treasury and Finance
- ensure operational and facility standards are met
- explore the opportunities for public-private partnerships in line with Government policy.

The HISG will also be supported by a number of Project Control Groups (PCG) that will be the peak decision-making bodies for Area Health Service infrastructure projects and statewide projects such as mental health, clinical equipment replacement, minor capital works and information and communication technology.

The PCGs will be chaired by Area Health Service Chief Executives who will be members of the HISG and will be responsible for reporting on their infrastructure program, including reporting on works in progress and ensuring that new projects are brought to the HISG for approval. As members of the HISG, Chief Executives will also contribute to infrastructure planning at a whole of health level.

The Infrastructure Development Framework will be prepared with reference to the role delineation matrix and demand modeling and use a process with key steps as follows:

- development of a bed numbers framework as a guide to requirements in 2010, 2015 and 2020
- development of a 'bed strategy' to ensure the required numbers of beds by category by catchments can be available on a year by year basis to 2020
- development of a facility strategy that describes how the beds and associated infrastructure can be delivered on a campus by campus basis and in stages to 2020
- estimated area requirement (m²) (based on national benchmarks) for functional components from the facility strategies then used to estimate costs to inform the overall development plan.

Consideration will also be given to associated infrastructure development needs in partnership with other government agencies and non-government organisations needs, such as accommodation for staff in country areas, accommodation for patients and families and public transport plans to enable access to health services.

3.4 Information and Communication Technology Framework

Supporting the CSF and a number of health reform projects is an Information and Communication Technology (ICT) strategy.

The ICT program will deliver a system-wide integrated clinical information system that will incorporate the public and private hospitals, community health, primary care and mental health sectors. This new system will be progressively implemented across the state and will include electronic patient records, single patient identifiers and provider identification.

The ICT program will engage stakeholders in the development of system requirements for all clinical modules. This process is now almost complete. After further discussions with stakeholders and the completion of the regulatory processes, the Department of Health will proceed to a tender process in the later part of this year.

3.5 Recurrent Costing of the WA Health Clinical Services Framework

Recurrent costing of the WA Health Clinical Services Framework is progressing. As a first phase, a range of cost estimate scenarios covering metropolitan inpatient services and emergency department services have been prepared.

These estimates will be used to assess the potential impact of the WA Health Clinical Services Framework on the State health budget over the medium and long term. The estimates will be an important indicator of the further work that is required to place our State health system on a more sustainable footing that is in line with Government policy and priorities on the financing of health services.

The costing results generated to this point will be fed into the next stages of demand, workforce and financial planning. The costing results will be used to engage partners and stakeholders within the system and outside, in productive discussions about health system financing and achieving better integration between service provision and budget management.

More reliable and robust costing scenarios will become available as further detailed planning is undertaken around health system infrastructure, demand and workforce, and as there is greater clarity around the financial costs and benefits of health reforms being progressed in association with the WA Health Clinical Services Framework.

More robust costing estimates will also be derived through the progressing of development projects as mentioned earlier, which will provide the necessary business intelligence, tools and capability for enhanced medium and long term financial forecasting, including:

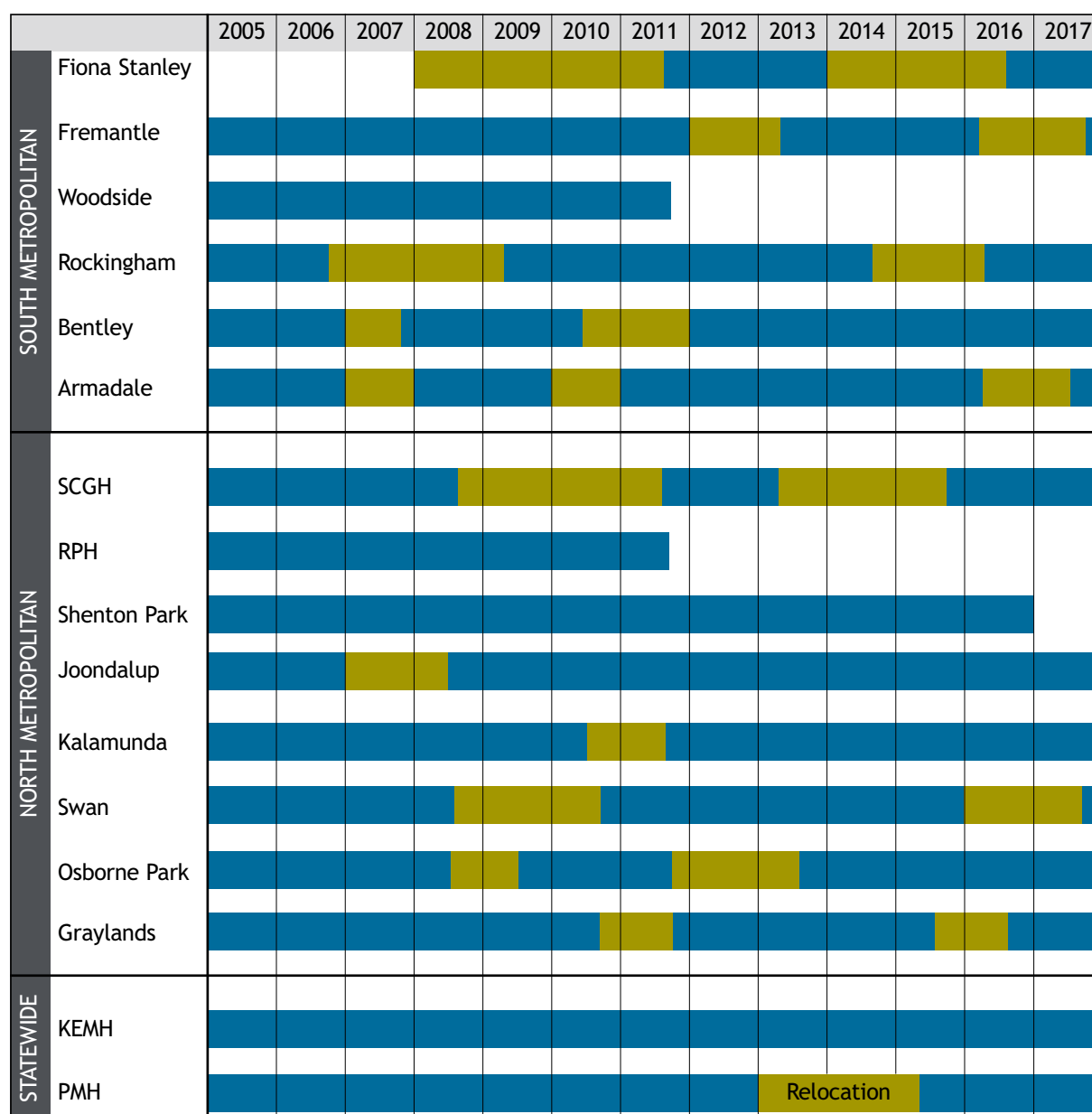
- Inpatient Activity Demand Modelling (next phase of demand modelling beyond the WA Health Clinical Services Framework)
- Non-Inpatient Activity Demand Modelling (including emergency care, ambulatory care, out-patients)
- Development of a uniform costing manual for the system to ensure consistent policies and practice, and enhance intelligence around cost structures and cost behaviours
- Medium to long term cost and financial modelling of health workforce
- Medium to long term cost and financial modelling of health services
- Medium to long term price modelling of health services
- Development of a population-output based resource allocation and incentive and penalty model
- Development of a financial and service delivery benchmarking framework.

These projects are being undertaken in a joint manner between the Office of the Director General, Health Reform Implementation Taskforce, Health Finance, State Health Support Services, Health Policy and Clinical Reform and the Area Health Services.

The WA Health Clinical Services Framework is a crucial first phase of system planning that will facilitate for more detailed planning around demand, infrastructure, workforces and finances into the future. Optimising the efficiency and effectiveness of our limited and valuable system resources, and achieving greater financial sustainability has been a key consideration during the shaping of the WA Health Clinical Services Framework and will continue to be a consideration through the next phases of planning.

4. Health Service Development Timeframe

This chart provides an overview of the indicative Infrastructure Development timeframes which will guide implementation planning. Again, it is important to note that timeframes may be adjusted as the planning process unfolds and more explicit plans are detailed.



■ Hospital Operational
■ Development/Redevelopment

5. The Way Forward

The WA Health Clinical Services Framework provides the strategic direction for the delivery of clinical services throughout Western Australia. However it is only one aspect of the overall planning process that will inform WA Health's Strategic Intent for 2005-2010 and see the implementation of the State Health Strategic Plan 2005-2010.

Successful implementation of the plan will realise a number of health reform objectives including:

- improved access to services
- reduced inequality in health status
- provision of safe, high quality health care
- promotion of a patient-centred continuum of care
- optimisation of public and private services
- improvement in the balance of preventative, primary and acute care
- financial sustainability as an integrated system
- support for a highly skilled and dedicated workforce.

Implementation Plan

Implementing the CSF will be the responsibility of the entire team with WA Health.

Naturally, there will be a need for more extensive and detailed planning in many areas, building upon work already commenced and incorporating the new directions articulated.

This will also include a comprehensive and timely plan for the support and transition of our workforce as the changes are implemented. It will be important to ensure that all staff have opportunity to participate and contribute during the implementation, are well informed about the change process and are supported through transition arrangements.

A great deal of valuable information was submitted during the Clinical Services Consultation 2005, and this will be used to inform the implementation and transition phase which now follows.

A detailed implementation guide will be made available in due course.

Appendix 1 - Clinical Services Role Delineation

Reading The Clinical Services Role Delineation

Hospital Information

If you are interested in a particular hospital scan horizontally along the row for the nominated facility, then scan down to view the service provided for the specialty of interest.

Service Information

If you are interested in a particular service scan down the column for the nominated facility, then scan across to view the service provided at the hospital of interest.

Bed Numbers

If you are interested in the number of beds for a particular specialty at a hospital, scan down the vertical column to the specialty and across to the hospital of interest.

Clinical Services Role Delineation Matrix

Hospital Information

Metropolitan Clinical Services Framework

	South Metropolitan*															North Metropolitan*																				
	Fiona Stanley Hospital			Fremantle			Rockingham			Bentley			Armadale			SCGH			RPH			RPH Shenton Park Campus			Swan			Osborne Park								
	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21				
Medical Services																																				
General	nil	6	6	6	5/6	3	3	3	4	5	5	5	3	3	3	3	4	5	5	5	6	6	6	6	6	nil	nil	nil	nil	nil	4	5	5	3	3	
Cardiology	nil	6	6	6	6	nil	nil	nil	3	4	4	4/5	nil	nil	nil	3	4	4	4/5	6	6	6	6	6	6	nil	nil	nil	nil	nil	3	4	4	4/5	nil	nil
Endocrinology	nil	6	6	6	6	nil	nil	nil	3	4	4	4	3	3	3	3	4	4	4	6	6	6	6	6	6	nil	nil	nil	nil	nil	3	4	4	4	3	
Geriatric	nil	6	6	6	6	5	5	5	4	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	nil	nil	nil	nil	nil	5	5	5	5	5	
Neurology	nil	6	6	6	4	nil	nil	nil	3	4	4	4	2	nil	nil	nil	3	4	4	6	6	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	4	nil	nil
Renal - general & dialysis	nil	6	6	6	6	3	3	3	nil	4	4	4	2	4	4	4	3	4	4	6	6	6	6	6	6	nil	nil	nil	nil	nil	3	4	4	4	nil	4
Current year: dialysis services at Fremantle Hospital includes Melville Satellite Centre and Swan Hospital includes Midland Satellite Centre																																				
Future years: dialysis services at Fiona Stanley Hospital includes Melville Satellite Centre, Bentley Hospital includes Cannington Satellite Centre, Osborne Park Hospital includes Stirling																																				
Oncology	nil	6	6	6	6	nil	nil	nil	4	4	4	4	4	4	4	4	6	6	6	6	6	6	6	6	6	nil	nil	nil	nil	nil	nil	4	4	4	nil	nil
Radiation oncology	nil	6	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	6	6	6	6	6	6	6	6	6	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	
Respiratory	nil	6	6	6	6	6	nil	nil	3	4	4	4	3	nil	nil	nil	4	4	4	6	6	6	6	6	6	nil	nil	nil	nil	nil	4	4	4	4	nil	nil
incl sleep unit																																				

Service Information

WA Health Clinical Services Framework 2005 - 2015

Determining Level of Service

Once you have located the hospital and service of interest on the Clinical Services Role Delineation Matrix, such as Cardiology Services at Rockingham/Kwinana District Hospital, you will view a number located in this box. Using this example, you will see this is shown as a Level 3 for 2004/05. For an explanation of the level of service, refer to the Clinical Services Role Delineation Definitions document.

Clinical Service Role Delineation Matrix

	South Metropolitan*															
	Fiona Stanley Hospital				Fremantle				Rockingham				Bentley			
	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21
Medical Services																
General	nil	6	6	6	6	3	3	3	4	5	5	5	3	3	3	3
Cardiology	nil	6	6	6	6	nil	nil	nil	3	4	4	4/5	nil	nil	nil	nil
Endocrinology	nil	6	6	6	6	nil	nil	nil	3	4	4	4	3	3	3	3
Geriatric	nil	6	6	6	6	5	5	5	4	5	5	5	5	5	5	5
Neurology	nil	6	6	6	4	nil	nil	nil	3	4	4	4	2	nil	nil	nil
Renal - general - dialysis	nil	6	6	6	6	3	3	3	nil	4	4	4	2	4	4	4
Oncology	nil	6	6	6	6	nil	nil	nil	nil	4	4	4	4	4	4	4

Determining Level of Service

E.g. This box will indicate the level of service for Cardiology Services at Rockingham/Kwinana District Hospital

	South Metropolitan*															
	Fiona Stanley Hospital				Fremantle				Rockingham				Bentley			
	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21	2004/05	2010/11	2015/16	2020/21
Medical Services																
General	nil	6	6	6	5/6	3	3	3	4	5	5	5	3	3	3	3
Cardiology	nil	6	6	6	6	nil	nil	nil	3	4	4	4/5	nil	nil	nil	nil
Endocrinology	nil	6	6	6	6	nil	nil	nil	3	4	4	4	3	3	3	3
Geriatric	nil	6	6	6	6	5	5	5	4	5	5	5	5	5	5	5

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
General	■ Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed	■ As for level 1 plus: ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN	■ As for level 2 plus: ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician and possibly cardiologist	■ As for level 3 plus: ■ Inpatient care by resident general physician and GPs and some/all Type 1 subspecialists ■ Specialist RN ■ Regional referral role	■ As for level 4 plus: ■ Inpatient care by resident cardiologist ■ Outpatient consultation by visiting Type 1 subspecialists ■ Regional referral role ■ Some undergraduate teaching	■ As for level 5 plus: ■ Full range of medical subspecialties Type 1 and 2 ■ Outpatient care by visiting general physician and possibly cardiologist ■ Specialist RN
Cardiology	■ Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed	■ As for level 1 plus: ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN	■ As for level 2 plus: ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician and possibly cardiologist	■ As for level 3 plus: ■ Inpatient care by resident cardiologist ■ Outpatient consultation by visiting cardiologist ■ Specialist	■ As for level 4 plus: ■ Inpatient care by resident cardiologist ■ Outpatient consultation by visiting Type 1 subspecialists ■ Regional referral role ■ Some undergraduate teaching	■ As for level 5 plus: ■ Full range of cardiac subspecialties and emergency services
Endocrinology	■ Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed	■ As for level 1 plus: ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN	■ As for level 2 plus: ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician and possibly cardiologist	■ As for level 3 plus: ■ Inpatient care by resident general physician and GPs and some/all Type 1 subspecialists ■ Specialist RN ■ Regional referral role	■ As for level 4 plus: ■ Inpatient care by resident cardiologist ■ Outpatient consultation by visiting Type 1 subspecialists ■ Regional referral role ■ Some undergraduate teaching	■ As for level 5 plus: ■ Full range of cardiac subspecialties and emergency services

	Level 1	Level 2	Level 3	Level 4
Medical Services				
General	■ Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed	■ As for level 1 plus: ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN	■ As for level 2 plus: ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician and possibly cardiologist	■ As for level 3 plus: ■ Inpatient care by resident general physician and GPs and some/all Type 1 subspecialists ■ Specialist RN ■ Regional referral role
Cardiology	■ Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed	■ As for level 1 plus: ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN	■ As for level 2 plus: ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician and possibly cardiologist	■ As for level 3 plus: ■ Inpatient care by resident cardiologist ■ Outpatient consultation by visiting cardiologist ■ Specialist

CLINICAL SERVICES ROLE DELINEATION DEFINITIONS

MEDICAL			SURGICAL		
Generalist	Type I Subspecialties	Type II Subspecialties	Generalist	Type I Subspecialties	Type II Subspecialties
■ Physician	■ Cardiology ■ Dermatology ■ Endocrinology ■ Gastroenterology ■ Geriatric medicine ■ Neurology ■ Renal Medicine ■ Rheumatology ■ Venereology ■ Paediatrics ■ Respiratory Medicine	■ Clinical Haematology ■ Clinical Microbiology ■ Immunology ■ Medical Oncology ■ Palliative Care ■ Radiotherapeutic ■ Oncology ■ Genetics ■ Clinical Infectious Diseases	■ General Surgeon	■ Ear, Nose and Throat ■ Obstetrics and Gynaecology ■ Ophthalmology ■ Orthopaedics ■ Urology	■ Cardiothoracic ■ Neurosurgery ■ Plastic surgery ■ Transplant Surgery ■ Vascular Surgery ■ Burns

LEVEL OF SERVICE - INPATIENT SERVICES

Nil	No service available
1	Outpatient care - RN and visiting GP. In remote areas possibly support via telephone
2	Outpatient and inpatient care - plus 24 hour GP cover and limited visiting general specialists for outpatient services only
3	Outpatient and inpatient care - plus visiting general specialists (low risk obstetrics and elective surgery)
4	Outpatient and inpatient care - plus resident general specialists plus visiting Type I subspecialists, plus some junior medical staff
5	Outpatient and inpatient care - plus visiting Type II subspecialists plus some medical staffing plus HDU. May include some research and training.
6	Statewide services, including Type II subspecialists and research/education/training

LEVEL OF SERVICE - AMBULATORY CARE SERVICES

Nil	No service available
1	GP only
2	GP and outpatient clinic at discharge hospital. Limited access to generalist domiciliary nursing
3	Visiting specialist. Some hospital avoidance/hospital substitution. Some early discharge services. Access to generalist domiciliary nursing and some allied health
4	Links with HACC. Increasing range and complexity of hospital avoidance/substitution/early discharge. Chronic disease programs. Visiting medical specialist. Good access to generalist allied health/nursing staff
5	Specialist medical/nursing/allied health staff. Increased range and complexity. HACC integration. Enhanced diagnostics. Teaching and training role
6	Research role. Fully integrated ambulatory care services. Fully integrated diagnostics

NB: Definitions are also provided for primary care, prevention and promotion, and diagnostic and support services. Please refer to the relevant section in this document for more information.

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Abbreviations									
ED	Emergency Department	DUE's	Drug Usage Evaluation	ICU	Intensive Care Unit	RMO	Registered Medical Officer		
BBV	Blood Borne Viruses	EEG	Electro-encephalogram	LUCS	Lower Uterine Caesarian	RM	Registered Midwife		
CCU	Coronary Care Unit	EMG	Electro-myelogram		Section	RN	Registered Nurse		
CD	Communicable Disease	ENT	Ear, nose and throat	MRI	Magnetic Resonance Image	SP	Speech Therapist		
CDC	Child Development Centre	GEM	Geriatric Evaluation	O&G	Obstetrics and Gynaecology	SRN	Senior Registered Nurse		
CHN	Child Health Nurse		Management	OR	Operating Room	STI	Sexually Transmitted		
COPMI	Children of Parents with	GP	General Practitioner	OT	Occupational Therapist		Infection Care		
	Mental Illness	HACC	Home and Community	PET	Positron Emission Tomography	WACHS	WA Country Health Service		
CT	Computerised Axial	HDU	High Dependency Unit	PT	Physiotherapist				
	Tomography								

Medical Services					
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
General	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician/general internal medicine specialist and maybe some Type 1 specialists 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Inpatient care by resident general physician and GPs ■ Outpatient consultation by visiting Type 1 sub-specialists ■ Specialist RN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Inpatient care by resident general physician and GPs and some/all Type 1 sub-specialists ■ Visiting Type II sub-specialists ■ Registrar/RMO/Intern ■ CCU/HDU ■ Regional referral role ■ Some undergraduate teaching ■ Emergency services available by on call specialist 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Full range of medical sub-specialists Type I and II and emergency medical services ■ Statewide referral role in certain subspecialties ■ Undergraduate and postgraduate teaching role
Cardiology	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician and possibly cardiologist 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Inpatient care by resident general physician ■ Outpatient consultation by visiting cardiologist ■ Specialist RN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Inpatient care by resident cardiologist ■ Registrar/RMO/Intern ■ CCU/HDU ■ Includes Cath Labs ■ Regional referral role ■ Access specialist SRN ■ Some undergraduate teaching and possibly some research role ■ Links with level 5 rehabilitation service ■ Emergency services available by on call cardiologists 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Full range cardiac services including cardiac sub-specialties and emergency services ■ CCU/HDU ■ Statewide referral role ■ Undergraduate and postgraduate teaching role ■ Research role
Endocrinology	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Inpatient and outpatient care ■ Visiting GP ■ 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ GP inpatient care ■ 24 hour cover by RN ■ Outpatient care by visiting general physician 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Inpatient care by resident general physician ■ Outpatient consultation by visiting endocrinologist ■ Diabetes education service and integrated hospital/community diabetes management service ■ Specialist RN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Inpatient care by resident endocrinologist ■ Registrar/RMO ■ Regional referral role ■ Access to specialist SRN ■ Diabetes education service and integrated hospital/community diabetes management service ■ Some undergraduate teaching and possibly research role ■ Links to level 5 rehabilitation service ■ Emergency care available from on call specialist 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Full range of endocrinology services, with endocrinology department and emergency care ■ Statewide referral role ■ Undergraduate and postgraduate teaching role ■ Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Geriatric	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care Visiting GP and possibly visiting general physician 24 hour cover by RN Possibly respite care 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care Resident GP and visiting general physician 24 hour cover by RN and by GP Respite care and limited rehabilitation services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Access to consultant physician specialising in geriatric medicine Active assessment and rehabilitation services for inpatients and outpatients 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident specialist Registrar/RMO Link with inpatient rehabilitation unit Inpatient assessment unit and domiciliary consultant services Access to specialist SRN Some undergraduate teaching Links with geriatric psychiatry services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Resident geriatrician Undergraduate and postgraduate teaching role Research role Statewide referral role
Neurology	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care Visiting GP 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> GP Inpatient Care 24 hour cover by RN Outpatient care by visiting general physician and possibly neurologist 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting neurologist Links with at least level 4 geriatric and rehabilitation services Specialist RN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident neurologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Neurosurgery support, EMG, nerve conduction, evoked responses and EEG on site Emergency services provided by on call neurologist 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of neurology services, with neurology department and emergency care Statewide referral role Undergraduate and postgraduate teaching role Access to CT and MRI and possibly PET Research role
Renal - general	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care Visiting GP 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> General physician (likely to be visiting) inpatient care GP care 24 hour cover by RN Outpatient care by visiting general physician and possibly renal specialist May accommodate self care dialysis in-patients 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting renal specialist Self care dialysis unit with links to larger renal unit Specialist RN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident renal specialists Registrar/RMO Emergency services provided by on call specialist Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role All types of dialysis available and renal biopsies performed Provides a full range of dialysis access surgery 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of renal services, with renal department and emergency care services Renal transplantation available Coordinated by full time renal unit manager Statewide referral role and statewide geographical area based service delivery role Undergraduate and postgraduate teaching role Research role Provides a full range of dialysis access surgery

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Renal - dialysis		<ul style="list-style-type: none"> Services offered by a general health service/clinic Care under supervision of GP with or without RN Self-caring stable patients Outreach support for home dialysis, possibly under remote direction from a Level 5 or Level 6 dialysis facility 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Community-based satellite service Predominately self-caring stable patients Specialist RN Visiting specialist for more complicated cases Some assessment services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> General hospital-based satellite service Visiting specialist or general physician with nephrology skills More complicated cases Assessment services Specialist RN Access to on-site allied health support (eg; Dietitians and Social Workers) 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Resident specialist Access to specialist SRN More complicated cases Assessment services Regional referral role Access to on-site allied health support (eg; Dietitians and Social Workers) 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Resident specialist More complicated cases Provides acute dialysis when necessary Assessment services Undergraduate and postgraduate teaching role Statewide centre of excellence and referral role Access to specialist SRN Access to on-site allied health support (eg; Dietitians and Social Workers) Complicated assessment and treatment of unstable co-morbidities
Oncology	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care Visiting GP 24 hour cover by RN 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> GP inpatient care 24 hour cover by RN Outpatient care by visiting general physician and possibly oncologist 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting oncologist Links with radiotherapy, palliative care and pain management services Specialist RN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by resident oncologist Registrar/RMO Regional referral role Access to specialist SNR Some undergraduate teaching and possibly some research role Multidisciplinary management of patients including case conferences. Links with palliative care services and may have pain management clinic Emergency care available Access to specialist SRN 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of oncology services, with oncology department and emergency services Statewide referral role Undergraduate and postgraduate teaching role Research role Access to specialist SNR
Radiation Oncology				<ul style="list-style-type: none"> Visiting radiation oncologist working in conjunction with comprehensive cancer service No treatment facilities 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Basic radiation oncology service with minimum equipment - possibly only one machine Has access to radiation oncologists, physicists and radiation therapists Access to specialist SRN Links to level 5 palliative care service 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of radiation oncology services, located in principle referral centre with access to all subspecialties Statewide referral role Undergraduate and postgraduate teaching role Research role Fully integrated computerised planning, treatment and verification systems Mechanical and biomedical support facilities

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Respiratory	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	As for level 1 plus: <ul style="list-style-type: none"> Inpatient and outpatient care Visiting GP 24 hour cover by RN 	As for level 2 plus: <ul style="list-style-type: none"> GP inpatient care 24 hour cover by RN Outpatient care by visiting general physician and possibly respiratory specialist 	As for level 3 plus: <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting respiratory specialist Specialist RN 	As for level 4 plus: <ul style="list-style-type: none"> Inpatient care by resident respiratory specialist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Access to level 5 cardiology and cardiothoracic surgery Emergency care provided by on call specialist 	As for level 5 plus: <ul style="list-style-type: none"> Full range of respiratory services, with respiratory department and emergency care Statewide referral role Undergraduate and postgraduate teaching role Research role Has a respiratory function laboratory Access to specialist SRN
Palliative Care	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	As for level 1 plus: <ul style="list-style-type: none"> Management by GPs and generalist nurses 24 hour coverage Linkage with community based services provided by Silver Chain Nursing Association 	As for level 2 plus: <ul style="list-style-type: none"> Inpatient care by accredited GP or specialist physician 24 hour cover clinical nurse with experience in palliative care services Outpatient care by visiting general physician and possibly palliative care specialist 	As for level 3 plus: <ul style="list-style-type: none"> Palliative care inpatient beds managed by GP or medical practitioner specialising in palliative care Access to specialist SRN Seamless linkage to Silver Chain Nursing Association who provide community based palliative care 	As for level 4 plus: <ul style="list-style-type: none"> Inpatient care by resident palliative care physician Registrar/RMO Regional referral role Access to specialist SRN Undergraduate teaching and some research role Integrated community/hospice consultative service under direction of palliative care physician Links with oncology, radiotherapy, anaesthetics, psychiatry, pain clinic and rehabilitation 	As for level 5 plus: <ul style="list-style-type: none"> Full range of palliative care services with palliative care specialist providing consultancy to other units referral hospitals Emergency services available Statewide referral role Undergraduate and postgraduate teaching role Has staff with conjoint appointments with hospice Access to specialist SRN
Gastroenterology	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 	As for level 1 plus: <ul style="list-style-type: none"> Inpatient and outpatient care Visiting GP 24 hour cover by RN 	As for level 2 plus: <ul style="list-style-type: none"> GP inpatient care 24 hour cover by RN Outpatient care by visiting general physician and possibly gastroenterologist Possibly have fibre optic endoscopy by accredited medical practitioner 	As for level 3 plus: <ul style="list-style-type: none"> Inpatient care by resident general physician Outpatient consultation by visiting gastroenterologist Regular endoscopy service including colonoscopy Specialist RN Gastroenterology services provided by integrated physician and surgical services 	As for level 4 plus: <ul style="list-style-type: none"> Inpatient care by resident gastroenterologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Full endoscopy service Emergency care available by on call specialist 	As for level 5 plus: <ul style="list-style-type: none"> Full range of gastroenterology services, with gastroenterology department and emergency care Statewide referral role Undergraduate and postgraduate teaching role Research role Access to specialist SRN

Surgical Services					
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
General	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Minor outpatient and same day procedures only by GP or visiting general surgeon ■ Inpatient care following surgery elsewhere 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ Day surgery type cases, uncomplicated elective surgery and emergency surgery ■ GP and visiting general surgical specialist ■ Visiting anaesthetist with visiting surgeon ■ Theatre trained RN 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Surgery by GPs, general surgeons and visiting Type I sub-specialists ■ Broad range of day and general surgery and some specialty surgery ■ Theatre trained nurses ■ More than 1 theatre ■ May include high-dependency nursing unit 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ General surgeons ■ Some/all Type I sub-specialists ■ Visiting Type II sub-specialists ■ Registrar/RMO ■ ICU ■ Regional referral role ■ May have some teaching and research role ■ Undertakes most emergency surgery ■ May include kidney transplantation in selected sites 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Full range of surgical sub-specialists Type I and II ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ Undertakes emergency surgery ■ May include kidney and liver transplantation in selected sites
ENT			<p>Common and intermediate surgery done on low or moderate risk patients by visiting ENT surgeon</p> <ul style="list-style-type: none"> ■ No neuro-optic or intracranial surgery 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Diagnostic services and surgery on low, moderate and high risk patients by on call ENT surgeon ■ Access to specialist SRN ■ Regional referral role ■ May have some teaching and research role ■ Links with oncology, radiotherapy and palliative care services ■ Limited neuro-optic surgery 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Ability to deal with all cases including full range of complex cases in association with other specialists including neuro-optic and intracranial procedures, as long as level 6 neurosurgery available on site ■ Emergency services available ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ ENT registrar/RMO
Gynaecology	<ul style="list-style-type: none"> ■ Minor outpatient and same day procedures only by GP or visiting general surgeon ■ Inpatient care following surgery elsewhere 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ Common and intermediate procedures on low or moderate risk patients by visiting general surgeon 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Common, intermediate and some major procedures on low and moderate risk patients performed by visiting gynaecologists ■ Links with oncology, radiotherapy and palliative care services 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Diagnostic services and surgery on low, moderate and high risk patients by on call gynaecologists ■ Access to specialist SRN ■ May have gynaecology registrar/RMO ■ Regional referral role ■ May have some teaching and research role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Ability to deal with all cases including full range of complex cases in association with other specialists including reproductive endocrinology, infertility, gynaecological malignancy ■ Full emergency services ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ Gynaecology registrar/RMO and possibly registrars in subspecialties

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Ophthalmology			<ul style="list-style-type: none"> Minor procedures and diagnosis on low risk patients by visiting ophthalmic surgeon 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Procedures on low or moderate risk patients performed by visiting ophthalmic surgeon Access to orthoptists 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on call ophthalmic surgeon Orthoptists on staff May have teaching and research role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases in association with other specialists Full emergency services Ophthalmology registrar/RMO Access to specialist SRN Able to undertake neuro-ophthalmology where level 6 neurosurgery available on site Access to level 5 radiotherapy Statewide referral role Undergraduate and post graduate teaching role Research role
Orthopaedics		<ul style="list-style-type: none"> Minor reduction of fractures performed on low risk patients by GP or visiting general surgeon with experience in orthopaedics Orthopaedic consultation available 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by visiting orthopaedic or general surgeon Credentialed in orthopaedics General orthopaedic equipment and theatre x-ray available Preferably access to specialist SRN 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by on call orthopaedic surgeon Access to level 4 rehabilitation service Access to specialist SRN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Full range of major diagnostic and procedures on low, moderate and high risk patients performed by on call orthopaedic surgeons May provide regional services May have teaching and research role Orthopaedic registrar on call Access to subspecialties Link to level 5 Rehabilitation service Access to specialist SRN 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases (and all emergency) in association with other specialists Statewide referral role Undergraduate and post graduate teaching role Research role Link to level 6 Rehabilitation role Access to specialist SRN
Urology			<ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by visiting urologist or general surgeon Credentialed in urology 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Some major procedures on low or moderate risk patients performed by visiting urologist Has links with oncology, radiotherapy and palliative care services 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Full range of major diagnostic and procedures on low, moderate and high risk patients performed by on call urologist Access to specialist SRN May provide regional services and teaching and research role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including full range of complex cases (and all emergency) in association with other specialists Urology Registrar/RMO Statewide referral role Undergraduate and post graduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Cardiothoracic				<ul style="list-style-type: none"> ■ Elective and emergency thoracic procedures by visiting/on call thoracic surgeons 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Elective and emergency thoracic and elective cardiothoracic procedures by visiting/on call cardiothoracic surgeons ■ Level 5 rehabilitation services available on site ■ Link with palliative care and pain management services ■ Access to specialist SRN ■ Some regional referral role ■ ICU/CCU 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Elective and emergency thoracic and cardiothoracic procedures by cardiothoracic surgeons ■ Able to deal with highly complex diagnosis and treatment in association with other specialties ■ Cardiothoracic registrar/RMO ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ Level 6 ICU ■ To include heart and lung transplantation at selected sites
Vascular surgery			<ul style="list-style-type: none"> ■ Common minor and uncomplicated elective vascular surgery ■ Performed by visiting vascular or general surgeons 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Common, intermediate and some major procedures on low and moderate risk patients performed by visiting vascular surgeons or general surgeons ■ Pre-operative rehabilitation specialist consultant available 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Diagnostic services and surgery on low, moderate and high risk patients by on call vascular or general surgeon ■ May have regional referral ■ May have some teaching and training and research role ■ Link with level 5 rehabilitation services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Ability to deal with all cases including full range of complex cases in association with other specialists ■ Provides all emergency services ■ On call vascular surgeon ■ Access to specialist SNR ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role
Neurosurgery				<ul style="list-style-type: none"> ■ Minor head injuries dealt with by general surgeon ■ Neurosurgical consultation available ■ Operating equipment adequate for emergency neurosurgery ■ Link with level 4 rehabilitation services 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Diagnostic services and surgery on low, moderate and high risk patients by on call neurosurgeon ■ Designated neurosurgical beds ■ Access to specialist SRN ■ 24 hour access to CT ■ Link with brain and spinal injury rehabilitation ■ May have some teaching and research role 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Able to deal with all cases including all emergency cases ■ Neurosurgical ward and neurosurgical high dependency/ICU ■ Neurosurgery registrar/RMO ■ Link with level 5 rehabilitation service ■ Access to specialist SRN ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Plastics		<ul style="list-style-type: none"> Minor outpatients and same day procedures by GP 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> As for level 2 but procedures may require visiting plastics surgeon 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Selected minor procedures on low and moderate risk patients by visiting plastic surgeons 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic services and surgery on low, moderate and high risk patients by on call plastic surgeons Link with level 5 rehabilitation services May have some teaching and training role Visiting burns L6 specialist 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Able to deal with all cases including all emergency cases Plastics registrar/RMO Access to specialist SRN Statewide referral role Undergraduate and post graduate teaching role May have research role
Burns		<ul style="list-style-type: none"> Minor outpatient and same day procedures only by GP Able to provide emergency stabilisation service for burns 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> General surgeon able to provide services for minor/moderate burns to small areas of body 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> General surgeon providing services for minor/moderate burns to small parts of body Access to specialist SNR Links to level 4 rehabilitation services 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> General surgeon providing services for minor/moderate burns to small parts of body 24 hour on call registrar Access to specialist SRN Links to level 5 rehabilitation services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Full range of burns services, with a special burns unit, including all emergency cases 24 hour on call cover Statewide referral role Emergency care services provided by on call specialist Access to specialist SRN Undergraduate and post graduate teaching role Research role
Emergency/ Trauma Services						
Emergency Department				<ul style="list-style-type: none"> Local GPs rostered to provide 24 hour cover with service by RN Emergency operating theatre facilities Resuscitation and stabilisation On-call generalist specialists Access to specialist SRN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Medically staffed 24 hours per day Medical and surgical sub-specialists available on-call Accepts transfers from other hospitals in region Access to ICU and CCU facilities Access to specialist SRN 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Emergency medicine consultant on duty 24 hours per day* Statewide referral role Access to specialist SRN Backup from full range of medical and surgical specialists and diagnostic services ICU and CCU facilities
Urgent Primary Care	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed Basic resuscitation equipment and drugs 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Limited GP cover Services by RN Resuscitation and stabilisation capability 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Local GPs rostered to provide 24 hour cover with service by RN Minor procedure capability Resuscitation and stabilisation capability 			

* Not currently operating in WA

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Obstetrics Services						
Obstetrics	<ul style="list-style-type: none"> No planned deliveries Antenatal, post natal care is carried out by GPs (potentially visiting) with or without the assistance of RN/RM depending on the type of patient care needed 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> No planned deliveries Inpatient care following delivery elsewhere Antenatal, post natal care is carried out by GPs with or without the assistance of RN/RM depending on the type of patient care needed 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Planned deliveries of low risk mothers/babies Service by GPs and trained mid-wives LUCS transferred elsewhere but must be within safe timeframe Visiting obstetrician Access to Level 1 Special Care Nursery 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Planned deliveries of low and moderate risk mothers/babies Access to accredited obstetric and paediatric trained doctors Able to cope with sudden unexpected risks Caesarian section capability Access to Level 2A Special Care Nursery 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Deliveries of low, moderate and high risk mothers/babies Able to cope with most complications Service provided by specialist obstetricians and paediatricians to high risk patients Registrar/RMO Access to specialist paediatricians/obstetricians and trained nurses and allied health Regional referral role Access to Level 2B Special Care Nursery 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Specialist obstetric unit for state Obstetric registrar and midwives training Access to specialist SRN 24 hour cover by obstetricians and paediatricians Access to Level 3 Special Care Nursery
Paediatrics Services						
Paediatrics	<ul style="list-style-type: none"> Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed Stabilisation and first aid 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Paediatric medical beds - care by general physician On call paediatric advice No surgery 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Outpatient care by visiting paediatrician Limited surgery by visiting paediatric surgeon or surgeon with paediatric skills Day surgery, uncomplicated elective surgery and emergency surgery Designated paediatric medical ward Inpatient medical care by GP or general physician or paediatrician 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Outpatient care by resident paediatrician Limited surgery by visiting paediatric surgeon Day surgery, uncomplicated elective surgery and emergency surgery Designated medical ward Inpatient medical care by visiting paediatrician Access to specialist SRN Possibly Resident/RMO rotations from Level 5 or 6 facility 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care by resident paediatrician Registrar/RMO Regional referral role Some undergraduate teaching Range of paediatric surgery Resident paediatric surgeon 24 hour on call paediatric anaesthetist Neonatal ICU Access to specialist SRN 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Inpatient and outpatient care by resident paediatrician Registrar/RMO Statewide referral role Undergraduate and postgraduate teaching role Full range of paediatric surgery Resident paediatric surgeon Neonatal ICU Operates in specialist facility Access to specialist SRN

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Neonatology			<ul style="list-style-type: none"> ■ Obstetricians, paediatricians and anaesthetists on call 24 hours ■ Normal low risk pregnancies and deliveries and management of newborns > 36 weeks gestation with minimal complications ■ Level 1 Special Care Nursery ■ Basic life support for neonates available with access to 24 hour anaesthetic and neonatal resuscitation service 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Obstetricians and paediatricians on call 24 hours ■ Low to moderate risk pregnancies and deliveries and management of newborns > 34 weeks gestation with minimal complications ■ Level 2A Special Care Nursery with low dependency patients and low-level Oxygen therapy and airway management ■ Basic life support for neonates available with access to 24 hr anaesthetic and neonatal resuscitation service ■ Provides short-term mechanical ventilation (<6 hours) pending transfer 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Has access to clinical and diagnostic paediatric subspecialties ■ Obstetricians and paediatricians on call 24 hours ■ Medical officer(s) on site 24 hours ■ Moderate to high-risk pregnancies and deliveries and management of newborns > 32 weeks gestation with minimal complications ■ Level 2B Special Care Nursery with high dependency patients and provision of short term mechanical ventilation (< 6 hours) pending transfer ■ Access to specialist SRN ■ Multi-disciplinary follow up service provided ■ Role in post graduate medical and nursing education 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Has access to clinical and diagnostic paediatric subspecialties ■ Medical officer(s) on site 24 hours ■ High-risk, high dependency pregnancies and deliveries ■ Management of newborns < 32 weeks gestation ■ Level 3 Special Care Nursery with high dependency patients and provision of medium -long term mechanical ventilation and full life-support ■ Undertakes neonatal surgery and care for complex congenital and metabolic diseases of the newborn - note currently at PMH ■ Access to specialist SRN ■ On-site multi-disciplinary services ■ Role in post graduate medical and nursing education ■ Has neonatology research
Rehabilitation Services						
Rehabilitation	<ul style="list-style-type: none"> ■ Visiting consultative services provided on request ■ Care is carried out by GPs (potentially visiting) with or without the assistance of RNs depending on the type of patient care needed 		<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Regular visiting services provided by district/regional allied health staff ■ Limited level allied health availability 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Full time salaried physiotherapy, occupational therapy and speech and social work services ■ District referral role ■ Limited day hospital program 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Rehab program for both inpatient and outpatient ■ Linkages between regions and designated metropolitan hospitals ■ Have a day hospital with: ■ Memory clinic ■ Falls Clinic ■ Continence clinic ■ A GEM unit if ED services collocated ■ Part time services of Geriatrician¹ ■ Rehab Specialist with experienced RN/PT/OT/SP/ Dietitian ■ Collocated with psychogeriatric services 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Will have GEM unit ■ Have access to acute care ■ Full time rehab specialist ■ Full time geriatrician as per footnote of level 5 ■ Tertiary level rehab services (Statewide Rehab Centre) only in one level 6 hospital with a full time clinical director

¹ Geriatrician should ideally be full time, with part time spent in Level 6 supporting GEM and acute care, and part time in level 5 supporting in rehabilitation unit/day hospital and GEM unit.

Continuing Care Services		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Community assessment		■ Visiting services on as required basis		As for level 1 plus: ■ Regular visiting service supported by limited local allied health	As for level 3 plus: ■ Visiting service supported by local allied health professionals ■ Most disciplines available	As for level 4 plus: ■ Home base for team with regional/district responsibilities - part time geriatrician	
Prevention and Promotion Services							
Environmental Health	■ Local Government responsibility with access to DOH statewide unit when required		As for level 1 plus: ■ Assist statewide services investigation of local incidents	As for level 3 plus: ■ Coordinate investigations of local incidents As for level 2 plus: ■ CDC Nurse in Population Health Unit		As for level 4 plus: ■ Comprehensive multidisciplinary Population Health Unit	As for level 5 plus: ■ Statewide program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities and legislated service functions
Communicable Disease Control	■ Visiting primary care providers, including GPs and Community Health Nurses	As for level 1 plus: ■ Resident primary care provider supporting state programs including GPs and Community Health Nurses				As for level 4 plus: ■ Comprehensive multidisciplinary Population Health Unit with disease control doctor and capacity to: ■ Investigate cases/outbreaks ■ Perform contact tracing ■ Coordinate regional vaccination programs etc	As for level 5 plus: ■ Statewide program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities and legislated service functions
Child and Community Health	■ Visiting primary care providers, including GPs and Community Health Nurses	As for level 1 plus: ■ Resident primary care providers with access to statewide program initiatives			As for level 2 plus: ■ Community Health Centre/Child Development Centre	As for level 4 plus: ■ Comprehensive multidisciplinary Population Health Unit with community health staff	As for level 5 plus: ■ Statewide Program, planning, and coordination roles
Aboriginal Health	■ Visiting primary care providers	As for level 1 plus: ■ Mainstream health service providers (including GPs)	As for level 2 plus: ■ Mainstream health service providers	As for level 3 plus: ■ Mainstream providers ■ Community controlled Aboriginal health service		As for level 4 plus: ■ Mainstream providers ■ Community controlled Aboriginal health service delivery	As for level 5 plus: ■ Statewide program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities
Health Promotion	■ Visiting primary care providers with access to DOH statewide program resources. Exposure to mass media campaigns		As for level 1 plus: ■ Resident primary care providers with awareness of statewide program initiatives			As for level 3 plus: ■ Comprehensive multidisciplinary Population Health Unit including resident officers with health promotion training	As for level 5 plus: ■ Statewide program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Breastscreen		<ul style="list-style-type: none"> ■ Visiting service by mobile screening unit ■ All images read by specialist radiologist 	As for level 2 plus: <ul style="list-style-type: none"> ■ Fixed site screening clinic 		As for level 3 plus: <ul style="list-style-type: none"> ■ Assessment by an experienced multidisciplinary team of screen detected abnormalities 	As for level 5 plus: <ul style="list-style-type: none"> ■ Statewide program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities
Cervical	<ul style="list-style-type: none"> ■ Visiting primary care providers 		As for level 1 plus: <ul style="list-style-type: none"> ■ Resident primary care providers, including GPs 		As for level 3 plus: <ul style="list-style-type: none"> ■ Pathology laboratories trained in the collation and reporting of Cervical Cytology Registry data 	As for level 5 plus: <ul style="list-style-type: none"> ■ Statewide Program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities
Genomics	<ul style="list-style-type: none"> ■ Visiting primary care providers with no specific program 	As for level 1 plus: <ul style="list-style-type: none"> ■ Visiting primary care providers with access to statewide education and information 	As for level 2 plus: <ul style="list-style-type: none"> ■ Resident primary care providers with access to statewide education and information 			As for level 5 plus: <ul style="list-style-type: none"> ■ Statewide Program, planning, and coordination roles ■ Dedicated officers with statewide responsibilities
Primary Care Services						
GP based	<ul style="list-style-type: none"> ■ Visiting GP or GP by phone ■ Some visiting allied health ■ Other services such as child health and post natal care by RN 		As for level 1 plus: <ul style="list-style-type: none"> ■ Resident GPs ■ Some visiting Type I specialists (outpatients) ■ Resident or visiting physiotherapy ■ Other visiting allied health ■ Other services by RN/CHN (resident) 	As for level 3 plus: <ul style="list-style-type: none"> ■ Resident GPs ■ Most visiting Type I sub-specialists ■ Majority allied health available ■ Resident community nursing specialist 	As for level 4 plus: <ul style="list-style-type: none"> ■ Resident GPs ■ Resident some/all Type I sub-specialists ■ Visiting Type II sub-specialists ■ Full range of allied health nursing service 	As for level 5 plus: <ul style="list-style-type: none"> ■ Resident GPs ■ Full range of Type I and II sub-specialists ■ Full range of allied health nursing service ■ Extensive community research and teaching role
Ambulatory Care Services						
Surgical	<ul style="list-style-type: none"> ■ GP only 	As for level 1 plus: <ul style="list-style-type: none"> ■ GP and specialist outpatient clinic at discharge hospital ■ Limited access to generalist domiciliary nursing 	As for level 2 plus: <ul style="list-style-type: none"> ■ Visiting specialist ■ Some hospital avoidance/hospital substitution ■ Some early discharge services ■ Access to generalist domiciliary nursing and some allied health 	As for level 3 plus: <ul style="list-style-type: none"> ■ Links with HACC ■ Increasing range and complexity of hospital avoidance/substitution/early discharge ■ Chronic disease programs ■ Visiting medical specialist ■ Good access to generalist allied health/nursing staff 	As for level 4 plus: <ul style="list-style-type: none"> ■ Specialist medical/nursing/ allied health staff ■ Increased range and complexity ■ HACC integration ■ Enhanced diagnostics ■ Teaching and training role 	As for level 5 plus: <ul style="list-style-type: none"> ■ Research role ■ Fully integrated ambulatory care services ■ Fully integrated diagnostics ■ Includes regional subacute centre/service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical	<ul style="list-style-type: none"> GP only 	As for level 1 plus: <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Limited access to generalist domiciliary nursing 	As for level 2 plus: <ul style="list-style-type: none"> Visiting specialist Some hospital avoidance/hospital substitution Some early discharge services Access to generalist domiciliary nursing and some allied health 	As for level 3 plus: <ul style="list-style-type: none"> Links with HACCC Increasing range and complexity of hospital avoidance/substitution/early discharge Chronic disease programs Visiting medical specialist Good access to generalist allied health/nursing staff 	As for level 4 plus: <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity HACC integration Enhanced diagnostics Teaching and training role 	As for level 5 plus: <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service
Rehabilitation	<ul style="list-style-type: none"> GP only 	As for level 1 plus: <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Limited access to generalist domiciliary nursing 	As for level 2 plus: <ul style="list-style-type: none"> Visiting specialist Some hospital avoidance/hospital substitution Some early discharge services Access to generalist domiciliary nursing and some allied health 	As for level 3 plus: <ul style="list-style-type: none"> Links with HACCC Increasing range and complexity of hospital avoidance/substitution/early discharge Chronic disease programs Visiting medical specialist Good access to generalist allied health/nursing staff 	As for level 4 plus: <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity HACC integration Enhanced diagnostics Teaching and training role 	As for level 5 plus: <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service
Continuing Care	<ul style="list-style-type: none"> GP only 	As for level 1 plus: <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Limited access to generalist domiciliary nursing 	As for level 2 plus: <ul style="list-style-type: none"> Visiting specialist Some hospital avoidance/hospital substitution Some early discharge services Access to generalist domiciliary nursing and some allied health 	As for level 3 plus: <ul style="list-style-type: none"> Links with HACCC Increasing range and complexity of hospital avoidance/substitution/early discharge Chronic disease programs Resident/visiting medical specialist Good access to generalist allied health/nursing staff 	As for level 4 plus: <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity HACC integration Enhanced diagnostics Teaching and training role 	As for level 5 plus: <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service
Paediatrics	<ul style="list-style-type: none"> GP only 	As for level 1 plus: <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Limited access to generalist domiciliary nursing 	As for level 2 plus: <ul style="list-style-type: none"> Visiting specialist Some hospital avoidance/hospital substitution Some early discharge services Access to generalist domiciliary nursing and some allied health 	As for level 3 plus: <ul style="list-style-type: none"> Increasing range and complexity of hospital avoidance/substitution/early discharge Chronic disease programs Visiting medical specialist Good access to generalist allied health/nursing staff 	As for level 4 plus: <ul style="list-style-type: none"> Specialist medical/nursing/ allied health staff Increased range and complexity Enhanced diagnostics Teaching and training role 	As for level 5 plus: <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Obstetrics	<ul style="list-style-type: none"> Community based GP with or without community nursing post only 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> No planned deliveries Outpatient clinic for antenatal and post natal care by visiting GP Obstetrician with or without registered midwife Limited access to generalist domiciliary nursing care 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> GP obstetrician and midwifery services Visiting specialist obstetrician Outpatient clinic for antenatal and post natal care Some early discharge programs Access to domiciliary nursing care and visiting midwife Basic ultrasound and pathology services 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Specialist obstetrician Early discharge programs Home visiting midwives Diagnostic ultrasound with specialist radiologist offering antenatal screening Full range pathology services Visiting genetic services 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist obstetrician Specialised antenatal and postnatal education and support programs Teaching and training role Enhanced diagnostics 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Research role State obstetric support service/unit (SOSU) Specialist obstetric services including maternal fetal medicine subspecialty, obstetric medicine, genetic services Fully integrated ambulatory care services (social work, psychological medicine etc) Fully integrated diagnostic services
Mental Health Ambulatory Care Services are covered under Mental Health Services						
Child and Adolescents Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Mental health promotion and illness prevention	<ul style="list-style-type: none"> Promotion of mental health in the community Eg. Improving mental health literacy, resource centres and stigma reduction strategies. Eg. Exposure to mass media campaigns 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Universal prevention Identification of risk factors for mental illness and intervention at the population level before initial onset of a disorder Eg. Programs to prevent bullying in schools, Aussie Optimism, Triple P Eg. Local community activity that improves quality of life including Mental Health Week 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Selective prevention Targeting population groups at risk of developing a disorder to prevent its onset Eg. Support for COPMI 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Indicated prevention Targeting high risk individuals who may have detectable signs and symptoms foreshadowing mental illness Eg. Suicide prevention strategies 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Early intervention for those with early signs and symptoms of a mental disorder or a first episode of mental illness. Eg. Early episode psychosis programs 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Relapse prevention for those identified with mental illness GP(s) and local mental health team member(s) with visiting psychiatrist Eg. Changes (RPH) relapse prevention program and Wellness Recovery Action Plan (WRAP) a consumer led program
Emergency services (hospital based)			<ul style="list-style-type: none"> Mainstream providers telephone support from on call team member /psychiatric emergency team 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Limited ED mental health liaison nursing service 24 hour on call liaison psychiatrist medical service 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> On duty ED mental health liaison nursing service On duty psychiatrist medical service 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> On duty ED mental health liaison nursing service On duty psychiatrist medical service Acute admission unit service
Inpatient services			<ul style="list-style-type: none"> General hospital inpatient services without designated mental health beds, providing mental health care for voluntary patients admitted under management of GP or other medical officer 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Special mental health care suite with designated beds Generally operated on demand without permanent staff (rooming in services) Facility is unauthorised 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Dedicated acute mental health hospital or designated mental health inpatient units in acute hospitals Psychiatrist consultation available and on call 24 hours Comprehensive team 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Specialist statewide services provided A strong academic and research component in the service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Community clinical based services	<ul style="list-style-type: none"> Local primary health 	As for level 1 plus: <ul style="list-style-type: none"> Visiting mental health professional(s) 	As for level 2 plus: <ul style="list-style-type: none"> Locally based mental health team Not Multidisciplinary 	As for level 3 plus: <ul style="list-style-type: none"> Community mental health program with multidisciplinary team Services generally provided during core business hours only Limited range assessment and treatment programs provided 	As for level 4 plus: <ul style="list-style-type: none"> Community mental health program with multidisciplinary team 7 day a week cover Extensive range of assessment and treatment programs Some limited after hours services may be provided Eg. Multisystemic Therapy for families Eg. Intensive clinical rehabilitation 	As for level 5 plus: <ul style="list-style-type: none"> Community mental health program with multidisciplinary team providing 24 hour/7 day a week cover Specialist statewide services provided Eg. Psychiatric emergency services Eg. Specialist residential service Eg. Forensic discharge service
Day therapy services (hospital based)			<ul style="list-style-type: none"> Some limited services 	As for level 3 plus: <ul style="list-style-type: none"> Limited range of day therapy services 	As for level 4 plus: <ul style="list-style-type: none"> Extensive range of day therapy services 	As for level 5 plus: <ul style="list-style-type: none"> Multidisciplinary team Statewide or specialist referral role
Community non clinical support programs		<ul style="list-style-type: none"> GP and community health centre based screening and early detection of mental illness Eg. GPs and community health centres 	As for level 2 plus: <ul style="list-style-type: none"> Non clinical community support (including psychosocial, disability, recreational, and respite to individuals) in their own homes and the community up to 10 hours per week Independent living program (with supportive landlord) Drop-in centres and facilitating recreational activities Carer respite Carer support and education Independent living skills support They do not all relate to respite. This is the range of community support services 	As for level 3 plus: <ul style="list-style-type: none"> Non clinical community support up to 30 hours per week Psychosocial support Services for youth at risk of homelessness and long term mental illness 	As for level 4 plus: <ul style="list-style-type: none"> Non clinical community support up to 40 hours per week Intensive disability support for adults at risk of homelessness Consumer respite/crisis care Supported accommodation services 	As for level 5 plus: <ul style="list-style-type: none"> Non clinical 24 hour mental health accommodation and rehabilitation in residential accommodation
Intermediate care			<ul style="list-style-type: none"> Clinically supervised service in person's home 	As for level 3 plus: <ul style="list-style-type: none"> Clinically supervised service in a facility or person's home Sub acute care 	As for level 4 plus: <ul style="list-style-type: none"> Clinically staffed 24/7 Unauthorised facility Sub acute care 	As for level 5 plus: <ul style="list-style-type: none"> Clinically staffed 24/7 Authorised facility Statewide referral role Sub acute care

Statewide Mental Health Services					
	Level 1	Level 2	Level 3	Level 4	Level 5
					Level 6
Forensic					As for level 5 plus: <ul style="list-style-type: none"> ■ Specialist statewide inpatient services provided ■ A strong academic and research component in the service
Maternal					As for level 5 plus: <ul style="list-style-type: none"> ■ Specialist statewide inpatient services provided ■ A strong academic and research component in the service
Neurological					As for level 5 plus: <ul style="list-style-type: none"> ■ Specialist statewide inpatient services provided ■ Includes ABI and intellectual disability ■ A strong academic and research component in the service
Alcohol and Drug					As for level 5 plus: <ul style="list-style-type: none"> ■ Specialist statewide inpatient services provided
Other					As for level 5 plus: <ul style="list-style-type: none"> ■ Specialist statewide inpatient services provided ■ A strong academic and research component in the service

Specialist designed mental health services for people with mental disorders and mental health problems which, due to a range of factors including technical specialty, high cost, high level of client need and small client population, are provided on a statewide basis

Clinical Support Services					
Level 1		Level 2		Level 3	Level 4
Level 5		Level 6			
Pathology	<ul style="list-style-type: none"> ■ Specimen collection by RN ■ Specimens transmittal to referral laboratory 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Specimen collection by RN ■ Specimens transmittal to referral laboratory 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ Specimen collection by RN for transmittal to referral laboratory ■ Able to perform a defined range urgent tests 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Performs range of basic tests ■ May have blood gas analyser ■ Blood bank ■ Services surrounding Full time laboratory technologists 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ 24 hour on site service ■ Pathology department ■ Full time pathologist ■ Microbiology and histopathology available ■ Regional referral role <p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Statewide referral role ■ Teaching and research role ■ Specialist registrar in training
Radiology		<ul style="list-style-type: none"> ■ Mobile service and limited to x-ray of extremities, chest, abdomen ■ Interpreted by onsite doctor/health professional 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ As level 2, plus has on site designated room ■ Radiographer in attendance who has regular access to radiological consultation ■ Simple ultrasound capacity for foetal monitoring ■ Teleradiology facility available 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ As level 3, with facilities for general and fluoroscopy, in addition to mobile CD for wards, OR and ED ■ Auto film processing capacity ■ Mobile image intensifier in OR and/or ICU/CCU ■ Staff radiographer on call 24 hours ■ Visiting specialist radiological appointment ■ Always has ultrasound ■ May have CT scanner ■ Registered nurse as required ■ Teleradiology facility available 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ As Level 4 plus established Department ■ Full ultrasound ■ Has radiologist in charge ■ May have radiology registrar ■ Has registered nurse 24 hour on site service for urgent x-rays ■ CT scanner on site or locally available ■ PACs available ■ Possible MRI <p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ As level 5, plus special rooms for digital angiography, neuroradiology etc ■ CT scan and full ultrasound service available 24 hours ■ Always has MRI and digital angiography ■ Has radiology registrar and post graduate fellows ■ Performs invasive procedures ■ PACs available
Pharmacy	<ul style="list-style-type: none"> ■ Service oversight by pharmacist located elsewhere ■ Drugs supplied on individual prescription from community pharmacy 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> ■ Visiting pharmacist from regional hospital ■ Minimal clinical service ■ Staff education ■ Drugs provided by regional hospital 	<p>As for level 2 plus:</p> <ul style="list-style-type: none"> ■ At least one pharmacist employed full time ■ Pharmacy drug purchasing and distribution to inpatients in accordance with state drug policies and formulary ■ May provide pharmacy undergraduate and postgraduate teaching role ■ May have regional role 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ More than one pharmacist employed ■ Emergency after hours on-call service ■ Limited clinical pharmacy service to inpatients ■ Limited outpatients dispensing ■ Develops local drug policies ■ Participates in hospital committees ■ May provide pharmacy undergraduate and postgraduate teaching role ■ May have regional role 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ 6 day service and on call service ■ Inpatient and outpatient services ■ Drug information ■ Extensive clinical pharmacy service to inpatients ■ Intravenous additive and/or cytotoxic drug preparation ■ Extemporaneous dispensing ■ Support for clinical trials ■ Undergraduate and postgraduate pharmacy teaching role ■ May have regional role <p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ 7 day service ■ 24 hour on-call service ■ Specialist pharmacist positions eg oncology, cardiology, paediatrics, geriatrics, psychiatry, drug information ■ Involved in research, clinical trials, clinical review, DUE's, ■ Provide undergraduate and postgraduate teaching role ■ Product evaluation with drug use/policy development

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
ICU/HDU			<ul style="list-style-type: none"> ■ High dependency area for general ward patients requiring observation over and above that available in general ward area 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> ■ Provides basic, multisystem life support usually for less than a 24 hour period ■ Able to provide mechanical ventilation and simple cardiovascular monitoring for a period of at least several hours, or care of a similar nature ■ Specialist RN ■ Access to specialist SRN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> ■ Provides complex, multisystem life support ■ Able to provide mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for a period of at least several days, or for longer periods in remote areas or care of a similar nature ■ Specialist RN ■ Access to specialist SRN 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Provides complex, multisystem life support for an indefinite period ■ Tertiary referral centre for children needing intensive care ■ Have extensive backup laboratory and clinical service facilities to support this tertiary role ■ Able to provide mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age, or care of a similar nature ■ Specialist RN ■ Access to specialist SRN
Paediatric ICU						<p>As for level 5 plus:</p> <ul style="list-style-type: none"> ■ Provides complex, multisystem life support for an indefinite period ■ Tertiary referral centre for children needing intensive care ■ Have extensive backup laboratory and clinical service facilities to support this tertiary role ■ Able to provide mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age, or care of a similar nature ■ Specialist RN ■ Access to specialist SRN

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
CCU	<ul style="list-style-type: none"> Analgesia/minimal sedation available by visiting medical officer 	<p>As for level 1 plus:</p> <ul style="list-style-type: none"> Minor procedure capability no emergency operating theatre <p>As for level 1 plus:</p> <ul style="list-style-type: none"> Limited - possible medical student with visiting GP 		<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Able to supply critical care expertise for coronary patients Provides a level of care more intensive than ward based care Discrete area within the health facility (may be combined within an ICU or HDU) Non invasive monitoring Can provide resuscitation and stabilisation of emergencies until transfer or retrieval to a back up facility Specialist RN Access to specialist SRN Formal link with public or private health facility(s) for patient referral and transfer to/from a higher level of service, to ensure safe service provision 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Able to provide additional monitoring capacity (central monitoring at staff station) for cardiac patients and increased medical and nursing support Specialist RN Access to specialist SRN As for CCU service level 4 plus: Bedside and central monitoring capacity (able to monitor patients at the staff station) 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Provides full range of cardiac monitoring (including invasive monitoring) for cardiac patients Full cardiology support including 24 hour on call echocardiography, angiography, angioplasty and permanent pacemaker services Specialist RN Access to specialist SRN As for CCU service level 5 plus: Invasive cardiovascular monitoring (indefinitely) Highest level referral centre for CCU patients with active liaison with lower level critical care services for referrals and transfer of patients to ensure safe service provision
Anaesthetics			<p>As for level 2 plus:</p> <ul style="list-style-type: none"> General Anaesthetics on low risk patients given GP anaesthetists or general anaesthetist May have visiting specialist anaesthetist 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> General anaesthetics on low risk patients given by accredited medical practitioner Specialist anaesthetist appointed for consultation and to provide service for moderate risk patients Specific operating room anaesthetic staff support available 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist anaesthetist on 24 hour roster for low, moderate and high risk patients Nominated specialist director of anaesthetic staff Anaesthetic registrar on site 24 hours 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> 24 specialist anaesthetist roster Sub specialists, research and teaching of graduates and undergraduates 24 hour on site anaesthetic registrar Teaching and research role
Operating Theatres			<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Single operating theatre for minor/same day procedures 24 hour cover for caesarian section if performing obstetrics 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> More than one operating theatre/procedure room Separate recovery Accredited medical practitioner providing anaesthetic services Specialist RN Access to specialist SRN 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Specialist anaesthetist on 24 hour roster for low, moderate and high risk patients Medical officer on site 24 hours Access to ICU Specialist RN Access to specialist SRN 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Multiple operating theatres and procedure rooms Major and complex procedures (cardiothoracic and transplant) Teaching and research role Specialist RN Access to specialist SRN
Training and Research			<p>As for level 2 plus:</p> <ul style="list-style-type: none"> Some medical nursing and allied health training 	<p>As for level 3 plus:</p> <ul style="list-style-type: none"> Some registrar and resident training Some specialist nursing and allied health training Possibly collaborative research 	<p>As for level 4 plus:</p> <ul style="list-style-type: none"> Small research unit Specialist training for nursing and allied health Some intern, resident and registrar training 	<p>As for level 5 plus:</p> <ul style="list-style-type: none"> Academic Unit Research Institute Full training program at all levels Formal training links with the universities

Appendix 2 - WACHS Clinical Services Delineation Matrix

	Regional Resource Centres (1)	Integrated District Health Services (2)	Hospitals in Small Towns (3)
	Level*	Level*	Level*
Medical Services	4	2/3	1/2
Surgical Services	4	2/3	1/2
Emergency Trauma Services	4	2/3	1/2
Obstetric Services	4	2/3	1/2
Paediatric Services	3/4	2	1
Rehabilitation Services	4/5	3	1
Prevention and Promotion Services	5	3/4	1/2/3/4
Primary Care Services	4/5	3	1/3
Ambulatory Care Services	4	2/3/4	1/2
Mental Health Services	3/4	2/3	1/2
Clinical Support	3/4	2/3	1

- This is an approximate guide to the services WACHS aims to provide at each hospital. The full range of services denoted by each level may not be available at all sites.
- * the level of service is defined in the Clinical Services Consultation 2005 paper.
- The key refers to the Centres, Services and Hospitals as per above table:
 - (1) Broome, Port Hedland, Geraldton, Kalgoorlie and Albany
 - (2) Esperance, Katanning, Moora, Narrogin, Merredin, Northam, Carnarvon, Newman, Nickol Bay, Derby and Kununurra
 - (3) Fitzroy Crossing, Halls Creek, Wyndham, Exmouth, Onslow, Paraburdoo, Wickham, Roebourne, Tom Price, Dongara, Kalbarri, Meekatharra, Morawa, Mullewa, North Midlands, Northampton, Laverton, Leonora, Norseman, Ravensthorpe, Beverley, Boddington, Bruce Rock, Corrigin, Cunderdin, Dalwallinu, Dumbleyung, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Pingelly, Quairading, Southern Cross, Wagin, Wongan Hills, Wyalkatchem, York, Denmark, Gnowangerup, Kojonup, Plantagenet.





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