



Government of **Western Australia**
Department of **Health**

WA Health Clinical Services Framework 2014–2024



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1. Acknowledgements

The *WA Health Clinical Services Framework 2014–2024* has been developed through extensive consultation with a broad range of stakeholders, without whom the significant enhancements that have been made since the previous iteration could not have been achieved.

Appreciation is extended to the many people who have provided input, feedback and comment during the development process of the Framework, and the various stakeholder groups that have made a valuable contribution, including:

- Bethesda Hospital
- Brightwater Care Group
- Hospital Liaison General Practitioners
- Mental Health Commission
- Ramsay Health Care
- Silver Chain
- St John of God Health Care
- Royal Australian College of General Practitioners
- WA Department of Treasury
- WA Health Department, Divisions, Health Services and clinicians
- WA Health Governing Councils
- WA Medicare Locals
- Other non-government health service providers.

2. Foreword

WA Health continues to work hard to meet the challenges of a growing and ageing population, increasing complexity of disease, and growing consumer expectations for faster and better care and increasing budget constraints. With consideration to the fluidity of the State's ever changing social, economic and demographic circumstances, the Government's vision has been translated into the WA Health Clinical Services Framework (CSF); a blueprint to guide the provision and delivery of safe, high quality public health care in Western Australia over the next 10 years.

The *WA Health Clinical Services Framework 2014–2024* (CSF 2014) is the third high-level service framework to be produced by WA Health and continues to provide a foundation for the whole health system in planning to meet the demand for health services given changing service capabilities and evolving models of care. It remains a reference point for determining requirements in workforce and infrastructure and for integrating new technology. The CSF 2014 provides a clear picture for what and how clinical services at each Health Service and health site (hospital or community) should develop over time to achieve better access to safe and quality care with minimum duplication and best use of available resources.

It is important to note that the CSF 2014 has been developed in line with our WA Health strategic intent and collaboratively with input from a number of working groups. There was extensive and targeted consultation with stakeholders including private hospital service providers, Medicare Locals, Governing Councils, service planners and other groups with an interest in clinical service planning.

I would particularly like to acknowledge the contribution by members of the Framework Development and Implementation Steering Committee (FDISC); the peak group providing review, guidance and advice on a wide range of issues within the health care system. FDISC has provided governance and overseen the development of the CSF 2014 and will continue to provide advice and support as the CSF 2014 moves from a statement of intent to actual health services in the public system.

CSF 2014 illustrates our continuing efforts to ensure that we provide a public health system that is open and transparent and committed to meeting the health needs of the WA community.



Professor Bryant Stokes
ACTING DIRECTOR GENERAL

3. Executive Summary

The WA Health Clinical Services Framework (CSF) continues to be the principal, government endorsed clinical service planning document for Western Australia's public health system. The CSF is designed to describe medium to long-term horizons and the strategic parameters that can be used by individual health services, hospitals and non-hospital service providers to inform and guide their individual clinical service/s plans.

WA Health has undergone significant change and reform since the CSF was first released in 2005. These changes have resulted in significant improvements in the planning and delivery of our health services across the State. What has not changed during this time is our unswerving commitment to providing the Western Australian community with:

- appropriate, safe and quality care;
- minimal duplication and the best use of resources;
- equitable and sustainable services; and
- a comprehensive and integrated approach to health service planning.

The CSF is completely refreshed at intervals of approximately five years and this latest (third) iteration covers the 10 year period 2014/15–2024/25. It responds to a greater than anticipated growth in the volume of demand for services, a change in the economic environment and recent and imminent adjustments to the configuration of services, including the opening of new facilities.

In the *WA Health Clinical Services Framework 2014–2024* (CSF 2014), the scope of the CSF has been expanded to include:

- all country hospitals;
- some private hospital providers;
- non-admitted outpatient services;
- a community and integrated services matrix; and
- additional and updated service definitions.

In contrast to previous iterations of this service framework, CSF 2014 is more explicit in acknowledging the importance of disease prevention and control measures and providing care in the most appropriate place in any forward planning. To reflect the increasing importance of non-hospital services provided in the community, a major revision and expansion of the previous Non-Hospital Matrix has resulted in the inclusion of a Community and Integrated Services Matrix. In this suite of services as in all services provided in hospital, the CSF 2014 configuration continues to be underpinned by considerations of safety and quality in responding to the significant growth in demand.

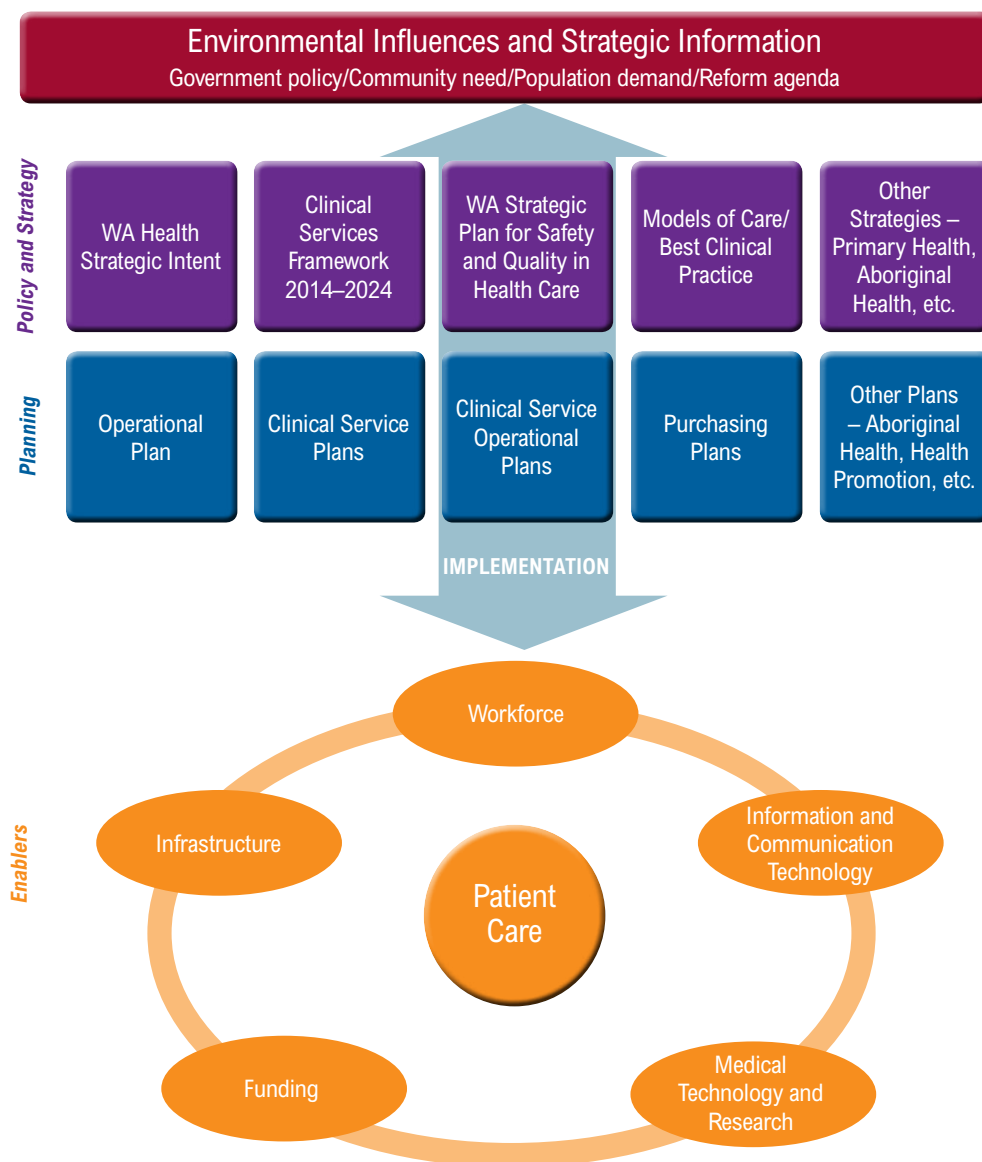
4. Background

The CSF was first released as the *WA Health Clinical Services Framework 2005–2015* (CSF 2005) in September 2005 following Cabinet endorsement. CSF 2005 detailed services in metropolitan hospitals and provided a broad description of services in country hospitals.

The second iteration of the Framework, the *WA Health Clinical Services Framework 2010–2020* (CSF 2010), was released in November 2009 following Cabinet endorsement. CSF 2010 included details of services in the larger country hospitals and in a range of non-hospital areas, as well as the metropolitan hospitals covered in CSF 2005. An update of the services provided, particularly at tertiary facilities was released in September 2012 as an addendum.

The latest *WA Health Clinical Services Framework 2014–2024* (CSF 2014) provides a blueprint for the whole health system in planning for services, workforce, infrastructure, technology, and budgeting in line with strategic intent of WA Health and with consideration of the challenges of a changing demographic, increasing complexity of disease, environmental factors, service capabilities and government policy. Figure 1 represents the context in which the CSF 2014 is developed and enabled.

Figure 1: **The Context of the CSF in the WA Health System**



This third iteration of the State's CSF builds on the feedback received from the previous frameworks and its development involved an extensive consultation process with internal and external stakeholders.

The CSF 2014 also reflects changes in content compared to previous documents. The changes are of two kinds: new or expanded content; and refinements to previously available information. The more significant items of new or expanded content include:

- increased detail on outpatient services in hospitals;
- improved coverage of rural services by representing all WA Country Health Service small hospitals and primary health care centres;
- expanded coverage of available health services as detailed in a community and integrated services matrix to reflect non-admitted services offered to the population; and
- a matrix to reflect the services offered by non-government agencies.

Refinements to previously available information are primarily to do with service definitions in order to make clearer the role delineation levels assigned. As a result of these refinements, direct comparisons between the levels specified in the CSF 2014 and previous CSF versions may not be possible in some instances.

The CSF considers the impact of actual and anticipated changes in the health environment. The factors with the greatest influence include: population growth and ageing and increasing demand for services; the move to full Activity Based Funding/Management (ABF/ABM); health promotion and illness prevention strategies; demand management initiatives; and increasing options for community-based care to provide safe services closer to where people live.

The CSF should be viewed as a starting point from which planning will occur. CSF 2014, with its objective of identifying the changing options for achieving health in the WA community, dwells at some length on the range of topics that deserve special focus.

Implementing the CSF will be the responsibility of the whole of 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 work will be underpinned by health activity modelling that is updated periodically to reflect changes to activity and population projections.

The CSF 2014 was developed by WA Health with project management and support provided by the Health System Improvement Unit (HSIU) of the Innovation and Health System Reform Division. More specifically, it is the result of the close collaboration within the Framework Development and Implementation Working Group (FDIWG), which included Health Service planners and their teams, representatives from the Office of Mental Health, Health Workforce, the Health Information Network and Health Infrastructure. Oversight and governance of the CSF 2014 was provided by the Framework Development and Implementation Steering Committee (FDISC) chaired by the A/Director General. The Committee ensured that service definitions, role delineation and significant parameters of demand and capacity projections were reviewed and endorsed as appropriate for use in the framework document.

The CSF is updated at agreed intervals to reflect changes in environmental factors, service capabilities and government policy. Its development involves extensive planning, research, modelling and consultation and the resulting Framework is used to inform the way forward in the medium to long term for WA health service provision.

The CSF projections are underpinned by the following assumptions:

- realising demand growth predictions;
- the ability of hospitals to expand service delivery;
- the ability to meet demand by reconfiguring services between sites; and
- the capacity of Government to fund infrastructure development.

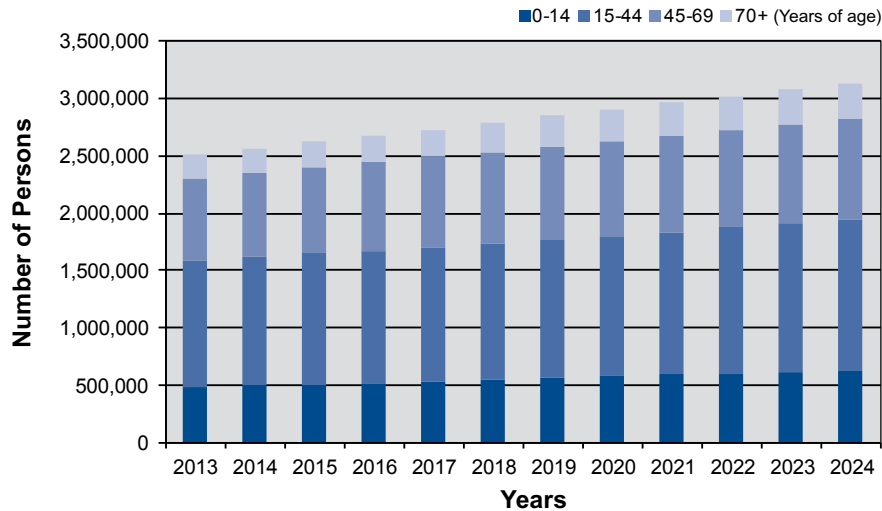
The activity projections contained in the CSF will be updated annually with new projections requiring endorsement of the Steering Committee and the State Health Executive before these are considered official estimates. Changes to the service definitions and role delineations require endorsement by Government.

The 10-year *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* (Mental Health Plan 2015-2025) has been developed and is nearing completion. The provisions of this Plan may have an impact on the configuration and delivery of mental health services.

5. Characteristics of the WA Population

WA is geographically the largest state in Australia and the fourth largest by population. Over the past five years WA has experienced record population growth with a compound annual growth rate of 2.9% and has been the fastest growing state in Australia for most of that time.

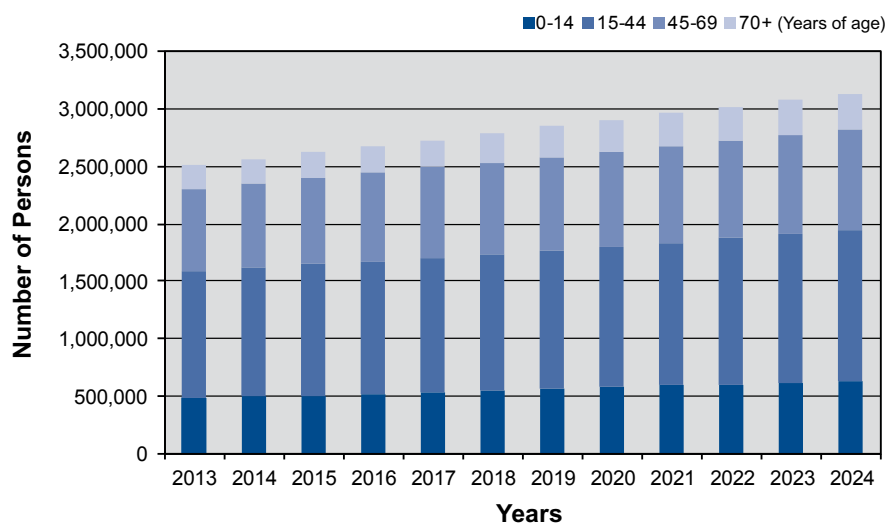
Figure 2: **WA estimated resident population, 2000–2012**



SOURCE: (Australian Bureau of Statistics 2013)

WA State Government Population Projections indicate that the rate of growth will decline to an average of 2.0% per annum over the next 11 years. Population is projected to increase from around 2.4 million in 2013 to 3.1 million in 2024. The decline in growth is due to an expected decrease in the rate at which people are moving to WA from overseas and interstate.

Figure 3: **WA projected population, 2013–2024**



SOURCE: (WA State Government Population Projections, January 2014)

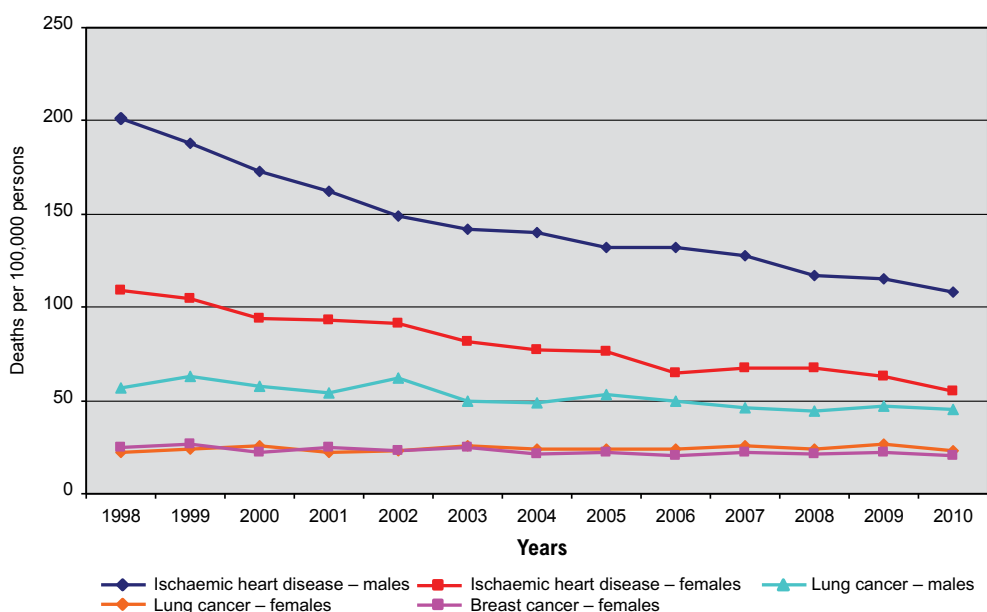
Socio-economic status (SES) is one of the major determinants of health in a population. WA has the second highest average SES in Australia after the Australian Capital Territory with SES in the Perth metropolitan area generally much higher than in the rest of the State. High SES predominates in the inner city, along the north coast and in the hills. However, there are pockets of social disadvantage in outer metropolitan areas. In country WA, the Ashburton and the Busselton regions have relatively high SES while remote areas are the most disadvantaged (Australian Bureau of Statistics 2011).

WA is relatively healthy compared to the whole of Australia, having one of the highest life expectancies at birth in the country.

The life expectancy of the Aboriginal population in the State although lower than the total Australian indigenous population, is steadily increasing, indicating progress in closing the gap between the Aboriginal and non-Aboriginal populations. The same improvement is apparent in the infant mortality rate for the Aboriginal community.

The major causes of death in WA are cancer, ischaemic heart disease and stroke, with the mortality rate for ischaemic heart disease for males being almost twice that for females. Lung cancer has the highest mortality rates for cancer in both males and females. While the rate for males is slowly decreasing, the rate for females now rivals breast cancer as the leading cause of cancer deaths in females.

Figure 4: **WA mortality rate selected causes, 1998–2010**



SOURCE: (Australian Bureau of Statistics 2013)

The leading causes of disease and injury burden are cancer, cardiovascular disease, mental health disorders, neurological and sense organ disorders and injury. The burden of disease measure is comprised of years of life lost through mortality and years of life affected by disability. For cancer, cardiovascular disease and injury the majority of the burden is attributable to mortality while for mental health, neurological and sense organ disorders, it is attributable to disability. The relative makeup of the burden of disease is a major influence on the planning of health services to be provided.

WA has somewhat lower rates for children being fully immunised than other States. However there has been a marked increase from 79.6% in 2002 to 86.0% in 2011. It is anticipated that significant further improvement has been achieved since 2011. Efforts to increase immunisation rates are continuing, endeavouring to bring Western Australia at least into line with national averages.

WA has a higher hospital separation rate and a lower average Medicare usage per person than Australia overall. WA has fewer doctors and nurses per head of population than the rest of Australia. This indicates that Western Australians use hospitals at a higher rate than other Australians even for conditions that would normally be taken to a General Practitioner or other care provider in the community.

The latest available figures show that overall, if we weight hospital activity to take into account the complexity of services, Western Australians are using less services than people in other mainland States (National Health Reform Public Hospital Funding, May 2014, taken from: <http://www.publichospitalfunding.gov.au/ReportFiles/National/2014/05/NHR%20National%20data%20May%202014.pdf>).

Over half the people in WA have private health insurance, which is second only to the ACT in terms of the proportion of persons with private health insurance (Australian Bureau of Statistics 2013). However, WA has a lower proportion of patients being treated as private patients in hospital than any other jurisdiction. (AIHW Australian Hospital Statistics 2011–12).

6. Our Response to WA Health Requirements

Although WA compares favourably with the rest of Australia in terms of health status, the challenges faced by WA in responding to future health requirements requires a multifaceted approach beyond WA Health as an organisation. In an endeavour to focus attention and health policy on areas where a concerted effort could achieve significant gains in health status, WA Health has looked to develop a local response to these growing needs, whilst also working in collaboration with the Commonwealth Government, non-government health service providers and other business and community sectors.

a. Key Areas of Focus

WA Health's acknowledged focus areas are listed and explained below.

Aboriginal Health

WA has the third largest Aboriginal population in Australia. Although accounting for only 3.3% (Australian Bureau of Statistics 2011) of the State's population, Aboriginal people have the worst health outcomes of any group in the WA community.

WA Health promotes a strong understanding of the cultural and historic reasons why Aboriginal people view health needs, outcomes and services differently. WA Health has a commitment to include greater consultation and to develop partnerships with the Aboriginal community in the design and delivery of health services, ensuring a commitment to cultural security.

The *WA Health Aboriginal Cultural Learning Framework 2012–2016* draws together three focus areas in which to prioritise activity; Aboriginal workforce, cultural learning and leadership. This Framework broadly identifies opportunities for individuals and all areas of WA Health to respond to Aboriginal communities through strategic partnerships and planning.

Contributing to the complexity of achieving significant improvement in health outcomes is the fact that provision of better health services must happen alongside improvements in other key areas such as housing, education, employment and economic development. WA Health works with a number of organisations including Aboriginal Community Controlled Health Organisations (Aboriginal Medical Services), the Department of Aboriginal Affairs and other agencies of government in an effort to improve the health status of WA's Aboriginal population.

WA Health is committed to closing the health gap between Aboriginal and non-Aboriginal people in WA and recognises the complexity of this task. The Western Australian Government has provided funding for 2014-2015 to continue and build on the work already undertaken to close the gap in life expectancy for Aboriginal people through the *WA Footprints to Better Health Strategy* (which combines two previous National Partnership Agreements; *Closing the Gap in Indigenous Health Outcomes* and *Indigenous Early Childhood Development*). Footprints to Better Health will mainly focus on prevention, early intervention and chronic disease management through the provision of services that target:

- improving maternal and child health to ensure Aboriginal children experience a healthy start to life;
- the health of young Aboriginal people to ensure a safe transition to adulthood;
- increasing knowledge, awareness and practice of healthy lifestyle behaviours for Aboriginal people;

- chronic disease early intervention and care planning for Aboriginal people; and
- continuity of care to ensure Aboriginal people experience seamless transition through the health care system in a timely and culturally appropriate way.

The *WA Footprints to Better Health Strategy* includes an outcome based management and evaluation framework to identify outcome achievements of the strategy.

Adolescent to Adult Transition

For many chronic conditions detected in childhood, care and therapy will continue throughout life and young people will need to be transferred from a paediatric to an adult setting. Additionally, children are now surviving into adult life with conditions which previously would have been lethal in early childhood. Many of these are rare and obscure and until recently, have been unfamiliar to those predominately working in adult practice.

To optimise the transition from paediatric to adult health care services for adolescents and young adults, planning needs to commence in the early teenage years with the process supported by both adult and paediatric services. The long term goal is for the young person to capably manage their condition and interact positively with the adult health services. The process should be planned as an integral part of the long term management plan for the young person's medical treatment and employ strategies to empower the individual. The manner in which the young person is transferred to the adult healthcare system is crucial to their continued wellbeing and willingness to engage with ongoing health support and treatment, and ability to self-manage their condition.

To promote effective transition, a range of strategies are identified in the *Paediatric Chronic Diseases Transition Framework* (Department of Health, Western Australia 2009). In addition, a dedicated youth stream will be developed in mental health services in recognition of the specific challenges that face young people who experience mental illness. This iteration of the CSF identified for the first time a need to articulate the intention for this transition process to be a focus for the health system.

Aged and Continuing Care

The provision of continuing care services for WA's ageing population is embedded in major health programs, most of which are relatively long-standing. They are undertaken within the context of a number of health settings including:

- acute care (which is generally hospital based);
- subacute care (inpatient and community based);
- community care (including the Home and Community Care Program);
- residential care (including Commonwealth funded high and low care residential facilities as well as the nursing home type patient units in the State's country hospitals);
- High Dependency Units in residential aged care facilities for people with behavioural problems associated with chronic mental disorders and/or advanced dementia; and
- Multi-Purpose Services (MPS).

A number of statewide programs and initiatives are managed through WA Health to support hospital demand management strategies and the interface between hospital, community and residential care. For example:

- Improving Public Hospitals Services NPA: Schedule E, Subacute Care with principal domains of Rehabilitation, Geriatric Evaluation and Management (GEM), Psychogeriatric Care and Palliative Care being included. WA agreed to establish a minimum 135 new Subacute Care beds or bed-equivalents over the NPA lifecycle.
- Emergency Department Care Coordination Teams (ED CCTs) in Perth metropolitan hospitals which focus on strengthening existing hospital strategies, especially emergency department (ED) initiatives. The work of CCTs includes screening for any condition associated with ageing that may impact on an older person's functional wellbeing and that could lead to admission to hospital. Residential Care Line (RCL) is a metropolitan wide service utilising a 24/7 triage and support line through Medibank Health Solutions. The service aims to provide specialist support and advice to residential aged care facilities to avoid unnecessary transfers to hospital emergency departments.
- Complex Needs Coordination Teams (CoNeCT) have been established in the community in both metropolitan and rural areas to provide assistance to clients with complex care needs.
- Interim Hospital Package program provides metro public hospitals with funding to purchase services (usually via NGOs) for patients who are ready for discharge where there is a potential delay in discharge due to lack of availability of mainstream community services.
- Transition Care Program which provides short-term support and active management of older people with chronic and/or complex care needs at the interface between the hospital and home or with the aged care sectors. The provision of short-term, goal-orientated therapeutic interventions at the interface aims to improve or maintain the older person's level of independence, whilst assisting them and their carer.
- Long Stay Younger Disabled Patients (LSYDP) initiative provides interim accommodation and support services to younger disabled clients who are inpatients in metropolitan public hospitals. Entry into the LSYDP program is considered after all other care alternatives have been extensively explored.
- Silver Chain Home Hospital also provides the following services:
 - Priority Response Assessment (PRA) is a hospital avoidance service that offers 24/7 access to advanced clinical assessment and intervention within four hours of a referral being received.
 - Community Nursing (CN) provides an alternative to hospitalising patients who need sub-acute interventions.
 - Post Acute Care (PAC) refers to nursing services provided in the immediate post discharge period from a public hospital, PRA or Hospital at the Home (HATH) episode of acute care.
 - Hospital at the Home (HATH) is a hospital substitution program that is available 24/7.
- Silver Chain Community Palliative Care also provides a specialised in-home palliative care service 24/7 to people of all ages across the metropolitan area. The palliative respite service enables clients who have a progressive terminal illness and their significant carer to remain in their home environment, with a telephone advisory service enabling rural service providers to obtain prompt advice and information from a Specialised Palliative Care Registered Nurse. The palliative care service caters for more than 3,000 people annually who have an average length of stay in community palliative care of 84 days. Sixty per cent (60%) of clients admitted to the service are supported to die at home.

Collaboration with Commonwealth Government, Private and Community Health Service Providers

WA Health has collaborated and partnered with the Commonwealth Government and non-government health service providers to ensure effective and efficient health care planning, funding and delivery.

The National Health Reform Agreement (NHRA) reflects the partnership between the Commonwealth and the States and Territories to ensure the ongoing sustainability of public hospital funding and greater transparency for performance. The NHRA provides for a commitment from the Commonwealth to contribute to the cost of efficient growth in public hospital funding as of 1 July 2014, on the basis of activity-based funding. However, the Commonwealth announced in the 2014/15 Federal Budget a return to indexation of public hospital funding on the basis of population and inflation growth.

The NHRA also provided for the establishment of a range of national agencies to implement this new funding arrangement and ensure transparency of funding flows and accountability for health system performance. Following a decision announced in the 2014/15 Federal Budget these national agencies and other Commonwealth bodies would be merged into a Health Productivity and Performance Commission (Commission) as of 1 July 2015.

Privately managed public hospital partnerships such as those with the Joondalup, Peel and Midland hospitals demonstrate the collaboration between the State and the non-government hospital sector in providing primarily admitted patient services to the community.

This cooperation is also important in hospital avoidance initiatives such as the Friend in Need – Emergency (FINE) program, which is a program that provides an alternative to an emergency department presentation or hospital admission through a network of services across hospital, private and community based services.

The establishment of networks to facilitate primary health providers in the community and GP Super Clinics encourages collaborations between hospitals and community services to achieve improved integration of services for patients. Through this collaboration it becomes possible to deliver a range of demand management strategies to better accommodate emergency and elective service provision as well as enable a seamless transition of care for patients between primary health and the hospital environment.

Health and Wellbeing Strategy 2030

The commitment to a health and wellbeing strategy provides an opportunity to plan long term for the health and wellbeing of the population of WA.

Current pressures on WA Health include strong demand for acute care services, a fragmented primary care sector, an ageing population with multiple co-morbidities, an increase in the prevalence of chronic and complex disease, workforce shortages, increasing health care costs, advances in technology and a downturn in the State economy.

The development and implementation of a strategy will be dependent on continuous analysis of population health, scenario and capacity modelling and ongoing development of whole system policies, plans and strategies. This will complement the CSF with its shared vision to ensure all Western Australians stay healthy, have access to safe, quality and timely healthcare and are able to navigate their journey through the WA health system in a simple and effective way.

The priorities for the strategy will include:

- an increased focus on health promotion and prevention;
- a person-centred approach, not just a patient centred approach;
- community engagement and shared decision-making;
- equity of access with prioritised resource allocation; and
- co-ordinated care closer to home.

Health Promotion Strategic Framework

The *WA Health Promotion Strategic Framework 2012–2016* (HPSF) sets out WA Health's strategic directions and priorities for the prevention of avoidable chronic disease and injury over the next five years.

The HPSF complements Commonwealth and State Government policies which support better health for Western Australians. These include policies which specifically address: the health of Aboriginal people, mental illness, communicable diseases, including sexually transmitted diseases and prevention and management of chronic disease in people who have already been diagnosed with a health condition.

The aim of the HPSF is to reduce the number of people living with chronic disease and/or the impact of injury by helping them to adopt healthier lifestyles in communities that are healthier and safer. By adopting a 'whole of population approach', all groups at risk of developing disease or experiencing injury are reached.

Mental Health Services

Work is underway to develop a 10-year mental health, alcohol and other drug services plan for WA, jointly sponsored by the Mental Health Commission, the Department of Health and the Drug and Alcohol Office. The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025* is designed to provide a 'blueprint' for the best mix of services needed for a better, more responsive and more equitable mental health and drug and alcohol system for all Western Australians over the next decade. The Mental Health Plan 2015-2025 will assist in the development of an integrated system that balances services across inpatient and community and is focused on recovery-orientated practice. This will reflect a move towards the growth and enhancement of services based in the community that will improve prevention, early intervention and provide responsive crisis management, treatment and follow-up support. It also includes provision of alternatives to hospitalisation through subacute services, intensive outreach, and care in the home, shared care with GPs and individualised support packages.

The Mental Health Plan 2015-2025 builds on the Mental Health Commission's strategic policy, *Mental Health 2020: Making it personal and everybody's business*, and forms part of the Government response to Professor Stokes' 2012 Report, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (Stokes Review). Both call for significant improvements to ensure that Western Australians with a mental illness and their families have access to the full spectrum of mental health services they need to get well, and to stay well. The Stokes Review has provided key input to the strategic direction for the Mental Health Plan 2015-2025 and the optimal mix of services that has been developed supports the recommendations made in the Stokes Review.

The Mental Health Plan 2015-2025 utilised the planning methodology developed by the National Mental Health Services Planning Framework, and the National Drug and Alcohol Clinical Care and Prevention Planning Model, both of which use a population-based model to identify service demand and care requirements across the continuum from prevention and

early intervention to the most intensive treatment. The Mental Health Plan 2015-2025 will also be shaped by existing planning and infrastructure developments in the state and the CSF to ensure it remains responsive to the local planning context.

In December 2013 the Foundation Document for the Mental Health Plan 2015-2025 was completed. This document provided the detailed underpinning methodology and logic that is being used to construct the Mental Health Plan 2015-2025. The Mental Health Plan 2015-2025 will articulate the optimal mix of services, the reforms required and areas for prioritised investment; and will describe how the overarching reforms will be achieved over the 10-year period.

Non-admitted (outpatient) Services

With advancements in medical technology and clinical practice, non-admitted services from WA Health and other health care providers have become an important part of the suite of care available to the patient community. The recognition that these services can be used instead of admitted care and that they do not have to be provided in hospital, have made this mode of treatment important to achieving both quality outcomes and managing demand. The handling of non-admitted services has been expanded significantly in CSF 2014. The services are defined as one of three types:

- Non-admitted outpatient services (described by hospital site and clinical specialty): services related to a hospital admission (e.g. before and/or after an admitted patient episode of care); or services that require highly specialised expertise and/or expensive equipment.
- Community coordinated multidisciplinary services (described by geographical area and service type): services for the complex non-admitted patient irrespective of age with complex and/or rehabilitative conditions which require the coordinated care of two or more specialist disciplines (medical, nursing and allied health). This is goal orientated and generally time limited.
- Community single specialty services (described by geographical area and service type): services which require care by a single specialist based in the community with little or no need for care coordination between disciplines. These services are not related to an inpatient episode and can receive referrals from a variety of sources e.g. GPs.

Patients can move across all three outpatient service types throughout the care continuum. Non-admitted outpatient services are included in the Metropolitan and WACHS Hospital Matrices as a separate service line under each clinical specialty.

Non-admitted services are a key option for demand management aimed at admission prevention, acute care substitution and hospital avoidance. The community and integrated service definitions in this CSF demonstrate the range of services available for non-admitted patient care.

Community coordinated multidisciplinary services and community single specialty services may be offered in hospitals, however these services are now more likely to be provided in non-hospital community facilities run by WA Health, in sites operated by non-government entities or even in people's homes. Many of these non-admitted services are included in the Community and Integrated Services Matrix.

One such strategy is the establishment of the Central Referral Service (CRS) in response to the need for a more streamlined system to manage non-admitted outpatient service referrals. The CRS provides a more coordinated, standardised and sustainable model for elective service referral management to assist patients to receive timely care, in the most appropriate location.

Paediatric Implementation Plan

Under the *Paediatric Implementation Plan* (PIP) safe, quality and cost effective paediatric services will be provided closer to home for children in metropolitan WA. The PIP will strengthen the viability and sustainability of the tertiary paediatric hospital and of the general hospital paediatric units.

The PIP outlines a service delivery model, 'hub and spoke' which promotes the shifting of secondary level services to general hospitals thus allowing non-tertiary services to be delivered closer to the child's community. The 'hub and spoke' model retains Princess Margaret Hospital (PMH)/Perth Children's Hospital (PCH) as the sole tertiary provider supported by expanded services in outer metropolitan hospitals, with Joondalup Health Campus as a Level 5 northern hub and Fiona Stanley Hospital as the Level 5 southern hub. By devolving appropriate secondary services (both inpatient and outpatient) from the tertiary centre to secondary care settings at Armadale-Kelmscott Memorial Hospital, Peel Health Campus, Rockingham General Hospital and Midland Health Campus, this will enable improved utilisation of local services and will facilitate more sustainable and cost effective paediatric hospital units when Perth Children's Hospital opens.

Physical Capacity

In addition to new facilities already planned to open over the next five years, future demand modelling indicates there will be a potential need for further growth in capacity in the metropolitan area.

To respond to demand growth, some key developments Government will need to consider in the coming years are:

- Osborne Park Hospital (OPH) to be redeveloped into a general hospital with an emergency department and including expansion of medical and surgical services to support this. A redeveloped OPH would also facilitate the opening of the increased number of mental health beds as indicated in CSF 2010.
- Armadale-Kelmscott Memorial Hospital (AKMH) to be expanded to its next stage of development to address the needs of one of the fastest growing population areas in the State. However, with advances in medical technology and changes in clinical practice, that growth in demand may continue to be served adequately by the current facility.
- The Joondalup Health Campus (JHC) to be upgraded to a tertiary facility to respond to the significant population growth in the northern corridor.

Safety and Quality

Resolving the challenges that face the health system, increasing demand for health services, constraints on resources, demographic change, and workforce shortages becomes paramount when ensuring that health care in WA remains both safe and of high quality.

The *WA Health Strategic Plan for Safety and Quality in Health Care 2013–2017* (WA Strategic Plan 2013–2017) provides direction and guidance for WA Health in delivering safe, high quality health care. The WA Strategic Plan 2013–2017 outlines the objectives, strategies and governance requirements that will provide the foundation for programs, initiatives and activity aimed at ensuring the delivery of safe, high quality health care in WA. Safety and quality is an integral part of statewide clinical service planning, incorporating all facets of hospital care.

The WA Strategic Plan 2013–2017 aligns with the endorsed three year work plan (2013–2016) of the Australian Commission on Safety and Quality in Health Care (ACSQHC). WA Health's policy response to the ACSQHC work program, including the National Safety and

Quality Health Service Standards (NSQHSS) is led by a number of directorates associated with the Patient Safety and Clinical Quality Division: the Licensing and Accreditation Regulatory Unit, which is the State’s regulator for the NSQHSS; the Performance Directorate, which undertakes patient safety surveillance and analyses and reports on health service performance; and the Patient Safety Surveillance Unit, which undertakes patient safety policy development to support quality improvement in WA Health. WA Health will continue to work with Health Services to implement the priority stage and national safety and quality initiatives, as indicated by local data, the WA Strategic Plan 2013–2017 and the ACSQHC’s work plan 2013–2016.

The latest *WA Health Strategic Plan for Safety and Quality in Health Care 2013–2017* is available on the Office of Safety and Health Care website.

Teaching, Training and Research

Teaching, training and research is a fundamental component of the service provided by WA Health.

In the context of public health services, teaching and training can be defined as activities that facilitate the acquisition of knowledge, or practice of skill, that are prerequisites for an individual to gain the necessary qualifications to practice in the medicine, nursing and midwifery or allied health professions (Independent Hospital Pricing Authority 2013).

Research can similarly be defined as activities where the primary aim is the advancement of knowledge, which ultimately improves patient health outcomes.

Whilst the tertiary hospitals undertake extensive teaching and training, the responsibility for this also extends to all hospitals and public health services in the community.

At a minimum, smaller hospitals provide access to clinical e-learning, some medical nursing and allied health teaching programs and some rotational student placements. Tertiary hospitals provide intern, registrar and resident teaching as well as specialist nursing and allied health teaching. Also, the tertiary hospitals are responsible for teaching and training in specialty areas where opportunities for learning are limited at smaller hospitals, given the more general nature of their service delivery. The research activities that are embedded in the tertiary hospitals are integrally linked with the universities and other organisations, such as medical research institutes and the hospital research foundations.

The teaching training and research activities undertaken in WA Health are essential for the optimal development of the health workforce and thus directly contribute to the better health of Western Australians.

Telehealth

The strategic plan for the Statewide Telehealth Service (STS) supports the CSF 2014 and offers a range of service delivery options to benefit patients, their family, carers and health service providers.

Telehealth is “the use of Information and Communication Technology applications to provide health and long-term care services over a distance” (Stroetmann, et al. 2010). This includes the transmission of images, voice, data and videoconferencing between two or more sites. Telehealth creates organisational efficiencies and improves collaboration and communication between health care providers regardless of a person’s geographical location.

The ability to deliver Telehealth services is determined by the available clinical resources at both the providing and receiving sites, establishing the necessary clinical workflows and the appropriate technology. Telehealth capability is driven by provider and receiver site

differences related to technical component requirements and clinical resource availability.

The five main service capabilities of Telehealth are:

- clinical ambulatory services - interaction between two or more locations;
- acute care services - remote monitoring and triage of patients in the acute care setting including emergency response;
- training and education - via videoconference;
- secure store and forward applications - sharing of images, results and patient information; and
- home monitoring – enabling patients with significant chronic disease to share responsibility for their care through self monitoring in partnership with their healthcare providers.

Currently service delivery is centred on clinical ambulatory services, emergency services, training and education. Other Telehealth application capabilities are under development.

b. Key Elements for Delivery

It becomes possible to respond to the WA community's health requirements by accurately anticipating demand and correctly calibrating supply of services. The CSF 2014 provides a point of reference for service enablers (budget, ICT, Infrastructure, Medical Technology and Workforce) to align with both demand and supply.

Budget and Activity Based Funding/Activity Based Management

The principal aim of Activity Based Funding (ABF) and Activity Based Management (ABM) in WA is to deliver safe care of the highest quality in a timely manner, to people who need it, at an agreed price.

ABF/ABM provides increased transparency for Government, the community and health service providers as to how public funding is used in delivering health services across WA, and how the health system performs against agreed targets.

The CSF informs the services which are purchased by the Department of Health and the Mental Health Commission from health service providers. For purchasing plans to be achievable, they need to align to the health system's capacity to deliver.

Purchasing priorities and contracts identified by WA Health over the next three to five years will be linked to a hierarchy of policy and planning processes, including:

- State and Commonwealth Government policy and purchasing priorities;
- resource availability; and
- the CSF.

In particular, an ABF framework establishes the environment for purchasing appropriately from service providers in accordance with their physical and technical capabilities as flagged by the role delineation level that they have been designated.

Information and Communication Technology

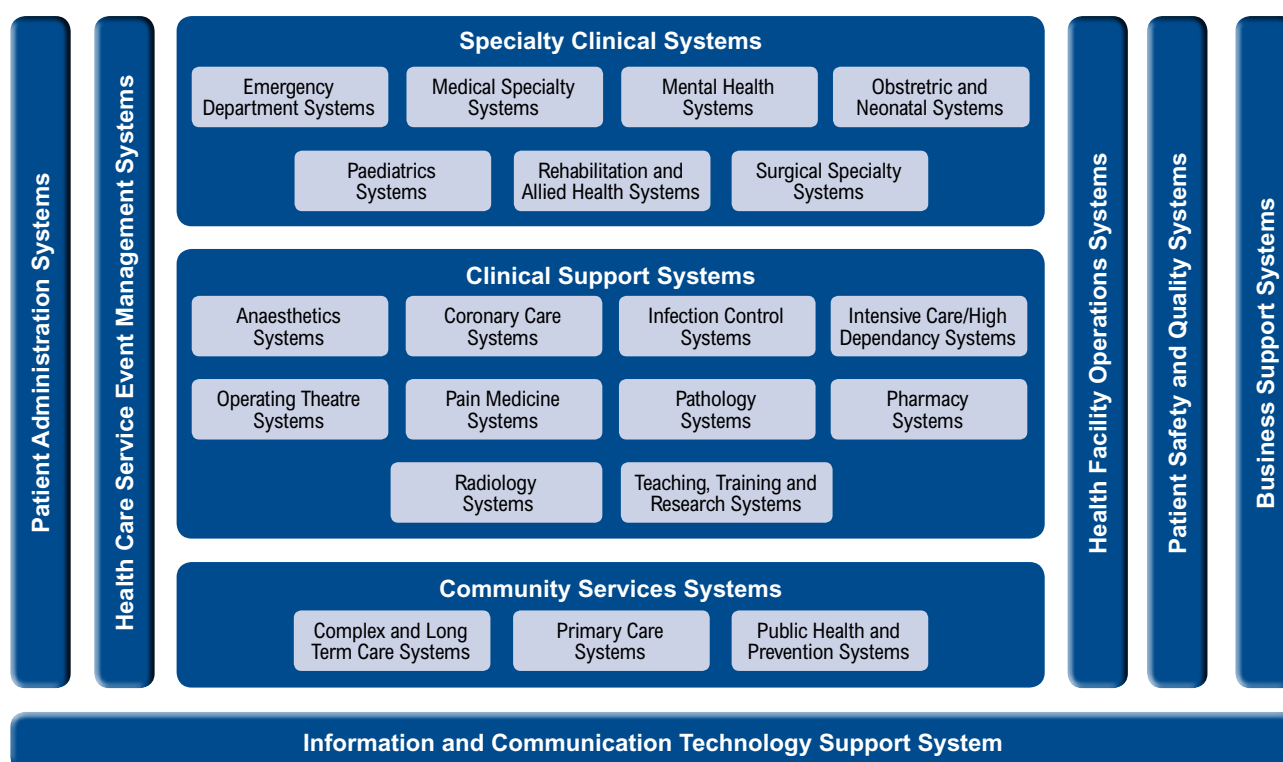
The Information and Communication Technology (ICT) Strategic Framework ensures ICT focus and investment is aligned with WA Health's key strategies and priorities.

There are six key themes of the Framework:

- drive better clinical outcomes through information;
- improving management and planning through information;
- share information across the whole health sector;
- rebuild and enhance ICT foundations infrastructure;
- integrate medical equipment with the ICT network; and
- manage change and business as usual.

The delivery of clinical services is facilitated by a range of ICT systems, which are categorised in Figure 5. The development of standard application suites for clinical services will greatly assist the commissioning and decommissioning of systems and ICT infrastructure in accordance with the timelines shown in the CSF.

Figure 5: ICT Systems in the delivery of clinical services



- Patient Administration: to provide patient management.
- Health Care Service Event Management: to coordinate the resources.
- Specialty Clinical: to meet the hospital clinical specialist requirements.
- Clinical Support: to support common needs of specialty clinical and community services.
- Community Services: to provide community health services.
- Health Facility Operations: to support the running of a health facility.
- Patient Safety and Quality: to specify and monitor the quality of service.
- Business Support: to provide administrative, business support and corporate functions.
- ICT Support: to provide common services to operate the clinical, administration and business systems.

The delivery of ICT systems to support the delivery of health services require all systems as described above, with the exception of community services systems at hospital facilities and with the exception of specialty clinical systems at non-hospital sites.

Infrastructure

WA Health's infrastructure program provides a plan for the development and management of capital assets. State Health Infrastructure Program 2014 (SHIP 2014) will align with the role delineation and service requirements outlined in the CSF 2014, taking into account different service delivery models and community needs and resource constraints.

The infrastructure program will cover all areas of asset development requirements, from minor upgrades required to ensure buildings remain fit-for-purpose through to the provision of new or replacement health facilities. In response to the changing needs for healthcare of Western Australians, there have been unprecedented changes in the configuration of WA Health services. This includes the opening of a number of facilities and regional developments over the next five years, including but not limited to:

- Busselton Health Campus (due to open 2014/15);
- Fiona Stanley Hospital (due to open 2014/15);
- State Rehabilitation Centre (due to open 2014/15);
- Midland Health Campus (due to open 2015/16);
- Perth Children's Hospital (due to open 2015/16);
- Karratha Health Campus (due to open late 2017);
- Southern Inland Health Initiative (various projects due to open progressively post 2014/15); and
- North West Health Initiative (various projects in the Pilbara region due to open progressively post 2015/16).

The infrastructure program will be informed by the CSF 2014 to ensure the delivery of future health services in the right place.

Medical Technology

New and evolving medical technology initiatives provide some of the most significant advances in health care around the world. Embracing these initiatives assists in establishing a health care environment that ensures best possible care for the community. However, the increasing cost of advances in technology, coupled with budgetary constraints and change to public health service funding under national health reforms means that there is a need to prioritise the procurement of health technologies that are aligned with WA Health priorities and relevant to service provider Models of Care.

Underpinning medical technology prioritisation is the application of health technology assessment principles, which inform the decision making that is supported through evidence of appropriateness, safety, efficacy, effective resource utilisation and recognition of the organisational implications presented by a medical technology.

Medical technology procurement is supported by the WA Policy Advisory Committee on Technology, which has an assessment and advisory role for new high-cost technologies expected to exceed \$1 million annually or \$1 million in capital costs, and the Medical Equipment Working Party, which provides advice on funding for the acquisition and management of medical equipment needs.

Workforce

The adequate supply of an appropriately skilled, flexible workforce is essential for the delivery of the clinical services outlined in the CSF 2014 and an integrated approach to planning will ensure services have sufficient resources.

The development of a WA Health workforce framework, which includes a 10-year strategic workforce plan that is linked to the CSF 2014 and integrated with activity, financial and infrastructure planning, will provide a focus on the need to monitor, identify and risk-manage workforce issues that may impact service delivery. Elements of the Framework will include:

- improved workforce demand forecasting through:
 - budgeting projections linked to activity;
 - a revised Workforce Requirements Model that forecasts the size and nature of the future workforce and models the impact of emerging workforce reforms; and
 - targeted research to improve the ability to predict supply and demand at an occupational/specialty level by site and service.
- monitoring and managing workforce supply by:
 - capturing student numbers in courses, clinical training activity and translation to employment data;
 - boosting workforce supply through training program reform; and
 - implementing new ICT systems to complement the international workforce supply bureau and improve the capacity, quality and efficiency of clinical training.
- workforce data improvement; and
- ongoing development of strategic policy and planning to engage with the national health workforce reform agenda and clinical training networks.

The strategic workforce plan will anticipate emerging workforce developments at a local and national level and underpin future clinical service delivery.

7. Models of Care and the CSF

An important reform initiative that the WA Health system has been engaged in over a number of years is the development of Models of Care (MoC). MoC are strategic policies related to a disease grouping, population sub-group or service need. They set out an evidence-based framework of a continuum of care that extends from prevention and promotion, through early detection and intervention, to integration and continuity of care and self management. MoC outline the optimum patient journey through all stages of healthcare and as such, form an important pillar of the service framework for health.

The MoC for two frequently occurring conditions, Diabetes and Stroke, are used here to illustrate the close relationship between the CSF and MoC.

- Diabetes (Figure 6) is the sixth leading cause of death in Australia (Australian Bureau of Statistics 2013) and is one of the world's fastest growing diseases. The Diabetes MoC provides a framework for comprehensive, accessible and efficient provision of coordinated diabetes prevention and management services for all Western Australians.
- Stroke (Figure 7) is a neurological condition that falls under the broader grouping of cardiovascular disease. It is a major cause of mortality and disability in Australia and in 2009 about 381,400 Australians reported they had suffered a stroke (Australian Bureau of Statistics 2013).

The stages or cycles of the MoC are listed on the right side of the pyramid and are represented by its different layers. Each layer also corresponds to particular components of the CSF, listed on the left side of the figure.

The size of a layer of the pyramid is indicative of:

- the proportion of the population relevant to the 'treatment' type; and
- the relative amount of time spent at that stage of care.

Thus, the base is the section of the population for whom health promotion and illness prevention initiatives are all that is needed. Ideally, this takes up the largest block of time in their lives. The tip of the pyramid should be relevant to a much smaller proportion of the population and should only take up a small amount of time in a person's life.

Ideally, the proportion of people in the target population and the amount of time they spend receiving the care type retains the shape of a pyramid. That is, the largest percentage of the population spending the longest amount of time receiving the least intrusive type of care.

The two-directional arrow to the left of the pyramid signifies the consumer journey up and down the different stages of the MoC and CSF service types, depending on their state of health. It also signifies that the stages of care should be integrated and coordinated.

For both Diabetes and Stroke, the goal for consumers and health care professionals is to prevent individuals from needing more complex care or minimise the amount of time spent in complex care.

Figure 6: Diabetes Model of Care and CSF

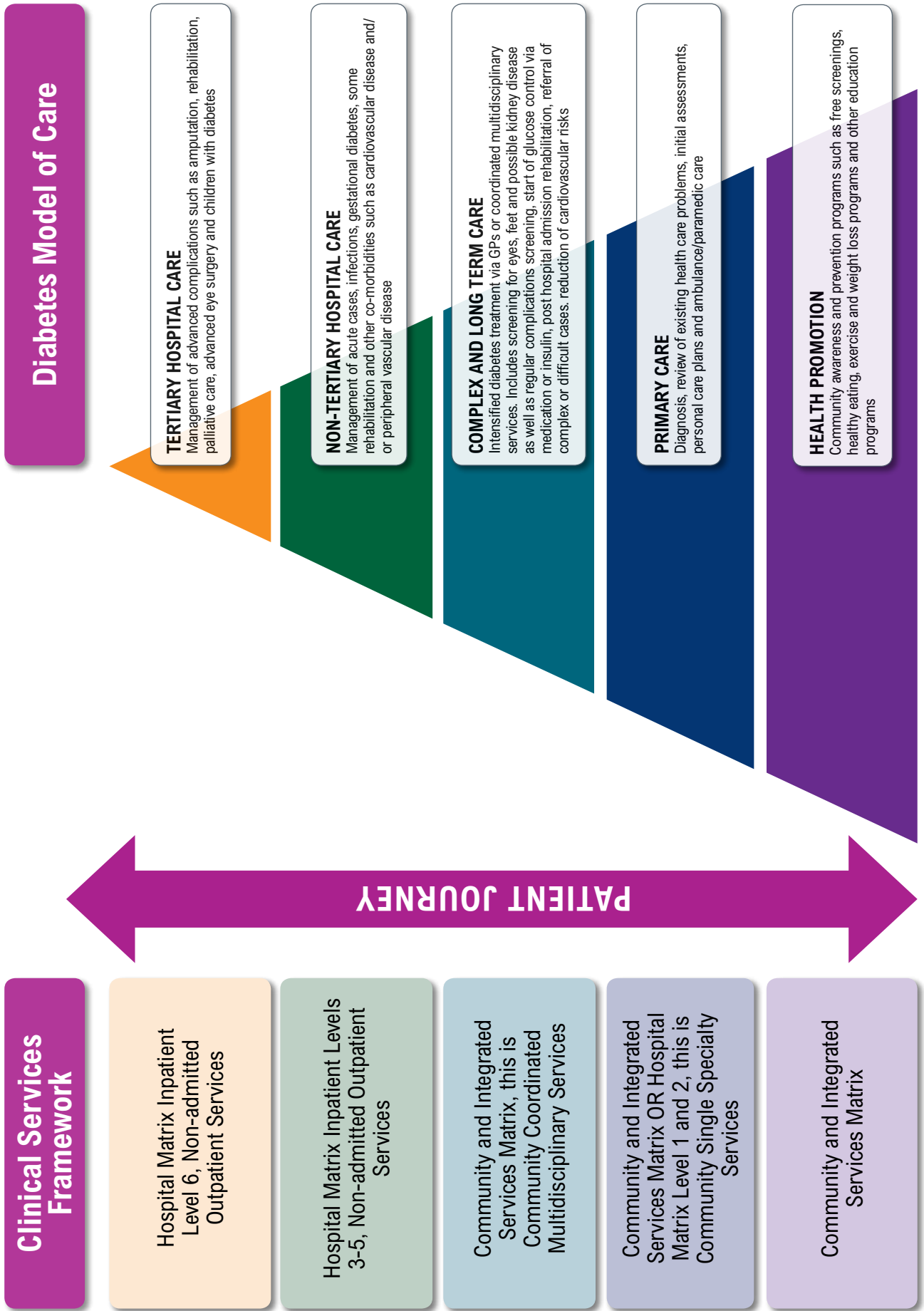
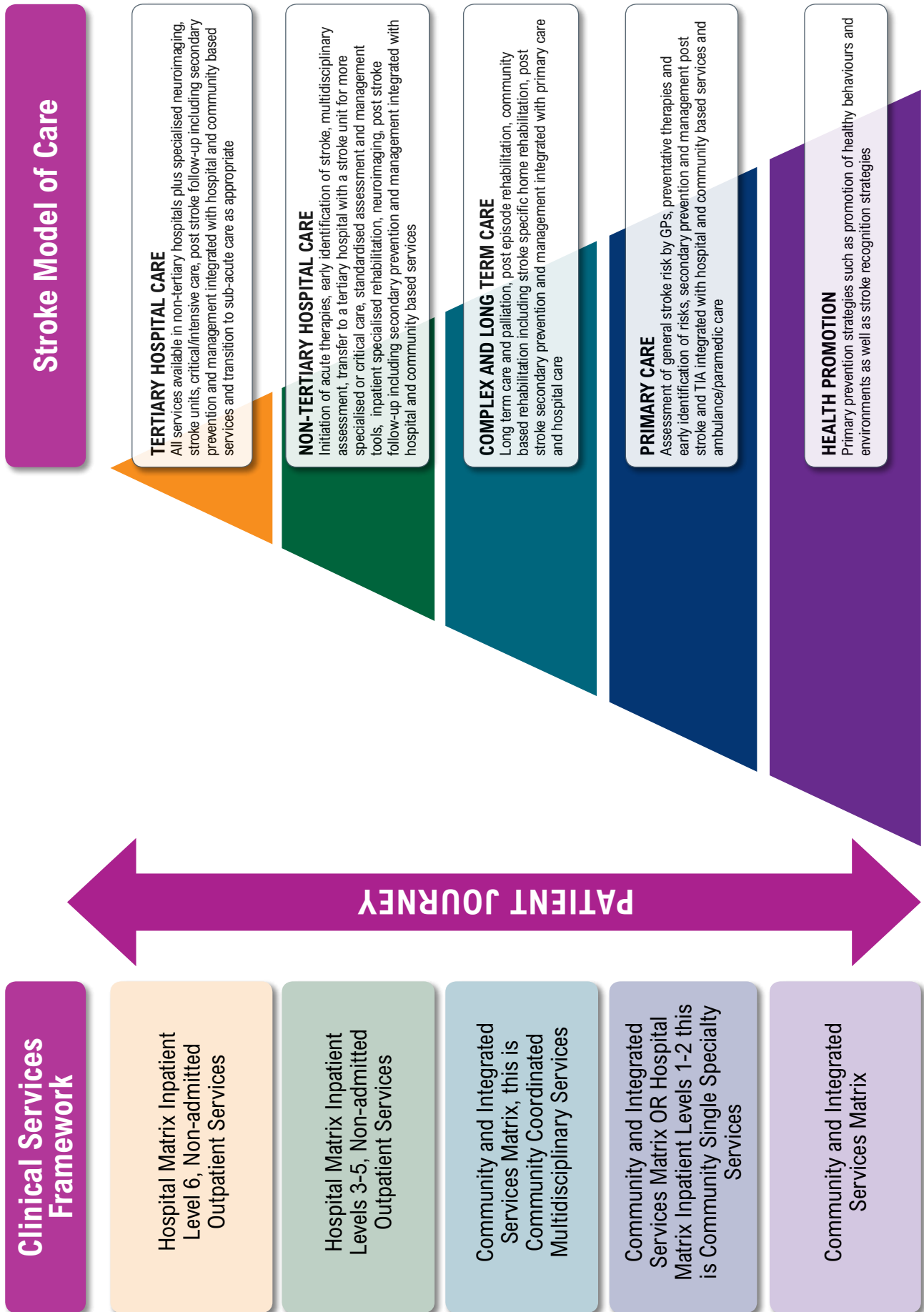


Figure 7: **Stroke Model of Care and CSF**



8. Our Organisation

a. WA Health

WA Health is the term used to describe Western Australia's public health system, providing safe, high quality health service delivery to approximately 2.4 million Western Australians across the State.

WA Health serves all Western Australians regardless of income, physical location or health status and has a vision for healthier, longer and better quality lives.

The delivery of public health services is provided through five service and support networks:

- Child and Adolescent Health Service (CAHS);
- Department of Health Statewide services and support networks;
- North Metropolitan Health Service (NMHS), which includes the Women and Newborn Health Service;
- South Metropolitan Health Service (SMHS); and
- WA Country Health Service (WACHS).

NMHS, SMHS and CAHS provide a comprehensive range of primary, secondary and tertiary care services to the population of metropolitan Perth and Peel. WACHS provides health services to the remainder of the State.

The CSF 2014 will inform all health services in developing specialised Clinical Services Plans (CSP). These will form a guide for investment and reform over the next five to ten years and integrate with workforce, medical technology, communication and information management as well as capital and resource allocation plans.

b. Metropolitan Health Services

There are three types of hospitals in the metropolitan area. These are tertiary hospitals, general hospitals and specialist hospitals.

Tertiary Hospitals

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

A tertiary hospital generally provides services at a Level 6 according to the clinical services role delineation definitions. Not all specialties are made available at every state tertiary hospital, this means that resources can be used most efficiently, safely and effectively.

General Hospitals

A general hospital is a facility that provides hospital services with a focus on the broader health needs of the community it serves, rather than a concentration on the purely clinical aspects of health care. A general hospital should provide for most of the health needs of its catchment population. It would usually have the following clinical services and facilities:

- emergency departments;
- 24 hour anaesthetic cover;
- critical care units;
- general surgery capacity (including day surgery);

- obstetric and neonate services;
- general medical and geriatric services;
- general paediatrics;
- some mental health services;
- some rehabilitation and sub-acute care; and
- diagnostics, treatment and ambulatory care.

A general hospital will have resident general specialists, some visiting subspecialists and junior medical staff. For the most part, a general hospital provides services at a Level 4 or Level 5 in accordance with the clinical service role delineation definitions.

Specialist Hospitals

A number of hospitals (tertiary, general or smaller) have a greater focus on particular health care specialty areas. Areas of focus are often mental health, aged care, rehabilitation services and elective surgery. Hospitals with a dedicated focus area may have a higher delineation for the specialty or focus than their general service levels may indicate.

i. South Metropolitan Health Service

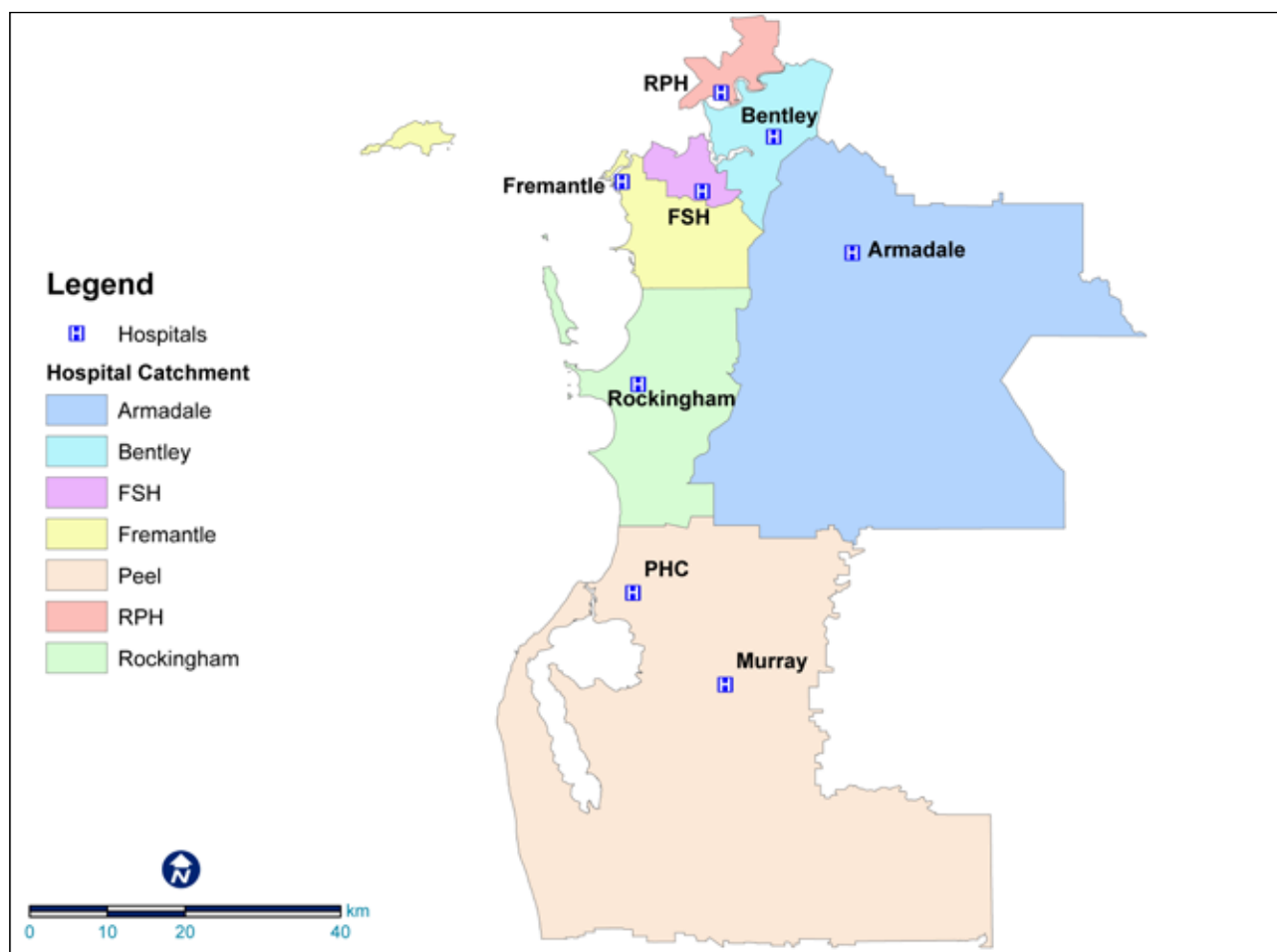
The South Metropolitan Health Service (SMHS) administers hospital and health services for people living in Perth's south metropolitan area, providing a full range of medical, surgical, emergency, rehabilitation and primary health services to adults and children.

Between 2013 and 2026, the population of SMHS will increase by 34% to over 1,250,000 people. Within SMHS, the hospital catchment areas that are expected to show the greatest compound annual rate of growth are for Peel Health Campus (3.6%), Rockingham General Hospital (3.4%) and Armadale Health Service (2.6%). These significantly exceed the SMHS average of 2.3% growth per annum.

Historical trends indicate that demand across the SMHS non-tertiary sites is forecast to grow across the remainder of this decade; with the projected hospital demand at Armadale, Rockingham and Peel anticipated to outstrip their expected physical capacity by 2021/22. Although this demand may be serviced by increased bed numbers at some of these sites, demand management strategies, such as reduction in length of stay and hospital avoidance will be undertaken to manage demand on inpatient beds.

Figure 8 illustrates the hospital catchments for SMHS currently delivering a number of specialised statewide services, including the State Adult Burns Service, State Hyperbaric Service, State Rehabilitation Service, State Trauma Service, a number of specialised medical services, including the Neuro-Genetics Service, WA Comprehensive Epilepsy Service, Immunodeficiency Service and the Bone Marrow Transplant Service, and a number of specialised surgical services including Maxillofacial Surgery, Tertiary Oral Dental Service and a Heart and Lung Transplant Service.

Figure 8: Hospital Catchments for South Metropolitan Health Service



Armadale Health Service

Armadale-Kelmscott Memorial Hospital (AKMH) is a general hospital with a 24-hour emergency department, which provides maternity, paediatric, medical, renal dialysis, surgery, mental health and allied health services.

Armadale Health Service also provides child and adolescent, adult and older adult community mental health services, aged care and rehabilitation services, community health services and eligible dental services.

Armadale is an area with significant population growth, and the CSF 2014 recognises that the AKMH will need to be equipped to respond to increased demand. AKMH is predicted to need to accommodate a rising number of emergency, critical care, medical, surgical, paediatric, rehabilitation, mental health and palliative care patients with the accompanying growth in support services. Additionally there will need to be improved access to day surgery and chemotherapy facilities, in line with intentions to increase care closer to home.

Bentley Health Service

Bentley Hospital is a specialist hospital that offers a range of services comprising of rehabilitation, aged care, low-risk maternity, mental health and community health programs, medical, surgical, and some allied health.

Being located about 10 kilometres from Royal Perth Hospital (RPH), Bentley Hospital will become a specialist hospital from 2014 and play a significant role in helping patients move from the tertiary hospital to home by providing step-down aged care and rehabilitation care for local residents.

Bentley Health Service (BHS) currently plays a significant role in the provision of publicly funded cataract surgery and will continue to do so into the future with many patients from the Armadale region receiving their ophthalmic surgery at Bentley Hospital. Ear, Nose and Throat services will also be added to the suite of existing surgical services at Bentley Hospital into the future. Similarly, the low risk maternity service currently provided at BHS will continue to meet the needs of local women and those from the surrounding areas, until such time a review is conducted within six to twelve months of Fiona Stanley Hospital opening.

Fiona Stanley Hospital

Fiona Stanley Hospital (FSH) opened in October 2014 as the major tertiary hospital in the south metropolitan area. It incorporates the State Rehabilitation Centre, a mental health facility, the State Adult Burns Service, trauma services, transplantation services, emergency services, acute medical and surgical services, obstetric and children's services and comprehensive cancer services.

In addition to providing an array of comprehensive clinical services, FSH will be a leader in research and education. Exhibiting some of the most advanced medical equipment and information and communications technology in Western Australia, FSH will be Western Australia's flagship adult hospital.

Fremantle Hospital and Health Service

Fremantle Hospital and Health Service includes the Fremantle Hospital (FH), Kaleeya Hospital and the Rottnest Island Nursing Post.

FH is a tertiary facility with a 24-hour emergency department however, the hospital will downsize once these services transition to FSH in 2014/15. At that time, FH will become a specialist hospital that provides aged care, mental health, medical services and elective surgery. The ICU at FH will reduce from a Level 3 service to a 10-bed Level 1 service that will provide coverage for the intensive care of medical and elective surgical patients.

Until late 2014, Kaleeya Hospital provided elective surgery, maternity and endoscopy services. Kaleeya Hospital closed and transferred its services when FSH opened. While the elective surgery and endoscopy services relocated to FH, the obstetric and neonatal service moved to FSH, along with the paediatric service that was at FH.

The Rottnest Island Nursing Post provides accident, emergency and primary health care services.

Peel Health Campus

Peel Health Campus (PHC) is a general hospital operated privately on behalf of the State Government. It offers a 24-hour emergency department, elective and emergency surgical services, paediatric and maternity care, renal dialysis and oncology, general medicine and aged care and rehabilitation services.

PHC will continue to develop to meet the needs of the community into the future. Over the next 10 years, this may include an increase in physical capacity for emergency, critical care, medical, surgical and rehabilitation patients.

Rockingham Peel Group

The Rockingham Peel Group incorporates the Rockingham General Hospital (RGH) and the Murray District Hospital. These two sites, together with PHC, provide a range of inpatient and community care for 200,000 people who live in the southern part of the metropolitan region.

The RGH currently offers a 24-hour emergency department, specialist medical and surgical services, maternity services, chemotherapy, eligible dental services, mental health services and community health.

Into the future, RGH will need to be equipped to accommodate growth in emergency, critical care, medical, surgical, paediatric, rehabilitation, mental health and palliative care patients along with the required support services needed to support this growth.

RGH will also need to have increased capacity for patients requiring day surgery. This will be accompanied by an increase in the capability of RGH to provide more complex care to patients.

The smaller Murray District Hospital (15 beds) and Murray District Health Centre provide medical, palliative and respite care, and comprehensive community and allied health services.

Royal Perth Hospital

Royal Perth Hospital (RPH) is a major tertiary facility located in the centre of Perth.

RPH currently provides a full range of emergency, medical and surgical services (with the exception of obstetrics) to adult patients admitted from all areas of the State. It is the State referral centre for a number of highly specialised services such as major trauma, burns and heart and lung transplant.

The downsizing of RPH will follow the transitioning of services to FSH, however RPH will continue to provide an extensive range of services, including the adult major trauma service, mental health, specialist medical services, a range of sameday services, clinical support services and complex and elective surgery including a statewide hub for adult ophthalmology. Ongoing refurbishments will continue at RPH to ensure safe and quality care for patients.

Until late 2014, RPH Shenton Park Campus was a dedicated tertiary rehabilitation hospital providing acute and long-term rehabilitation services and elective surgery. These services moved to the State Rehabilitation Service at FSH in late 2014.

SMHS Public Health and Ambulatory Care

SMHS Public Health, Ambulatory Care services provide a strategic stewardship role in SMHS non-admitted services (non-admitted/non-ED). This area also provides Population Health programs (Communicable Disease Control and Health Promotion), and Aboriginal Health programs closely linked to the community and local governments.

ii. North Metropolitan Health Service

The North Metropolitan Health Service (NMHS) administers hospital and health services for people living in Perth's north metropolitan area, offering a range of hospital and community-based public health services.

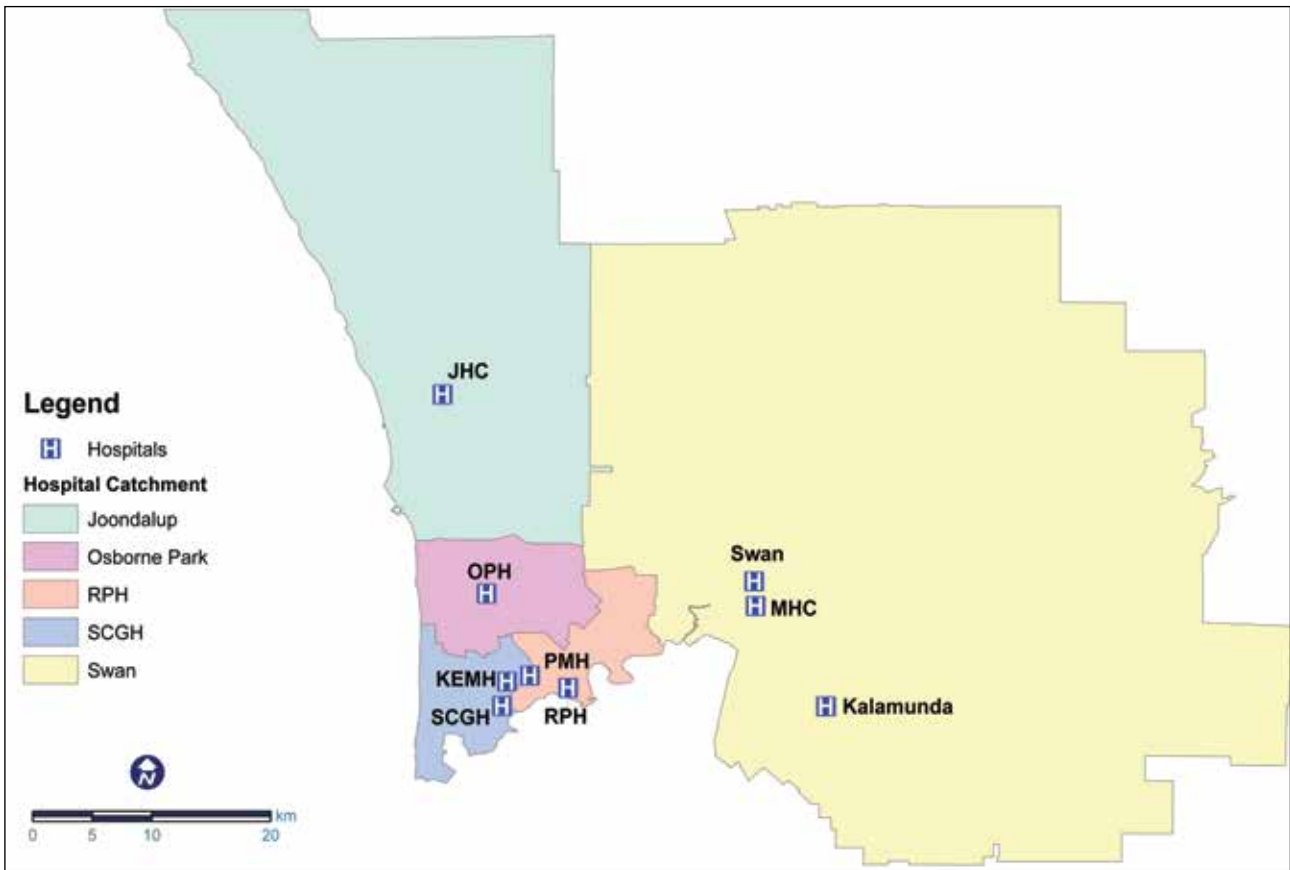
Between 2013 and 2026, the population of NMHS will increase by 29% to over 1,347,000 people. Within NMHS, the hospital catchment areas that are expected to show the greatest compound annual rate of growth are for Joondalup Health Campus (2.6%), Swan/Midland Health Campus (2.1%) and the Inner City (2.0%) currently serviced by RPH.

Historical trends indicate that projected hospital demand will outstrip the physical capacity of NMHS hospitals by 2021/22. This increased demand will require expansion of capacity and the reconfiguration of services between hospital sites. Demand management strategies such

as reduction in length of stay and hospital avoidance will be also need to be undertaken to manage demand on inpatient beds.

Figure 9 below illustrates the hospital catchments for NMHS currently comprising Sir Charles Gairdner Hospital, Osborne Park Hospital, Swan Kalamunda Health Service, Women and Newborn Health Service, NMHS Mental Health, NMHS Public Health and Ambulatory Care and PathWest, with three tertiary hospitals and three outer metropolitan hospitals. It manages the Queen Elizabeth II (QEII) Medical Centre and oversees the provision of contracted public health care at the privately operated Joondalup Health Campus.

Figure 9: **Hospital Catchments for North Metropolitan Health Service**



Sir Charles Gairdner Hospital

Sir Charles Gairdner Hospital (SCGH) is a tertiary hospital that provides a comprehensive range of adult clinical services including general surgical and medical services, cardiothoracic surgery, emergency and trauma services, plastics and reconstructive surgery, liver and kidney transplants, mental health services, neurology and neurosurgery, orthopaedics, gastroenterology, hepatology, urology, renal dialysis, full cancer services, palliative care, mental health and rehabilitation and aged care.

SCGH is home to the State's most comprehensive cancer centre and will become the principal hospital for neurosciences. It is a critical part of the teaching and research hub at the QEII Medical Centre, which has expanded with the recent opening of the new Harry Perkins Institute for Medical Research (HPIMR), and the construction of the Neuroscience Research Institute for which planning is now underway.

Graylands Health Campus

Graylands Health Campus accommodates Graylands Hospital, the Frankland Centre (Forensic Hospital) and Selby Older Adult Mental Health Unit (MHU). Graylands Hospital is the State's (tertiary) specialist mental health hospital for adults, the Frankland Centre

is the State's specialist Forensic Mental Health Inpatient Unit and the Selby Older Adult MHU is a specialist inpatient facility for older adults. In order to provide specialist mental health inpatient services closer to home, some of the services provided at Graylands Hospital will be relocated to the new mental health inpatient units being built at the Midland Health Campus and SCGH. Graylands Hospital is also replacing inpatient beds lost as a consequence of the age of the facility with Hospital in The Home (HiTH) activity. A total of 40 HiTH beds is planned for implementation in 2014/2015. In addition, the Mental Health Plan 2015–2025 is nearing completion and may have an impact on future service configuration.

Joondalup Health Campus

In partnership with Ramsay Health Care, Joondalup Health Campus (JHC) as a general hospital provides a comprehensive range of services to public patients, including emergency, intensive care, maternity, paediatrics, neonatal care, cancer, surgical, aged care, rehabilitation and mental health services.

Over the coming years, JHC will develop its capacity to care for more complex patients closer to home. JHC has recently experienced major redevelopment to meet increased demand in the northern suburbs. To continue to meet the needs of the growing population in the northern corridor, there will be a need for further growth in the capacity of JHC to provide the range of services provided at the hospital to public patients living in the catchment area.

Kalamunda District Community Hospital

Kalamunda Hospital is a small, specialist, community-based facility offering general procedures, geriatric medicine, sub-acute care, palliative care and birthing suites as part of the Community Midwifery Program.

King Edward Memorial Hospital

King Edward Memorial Hospital (KEMH) is the State's largest maternity hospital and the only referral centre for complex pregnancies in WA. It is a tertiary teaching facility that delivers specialised maternity, neonatology and gynaecology services, as well as a range of other services including adolescent care, diabetes, drug and alcohol, breastfeeding, perinatal loss, reproductive/fertility, maternal/fetal medicine, menopause and gynae-oncology.

A comprehensive service for women diagnosed with postnatal psychiatric disorders is also provided through the Mother and Baby Unit (MBU). The MBU functions as a statewide authorised inpatient treatment centre for acute psychiatric conditions in the postnatal period. KEMH also provides an outpatient antenatal service for those with a mental health condition.

Midland Health Campus

WA Health has partnered with St John of God Health Care to build and operate a new hospital, the Midland Public Hospital, which will open in late 2015 and replace the Swan District Hospital, which will close at that time.

Midland Health Campus represents approximately 50% growth in physical capacity compared to Swan District Hospital. As a general hospital, Midland Health Campus will offer a significantly expanded emergency department, 24-hour anaesthetic cover, high dependency and coronary care units, as well as provide cardiology, cancer, surgical, maternity, paediatric, geriatric, rehabilitation, mental health and ambulatory care services.

Osborne Park Hospital

Osborne Park Hospital (OPH) is a specialist hospital focused on providing mental health, aged and rehabilitation care, elective surgery and maternity services. Recent developments at OPH will see an expansion in the number of theatres to support its role as a 'SurgiCentre' for elective surgery and procedures.

Future service demand indicates that if significant population growth in the surrounding area continues, OPH may need to be equipped to provide more and an expanded range of services including emergency department services.

Swan District Hospital

Swan District Hospital is a general hospital with a 24-hour emergency department and anaesthetic cover, maternity, paediatric, medical, surgery and allied health services. It also provides adult and older adult mental health services, aged care and rehabilitation services.

Swan District Hospital will close when the new Midland Health Campus opens in 2015.

NMHS Public Health and Ambulatory Care

NMHS Public Health and Ambulatory Care (PHAC) Services include Nursing and Midwifery Programs, Aboriginal Health, Ambulatory Care Programs and Public Health Programs (Communicable Disease Control and Health Promotion). PHAC also provide a range of statewide services, including WoundsWest, WA Tuberculosis Control Program, Humanitarian Entrant Health Service and the WA Dental Health Service.

PathWest

PathWest is the statewide public pathology service in WA. They provide diagnostic services across the full range of pathology disciplines, and have branch laboratories and collection centres throughout the State.

Quadriplegic Centre

The State Quadriplegic Centre is located in Shenton Park and is the only statewide health facility providing specialist services to highly dependent individuals with quadriplegia and paraplegia. Services currently provided at the Centre include sub-acute, step-down, respite, long-term supported rehabilitation and residential care, allied health services and community outreach and support services.

iii. Child and Adolescent Health Service

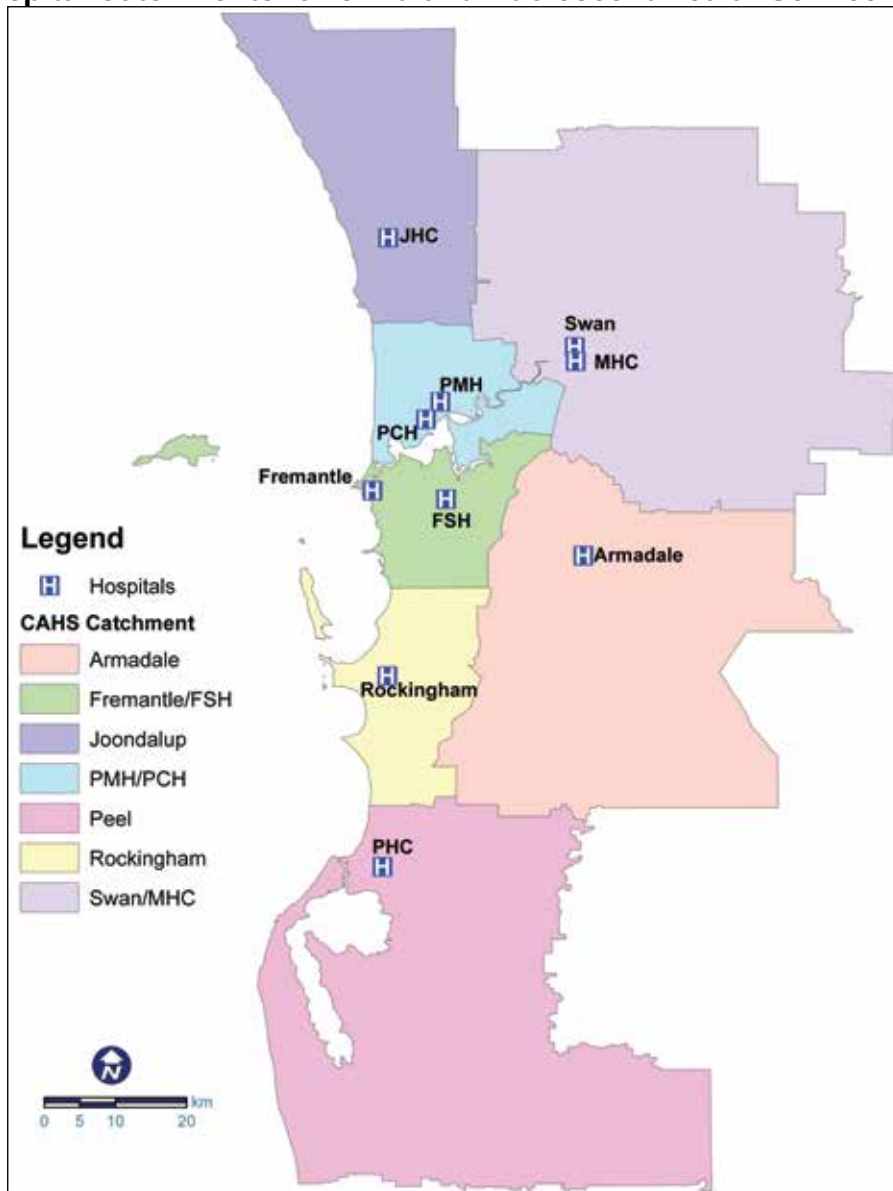
The Child and Adolescent Health Service (CAHS) encompasses Princess Margaret Hospital for Children (PMH), Child and Adolescent Community Health (CACH), Child and Adolescent Mental Health Services (CAMHS), and the Perth Children's Hospital project (PCH).

Between 2013 and 2026, the State's population for 0-14 year olds will increase by 34% to over 648,000 people, with 2.3% compound growth per annum. Specialised health care for children and adolescents is provided through the State's only dedicated paediatric hospital; the specialised statewide mental health service; other specialised statewide medical, surgical, developmental and rehabilitation services; and through the provision of support to other hospitals and health services across the State (refer to Figure 10).

Under the Paediatric Implementation Plan (PIP) safe, quality and cost-effective paediatric services will be provided closer to home for children in metropolitan WA. The PIP outlines a service delivery model, 'hub and spoke', which promotes the shifting of secondary level

services to general hospitals, thus allowing non-tertiary services to be delivered closer to the child’s community. The ‘hub and spoke’ model retains Princess Margaret Hospital/Perth Children’s Hospital as the sole tertiary provider supported by expanded services in outer metropolitan hospitals, with Joondalup Health Campus as a Level 5 northern hub and Fiona Stanley Hospital as the Level 5 southern hub. By devolving appropriate secondary services (both inpatient and outpatient) from the tertiary centre to the secondary care setting, this will enable improved utilisation of local services and will facilitate more sustainable and cost effective paediatric hospital units.

Figure 10: Hospital Catchments for Child and Adolescent Health Service



Child and Adolescent Community Health

CACH, together with WA Country Health Service (WACHS) child and community services, provide a comprehensive community based service supporting the health, wellbeing and development of young Western Australians, with the aim that all our young people have the best start in life. This is achieved through the family-focused delivery of services including universal screening, health education and promotion, immunisation clinics, identifying of priority health issues among infant, child and adolescent populations and their families, specialised and targeted interventions, and assisting in the development of healthy community and school policies and practices.

Child and Adolescent Mental Health Service

CAMHS provides community, acute and specialised mental health services to infants, children and adolescents across the Perth metropolitan area, with the majority of children and young people being seen at community clinics. All services are provided by multidisciplinary teams. Intensive intervention programs include Pathways (for under 13 year olds), Multi Systemic Therapy, and programs for children and young people with eating disorders and complex attention and hyperactivity disorders. Emergency services are provided by the Acute Community Intervention Team and the Acute Response Team.

CAMHS provides inpatient services for children and adolescents of WA through provision of ward services at the Princess Margaret Hospital and Bentley Adolescent Unit, and in the future at Perth Children's Hospital.

Perth Children's Hospital

Perth Children's Hospital (PCH) is under construction on the QEII Medical Centre site and will replace Princess Margaret Hospital (PMH) as the State's sole paediatric tertiary hospital for WA in late 2015. It will provide paediatric specialist services for the State's children including trauma and specialised emergency services, specialised medical and surgical services, child and adolescent mental health, rehabilitation, and intensive care, in addition to paediatric emergency and general medical and surgical services for its local catchment area. PCH will house the State's paediatric trauma centre and will focus on treating patients with the most complex health needs. It will also provide secondary services to those children that reside within its local catchment area.

PCH will include an increase in physical capacity specifically designed around the needs of children, their families and other support networks. As a vital part of the teaching and research hub at the QEII Medical Centre, there will be opportunities to host major paediatric research initiatives led by the Telethon Institute for Child Health Research and the University of Western Australia.

PCH will be supported by six other metropolitan public hospitals: Fiona Stanley Hospital, Joondalup Health Campus, Peel Health Campus, Midland Health Campus, Rockingham General Hospital and Armadale-Kelmscott Memorial Hospital, all having dedicated paediatric beds and services.

Princess Margaret Hospital

Princess Margaret Hospital (PMH) is currently the State's dedicated paediatric hospital, providing specialised paediatric medical and surgical services, as well as child and adolescent mental health, rehabilitation, intensive care and emergency services. PMH will close when PCH opens in late 2015.

c. WA Country Health Service

The WA Country Health Service (WACHS) is committed to providing quality health care and accessible health services to the regional population of WA. As the largest country health system in Australia and one of the largest in the world, WACHS delivers a range of comprehensive health services to over 500,000 country residents, including almost 50,000 Aboriginal and Torres Strait Islander people (Australian Bureau of Statistics 2011).

Between 2013 and 2026, the statewide population within the WACHS catchment will increase by 20% to over 650,000 people, with 1.4% compound growth per annum. WACHS also provides health services to the many visitors who come to regional WA including fly-in and fly-out (FIFO) workers and also high numbers of local, interstate and international tourists.

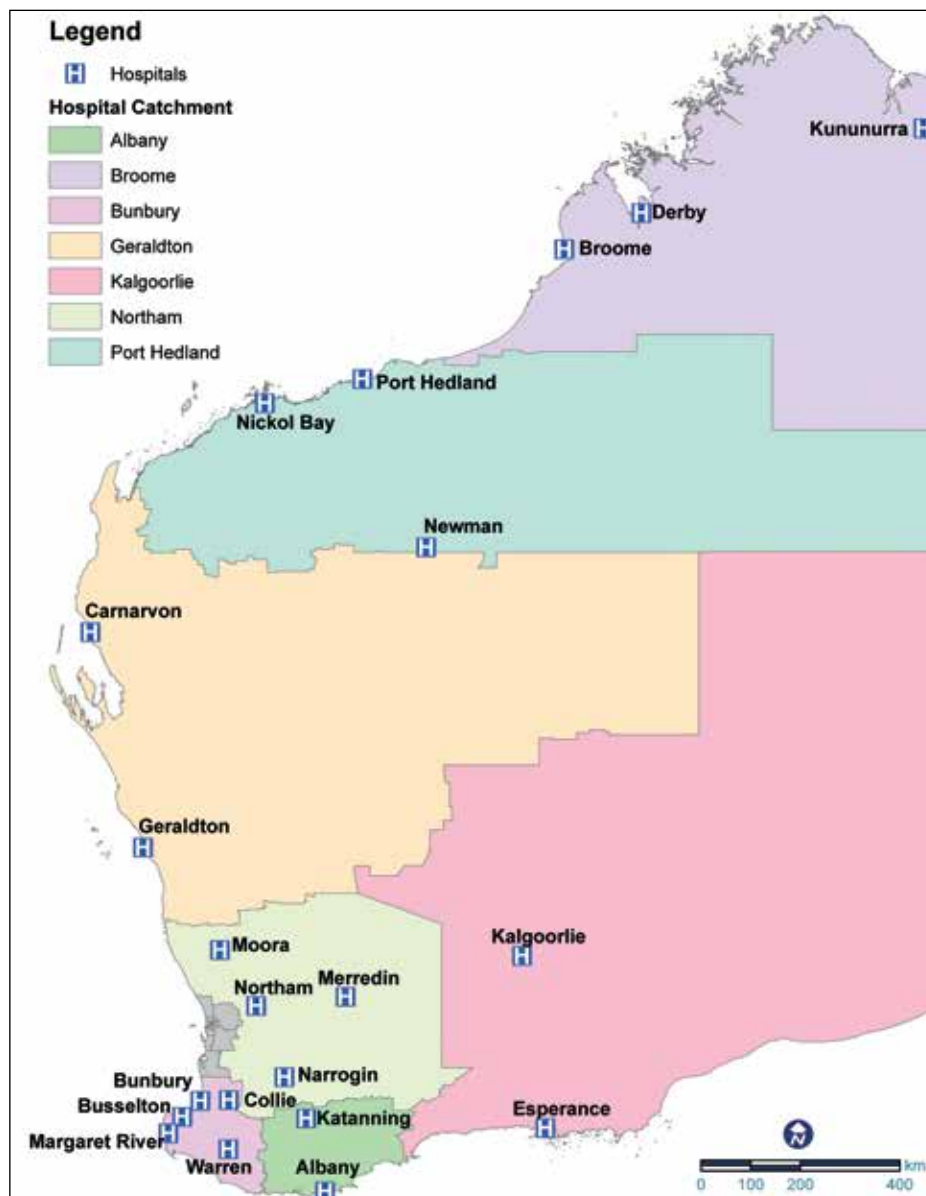
WACHS is responsible for a large range of hospitals and health facilities, which together provide a mix of emergency care, outpatient services, acute inpatient medical and surgical services and residential aged care. Across its 71 hospitals WACHS treats almost as many emergency presentations as hospitals in the metropolitan area combined and almost as many births as the State's major maternity hospital.

WACHS operates as seven administrative regions as illustrated in Figure 11 (Kimberley, Pilbara, Midwest, Wheatbelt, Goldfields, South West and Great Southern) supported by the central office in Perth. Each region provides an extensive range of health services, including hospital, mental health, aged care, public health, community health, primary health, Aboriginal health, child health, pharmacy and health transport services. Other health care providers within the regions include private general medical practitioners, private and visiting medical specialists and allied health professionals, non-government and community-based organisations, Aboriginal community controlled health organisations and other government agencies.

WACHS regional services operate via a 'hub and spoke' model where the role delineation and linkages within the respective regional health service network is identified for each facility. Defining the service provision at each hospital ensures the broadest scope of services within each region, at a level of safety and quality expected by the community.

The WACHS facilities delineated in this CSF are of three types: Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and Small Hospitals/Primary Health Care Centres (SH/PHCC).

Figure 11: Regions in WA Country Health Service



Regional Resource Centres

These centres form the ‘hub’ of the ‘hub and spoke’ network for their respective region and act as the regional referral centre for diagnostic, secondary-level acute and procedural (surgical) services, emergency and outpatient services, specialist services (e.g. obstetrics, mental health) and the coordination of outreach specialist services.

WACHS operates six Regional Resource Centres (RRC) at Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland.

Within the Wheatbelt, the dispersed population has resulted in the development of four Integrated District Health Services rather than a single RRC. The Wheatbelt population relies on accessing services in the metropolitan general hospitals by visiting specialists and services provided via Telehealth.

Integrated District Health Services

Integrated District Health Services (IDHS) provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk obstetrics (by GP/obstetricians and midwives) and aged care services (where required), coordination for acute, primary and mental health services at the district level.

There are 15 IDHS and these are located at Busselton, Carnarvon, Collie, Derby, Esperance, Katanning, Kununurra, Margaret River, Merredin, Moora, Narrogin, Newman, Nickol Bay (Karratha), Northam and Warren (Manjimup).

Small Hospitals/Primary Health Care Centres

Small country hospitals and/or primary health care centres provide emergency care services, residential aged care services and limited acute medical and minor surgical services in locations 'close to home' for country residents and the many visitors to the regions. There are currently 50 of these facilities across WACHS and these are listed in the WACHS Hospital Matrix.

It is well recognised that the network of WACHS small hospitals contribute to the sustainability of many small communities by delivering local health and aged care services, and by providing local employment options. WACHS small hospitals have been designed to deliver acute inpatient care, however over time there is a need to change focus at many facilities toward provision of residential aged care and limited emergency care and ambulatory care services which aligns more closely with the needs of local communities.

WACHS Population Health and Other Services

In addition to its hospitals, WACHS provides a significant range of other services to Western Australian rural communities, these include:

- eight population health units who deliver national and state public health programs, including community child and school health and child development services; and communicable diseases control, immunisation, trachoma, sexual health and health promotion and injury prevention programs;
- two Aboriginal health services delivering primary care, chronic condition and care coordination programs;
- eight nursing posts/health centres delivering emergency care, primary care and chronic disease programs;
- twenty-nine remote area nursing posts delivering public health programs, emergency care, primary care and ambulatory care programs;
- twenty-nine multipurpose sites (non-hospital) providing emergency care and transfer on, primary care, public health and ambulatory care programs;
- thirty-one aged care facilities providing low care residential aged care closer to home for country residents;
- seven regional aged care units that provide community aged care assessment and coordination services;
- three State Government nursing homes in three remote areas delivering high care residential aged care;
- twenty-six mental health units providing community-based mental health services.

9. Understanding the Components of the CSF

The principal components underpinning the CSF 2014 include the Service Definitions and Activity Measures. The primary focus particularly for planners, funding agencies and service providers remains the Role Delineation matrices. All elements of these matrices have been developed in collaboration with clinical and planning experts.

Being government endorsed, there are two formal processes described in Section 4 (Background) for making changes to the CSF. Activity measures which underpin the framework are reviewed and updated periodically to ensure these remain responsive to changing demographics and service utilisation patterns. Service Definitions and the various Role Delineation allocations remain relatively fixed and updates require approval at the highest levels and may involve submissions to government. The restrictions are put in place in order to provide stability to the service development environment.

The Service Definitions include the actual and proposed modes of delivery, service capability and resource requirements for each specialty or service and are represented as a Level 1 to 6 for hospital-based admitted patient services, as Level I to VI for hospital-based outpatient services and as Level A-F for community-based services. The assignment of the Role Delineation levels is presented in matrices for the current (2013/14), medium (2018/19) and longer term (2024/25).

Role delineation across the matrices helps to identify what level of each clinical specialty is currently available by site and what key changes (if any) in direction of service delivery are proposed. The assignment of a level is determined by considering the service facility, MoC for that specialty or condition, catchment demographics and past and expected service utilisation, availability of alternative service providers and community infrastructure (e.g. transport, utilities).

Activity Measures provide the past, current and projected volumes and types of service units (outputs) provided by the system. Inputs to projections of future activity include historical utilisation and planning parameters (e.g. occupancy rate, retention rate). These projections are refined through clinical consultation, consideration of policy directions (particularly reform initiatives) and input from experienced service planners. No matter how carefully developed, projections become less exact the further they reach into the future.

Activity is projected by modelling demand (a forecast of the volume and types of health services that will be used by the population based on chosen determinants) and capacity (a forecast of the distribution of demand across available health service providers). The activity measures projected (outputs) include the number of separations and length of stay for inpatients, the number of ED presentations and outpatient occasions of service.

For use in planning health activity, modelling is done for the Status Quo, where utilisation trends and/or service provision continue in the same way as in the past and for a number of Scenarios. Scenario models show the changes in levels of utilisation and/or the levels of service provision in response to changes in influencing factors. These factors include one or a combination of population growth, disease profiles, government policy or reform initiatives, changes to models of care or community expectations and the availability of inputs for producing units of care, workforce, facilities, technology, and funding.

a. How to read the Hospital Matrices and Definitions

Hospital Information

To look at 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.

Specialty Information

To look at a particular specialty scan down the rows to view the specialty and across the row to the hospital of interest.

Metropolitan Hospital Services Matrix

	South Metropolitan																							
	Fiona Stanley Hospital			RPH			RPH Shenton Park Campus			Fremantle			Rockingham			Bentley			Armadale			Peel		
	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Medical Services																								
Cardiology	-	6	6	6	6	6	-	-	-	6	-	-	4	4	5	-	-	-	4	4	5	4	4	4
- Outpatients	-	VI	VI	VI	VI	VI	-	-	-	VI	-	-	IV	IV	V	-	-	-	IV	IV	V	IV	IV	IV
Dermatology	-	6	6	5	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Outpatients	-	VI	VI	VI	V	V	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Endocrinology	-	6	6	6	6	6	-	-	-	6	4	4	3	4	4	4	4	4	3	4	4	3	3	3
- Outpatients	-	VI	VI	VI	VI	VI	-	-	-	VI	IV	IV	III	IV	IV	IV	IV	IV	III	IV	IV	III	III	III
Gastroenterology	-	6	6	6	6	6	-	-	-	6	4	4	4	5	5	4	4	4	4	5	5	4	4	4
- Outpatients	-	VI	VI	VI	VI	VI	-	-	-	VI	IV	IV	IV	V	V	IV	IV	IV	IV	V	V	IV	IV	IV
General	-	6	6	6	6	6	-	-	-	6	5	5	4	5	5	3	3	3	4	5	5	4	4	4
- Outpatients	-	VI	VI	VI	VI	VI	-	-	-	VI	V	V	IV	V	V	III	III	III	IV	V	V	IV	IV	IV
Geriatric	-	6	6	6	6	6	-	-	-	6	5	5	5	5	5	5	5	5	5	5	5	4	4	4
- Outpatients	-	VI	VI	VI	VI	VI	-	-	-	VI	V	V	V	V	V	V	V	V	V	V	V	IV	IV	IV
Haematology	-	6	6	6	5	5	-	-	-	6	-	-	4	4	-	-	-	-	4	4	3	4	4	4
- Outpatients	-	VI	VI	VI	V	V	-	-	-	VI	-	-	IV	IV	-	-	-	-	IV	IV	III	IV	IV	IV
Immunology	-	6	6	6	5	5	-	-	-	6	-	-	4	4	-	-	-	-	4	4	3	3	3	3
- Outpatients	-	VI	VI	VI	V	V	-	-	-	VI	-	-	IV	IV	-	-	-	-	IV	IV	III	III	III	III

Indicates the area health service

Indicates the health site

Indicates the milestone year

Indicates the level of inpatient service

Indicates the level of outpatient service

Indicates the clinical specialty

Planning Intervals

As a medium to long-term planning document, the Hospital Matrices reflect the levels of service to be provided across sites over a 10-year period to 2024/25. The role delineations are assigned across three time intervals, 2013/14, 2018/19 and 2024/25, to reflect the planned development of hospital based services over this period as described by the hospital service definitions.

Whilst these time points are delineated in the matrices, they are not necessarily the points in time when a service transitions from one level to a different level. They provide planning milestones for what level of service is to be in place by that time. For example if a hospital is delineated as offering a Level 3 capability for a service in 2013/14 and a Level 4 in 2018/19, the move to the new level of service could occur at any point in the period between 2013/14 and 2018/19 and the service will be a Level 4 by 2018/19.

Determining Level of Service

Once the hospital and service of interest have been located on the Hospital Services Matrix, for example Cardiology Services at Rockingham General Hospital, the number in the box indicates the service capability of the hospital for the specialty at that point in time (Level 4 in 2018/19). The criteria listed are the minimum required to meet the level specified, therefore in some cases service capabilities may exceed those listed but would not meet the minimum required for in the higher level. For further explanation of the level of service, refer to the Hospital Services Definitions section.

		South Metropolitan																							
		Fiona Stanley Hospital			RPH			RPH Shenton Park Campus			Fremantle			Rockingham			Bentley			Armadale			Peel		
		2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Medical Services																									
Cardiology		-	6	6	6	6	6	-	-	-	6	-	-	4	4	5	-	-	-	4	4	5	4	4	4
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	-	-	IV	IV	V	-	-	-	IV	IV	V	IV	IV	IV
Dermatology		-	6	6	5	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Outpatients		-	VI	VI	VI	V	V	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Endocrinology		-	6	6	6	6	6	-	-	-	6	4	4	3	4	4	4	4	4	4	4	4	3	3	3
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	IV	IV	III	IV	IV	IV	IV	IV	III	IV	IV	III	III	III
Gastroenterology		-	6	6	6	6	6	-	-	-	6	4	4	4	5	5	4	4	4	4	5	5	4	4	4
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	IV	IV	IV	V	V	IV	IV	IV	IV	V	V	IV	IV	IV
General		-	6	6	6	6	6	-	-	-	6	5	5	4	5	5	3	3	3	4	5	5	4	4	4
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	V	V	IV	V	V	III	III	III	IV	V	V	IV	IV	IV
Geriatrics		-	6	6	6	6	6	-	-	-	6	5	5	5	5	5	5	5	5	5	5	5	4	4	4
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	V	V	V	V	V	V	V	V	V	V	V	IV	IV	IV
Haematology		-	6	6	6	5	5	-	-	-	6	-	-	4	4	-	-	-	-	4	4	-	3	4	4
- Outpatients		-	VI	VI	VI	V	V	-	-	-	VI	-	-	IV	IV	-	-	-	-	IV	IV	-	III	IV	IV
Immunology		-	6	6	6	5	5	-	-	-	6	-	-	4	4	-	-	-	-	4	4	-	3	3	3
- Outpatients		-	VI	VI	VI	V	V	-	-	-	VI	-	-	IV	IV	-	-	-	-	IV	IV	-	III	III	III

Determining level of service e.g. This box will indicate the level of service for Cardiology in Rockingham Hospital in 2018/19

		South Metropolitan																							
		Fiona Stanley Hospital			RPH			RPH Shenton Park Campus			Fremantle			Rockingham			Bentley			Armadale			Peel		
		2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Medical Services																									
Cardiology		-	6	6	6	6	6	-	-	-	6	-	-	4	4	5	-	-	-	4	4	5	4	4	4
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	-	-	IV	IV	V	-	-	-	IV	IV	V	IV	IV	IV
Dermatology		-	6	6	5	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Outpatients		-	VI	VI	VI	V	V	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Endocrinology		-	6	6	6	6	6	-	-	-	6	4	4	3	4	4	4	4	4	4	4	4	3	3	3
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	IV	IV	III	IV	IV	IV	IV	IV	III	IV	IV	III	III	III
Gastroenterology		-	6	6	6	6	6	-	-	-	6	4	4	4	5	5	4	4	4	4	5	5	4	4	4
- Outpatients		-	VI	VI	VI	VI	VI	-	-	-	VI	IV	IV	IV	V	V	IV	IV	IV	IV	V	V	IV	IV	IV

	Level 1	Level 2	Level 3	Level 4
Medical Services				
Cardiology	<ul style="list-style-type: none"> Staffed by RN with some visiting services Emergency first assessment, treatment and appropriate referral Provision of ETS 	As for Level 1 plus: <ul style="list-style-type: none"> On-call medical cover by GP/VMP/SMO Initial assessment, stabilisation and transfer to higher level facility 	As for Level 2 plus: <ul style="list-style-type: none"> GP inpatient care 24/7 cover by RN Access to some allied health services Access to non-invasive monitoring 	As for Level 3 plus: <ul style="list-style-type: none"> Inpatient care by on-site general medical physician Access to consultancy service provided by a specialist or physician credentialed in cardiology Access to designated allied health services

1. Metropolitan and WACHS Hospital Services Matrix

10. Metropolitan and WACHS Hospital Services Matrix

The Metropolitan and WACHS hospital services matrices represent the key clinical services to be provided at each hospital. The matrices provide a strategic map of health care services and provide a framework for more detailed planning at health service level.

The role delineation levels assigned to each hospital are based on the principles of providing safe and quality care closer to people's homes as well as effective, efficient and equitable care particularly through the reduction of duplication in services provided, especially in the metropolitan area. It should be noted that there are a number of specialties where a single service is provided across two or more sites.

The matrices include both inpatient services and "non-admitted outpatient services" as defined in section 6a and below.

- Non-admitted outpatient services (described by hospital site and clinical specialty): services related to a hospital admission (e.g. before and/or after an admitted patient episode of care); or services that require highly specialised expertise and/or expensive equipment.
- For some specialties, for example mental health, outpatient services are omitted from the Hospital Services Matrix as the service is provided under an integrated care model and thus are reflected within the Community and Integrated Services Matrix.

Hospital services are provided at different types of hospital facilities as described and enumerated in Section 8 of this document. There are three types of hospital facilities in the Metropolitan area: Tertiary, General and Specialist. The Metropolitan Matrix includes sites across the South Metropolitan, North Metropolitan and Statewide service provider areas.

Across the seven country regions (Goldfields, Kimberley, Pilbara, Midwest, Great Southern, South West and Wheatbelt) there are three types of hospital facilities included in the WACHS matrix:

- Regional Resources Centres (RRC);
- Integrated District Health Services (IDHS); and
- Small Hospital/Primary Health Care Centres (SHHC).

The matrices provide a listing of the core specialty services that are delivered or are planned to be delivered at each hospital site across the State. Each clinical service group is made up of specialties which constitute the core of operations at the facility and which require a distinct suite of capabilities and resources to provide safe and quality care. Paediatric services have been expanded to reflect the number of core specialties that are critical to paediatric care.

Also covered although too numerous to list separately, are many subspecialties where patient care is the responsibility of one or more specialist clinicians whose training includes the expertise to care for patients with particular needs. For example, spinal surgery is a subspecialty of Orthopaedics and Neurosurgery and similarly caring for those with eating disorders is often the responsibility of General Medical specialists in the first instance, and then care is shared with or taken over by a Mental Health clinician. It is important in the case of these subspecialties especially where more than one specialty is involved, to ensure that the specialty responsible for care is recognised and properly attributed.

2. Non-government Health Service Providers Matrix

11. Non-government Health Service Providers Matrix

The non-government sector is a vitally important partner in the delivery of health services in WA and is responsible for an extensive range of services that make up about 50 per cent of inpatient activity (Department of Health, Western Australia 2011/12). For this reason, planning for the future delivery of health care needs to include consideration of the sector's current and future service provision.

For many years, WA Health has collaborated with non-government health service providers to ensure effective and efficient service delivery. The sharing of information and the workload facilitates planning and decision making from a common understanding of what is needed to improve health outcomes.

WA Health linkage with the non-government sector includes purchasing activity from private hospitals during times of high demand. More significantly, there are ongoing agreements with private hospital care providers such as Ramsay Health Care at Joondalup and Peel and a new partnership in metropolitan hospital care with St John of God Health Care (SJOG) in Midland. There are also refinements to existing co-location arrangements with SJOG, in Bunbury and Geraldton. SJOG Mt Lawley and Bethesda Hospital, among others, have provided services in times of particular need, for example, with elective surgery waiting lists.

In addition to hospital care, the support and expertise of non-government service providers have been particularly important in meeting demand for non-hospital services such as home nursing and long term sub-acute or non-acute care. In these care modalities, WA Health enters into service agreements with a number of providers. Two of the largest ones, Silver Chain Nursing Association and Brightwater Care Group are included in the Non-government Service Providers Matrix.

The Non-government Service Providers Matrix includes only the larger of the organisations in the sector. In reading this matrix, it should be remembered that non-government service providers often have greater flexibility in determining what services to provide so that the information with regard to services in three to five years' time may be only indicative. It is acknowledged the content in the Non-government Service Providers Matrix has been kindly provided by each of the organisations represented in the matrix through a process of self assessment, which is independent of the development and approval processes used for the role delineations presented in the Hospital Services Matrix and Community and Integrated Services Matrix.

There are many other privately run facilities and service providers that contribute to the delivery of health care in WA. There are a number of providers of other services such as patient advocacy, carer support and patient transport. The very significant contribution of providers such as Royal Flying Doctors' Service and St John Ambulance Australia which deliver extensive primary health care and a 24-hour emergency service to those who live, work and travel throughout Australia, are acknowledged even if these services are not detailed in the matrices.

Non-government Health Service Providers Matrix

	Bethesda			Ramsay Hollywood			Ramsay Joondalup			Ramsay Peel			Ramsay Glengarry			SJOG Bunbury			SJOG Geraldton			SJOG Midland			SJOG Mt Lawley			SJOG Murdoch			SJOG Subiaco			Brightwater			Silver Chain			SJOG Health Choices		
	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)						
Hospital Services																																										
Medical Services																																										
Cardiology	N	-	-	Y	5	5	Y	5	5/6	Y	4	5	N	-	-	Y	4	5	Y	3	3	Y	-	4	Y	4	4	Y	5	5	Y	6	6	N	-	-	N	-	-	N	-	-
Dermatology	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	4/5	4/5	Y	3	3	N	-	-	Y	4	4	Y	4	4	Y	4	5	N	-	-	N	-	-	N	-	-
Endocrinology	N	-	-	Y	4	4	Y	4	4	Y	4	5	N	-	-	Y	4	4	Y	3	3	Y	-	4	Y	3	3	Y	4/5	4/5	Y	5	5	N	-	-	N	-	-	N	-	-
Gastroenterology	N	-	-	Y	5	5	Y	4	5	Y	4/5	5	Y	4	4	Y	4	4	Y	4	4	Y	-	4	Y	5	5	Y	5	5	Y	5	6	N	-	-	N	-	-	N	-	-
General	N	-	-	Y	5	5	Y	5	5	Y	4/5	5	Y	3	3	Y	4	5	Y	3	3	Y	-	4	Y	4	4	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Geriatric	N	-	-	Y	5	5	Y	5	5	Y	5	5	Y	4	4	Y	3	3	Y	3	3	Y	-	4	Y	6	6	Y	4/5	4/5	Y	4/5	4/5	N	-	-	N	-	-	N	-	-
Haematology	N	-	-	Y	5	5	Y	4	4/5	Y	4/5	5	N	-	-	Y	3	3	Y	3	3	N	-	-	N	-	-	Y	4	4	Y	4	5	N	-	-	N	-	-	N	-	-
Immunology	N	-	-	Y	4	4	Y	3/4	3/4	Y	4/5	5	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	4	4	Y	4	5	N	-	-	N	-	-	N	-	-
Infectious Diseases	N	-	-	Y	4	4	Y	4	4	Y	4	5	N	-	-	Y	4	4	N	-	-	Y	-	4	N	-	-	Y	4	4	Y	4	4	N	-	-	N	-	-	N	-	-
Neurology	N	-	-	Y	4	4	Y	4	5	Y	4	5	N	-	-	Y	4	4	N	-	-	Y	-	4	Y	3	3	Y	3	3	Y	5	5	N	-	-	N	-	-	N	-	-
Oncology	N	-	-	Y	5	5	Y	4	5	Y	4/5	5	N	-	-	Y	5	5	Y	3	3	N	-	-	N	-	-	Y	5	6	Y	5	6	N	-	-	N	-	-	N	-	-
Palliative Care	Y	6	6	Y	5	5	Y	4	4	Y	4/5	5	Y	4	4	Y	5	5	Y	4	4	Y	-	3	N	-	-	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Radiation Oncology	N	-	-	N	-	-	N	-	-	Y	4	4	N	-	-	Y	5	5	N	-	-	N	-	-	N	-	-	N	-	-	Y	4	4	N	-	-	N	-	-	N	-	-
Renal Medicine	N	-	-	Y	3	3	Y	3	3	Y	4	5	N	-	-	Y	4	5	N	-	-	N	-	-	Y	3	3	N	-	-	Y	3	3	N	-	-	N	-	-	N	-	-
Respiratory	N	-	-	Y	5	5	Y	4	4	Y	4	4	Y	3	3	Y	4/5	5	Y	3	3	Y	-	4	Y	3	3	Y	4/5	4/5	Y	5	5	N	-	-	N	-	-	N	-	-
Rheumatology	N	-	-	Y	4	4	Y	4	4	N	-	-	N	-	-	Y	3	4/5	Y	3	3	N	-	-	Y	3	3	Y	4	4	Y	4	5	N	-	-	N	-	-	N	-	-
Sexual Health	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-
Surgical Services																																										
Burns	N	-	-	N	-	-	Y	3	3	Y	3	3	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	3	3	N	-	-	N	-	-	N	-	-
Cardiothoracic	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	5	5	N	-	-	N	-	-	N	-	-
Dental	Y	5	5	Y	3	3	N	-	-	Y	4	4	Y	4	4	Y	4	4	Y	4	4	Y	-	3	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-
Ear, Nose and Throat	Y	4	4	Y	5	5	Y	4	5	Y	4	5	Y	4	4	Y	4/5	4/5	Y	4	4	Y	-	3	Y	4	4	Y	4/5	4/5	Y	5	5	N	-	-	N	-	-	N	-	-
General	Y	4	4	Y	5	5	Y	5	5	Y	5	5	Y	4	4	Y	4/5	4/5	Y	4	4	Y	-	4	Y	4	4	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Gynaecology	Y	4	4	Y	5	5	Y	5	5	Y	5	5	Y	4	4	Y	4/5	4/5	Y	4	4	Y	-	3	Y	4	4	Y	4/5	4/5	Y	5	5	N	-	-	N	-	-	N	-	-
Neurosurgery	N	-	-	Y	5	5	Y	4	5	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	4/5	4/5	Y	5	5	N	-	-	N	-	-	N	-	-
Ophthalmology	Y	4	4	N	-	-	Y	4	4	Y	4	5	N	-	-	Y	4	5	Y	4	4	Y	-	3	N	-	-	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Oral and Maxillofacial	Y	4	4	Y	4	4	Y	-	4	N	-	-	N	-	-	Y	4	4	Y	4	4	Y	-	3	Y	4	4	N	-	-	Y	5	5	N	-	-	N	-	-	N	-	-
Orthopaedics	Y	4	4	Y	5	5	Y	5	5	Y	4	4	Y	4	4	Y	5	5	Y	4	4	Y	-	4	Y	4	4	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Plastics	Y	4	4	Y	5	5	Y	4/5	5	Y	4	4	Y	4	4	Y	4	4	Y	4	4	Y	-	3	Y	4	4	Y	4	4	Y	4	4	N	-	-	N	-	-	N	-	-
Trauma	N	-	-	N	-	-	Y	4	4	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-
Urology	Y	4	4	Y	5	5	Y	5	5	Y	4/5	4/5	Y	3	3	Y	5	5	Y	3	4	Y	-	3	Y	4	4	Y	5	5	Y	6	6	N	-	-	N	-	-	N	-	-
Vascular surgery	Y	3	3	Y	5	5	Y	4	4	N	-	-	Y	4	4	Y	4	4/5	N	-	-	Y	-	3	N	-	-	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Emergency Services																																										
Emergency	N	-	-	N	-	-	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	5	5	N	-	-	N	-	-	N	-	-	N	-	-
Obstetric and Neonatal Services																																										
Neonatology	N	-	-	N	-	-	Y	5	5	Y	4/5	5	Y	2	2	Y	4	4	Y	4	4	N	-	-	Y	4	4	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Obstetrics	N	-	-	N	-	-	Y	5	5/6	Y	4/5	5	Y	4	4	Y	4	4/5	Y	4	4	N	-	-	Y	4	4	Y	5	5	Y	5	5	N	-	-	N	-	-	N	-	-
Transition from Paediatric to Adult Services																																										
Transition from Paediatric to Adult Services	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-

Non-government Health Service Providers Matrix (cont.)

	Bethesda			Ramsay Hollywood			Ramsay Joondalup			Ramsay Peel			Ramsay Glengarry			SJOG Bunbury			SJOG Geraldton			SJOG Midland			SJOG Mt Lawley			SJOG Murdoch			SJOG Subiaco			Brightwater			Silver Chain			SJOG Health Choices		
	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)						
Hospital Services																																										
Paediatrics Services																																										
Anaesthetics	N	-	-	Y	4	4	Y	4	4	Y	4	4	Y	4	4	N	-	-	Y	4	4	Y	4	4	Y	4/5	4/5	N	-	-	N	-	-	N	-	-	N	-	-			
Emergency	N	-	-	N	-	-	Y	5	5	Y	4	5	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
General Medical	N	-	-	N	-	-	Y	5	5	Y	4	5	N	-	-	N	-	-	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
General Surgery	N	-	-	N	-	-	Y	4	5	Y	4	4	N	-	-	Y	4	4	Y	2	2	N	-	-	Y	3	3	Y	4	4	Y	4	4	N	-	-	N	-	-			
Operating Theatres	N	-	-	Y	2	2	Y	3	3	Y	4	4	Y	3	3	Y	5	5	Y	3	3	N	-	-	Y	3	3	Y	4	4	Y	5	5	N	-	-	N	-	-			
Specialty Medical	N	-	-	N	-	-	Y	4	4	Y	3	4	Y	3	3	N	-	-	Y	2	2	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Specialty Surgery	N	-	-	Y	3	3	Y	4	4	Y	3	4	N	-	-	Y	4	4	Y	2	2	N	-	-	Y	3	3	Y	4	4	N	-	-	N	-	-	N	-	-			
Trauma	N	-	-	N	-	-	Y	4	4	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Rehabilitation Services																																										
Rehabilitation	N	-	-	Y	5	5	Y	5/6	6	Y	5	5	Y	4	4	N	-	-	Y	3	3	N	-	-	Y	6	6	Y	3	3	Y	3	3	N	-	-	N	-	-			
Child and Adolescent Mental Health Services																																										
Emergency services (hospital based)	N	-	-	N	-	-	Y	4	4	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Mental Health Inpatient Services	N	-	-	N	-	-	Y	-	5	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Adult Mental Health Services																																										
Emergency services (hospital based)	N	-	-	N	-	-	Y	5	5	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Mental Health inpatient services	N	-	-	Y	4	4	Y	6	6	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Older Persons Mental Health Services																																										
Emergency services (hospital based)	N	-	-	N	-	-	Y	5	5	Y	4	4	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Mental Health inpatient services	N	-	-	N	-	-	Y	-	5	N	-	-	N	-	-	N	-	-	Y	5	5	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Disease Preparedness and Response Services																																										
Disaster Preparedness	N	-	-	Y	2	2	Y	4/5	5	Y	4	4	N	-	-	Y	3	3/4	Y	3	3	N	-	-	Y	2	2	Y	3/4	3/4	Y	4	4	N	-	-	N	-	-			
Clinical Support Services																																										
Anaesthetics	Y	4	4	Y	5	5	Y	5	5	Y	4	5	Y	4	4	Y	4	4	Y	4	4	Y	4	4	Y	6	6	N	-	-	N	-	-	N	-	-						
Coronary Care Unit	N	-	-	Y	5	5	Y	5/6	5/6	N	-	-	N	-	-	Y	4	4/5	N	-	-	Y	-	4	N	-	-	Y	4/5	5	Y	6	6	N	-	-	N	-	-			
Intensive Care Unit/ High Dependency Unit	N	-	-	Y	5	5	Y	5/6	5/6	Y	4	5	N	-	-	Y	3	3	N	-	-	Y	-	4	N	-	-	Y	5	5	Y	5	5	N	-	-	N	-	-			
Operating Theatres	Y	4	4	Y	5	5	Y	5	5	Y	5	5	Y	4	4	Y	5	5	Y	4	4	Y	5	5	Y	6	6	N	-	-	N	-	-	N	-	-						
Pain Medicine	Y	4/5	4/5	Y	4	4	Y	4	4	N	-	-	N	-	-	Y	3	-	Y	4	4	N	-	-	N	-	-	Y	4	4	Y	4	5	N	-	-	N	-	-			
Pathology	Y	3	4	Y	4	4	Y	5	5	Y	4	4	N	-	-	Y	4	5	Y	4	4	Y	-	4	Y	4	4	Y	5	5	Y	5	6	N	-	-	N	-	-			
Pharmacy	N	-	-	Y	4	4	Y	5	5	Y	5	5	N	-	-	Y	5	5	Y	2	2	Y	-	4	Y	4	4	Y	5	5	Y	5/6	6	N	-	-	N	-	-			
Radiology	Y	4	4	Y	4	4	Y	5	5	Y	4	5	Y	2	2	Y	5	5	Y	4	4	Y	5	5	Y	5	5	Y	5	5	Y	5	5	N	-	-	N	-	-			
Training and Research	Y	4	5	Y	5	5	Y	4	4	Y	4	4	Y	3	3	Y	4	5	Y	3	3	Y	-	4	Y	3	3	Y	4	4	Y	5	6	N	-	-	N	-	-			
Non-Hospital Services																																										
Public Health Services																																										
Health Promotion	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	2	4	N	-	-	N	-	-			
Primary Care Services																																										
GP Based Community Nursing	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	-	1	Y	1	1	Y	1	1	N	-	-			

Non-government Health Service Providers Matrix (cont.)

	Bethesda			Ramsay Hollywood			Ramsay Joondalup			Ramsay Peel			Ramsay Glengarry			SJOG Bunbury			SJOG Geraldton			SJOG Midland			SJOG Mt Lawley			SJOG Murdoch			SJOG Subiaco			Brightwater			Silver Chain			SJOG Health Choices		
	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)	Provided? Y/N	Current Level (1-6)	Level in 3-5yrs (1-6)						
Non-Hospital Services																																										
Ambulatory Care Services																																										
Acute Substitution	N	-	-	N	-	-	Y	4	4	Y	2/3	3	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-			
Aged Care	N	-	-	N	-	-	Y	2	2	Y	2/3	3	N	-	-	N	-	-	N	-	-	Y	3	3	N	-	-	N	-	-	Y	3	5	Y	3	5	N	-	-			
Hospital Avoidance	N	-	-	N	-	-	Y	2	2	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	3	5	Y	4	5	N	-	-			
Outpatients	N	-	-	N	-	-	Y	2	2	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	4	6	Y	5	6	N	-	-			
Adult Mental Health Services																																										
Community Mental Health Services	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	2	3	N	-	-	N	-	-			
Older Persons Mental Health Services																																										
Community Mental Health Services	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	N	-	-	Y	4	4	N	-	-	N	-	-	N	-	-			

3. Hospital Service Definitions

12. Hospital Service Definitions

The hospital service definitions used in CSF 2014 are largely based on the service definitions from the CSF 2010. In order to ensure that terminology and definitions are current, the information from the previous CSF has been reviewed and revised to reflect current health service delivery and practice. This process involved extensive consultation across a range of stakeholders, particularly, clinicians and health service planners.

As indicated in the previous section, CSF 2014 does not show all health service specialty groups, rather those that are considered to be core services to a facility. Notwithstanding, the listed service groups also represent sub-specialties within their scope.

The hospital service definitions provide an overview of the minimum requirements and capabilities necessary to deliver a safe and quality service at a particular level in the range one through six. Level 1/I reflects the least complex level of service delivery and a Level 6/VI reflects the most complex level of service delivery.

Many of the hospital service definitions are cumulative, whereby the delivery of a higher level of service for a particular specialty includes the capability of service provided in the levels below. This is represented by the wording “As for level” within the definitions. For example, the description for a Level 5 service may commence with “As for Level 4, plus”; the Level 4 service may commence with “As for Level 3, plus”, and so on.

In addition, as previously stated, the service level definition indicates the minimum capability or resource requirement for a facility, for a given specialty. It is possible that a hospital can provide more services than is described for the level, say Level 3, but it cannot meet the minimum service requirements of the next higher level, a Level 4. That facility will be described as a Level 3 for the said specialty.

The service level definitions are used to describe the level of service provided for a particular specialty at each hospital as represented by the role delineation entries shown in the Hospital Service Matrices.

Non-admitted Outpatient Service Definitions

The generic service definition for non-admitted hospital outpatient services below outlines service levels from Level II to Level VI. This describes services that are related to a hospital admission (e.g. before and after care) OR services that require highly specialised expertise and/or expensive equipment (for details of how other non-admitted outpatient services are described in the CSF please refer to section 6a Non-admitted (outpatient) services).

	Level I	Level II	Level III	Level IV	Level V	Level VI	
Non-Admitted Hospital Outpatient Services							
Categories of outpatient services include: <ul style="list-style-type: none"> • Procedures • Medical consultation • Standalone diagnostic • Allied health and/or clinical nurse specialist intervention 		<ul style="list-style-type: none"> • Access to generalist domiciliary nursing and/or allied health • Pre and post acute care – may be provided through hospital or community services or via Telehealth 	As for Level 2 plus: <ul style="list-style-type: none"> • Access to GP or medical practitioner • Access to limited diagnostic services • May include teaching and training role 	As for Level 3 plus: <ul style="list-style-type: none"> • Access to general medical physician/specialist and/or specialist services related to a hospital admission e.g. before or after care • May include research role 	As for Level 4 plus: <ul style="list-style-type: none"> • Access to specialist medical/nursing/allied health providing care to patients of increased complexity • Teaching and training role • Access to specific diagnostics relating to that speciality 	As for Level 5 plus: <ul style="list-style-type: none"> • Research role • Access to any required advanced diagnostics for that speciality • Access to any required specialist equipment for that speciality • Services for complex conditions or complex patients for that speciality • Services include access into a suite of sub-specialty services for that speciality 	

Hospital Inpatient and Emergency Service Definitions

This section includes the following services: Medical, Surgical, Emergency, Transition, Obstetric and Neonatal, Paediatric, Rehabilitation, Mental Health, Disaster Preparedness and Response and Clinical Support.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Cardiology	<ul style="list-style-type: none"> Staffed by RN with some visiting services Emergency first assessment, treatment and appropriate referral Provision of ETS 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> On-call medical cover by GP/MP/SMO Initial assessment, stabilisation and transfer to higher level facility 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> GP inpatient care 24/7 cover by RN Access to some allied health services Access to non-invasive monitoring 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site general medical physician Access to consultancy service provided by a specialist or physician credentialed in cardiology Access to designated allied health services Some allied health undergraduate education Non-invasive diagnostic procedures, echocardiograms and exercise stress testing Links with community cardiac rehabilitation 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site cardiologist Registrar/RMO/Intern CCU/HDU Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research Links with Level 5 rehabilitation service Emergency services available by on-call cardiologist May provide some cardiology diagnostic and interventional services Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full range of cardiac services including cardiac sub-specialties and emergency services Statewide referral role Undergraduate and postgraduate teaching role Research role Complete range of diagnostic and interventional services (includes catheter labs)

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Dermatology		<ul style="list-style-type: none"> Access to phone advice and consultation including via Telehealth/e-health 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> GP inpatient care 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site general medical physician and GPs May have visiting dermatology registrar Phone advice and consultation provided from Level 5 or 6 services, including via Telehealth /e-health 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Range of dermatology services Dermatology registrar Dermatology department Dermatology inpatients and consultation service for patients admitted under other specialities May have teaching and research role 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Comprehensive range of dermatology services Specialist RN Access to MRI Access to CT and PET (adult services) Access to phototherapy Comprehensive patch testing service Statewide referral, consultancy and decision support via Telehealth/e-health/phone May have dermatologist on-call 24/7 Teaching and research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Endocrinology			<ul style="list-style-type: none"> • GP inpatient care • 24/7 cover by RN • Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site or visiting general medical physician or consultant • Diabetes education service and integrated hospital/community diabetes management service • Specialist RN • Access to designated allied health services • Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site endocrinologist • Registrar/RMO • Regional referral role • Access to specialist SRN • Some undergraduate teaching and possibly research role • Links with Level 5 rehabilitation service • Emergency care available from on-call specialist • Access to specialised allied health services 	<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
Medical Services						
Gastroenterology			<p>GP inpatient care</p> <ul style="list-style-type: none"> • 24/7 cover by RN • May have fibre optic endoscopy by credentialed medical practitioner • Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site general medical physician or visiting consultant • Regular endoscopy service including colonoscopy • Specialist RN • Gastroenterology services provided by integrated physician and surgical services • Access to designated allied health services • Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site 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 • Access to specialised allied health services 	<p>As for Level 5 plus:</p> <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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
General Medical	<ul style="list-style-type: none"> • Provision of primary health care and urgent primary care • Staffed by RN • Emergency first assessment, treatment and appropriate referral • Telehealth services available (appropriate to location) 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • 24/7 on-call by GP/VMP/SMO • 24/7 cover by RN 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • GP inpatient care • Access to some allied health services • Acute inpatient care provided where possible on-site/close on-call GP/VMP/SMO available 24/7 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site general medical physician and GPs • Specialist RN • Phone advice and consultation provided to lower level sites including via Telehealth/e-health • On-site designated allied health services • Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site general medical physician, GPs and sub-specialists • Visiting sub-specialists • Registrar/RMO/Intern • CCU/HDU • Regional referral role • Some undergraduate teaching • Emergency services available by on-call specialist • Specialist consultation or diagnosis provided via Telehealth /e-health to rural and other smaller sites and services • On-site specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Broad range of medical sub-specialists and emergency medical services on-site • Statewide referral role in certain subspecialties • Undergraduate and postgraduate teaching role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Geriatric		<ul style="list-style-type: none"> • Phone advice and support by regional aged care program (including ACAP) • May coordinate and discharge to community and residential aged care services • May provide respite care 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Inpatient care • GP and access to visiting geriatrician or by Telehealth • 24/7 cover by RN • Respite care and limited restorative services • Access to ACAT • Access to some allied health 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 • Some allied health undergraduate education • Most allied health disciplines available for inpatient sub-acute programs 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site specialist Registrar/RMO • Links with inpatient rehabilitation unit • Access to specialist SRN • Some undergraduate teaching • Links with geriatric psychiatry services • Co-located or links with psychogeriatric services • Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Undergraduate and postgraduate teaching role • Research role • Statewide referral role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Haematology			<p>May include:</p> <ul style="list-style-type: none"> • GP inpatient care • 24/7 cover by RN • Visiting haematologist or by Telehealth • Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • On-call haematologist • Some inpatient services • Integration of home based services with area based program • Access to designated allied health services • Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • General Medical Registrar on-call 24/7 • Appointed haematologist • May have teaching and research role • Access to specialised allied health services • May have cancer unit 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Medical registrar on-site 24/7 • Has haematology department • Haematologist on-call 24/7 • Haematology registrar on-call 24/7 • Teaching and research role • May provide cell separation/plasmapheresis • May perform bone marrow transplantation • Full range of services including inpatients • Comprehensive cancer centre • Inpatient care delivered by a multidisciplinary team • Most acute care services must be available 24/7 • Links with other consultation services • Provides consultation to other services

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Immunology			<ul style="list-style-type: none"> • GP inpatient care • 24/7 hour cover by RN • Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site general medical physician • Capacity for the provision of specialist service by a visiting consultant • Specialist RN • Access to designated allied health services • Some allied health undergraduate education • Phone advice and consultation provided to smaller sites including via Telehealth /e-health 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by a Medical Specialties RMO • Registrar/RMO • Regional referral role • Access to specialist SRN • Some undergraduate teaching and research • Full service for the assessment and treatment of patients with allergy disorders, acquired and primary immunodeficiency disorders and autoimmune diseases • Access to specialised allied health services • Specialist consultation or diagnosis provided by Telehealth /e-health to rural and other smaller sites and services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Full range of clinical immunology services with immunology department and 24/7 clinical and laboratory on-call • Statewide referral role • Undergraduate and postgraduate teaching and training role • Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Infectious Diseases				<ul style="list-style-type: none"> • Ambulatory and inpatient consulting services may be provided by generalist with training in infectious diseases • Facilities include isolation rooms with internal wash basins and toilets, as well as staff wash basins immediately outside the room • An area with separate air conditioning available • Delivery and administration of HITH to patients requiring intravenous antibiotic therapy • Infection control leadership responsibilities – supervises on-site CNM • Phone advice and consultation provided to smaller sites including via Telehealth/e-health 	<ul style="list-style-type: none"> • As for Level 4 plus: • Medical registrar on-call 24/7 • Dedicated infectious diseases & HITH registrar +/-RMO (basic or advanced trainee(s)) • Appointed specialist with direct links with tertiary/quaternary level infectious diseases service • May have teaching and research role • Links with sexual health services, viral hepatitis and HIV services and microbiology department • Specialist consultation or diagnosis provided by Telehealth /e-health to rural and other smaller sites and services 	<ul style="list-style-type: none"> • As for Level 5 plus: • Medical registrar on-site 24/7 • Has specialist infectious diseases physicians and advanced trainee infectious diseases registrar(s) and fellow(s) • Infectious diseases CNCs with responsibilities in sexual health, viral hepatitis, HIV, clinical trials and infection control • Designated inpatient area for management of infectious and communicable diseases • Facilities to treat all quarantinable diseases (single site only – SCGH) • Major teaching and research role • Statewide referral role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Neurology	<ul style="list-style-type: none"> Assessment and non-acute care by community health staff and GPs Emergency services 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> GP inpatient care 24/7 cover by RN Referral coordination and linkage with specialist programs and/or diagnostic services 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site general medical physician Capability of a visiting specialist to provide a consultancy service On-site Level 4 rehabilitation services Access to geriatricians Specialist RN Access to designated allied health services Some allied health undergraduate education On-site CT Access to MRI 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site 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 Access to specialised allied health services On-site MRI 	<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 PET Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Oncology		<ul style="list-style-type: none"> Specialist RN in region (cancer nurse coordinator/breast care nurse) who links with relevant tumour specific CNC and treating facility for care coordination No treatment facilities 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> GP inpatient care 24/7 cover by RN Low risk chemotherapy for the four most common cancers and palliative patients Multidisciplinary case conferencing with tumour specific specialist for all patients Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site general medical physician Chemotherapy shared care with the tertiary facilities for common cancers with more complex needs Links with radiotherapy, palliative care and pain management services Specialist RN Access to designated allied health services Some allied health undergraduate education Consultancy services provided by a visiting consultant or physician experienced in oncology 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site oncologist Registrar/RMO Regional referral role Access to specialist SRN Some undergraduate teaching and possibly some research role Multidisciplinary management of patients including case conferences Formalised link with or referral pathways to palliative care services and may have pain management clinic Emergency care available Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full range of oncology services, with oncology department and emergency services (NB: radiation oncology defined separately) Medical registrar on-site 24/7 Statewide referral role Statewide mentoring and specialist leadership role Undergraduate and postgraduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Palliative Care	<ul style="list-style-type: none"> Assessment, referral and management by local GPs Emergency assessment and referral Links with the palliative care network Visiting primary health care providers Access to Telehealth services or support 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Inpatient care by GP in consultation with specialist services Access to some allied health services 24/7 cover by RN Referral, coordination and link with specialist community and inpatient programs 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> 24/7 cover by clinical nurse with training and/or experience in palliative care services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Palliative care patients managed by GP and medical practitioner specialising in palliative care Access to specialist SRN Access to designated allied health services Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Inpatient care by on-site palliative care physician Registrar/RMO Regional referral role Undergraduate teaching and some research role Integrated community consultative service under direction of palliative care physician Links with oncology radiotherapy, anaesthetics, psychiatry, pain clinic and rehabilitation Access to specialised allied health services 	<p>As for Level 5 plus:</p> <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 24/7 on-call specialist

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
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 • Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Full range of radiation oncology services, located in principal 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
Medical Services						
Renal Services			<ul style="list-style-type: none"> • GP inpatient care • Access to general medical physician or visiting renal specialist or by Telehealth • 24/7 cover by RN • May accommodate self-care dialysis inpatients • Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site general medical physician • Specialist RN • Access to designated allied health services • Some allied health undergraduate education • May have on-site haemodialysis 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site 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 • Access to specialised allied health services 	<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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Respiratory			<p>GP inpatient care</p> <ul style="list-style-type: none"> • 24/7 cover by RN • Access to spirometry • Access to Specialist SRN Network • Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site general medical physician • Specialist SRN • Access to lung function diagnostics (spirometry, volumes and gas transfer) • Access to respiratory specialist for inpatient consultation • Links with sleep service • Access to designated allied health services • Some allied health undergraduate education • Provision of NIV • Capability to provide bronchoscopy by visiting consultant • Links with community services e.g. pulmonary rehabilitation 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site respiratory specialist • Registrar/RMO • Regional referral role • On-site specialist SRN • Significant undergraduate teaching • Provision of lung function laboratory • On-site bronchoscopy services • Access to Level 5 cardiology and cardiothoracic surgery • Emergency care provided by on-call specialist • Strongly linked with sleep service • Access to specialised allied health services 	<p>As for Level 5 plus:</p> <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 • Respiratory function laboratory • Provision of complete diagnostic services including bronchoscopy suite • Specialised respiratory ward, with NIV capability

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Rheumatology			<ul style="list-style-type: none"> • GP inpatient care • 24/7 cover by RN • Access to some allied health services • Liaison with NGO/government providers for access to aids and home modifications 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by on-site physician and inpatient consultative service by a visiting rheumatologist • Links with Level 4 rehabilitation service at minimum • Access to designated allied health services and specialist RN • Provide a range of same-day procedures 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Emergency care available by on-call specialist/rheumatologist • Inpatient care by rheumatologist • After-hours patients to be admitted under general medicine with direct links to Level 6 rheumatology service • Registrar/RMO • Regional referral role • Some undergraduate teaching and possibly research • Links with Level 5 rehabilitation service at minimum • Access to specialised allied health services and specialist RN • Provides a range of same-day procedures 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Full range of rheumatology services, with rheumatology department and emergency care • Statewide referral role • Accredited site for advanced training i.e. advanced trainee(s) in rheumatology • Undergraduate and postgraduate teaching role • Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
Sexual Health			<ul style="list-style-type: none"> NP or MO or public health physician Access to specialist medical services Links with sexual assault services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Sexual health physician sessions Provides GP and junior staff training and support Formal links with specialist services including HIV Research and multidisciplinary health promotion conducted 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Sexual health physician on staff Team of medical and nursing staff with recognised qualifications Specialist clinics in areas such as dermatology and colposcopy Clinical research and professional development On-site laboratory Undergraduate and postgraduate teaching Integrated with Level 6 services Statewide responsibility to mentor and support Level 1-4 services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Access to inpatient beds and services including theatres and HITH

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Burns		<ul style="list-style-type: none"> • Able to provide emergency stabilisation service for burns • Communication with Statewide Specialist Burns Team via Telehealth or other form of communication • Access to same-day dressing services 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • On-site allied health services 			<ul style="list-style-type: none"> • Full range of burns services, with a special burns unit, including all emergency cases and all surgery for burns • 24/7 on-call cover • Statewide referral role • Emergency care services provided by on-call specialist • Undergraduate and post graduate teaching role • Research role • Access to specialised allied health services • Access to specialised rehabilitation services

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Cardiothoracic					<ul style="list-style-type: none"> Emergency thoracic and cardiothoracic procedures by visiting/on-call cardiothoracic surgeons Level 5 on-site rehabilitation services available Links with palliative care and pain management services Access to specialist SRN Some regional referral ICU/CCU Access to specialised allied health services Some allied health undergraduate education 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Elective and emergency thoracic and cardiothoracic procedures by cardiothoracic surgeons Ability to deal with highly complex diagnosis and treatment in association with other specialities 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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Dental <ul style="list-style-type: none"> • Infant and child dental • Adult dental • Specialty dental 			<ul style="list-style-type: none"> • Limited planned dental surgery cases • Emergency cases managed by ED or GP in liaison or partnership or referral to community or other dentists, as required 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Day surgery type cases (may include oral surgery, paediatric dental surgery and special needs dental surgery) • Uncomplicated elective surgery • Theatre trained nurses • Care provided by registered dentist or visiting surgical specialist • Visiting anaesthetist • Fixed site • Follow up post-operative care may be in a community or hospital setting 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Provision of specialty day surgery • Care provided by specialists in dentistry/oral surgery • On-call service • Access to specialist dental clinics • Access to ICU/HDU • Undergraduate and post graduate teaching • Links with oral and maxillofacial surgery • Access to specialist nursing and allied health 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Full range of complex dental and oral surgery for emergency and elective cases • 24/7 on-call cover • Statewide referral role • Access to other dental and medical specialists (e.g. trauma, plastic, ENT, hyperbaric, oncology) • On site dental prosthetic services • Provision of specialist dental clinics on site • Substantial teaching and research role • Specialist may be dual trained (dentistry and oral surgery)

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Ears, Nose and Throat (ENT)			<ul style="list-style-type: none"> Day surgery type cases for uncomplicated elective surgery May have visiting ENT surgeon and anaesthetist May offer paediatric ENT if paediatric skilled consultant anaesthetist available 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Common and intermediate surgery done on low or moderate risk patients by visiting ENT surgeon No neuro-optic or intracranial surgery Access to designated allied health services Some allied health undergraduate education 	<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 Links with oncology, radiotherapy and palliative care services Limited neuro-optic surgery Access to specialised allied health 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 including neuro-optic and intracranial procedures if Level 6 neurosurgery available on-site Emergency services available Statewide referral role Undergraduate and post graduate teaching role Research role ENT registrar/RMO

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
General Surgery		<ul style="list-style-type: none"> • Same-day procedures performed under local anaesthetic/light sedation by GPs or trained nurses • Simple, therapeutic and diagnostic procedures in a procedure room • Access to medical services if required • Visiting GP • 24/7 on-site RN 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Day surgery type cases, uncomplicated elective surgery • GP and visiting general surgical specialist • Visiting anaesthetist with visiting surgeon • Theatre trained RN • Access to some allied health services • Inpatient care following surgery elsewhere 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Surgery by GPs, general surgeons and visiting sub-specialists • Broad range of general elective and emergency surgery (if site has an ED) and some speciality surgery • Theatre trained nurses • More than one theatre • May include high-dependency nursing unit • Access to designated allied health services • Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • General surgeons sub-specialists and visiting sub-specialists • Registrar/RMO • ICU • Some teaching and research role • Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Full range of surgical sub-specialists • Statewide referral role • Undergraduate and post graduate teaching role • Research role • May include kidney and liver transplantation at selected sites

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Gynaecology			<ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients by credentialled GP or visiting surgeon Access to visiting gynaecologist or by Telehealth Access to some allied health services 	<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 Access to designated allied health services Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic 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 Access to specialised allied health 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 specialisms 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
Surgical Services						
Neurosurgery				<ul style="list-style-type: none"> Neurosurgical consultation available Operating equipment adequate for emergency neurosurgery Links with Level 4 rehabilitation services Access to designated allied health services Some allied health undergraduate education 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic surgery on low, moderate and high risk patients by on-call neurosurgeon Designated neurosurgical beds Access to specialist SRN 24/7 access to CT Links with brain and spinal injury rehabilitation May have some teaching and research role Access to specialised allied health services 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Ability to deal with all cases including all emergency cases Advanced interventional procedures within specialist theatres Neurosurgical ward and neurosurgical high dependency/ICU Neurosurgery registrar/RMO Links with Level 5 rehabilitation service Statewide referral role Undergraduate and post graduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
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 6 radiology Access to radiotherapy Statewide referral role Undergraduate and post graduate teaching role Research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Oral and Maxillofacial				<ul style="list-style-type: none"> Access to on-call oral/maxillofacial specialist for low complexity services 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Provides unplanned and planned maxillofacial surgery for comprehensive, complex and trauma procedures Links with dental and plastic surgery services Access to on-call services Access to other specialities and MDT Teaching and training Links with a tertiary maxillofacial/plastic department 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full range of minor and complex surgery including emergency and planned procedures for adults and/or children 24/7 on-call cover Statewide referral role Access to other specialists (e.g. orthodontist, plastic, ENT, hyperbaric, sleep) Access to specialist SRN Access to prosthetic services Undergraduate and post graduate teaching Specialist may be dual trained (surgery and dentistry)

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
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 Access to Telehealth and/or ETS Must be linked with appropriate imaging – limited to chest and limbs by nurse x-ray operators 	<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 on-call orthopaedic surgeon Access to Level 4 rehabilitation service at minimum Access to specialist SRN Access to designated allied health services Some allied health undergraduate education 	<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 at minimum Access to specialist SRN Access to designated allied health services Some allied health undergraduate education 	<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 Links with Level 5 rehabilitation service Access to specialised allied health 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 (and all emergency) in association with other specialists Statewide referral role Undergraduate and post graduate teaching role Research role Links with Level 6 rehabilitation service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Plastics		<ul style="list-style-type: none"> • Same day procedures by GP 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Access to some allied health services 	<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 • Access to designated allied health services • Some allied health undergraduate education • May have some teaching and training 	<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 • Links with Level 5 rehabilitation services • Access to burns specialist • Access to specialised allied health services 	<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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Trauma (continued over page)			<ul style="list-style-type: none"> • Access to medical doctor advice within 30 minutes or medical doctor in attendance within 30 minutes • Participates in the care of minor trauma • Rural: may be the occasional need for resuscitation of a major trauma patient, with rapid transfer on • Primary retrieval from incident site as the nearest emergency service • Secondary retrieval by fixed wing, rotary wing to major trauma centres • Secondary retrieval of minor trauma by fixed wing or road transport to regional trauma centres • Initial disaster response in a multi casualty event where centre is the nearest emergency health service 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Prompt assessment, resuscitation, emergency surgery and stabilisation of a small number of seriously injured patients and transfer on • General surgical service and participates in the care of minor trauma • 24/7 availability of an on-call specialist surgeon and anaesthetist and/or generalist anaesthetist • Nurse experienced in trauma • Radiology facilities • Provision for helicopter landing nearby • Role in management, assessment and treatment of minor trauma in multi-casualty disaster response <p>Equivalent to Level III RACS TVMRC (2009)</p>	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • A surgeon available in all specialties commensurate with Level 6 • 24/7 availability of neurosurgical and cardiothoracic services • High level ICU trauma team response & operating suites with 24/7 availability • On-site helicopter landing site • Role in management of major trauma cases >48hrs during multi-casualty disaster response <p>Equivalent to Level II RACS TVMRC (2009)</p>	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Full spectrum of care • 24/7 trauma reception team • 24/7 availability of senior consultant level general surgeon • Appointed trauma director • Elective and emergency surgery in neurosurgery, cardiothoracic, orthopaedics and plastics • Lead role in the coordination and management of mass casualty and disaster preparedness scenarios • Principal hospital for reception of inter hospital transfer of major trauma patients • Research • Education and fellowship training • Trauma systems overview

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Surgical Services						
Trauma (cont.)			<ul style="list-style-type: none"> Access to ETS Rural trauma centres Equivalent to Level IV RACS TVMRC (2009)			<ul style="list-style-type: none"> Quality improvement program Data collection Prevention and outreach programs Trauma audit Leadership responsibilities Equivalent to Level I RACS TVMRC (2009)
Urology			<ul style="list-style-type: none"> Common and intermediate procedures on low or moderate risk patients performed by visiting urologist or general surgeon credentialled in urology Access to some allied health services 	As for Level 3 plus: <ul style="list-style-type: none"> Some major procedures on low or moderate risk patients performed by visiting urologist Links with oncology, radiotherapy and palliative care services Access to designated allied health services Some allied health undergraduate education 	As for Level 4 plus: <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 Access to specialised allied health services 	As for Level 5 plus: <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
Surgical Services						
Vascular Surgery			<ul style="list-style-type: none"> Under the care of a GP for non-procedural vascular conditions such as skin ulcers 	<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 Access to designated allied health services Some allied health undergraduate education Access to multidisciplinary foot clinic 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Diagnostic surgery on low, moderate and high risk patients by on-call vascular or general surgeon May have regional referral role May have some teaching, training and research Links with Level 5 rehabilitation services Access to specialised allied health 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 SRN Statewide referral role Undergraduate and post graduate teaching role Research role Level 6 ICU Advanced interventional procedures within specialist theatres

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Emergency Services						
Emergency	<ul style="list-style-type: none"> • First aid, assessment and resuscitation • Emergency ambulance services with access to rapid transport • Care provided by an RN with or without assistance from a GP • Basic resuscitation equipment and drugs • Access to ETS 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • 24/7 services by RN/NP with support by medical practitioner • Resuscitation and stabilisation capability • Transport and/or coordinate transport to access emergency services care 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Local GPs rostered to provide 24/7 cover with service by RN 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Emergency operating theatre facilities • On-call generalist specialists • Access to specialist SRN • Access to designated allied health services • Some allied health undergraduate education • Access to emergency specialist 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Medically staffed 24/7 • Medical and surgical sub-specialists available on-call • Accepts transfers from other hospitals in region • Access to ICU and CCU facilities • Access to specialised allied health services 	<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 • Backup from full range of medical and surgical specialists and diagnostic services • ICU and CCU facilities * Not currently operating in WA

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Transition from Paediatric to Adult Services				<ul style="list-style-type: none"> Active planning for transition for adolescents/young adults with long term conditions which may include development of a self-management plan and regular review where appropriate Active referral and acceptance of adolescents/youth in transition with support from tertiary facilities as required Access to training for health professionals in adolescent and young adult health Provision of coordination and communication between paediatric provider, adult provider, patients' GP/GP practice and community provider 	<ul style="list-style-type: none"> Active planning for transition by paediatric and adult general or specialty services with focus on adolescents with long term conditions or rare diseases Combined paediatric and adult outpatient general medicine clinics where volume dictates 	<ul style="list-style-type: none"> As for Level 5 plus: <ul style="list-style-type: none"> Coordination and communication jointly between multidisciplinary teams at paediatric centre and adult centre for complex conditions and/or complex chronic disability For adult sites: <ul style="list-style-type: none"> accepts full range of patients with complex conditions and/or complex chronic disability for continuation of multidisciplinary management from paediatric centre Active statewide support for planning transition programs

Obstetric and Neonatal Services		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Neonatology (continued over page)	<ul style="list-style-type: none"> A neonatal service is not applicable, but for postnatal care of newborn infants, the standards within Level 2 (on-site Level 1 neonatal facilities) should be applied 	<p>Level 1 neonatal facilities</p> <ul style="list-style-type: none"> Normal low risk pregnancies and births and management of newborns > 37 weeks gestation with minimal complications 24/7 on-site access to a health professional skilled in (accredited) initiating neonatal resuscitation Phototherapy for physiological jaundice Telephone access to emergency care and transport Access to some allied health services 	<p>As for Level 2</p>	<p>Level 2A neonatal facilities</p> <p>As for Level 2 plus:</p> <ul style="list-style-type: none"> On-site Level 2A neonatal facilities with low dependency patients and apnoea monitoring, low-level oxygen therapy (including monitoring) and nasal/oral-gastric feeding Paediatricians on-call 24/7 Low to moderate risk pregnancies and births and management of newborns > 34 weeks gestation with minimal complications Short term intravenous therapy available All patients are referred for management by attending paediatrician Access to designated allied health services Some allied health undergraduate education 	<p>Level 2B neonatal facilities</p> <p>As for Level 4 plus:</p> <ul style="list-style-type: none"> On-site Level 2B neonatal facilities with high dependency patients and provision of short-term mechanical ventilation (< 6 hours) pending transfer, nasal CPAP with facilities for arterial blood gas monitoring Non-invasive BP monitoring Access to clinical and diagnostic paediatric sub-specialties Service led by neonatal paediatricians Paediatricians on-call 24/7 Paediatric registrar or above on-site 24/7 Moderate to high-risk pregnancies and births and management of newborns > 32 weeks gestation with minimal complications 	<p>Level 3 NICU</p> <p>As for Level 5 plus:</p> <ul style="list-style-type: none"> On-site Level 3 NICU with high dependency patients and provision of medium-long term mechanical ventilation and full life-support Neonatal paediatricians on-call 24/7 High-risk, high dependency pregnancies and births Management of newborns < 32 weeks gestation Undertakes neonatal surgery and care for complex congenital, metabolic and renal diseases of the newborn Coordinates statewide retrieval service Coordinates post graduate medical and nursing neonatal education Has neonatology research 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Obstetric and Neonatal Services						
Neonatology (cont.)					<ul style="list-style-type: none"> • Access to specialist SRN • Role in post graduate medical and nursing education • Careful consideration to receiving transfers from Level 1 Neonatal facilities (Level 2 or Level 3 hospital) • Access to specialised allied health services 	<ul style="list-style-type: none"> • Coordination of NETS interstate transfers for cardiac surgery

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Obstetric and Neonatal Services						
Obstetrics	<ul style="list-style-type: none"> No planned births If required, inpatient care following birth elsewhere Antenatal, postnatal care is carried out by visiting public, Aboriginal community controlled health organisation or RFDs GPs with or without the assistance of aboriginal health workers or RNs/RMs depending on the type of patient care needed 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Normal low-risk pregnancies and births and management of newborns > 37 weeks gestation with minimal complications Service by GPs/GP obstetricians/DMOs and midwives Caesarean section transferred elsewhere but must be within safe timeframe Access to 24/7 telephone support from obstetricians Access to allied health Access to e-health or Telehealth On-site Level 1 neonatal facilities 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Elective and emergency caesarean capability 24/7 anaesthetic service provided Visiting obstetrician Access to some allied health services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Planned births of low and moderate risk mothers Access to specialist obstetricians, paediatricians and anaesthetists On-call roster for obstetricians and anaesthetists Access to designated allied health services Some allied health undergraduate education On-site Level 2A neonatal facilities Access to ultrasound service 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Births of low, moderate and high risk mothers Service provided to high risk mothers by specialist obstetricians, neonatal paediatricians and anaesthetists On-site 24/7 medical officer obstetric cover by registrar or above 24/7 cover by specialist obstetricians, paediatricians and anaesthetists Access to HDU/ICU facility Regional referral role Access to specialised allied health services On-site Level 2B neonatal facilities 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Tertiary obstetric services Specialist obstetric services including subspecialty maternal fetal medicine, obstetric medicine, genetic services Dedicated HDU facilities On-site access to ICU Has facilities to undertake obstetric and fetal research Coordinates training of specialist obstetricians and specialist midwives On-site Level 3 NICU

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Anaesthetics (note: service definitions for elective anaesthetics)		<ul style="list-style-type: none"> Non-general anaesthesia by a non specialist anaesthetist (includes intravenous sedation and analgesia) 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> General anaesthesia given by a non-specialist anaesthetist for low risk surgery (e.g. grommets, dental), on low risk children (as per Australian Society of Anaesthetists) or (e.g. ASA 1 or 2) 4 years and over and ≥ 20 kilograms in weight 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> General anaesthesia given by a non-specialist and visiting specialist anaesthetist for: <ul style="list-style-type: none"> low risk children (e.g. ASA 1-3) under the age of 4 years and ≥20 kilograms in weight; and simple or moderate complexity surgery (e.g. tonsillectomy, adenoidectomy, appendectomy) Specific anaesthetic staff support available 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> General anaesthesia for children of all ages given by specialist paediatric skilled anaesthetist Anaesthetic registrar on-site or on-call 24/7 Consultant anaesthetist on-call or on roster 24/7 For moderate risk/complexity children (e.g ASA 1-3) 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Sub-specialist services Statewide referral, advisory, consult, teaching and research role Broad range of anaesthetic services High risk children, all ages complex procedures Post anaesthesia care available in a paediatric and/or neonatal ICU

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Emergency	<ul style="list-style-type: none"> • Care by RN with oversight by GPs (potentially visiting) • Stabilisation and first aid 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • Resuscitation and stabilisation • Care provided by general practitioner • On-call paediatric advice from higher level centres • Established pathway for child protection or family/paediatric skilled social worker • Participates in care of minor trauma • Possible resuscitation of a major trauma patient, with rapid transfer on 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Local GPs roster to provide 24/7 cover with service by RN • Resuscitation and stabilisation • Access to visiting specialist services or by Telehealth • Access to dental service for dental alveolar trauma and infection 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Emergency physicians • Emergency operating theatre facilities • Access to on-site and on-call paediatrician • Access to paediatric skilled SRN/CNS • Access to paediatric skilled allied health • On-site child protection or paediatric skilled social worker • Access to dental advice/consult for paediatric mouth and facial bone trauma • Participation in under and post graduate training all professions 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Designated paediatric emergency area including paediatric short stay unit/area • Paediatric emergency medicine team • Paediatric consultant on-call 24/7 • Paediatric skilled nursing • Access to on-site paediatric medical and paediatric surgical services • Access to specialised allied health skilled in paediatric care • Access to paediatric suitable diagnostic services • Accepts transfers from other hospitals in region 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Paediatric emergency medicine consultant on duty 24/7* • Statewide referral role • Access to full range of medical and surgical specialists skilled in paediatrics • Access to full range of diagnostic services • Access to paediatric ICU • On-site child protection services <p>* Not currently operating in WA</p>

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
General Medical	<ul style="list-style-type: none"> Care by RNs with oversight by GPs (potentially visiting) Stabilisation and first aid 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Access to medical beds suitable for paediatric care Care provided by general practitioner On-call paediatric advice from higher level centres Established pathway for child protection or family/paediatric skilled social work 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> May have designated paediatric beds/ward including short stay managed by paediatric skilled staff Access to some allied health services in liaison with higher level paediatric services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Inpatient care by paediatrician Paediatric skilled ENs, RNs and CNS; and access to specialist SRN Access to paediatric skilled allied health Access to resident/RMO rotations from Level 5 or 6 facility Designated paediatric beds/ward including short stay Contributes to undergraduate education Patient/family education services integrated with community care On-site child protection or paediatric skilled social worker 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Paediatric registrar on-call 24/7 /RMO on-site Access to inpatient consultation by paediatric specialists Designated paediatric skilled specialised allied health Designated paediatric ED with paediatric ESSU Designated same day paediatric medical services Range of paediatric hospital avoidance, rapid assessment and ambulatory programs Undergraduate teaching role in medical, nursing and allied health disciplines Support in paediatric care to other sites 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Comprehensive care, including emergency care Access to full range of hospital substitution; specialised/targeted and same day medical services Specialised inpatient paediatric skilled allied health services Statewide referral, advisory, decision support, consult, teaching and referral role in medical, nursing and allied health disciplines Paediatric and neonatal ICU On-site or 24/7 access paediatric skilled anaesthetic services On-site child protection providing state-wide support to other sites Specialist SRN

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
General Medical Outpatient	<ul style="list-style-type: none"> • Access generalist domiciliary nursing 	<ul style="list-style-type: none"> • GP service with e-health/telephone paediatric advice • Established pathway for child protection or family/paediatric skilled social worker 	<ul style="list-style-type: none"> • Outpatient care by visiting paediatrician and paediatric skilled GP on-site or in local community • Access to general outpatient allied health services 	<ul style="list-style-type: none"> • Outpatient consultation by paediatrician • Outpatient consultation by visiting paediatric specialists • Consults on-site or in local community • Integrated paediatric physician and specialty service with paediatric specialities • Paediatric skilled allied health on-site or in local community • Access to child protection or paediatric skilled social worker 	<ul style="list-style-type: none"> • Outpatient consultation and care by paediatrician and range of paediatric specialists on-site or in local community • Integrated paediatric and surgical services • Access to specialised allied health services 	<ul style="list-style-type: none"> • Complex paediatric outpatient consultations by on-site sub-specialists • Specialised paediatric skilled allied health and nursing outpatient services • Targeted patient/family education, care coordination and/or community transition for at risk/difficult to engage cohorts

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
General Surgery	<ul style="list-style-type: none"> Stabilisation and first aid 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Minor outpatient and same day procedure by GP via local anaesthesia only Visiting GP; no post surgical inpatient care On-call paediatric advice Established pathway for child protection or family/paediatric skilled social worker 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Day surgery, uncomplicated elective and some emergency surgery by GP, general surgeon or visiting paediatric surgeons Designated paediatric ward/beds Visiting paediatric skilled anaesthetist Inpatient medical/nursing care by GP and paediatric skilled RNs 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Non-complex mainly elective surgery by visiting paediatric skilled surgeon and some specialty surgeons skilled in paediatric surgery Paediatric skilled consultant anaesthetist Paediatric skilled RNs and CN Access to paediatric skilled SRN/CNS Access to designated paediatric skilled allied health On-site child protection or paediatric skilled social worker Inpatient medical care by paediatrician 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Paediatric skilled surgeons, surgical registrar/RMO 24/7 on-call paediatric anaesthetist 24/7 surgical registrar Inpatient medical care by paediatric team with 24/7 paediatric registrars Paediatric skilled SRN/CNS Designated paediatric skilled allied health Designated paediatric ED with paediatric ESSU Designated paediatric surgical support services Range of paediatric rapid assessment and acute ambulatory programs Inpatient medical care by 24/7 paediatrician team/registrar 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Designated paediatric and neonatal ICU On-site or 24/7 paediatric anaesthetic services Specialist SRN Full range of hospital substitution, specialised/targeted ambulatory and same day services On-site child protection including referral from and support of lower level sites Specialised inpatient and outpatient paediatric skilled allied health services Statewide referral, advisory, decision support, consult, teaching and referral role - medical, nursing and allied health disciplines

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
General Surgery Outpatient		<ul style="list-style-type: none"> GP service with telephone/ Telehealth paediatric advice Access to domiciliary nursing 	<ul style="list-style-type: none"> Access to general allied health services in liaison with higher level paediatric services 	<ul style="list-style-type: none"> Outpatient care associated with inpatient sessions Outpatient consultation by some specialists skilled in paediatrics or consultant paediatrician on-site or in community Access to designated paediatric skilled allied health on-site or in community Access to child protection or paediatric skilled social worker Integrated surgical and paediatric physician service for some cases 	<ul style="list-style-type: none"> Outpatient care of surgical events; diagnostic and more complex outpatient care Access to paediatric skilled allied health and nursing services 	<ul style="list-style-type: none"> Complex paediatric outpatient consultation by paediatric surgical specialists Specialised paediatric skilled allied health, technical and nursing services

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Operating Theatres		<ul style="list-style-type: none"> Minor procedure capability no emergency operating theatre 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Single operating theatre for minor /same day procedures 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> More than one operating theatre/ procedure room Paediatric recovery separated from adult patients Paediatric skilled medical practitioner providing anaesthetic services Paediatric skilled nursing Access to SRN or CNS skilled in paediatrics 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Paediatric skilled anaesthetist 24/7 for low, moderate and high risk patients Designated paediatric recovery area Medical officer on-site 24/7 Radiology and intra-operative imaging capability for children Elective and emergency surgery capability 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Multiple operating theatres and procedure rooms Major and complex procedures (cardiothoracic, neurosurgery and transplant) Teaching and research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Specialty Medical		<ul style="list-style-type: none"> • Access to paediatric specialist advice from statewide resource • Inpatient medical care by GP • Established pathway for child protection or family/paediatric skilled social work 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Inpatient medical care by paediatrician • Access to paediatric specialist advice from statewide resource • Paediatric trained RNs • Access to child protection or paediatric skilled social work 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Inpatient care by paediatrician (general), paediatric registrar, RMO • Paediatric skilled RNs and CNS or SRN • Access to designated paediatric skilled allied health services (varies and as required by specific specialty area) • Patient/family education services integrated with community and/or outpatient care 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Access to paediatric specialty inpatient care • Undergraduate teaching and participation in research • Paediatric specific specialist medical, nursing and allied health 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Speciality ward areas for some paediatric specialities • Comprehensive care, including emergency, available from on-call paediatric specialist • Full range of hospital substitution, ambulatory and same day services • Specialised inpatient paediatric skilled allied health services • Sub-specialities • Specialist SRN • Statewide referral, decision support, consult, teaching and research role - medical, nursing and allied health disciplines • Paediatric ICU as tertiary referral centre having extensive laboratory and clinical service facilities

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Specialty Medical Outpatient (includes range of paediatric specialty diagnoses/ SRGs: rehabilitation, endocrinology/ diabetes, neurology, respiratory, immunology and allergy, gastroenterology, renal medicine)	<ul style="list-style-type: none"> Outpatient care by GP or medical practitioner Paediatric specialist support via statewide resource centre Established pathway for child protection or family/paediatric skilled social worker Access to generalist domiciliary nursing and/or allied health 	<ul style="list-style-type: none"> Outpatient care by general paediatrician on-site or in local community Some paediatric specialty e-health consultation or occasional visiting specialist outpatient service May be some non-complex paediatric diagnostic/procedural work by some visiting specialties e.g. endoscopy Access to outpatient allied health services Access to basic function and diagnostic equipment/facilities suitable for paediatric patients Integrated paediatric physician/GP and specialty service for some paediatric specialties Access to child protection or paediatric skilled social work 	<ul style="list-style-type: none"> Range of visiting paediatric specialist outpatient consultations Consultation on-site or in local community Procedural intervention by visiting paediatric skilled specialist Some adult specialist services for young adult, adolescent and transitioning children Access to paediatric skilled allied health and nursing services Paediatric skilled, multi-disciplinary allied health and/or rehabilitation teams specific to specialty requirements e.g. rehabilitation, diabetes Integrated paediatric physician and surgical service Access to some paediatric suitable diagnostic services Patient/family education 	<ul style="list-style-type: none"> Outpatient care by range of paediatric specialists at site or in local community Specialised outpatient paediatric skilled allied health and nursing services Range of paediatric suitable diagnostic and procedural services Access to some function laboratories and diagnostic facilities (e.g. basic paediatric respiratory lung function/ EEG/ cardiac) 	<ul style="list-style-type: none"> Complex outpatient consults by complete range of on-site paediatric specialists Specialised paediatric skilled allied health, technical and nursing services Full range of laboratory and diagnostic facilities Targeted patient/family education, care coordination and/or community transition for at risk/difficult to engage cohorts 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Specialty Surgery		<ul style="list-style-type: none"> Uncomplicated common outpatient procedures by GP via local anaesthesia Access to paediatric surgical specialist advice from statewide resource Established pathway for child protection or family/paediatric skilled social work 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Common same day and outpatient procedures on low risk patients in high volume paediatric surgical specialties (e.g. ENT) with paediatric skilled anaesthetist Short stay post-surgical inpatient care in designated paediatric beds/ward Access to child protection or paediatric skilled social work 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Common and intermediate procedures on low to moderate risk paediatric patients Specialist paediatric skilled anaesthetist Inpatient medical care by paediatrician/registrar, RMO Paediatric skilled RNs and CNM Integrated surgical and paediatric physician service for some cases Paediatric skilled allied health; varies as specific to specialty requirements 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Surgery on low to high risk paediatric patients by surgical specialist skilled in paediatrics Diagnostic services (as relevant) Paediatric skilled and specialist medical, nursing and allied health Access to specialist SRN Paediatric skilled allied health specific to speciality Regional referral role for some surgical specialties Teaching, training and some research 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full range of major and complex surgery; in association with other specialists Full range of diagnostic procedures Full range of ambulatory and same day services Emergency services Specialised inpatient paediatric skilled allied health services On-site child protection services Sub-specialties Statewide referral, advisory, consult, teaching and research role - medical, nursing and allied health disciplines

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Specialty Surgery Outpatient		<ul style="list-style-type: none"> • GP service with telephone/Telehealth paediatric advice • Outpatient paediatric specialty support via statewide resource centre • Established pathway for child protection or family/paediatric skilled social work 	<ul style="list-style-type: none"> • Visiting outpatient specialist consultations associated with surgical sessions on-site or in local community • General non-inpatient care via visiting paediatrician on-site or within community • Access to child protection or paediatric skilled social work 	<ul style="list-style-type: none"> • Visiting surgical specialist skilled in paediatrics for range of outpatient consultations on-site or in local community • General non-inpatient care by paediatrician • Access to some diagnostic facilities and services (audiology booth, basic lung function) • Paediatric skilled allied health accessible in local community or on-site; varies as specific to specialty requirements 	<ul style="list-style-type: none"> • Outpatient care for moderately complex patients • Access to paediatric skilled specialist allied health services specific to specialty • Access to SRN specific to specialty as relevant 	<ul style="list-style-type: none"> • Complex outpatient consultation by on-site specialists skilled in paediatrics • Specialised paediatric skilled allied health, technical and nursing services • Statewide Telehealth referral and consultation with smaller sites

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Trauma (continued over page)			<ul style="list-style-type: none"> Access to medical doctor advice within 30 minutes or medical doctor in attendance within 30 minutes Participates in the care of minor trauma Rural: may be the occasional need for resuscitation of a major trauma patient, with rapid transfer on Primary retrieval from incident site as the nearest emergency service Secondary retrieval by fixed wing, rotary wing to major trauma centres Secondary retrieval of minor trauma by fixed wing or road transport to regional trauma centres Initial disaster response in a multi casualty event where centre is the nearest emergency health service 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Prompt assessment, resuscitation, emergency surgery and stabilisation of a small number of seriously injured patients and transfer on General surgical service and participates in the care of minor trauma 24/7 availability of an on duty specialist surgeon and anaesthetist and/or generalist anaesthetist Nurse experienced in trauma Access to/on-call radiology facilities Provision for helicopter landing nearby Role in management, assessment and treatment of minor trauma in multi-casualty disaster response 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> A surgeon available in all specialties commensurate with Level 6 24/7 availability of neurosurgical & cardiothoracic services High level ICU trauma team response and operating suites with 24/7 availability On-site helicopter landing site Role in management of major trauma cases >48hrs during multi-casualty disaster response Metropolitan trauma centres <p>Equivalent to Level II RACS VMRC</p>	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full spectrum of care 24/7 trauma reception team 24/7 availability of senior consultant and general surgeon Appointed trauma director Elective and emergency surgery in neurosurgery, cardiothoracic, orthopaedics and plastics Lead role in the coordination and management of mass casualty and disaster preparedness scenarios Principal hospital for reception of inter hospital transfer of major trauma patients Research Education and fellowship training* Trauma systems overview Quality improvement program Data collection

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Paediatric Services						
Trauma (cont.)			<ul style="list-style-type: none"> Access to ETS Rural trauma centres Equivalent to Level IV RACS VMRC	<ul style="list-style-type: none"> Regional trauma centres Urban trauma centres Equivalent to Level III RACS VMRC		<ul style="list-style-type: none"> Prevention and outreach programs Trauma audit Leadership responsibilities Major trauma service Equivalent to Level I RACS VMRC * Not currently operating in WA
Rehabilitation Services						
Rehabilitation	<ul style="list-style-type: none"> Assessment, referral and management by local GPs; some visiting community allied health via GP or non-government organisations 	As for Level 1 plus: <ul style="list-style-type: none"> Inpatient admission managed by GPs Individual therapy programs may be self-managed Limited level allied health availability 	As for Level 2 plus: <ul style="list-style-type: none"> Regular visiting services provided by district/regional allied health staff 	As for Level 3 plus: <ul style="list-style-type: none"> Full time salaried physiotherapy, occupational therapy Speech and social work services Regional referral role Limited day hospital program 	As for Level 4 plus: <ul style="list-style-type: none"> Rehab program for both inpatients and outpatients Links between regions and designated metropolitan hospitals Rehab specialist/geriatrician service with experienced RN/physiotherapist/occupational therapist/speech pathologist/dietitian 	As for Level 5 plus: <ul style="list-style-type: none"> Access to acute care Full-time rehab specialist Teaching and training role Provides specialist and sub-specialist services for patients with high care needs Dedicated units with multidisciplinary teams Statewide referral and consultation role

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	
Mental Health Services – Child and Adolescent, Adult and Older Persons						
Emergency Services (hospital based) (continued over page)		<ul style="list-style-type: none"> Emergency capacity through assessment, referral and management by GPs and/or medical professional Direct communication with the Mental Health Emergency Response Line (24/7 telephone line) 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Capable of providing short-term emergency mental health care for low to high risk/complexity mental health patients (across the age spectrum) who present to an emergency service and are triaged as having a mental health problem/disorder associated with their current presentation Provides emergency mental health care 24/7 Provided predominantly by general health clinicians within a general hospital. The local mental health service (may be community or hospital-based) provides a consultation liaison service to the emergency department as required 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Delivered on-site with a Level 5 or Level 6 acute inpatient mental health service and provides initial triage, treatment and definitive care for the majority of emergency presentations before retrieval by medical practitioners and/or other qualified staff Triage is conducted by general health clinicians of the emergency department and further mental health assessments/interventions are then conducted by mental health clinicians who are assigned to the emergency department Mental health clinicians are stationed within the emergency department at least during business hours 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> A designated mental health area within the emergency department, but this does not necessarily have designated mental health beds Is an authorised mental health service under the Mental Health Act May be delivered by emergency department-based Acute Care Teams (or their equivalent) May provide short-stay medical inpatient beds and mental health clinicians may provide the direct care of mental health patients admitted to these beds (as required/negotiated) May provide a psychiatric emergency care centre 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Mental Health Services – Child and Adolescent, Adult and Older Persons						
Emergency Services (hospital based) (cont.)				<ul style="list-style-type: none"> Service provision typically includes: assessment and brief treatment of acute mental health problems and illnesses; and stabilisation of emergencies before onward referral or retrieval by medical practitioners and/or other qualified staff 	<ul style="list-style-type: none"> If there is no emergency department available on-site, triage is conducted by mental health clinicians to stabilise the emergency before onward referral or admission to a mental health bed 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Inpatient Mental Health Services (continued over page)		<ul style="list-style-type: none"> Capable of providing limited short-term or intermittent inpatient mental health care to low risk/complexity voluntary mental health patients Provides general healthcare and some limited mental health care 24/7 Delivered predominantly by a team of general health clinicians within a facility that does not have dedicated mental health staff (on-site) or beds Service provision typically includes: assessment, brief interventions and monitoring; patient and carer education and information; documented case review; consultation liaison with higher level mental health services; and referral, where appropriate 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Provides general health care and mental health care 24/7 Delivered predominantly by general and mental health professionals (on-site) within a general medical facility that has a limited number of dedicated mental health beds or may operate as a mental health special care suite/area 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Capable of providing short to medium-term and intermittent inpatient mental health care to low and moderate risk/complexity voluntary mental health patients Patients older than 14 years may access adult services where clinically and developmentally appropriate Delivered predominantly by mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit Service provision typically includes some group programs; primary and secondary prevention programs 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Is an authorised mental health service under the Mental Health Act Capable of providing short to medium-term and intermittent inpatient mental health care to low, moderate and high risk/complexity voluntary and involuntary mental health patients This service provides mental health care 24/7 Delivered predominantly by a comprehensive, multidisciplinary team of mental health professionals (psychiatrists, nurses, allied health professionals) within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit 	<p>As for Level 5 plus</p> <ul style="list-style-type: none"> Capable of providing short to medium-term and intermittent inpatient mental health care to voluntary and involuntary mental health patients who present with the highest level of risk and complexity Patient group accessing this level of service may be a population with special care needs (including forensic) Patient group may demonstrate the most extreme comorbidities and/or indicators of treatment resistance This service demonstrates specialist expertise in the delivery of mental health services to a patient group that cannot be safely and effectively cared for in any other level of service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Inpatient Mental Health Services (cont.)		<ul style="list-style-type: none"> Services are provided in a culturally appropriate way 			<ul style="list-style-type: none"> Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation liaison with higher and lower level mental health services; and referral, where appropriate Limited consultation liaison services to general health wards 	<ul style="list-style-type: none"> Delivered by a highly specialised, comprehensive, multidisciplinary team of mental health professionals May include intensive mental health care services Medical services are provided on-site or are in close proximity to provide a rapid response at all times Teaching and research role Psychiatric consultation liaison services available to general health wards
	Mental Health Services – Child and Adolescent, Adult and Older Persons					

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Disaster Preparedness and Response Services					
Disaster Preparedness (continued over page)		<ul style="list-style-type: none"> All hospitals require a nominated emergency operations centre (EOC) The EOC shall be connected to essential power Each hospital must be able to communicate with its designated regional EOC TV and radio for monitoring community alerts Single fax line for hospitals EOC plans should include a direct line to Department of Fire and Emergency Services (DFES) communications No decontamination showers required however this will be based on WACHS local risk assessment/emergency response equipment storage area requirement needs to be based on local risk assessment 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Two pre-designated EOC locations (primary and backup) EOC are able to communicate with the State Health Incident Coordination Centre (SHICC) via landline, radio, mobile phone and/or satellite phone ED disaster storage area that is lockable For metropolitan sites that are designated to deploy hospital response teams (HRT) there must be an adequate equipment storage area and preparation area CCTV monitoring with recording capacity shall be located at designated entry, exits and pharmacy At least two decontamination showers 	<p>As per Level 4 plus:</p> <ul style="list-style-type: none"> Each EOC shall have redundancy in power and communications Hospital EOCs shall have the ability to communicate within the hospital, with other hospitals and the SHICC Incoming and outgoing fax lines A means of communicating with deployed HRT TV and radio for monitoring community alerts Direct line to DFES communications within the EOC Ability to record telephone and 2 way radio communications Television with both free to air and cable/pay TV, and commercial radio, to monitor community broadcasts including the ability to record 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> A minimum of two negative pressure rooms in ED ICU and the remainder of the hospital should also have negative pressure rooms Cohort ward of 20 or more beds 6-8 decontamination showers

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Disaster Preparedness and Response Services	Disaster Preparedness (continued over page)		<ul style="list-style-type: none"> ED Disaster Team Preparation not needed unless in a high risk industrial area Manual securement of the hospital perimeter 		<ul style="list-style-type: none"> Specific area designated for disaster storage with adequate shelving and cupboard space to accommodate equipment for deployment with HTRT Shall be accessible to allow regular equipment checks ED Disaster Team Preparation Area to have telephone and computer access point Cohort room of four beds Automated perimeter security system, and connected to UPS and essential power 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Disaster Preparedness and Response Services						
Disaster Preparedness (cont.)					<ul style="list-style-type: none"> • Areas providing patient care shall have immediate lockdown • There should be multiple entry and exit roads around the campus that facilitates one-way traffic • Hospital egress and access plans shall consider large vehicles • Minimum of four decontamination showers (WACHS hospitals will be based on risk assessment related to local industry) 	
<p>All other disaster preparedness requirements to be based on local risk assessment. For detailed requirements, refer to the "Redundancy & Disaster Planning in Health's Capital Works Program 2nd Ed 2012" available at: http://www.public.health.wa.gov.au/3/585/1/disaster_preparedness_and_management_guidelines.pm</p>						

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
Anaesthetics		<ul style="list-style-type: none"> Analgesia/minimal sedation available by visiting medical officer 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> General anaesthetics on low risk patients given by 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 with anaesthetic staff support available 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Specialist anaesthetist on 24/7 roster for low, moderate and high risk patients Nominated specialist director of anaesthetic staff Anaesthetic registrar on-site 24/7 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Sub-specialists, research and teaching of graduates and undergraduates Teaching and research role

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
	Coronary Care Unit			<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 • Access to specialist SRN • Specialist RN with minimum standard advanced life support competency • Formal links 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 • 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 24/7 on-call echocardiography, angiography, angioplasty and permanent pacemaker services • 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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
Infection Control	<ul style="list-style-type: none"> Has a risk management approach to infection prevention and control strategies Develop and implement policies and procedures to minimise the risk of healthcare associated infections Monitor effectiveness of these policies and procedures Undertake quality improvement activities Antimicrobial stewardship program including antimicrobial stewardship team policy, antimicrobial stewardship team, access to therapeutic guidelines and clinical microbiologist, antimicrobial formulary with restricted antibiotics and management support 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Infection prevention and control nurse service Healthcare associated infection surveillance program 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Infection prevention and control team Medical infection prevention and control oversight Infection prevention and control committee 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Antimicrobial stewardship program to include infectious diseases pharmacist (where possible) and infectious diseases physician consultancy 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Hospitals with Emergency Departments have on-site medical Infection Prevention and Control service Director of antimicrobial stewardship program Multidisciplinary antimicrobial stewardship team 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Possible designated inpatient area for management of infectious and communicable diseases On-site medical infection prevention and control service

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services	Intensive Care Unit /High Dependency Unit (continued over page)	<p>HDU</p> <ul style="list-style-type: none"> • Recovery area for post-operative patients • Different high dependency area for general ward patients requiring observation over and above that available in general ward area 	<p>HDU</p> <ul style="list-style-type: none"> • 24/7 access to medical officer on-site or available within 10 minutes • RN equivalent to 6 hrs/patient/day (1:4) desirable for high dependency beds • Has NM or nurse in charge • Access to psychiatric services via visiting specialist or Telehealth • Access to medical and nursing education program 	<p>Equivalent to level I CICM Guidelines</p> <ul style="list-style-type: none"> • Mechanical ventilation and simple invasive cardiovascular monitoring for several hours • Separate and self-contained facility in the hospital capable of providing basic, multi-system life support usually for less than 24 hours • Medical director with training and experience in intensive, emergency medicine or general medicine who meet CICM requirements • At least one RMO on-site or available to the unit at all times 	<p>Equivalent to level II of CICM Guidelines</p> <ul style="list-style-type: none"> • Mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for a period of several days • Separate and self-contained facility in hospital capable of providing complex multi-system life support • Medical director accredited intensive care specialist or consultant physician in intensive care • At least one specialist accredited with appropriate experience in intensive care • Plus one RMO(s) who is on-site, predominantly present in the unit and exclusively rostered to the unit at all times 	<p>Equivalent to level III CICM Guidelines</p> <ul style="list-style-type: none"> • Mechanical ventilation, extra-corporeal renal support services and invasive cardiovascular monitoring for an indefinite period • Separate and self-contained unit in hospital capable of providing complex, multi system life support for an indefinite period • Referral centre for intensive care patients • Medical director accredited intensive care specialist or consultant physician in intensive care • Plus one RMO who is in the hospital, predominantly present in the unit and exclusively rostered to the unit at all times • NM with post-registration qualifications in intensive care or units clinical speciality

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
	Intensive Care Unit /High Dependency Unit (continued over page)				<ul style="list-style-type: none"> NM with post-registration qualifications in intensive care or the clinical speciality of the unit Nurse in charge of the shift is a permanent staff member and appropriately qualified All nursing staff of unit responsible for direct patient care are RNs Majority of nursing staff have post-registration qualifications in intensive care or clinical speciality of the unit 1:1 care for ventilations or equivalently critically ill Capacity to provide greater than 1:1 care if required At least two RNs in unit if there is a patient in the unit Active medical and nursing education programs Access to the CNE 	<ul style="list-style-type: none"> Nurse in charge of shift is permanent staff member and appropriately qualified Must be RNs if providing direct patient care. Majority of nursing staff have post-registration qualifications in intensive care or unit clinical speciality 1:1 care for ventilations or equivalent critically ill, greater than 1:1 for selected patients More than two RNs present in the unit if patient in the unit CNE and formal nursing educational program Physiotherapy services are accessible Appropriate access to other allied health services Active research Designated social worker

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
Intensive Care Unit /High Dependency Unit (cont.)					<ul style="list-style-type: none"> 24/7 access to pharmacy, pathology, operating suite and imaging Appropriate access to physiotherapist, social worker, dietitians, pastoral care and other allied health services 	<ul style="list-style-type: none"> Biomedical engineering services onsite
Operating Theatres		<ul style="list-style-type: none"> Minor procedure capability by credentialed clinicians treatment or procedure room only no emergency operating theatre 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Single operating theatre for minor/same day procedures 24/7 cover for caesarian section if performing obstetrics Separate recovery 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> More than one operating theatre/procedure room 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 24/7 roster for low, moderate and high risk patients Medical officer on-site 24/7 Access to ICU 	<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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Pain Medicine			<ul style="list-style-type: none"> Development of pain management plan via Telehealth GP can manage patient with short term pain issues, with advice from higher level services 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Limited inpatient care with part-time medical and nursing staff Access to physiotherapist Visiting pain medicine physician (or via Telehealth) 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Comprehensive inpatient pain service Comprehensive array of interventional procedures Access to rehabilitation specialist, psychiatrist, rheumatologist and addiction specialist Research role with data collection 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> A director or coordinator of the multidisciplinary pain clinic At least three medical specialties should be represented on the staff of a multidisciplinary pain clinic including rehabilitation specialist, psychiatrist/psychologist, rheumatologist and addiction specialist Access to neuromodulation and intrathecal infusion devices (pumps) Pain medicine physician on-call to support on-site senior personnel Leads research role and supports other centres Undergraduate and post-graduate teaching role with close affiliation to a major educational or research institution in the health sciences Provides Telehealth service
	Clinical Support Services					

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
Pathology		<ul style="list-style-type: none"> Specimen collection by RN or GP Specimens transmittal to referral laboratory 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Specimen collection by pathology staff Able to perform a defined range of urgent tests 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Performs range of basic tests Has blood gas analyser Able to provide specimen collection and initial plating microbiology Blood bank Services surrounding areas Full-time laboratory scientists 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> 24/7 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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Pharmacy (continued over page)	<ul style="list-style-type: none"> Provides services to an ambulatory population Service not limited to rural and remote areas and may include services provided from other community health centres Medications supplied on discharge by individual prescription from a community pharmacy, primary health care clinic or higher level service Access provided to basic medicines information to patients verbally and in writing 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Provides limited ambulatory and inpatient clinical pharmacy Provides medication service to patients assessed as having a medication risk (i.e. paediatric patients polypharmacy, high risk medicines etc) via regional resource centres/ IDHS 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Service is predominantly to inpatients but includes a limited service to dispense medication to ambulatory patients Provides clinical pharmacy on weekdays through an on-site pharmacy An established out-of-hours medication mechanism and access to a pharmacist for emergency advice 24/7 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Services provided to inpatients and ambulatory patients for general and speciality clinics Provides a medication service to patients with a medium to high medication risk An on-site pharmacy with appropriately maintained facilities Provision of clinical pharmacy services for inpatient and outpatients and may provide a dedicated clinical services to specific areas e.g. ED, AMU 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Provides services to patients with high medication risk The service has capacity to act as a referral service for very high risk patients except those who need state-wide specialist clinical service Extended hours of service with a pharmacist available 24/7 Medications and clinical pharmacy services for inpatients, day patients, ambulatory patients in speciality clinic Non sterile extemporaneous compounding and sterile individual compound products(e.g. chemotherapy including parenteral, targeted and oral chemotherapy) 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Provides services for patients with highest level medication risk (risk with complexity) Acts as referral service for lower levels services across the state 24/7 on-call service Clinical pharmacists to be aligned with clinical speciality services. Clinical pharmacist dedicated to a clinical unit is advanced level practitioner with expertise in the clinical area.
	Clinical Support Services					

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Pharmacy (continued over page)	<ul style="list-style-type: none"> Where no pharmacist employed, on-site medication oversight provided by a pharmacist located elsewhere from a higher service (e.g. via Telehealth) or via a process with a community pharmacist approved by the regional chief pharmacist Access to medical practitioner or nurse practitioner (within scope of practice) for prescriptions 	<ul style="list-style-type: none"> Sessional or part-time pharmacist or visiting pharmacist from regional hospital or a contracted service approved by the regional chief pharmacist Access to more specialised pharmacist support from higher level facility Services may be provided from registered nurses or other allied workers as allowed by the legislation Medication for inpatients may be supplied from regional resource centre, community pharmacy, registered medical practitioner or hospitals 	<ul style="list-style-type: none"> Services provided by a pharmacist on-site or a contracted community pharmacy approved by the regional chief pharmacist Supported by technical or assistant staff to provide services Access to other multidisciplinary professionals as required May provide basic, non sterile extemporaneous compounding May have regional responsibilities May provide internships in pharmacy services Provision or recipient of tele-pharmacy services from specialist pharmacist 	<ul style="list-style-type: none"> An after-hours, on-call service for medication supply and clinical service Medication information service available during business hours Access to non sterile extemporaneous compounding and sterile individual compound products (excluding cytotoxic, chemotherapy and medications requiring higher level support) Staffing requirements should comply with the APAC and SHPA guidelines May provide support for clinical trials medication dispensing and distribution May receive telepharmacy input from a specialist pharmacist from a higher level service 	<ul style="list-style-type: none"> A medicine/drug information service available 24/7 Staffing to include advanced level pharmacy practitioners, employed full-time and located on-site Pharmacist available on-site for assessment of competency, medication services for regional and community role, provision of remote pharmaceutical review Participate in clinical medication trials and ability to provide management and support for clinical trials May actively participate in multidisciplinary research activities 	<ul style="list-style-type: none"> Statewide organisational or institutional resource Participating in guideline/policy development processes for statewide organisational, institutional and/or national guidelines Involved in research, clinical trials, clinical review and drug use evaluation A specialised or statewide medicines and drug information/policy and/or poisons information service may be provided Provide telepharmacy to smaller sites/ services

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services						
Pharmacy (cont.)					<ul style="list-style-type: none"> • Training site for medical and nursing, allied professions and contributes to teaching programs and collaborates with higher education providers • Provides and receives telepharmacy services 	
<p>All Pharmacy services must follow and comply with the Australian Pharmaceutical Advisory Council (APAC) Guidelines, Society of Hospital Pharmacists of Australia (SHPA) Practice Standards 2011, WA DoH Pharmaceutical Review Policy, ACSQHC Mandatory Criteria Standard 4 (Medication Safety) and all current legislative requirements that apply to each service level.</p>						

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Clinical Support Services							
Radiology		<ul style="list-style-type: none"> • Mobile service and limited to x-ray of extremities, chest, pelvis • Interpreted by on-site doctor/health professional or interpreted and reported on by a radiologist by electronic means • Teleradiology available • PACS available 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • 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"> • Facilities for general and fluoroscopy, in addition to mobile x-ray unit, OR and ED • Auto film processing capacity • Mobile image intensifier in OR and/or ICU/CCU • Staff radiographer on-call 24/7 • Ultrasound available • May have CT scanner, MRI and nuclear medicine • Registered nurse as required • Teleradiology facility available 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Established department • Full ultrasound • Has radiology head of department • May have radiology registrar • CT scanner service available 24/7 • Has MRI • RN available 24/7 on-site 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Special rooms for digital angiography, neuroradiology etc • CT scan and full ultrasound service available 24/7 • Has MRI and digital angiography • Radiology registrar and post graduate fellows • Performs invasive procedures • Has nuclear medicine and laboratory facilities • May have PET 	

Non-government Health Service Providers Hospital Definitions

These service definitions are utilised in the Non-government Health Service Providers matrix.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Hospital Services as per definitions provided above.						
Training and Research Note: This item is only a separate line for the Non-government Health Service Providers Matrix		<ul style="list-style-type: none"> Access to clinical e-learning 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Some medical nursing and allied health teaching programs Rotational student placements 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Some intern, registrar and resident teaching Some specialist nursing and allied health teaching Collaborative research 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Research unit Specialist teaching for nursing and allied health 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full teaching program at all levels Formal teaching links with the universities Well developed and comprehensive research strategy
Non-Hospital Services						
Public Health Services						
Health Promotion (continued over page)	<ul style="list-style-type: none"> Information services such as visiting primary care providers, internet, publication distribution, phone info line 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Behaviour/risk assessment Brief interventions eg smoking, diet, weight Primary care referral pathways 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Specialist advice through allied health practitioners, lifestyle services (eg smoking cessation, nutrition, physical activity, weight management, mental health) Implements community based skills development programs 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Health promotion officers Local area/community health promotion programs/initiatives Community development - engagement, community action, capacity development and advocacy 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Comprehensive multidisciplinary public health unit including health promotion officers Regional research, planning, policy and coordination Developing and piloting new programs Evidence based region wide programs/initiatives Targeted initiatives for special needs groups (eg mental health) 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Dedicated officers with statewide responsibilities Statewide research, planning, policy, resource allocation and coordination role Development, implementation and evaluation of statewide programs and campaigns Targeted statewide or system wide health promotion programs (ATSI)

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Public Health Services						
Health Promotion (cont.)				<ul style="list-style-type: none"> Intervention related partnerships with local govt, community organisations, workplaces, schools on policy/ programs Sponsorship of local community activities Environmental initiatives (safe, supportive settings) 	<ul style="list-style-type: none"> Partnerships with local govt, other govt agencies and community organisations Workforce capacity building 	<ul style="list-style-type: none"> Workforce capacity building (training) Regulation and legislation Partnerships with other govt agencies, industry, NGOs Statewide intersectoral work to develop supportive environments and related policy Federal liaison, communication and delivery of agreed programs and policies
Primary Care Services						
GP Based Community Nursing	<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 		<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Resident GPs Some visiting specialists (outpatients) Resident or visiting physiotherapy Other visiting allied health Other services by RN/CHN (resident) 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Most visiting sub-specialists Majority allied health available Resident community nursing specialist 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Resident sub-specialists Visiting sub-specialists Full range of allied health Extensive community nursing service 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Full range of sub-specialists Full range of allied health Extensive community nursing service Research and teaching role

		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Ambulatory Care Services							
Acute Substitution	<ul style="list-style-type: none"> • GP or primary care provider 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • GP and specialist outpatient clinic • Limited access to generalist domiciliary nursing 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Visiting specialist • Specific programs for ambulatory surgery, HITH, RITH • Some early discharge services • Access to generalist domiciliary nursing and some allied health 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> • Increasing range and complexity of acute substitution programs • Good access to generalist allied health/nursing staff • Access to hospital medical/surgical team • Visiting medical specialist/general surgeon 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Specialist medical/nursing/allied health staff • Increased range and complexity • Enhanced diagnostics • Teaching and training role 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> • Research role • Fully integrated ambulatory care services • Fully integrated diagnostics • Includes regional subacute centre/service • Range of sub-specialties 	
Aged Care	<ul style="list-style-type: none"> • GP or primary care provider 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> • GP and specialist outpatient clinic at discharge hospital • Access to generalist allied health and some domiciliary nursing 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> • Visiting specialist • Some hospital avoidance/hospital substitution • Some early discharge services 	<p>As for Level 3 plus:</p> <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 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> • Specialist medical/nursing/allied health staff • Increased range and complexity • HACC integration • Enhanced diagnostics • Teaching and training role 	<p>As for Level 5 plus:</p> <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
Ambulatory Care Services						
Hospital Avoidance	<ul style="list-style-type: none"> GP or primary care provider 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> GP and specialist outpatient clinic Limited access to generalist domiciliary nursing 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Visiting specialist Some chronic disease programs Access to generalist domiciliary nursing and some allied health 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Increasing range and complexity of hospital avoidance/chronic disease programs Visiting medical specialist Good access to generalist allied health/nursing staff 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Specialist medical/nursing/allied health staff Increased range and complexity Enhanced diagnostics Teaching and training role Avoidance services eg: residential care line 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Research role Fully integrated ambulatory care services Fully integrated diagnostics Includes regional subacute centre/service
Outpatients	<ul style="list-style-type: none"> GP or primary care provider 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> GP and specialist outpatient clinic at discharge hospital Limited access to generalist domiciliary nursing 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Visiting specialist Access to generalist domiciliary nursing and some allied health Post acute care – may be provided through hospital or community services Some chronic disease programs Some rehabilitation programs 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Increasing range and complexity programs Visiting medical specialist Good access to generalist allied health/nursing staff 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Specialist medical/nursing/allied health staff Increased range and complexity Enhanced diagnostics Teaching and training role 	<p>As for Level 5 plus:</p> <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
Adult Mental Health and Older Persons Mental Health Services						
Community Mental Health Services	<ul style="list-style-type: none"> No specialist mental health professionals available on site Assessment/treatment for common conditions is provided by community health staff and GPs Emergency services are available from local hospitals/nursing posts and Mental Health Emergency Response Line (24 hour telephone line) 	<p>As for Level 1 plus:</p> <ul style="list-style-type: none"> Limited on site mental health professionals, and visiting mental health professionals available Specialist assessment and treatment is provided, plus provision of advice to families, community and health practitioners Consultation liaison services are provided 	<p>As for Level 2 plus:</p> <ul style="list-style-type: none"> Local mental health professionals are available on site during business hours Visiting specialists are available, and may also be available by video conferencing 	<p>As for Level 3 plus:</p> <ul style="list-style-type: none"> Comprehensive multidisciplinary mental health team available on-site Limited specialists available on-site including child/adolescent and/or psychogeriatric care specialists Limited after hours services may be available Services may provide education and training programs and other services, via video conferencing and phone, for lower-level services 	<p>As for Level 4 plus:</p> <ul style="list-style-type: none"> Specialist mental health professionals on-site including child/adolescent and/or psychogeriatric care specialists. Services are available 24/7 when required Undertakes a limited range of teaching and research functions 	<p>As for Level 5 plus:</p> <ul style="list-style-type: none"> Specialist statewide services provided for complex conditions Undertakes a range of teaching and research functions Provides services via video conferencing for lower-level services

4. Community and Integrated Services Matrix and Definitions

13. Community and Integrated Services Matrix and Definitions

Health services delivered in the community are critical to the success of the way in which health care is delivered. Services provided for the well population are necessary for promoting good health and preventing acute events that often lead to chronic health conditions and should be readily accessible to the broader population.

Similarly, primary care services available in the community give people access to professional services to enable planned management or self-management. For people with complex and long term health conditions there is the need for an integrated and coordinated approach to manage their health. This may at times require an interface between hospital and community care to ensure the best outcome for the patient. Many of the services listed are the “community coordinated multidisciplinary services” and “community single speciality services” as defined in Section 6a of this document.

The Community and Integrated Services Matrix has evolved from the Non-Hospital Services Matrix of CSF 2010. That matrix demonstrated the overlap between services provided by WA Health in the hospital and in the community. The CSF 2014 attempts to extend the scope of the original matrix to include the core services offered in the community to the broader population regardless of who is the primary provider or funding body (i.e. local, state and Commonwealth government, non-government organisations, and the private sector).

This Matrix serves to recognise and acknowledge the pivotal roles that other individuals and organisations play in caring for people outside of the hospital setting and the critical role WA Health has not only providing care within the community, but also in working with others to enable a seamless transition of care between primary health and the hospital when it is required.

This new Community and Integrated Services Matrix is not an exhaustive list of services offered, however it has attempted to capture those services that aim to prevent or contribute to easing a significant burden of illness in the broader community.

The Matrix does not reflect service or demand volumes or capacity of supply. Rather it attempts to provide a snapshot of the different types of services offered in the community and the availability of these services within a broader Health Service catchment (North or South Metropolitan or one of the Regional Areas) and the more specific local area catchment (as represented by the suburb or district groupings) where the patient will not have to leave the local geographic area to receive care. The Matrix has been populated based on knowledge of services available at the time. Unlike the Hospital Matrices, allocation of services is not based on modelling.

The services have been categorised into four broad areas in line with the fundamentals of the WA Health Models of Care:

1. Public Health and Prevention: This grouping reflects a mix of public and private services that are directed at strengthening the skills and capabilities of communities and individuals, as well as the actions directed towards changing unfavourable social, environmental and economic conditions to alleviate their impact on public and individual health.

2. Primary Care: This grouping reflects a mix of public and private first level care provided by a suitably trained workforce supported by integrated referral systems, in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors.

3. Complex and Long Term Care: This grouping reflects integrated and coordinated service delivery provided by a mix of public and private providers to optimally manage the health of consumers living with one or more chronic health conditions that follows a pattern of debilitation, recurrence and deterioration.

4. Dental Services: This grouping reflects publicly funded services provided through government funded dental clinics, itinerant services and private dental practitioners participating in the metropolitan, country and orthodontic patient dental subsidy schemes for children aged 0-4 years, school aged children, adults and those requiring specialty services.

Health services are also provided to unique sub-groups within the broader community. These include populations such as the Prison community and non-visa detainees located in Immigration/ Detention Centres. The health care needs of these groups are mostly similar to those of other members of the community and for the most part, are provided by mainstream providers. For this reason, their needs have not been singled out or reflected separately in this matrix.

The geographical areas in the community matrix are outlined in the statewide and metropolitan maps below.

Figure 12: **WA Community Catchment Areas**

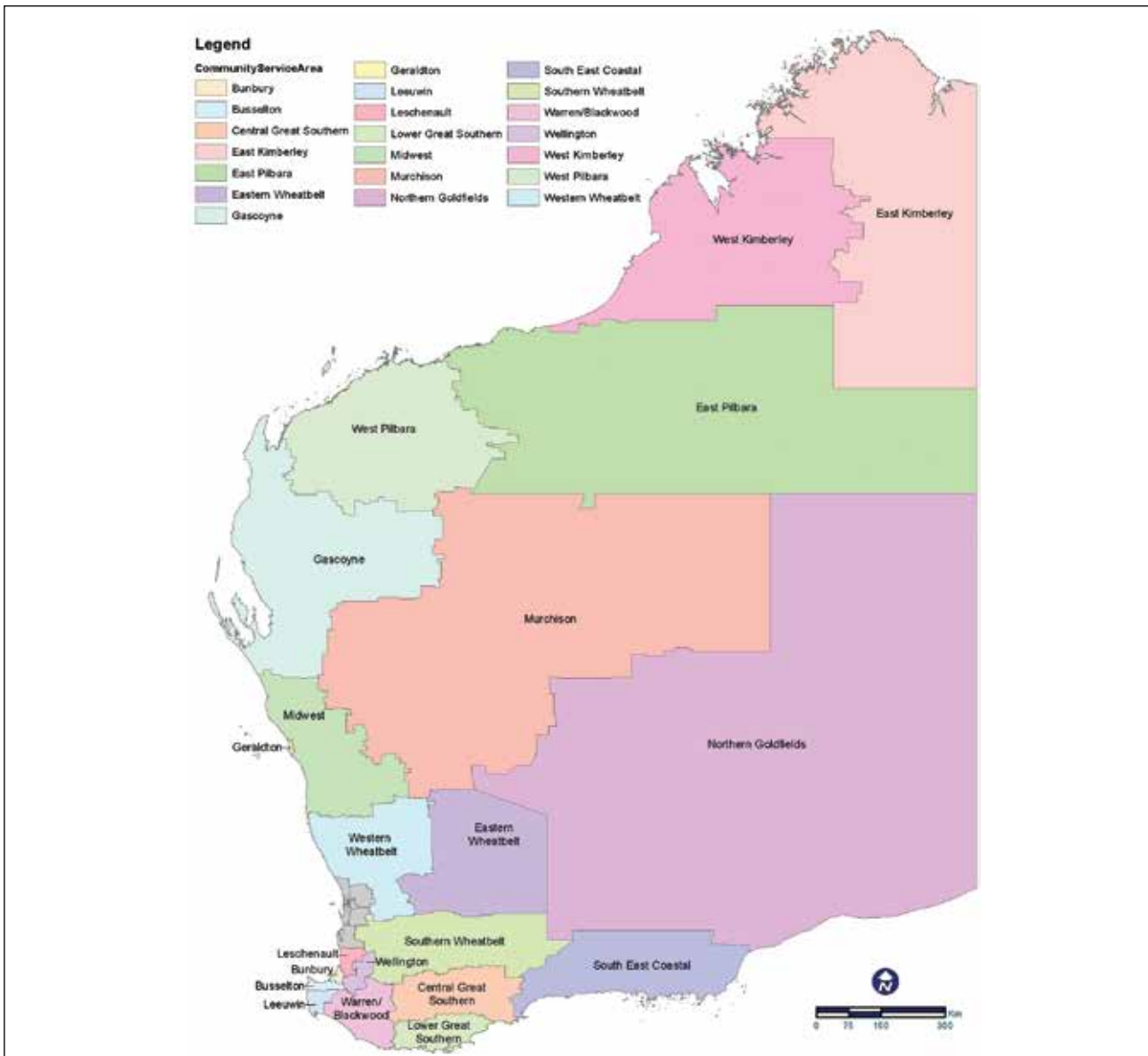
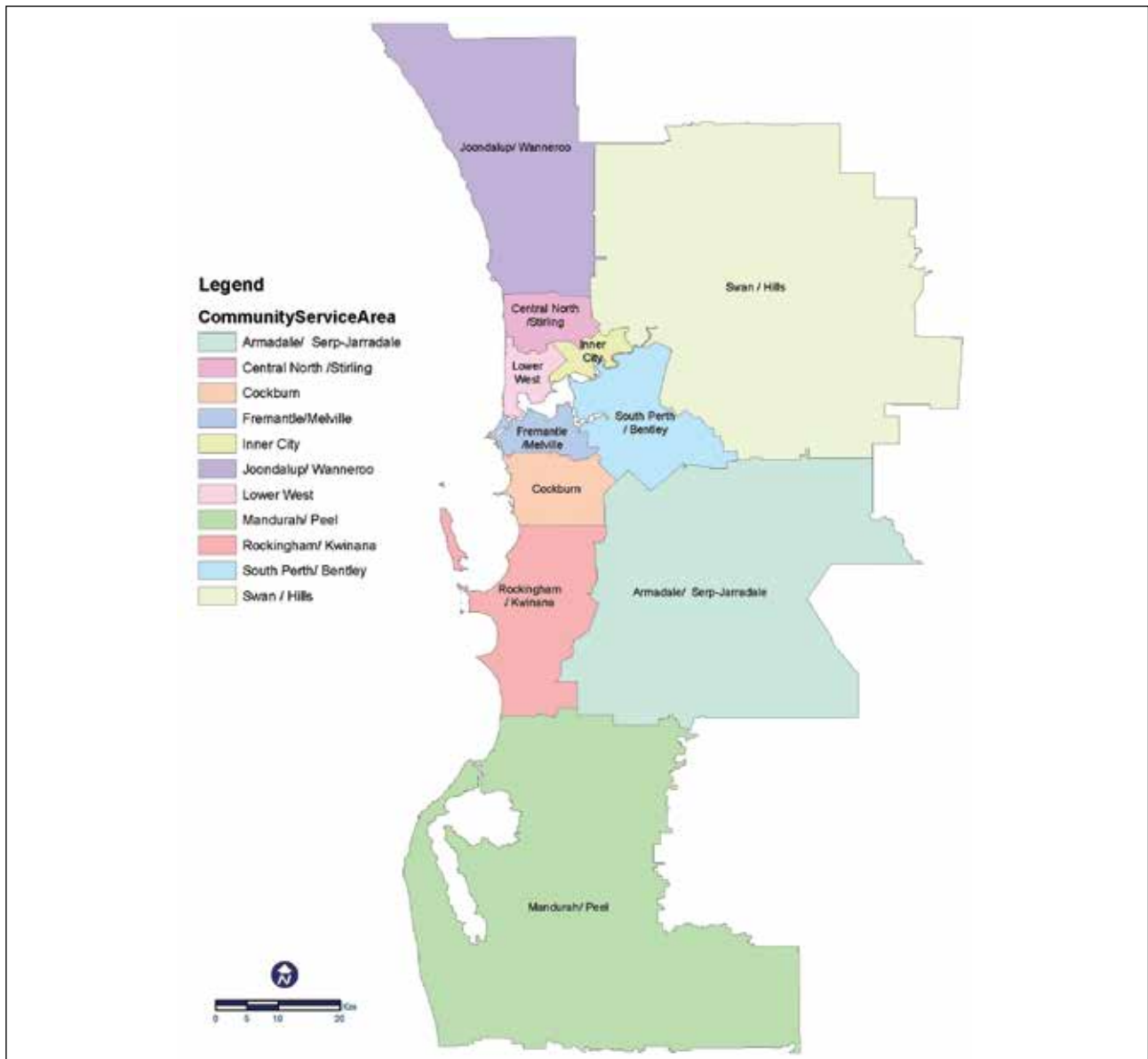


Figure 13: WA Metropolitan Community Catchment Areas



a. How to Read the Community and Integrated Service Matrix and Definitions

Metro/Country	South Metropolitan																	
Inner/Outer Metro or Regional Area	Inner Metro									Outer Metro								
	South Perth/ Bentley			Fremantle/ Melville			Cockburn			Armadale/ Serpentine- Jarradale			Mandurah/ Peel			Rockingham/ Kwinana		
Geographical Area	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Public Health and Prevention - Services aimed at promoting health in the community, preventing																		
BreastScreen WA	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Communicable Disease Control Programs	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Drug and Alcohol Prevention Services	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Environmental Health Protection Services	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Health Promotion Programs	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C

- Indicates the area of service
- Indicates the geographical area
- Indicates the milestone year
- Indicates the level of service

Indicates the service

Community and Integrated Services Matrix

Metro/Country	South Metropolitan																	
Inner/Outer Metro Regional Area	Inner Metro						Outer Metro											
	South Perth/ Bentley			Fremantle/ Melville			Cockburn			Armadale/ Serpentine- Jarradale			Mandurah/ Peel			Rockingham/ Kwinana		
Geographical Area	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25	2013/14	2018/19	2024/25
Public Health and Prevention - Services aimed at promoting health in the community, preventing																		
BreastScreen WA	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Communicable Disease Control Programs	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Drug and Alcohol Prevention Services	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Environmental Health Protection Services	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Health Promotion Programs	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C

Determining level of service
 e.g. This box indicates the level of service for BreastScreen Services in a particular geographical area in 2018/19. Service level B is defined as per the definitions below. Not all service definitions are cumulative therefore a service may have more than one delineation (e.g. A+C).

Community and Integrated Services Definitions

Public Health and Prevention	
Service	How is the service provided within the geographical area?
BreastScreen WA A screening and assessment service provided by the State as a component of the national breast cancer screening program, BreastScreen Australia.	A Mobile Screening Unit with images read by specialist radiologist.
	B Fixed Site Screening Clinic with images read by specialist radiologist and/or assessment by multidisciplinary team.
	C Breast Assessment Centre for specialist service with assessment of screen detected abnormalities by an experienced multidisciplinary team.
	- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.

Indicates description of service

Community and Integrated Services Definitions

Public Health and Prevention	
Service	How is the service provided within the geographical area?
<p>BreastScreen WA</p> <p>A screening and assessment service provided by the State as a component of the national breast cancer screening program, BreastScreen Australia.</p>	<p>A Mobile Screening Unit with images read by specialist radiologist.</p>
	<p>B Fixed Site Screening Clinic with images read by specialist radiologist and/or assessment by multidisciplinary team.</p>
	<p>C Breast Assessment Centre for specialist service with assessment of screen detected abnormalities by an experienced multidisciplinary team.</p>
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>
<p>Communicable Disease Control Programs</p> <p>Includes all notifiable communicable diseases and other communicable diseases of public health significance. Prevention and control activities include testing, treatment (including prophylaxis), contact tracing, outbreak management, surveillance and coordination of childhood and adult vaccination programs. Planning, evaluation, research and monitoring of policy, programs and regulations to support relevant legislation.</p>	<p>A</p> <ul style="list-style-type: none"> • Works with primary care providers and other groups including hospitals, local government, NGOs, schools and child care centres in the implementation of state policy/programs for the public health management of communicable diseases. • Performs regional surveillance monitoring and information gathering.
	<p>B Case investigation through comprehensive multidisciplinary teams and public health units, including a public physician, with the capacity to:</p> <ul style="list-style-type: none"> • Investigate cases and/or outbreaks; • Perform contact tracing; and • Coordinate regional programs.
	<p>C As for definition A and B plus:</p> <ul style="list-style-type: none"> • Surveillance, monitoring, research and evaluation to enable best practice. • Development, implementation and evaluation of state policies/programs.
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>
<p>Drug and Alcohol Prevention Services</p> <p>Includes development, implementation and evaluation of social marketing prevention campaigns and programs; local alcohol and drug prevention initiatives and Drug Action Groups; targeted social marketing campaigns and websites; school drug education and information services; the Alcohol and Drug Information Service (ADIS) and the Parent Drug Information Service (PDIS).</p>	<p>A Community action, advocacy and engagement for intervention related partnerships with local government, NGOs, community organisations, workplaces and schools to develop capacity for supportive environments and related policies/programs.</p>
	<p>B As for definition 'A' plus Prevention Officers providing local area/community health promotion programs and environmental initiatives (safe, supportive settings).</p>
	<p>C As for definition 'B' plus a mix of comprehensive prevention services including regional alcohol management strategies; evidence-based region wide programs/initiatives; targeted initiatives for special needs groups (e.g. mental health); and sponsorship programs related to campaign messages.</p>
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Public Health and Prevention (cont.)

Service	How is the service provided within the geographical area?	
<p>Environmental Health Protection Services</p> <p>Includes health prevention and protection programs and coordination for food, air, water, radiation, pharmaceutical, pesticides and mosquito borne diseases.</p>	A	Services provided by community based organisations with support from local government.
	B	As for definition 'A' plus support from statewide Public Health Directorate or regional Environmental Population Health units to coordinate investigations of local incidents.
	C	As for definition 'B' plus comprehensive multidisciplinary Population Health Unit or Environmental Health Directorate.
	-	None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.
<p>Health Promotion Programs</p> <p>Health promotion programs focus on enabling people to take control over the determinants of their health (socioeconomic, infrastructure and environmental conditions; social, cultural and community networks; and individual and lifestyle factors) and therefore improve their overall health as well as addressing the social, environmental and economic conditions that impact on population and individual health. Health promotion programs are provided across the full continuum of wellness and disease/injury, with information, education and advocacy services for the general population, and targeting at risk populations and high risk individuals through a variety of mediums.</p>	A	<p>Uptake of statewide and national programs and campaigns for those who are currently well and those who are at risk, including:</p> <ul style="list-style-type: none"> • Chronic disease prevention and health promotion programs, policy and regulations which focus on lifestyle risk factors (e.g. overweight or obesity, poor diet and excessive energy intake, insufficient physical activity, smoking, harmful alcohol use); • Injury prevention and control programs, policy and regulation; • Access to, and promotion of, statewide screening programs (e.g. cervical screening); and • A range of evidence-based mental health promotion and prevention programs provided by primary care providers, government agencies and community managed organisations.
	B	<p>As for definition 'A' plus:</p> <ul style="list-style-type: none"> • A mix of specific and targeted evidence-based chronic disease prevention, general and mental health promotion and injury prevention programs developed for communities or groups; and • Strategic coordination and partnerships at regional level to build capacity and referral pathways.
	C	<p>As for definition 'B' plus:</p> <ul style="list-style-type: none"> • Dedicated health promotion officers, allied health practitioners or primary care providers, in partnership with local government, community organisations, workplaces and schools, that provide access to chronic disease prevention, general and mental health promotion and injury prevention interventions targeted to specific settings, groups or individuals, based on requirements of local population areas; and • Community action, advocacy and engagement for intervention related partnerships to develop capacity for supportive environments and related policies, programs and research.
	-	None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.

Primary Care

Service	How is the service provided within the geographical area?
<p>Child Health, School Health and Immunisation Programs</p> <p>Services include universal screening, health education and promotion, identifying of priority health issues among infant, child and adolescent populations and their families, and assisting the development of healthy community and school policies and practices. This service also includes immunisation clinics.</p>	<p>A Services provided by primary care providers (e.g. Community child health and school health nurses, GPs, Aboriginal Health Workers), including:</p> <ul style="list-style-type: none"> • Health screening and early identification; • Universal school entry health assessment; • Health education and promotion (group or individual level); • Advice and support to manage identified health issues and referral; • Assisting the development of healthy school policies and practices; • Immunisation clinics; and • School based immunisation programs.
	<p>B As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • Universal child health and developmental schedule of assessments (0-3 years); • Targeted school assessment, referral and liaison (4-18years); • Planning health care systems in schools; • Monitoring and/or supporting children and adolescents at risk; • Assisting school staff and parents to develop health care plans for students with complex health needs; • Facilitating staff training to support students with special health needs; and • Providing information and advice to students and their families to facilitate informed decisions about their health, wellbeing and development.
	<p>C As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Specialised assessment (e.g. Enhanced Aboriginal Child Health Schedule); • Specialised targeted prevention and early intervention with at risk groups and families (e.g. migrants, Aboriginal, refugee, homeless, socially disadvantaged); • Intensive support to families with children at developmental risk; • Disease control; • Targeted health promotion and education (e.g. family health programs); • Community education and prevention; • Professional and interagency training and education; and • National projects.
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Primary Care (cont.)

Service	How is the service provided within the geographical area?	
<p>Maternity Services</p> <p>Maternity care in the community is offered in the State as an alternative to hospital services. Maternity care includes antenatal, labour and birth and postnatal care, any or all of which may be provided in the community. General Practitioner (GP) shared-care is an option that allows you to continue to see your GP for antenatal appointments during your pregnancy. The Community Midwifery Program offers continuous midwifery care throughout pregnancy, labour, birth and the early postnatal period. Privately practising midwives are not linked to a hospital or the Community Midwifery Program and provide antenatal, birth and postnatal care to low risk, healthy women in their own homes. In addition, there is access to antenatal and postnatal health information and advice via telephone and/ or telehealth support services, e.g. Ngala Parent Helpline and national Pregnancy and Baby helpline or similar agencies/ schemes.</p>	A	Access to antenatal and postnatal care provided by midwives, obstetricians, GPs or GP obstetricians.
	B	As for definition 'A' plus access to specialist antenatal and postnatal services (e.g. alcohol and drug services, perinatal mental health services).
	C	Access to WA Health funded, midwifery-led planned homebirth service inclusive of antenatal, intrapartum and postnatal care as set out in the Department of Health Home Birth Policy 2013; or access to similar services provided by a privately practicing midwife.
	-	None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.
<p>Primary Health Care Services</p> <p>Primary health care is provided by an array of people including general practitioners, dentists, public health professionals, community health nurses, midwives, nurse practitioners, Community Mental Health Practitioners, pharmacists, Aboriginal health workers, paramedics, audiologists, optometrists, allied health professionals, and carers across the local, state and Commonwealth government sectors, non-government organisations, Medicare Locals and the private sector (e.g. GP Super Clinics and other privately run practices). Primary health care may also include access to helpline services such as Health Direct, however as everyone with phone access has these various services this is not described at levels to the right.</p>	A	Access to nursing post or nursing intervention, GP or GP specialist for provision of primary health care from a fixed or mobile clinic. Services include the ability to refer to specialist services if required.
	B	As for definition 'A' plus access to an allied health professional for provision of specific primary care services (e.g. Physiotherapy, Radiology, Pathology, Psychology, Audiology). Services include the ability to refer to specialist services if required.
	C	Availability of urgent or emergency primary care service (e.g. GP After-Hours fixed site or locum service, nurse run ED or Emergency Telehealth Service).
	-	None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.

Primary Care (cont.)	
Service	How is the service provided within the geographical area?
<p>Sexual Health Services Includes diagnosis, counselling and management of sexual health conditions, as well as contact tracing, referral of HIV/AIDS patients, outreach clinics and education and health promotion in the community. The sexual health specialty has close links with infectious diseases specialists, immunologists, microbiologists, cytopathologists, colorectal surgeons and cancer services.</p>	<p>A Services provided by primary care providers and links with identified sexual health service providers offering targeted community outreach programs for vulnerable groups including health literacy, early/brief intervention.</p>
	<p>B Services include access to phone advice and consultation including via Telehealth/e-health, as well as emergency assessment, treatment and appropriate referral by RN or medical practitioner with limited training in STIs and sexual health.</p>
	<p>C As for definition 'B' plus designated clinic sessions run by Nurse Practitioner or MO with recognised qualifications; on-site microscopy available with contact tracing responsibility; and limited outreach and education.</p>
	<p>D Sexual assault services including counselling and/or therapy and links with emergency consultation, treatment, medical and forensic examination.</p>
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>
<p>Targeted Aboriginal Health Services Services targeted at improving the provision of health and medical services for Aboriginal people while ensuring services are provided in a culturally appropriate manner and work collaboratively with; Aboriginal communities, Aboriginal Community Controlled Health Organisations, General Practitioners, hospitals and NGOs. Includes various high priority projects that are aimed at improving the life expectancy for the WA Aboriginal population, these include prevention and management of chronic disease; maternal and child health; social and emotional well being and mental health, and substance abuse.</p>	<p>A Services provided by primary care provider (GPs/DMOs, NGOs, Aboriginal Health Workers or community health nurses) offering community aboriginal health services.</p>
	<p>B As for definition 'A' plus Aboriginal Health Service (Aboriginal Community Controlled or other agency).</p>
	<p>C As for definition 'B' plus integrated service delivery and statewide program, planning and coordination of services.</p>
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care

Service	How is the service provided within the local area?
<p>Ageing and Aged Care – Services that support National Aged Care Programs</p> <p>These are services that support eligible persons to access Australian Government funded aged care services. They are currently jointly funded by the Australian and WA Governments and are administered by WA Department of Health.</p>	<p>A</p> <ul style="list-style-type: none"> • Access to Regional Aged Care Service; • Access via Telehealth to Aged Care Assessment Team (ACAT), geriatrician and psychogeriatrician; • Provision of Home And Community Care (HACC) services; and • Availability of Australian Government funded Home Care Packages for community based service provision.
	<p>B</p> <p>As for definition ‘A’ plus access to:</p> <ul style="list-style-type: none"> • Regular visits from Regional Aged Care Service and links with HACC service providers and liaison with the Regional Assessment Service (RAS); • Visiting geriatrician and psychogeriatrician for assessment for eligibility to access National Aged Care Programs funded by the Australian Government; and • May have beds allocated for the provision of residential aged care, respite care and home care packages in a small hospital or as part of pooled funding in a Multi-Purpose Service (MPS) site.
	<p>C</p> <p>As for definition ‘B’ plus access to:</p> <ul style="list-style-type: none"> • Established ACAT; • Access to resident geriatrician for assessment for eligibility for Australian Government funded aged care service; and • Referral to Transition Care Program (TCP).
	<p>D</p> <p>As for definition ‘C’ plus access to:</p> <ul style="list-style-type: none"> • Teaching and training role; and • Centralised management and area wide coordination for referral and access to National Aged Care Programs.
	<p>-</p> <p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
<p>Ageing and Aged Care – Continuing Care for the Older Person</p> <p>These services assist the transition for the older person from an inpatient hospital setting to receiving care as a non-admitted patient. These services can either be provided through an outpatient clinic or provided in a person's residence in the community.</p>	<p>A</p> <ul style="list-style-type: none"> • Access to primary care services including GP, community health and nursing post services; • Access to outpatient telehealth clinic at the discharge hospital; • Local access to generalist allied health and domiciliary nursing; and • Access to services that support National Aged Care Programs, including: HACC, ACAT, TCP, RAS, and Australian Government funded Home Care Packages.
	<p>B</p> <p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • Regular visiting medical specialist/s; • Hospital avoidance programs such as Older Person's Initiative and Complex Care Coordinator; • Access to chronic disease programs, medical safety and review; • Geriatric Evaluation and Management (GEM) services including visiting geriatrician and psychogeriatrician and Day Therapy Unit services with allied health and nursing support; and • Availability of shared care model.
	<p>C</p> <p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Resident geriatrician; • Gerontological allied health and nursing specialists; • Enhanced diagnostics; • Access to psychogeriatrician and Older Adult Mental Health team; • Access to Interim Hospital Packages and service coordination; and • Teams that support National Aged Care Programs (e.g. RAS, ACAT).
	<p>D</p> <p>As for definition 'C' plus access to:</p> <ul style="list-style-type: none"> • Full integration of all services inclusive of definition C; • Teaching and training in gerontology/geriatric medicine; • Specialisation in condition specific services for the older person (e.g. Parkinson's Disease, Centre of Excellence, Cognition, Amputee Care Coordination); and • Centralised management and area wide coordination of continuing care services for the older person.
	<p>-</p> <p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?	
<p>Arthritis and other Musculoskeletal Services</p> <p>Arthritis and musculoskeletal services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	A	<p>Focus on self-management or management provided by primary health care providers or NGO/Government service providers (not including GPs) and offers access to:</p> <ul style="list-style-type: none"> • Limited allied health services; • Liaison for access to aids or home modifications and immobilisation aids for rest and protection; and • Information and disease specific education to self manage conditions.
	B	<p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP management and linkages with disability services as appropriate; • Telephone consult with Specialist or NGO via Telehealth; • Home modifications as required; and • Formalised integrated referral pathways and protocols between Area Health Services, private and non government service providers.
	C	<p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Visiting Specialist care and review and specialised allied health services; • Hand therapy programs and specialised therapies such as hydrotherapy; • Day care for drug therapy treatment and ultrasound for specialist localised drug therapies (joint/tendon injections under ultrasound); and • Research and evaluation programs, statewide education and training for medical, allied health and nursing.
	-	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>
<p>Asthma Services</p> <p>Asthma Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	A	<p>Services include:</p> <ul style="list-style-type: none"> • Early identification through access to diagnostic testing/ spirometry test via NGO or acknowledged service provider, or school health nurse; • Access to smoking cessation and brief intervention programs; • Referral to specialist consultant rooms, community based respiratory service or outpatient department; • Asthma education and self-management resources provided by NGO, Asthma Foundation, etc.; and • Increased access to quality spirometry and lung function testing for all patients over eight years old with proven or suspected asthma required to assist in the diagnosis and severity assessment of the disease.
	B	<p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP management and provision of an Asthma Management Plan and acute exacerbation management; • Ability to telephone consult with specialist (community/ hospital); • Assessment and treatment of nicotine dependence; and • Telehealth and specialist clinical support, especially for rural health providers.
	-	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
<p>Cancer Services</p> <p>Cancer services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	<p>A</p> <p>Focus on access to information and health promotion to encourage self-management of key behaviours and modification of individual lifestyle changes that could prevent disease (e.g. smoking, alcohol misuse, poor diet, insufficient physical activity, infectious diseases and exposure to ultraviolet radiation). Services and education may be provided through GPs, NGOs, community programs, national and statewide campaigns and includes culturally appropriate resources and support services for Aboriginal/CALD populations.</p>
	<p>B</p> <p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP case management with formalised integrated referral pathways and protocols between specialists (State government and private hospitals) and non government service providers; • Specialist allied health/nursing staff community rehabilitation; and • ICT, Telehealth and specialist clinical support.
	<p>C</p> <p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Specialist intervention via community based Consultant or Consultant rooms and integrated care with other Specialist Consultants; • Care coordination/case management/multidisciplinary team care for complex longer term clients or clients with complex co-morbidities; • Access to nursing services in the home (e.g. HaTH, HITH, community nursing) when required; and • Training and support provided to GPs and junior staff with research and multidisciplinary health promotion conducted.
	<p>-</p> <p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?	
<p>Cardiovascular Disease Services</p> <p>Cardiovascular Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	<p>A</p>	<p>Focus on self-management by providing information and access to:</p> <ul style="list-style-type: none"> • GP initiated self-management plans, Heart Health education through NGOs, and community based exercise, healthy eating and health promotion services; and • Culturally appropriate resources and support services for Aboriginal/CALD populations.
	<p>B</p>	<p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP management and development of a Cardiology Action Plan, incorporating acute exacerbation management, angina etc.; • Telephone consult with specialist (community/hospital) • Specialist allied health/nursing staff community rehabilitation; • ICT, Telehealth and specialist clinical support; and • Formalised integrated referral pathways and protocols between Area Health Services, private and non government service providers.
	<p>C</p>	<p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Specialist intervention via community based Consultant or Consultant rooms and integrated care with other Specialist Consultants; • Care coordination/case management/multidisciplinary team care for complex longer term clients or clients with complex co-morbidities; • Training and support provided to GPs and junior staff with research and multidisciplinary health promotion conducted; and • Access to cardiac rehabilitation.
	<p>-</p>	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
<p>Chronic Respiratory Services</p> <p>Respiratory services for conditions including COPD include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	<p>A Services include:</p> <ul style="list-style-type: none"> • Early identification through access to diagnostic testing/ spirometry testing via NGO or acknowledged service provider, or school health nurse; • Condition specific education and self-management resources provided by NGO; • Access to evidence-based smoking cessation programs in community settings; • Culturally appropriate resources and support services for Aboriginal populations; • GP management with a focus on self-management, exercise and a Condition Specific Action Plan, incorporating acute exacerbation management; • Assessment and treatment of nicotine dependence; • Telehealth and specialist clinical support, especially for rural health providers, should be developed and implemented. Offers assessment, simple respiratory function testing, managed by a GP, with access to limited allied health services; and • Access to education, action planning and regular review.
	<p>B As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP management and Condition Specific management plan; • Ability to telephone consult with specialist (community/ hospital); • Coordinated management planning and care that is community based and includes pulmonary rehabilitation for all people with specific respiratory conditions by NGO/ Medicare Locals; • Provision of ICT to enable multi-disciplinary care; • Formalised integrated referral pathways and protocols between Area Health Services, private and non government service providers; • Offers Pulmonary services which link patients to specific self-management programs, pulmonary rehabilitation, asthma educators and respiratory nurses and some specialised allied health; and • Access to home oxygen.
	<p>C As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Specialist intervention via community based Consultant or Consultant rooms and integrated care with other Specialist Consultants; • Care coordination/case management/multidisciplinary team care for complex longer term clients or clients with complex co-morbidities; • Access to specialist allied health/nursing staff; • Management of clients on oxygen and acute exacerbations; • GP and junior staff training and support; • Research and multidisciplinary health promotion conducted; • Management of patient with NIV in the community to maintain patients in their home and reduce acute admissions to hospital; • Planning for end of life management in the community where possible and the use of Palliative Care in a more holistic sense, particularly for improvement in the quality of life significantly prior to an "end stage"; • Visiting Specialist care and review; and • Provides linkages to acute care services as appropriate.
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?	
<p>Diabetes Services</p> <p>Diabetes Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	A	<p>Services include:</p> <ul style="list-style-type: none"> • GP management with a focus on self-management, exercise and a Diabetes Action Plan, incorporating acute exacerbation management; • Access to community based exercise, healthy eating and health promotion services; • Culturally appropriate resources and support services for Aboriginal/CALD populations; and • Telehealth and specialist clinical support, especially for rural health providers.
	B	<p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP management and provision of a Diabetes Management Plan; • Ability to telephone consult with specialist (community/hospital); • Coordinated management planning and care that is community based and delivered in partnership with NGO/ Medicare Locals; • Formalised integrated referral pathways and protocols between Area Health Services, private and non government service providers; and • Provision of ICT to enable multi-disciplinary care.
	C	<p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Specialist intervention via community based Consultant or Consultant rooms and integrated care with other Specialist Consultants; • Care coordination/case management/multidisciplinary team care for complex longer term clients or clients with complex co-morbidities; • GP and junior staff training and support; • Research and multidisciplinary health promotion conducted; and • Access to multidisciplinary high risk foot clinic.
	-	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>
<p>Digestive Services</p> <p>Addresses long-term chronic inflammatory, autoimmune and dietary intolerance conditions and disorders. Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	A	<p>Services are provided by GP and/or primary care providers with links to NGO support and referral to specialist services (e.g. for pain management for chronic inflammatory conditions). Also includes:</p> <ul style="list-style-type: none"> • Access to limited allied health (e.g. dietetics) and visiting psychology services or counselling services via telephone or telehealth; and • Disease specific education for inflammatory chronic conditions via internet and other print mechanisms.
	B	<p>As for definition 'A' plus services are managed by GP with visiting specialist or by case consultation with specialist services.</p>
	C	<p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Imaging – Ultrasound and CT Scanning capability; • Access to specialised nursing care (e.g. stomal therapists); and • Day procedure services if required. May have access to home entereal nutrition services.
	-	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
<p>Drug and Alcohol Treatment and Support Services</p> <p>Provides assessment, referral, interventions and management for alcohol, cannabis and other drugs. Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	<p>A Services including information, risk assessment, referral and limited treatment are provided by community health staff and GPs (no specialist alcohol and drug professionals available on-site). Includes access to:</p> <ul style="list-style-type: none"> • Information, counselling and referral through the Alcohol and Drug Information Service (ADIS - a state-wide 24 hour telephone line); • Sobering Up Centres for the safe care of persons found intoxicated in public; • Limited alcohol and drug liaison in emergency departments with links to alcohol and drug specialist services; • Call back service for people quitting smoking and referral from GPs for the Quitline and for other drugs; • Assessment and referral for the diversion of offenders into education and treatment; and • Support from the Drug and Alcohol Office's Clinical Advisory Service.
	<p>B As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • Local alcohol and drug professionals available on-site (or via telephone/videoconference) during business hours with specialist assessment and treatment; • Pharmacotherapy for opioid dependence / treatment provided by trained and accredited GPs and medical officers; • Limited on-site outpatient alcohol and drug services in some remote areas, visiting alcohol and drug professionals available; • Limited outreach counselling for young people and adults engaged with other services provided by dedicated alcohol and drug services; • Counselling and support for families and significant others affected by drug use; • Alcohol and drug residential rehabilitation services may be available; • Limited alcohol and drug services in Aboriginal community controlled services; • Some hospital-based detoxification services are available; and • Formal linkages with child protection and mental health for coordinated services, referral and case management.
	<p>C As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Comprehensive multidisciplinary alcohol and drug teams, specialist addiction medicine professionals and/or clinical psychologist and psychiatric services on-site; • Outpatient/home based withdrawal support services; • Services for co-occurring mental health and alcohol and drug problems; • Rehabilitation services; • Clinical research and professional development; and • Volunteer addiction counsellor training program.
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
<p>Mental Health Services – Child and Adolescent, Adult and Older Adult</p> <p>Mental health clinical services are concerned with the assessment, diagnosis, monitoring and treatment for people who have a mental illness or disorder characterised by a clinically significant disturbance of thought, mood, perception, memory and/or behaviour.</p> <p>Mental health clinical services address the needs of individuals across the age spectrum (children, adolescents, adults and older adults). A person’s need for mental health services can be short, medium, long term or intermittent, and often spans various levels of care and service areas across the health continuum.</p> <ul style="list-style-type: none"> • Business hours – Monday to Friday 8am – 5pm • Limited extended hours – Monday to Friday 8am – 5pm and staff rostered for a shift on the weekend • Extended hours – Monday to Sunday with working hours from 7–8am through to 9–10pm. The service is provided for more than 12 hours in each day, but does not mean it operates 24 hours a day. 	<p>A</p> <p>Services provide limited non-admitted mental health services for people with mental illness and low-risk/complexity; and:</p> <ul style="list-style-type: none"> • May only be accessible for limited hours; • Delivered predominantly by one or more mental health clinicians. Typically, the service is delivered via a community clinic or home-based care; or in partnership with community managed services; • May be provided via Telehealth or via eHealth; • Service provision includes: basic screening and assessment; brief and/or basic intervention; consumer, family and carer education and information; primary care and prevention programs; and referral, where appropriate to specialist mental health services; • Services are culturally appropriate; and • Consultation liaison with other mental health services is undertaken if required.
	<p>B</p> <p>As for definition ‘A’ plus:</p> <ul style="list-style-type: none"> • The service is accessible during business hours; • Delivered by a team of general health clinicians and visiting mental health clinicians who provide a local community health care service. These general health clinicians have training/ experience in mental health; and • Some mental health specific services/programs are provided at this level. The service may be delivered via a hospital-based outpatient clinic, a community clinic or home-based services.
	<p>C</p> <p>As for definition ‘B’ plus:</p> <ul style="list-style-type: none"> • Capable of providing mental health services for people with low- and moderate-risk/complexity; limited extended hours services; and • The service is delivered predominantly by mental health clinicians who provide a local mental health service via a hospital-based outpatient clinic, a community mental health clinic or home- based services.
	<p>D</p> <p>As for definition ‘C’ plus:</p> <ul style="list-style-type: none"> • The service is delivered by a multidisciplinary team of mental health clinicians who provide a local mental health care service via a hospital-based outpatient clinic, a community mental health clinic or home-based service; and • Service provision can also include multidisciplinary assessment and evidence based mental health interventions, care coordination/case management, group programs and referral to specialist services when needed.
	<p>E</p> <p>As for definition ‘D’ plus:</p> <ul style="list-style-type: none"> • Capable of providing services for people with mental illness who have high-risk/complexity; • Limited extended hours services are provided; and • The service is delivered by multidisciplinary community-based acute and intensive services.

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
Mental Health Services (cont.)	F As for definition 'E' plus: <ul style="list-style-type: none"> • Capable of providing services for people with mental illness who have the highest risk/complexity; • Provides specialist services for people with mental illness and significant co morbidities and/or specific population groups; • Extended hours services are provided; • Highly specialised multidisciplinary team of mental health clinicians (medical practitioners, psychiatrists, nurses, allied health and other specialists) who provide a specialist mental health care service either locally and/or across health service districts; and • Undertakes a range of teaching and research functions.
	- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.
Neurological Services Includes stroke, atraumatic brain injury, epilepsy, Motor Neurone Disease, Multiple Sclerosis, Parkinson's Disease. Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.	A Focus on self-management by providing information and access to: <ul style="list-style-type: none"> • GP initiated self-management plans and/or primary and secondary prevention and management and/or access to chronic disease management programs; • Community based exercise, healthy eating and health promotion services; • Culturally appropriate resources and support services for Aboriginal/CALD populations; and • Marketing strategies for early warning signs of stroke or early warning signs and increased awareness for diagnosis of other specific neurological conditions (e.g. Motor Neurone Disease, Multiple Sclerosis).
	B As for definition 'A' plus access to: <ul style="list-style-type: none"> • Specialist diagnosis, management and ongoing review if required via telephone or in person and integrated care with other Specialist Consultants; • Access to allied health/nursing staff; • Telehealth and specialist clinical support, especially for rural health providers, should be developed and implemented; • Provision of ICT to enable multi-disciplinary care planning, supported by evidence-based guidelines and patient pathways, to be integrated across hospital and community health services; • Formalised integrated referral pathways and protocols between Area Health Services, private and non government service providers; and • Access to stroke and other condition specific support groups.
	C As for definition 'B' plus access to: <ul style="list-style-type: none"> • Care coordination/case management/multidisciplinary team care for complex longer term clients or clients with complex co-morbidities, including access to home modifications, mobility aids, pressure management, augmentative communication and ventilatory support including NIV; • Care support at home for highly dependent patients or patients at terminal stage of disease progression; • Outpatient Integrated Neurological specialised Rehabilitation including early supported discharge services, day therapy services and care either at home or in a community facility; and • Access to consultant with disease/condition specific expertise.
	- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?	
<p>Overweight and Obesity Services</p> <p>Services aimed at managing obesity amongst adults range from health promotion to active case management and specialist care coordination. The health problems and consequences of obesity are many and varied, including musculoskeletal problems, cardiovascular disease, some cancers, sleep apnoea, type 2 diabetes, and hypertension to name a few. Many of these are often preventable through a healthy and active lifestyle.</p>	<p>A</p>	<p>Focus on access to information and health promotion to encourage self-management of key behaviours and modification of individual lifestyle changes that could prevent obesity (e.g. poor diet, insufficient physical activity, smoking, alcohol misuse and psychosocial barriers). Services and education may be provided through GPs, NGOs, community programs, national and statewide campaigns and includes culturally appropriate resources and support services for Aboriginal / CALD populations.</p>
	<p>B</p>	<p>As for definition 'A' plus access to:</p> <ul style="list-style-type: none"> • GP case management with formalised integrated referral pathways and protocols between Specialists (State government and private hospitals) and non government service providers for obesity treatment and the treatment of related co-morbidities (e.g. diabetes, cardiovascular disease, musculoskeletal problems, cancer, anxiety and depression, and fertility and obstetric difficulties) as well as psychosocial barriers (e.g. personal and family environment, discrimination, geographical and transport limitations); • Specialist allied health services (e.g. structured weight loss programs, tailored exercise programs, therapeutic intervention such as Pharmacotherapy); and • ICT, Telehealth and specialist clinical support.
	<p>C</p>	<p>As for definition 'B' plus access to:</p> <ul style="list-style-type: none"> • Care coordination/case management/multidisciplinary team care for complex longer term clients or clients with complex co-morbidities; and • Training and support provided to GPs and junior staff with research and multidisciplinary health promotion conducted.
	<p>-</p>	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area</p>
<p>Paediatric Complex Care Coordination</p> <p>Coordination of care for children ensures that they receive timely review and intervention as close to their local area/home as possible. Care coordination is applicable for children with long term conditions; children with complex or sub-acute conditions that with support can be managed as a non-inpatient locally. It includes coordination of follow-up care for targeted cohorts with social, geographical, cultural or other disadvantage.</p>	<p>A</p>	<p>Services include information and referral and supporting self-management (for less-complex cases). This involves:</p> <ul style="list-style-type: none"> • Provision of brochure, contact information, and referral to other service without follow-up; • Provision of services by primary health providers (e.g. Aboriginal Health Workers, GPs, community nursing); • Provision of support for coordinated programs such as immunisation and child health service; • Education and basic skill development of family in less-complex care coordination; • Paediatric skilled primary care provider coordinator; • Provides coaching role in self management of less-complex conditions; contacts for family/self management; and • Less-complex same day medical care and post acute care (i.e. GP/practice nurse lead).

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
Paediatric Complex Care Coordination (cont.)	<p>B Services include care planning and support and specific, targeted or time limited programs. This involves:</p> <ul style="list-style-type: none"> • Formal care plan development with family and primary health providers; • Targeted coordination for children with complex, or rare diseases and/or or long term conditions (e.g. respiratory conditions; dental caries; epilepsy) to prevent disconnection with follow-up care; • Fostering of shared care models; • Care plan or action plan of management and regular active review; • Facilitation and planning for regular GP contact especially as transition to adult services approaches; • Coordination of hospital substitution, post acute care and/or paediatric medical same day care for long-term conditions; • Fostering shared care models with GP as continuity strategy for transition of children to adult services; • Specialised targeted coordination of intervention with at risk groups and families (e.g. migrants, Aboriginal, refugee, homeless, culturally diverse, socially disadvantaged); • Flexible input and targeted roles to enhance team care (e.g. Aboriginal ambulatory care); and • Targeted programs and plans for children with long term conditions and rare diseases transitioning to adult services.
	<p>C Services include longer term community-hospital and inter-service coordination and intensive care coordination across spectrum of residential, inpatient hospital and community. This involves:</p> <ul style="list-style-type: none"> • Long term (over 12 months) and far reaching coordination with anticipatory and participative care plan; • May be co-management between disciplines, sectors, or centres; • Case management for complex patients with long term conditions or rare diseases and /or frequent Emergency Department presentations; • Specialised multi-disciplinary engagement and care; • Community supports and education components required; and • Intensive coordination of complex needs children and their carers, inclusive of planned inpatient stays usually required in the tertiary sector, respite care, residential/home care and coordination across the inpatient-community setting continuum; usually children with complex conditions or rare diseases and/or frequent or extended periods of hospitalisation, disadvantage or risk.
	<p>- None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?	
<p>Paediatric Developmental Allied Health Services</p> <p>Specialised allied health services (e.g. physiotherapy, occupational therapy, speech pathology) targeted at children, and their families, with identified developmental and rehabilitative needs.</p>	A	Services include single discipline assessment, including: <ul style="list-style-type: none"> • Single discipline intervention; and • Professional training/education.
	B	As for definition 'A' plus: <ul style="list-style-type: none"> • Complex case assessment and coordination; and • Multidisciplinary intervention.
	C	As for definition 'B' plus: <ul style="list-style-type: none"> • Specialised case management and intervention; • Accepts statewide referrals; • Undergraduate and postgraduate teaching; and • Statewide policy, program, planning, training and research.
	-	None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.
<p>Pain Management Services</p> <p>Pain management services aim to help health consumers with pain access reliable, evidence-based information to assist in the co-management of their pain. Services include self-management through information and education to coordinated management planning and care that is community based and delivered in partnership with GPs, NGOs, Medicare Locals, Private providers and State Government.</p>	A	Services provided by GPs, DMOs, VMOs for care of patients with simple (acute) and persistent (complex acute, subacute, chronic) pain. Includes provision of information resources.
	B	As for definition 'A' plus: <ul style="list-style-type: none"> • Limited availability of allied health services (minimum is on-site specialist physiotherapy and if possible visiting behavioural clinical psychology, occupational therapy); and • Persistent pain telehealth consultations (one to one, one to many) with pain medicine physicians and preferably behavioural clinical psychologists and occupational therapist.
	C	As for definition 'B' plus: <ul style="list-style-type: none"> • Limited outpatient care by GPs/VMOs for simple and persistent pain; • Local salaried specialist physiotherapist; • Access to behavioural clinical psychological services and occupational therapy; • Limited access to interventional procedures, usually via radiologist; • Limited access to on-site group activity programs (e.g. hydrotherapy); and • Limited access to interprofessional group programs and multi-disciplinary assessments.
	-	None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?	
<p>Palliative Care Services</p> <p>Palliative Care specialist services are for patients who have progressive, life limiting or life threatening malignant and/or non malignant disease. The focus of care is on the prevention and relief of suffering, quality of life and the choice of care close to home. Patients who are having life prolonging treatment are not excluded from referral to palliative care. Palliative care services can be delivered in any setting, such as hospital, home, residential care or in hospice/palliative care units. Specialist services provide consultancy, advice and support to the primary care providers; assessment/management of symptoms which are beyond the capacity of the primary care team to manage optimally; specialist assessment/management of the patient and their families' psychological, social or spiritual needs; and direct patient care in an inpatient hospice/palliative care unit or community service.</p>	<p>A</p>	<p>Services include:</p> <ul style="list-style-type: none"> • A palliative approach to care by generalists under the supervision of a GP with access to specialist palliative care via medical and nursing phone advisory services, Telehealth or outreach services; • Access to regional palliative care teams; and • Access to education and capacity building programs.
	<p>B</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Multidisciplinary specialist palliative care team to provide assessment, consultancy, advice and support when: <ul style="list-style-type: none"> - The patient's physical symptoms, psychological, social or spiritual needs are beyond the capacity of the primary care team to manage optimally. - The patient is dying and the primary care team requires additional support or advice. - Care coordination is required. • Shared care with primary care and/or medical specialties.
	<p>C</p>	<p>As for definition 'B' plus:</p> <ul style="list-style-type: none"> • Direct patient management and care at home; • Access to hospice care; and • Complex case management.
	<p>-</p>	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Complex and Long Term Care (cont.)

Service	How is the service provided within the local area?
<p>Rehabilitation Services</p> <p>Rehabilitation care aims to improve the functioning of a patient with impairment, activity limitation or participation restriction due to a health condition. Provides time limited and goal oriented multidisciplinary intervention and management to help patients to maximise their functional capacities and independence. Rehabilitation services should be coordinated across the continuum of care.</p>	<p>A</p> <ul style="list-style-type: none"> • Access to primary care service including GPs, allied health, and nursing services; • Access to outpatient Telehealth clinic at discharging hospital; • Local access to generalist allied health and domiciliary nursing; • Access to subacute care training and skill development through Statewide Training Centre in Subacute Care (TRACS WA); and • Access to country-metro stroke liaison service.
	<p>B</p> <p>As for definition 'A' plus:</p> <ul style="list-style-type: none"> • Services provided by regular visiting rehabilitation physician/ geriatrician plus allied health and nursing support; • Established subacute care rehabilitation services such as Day Therapy Unit (DTU) and falls service; • Established regional resource centre for subacute care stroke rehabilitation; and • Established referral pathway between metro and country rehabilitation services.
	<p>C</p> <p>As for definition 'B' plus:</p> <ul style="list-style-type: none"> • Resident rehabilitation physician and specialist allied health and nursing rehabilitation staff; • Early supported discharge rehabilitation program; • Provision of integrated community rehabilitation service, including home and centre-based delivery models (e.g. HACC); • Access to interim hospital packages; and • Access to enhanced diagnostics.
	<p>D</p> <p>As for definition 'C' plus:</p> <ul style="list-style-type: none"> • Teaching and training role with interprofessional learning student program attached to subacute care rehabilitation programs; • Specialisation in condition specific rehabilitation services such as Centre of Excellence for Parkinson's Disease; and • Centralised management and coordination of area wide ambulatory rehabilitation programs.
	<p>-</p> <p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>
<p>Renal Dialysis</p> <p>Provides comprehensive renal dialysis services in the home and community environment with the support of specialist resources and with linkages to home therapies service or in-centre dialysis facilities.</p>	<p>A</p> <p>Services include:</p> <ul style="list-style-type: none"> • Self care for home dialysis/peritoneal dialysis for independent stable persons; • Home dialysis is sometimes provided in a community setting if environment unsuitable (especially some rural areas); • Support provided by satellite service/relevant private provider/ home therapies service; and • Outreach support for home dialysis, under remote direction from a community satellite service with linkages to a node satellite service or in-centre dialysis facility.
	<p>B</p> <ul style="list-style-type: none"> • Node/satellite service in community or co-located with a hospital/health service with linkage to an in-centre dialysis facility; • Support and supervision by public or private provider; • Specialist RN; • Access to specialist either visiting or via Telehealth for more complicated cases; • Access to assessment services and diagnostics; and • Access to some allied health services.
	<p>-</p> <p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

Dental Services

Service	How is the service provided within the geographical area?	
<p>Dental Services – Eligible Children (0–4 years); School Aged Children (5–16 years), Adult Services, Specialty Services</p> <p>Public services include the school dental service, providing dental health assessment and treatment for school children, the adult dental service for financially and/or geographically disadvantaged people and specialist and general dental and oral health care provided by the Oral Health Centre of Western Australia to eligible people. Services are provided through government funded dental clinics, itinerant services and private dental practitioners participating in the metropolitan, country and orthodontic patient dental subsidy schemes.</p>	<p>A</p>	<p>Services include emergency and general dental care for eligible infants and children prior to school age, enrolled school children, and eligible adult patients from a mobile or fixed site. This service is provided by registered dentists, oral health and school dental therapists or hygienists. May provide undergraduate clinical training in Oral Health disciplines and research role.</p>
	<p>B</p>	<p>Services include emergency or specialist and some general dental services for eligible patients with an after-hours emergency service from a fixed site. Care is provided by registered dentists and specialists and may include undergraduate and postgraduate training in Oral Health disciplines with a substantial research role (or research training role).</p>
	<p>C</p>	<p>Access to Day Surgery services for uncomplicated elective surgery provided by registered dentist, visiting surgical specialist, visiting anaesthetist, and theatre trained nurses at a fixed site. Includes access to post-operative oral health services.</p>
	<p>-</p>	<p>None of the above services are available in the local area, however may be available in the broader inner/outer metro or regional catchment area.</p>

5. Glossary of Terms and Acronyms

14. Glossary of Terms and Acronyms

Term	Definition
Access to	On site or nearby location within local community or catchment or regularly visiting including via virtual visit/Telehealth.
Accredited	A time limited recognition of an institution, organisation or business that verifies it has met predetermined and standardised criteria, which have been award by a non-government agency.
Advanced Trainee	A person enrolled in a University or College advanced training program recognised by the Australian Medical Council for the relevant specialty.
Allied Health	A term generally applied to services provided by health professionals who are not doctors or nurses including but not limited to physiotherapists, social workers, pharmacists, occupational therapists, podiatrists and speech pathologists.
Complex Mental Health presentation	A person presenting with one or more conditions such as a mental disorder, acquired brain injury, intellectual disability or significant abuse problem, often accompanied by social disadvantage.
Consultant/ Specialist	A medical practitioner who holds the appropriate higher qualification of a University or College, recognised by the Australian Medical Council (AMC), and includes a Fellow of the Australian Chapter of Medicine, or, in exceptional circumstances to satisfy areas of unmet need, such other specialist qualification recognised by the Director General of Health and who, unless otherwise approved by the Director General of Health, is employed and practising in the specialty for which he/she is qualified.
Credentialed	The umbrella term which includes the concepts of accreditation, scope of practice, licensing, registration and professional certification; a formal recognition by which an entity authorised and qualified to do so, grants formal recognition for professional services provided by authorised individuals (medical practitioner or specialist) that has met predetermined and standardised criteria of fairness, quality, competency and safety.
Cultural Security	A commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, views, values and expectations of Aboriginal people.
Designated	An appropriately skilled health professional is available to provide care for the listed specialty.
Estimated resident population	The official ABS estimate of the Australian population.
General Medical Physician	A medical practitioner who has completed the basic training program of Royal Australasian College of Physicians.
General Practitioner (GP)	A medical practitioner engaged in the provision of primary, continuing whole patient care to individuals, families and their community not being a vocationally registered general practitioner.

Term	Definition
Hospital Separations Rate	The number of hospital separations (discharges, transfers, and deaths) per thousand people.
Links with	Established communication and dispensing of advice between two parties. This may include referral to and/or receiving of referrals.
Low/Medium/High Risk	This denotes the level of patient clinical risk or risk of adverse outcomes as defined by the particular specialty.
On-call	Health Professional rostered to remain readily contactable and available at site within a clinically appropriate timeframe.
On-site	Physically located at the place where the patient is. For health professionals they are available on-site on a regular basis.
Paediatric skilled	Practitioner who has recent experience in interventions with children and their care-givers; may have undertaken formal paediatric training but usually has gained relevant paediatric skills* through on-the job supervision, mentoring, coaching, and targeted professional development in paediatric care and the relevant discipline/ profession. * Skills for nursing as outlined in Australian College of Children and Young People's Nurses September 2009 (http://www.accypn.org.au/wp-content/uploads/Executive-Summary-ReviewFINAL09.pdf), and as applicable as a guide for other disciplines. Professional development and supervision as per recommendations or practice of specific individual profession or disciplines.
Regional Referral Role	Capability to accept referrals at listed service level for specialty within the region.
Remote	Is a statistical geographical area or community, which is located over 350km from the nearest service centre in rural areas.
Rural	Is a statistical geographical area defined by population and distance from a capital city centre (for all areas outside of urban areas).
Specialised allied health services	Allied health services provided by health professionals specifically trained and/or experienced in the provision of allied health services related to the particular specialty.
Specialist allied health practitioner	Allied health practitioner who is specifically trained and/or experienced in provision of allied health services in relation to the particular specialty.
Visiting	Physically visits the service as required or Telehealth visits.

Acronym	Definition
ABF	Activity Based Funding
ABM	Activity Based Management
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADIS	Alcohol and Drug Information Office
AKMH	Armadale Kelmscott Memorial Hospital
ALS	Aboriginal Liaison Service
APAC	Australian Pharmaceutical Advisory Council
ATSI	Aboriginal and Torres Strait Islander
BHS	Bentley Health Service
CACH	Child and Adolescent Community Health
CAHS	Child and Adolescent Health Service
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CCA	Care of children and adolescents
CCU	Coronary Care Unit
CICM	College of Intensive Care Medicine
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
CoNeCT	Complex Needs Coordination Teams
COPD	Chronic Obstructive Pulmonary Disease
CRS	Central Referral Service
CSF	Clinical Services Framework
CSP	Clinical Services Plan
CT	Computed Tomography
DFES	Department of Fire and Emergency Services
DHAC	District Health Advisory Committees
DMO	District Medical Officer
DTU	Day Therapy Unit
DUE	Drug Use Evaluation
ED	Emergency Department
EEG	Electroencephalogram
EMG	Electromyography

Acronym	Definition
EN	Enrolled Nurse
EOC	Emergency Operations Centre
ESSU	Emergency Short Stay Unit
ETS	Emergency Telehealth Services The Emergency Telehealth Service is a dedicated specialist emergency medicine service serving as a single point of referral for clinical staff in need of virtual emergency medicine advice or assistance.
FDISC	Framework Development and Implementation Steering Committee
FDIWG	Framework Development and Implementation Working Group
FIFO	Fly-In and Fly-Out (workers)
FINE	Friend in Need – Emergency
FSH	Fiona Stanley Hospital
GP	General Practitioner A medical practitioner engaged in the provision of primary, continuing whole patient care to individuals, families and their community not being a vocationally registered general practitioner.
HACC	Home and Community Care
HDU	High Dependency Unit
HiTH	Hospital in the Home
HIV	Human Immunodeficiency Virus
HPIMR	Harry Perkins Institute for Medical Research
HPSF	Health Promotion Strategic Framework
HRT	Hospital response teams
HTA	Health Technology Assessment
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDHS	Integrated District Health Service
KEMH	King Edward Memorial Hospital
MBU	Mother and Baby Unit
MHC	Midland Health Campus
MHU	Mental Health Unit
MO	Medical Officer
MoC	Models of Care
MPC	Multi-Purpose Centre
MRI	Magnetic Resonance Imaging
NEAT	National Emergency Access Target

Acronym	Definition
NEST	National Elective Surgery Target
NETS	Newborn Emergency Transfer System
NGO	Non-government Organisation
NICU	Neonatal Intensive Care Unit
NIV	Non Invasive Ventilation
NM	Nurse Manager
NMHS	North Metropolitan Health Service
NP	<p>Nurse Practitioner</p> <p>Registered as a nurse practitioner by the Health Practitioner Regulation National Law (Western Australia) whose name is entered on the register of nurses kept under that Law as being qualified to practice as a nurse practitioner.</p> <p>Refer to: http://www.health.wa.gov.au/awardsandagreements/docs/Registered_Nurses_Midwives_Enrolled_Mental_Health_Nurses_ANF_WA_Health_Ind_Agreement_2010.pdf</p>
NPA	National Partnership Agreement
NSQHSS	National Safety and Quality Health Service Standards
OR	Operating Room
OSQH	Office of Safety and Quality in Health Care
PACS	Picture Archiving and Communication System (Radiology)
PCH	Perth Children's Hospital
PET	Positron Emission Tomography
PHC	Peel Health Campus
PIP	Paediatric Implementation Plan
PMH	Princess Margaret Hospital
QEII MC	Queen Elizabeth II Medical Centre
RACS	Royal Australasian College of Surgeons
RAS	Regional Assessment Services
REOC	Regional Emergency Operations Centre
RFDS	Royal Flying Doctor Service
RITH	Rehabilitation in the Home
RM	Registered Midwife

Acronym	Definition
RMO	Resident Medical Officer A registered medical practitioner who has not commenced in a recognised training program and is employed as a Resident Medical Officer in the second or subsequent years of relevant experience following graduation. Refer to: http://www.health.wa.gov.au/awardsandagreements/docs/Department_of_Health_Medical_Practitioners_(WA_Country_Health_Service)_AMA_Industrial_Agreement_2011.pdf
RN	Registered Nurse
RPH	Royal Perth Hospital
RRC	Regional Resource Centre
SCGH	Sir Charles Gairdner Hospital
SDH	Swan District Hospital
SES	Socio-economic Status
SHHC	Small Hospital/Primary Health Care Centre
SHICC	State Health Incident Coordination Centre
SHIP	State Health Infrastructure Plan
SHPA	Society of Hospital Pharmacists of Australia
SJOG	St John of God Health Care
SMHS	South Metropolitan Health Service
SMO	Senior Medical Officer A registered non-specialist medical practitioner requiring clinical supervision by a Consultant / Specialist or Senior Medical Practitioner.
SPC	Shenton Park Campus
SRG	Service Related Group
SRN	Senior Registered Nurse Registered by the Nursing and Midwifery Board of Australia as a Registered Nurse or Midwife, who holds a current practising certificate and any other qualification required for working in the employee's particular practice setting, and who is appointed as such by a selection process or by reclassification from a lower level in the circumstances that the employee is required to perform the duties detailed in this subclause on a continuing basis. Refer to: http://www.health.wa.gov.au/awardsandagreements/docs/Registered_Nurses_Midwives_Enrolled_Mental_Health_Nurses_ANF_WA_Health_Ind_Agreement_2010.pdf
Specialist SRN	Specialist Senior Registered Nurse As per SRN definition as well as being specifically trained and/or experienced in provision of the particular specialty.
STS	Statewide Telehealth Service
TCP	Transitional Care Packages

Acronym	Definition
TRACS WA	Training Centre in Subacute Care
TVMRC	Trauma Verification Model Resource Criteria (Royal Australasian College of Surgeons)
UPS	Uninterruptible power supply
VMP	Visiting Medical Practitioner
WACHS	WA Country Health Service
WAIMR	Western Australian Institute for Medical Research
WPDRC	Workforce Planning, Development and Reform Committee

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