

# Schedule 14 – Services Specification

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## 1. Introduction

The Services Specification provides a description of services that must be delivered by the Operator at the Facility, which will be measured against the Performance Regime (including the KPIs).

## 2. Interpretation

- (a) Capitalised terms used but not defined in this Services Specification have the meaning given to those terms in the Project Deed or in the Role Delineation unless the context otherwise requires it. To the extent a capitalised term is defined in both, the defined term in the Project Deed will prevail.
- (b) Reference to any policy, directive, practice standard, position statement or guidelines is a reference to those items as replaced, amended, substituted or superseded from time to time.

## 3. Description of service lines

- (a) The Facility will provide hospital services for the Catchment Area. The Services provided will come under seven main categories (service lines):
  - (i) Critical Care Services;
  - (ii) Medical Services;
  - (iii) Surgical Services;
  - (iv) Integrated Community and Hospital Services (including Mental Health Services and Geriatric Services);
  - (v) Maternal, Neonatal and Women's Health Services;
  - (vi) Paediatric Services; and
  - (vii) Clinical Support Services.
- (b) The Operator is also required to provide all Non-Clinical Support Services necessary to support the provision of the Health Services described in this Services Specification.

## 4. Common features of all Services

### 4.1 Key Service Considerations

The Operator should consider the following in delivering the Services:

- (a) providing an environment and services that are culturally, physically and age appropriate;
- (b) ensuring that Patient management including admission to the Facility, discharge, and/or transfer is in accordance with health initiatives and targets such as the Emergency Access Targets, emergency admission performance, and transfer of care;
- (c) ensuring seamless links between Services, including the emergency department, intensive care, operating suite, mental health services, maternity services, diagnostic services, and other specialist surgical and medical teams;

- (d) refer Public Patients to other appropriate specialties as required both within the Facility, the NSLHD (including community health) and to other external services including primary care and other relevant providers as required;
- (e) ensuring that all Services are provided with, and work within, a multidisciplinary framework and in accordance with clinical practice guidelines including but not limited to Aggression, Seclusion and Restraint in Mental Health Facilities in NSW(PD2012\_035), Children and Infants -Recognition of a Sick Baby or Child in the Emergency Department PD2011\_038), Physical Health Care of Mental Health Consumers (GL2009\_007);
- (f) providing access to appropriate Allied Health professional services in accordance with Role Delineation, which may also include 24 hour access to social work, dietetics, podiatry, speech pathology, physiotherapy and occupational therapy services, and access to psychology;
- (g) providing specialist Allied Health professional assessment, treatment and discharge planning to prevent unnecessary admissions and to promote continuity of care across the hospital and community health sector;
- (h) emerging technologies that may change service requirements and models of care;
- (i) implementation of or access to hospital avoidance programs and strategies;
- (j) providing appropriate facilities and staff to perform the Services including Surgical Services in a designated unit that includes anaesthetic, theatres and procedural facilities that meet capability and capacity requirements; and
- (k) provide the Services in accordance with the principles detailed in NSW Health Plans including but not limited to NSW Carers Action Plan 2007-2012, NSW Refugee Health Plan 2011-2016, NSW Aboriginal Health Plan 2013-2023, NSW Healthy Eating and Living Strategy, Specialist Mental Health Services for Older Persons (SMHSOP) NSW Service Plan 2005-2015.

## 4.2 Key Service Linkages

- (a) The Facility must ensure the continued effective operation of NSLHD service and referral networks within the NSLHD, with other Local Health Districts, and all NSW health services, in order to ensure timely access to appropriate care for each person who presents, and enable the NSLHD to deliver a coordinated, high quality health service to the communities it serves.
- (b) As part of the wider Northern Beaches community, the Facility must integrate and collaborate with existing health service providers to ensure a seamless health journey for residents of the Catchment Area and any other person who presents at the Facility. To support the delivery of all Services at the Public Patient Portion, strong relationships and links must exist between the Facility and:
  - (i) the MVUCC;
  - (ii) the Royal North Shore Hospital, the Sydney Children Hospitals Network and other tertiary facilities, Hornsby Hospital and other metropolitan, regional and remote hospitals and services;
  - (iii) community health services, community agencies and service providers;
  - (iv) all mental health services and drug and alcohol services;
  - (v) community primary care providers including GPs, Medicare Locals and other referring centres;

- (vi) private, not for profit and other providers including private hospitals, providers of palliative care and residential aged-care services and facilities;
- (vii) Aboriginal healthcare service providers;
- (viii) relevant non-government organisations;
- (ix) NSW Agency for Clinical Innovation, NSW Health Education and Training Institute, Bureau of Health Information, Clinical Excellence Commission, the Cancer Institute and NSW Kids and Families;
- (x) healthcare interpreter services;
- (xi) the Ambulance Service of NSW (including air ambulance), NSW Newborn and paediatric Emergency Transport Services (NETS) and non-emergency transport services; and
- (xii) other relevant government agencies (State and Commonwealth), such as the NSW Department of Family and Community Services and the NSW Police Force.

Additional key service linkages are required in relation to specific Health Services, which are described in section 5 below.

### **4.3 Disaster Management**

- (a) The NBH will reinforce the ability of the NSLHD's 'Health Service Functional Area Coordinator' (or its replacement position) (HSFAC) to coordinate planning, response and recovery phases of a disaster, emergency or major incident.
- (b) The NBH must participate in and contribute to disaster and counter disaster planning, implementation, simulated disasters and other training exercises and key performance indicators as reasonably determined from time to time by the State. The NBH will fulfil the roles and responsibilities allocated to Medical Services within:
  - (i) the NSW State Emergency Management Plan (EMPLAN), issued December 2012;
  - (ii) the NSW HEALTHPLAN, which is a supporting plan of the EMPLAN; and
  - (iii) the supporting plans referred to in the NSW HEALTHPLAN (PD2014\_012), including the AMPLAN, the Mental Health Services Supporting Plan (GL2012\_006), Medical Services Supporting Plan (GL2010\_011) and the NSLHD Healthplan 2013.
- (c) Compliance will include fulfilling the minimum requirements for:
  - (i) maintaining links and participation in NSLHD and the state disaster management initiatives including training and exercises;
  - (ii) reporting emergency code responses in real time to the NSLHD's HSFAC;
  - (iii) Disaster surge capacity establishment;
  - (iv) continuous supply of utilities to the Facility in the context of an internal / external disruption to service; and
  - (v) provide and use triage pack when required in accordance with PD 2010\_045 Mass Casualty Triage Pack- SMART Triage Pack.

### **4.4 Teaching, training, education and research**

- (a) Teaching, training, education and research must be undertaken in all service lines in order to provide current evidence-informed care.

- (b) The teaching, training, education and research provided in respect of a particular service line must be consistent with the Role Delineation required for that Service. As a minimum, the following must apply:
- (i) Level 1 to Level 4 Services:
    - (A) must have some research commitment/s by an individual clinician or the relevant health service department; and
    - (B) must provide clinical placements for medical and health students.
  - (ii) Level 5 Services:
    - (A) must have some research commitment/s by either an individual clinician or the relevant health service department through one or more university or other relevant affiliation/s; and
    - (B) must have clinical placements for medical and health students.
  - (iii) Level 6 Services:
    - (A) must have major research commitments by either an individual clinician or the relevant health service department in local service-based and multicentre research; and
    - (B) must have a major role in providing clinical placements for all medical and health students.
- (c) Teaching, training, education and research must include:
- (i) intern, resident and registrar teaching;
  - (ii) participation in and provision of nominated graduate and specialist college integrated training programs in accordance with relevant medical college requirements;
  - (iii) participation in graduate training programs for other health professionals;
  - (iv) nursing and Allied Health professional teaching, training and education in accordance with specialty requirements;
  - (v) staff for teaching, training and education and research that reflect the corresponding Role Delineation requirements. For example, where clinical placement is provided for health students in a Health Service which has a Level 1, 2, 3 or 4 Role Delineation, staff with relevant clinical knowledge and/or qualifications are required to supervise students' clinical practice, while Services required to be provided to a Role Delineation of Level 4, 5 or 6 must have access to appropriate educators for all health professionals involved in the delivery of the relevant Health Service;
  - (vi) provision of and access to e-learning for all staff groups (including non-clinical);
  - (vii) provision of educational facilities in accordance with Role Delineation expectations and medical college requirements;
  - (viii) links with partner professions and agencies including the Health Education and Training Institute and the NSLHD;
  - (ix) links to the Kolling Institute of Medical Research, the University of Sydney Northern Clinical School and to the NSLHD Research Office and research programs, including involvement in clinical trials and translational research.

- (c) The Facility must:
  - (i) be a Centre of Excellence in General Medicine, noting that this may include provision of an academic chair for General Medicine, in negotiation with the tertiary education sector;
  - (ii) ensure that all research dealing with Public Patients meets appropriate ethical and scientific standards, is compliant with NSW Health Policy Directive 'Research – Ethical and Scientific Review of Human Research in NSW Public Health Organisations' (PD2010\_055), and is undertaken in accordance with NSLHD research governance processes;
  - (iii) meet NSLHD reporting requirements for teaching, training, education and research; and
  - (iv) maintain relevant national accreditation standards for teaching, training, education and research.
- (d) The NSLHD Education Plan (November 2012) (as varied, superseded, updated or replaced from time to time), which identifies the key strategic priorities of the NSLHD Board, and initiatives which contribute to the vision of the NSLHD Strategic Plan 2012-2016 from an educational and research perspective, along with The Kolling Operational Plan (November 2013) (as varied, superseded, updated or replaced from time to time) provides further guidance on the above.

## 5. Role Delineation and Services Specification at the Facility

### 5.1 Overview

- (a) This section 5 describes the Clinical Service and certain Clinical Support Services which the Operator must provide to Public Patients.
- (b) For each Clinical Service or Clinical Support Service identified in this section 5, the following is provided:
  - (i) an overview of the general service characteristics that must be met;
  - (ii) the scope of the Service including the service Level to which the Service must be provided, by reference to the Role Delineation; and
  - (iii) any additional specific requirements in respect of the Service.
- (c) In delivering a Clinical Service or one of the Clinical Support Services specified below, the Operator must comply with each aspect of the Service described in this Services Specification.
- (d) A Level is specified for each Service in the table in section 6 of this Services Specification, which corresponds to the service Levels identified in the Role Delineation. Each Service must be provided by the Operator in accordance with the Role Delineation to the Level specified.
- (e) Without limiting any other paragraph in this section 5, the role delineation of a Health Service must be considered and understood in the context of existing clinical networks across the NSLHD and across NSW. These clinical networks, and the context for Service delivery from the Facility, are described in the NSLHD Clinical Services Plan 2012-2016, as varied, updated, superseded or replaced from time to time.

### 5.2 Critical Care Services

- (a) Emergency Medicine

(i) Overview

The Emergency Medicine Service must include an Emergency Department that will often be the first point of contact for Patients requiring hospital admission, and must work closely with local primary care services including GPs. The Operator must treat or offer treatment to all persons who present at the Emergency Department.

(ii) Scope of Service

The Emergency Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Emergency Medicine Service at the Public Patient Portion, the Operator must:

- ensure that diagnostic services and required modalities are directly accessible from the Emergency Department;
- ensure 24 hour access to diagnostic services to achieve seamless and timely Patient care;
- provide access to services dedicated to aged care in emergency;
- provide onsite access to an early pregnancy assessment service;
- ensure the provision of Outpatient Services, urgent care alternate strategy services and other services (including an on-site General Practitioner service or equivalent in accordance with the Compensable Patient Strategy) to support follow up or hospital admission avoidance;
- ensure that the Emergency Department is supported to respond to the activation of disaster plans such as multi-casualty, chemical, biological and radiological hazards and natural disasters;
- provide mental health assessment and treatment to Patients of all ages as clinically appropriate, utilising psychiatric consultation and liaison teams, mental health outreach and similar services to meet the needs of the patient cohort (including paediatrics) presenting to the Emergency Department with mental illness including those presenting with disturbance related to drug and alcohol use; and
- ensure adequacy of access to needles and syringes for the population of people whom inject drugs, including by providing, or ensuring the provision of:
  - in a position on an external wall of the Emergency Department (with weather protection), a needle and syringe vending machine (non-electric) and a community sharps disposal bin; and
  - in a position on an internal wall of the Emergency Department, a self-serve chute for needle and syringe fitpacks.

The Operator should consider for the Emergency Medicine Service:

- a single point of entry for all persons presenting to the Emergency Department, with recognition that there needs to be a separate flow for streamlined triaging of paediatric Patients and mental health Patients;

- an Emergency Department short stay service (for paediatric patients and adults) in line with Role Delineation;
- 24 hour provision onsite of registrar-level medical staff;
- access to an Emergency Services clinical nurse educator; and
- access to an Emergency Services clinical nurse consultant / clinical nurse specialist.

(iv) Additional Key Service Linkages

To support the delivery of the Emergency Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Critical Care Network;
- residential aged care services;
- the NSW Police Service;
- sexual assault services;
- child protection services;
- APAC services; and
- the MVUCC.

(b) Intensive Care

(i) Overview

The Operator must provide an Intensive Care Service in line with Role Delineation, to support the range of Clinical Services provided at the Facility.

(v) Scope of Service

The Intensive Care Service must be delivered to the Level prescribed in section 6.

(vi) Service Requirements

As part of the provision of the Intensive Care Service at the Public Patient Portion the Operator must:

- provide continuous monitoring and specialised treatment for the treatment of the critically ill according to Role Delineation;
- comply with the NSW Critical Care Tertiary Referral Networks (Paediatrics) Policy Directive (PD2010\_030), the NSW Critical Care Tertiary Referral Networks (Perinatal) Policy Directive (PD2010\_069) and the NSW Critical Care Tertiary Referral Networks and Transfer of Care (Adults) Policy Directive (PD2010\_021); and
- transfer Patients who require a higher level of care to the Royal North Shore Hospital or other tertiary referral hospitals.

The Operator should consider for the Intensive Care Service:

- 24 hour onsite registrar-level medical staff;
- 24 hour access to speech pathology services; and

- provision of a high dependency function as part of the Intensive Care Service.

(vii) Additional Key Service Linkages

To support the delivery of the Intensive Care Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including relevant NSLHD Clinical Networks such as the Critical Care Network.

### 5.3 Medical Services

(a) General Medicine

(i) Overview

The Operator must provide a General Medicine Service which includes the diagnosis and management of a range of complex general medical conditions by a range of medical specialists and sub specialists.

(ii) Scope of Service

The General Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the General Medicine Service at the Public Patient Portion, the Operator must:

- provide general medicine ward services;
- support critical care services;
- provide Ambulatory Care services, including but not limited to medical day procedure services (infusions, transfusions etc.); and
- provide Outpatient Services to align and support the general Inpatient Service; and
- ensure that Facility is a Centre of Excellence in General Medicine, which may include provision of an academic chair for General Medicine, in negotiation with the tertiary education sector.

The Operator should consider for the General Medicine Service:

- providing for the management of undifferentiated, non-critical medical patients through a model of care that involves a medical assessment unit (or similar); and
- ensuring 24 hour provision onsite of registrar-level medical staff.

(iv) Additional Key Service Linkages

To support the delivery of the General Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- Mona Vale subacute, rehabilitation and aged care services;
- relevant NSLHD Clinical Networks such as the Medicine (Acute) and (Chronic and Complex Care) Networks;



- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
  - residential aged care services.
- (b) Cardiology (including Coronary Care)
- (i) Overview
- The Operator must provide a Cardiology Service which covers the management of acute and chronic heart disease, including acute coronary syndromes, rhythm disturbances, valvular heart disease and heart failure.
- As at the date of this document, the Cardiology Service does not include interventional cardiology or invasive diagnostic cardiology, however implementation may be considered as part of the Public Patient Portion's future expansion.
- (ii) Scope of Service
- The Cardiology Service must be delivered to the Level specified in the table in section 6 for that Service.
- (iii) Service Requirements
- As part of the provision of the Cardiology (including Coronary Care) Service at the Public Patient Portion, the Operator must:
- provide an Inpatient cardiology service including:
    - working with the Emergency Department to treat acute and chronic cardiac conditions;
    - a coronary care unit; and
    - a diagnostic angiography service;
  - provide Outpatient Services to align and support the cardiology Inpatient Service including a general cardiac clinic and a rehabilitation clinic, supported by a cardiac specialist registered nurse with appropriate Allied Health professional support; and
  - provide transthoracic and transeophageal echocardiography, stress testing, Inpatient elective cardioversion services as well as Inpatient telemetry beds.
- The Operator should consider for the Cardiology Service providing access to a Critical Care Services clinical nurse educator and clinical nurse consultant/clinical nurse specialist.
- (iv) Additional Key Service Linkages
- To support the delivery of the Cardiology (including Coronary Care) Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:
- relevant NSLHD Clinical Networks such as the Medicine (Acute and Chronic), Renal and Cardiovascular and Critical Care Networks;
  - residential aged care services;
  - the NSLHD-wide 'Management of Cardiac Function' programme;

- the Chronic Disease Clinical Rehabilitation Service; and
- community health services in particular community nursing, such as the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.

(c) Dermatology

(i) Overview

The Operator must provide a Dermatology Service for Public Patients with dermatological conditions.

(ii) Scope of Service

The Dermatology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Dermatology Service at the Public Patient Portion, the Operator must provide Inpatient Services to all wards and the Emergency Department.

(iv) Additional Key Service Linkages

To support the delivery of the Dermatology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(d) Endocrinology

(i) Overview

The Operator must provide an Endocrinology Service via Inpatient Services and Outpatient Services and cover all aspects of endocrinology, diabetes, nutrition and metabolic disease and disorders.

(ii) Scope of Service

The Endocrinology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Endocrinology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including consultative services to all wards and the Emergency Department;
- provide Outpatient Services through an integrated hospital/community diabetes management service to align with and support the endocrinology Inpatient Service;

- provide a multidisciplinary gestational diabetes service, including Inpatients and Outpatients;
- provide follow up diabetes services for paediatric Public Patients; and
- assess, treat and educate all Inpatients with conditions that place the lower limb at risk.

The Operator should consider for the Endocrinology Service:

- a diabetes educator;
- prosthetic services; and
- a wound care clinical nurse consultant /clinical nurse specialist.

(iv) Additional Key Service Linkages

To support the delivery of the Endocrinology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Medicine Network;
- community agencies and relevant non-government organisations such as Diabetes Australia;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(e) Gastroenterology

(i) Overview

The Operator must provide a Gastroenterology Service which includes comprehensive range of gastroenterology services for the management of Public Patients with all types of upper and lower gastrointestinal appropriate to the Role Delineation.

(ii) Scope of Service

The Gastroenterology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Gastroenterology Service at the Public Patient Portion, the Operator must:

- provide an Inpatient Service including:
  - consultative services to all wards and to the Emergency Department; and
  - Inpatient and Outpatient consultations for hepatology;
- provide Outpatient Services that align and support gastroenterology Inpatient Service, including a general gastroenterology Outpatient clinic also providing diagnostic liver services;
- provide an endoscopy unit with a specialist anaesthetist; and

- perform endoscopic procedures including capability to review and perform emergency endoscopy within clinically appropriate time frame in line with current technologies and consistent with specified guidelines of the Gastroenterological Society of Australia.

(iv) Additional Key Service Linkages

To support the delivery of the Gastroenterology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- the Royal North Shore Hospital hepatology service;
- relevant NSLHD Clinical Networks such as the Medicine and Surgery and Anaesthesia Networks;
- community agencies and relevant non-government organisations such as Crohn's and Colitis Australia and Coeliac Australia;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(f) Haematology - Clinical

(i) Overview

The Operator must provide Clinical Haematology Services that are both cancer-related and unrelated to cancer services, including to provide assessment and management of haematologic diseases such as anaemia, idiopathic thrombocytopenic purpura and haematology manifestations of generalised disease, haematology malignancies and disorders of haemostasis and thrombosis such as haemophilia, deep vein thrombosis and pulmonary embolism and HIV haematology.

(ii) Scope of Service

The Clinical Haematology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Clinical Haematology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including consultative services to all wards and the Emergency Department;
- provide Outpatient Services to align and support the clinical haematology service, including for malignant and non-malignant conditions; and
- provide Outpatient day therapy services that support the clinical haematology service, including chemotherapy, transfusions, infusions and diagnostic procedures.

The Operator should consider for the Clinical Haematology Service:

- psychosocial support and palliative care services as appropriate; and
- cross-area appointment of haematology physicians to all hospitals.

(iv) Additional Key Service Linkages

To support the delivery of the Clinical Haematology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Cancer and Palliative Care and Medicine Networks;
- community health services, community agencies and relevant non-government organisations such as the Leukaemia Foundation;
- palliative care services including at Mona Vale; and
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.

(g) Immunology

(i) Overview

The Operator must provide an Immunology Service for Public Patients with immune and allergic disorders.

(ii) Scope of Service

The Immunology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Immunology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including consultative services to the Emergency Department and wards; and
- provide Outpatient Services to align and support the Immunology Service.

(iv) Additional Key Service Linkages

To support the delivery of the Immunology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks;
- community agencies and relevant non-government organisations such as the Australasian Society of Clinical Immunology and Allergy (ASCIA); and
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.

(h) Infectious Diseases

(i) Overview

The Operator must provide an Infectious Diseases Service which covers all aspects of infectious diseases, including community and hospital-acquired infection, infections in immunocompromised hosts, viral hepatitis, tropical and travel related infections, antimicrobial use and antimicrobial hypersensitivity.

(ii) Scope of Service

The Infectious Diseases Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Infectious Diseases Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including consultative services to the Emergency Department and wards;
- provide Outpatient Services to align and support the Infectious Diseases Service;
- provide isolation rooms and appropriate infection management capability such as negative pressure rooms;
- provide phone advice and consultation to GPs and other hospital clinicians; and
- adhere to best practice principles of antibiotic stewardship as per the ACSQHC 'Australian Guidelines for Prevention and Control of Infection in Healthcare'.

(iv) Additional Key Service Linkages

To support the delivery of the Infectious Diseases Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- (A) relevant NSLHD Clinical Networks; and
- (B) community agencies including sexual health services, the AIDS Council of NSW (ACON) and other relevant non-government organisations.

(i) Medical Oncology

(i) Overview

The Operator must provide Medical Oncology Services at the Public Patient Portion that are closely integrated with palliative care services.

(ii) Scope of Service

The Medical Oncology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Medical Oncology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including management of Public Patients receiving chemotherapy or those experiencing side effects from cancer treatments;
- provide Outpatient Services to align and support the Medical Oncology Service including an Outpatient chemotherapy clinic;
- ensure a multidisciplinary team approach throughout the continuum of care and network case conferencing; and

- ensure access to psychosocial support and palliative care services as appropriate.

The Operator should consider for the Medical Oncology Service, access to a clinical nurse consultant/clinical nurse specialist.

(iv) Additional Key Service Linkages

To support the delivery of the Medical Oncology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Cancer and Palliative Care Network;
- community health services, community agencies and non-government organisations such as Cancer Council Australia and Breast Cancer Network Australia;
- palliative care services including the Northern Beaches Palliative Care Service, Mona Vale; and
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.

(j) Neurology

(i) Overview

The Operator must provide a Neurology Service through an Inpatient Service, a non-thrombolysis stroke unit and Outpatient Service. The Neurology Service must encompass diagnosis and treatment of common neurological diseases.

(ii) Scope of Service

The Neurology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Neurology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including:
  - consultative services to all wards and the Emergency Department;
  - a 24 hour per day, 7 days per week 'non-thrombolysis' stroke unit; and
  - referral to a comprehensive stroke unit and interventional radiology;
- provide Outpatient Services to align and support the Inpatient Service including:
  - a general neurology and stroke clinic for the follow-up of admitted patients with neurological diseases;
  - a movement disorders clinic; and
  - a stroke/transient ischaemic attack clinic; and

- provide access to neurological testing (for Inpatients and as a day procedural service) including electroencephalography (EEG, including paediatric service), nerve conduction studies (NCS), electromyography (EMG), evoked potential (EP) test, magnetic resonance imaging (MRI) etc.

The Operator should consider for the Neurology Service:

- Public Patient access to specialist multiple sclerosis and epilepsy clinics; and
- access to a clinical nurse consultant/clinical nurse specialist.

(iv) Additional Key Service Linkages

To support the delivery of the Neurology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Neurosciences Network, which consists of neurology, stroke and neurosurgery services;
- community health services, community agencies and relevant non-government organisations such as Parkinson's Australia, the National Stroke Foundation and Epilepsy Action Australia;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(k) Radiation Oncology

(i) Overview

The Operator must provide a Level 4 Radiation Oncology Service that is a consultation only service.

(ii) Scope of Service

The Radiation Oncology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Radiation Oncology Service at the Public Patient Portion, the Operator must:

- provide Inpatient and Outpatient consultation services to align with and support radiation oncology service; and
- participate in case conferencing and planning.

(iv) Additional Key Service Linkages

To support the delivery of the Radiation Oncology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- the Royal North Shore Hospital Comprehensive Cancer Care Service;
- relevant NSLHD Clinical Networks;



- community health services, community agencies and relevant non-government organisations such as Cancer Council Australia; and
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.

(l) Renal Medicine

(i) Overview

The Operator must provide a Renal Medicine Service which must be conducted via Inpatient, Outpatient and ambulatory services and cover the management of acute and chronic renal patients and renal related disease including hypertension and fluid/electrolyte disorders.

The Renal Service for the Public Patients must link closely with the renal facilities and services, in particular services at the Royal North Shore Hospital.

The Renal Service does not include renal transplant procedures.

(ii) Scope of Service

The Renal Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Renal Medicine Service at the Public Patient Portion, the Operator must:

- provide an Inpatient renal service including:
  - management of Public Patients in the intensive care unit (ICU) with acute renal failure;
  - management of Public Patients undergoing renal dialysis; and
  - support for Inpatients with home dialysis requirements who need to continue home dialysis regime whilst admitted;
- provide Outpatient / ambulatory services to align and support the Inpatient Service, including:
  - a high risk pregnancy clinic;
  - a general nephrology clinic;
  - administration of iron and immunoglobulin infusions and other medical treatments;
  - management of ambulatory home dialysis services for residents of the Northern Beaches; and
  - management of Outpatient dialysis services at the Facility with access to the following:
    - dedicated interventional radiology for fistulograms, plasties and thrombolysis and placement and management of central lines for haemodialysis access; and
    - vascular laboratory, doppler arteriovenous access, also access renal arteries in hypertensive Outpatients.

The Operator should consider for the Renal Medicine Service:

- provision of home dialysis and other dialysis modalities as per NSW Health benchmarks.

(iv) Additional Key Service Linkages

To support the delivery of the Renal Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Renal and Cardiovascular Network;
- other renal dialysis units and programs, including the Royal North Shore Hospital renal dialysis program and kidney transplant program;
- community health services including chronic disease programs, community agencies and relevant non-government organisations such as the National Kidney Foundation and Kidney Australia;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(m) Respiratory Medicine

(i) Overview

The Operator must provide a Respiratory Medicine Service which provides Inpatient and Outpatient diagnosis and management of general and complex respiratory conditions including asthma, chronic obstructive pulmonary disease, bronchitis, pneumonia and pulmonary hypertension.

(ii) Scope of Service

The Respiratory Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirement

As part of the provision of the Respiratory Medicine Service at the Public Patient Portion, the Operator must:

- provide an Inpatient Service that includes seamless links to and from Critical Care Services (including the Emergency Department) to treat acute and chronic respiratory conditions and provides consultative services to other wards and to the intensive care unit (ICU);
- provide Outpatient Services to align and support the Inpatient Service including an Outpatient tuberculosis clinic;
- provide tuberculosis services in accordance with Tuberculosis- Principles for Management of people with Tuberculosis in NSW (PD 2008\_019);
- support primary prevention strategies such as quit smoking and other initiatives; and
- provide a range of respiratory testing for Inpatients and Outpatients including bronchoscopy and other comprehensive lung function tests,

cardiopulmonary exercise testing, and access to assessment for sleep apnoea.

The Operator should consider for the Respiratory Medicine Service:

- referral to other appropriate specialties as required including but not limited to a pulmonary rehabilitation program and / or sleep study service; and
- providing onsite medical cover service which operates 24 hours a day, 7 days a week.

(iv) Additional Key Service Linkages

To support the delivery of the Respiratory Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Medicine Network;
- community health services including community physiotherapy and pulmonary rehabilitation services, and other complex and ongoing care services, community agencies and relevant non-government organisations such as the Asthma Foundation and Lung Foundation of Australia;
- rehabilitation services;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(n) Rheumatology

(i) Overview

The Operator must provide a Rheumatology Service for Public Patients with inflammatory disorders.

(ii) Scope of Service

The Rheumatology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Rheumatology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including consultative services to the Emergency Department and wards; and
- provide Outpatient and ambulatory services to align and support the Rheumatology Service, including:
- a NSW Osteoarthritis Chronic Care Program;
- for osteoporosis re-fracture prevention programs; and
- for the management of back pain.

(iv) Additional Key Service Linkages

To support the delivery of the Rheumatology Service at the Public Patient Portion,

strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Medicine Network;
- community health services including complex and ongoing care services, community agencies and relevant non-government organisations such as the Arthritis Foundation; and
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.

## 5.4 Surgical Services

### (a) General Surgery (including Day Surgery)

#### (i) Overview

The Operator must provide a General Surgery Service including emergency, elective and consultation services for Public Patients.

The Operator must also provide Inpatient Services for Public Patients within a day procedure unit consistent with Role Delineation.

The Operator must provide Public Patient Outpatient Services and ambulatory services to support Day Surgery Services, including pre-admission, pre-anaesthetic and prehab. (pre-op rehabilitation) clinics as required.

#### (ii) Scope of Service

The General Surgery and Day Surgery Service must be delivered to the Level specified in the table in section 6 for that Service.

#### (iii) Service Requirements

As part of the provision of the General Surgery Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which includes:
  - elective general surgical services consistent with Role Delineation; and
  - management of day procedures;
- provide pre- and post-admission Outpatient Services to support the Inpatient Service; and
- provide a stomal therapy service.

The Operator should consider for the Surgical Service:

- Inpatient Services and Day Surgery Services which includes:
  - appropriate facilities and staff to perform surgical procedures in a designated unit that includes anaesthetic, theatres and procedural facilities which meet capability and capacity requirements; and
  - roster of surgeons to support 24 hours a day, 7 days a week emergency general surgery in line with Role Delineation;
- 24 hour provision onsite of registrar-level medical staff;

- access to an enterostomal therapy clinical nurse consultant/clinical nurse specialist; and
- access to a wound care clinical nurse consultant.

(iv) Additional Key Service Linkages

To support the delivery of the General Surgery Service and Day Surgery Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia Network;
- aged care assessment teams (ACATs);
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(b) Burns

(i) Overview

The Operator must provide a Burns Service for Public Patients with minor burn injuries only, with transfer occurring in accordance with GL\_2008012, Burn Transfer Guidelines - NSW Severe Burn Injury Service – 2<sup>nd</sup> Edition.

(ii) Scope of Service

The Burns Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Burns Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services including consultative services to all wards and the Emergency Department;
- provide Outpatient Services to align and support the Inpatient Service; and
- refer to tertiary and other hospitals for the management of burns that fall outside of Role Delineation.

(iv) Additional Key Service Linkages

To support the delivery of the Burns Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- Royal North Shore Hospital and other tertiary facilities including the Children's Hospital at Westmead and Concord Repatriation General Hospital, regional and remote hospitals and services;
- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia and Rehabilitation and Aged Care Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and

- residential aged care services.
- (c) Ear, Nose and Throat
- (i) Overview
- The Operator must provide an Ear, Nose and Throat (ENT) Service which treats diseases and problems affecting the ears, nose, throat, head and neck. The ENT Service must be provided for children, adolescent and adult Public Patients.
- (ii) Scope of Service
- The ENT Service must be delivered to the Level specified in the table in section 6 for that Service.
- (iii) Service Requirements
- As part of the provision of the ENT Service at the Public Patient Portion, the Operator must:
- provide Inpatient Services which include:
    - Inpatient consultative services for ENT; and
    - management of day procedures within a day procedure unit;
  - provide Outpatient Services to support the Inpatient Service;
  - provide access to an audiology service for both adults and paediatrics; and
  - ensure access to screening programs where available.
- The Operator should consider for the ENT Service, providing access to appropriate Allied Health professional services which may include audiology and speech pathology.
- (iv) Additional Key Service Linkages
- To support the delivery of the ENT Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:
- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia Network; and
  - the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services.
- (d) Gynaecology
- (i) Overview
- The Operator must provide a Gynaecology Service including a gynaecology and colposcopy procedural and surgical service for both day and multi-day procedures.
- (ii) Scope of Service
- The Gynaecology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Gynaecology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which includes:
  - general gynaecology incorporating urogynaecology, reproductive endocrinology (including fertility and menopause), early pregnancy assessment, sexual health; and
  - management of same day gynaecological procedures in a day procedure unit as part of surgical services;
- provide an early pregnancy assessment service;
- provide Outpatient Services to support the Inpatient Service including Ambulatory Care services which are able to undertake minor procedures (e.g. colposcopy, loop excision, insertion of intrauterine devices (IUD), hysteroscopy); and
- provide termination of pregnancy services (medical and surgical) or access to these services in accordance with NSW Health Policy Directive PD2014\_022 'Pregnancy – Framework for Terminations in New South Wales Public Health Organisations'.

The Operator should consider for the Gynaecology Service:

- gender-specific Inpatient accommodation, which recognises the importance of privacy; and
- 24 hour provision on-site of registrar-level medical staff.

(iv) Additional Key Service Linkages

To support the delivery of the Gynaecology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion:

- relevant NSLHD Clinical Networks such as the Maternal, Neonatal and Women's Health and Surgery and Anaesthesia Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services;
- NSW Cervical Screening Program and NSW Pap Test Register; and
- residential aged care services.

(e) Neurosurgery

(i) Overview

The Operator must provide a Neurosurgery Service which provides care for Public Patients with minor head injuries. The Neurosurgery Service at the Public Patient Portion must be managed predominantly by general surgeons, with consultation support from visiting specialist neurosurgeons as required.

(ii) Scope of Service

The Neurosurgery Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Neurosurgery Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which encompasses the management of minor head injuries by a General Surgeon (with Neurosurgical consultation available), including elective non-cranial neurosurgery services and simple spinal surgery (decompressions and limited instrumented cases), peripheral nerve cases; and
- provide Outpatient Services to support the Inpatient Service.

(iv) Additional Key Service Linkages

To support the delivery of the Neurosurgery Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Network such as the Neurosciences and Surgery and Anaesthesia Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services;
- aged care assessment teams (ACATs); and
- residential aged care services.

(f) Ophthalmology

(i) Overview

The Operator must provide an Ophthalmology Service, including Inpatient Services and Outpatient Services and other ambulatory settings as required.

(ii) Scope of Service

The Ophthalmology Service must be delivered to the Level prescribed in section 6.

(iii) Service Requirements

As part of the provision of the Ophthalmology Service at the Public Patient Portion, the Operator must:

- provide Inpatient consultative services;
- manage day procedures consistent with Role Delineation; and
- provide Outpatient Services to support the Ophthalmology Service.

The Operator should consider for the Ophthalmology Service, providing access to diagnostics to assist with diagnosis and management of some eye disorders.



(iv) Additional Key Service Linkages

To support the delivery of the Ophthalmology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(g) Orthopaedic

(i) Overview

The Operator must provide an Orthopaedic Service which provides general trauma and elective orthopaedic services for bone and joint conditions. Orthopaedic surgeons must use both surgical and nonsurgical means to treat musculoskeletal trauma, sports injuries, degenerative diseases, and congenital disorder.

(ii) Scope of Service

The Orthopaedic Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Orthopaedic Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which includes elective and emergency orthopaedic surgical services;
- provide Outpatient Services to support the Inpatient Service including an orthopaedic trauma clinic to provide follow up and review;
- provide simple spine surgery (decompressions and limited instrumented cases), peripheral nerve cases and other associated surgical procedures in accordance with Role Delineation;
- provide an orthogeriatric service which provides strong linkages with the rehabilitation service at Mona Vale Hospital, aged care assessment teams (ACATs), Allied Health professionals and residential aged care; and
- provide hand surgery.

The Operator should consider for the Orthopaedic Service:

- Inpatient Services which include:
  - a roster of surgeons to support 24 hour a day, 7 days a week emergency orthopaedic surgery; and
  - appropriate facilities and staff to perform surgical procedures in a designated unit that includes anaesthetic, theatres and procedural facilities which meet capability and capacity requirements; and
- 24 hour provision on-site of registrar-level medical staff.

(iv) Additional Key Service Linkages

To support the delivery of the Orthopaedic Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia, Rehabilitation and Aged Care Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(h) Plastic and Reconstructive

(i) Overview

The Operator must provide a Plastic and Reconstructive Surgery Service which provides a consultative service for new and review Public Patients, both elective and semi-urgent including Public Patients from the Emergency Department, the Burns Service and Oncology Services.

(ii) Scope of Service

The Plastic and Reconstructive Surgery Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Plastic and Reconstructive Surgery Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which includes:
  - elective and emergency plastic and reconstructive surgery consistent with Role Delineation; and
  - a consultation service to the Emergency Department, critical care and wards;
- provide Outpatient Services to support the Inpatient Surgery Service; and
- provide hand surgery.

(iv) Additional Key Service Linkages

To support the delivery of the Plastic and Reconstructive Surgery Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including;

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia Networks;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(i) Urology

(i) Overview

The Operator must provide a Urology Service which provides care for Public Patients with symptoms and diseases affecting both the male genito-urinary tract and the female urinary tract.

(ii) Scope of Service

The Urology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Urology Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which includes:
  - general urology incorporating day procedures in a day procedure unit; and
  - an incontinence advisory service;
- provide Outpatient Services to support the Inpatient Service including urodynamic testing; and
- provide a stomal therapy service.

The Operator should consider for the Urology Service:

- providing Inpatient Services which includes a roster of surgeons to support 24 hours a day, 7 days a week for emergency surgery; and
- access to an enterostomal therapy clinical nurse consultant/clinical nurse specialist.

(iv) Additional Key Service Linkages

To support the delivery of the Urology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia, Renal and Cardiovascular Networks;
- community health services including, community agencies and other relevant non-government organisations such as the Continence Foundation of Australia;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

(j) Vascular

(i) Overview

The Operator must provide a Vascular Surgery Service which provides a comprehensive Inpatient Service and Outpatient Service management of all vascular conditions. Emergency surgery and surgical Elective Activity must be available, including open surgical treatment.

(ii) Scope of Service

The Vascular Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Vascular Service at the Public Patient Portion, the Operator must:

- provide Inpatient Services which includes:
  - elective vascular surgical and endovascular services consistent with Role Delineation;
  - access to angiography services; and
  - access to vascular services for renal services; and
- provide Outpatient Services to support the Inpatient Service.

The Operator should consider for the Vascular Service, Inpatient Services which includes:

- a roster of surgeons to support 24 hours a day, 7 days a week emergency surgery;
- management of day procedures in a day procedure unit; and
- appropriate facilities and staff to perform surgical procedures in a designated unit that includes anaesthetic, theatres and procedural facilities that meet capability and capacity requirements.

(iv) Additional Key Service Linkages

To support the delivery of the Vascular Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia, Renal and Cardiovascular Networks;
- aged care assessment teams (ACATs);
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- residential aged care services.

## 5.5 Integrated Community and Hospital Services (including Mental Health and Geriatric Services)

### (a) Adult Mental Health

#### (i) Overview

The Operator must provide an Adult Mental Health Service which primarily caters for adult Public Patients aged 18 – 65 years with a mental illness or mental disorder who have associated levels of disturbance and psychosocial disability due to their illness or disorder.

In terms of service delivery, the Adult Mental Health Service will provide Emergency Department and Inpatient medical consultation, assessment and treatment services to patients presenting with a primary or secondary diagnosis of mental illness. An equally crucial role of the Adult Mental Health Service is to address the full continuum of mental health care through established relationships with other service providers (both in hospital and in the community) to ensure seamless and integrated care for Public Patients.

#### (ii) Scope of Service

The Adult Mental Health Service must be delivered to the Level specified in the table in section 6 for that Service.

#### (iii) Service Requirements

As part of the provision of the Adult Mental Health Service at the Public Patient Portion, the Operator must:

- provide treatment for patients with mental illness over the age of 18 years;
- provide treatment for Public Patients with mental illness over the age of 65 within the Adult Mental Health Service unless they have significant age related conditions including frailty and dementia;
- ensure process for the effective transitioning of 18 – 22 year old Public Patients from CAMHS to the Adult Mental Health Service;
- provide Emergency Department and Inpatient Services including:
  - Emergency Department and Inpatient medical consultation, assessment and treatment;
  - a secure Emergency Department environment;
  - Mental Health patient triage as per Mental Health Triage Policy (PD 2012\_053);
  - an Inpatient unit containing secure beds;
  - a psychiatric consultation liaison service in the Emergency Department and to the wards to assess, diagnose and treat mentally ill patients;
  - an appropriately credentialed electroconvulsive therapy (ECT) service that meets the Electroconvulsive Therapy - ECT Minimum Standard of Practice in NSW (PD2011\_003) and the RANZCP Position Statement 74 August 2013; and

- accepting direct admissions from community mental health services to the Inpatient Service;
- provide a psychiatric emergency care centre (PECC);
- provide consultation and liaison, and specialist consultation to Inpatients with a mental illness, including to Inpatient maternity patients as required;
- provide Inpatient and Outpatient perinatal support;
- provide consultation liaison services to ante natal and post natal patients where there are significant risks to mother or baby wellbeing and refer Public Patients requiring further specialist care to an appropriate dedicated unit or facility;
- provide information as required to the state-wide mental health information database;
- participate in state-wide mental health intensive care provision, in conjunction with the NSLHD and MHDAO;
- engage with a mental health consumer advisory network;
- ensure that senior clinical care optimises the philosophy of consistency of approach to care; and
- provision of close liaison and clear referral pathways with community agencies for ongoing treatment, management and rehabilitation.

The Operator should consider for the Adult Mental Health Service:

- 24 hour onsite registrar-level medical staff; and
- 24 hour mental health clinical nurse consultant in the Emergency Department.

(iv) Additional Key Service Linkages

To support the delivery of the Adult Mental Health Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Mental Health Drug and Alcohol Network;
- the Behavioural and Psychological Symptoms of Dementia Unit (Mona Vale);
- mental health emergency response service (or equivalent);
- community supported accommodation including mental health residential facilities;
- drug and alcohol services and the MHDAO;
- the NSW Department of Family and Community Services and Corrective Services NSW; and
- state-wide forensic mental health services, and Indigenous mental health services and mental health outreach centres.

(b) Child and Adolescent Mental Health

(i) Overview

The Operator must provide a Child and Adolescent Mental Health Service (CAMHS) for Public Patients aged 12-18 years with a mental illness in need of urgent professional care. This care may be provided within the Emergency Department setting, noting that there will not be an Inpatient paediatric mental health service offered at the Public Patient Portion. Any child or adolescent Public Patient with a primary mental health diagnosis requiring an Inpatient admission must be transferred (when transfer is available) to an age appropriate Inpatient facility with clear documented referral pathways in agreement with other services. Should transfer not be immediately available, in the interim, Public Patients must be provided with appropriate professional care.

Paediatric or adolescent Inpatients at the Public Patient Portion with a primary diagnosis other than mental health that have underlying mental illnesses must be ensured access to the psychiatric consultation liaison service to be provided at the Public Patient Portion as required.

An equally crucial role of the Child and Adolescent Mental Health Service is to address the full continuum of mental health care through established relationships with other service providers to ensure seamless and integrated care for Public Patients.

(ii) Scope of Service

The Child and Adolescent Mental Health Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Child and Adolescent Mental Health Service at the Public Patient Portion, the Operator must:

- be able to meet and cater for the needs of a small cohort of 12 - 18 year olds;
- provide Emergency Department and Inpatient Services including:
  - a secure Emergency Department environment;
  - Mental Health patient triage as per Mental Health Triage Policy (PD 2012\_053);
  - a psychiatric consultation liaison service in the Emergency Department and to the paediatric ward/s to assess, diagnose and treat mentally ill Public Patients; and
  - psychiatric crisis intervention in the Emergency Department and on the paediatric ward/s as required;
- provide information as required to the state-wide mental health information database; and
- provide senior clinical care which optimises the philosophy of consistency of approach to care.

(iv) Additional Key Service Linkages

To support the delivery of the Child and Adolescent Mental Health Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Mental Health Drug and Alcohol Network;
- CAMHS and community child and family health services;
- paediatric medical and surgical services;
- child protection services;
- drug and alcohol services and the MHDAO;
- mental health emergency response service (or equivalent);
- community supported accommodation including mental health residential facilities;
- NSW Department of Family and Community Services and Corrective Services NSW; and
- state-wide forensic mental health services, and Indigenous mental health services and mental health outreach centres.

(c) Older Persons Mental Health

(i) Overview

The Operator must provide an Older Adult Mental Health Service which provides age appropriate, hospital based mental health services for Public Patients primarily aged 65 years and over. The Older Adult Mental Health Service must be delivered through the Emergency Department and Inpatient Services must be closely integrated with community mental health services.

(ii) Scope of Service

The Older Persons Mental Health Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Older Persons Mental Health Service at the Public Patient Portion, the Operator must:

- provide treatment for Public Patients with mental illness over the age of 65 within the Older Persons Mental Health Service unless they have significant age related conditions;
- provide Emergency Department and Inpatient Services including:
  - a secure Emergency Department environment;
  - Mental Health patient triage as per Mental Health Triage Policy (PD 2012\_053);
  - a secure Inpatient unit suitable for admitting both voluntary and involuntary Public Patients;
  - Emergency Department and Inpatient medical consultation, assessment and treatment;
  - a psychiatric consultation liaison service within the Emergency Department and to the wards to assess, diagnose and treat mentally ill Public Patients;



- an electroconvulsive therapy (ECT) service that meets the Electroconvulsive Therapy - ECT Minimum Standard of Practice in NSW (PD2011\_003) and the RANZCP Position Statement 74 August2013;
- direct admissions from community mental health services to the Inpatient Service;
- psychiatric crisis intervention in the Emergency Department and on the Inpatient unit; and
- access to sub-acute Inpatient rehabilitation; and
- ensure that the provision of senior clinical care optimises the philosophy of consistency of approach to care.

(iv) Additional Key Service Linkages

To support the delivery of the Older Persons Mental Health Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Mental Health Drug and Alcohol Network;
- drug and alcohol services and the MHDAO;
- mental health emergency response service (or equivalent);
- community supported accommodation including mental health residential facilities;
- local council and community care services including Home and Community Care (HACC); and
- the NSW Department of Family and Community Services.

(d) Geriatric Medicine

(i) Overview

The Operator must provide a Geriatric Medicine Service which provides medical care for conditions associated with ageing including cognitive dysfunction, chronic illness and/or disability. The Geriatric Medicine Service must include Inpatient admission for review, treatment, management and rehabilitation by a geriatrician and multidisciplinary team, as well as Outpatient Services and access to sub-acute rehabilitation services and programs to complement the Inpatient Service.

(ii) Scope of Service

The Geriatric Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Geriatric Medicine Service at the Public Patient Portion, the Operator must:

- provide access to:

- acute Inpatient Services, e.g. multidisciplinary aged care and rehabilitation following illness, injury or surgery;
- sub-acute rehabilitation;
- screening, comprehensive assessment, care planning, treatment and referral to Public Patients within the Emergency Department;
- a shared care or dedicated aged care ward, stroke unit, geriatric consultation service, orthogeriatric service and psychogeriatric consultation;
- geriatric evaluation and management care;
- services for the aged within the Emergency Department such as those provided by aged care assessment teams (ACATs), which must assess suitability and eligibility of the older person as either Inpatient, Outpatient and or in the community for aged care services and to facilitate access to available care services and accommodation appropriate to their needs;
- provide ambulatory and Outpatient Services which include clinics to manage balance, memory/cognition, continence, osteoporosis and to prevent falls; and
- provide clinical care to include access to a Geriatrician.

The Operator should consider for the Geriatric Medicine Service:

- providing geriatric models of care for surgical and orthopaedic patients to enhance recovery and decrease length of stay; and
- ensuring access to a clinical nurse consultant/clinical nurse specialist or equivalent.

(iv) **Additional Key Service Linkages**

To support the delivery of the Geriatric Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Rehabilitation and Aged Care Network;
- community health services including ongoing and complex care programs, community agencies including Home and Community Care (HACC) and other relevant non-government organisations;
- aged care assessment teams (ACATs);
- rehabilitation services;
- residential aged care services;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- transition care services.

## **5.6 Maternal Neonatal and Women's Health Services**

### **(a) Maternity**

(i) Overview

The Operator must provide a Maternity Service that operates as part of state-wide networks in regard to management of high risk maternity Public Patients and babies requiring higher levels of complexity care, and must:

- provide maternity services including antenatal, intrapartum and postnatal care for low, medium and some high risk women; and
- provide services including:
  - emergency and non-emergency obstetric services (including emergency caesarean sections) and provide onsite medical, midwifery, nursing and other staff to support these services;
  - antenatal, intrapartum and postpartum transfers where clinically appropriate;
  - provide models of midwifery care in line with NSW Health Policy Directive PD2010\_45 'Maternity – Towards Normal Birth in NSW'; and
  - provide care in accordance with SAFE START Strategic Policy (PD2010\_016) and SAFE START Guidelines: Improving Mental Health Outcomes for Parents and Infants (GL 2010\_004).

(ii) Scope of Service

The Maternity Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Maternity Service at the Public Patient Portion, the Operator must:

- provide services to support the Inpatient maternity service, including:
  - ambulatory pregnancy day assessment service;
  - multidisciplinary childbirth education; and
  - approaches to care that align with NSW Health Policy Directive PD2010\_45 'Maternity – Towards Normal Birth in NSW';
- provide newborn blood spot screening services in accordance with Newborn Bloodspot Screening Policy (PD 2006\_099);
- provide infant feeding including lactation advice from appropriately trained professionals;
- provide an acute pain service including dedicated epidural anaesthetic service;
- provide antenatal and postnatal care in both the hospital and community settings including postnatal care in the home;
- provide onsite access to the Statewide Infant Screening - Hearing (SWISH) Programme (PD2010\_002);
- offer a range of models of care including continuity of carer models and Next Birth After Caesarean (NBAC) services in response to women's

choice in line with NSW Health Policy Directive PD2010\_45 'Maternity – Towards Normal Birth in NSW';

- ensure timely access to and intervention from mental health services both in the Outpatient and the Inpatient setting; and
- ensure Maternity -National Midwifery Guidelines for Consultation and Referral (PD 2010\_022) are understood and applied.

The Operator should consider for the Maternity Service:

- providing services in alignment with those described within the NSW Women's Health and Maternity Services strategies; and
- achieving accreditation with the NSW Baby Friendly Health Initiative.

(iv) Additional Key Service Linkages

To support the delivery of the Maternity Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Maternal, Neonatal and Women's Health Network and NSW Statewide Perinatal Services Network (PSN);
- community health services including community agencies and other relevant non-government organisations including Australian Breastfeeding Association and Sands Australia;
- child and family health services;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services;
- the NSW Department of Family and Community Services (including Child Protection);
- Aboriginal health workers, counsellors and educators; and
- the SWISH Programme.

(b) Neonatal

(i) Overview

The Operator must provide a Neonatal Service which provides neonatal services, including provision of a special care nursery with capacity to provide appropriate care for babies born from 32 weeks and stable babies transferred back from tertiary and quaternary public facilities.

(ii) Scope of Service

The Neonatal Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Neonatal Service at the Public Patient Portion, the Operator must:

- operate as part of state-wide networks in regard to management of high risk maternity Public Patients and babies requiring higher levels of complexity care;
- provide Inpatient Services including provision of a special care nursery with capacity to provide appropriate care for babies born from 32 weeks and stable babies transferred back from tertiary and quaternary public facilities;
- providing access to a specialist paediatrician with direct involvement in the neonatal ward;
- provide a nursery capable of providing continuous positive airway pressure (CPAP) ventilation, total parenteral nutrition (TPN) as well as the usual services provided in a special care nursery, in a family-friendly environment; and
- provide Outpatient Services to support the Inpatient Service.

The Operator should consider for the Neonatal Service, security for newborn babies through an infant abduction risk reduction strategy.

(iv) Additional Key Service Linkages

To support the delivery of the Neonatal Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- Royal North Shore Hospital and other tertiary facilities including the Sydney Children's Hospital, the Children's Hospital at Westmead and regional and remote hospitals and services;
- relevant NSLHD Clinical Networks such as the Maternal, Neonatal and Women's Health Network;
- community health services, child and family health services, community agencies and other relevant non-government organisations including Australian Breastfeeding Association and Sands Australia;
- the NSW Department of Family and Community Services;
- the Northern Sydney Home Nursing Service, APAC or other home visiting nursing / referral services; and
- Aboriginal health workers, counsellors and educators.

## 5.7 Paediatric Services

(a) Paediatric Medicine

(i) Overview

The Operator must provide a Paediatric Service which provides a range of paediatric medical specialty and sub-specialty services and Outpatient Services.

(ii) Scope of Service

The Paediatric Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Paediatric Medicine Service at the Public Patient Portion, the Operator must:

- ensure that new adolescent Public Patients presenting to the Emergency Department are admitted under the paediatric service if under 16 years;
- ensure that existing paediatric Public Patients are directed to adult services when they turn 18 (consideration of clinical appropriateness in chronic conditions);
- provide Inpatient Services that include:
  - the provision of dedicated same day and multi-day beds;
  - separate treatment rooms for procedures on wards; and
  - safe and secure areas in both the Emergency Department (with appropriate separation from adult Patient areas) and ward areas that are well supervised and easily observed by staff;
- ensure the provision of Outpatient Services to support the Inpatient Service including a paediatric clinic to provide follow up;
- ensure the provision of general paediatric Outpatient Services for Public Patients to include the referral of community patients for the diagnosis and management of new and ongoing conditions i.e. asthma;
- ensure the delivery of adolescent care including transition to adult services when clinically appropriate;
- provide a service to meet the needs of children and adolescents requiring admission for short stay observation;
- provide a service for children and adolescents that meets the recognised guidelines for care in acute care settings in accordance with NSW Health Policy PD2010\_034 and Children's Healthcare Australasia standards;
- provide a service for children and adolescents with mental health problems requiring inpatient care in accordance with NSW Health Policy PD2011\_016;
- provide a paediatric ambulatory care service and other services (including an on-site General Practitioner service or equivalent in accordance with the Compensable Patient Strategy) to facilitate hospital admission avoidance following Emergency Department presentation and to facilitate early discharge; and
- ensure timely access to consultation/liaison with the CAMHS or other appropriate psychiatric services.

The Operator should consider for the Paediatric Service:

- ensuring the environment in which care is delivered is safe and appropriate for the age and stage of development for both children and adolescents;
- integration with NSLHD's child protection response, including collaboration and information exchange with the relevant NSW Health Child Wellbeing Units;

- integrate with and reporting on relevant National and State key performance indicators, including those set by NSW Kids and Families; and
- ensuring 24 hour provision onsite of registrar-level medical staff.

(iv) Additional Key Service Linkages

To support the delivery of the Paediatric Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Maternal, Neonatal and Women's Health Network; and
- the NSW Department of Family and Community Services, and the NSW Department of Education and Training.

(b) Paediatric Surgery

(i) Overview

The Operator must provide a Paediatric Surgery Service, including emergency, elective and consultation liaison services for American Society of Anesthesiologists (ASA) categories 1 and 2 paediatric Public Patients requiring moderate and selected major surgical procedures.

Except in emergencies, children under the age of one month should not be admitted to the Facility.

(ii) Scope of Service

The Paediatric Surgery Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Paediatric Surgery Service at the Public Patient Portion, the Operator must:

- ensure that new adolescent Public Patients presenting to the Emergency Department are admitted under the paediatric service if under 16 years;
- ensure that existing paediatric Public Patients are directed to adult services when they turn 18 (consideration of clinical appropriateness in chronic conditions);
- provide unplanned paediatric general surgery for those aged 12 years and over;
- ensure the provision of Outpatient Services to support the Inpatient Service including a paediatric clinic to provide follow up, review and treatment of Public Patients who have been admitted and require specific after care; and
- ensure timely access to consultation/liaison with the CAMHS or other appropriate psychiatric services.

The Operator should consider for the Paediatric Surgery Service:

- providing clinical space appropriate for paediatric Public Patients separate to the adult environment;

- separating Public Paediatric patients and adults within the perioperative suite with appropriate access provided to parents and carers of children;
- providing safe and secure areas in both the Emergency Department (with appropriate separation from adult patient areas) and ward areas that are well supervised and easily observed by staff; and
- ensuring the environment in which care is delivered is safe and appropriate for the age and stage of development for both children and adolescents.

(iv) Additional Key Service Linkages

To support the delivery of the Paediatric Surgery Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Maternal, Neonatal and Women's Health Network; and
- the NSW Department of Family and Community Services and the NSW Department of Education and Training.

## 5.8 Clinical Support Services

(a) Pathology

(i) Overview

The Operator must provide a Pathology Service which provides diagnostic and management advice to facilitate Public Patient care and aid in disease prevention, and be integral to the diagnosis and monitoring of diseases.

The Pathology Service must meet the demands of the Public Patient Portion and associated services, 24 hours a day, 7 days a week.

To ensure optimal care for Public Patients the Pathology Service must:

- provide accurate and timely results with interpretive comments to the clinical staff;
- provide a quality service that will be patient focused and committed to continuous improvement; and
- communicate with other onsite Clinical Services on a regular basis to ensure the needs of the Public Patients and requesting medical practitioners are met.

(ii) Scope of Service

The Pathology Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Pathology Service at the Public Patient Portion, the Operator must:

- provide the pathology and laboratory medicine service;
- provide access to specialised services including:
  - onsite blood product storage and cross matching;
  - haematology and biochemistry testing;



- cytopathology;
  - frozen sections and fine needle aspiration services; and
  - clinical and consultation advice and result interpretation provided by a pathologist including patient management and infection control;
- provide diagnostic and investigative pathology, clinical consultative services 24 hours per day, 7 days per week to support the clinical services;
  - provide support for point of care testing devices;
  - provide access to a 24 hour onsite blood storage and distribution service;
  - ensure staffing to cover the hours and demand of the 24 hours a day service;
  - provide appropriately skilled sample collection staff to meet the needs of all of the clinical services including specialised neonatal and paediatric collections;
  - ensure laboratory information systems are integrated with the Facility administration and clinical information systems; and
  - provide the level of pathology and laboratory services to achieve result turnaround to support the frequency of urgent requests expected for Level 5 Emergency Department, Surgical Services, Critical Care Services and Maternity Services.

(iv) Additional Key Service Linkages

To support the delivery of the Pathology Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including relevant NSLHD Clinical Networks.

(b) Pharmacy

(i) Overview

The Operator must provide a Pharmacy Service to support the various Inpatient and Outpatient clinical specialty and subspecialty requirements of the Public Patient Portion.

(ii) Scope of Service

The Pharmacy Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Pharmacy Service at the Public Patient Portion, the Operator must:

- provide onsite pharmacy including a clinical pharmacy service;
- provide or have access to aseptically dispensed products including chemotherapy and daily antibiotic infusion preparations; and
- provide a pharmacy imprest system;

- comply with NSW Health Policy PD 2005\_395 Drugs –Funding Arrangements for Outpatient Use of High Cost Drugs Not Funded by the Commonwealth; and
- comply with NSW Health Policy PD 2012\_068 Outpatient Pharmaceutical Arrangements and Safety Net arrangements.

The Operator should consider for the Pharmacy Service, adhering to the standards from the Society of Hospital Pharmacists of Australia.

(iv) Additional Key Service Linkages

To support the delivery of the Pharmacy Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks; and
- community pharmacies.

(c) Diagnostic Imaging

(i) Overview

The Operator must provide a Level 5 Diagnostic Imaging Service to support the Role Delineation of the Public Patient Portion and Public Patients attending from the Emergency Department, Inpatient Services (including Critical Care Services) and Outpatient Services (where relevant).

(ii) Scope of Service

The Diagnostic Imaging Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Diagnostic Imaging Service at the Public Patient Portion, the Operator must:

- ensure that the service operates with extended hours 7 days per week with on call service outside of extended hours;
- provide centrally located facilities for a range of services including:
  - general x-ray, fluoroscopy, emergency and mobile x-ray;
  - full ultrasound services including general ultrasound, vascular, obstetric and gynaecological;
  - multidisciplinary diagnostic angiography service;
  - magnetic resonance imaging (MRI);
  - access to specialised maternal foetal medicine ultrasound;
  - access to specialised computed tomography (CT) scanning services including cardiac imaging;
  - paediatric imaging to support paediatric and neonatology service; and
  - operating room imaging including mobile image intensifiers and ultrasound;

- ensure that medical imaging technology is contemporary in regards to service delivery requirements and is consistent with Role Delineation;
- have the capacity to transfer diagnostic imaging information (images and data) via an electronic method, allowing instant access across the health continuum and enabling transfer of care effectively to other hospitals; and
- achieve accreditation through the Australian Government Diagnostic Imaging Accreditation Scheme.

(iv) Additional Key Service Linkages

To support the delivery of the Diagnostic Imaging Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including relevant NSLHD Clinical Networks.

(d) Nuclear Medicine

(i) Overview

The Operator must provide a Level 5 Nuclear Medicine Service to support the Role Delineation of the Public Patient Portion and Public Patients attending from the Emergency Department, Inpatient Services and Outpatient Services (where relevant).

(ii) Scope of Service

The Nuclear Medicine Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

The Operator must provide a Nuclear Medicine Service in accordance with the Role Delineation requirements.

(iv) Additional Key Service Linkages

To support the delivery of the Nuclear Medicine Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including relevant NSLHD Clinical Networks.

(e) Anaesthetics

(i) Overview

The Operator must provide a 24 hour a day, 7 day a week Anaesthetics Service to support the medical and surgical procedures, Role Delineation and casemix of the Public Patient Portion as required.

The Anaesthetics Service must provide a pain management service covering acute and post-operative pain, and chronic pain (including Outpatient pain services).

(ii) Scope of Service

The Anaesthetics Service must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Anaesthetics Service at the Public Patient Portion, the Operator must:

- provide a 7 day per week epidural service;

- provide pre-, peri- and post-operative anaesthetic care including pre-admission clinics; and
- provide an acute pain service and a chronic pain service (including Outpatient pain services) with relevant specialty staff including nursing and Allied Health.

The Operator should consider for the Anaesthetics Service, 24 hour provision onsite of registrar-level medical staff.

(iv) Additional Key Service Linkages

To support the delivery of the Anaesthetics Service at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia Clinical Network; and
- pain management specialists including CNC/Clinical Nurse Specialist/Nurse Practitioner.

(f) Operating Suite (including central sterilising department)

(i) Overview

The Operator must provide an Operating Suite which provides the physical environment to support the operating needs of the Role Delineation and casemix of the Public Patient Portion, including surgical Elective Activity and emergency surgery.

The Operating Suite must include a central sterilising department (CSD) that provides decontamination, sterilising and assembly of all surgical instrumentation required for use within the Facility, to Inpatient units, Outpatient units, all procedural areas and the Emergency Department.

(ii) Scope of Service

The Operating Suite must be delivered to the Level specified in the table in section 6 for that Service.

(iii) Service Requirements

As part of the provision of the Operating Suite at the Public Patient Portion, the Operator should consider:

- providing an operating theatre service which operates 24 hours a day, 7 days per week to meet emergency requirements with scheduled routine sessions to meet demand and waitlist requirements; and
- providing seamless links between recovery rooms, critical care, maternity services and other specialist surgical and medical teams.

As part of the provision of the central sterilising department (CSD) at the Public Patient Portion, the Operator should consider:

- providing 24 hour, 7 day a week service;
- managing the supply and provision of loan surgical instrumentation as required; and

- ensuring a turn-around time of instrumentation that maintains efficiency of operating theatres and procedural areas.

(iv) Additional Key Service Linkages

To support the delivery of the Operating Suite (including the central sterilising department (CSD)) at the Public Patient Portion, strong relationships and links must exist between the Public Patient Portion and other providers of care, including:

- relevant NSLHD Clinical Networks such as the Surgery and Anaesthesia Network; and
- private companies for the provision and access of specialised loan surgical instrumentation.

## 6. Role Delineation for Services

The Operator must deliver each Service to the Level specified in the table below, in accordance with the Role Delineation.

Service	Level
<b>CRITICAL CARE SERVICES</b>	
1. Emergency Medicine	5
2. Intensive Care	5
<b>MEDICAL SERVICES</b>	
3. General Medicine	5
4. Cardiology	5
5. Coronary Care	5
6. Dermatology	4
7. Endocrinology	5
8. Gastroenterology	5
9. Haematology – Clinical	5
10. Immunology	5
11. Infectious Diseases	5
12. Medical Oncology	5
13. Neurology	5
14. Radiation Oncology	4
15. Renal Medicine	5
16. Respiratory Medicine	5
17. Rheumatology	5
<b>SURGICAL SERVICES</b>	
18. General Surgery	5
19. Day Surgery	4

Service	Level
20. Burns	3
21. Ear, Nose and Throat	5
22. Gynaecology	5
23. Neurosurgery	4
24. Ophthalmology	1
25. Orthopaedics	5
26. Plastic Surgery	5
27. Urology	5
28. Vascular Surgery	5
<b>INTEGRATED COMMUNITY AND HOSPITAL SERVICES</b>	
29. Adult Mental Health (inpatient)	5
30. Child and Adolescent Mental Health (inpatient)	3
31. Older Adult Mental Health (inpatient)	5
32. Geriatric Medicine Service	5
<b>MATERNAL, NEONATAL AND WOMEN'S HEALTH SERVICES</b>	
33. Maternity	5
34. Neonatal	4
35. Paediatric Medicine	4
36. Paediatric Surgery	4
<b>CLINICAL SUPPORT SERVICES</b>	
37. Pathology	5
38. Pharmacy	5
39. Diagnostic Imaging	5
40. Nuclear Medicine	5
41. Anaesthetics	5
42. Operating Suite (including central sterilising)	6