

Perioperative services

CSCF v3.2

Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including the glossary and acronym list), Anaesthetic Services and Surgical Services modules.

This module applies to adult and/or children's perioperative services and is primarily focused on the provision of elective surgery. The module encompasses care of patients preparing for, undergoing and recuperating from surgery. The knowledge distinct to this field includes:

- operative risk and complications
- patient-specific risks
- methods to reduce risk
- management of medical comorbidities.

Children have specific needs in health services—please refer to the relevant children's services modules.

Sterilising services form an integral part of perioperative services, as transmission of infection is a potential risk for a patient's health outcome. Operating suite services must have direct links to sterilising services on-site or access to off-site sterilising services. Where these units are on-site, it is preferable they are collocated to assist in the transfer of equipment and instruments. Where sterilising services are off-site, the transfer and transportation of sterile equipment and trays between facilities must be supported by documented processes.

Facilities providing sterilising services must be compliant with AS/NZ 4187 and must have adequate sterile instrumentation, equipment and stock to enable the effective functioning of perioperative services and negate use of 'flash' sterilising. Where sterile equipment or products are required, these may be disposable (i.e. 'single use only' items). Standards, policies and processes for the cleaning and sterilising of reusable medical and surgical instruments and equipment¹ are essential.

The main factor affecting perioperative service levels is the interaction between anaesthetic risk (i.e. physical status of the patient) and procedural / surgical complexity. Patients undergoing surgery and/or procedures require general or local anaesthesia and/or major regional anaesthesia / analgesia or sedation (including conscious sedation) for procedures



of wide-ranging surgical complexity. The characteristics pertaining to surgical complexity are outlined in Table 1.

Table 1: Surgical complexity characteristics

Complexity	Characteristics
Surgical complexity I (SCI) (e.g. local anaesthetic for removal of lesions)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> • is an ambulatory / office surgery procedure • requires local anaesthetic, but not sedation • requires a procedure room, aseptic technique and sterile instruments, but not an operating theatre • requires access to resuscitation equipment (including oxygen) and means of delivery • requires an area where patients can sit, but not a recovery room • generally does not require post-operative stay or treatment • does not require support services other than suture removal or a post-operative check.
Day surgery for SCI	When this definition is applied to patients having day surgery (i.e. those admitted and discharged on the same day), refer to Section 2, Day Surgery Services of this module.
Surgical complexity II (SCII) (e.g. local anaesthetic and/or sedation for excision of lesions)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> • is usually an ambulatory, day-stay or emergency department procedure • requires local anaesthesia or peripheral nerve block and possibly some level of sedation, but not general anaesthesia • requires at least one operating room or procedure room, and a separate recovery area.
Day surgery for SCII	When this definition applies to patients having day surgery, refer to Section 2, Day Surgery Services of this module.
Surgical complexity III (SCIII) (e.g. general anaesthesia for inguinal hernia)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> • usually requires general anaesthesia and/or a regional, epidural or spinal block • requires at least one operating room and a separate recovery room • may be a day-stay / overnight case or extended stay case • may have access to close observation care area/s.
Day surgery for SCIII	When this definition is applied to patients having day surgery, refer to Section 2, Day Surgery Services of this module. Freestanding day hospitals require at least one operating room and a separate recovery

Complexity	Characteristics
	room when performing SCIII procedures. Freestanding day hospitals may not provide extended stay cases.
Surgical complexity IV (SCIV) (e.g. general anaesthesia for abdominal surgery such as laparotomy)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> • involves major surgical procedures with low to medium anaesthetic risk • usually requires general anaesthesia, and/or a regional, epidural or spinal block • has potential for perioperative complications • has close observation care area/s • has access to intensive care services • may have capacity to provide emergency procedures.
Surgical complexity V (SCV) (e.g. general anaesthesia for any major or complex surgery)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> • includes major surgical procedures with high anaesthetic risk • includes surgery and anaesthetic risk with highest potential for intra- and post-operative complications • provides the most complex surgical services • requires specialist clinical staff, equipment and infrastructure • has on-site intensive care services • may have extensive support services available.

Table note: Developed by CSCF Surgical, Perioperative and Anaesthetic Services Advisory Groups (acknowledging the gap in surgical descriptors between intermediate and complex within CSCF version 2.0 2005)

The CSCF recognises five levels of complexity for perioperative services: Levels 2 to 6. Level 2 perioperative services can perform the removal of a lesion under local anaesthetic. This does not limit the administration of local anaesthetic by registered medical specialists or nurse practitioners with relevant advanced training for individual cases. In addition, consultative services may be provided to/by a Level 2 service either on-site or off-site.

Consideration should be given to the complexity of each case. For example, a person presenting with several identified 'low risk' factors might be more accurately assessed as 'moderate risk' due to the complexity of their general health. It would be expected as situational complexity increases, input from a higher level of service or the need to access a higher level service and/or other support services is required.

The Perioperative Services module contains five sections:

- Section 1: Acute Pain Services (Levels 5 and 6)
- Section 2: Day Surgery Services (Levels 3 and 4)
- Section 3: Endoscopy Services (Levels 3 to 6)
- Section 4: Operating Suite Services incorporating Sterilising Services (Levels 2 to 6)
- Section 5: Post-Anaesthetic Care Services (Levels 3 to 6, including Children's Post-Anaesthetic Care)

Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

Section 1 Acute Pain Services

Section overview

Please note: This section must be read in conjunction with the module overview.

Acute pain management is a fundamental component of safe and quality patient care. Unrelieved and severe acute pain has adverse physiological and psychological effects on the patient. Effective treatment of post-operative pain may reduce the incidence of post-operative complications and facilitate earlier discharge from hospital.

Acute pain management may be facilitated by the establishment of pain management services in hospitals performing major and complex surgery. This section provides minimum standards for a recognised acute pain management service and does not replace acute pain management administered by registered health practitioners for individual patients.

Pain management, as a component of care, may be provided to patients in all facilities; however, an identified level of pain management service occurs in Levels 5 and 6, which may coordinate outreach pain services.

Acute pain management requires special consideration for the following groups:

- children
- pregnant patients
- elderly patients
- Aboriginal and Torres Strait Islander patients
- culturally and linguistically diverse patients
- patients with obstructive sleep apnoea
- patients with substance abuse disorder
- patients with cognitive behavioural and/or sensory impairments
- patients with concurrent hepatic or renal disease.

Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- medical practitioners experience in acute pain management as mandated in training for Fellowship in Anaesthesia (Australian and New Zealand College of Anaesthetists) and Fellowship in Pain Medicine (Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists)
- medical and nursing staff with expertise in acute pain management
- nursing staff with knowledge and experience commensurate with their responsibilities in acute pain management
- multidisciplinary liaison with physiotherapists, psychologists and pharmacists.

Acute Pain Service

	Level 5	Level 6
Service description	<ul style="list-style-type: none"> provides multidisciplinary approach to management of acute pain, with aim of providing pain relief, better patient outcomes and reduced incidences of postoperative complications or side effects. provided 24 hour/s. must have documented processes with Level 4, 5 or 6 anaesthetic service. specialist services and/or functions may be provided on visiting basis. 	<ul style="list-style-type: none"> provides multidisciplinary approach to management of acute pain where complex surgical procedures are performed and trauma services are provided. specialist, statewide and, where applicable, interstate service. provides pain management services for adults and/or children. manages and supports highest level of risk and most complex surgical and medical presentations in specified area of expertise. Predominantly delivered in large metropolitan hospital. typically low patient throughput based on complexity of presentations and care provided. staff represent critical mass of expertise who provide statewide leadership and may provide statewide consultation-liaison service. Is supported by wide range of medical and surgical subspecialties, and support services, within a large health facility. usually a provider of telehealth.
Service requirements	<p>As per section overview, plus:</p> <ul style="list-style-type: none"> registered medical specialists with credentials in anaesthetics provide services for patients with acute or chronic (persistent) pain. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> supports patients with comorbidities undergoing procedures with high level of surgical complexity and anaesthetic magnitude or risk.

	Level 5	Level 6
	<ul style="list-style-type: none"> documented processes and protocols for management of pain services for patients. liaison and coordination with surgical and trauma services to ensure patient access to pain services. access to subspecialties in surgery (including medicine), where necessary. acute pain services may manage patients with epidural and trauma injuries, and postoperative surgical patients. pain management services for children may be provided. 	<ul style="list-style-type: none"> procedures performed on patients with high risk potential for intra- and postoperative complications (e.g. advanced chronic disease and may not be well controlled). may have responsibility for statewide coordination of pain management services.
Workforce requirements	<p>As per section overview, plus:</p> <ul style="list-style-type: none"> where interventional pain management services provided (e.g. epidural block, spinal block and regional techniques), they are administered by clinical staff with evidence of ongoing and annual clinical competency and experience relevant to service being provided. registered medical practitioner or nurse with extensive experience in acute pain management is in attendance for pain round. <p>Medical</p> <ul style="list-style-type: none"> access to registered medical practitioners with credentials in anaesthetics who assist and guide assessment, treatment, case management and case review of patients requiring acute pain management. access-24 hour/s- to registered medical practitioner. interventional pain management services (e.g. epidural block, spinal block and regional techniques), where provided, administered only by: 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> specialist medical, surgical and nursing services on-site or in close enough proximity to provide rapid response at all times. <p>Medical</p> <ul style="list-style-type: none"> access-24 hour/s- to registered medical specialist with credentials in anaesthetics. access-24 hour/s- to registered medical practitioner with credentials in pain management. <p>Nursing</p> <ul style="list-style-type: none"> suitably qualified and experienced registered nurse (however titled) in charge of pain management services. <p>Allied health</p> <ul style="list-style-type: none"> access to allied health professionals who may include physiotherapy, social work, occupational therapy, clinical psychology or other disciplines, with relevant specialist experience and/or postgraduate qualifications, as required.

Level 5	Level 6
	<ul style="list-style-type: none"> – registered medical practitioners with training in anaesthesia or registered medical specialist with credentials in anaesthesia, and advanced knowledge and demonstrated clinical competency as indicated by satisfactory completion of clinical training and/or possession of Fellowship in Anaesthesia recognised by Australian and New Zealand College of Anaesthetists and Medical Board of Australia – registered medical trainees under supervision of above medical staff – access to qualified registered medical practitioner with knowledge of acute pain management for consultation, advice and review of patients. <p>Nursing</p> <ul style="list-style-type: none"> • registered nurse with extensive experience in acute pain management may coordinate the service. • nursing staff with specialist expertise in acute pain management. • at least one nursing staff member accessible for pain rounds, as required. <p>Allied health</p> <ul style="list-style-type: none"> • access to allied health professionals, who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, as required. • access to a clinical pharmacist for ongoing advice and support of staff.

	Level 5	Level 6
Specific risk considerations	Nil	Nil

Support services requirements for acute pain service

	Level 5		Level 6	
	On-site	Accessible	On-site	Accessible
Anaesthetic	4		5	
Medical imaging		4	4	
Medication	5		5	
Pathology		4	5	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Section 2 Day Surgery Services

Section overview

Please note: This section must be read in conjunction with the module overview.

Day surgery services are an integral part of perioperative services. This service can be provided when a patient is able to be safely discharged on the same day. Day surgery services may occur in freestanding day surgery centres or as part of existing hospital facilities. Day surgery units may have access to an extended (overnight) recovery unit, which may be attached to a day surgery / procedure unit in an inpatient hospital setting (Anaesthetic Services and Surgical Services modules).

Day surgery units must have specific protocols and procedures in relation to paediatric patients² (Surgical Services - Children's module).

A wide range of procedures may be undertaken in day surgery / procedure units, including:

- surgical procedures
- plastic surgery and ophthalmology
- endoscopy (including gastrointestinal, respiratory and urology)
- electroconvulsive therapy, which may be provided where facilities are authorised under the *Mental Health Act 2016*
- day medical procedures, such as infusion of blood and/or blood products, steroids and other intravenous treatments, lumbar punctures, removal / replacement of urinary catheters and lump biopsies.

The following should be considered when selecting patients for day surgery:

- minimal risk of post-operative haemorrhage or airway compromise
- easily managed post-operative pain by the patient or person responsible for the patient
- proximity of patient's residence to medical attention—preferably the patient should live within one hour of medical attention; however, provided the patient has a responsible adult with them for 24 hours post-surgery / procedure and they have access to a telephone, some patients may be discharged to their usual place of residence, which may be more than one hour from medical attention
- patients with an American Society of Anaesthesiologists' (ASA¹) of 1 or 2
- patients with a medically stable ASA 3 who require early consultation with the anaesthetist involved.

It is essential adequate time is scheduled for the treating anaesthetist to consult with the patient and for any other relevant pre-anaesthetic / operative assessments. The service has written guidelines / policies regarding the discharge of patients (i.e. discharge criteria).

Patients must be instructed on fasting times and medication protocols, and given general information on procedures, admission and discharge from the day surgery unit.^{3,4} In day surgery waiting areas, patients should have access to:

- information regarding their surgery.
- family / carers who are involved in their care.
- a safe place to store personal belongings—accessible post-operatively.
- distractions for anxiety / boredom / procedure noise (e.g. a television or music).⁵

Recovery from anaesthesia occurs in a post-anaesthetic recovery area. These areas should be equipped and staffed as per ANZCA PS4 Recommendations for the Post-Anaesthesia Recovery Room, 2006.⁶

Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- staff in day surgeries who work as part of a team, with minimum of three staff members rostered to operating room / procedure room: one registered nurse, one assistant to the anaesthetist, and one staff member (registered or enrolled nurse) trained and competent in the role in which they are rostered.
- use of anaesthetic technicians in the remote, rural and regional settings balanced with the need for multiskilling of nursing staff in the day surgery environment.
- in facilities where anaesthetic technicians utilised, nursing staff numbers re-evaluated to ensure adequate numbers of appropriately trained staff are present at all times.

Day Surgery Services

	Level 3	Level 4
Service description	<ul style="list-style-type: none"> provided in either a freestanding facility or discrete self-contained unit within a hospital, or is collocated with a specialist clinical service within a hospital or incorporated into perioperative services (if housed in freestanding facility, should be within one hour of acute health facility). manages low- to medium-risk patients with: <ul style="list-style-type: none"> day surgical complexity I, II and III procedural requirements through provision of day-only surgery and use of local anaesthetic, sedation and general anaesthetic or combinations of these ASA¹ physical status of 3, treated in freestanding day hospital, only if they are medically stable. access to intensive care services (however, these types of patients would not normally be expected to require intensive care services when they are scheduled for their day surgery). surgically trained registered medical practitioners (general practitioners) who have completed Advanced Rural Training module in surgery, and with satisfactory exam completion and approval from appropriate professional bodies, may have credentials to perform minor surgery in rural and regional settings. consultation and support provided to patients. 	<p>As per Level 3 components and provides anaesthesia for combinations of:</p> <ul style="list-style-type: none"> day surgical complexity I and II procedures with low to high anaesthetic risk day surgical complexity III procedures with low to high anaesthetic risk. <ul style="list-style-type: none"> may not be provided in freestanding hospital. achieved within healthcare facility where there may be access to intensive care services (however, these types of patients would not normally be expected to require intensive care services when they are scheduled for day surgery). part of a service network with higher level services, ensuring access to information related to latest evidence-based care and treatments.
Service requirements	<p>As per section overview, plus:</p> <ul style="list-style-type: none"> procedures usually performed by experienced registered medical specialist with credentials in surgery. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> at least one operating room and separate post-anaesthetic care for stages 1 and 2.

	Level 3	Level 4
	<ul style="list-style-type: none"> procedures requiring only simple general anaesthetic, sedation and/or local anaesthetic, or combinations of these. anaesthetic services generally provided during business hours for regularly scheduled lists. appropriate cleaning and sterilisation service for reusable medical and surgical instruments, and equipment as per AS/NZS 4187,1 or policy pertaining to use of pre-packaged and sterile set-ups, or documented process with an external supplier for cleaning and sterilisation service. multidisciplinary team with experience, knowledge and skills in day surgery services, principles and practice. awareness of combination of surgical complexity and anaesthetic risk at this level of service. services on Saturdays and/or after hours may be provided by prearrangement. at least one operating room / procedure room, with separate post-anaesthetic care for stages 1 and 2. may have separate endoscopy area. 	<ul style="list-style-type: none"> sterilising services on-site, with facilities for cleaning and sterilisation of reusable medical and surgical instruments and equipment, and, within its service, capacity to sterilise heat-sensitive equipment. as minimum requirement, method of tracking instruments and sterile items, though capacity to track reprocessed sterile items electronically may be provided. may provide sterilising services during business hours.
Workforce requirements	<p>As per section overview, plus:</p> <ul style="list-style-type: none"> procedures performed by registered health practitioners authorised under legislation who are credentialed with individual hospital, qualified and experienced to level of service provided. <p>Medical</p> <ul style="list-style-type: none"> registered medical practitioners credentialed in anaesthesia and working within their scope of clinical practice providing anaesthetic. 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> one or more registered medical practitioners with relevant credentials and defined scope of practice. visiting registered medical specialists of differing surgical subspecialties accessible, either consulting and/or operating. one or more registered medical practitioners (general practitioners) with credentials in anaesthetics and defined scope of practice.

Level 3	Level 4
<ul style="list-style-type: none"> • registered medical practitioners (general practitioners) or registered medical specialists delivering conscious sedation must have appropriate training in administration of conscious sedation. • registered medical specialists with credentials in surgery and/or surgical subspecialties appropriate to services provided (e.g. ears, nose and throat or ophthalmology). • registered medical specialists with credentials in internal medicine, general surgery, and/or range of medical and surgical specialties accessible for consultation via telephone. <p>Nursing</p> <ul style="list-style-type: none"> • suitably qualified and experienced nurse manager (however titled) in charge of unit. • may provide management by perioperative services nurse manager (however titled). • suitably qualified and experienced registered nurse in charge of each shift. • suitably qualified and experienced registered nurses on-site during hours of operation. <p>Allied health</p> <ul style="list-style-type: none"> • access to allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, as required. <p>Other</p> <ul style="list-style-type: none"> • may have access to: <ul style="list-style-type: none"> – anaesthetic technicians and equipment technicians – assistants in nursing 	<ul style="list-style-type: none"> • access to registered medical specialists for telephone consultation and clinical support, with range of specialists reflecting range of procedures performed. • medical services provided on-site or in close enough proximity to provide rapid response to surgical emergencies. • in situations where registered medical practitioner not a resident in the town or immediately accessible, arrangements in place for designated local registered medical practitioner to provide post-operative care, as required. <p>Nursing</p> <ul style="list-style-type: none"> • registered nurses who may have postgraduate qualifications in perioperative and/or day surgery nursing and relevant clinical experience commensurate with position. • nursing services on-site while patients on-site. • at least one registered nurse suitably qualified and experience in infection control. • staff responsible for sterilising services with demonstrated evidence of ongoing clinical and/or technical knowledge in sterilising services.

	Level 3	Level 4
	<ul style="list-style-type: none"> – infection control coordinator – environmental services staff – operating room orderlies or equivalent staff – sterilising services staff with training in sterilising technology (nurse or technician) – surgical booking staff – technical aides – staff with training in perioperative environment to assist with patient transfer, positioning and equipment transfer – staff trained in infection control and aseptic technique – trained and competent dental staff may be utilised as assistant to the dentist for dental surgery. 	
Specific risk considerations	Nil	Nil

Support services requirements for day surgery services

	Level 3		Level 4	
	On-site	Accessible	On-site	Accessible
Anaesthetic	3		3	
Intensive care		4		4

	Level 3		Level 4	
Medical imaging		3	2	
Medication		3	3	
Nuclear medicine		4		4
Pathology		4		5

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Section 3 Endoscopy Services

Section overview

Please note: This section must be read in conjunction with the module overview.

Endoscopy services conduct a range of endoscopic procedures performed on a day-only and limited extended-care and/or inpatient basis. These services provide accommodation for pre-procedural preparation and post-procedural recovery of patients. Patients undergoing these procedures receive some form of anaesthesia / sedation, which may include general or local anaesthesia and/or analgesia and/or conscious sedation. Services should have the capacity to administer emergency drugs and resuscitate patients.

Endoscopy services perform diagnostic and interventional procedures, and can include:

- elective diagnostic and therapeutic upper gastrointestinal endoscopy (e.g. oesophagoscopy, gastroscopy and duodenoscopy)
- elective or emergency diagnostic and therapeutic flexible sigmoidoscopy
- elective or emergency diagnostic and therapeutic lower gastrointestinal tract procedures (e.g. colonoscopy, sigmoidoscopy and proctoscopy)
- diagnostic and therapeutic endoscopic retrograde cholangiopancreatography and associated therapeutic interventions
- diagnostic and therapeutic bronchoscopy (e.g. rigid and flexible bronchoscopy)
- endoscopic ultrasound
- cystoscopy.

The procedural complexity for endoscopy services can be described in terms of:

- emergency versus elective procedures
- diagnostic versus interventional procedures
- procedures interfering with the airway
- procedures that may be associated with major complications requiring support services (e.g. may require patient to have overnight stay).

The types of endoscopy units include:

- general endoscopy—a single unit for a wide range of endoscopic procedures, almost certainly including gastroenterology and respiratory bronchoscopy, and perhaps endourology
- surgery / endoscopy mix—as above, with the addition of necessary requirements for day surgery (Section 2, Day Surgery Services of this module for more detailed information)

- single-specialty endoscopy unit—major centres may have sufficient patient throughput for dedicated units for individual specialties such as gastroenterology, respiratory medicine and urology
- endoscopy situated in the operating suite—a specialist endoscopy unit located adjacent to, or as part of, perioperative services. In these instances, the unit should generally come under the overall management of the perioperative services manager.

Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- endoscopy units must have specific protocols and procedures in relation to paediatric patients (Surgical Services - Children’s module)
- a central reprocessing room in the unit for all endoscope cleaning and reprocessing
- staff involved in the cleaning and reprocessing of scopes with proof of competency
- mandatory documentation of the reprocessing cycle, including, but not limited to, staff reprocessing the instrumentation, date of the procedure, and patient details
- in hospitals without a dedicated endoscopy service, sterilising services performing reprocessing, provided it is done without delay and, preferably, at the point of use
- documented processes for:
 - medical emergencies (e.g. bleeding varices), either within or outside the service, with such emergencies requiring access to a bed or trolley, a direct path to the procedure / operating room, and emergency endoscopy equipment
 - transfer of patients in cases of emergency
- in cases of medical emergency, an acute bed within a one-hour drive of the centre.

Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- children’s Endoscopy Services’ workforce requirements are as per Surgical Services - Children’s module.

Endoscopy Services

	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> provided to patients of low to medium anaesthetic risk (Anaesthetic Services module) having elective procedures, where sedation or general anaesthetic used for diagnostic and interventional procedures (including upper and lower gastrointestinal endoscopy). other service features include: <ul style="list-style-type: none"> located within day health facility or acute health facility does not routinely provide emergency endoscopy provide fibre-optic endoscopy where procedure performed in day health facility or other ambulatory setting, documented process in place with nearby health facility for overnight and emergency health 	<ul style="list-style-type: none"> provided to patients of low to medium anaesthetic risk having elective or emergency procedures, where all levels of sedation or general anaesthetic are used for diagnostic and interventional procedures (including upper and lower gastrointestinal endoscopy). part of a service network with higher level services, ensuring access to information related to latest evidence-based care and treatments. 	<ul style="list-style-type: none"> provided to patients of low, medium and high anaesthetic risk having elective, emergency, diagnostic and/or interventional procedures. manages most levels of patient risk (low, medium and high) through provision of short- to long-term or intermittent care. 	<ul style="list-style-type: none"> highest level service delivering complex care and may act as referral service for all lower level services. can also be statewide and/or superspecialty service accepting referrals from across the state and/or interstate, where applicable. generally provided at a large metropolitan hospital. provides a service of excellence in endoscopy care and may provide leadership role for other services across the state. staff represent critical mass of expertise who may provide statewide leadership in clinical management to service providers. may provide statewide consultation-liaison service. wide range of medical and surgical subspecialties, and support services, within large

	Level 3	Level 4	Level 5	Level 6
	<p>admission of patients, if required</p> <ul style="list-style-type: none"> – can provide resuscitation and stabilisation of emergencies until transfer or retrieval to back-up health facility. <ul style="list-style-type: none"> • generally refers to stand-alone facilities whose sole activity is related to provision of endoscopy or day surgery services for patients 14 years and older. 			<p>health facility supports this service.</p> <ul style="list-style-type: none"> • usually a provider of telehealth.
Service requirements	<p>As per section overview, plus:</p> <ul style="list-style-type: none"> • clinical services not provided 24 hours. • medical services on-site or in close enough proximity to provide rapid response at all times. • nursing services on-site during business hours. • at least one procedure room. • processes and procedures detailing pre-admission process, pre-anaesthetic consultation and patient procedural expectations (including patient selection 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> • all types of elective endoscopy procedures. • at least one operating room. • referral and management primarily performed by registered medical specialist with credentials in endoscopy and defined scope of practice applicable to level of service. • diagnostic and therapeutic endoscopy. • members of multidisciplinary team have demonstrated experience, knowledge and 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> • dedicated endoscopy unit with facilities and staffing separate from main operating theatres with specialist cleaning areas, or separate unit within operating suite with specialist cleaning areas. • clinical services provided 24 hours with combinations of medical, nursing, allied health, administrative and other staff on-site. • medical services accessible on-site in public services, or 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> • first and second stage recovery rooms (post-anaesthetic care), separate specialist endoscopy suites and/or day surgery suites. • services provided 24 hour/s. • procedures with high level of complexity or magnitude of risk to patients with extensive range of comorbidities performed. • procedures performed on patients with high risk potential for intra- and postoperative complications

	Level 3	Level 4	Level 5	Level 6
	<p>and anaesthetic risk) and possibly including detailed patient health questionnaire.</p> <ul style="list-style-type: none"> • patient education pre-operatively that includes: <ul style="list-style-type: none"> – procedure particulars (including doctor, anaesthetist, date, time and consent) – patient requirements for procedure, including, but not limited to, fasting status, medication cessation and responsible person to assist patient post-procedure – procedure and anaesthetic explanation, and follow-up required. • where pre-admission of patient occurs via specialist room, these practices are linked with facility in terms of continuity of information. • appropriate cleaning and sterilisation service for reusable medical and surgical instruments and equipment, or policy 	<p>skills in delivery of endoscopy services.</p> <ul style="list-style-type: none"> • access to operating suites in case of emergency surgery requirements. • may provide limited emergency procedures. • may provide services that may take place within an operating suite or dedicated endoscopy suite, which may or may not be attached to operating suite services. 	<p>in close enough proximity to provide rapid response at all times in private services.</p> <ul style="list-style-type: none"> • combinations of procedures with moderate level of complexity and risk, with some patients with comorbidities and risk of intra- and post-operative complications. • specialist ambulatory services, or access to registered medical specialist clinics or private specialist care. • sterilisation services as per Level 5 Operating Suite Service. • capacity to sterilise heat-sensitive equipment. • multidisciplinary team with demonstrated experience, and advanced knowledge and skills, in delivery of endoscopy services pertaining to specialty / subspecialty area. • documented processes with emergency services. 	<p>(e.g. advanced chronic disease and may not be well controlled).</p> <ul style="list-style-type: none"> • broadest range of subspecialties. • emergency plan to provide access to operating theatre time to undertake emergency endoscopy at any time. • staff rostered 24 hour/s and accessible at close proximity. • nursing and medical staff with expertise in a wide range of subspecialties. • endoscopy staff who may consist of specialist nurses recognised as experts in their field. • sterilisation services providing on-site cleaning and sterilisation service. • specialist ambulatory services for all subspecialties, or access to specialist clinics or private specialist care. • multidisciplinary team with demonstrated experience, and advanced knowledge and skills, in delivery of endoscopy services

	Level 3	Level 4	Level 5	Level 6
	<p>pertaining to use of pre-packaged and sterile items, or documented process with external supplier for cleaning and sterilisation service.</p> <ul style="list-style-type: none"> at minimum, manual method of batch tracking instruments and equipment, though may have capacity to track items electronically. procedures and policies relating to management of emergencies managed proactively through management of selection of patients undergoing endoscopy. multidisciplinary team members have experience, knowledge and skills in endoscopy service principles and practice. awareness of, and compliance with, surgical and anaesthetic risk matrix. access to telehealth services. documented processes with emergency services. 		<ul style="list-style-type: none"> access—24 hours—to operating suite where endoscopy services provided. may provide endoscopy services as part of normally scheduled lists. may provide emergency endoscopy procedures. may provide outreach services. may provide provision for case management for patients requiring complex care. 	<p>pertaining to specific specialty and/or subspecialty areas.</p> <ul style="list-style-type: none"> on-site close observation care area/s and specialist ward areas. documented processes with emergency services, which may also involve coordination of services across the state. may provide limited outreach, low- to medium-risk anaesthetic services. may provide surgical triage unit.

	Level 3	Level 4	Level 5	Level 6
Workforce requirements	<p>A Level 3 service requires:</p> <ul style="list-style-type: none"> procedures performed by registered health practitioners authorised under legislation who are credentialed with individual hospital, qualified and experienced to level of service provided. registered health practitioner authorised under legislation performing procedure to remain on-site until patient has recovered from sedation / general anaesthesia. <p>Medical</p> <ul style="list-style-type: none"> registered medical specialist with credentials in anaesthetics, or registered medical practitioner (general practitioner) with credentials in anaesthetics in attendance for procedures where anaesthetic given. <p>Nursing</p> <ul style="list-style-type: none"> suitably qualified and experienced nurse manager (however titled) in charge of 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> one or more registered health practitioners authorised under legislation with credentials and defined scope of practice for range of procedures performed. dedicated endoscopy staff on-site or may be accessible on-call. sterilising staff not accessible after hours unless by prearrangement. <p>Medical</p> <ul style="list-style-type: none"> registered medical specialist with credentials in endoscopy accessible, either consulting and/or providing services with defined scope of practice. one or more registered medical practitioners with credentials in anaesthetics and scope of practice defined for range of procedures performed. access to registered medical specialists for telephone consultation and clinical 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> access to registered medical specialists with credentials in anaesthetics and surgery who assess, treat and review endoscopy patients. Access-24 hours-to registered medical practitioner. access to registered medical specialists in multiple specialties with evidence of ongoing clinical competency and defined scope of practice relevant to service being provided. Access-24 hours-to registered medical specialist with credentials in anaesthetics where emergency procedures undertaken. Access-24 hours-to one or more registered medical practitioners with timely access to support patients in pre- and post-operative stages. registered medical practitioners (surgical 	<p>As per Level 5, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> access to registered medical specialists with credentials in gastroenterology who assess, treat, manage and review endoscopy patients. Access-24 hours-to one or more registered medical practitioners to support patients in pre-, intra- and post-operative stages. registered medical specialists of multiple specialities have credentials to provide anaesthetics and surgery. Access-24 hours-to registered medical specialist with credentials in anaesthetics. may provide registered medical practitioners to relieve in rural and remote areas as need arises.

	Level 3	Level 4	Level 5	Level 6
	<p>unit—may be perioperative services nurse manager.</p> <ul style="list-style-type: none"> • suitably qualified and experienced registered nurse in charge of each shift. • minimum of two nurses—either two registered nurses or registered nurse and enrolled nurse—rostered to operating / procedure room, one of whom must be present at all times, with second nurse immediately accessible to be called for additional assistance, as required. • at least one nurse with experience in infection control. • nursing staff on-site during hours of operation. <p>Other</p> <ul style="list-style-type: none"> • access to technical support staff (e.g. biomedical engineers or scientific officers), as required. • all staff involved with cleaning of endoscopes complete annual endoscope 	<p>support (with range of registered medical specialists reflecting range of procedures performed).</p> <ul style="list-style-type: none"> • where registered medical specialist is not a resident in the town or immediately accessible, arrangements in place for designated local registered medical practitioner to provide post-procedural care, as required. <p>Nursing</p> <ul style="list-style-type: none"> • registered nurses appropriate to service provided. • may have dedicated staff who undertake pre-admission of patients. <p>Other</p> <ul style="list-style-type: none"> • assistants in nursing. • equipment technicians, as required. • sterilising services assistants and technical aides appropriate to service provided. • staff with perioperative environment training to 	<p>registrars) supervised by registered medical specialist with credentials in endoscopy (where employed).</p> <p>Other</p> <ul style="list-style-type: none"> • access to Aboriginal and Torres Strait Islander health workers where required. • staff with perioperative environment training to assist with patient transfer, positioning and equipment transfer in attendance at each operating session. • extensive range of specialist services / functions provided on visiting basis. • other technical staff, as required for level of service provided. 	

	Level 3	Level 4	Level 5	Level 6
	cleaning competency and training in infection control.	assist with patient transfer, positioning and equipment transfer. <ul style="list-style-type: none"> may utilise suitably qualified and experienced anaesthetic technicians. 		
Specific risk considerations	Nil	Nil	Nil	Nil

Support services requirements for endoscopy services

	Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic	3		3		5		6	
Children's anaesthetic (if relevant)	3		4		5		5	
Intensive care				4	4		6	
Children's intensive care (if relevant)		4		4	5		6	
Medical imaging		3	4		5		5	

	Level 3		Level 4		Level 5		Level 6	
Medication		3	3		4		5	
Nuclear medicine		4		4		4		5
Pathology		3		5	5		5	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Section 4 Operating Suite Services

Section overview

Please note: This section must be read in conjunction with the module overview.

The operating suite provides the physical environment where diagnostic, therapeutic and surgical procedures are performed. The operating suite is a physically distinct and environmentally controlled unit comprising one or more operating rooms and/or procedure rooms, with provision for the delivery of anaesthesia and immediate post-operative recovery of patients. Patient entry to the operating suite may be from a variety of locations.

It is essential perioperative services have close and direct documented processes with relevant services, which may include, but are not limited to:

- emergency
- intensive care
- medical imaging
- maternity
- pathology
- anaesthetic
- surgical
- sterilising services.

The operating suite may be:

- a dedicated unit within a facility
- collocated with a specialist clinical service within a facility (e.g. maternity services)
- a freestanding ambulatory surgical facility (Section 2, Day Surgery Services of this module).

Access to the operating suite must be controlled, limiting access to authorised staff only, to ensure the security of drugs and equipment, and as an infection control measure. The unit's design and processes should seek to prevent injury and reduce potential hazards, including:

- exposure to infectious substances, radioactive materials, anaesthetic gases, chemical agents and decontaminating agents
- injury from machines and lifting, and potentially from patients and other staff
- repetitive work activities
- heavy equipment movement
- exposure to 'sharps', and sharp instruments and equipment.

Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- general surgical service requirements.
- adherence to clearly documented, best-practice clinical guidelines and pathways for perioperative care, which are reviewed every 4 years
- documented processes with emergency services
- written policies, procedures and protocols for the whole episode of perioperative patient care (including emergency situations)
- the following services and systems:
 - medical gases and thermostatic mixing valves
 - communication and data systems, such as telephones, nurse call, emergency call, email and internet
 - mechanical air conditioning and humidity control
 - patient monitoring systems
 - sterilising facilities where those services are provided on-site
 - ice machine or immediate access to ice, blanket and fluid-warming cabinets
 - may include telemetry systems, barcode readers and vacuum tube for specimen transport to pathology
- may have involvement in the development of emergency surgical services, where applicable to that service.

Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- a range of staff with different skills (including surgeons, anaesthetists, perioperative nurses, and a range of technicians and assistants) for technically complex surgery
- appropriately qualified and experienced perioperative nurse manager/s (however titled) for management of perioperative services
- perioperative nurses and/or sterilising personnel (or equivalent) working in sterilising services must have knowledge and skills relating to the principles and practices of cleaning, checking, assembling, packing, disinfecting, sterilising, and storage and distribution of sterile and non-sterile supplies⁸
- person in charge of sterilising services (who may be the manager of perioperative services or a clinical manager, however titled) has specific qualifications and/or appropriate experience in sterilising technology⁹
- at least one member of staff with formal sterilisation training from a registered training organisation rostered on each shift

- relevant health practitioners with evidence of ongoing clinical competency and experience appropriate to the service being provided
- perioperative nursing services may be staffed as per ACORN Standard S19 Staffing requirements¹⁰
- other than medical staff, a minimum of three suitably qualified and experienced staff members rostered to the operating room
- where dental procedures are undertaken, dental nurse or technician accompanying relevant specialist (such as dentist, oral and/or maxillofacial surgeons) may form part of the three-person operating room team (who must be trained in aseptic technique and surgical count, ensuring intended surgery and oriented to the operating room).

Operating Suite Services

	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> provided in hospital setting without defined perioperative services. operates on demand and manages low- to medium-risk patients through provision of: <ul style="list-style-type: none"> surgical complexity I procedures, usually on body surface, using only local anaesthetic procedures not involving penetration of internal body cavities via epithelium (other than with a needle), with services provided by suitably qualified and experienced registered health 	<ul style="list-style-type: none"> predominantly provided in hospital setting with limited but designated surgical, anaesthetic and sterilising services. manages: <ul style="list-style-type: none"> surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to medium anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk 	<ul style="list-style-type: none"> manages: <ul style="list-style-type: none"> surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to high anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk surgical complexity V procedures with low anaesthetic risk. must be part of service network with 	<ul style="list-style-type: none"> manages most levels of patient risk (low, medium and high) through provision of short- to long-term or intermittent care. manages all but most highly complex patients and procedures. may act as referral service for all but most complex service needs (highly complex, high-risk patients may require transfer or referral to Level 6 service). provides anaesthesia and surgery for combinations of the following: <ul style="list-style-type: none"> surgical complexity I procedures with low to high anaesthetic risk 	<ul style="list-style-type: none"> high-level service delivering complex care and may act as referral service for all lower level services. can be statewide and/or superspecialty service accepting referrals from across the state and/or interstate, where applicable. generally provided at large metropolitan hospital (population greater than 100,000). supported by wide range of medical and surgical subspecialties and support services within large health facility. usually a provider of telehealth. may provide leadership role for other services across

	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>and/or other practitioners</p> <ul style="list-style-type: none"> – services available fewer than 24 hours a day – no elective anaesthetic or surgical services. <ul style="list-style-type: none"> • may be necessary for registered medical practitioners (general practitioners) to provide services akin to anaesthesia as part of resuscitation at this level facility. • has at least one procedure room where minor, simplistic, diagnostic and therapeutic surgical procedures are undertaken. • most procedures able to be performed in ambulatory, day-stay or emergency setting. 	<ul style="list-style-type: none"> – all types of general anaesthetics, sedation, and neuraxial, regional, epidural and spinal blocks. <ul style="list-style-type: none"> • where these procedures performed, surgery is usually performed by: <ul style="list-style-type: none"> – registered medical practitioner (general practitioner) with credentials in general surgery – registered medical practitioner undertaking training in surgery, who may provide surgery under supervision – registered medical specialist with 	<p>higher level services, ensuring access to information related to latest evidence-based care and treatments.</p>	<ul style="list-style-type: none"> – surgical complexity II procedures with low to high anaesthetic risk – surgical complexity III procedures with low to high anaesthetic risk – surgical complexity IV procedures with low to high anaesthetic risk – surgical complexity V procedures with low to high anaesthetic risk. <ul style="list-style-type: none"> • potential intra- and post-operative complications increased for patients with comorbidities and medium to high level of surgical complexity. • sterilisation services provide on-site cleaning, disinfecting 	<p>the state (essential there are resources present to support this level of service).</p> <ul style="list-style-type: none"> • may provide statewide consultation-liaison service. • staff at this level of service represent critical mass of expertise and may provide statewide leadership in clinical management to service providers.

	Level 2	Level 3	Level 4	Level 5	Level 6
		credentials in surgery, who may provide services for elective surgery <ul style="list-style-type: none"> – other suitably qualified and experienced health practitioners. 		and sterilisation of reusable medical and surgical instruments, and equipment and services may operate 7 days a week with varying hours of operation, depending on service needs.	
Service requirements	As per section overview, plus: <ul style="list-style-type: none"> • on-site access to nursing services. • medical services provided on-site or in close enough proximity to provide rapid response times. • arrangements for appropriate cleaning, disinfection and/or sterilisation of reusable medical and surgical instruments and equipment.⁹ • members of multidisciplinary team have 	As per Level 2, plus: <ul style="list-style-type: none"> • on-site close observation care area/s for surgical complexity IV procedures. • at least one operating room. • elective surgical services provided during business hours for regularly scheduled lists. • appropriate cleaning and/or sterilisation service for reusable medical and surgical instruments and equipment, or policy 	As per Level 3, plus: <ul style="list-style-type: none"> • access to close observation care area/s. • 24 hour clinical services provided. • on-site sterilising services provided, with capacity to sterilise heat-sensitive equipment (and may be provided during the day up to 7 days a week). • access—24 hours—to image intensifier in operating suites. • may provide day surgery operating 	As per Level 4, plus: <ul style="list-style-type: none"> • at least one operating room and designated post-anaesthetic recovery area. • access to paediatric intensive care unit (PICU) or neonatal intensive care unit (NICU) where type of surgery necessitates. • clinical services provided 24 hour/s with combinations of medical, nursing, allied health, administrative and other staff. 	As per Level 5, plus: <ul style="list-style-type: none"> • separate day surgery operating rooms and specialist endoscopy suites. • specialist medical / surgical services and nursing on-site, and many staff members with subspecialty qualifications and/or experience. • procedures that have high level of complexity, magnitude or risk to patients with extensive range of comorbidities.

	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>experience, knowledge and skills in operating suite principles and practice.</p> <ul style="list-style-type: none"> • awareness of surgical complexity and combination of anaesthetic risk at level of service. 	<p>pertaining to use of pre-packaged and sterile set-ups, or documented process with external supplier for sterilisation services.</p> <ul style="list-style-type: none"> • manual method of batch tracking of instrumentation and sterile items as minimum requirement, though may have capacity to track reprocessed sterile items electronically. • may provide services on Saturdays and/or after hours by prearrangement. • may provide electroconvulsive therapy where facility authorised under <i>Mental Health Act 2016</i>. • may provide emergency surgical services. 	<p>room (Section 2, Day Surgery Services) and separate endoscopy area (Section 3, Endoscopy Services).</p> <ul style="list-style-type: none"> • may provide interventional services. • may provide outreach services (including limited outreach for low- to medium-risk anaesthetic services). • may provide range of specialist outpatient / specialist clinics. 	<ul style="list-style-type: none"> • where emergency surgery or obstetric services provided, access—24 hours—to emergency operating theatre. • dedicated operating theatre staff accessible 24 hour/s where emergency procedures performed. • care of surgical patients coordinated and prioritised. • members of multidisciplinary team have demonstrated experience, and advanced knowledge and skills, in delivery of operating suite services pertaining to specialty / subspecialty area. • documented processes with emergency services. • may provide extended-care area / 	<ul style="list-style-type: none"> • superspecialty services (including cardiothoracic, surgical and neurosurgical services). • emergency plan to provide access to emergency operating theatre time. • procedures performed on patients with high-risk potential for intra- and post-operative complications (e.g. advanced chronic disease not well controlled). • staff rostered 24 hours and accessible at close proximity. • specialist ambulatory services, or access to specialist clinics or private specialist care, for all surgical subspecialties. • sterilisation services with capacity to

	Level 2	Level 3	Level 4	Level 5	Level 6
		<ul style="list-style-type: none"> may have additional procedure room. 		<p>second-stage recovery area.</p> <ul style="list-style-type: none"> may provide one or more dedicated endoscopy operating / procedure rooms and associated specialist cleaning areas, or these services may be provided within normally scheduled lists. may provide specialist ward areas (e.g. orthopaedics). may provide case management for patients requiring complex care. may provide sterilisation services to lower level services. 	<p>sterilise heat-sensitive equipment.</p> <ul style="list-style-type: none"> intensive care services, areas of close observation care and specialist ward areas available on-site, and access to PICU and NICU where type of surgery necessitates. operating room staff, who may consist of specialist nurses (however titled) recognised as experts in their specialty, nurse practitioners and/or registered nurse assistants to the surgeon. may provide outreach for low- to medium-risk anaesthetic services.
Workforce requirements	As per section overview, plus: Medical	As per Level 2, plus: <ul style="list-style-type: none"> for all lists, one registered nurse, one assistant to person 	As per Level 3, plus: <ul style="list-style-type: none"> sterilising staff not available after hours 	As per Level 4, plus: <ul style="list-style-type: none"> designated staff involved in loan equipment 	As per Level 5, plus: Medical <ul style="list-style-type: none"> access—24 hours—to one or more

	Level 2	Level 3	Level 4	Level 5	Level 6
	<ul style="list-style-type: none"> registered medical practitioner available. <p>Nursing</p> <ul style="list-style-type: none"> care predominantly delivered by registered nurses. suitably qualified and experienced registered nurse in charge of each shift. adequate nursing staff rostered on each shift. evidence of ongoing clinical competency (including annual competency skills testing for limited range of skills). may have nurse practitioners. <p>Other</p> <ul style="list-style-type: none"> may have trained staff to assist with patient positioning. 	<p>administering anaesthetic and one other registered or enrolled nurse.</p> <ul style="list-style-type: none"> minimum of three clinical staff members in addition to medical staff allocated to each operating room. in remote, rural or regional settings, use of anaesthetic technicians to be balanced with need for multiskilling of nursing staff in operating suite, and nursing staff numbers evaluated to ensure adequate numbers of perioperative-trained staff present at all times. staff trained in manual handling (including use of positioning and lifting devices for bariatric patients where such patients admitted). 	<p>unless by prearrangement.</p> <ul style="list-style-type: none"> may have elective surgery coordinator. may have dedicated operating room staff on-site 24 hours. <p>Medical</p> <ul style="list-style-type: none"> access to registered medical specialists with credentials in general surgery. registered medical practitioners with credentials in general surgery and defined scope of practice, who treat and manage surgical patients. visiting registered medical specialists with credentials in surgical subspecialties consulting and/or operating. medical services provided on-site or in close enough 	<p>management, consumables, case preparation, inventory management and logistical management, as well as biomedical staff and technical staff.¹¹</p> <p>Medical</p> <ul style="list-style-type: none"> access—24 hours— to registered medical specialists with credentials in surgery and/or surgical subspecialties (who may assess, treat and review surgical patients). registered medical specialists with credentials in anaesthetics. access—24 hours—to registered medical specialist with credentials in anaesthetics. registered medical practitioners 	<p>registered medical practitioners to support patients in pre-, intra- and post-operative stages.</p> <ul style="list-style-type: none"> access—24 hours— to registered medical specialists with credentials in anaesthetics. access—24 hours— to registered medical specialist with credentials in surgery. trained assistant to surgeon, as required.

Level 2	Level 3	Level 4	Level 5	Level 6
	<ul style="list-style-type: none"> access to trained technical assistants to manage safe functioning and servicing of all equipment. <p>Medical</p> <ul style="list-style-type: none"> may have registered medical specialist with credentials in surgery visiting for elective sessions. <p>Nursing</p> <ul style="list-style-type: none"> suitably qualified and experienced nurse manager (however titled) in charge of unit. suitably qualified and experienced nurse manager/nursing staff (however titled) may be manager of perioperative services also. nursing staff on-site during hours of operation and 	<p>proximity to provide rapid response to surgical emergencies.</p> <ul style="list-style-type: none"> access to, and documented processes for referral arrangements with, a pathologist. in situations where registered medical practitioner / specialist not resident in town or immediately accessible, arrangements in place for designated local registered medical practitioner with surgical training to provide post-operative care, as required. <p>Nursing</p> <ul style="list-style-type: none"> nursing staff with perioperative experience may be utilised in variety of roles. <p>Other</p>	<p>(registrars) supervised by registered medical specialist with credentials in surgery in accredited training facility¹² (where employed).</p> <ul style="list-style-type: none"> registered medical practitioners directly supervised at all times by registered medical specialist with credentials in surgery if undertaking training in surgery. may have provision for registered medical practitioners to relieve in rural and remote areas. <p>Nursing</p> <ul style="list-style-type: none"> may have provision for nursing staff to relieve in rural and remote areas. <p>Other</p> <ul style="list-style-type: none"> staff with perioperative environment training 	

	Level 2		Level 3		Level 4		Level 5		Level 6	
			<p>accessible after hours, if required.</p> <ul style="list-style-type: none"> registered nurses utilised as surgical assistants performing only that role and not duties of instrument nurse. infection control coordinator. 		<ul style="list-style-type: none"> staff employed as surgeon's first assistant credentialed by facility. sterilising service assistants and technical aides appropriate to service provided. access to laboratory staff. 		<p>in attendance at each operating session to assist with patient transfer, positioning and equipment transfer.</p> <ul style="list-style-type: none"> other technical staff, as required for level of service provided. access to specialist Aboriginal and Torres Strait Islander health workers. 			
Specific risk considerations	Nil		Nil		Nil		Nil		Nil	

Support service requirements for operating suite services

	Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic			3		4		5		6	
Intensive care				4	4		5		6	

	Level 2		Level 3		Level 4		Level 5		Level 6	
Medical imaging		2		3	4		5		5	
Medication		2		3	3		4		5	
Nuclear medicine				4		4		4		5
Pathology		2		3		5	5		5	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Section 5 Post-Anaesthetic Care Services

Section overview

Please note: This section must be read in conjunction with the module overview.

A well planned, equipped, staffed and managed post-anaesthesia recovery area—also known as a recovery room or post-anaesthetic care unit (PACU) stages 1 and 2—is essential for the safe management of patients who have recently undergone a surgical or other procedure. A recovery area is defined as a discrete area within the health facility able to provide a level of care, between an operating suite and a general clinical unit for patients who have undergone surgery or medical procedures, regardless of the type of anaesthesia or sedation used.

The general principles applying to the post-anaesthesia recovery area⁶ are:

- recovery from anaesthesia should take place under supervision in an area designated for the purpose
- the area should be close to where anaesthesia or sedation has been administered
- staff must be able to contact supervising registered medical practitioners and/or other relevant registered health professionals promptly.

Specific requirements relating to the post-anaesthetic care of children are noted within each level.

Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- PACU is part of operating suite with easy access for management of emergencies
- use of pain and post-operative nausea and vomiting protocols encouraged⁷
- written policies, procedures and protocols for post-anaesthetic patient care (including emergency situations)
- dedicated resuscitation trolley with defibrillator, airway management equipment and resuscitation drugs, and the means to deliver those drugs immediately is available
- compliance in PACU with breastfeeding health initiative principles, which propose all women are to be provided with early and ongoing access to skin-to-skin contact (to cover birth to 6 weeks postnatal and following lower-segment caesarean section)

- requirements of relevant clinical modules within the CSCF are met, where maternity, paediatric and emergency services are provided.

In addition to the service requirements outlined in this section overview, specific service requirements for Children's Post-Anaesthetic Care Services include:

- minimum of two registered nurses present in the post-anaesthetic recovery area at all times when a patient admitted to the unit
- staff able to contact supervising registered medical practitioners and/or other relevant registered health professionals at all times.

Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- staff directly providing anaesthetic services must be assigned responsibilities commensurate with their level of training and education, competence, experience, required level of supervision, credentials and scope of practice in accordance with particular statutory legislation
- during stage 1.1, at reception stage, nursing staff minimum requirements include:
 - 1:1 nurse-patient ratio where patient is uncomplicated, unconscious patient
 - capacity to manage continued artificial airway support / mechanical ventilation
 - capacity to manage any paediatric patient regardless of age—paediatric patients require 1:1 nurse-patient ratios in reception stage
 - capacity to manage initial phase of intravenous pain protocol administration
 - 2:1 nurse-patient ratio or higher may be required when patient is critically ill, unstable or complicated
 - increased staffing levels until patient's condition has stabilised may be required
- during stage 1.2, at stabilisation stage, which is also reception stage post procedures performed under conscious sedation, minimum nursing staff requirements include 1:2 nurse-patient ratio if patients are both conscious and stable, or a suitably qualified and experienced registered nurse supervising one nurse in training provided neither patient has complications
- during stage 1.3, at pre-discharge stage, minimum nursing staff requirements include minimum 1:3 nurse-patient ratio provided patients are uncomplicated and comfortable
- during stage 2, minimum nursing staff requirements include:
 - minimum of two nurses, one of whom is a registered nurse, present when patient is present
 - minimum staff for 1:4 nurse-patient ratio provided:
 - patients are stable
 - there is higher ratio for higher-acuity patients
 - family member or care giver is present for children over 5 years of age within first hour of a procedure.

In addition to the requirements outlined in this section overview, specific workforce requirements for Children's Post-Anaesthetic Care Services include:

staff providing post-anaesthetic care are suitably qualified and experienced in the care of children.

Post-anaesthetic care

	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> generally provides elective surgery or other procedures; however, limited emergency surgery may also be provided. includes provision of care for types of patients who have received general anaesthetic, sedation, or neuraxial, regional or spinal block for: <ul style="list-style-type: none"> surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to medium anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk. 	<ul style="list-style-type: none"> provides post-anaesthetic care for combinations of following: <ul style="list-style-type: none"> surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to high anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk surgical complexity V procedures with low anaesthetic risk. part of service network with higher level services, ensuring access to information related to latest evidence-based care and treatments. 	<ul style="list-style-type: none"> provided 24 hour/s with combinations of medical, nursing, allied health and other staff on-site providing post-anaesthetic care for combinations of following: <ul style="list-style-type: none"> surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to high anaesthetic risk surgical complexity IV procedures with low to high anaesthetic risk surgical complexity V procedures with low to high anaesthetic risk. manages most levels of patient risk (low, moderate and high) through provision of short- to long-term or intermittent care. 	<ul style="list-style-type: none"> specialist service managing highest level of risk, and most complex surgical and medical patients post-operatively. is supported by wide range of medical and surgical subspecialties and support services. staff represent critical mass of expertise providing statewide leadership and education, and may provide consultation–liaison service. staff have demonstrated knowledge, competency and experience in specialist subspecialties of anaesthesia (e.g. neonatal anaesthesia, complex anaesthesia and anaesthesia for super specialty procedures).

	Level 3	Level 4	Level 5	Level 6
			<ul style="list-style-type: none"> increased levels of risk managed until transfer to highest level of service arranged. 	
Service requirements	<p>As per section overview, plus:</p> <ul style="list-style-type: none"> on-site close observation care area/s for surgical complexity IV procedures. immediate access to anaesthetic machine for emergency ventilation only and not for long-term ventilation. immediate access to registered medical practitioner with credentials in anaesthetics to attend emergencies at all times. elective post-anaesthetic services generally provided during business hours. where day surgery offered, relevant staff available while patients on-site. where service provision 24 hour/s, registered medical practitioners available in accordance with documented 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> access to close observation care area/s. dedicated PACU staff may be on-site or accessible 24 hour/s. may provide limited outreach, low- to medium-risk anaesthetic services only. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> access to specialist ward areas (e.g. orthopaedics). dedicated PACU staff on-site or accessible 24 hour/s. may provide outreach services. documented processes with emergency services and involvement in development of emergency post-anaesthetic services may occur. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> subspecialties of surgery and anaesthetics available with required staffing, equipment and resources (refer to relevant modules).

	Level 3	Level 4	Level 5	Level 6
	<p>time and/or distance policies.</p> <ul style="list-style-type: none"> • suitable infection control, and isolation procedures and facilities, applicable to PACU. • supply of emergency drugs and capacity for telephone consultation with clinical pharmacist. • post-anaesthetic patient comment / feedback on pain management, and post-operative nausea and vomiting management may be included. • information technology supporting electronic record-keeping may be available. 			
Workforce requirements	<p>As per section overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • registered medical practitioners with credentials in anaesthetics available in facilities with inpatients. • access to registered medical specialists with credentials in anaesthetics relevant to procedures performed for 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • access-24 hour/s - to registered medical practitioner. • immediate access to registered medical practitioner with credentials in anaesthetics until patient extubated and patient's 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • registered medical practitioner on-site or in close enough proximity to provide rapid response at all times. • access to registered medical specialist with credentials in anaesthetics with 	<p>As per Level 5, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • registered medical specialists with credentials in anaesthetic subspecialties who may be pioneering procedures in anaesthetics and post-anaesthetic care. • registered medical specialist with credentials in

	Level 3	Level 4	Level 5	Level 6
	<p>telephone consultation and clinical support.</p> <p>Nursing</p> <ul style="list-style-type: none"> • suitably qualified and experienced nurse manager (however titled) in charge of unit. • dedicated PACU registered nurses who are suitably qualified and experienced. • access to nursing staff trained in advanced life support. • may have other nursing staff under direct supervision of registered nurses. <p>Allied health</p> <ul style="list-style-type: none"> • access to allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, during business hours, as required. • Specific workforce requirements for Level 3 Children's Post-Anaesthetic 	<p>airway is patent, and while patient is recovering from anaesthesia.</p> <p>Nursing</p> <ul style="list-style-type: none"> • suitably qualified and experienced registered nurse in charge on each shift. <p>Allied health</p> <ul style="list-style-type: none"> • allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines with relevant surgical qualification and/or experience, as required. <p>Other</p> <ul style="list-style-type: none"> • may provide specialist services / functions on visiting basis. 	<p>responsibility for training and upskilling of medical staff.</p> <ul style="list-style-type: none"> • some specialist anaesthetic services / functions may be provided on visiting basis within capability level of host service. <p>Allied health</p> <ul style="list-style-type: none"> • allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, with relevant credentials, surgical training or experience, as required. 	<p>anaesthetics as lead clinician with responsibility for clinical governance of the service.</p> <ul style="list-style-type: none"> • may have provision for medical staff to relieve in rural and remote areas as need arises. <p>Nursing</p> <ul style="list-style-type: none"> • may have provision for nursing staff to relieve in rural and remote areas as need arises. <p>Other</p> <ul style="list-style-type: none"> • other technical staff, as required for level of service provided.

	Level 3	Level 4	Level 5	Level 6
	<p>Care Service as per section overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • registered medical practitioner remaining on-site until patient recovered from anaesthesia and meets PACU discharge criteria, as per facility guidelines and ANZCA PS417. • registered medical specialist with credentials in anaesthesia and working in their scope of practice must remain on-site until child between 1 and 2 years of age recovering from surgical complexity III with low anaesthetic risk procedures has fully recovered and been discharged from post-anaesthetic care area. • medical and surgical registered medical practitioners with credentials relevant to procedures performed available for telephone consultation and clinical support. <p>Nursing</p>			

	Level 3	Level 4	Level 5	Level 6
	<ul style="list-style-type: none"> suitably qualified and experienced registered nurse in charge on each shift. access to other suitably qualified and experienced nursing staff. nursing staff with paediatric nursing experience must remain on-site until child between 1 and 2 years of age recovering from surgical complexity III with low anaesthetic risk procedures has fully recovered and been discharged from post-anaesthetic care area. access to staff trained in paediatric life support. 			
Specific risk considerations	Nil	Nil	Nil	Nil

Support service requirements for post-anaesthetic care services

	Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible

	Level 3		Level 4		Level 5		Level 6	
Anaesthetic	3		4		5		6	
Intensive care		4	4		5		6	
Medical imaging		3	4		5		5	
Medication		3	3		4		5	
Nuclear medicine		4		4		4		5
Pathology		3		4	5		5	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to perioperative services:

- Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines: Revision V4.0. AHIA; 2010. www.healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/health_facility_guidelines_complete.pdf
- Australian and New Zealand College of Anaesthetists. Professional Standard PS 15: Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery. ANZCA; 2010. www.anzca.edu.au/resources/professional-documents/
- Australian and New Zealand College of Anaesthetists. Professional Standard PS7: Recommendations for the Pre-Anaesthesia Consultation. ANZCA; 2008. www.anzca.edu.au/resources/professional-documents/
- Australian College of Operating Room Nurses. ACORN Standards for Perioperative Nurses. ACORN; 2008. www.acorn.org.au/
- Australian Day Surgery Nurses Association. Best practice guidelines for Ambulatory Surgery and Procedures. Perth: Cambridge Publishing; 2009. www.adsna.info/index.html
- Gastroenterological Nurses College of Australia Inc. Minimal Staffing Requirements for Endoscopy Procedures: Position Statement. www.genca.org/
- Gastroenterological Society of Australia, Gastroenterological Nurses Society of Australia. Standards for Endoscopic Facilities and Services: GESA; 2006. www.gesa.org.au/files/editor_upload/File/DocumentLibrary/Professional/Endoscopy_Standards.pdf
- Gastroenterological Society of Australia. Infection Control in Endoscopy. GESA; 2008. www.gesa.org.au/professional/guidelines/infectioncontrol.cfm
- Queensland Government. Endoscope Reprocessing. Queensland Health; 2009. www.health.qld.gov.au/EndoscopeReprocessing
- Queensland Health. Prevention and Control of Healthcare Associated Infection (HAI) Policy. Standard 2. Reprocessing of Reusable Medical Devices and Surgical Products Standard. www.health.qld.gov.au/qhpolicy/docs/imp/qh-imp-321-2.pdf
- Royal Australasian College of Surgeons. Training for GP Surgical Proceduralists. RACS; 2007.

- Standards Australia. Australian Standard AS/NZS 4187:2003. Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities. Standards Australia; 2003.
- Standards Australia/Standards New Zealand. Australian/New Zealand Standard AS/NZS 4173:2004. Guide to the safe use of lasers in health care. Standards Australia; 2004.
- Standards Australia/Standards New Zealand. Australian/New Zealand Standard AS/NZS 4360:2004 Risk Management. Standards Australia; 2004.
- Standards Australia/Standards New Zealand. HB 436:2004 Risk Management Guidelines: Companion to AS/NZS 4360:2004. Standards Australia; 2004.

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1. Standards Australia. Australian Standard AS/NZS 4187:2003. Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities. Standards Australia; 2003.
2. Australian Day Surgery Nurses Association. Best Practice Guidelines for Paediatric Day Surgery. ADSNA; 2009.
3. Australian Day Surgery Nurses Association. Best Practice Guidelines for Patient Education. ADSNA; 2009.
4. Australian Day Surgery Nurses Association. Best Practice Guidelines for Pre Admission Procedures for Day Surgery Units. ADSNA; 2009.
5. Australian Day Surgery Nurses Association. Best Practice Guidelines for the Care of Patients Whilst in the Day Surgery Unit. ADSNA; 2009.
6. Australian and New Zealand College of Anaesthetists. Professional Standard PS4: Recommendations for the Post-Anaesthesia Recovery Room. ANZCA; 2006. www.anzca.edu.au/resources/professional-documents/
7. Australian and New Zealand College of Anaesthetists. Pain and Postoperative Nausea and Vomiting in Neurosurgery Patients: Presentation by K. Leslie; 2006. www.anzca.edu.au/events/asm/asm2006/leslie_4.htm/?searchterm=K%20Leslie
8. Australian College of Operating Room Nurses. ACORN Standards for Perioperative Nurses: Standard S16 Reprocessing of Reusable Items: Cleaning, Packaging, Sterilisation and Storage of Sterile Supplies. ACORN; 2008.
9. Standards Australia. Australian Standard AS/NZS 4187:2003. Cleaning, disinfecting & sterilizing reusable medical and surgical instruments & equipment and maintenance of associated environments in health care facilities. Standards Australia; 2003: 8.10.
10. Currie V, Harvey G, West E, McKenna H, Keeney S. Relationship between quality of care, staffing levels, skill mix and nurse autonomy: Literature review. Journal of Advanced Nursing 2005 Jul; 51(1):73-82.
11. Australian College of Operating Room Nurses. ACORN Standards for Perioperative Nurses: Standard S23 Use of Loan Equipment. ACORN; 2008. www.acorn.org.au/
12. Royal Australasian College of Surgeons, The Specialist Surgical Associations & Societies of Australia and New Zealand. Accreditation of hospitals and posts for surgical education and training. RACS; 2008.