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| Victorian Role Delineation FrameworkDefining Victoria’s Health Service Site Roles and Responsibilities |  |  |
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| To receive this document in another format, phone 1300 650 172, using the National Relay Service 13 36 77 if required. Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, July 2025.In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. **ISBN** 978-1-76131-814-6 **(pdf/online/MS word)**Available at [Victorian Role Delineation Framework](https://www.health.vic.gov.au/health-services-plan-reform/role-delineation-framework) <https://www.health.vic.gov.au/health-services-plan-reform/role-delineation-framework> |
|  |

Contents

[Glossary – Definition of Key Terms 7](#_Toc204251869)

[Introduction 8](#_Toc204251870)

[Victorian Role Delineation Framework 9](#_Toc204251871)

[The Purpose of this Framework 9](#_Toc204251872)

[Benefits of Role Delineation 10](#_Toc204251873)

[Aims 10](#_Toc204251874)

[Guiding principles 11](#_Toc204251875)

[The Scope of this Framework 11](#_Toc204251876)

[The role of the Department of Health 12](#_Toc204251877)

[Core components of Victoria’s Role Delineation Framework 12](#_Toc204251878)

[Peer Characteristics 13](#_Toc204251879)

[Clinical Capability 14](#_Toc204251880)

[Low Volume, Highly Complex Care 15](#_Toc204251881)

[Health Service Site Roles 15](#_Toc204251882)

[Role Responsibilities within Networks and the Broader System 17](#_Toc204251883)

[Collective Responsibilities of All Sites within Local Health Service Networks 18](#_Toc204251884)

[Key Network and System Responsibilities Aligned to the Role of Each Site 18](#_Toc204251885)

[Small Hospitals and Health Centres 18](#_Toc204251886)

[District and Community Hospitals 19](#_Toc204251887)

[General Hospitals 19](#_Toc204251888)

[Major Hospitals 20](#_Toc204251889)

[Principal Hospitals 21](#_Toc204251890)

[Regional Tertiary Hospitals 21](#_Toc204251891)

[Tertiary Hospitals 21](#_Toc204251892)

[Women’s and Children’s Hospitals 22](#_Toc204251893)

[Specialist Hospitals 22](#_Toc204251894)

[Sub-Acute Hospitals 23](#_Toc204251895)

[Early Parenting Centres 23](#_Toc204251896)

[Public Surgery Centres 23](#_Toc204251897)

[Appendices 24](#_Toc204251898)

[Appendix 1: Health Services Plan Recommendations Related to this Framework 24](#_Toc204251899)

[Recommendation 3.1: Victoria adopt a role delineation framework setting out the roles and responsibilities for each health service site 24](#_Toc204251900)

[Appendix 2: Designated Low Volume, Highly Complex Care in Victoria 25](#_Toc204251901)

[Appendix 3: Defining and Assigning Victoria’s Health Service Site Roles 27](#_Toc204251902)

[Definition and assignment of roles providing a broad range of services to all Victorian communities 27](#_Toc204251903)

[Definition and assignment of roles offering targeted clinical care in a specialised area or serving defined population cohorts 29](#_Toc204251904)

[Appendix 4: Key Characteristics of Victoria’s Health Service Site Roles 31](#_Toc204251905)

[Appendix 5: Sector Consultation and Feedback 44](#_Toc204251906)

[Appendix 6: References 45](#_Toc204251907)

# Glossary – Definition of Key Terms

**Acute care** - Victorian acute care includes admitted and non-admitted services such as critical care, surgical services, Health service site in the Home, specialist clinics, trauma and emergency services.

**Agreed referral pathways –** a process where public health services have established and agreed patient referral pathways with primary health providers and health services within a given geographical area. These agreed referral pathways will take into account both informed patient choice and the role of private providers in the health system. For example, statewide services for endovascular clot retrieval for stroke are centralised to two designated centres via agreed referral pathways or agreed movement of patients for higher level care as per clinical service capability levels.

**Capability framework** - a tool that describes the requirements within specific clinical streams to provide progressively higher (more complex) levels of care in terms of the scope of service, skills, experience and capacity of the workforce, the infrastructure and equipment requirements and clinical support services.

**Consumer** – refers to patients, residents, clients, families, supporters, those with lived and living experience, carers, advocates, representatives, volunteers, and communities who may be past, current, or potential users of the service.

**Health service** - a registered funded agency, multipurpose service or health service establishment, as defined by the Health Services Act 1988, in regard to services provided within a health service site or health setting.

**Health service site -** a Victorian public health service site that provides admitted care and is a registered funded agency where healthcare services are delivered. This includes health service sites, health centres, community clinics, and smaller rural facilities. The terms “campus”, “service” or “hospital” may be used in other Department documents to describe similar concepts.

**Local Health Service Network** - a collaborative grouping of public health services designed to enhance the delivery of healthcare by fostering coordinated care within defined geographic regions and collective accountability for patient experience and outcomes.

**Role delineation**- defines a common language for the roles and responsibilities of public health service sites within Networks and across the health system more broadly. It supports the planning and delivery of services that are efficient, safe, and equitable across different levels of care. In Victoria, role delineation is described and specified by the service profile and peer and clinical capability characteristics of each health service site.

# Introduction

Victoria is committed to continuously improving its health care system to ensure all Victorians receive the right care, at the right time, in the right place.

To achieve a more collaborative, integrated and safe health care system in Victoria, the Victorian Government accepted the recommendation made in the *Health Services Plan*[[1]](#footnote-1)to develop a Victorian Role Delineation Framework (the Framework) that outlines clear roles and responsibilities of all health service sites.

The Framework will describe the different types of health service sites within the Victorian health system, outlining their roles and responsibilities within the health system and network. This will help inform communities of what services they can reasonably expect from their local health service site.

Role delineation supports individual health service sites as integral parts of a networked system. It recognises that each site contributes significantly to a patient’s journey and their care. Each health service site delivers a defined level of service to their local population while sharing responsibility for the overall patient experience.

The Framework aims to support seamless and consistent patient experience across the health system, ensuring that Victorians receive the best care at the most appropriate location in a timely manner. This approach encourages health service sites to collaborate effectively, providing acute and complex care at higher capability sites and lower complexity care at sites closer to home, with each site being clear on its role and responsibility in contributing to or managing each patient’s journey.

Every health service site plays a crucial role in supporting their local community, while being an integral part of the broader Victorian public healthcare system.

# Victorian Role Delineation Framework

The Victorian Role Delineation Framework is based on three core components that classify health service sites according to their service characteristics and the communities they serve. These three components are:

* Peer characteristics
* Clinical capability
* The provision of statewide services and low volume, highly complex care

Collectively, these three components give rise to the different roles that health service sites play within the health system, and the responsibilities they have as an integral part of networked care delivery. Additionally, the delineation of system roles provides both consumers and clinicians with transparency of the types of services and levels of care complexity available at different sites, which in turn supports the development of formal referral pathways.

Differentiating between the different roles that health service sites play in the system meets a number of objectives including:

* identifying the range and complexity of health care services associated with different system roles, which can then support the quality and sustainability of appropriate service delivery;
* assisting with strategic service planning for both a geographic area and individual health services; and,
* providing a platform to inform service development.

This supports all Victorians to receive the right care, at the right time, in the right place to deliver quality outcomes as close to home as possible.

## The Purpose of this Framework

The purpose of the Victorian Role Delineation Framework is to define the different roles of health service sites within the Victorian health system and to outline at a high level the responsibilities each role has in supporting networked care within our health services system. The Framework builds on the principles of the Australian Health and Welfare Australian Peer Groups, which were developed in 1999 and last updated in 2015, and customises the approach to the current Victorian health service system.

The development of this Framework responds to a key recommendation of the Health Services Plan. In turn, the Victorian Role Delineation Framework provides a foundation to support the implementation of other central recommendations of the Health Services Plan.

The Framework supports the Health Services Plan recommendation to formally organise Victoria’s health service sites into Local Health Service Networks. These Networks represent discrete geographies comprising a complement of health service sites, which through effective collaboration, ensure that the majority of health needs of local populations are met locally within each Network.

The Role Delineation Framework will support the establishment of Local Health Service Networks by defining at a high level the scope, scale and complexity of care that each health service site can deliver and the types and scale of communities that each health service site can serve. Additionally, the Framework articulates the responsibilities of each health service site for care delivery and collaboration within their Network.

The Framework also supports the recommendation to establish formal relationships between Networks and providers of high complexity tertiary care and specialist women’s and children’s care where it is not available locally. This recommendation recognises that highly specialised care is typically provided at a discrete number of sites with sufficient service volumes to ensure safe and sustainable care. By identifying the complexity of care available within each Network and by identifying those Victorian health service sites capable of delivering the most complex care the Framework will facilitate the establishment of these formalised relationships.

### Benefits of Role Delineation

The Role Delineation Framework will provide benefits aligned to quality and safety, clinical service planning and in strengthening referral pathways within and between Networks.

#### Supports Quality and safety

Role delineation supports the provision of high quality and safe care as it stratifies health service sites by the breadth and complexity of health care that can be safely and sustainably delivered in alignment with role.

#### Assists in Planning and Support Strengthened Referral Pathways

The ability to compare a health service site’s activity and clinical capability against its peers supports clinical service planning. Role delineation assists health service sites to define their scope of clinical care now and into the future based on changes in population, clinical practice, workforce, emerging technology and changes in best practice. This supports system-wide, network, site and clinical program planning and supports the equitable and sustainable distribution of public health services.

Network-wide service planning will result in agreed regional referral pathways to strengthen access to clinical resources, skills and capacity within a connected system by considering the mix of services available, the capability of different health service sites and the most efficient and effective use of workforce and technology. Health service sites will collaborate within networks to ensure local populations have access to the appropriate care as close to home as possible, considering the patients’ complexity and requirements for specialised clinical management.

In some cases, where care needs are beyond what is available locally, formal relationships between local and higher acuity health service sites will define referral pathways including mutual obligations for patient transfers both to sites of higher acuity, and back to local health service sites. This will provide clarity for patients and service providers regarding when and where transfer to higher levels of care is required, and conversely how soon a patient can return closer to home to continue their care.

Formalising these pathways and defining site capabilities ensures consistency of relationships for patients and clinicians and enables optimal, equitable and timely care to be delivered across the system. It will support health services to connect and take responsibility for a patient’s journey wherever care is delivered.

### Aims

The Framework aims to:

* enable safe, high-quality care for patients by supporting the provision of public health services at the right time, in the right place;
* support clinicians to partner across the care continuum and with patients, families and carers, to plan for a patient’s health care journey; and,
* support planning and service provision locally, regionally and state-wide, considering community need, capacity and capability together.

### Guiding principles

The development of the Framework has been guided by the following principles:

* Patients will receive health care as close to home as is safe and appropriate.
* Public health service planning, design and delivery considers the continuum of care and the specific roles of sites.
* Clinical capability for clinical streams at each health service site is clearly identified.
* Clinical pathways are developed, agreed, and clearly communicated to the community who uses that service.
* Health service sites will work together to support patients and local communities.

### The Scope of this Framework

The Victorian Role Delineation Framework is applied to Victorian public health service sites.

Whilst some health services have clinical interdependencies between their sites, the aim of the framework is to support care in the right place. This requires that the Framework is applied to each health service site individually, rather than holistically to those organisations that encompass multiple sites. It recognises that these organisations will triage care to the most appropriate location based on its service profile and clinical capability and to best support patient access. While the Framework recognises that multisite organisations may have access to higher clinical capability across their network, it supports the delivery of the right care in the right place to minimise the need for patient transfer and to minimise the complexity of the patient journey.

The Framework does not replace, override or amend current legislation, mandatory standards or accreditation processes. This includes schedules to the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015, in which health service sites are categorised into levels for the purposes of staffing ratios. The Framework assumes that health service sites provide care in accordance with [National Safety and Quality Health Service (NSQHS) Standards](https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard)[[2]](#footnote-2) and should be viewed in conjunction with other key documents, in particular the Victorian Health Services Performance Monitoring Framework[[3]](#footnote-3), the Department of Health Policy and Funding Guidelines[[4]](#footnote-4) and the Victorian clinical governance framework[[5]](#footnote-5).

The Framework does not delineate health service site roles for mental health service provision, as these are defined in the Victorian Mental Health and Wellbeing Act 2022, under which mental health services are designated.

### The role of the Department of Health

As system steward, the Department of Health (department) will work with health services to confirm the role of their sites in the system, oversee statewide system planning based on role delineation and administer the Clinical Service Capability Frameworks, in partnership with Safer Care Victoria (SCV). SCV is Victoria’s leading authority for quality and safety in healthcare and works alongside the department to drive safety improvements across the state.

#### The Framework is foundational and will be revised over time as the system evolves

This Framework represents a foundational, new common language for describing the Victorian health service system. It reflects the existing characteristics of Victoria’s health service sites to describe at a high level the care that is currently available to consumers.

It is recognised, however, that role delineation is not static but rather will continue to evolve as Victoria’s population and demographics shift and as clinical practice advances. Similarly, the department will evolve this Framework over time and will continue to support Networks to confirm the roles of each health service site based on contemporary demographic and health service activity metrics.

# Core components of Victoria’s Role Delineation Framework

The core components of Victoria’s Role Delineation Framework are shown in Figure 1 and encompass three domains of service delivery:

**Peer characteristics** consider whole of health service site clinical operations, comparing sites by the types, volumes and breadth of services that they deliver as well as the patient cohorts that they serve.

**Clinical capability** considers the complexity of care available across clinical streams as agreed via the Clinical Service Capability Frameworks. This supports quality and safety by defining service delivery according to capability and giving rise to specific referral pathways for clinical services across different levels of complexity.

The provision of **low volume, high complexity care** considers the role that health service sites play in the delivery of services such as transplantation, major trauma and specialist genetics services. These services are delivered in a small number of health service sites in the state to ensure consistent, high quality and sustainable care.

Taken together, these three core components support the assignment of roles to each health service site based on their similarities, articulating how a health service site relates to its peers within the Victorian health system. This allows for the meaningful articulation of the responsibilities each health service site has within its Network and within the broader system.

**Figure 1: Components of Victoria's role delineation framework**

##### Diagram of the three components of Victoria’s role delineation framework: peer characteristics, clinical stream capability levels and low volume, highly complex care, integrating to form the health service site roles and responsibilities.

### Peer Characteristics

The ability to delineate different health service sites on the basis of peer characteristics has been well established and adopted through the Australian Institute of Health and Welfare (AIHW) peer groups, developed in 1999. The AIHW defines groups of similar health service sites based on shared characteristics to allow a better understanding of the organisation and provision of services.

The Victorian Role Delineation Framework refines and extends the AIHW approach to tailor it specifically to Victoria’s health service system. A series of metrics are used in the Framework to identify health service sites with like characteristics related to the types of services that they deliver, along with the volumes and breadth of these services, which give an indication of clinical operational scale. Geographic span of service delivery is also considered, capturing the role that each health service site plays in meeting the needs of local, regional and statewide catchment populations.

Additionally, consideration is given to the patient cohorts that are serviced by a health service site. These may be population cohorts such as women and children or clinical stream cohorts such as those requiring elective procedural care or specialist care such as sub-acute, cancer, cardiac, dental or eye and ear care.

The key peer characteristics considered in the Framework are outlined below.

* Number of inpatient separations
* Number of emergency and urgent care presentations
* Breadth of diagnosis related groups serviced
* Amount of intensive care provided
* Ratio of high cost planned admissions
* Geographic coverage of admitted care

Further details on these peer characteristics are available in Appendix 4.

The peer characteristics focus on admitted care services owing to the accessibility of these metrics. Non-admitted services represent a significant and important aspect of care delivery for many of Victoria’s health service sites; however, not all health services are obliged to report this activity to the Department of Health. This gives an incomplete picture of these services and makes it harder to use them to define the roles of different health service sites. Over time, should centralised collection of these activities become more robust, they will be incorporated into future iterations of this Framework.

### Clinical Capability

Clinical capability aligned to clinical service streams are articulated in the Framework by the capability levels as agreed via the Clinical Service Capability Frameworks (Capability Frameworks). Capability Frameworks are comprehensive guidelines developed for Victoria's health system to support the delivery of safe and high-quality care.

Capability Frameworks outline the minimum requirements that must be met for clinical streams to function safely and effectively and categorise these services into different levels of capability. Victoria is committed to developing a comprehensive suite of Capability Frameworks over time to support the delivery of optimal care across its health services. Some of these frameworks, including Maternity and Newborn and Perioperative, have already been established and embedded. Other core areas of clinical practice including critical care, emergency and urgent care, medicine, pharmacy and diagnostic services are prioritised for development.

Capability Frameworks provide the detailed descriptors and assessment of the core clinical streams that underpin public health service, including the following core elements:

* Clinical service description
* Clinical governance
* Clinical workforce
* Clinical support services
* Equipment and Infrastructure

Capability Frameworks typically have six levels starting from level 1 which describes the least clinical complexity through to level 6 describing the most clinical complexity.

**Figure 2: High level clinical service capability descriptors across six levels.**

##### Diagram of the high level clinical service capability descriptors across six levels. Level 1: Least complex, minimal risk care. Level 3 and 4: Local care for a defined scope or low-moderate complexity care, for the local community. Level 4 and 5: Progressively complex scope of care across specialties for increasingly complex patients and a broader population. Level 6: Most complex care across most specialties. Can manage the most complex patients and conditions.

Clinical capability levels are assessed independently of other measures included in this Role Delineation Framework, based on a self-assessment against minimum criteria with validation undertaken by the Department of Health.

The Department of Health website provides more detail on Victoria’s current published Capability Frameworks[[6]](#footnote-6).

As more frameworks are developed, they will add to the profile of attributes that support the role delineation of health service sites.

### Low Volume, Highly Complex Care

Victoria’s very low volume, highly complex therapies and interventions are necessarily concentrated into a limited number of designated health service sites to ensure that these services are provided in a consistent, high quality, safe and sustainable manner.

The health service sites that provide these therapies and interventions uniquely possess concentrated workforce expertise and are often leaders in clinical practice and research within their field. In Victoria, examples of services which have been designated by the Department of Health and Nationally Funded Centres to a limited number of sites include major trauma services, transplants and complex spinal cord services.

A detailed (not fully exhaustive) list of low volume, highly complex services that are currently delivered by specific health service sites in Victoria is provided in Appendix 2.

The Health Services Plan recommended that a consistent assessment and review process be implemented to optimise the delivery of low volume, highly complex services, support clinical excellence, access and sustainability. An advisory committee has been established to undertake these reviews on a regular basis[[7]](#footnote-7). The committee is undertaking a work program of reviewing current low volume, highly complex services and will also review novel services as they emerge in Victoria.

### Health Service Site Roles

Collectively, these three core components support the identification and assignment of health service sites to a range of system roles based on their common characteristics.

Seven roles are identified using the three core components, describing a range of health service sites that deliver a broad range of services to all Victorian communities. These seven roles are distinguished by similarities in peer characteristics and clinical stream capability levels (where known) for each health service site as well as the number of low volume, highly complex services that they deliver.

These seven site roles are outlined in Table 1.

**Table 1 Roles providing a broad range of services to all Victorian communities**

| Role  | Type and Volume of Care  | Types of Communities Serviced  |
| --- | --- | --- |
| Small Hospitals & Health Centres  | Strong focus on primary, community & aged care; low volumes of acute care  | Small or isolated communities in rural Victoria  |
| District & Community Hospitals  | Strong focus on primary, community and aged care; low to moderate volumes of acute care  | Ranges from remote communities in rural Victoria to suburbs in metro areas  |
| General Hospitals  | Moderate volumes of acute care across general medicine and surgery and some sub-specialties  | Ranges from outer sub-regions and towns in regional Victoria to suburbs of metro areas  |
| Major Hospitals  | Moderate – high volumes of diverse acute care across several sub-specialties  | Large sub-regional or urban communities  |
| Principal Hospitals  | High volumes of very diverse acute care across most sub-specialties  | Metro growth areas, major suburban areas, & major regions in regional Victoria  |
| Regional Tertiary Hospitals | High volumes of very diverse acute care across most sub-specialties including highly complex care | Major regions and serving multiple Local Health Service Networks for complex care |
| Tertiary Hospitals  | High volumes of the most diverse acute care, including low volume and highest complex care | Major metropolitan Melbourne regions servicing statewide populations  |

A further five roles have been identified that are not well distinguished by the three core components outlined above. This is because these roles are specific to health service sites that either offer targeted clinical care in a specialised area or that serve defined population cohorts.

These roles are described in Table 2.

Collectively, this Framework identifies and describes twelve system roles.

It is recognised that no two health service sites are identical, given that health services tailor their service profiles to the unique demographics and health needs of local populations. As such, these roles are based on common characteristics and recognise that within each role there will be nuanced variability specific to each health service site that cannot be captured within this Framework. This Framework seeks to articulate the types of roles active in the health service system and the types of care consumers can expect receive at their local health service site.

The means by which these roles are defined and assigned to health service sites is outlined in Appendix 3 and a detailed description of these roles and their key attributes is provided in Appendix 4.

**Table 2 Roles offering targeted clinical care in a specialised area or serving defined population cohorts**

| Role  | Type and Volume of Care  | Types of Communities Served  |
| --- | --- | --- |
| Early Parenting Centres  | Specialist supports for families with children up to 4 years that aim to enhance the parent-child relationship  | Local regional or urban communities  |
| Public Surgery Centres | Planned, low to moderate complexity surgical and procedural activity aligned to multiple specialties  | Regional or urban communities  |
| Sub-Acute Hospitals  | High volumes of care predominantly aligned to rehabilitation & geriatric evaluation & management  | Large regional or urban communities  |
| Women’s & Children’s Hospitals  | High volumes of care aligned to acute women’s and children’s services  | Local catchment and statewide service provision  |
| Specialist Hospitals  | Variable volumes of care aligned to a single clinical stream  | Local catchment and statewide service provision  |

# Role Responsibilities within Networks and the Broader System

Health service sites each play distinct but fundamental roles in the Victorian healthcare system, supporting the care journeys of patients and their families. However, very few sites can provide all the healthcare needs of their local communities, requiring collaboration and collective responsibility across multiple providers and locations. Local Health Service Networks will hold this collective responsibility to ensure efficient transitions between providers and care levels—whether escalating to a higher acuity centre or returning care to a local site closer to home for ongoing management.

Local Health Service Networks in Victoria will promote more equitable and consistent care for patients within their geographic areas, while also ensuring more coordinated support for the healthcare workforce. Each Network holds clear accountability for the health outcomes of its defined catchment population.

Health service sites within each Network will collaborate to comprehensively meet the needs of their communities, with the aim that more than 85 per cent of care needs can be met closer to home. Their responsibilities will also include facilitating seamless transitions across care journeys, improving service efficiency, and fostering collaboration to enhance sustainability across the system.

The collective responsibilities of all health services comprising Local Health Service Networks are outlined below.

## Collective Responsibilities of All Sites within Local Health Service Networks

Networks will enable our health services and dedicated workforce to deliver more accessible, higher quality care for Victorians. Networks support:

* a system that is easier to navigate, with more consistent pathways between health service sites
* better and more consistent support for the health workforce
* reduced duplication of administration, so that our health services sites can focus on what they do best – caring for patients.

For early implementation, all Networks will focus on four priority areas:

* Access, equity and flow
* Workforce
* Safety and quality
* Shared services.

These four priority areas were selected to align with the Health Services Plan’s design principles as well as the Institute for Healthcare Improvement’s quintuple aim of: enhancing patient experience, improving population health, strengthening workforce, advancing health equity, and boosting efficiency.

Other priority areas involve broader networking across the system and will therefore be a focus for Networks as they mature. Priority areas for subsequent implementation include:

* Population Health
* Integration
* Research and innovation.

The collective responsibilities of health services within Networks are described in greater detail in the Local Health Service Network Policy Framework.

## Key Network and System Responsibilities Aligned to the Role of Each Site

The previous section and the Local Health Service Network Policy Framework outline the collective responsibilities of all health services within Networks. Below, high-level descriptions of different health service site roles and their individual responsibilities are outlined.

### Small Hospitals and Health Centres

Small Hospitals and Health Centres are responsible for providing primary health, community, aged care and low volumes of acute care tailored towards the needs of small or remote and isolated rural communities, whilst also being responsive to changing local needs. These sites are frequently the main provider of health and social care services in small communities and may be amongst the largest local employer, playing a role in the overall sustainability of their communities. Sites are often in areas that are socioeconomically disadvantaged and generally will have few private services available. As such, Small Hospitals and Health Centres play an important role in also providing primary health care, health promotion, early intervention, whole of life community-based care and residential aged care.

Within Networks these sites have the important role of supporting patient self-management at home and being the gateway to higher acuity care. They assist with referral initiation and case management as well as liaising with higher acuity hospitals to facilitate access to specialist health services, and local community and primary social system supports, as required. Additionally, they have a key role in assisting patients to navigate what can be a complex health care and social service access pathway, particularly given that face-to-face specialised care may not be available locally but only in the broader region.

Overnight care at these facilities is typically non-acute, transitional and respite care for patients from the local community for whom care in the home may be impractical or unsafe.

Contingent on workforce availability, urgent care services at these sites may draw on remote expertise including from Victorian Virtual Emergency Department (VVED), or alternatively from expertise at emergency departments in the region.

### District and Community Hospitals

District and Community Hospitals are located predominantly in rural Victoria and provide primary health, aged care, social care and low to moderate volumes of acute services tailored towards the needs of small rural communities. Like Small Hospitals and Health Centres, District and Community Hospitals have the responsibility to flexibly pivot to respond to changing community needs. In addition to the services provided at Small Hospitals and Health Centres, District and Community Hospital sites may provide low complexity, mainly same-day, acute care and a limited or all-hours urgent care service. Urgent care services at these sites may draw on remote expertise including from the VVED, or alternatively from expertise at emergency departments in the region.

District and Community Hospitals in regional Victoria are often in small population areas that are socioeconomically disadvantaged and are typically the largest employer in their townships. These townships may be subject to seasonal population variation, requiring that District and Community Hospitals are operationally flexible to accommodate substantial fluctuation in demand, particularly for urgent care services.

District and Community Hospitals in regional Victoria may be responsible for receiving patients from higher capability sites following the acute phase of their episode for recovery close to home, where clinically appropriate. Overnight care at these facilities is typically for less complex, transitional care and respite patients for whom care in the home may be impractical or unsafe. In regional Victoria, these sites may work with family and relevant services to identify options in residential care.

As with Small Hospitals and Health Centres, District and Community Hospitals in regional Victoria have the responsibility of providing health promotion, early intervention and whole of life community-based care. Like Small Hospitals and Health Centres, District and Community Hospitals are responsible for assisting patients to navigate access to complex health care and social service, particularly given that specialised care may be up to one hour from home by car.

District and Community Hospitals in metropolitan areas are typically located in growth corridors and operated as part of a larger health service predominantly for same day admitted care and some community health services.

### General Hospitals

General Hospital sites are in larger rural towns and are responsible for a larger population compared to District and Community Hospitals and Small Hospitals and Health Centres. Many sites are located on average 45 minutes’ drive time to higher capability sites noting that some sites may be significantly further away. In regional Victoria, General Hospitals may service townships that are subject to seasonal population variation. As such, General Hospitals may require the operational flexibility to accommodate substantial fluctuation in demand.

There are also a small number of General Hospitals located in metropolitan Melbourne that operate as part of a larger health service.

General Hospital sites are responsible for the provision of a broader range of moderate acuity same day and multiday general medical and surgical services care than District and Community Hospitals and Small Hospitals and Health Centres. Some sub-specialty care may be provided typically by visiting medical officers. General Hospitals may accommodate small high dependency or intensive care units to ensure that moderately complex care can be provided in place, with clear escalation pathways to higher acuity sites.

General Hospitals play an important role in providing most care for their communities, linking patients to higher complexity care, as required. General Hospitals also have a responsibility to receive these patients back following the complex phase of their acute episode for stepdown care close to home and ongoing management in conjunction with District Hospitals and Small Hospitals and Health Centres.

These sites may deliver collaborative, shared care models with proximate District Hospitals and Small Hospitals and Health Centres and may provide these sites with in-reach services and workforce supports.

General Hospitals may have affiliations with universities supporting clinical placements and hands-on training for medical, nursing, and allied health students.

### Major Hospitals

Major Hospitals service large rural or urban communities and typically provide care for populations outside their immediate local catchment. These sites also may provide a range of community health and aged care services and make a significant contribution to meeting most of the acute care needs of their catchments. They support the retention of care within their region or sub-region and limit unnecessary out flow to Principal Hospitals and Tertiary Hospitals.

These services include medium scale emergency departments and dedicated intensive care units.

Major Hospitals have the important responsibility of supporting other services in their region or sub-region through provision of greater complexity care, provision of clinical support services, coordinating treatment plans for complex patients and teaching and training. Additionally, Major Hospitals provide specialist clinical advice to General, District and Small Hospitals and Health Centres. This advice supports care in place where clinically appropriate or expedited patient transfer for higher acuity care, followed by repatriation of patients to local services for lower acuity care closer to their community.

Major Hospitals will have affiliations with universities supporting clinical placements for medical, nursing, and allied health students and engagement in research. Major Hospitals may provide advanced training in some craft areas.

Major Hospitals also have a responsibility to build and maintain partnerships for clinical support, workforce training, and contribute to clinical investigations with Principal Hospitals within their region and Tertiary and Specialist Hospitals across Victoria.

### Principal Hospitals

Principal Hospitals service metropolitan Melbourne growth corridors, major suburban areas and major regions in regional Victoria.

Principal Hospitals provide an extensive range of clinical services and manage most needs for acute and emergency care, except for the most complex care, which is referred to Tertiary Hospitals and Specialist Hospital sites. Indeed, owing to the breadth and complexity of care provided by Principal Hospitals, one of their key responsibilities is to limit unnecessary flows to Tertiary Hospitals, supporting the role of Tertiary Hospitals in their provision of the most complex care.

Principal Hospitals have the significant system responsibility of teaching and training clinicians and supporting consistent, region-wide support for professional development across Networks. Many Principal Hospitals support clinical education for a range of health professionals and are accredited sites for postgraduate medical training. These hospitals typically maintain long-standing partnerships with multiple universities and play a key role in delivering teaching, training, and research programs.

In addition, these sites have the responsibility of supporting Small Hospitals and Health Centres, District and Community Hospitals, General Hospitals and Major Hospitals with access to clinical expertise through virtual and nonvirtual modalities. Principal Hospitals are responsible for supporting other sites to determine whether care can be delivered in place. Where patient transfer to a Principal Hospital is required, Principal Hospitals have a responsibility to accommodate these patients and for facilitating repatriation (when appropriate) to a Major, General or District and Community Hospital site to facilitate recovery and stepdown care close to home.

Principal Hospitals also support Networks in determining when it is clinically appropriate for a patient’s care to be escalated to a Tertiary or Specialist Hospital, and they are responsible for accepting back these patients following the highly complex component of their care.

Principal Hospitals also provide clinical governance leadership in their Networks by supporting consistency and robustness of clinical governance frameworks and developing approaches to manage safety, quality and risk at a Network level.

### Regional Tertiary Hospitals

Regional Tertiary Hospitals share many of the same characteristics and responsibilities as Principal Hospitals, however, they have the additional responsibility of serving more than one Local Health Service Network in regional Victoria. Here, Regional Tertiary Hospitals serve as the referral centre for complex care for their own Network, as well as one or more geographically adjacent Networks. With this responsibility, Regional Tertiary Hospitals limit the need for patient flows from multiple regional Networks to metropolitan Tertiary Hospitals (see below), resulting in regional self-sufficiency levels greater than 90%.

In performing this function, Regional Tertiary Hospitals service a larger geography and population than Principal Hospitals in regional Victoria, with population scale of 0.5 million or more people. Owing to this, Regional Tertiary Hospitals may deliver some highly complex services where this population scale facilitates safe and sustainable volumes of care and where this reduces the need for lengthy patient travel times to metropolitan Tertiary Hospitals.

### Tertiary Hospitals

Tertiary Hospitals are located in Melbourne and typically serve large metropolitan regions, with a broader catchment extending into regional Victoria.

These sites are responsible for providing general acute care for their proximate communities while also providing the most complex care across all disciplines and specialties, with some clinical subspecialities centralised to one or more Tertiary Hospitals. Typically, highly complex maternity and paediatric care is referred to Women’s and Children’s Hospitals.

Tertiary Hospitals offer the most complex level of clinical care, equipped with specialised technology and a broad range of specialised staff. They are also responsible for providing statewide, national and low volume, highly complex services to broader populations. They are equipped with specialised medical technology and staffed by a wide range of specialised clinicians. Extensive partnerships with universities and research centres support ongoing learning and development. Owing to this, Tertiary Hospitals have significant responsibilities in the system in teaching and training and research and innovation.

Tertiary Hospitals have the responsibility of supporting Local Health Service Networks through the provision of specialist expertise both directly in clinical care and indirectly through teaching, training, and professional development to ensure dissemination of clinical expertise and learning opportunities. These relationships ensure that each Network has ready access to the capabilities of a Tertiary Hospital to support care in place where clinically appropriate, local capability uplift and bed access for care escalation when required.

### Women’s and Children’s Hospitals

Women’s and Children’s Hospitals are highly specialised service providers in women’s and paediatric care. These Hospitals provide care to patients with varying complexity including delivering the highest complexity care across obstetrics, gynaecology, and paediatrics for their broader metropolitan, regional and rural catchments. In some cases, this includes designated statewide or national services such as gynaecological oncology management, paediatric transplants and highly specialised therapies.

Women’s and Children’s Hospitals are responsible for supporting the health system through clinical support, clinical governance and oversight, workforce training and research opportunities. Similar to Tertiary Hospitals, these responsibilities of Women’s and Children’s Hospitals are aligned with, but not limited to, formalised relationships with specific Local Health Service Networks, ensuring that each Network has ready access to expertise in women’s and paediatric care to support care in place where clinically appropriate, local capability uplift and bed access for care escalation when required.

In addition to the provision of high complexity care, these Hospitals also lead and disseminate research and best practice in women’s and paediatric health.

### Specialist Hospitals

Specialist Hospitals provide care for a specific clinical specialty from the least to the most complex care. Specialist Hospitals also lead research within their respective clinical specialties.

Specialist Hospitals have a state-wide role in not only providing high acuity care across Victoria but also have the responsibility of supporting other sites within their clinical specialty to build capability through clinical support and workforce training. Similar to Tertiary and Women’s and Children’s Hospitals, Specialist Hospitals lead and disseminate research and best practice in their areas of specialty.

### Sub-Acute Hospitals

Sub-acute Hospitals typically provide geriatric evaluation management and rehabilitation and may provide palliative care and step-down care for a target cohort and provide a comprehensive range of allied health services. They may also provide limited ambulatory services such as maintenance dialysis. Sub-acute Hospitals are often linked with an acute service provider which can provide additional clinical supports and governance.

Sub-acute Hospitals share accountability with acute hospitals in supporting efficient patient flow within Networks and within the system. By accepting patient transfers from acute hospitals in a timely manner, beds are liberated in the transferring hospitals to accommodate patients needing acute care, improving system efficiency.

Sub-acute hospitals also play a meaningful role in clinical innovation, teaching, and training within the broader health system, particularly in allied health disciplines. These hospitals lead innovation in care models that support functional and quality-of-life outcomes, and some Sub-acute Hospitals are also statewide leaders in highly specialised rehabilitative care and research for specific degenerative diseases and traumatic injury.

### Early Parenting Centres

Early Parenting Centres (EPCs) provide specialist support for Victorian families with children from birth and up to 4 years.

They deliver flexible, targeted services that aim to enhance the parent-child relationship. They also support parents with strategies to achieve their parenting goals such as:

* sleep and settling
* child behaviour
* parent and child health and wellbeing

Early Parenting Centres are responsible for supporting the wider Victorian health system by acting as a preventative, early-intervention service that reduce demand on acute, emergency, and mental health services. Their integration into the broader health and social care system contributes to improved outcomes for families.

### Public Surgery Centres

Public Surgery Centres offer planned, non-emergency surgical procedures for broad catchments. These centres provide timely care to patients who require low to moderate complexity planned procedures. They should provide a minimum of level 2 perioperative capability to manage predominantly both day case and overnight procedures. They are not expected to manage low volume, highly specialised care.

Public Surgery Centres covered in this Framework are those which are stand-alone (not collocated with an acute hospital site) and deliver moderate complexity procedural care.

Public Surgery Centres have a shared responsibility with other hospitals to reduce surgical waiting times and alleviate demand pressure by focusing on planned surgeries in a streamlined and efficient environment.

# Appendices

## Appendix 1: Health Services Plan Recommendations Related to this Framework

### Recommendation 3.1: Victoria adopt a role delineation framework setting out the roles and responsibilities for each health service site

The role delineation framework will draw from the Australian Institute of Health and Welfare peer grouping framework with modifications to take into account:

* primary, community, aged care, subacute and acute services
* virtual and ambulatory as well as bed-based services
* population, geography, and accessibility of care
* health service site size and capability.

The department will define the roles and responsibilities of health service sites in accordance with the role delineation framework and in consultation with health services.

Roles will be defined as Very Small, Group D to A health service sites, and Major Tertiary sites, offering service profiles with increasing clinical complexity. Health service sites delivering the most complex and specialised care in Victoria will be defined as major tertiary where they deliver comprehensive adult care and as women’s, children’s or specialist health service sites where they deliver complex care for distinct patient cohorts.

The department will establish a process for these roles and responsibilities to be updated as health service site capabilities and the community’s health needs evolve over time.

The department will continue to develop a comprehensive suite of clinical capability frameworks, which will support more detailed role delineation at the level of clinical specialties.

## Appendix 2: Designated Low Volume, Highly Complex Care in Victoria

|  |  |  |  |
| --- | --- | --- | --- |
| **Currently designated services/procedures**  | **No. of sites**  | **Designated health service/s**  | **Nationally funded centre?**  |
| Acute brain injuries  | 2 | * Alfred Health – The Alfred (Alfred)
* Austin Health – the Austin (Austin)
 | No  |
| Bone marrow transplants – adults  | 6 | * Alfred
* Austin
* Peter Mac
* Royal Melbourne Health service site
* St Vincent’s Health
* University Health service site Geelong
 | No  |
| Bone marrow transplants – children  | 1 | * Royal Children’s Health service site
 |  |
| CAR T-cell therapy, Kymriah®  | 3 | * Alfred
* Peter MacCallum Cancer Centre
* Royal Children’s Health service site
 | No |
| CAR T-cell therapy, Yescarta® and Tecartus®  | 2 | * Alfred
* Peter MacCallum Cancer Centre
 | No  |
| Cardiothoracic surgery  | 6 | * Alfred
* Austin
* Monash Health – Victorian Heart Health service site
* Royal Melbourne Health service site
* St Vincent’s Health
* University Health service site Geelong
 | No  |
| Cochlear implants  | 1 | * Royal Victorian Eye and Ear Health service site
 | No  |
| ECMO  | 7 | * Alfred
* Austin
* Eastern Health
* Monash – MMC
* Royal Melbourne Health service site
* St Vincent’s Health
* University Health service site Geelong
 | No  |
| Endovascular clot retrievals for acute stroke  | 2 | * Monash – MMC
* Royal Melbourne Health service site
 | No  |
| Gene therapy, Luxturna®  | 1 | * Royal Victorian Eye and Ear Health service site
 | No  |
| Heart transplants – adults  | 1 | * Alfred
 | No  |
| Heart transplants & complex cardiac surgery – children  | 1 | * Royal Children’s Health service site
 | Yes  |
| Immunotherapy, Qarziba®  | 2 | * Monash Children’s Health service site
* Royal Children’s Health service site
 | No  |
| Islet cell transplants  | 1 | * St Vincent’s Health service site
 | Yes  |
| Kidney/pancreas transplants – children  | 1 | * Royal Children’s Health service site
* Monash Children’s
 | No  |
| Liver transplants – adults  | 1 | * Austin
 | No  |
| Liver transplants – children  | 1 | * Royal Children’s Health service site (supported by Austin)
 | Yes  |
| Lung transplants – adults  | 1 | * Alfred
 | No  |
| Major burns unit – adults  | 1 | * Alfred
 | No  |
| Major burns unit – children  | 1 | * Royal Children’s Health service site
 | No  |
| Major trauma – adults  | 2 | * Alfred
* Royal Melbourne Health service site
 | No  |
| Major trauma – paediatric  | 1 | * Royal Children’s Health service site
 | No  |
| Neuro-degenerative rehabilitation  | 1 | * Calvary Health Care Bethlehem
 | No  |
| Paediatric lung and heart-lung transplants  | 1 | * Alfred (supported by Royal Children’s Health service site)
 | Yes  |
| Paediatrics rehabilitation  | 2 | * Monash Children’s Health service site
* Royal Children’s Health service site
 | No  |
| Pancreas transplants – adults  | 1 | * Monash – MMC
 | Yes  |
| Renal transplants – adults  | 5 | * Alfred
* Austin
* Monash – MMC
* Royal Melbourne Health service site
* St Vincent’s Health service site
 | No  |
| Renal transplants – children  | 1 | * Royal Children’s Health service site
 |  |
| Transvaginal mesh complication referral centres  | 4 | * Mercy Health service site for Women
* Monash – Monash Medical Centre/Moorabbin
* Royal Women’s Health service site
* Western Health
 | No |
| Traumatic and non-traumatic spinal rehab  | 2 | * Alfred
* Austin
 | No  |

## Appendix 3: Defining and Assigning Victoria’s Health Service Site Roles

The manner in which the Victorian Role Delineation Framework defines and assigns health service site roles draws on a minimum set of indicators. These indicators collectively characterise the scale, scope and complexity of health service site clinical operations in the context of the breath of communities that they serve. These indicators are centred on:

1. **Peer characteristics** based on health service site service mix, volume and breadth of activity, activity cost weights and geographic span of service delivery
2. **Clinical service capability levels** assigned to specific clinical streams at each health service site in accordance with Clinical Service Capability Frameworks
3. The **number of statewide and low volume, highly complex services** delivered by each health service site.

### Definition and assignment of roles providing a broad range of services to all Victorian communities

Many health service sites across Victoria provide a broad range of care for the general population, making these distinct from those sites outlined above. In order to distinguish specific roles among these sites, a range of peer characteristics, clinical capability characteristics and profiles of statewide and low volume, highly complex service delivery have been identified. This minimum set of indicators is outlined below.

#### Peer Characteristics

##### Annual number of inpatient separations

This metric is an indicator of clinical operational scale for admitted care and is inclusive of all same day and multiday inpatient separations reported to the Victorian Admitted Episode Dataset aligned to all care types.

##### Annual number of emergency and urgent care presentations

This metric is an indicator of clinical operational scale for emergency and urgent care and is inclusive of presentations to an emergency department that are reported to the Victorian Emergency Minimum Dataset or to an urgent care centre reported to the Agency Information Management System.

##### Breadth of diagnosis related groups serviced

This metric is an indicator of the breadth of clinical operations across specialties and craft areas. It is inclusive of all diagnosis related groups for same day and multiday inpatient care, aligned to all care types, where more are greater than five separations per diagnostic group.

##### Amount of intensive care provided

This metric is an indicator of the level of acuity of patients served at a given health service site based on the duration of stay in an intensive care unit (ICU) reported for inpatient separations to the Victorian Admitted Episode Dataset. It is inclusive of both stays in an ICU or a Neonatal Intensive Care Unit. Where a site has a physically combined ICU and Coronary Care Unit, the stay in both units is included.

##### Ratio of high cost planned admissions

This metric is an indicator of the level of care complexity provided at a given health service site. It includes the proportion of elective separations for same day and multiday care with a cost weight[[8]](#footnote-8) greater than 4.0.

##### Geographic coverage of admitted care

This is an indicator of the geographic span of service delivery by a health service site. It is a count of the Local Government Areas for which a given health service site provides greater than 50 annual inpatient separations. It is inclusive of same day and multiday admitted care across all care types.

#### Clinical Capability

Clinical capability is informed by the capability levels assigned to each health service site aligned to relevant clinical streams, per Victoria’s Clinical Service Capability Frameworks. Clinical capability levels in Victoria are evaluated against these Frameworks through a self-assessment process by health services, with validation undertaken by the Department of Health.

At present Victoria has released capability frameworks and assigned capability levels of one to six in the following clinical streams:

* Adult perioperative services
* Paediatric perioperative services
* Maternity services
* Neonatal services

Where a health service site has not been assessed against these Clinical Service Capability Frameworks, the capability level is set to nil.

The suite of Victorian Clinical Service Capability Frameworks is under ongoing development with further Frameworks to be published over time. As capability levels become known in additional clinical streams, this Role Delineation Framework will be updated to reflect these.

#### Low Volume, Highly Complex Service Profile

In Victoria, low volume, highly complex services are delivered from a limited number of health service sites to optimise clinical volumes, quality and safety, sustainability and patient outcomes. The health service sites that provide these therapies and interventions uniquely possess concentrated workforce expertise and are often leaders in clinical practice and research within their field.

The definition and assignment of roles to health service sites takes into consideration the number of these types of services delivered at a given site. Victoria’s current distribution of statewide and low volume, highly complex services is outlined in Appendix 2.

#### Defining and Assigning Roles

Leveraging the peer characteristics, clinical capability characteristics and service profiles for statewide and low volume, highly complex care at each health service site, a sensitivity tested statistical cluster analysis is used to define and assign roles to each site across the state.

A cluster analysis is a statistical technique used to find natural groupings in a set of data – in this case the characteristics of each of Victoria’s health service sites. It finds patterns in the data and groups sites into like "clusters". An illustrative representation of a cluster analysis is shown in Figure 3.

**Figure 3: An illustrative representation of a cluster analysis**



Seven clusters, or health service site roles, are identified by the cluster analysis for those health service sites that deliver a range of services for the general population across multiple clinical specialities. These roles are:

* Small Hospitals and Health Centres
* District and Community Hospitals
* General Hospitals
* Major Hospitals
* Principal Hospitals
* Regional Tertiary Hospitals
* Tertiary Hospitals

##### Application of system design principles

***Major, Principal, Regional Tertiary and Tertiary Hospitals must accommodate intensive care units***

A key differentiator of health service site roles is the presence or absence of an intensive care unit. In order to meet the criteria for assignment as a Major, Principal, Principal or Tertiary Hospital, a health service site must accommodate an intensive care unit, aligned to the responsibility of these sites to deliver moderate to high acuity care for complex patients. The accommodation of an intensive care unit does not ensure assignment as a Major, Principal, Principal or Tertiary Hospital as these sites must share other like characteristics per the cluster analysis.

Once the Critical Care Capability levels are agreed this will be incorporated into the role delineation definitions and assignment.

### Definition and assignment of roles offering targeted clinical care in a specialised area or serving defined population cohorts

A further five roles have been identified that are not well characterised by the three core components outlined above. This is because these roles are specific to health service sites that either offer targeted clinical care in a specialised area or that serve defined population cohorts.

These roles are outlined below.

#### Sub-acute Hospitals

Sub-acute sites are those that provide mostly sub-acute care on an admitted same day or overnight basis aligned to rehabilitation, geriatric evaluation and management and/or palliative care programs. These activities are reported to the Victorian Admitted Episode Dataset under care types six, eight and nine. Sub-acute sites may also deliver some limited ambulatory admitted care, such as maintenance and training dialysis.

Sub-acute sites are identified where:

* over 70% of separations are sub-acute separations (excluding maintenance and training dialysis), or
* over 70% of patient days are sub-acute days and over 50% of separations are sub-acute separations (excluding maintenance and training dialysis).

#### Women’s and Children’s Hospitals

Women’s and children’s hospitals specialise in the treatment and care of women or children, providing care to patients with varying complexity with the specific role of delivering the highest complexity care across obstetrics, gynaecology, and paediatrics.

Per the AIHW peer groups, children’s hospitals are those sites where the proportion of separations with patients aged 0–14 exceeds 80 per cent of total separations. The age range 0-14 is used here noting that different health service sites in Victoria have different age-based policies on the definition of paediatric care, however, in most instances these are inclusive of children under the age of 15 years.

Women’s hospitals are those sites where more than 70 per cent of separations are assigned to a Major Diagnostic Category of *Diseases and disorders of the female reproductive system* or *Pregnancy, childbirth and the puerperium* per the International Classification of Diseases (ICD).

#### Specialist Hospitals

Designated specialist hospitals in Victoria typically offer a same day or multiday admitted casemix for the lowest to highest complexity care where the majority of separations are aligned to fewer than two chapters of the ICD aligned to eye and ear care, dental care, cardiac care or cancer care.

#### Public Surgery Centres

Public surgery centres are standalone sites that deliver planned same day or overnight surgical and procedural care.

These sites are identified where all separations are reported to the Victorian Admitted Episode Dataset under elective admission type and where the majority of separations are aligned to surgical and procedural diagnosis related groups.

#### Early Parenting Centres

Early parenting centres are sites that provide specialist support for families with children from birth and up to 4 years, delivering targeted services that aim to enhance the parent-child relationship.

Per the AIHW peer groups early parenting centres are identified where over 40% of separations are for patients aged 0–4. This group excludes Children’s hospitals which admit a greater number of children older than 0–4 and have wider casemixes.

## Appendix 4: Key Characteristics of Victoria’s Health Service Site Roles

The high-level descriptions of different system roles are outlined below. These are based on activity data from the 2023-24 financial year. Core components will be monitored and revised as health service site activity and population metrics change over time at Victoria’s health services sites.

It is recognised that no two health service sites are identical, given that health services tailor their service profiles to the unique demographics and health needs of local populations. As such, roles are based on average characteristics and recognise that within each role there will be nuanced variability specific to each health service site that cannot be captured within this Framework. As such, this Framework seeks to articulate high-level descriptions of the types of system roles active in the service system and the types of services consumers can expect receive at their local health service site.

**Table 3. Small Hospitals and Health Centre site characteristics**

| **Description – Small Hospital and Health Centre Sites** |
| --- |
|  | **Service Profile** | Typical types of services include, but are not limited to:* primary care
* primary mental health
* community health
* aged care
* community AOD services
* public sector residential aged care
* non‑acute overnight care (transitional care, geriatric management, respite)
* may support pregnancy care in conjunction with other network health services
* may have a limited hours urgent care service, which may leverage the VVED for virtual secondary consult
 |
|  | **Primary & Aged Care** | **Co-located Public Sector Residential Aged Care places:** 7+**Primary health services:** mental health, community health, low risk maternity shared care, alcohol and other drug, limited access urgent care. |
|  | **Acute Care\*** | **Medianⱡ acute separations per annum\*:** 88**Medianⱡ urgent & emergency care presentations per annum:** 627**Median Diagnostic Related Groups (>5 seps) per annum:** 1**Median Clinical Capability Levels:****Adult Perioperative** – 1 (if service offered)**Paediatric Perioperative** – typically not assessed**Maternity** – 1 (if service offered)**Newborn** - typically not assessed**Median ICU hours delivered per annum:** 0**Median proportion of elective separations with NWAU>4.0:** N/A¥**Median health service site beds:** 10**Avg. length of stay for overnight/multiday care:** 7 days**Avg. local self-sufficiency for acute care:** 10%**Medical practitioners/specialists:** usually Local GP on call |
|  | **Catchment Community** | **Median number of LGAs serviced (>50 seps):** 1**Community description****Population size:** 1,000–7,500 people**Age profile:** older than Victorian average distribution**Geographies:** Inner or Outer Remoteness areas of rural Victoria**Average travel time to complex health service site care:** > 60 min |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100;* ¥*Do not receive activity-based funding*

Table 4. District and Community Hospital service site characteristics

| **Description - District & Community Hospital Sites** |
| --- |
|  | **Service Profile** | Typical types of services per Small Health service site facilities plus:* urgent care service (limited hours or 24/7), which may leverage the VVED for virtual secondary consult, and seek consultation with local General Practitioner
* ambulatory subacute and ambulatory acute medical services, i.e., maintenance haemodialysis
* same day low complexity procedures, i.e., endoscopy, cataracts, general surgery, as described in the Perioperative Service Capability Framework
* may provide low risk pregnancy and newborn care
* nonacute overnight care potentially providing maintenance care.
 |
|  | **Primary & Aged Care** | **Co-located Public Sector Residential Aged Care places:** 12 or more**Primary health services:** mental health, community health, low risk maternity shared care, alcohol and other drug, limited access urgent care, virtual secondary consult through the Victorian Virtual Emergency Department. |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 2,630**Medianⱡ urgent & emergency care presentations:** 4,294**Median Diagnostic Related Groups (>5 seps):** 31**Median Clinical Capability Levels:****Adult Perioperative** – 2 (if service offered)**Paediatric Perioperative** – 2 (if service offered)**Maternity** – 1-2 (if service offered)**Newborn** – 1-2 (if service offered)**Median ICU hours delivered per annum:** 0**Median proportion of elective separations with NWAU>4.0:** N/A¥**Median health service site beds:** 27**Avg. length of stay for overnight care:** 6.7 days**Avg. Local self-sufficiency for acute care:** 35%**Medical practitioners/specialists:** Typically attend when needed, some may have direct employees |
|  | **Catchment Community** | **Median number of LGAs serviced (>50 seps): 4****Community description****Population size:** 7,500–17,500 people**Age profile:** older than Victorian average**Geographies:** From inner or outer remoteness areas of rural Victoria to metropolitan suburbs**Average travel time to complex health service site care:** 50 min (regional Victoria only) |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100;* ¥*Most sites do not receive activity-based funding*

Table 5. General Hospital site characteristics

| **Description – General Hospital Sites** |
| --- |
|  | **Service Profile** | Typical types of services per District Health service site facilities plus:* all hours urgent care service or may have an emergency department
* ambulatory acute medical services, i.e., chemotherapy may be available at some sites partnering with larger services
* multiday low to moderate complexity general surgery and medicine but some subspecialties may be available
* paediatric care for lower acuity patients
* may provide critical care with small ICU or high dependency unit
* geriatric evaluation and management and rehabilitation overnight care
* pregnancy care for low and moderate risk pregnancies and newborns
* education and training performed on site
 |
|  | **Primary & Aged Care** | **Co-located Public Sector Residential Aged Care places:** 0 - 100**Primary health services:** may provide services like District Health service sites or have patient referral pathways to local community health service organisation.  |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 6,540**Medianⱡ urgent & emergency care presentations:** 10,945**Median Diagnostic Related Groups (>5 seps):** 158**Median Clinical Capability Levels:****Adult Perioperative** – 3 (if service offered)**Paediatric Perioperative** – 2 (if service offered)**Maternity** – 3 (if service offered)**Newborn** – 2 (if service offered)**Median ICU hours delivered per annum:** 0 or very limited**Median proportion of elective separations with NWAU>4.0:** 0.4%**Median health service site beds:** 68**Avg. length of stay for overnight care:** 4.7 days**Avg. local self-sufficiency for acute care:** 70%**Proportion of acute bed days delivered in the home:** 1–20%**Medical practitioners/specialists:** Typically directly employed |
|  | **Catchment Community** | **Median number of LGAs serviced (>50 seps):** 7**Community description****Population size:** 17,500–60,000 people**Age profile:** older than Victorian average**Geographies:** from regional towns to suburbs of metropolitan Melbourne**Average travel time to complex health service site care:** 45 min (for rural Victorian services) |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100*

Table 6. Major Hospital site characteristics

| **Description – Major Hospital Sites** |
| --- |
|  | **Service Profile** | Typical types of services per General Health service site facilities plus:* emergency department (24/7)
* acute and sub-acute overnight care with a range of sub‑specialties
* pregnancy care for low and moderate risk pregnancies and newborns
* Paediatric services
* may provide acute mental health services
* dedicated intensive care unit
* education and training performed on site
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Varies**Primary health services:** may provide services like General Health service sites or have patient referral pathways to local community health service organisations.  |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 23,140**Medianⱡ urgent & emergency care presentations:** 31,384**Median Diagnostic Related Groups (>5 seps):** 366**Median Clinical Capability Levels:****Adult Perioperative** – 4 (if service offered)**Paediatric Perioperative** – 3 (if service offered)**Maternity** – 4 (if service offered)**Newborn** – 3 (if service offered)**Median ICU hours delivered per annum:** 43,998**Median proportion of elective separations with NWAU>4.0:** 0.6%**Median health service site beds:** 188**Avg. length of stay for overnight care:** 4.5 days**Avg. subregional self-sufficiency for acute care** ¥**:** 80%**Proportion of acute bed days delivered in the home:** 12–25%**Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Median number of LGAs serviced (>50 seps):** 12**Community description****Population size:** 60,000 – 140,000 people**Age profile:** varied**Geographies:** large rural sub-regions or urban communities  |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100;* ¥*Collective self-sufficiency across all sites within a subregion*

Table 7. Principal Hospital site characteristics

| **Description – Principal Hospital Sites** |
| --- |
|  | **Service Profile** | Typical types of services per Major Health service site facilities plus:* acute and sub-acute overnight care with most sub‑specialties
* large emergency departments
* large ICUs with high level of critical care
* may provide acute mental health services
* maternity and newborn service, inpatient and outpatient paediatric service, cardiology service, oncology service and other general specialty acute services operating at a high level.
* research, education and advanced training performed on site
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Typically not co-located on the health service site**Primary health services:** Metropolitan health service sites will have patient referral pathways to local community health service organisations. Rural services may operate these services directly.  |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 57,267**Medianⱡ urgent & emergency care presentations:** 65,302**Median Diagnostic Related Groups (>5 seps):** 514**Median Clinical Capability Levels:****Adult Perioperative** – 5 (if service offered)**Paediatric Perioperative** – 4 (if service offered)**Maternity** – 5 (if service offered)**Newborn** – 4 (if service offered)**Median ICU hours delivered per annum:** 77,173**Median proportion of elective separations with NWAU>4.0:** 1.3%**Median health service site beds:** 402**Avg. length of stay for overnight care:** 4.2 days**Avg. regional or Network self-sufficiency for acute care¥:** >85%**Proportion of acute bed days delivered in the home:** 10–20%**Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Median number of LGAs serviced (>50 seps):** 20**Community description:****Population size:** >200,000**Age profile:** varied**Geographies:** metropolitan Melbourne and major suburban areas, and major regional cities statewide |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100;* ¥*Collective self-sufficiency across all sites within a Network or region*

Table 8. Regional Tertiary Hospital site characteristics

| **Description – Regional Tertiary Hospital Sites** |
| --- |
| Care with solid fill | **Service Profile** | Typical types of services per Major Health service site facilities plus:* acute and sub-acute overnight care with most sub‑specialties
* large emergency departments
* large ICUs with high level of critical care
* may provide acute mental health services
* maternity and newborn service, inpatient and outpatient paediatric service, cardiology service, oncology service and other general specialty acute services operating at a high level and delivering complex care
* research, education and advanced training performed on site
 |
| Stethoscope with solid fill | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Typically not co-located on the health service site**Primary health services:** Metropolitan health service sites will have patient referral pathways to local community health service organisations. Rural services may operate these services directly.  |
| Inpatient with solid fill | **Acute Care\*** | **Medianⱡ acute separations\*:** 93,200**Medianⱡ urgent & emergency care presentations:** 77,100**Median Diagnostic Related Groups (>5 seps):** >600**Median Clinical Capability Levels:****Adult Perioperative** – 5-6 (if service offered)**Paediatric Perioperative** – 4-5 (if service offered)**Maternity** – 5 (if service offered)**Newborn** – 5 (if service offered)**Median ICU hours delivered per annum:** 140,000**Median proportion of elective separations with NWAU>4.0:** 1.8%**Median health service site beds:** 600**Avg. length of stay for overnight care:** 4.8 days**Avg. regional or Network self-sufficiency for acute care¥:** >92%**Proportion of acute bed days delivered in the home:** 10–20%**Medical practitioners/specialists:** Directly employed |
| Group with solid fill | **Catchment Community** | **Median number of LGAs serviced (>50 seps):** 30**Community description:****Population size:** 500,000**Age profile:** varied**Geographies:** major regional areas spanning multiple Local Health Service Networks |

\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100; ¥Collective self-sufficiency across all sites within a Network or region

Table 8. Tertiary Hospital site characteristics

| **Description – Tertiary Hospital Sites** |
| --- |
|  | **Service Profile** | Typical types of services per Principal Health service site facilities plus:* large emergency departments
* large ICUs with highest level of critical care
* most subspecialties
* multidisciplinary acute health service site specialty services staff collocated on site include cardiac surgery, neurosurgery, bone marrow and organ transplant, and infectious diseases
* may provide acute mental health services
* research, education and advanced training performed on site
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Typically, not co-located on the health service site **Primary health services:** Tertiary Health service sites will have patient referral pathways to local community health service organisations.  |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 98,500**Medianⱡ urgent & emergency care presentations:** 86,497**Median Diagnostic Related Groups (>5 seps):** 619**Median Clinical Capability Levels:****Adult Perioperative** – 6 (if service offered)**Paediatric Perioperative** – N/A**Maternity** – N/A**Newborn** – N/A**Median ICU hours delivered per annum:** 267,351**Median proportion of elective separations with NWAU>4.0:** 3.5%**Median health service site beds:** 659**Avg. length of stay for overnight care:** 4.8 days**Catchment self-sufficiency for acute care** ¥**:** 99%**Proportion of acute bed days delivered in the home:** 15–20%**Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Median number of LGAs serviced (>50 seps):** 69**Community description:****Population size:** > 1,000,000**Age profile:** varied**Geographies:** major metropolitan Melbourne regions with direct service provision and referral pathways extending across most of regional Victoria |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100;* ¥*Collective self-sufficiency across all sites within the geographic span of a Tertiary Hospital*

Table 9. Women’s and Children’s Hospitals site characteristics

| **Description – Women’s and Children’s Hospital Sites** |
| --- |
|  | **Service Profile** | Typical types of services:* emergency care services (24/7)
* comprehensive range of ambulatory acute paediatric services and women’s services mainly supporting obstetrics, gynaecology, and midwifery specialty areas
* obstetrics, gynaecology, midwifery, and paediatric specialty workforce incorporating primary through highest level health service site bed‑based care
* pregnancy care for normal risk through to highest at-risk pregnancies, vaginal and planned and unplanned caesarean births
* acute overnight and multi day care for paediatric medical and surgical services, and rehabilitation
* acute overnight and multi day care for women, mainly supporting obstetrics, gynaecology, and midwifery specialty services.
* May provide mental health services
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Typically, not co-located **Primary health services:** Women’s and Children’s health service sites will have patient referral pathways to local community health service organisations.  |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 22,900**Medianⱡ urgent & emergency care presentations:** 28,134**Median Diagnostic Related Groups (>5 seps):** 108**Median Clinical Capability Levels:****Adult Perioperative** – 5 (if adult hospital)**Paediatric Perioperative** – 5 (if paediatric hospital)**Maternity** – 6**Newborn** – 6**Median ICU hours delivered per annum:** 218,000**Median proportion of elective separations with NWAU>4.0:** 3.5%**Health service site beds:** 261**Average length of stay for overnight care:** 4.2 days**Catchment self-sufficiency for acute care:** Not applicable**Proportion of acute bed days delivered in the home:** 0–25% **Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Population:** women and/or children**Age profile:** younger than Victorian average (profile is mainly children and women of child‑bearing age)**Geographies:** statewide service providers with most patients being residents of metropolitan Melbourne**Average travel time to complex health service site care:** average travel time to these health service sites is 34 minutes |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100*

Table 10. Specialist Hospitals site characteristics

| **Description – Specialist Hospital Sites** |
| --- |
|  | **Service Profile** | * Typically limited to a single clinical specialty
* May or may not include emergency department and ICU
* May provide both acute and community-based care
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Nil**Primary health services:** Specialist health service sites may directly manage or have patient referral pathways to registered community health service organisations.  |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 12,900**Medianⱡ urgent & emergency care presentations:** 26,819 (where provided - not all specialist hospitals provide time critical access)**Median Diagnostic Related Groups (>5 seps):** 88**Median Clinical Capability Levels:****Adult Perioperative** – varies**Paediatric Perioperative** – typically not assessed**Maternity** – typically not assessed**Newborn** – typically not assessed**Median ICU hours delivered per annum:** varies**Median proportion of elective separations with NWAU>4.0:** varies**Median health service site beds:** 100**Average length of stay for overnight care:** 4.3 days**Catchment self-sufficiency for acute care:** Not applicable**Proportion of acute bed days delivered in the home:** 0–11% **Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Population Size:** state-wide providers.**Age distribution:** varies.**Location:** Metropolitan Melbourne.**Avg. travel distance:** Not applicable |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100*

Table 11. Sub-acute Hospitals site characteristics

| **Description – Sub-Acute Hospital Sites** |
| --- |
|  | **Service Profile** | * Inpatient and outpatient rehabilitation, geriatric evaluation and management
* May provide some acute services such as low complexity medical and surgical care and maintenance dialysis, With the exclusion of maintenance dialysis over 70% of patient days are sub-acute days and over 50% of separations are sub-acute separations
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** May be collocated with some subacute services**Primary health services:** Specialist facilities may be co-located with registered community health service organisations.  |
|  | **Sub-Acute Care\*** | **Medianⱡ sub-acute separations\*:** 1,300**Medianⱡ urgent & emergency care presentations:** Not applicable**Median Diagnostic Related Groups (>5 seps):** 56**Median Clinical Capability Levels:****Adult Perioperative** – Typically not assessed**Paediatric Perioperative** – Typically not assessed**Maternity** – Typically not assessed**Newborn** – Typically not assessed**Median ICU hours delivered per annum:** Not applicable**Median proportion of elective seps with NWAU>4.0:** variable**Health service site beds:** 73**Average length of stay for overnight care:** 20 days**Catchment self-sufficiency for acute care:** Not applicable**Proportion of acute bed days delivered in the home:** 0–11% **Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Population Size:** >200,000**Age distribution:** varies**Location:** Metropolitan Melbourne and large regional cities**Avg. travel distance:** Not applicable |

*\* Excludes mental health admitted activity; ⱡMedian values are rounded to nearest 100*

Table 12. Public Surgery Centre site characteristics

| **Description – Public Surgery Centres** |
| --- |
|  | **Service Profile** | * Planned, non-emergency surgical procedures for broad catchments.
* Cater to patients who have been assessed by a specialist and can have their surgery scheduled in advance.
* Public Surgery Centres covered in this Framework are those which are stand-alone (not collocated with an acute hospital site) and deliver moderate complexity procedural care.
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Not applicable**Primary health services:** Not applicable |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 4,900**Medianⱡ urgent & emergency care presentations:** Not applicable**Median Diagnostic Related Groups (>5 seps):** 46**Median Clinical Capability Levels:****Adult Perioperative** – 3**Paediatric Perioperative** – Typically not assessed**Maternity** – Typically not assessed**Newborn** – Typically not assessed**Median ICU hours delivered per annum:** Not applicable**Median proportion of elective seps with NWAU>4.0:** Not applicable**Health service site beds:** 84**Average length of stay for overnight care:** 1.6 days**Catchment self-sufficiency for acute care:** Not applicable**Proportion of acute bed days delivered in the home:** 0–5% **Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Population Size:** >200,000**Age distribution:** varies**Location:** Metropolitan Melbourne**Avg. travel distance:** Not applicable |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100*

Table 13. Public Surgery Centre site characteristics

| **Description – Early Parenting Centres** |
| --- |
|  | **Service Profile** | * Same day and overnight care addressing sleep and settling routines and feeding difficulties
* Managing infant and toddler behavioural issues
* Enhancing parent-child relationship
* Building parental confidence and supporting the transition to parenthood
 |
|  | **Primary & Aged Care** | **Public Sector Residential Aged Care places:** Not applicable**Primary health services:** Not applicable |
|  | **Acute Care\*** | **Medianⱡ acute separations\*:** 2,200**Medianⱡ urgent & emergency care presentations:** Not applicable**Median Diagnostic Related Groups (>5 seps):** 11**Median Clinical Capability Levels:****Adult Perioperative** – Typically not assessed**Paediatric Perioperative** – Typically not assessed**Maternity** – Typically not assessed**Newborn** – Typically not assessed**Median ICU hours delivered per annum:** Not applicable**Median proportion of elective seps with NWAU>4.0:** Not applicable**Health service site beds:** varies**Average length of stay for overnight care:** 5 days**Catchment self-sufficiency for acute care:** Not applicable**Proportion of acute bed days delivered in the home:** Not applicable **Medical practitioners/specialists:** Directly employed |
|  | **Catchment Community** | **Population Size:** varies**Age distribution:** 0-4 years**Location:** Metropolitan Melbourne and Regional Victoria**Avg. travel distance:** Not applicable |

*\* Excludes sub-acute and mental health admitted activity; ⱡMedian values are rounded to nearest 100*

## Appendix 5: Sector Consultation and Feedback

The Victorian Role Delineation Framework has been developed in collaboration with the health sector. As part of development, health services were invited to review and provide feedback on the draft Framework. Feedback was received from a broad range of stakeholders across the system, demonstrating overall support for the principles, purpose and core components of the Framework. Stakeholders recognised its value as a foundation for system-wide planning and service improvement.

All feedback received during the consultation process has been carefully considered in finalising the Role Delineation Framework, planning for its implementation and guiding ongoing reviews and future updates. The collaborative input of health services has been critical in ensuring the Framework is relevant, practical and responsive to the needs to the Victorian health system.

## Appendix 6: References

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2. [The NSQHS Standards](https://www.safetyandquality.gov.au/standards/nsqhs-standards) <https://www.safetyandquality.gov.au/standards/nsqhs-standards>. [↑](#footnote-ref-2)
3. https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework [↑](#footnote-ref-3)
4. https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services [↑](#footnote-ref-4)
5. https://www.safercare.vic.gov.au/best-practice-improvement/clinical-governance [↑](#footnote-ref-5)
6. https://www.health.vic.gov.au/health-system-design-planning/service-capability-frameworks-for-victoria [↑](#footnote-ref-6)
7. Programs and services that are governed under intergovernmental arrangements with the Commonwealth, such as the Highly Specialised Therapies Program, organ transplantation and genetic services, involve broader policy, funding and governance issues, and so lie outside the scope of the Committee. [↑](#footnote-ref-7)
8. Per National Weighted Activity Units as prescribed by the Independent Health and Aged Care Pricing Authority [↑](#footnote-ref-8)