

Critical care service capability framework



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Summary

The *Critical care service capability framework* defines the minimum standards needed to safely and sustainably deliver adult and paediatric critical care services across Victoria's public health system. It establishes a shared, statewide understanding of what critical care services can be provided at different health service sites, supporting the delivery of the right care, at the right time, in the right place.

Critical care encompasses care for patients who are critically ill or at risk of deterioration and who need intensive monitoring, advanced clinical support or specialised life-sustaining interventions. The framework recognises that safe and effective critical care depends on the availability of an appropriately skilled workforce, clinical governance, infrastructure, equipment and supporting services. It therefore describes capability as the level of care a health service site can consistently and continually provide, 24 hours a day, 7 days a week.

This framework applies to all Victorian public health services that provide continuous adult and/or paediatric critical care. Consistent with other Victorian service capability frameworks, adult and paediatric critical care services are assessed independently, reflecting differences in patient populations, workforce requirements, service models and infrastructure. As classifying paediatric critical care services in Victoria is an emerging model, the framework should be used to confirm existing capability while establishing parameters for potential service development.

Victoria's critical care system operates as a tiered, networked model, with capability levels ranging from Level 3 to Level 6. Each level reflects an increasing capacity to manage patient complexity, deliver advanced interventions and provide care for longer durations. It is not a reflection of the standard of care. Higher capability levels build on the services available at lower levels, ensuring continuity across the system and enabling timely escalation when patient needs exceed local capability. This tiered approach supports collaboration between health services and clear referral, consultation and transfer pathways across Local Health Service Networks. The framework also recognises that health services with multiple campuses may therefore hold different capability levels across sites, based on local service configuration and sustainable capacity.

Critical care capability should be assessed based on clinical activity, workforce, infrastructure and governance arrangements. While all components described in the framework contribute to overall capability, not all elements are weighted equally. For example, clinical support services are considered as indicators of capability rather than requirements at a given level, but patient volume and care complexity are clear metrics of service capability. This approach allows for a nuanced assessment that reflects real-world service delivery while maintaining clear minimum standards for safety and quality.

The framework aligns with national standards and professional guidance while being tailored to the structure and needs of Victoria's health system. It also acknowledges that critical care services will continue to evolve over time in response to population growth, changing patient complexity, workforce development and the ongoing implementation of Local Health Service Networks.



About the framework

The *Critical care service capability framework* defines the minimum standards for adult and paediatric critical care services across Victoria's health system. It defines the baseline criteria for health service sites to effectively deliver the best care, at the right time, in the right place.

In this framework, critical care refers to care for critically ill patients who need intensive care and those at risk of deterioration who need increased monitoring, interventions and clinical support in an environment that delivers a higher level of care than a general inpatient ward.

The framework recognises that delivering the best care depends on many factors, including a patient's needs and their risk of further deterioration, as well as the workforce, clinical support services and infrastructure at a health service site.

As outlined in the 2024 *Health services plan*,¹ capability frameworks recognise the need to increase collaboration and connection between health services across the state, with clear referral and escalation pathways. Local Health Service Networks provide the collaborative structures to support seamless care for patients and clearer accountability.

The framework also recognises the growing statewide need for specialised critical care services in response to increasing patient complexity and the inherent challenges associated with multisystem care.

This framework forms part of a series of service capability frameworks (including the *Perioperative care service capability framework*² and the *Maternity and Newborn capability framework*³) that work together to describe the clinical, workforce and support services needed to deliver safe and high-quality care across the health system.

Aims

The framework aims to:

- enable safe, high-quality care for patients by supporting delivery of critical care services at the right time, in the right place
- assist health services to make informed decisions about the resources, partnerships and protocols needed to manage different complexities of patient care and to make clear and timely decisions about care escalation
- support planning and critical care service development at the local level, considering community need
- enable the Department of Health to better perform its role as system steward by increasing the transparency of health services' activities and functions
- support consumers to understand where the appropriate location is for their critical care needs.

1. Refer to the [Department of Health website](https://www.health.vic.gov.au/research-and-reports/health-services-plan) <<https://www.health.vic.gov.au/research-and-reports/health-services-plan>>.

2. Department of Health (2023) *Perioperative service capability framework*, State Government of Victoria, Melbourne.

3. Department of Health (2022) *Capability framework for Victorian maternity and newborn services*, State Government of Victoria, Melbourne.

Purpose

The framework describes the minimum sustainable requirements for clinical workforce, infrastructure, equipment and clinical support services needed to deliver the agreed level of critical care in a location. By defining the different capability levels for adult and paediatric critical care, the framework ensures health services have the capability to deliver safe, effective and timely care across a spectrum of critical care needs. It is not a reflection of the standard of care provided. The framework also includes best practice clinical governance standards that all health service sites must implement to ensure high-quality, safe care is delivered in critical care settings.

For the purposes of this framework:

- a Level 3 adult service refers to a specifically staffed and equipped area in a health service designed to provide a higher level of monitoring and care than general ward-based services, but less intensive than an ICU
- intensive care specifically refers to care provided in a designated intensive care unit (ICU), a specialised department in a hospital that provides intensive care medicine (adult Levels 4–6)
- a Level 3 paediatric service defines a physical area on a paediatric ward where patients can receive high-acuity care (this could include close observation, higher than standard ward level monitoring and care)
- a Level 4 paediatric service specifies that higher acuity care is provided to paediatric patients in an adult ICU setting
- a Level 5 paediatric service defines ICU level of care in a combined adult ICU setting, and Level 6 refers to a paediatric-exclusive ICU (PICU).

Guiding principles

The principles guiding the framework include that:

- health services follow a supportive care model designed around the needs and choices of each patient and their family or carers
- where possible, critical care is provided as close to home as is safe and appropriate via a networked system, with timely access to higher-level services for advice or transfer when patient needs exceed local capabilities
- the critical care needs of specific and priority patient cohorts are met safely with respect and dignity
- diverse needs related to age, sex and gender identity, ability, sexuality, Aboriginality, cultural and linguistic diversity, rurality and other factors are considered
- cultural safety and sensitivity are embedded and prioritised in health services to support and maintain equitable access to and quality of critical care services for Aboriginal patients
- cultural competency is embedded and prioritised in health services to support and maintain equitable access to and quality of critical care services for culturally and linguistically diverse patients, including providing language services
- service delivery focuses on the continuum of care, from admission, through to discharge, transfer to other care services and end-of-life-care⁴

4. College of Intensive Care Medicine (2021) [IC-14 Statement on withholding and withdrawing treatment](https://cicm.org.au/common/Uploaded%20files/Assets/Professional%20Documents/IC-14-Statement-on-Withholding-and-Withdrawing-Treatment.pdf), <<https://cicm.org.au/common/Uploaded%20files/Assets/Professional%20Documents/IC-14-Statement-on-Withholding-and-Withdrawing-Treatment.pdf>>.

- health services have agreed and documented consultation, referral, escalation and transfer processes in place to support safe, high-quality care (for example, prompt clinical escalation and transfer to specialised services as appropriate)
- the capability of the health service site is clearly communicated to patients and carers accessing the service, the community and health service providers.

In emergency situations, where a patient may be at risk of serious harm without urgent intervention, and where immediate options for transfer are unavailable, the best available care should be provided.

How to use the framework

Capability refers to the minimum level of care that a health services site can consistently and continually provide, including the workforce, infrastructure/equipment and clinical support services.

Victorian service capability frameworks generally describe the minimum standards across 6 capability levels, from Level 1 (lowest complexity) to Level 6 (highest complexity). Designed to complement each other, the capability frameworks generally ensure alignment across all capability levels at most sites, though variations may exist based on the unique characteristics and needs of local health services and communities.

Critical care is a specialist service not available at all health services. This framework therefore defines the minimum standards for only 4 capability levels of critical care services (Levels 3–6) for both adults and paediatrics. The framework also outlines clinical governance standards expected at every health service site to ensure the delivery of safe, high-quality care in critical care settings. Health services that do not have onsite critical care services should follow an emergency response protocol during all operating hours. This will be further defined in the *Emergency care service capability framework*.

This critical care capability framework outlines the minimum capability requirements for continuous critical care services for adult and paediatric patients. Each level builds on the capabilities described in the level below it. For example, Level 6 incorporates all the capabilities of Level 5, with additional resources and expertise to provide the highest complexity care.

Health service sites providing critical care should assess adult, paediatric or both adult and paediatric capability levels based on the services offered. Sites should have the patient volumes, workforce, clinical services and infrastructure so the critical care level can be sustained and fully operational 24 hours a day, 7 days a week.

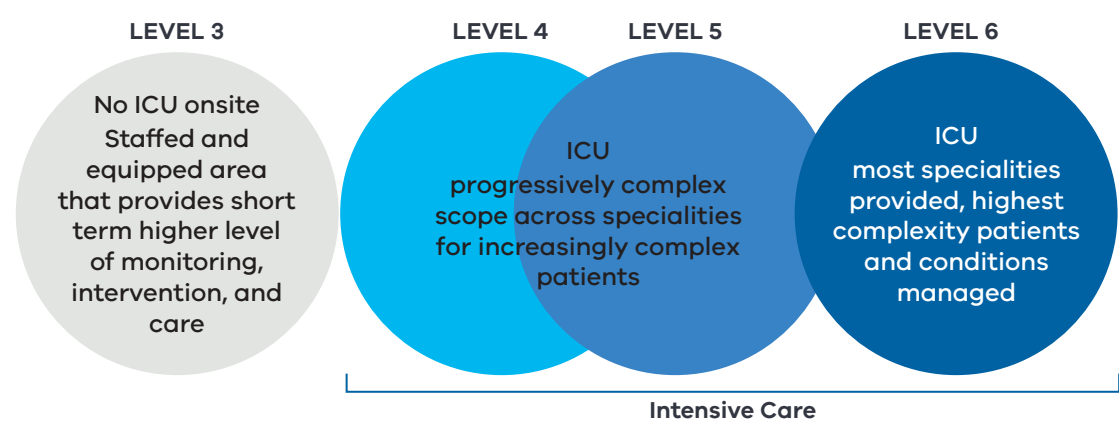
Adult critical care capability levels

The 4 levels of adult critical care capability are summarised in Figure 1, starting at Level 3. Level 3 services do not have an onsite intensive care unit (ICU) but can manage patients with single-system dysfunction at high risk of developing complications who need a higher level of patient monitoring and interventions than general ward-based care can offer safely.

Levels 4, 5 and 6 are ICUs that can manage patient care through increasing levels of complexity. Level 6 services manage the highest level of patient complexity and may include patients requiring statewide designated services as well (for example, an organ transplant).

The capability level reflects the minimum level of care that a health service site can consistently and continually provide. While in some health services clinically specialised care may also be available onsite (for example, neurosurgical, cardiac or respiratory care units), this framework defines the service capability by the level of the critical care unit or ICU.

Figure 1: Tiered system of adult critical care services



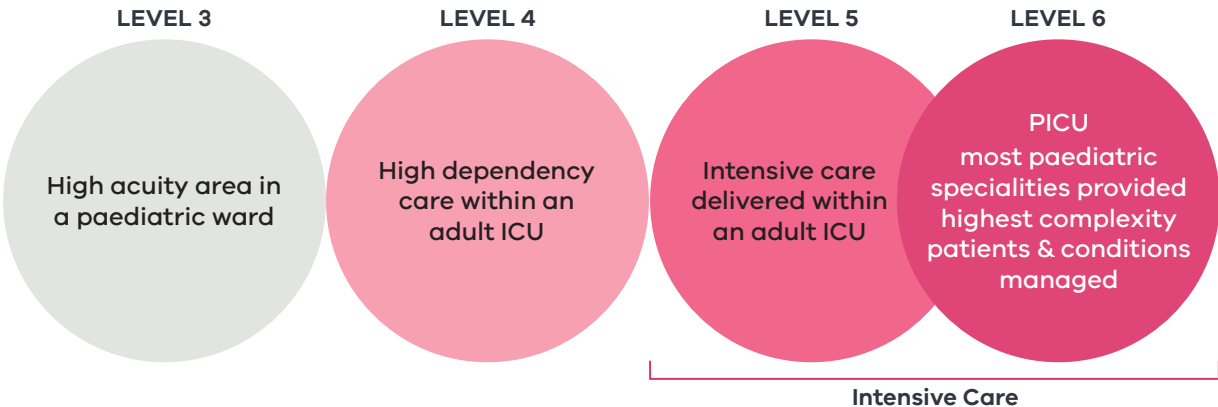
Paediatric critical care capability levels

Four levels of paediatric critical care capability are outlined in Figure 2. Level 3 services are provided in a ward environment, and they manage patients who need short-term, high-acuity care for single-system disorders. Level 4 and 5 services are adult intensive care units which can manage paediatric patients with single-system disorders who need high-dependency and intensive care, respectively.

Level 6 services are paediatric ICUs (or 'PICUs'), managing the highest level of patient complexity. This may include patients who need treatment in a statewide designated service.

As with the adult levels, the agreed paediatric critical care level will reflect the minimum level of care a health service site can consistently provide.

Figure 2: Tiered system of paediatric critical care services



The scope of this framework

This framework describes the assigned, sustainable critical care services provided by Victorian health services. All health services must deliver the best available care to unwell patients. Temporary arrangements for managing potential patient deterioration before transferring them within the existing or a higher-level health service site are not included in the framework. The relevant unit should be advised of any patient who is at risk of deterioration, as clinically appropriate. Care must be delivered in line with the National Safety and Quality Health Service (NSQHS) Standards for detecting and recognising acute deterioration and escalating care.⁵

Aspects of care that are not in scope for this framework include:

- the emergency response to and management of patients at health services below Level 3 in the framework.
 - these will be considered in the proposed *Emergency care service capability framework*
 - these sites are not expected to provide continuous service for critically unwell patients
- statewide designated critical care clinical services, such as those provided for specified solid organ transplant units (for example, heart, lung, liver and pancreas), major trauma and surgical and procedural burns services
- elements of the patient journey, such as:
 - post-critical care rehabilitation
 - postoperative management – described in the *Perioperative services capability framework*
- maternity critical care services and newborn babies requiring critical care aged from birth to 28 days are described in the capability frameworks for maternity and newborn services.⁶

The framework does not replace or amend current legislation, mandatory standards or accreditation processes. It assumes that health services provide care in accordance with National Safety and Quality Health Service (NSQHS) Standards.⁵

Role of the department and Safer Care Victoria (SCV)

The department as the system steward, is responsible for monitoring the performance of public health services. Capability levels may be discussed with health service sites in partnership with Safer Care Victoria, as part of routine performance conversations. Any further information on the departments role in assessment and monitoring will be available on the Critical care service capability framework for Victoria webpage.⁷

5. Australian Commission on Safety and Quality in Health Care, [National Safety and Quality Health Service Standards, Second Edition](https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqs_standards_second_edition_-_updated_may_2021.pdf) <https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqs_standards_second_edition_-_updated_may_2021.pdf>

6. Refer to the [Department of Health website](https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria) <<https://www.health.vic.gov.au/patient-care/capability-frameworks-for-maternity-and-newborn-care-in-victoria>>.

7. Refer to the [Department of Health website](https://www.health.vic.gov.au/health-system-design-planning/service-capability-frameworks-for-victoria) <<https://www.health.vic.gov.au/health-system-design-planning/service-capability-frameworks-for-victoria>>

Role of health services

Victoria has committed to providing transparent information to patients and communities on the capability levels of health service sites. To support this process each health service site that provides continuous critical care services should self-assess to evaluate their critical care capability.

Role of Adult Retrieval Victoria and PIPER

Adult Retrieval Victoria (ARV) and the Paediatric Infant Perinatal Emergency Retrieval (PIPER) service are key public health and emergency services that transport critically ill patients statewide to health services capable of providing the most appropriate critical care. Through ARV, Ambulance Victoria provides clinical coordination, retrieval and critical care services. Through PIPER, the Royal Children's Hospital provides a 24-hour statewide paediatric intensive care advice, escalation and (as needed) critical care transportation service for unwell infants and children. Together, ARV and PIPER play a crucial role in managing Victoria's adult and paediatric critical care patients.

The capability framework describes how health services should use and interact with ARV and PIPER when they have an adult, child or infant in need of critical care. In the framework the role of these essential services is incorporated as an enabler across all levels in the system. As such, ARV and PIPER will not be assigned a capability level.



Victoria's critical care service system

The framework outlines the continuum of critical care across varying capability levels, with each level reflecting an escalation in the complexity of patient care and the interventions required. As patient needs and the complexity of care increase, there is a corresponding need to consider referring to a higher level of service provision. This capability is shown in Figure 3.

As capability levels increase, service delivery capability from lower levels is maintained. So, with each increment in capability, accessibility to services provided at lower levels continues.

Figure 3: Interventional and patient complexity in critical care for adults

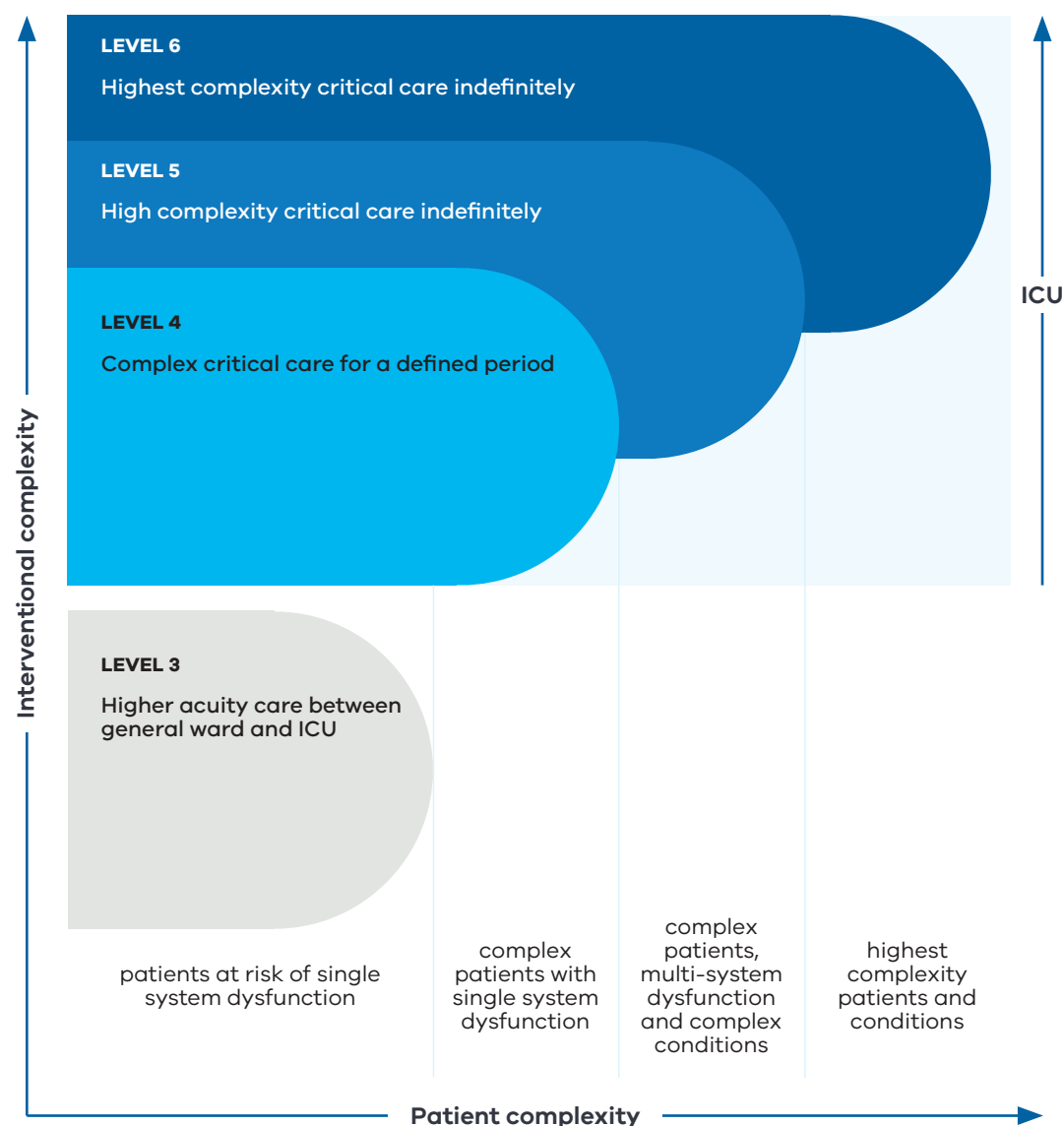


Table 1 outlines the continuum of critical care for adults, acknowledging that the level of critical care provided by a health service site reflects the clinical services, patient case-mix, patient complexity, patient disposition, use of organ support (and other ICU-specific interventions), critical care bed capacity and patient volume. These measures will be considered when assigning capability levels.

The nature, extent and demand for surgical and medical specialties, emergency assessment and resuscitation and statewide services (such as trauma and organ transplant) are key variables in the level of critical care service needed. This is determined by the frequency and complexity of the diagnostic and therapeutic services available at each hospital. It is expected that critical care capability is operational 24 hours, 7 days a week.

Table 1: Continuum of critical care capability – adults

Service description	Level 3 Critical care	Level 4 ICU	Level 5 ICU	Level 6 ICU
Complexity of care	Provides 24/7 evaluation and management of patients with single-system disorders at high risk of developing complications with minimally invasive or non-invasive supports.	Provides short-term intensive care services to adult patients in an ICU that is operational 24/7. Patients include critically ill patients with potentially life-threatening and/or potentially reversible single-system failure.	Provides intensive care services indefinitely to adult patients 24/7 in a major ICU. Patients include those with potentially life-threatening and/or potentially reversible multi-system failure. ³	Provides comprehensive care including complex multi-system life support for adults for an indefinite period. ⁸

Intensive care units

An ICU is a specially staffed and equipped area of a hospital dedicated to monitoring and managing patients with life-threatening illnesses, injuries or complications. They provide special expertise and facilities for support of vital functions and use the skills of medical, nursing and other staff experienced in managing critical conditions.

In many units, ICU staff must provide services outside of the ICU such as emergency response (for example, rapid response teams) and outreach services.¹

In this framework intensive care is defined over Levels 4, 5 and 6, as per the descriptions in Table 1 and the detailed criteria in the framework, which focus on clinical capability and capacity. These may differ from the College of Intensive Care Medicine descriptors. The college focuses on medical training requirements but will still consider factors such as the caseload, case-mix, severity of illness, range and frequency of procedures and facilities of the ICU.⁹

8. College of Intensive Care Medicine, [Minimum standards for intensive care units](#) <IC-1-Minimum-Standards-for-Intensive-Care-Units.pdf>

9. College of Intensive Care Medicine of Australia and New Zealand (2021) [Minimum standards for intensive care units seeking accreditation for training in intensive care medicine](#) <IC-3-Minimum-standards-for-intensive-care-units-seeking-accreditation-for-training-in-intensive-care-medicine.pdf>.

Critical care services

A Level 3 critical care service is a specifically staffed and equipped area in a health service where patients experiencing single-system dysfunction, or who are at risk of developing complications, may be managed. This unit provides non-ICU critical care capability, including a higher level of monitoring and care than general ward-based services and offers minimally invasive or non-invasive supports. These services can also offer step-down care for patients who no longer need ICU-level care but are not well enough to be returned to a general ward. These units bridge the gap between general hospital wards and ICUs, providing an essential level of intermediate care.

In this framework, a Level 3 service is not co-located with an ICU but is operationally linked to a Level 5 or Level 6 ICU for escalation and transfer of care when necessary. The Level 3 criteria reflect the minimum complexity of care provided, workforce requirements, types of monitoring, types of interventions and available facilities. This criterion was informed by expert clinical input to align with operational practices in the public critical care system.

Critical care services for children

Intensive care for infants, children and adolescents in Australia is largely centralised (relative to intensive care for adults). Victoria has 2 specialist PICUs, located at the Royal Children's Hospital and Monash Children's Hospital. Children are admitted to a PICU for conditions that require life-support or an intensive level of nursing and medical care. Patients typically present from emergency departments, wards or operating theatres, or they are transferred from other hospitals.¹⁰ International evidence shows that centralising complex paediatric intensive care in a small number of high-volume specialist PICUs is linked to lower risk adjusted mortality, better team capability and more efficient use of scarce expertise and technology.

Due to our growing population, the demand for PICUs has increased, calling for care to be delivered as close to home as is safely possible.¹⁴ The paediatric critical care levels describe the minimum criteria for providing extra services for the monitoring and care a child with clinical requirements beyond the capability of ward care but not severe enough to merit admission to a Level 6 PICU.

Where clinical capability allows, mixed ICUs can play a valuable role by caring for clearly defined cohorts of moderately unwell paediatric patients. This must be supported by strong retrieval and consultation linkages, so children who need prolonged ventilation (for example, upwards of 12–24 hours) or advanced organ support are transferred promptly to a specialist tertiary centre. The department recognises the importance of regional and outer metropolitan hospitals managing moderately unwell children (in consultation with PIPER or a PICU, where appropriate). This aligns with current clinical opinion and national policy examples.^{10,11,12} This care may include paediatric patients awaiting retrieval for care at higher level services or for those (where appropriate) who will remain as inpatients in the local health service site.

10. Duke T (2024) Services for critical and emergency care of children in Victoria. *Critical Care and Resuscitation*, 26(1),54–57.

11. [PICU Victoria Network](https://www.rch.org.au/picu/links/PICU_Victoria_Network/) <https://www.rch.org.au/picu/links/PICU_Victoria_Network/>

12. NSW Agency for Clinical Innovation (2024) *Managing a high acuity child outside of a tertiary children's hospital: key principles*, ACI, Sydney.

14. Starr M (2024) Towards national paediatric clinical practice guidelines, *The Medical Journal of Australia*, 220(8), 392–393.

In all such cases it is expected that:

- The health service site has comprehensive local protocols to manage paediatric patients, particularly where care extends to management in an adult ICU.¹²
- Admission criteria for these children should be aligned with best practice recommendations.^{12,13}
- Management of these children aligns with existing paediatric clinical practice guidelines and good practice points.¹⁵
- Management of children who are at risk of deterioration,¹⁶ or of a child who is not improving as expected with therapy, should be continued in consultation with PIPER.¹⁷

The leading causes of infant and child mortality and morbidity changes according to age groups, from post-neonatal infants (28–364 days), children aged 1 to 4, children aged 5 to 9, children and adolescents aged 10 to 14 years and adolescents aged 15 to 17 years.¹⁵ Therefore, both the child's age and the available age-specific clinical skill sets must be considered when determining the most appropriate location for care. In all cases the child-safe infrastructure, including equipment, facilities and accommodation at the health service site, should be considered.

As part of implementing this framework, each Victorian health service site will have to define and formalise its scope of critical care for children and confirm the workforce and infrastructure that is available to deliver that care. For children whose care needs fall outside of the defined scope of that site, explicit pathways and protocols should include consultation with a higher-level service and/or PIPER, including support for seamless referral to an appropriate service.



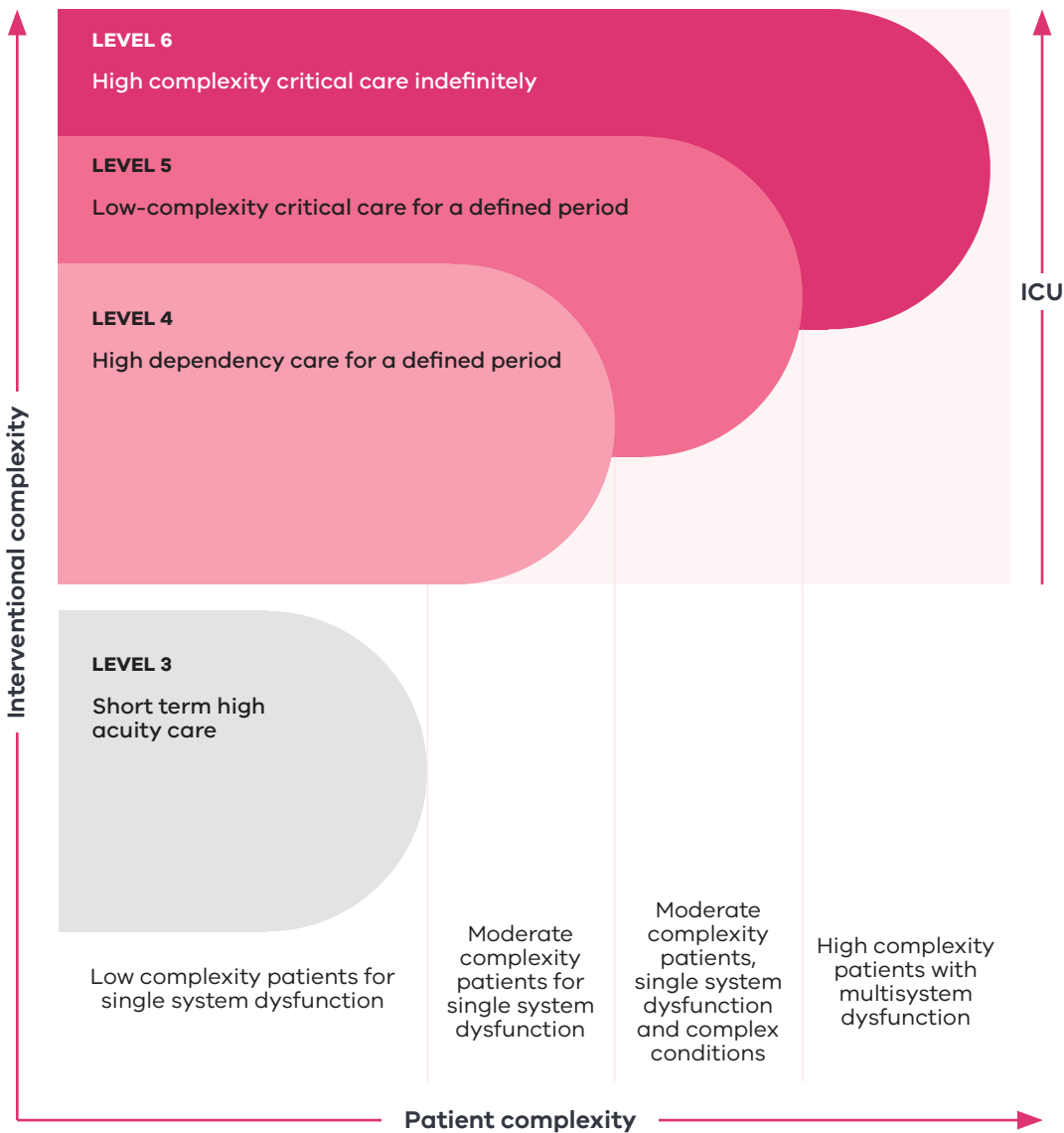
Children with complex health needs, trauma or existing cardiac, congenital or chronic conditions who are known to Level 6 paediatric critical care providers, or who are under 2 years old and have previously been admitted to a neonatal ICU, should receive direct consultation with a PICU or PIPER.

The paediatric critical care capability at a health service site is determined by its clinical case-mix, workforce, facilities and governance arrangements (Figure 4). Critical care support for children will continue to evolve in Victoria as formal partnerships and support mechanisms within and across networks are established. Implementing the *Health service plan*¹⁹ and Local Health Service Networks in the coming years will help direct this change.

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13. Royal Children's Hospital, [Criteria for admission of children to a regional hospital ICU or a paediatric ward HDU](https://www.rch.org.au/uploadedFiles/Main/Content/picu/Criteria%20for%20admission%20of%20children%20to%20a%20regional%20hospital%20ICU%20or%20a%20paediatric%20ward%20HDU%20December%202017(2).pdf) <[https://www.rch.org.au/uploadedFiles/Main/Content/picu/Criteria%20for%20admission%20of%20children%20to%20a%20regional%20hospital%20ICU%20or%20a%20paediatric%20ward%20HDU%20December%202017\(2\).pdf](https://www.rch.org.au/uploadedFiles/Main/Content/picu/Criteria%20for%20admission%20of%20children%20to%20a%20regional%20hospital%20ICU%20or%20a%20paediatric%20ward%20HDU%20December%202017(2).pdf)>
15. Safer Care Victoria, [Victoria's mothers, babies and children 2022 report](https://www.safercare.vic.gov.au/publications/victorias-mothers-babies-and-children-2022-report) <<https://www.safercare.vic.gov.au/publications/victorias-mothers-babies-and-children-2022-report>>; Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2024) [Good practice points for clinicians caring for children](https://www.safercare.vic.gov.au/councils/ccopmm/resources/practice-points/child-adolescent) <<https://www.safercare.vic.gov.au/councils/ccopmm/resources/practice-points/child-adolescent>>
16. The Royal Children's Hospital, [VICTOR](https://www.rch.org.au/educationhub/Education_resources/VICTOR/) <https://www.rch.org.au/educationhub/Education_resources/VICTOR/>
17. The Royal Children's Hospital, [Retrievals and referrals](https://www.rch.org.au/piper/) <<https://www.rch.org.au/piper/>>
18. Seaton SE, Battersby C, Davis P, et al. (2024) Characteristics of children requiring admission to neonatal care and paediatric intensive care before the age of 2 years in England and Wales: a data linkage study. *Archives of Disease in Childhood*, 109(5):387–394.
19. [Health services plan](https://www.health.vic.gov.au/research-and-reports/health-services-plan) <<https://www.health.vic.gov.au/research-and-reports/health-services-plan>>

This first iteration of the critical care framework will assist this process by identifying the current level of care available to children at health services across Victoria. Our very low child mortality rate is likely to be due in part to the state’s already strong centralisation of services. There is no intention to expand this complex PICU care to other services. This is instead an opportunity to review the potential to deliver care for moderately unwell children who are at low risk of further deterioration closer to home.

Figure 4: Interventional and patient complexity in critical care for paediatrics



Health services that provide critical care services for paediatric patients will be assigned both an adult and paediatric capability level. The level reflects the nature of the critical care provided, the clinical case-mix, the volume and complexity of patients, the number of transfers out or received and the level of respiratory care provided at the health service site. This continuum of care for paediatrics is outlined in Table 2.

Paediatric intensive care services (Levels 5 and 6) are expected to be fully operational 24 hours, 7 days a week and provide care to children across all ages. Paediatric critical care services (Levels 3 and 4), whether provided on a paediatric ward or in an adult ICU, must have 24/7 access to appropriate staff and equipment to support critically ill children when they are admitted. Levels 3 and 4 health service sites can identify the scope of age ranges to which they can consistently deliver care. This will enable sites to confirm their current service provision, as well as identifying opportunities for future development or formalisation of referral pathways for children they do not have the capability to care for. Paediatric ward service and (for sites delivering care to children under 2 years old) newborn services will also be a consideration.

Table 2: Continuum of critical care capability – paediatrics

Service description	Level 3 Critical care	Level 4 ICU	Level 5 ICU	Level 6 ICU
Location	Paediatric ward	In an adult ICU		Children's hospital
Complexity of care	Increased observation and monitoring for children (28 days to 15 years) with single-system disorders provided in a high-acuity area. Care is available 24/7 while patient is admitted to the area.	24/7 short-term high-dependency care to paediatric patients with single-system disorders.	24/7 short-term intensive care services to paediatric patients with single-system disorders.	24/7 intensive care services to children in a designated paediatric ICU that provides comprehensive multi-system life support for an indefinite period and access to paediatric subspecialty care.
Adult ICU	Providing 24/7 critical care to patients aged 16+ years presenting with adult conditions.			N/A
Clinical support services				
Paediatric ward	A dedicated paediatric inpatient ward/ unit which accommodates multi-day and day stay. Typically, this service would manage 1,000 or more overnight stays per year.		Paediatric inpatient service manages 2,5000 or more overnight stays per year.	Full ward service for paediatric subspecialties available.
Newborn care	Level 3 newborn care ³		Level 4 newborn care ³	Formal relationship with Level 6 newborn care service ³

Note: Newborn services are only needed if providing care to 0–2 age cohort.

Safety and quality

Victoria and Australia provide internationally recognised critical care systems that deliver some of the best outcomes in the world. Victoria's child mortality rate is among the lowest in the world.⁸ A key factor of this success is a commitment to regular monitoring, reviews and continual learning to improve the safety and quality of care. This framework provides an overarching structure to define the minimum services that can safely be delivered at each health service site.

Safer Care Victoria, health services and clinicians should regularly monitor and review critical care services and outcomes to optimise service delivery, improve patient safety and reduce harm for patients and families.

National and statewide mechanisms help monitor and improve quality and patient safety, including:

- reporting to Safer Care Victoria when events meet sentinel event criteria²⁰
- reporting and responding to adverse patient safety events, near misses and patient complaints/feedback²⁰ – for example, via the Victorian Hospital Incidence Management System^{21,22}
- reporting all critical care separations to the relevant ANZICS Centre for Outcome and Resource Evaluation registries (such as the Adult Patient Database, the Paediatric Intensive Care database and the Critical Care Resources survey)²³
- monitoring adverse patient safety event data to understand themes and implement improvements to reduce risk in the system²⁴
- regular audits of key performance indicators, perioperative practices and patient outcomes, and actions to address audit findings
- regular internal audits of clinical outcomes, key performance indicators, relevant critical care metrics and patient outcomes
- actions to address audit findings – for example, morbidity and mortality review committees, root cause analysis of serious adverse events, sentinel event reporting
- participation in multidisciplinary mortality and morbidity review processes
- timely and transparent reporting of patient morbidity and mortality to the relevant body; for example, perioperative patients are reported to the Victorian Perioperative Consultative Council²⁵ and all infant and child deaths must be reported to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity.

These activities are part of good clinical governance systems and processes. For more information on clinical governance requirements for critical care services, refer to Section 1.



20. Safer Care Victoria, [Policy and guideline: Adverse patient safety events](https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events) <<https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events>>

21. VAHI, [Victorian Hospital Incidence Management System](https://vahi.vic.gov.au/ourwork/vhims-program-of-reforms) <<https://vahi.vic.gov.au/ourwork/vhims-program-of-reforms>>

22. Safer Care Victoria, [Sentinel events](https://www.safercare.vic.gov.au/notify-us/sentinel-events) <<https://www.safercare.vic.gov.au/notify-us/sentinel-events>>

23. ANZICS, [Centre for Outcome and Resource Evaluation registries](https://www.anzics.org/anzics-registries/) <<https://www.anzics.org/anzics-registries/>>

24. Safer Care Victoria, [Adverse Patient Safety Event policy](https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events) <<https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events>>

25. Safer Care Victoria, [Perioperative harm or death](https://www.safercare.vic.gov.au/notify-us/perioperative-harm-or-death) <<https://www.safercare.vic.gov.au/notify-us/perioperative-harm-or-death>>

Section 1: Clinical governance requirements for all levels

Strong clinical governance systems and processes are foundational to safe, high-quality care.²⁶ While some elements of clinical governance will be tailored and scaled depending on the circumstances of each health service, Table 3 outlines the clinical governance components that health services of all levels should have.

Table 3: Clinical governance requirements (all levels)

Requirements	Clinical governance components
Service guidelines	Adult care Health services define the scope of critical care services available at each campus and detail requirements for access, admission and discharge. Health services provide accessible information to the community about the type of critical care services available at each campus and how these can be accessed. Policies, procedures, clinical guidelines and other supporting health service information must align with the NSQHS Standards.⁵ Appropriate policies and procedures are in place that include, but are not limited to: • processes for identifying a deteriorating patient and for triggering an escalation pathway for clinical response – escalation pathways may vary between health services and service hours but should always include designated roles and align with clinical emergency procedures and guidelines specific to the health service^{8,27} • defined policies, guidelines, procedures for administering drugs, transfusing blood, preventing infections for patients and staff and other complex procedures • policies, guidelines and procedures for admitting, discharging, managing, referring and evacuating (for example, in case of a disaster) patients²⁸ • identifying goals of care through a shared decision-making process including for end-of-life care (an advance care directive or advance care plan) for admitted patients^{4,29,30} • a documented process for gaining informed consent through appropriate communication with the patient or legal guardian.³¹

26. Safer Care Victoria, [Clinical governance framework](https://www.safercare.vic.gov.au/publications/victorian-clinical-governance-framework) <<https://www.safercare.vic.gov.au/publications/victorian-clinical-governance-framework>>

27. College of Intensive Care Medicine, [Minimum standards for intensive care unit-based rapid response systems](#), <IC-26-Minimum-Standards-for-Intensive-Care-Unit-Based-Rapid-Response-Systems.pdf>

28. College of Intensive Care Medicine, [Minimum standards for intensive care units](#) <IC-1-Minimum-Standards-for-Intensive-Care-Units.pdf>

29. Australian and New Zealand Intensive Care Society (2014) [Statement on care and decision making at the end of life](#) <ANZICS-Statement-on-Care-and-Decision-Making-at-the-End-of-Life.pdf>

30. Department of Health, [Goals of care](https://www.health.vic.gov.au/patient-care/goals-of-care) <<https://www.health.vic.gov.au/patient-care/goals-of-care>>

31. Department of Health, [Informed consent and presumption of capacity](https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/informed-consent-and-presumption) <<https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/informed-consent-and-presumption>>

Requirements	Clinical governance components
Service guidelines (continued)	Paediatric care Health service sites that manage critically unwell children must comply with the Child Safe Standards.³² These services should have appropriate policies and procedures for managing paediatric patients including, but not limited to: • protocols for clinical management of paediatric patients, including children with complex medical needs • paediatric-specific medication dosing protocols • a process for recognising a deteriorating paediatric patient including using VICTOR charts³³ • a process for escalating a deteriorating paediatric patient, which should include a family-activated rapid response program³² • a process for regular health service reviews of its response to and management of deteriorating paediatric patients (for example, a Paediatric Standard 8 committee or subcommittee) • protocols for managing cases exceeding capability, which must include consultation with a paediatric ICU/PIPER. Examples include patients who need urgent escalation or who meet the PIPER paediatric 'Go Now' criteria.³⁴ Health service sites providing critical care services for children must: • ensure all clinical staff caring for paediatric patients have a current Working with Children Check • ensure decisions are made in the best interests of the child³⁵ – this requires a documented process for gaining informed consent through age-appropriate communication with the patient and/or parents or legal guardians. All health services that treat children must: • routinely screen for family violence (including referral to support services³⁹ provided in keeping with the Multi-Agency Risk Assessment and Management Framework and Family Violence Information Sharing Scheme³⁶ • notify Child protection in line with the <i>Children, Youth and Families Act 2005</i>³⁷ where there is significant concern for the wellbeing of a child • have guidelines for referring and service planning in line with Healthcare that counts³⁸ and The Orange Door.³⁹

32. Victorian Government, [About Child Safe Standards](https://www.vic.gov.au/about-child-safe-standards) <https://www.vic.gov.au/about-child-safe-standards>

33. Safer Care Victoria, [Safer Care for Kids](https://www.safercare.vic.gov.au/safer-care-for-kids) <https://www.safercare.vic.gov.au/safer-care-for-kids>

34. The Royal Children's Hospital Melbourne, [PIPER Paediatric 'Go Now' criteria](https://www.rch.org.au/uploadedFiles/Main/Content/piper/PIPER-Paediatric-Go-Now-Criteria.pdf) <https://www.rch.org.au/uploadedFiles/Main/Content/piper/PIPER-Paediatric-Go-Now-Criteria.pdf>

35. The Royal Children's Hospital Melbourne, [Law, ethics and communication](https://www.rch.org.au/uploadedFiles/Main/Content/bioethics/130276%20DELANEY%20A%20guide%20informed%20consent_web(1).pdf) <https://www.rch.org.au/uploadedFiles/Main/Content/bioethics/130276%20DELANEY%20A%20guide%20informed%20consent_web(1).pdf>

36. Victorian Government, [MARAM Framework and Family Violence Information Sharing Scheme](https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework) <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>

37. [Children, Youth and Families Act 2005](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005) <https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005>

38. Department of Health, [Healthcare that counts](https://www.health.vic.gov.au/publications/healthcare-that-counts-a-framework-for-improving-care-for-vulnerable-children-in) <https://www.health.vic.gov.au/publications/healthcare-that-counts-a-framework-for-improving-care-for-vulnerable-children-in>

39. [The Orange Door](https://orangedoor.vic.gov.au/) <https://orangedoor.vic.gov.au/>

Requirements	Clinical governance components
Workforce, competence and credentialling	Credentialling processes for medical staff providing critical care are in place to ensure clinical staff are appropriately trained, qualified and skilled for the care they provide. Credentialling processes for senior medical staff align with Victorian requirements outlined in the <i>Credentialling and scope of clinical practice for senior medical practitioners policy</i>.⁴⁰ Nurse staffing is in line with the <i>Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015</i>⁴¹ and the Nurses and Midwives (Victorian Public Sector)(Single Interest Employers) Enterprise Agreement 2024–2028.⁴² Processes are in place to ensure nursing staff are competent in the critical care services they provide and to confirm they are working within their scope of practice. For health service campuses providing paediatric critical care, processes are in place to ensure relevant medical and nursing staff are appropriately trained in advanced paediatric life support.^{28,43} Processes are in place to ensure staff have undertaken Aboriginal cultural safety training, in line with the health service's action plan, cultural safety (fixed grant) plan and cultural safety action plan and professional registration requirements.^{44,45} Allied health is represented by several professions with different technical expertise, training pathways, sectors of practice and professional governance. Critical care requires seamless interdisciplinary teamwork, and it is expected that the relevant allied health disciplines are fully engaged in patient care across the spectrum of capability levels. This is represented by the statement, 'Allied health staff available with disciplines aligning with critical care services provided'. Processes should be in place to ensure appropriate allied health practitioners are available and that disciplines align with and are accessed based on patient needs and the critical care services provided.⁴⁶

40. Safer Care Victoria, [Credentialling and scope of clinical practice for senior medical practitioners policy](https://www.safercare.vic.gov.au/publications/credentialling-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy) <https://www.safercare.vic.gov.au/publications/credentialling-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>
41. Department of Health, *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*, <https://www.health.vic.gov.au/nursing-and-midwifery/nursing-and-midwifery-legislation-and-regulation>
42. Australian Nursing and Midwifery Federation, *Nurses and midwives (Victorian Public Sector)(Single Interest Employers) Enterprise Agreement 2024–2028* <https://www.anmfvic.asn.au/voteyes-eba2024>.
43. Australian College of Critical Care Nurses, *Workforce Standards for Intensive Care Nursing* <https://accn.com.au/wp-content/uploads/Workforce-Standards.pdf>
44. Department of Health, *Aboriginal and Torres Strait Islander cultural safety framework* <https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1>
45. Department of Health, *Aboriginal cultural safety fixed grant guidelines – Cultural safety planning and reporting 2021–22* <https://www.health.vic.gov.au/publications/aboriginal-cultural-safety-fixed-grant-guidelines-cultural-safety-planning-and>
46. Department of Health, *Credentialling, competency and capability framework* <https://www.health.vic.gov.au/allied-health-workforce/credentialling-competency-and-capability-framework>

Requirements	Clinical governance components
Consumer partnerships	Health services must ensure all patients feel respected, safe and included in decision-making while receiving their care. The health service should follow the Australian Charter for Healthcare Rights⁴⁷ and the Victorian Human Rights Charter⁴⁸ and have appropriate policies, initiatives, awareness and training programs in place for staff to create and strengthen the inclusion of diverse patient groups (for example, patients with disability – including neurodiverse patients – culturally and linguistically diverse patients and patients who identify as LGBTIQ+). Consumers are given information about their care in a way that makes sense to them and allows them to make informed decisions, in line with the NSQHS Partnering with Consumers Standard 2.04, 2.05.⁴⁹ Clinicians partner with consumers to achieve shared decision-making (NSQHS Partnering with Consumers Standard 2.06, 2.07). Communication is tailored to the needs of consumers (NSQHS Partnering with Consumers Standard 2.08, 2.09 and 2.10). Health services have access to language services that align with the department's Language services policy and translations guidelines.⁵⁰ Health services align with the obligations, standards and requirements set out in the policy and funding guidelines on meeting the needs of all Victorians (section 16),⁵¹ the <i>Hospital access for people seeking asylum</i> policy⁵² and Safer Care Victoria's <i>Partnering in healthcare: a framework for better care and outcomes</i>.⁵³ Policies and processes are in place to strengthen safe, culturally appropriate health care for Aboriginal consumers (NSQHS Partnering with Consumers Standard 2.13). Processes are in place to ensure working relationships are established with all care teams and the hospital's Aboriginal health liaison officer (AHLO) and the local Aboriginal Community Controlled Organisation (ACCO) for patient liaison.

47. NSQHS, *Australian Charter of Healthcare Rights* <<https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>>

48. Victorian Equal Opportunity and Human Rights Commission, *The Charter of Human Rights and Responsibilities* <<https://www.humanrights.vic.gov.au/legal-and-policy/victorias-human-rights-laws/the-charter/>>

49. NSQHS, *Partnering with Consumers Standard* <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard>>

50. Department of Health, *Language services policy and guidelines* <<https://www.health.vic.gov.au/publications/language-services-policy>>

51. Department of Health, *Policy and funding guidelines for health services* <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>

52. Department of Health, *Hospital access for people seeking asylum* <<https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum>>

53. Safer Care Victoria, *Partnering in healthcare framework* <<https://www.safercare.vic.gov.au/publications/partnering-in-healthcare>>

Requirements	Clinical governance components
Risk management and quality improvement	Quality and safety roles and responsibilities are delegated to the critical care workforce.⁵⁴ Where clinicians identify key areas of patient risk (for example, the suitability of a patient to be managed at the health service), the health service will respond appropriately. Timely reporting of adverse patient safety events, hazards and near misses are in line with the requirements of the Victorian Health Incident Management System Minimum Dataset.⁵⁵ Adverse patient safety events are managed in line with the <i>Adverse patient safety events policy</i>.⁵⁶ Audit and peer-review processes are in place to identify and monitor variations in clinical practice, identify risks and provide feedback to clinicians.⁵⁷ In-hospital services require infection prevention services to be available, in line with the Preventing and Controlling Infections Standard listed in the NSQHS Standards.⁵⁸
Referral and transfer	Guidelines for consultation, referral and transfer are established in keeping with agreed referral, escalation and transfer pathways to ensure: • risks and care needs of patients are identified and managed early • discussions about the need for hospital transfer are undertaken with patients and/or their carers and families, including the reasons for transfer and proposed location • designated pathways are in place to consult with another campus, health service (including ARV) or support service (such as PIPER) to arrange transfers of deteriorating patients or patients who need higher complexity care. • patients receive services via a networked system as close to home as possible (including step-down care and back transfer) • clinicians have pathways to access appropriate, expert clinical advice, including 24/7 access to intensive care consultants (may be via virtual care) • clinical staff use a structured patient handover tool for interhospital transfers (such as iSoBAR⁵⁹). • 24/7 access to retrieval services and support by ARV or PIPER for paediatric patients to stabilise and/or retrieve deteriorating patients.

54. NSQHS, [Action 1.25 Safety and quality roles and responsibilities](https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-125) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-125>

55. Department of Health, [Victorian Health Incident Management System Minimum Dataset](https://www.health.vic.gov.au/publications/victorian-health-incident-management-system-minimum-dataset) <https://www.health.vic.gov.au/publications/victorian-health-incident-management-system-minimum-dataset>.

56. Safer Care Victoria, [Adverse event review and response](https://www.safercare.vic.gov.au/support-and-training/review-and-response) <https://www.safercare.vic.gov.au/support-and-training/review-and-response>.

57. NSQHS, [Action 1.28 Variation in clinical practice and health outcomes](https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-128) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-128>.

58. NSQHS, [Preventing and Controlling Infections Standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/preventing-and-controlling-infections-standard>.

59. NSQHS, [Action 6.07 Clinical handover](https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard/communication-clinical-handover/action-607) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard/communication-clinical-handover/action-607>.

Requirements	Clinical governance components
Partnership protocols and agreements	A formalised network with higher-level intensive care service including return transfer policies is in place.^{8,19} Channels for regular cross-site clinician communication including advice and professional development support (may include virtual care) is established between services. Medical and/or surgical services partnering in care of the patient are available 24/7. Regular liaison with the infection control or infectious diseases team.
Infrastructure	The type and quantity of point-of-care accommodation and equipment will vary with the type, size and function of the unit and should be appropriate to the workload of the unit.⁶⁰ ICU requirements⁶⁰ will differ from Level 3 requirements (which should refer to high/close observation units in adult general wards).⁶¹ Minimum safe provision of all hygiene and infection control fixtures and equipment, as well as finishes enabling the maintenance of infection standards.⁶² Reusable medical equipment and devices are managed in line with AS/NZS4187:2014 <i>Reprocessing of reusable medical devices in health service organisations</i>.⁶³ Health services have processes in place to ensure medical equipment is maintained in line with AS/NZS 3551:2012 <i>Management programs for medical equipment</i>.



60. Australasian Health Facility Guidelines, HPU 360 [Intensive Care Unit Part B – Health Facility Briefing and Planning](https://healthfacilityguidelines.com.au/sites/default/files/HPU_B.0360_8_November%202025.pdf) <https://healthfacilityguidelines.com.au/sites/default/files/HPU_B.0360_8_November%202025.pdf>
61. Australasian Health Facility Guidelines, HPU 340 [Adult Acute Inpatient Unit Part B – Health Facility Briefing and Planning](https://healthfacilityguidelines.com.au/sites/default/files/HPU_B.0340_8.pdf) <https://healthfacilityguidelines.com.au/sites/default/files/HPU_B.0340_8.pdf>
62. NSQHS, [Australian guidelines for the prevention and control of infection in health care](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare>
63. NSQHS, [Advisory AS18/07: Reprocessing of reusable medical devices in health service organisations](https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/nsqhs-standards-advisories/advisory-as1807-reprocessing-reusable-medical-devices-health-service-organisations) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/assessment-nsqhs-standards/nsqhs-standards-advisories/advisory-as1807-reprocessing-reusable-medical-devices-health-service-organisations>

Section 2a: Adult critical care capability levels

This section provides detailed descriptions of the minimum capability for each of the 4 levels of adult critical care (starting at Level 3 and escalating through 3 ICU levels). Minimum requirements for each criterion are defined in the service levels based on the best available evidence and requirements. All levels reflect the highest capability onsite. As such, a Level 3 service does not have onsite access to an ICU. The minimum requirements for each level are incremental and cumulative and must be met to provide safe, high-quality critical care services.

Level 3 adult critical care services

Service description

This section outlines the service roles and responsibilities for Level 3 critical care services.

Level 3 service	Description
Complexity of care	A Level 3 unit provides: - the highest level of onsite adult critical care available at a health service site within a standalone unit, delivering care that is beyond the scope of a conventional ward but is not equivalent to an ICU 24/7 evaluation and management of patients with single-system disorders at high risk of developing complications with minimally invasive or non-invasive supports⁸ - evaluation and management for patients while pending transfer to a higher-level service - frequent, active monitoring and interventions for 'at risk' medical and surgical patients proportionate to the condition to prevent complications.⁸
Unit size	A Level 3 unit has a minimum of 2 equipped beds.
Assessment	A Level 3 unit must: - have documented patient admission, discharge and escalation/transfer criteria - provide twice-daily medical reviews and documented care planning for every patient.
Treatment	A Level 3 unit provides: - continual and uninterrupted nursing observation - continuous cardiac and basic physiological monitoring (ECG, pulse oximetry, invasive measurement of blood pressure, diabetic ketoacidosis management, low-level inotropic or pressor support) - continuous acute non-invasive ventilation⁸ (up to 24 hours) – patients who need more than 24 hours of non-invasive ventilation should be managed in consultation with the Level 5 or higher critical care service for patient care planning. A Level 3 unit can manage postoperative patients who unexpectedly require high-dependency care including extended intubation for up to 12 hours.
Transfer	Patients may be admitted to the Level 3 unit directly from the ward, recovery or emergency areas.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 3 critical care services.

Level 3 service	Requirements
Unit	A designated medical specialist credentialled at the health service for critical care medicine is employed as the unit's lead clinician and is responsible for clinical governance. All patients admitted to the unit are under the direction of a medical specialist/practitioner undertaking the role of an admitting officer, who is available 24/7 (may be on call).⁸ All patients admitted to the unit must have a medical management plan including a process for escalating care and transfers reviewed daily. Staffing numbers and composition is informed by analysis of demand, case-mix, patient needs and severity of illness. Staff are rostered to support 2 bedside ward rounds per day conducted by the medical specialist, medical practitioner(s), nurses and allied health professionals. Regular communication, including ward rounds, with the Level 5 or higher critical care service for referrals and clinical support are in place. Where organisation-wide clinical support services are in scope, a health practitioner from the critical care workforce provides clinical support services 24/7.
Medical	A medical specialist credentialled at the health service for critical care medicine is available 24/7. A medical practitioner with competency in managing critical care medicine is onsite 24/7. A medical specialist credentialled at the health service for anaesthetic management is available 24/7. A medical specialist at a Level 5 or higher critical care health service is accessible 24/7 via virtual care to advise on critical care management. This may be supplemented by advice from ARV.
Nursing	A registered nurse with competency in critical care nursing is employed as the unit manager. Nurse(s) with competency in critical care (intensive care or equivalent) and advanced life support are exclusively rostered to the unit 24/7. Nursing staff with competence and recency of practice in administering non-invasive ventilation (continuous positive airway pressure or high-flow), invasive monitoring and vasopressors, are exclusively rostered 24/7.
Allied health	Allied health staff who are competent in managing critical care patients with disciplines aligning with the case-mix and throughput of the intensive care service provided are available during standard hours.

Clinical support services

This section outlines the requirements for clinical support services in Level 3 critical care services

Level 3 service	Requirements
Emergency response	Registered health practitioner(s) with competency in advanced life support are available onsite 24/7. A recognition⁶⁴ and rapid response system^{65,66} (for example, 'respond blue') is available with identified roles onsite 24/7 to respond immediately to emergencies across the health service site. A medical practitioner is available and appropriately trained to intubate, invasively ventilate and monitor patients pending transfer to a higher-level service in consultation with ARV.
Intensive care unit	A Level 3 service must have a formal relationship and regular communication channels for clinical advice (may include virtual care) or joint ward rounds) with a higher-level service. This will include access to 24/7 virtual care support and agreed escalation of care and transfer processes with the Level 5 or higher critical care service.⁸
Medical imaging	A comprehensive range of general imaging examinations, including an onsite x-ray service, is available during standard hours or available 24/7 where emergency surgery is provided. CT is accessible – this may be offsite or provided by an external provider. Limited basic angiography may be available.
Medical specialties	A medical specialist credentialled at the health service is available 24/7 for: • general medicine • anaesthesia.
Perioperative services	Medical specialists aligning with the case-mix and the throughput of the perioperative service provided (typically Level 3) are available.²
Pathology and blood or blood products	A range of common biochemistry, haematology and microbiology testing and reporting for patients in the unit is available during business hours. The service uses a limited on-call service for biochemistry, haematology and/or point-of-care testing units. Access to arterial blood gas and lactate analysis is available 24/7. Blood and blood products including a cross-matching service are available onsite.

64. Australian Commission on Safety and Quality in Health Care, [Recognising and Responding Acute Deterioration Standards](https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard) <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>>

65. Australian Standard, 4083-2010, [AS3745 Planning for emergencies in facilities](https://irp-cdn.multiscreensite.com/a4ee45f8/files/uploaded/AS_3745-2010_Planning_for_emergencies_in_facilities_GA.pdf) <https://irp-cdn.multiscreensite.com/a4ee45f8/files/uploaded/AS_3745-2010_Planning_for_emergencies_in_facilities_GA.pdf>

66. Australian Commission on Safety and Quality in Health Care, [National consensus statement: essential elements for recognising and responding to acute physiological deterioration second edition](https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration/recognising-and-responding-acute-physiological-deterioration/national-consensus-statement-essential-elements-recognising-and-responding-acute-physiological-deterioration) <<https://www.safetyandquality.gov.au/our-work/recognising-and-responding-deterioration/recognising-and-responding-acute-physiological-deterioration/national-consensus-statement-essential-elements-recognising-and-responding-acute-physiological-deterioration>>

Level 3 service	Requirements
Pharmacy and medicines management	All services needed for medicines dispensing, distribution, administration and pharmacy management support for high-dependency patients are available. Pharmacy services are available during standard hours, with on-call access 24/7. Access to clinical advice, inpatient supply and possibly compounding supply is available over extended hours from an appropriate pharmacy service.
Sociocultural support	The relevant ACCO is involved in discharge planning for Aboriginal patients.
Mental health	Guidelines are in place for referring patients to clinical mental health practitioners and community mental health services.

Infrastructure

This section outlines the requirements for infrastructure in Level 3 critical care services.

Level 3 service	Requirements
Unit	A dedicated space and equipment with a minimum of 2 bed spaces that can support higher (than ward) levels of intervention, observation and monitoring. ⁶¹
Equipment	Necessary equipment to support the scope of practice and clinical interventions available onsite. This may include providing additional medical gases, power and data, appropriate monitoring systems and higher visibility of patients compared with standard ward service.⁶¹ Equipment is available to manage emergencies. Equipment is available to support regular communication with a higher-level service (virtual care support).



Level 4 adult critical care services

Service description

Level 4 intensive care services include all the roles and responsibilities in Level 3, with additional requirements outlined below.

Level 4 service	Description
Complexity of care	A Level 4 unit provides: • short-term intensive care services to adult patients in an ICU that operates 24/7⁶⁷ • intensive care services to critically ill patients with potentially life-threatening and/or potentially reversible single-system failure⁸ • monitoring for 'at risk' medical and surgical patients to prevent complications⁸ • organisation-wide support with representation on the rapid response team.
Unit size	A Level 4 unit has: • a minimum of 4 equipped physical beds spaces⁶⁷ • the ability to staff a minimum of 4 occupied beds • a recommended minimum of 200 admissions per year and 50 invasively ventilated patients per year.⁶⁸
Assessment	A Level 4 unit provides: • clinical criteria for admission referrals relevant to onsite services and support⁸ • collaborative care with perioperative teams to identify patients at risk of requiring intensive care admission postoperatively including as part of a planned preadmission process.
Treatment	A Level 4 unit provides: • care for medically unstable patients who will benefit from intensive and/or complex support, monitoring or interventions for care beyond the scope of a conventional ward⁸ • care for complex patients, including those who need invasive ventilation, simple invasive cardiac monitoring or dialysis⁸ • complex care of any duration and patients needing invasive ventilation for more than 48 hours – this should be managed in consultation with the Level 5 or higher service or retrieval service if appropriate • immediate resuscitation and short-term cardiorespiratory support for critically ill patients.⁸
Transfer	A Level 4 unit provides: • step-down care or transfer to a ward or lower-level service • timely transfer to higher level service for patients whose clinical condition warrants level 5 or 6 support in consultation with ambulance retrieval service.

67. Australia and New Zealand Critical Health Resource Information System (CHRIS)

68. Department of Health, Victorian Admitted Episode Dataset, 2023–24 data

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 4 intensive care services that are additional to those required at Level 3.

Level 4 service	Requirements
Unit	A designated medical specialist credentialled at the health service for intensive care medicine is employed as lead clinician and is responsible for clinical governance. All patients admitted to the unit are referred to the medical specialist who is responsible for the unit at the time of admission.⁸ Staffing numbers and composition is informed by analysis of demand, case-mix, patient needs and severity of illness.⁸ Staff are rostered to support 2 bedside ward rounds per day conducted by the medical specialist, medical practitioner(s), nurses and allied health professionals. Protocols for regular communication with the Level 5 or higher critical care service for referrals and clinical support are in place. <i>Where organisation-wide clinical support services in scope:</i> Identified ICU staff are available to represent the unit on the Rapid Response Team.⁶⁹
Medical	A medical specialist credentialled at the health service for intensive care medicine is available 24/7. A medical practitioner, with competency in intensive care medicine, is exclusively rostered to the unit 24/7.
Nursing	Nursing staff with competence in intensive care and advanced life support are exclusively rostered to the unit 24/7. Patients needing ventilation, or who are similarly critically ill, should be cared for on a 1:1 nursing ratio.^{8,41,43}
Allied health	Allied health staff who are competent in managing intensive care patients with disciplines aligning with the case-mix and throughput of the intensive care service provided are available. This may include outside normal working hours, including weekends as needed.

69. College of Intensive Care Medicine (2017) *Minimum standards for intensive care unit based rapid response systems*, CICM.

Clinical support services

This section outlines the minimum requirements for clinical support services in Level 4 intensive care services that are additional to Level 3 responsibilities. Each health service site may require additional support services tailored to the specific intensive care capabilities and specialised services offered at that location.

Level 4 service	Requirements
Emergency response	Onsite 24/7 rapid response team includes ICU representation.
Higher-level intensive care unit	An arrangement is made with a higher-level service for patient advice, referral and transfer when clinically indicated. ⁸ This may be supplemented by ARV advice.
Medical imaging	A range of onsite imaging services are available during extended hours. 24-hour onsite access to diagnostic radiology services, including urgent x-rays, in theatre image intensifier, computed tomography (CT) and complex ultrasound. May have access to onsite or offsite MRI.
Medical specialties	A medical specialist credentialed at the health service is available 24/7 for: • general medicine • anaesthesia.
Perioperative services	Medical specialists aligning with the case-mix and throughput of the perioperative service provided (typically Level 4) are available. ²
Pathology and blood or blood products	Pathology and blood or blood products Onsite pathology including: • common/core biochemistry, haematology and microbiology testing and reporting for patients in the ICU 7 days a week and extended hours • access to arterial blood gas and lactate analysis available within an appropriate timeframe (for example, one hour) • an on-call service for biochemistry, haematology, microbiology and/or point-of-care testing units used by the ICU.
Pharmacy and medicines management	Clinical pharmacy service for all admitted ICU patients available during standard hours with an extended service to provide clinical advice, inpatient supply and compounding supply and to ensure patients at high risk of medication-related harm are provided appropriate and timely services.
Sociocultural support	AHLO services are available during standard hours. The AHLO and care services team have an established engagement process, with a designated support officer/team in the local ACCO for resources and referral and for continuum of care support services, as needed, including for weekends, urgent discharge planning and handover.
Mental health	Guidelines are in place for referral to clinical mental health practitioners and community mental health services.

Infrastructure

This section outlines the requirements for infrastructure in Level 4 intensive care services that are additional to those at Level 3.

Level 4 service	Requirements
Unit	A dedicated ICU with a minimum of 4 dedicated bed spaces. ⁶⁰
Equipment	All required equipment supporting the continuous, invasive ventilation of a minimum of 2 patients simultaneously. All points of care must be capable of accommodating this requirement. The type and quantity of equipment must be appropriate to the workload of the unit.⁸ All required equipment to support ICU care should be available in each dedicated space. This includes, but is not limited to, medical services panels, gases, suction, power, data/communications and mobile and fixed equipment for monitoring and procedures.⁶⁰
Mobile/retrieval	All required equipment supporting the safe transfer of patients via all methods of transfer for intra and/or interhospital movement of intensive care patients are ready and available 24/7. ICT and records management systems enabling the safe and efficient transfer of patient care, including medication orders and treatment plans are ready and available 24/7.



Level 5 adult critical care services

Service description

Level 5 intensive care services include all the roles and responsibilities in Levels 3 and 4, with additional requirements outlined below.

Level 5 service	Description
Complexity of care	A Level 5 unit provides: - intensive care services indefinitely to adult patients 24/7 in a major ICU⁸ - complex multi-system life support to patients with potentially life-threatening and/or potentially reversible multi-system organ failure⁸ - a comprehensive range of medical and surgical specialty care for time-critical patients needing intensive care from across the state including transfers via Ambulance Victoria, particularly from hospitals where needed diagnostic or therapeutic services are not available - organisation-wide identification of patients at risk of an intensive care admission or readmission and support transitioning patients into or out of the ICU.
Unit size	A Level 5 unit has: - a minimum of 6 equipped and operational bed spaces⁸ - the ability to staff a minimum of 6 occupied beds - a recommended minimum of 100 invasively ventilated patients per year.⁶⁸
Assessment	As for Level 4.
Treatment	A Level 5 unit cares for patients needing complex multi-system life support (including invasive ventilation, renal replacement therapy and invasive monitoring) for an indefinite period, with access to most clinical subspecialties. ⁸
Transfer	A Level 5 unit will transfer patients to a higher-level service if the required diagnostic or therapeutic services are not available at the service.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 5 intensive care services that are additional to those required at Levels 3 and 4.

Level 5 service roles	Requirements
Unit	A medical specialist credentialled at the health service for intensive care medicine is employed as the director/head of critical care and has clinical governance responsibilities. ICU may be combined with other critical care units such as high-dependency units or coronary care units for optimisation of equipment and staff skill.⁷⁰ The unit may have a formal relationship with lower-level services to support 24/7 critical care and escalation. <i>Where organisation-wide clinical support services in scope:</i> • A health practitioner from the intensive care workforce provides clinical support services 24/7.⁶⁹
Medical	A medical specialist credentialled at the health service for intensive care medicine is exclusively rostered to the unit, is onsite during business hours and is available 24/7.
Nursing	As for Level 4.
Allied health	As for Level 4.

Clinical support services

This section outlines the requirements for clinical support services in Level 5 critical care services that are additional to those at Levels 3 and 4. Each health service site may need additional support services tailored to the specific intensive care capabilities and specialised services offered at that location.

Level 5 service	Requirements
Medical imaging	24/7 access to MRI. Access to a defined scope of interventional radiology procedures (for example, all vascular interventional procedures availability may be limited to a 12-hour window such as 0800–2000).
Medical specialties	Medical specialists credentialled at the health service are available 24/7 for: • oncology • respiratory medicine • cardiology • gastroenterology • nephrology • neurology • infection control (availability may be limited to a 12-hour window – for example, 0800–2000).

70. Refer to the [Australasian Health Facility Guidelines](https://healthfacilityguidelines.com.au/hpu/intensive-care-unit-0) <<https://healthfacilityguidelines.com.au/hpu/intensive-care-unit-0>>

Level 5 service	Requirements
Perioperative services	Medical specialists aligning with the case-mix and throughput of the perioperative service provided (typically Level 5) are available. ²
Pathology and blood and blood products	24/7 access to comprehensive pathology services, either onsite or through networked arrangements to support the health service's clinical services and case-mix.⁸ 24/7 onsite access to arterial blood gas and lactate analysis. Access to a range of blood products (for example, platelets and frozen products). Appropriate response times for all urgent requests. Referral for non-urgent rare and complex testing to a Level 6 service.
Pharmacy and medicines management	An onsite pharmacy service that provides clinical pharmacy, medicines information, clinical trial support, ICU medication management services, medicines procurement, sterile compounding, dispensing and distribution services is available 7 days a week during standard hours and accessible 24/7.⁸ Support is available for defined site-specific clinical speciality services (for example, oncology and haematology) including processes for aseptic manufacturing and cytotoxic medicines where clinically necessary (may be a networked or external arrangement).
Sociocultural support	Protocols are in place to support care for people with disability, multicultural communities and LGBTIQ+ patients.
Mental health	Onsite access, during business hours, to a clinical mental health consultation-liaison service.

Infrastructure

This section outlines the infrastructure requirements for Level 5 critical care services that are additional to those at Levels 3 and 4.

Level 5 service	Requirements
Intensive care unit	A dedicated ICU with a minimum of 6 equipped physical bed spaces and the ability to staff these.
Equipment	The equipment availability to simultaneously manage 4 or more complex and/or invasively ventilated patients. Appropriate equipment levels to support ICU requirements for specialties and subspecialties relevant to the organisation. Equipment available to support communication with other services (virtual care support). 24/7 access to electrocardiography, echocardiography, bronchoscopy and point-of-care ultrasound.
Retrieval and transfer	Will receive patients from facilities with lower levels of capability. Patients will receive treatment in the Level 5 unit unless relevant diagnostic or therapeutic services are not available at the health service site.



Level 6 adult critical care services

Service description

Level 6 critical care services include all the roles and responsibilities in Levels 3 to 5, with other requirements outlined below.

Level 6 service	Description
Complexity of care	A Level 6 unit provides: - comprehensive care including complex multi-system life support for adults for an indefinite period⁸ - a wide range of intensive interventions except those only provided by statewide designated services - consultation and advice to lower-level services on clinical care and escalation.
Unit size	A Level 6 unit has: - a minimum of 15 equipped and operational bed spaces - the ability to staff a minimum of 15 occupied beds - typically, more than 1,500 ICU admissions per year - a recommended minimum of 500 invasively ventilated patients per year.⁶⁸
Assessment	As for level 5.
Treatment	A Level 6 unit cares for patients requiring the most complex multi-system life support, including planned and emergency management for a range of specialties and subspecialties (neurosurgery, cardiac surgery, etc.), including rare and infrequently diagnosed conditions for an indefinite period, with access to all clinical subspecialties.
Transfer	A Level 6 unit provides referral to statewide service for specialised treatment not available onsite.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 6 intensive care services that are additional to all the roles and responsibilities in Levels 3 to 5.

Level 6 service roles	Requirements
Unit	As for Level 5.
Medical	Medical specialists with qualifications and competency in intensive care medicine are exclusively rostered to the unit for extended hours 7 days a week and are available 24/7. Medical practitioners with competency in intensive care anaesthetics and credentialled to manage intensive care patients are exclusively rostered to the unit 24/7.
Nursing	As for Level 4.
Allied health	As for Level 4.

Clinical support services

This section outlines the requirements for clinical support services in Level 6 intensive care services that are additional to the responsibilities in Levels 3 to 5. Each health service site may need additional support services tailored to the specific intensive care capabilities and specialised services offered at that location.

Level 6 service	Requirements
Emergency response	A recognition and response system is under the governance of the ICU, with dedicated medical and nursing staff rostered 24/7 to the rapid response team. ⁸
Medical imaging	A comprehensive range of adult specialty and subspecialty imaging and interventional radiology services are onsite and available 24/7. Access to emergency and complex onsite interventional radiology procedures is available 24/7. May provide the full range scope of interventional radiology procedures (including trauma, intracranial and extracranial neuro-interventional procedures).
Medical specialties	Medical specialty and subspecialty services relevant to the services provided and support services are available 24/7.
Perioperative specialties	Medical specialists aligning with the case-mix and throughput of the perioperative service provided (typically Level 6) are available. ²
Pathology and blood or blood products	There is onsite access to pathology services 24/7 for: • biochemistry • haematology • microbiology • serology and blood bank • access to non-urgent rare and complex testing.
Sociocultural support	AHLO services are available during standard hours and accessible 24/7.
Mental health	An onsite clinical mental health consultation-liaison service is available during business hours and mental health consults available 24/7.

Infrastructure

This section outlines the infrastructure requirements for Level 6 intensive care services that are additional to the requirements in Levels 3 to 5.

Level 6 service	Requirements
Unit	A dedicated ICU with a minimum of 15 equipped beds spaces.⁶⁷ Larger ICUs should be structured into organisational units or 'pods' of 8 to 12 beds.⁸
Equipment	24/7 access to arterial blood gas analysis in the unit. 24/7 access to electrocardiography, echocardiography, bronchoscopy and point-of-care ultrasound in the unit.



Section 2b: Paediatric critical care capability levels

This section describes the minimum capability requirements for the 4 paediatric critical care levels: Level 3 (ward-based high-acuity care), Levels 4 and 5 (care for children in an adult ICU) and Level 6 (specialist paediatric ICU). Minimum requirements are outlined for each level based on the best available evidence and guidance. Capability requirements are incremental and cumulative from Level 4 to Level 6 and must be met to deliver safe, high-quality critical care services.

Paediatric critical care capability has not previously been defined consistently across Victorian health services. This framework supports each health service site to define the scope of critical care it can provide for children and to confirm the workforce and infrastructure available to deliver that care. Health service sites are also asked to specify the paediatric age cohorts they can consistently support. This will help confirm current service provision and identify opportunities for future service development and/or formalised referral pathways where local capability is limited. Paediatric ward service capability and newborn service interfaces will also be considered for sites that provide care for children under 2 years old.

Care for children

A child's age, clinical presentation¹³ and the availability of age-specific clinical skills must be considered when determining the most appropriate location for care. Child-safe infrastructure including equipment, facilities and accommodation must also be provided.

In Victoria, care for newborns (birth to 28 days old) is defined in the *Capability framework for Victorian maternity and newborn services*.² For this critical care framework, paediatric cohorts are defined as:

- 0 to 2 years (excluding newborns)
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 years or older.

For all sites providing critical care for children, an established paediatric ward service should be in place with enough activity to support the required workforce capability and sustain relevant skills. Sites caring for children under 2 years old should have an established clinical relationship with an onsite special care nursery, including the capacity to upskill staff and access ongoing clinical support for infants as needed.

Care for adolescents

Adolescents (young people aged 14 to 17 years) who need to be escalated to a critical care service may be managed in an adult critical care environment where workforce capability and infrastructure allow. Care decisions should consider physical maturity, the presenting condition and whether management aligns with adult clinical pathways (for example, respiratory conditions, overdose, seizures, diabetic ketoacidosis, postoperative monitoring). In many circumstances, admitting patients aged 16 years or older to an adult ICU will be appropriate. Managing adolescents may be the first component of a staged approach to building paediatric critical care capability in the ICU. Psychosocial needs for this cohort should be identified and managed appropriately.

Children with complex needs

Any child with complex health needs, major trauma or an existing cardiac, congenital or chronic condition, or with an established clinical history with tertiary providers, should be managed in close collaboration with those services to determine the most appropriate location for care based on the child's clinical needs for that admission.

Flexible models of care

Health services that manage large caseloads of children (for example, more than 1,000 admissions per year) will have a strong rationale to establish critical care services for defined cohorts as workforce capability and models of care mature. To meet a critical care capability level, infrastructure (dedicated space and equipment to manage children across age cohorts requiring increased observation, monitoring and care requirements) is available 24/7, and staffing arrangements can respond to increased needs at short notice.

Care in these dedicated spaces will temporarily flex from usual care to critical care when patient demand and clinical needs require. At Level 3, the dedicated space will shift from providing general ward care to high-acuity care. In adult ICUs, beds may be used for paediatric HDU (Level 4) or ICU use (Level 5) as demand requires. Level 6 (PICU) services are expected to provide continuous 24/7 paediatric intensive care.

In all models of care, governance, clinical relationships with the paediatric service and admission/discharge/escalation criteria should be clearly defined.

Level 3 paediatric critical care services

Service description

This section outlines the service roles and responsibilities for Level 3 paediatric critical care services.

Level 3 service	Description
Complexity of care	A Level 3 high-acuity area provides: - the highest level of onsite paediatric critical care available at the health service site, located in a high-acuity area on a paediatric ward¹² - care for children of agreed age cohorts with single-system disorders – this includes increased observation and monitoring with non-invasive support that is more concentrated than conventional ward-based care but is not equivalent to an ICU - evaluation and management for paediatric patients while pending transfer to a higher-level service in consultation with PIPER.
Unit size	A Level 3 high-acuity area is capable of managing at least 2 high-acuity patients concurrently while ensuring the continued operation of routine paediatric ward services.
Assessment	A Level 3 high-acuity area must: - have documented patient admission, discharge and escalation/transfer criteria, taking into consideration age, condition complexity and treatment needs (the area may accept younger or older patients contingent on clinical presentation and service capability) - have processes to support staff to recognise acute deterioration in a child, such as VICTOR charts³³ - provide twice-daily medical review and documented care planning for each patient while admitted.
Treatment	A Level 3 high-acuity area provides: - a dedicated space with continual and uninterrupted nursing observation to monitor and address patient deterioration¹² - short-term continuous cardiac and basic physiological monitoring (for example, electrocardiogram, oxygen saturation and blood pressure) with paediatric-appropriate equipment¹² - short-term electrolyte monitoring for conditions such as diabetic ketoacidosis¹² - short-term respiratory support including continuous high-flow oxygen, consistent with agreed local capability - care in consultation with PIPER or a Level 6 paediatric service if a patient's condition is beyond the scope of the unit's protocols, is clinically indicated or if the patient is not improving within 24 hours.
Transfer	A Level 3 high-acuity area provides: - care for patients admitted directly from the ward, operating theatre, recovery or emergency areas - care for patients before transfer to an onsite ward or operating theatre - timely transfer to a higher-level service for paediatric patients whose clinical condition warrants Level 5 or 6 care via a paediatric retrieval service (in consultation with PIPER).

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 3 critical care services.

Level 3 service	Requirements
High-acuity area	Designated medical specialist credentialled at the health service for paediatric medicine who is employed as the lead clinician and is responsible for clinical governance of the paediatric high-acuity area.¹² While patients are admitted to the high-acuity area, staff are rostered to support 2 bedside ward rounds per day conducted by the medical specialist, medical practitioner(s), nurses and allied health professionals.¹² All patients admitted to the high-acuity area are under the direction of a medical specialist credentialled in paediatric medicine, undertaking the role of an admitting officer and available 24/7. Also, and where they are not the same clinician, the onsite or on-call paediatrician should be advised of the admission.¹² All patients admitted to the area must have a medical management plan including a process for escalating care and for transfer that is reviewed daily. Staffing is designed to be flexible and responsive to demand because patient throughput will fluctuate. Staffing numbers and composition is informed by an analysis of the demand, case-mix, patient needs and severity of illness. Staff are rostered to support 2 bedside ward rounds per day conducted by the medical specialist, medical practitioner(s), nurses and allied health professionals.
Medical	A medical specialist credentialled at the health service for paediatric medicine is onsite for ward rounds 7 days per week and is available 24/7. A medical practitioner credentialled at the health service for paediatric medicine is onsite 24/7. A medical specialist credentialled at the health service for anaesthetic management of paediatric patients aligning with the age and case-mix of admitted paediatric patients is available 24/7.
Nursing	A registered nurse with competency in paediatric care is employed as the unit manager of the paediatric ward. Nurse(s) with competency in managing paediatric patients and paediatric advanced life support are exclusively rostered to the high-acuity area 24/7 when patients are admitted.¹² Staffing allocation in the paediatric high-acuity area must support continual and uninterrupted nursing observation.¹²
Allied health	Allied health staff who are competent in managing paediatric critical care patients with disciplines aligning with the case-mix and throughput of the critical care service provided are available.

Clinical support services

This section outlines the requirements for clinical support services in Level 3 paediatric critical care services, which are additional to the Level 4 adult clinical support services.

Level 3 service	Requirements
Paediatric ward	Dedicated paediatric inpatient wards/units that accommodate multi-day stays and day stays. ⁷¹ Typically, this service would manage 1,000 or more overnight stays per year. ⁶⁸
Newborn care	Can provide Level 3 newborn care being care for mildly/moderately unwell newborns $\geq 34+0$ weeks' gestation including non-invasive ventilation respiratory support, incubator care, continuous cardiorespiratory and/or pulse oximetry monitoring, intravenous therapy and non-invasive blood pressure monitoring. ³
Emergency response	There is a rapid response system (for example, 'respond blue') with identified roles onsite 24/7 to respond immediately to paediatric emergencies across the health service site. Registered health practitioner(s) with competency in paediatric advanced life support are available onsite 24/7.
Medical imaging	Staff providing medical imaging services are experienced in managing paediatric patients.
Medical specialties	A medical specialist credentialled at the health service for managing paediatric patients is available 24/7 for anaesthesia.
Perioperative services	Medical specialists aligning with the case-mix and throughput of the paediatric perioperative service provided (typically Level 4) are available. ²
Pathology and blood or blood products	As for Level 4 adult.
Pharmacy and medicines management	As for Level 4 adult.
Sociocultural support	Staff providing sociocultural support services are experienced in managing paediatric patients aligned with the scope of paediatric service provision at the site.
Mental health	Staff providing mental health support services are experienced in managing paediatric patients aligned with the scope of paediatric service provision at the site.

71. Safer Care Victoria, [Data Dictionary](https://www.safercare.vic.gov.au/sites/default/files/2022-03/paediatric_chris_data_dictionary_v1.4.pdf) <https://www.safercare.vic.gov.au/sites/default/files/2022-03/paediatric_chris_data_dictionary_v1.4.pdf>

Infrastructure

This section outlines the requirements for clinical infrastructure services in Level 3 paediatric critical care services.

Level 3 service	Requirements
High-acuity area	A dedicated space on a paediatric ward, with a minimum of 2 equipped ¹² bed spaces for high-acuity care based on demand. The location must allow for uninterrupted observation.
Equipment	Specific consideration is given to the needs of paediatric patients and facilities and equipment are available, including: • paediatric-specific equipment to support the clinical interventions available onsite • access to a paediatric emergency equipment trolley¹² • 24/7 access via telephone or video link to PIPER.
Retrieval and transfer	Where patient complexity exceeds the capabilities of the health service site, paediatric patients will be retrieved in collaboration with PIPER. Equipment and medication for interhospital movement of paediatric critical care patients are ready and available 24/7.⁸



Level 4 paediatric critical care services

Service description

Level 4 paediatric critical care services include all Level 4 adult responsibilities, with additional requirements as outlined below.

Level 4 service	Description
Complexity of care	A Level 4 unit provides 24/7 short-term high-dependency care to paediatric patients with single-system disorders in an adult ICU. ¹² This may include patients who also have stable chronic, congenital or developmental comorbidities (for example, cerebral palsy, down syndrome or neurodiversity).
Unit size	A Level 4 unit is capable of managing at least 2 high-dependency paediatric patients while also maintaining the adult ICU service.
Assessment	As for Level 3 paediatric and Level 4 adult.
Treatment	A Level 4 unit provides: • acute non-invasive ventilation respiratory support, consistent with agreed local capability for short-term delivery¹² • intubation and invasive ventilation pending transfer to a higher-level service¹² • short-term simple invasive cardiovascular monitoring (for example, an arterial line)¹² • care in consultation with PIPER or a Level 6 paediatric service if a patient's condition is beyond the scope of the unit protocols, is clinically indicated, or if the patient is not improving within 24 hours.
Transfer	As for Level 3 paediatric.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 4 critical care services that are additional to both Level 3 paediatric and Level 4 adult roles and responsibilities.

Level 4 service	Requirements
Unit	All paediatric patients admitted to the adult ICU are referred to the medical specialist taking responsibility for the unit at the time of admission and are managed under a closed collaborative model with a paediatrician. ¹² There is a nominated clinical lead (preferably intensivist) for paediatric governance.
Medical	As for Level 3 paediatric and Level 4 adult.
Nursing	Nursing staff with competence in intensive care, paediatric advanced life support, as well as experience in paediatric management are exclusively rostered to the unit 24/7 while paediatric patients are admitted. ⁸⁸ For paediatric patients requiring critical care a 1:1 nursing ratio may be needed.
Allied health	Allied health staff who are competent in managing paediatric critical care patients with disciplines aligning with the case-mix and throughput of the intensive care services provided are available. This may include allied health staff being available outside normal working hours, including on weekends.

Clinical support services

This section outlines the requirements for clinical support services in Level 4 critical care services that are additional to both Level 3 paediatric and Level 4 adult responsibilities. Each health service site may need additional support services tailored to the specific intensive care capabilities and specialised services offered at that location.

Level 4 service	Requirements
Emergency response	A documented local escalation procedure for managing deterioration in high-dependency paediatric patients, integrated into the health service site's rapid response system. ²⁸

Infrastructure

This section outlines the infrastructure requirements for Level 4 paediatric services that are additional to Level 4 adult clinical services.

Level 4 service	Requirements
Intensive care unit	All ICU points of care are equipped and organised to accommodate paediatric high-acuity care as demand arises.
Equipment	As for Level 3 paediatric critical care requirements plus necessary paediatric equipment for non-invasive ventilation respiratory support.
Retrieval and transfer	As for Level 3 paediatric.



Level 5 paediatric critical care services

Service description

Level 5 critical care services include all the roles and responsibilities in Level 4 paediatric and Level 5 adult critical care services, with the additional requirements outlined below.

Level 5 service	Description
Complexity of care	A Level 5 unit provides: • 24/7 short-term intensive care services to paediatric patients with single-system disorders in an adult ICU • short-term intensive care services for paediatric patients transferred from lower-level services.
Unit size	A Level 5 unit is capable of managing at least 2 paediatric patients requiring intensive care simultaneously.
Assessment	A Level 5 unit provides care in consultation with PIPER or a Level 6 service where the patient may deteriorate beyond the unit's capability or where it becomes clinically indicated.
Treatment	A Level 5 unit provides: • invasive monitoring for critically ill patients⁷² • short-term management of invasively ventilated paediatric patients – patients requiring more than 24 hours of invasive ventilation should be managed in consultation with PIPER or a Level 6 service.
Transfer	Patients may be admitted to the Level 5 beds: • as a transfer from a lower-level service to receive intensive care • from a planned paediatric retrieval service transfer. Patients may be transferred from the Level 5 area to step-down care in a suitable onsite ward, or to a lower-level service for suitable patients.

72. Queensland Health (2014) *Intensive care services – children's* <https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444570/cscf-intensive-care-childrens.pdf>

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 5 critical care services that are additional to both Levels 3 and 4 paediatric and Level 5 adult roles and responsibilities.

Level 5 service roles	Requirements
Intensive care unit	As for Level 5 adult and Level 4 paediatric.
Medical	A medical practitioner with competency in intensive care and paediatric patient management is exclusively rostered to the unit 24/7 while paediatric patients are admitted.
Nursing	Patients needing ventilation, or who are similarly critically ill, should be cared for on a 1:1 nursing ratio. ^{8,43,41}
Allied health	Allied health staff who are competent in managing paediatric intensive care patients with disciplines aligning with the case-mix and throughput of the intensive care services provided are available. This may include allied health staff being available outside normal working hours, including on weekends.

Clinical support services

This section outlines the requirements for clinical support services in Level 5 critical care services that are additional to both Levels 3 and 4 paediatric and Level 5 adult responsibilities.

Level 5 service	Requirements
Paediatric ward	Typically, this service would manage 2,500 or more overnight stays per year.
Newborn care	Provides Level 4 newborn care being non-invasive ventilation respiratory support for moderately unwell newborns $\geq 32+0$ weeks' gestation or newborn birthweight of $\geq 1,500$ grams. Care may include managing central venous lines after transfer from a higher-capability service. ³
Perioperative services	As for Level 5 perioperative paediatric. ²

Infrastructure

This section outlines the infrastructure requirements for Level 5 critical care services that are additional to Level 4 paediatric and Level 5 adult clinical services.

Level 5 service	Requirements
Intensive care unit	All points of care are equipped and organised to accommodate paediatric intensive care as demand arises.
Retrieval and transfer	Will receive patients from facilities with lower levels of capability who need critical care.



Level 6 paediatric critical care services

Service description

Level 6 intensive care services include all the roles and responsibilities in Level 5, with additional requirements outlined below.

Level 6 service	Description
Complexity of care	A Level 6 unit provides: • 24/7 intensive care services to children in a designated paediatric ICU for an indefinite period^{8,72} • comprehensive care including complex multi-system life support for paediatric patients with intensive care interventions, which could include those provided by statewide designated services^{8,72} • care for time-critical patients requiring intensive care transfer from across the state.⁸
Unit size	A Level 6 unit has: • (usually) a minimum of 8 equipped beds but may be divided into smaller areas for better clinical management⁸ • the ability to staff a minimum of 8 occupied beds • more than 300 patient admissions per year.⁸
Assessment	A Level 6 unit provides collaborative care with perioperative teams to identify patients at risk of requiring intensive care admission postoperatively including as part of a planned preadmission process.
Treatment	A Level 6 unit provides: • care for patients requiring complex multi-system life support (including invasive ventilation and renal replacement therapy) for an indefinite period⁷² • indefinite care to subspecialty critical care patients, including postoperative patients (for example, neurosurgery, complex general surgery or plastic surgery).
Transfer	Patients may be transferred from any lower-level service.

Clinical workforce

This section outlines the requirements for the clinical workforce in Level 6 critical care services that are additional to all the roles and responsibilities in Levels 3 to 5.

Level 6 service roles	Requirements
Intensive care unit	A medical specialist credentialled at the health service for paediatric intensive care medicine is employed as the director/head of critical care and has clinical governance responsibilities. All patients admitted to the unit are referred to the medical specialist with responsibility for the unit at the time of admission.⁸
Medical	Medical specialists credentialled at the health service for paediatric intensive care medicine are exclusively rostered to the unit, are onsite during business hours and are available 24/7. Medical practitioners with competency in intensive care and who are credentialled to manage paediatric intensive care patients are exclusively rostered to the unit 24/7.
Nursing	Nursing staff with competence in paediatric intensive care and paediatric advanced life support are exclusively rostered to the unit 24/7. An intensive care (nurse) liaison service operates extended hours. ⁷³
Allied health	As for Level 5 paediatric.

Clinical support services

This section outlines the requirements for clinical support services in Level 6 paediatric critical care services that are additional to the responsibilities in Levels 3 to 5 paediatric and Level 6 adult.

Level 6 service	Requirements
Paediatric wards	Full ward service for all paediatric subspecialties.
Newborn care	A formal relationship with a Level 6 newborn care service being specialist newborn care (including intensive care) for critically unwell newborns of any gestation. ³
Emergency response	A recognition⁷⁴ and response system^{75,76} is under the governance of the PICU, with dedicated PICU staff rostered 24/7 to the rapid response team.⁸ Staff rostered to the rapid response team are credentialled in paediatric intensive care medicine.
Medical imaging	A comprehensive range of paediatric specialty and subspecialty imaging and radiology services are onsite and available 24/7.
Medical specialties	A paediatric specialty and subspecialty workforce relevant to the services provided is available 24/7.
Perioperative specialties	A paediatric surgical specialty and subspecialty workforce relevant to the services provided is available 24/7. ²

73. The intensive care (nurse) liaison role provides a follow-up service to ICU patients discharged to a general ward and advanced clinical consultancy to nurses throughout the hospital.

74. Refer to the [Australian Commission on Safety and Quality in Health Care website](https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard) <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/recognising-and-responding-acute-deterioration-standard>>.

75. Australian Standard 4083-2010, AS3745 planning for emergencies in facilities.

76. Australian Commission on Safety and Quality in Health Care (2017) *National consensus statement: essential elements for recognising and responding to acute physiological deterioration second edition*, ACSQHC, Sydney.

Infrastructure

This section outlines the requirements for infrastructure in Level 6 paediatric critical care services that are additional to the requirements in Levels 3 to 5 paediatric.

Level 6 service	Requirements
Paediatric intensive care unit	A dedicated paediatric ICU with a minimum of 8 equipped physical bed spaces.⁸ Larger paediatric ICUs should be divided into smaller areas or 'pods' of 8 to 15 beds.³
Equipment	Equipment available to simultaneously manage 4 or more complex and/or invasively ventilated patients. Appropriate equipment levels to support paediatric specialties and subspecialties relevant to that organisation 24/7. Access to arterial blood gas analysis in the unit. 24/7 access to electrocardiography and point-of-care ultrasound in the unit.
Retrieval and transfer	Will receive patients from facilities with lower levels of capability for intensive care.⁸²



Appendix: References and relevant professional documents

Professional resources^{77,78}

Australian and New Zealand Intensive Care Society (2014) ANZICS Statement on Care and Decision-Making at the End of Life for the Critically Ill

IC-1 Minimum Standards for Intensive Care Units

IC-2 Statement on the Role of Intensive Care Specialists

IC-7 Administrative Services to Intensive Care Units

IC-10 Guidelines for Transport of Critically Ill Patients

IC-13 Guidelines on Standards for High Dependency Units in Intensive Care Medicine

IC-14 Statement on Withholding and Withdrawing Treatment

IC-16 Guidelines on the Use of Telemedicine in the Intensive Care Unit

IC-24 Statement on the Role of Ultrasonography in Intensive Care Medicine

IC-25 Joint Position Statement on Rapid Response Systems in Australia and New Zealand and the Roles of Intensive Care

IC-26 Minimum Standards for Intensive Care Unit Based Rapid Response Systems

IC-29 Levels of Training in Adult Critical Care Echocardiography

IC-30 Statement on Sustainability

IC-31 Guidelines on the Welfare Advocate Role in Intensive Care Units

IC-33 Minimum Criteria for Hospitals Seeking Accreditation for Foundation Training for Intensive Care

IC-34 Statement on Racism in the Healthcare System

PG29(A) Guideline for the provision of anaesthesia care to children 2020

77. College of Intensive Care Medicine, [Professional documents](https://www.cicm.org.au/Web/Web/Policy-Advocacy/Professional-Documents.aspx?hkey=f57f39ed-54da-42f5-81a9-a8eb18886cb3) <<https://www.cicm.org.au/Web/Web/Policy-Advocacy/Professional-Documents.aspx?hkey=f57f39ed-54da-42f5-81a9-a8eb18886cb3>>

78. Australian and New Zealand College of Anaesthetists, [Professional documents](http://www.anzca.edu.au/resources/professional-documents) <<http://www.anzca.edu.au/resources/professional-documents>>

Other resources

[College of Intensive Care Medicine, Professional documents](https://www.cicm.org.au/Web/Web/Policy-Advocacy/Professional-Documents.aspx?hkey=f57f39ed-54da-42f5-81a9-a8eb18886cb3) <<https://www.cicm.org.au/Web/Web/Policy-Advocacy/Professional-Documents.aspx?hkey=f57f39ed-54da-42f5-81a9-a8eb18886cb3>>

[NSQHS Standards](http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards) <www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards>

[Joint Consultative Committee on Anaesthesia \(JCCA\)](http://www.racgp.org.au/yourracgp/organisation/committees/joint-consultative-committees/jcca/) <www.racgp.org.au/yourracgp/organisation/committees/joint-consultative-committees/jcca/>

[Australian Society of Anaesthetists, position statements and professional standards](http://www.asa.org.au/) <www.asa.org.au/>

[NSW Health](http://www.health.nsw.gov.au/services/Publications/guide-role-delineation-health-services.pdf) <www.health.nsw.gov.au/services/Publications/guide-role-delineation-health-services.pdf>

Australian Commission for Safety and Quality in Healthcare (2017) *National consensus statement: Essential elements for recognising and responding to acute physiological deterioration*, Second Edition.



Abbreviations

Abbreviation	Definition
ACCO	Aboriginal Community Controlled Organisation
AHLO	Aboriginal health liaison officer
ANZICS	Australian and New Zealand Intensive Care Society
ARV	Adult Retrieval Victoria
HDU	high dependency unit
ICU	intensive care unit
NSQHS	National Safety and Quality Health Service
PICU	paediatric intensive care unit
PIPER	Paediatric Infant Perinatal Emergency Retrieval



Glossary

Term	Meaning in this document
24/7	24 hours a day, 7 days a week.
Access/accessible	Refers to the ability to use resources, a service or the skills of a suitably qualified person without difficulty or delay (may be located onsite or offsite, in line with requirements).
Acute care	Includes admitted and non-admitted services such as critical care, surgical services, admitted care (including Hospital in the Home), specialist clinics, trauma care and emergency services.
Admissions	All critical care admissions including readmissions but not including transfers between within an ICU (e.g. to a HDU bed).
Admitted care	Sufficient dedicated facilities that are fit for purpose for the clinical services are provided to an admitted patient during an episode of care. Accommodation should support the care of diverse and speciality groups.
Admitted patient	A patient who undergoes a hospital's formal admission process to receive treatment or care. This treatment or care is provided over a period of time.
Advanced life support	The provision of effective airway management, ventilation of the lungs and production of a circulation by means of techniques additional to those of basic life support. These techniques may include, but not be limited to, advanced airway management, vascular access/drug therapy and defibrillation.
Allied health	Health professionals with a university qualification accredited by a relevant national accreditation body, a national professional organisation with clearly defined membership criteria, clear national entry-level competency standards and assessment processes, autonomy of practice and a clearly defined scope of practice. An allied health professional is eligible to belong to a national professional organisation. ⁷⁹
Anaesthesia	A loss of sensation or awareness brought about by medication to a patient. It allows procedures or surgery to be undertaken safely with minimal discomfort. It includes, but is not limited to, general anaesthesia, regional anaesthesia and sedation. For the purposes of this document, it excludes small procedures done under topical anaesthetic or local anaesthetic infiltration.
Available	Refers to the ability to immediately access and use resources, a service or the skills of a suitably qualified person. In relation to workforce, an available staff member is formally on call and can be immediately contacted to provide advice and/or deliver face-to-face care within the timeframes agreed by the health service.
Basic life support	The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including using an automated external defibrillator.

79. Department of Health, Disability and Ageing (2024) [About allied health care](https://www.health.gov.au/topics/allied-health/about) <<https://www.health.gov.au/topics/allied-health/about>>

Term	Meaning in this document
Bed	For the purpose of this framework, 'bed' includes a cubicle, trolley or treatment chair. A bed may be available to be occupied, be occupied by a patient, or be a physical or an operational bed. These references may be used interchangeably throughout this document.
Clinical handover	The communication and transfer of responsibility and accountability for some or all aspects of care from one health professional to another at the end of a shift. Please refer to NSQHS Standard. ⁸⁰
Clinical mental health consultation-liaison service	This service comprises specialist mental health assessment, intervention and management for hospital patients needing immediate mental health care, as well as providing support and training to hospital staff.
Clinical governance	The set of relationships and responsibilities established by a health service organisation between the Department of Health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. ⁸¹
Clinical support services	Onsite or adjacent services that support clinical service delivery.
Closed collaborative model	A model of care in the ICU. The intensive care team has primary responsibility for patient management, with support and input from the admitting consultant or inpatient team. ⁸²
Competency	Refers to the demonstration of a current set of skills, knowledge and practice expertise needed to provide care that is safe and high quality.⁸³ Competency may be demonstrated across a scope of practice or depth of practice, both during training or after formal assessment or credentialling. Competency is usually demonstrated through: • regular training and education • ongoing workplace assessment and review • recency of practice (within 12 months). It may be used to offer privilege to provide specific services in a health service and be recognised through formal endorsement by a registering authority or a formal credentialling process.
Consumer	A person, their family or carer(s) who are current or potential users of health services.
Coronary care unit	Hospital ward that specialises in caring for patients with cardiac conditions that require continuous monitoring and treatment.

80. NSQHS, [Communicating for safety standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard) <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard>>

81. Australian Commission on Safety and Quality in Health Care (2025) *Annual report 2024–25*, ACSQHC, Sydney.

82. Agency for Clinical Innovation, [Intensive care service model: NSW Level 4 adult intensive care units](https://aci.health.nsw.gov.au/__data/assets/pdf_file/0006/283452/ACI-Intensive-care-service-model-NSW-Level4-adult.pdf) <https://aci.health.nsw.gov.au/__data/assets/pdf_file/0006/283452/ACI-Intensive-care-service-model-NSW-Level4-adult.pdf>

83. Adapted from: NICE [Competency framework for health professionals using patient group directions \(2017\)](https://www.nice.org.uk/guidance/mpg2/resources) <<https://www.nice.org.uk/guidance/mpg2/resources>>.

Term	Meaning in this document
Credentialling	The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners or dentists to form a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services in specific organisational environments. For medical specialists, credentialling is per the <i>Credentialling and scope of clinical practice for senior medical practitioners policy</i>.⁸⁴ For medical practitioners (non-specialists) and non-medical health professionals, credentialling is a health service process, whereby a medical specialist, or other suitably qualified person, assesses and documents that a health professional is appropriately qualified and competent to deliver safe, high-quality care within a specified scope of practice.
Critical care medicine	The prevention and management of healthcare crises, which is a common feature of (but not limited to) anaesthesia, emergency and intensive care medicine. Patients cared for under this paradigm are typically high-risk, deteriorating and critically ill with increased potential for poor outcomes.⁸⁵
Cultural competency	Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals, enabling that system, agency or those professionals to work effectively in cross-cultural situations. Cultural competence offers a framework to ensure consumers receive safe, high-quality and culturally appropriate health care.⁸⁶
Cultural respect and safety	Aboriginal cultural safety is defined as an environment that is safe for Aboriginal peoples, where there is no assault, challenge or denial of their identity and experience. In a health service context, elements to consider include: • individual staff knowledge and respect for self (reflection on knowledge, bias and learning journey) • knowledge and respect for Aboriginal people and culture • organisational reflection, a commitment to organisational review and system redesign to eliminate racism and discrimination.
Designated staffing	Specifically defined and named staffing available for providing a service – for example, where a designated medical practitioner is readily contactable and able to attend immediately.
Dedicated space	An agreed area with the necessary equipment and resources for clinical assessment and care.
Documented process or guidelines	A process agreed by services involved. It may include a networking agreement, letter of agreement between parties, a policy arrangement, memorandum of understanding or a contractual arrangement for the delivery and receipt of services, however defined between 2 organisations.

84. Safer Care Victoria, *Credentialling and scope of clinical practice* <<https://www.safercare.vic.gov.au/publications/credentialling-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>>

85. Adapted from the [University of Melbourne](https://medicine.unimelb.edu.au/school-structure/critcare/about-us/welcome) <<https://medicine.unimelb.edu.au/school-structure/critcare/about-us/welcome>>

86. Centre for Culture, Ethnicity and Health (2012) *A framework for cultural competence* <https://www.ceh.org.au/wp-content/uploads/2015/12/CC1_A-framework-for-cultural-competence.pdf>

Term	Meaning in this document
Emergency department	A dedicated hospital-based facility specifically designed and staffed to provide 24-hour emergency care.
Emergency surgery	Surgery to treat trauma or acute surgical illness following a presentation to an emergency department, an emergency admission directly to the ward, or clinical deterioration during hospital admission.
Exclusively rostered	Refers to staff who are providing a designated service and are not available to service other clinical areas.
Extended hours	The service is available beyond common standard hours (9 am to 5 pm Monday to Friday); this may be extended hours during the day/evening or over the weekend.
Facility	A physical or organisational structure that may operate several services of a similar or differing capability level.
Guideline	Evidence-based statement(s) and/or recommendations that assist decision-making to optimise patient care and outcomes. Guidelines include information and advice on referral pathways.
Health practitioner	A health practitioner registered through the Australian Health Practitioner Regulation Agency (Ahpra), other than as a student. For this framework, this includes non-Ahpra registered health professionals who practise under self-regulatory arrangements administered by a recognised professional association.
Health service	A registered funded agency, multipurpose service or health service establishment, as defined by the <i>Health Services Act 1988</i> , ⁸⁷ regarding services provided in a hospital or a hospital-equivalent setting.
Health service site	A Victorian public hospital that provides admitted care and is a registered funded agency where healthcare services are delivered. This includes hospitals, health centres, community clinics and smaller rural facilities. The term 'campus' or 'services' may be used in other departmental documents to describe similar concepts.
High-acuity area	A specially staffed and equipped area located on a paediatric ward that provides a level of monitoring and care to children that is higher than what is available in a general ward.
High-dependency care	A level of care that is intermediate between general ward care and intensive care. ⁸⁸
High-flow oxygen	A form of non-invasive respiratory support (often delivered by humidified high-flow nasal prong). High-flow oxygen may act as a bridge between low-flow oxygen therapies and continuous positive airway pressure (CPAP), reducing the need for CPAP/intubation. The high flows and humidification improve functional residual capacity and mucociliary clearance of secretions thereby reducing the work of breathing. High-flow oxygen therapy should be delivered in approved areas only. ⁸⁹

87. [Health Services Act 1988](https://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/167) <<https://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/167>>

88. College of Intensive Care Medicine, [Guidelines on standards for high dependency units for training in intensive care medicine](#), <[IC-13-Guidelines-on-Standards-for-High-Dependency-Units.pdf](#)>

89. Adapted from [The Royal Children's Hospital Melbourne](#) <[https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/High_flow_nasal_prong_\(HFNP\)_therapy/](https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/High_flow_nasal_prong_(HFNP)_therapy/)>. Accessed 9 March 2026

Term	Meaning in this document
Infrastructure	All-encompassing of the facility construction and spatial arrangement (the facility), as well as the fixtures, fittings and equipment (including medical, non-medical and ICT) needed to support service configuration and capacities necessary to achieve agreed scope of practice outcomes.
Intensive care unit	A specialised department in a hospital that provides intensive care medicine. It has extra equipment and infrastructure to support: • immediate resuscitation and short-term cardiorespiratory support • invasive ventilation • invasive cardiovascular monitoring • renal replacement therapy • complex multi-system life support.
Intensive care medicine	A medical specialty that provides specialised longitudinal multi-organ treatments to critically unwell patients in partnership with a multidisciplinary health professional team.
Invasive ventilation	Mechanical ventilator support via oral/nasal intubation or tracheostomy tube that moves gases into/from a patient's lungs to augment/replace respiratory effort.
Medical Emergency Team/Rapid Response Team	Medical and nursing staff with advanced clinical and resuscitation skills who respond to at-risk patients in settings outside the ICU. Such patients present with specific clinical criteria.
Medical practitioner	A health practitioner, commonly referred to as a doctor, who is registered with the Medical Board of Australia. Medical practitioners have completed a Bachelor of Medicine, Bachelor of Surgery or equivalent, accredited or recognised by the Australian Medical Council.
Medical specialist	A medical practitioner who holds specialist registration with the Medical Board of Australia. ⁹⁰ Medical specialties relevant to this framework include but are not limited to intensive care medicine, anaesthesia, emergency medicine and general practice.
Medical specialist – General practitioner	A medical practitioner with specialist registration in the speciality of General Practice with the Medical Board of Australia. Medical specialist – General Practitioners may be credentialed to provide procedures.
Medical specialist – general practitioner anaesthetist, or medical specialist – rural generalist anaesthetist	A medical practitioner with specialist registration in the speciality of general practice with the Medical Board of Australia who has obtained a Diploma of Rural Generalist Anaesthesia (DipRGA).
Medical specialist – infectious diseases	A medical practitioner with specialist registration: • as a physician with a specialty field of practice in infectious diseases • in paediatrics and child health with a specialty field of paediatric infectious diseases.

90. Medical Board of Australia, [Medical specialties and specialty fields](https://www.medicalboard.gov.au/registration/types/specialist-registration/medical-specialties-and-specialty-fields.aspx) <<https://www.medicalboard.gov.au/registration/types/specialist-registration/medical-specialties-and-specialty-fields.aspx>>

Term	Meaning in this document
Medical specialist – intensive care	A medical practitioner with specialist registration in: - intensive care medicine - paediatrics and child health with paediatric intensive care medicine as a specialty field of practice.
Medical specialist – paediatrics and child health (paediatrician)	A medical practitioner with specialist registration in paediatrics and child health.
Medical specialist – anaesthetist	A medical practitioner with specialist registration in anaesthesia.
Medical specialist – surgeon	A medical practitioner credentialed at the health service to provide surgical care who has specialist registration in specialties including: - surgery - obstetrics and gynaecology - ophthalmology.
Medication Safety Standard	A system in place to ensure clinicians safely prescribe, dispense and administer appropriate medicines and monitor medicine use. Refer to the NSQHS Standard. ⁹¹
Multidisciplinary care	Multidisciplinary care happens when medical, nursing and allied health professionals involved in a patient's treatment hold regular structured meetings to together consider all treatment options and personal preferences of patients and collaboratively develop individual care plans that best meet the needs of patients.
Newborn/neonate	A baby aged from birth to 28 days (corrected for prematurity). ³
Non-invasive ventilation	Ventilatory support delivered via a nasal mask or similar non-invasive interface. This includes continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP) support. ⁹²
Onsite	Located in the health service site or an adjacent health service site, this may refer to staff, services and/or resources, including third-party providers.
Operating hours	The hours a specific service is open and provides services to patients.
Or equivalent	A health professional determined via a credentialling process to have met the required workforce capability level as a minimum. This applies to, but is not limited to: - medical practitioners with Limited Registration (or Provisional Registration) on either the Specialist Pathway – specialist recognition, or the Specialist Pathway – area of need - medical practitioners on accredited training programs with previous training undertaken interstate.

91. NSQHS, [Medication safety standard](https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard) <<https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>>

92. Chawla J, Edwards EA, Griffiths AL, et al. Ventilatory support at home for children: a joint position paper from the Thoracic Society of Australia and New Zealand/Australasian Sleep Association. *Respirology* 2021;26(10):920e37.

Term	Meaning in this document
Paediatric	For the purposes of this framework, paediatric refers to infants (excluding newborns), children and adolescents up to 15 years old. Patients aged 16+ years may be managed in adult critical care services where clinically appropriate (for example, where presentation aligns with adult pathways and local capability supports safe care). Newborns (birth to 28 days old) are covered under the <i>Capability framework for Victorian maternity and newborn services</i> .
Paediatric intensive care unit	A specialised department in a hospital with specific equipment and infrastructure that provides intensive care medicine to children. ⁸
Peer review process	The evaluation by a practitioner of creative work or performance by other practitioners in the same field to assure, maintain and/or enhance the quality of work or performance.
Perioperative care	The continuum of multidisciplinary and patient-centred care that is provided before, during and after surgery. This includes the integrated, planned and personalised approach to patient care before, during and after a surgical procedure involving anaesthetics.
Planned surgery and procedures (previously known as elective surgery)	Surgery or procedures that, in the opinion of the treating clinician, is necessary, but for which admission can be delayed for at least 24 hours. ⁹³ Planned surgery refers to planned surgical procedures that can be booked in advance and scheduled for normal working hours. ⁹⁴
Point-of-care testing	Diagnostic testing that takes place at or near the point of care – at the time and place of patient care. Also referred to as bedside testing.
Protocol	An agreed framework outlining the care to be provided to patients in a given situation.
Rapid Response Team/ Medical Emergency Team	A team of medical and nursing staff with advanced clinical and resuscitation skills who respond to at-risk patients in settings outside the ICU. Such patients present with specific at-risk clinical criteria.
Registered nurse	A person registered as a registered nurse in the Register of Nurses kept by the Nursing and Midwifery Board of Australia under the Health Practitioner Regulation National Law, other than as a student.
Retrieval service	The provision of medical and nursing/ambulance staff, appropriately equipped to undertake out of hospital patient transportation of critically ill patients in line with the joint CICM/ANZCA/ACEM IC-10 (2015) guidelines.
Scope of clinical practice	Delineating the extent of a practitioner's clinical practice in a particular organisation or facility, based on the practitioner's credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the scope of clinical practice. ⁹⁵

93. Safer Care Victoria, [Victorian Perioperative Consultative Council annual report 2021](https://www.safercare.vic.gov.au/best-practice-improvement/publications/victorian-perioperative-consultative-council-annual-report-2021) <<https://www.safercare.vic.gov.au/best-practice-improvement/publications/victorian-perioperative-consultative-council-annual-report-2021>>

94. Better Health Channel, [Planned surgery \(elective surgery\)](https://www.betterhealth.vic.gov.au/planned-surgery-elective-surgery) <<https://www.betterhealth.vic.gov.au/planned-surgery-elective-surgery>>

95. Safer Care Victoria, [Credentialing and scope of clinical practice for senior medical practitioners policy](https://www.safercare.vic.gov.au/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy) <<https://www.safercare.vic.gov.au/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>>

Term	Meaning in this document
Service (health)	A clinical service provided under the auspices of an organisation or facility. The word 'facility' usually refers to a physical or organisational structure that may operate several services of a similar or differing capability level. In this framework, a 'health service' includes all public hospitals, public health services and multipurpose services established under the <i>Health Services Act 1988</i> (Vic).
Service (as referred to in clinical support services)	The equipment and workforce needed to deliver clinical support services.
Short term	Clinical interventions or monitoring up to 24 hours. Beyond this time if the patient has not improved further advice or escalation should be considered.
Statewide service	A specialist service that is provided by a defined number of health services with agreed referral pathways for the entire state. Examples include transplant services, specialist services for children and endovascular clot retrieval for acute stroke.
Standard hours	Commonly defined as Monday to Friday, 9 am to 5 pm. Standard hours for specific services may otherwise be determined by the health service site – for example, 8 am to 10 pm.
Transfers	Transfer of a patient from critical care to another facility/ICU/HDU or ward.
Virtual care	The delivery of health care and related services where care is provided by using information and communications technologies (including telephone, video-enabled and remote monitoring). ⁹⁶



96. Department of Health, *Victorian virtual care strategy* <<https://www.health.vic.gov.au/victorian-virtual-care-strategy/>>

