Appendix B

Future role delineation options for Mersey Community Hospital – Green Paper response against proposed role delineation guidelines

January 2015

Introduction

Role delineation is a process which determines that support services, staff profiles, minimum safety standards and other requirements are identified to ensure that clinical services are provided safely and are appropriately supported. The aim of role delineation guidelines is to ensure that a consistent language is adopted so that Health Care Executives, Managers and Clinicians use them when describing health services and when determining the nature and extent of services that can be safely and appropriately provided by individual health care facilities. Role delineation guidelines may also be used to assist when re-modelling health services and planning for future health service developments both strategically and operationally.

Consistent with strategic planning objectives associated with the role of the Mersey Community Hospital, (MCH) within the proposed Tasmanian Health System, (THS) after 1 July 2015, the draft Tasmanian role delineation guidelines have been used as the basis for consideration of future service modelling options in the context of the current Heads of Agreement with the Commonwealth Government of Australia as owners. This has also been considered against the Deed of Variation extending the current Heads of Agreement (HoA) until the end of June 2015, which provides additional time for the two levels of government to explore options for the future ownership, management and funding of the Mersey Community Hospital.

The role level of a service describes the complexity of the clinical activity undertaken by that service, and is mainly determined by the presence of medical, nursing and other health care personnel who are formally credentialed to practice in a facility providing that level of care. However, these factors need to be supported by others in terms of what support services are required to enable the stated role level to be agreed.

Role delineation guidelines are not intended to describe all of the services that are provided by health care facilities, but rather to identify those that are considered to be core clinical and support services. Services that are not covered in the guidelines should be covered by specific health care facility policies and procedures.

When determining the levels of core services that should be provided in a health care facility networking and complementary services can be considered. For example some support services such as Intensive Care may be provided at one facility but also be a support service for another where no ICU is present. Therefore, where there are off-campus support services available within a clinical network, a health care facility may be credited with having

that support service if there is equivalent functional access to that support service and if patient care is not compromised by that support service being off-site. Such off-site services must provide the same level of support or the skills of appropriately credentialed staff which would apply were they on-site.

Role delineation guidelines should be applied with a degree of flexibility that gives consideration to the functional level of services. For example, a service provided at a health care facility does not need to satisfy all the stated criteria in order to achieve a particular role delineation level, as long as the service is provided at a level of safety which is equivalent to that described in the guide for the level concerned.

Services described in the Medical and Surgical sections of the proposed role delineation guidelines may be provided wholly or partially on an outpatient basis and the standards established for the inpatient service continue to apply. Similarly, it is assumed that appropriate arrangements will be made for the completion of care of recently discharged patients.

Where service provision models are currently (or could in the future be) complementary between MCH and a principal referral hospital, such as the Launceston General Hospital, (LGH) it is indicated where the complementary and/or supporting hospital may be.

The first section of this paper presents an assessment of the MCH's current capabilities in most service areas, measured against the proposed role delineation framework. The second section uses this assessment to inform analysis of service options in for the future delivery of services at the MCH. Future service delivery options significantly depend on the outcome of discussions between the Commonwealth and Tasmanian Governments regarding options for the future ownership, management and funding of the Mersey Community Hospital.

Assessment of MCH service delivery capabilities against proposed role delineation guidelines.

1.0. Clinical Support Services

Clinical Support Service	Proposed role delineation level	Key referral/clinical network site/campus where required
Anaesthetics	Level 3 / 4 – O&G services currently on site – required for urgent C Section	Surgery and complex maternity patients who may require Level 5 ICU to LGH
Intensive Care	No service	LGH
HDU	No formal HDU but possible "Close Observation Unit" for higher level nursing care for up to 24 hours.	NWRH or LGH depending on the care/needs of the patient
Pathology	Contracted Service on site– Level 4, significant Outpatient services	LGH for Level 6 Pathology Services
Pharmacy	Level 4 linked to state-wide Pharmacy Services	LGH for Level 6 Pharmacy Services
Radiology	Contracted Service Level 3 / 4, includes CT and ultrasound	LGH or NWRH for MRI. LGH for Level 6 Radiology

2.0. Core Services

Core Service	Proposed role delineation level	Key referral/clinical network site/campus where required
Emergency Medicine	Level 4	LGH for Level 5 / 6 or NWRH for Level 5 depending on patient/family/carer geographical location and presenting condition.
Trauma Services	No Trauma Service	LGH. NWRH for Level 4 Trauma patients but depends on location of trauma/accident.
General Medicine	Level 5 including telemetry beds on Medical Ward	LGH for Level 6 General Medicine services and interventional cardiology
Integrated Cancer Services	Level 3 – Medical Oncology and limited	NWRH for most Level 5 services and LGH for Level 6

Core Service	Proposed role delineation level	Key referral/clinical network site/campus where required
	haematology	
Cardiology Services	Level 3 / 4 with telemetry on Medical Ward and Nursing HDU/CCU	LGH for Level 5 and 6 services
Endocrinology	Level 4	LGH for Level 5 / 6 services.
Gastroenterology	Level 3 but Major role in provision of Endoscopy Services	LGH for Levels 4, 5, and 6 services
Infectious Diseases	Level 4 – All criteria. Sexual health nurse is DHHS appointed and is accessed by THO-NW. MCH, NWRH and Primary Health Services share resources across the north-west region.	RHH
Neurology	Level 3	LGH for Levels 4, 5, and 6 services
Renal Service	Level 2 but potential for Level 3 / 4	LGH for Levels 4, 5, and 6 services
Respiratory Medicine	Level 3	LGH for Levels 4, 5, and 6 services
Rheumatology and Pain Management	No service	LGH
General Surgery	Level 4, (only gynaecology and obstetrics surgical emergencies, general surgical emergencies referred to NWRH)	LGH for Levels 5 and 6 services
Cardiothoracic Services	No service	RHH or Melbourne tertiary hospital
ENT	Level 3	NWRH for Level 4 services. LGH for Levels 5 and 6 services.
Gynaecology Service	Level 4	LGH for Levels 5 and 6 services
Ophthalmology Services	Level 4	LGH for Levels 5 and 6 services
Oral Health Services	No service	LGH
Orthopaedic Services	Level 2	NWRH for Levels 3 and 4. LGH for Levels 5 and 6
Plastic and reconstructive surgery	No service	LGH

Core Service	Proposed role delineation level	Key referral/clinical network site/campus where required
Urology Services	Level 3	LGH for Levels 4, 5, and 6 services
Vascular Surgery Services	No service	LGH or RHH
Neonatology Services	Level 3	LGH for Levels 4, 5, and 6 services
Maternity Services	Level 4	LGH for Levels 5 and 6 services.
Paediatric Services	Level 1	NWRH for Levels 2 and 3. LGH, RHH or Children's Hospital Melbourne for all other levels
Paediatric Surgery	Level 2	LGH or RHH for all other service levels.
Drug & Alcohol	No service at MCH – Community based.	
Geriatrics	Level 4	LGH for Levels 5 and 6 services.
Mental Health Services	No service – in-reach from Community Mental Health	NWRH for in-patient referral
Palliative Care Services	Level 3	LGH for Levels 4, 5, and 6 services
Rehabilitation Services	Level 3 but potential for Level 4	Currently NWRH for Level 4. LGH for Levels 5 and 6

Author:
Eric Daniels FACN
General Manager
Mersey Community Hospital

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