

2 Role Delineation Guide

Introduction

Role Delineation Level (RDL) refers to the level of service that describes the complexity of the clinical activities undertaken by that service. The level is chiefly determined by the presence of medical, nursing and other health care personnel who hold qualifications compatible with the defined level of care. In turn, the personnel and services will require certain facilities within the building.

Role delineation is a process which ensures that clinical services are provided safely and are appropriately supported by the provision of adequate staffing numbers and profiles, minimum safety standards and other requirements.

The aim of this Guide is to provide a consistent language which health care providers, planners and health officials can use when describing health services. The Guide also acts as a tool for planning, reviewing and approval of health facilities.

RDL's range from 1 to 6 for each major clinical activity or support service associated with health facilities with Level 1 referring to the lowest complexity service and Level 6 describing the most complex.

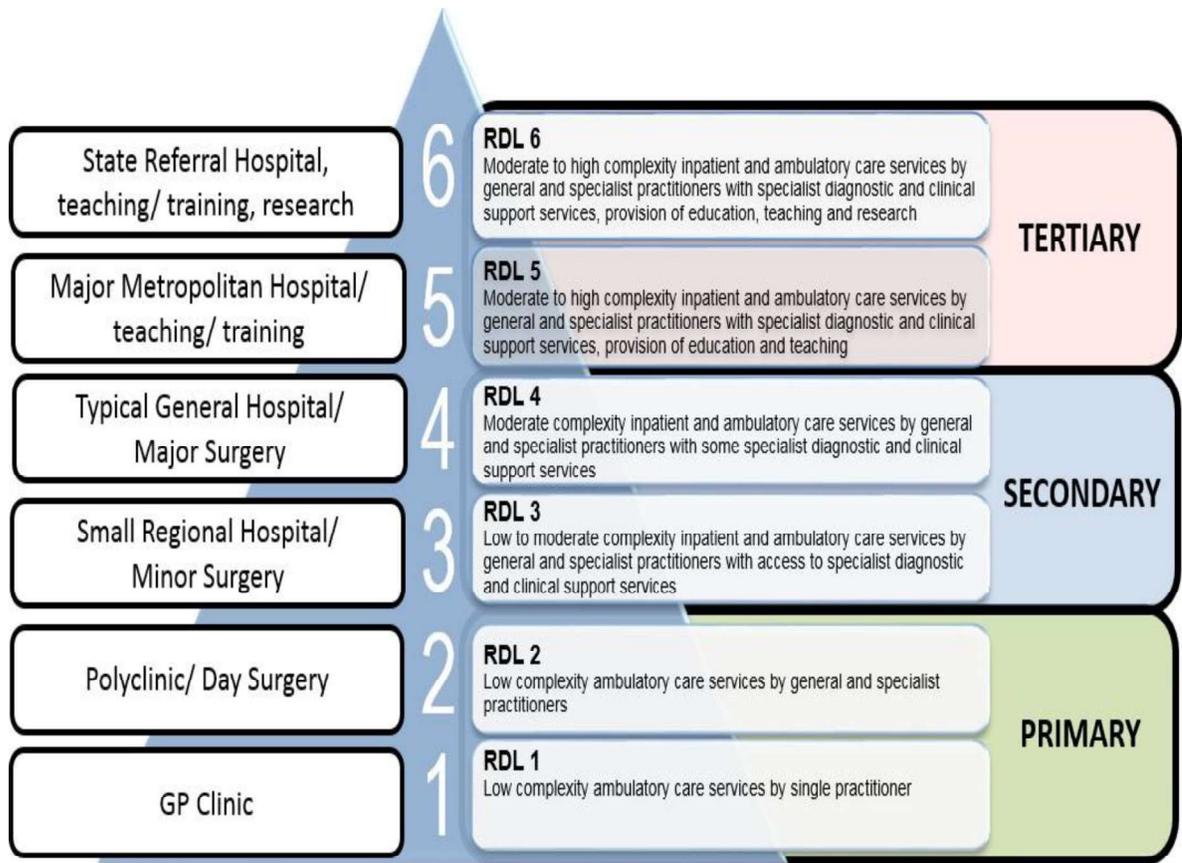
Not all services which are provided by healthcare facilities are described in the Role Delineation Guide - only the core services for hospitals and community health facilities are covered. Those services which are not identified will follow the overall Role Delineation of the particular hospital or facility they are applicable to.

A hospital or health care facility is deemed to be at a particular RDL when the majority of clinical and support services provided are of that particular level.

It is possible to determine the RDL of a particular hospital component or the entire hospital between two defined levels, eg between levels 4 & 5. This usually applies to existing facilities which may have minor deficiencies in certain areas compared with the full definition of role delineation level.

This Guide does not attempt to describe all the services which are provided by Health Care Facilities but confines itself to those that are widely considered to be the core services for Hospitals and Community Health Care Facilities.

The full Role Delineation Guide has been provided as a separate Appendix. A short version appears below.



Above: Simple Role Delineation Guide

General Nomenclature	Service Level	Description
Primary & Ambulatory Care	RDL 1	<ul style="list-style-type: none"> ▪ Provides low-risk outpatient and ambulatory care clinical services. ▪ Delivered mainly by Registered Nurses (RNs) and GPs with admitting rights to the local hospital. ▪ Patients requiring a higher level of care can be managed for short periods before transferring to a higher-level service.
	RDL 2	<ul style="list-style-type: none"> ▪ Some limited visiting/ outreach allied health services provided. ▪ Provides selected specialist and diagnostic services. ▪ May manages urgent care until transfer to a higher-level service. ▪ Predominantly delivered by GPs, family physicians, specialists and RNs including midwives and/or nurses with specialty qualifications. ▪ May involve visiting day only specialists. ▪ May include low-risk surgery and/or minor procedures as a Day Surgery Centre.
Secondary Care	RDL 3	<ul style="list-style-type: none"> ▪ Provides low to moderate-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including resident and visiting specialists with access to limited support services. ▪ Manages urgent care and emergency care and when necessary, transfers to a higher RDL after initial stabilization. ▪ No intensive care unit, although the facility may have access to a monitored high dependency area. ▪ RDL 3 is the lowest RDL which may be regarded as a Hospital
	RDL 4	<ul style="list-style-type: none"> ▪ Provides moderate to high-risk inpatient and ambulatory care clinical services delivered by a variety of health professionals (medical, nursing, midwifery and allied health) including permanent and visiting specialists. ▪ Medical staff on-site 24 hours a day, 7 days a week and an intensive care unit (maybe combined with a coronary care unit) with related support services also available on-site. ▪ If higher level or more complicated care are required, patients may need to be transferred to RDL 5 service. ▪ Some specialist diagnostic services are also available.
Tertiary Care	RDL 5	<ul style="list-style-type: none"> ▪ Manages complex patients and procedures. ▪ Acts as referral service for all but the most complex service which may need transfer to RDL 6 facilities ▪ Has university affiliation(s) and education and teaching commitments
	RDL 6	<ul style="list-style-type: none"> ▪ Highest level service delivering complex care and acting as a referral service for all lower-level services. ▪ Can also be a region-wide super specialty service accepting referrals from across the jurisdiction and cross-regionally where applicable. ▪ Generally provided at a large metropolitan hospital. ▪ Has strong university affiliations and major teaching and research commitments. ▪ Often referred to as a Centre of Excellence, offering single or multiple specialty services

Facility Guidelines in accordance with RDL

These Guidelines requirements are often stated in accordance with the RDL. This may affect the size and number of rooms or the supporting services required.

To illustrate the difference in RDL for an Intensive Care Service provided by a major Metropolitan hospital they may incorporate Teaching and Research at RDL 6. The same service provided at a small General hospital without Teaching and Research facilities will be at RDL 4. At higher RDLs the service provision will require access to higher levels of skill and additional, complementary services.

The Role Delineation Guide provided as part of these Guidelines indicate that for certain facilities at the chosen RDL, certain other provisions are also required at the specified RDL.

The operators of health facilities and/or the designers need to decide what services they wish to provide as well as the RDL for those services. Only then, the facility requirements can be determined and verified. For example, the number, type and size of rooms for an ICU service at RDL 6 will be different to one at RDL 4.

A blank version of the Role Delineation Guide is available in electronic spreadsheet format to allow the proposed services and RDLs to be listed. This is known as the Role Delineation Matrix. This RDL Matrix can be used by the Health Facility Planning team to prepare the Facility Brief. It is also used by the Health Authority to assess applications for health facilities (refer to Part A of these Guidelines)

Role delineation guide

The Role Delineation Guide is described in Part B, Volume 1, Appendix A of this document.