



DOH Health Facility Guidelines 2019

Part A – Administrative Provisions



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Introduction

This document, consisting of several volumes and their respective appendices, represents the Abu Dhabi Department of Health (or DOH) requirements for the Planning, Design, Construction and Licensing of various types of Health Facilities and for the prequalification of Health Facility Design Consultants.

This document includes both requirements mandated by DOH as well as guidance on how to achieve these mandatory requirements. However, for historical consistency, the document is referred to as “Health Facility Guidelines” and the requirements set out are referred to as “Health Facility Guidelines”, or “Guidelines” or “those Guidelines” with the understanding that they are in fact requirements and as such must be complied with in order to build and operate a health facility.

These Guidelines represent a major update to the previous Health Authority of Abu Dhabi Health Facility Guidelines (HAAD-HFG) version 3.3 dated April 2014. These Guidelines fully supersede and replace all other Guidelines which cover the same subjects.

These Guidelines have considered the best international practice as well as the local environment and cultural influences. The main objective of these Guidelines is to:

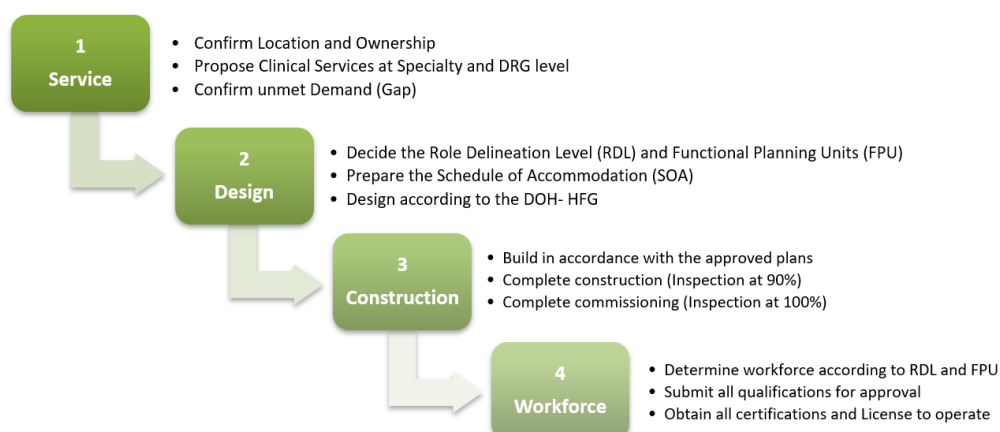
- Establish appropriate standards for Health Facility Planning, Design and Construction;
- Maintain public confidence in the standard of Health Facilities;
- Determine the basis for the approval and licensing of Health Facilities;
- Balance Healthcare Supply and Demand as far as possible
- Prevent over-supply which can result in low patient volumes and reduced clinical skills
- Provide guidance to designers seeking information on the special needs of Health Facilities;
- Promote the consideration for safety, privacy and dignity of patients, staff and visitors;
- Eliminate design features that result in unacceptable work practices; and
- Minimise duplication and confusion between various Standards and Guidelines.

These Guidelines place emphasis on achieving Health Facilities that reflect current healthcare functions and procedures in a safe and appropriate environment at a reasonable facility cost.

In some instances, it may be desirable to exceed the requirements. Designers, operators and applicants for Health Facilities are free to innovate and exceed these requirements wherever possible whilst indicating an understanding of the fundamental principles embedded in these Guidelines.

Certain other International Guidelines have been referenced in these Guidelines. However, it should be clearly understood that these Guidelines from the DOH clearly set out the specific and unique requirements applicable to Abu Dhabi which over-ride any other externally referenced Guidelines. These Guidelines do not over-ride the Federal laws of the UAE, the laws and Regulations of Abu Dhabi or the requirements of other Government agencies with jurisdiction over the facilities.

This diagram shows the process of Planning, Design, Construction, Staffing and Licensing for Operation:



Disclaimer

Although the quality of design and construction has a major impact on the quality of health care, it is not the only influence. Management practices, staff quality and regulatory framework potentially have a greater impact.

Compliance with these Guidelines does not imply that the facility will automatically qualify for accreditation. Accreditation compliance is not a desktop exercise. It requires a period of operation supported by records. Accreditation is primarily concerned with hospital management and patient care practices, although the design and construction standard of the facility are certainly important considerations.

The DOH will endeavour to identify for elimination any design and construction non-compliances through the review of design submissions and through pre-completion building inspections, however, the responsibility for compliance with these Guidelines remains solely with the applicant.

Any non-compliances identified during or after the approval process, may need to be rectified at the sole discretion of The Department of Health at the expense of the applicant.

Therefore, The Department of Health, its officers and the authors of these Guidelines accept no responsibility for adverse outcomes in Health Facilities even if they are designed or approved under these Guidelines.

These Guidelines are not exhaustive and do not cover every eventuality that may or may not occur in the planning, design, construction, commissioning or operation of the health facility. Where there is conflict between DOH-HFG and existing laws, the latter takes precedence.

Live Documents as published on the DOH-HFG website should always be the only source of reference. Printed / downloaded version could be outdated as revisions are published on the website.

This edition of DOH-HFG supersedes and over-rides any pervious editions including those of the previous HAAD-HFG.

Structure of the Guidelines

These Health Facility Guidelines consist of 8 Parts (A to H), arranged in a logical sequence where duplication of information can be avoided between sections. All volumes should be read in conjunction with each other for comprehensive information and understanding.

These Guidelines describe the requirements for the design, construction and Licensing of various types of Health Facilities and the requirements for the prequalification of **Health Facility Design Consultants (HFDC)**. The 6 Parts and the major subjects they cover are as follows. For a detailed index of the subjects refer to the relevant Part.

Part A (This Part)	Administrative Provisions (this Part) • Approval process for Health Facility Licensing • Prequalification of Health Facility Design Consultants • Standards and Guidelines applicable to planning and engineering
Part B	Health Facility Briefing and Planning • Planning guidelines • Role delineation level • Functional Planning Unit incorporating Description of each Unit • Functional Relationships with diagrams • Schedule of Accommodation for typical units • Standard Components Room Layout Sheets and Room Data Sheets
Part C	Access, Mobility and OH&S • Space standards • Human Engineering • Ergonomic considerations • Accessibility requirements • Signage guidance • Safety and mobility considerations for floors, grab rails, doors, windows
Part D	Infection Prevention • General principles applicable to health facilities • Hand hygiene • Sources of Infection • Isolation Rooms • Surfaces and Finishes • Construction and Renovation

Part E	Engineering - Building Services • Electrical / ELV & ICT • Mechanical (HVAC) • Water Systems • Drainage Systems • Medical Gas Systems • Fuel Systems • Pneumatic Tube Systems • Fire Protection Systems (Special Areas Only) • Applicable Standards
Part F	Feasibility Planning and Costing A framework related to Part A licensing and methodology covering • Needs analysis • Risk Analysis • Funding strategies • Procurement strategies
Part G	Acoustics • Architectural Elements • Mechanical Services – Noise and Vibration • Hydraulic Services – Noise and Vibration • Electrical Services • Lift Specification
Part H	Costing • Project Costing • Revenue and Profitability • Options Evaluation • Funding Strategy • Procurement Strategy

Each part includes relevant guidance and reference material for readers to obtain further information.

1. Terms and Abbreviations

Acronym	Description
ADDC	Abu Dhabi Distribution Co
ADM	Abu Dhabi Municipality
AHFG	Australasian Health Facility Guidelines
AS	Australian Standards
ASHRAE	American Society of Heating, Refrigeration and Air Conditioning Engineers
CIBSE	Chartered Institution of Building Services Engineers
CCTV	Closed Circuit Television
CEO	Chief Executive Officer
CoN	Certificate of Need
CRT	Cathode Ray Tube
CT	Computerised Tomography
DCD	Abu Dhabi Civil Defence
DED	Department of Economic Development
DOH	Department of Health, Abu DHAbi
DTS	Deemed to Satisfy
FANR	Federal Authority of Nuclear Regulation
FPU	Functional Planning Unit (Departments)
GP	General Practitioner
HBN	Health Building Notes
HEPA	High Efficiency Particulate Air (filter)
HFDC	Health Facility Design Consultant
HRS	Health Regulation Sector
HTM	Health Technical Memorandum
HVAC	Heating, Ventilation & Air Conditioning
HR	Human Resources
IEE	Institute of Electrical and Electronics Engineers
ICMD	Investment and Capacity Management Department
ICT	Information and Communitation Technology
IT	Information Technology

Acronym	Description
LDR	Labour, Delivery & Recovery
NHS	National Health Service (UK)
NFPA	National Fire Protection Association (USA)
NOC	No Objection Certificate
OH&S	Occupational Health & Safety
RDL	Role Delineation Level
RDS	Room Data Sheet
RLS	Room Layout Sheet
SOA	Schedule of Accommodation
TIS	Traffic Impact Study (or Statement)

2. Approval Process for Health Facilities

2.1 Introduction

2.1.1 Purpose

The purpose of the Licensing Process for Health Facilities is to ensure all Health Facilities within the jurisdiction of Department of Health (DOH) are planned, designed and constructed to a minimum acceptable standard. This is required to maintain the public confidence in the quality of Health Facilities approved, inspected and licensed by The Department of Health. It is also necessary to promote and maintain Abu Dhabi's reputation as a trusted destination for Medical Tourism. These Guidelines aim to achieve these goals through a number of measures as follows:

- Licensing Process – a streamlined five-step approval process explained in detail below, from the initial approval of the clinical services to the final design, construction, workforce provision and licensing for the operation of the facility.
- Prequalification of **Health Facility Design Consultants (HFDC)** – a process of pre-qualification for design consultants who are authorised to design, submit or validate plans for approval and licensing by the DOH. This is to ensure the design of such critical facilities is in competent hands.
- Standards and Guidelines – a comprehensive set of Ready-to-Use Guidelines and templates for the Briefing, Design and Construction of Health Facilities licensed by the DOH for operation in Abu Dhabi. There are also some references to external Standards and Guidelines which are in common use in the healthcare industry. These Guidelines also serve to educate to assist in the above streamlined approval process by informing the applicants, reviewers and inspectors alike by giving acceptable examples which have a “Deemed to Satisfy” or DTS status.

2.1.2 Guiding Principles

The principles behind the DOH approval process, included in these Guidelines can be summarised as follows:

- Guidelines to be transparent and predictable with minimal need for interpretation
- Align Building issues with Service issues but keep them separate
- Align these Guidelines with the DOH and other Authorities application processing practices such as the introduction of the Certificate of Need (CoN)
- Align with the web-based application processing software employed by the DOH
- Form the basis of the functionality of the application processing software
- Minimise any past problems which have been observed and reported
- Both DOH and the applicants to be bound by the same Guidelines
- Limit areas of discretion on approvals and rejections outside these Guidelines
- Allow for rapid complaint reviews by applicants

2.1.3 References within Part A of the Guidelines

Where “underlined script” is used, the applicant should refer to the section “Appendices – Standard documents, Templates and Samples” at the rear of Part A.

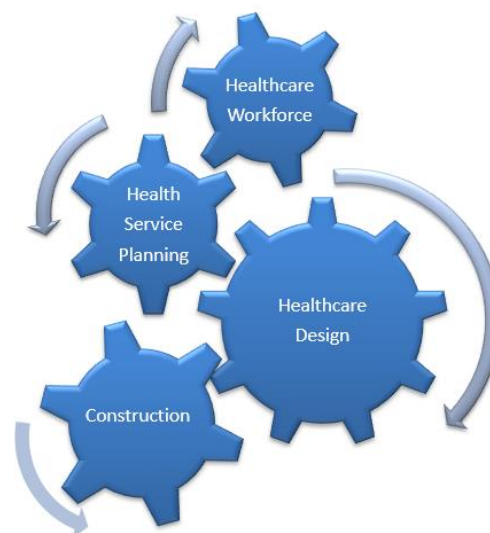
Where “italic script” is used, the applicant should refer to the applicable section within Part A.

2.2 Licensing Requirements

There are several conditions which must be satisfied before a License to operate a healthcare facility is granted by the DOH.

These conditions are all linked and cannot be considered in isolation. Each of these conditions are designed to represent the Aims and Objectives set by the DOH. will be tested by the processes established by the DOH.

In order to better inform the applicants, the key Subjects, the Aims and Objectives and the Actions intended to satisfy them are shown in brief form below. Each of these are further expanded through step-by-step processes through the balance of these Guidelines.



Subject	Aims and Objectives	Actions to satisfy the Objectives
Certificate of Need	The CoN system check and determine if: - There is an un-met demand (or Gap) for the services proposed. - The proposed services will not cause an unacceptable over-supply The proposed services are permitted according to the latest DOH policies and business rules based on Gap Analysis. All of the above will be done automatically, online by the CoN software	Review the Abu Dhabi Healthcare Capacity Master Plan (HCMP) online. https://doh.gov.ae/investor/capacity-master-plan Use the DOH Certificate of Need (CoN) online tool and follow instructions to test and verify the services proposed. Test different services if required until CoN is achieved. (This is not yet an application to provide the services. This is a way for potential applicants to verify what is capable of being approved)
Legal Entity	An applicant for Licensing needs to demonstrate that there is a legal entity registered by DED which is able, under the laws of Abu Dhabi, to operate a healthcare business. The licensing system does not accept applications from an entity which is not legal or not registered.	If the applicant is not registered in Abu Dhabi, then, contact the Department of Economic Development (DED) to register a legal entity capable of providing healthcare services. It is necessary for new entities to first check the CoN to ensure their intended services are permissible. Alternatively use an existing legal entity and provide evidence of such a legal entity at the time of making the DOH Licensing application. For example a currently registered healthcare provider is required to provide proof of an existing legal entity registered by the DED.

Subject	Aims and Objectives	Actions to satisfy the Objectives
Health Service Planning Application	For the above clinical services as determined by the DOH, demonstrate that there is an unmet demand (or Gap) in the location proposed. Some clinical services require a minimum number of patients to ensure high levels of clinical skill can be maintained and all facilities can operate effectively and safely.	Then enter the online licensing system on the DOH website. Provide the requested information regarding the legal entity making the application. Provide a valid, printed Certificate of Need (CoN). The CoN is the pre-requisite to the commencement of the online Licensing application before going any further. Obtain the DOH Preliminary Service Approval.
Healthcare Design Application	It should be demonstrated that the proposed design complies with the above CoN and DOH Preliminary Service Approval as well as the Briefing and Design requirements of the DOH. It should be demonstrated that the facility design has been approved by all other Authorities with jurisdiction over the facility design and construction.	Engage a Prequalified Healthcare Design Consultants as per the provisions of Part A of these Guidelines. Design in accordance with Parts B, C, D, E, F, G & H in these Guidelines. Submit the required design deliverables to the DOH online. For simple building types, only a single design submission is sufficient. For complex building types such as Hospitals, Day Care Surgery Centers, Dialysis Centers and IVF Centres, a two-part design submission is required. Obtain the DOH Design Approval(s). Then obtain the other Authorities approvals.
Construction	It should be demonstrated that the facility as constructed is in accordance with the above Design Approvals, any conditions of Approval and any other construction requirements included in these Guidelines.	Engage a competent Contractor to build strictly in accordance with the approved design. Organise for one or 2 DOH inspections. For simple building types, only a single final inspection is required. For complex building types such as Hospitals and Day Surgery Centres, two inspections are required.
Healthcare Workforce	Based on the above CoN and Preliminary Service Approval, the Role Delineation Level (RDL) of the Facility and the design showing the size of the facility, show that the appropriate clinical workforce with the required credentials is available.	Submit a clinical workforce plan, nominating the required Healthcare Workforce. Provide or obtain certification from the DOH for the proposed workforce. For simple building types submit the Healthcare Workforce Plan at any time before final Licensing. For complex building types such as Hospitals and Day Surgery centres, submit Workforce Plan at any time before the final inspection.

Subject	Aims and Objectives	Actions to satisfy the Objectives
Licensing	Satisfy any remaining legal information and other documents requested in the conditions of approval by the DOH and pay the necessary fees to obtain a final License to immediately operate the facility or receive and treat patients.	Provide any remaining documents and satisfy any remaining conditions of approvals. Pay the final licensing fees. Obtain a license to operate. These guidelines set out the period of validity of all permits and licenses in the following chapters.

2.3 The Approval Process

2.3.1 When does the DOH require compliance with these Guidelines?

The DOH Approval Process consists of step by step applications approvals described in Section 3.3. Some requirements are relaxed for existing facilities or minor / cosmetic modifications. These are described below:

2.3.2 New Health Facilities

All new Health Facilities proposed which are subject to new applications to the DOH for the approval and licensing, after 1 June 2020 must fully comply with the requirements of these Guidelines to the extent indicated in the context of each subject

For any existing licensed facilities, if the Owner wishes to relocate a facility or clinical department to a different building or location, the approval process will be similar to a New Health Facility, requiring a new application and approval in full compliance with these Guidelines.

2.3.3 Existing Health Facilities Undergoing Changes and Refurbishment

Portions of existing Health Facilities undergoing substantial (non-cosmetic) changes and refurbishment, will always require full compliance with these Guidelines. In addition, sometimes changing a large portion of a Department will trigger the need for the whole Department to also fully comply. On the other hand minor and cosmetic upgrades such as re-decoration will not trigger retrospective compliance with these Guidelines. The scenarios for change and refurbishment can vary. Here we provide the most common scenarios with examples. Applicants can apply these scenarios to their own circumstances. These scenarios are also shown in a series of diagrams under 2.3.6 .

- **Changing of the use of space** – for example converting an Inpatient Unit to ICU or converting the Administration Department to Medical Imaging. In this scenario, the whole of the department being changed will have to fully comply with these Guidelines including CoN and the technical design requirements. In other words, a change of use will be regarded in the same manner as a new facility.
- **Changing the size of the facility and KPU's** – for example adding 15 more beds to the current, functioning Inpatient Unit or expanding the current Operating Unit by the addition of 3 new operating rooms. In this scenario, the entire extension must fully comply with these Guidelines including CoN and the technical design requirements. In other words all extensions will be regarded in the same manner as a new facility.
- **Changing more than 50% of an existing FPU-** for example proposing to substantially modify more than 50% of an existing, functioning Department (or FPU). In this scenario the modification of such a large portion of the Department will inevitably affect the balance of the space. So, it is considered necessary for the whole Department to fully comply with these Guidelines. In other words, the applicant needs to show that the balance of the Department (FPU) also fully complies.
- **Changing less than 50% of an existing FPU-** This is the opposite of the above scenario. For example, if less than 50% of an existing, functioning Department (or FPU) is being changed. Of course, it is expected that the area being changed must fully comply with these Guidelines. But the balance of the Department can remain unchanged. A typical case is when only 6 bedrooms in a 30 bed Inpatient Unit are being re-planned. The new bedrooms need to fully comply with these Guidelines but the rest of the unit can remain unchanged based on previously approved design and the current license.
- **Gradual uprating in small portions-** for example if an applicant progressively changes a small portion of a Department (FPU) over several years, eventually this will amount to more than 50% of the Department (FPU). As per the previous scenario, each small portion will require full compliance with these Guidelines. When the total change exceeds 50% of the Department (FPU), then the remainder

of the area also needs to be modified to comply. This is to prevent applicants from mis-using and never upgrading the whole Department.

- **Minor and Cosmetic Re-decoration of existing facilities-** for example re-decoration without any other changes to the plans or clinical services. Such re-decoration does not trigger the need for full compliance with these new Guidelines. In other words for such minor, cosmetic re-decoration , these Guidelines will not be retrospectively applied. The facility may continue to operate under the previous design approvals and DOH license.

2.3.4 Existing Licensed and Operating Healthcare Facilities not undergoing any changes

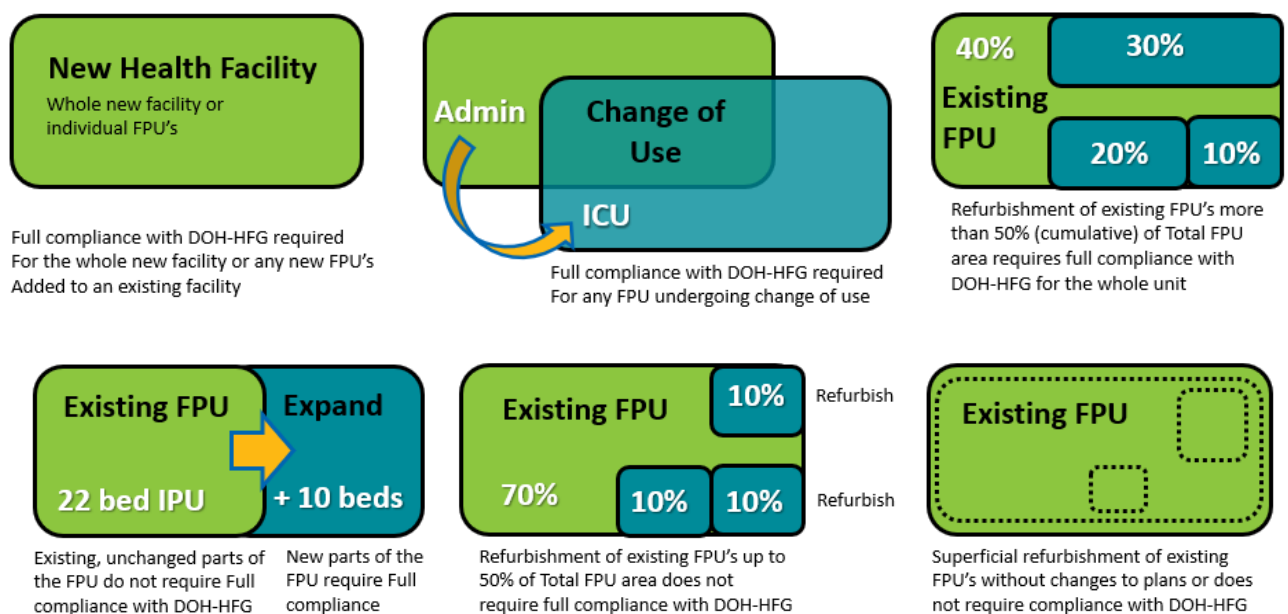
Generally these Guidelines are not applied retrospectively to existing, licensed and operating facilities unless the DOH identifies a safety concern. In other words, existing facilities which are not undergoing any physical changes or operational change of use may continue to operate under the previous DOH license. The DOH reserves the right to inspect any facility. If the facilities are found to be unsafe, regardless of any previous approvals, the DOH may issue an order to comply with these Guidelines.

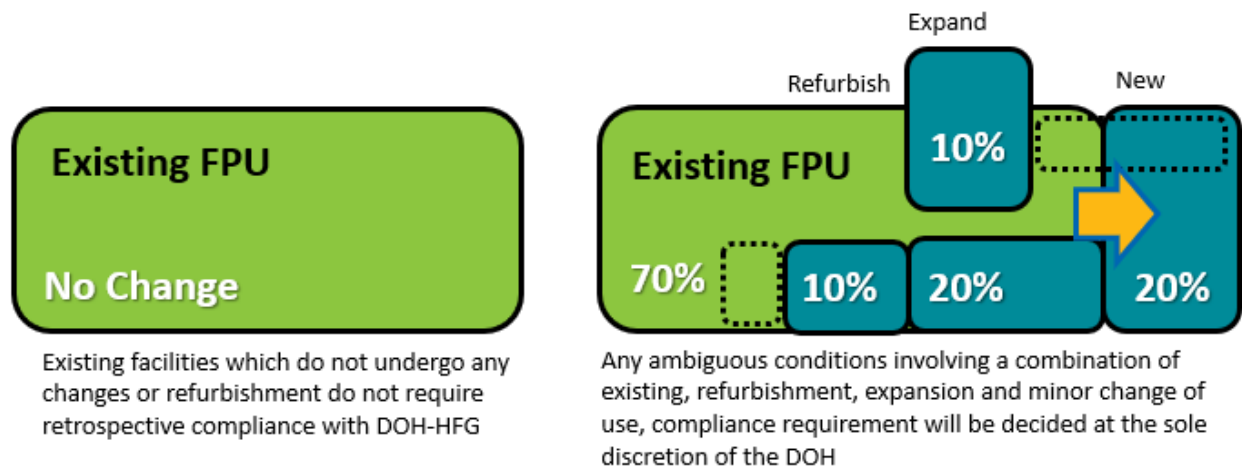
2.3.5 Exceptional or Ambiguous Situations

In exceptional situations, not anticipated in the above conditions and examples, the sole judge of the requirement for full or retrospective compliance with these Guidelines will be the DOH. The DOH decision will be final. The same applies to ambiguous situations where the applicant is of the view that the modifications comprise only minor re-decoration, however the DOH reviewers believe that the proposed work is more extensive, amounting to planning modifications or change of use. In such situations, also, the DOH will determine the need for full compliance and the DOH decision will be final.

2.3.6 Examples of Compliance Requirements

In support of the above sections on compliance scenarios. The diagrams below graphically illustrate several examples indicating the extent of full compliance, partial compliance or no compliance.





2.3.7 Facilities Undergoing Design Changes during DOH Approval Process

If an applicant wishes to implement design changes whilst proceeding through the Approval Process, the portion that remains unchanged may proceed with the current Approval process (which may have been under previous approval processes or under these Guidelines). If the facility is already under construction according to a previous DOH approval, the construction may also continue according to that DOH approval.

For the new changes, the Applicant should clearly document the proposed changes and re-lodge for the DOH approval. These changes will be processed in a similar manner to proposed changes to an existing Health Facility as per the examples given above. Any new approvals given by the DOH for such changes proposed during the Approval Process (which may be at any of the 5 Steps of the process) will over-ride any earlier approval, unless it is a rejection, in which case the original approval will continue to apply.

Under no circumstances should the Applicant proceed to build the proposed changes without first receiving a new approval from the DOH under these Guidelines.

The Applicant should not expect to gain an approval from the DOH inspectors during the construction. The DOH inspectors are not authorised to approve any design changes applied on site and therefore any deviations from approved plans, discovered during subsequent DOH inspections will not be accepted. The Applicant will be required to lodge an application for the approval of the proposed changes before such changes are implemented on the construction site, not after.

2.3.8 Integration of the DOH Approval Process and the Building Approval Process

The DOH Health Facility Approval Process is part of the General Building Approval Process in Abu Dhabi. This refers to approvals given by other Abu Dhabi Authorities for new construction or modifications and expansion of existing facilities. The exact timing of the different submissions to the DOH should be adhered to ascertain pre-requisites for the submissions are in place.

The General Building Approval Process is governed and managed by the 3 Abu Dhabi Municipalities in coordination with other Authorities having jurisdiction in the Emirate of Abu Dhabi. Abu Dhabi Municipalities acts as a single point of application submission for all other Authorities other than the DOH, MOH and FANR.

Refer to Section 3.7 and 3.8 of Part A for the typical General Building Approval Process diagram and how the Approval Process for Health Facilities is integrated and sequenced within the overall process.

2.3.9 Design Changes Requested by the Municipality or Other Authorities

It should not be assumed that an approval by one Authority in Abu Dhabi will necessarily match or anticipate the requirements of other Authorities such as the DOH. The applicants need to familiarise themselves with

the requirements of all responsible authorities and prepare their proposal for compliance with all such requirements.

For maximum clarity, should one Authority (such as the Municipality or Civil Defense) require certain changes to the applicant's proposal after an approval by the DOH, it is the responsibility of the Applicant to modify the DOH application and re-submit the changes for a revised approval by the DOH. The Applicant should be aware that significant changes requested by the Municipality or other authorities but not reported to The Department of Health will risk future penalties such as denial of 'Licence to Operate' certificate post construction completion.

The DOH should not expect the DOH reviewers or inspectors to check the plans or the actual construction against the approvals by other Authorities. The DOH will only check against its own previous approvals as well as the provisions of these Guidelines. It is the responsibility of the Applicant to ensure that he design complies with the requirements of all Authorities.

2.3.10 Re-aligning the Authority Requirements

Applicants should have some comfort that the DOH has made a serious attempt to coordinate the requirements of these Guidelines with those of other Authorities to reduce the possible conflict of Authority requirements over the same proposal or facility. Major progress has been made by using some or all of the following initiatives:

- Authorities to remove un-necessary requirements which are no longer regarded as necessary or appropriate
- Authorities to remove un-necessary restrictions to operations, where such requirements do not contribute to better facilities or health care in general
- Authorities to attempt not to cover exactly the same subject, but refer to common requirements instead, including these Guidelines or Abu Dhabi Building Code

All Authorities consulted are committed to making the overall approval process as smooth and efficient as possible, to eliminate un-necessary barriers to investment in Health Care in Abu Dhabi.

The above attempt at the alignment of the Guidelines and requirements of all Authorities will continue to be supported by the DOH and future editions of these Guidelines will inform the applicants accordingly.

Meanwhile the applicants are advised to re-check the requirements of the other Authorities (rather than go by the past memory) as certain requirements may have been removed or changed due to this health facility design guideline alignment initiative.

3. Licence Application Step by Step

All Health Facilities in the Abu Dhabi are required to be approved and licensed by DOH. The Tests and Actions required for licensing are broadly defined under 2.2 above. This section shows the process steps.

At the commencement of the process there must be a desire by a valid legal entity, registered by the DED to provide certain healthcare services. If the proposed services are not permitted, there is no point in creating such a legal entity, although such an entity may be created at the applicant's risk anyway.

3.1.1 The Certificate of Need (CoN) tool

In order to check if the proposed services are permitted, the DOH has created an Electronic Certificate of Need (CoN) tool to assist the applicants, before creating a legal entity or making a formal Licensing application. This tool can be used privately as many times as needed until a CoN is achieved.

The CoN tool will verify:

- if service specialties proposed in the intended location are permitted
- If the Key Planning Units (KPU) numbers proposed are acceptable and will not create over-supply (for example the number of beds per specialty)

The CoN certificate can be downloaded electronically and used as part of the prerequisites to the Licensing Application.

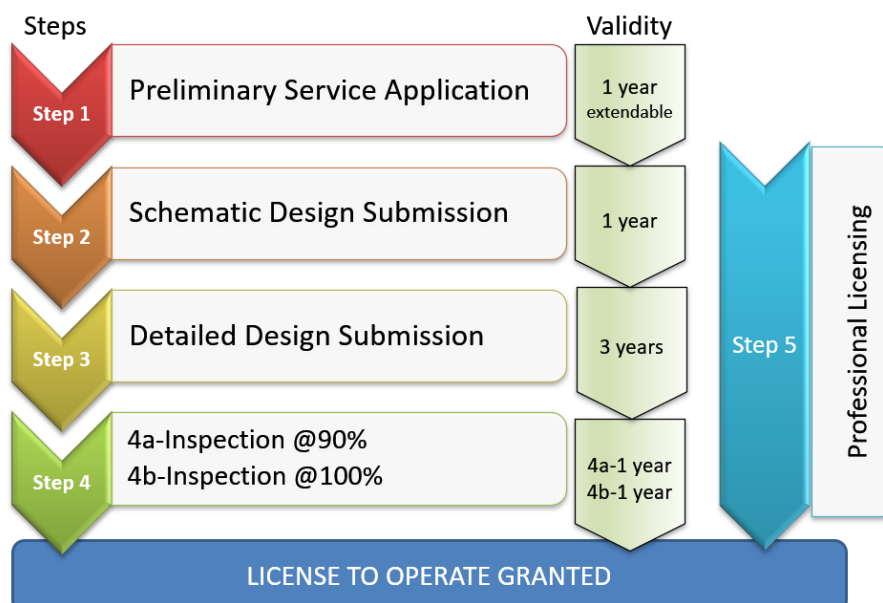
3.2 Pre-requisites

The Pre-requisites for the commencement of the online Licensing process are:

- The Certificate of Need (CoN), previously obtained online at the DOH website
- New or existing legal entity, registered by the DED

3.3 Application process Step by Step

Once the above pre-requisites are satisfied, the following licensing steps should be followed:



3.3.1 The Steps and Validity of Approvals

Each step follows the approval of the previous steps by the DOH, except Professional Licensing Step 5 which can be commenced at any time after Step 1 and completed at any time before the final operational license is granted.

Applicants should commence the process on the DOH website, follow the link for Licensing and follow all online instructions. The DOH website address can be reached here: <https://www.doh.gov.ae/>

Each approval under the above Steps will be valid for a period of time as shown in the above diagram, to enable the applicant to make steady progress towards the delivery of the facility and services.

An approval for a healthcare service granted to an applicant is both a right and privilege granted by the DOH.

If the applicant does not act on the approvals provided in a reasonable amount of time, the approvals, including the Certificate of Need (CoN, part of Step 1) and the Design Approvals (part of Steps 2 & 3) will expire and will be cancelled, in order to give other applicants the chance to step in and provide the services which are in demand.

If an applicant makes progress through the above steps within the expiry time shown, previous approvals may expire. If the applicant receives notification from DOH regarding such an expiry, the applicant apply for an extension for the same period of time.

3.4 Step 1 – Preliminary Service Application

Once the Pre-requisites for the commencement of the application process are satisfied, the online Application process can commence, starting with Step 1 – Preliminary Service Application.

At this stage of the application, it is focussed on the provision of Healthcare Services rather than design or construction.

It establishes:

1. Who is permitted to provide the services?
2. Which clinical services are permitted?
3. In which location(s) they are permitted?
4. What quantity is permitted?
5. What level of service is permitted?
6. Has a Certificate of need been obtained?

Once approved, any subsequent changes will also require a new or modified application.

The DOH provides tools and methodology to assist the applicants in answering the above questions.

3.4.1 Who is permitted to provide the services?

The DOH online Licensing software will take the applicant through an initial Registration process where the necessary information is uploaded. The minimum requirements are:

- Registration online with DOH to commence an application process
- Contact Details for the Applicant
- Proposed Location (land or tenancy)
- A valid Certificate of Need (CoN)
- Trade Name

- Nominate the intended Role Delineation level 1 to 6 (for Hospitals only)
- Follow the licensing software and provide the necessary information such as: “new application”, “revised application”, “change of service”, “suspension of service” etc.
- Payment of fees

3.4.2 Which clinical services are permitted?

The DOH has established an electronic tool and process known as the Certificate of Need (CoN). This process ensures that the proposed services are permitted at the proposed location at the time of the application.

If the proposal is too complex, unfamiliar for the online processing by the CoN tool or in situations where CoN rejects the proposal the applicant may submit a separate Feasibility Plan in conformity with Part F of these Guidelines for review and approval by the DOH Investment and Capacity Management Department.

The CoN tool will check the services at the proposed location against certain criteria based on the DOH policies. CoN will check the proposed Service Lines (Specialties) as well as Diagnosis Related Groups (DRG) and indicate if they are permitted or not.

Applicants can repeatedly use the CoN tool until they confirm services which are permitted. Applicants can also consult a spreadsheet of Specialties and DRG's provided in Appendix 6 to Part A of these Guidelines titled “Pro-forma for the proposed Service Lines and DRGs”. The DRG's are colour-coded to indicate three (3) categories Red, Green and Amber. Reviewing the spreadsheet will save time by avoiding services which are not permitted. The three categories are described below:

Red category (Centralised)

This category is reserved for certain facilities which are pre-approved by the DOH to provide restricted and centralised services. These are services which are critical and sensitive and require a minimum number of patients to sustain safe and sustainable operations. Generally new licenses for the Centralised services will not be granted as this would dilute the patient numbers, lowers the volume for each facility and result in a lower clinical skill level.

Using the CoN tool, such applications will be refused automatically. However, applicants may choose this category, submit a separate Feasibility Study and give strong reasons for their proposal, for review by the DOH ICMD. However, unless unique modes of service delivery are being proposed or the application supports a strong existing service, such applicants will most likely be refused.

Green Category (Standard)

Service Lines and DRG's coded green are usually allowed subject to final verification through the CoN tool. This category is regarded as non-critical and over-supply in the healthcare market is not regarded as harmful. The applicant is required to submit a valid CoN report obtained online via the DOH CoN tool.

Amber Category (Regional)

This category requires a justification based on Supply, Demand and Gap. The applicant is required to show sufficient proof that the services are in Demand and that this demand is not currently met by other providers in the area, serving the same catchment. In order to make the case, the applicant is required to submit a valid CoN report obtained online via the DOH CoN tool.

The CoN tool will check the proposed Specialties and KPU numbers against the Abu Dhabi Healthcare Capacity Master Plan and other DOH requirements. If the specialty proposed is in substantial over-supply, it is likely that the CoN tool will reject it. Over-supply is regarded as undesirable.

If the applicant believes that the CoN tool has rejected certain service specialties by error, or there are unique circumstances justifying the application against the CoN tool results, then a separate Feasibility

Study may be submitted for consideration by the DOH Investment and Capacity Management Department (ICMD). Such a Feasibility Study should be in general compliance with Part F of these guidelines.

3.4.3 In which location(s) they are permitted?

The permitted services as explained above are sensitive to the proposed location. A service under the Yellow (Regional) category may be over-supplied in one location but in great demand in another location.

The feasibility plan submitted by the applicant should establish the need for the services based on the location. The CoN tool will automatically check against the proposed location and indicate if they are permitted or not permitted.

The Red category (Centralised) services are usually centrally located to serve large population catchments and therefore are not sensitive to the exact location.

3.4.4 What quantity is permitted?

Similar to the above, some services are close to over-supply within certain locations in the Emirate of Abu Dhabi. Therefore, the exact quantity being proposed should be nominated in the CoN tool and later in the Preliminary Service Application. Quantity, in this context refers to Key Planning Units (KPU's). These are rooms which represent critical patient activities within the facility. At this stage only KPU's are required, not a full Schedule of Accommodation.

KPU's which are required at this stage may include the following:

Inpatient Units or IPU (Acute Care)

- Inpatient Beds Medical (by Specialty)
- Inpatient Beds Surgical (by Specialty)
- Gynaecology Beds
- Obstetrics Beds
- VIP/ Royal Beds
- Paediatric Beds

Isolation Beds

- Isolation, Negative Pressure (Class N)
- Isolation, Positive Pressure (Class P)
- Isolation, Quarantine (Class Q)

Critical Care Beds

- Adult Intensive Care Unit Beds (ICU)
- Adult High Dependency Unit Beds (HDU)
- Coronary Care Unit Beds (CCU)
- Burns Unit Beds
- Neonatal Intensive Care Unit Beds or Bays (NICU)
- Special Care Unit Beds (SCU) or Special Care Baby Unit
- Paediatric Intensive Care Unit Beds (PICU)
- Paediatric High Dependency Unit (PHDU)

Extended/ Post-Acute Care

- Rehabilitation Beds
- Mental Health Beds
- Long-term Care (LTC) Adult
- Long-term Care (LTC) Paediatric
- Long-term ventilation (LTV) Adult
- Long-term ventilation (LTV) Paediatric
- Nursing Home (Beds or Rooms)

Same Day Beds (or Places)

- Same day Beds, Medical or Surgical (by Specialty)
- Renal Dialysis bays, beds or recliners
- Chemotherapy bays, beds or recliners

Surgical

- Operating Rooms (by Specialty) including C Section
- Procedure Rooms
- Endoscopy Rooms
- Catheter Labs
- Day Surgery Pre-operative beds
- Recovery (beds or bays) for Stage 1 and Stage 2 recovery)

Emergency

- Emergency Treatment, Observation or Assessment (bed, bay or room)
- Emergency Fast Track (bed, bay or room)
- Triage (bed, bay or room)
- Emergency Resuscitation (bed, bay or room)

Other

- Labour, Delivery, Recovery (LDR) Beds

Outpatients

- Outpatient Clinics/Consulting rooms (by Specialty)
- Treatment Rooms

The following are not counted as they are regarded as transitory and in support of the above categories:

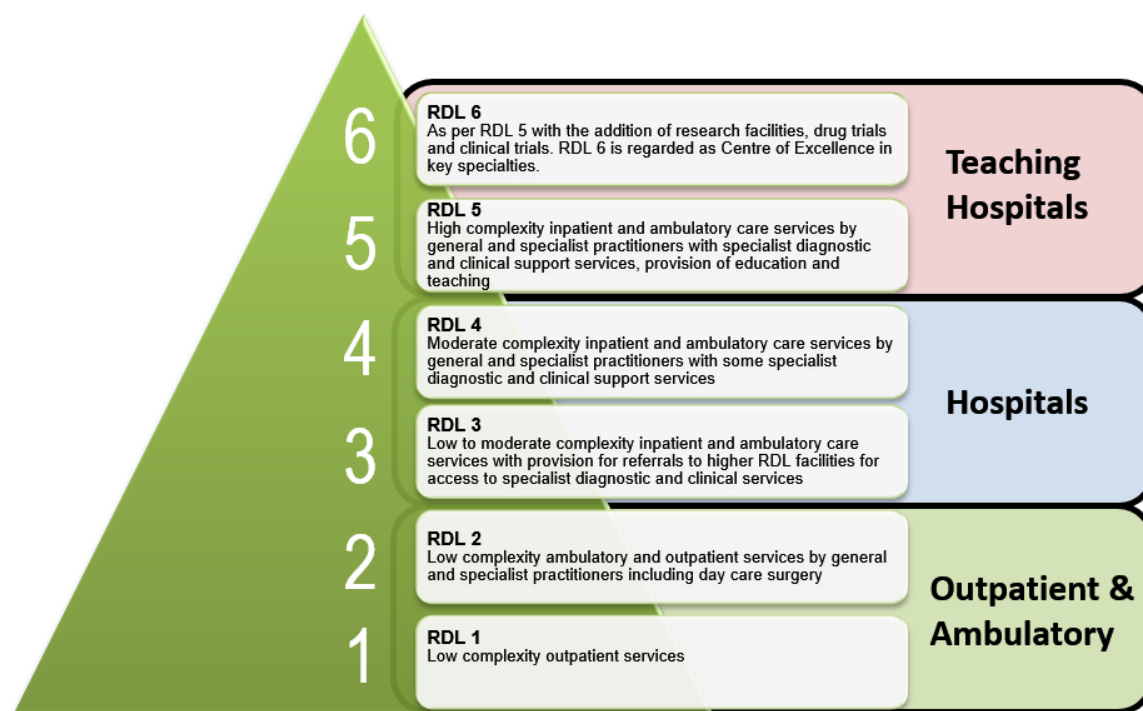
- Holding (beds or bays)
- Bed parking (beds or bays)
- Ambulance Triage (beds or bays)

The beds within the above categories are further classified according to the operational status as follows:

- Operational beds
- Temporary closed beds
- Occupied Beds
- Unoccupied Available Beds

3.4.5 What level of service or Role Delineation Level (RDL)

The level of clinical service provided by different facilities may vary. These Guidelines define the level of service as “Role Delineation Level” or RDL. Some design requirements of these Guidelines are determined according to RDL. During the online application processing, the applicant is required to nominate the proposed level of service for Hospitals only by RDL. The following diagram shows the 6 levels:



A full guide to Role Delineation, refer to Part A, Appendix 06 - Role Delineation Framework

If a facility intends to be regarded as a Centre of Excellence according to the DOH Standards, as a pre-requisite, one or more of its specialties and facilities must reach RDL 6. This will not automatically guarantee the designation of **Centre of Excellence** (CoE). The facility will require a period of operation as per the DOH standards to be designated as a CoE. In these Guidelines, only the Design requirements of RDL 6 are provided to support the CoE's. Refer to DOH Standards for CoE's on the DOH website.

Here is a brief description of major service classifications and RDL's:

RDL 1- Low complexity outpatient services by general practitioners.

RDL 2- As per RDL 1 + Low complexity ambulatory and outpatient services by general and specialist practitioners including Day Care Surgery.

RDL 3- As per RDL 2 + Low to moderate complexity inpatient and ambulatory care services with provision for referrals to higher RDL facilities for access to specialist diagnostic and clinical services

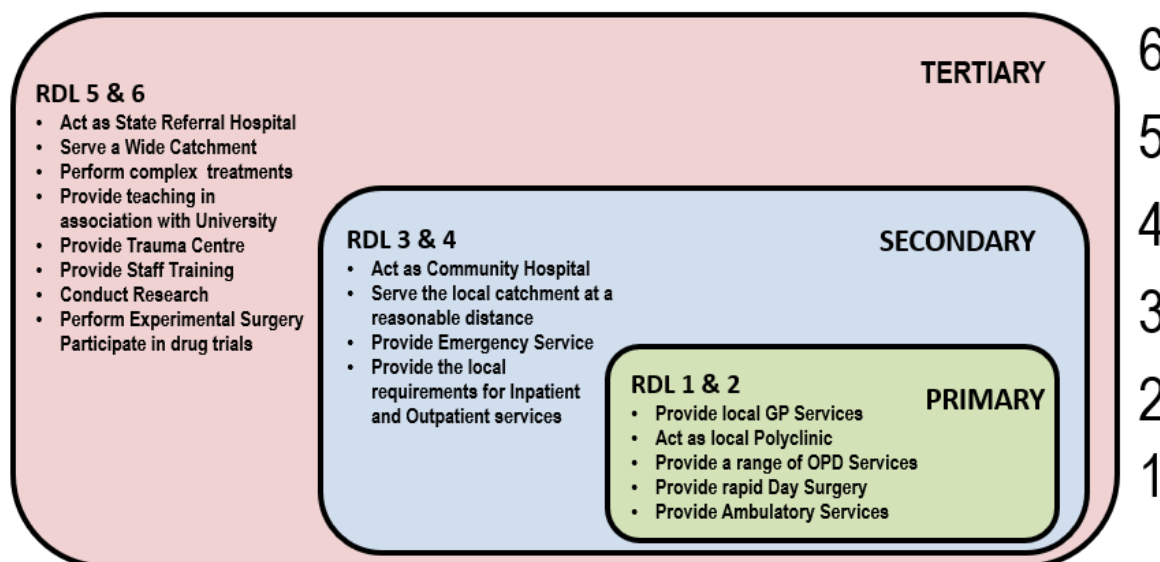
RDL 4- As per RDL 3 + Moderate complexity inpatient and ambulatory care services by general and specialist practitioners with some specialist diagnostic and clinical support services

RDL 5- As per RDL 4 + High complexity inpatient and ambulatory care services by general and specialist practitioners with specialist diagnostic and clinical support services, provision of education and teaching

RDL 6- As per RDL 5 + research facilities, drug trials and clinical trials. RDL 6 design requirements are a prerequisite for CoE's in addition to the DOH Standards for CoE's.

3.4.6 Nested RDL's

Each facility at a higher RDL may also incorporate elements of lower RDL's as shown in the diagram below:



The above diagram shows a potentially large RDL 5/6 Hospital which its role in supporting many other hospitals RDL 3/4 if patient referrals are required. At the same time this hospital has a local community role for the population catchment living within 30 minutes' drive. At RDL 5/6, it may provide a specialised Trauma Centre serving a large City. For the local community, this hospital will also provide a range of services similar to RDL 3/4 including Maternity, Rehabilitation and Elective Surgery. Furthermore, for those who live very close to this hospital a range of RDL 1/2 services can be provided including a primary care centre. If several services are provided from the same hospital or healthcare facility according to different RDL's (as per the above diagram), this does not imply that they have to be separated into blocks or buildings. They can be fully integrated in the same building but serving the needs of multiple population catchments and RDL's.

RDL's are not facility types. They are levels of service provided by the facility types.

RDL's are necessary to correctly determine the design requirements of the facilities.

3.4.7 Gatekeeper Role

Lower RDL's can act as "gatekeepers" to the higher RDL's. This is a foundation of Primary Healthcare Reform and Ambulatory Care Reform common in advanced healthcare systems.

3.4.8 How does RDL affect compliance with these Guidelines?

The RDL nominated by the applicant as part of Step 1- Preliminary Service Application, will trigger certain other provisions of these Guidelines as follows:

- Part A, Appendix 06 – Role Delineation Framework indicates the inter-relationship between the services. If a certain service is requested, the Framework will require certain supporting services. For example, if Surgery at RDL 4 is proposed, then ICU at RDL 4 is also required. The Framework also requires the appropriate level of Clinical Support such as Pharmacy and Laboratory.
- Part A, Appendix 06 – Role Delineation Framework indicates the clinical skills required for each service at each RDL. The subsequent Step 5- Workforce Approval will rely on the clinical skills by RDL.
- Part B includes numerous Functional Planning Unit Guidelines (FPU's). Each FPU Guideline has a section for the Schedule of Accommodation (SOA). SOA has a list of room types and room sizes

according to the nominated RDL. So, if the applicant has nominated RDL 4 for the whole facility, then the SOA column titled RDL 4 applies.

3.5 Step 2 – Schematic Design Submission

Following the Step 1 – Preliminary Service Approval, applicants may submit a Schematic Design Submission.

A Schematic Design Submission is mandatory for all facility types. Schematic Design Submission is the only design submission required for facility types other than Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF.

For Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF, once the Schematic Design Submission is approved, the applicant can confidently engage a full team of consultants to prepare a comprehensive Detailed Design for submission at Step 3. For other facility types the applicants can skip Step 3 Detailed Design Submission.

As in all licensing Steps explained in Part A of these Guidelines the online application process can be summarised as follows:

- Go to the DOH Website and enter the online Licensing application system
- Use your previous registration under Step 1 and select your project previously registered
- Select Step 2 – Schematic Design Submission
- In the licensing software, choose New application, Revised application or Cancel application and follow instructions
- Follow online instructions and upload the requested documents
- Follow online instructions and pay the required fees

Schematic Design Submission only requires Architectural Design at 1:200 scale. No Engineering design is required at this stage. The applicant also needs to submit a brief report describing the project.

For a full list of documents and content which need to be uploaded for the Schematic Design Submission please refer to:

- Appendix 01 - Deliverables - Schematic Design Submission
- Appendix 09 - Sample Drawing for Schematic Design Submission

The outcome of the Schematic Design Submission will be made available online. Some of the possible outcomes are listed below:

- Application may be approved without conditions
- Application may be approved subject to minor conditions which can be incorporated in the next Step (3) Detailed Design.
- Application may be rejected for the reasons given- Applicant is required to address the issues and submit a new application under Step 2 Schematic Design.

3.6 Step 3 – Detailed Design Submission

Step 3, Detailed Design Submission is very similar to Step 2 – Schematic Design Submission

A Detailed Design Submission is required only for Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF. Before submitting the Detailed Design, it is necessary to obtain an approval under Step 2 Schematic Design Submission.

The Step 3 process can be summarised as follows:

- Go to the DOH Website and enter the online Licensing application system
- Use your previous registration under Step 1 and select your project
- Select Step 3 – Detailed Design Submission
- In the software, choose New application, Revised application or Cancel application
- Follow the online instructions and upload the requested documents
- Applicant will be directed to an online Survey Form related to the application. Accurately enter all the mandatory information required in the Survey. Ensure the details are in line with the original Preliminary Service Approval (Step 1) and a valid Certificate of Need (CoN)
- Follow online instructions and pay the required fees

Step 3 – Detailed Design Submission requires detailed Architectural as well as MEP Engineering design. Structural design is not required.

It is recommended that the applicants review Appendix 12 - Health Facility Design Review Checklist prior to uploading the design documents. DOH reviewers will refer to this checklist but are not limited by it. The reviewers will check against these Guidelines.

The information obtained in the online survey will be used by the DOH Investment and Capacity Management Department (ICMD) for the Abu Dhabi Healthcare Capacity Planning and refinement of the CoN tool.

For a full list of documents and content which need to be uploaded for the Schematic Design Submission please refer to:

- Appendix 02 - Deliverables - Schematic Design Submission
- Appendix 10 - Sample Drawing for Schematic Design Submission

The outcome of the Detailed Design Submission will be made available online. Some of the possible outcomes are listed below:

- Application approved without conditions
- Application approved subject to certain conditions which should be corrected and re-submitted.
- Application approved subject to very minor conditions which may be incorporated in the construction of the facility and verified by the inspectors in Step 4.
- Application is rejected for the reasons given

Once Step 3 – Detailed Design is approved the applicant has the DOH permission to construct the facility for healthcare use. However, this is not the only requirement for the commencement of construction. The Applicant is required to obtain the consent of all other responsible Authorities with Jurisdiction over the construction of building in Abu Dhabi. The DOH will not check, nor will it require proof that such approvals have been obtained. It will be the applicant's sole responsibility to verify if all requirements have been met and the construction can commence.

Under the Abu Dhabi simplified application processing method, the Municipalities act as a single point of application submission for many other Government agencies such as Civil Defence and utility providers.

Other Authorities such as MOH (for Pharmacy applications) and FANR for Radiation Safety require separate applications and approvals.

If the conditions of approval for other responsible Authorities contradict the design approved by the DOH, it will be responsibility of the applicant to submit a revised design under Step 3 and obtain the DOH approval for the changes before commencing the construction.

3.7 Step 4 – Inspections

Following the completion of the construction, the applicant is required to call for DOH inspections to verify at the outcome is in line with the Detailed Design Approval.

For all facilities categorised as Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF, 2 inspections are required, one at 90% completion and one at 100% completion.

For all other facility types only one inspection is required at 100% completion. However, applicants may voluntarily request 2 inspections (one at 90% and one at 100%) for all facility types subject to the payment of additional fees.

The two inspections are defined as follows:

Step 4a- 90% Inspection

The 90% inspection is called at the time that the building work is completed, all building systems are working and tested by the contractor and the project has reached the stage known in the industry as “Practical Completion” or hand-over. At this stage the contractor has completed the “builders clean” and is ready to leave the site. 90% inspection is required for all Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF. It is optional for all other facility types.

90% inspections are purely based on a prior design approval under Steps 2 & 3. Without a DOH approval under Steps 2 and 3, applicants cannot ask for an inspection and expect the inspector to approve the facility.

Step 4b-100% Inspection

100% inspection is mandatory for all facility types. It is called at the time when the operator has completed the Operational Commissioning, taken possession from the builder, finalised the configuration of all fixed equipment and software, set up the hospital with all the loose furniture and loose equipment. At this stage the facility has been clinically cleaned, ready to receive patients.

3.7.1 Call for inspections

To call for an inspection the applicants should follow these instructions:

- Go to the DOH Website and enter the online Licensing system
- Use your previous registration under Step 1 and choose your project
- Select Step 4a – 90% inspection (mandatory for Hospitals, Day Care Surgery Centres, Renal Dialysis and IVF); for other facility types skip to the next step.
- Select Step 4b – 100% inspection (mandatory for all facility types)
- Choose New inspection, Subsequent inspection or Cancel inspection
- Nominate the requested date range for the inspection
- Follow online instructions and pay the required fees

3.7.2 How inspections are organised and conducted

Once an inspection is requested online, the DOH will notify the applicant via the website of the date and time of the inspection. The applicant should ensure that the facility is in the state defined above for 90% or 100% inspection. If the facility has not reached that level, the inspection can be cancelled by the inspector and the fees may not be refunded.

At the time of the inspection it is desirable for the applicant to make knowledgeable people, familiar with the design available, with access to all parts of the building.

The DOH inspectors are not a replacement for the site supervision team's defects inspections.

It is recommended that the applicants should familiarize themselves inspection checklist provided in Part A - Appendix 13 - Health Facility Inspection Checklist.

The inspectors will refer to the checklist but are not limited by it.

3.7.3 The roles and responsibilities of the Inspectors

The inspections required under Step 4 above may be performed by DOH's in-house inspectors or assigned by the DOH, at its sole discretion to an external and prequalified design consultant including Healthcare Architecture (Medical Planning), MEP and Biomedical Engineering. Either way, the roles and responsibilities of the inspectors are as follows:

- Attend the facility at the time advised to the applicant by the DOH
- Inspect the facility visually, accessing areas which are reasonably accessible
- Compare the built facility with the approved plans and conditions of approval under Step 3, Detailed Design Submission
- Note any deviations from the previous approvals
- Note any incomplete work in general terms (not a replacement for the applicant's own defects list)
- Prepare an inspection report

Make a recommendation for one of the following outcomes:

A = Approval without conditions- This means everything is according to the approved design and construction standards expected according to these Guidelines

B = Approval with a list of conditions which should be met before a subsequent inspection

C = Suspension of the project or part of the project due to substantial deviation from the approved design. Applicant is required to make a new design submission under Steps 2 or 3, then return to the construction after a new design approval is obtained.

D = Rejection; when the construction is not sufficiently advanced to conclude an inspection

For Inspections with an outcome of a 'C', DOH requires a subsequent inspection to be conducted once the non-compliant items are rectified on site. A subsequent inspection will require additional fee to be paid to the DOH.

If the application requires 2 inspections, the conditions of the 90% inspection may be satisfied at the subsequent 100% inspection at the discretion of the inspector. This will be made clear under Category B above.

3.7.4 Restrictions on the role of the inspectors

The inspectors, whether the DOH's own inspectors or outsourced external inspectors have certain restrictions on their role. These restrictions should be strictly observed by the inspectors and applicants alike:

- The inspectors are not to act as a "Court of Appeal" against previous conditions of approval, giving any form of relaxation for the previous conditions of approvals
- The inspectors may not re-interpret the requirements of these Guidelines. Instead, the inspectors must only use the previously approved drawings and conditions of approval as the basis for their inspections.
- The inspectors must not consider the areas of work which are outside the jurisdiction of the DOH
- The inspectors must not consider any incentives offered by the applicants for mitigating against non-compliances (for example making a change elsewhere to fix a non-compliance with the plans).
- The inspectors must not imply that they are empowered to approve any revisions since the previous approvals.
- The inspectors must not act as intermediaries between the DOH reviewers and the applicants in cases of non-compliance.

3.8 DOH approval process vs other Authorities

For other authorities having jurisdiction over the project, refer to those authorities.

Some authorities may require the DOH approval before giving their own approvals.

In all circumstances, the approval of all such authorities will be required to commence and complete the design and construction of the facilities. The following should be noted:

- Approval by one authority does not mean approval by other authorities
- If the requirements of two authorities vary, the applicant must satisfy both
- The DOH approvals under Steps 1 to 4 are not a check on the requirements of all other Authorities
- DOH reviewers and inspectors will be checking only DOH requirements including those included in these Guidelines

3.9 Standards and Guidelines

3.9.1 Standards and Guidelines for the Architectural Disciplines

All Health Facilities in the jurisdiction of the DOH are to be designed to the Standards and Guidelines as set out in the table below. Projects lodged with the DOH for review will be tested for compliance against these "Health Facility Guidelines". The compliance with the remaining Standards and Guidelines in the table will not be tested by the DOH considering that their compliance falls under another Authority's jurisdiction (eg. Abu Dhabi Municipality, Abu Dhabi Civil Defence etc)

Standards and Guidelines applying to the Architectural Discipline	
1	DOH Health Facility Guidelines - Parts A to H
2	UAE Fire and Life Safety Code of Practice 2017
3	DOH Public Health and Health Audit requirements in relation to Policy and Procedure especially for dealing with/ handling critical cases.

4	Guidelines and regulations from all other Authorities with jurisdiction over the project in the Emirate of Abu Dhabi such as ADWEA, Civil Defense, Municipality, UPC, etc
5	Emergency & Disaster Management Division approval on the Emergency Operation Plan
6	Federal Authority of Nuclear Regulation (FANR) requirements
7	Any special requirements, policies and instructions indicated on the DOH website

In situations where compliance with the Standards and Guidelines has not been achieved or is impractical or an entirely new, innovative proposal is advanced by the applicant, the non-compliance is to be highlighted and openly declared to the DOH using the form provided as part of Part A - 04 Appendix 04 - Template for Non-Compliance Report.

Reasons for such non-compliance and any alternative solutions are to be put forward for consideration. The DOH verdict on the alternative solutions is final.

3.9.2 Standards and Guidelines for the MEP Engineering Disciplines

Refer to Part E of these Guidelines for a full list of referenced external standards and guidelines as well as the contents of Part E (Engineering). It should be noted that all elements of these Guidelines from Part A to H over-ride any external, referenced guidelines including those mentioned in Part E.

4. Prequalification of Health Facility Design Consultants

4.1 The Prequalification Process

4.1.1 What is “Prequalification” and what is its Purpose

The prequalification of Health Facility Design Consultants (HFDC) is a further initiative by the DOH Health Regulation Sector to ensure new Health Facilities within Abu Dhabi are designed to the appropriate standards by competent HFDC. Furthermore, they will give The Department of Health confidence that the design outcome will be in line with the expected Standards and Guidelines which subsequently will reduce the processing time of the Health Facility Approval Process.

A Prequalified HFDC will be permitted to participate in the development of Health Facilities and is therefore automatically permitted to lodge Schematic and Detailed Design Submissions to The Department of Health as part of the Health Facility Approval Process described above.

The prequalification is category-based representing the level of skill and specialisation in health facilities. DOH, at its sole discretion may delegate certain tasks such as plan reviews or inspections to these pre-qualified consultants. However, such consultants must not have any involvement in the subject project and present no conflict of interest. This is another initiative to speed up and streamline the process of approval of health facilities by competent professionals.

4.1.2 Definition of the Health Facility Design Consultant

A HFDC may be an individual or a company.

In the assessment of prequalification, the following requirements will apply:

- An individual may apply for prequalification if he/she has the minimum necessary experience as described in this section.
- A company may apply for prequalification if at least 50% of its Directors are prequalified.

- Companies and Individuals may form a consortium to combine the skills of different entities for the purpose of designing Health Facilities. A consortium may act as a Health Facility Design Consultant if it includes members (being individuals or companies or a combination of both) who are already prequalified, representing at least 50% of the Directors of the consortium.
- The DOH may prequalify only legally recognised entities. Should a consortium or Joint Venture (JV) form a legal entity recognised in Abu Dhabi, it may apply for prequalification as a separate entity to its individual members.
- A consortium or JV may carry out Health Facility Design work, however, in the context of The Department of Health applications requiring prequalified consultants, only those portions of the Consortia or JV's which are prequalified will be recognised.

A HFDC may be prequalified in the following disciplines:

- Healthcare Architecture (sometimes referred to as Medical Planner)
- Healthcare Mechanical and HVAC
- Healthcare Electrical (Power, lighting, ELV, lightning protection), IT and Communications
- Public Health (Plumbing, drainage, medical gas, LPG gas)
- Biomedical Engineering (which may include Equipment Planning)

The DOH requirements for prequalification are in addition to any other legal or professional requirements for practice under these disciplines.

A Healthcare project may require many more consultants including (but not restricted to):

- Landscape Architect
- Traffic Engineer
- Civil and Structural Engineer
- Signage Consultant
- Quantity Surveyor
- Façade Engineer
- Radiation Shielding
- Catering/ Laundry
- Sterilising
- Laboratory

The Department of Health does not prequalify consultants for these disciplines or any other not listed in this section.

4.1.3 How can a HFDC become Prequalified?

Design Consultants can become prequalified by filling out a Prequalification Questionnaire and lodging a signed copy with The Department of Health. This process will collect important information which will be used to assess the capability of the Design Consultant.

The HFDC's expertise will be assessed on multiple criteria. Some examples are as follows:

- The experience of the organisation applying for prequalification, both outside and within The Department of Health. The consultant will be assessed on the number and type of Health Facilities

designed and completed. The size and complexity of the Health Facilities will also be taken into consideration.

- The experience and prequalification of the key individuals within the organisation. The individual expertise is important because key staff may leave the organisation, leaving the applicant without any experienced staff.
- The resources within the organisation. Since the level of prequalification is partly based on the size of projects undertaken, obviously only organisations with sufficient staffing will be permitted to undertake large scale projects. The staff may include those working in the GCC or from other countries.
- The methodology and systems used within the organisation. To a large degree, the successful completion of a Health Facility is dependent on using internationally recognised tools and systems.
- Consultants currently working with or under The Department of Health and considered to be performing to an acceptable standard will be given priority for prequalification for a period of 12 months from the publication of these Guidelines.

4.2 The Level of Prequalification linked to the Type of Health Facilities

4.2.1 A Category Based System

For the purpose of prequalification, Health Facilities are divided into different types. Each type will require a minimum level of prequalification based on the complexity of the facility as follows:

- **Category 1** – Design Consultants who have professional qualifications in the respective Architectural and Engineering fields are automatically regarded as Category 1. Category 1 Consultants are permitted to design and submit plans for facility types other than Hospitals, Day Care Surgery, Dialysis, IVF, Medical Imaging, Laboratories or Medical Centres incorporating Medical Imaging or Laboratory facilities.
- **Category 2** – Design Consultants who have practical experience within their discipline in the design of more complex healthcare facilities such as Day Surgery, Medical Imaging, Laboratory and Renal Dialysis are regarded as Category 2.
- **Category 3** – Very experienced consultants with the experience of designing all types of healthcare facilities within their discipline including Acute Care hospitals are regarded as Category 3.

The DOH will indicate its procedures for Category 2 and 3 in due course. The consultants may apply for the appropriate category, within their own discipline based on their level of experience. There are no processes required for Category 1. The discipline categories are as follows:

- Healthcare Architects and Medical Planners
- MEP Engineers (or one of the MEP sub-disciplines such as Mechanical, Electrical or Plumbing)
- Biomedical Engineering

Any prequalification granted by the DOH is only for the relevant discipline(s) covered by the consultant.

4.2.2 Lowering the Barrier to Entry

The Department of Health prequalification system aims to lower the barrier to entry into the Health Facility Design field experienced by HFDC. The typical path for an individual General-practice Architect or Engineer wishing to specialise in this field would be to work for a prequalified company on a range of healthcare projects under the supervision of experienced specialists. The individual can then apply for prequalification, initially at the lower category and subsequently at the higher category.

Prequalified individuals can then form new companies, employ support staff and apply for the prequalification of the company.

4.2.3 Increasing the level of prequalification

Individual HFDC may apply for the higher category of prequalification based on the experience they gain at the lower category as well as work under the supervision of others at Category 2.

The DOH at its sole discretion may consider these applications and increase or reject the prequalification category of the consultants.

Companies may also apply for Category 2 prequalification based on the experience and prequalification of specialist staff that they employ as well as a minimum of 50% of the directors. This experience is demonstrated through the application forms listing the experience and responsibility for such projects permitted at Category 2.

4.2.4 Frequency of Application

Department of Health accepts HFDC Prequalification applications on a regular basis. In general, applications will be accepted and reviewed 4 times annually. It is the responsibility of the Applicant (Consultant) to check with DOH the current schedule. For subsequent applications, they may be submitted for a number of reasons at the following intervals:

- Submission after the expiry of prequalification - with 1 month grace period to renew
- Re-submission with better information, if requested by The Department of Health – within 2 weeks
- Re-submission due to the rejection of a previous application – minimum 3 months after the original application
- Application for increasing prequalification from Category 1 to Category 2, Category 2 to Category 3 – minimum 1 year after the original application

4.2.5 Duration of Prequalification

The DOH prequalification for the current Category, will be valid for a period of 2 years after approval.

During the period of validity, the design consultants are required to inform The DOH of any major changes to the information supplied to them on the prequalification forms including changes to directorship and departure of key specialist staff.

Consultants may apply for the renewal of the prequalification for a further period of 2 years by the submission of a new prequalification application (refer to **Part A - Appendix 3** of these Guidelines). A new prequalification application may be lodged up to 2 months before the expiry of the current prequalification and it should be noted as an 'renewal' application. DOH will grant a one-month grace period for the renewal of expired prequalifications.

A renewed application may be a copy of the previous application with updated information unless The Department of Health requirements for prequalification change in the interim period.

Applicants who are currently prequalified at Category 2, may request an increase to Category 3 at the time of renewal with supporting credentials as long as it is at least one year since the original prequalification. This will be considered as an 'upgrade' in the prequalification form.

The DOH at its sole discretion may renew the application at the new or a higher Category.

4.3 Facility Categories and Types

The DOH Licensing system links the requirements of the facilities to the facility types. Furthermore, depending on the type and complexity of the facilities, certain minimum prequalification is required for the design consultants. These are set out in the table below. The categories of information are defined briefly as follows:

4.3.1 Facility types

Healthcare Facilities are categorised by Types and Sub-types as follows:

Type #	Facility Type	Sub-type
1	Hospital	• General Hospital • Specialised Hospital • Nursing Home • Rehabilitation Hospital
2	Clinic	• General Clinic • General Dental Clinic • School Clinic • Specialised Clinic • Specialised Dental Clinic • First Aid Post
	Centre	• Medical Center • Dental Center • Day Care Surgery Centres • Primary Health Care
4	Diagnostic Centres	• Laboratory • Radiological • Laboratory and Radiological
	Rehabilitaiton Centre	• Optical Shop • Audiometric Shop • Dental Laboratory • Physiotherapy • Prosthetic & Orthotics • Rehabilitation Centre for Special Needs
6	Dialysis centre	• N/A
7	Fertilization centre (IVF)	• N/A

Type #	Facility Type	Sub-type
8	Mobile Health Units	• Dental Services • General / Specialized medical Clinic • Medical Diagnostic imaging • Medical Laboratory • Others
9	Provision of Health Services	• Healthcare Management • Employing / Transferring the medical staff • Home Care Services • Medical Professional Development: – CME/CPD – Medical Skill Training • Medical Transport Service – Vehicle Ambulance – Air Ambulance • Patient Escort Services
10	Tele-Medicine Provider	• N/A
11	Traditional Complementary and Alternative Medicine	• Acupuncture • Chiropractic • Homeopathy • TCM (Traditional Chinese Medicine) • Ayuverda (Traditional Indian Medicine) • Naturopathy • Osteopathy • Unani. • Hijama
12	Pharmacy Establishments	• Outpatient Pharmacy • Inpatient Pharmacy • Drug Store (Medical Store) • Pharmaceutical Factory • Scientific Office

Each of these Facility Types are explained in greater detail starting from paragraph 4.4.

4.3.2 Generic Name/ Alternative Name/ Description

The design requirements of the facilities need to reflect the nature of the facility and the services proposed. For example, under the Facility Type: Hospital, a dedicated Mental Health service vs a Maternity service or Rehabilitation service will be vastly different and require different design provisions. Applicants are required to specifically choose the services they propose, obtain the CoN, then provide the required Functional Planning Units (FPU's) to house those services.

4.3.3 Mandatory and Optional FPU's

The design requirements of the different facility types are defined under these Guidelines as per the provisions of Parts B to G. Part B provides the design requirements for the Functional Planning Units (FPU's) which may comprise the proposed facility type, depending on the specialties approved.

Some FPU's are mandatory such as in a hospital, a Pharmacy FPU and Medical Imaging FPU are mandatory.

On the other hand applicants are not forced to provide certain service specialties and therefore some FPU's are not mandatory. For example in a particular hospital the applicant is not forced to provide Mental Health or Renal Dialysis. So, the Mental Health and Renal Dialysis FPU's are regarded as optional in that hospital.

This section will set out the minimum mandatory FPU's as well as other optional FPU's which may be added to expand the services.

4.3.4 Combining Facility Categories and Types

- A Hospital license can incorporate a Section, Department or FPU such as Day Care Surgery, Outpatient Clinic, Diagnostic Services (Medical Imaging and Laboratory) under the same license but not IVF.
- A Day Surgery Facility license may incorporate Outpatient Clinics or Services as well as Diagnostic Services (Medical Imaging and Laboratories) under the same license
- A Medical Centre License may incorporate Diagnostic Services (Medical Imaging and Laboratories) under the same license

4.3.5 Outsourcing of facility components

All services provided by each facility will be under a single facility license. Individual services may be provided under a sub-contract as long as all facilities and employees of those facilities are under the single license granted by the DOH.

It is not permitted to operate under two different licenses within the same facility.

A facility under this clause is defined as an entire building or a self-sufficient tenancy within a building with separate access to the street or a common lift lobby.

4.4 Facility Type: Hospital

4.4.1 Description

This facility type covers the following sub-types

- General Hospital
- Specialised Hospital
- Nursing Home
- Rehabilitation Hospital

This facility type provides Inpatient Services for a variety of specialties (service lines).

A General Hospital can provide a number of general Medical and Surgical Services and may include a number of specialties.

Specialised Hospitals may have some basic inpatient and support services similar to General Hospitals but focus mostly on one or two specialties such as Cardiology or Oncology.

Nursing Homes provide long term inpatient facilities for the care of aged or disabled patients.

Rehabilitation Hospitals are similar to Specialised Hospitals with the nominated specialty being Rehabilitation.

Services of hospitals may be at RDL 3 to 6.

4.4.2 Minimum Mandatory FPU's

The Minimum FPU's for Hospitals are:

- | | |
|---|--|
| • Administration Unit | • Main Entrance Unit |
| • Admissions Unit & Discharge | • Medical Imaging Unit - General |
| • Catering Unit | • Mortuary Unit - General |
| • Clinical Information Unit | • Pharmacy Unit (Inpatient) |
| • Emergency Unit (Private and Public) | • Public and Staff Amenities Unit |
| • Urgent Care Unit (Private and Public) | • Supply Unit |
| • Engineering & Maintenance Unit | • Waste Management Unit |
| • Housekeeping Unit | • Rehabilitation and Allied Health Unit (for Rehabilitation Hospitals) |
| • Inpatient Unit – (Any Type) | • One or two service-specific FPU's for Specialised Hospitals |
| • Laboratory Unit | |
| • Linen Handling Unit | |

4.4.3 Optional FPU's

In addition to the mandatory FPU's a General or Specialised Hospital may include additional FPU's to enhance its services subject to the approved CoN.

- Birthing Unit
- Burns Unit
- Cardiac Investigation Unit
- Complementary & Alternative Medicine Unit
- Coronary Care unit
- Day Surgery/ Procedure Unit
- Dental Surgery Unit
- Education Unit
- Emergency Unit or
- Urgent Care Unit
- Endoscopy Unit
- Hyperbaric Unit
- Inpatient Unit – Bariatric
- Intensive Care Unit – General
- Inpatient Unit – Neonatal
- Inpatient Unit – Paediatric
- Inpatient Unit – Rehabilitation
- IVF Unit (separate license required)
- Long Term Care Unit (LTC / LTV)
- Maternity Unit
- Medical Imaging Unit - Nuclear Medicine & PET
- Mental Health Unit - Adults
- Mental Health Unit - Child & Adolescent
- Mental Health Unit - Older Persons Unit
- Mobile Healthcare Unit
- Oncology Unit - Chemotherapy Unit
- Oncology Unit - Radiation Unit
- Outpatient Unit
- Operating Unit
- Pharmacy Unit (Outpatient)
- Proton Therapy Unit
- Rehabilitation Unit - Allied Health
- Renal Dialysis Unit
- Sleep Lab Unit
- Stem Cell Unit
- Sterile Supply Unit
- Sub-Acute Aged Care Unit
- Super isolation Unit

Note: For Emergency and Urgent Care facilities also refer to the “Emergency & Disaster Management Division” approval requirements on the “Emergency Operation Plan” on the DOH website.

4.4.4 Advertising and Promotions

Hospitals are often named and promoted after their major service specialties. It is expected that such advertising and promotions including signage, brochures etc truthfully represent the nature of the facility type and the approved services regardless of the name used by the project owner. This is particularly important as the names used by the project owners may vary from the DOH facility types.

Refer to DOH advertising Committee for guidance on advertising and promotions.

4.5 Facility Type: Clinic

4.5.1 Description

This facility type covers the following sub-types

- 1. General Clinic
- 2. General Dental Clinic
- 3. School Clinic
- 4. Specialized Clinic
- 5. Specialized Dental Clinic
- 6. First Aid Post

General Clinics, provide general outpatient services.

General Dental Clinics provide general dental services

School Clinics provide outpatient services to Students and Staff

Specialised Clinics may provide one Specialised service

Specialised Dental Clinics may provide one Specialised Dental service

First Aid Posts provide urgent first aid services only

4.5.2 Minimum Mandatory FPU's

The Minimum FPU's for Clinics are as follows:

- | | |
|--------------------------|--|
| • Outpatient Unit or | • Oncology Unit- Chemotherapy Unit; |
| • Health Centre or | • Main Entrance Unit ⁽¹⁾ ; and |
| • Dental Surgery Unit or | • Public and Staff Amenities Unit ⁽¹⁾ |

4.5.3 Optional FPU's

In addition to the mandatory FPU's a Clinic may include additional FPU's to enhance its services subject to the approved CoN.

- Medical Imaging Unit - Nuclear Medicine & PET
- Pharmacy Unit (Outpatient)
- Laboratory Unit

4.6 Facility Type: Centre

4.6.1 Description

This facility type covers the following sub-types

- Medical Center
- Dental Center
- Day Care Surgery Centre
- Primary Health Care
- Stem Cell Centre

Medical Centres provide a range of outpatient and ambulatory services

Dental Centres provide a range of general and specialised dental services

A Day Care Surgery Centre provides its services in such a way that the patient stay does not exceed 23 hours, regardless of the starting time.

Primary Health Care centres provide non-specialised population health services and act as a gatekeeper to other medical services

4.6.2 Minimum Mandatory FPU's

The Minimum FPU's for Centres are as follows:

- Administration Unit⁽¹⁾
- Admissions Unit & Discharge
- Clinical Information Unit⁽¹⁾
- Engineering and Maintenance Unit⁽¹⁾
- Housekeeping Unit⁽¹⁾
- Linen Handling Unit⁽¹⁾
- Main Entrance Unit⁽¹⁾
- Outpatient Unit
- Operating Unit (for Day Care Surgery only)
- Public and Staff Amenities Unit⁽¹⁾
- Sterile Supply Unit (SSU) (for Day Care Surgery only)
- Waste Management Unit⁽¹⁾

4.6.3 Optional FPU's

In addition to the mandatory FPU's a Centre may include additional FPU's to enhance its services subject to the approved CoN.

- Cardiac Investigation Unit (non-invasive)
- Complementary & Alternative Medicine Unit
- Dental Surgery Unit
- Education Unit
- Endoscopy Unit
- Medical Imaging Unit - Nuclear Medicine & PET
- Operating Unit
- Pharmacy Unit (Outpatient)
- Rehabilitation Unit - Allied Health Unit

4.7 Facility Type: Diagnostic Centre

4.7.1 Description

A Diagnostic Centre may include:

- Medical Laboratory
- Radiological facility
- Both

Medical Laboratory will provide a range of tests for clinical diagnosis.

A Radiological facility provides a range of Medical Imaging Modalities

4.7.2 Minimum Mandatory FPU's

The Minimum FPU's for Diagnostic Centres are as follows:

- Laboratory Unit and/or
- Medical Imaging Unit
- Main Entrance Unit⁽¹⁾; and
- Public and Staff Amenities Unit⁽¹⁾
- Waste Management Unit⁽¹⁾

4.7.3 Optional FPU's

In addition to the mandatory FPU's a Diagnostic Radiological facility may include additional FPU's to enhance its services subject to the approved CoN.

- Medical Imaging Unit – Nuclear Medicine & PET
- Cardiac Investigation Unit (Diagnostic only, no procedures)
- Medical Imaging Unit – Nuclear Medicine & PET

Note: If any invasive procedures are performed in the Medical Imaging facility, it will be classified under Day Care Surgery Centre with additional Medical Imaging FPU.

4.8 Facility Type: Rehabilitation Centre

4.8.1 Description

Rehabilitation Centre facility type has the following sub-types.

- Optical Shop
- Audiometric Shop
- Prosthetic & Orthotics
- Dental Laboratory
- Physiotherapy

Optical shops provide glasses and related accessories and may provide general consultation. The DOH only licenses the Eye Examination component of Optical Shops.

Audiometric shops provide audiometric devices and accessories

Prosthetic & Orthotics provide workshops, sales and customisation outlets for Prosthetic devices.

Dental Laboratories provide central manufacturing facilities for dentures and implants

Physiotherapy provides treatment facilities for for Outpatients. By way of clarification, a Rehabilitation Hospital may provide Physiotherapy for Inpatients as well as Outpatients.

4.8.2 Minimum Mandatory FPU's

There are no FPU's for the Rehabilitation Centres except Physiotherapy. The Minimum FPU's for Physiotherapy are as follows:

- Rehabilitation and Allied Health Unit
- Main Entrance Unit⁽¹⁾
- Public Amenities Unit⁽¹⁾
- Main Entrance Unit⁽¹⁾

4.9 Facility Type: Dialysis Centre

4.9.1 Description

Dialysis Centres provide Dialysis services as an ambulatory mode outside of the hospital environment.

This service can also be incorporated into hospitals, in which case a separate license is not required.

Dialysis Services may be provided as an ambulatory service at RDL 3.

Dialysis Service may be provided as an inpatient service mode at RDL 4 to 6.

Design consultants for Rehabilitation Centres must be at Prequalification Category 2.

4.9.2 Minimum Mandatory FPU's

The Minimum FPU's for Dialysis Centres are as follows:

- Administration Unit⁽¹⁾
- Clinical Information Unit⁽¹⁾
- Housekeeping Unit⁽¹⁾
- Linen Handling Unit⁽¹⁾

- Main Entrance Unit⁽¹⁾
- Public and Staff Amenities Unit⁽¹⁾
- Renal Dialysis Unit
- Waste Management Unit⁽¹⁾

4.10 Facility Type: Fertilisation Centre (IVF)

4.10.1 Description

Fertilisation Centres provide access to a range of reproductive technologies including IVF. Such centres may also offer outpatient consulting services as well as minor procedures for the repair of reproductive organs to assist with reproduction.

IVF facilities are subject to Federal Law which applies in addition to these Guidelines. IVF centres will require a separate license. If IVF centres are incorporated into hospitals, separate access is required.

4.10.2 Minimum Mandatory FPU's

The Minimum FPU's for Fertilisation Centres are as follows:

- Administration Unit⁽¹⁾
- Clinical Information Unit⁽¹⁾
- Housekeeping Unit⁽¹⁾
- Linen Handling Unit⁽¹⁾
- Main Entrance Unit⁽¹⁾
- Public and Staff Amenities Unit⁽¹⁾
- IVF Unit
- Waste Management Unit⁽¹⁾

4.10.3 Optional FPU's

In addition to the mandatory FPU's a Fertilisation Centre may include additional FPU's to enhance its services.

- Outpatient Unit
- Medical Imaging Unit
- Pharmacy Unit (outpatient)
- Laboratory Unit (other than laboratory built specifically for IVF)

4.11 Facility Type: Mobile Health Unit

4.11.1 Description

Mobile Health Units facility types have the following sub-types:

- 1.Dental Services
- 2.General / Specialized medical Clinic
- 3.Medical Diagnostic imaging

- 4. Medical Laboratory
- 5. Others

Mobile Health Units provide minimal services within a vehicle where some compromise in relation to conventional building standards would be expected.

4.11.2 Minimum Mandatory FPU's

The Minimum FPU's for Mobile Health Units are as follows:

- Mobile Healthcare Unit

4.11.3 Optional FPU's

Not Applicable.

4.12 Facility Type: Provision of Health Services

4.12.1 Description

This facility type has the following sub-types:

1. Healthcare Management
2. Employing / Transferring the medical staff
3. Home Care Services
4. Medical Professional Development:
 - 4.1. CME/CPD
 - 4.2. Medical Skill Training
5. Medical Transport Service
 - 5.1. Vehicle Ambulance
 - 5.2. Air Ambulance

The services provided are not based on a health care building. They are mostly administrative services, provided at the patient's residence or involve patient movement in a safe manner.

There are no design consultants prequalification requirements for this facility type.

4.12.2 Minimum Mandatory FPU's

There are no mandatory FPU's for this facility type.

4.13 Facility Type: Telemedicine Provider

4.13.1 Description

This category relates to the provision of Telemedicine service. It does not relate to a physical facility.

Applicants must comply with all relevant DOH policies, standards, and directives.

FPU's do not apply to this facility type.

RDL does not apply to this facility type.

There are no design consultants prequalification requirements for this facility type.

4.14 Facility Type: Traditional Complementary and Alternative Medicine

4.14.1 Description

The Facility Type has the following sub-types:

- Acupuncture
- Chiropractic
- Homeopathy
- TCM (Traditional Chinese Medicine)
- Ayuverda (Traditional Indian Medicine)
- Naturopathy
- Osteopathy
- Unani.
- Hijama

More than one of the above sub-types may be included in a single facility.

Traditional, Complementary and Alternative Medicine provides various modes of treatment which may complement conventional modern medicine or offer an alternative for the patients.

RDL does not apply to this facility type

There are no design consultants prequalification requirements for this facility type.

4.14.2 Minimum Mandatory FPU's

The Minimum FPU's for Centres are as follows:

- Alternative and Complementary Medicine Centre
- Main Entrance Unit⁽¹⁾
- Public and Staff Amenities Unit⁽¹⁾
- Waste Management Unit⁽¹⁾

4.14.3 Optional FPU's

This section is not applicable.

4.15 Facility Type: Pharmacy Establishment

4.15.1 Description

The Pharmacy Facility Type has the following sub-types:

- Pharmacy
- Drug Store (Medical Store)
- Pharmaceutical Factory
- Scientific Office

This facility type relates to stand-alone retail pharmacies, drug stores (Medical Stores), Drug Manufacturing plant and Scientific offices. This facility type does not relate to a Hospital Inpatient Pharmacy or a Hospital combined Inpatient/ Outpatient Pharmacy.

RDL does not apply to this facility type.

4.15.2 Minimum Mandatory FPU's

The Minimum FPU's for a Pharmacy are

- Pharmacy Unit

There are no FPU's available for Drug Stores or Drug Manufacturing sub-types.

Applicants must comply with all Federal Laws and DOH regulations in relation to Pharmaceutical Establishments.

4.15.3 Optional FPU's

- Not Applicable.

4.16 Notes and Clarifications

4.16.1 Facility Types and their requirements:

- The Symbol (1) designates FPU's which may be provided outside the facility as a common provision such as entrance lobby, public amenities etc. These need to be within a reasonable distance of the Facility being licensed. Such common provisions, although necessary will not form part of the license.
- By default, the same RDL applies to the whole facility and the FPU's within the facility unless permitted otherwise by the full **Role Delineation Framework** (refer to **Appendix 6 of Part A**)
- For Design Consultants Prequalification and the definition of Categories, refer to section 4 Prequalification of Health Facility Design Consultants
- When a full-service Catering Unit is not provided, as a minimum a holding and reheating area sized to the facility's requirement must be provided.
- Support services should be sized accordingly to the number of staff, Role delineation level (RDL) and service plan as defined by the Facility. These guidelines do NOT dictate the overall size of the facilities except for the individual room sizes and minimum rooms required. Similarly the Key Planning Units (eg Beds and Operating Rooms etc) are not dictated by these Guidelines. However some limitations are provided in accordance with the Certificate of Need to avoid unacceptable over-supply.
- Education Unit is mandatory for teaching Hospitals at RDL (Role Delineation Level) 5 and research hospital at RDL 6.
- Co-locating multiple 'Facility Types' is permitted. However all facilities must be under a single operator's license.
- It should be noted the reference to "Consultant" Categories means Design Consultants, not Medical Consultants.

4.16.2 Co-Existing and Integrated Facilities and Consultants Prequalification

Portions of Health Facility types such as Medical Imaging, Medical Laboratory or Pharmacy (Outpatient) may perform services which are separately covered under these Guidelines Licensing provisions. Where these services operate as an integrated service within the overall Health Facility and benefit from the overall common services, staff and patient flows, they will be regarded as part of the overall Health

Facility and therefore fall under its Design Consultants prequalification category appropriate to that facility.

The services which are relatively independent of the overall Health Facility will be regarded as separate facilities under these Guidelines and therefore fall under their separate prequalification levels as listed above.

Here are some examples:

- A Medical Diagnostic Imaging Service within a Hospital will fall under the Hospital's prequalification Level.
- A Dental Clinic on the same grounds as a Day Procedure Centre but operating independently will fall under its own prequalification Level.

Good indicators of integrated services are:

- Common facilities for patient flow management
- Common staff and support facilities
- Requirement for direct, internal patient transfer
- Common paper based medical records
- Common building services including central energy facilities
- Common services equipment such as air handling units

The purpose of this requirement is to ensure that the Design Consultant whose work can potentially affect the functionality of other, more complex and critical areas of Health Facilities are prequalified at the appropriate level.

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- Majo Matthew - CSSD Technician (MEDEOR HOSPITAL)
- Dr Ali Mohammed Ganai - Emergency Department (MEDICLINIC WELFARE HOSPITAL)
- Madge Kruger - Director of Nursing (NEURO SPINAL HOSPITAL)

- Chadi Mishlawi - Facilities Manager (NEURO SPINAL HOSPITAL)
- Laisy Mathew - Nurse Supervisor (NMC HOSPITAL DIP)
- Sheen Mathew - Infection Control Nurse (NMC HOSPITAL DIP)
- Bibin Joy - Head Nurse (NMC HOSPITAL DIP)
- Ashalatha Malpe - Outpatient (NMC HOSPITAL DIP)
- Dr. Bhushan Jayade - Consultant Oral & Maxillofacial Surgeon and Head of the Dental Department (NMC HOSPITAL DIP)
- Nishil Kurian - Pharmacy incharge (NMC HOSPITAL DIP)
- Dr. Naveen Tiwari - Specialist clinical Pathologist (NMC HOSPITAL DIP)
- Dr. Sudhir Goel - Specialist Radiologist (NMC HOSPITAL DIP)
- Ajo John - Radiography Technologist (NMC HOSPITAL DIP)
- Rakesh Srivastav - Maintenance Engineer (NMC HOSPITAL DIP)
- Dana Rajagopal – Head Nurse L&D department (NMC HOSPITAL DIP)
- Mahima Shiny Peter - Staff nurse L&D department (NMC HOSPITAL DIP)
- Sheena Matthew - Infection Control Nurse (NMC Hospital DIP)
- Biji Mathew - Nurse Educator (NMC Hospital DIP)
- Lilibeth Abayon - Infection control nurse (NMC Hospital DIP)
- Sumitra Das - Housekeeping Supervisor (NMC Hospital, DIP)
- Abhijit Sawant - Store Manager (NMC Hospital, DIP)
- Hazel Oshita Manzul - Medical Records Assistant (NMC Hospital DIP)
- Divya Kuttikrishnan (NMC Hospital DIP)
- Siji Angel - Infection Control Facilitator (NMC Hospital DIP)
- Premchand Choudhry - RN Endoscopy assistant (NMC SPECIALTY HOSPITAL)
- Sheeba Rani - Senior Nurse - Patient and Family Educator (NMC SPECIALTY HOSPITAL)
- Harishankar Sharma - Operating Room Manager (NMC SPECIALTY HOSPITAL)
- Niygi Joseph Thayil - Nursing Supervisor (PRIME MEDICAL CENTER)
- Dr Avinash Shamran - Specialist, Endodontist (PRIME HEALTHCARE GROUP)
- Ahmed Karkash - Public Relations Officer (PRIME HEALTHCARE GROUP)
- Renuka Gopinath - Clinic Admin (PRIME HEALTHCARE GROUP)
- Dina Wanna - Quality and Patient Safety Manager (SAUDI GERMAN HOSPITAL)
- Julie Ann - Head Nurse (SAUDI GERMAN HOSPITAL)
- Mallapuram Keshava Rao, CSSD Supervisor (SAUDI GERMAN HOSPITAL)
- Kenneth, Infection Control Practitioner (SAUDI GERMAN HOSPITAL)
- Dr. Madian Alterkawi, Specialist Radiology (SAUDI GERMAN HOSPITAL)

- Dr. Sujata Sudhir Pathak, Nuclear Medicine (SAUDI GERMAN HOSPITAL)
- Mohamad El Sayyed Mahmoud, Nursing Supervisor (SAUDI GERMAN HOSPITAL)
- Nagina Calvin Mall, Charge Nurse- L & D (SAUDI GERMAN HOSPITAL)
- Sara Ali, Midwife (SAUDI GERMAN HOSPITAL)
- Tejal Srivalsan, Infection Control Specialist (SAUDI GERMAN HOSPITAL)
- Qi Pan, Managing Director (TCMSH TRADITIONAL CHINESE MEDICINE CENTER LLC)
- Panchami Vijayanath, Nurse ICU (ZULEKHA HOSPITAL)
- Siji Joseph, Nurse in charge-Emergency Room (ZULEKHA HOSPITAL)
- Robin M Sebastian, Head Nurse, Dialysis (ZULEKHA HOSPITAL)
- Aiman Hamza, Cardiology nursing Supervisor (ZULEKHA HOSPITAL)
- Marichu Bataican, OT and CSSD manager (ZULEKHA HOSPITAL)
- Emmah Ncube, manager maternity and child health (ZULEKHA HOSPITAL)
- Abdul Rahiman, Ast manager housekeeping (ZULEKHA HOSPITAL)
- Praveen Vijayakumar, Manager, Medical Records (ZULEKHA HOSPITAL)

Industry Consultants

- Sami Ghouri – Principal Consultant (ARGENTELM)
- Sherif Magdy – Senior Public Health Engineer (ASU CONTRACTING)
- Ashveen Jeetun – Principal Public Health Engineer (MEINHARDT)
- Sunil George – Principal Mechanical Engineer (MEINHARDT)
- Furqan Ayub – Principal Public Health Engineer (MOTT MACDONALD)
- Ian Hurst – Projects Director (MOTT MACDONALD)
- Abhishek Gupta – Manager of Interior and Architecture (STANTEC)
- Craig MacMenomay – MEP Manager (STANTEC)
- Wilfredo Alonso – Principal Electrical Engineer (STANTEC)
- Ahmed Thoufeeq – Principal Fire Engineer (VORTEX FIRE)

Industry Suppliers & Manufactures

- Jude Williams – Business Development Manager (AL-REEM HOSPICO)
- Gilson Thomas – Technical Engineer (AL-REEM HOSPICO)
- Tency James – Technical & Sales Support (AL-REEM HOSPICO)
- Dani Elamana – Technical Manager (CAMFIL)
- Franco Ferrari – Technical Director (CULLIGAN)
- Majid Khan – Sales & Technical Engineer (CULLIGAN)
- Haitham Allo – Sales Executive Engineer of Infrastructure (GULFDRUG)
- Bibin Vincent – Technical Engineer (GULFDRUG)
- Stefan Dittforth – Enterprise Architect (HONEYWELL)
- Tushar Shirvalkar – Regional Chiller Product Management (JOHNSON CONTROLS)
- Faiz Ahmed – Prescription and Technical Support Manager (SCHNEIDER ELECTRIC)
- Waqas Khan – Head of Sales Power Solutions (SCHNEIDER ELECTRIC)

The following Health Facility Guidelines were considered in the preparation of these Guidelines:

- Federal and Local Regulations
- International Health Facility Guidelines (IHFG)
- Dubai Health Authority Health Facility Guidelines (DOH_HFG)

These guidelines may include Concepts, Words, Principles, Numbers or Diagrams which may be similar to (or originated in) other Health Facility Guidelines.

Such material, as used in these Guidelines only relate to the Correct briefing and design principles which are common knowledge to the specialist consultants and operators in the field of Health Facility Planning.

Nevertheless, we acknowledge and thank all other Health Facility Guidelines where similar material may have been provided for public use.



6. Appendices

Refer to the following Appendices 1 – 14 attached overleaf or online.

Deliverables for Schematic Submission

Guidance on how to Deliver your Submission

The purpose of this document

- This document provides information on all the deliverables required for a Schematic Submission. It specifies what the deliverables are, their quantity, format, size, scale and content.
- This document also is to be used as a Checklist for the applicant, to verify the submission is complete. To ensure a complete and compliant submission is presented to Department of Health , the applicant is to check all the boxes in the green field. Although Department of Health encourages the applicant to provide as much information as possible, there may be reasons why certain deliverables may not need to be provided. Where the submission deviates from what is listed below, the applicant is to list these in a separate Non-Compliance Report (refer to item 1.4 and 1.5) and explain the reason. It should however be noted submissions deemed incomplete may be rejected by Department of Health . It is therefore the applicant's responsibility to be as complete as possible .The deliverables as listed below are applicable to a large scale, complex Health Facility - small scale, basic facilities may be exempt from providing certain deliverables.
- The DOH officer will use this document to verify the submission is complete and compliant by checking all the boxes in the yellow field.

Key to the spreadsheet below

Part

For soft copies - All items with identical numbers are to be filed together in a folder

Size

The document is to be submitted in the prescribed size

Scale

The document is to be submitted using the prescribed scale

T

Template - The applicant is to use a Template for this specific deliverable. All Templates are provided in Part A - Appendices.

S

Sample - The applicant is to refer to a Sample for this specific deliverable. All Samples are provided in Part A - Appendices. The Sample will give an indication on the format/content of the deliverable.

PDF

An "x" in this column indicates 1 PDF copy is to be provided, to scale and in colour where required. File naming should allow easy identification of each document.

General

All dimensions, levels and areas to be metric

All documents produced by the applicant to be in English

1. Documents, Approvals by Other Authorities and Service Providers, Non-Compliance Report

No	Item	Part	Size	T/S	PDF	Comments
1.1	Deliverables for Schematic Submission	1	A3	T	x	To be submitted with the submission
1.2	Affection Plan from Ejari or Abu Dhabi Municipality	1	A4		x	Authority/supplier name, purpose of document and approval date mentioned in the file name
1.3	All other authority and utility suppliers approvals and NOC's received to date	1	A4		x	Authority/supplier name, purpose of document and approval date mentioned in the file name
1.4	Non-Compliance Report - Deliverables	1	A4	T	x	Where the submission is not fully compliant (not all boxes ticked in the applicant self check field), all non-compliances are to be listed in a separate report explaining the reasons for the non-compliance. The missing item is to be identified by the corresponding reference number on this sheet.
1.5	Non-Compliance Report - Design	1	A4	T	x	Where the design is not fully compliant with the Standards and Guidelines, all non-compliances are to be listed in a separate report, explaining the reasons for the non-compliance

2. Reports, Schedules and Calculations

2.1 Reports

No	Item	Part	Size	T/S	PDF	Comments
2.1.1	Feasibility Study	2	A4		x	Refer to Part F of the Guidelines for requirements
2.1.2	Project Synopsis	2	A3/A4		x	General description of the facility, 10 to 20 pages maximum * Type and purpose of the facility * Overall design philosophy * Need and benefits * Complete list of all FPU's (Departments) including their gross floor area and proposed RDL * Explain FPU's (Departments) functional relations (explain adjacencies) * Key planning figures such as number of beds - operating rooms - birthing rooms - ICU bays/rooms - etc.
2.1.3	Role Delineation Level (RDL) Matrix	2	A4	T	x	Declare the intended level of service for every FPU within the facility. Note this should match what was declared when Registering (Step 1) the Health Facility

2.2 Schedules and Calculations

No	Item	Part	Size	T/S	PDF	Comments
2.2.1	Schedule of Accommodation	3	A4	T	x	Room names in line with DOH Facility Guideline nomenclature Room number and its metric floor area No of rooms per type, per FPU (Functional Planning Unit) Total circulation within the department Departmental totals - net, circulation, gross

3. Drawings

3.1 Architectural and Health Planning Drawings

No	Item	Part	Scale	T/S	PDF	Showing
3.1.1	Site Plan	4	1/500 1/1000		x	Ground floor layout of the facility with overhanging roofs and canopies dashed On grade car parking, including traffic directions and markings. Indicate the numbers of each type of car park - standard, accessible, accessible van, etc. Use the The Building Regulation & Facilities for the Disabled United Arab Emirates Code calculation method and design for accessible parking Car Parking calculation as per Abu Dhabi Municipality Where the number, type, size of car parking spaces is not matching other authority's requirements, the most onerous shall be followed Vehicle and pedestrian ramps & Externals steps and stairs Ambulance access and parking Drop off zones Hellpads if provided North arrow Site boundary Surrounding streets and access points Total land area, ground floor footprint area and total building area
3.1.2	Architectural Floor Plans	5	1/200	S	x	Room names in line with DOH Facility Guideline nomenclature Room number and its metric floor area FPU (Department) names in line with DOH Facility Guideline nomenclature Total FPU (Department) area written within each FPU People, Patient, Staff and Goods Flows At facility level and in the clinical Area Indicate the exact use of each lift - patients - visitors - staff - goods - maintenance and internal size of each lift cabin/car Key plan indicating what portion of the facility is shown on the sheet
3.1.3	Architectural Sections	6	1/200		x	Metric dimensions of floor to floor heights Metric dimensions of clear ceiling heights Key plan indicating where the section is taken

4. Compliance Declaration

We, the undersigned have compiled the Schematic Submission and we confirm the submission is complete and matches Department of Health requirements as set out above. We also confirm the design is in compliance with the Standards and Guidelines. Where compliance with the submission

Standards and Guidelines for the Schematic Submission

DOH Health Facility Guideline - Part A to D
The Building Regulation & Facilities for the Disabled United Arab Emirates Code
Al SA'FAT Dubai Green Building Evaluation System
Abu Dhabi Building Codes
UAE Fire and Life Safety Code of Practice 2017

Architect of Record

Signed:

Organisation	
Prequalification number	
Name	
Position	
Date	

Specialist Health Facility Planner

Signed:

Organisation	
Prequalification number	
Name	
Position	
Date	

For DOH use only:

Signed:

Stamp:

Department of Health confirms the Schematic Submission was received and verified. In terms of completeness and formatting, the submission was found to be:

	Accepted (1)
	Accepted with comments (2)
	Rejected with comments

Comments:

Name DOH Officer:
Date:

- | | | |
|-------|-----|--|
| Notes | (1) | Although Department of Health may accept the submission, while testing the submission against the HFG, additional information may be requested to allow the process to continue. The applicant is to provide this within a set time frame, as determined by Department of Health . |
| | (2) | If minor discrepancies are picked up when submitting, at the Department of Health officers discretion, may accept the submission but will list a request for additional information. The applicant is to provide this within a set time frame, as determined by Department of Health . |

6.1 Appendix 01 - Deliverables - Schematic Design Submission

Deliverables for Detailed Submission

Guidance on how to deliver your submission

The purpose of this document

1. This document provides information on all the deliverables required for a Detailed Submission. It specifies what the deliverables are, their quantity, format, size, scale and content.

2. This document also is to be used as a Checklist for the applicant, to verify the submission is complete. To ensure a complete and compliant submission is presented to Department of Health the applicant is to check all the boxes in the green field. Although Department of Health encourages the applicant to

3. The DOH officer will use this document to verify the submission is complete and compliant by checking all the boxes in the yellow field.

Key to the spreadsheet below

Part For soft copies - All items with identical numbers are to be filed together in a folder

Size The document is to be submitted in the prescribed size

Scale The document is to be submitted using the prescribed scale

T Template - The applicant is to use a Template for this specific deliverable. All Templates are provided in Part A

S Sample - The applicant is to refer to a Sample for this specific deliverable. All Samples are provided in Part A. The Sample will give an indication on the format/content of the deliverable

PDF An "x" in this column indicates 1 PDF copy is to be provided, to scale and in colour where required. File naming should allow easy identification of each document

General

All dimensions, levels and areas to be metric

All documents produced by the applicant to be in English

1. Documents and Approvals by Other Authorities and Service Providers,Non-Compliance Report

No	Item	Part	Size	T/S	PDF	Comments
1.1	Deliverables for Detailed Submission	1	A3	T	x	To be submitted with the submission.
1.2	Approval in Principal - Schematic	1	A4		x	Authority/supplier name, purpose of document and approval date mentioned in the file name
1.3	Design Review Report	1	A4	S	x	The Excel Design review Report as issued by DOH when issuing the AIP-S is to be completed and updated as required
1.4	All other authority and utility suppliers approvals and NOC's received to date	1	A4		x	Authority/supplier name, purpose of document and approval date mentioned in the file name
1.5	Non-Compliance Report -Deliverables	1	A4	T	x	Where the submission is not fully compliant (not all boxes ticked in the applicant self check field), all non-compliances are to be listed in a separate report explaining the reasons for the non-compliance. The missing item is to be identified by the corresponding reference number on this sheet
1.6	Non-Compliance Report - Design	1	A4	T	x	Where the design is not fully compliant with the Standards and Guidelines, all non-compliances are to be listed in a separate report, explaining the reasons for the non-compliance

2. Architectural Reports, Schedules and Calculations

2.1 Architectural Reports

No	Item	Part	Size	T/S	PDF	Comments
2.1.1	Project Synopsis	2	A3/A4		x	General description of the facility, 10 to 20 pages maximum * Type and purpose of the facility * Overall design philosophy * Need and benefits * Complete list of all FPU's (Departments) including their gross floor area and proposed RDL * Explain FPU's (Departments) functional relations (explain adjacencies) * Key planning figures such as number of beds - operating rooms - birthing rooms - ICU bays/rooms - etc.
2.1.2	Role Delineation Level (RDL) Matrix	2	A4	T	x	Declare the intended level of service for every FPU within the facility. Note this should match what was declared when Registering (Step 1) the Health Facility

2.2 Schedules and Calculations

No	Item	Part	Size	T/S	PDF	Comments
2.2.1	Schedule of Accommodation	3	A4	T	x	Room names in line with HFG nomenclature Room number & its metric floor area No of rooms per type, per FPU (Department) Total circulation within the department Departmental totals - net, circulation, gross Total circulation outside the departments Total engineering space & plant rooms Floor level totals - net, circulation, gross Facility totals - net, circulation, gross State which area measurement method was used, internal dimensions or no-gap method GFA should be listed per floor & per use (offices, clinical, etc.)

3. Architectural Drawings

3.1 Architectural and Health Planning Drawings

No	Item	Part	Scale	T/S	PDF	Showing
3.1.1	Site Plan	4	1/500 1/1000		x	Ground floor layout of the facility with overhanging roofs & canopies dashed On grade car parking, including traffic directions & markings. Indicate the numbers of each type of car park - standard, accessible, accessible van, etc. Use the The Building Regulation & Facilities for the Disabled United Arab Emirates Code calculation method and design for accessible parking Car Parking calculation as per Abu Dhabi Municipality Where the number, type, size of car parking spaces is not matching other authority's requirements, the most onerous shall be followed Pedestrian crossings & walkways Loading bays with clean/dirty separation shown Landscaped areas Access points to public transport Vehicle and pedestrian ramps & Externals steps and stairs Ambulance access & parking Drop off zones Helipads if provided North arrow Site boundary Surrounding streets & access points Total land area, ground floor footprint area & total building area
3.1.2	Architectural Floor Plans	5	1/100	S	x	Room names in line with HFG nomenclature Room number & its metric floor area FPU (Department) names in line with HFG nomenclature Total FPU (Department) area written within each FPU Dimensions (between walls) for all rooms, including corridors Dimensions between grid lines All built in joinery, sanitary fittings & large furniture/equipment All floor wastes & shower drains, including floor falls Where storage rooms/alcoves are shown, specify the exact use in line with the nomenclature as described in the HFG Indicate the exact use of each lift - patients - visitors - staff - goods - maintenance and internal size of each lift cabin/car Key plan indicating what portion of the facility is shown on the sheet

3.1 Architectural and Health Planning Drawings- continued						
3.1.3	Architectural Sections	6	1/100		x	Dimensions of floor to floor heights Dimensions of clear ceiling heights Key plan indicating where the section is taken
3.1.4	Reflected ceiling plans	7	1/100		x	Room names in line with HFG nomenclature Room number Ceiling height All built in joinery going up to the ceiling All ceiling mounted equipment & fixtures Type/material of ceiling Key plan indicating what portion of the facility is shown on the sheet
3.1.5	Architectural Elevations Exterior	8	1/100		x	Dimensions of floor to floor heights Key plan indicating where the elevation is taken Operable windows & external vents/intakes clearly labelled
3.1.6	Room Layouts & Elevations of all Typical Rooms	9	1/20 1/50		x	Room names in line with HFG nomenclature Room number & its metric floor area Dimensions (between walls) Dimensions for door openings (clear opening) All fixtures, fittings, joinery, sanitary fittings & equipment Where sinks & basins are shown, visually identify which are for clinical use, for disposal of body fluids, for cleaning & for hand washing All floor wastes & shower drains, including floor falls All MEP outlets (electrical, data, gas) Reference indicating where this room is located on the 1:100 drawings
3.1.7	Room Layouts & Elevations of all Non-Typical Critical Rooms	9	1/20 1/50		x	As above

4. Engineering Reports, Schedules and Calculations

4.1 Engineering Reports and Specifications

No	Item	Part	Size	T/S	PDF	Comments
4.1.1	MEP Design Report	12	A4		x	Explain design Intent Parameters & consideration Design criteria, summary of as designed illumination levels, summary of electrical socket outlets quantity for each patient location types
4.1.2	Major HVAC Sequence of Operations in Relation with Healthcare Operator Requirement	13	A4		x	Major Equipment, Valves & Control Sequence of Operation
4.1.3	Major Public Health Sequence of Operations in Relation with Healthcare Operator Requirement	14	A4		x	Major Equipment, Valves & Control Sequence of Operation
4.1.4	Major Medical Gas Sequence of Operations in Relation with Healthcare Operator Requirement	15	A4		x	Major Equipment, Valves & Control Sequence of Operation

4.2 Engineering Calculations

No	Item	Part	Size	T/S	PDF	Comments
4.2.1	HVAC Airflow Spreadsheet Summary	16	A4		x	Heat Load and ACH comparison
4.2.2	Water & Drainage Demand Load Summary	16	A4		x	
4.2.3	Medical Gas Total Flow Summary	16	A4		x	
4.2.4	Electrical load schedules (MDB, SMDB, IPS)	16	A4		x	

5. Engineering Drawings

5.1 HVAC Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.1.1	HVAC Equipment Schedules	17	NTS		x	Equipment Description & Tags (Abbreviation) Equipment Locations Detailed Equipment Capacity (Flow rate, Power, Voltage, Frequency, Head, etc.)
5.1.2	HVAC System Riser Diagrams	17	NTS		x	Equipment and Duct/Pipe Description & Tags (Abbreviation) Detailed Duct Routing & Sizes Piping Routes & Sizes Major Valves, Dampers, Controls, Meters, etc.
5.1.3	Building Management System Diagrams	17	NTS		x	BMS Interface to Mechanical Equipment Signal/Alarm Monitor & Control Philosophy

5.2 Public Health Design Drawings (Plumbing, LPG and Drainage)

No	Item	Part	Size	T/S	PDF	Comments
5.2.1	Public Health System Riser Diagrams including Treatment/Filtration & Solar Heating (if any)	18	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Optimized Pipe Routing & Sizes Major Valves, Controls, Meters, WHA, etc. Riser Numbers (Description)

5.3 Fire Fighting Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.3.1	Fire Fighting Equipment Schedules	19	NTS		x	Equipment & Tanks Description & Tags (Abbreviation) Equipment & Tanks Locations Fire Water Tank Capacity
5.3.2	Fire Fighting System Riser Diagrams	19	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Detailed Pipe Routing & Sizes Major Valves, Controls, FHC, FHR, Hydrants, etc. Detailed Equipment Quantities (Pumps, tanks, FHC, Hydrants) following Design Drawings

5.4 Medical Gas Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.4.1	Medical Gas Equipment Schedules	20	NTS		x	Medical Equipment & Cylinder Description & Tags (Abbreviation) Medical Equipment & Cylinder Locations Optimized Medical Equipment Capacity (Flow Rate, Power, Voltage, Frequency, Head, etc.)
5.4.2	Medical Gas System Riser Diagrams	20	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Pipe Routing & Sizes Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch, etc. Exact Equipment Quantities (Gas Cylinders, Vacuum, etc.) as per Design Drawings

5. Engineering Drawings- Continued

5.5 Fuel System Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.5.1	Fuel System Equipment Schedules	21	NTS		x	Equipment Description & Tags (Abbreviation) Equipment & Cylinder Locations Final Optimized Fuel System Equipment Capacity (Flow Rate, Power Requirements, etc.)
5.5.2	Fuel System Riser Diagrams	21	NTS		x	Equipment & Pipe Description & Tags (Abbreviation) Pipe Routing & Sizes Major Valves, Controls, Alarms, Terminal Units, Remote Switch, Alarm Switch, etc. Exact Equipment Quantities as per Design Drawings

5.6 Electrical Power Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.6.1	Single Line Diagrams	22	NTS		x	MDB's, SMDB's, DB's & Cables/Busbars Description & Tags (Abbreviation) All Cables, Busbar & Breaker Sizes MCC's & Control Panel Descriptions UPS, IPS, Generators, Symbols and Legend Distribution schematic diagram/s including details of resilient power supply arrangement for critical care areas.
5.6.2	Major Electrical Distribution Equipment Location Plan	22	1/20 1/50		x	Layouts indicating locations of main electrical distribution equipment Generators, UPSs and IPSs and fuel storage, Small power layouts

5.7 Electrical Lighting Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.7.1	Luminaire Schedule	23	NTS		x	Luminaire Types, Location of use., IP Rating, Colour Rendering Index Lighting Control Philosophy
5.7.2	Emergency Lighting Schematic Diagrams	23	NTS		x	Central Battery System Topology, Locations, Tags (Abbreviation)

5.8 Electrical - ELV Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.8.1	ELV Riser Diagrams	24	NTS		x	CCTV System Drawings Access Control System Drawings Master Clock System Drawings SMATV/CATV System Drawings, Other ELV Systems

5.9 Telecommunication Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.9.1	Telecom Riser Diagrams	25	NTS		x	Structured Cabling Details with Telecom Room Details (sizes & locations) Server Room Size and Location

5.10 Fire Alarm (FA) and Voice Evacuation (VE) Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.10.	FA & VE Riser Diagrams	26	NTS		x	Detectors, Sounders & Speakers Description & Tags (Abbreviation) Control Panel Details & Locations

5.11 Lightning Protection Design Drawings

No	Item	Part	Size	T/S	PDF	Comments
5.11.	Lightning Protection Riser Diagrams	27	NTS		x	Down Conductor and air termination network layout Conductor Sizing & Routing

5.12 Nurse Call

No	Item	Part	Size	T/S	PDF	Comments
5.12.	Nurse Call Systems Schematic Diagram	28	NTS		x	System topology, Components with Descriptions & Locations

6. Compliance Declaration

We, the undersigned, have compiled the Detailed Submission and we confirm the submission is complete and matches DOH's requirements as set out above. We also confirm the design is in compliance with the Standards and Guidelines. Where compliance with the submission requirements and/or

Standards and Guidelines for the Detailed Submission

DOH Health Facility Guideline - Part A to D
The Building Regulation & Facilities for the Disabled United Arab Emirates Code
ESTIDAMA
UAE Fire and Life Safety Code of Practice 2017

We, the undersigned, further confirm the following design aspects were specifically verified against compliance with the Health Facility Guidelines. We confirm they are in compliance:

Infection Control
Specifications of Finishes

Architect of Record

Signed:

Organisation

Prequalification number

Name

Position

Date

Specialist Health Facility Planner

Signed:

Organisation

Prequalification number

Name

Position

Date

Engineer of Record

Signed:

Organisation

Prequalification number

Name

Position

Date

For DOH use only:

Signed:

Stamp:

Department of Health confirms the Detailed Submission was received and verified. In terms of completeness and formatting, the submission was found to be:

Accepted (1)

Accepted with comments (2)

Rejected with comments

Notes

(1)

(2)

Although DOH may accept the submission, while testing the submission against the HFG, additional information may be requested to allow the process to continue. The applicant is to provide this within a set time frame, as determined by DOH.
If minor discrepancies are picked up when submitting, at the DOH officers discretion, DOH may accept the submission but will list a request for additional information. The applicant is to provide this within a set time frame, as determined by DOH.

Comments:

Name DOH Officer:

Date:

6.2 Appendix 02 - Deliverables - Detailed Design Submission

Health Facility Design Consultants Prequalification Application Form

Purpose:

Only pre-qualified organisations will be allowed to participate in the Approval process for Health Facilities. Through this restriction, DOH aims to ensure that the design of Health Facilities is conducted by capable and experienced design consultants.

In order to prequalify with Health Authorities Architects and Health Planners and MEP Engineering Companies are required to demonstrate their health project experience by filling out the Consultant Prequalification Application Form.

Pre-requisites:

There must be an established office located in the United Arab Emirates.

Process to Lodge this Application Form:

Fill out this form, sign the declaration page and submit it to DOH along with all additional documents required.

DOH only prequalifies Consultants as individuals or Companies which are recognised as acceptable legal entities in the United Arab Emirates. DOH will not prequalify a Business Name, Trust or an entity that is under any form of external administration.

DOH will review and evaluate the credentials of the prospective organisation(s) based on the information provided. DOH may arrange a time to inspect the premise of the applicant's registered office to assess operational capacity. DOH may invite the applicant for an interview to assist with the process.

All information submitted for prequalification evaluation purposes will be considered precise and truthful by DOH. DOH will ensure its confidentiality in compliance with the Federal Law.

The acceptance of the Consultant's pre-qualification will be at DOH's discretion. DOH will reserve all rights to reject any submitted prequalification proposals.

Other Notes to Applicants:

- Applicants shall answer all questions on the application form accurately and concisely. Where the information requested is not applicable, the applicant shall clearly indicate the reason(s).
- DOH will only discuss or disclose details of the pre-qualification process to the nominated person(s) under Section 5 below. The applicant is required to provide the appropriate contacts for this purpose.
- Where supplementary information is provided (in addition to the application form), this shall be appropriately referenced to the relevant sections on the application form.
- A copy of the submitted application form and all supplementary materials shall be retained by the applicant.

Prequalification requirements per Category

The forms below will require information regarding the level of experience of Individuals or Companies. In the case of companies, the only experience that qualifies is related to the current employees, not experience of past employees. Experience of the company may include the experience of its current staff. Also as per the provisions of Part A of these Guidelines, a minimum of 50% of the Directors of the company must have the experience required and set out below.

If a Company has in the past performed Healthcare projects but the current staff and Directors are not sufficiently experienced in Healthcare design, the past experience will not be considered and should be left out of the prequalification documents submitted. Consultants should submit the records of experience related only to their own input and design discipline. Consultants may not take credit for projects outside their own area of design discipline or carried out by others under a sub-contract. Any falsification or gross exaggeration of such records will result in the disqualification of the Consultants.

The prequalification experience of Individuals and companies represent the same requirements mentioned in Part A of these guidelines in relation to the complexity of facility types linked to the minimum Prequalification level required. For example, certain complex healthcare facility types will require design consultants Prequalification at Category 3. Therefore, in the prequalification applications the consultants who seek prequalification at Category 3 will be required to show experience in such complex healthcare facilities (ie Hospitals). These are re-stated for maximum clarity below:

Consultants Prequalification Category 1

Design Consultants who seek Prequalification Category 1 only need to have professional qualifications in the respective Architectural and Engineering fields. Deep experience specifically for healthcare facilities is not required. Category 1 Consultants are only permitted to design and submit plans for facility types other than Hospitals, Day Care Surgery, Dialysis, IVF, Medical Imaging, Laboratories or Medical Centres incorporating Medical Imaging or Laboratory facilities. Consultants who wish to be prequalified under Category 1 only need to submit their academic qualifications in the respective Architectural or Engineering field plus experience of general building design and construction monitoring.

In the case of individual consultants, the minimum academic qualification will be Bachelor's Degree. In the case of Companies, the minimum academic qualification for 50% of the Directors will be Bachelors Degree in the respective field of Architecture or Engineering.

Consultants Prequalification Category 2

Design Consultants who seek prequalification under Category 2 must have the same qualifications as in Category 1 plus past experience in the design of medium complexity healthcare facilities such as Day Surgery, Medical Imaging, Laboratory and Renal Dialysis.

The prequalification submission material must support this type of experience.

Consultants Prequalification Category 3

Design Consultants who seek prequalification under Category 3 must have the same qualifications as in Category 1 and 2 plus past experience in the design of high complexity healthcare facilities such as Hospitals.

The prequalification submission material must support this type of experience.

1 Application Purpose:

☐ New Prequalification ☐ Renew Current Prequalification ☐ Upgrade Current Prequalification

Notes to Applicants:

For a Renew of a Current Prequalification, Applicant must fill out and update the below section 2,3, 6 and 7.

2 General Application Details:

2.1	Current Prequalification level if already prequalified:	☐ Category 1	☐ Category 2	☐ Category 3
2.2	Prequalification level pursued:	☐ Category 1	☐ Category 2	☐ Category 3

Supplementary Information Required:

☐ A copy of the company's prequalification certificate if already prequalified.

3 Company Profile and Company Registration Details:

3.1	Registered name:	
3.2	Current Trading Name:	
3.3	Other Trading Names (if applicable):	
3.4	Registered Address:	
3.5	Telephone number:	
3.6	Fax number:	
3.7	Email address:	
3.8	Website (if any):	
3.9	Type of Organisation: (Please tick one)	☐ Public Limited ☐ Sole Trader ☐ Limited ☐ Other (please specify) ☐ Partnership
3.10	The company's registration with the Abu Dhabi Authority:	
3.11	Name of Authority:	
3.12	Registration Number:	
3.13	Date of Registration:	
3.14	Registered Address if different from the above:	

Supplementary Information Required:

- ☐ A copy of the company's trade license. For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- ☐ The company's organisational chart.

4 Healthcare Project Experience:

The Health Facility Consultant is to demonstrate its healthcare project experience through submitting a separate report providing the following information, for each relevant project carried out in the last 5 years. Each project should be covered in a maximum of 2 pages (1 preferred).

4.1	Project Name:	
4.2	Client:	
4.3	Client Contact Details:	
4.4	Location:	
4.5	Healthcare Facility Type:	
4.6	Size (GFA in m ²):	
4.7	Project Value (AED):	
4.8	Project Commencement Date:	
4.9	Project Completion Date:	
4.10	Role(s) on the project:	
4.11	Picture	Insert at least one picture

Supplementary Information Required:

- ☐ Relevant healthcare project experience. Provide a project summary list with the information as shown above. Listed projects should be separated based on their location - within the GCC and outside the GCC.

5 Health Facilities Design Capabilities:

The Health Facility Consultant is required to demonstrate its capabilities (including qualifications and limitations) to provide design services against each of the categories below.

5.1 Architectural Services		
5.1.1	Master Planning:	
5.1.2	Feasibility and Project Risk Management:	
5.1.3	Conceptual Design and Briefing:	
5.1.4	Schematic Design:	
5.1.5	Design Development:	
5.1.6	Design Documentation and Coordination:	
5.1.7	Project Management:	
5.1.8	Site Supervision:	
5.1.9	Project Commissioning and Certification – Pre and Post Occupancy:	
5.1.10	Facilities and Asset Management:	
5.2 Engineering Services		
5.2.1	Mechanical and HVAC including Medical Gases:	

5.2.2	Electrical (Power, lighting, ELV, lightning protection) , IT and Communications:	
5.2.3	Public Health (Plumbing, drainage, LPG gas):	
5.2.4	Biomedical Engineering:	

6 Personnel Capabilities:

In the case of an individual Consultant, the capabilities of the individual should be demonstrated in the following form.

In the case of a company or similar legal entity, the applicant is required to demonstrate the capabilities of at least 4 key individuals including 50% of the Directors in the following form. Use 1 page per person.

6.1	Key Personnel 1	
6.1.1	Name:	
6.1.2	Title or Position:	
6.1.3	Date of Birth:	
6.1.4	Professional Qualifications:	
6.1.5	Responsibilities within Organisation:	
6.1.6	Years of experience in healthcare design:	
6.1.7	Relevant Project Experiences (includes company, project names, project role etc.):	

Supplementary Information:

- ☐ Personnel CV's showing the background and experience of the individuals may be submitted in addition to the above form (maximum 3 pages each, 1 preferred)

7 Nominated Contacts for Enquiries:

Should DOH require further details, DOH wishes to contact the relevant person within your organisation to discuss managerial, technical or financial matters. Please provide details as requested below.

7.1	Managerial Enquiries	
7.1.1	Name:	
7.1.2	Position	
7.1.3	Telephone:	
7.1.4	Email:	
7.2	Technical Enquiries	
7.2.1	Name:	
7.2.2	Position	
7.2.3	Telephone:	
7.2.4	Email:	
7.3	Financial Enquiries	
7.3.1	Name:	
7.3.2	Position	
7.3.3	Telephone:	
7.3.4	Email:	

8 Business Capabilities:

8.1	The main business activities of your organisation:			
8.2	Any professional or trade bodies of which your organisation is a member:			
8.3	Total number of employees overall:			
8.4	Number of employees in office(s):			
8.5	Approximate Permanent Staff turnover in the last three calendar year:	Year: Percentage:	Year: Percentage:	Year: Percentage:
8.6	Does your organisation deal with these regulatory bodies on the right on a regular basis?	Municipality	☐ YES	☐ NO
		Civil Defence	☐ YES	☐ NO
		Other (please specify below):		

9 Legal Information:

9.1	Has your organisation ever been convicted of a criminal offence related to business or professional conduct?	☐ YES ☐ NO
9.2	Has any of the owner's officers or major shareholders of your organisation ever been indicted or convicted of any criminal conduct?	☐ YES ☐ NO
9.3	Has your organisation ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	☐ YES ☐ NO
9.4	Does your organisation have any outstanding judgements or claims against it?	☐ YES ☐ NO
9.5	Has your organisation ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?	☐ YES ☐ NO
9.6	Has your organisation or any of its principals ever petitioned for bankruptcy or been terminated on a contract awarded to you?	☐ YES ☐ NO
9.7	Is your organisation or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?	☐ YES ☐ NO

Supplementary Information Required:

- ☐ If you have answered 'yes' to any of the above questions, please provide a copy of all the relevant documents related to the legal case.

Supplementary Information Required:

- ☐ If you have answered 'no' to any of the above questions, please provide details as requested.

10 Insurance:

	Provide details and relevant document of your current insurance cover:	Value (AED)
11.1	Employer's Liability:	
11.2	Public Liability:	
11.3	Professional Indemnity:	
11.4	Other (please provide details):	

Supplementary Information Required:

- ☐ Please provide a copy of all your insurance policy certificates.

11 Quality Assurance:

12.1	Does your organisation hold an internationally recognised Quality, Health, Safety and Environment (QHSE) management certification equivalent to ISO 9001?	☐ YES ☐ NO
12.2	If not, please explain the current processes and/or procedures currently adopted for QHSE management.	

Supplementary Information Required:

- ☐ If you have answered 'yes' to Question 10.1, please provide a copy of your QHSE Certificate.

12 References

Provide details of three business contacts for reference. Preferably each individual will be from a different organisation in either the public or private sector.

14.1	Reference 1	
14.1.1	Name of Organisation:	
14.1.2	Name of Contact Person:	
14.1.3	Title of Contact Person:	
14.1.4	Contact Number/ Email:	
14.1.5	Type of Contract/ Project Description:	
14.1.6	Contract Value (AED):	
14.1.7	Contract Period:	

14.2	Reference 2	
14.2.1	Name of Organisation:	
14.2.2	Name of Contact Person:	
14.2.3	Title of Contact Person:	
14.2.4	Contact Number/ Email:	
14.2.5	Type of Contract/ Project Description:	
14.2.6	Contract Value (AED):	
14.2.7	Contract Period:	
14.3	Reference 3	
14.3.1	Name of Organisation:	
14.3.2	Name of Contact Person:	
14.3.3	Title of Contact Person:	
14.3.4	Contact Number/ Email:	
14.3.5	Type of Contract/ Project Description:	
14.3.6	Contract Value (AED):	
14.3.7	Contract Period:	

13 Additional Information:

Please list all the additional documents/ information you have provided in the space below.

- ☐ Item 1 - A copy of the company's trade license. For foreign companies, the company's registration from the country where the head office is located shall also be submitted.
- ☐ Item 1 - The company's organisational chart.
- ☐ Item 2 - Relevant healthcare project experience.
- ☐ Item 4 - Personnel capability report.
- ☐ Item 9 - If you have answered 'yes' to any of the questions, provide details as requested.
- ☐ Item 10 - Provide a copy of all your insurance policy certificates.
- ☐ Item 11 - If you have answered 'yes' to Question 10.1, provide a copy of your QHSE Certificate.
- ☐ Other - if so, please specify:

14 Pre-qualification Application Declaration:

The following must be signed by an authorised senior executive from your organisation. Only an original signature will be accepted.

I/ We, hereby certify or affirm that
Applicant Name and Surname Title of Applicant

the information supplied is accurate to the best of my/our knowledge and that I/ we accept the conditions and undertakings requested in the questionnaire. I/ we understand that false information could result in my/ our exclusion from the pre-qualified consultants list.

Applicant's Name, Signature and Date:

Name:
Signature:
Date:

6.3 Appendix 03 - Consultants Pre-qualification Application Form

Non-Compliance Report

Key to the Non-Compliance Report - Deliverables

Key to the Non compliance report - design

Important notes

- ## 1. Non-Compliance Report - Deliverables

Version 1.0

DOH Health Facility Guidelines

Non-Compliance Report

2. Non-Compliance Report - Design

No	Standard	Clause No	Non Compliance Reason	Alternative solution	DOH Comments
1					
2					
3					
4					
5					
6					
7					
8					

6.4 Appendix 04 - Template for Non-Compliance Report

دائرة الصحة
DEPARTMENT OF HEALTH

XYZ Hospital, Abu Dhabi

Functional Planning Unit (FPU)	Inpatient Unit
--------------------------------	-----------------------

[illegible]

Health Facility Guidelines



Template - Schedule of Accommodation (SOA)

XYZ Hospital, Abu Dhabi

...				
...				
...				
...				
...				
...				
...				
Subtotal				
Circulation Allowance %				
Gross Area				

6.5 Appendix 05 - Template for SOA

DOH Health Facility Guidelines 2019

Part A – Administrative Provision

Appendix 6

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Introduction & Definition

The Clinical Services Capability & Role Delineation Framework (“the Framework”) for public and private health facilities provides minimum capability criteria for service planning and delivery. The Framework and the Role Delineation Levels (RDL) outlines the minimum service requirements, workforce requirements and support services for health services to deliver safe and appropriately supported clinical services. The capability of any health service is recognised as an essential element in the provision of safe and quality patient care.

The Framework has several core components:

1. Role Delineation Levels (RDL)
2. RDL criteria, including:
 - Service description including type of service provided (e.g. setting and general hours of service); type of patient (e.g. multiple comorbidities); providers and subspecialties, where relevant; and inter-service and/or interlevel relationships, with each level providing a more in-depth description of the service level capacity, not covered in the module overview.
 - Infrastructure and service requirements including additional detail and service-specific requirements such as nature of the service provided (e.g. particular interventions or treatment pathways, which could involve telehealth), specialty skills, specific hours and work-ordered timing of the service; providers (e.g. specific expertise of the team/s); and inter-service and/or inter-level relationships (e.g. service networking, referral pathways, transfer arrangements and interaction with other services, general practitioners, multidisciplinary teams and specialists). Also lists infrastructure, asset and equipment requirements including, but not limited to:
 - equipment suitable for the needs of the patients (e.g. paediatric, bariatric or geriatric) and/or service
 - staff responsible for using the equipment are trained and competent in equipment use
 - users of equipment and infrastructure have access to appropriate maintenance and support services, including biomedical engineering and technical services, information communications technology support, and building maintenance services
 - all level 6 services have access to on-site biomedical engineering and technical support services
 - As the management of patient care becomes more complex, service requirements of a service level may change
 - Workforce requirements describing the medical, nursing, allied health and other workforce specifications relevant to the levels within each module (exception being anaesthetic services where reference is made to anaesthetic and anaesthetic assistant workforce). These may be further defined within the service levels as the service level complexity increases. The CSCF does not prescribe staffing ratios, absolute skill-mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally.
 - Minimum workforce requirements for employed staff are outlined including but not limited to the requirement for all employed staff to be suitably qualified for the role in which they are employed and only work within their scope of clinical practice.
 - Support service requirements identifying the minimum suite of services needed to deliver a service at a particular capability level. This section of each module depicts the level of service

required by other relevant services for minimum safety and quality

- Minimum requirements for each criterion are defined in the service levels of the CSCF modules, based on best available evidence and requirements of the service. The minimum criterion requirements must be met at each level to provide safe and quality clinical services. A service level may exceed the minimum requirements but cannot claim subsequent service level status until the minimum requirements for the subsequent level are fully met.

RDL for services and in aggregate for a facility enable role delineation of hospitals and health facilities.

Role delineation is a process which determines the clinical capacity of a health facility to provide services of a defined clinical complexity. It is based on an assessment of the service provided, infrastructure, equipment and other service requirements, support services, as well as the number, range and expertise of medical, nursing and other healthcare personnel in a given clinical discipline to provide a specialised service.

Interpretation

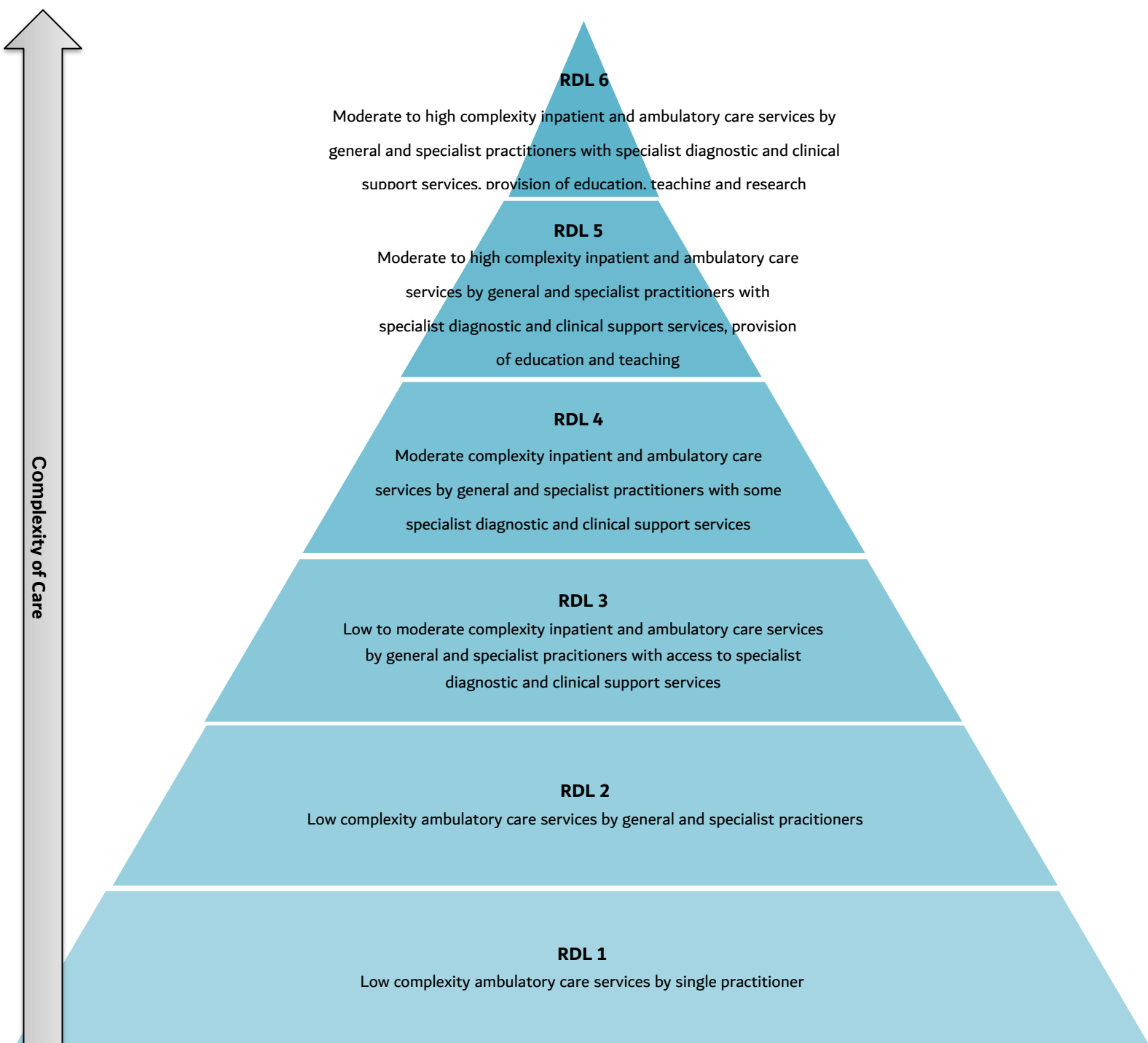
The Clinical Services Capability & Role Delineation Framework (CSCRDF) for public and licensed private health facilities outlines the clinical services health facilities may provide. The document describes service level capability rather than the overall capability of a health facility. A service refers to clinical services e.g. surgical or maternity services, provided under the auspices of an organisation or facility, whereas the facility refers to the physical structure or organisation that operates a number of services of similar or differing capability level.

Within the Framework, clinical services are categorised into up to six capability levels, with RDL 1 managing the least complex patients and RDL 6 managing the highest level of patient complexity.

As a general rule, RDLs build on previous service level capability. For instance, a service nominated as having RDL 6 capability should have all the capabilities of clinical services up to RDL 5 plus additional capabilities resourcing the most highly complex clinical service. Each RDL provides the additional capabilities representing the minimum requirements for that level. Where classification by RDL is between two levels, in-between RDLs can also be considered, i.e. RDL 3/4.

Service, infrastructure and workforce characteristics described in the Framework are a guide only and should not be seen as prescriptive. In the event a service cannot meet all requirements of a CSCF/RDL level, this may be resolved through development, endorsement (by the chief executive of the service/facility) and implementation of mitigating risk strategies to ensure delivery of safe and sustainable health care.

Role delineation provides health planners and providers with a common language to describe services available and minimum support services required for safe delivery. The exercise of delineating health and clinical service roles should be coordinated with the health authority governing the region and have a flexible approach in achieving service levels to best meet the needs of the community.



General Nomenclature	Service Level	Description
Primary & Ambulatory Care	RDL 1	Provides low-risk inpatient and ambulatory care clinical services. Delivered mainly by RNs and GPs with admitting rights to the local hospital. Patients requiring a higher level of care can be managed for short periods before transfer to a higher-level service.
	RDL 2	Some limited visiting/outreach allied health services provided. Manages emergency care until transfer to a higher level service. Predominantly delivered by GPs (available 24 hours a day, 7 days a week but not necessarily on-site) and RNs including midwives and/or nurses with specialty qualifications, possibly inclusive of visiting day only specialist services as well as low-risk surgery and/or minor procedures, and an education and training role (longer than day only may be arranged).
Secondary Care	RDL 3	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 emergency care and transfers to a higher level if required. No intensive care unit, although the facility may have access to a monitored area.
	RDL 4	Provides 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. Medical staff on-site 24 hours a day, 7 days a week and an intensive care unit (may be combined with a cardiac care unit) with related support services also available on-site. If higher level or more complicated care required, patients may need to be transferred to a level 5 service. Some specialist diagnostic services also available.

General Nomenclature	Service Level	Description
Tertiary Care	RDL 5	Manages all but the most highly complex patients and procedures. Acts as referral service for all but the most complex service needs which may mean highly complex, high-risk patients require transfer or referral to a level 6 service. Has university affiliation(s) and education and teaching commitments, possibly some research.
	RDL 6	Is the ultimate high-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 in both local and multi-centre research.

Format

The Services and associated RDL have been classified as per the following format:

Section 1: Clinical Support Services

1. Laboratory
2. Pharmacy
3. Medical Imaging
4. Nuclear Medicine
5. Intensive Care
6. High Dependency Care
7. Operating Suites
8. Anaesthetics

Section 2: Clinical Services

Group A: Emergency

Group B: Medicine

1. Cardiology & Interventional Cardiology
2. Clinical Genetics
3. Dermatology
4. Endocrinology
5. Gastroenterology
6. General Medicine
7. Geriatrics
8. Haematology
9. Immunology
10. Infectious Diseases
11. Long Term Care
12. Neurology
13. Oncology – Medical
14. Oncology – Radiation
15. Palliative Care

16. Rehabilitation
17. Renal Medicine
18. Respiratory & Sleep medicine
19. Rheumatology

Group C: Surgery

1. Burns
2. Cardiothoracic Surgery
3. Day Surgery
4. Ear, Nose & Throat Surgery
5. General Surgery
6. Gynaecology
7. Neurosurgery
8. Ophthalmology
9. Oral Health/Dentistry
10. Orthopaedics
11. Plastic Surgery
12. Urology
13. Vascular Surgery

Group D: Women's & Children

1. Obstetrics
2. Neonatology
3. Paediatric Medicine
4. Paediatric Surgery

Group E: Mental Health

1. Drug & Alcohol
2. Psychiatry (Child & Adolescent, Women and Adults)

1. Section 1: Clinical Support Services

1. Laboratory

Laboratory role descriptions are based on the services provided at or delivered to a site, rather than what is physically present on the site.

RDL	Laboratory Service Description	Infrastructure & Service Requirements	Workforce
1	Blood and diagnostic specimen collecting services available. No on-site laboratory.	Supported by a timely courier service to an accredited laboratory for testing. Collection policies and procedures established by the accredited laboratory. Compliance with the quality and safety requirements.	No Level 1 service. Refer to higher level.
2	As for Level 1. In addition, a range of urgent tests may be available. No on-site laboratory but trained health workers available to collect and transport specimens to laboratory.	As for Level 1. In addition, compliance with management of blood component requirements.	Appropriately trained health workers to use the automated pathology testing equipment.
3	As for Level 2. In addition, an accredited branch/satellite laboratory providing core pathology services either on-site or through networked arrangements. Range of tests available varies according to clinical need but will usually include basic haematology (e.g. full blood count, cross matching, blood grouping and basic coagulation), biochemistry (e.g. liver and renal function tests, electrolytes) and microbiology (e.g. urine microscopy, Gram staining).	On-site basic biochemistry and haematology. As for Level 2. In addition, under the overall control of, with specialist scientific and clinical supervision from, an accredited laboratory. 24 hours on call access to laboratory. Access to blood bank services.	As for Level 2. In addition, branch/satellite laboratory under direction and control from pathologist or senior scientist of general laboratory. Where appropriate, specialist pathology staff with appropriate qualifications, training and experience relevant to scope of testing being performed.

RDL	Laboratory Service Description	Infrastructure & Service Requirements	Workforce
4	As for Level 3. In addition, part of a service network providing some specialist diagnostic tests (e.g. fine needle aspiration, frozen section, bone marrow biopsy) and/or an expanded range of tests.	As for Level 3. In addition, provide an extended hours service to meet agreed clinical needs. Specialised pathology services provided by laboratory scientists Integrated laboratory information system for referral and results sharing.	As for Level 3. In addition, service provided by laboratory scientists with appropriate tertiary qualifications.
5	As for Level 4. In addition, accredited as branch/satellite or general laboratory. Provide access to comprehensive suite of pathology services, either on-site or through networked arrangements. Provide support for clinical trial and research activities. May act as 'hub' laboratory, providing diagnostic and clinical services for other hospitals or laboratories in the region or pathology network.	As for Level 4. In addition, provide 24-hour access to comprehensive suite of pathology services. Dedicated pathology department. Microbiology and histopathology available locally. Formal access to sub-specialist pathology services from Level 6 Pathology services. Support provided to lower service level facilities.	As for Level 4. In addition, service provided by full-time pathologists. The supervising pathologist or senior scientist must be present or contactable for consultation during normal working hours of the laboratory. Specialist pathology laboratory staff available locally 24 hours.
6	As for Level 5. In addition, accredited as general laboratory and may play a region-wide referral role for some highly complex sub-specialty pathology services. Provide comprehensive range of complex clinical, laboratory and business support services. Perform testing of a complex technical nature in a range of fields to support specialist clinical services. Initiate and lead clinical trial and research activities. Sub-specialty services and provides highly complex pathology services such as clinical investigations, transplantation services and blood banking.	As for Level 5. In addition, sub-specialty pathology services, cytogenetics services, cell culture facilities and cryopreservation, blood product storage and cross-matching.	As for Level 5. In addition, credentialled sub-specialty pathologists.

2. Pharmacy

RDL	Pharmacy Service Description	Infrastructure & Service Requirements	Workforce
1	Service provided by external pharmacy.	Medications supplied on individual prescription from a community pharmacy, primary health care clinic or higher level service. Links to other relevant services to support patients taking medications. Access to registered pharmacists for medication management, patient education and support, home medicines review and formal medication reviews in collaboration with the patient's usual general practitioner. A reliable internet connection with sufficient capacity to enable access to receive consultation from a higher level service.	Access to registered pharmacists where not on-site. Must have access to a registered medical practitioner for prescriptions.
2	As for level 1.	As for level 1. In addition, medications for inpatients on discharge supplied on individual prescription from either a community pharmacy, appropriate hospital within the network, or a higher level service with documented processes in place for the provision of medications that require compounding	As for level 1. In addition, Access to more specialised pharmacist support from a higher level facility within the network.
3	As for level 2. In addition, provide on-site clinical pharmacy service (e.g. patient medicines information, medication chart review, staff education).	As for level 2. In addition, medications and clinical services for day patients and, where applicable, ambulatory patients in specialty clinics. Timely access to clinical information, including medical records and pathology results, reliable access to a dedicated desktop and/or laptop computer in the ward/clinical area.	As for level 2. In addition, service provided by a pharmacy team which includes a pharmacist, pharmacy assistant and pharmacy technician. Pharmacist available during designated business hours. Documented processes in place to access medications and medicines information outside these hours. Education for nursing staff and support for medical practitioners.

RDL	Pharmacy Service Description	Infrastructure & Service Requirements	Workforce
4	As for level 3. In addition, provide administration and pharmacy management support. May provide medicines procurement, dispensing and distribution services	As for level 3. In addition, medication service that is available 24 hours.	As for level 3. In addition, an after-hours, on-call service for medication supply and clinical services, including medicines information, available 24 hours
5	As for level 3. In addition, provide medicines procurement, dispensing and distribution services. Contribute to drug and therapeutics committee or equivalent. Provide support for clinical specialty services.	As for level 4. In addition, basic, non-sterile, extemporaneous compounding possibly with limited small-batch manufacturing for local hospital use, and sterile, individually compounded products (e.g. chemotherapy including parenteral, targeted and oral chemotherapy) The capacity to respond to requests for medicines information related to direct patient care in a timely manner, either through a medicines/drug information service or a service provided internally. Undergraduate and postgraduate pharmacy teaching and training	As for level 4. In addition, a pharmacy team structured to deliver services at multiple levels throughout the organisation. Specialist pharmacist positions which reflect the range of specialist services provided (e.g. ICU, haematology, and medical oncology).
6	As for level 5. In addition, provide support for highly specialised services. Active involvement in clinical trials and research activities.	As for level 5. In addition, a specialised drug information service may be provided. Participates in research, clinical trials and clinical reviews.	As for level 5. In addition, a full range of specialist pharmacist positions which reflect the range of specialist services provided (e.g. ICU, haematology, medical oncology, cardiology, paediatrics, geriatrics, psychiatry, and drug information).

3. Medical Imaging

RDL	Medical Imaging Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	May provide low-risk ambulatory care services during business hours and may provide some limited after-hours services. This service involves a single, mobile or fixed, general x-ray unit and is delivered by licensed operators.	A mobile or fixed general x-ray unit. Range of imaging limited to x-ray of extremities, chest and abdomen if service is delivered by licensed operators.	Radiographer or if no radiographer available then licensed x-ray operator. Medical imaging interpreted by on-site doctor / health professional. Radiologist readily contactable to discuss findings and provide a report.	N/A
2	As for Level 2. In addition, service is predominantly delivered by a sole radiographer and support may be provided by licensed operators. There is a designated room on-site with a fixed x-ray unit and may also include digital radiography; however, depending on the range of services provided at the facility (e.g. day hospitals), a mobile image intensifier may be the only modality available. The service may also have access to ultrasound for non-complex conditions.	As for Level 1. In addition, mobile service if present limited to x-ray of extremities, chest, abdomen. Dedicated x-ray room with fixed x-ray unit available, range of images not restricted when a radiographer on duty.	As for Level 1. In addition, on-site radiographer available during business hours.	N/A
3	As for Level 2. In addition, provide low risk diagnostic radiology service as part of ambulatory and inpatient care. Has on-site ultrasound.	As for Level 2. In addition, on-site designated radiography rooms. Teleradiology facility available. On-site ultrasound.	As for Level 2. In addition, radiographer in attendance who has regular access to radiological consultation. Ultrasound performed by a sonographer or registered medical practitioner trained in ultrasound.	N/A

RDL	Medical Imaging Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide 24 hour diagnostic radiology services, including urgent x-rays, Computed Tomography (CT), ultrasound and on-site MRI. Provide access to basic diagnostic angiography service; may be networked.	As for Level 3. In addition, facilities for general x-ray and fluoroscopy, in addition to mobile x-ray for wards, operating room and emergency department. MRI scanner CT facilities. Mobile image intensifier.	As for Level 3. In addition, after-hours access to consultant radiology for reporting. On-site radiographer on-call 24 hours Registered radiographers and sonographers.	- Pharmacy - RDL3 - HDU - RDL3 - OT - RDL3 - Anaesthesia - RDL3
5	As for Level 4. In addition, provide access to 24 hour complex diagnostic radiology services. Provide access to basic to intermediate level interventional radiology service.	As for Level 4. In addition, all modalities available including full ultrasound service. Basic digital subtraction angiography (DSA) suite for interventional services.	As for Level 4. In addition, clinical head of service. May have medical officer in radiology with three or more postgraduate years of experience.	- Laboratory - RDL4 - Pharmacy - RDL4 - Nuclear Medicine - RDL4 - OT - RDL4 - Anaesthesia - RDL4
6	As for Level 5. In addition, provide access to comprehensive 24 hour interventional radiology service. Paediatric interventional radiology provided by specialist children's hospital. May provide MRI guided interventional radiology. May provide trauma interventional radiology. May provide interventional neuroradiology.	As for Level 5. In addition, single-plane and/or biplane DSA suite. CT scanner on-site. MRI scanner on-site.	As for Level 5. In addition, medical officer/s in radiology with three or more postgraduate years of experience. May have access to clinical imaging educator/tutor.	- Laboratory - RDL5 - Pharmacy - RDL5 - Nuclear Medicine - RDL5 - OT - RDL5 - Anaesthesia - RDL5

4. Nuclear Medicine

RDL	Nuclear Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Provides basic diagnostic nuclear medicine studies such as bone, brain and lung scans. Access to nuclear medicine services either on-site or with formal networking arrangements in place.	Networking arrangements must include the provision of clinically appropriate transport options; nursing care; and qualified personnel.		N/A
5	On-site (or locally based) licensed and accredited nuclear medicine facility operating during business hours. Provide interventional studies requiring the presence of a nuclear medicine physician, such as stress myocardial perfusion and captopril renal studies. Offers treatment with radiopharmaceuticals.	Specialty services on-site with consultation available. One or more gamma cameras offering Single Photon Emission Computed Tomography (SPECT) combined with Computed Tomography (SPECT-CT). Preparation or reconstitution of radiopharmaceuticals with clear and appropriate documentation in place, including details of supply source, preparation date and batch number and reconstitution.	Nuclear medicine physician on-site during business hours. Medical radiation scientist (MRS) nuclear medicine on-site during business hours. Nuclear medicine physicist available during business hours. May have a radiopharmaceutical scientist available. Nominated and trained radiation safety officer.	- Laboratory - RDL3 - Pharmacy - RDL4 - Medical Imaging - RDL4 - HDU - RDL3 - OT - RDL3 - Anaesthesia - RDL3

RDL	Nuclear Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide 24 hour on-call nuclear medicine service. Provide services such as positron emission tomography (PET), cardiac stress testing, bone densitometry, and/or offer radionuclide therapies. Provide in vitro tracer studies.	As for Level 5.	As for Level 5. In addition, nuclear medicine physician available 24 hours. Nuclear medicine physicist, preferably on-site. Radiopharmaceutical scientist, preferably on-site	- Laboratory - RDL3 - Pharmacy - RDL5 - Medical Imaging - RDL4 - HDU - RDL3 - OT - RDL3 - Anaesthesia - RDL3

5. Intensive Care

RDL	Intensive Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	A Level 4 service provides a self-contained critical care area with easy access to the emergency department and operating theatres within the facility. Provide immediate resuscitation and short-term cardiorespiratory support for critically ill patients. It must be capable of providing mechanical ventilation and simple invasive cardiovascular monitoring for a period of at least several hours.	Dedicated facility in the hospital. Staffed and equipped bed capable of invasive medical ventilation Network arrangements with Level 5/6 services for transfer and back-transfer. Access to training in Advanced Life Support (ALS)	Service director with considerable experience in intensive care Medical officer competent in Advanced Life Support responsible for reviewing patients. Suitably qualified and experienced nurse manager in charge of unit Minimum nurse-patient ratio of 1:1 for ventilated and similarly critically ill patients. Additional supernumerary registered nurse providing assistance to bedside nurses for every four patients requiring 1:1 nursing All nurses trained in ALS. Access to allied health professionals	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Intensive Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, has the capability of providing a high standard of general intensive care including more complex, extended, multisystem life support. Provides mechanical ventilation, renal replacement therapy, invasive cardiovascular monitoring for extended periods. May be capable of providing more advanced respiratory and cardiovascular support using extracorporeal membrane oxygenation (ECMO).	As for Level 4. In addition, specialty services on-site available for consultation. Networked with a Level 6 service for clinical advice and professional development support. Staffed and equipped beds capable of invasive mechanical ventilation. Clinical workload of more than 200 invasively ventilated patients per annum to maintain clinical expertise. Alternatively, more than 150 invasively ventilated patients and more than 50 patients receiving non-invasive ventilation (NIV). Typically can accommodate at least four ventilated patients at one time.	As for Level 4. In addition, at least one intensive care physician or other medical specialist accredited in intensive care medicine appointed. Ideally all nursing staff with, or working towards, recognised qualification in intensive care or clinical specialty of unit. May have clinical information system manager, data manager and research officer.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, capable of providing comprehensive critical care, including complex and multisystem life support for an indefinite period. Referral centre for complex patients from lower level services within region/network. Provide support for super specialty and other complex activity.	As for Level 5. In addition, provide clinical advice and professional development support for lower level networked services. Clinical workload of more than 300 invasively ventilated patients per annum to maintain clinical expertise. Typically can accommodate at least eight ventilated patients at one time.	As for Level 5. In addition, allied health professionals with specific skills in intensive care.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • OT - RDL6 • Anaesthesia - RDL6

6. High Dependency Care

RDL	High Dependency Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Dedicated unit in health facilities with no Intensive Care Service. Provide a higher level of monitoring and observation than standard ward based care (e.g. cardiac monitoring, additional staff) as needed.	Dedicated beds.	Medical officer available 24 hours (may be on call). Allied health professionals such as physiotherapist, occupational therapist, speech therapist and/or social worker available.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • OT - RDL2 • Anaesthesia - RDL2
4	Dedicated unit in health facilities with an Intensive Care Service. Provide level of care between standard ward and an intensive care unit (ICU), with close monitoring and observation. For example, patients transitioning out of the ICU; patients likely to need intensive care outreach support such as rapid response or ICU liaison. May provide non-invasive ventilation (NIV) where the intention is not to escalate to invasive ventilation.	As for Level 3. In addition, close relationship with the Intensive Care Service, including clinical advice and professional development support.	As for Level 3.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	High Dependency Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4.	As for Level 4.	As for Level 4.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5.	As for Level 5.	As for Level 5.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

7. Operating Suites

RDL	Operating Suites Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provided in either a freestanding facility or is collocated with a specialist clinical service. Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia).	Dedicated procedure room and/or day operating room.	Appropriately credentialled medical practitioner available. Care predominantly delivered by registered nurses.	- Laboratory - RDL1 - Pharmacy - RDL2 - Medical Imaging - RDL2 - Anaesthesia - RDL2
3	Predominantly provided in hospital setting with limited but designated surgical, anaesthetic and sterilising services. As for Level 2. In addition, provide Common and Intermediate* surgical procedures. May provide selected Major* surgical procedures.	As for Level 2. In addition, appropriately equipped operating room. Access to allied health services commensurate with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours (may be on call). May have medical specialist with credentials in surgery. Registered nurses utilised as surgical assistants performing only that role and not duties of instrument nurse. Infection control coordinator. Allied health professionals available. Staff available for patient transfers.	- Laboratory - RDL2 - Pharmacy - RDL3 - Medical Imaging - RDL3 - ICU - RDL3 - Anaesthesia - RDL3
4	As for Level 3. In addition, provide Major* surgical procedures.	As for Level 3. In addition, access to image intensifier. May have a second operating room commensurate with patient load.	As for Level 3. In addition, access to registered medical specialists with credentials in general surgery available 24 hours. Nursing staff with perioperative experience may be utilised in variety of roles. Sterilising service assistants and technical aides appropriate to service provided. Access to laboratory staff.	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - Anaesthesia - RDL4

RDL	Operating Suites Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures. 24 hour on call availability.	As for Level 4. In addition, specialty services on-site with consultation available. Usually more than two operating rooms. Provide support for lower level networked services.	As for Level 4. In addition, access to registered medical specialists with credentials in general surgery or surgical subspecialties available 24 hours. Medical officer with three or more postgraduate years of experience on call 24 hours, ideally training or qualified as anaesthetist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • ICU - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, provide Complex Major* surgical procedures. Manage patients at the highest level of surgical risk [^] . Provide specialised surgery such as cardiothoracic surgery and/or neurosurgery. May have regional role (e.g. major trauma service, transplant services).	As for Level 5. In addition, equipped for highly specialised procedures (e.g. cardiopulmonary bypass, extracorporeal membrane oxygenation (ECMO)).	As for Level 5. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours, ideally training or qualified as anaesthetist. Trained assistant to surgeon, as required.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • ICU - RDL6 • Anaesthesia - RDL6

Indicative List of Surgery for Adults

There is no widely accepted and validated system for classifying the physiological stressfulness of surgical procedures. The examples given below, drawn from different specialties, are intended to provide an indicative guide only and do not replace clinical judgement. Some procedures commonly provided on an emergency basis are included (e.g. closed reduction of fracture) as useful general indicators of surgical complexity.

Note: The actual range of procedures that may be performed by individual practitioners will be determined through the credentialling process where clinical privileges/scope of practice is granted.

Minor	Common and Intermediate	Major	Complex Major
• Skin biopsy • Skin lesion curettage and cautery • Skin lesion excision • Subcutaneous tumour excision • Drainage of abscess • Toe-nail surgery • Diagnostic endoscopy • Colonoscopy • Insertion of grommets • Percutaneous wire removal • Simple orthopaedic implant removal • Cystoscopy • Vasectomy • Circumcision • Transrectal ultrasound (TRUS) guided prostate biopsy • Superficial corneal foreign body removal • Wedge biopsy of eyelid skin lesion • Chalazion removal • Minor debridement • Minor amputation (e.g. toe) • Tooth extraction • Minor dento-alveolar surgery	• Skin excision with flap or graft closure • Laser skin surgery • Appendicectomy • Varicose vein surgery • Herniorrhaphy • Haemorrhoidectomy • Excision of breast lump • Mastectomy • Breast reduction • Hemithyroidectomy • Tonsillectomy • Adenoidectomy • Septoplasty • Inferior turbinate surgery • Closed reduction of fracture • Carpal tunnel surgery • Arthroscopy with meniscectomy/ chondroplasty • Uncomplicated hip/ knee replacement • Simple ureteroscopy • Laser transurethral resection of prostate (TURP) • Orchidectomy • Ocular lens extraction • Trabeculectomy • Pterygium surgery • Simple skin graft	• Thyroidectomy • Vascular graft • Cholecystectomy • Bowel resection • Exploratory laparotomy • Diaphragmatic hernia repair • External and some middle ear surgery • Sinus surgery • Pacemaker insertion • Revision hip/ knee replacement • Open bladder surgery • Prostatectomy • Nephrectomy • Complicated ureteroscopy • Orbital exenteration • Extensive or complicated skin graft • Major flap reconstruction • Pressure area surgery • Major amputation (e.g. below, above or through knee) • Embolectomy • Vascular access procedures for dialysis • Carotid endarterectomy • Craniotomy • Cerebral neoplasm (cortical convexity)	• Multidisciplinary surgery (e.g. cancer, major trauma) • Oesophagectomy • Interventional endoscopy • Pancreatic resection • Aortic surgery • Coronary artery bypass graft • Lung resection • Neck dissection • Skull base surgery • Modified radical mastoidectomy • Scoliosis surgery • Renal transplantation • Cystectomy • Oculoplastic surgery • Microsurgical tissue transfer • Sternal reconstruction • Carotid stents • Complex endovascular grafts (e.g. fenestrated aortic branch device) • Arteriovenous malformation (AVM) surgery • Cerebral neoplasm (base of skull) surgery • Spinal cord injury surgery

Minor	Common and Intermediate	Major	Complex Major
• Minor periodontal surgery • Orthodontic anchorage screw placement/removal • Dental laser surgical procedure • Hysteroscopy • Suction curettage for miscarriage • Cervix loop excision for dysplasia	• Maxillo-facial surgery • Major periodontal surgery • Endodontic surgery • Major dento-alveolar surgery • Dental implant placement/ removal • Lower Segment Caesarean Section (LSCS) • Vaginal prolapse repair • Diagnostic laparoscopy	• surgery • Epilepsy surgery • Cerebral shunting • Osteotomy/Orthognathic surgery • LSCS for major placenta praevia • Hysterectomy (e.g. laparoscopic, abdominal) • Abdominal pelvic floor repair • Bladder neck procedures for stress incontinence	• Head and neck tumour resection and graft • reconstruction surgery • Caesarean section for placenta accreta • Planned caesarean hysterectomy • Gynaecological oncology surgery

8. Anaesthetics

RDL	Anaesthetics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Analgesia and conscious sedation available. Provide anaesthesia for ASA 1 and 2^ patients undergoing Minor* surgical procedures.	Formal network linkages with specialist anaesthetist for consultation Medical practitioner to provide analgesia/ minimal sedation. May have operating/ procedure room. Recovery area for post-surgical procedures may be combined with general ward, with trained recovery staff and facilities as required.	Registered medical practitioner Visiting registered medical specialist with credentials to administer general anaesthetic. Registered nurses with experience/post graduate qualifications in anaesthetic nursing.	- Laboratory - RDL2 - Pharmacy - RDL2 - OT - RDL2
3	As for Level 2. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Common and Intermediate* surgical procedures. May provide anaesthesia for ASA 1 and 2^ patients undergoing selected Major* surgical procedures. Provide anaesthesia for ASA 3 and selected ASA 4^ patients undergoing Minor* surgical procedures.	As for Level 2. In addition, at least one operating/ procedure room with separate on-site, dedicated recovery area/ room for post-operative care. Access to High Dependency or Intensive Care Unit (ICU) (may be off-site) On-site emergency service able to stabilise and transfer patients that experience deterioration. Elective anaesthetic services are generally provided during business hours for regularly scheduled lists. On-site medication.	As for Level 2. In addition, anaesthetist appointed for consultation and service.	- Laboratory - RDL3 - Pharmacy - RDL2 - Medical Imaging - RDL3 - HDU - RDL3 - OT - RDL3

RDL	Anaesthetics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	Broad range of day and general surgery and some specialty surgery. As for Level 3. In addition, provide anaesthesia for ASA 1, 2^ and selected ASA 3^ patients undergoing Major* surgical procedures. Provide anaesthesia for ASA 3^ and some ASA 4^ patients undergoing selected Common and Intermediate* surgical procedures. Provide appropriate care for ASA 5^ and ASA 6^ patients.	As for Level 3. In addition, more than one theatre.	As for Level 3. In addition, medical head of service with considerable experience in anaesthesia. Anaesthetist available 24 hours. Medical officer on-site 24 hours.	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - OT - RDL4
5	As for Level 4. In addition, provide anaesthesia for ASA 1 and 2^ patients undergoing selected Complex Major* surgical procedures. Provide anaesthesia for ASA 3 to 5^ patients undergoing Common and Intermediate*, and selected Major* surgical procedures.	As for Level 4. In addition, specialty services on-site for consultation.	As for Level 4. In addition, anaesthetist on-site in business hours. Medical officer in anaesthesia with three or more postgraduate years of experience on call 24 hours.	- Laboratory - RDL5 - Pharmacy - RDL5 - Medical Imaging - RDL5 - ICU - RDL5 - OT - RDL5
6	As for Level 5. In addition, provide anaesthesia for all levels of patient risk^ undergoing Complex Major* surgical procedures. Subspecialty anaesthesia on-site, such as neurosurgery, cardiothoracic surgery and/or burns.	As for Level 5.	As for Level 5. In addition, subspecialist anaesthetists. Medical officer in anaesthesia with three or more postgraduate years of experience on-site 24 hours. Broad range of surgical subspecialties on-site and available at close proximity 24 hours.	- Laboratory - RDL6 - Pharmacy - RDL6 - Medical Imaging - RDL6 - ICU - RDL6 - OT - RDL6

Levels of Patient Risk

Based on the American Society of Anesthesiologists (ASA) Physical Status Classification System

ASA1	A normal, healthy patient.
ASA2	A patient with mild systemic disease and no functional limitations.
ASA3	A patient with moderate to severe systemic disease that results in some functional limitation.
ASA4	A patient with severe systemic disease that is a constant threat to life and functionally incapacitating.
ASA5	A moribund patient who is not expected to survive 24 hours with or without surgery.
ASA6	A declared brain-dead patient whose organs are being removed for donor purposes.

2. Section 2: Clinical Services

9. Part A: Emergency

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provide primary care assessment within designated area of facility. Primarily nurse and medical practitioner-led.	Referral arrangements for higher level emergency medicine service. Formal escalation plan for obtaining immediate clinical assistance when critically ill patient received.	Staff on-site during business and operational hours with basic life support capability for adults and children.	N/A
2	As for Level 1.	As for Level 1.	As for Level 1. In addition, medical practitioner on call or available via telehealth.	- Laboratory RDL1 - Pharmacy RDL1 - Medical Imaging RDL1

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
3	Provide emergency care within a designated area of facility. Emergency caseload may be intermittent. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service. On-site, 24-hour access to designated emergency registered nurses and triage of all presentations.	As for Level 2. In addition, purpose specific area to receive and manage emergency presentations, including a colocated resuscitation area with appropriate equipment for advanced paediatric, adult and trauma life support prior to transfer to definitive care. Access to specialty services (may be via telephone and/or hospital outreach) such as surgical, medical, orthopaedics, mental health, paediatrics, obstetrics and gynaecology; with ability to transfer and refer. Access to formal ALS education and training for staff. May have access to allied health. On-site ICU or HDU.	As for Level 2. In addition, some nurses with extra training in emergency care and triage. May have allied health professionals available.	• Laboratory - RDL3 • Pharmacy - RDL2 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	Manage full range of emergency presentations, including some complex emergency cases. Provide primary emergency care, including short term mechanical ventilation, pending transfer to definitive care. Provide a 24 hour clinical triage service. May have a dedicated short stay unit managed within and by the emergency department.	As for Level 3. In addition, full resuscitation facilities in a separate space. Services that receive paediatric patients must have dedicated area for paediatric assessment and management, including resuscitation. Documented processes to guide clinical management, including paediatrics, mental health and obstetrics/gynaecology as appropriate. Access to medical and surgical specialties; tertiary level paediatrics; higher level critical care services; mental health services; drug and alcohol dependency services; and community services. Access to allied health services in line with casemix and clinical load. Formal processes to ensure readily available, 24 hour patient transfer and back-transfer. Clinical information system that records patient details, clinical information and data. Point of care ultrasound service. On-site ICU.	As for Level 3. In addition, specialist emergency medicine staff on-site in line with casemix and clinical load. Medical officers with a range of postgraduate years of experience rostered to work in the emergency department over 24 hours. Allied health professionals such as social worker, physiotherapist, occupational therapist, and/or dietitian available. Administrative and service support staff on-site 24 hours.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Emergency Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide definitive care for most emergency presentations, including invasive monitoring. May have short stay unit or similar model, managed within and by the emergency department. Able to manage critically ill patients.	As for Level 4. In addition, specialty services on-site for consultation. Purpose built resuscitation area for trauma and other life-threatening presentations. Specific safe area for mental health patients. Emergency medicine short stay unit capable of monitoring and assessment. Extended hours access to allied health services.	As for Level 4. In addition, 24 hour specialist emergency medicine cover (may include on call). Extended hours access to selected allied health professionals, such as social worker and/or physiotherapist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, manage all complex emergencies. Major referral centre for complex patients from lower level services within the region.	As for Level 5. In addition, on-site back-up from a full range of medical and surgical sub specialists and diagnostic services, including neurosurgery, cardiothoracic surgery, vascular surgery and angiography.	As for level 5.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

Part B: Medicine

1. Cardiology & Interventional Cardiology

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides primary care assessment as low-acuity, ambulatory care for minor cardiac diseases and management of acute conditions with the ability to provide basic life support. Health promotion, disease prevention and chronic disease management programs available. Delivered by general practitioners in an outpatient setting, may incorporate nurse led services.	Protocols to manage thrombolysis and arrhythmias. Provision of basic cardiovascular risk factor/ disease prevention information. Access to an electrocardiogram (ECG) reading service. Access to emergency patient transport to facilitate escalation of care and patient transfer when required.	Medical practitioner available. All medical practitioners trained in advance life support. Access too suitably qualified and experienced Registered Nurse/ Nurse Assistant.	N/A

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
2	As for Level 1. In addition, provides a low-acuity, single-system medical condition ambulatory and outpatient service. Provided by medical practitioner who may be general practitioner or cardiologist. Basic primary and secondary assessment should be available, including Advanced Life Support (ALS) and stabilisation of critically ill paediatric, adult and trauma patients prior to arrival of the retrieval service. Ability to assess and stabilise patients and initiate low level care, prior to transfer for specialist assessment and treatment where appropriate. Patient who require complex diagnostic investigations will also be referred to high level cardiac medicine services. May initiate treatment for ST elevation myocardial infarction (STEMI) prior to transfer to facility with angiography. Service provided by registered medical practitioner in an outpatient setting.	As for Level 1. In addition, 24 hour access to specialist support and advice (may include telehealth). Access to digital ECG machine with appropriate support from higher level services to safely and effectively operate and maintain equipment. Ability to perform point of care testing. Access to allied health services in line with casemix and clinical load. Access to automated external defibrillator, oxygen and ability to achieve venous access.	As for Level 1. In addition, medical practitioner available 24 hours (may include telehealth). Access too suitably qualified and experienced Registered Nurse/ Nurse Assistant. Qualified to carry out 12 lead ECG's. Business hour access to allied health professionals, as required.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • OT - RDL2 • Anaesthesia - RDL2

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
3	As for Level 2. In addition, provides ambulatory and inpatient services that may require subspecialty outpatient referral. Provide cardiac care for stabilisation of arrhythmias, acute coronary syndrome (ACS), and nonST elevation myocardial infarction (NSTEMI). Manage ACS/STEMI in consultation with high level cardiology service. Admitted patients managed by cardiologist or physician with experience in cardiology. Provide follow up care for permanent pacemakers. May be able to insert temporary transvenous pacing wire prior to transfer (desirable).	As for Level 2. In addition, provides inpatient, outpatient and non-acute care led by a cardiologist and supported by visiting medical specialists and/or via telehealth. Stabilisation of patient where required prior to transfer to higher level service. Elective diagnostic investigations performed. Ability to provide thrombolysis, and blood gas monitoring. Formal referral protocols established with higher level services.	As for Level 2. In addition, medical practitioner or specialist on site 24 hour access. Access to cardiologists at higher level services. 24 hour cover by Registered Nurse. Access to cardiac rehabilitation nurse, cardiac nurse practitioner or clinical nurse specialist (cardiac/health promotion). Access to some allied health services ie physiotherapy.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL3 • Anaesthesia - RDL3
4	As for Level 3. In addition, provides inpatient cardiology care to patients with moderate level of complexity. Outpatient consultation is provided by a cardiologist. On site access to intensive care and/or cardiac care unit. Admitted patients managed by cardiologist or internal registered medical specialist with experience in cardiology. May provide cardiac rehabilitation service and heart failure program. May provide diagnostic coronary angiography.	As for Level 3. In addition, transvenous pacing available. May have Cardiac Catheterisation Laboratory (CCL).	As for Level 3. In addition, cardiologist head of service responsible for clinical governance procedures and audit. Cardiologist or physician with cardiology experience available 24 hours. Medical officer with three or more postgraduate years of experience on-site 24 hours. Allied health professionals on-site.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, manages all but most highly complex cardiac medicine patients and procedures. Designated cardiology beds providing comprehensive subspecialty services, with advanced range of supporting clinical and diagnostic services to match complexity of patients admitted and referred. All admitted patients managed by designated registered medical specialist with credentials in cardiology. Provide interventional cardiac catheterisation service. May provide electrophysiology services such as pacemaker insertion. May provide 24 hour on call service for urgent Acute Myocardial Infarction (AMI) presentations.	As for Level 4. In addition, a CCL. Designated cardiology beds	As for Level 4. In addition, cardiologist with procedural expertise available 24 hours. Cardiac technician or echoradiographer available 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5
6	As for Level 5. In addition, provide tertiary/quaternary referral service for complex and critical cardiac conditions, including electrophysiology services and management of adult congenital heart disease. Provide 24 hour primary Percutaneous Coronary Intervention (PCI) services. Act as a referral service for all lower level cardiac medicine services.	As for Level 5. In addition, cardiothoracic surgery available on-site.	As for Level 5. In addition, cardiologist on call 24 hours, with sufficient cardiologists to provide sustainable 24 hour cover. Medical officer in cardiology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL6 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

2. Clinical Genetics

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Consultative genetics service provided via networked arrangement with higher level service. Documented processes for screening and recognising at risk patients. Provide information and education through established support groups after diagnosis.	Access to specialist support and advice. Access to genetics information resources, education programs and genetics services information.	Clinical geneticist and/or other medical specialist available. Certified or associate genetic counsellor available.	- Laboratory - RDL1 - Medical Imaging - RDL1
4	As for Level 3. In addition, provide information and counselling for individuals and family members. Arrange genetic testing as required. May be provided within a multidisciplinary setting.	As for Level 3. In addition, access to genetic counselling and diagnostic services. Access to genetic testing laboratory. Access to other clinical specialties on-site.	As for Level 3. In addition, certified or associate genetic counsellor. Allied health professionals available in line with patient casemix and clinical load.	- Laboratory - RDL3 - Medical Imaging - RDL2

RDL	Cardiology & Interventional Cardiology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide consultative service within a multidisciplinary setting. Provide counselling and diagnostic services by clinical geneticists. May provide specialised genetic services such as metabolic medicine, cancer genetics/familial cancer, high risk reproductive disorders, cardiac genetics, neurogenetics, prenatal genetics.	As for Level 4. In addition, other clinical specialties on-site available for consultation. Access to other specialties that use genomics such as oncology, neurology, cardiology. May have specialised genetic testing laboratory service onsite (e.g. metabolic genetics).	As for Level 4. In addition, clinical geneticist appointed. May have other medical specialists with a scope of practice in genetics. May have medical officer in clinical genetics with three or more postgraduate years of experience.	- Laboratory - RDL6 - Medical Imaging - RDL2
6	As for Level 5. In addition, may have specialist role (e.g. expertise in a specific disorder, newborn screening program, metabolic genetic service), including support for acute inpatient care of metabolic genetic conditions.	As for Level 5. In addition, genetics department.	As for Level 5. In addition, head of service. Medical officer in clinical genetics with three or more postgraduate years of experience.	- Laboratory - RDL6 - Medical Imaging - RDL3

3. Dermatology

RDL	Dermatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Limited service with management primarily by general practitioner or general physician. Access to patient education and support programs.	Access to clinical advice and support (may include telehealth).	Appropriately credentialled medical practitioner or physician. Medical and/or nurse practitioner available on-site. Access to emergency patient transport service.	- Laboratory - RDL3 - Pharmacy - RDL2
3	As for Level 2.	As for Level 2. In addition, allied health services on-site in line with patient casemix and clinical load.	As for Level 2. In addition, dermatologist available via network, telehealth or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Access to allied health professionals.	- Laboratory - RDL4 - Pharmacy - RDL2
4	As for Level 3. In addition, provide inpatient consultative service to other specialties. May provide outpatient clinic. May provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients.	As for Level 3. In addition, consultation available from other clinical specialties on-site. Access to community nursing.		- Laboratory - RDL4 - Pharmacy - RDL2 - Medical Imaging - RDL2 - OT - RDL2 - Anaesthesia - RDL2

RDL	Dermatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide inpatient service with management by medical practitioner or dermatologist. Provide outpatient services. Provide Minor* dermatological procedures on ASA 1, 2 and 3^ patients. Provide consultative service for complex conditions (e.g. drug reactions, autoimmune diseases, infections). May provide specialised clinics (e.g. psoriasis, eczema).	As for Level 4. In addition, access to facilities for surgical procedures. May have phototherapy unit. Access to Level 5 radiation oncology service. Access to Level 4 general surgery.	As for Level 4. In addition, may have medical officer with three or more postgraduate years of experience.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Dermatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide inpatient services. Provide Common and Intermediate* and Major* dermatological procedures on all levels of patient risk^. Provide consultative service to patients with complex conditions within a multidisciplinary setting (e.g. emergency medicine, oncology, haematology, immunology, rheumatology, infectious diseases). Specialised dermatology clinics (e.g. psoriasis, eczema, skin cancer, transplant). Provide patient education and support programs. May have a regional role or expertise in a particular area (e.g. melanoma service, neonatal dermatology, burns, cutaneous lymphoma).	As for Level 5. In addition, dermatology department. Dermatology beds. Phototherapy unit. Provide support to lower level networked services, including clinical advice and professional development support. Access to procedural facilities for advanced surgical procedures (e.g. complex/wide excision, skin grafts, flaps). Access to laser equipment (may be off-site) for treatment of non-cosmetic medical conditions (e.g. birthmark, congenital malformation) where relevant to casemix and patient load. Access to radiotherapy where relevant to casemix and patient load. May have access to electron microscopy.	As for Level 5. In addition, medical head of service. May have dermatologist available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours to provide patient care. Phototherapy nurse.	- Laboratory - RDL6 - Pharmacy - RDL5 - Medical Imaging - RDL5 - Nuclear Medicine - RDL4 - ICU - RDL5 - OT - RDL5 - Anaesthesia - RDL5

4. Endocrinology

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
2	Provide limited outpatient service, with management and appropriate referral by medical or nurse practitioner.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to telehealth support and limited outreach clinics (e.g. podiatry, dietetics). Access to allied services in line with patient casemix and clinical load.	Medical or nurse practitioner available 24 hours. Formal relationship with emergency patient transport service. Physician consultation available (may include telehealth). Allied health professionals such as podiatrist and dietician available.	• Laboratory - RDL1 • Pharmacy - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, provide inpatient service, predominantly diabetes, with management by general practitioner (GP) or general physician. May provide diabetes outpatient/ambulatory service. May provide local support in diabetes management for primary care and aged care facilities.	As for Level 2. In addition, consultation available from other clinical specialties. Access to health education services relevant to endocrine diseases such as diabetes. Access to dietetic service. Access to podiatry service (may be off-site). Access to high risk foot service via network or telehealth. Access to community nursing.		• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide diabetes outpatient/ambulatory services. Provide diabetes education service. May have access to paediatric diabetes service (e.g. initial assessment, acute and chronic management) provided by general paediatrician. May provide gestational diabetes service. May provide basic bone metabolism and thyroid services; lipid disease management; management of disorders of appetite and weight.	As for Level 3. In addition, on-site dietetic service. On-site podiatry service. Access to an integrated hospital/community diabetes management service. Access to renal and cardiology services for consultation.	As for Level 3. In addition, physician available 24 hours. Paediatrician appointed if children seen. Medical officer on-site 24 hours. May have visiting endocrinologist. Medical officer with three or more postgraduate years of experience. Allied health professionals on-site, including dietitian and podiatrist.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
5	As for Level 4. In addition, manage a range of endocrinology presentations, including some complex cases. Provide inpatient consultative service to other specialties. May provide services in thyroid, adrenal, pituitary medical management; reproductive endocrinology; bone metabolism; disorders of appetite and weight; and/or lipid disorders. May provide high risk foot service. May provide insulin pump education/provider service.	As for Level 4. In addition, provide networked support to lower level services, including clinical advice and professional development support. Allied health services on-site in line with casemix and clinical load. Links with renal (especially for dialysis), vascular, orthopaedic and neurosurgery services. Access to rehabilitation services, particularly amputee, stroke and cardiac rehabilitation. Access to ophthalmology service with expertise in the management of diabetes-related eye conditions, including laser therapy.	As for Level 4. In addition, endocrinologist appointed. Medical officers with three or more postgraduate years of experience on-site 24 hours. Allied health professionals on-site in particular, social worker, physiotherapist, and/or occupational therapist. May have exercise physiologist and psychologist.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Endocrinology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, manage complex cases including specialised surgical and medical interventions. Provide consultative inpatient, outpatient and ambulatory service to patients with complex conditions in a multidisciplinary setting (e.g. intensive care, transplantation, ophthalmology, neurosurgery, high risk obstetrics, gynaecology, oncology). Paediatric service provided by specialist children's hospital. Provide high risk foot service. Provide insulin pump service. May provide specialty outpatient/ambulatory clinics. May support neuroendocrine surgery. May have regional role (e.g. neuroendocrine surgery).	As for Level 5. In addition, endocrinology beds. Endocrinology department. Shielded treatment room if ablative thyroid treatment is offered. On-site ophthalmology laser service. Access to bone densitometry diagnostic equipment. Access to surgical services such as neuroendocrine, cardiac, vascular, orthopaedics, relevant to the casemix and patient load. Access to cardiovascular, renal and cancer care services and other speciality services relevant to the casemix and patient load.	As for Level 5. In addition, medical head of service. Endocrinologist on call 24 hours. Medical officer in endocrinology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

5. Gastroenterology

RDL	Gastroenterology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Management and appropriate referral by medical practitioner or nurse practitioner.	Access to specialist support and advice. Access to emergency patient transport service to facilitate escalation of care and patient transfer when required.	Medical or nurse practitioner available during business hours.	- Laboratory - RDL1 - Pharmacy - RDL1 - Medical Imaging - RDL1 - OT - RDL1 - Anaesthesia - RDL1
2	As for Level 1. In addition, may have networked endoscopy and colonoscopy services (predominantly diagnostic) on ASA 1, 2^, and selected ASA 3^ patients, provided by a specialist proceduralist from a higher level, performed under sedation only.	As for Level 1. In addition, access to health education service. May have access to hepatology service. May have access to Inflammatory Bowel Disease (IBD) service. May have access to allied health services in line with casemix and clinical load.	As for Level 1. In addition, physician or gastroenterologist available. May have access to dietitian.	- Laboratory - RDL2 - Pharmacy - RDL2 - Medical Imaging - RDL2 - OT - RDL2 - Anaesthesia - RDL2
3	As for Level 2. In addition, provide endoscopy and colonoscopy service with some therapeutic interventions, on ASA 1, 2^ and selected ASA 3^ patients.	As for Level 2. In addition, consultation available from other clinical specialties. Access to allied health services, including dietetics service in line with casemix and clinical load. Access to community nursing.	As for Level 2. In addition, appropriately credentialled medical practitioner, physician, surgeon and/or gastroenterologist appointed. Medical officer available 24 hours. Access to dietitian.	- Laboratory - RDL3 - Pharmacy - RDL2 - Medical Imaging - RDL3 - HDU - RDL3 - OT - RDL3 - Anaesthesia - RDL3

RDL	Gastroenterology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide enteral procedures (e.g. insertion, replacement and removal of gastrostomy tubes). Provide home enteral nutrition including follow-up care, nutrition support (oral/enteral/parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). May provide manometry.	As for Level 3. In addition, allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, physician and/or surgeon available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience. Allied health professionals such as dietitian, social worker and speech pathologist.	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - OT - RDL4 - Anaesthesia - RDL4
5	As for Level 4. In addition, manage most levels of patient risk. Provide endoscopy and colonoscopy service including therapeutic interventions on ASA 1 to 4^ patients. Provide sub-specialised non admitted services such as hepatology, (IBD), manometry and motility services.	As for Level 4.	As for Level 4. In addition, gastroenterologist or dual trained general physician/gastroenterologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours.	- Laboratory - RDL5 - Pharmacy - RDL5 - Medical Imaging - RDL5 - ICU - RDL4 - OT - RDL4 - Anaesthesia - RDL4
6	As for Level 5. In addition, manages all levels of patient risk^. Participate in multidisciplinary teams undertaking complex procedures such as Endoscopic Ultrasound (EUS) supported by on-site cytology service, endoscopic retrograde cholangiopancreatography (ERCP). Provide IBD service. May have regional role (e.g. support liver transplant).	As for Level 5. In addition, gastroenterology department. Dedicated gastroenterology beds.	As for Level 5. In addition, gastroenterologist on call 24 hours. Medical officer in gastroenterology with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	- Laboratory - RDL5 - Pharmacy - RDL6 - Medical Imaging - RDL5 - Nuclear Medicine - RDL5 - ICU - RDL5 - OT - RDL5 - Anaesthesia - RDL5

6. General Medicine

RDL	General Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Management and appropriate referral by medical practitioner or nurse practitioner.	Access to specialist support and advice.	Medical or nurse practitioner available during business hours.	- Laboratory - RDL1 - Pharmacy - RDL1
2	As for Level 1. In addition, may provide outpatient service.	As for Level 1. In addition, access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to allied health services in line with casemix and clinical load.	As for Level 1, In addition, physician consultation available (may include telehealth). Allied health professionals available.	- Laboratory - RDL1 - Pharmacy - RDL1 - OT - RDL1 - Anaesthesia - RDL1
3	As for Level 2. In addition, provide inpatient and acute ambulatory care/ outreach services, managed by appropriately credentialled medical practitioner or physician.	As for Level 2. In addition, consultation available from other clinical specialties. Allied health services on-site in line with casemix and clinical load.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals on-site (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian).	- Laboratory - RDL3 - Pharmacy - RDL3 - Medical Imaging - RDL3 - HDU - RDL3 - OT - RDL2 - Anaesthesia - RDL2
4	As for Level 3. In addition, patient care provided by general physician.	As for Level 3. In addition, networked with appropriate subacute services (e.g. rehabilitation (neuromuscular, cardiac and/or pulmonary), geriatric medicine, palliative care, pain management). Extended hours access to allied health services in line with casemix and clinical load.	As for Level 3. In addition, general physician available 24 hours. Medical officer on-site 24 hours. Medical officer with three or more postgraduate years of experience.	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - OT - RDL4 - Anaesthesia - RDL4

RDL	General Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, a multidisciplinary assessment and treatment model of care. Provide formal home nursing program.	As for Level 4. In addition, clinical specialty services on-site for consultation. Department of (or with responsibility for) general and acute medicine.	As for Level 4. In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, serves as a referral centre to lower level services.	As for Level 5. In addition, specialty departments of medicine.	As for Level 5. In addition, medical officer in general and acute medicine with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

7. Geriatrics

RDL	Geriatrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	Management and appropriate referral by a medical or nurse practitioner. May provide limited outpatient services.	- Laboratory - RDL1 - Pharmacy - RDL1
3	As for Level 2. In addition, management provided primarily by medical practitioner. Provide minor surgery without general anaesthesia and access to other surgical procedures as clinically appropriate. Access to, or may provide limited rehabilitation and/or reconditioning.	As for Level 2. In addition, regular geriatrician consultation available (may be via telehealth). Access to specialised consultations including medical, nursing and allied health, on-site or via telehealth. Formal links to community nursing and aged care service providers. Access to case management for dementia (may be via telehealth).	As for Level 2. In addition, medical practitioners with scope of practice in geriatric medicine. Physician available for consultation. Geriatrician available for consultation. Medical officer available 24 hours (may be on call). Access to allied health professionals including physiotherapist, occupational therapist, speech therapist and dietitian.	- Laboratory - RDL2 - Pharmacy - RDL2 - Medical Imaging - RDL2 - OT - RDL1 - Anaesthesia - RDL1
4	As for Level 3. In addition, provide assessment and rehabilitation involving inter-disciplinary team. Provide geriatric medicine clinics, assisted by staff with experience in dementia. Dementia case management by appropriately trained staff. Provide assessment and management service for behavioural and psychological symptoms of dementia. May provide home care and nursing service.	As for Level 3. In addition, consultation and referral links to other medical and surgical services. Allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, physician skilled and experienced in diagnosis and management of geriatric syndromes, such as general physician, rehabilitation physician and/or geriatrician available (may be via telehealth). Medical officer on-site 24 hours. Medical officers may include doctors with three or more postgraduate years of experience. Allied health professionals on-site.	- Laboratory - RDL3 - Pharmacy - RDL3 - Medical Imaging - RDL3 - HDU - RDL3 - OT - RDL2 - Anaesthesia - RDL2

RDL	Geriatrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide inpatient geriatric assessment. Provide orthogeriatric service. Provide home care and nursing service Provide psychogeriatric service including social work and clinical neuropsychology.	As for Level 4. In addition, geriatric assessment unit. Access to mental health unit. Access to inpatient rehabilitation unit.	As for Level 4. In addition, medical head of service. Medical officer with three or more postgraduate years of experience on-site 24 hours. May have medical officer in geriatric medicine with three or more postgraduate years of experience. Allied health professionals on-site including physiotherapist, occupational therapist, speech therapist, dietitian, social worker, orthotist and podiatrist.	• Laboratory - RDL4 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide a dedicated aged care service, including admission of acute patients from the emergency medicine department under geriatricians. Provide psychogeriatric service including inpatient care. Provide consultation/management for complex and extraordinary presentations. May have a behaviour assessment management service.	As for Level 5. In addition, aged care beds.	As for Level 5. In addition, geriatricians on-site. Medical officer in geriatric medicine with three or more postgraduate years of experience. Allied health professionals on-site including psychologist.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

8. Haematology

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Referral and management primarily by general practitioner or general physician. Provide outpatient service access. Provide patient education and support programs.	Access to specialist support and advice (may be via telehealth). Consultation available from other clinical specialties. Access to allied health services in line with casemix and clinical load. Access to community nursing.	Appropriately credentialled medical practitioner or physician available on-site or via telehealth. Haematologist available. Medical officer available 24 hours (may be on call). Registered nursing staff available 24 hours in line with patient case mix and clinical load. Allied health professionals available.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL3 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide inpatient care with capability to manage a limited range of haematological presentations; may be in conjunction with related disciplines (e.g. medical oncology, clinical immunology). Provide inpatient consultative service to other specialties within the hospital (e.g. gastroenterology/hepatology, cardiology, renal medicine). Provide on-site outpatient and ambulatory support services. Provide networked ambulatory chemotherapy service for low risk patients. May have multidisciplinary team. May provide post-transplant support service.	As for Level 3. In addition, allied health services on-site in line with casemix and clinical load. Access to palliative care service. Access to with Level 4 rehabilitation service. Access to with Level 4 geriatric medicine service.	As for Level 3. In addition, physician with interest/experience in haematology appointed. Medical specialist available 24 hours with access to haematologist advice (may be networked). Medical officer with three or more postgraduate years of experience. Allied health professionals on-site (e.g. social worker, occupational therapist, speech pathologist, dietitian, physiotherapist). Clinical psychologist or social worker consultation available (may be via telehealth).	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide comprehensive range of haematology services including assessment and management, clinical and laboratory diagnosis. Inpatient care provided by multidisciplinary haematology team. Provide consultative service for complex conditions in a multidisciplinary setting (e.g. intensive care, obstetrics, gynaecology, surgical service, emergency service) and on referral from lower level services. Provide apheresis (may be networked arrangement). Provide stem cell autograft, also known as autologous haematopoietic stem cell transplant (may be networked arrangement). Provide treatment of acute leukaemia. May have speciality clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).	As for Level 4. In addition, department of haematology. Inpatient beds (may be shared with medical oncology or other related disciplines). Access to haematopoietic stem cell transplant laboratory (may be via networked arrangement). On-site bone marrow staining and reporting.	As for Level 4. In addition, medical head of service. Haematologist available 24 hours Medical officer with three or more postgraduate years of experience on-site 24 hours. Preferably, medical officer in haematology with three or more postgraduate years of experience.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

RDL	Haematology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide stem cell allograft (also known as allogeneic haematopoietic stem cell transplant). Provide outpatient/ambulatory services with specialty clinics (e.g. haemostasis, haemophilia, thalassemia, graft versus host reaction, autoimmune disorders, HIV, haematology, amyloidosis).	As for Level 5. In addition, provide networked support to lower level services, including clinical advice and professional development support. Dedicated beds. Inpatient beds with functional positive pressure available. Haematopoietic stem cell transplant laboratory. Haemato-pathology laboratory available. Integrated specialist laboratory and clinical services available, relevant to specialties provided. Access to Level 6 nuclear medicine service (e.g. for positron emission tomography (PET)).	As for Level 5. In addition, haematologist on call 24 hours. Medical officers in haematology with three or more postgraduate years of experience. Allied health professionals with specific haematology caseload on-site (e.g. pharmacist, clinical psychologist, social worker, occupational therapist, dietitian, physiotherapist).	• Laboratory - RDL6 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

9. Immunology

RDL	Immunology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service.	Access to specialist support and advice (may be via telehealth). Access to emergency patient transport service. Access to allied health services in line with casemix and clinical load.	Medical or nurse practitioner available. Physician consultation available (may include telehealth). Allied health professionals available.	- Laboratory - RDL1 - Pharmacy - RDL1 - OT - RDL1 - Anaesthesia - RDL1
3	As for Level 2.	As for Level 2.	As for Level 2.	AS for Level 2.
4	As for Level 3. In addition, service provided by general physician. May provide consultative or outpatient service on-site through visiting immunologist from referral higher level service. May provide education service (e.g. asthma education, allergen avoidance, epi-pen education). May provide immunoglobulin replacement therapy program under guidance of networked higher level service.	As for Level 3. In addition, consultation available from other clinical specialties. Extended hours access to allied health services in line with casemix and clinical load.	As for Level 3. In addition, access to immunologist (adult and/or paediatric) via telehealth and/or outreach. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer available 24 hours (may be on call). Access to allied health professionals.	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - OT - RDL4 - Anaesthesia - RDL4

RDL	Immunology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, manage a range of immunology presentations; service may be provided in conjunction with related specialty disciplines (e.g. infectious diseases). Provide basic inpatient immunology service (e.g. asthma, allergy & rheumatology) including consultative service to other specialties. May provide regular immunology outpatient clinic and ambulatory services.	As for Level 4. In addition, consultation available from other clinical specialties on-site.	As for Level 4. In addition, immunologist appointed or immunology service from related specialty discipline on-site. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4
6	As for Level 5. In addition, provide a comprehensive range of immunology services (e.g. allergy assessment and management, clinical and laboratory diagnosis, assessment and management of autoimmune disease, infection and immune deficiency). Provide consultative services for complex conditions (e.g. immunosuppression guidance and monitoring, laboratory test interpretation), in a multidisciplinary setting and on referral from lower level services. Provide patient education and support programs.	As for Level 5. In addition, department of immunology. Access to Blood Bank Service for specialised blood products. Access to immunopathology service. May have access to plasmapheresis service, in line with casemix and patient load.	As for Level 5. In addition, medical head of service. Immunologist on call 24 hours. Medical officer in immunology with three or more postgraduate years of experience.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL5 • Nuclear Medicine - RDL5 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

10. Infectious Diseases

RDL	Infectious Diseases Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical or nurse practitioner.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to limited outreach clinics. Access to allied health services in line with casemix and clinical load. Access to community health services. Referral pathways to relevant programs and services.	Medical or nurse practitioner available during business hours Allied health professionals available.	- Laboratory - RDL1 - Pharmacy - RDL1 - OT - RDL1 - Anaesthesia - RDL1
3	As for Level 2.	As for Level 2.	As for Level 2.	• AS for Level 2.
4	As for Level 3. In addition, infection control and antimicrobial stewardship services provided by nursing staff and/or pharmacists with relevant experience, under direction of general physician. Provide inpatient care.	As for Level 3. In addition, isolation room/s with internal washbasins and toilets, as well as staff washbasins immediately outside room/s. Patient area with separate air conditioning available. Allied health services on-site in line with patient load and casemix.	As for Level 3. In addition, infectious diseases physician and/or clinical microbiologist (may include consultation via telehealth or outreach). Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site.	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - OT - RDL4 - Anaesthesia - RDL4

RDL	Infectious Diseases Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide inpatient consultative infectious diseases service to other specialties; may be in conjunction with related disciplines (e.g. microbiology, HIV medicine, sexual health, immunology). May provide regular infectious diseases outpatient clinic and ambulatory services.	As for Level 4. In addition, may provide network support to lower level services. On-site infectious diseases service. Access to clinical microbiology service. Inpatient beds with functional negative pressure rooms.	As for Level 4. In addition, infectious diseases physician and/or clinical microbiologist appointed. Medical officer with three or more postgraduate years of experience on call 24 hours. May have medical officer in infectious diseases with three or more postgraduate years of experience. Specialised infection prevention and control staff available.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL4 • OT - RDL4 • Anaesthesia - RDL4

RDL	Infectious Diseases Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide comprehensive range of services and inpatient care. Provide outpatient clinic and ambulatory services. Provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital and on referral from lower level services (e.g. complex infections, laboratory test interpretation, surgical complications, intensive care, haematology, oncology, neurology, maternity, transplantation). Contribute to multidisciplinary care with related disciplines (e.g. HIV medicine, sexual health, immunology) and with other clinical specialties (e.g. surgical services, intensive care). Paediatric service provided by specialist children's hospital. May have a regional role (e.g. designated facility for specified infectious conditions).	As for Level 5. In addition, provide network support to lower level services, including clinical advice and professional development support. Infectious diseases department. May have facilities to treat specified infectious diseases, including very high risk infectious/ novel/ quarantinable conditions.	As for Level 5. In addition, medical head of service. Infectious diseases physician and/or clinical microbiologist available 24 hours. Medical officer in infectious diseases with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL4 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

11. Long Term Care

RDL	Long Term Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Services are delivered at home to recovering, disabled, and chronically or terminally ill persons who need medical, nursing, social, or therapeutic treatment or assistance with essential Activities of Daily Living (ADL). Visiting residential care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone). Facility may provide home-based nursing care. Facility may provide respite day care for patients	If providing respite care, dedicated environment. Access to geriatric or rehabilitation care team for advice and support (may be via telehealth). Access to emergency patient transport service to facilitate support when required. May have access to allied health services in line with casemix and clinical load.	Medical practitioner, may be specialist, with registered nurses with experience providing residential care. May have allied health professionals available.	• Laboratory - RDL1 • Pharmacy - RDL1 • Medical Imaging - RDL1 • OT - RDL1 • Anaesthesia - RDL1
3	As for Level 2. In addition, specialist palliative care, geriatrics and rehabilitation care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide 24 hour patient support at home (may include telephone support). Provide inpatient care if required.	As for Level 2. In addition, inpatient wards (can be general) Allied health services in line with casemix and patient load.	As for Level 2. In addition, medical practitioner with palliative medicine, geriatrics or rehabilitation qualification available. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available. May have allied health professionals with specific skills in chronic and long term care available.	• Laboratory - RDL2 • Pharmacy - RDL2 • Medical Imaging - RDL2 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2

RDL	Long Term Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, care provided by multidisciplinary team, including specialists. Ambulatory long term care services (e.g. outpatient clinics) available. Long Term Acute Care Hospital facility providing services for patients with long-term, clinically complex acute medical requirements. Typically free-standing unit, although can be located within acute care hospital. May specialise in respiratory/ventilator care and accept patients from intensive care units. Provide consultation service to other specialties.	As for Level 3. In addition, specialist multidisciplinary team. Long term care inpatient wards in purpose-built environment, including spaces for rehabilitation and therapy.	As for Level 3. In addition, allied health professionals with specific skills in chronic and long term care available. Staff with training in respiratory/ventilator care may be available.	• Laboratory - RDL3 • Pharmacy - RDL3 • Medical Imaging - RDL2 • HDU - RDL3 • OT - RDL2 • Anaesthesia - RDL2
5	As for Level 4. In addition, specialises in respiratory/ventilator care and accepts patients from intensive care units. Provide advanced psychosocial assessment.	As for Level 4.	As for Level 4. In addition, staff with training in respiratory/ventilator care available.	• Laboratory - RDL4 • Pharmacy - RDL4 • Medical Imaging - RDL4 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL4 • Anaesthesia - RDL4

RDL	Long Term Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5.	As for Level 5. In addition, access to multidisciplinary pain management service.	As for Level 5.	• Laboratory - RDL5 • Pharmacy - RDL5 • Medical Imaging - RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT - RDL5 • Anaesthesia - RDL5

12. Neurology

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by medical or nurse practitioner. Provide limited outpatient service.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport service to facilitate escalation of care and patient transfer when required. Access to allied health services in line with casemix and clinical load. Access to limited outreach clinics. Access to community health services. Access to health education services.	Medical or nurse practitioner available Physician consultation available (may include telehealth). Allied health professionals available.	- Laboratory - RDL1 - Pharmacy - RDL1 - OT - RDL1 - Anaesthesia - RDL1
3	As for Level 2. In addition, provide basic neurology service, including assessment of patients with stroke, initial assessment of new neurology symptoms (adult and paediatric) and management of stable chronic neurological disease, in partnership with specialists from a higher level service. Referral and management primarily by a physician. May provide support and care to stable neurology patients.	As for Level 2. In addition, consultation available from other specialties. Access to computed tomography (CT) scanning during business hours.	As for Level 2. In addition, physician appointed, preferably with an interest/experience in neurology. Neurologist available for consultation (may include telehealth). Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, and/or dietitian).	- Laboratory - RDL3 - Pharmacy - RDL3 - Medical Imaging - RDL3 - HDU - RDL3 - OT - RDL2 - Anaesthesia - RDL2

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide local support and care to stable neurology patients. May have stroke service/unit. May provide acute stroke thrombolysis (AST) where network with acute thrombolysis service is in place.	As for Level 3. In addition, 24 hour access to CT scanning. If providing AST, 24 hour access to specialist neurologist consultation. Access to Level 4 rehabilitation service. Allied health services on-site in line with casemix and clinical load. Access to adult and paediatric electroencephalography (EEG) during business hours desirable.	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. speech therapist for swallow assessment).	- Laboratory - RDL4 - Pharmacy - RDL4 - Medical Imaging - RDL4 - ICU - RDL4 - OT - RDL4 - Anaesthesia - RDL4
5	As for Level 4. In addition, provide wide range of neurology services and manage acute neurological conditions. Provide AST. Provide neurology outpatient service on-site or via local specialist/s. May provide neurosurgical outpatient service.	As for Level 4. In addition, clinical specialty services on-site for consultation. Stroke unit. EEG available on-site. Allied health services including extended hours access, in line with casemix and clinical load. Access to electromyography (EMG), nerve conduction, and evoked responses diagnostic services. Access to magnetic resonance imaging (MRI). Adult Level 5 neurosurgery service on-site, with 24 hour consultation available. Access to subacute services (e.g. rehabilitation, geriatrics, palliative care, pain management). Access to early home care and nursing.	As for Level 4. In addition, neurologist available 24 hours. Neurosurgeon available for consultation 24 hours. Medical officer with three or more postgraduate years of experience on call 24 hours. May have medical officer in neurology with three or more postgraduate years of experience. Allied health professionals (e.g. speech therapist, physiotherapist, social worker, occupational therapist, and/or dietitian). Allied health professionals/team with specific skills in neurology available.	- Laboratory - RDL5 - Pharmacy - RDL5 - Medical Imaging - RDL5 - Nuclear Medicine - RDL4 - ICU - RDL5 - OT - RDL5 - Anaesthesia - RDL5

RDL	Neurology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, manage full range of neurological presentations including complex cases. Provide specialised surgical (e.g. carotid artery angioplasty and/or stenting; thrombectomy) and medical (e.g. AST) stroke interventions. Provide specialty outpatient clinics. May have regional role (e.g. complex epilepsy, deep brain stimulation).	As for Level 5. In addition, department of neurology. Neurology beds (additional to stroke unit). EEG service available 24 hours. Interventional neuroradiology available 24 hours if thrombectomy provided. Access to other specialities (e.g. neurosurgery, interventional neuroradiology, neuro-immunology, neurogenetics, neuropsychiatry). Access to angiography. Access to positron emission tomography (PET) service.	As for Level 5. In addition, medical head of service. Neuroradiologist available. Medical officer in neurology with three or more postgraduate years of experience. Medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory - RDL6 • Pharmacy - RDL6 • Medical Imaging - RDL6 • Nuclear Medicine - RDL5 • ICU - RDL6 • OT - RDL6 • Anaesthesia - RDL6

13. Oncology – Medication

RDL	Oncology – Medical Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide low risk oral chemotherapy service as part of shared care model between general practitioner and Level 4 (or higher) medical oncology service. Provide non-admitted low risk intravenous chemotherapy service. Care managed by medical oncologist	Resuscitation trolley and automatic defibrillation available within the unit. On-site access to a clinician with Advanced Life Support (ALS) training. Access to oncology-specific pharmacy service for drug compounding and clinical advice (may be external pharmacy).	Medical or nurse practitioner available. Medical oncologist available for consultation (may include telehealth).	• Laboratory – RDL1 • Pharmacy – RDL2
3	As for Level 2. In addition, provide access to non-admitted medium risk intravenous chemotherapy service. May have visiting medical oncologist outpatient clinics.	As for Level 2. In addition, inpatient capacity. Consultation available from other clinical specialties. Access to radiation oncology service.	As for Level 2. In addition, appropriately credentialed medical practitioner or physician. May have visiting medical oncologist. Medical officer available 24 hours (may be on call).	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3
4	As for Level 3. In addition, provide multidisciplinary management of oncology patients, including case conferences with radiation oncologists and surgeons (may include teleconference participation). Medical oncology outpatient clinics available.	As for Level 3. In addition, visiting radiation oncology clinics. Other specialties on-site for consultation such as gastroenterology and respiratory medicine. Cancer care coordination. Allied health services on-site. Access to familial cancer service. Access to Level 4 rehabilitation service.	As for Level 3. In addition, medical oncologist appointed. Physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. dietitian, social worker, speech pathologist, psychologist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Oncology – Medical Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide high risk and admitted chemotherapy service. Participate in clinical trials.	As for Level 4. In addition, oncology beds available. Palliative care outpatient clinic available. Access to enteral nutrition service including follow-up care, nutrition support (oral/enteral/parenteral) and equipment. May have access to PET. May have pain clinic.	As for Level 4. In addition, medical oncologist available 24 hours (may be networked in rural/regional areas). Medical officer in medical oncology with three or more postgraduate years of experience. Allied health professionals with specific skills in oncology such as speech pathologist and dietitian.	- Laboratory – RDL5 - Pharmacy – RDL5 - Medical Imaging – RDL5 - Nuclear Medicine – RDL4 - ICU – RDL5 - OT – RDL5 - Anaesthesia – RDL5
6	As for Level 5. In addition, provide comprehensive cancer service with defined specialised multidisciplinary teams (e.g. melanoma, breast cancer, lung cancer, colorectal cancer, gynaecological cancer). Paediatric service provided by specialist children's hospital. May provide familial cancer service. Undertake clinical trials.	As for Level 5. In addition, oncology department. Radiation oncology service readily available, preferably onsite. Access to clinical genetics service.	As for Level 5. In addition, medical officers with three or more postgraduate years of experience on-site 24 hours. Oncology pharmacist on-site.	- Laboratory – RDL6 - Pharmacy – RDL6 - Medical Imaging – RDL6 - Nuclear Medicine – RDL5 - ICU – RDL6 - OT – RDL6 - Anaesthesia – RDL6

14. Oncology – Radiation

RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Consultative service only. No radiation oncology treatment facilities on-site.	Access to specialist support and advice (may include telehealth). Consultative palliative care service. Access to allied health services in line with casemix and clinical load. Access to community nursing service.	Visiting radiation oncologist, working in conjunction with a higher-level cancer care service. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available such as social worker, clinical psychologist, speech pathologist, occupational therapist, dietitian and/or physiotherapist	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2

5	As for Level 4. In addition, part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation nursing and midwifery, radiation therapy and medical physics.	As for Level 4. In addition, access to specialised radiotherapy services not available on-site (e.g. radioactive iodine therapy, stereotactic body radiation therapy (SBRT)) and positron emission tomography (PET). Minimum one dual mode linear accelerator on-site, with intensity modulated radiation therapy capability and ancillary devices (e.g. image guidance, immobilisation, dosimetry, quality assurance). Dedicated radiation oncology information system. Allied health services on-site in line with casemix and clinical load. Access to simulation and treatment planning on-site or referral arrangement. Access to inpatient beds (not necessarily co-located with the treatment facility). Access to at least Level 4 medical oncology service for chemotherapy. Access to oral and maxillofacial surgery. Access to home enteral nutrition service, including follow-up care, nutrition support (oral/ enteral/ parenteral) and equipment (e.g. feeding pumps, giving sets, syringes). Access to equipment for completing nutritional assessment, including accurate medical grade	As for Level 4. In addition, part of a comprehensive cancer service providing primarily non-inpatient services. Care is provided in a team environment with training and service development for radiation oncology, radiation nursing and midwifery, radiation therapy and medical physics.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
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RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
		weigh scales and stadiometer. Access to general lymphoedema service. Access to speech and swallowing assessment services. Communication equipment (e.g. voice restoration such as voice prostheses, electro-larynx).		

RDL	Oncology – Radiation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide comprehensive multidisciplinary cancer service. Provide 24 hour on call service for radiation oncology simulation and treatment. Provide one or more subspecialty services (e.g. brachytherapy, stereotactic radiotherapy). Provide inpatient care co-located with treatment facility.	As for Level 5. In addition, minimum 2 linear accelerators onsite; at least one dual mode. Oncology beds. Clinical specialty services on-site for consultation (e.g. medical oncology, ENT). CT-simulation, treatment planning system and mould room on-site. Specialist lymphoedema service on-site. Home enteral nutrition service on-site. Equipment for completing nutritional assessment on-site, including accurate medical grade weigh scales and stadiometer. Speech and swallowing assessment services on-site (e.g. modified barium swallow, fibre optic endoscopic evaluation of swallowing). Access to mechanical workshop and biomedical support facilities.	As for Level 5. In addition, clinical head of service. Radiation oncologist available 24 hours. Medical officer in radiation oncology with three or more postgraduate years of experience. Allied health professionals with specific skills in radiation oncology. Biomedical engineer or technician on-site in business hours.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

15. Palliative Care

RDL	Palliative Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Generalist palliative care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone).	Access to palliative care team for advice and support (may be via telehealth). Access to emergency patient transport service to facilitate support when required. Access to pain management service. Access to bereavement service. Access to pastoral care. May have access to allied health services in line with casemix and clinical load.	Generalist palliative care service provided via community health, primary care and private care. May provide patient support at home (may be via telephone).	- Laboratory – RDL1 - Pharmacy – RDL1 - Medical Imaging – RDL1 - OT – RDL1 - Anaesthesia – RDL1
3	As for Level 2. In addition, specialist palliative care services available (e.g. access to medical practitioner with palliative medicine qualification or palliative care nurse). Provide 24 hour patient support at home (may include telephone support).	As for Level 2. In addition, access to medical oncology, radiation oncology, mental health, rehabilitation and surgical services. Allied health services in line with casemix and patient load.	As for Level 2. In addition, medical practitioner with palliative medicine qualification available. Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals available. May have allied health professionals with specific skills in palliative care available.	- Laboratory – RDL2 - Pharmacy – RDL2 - Medical Imaging – RDL2 - HDU - RDL3 - OT – RDL2 - Anaesthesia – RDL2

RDL	Palliative Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, care provided by palliative care multidisciplinary team, including medical practitioner credentialled in palliative medicine. Ambulatory palliative care services (e.g. outpatient clinics) available. Provide consultation service to other specialties. Provide inpatient care if required.	As for Level 3. In addition, palliative care multidisciplinary team.	As for Level 3. In addition, medical practitioner credentialled in palliative medicine. Allied health professionals with specific skills in palliative care available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL2 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2
5	As for Level 4. In addition, provide advanced psychosocial assessment.	As for Level 4. In addition, access to medical oncology service. Access to radiation oncology service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience available 24 hours. May have medical officer in palliative medicine with three or more postgraduate years of experience.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Palliative Care Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5.	As for Level 5. In addition, access to multidisciplinary pain management service.	As for Level 5.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

16. Rehabilitation

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide low complexity subacute rehabilitation, ambulatory care (day, outpatient or community). Rehabilitation plan may be carried out by appropriately qualified personnel directed by clinician with expertise in rehabilitation. May provide services for patients with higher complexity needs, with outreach or telehealth support. May provide health education service.	Access to emergency patient transport service. Each patient has documented, interdisciplinary, coordinated rehabilitation care plan and treatment program, including person centred goals and specified timeframes. Involvement of patient, carers and family in planning rehabilitation services. Access to allied health serviced. Access to appropriate rehabilitation equipment.	Medical or nurse practitioner available. Allied health professional on or off site.	- Laboratory – RDL1 - Pharmacy – RDL1
3	As for Level 2. In addition, patients are medically stable with rehabilitation generally of low-medium complexity (e.g. reconditioning, general orthopaedic). Provide inpatient care. Provide health education service. May provide rehabilitation services for ongoing treatment and review May provide program or rehabilitation case management.	As for Level 2. In addition, access to inpatient beds. Allied health services on-site in line with casemix and clinical load. Therapy spaces on-site, appropriately equipped to support rehabilitation care and programs delivered. May have access to prosthetics, rehabilitation engineering and/or seating clinics.	As for Level 2. In addition, medical officer available 24 hours (may be on call). Access to registered nursing staff with relevant experience and training 24 hours. Allied health professionals on-site, such as social worker, physiotherapist, occupational therapist and speech therapist.	- Laboratory – RDL1 - Pharmacy – RDL2

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide rehabilitation services for specific impairment groups (e.g. geriatric, orthopaedic, stroke) with moderately complex rehabilitation needs. Inpatient programs delivered minimum 5 days per week. Provide program or rehabilitation case management.	As for Level 3. In addition, dedicated therapy spaces such as therapy gym, activities of daily living areas (e.g. functional kitchen), hydrotherapy pool. Access to prosthetics, rehabilitation engineering and seating clinics. Access to transitional unit, in line with casemix. Access to specialised rehabilitation services.	As for Level 3. In addition, rehabilitation physician appointed. May have medical officer in rehabilitation medicine with three or more postgraduate years of experience.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3
5	As for Level 4. In addition, provide rehabilitation services for patients with complex care needs, such as neurological, major trauma, brain injury, and spinal injury dysfunction. Provide daily individual and group therapies. May provide in-home ambulatory rehabilitation service. May provide specific rehabilitation programs (e.g. amputee, chronic pain, Parkinson's Disease, lymphoedema). May provide programs for living skills development and community reintegration. May provide post-injury behaviour management intervention program.	As for Level 4. In addition, inpatient rehabilitation unit located either in an acute care facility or in a standalone facility. Network with an acute care facility to facilitate patient transfer for emergency, critical and surgical care. Dedicated interdisciplinary teams. Access to medical and surgical specialties for consultation, such as pain management, plastic surgery. Access to specialised services such as spinal, brain injury, trauma and transplant rehabilitation. Access to mental health and drug and alcohol management services.	As for Level 4. In addition, medical head of service; may be a rehabilitation physician. Allied health professionals with specific skills in rehabilitation.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Rehabilitation Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide rehabilitation services for patients with highly complex needs, including specific programs (e.g. amputee, chronic pain, Parkinson's Disease, lymphoedema). Provide clinical and professional advice to lower level services. May provide regional services (e.g. transplant, brain injury, spinal injury dysfunction). Provide in-reach/consultation service to acute care facilities. Provide programs for living skills development and community reintegration. Provide post-injury behaviour management intervention program.	As for Level 5. In addition, allied health services available extended hours in line with casemix and clinical load (e.g. physiotherapy). Interdisciplinary ambulatory services for referral, follow up, review and therapy. Appropriate setting for behaviour management intervention program.	As for Level 5. In addition, medical officer in rehabilitation medicine with three or more postgraduate years of experience on-site.	• Laboratory – RDL3 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

17. Renal Medicine

RDL	Renal Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide local support and care to renal patients. Provide dialysis facility for self-managing home dialysis patients if considered clinically appropriate by their nephrologist. Provide dialysis facility for those who are medically stable but require nurse assistance with dialysis.	Access to specialist support and advice (may include telehealth). Access to emergency patient transport services. Access to allied health services in line with patient load and casemix. Access to renal supportive care.	Medical practitioner, nurse practitioner, renal clinical nurse consultant, renal clinical nurse specialist or registered nurse with appropriate skills and experience available. Access to registered nursing staff with relevant experience and training. Allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, manage up to stage 4 chronic kidney disease (CKD); selected, stable end stage kidney disease (ESKD); and acute kidney injury (AKI). Care provided by physician in consultation with other specialists. May provide access to satellite haemodialysis centre under supervision of trained nursing staff for stable and self-care dialysis patients, with care managed through formal network arrangement with a higher-level unit.	As for Level 2. In addition, access to consultation from other specialties (e.g. endocrinology, cardiology, vascular surgery). Access to vascular access service. Access to pre-dialysis education.	As for Level 2. In addition, physician available. Nephrologist consultation available on-site or via telehealth. Medical officer available 24 hours (may be on call). Allied health professionals available (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist).	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2

RDL	Renal Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, manage broader range of renal disease in less stable patients than Level 3. Care provided by nephrologist or with nephrologist consultation via formal networked arrangements. Provide access to satellite haemodialysis centre under the supervision of trained nursing staff. May admit patients on peritoneal dialysis if trained nursing staff available for peritoneal dialysis exchanges 24 hours a day (including weekends).	As for Level 3. In addition, access to a larger renal unit for in-centre haemodialysis. Allied health services on-site, in line with casemix and clinical load.	As for Level 3. In addition, nephrologist available for on-site consultation for dialysis patients admitted with an acute illness. Medical officer on-site 24 hours. Allied health professionals on-site (e.g. dietitian, social worker, physiotherapist, occupational therapist, speech pathologist, podiatrist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, may admit patients on all types of dialysis. Provide both peritoneal dialysis and haemodialysis to inpatients. Provide initiation of dialysis. Provide access to home training for haemodialysis and peritoneal dialysis (may be via networked arrangement). Provide renal biopsy. Provide general renal and transplant clinics.	As for Level 4. In addition, in-centre haemodialysis unit with nursing staff trained to conduct peritoneal dialysis exchange 24 hours (including weekends). Access to renal pathology service (Light Microscopy (LM), Immunofluorescence (IF), Electron Microscopy (EM)). Access to home dialysis service.	As for Level 4. In addition, medical officer with three or more postgraduate years of experience on-site 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Renal Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide consultative service for patients with complex conditions in multidisciplinary setting within the hospital (e.g. intensive care, coronary care, surgical service) and on referral from lower level services. Provide home training for haemodialysis and peritoneal dialysis. Provide home dialysis outreach service. May have regional role (e.g. home dialysis training; transplantation unit). May provide specialised renal supportive care service.	As for Level 5. In addition, nephrology department. May have dedicated renal beds.	As for Level 5. In addition, medical head of service. Medical officer in nephrology with three or more postgraduate years of experience available in business hours. After hours on call nursing and medical staffing to support dialysis service.	• Laboratory – RDL6 • Pharmacy – RDL5 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

18. Respiratory & Sleep Medicine

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Management and appropriate referral by a medical practitioner or nurse practitioner. May provide respiratory rehabilitation program.	Access to emergency patient transport to facilitate support when required. Access to respiratory diagnostic services such as spirometry and oxygen saturation measurement. Access to respiratory health education programs such as smoking cessation and general lifestyle advice on sleep hygiene. Access to Level 2 radiology service desirable. Access to allied health services in line with casemix and clinical load.	Medical practitioner, nurse practitioner or registered nurse supported by respiratory service. Access to registered nursing staff with relevant experience and training. Physician consultation available (may include telehealth). Allied health professionals such as physiotherapist available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	As for Level 2. In addition, basic inpatient respiratory medicine service provided by medical practitioner or physician. May provide acute ambulatory care service.	As for Level 2. In addition, referral pathways to respiratory and sleep medicine specialists. Blood gas analysis on-site.	As for Level 2. In addition, appropriately credentialled medical practitioner or physician. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL2

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, manage haemodynamically stable adult patients with respiratory conditions requiring close observation including non-invasive ventilation, but not patients who are haemodynamically unstable or require inotropic support or intubation. Provide a respiratory rehabilitation service. May provide diagnostic bronchoscopy service. May provide respiratory outpatient services.	As for Level 3. In addition, access to home care and nursing. Allied health services on-site in line with casemix and clinical load. Access to other specialties for consultation (e.g. infectious diseases, immunology, medical oncology).	As for Level 3. In addition, physician available 24 hours. Medical officer with three or more postgraduate years of experience. Medical officer on-site 24 hours. Allied health professionals on-site, (e.g. physiotherapist, occupational therapist, social worker, speech pathologist, dietitian, clinical psychologist).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, manage haemodynamically unstable adult patients with respiratory conditions requiring close observation, including non-invasive ventilation. Provide respiratory ambulatory care service with nursing outreach under medical supervision. May provide access to sleep investigation service. May provide access to lung function laboratory. May provide tuberculosis clinic.	As for Level 4. In addition, clinical specialty services on-site for consultation. Extended hours access to physiotherapy services in line with casemix and clinical load. Level 5 cardiology service available on-site or via referral arrangement. Level 5 cardiothoracic surgery available on-site or via referral arrangement. Access to subacute services, palliative care and community health services, in particular community nursing. May have a department of respiratory and sleep medicine.	As for Level 4. In addition, respiratory medicine physician, sleep medicine physician or dual trained general physician/respiratory physician available. Medical officer with three or more postgraduate years of experience on-site 24 hours. May have medical officer in respiratory or sleep medicine with three or more postgraduate years of experience.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Respiratory & Sleep Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide sleep investigation and management service including positive airway pressure, oral appliances, upper airway surgery, positional therapy and weight loss support, either directly or by referral. Provide diagnostic bronchoscopy service and interventional respiratory procedures. Provide pleural disease management service. Provide respiratory ambulatory care service with a multidisciplinary team under specialist medical supervision for interval care, acute episodes and post-acute care. Provide home delivered ventilation service, respiratory outpatient services, sleep outpatient services, tuberculosis clinic. Paediatric services provided by specialist children's hospital. May have regional role.	As for Level 5. In addition, specialty services available on-site include ENT surgery, thoracic surgery, endocrinology, psychiatry and dental services. Respiratory medicine beds. Dedicated acute care monitoring area. Respiratory and sleep medicine department. Respiratory function laboratory.	As for Level 5. In addition, clinical head of service. Medical officer in respiratory or sleep medicine with three or more postgraduate years of experience.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL6 • Anaesthesia – RDL6



Part C: Surgery

1. Burns

RDL	Burns Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Manage minor burns not requiring surgical intervention (<5% of total body surface area) Provide ambulatory care burns service.	Access to wound management service. Access to pain management service. Access to allied health services in line with casemix and clinical load.	Appropriately credentialled medical practitioner. Allied health professionals available such as physiotherapist and occupational therapist	- Laboratory RDL1 - Pharmacy RDL1 - OT – RDL5 - Anaesthesia – RDL5
3	As for Level 2. In addition, continuing service by general surgeon for partial thickness burns estimated at <18% total body surface area and full thickness burns of <10% total body surface area, or any other burns not defined for referral to high level unit.	As for Level 2. In addition, I.V. fluid therapy available. Access to consultation with plastic surgical services	As for Level 2. In addition, access to specialist (may be via telehealth)	- Laboratory – RDL3 - Pharmacy – RDL3 - HDU - RDL3 - OT – RDL3 - Anaesthesia – RDL3
4	As for Level 3. In addition, may admit patients for pain management.	As for Level 3. In addition, on-site allied health services in line with casemix and clinical load. Access to general rehabilitation service. Access to scar management service. Access to consultation-liaison psychiatry.	As for Level 3. In addition, appropriately credentialled surgeon. Medical officer available 24 hours. Allied health professionals on-site.	- Laboratory – RDL4 - Pharmacy – RDL4 - Medical Imaging – RDL4 - ICU – RDL4 - OT – RDL4 - Anaesthesia – RDL4

RDL	Burns Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4.	As for Level 4.	As for Level 4.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide a comprehensive regional service, including inter-hospital transfer for major and severe burns patients. Ambulatory burns clinic for referrals, including wound management. Provide burns specific health education.	As for Level 5. In addition, clinical specialty services on-site with consultation available, such as plastic surgery, ophthalmology, pain management, palliative care. Dedicated burn operating suite sessions/lists. Dedicated inpatient beds. Provide support to lower level services (may include telehealth), including clinical advice and professional development support. Access to comprehensive rehabilitation service. Access to dental service.	As for Level 5. In addition, clinical head of service with relevant clinical experience. Renal and emergency medicine consultants available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours Registered nursing equivalent 16 hours/patient/day (1:1.3) desirable or according to dependency of patient. Specialist clinical nurse desirable. Allied health professionals including dietitian, occupational therapist, orthotist/prosthetist, physiotherapist, psychologist, and speech pathologist. May have specific skills in burns.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

2. Cardiothoracic Surgery

RDL	Cardiothoracic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	No Level 4 service. Refer to higher level.			
5	Provide Major* and selected Complex Major* cardiac and thoracic surgical procedures on ASA 1 to 5 ⁺ patients. Provide elective cardiothoracic procedures (e.g. pacemaker insertion) and elective and emergency thoracic procedures (e.g. lung resection) that do not require cardiopulmonary bypass.	Department of cardiothoracic surgery. Clinical specialty services on-site for consultation (e.g. vascular surgery, upper gastrointestinal surgery). Access to comprehensive rehabilitation service. Allied health services on-site in line with casemix and clinical load. Extended hours access to physiotherapy services in line with casemix and clinical load. Link with palliative care service.	Clinical head of service. Cardiothoracic surgeons appointed. Cardiothoracic/thoracic anaesthetists on-site. Other specialist surgeons on-site. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours. Medical officer on-site 24 hours. May have medical officer in cardiothoracic surgery with three or more postgraduate years of experience. Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and dietitian. Physiotherapist available extended hours (may be on call).	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Cardiothoracic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide Complex Major* cardiac and thoracic surgical procedures for all levels of patient risk^. Cardiopulmonary bypass regularly performed. Manage highly complex diagnostic and treatment procedures (e.g. Type A aortic dissection, massive thoracoabdominal aneurysm, renal tumour with inferior vena caval involvement) in association with other specialties (e.g. vascular surgery, upper gastrointestinal surgery, urology).	As for Level 5. In addition, preferable minimum activity of 300 open heart (heart-lung bypass) cases per year and total of 900 to 1,000 cardiac surgery cases per year is desirable.	As for Level 5. In addition, medical officers in cardiothoracic surgery with three or more postgraduate years of experience on call 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

3. Day Surgery

RDL	Day Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Minor diagnostic and therapeutic procedures on ASA 1 patients. Procedures restricted to those requiring local anaesthesia (excluding spinal, epidural or regional blocks) or I.V. sedation. Endoscopies not requiring general anaesthesia included.	Where unit is free-standing, emergency back-up is provided by nearby hospital. Procedure room or day surgery theatre. May have access to allied health services in line with casemix and clinical load. Uses appropriate preoperative patient screening and selection processes and discharge criteria and processes..	Credentialed medical practitioner and registered nurse available. General surgeon available for consultation (may include telehealth). May have allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 2 and 3 patients. Diagnostic and therapeutic procedures requiring general or regional anaesthesia.	As for Level 2. In addition, at least one operating/procedure room with separate recovery area/room for post-operative care Consultation available from other clinical specialties (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, surgeon credentialed in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL2 • Anaesthesia – RDL3

RDL	Day Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As Level 3. In addition, Common and Intermediate surgical procedures performed on ASA 3 patients by Specialist Surgeons or Medical Practitioners	As for Level 3. In addition, more than one theatre. Formal quality assurance program(4).	As for Level 3. In addition, Nurse Unit Manager available. Allied health professionals on-site.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL3 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, Minor, Common and Intermediate surgical procedures performed on ASA 1 through to 4. Procedures on children aged 12 months to 4 years performed by General Surgeon accredited in paediatric surgery and anaesthesia performed by Paediatric Anaesthetist.	As for Level 4. In addition, consultation available from other specialties. Access to allied health professionals.	As for Level 4. In addition, Specialist Surgeons and Specialist Anaesthetists. Paediatric-experienced allied health practitioners available.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5 service.	As for Level 5 service.	As for Level 5 service.	

4. Ear, Nose & Throat Surgery

RDL	Ear, Nose & Throat Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Provide Minor* day surgical procedures on ASA 1 and 2^ patients.	At least one operating/procedure room with separate recovery area/room for post-operative care. Access to audiology service (on- or off-site). Operative microscope available for insertion of tympanostomy or ventilation tubes ('grommet surgery'). Access to allied health services in line with casemix and clinical load.	Otolaryngologist-head and neck (ENT) surgeon appointed (can be visiting) Allied health professionals available, including audiologist	• Pharmacy – RDL2 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, regularly provide Common and Intermediate* and selected Major* surgical procedures on ASA 1, 2 and 3^ patients. Overnight patient admissions.	As for Level 3. In addition, access to blood for transfusion. Designated acute surgical inpatient unit. Consultation available from other specialties (may include telehealth).	As for Level 3. In addition, ENT surgeon available 24 hours. Medical officer available 24 hours. Nursing personnel with appropriate post graduate qualifications/experience in perioperative and postoperative nursing Access to allied health professionals including dietitians, and speech pathologists.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Ear, Nose & Throat Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 4^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation. ENT endoscopic equipment. Access to nerve intensity monitor	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide full range of Complex Major* surgical procedures for all levels of patient risk^. Paediatric service provided by specialist children's hospital. May participate in multidisciplinary teams with other specialties (e.g. cancer multidisciplinary teams). May perform skull base procedures. May have regional role in specific field	As for Level 5. In addition, department of ENT. Provide support for lower level services, including clinical advice and professional development support. Level 6 neurosurgery on-site for skull base procedures. Allied health services on-site in line with casemix and clinical load. Access to medical oncology, radiotherapy, palliative care, neurology, neurosurgery and plastic surgery services.	As for Level 5. In addition, clinical head of service. Medical officer in ENT with three or more postgraduate years of experience on call 24 hours. Allied health professionals including audiologist, speech pathologist, social worker, occupational therapist, dietitian, physiotherapist and psychologist.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

5. General Surgery

RDL	General Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide procedures requiring analgesia and/or conscious sedation (excludes general anaesthesia). Provide Minor* surgical procedures on ASA 1 and 2^ patients.	Procedure room or day surgery theatre. May have access to allied health services in line with casemix and clinical load.	Appropriately credentialled medical practitioner. General surgeon available for consultation (may include telehealth). May have allied health professionals available.	• Laboratory – RDL1 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* surgical procedures on ASA 1 and 2^ patients. Provide Minor surgical procedures on ASA 3^ and some ASA 4^ patients.	As for Level 2. In addition, at least one operating/procedure room with separate recovery area/room for post-operative care Consultation available from other clinical specialties (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, surgeon credentialled in general surgery. Medical officer available 24 hours (may be on call). Allied health professionals available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	General Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provide Major* surgical procedures on ASA 1 and 2^ patients. Provide Common and Intermediate* surgical procedures on ASA 3 and ASA 4^ patients. Provide appropriate care for ASA 5 and 6^ patients. Models of care in place to separately address emergency and elective surgery.	As for Level 3. In addition, more than one theatre. Access to rehabilitation, medical oncology, radiotherapy and palliative care services. Allied health services on-site in line with casemix and clinical load. Access to cancer multidisciplinary teams. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing	As for Level 3. In addition, surgeon credentialled in general surgery available 24 hours. Allied health professionals on-site such as physiotherapist, occupational therapist, speech therapist, social worker and dietitian.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide selected Complex Major* surgical procedures on ASA 1 and 2^ patients. Provide Major* surgical procedures on ASA 3 to 5^ patients. Participate in multidisciplinary teams (e.g. cancer, orthopaedic, cardiac).	As for Level 4. In addition, department of general surgery. Clinical specialty services on-site for consultation. Access to Level 6 nuclear medicine service for Positron Emission Tomography (PET); may be on an outpatient basis.	As for Level 4. In addition, clinical head of service. Medical officer in general surgery with three or more postgraduate years of experience on call 24 hours	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	General Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide Complex Major* surgical procedures for all levels of patient risk^. May have regional role.	As for Level 5. In addition, most clinical specialties on-site; may include neurosurgery and/or cardiothoracic surgery.	As for Level 5. In addition, medical officer in general surgery with three or more postgraduate years of experience on-site 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

6. Gynaecology

RDL	Gynaecology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	Provide Minor* gynaecological procedures on ASA 1 and 2^ patients.	• Laboratory – RDL • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	As for Level 2. In addition, provide Common and Intermediate* gynaecological procedures on ASA 1, 2 and 3^ patients. Provide selected Major* gynaecological procedures on ASA 1 and 2^ patients.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	As for Level 3. In addition, provide Major* gynaecological procedures on ASA 1 and 2^ patients. Models of care in place to separately address emergency and elective surgery. May provide outpatient and/or ambulatory care services.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Gynaecology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	As for Level 4. In addition, provide Major* gynaecological procedures on ASA 3 to 5^ patients.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	As for Level 5. In addition, provide Complex Major* gynaecological procedures for all levels of patient risk^. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have regional role in a specific field.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

7. Neurosurgery

RDL	Neurosurgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	No Level 3 service. Refer to higher level.			
4	Management of minor head injuries by general surgeon.	Operating room equipment adequate for emergency neurosurgery. Access to general rehabilitation services.	Neurosurgical consultation available (may be via telehealth).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL5 • Nuclear Medicine – RDL3 • HDU - RDL3 • OT – RDL4 • Anaesthesia – RDL4

RDL	Neurosurgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	Provide Common and Intermediate* and selected Major* neurosurgical procedures on ASA 1 to 5^ patients. Models of care in place to separately address emergency and elective surgery.	Dedicated neurosurgical beds. Modern neurosurgical microscope and surgical navigation system in line with complexity of neurosurgery undertaken. 24 hour access to Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Access to specialised rehabilitation services. Clinical specialty services on-site for consultation. Allied health services with extended hours access on-site In line with casemix and clinical load. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing.	Neurosurgeon available 24 hours. Neurosurgical anaesthetist available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours. May have medical officer in neurosurgery with three or more postgraduate years of experience. Medical officer on-site 24 hours. Nursing staff with appropriate post graduate qualifications and/or experience in neurosurgical nursing. Allied health professionals on-site such as physiotherapist, occupational therapist, social worker and dietitian.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine - RDL4 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Major* and Complex Major* neurosurgical procedures for all levels of patient risk^. May participate in multidisciplinary teams with other specialties such as neurology, plastic surgery and orthopaedic surgery. May have regional role in a specific field.	As for Level 5. In addition, department of neurosurgery. Neurosurgical intensive care capacity. 24 hour access to interventional neuroradiology (INR) service. May have neurosurgical close observation unit	As for Level 5. In addition, clinical head of service. Medical officer in neurosurgery with three or more postgraduate years of experience on call 24 hours. Allied health professionals with specific skills in neurosurgery.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

8. Ophthalmology

RDL	Ophthalmology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide minor extra ocular diagnostic and therapeutic procedures under local anaesthesia and/or conscious sedation (excludes general anaesthesia). For example, slit lamp examination, removal of superficial corneal foreign body. Provide Minor* and Common and Intermediate* ophthalmic procedures on ASA 1, 2 and 3^ patients. Provide referral and after care as required	Procedure room or day surgery theatre. Slit lamp, ophthalmic operating microscope and relevant ophthalmic surgical instruments. Phacoemulsification ('phaco') machine. Access to outpatient service. Access to allied health services in line with casemix and clinical load.	Appointed ophthalmologist. Allied health professionals available such as orthoptist.	• Laboratory – RDL2 • Pharmacy – RDL2 • Medical Imaging – RDL2 • OT – RDL2 • Anaesthesia – RDL2
3	As for Level 2. In addition, provides overnight admission.	As for Level 2.	As for Level 2. In addition, medical officer available 24 hours.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Ophthalmology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3.	As for Level 3.	As for Level 3.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
5	As for Level 4. In addition, provide Major* ophthalmic procedures on ASA 1 to 4^ patients. Provide outpatient services with ophthalmic equipment available, preferably on-site.	As for Level 3. In addition, operating room with ophthalmic equipment (e.g. laser). Clinical specialty services on-site for consultation, such as plastic surgery, neurosurgery, neurology.	As for Level 3. In addition, medical officer in ophthalmology with three or more postgraduate years of experience on call 24 hours. Allied health professionals available such as psychologist, social worker and occupational therapist. Orthoptist, preferably on-site.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • HDU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Ophthalmology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provide Complex Major* ophthalmic procedures for all levels of patient risk^. May operate in association with other specialties (e.g. cancer and trauma multidisciplinary teams). May provide oculo-plastic procedures. Ability to accept referrals for complex cases from lower level services May have regional role in a specific field.	As for Level 5. In addition, department of ophthalmology. Access to Level 5 radiation oncology service. Level 6 neurosurgery on-site for oculo-plastic procedures.	As for Level 5. In addition, clinical head of service. Ophthalmologist available 24 hours. Orthoptist on-site.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

9. Oral Health/Dentistry

RDL	Oral Health/Dentistry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	A level 1 service is provided by non-oral health professionals that are trained to identify disease and refer to a Level 2 Service.	N/A	N/A	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
3	General oral health care provided by visiting dental service to children and/or adults. Fixed site (standalone or part of another facility) or fully equipped mobile dental clinic. Provide consultation and treatment services to outpatients and/or inpatients.	Minimum of one dental chair fixed dental operating equipment. Access to dental x-ray service.	Dental practitioners (e.g. dentist, oral health therapist, hygienist)	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1
4	As for Level 2. In addition, regular clinic providing selected Minor* dental procedures.	As for Level 2. Access to complex dental imaging and dental laboratory.	As for Level 2.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1

RDL	Oral Health/Dentistry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 3. In addition, provide some specialised level of oral health care (e.g. orthodontic services, fixed prosthodontics). Provide Minor* dental procedures.	As for Level 3. In addition, access to general anaesthesia (may be off- site). Dental suite with two or more dental chairs. Access to inhalational sedation (nitrous oxide). Access to designated surgical inpatient beds. Access to maxilla-facial services.	As for Level 3. In addition, dentist with specialised experience or specialist dental practitioner. Dental prosthetist available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL4 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
6	As for Level 4. In addition, provide a range of specialist oral health care. Provide Common and Intermediate* dental procedures. Provide networked support to lower level services.	As for Level 4. In addition, clinical specialty services on-site for consultation. On-site cone beam computed tomography and orthopantomogram (OPG). Access to dental laboratory providing both fixed and removable prosthetics. On-site maxilla-facial services.	As for Level 4. In addition, dental technician available. Dentist available 24 hours. On-site facio-maxillary surgeon Nursing staff with appropriate post graduate qualifications and/or experience in perioperative and post-operative nursing.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

10. Orthopaedics

RDL	Orthopaedics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provides minor reduction of fractures performed on low-risk patients by a registered medical practitioner or visiting general surgeon with experience in orthopaedics.	Treatment rooms with plaster equipment	Medical practitioner. May have plaster technician Access to advice from specialist orthopaedic specialists	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL2 • HDU – RDL3 • OT – RDL2 • Anaesthesia – RDL2
3	Provide Minor* and Common and Intermediate* orthopaedic procedures on ASA 1, 2 and 3^ patients.	Power drills, power saws and theatre x-ray available. Consultation available from other clinical specialties, such as general and acute medicine, geriatric medicine, rehabilitation (may include telehealth). Access to fracture clinic. Access to allied health services in line with casemix and clinical load.	Orthopaedic surgeon in attendance as required. Medical officer available 24 hours (may be on call). Allied health professionals including physiotherapist available.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU – RDL4 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide selected Major* orthopaedic procedures on ASA 1, 2 and 3^ patients	As for Level 3. In addition, access to general rehabilitation service.	As for Level 3. In addition, orthopaedic surgeon available 24 hours. Medical officer and/or orthopaedic medical officer with three or more postgraduate years of experience. Allied health professionals including occupational therapist, dietitian, social worker, podiatrist and orthotist available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Orthopaedics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide full range of Major* orthopaedic procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, specialty services on-site with consultation available, including general and acute medicine, geriatric medicine, neurology, vascular surgery, plastic surgery. Orthogeriatrics service. Allied health services on-site in line with casemix and clinical load.	As for Level 4. In addition, orthopaedic medical officer with three or more postgraduate years of experience on call 24 hours. Allied health professionals on-site. Physiotherapist with specific orthopaedic experience. Nursing staff with appropriate orthopaedic post graduate qualifications and/or experience	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* orthopaedic procedures for all levels of patient risk^. May operate in association with other specialties, such as cancer and trauma multidisciplinary teams. May have regional role in a specific field (e.g. hand surgery, spinal surgery).	As for Level 5. In addition, department of orthopaedics. Access to specialised rehabilitation service. Access to medical oncology, radiotherapy and palliative care services.	As for Level 5. In addition, clinical head of service.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

11. Plastic Surgery

RDL	Plastic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	A Level 3 service provides minor plastic and reconstructive surgery outpatients and same day procedures by a visiting plastic surgeon	At least one operating/procedure room with separate recovery area/room for post-operative care. IV fluid therapy available.	Perioperative trained nursing staff. Medical practitioner available 24 hours, on call. Access to some allied health services.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
4	As for Level 3. In addition, provide Minor*, Common and Intermediate*, and selected Major* plastic surgical procedures on ASA 1, 2, 3 and selected 4^ patients.	As for Level 3. In addition, designated acute surgical inpatient unit with appropriately trained surgical specialist nursing staff. Access to allied health services in line with casemix and clinical load. Access to services that support early discharge from surgical procedures, such as home care, ambulatory care services and community nursing.	As for Level 3. In addition, plastic surgeon available 24 hours. Allied health professionals available.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • HDU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Plastic Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide Major* surgical procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation (e.g. vascular surgery). Allied health services on-site in line with casemix and clinical load. Access to rehabilitation service.	As for Level 4. In addition, medical officer in general surgery with three or more postgraduate years of experience on call 24 hours Allied health professionals on-site.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • HDU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* plastic surgical procedures for all levels of patient risk^. May participate in multidisciplinary teams with other surgical specialties. May have regional role in specific field such as severe burns.	As for Level 5. In addition, department of plastic surgery. Plastic surgery operating instruments for microsurgery. Dedicated plastic surgery ward. Post-operative rehabilitation and comprehensive scar management services.	As for Level 5. In addition, clinical head of service. Medical officer in plastic surgery with three or more postgraduate years of experience.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

12. Urology

RDL	Urology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provide Minor* urological procedures on ASA 1, 2^ and selected ASA 3^ patients.	Access to continence education. May have access to allied health services in line with casemix and clinical load.	Medical practitioner credentialled in urology. May have allied health professionals, such as physiotherapist, available.	- Laboratory – RDL1 - Pharmacy – RDL2 - Medical Imaging – RDL2 - OT – RDL2 - Anaesthesia – RDL2
3	As for Level 2. In addition, provide Common and Intermediate* and selected Major* urological procedures on ASA 1, 2 and 3^ patients. Provide Minor* urological procedures for ASA 4^ patients on an ambulatory care basis.	As for Level 2. In addition, consultation available from other clinical specialties, such as general surgery; general and acute medicine (may include telehealth). Access to allied health services in line with casemix and clinical load.	As for Level 2. In addition, medical officer available 24 hours. Allied health professionals, such as physiotherapist, available	- Laboratory – RDL3 - Pharmacy – RDL3 - Medical Imaging – RDL4 - HDU - RDL3 - OT – RDL3 - Anaesthesia – RDL3
4	As for Level 3. In addition, provide Major* urological procedures on ASA 1, 2 and 3^ patients. May provide continence service.	As for Level 3. In addition, links with oncology, radiotherapy, gynaecology and palliative care services. Designated acute surgical inpatient unit with appropriately trained surgical specialist nursing staff. Allied health services on-site in line with casemix and clinical load.	As for Level 3. In addition, urologist available 24 hours. Allied health professionals on-site.	- Laboratory – RDL4 - Pharmacy – RDL4 - Medical Imaging – RDL4 - Nuclear Medicine - RDL4 - ICU – RDL4 - OT – RDL4 - Anaesthesia – RDL4

RDL	Urology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide Major* urological procedures on ASA 4 and 5^ patients and selected Complex Major* urological procedures on ASA 1 to 3^ patients.	As for Level 4. In addition, clinical specialty services on-site for consultation, including renal medicine, oncology, radiotherapy, gynaecology and palliative care services	As for Level 4. In addition, medical officer in surgery with three or more postgraduate years of experience on call 24 hours.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU - RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* urological procedures for all levels of patient risk^. Provide outpatient service. Provide continence service.	As for Level 5. In addition, department of urology. Participate in cancer and trauma multidisciplinary teams.	As for Level 5. In addition, clinical head of service. Medical officer in urology with three or more postgraduate years of experience. Dedicated nurse specialist specialising in urology and providing leadership within the service. Comprehensive continence service	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

13. Vascular Surgery

RDL	Vascular Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	Provides routine day case vascular surgery for low risk patients requiring low complexity surgery.	Appropriate vascular surgical and anaesthetic equipment available on-site	Visiting vascular surgeons General surgeons credentialed to perform low complexity vascular surgical procedures.	- Laboratory – RDL3 - Pharmacy – RDL2 - Medical Imaging – RDL3 - OT – RDL3 - Anaesthesia – RDL3
3	As for Level 3. In addition, provides inpatient, ambulatory and outpatient consulting for vascular surgery. General surgeons may perform basic vascular surgical procedures.	As for Level 3. In addition, on-site high dependency unit available.	General surgeon available on-site. Nursing staff with post graduate qualifications and/or experience in vascular nursing Access to specialist vascular sonographers.	- Laboratory – RDL4 - Pharmacy – RDL4 - Medical Imaging – RDL4 - HDU - RDL3 - OT – RDL4 - Anaesthesia – RDL4
4	As for Level 4. In addition, provide Minor*, Common and Intermediate*, and selected Major* vascular surgical procedures on ASA 1, 2 and 3^ patients.	As for Level 4. In addition, vascular operating instruments (e.g. balloon catheters, vascular clamps). Consultation available from other specialties (may include telehealth). Pre-operative rehabilitation consultation available for elective amputees. Access to allied health services in line with casemix and clinical load.	Vascular or general surgeon available 24 hours. Medical officer available 24 hours. Allied health professionals available.	- Laboratory – RDL4 - Pharmacy – RDL4 - Medical Imaging – RDL4 - Nuclear Medicine – RDL3 - ICU – RDL4 - OT – RDL4 - Anaesthesia – RDL4

RDL	Vascular Surgery Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provide Major* vascular surgery procedures on ASA 1 to 5^ patients.	As for Level 4. In addition, access to specialised prostheses. Clinical specialty services on-site for consultation. Allied health services on-site in line with casemix and clinical load. Access to rehabilitation service.	As for Level 4. In addition, vascular surgeon available 24 hours. Medical officer in surgery with three or more postgraduate years of experience on call 24 hours Allied health professionals on-site. Nursing staff with appropriate postgraduate qualifications and/or perioperative experience in vascular surgery Specialist vascular sonographers	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL4 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5
6	As for Level 5. In addition, provide Complex Major* vascular surgery procedures for all levels of patient risk^. May participate in multidisciplinary teams with other surgical specialties. May have regional role in a specific field.	As for Level 5. In addition, department of vascular surgery.	As for Level 5. In addition, clinical head of service. Medical officer in vascular surgery with three or more postgraduate years of experience Nursing staff with appropriate post graduate qualifications and/or extensive experience in vascular surgery on-site 24 hours	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL5 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6



Part D: Women's & Children

1. Obstetrics

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides antenatal and/or postnatal care for women and infants who have normal care needs. Outpatient and ambulatory care available. No planned birthing services. Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available. Registered medical officer may be available in the local area for the management of the postpartum women with no identified risk factors.	Emergency resuscitation equipment (adult and neonate) Basic equipment for antenatal and postnatal care. Access to offsite pathology and radiology services. Access to specialist obstetric services via telehealth / telephone.	Registered midwives or nurses with access to midwifery support. General physician with experience in obstetrics. Access to allied health professionals as required.	- Laboratory – RDL1 - Pharmacy – RDL1 - OT – RDL1 - Anaesthesia – RDL1
2	As for Level 1. In addition, capacity to manage the care of the 'low risk' pregnant woman during the antenatal, intrapartum and postnatal periods for women from 37 weeks gestation. Will have formal policy/ protocols to guide staff, in the safe, local management of the pregnant woman presenting with 'risk factors', in the intrapartum period or with an unexpected emergency until her transfer of care or a retrieval service is available.	As for Level 1. In addition, antenatal cardiotocograph (CTG) monitoring with access to remote assessment and interpretation. Access to consultation from higher level services.	As for Level 1. In addition, access to registered medical practitioner. Registered midwife available during operational hours.	- Laboratory – RDL2 - Pharmacy – RDL2 - Medical Imaging – RDL1 - OT – RDL1 - Anaesthesia – RDL1

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
3	As for Level 2. In addition, capacity to provide safe care and planned births for woman with a singleton pregnancy, identified as 'low risk' at ≥ 37 weeks gestation. Will provide a range of models of maternity care that complement the demographics and needs of the local community. Will have access to a breastfeeding support.	As for Level 2. In addition, ability to perform continuous foetal monitoring in labour where clinically indicated. On site facilities for emergency delivery (abdominal or vaginal). Able to perform elective caesarean at ≥ 39 weeks gestation. Able to support induction of labour following 39 completed weeks of pregnancy. Able to support vaginal birth following 39 weeks of pregnancy. Urgent retrieval to Level 4 or above maternity service.	As for Level 2. In addition, 24 hour access to obstetrics/ gynecology registered medical practitioner who is able to attend within 30 minutes. 24 hours access to a registered medical practitioner with credentials in anaesthetics who can attend within 30 minutes. 24 hour access to a registered medical practitioner. credentialed to provide care to the neonate and who can attend within 30 minutes.	• Laboratory – RDL3 • Pharmacy – RDL2 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, capacity to provide safe care for the woman with a singleton pregnancy or a twin pregnancy with 'low risk' factors and/or minor complications ≥ 34 weeks gestation. Mothers at risk of delivery of an infant at 32 and 33 weeks gestation at a Level 4 service deemed at higher risk of maternal and neonatal morbidity (e.g. multiple pregnancy, fetal growth restriction) if safe to do so should be transferred in-utero to a Level 5 or 6 service as appropriate. Will have access to a community midwifery services.	As for Level 3. In addition, 24 hour access to foetal scalp pH or lactate sampling. Access to on site urgent blood and specimen testing, blood and volume expanders. Blood storage facilities on site. Access on site to 24 hour ultrasound services. On site Level 4 neonatology service. Access to Level 4 or above ICU/HDU service Access to genetics service as required. Access to perinatal mental health service.	As for Level 3. In addition, registered medical specialist with credentials in obstetrics on-site and on-call 24 hours who can attend within 30 minutes. On-site specialist anaesthetist on-call 24 hours and able to attend within 30 minutes. On-site specialist paediatrician with experience in neonatal care on-call 24 hours and able to attend within 30 minutes. 24 hour access to Level 4 or above General Surgical Service Resident medical officer and midwives on-site 24 hours. Access to allied health professionals as required, including physiotherapy and social work. Access to a midwifery educator.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, capacity to provide safe care for moderate and high complexity mother's, singleton or twin pregnancy at ≥ 32 weeks gestation, including the care for most medical conditions and pregnancy related illnesses. Capacity to manage all unexpected pregnancy and neonatal emergency presentations. Formal arrangements for in-utero transfer of women. Will have access to Adult ICU.	As for Level 4. In addition, a full range of antenatal, birthing and postnatal care facilities, including dedicated birth suites, an antenatal day assessment unit, allocated inpatient beds within a maternity unit and dedicated maternity beds for the acute care of high-acuity patients On-site Level 5 Neonatology Service. On-site Level 4 or above General Surgery Service. The capacity to measure and permanently document foetal scalp sampling and cord blood gases. Portable ultrasound in birth suite 24 hours used by practitioners credentialed in ultrasound. Access to interventional radiology and vascular services. Provides training of specialist obstetricians and midwives.	As for Level 4. In addition, clinical leadership roles in Obstetrics, Midwifery, Nursing and Neonatology Obstetric registrars and RMOs Paediatrics registrars and RMOs. Anaesthetics registrars and RMOs. On-site allied health professionals including occupational therapy, continence advisors and dietitians.	• Laboratory – RDL5 • Pharmacy – RDL4 • Medical Imaging – RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Obstetrics Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
	As for Level 5. In addition, provides all levels of care, including the highest level of complex care for women with serious obstetric and foetal conditions that require high-level multidisciplinary care, including any higher order multiple pregnancy.	As for Level 5. In addition, A 24 hour obstetrics service that provides comprehensive specialist services, including, but not restricted to, midwifery, obstetric, mental health and surgical care for women with high risk and complex needs. On-site dedicated acute observation area within the maternity unit. On-site 24 hour access to obstetric imaging service. On-site Level 6 Neonatology Service. Access to maternal foetal medicine specialty services. Access to foetal surgical services. On-site perinatal mental health service. On-site vascular surgery and interventional radiology services.	As for Level 5. In addition, Specialist neonatologists on-site and on-call 24 hours. Obstetricians with certification or special interest in maternal foetal medicine and obstetric ultrasound. 24 hour on-site access to consultant-level radiology, paediatrics, anaesthetics and adult ICU staff.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • ICU – RDL6 • OT – RDL6 • Anaesthesia – RDL6

2. Neonatology

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No routine management of the neonate. Some local registered medical officer services may be available in the area for the management of the healthy newborn baby who has no identified risk factors. In some instances, the healthy newborn may be supported by a community midwifery service.	Basic neonatal life support skills and equipment.	General Practitioner(s) available. Access to registered nurses. May have access to registered midwives.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
2	As for Level 1. In addition, capacity to provide emergency care to support the sick neonate until the retrieval service arrives. Some registered medical practitioner(s) may be available in the area for the management of the healthy newborn baby who has no identified risk factors.	As for Level 1. In addition, emergency resuscitation equipment available. Access to emergency patient transport services.	As for Level 1. In addition, registered nurses and/or midwives available.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
3	As for Level 2. In addition, capacity to provide safe care for neonates greater than 36 weeks gestation with a birth weight more than 2500g at birth when supported by Neonatologist/Paediatrician. Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of premature or low birth weight neonates.	As for Level 2. In addition, designated neonatal care facilities for transitional and stabilisation of the unexpectedly sick singleton neonate. Nursery equipped with: • radiant heater • convection- warmed heater • oxygen analyser • pulse oximeter • phototherapy lamp • 'point of care' blood sugar analysis machine	As for Level 2. In addition, appropriately credentialed registered medical practitioner(s) available 24 hours. 24 hour on site access to a health professional skilled in initiating accredited neonatal resuscitation. Access to allied health staff. Access to perinatal mental health services. Access to infant and child cognitive and developmental assessment services. Have registered midwives/ nurses available for neonatal care in the nursery area.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics
4	As for Level 3. In addition, Special Care Nursery onsite. Capacity to provide safe care for neonates greater than 34 weeks gestation with minimal complications and a birth weight more than 2000g. Capacity to provide safe care for neonates who can be managed in a bassinet or cot, and/or require incubator care for short term transitional problems or recovering after an acute illness which can reasonably be expected to resolve.	As for Level 3. In addition, designated special care nursery for transitional care and stabilisation sick neonates. Commences mechanical ventilation in consultation with a higher-level neonatal service pending transfer to a higher level service. All patients managed by attending paediatrician. Nursery equipped with: incubator for thermoregulatory care oxygen therapy for short term oxygenation < 4 hours gavage feeding equipment infusion pump for safe management IV therapy	As for Level 3. In addition, On site paediatrician with experience in neonatology on call 24 hours. Registered medical officers rostered and available 24 hours per day, seven days per week. Have access to appropriately qualified registered midwives/ nurses to manage the neonatal care in the nursery area. Nursing staff with appropriate post graduate qualifications and/or experience in neonatal nursing.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics

RDL	Neonatology Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, NICU or Special Care Nursery onsite. Capacity to provide safe care for neonates greater than 32 weeks gestation and a birth weight of more than 1500g at birth. Capability to plan and deliver care for infants with risk factors or complex care needs. A community neonatal nurse service may be available to support the neonate after discharge.	As for Level 4. In addition, designated neonatal nursery with the capability of providing neonatal special care. Provision of short term mechanical ventilation <6 hours pending transfer. Access to nasal CPAP (continual positive airway pressure). Has immediate access to a blood gas machine for measurement of blood gas, plasma glucose and electrolytes. Has neonatal special care services. Nursery equipped with • oxygen therapy via humidified head box or cot - oxygen < 35% FiO2 • cardiorespiratory monitoring	As for Level 4. In addition, an appointed / nominated specialist Paediatrician or Neonatologist as head of neonatal services. Paediatricians/Neonatologists available on site and for consultation 24 hours. Appropriately accredited registered medical officers with a designated role to support the neonatal services available 24 hours. Access to a full range of physicians, subspecialty physicians and surgeons. The neonatal unit is managed by a registered nurse/midwife with appropriate post registration qualifications. Has a designated clinical nurse/midwife educator assigned to the neonatal unit. Access to specialist neonatology allied health providers.	Minimum Core Services are as for the relevant level of the linked obstetrics service. See D1: Obstetrics

6	As for Level 5. In addition, NICU onsite. Capacity to provide multidisciplinary comprehensive management of the most complex neonatal patients. Has the capacity to provide continuous life support and care for newborns born at less than 32 weeks gestation. May have regional role.	As for Level 5. In addition, designated neonatal nursery with neonatal intensive care beds. On site neonatal emergency transport team on call 24 hours. On site neonatal surgery. Nursery equipped with: • airway support suitable for comprehensive oxygen therapies which includes continuous airway pressure, high frequency ventilation, nitric oxide administration and mechanical ventilation • oxygen analysers for continuous inspired oxygen therapy • electroencephalography, end tidal and transcutaneous CO2 monitoring • cardiorespiratory monitoring for all patients • equipment for safe management IV therapies, arterial lines and central venous lines • equipment for controlled infusions, including syringe drivers and infusion pumps • parental nutrition equipment • peritoneal dialysis equipment • exchange transfusion equipment • therapeutic hypothermia equipment Has technical support staff to manage all of the equipment provided.	As for Level 6. In addition, Have an appointed specialist Neonatologist as head of neonatal services. Neonatologists available for consultation and able to attend within 30 minutes to provide support 24 hours. Designated neonatal registrar/nurse practitioner available on site 24 hours. Have access to full range of physicians, subspecialty physicians and surgeons. The neonatal unit is managed by a registered midwife/nurse with appropriate post registration qualifications. Have a designated registered midwife/nurse rostered each shift to attend resuscitations. Have a neonatal nursing care outreach program. Have registered nurse/midwife appointed as the clinical coordinator to manage the post discharge follow up of high risk neonates.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL6 • HDU – RDL6 • OT – RDL6 • Anaesthesia – RDL6
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3. Paediatric Medicine

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides ambulatory care, during business hours, for children and their parent/carer/guardian(s), with no inpatient care. Care predominantly provided by registered nurse or registered midwife for maternity care, nurse practitioner or allied health professionals. Provides rapid health assessment for the sick child, routine child health care, prevention and promotion of health, screening and early diagnosis of conditions for early intervention, treatment or referral and chronic/ long term care and management. Interventions may include family assessment, immunisation, parenting education and support, feeding support, developmental screening, environmental health and disease control. Capable of providing limited treatment for minor injuries and illnesses, basic life support and limited stabilisation prior to transfer to higher level of service.	Staff trained in assessment, care and management and delivery of health promotion activities and programs for children and their families. Referral pathway must exist to provide access to hearing assessment, maternal, child health, development and neonatal services for infants up to 28 days of age.	Registered medical practitioner delivering services. Referral pathway to paediatrician. Access to registered nurses and/or registered midwives or nurse practitioner.	• Laboratory – RDL1 • Pharmacy – RDL1

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
2	As for Level 1. In addition, primarily provides planned ambulatory care for healthy children. Can provide low risk acute care and treatment to a child.	As for Level 1. In addition, access to accredited medical practitioner (may be on call)	As for Level 1. In addition, registered medical practitioner or specialist delivering services. Healthcare practitioners include, but not limited to, medical practitioners, registered nurses, nurse practitioners, registered midwives and lactation consultants, enrolled nurses and allied health professionals. Minimum one staff member on-site each shift trained in advanced life support.	• Laboratory – RDL1 • Pharmacy – RDL1 • Medical Imaging – RDL1 • OT – RDL1 • Anaesthesia – RDL1

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
3	As for Level 2. In addition, provides definitive planned and unplanned ambulatory and/or inpatient care for children and may provide subspecialty ambulatory referral system. Inpatient services usually treat single-system disorders for children with low-acuity medical conditions. Allocated bed area or bay of inpatient children's beds available. Capable of providing advanced life support for children and can stabilise children who require transfer to higher level of service.	As for Level 2. In addition, members of multidisciplinary team suitably qualified and experienced in general paediatric principles and practice. No children admitted to general intensive care beds, except for stabilisation prior to transfer. May provide some visiting specialist ambulatory services. Designated paediatric ward/area where children and adolescents are physically separated from adult patients. Access to audiology services Access to allied health services for children including physiotherapy, occupational therapy, speech pathology, dietetics, mental health and social work.	As for Level 2. In addition, medical practitioner available 24 hours. Nursing staff levels in accordance with the relevant industrial instruments. Suitably qualified and experienced registered nurse in charge of each shift. Other suitably qualified and experienced nursing staff appropriate to service being provided. Access to allied health professionals (including dietitians, occupational therapists, physiotherapists, psychologists, speech pathologists or social workers), as required.	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, provides ambulatory and/or inpatient care. Provides multidisciplinary team approach to broad range of conditions (e.g. developmental assessment teams). Inpatient service provides designated children's ward, and all children up to age of 14 years should be admitted to children's ward (flexibility with adolescents should be exercised). All admitted infants of less than 3 months of corrected age must be involved with paediatric medical services team on admission.	As for Level 3. In addition, multidisciplinary team approach used in care / treatment of children including community based multidisciplinary team. Documented processes between ambulatory and inpatient children's medical service teams. Paediatric support for emergency departments where emergency department located on-site. Access to lung/respiratory function assessment services. May provide non-invasive ventilation care.	As for Level 3. In addition, designated registered medical specialist with credentials in paediatrics as lead clinician responsible for clinical governance of children's medical services. Access 24 hours to registered medical specialist with credentials in paediatrics. Medical practitioner dedicated to paediatrics on-site during business hours and accessible after hours. Suitably qualified and experienced nurse manager. All registered nurses working within service trained in paediatric life support. Access to lactation consultation. Access to allied health professionals with relevant qualifications and experience in children's service delivery (including but not limited to, dietician, occupational therapist, physiotherapist, speech pathologist and social worker).	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL4 • Nuclear Medicine - RDL4 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
5	As for Level 4. In addition, provides definitive ambulatory and/or inpatient care with some subspecialty services available. Service provided separately from neonatal services with access to Level 5 neonatal service. Specialised Paediatric Inpatient Unit with medical, surgical, intensive care and neonatology sub-specialty services available.	As for Level 4. In addition, on-site paediatric ICU and neonatal ICU. On-site paediatric surgeons and specialist anaesthetics (paediatric). On-call paediatric surgical and ICU specialists available 24 hours. On site school facility. Multidisciplinary team members experienced, and have advanced knowledge and skills in delivery of children's services pertaining to specialty / subspecialty area (e.g. children's surgical service). Well-developed, dedicated, child development specialist service. Designated close observation care area / beds managed by paediatric specialists. Designated children's-specific day-stay treatment area. Well-developed children's ambulatory service, which may be provided in standalone environment.	As for Level 4. In addition, paediatric surgical, anaesthetics, intensive care, neonatology and mental health medical subspecialists. Medical practitioners (on-site 24 hours). Dedicated child development registered medical specialist with credentials in paediatrics supports ambulatory child development service. Nursing staffing levels in accordance with the relevant industrial instruments. Extended hours access to Physiotherapy and Social Work, and other disciplines where indicated for specialist patient groups.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • Nuclear Medicine – RDL5 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

RDL	Paediatric Medicine Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, provides most complex medical services to children. Sub-specialties include adolescent medicine, cardiology, child development, child protection, clinical genetics, community child health, dermatology, endocrinology, gastroenterology, general paediatrics, infectious diseases, immunology, medical imaging, metabolic medicine, nephrology, neurology, oncology and haematology, palliative care, pathology, rehabilitation medicine, respiratory medicine, rheumatology and transplantation medicine – where appropriate, specialties accessible 24 hours a day. Supports children's Level 6 surgical, intensive care, emergency and child and youth mental health services. Supported by appropriately staffed Level 6 paediatric intensive care service, and equipped for retrieval support 24 hours a day.	As for Level 5. In addition, multidisciplinary team members have demonstrated experience, and advanced knowledge and skills, in children's services pertaining to specific specialty and/or subspecialty area/s. Adolescent-based ambulatory service with defined transition to adult service. Designated adolescent inpatient service with appropriately trained and experienced nursing staff. Children's pain-management service. Links with all other children's services, ensuring care is provided locally in coordinated manner. Links with Level 6 neonatal services, in particular, maternal foetal medicine services. Active in the development and implementation of clinical guidelines for children.	As for Level 5. In addition, lead clinician responsible for clinical governance of medical services with qualifications in paediatrics. Lead clinicians in all specialty units. Senior registrar with significant role in junior staff management and leadership. Accessible service provided 24 hours for all specialties where clinically relevant. Nursing staff levels in accordance with the relevant industrial instruments. Suitably qualified and experienced nursing leader/s. All specialties have designated children's specialist nurse. Suitably qualified and experienced designated nurse manager to all service units.	• Laboratory – RDL6 • Pharmacy – RDL6 • Medical Imaging – RDL6 • Nuclear Medicine – RDL6 • ICU – RDL5 • OT – RDL5 • Anaesthesia – RDL5

Part E: Mental Health

1. Drug & Alcohol

RDL	Drug & Alcohol Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	Provides general drug and alcohol services by community health staff and general practitioners.	Information, risk assessment and referral is provided by community health staff and general practitioners. Service provides information, counselling and referral to specialist services	Medical practitioner. Visiting community nursing and / or allied health staff with specialist knowledge and skills in alcohol and drugs treatment and support.	N/A
2	As for Level 1. In addition, outpatient assessment and brief intervention.	As for Level 1. In addition, provides pharmacotherapy for opioid dependence.	As for Level 1. In addition, general practitioners and/or medical officers accredited to provide pharmacotherapy for drug dependence, including opioid dependence. Access to specialist allied health drug and alcohol service providers	- Laboratory – RDL3 - Pharmacy – RDL4
3	As for Level 2. In addition, provides inpatient and outpatient detoxification and support services for low risk patients.	As for Level 2. In addition, counselling and support for families and significant others affected by drug use	As for Level 2. In addition, management supervised by health professionals with specific drug and alcohol experience/training. Access to allied health professional services	- Laboratory – RDL4 - Pharmacy – RDL4

RDL	Drug & Alcohol Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
4	As for Level 3. In addition, comprehensive, multidisciplinary, extended hours alcohol and drug treatment services on-site, including medical detoxification for patients with multiple drug dependencies.	As for Level 3. In addition, specialist assessment and treatment provided by multidisciplinary addiction medicine team. Access to alcohol and drug residential rehabilitation services. Inpatient beds suitable for patient detoxification	As for Level 3. In addition, specialist alcohol and drugs multidisciplinary team available on-site Access on-site to specialist mental health services.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL3 • HDU - RDL3 • OT – RDL3 • Anaesthesia – RDL3
5	As for Level 4. In addition, full range of alcohol and drug assessment and treatment services including assessment for brain injury, management of drug related brain injury, clinical supervision of staff, public education and prevention activities.	As for Level 4.	As for Level 4.	• Laboratory – RDL4 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4
6	As for Level 5.	As for Level 5.	As for Level 5. In addition, nursing staff with appropriate post graduate qualifications and/or experience in drug and alcohol nursing on most shifts	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU – RDL4 • OT – RDL4 • Anaesthesia – RDL4

2. Psychiatry (Child & Adolescent, Women and Adults)

RDL	Psychiatry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
1	No Level 1 service. Refer to higher level.			
2	No Level 2 service. Refer to higher level.			
3	Provides mental health care to low complexity mental health patients.	Admission and management by general practitioner or other medical officers Capacity to cope with acutely unwell pending transfer Limited assessment and treatment for severe and persistent mental health conditions Limited access to mental health multidisciplinary team.	General practitioner or other medical practitioner Limited access to mental health multidisciplinary team. Visiting allied health staff with specialist knowledge and skills in mental health treatment and support. Nursing staff with appropriate post graduate qualifications and/or experience in mental health nursing. Access to psychiatrist (via telehealth)	• Laboratory – RDL3 • Pharmacy – RDL3 • Medical Imaging – RDL3
4	As for Level 3. In addition, provides mental health care to moderate complexity mental health patients. It has the capacity for dedicated mental health treatment as inpatients.	As for Level 3. In addition, inpatient mental health treatment.	As for Level 3. In addition, multidisciplinary staff available 24 hours, on call.	• Laboratory – RDL4 • Pharmacy – RDL4 • Medical Imaging – RDL3
5	As for Level 4. In addition, capability of providing mental health care to low, moderate and high complexity mental health patients. Capacity to provide involuntary mental health treatment.	As for Level 4. In addition, capacity for involuntary/authorised mental health treatment. May have secure mental health unit. Comprehensive multidisciplinary team available on-site.	As for Level 4. In addition, comprehensive multidisciplinary team routinely available on-site.	• Laboratory – RDL5 • Pharmacy – RDL4 • Medical Imaging – RDL3 • HDU – RDL4 • OT – RDL3 • Anaesthesia – RDL3

RDL	Psychiatry Service Description	Infrastructure & Service Requirements	Workforce	Other Services Required (Mandatory)
6	As for Level 5. In addition, capability of providing mental health care for patients who present with the highest level of mental health risk and complexity. This service provides mental health care 24 hours.	As for Level 5. In addition, Assessment and treatment for complex mental health conditions. Secure mental health unit. Psychiatric intensive care service on-site.	As for Level 5.	• Laboratory – RDL5 • Pharmacy – RDL5 • Medical Imaging – RDL5 • ICU - RDL5 • OT – RDL4 • Anaesthesia – RDL4

Acknowledgements

This RDL and Framework incorporates parts of common methodology, terminology and concepts which are used in health services and facility planning including the following:

- American Medical Directors Association, 2010. Transitions of Care in the Long-Term Care Continuum Clinical Practice Guideline.
- Ministry of Health Singapore, 2015. Intermediate and Long-Term Care Guidelines
- Department of Health, Queensland Government, 2016. Clinical Services Capability Framework.
- South Australia Health, 2016. Clinical Services Capability Framework
- Department of Health & Human Services, Tasmania, 2015. Tasmanian Role Delineation Framework.
- New South Wales Ministry of Health, 2016. NSW Health Guide to the Role Delineation of Clinical Services.
- Ministry of Health New Zealand, 1993. Guide to the Role Delineation of Health Services in New Zealand.

We acknowledge the collective contribution of the above documents to the overall development of the role delineation concept and methodologies.

6.6 Appendix 06 - Role Delineation Framework

Sample – Design Review Report

Application Number: xxxx123

Facility Name : xxxxx

Facility Address : xxxxx

Date/ Remarks

Design review submission type	Schematic Design Submission	☐	
	Detailed Design Submission	☐	
Review number	First Review	☐	
	Subsequent Review	☐	
	Subsequent Review	☐	
Location (where applicable)	Zone or Floor	Department or FPU	
[eg Inpatient Unit]	[Level 4]		

Architectural/ Medical Planning

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Reviewer)	Applicant's Response
1	General	Compliance with DOH HFG	☐	☐	☐	1.1		
		[Declared non-compliance]	☐	☐	☐	1.2		
		[Acceptable Alternatives]	☐	☐	☐	1.3		
2	Certificate/ Approval from other	Dubai Economy Initial Registration	☐	☐	☐	2.1		
	Authorities (where applicable)	Affection Plan	☐	☐	☐	2.2		
		[Other Authorities]	☐	☐	☐	2.3		
3	Sizes	Room and corridor size compliance	☐	☐	☐	3.1		
		Clearance around beds & objects	☐	☐	☐	3.2		
4	Finishes	Correct types	☐	☐	☐	4.1		
5	Ceilings	Correct types	☐	☐	☐	5.1		
6	Furniture, Fittings, Equipment	Correct types	☐	☐	☐	6.1		
7	Sanitary Fixtures	Correct types	☐	☐	☐	7.1		
8	Hand Wash Basins	Correct types	☐	☐	☐	8.1		
9	Doors	Correct types/ clearance	☐	☐	☐	9.1		
10	Windows	Mandatory windows provided?	☐	☐	☐	10.1		
11	Window Treatment	Curtains/ Blinds type/ compliance	☐	☐	☐	11.1		
12	Ergonomics	Complies with ergonomics	☐	☐	☐	12.1		
13	Other items	Compliance	☐	☐	☐	13.1		
14		[additional items]	☐	☐	☐	14.1		
15		[additional items]	☐	☐	☐	15.1		

MEP Engineering (only applicable for Detailed Design Submission)

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Reviewer)	Applicant's Response
1	General	General Compliance	☐	☐	☐			
2	HVAC	Availability	☐	☐	☐			
3	Electrical	Availability	☐	☐	☐			
4	Plumbing	Availability	☐	☐	☐			
5	ELV	Availability	☐	☐	☐			
6	Nurse Call	Availability	☐	☐	☐			
7	Medical Gases	Availability	☐	☐	☐			
8	Security	Availability	☐	☐	☐			
9	Other	Availability	☐	☐	☐			

6.7 Appendix 07 - Sample - Design Review Report

Sample – Inspection Report

Application Number: xxxx123

Facility Name : xxxxx

Facility Address : xxxxx

Date/ Remarks

Inspection type	Pre-Inspection Assessment	☐	
	Final Inspection	☐	
Inspection number	First Inspection	☐	
	Subsequent Inspection	☐	
	Subsequent Inspection	☐	
Location (where applicable)	Zone or Floor	Department or FPU	
[eg Inpatient Unit]	[Level 4]		

Architectural/ Medical Planning

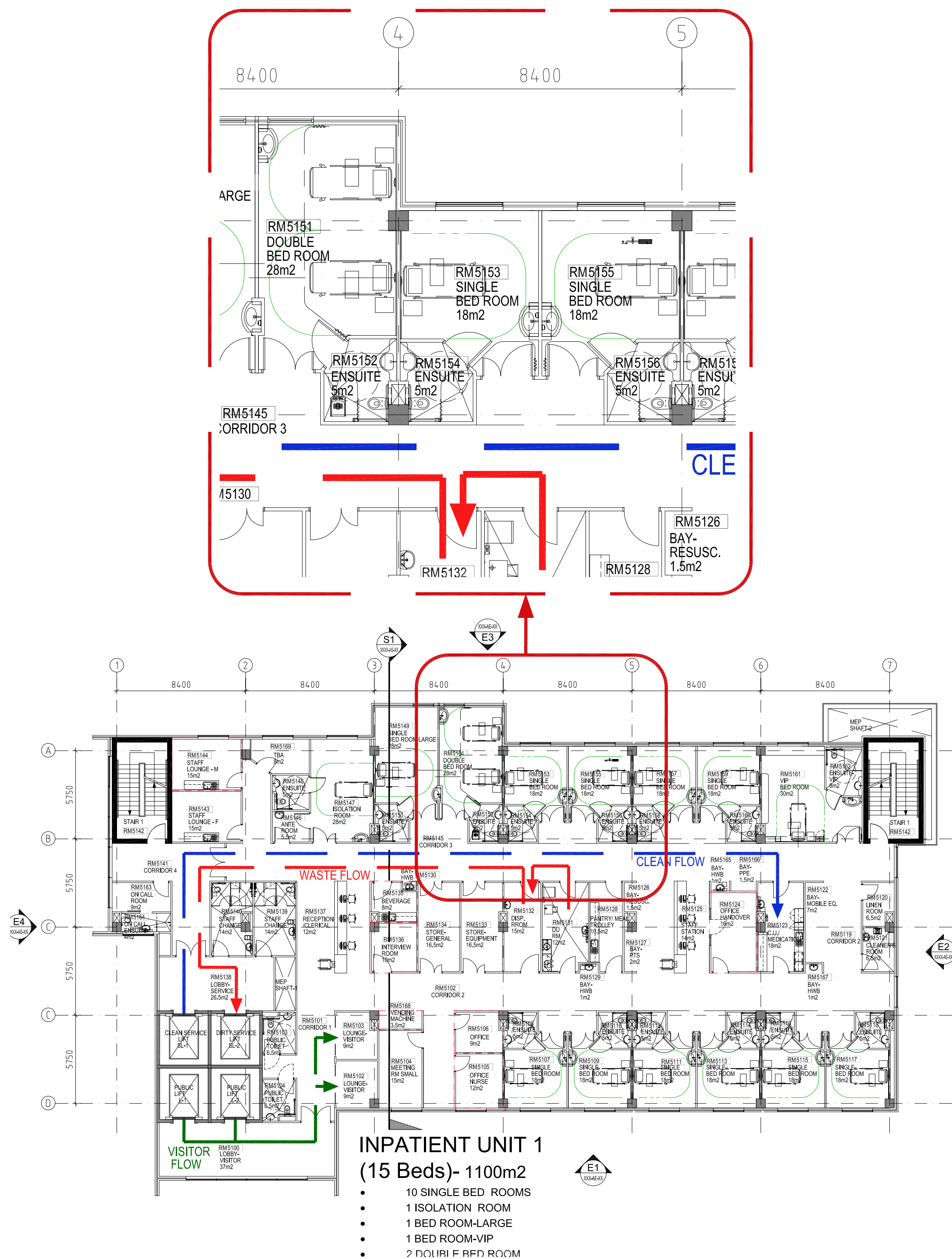
No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Inspector)	Applicant's Response
1	General	Compliance with DOH approved plans	☐	☐	☐	1.1		
		[Deviations from approved plans]	☐	☐	☐	1.2		
		[Change of use]	☐	☐	☐	1.3		
2	NOC's	Biomedical Testing Certificates	☐	☐	☐	2.1		
		Shielding (FANR where required)	☐	☐	☐	2.2		
		[Other Authorities]	☐	☐	☐	2.3		
3	Readiness	Ready for inspection?	☐	☐	☐	3.1		
		Access available?	☐	☐	☐	3.2		
4	Sizes	Room and corridor size compliance	☐	☐	☐	4.1		
		Clearance around beds & objects	☐	☐	☐	4.2		
5	Finishes	Correct types/ installation/ detailing	☐	☐	☐	5.1		
6	Ceilings	Correct types/ installation/ detailing	☐	☐	☐	6.1		
7	Furniture, Fittings, Equipment	Correct types/ installation/ detailing	☐	☐	☐	7.1		
8	Sanitary Fixtures	Correct types/ installation/ detailing	☐	☐	☐	8.1		
9	Hand Wash Basins	Correct types/ installation/ detailing	☐	☐	☐	9.1		
10	Doors	Correct types/ clearance	☐	☐	☐	10.1		
11	Windows	Mandatory windows provided?	☐	☐	☐	11.1		
12	Window Treatment	Curtains/ Blinds type/ compliance	☐	☐	☐	12.1		
13	Ergonomics	Complies with ergonomics	☐	☐	☐	13.1		
14	Other items	Compliance	☐	☐	☐	14.1		
15		[additional items]	☐	☐	☐	15.1		
16		[additional items]	☐	☐	☐	16.1		

MEP Engineering

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Inspector)	Applicant's Response
1	General	General Compliance	☐	☐	☐			
2	HVAC	Availability/ Installation/ Working	☐	☐	☐			
3	Electrical	Availability/ Installation/ Working	☐	☐	☐			
4	Plumbing	Availability/ Installation/ Working	☐	☐	☐			
5	ELV	Availability/ Installation/ Working	☐	☐	☐			
6	Nurse Call	Availability/ Installation/ Working	☐	☐	☐			
7	Medical Gases	Availability/ Installation/ Working	☐	☐	☐			
8	Security	Availability/ Installation/ Working	☐	☐	☐			
9	Other	Availability/ Installation/ Working	☐	☐	☐			

6.8 Appendix 08 - Sample - Inspection Report

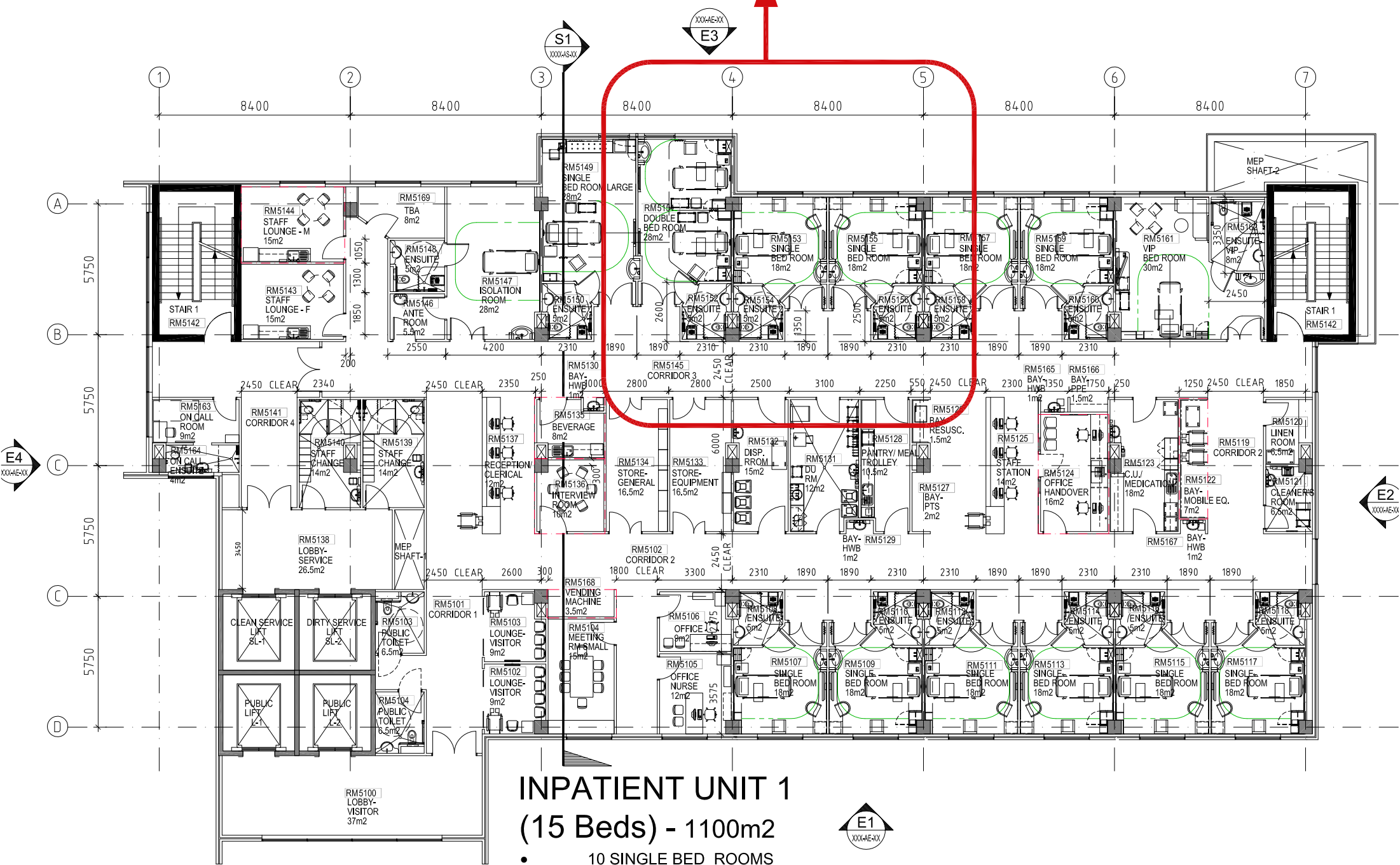
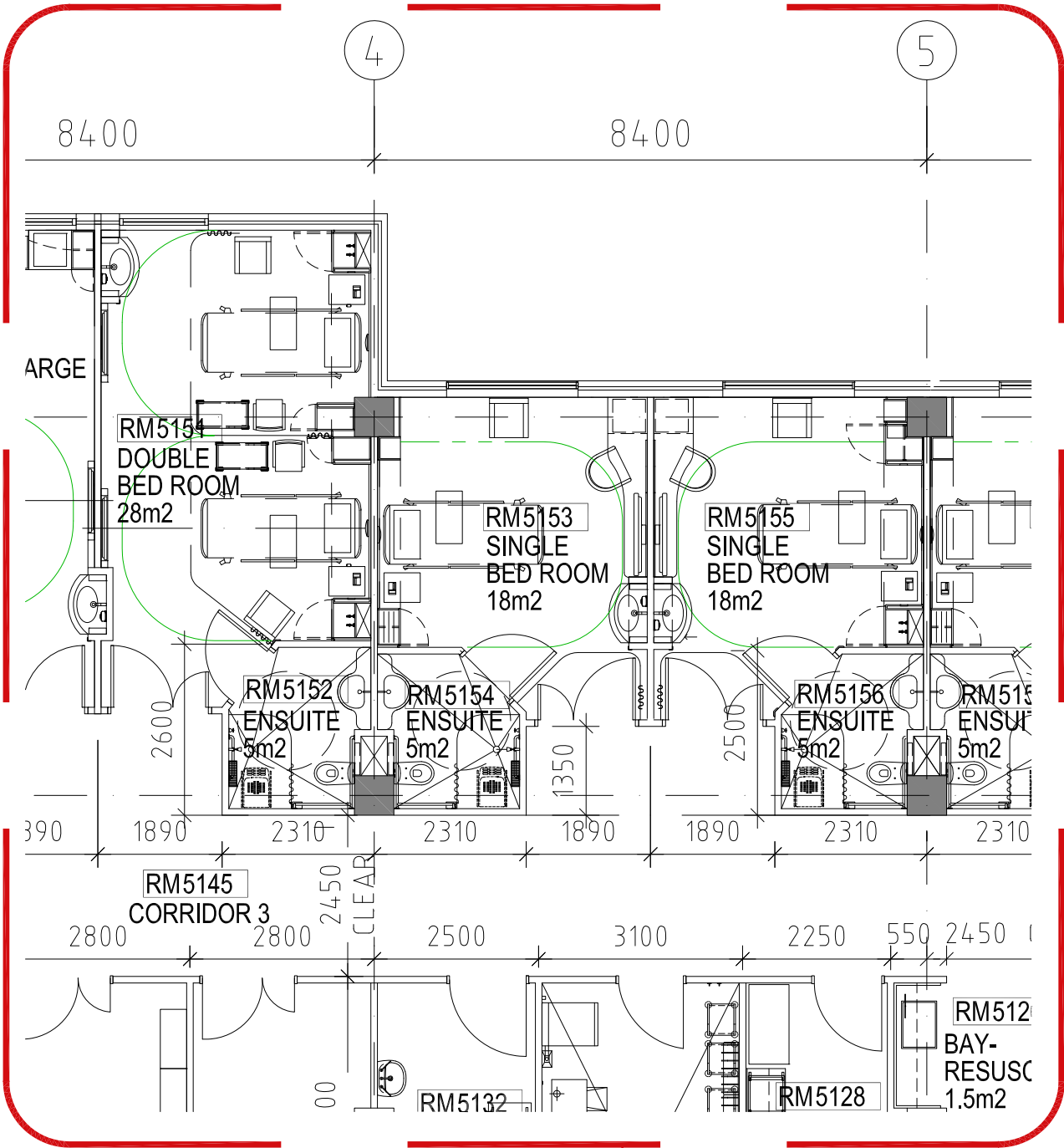
دائرة الصحة
DEPARTMENT OF HEALTH



6.9 Appendix 09 - Sample Drawing for Schematic Submission

DOH Health Facility Guidelines

Sample - Drawing Detailed Design Submission



INPATIENT UNIT 1
(15 Beds) - 1100m²

- 10 SINGLE BED ROOMS
- 1 ISOLATION ROOM
- 1 BED ROOM-LARGE
- 1 BED ROOM-VIP
- 2 DOUBLE BED ROOM

6.10 Appendix 10 - Sample Drawing for Detailed Submission

Facility Types, Functional Planning Units (FPU's) and Role Delineation (RDL) Guide

Under the Abu Dhabi Health Facility Guidelines, the requirements of each facility type are defined by their Functional Planning Units they contain. The name given to the facility is regarded as a convenient reference rather than an indicator of what is expected. The DOH Licensing Software online portal for licensing applications includes a list of common facility types. This document defines the single or multiple FPU's (Functional Planning Units) with are required for each facility type. Furthermore, the services and matching facilities provided may be at different RDL's (Role Delineation Levels).

This Guide is intended to assist the Applicant (Owner, Operator or Consultant) to understand the relationships between a Facility Type, its FPU's (both Mandatory and Optional) and the possible RDL's. For every FPU, there are specific facility requirements at different RDL's as shown in the text of Part B of these Guidelines such as the SOA. For each RDL, the clinical services provided and the skills which need to be present are indicated in the **Role Delineation Framework, Appendix 06 in Part A**.

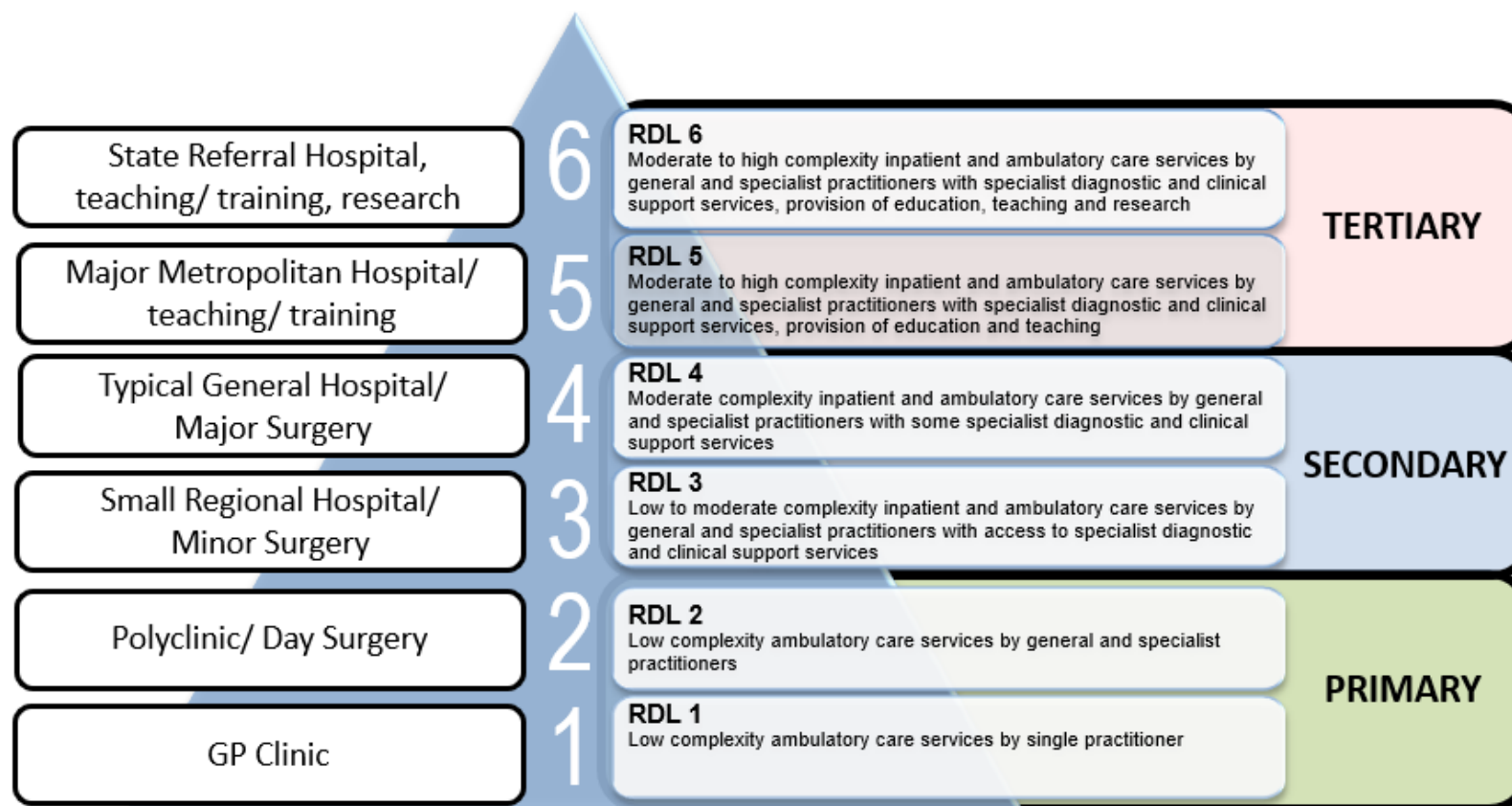
Role Delineation Definition

A simplified Role Delineation Level definition is provided below for quick reference:

RDL 1	Low complexity ambulatory care services by a single practitioner
RDL 2	Low complexity ambulatory care services by general and specialist practitioners
RDL 3	Low to moderate complexity inpatient and ambulatory care services by general and specialist practitioners with access to specialist diagnostic and clinical support services
RDL 4	Moderate complexity inpatient and ambulatory care services by general and specialist practitioners with some specialist diagnostic and clinical support services
RDL 5	Moderate to high complexity inpatient and ambulatory care services by general and specialist practitioners with specialist diagnostic and clinical support services, as well as provision of education and teaching
RDL 6	Moderate to high complexity inpatient and ambulatory care services by general and specialist practitioners with specialist diagnostic and clinical support services, as well as provision of education, teaching and research

RDL for the overall healthcare facility can be mapped to the conventional 3 categories Primary, Secondary and Tertiary care as per the diagram below.

Simple Role Delineation Guide



Facility Type Definition

The following table defines the following:

- Mandatory FPU's are the units which must be provided for each Facility Type
- Optional FPU's which may be provided in addition to the Mandatory FPU's based on the Facility's Service Plan
- RDL's (1 to 6) which may apply to the Facility Type
- The HFDC Prequalification Category (1 or 2) required to submit plans for that Facility Type by RDL's

Within the healthcare industry there are many alternative names given to the facility types. The following table provides the equivalent names which are sometimes used. Regardless of the name used, as far as the Abu Dhabi Health Facility Guidelines are concerned, the Facility Types are defined by the FPU's that they contain and services they provide.

Detailed requirements of each FPU can be found in **Part B – Planning Preliminaries** of these Guidelines.

HFDC Prequalification Categories are defined in **Part A** of these Guidelines. Category 1 Design Consultants only require professional qualifications in the respective Architectural and Engineering fields. Category 2 Design Consultants must indicate a high level of practical experience in Hospitals and Surgical facilities.

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
General Hospital	Hospital Any facility with inpatient services with the Mandatory FPU's listed in this row. No particular specialisation required. RDL may be from 3 to 6.	Mandatory FPU's - Administration Unit - Admissions Unit & Discharge - Catering Unit (4) - Clinical Information Unit - Day Surgery/ Procedure Unit - Emergency Unit⁽⁷⁾ - Engineering and Maintenance Unit - Housekeeping Unit - Inpatient Unit - General - Intensive Care Unit - General - Laboratory Unit - Linen Handling Unit	- Main Entrance Unit - Medical Imaging Unit - General - Mortuary Unit - General - Operating Unit - Outpatients Unit - Pharmacy Unit - Public and Staff Amenities Unit - Sterile Supply Unit (SSU) - Supply Unit - Waste Management Unit	RDL 3 RDL 4 RDL 5 RDL 6	Cat 2 Cat 2 Cat 2 Cat 2
		Optional additional FPU's - Birthing Unit - Cardiac Investigation Unit - Complementary & Alternative Medicine Unit - Coronary Care unit - Dental Surgery Unit - Education Unit⁽⁶⁾ - Endoscopy Unit - Health Centres - Inpatient Unit - Bariatric - IVF Unit	- Maternity Unit - Medical Imaging Unit - Nuclear Medicine & PET - Mental Health Unit - Adults - Mental Health Unit - Child & Adolescent - Mental Health Unit - Older Persons Unit - Mobile Healthcare Unit - Oncology Unit - Chemotherapy Unit - Oncology Unit - Radiation Unit - Rehabilitation Unit - Allied Health - Renal Dialysis Unit		

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Specialty Hospital	Hospital Multi-specialty Hospital Super-specialty Hospital Centre of Excellence Any facility with inpatient services which has the basic General Hospital Requirements at minimum RDL 3 plus a number of Specialist services at higher RDL's such as 4, 5, 6. Facilities with one or more Specialist services and matching facilities at RDL 5/6 may be regarded as Centre of Excellence by the DOH.	Mandatory FPU's As per General Hospital above with additional FPU(s) related to the Specialty (or Service Line) required in order to qualify as a Specialty Hospital or Centre of Excellence. For example, Cardiology, Oncology, Neurology etc. Emergency Unit will no longer be mandatory. Refer to Optional Additional FPU's below for further explanation. Optional Additional FPU's As per General Hospitals above except Emergency Unit ⁽⁷⁾ will be optional.	RDL 4 RDL 5 RDL 6	Cat 2

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
Oncology Centre	Cancer Care Centre Health Centre Ambulatory Cancer Care Centre Polyclinic Medical Centre Any ambulatory care facility for Cancer diagnosis or treatment incorporating the Mandatory FPU's shown in this row.	Mandatory FPU's • Admissions Unit & Discharge • Clinical Information Unit • Laboratory Unit • Medical Imaging Unit - General • Medical Imaging Unit - Nuclear Medicine & PET	• Oncology Unit - Chemotherapy Unit • Outpatients Unit • Pharmacy Unit • Public and Staff Amenities Unit	RDL 2	Cat 1
		Optional additional FPU's • Administration Unit • Complementary & Alternative Medicine Unit • Dental Surgery Unit • Education Unit⁽⁶⁾ • Engineering and Maintenance Unit • Health Centres • Housekeeping Unit	• Linen Handling Unit • Oncology Unit - Radiation Unit • Rehabilitation Unit - Allied Health • Renal Dialysis Unit • Supply Unit • Waste Management Unit		

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
Rehabilitation Centre	Day Rehabilitation Centre Ambulatory Rehabilitation Physiotherapy Centre Any ambulatory care facility specialised in rehabilitation services with Mandatory FPU's shown in this row.	Mandatory FPU's • Admissions Unit & Discharge • Clinical Information Unit⁽⁵⁾ • Main Entrance Unit⁽⁵⁾	• Public and Staff Amenities Unit⁽⁵⁾ • Rehabilitation - Allied Health Unit	RDL 2	Cat 1
		Optional additional FPU's • Administration Unit⁽⁵⁾ • Complementary & Alternative Medicine Unit • Day Surgery/ Procedure Unit • Engineering and Maintenance Unit⁽⁵⁾ • Health Centres • Housekeeping Unit⁽⁵⁾	• Laboratory Unit • Linen Handling Unit⁽⁵⁾ • Medical Imaging Unit - General • Outpatients Unit • Pharmacy Unit • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾		
Day Surgical Centre	Day Surgery Centre Day Procedure Centre Invasive Imaging Centre Any ambulatory care facility providing ambulatory surgical services incorporating the mandatory FPU's in this row.	Mandatory FPU's • Administration Unit⁽⁵⁾ • Admissions Unit & Discharge • Clinical Information Unit⁽⁵⁾ • Day Surgery/ Procedure Unit • Engineering and Maintenance Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory Unit • Linen Handling Unit⁽⁵⁾	• Main Entrance Unit⁽⁵⁾ • Outpatients Unit • Pharmacy Unit • Public and Staff Amenities Unit⁽⁵⁾ • Sterile Supply Unit (SSU) • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾	RDL 2	Cat 2

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
		Optional additional FPU's • Cardiac Investigation Unit • Dental Surgery Unit • Endoscopy Unit • Health Centres • Medical Imaging Unit - General • Medical Imaging Unit - Nuclear Medicine & PET			
Fertility Centre	IVF (In-Vitro Fertilisation) Centre A specialised ambulatory care facility treating patients with fertility-related problems and incorporating the mandatory FPU's in this row.	Mandatory FPU's • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • IVF Unit • Laboratory • Linen Handling Unit⁽⁵⁾	• Main Entrance Unit⁽⁵⁾ • Public and Staff Amenities Unit⁽⁵⁾ • Sterile Supply Unit (SSU) • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾	RDL 2	Cat 2
		Optional additional FPU's • Pharmacy Unit			
Renal Dialysis Centre	Renal Dialysis Centre A specialised ambulatory care facility providing treatments for patients requiring dialysis and incorporating the mandatory FPU's in this row. No inpatient beds are permitted.	Mandatory FPU's • Administration Unit⁽⁵⁾ • Clinical Information Unit⁽⁵⁾ • Housekeeping Unit⁽⁵⁾ • Laboratory • Linen Handling Unit⁽⁵⁾ • Main Entrance Unit⁽⁵⁾	• Public and Staff Amenities Unit⁽⁵⁾ • Renal Dialysis Unit • Sterile Supply Unit (SSU) • Supply Unit⁽⁵⁾ • Waste Management Unit⁽⁵⁾	RDL 2	Cat 1
		Optional additional FPU's • Pharmacy Unit			

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
Polyclinic	Health Centre Super-specialty Centre Multi-specialty Centre A clinic with multi-specialities ambulatory services incorporating the mandatory FPU's in this row. If the Polyclinic includes Day Surgery, please refer to Day Surgical Centres above for additional FPU's required and the higher Consultant Category.	Mandatory FPU's - Administration Unit⁽⁵⁾ - Clinical Information Unit⁽⁵⁾ - Health Centre - Housekeeping Unit⁽⁵⁾ - Main Entrance Unit⁽⁵⁾	- Outpatients Unit - Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾ - Waste Management Unit⁽⁵⁾	RDL 2	Cat 1 Cat 2 if the facility includes Day Surgery
		Optional additional FPU's - Complementary and Alternative Medicine Centres - Dental Surgery Unit - Health Centres	- Laboratory Unit - Medical Imaging Unit – General - Pharmacy Unit		
Specialty Clinic	Specialist Clinic	Mandatory FPU's - Outpatients Unit - Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾		RDL 2	Cat 1
		Optional additional FPU's Administration Unit⁽³⁾			
Convalescence House	Long Term Care Centre	Mandatory FPU's - Administration Unit⁽⁵⁾ - Catering Unit⁽⁴⁾ - Housekeeping Unit⁽⁵⁾ - Linen Handling Unit⁽⁵⁾	- Inpatient Unit - General - Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾ - Waste Management Unit⁽⁵⁾	RDL 3	Cat 2
		Optional additional FPU's - Main Entrance Unit - Pharmacy Unit⁽⁵⁾			

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
Radio Diagnostic Centre	Medical Diagnostic Imaging Centre	Mandatory FPU's - Administration Unit⁽⁵⁾ - Clinical Information Unit⁽⁵⁾ - Engineering and Maintenance Unit⁽⁵⁾ - Housekeeping Unit⁽⁵⁾ - Linen Handling Unit⁽⁵⁾	- Main Entrance Unit - Medical Imaging Unit - General - Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾ - Waste Management Unit⁽⁵⁾	RDL 2	Cat 2
Diagnostic Centre (Multiple Specialties)	Radiology Medical Imaging	Mandatory FPU's - Administration Unit⁽⁵⁾ - Clinical Information Unit⁽⁵⁾ - Engineering and Maintenance Unit⁽⁵⁾ - Housekeeping Unit⁽⁵⁾ - Laboratory Unit - Linen Handling Unit⁽⁵⁾	- Main Entrance Unit - Medical Imaging Unit - General - Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾ - Waste Management Unit⁽⁵⁾	RDL 2	Cat 2
		Optional additional FPU's - Cardiac Investigation Unit - Medical Imaging Unit - Nuclear Medicine & PET			
Medical Laboratory	Pathology Laboratory	Mandatory FPU's - Administration Unit - Engineering and Maintenance Unit⁽⁵⁾ - Housekeeping Unit⁽⁵⁾ - Laboratory	- Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾ - Waste Management Unit⁽⁵⁾	RDL 1	Cat 2

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
Dental Laboratory		As Per DOH Dental Laboratory Regulation		RDL 1	Cat 1
Hospital (Inpatient) Pharmacy	Central Pharmacy	Mandatory FPU's Pharmacy Unit		RDL 3 RDL 4 RDL 5 RDL 6	Cat 1 Cat 2 Cat 2 Cat 2
Community (Outpatient) Pharmacy	A stand-alone pharmacy in any location A pharmacy attached to an Ambulatory Care Centre, Polyclinic or similar An outpatient pharmacy within the hospital serving outpatients, the discharged patients or general public	Mandatory FPU's Pharmacy Unit		RDL 1 RDL 2	Cat 1 Cat 2
TCAM Center	Traditional Medicine Complementary Medicine Acupuncture Centre Ayurveda Treatment Centre	Mandatory FPU's Complementary & Alternative Medicine Unit	- Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾	RDL 1	Cat 1
		Optional additional FPU's Administration Unit⁽⁵⁾			
General Clinic	Family Clinic GP Clinic	Mandatory FPU's - Administration Unit⁽⁵⁾ - Outpatients Unit	- Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾	RDL 1	Cat 1
Dental General Clinic	Dental Surgery	Mandatory FPU's - Dental Surgery Unit - Public and Staff Amenities Unit⁽⁵⁾ - Supply Unit⁽⁵⁾		RDL 1	Cat 1
		Optional additional FPU's Administration Unit⁽⁵⁾			

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional		RDL ⁽²⁾	HFDC Category ⁽³⁾
Company Clinic	An on-site medical clinic within a licensed commercial or industrial facility providing basic nursing care. General medicine services can only be provided by a qualified doctor. A full-time and qualified nurse per treatment area will be minimum staff required.	Mandatory FPU's Outpatients Unit		RDL 1	Cat 1
Hotel Clinic	An on-site medical clinic within a licensed commercial or industrial facility providing basic nursing care. General medicine services can only be provided by a qualified doctor. A full-time and qualified nurse per treatment area will be minimum staff required.	Mandatory FPU's Outpatients Unit		RDL 1	Cat 1
School Clinic	An on-site medical clinic within a licensed school campus providing basic nursing care. General medicine services can only be provided by a qualified doctor. A full-time and qualified nurse per treatment area will be minimum staff required.	Mandatory FPU's Outpatients Unit		RDL 1	Cat 1
Drug Store	Pharmacy Store A stand-alone storage facility for holding pharmaceutical products where no clinical services can be provided.	Mandatory FPU's - Administration⁽⁵⁾ - Pharmacy (related to storage of various types of drugs only)		RDL 1	Cat 1
Relaxing Massage Centre	Spa Relaxation Centre A facility which provides non-surgical cosmetic services.	Mandatory FPU's Complementary & Alternative Medicine Unit⁽⁸⁾		RDL 1	Cat 1
Special Needs Centre	Facilities intended for the care of disabled but otherwise health people	Contact DOH for further information		RDL 1	Cat 1

Facility Type (as per DOH Licensing Software)	Generic/ Alternative Name/ Description	Functional Planning Units (FPU) Mandatory and Optional	RDL ⁽²⁾	HFDC Category ⁽³⁾
Air Ambulance	Patient transfer service via Helicopter or Airplane	Contact DOH for further information	RDL 1	Cat 1
Optical Centre	A facility which provides optometry services including dispensing of optical devices.	As Per DOH Optical Center and Optometry Services	RDL 1	Cat 1
Beauty Centre Salon	A facility which provides non-surgical cosmetic services.	As Per DOH Standards for Non-Surgical Cosmetic Services	RDL 1	Cat 1
Home Health- care Agency	Home Care Home Nursing Hospital in the Home (HITH) Rehabilitation in the Home (RITH) A facility where exchange of patients' medical information from one site to another is conducted via the internet.	As Per DOH Home Healthcare Regulation	RDL 1	Cat 1
Telehealth	Telemedicine A facility where exchange of patients' medical information from one site to another via the internet.	As Per DOH Telehealth Regulation	RDL 1	Cat 1
Mobile Healthcare Unit	Mobile Health Vehicle	This is not currently available on DOH Licensing Software. Owner/ Operator who wishes to provide this service must contact DOH and seek their approval. Mandatory FPU's • Mobile Healthcare Unit	RDL 1	Cat 1

Note:

- Not Mandatory but to be determined by the Service Plan of the Facility.
- By default, the same RDL applies to the whole facility and the FPU's within the facility unless permitted otherwise by the full Role Delineation Framework (refer to Appendix 6 of Part A of these guidelines). If one or more of the Specialties and their matching facilities are provided at RDL5/6, then the facility will be recognized by the DOH as a Centre of Excellence in those services. The single or multi RDL's indicated next to each Facility Type represents the minimum permitted RDL and the relationship to the Consultants Prequalification Category in the next column.
- For Consultants Prequalification and the definition of Categories, refer to Part A, Section 4, Prequalification of Health Facility Design Consultants of these Guidelines.
- When a full-service Catering Unit is not provided, a holding and reheating area sized to the facility's requirement must be provided.
- Support services should be sized accordingly to the number of staff, Role delineation level (RDL) and service plan as defined by the Facility.
- Education Unit is mandatory for teaching Hospital at RDL (Role Delineation Level) 05 and research hospital at RDL 06.
- Emergency Unit is mandatory in General Hospitals and optional in Specialty Hospitals. Health Facility Owner/ Operator must contact DOH directly for further details and services requirements as Emergency Service will be part of the Emirate-wide health services strategy.
- These are Functional Planning Units that are similar and could be used as a guide.
- Co-locating multiple 'Facility Type' is not prohibited. However, each Facility Type may require their separate DOH licence.
- It should be noted the HFDC Categories noted in the above table refer only to Design Consultants, not Professional Consultants in the medical profession.

6.11 Appendix 11 - Facility Types, FPU's and RDL's Guide

Health Facility Design Review Checklist

This checklist is to be used by DOH or outsourced Design Reviewers to record any non-compliance of the submitted design of a new health facility or an existing facility undergoing major refurbishment (exceeding 50% of the existing).

1 General Information of Facility

Choose the applicable Facility Type of the proposed facility:

☐ General Hospital	☐ Specialty Hospital	☐ Oncology Centre
☐ Rehabilitation Centre	☐ Day Surgical Centre	☐ Fertility Centre
☐ Renal Dialysis Centre	☐ Polyclinic	☐ Specialty Clinic
☐ Convalescence House	☐ Radio Diagnostic Centre	☐ General Clinic
☐ Medical Laboratory	☐ Dental Laboratory	☐ Dental General Clinic
☐ Diagnostic Centre (Multiple Specialties)	☐ Hospital (Inpatient) Pharmacy	☐ Community (Outpatient) Pharmacy
☐ TCAM Centre	☐ Company Clinic	☐ Hotel Clinic
☐ School Clinic	☐ Drug Store	☐ Relaxing Massage Centre
☐ Special Needs Centre	☐ Air Ambulance	☐ Optical Centre
☐ Beauty Centre Salon	☐ Home Healthcare Agency	☐ Telehealth

All Mandatory FPU's provided (refer to appendix 11 of Part A)

☐ YES ☐ NO

Optional FPU's provided

Overall Facility RDL: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Design Consultant Prequalification Category: ☐ 1 ☐ 2

Application type sought:

- ☐ Single Step Application
- ☐ 2 Step Application - ☐ Schematic Design Submission
- ☐ Detailed Design Submission

Are all required deliverables as per applicable checklist provided?

☐ YES ☐ NO

(Refer to submitted **Deliverables Checklist (Appendix 1 for Schematic Submission or Appendix 2 for Detailed Submission in Part A)** by Applicant)

2 Functional Planning Unit (FPU) or Department

Choose the applicable FPU(s) being reviewed (ideally use one set of comments per FPU):

☐ Administration Unit	☐ Admissions Unit & Discharge	☐ Birthing Unit
☐ Cardiac Investigation Unit	☐ Catering Unit	☐ Clinical Information Unit
☐ Complementary and Alternative Medicine Centre	☐ Coronary Care Unit	☐ Day Surgery/ Procedure Unit
☐ Dental Surgery Unit	☐ Education Unit	☐ Emergency Unit
☐ Endoscopy Unit	☐ Engineering & Maintenance Unit	☐ Health Centres
☐ Housekeeping Unit	☐ Inpatient Unit - Bariatric	☐ Inpatient Unit - General
☐ Intensive Care Unit - General	☐ IVF Unit (Fertilisation Centres)	☐ Laboratory Unit
☐ Linen Handling Unit	☐ Main Entrance Unit	☐ Maternity Unit
☐ Medical Imaging Unit - General	☐ Medical Imaging Unit - Nuclear Medicine Unit & PET	☐ Mental Health Unit - Adult
☐ Mental Health Unit - Child & Adolescent	☐ Mental Health Unit - Older Persons	☐ Mobile Healthcare Unit
☐ Mortuary - General	☐ Oncology Unit - Medical (Chemotherapy)	☐ Oncology Unit - Radiation
☐ Operating Unit	☐ Outpatients Unit	☐ Pharmacy Unit
☐ Public & Staff Amenities	☐ Rehabilitation - Allied Health	☐ Renal Dialysis Unit
☐ Sterile Supply Unit (SSU)	☐ Supply Unit	☐ Waste Management Unit

FPU RDL: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

(Note: default = the Whole Facility RDL)

☐ New Facility

☐ Refurbishment

% Refurbished %

% New %

% Cumulative Refurb %

3 Architectural/ Medical Planning Compliance Checklist

Does this FPU comply fully with the mandatory SOA? ☐ Yes ☐ No

Remarks: _____

Have any non-conformances been declared or not? ☐ Yes ☐ No

Remarks: _____

Are the alternative design solutions acceptable or not? ☐ Yes ☐ No

Remarks: _____

Are the functional relationships acceptable? Internal - ☐ Yes ☐ No

External - ☐ Yes ☐ No

Remarks: _____

Do Room sizes matching the SOA's of the Guidelines? ☐ Yes ☐ No

Note: Normally up to 10% deviation in area should be accepted

Note: Guidelines use the no-gap area measurement which should not be confused with clear area

Note: Any area approved in the design must be accepted by the inspector

Remarks: _____

Do all the corridor widths comply with the DOH HFG? ☐ Yes ☐ No

Note: Minimum requirements of fire corridors (Civil Defense) may not be sufficient. Operating Unit and ICU requires wider corridors.

Remarks: _____

Do clearances around beds and other objects comply with the DOH HFG? ☐ Yes ☐ No

Note: First refer to the FPU diagrams. If not available refer to the relevant RLS for guidance on clearances

Remarks: _____

Hand wash basins are provided where they are required and shown in design? ☐ Yes ☐ No

Note: also check the types required, eg Type A, B, C. Higher type can replace lower type. Antiseptic Hand Gel Dispenser is not a replacement for Hand Wash Basin.

Remarks: _____

Are all finishes specified are appropriate in clinical areas? ☐ Yes ☐ No

Remarks: _____

Are there any sliding doors used in clinical areas? ☐ Yes ☐ No

Note: Cavity sliders may only be used in non-clinical areas such as administration. In all clinical areas any sliding doors must only be surface sliders or swing doors. Surface above sliders should resist dust collection

Remarks: _____

Does minimum ceiling height comply with the DOH HFG?

☐ Yes ☐ No

Note: Default ceiling height is 2700 except procedural area which are 3000 AFFL.

Note: When limited and local deviations are observed check against the allowance permitted in Part D

Remarks:

Are all door openings adequate as per the DOH-HFG?

☐ Yes ☐ No

Note: Pay particular attention to areas requiring bed movement and the geometry of space

Note: Also look for any mandatory observation panels which may be required (none required for standard patient bedrooms)

Remarks

Mandatory external windows, where required, are provided?

☐ Yes ☐ No

Note: Refer to the allowances in the DOH-HFG, sometimes borrowed light is allowed eg in ICU

Mandatory direct light is only into Inpatient Bedrooms

Remarks:

Are proposed window treatments for sun control appropriate in clinical areas? ☐ Yes ☐ No

Note: Curtains should not be used in clinical areas. Window sun control in operating theatres, labs, ED, ICU etc can only be within double glazing. Curtains may be used in Inpatient Bedrooms except isolation rooms as well as non-clinical areas.

Remarks:

Does the facility comply with the ergonomics standard as per DOH-HFG?

☐ Yes ☐ No

Note: Refer to Part C for examples of ergonomics

Remarks:

Are hand rails provided to at least one side of the main corridors?

☐ Yes ☐ No

Note: hand rails may be combined with crash bars but the handle still must comply with DOH-HFG

Remarks:

4 MEP Engineering Compliance Checklist (only applicable for Detailed Design Submission)

Is the HVAC system design in compliance to the Project Requirements and DOH-HFG Part E?

☐ Yes ☐ No

Remarks: _____

Is Adequate Filtration and Air changes been provided for spaces according to DOH-HFG?

☐ Yes ☐ No

Remarks: _____

Are the mandated air pressurisation requirements for spaces met?

☐ Yes ☐ No

Remarks: _____

Is a pressure display monitor provided for the isolation room?

☐ Yes ☐ No

Remarks: _____

Has the exhaust for negative isolation rooms been provided with HEPA filtration and stack discharge?

☐ Yes ☐ No

Remarks: _____

Has HEPA filtration been provided for the Operating Rooms, Burns Unit and Positive Isolation Rooms?

☐ Yes ☐ No

Remarks: _____

Has a fully ducted return air system been provided?

☐ Yes ☐ No

Note: Ceiling plenum can never be used as a supply or return air duct.

Remarks: _____

Has the MRI room been provided with non-ferrous MEP systems? Has a quench pipe been provided? Has an emergency exhaust system been provided?

☐ Yes ☐ No

Remarks: _____

Are the pharmacy clean rooms provided with HEPA filters?

☐ Yes ☐ No

Remarks: _____

Have laboratory fume hoods been provided with dedicated exhaust?

☐ Yes ☐ No

Is the exhaust provided with HEPA filtration and stack discharge?

☐ Yes ☐ No

Remarks: _____

Are the IVF Procedure Rooms, Embryo Transfer Rooms and Labs provided with HEPA filtration?

☐ Yes ☐ No

Remarks: _____

Has emergency power been provided in accordance to DOH HFG Part E?

☐ Yes ☐ No

Remarks:

Has UPS power been provided in accordance to DOH HFG Part E?

☐ Yes ☐ No

Remarks:

Has IPS power been provided in accordance to DOH HFG Part E Guidelines?

☐ Yes ☐ No

Remarks:

Is the generator location been discussed and accepted by DEWA and complied to its requirements?

☐ Yes ☐ No

Remarks:

Are the electrical rooms provided with 2 hour fire rating or fire suppression as per DEWA requirements?

☐ Yes ☐ No

Remarks:

Is the central server room located at a level where flooding cannot occur? Or are there remedial measures in place?

☐ Yes ☐ No

Remarks:

Is the system resilience covered as per DOH HFG Part E requirements?

☐ Yes ☐ No

Remarks:

Does the Fire Alarm system comply to Civil Defence requirements?

☐ Yes ☐ No

Remarks:

Has the Nurse Call and Emergency Call system provided?

☐ Yes ☐ No

Note: Pull-cords are not acceptable due to safety aspect of patients.

Remarks:

Are the Annunciator or indicator lights provided and visible?

☐ Yes ☐ No

Remarks:

Has the Electrical System been installed as per DEWA requirements?

☐ Yes ☐ No

Remarks:

Has the main water been provided with a DCV after the water meter?

☐ Yes ☐ No

Remarks:

Is the water supply Treated with special water treatment equipment? ☐ Yes ☐ No

Note: One of the following must be present:

- ☐ Low Level Chemical Water Treatment for Raw Water Tank
- ☐ Water Softener
- ☐ Ultra Violet
- ☐ Multimedia Filtration
- ☐ Copper Silver Ionisation
- ☐ Microfiltration
- ☐ Cooling Water Plant Via Heat Exchanger
- ☐ Reverse Osmosis Water Treatment
- ☐ Ozone Water Treatment

Remarks: _____

Has warm water been provided to each Hand Wash Basin? ☐ Yes ☐ No

Note: One of the following methods should be present.

- ☐ TMV-03 at High Level connected to Hot Water Line
- ☐ TMV-03 provided through Sanitaryware Mixing Tap
- ☐ Warm Water Plant

Remarks: _____

Has a valve assembly set (includes PRV and DCV) been provided on cold and holt water services to each room?

☐ Yes ☐ No

Remarks: _____

Has a water balancing valve been provided on the hot water return side? ☐ Yes ☐ No

Remarks: _____

What is the pipe material for the water supply system?

Note: One of the following may be used.

- ☐ Copper
- ☐ MDPE
- ☐ PVC
- ☐ PPR
- ☐ Stainless Steel

Remarks: _____

Is the RO water system been provided for Washer Disinfectors for Dirty Utilities? ☐ Yes ☐ No

Remarks: _____

Has an independent RO water System been provided for the dialysis areas (only for Dialysis Areas)?

☐ Yes ☐ No

Remarks: _____

Has an independent RO water System been provided for areas outside dialysis areas supply (such as CSSD, Laboratory, Washer Disinfectors, HVAC Equipment etc)? ☐ Yes ☐ No

Remarks: _____

Are the RO water system service pipes specified in stainless steel? ☐ Yes ☐ No

If no, state which material was used:

Remarks: _____

Has a Water Recycling system been installed? ☐ Yes ☐ No

If so, they may be used in one of the following areas:

- ☐ External Irrigation Areas
- ☐ Internal Irrigation Areas
- ☐ All Irrigation Areas
- ☐ Flushing WC System
- ☐ All of the Above

Remarks: _____

Has a Clean Steam System been provided to the facility? ☐ Yes ☐ No

Note: This may apply to the following areas:

- ☐ SSU
- ☐ Laboratory
- ☐ Pharmacy
- ☐ HVAC Equipment

Remarks: _____

Has Raw/Plant Steam been provided to the facility? ☐ Yes ☐ No

Note: This may apply to the following areas:

- ☐ Laundry Area
- ☐ Kitchen Area
- ☐ Hot Water Equipment

Remarks: _____

Has the above system been designed as per Abu Dhabi Municipality requirements? ☐ Yes ☐ No

Remarks: _____

Is the drainage crossing Patient areas (including clean areas)? ☐ Yes ☐ No

One of the following may apply:

- ☐ Double Pipe (Pipe-in-Pipe)
- ☐ Drip Tray
- ☐ Acoustically rated pipe

Remarks: _____

Are the main drainage lines electro-fusion welded? ☐ Yes ☐ No

Remarks: _____

For Oncology Areas, is the pipe material used stainless steel? ☐ Yes ☐ No

Remarks: _____

For Oncology Areas, is the pipe buried in Concrete Bunkers? Is the pipe, pipe-in-pipe?

☐ Yes ☐ No

If Yes to the above, one of the following will apply:

- ☐ Duplex Stainless Steel
- ☐ 304 L Stainless Steel
- ☐ 316 L Stainless Steel

Remarks:

For Laboratory Areas, is one of the following materials used for pipework?

- ☐ HDPE
- ☐ Ultra-Pigmented PVC Pipe
- ☐ Ultra Polypropylene
- ☐ UPVC
- ☐ None of the Above - Please state Other

Remarks:

Has an STP been provided?

☐ Yes ☐ No

Remarks:

Has Liquid Oxygen been provided with Vaporiser?

☐ Yes ☐ No

Remarks:

Have 2no. Liquid Oxygen Tanks been provided?

☐ Yes ☐ No

Remarks:

Has Oxygen Generation Been Provided?

☐ Yes ☐ No

Remarks:

Are the number cylinders system sized based on actual flow?

☐ Yes ☐ No

Remarks:

Is there an Automatic Cylinder Manifold system for each gas system?

☐ Yes ☐ No

Remarks:

Is there an Emergency Manual Manifold System for each gas system?

☐ Yes ☐ No

Remarks:

Do both manifolds systems for all medical gas systems have an exhaust to atmosphere pipe from the manifold?

☐ Yes ☐ No

Remarks:

Is the cylinder room located on the ground floor?

☐ Yes ☐ No

Remarks:

Are the Oxygen and Nitrous Oxide Cylinders in the Same Room? ☐ Yes ☐ No
 Remarks: _____

Is there a spare Cylinder Room or just spare cylinder area? ☐ Yes ☐ No
 Remarks: _____

Has central Carbon Dioxide Plant been provided? ☐ Yes ☐ No
 Remarks: _____

Is the Medical Air and Vacuum System provided? ☐ Yes ☐ No
 If Yes to the above, select the location from one of the two below:
☐ Ground Floor
☐ Basement
 Remarks: _____

As per the HVAC AHU startegy for Special areas (such as opertaingtheatgrets, endoscopy rooms, etc) has a Simplex AGSS unit been provided for eahc AHU? ☐ Yes ☐ No
 If Yes to the above, select the location from one of the two below:
☐ Ground Floor
☐ Roof
 Remarks: _____

Has the facility been provided with Duplex AGSS system for other areas outside the simplex units? ☐ Yes ☐ No
 Remarks: _____

Is the main medical gas alarm panel provided? ☐ Yes ☐ No
 If Yes to the above, select the location from one of the below:
☐ Fire Control Room
☐ Secuirty Room
☐ Plant Room
☐ Non of the Above
☐ Other
 Remarks: _____

Are the general Medical Gas AVSU's been provided at the Staff Stations? ☐ Yes ☐ No
 If no, specify location: _____

Has more than one AVSU been provided for special areas as as Operating Theatres, ICU's etc? ☐ Yes ☐ No
 If Yes, specify location: _____

Has a dedicated AVSU or AVSU's been provided to special clinical areas such as Operating Theatres, ICU etc? ☐ Yes ☐ No
 If Yes, specify location: _____

Which one of the following is specified to open the valves on the AVSU panels?

- ☐ Key
- ☐ Push Button
- ☐ Break Glass

Remarks: _____

Does the design specify a key access to the AVSU panel? ☐ Yes ☐ No

If Yes, it is located at: _____

Has the Electrical rooms (not LV switch rooms, just local floor rooms) been provided with an extinguishing system? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Gas Suppression
- ☐ Automatic Water Based Sprinkler
- ☐ None - Due to 2 Hour Fire Rated Enclosure

Remarks: _____

Has the Server room been provided with an extinguishing system? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Gas Suppression
- ☐ Automatic Water Based Sprinkler
- ☐ None - Due to 2 Hour Fire Rated Enclosure

Remarks: _____

Has the oil type generator been provided with an extinguishing system? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Water Mist System
- ☐ Deluge System
- ☐ Foam System
- ☐ Gas Suppression System
- ☐ Other – Please state which type _____

Have the transformers been provided with an extinguishing system? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Water Mist System
- ☐ Deluge System
- ☐ Foam System
- ☐ Gas Suppression System
- ☐ Not required - Dry Type Transformer Used
- ☐ Other – Please state which type _____

Have the Main Electrical Rooms (LV) been provided with an extinguishing system? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Water Mist System
- ☐ Deluge System
- ☐ Automatic Sprinkler System
- ☐ Foam System
- ☐ Gas Suppression System
- ☐ Other – Please state which type _____

Have extinguishing systems been provided in the special clinical areas such as Operating Theatres, Endoscopy procedure rooms etc? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Pre-Action Automatic Double Interlock System
- ☐ Pre-Action Automatic Single Interlock System
- ☐ Automatic Sprinkler System
- ☐ Gas Suppression System
- ☐ Other – Please state which type _____

Have extinguishing systems been provided inside the imaging rooms? ☐ Yes ☐ No

If Yes, select the applicable system from below:

- ☐ Pre-Action Automatic Double Interlock System
- ☐ Pre-Action Automatic Single Interlock System
- ☐ Automatic Sprinkler System
- ☐ Gas Suppression System
- ☐ Other – Please state which type _____

Has the system been designed as per Abu Dhabi Municipality requirements? ☐ Yes ☐ No

Remarks: _____

Has a gas solenoid valve been provided after the LPG or NG gas meter? ☐ Yes ☐ No

Remarks: _____

Is the LPG, NG or Diesel fuel connection - points locked and can only accessed via key access?

☐ Yes ☐ No

Remarks: _____

Are the LPG, NG or Diesel fuel connection points located on the ground floor? ☐ Yes ☐ No

Remarks: _____

What is the material specified for the LPG pipe?

Remarks: _____

What is the material specified for the NG pipe?

Remarks: _____

What is the material specified for the diesel pipe?

Remarks: _____

Are the fuel pipe systems specified with welded pipe?

☐ Yes

☐ No

If Yes, state which fuel services: _____

If the gas pipe is designed in the basement of a facility, is the pipe, pipe-in-pipe? ☐ Yes

☐ No

Remarks: _____

6.12 Appendix 12 - Health Facility Design Review Checklist

Health Facility Inspection Checklist

This checklist is to be used by DOH or outsourced Inspectors to record any non-compliance of the constructed health facility either new or major refurbishment (exceeding 50% of the existing) to an existing facility.

1 Functional Planning Unit (FPU) or Department

Choose the applicable FPU(s) being reviewed (ideally use one sheet per FPU):

☐ Administration Unit	☐ Admissions Unit & Discharge	☐ Birthing Unit
☐ Cardiac Investigation Unit	☐ Catering Unit	☐ Clinical Information Unit
☐ Complementary and Alternative Medicine Centre	☐ Coronary Care Unit	☐ Day Surgery/ Procedure Unit
☐ Dental Surgery Unit	☐ Education Unit	☐ Emergency Unit
☐ Endoscopy Unit	☐ Engineering & Maintenance Unit	☐ Health Centres
☐ Housekeeping Unit	☐ Inpatient Unit - Bariatric	☐ Inpatient Unit - General
☐ Intensive Care Unit - General	☐ IVF Unit (Fertilisation Centres)	☐ Laboratory Unit
☐ Linen Handling Unit	☐ Main Entrance Unit	☐ Maternity Unit
☐ Medical Imaging Unit - General	☐ Medical Imaging Unit - Nuclear Medicine Unit & PET	☐ Mental Health Unit - Adult
☐ Mental Health Unit - Child & Adolescent	☐ Mental Health Unit - Older Persons	☐ Mobile Healthcare Unit
☐ Mortuary - General	☐ Oncology Unit - Medical (Chemotherapy)	☐ Oncology Unit - Radiation
☐ Operating Unit	☐ Outpatients Unit	☐ Pharmacy Unit
☐ Public & Staff Amenities	☐ Rehabilitation - Allied Health	☐ Renal Dialysis Unit
☐ Sterile Supply Unit (SSU)	☐ Supply Unit	☐ Waste Management Unit

FPU RDL: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

(Note: default = the Whole Facility RDL)

☐ New Facility

☐ Refurbishment

% Refurbished %

%New %

% Cumulative Refurb %

2 Architectural/ Medical Planning Compliance Checklist

Does the completed facility match the DOH approved design drawings? ☐ Yes ☐ No

Remarks: _____

Have all required NOC's been submitted? ☐ Yes ☐ No

eg. Biomedical Testing, FANR etc.

Remarks: _____

Is the facility ready for inspection and access is available? ☐ Yes ☐ No

Note: for Pre-inspection Assessment, all building construction work should be completed and equipment installed.

For Final Inspection, the hospital commissioning should be completed, literally ready to receive patients.

Remarks: _____

Do Room sizes matching the DOH approved design drawings? ☐ Yes ☐ No

Note: Normally up to 10% deviation in area should be accepted

Note: Guidelines use the no-gap area measurement which should not be confused with clear area

Note: Any area approved in the design must be accepted by the inspector

Remarks: _____

Do all the corridor widths comply with the DOH HFG? ☐ Yes ☐ No

Note: Minimum requirements of fire corridors (Civil Defense) may not be sufficient. Operating Unit and ICU requires wider corridors.

Remarks: _____

Do clearances around beds and other objects comply with the DOH HFG? ☐ Yes ☐ No

Note: First refer to the FPU diagrams. If not available refer to the relevant RLS for guidance on clearances

Remarks: _____

Are all finishes appropriate, cleanable and installed correctly? ☐ Yes ☐ No

Note: Pay particular attention to any open joints, gaps, slip resistance and cleanability

Remarks: _____

Gap-free detailing is applied to all surfaces and joints? ☐ Yes ☐ No

Gap-free applies to joinery, walls, floors, fixtures etc

Remarks: _____

Are all critical elements are accessible for inspection? ☐ Yes ☐ No

Remarks: _____

Are there any cavity sliders (sliding doors) installed in clinical areas? ☐ Yes ☐ No

Note: Cavity sliders may only be used in non-clinical areas such as administration. In all clinical areas any sliding doors must only be surface sliders or swing doors. Surface above sliders should resist dust collection

Remarks: _____

Does minimum ceiling height comply with the DOH HFG? ☐ Yes ☐ No

Note: Default ceiling height is 2700 except procedural area which are 3000 AFFL.

Note: When limited and local deviations are observed check against the allowance permitted in Part D

Remarks: _____

Are all required Furniture, Fittings present and working? ☐ Yes ☐ No

Note: At pre-inspection assessment only fixed items are expected.

At final inspection all items are expected.

Remarks: _____

Are all required Medical Equipment provided and certified? ☐ Yes ☐ No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: _____

Is an independent Medical Gas System Testing certificate available? ☐ Yes ☐ No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: _____

Are all required Sanitary Fixtures present and working? ☐ Yes ☐ No

Note: At pre-assessment inspection all items are required and must be working correctly.

Remarks: _____

Hand wash basins are provided where they are required and shown in design? ☐ Yes ☐ No

Note: also check the types required, eg Type A, B, C. Higher type can replace lower type. Antiseptic Hand Gel Dispenser is not a replacement for Hand Wash Basin.

Remarks: _____

Are all door openings adequate as per the DOH-HFG? ☐ Yes ☐ No

Note: Pay particular attention to areas requiring bed movement and the geometry of space

Note: Also look for any mandatory observation panels which may be required (none required for standard patient bedrooms)

Remarks: _____

Are door closers provided where they are required? ☐ Yes ☐ No

(eg. fire doors, accessible bathrooms etc)

Remarks: _____

Mandatory external windows, where required, are provided? ☐ Yes ☐ No

Note: Refer to the allowances in the DOH-HFG, sometimes borrowed light is allowed eg in ICU

Mandatory direct light is only into Inpatient Bedrooms

Remarks: _____

Are window treatments for sun control appropriate in clinical areas? ☐ Yes ☐ No

Note: Curtains should not be used in clinical areas. Window sun control in operating theatres, labs, ED, ICU etc can only be within double glazing. Curtains may be used in Inpatient Bedrooms except isolation rooms as well as non-clinical areas.

Remarks: _____

Does the facility comply with the ergonomics standard as per DOH-HFG? ☐ Yes ☐ No

Note: Refer to Part C for examples of ergonomics

Remarks: _____

Are hand rails provided to at least one side of the main corridors? ☐ Yes ☐ No

Note: hand rails may be combined with crash bars but the handle still must comply with DOH-HFG

Remarks: _____

3 MEP Engineering Compliance Checklist

Is the HVAC system commissioned according to the Project Requirements and DOH-HFG Part E?

Note: Is a report from the commissioning agent and TAB contractor available?

☐ Yes ☐ No

Remarks: _____

Is Adequate Filtration and Air changes been provided for spaces according to DOH-HFG?

☐ Yes ☐ No

Remarks: _____

Are the mandated air pressurisation requirements for spaces met? Has the commissioning agent verified the pressure regime as per the guidelines?

☐ Yes ☐ No

Remarks: _____

Is a pressure display monitor provided for the isolation room?

☐ Yes ☐ No

Remarks: _____

Is the monitor displaying the correct +ve or -ve pressure requirements?

☐ Yes ☐ No

Remarks: _____

Has the exhaust for negative rooms been provided with HEPA filtration and stack discharge?

☐ Yes ☐ No

Remarks: _____

Has HEPA filtration been provided for the Operating Rooms, Burns Unit and Positive Isolation Rooms?

☐ Yes ☐ No

Remarks: _____

Has a fully ducted return air system been provided?

☐ Yes ☐ No

Note: Ceiling plenum can never be used as a supply or return air duct.

Remarks: _____

Has the MRI room been provided with non-ferrous MEP systems?

☐ Yes ☐ No

Remarks: _____

Has a quench pipe been provided?

☐ Yes ☐ No

Remarks: _____

Has an emergency exhaust system been provided? ☐ Yes ☐ No
Remarks: _____

Are the pharmacy clean rooms provided with HEPA filters? ☐ Yes ☐ No
Remarks: _____

Have laboratory fume hoods been provided with dedicated exhaust? ☐ Yes ☐ No
Remarks: _____

Is the exhaust provided with HEPA filtration and stack discharge? ☐ Yes ☐ No
Remarks: _____

Are the IVF Procedure Rooms, Embryo Transfer Rooms and Labs provided with HEPA filtration? ☐ Yes ☐ No
Remarks: _____

Has a space pressurisation report been prepared for the spaces mentioned in the DOH guideline Part E Section 2.14? ☐ Yes ☐ No
Remarks: _____

Has an O&M manual been provided and available to the owner? ☐ Yes ☐ No
Remarks: _____

Has emergency power been provided in accordance to DOH HFG Part E? ☐ Yes ☐ No
Remarks: _____

Has UPS power been provided in accordance to DOH HFG Part E? ☐ Yes ☐ No
Remarks: _____

Has IPS power been provided in accordance to DOH HFG Part E Guidelines? ☐ Yes ☐ No
Remarks: _____

Is the generator location as per DEWA requirements? ☐ Yes ☐ No
Remarks: _____

Are DEWA NoC and approval available? ☐ Yes ☐ No
Remarks: _____

Are the electrical rooms provided with 2 hour fire rating or fire suppression as per DEWA requirements?

☐ Yes ☐ No

Remarks: _____

Is the central server room located at a level where flooding cannot occur? Or are there remedial measures in place?

☐ Yes ☐ No

Remarks: _____

Is the system resilience covered as per DOH HFG Part E requirements?

☐ Yes ☐ No

Remarks: _____

Has the Fire Alarm system been commissioned according to Civil Defence requirements?

☐ Yes ☐ No

Remarks: _____

Has the Nurse Call and Emergency Call system provided?

☐ Yes ☐ No

Note: Pull-cord type is not acceptable as per DOH HFG.

Remarks: _____

Are the Annunciator or indicator lights provided and visible?

☐ Yes ☐ No

Remarks: _____

Has an O&M manual been submitted to the client representative and has the Facility Management team been trained on the Electrical systems?

☐ Yes ☐ No

Remarks: _____

Has the system been installed as per DEWA requirements?

☐ Yes ☐ No

Remarks: _____

Has the main incoming water service to the building been provided with a DCV after the water meter?

☐ Yes ☐ No

Remarks: _____

Has the water system been treated with special water treatment equipment? ☐ Yes ☐ No

Note: If Yes, please select which system is present:

- ☐ Low Level Chemical Water Treatment for Raw Water Tank
- ☐ Water Softener
- ☐ Ultra Violet
- ☐ Multimedia Filtration
- ☐ Copper Silver Ionisation
- ☐ Microfiltration
- ☐ Cooling Water Plant Via Heat Exchanger
- ☐ Reverse Osmosis Water Treatment
- ☐ Ozone Water Treatment



Remarks: _____

Has warm water been provided to each Wash Hand Basin?

☐ Yes

☐ No

Remarks: _____

Has a valve assembly set (includes PRV and DCV) been provided on cold and hot water services to each room?

☐ Yes
 ☐ No

Remarks: _____

Has a water balancing valve been provided on the hot water return side? ☐ Yes ☐ No

Remarks: _____

What is the pipe material for the water cold and hot water supply systems?

Remarks: _____

Is RO Water system being provided to Washer Disinfectors for Dirty Utilities? ☐ Yes ☐ No

Remarks: _____

Is there an independent RO water System to dialysis areas (only for Dialysis Areas)?

☐ Yes
 ☐ No

Remarks: _____

Is there an independent RO water System been provided for areas outside dialysis areas supply (such as CSSD, Laboratory, Washer Disinfectors, HVAC Equipment etc)?

☐ Yes
 ☐ No

Remarks: _____

Are the RO water system service pipes been installed in stainless steel? ☐ Yes ☐ No

If no, state which material was used:

Remarks: _____

Has Water Recycling system been installed? ☐ Yes ☐ No

Remarks: _____

Has Clean Steam System been provided to the facility? ☐ Yes ☐ No

Remarks: _____

Has Raw/Plant Steam been provided to the facility? ☐ Yes ☐ No

Remarks: _____

Has the system been installed as per Abu Dhabi Municipality requirements? ☐ Yes ☐ No

Remarks: _____

Are the main drainage lines electro-fusion welded? ☐ Yes ☐ No

Remarks: _____

For Oncology Areas, is the pipe material used stainless steel? ☐ Yes ☐ No

Remarks: _____

Is the laboratory drainage pipe material different from the general waste pipe drainage? ☐ Yes ☐ No

Remarks: _____

Has an STP been provided? ☐ Yes ☐ No

Remarks: _____

Has Liquid Oxygen been provided with Vaporiser? ☐ Yes ☐ No

Remarks: _____

Have 2no. Liquid Oxygen Tanks been provided? ☐ Yes ☐ No

Remarks: _____

Has the Liquid Oxygen Tank(s) been provided external as per HTM-02-01 distances? ☐ Yes ☐ No

Remarks: _____

Is Oxygen (95% Purity) Generation Being Provided? ☐ Yes ☐ No

Remarks: _____

Is Oxygen (95% Purity) Generation being supplied with external fresh air? ☐ Yes ☐ No

Remarks: _____

Are the number cylinders system sized based on actual flow? ☐ Yes ☐ No

Remarks: _____

Is there an Automatic Cylinder Manifold system for each gas system? ☐ Yes ☐ No

Remarks: _____

Is there an Emergency Manual Manifold System for each gas system? ☐ Yes ☐ No

Remarks: _____

Do both manifolds systems for all medical gas systems have an exhaust to atmosphere pipe from the manifold? ☐ Yes ☐ No

Remarks: _____

Is the cylinder room located on the ground floor? ☐ Yes ☐ No

Remarks: _____

Are the Oxygen and Nitrous Oxide Cylinders in the Same Room? ☐ Yes ☐ No

Remarks: _____

Is there a spare Cylinder Room or just spare cylinder area? ☐ Yes ☐ No

Remarks: _____

Has central Carbon Dioxide Plant been provided?

☐ Yes ☐ No

Remarks:

Is the Medical Air and Vacuum System provided?

☐ Yes ☐ No

Remarks:

As per the HVAC AHU startegy for Special areas (such as opertaingtheatgrets, endoscopy rooms, etc) has a Simplex AGSS unit been provided for eahc AHU?

☐ Yes ☐ No

Remarks:

Has the facility been provided with Duplex AGSS system for other areas outside the simplex units?

☐ Yes ☐ No

Remarks:

Is the main medical gas alarm panel provided?

☐ Yes ☐ No

Remarks:

Are the general Medical Gas AVSU's been provided at the Staff Stations?

☐ Yes ☐ No

Remarks:

Has more than one AVSU been provided for special areas as as Operating Theatres, ICU's etc?

☐ Yes ☐ No

Remarks:

Has a dedicated AVSU or AVSU's been provided to special clinical areas such as Operating Theatres, ICU etc?

☐ Yes ☐ No

Remarks:

Has the AVSU panel been provided with emergnecy access?

☐ Yes ☐ No

Remarks:

Has building occupancy certificate been provided by Civil Defence?

☐ Yes ☐ No

Remarks:

Has the Electrical rooms (not LV switch rooms, but floor, just local floor rooms) been provided with an extinguishing system?

☐ Yes ☐ No

Remarks:

Has the Server room been provided with an extinguishing system?

☐ Yes ☐ No

Remarks:

Has the oil type generator been provided with an extinguishing system?

☐ Yes ☐ No

Remarks:

Have the transformers been provided with an extinguishing system? ☐ Yes ☐ No

Remarks: _____

Have the Main Electrical Rooms (LV) been provided with an extinguishing system? ☐ Yes ☐ No

Remarks: _____

Have extinguishing systems been provided in the special clinical areas such as Operating Theatres, Endoscopy procedure rooms etc? ☐ Yes ☐ No

Remarks: _____

Have extinguishing systems been provided inside the imaging rooms? ☐ Yes ☐ No

Remarks: _____

Has the system been installed as per Abu Dhabi Municipality requirements? ☐ Yes ☐ No

Remarks: _____

Has a gas solenoid valve been provided after the LPG or NG gas meter? ☐ Yes ☐ No

Remarks: _____

Is the LPG, NG or Diesel fuel connection -points locked and can only accessed via key access? ☐ Yes ☐ No

Remarks: _____

Is the LPG, NG or Diesel fuel connection points located on the ground floor? ☐ Yes ☐ No

Remarks: _____

What material has the LPG pipe been installed in?

Remarks: _____

What material has the NG pipe been installed in?

Remarks: _____

What material has the diesel pipe been installed in?

Remarks: _____

Are the fuel pipe systems installed in welded pipe? ☐ Yes ☐ No

Remarks: _____

Does the installed gas pipe run through the basement areas of the facility? ☐ Yes ☐ No

Remarks: _____



If the installed pipe runs in the basement, is the pipe installed in a pipe-in-pipe system?

☐ Yes

☐ No

Remarks:

Has the fuel system been designed as per Abu Dhabi Municipality requirements? ☐

Yes

☐ No

Remarks:

6.13 Appendix 13 - Health Facility Inspection Checklist

Health Facility Inspection Checklist

This checklist is to be used by DOH or outsourced Inspectors to record any non-compliance of the constructed health facility either new or major refurbishment (exceeding 50% of the existing) to an existing facility.

1 Functional Planning Unit (FPU) or Department

Choose the applicable FPU(s) being reviewed (ideally use one sheet per FPU):

☐ Administration Unit	☐ Admissions Unit & Discharge	☐ Birthing Unit
☐ Cardiac Investigation Unit	☐ Catering Unit	☐ Clinical Information Unit
☐ Complementary and Alternative Medicine Centre	☐ Coronary Care Unit	☐ Day Surgery/ Procedure Unit
☐ Dental Surgery Unit	☐ Education Unit	☐ Emergency Unit
☐ Endoscopy Unit	☐ Engineering & Maintenance Unit	☐ Health Centres
☐ Housekeeping Unit	☐ Inpatient Unit - Bariatric	☐ Inpatient Unit - General
☐ Intensive Care Unit - General	☐ IVF Unit (Fertilisation Centres)	☐ Laboratory Unit
☐ Linen Handling Unit	☐ Main Entrance Unit	☐ Maternity Unit
☐ Medical Imaging Unit - General	☐ Medical Imaging Unit - Nuclear Medicine Unit & PET	☐ Mental Health Unit - Adult
☐ Mental Health Unit - Child & Adolescent	☐ Mental Health Unit - Older Persons	☐ Mobile Healthcare Unit
☐ Mortuary - General	☐ Oncology Unit - Medical (Chemotherapy)	☐ Oncology Unit - Radiation
☐ Operating Unit	☐ Outpatients Unit	☐ Pharmacy Unit
☐ Public & Staff Amenities	☐ Rehabilitation - Allied Health	☐ Renal Dialysis Unit
☐ Sterile Supply Unit (SSU)	☐ Supply Unit	☐ Waste Management Unit

FPU RDL: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

(Note: default = the Whole Facility RDL)

☐ New Facility

☐ Refurbishment

% Refurbished %

%New %

% Cumulative Refurb %

2 Architectural/ Medical Planning Compliance Checklist

Does the completed facility match the DOH approved design drawings? ☐ Yes ☐ No

Remarks: _____

Have all required NOC's been submitted? ☐ Yes ☐ No

eg. Biomedical Testing, FANR etc.

Remarks: _____

Is the facility ready for inspection and access is available? ☐ Yes ☐ No

Note: for Pre-inspection Assessment, all building construction work should be completed and equipment installed.

For Final Inspection, the hospital commissioning should be completed, literally ready to receive patients.

Remarks: _____

Do Room sizes matching the DOH approved design drawings? ☐ Yes ☐ No

Note: Normally up to 10% deviation in area should be accepted

Note: Guidelines use the no-gap area measurement which should not be confused with clear area

Note: Any area approved in the design must be accepted by the inspector

Remarks: _____

Do all the corridor widths comply with the DOH HFG? ☐ Yes ☐ No

Note: Minimum requirements of fire corridors (Civil Defense) may not be sufficient. Operating Unit and ICU requires wider corridors.

Remarks: _____

Do clearances around beds and other objects comply with the DOH HFG? ☐ Yes ☐ No

Note: First refer to the FPU diagrams. If not available refer to the relevant RLS for guidance on clearances

Remarks: _____

Are all finishes appropriate, cleanable and installed correctly? ☐ Yes ☐ No

Note: Pay particular attention to any open joints, gaps, slip resistance and cleanability

Remarks: _____

Gap-free detailing is applied to all surfaces and joints? ☐ Yes ☐ No

Gap-free applies to joinery, walls, floors, fixtures etc

Remarks: _____

Are all critical elements are accessible for inspection? ☐ Yes ☐ No

Remarks: _____

Are there any cavity sliders (sliding doors) installed in clinical areas? ☐ Yes ☐ No

Note: Cavity sliders may only be used in non-clinical areas such as administration. In all clinical areas any sliding doors must only be surface sliders or swing doors. Surface above sliders should resist dust collection

Remarks: _____

Does minimum ceiling height comply with the DOH HFG? ☐ Yes ☐ No

Note: Default ceiling height is 2700 except procedural area which are 3000 AFFL.

Note: When limited and local deviations are observed check against the allowance permitted in Part D

Remarks: _____

Are all required Furniture, Fittings present and working? ☐ Yes ☐ No

Note: At pre-inspection assessment only fixed items are expected.

At final inspection all items are expected.

Remarks: _____

Are all required Medical Equipment provided and certified? ☐ Yes ☐ No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: _____

Is an independent Medical Gas System Testing certificate available? ☐ Yes ☐ No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: _____

Are all required Sanitary Fixtures present and working? ☐ Yes ☐ No

Note: At pre-assessment inspection all items are required and must be working correctly.

Remarks: _____

Hand wash basins are provided where they are required and shown in design? ☐ Yes ☐ No

Note: also check the types required, eg Type A, B, C. Higher type can replace lower type. Antiseptic Hand Gel Dispenser is not a replacement for Hand Wash Basin.

Remarks: _____

Are all door openings adequate as per the DOH-HFG? ☐ Yes ☐ No

Note: Pay particular attention to areas requiring bed movement and the geometry of space

Note: Also look for any mandatory observation panels which may be required (none required for standard patient bedrooms)

Remarks: _____

Are door closers provided where they are required? ☐ Yes ☐ No

(eg. fire doors, accessible bathrooms etc)

Remarks: _____

Mandatory external windows, where required, are provided? ☐ Yes ☐ No

Note: Refer to the allowances in the DOH-HFG, sometimes borrowed light is allowed eg in ICU

Mandatory direct light is only into Inpatient Bedrooms

Remarks: _____

Are window treatments for sun control appropriate in clinical areas? ☐ Yes ☐ No

Note: Curtains should not be used in clinical areas. Window sun control in operating theatres, labs, ED, ICU etc can only be within double glazing. Curtains may be used in Inpatient Bedrooms except isolation rooms as well as non-clinical areas.

Remarks: _____

Does the facility comply with the ergonomics standard as per DOH-HFG? ☐ Yes ☐ No

Note: Refer to Part C for examples of ergonomics

Remarks: _____

Are hand rails provided to at least one side of the main corridors? ☐ Yes ☐ No

Note: hand rails may be combined with crash bars but the handle still must comply with DOH-HFG

Remarks: _____

3 MEP Engineering Compliance Checklist

Is the HVAC system commissioned according to the Project Requirements and DOH-HFG Part E?

Note: Is a report from the commissioning agent and TAB contractor available?

☐ Yes ☐ No

Remarks: _____

Is Adequate Filtration and Air changes been provided for spaces according to DOH-HFG?

☐ Yes ☐ No

Remarks: _____

Are the mandated air pressurisation requirements for spaces met? Has the commissioning agent verified the pressure regime as per the guidelines?

☐ Yes ☐ No

Remarks: _____

Is a pressure display monitor provided for the isolation room?

☐ Yes ☐ No

Remarks: _____

Is the monitor displaying the correct +ve or -ve pressure requirements?

☐ Yes ☐ No

Remarks: _____

Has the exhaust for negative rooms been provided with HEPA filtration and stack discharge?

☐ Yes ☐ No

Remarks: _____

Has HEPA filtration been provided for the Operating Rooms, Burns Unit and Positive Isolation Rooms?

☐ Yes ☐ No

Remarks: _____

Has a fully ducted return air system been provided?

☐ Yes ☐ No

Note: Ceiling plenum can never be used as a supply or return air duct.

Remarks: _____

Has the MRI room been provided with non-ferrous MEP systems?

☐ Yes ☐ No

Remarks: _____

Has a quench pipe been provided?

☐ Yes ☐ No

Remarks: _____

Has an emergency exhaust system been provided?

☐ Yes ☐ No

Remarks:

Are the pharmacy clean rooms provided with HEPA filters?

☐ Yes ☐ No

Remarks:

Have laboratory fume hoods been provided with dedicated exhaust?

☐ Yes ☐ No

Remarks:

Is the exhaust provided with HEPA filtration and stack discharge?

☐ Yes ☐ No

Remarks:

Are the IVF Procedure Rooms, Embryo Transfer Rooms and Labs provided with HEPA filtration?

☐ Yes ☐ No

Remarks:

Has a space pressurisation report been prepared for the spaces mentioned in the DOH guideline Part E Section 2.14?

☐ Yes ☐ No

Remarks:

Has an O&M manual been provided and available to the owner?

☐ Yes ☐ No

Remarks:

Has emergency power been provided in accordance to DOH HFG Part E?

☐ Yes ☐ No

Remarks:

Has UPS power been provided in accordance to DOH HFG Part E?

☐ Yes ☐ No

Remarks:

Has IPS power been provided in accordance to DOH HFG Part E Guidelines?

☐ Yes ☐ No

Remarks:

Is the generator location as per DEWA requirements?

☐ Yes ☐ No

Remarks:

Are DEWA NoC and approval available?

☐ Yes ☐ No

Remarks:

Are the electrical rooms provided with 2 hour fire rating or fire suppression as per DEWA requirements?

☐ Yes ☐ No

Remarks: _____

Is the central server room located at a level where flooding cannot occur? Or are there remedial measures in place?

☐ Yes ☐ No

Remarks: _____

Is the system resilience covered as per DOH HFG Part E requirements?

☐ Yes ☐ No

Remarks: _____

Has the Fire Alarm system been commissioned according to Civil Defence requirements?

☐ Yes ☐ No

Remarks: _____

Has the Nurse Call and Emergency Call system provided?

☐ Yes ☐ No

Note: Pull-cord type is not acceptable as per DOH HFG.

Remarks: _____

Are the Annunciator or indicator lights provided and visible?

☐ Yes ☐ No

Remarks: _____

Has an O&M manual been submitted to the client representative and has the Facility Management team been trained on the Electrical systems?

☐ Yes ☐ No

Remarks: _____

Has the system been installed as per DEWA requirements?

☐ Yes ☐ No

Remarks: _____

Has the main incoming water service to the building been provided with a DCV after the water meter?

☐ Yes ☐ No

Remarks: _____

Has the water system been treated with special water treatment equipment? ☐ Yes ☐ No

Note: If Yes, please select which system is present:

- ☐ Low Level Chemical Water Treatment for Raw Water Tank
- ☐ Water Softener
- ☐ Ultra Violet
- ☐ Multimedia Filtration
- ☐ Copper Silver Ionisation
- ☐ Microfiltration
- ☐ Cooling Water Plant Via Heat Exchanger
- ☐ Reverse Osmosis Water Treatment
- ☐ Ozone Water Treatment



Remarks: _____

Has warm water been provided to each Wash Hand Basin?

☐ Yes

☐ No

Remarks: _____

Has a valve assembly set (includes PRV and DCV) been provided on cold and hot water services to each room?

☐ Yes ☐ No

Remarks:

Has a water balancing valve been provided on the hot water return side?

☐ Yes ☐ No

Remarks:

What is the pipe material for the water cold and hot water supply systems?

Remarks:

Is RO Water system being provided to Washer Disinfectors for Dirty Utilities?

☐ Yes ☐ No

Remarks:

Is there an independent RO water System to dialysis areas (only for Dialysis Areas)?

☐ Yes ☐ No

Remarks:

Is there an independent RO water System been provided for areas outside dialysis areas supply (such as CSSD, Laboratory, Washer Disinfectors, HVAC Equipment etc)?

☐ Yes ☐ No

Remarks:

Are the RO water system service pipes been installed in stainless steel?

☐ Yes ☐ No

If no, state which material was used:

Remarks:

Has Water Recycling system been installed?

☐ Yes ☐ No

Remarks:

Has Clean Steam System been provided to the facility?

☐ Yes ☐ No

Remarks:

Has Raw/Plant Steam been provided to the facility?

☐ Yes ☐ No

Remarks:

Has the system been installed as per Abu Dhabi Municipality requirements?

☐ Yes ☐ No

Remarks:

Are the main drainage lines electro-fusion welded?

☐ Yes ☐ No

Remarks:

For Oncology Areas, is the pipe material used stainless steel?

☐ Yes ☐ No

Remarks:

Is the laboratory drainage pipe material different from the general waste pipe drainage? ☐ Yes ☐ No

Remarks: _____

Has an STP been provided? ☐ Yes ☐ No

Remarks: _____

Has Liquid Oxygen been provided with Vaporiser? ☐ Yes ☐ No

Remarks: _____

Have 2no. Liquid Oxygen Tanks been provided? ☐ Yes ☐ No

Remarks: _____

Has the Liquid Oxygen Tank(s) been provided external as per HTM-02-01 distances? ☐ Yes ☐ No

Remarks: _____

Is Oxygen (95% Purity) Generation Being Provided? ☐ Yes ☐ No

Remarks: _____

Is Oxygen (95% Purity) Generation being supplied with external fresh air? ☐ Yes ☐ No

Remarks: _____

Are the number cylinders system sized based on actual flow? ☐ Yes ☐ No

Remarks: _____

Is there an Automatic Cylinder Manifold system for each gas system? ☐ Yes ☐ No

Remarks: _____

Is there an Emergency Manual Manifold System for each gas system? ☐ Yes ☐ No

Remarks: _____

Do both manifolds systems for all medical gas systems have an exhaust to atmosphere pipe from the manifold? ☐ Yes ☐ No

Remarks: _____

Is the cylinder room located on the ground floor? ☐ Yes ☐ No

Remarks: _____

Are the Oxygen and Nitrous Oxide Cylinders in the Same Room? ☐ Yes ☐ No

Remarks: _____

Is there a spare Cylinder Room or just spare cylinder area? ☐ Yes ☐ No

Remarks: _____

Has central Carbon Dioxide Plant been provided?

☐ Yes ☐ No

Remarks:

Is the Medical Air and Vacuum System provided?

☐ Yes ☐ No

Remarks:

As per the HVAC AHU startegy for Special areas (such as opertaingtheatgrets, endoscopy rooms, etc) has a Simplex AGSS unit been provided for eahc AHU?

☐ Yes ☐ No

Remarks:

Has the facility been provided with Duplex AGSS system for other areas outside the simplex units?

☐ Yes ☐ No

Remarks:

Is the main medical gas alarm panel provided?

☐ Yes ☐ No

Remarks:

Are the general Medical Gas AVSU's been provided at the Staff Stations?

☐ Yes ☐ No

Remarks:

Has more than one AVSU been provided for special areas as as Operating Theatres, ICU's etc?

☐ Yes ☐ No

Remarks:

Has a dedicated AVSU or AVSU's been provided to special clinical areas such as Operating Theatres, ICU etc?

☐ Yes ☐ No

Remarks:

Has the AVSU panel been provided with emergnecy access?

☐ Yes ☐ No

Remarks:

Has building occupancy certificate been provided by Civil Defence?

☐ Yes ☐ No

Remarks:

Has the Electrical rooms (not LV switch rooms, but floor, just local floor rooms) been provided with an extinguishing system?

☐ Yes ☐ No

Remarks:

Has the Server room been provided with an extinguishing system?

☐ Yes ☐ No

Remarks:

Has the oil type generator been provided with an extinguishing system?

☐ Yes ☐ No

Remarks:

Have the transformers been provided with an extinguishing system? ☐ Yes ☐ No

Remarks: _____

Have the Main Electrical Rooms (LV) been provided with an extinguishing system? ☐ Yes ☐ No

Remarks: _____

Have extinguishing systems been provided in the special clinical areas such as Operating Theatres, Endoscopy procedure rooms etc? ☐ Yes ☐ No

Remarks: _____

Have extinguishing systems been provided inside the imaging rooms? ☐ Yes ☐ No

Remarks: _____

Has the system been installed as per Abu Dhabi Municipality requirements? ☐ Yes ☐ No

Remarks: _____

Has a gas solenoid valve been provided after the LPG or NG gas meter? ☐ Yes ☐ No

Remarks: _____

Is the LPG, NG or Diesel fuel connection -points locked and can only accessed via key access? ☐ Yes ☐ No

Remarks: _____

Is the LPG, NG or Diesel fuel connection points located on the ground floor? ☐ Yes ☐ No

Remarks: _____

What material has the LPG pipe been installed in?

Remarks: _____

What material has the NG pipe been installed in?

Remarks: _____

What material has the diesel pipe been installed in?

Remarks: _____

Are the fuel pipe systems installed in welded pipe? ☐ Yes ☐ No

Remarks: _____

Does the installed gas pipe run through the basement areas of the facility? ☐ Yes ☐ No

Remarks: _____



If the installed pipe runs in the basement, is the pipe installed in a pipe-in-pipe system?

☐ Yes

☐ No

Remarks:

Has the fuel system been designed as per Abu Dhabi Municipality requirements? ☐

Yes

☐ No

Remarks:

6.14 Appendix 14 - Pro-forma for the proposed Service Lines and DRGs

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
Burns	IM Burns, Transferred To Another Acute Care Facility	Regional		
	IM Burns, Transferred To Another Acute Care Facility w/CC	Regional		
	IM Burns, Transferred To Another Acute Care Facility w/MCC	Centralised		
	IM Burns	Centralised		
	IM Burns w/CC	Centralised		
	IM Burns w/MCC	Centralised		
	IP Skin Graft With Burns	Centralised		
	IP Skin Graft With Burns w/CC	Centralised		
Cardiology - Invasive	IP Skin Graft With Burns w/MCC	Centralised		
	IP Permanent Cardiac Pacemaker Insertion	Regional		
	IP Permanent Cardiac Pacemaker Insertion w/CC	Regional		
	IP Permanent Cardiac Pacemaker Insertion w/MCC	Regional		
	IP Cardiac Catheterization	Regional		
	IP Cardiac Catheterization w/CC	Regional		
	IP Cardiac Catheterization w/MCC	Regional		
	IP Cardiac Pacemaker & Defibrillator Revision Except Device Replacement	Regional		
	IP Cardiac Pacemaker & Defibrillator Revision Except Device Replacement w/CC	Regional		
	IP Cardiac Pacemaker & Defibrillator Revision Except Device Replacement w/MCC	Regional		
	IP Cardiac Pacemaker & Defibrillator Device Replacement	Regional		
	IP Cardiac Pacemaker & Defibrillator Device Replacement w/CC	Regional		
	IP Cardiac Pacemaker & Defibrillator Device Replacement w/MCC	Regional		
	IP Percutaneous Cardiovascular Procedures	Regional		
	IP Percutaneous Cardiovascular Procedures w/CC	Regional		
	IP Percutaneous Cardiovascular Procedures w/MCC	Centralised		
Cardiology - Medical	IM Acute Myocardial Infarction	Regional		
	IM Acute Myocardial Infarction w/CC	Regional		
	IM Acute Myocardial Infarction w/MCC	Regional		
	IM Acute & Subacute Endocarditis	Standard		
	IM Acute & Subacute Endocarditis w/CC	Regional		
	IM Acute & Subacute Endocarditis w/MCC	Regional		
	IM Heart Failure	Standard		
	IM Heart Failure w/CC	Regional		
	IM Heart Failure w/MCC	Regional		
	IM Deep Vein Thrombophlebitis	Standard		
	IM Deep Vein Thrombophlebitis w/CC	Standard		
	IM Deep Vein Thrombophlebitis w/MCC	Standard		
	IM Cardiac Arrest, Unexplained	Standard		
	IM Cardiac Arrest, Unexplained w/CC	Standard		
	IM Cardiac Arrest, Unexplained w/MCC	Standard		
	IM Peripheral & Other Vascular Disorders	Regional		
	IM Peripheral & Other Vascular Disorders w/CC	Regional		
	IM Peripheral & Other Vascular Disorders w/MCC	Regional		
	IM Atherosclerosis	Standard		
	IM Atherosclerosis w/CC	Standard		
	IM Atherosclerosis w/MCC	Regional		
	IM Hypertension	Standard		
	IM Hypertension w/CC	Standard		
	IM Hypertension w/MCC	Standard		
	IM Cardiac Congenital & Valvular Disorders	Centralised		
	IM Cardiac Congenital & Valvular Disorders w/CC	Centralised		
	IM Cardiac Congenital & Valvular Disorders w/MCC	Centralised		
	IM Cardiac Arrhythmia & Conduction Disorders	Regional		
	IM Cardiac Arrhythmia & Conduction Disorders w/CC	Regional		
	IM Cardiac Arrhythmia & Conduction Disorders w/MCC	Regional		
	IM Angina Pectoris & Chest Pain	Standard		
	IM Angina Pectoris & Chest Pain w/CC	Standard		
	IM Angina Pectoris & Chest Pain w/MCC	Standard		
	IM Syncope & Collapse	Standard		
	IM Syncope & Collapse w/CC	Standard		
	IM Syncope & Collapse w/MCC	Standard		
	IM Cardiomyopathy	Regional		
	IM Cardiomyopathy w/CC	Regional		
	IM Cardiomyopathy w/MCC	Regional		
	IM Malfunction, Reaction & Complication Of Cardiovascular Device Or Procedure	Regional		
	IM Malfunction, Reaction & Complication Of Cardiovascular Device Or Procedure w/CC	Regional		
	IM Malfunction, Reaction & Complication Of Cardiovascular Device Or Procedure w/MCC	Regional		
	IM Other Circulatory System Diagnoses	Regional		
	IM Other Circulatory System Diagnoses w/CC	Regional		
	IM Other Circulatory System Diagnoses w/MCC	Regional		
Cardiology - Open Heart Surge	IP Cardiac Valve Procedures With Cardiac Catheterization	Centralised		
	IP Cardiac Valve Procedures With Cardiac Catheterization w/CC	Centralised		
	IP Cardiac Valve Procedures With Cardiac Catheterization w/MCC	Centralised		
	IP Complex Cardiothoracic Repair Of Heart Anomaly	Centralised		
	IP Complex Cardiothoracic Repair Of Heart Anomaly w/CC	Centralised		
	IP Complex Cardiothoracic Repair Of Heart Anomaly w/MCC	Centralised		
	IP Cardiac Valve Procedures Without Cardiac Catheterization	Centralised		
	IP Cardiac Valve Procedures Without Cardiac Catheterization w/CC	Centralised		
	IP Cardiac Valve Procedures Without Cardiac Catheterization w/MCC	Centralised		
	IP Coronary Bypass With Cardiac Catheterization	Centralised		
	IP Coronary Bypass With Cardiac Catheterization w/CC	Centralised		
	IP Coronary Bypass With Cardiac Catheterization w/MCC	Centralised		
	IP Other Cardiothoracic Procedures	Centralised		
	IP Other Cardiothoracic Procedures w/CC	Centralised		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IP Other Cardiothoracic Procedures w/MCC	Centralised		
	IP Coronary Bypass Without Cardiac Catheterization	Centralised		
	IP Coronary Bypass Without Cardiac Catheterization w/CC	Centralised		
	IP Coronary Bypass Without Cardiac Catheterization w/MCC	Centralised		
	IP Cardiac Defibrillator & Heart Assist System Insertion	Centralised		
	IP Cardiac Defibrillator & Heart Assist System Insertion w/CC	Centralised		
	IP Cardiac Defibrillator & Heart Assist System Insertion w/MCC	Centralised		
	IP Complex Thoracic Vascular Procedures	Centralised		
	IP Complex Thoracic Vascular Procedures w/CC	Centralised		
	IP Complex Thoracic Vascular Procedures w/MCC	Centralised		
Dental	IM Dental & Oral Disease	Standard		
	IM Dental & Oral Disease w/CC	Standard		
	IM Dental & Oral Disease w/MCC	Standard		
Dermatology	IM Major Skin Disorders	Regional		
	IM Major Skin Disorders w/CC	Regional		
	IM Cellulitis	Standard		
	IM Cellulitis w/CC	Standard		
	IM Cellulitis w/MCC	Standard		
	IM Trauma To The Skin, Subcutaneous Tissue & Breast	Standard		
	IM Trauma To The Skin, Subcutaneous Tissue & Breast w/CC	Regional		
	IM Trauma To The Skin, Subcutaneous Tissue & Breast w/MCC	Regional		
	IM Other Skin & Breast Disorders	Standard		
	IM Other Skin & Breast Disorders w/CC	Standard		
	IM Other Skin & Breast Disorders w/MCC	Standard		
Endocrinology	IP Adrenal Procedures	Centralised		
	IP Adrenal Procedures w/CC	Centralised		
	IP Adrenal Procedures w/MCC	Centralised		
	IP Thyroid, Parathyroid & Thyroglossal Duct Procedures	Regional		
	IP Thyroid, Parathyroid & Thyroglossal Duct Procedures w/CC	Regional		
	IP Thyroid, Parathyroid & Thyroglossal Duct Procedures w/MCC	Centralised		
	IM Diabetes And Nutritional & Misc Metabolic Disorders	Standard		
	IM Diabetes And Nutritional & Misc Metabolic Disorders w/CC	Standard		
	IM Diabetes And Nutritional & Misc Metabolic Disorders w/MCC	Standard		
	IM Hypovolemia & Electrolyte Disorders	Standard		
	IM Hypovolemia & Electrolyte Disorders w/CC	Standard		
	IM Hypovolemia & Electrolyte Disorders w/MCC	Standard		
	IM Other Endocrine Disorders	Standard		
	IM Other Endocrine Disorders w/CC	Standard		
	IM Other Endocrine Disorders w/MCC	Standard		
ENT Surgery	IP Complex Larynx Procedures	Centralised		
	IP Complex Larynx Procedures w/CC	Centralised		
	IP Complex Larynx Procedures w/MCC	Centralised		
	IP Other Complex Head & Neck Procedures	Centralised		
	IP Other Complex Head & Neck Procedures w/CC	Centralised		
	IP Other Complex Head & Neck Procedures w/MCC	Centralised		
	IP Sinus & Mastoid Procedures	Regional		
	IP Sinus & Mastoid Procedures w/CC	Regional		
	IP Sinus & Mastoid Procedures w/MCC	Regional		
	IP Salivary Gland Procedures	Regional		
	IP Salivary Gland Procedures w/CC	Regional		
	IP Salivary Gland Procedures w/MCC	Regional		
	IP Tonsil & Adenoid Procedures	Standard		
	IP Tonsil & Adenoid Procedures w/CC	Standard		
	IP Tonsil & Adenoid Procedures w/MCC	Standard		
	IP Other Ear, Nose, Mouth & Throat Procedures	Standard		
	IP Other Ear, Nose, Mouth & Throat Procedures w/CC	Standard		
	IP Other Ear, Nose, Mouth & Throat Procedures w/MCC	Standard		
	IP Mouth Procedures	Standard		
	IP Mouth Procedures w/CC	Standard		
	IP Mouth Procedures w/MCC	Standard		
	IM Dysequilibrium	Standard		
	IM Dysequilibrium w/CC	Standard		
	IM Dysequilibrium w/MCC	Standard		
	IM Epistaxis	Standard		
	IM Epistaxis w/CC	Standard		
	IM Epistaxis w/MCC	Standard		
	IM Epiglottitis, Otitis Media, Upper Respiratory Tract Infection & Laryngotracheitis	Standard		
	IM Epiglottitis, Otitis Media, Upper Respiratory Tract Infection & Laryngotracheitis w/CC	Standard		
	IM Epiglottitis, Otitis Media, Upper Respiratory Tract Infection & Laryngotracheitis w/MCC	Standard		
	IM Other Ear, Nose, Mouth & Throat Diagnoses	Standard		
	IM Other Ear, Nose, Mouth & Throat Diagnoses w/CC	Standard		
	IM Other Ear, Nose, Mouth & Throat Diagnoses w/MCC	Standard		
Gastroenterology	IM Peptic Ulcer & Gastritis	Standard		
	IM Peptic Ulcer & Gastritis w/CC	Standard		
	IM Peptic Ulcer & Gastritis w/MCC	Standard		
	IM Esophageal Disorders	Standard		
	IM Esophageal Disorders w/CC	Standard		
	IM Esophageal Disorders w/MCC	Standard		
	IM Diverticulitis, Diverticulosis & Inflammatory Bowel Disease	Standard		
	IM Diverticulitis, Diverticulosis & Inflammatory Bowel Disease w/CC	Standard		
	IM Diverticulitis, Diverticulosis & Inflammatory Bowel Disease w/MCC	Standard		
	IM Gastrointestinal Vascular Insufficiency	Regional		
	IM Gastrointestinal Vascular Insufficiency w/CC	Regional		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IM Gastrointestinal Vascular Insufficiency w/MCC	Regional		
	IM Gastrointestinal Obstruction	Standard		
	IM Gastrointestinal Obstruction w/CC	Standard		
	IM Gastrointestinal Obstruction w/MCC	Standard		
	IM Major Gastrointestinal Infections	Standard		
	IM Major Gastrointestinal Infections w/CC	Standard		
	IM Major Gastrointestinal Infections w/MCC	Standard		
	IM Other Gastroenteritis & Abdominal Pain	Standard		
	IM Other Gastroenteritis & Abdominal Pain w/CC	Standard		
	IM Other Gastroenteritis & Abdominal Pain w/MCC	Standard		
	IM Other Digestive System Diagnoses	Standard		
	IM Other Digestive System Diagnoses w/CC	Standard		
	IM Other Digestive System Diagnoses w/MCC	Standard		
	IM Cirrhosis & Alcoholic Hepatitis	Standard		
	IM Cirrhosis & Alcoholic Hepatitis w/CC	Standard		
	IM Cirrhosis & Alcoholic Hepatitis w/MCC	Standard		
	IM Liver Disorders Except Malignancy, Cirrhosis Or Alcoholic Hepatitis	Regional		
	IM Liver Disorders Except Malignancy, Cirrhosis Or Alcoholic Hepatitis w/CC	Regional		
	IM Liver Disorders Except Malignancy, Cirrhosis Or Alcoholic Hepatitis w/MCC	Centralised		
General Medicine	IM Allergic Reactions	Standard		
	IM Allergic Reactions w/CC	Standard		
	IM Allergic Reactions w/MCC	Standard		
	IM Poisoning & Toxic Effects Of Drugs	Standard		
	IM Poisoning & Toxic Effects Of Drugs w/CC	Standard		
	IM Poisoning & Toxic Effects Of Drugs w/MCC	Standard		
	IM Complications Of Treatment	Standard		
	IM Complications Of Treatment w/CC	Standard		
	IM Complications Of Treatment w/MCC	Standard		
	IM Other Injury, Poisoning & Toxic Effect Diagnoses	Standard		
	IM Other Injury, Poisoning & Toxic Effect Diagnoses w/CC	Standard		
	IM Other Injury, Poisoning & Toxic Effect Diagnoses w/MCC	Standard		
	IM Signs & Symptoms	Standard		
	IM Signs & Symptoms w/CC	Standard		
	IM Signs & Symptoms w/MCC	Standard		
	IM Other Factors Influencing Health Status	Standard		
	IM Other Factors Influencing Health Status w/CC	Standard		
	IM Pancreas Disorders Except Malignancy	Regional		
	IM Pancreas Disorders Except Malignancy w/CC	Regional		
	IM Pancreas Disorders Except Malignancy w/MCC	Centralised		
	IM Other Biliary Tract Disorders	Standard		
	IM Other Biliary Tract Disorders w/CC	Standard		
	IM Other Biliary Tract Disorders w/MCC	Standard		
	IM Other Factors Influencing Health Status w/MCC	Standard		
General Surgery	IP Circumcision	Standard		
	IP Circumcision w/CC	Standard		
	IP Circumcision w/MCC	Standard		
	IP Spleen Procedures	Regional		
	IP Spleen Procedures w/CC	Regional		
	IP Spleen Procedures w/MCC	Regional		
	IP Non-Complex Small & Large Bowel Procedures	Standard		
	IP Non-Complex Small & Large Bowel Procedures w/CC	Standard		
	IP Non-Complex Small & Large Bowel Procedures w/MCC	Standard		
	IP Peritoneal Adhesiolysis	Standard		
	IP Peritoneal Adhesiolysis w/CC	Standard		
	IP Peritoneal Adhesiolysis w/MCC	Standard		
	IP Hernia Procedures Except Inguinal & Femoral	Standard		
	IP Hernia Procedures Except Inguinal & Femoral w/CC	Standard		
	IP Hernia Procedures Except Inguinal & Femoral w/MCC	Standard		
	IP Appendiceal Procedures	Standard		
	IP Appendiceal Procedures w/CC	Standard		
	IP Appendiceal Procedures w/MCC	Standard		
	IP Inguinal & Femoral Hernia Procedures	Standard		
	IP Inguinal & Femoral Hernia Procedures w/CC	Standard		
	IP Inguinal & Femoral Hernia Procedures w/MCC	Standard		
	IP Complex Intestinal Procedures	Regional		
	IP Complex Intestinal Procedures w/CC	Regional		
	IP Complex Intestinal Procedures w/MCC	Regional		
	IP Non-Complex Stomach, Esophageal & Duodenal Procedures	Standard		
	IP Non-Complex Stomach, Esophageal & Duodenal Procedures w/CC	Standard		
	IP Non-Complex Stomach, Esophageal & Duodenal Procedures w/MCC	Standard		
	IP Other Digestive System Procedures	Standard		
	IP Other Digestive System Procedures w/CC	Standard		
	IP Other Digestive System Procedures w/MCC	Standard		
	IP Anal Procedures	Standard		
	IP Anal Procedures w/CC	Standard		
	IP Anal Procedures w/MCC	Standard		
	IP Pancreas & Liver Procedures	Centralised		
	IP Pancreas & Liver Procedures w/CC	Centralised		
	IP Pancreas & Liver Procedures w/MCC	Centralised		
	IP Complex Biliary Tract Procedures	Centralised		
	IP Complex Biliary Tract Procedures w/CC	Centralised		
	IP Complex Biliary Tract Procedures w/MCC	Centralised		
	IP Cholecystectomy Except Laparoscopic	Standard		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IP Cholecystectomy Except Laparoscopic w/CC	Standard		
	IP Cholecystectomy Except Laparoscopic w/MCC	Standard		
	IP Other Hepatobiliary & Pancreas Procedures	Centralised		
	IP Other Hepatobiliary & Pancreas Procedures w/CC	Centralised		
	IP Other Hepatobiliary & Pancreas Procedures w/MCC	Centralised		
	IP Laparoscopic Cholecystectomy	Standard		
	IP Laparoscopic Cholecystectomy w/CC	Standard		
	IP Laparoscopic Cholecystectomy w/MCC	Standard		
Gynecological Surg	IP Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy	Centralised		
	IP Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy w/CC	Centralised		
	IP Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy w/MCC	Centralised		
	IP Abortion Procedures	Standard		
	IP Abortion Procedures w/CC	Standard		
	IP Abortion Procedures w/MCC	Standard		
	IP Dilation & Curettage, Intrauterine & Cervical Procedures	Standard		
	IP Dilation & Curettage, Intrauterine & Cervical Procedures w/CC	Standard		
	IP Dilation & Curettage, Intrauterine & Cervical Procedures w/MCC	Standard		
	IP Open Tubal Interruption	Standard		
	IP Open Tubal Interruption w/CC	Standard		
	IP Open Tubal Interruption w/MCC	Regional		
	IP Endoscopic Tubal Interruption	Standard		
	IP Endoscopic Tubal Interruption w/CC	Standard		
	IP Endoscopic Tubal Interruption w/MCC	Standard		
	IP Uterine & Adnexal Procedures	Standard		
	IP Uterine & Adnexal Procedures w/CC	Standard		
	IP Uterine & Adnexal Procedures w/MCC	Standard		
	IP Vagina, Cervix & Vulva Procedures	Standard		
	IP Vagina, Cervix & Vulva Procedures w/CC	Standard		
	IP Vagina, Cervix & Vulva Procedures w/MCC	Standard		
	IM Female Reproductive System Infections	Standard		
	IM Female Reproductive System Infections w/CC	Standard		
	IM Female Reproductive System Infections w/MCC	Standard		
	IM Menstrual & Other Female Reproductive System Disorders	Standard		
	IM Menstrual & Other Female Reproductive System Disorders w/CC	Standard		
	IM Menstrual & Other Female Reproductive System Disorders w/MCC	Standard		
Hematology	IP Other Procedures Of Blood & Blood Forming Organs	Regional		
	IP Other Procedures Of Blood & Blood Forming Organs w/CC	Regional		
	IP Other Procedures Of Blood & Blood Forming Organs w/MCC	Regional		
	IM Agranulocytosis	Regional		
	IM Agranulocytosis w/CC	Regional		
	IM Agranulocytosis w/MCC	Regional		
	IM Coagulation Disorders	Standard		
	IM Coagulation Disorders w/CC	Regional		
	IM Coagulation Disorders w/MCC	Regional		
	IM Sickle Cell Anemia Crisis	Standard		
	IM Sickle Cell Anemia Crisis w/CC	Regional		
	IM Sickle Cell Anemia Crisis w/MCC	Regional		
	IM Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	Standard		
	IM Red Blood Cell Disorders Except Sickle Cell Anemia Crisis w/CC	Regional		
	IM Red Blood Cell Disorders Except Sickle Cell Anemia Crisis w/MCC	Regional		
Infectious Disease	IM Other Blood & Blood Forming Organs Disorders	Regional		
	IM Other Blood & Blood Forming Organs Disorders w/CC	Regional		
	IM Other Blood & Blood Forming Organs Disorders w/MCC	Regional		
	IM Septicemia	Standard		
	IM Septicemia w/CC	Standard		
	IM Septicemia w/MCC	Standard		
	IM Post-Operative & Post-Traumatic Infections	Standard		
	IM Post-Operative & Post-Traumatic Infections w/CC	Standard		
	IM Post-Operative & Post-Traumatic Infections w/MCC	Standard		
	IM Fever	Standard		
	IM Fever w/CC	Standard		
	IM Fever w/MCC	Standard		
	IM Non-Bacterial Infections	Standard		
	IM Non-Bacterial Infections w/CC	Standard		
	IM Non-Bacterial Infections w/MCC	Standard		
Neonatology	IM Other Bacterial & Parasitic Diseases	Standard		
	IM Other Bacterial & Parasitic Diseases w/CC	Standard		
	IM Other Bacterial & Parasitic Diseases w/MCC	Standard		
	IM Human Immunodeficiency Virus Infection	Regional		
	IM Human Immunodeficiency Virus Infection w/CC	Regional		
	IM Human Immunodeficiency Virus Infection w/MCC	Regional		
	IM Inborn Errors Of Metabolism	Regional		
	IM Inborn Errors Of Metabolism w/CC	Regional		
	IM Inborn Errors Of Metabolism w/MCC	Regional		
	IP Neonate, W Organ Transplantation Or Extracorporeal Membrane Oxygenation	Centralised		
	IP Neonate, W Organ Transplantation Or Extracorporeal Membrane Oxygenation w/CC	Centralised		
	IP Neonate, W Organ Transplantation Or Extracorporeal Membrane Oxygenation w/MCC	Centralised		
	IP Neonate, Birthwt <1000 Grams With Major Procedure	Centralised		
	IP Neonate, Birthwt <1000 Grams With Major Procedure w/CC	Centralised		
	IP Neonate, Birthwt <1000 Grams With Major Procedure w/MCC	Centralised		
	IP Neonate, Birthwt <1000 Grams Without Major Procedure	Centralised		
	IP Neonate, Birthwt <1000 Grams Without Major Procedure w/CC	Centralised		
	IP Neonate, Birthwt <1000 Grams Without Major Procedure w/MCC	Centralised		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IP Neonate, Birthwt 1000-1499 Grams With Major Procedure	Regional		
	IP Neonate, Birthwt 1000-1499 Grams With Major Procedure w/CC	Regional		
	IP Neonate, Birthwt 1000-1499 Grams With Major Procedure w/MCC	Regional		
	IP Neonate, Birthwt 1500-1999 Grams With Major Procedure	Regional		
	IP Neonate, Birthwt 1500-1999 Grams With Major Procedure w/CC	Regional		
	IP Neonate, Birthwt 1500-1999 Grams With Major Procedure w/MCC	Regional		
	IP Neonate, Birthwt 2000-2499 Grams With Major Procedure	Regional		
	IP Neonate, Birthwt 2000-2499 Grams With Major Procedure w/CC	Regional		
	IP Neonate, Birthwt 2000-2499 Grams With Major Procedure w/MCC	Regional		
	IP Neonate, Birthwt >2499 Grams With Major Procedure	Regional		
	IP Neonate, Birthwt >2499 Grams With Major Procedure w/CC	Regional		
	IP Neonate, Birthwt >2499 Grams With Major Procedure w/MCC	Regional		
	IP Neonate, Birthwt >2499 Grams With Respiratory Distress Syndrome	Standard		
	IP Neonate, Birthwt >2499 Grams With Respiratory Distress Syndrome w/CC	Standard		
	IP Neonate, Birthwt >2499 Grams With Respiratory Distress Syndrome w/MCC	Standard		
	IM Neonate, Died Or Transferred To Another Acute Care Facility	Standard		
	IM Neonate, Died Or Transferred To Another Acute Care Facility w/CC	Standard		
	IM Neonate, Died Or Transferred To Another Acute Care Facility w/MCC	Standard		
	IM Neonate, Birthwt 1000-1499 Grams Without Major Procedure	Regional		
	IM Neonate, Birthwt 1000-1499 Grams Without Major Procedure w/CC	Regional		
	IM Neonate, Birthwt 1000-1499 Grams Without Major Procedure w/MCC	Regional		
	IM Neonate, Birthwt 1500-1999 Grams Without Major Procedure	Regional		
	IM Neonate, Birthwt 1500-1999 Grams Without Major Procedure w/CC	Regional		
	IM Neonate, Birthwt 1500-1999 Grams Without Major Procedure w/MCC	Regional		
	IM Neonate, Birthwt 2000-2499 Grams Without Major Procedure	Standard		
	IM Neonate, Birthwt 2000-2499 Grams Without Major Procedure w/CC	Regional		
	IM Neonate, Birthwt 2000-2499 Grams Without Major Procedure w/MCC	Regional		
	IM Neonate, Birthwt >2499 Grams With Major Anomaly Or Hereditary Condition	Centralised		
	IM Neonate, Birthwt >2499 Grams With Major Anomaly Or Hereditary Condition w/CC	Centralised		
	IM Neonate, Birthwt >2499 Grams With Major Anomaly Or Hereditary Condition w/MCC	Centralised		
	IM Neonate, Birthwt >2499 Grams With Aspiration Syndrome	Standard		
	IM Neonate, Birthwt >2499 Grams With Aspiration Syndrome w/CC	Standard		
	IM Neonate, Birthwt >2499 Grams With Aspiration Syndrome w/MCC	Standard		
	IM Neonate, Birthwt >2499 Grams With Congenital/Perinatal Infections	Regional		
	IM Neonate, Birthwt >2499 Grams With Congenital/Perinatal Infections w/CC	Regional		
	IM Neonate, Birthwt >2499 Grams With Congenital/Perinatal Infections w/MCC	Regional		
	IM Neonate, Birthwt >2499 Grams Without Major Procedure	Standard		
	IM Neonate, Birthwt >2499 Grams Without Major Procedure w/CC	Standard		
	IM Neonate, Birthwt >2499 Grams Without Major Procedure w/MCC	Standard		
Nephrology	IM Nephritis	Standard		
	IM Nephritis w/CC	Standard		
	IM Nephritis w/MCC	Standard		
	IM Kidney & Urinary Tract Infections	Standard		
	IM Kidney & Urinary Tract Infections w/CC	Standard		
	IM Kidney & Urinary Tract Infections w/MCC	Standard		
	IM Urinary Stones	Standard		
	IM Urinary Stones w/CC	Standard		
	IM Urinary Stones w/MCC	Standard		
	IM Malfunction, Reaction Or Complication Of Urinary Tract Device, Graft Or Transplantation	Regional		
	IM Malfunction, Reaction Or Complication Of Urinary Tract Device, Graft Or Transplantation w/CC	Regional		
	IM Malfunction, Reaction Or Complication Of Urinary Tract Device, Graft Or Transplantation w/MCC	Regional		
	IM Kidney & Urinary Tract Signs & Symptoms	Standard		
	IM Kidney & Urinary Tract Signs & Symptoms w/CC	Standard		
	IM Kidney & Urinary Tract Signs & Symptoms w/MCC	Standard		
	IM Other Kidney & Urinary Tract Diagnoses	Standard		
	IM Other Kidney & Urinary Tract Diagnoses w/CC	Standard		
	IM Other Kidney & Urinary Tract Diagnoses w/MCC	Standard		
Neurological surgery	IP Pituitary & Pineal Procedures	Centralised		
	IP Pituitary & Pineal Procedures w/CC	Centralised		
	IP Pituitary & Pineal Procedures w/MCC	Centralised		
	IP Intracranial Vascular Procedures	Centralised		
	IP Intracranial Vascular Procedures w/CC	Centralised		
	IP Intracranial Vascular Procedures w/MCC	Centralised		
	IP Craniotomy	Centralised		
	IP Craniotomy w/CC	Centralised		
	IP Craniotomy w/MCC	Centralised		
	IP Ventricular Shunt Procedures	Centralised		
	IP Ventricular Shunt Procedures w/CC	Centralised		
	IP Ventricular Shunt Procedures w/MCC	Centralised		
	IP Carpal Tunnel Release	Standard		
	IP Carpal Tunnel Release w/CC	Standard		
	IP Carpal Tunnel Release w/MCC	Regional		
	IP Cranial & Peripheral Nerve Procedures	Standard		
Neurology	IP Cranial & Peripheral Nerve Procedures w/CC	Regional		
	IP Cranial & Peripheral Nerve Procedures w/MCC	Regional		
	IM Multiple Sclerosis & Cerebellar Ataxia	Regional		
	IM Multiple Sclerosis & Cerebellar Ataxia w/CC	Regional		
	IM Multiple Sclerosis & Cerebellar Ataxia w/MCC	Regional		
	IM Non-Traumatic Intracranial Hemorrhage	Regional		
	IM Non-Traumatic Intracranial Hemorrhage w/CC	Regional		
	IM Non-Traumatic Intracranial Hemorrhage w/MCC	Regional		
	IM Cerebrovascular Accident With Infarct	Regional		
	IM Cerebrovascular Accident With Infarct w/CC	Regional		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IM Cerebrovascular Accident With Infarct w/MCC	Regional		
	IM Non-Specific CVA & Pre-Cerebral Occlusion Without Infarct	Regional		
	IM Non-Specific CVA & Pre-Cerebral Occlusion Without Infarct w/CC	Regional		
	IM Non-Specific CVA & Pre-Cerebral Occlusion Without Infarct w/MCC	Regional		
	IM Transient Ischemia	Standard		
	IM Transient Ischemia w/CC	Standard		
	IM Transient Ischemia w/MCC	Standard		
	IM Cranial & Peripheral Nerve Disorders	Standard		
	IM Cranial & Peripheral Nerve Disorders w/CC	Regional		
	IM Cranial & Peripheral Nerve Disorders w/MCC	Regional		
	IM Bacterial & Tuberculous Infections Of Nervous System	Standard		
	IM Bacterial & Tuberculous Infections Of Nervous System w/CC	Regional		
	IM Bacterial & Tuberculous Infections Of Nervous System w/MCC	Regional		
	IM Non-Bacterial Infections Of Nervous System Except Viral Meningitis	Standard		
	IM Non-Bacterial Infections Of Nervous System Except Viral Meningitis w/CC	Regional		
	IM Non-Bacterial Infections Of Nervous System Except Viral Meningitis w/MCC	Regional		
	IM Viral Meningitis	Standard		
	IM Viral Meningitis w/CC	Regional		
	IM Viral Meningitis w/MCC	Regional		
	IM Non-Traumatic Stupor & Coma	Regional		
	IM Non-Traumatic Stupor & Coma w/CC	Regional		
	IM Non-Traumatic Stupor & Coma w/MCC	Regional		
	IM Seizure	Standard		
	IM Seizure w/CC	Standard		
	IM Seizure w/MCC	Standard		
	IM Migraine & Other Headaches	Standard		
	IM Migraine & Other Headaches w/CC	Standard		
	IM Migraine & Other Headaches w/MCC	Standard		
	IM Concussion	Standard		
	IM Concussion w/CC	Standard		
	IM Concussion w/MCC	Regional		
	IM Other Nervous System Disorders	Standard		
	IM Other Nervous System Disorders w/CC	Standard		
	IM Other Nervous System Disorders w/MCC	Regional		
Obstetrics	IM Abortion	Standard		
	IM Abortion w/CC	Standard		
	IM Abortion w/MCC	Standard		
	IM Threatened Abortion	Standard		
	IM Threatened Abortion w/CC	Standard		
	IM Threatened Abortion w/MCC	Standard		
	IM False Labor	Standard		
	IM False Labor w/CC	Standard		
	IM False Labor w/MCC	Standard		
	IM Antepartum Disorders	Standard		
	IM Antepartum Disorders w/CC	Regional		
	IM Antepartum Disorders w/MCC	Regional		
	IM Postpartum Disorders	Standard		
	IM Postpartum Disorders w/CC	Standard		
	IM Postpartum Disorders w/MCC	Regional		
Obstetrics/Delivery	IP Cesarean Delivery	Standard		
	IP Cesarean Delivery w/CC	Standard		
	IP Cesarean Delivery w/MCC	Standard		
	IP Vaginal Delivery With Sterilization &/Or Dilation & Curettage	Standard		
	IP Vaginal Delivery With Sterilization &/Or Dilation & Curettage w/CC	Standard		
	IP Vaginal Delivery With Sterilization &/Or Dilation & Curettage w/MCC	Standard		
	IP Vaginal Delivery With Procedure Except Sterilization &/Or Dilation & Curettage	Standard		
	IP Vaginal Delivery With Procedure Except Sterilization &/Or Dilation & Curettage w/CC	Standard		
	IP Vaginal Delivery With Procedure Except Sterilization &/Or Dilation & Curettage w/MCC	Standard		
	IM Vaginal Delivery	Standard		
	IM Vaginal Delivery w/CC	Standard		
	IM Vaginal Delivery w/MCC	Standard		
Oncology	IM Kidney & Urinary Tract Malignancy & Renal Failure	Regional		
	IM Kidney & Urinary Tract Malignancy & Renal Failure w/CC	Regional		
	IM Kidney & Urinary Tract Malignancy & Renal Failure w/MCC	Regional		
	IM Male Reproductive System Malignancy	Regional		
	IM Male Reproductive System Malignancy w/CC	Regional		
	IM Male Reproductive System Malignancy w/MCC	Centralised		
	IM Female Reproductive System Malignancy	Regional		
	IM Female Reproductive System Malignancy w/CC	Regional		
	IM Female Reproductive System Malignancy w/MCC	Centralised		
	IP Bone Marrow Transplantation	Centralised		
	IP Bone Marrow Transplantation w/CC	Centralised		
	IP Bone Marrow Transplantation w/MCC	Centralised		
	IM Acute Leukemia	Centralised		
	IM Acute Leukemia w/CC	Centralised		
	IM Acute Leukemia w/MCC	Centralised		
	IM Lymphoma & Non-Acute Leukemia	Centralised		
	IM Lymphoma & Non-Acute Leukemia w/CC	Centralised		
	IM Lymphoma & Non-Acute Leukemia w/MCC	Centralised		
	IM Radiotherapy	Regional		
	IM Radiotherapy w/CC	Regional		
	IM Radiotherapy w/MCC	Regional		
	IM Chemotherapy	Regional		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IM Chemotherapy w/CC	Regional		
	IM Chemotherapy w/MCC	Regional		
	IM Other Myeloprolif Disorders & Poorly Differentiated Neoplasm Diagnosis	Centralised		
	IM Other Myeloprolif Disorders & Poorly Differentiated Neoplasm Diagnosis w/CC	Centralised		
	IM Other Myeloprolif Disorders & Poorly Differentiated Neoplasm Diagnosis w/MCC	Centralised		
	IM Nervous System Malignancy & Degenerative Disorders	Regional		
	IM Nervous System Malignancy & Degenerative Disorders w/CC	Regional		
	IM Nervous System Malignancy & Degenerative Disorders w/MCC	Centralised		
	IM Ear, Nose, Mouth & Throat Malignancy	Regional		
	IM Ear, Nose, Mouth & Throat Malignancy w/CC	Regional		
	IM Ear, Nose, Mouth & Throat Malignancy w/MCC	Centralised		
	IM Respiratory Malignancy	Regional		
	IM Respiratory Malignancy w/CC	Regional		
	IM Respiratory Malignancy w/MCC	Centralised		
	IM Digestive Malignancy	Regional		
	IM Digestive Malignancy w/CC	Regional		
	IM Digestive Malignancy w/MCC	Centralised		
	IM Malignancy Of Hepatobiliary System & Pancreas	Centralised		
	IM Malignancy Of Hepatobiliary System & Pancreas w/CC	Centralised		
	IM Malignancy Of Hepatobiliary System & Pancreas w/MCC	Centralised		
	IM Musculoskeletal & Connective Tissue Malignancy & Pathological Fractures	Regional		
	IM Musculoskeletal & Connective Tissue Malignancy & Pathological Fractures w/CC	Regional		
	IM Musculoskeletal & Connective Tissue Malignancy & Pathological Fractures w/MCC	Centralised		
	IM Malignant Breast Disorders	Regional		
	IM Malignant Breast Disorders w/CC	Regional		
	IM Malignant Breast Disorders w/MCC	Centralised		
Ophthalmology	IP Orbital & Extraocular Procedures	Regional		
	IP Orbital & Extraocular Procedures w/CC	Regional		
	IP Orbital & Extraocular Procedures w/MCC	Regional		
	IP Intraocular & Lens Procedures	Regional		
	IP Intraocular & Lens Procedures w/CC	Regional		
	IP Intraocular & Lens Procedures w/MCC	Regional		
	IM Acute Major Eye Infections	Standard		
	IM Acute Major Eye Infections w/CC	Standard		
	IM Acute Major Eye Infections w/MCC	Standard		
	IM Neurological Eye Disorders	Standard		
	IM Neurological Eye Disorders w/CC	Standard		
	IM Neurological Eye Disorders w/MCC	Standard		
	IM Other Eye Disorders	Standard		
	IM Other Eye Disorders w/CC	Standard		
	IM Other Eye Disorders w/MCC	Standard		
Orthopedic Surgery	IM Injuries To Unspecified Or Multiple Sites	Standard		
	IM Injuries To Unspecified Or Multiple Sites w/CC	Regional		
	IM Injuries To Unspecified Or Multiple Sites w/MCC	Regional		
	IP Spine Procedures	Regional		
	IP Spine Procedures w/CC	Regional		
	IP Spine Procedures w/MCC	Centralised		
	IM Spinal Disorders & Injuries	Regional		
	IM Spinal Disorders & Injuries w/CC	Regional		
	IM Spinal Disorders & Injuries w/MCC	Regional		
	IP Bilateral & Multiple Major Lower Extremity Joint Procedures	Centralised		
	IP Bilateral & Multiple Major Lower Extremity Joint Procedures w/CC	Centralised		
	IP Bilateral & Multiple Major Lower Extremity Joint Procedures w/MCC	Centralised		
	IP Amputation	Standard		
	IP Amputation w/CC	Standard		
	IP Amputation w/MCC	Standard		
	IP Major Lower Extremity Joint & Limb Reattachment Procedures	Regional		
	IP Major Lower Extremity Joint & Limb Reattachment Procedures w/CC	Regional		
	IP Major Lower Extremity Joint & Limb Reattachment Procedures w/MCC	Centralised		
	IP Major Upper Extremity Joint & Limb Reattachment Procedures	Centralised		
	IP Major Upper Extremity Joint & Limb Reattachment Procedures w/CC	Centralised		
	IP Major Upper Extremity Joint & Limb Reattachment Procedures w/MCC	Centralised		
	IP Spinal Fusion Procedures For Curvature Of The Spine	Centralised		
	IP Spinal Fusion Procedures For Curvature Of The Spine w/CC	Centralised		
	IP Spinal Fusion Procedures For Curvature Of The Spine w/MCC	Centralised		
	IP Spinal Fusion Procedures Except For Curvature Of The Spine	Regional		
	IP Spinal Fusion Procedures Except For Curvature Of The Spine w/CC	Regional		
	IP Spinal Fusion Procedures Except For Curvature Of The Spine w/MCC	Centralised		
	IP Hip & Femur Procedures Except Major Joint	Regional		
	IP Hip & Femur Procedures Except Major Joint w/CC	Regional		
	IP Hip & Femur Procedures Except Major Joint w/MCC	Regional		
	IP Foot Procedures	Standard		
	IP Foot Procedures w/CC	Standard		
	IP Foot Procedures w/MCC	Standard		
	IP Local Excision & Removal Of Internal Fixation Device	Standard		
	IP Local Excision & Removal Of Internal Fixation Device w/CC	Standard		
	IP Local Excision & Removal Of Internal Fixation Device w/MCC	Standard		
	IP Soft Tissue Procedures	Standard		
	IP Soft Tissue Procedures w/CC	Standard		
	IP Soft Tissue Procedures w/MCC	Standard		
	IP Other Musculoskeletal System & Connective Tissue Procedures	Standard		
	IP Other Musculoskeletal System & Connective Tissue Procedures w/CC	Standard		
	IP Other Musculoskeletal System & Connective Tissue Procedures w/MCC	Standard		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IP Knee & Lower Leg Procedures Except Foot	Standard		
	IP Knee & Lower Leg Procedures Except Foot w/CC	Standard		
	IP Knee & Lower Leg Procedures Except Foot w/MCC	Standard		
	IP Upper Extremity Procedures	Standard		
	IP Upper Extremity Procedures w/CC	Standard		
	IP Upper Extremity Procedures w/MCC	Standard		
	IM Fractures Of Femur	Standard		
	IM Fractures Of Femur w/CC	Standard		
	IM Fractures Of Femur w/MCC	Standard		
	IM Fracture Of Pelvis Or Dislocation Of Hip	Standard		
	IM Fracture Of Pelvis Or Dislocation Of Hip w/CC	Standard		
	IM Fracture Of Pelvis Or Dislocation Of Hip w/MCC	Standard		
	IM Fracture Or Dislocation Except Femur & Pelvis	Standard		
	IM Fracture Or Dislocation Except Femur & Pelvis w/CC	Standard		
	IM Fracture Or Dislocation Except Femur & Pelvis w/MCC	Standard		
	IM Osteomyelitis	Regional		
	IM Osteomyelitis w/CC	Regional		
	IM Osteomyelitis w/MCC	Regional		
	IM Medical Back Problems	Standard		
	IM Medical Back Problems w/CC	Standard		
	IM Medical Back Problems w/MCC	Standard		
	IM Other Bone & Joint Diseases	Standard		
	IM Other Bone & Joint Diseases	Regional		
	IM Other Bone & Joint Diseases w/MCC	Regional		
	IM Malfunction, Reaction Or Complication Of Orthopedic Device Or Procedure	Regional		
	IM Malfunction, Reaction Or Complication Of Orthopedic Device Or Procedure w/CC	Regional		
	IM Malfunction, Reaction Or Complication Of Orthopedic Device Or Procedure w/MCC	Regional		
	IP Cleft Lip & Palate Repair w/CC	Regional		
	IP Cleft Lip & Palate Repair w/MCC	Regional		
	IP Cranial & Facial Bone Reconstructive Procedures	Regional		
	IP Cranial & Facial Bone Reconstructive Procedures w/CC	Regional		
	IP Cranial & Facial Bone Reconstructive Procedures w/MCC	Centralised		
	IP Skin Graft Without Burns	Regional		
	IP Skin Graft Without Burns w/CC	Regional		
	IP Skin Graft Without Burns w/MCC	Regional		
	IP Other Skin, Subcutaneous Tissue & Breast Procedures	Standard		
	IP Other Skin, Subcutaneous Tissue & Breast Procedures w/CC	Standard		
	IP Other Skin, Subcutaneous Tissue & Breast Procedures w/MCC	Regional		
	IP Breast Procedures	Standard		
	IP Breast Procedures w/CC	Regional		
	IP Breast Procedures w/MCC	Regional		
Psychiatry	IM Schizophrenia	Standard		
	IM Schizophrenia w/CC	Standard		
	IM Schizophrenia w/MCC	Regional		
	IM Major Depression	Standard		
	IM Major Depression w/CC	Standard		
	IM Major Depression w/MCC	Regional		
	IM Personality & Impulse Control Disorders	Standard		
	IM Personality & Impulse Control Disorders w/CC	Standard		
	IM Personality & Impulse Control Disorders w/MCC	Regional		
	IM Bipolar Disorders	Standard		
	IM Bipolar Disorders w/CC	Standard		
	IM Bipolar Disorders w/MCC	Regional		
	IM Depression	Standard		
	IM Depression w/CC	Standard		
	IM Depression w/MCC	Regional		
	IM Neuroses Except Depression	Standard		
	IM Neuroses Except Depression w/CC	Standard		
	IM Neuroses Except Depression w/MCC	Regional		
	IM Organic Disturbances & Mental Retardation	Standard		
	IM Organic Disturbances & Mental Retardation w/CC	Standard		
	IM Organic Disturbances & Mental Retardation w/MCC	Regional		
	IM Childhood Mental Disorders	Standard		
	IM Childhood Mental Disorders w/CC	Standard		
	IM Childhood Mental Disorders w/MCC	Regional		
	IM Compulsive Nutrition Disorders	Standard		
	IM Compulsive Nutrition Disorders w/CC	Standard		
	IM Compulsive Nutrition Disorders w/MCC	Regional		
	IM Other Mental Disorders	Standard		
	IM Other Mental Disorders w/CC	Standard		
	IM Other Mental Disorders w/MCC	Regional		
	IP Alcohol & Drug Rehabilitation &/Or Detoxification Therapy	Regional		
	IP Alcohol & Drug Rehabilitation &/Or Detoxification Therapy w/CC	Regional		
	IP Alcohol & Drug Rehabilitation &/Or Detoxification Therapy w/MCC	Regional		
	IM Drug & Alcohol Abuse & Dependence, Left Against Medical Advice	Regional		
	IM Drug & Alcohol Abuse & Dependence, Left Against Medical Advice w/CC	Regional		
	IM Drug & Alcohol Abuse & Dependence, Left Against Medical Advice w/MCC	Regional		
	IM Alcohol, Opioid & Cocaine Abuse & Dependence	Regional		
	IM Alcohol, Opioid & Cocaine Abuse & Dependence w/CC	Regional		
	IM Alcohol, Opioid & Cocaine Abuse & Dependence w/MCC	Regional		
	IM Other Drug Abuse & Dependence	Regional		
	IM Other Drug Abuse & Dependence w/CC	Regional		
	IM Other Drug Abuse & Dependence w/MCC	Regional		

Pro-forma for the Proposed Service Lines and DRGs



Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
Rehabilitation	IM Child Or Adult Maltreatment Syndrome	Standard		
	IM Child Or Adult Maltreatment Syndrome w/CC	Regional		
	IM Child Or Adult Maltreatment Syndrome w/MCC	Regional		
	IM Rehabilitation	Regional		
	IM Rehabilitation w/CC	Regional		
Respiratory	IM Rehabilitation w/MCC	Regional		
	IP Long Term Mechanical Ventilation With Tracheostomy	Regional		
	IP Long Term Mechanical Ventilation With Tracheostomy w/CC	Regional		
	IP Long Term Mechanical Ventilation With Tracheostomy w/MCC	Regional		
	IP Long Term Mechanical Ventilation Without Tracheostomy	Regional		
	IP Long Term Mechanical Ventilation Without Tracheostomy w/CC	Regional		
	IP Long Term Mechanical Ventilation Without Tracheostomy w/MCC	Regional		
	IP Complex Respiratory System Procedures	Centralised		
	IP Complex Respiratory System Procedures w/CC	Centralised		
	IP Complex Respiratory System Procedures w/MCC	Centralised		
	IP Non-Complex Respiratory System Procedures	Standard		
	IP Non-Complex Respiratory System Procedures w/CC	Standard		
	IP Non-Complex Respiratory System Procedures w/MCC	Standard		
	IP Moderately Complex Respiratory System Procedures	Regional		
	IP Moderately Complex Respiratory System Procedures w/CC	Regional		
	IP Moderately Complex Respiratory System Procedures w/MCC	Regional		
	IM Cystic Fibrosis	Centralised		
	IM Cystic Fibrosis w/CC	Centralised		
	IM Cystic Fibrosis w/MCC	Centralised		
	IM Respiratory Failure	Standard		
	IM Respiratory Failure w/CC	Standard		
	IM Respiratory Failure w/MCC	Standard		
	IM Pulmonary Embolism	Standard		
	IM Pulmonary Embolism w/CC	Standard		
	IM Pulmonary Embolism w/MCC	Standard		
	IM Major Chest Trauma	Regional		
	IM Major Chest Trauma w/CC	Regional		
	IM Major Chest Trauma w/MCC	Regional		
	IM Respiratory Infections & Inflammations	Standard		
	IM Respiratory Infections & Inflammations w/CC	Standard		
	IM Respiratory Infections & Inflammations w/MCC	Standard		
	IM Simple Pneumonia & Whooping Cough	Standard		
	IM Simple Pneumonia & Whooping Cough w/CC	Standard		
	IM Simple Pneumonia & Whooping Cough w/MCC	Standard		
	IM Chronic Obstructive Pulmonary Disease	Standard		
	IM Chronic Obstructive Pulmonary Disease w/CC	Standard		
	IM Chronic Obstructive Pulmonary Disease w/MCC	Standard		
	IM Asthma & Bronchiolitis	Standard		
	IM Asthma & Bronchiolitis w/CC	Standard		
	IM Asthma & Bronchiolitis w/MCC	Standard		
	IM Interstitial Lung Disease	Regional		
	IM Interstitial Lung Disease w/CC	Regional		
	IM Interstitial Lung Disease w/MCC	Regional		
	IM Pneumothorax & Pleural Effusion	Standard		
	IM Pneumothorax & Pleural Effusion w/CC	Standard		
	IM Pneumothorax & Pleural Effusion w/MCC	Standard		
	IM Respiratory System Signs, Symptoms & Other Diagnoses	Standard		
	IM Respiratory System Signs, Symptoms & Other Diagnoses w/CC	Standard		
	IM Respiratory System Signs, Symptoms & Other Diagnoses w/MCC	Standard		
Rheumatology	IM Septic Arthritis	Standard		
	IM Septic Arthritis w/CC	Standard		
	IM Septic Arthritis w/MCC	Standard		
	IM Connective Tissue Disorders	Standard		
	IM Connective Tissue Disorders w/CC	Regional		
	IM Connective Tissue Disorders w/MCC	Regional		
	IM Musculoskeletal Signs, Symptoms, Sprains & Minor Inflammations	Standard		
	IM Musculoskeletal Signs, Symptoms, Sprains & Minor Inflammations w/CC	Standard		
	IM Musculoskeletal Signs, Symptoms, Sprains & Minor Inflammations w/MCC	Standard		
	IM Other Musculoskeletal System & Connective Tissue Diagnoses	Standard		
	IM Other Musculoskeletal System & Connective Tissue Diagnoses w/CC	Standard		
	IM Other Musculoskeletal System & Connective Tissue Diagnoses w/MCC	Standard		
Transplant Surgery	IP Kidney Transplantation	Centralised		
	IP Kidney Transplantation w/CC	Centralised		
	IP Kidney Transplantation w/MCC	Centralised		
	IP Heart &/Or Lung Transplantation	Centralised		
	IP Heart &/Or Lung Transplantation w/CC	Centralised		
	IP Heart &/Or Lung Transplantation w/MCC	Centralised		
	IP Liver Transplantation	Centralised		
	IP Liver Transplantation w/CC	Centralised		
	IP Liver Transplantation w/MCC	Centralised		
Trauma	IM Head Trauma	Regional		
	IM Head Trauma w/CC	Regional		
	IM Head Trauma w/MCC	Centralised		
Urology	IP Complex Bladder Procedures	Centralised		
	IP Complex Bladder Procedures w/CC	Centralised		
	IP Complex Bladder Procedures w/MCC	Centralised		
	IP Upper Urinary Tract Procedures	Standard		
	IP Upper Urinary Tract Procedures w/CC	Standard		

Pro-forma for the Proposed Service Lines and DRGs

Specialties	DRGs Description	DOH Classification	Applicant proposed DRGs (Adult) YES/NO	Applicant proposed DRGs (Paediatric) YES/NO
	IP Upper Urinary Tract Procedures w/MCC	Regional		
	IP Bladder & Lower Urinary Tract Procedures	Regional		
	IP Bladder & Lower Urinary Tract Procedures w/CC	Regional		
	IP Bladder & Lower Urinary Tract Procedures w/MCC	Regional		
	IP Urethral & Transurethral Procedures	Standardised		
	IP Urethral & Transurethral Procedures w/CC	Standardised		
	IP Urethral & Transurethral Procedures w/MCC	Standardised		
	IP Complex Prostatectomy Procedures	Centralised		
	IP Complex Prostatectomy Procedures w/CC	Centralised		
	IP Complex Prostatectomy Procedures w/MCC	Centralised		
	IP Penis Procedures	Regional		
	IP Penis Procedures w/CC	Regional		
	IP Penis Procedures w/MCC	Regional		
	IP Moderately Complex Prostate & Scrotal Contents Procedures	Regional		
	IP Moderately Complex Prostate & Scrotal Contents Procedures w/CC	Regional		
	IP Moderately Complex Prostate & Scrotal Contents Procedures w/MCC	Regional		
	IP Non-Complex Prostate & Scrotal Contents Procedures	Standardised		
	IP Non-Complex Prostate & Scrotal Contents Procedures w/CC	Regional		
	IP Non-Complex Prostate & Scrotal Contents Procedures w/MCC	Regional		
	IP Transurethral Prostatectomy	Regional		
	IP Transurethral Prostatectomy w/CC	Regional		
	IP Transurethral Prostatectomy w/MCC	Regional		
	IM Male Reproductive System Diagnoses Except Malignancy	Standardised		
	IM Male Reproductive System Diagnoses Except Malignancy w/CC	Regional		
	IM Male Reproductive System Diagnoses Except Malignancy w/MCC	Regional		
Vascular Surgery	IP Create, Revise, Remove Dialysis Device	Regional		
	IP Create, Revise, Remove Dialysis Device w/CC	Regional		
	IP Create, Revise, Remove Dialysis Device w/MCC	Regional		
	IP Extracranial Vascular Procedures	Regional		
	IP Extracranial Vascular Procedures w/CC	Regional		
	IP Extracranial Vascular Procedures w/MCC	Regional		
	IP Complex Abdominal Vascular Procedures	Centralised		
	IP Complex Abdominal Vascular Procedures w/CC	Centralised		
	IP Complex Abdominal Vascular Procedures w/MCC	Centralised		
	IP Vein Ligation & Stripping	Standardised		
	IP Vein Ligation & Stripping w/CC	Regional		
	IP Vein Ligation & Stripping w/MCC	Regional		
	IP Other Circulatory System Procedures	Regional		
	IP Other Circulatory System Procedures w/CC	Regional		
	IP Other Circulatory System Procedures w/MCC	Regional		

Pro-forma for the Proposed Service Lines and DRGs



DOH Service Lines	A basic unit of healthcare capacity: the multidisciplinary team, facilities and associated resources serving a defined patient population within a clinical discipline through the continuum of care (inpatient and outpatient). DOH delineate its service lines and is categorized into 32 services lines Note: Assigning DRGs to DOH service line at operational level is not compulsory
DRGs Code	Diagnosis Related Group Codes : Are numbered using a six digit number, the first two digits represents the MDC, the third digit is the DRG type, the fourth and the fifth digits are the unique DRG number for the MDC and DRG type, the sixth digit of the DRG number is the severity subclass for the DRG.
DRGs Description	Medical Treatment / Surgical procedure description for the DRG
DOH Classification (Adult)	We define three levels: - Standard Services: May be delivered by all inpatient and outpatient locations - Regional Services: Delivered on an Abu Dhabi planning region basis dependent on quality, cost, and access issues (1-5 per region) - Centralized Services: Due to rarity of disease process or complexity of service required, a single facility will be identified to provide this multidisciplinary care Note : Adult applies to 18 Years old and above
DOH Classification (Paediatric)	We define three levels: - Standard Services: May be delivered by all inpatient and outpatient locations - Regional Services: Delivered on an Abu Dhabi planning region basis dependent on quality, cost, and access issues (1-5 per region) - Centralized Services: Due to rarity of disease process or complexity of service required, a single facility will be identified to provide this multidisciplinary care Note : Paediatric applied to below 18 years old
Applicant proposed DRGs (Adult) YES/NO	Application submitted to DOH for Adult DRGs selected by applicants. Applicant will populate values of YES if there is an intention to exercise specified DRG
DOH Decision (ADULT) - Approved - Not Approved - Provisional Approval	provisionally approved (pending full DOH License), This decision will be independent of the approval of the Preliminary License and based on regional supply and demand at the time of review. Applicants are therefore encouraged to continue to monitor supply and demand in the health markets (and the impact on projected finances) during planning and mobilisation.
Applicant proposed DRGs (Paediatric) YES/NO	Application submitted to DOH for Paediatrics DRGs selected by applicants. Applicant will populate values of YES if there is an intention to exercise specified DRG
DOH Decision (PAEDIATRICS) - Approved - Not Approved - Provisional Approval	provisionally approved (pending full DOH License), This decision will be independent of the approval of the Preliminary License and based on regional supply and demand at the time of review. Applicants are therefore encouraged to continue to monitor supply and demand in the health markets (and the impact on projected finances) during planning and mobilisation. Note: ■ Red for Centerlised DRGs ■ Green For Stanadard DRGs ■ Yellow for Regional DRGs