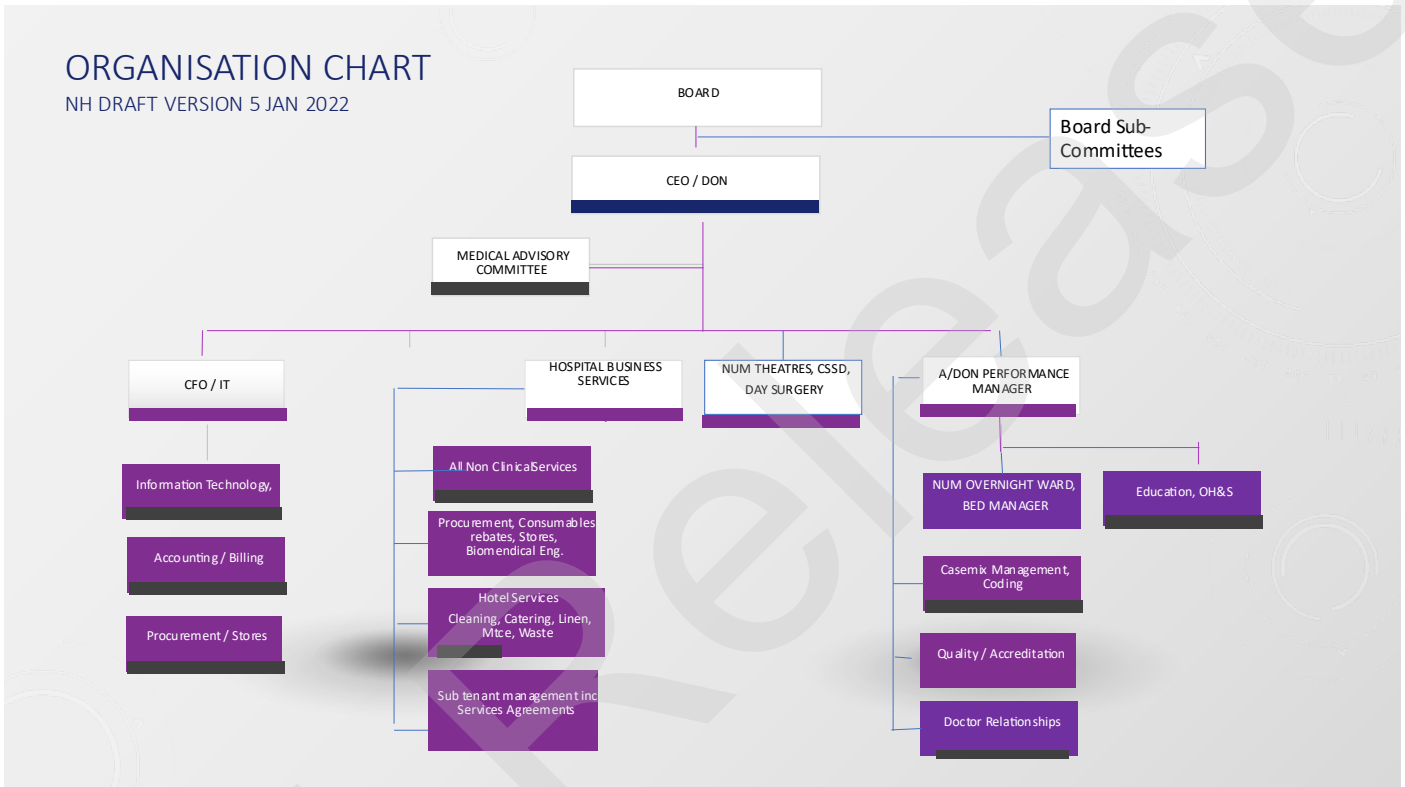
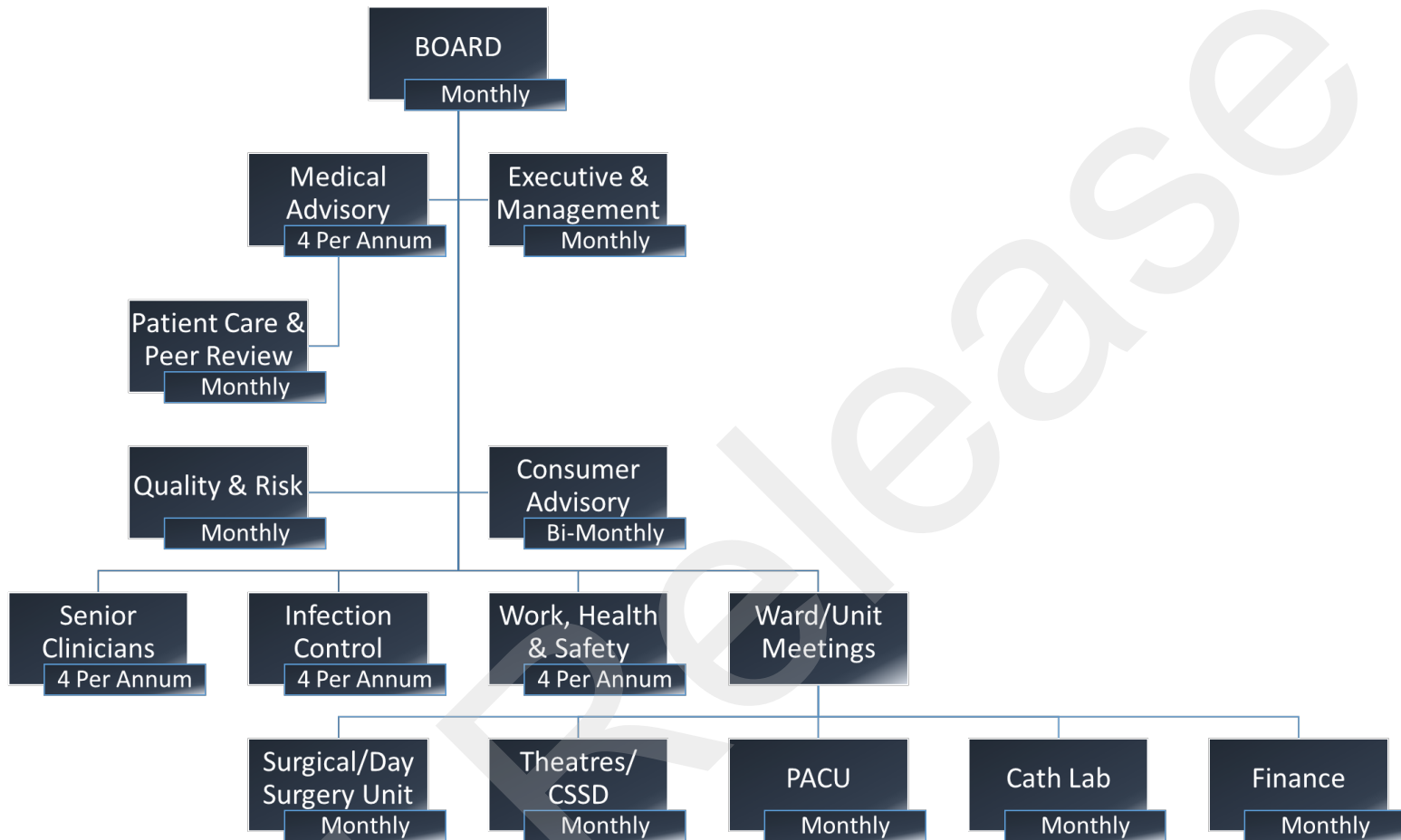


	Doherty	Standardization of team	Retrospective cohort; 101 cases. Level of evidence III	Standardize personnel on the operative team reduce procedure time by 47.1 min
	Gitelis	Cost awareness	Non-randomized trial; 1014 cases (586 pre 428 post) level of evidence II	10% decrease in disposable costs for laparoscopic cholecystectomy, an annual savings of \$27,000
	Morris	Root cost analysis, process mapping	Retrospective cohort; 419 cases. Level of evidence III	Decreased instruments by 23%, decreased in OR non-operating time by 9 min (20%)
	Overdyke	Tracking delays, education intervention	Cross-sectional survey. 1881 cases. Level of evidence IV	Reporting delays leads to less delays
	Perkins	Timing auditing, tracking delays	Retrospective cohort; 180 cases. Level of evidence III	In OR to procedure start and turnover time identified as weaknesses
	Stepaniak	Consistent team and type of procedure	Randomized controlled trial; 94 cases. Level of evidence I	Fixed teams and scheduling similar procedures sequentially reduces procedural time by an average of 10 min in the 94 hernia repair and laparoscopic cholecystectomies they observed
	Stepaniak	Consistent team and type of procedure	Non-randomized control trial, 2 medical centers 1387 cases, level of evidence II	1387 bariatric procedures observed. Fixed teams reduced procedure duration by 10.8% or 4-13 min
	Xu	Team familiarity	Cohort study: 754 procedures, 223 teams, 8 surgeons. Level of evidence III	Surgical team familiarity accounted for 16 min decrease in operative time after 10 collaborations
Large	Althausen	Specialized team	Retrospective review; 2076 cases. Level of evidence III	Specialized traumatologist decreased procedure time 20 min and cost about \$600 versus general orthopedic surgeons
	Friedman	Parallel processing	Nonrandomized trial; 66 case studies, 72 controls. Level of evidence level II	Saved on average 9.6 min in sedate, block, and prep time
	Hanss	Parallel processing	Non-randomized trial; 335 cases. Level of evidence II	Nonoperative time decreased 11 min, one extra case possible per day with two ORs participating, with three ORs 2 extra cases possible
	Harders	Parallel processing, multidisciplinary process redesign	Non-randomized trial; 239 cases, 23 surgeons. Level of evidence II	Decreased non-operative time by 23 min, decreased anesthesia time by 5 min
	Kehoe	Supply chain management, lean	Case report; 1 hospital with 22 ORs. Level of evidence IV	Improved tray accuracy to over 99%
	Rosenblatt	Supply chain management	Time interrupted cohort; 1318 (pre-intervention); 1367 cases (post-intervention). Level of evidence II	45% reduction in mean per case coverage in comparable study periods
	Small	Specialized OR	Randomized controlled trial; 1004 cases. Level of evidence I	7 min of operative time savings and a total savings of 19 min per procedure by using a specialized orthopedic OR
	Smith	Parallel processing	Non-randomized controlled trial. 608 historical controls, 905 post-intervention cases, level of evidence II	Non operative time decreased 36 min, operative time decreased 14 min
	Stahl	Specialized OR; parallel processing	Case-control; 182 specialized OR cases, 193 matched controls, level of evidence II	Decreased procedure time by 14 min, and total patient OR flow time by 29 min, this allowed for two additional cases per day
	Torkkai	Parallel processing	Case-controlled; 57 cases preintervention, 77 cases postintervention. Level of evidence III	Non operative time decreased 45.6%, additional case was able to be added per day
	Varu	Specialized OR	Case-controlled; 109 cases. Level of evidence III	Hybrid fixed-image fluoroscopy equipped ORs reduced contrast usage by 30 mL and operative time by 30 min on average in the 109 endovascular aneurysm repairs observed.

# Attachment 3 - Weststate Private Hospital preliminary organisational chart



## Attachment 4 - Weststate Private Hospital preliminary committee structure



Mandatory field\*

**Privacy statement:** The collection of this information is authorised under Chapters 5 and 6 of the Public Service Act 2008. Your personal details will not be disclosed to any other third party without your consent, unless required to do so by law.

**Important:** Complete one application per health facility.

## Section 1: Facility details

Proposed health facility name*			Health facility type*			
Weststate Private Hospital			Private hospital			
Physical address		Suburb	State	Postcode		
Cnr. Ingham Road and Sturt Street		Townsville	QLD	4	8	1 0
Proposed approval holder name*						
Weststate Private Hospital Limited						
Postal address		Suburb	State	Postcode		
PO Box 1434		Townsville	QLD	4	8	1 0
<input type="checkbox"/> Queensland approval or licence is already held for another facility						
Key contact name*			Position			
David Kippin			Advisory Chair			
Contact number		Email address				
s.73 - Irrelevant information		s.73 - Irrelevant @weststate.com.au				

## Section 2: Request details

Architect name	Estimated build start date (if known)	Estimated build end date (if known)
HSPC	14/02/2022	17/07/2023

Provide the details of construction stages (if applicable)

Applicant's (intended) title to property

Lessee

Provide the proposed number of beds, cots, bays and rooms for each of the categories listed below.

Type	Category	Proposed number
Specialty beds/cots	Cardiac (Coronary) Care Unit (CCU) beds	
	Intensive Care Unit (ICU) beds	
	Maternity beds	
	Mental Health beds	
	Neonatal Intensive Care Cots (NICU)	
	Neonatal Special Care Cots (SCN)	
	Paediatric Intensive Care beds (PICU)	
	Paediatric beds (dedicated)	
	Palliative beds (dedicated)	
	Rehabilitation beds (dedicated)	
All other wards beds	Such as medical beds, surgical beds etc.	26
Total number of hospital beds/cots, including speciality beds/cots		
Specialty bays/rooms	Birthing Suites	
	Cardiac catheter labs	
	Chemotherapy bays	
	Emergency department resuscitation bays	
	Emergency department bays	
	Endoscopy procedure rooms	
	First stage recovery bays (includes day surgery units, endoscopy units, cardiac catheter labs, interventional cardiology areas, medical imaging area)	10
	Intravenous therapy bays	
	Operating theatres	4
	Procedure rooms	1
Renal dialysis bays		

### Section 3: Services

Provide a list of the clinical services and levels you intend to offer.

Use the *CSCF - list of services and levels* template (reference Ga)

Refer to the relevant [Clinical Services Capability Framework \(CSCF\)](#) service module for further information.

### Section 4: Supporting documentation

Please tick to indicate the relevant supporting documentation is attached with this application.

Refer to the [Private Health Licensing Forms and Templates](#) for attachment descriptions and templates. The requirements for this application are referenced in section 17(1) (b) of the *Private Health Facilities Act 1999*.

Licence fee\*

Amount\*

\$3,324.00

- [Ref A] Company director(s) character and good standing
- [Ref B] Parent company agreement to provide financial support (if applicable)
- [Ref C] Financial standing
- [Ref D] Licensee's CV and business records
- [Ref E] Commercial/financial viability
- [Ref F] Business plan
- [Ref Ga] Clinical Services Capability Framework (CSCF) - list of services and levels (refer to section 3)
- [Ref H] Building floor plans and description of the area to be licensed
- [Ref L] Mental health services (if applicable)

### Section 5: Submission details

I am the key contact person as detailed above (section 1)

Date of submission\*

08/07/2022

### Office use only

QLD Health reference

Customer file number

Licence number

Comments



# Application for approval to be an authority holder (build a new health facility)

Mandatory field\*

**Privacy statement:** The collection of this information is authorised under Chapters 5 and 6 of the Public Service Act 2008. Your personal details will not be disclosed to any other third party without your consent, unless required to do so by law.

**Important:** Complete one application per health facility.

## Section 1: Facility details

Proposed health facility name*		Health facility type*	
Weststate Private Hospital		Private hospital	
Physical address	Suburb	State	Postcode
Cnr. Ingham Road and Sturt Street	Townsville	QLD	4 8 1 0
Proposed approval holder name*			
Weststate Private Hospital Limited			
Postal address	Suburb	State	Postcode
PO Box 1434	Townsville	QLD	4 8 1 0
<input type="checkbox"/> Queensland approval or licence is already held for another facility			
Key contact name*		Position	
David Kippin		Advisory Chair	
Contact number	Email address		
<small>s.73 - Irrelevant information</small>	<small>s.73 - Irrelevant information</small> @weststate.com.au		

## Section 2: Request details

Architect name	Estimated build start date (if known)	Estimated build end date (if known)
HSPC		
Provide the details of construction stages (if applicable)		

Applicant's (intended) title to property

Lessee

Provide the proposed number of beds, cots, bays and rooms for each of the categories listed below.

Type	Category	Proposed number
Specialty beds/cots	Cardiac (Coronary) Care Unit (CCU) beds	
	Intensive Care Unit (ICU) beds	4
All other wards beds	Maternity beds	
	Mental Health beds	
	Neonatal Intensive Care Cots (NICU)	
	Neonatal Special Care Cots (SCN)	
	Paediatric Intensive Care beds (PICU)	
	Paediatric beds (dedicated)	
	Palliative beds (dedicated)	
	Rehabilitation beds (dedicated)	
	Such as medical beds, surgical beds etc.	22
	Total number of hospital beds/cots, including specialty beds/cots	
Specialty bays/rooms	Birthing Suites	
	Cardiac catheter labs	
	Chemotherapy bays	
	Emergency department resuscitation bays	
	Emergency department bays	
	Endoscopy procedure rooms	
	First stage recovery bays (includes day surgery units, endoscopy units, cardiac catheter labs, interventional cardiology areas, medical imaging area)	8
	Intravenous therapy bays	
	Operating theatres	4
	Procedure rooms	1
	Renal dialysis bays	

### Section 3: Services

Provide a list of the clinical services and levels you intend to offer.

Use the *CSCF - list of services and levels* template (reference Ga)

Refer to the relevant [Clinical Services Capability Framework](#) (CSCF) service module for further information.

### Section 4: Supporting documentation

Please tick to indicate the relevant supporting documentation is attached with this application.

Refer to the [Private Health Licensing Forms and Templates](#) for attachment descriptions and templates. The requirements for this application are referenced in section 17(1) (b) of the *Private Health Facilities Act 1999*.

Licence fee\*

Amount\*

\$3,324.00

- [Ref A] Company director(s) character and good standing
- [Ref B] Parent company agreement to provide financial support (if applicable)
- [Ref C] Financial standing
- [Ref D] Licensee's CV and business records
- [Ref E] Commercial/financial viability
- [Ref F] Business plan
- [Ref Ga] Clinical Services Capability Framework (CSCF) - list of services and levels (refer to section 3)
- [Ref H] Building floor plans and description of the area to be licensed
- [Ref L] Mental health services (if applicable)

### Section 5: Submission details

I am the key contact person as detailed above (section 1)

Date of submission\*

22/06/2022

### Office use only

QLD Health reference

Customer file number

Licence number




Comments



# Queensland Government

## Queensland Health

### Web payment result



Your payment was successful

 [Print View](#)

**Receipt Number:** 24511561256

**Date of Payment:** 17/06/2022 12:16 PM

**Time Zone:** Sydney, Australia

**You have paid:** Queensland Health – Private Health Regulation Unit - Application for approval

**Biller Code:** 1463793

**Hospital Name:** Weststate Private Hospital Limited

**Contact Name:** David Kippin

**Contact Number:** s.73 - Irrelevant information

**Payment Amount:** AUD 3,324.00

**Card Number:** s.73 - Irrelevant information

**Expiry Date:** s.73 - Irrelevant information

**Email has been sent successfully**

Click [here](#) to go back and pay another bill for the same biller

[Click here for further information on private health licensing](#)

Telephone: s.73 - Irrelevant information Email: s.73 - Irrelevant information@health.qld.gov.au Postal: Level 8, 33 Charlotte St, Brisbane Q 4006



**WESTSTATE PRIVATE HOSPITAL LIMITED**

**General Purpose Financial Statements**  
FOR THE YEAR ENDED 30 JUNE 2021

## WESTSTATE PRIVATE HOSPITAL LIMITED

## CONTENTS

	<b>Page No.</b>
Directors' Report	3
Auditor's Independence Declaration	5
Statement of Profit or Loss	6
Statement of Comprehensive Income	7
Statement of Changes in Equity	8
Statement of Financial Position	9
Statement of Cash Flows	10
Notes to the Financial Statements	11
Directors' Declaration	15
Independent Auditor's Report	16

## WESTSTATE PRIVATE HOSPITAL LIMITED

### DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2021.

#### Directors

The names of the directors in office at anytime during or since the end of the year are:

Kaushik Hazratwala  
Kiran Hazratwala  
Peter McEwen

Directors have been in office since the date of incorporation, being 14 December 2020.

#### Review of Operations

The loss of the company for the financial year after providing for income tax amounted to \$102.

#### Principal Activities

The principal activities of the company during the financial year were:

Preparatory activities related to planned private hospital operations

#### Events Subsequent to the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

#### Likely Developments and Expected Results of Operations

Likely developments in the operations of the company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

#### Environmental Regulation

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

#### Dividends

No dividends have been paid or declared since the start of the financial year.

#### Options

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

## WESTSTATE PRIVATE HOSPITAL LIMITED

### DIRECTORS' REPORT

#### Indemnification of Officers

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

#### Proceedings on Behalf of Company

No person has applied for leave of court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

The company was not a party to any such proceedings during the year.

#### Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under Section 307C of the Corporations Act 2001 is attached to this financial report.

This directors' report is signed in accordance with a resolution of the board of directors:

Director

s.73 - Irrelevant information

Kaushik Hazratwala

Director

s.73 - Irrelevant information

Peter McEwen

Director

s.73 - Irrelevant information

Kiran Hazratwala

Dated:

30/5/2022



**Crowe Audit Australia**  
ABN 13 969 921 386

22 Walker Street  
Townsville QLD 4810  
PO Box 537  
Townsville QLD 4810  
Australia

Tel +61 (07) 4722 9525  
www.crowe.com.au

**Auditor's Independence Declaration Under Section 307c of the  
*Corporations Act 2001*  
to Directors of Weststate Private Hospital Limited**

I declare that to the best of my knowledge and belief, during the year ended 30 June 2021, that there have been:

- (i) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

*Crowe Audit Australia*

**CROWE AUDIT AUSTRALIA**

s.73 - Irrelevant information

Associate Partner  
Townsville, 30 / 05 / 2022.

*Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss Verein. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Audit Australia, an affiliate of Findex (Aust) Pty Ltd. Liability limited by a scheme approved under Professional Standards Legislation.*

© 2022 Findex (Aust) Pty Ltd

*The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.*

**WESTSTATE PRIVATE HOSPITAL LIMITED**

**PROFIT AND LOSS STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2021**

**2021**  
**\$**

---

**LESS EXPENDITURE**

Computer expenses

**NET OPERATING PROFIT (LOSS)**

**TOTAL AVAILABLE FOR APPROPRIATION (DEFICIT)**

**RETAINED PROFITS (ACCUMULATED LOSSES) AT THE END OF  
THE FINANCIAL YEAR**

s.73 - Irrelevant information



RTI Released

The accompanying notes form part of these financial statements.

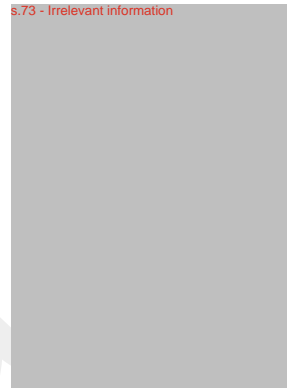
**WESTSTATE PRIVATE HOSPITAL LIMITED**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2021**

Note

2021  
\$**Profit (loss) for the year****Other comprehensive income:****Total other comprehensive income for the year****Total comprehensive income (expense) for the year**

Total comprehensive income (expense) attributable to member of the company

s.73 - Irrelevant information



The accompanying notes form part of these financial statements.

## WESTSTATE PRIVATE HOSPITAL LIMITED

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2021

## Share Capital

Ordinary shares	Retained Earnings	Total
\$	\$	\$

**Balance at 1 July 2020****Comprehensive income**

Profit (loss) for the year

**Total comprehensive income for the year attributable to the member of the company****Transactions with the owner, in capacity as owner and other transfers**

Issue of Ordinary Shares

**Total transactions with the owner and other transfers****Balance at 30 June 2021**

s.73 - Irrelevant information



The accompanying notes form part of these financial statements.



**WESTSTATE PRIVATE HOSPITAL LIMITED**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2021**

Note

2021  
\$**ASSETS****CURRENT ASSETS**

Cash and cash equivalents  
Trade and other receivables

**TOTAL CURRENT ASSETS****TOTAL ASSETS****LIABILITIES****CURRENT LIABILITIES**

Trade and other payables

**TOTAL CURRENT LIABILITIES****NON-CURRENT LIABILITIES**

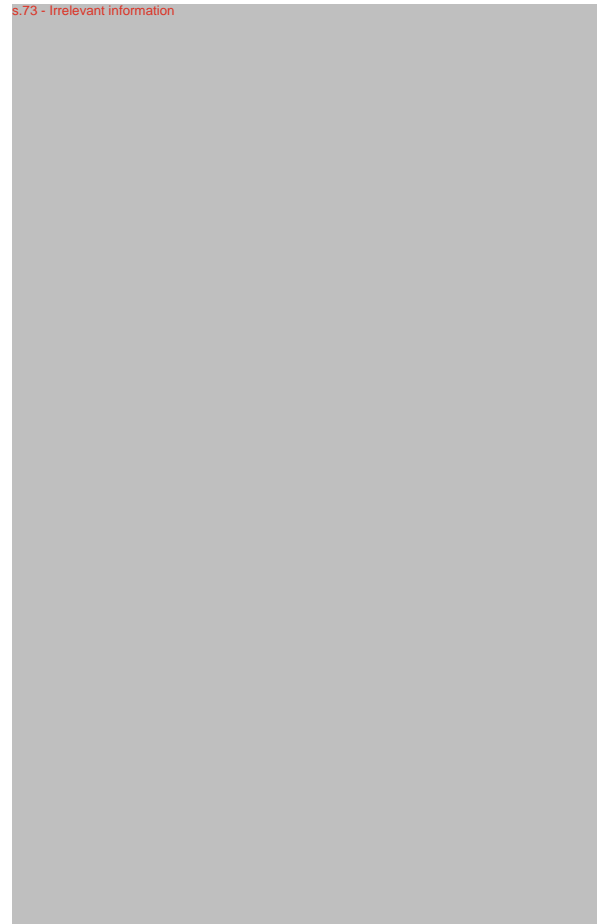
Borrowings

**TOTAL NON-CURRENT LIABILITIES****TOTAL LIABILITIES****NET ASSETS****EQUITY**

Issued capital  
Retained earnings (accumulated losses)

**TOTAL EQUITY**

s.73 - Irrelevant information



The accompanying notes form part of these financial statements.

## WESTSTATE PRIVATE HOSPITAL LIMITED

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$
<b>Cash flows from investing activities</b>		
Loans from Related Entities		
<b>Net cash provided by investing activities</b>		
<b>Cash flows from financing activities</b>		
Proceeds on Share Issue		
<b>Net cash provided by financing activities</b>		
Net increase in cash held		
Cash and cash equivalents at beginning of financial year		
Cash and cash equivalents at end of financial year		

S.73 - Irrelevant information

The accompanying notes form part of these financial statements.

**WESTSTATE PRIVATE HOSPITAL LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2021**

The financial statements cover Weststate Private Hospital Limited as an individual entity. Weststate Private Hospital Limited is a company limited by shares, incorporated and domiciled in Australia.

The financial statements were authorised for issue on ..... by the directors of the company.

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Preparation**

These general purpose financial statements have been prepared in accordance with the Corporations Act 2001, Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board and International Financial Reporting Standards as issued by the International Accounting Standards Board. The company is a for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenues and expenses. Management bases its judgements and estimates on historical experience and on the various factors that it believes to be reasonable under the circumstances, the result of which form the basis of the carrying values of assets and liabilities that are not readily apparent from other sources.

Management has identified the no critical accounting policies from which significant judgements, estimates and assumptions are made.

**(a) Trade and Other Receivables**

Trade and other receivables include amounts due from customers for goods sold and services performed in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

**(b) Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

**WESTSTATE PRIVATE HOSPITAL LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2021**

**(c) Revenue and Other Income**

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

All revenue is stated net of the amount of goods and services tax.

**(d) Trade and Other Payables**

Trade and other payables represent the liabilities for goods and services received by the company that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

**(e) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

**(f) Rounding of Amounts**

Amounts in the financial statements have been rounded off to the nearest dollar.

**WESTSTATE PRIVATE HOSPITAL LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2021**

2021  
\$

**2. CASH AND CASH EQUIVALENTS**

Cash on hand  
NAB Term Deposit #3483

**3. TRADE AND OTHER RECEIVABLES**

**CURRENT**

Good and services tax

**4. TRADE AND OTHER PAYABLES**

**CURRENT**

Trade creditors

**5. BORROWINGS**

**NON-CURRENT**

Loans from other related entities:  
Weststate Investments Pty Ltd

Total non-current borrowings

**6. ISSUED CAPITAL**

1000 fully paid ordinary shares

**7. COMPANY DETAILS**

The registered office of the company is:

Weststate Private Hospital Limited  
52 Walker Street

Townsville QLD 4810

The principal place of business is:

Weststate Private Hospital Limited  
7 Turnover Street

Pimlico QLD 4812

**8. CASH FLOW INFORMATION**

**(a) Reconciliation of Cash**

Cash at the end of financial year as included in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

Cash

Term Deposits

s.73 - Irrelevant information

s.73 - Irrelevant information

**WESTSTATE PRIVATE HOSPITAL LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2021**

**2021**  
**\$**

**9. AUDITOR'S REMUNERATION**

No audit fee has been raised during the current financial year. The fixed audit fee to be raised in the next financial year per the Engagement Letter dated 10 March 2022 is s.73 - Irrelevant information (GST inclusive).

Crowe Audit Australia is the auditor of the Group.

## WESTSTATE PRIVATE HOSPITAL LIMITED

### DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Weststate Private Hospital Limited, the directors of the company declare that:

1. The financial statements and notes, which comprise the statement of financial position as at 30 June 2021, the statement of profit or loss, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies and other explanatory notes are in accordance with the Corporations Act 2001; and
  - a. comply with Australian Accounting Standards, which, as stated in accounting policy Note 1 to the financial statements, constitutes compliance with International Financial Reporting Standards; and
  - b. give a true and fair view of the financial position as at 30 June 2021 and of the performance for the year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Director

s.73 - Irrelevant information

[Redacted Signature]

**Kaushik Hazratwala**

Director

s.73 - Irrelevant information

[Redacted Signature]

**Peter McEwen**

Director

s.73 - Irrelevant information

[Redacted Signature]

**Kiran Hazratwala**

Dated:

*31st May 2022.*



## Independent Auditor's Report to the Members of Weststate Private Hospital Limited

**Crowe Audit Australia**  
ABN 13 969 921 386

22 Walker Street  
Townsville QLD 4810  
PO Box 537  
Townsville QLD 4810  
Australia

Tel +61 (07) 4722 9525  
www.crowe.com.au

### Opinion

We have audited the financial report of Weststate Private Hospital Limited (the Company), which comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the *Corporations Regulations 2001*.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the needs of the members and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.





## Independent Auditor's Report to the Members of Weststate Private Hospital Limited (cont.)

### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of those charged with governance's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during the audit.

*Crowe Audit Australia*

**CROWE AUDIT AUSTRALIA**

S.73 - Irrelevant information

Associate Partner  
Townsville, 31 / 05 / 2022.

*The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.*

# Clinical services capability framework

## Service assessment

<b>Private facility:</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Anaesthetic Services – Children’s</b>
<b>CSCF service level:</b>	<b>Level 3</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your facility against the minimum services, workforce, risk management support services requirements outlined in the [CSCF modules](#) to make sure you are able to offer a safe and compliant clinical service.

## Instructions

Column 1 outlines the minimum requirements for compliance with the CSCF.

In column 2, provide a brief description and evidence to support your facility’s compliance with each CSCF criteria where applicable, remembering to outline how you meet the pre-requisites of lower CSCF levels as well the requirements of the fundamentals of the framework.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Service description:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> provides care for children with low anaesthetic risk receiving local anaesthetics with sedation and general anaesthetics.</li> <li><input type="checkbox"/> may be undertaken in a day hospital or inpatient facility.</li> <li><input type="checkbox"/> provides all types of sedation including caudal blocks, neuraxial blocks and regional blocks where these procedures performed, anaesthetic may be administered by: <ul style="list-style-type: none"> <li>– registered medical specialist with credentials in anaesthesia</li> <li>– registered medical practitioner (general practitioner) with credentials in anaesthesia</li> <li>– registered medical practitioner undertaking training in anaesthesia under supervision</li> <li>– other persons authorised under legislation to prescribe and administer anaesthesia.</li> </ul> </li> <li><input type="checkbox"/> may be provided to children above age of 4 years by registered medical practitioner (general practitioner) with credentials in anaesthesia, but who may be credentialed for children as young as 2 years of age on individual basis in accordance with JCCA guidelines (for specific training and education refer to ANZCA PS29).</li> <li><input type="checkbox"/> manages: <ul style="list-style-type: none"> <li>– surgical complexity II procedures with low anaesthetic risk</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Anticipated casemix - Ear Nose and Throat Services and Maxillo-facial.</li> <li>• Admission Criteria Policy has been drafted to align to ensure patient selection is appropriate.</li> <li>• Procedures will be performed on children from one (1) year of age.</li> <li>• Anaesthetists are credentialed through the Medical Advisory Committee and demonstrate that they are specialised with the appropriate credentials.</li> <li>• Emergency transfer arrangements have been made with Townsville General Hospital.</li> <li>• Emergency equipment on site to accommodate children one (1) year and above.</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<ul style="list-style-type: none"> <li>– surgical complexity III procedures with low anaesthetic risk for a child who is:               <ul style="list-style-type: none"> <li>○ greater than 2 years of age with a registered medical specialist with credentials in anaesthesia or facility-credentialed registered medical practitioner</li> <li>○ greater than 4 years of age with a registered medical practitioner with credentials in anaesthesia</li> </ul> </li> <li>– surgical complexity III with low anaesthetic risk (day surgery facilities – Specialist Paediatric Surgery) for a child greater than 1 year of age, with anaesthesia performed by a registered medical specialist with credentials in anaesthesia and paediatrics.</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> documented processes for transfer and acceptance of patients to Level 4 children’s intensive care service.</li> <li><input type="checkbox"/> must be capable of providing immediate resuscitation and short-term cardiorespiratory support until patient transfer where required.</li> <li><input type="checkbox"/> selection of patients and surgical procedures in these facilities should ensure intensive care admission would be an unexpected and rare event.</li> </ul>	
<p><b>Service requirements:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> where service provided 24 hours a day, registered medical practitioners available.</li> <li><input type="checkbox"/> immediate access to emergency equipment, drugs and oxygen required for ventilation as per The Australian Resuscitation Council guidelines for infants, children, and adolescents.</li> <li><input type="checkbox"/> immediate access to registered medical practitioner with credentials in anaesthetics who can attend emergencies during hours of operation.</li> <li><input type="checkbox"/> emergency post-anaesthetic care services available.</li> <li><input type="checkbox"/> emergency anaesthetic services may be available.</li> <li><input type="checkbox"/> elective anaesthetic services provided during business hours.</li> <li><input type="checkbox"/> elective post-anaesthetic care services generally provided during business hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Anaesthetists will remain on -site post procedure to ensure full recovery of child.</li> <li>• Emergency equipment supplied to ensure immediate access as per the Australian Resuscitation Council Guidelines.</li> <li>• Emergency post anaesthetic care services are delivered by appropriately trained Paediatric nurses and Medical Practitioners and within business hours.</li> <li>• Recovery Bays are located to the Nurses Station for viewing of children.</li> </ul>
<p><b>Workforce requirements:</b></p> <p><b>Anaesthetic workforce</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> credentialed registered medical practitioners (general practitioner) with advanced rural generalist training and anaesthetic qualifications.</li> <li><input type="checkbox"/> access via telephone to registered medical specialist with credentials in anaesthetics who assists in assessing and advising on all types of anaesthesia and patient types undergoing anaesthetic.</li> <li><input type="checkbox"/> registered medical specialist with credentials in anaesthesia and paediatrics to administer anaesthetic to children between 1 and 2 years of age in the category of surgical complexity III with low anaesthetic risk.</li> <li><input type="checkbox"/> on-site registered medical practitioner until patient discharged from post-anaesthetic care unit.</li> </ul>	<ul style="list-style-type: none"> <li>• All Medical Practitioners are trained in Anaesthetics and Paediatric anaesthetics for children above one (1) year of age and meet the Credentialing requirements of the Weststate Private Hospital.</li> <li>• The Anaesthetist will remain on site until the child/patient is discharged from post-anaesthetic care unit.</li> <li>• A dedicated Anaesthetic Technician or Registered Nurse is working with the Anaesthetist.</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Anaesthetic assistant workforce</b></p> <p><input type="checkbox"/> assistant/s to medical staff administering sedation / anaesthesia must be dedicated anaesthetic assistant/s with appropriate training and demonstrated ongoing competency.</p>	
<p><b>Risk considerations (where relevant):</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>	
<p><b>Support services:</b></p> <ul style="list-style-type: none"> <li>• On-site Level 2 Medication, Level 3 Perioperative and Children's Surgical</li> <li>• Access to Level 4 Children's Intensive Care.</li> </ul>	

Signed by **Leith MacMillan** s.73 - Irrelevant information **Date:** 16.05.2021  
 Compliance manager on behalf of the Chief Executive Officer  
 WESTSTATE PRIVATE HOSPITAL

# Clinical services capability framework

## Service assessment

<b>Private facility:</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Surgical Services – Children’s</b>
<b>CSCF service level:</b>	<b>Level 3</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

### Purpose

This document is designed to help us assess your facility against the minimum services, workforce, risk management support services requirements outlined in the [CSCF modules](#) to make sure you are able to offer a safe and compliant clinical service.

### Instructions

Column 1 outlines the minimum requirements for compliance with the CSCF. In column 2, provide a brief description and evidence to support your facility’s compliance with each CSCF criteria where applicable, remembering to outline how you meet the pre-requisites of lower CSCF levels as well the requirements of the fundamentals of the framework.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Service description:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered medical specialists with credentials in anaesthesia may provide anaesthesia for elective surgery lists.</li> <li><input type="checkbox"/> manages (refer to Table 1 CSCF): <ul style="list-style-type: none"> <li>- surgical complexity II procedures with low anaesthetic risk</li> <li>- surgical complexity III procedures with low anaesthetic risk to a child</li> <li>- greater than 2 years of age where there is registered medical.</li> <li>- Specialist with credentials in anaesthesia or facility-credentialed registered medical practitioner</li> <li>- greater than 4 years of age where there is registered medical practitioner (general practitioner) with credentials in anaesthesia</li> <li>- surgical complexity III with low anaesthetic risk (day surgery facilities – Specialist Paediatric Surgery) for child greater than 1 year of age where anaesthetic is delivered by registered medical specialist with credentials in anaesthesia and paediatrics.</li> </ul> </li> <li><input type="checkbox"/> must have access to Level 4 children’s intensive care service and be capable of providing immediate resuscitation and short-term cardiorespiratory support until patient transfer to an intensive care service (this access must include documented processes for</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipated casemix - Ear Nose and Throat Services and Maxillo-facial. Other procedures include: <ul style="list-style-type: none"> <li>- Orthopaedic</li> <li>- General Surgery</li> <li>- Urology</li> <li>- Oral Surgery</li> <li>- ENT</li> <li>- Plastic</li> </ul> </li> <li>• Admission Policy will include admission criteria for children.</li> <li>• The Weststate Private Hospital are applying to extend the license to include paediatric patients from one (1) year of age.</li> <li>• Registered Medical Specialist with credentials in Anaesthesia will be credentialed via the Medical Advisory Committee prior to commencing the service and will manage the level of surgical services.</li> <li>• An agreement is in place with the Townsville General Hospital to accept children in the event of an emergency.</li> <li>• The Weststate Private Hospital’s ‘Emergency</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>transfer and acceptance of patients between public and licensed private services and Queensland Ambulance Service).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> selection of patients and surgical procedures should ensure intensive care admission would be unexpected and rare event.</li> </ul>	<p>Transfer' Policy outlines the process for transfer.</p> <ul style="list-style-type: none"> <li>• The agreements are in place with the Townsville General Public Emergency to accept acute care patients in an emergency capacity or agreed increased acuity capacity.</li> <li>• The Weststate Private Hospital's 'Admission Criteria' Policy outlines the requirements for selection of patients and children.</li> </ul>
<p><b>Service requirements:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access to monitored bed for emergencies with children's surgical close observation care area/s staffed by children's nurses.</li> <li><input type="checkbox"/> where day surgery is offered, all relevant children's-specific staff must be available while patients are on-site.</li> <li><input type="checkbox"/> planned services generally provided during the day for regularly scheduled lists.</li> <li><input type="checkbox"/> services after hours or at weekends provided by prearrangement.</li> <li><input type="checkbox"/> services in day surgery facilities provided during hours of operation.</li> <li><input type="checkbox"/> may provide emergency services at any time, as required.</li> <li><input type="checkbox"/> access to rostered on-call staff.</li> <li><input type="checkbox"/> may provide specialist services / functions on a visiting basis.</li> </ul> <p><b>Note:</b> Level 3-day surgery services have same support service requirements.</p>	<ul style="list-style-type: none"> <li>• The Weststate Private Hospital has an allocated area in recovery to paediatric patients. Theatres will be scheduled on specific days so that these beds can accommodate children as it is a high observation area.</li> <li>• Planned surgical services to be performed in the day. After hours or at weekends would be on pre-arrangement.</li> <li>• Staff are familiar and experienced with working with children and are dedicated to the high observation area.</li> </ul>
<p><b>Workforce requirements:</b></p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access to registered medical specialist with credentials in children's surgical specialties to provide advice on children's surgical patients.</li> <li><input type="checkbox"/> registered medical practitioner with credentials to perform required procedures. medical staff with credentials and demonstrated currency in provision of children's surgery and defined scope of practice noted on their privileging document.</li> <li><input type="checkbox"/> registered medical practitioner to remain on-site until patient recovered from anaesthesia and meets post-anaesthetic care service discharge criteria, as per facility guidelines and ANZCA PS46.</li> <li><input type="checkbox"/> registered medical practitioner available during hours of operation for day hospitals.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> suitably qualified and experienced nurse manager (however titled) in charge of surgical services.</li> <li><input type="checkbox"/> suitably qualified and experienced registered nurse in charge of each shift.</li> <li><input type="checkbox"/> suitably qualified and experienced registered nurses.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> May have access to allied health professionals (including occupational therapists, psychologists, physiotherapists, social workers, and speech pathologists with relevant surgical qualifications</li> </ul>	<ul style="list-style-type: none"> <li>• A Medical Advisory Committee which incorporates the Credentialing Committee has been formed with representatives from the various Colleges to oversee each speciality.</li> <li>• Registered Medical Practitioners with credentials in paediatric surgery will be performing the procedures.</li> <li>• It is an expectation of the Weststate Private Hospital that Medical Practitioners do not leave the facility until an assessment has been performed of their patients.</li> <li>• There are set Terms of Reference for the Medical Advisory Committee which incorporate Children.</li> <li>• There is a robust credentialing system with relevant documentation to support the system.</li> <li>• There will be paediatric trained clinical staff recruited led by the Director of Nursing.</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>and/or experience), as required.</p> <p><input type="checkbox"/> may have access to appropriately trained support staff with relevant qualifications and experience in provision of healthcare services within surgical services.</p> <p><b>Other</b></p> <p><input type="checkbox"/> access to registered dental practitioner.</p> <p><input type="checkbox"/> access to trained technical assistants.</p>	<ul style="list-style-type: none"> <li>There is an experienced group of RNs' and EN's that are peri-operative trained, and an RN trained in Paediatrics will be employed.</li> </ul>
<p><b>Specific risk considerations</b></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>	
<p><b>Support services:</b></p> <p>On-site</p> <ul style="list-style-type: none"> <li>Children's Anaesthetic Level 3</li> <li>Medication Level 3</li> <li>Perioperative (relevant section/s) Level 3</li> </ul> <p>Access to</p> <ul style="list-style-type: none"> <li>Children's Intensive care Level 4</li> <li>Medical imaging Level 3</li> <li>Palliative care Level 3</li> <li>Pathology Level 3</li> </ul>	

Signed by

Leith MacMillan

s.73 - Irrelevant information

Date: 16.05.2022

Compliance Manager of behalf of the Chief Executive Officer  
Weststate Private Hospital

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Anaesthetic Services</b>
<b>CSCF service level:</b>	<b>Level 3</b>
Date of assessment:	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li>□ may be provided 24 hours a day for patients receiving low- to medium-risk general anaesthetics, all types of sedation, neuraxial block and regional block for combinations of:                             <ul style="list-style-type: none"> <li>– surgical complexity I procedures with low to high anaesthetic risk</li> <li>– surgical complexity II procedures with low to high anaesthetic risk</li> <li>– surgical complexity III procedures with low to medium anaesthetic risk</li> <li>– surgical complexity IV procedures with low to medium anaesthetic risk.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Anaesthetists are credentialed – and competencies and skills assessed in low to high anaesthetics risk</li> <li>• Policies for:                             <ul style="list-style-type: none"> <li>— Admission Criteria</li> <li>— Admission Process Policy</li> <li>— Anaesthetic Assessment</li> <li>— Pre-admission Assessment</li> <li>— Comprehensive Care Policy</li> <li>— Bariatric Policy</li> <li>— Patient Health Record</li> <li>— Patient Health Assessment Form.</li> <li>— Comprehensive Care Assessment Form</li> <li>— Patient ‘alerts’ Policy</li> </ul> </li> </ul>



## Service requirements

As per module overview, plus:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> on-site close observation care area/s for surgical complexity IV procedures.</li> <li><input type="checkbox"/> at least one procedure room. awareness of surgical complexity and combination of anaesthetic risk allowable at the service level.</li> <li><input type="checkbox"/> members of multidisciplinary team have experience, knowledge and skills in anaesthetic principles and practice.</li> <li><input type="checkbox"/> where services provided 24 hours, registered medical practitioners must be available to respond in rapid manner. elective anaesthetic services are generally provided during business hours for regularly scheduled lists.</li> <li><input type="checkbox"/> anaesthetic services may occur on weekends or after hours by prior arrangement.</li> <li><input type="checkbox"/> emergency anaesthetic services may be available. electroconvulsive therapy (ECT) may be provided where facility is authorised under</li> <li><input type="checkbox"/> Mental Health Act 2016 to do so.</li> </ul> | <ul style="list-style-type: none"> <li>• Six (6) bay close observation unit/High Dependency Unit which can be modified into an ICU at a later stage.</li> <li>• 1<sup>st</sup> Stage Recovery which houses eight (8) bays.</li> <li>• Four (4) Operating theatres and one (1) day procedure theatre</li> <li>• Anaesthetists are aware of the surgical complexity an anaesthetic risk.</li> <li>• Anaesthetic Nurses and /or Technicians are employed to assist the Anaesthetist.</li> <li>• Scheduled business operational hours with an Operating Theatre Scheduling Policy.</li> <li>• Anaesthetists assess their Patient's prior to leaving the Facility.</li> <li>• Specialist Consultants on site consulting suites for easy access to the Weststate Private Hospital.</li> </ul> |
|---|---|

### Workforce requirements

As per module overview, plus: Anaesthetic workforce anaesthetic administered by:

- registered medical practitioners (generalists with extensive experience in anaesthetics) for surgery applicable to level of service
- registered medical practitioner undertaking training in anaesthesia under supervision of recognised, credentialed anaesthetic provider
- registered medical specialist with credentials in anaesthetics for elective surgery applicable to level of service.
- access to registered medical specialist with credentials in anaesthetics for consultation, as required.
- registered medical practitioner available.
- on-site registered medical practitioner with training in anaesthesia until patient fully recovered from anaesthesia and patient's airway is patent and maintained.

Anaesthetic assistant workforce assistant/s to medical staff administering sedation / anaesthesia must be dedicated anaesthetic assistant/s with appropriate training and demonstrated ongoing competency.

- Registered Medical specialist with credentials in anaesthetics for elective surgery applicable to surgical Services Level 3.
- On site Medical Practitioners utilising the Consulting suites.
- The Anaesthetist assesses his patients prior to leaving the facility – as outlined in the code of conduct for Medical Practitioners.
- Dedicated Anaesthetic Nurses / Technicians / Assistants are employed to assist the Anaesthetist.

### Support services

Support services CSCF level	Onsite	Accessible
Intensive care		4
Children's intensive care		4
Medication	2	
Perioperative (relevant section/s)	3	
Surgical	3	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Medical Imaging Services</b>
<b>CSCF service level:</b>	<b>Level 4</b>
Date of assessment:	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> may provide fixed-room fluoroscopy, on-site CT services, complex ultrasound, interventional radiology Tier A, and mammography and interventional breast imaging services but not all modalities described in this section will be provided in all services; however, where they are, minimum requirements for provision of safe imaging service are described.</li> <li><input type="checkbox"/> may provide CT services even if supervising radiologist not on-site and must develop documented CT processes with radiologist to provide necessary level of supervision and support to the service.</li> <li><input type="checkbox"/> protocols also required that identify:             <ul style="list-style-type: none"> <li>- clinical indications for conducting CT</li> <li>- indications for administration of contrast</li> <li>- acquisition of images and timely interpretation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Radiological Services will be provided by X-ray Service Provider. There is 550 square metres of floor space dedicated to the department.</li> <li>• Fixed room fluoroscopy, T services and complex ultrasound will be performed</li> <li>• Radiologist and Radiographer with relevant radiological qualifications will be working on site</li> <li>• PICCS may need to be inserted under imaging guidance</li> <li>• Has access to surgical services</li> <li>• Can provide resuscitation services – close Observation Unit on site</li> <li>• Access to MRI</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> similarly, if facility or service wishes to provide fluoroscopy services, radiographer, and radiologist and/or suitably qualified and experienced health professional must be in attendance during procedure.</li> <li><input type="checkbox"/> may insert peripherally inserted central catheters (PICCs) under imaging guidance (e.g., Ultrasound plus / minus fluoroscopy).</li> <li><input type="checkbox"/> where mammography service provided, ultrasound and interventional breast imaging services may be available.</li> <li><input type="checkbox"/> image-guided breast procedures require radiologist supervision.</li> <li><input type="checkbox"/> with interventional radiology, the types of services provided in Level 4 interventional radiology service would be those defined by IRSA and RANZCR as Tier A.</li> <li><input type="checkbox"/> where Tier A procedures performed, must be access to either on-site surgical support or documented processes with service capable of accepting patients on emergency transfer within 60 minutes for peripheral interventions and within 30 minutes for aortic / visceral / renal interventions in normal circumstances.</li> <li><input type="checkbox"/> can provide resuscitation and stabilisation of emergencies, in line with RANZCR guidelines, until transfer or retrieval to a back-up facility.</li> <li><input type="checkbox"/> may have access to offsite MRI and bone mineral densitometry services.</li> </ul>	
<b>Service requirements</b>	
<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access—24 hours—to a radiologist to interpret/report on CT images, discuss an examination and alter the conduct of the procedure, if necessary.</li> <li><input type="checkbox"/> on-site CT service with demonstrable and documented protocols that determine; <ul style="list-style-type: none"> <li>– authorisation of CT requests as per Radiation Safety Regulation 2010</li> <li>– which CT examinations require intravenous contrast (including type, strength, and volume of contrast to be administered)</li> <li>– screening of patients for contrast risk</li> <li>– consent requirements</li> <li>– technical protocol required for the clinical indication</li> <li>– consultation requirements with supervising radiologist, and image reviewing and reporting arrangements.</li> </ul> </li> <li><input type="checkbox"/> access to electrocardiograph, blood pressure monitoring and pulse oximeter where angiography is performed, patient acuity is</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Radiologist – 24 hours</li> <li>• On -site CT with protocols that address: <ul style="list-style-type: none"> <li>- Which CT's that require contrast</li> <li>- Screening of patients for contrast risk</li> <li>- Consent requirements</li> <li>- Technical protocol for indication</li> <li>- Consultation requirements</li> <li>- Authorisation of CT requests</li> </ul> </li> <li>• Access to ECG and vital signs monitoring for patient with high acuity or sedation is used</li> <li>• Complex ultrasound for DVT thrombosis and other vascular and musculoskeletal conditions</li> <li>• PICC insertion may be performed by Nurses or radiographers who meet required guidelines</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<p>high, or sedation is used.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> complex ultrasound may be provided for diagnosing deep vein thrombosis, and vascular and musculoskeletal conditions, and for performing Doppler studies undertaken by sonographer or registered medical practitioner trained in ultrasound.</li> <li><input type="checkbox"/> PICC insertion may be performed by nurses, radiographers and sonographers who meet required guidelines; person performing procedure may provide a descriptive comment regarding outcome until radiologist report is available.</li> <li><input type="checkbox"/> access to MRI services may be available offsite and provided under an arrangement with another facility—see Level 5 for service characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>• MRI available on site</li> </ul>
<b>Workforce requirements</b>	
<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> where patient requires sedation, registered nurse with appropriate competency or anaesthetist must be responsible for patient's airway and for providing care.</li> </ul> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> radiologist performing Tier A procedures must hold current DRACR/FranzCR certificate or current certification from NSQAC</li> <li><input type="checkbox"/> radiologist performing Tier A procedures must: <ul style="list-style-type: none"> <li>– demonstrate currency of ongoing activity in performing such procedures</li> <li>– undertake relevant, continuing professional development activities as defined by IRSA's <i>Guidelines for Credentialing for Interventional Radiology</i>.</li> </ul> </li> <li><input type="checkbox"/> access to radiologist for clinical governance oversight available during business hours</li> <li><input type="checkbox"/> access to other medical specialists with appropriate credentials relative to services provided for the interventional procedures being performed.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> nursing staff accessible on-site during business hours and available after hours, as required.</li> <li><input type="checkbox"/> where after-hours interventional services provided, registered nurses with relevant qualifications and experience in medical imaging practices.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> senior radiographers to coordinate service delivery and quality.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients undergoing sedation - an anaesthetist and/or RN is present for airway management</li> <li>• Radiologist holds appropriate qualifications and demonstrate currency of activity and undertake relevant CPD activities</li> <li>• Access to Radiologist for clinical governance oversight is on site during business hours</li> <li>• Access to other Medical Specialists with appropriate medical credentials relative to services</li> <li>• RN on site with relevant qualifications and experience in medical imaging practices</li> <li>• Senior radiographers coordinate service delivery and quality</li> <li>• Access to radiographers – 24 hours with clinical competency to operate the apparatus</li> <li>• Access to a staff member that has advanced infection control skills (the RN on site)</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
<b>Service description</b>		
<input type="checkbox"/> radiographer with licence endorsement, clinical competency, and experience appropriate to modality being provided must be present to operate each apparatus. <input type="checkbox"/> access—24 hours—to radiographers. <b>Other</b> <input type="checkbox"/> access to at least one staff member within the department with advanced infection control skills		
<b>Risk considerations (where relevant)</b>		
• Nil	• Nil	
<b>Support services</b>		
Support services CSCF level	Onsite	Accessible
Anaesthetic		3
Intensive Care		4
Medication	3	
Pathology		5

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Medication Services</b>
<b>CSCF service level:</b>	<b>Level 4</b>
Date of assessment:	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<input type="checkbox"/> provides medication service to patients with medium to high medication risk (such patients likely to have complex and competing therapeutic needs, and multiple comorbidities that must be considered when optimising therapy).	<ul style="list-style-type: none"> <li>• On site pharmacy – ‘Slades Pharmacy’ will service the patients likely to have complex and competing therapeutic needs and comorbidities in the Weststate Private</li> </ul>
<b>Service requirements</b>	
As for Level 3, plus: <ul style="list-style-type: none"> <li> <input type="checkbox"/> medication services including timely medication reconciliation for inpatients targeting points of entry into acute care system (e.g., via emergency department) proactive input into multidisciplinary team, such as influencing therapeutic decision-making in ward rounds or team meetings to effect changes to patient care education for patients and their families about medication management (e.g., provision of cardiac rehabilitation training), as required, to support patient care programs of other clinical services the facility provides.                             </li> </ul>	<ul style="list-style-type: none"> <li>• Can provide timely medication reconciliation for inpatients with on-site service</li> <li>• Participate in ward/divisions team meetings and rounds to ensure involvement with patient care</li> <li>• Educates patients and their families about medication management, especially relating to cardiac rehabilitation</li> <li>• Medication Management policy developed in conjunction with clinical team and pharmacy</li> <li>• Participates on the Medical Advisory Committee to ensure the pharmacist is included in</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Service description</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quality Use of Medicines Program, which includes development of local medication policy pharmacist participation in decisions made by facility's drugs and therapeutics committee, or equivalent, and where applicable, clinical networks ongoing drug utilisation evaluation program medication safety strategies that should include training and mechanisms to ensure competency of staff from all disciplines involved in medication management.</li> <li><input type="checkbox"/> after-hours, on-call service for medication supply and clinical services, including medicines information 24 hour/s.</li> <li><input type="checkbox"/> access to more than one pharmacist employed or contracted on-site.</li> <li><input type="checkbox"/> services provided to inpatients and may be provided to ambulatory patients as part of specialty clinics (e.g., cardiac or preadmission clinics, community mental health clinics— where they may operate in facility) and may have limited dispensing for ambulatory patients (for private facilities, where permitted by licence for pharmacy for the service)</li> <li><input type="checkbox"/> provision of medicines information to general or junior-level health professionals and senior / consultant-level medical staff, within scope of practice of pharmacist accessing and interpreting medicines information, as well as staff access to pharmacist at higher level services or medicines information service if access to information resources beyond those available at facility required or where answers to more complex medicines information questions required.</li> <li><input type="checkbox"/> medication distributed and stored by facility and as required, to any lower-level service that is safe, meets legislative requirements and assures quality of medicinal products (e.g., maintains cold chain).</li> <li><input type="checkbox"/> access to basic, non-sterile extemporaneous compounding and sterile, individually compounded products (excluding cytotoxic / chemotherapy and medications requiring higher level specialist support) if use of these products within scope of practice of pharmacist or trained support staff, providing appropriately maintained facilities and equipment available</li> <li><input type="checkbox"/> staff undergo competency assessment in relevant practices</li> <li><input type="checkbox"/> documented processes in place for providing medications requiring more compounding or</li> </ul>	<p>medication management decision making</p> <ul style="list-style-type: none"> <li>• Provides an ongoing drug utilisation development program</li> <li>• Ensure training in medication safety and ensure staff are competent in all aspects of medication management</li> <li>• Provides on call service for medication supply and information services for 24 hours</li> <li>• More than one Pharmacist will be employed in the on-site pharmacy</li> <li>• Services are provided to both inpatients and ambulatory care patients</li> <li>• Pharmacists provide educational support to all levels of medical practitioners and is able to provide answers to more complex medicine management</li> <li>• Medication distributed meets legislative requirements and assures quality of medicinal products</li> <li>• Access to basic, non-sterile individually compounded products – will ensure that products are within scope of the Pharmacist and ensure that staff undergo competency and document processes and appropriately maintain the facilities and equipment</li> <li>• The Pharmacy may provide support for clinical trial medication distribution</li> </ul>



Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<p>preparation.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> may provide support for clinical trial medication distribution as part of limited clinical trial management service where other clinical services sponsor or participate in clinical medication trials.</li> </ul>	
<b>Workforce requirements</b>	
<p>As per Level 3, plus:</p> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> services provided by on-site pharmacists supported by technical and assistant staff.</li> <li><input type="checkbox"/> Sufficient number of employed pharmacists to provide services to patients, including timely action as per risk-based triage process.</li> <li><input type="checkbox"/> general or junior-level pharmacists mentored or clinically supervised by specialist or advanced-level practitioner where applicable.</li> <li><input type="checkbox"/> process in place to enable pharmacists to establish and maintain their competencies in providing clinical and related medication services, including, where relevant, access to pharmacy clinical mentorship to support interns, new graduates and pharmacists who are new to hospitals.</li> <li><input type="checkbox"/> where services provided by separate, private service provider, Level 4 service expectations are explicitly outlined in documented processes between facility and private service provider.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> sufficient trained pharmacy support staff accessible to perform support tasks, such as assisting with dispensing and medication distribution.</li> </ul>	<ul style="list-style-type: none"> <li>• Services provided contracted pharmaceutical company who employ on-site pharmacists</li> <li>• Ensure that there is a sufficient number of employed pharmacists to provide timely services and that the pharmacists are competent in their clinical and related medication services</li> </ul>
<b>Risk considerations (where relevant)</b>	
<p>In addition to risk management outlined in the <i>Fundamentals of the Framework</i>, specific risk management requirements include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> where service provided under documented process with community pharmacy or other private service provider, pharmacy, or service provider demonstrates compliance with recognised quality standards</li> </ul> <p><b>As per Level 3, plus:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> quality assurance program for validating and monitoring aseptic compounding processes where provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance Program which ensures compliance with recognised quality standards</li> </ul>

Support services		
Support services CSCF level	Onsite	Accessible

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Nuclear Medicine</b>
<b>CSCF service level:</b>	<b>Level 4</b>
Date of assessment:	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provides basic diagnostic nuclear medicine studies.</li> <li><input type="checkbox"/> will have established formal processes with public or suitably licensed private health facilities.</li> <li><input type="checkbox"/> examples of procedures performed are bone and lung scans as well as some interventional studies requiring presence of nuclear medicine specialist, such as stress myocardial perfusion and captopril renal studies.</li> </ul>	<ul style="list-style-type: none"> <li>• Services provided by on site Radiology Provider that will provide basic diagnostic nuclear medicine studies</li> </ul>
<b>Service requirements</b>	
<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> resuscitation and monitoring facilities available.</li> <li><input type="checkbox"/> preparation or reconstitution of radiopharmaceuticals occurs with clear and appropriate documentation including details of source of supply, preparation date, and batch number.</li> <li><input type="checkbox"/> staff qualified and experienced in monitoring, maintenance and use of equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Resuscitation and monitoring facilities available</li> <li>• Staff experienced in monitoring, maintenance, and use of equipment</li> <li>• Preparation of radiopharmaceuticals occurs with clear policies</li> <li>• Quality control programs</li> <li>• Access to testing equipment</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
<b>Service description</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> quality control programs established.</li> <li><input type="checkbox"/> access to cardiac stress testing and stress testing equipment.</li> <li><input type="checkbox"/> bone mineral densitometry may be available.</li> <li><input type="checkbox"/> radiopharmaceuticals may be reconstituted in a Good Manufacturing Practice (GMP) compliant laboratory or purchased from such a laboratory.</li> <li><input type="checkbox"/> radiopharmaceuticals may be reconstituted on-site; if so, current <i>Guidelines for Good Radiopharmacy Practice</i> (AANMS) apply.</li> <li><input type="checkbox"/> may have facility for in vivo and/or in vitro tracer studies</li> </ul>		
<b>Workforce requirements</b>		
<p>As per module overview, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered and licensed nuclear medicine</li> <li><input type="checkbox"/> specialist present during radiopharmaceutical administration; only variation to this is where formal exemptions granted by Health Insurance Commission for remote and rural areas.</li> <li><input type="checkbox"/> full-time supervision during procedures by nuclear physician or radiologist with nuclear medicine qualification.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> suitably qualified and experienced registered nurse responsible for patient's airway and providing care where patient requires sedation.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered nuclear medicine technologist.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> qualified expert who meets Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) requirements appointed as designated radiation safety officer.<sup>8</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Registered skilled staff employed by the Radiology Provider</li> <li>• Suitably qualified RN that is responsible for patient's airway and patient care</li> <li>• Registered nuclear medicine technologist</li> <li>• Suitably qualified Radiation and Nuclear Safety Agency as the designated radiation safety officer</li> </ul>	
<b>Risk considerations (where relevant)</b>		
Nil	Nil	
<b>Support services</b>		
Support services CSCF level	Onsite	Accessible
Medical Imaging	4	
Medication	4	
Pathology		3

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information 
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private
<b>CSCF service:</b>	<b>Pathology Services</b>
<b>CSCF service level:</b>	<b>Level 4</b>
Date of assessment:	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> part of service network with some specialist diagnostic services available.</li> <li><input type="checkbox"/> more complex testing usually accessible via higher level pathology services mainly through electronic distributions, which return results promptly to requesting laboratories /practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>• Contract with Sullivan and Nicolaides on-site pathology laboratory and the ability to provide complex testing which return results promptly</li> </ul>
<b>Service requirements</b>	
<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> laboratory scientist / health professional must be available for high-use periods, including weekends and public holidays. or</li> <li><input type="checkbox"/> service can be provided by on-site NATA / RCPA accredited category</li> <li><input type="checkbox"/> GX or GY pathology laboratory.</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory scientist available at the pathology laboratory in high-use periods and weekends / public holidays.</li> <li>• Service accredited pathology laboratory.</li> </ul>
<b>Workforce requirements</b>	
As per module overview	<ul style="list-style-type: none"> <li>• The pathology laboratory is responsible for employing the Pathologists, scientists (at all levels)</li> </ul>

Risk considerations (where relevant)		
Nil	Nil	
Support services		
Support services CSCF level	Onsite	Accessible

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	<small>s.73 - Irrelevant information</small>
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Perioperative Services: Section 2 - Day Surgery Services</b>
<b>CSCF service level:</b>	<b>Level 4</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provided in either a freestanding facility or discrete self-contained unit within a hospital, or is co-located with a specialist clinical service within a hospital or incorporated into perioperative services (if housed in freestanding facility, should be within one hour of acute health facility).</li> <li><input type="checkbox"/> manages low- to medium-risk patients with:</li> <li><input type="checkbox"/> day surgical complexity I, II and III procedural requirements through</li> <li><input type="checkbox"/> provision of day-only surgery and use of local anaesthetic, sedation and</li> <li><input type="checkbox"/> general anaesthetic or combinations of these</li> <li><input type="checkbox"/> ASA1 physical status of 3, treated in freestanding day hospital, only if they</li> <li><input type="checkbox"/> are medically stable.</li> <li><input type="checkbox"/> access to intensive care services (however, these types of patients would</li> <li><input type="checkbox"/> not normally be expected to require intensive care services when they are scheduled for their day surgery).</li> <li><input type="checkbox"/> surgically trained registered medical</li> </ul>	<ul style="list-style-type: none"> <li>• Complies with Level 3 requirements</li> <li>• Is able to meet the requirements for day surgical I, II and III low to high anaesthetic risk</li> <li>• Access to Close Observation Unit / HDU on site that can be modified into and Intensive Care Services at a later stage, on Site</li> </ul>



<p>practitioners (general practitioners) who have completed Advanced Rural Training module in surgery, and with satisfactory exam completion and approval from appropriate professional bodies, may have credentials to perform minor surgery in rural and regional settings.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> consultation and support provided to patients.</li> </ul> <p><b>As per Level 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> components and provides anaesthesia for combinations of: day surgical complexity I and II procedures with low to high anaesthetic risk day surgical complexity III procedures with low to high anaesthetic risk.</li> <li><input type="checkbox"/> may not be provided in freestanding hospital.</li> <li><input type="checkbox"/> achieved within healthcare facility where there may be access to intensive care services (however, these types of patients would not normally be expected to require intensive care services when they</li> <li><input type="checkbox"/> are scheduled for day surgery).</li> <li><input type="checkbox"/> part of a service network with higher level services, ensuring</li> <li><input type="checkbox"/> access to information related to latest evidence-based care and treatments.</li> </ul>	
<b>Service requirements</b>	
<p>As per section overview, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> procedures usually performed by experienced registered medical specialist with credentials in surgery.</li> <li><input type="checkbox"/> procedures requiring only simple general anaesthetic, sedation and/or local anaesthetic, or combinations of these.</li> <li><input type="checkbox"/> anaesthetic services generally provided during business hours for regularly scheduled lists.</li> <li><input type="checkbox"/> appropriate cleaning and sterilisation service for reusable medical and surgical instruments, and equipment as per AS/NZS 4187 or policy pertaining to use of pre-packaged and sterile set-ups, or documented process with an external supplier for cleaning and sterilisation service.</li> <li><input type="checkbox"/> multidisciplinary team with experience, knowledge, and skills in day surgery services, principles, and practice.</li> <li><input type="checkbox"/> awareness of combination of surgical complexity and anaesthetic risk at this level of service.</li> <li><input type="checkbox"/> services on Saturdays and/or after hours may be provided by prearrangement.</li> <li><input type="checkbox"/> at least one operating room / procedure room, with separate post-anaesthetic</li> <li><input type="checkbox"/> care for stages 1 and 2.</li> </ul>	<ul style="list-style-type: none"> <li>• Complies with Level 3-day surgery requirements</li> <li>• One procedure room which has post anaesthetic care for thirteen bays</li> <li>• 4 operating theatre rooms and separate post-anaesthetic care for stages 1</li> <li>• Stage three (3) recovery houses 9 recliners.</li> <li>• On Site sterilising services</li> <li>• Tracking mechanism for instruments within CSSD</li> </ul>

<ul style="list-style-type: none"> <li><input type="checkbox"/> may have separate endoscopy area.</li> </ul> <p><b>As per Level 3, plus:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> at least one operating room and separate post-anaesthetic care for stages 1 and 2.</li> <li><input type="checkbox"/> sterilising services on-site, with facilities for cleaning and</li> <li><input type="checkbox"/> sterilisation of reusable medical and surgical instruments and</li> <li><input type="checkbox"/> equipment, and, within its service, capacity to sterilise heat sensitive equipment.</li> <li><input type="checkbox"/> as minimum requirement, method of tracking instruments and</li> <li><input type="checkbox"/> sterile items, though capacity to track reprocessed sterile items electronically may be provided.</li> <li><input type="checkbox"/> may provide sterilising services during business hours.</li> </ul>	
<b>Workforce requirements</b>	

As per section overview, plus:

- procedures performed by registered health practitioners authorised under legislation who are credentialed with individual hospital, qualified and experienced to level of service provided.

#### Medical

- registered medical practitioners credentialed in anaesthesia and working within their scope of clinical practice providing anaesthetic.
- registered medical practitioners (general practitioners) or registered medical specialists delivering conscious sedation must have appropriate training in administration of conscious sedation.
- registered medical specialists with credentials in surgery and/or surgical subspecialties appropriate to services provided (e.g., ears, nose and throat or ophthalmology).
- registered medical specialists with credentials in internal medicine, general surgery, and/or range of medical and surgical specialties accessible for

#### Nursing

- suitably qualified and experienced nurse manager (however titled) in charge of unit.
- may provide management by perioperative services nurse manager (however titled).
- suitably qualified and experienced registered nurse in charge of each shift.
- suitably qualified and experienced registered nurses on-site during hours of operation.

#### Allied health

- access to allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, as required.

#### Other

- may have access to anaesthetic technicians and equipment technicians' assistants in nursing infection control coordinator environmental services staff operating room orderlies or equivalent staff sterilising services staff with training in sterilising technology (nurse or technician) surgical booking staff technical aides' staff with training in perioperative environment to assist with patient transfer, positioning and equipment transfer staff trained in infection control and aseptic technique
- trained and competent dental staff may be utilised as assistant to the dentist for dental surgery. Consultation via telephone.

- Complies with the Level 3 requirements
- Registered Medical Practitioners that are credentialed in their scope of practice
- Medical Practitioners consulting suites on site to enable ease in attendance to their patients
- Medical services provided on site in the hospital ward
- Registered Nurses hold postgraduate qualifications in perioperative / day surgery nursing
- Nursing team on site whilst patients in the day surgery unit
- Dedicated Infection Control Nurse
- CSSD staff on site

**As per Level 3, plus:****Medical**

- one or more registered medical practitioners with relevant credentials and defined scope of practice.
- visiting registered medical specialists of differing surgical subspecialties accessible, either consulting and/or operating.
- one or more registered medical practitioners (general practitioners) with credentials in anaesthetics and defined scope of practice.
- access to registered medical specialists for telephone consultation and clinical support, with range of specialists reflecting range of procedures performed.
- medical services provided on-site or in close enough proximity to provide rapid response to surgical emergencies.
- in situations where registered medical practitioner not a resident in the town or immediately accessible, arrangements in place for designated operative care, as required.

**Nursing**

- registered nurses who may have postgraduate qualifications in perioperative and/or day surgery nursing and relevant clinical experience commensurate with position.
- nursing services on-site while patients on-site.
- at least one registered nurse suitably qualified and experience in infection control.
- staff responsible for sterilising services with demonstrated evidence of ongoing clinical and/or technical knowledge in sterilising services.

Risk considerations (where relevant)		
Nil	Nil	
Support services		
Support services CSCF level 4	Onsite	Accessible
Anaesthetic	3	
Intensive Care		4
Medical Imaging	2	
Medication	3	
Nuclear Medicine		4
Pathology		5

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Perioperative Services: Section 3 – Endoscopy Services</b>
<b>CSCF service level:</b>	<b>Level 4</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provided to patients of low to medium anaesthetic risk having elective or emergency procedures, where all levels of sedation or general anaesthetic are used for diagnostic and interventional procedures</li> <li><input type="checkbox"/> (Including upper and lower gastrointestinal endoscopy).</li> <li><input type="checkbox"/> part of a service network with higher level services, ensuring access to information related to latest evidence-based care and treatments.</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated day procedure/endoscopy suite to accommodate patients undergoing endoscopic procedures under anaesthetic</li> <li>• Including urological procedures</li> </ul>
<b>Service requirements</b>	
<p>As per section overview, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> clinical services not provided 24 hours.</li> <li><input type="checkbox"/> medical services on-site or in close enough proximity to provide rapid response at all times.</li> <li><input type="checkbox"/> nursing services on-site during business hours.</li> <li><input type="checkbox"/> at least one procedure room.</li> <li><input type="checkbox"/> processes and procedures detailing pre-</li> </ul>	<ul style="list-style-type: none"> <li>• One operating theatre / procedure room</li> <li>• Access to four (4) operating theatres for emergency procedures</li> <li>• Registered Medical Specialists with credentials in endoscopy</li> <li>• Policies to support the pre-admission process, pre-procedure education and the consent</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<p>admission process, pre-anaesthetic consultation and patient procedural expectations (including patient selection and anaesthetic risk) and possibly including detailed patient health questionnaire.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> patient education pre-operatively that includes procedure particulars</li> <li><input type="checkbox"/> (Including doctor, anaesthetist, date, time, and consent) patient requirements for procedure, including, but not limited to, fasting status,</li> <li><input type="checkbox"/> medication cessation and responsible person to assist patient post-procedure procedure and anaesthetic explanation, and follow-up required.</li> <li><input type="checkbox"/> where pre-admission of patient occurs via specialist room, these</li> <li><input type="checkbox"/> practices are linked with facility in terms of continuity of information.</li> <li><input type="checkbox"/> appropriate cleaning and sterilisation service for reusable medical and surgical instruments and equipment, or policy pertaining to use of pre-packaged and sterile items, or documented process with external supplier for cleaning and sterilisation service.</li> <li><input type="checkbox"/> at minimum, manual method of batch tracking instruments and equipment though may have capacity to track items electronically.</li> <li><input type="checkbox"/> procedures and policies relating to management of emergencies</li> <li><input type="checkbox"/> managed proactively through management of selection of patients undergoing endoscopy.</li> <li><input type="checkbox"/> multidisciplinary team members have experience, knowledge and</li> <li><input type="checkbox"/> skills in endoscopy service principles and practice.</li> <li><input type="checkbox"/> awareness of, and compliance with, surgical and anaesthetic risk</li> <li><input type="checkbox"/> matrix.</li> <li><input type="checkbox"/> access to tele health services.</li> <li><input type="checkbox"/> documented processes with emergency services</li> </ul> <p><b>As per Level 3, plus:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> all types of elective endoscopy procedures.</li> <li><input type="checkbox"/> at least one operating room.</li> <li><input type="checkbox"/> referral and management primarily performed by registered medical specialist with credentials in endoscopy and defined scope of practice</li> <li><input type="checkbox"/> applicable to level of service.</li> <li><input type="checkbox"/> diagnostic and therapeutic endoscopy.</li> <li><input type="checkbox"/> members of multidisciplinary team have</li> </ul>	<p>process</p> <ul style="list-style-type: none"> <li>• CSSD on site, as well as dedicated scope cleaning area for disinfection and sterilisation of flexible and rigid scopes</li> <li>• Method of tracking instruments and accessory equipment in place and outlined in the policy</li> <li>• Emergency Procedure protocol</li> <li>• Staff educated on orientation on the surgical and anaesthetic risk matrix</li> <li>• Team members have the necessary competencies in endoscopies and staff will become members of the National Body</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<p>demonstrated experience, knowledge, and skills in delivery of endoscopy services.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access to operating suites in case of emergency surgery requirements.</li> <li><input type="checkbox"/> may provide limited emergency procedures.</li> <li><input type="checkbox"/> may provide services that may take place within an operating suite or dedicated endoscopy suite, which may or may not be attached to operating suite services.</li> </ul>	
<b>Workforce requirements</b>	
<p><b>A Level 3 service requires:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> procedures performed by registered health practitioners authorised under legislation who are credentialed with individual hospital, qualified, and experienced to level of service provided.</li> <li><input type="checkbox"/> registered health practitioner authorised under legislation performing procedure to remain on-site until patient has recovered from sedation / general anaesthesia.</li> </ul> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered medical specialist with credentials in anaesthetics or registered medical practitioner (general practitioner) with credentials in anaesthetics in attendance for procedures where anaesthetic given.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> suitably qualified and experienced nurse manager (however titled) in charge of unit—may be perioperative services nurse manager.</li> <li><input type="checkbox"/> suitably qualified and experienced registered nurse in charge of each shift.</li> <li><input type="checkbox"/> minimum of two nurses—either two registered nurses or registered nurse and enrolled nurse—rostered to operating / procedure room, one of whom must be present at all times, with second nurse immediately accessible to be called for additional assistance, as required.</li> <li><input type="checkbox"/> at least one nurse with experience in infection control.</li> <li><input type="checkbox"/> nursing staff on-site during hours of operation.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access to technical support staff (e.g., biomedical engineers or scientific officers), as required.</li> <li><input type="checkbox"/> all staff involved with cleaning of endoscopes complete annual endoscope cleaning competency and training in infection control.</li> </ul> <p><b>As per Level 3, plus:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> one or more registered health practitioners authorised under legislation with credentials</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Practitioners are credentialed with the hospital and demonstrate their scope of practice to the level of service they provide.</li> <li>• Medical Practitioner remains on site until patient has recovered from sedation / anaesthetic</li> <li>• Theatre Manager appointed (as per the organisational chart)</li> <li>• Two nurses rostered in theatre / procedure room when endoscopic procedures are being performed; staff are rostered on call</li> <li>• Infection Control Nurse will be appointed for the Weststate Private</li> <li>• Staff complete annual scope cleaning competencies and training in infection controls per the orientation program policy</li> <li>• Access to Medical Practitioners for telephone consultation and clinical support</li> <li>• Suitably qualified and experienced anaesthetic technicians may be used</li> <li>• Access to biomedical engineers or scientific officers as needed</li> </ul>



Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
<b>Service description</b>		
<p>and defined scope of practice for range of procedures performed.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> dedicated endoscopy staff onsite or may be accessible on call.</li> <li><input type="checkbox"/> sterilising staff not accessible after hours unless by prearrangement.</li> </ul> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered medical specialist with credentials in endoscopy accessible, either consulting and/or providing services with defined scope of practice.</li> <li><input type="checkbox"/> one or more registered medical practitioners with credentials in</li> <li><input type="checkbox"/> anaesthetics and scope of practice defined for range of procedures performed.</li> <li><input type="checkbox"/> access to registered medical specialists for telephone consultation and clinical support (with range of registered medical specialists reflecting range of procedures performed).</li> <li><input type="checkbox"/> where registered medical specialist is not a resident in the town or immediately accessible, arrangements in place for designated local registered medical practitioner to provide post-procedural care, as required.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered nurses appropriate to service provided.</li> <li><input type="checkbox"/> may have dedicated staff who undertake pre-admission of patients.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> assistants in nursing.</li> <li><input type="checkbox"/> equipment technicians, as required.</li> <li><input type="checkbox"/> sterilising services assistants and technical aides appropriate to service provided.</li> <li><input type="checkbox"/> staff with perioperative environment training to assist with patient transfer, positioning and equipment transfer.</li> <li><input type="checkbox"/> may utilise suitably qualified and experienced anaesthetic technicians.</li> </ul>		
<b>Risk considerations (where relevant)</b>		
Nil	Nil	
<b>Support services</b>		
Support services CSCF level	Onsite	Accessible
Anaesthetic	3	
Intensive Care		4
Medical Imaging	4	

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
<b>Service description</b>		
Medication	3	
Nuclear Medicine		4
Pathology		5

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Perioperative – Operating Theatre Suite Services</b>
<b>CSCF service level:</b>	<b>Level 3</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Service description	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provided in hospital setting without defined perioperative services.</li> <li><input type="checkbox"/> operates on demand and manages low- to medium risk patients through provision of:                             <ul style="list-style-type: none"> <li>– surgical complexity I procedures, usually on body surface, using only local anaesthetic</li> <li>– procedures not involving penetration of internal body cavities via epithelium (other than with a needle), with services provided by suitably qualified and experienced registered health and/or other practitioners</li> </ul> </li> <li><input type="checkbox"/> services available fewer than 24 hours a day                             <ul style="list-style-type: none"> <li>– no elective anaesthetic or surgical services. may be necessary for registered medical practitioners (general practitioners) to provide services akin to anaesthesia as part of resuscitation at this level facility.</li> </ul> </li> <li><input type="checkbox"/> has at least one procedure room where minor, simplistic, diagnostic, and therapeutic surgical procedures are undertaken. most procedures able to be performed in ambulatory, day-stay, or emergency setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Has the ability and network of services to provide surgical complexity IV procedures with low to medium level anaesthetic risk</li> <li>• On site six (6) bay close observation area for patients</li> <li>• Has capacity to perform emergency procedures</li> <li>• Ability to utilise one of the other four operating theatres or day procedure theatre in the Hospital</li> <li>• Surgery performed by experienced Medical Practitioners credentialed in surgery or Anaesthetics.</li> <li>• Resuscitation equipment available with Medical Practitioners and Clinical and Administrative Staff skilled in resuscitation techniques.</li> </ul>

Service requirements	
<p>As per section overview, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> on-site access to nursing services.</li> <li><input type="checkbox"/> medical services provided on-site or in close enough proximity to provide rapid response times.</li> <li><input type="checkbox"/> arrangements for appropriate cleaning, disinfection and/or sterilisation of reusable medical and surgical instruments and equipment.<sup>9</sup></li> <li><input type="checkbox"/> members of multidisciplinary team have experience, knowledge and skills in operating suite principles and practice.</li> <li><input type="checkbox"/> awareness of surgical complexity and combination of anaesthetic risk at level of service.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical staff will be recruited to fit the roles.</li> <li>• Medical Staff able to consult on site and have direct access to the operating theatres and ward or close observation unit.</li> <li>• Fully equipped Central Sterilising Service on site.</li> <li>• Emergency Management/Transfer Plan for transfer of patients to a higher level of care (if required).</li> <li>• Medical Practitioners and Clinical Staff are aware of the surgical complexity and combination of anaesthetic risk at this level of service. This process is communicated at Orientation.</li> </ul>
Workforce requirements	
<p>As per section overview, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> registered medical practitioner available.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> care predominantly</li> <li><input type="checkbox"/> delivered by registered nurses.</li> <li><input type="checkbox"/> suitably qualified and experienced registered nurse in charge of each shift.</li> <li><input type="checkbox"/> adequate nursing staff rostered on each shift.</li> <li><input type="checkbox"/> evidence of ongoing clinical competency (including annual competency skills testing for limited range of skills).</li> <li><input type="checkbox"/> may have nurse practitioners.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> may have trained staff to assist with patient positioning.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Specialists are qualified, experienced and credentialed in the surgical specialty, and will be attended by a Medical Specialist with credentials in Anaesthetics.</li> <li>• The Medical Specialist remains on site until the patient has recovered from the anaesthetic.</li> <li>• An Assistant Director Clinical Service – Performance Manager (ADON) has been nominated until a full time Director of Nursing is appointed.</li> <li>• A skilled Perioperative Manager will be employed to manage the day-to-day functions of the operating theatre.</li> <li>• A Clinical Nurse will be employed to act as the Infection Control Officer.</li> <li>• Clinical Nurses will comprise of registered nurses or enrolled nurses who will work in the Operating Theatre and be present at all times.</li> <li>• All Staff will undertake mandatory training programs and also a competency assessment in perioperative nursing.</li> <li>• Biomedical Engineers will review all equipment used in the operating theatres and reprocessing areas.</li> </ul>

Risk considerations (where relevant)		
Nil	• Nil	
Support services		
Support services CSCF level	Onsite	Accessible
Anaesthetic	3	
Intensive care		4
Medical imaging		3
Medication		3
Nuclear medicine		4
Pathology		3

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Perioperative – Post Anaesthetic Care Services</b>
<b>CSCF service level:</b>	<b>Level 3</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> generally, provides elective surgery or other procedures; however, limited emergency surgery may also be provided.</li> <li><input type="checkbox"/> includes provision of care for types of patients who have received general anaesthetic, sedation, or neuraxial, regional or spinal block for:                             <ul style="list-style-type: none"> <li>- surgical complexity I procedures with low to high anaesthetic risk</li> <li>- surgical complexity II procedures with low to high anaesthetic risk</li> <li>- surgical complexity III procedures with low to medium anaesthetic risk</li> </ul> </li> <li><input type="checkbox"/> surgical complexity IV procedures with low to medium anaesthetic risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides elective surgery for surgical procedures:                             <ul style="list-style-type: none"> <li>- Orthopaedic</li> <li>- Urology</li> <li>- Maxillo Facial</li> <li>- ENT</li> <li>- Spinal /Neurology</li> <li>- General Surgery</li> </ul> </li> <li>• Provides post-anaesthetic care for patients who have received a general anaesthetic, sedation, or block.</li> <li>• Provides post-anaesthetic care for combinations up to surgical complexity IV procedures with low to medium anaesthetic risk</li> </ul>

## Service requirements

As per section overview, plus:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> on-site close observation care area/s for surgical complexity IV procedures.</li> <li><input type="checkbox"/> immediate access to anaesthetic machine for emergency ventilation only and not for long-term ventilation.</li> <li><input type="checkbox"/> immediate access to registered medical practitioner with credentials in anaesthetics to attend emergencies at all times.</li> <li><input type="checkbox"/> elective post-anaesthetic services generally provided during business hours.</li> <li><input type="checkbox"/> where day surgery offered, relevant staff available while patients on-site.</li> <li><input type="checkbox"/> where service provision 24 hour/s, registered medical practitioners available in accordance with documented time and/or distance policies.</li> <li><input type="checkbox"/> suitable infection control, and isolation procedures and facilities, applicable to PACU.</li> <li><input type="checkbox"/> supply of emergency drugs and capacity for telephone consultation with clinical pharmacist.</li> <li><input type="checkbox"/> post-anaesthetic patient comment / feedback on pain management, and post-operative nausea and vomiting management may be included.</li> <li><input type="checkbox"/> information technology supporting electronic recordkeeping may be available.</li> </ul> | <ul style="list-style-type: none"> <li>• On site close observation unit for surgical complexity IV procedures</li> <li>• Access to anaesthetic machine for emergency ventilation</li> <li>• Anaesthetists are immediately available to always attend emergencies within the hours of the Hospital hours.</li> <li>• The Hospital is staffed 24/7.</li> <li>• Medical Practitioners are within adequate distance should they have to return to attend to a Patient.</li> <li>• Slades Pharmacy is accessible for emergency drugs should they be needed.</li> <li>• Infection control Policies are developed by the Infection Control Clinical Nurse and implemented by the Clinical Staff.</li> <li>• Feedback is obtained from Patients at the time of post-operative telephone call as to their pain management and any post-operative issues.</li> <li>• Weststate Private Hospital will be utilising electronic medical records.</li> </ul> |
|---|--|

## Workforce requirements

## Workforce requirements

As per section overview, plus:

### Medical

- registered medical practitioners with credentials in anaesthetics available in facilities with inpatients.
- access to registered medical specialists with credentials in anaesthetics relevant to procedures performed for telephone consultation and clinical support.

### Nursing

- suitably qualified and experienced nurse manager (however titled) in charge of unit.
- dedicated PACU registered nurses who are suitably qualified and experienced.
- access to nursing staff trained in advanced life support.
- may have other nursing staff under direct supervision of registered nurses.

### Allied health

- access to allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, during business hours, as required.

Specific workforce requirements for Level 3

**Children's** Post-Anaesthetic Care Service as per section overview, plus:

### Medical

- registered medical practitioner remaining on-site until patient recovered from anaesthesia and meets PACU discharge criteria, as per facility guidelines and ANZCA PS417.
- registered medical specialist with credentials in anaesthesia and working in their scope of practice must remain on-site until child between 1 and 2 years of age recovering from surgical complexity III with low anaesthetic risk procedures has fully recovered and been discharged from postanaesthetic care area.
- medical and surgical registered medical practitioners with credentials relevant to procedures performed available for telephone consultation and clinical support.

### Nursing

- suitably qualified and experienced registered nurse in charge on each shift.
- access to other suitably qualified and experienced nursing staff.
- nursing staff with paediatric nursing experience must remain on-site until child between 1 and 2 years of age recovering from surgical complexity III with low anaesthetic risk procedures has fully recovered and been discharged from postanaesthetic care area.
- access to staff trained in paediatric life support.

- Medical Specialists are qualified, experienced, and credentialed in the surgical specialty, and will be attended by a Medical Specialist with credentials in Anaesthetics. Phone access to the Medical Specialists is available.
- Access is available for any pre-admission of post anaesthetic assessments required by the Anaesthetist.
- The Medical Specialist remains on site until the patient has recovered from the anaesthetic.
- An Assistant Director Clinical Service – Performance Manger has been appointed. A perioperative Manager will be appointed to manage the Theatres and perioperative areas.
- Clinical Nurses will comprise of registered nurses or enrolled nurses who will work in the Operating Theatre and also trained PACU nurses for recovery and be present at all times.
- All Staff will undertake mandatory training programs and also a competency assessment in perioperative nursing.
- Clinical Staff will be trained in ALS.
- Biomedical Engineers will review all equipment used in the operating theatres and reprocessing areas.

### Level 3 Children's post anaesthetic:

- A registered medical practitioner remains on-site until the child is recovered from anaesthesia and meets PACU discharge criteria, as per facility guidelines and ANZCA PS417.
- A registered medical specialist with credentials in anaesthesia and working in their scope of practice will remain on-site until child between 1 and 2 years of age recovering from surgical complexity III with low anaesthetic risk procedures has fully recovered and been discharged from postanaesthetic care area.
- A Medical Practitioners with credentials in surgery relevant to procedures performed is available for telephone consultation and clinical support.
- The Director of Nursing and Perioperative Manager is on site daily.
- Nursing Staff with Paediatric experience will remain on site until children between 1 and 2 years of age are recovered from surgical complexity III with low anaesthetic risk procedures has fully recovered.
- Staff are in be trained and skilled in Paediatric Life Support.



Risk considerations (where relevant)		
Nil	• Nil	
Support services		
Support services CSCF level	Onsite	Accessible
Anaesthetic	3	
Intensive care		4
Medical imaging		3
Medication		3
Nuclear medicine		4
Pathology		3

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service description

<b>Private facility</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Surgical Services</b>
<b>CSCF service level:</b>	<b>Level 3</b>
Date of assessment:	16 <sup>th</sup> May 2022

## Purpose

This document is designed to help us assess your proposed new and/or upgraded service against the minimum service, workforce, risk management and support services requirements outlined in the CSCF.

Refer to the relevant CSCF module to find the requirements you need to meet for this service.

- Specify the criteria you need to meet in column 1 i.e., the pre-requisites relevant to the service level for which you are applying as well as pre-requisites of lower CSCF service levels and the fundamentals of the framework (this information supports our assessment of your delivery of this service).
- Provide a brief description or evidence of compliance with all listed CSCF criteria where applicable in column 2.

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<b>Service description</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provided mainly in hospital setting with designated but limited surgical, anaesthetic, and sterilising services. manages:                             <ul style="list-style-type: none"> <li>- surgical complexity I procedures with low to high anaesthetic risk</li> <li>- surgical complexity II procedures with low to high anaesthetic risk</li> <li>- surgical complexity III procedures with low to medium anaesthetic risk</li> <li>- surgical complexity IV procedures with low to medium anaesthetic risk.</li> </ul> </li> <li><input type="checkbox"/> may be offered 24 hours a day and may include day surgery.</li> <li><input type="checkbox"/> may also provide emergency surgical services.</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical Services will include up to Surgical Complexity IV Procedures with a low to medium anaesthetic risk are to be performed in one of the four Operating Theatres or Day Procedure Theatre.</li> <li>• Fully equipped CSSD on site.</li> <li>• List of surgical specialities to be performed include:                             <ul style="list-style-type: none"> <li>• Orthopaedic</li> <li>• General Surgery</li> <li>• Urology</li> <li>• Oral Surgery</li> <li>• ENT</li> <li>• Plastic</li> <li>• Neurosurgery</li> </ul> </li> </ul>

Service requirements	
<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> on-site close observation care area/s for surgical complexity IV procedures.</li> <li><input type="checkbox"/> access to emergency monitored bed.</li> <li><input type="checkbox"/> members of <ul style="list-style-type: none"> <li>- multidisciplinary team with experience, knowledge and skills in surgical principles and practice.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• On site close observation unit houses six (6) fully equipped bays with access to emergency services. These have been built so that they can be modified into ICU beds.</li> <li>• Staff trained in critical care will be caring for patients in the close observation unit</li> <li>• Eight (8) 1<sup>st</sup> stage recovery beds</li> <li>• Twenty-two in-patient rooms with ensuites.</li> <li>• Clinical Staff trained in Perioperative Nursing techniques.</li> <li>• Staff trained in Basic Life Support and nominated staff will be trained in in Advanced Life Support. (at least one clinical staff per shift)</li> </ul>
Workforce requirements	
<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> surgical staff with experience and expertise in care of surgical patients.</li> <li><input type="checkbox"/> registered medical practitioner (general practitioner) with credentials in surgery and advanced rural generalist training. registered medical practitioner available. access to registered medical specialists with credentials in surgery who can give advice for all types of surgical patients.</li> <li><input type="checkbox"/> may have access to visiting registered medical specialists with credentials in general surgery or other surgical subspecialties. sing</li> <li><input type="checkbox"/> suitably qualified and experienced nurse manager (however titled) in charge of unit. suitably qualified and experienced registered nurse in charge of each shift.</li> <li><input type="checkbox"/> other suitably qualified and experienced nursing staff appropriate to service being provided. d health</li> <li><input type="checkbox"/> access to allied health professionals (including occupational therapists, psychologists, physiotherapists, social workers, and speech pathologists with relevant surgical qualifications and/or experience), as required.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Staff trained in Perioperative Nursing, with skilled Anaesthetic Nurses /Technicians assisting the Anaesthetist.</li> <li>• All Medical Practitioners are credentialed through the Medical Advisory Committee in their relevant Speciality.</li> <li>• A Director of Nursing oversees the Weststate Private Hospital.</li> <li>• An Assistant Director Clinical Service – Performance Manager has been appointed as the ADON.</li> <li>• A Perioperative Manager will manage the Perioperative environment and is responsible for the operational management.</li> <li>• Staff are employed that are trained in triage and clinical assessment, as well as skilled nurses trained in recovery room techniques.</li> </ul>

Risk considerations (where relevant)		
In addition to risk management outlined in the <i>Fundamentals of the Framework</i> , specific risk management requirements include: <ul style="list-style-type: none"> <li>where specialist services e.g., obstetrics and paediatrics are provided, staff working in specialist service must have qualifications and/or experience in that specialty.</li> </ul>	<ul style="list-style-type: none"> <li>Suitably skilled Clinical Nurses trained in Paediatrics will be employed at the Weststate Private Hospital.</li> <li>Paediatric Equipment will be purchased and made readily available to Anaesthetists trained in Paediatric Anaesthetics.</li> </ul>	
Support services		
Support services CSCF level	Onsite	Accessible
Anaesthetic	Level 3	
Intensive Care		Level 4
Medical Imaging	Level 2	
Medication	Level 2	
Palliative Care		Level 3
Pathology		Level 2
Perioperative	Level 3	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private Hospital
Signature	s.73 - Irrelevant information
Date of submission	16.05.2022

# Clinical services capability framework

## Service assessment

<b>Private facility:</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Close Observation Services (High Dependency Unit – HDU)</b>
<b>CSCF service level:</b>	<b>Level 3</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

### Purpose

This document is designed to help us assess your facility against the minimum services, workforce, risk management support services requirements outlined in the [CSCF modules](#) to make sure you are able to offer a safe and compliant clinical service.

- Provide information to support your assessed CSCF level (column 1), remembering to outline how you meet the pre-requisites of lower CSCF levels as well the requirements of the fundamentals of the framework.
- Provide a brief description or evidence of compliance with each CSCF criteria where applicable (column 2).

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Service description:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> may be provided to low, medium and/or high-risk patients.</li> <li><input type="checkbox"/> must be on-site when surgical complexity IV procedures with low to medium anaesthetic risk provided (refer <a href="#">Surgical Services</a> module, specifically Level 3 services).</li> </ul>	<ul style="list-style-type: none"> <li>• Access to close observation unit for low, medium, and high-risk patients with co-morbidities and of surgical complexity IV procedures.</li> <li>• Six (6) fully functional bays are housed at the ward level. It is anticipated that these bays will be built to an ICU level and have the capacity to transfer from close observation bays to ICU bays at a later date.</li> <li>• Two (2) of these bays can be transformed into ward beds if needed.</li> </ul>

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Service requirements:</b> In addition to what is outlined in the <i>Fundamentals of the Framework</i>, general service requirements include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> resources for immediate resuscitation and management of the critically ill patient</li> <li><input type="checkbox"/> equipment available to manage short-term emergencies</li> <li><input type="checkbox"/> routine monitoring and support equipment including ECG, oximetry, invasive measurement of blood pressure, low level inotropic support and non-invasive ventilation</li> <li><input type="checkbox"/> may be provided in a discrete unit or single room with appropriate staff</li> <li><input type="checkbox"/> relevant clinical indicator data provided to satisfy accreditation and other statutory reporting obligations.</li> </ul>	<ul style="list-style-type: none"> <li>• Six (6) serviced individual close observation bays/rooms will house all resources to enable management of a critically ill patient. This unit will house resources for immediate resuscitation and management of the critically ill patient.</li> <li>• Reporting measures will be implemented to capture clinical indicator data for accreditation and other purposes.</li> </ul>
<p><b>Workforce requirements:</b> As per module overview plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access—24 hours a day—to credentialed registered medical practitioner.</li> <li><input type="checkbox"/> access—24 hours a day—to registered medical specialist with credentials in intensive care, anaesthesia, general medicine, or a range of internal medicine specialties.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> suitably qualified and experienced registered nurse in charge of area/unit on each shift.</li> <li><input type="checkbox"/> each patient provided nursing care by suitably qualified and experienced (appropriate to the service being provided) registered nurses at all times when patient admitted to the unit.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access to appropriate allied health specialties as required.</li> </ul>	<p>Medical</p> <ul style="list-style-type: none"> <li>• Access is available to a registered medical practitioner with onsite service all day and on call services, 24 hours a day. If there is a high-risk patient in the close observation unit, then there is facility for the Medical Practitioner to sleep over.</li> <li>• Registered medical specialist with credentials in intensive care, anaesthetics, emergency is available on call to the close observation unit.</li> </ul> <p>Nursing</p> <ul style="list-style-type: none"> <li>• Nurse Unit Manager is responsible for the close observation unit</li> <li>• RNs with experience in critical care nursing to be appointed</li> <li>• Any critically ill patients will be supported by Registered Nurse: patient ratio of 1:1 if required.</li> <li>• All Clinical Staff trained in ALS</li> </ul> <p>Allied Health</p> <ul style="list-style-type: none"> <li>• Allied Health team are consulting from the Hospital site and available as required</li> <li>• Access to physiotherapist is 24 hours</li> </ul>
<p><b>Risk considerations (where relevant):</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>	

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p><b>Support services:</b></p> <p><b>On-site:</b></p> <ul style="list-style-type: none"> <li>• Anaesthetic services Level 3</li> <li>• Medical Imaging Services Level 3</li> <li>• Perioperative services Level 3</li> <li>• Surgical Services Level 3</li> <li>• Medical imaging Level 2</li> <li>• Medication Level 2</li> </ul>	

s.73 - Irrelevant information

**Signed by: Leith MacMillan**

**Date:** 16.05.2022

Compliance Manager on behalf of the Chief Executive Officer  
Weststate Private Hospital

# Clinical services capability framework

## Service assessment

<b>Private facility:</b>	Weststate Private Hospital
<b>CSCF service:</b>	<b>Close Observation Services (High Dependency Unit – HDU)</b>
<b>CSCF service level:</b>	<b>Level 3</b>
<b>Date of assessment:</b>	16 <sup>th</sup> May 2022

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<p><b>Workforce requirements:</b> As per module overview plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access—24 hours a day—to credentialed registered medical practitioner.</li> <li><input type="checkbox"/> access—24 hours a day—to registered medical specialist with credentials in intensive care, anaesthesia, general medicine, or a range of internal medicine specialties.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> suitably qualified and experienced registered nurse in charge of area/unit on each shift.</li> <li><input type="checkbox"/> each patient provided nursing care by suitably qualified and experienced (appropriate to the service being provided) registered nurses at all times when patient admitted to the unit.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> access to appropriate allied health specialties as required.</li> </ul>	<p>Medical</p> <ul style="list-style-type: none"> <li>• Access is available to a registered medical practitioner with onsite service all day and on call services, 24 hours a day. If there is a high-risk patient in the close observation unit, then there is facility for the Medical Practitioner to sleep over.</li> <li>• Registered medical specialist with credentials in intensive care, anaesthetics, emergency is available on call to the close observation unit.</li> </ul> <p>Nursing</p> <ul style="list-style-type: none"> <li>• Nurse Unit Manager is responsible for the close observation unit</li> <li>• RNs with experience in critical care nursing to be appointed</li> <li>• Any critically ill patients will be supported by Registered Nurse: patient ratio of 1:1 if required.</li> <li>• All Clinical Staff trained in ALS</li> </ul> <p>Allied Health</p> <ul style="list-style-type: none"> <li>• Allied Health team are consulting from the Hospital site and available as required</li> <li>• Access to physiotherapist is 24 hours</li> </ul>
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