

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Surgical Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<input type="checkbox"/> provides surgical services 24 hours a day for: surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to high anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk surgical complexity V procedures with low anaesthetic risk. <input type="checkbox"/> part of service network with higher level services, ensuring access to information related to latest evidence-based care and treatments.	See attached CMBS item number identifying casemix
Service requirements	
As per Level 3, plus: <input type="checkbox"/> medical services provided on-site or in close enough proximity to provide rapid response at all times. <input type="checkbox"/> access to close observation care area/s. <input type="checkbox"/> suitably qualified and experienced multidisciplinary team members relevant to surgical service they	<ul style="list-style-type: none"> • Medical Services on site and also houses a four bed ICU/CCU service for close observation area/s • Appropriately trained and competent team members that can provide surgical services are

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
Service description		
<p>provide who may also deliver rehabilitation services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to medical and surgical registered medical specialists for telephone consultation and clinical support (range of specialists reflects range of procedures performed). <input type="checkbox"/> access to staff with suitable qualifications and experience in stomal care, breast care, mouth care and wound management, depending on specific types of surgery service performs. <input type="checkbox"/> may provide limited outreach services. <input type="checkbox"/> may have separate day surgery facilities. 	<p>to be recruited</p> <ul style="list-style-type: none"> • Medical and Surgical Registered Medical Specialists are responsible for the care to their patients and provide on call service • Access to staff with suitable qualifications in specialist surgical areas being performed • Separate day theatre with 8 recovery / overnight stay beds and 23 hour recovery facilities with 3 ensuite services 	
Workforce requirements		
<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> one or more registered medical practitioners with credentials in surgery. <input type="checkbox"/> access to registered medical specialists (both medical and surgical), with range of specialists reflecting range of procedures the service performs. <input type="checkbox"/> credentialed registered medical specialists (Fellows of RACS) with Subspecialty endorsement, where necessary, relevant to service being provided. <input type="checkbox"/> access—24 hours—to registered medical specialist in general surgery <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced nurse manager (however titled) in charge of unit. <input type="checkbox"/> suitably qualified and experienced registered nurse in charge of each shift. <input type="checkbox"/> other suitably qualified and experienced nursing staff appropriate to service being provided. <p>Allied health</p> <ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> • Medical Practitioners will have undergone the credentialing process • Medical Practitioners accessible at all times (24 hours) or ensure that their patients have on call coverage • Theatre Manager with relevant skills and qualification in operating theatre management • Nurse specialist in each area to assist the Medical Practitioners in the operating theatre • Appropriate trained and skilled nursing staff in charge of each shift • Allied Health team – some are consulting on site and accessible to services within the town 	
Risk considerations (where relevant)		
Nil	Nil	
Support services		
Support services CSCF level	Onsite	Accessible
Anaesthetic	4	
Intensive Care	4	

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
Service description		
Medical		4
Medical Imaging	4	
Medication	3	
Palliative Care		4
Pathology		4
Perioperative	4	
Rehabilitation		4

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	[REDACTED]
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Surgical Services – children's
CSCF service level:	Level 3
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> <input type="checkbox"/> provided predominantly in hospital setting with limited but designated anaesthetic, perioperative and sterilising services <input type="checkbox"/> may be undertaken in a day hospital or inpatient facility <input type="checkbox"/> inpatient services may be temporarily upgraded with provision of outreach services by formally approved higher level service <input type="checkbox"/> may be staffed by registered medical practitioners (general practitioners) with credentials and defined scope of practice to provide surgical and anaesthetic services <input type="checkbox"/> may be supported by visiting registered medical specialists with credentials in surgery and/or surgical subspecialties <input type="checkbox"/> registered medical specialists with credentials in anaesthesia may provide anaesthesia for elective surgery lists <input type="checkbox"/> manages (refer to Table 1) <ul style="list-style-type: none"> - surgical complexity II procedures with low anaesthetic risk 	<ul style="list-style-type: none"> • Care delivered to adolescents 9-14-18 years of age) in a hospital setting, but mostly in the day surgery setting • Supported by VMO's with credentials in surgical specialty and anaesthesia • Manages surgical complexity III patients with low anaesthetic risk • Access to intensive care services with arrangement with other Hospital

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
<p>- surgical complexity III procedures with low anaesthetic risk to a child</p> <ul style="list-style-type: none"> • Greater than 2 years of age where there is registered medical specialist with credentials in anaesthesia or facility-credentialed registered medical practitioner • Greater than 4 years of age where there is registered medical practitioner (general practitioner) with credentials in anaesthesia <p>-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.</p> <p><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 (access must include documented processes for transfer and acceptance of patients between public and licensed private services and Queensland Ambulance Service)</p> <p><input type="checkbox"/> selection of patients and surgical procedures should ensure intensive care admission would be unexpected and rare event</p>	
Service requirements	
<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to monitored bed for emergencies with children's surgical close observation care area's staffed by children's nurses <input type="checkbox"/> where day surgery is offered, all relevant children's-specific staff must be available while patients are on-site <input type="checkbox"/> Planned services generally provided during the day for regularly scheduled lists <input type="checkbox"/> services after hours or at weekends provided by pre-arrangement <input type="checkbox"/> Services in day surgery facilities provided during hours of operation <input type="checkbox"/> May provide services at any time, as required <input type="checkbox"/> Access to rostered on-call staff <input type="checkbox"/> May provide specialist services / functions on a visiting basis 	<ul style="list-style-type: none"> • Adolescent close observation area in PACU day hospital • Planned surgical services in the day, and after hours or at weekends on pre-arrangement • Access to rostered on-call staff
<p>NOTE: Level 3-day surgery services have same support service requirements</p>	

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
Workforce requirements	
<p>As per Level 2, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to registered medical specialist with credentials in children's surgical specialities to provide advice on children's surgical services <input type="checkbox"/> Registered medical practitioner with credentials to perform required procedures <input type="checkbox"/> Medical staff with credentials and demonstrated currency in provision of children's surgery and defined scope of practice noted on their privileging document <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 PS45 <input type="checkbox"/> Registered medical practitioner available during hours of operation for day hospitals <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suitably qualified and experienced nurse manager (however titled) in charge of surgical services <input type="checkbox"/> Suitably qualified and experienced registered nurse in charge of each shift <input type="checkbox"/> Suitable qualified and experienced registered nurses <p>Allied Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> May have access to allied health professions (including occupational therapists, psychologists, physiotherapists, social workers, speech pathologists and other relevant disciplines) <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>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to registered dental practitioner <input type="checkbox"/> Access to trained technical assistants 	<ul style="list-style-type: none"> • Medical Specialists credentialed to provide surgical services to adolescents • Anaesthetist or registered medical practitioner to remain on-site until patient recovered from anaesthesia • Nurse manager in charge of day surgery floor and staff under her/his direction • Access to allied health professionals as listed • Access to trained support staff
Risk considerations (where relevant)	
<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Nil
Support services	

Support services CSCF level	Onsite	Accessible
Children's anaesthetic	3	
Children's Intensive Care		4
Children's Medical		
Medical Imaging	3	
Medication		4
Neonatal		
Nuclear Medicine		
Palliative Care		3
Pathology		3
Perioperative (relevant sections)	3	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Anaesthetic Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<input type="checkbox"/> provided 24 hours a day and has dedicated operating theatre staff who may be either on-site or accessible 24 hours. <input type="checkbox"/> anaesthesia is provided for combinations of: <ul style="list-style-type: none"> - surgical complexity I procedures with low to high anaesthetic risk - surgical complexity II procedures with low to high anaesthetic risk - surgical complexity III procedures with low to high anaesthetic risk - surgical complexity IV procedures with low to medium anaesthetic risk - surgical complexity V procedures with low anaesthetic risk. <input type="checkbox"/> will have links with higher level services.	<ul style="list-style-type: none"> • On call operating theatre staff, including anaesthetic technicians • Anaesthetists skilled in low to high anaesthetic risk
Service requirements	
As per module overview, plus: <ul style="list-style-type: none"> <input type="checkbox"/> on-site close observation care area/s for surgical complexity IV procedures. <input type="checkbox"/> at least one procedure room. 	<ul style="list-style-type: none"> • 4 bed ICU/ CCU facility is available for close observation • One procedure room and four operating theatres

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <ul style="list-style-type: none"> <input type="checkbox"/> awareness of surgical complexity and combination of anaesthetic risk allowable at the service level. <input type="checkbox"/> members of multidisciplinary team have experience, knowledge and skills in anaesthetic principles and practice. <input type="checkbox"/> where services provided 24 hours, registered medical practitioners must be available to respond in rapid manner. <input type="checkbox"/> elective anaesthetic services are generally provided during business hours for regularly scheduled lists. <input type="checkbox"/> anaesthetic services may occur on weekends or after hours by prior arrangement. <input type="checkbox"/> emergency anaesthetic services may be available. <input type="checkbox"/> electroconvulsive therapy (ECT) may be provided where facility is authorised under <i>Mental Health Act 2000</i> to do so. <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> multidisciplinary team with demonstrated experience, knowledge and skills in delivery of anaesthetic services. <input type="checkbox"/> access—24 hours—to image intensifier in operating suites. <input type="checkbox"/> access—24 hours—to perioperative services where emergency services provided. <input type="checkbox"/> access to close observation care area/s. <input type="checkbox"/> may provide emergency anaesthetic services. <input type="checkbox"/> may provide interventional services <input type="checkbox"/> may provide limited outreach services (i.e. only low- to medium-risk anaesthetics). 	<p>as well as cardiac catheter lab</p> <ul style="list-style-type: none"> • Anaesthetists aware of the surgical complexity and anaesthetic risk • Surgery will mostly be performed during business hours and medical practitioners will be on site in their consulting suites • Emergency anaesthetic services are available • Image Intensifier available • Peri-operative services are available in the hospital ward • Close observation area is available with the services of ICU/CCU • Ability to perform emergency anaesthetic services with on call anaesthetists • Interventional services available in the Cardiac Catheter Lab
<p>Workforce requirements</p> <p>As per module overview, plus:</p> <p>Anaesthetic workforce</p> <ul style="list-style-type: none"> <input type="checkbox"/> anaesthetic administered by: <ul style="list-style-type: none"> <input type="checkbox"/> registered medical practitioners (generalists with extensive experience in anaesthetics) for surgery applicable to level of service <input type="checkbox"/> registered medical practitioner undertaking training in anaesthesia under supervision of recognised, credentialed anaesthetic provider <input type="checkbox"/> registered medical specialist with credentials in anaesthetics for elective surgery applicable to level of service. <input type="checkbox"/> access to registered medical specialist with credentials in anaesthetics for consultation, as required. <input type="checkbox"/> registered medical practitioner available. <input type="checkbox"/> on-site registered medical practitioner with training in anaesthesia until patient fully recovered from anaesthesia and patient's airway is patent and maintained. 	<ul style="list-style-type: none"> • Anaesthetists have extensive experience in anaesthetics • All registered medical practitioners are credentialed through the Medical Advisory Committee • Medical Practitioners will remain on site until patients are fully recovered from anaesthesia and patient airway is maintained • Dedicated competent anaesthetic technicians are employed

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
Anaesthetic assistant workforce <input type="checkbox"/> assistant/s to medical staff administering sedation / anaesthesia must be dedicated anaesthetic assistant/s with appropriate training and demonstrated ongoing competency per Level 3, plus: Anaesthetic workforce <input type="checkbox"/> anaesthetic administered by: - registered medical specialists with credentials in anaesthetics - registered medical practitioners undertaking upskilling or maintenance of competency in anaesthetics under supervision of recognised credentialed anaesthetic provider. <input type="checkbox"/> access —24 hours—to anaesthetic cover. <input type="checkbox"/> access —24 hours—to designated anaesthetic staff. <input type="checkbox"/> immediate access to registered medical practitioner with training in anaesthesia until patient has recovered from anaesthesia and patient's airway is patent and maintained.			
Risk considerations (where relevant)			
Nil		Nil	
Support services			
Support services CSCF level	Onsite	Accessible	
Intensive Care	4		
Children's intensive care		4	
Medication	3		
Perioperative (relevant section/s)	4		
Surgical	4		

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Anaesthetic Services – children’s
CSCF service level:	Level 3
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> <input type="checkbox"/> provides care for children with low anaesthetic risk receiving local anaesthesia with sedation and general anaesthetics <input type="checkbox"/> may be undertaken in a day hospital or inpatient facility <input type="checkbox"/> provides all types of sedation including caudal blocks, neuraxil blocks and regional blocks- where these procedures performed, anaesthetic may be administered by: <ul style="list-style-type: none"> - Registered medical specialist with credentials in anaesthesia - Registered medical practitioner (general practitioner) with credentials in anaesthesia - Registered medical practitioner undertaking training in anaesthesia under supervision - Other persons authorised under legislation to prescribe and administer anaesthesia <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 9for specific training and education refer to ANZCA PS29) <p>Manages</p>	<ul style="list-style-type: none"> • Provides care for adolescent children (14-18 years of age) with low anaesthetic risk receiving local anaesthesia with sedation and general anaesthetics • Surgery mostly undertaken in the day hospital environment • Provides all types of sedation by a registered medical specialist • Surgical complexity III procedures with low anaesthetic risk • Documented processes for patient transfer in policy • Has support services to be capable of providing immediate resuscitation and short term cardiopulmonary support

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
<ul style="list-style-type: none"> - Surgical complexity II procedures with low anaesthetic risk - Surgical complexity III procedures with low anaesthetic risk for a child who is <ul style="list-style-type: none"> -greater than 2 years of age with a registered medical specialist with credentials in anaesthesia of facility-credentialed registered medical practitioner -greater than 4 years of age with a registered medical practitioner with credentials in anaesthesia - 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 <ul style="list-style-type: none"> □ documented processes for transfer and acceptance of patients to Level 4 children’s intensive care service □ must be capable of providing immediate resuscitation and short-term cardiopulmonary support until patient transfer where required □ selection of patients and surgical procedures in these facilities should ensure intensive care admission would be an unexpected and rare event 	
Service requirements	
<p>As per module overview, plus:</p> <ul style="list-style-type: none"> □ at least one procedure room. □ where service provided 24 hours a day, registered medical practitioners available. □ immediate access to emergency equipment, drugs and oxygen required for ventilation as per The Australian Resuscitation Council guidelines for infants, children and adolescents. □ immediate access to registered medical practitioner with credentials in anaesthetics who can attend emergencies during hours of operation. □ emergency post-anaesthetic care services available. □ emergency anaesthetic services may be available. □ elective anaesthetic services provided during business hours. □ elective post-anaesthetic care services generally provided during business hours. 	<ul style="list-style-type: none"> • One procedure room, plus 4 OT’s • Registered medical practitioners available 24 hours a day • Access to resuscitation equipment • Immediate access to anaesthetists • Emergency post-anaesthetic care available • Elective anaesthetic services and post-anaesthetic services provided during business hours
Workforce requirements	
<p>As per module overview, plus:</p> <p>Anaesthetic workforce</p> <ul style="list-style-type: none"> □ credentialed registered medical practitioners 	<ul style="list-style-type: none"> • Credentialed medical practitioners with anaesthetic qualifications

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
Service description		
(general practitioner) with advanced rural generalist training and anaesthetic qualifications. <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. <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. <input type="checkbox"/> on-site registered medical practitioner until patient discharged from postanaesthetic care unit. Anaesthetic assistant workforce <input type="checkbox"/> assistant/s to medical staff administering sedation / anaesthesia must be dedicated anaesthetic assistant/s with appropriate training and demonstrated ongoing competency.	<ul style="list-style-type: none"> • Access to anaesthetists • Anaesthetics will be delivered to adolescents only (no younger children) • Anaesthetic technicians employed with appropriate training 	
Risk considerations (where relevant)		
<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Nil 	
Support services		
Support services CSCF level	Onsite	Accessible
Children's intensive care		4
Children's surgical	3	
Medication	2	
Neonatal		
Perioperative (relevant sections)	3	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Perioperative Services: Section 2 - Day Surgery Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<p><input type="checkbox"/> provided in either a freestanding facility or discrete self-contained unit within a hospital, or is collocated 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).</p> <p><input type="checkbox"/> manages low- to medium-risk patients with: day surgical complexity I, II and III procedural requirements through provision of day-only surgery and use of local anaesthetic, sedation and general anaesthetic or combinations of these ASA1 physical status of 3, treated in freestanding day hospital, only if they are medically stable.</p> <p><input type="checkbox"/> access to intensive care services (however, these types of patients would not normally be expected to require intensive care services when they are scheduled for their day surgery).</p>	<ul style="list-style-type: none"> • Complies with Level 3 requirements • Is able to meet the requirements for day surgical I, II and III low to high anaesthetic risk • Access to Intensive Care Services On Site

<ul style="list-style-type: none"> □ surgically trained registered medical 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. □ consultation and support provided to patients. □ as per Level 3 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. □ may not be provided in freestanding hospital. □ 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 are scheduled for day surgery). □ part of a service network with higher level services, ensuring access to information related to latest evidence-based care and treatments. 	
Service requirements	
<p>As per section overview, plus:</p> <ul style="list-style-type: none"> □ procedures usually performed by experienced registered medical specialist with credentials in surgery. □ procedures requiring only simple general anaesthetic, sedation and/or local anaesthetic, or combinations of these. □ anaesthetic services generally provided during business hours for regularly scheduled lists. □ appropriate cleaning and sterilisation service for reusable medical and surgical instruments, and equipment as per AS/NZS 4187,1 or policy pertaining to use of pre-packaged and sterile set-ups, or documented process with an external supplier for cleaning and sterilisation service. □ multidisciplinary team with experience, knowledge and skills in day surgery services, principles and practice. □ awareness of combination of surgical complexity and anaesthetic risk at this 	<ul style="list-style-type: none"> • Complies with Level 3 day surgery requirements • One procedure room/operating theatre room and separate post-anaesthetic care for stages 1 and 2 • On Site sterilising services • Tracking mechanism for instruments within CSSD
<p>level of service.</p> <ul style="list-style-type: none"> □ services on Saturdays and/or after hours may be provided by prearrangement. □ at least one operating room / procedure room, with 	

- separate post-anaesthetic care for stages 1 and 2.
- may have separate endoscopy area.
- As per Level 3, plus:**
- at least one operating room and separate post-anaesthetic care for stages 1 and 2.
 - sterilising services on-site, with facilities for cleaning and sterilisation of reusable medical and surgical instruments and equipment, and, within its service, capacity to sterilise heat sensitive equipment.
 - as minimum requirement, method of tracking instruments and sterile items, though capacity to track reprocessed sterile items electronically may be provided.
 - may provide sterilising services during business hours.

Workforce requirements

<p>As per section overview, plus:</p> <ul style="list-style-type: none"> □ procedures performed by registered health practitioners authorised under legislation who are credentialed with individual hospital, qualified and experienced to level of service provided. <p>Medical</p> <ul style="list-style-type: none"> □ 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 <p>Nursing</p> <ul style="list-style-type: none"> □ 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. <p>Allied health</p> <ul style="list-style-type: none"> □ access to allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, as required. <p>Other</p> <ul style="list-style-type: none"> □ 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 <p>trained and competent dental staff may be utilised as assistant to the dentist for dental surgery. Consultation via telephone.</p> <p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ one or more registered medical practitioners with relevant credentials and defined scope of practice. □ visiting registered medical specialists of differing surgical 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> □ 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	Westgate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Perioperative Services: Section 3 – Endoscopy Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<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 (including upper and lower gastrointestinal endoscopy). <input type="checkbox"/> part of a service network with higher level services, ensuring access to information related to latest evidence-based care and treatments.	<ul style="list-style-type: none"> • Dedicated day procedure/endoscopy suite to accommodate patients undergoing endoscopic procedures under anaesthetic • Including urological procedures
Service requirements	
As per section overview, plus: <ul style="list-style-type: none"> <input type="checkbox"/> clinical services not provided 24 hours. <input type="checkbox"/> medical services on-site or in close enough proximity to provide rapid response at all times. <input type="checkbox"/> nursing services on-site during business hours. <input type="checkbox"/> at least one procedure room. <input type="checkbox"/> processes and procedures detailing pre-admission process, pre-anaesthetic consultation and patient procedural expectations (including patient selection and anaesthetic risk) and possibly including detailed patient health questionnaire. 	<ul style="list-style-type: none"> • One operating theatre / procedure room • Access to operating theatres for emergency procedures • Registered Medical Specialists with credentials in endoscopy • Policies to support the pre-admission process, pre-procedure education and the consent process • CSSD on site, as well as dedicated scope

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

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <p>A Level 3 service requires:</p> <ul style="list-style-type: none"> □ procedures performed by registered health practitioners authorised under legislation who are credentialed with individual hospital, qualified and experienced to level of service provided. □ registered health practitioner authorised under legislation performing procedure to remain on-site until patient has recovered from sedation / general anaesthesia. <p>Medical</p> <ul style="list-style-type: none"> □ registered medical specialist with credentials in anaesthetics, or registered medical practitioner (general practitioner) with credentials in anaesthetics in attendance for procedures where anaesthetic given. <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced nurse manager (however titled) in charge of unit—may be perioperative services nurse manager. □ suitably qualified and experienced registered nurse in charge of each shift. □ 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. □ at least one nurse with experience in infection control. □ nursing staff on-site during hours of operation. <p>Other</p> <ul style="list-style-type: none"> □ access to technical support staff (e.g. biomedical engineers or scientific officers), as required. □ all staff involved with cleaning of endoscopes complete annual endoscope cleaning competency and training in infection control. <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ one or more registered health practitioners authorised under legislation with credentials and defined scope of practice for range of procedures performed. □ dedicated endoscopy staff onsite or may be accessible on call. □ sterilising staff not accessible after hours unless by prearrangement. 	<ul style="list-style-type: none"> • Medical Practitioners are credentialed with the hospital and demonstrate their scope of practice to the level of service they provide (for both Gastroenterology and Anaesthetics) • Medical Practitioner remains on site until patient has recovered from sedation / anaesthetic • Theatre Manager appointed (as per the organisational chart) • Two nurses rostered in theatre / procedure room when endoscopic procedures are being performed; staff are rostered on call • Infection Control Nurse appointed for the Weststate Private • Staff complete annual scope cleaning competencies and training in infection controls per the orientation program policy • Access to Medical Practitioners for telephone consultation and clinical support • Suitably qualified and experienced anaesthetic technicians may be used • Access to biomedical engineers or scientific officers as needed
<p>Medical</p> <ul style="list-style-type: none"> □ registered medical specialist with credentials in endoscopy accessible, either consulting and/or providing services with defined scope of practice. 	

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
<input type="checkbox"/> one or more registered medical practitioners with credentials in anaesthetics and scope of practice defined for range of procedures performed. <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). <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.			
Nursing <input type="checkbox"/> registered nurses appropriate to service provided. <input type="checkbox"/> may have dedicated staff who undertake pre-admission of patients.			
Other <input type="checkbox"/> assistants in nursing. <input type="checkbox"/> equipment technicians, as required. <input type="checkbox"/> sterilising services assistants and technical aides appropriate to service provided. <input type="checkbox"/> staff with perioperative environment training to assist with patient transfer, positioning and equipment transfer. <input type="checkbox"/> may utilise suitably qualified and experienced anaesthetic technicians.			
Risk considerations (where relevant)			
Nil		Nil	
Support services			
Support services CSCF level		Onsite	Accessible
Anaesthetic		3	
Intensive Care			4
Medical Imaging		4	
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

Signature	[Redacted]
Date of submission	8 th November 2016

RTI Release

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Perioperative Services: Section 4 – Operating Suite Services incorporating Sterilising Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<input type="checkbox"/> manages: surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to high anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk surgical complexity V procedures with low anaesthetic risk. <input type="checkbox"/> must be part of service network with higher level services, ensuring access to information related to latest evidence-based care and treatments.	<ul style="list-style-type: none"> Has the ability and network of services to provide surgical complexity V procedures with low level anaesthetic risk On site intensive cares services should they be required Has a close observation area for patients Day hospital beds can be utilised as 23 hour care has 3 ensuites and privacy screens have been built into the design Has capacity to perform emergency procedures Ability to utilise one of the other four operating theatres in the Hospital
Service requirements	
As per Level 2, plus: <input type="checkbox"/> on-site close observation care area/s for surgical complexity IV procedures. <input type="checkbox"/> at least one operating room. <input type="checkbox"/> elective surgical services provided during business	<ul style="list-style-type: none"> On-site close observation area for surgical complexity patients IV One operating theatre suite with ability to use

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <p>hours for regularly scheduled lists.</p> <ul style="list-style-type: none"> □ appropriate cleaning and/or sterilisation service for reusable medical and surgical instruments and equipment, or policy pertaining to use of prepackaged and sterile setups, or documented process with external supplier for sterilisation services. □ manual method of batch tracking of instrumentation and sterile items as minimum requirement, though may have capacity to track reprocessed sterile items electronically. □ may provide services on Saturdays and/or after hours by prearrangement. □ may provide electroconvulsive therapy where facility authorised under <i>Mental Health Act 2000</i>. □ may provide emergency surgical services. □ may have additional procedure room. <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ access to close observation care area/s. □ 24 hour clinical services provided. □ on-site sterilising services provided, with capacity to sterilise heat sensitive equipment (and may be provided during the day up to 7 days a week). □ access—24 hours—to image intensifier in operating suites. □ may provide day surgery operating room (Section 2, <i>Day Surgery Services</i>) and separate endoscopy area (Section 3, <i>Endoscopy Services</i>). □ may provide interventional services. □ may provide outreach services (including limited outreach for low to medium-risk anaesthetic services). □ may provide range of specialist outpatient / specialist clinics. 	<ul style="list-style-type: none"> • one of the other four theatres on site • CSSD on site • Tracking system for instruments • Saturday services can be performed should they be required • 23 hour clinical services available on the day hospital floor, as well 24 hour clinical services available in the ward of the Hospital • Access to image Intensifier on site • Interventional services can be performed with the skilled Medical Practitioners and Staff on site
<p>Workforce requirements</p> <p>As per Level 2, plus:</p> <ul style="list-style-type: none"> □ for all lists, one registered nurse, one assistant to person administering anaesthetic and one other registered or enrolled nurse. □ minimum of three clinical staff members in addition to medical staff allocated to each operating room. □ in remote, rural or regional settings, use of anaesthetic technicians to be balanced with need for multiskilling of nursing staff in operating suite, and nursing staff numbers evaluated to ensure adequate numbers of perioperative-trained staff present at all times. □ staff trained in manual handling (including use of 	<ul style="list-style-type: none"> • Appropriate skill mix and levels for the operating theatre with one scrub and one scout plus one anaesthetic technician rostered in the operating theatre • Nurses will be trained in order to be multi-skilled and have the ability to work as anaesthetic technicians • All staff must undertake mandatory training requirements and manual handling is on e of these requirements • Wards man will be employed to assist with

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <p>positioning and lifting devices for bariatric patients where such patients admitted).</p> <ul style="list-style-type: none"> □ access to trained technical assistants to manage safe functioning and servicing of all equipment. <p>Medical</p> <ul style="list-style-type: none"> □ may have registered medical specialist with credentials in surgery visiting for elective sessions. <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced nurse manager (however titled) in charge of unit. □ suitably qualified and experienced nurse manager/nursing staff (however titled) may be manager of perioperative services also. □ nursing staff on-site during hours of operation and accessible after hours, if required. □ registered nurses utilised as surgical assistants performing only that role and not duties of instrument nurse. □ infection control coordinator. <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ sterilising staff not available after hours unless by prearrangement. □ may have elective surgery coordinator. □ may have dedicated operating room staff onsite 24 hours. <p>Medical</p> <ul style="list-style-type: none"> □ access to registered medical specialists with credentials in general surgery. □ registered medical practitioners with credentials in general surgery and defined scope of practice, who treat and manage surgical patients. □ visiting registered medical specialists with credentials in surgical subspecialties consulting and/or operating. □ medical services provided on-site or in close enough proximity to provide rapid response to surgical emergencies. □ access to, and documented processes for referral arrangements with, a pathologist. □ in situations where registered medical practitioner / specialist not resident in town or immediately accessible, arrangements in place for designated local registered medical practitioner with surgical training to provide postoperative care, as required. <p>Nursing</p> <ul style="list-style-type: none"> □ nursing staff with perioperative experience may be utilised in variety of roles. 	<p>positioning and lifting for bariatric patients and to manage safe functioning of all equipment</p> <ul style="list-style-type: none"> • Medical Practitioners will be credentialed in surgery for their elective sessions • Theatre Manager will manage the floor- theatres and close observation beds/areas • Infection Control Coordinator employed by the Weststate Private • Medical Services on site to provide rapid response to surgical emergencies • Pathologist available for referrals when needed (contract will be secured) • Arrangements will be made by the Medical Practitioner for on call facility • Surgical Assistants must be credentialed by the Medical Advisory Committee as per the credentialing and defining the scope of practice policy • CSSD managed by skilled staff who are competent in sterilising and disinfecting of equipment and instruments.

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
Other <input type="checkbox"/> staff employed as surgeon's first assistant credentialed by facility. <input type="checkbox"/> sterilising service assistants and technical aides appropriate to service provided. <input type="checkbox"/> access to laboratory staff.			
Risk considerations (where relevant)			
Nil		Nil	
Support services			
Support services CSCF level	Onsite	Accessible	
Anaesthetic	4		
Intensive Care	4		
Medical Imaging	4		
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	Westgate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Peri-operative Services – Section 5 Post-anaesthetic Care Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<input type="checkbox"/> provides post-anaesthetic care for combinations of following: surgical complexity I procedures with low to high anaesthetic risk surgical complexity II procedures with low to high anaesthetic risk surgical complexity III procedures with low to high anaesthetic risk surgical complexity IV procedures with low to medium anaesthetic risk surgical complexity V procedures with low anaesthetic risk. <input type="checkbox"/> part of service network with higher level services, ensuring access to information related to latest evidence-based care and treatments.	<ul style="list-style-type: none"> • Provides post-anaesthetic care for combinations up to surgical complexity V procedures with low anaesthetic risk • Has service network and agreement with other health facilities with higher level of services
Service requirements	
As per section overview, plus: <input type="checkbox"/> on-site close observation care area/s for surgical complexity IV procedures. <input type="checkbox"/> immediate access to anaesthetic machine for	<ul style="list-style-type: none"> • On site close observation care area for surgical complexity IV procedures • Access to anaesthetic machine for emergency

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <p>emergency ventilation only and not for long term ventilation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> immediate access to registered medical practitioner with credentials in anaesthetics to attend emergencies at all times. <input type="checkbox"/> elective post-anaesthetic services generally provided during business hours. <input type="checkbox"/> where day surgery offered, relevant staff available while patients on-site. <input type="checkbox"/> where service provision 24 hour/s, registered medical practitioners available in accordance with documented time and/or distance policies. <input type="checkbox"/> suitable infection control, and isolation procedures and facilities, applicable to PACU. <input type="checkbox"/> supply of emergency drugs and capacity for telephone consultation with clinical pharmacist. <input type="checkbox"/> post-anaesthetic patient comment / feedback on pain management, and post-operative nausea and vomiting management may be included. <input type="checkbox"/> information technology supporting electronic recordkeeping may be available. <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to close observation care area/s. <input type="checkbox"/> dedicated PACU staff may be on-site or accessible 24 hour/s. <input type="checkbox"/> may provide limited outreach, low- to medium-risk anaesthetic services only. 	<p>ventilation</p> <ul style="list-style-type: none"> • Immediate access to Registered Medical Practitioner with credentials in anaesthetics to attend emergencies at all times and available in accordance with documented time and/or distance policies • Day surgery with 23 hour care with staff rostered for that period of time for their shift • Facilities available for infection control and isolation procedures • Emergency drugs available from onsite pharmacy • Move to electronic patient records <p>As per level 3, plus:</p> <ul style="list-style-type: none"> • Dedicated PACU staff on site
<p>Workforce requirements</p> <p>As per section overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered medical practitioners with credentials in anaesthetics available in facilities with inpatients. <input type="checkbox"/> access to registered medical specialists with credentials in anaesthetics relevant to procedures performed for telephone consultation and clinical support. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced nurse manager (however titled) in charge of unit. <input type="checkbox"/> dedicated PACU registered nurses who are suitably qualified and experienced. <input type="checkbox"/> access to nursing staff trained in advanced life support. <input type="checkbox"/> may have other nursing staff under direct supervision of registered nurses. <p>Allied health</p>	<p>Medical</p> <ul style="list-style-type: none"> • Medical Practitioners with credentials in anaesthetics is available in facility and also available for telephone consultation and clinical support <p>As per level 3, plus:</p> <ul style="list-style-type: none"> • 24 hour on call access to registered medical practitioner • Immediate access to registered medical practitioner in anaesthetics until the patient is extubated and patient's airway is patent <p>Nursing</p> <ul style="list-style-type: none"> • Qualified and experienced RN in charge of the PACU unit who ensures that there is experienced RN in charge of each shift
<ul style="list-style-type: none"> <input type="checkbox"/> access to allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines, during business hours, as required. 	<ul style="list-style-type: none"> • Staff trained in ALS <p>Allied health</p> <ul style="list-style-type: none"> • Access to allied health team to provide

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
As per Level 3, plus: Medical <input type="checkbox"/> access 24 hour/s to registered medical practitioner. <input type="checkbox"/> immediate access to registered medical practitioner with credentials in anaesthetics until patient extubated and patient's airway is patent, and while patient is recovering from anaesthesia. Nursing <input type="checkbox"/> suitably qualified and experienced registered nurse in charge on each shift. Allied health <input type="checkbox"/> allied health professionals who may include physiotherapy, social work, occupational therapy, psychology, speech pathology or other disciplines with relevant surgical qualification and/or experience, as required. Other <input type="checkbox"/> may provide specialist services / functions on visiting basis.		support during business hours as required	
Risk considerations (where relevant)			
• Nil		• Nil	
Support services			
Support services CSCF level	Onsite	Accessible	
Anaesthetic	4		
Intensive Care	4		
Medical Imaging	4		
Medication	3		
Nuclear Medicine		4	
Pathology		4	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Cardiac Services – Section 1 Cardiac (Coronary) Care Unit Services
CSCF service level:	Level 5
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> • Provides comprehensive cardiac care to critically ill and complex cardiac patients. • access—24 hours—to on-site diagnostic and interventional services (cardiac catheterisation and/or multipurpose suite), and undertakes percutaneous coronary intervention on all but highest complexity patients. • may be referral centre for lower level services. 	<ul style="list-style-type: none"> • CMBS items are included in attachments to the CSCF • Cardiologists are able to provide comprehensive care to critically ill and complex patients • Access to the catheter lab/operating theatre is available for 24 hours to assist in interventional therapies • Minimum of three (3) Interventional Cardiologists with a 24- hour call arrangement • Can attract lower lever services
Service requirements	
<ul style="list-style-type: none"> • As per Level 4, plus: • on-site access to diagnostic and interventional services (cardiac catheterisation). • on-site access—24 hours—to surgical and 	<ul style="list-style-type: none"> • Dedicated cardiac catheter lab/operating theatre • Accessible 24 hours a day • Coronary Care Unit on site

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <p>medical services.</p> <ul style="list-style-type: none"> • capacity to provide invasive monitoring and intra-aortic balloon pump management. • access to cardiac surgery via documented processes in place with nearest public or suitably licensed private health facility performing cardiac surgery; this affiliation must include agreed plan for emergency patient transfer to higher level service for emergency cardiac surgery and must be reviewed by both parties at least annually. • patients advised in advance of potential risk of delayed surgical intervention for complication arising from catheterisation procedure due to requirement for emergency transfer of patient to affiliated health facility for cardiac surgery. • evidence of comprehensive, ongoing medical, nursing, allied health and support service education programs, as appropriate, relevant to specialised facilities of the unit. • demonstrable and documented formal audit and review of cardiac care units and quality activities, including at least two targeted clinical audits, annually. • on-site access—24 hours—to general imaging services, including portable x-ray and computerised tomography (CT) with automatic film processing and/or picture archiving and communications system (PACS) and mobile image intensifier in designated units. • transthoracic echocardiography accessible on-site 24 hours • on-site access—during business hours—to transo-esophageal echocardiography. • access to cardiac viability assessment via nuclear medicine in addition to exercise stress testing. • access to electrophysiology services may be accessible 	<ul style="list-style-type: none"> • Letter of agreement with the Townsville General Hospital as well as the Mater Private Hospital, Townsville to accept Level 6 cardiac services • Emergency Transfer Policy to include process for transfer in the event of a patient requiring cardiac surgery (statistics demonstrate this rate to be less than 1%) • Patients advised of complications at time of consultation with the Medical Practitioner and supported by use of the medical consent form • Medical Practitioners are required to perform a set number of cardiac procedures per year (as per the College requirements) • Educational activities are required by the Colleges • Nurses are provided with educational assistance / support to up-skill (as per the Education and Development Policy) • Nurses trained in cardiac assisting also will be working at the two other sites in Townsville • Weststate Private plans to be an educational facility in conjunction with the James Cook University (discussions have taken place) • Audits will be performed at least twice of the cardiac care units to align with the quality management plan, and presented to the Medical Advisory Committee (MAC) annually • A Radiology Provider will be on-site and will supply 24 hour support service • The on-call Cardiologist is able to perform the transthoracic echocardiography on site and also have engaged the services of Precision Diagnostics • Nuclear medicine facilities are on site • Electrophysiology services are on site
<p>Workforce requirements</p>	
<ul style="list-style-type: none"> • As per Level 4, plus: <p>Medical</p> <ul style="list-style-type: none"> □ access—24 hours—to registered medical 	<ul style="list-style-type: none"> • Minimum of three (3) Interventional Cardiologists with a 24- hour call arrangement

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
<p>specialist with credentials in cardiology to cover cardiac care unit.</p> <ul style="list-style-type: none"> <input type="checkbox"/> sufficient supporting registered medical specialists with credentials in cardiology to provide sustainable coverage of cardiac care unit. <input type="checkbox"/> sufficient supporting registered medical specialists with credentials in cardiology to provide sustainable 24-hour coverage. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> all nursing staff responsible for direct patient care are registered nurses, with enrolled nurses, student nurses and assistants in nursing in this environment under supervision of registered nurse in supportive role. <input type="checkbox"/> all nursing staff with or working towards relevant competencies in cardiac care nursing. <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—24 hours—to identified pharmacist and physiotherapist. <input type="checkbox"/> access—24 hours—to identified radiographer and echocardiographer or cardiac scientist. 		<ul style="list-style-type: none"> • Team of Intensivists which include emergency management physician and anaesthetists • All staff under the ultimate direction of the Director of Clinical Services; but report to the Coordinator of the Cath Lab • All nursing staff working in the Cardiac Care Unit are skilled and competent in cardiac care • ALS training will be provided to staff • Access to Pharmacy services 24 hours on call on site • Access to a Physiotherapist • Access to Radiology Provider 24 hour on call 	
Risk considerations (where relevant)			
• Nil		• Nil	
Support services			
Support services CSCF level	Onsite	Accessible	
Anaesthetic	4		
Cardiac (cardiac diagnostic and interventional)	5		
Cardiac (cardiac surgery)		6	
Intensive Care	4		
Medical	4		
Medical Imaging	4		
Medication	4		
Nuclear Medicine	4		
Palliative Care		5	
Pathology	4		
Surgical	4		

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	[Redacted]
Date of submission	8 th November 2016

RTI Release

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Cardiac Services: Section 2 Cardiac diagnostic and Interventional Services
CSCF service level:	Level 5
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> <input type="checkbox"/> Provides comprehensive diagnostic and interventional services to all patients except those at highest level of complexity. <input type="checkbox"/> on-site access—24 hours—to diagnostic and interventional services (cardiac catheterisation suite), and may have designated electrophysiology or multipurpose laboratory. <input type="checkbox"/> undertakes elective (and may provide emergency) percutaneous coronary intervention. <input type="checkbox"/> may also provide electrophysiology services for adult patients. <input type="checkbox"/> access to inpatient cardiac care unit services providing invasive monitoring, intra-aortic balloon pump management and access to transoesophageal echocardiography, but does not have on-site cardiac surgical services. 	<ul style="list-style-type: none"> • Three (3) Interventional Cardiologists available to provide comprehensive diagnostic and interventional services – those with high complexity will not be performed at Weststate private Hospital • 24- hour on call access to cardiac catheterisation laboratory • Doctors skilled in elective percutaneous coronary interventions and currently performed these procedures at two other facilities • Capable of providing electrophysiology service for adult patients • Weststate Private will house an inpatient cardiac care unit service to provide monitoring • Weststate Private will not have onsite cardiac surgical services – patients requiring this level of

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
	service will be transferred to either the Townsville General Hospital or the Mater Private Hospital
Service requirements	
<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ referral service for lower level units. □ access to cardiac viability assessment. □ on-site access—24 hours—to Level 5 cardiac care unit at minimum (Section 1, Level 5 Cardiac Care Unit Service). □ capacity to provide invasive monitoring, and intra-aortic balloon pump insertion and management. □ on-site access—24 hours—to transthoracic echocardiography. □ on-site access—during business hours—to transoesophageal echocardiography. <ul style="list-style-type: none"> □ on-site access – 24 hours – to diagnostic and interventional services (cardiac catheterisation suite). □ on-site may have designated electrophysiology or multipurpose laboratory. 	<ul style="list-style-type: none"> • Ability to provide lower level – three (3) services • Access to cardiac viability assessments is with the use of the MRI service • On site access to Level 5 Cardiac Care Unit • On site capacity to provide invasive monitoring and intra-aortic balloon pump insertion and management by on site Interventional cardiologists and cardiac catheter laboratory staff • Doctors have the ability to perform transthoracic echocardiography, as well as during business hours • On site access to the cardiac catheter laboratory with staff and Doctors on call
Workforce requirements	
<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ access—24 hours—to minimum three health professionals in team with qualifications or experience in cardiac diagnostic and interventional procedures, as well as ongoing clinical competency relevant to service being provided, including expertise in managing balloon pump insertion. <p>Medical</p> <ul style="list-style-type: none"> □ access—24 hours—to registered medical specialist with credentials in invasive cardiology. □ access during business hours to registered medical specialist with credentials in electrophysiology procedures and/or pacing. □ sufficient supporting registered medical specialists with credentials in interventional / invasive cardiology to provide sustainable service 24 hours. Nursing □ access—24 hours—to adequate registered nursing staff. □ all nursing staff responsible for direct patient care are registered nurses, with enrolled nurses, student nurses and assistants in nursing in this environment under supervision of registered nurse in supportive role. □ two nurses for scrub / scout—at least one being a registered nurse. □ all registered nurses trained in advanced life support desirable. 	<ul style="list-style-type: none"> • At least three (3) Interventional Cardiologists on site and on a 24 hour call roster with two (2) other interested Cardiologists. All have competency relevant to the services being provided, including expertise in managing balloon pump insertion. One of the three Clinicians is the leading Cardiologist in Townsville. • The team currently do 24 hour on call services for Townsville; all have credentials in invasive cardiology • As with credentials in electrophysiology procedures and pacing procedures • Medical specialists 24 hour call service is sustainable with a minimum number of Doctors and a further two being recruited in cardiology • Nursing staff that will be employed are currently working in both the two other sites, and are all experienced in both cardiac catheter laboratory work as well as the operating theatre. Multi-skilling is a condition of employment • All Nurses working in this specialised field will

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
<p>□ nursing staff with or working towards relevant competencies and/or education programs appropriate to specialist service provided. Allied health</p> <p>□ access—24 hours—to identified pharmacist and physiotherapist.</p> <p>□ access to radiographer and echocardiographer or cardiac scientist.</p> <p>□ access to radiographer and cardiac scientist with knowledge of, and experience in, complex electrophysiology ablations, where electrophysiology services provided.</p>	<p>work under the direction of the level 2 Clinical Nurse Specialist who reports to the Director of Clinical Services</p> <ul style="list-style-type: none"> • Compliance with scout/scrub requirements will occur with at least one of the scout/scrub being a registered nurse • All registered nurses will hold a certificate in ALS • It will be a condition of employment that all nurses commit to the organisational education program and ensure that complete their competences assessment at least once per annum • Pharmacy will be on site with ability for on call access • X-ray will be on site with ability for on call access • Nuclear Medicine facilities are located on site
Risk considerations (where relevant)	
	<p>It is noted in the level 4 service that the Weststate Private Hospital must comply with the Fundamentals of the Framework and that the is compliance with the Private Health Facilities Act minimum throughput of 200 PCI's per annum and 500 Angiograms.</p> <ul style="list-style-type: none"> • The Weststate Private Hospital is confident in to meeting this demand without significant dilution of the other two Cardiac Facilities in Townsville. The Doctors consistently have limited allocation of Operating Theatre time at present. • Whilst confident that the minimum throughput will be met, it is noted that the Cardiologists will continue to perform procedures at other sites to maintain competencies as well as episodes of practice. • This is also appropriate for the nurses working across the various sites • Peer review auditing will occur at last twice per year and outcomes reported to the Medical Advisory Committee (MAC) • The new service will commence at a Level 4 and the diagnostic services will be provided for at least 12 months of cardiac therapeutic procedures prior to performing low-risk cases
Support services	

Support services CSCF level	Onsite	Accessible
Anaesthetic	4	
Cardiac (coronary) care unit	5	
Cardiac (cardiac surgery)		6
Intensive Care	4	
Medical	4	
Medical imaging	4	
Medication	4	
Nuclear medicine	4	4
Palliative Care		5
Pathology	4	
Perioperative (relevant sections)		
Surgical	4	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Cardiac Services: Section 3 Cardiac Medicine Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
Provides inpatient and outpatient care services to patients with moderate level of complexity, delivered by variety of health professionals, including medical, nursing and allied health. □ may be collocated within a general medical unit with onsite access to intensive care service and/or cardiac care unit, but does not have level of service to care for critically ill cardiac medicine patients. □ patients admitted are managed by cardiologist or internal registered medical specialist with experience in cardiology. □ has access to some specialised non-invasive diagnostic services, including exercise stress testing and echocardiography.	<ul style="list-style-type: none"> • Provides inpatient care services to patients with moderate level of complexity • On-site access to ICU and/or cardiac care unit; but not able to service care for critically ill patients • Patients admitted by cardiologist or internal registered medical specialist with experience in cardiology • Has access to some specialised non-invasive diagnostic services
Service requirements	
As per Level 3, plus: □ on-site cardiac care unit (Section 1, Level 4 Cardiac Care Unit Service); if on-site intensive care service provided,	<ul style="list-style-type: none"> • On-site cardiac care unit/ICU • Access to non-invasive monitoring • Non-invasive diagnostic procedures

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
<p>requirement for an on-site cardiac care unit will be met. □ access to non-invasive monitoring. □ non-invasive diagnostic procedures, including transthoracic echocardiography and exercise stress testing. □ access to qualified staff to provide echocardiography and exercise stress testing. □ access to related support services. □ may have access to invasive diagnostic services (cardiac catheterisation).</p>		<ul style="list-style-type: none"> • Service Provider with Precision Diagnostics • Access to qualified staff with ECG and stress testing • Access to invasive diagnostic services 	
Workforce requirements			
<p>As per Level 3, plus: Medical □ access—24 hours—to either registered medical specialist with credentials in cardiology or registered medical specialist with credentials in internal medicine and relevant experience in cardiology. □ access—24 hours—to at least one registered medical practitioner. Allied health □ access to qualified staff to provide echocardiography and exercise stress testing</p>		<ul style="list-style-type: none"> • 24 hour access to registered medical specialist with cardiology credentials • Registered medical specialist with credentials in cardiology to provide 24 hour coverage • Nominated cardiac medicine unit lead clinician • RN's, EEN's and AIN's working under the supervision of an Unit Coordinator and with competencies in cardiac nursing • 24 hour access to radiographer, cardiac scientist and pharmacist, physiotherapist 	
Risk considerations (where relevant)			
<ul style="list-style-type: none"> • Nil 		<ul style="list-style-type: none"> • Nil 	
Support services			
Support services CSCF level	Onsite	Accessible	
Anaesthetic		4	
Cardiac (cardiac care unit)	4		
Cardiac (cardiac diagnostic and interventional)			
Cardiac (cardiac surgery)			
Intensive Care		4	
Medical Imaging	3		
Medication	4		
Palliative Care		4	
Pathology		3	
Surgical			

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

RTI Release

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Cardiac Services: Section 4 Cardiac Rehabilitation Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> <input type="checkbox"/> encompasses all measures used to help people with heart disease return to active and satisfying life, and prevent recurrence of cardiac events (also known as phase 1 cardiac rehabilitation). <input type="checkbox"/> should begin as soon as possible after admission to hospital. <input type="checkbox"/> core group of people eligible for cardiac rehabilitation are those who have had: <ul style="list-style-type: none"> <input type="checkbox"/> myocardial infarction <input type="checkbox"/> cardiovascular diagnostic and interventional procedures <input type="checkbox"/> cardiac surgery <input type="checkbox"/> stable or unstable angina <input type="checkbox"/> stable heart failure <input type="checkbox"/> other cardiovascular or coronary heart disease. <input type="checkbox"/> in absence of clinical contraindications for participation in inpatient cardiac rehabilitation, all eligible patients should be routinely offered this service. <input type="checkbox"/> all cardiac patients and their families require information, education and support based on their 	<ul style="list-style-type: none"> • Cardiac rehabilitation and education provided by Clinical Team and process is outlined in admission, clinical pathway and discharge policy to all patients who are eligible • This service also includes patient's relatives • Risk assessments are performed and documented in the patients' medical record and outlined in the cardiac care policy

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
<p>individual needs, aimed at identifying and reducing cardiac disease risk, appropriate to their cardiac diagnosis and/or intervention.</p> <p><input type="checkbox"/> medical or formal assessment of patient's level of risk should be performed and documented in the patient chart to enable identification of eligibility and referral to appropriate outpatient cardiac rehabilitation service.</p>	
Service requirements	
<p><input type="checkbox"/> As per module overview, plus: <input type="checkbox"/> structured education program delivered on needs basis.</p> <p><input type="checkbox"/> cardiovascular patient risk assessment and management plan (verbal and/or written).</p> <p><input type="checkbox"/> patient empowerment to adopt self-management strategies.</p> <p><input type="checkbox"/> basic information on condition and reassurance of common reactions (physiological).</p> <p><input type="checkbox"/> guidelines for return to work and/or driving, activities of daily living and home exercise.</p> <p><input type="checkbox"/> standardised education resource with risk-assessment capacity (e.g. My Heart My Life or equivalent and culturally sensitive resources).</p> <p><input type="checkbox"/> culturally appropriate advice (preferably verbal explanation as well as written documentation), including return to work, activities of daily living and any driving restrictions.</p> <p><input type="checkbox"/> documented processes for referral and/or access to allied health professionals, who may be hospital- or community-based.</p> <p><input type="checkbox"/> documented processes for referral to outpatient cardiac rehabilitation service or alternative, which subsequently contacts clients either in person prior to discharge and/or within 2 weeks of discharge from inpatient service via follow-up telephone call and/or home visit and/or letter</p> <p>As per Level 4 inpatient service, plus:</p> <p><input type="checkbox"/> structured education program facilitated by multidisciplinary team delivered during set times and dates.</p>	<ul style="list-style-type: none"> • Structured education programs developed by clinical and the multidisciplinary health teams • Risk assessment and management plans are performed by key personnel as per cardiac care policy • Return to work programs and daily activities programs are developed with key personnel and patients and their families
<p><input type="checkbox"/> inpatient or timely access to allied health professionals, as required.</p>	

Workforce requirements		
<p>As per module overview, plus:</p> <p>Medical</p> <p><input type="checkbox"/> access to registered medical specialist with credentials in cardiac care medicine.</p> <p>Nursing</p> <p><input type="checkbox"/> access to registered nurse.</p> <p>Allied health</p> <p><input type="checkbox"/> access to variety of allied health professionals, as required. <input type="checkbox"/> access to allied health professional with exercise qualification (e.g. physiotherapist, physiologist, occupational therapist).</p> <p>Other</p> <p><input type="checkbox"/> access to Aboriginal and Torres Strait Islander health workers, and community support / recreational workers, as required.</p>	<ul style="list-style-type: none"> • Medical Specialists with credentials in cardiac care are on site • Registered Nurses with cardiac rehabilitation / education training and experience • Allied Health Team consisting of exercise testing, physiotherapist, physiologist, occupational therapist • Access to Aboriginal and Torres Strait Island Health care worker and community support as required 	
Risk considerations (where relevant)		
		<ul style="list-style-type: none"> • Nil
Support services		
Support services CSCF level	Onsite	Accessible
Anaesthetic		4
Cardiac (cardiac care unit)	4	
Cardiac (cardiac diagnostic and interventional)		
Cardiac (cardiac surgery)		
Intensive Care		4
Medical Imaging	3	
Medication	4	
Palliative Care		4
Pathology		3
Surgical		

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Intensive Care Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> <input type="checkbox"/> capable of providing immediate resuscitation and short-term cardiorespiratory support for critically ill patients. <input type="checkbox"/> has major role in monitoring and prevention of complications in at-risk medical and surgical patients. <input type="checkbox"/> must be capable of providing ventilation and simple invasive cardiovascular monitoring for period of up to 24 hours (provision of care for more than 24 hours allowed for patients with single-system failure, but only within context of daily consultation with registered intensive care specialist with which host unit has established and documented referral process). <input type="checkbox"/> documented processes should include mutual transfer and back-transfer policy, and established joint review process. 	<ul style="list-style-type: none"> • Four (4) bed Intensive Care Unit with the ability to provide immediate resuscitation and short-term cardiorespiratory support for critically ill patients • Also capable of providing ventilation and simple invasive cardiovascular monitoring for period of up to 24 hours • Policies will include mutual transfer and back-transfer as well as joint review processes
Service requirements	
As per module overview, plus: <ul style="list-style-type: none"> <input type="checkbox"/> all patients admitted to unit must be referred for management to registered medical specialist taking 	<ul style="list-style-type: none"> • Credentialing procedure for registered medical specialists

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
Service description	
<p>responsibility for unit at time of admission.</p> <ul style="list-style-type: none"> □ some flexibility to accommodate increased patient admissions. □ number of admissions sufficient to maintain clinical skills of both medical and nursing staff. □ daily consultation with registered intensive care specialist for all patients ventilated for greater than 24 hours and/or with multisystem failure; however, if Fellow of College of Intensive Care Medicine (CICM) is in charge of unit, this provision may be unnecessary except to facilitate access to subspecialty services outside ICU. 	<ul style="list-style-type: none"> • Control measures in place to monitor bed requirements vs number of procedures performed in the hospital • Maintain number of admissions to ensure that the medical and nursing staff support clinical skills and competency levels • Registered Intensive Care specialists available for patients ventilated for greater than 24 hours
Workforce requirements	
<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ lead clinician with responsibility for clinical governance of service who is registered medical specialist with credentials in intensive care medicine, anaesthetics, emergency or general medicine. □ support available to unit from registered medical specialist with experience in intensive care medicine; however, if registered medical specialist simultaneously rostered for second clinical area (e.g. operating suites), second registered medical specialist with intensive care medicine experience must be identified to support ICU <p>in event duty specialist unable to attend.</p> <ul style="list-style-type: none"> □ in addition to registered medical specialist, at least one registered medical practitioner with appropriate level of experience on-site 24 hours, exclusively rostered to unit and immediately accessible at all times. □ all registered medical practitioners trained in advanced life support. <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced nurse manager (however titled) in charge of unit. □ registered nurse with suitable qualifications and experience in intensive care in charge of each shift. □ minimum nurse–patient ratio of 1:1 for ventilated and similarly critically ill patients.⁵ □ additional supernumerary registered nurse providing assistance to bedside nurses for every four patients requiring 1:1 nursing.⁵ □ all nursing staff in unit responsible for direct patient care are registered nurses. 	<p>Medical</p> <ul style="list-style-type: none"> • Registered medical specialist with credentials in intensive care, anaesthetics, emergency is available on call • If registered medical specialist is working in theatre, then a second registered medical specialist will be available to cover the ICU • Registered medical practitioner rostered on site and available 24 hours <p>Nursing</p> <ul style="list-style-type: none"> • Nurse Unit Manager • RNs with experience in ICU nursing to be appointed • Ventilated patients will be supported by Registered Nurse: patient ratio of 1:1 • Supernumerary Registered Nurse will be appointed to bedside nurses for every four patients requiring 1:1 • All Clinical Staff trained in ALS <p>Allied Health</p> <ul style="list-style-type: none"> • Allied Health team are consulting from the Hospital site and available as required • Access to physiotherapist is 24-hours <p>Other</p> <ul style="list-style-type: none"> • Access to technical support as required
<ul style="list-style-type: none"> □ minimum of two registered nurses present in unit at all times when patient admitted to unit. □ all registered nurses trained in advanced life support. 	

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
Service description		
<p>Allied health</p> <p><input type="checkbox"/> access—during business hours—to allied health professionals, including identified dietician, occupational therapist, pharmacist, social worker and speech pathologist, as required.</p> <p><input type="checkbox"/> access—24 hours—to physiotherapist on request.</p> <p>Other</p> <p><input type="checkbox"/> access to technical support staff (e.g. biomedical engineers and scientific officers), as required.</p>		
Risk considerations (where relevant)		
<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Nil 	
Support services		
Support services CSCF level	Onsite	Accessible
Anaesthetic	4	
Cardiac (cardiac medicine)		
Medical	4	
Medical Imaging	4	
Medication	4	
Mental Health (relevant sections)		4
Pathology	4	
Perioperative (relevant sections)	4	
Renal		
Surgical	4	

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	
Date of submission	8 th November 2016

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Medical Imaging Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
<p>Service description</p> <ul style="list-style-type: none"> <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. <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. <input type="checkbox"/> protocols also required that identify: <ul style="list-style-type: none"> - clinical indications for conducting CT - indications for administration of contrast - acquisition of images and timely interpretation. <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. 	<ul style="list-style-type: none"> • Radiological Services will be provided by X-ray Service Provider. There is 550 square metres of floor space dedicated to the department. • Fixed room fluoroscopy, T services and complex ultrasound will be performed • Radiologist and Radiographer with relevant radiological qualifications will be working on site • PICCS may need to be inserted under imaging guidance • Has access to surgical services • Can provide resuscitation services – ICU on site • Access to MRI

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

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

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
competency and experience appropriate to modality being provided must be present to operate each apparatus. <input type="checkbox"/> access—24 hours—to radiographers. Other <input type="checkbox"/> access to at least one staff member within the department with advanced infection control skills			
Risk considerations (where relevant)			
• Nil		• Nil	
Support services			
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	Westate Private
Signature	
Date of submission	8 th November 2016

Clinical services

capability framework

Service description

Private facility	Weststate Private
CSCF service:	Medication Services
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
<p>Service description</p> <p><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).</p>	<ul style="list-style-type: none"> • On site pharmacy will service the patients likely to have complex and competing therapeutic needs and comorbidities in the Weststate Private
<p>Service requirements</p> <p>As for Level 3, plus:</p> <p><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.</p> <p><input type="checkbox"/> Quality Use of Medicines Program, which includes: development of local medication policy pharmacist</p>	<ul style="list-style-type: none"> • Can provide timely medication reconciliation for inpatients with on-site service • Participate in ward/divisions team meetings and rounds to ensure involvement with patient care • Educates patients and their families about medication management, especially relating to cardiac rehabilitation • Medication Management policy developed in conjunction with clinical team and pharmacy • Participates on the Medical Advisory Committee to ensure the pharmacist is included in medication management decision making

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria
<p>Service description</p> <p>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.</p> <p><input type="checkbox"/> after-hours, on-call service for medication supply and clinical services, including medicines information 24 hour/s.</p> <p><input type="checkbox"/> access to more than one pharmacist employed or contracted on-site.</p> <p><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)</p> <p><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.</p> <p><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).</p> <p><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 staff undergo competency assessment in relevant practices documented processes in place for providing medications requiring more compounding or preparation.</p> <p><input type="checkbox"/> may provide support for clinical trial medication distribution as part of limited clinical trial management service where other clinical</p>	<ul style="list-style-type: none"> • Provides an ongoing drug utilisation development program • Ensure training in medication safety and ensure staff are competent in all aspects of medication management • Provides on call service for medication supply and information services for 24 hours • More than one Pharmacist will be employed in the on-site pharmacy • Services are provided to both inpatients and ambulatory care patients • Pharmacists provide educational support to all levels of medical practitioners and is able to provide answers to more complex medicine management • Medication distributed meets legislative requirements and assures quality of medicinal products • 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 • The Pharmacy may provide support for clinical trial medication distribution

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
Service description		
services sponsor or participate in clinical medication trials.		
Workforce requirements		
<p>As per Level 3, plus:</p> <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> services provided by on-site pharmacists supported by technical and assistant staff. <input type="checkbox"/> Sufficient number of employed pharmacists to provide services to patients, including timely action as per risk-based triage process. <input type="checkbox"/> general or junior-level pharmacists mentored or clinically supervised by specialist or advanced-level practitioner where applicable. <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. <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. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> sufficient trained pharmacy support staff accessible to perform support tasks, such as assisting with dispensing and medication distribution. 	<ul style="list-style-type: none"> • Services provided contracted pharmaceutical company who employ on-site pharmacists • 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 	
Risk considerations (where relevant)		
<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"> <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 <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> quality assurance program for validating and monitoring aseptic compounding processes where provided. 	<ul style="list-style-type: none"> • Quality Assurance Program which ensures compliance with recognised quality standards 	
Support services		
Support services CSCF level	Onsite	Accessible

Information supporting assessed CSCF level	Evidence of compliance with CSCF criteria	
Service description		

This form should be submitted by the facility licensee.

Submitted by:	Ms Leith MacMillan
Position:	Compliance Manager
Facility name	Weststate Private
Signature	[Redacted]
Date of submission	8 th November 2016

RTI Release

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	Nuclear Medicine
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<ul style="list-style-type: none"> <input type="checkbox"/> provides basic diagnostic nuclear medicine studies. <input type="checkbox"/> will have established formal processes with public or suitably licensed private health facilities. <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. 	<ul style="list-style-type: none"> • Services provided by on site Radiology Provider that will provide basic diagnostic nuclear medicine studies
Service requirements	
<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> resuscitation and monitoring facilities available. <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. <input type="checkbox"/> staff qualified and experienced in monitoring, maintenance and use of equipment. <input type="checkbox"/> quality control programs established. <input type="checkbox"/> access to cardiac stress testing and stress testing equipment. 	<ul style="list-style-type: none"> • Resuscitation and monitoring facilities available • Staff experienced in monitoring, maintenance and use of equipment • Preparation of radiopharmaceuticals occurs with clear policies • Quality control programs • Access to testing equipment

Information supporting assessed CSCF level		Evidence of compliance with CSCF criteria	
Service description			
<input type="checkbox"/> bone mineral densitometry may be available. <input type="checkbox"/> radiopharmaceuticals may be reconstituted in a Good Manufacturing Practice (GMP) compliant laboratory or purchased from such a laboratory. <input type="checkbox"/> radiopharmaceuticals may be reconstituted on-site; if so, current <i>Guidelines for Good Radiopharmacy Practice</i> (AANMS) apply. <input type="checkbox"/> may have facility for in vivo and/or in vitro tracer studies			
Workforce requirements			
As per module overview, plus: Medical <input type="checkbox"/> registered and licensed nuclear medicine specialist present during radiopharmaceutical administration; only variation to this is where formal exemptions granted by Health Insurance Commission for remote and rural areas. <input type="checkbox"/> full-time supervision during procedures by nuclear physician or radiologist with nuclear medicine qualification. Nursing <input type="checkbox"/> suitably qualified and experienced registered nurse responsible for patient's airway and providing care where patient requires sedation. Allied health <input type="checkbox"/> registered nuclear medicine technologist. Other <input type="checkbox"/> qualified expert who meets Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) requirements appointed as designated radiation safety officer.		<ul style="list-style-type: none"> Registered skilled staff employed by the Radiology Provider Suitably qualified RN that is responsible for patients airway and patient care Registered nuclear medicine technologist Suitably qualified Radiation and Nuclear Safety Agency as the designated radiation safety officer 	
Risk considerations (where relevant)			
Nil		Nil	
Support services			
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
Signature	[Redacted]
Date of submission	8 th November 2016

RTI Release

Clinical services capability framework

Service description

Private facility	Weststate Private
CSCF service:	PATHOLOGY SERVICES
CSCF service level:	Level 4
Date of assessment:	8 th November 2016

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
Service description	
<input type="checkbox"/> part of service network with some specialist diagnostic services available. <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.	<ul style="list-style-type: none"> • Contract with on-site pathology laboratory and the ability to provide complex testing which return results promptly
Service requirements	
As per Level 3, plus: <input type="checkbox"/> laboratory scientist / health professional must be available for high-use periods, including weekends and public holidays. or <input type="checkbox"/> service can be provided by on-site NATA / RCPA accredited category GX or GY pathology laboratory.	<ul style="list-style-type: none"> • Laboratory scientist available at the pathology laboratory in high-use periods and weekends / public holidays. • Service accredited pathology laboratory.
Workforce requirements	
As per module overview	<ul style="list-style-type: none"> • The pathology laboratory is responsible for employing the Pathologists, scientists (at all levels)

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	Westate Private
Signature	
Date of submission	8 th November 2016

CSCF—list of services and levels

Facility name:	Weststate Private
Date of submission:	16 th November 2016

Indicate all services and capability levels you offer/intend to offer by entering level numbers against the relevant services. The minimum requirements you will need to meet to offer each service are outlined in the relevant [CSCF module](#).

CSCF SERVICE/S	LEVEL
Alcohol and Other Drug Services—Ambulatory	
Alcohol and Other Drug Services—Emergency	
Alcohol and Other Drug Services—Inpatient Adult	
Alcohol and Other Drug Services—Inpatient Child and Youth	
Anaesthetic Services	4
Anaesthetic Services—Children's	3
Cancer Services—Children's	
Cancer Services—Haematological Malignancy	
Cancer Services—Medical Oncology	
Cancer Services—Radiation Oncology	
Cancer Services—Radiation Oncology—Children's	
Cardiac Services—Cardiac (Coronary) Care Unit Services	5
Cardiac Services—Cardiac Diagnostic & Interventional Services	5
Cardiac Services—Cardiac Medicine Services	4
Cardiac Services—Cardiac Rehabilitation—Inpatient	4
Cardiac Services—Cardiac Rehabilitation—Outpatient	
Cardiac Services—Ongoing prevention and maintenance	
Cardiac Services—Cardiac Surgery Services	
Cardiac Services—Cardiac Outreach Services	
Close Observation Services	
Emergency Services	
Emergency Services—Children's	
Geriatric Services—Emergency geriatric care	
Geriatric Services—Geriatric Acute Inpatient	
Geriatric Services—Ambulatory	
Geriatric Services—Cognitive Impairment	
Geriatric Services—Consultation Liaison	
Geriatric Services—Geriatric Evaluation and Management	
Geriatric Services—Interim Care	
Geriatric Services—Geriatric Rehabilitation	
Geriatric Services—Ortho-geriatric	
Hyperbaric Oxygen Therapy Services	
Intensive Care Services	4
Intensive Care Services—Children's	
Maternity Services	
Medical Services	
Medical Services—Children's	
Medication Services	4
Medical Imaging Services	4

CSCF SERVICE/S	LEVEL
Mental Health Services—Adult Ambulatory	
Mental Health Services—Adult Acute Inpatient	
Mental Health Services—Adult Non-Acute Inpatient	
Mental Health Services—Child & Youth Ambulatory	
Mental Health Services—Child & Youth Acute Inpatient	
Mental Health Services—Child & Youth Non-Acute Inpatient	
Mental Health Services—Older Persons Ambulatory	
Mental Health Services—Older Persons Acute Inpatient	
Mental Health Services—Statewide & Other Targeted Services—Eating Disorder	
Mental Health Services—Statewide & Other Targeted Services—Perinatal & Infant	
Neonatal Services	
Nuclear Medicine Services	4
Palliative Care Services	
Pathology Services	4
Perioperative Services—Acute Pain Services	
Perioperative Services—Day Surgery Services	4
Perioperative Services—Endoscopy Services	4
Perioperative Services—Operating Suite Services	4
Perioperative Services—Post-Anaesthetic Care Services including Children's Post-Anaesthetic Care	4
Rehabilitation Services	
Renal Services	
Sleep Disorder Services	
Surgical Services	4
Surgical Services—Children's	3
Termination of Pregnancy Services	

Health services within private hospital facilities – third party providers

Third party details are required for the following in-hospital services

CSCF SERVICES	Name of third party provider
Cancer Services—Children's	
Cancer Services—Haematological Malignancy	
Cancer Services—Medical Oncology	
Cancer Services—Radiation Oncology	
Cancer Services—Radiation Oncology—Children's	
Medical Imaging Services	Imed
Medication Services	Script-rite
Nuclear Medicine Services	Imed
Pathology Services	QML
Renal Services	

Refer to Section 10(3) and section 40 of the Act

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		Private hospital	
Physical address	Suburb	State	Postcode
29-37 Ingham Road	Townsville	QLD	4 8 1 0
Proposed approval holder name*			
Weststate Private Pty Ltd			
Postal address	Suburb	State	Postcode
P.O. Box 2271	Toowong	QLD	4 0 6 6
<input type="checkbox"/> Queensland approval or licence is already held for another facility			
Key contact name*		Position	
Daryl Wright		Chief Executive Officer	
Contact number	Email address		

Section 2: Request details

Architect name	Estimated build start date (if known)	Estimated build end date (if known)
Hames Shalley	January 2017	December 2017

Provide the details of construction stages (if applicable)

Design by Destravis Health Planners

Applicant's (intended) title to property

Lessee

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

Type	Category	Proposed number
Beds	Ward (does not include a surgical table, recovery trolley, treatment bay, discharge lounge/bed/chair)	22
Specialty beds	Cardiac (Coronary) Care Unit	
	Intensive Care Unit	4
	Neonatal Intensive Care Cots (NICU)	
	Neonatal Special Care Cots	
	Children's Intensive Care Service (PICU)	
	Paediatric (dedicated)	
	Mental Health	
	Palliative (dedicated)	
	Rehabilitation	
	Maternity	
Total beds and specialty beds		
Specialty bays/rooms	Chemotherapy bays	
	Renal dialysis bays	
	Endoscopy procedure rooms	
	Intravenous therapy bays	
	Operating theatres	5
	Procedure rooms	
	Cardiac catheter labs	1
	Emergency department resuscitation bays	
	Emergency department bays	
	First stage recovery bays (includes day surgery units, endoscopy units, cardiac catheter labs, interventional cardiology areas, medical imaging areas)	24

Section 3: Services

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

Refer to the relevant [Clinical Services Capability Framework](#) (CSCF) service module for further information. Use the clinical service description template ([reference G](#)) and complete one document for each service you intend to offer.

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*

\$2,238.00

- [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 G] Clinical Services Capability Framework (CSCF) service modules (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)

Name	Position
Ms Leith MacMillan	Compliance Manager

Contact number	Email address

Date of submission*

21st November 2016

Office use only

QLD Health reference	Customer file number	Licence number

Comments

--

Private health facility licensing documentation

Ref: A

Company director/s character and good standing

Oaths Act 1867

STATUTORY DECLARATION

"the Private
Health facility") }

I,Dr Kaushik HAZRATWALA of, 21/37 Fulham Rd, Pimlico QLD 4812, in the State of Queensland, Orthopaedic Surgeon do solemnly and sincerely declare that:

1. No company of which I have been a secretary or director has ever:
 - a. been placed under a receiver or official manager;
 - b. been wound up without paying all its creditors in full; or
 - c. entered into a compromise or scheme of arrangement with creditors.
2. I have never applied for credit and subsequently been refused.
3. I have never been declared bankrupt or had my estate assigned for the benefit of creditors.
4. I have never been convicted of:
 - a. any offence under the *Private Health Facilities Act 1999* (Qld);
 - b. any offence under an equivalent Act in any other Australian State or Territory; or
 - c. any indictable offence in any Australian or overseas jurisdiction,
 and there are no such matters pending in any jurisdiction.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

.....
Signature of declarant

Taken and declared before me atTOWNSVILLE....., in the State
of Queensland this22nd..... day ofNOVEMBER..... Year2016.....

.....
Signature of Authorised Witness
.....
Address of Authorised Witness



.....Kaushik. Hazratwala.....
Name of Signatory in BLOCK LETTERS
.....JP (QUAL).....
Authority of Authorised Witness

The witness must print their name, address and their authority under the Oaths Act 1867, Part 4 (Statutory Declarations) Section 13.1 (ie Justice of the Peace/Solicitor etc)

AUTHORISATION: I authorise the Chief Health Officer Queensland Department of Health to undertake any search required for the verification of the answers and information hereby provided.


.....
Signature of Applicant

RTI Release

Private health facility licensing documentation

Ref: A

Company director/s character and good standing

Oaths Act 1867

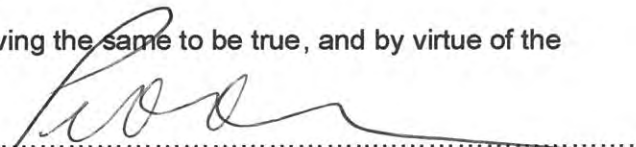
"the Private
Health facility")

STATUTORY DECLARATION

I, Dr Peter MCEWEN of, Suite 3 Level 2, Mater Medical Centre, 21-29 Fulham Rd, Pimlico, 4812, in the State of Queensland, Orthopaedic Surgeon solemnly and sincerely declare that:

1. No company of which I have been a secretary or director has ever:
 - a. been placed under a receiver or official manager;
 - b. been wound up without paying all its creditors in full; or
 - c. entered into a compromise or scheme of arrangement with creditors.
2. I have never applied for credit and subsequently been refused.
3. I have never been declared bankrupt or had my estate assigned for the benefit of creditors.
4. I have never been convicted of:
 - a. any offence under the *Private Health Facilities Act 1999* (Qld);
 - b. any offence under an equivalent Act in any other Australian State or Territory; or
 - c. any indictable offence in any Australian or overseas jurisdiction,
 and there are no such matters pending in any jurisdiction.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.



 Signature of declarant

Taken and declared before me at Townsville....., in the State
 of Queensland this 22nd day of November Year 2016.



 Signature of Authorised Witness



DR PETER MCEWEN

 Name of Signatory in BLOCK LETTERS

B. ROCHFORD ST. KIRWAN QLD 4817

 Address of Authorised Witness

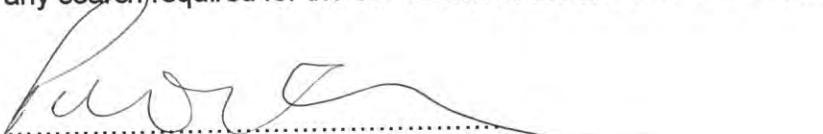
J.P. (Qual)

 Authority of Authorised Witness



The witness must print their name, address and their authority under the Oaths Act 1867, Part 4 (Statutory Declarations) Section 13.1 (ie Justice of the Peace/Solicitor etc)

AUTHORISATION: I authorise the Chief Health Officer Queensland Department of Health to undertake any search required for the verification of the answers and information hereby provided.


.....
Signature of Applicant

RTI Release

Private health facility licensing documentation

Ref: A

Company director/s character and good standing

Oaths Act 1867

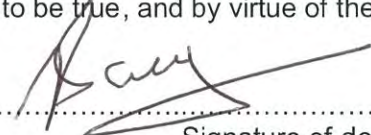
“the Private
Health facility” }

STATUTORY DECLARATION

I, Dr Sugeet BAVEJA of, Level 2, Suite 103, Mater Medical Centre 21-37 Fulham Road, Pimlico, QLD 4812, in the State of Queensland, Consultant Cardiologist and an Interventional Cardiologist do solemnly and sincerely declare that:

1. No company of which I have been a secretary or director has ever:
 - a. been placed under a receiver or official manager;
 - b. been wound up without paying all its creditors in full; or
 - c. entered into a compromise or scheme of arrangement with creditors.
2. I have never applied for credit and subsequently been refused.
3. I have never been declared bankrupt or had my estate assigned for the benefit of creditors.
4. I have never been convicted of:
 - a. any offence under the *Private Health Facilities Act 1999* (Qld);
 - b. any offence under an equivalent Act in any other Australian State or Territory; or
 - c. any indictable offence in any Australian or overseas jurisdiction,
 and there are no such matters pending in any jurisdiction.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.



Signature of declarant

Taken and declared before me at TOWNSVILLE....., in the State
of Queensland this 23 RD day of NOVEMBER Year 2016.....


Signature of Authorised Witness

THE TOWNSVILLE HOSPITAL,
Address of Authorised Witness

DR. SUGEET BAVEJA
Name of Signatory in BLOCK LETTERS

EDUC.
Authority of Authorised Witness



The witness must print their name, address and their authority under the Oaths Act 1867, Part 4 (Statutory Declarations) Section 13.1 (ie Justice of the Peace/Solicitor etc)

AUTHORISATION: I authorise the Chief Health Officer Queensland Department of Health to undertake any search required for the verification of the answers and information hereby provided.

.....
Signature of Applicant 

DR. SUGHEET BAVEJA

23/11/2016

ESTELLE MAY HILL,
THE TOWNSVILLE HOSPITAL.

Estelle May Hill



RTI Release

Certificate of Registration of a Company



ASIC

Australian Securities & Investments Commission

This is to certify that

WESTSTATE CONSORTIUM PTY LTD

Australian Company Number 607 446 024

is a registered company under the Corporations Act 2001 and is taken to be registered in Queensland.

The company is limited by shares.

The company is a proprietary company.

The day of commencement of registration is the fourth day of August 2015.

CERTIFICATE

Issued by the
Australian Securities and Investments Commission
on this fourth day of August, 2015.

Greg Medcraft
Chairman

This is to certify that this is a true copy
of the original which I have sighted

Signed

Title



Certificate of Registration of a Company



ASIC

Australian Securities & Investments Commission

This is to certify that

WESTSTATE PRIVATE PTY LTD

Australian Company Number 607 488 595

is a registered company under the Corporations Act 2001 and is taken to be registered in Queensland.

The company is limited by shares.

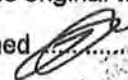
The company is a proprietary company.

The day of commencement of registration is the fifth day of August 2015.

Issued by the Australian Securities and Investments Commission on this fifth day of August, 2015.

Greg Medcraft
Chairman

This is to certify that this is a true copy of the original which I have sighted.

Signed  20/11/15

Title





Company: WESTSTATE CONSORTIUM PTY LTD ACN 607 446 024

Company details

Date company registered 04-08-2015
 Company next review date 04-08-2017
 Company type Australian Proprietary Company
 Company status Registered
 Home unit company No
 Superannuation trustee company No
 Non profit company No

Registered office

PWC, LEVEL 1 , 51 STURT STREET , TOWNSVILLE QLD 4810

Principal place of business

5B MARINERS DRIVE , TOWNSVILLE QLD 4810

Officeholders

HAZRATWALA, KAUSHIK
 Born 20-01-1970 at INDIA
 5B MARINERS DRIVE , TOWNSVILLE QLD 4810
 Office(s) held: Director, appointed 04-08-2015

BAVEJA, SUGEET
 Born 28-10-1971 at INDIA
 1 ADMIRALTY CLOSE , IDALIA QLD 4811
 Office(s) held: Director, appointed 16-10-2015

HAZRATWALA, KIRAN
 Born 18-08-1968 at INDIA
 31 WATERLILY CIRCUIT , DOUGLAS QLD 4814
 Office(s) held: Director, appointed 16-10-2015

MCEWEN, PETER JAMES COLLETON
 Born 07-03-1967 at PAPUA NEW GUINEA
 13 QUEEN STREET , NORTH WARD QLD 4810
 Office(s) held: Director, appointed 16-10-2015

Company share structure

Share class	Share description	Number issued	Total amount paid	Total amount unpaid
ORD	ORD CLASS SHARES	32	6.40	0.00

Members

LISMAC PTY LTD		13 QUEEN STREET , NORTH WARD QLD 4810		
Share class	Total number held	Fully paid	Beneficially held	
ORD	8	Yes	No	

DOH RTI 3332 - File 1

MAHENDRA BUSINESS PTY LTD		5D MARINERS DRIVE , TOWNSVILLE QLD 4810	
Share class	Total number held	Fully paid	Beneficially held
ORD	8	Yes	No
BAD NESS PTY LTD		31 WATERLILY CIRCUIT , DOUGLAS QLD 4814	
Share class	Total number held	Fully paid	Beneficially held
ORD	8	Yes	Yes
GB AND SB COMPANY PTY LTD		1 ADMIRALTY CLOSE , IDALIA QLD 4811	
Share class	Total number held	Fully paid	Beneficially held
ORD	8	Yes	No

Document history

These are the documents most recently received by ASIC from this organisation.

Received	Number	Form	Description	Status
15-09-2016	2E4602163	484	CHANGE TO COMPANY DETAILS	Processed and imaged
15-09-2016	2E4602164	484	CHANGE TO COMPANY DETAILS	Processed and imaged
09-06-2016	2E3963632	484	CHANGE TO COMPANY DETAILS	Processed and imaged

[ASIC Home](#) | [Privacy Statement](#) | [Conditions of use](#) | [Feedback](#)
 Copyright 2003 Australian Securities & Investments Commission.



Company: WESTSTATE PRIVATE PTY LTD ACN 607 488 595

Company details

Date company registered 05-08-2015
 Company next review date 05-08-2017
 Company type Australian Proprietary Company
 Company status Registered
 Home unit company No
 Superannuation trustee company No
 Non profit company No

Registered office

PRICEWATERHOUSECOOPERS, 51 STURT STREET , TOWNSVILLE QLD 4810

Principal place of business

5B MARINERS DRIVE , TOWNSVILLE QLD 4810

Officeholders

HAZRATWALA, KAUSHIK
 Born 20-01-1970 at INDIA
 5B MARINERS DRIVE , TOWNSVILLE QLD 4810
 Office(s) held: Director, appointed 05-08-2015

BAVEJA, SUGEET
 Born 28-10-1971 at INDIA
 1 ADMIRALTY CLOSE , IDALIA QLD 4811
 Office(s) held: Director, appointed 16-10-2015

HAZRATWALA, KIRAN
 Born 18-08-1968 at INDIA
 31 WATERLILY CIRCUIT , DOUGLAS QLD 4814
 Office(s) held: Director, appointed 16-10-2015

MCEWEN, PETER JAMES COLLETON
 Born 07-03-1967 at PAPUA NEW GUINEA
 13 QUEEN STREET , NORTH WARD QLD 4810
 Office(s) held: Director, appointed 16-10-2015

Company share structure

Share class	Share description	Number issued	Total amount paid	Total amount unpaid
ORD	ORD SHARES	1	1.00	0.00

Members

WESTSTATE CONSORTIUM PTY LTD 5B MARINERS DRIVE , TOWNSVILLE QLD 4810

Share class	Total number held	Fully paid	Beneficially held
ORD	1	Yes	Yes

Document history

These are the documents most recently received by ASIC from this organisation.

Received	Number	FormDescription	Status
15-09-2016	2E4602162	484 CHANGE TO COMPANY DETAILS	Processed and imaged
09-05-2016	2E3664499	484 CHANGE TO COMPANY DETAILS	Processed and imaged
13-11-2015	2E2728797	484 CHANGE TO COMPANY DETAILS	Processed and imaged

[ASIC Home](#) | [Privacy Statement](#) | [Conditions of use](#) | [Feedback](#)

Copyright 2003 Australian Securities & Investments Commission.

RTI Release

Private health facility licensing documentation

Ref: A

Company director/s character and good standing

Oaths Act 1867

"the Private
Health facility")

STATUTORY DECLARATION

I, Dr Kiran HAZRATWALA

of, Northern Urology Clinic, Mater Private Hospital, 21-37 Fulham Rd, Pimlico Queensland 4812
(address), in the State of Queensland, Urologist do solemnly and sincerely declare that:

1. No company of which I have been a secretary or director has ever:
 - a. been placed under a receiver or official manager;
 - b. been wound up without paying all its creditors in full; or
 - c. entered into a compromise or scheme of arrangement with creditors.
2. I have never applied for credit and subsequently been refused.
3. I have never been declared bankrupt or had my estate assigned for the benefit of creditors.
4. I have never been convicted of:
 - a. any offence under the *Private Health Facilities Act 1999* (Qld);
 - b. any offence under an equivalent Act in any other Australian State or Territory; or
 - c. any indictable offence in any Australian or overseas jurisdiction,
 and there are no such matters pending in any jurisdiction.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

[Handwritten Signature]
.....
Signature of declarant

Taken and declared before me at TOWNSVILLE, in the State
of Queensland this 24th day of NOVEMBER Year 2016

[Handwritten Signature]
.....
Signature of Authorised Witness



DR KIRAN HAZRATWALA
.....
Name of Signatory in BLOCK LETTERS

JP(QUAL)
.....

"JP in the Community" Program
c/-
Department of Justice & Attorney General
Level 6, 154 Melbourne Street
South Brisbane QLD 4101
PH: 1300 301 147

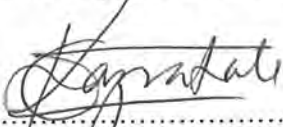


Address of Authorised Witness

Authority of Authorised Witness

The witness must print their name, address and their authority under the Oaths Act 1867, Part 4 (Statutory Declarations) Section 13.1 (ie Justice of the Peace/Solicitor etc)

AUTHORISATION: I authorise the Chief Health Officer Queensland Department of Health to undertake any search required for the verification of the answers and information hereby provided.



.....
Signature of Applicant

RTI Release

Kylie Schulte

From: Private_Health
Sent: Thursday, 23 February 2017 1:59 PM
To: darylw@weststate.com.au
Subject: Weststate Private

Good afternoon Daryl

I wish to acknowledge receipt of application received 22/02/2017 for Weststate Private. Your application to build a new health facility has been allocated No: #13/17 and forwarded for assessment.

Your application will be assessed against the requirements in the Private Health Facilities Act application guidelines and either a request for further information or an approval will be forwarded to you within 30 days from receipt of your application in accordance with Part 6 of the Private Health Facilities Act 1999.

Should you have any queries, please do not hesitate to contact the Private Health Regulation Unit on Ph: [REDACTED].
Regards



Kylie Schulte

Assistant Licensing Officer

Private Health Regulation Unit, Chief Medical Officer & Healthcare Regulation Branch, Prevention Division, **Department of Health**

p: 07 [REDACTED]
a: 15 Butterfield Street, Herston QLD 4006
w: Queensland Health | **e:** [REDACTED]@health.qld.gov.au



Queensland's health vision | *By 2026 Queenslanders will be among the healthiest people in the world.*

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

Weststate Consortium Pty Ltd

Weststate Private Hospital Pty Ltd

Financial Assessment Summary February 2017

Summary

Weststate Private Pty Ltd ('the hospital') is a private hospital in Townsville, QLD. The hospital will be located on the historic site of the former Townsville West State School. The hospital is owned by Weststate Consortium Pty, which has funded the hospital operational development. The land buildings are owned by Lautaret Pty Ltd with the developers of the site being undertaken on behalf of Lautaret by Griffin Group.

The purpose of this report is to provide financial modelling and review of forecasted hospital performance, produce a 3-year income statement and year-1 monthly income statement.

The analysis demonstrates demand for clinical services in the Townsville region, and the ability for Westgate to service this demand with a sustainable delivery model.

Approach & Assumptions

Activity

The hospital will operate as a private hospital, initially providing the following select health services surgical specialities, with the opportunity for additional specialities to be added in the future:

- Interventional cardiology
- Maxillofacial
- Orthopaedics
- Urology

Activity is modelled on 12-months of actual historical overnight and same day activity of each surgeon. Historical activity data was provided by the surgeons based on the past five years aggregated data of actual activity and has not been independently verified by Pitcher Partners. Where activity data was not provided, assumptions were applied using comparable doctors.

The following is a list of doctors that will provide services at the hospital.

Surgeon	Speciality
Dr. Dharmesh Anand	Cardiology
Dr. Sugeet Baveja	Cardiology
Dr. Jeff Dance	Maxillofacial surgery
Dr. Kaushik Hazratwala	Orthopaedics
Dr. Kieran Hazratwala	Urology
Dr. Peter Mcewen	Orthopaedics
Dr. Matthew Wilkinson	Orthopaedics
Dr. Raibhan Yadav	Cardiology

The hospital is currently projected to accommodate 2,376 separations in year 1 (excluding interventional cardiology), on an annualised basis, with a 3.16 average length of stay (inc. same day and overnight stays). However, it is expected that it will take several months to ramp to full operations. The forecast provides three years of forecasts based on normal operating activity.

The information regarding the surgeons' portfolio is based on historical data. Projected volume assumes similar referral patterns from these doctors. However, given that the hospital is a new facility, the historical data may not represent future actuals. The intention of the investing surgeons is to undertake their surgical procedures at Weststate Hospital

Future volume growth is based on population and clinical demand growth for the Townsville region. The model assumes that the surgeons are able to accommodate the level of surgical days included in the model including future volume increases applied in years two and three.

Scenario Analysis

There are four main scenarios that have been built into the model which impact on the overall profitability:

1. Include/ Exclude interventional cardiology in year one (due to regulatory requirements)
2. Include/ Exclude CPI Indexation (for purpose of analysis or license application)
3. Ramp up/ Full year in year one
4. Include/ Exclude Volume increases (based on Townsville clinical demand forecast by speciality)

The '*Excluding Cardiology Year 1*' scenario excludes AR-DRG F15B activity. The impact of this on revenue is \$1.6m and \$392k on profit in year one (assuming a full capacity in the first year). The angiogram included in year 1, and angioplasty excluded in year 1 option.

The CPI indexation has been discussed below in the revenue and other expenses.

The ramp up in year one takes into consideration the impact of increasing capacity during the first year, the assumption is that the revenue will increase from 30% up to full year-1 capacity within 6 months. The full year calculation assumes each month is at 100% of the required capacity.

The volume increases are based on the specialities as discussed below.

The scenario used in all charts and data below is excluding cardiology in year one, CPI increases, a full year of utilisation in year 1 and includes volume increases.

Occupancy

The hospital has capacity to accommodate growth, and alleviate occupancy pressure from nearby hospitals. Growth will come from current surgeon capacity and additional surgeons. Activity forecasts and performance targets may change. Whilst a five floor hospital is being developed, we have capacity to grow into another eight floors.

At current year-one projections, the hospital will be operating at the following operating levels.

Facility	Year 1	Total capacity
Med/ Surg Overnight	15.0	30.0
Sameday bays	7.0	12.0
ICU	1.0	4.0
Theatre	2.0	6.0
Procedure	0.5	1.0
Cath lab	0.4	1.0

Townsville population and health services surveys show a growing population, specifically growth in the aging population which will increase demand for care, particularly in the clinical specialities offered at the hospital. Approximately 48% of the hospital activity is projected to come from unmet demand which will capture an average of 33% market share. The surgeons are clinical leaders in their respective specialities. Realistically, they will attract volume for other local hospitals. The added capacity for clinical services in Townsville will also attract unmet demand from nearby regions.

Townsville	% of Weststate activity	
	Unmet market demand	Existing Townsville capacity
Cardiology	74%	26%
Maxillo-Facial	29%	71%
Orthopaedics	53%	47%
Urology	21%	79%
Total	48%	52%

* source: Townsville review

Townsville increasing population and demand for the healthcare sector gives the opportunity for growth into new specialities as it strengthens its relationship with the local medical university.

Occupancy are based on ALOS estimates by speciality and does not account for future expected efficiencies, based on clinical trends and best practice. ALOS reductions will allow for additional growth and cost effective care delivery.

	TOTAL/ AVERAGE	Cardiology	ENT	Orthopaedics	Urology
Separations - Yr 1	2,376	263	832	971	310
Separations - Yr 2	2,944	770	832	1,011	332
Separations - Yr 3	3,073	833	833	1,052	355
Year-1 Overnight ALOS	3.16	2.61	1.98	4.07	2.31

Revenue

Four DRG rate benchmarks datasets were tested for revenue modelling purposes; 1) private health fund tier 1 rates (2014-15), 2) private health fund tier 2 (85% of tier 1), 3) Workcover (2014-15), 2), and 4) activity based funding (2014-15), 2). For the purpose of analysis, the ABF rate was applied. As the ABF data is obtained directly from source documentation, it was considered the most reliable source data for the purposes of the model. The ABF rates yields the overall highest revenue forecast.

Exclude Cardiology (Yr 1 only)	Year 1				Year 2				Year 3			
	Volume	Days	Income	Rev/ Sep	Volume	Days	Income	Rev/ Sep	Volume	Days	Income	Rev/ Sep
Overnight												
Dr. Sugeet Baveja												
Dr. Jeff Dance												
Dr. Kaushik Hazratwala												
Dr. Kiran Hazratwala												
Dr. Peter McEwen												
Dr Matthew Wilkinson												
Dr. Dharmesh Anand												
Dr. Raibhan Yadav												
Dr. Sean Latouf												
Total	1,267	4,482	\$ 11,148,248	\$ 8,799	1,703	5,363	\$ 13,404,282	\$ 7,870	1,808	5,674	\$ 14,585,079	\$ 8,068
Sameday												
Dr. Sugeet Baveja												
Dr. Jeff Dance												
Dr. Kaushik Hazratwala												
Dr. Kiran Hazratwala												
Dr. Peter McEwen												
Dr Matthew Wilkinson												
Dr. Dharmesh Anand												
Dr. Raibhan Yadav												
Total	1,109	1,109	\$ 4,070,254	\$ 3,670	1,241	1,242	\$ 4,683,679	\$ 3,773	1,265	1,266	\$ 4,931,638	\$ 3,898
* based on full year. Year one includes activity ramp up												
Sum Overnight/ Sameday	2,376	5,591	\$ 15,218,503	\$ 6,405	2,944	6,605	\$ 18,087,961	\$ 6,143	3,073	6,940	\$ 19,516,717	\$ 6,351

Urology and cardiology data did not provide adequate historical activity by DRG or procedure codes that can be mapped to a DRG. Furthermore, insufficient historical cardiology activity data was provided. Assumptions were applied to project future activity, revenue and expenses.. Updated assumptions will impact the financial projections.

Where MBS codes were provided but not DRG codes, MBS codes were mapped to DRG's applying ACCD mapping.

Revenue projections are not sensitive to various rate change scenarios, which may include, but not limited to:

- Changes to payer and rate mix. (Accurate WorkCover data is required). The model applies a single blended payer scenario. Limited data was available to make accurate projections.
- Variances in acuity (i.e. LOS outliers)
- Regulatory changes (i.e. bundle payments, performance incentives, budget)
- Periodic rate changes.

CPI

The impact of the sales price increase has been included as part of the scenario analysis. Currently the price increase for revenue applied is 3%pa.

The year one pricing has been indexed for 2 years as the information is based on historical prices from FY 2014/15.

Other revenue

The hospital will operate and café located on ground level. Forecasted revenue is based on estimated foot traffic and average spend. Other revenue is a contract offset for services provided under an SLA to the hospital for non-hospital areas within the facilities.

Volume

The impact of the volume increases has been included as part of the scenario analysis. Currently the volume increases are included in the table below, and are based on Townsville clinical demand forecasts.

	Same-day 5-Yr CAGR	Overnight 5-Yr CAGR
Cardiology	11%	8%
ENT	0%	2%
Orthopaedics	4%	4%
Urology	5%	7%

Operating expenses

Labour and non-labour operating costs were provided by the hospital, with exceptions noted below.

Salary + labour

Labour costs, including clinical and non-clinical labour, represents approximately 48% of the total operating budget. A detailed clinical roster was developed by a thirdparty advisor with clinical expertise and provided to Pitcher Partners. The hospital's proposed general organisational structure has been validated against a suggested structure independently provided directly to Pitcher Partners by a hospital of a similar operating profile. The clinical roster is variable to volume and staffing needs of particular facilities (i.e. operating theatre, cardiac cath lab, wards, etc.). Pitcher Partners recognises

the importance of cost effective operations. The model highlights that certain roles are essential to the functioning of a health organisation, and recommend such roles to be included, (i.e. compliance), or for those functions to be outsourced.

Operational efficiency and cost management will drive favourable finance performance such as LOS, medical supplies procurement, use of information technology. Future estimates of cost drivers are not applied. The financial impact of compliance and regulatory changes has not been assessed.

CPI

The indexation of salary and labour costs is the annual wage index which is currently assumed to be 2.5%.

Volume impact on labour

The staff requirement is broken into three main categories: clinical management, variable clinical and corporate. The variable clinical labour is the only labour that is impacted by the number of days as calculated by the variable sales inputs.

Non-labour

Non-labour costs include supplies, contracted services and indirect costs. Contracted service costs are estimated from preliminary contract discussion and were provided by the hospital. Supply costs are in line with figures provided by an independent projection provided directly to Weststate.

Direct Costs	Year 1 Rate	Assumption basis
Med/ surg supplies	\$400 per patient day	Estimated dollars per patient day. Excludes prosthetics that are not billed to hospital. Validated against third party analysis
Non-med/ surg supplies	\$10 per patient day	Dollars per patient day. Validated against third party analysis
Pharmacy	\$150 per patient day	Dollars per patient day. Excludes listed drugs directly reimbursed by insurer. Validated against third party analysis
Food services	\$14 per patient day + \$0.80 per staff per day	Per Medirest contract proposal plus \$604,973 of fixed labour costs.
Café	310,828	50% margin on Café revenue
Linen	\$25 per patient day	Estimated

Indirect Costs	Year 1 amount	Assumption basis
Environmental	645,282	Per Medirest contract proposal
Contracted services (security, concierge,)	164,029	Per Medirest contract proposal less \$216,235 removed from the contract based on initial negotiations.
Occupancy	2,400,000	Per lease contract (from DW)
Bad Debts & Collection Costs	8,020	Recommended at .75% of patient revenue. Currently using 0.05% of patient revenue
Contractors & Consultants	244,159	From Townsville third party analysis. No details have been provided

Communication & Utilities	74,516	From Townsville third party analysis. No details have been provided
Repairs & Maintenance	158,545	From Townsville third party analysis. No details have been provided
Leases & Hire Costs	15,062	From Townsville third party analysis. No details have been provided
Rates & Taxes, Security	145,815	From Townsville third party analysis. No details have been provided
Information technology	327,424	HIMSS analytics 2012 report recommends 3%. Currently using total costs X 2%
Other Expenses	205,271	Capital expenses and variable management fee from Medirest
Waste management	150,000	Working with landlord on this matter

CPI

The indexation of other costs is lease increases (currently assumed to be 3%) for the rental expenses and CPI for all other expenses (currently assumed to be 2.5%).

Summary

There is current and growing demand for clinical services in Townsville, with an opportunity for a specialist private hospital to alleviate existing local capacity constraints. It is projected that the hospital will be able to accommodate this growing demand in an efficient care delivery environment.

The current operating and financial assumptions, demonstrate that the hospital will nearly breakeven in year 1. Volume growth, contract negotiation, and operational efficiencies may result in profitability by year 1.

Disclaimer

We have compiled the accompanying financial forecast report of Weststate Private Pty Ltd. This comprises forecast statement of profit or loss and summary of significant assumptions.

The Responsibility of the board of directors

The board of directors of Weststate Private Pty Ltd are solely responsible for the information contained in the financial forecast report, the reliability, accuracy and completeness of the information used to compile it and for the determination that the assumptions adopted and the basis of accounting used for its preparation are appropriate to meet their needs and appropriate for the purpose for which it was prepared.

Our Responsibility

On the basis of the accounting records of Weststate Private Pty Ltd and other information provided to us by management we have compiled the accompanying financial forecast report in accordance with the assumptions described in the financial forecast report and APES 315 *Compilation of Financial Information*.

We have applied our professional expertise in accounting and financial reporting to compile this financial forecast report in accordance with the assumptions described in the report. We have complied with the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants*.

Assurance Disclaimer

The financial forecast report has been prepared in accordance with the assumptions described in the report. There is a considerable degree of subjective judgement involved in preparing financial forecasts as they relate to events and transactions that have not yet occurred and may not occur. Actual results are likely to be different from the financial forecast since anticipated events or transactions frequently do not occur as expected and the variation may be material. The assumptions on which the financial forecast is based relate to future events and/or transactions that management expect to occur and actions that management expect to take and are also subject to uncertainties and contingencies, which are often outside the control of the entity.

The financial forecast report has been prepared in accordance with the basis of accounting described in the report. These accounting policies may differ from the accounting policies adopted for the preparation of the annual financial statements of the entity. Accordingly, should the forecasts be achieved, the financial outcomes may differ from the financial performance and financial position reported in the annual financial statements.

Since a compilation engagement is not an assurance engagement, we are not required to verify the reliability, accuracy or completeness of the information provided to us by management to compile this financial forecast report or the appropriateness of the assumptions adopted and the basis of accounting used for its preparation. Accordingly, we do not express an audit opinion or a review conclusion on this financial forecast report.

The financial forecast report was compiled exclusively for the benefit of the management and the board of directors of Weststate Private Pty Ltd. The financial forecast report may not be suitable for all purposes. We do not accept responsibility for the contents of the financial forecast report.

Weststate Consortium Pty Ltd

Weststate Private Hospital
Financial Assessment Summary
Feb 2017

Dashboard	Summary of the P&L with scenario analysis
Year 1 - Monthly Income Statement	Monthly P&L incorporating the impacts of ramping up in Y1.
Activity	Summary activity schedules
Revenue	Revenue calculations driving from doctor profile template
Operating Expenses	Operating expenses based on workforce model and contractor estimates
Capacity	Utilisation and capacity analysis

Disclaimer

This financial model has been provided to the Recipients on the express understanding that

1. This model is to be used only for the assessment of cash flows associated with the proposed project being considered.
2. It is the responsibility of the Recipient to ensure that both financial and non-financial data which is entered into the model is complete, accurate and reflects the business costs associated with delivery the intended service.
3. By retaining and using this model, the Recipients represent that they are capable of making their own independent assessment as to the validity of the assumptions, data and results contained in this model and the economic, financial, regulatory, legal, taxation and accounting implication of those assumptions, data and results and are not relying on any recommendation or statement herein.
4. Except for statutory liability which cannot be excluded, the Recipients acknowledge that Pitcher Partners Consulting Pty. Ltd. does not assume responsibility to the Recipients or to any other person for loss or damage of any kind whatsoever arising as a result of the Recipients' use or misuse of this model or for any opinion, advice, recommendation, representation or information, expressly or impliedly, contained herein, notwithstanding any negligence, default or lack of care by it or that such loss or damage was foreseeable.

Dashboard

Scenario Analysis

Include Cardiology (Yr 1 only)	Cadiology is not included in first year of operations.	Refer to Revenue Tab
CPI	Indexation can be updated on PL Y1 tab	Refer to PL Y1 Tab
Full-Year	Ramp up considers the impact on utilisation	Refer to PL Y1 Tab
Include Volume Increase	Volume increases by specialty included	Refer to Revenue Tab

	Yr 1	Yr 2	Yr 3
Revenue			
Surgical sameday			
Surgical overnight			
Rehabilitation/ therapy/ Outpatient			
Café Income			
Other			
Other2			
Total Revenue	\$17,688,742	\$19,051,674	\$20,533,193
Direct operating expenses			
Salaries			
Medical supplies			
Drug			
Catering			
Laundry/Linen			
Café			
Total Direct operating expenses	\$13,435,724	\$14,067,700	\$14,715,120
Gross margin	\$4,253,019	\$4,983,974	\$5,818,072
Indirect & overhead			
Occupancy Cost/Rent			
Bad Debts & Collection Costs			
Environmental			
Contractors & Consultants			
Communication & Utilities			
Repairs & Maintenance			
Leases & Hire Costs			
Rates & Taxes, Security			
Information technology			
Waste Management			
Other Expenses			
Total Indirect & overhead	\$4,564,838	\$4,697,576	\$4,834,036
Net income	-\$311,819	\$286,398	\$984,037

Dashboard

Scenario Analysis

Include Cardiology (Yr 1 only)	Cadiology is not included in first year of operations.	Refer to Revenue Tab
CPI	Indexation can be updated on PL Y1 tab	Refer to PL Y1 Tab
Full-Year	Ramp up considers the impact on utilisation	Refer to PL Y1 Tab
Include Volume Increase	Volume increases by specialty included	Refer to Revenue Tab

	Yr 1	Yr 2	Yr 3
Beds	17	18	19
Total available hospital days	6,205	6,570	6,935

Separations

Overnight	1,605	1,703	1,808
Sameday	1,219	1,241	1,265
Total separations	2,824	2,944	3,073

Patient days

Overnight	5,070	5,363	5,674
Sameday	1,219	1,242	1,266
Overnight ALOS	3.16	3.15	3.14
Total Patients per day	17.2	18.1	19.0
% Occupancy (overnight)	82%	82%	82%

Per separation

Revenue	\$	\$	\$
Operating expenses	\$	\$	\$
Net income	-\$	\$	\$
%		-1.8%	1.5%
			4.8%

Per day

Revenue	\$	\$	\$
Operating expenses	\$	\$	\$
Net income	-\$	\$	\$
%			1.5%
			4.8%

Activity

	TOTAL/ AVERAGE	Cardiology	ENT	Orthopaedics	Urology
Separations - Yr 1	2,824	711	832	971	310
Separations - Yr 2	2,944	770	832	1,011	332
Separations - Yr 3	3,073	833	833	1,052	355
Year-1 Overnight ALOS	3.16	2.61	1.98	4.07	2.31

Townsville	% of Weststate activity	
	Unmet market demand	Existing Townsville capacity
Cardiology	74%	26%
Maxillo-Facial	29%	71%
Orthopaedics	53%	47%
Urology	21%	79%
Total	48%	52%

* source: Townsville review

Facility	Year 1	Total capacity
Med/ Surg Overnight	17.0	30.0
Sameday bays	8.0	12.0
ICU	1.0	4.0
Theatre	2.0	6.0
Procedure	0.5	1.0
Cath lab	0.8	1.0

Year 1 - Monthly Income Statement

Include Cardiology (Yr 1 only)
CPI
Full-Year
Include Volume Increase

	Full year	Month - 1	Month - 2	Month - 3	Month - 4	Month - 5	Month - 6	Month - 7	Month - 8	Month - 9	Month - 10	Month - 11	Month - 12	Year 1
Revenue														
Surgical sameday														
Surgical overnight														
Rehabilitation/ therapy/ Outpatient														
Café Income														
Other														
Other ²														
Total Revenue	\$ 17,688,742	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 1,474,062	\$ 17,688,742
Direct operating expenses														
Salaries														
Medical supplies														
Drug														
Catering														
Laundry/Linen														
Café														
Total Direct operating expenses	\$ 13,435,724	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 1,119,644	\$ 13,435,724
Gross margin	\$ 4,253,019	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 354,418	\$ 4,253,019
Indirect & overhead														
Occupancy Cost/Rent														
Bad Debts & Collection Costs														
Environmental														
Contractors & Consultants														
Communication & Utilities														
Repairs & Maintenance														
Leases & Hire Costs														
Rates & Taxes, Security														
Information technology														
Waste Management														
Other Expenses														
Total Indirect & overhead	\$ 4,565,304	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 380,403	\$ 4,564,838
Net income	\$ (312,285)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (25,985)	\$ (311,819)

Separations														
Overnight	1,605	134	134	134	134	134	134	134	134	134	134	134	134	1,605
Sameday	1,219	102	102	102	102	102	102	102	102	102	102	102	102	1,219
Days														
Overnight	5,070	422	422	422	422	422	422	422	422	422	422	422	422	5,070
Sameday	1,219	102	102	102	102	102	102	102	102	102	102	102	102	1,219

0

Revenue

Include Cardiology (Yr 1 only)	Year 1				Year 2				Year 3			
	Volume	Days	Income	Rev/ Sep	Volume	Days	Income	Rev/ Sep	Volume	Days	Income	Rev/ Sep
Overnight												
Dr. Sugeet Baveja												
Dr. Jeff Dance												
Dr. Kaushik Hazratwala												
Dr. Kiran Hazratwala												
Dr. Peter McEwen												
Dr Matthew Wilkinson												
Dr. Dharmesh Anand												
Dr. Raibhan Yadav												
Dr. Sean Latouf												
Total	1,605	5,070	\$ 12,321,943	\$ 7,677	1,703	5,363	\$ 13,404,282	\$ 7,870	1,808	5,674	\$ 14,585,079	\$ 8,068

Sameday

Dr. Sugeet Baveja												
Dr. Jeff Dance												
Dr. Kaushik Hazratwala												
Dr. Kiran Hazratwala												
Dr. Peter McEwen												
Dr Matthew Wilkinson												
Dr. Dharmesh Anand												
Dr. Raibhan Yadav												
Total	1,219	1,219	\$ 4,452,226	\$ 3,652	1,241	1,242	\$ 4,683,679	\$ 3,773	1,265	1,266	\$ 4,931,638	\$ 3,898

* based on full year. Year one includes activity ramp up

Sum Overnight/ Sameday	2,824	6,289	\$ 16,774,170	\$ 5,940	2,944	6,605	\$ 18,087,961	\$ 6,143	3,073	6,940	\$ 19,516,717	\$ 6,351
-------------------------------	--------------	--------------	----------------------	-----------------	--------------	--------------	----------------------	-----------------	--------------	--------------	----------------------	-----------------

Other Revenue

Rehabilitation/ therapy/ outpatient	\$ -	\$ -	\$ -
Rental income - café	\$ 715,169	\$ 758,327	\$ 804,928
Other - Recovery	\$ 199,404	\$ 204,427	\$ 209,577
Other	\$ -	\$ -	\$ -

Operating Expenses

	Year 1			Year 2			Year 3		
	FTE	Salary	Average	FTE	Salary	Average	FTE	Salary	Average
Salaries									
Corporate/ admin									
Clinical management									
Clinical									
Total	88.2	\$ 8,587,472	\$ 97,361	89.1	\$ 8,890,532	\$ 99,775	91.8	\$ 9,286,791	\$ 101,148

Non-labor	P&L Category	Direct/ Indirect	Contracted/ Non	Yr 1	Yr 2	Yr 3	Notes
Med/ surg supplies	Medical supplies	Direct	Non-contracted				
Non-med/ surg supplies	Medical supplies	Direct	Non-contracted				
Pharmacy	Drug	Direct	Non-contracted				
Laboratory/ radiology	Drug	Direct	Contracted				
Food services	Catering	Direct	Contracted				
Linen	Laundry/Linen	Direct	Contracted				
Environmental	Environmental	Indirect	Contracted				
Facilities management	Occupancy Cost/Rent	Indirect	Contracted				
Contracted services (security, concierge,)	Contractors & Consul	Indirect	Contracted				
Occupancy	Occupancy Cost/Rent	Indirect	Contracted				3.00%
Bad Debts & Collection Costs	Bad Debts & Collectio	Indirect	Contracted				0.05%
Contractors & Consultants	Contractors & Consul	Indirect	Contracted				
Communication & Utilities	Communication & Uti	Indirect	Non-contracted				
Repairs & Maintenance	Repairs & Maintenanc	Indirect	Contracted				
Leases & Hire Costs	Leases & Hire Costs	Indirect	Contracted				
Rates & Taxes, Security	Rates & Taxes, Securi	Indirect	Contracted				
Information technology	Information technolo	Indirect	Contracted				2.00%
Other Expenses	Other Expenses	Indirect	Contracted				
Café	Café	Direct	Non-contracted				
Waste management	Waste Management	Indirect	Contracted				
Total				9,413,555	9,874,842	10,262,137	

Drivers

CPI	2.5%
Wage increase	2.5%
Lease increase	3.0%
Other SLA's	3.0%

Capacity

Total activity by speciality	Yr 1	Yr 2	Yr 3
Cardiology	711	770	833
ENT	832	832	833
Orthopaedics	971	1,011	1,052
Urology	310	332	355
Total	2,824	2,944	3,073

	Yr 1	Yr 2	Yr 3
Volume			
<u>Overnight</u>			
Cardiology	601	648	699
ENT	18	18	19
Orthopaedics	676	705	735
Urology	310	332	355
Total	1,605	1,703	1,808
<u>Sameday</u>			
Cardiology	110	122	134
ENT	814	814	814
Orthopaedics	295	306	317
Urology	-	-	-
Total	1,219	1,241	1,265
Grand Total	2,824	2,944	3,073

	Yr 1	Yr 2	Yr 3
Days			
<u>Overnight</u>			
Cardiology	1,567	1,690	1,822
ENT	36	36	37
Orthopaedics	2,751	2,870	2,994
Urology	717	767	821
Total	5,070	5,363	5,674
<u>Sameday</u>			
Cardiology	110	122	135
ENT	814	814	814
Orthopaedics	295	306	317
Urology	-	-	-
Total	1,219	1,242	1,266
Grand Total	6,289	6,605	6,940

Demand @ 85% occupancy	Yr 1	Yr 2	Yr 3
Med/ Surg Overnight	17.0	18.0	19.0
23-Hour Care	8.0	8.0	8.0
ICU	1.0	1.0	1.0
Theatre	2.0	2.0	2.0
Procedure	0.5	0.5	0.5
Cath lab	0.8	0.8	0.8
Pre-op Consulting room/ PACU	10.0	10.0	11.0

Extracted from ASIC's database at AEST 17:31:02 on 09/03/2017

Company Summary

Name: WESTSTATE CONSORTIUM PTY LTD

ACN: 607 446 024

ABN: 31 607 446 024

Registration Date: 04/08/2015

Next Review Date: 04/08/2017

Status: Registered

Type: Australian Proprietary Company, Limited By Shares

Locality of Registered Office: TOWNSVILLE QLD 4810

Regulator: Australian Securities & Investments Commission

Further information relating to this organisation may be purchased from ASIC.

GUARANTEE AND REPRESENTATION OF FINANCIAL SUPPORT

THIS DEED is made on the 10th day of MARCH 2013.

BY: Weststate Consortium Pty Ltd ACN 607 446 024 of Townsville in the State of Queensland ("the Guarantor")

IN FAVOUR OF Weststate Private Pty Ltd ACN 607 488 595 of Townsville in the State of Queensland ("the Company")

AS SECURITY FOR: THE STATE OF QUEENSLAND ACTING THROUGH QUEENSLAND HEALTH ABN 66 329 169 412 of 147 – 163 Charlotte Street Brisbane in the State of Queensland ("the Department")

WHEREAS:

- A. The Guarantor has requested the Department to consider the application lodged by the Company and if thought fit grant an "Approval for a Private Health Facility" under the Private Health Facilities Act 1999 and Private Health Facilities Regulation (hereinafter called "the Approval") for premises located at 29-37 Ingham Road, Townsville known as Weststate Private in favour of the Company.
- B. The Company and Guarantor have requested the Department to take into consideration the financial support provided in this deed when determining the issuing of any Approval.

NOW THIS DEED WITNESSES:-

That in consideration of these presents the parties undertake covenant and represent as follows:-

1. The Guarantor at all material times shall make such financial contributions to the Company as may be required to ensure that the Company has sufficient funds to at all times be able to pay its debts as and when they fall due and further has at any point in time sufficient capital reserves or access to funds to enable it to continue to trade solvently for a period of at least three months into the future.
2. All computations under this deed shall be made in accordance with generally accepted accounting principles consistently applied.
3. This deed is not intended to be and is not, and nothing contained herein and nothing done by the Guarantor pursuant hereto shall be deemed to constitute, a guarantee by the Guarantor of the payment of the interest or principal of any obligation, indebtedness or liability of any kind or character, however evidenced or arising, of the Company to any person or persons.
4. The Guarantor and the Company acknowledge and agree that although this deed is entered into for the benefit of Company, it also a warranty and representation by the Guarantor and the Company to the Department of the availability of financial resources to support the Company in its trading activities in the event an Approval is granted.
5. The Guarantor and Company acknowledge the Department shall rely upon such warranty and representation in considering the Approval and if the Approval is granted then this deed shall be enforceable by the Department notwithstanding that it is not a party hereto.

6. The Guarantor hereby waives any failure or delay on the part of the Department in asserting or enforcing any right which it may have at any time under this deed.
7. This deed shall be binding upon, and shall inure to the benefit of, the parties hereto the Department and their respective successors and assigns.
8. This deed may not be amended or supplemented or any rights hereunder waived or compromised except by an instrument in writing signed by all the parties and with the written consent of the Department first being had and obtained.
9. This deed is governed by the laws of the State of Queensland. Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of that place (and any court of appeal) and waives any right to object to an action being brought in those courts, including on the basis of an inconvenient forum or those courts not having jurisdiction.
10. Without preventing any other mode of service, any document in an action or process may be served on any party by being delivered to or left for that party at its address shown in this deed.
11. Without preventing any other mode of service on the Department, any document in an action or process may be served on the Department by being delivered to or left for the Department at its address shown in this deed and a copy forwarded to:-

Director
Private Health Regulation
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Signed sealed and delivered by the parties as a deed;

NOTE: TWO (2) SEALING CLAUSES ARE REQUIRED;- ONE FOR THE COMPANY AND ONE FOR THE GUARANTOR. THE DEPARTMENT DOES NOT SIGN THIS DEED

<p>EXECUTED by <i>Westate Consortium Pty LTD</i> ACN 3160744024 in accordance with section 127(1) of the Corporations Act 2001 (C'th):</p>	<p>NOTE: Use this sealing clause for a single director company</p>
<p>Signature of witness <i>Director</i></p> <p><i>[Signature]</i></p>	<p>Signature of director/secretary</p> <p><i>[Signature]</i></p>
<p>Full name <i>Petar McEwan</i></p>	<p>Full name <i>Kaushik. Hazradwala</i></p>
<p>Date: <i>10/3/17</i></p>	<p><i>10/3/17</i></p>

<p>EXECUTED by ABN _____ in accordance with section 127(1) of the Corporations Act 2001 (C'th):</p>	<p>NOTE: Use this sealing clause for a company with more than one director</p>
<p>Signature of director</p> <p><i>[Signature]</i></p>	<p>Signature of director/secretary</p> <p><i>[Signature]</i></p>
<p>Full name <i>SUGREET BAVEJA</i></p>	<p>Full name <i>Kiran Hazradwala</i></p>
<p>Date: <i>10th MARCH 2017</i></p>	<p><i>10/3/17</i></p>

Facility name:	Weststate Private
Date of submission:	16 th November 2016; updated on 17 th March 2017

Indicate all services and capability levels you offer/intend to offer by entering level numbers against the relevant services. The minimum requirements you will need to meet to offer each service are outlined in the relevant CSCF module.

CSCF SERVICE/S	LEVEL
Alcohol and Other Drug Services—Ambulatory	
Alcohol and Other Drug Services—Emergency	
Alcohol and Other Drug Services—Inpatient Adult	
Alcohol and Other Drug Services—Inpatient Child and Youth	
Anaesthetic Services	4
Anaesthetic Services—Children's	3
Cancer Services—Children's	
Cancer Services—Haematological Malignancy	
Cancer Services—Medical Oncology	
Cancer Services—Radiation Oncology	
Cancer Services—Radiation Oncology—Children's	
Cardiac Services—Cardiac (Coronary) Care Unit Services	5
Cardiac Services—Cardiac Diagnostic & Interventional Services	4
Cardiac Services—Cardiac Medicine Services	4
Cardiac Services—Cardiac Rehabilitation—Inpatient	4
Cardiac Services—Cardiac Rehabilitation—Outpatient	
Cardiac Services—Ongoing prevention and maintenance	
Cardiac Services—Cardiac Surgery Services	
Cardiac Services—Cardiac Outreach Services	
Close Observation Services	
Emergency Services	
Emergency Services—Children's	
Geriatric Services—Emergency geriatric care	
Geriatric Services—Geriatric Acute Inpatient	
Geriatric Services—Ambulatory	
Geriatric Services—Cognitive Impairment	
Geriatric Services—Consultation Liaison	
Geriatric Services—Geriatric Evaluation and Management	
Geriatric Services—Interim Care	
Geriatric Services—Geriatric Rehabilitation	
Geriatric Services—Ortho-geriatric	
Hyperbaric Oxygen Therapy Services	
Intensive Care Services	4
Intensive Care Services—Children's	
Maternity Services	
Medical Services	
Medical Services—Children's	
Medication Services	4
Medical Imaging Services	4

CSCF SERVICE/S	LEVEL
Mental Health Services—Adult Ambulatory	
Mental Health Services—Adult Acute Inpatient	
Mental Health Services—Adult Non-Acute Inpatient	
Mental Health Services—Child & Youth Ambulatory	
Mental Health Services—Child & Youth Acute Inpatient	
Mental Health Services—Child & Youth Non-Acute Inpatient	
Mental Health Services—Older Persons Ambulatory	
Mental Health Services—Older Persons Acute Inpatient	
Mental Health Services—Statewide & Other Targeted Services—Eating Disorder	
Mental Health Services—Statewide & Other Targeted Services—Perinatal & Infant	
Neonatal Services	
Nuclear Medicine Services	4
Palliative Care Services	
Pathology Services	4
Perioperative Services—Acute Pain Services	
Perioperative Services—Day Surgery Services	4
Perioperative Services—Endoscopy Services	4
Perioperative Services—Operating Suite Services	4
Perioperative Services—Post-Anaesthetic Care Services including Children's Post-Anaesthetic Care	4
Rehabilitation Services	
Renal Services	
Sleep Disorder Services	
Surgical Services	4
Surgical Services—Children's	3
Termination of Pregnancy Services	

Health services within private hospital facilities – third party providers

Third party details are required for the following in-hospital services

CSCF SERVICES	Name of third party provider
Cancer Services—Children's	
Cancer Services—Haematological Malignancy	
Cancer Services—Medical Oncology	
Cancer Services—Radiation Oncology	
Cancer Services—Radiation Oncology—Children's	
Medical Imaging Services	Imed
Medication Services	Script-rite
Nuclear Medicine Services	Imed
Pathology Services	QML
Renal Services	

Refer to Section 10(3) and section 40 of the Act



LEITH MACMILLAN

COMPLIANCE MGR
WESTSTATE PRIVATE
17.03.2017

RTI Release

RTI Release

RTI Release

RTI Release

RTI Release

B

RTI Release

RTI Release



RTI Release

RTI Release

STRICTLY CONFIDENTIAL - PREPARED FOR EXCLUSIVE USE OF QLD HEALTH PRIVATE LICENSING UNIT - NOT TO BE SHARED 3-Apr-17

Weststate Private Pty Ltd Financing requirements				
Item to be financed	Est Value	Supplier	Funder	Notes
Building Construction	[REDACTED]	Lautaret Pty Ltd - Landlord	Landlord	Construction includes all fitout for a "plug and play". We merely move our equipment in and connect up. All partitions, walls, flooring etc. provided by Landlord
Security for the lease		Weststate Private Pty Ltd	Weststate Consortium Pty Ltd	Shareholders will lend to WC who will provide funding for security to WP. Landlord will provide 18months for payment.
Working capital funding		Weststate Private Pty Ltd	Weststate Consortium Pty Ltd and future Weststate Private Pty Ltd special class shareholders	The shareholders will provide funding for the initial working capital requirements.
Operating theatres x2 - orthopaedic		Stryker	Stryker	No initial capital required. This is strictly confidential. Our surgeons collaborate with Stryker through the Queensland Orthopaedic Research Institute which has enabled us to negotiate this.
Operating theatres X2, minor procedure room and CSSD		Device Technologies and others	SME Finance	We will be financing this equipment.
Cath lab		Siemens	SME Finance	This is currently under discussion and we should receive significant support from Siemens
Café and Kitchen		Compass Medi-Rest	Compass Medi-Rest	Operating charge over 10 years paid by Weststate Private included in the model
ICU, Rooms and other Furniture and equipment etc.		Various smaller suppliers	SME Finance	Funds from third party financier
IT Infrastructure		Unknown	Various	Weststate Private Pty Ltd Maybe supplier funded - this is an ongoing project
Radiology		Unknown	I-Med or QLD X-ray	I-Med or QLD X-ray
Rehabilitation Service	Unknown	Performance Physio Group	Performance Physio Group	No impact for WP
Pharmacy	Unknown	Sciptrite	Sciptrite	No impact for WP
Pathology	Unknown	QML	QML	No impact for WP

Total Investment **\$68,6m**

Funded as follows:

- Landlord
- SME Finance
- Supplier (Stryker)
- Kitchen supplier (Compass Medi-rest)
- Weststate Consortium Pty Ltd

Total



Included in management contract over 10 years
Available - \$5,6m

Funding available from the Shareholders of Weststate Consortium Pty Ltd

Reference

- Drs K & K Hazratwala
- Dr P McEwan
- Dr S Baveja



Note: In addition to the above the Consortium has already invested \$735k in the project and are committed to investing a minimum \$50k per month during the development period to support the project.

Third-party Financing



Note: We have also been approached by other financiers to assist with the funding of the hospital. We will be talking these financiers more seriously once our licence to build is approved.



Queensland
Government

Department of Health

Private Health Facilities Act 1999
Private Health Facilities Regulation 2000

Approval 1904/17

File No: WP30154

Receipt: 1142

Approval for a Private Health Facility

for

Weststate Private Pty Ltd

licensee of

WESTSTATE PRIVATE

to be located at **29-37 Ingham Road , TOWNSVILLE, 4810, QLD**

The health facility is to be a **Private Hospital** licensed for
30 total beds

Services	CSCF Level	Services	CSCF Level
Anaesthetic Services - Children < 14 years	Lvl 4	Medication Services	Lvl 4
Anaesthetic Services	Lvl 3	Nuclear Medicine Services	Lvl 4
Cardiac Services - Cardiac (Coronary) Care Unit Services	Lvl 5	Pathology Services	Lvl 4
Cardiac Services - Cardiac Diagnostic & Interventional Services	Lvl 4	Perioperative Services - Day Surgery Services	Lvl 4
Cardiac Services - Cardiac Medicine Services	Lvl 4	Perioperative Services - Endoscopy Services	Lvl 4
Cardiac Services - Cardiac Rehabilitation Services - Inpatient	Lvl 5	Perioperative Services - Operating Suite Services	Lvl 4
Intensive Care Services	Lvl 4	Perioperative Services - Post-Anaesthetic Care Services including	Lvl 4
Medical Imaging Services	Lvl 4	Children's care	Lvl 3
Medical Services	Lvl 4	Surgical Services - Children < 14 years	Lvl 4
		Surgical Services	Lvl 4

The approval is issued subject to compliance with the Private Health Facilities Act 1999 and the following conditions:

1. Notification of a prescribed change within 21 days of the prescribed change according to Section 23(4) of the Private Health Facilities Act 1999 and Section 6(1) of the Private Health Facilities Regulation 2000.
2. The type of approved health services are those as stated on the approval.
3. Provision of a formal affiliation with an appropriate health service in accordance with the Private Health Facilities Standards - Minimum patient throughput standard to ensure that staff providing cardiac services maintain clinical skill levels.

This approval shall commence on the Nineteenth day of April , 2017

The approval shall, unless sooner cancelled, suspended or surrendered, expire on the Thirtieth day of September, 2018

Dated at Brisbane this

27th

day of

April

2017


Chief Health Officer



Department of Health

Enquiries to: Private Health Regulation Unit
Chief Medical Officer and
Healthcare Regulation Branch
Prevention Division

Telephone: 3328 9051
File Ref: CH012929

Mr Darryl Wright
Chief Executive Officer
Weststate Private Pty Ltd
P.O. Box 2271
TOOWONG QLD 4066

Dear Mr Wright

Thank you for your application number #13/17 and subsequent documentation to support this application submitted in accordance with s.17 of the *Private Health Facilities Act 1999* (the Act).

I am pleased to grant an approval to Weststate Private Pty Ltd as an "Authority Holder" in accordance with s.19 of the Act for a proposed private health facility to be known as Weststate Private located at 29-37 Ingham Road, Townsville.

The private health facility is to be a 30-bed private hospital that included an 8-bed short stay ward and 22-bed medical/surgical/cardiac medicine ward providing

- Anaesthetic Services Level 4
- Anaesthetic Services – Children greater than 14 year of age Level 3
- Cardiac Services—Cardiac (Coronary) Care Unit Services Level 5
- Cardiac Services—Cardiac Diagnostic & Interventional Services Level 4
- Cardiac Services—Cardiac Medicine Services Level 4
- Cardiac Services—Cardiac Rehabilitation—Inpatient Level 5
- Intensive Care Services Level 4
- Medical Imaging Services Level 4
- Medical Services Level 4
- Medication Services Level 4
- Nuclear Medicine Services Level 4
- Pathology Services Level 4
- Perioperative Services
 - Day Surgery Level 4
 - Endoscopy Level 4
 - Operating Suite incorporating Sterilising Services Level 4
 - Post-Anaesthetic Care including Post-Anaesthetic Care for Children greater than 14 year of age Level 4
- Surgical Services Level 4
- Surgical Services – Children greater than 14 year of age Level 3.

Office
Department of Health
Level 7
147-163 Charlotte Street
BRISBANE QLD 4000

Postal
GPO Box 48
BRISBANE QLD 4001

Phone
(07) 3234 1138

Email
CHO_CHO@health.qld.gov.au

Conditions of the approval are:

1. Notification of a prescribed change within 21 days of the prescribed change according to Section 23(4) of the Private Health Facilities Act 1999 and Section 6(1) of the Private Health Facilities Regulation 2000.
2. The type of approved health services are those as stated on the approval.
3. Provision of a formal affiliation with an appropriate health service in accordance with the Private Health Facilities Standards - Minimum patient throughput standard to ensure that staff providing cardiac services maintain clinical skill levels.

Approval No 1904/17 has been issued from 19 April 2017; expiry 30 September 2018 will be forwarded to you in due course.

It should be noted that the Deed of Indemnity provided by the Directors of Weststate Private Pty Ltd in conjunction with the Deed of Guarantee between Weststate Private Pty Ltd and Weststate Consortium Pty Ltd, satisfies the criterion in ss.13(2)(g) and (h) of the *Private Health Facilities Act 1999*.

Also, the plans as submitted with the application were assessed as complying with the performance requirements of the Queensland Development Code, Part 5.0 (MP 5.5), as per *Schedule 7, Sustainable Planning Regulation 2009*.

I look forward to continued involvement in the development of this facility, in particular assessment of the building work for compliance with the performance requirements of the Queensland Development Code, Part 5.0 (MP 5.5), as per *Schedule 7, Sustainable Planning Regulation 2009*.

Please do not hesitate to contact Private Health Regulation, on telephone 3328 9051 if you have any queries regarding this matter.

Yours sincerely



Dr Mark Elcock
**Chief Health Officer
and Acting Deputy Director-General
Prevention Division**

27 / 04 / 2017

Deed of Indemnity

THIS DEED is made on the _____ day of April 2017.

BY: The individuals executing this deed (each, a **Proponent**)

IN FAVOUR OF: THE STATE OF QUEENSLAND ACTING THROUGH QUEENSLAND HEALTH
ABN 66 329 169 412 of 147 – 163 Charlotte Street Brisbane in the State of
Queensland (**Department**)

BACKGROUND:

- A The Proponents are directors of Weststate Private Pty Ltd ACN 607 488 595 (**Company**), which is wholly owned by Weststate Consortium Pty Ltd ACN 607 446 024 (**Guarantor**).
- B The Guarantor has requested the Department to consider an application lodged by the Company and if thought fit grant an "Approval for a Private Health Facility" to the Company under the Private Health Facilities Act 1999 and Private Health Facilities Regulation (**Approval**) for premises located at 29-37 Ingham Road, Townsville (**Weststate Private**).
- C The Guarantor and the Company have entered into a Guarantee and Representation of Financial Support for the benefit of the Department dated 10 March 2017. The Proponents have requested that the Department also take into account the financial support provided in this deed when determining whether to issue the Approval.

AGREED TERMS

1. Each Proponent hereby undertakes as follows:
 - (a) the Proponent will at all material times make such financial contributions to the Guarantor or the Company as might be required to ensure that the Company has sufficient funds to undertake any activities, and pay any debts arising as a result of those activities as and when they fall due and payable, that are to be undertaken in respect of Weststate Private or any other activities that are done pursuant to the Approval; and
 - (b) the Proponent must indemnify the Department in respect of any loss or damage suffered or incurred by the Department as a result of a breach of the undertaking set out in paragraph 1 above.
2. Each Proponent acknowledge that the Department may rely on the undertakings given in this deed in considering the Approval and that if the Approval is granted then this deed shall be enforceable by the Department notwithstanding that it is not a party to the deed.
3. This deed will be binding upon, and inure to the benefit of, each of the Proponents, the Department and their respective successors and assigns.
4. This deed may not be amended or supplemented or any rights hereunder waived or compromised except by an instrument in writing signed by all the parties and with the written consent of the Department first being had and obtained.
5. This deed is governed by the laws of the State of Queensland. Each party irrevocably and unconditionally submits to the non-exclusive jurisdiction of the courts of that place (and any court of appeal) and waives any right to object to an action being brought in those courts, including on the basis of an inconvenient forum or those courts not having jurisdiction.
6. Without preventing any other mode of service on the Department, any document in an action or process may be served on the Department by being delivered to or left for the Department at its address shown in this deed and a copy forwarded to:

Director
Private Health Regulation
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Signed, sealed and delivered by the parties as a deed.

Signed sealed and delivered by KAUSHIK HAZRATWALA in the presence of

Signature of witness

Signature of KAUSHIK HAZRATWALA

Name of witness (print)

Signed sealed and delivered by SUGEET BAVEJA in the presence of

Signature of witness

Signature of SUGEET BAVEJA

Name of witness (print)

Signed sealed and delivered by KIRAN HAZRATWALA in the presence of

Signature of witness

Signature of KIRAN HAZRATWALA

Name of witness (print)

Signed sealed and delivered by PETER JAMES COLLETON MCEWEN in the presence of

Signature of witness

Signature of PETER JAMES COLLETON MCEWEN

Name of witness (print)

PB/NB 170522
 Townsville Hospital & Health Service
 Executive Office
 Phone extension 4433 0072



Mr Daryl Wright
 Interim CEO
 Weststate Private
 E: [REDACTED]

Townsville
 Hospital and Health Service

Dear Mr Wright

Thank you for the courtesy of your recent visit in which you explained the proposals for WestState Private Hospital (WPH).

I understand that subsequently you have received approval for a licence to operate a private hospital facility from the Department of Health.

As discussed, during our meeting Townsville HHS operates The Townsville Hospital (TTH) Clinical Services Capability Framework (CSCF) Level 6 facility.

TTH understands that rarely patients from the proposed WPH may need to be transferred to TTH. TTH is prepared to accept these patients transferred as private patients to clinicians credentialed in relevant specialities at TTH where appropriate services are provided. A full list of the services and their CSCF level is attached.

When a transfer is required, a direct medical clinician to medical clinician discussion should occur with a letter summarising their condition. A copy of their health records should be provided. The nurse in charge of the patient should liaise with the nurse in charge of patient flow (by phone) prior to transfer. Liaison with QAS should occur separately.

Yours sincerely

Dr Peter Bristow FRACP, FCICM, FRACMA, GCM, GAICD
Health Service Chief Executive
Townsville Hospital and Health Service

22/5/2017

Cc: Mr Kieran Keyes, Chief Operating Officer, THHS
 Ms Adrienne Belchamber, Surgical Service Group Director, THHS
 Dr Niall Small, Medical Director, Medical Services Group, THHS

CSCF v3.2 Townville HHS Self-Assessment Summary – August 2016

HHS self-assessment
summary sheet

CSCF Service v3.2	Townsville	Ayr	Charter Towers Rehab	Charters Towers	Home Hill	Hughenden	Ingham
Anaesthetic	6	3		3			3
Anaesthetic–Children's	5	3		3			3
Cancer							
• Children's	5						
• Haematological Malignancy	6			3		3	3
• Medical Oncology	6			3			
• Radiation Oncology	6						
• Radiation Oncology–Children's							
Cardiac							
• Cardiac (Coronary) Care Unit	6						
• Cardiac Diagnostic & Interventional	6	3		3			3
• Cardiac Medicine	6			3			3
• Cardiac Outreach		1		1		3	1
• Cardiac Surgery	6						
• Cardiac Rehabilitation–Inpatient	6						
• Cardiac Rehabilitation–Outpatient	5	4		4		4	4
• Cardiac Rehabilitation–Ongoing prevention & maintenance							
Emergency	6	3		3	1	2	3
Emergency–Children's	5						
Intensive Care	6						
Intensive Care–Children's	5						
Maternity	6	3		1		1	3
Medical	6	3		3	2	2	3
Medical–Children's	5	3		3			3
Medication	6	4		4	3	3	3
Medical Imaging	5	3		3		1	3
Mental Health–Adult							
• Ambulatory	5	4		4			4
• Acute inpatient	5	2		2			2
• Non-acute inpatient	5		5				
Mental Health–Child & Youth							
• Ambulatory	5	4		4			3
• Acute inpatient	5	2		2			

CSCF v3.2 Townville HHS Self-Assessment Summary – August 2016

CSCF Service v3.2	Townsville	Ayr	Charter Towers Rehab	Charters Towers	Home Hill	Hughenden	Ingham
• Non-acute inpatient							
Mental Health–Older persons							
• Ambulatory	5	4		4			4
• Acute inpatient	4	2		2			2
Mental Health–Statewide & Other Targeted services							
• Adult Forensic							
• Child & Youth Forensic	5						
• Deafness & Mental Health							
• Eating Disorder							
• Emergency	5						
• Evolve Therapeutic	5						
• Homeless Health Outreach	5						
• Perinatal & Infant							
• Transcultural							
Neonatal	6	3		1			3
Nuclear Medicine	5						
Palliative Care	6	3		3	3	2	3
Pathology	6	2		2	2	2	2
Perioperative							
• Acute Pain	5						
• Day Surgery	4	3		3			3
• Endoscopy	6	3		3			3
• Operating Suite incorporating Sterilising services	6	3		3			3
• Post-Anaesthetic Care	6	3		3			3
• Children’s Post-Anaesthetic Care	5			3			
Rehabilitation	6	3		3	2	2	3
Renal	6	1		1	2	2	1
Surgical	6	2		2			2
Surgical oncology	6						
Surgical–Children’s	5	2		2			2

CSCF Service v3.2 [delete if irrelevant to your HHS]	Joyce Palmer	Magnetic Island	Richmond				
Anaesthetic							
Anaesthetic–Children’s							
Cancer							
• Children’s							
• Haematological Malignancy		3	3				
• Medical Oncology							
• Radiation Oncology							
• Radiation Oncology– Children’s							
Cardiac							
• Cardiac (Coronary) Care Unit							
• Cardiac Diagnostic & Interventional							
• Cardiac Medicine							
• Cardiac Outreach							
• Cardiac Surgery							
• Cardiac Rehabilitation– Inpatient							
• Cardiac Rehabilitation– Outpatient							
• Cardiac Rehabilitation– Ongoing prevention & maintenance							
Emergency	2	2	2				
Emergency–Children’s							
Intensive Care							
Intensive Care–Children’s							
Maternity	1	1	1				
Medical	2	1	2				
Medical–Children’s	2	1	2				
Medication	3	3	3				
Medical Imaging	3		1				
Mental Health–Adult							
• Ambulatory	5		2				
• Acute inpatient	2		2				
• Non-acute inpatient							
Mental Health–Child & Youth							
• Ambulatory	2		2				
• Acute inpatient	2		2				
• Non-acute inpatient							
Mental Health–Older persons							
• Ambulatory	3		2				
• Acute inpatient	2		2				
Mental Health–Statewide & Other Targeted services							
• Adult Forensic							
• Child & Youth Forensic							

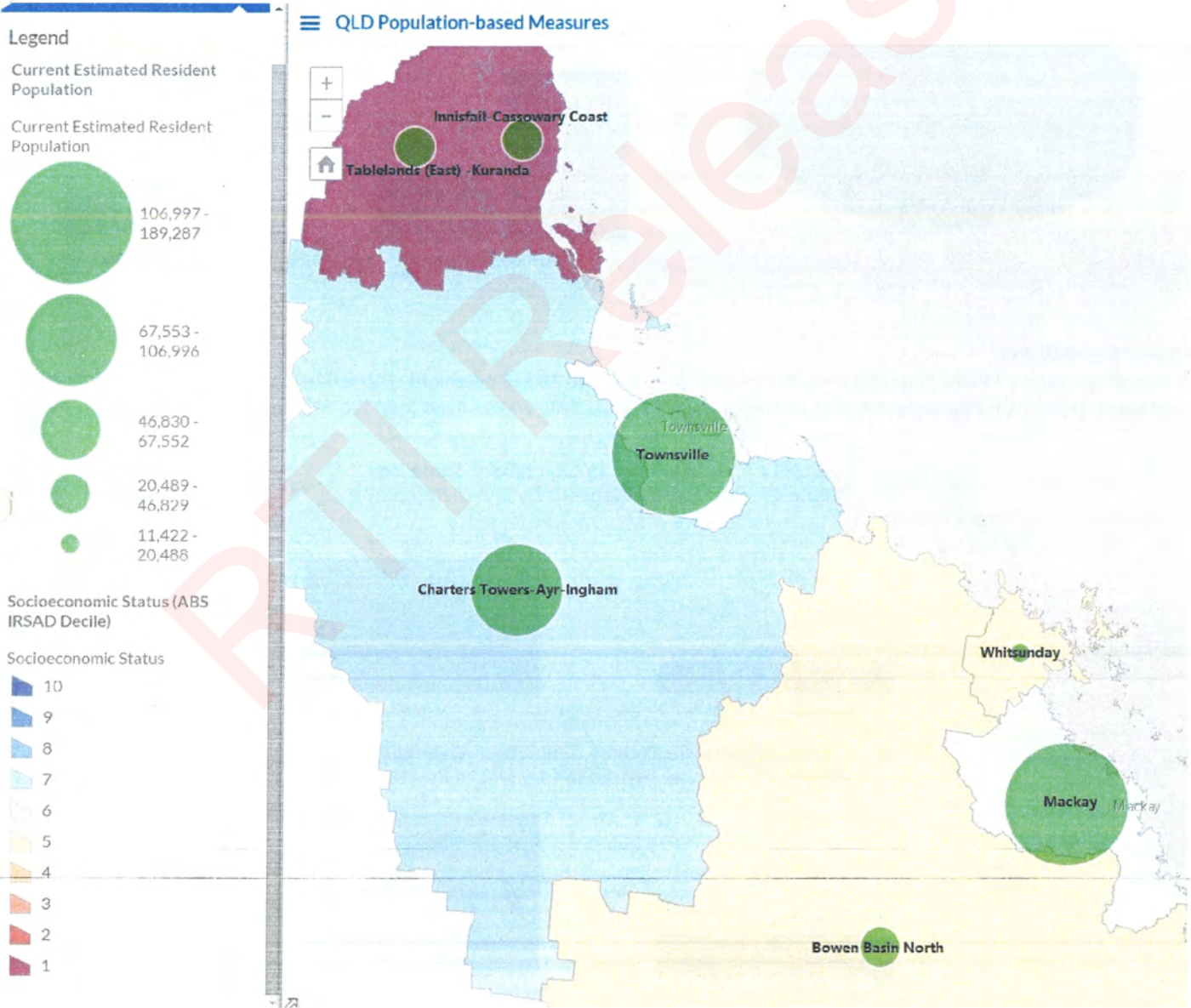
CSCF Service v3.2 [delete if irrelevant to your HHS]	Joyce Palmer	Magnetic Island	Richmond				
• Deafness & Mental Health							
• Eating Disorder							
• Emergency							
• Evolve Therapeutic							
• Homeless Health Outreach							
• Perinatal & Infant							
• Transcultural							
Neonatal	1	1	1				
Nuclear Medicine							
Palliative Care	1	1	2				
Pathology	2		2				
Perioperative							
• Acute Pain							
• Day Surgery							
• Endoscopy							
• Operating Suite incorporating Sterilising services							
• Post-Anaesthetic Care							
• Children's Post-Anaesthetic Care							
Rehabilitation		1	2				
Renal	2		1				
Surgical	2						
Surgical oncology							
Surgical-Children's	2						



POPULATION-BASED MEASURES

Prior to evaluating the acute inpatient data, a brief overview of population-based measures may provide insight into the characteristics of the Primary Catchment population. These data are available for further review in the H&A Online Mapping.

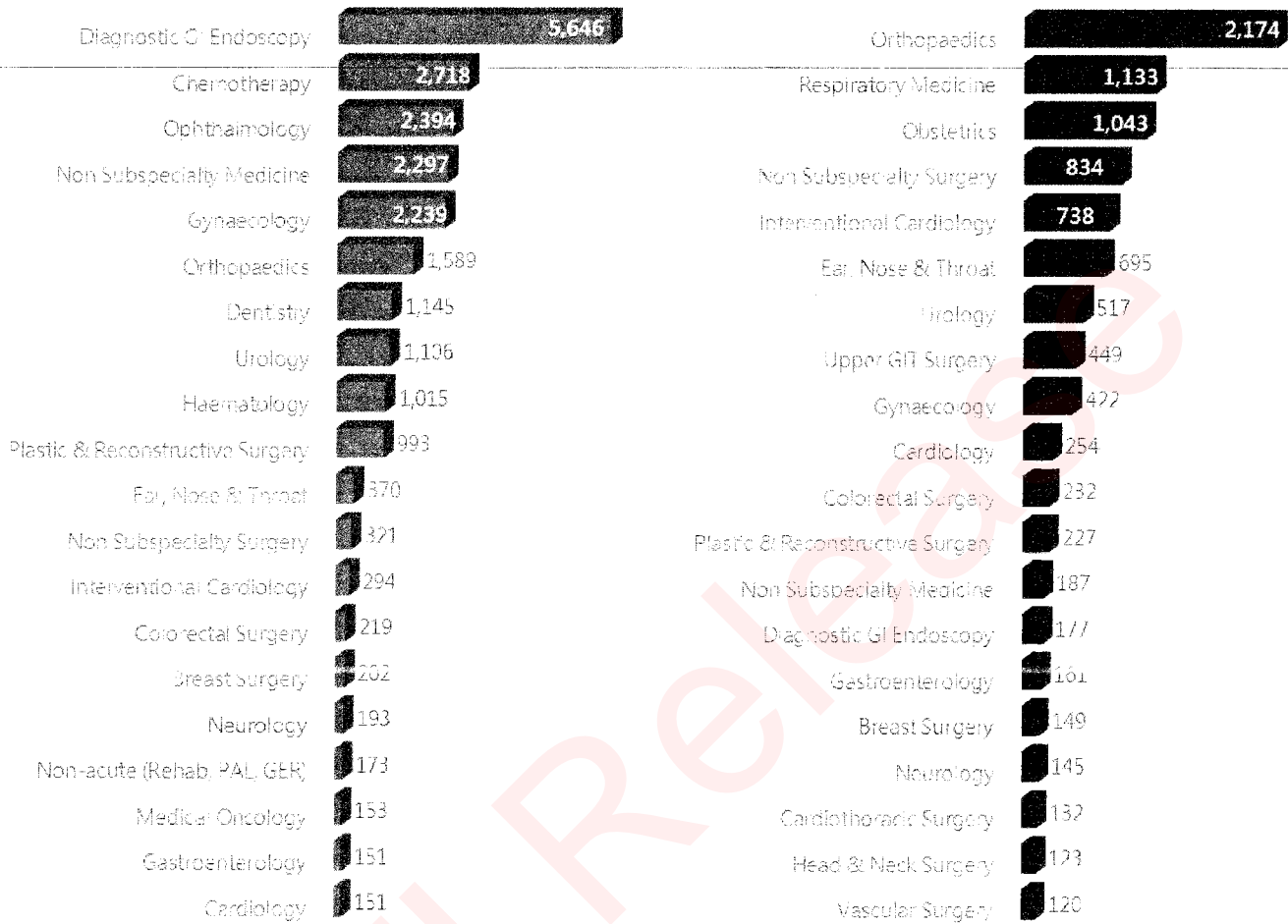
Statistical Area (SA3)	Socio-economic Status Decile (1=Low, 10=High)	Current Estimated Resident Population	2021 Projected Population	Projected Population Growth by 2021
Townsville	6	189,287	229,982	40,695
Charters Towers-Ayr-Ingham	7	70,682	76,350	5,668
Innisfail-Cassowary Coast	1	34,908	35,670	762
Tablelands (East)-Kuranda	1	40,288	44,429	4,141
Whitsunday	5	20,267	23,758	3,491
Mackay	6	121,909	146,304	24,395
Bowen Basin North	5	38,024	44,693	6,669



In terms of private sector specialties, the highest volume of same day work was derived from Diagnostic GI Endoscopy, File 1
 Chemotherapy, Ophthalmology, Non-subspecialty Medicine and Gynaecology. The highest volume of overnight+ work was derived from Orthopaedics, Respiratory Medicine, Obstetrics, Non-subspecialty Surgery and Interventional Cardiology.

2013_14 Primary Catchment Same Day
 Private Hospital Separations by Specialty

2013_14 Primary Catchment Overnight+
 Private Hospital Separations by Specialty

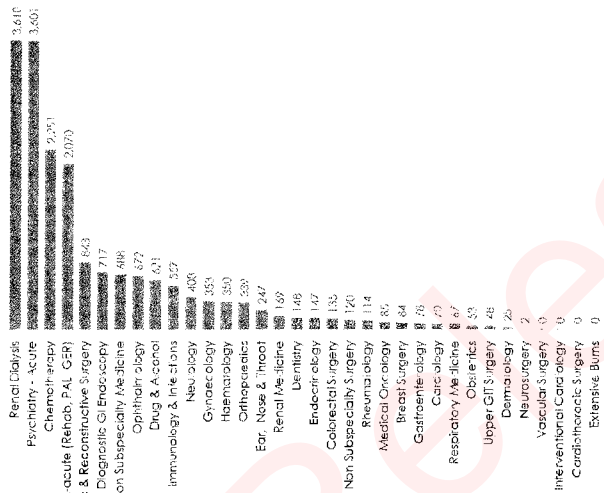


Financial Year	2013_14
Hospital Type	Private
Place of Residence	Primary Catchment

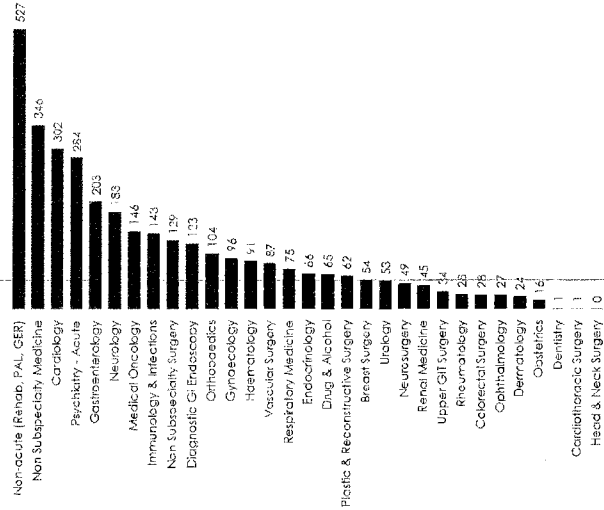
Charters Towers - Ayr - Ingham, Townsville (combined)

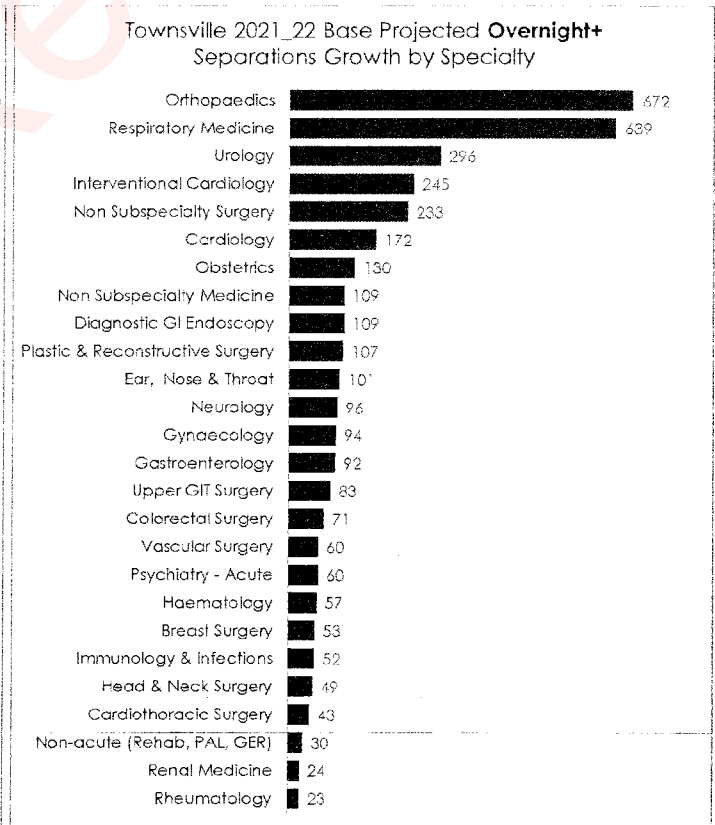
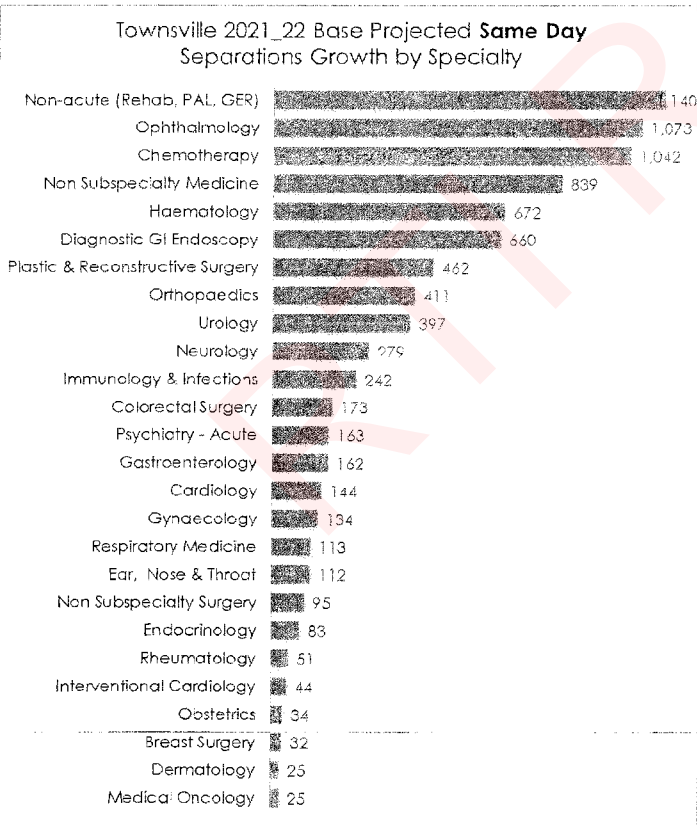
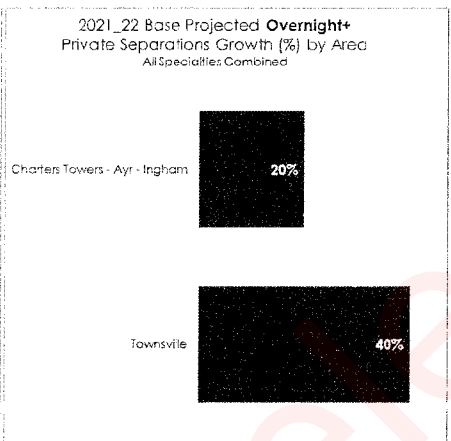
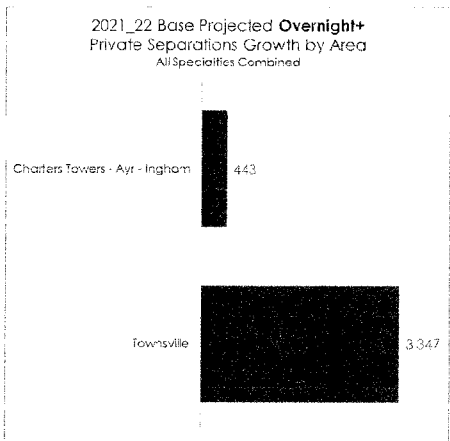
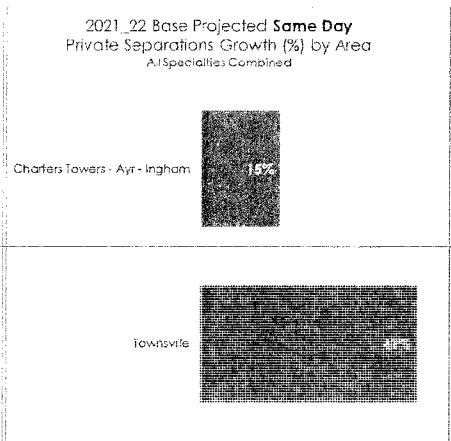
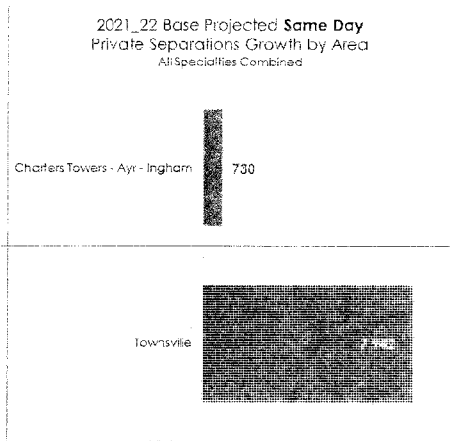
Specialty (SRG)	Same Day		Overnight+		Private Unmet Demand
	Actual 2013_14 Private Separations	Private Unmet Demand	Actual 2013_14 Private Separations	Private Unmet Demand	
Breast Surgery	202	84	149	54	54
Cardiology	151	70	254	302	302
Cardiothoracic Surgery	0	0	132	1	1
Chemotherapy	2,718	2,251	0	0	0
Colorectal Surgery	219	135	232	28	28
Dentistry	1,145	148	19	1	1
Dermatology	59	25	7	24	24
Diagnostic GI Endoscopy	5,646	717	177	123	123
Drug & Alcohol	3	621	41	65	65
Ear, Nose & Throat	370	247	695	0	0
Endocrinology	73	147	51	66	66
Extensive Burns	0	0	0	0	0
Gastroenterology	151	78	161	203	203
Gynaecology	2,239	353	422	96	96
Haematology	1,015	350	83	91	91
Head & Neck Surgery	116	0	123	0	0
Immunology & Infections	116	557	93	143	143
Interventional Cardiology	294	0	738	0	0
Medical Oncology	153	85	49	146	146
Neurology	193	408	145	183	183
Neurosurgery	55	2	51	49	49
Non Speciality Medicine	2,297	688	187	346	346
Non Subspecialty Surgery	321	120	834	129	129
Non-acute (Rehab, PAL, GER)	173	2,070	46	527	527
Obstetrics	34	53	1,043	16	16
Ophthalmology	2,394	672	27	27	27
Orthopaedics	1,589	339	2,174	104	104
Plastic & Reconstructive Surgery	993	843	227	62	62
Psychiatry - Acute	35	3,601	96	284	284
Renal Dialysis	42	3,610	0	0	0
Renal Medicine	40	169	46	45	45
Respiratory Medicine	85	67	1,133	28	28
Rheumatology	71	114	41	0	0
Tracheostomy	0	0	16	0	0
Transplantation	0	0	0	0	0
Upper GI Surgery	3	48	449	34	34
Urology	1,106	0	517	53	53
Vascular Surgery	124	0	120	87	87
Grand Total	24,225	18,671	10,578	3,395	3,395

Townsville Primary Catchment 2013_14 Same Day Private Unmet Demand by Specialty



Townsville Primary Catchment 2013_14 Overnight+ Private Unmet Demand by Specialty





PRIVATE MARKET 'OPTIMAL' PROJECTION

Specialty (SRG) All
 SA3 of Residence Townsville Primary Catchment
 Hospital Type Private
 Chargeable Status Chargeable

Select Overnight Bed Occupancy Rate (%)
 85%

LGA of Residence	Same Day Separations				Overnight+ Separations				Overnight+ Beddays				Overnight+ Beds @ Selected Occupancy			
	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27
Charters Towers - Ayr - Ingham	8,454	8,726	9,184	9,639	3,294	3,465	3,736	4,002	14,449	14,660	14,588	14,496	46.6	47.3	47.0	46.7
Townsville	34,442	37,204	42,383	48,278	10,679	11,854	14,026	16,523	42,236	45,048	49,458	54,541	136.1	145.2	159.4	175.8
Primary Catchment Total	42,896	45,929	51,567	57,917	13,973	15,319	17,762	20,525	56,686	59,708	64,046	69,037	182.7	192.5	206.4	222.5

SA3 of Residence Townsville Primary Catchment
 Hospital Type Private
 Chargeable Status Chargeable

Select Overnight Bed Occupancy Rate (%)
 85%

Specialty (SRG)	5SRG	Same Day Separations				Overnight+ Separations				Overnight+ Beddays				ALOS				Overnight+ Beds @ Selected Occupancy			
		2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27
Breast Surgery	41 Breast Surgery	286	298	318	337	203	221	256	295	375	377	410	445	2	2	2	2	1.2	1.2	1.3	1.4
Cardiology	11 Cardiology	221	267	364	481	556	617	728	861	3,103	3,262	3,384	3,552	6	5	5	4	10.0	10.5	10.9	11.4
Cardiothoracic Surgery	42 Cardiothoracic Surgery	0	0	0	0	133	147	176	205	1,495	1,527	1,693	1,827	11	10	10	9	4.8	4.9	5.5	5.9
Chemotherapy	20 Chemotherapy	4,969	5,369	6,010	6,758	0	0	0	0	0	0	0	0	0	0	0	0	4.8	4.9	5.3	5.6
Colorectal Surgery	43 Colorectal Surgery	354	421	527	648	260	286	331	379	1,490	1,522	1,631	1,729	6	5	5	5	4.8	4.9	5.1	5.4
Dentistry	47 Dentistry	1,293	1,282	1,259	1,223	20	22	23	25	31	29	34	39	2	1	1	2	0.1	0.1	0.1	0.1
Dermatology	13 Dermatology	84	93	109	128	31	32	36	40	356	284	283	292	12	9	8	7	1.1	0.9	0.9	0.9
Diagnostic GI Endoscopy	16 Diagnostic gastrointestinal endoscopy	6,363	6,585	7,023	7,398	300	338	409	491	1,106	1,169	1,342	1,546	4	3	3	3	3.6	3.8	4.3	5.0
Drug & Alcohol	81 Drug and Alcohol	624	626	631	636	106	114	128	143	1,254	1,243	1,416	1,640	12	11	11	11	4.0	4.0	4.6	5.3
Ear, Nose & Throat	81 Drug and Alcohol	617	662	729	797	695	735	796	858	732	786	875	968	1	1	1	1	2.4	2.5	2.8	3.1
Endocrinology	14 Endocrinology	220	247	303	374	117	123	132	143	709	667	635	611	6	5	5	4	2.3	2.1	2.0	2.0
Extensive Burns	62 Extensive Burns	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Gastroenterology	15 Gastroenterology	229	278	392	522	364	395	457	530	1,286	1,279	1,357	1,446	4	3	3	3	4.1	4.1	4.4	4.7
Gynaecology	71 Gynaecology	2,592	2,640	2,726	2,822	518	551	612	677	1,309	1,264	1,292	1,356	3	2	2	2	4.2	4.1	4.2	4.4
Haematology	17 Haematology	1,365	1,602	2,037	2,555	174	195	231	277	1,326	1,416	1,535	1,683	8	7	7	6	4.3	4.6	4.9	5.4
Head & Neck Surgery	48 Ear, nose and throat; Head and neck	116	122	135	148	123	139	172	210	186	248	281	322	2	2	2	2	0.6	0.8	0.9	1.0
Immunology & Infections	18 Immunology and Infections	673	748	914	1,116	236	252	288	331	1,318	1,334	1,423	1,530	6	5	5	5	4.2	4.3	4.6	4.9
Interventional Cardiology	12 Interventional Cardiology	294	308	338	357	738	824	983	1,162	1,867	2,168	2,429	2,698	3	3	2	2	6.0	7.0	7.8	8.7
Medical Oncology	19 Oncology	238	250	263	272	195	202	210	221	1,028	1,056	1,108	1,108	5	5	5	5	3.3	3.4	3.4	3.6
Neurology	21 Neurology	601	687	880	1,101	328	361	424	497	1,362	1,512	1,612	1,728	4	4	4	3	4.4	4.9	5.2	5.6
Neurosurgery	46 Neurosurgery	57	56	57	58	100	105	117	129	459	390	393	398	5	4	3	3	1.5	1.3	1.3	1.3
Non Subspecialty Medicine	27 Non Subspecialty Medicine	2,985	3,298	3,824	4,393	533	569	642	730	1,918	1,927	1,970	2,071	4	3	3	3	6.2	6.2	6.4	6.7
Non Subspecialty Surgery	54 Non Subspecialty Surgery	441	475	537	606	963	1,051	1,196	1,352	2,827	2,920	3,082	3,256	3	3	3	2	9.1	9.4	9.9	10.5
Non-acute (Rehab, PAL, GER)	84 Rehabilitation	2,243	2,623	3,383	4,312	573	586	602	622	4,753	4,845	4,845	4,854	8	8	8	8	14.8	15.3	15.6	15.6
Obstetrics	72 Obstetrics	87	99	120	145	1,059	1,107	1,189	1,279	4,274	4,342	4,375	4,424	4	4	4	3	13.8	14.0	14.1	14.3
Ophthalmology	50 Ophthalmology	3,066	3,425	4,140	4,972	54	57	60	64	217	137	144	157	3	2	2	2	0.5	0.4	0.5	0.5
Orthopaedics	49 Orthopaedics	1,928	2,074	2,338	2,628	2,278	2,510	2,951	3,437	6,390	6,849	7,405	8,011	3	3	3	2	20.6	22.1	23.9	25.8
Plastic & Reconstructive Surgery	51 Plastic and Reconstructive Surgery	1,836	2,007	2,298	2,989	326	397	483	586	681	808	992	1,232	2	2	2	3	2.2	2.6	3.2	4.0
Psychiatry - Acute	82 Psychiatry - Acute	3,636	3,692	3,799	3,924	380	402	440	482	7,069	7,949	8,579	9,313	19	20	19	19	22.8	25.6	27.7	30.0
Renal Dialysis	23 Renal Dialysis	3,652	3,659	3,671	3,686	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Renal Medicine	22 Renal Medicine	209	218	234	251	91	100	115	133	380	366	409	473	4	4	4	4	1.2	1.2	1.3	1.5
Respiratory Medicine	24 Respiratory Medicine	152	190	265	354	1,208	1,451	1,848	2,305	2,267	2,560	3,079	3,664	2	2	2	2	7.3	8.3	9.9	11.8
Rheumatology	25 Rheumatology	185	200	235	275	69	77	93	112	423	374	402	441	6	5	4	4	1.4	1.2	1.3	1.4
Tracheostomy	63 Tracheostomy	0	0	0	0	16	19	23	27	334	363	396	417	21	19	17	16	1.1	1.2	1.3	1.3
Transplantation	61 Transplantation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Upper GIT Surgery	15 Gastroenterology	51	52	54	56	483	502	566	633	1,629	1,715	1,980	2,262	3	3	3	4	5.2	5.5	6.4	7.3
Urology	52 Urology	1,106	1,244	1,503	1,793	570	674	866	1,086	1,659	1,791	1,986	2,205	3	3	2	2	5.3	5.8	6.4	7.1
Vascular Surgery	53 Vascular Surgery	124	132	149	167	207	231	266	305	1,298	1,320	1,320	1,342	6	6	5	4	4.2	4.3	4.3	4.3
Grand Total		42,896	45,929	51,567	57,917	13,973	15,319	17,762	20,525	56,686	59,708	64,046	69,037	4	4	4	4	182.7	192.5	206.4	222.5

SA3 of Residence Charters Towers - Ayr - Ingham
 Hospital Type Private
 Chargeable Status Chargeable

Select Overnight Bed Occupancy Rate (%)
 85%

Specialty (SRG)	5SRG	Same Day Separations				Overnight+ Separations				Overnight+ Beddays				ALOS				Overnight+ Beds @ Selected Occupancy			
		2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27
Breast Surgery	41 Breast Surgery	46	46	46	46	44	45	49	54	85	74	75	75	2	2	2	1	0.3	0.2	0.2	0.2
Cardiology	11 Cardiology	43	50	62	75	151	159	170	181	941	944	882	827	6	6	5	5	3.0	3.0	2.8	2.7
Cardiothoracic Surgery	42 Cardiothoracic Surgery	0	0	0	0	35	38	42	46	428	401	416	421	12	11	10	9	1.4	1.3	1.3	1.4
Chemotherapy	20 Chemotherapy	1,076	1,130	1,203	1,286	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Colorectal Surgery	43 Colorectal Surgery	63	72	83	94	59	62	65	68	340	334	327	317	6	5	5	5	1.1	1.1	1.1	1.0
Dentistry	47 Dentistry	192	179	159	140	5	5	4	5	6	6	6	6	1	1	1	1	0.0	0.0	0.0	0.0
Dermatology	13 Dermatology	15	15	15	15	8	8	9	10	58	70	68	68	8	9	7	7	0.2	0.2	0.2	0.2
Diagnostic GI Endoscopy	16 Diagnostic gastrointestinal endoscopy	1,310	1,283	1,251	1,210	78	86	97	109	263	321	359	398	3	3	4	4	0.8	1.0	1.2	1.3
Drug & Alcohol	81 Drug and Alcohol	75	75	75	75	21	22	22	22	249	219	202	186	12	10	9	8	0.8	0.7	0.6	0.6
Ear, Nose & Throat	81 Drug and Alcohol	106	109	112	114	114	117	119	119	132	136	145	151	1	1	1	1	0.4	0.4	0.5	0.5
Endocrinology	14 Endocrinology	44	46	50	55	31	32	33	33	181	155	142	130	6	5	4					

SA3 of Residence		Townsville																Select Overnight Bed Occupancy Rate (%)			
Hospital Type		Private																85%			
Chargeable Status		Chargeable																			
Specialty (SRG)	SRG Code	Same Day Separations				Overnight+ Separations				Overnight+ Beddays				ALOS				Overnight+ Beds @ Selected Occupancy			
		2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27	2013_14	2016_17	2021_22	2026_27
Breast Surgery	41	240	252	272	290	160	175	207	242	290	303	335	370	2	2	2	2	0.9	1.0	1.1	1.2
Cardiology	11	178	217	302	406	405	458	558	680	2,162	2,318	2,503	2,725	5	5	4	4	7.0	7.5	8.1	8.8
Cardiothoracic Surgery	42	0	0	0	0	98	109	133	158	1,067	1,126	1,277	1,406	11	10	10	9	3.4	3.6	4.1	4.5
Chemotherapy	20	3,893	4,239	4,808	5,472	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Colorectal Surgery	43	291	349	444	554	200	224	265	310	1,150	1,188	1,304	1,412	6	5	5	5	3.7	3.8	4.2	4.5
Dentistry	47	1,101	1,103	1,101	1,083	16	17	19	21	26	24	28	33	2	1	1	2	0.1	0.1	0.1	0.1
Dermatology	13	69	78	94	112	23	24	27	30	298	215	216	224	13	9	8	7	1.0	0.7	0.7	0.7
Diagnostic GI Endoscopy	16	5,053	5,302	5,772	6,188	222	252	312	382	843	848	983	1,149	4	3	3	3	2.7	2.7	3.2	3.7
Drug & Alcohol	81	549	551	556	561	85	92	106	120	1,005	1,024	1,215	1,454	12	11	12	12	3.2	3.3	3.9	4.7
Ear, Nose & Throat	81	511	554	617	683	581	618	677	739	600	649	730	817	1	1	1	1	1.9	2.1	2.4	2.6
Endocrinology	14	176	201	253	319	86	91	100	110	528	512	493	481	6	6	5	4	1.7	1.6	1.6	1.5
Extensive Burns	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Gastroenterology	15	190	234	336	455	274	301	359	427	938	955	1,040	1,138	3	3	3	3	3.0	3.1	3.4	3.7
Gynaecology	71	2,219	2,277	2,378	2,489	414	445	503	566	1,077	1,028	1,069	1,140	3	2	2	2	3.5	3.3	3.4	3.7
Haematology	17	1,084	1,288	1,673	2,142	125	144	176	219	781	876	985	1,119	6	6	6	5	2.5	2.8	3.2	3.6
Head & Neck Surgery	48	96	102	114	126	98	112	141	176	146	198	229	267	1	2	2	2	0.5	0.6	0.7	0.9
Immunology & Infections	18	526	596	750	939	175	189	217	252	1,071	1,069	1,135	1,219	6	6	5	5	3.5	3.4	3.7	3.9
Interventional Cardiology	12	235	249	277	294	509	575	700	848	1,287	1,507	1,726	1,965	3	3	2	2	4.1	4.9	5.6	6.3
Medical Oncology	19	188	198	209	217	143	150	160	173	895	915	920	973	6	6	6	6	2.9	3.0	3.0	3.1
Neurology	21	499	576	745	944	246	273	325	388	955	1,099	1,190	1,304	4	4	4	3	3.1	3.5	3.8	4.2
Neurosurgery	46	46	45	47	48	76	82	92	103	287	261	270	281	4	3	3	3	0.9	0.8	0.9	0.9
Non Subspecialty Medicine	27	2,348	2,631	3,110	3,642	391	424	490	571	1,526	1,559	1,630	1,752	4	4	3	3	4.9	5.0	5.3	5.6
Non Subspecialty Surgery	54	356	387	445	510	739	817	951	1,096	2,081	2,162	2,330	2,511	3	3	2	2	6.7	7.0	7.5	8.1
Non-acute (Rehab, PAL, GER)	84	1,788	2,168	2,928	3,857	409	420	435	452	3,196	3,413	3,546	3,627	8	8	8	8	10.3	11.0	11.4	11.7
Obstetrics	72	78	89	111	135	880	931	1,020	1,114	3,523	3,623	3,727	3,833	4	4	4	3	11.4	11.7	12.0	12.4
Ophthalmology	50	2,347	2,637	3,229	3,937	39	41	44	48	134	108	114	125	3	3	3	3	0.4	0.3	0.4	0.4
Orthopaedics	49	1,571	1,702	1,939	2,201	1,750	1,955	2,347	2,789	4,593	5,031	5,622	6,272	3	3	2	2	14.8	16.2	18.1	20.2
Plastic & Reconstructive Surgery	51	1,466	1,613	1,869	2,162	220	251	312	388	461	551	704	914	2	2	2	2	1.5	1.8	2.3	2.9
Psychiatry - Acute	82	3,112	3,157	3,246	3,351	302	323	359	399	5,175	5,879	6,512	7,230	17	18	18	18	16.7	19.0	21.0	23.3
Renal Dialysis	23	2,814	2,820	2,833	2,847	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Renal Medicine	22	163	170	182	195	67	75	88	104	325	315	360	427	5	4	4	4	1.0	1.0	1.2	1.4
Respiratory Medicine	24	121	153	216	293	923	1,127	1,468	1,872	1,779	2,046	2,507	3,042	2	2	2	2	5.7	6.6	8.1	9.8
Rheumatology	25	151	161	185	213	52	59	75	94	321	291	325	369	6	5	4	4	1.0	0.9	1.0	1.2
Tracheostomy	63	0	0	0	0	10	12	15	19	183	219	255	282	18	18	17	15	0.6	0.7	0.8	0.9
Transplantation	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Upper GIT Surgery	15	42	43	44	46	383	404	465	528	1,300	1,376	1,622	1,886	3	3	3	3	4.2	4.4	5.2	6.1
Urology	52	835	950	1,171	1,421	425	511	675	868	1,238	1,336	1,520	1,729	3	3	2	2	4.0	4.3	4.9	5.6
Vascular Surgery	53	106	111	126	143	153	173	203	237	994	1,023	1,034	1,068	7	6	5	5	3.2	3.3	3.3	3.4
Grand Total		34,442	37,204	42,383	48,278	10,679	11,854	14,026	16,523	42,236	45,048	49,458	54,541	4	4	4	3	136.1	145.2	159.4	175.8

RTI Release