

APPROVAL NUMBER: Approval1904/17



Private Health Facilities Act 1999
Private Health Facilities Regulation 2016

Department of Health

APPROVAL FOR A PRIVATE HEALTH FACILITY

for

Weststate Private Pty Ltd

proposed licensee of

WESTSTATE PRIVATE HOSPITAL

located at

29-37 Ingham Road TOWNSVILLE QLD 4810

The proposed health facility is to be a private hospital licensed for **30 beds**.

Services	CSCF Level	Services	CSCF Level
Anaesthetic Services - Children's > 1 Years	Lvl 3	Perioperative Services - Day Surgery Services	Lvl 4
Anaesthetic Services	Lvl 3	Perioperative Services - Endoscopy Services	Lvl 4
Close Observation Services	Lvl 3	Perioperative Services - Operating Suite Services	Lvl 3
Medical Imaging Services	Lvl 4	Perioperative Services - Post-Anaesthetic Care Services	Lvl 3
Medication Services	Lvl 4	Surgical Services - Children's > 1 years	Lvl 3
Nuclear Medicine Services	Lvl 4	Surgical Services	Lvl 3
Pathology 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.

This approval shall commence on the **11 January 2021**

The approval shall, unless sooner cancelled, suspended or surrendered, expire on the **30 September 2022**

Dated at Brisbane this 5th day of January 2021

Chief Health Officer

Amendments:

- Change to the name of the facility from Weststate Private to Weststate Private Hospital.
- Change to Anaesthetic, Children's Anaesthetic, Perioperative – Operating Suite, Perioperative – Post-Anaesthetic, Surgical and Children's Anaesthetic Services from Level 4 to Level 3.
- Change to Children's Anaesthetic and Children's Surgical age range from greater than 14 years to greater than 1 year.
- Removal of Cardiac Services and Intensive Care Services.
- Inclusion of Close Observation Services Level 3.

Item Report 01/07/2014 - 30/06/2015
 Calculated by SERVICE DATE
 Providers Dr Geoff Dance
 Subtotalled by

Item	Description	Category	Qty
30023	Wound of soft tissue, traumatic, deep or extensively contarr	Procedures	1
30052	Full thickness laceration of ear, eyelid, nose or lip, repair of,	Procedures	2
30068	Foreign body in muscle, tendon or other deep tissue, remov	Procedures	2
30071	Diagnostic biopsy of skin or mucous membrane, as an indep	Procedures	8
30075	Diagnostic biopsy of lymph gland, muscle or other deep tiss	Procedures	1
30219	Haematoma, furuncle, small abscess or similar lesion not re	Procedures	3
30223	Large haematoma, large abscess, carbuncle, cellulitis or sim	Procedures	6
30256	Submandibular gland, extirpation of (Anaes.) (Assist.)	Procedures	1
30281	Tongue tie, mandibular frenulum or maxillary frenulum, rep	Procedures	12
30283	Ranula or mucous cyst of mouth, removal of (Anaes.)	Procedures	4
311	removal of tooth or parts thereof		44
311x2	Removal of tooth or parts thereof		31
311x3	Removal of tooth or parts thereof		16
311x4	Removal of tooth or parts thereof		31
311x5	Removal of tooth or parts thereof		3
311x6	Removal of tooth or parts thereof		3
311x8	Removal of tooth or parts thereof		1
31205	Tumour (other than viral verrucae [common warts] and seb	Procedures	1
31350	Benign tumour of soft tissue, excluding tumours of ski	Procedures	1
322	Surgical removal of a tooth - ADA schedule item	Consultations	106
322x10	Surgical removal of a tooth or tooth fragme t		2
322x11	Surgical removal of a toth or tooth fragment		2
322x13	Surgical removal of teeth		2
322x14	Surgical removal of teeth		1
322x15	Surgical removal of a tooth or tooth fr gm nt		1
322x16	Removal of tooth		2
322x17	Surgical removal of teeth		2
322x18	Surgical removal of teeth		1
322x2	Surgical removal of a tooth r ooth fragment		84
322x3	Surgical removal of a tooth or ooth fragment		27
322x4	Surgical removal f a tooth or to th fragment		16
322x5	Surgical rem val of tooth or tooth fragment		5
322x6	Surgical removal of a oth or tooth fragment		4
322x7	Surgical em val of a too h or tooth fragment		4
322x8	Surgical remo l of a tooth or tooth fragment		4
322x9	Sur ical removal f teeth		2
323	Surgic removal of a tooth - ADA Schedule Item		84
323x2	Surgic removal of a tooth or tooth fragment		514
323x3	Surg cal re al of a tooth or tooth fragment		9
323x4	Surgical removal of tooth or tooth fragment		6
323x5	Sur ical removal of tooth or tooth fragment		3
324	Surgic l removal of tooth - ADA Schedule Item	Consultations	195
324x2	Surgical removal of a tooth or tooth fragment		583
324x3	Surgical removal of a tooth or tooth fragment		17
324x4	Surgical removal of a tooth or tooth fragment		8
324x6	Surgical removal of a tooth or tooth fragment		1
331	Alveolectomy		2
381	Surgical exposure of unerupted tooth		2
382	Surgical exposure and attachment of device for orthodontic traction		35
382x2	Surgical exposure and attachment of device for orthodontic traction		10
382x3	Expose & Bond		1
388	Transplantation of tooth - surgical access to and transplanta	ADA	1
41710	Antrostomy (radical) (Anaes.) (Assist.)	Procedures	1
41719	Antrum, drainage of, through tooth socket (Anaes.)	Procedures	2
41722	Oroantral fistula, plastic closure of (Anaes.) (Assist.)	Procedures	24

	42533 Orbit, exploration of, with drainage or biopsy not requiring r	Procedures	1
	432 Apicectomy- per root		8
432x2	Apicectomy x 2		1
	45018 Dermis, dermofat or fascia graft (excluding transfer of fat b	Procedures	2
	45200 Single stage local flap, where indicated to repair 1 defect, si	Procedures	1
	45506 Scar, of face or neck, not more than 3 cm in length, revisior	Procedures	1
	45512 Scar, of face or neck, more than 3 cm in length, revision of,	Procedures	1
	45590 Orbital cavity, reconstruction of a wall or floor, with or with	Procedures	10
	45605 Mandible or maxilla, segmental resection of, for tumours or	Procedures	1
	45668 Vermilionectomy, by surgical excision (Anaes.)	Procedures	1
	45714 Oro-nasal fistula, plastic closure of, including services to wh	Procedures	1
	45720 Mandible or maxilla, unilateral osteotomy or osteectomy of,	Procedures	2
	45723 Mandible or maxilla, unilateral osteotomy or osteectomy of,	Procedures	1
	45726 Mandible or maxilla, bilateral osteotomy or osteectomy of, in	Procedures	8
	45729 Mandible or maxilla, bilateral osteotomy or osteectomy of, il	Procedures	1
	45732 Mandible or maxilla, osteotomies or osteectomies of, involvi	Procedures	8
	45744 Mandible and maxilla, complex bilateral osteotomies or oste	Procedures	7
	45752 Mandible and maxilla, complex bilateral osteotomies or oste	Procedures	1
	45761 Genioplasty, including transposition of nerves and vessels a	Proced	3
	45801 Tumour, cyst, ulcer or scar, (other than a scar removed dur	Proc dures	19
	45803 Tumours, cysts, ulcers or scars, (other than a scar removed	Proced es	2
	45807 Tumour, cyst (other than a cyst associated with a tooth or t	Pr cedures	1
	45809 Tumour or deep cyst (other than a cyst associated with a to	Pr c dures	64
	45811 Tumour, in the oral and maxillofacial region, removal of, ro	P ocee ures	10
	45815 Operation on mandible or maxilla (other than alveol marg	Proc dures	9
	45823 Arch bars, 1 or more, which were inserted for den al fix	tior	7
	45825 Mandibular or palatal exostosis, excision of (Anaes.) (Assis	Procedures	66
	45827 Mylohyoid ridge, reduction of (Anaes.) (Assist	Procedures	1
	45829 Maxillary tuberosity, reduction of (Anaes.)	Procedures	11
	45841 Alveolar ridge augmentation with bone or alloplast r both -	Procedures	75
	45847 Osseo-integration procedure - fixation f transmucosal abut	Procedures	2
	45849 Maxillary sinus, bone graft to floo of m xillary inus followi	Procedures	11
	45865 Arthrocentesis, irrigation tempo omandibular joint after ir	Procedures	7
	45873 Temporomandibular joint surger f involving procedures t	Procedures	2
	45888 Foreign body, in the oral an maxillofacial region, deep, rem	Procedures	2
	45900 Mandible, fixation by intermax llary wiring, excluding wiring	Procedures	2
	45939 Peripheral branch s of the trigem nal nerve, cryosurgery of,	Procedures	2
	45975 Maxilla, unila eral o bilateral, treatment of fracture of, not	Procedures	1
	45978 Mandible, t eatment o fracture of, not requiring splinting	Procedures	1
	45990 Maxilla rea ment of a c mplicated fracture of, involving vis	Procedures	4
	45993 Mandible, trea ment of a complicated fracture of, involving \	Procedures	8
	45996 Mandible, treatm nt of a closed fracture of, involving a joint	Procedures	1
	47726 Bone g aft, harvesting of, via separate incision, in conjuncti	Procedures	4
	4772 Bone g aft, harvesting of, via separate incision, in conjuncti	Procedures	6
	47738 Nas bon eatment of fracture of, by reduction (Anaes.)	Procedures	1
	47768 Z omatic bone, treatment of fracture of, requiring surgical	Procedures	1
	47771 Zyg matic bone, treatment of fracture of, requiring surgical	Procedures	3
	47921 Orthopaedic pin or wire, insertion of, as an independent pro	Procedures	10
	47924 Buried wire, pin or screw, 1 or more of, which were inserted	Procedures	5
	47927 Buried wire, pin or screw, 1 or more of, which were inserted	Procedures	8
	47930 Plate, rod or nail and associated wires, pins or screws, 1 or	Procedures	8
	48242 Bone graft, with internal fixation, not being a service to whi	Procedures	1
	663 Surgical removal of an implant		5
	684 Dental Implant - 1st Stage	D	5
684x2	implant- Insertion of first stage of two-stage endosseous implant - two implants		3
684x3	implant- Insertion of first stage of two-stage endosseous implant- three implants		1
684x7	Dental Implant - 1st Stage		1
	688 Dental Implant - Single Stage		26
688x10	Dental Implant - Single Stage		1
688x2	Dental Implant - Single Stage		4
688x3	Dental Implant - Single Stage		3

688x4	Dental Implant - Single Stage	3
688x5	Dental Implant - Single Stage	1
691	Implant- Second stage surgery of two-stage endosseous implant x1	9
691x2	Implant- Second stage surgery of two-stage endosseous implant x2	3
691x3	Implant- Second stage surgery of two-stage endosseous implant x3	2
691x7	Implant- Second stage surgery of two-stage endosseous implant x7	1
75400	surgical removal of erupted tooth, if the patient is referred by an eligible orthodontist	6
75409	Surgical removal of tooth with complete bone impaction, if the patient is referred by an eligible orthodontist	5
75603	Surgical exposure of unerupted tooth for the purpose of fitting a traction device, if the patient is referred by an eligible orthodontist	1
964	Registration and mounting of models	12
965	Occlusal Splint for orthognathic surgery	11
AF	Administration Fee	1
bond	BondBone	2
Consult	Consult - no Medicare card	1
FTA	Failed to attend appointment	7
Int	Interest	1
NAC	Normal After Care	4
PPG	Printing Per Page	2
pro	Proroot MDA	6
REQ	Request for records by third party	1
S311		1
S322	Surgical r/o tooth - 1st tooth in each quadrant	38
S323	Surgical removal of tooth	7
S324	Surgical removal of a tooth or tooth fragment requiring both removal of bone and soft tissue	20
S331	Alveolectomy - per segment	6
S332	Osteotomy - per jaw	2
S343	Reposition of muscle attachment	1
S688	Dental Implant - one stage - FBN	6
S691	Stage II Implant Surgery - FBN	2
safe	Safescraper	1
SF	Search Fee	1
Therabite		1
		2562
	Less consult	301
		2261



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

Approved proposed health facility name*		Health facility type	
Weststate Private Hospital		Private hospital	
Physical address	Suburb	State	Postcode
29-37 Ingham Road	Townsville	QLD	4 8 1 0
Approval holder name*		Approval reference number*	
Weststate Private Hospital		1904/17	
Key contact name*		Position	
Ms Leith MacMillan		Compliance Manager	
Contact number	Email address		

Section 2: Request details (provide details only where a change to the original approval has occurred)

New proposed health facility name

Weststate Private Hospital

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

Type	Category	Current approved number	New proposed number
Beds	Ward (does not include a surgical table, recovery trolley, treatment bay, discharge lounge/bed/chair)	22	26
Specialty beds	Cardiac (Coronary) Care Unit		
	Intensive Care Unit	4	0
	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			26
Specialty bays/rooms	Chemotherapy bays		
	Renal dialysis bays		
	Endoscopy procedure rooms		
	Intravenous therapy bays		
	Operating theatres	5	5
	Procedure rooms		
	Cardiac catheter labs	1	0
	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	27

Section 3: Services (provide details only where a change to the original approval has occurred)

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. Provide a copy of the clinical services and levels that were originally approved for comparison.

Section 4: Supporting documentation

Please tick to indicate the relevant supporting documentation is attached with this application (Ref G, H and L are required when a change has occurred since the initial approval to build was granted).

Refer to the [Private Health Licensing Forms and Templates](#) for attachment descriptions and templates. The requirements for this application are referenced in section 30(2) (a) of the *Private Health Facilities Act 1999*.

Licence fee*

Amount*

\$497.50

Current approval* (original paper copy to be provided)

[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)

Date of submission*

15.12.2020

Office use only

QLD Health reference

Customer file number

Licence number

Comments

CSCF—list of services and levels

Facility name:	Weststate Private Hospital
Date of submission:	14 th December 2020

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	3
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	
Cardiac Services—Cardiac Diagnostic & Interventional Service	
Cardiac Services—Cardiac Medicine Services	
Cardiac Services—Cardiac Rehabilitation—Inpatient	
Cardiac Services—Cardiac Rehabilitation—Outpatient	
Cardiac Services—Ongoing prevention and maintenance	
Cardiac Services—Cardiac Surgery Services	
Cardiac Services—Cardiac Outreach Services	
Close Observation Services	3
Emergency Services	
Emergency Services—Children’s	
Geriatric Services—Emergency geriatric care	
Geriatric Service—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	
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	
Perioperative Services—Acute Pain Services	
Perioperative Services—Day Surgery Services	4
Perioperative Services—Endoscopy Services	4
Perioperative Services—Operating Suite Services	3
Perioperative Services—Post-Anaesthetic Care Services including Children's Post-Anaesthetic Care	3
Rehabilitation Services	
Renal Services	
Sleep Disorder Services	
Surgical Services	3
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	I-med
Medication Services	Slades Pharmacy
Nuclear Medicine Services	I-med
Pathology Services	To be advised
Renal Services	

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

30071	Diagnostic biopsy of skin, as an independent procedure	Procedures	10
30075	DIAGNOSTIC BIOPSY OF LYMPH NODE, M	Procedures	1
30189	warts or molluscum contagiosum (one or more),	Procedures	2
30219	Haematoma, furuncle, small abscess or similar lesion	Procedures	3
30223	Large haematoma, large abscess, carbuncle, cell	Procedures	1
30250	Parotid gland, total extirpation of with preservation	Procedures	2
30253	Parotid gland, superficial lobectomy of, with excision	Procedures	3
30256	Submandibular gland, extirpation of (Anaes.) (Assist.)	Procedures	1
30266	Salivary gland, removal of calculus from duct or	Procedures	1
30272	Tongue, partial excision of (Anaes.) (Assist.)	Procedures	3
30281	Tongue tie, mandibular frenulum or maxillary frenulum	Procedures	6
31358	Malignant skin lesion (other than a malignant skin lesion)	Procedures	1
31359	Malignant skin lesion (other than a malignant skin lesion)	Procedures	1
31365	Malignant skin lesion (other than a malignant skin lesion)	Procedures	1
31366	Non-malignant skin lesion (other than viral verru	Procedures	1
31369	Malignant skin lesion (other than a malignant skin lesion)	Procedures	1
31406	Malignant upper aerodigestive tract tumour morphology	Procedures	1
31423	Lymph nodes of neck, selective dissection of 1 cervical	Procedures	2
31426	Lymph nodes of neck, selective dissection of 3 cervical	Procedures	1
31438	Lymph nodes of neck, comprehensive dissection	Procedures	1
41506	Aural polyp, removal of (Anaes.)	Procedures	2
41527	Myringoplasty, transcanal approach (Rosen incision)	Procedures	2
41530	Myringoplasty, postaural or endaural approach	Procedures	2
41626	Abscess or inflammation of middle ear, operation	Procedures	9
41632	Middle ear, insertion of tube for drainage of (incision)	Procedures	121
41644	Excision of rim of eardrum perforation, not being	Procedures	6
41647	Ear toilet requiring use of operating microscope	Procedures	2,129
41662	Nasal polyp or polypi (simple), removal of	Procedures	35
41671	Nasal septum, septoplasty, submucous resection	Procedures	38
41672	Nasal septum, reconstruction of (Anaes.) (Assist.)	Procedures	29
41674	Cauterisation (other than by chemical means) or	Procedures	2
41677	Nasal haemorrhage, arrest of during an episode	Procedures	10
41689	Turbinectomy or turbinectomies, partial or total	Procedures	1
41692	Turbinates, submucous resection of, unilateral (incision)	Procedures	166
41716	Antrum, intranasal operation on or removal of	Procedures	75
41737	Frontal sinus, or ethmoidal sinuses on the one side	Procedures	134
41743	Frontal sinus, trephine of (Anaes.) (Assist.)	Procedures	2
41752	Sphenoidal sinus, intranasal operation on (Anaes.)	Procedures	39
41764	Nasendoscopy or sinoscopy or fiberoptic examination	Procedures	759
41786	Uvulopalatopharyngoplasty, with or without tonsillectomy	Procedures	7
41789	Tonsils or tonsils and adenoids, removal of, in a	Procedures	89
41793	Tonsils or tonsils and adenoids, removal of, in a	Procedures	54
41797	Tonsils or tonsils and adenoids, arrest of haemorrhage	Procedures	2

Item Report 01/07/2019 - 30/06/2020
 Calculated by SERVICE DATE
 Providers Dr Cameron Altmann
 Subtotalled by

DOH RTI 3332 - File 4

Item	Description	Category	Qty
41801	Adenoids, removal of (Anaes.)	Procedures	38
41807	Peritonsillar abscess (quinsy), incision of (Anaes.)	Procedures	1
41813	Vallecular or pharyngeal cysts, removal of (Anaes.)	Procedures	1
41816	Oesophagoscopy (with rigid oesophagoscope) (Anaes.)	Procedures	1
41855	Microscopy (Anaes.) (Assist.)	Procedures	5
41858	Microscopy with removal of juvenile polyp	Procedures	1
41864	Microscopy with removal of tumour (Anaes.)	Procedures	6
41881	Tracheostomy by open exposure of the trachea, (Anaes.)	Procedures	2
42614	Nasolacrimal tube (unilateral), removal or replacement	Procedures	1
42623	Dacryocystorhinostomy (Anaes.) (Assist.)	Procedures	1
42626	Dacryocystorhinostomy where a previous dacryocystorhinostomy	Procedures	1
45201	Muscle, myocutaneous or skin flap, where clinic	Procedures	1
45451	Free grafting (full thickness) to 1 defect, excluding	Procedures	2
45641	Rhinoplasty, total, including correction of all bony	Procedures	10
45644	Rhinoplasty, total, including correction of all bony	Procedures	1
45825	Mandibular or palatal exostosis, excision of (Anaes.)	Procedures	1
47738	Nasal bones, treatment of fracture of, by reduction	Procedures	3
91823	Telehealth attendance for a person by a specialist	Consultations	7

mainly in office

AIM:	To ensure the provision of safe and quality patient care to each individual Patient admitted to the Weststate Private Hospital; and is within our admission criteria based on our Private Health Facilities licence.
SCOPE:	All Teams: Medical Practitioners, Clinical and Administrative.

Definitions (as per the CSCF modules)

Admission Assessment	Comprehensive nursing assessment including Patient history, general appearance, physical examination, and vital signs completed at the time of admission.
Admitted patient	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and occur in hospital and/or in the person's home (for hospital-in-the home patient).
Adults	Over 18 years of age
CSCF	Clinical Services Capability Framework
Children	Used collectively to individuals between 0 and 18 years. For the purposes of the CSCF, ages identified are assumed to be the age on the day of the birthday. Age groups are consistent except where otherwise stated, such as within the Children's Cancer Services and Mental Health Services modules (specifically Child and Youth and Older Persons Services). Age groups are identified as follows: <ul style="list-style-type: none"> • 0 to 1 year – infant • older than 1 year and up to 14 years – child • older than 14 years and up to 18 years – adolescent • older than 18 years – adult.
Episode of care	Period of admitted patient care between formal or statistical admission and formal or statistical separation characterised by only one care type.
Focused Assessment	A highly specific assessment performed on Patients/Patients, focusing on the system/systems involved in the Patients'/Patients' problem.
Patient	A Patient is a person for whom a hospital accepts responsibility for treatment and/or care. An admitted Patient undergoes a hospital's formal admission process. Overnight stay Patients are admitted to and separated from hospital on different dates (i.e., they stay at least one night in hospital). Same-day Patients are admitted and separated on the same day (i.e., they are in hospital for a period that does not include an overnight stay). Non-admitted Patients do not undergo a hospital's formal admission process. These include outpatients, accident, and emergency patients and off-site (community/outreach) patients.
Patient days	These are the aggregate number of days of stay (i.e., calculated as separation date minus admission date) for all overnight-stay Patients/patients who were separated from hospital during the year. Periods of approved leave are subtracted from these calculations. Same-day Patients/patients are each counted as having a stay of one day.
Patient Clinical Pathway	Clinical pathways are standardised, evidence-based multidisciplinary management plans that identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group and should be used to support the effective management of Patients/Patients.
Recovery Room or Post-anaesthetic	A discrete area within the health facility able to provide a level of care, between an operating suite and a general clinical unit for patients who have undergone surgery or medical procedures, regardless of the type of anaesthetic or sedation used.

care unit (PACU) stages 1 and 2	
------------------------------------	--

PROCESS

Weststate Private is licensed as per Clinical Services Capability Framework (CSCF) Public and Private Health Facilities, Version 3.2:2014.

Weststate Private is licensed for the following, and includes children (1-14) adolescents (14-18) and adult patients (18 plus):

Infrastructure Requirements	Rooms / Bays
Inpatient Beds	20
ICU/CCU/HDU bays	
Pre-op holding bays	27
Anaesthetic holding bays	4
Recovery, Stage 1 beds	8
Recovery, Stage 2/Short-stay Beds	15 + 4
Recovery, Stage 3 chairs	9
Theatres	4
Day Theatre / Procedure Room	1

Patients Medical Record Requirements to be included in their Personal Information Pack (PIP):

Patients that are to undergo any surgery or procedure at Weststate Private are required to have certain documents within their Personal Information Packs/Medical Records. These documents include:

- Consent form
- Patient Medical/Surgical Health questionnaire
- Alerts/Allergies page

It is the responsibility of the Admission Clinical Team Member to ensure that this paperwork is present within the Patient's PIP/ medical record on admission of that Patient. If any of the above documents are missing, it is the responsibility of the Admitting Clinical Team Member to source and find the missing documents.

If a Patient is undergoing multiple procedures and the Surgeon has documented multiple procedures on the consent form, this consent form is to be printed out and put with each Patient admission for that procedure. The same is required for the Patients' Health questionnaire. All Patients' PIP/medical records are to be complete with all required documentation and left intact following admission, scanning, coding, and billing – medical records are not to be removed from any Patients' PIP for any reason.

Specialities:

Following assessment of the Fundamentals and the relevant modules of the Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3.2, the proposed clinical services to be provided at Weststate Private are:

The type and level of health services to be provided are:

Anaesthetic Services	Level 3
Anaesthetic Services – Children greater than 1 year of age	Level 3
Close Observation Services	Level 3
Medical Imaging Services	Level 4
Medication Services	Level 4
Pathology Services	Level 4
Nuclear Medicine	Level
Peri operative Services	
— Day Surgery — Services	Level
— Endoscopy	Level 4
— Operating Suite incorporating Sterilising Services	Level 3
— Post-Anaesthetic Care including Post-Anaesthetic Care for Children greater than 14 years of age	Level 3
Surgical Services	Level 3
Surgical Services – Children greater than 1 year of	Level 3

There is also a maximum weight limit of **150kg T BE CONFIMRED FOR BARIATRIC
(See policy: Management of B iatric atient Policy)

EXCLUSIONS:

- Only Patients who fit the e criteria are admitted to Weststate Private.
- Weststat Private Hospital does not accept Patients for end-of-life care or services.
- Weststate Private Hospital accepts Patients who are over one (1) year of age, fit the Anaesthetic rating and com s within the surgical services framework.
- Any person outside these parameters (BMI 35-40, co-morbidities) must be assessed by the Anaesthetist or Medical Pra titioner.

What does all this mean?

Level 3 - Surgical Services – Adult

Surgical services must be aware of and consider a patient's surgical complexity. Table 1 describes, in general terms, the characteristics of surgical complexity levels and the requirements to undertake those complexities. As situational complexity increases, a service usually needs input from a higher-level service. The examples of procedures noted in Table 1, are indicative only of surgical procedure complexity.

A Level 3 service is provided mainly in a hospital setting with designated but limited surgical, anaesthetic and sterilising services.

This level of service 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 medium anaesthetic risk
- surgical complexity IV procedures with low to medium anaesthetic risk.

This level of service may be offered 24 hours a day and may include day surgery.

The surgical complexity level that can be provided at Weststate Private is Surgical Complexity IV.

Surgical services must be aware of and consider a patient’s surgical complexity. Framework 1 describes, in general terms, the characteristics of surgical complexity levels and requirements to undertake those complexities. As situational complexity increases, a service usually needs input from a higher-level service. The examples of procedures noted in Table 1 are indicative only of surgical procedure complexity

Framework 1: Surgical complexity characteristics

Complexity	Complexity characteristics
Surgical complexity I (SCI) (e.g., local anaesthetic for removal of lesions)	This level of surgical complexity: <ul style="list-style-type: none"> — is an ambulatory/office surgery procedure. — requires local anaesthetic but not sedation — requires a procedure room, aseptic technique, and sterile instruments but not an operating theatre. — requires access to resuscitation equipment (including oxygen) and a means of delivery. — requires an area where patients can wait, but not a recovery room. — generally, does not require post-operative stay or treatment. — does not require support services other than suture removal or a postoperative check.
Day surgery for SCI	When this definition is applied to patients having day surgery (i.e., those admitted and discharged on the same day), refer to Section 2, Day Surgery Services of the <i>Perioperative Services</i> module.
Surgical complexity II (SCII) (e.g., local anaesthetic and/or sedation for excision of lesions)	This level of surgical complexity: <ul style="list-style-type: none"> — is usually an ambulatory, day-stay, or emergency department procedure. — requires local anaesthesia or peripheral nerve block and possibly some level of sedation, but not general anaesthesia. — requires at least one operating room or procedure room, and a separate recovery area.
Day surgery for SCII	When this definition applies to patients having day surgery, refer to Section 2, Day Surgery Services of the <i>Perioperative Services</i> module.
Surgical complexity III (SCIII) (e.g., general anaesthesia for inguinal hernia)	This level of surgical complexity: <ul style="list-style-type: none"> — usually requires general anaesthesia and/or a regional, epidural, or spinal block. — requires at least one operating room and a separate recovery room. — may be a day-stay/overnight case or extended-stay case. — may have access to close observation care area/s.
Day surgery for SCIII	When this definition is applied to patients having day surgery, refer to Section 2, Day Surgery Services of the <i>Perioperative Services</i> module. Freestanding day hospitals require at least one operating room and a separate recovery room when performing SCIII procedures. Freestanding day hospitals may not provide Extended-stay cases.
Surgical complexity IV (SCIV) (e.g., general	This level of surgical complexity: <ul style="list-style-type: none"> — involves major surgical procedures with low to medium anaesthetic risk. — usually requires general anaesthesia and/or a regional, epidural, or spinal block. — has potential for perioperative complications.

anaesthesia for abdominal surgery such as laparotomy)	<ul style="list-style-type: none"> — has a close observation care area. — has access to intensive care services. — may have capacity to provide emergency procedures.
Surgical complexity V (SCV) (e.g., general anaesthesia for any major or complex surgery)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> — includes major surgical procedures with high anaesthetic risk. — includes surgery and anaesthetic risk with the highest potential for intra- and post-operative complications. — provides the most complex surgical services. — requires specialist clinical staff, equipment, and infrastructure. — has on-site intensive care services. — may have extensive support services available.

Table note: Developed by CSCF Surgical, Perioperative and Anaesthetic Services Advisory Groups (acknowledging the gap in surgical descriptors between intermediate and complex within CSCF version .0 2005).

b. Anaesthetic Services – Adult Level 3

A Level 3 service may be provided for patients receiving low- to medium-risk general anaesthetics, all types of sedation, neuraxial block and regional block for combinations of:

- 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 medium anaesthetic risk
- surgical complexity IV procedures with low to medium anaesthetic risk. (Adult Only, not Children)

The patient anaesthetic risk level for adults that can be admitted to the Weststate Private is ASA Level 3.

The Clinical Services Capability Framework (CSCF) outlines four levels of complexity for anaesthetic services: Levels 3 to 6. The different service levels address the interaction between anaesthetic risk (i.e., physical status of the patient) and procedural/surgical complexity.

The Patient risk is assessed using the American Society of Anaesthesiologists (ASA1) scale (Table 1) as a proxy for anaesthetic risk. This scale can be used to guide the decision as to the appropriate level of service required for a patient, although other factors, including clinical opinion, may override these decisions.

Table 1: Physical Status Scale

P1 = ASA 1	A normal, healthy patient
P2 = ASA 2	A patient with mild systemic disease and no functional limitations
P3 = ASA 3	A patient with a moderate to severe systemic disease that results in some functional limitation
P4 = ASA 4	A patient with severe systemic disease that is a constant threat to life and functionally incapacitating
P5 = ASA 5	A moribund patient who is not expected to survive 24 hours with or without surgery
P6 = ASA 6	A declared brain-dead patient whose organs are being removed for donor purposes
E	A patient requiring an emergency procedure

Adapted from: the physical classification system of The American Society of Anaesthesiologists' Manual for Anaesthesia Department Organization and Management 2003–04 (ASA, 520N Northwest Highway, Park Ridge, Illinois 60068-2573) and the Australian and New Zealand College of Anaesthetists documents

Table 2 describes the provision of anaesthetic services using the physical status of the patient in terms of low, medium, and high levels of risk.

Table 2: Level of risk and physical status

Level of risk	Physical status of adults
Low	ASA, 1 (P1) and ASA 2 (P2)
Medium	ASA 3 (P3)
High	ASA 4 (P4) and ASA 5 (P5)

Adapted from the physical classification system of The American Society of Anaesthesiologists' Manual for Anaesthesia Department Organization and Management 2003–04

When the ASA1 scale is used in conjunction with surgical complexity measures (Framework 1), it aligns with anaesthetic service capability levels where similar support services and staffing are required to provide that service safely.

When surgery is to be performed and there is an anaesthetic risk requiring a level of service greater than that which the presenting anaesthetic service has the capacity to provide, alternatives—such as transfer to a service that can provide care, or movement of more experienced staff to the patient at the time of surgery—must be considered.

Consideration should also be given to the complexity of each case. For example, a person presenting with several identified 'low risk' factors might be more accurately assessed as 'moderate risk' due to the complexity of their general health. As anaesthetic (and surgical) complexity increases, input from a higher level of service would be expected. The risk management strategies presented here should be used as a guide only and are not intended to replace clinical judgment or clinical assessment conducted on an individual basis by experienced and qualified clinicians.

Anaesthetic services—including provision of conscious sedation—should fulfil ANZCA T1 (Recommendations of Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations).

Other locations include, but are not limited to, emergency departments, medical imaging units, procedure rooms and outpatient clinics. Note: Medical staff administering anaesthetics—including conscious sedation—in these locations must be trained and have suitable trained assistance.

Pre-anaesthetic consultation is mandatory for all patients undergoing an anaesthetic, the only exception being an extreme emergency. Pre-anaesthetic consultation ensures:

- the patient is in an optimal state of health for the planned procedure
- anaesthetic management is planned
- there is discussion about the type of anaesthetic to be given
- consent for the procedure is given.

Recovery from anaesthesia must occur in a post-anaesthetic recovery area. Post-anaesthetic recovery areas should be equipped as per ANZCA recommendations³, with suitably qualified staff

1. CHILDREN – OVER ONE (1) YEAR OF AGE

a. Surgical Services – Children Level 3

The children's services modules encompass multiple services provided to children in residential, ambulatory, and/or acute settings. The age groups catered for will differ according to the level of service provided and support mechanisms. To reduce confusion, and for the purposes of the CSCF, the term 'children' has been used to collectively refer to individuals between ages 0 and 18 years.

- 0 to 1 year – infant
- older than 1 year and up to 14 years – child
- older than 14 years and up to 18 years – adolescent

These terms have been applied consistently, except where otherwise stated, such as within the Cancer Services - Children’s module and Child and Youth Mental Health Services section of the Mental Health Services module. Hereafter, the terms child, and children will be inclusive of infants, children, and adolescents, unless otherwise specified.

The children’s surgical complexity level that can be provided at Weststate Private is Surgical Complexity III.

The CSCF recognises five service levels, from 2 to 6, for children’s surgical services. Table 3 describes, in general terms, the characteristics of a certain level of surgical complexity (SC) and the requirements needed to undertake that complexity of surgery in children.

Table 3: Children’s surgical complexity characteristics

Complexity	Complexity characteristics
Surgical complexity I (SCI)	This level of surgical complexity: <ul style="list-style-type: none"> • is an ambulatory / office surgery procedure • requires local anaesthetic, but does not require sedation • requires no operating theatre, but does require a procedure room, aseptic technique and sterile instruments • has access to resuscitation equipment • does not require recovery room; however, requires an area in which patients can sit • has no planned post-operative stay or treatment • requires no support services other than removal of sutures or post-operative check.
Surgical complexity II (SCII)	This level of surgical complexity: <ul style="list-style-type: none"> • requires local anaesthesia or peripheral nerve block and may require some level of sedation • has at least one operating room or procedure room and requires a separate area for recovery • most procedures can be undertaken in an ambulatory, day-stay or emergency department setting.
Surgical complexity III (SCIII)	This level of surgical complexity: <ul style="list-style-type: none"> • must have at least one operating room or procedure room • must have access to overnight beds, if required • usually requires general anaesthesia and/or regional anaesthesia • requires separate area for recovery • can be performed as a day stay • intensive care admission would be an unexpected event.
Surgical complexity IV (SCIV)	This level of surgical complexity: <ul style="list-style-type: none"> • usually requires general anaesthesia • surgical procedures with potential for perioperative complications may be performed as an overnight case or an extended day case • has on-site close observation care area/s.
Surgical complexity V (SCV)	This level of surgical complexity: <ul style="list-style-type: none"> • provides the most complex surgical services • must have specialist clinical staff, equipment and infrastructure • extensive supporting services available • surgery and anaesthetic risk that has the highest potential for intra- and post-operative complications • must have on-site intensive care services relevant to the surgery being performed.

Developed by CSCF Surgical, Perioperative and Anaesthetic Services Advisory Groups 2009 and adjusted to be specific for children’s services by CSCF Children’s Surgical and Anaesthetic Services Advisory Groups 2009.

A Level 3 children’s service is providing surgical services 24 hours a day for:

- provided predominantly in a hospital setting with limited, but designated, anaesthetic, perioperative and sterilising services.
- may be undertaken in a day hospital or inpatient facility.
- inpatient service may be temporarily upgraded with provision of outreach services by formally approved higher level service.
- may be staffed by registered medical practitioners (general practitioners) with credentials and defined scope of practice to provide surgical and anaesthetic services.
- may be supported by visiting registered medical specialists with credentials in surgery and/or surgical subspecialties.
- registered medical specialists with credentials in anaesthesia may provide anaesthesia for elective surgery lists.

- manages (refer to Table 3): surgical complexity II procedures with low anaesthetic risk.
- surgical complexity III procedures with low anaesthetic risk to a child 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.
- 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.
- must have access to Level 4 children’s intensive care service and can provide immediate resuscitation and short-term cardiorespiratory support until patient transfer to an intensive care service (this access must include documented processes for transfer and acceptance of patients between public and licensed private services and Queensland Ambulance Service).
- selection of patients and surgical procedures should ensure intensive care admission would be unexpected and rare event.

Table 4: Children’s elective surgical service provision matrix

DARKEST AREAS= Not Applicable for Day Hospital a level 1 ou vide CSCF

Surgical complexity	Anaesthetic type	Anaesthetic risk and physical status						
		LOW (ASA 1 – 2)			MEDIUM (ASA3)			High (ASA≥4)
		Modifiers	Minimum surgical service level	Minimum children’s intensive care service level	Modifiers	Minimum surgical service level	Minimum children’s intensive care service level	Minimum surgical service level
I	Local anaesthetic	e.g., structure ental, e/e/ET exam	Level 2	Access to Level 4		Level 2	Access to Level 4	Level 4
II	Local anaesthetic with sedation	e.g., fractures, dental, radiology, intensions	Level 3	Access to Level 4		Level 4	Access to Level 4	Level 5
III	Local anaesthetic with sedation and general anaesthetic	>1 year of age with credentialed specialist anaesthetist >2 years of age with credentialed specialist anaesthetist or facility credentialed non-specialist anaesthetist >4 years of age with	Level 3	Access to Level 4		Level 4	Access to Level 4	Level 5

	non-specialist anaesthetist							
--	-----------------------------	--	--	--	--	--	--	--

Table Modified from CSCF v3.2

Adapted from the physical classification system of the American Society of Anesthesiologists' Manual for Anesthesia Department Organisation and Management 2001¹, in consultation with CSCF Children's Surgical, Anaesthetic and Intensive Care Advisory Groups 2009.

b. Anaesthetic Services - Children Level 3

A level 3 service description:

- provides care for children with low anaesthetic risk receiving local anaesthetics with sedation and general anaesthetics.
- may be undertaken in a day hospital or inpatient facility.
- provides all types of sedation including caudal blocks, neuraxial blocks and regional blocks where these procedures performed, anaesthetic may be administered by:
 - registered medical specialist with credentials in anaesthesia
 - registered medical practitioner (general practitioner) with credentials in anaesthesia
 - registered medical practitioner undertaking training in anaesthesia and supervision
 - other persons authorised under legislation to prescribe and administer anaesthesia.
- may be provided to children above age of 4 years by registered medical practitioner (general practitioner) with credentials in anaesthesia, but who may be credentialed for children as young as 2 years of age on individual basis in accordance with JCCA guidelines (for specific training and education refer to ANZCA PS29).
- manages:
 - surgical complexity II procedures with low anaesthetic risk
 - surgical complexity III procedures with low anaesthetic risk for a child who is:
 - greater than 2 years of age with a registered medical specialist with credentials in anaesthesia or 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.
- 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 cardiorespiratory support until patient transfer when required.
- selection of patients and surgical procedures in these facilities should ensure intensive care admission would be an unexpected and rare event.

Children's anaesthetic services are provided by a multidisciplinary anaesthetic and anaesthetic assistant workforce with specialist expertise in the management of children requiring procedural and/or operative anaesthesia, pre- and post-procedural/operative anaesthetic care, acute pain management services, and specialist services such as children's intensive care and trauma care.

Therefore, children's anaesthetic services can be provided in many locations outside the operating theatre complex. However, for the purposes of this module, providing children's anaesthetic services applies predominantly to procedural/operative anaesthesia.

Children's anaesthetic services commence at Level 3 and progress to Level 6. As in all levels, the ability to provide safe, appropriate perioperative care matched to the proposed surgical procedure and the age of the child is the main consideration. The different service levels address the interaction between the anaesthetic risk (i.e., physical status of the child) and procedural/surgical complexity. The American Society of Anaesthesiologists' (ASA1) physical status scale describes the alignment of the physical status of the child with the level of anaesthetic risk (Table 5).

Table 5: ASA scale for anaesthetic risk and physical status in paediatrics

ASA score	Anaesthetic risk	Physical status
ASA 1 (P1)	LOW	Healthy child
ASA 2 (P2)		Child with mild systemic disease and no functional limitation
ASA 3 (P3)	MEDIUM	Child with severe systemic disease and definite functional limitation
ASA 4 (P4)	HIGH	Child with severe systemic disease that is a constant threat to life
ASA 5 (P5)		Moribund child not expected to survive 24 hours with or without surgery
ASA 6 (P6)		Declared brain-dead child whose organs are being removed for donor purposes
E		Completely healthy emergency child (ASA I) who has just received a severe trauma. The addition of E to the classification means that the patient requires an emergency procedure and the risk to the patient is no longer determined by their previous ASA status

Adapted from the physical classification system of the American Society of Anaesthesiologists' Manual for Anaesthesia Department Organization and Management 2001. ASA, 630 North Northwest Highway, Park Ridge, Illinois 60068-2573. Physical status levels adapted in consultation with the CSCF Children's Anaesthetic Advisory Group 2009.

Where services provide anaesthesia for children, anaesthesia should be recognised as a subspecialty. Staff providing anaesthesia must be persons authorised under legislation, credentialed by their health service Credentialing and Clinical Privileging Committee or equivalent, and working within their scope of practice.

This must be noted on each authorised person's privileging document. Persons authorised under legislation administering anaesthetics to children must have relevant training, competencies, credentialing, and experience or be supervised, and should participate in the maintenance of their qualifications within their professional college and/or a professional training program.

Registered medical practitioners (general practitioners or rural generalists) who have successfully completed an Advanced Rural Training module in Anaesthesia, and who have approval to practice by the Joint Consultative Committee on Anaesthesia (JCCA), may provide specific anaesthetic services.

In accordance with the JCCA, endorsement for elective paediatric anaesthesia for children as young as 2 years of age may be granted on an individual-practitioner basis after demonstration of assessment/accreditation and competency by regional representatives of the JCCA. Such endorsement is to be related to the individual's documented training in paediatric anaesthesia for this age group. Staff performing the role of assistant to the anaesthetist must have qualifications and experience in the care of children.

Anaesthetic services, operating suites, procedure rooms, radiology suites and all areas where anaesthetics (including sedation) are administered should fulfil the Australasian Healthcare Facilities Guidelines and be compliant with ANZCA T1.

Pre-anaesthetic consultation for elective surgery is mandatory for all patients. Medical assessment of the patient prior to anaesthesia ensures:

- the patient is in an optimal state of health for the planned procedure
- anaesthetic management is planned
- informed consent for the anaesthetic is given.

Recovery from anaesthesia occurs in a post-anaesthetic recovery area with relevant levels of suitably qualified and experienced staff. For children's post-anaesthetic care services, please refer to the Perioperative Services module, Section 5, Post-Anaesthetic Care Services.

Specific services to note are:

- minimum of two registered nurses present in the post-anaesthetic recovery area at all time when patient admitted to the unit.
- staff able to contact supervising registered medical practitioners and/or other relevant registered health professionals at all times.

The main factors affecting anaesthetic service levels are the interaction between the anaesthetic risk (i.e., physical status of the patient with complicating medical comorbidities) and procedural/surgical complexity. Additional high-risk categories of children with significant comorbidities exist (e.g., obese children where these children require combined paediatric-medical specialist team care prior to a procedural intervention). Considerations for children should include the post-operative plan and care needs and requirements. Geographical location, transfer of the child and distance from specialist services should be carefully considered and safely planned prior to performing any procedure.

There are varying anaesthetic service capability levels where similar support services and staffing are required to provide a safe anaesthetic and surgical service. With children, there are high risks in perioperative care related to age and history of prematurity. The specialist anaesthetist providing anaesthetic services in younger age groups requires specialisation of training and experience. Therefore the children's elective surgical service provision matrix has defined anaesthetic risk as low, medium, and high based on ASA1 levels (Table 1).

PROCEDURES SUITABLE FOR DAY CARE SURGERY

Must be based on:

- a minimum risk of post-operative haemorrhage.
- a minimal risk of post-operative airway compromise.
- Post-operative pain controllable by outpatient management techniques.
- Post-operative care managed by the Patient and/or a responsible adult and any special post-operative nursing requirements met by day surgery, home, or district nursing facilities.
- A rapid return to normal fluid and food intake.
- Operative list organization to achieve early commencement of procedures for which a long recovery period is unlikely.
- The Patient is able to:
 - Use unit facilities with minimal assistance and have independent management of continence
 - Mobilise with low level assistance
 - Perform activities of daily living with minimal assistance.
 -

Related Documents

Clinical Handover Policy
Clinical Deterioration Policy
Pre-Admission Flowchart
Emergency Transfer Policy
Consent Policy
Queensland Health Advanced Outcomes Data Form
Death in the Facility Policy
Sentinel Event Policy
Sentinel Event Reporting Form/Tool

References

1. HSPC Architectural Drawings
2. DeStravis Strategic Functional Brief v7.2
3. Private Health Facilities Licence
4. [Clinical Services Capability Framework Public and Private Health Facilities, Version 3.2](#)
5. [Clinical Services Capability Framework companion document Version 4.](#)
6. CSCF v3.2 Children Services preamble
7. CSCF v3.2 Surgical Services
8. CSCF v3.2 Anaesthetic Services
9. CSCF v3.2 Perioperative Services module, Section 5, Post-Anaesthetic Care Services.
10. American Society of Anaesthesiologists (ASA1) scale
11. Queensland Health Day Surgery Clinical pathway – Extended day surgery day only:
https://www.health.qld.gov.au/data/assets/pdf_file/0029/435692/pathway_daysurg.pdf
12. Queensland health 23 Hour Ward Services Delivery Model:
https://www.health.qld.gov.au/data/assets/pdf_file/0026/147644/gh-gdl-412.pdf

RISK DESCRIPTION	PREVENTATIVE MEASURES	MANAGEMENT PLAN	EVALUATION METHOD	IM ACT	LIKELIHOOD	RISK SCALE FACTOR 1-10
Inappropriate admission of patient who does not fit the criteria.	Policy of admission criteria.	Education to referrers - both GP's and specialists - on the criteria for admission Policies. Education Plans Orientation Programs. Flow charts.	Assess patients prior to admission for suitability.	Major	Possible	7 High



Queensland Health

Enquiries to: Helen Rees
 Director
 Private Health Regulation Unit
 Chief Medical Officer and
 Healthcare Regulation Branch

Telephone: [REDACTED]
 File Ref: C-HFA-1349-002

Mr Neil Henderson
 Chief Executive Officer
 Weststate Private Hospital
 29-37 Ingham Road
 TOWNSVILLE QLD 4810

Email: [REDACTED]@weststate.com.au
 [REDACTED]@dayhospitalconsulting.com.au

Dear Mr Henderson

Approval No. 1904/17
Private Health Facilities Act 1999

Thank you for your application, which was forwarded on your behalf by Ms Leith MacMillan, and received on 14 December 2020.

The application was for a change to an approval in accordance with Section 30 of the *Private Health Facilities Act 1999*.

I wish to advise that I am pleased to grant the change to the approval for:

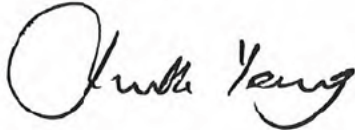
- Change to the name of the facility from Weststate Private to Weststate Private Hospital
- Change to total bed numbers from 22 to 30 beds including 4 23-hour bed bays in the 2nd stage recovery area.
- Re-allocation of 4 ICU beds to ward beds.
- Change to the number of operating theatre to seven (7) including 3-shell theatres.
- Decrease in 1st stage recovery bays from 24 to 23 bays.
- Exclusion of cardiac catheter laboratory
- Change to Clinical services
 - Anaesthetic services from Level 4 to Level 3
 - Anaesthetic Children's services > 14-years Level 4 to Anaesthetic Children's services > 1-year Level 3
 - Perioperative Operating Suite services Level 4 to Level 3
 - Perioperative Post Anaesthetic services Level 4 to Level 3
 - Surgical services Level 4 to Level 3
 - Surgical Children's services Level 4 to Level 3
- Provision of Close Observation services Level 3
- Exclusion of ICU services Level 4 and Medical services Level 4
- Change to approved plans.

The Approval No 1904/17 will be duly amended, effective from 11 January 2021 and sent to you in due course.

It should be noted that the plans 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*.

If you require further clarification on this matter, please do not hesitate to contact the Private Health Regulation Unit, on (07) 3708 5325 or via email at _____@health.qld.gov.au

Yours sincerely



Dr Jeannette Young PSM
**Queensland Chief Health Officer and
Deputy Director-General**
11 / 01 / 2021

RTI Release