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| **Section 1 – Private health facility details** | | | |
| Facility/hospital name | | | |
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| Please attach all documents required. If an item is not attached, please detail reason (e.g document not applicable or to be provided.) | | | |
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| **Clinical Services Capability Framework (CSCF)** | | | |
|  | a completed Private Health Facilities (PHF) **Standards self-assessment** document (available online) | | |
|  | completed **CSCF – self-assessment forms** for each individual CSCF service provided at the hospital (available on request). Please note you must contact the Private Health Regulation Unit and request these forms prior to submission of the application. | | |
| **Section 2 – Accreditation and quality improvement information (PHF Standard 1)** | | | |
| **Continuous quality improvement information to be provided with application (PHF Standard 1)** | | | |
|  | **Document name** | **Comment if not provided** | |
|  | Name of approved accrediting agency |  | |
|  | Proposed date of initial accreditation assessment |  | |
|  | Quality policy and quality improvement plan |  | |
|  | Policies and procedures regarding adverse event reporting and management, including reportable / sentinel events |  | |
|  | Open disclosure policy |  | |
|  | Name and contact details of nominated quality person for the facility |  | |
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| **Credentials and clinical privileges information to be provided with application (PHF Standard 2)** | | | |
|  | **Document name** | **Comment if not provided** | |
|  | Credentialing and clinical privileges and defining scope of practice policy / process including terms of reference for the committee and the checking professional registration requirements) and/or facility by-laws |  | |
|  | List of credentialing and clinical privileges committee (however titled) members’ names and their profession titles |  | |
|  | Copy of meeting minutes for initial credentialing meeting |  | |
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| **Infection control information to be provided with application (PHF Standard 4)** | | | |
|  | **Document name** | **Comment if not provided** | |
|  | Infection prevention and control policy and management plan |  | |
|  | Infection control committee (however titled) terms of reference |  | |
|  | List of infection control committee (however titled) members’ names and their profession titles |  | |
|  | Details of infection control education program |  | |
|  | Environmental cleaning policy |  | |
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| **Information management information to be provided with application (PHF Standard 5)** | | | |
|  | **Document name** | **Comment if not provided** | |
|  | Proposed patient medical record |  | |
|  | Proposed admission / discharge and theatre register |  | |
|  | Medical records management policy, including retention and storage of records |  | |
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| **Management and staffing information to be provided with application (PHF standard 6)** | | | |
|  | **Document name** | **Comment if not provided** | |
|  | Corporate organisational chart showing the relationship between the authority holder and the hospital |  | |
|  | Hospital organisational chart |  | |
|  | Diagram of hospital committee structure that demonstrates lines of communication and reporting structure |  | |
|  | Details of number of clinical and non-clinical staff |  | |
|  | Staff orientation manual / program |  | |
|  | Proposed dates for initial staff orientation |  | |
|  | Staff performance management policy and program |  | |
|  | Staff education and training policy & program – i.e. annual competencies for clinical and non-clinical staff including mandatory training items e.g. BLS, fire and manual lifting |  | |
|  | Complaints management policy/procedure | |  | |
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| **Patient care information to be provided with application (PHF Standard 8)** | | | |
|  | **Document name** | **Comment if not provided** | |
|  | Patient admission criteria, including patient exclusion criteria (mechanisms that identify patients out of scope for service capability) |  | |
|  | Patient consent procedure |  | |
|  | Confirmation that a substance management plan has been developed |  | |
|  | Clinical risk management policy / plan |  | |
|  | Proposed staff roster for each clinical area |  | |
|  | Policy/ies to manage deteriorating patient and escalation of care |  | |
|  | Medical emergency policy including patient transfer procedures |  | |
|  |  |  | |
| **Physical environment information to be provided with application (PHF standard 9)** | | | |
|  | **Document name** | **Comment if not provided** | |
| Medical equipment compliance statement | |  | |
|  | for any new equipment – confirmation equipment has been tested and is covered under warranty |  | |
|  | for existing equipment – compliance statement equipment tagged and tested |  | |
|  | Details of arrangements/ policies for storage and collection of waste including contaminated and/or cytotoxic waste |  | |
|  | Results of water testing taken for *Legionella.* NB In accordance with the *Public Health Act 2005*, you are required to develop and implement a water risk management plan. [More information](https://www.health.qld.gov.au/public-health/industry-environment/environment-land-water/water/risk-management) |  | |
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| **Other** | | | |
| Confirmation that contact has been made with and that systems are in place for the submission of patient activity data as required by the Chief Health Officer via, the Health Statistics Unit, Queensland Health as follows: | | | |
|  | Submission of reports to the Chief Health Officer within 35 days after the end of the month; in accordance with Section 144, Private Health Facilities Act 1999 and Section 7, Private Health Facilities Regulation 2000. Detailed requirements are prescribed in the Queensland Hospital Admitted Patient Data Collection (QHAPDC), Health Statistics Unit Queensland Health | | |
|  | Provision of Perinatal statistics data to the Chief Executive (the Director-General) within 35 days after the end of the month for every baby born in Queensland; in accordance with the *Public Health Act 2005* and Public Health Regulation 2005 | | |
| Confirmation that contact has been made with Queensland Health’s Patient Safety and Quality Improvement Service (PSQIS) | | | |
|  | for the provision of Inform My Care information in accordance with the *Health Transparency Act 2019*. | | |
| Confirmation that contact has been made with the Queensland Health’s Water Unit for | | | |
|  | Provision of contact person/s who will be responsible for the Water Management Plan and for legionella water testing and the submission of legionella results in accordance with the *Public Health Act 2005*. | | |
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| **NOTE:** If the facility/hospital is providing **mental health and/or alcohol and other drug (AOD) services,** the application the following forms and their supporting documents must also be provided with the application | | | |
|  | Mental Health services supporting documentation form (available online) | | |
|  | AOD services supporting documentation form(available online) | | |