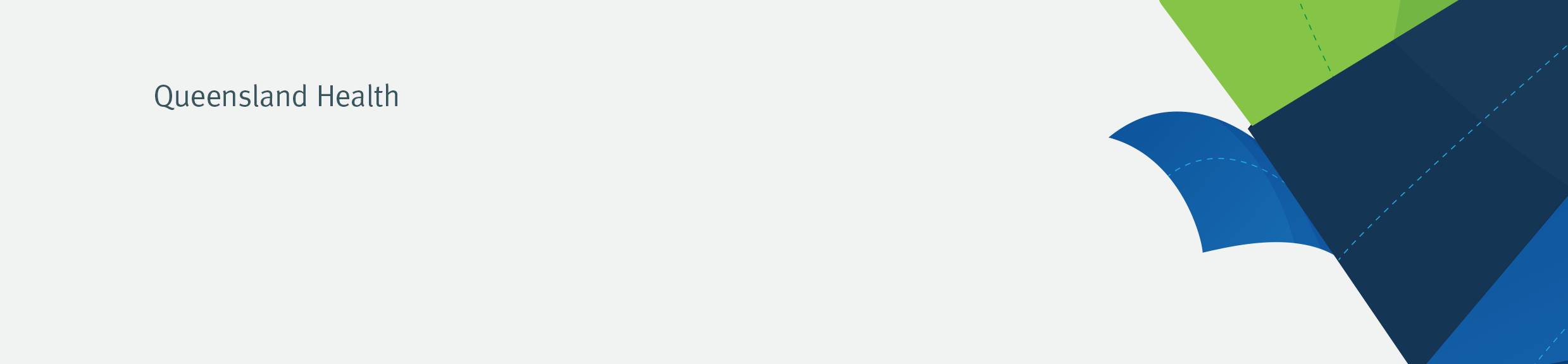
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Private Health Regulation

Supporting documentation - application for a licence to operate

| **Hospital Name:** |  |
| --- | --- |
| **Expected Commencement of Services Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificates required:** | **Yes** | **No** | **N/A** | **Comments** |
| 1. Local Authority Certificate of Occupancy by building certifier |  |  |  |  |
| 1. Medical Gases installation compliance **and** testing letter |  |  |  |  |
| 1. Electrical compliance **and** testing letter |  |  |  |  |
| 1. Nurse / Emergency call compliance letter **plus** verification of testing |  |  |  |  |
| 1. Air-conditioning certificates |  |  |  |  |
| 1. Medical equipment compliance statement: |  |  |  |  |
| * for **new** equipment – confirmation equipment has been switched on and tested and is covered under warranty |  |  |  |  |
| * for **existing** equipment – compliance statement equipment tagged and tested |  |  |  |  |
| 1. Diagrammatic evacuation plan reflecting building works |  |  |  |  |
| 1. Testing of emergency generator |  |  |  |  |
| **Policies / Documentation / Information required:** | **Yes** | **No** | **N/A** | **Comments** |
| 1. Medical emergency policy including patient transfer procedures |  |  |  |  |
| 1. Patient admission criteria |  |  |  |  |
| 1. Patient consent procedures |  |  |  |  |
| 1. Patient complaint procedures |  |  |  |  |
| 1. Infection control policy |  |  |  |  |
| 1. Medication management plan |  |  |  |  |
| 1. Quality policy |  |  |  |  |
| 1. Storage and collection of waste, including contaminated waste policy |  |  |  |  |
| 1. Risk management plan |  |  |  |  |
| 1. Credentialing and clinical privileges committee terms of reference and meeting minutes which includes names of members |  |  |  |  |
| 1. Infection Control committee meeting minutes which includes names of members |  |  |  |  |
| 1. Proposed staff roster for each clinical area |  |  |  |  |
| 1. Staff orientation program |  |  |  |  |
| 1. Proposed medical record |  |  |  |  |
| 1. Results of initial 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) |  |  |  |  |
| 1. Name of quality assurance entity, date of registration and proposed date of initial certification. |  |  |  |  |
| **Other:** | | | | |
| 1. Facility phone number and fax number: |  |  |  |  |
| 1. Postal address: |  |  |  |  |
| 1. Proposed accreditation date: |  |  |  |  |
| 1. Timeframe for staff orientation: |  |  |  |  |
| 1. Admission/Discharge and Theatre register: |  |  |  |  |
| **Confirmation of contact:** | **Yes** | **No** | **N/A** | **Comments** |
| 1. 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.     Telephone: (07) 3234 1875  Email: [QHIPSMAIL@health.qld.gov.au](mailto:QHIPSMAIL@health.qld.gov.au) Website:<https://www.health.qld.gov.au/hsu/default.asp> |  |  |  |  |
| 1. Confirmation that contact has been made with Queensland Health’s Patient Safety and Quality Improvement Services (PSQIS) for the provision of My Care information in accordance with the *Health Transparency Act 2019*.   Email address: [informmycare@health.qld.gov.au](mailto:informmycare@health.qld.gov.au) |  |  |  |  |
| 1. 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 * the submission of legionella results in accordance with the *Public Health Act 2005*.   Email address: [legionella@health.qld.gov.au](mailto:legionella@health.qld.gov.au)  Website: <https://www.health.qld.gov.au/public-health/industry-environment/environment-land-water/water/risk-management> |  |  |  |  |