

# Registration

## Private Hospital and Day Procedure Centre

### Guidelines for application for registration of a private hospital or day procedure centre

#### When must an application for registration be made?

The Secretary to the Department of Health and Human Services (the Department) registers private hospitals and day procedure centres (health service establishments) under provisions set out in Part 4 of the *Health Services Act 1988* (the Act). Registration of a health service establishment is the second stage of the approval process under the Act. The first stage of the process is to apply and be issued with a Certificate of Approval in Principle (AIP). A facility may not commence operation (i.e. admit patients) until both stages have been completed. For information on how to make an application for AIP please refer to the AIP section on our website.

In order for a person to operate a health service establishment, and provide medical services of a prescribed kind for a fee, they are required to be registered in accordance with the Act.

An assessment of an application for registration is undertaken in accordance with the criteria detailed in section 83 of the Act. These criteria include:

- fitness and propriety of the proposed proprietor;
- financial capacity of the proposed proprietor;
- suitability of the fittings and equipment of the premises;
- suitability of the design and construction of the premises;
- suitability of the management and staffing arrangements; and
- arrangements for maintaining and improving the quality of health services provided.


The information required by the Secretary to the Department (the Secretary) to assess compliance with each of these criteria is specified in more detail below.

#### Who can make an application?

Only the proposed proprietor of a private hospital or day procedure centre can make an application for registration.

A proprietor of a private hospital or day procedure centre may take any of the following forms;

- a natural person
- a partnership
- a company
- a company limited by guarantee (not-for profit)
- an incorporated association

The symbol  indicates that a document is required to be attached to the application.

# How to complete an application for registration

## 1. Schedule 4 form and prescribed fee



Applicants are required to complete Schedule 4 - Application for registration of a private hospital or day procedure centre (available for download from ([www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)) and include all the information outlined below.

**The application must include the prescribed fee as indicated on the Private Hospitals website - [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals). Cheques or money orders should be made payable to "Department of Health & Human Services". Payment by EFT is also available. If payment was made by EFT, a copy of confirmation of payment is to be provided with the application.**

The Department requests the following information and documents in order to assess the application for registration in accordance with mandatory criteria detailed in section 83 of the Act. If additional information is required, the applicant will be notified.

## 2. Entity information

### 2 (A) – Natural Person (including partnerships)

Please ensure that you complete all parts and attach all documents.



Australian Securities and Investments Commission (ASIC) current business name extract showing business name holder details **obtained in past 30 days**.

### 2 (B & C) – Company or Incorporated Association or other body corporate

Please ensure that you complete all parts and attach all documents.

#### Company



ASIC current business name extract showing business name holder details **obtained in past 30 days**.



ASIC company extract search showing registered company office details and listing all directors and office holders or Australian Charities & Not-for-profits Commission (ACNC) register **obtained in past 30 days**.



Completed list of directors, board members or office bearers in a company or incorporated association or other body corporate form (available for download from ([www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals))).

#### Incorporated Association or other body corporate



Certificate of Incorporation or other documents (e.g. ACNC register)



Most recent Annual Report or Annual Return



Completed list of directors, board members or office bearers in a company or incorporated association or other body corporate form (available for download from ([www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals))).

## Probity

In order to assess the fitness and propriety of the proprietor (or directors or board members of proprietor companies or incorporated associations) the Department requires the following documents:



A completed Statutory Declaration – Fitness and Propriety (REN 2) (available for download from [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals));



A National Police Record Check (certified copy) issued within the past twelve (12) months (see note 1 & note 2 below);



Provide a written statement of association as to whether any of the person/s listed have ever been, or are at present associated with a holder of a certificate of registration of a private hospital or day procedure centre in Victoria or elsewhere in Australia. Where applicable, provide details.

**NOTE 1:** The Department will accept a National Police Record Check (**certified copy only**) from any of the following agencies:

- An accredited provider of National Police Checks e.g. *Fit2work* (see <http://www.fit2work.com.au> for further information) - *this is the preferred method as it has a quick response time*;
- Victoria Police;
- Australian Federal Police;
- A police force of another Australian State; or

**NOTE 2:** Certification of the National Police Check can be carried out by: Justice of the Peace, a Registered Nurse, Accountant, Bank Manager, Barrister, Solicitor, Police Officer, Registered Pharmacist, Medical Practitioner, Dentist, Chiropractor, Physiotherapist, Veterinary Surgeon, and an Optometrist.

## 3. Financial capacity

The Department must consider whether the proprietor has and is likely to continue to have the financial capacity to operate the establishment.



Please arrange for a qualified accountant to complete the Statement by accountant – application for registration of a private hospital or day procedure centre form. Your accountant may attach any disclaimer or qualification that he or she considers appropriate (form available for download from [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).

## 4. Security of tenure

The Secretary is required to consider whether the proprietor has security of tenure over the premises.



Please provide the following information;

If the proprietor **is the owner** of the land on which the private hospital or day procedure centre is conducted then a written statement to this effect must be provided.

If the proprietor **is not the owner** of the land then provide a copy of the lease or a written statement detailing the commercial or leasing arrangements that are in place and confirm that these arrangements will continue for at least the period of registration, which is ordinarily two years.

## 5. Bed numbers



Complete the Proposed bed numbers for application of registration of a private hospital or day procedure centre form including the type of health service establishment and the number of beds used for each of the prescribed health services (form is available for download from [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).

## 6. Quality of health services

The Department uses various sources of information to assess whether the quality of health services to be provided will be satisfactory. It is also a condition on registration to be accredited to the National Safety and Quality Health Service Standards; or to be formally engaged in the process.



Please provide proof of enrolment for accreditation to the National Safety and Quality Health Service Standards.

## 7. Management and staffing requirements

Provide confirmation of the following appointments:



### Mandatory appointments

- Director of Nursing (form is available for download from [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).
- Complaints Officer (form is available for download from [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).



### Other appointments

- Chief Executive Officer or however titled (form is available for download from [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).
- Medical Director ((form is available for download from ([www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals))).



### Credentialing

- provide details for credentialing of medical officers (see guidelines - <http://www.health.vic.gov.au/clinicalengagement/credentialling/index.htm>)



### Proposed management and staffing arrangements

Please provide an outline of the proposed management and staffing arrangements of the service.

This may include an outline of the organisational structure, key staff members and their qualifications, responsibilities and accountabilities. This information should illustrate how the management and staffing arrangements are designed for the kinds of services which will be provided.

Include information about the terms of reference and membership of the Medical Advisory Committee (where appointed).

Describe how competencies will be maintained for clinical staff such as medical practitioners, registered nurses and allied health professionals (for example) by recruitment, supervision, performance review and ongoing education and training.

## 8. Arrangements for maintaining and improving the quality of health services

Please indicate whether the health service establishment has:



- a documented patient and staff complaints system (mandatory);
- an infection control and prevention strategy (mandatory);
- a policy and procedures manual;
- a quality improvement plan; and
- a clinical risk management program.

## 9. Health information data

Consistent with Victoria's reporting obligations to the Commonwealth, under the National Health Information Agreement and the National Health Care Agreement, private hospitals and day procedure centres are required to submit episode level data to the Department for every separation, as specified in the *Health Services (Private Hospitals and Day Procedure Centres) Regulation 2013*.

The (de-identified) demographic, administrative and clinical data are compiled into the Victorian Admitted Episode Dataset (VAED). Victorian hospitals must transmit data to the VAED via the PRS/2 system, an interface between the hospital's in-house patient management system and the VAED. Services are required to test their data transmission capabilities prior to transmitting to the (live) production database.

Testing details and application forms are available in the VAED Manual located on the HDSS web site at [www.health.vic.gov.au/hdss/vaed](http://www.health.vic.gov.au/hdss/vaed) . The Health Data Standards and System unit (HDSS) Help Desk is also available to assist you through the testing and data transmission process. Contact HDSS +61 (3) 9096 8141 or Email [HDSS.HelpDesk@dhs.vic.gov.au](mailto:HDSS.HelpDesk@dhs.vic.gov.au) <mailto:PRS2.Help-Desk@dhs.vic.gov.au> prior to registration.

## 10. Suitability of the design, construction, fittings and equipment

The applicant should contact the Private Hospitals Unit two to four weeks prior to the completion of construction to arrange a site visit. The Certificate of Occupancy **must be received** by the Department prior to the site visit taking place. At this visit all relevant certification of compliance with relevant statutory authority and standards requirements must be submitted.

**NOTE:** If the Certificate of Occupancy is not provided to the Department the scheduled site visit will not take place and a new appointment will have to be made.

The Unit will inspect the premises to ensure compliance with the Australasian Health Facility Guidelines (AusHFG) and the Regulations. At the final inspection any works that don't comply with the AusHFG or the Regulations may be required to be made compliant prior to registration of the facility.

Please complete the 'AIP Site Inspection Checklist' which provides a list of compliance certificates that may be required. This document can be downloaded from the Private Hospitals website [www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).

## 11. Accuracy of information

It is an offence under section 151 of the Act to provide false or misleading information for the purposes of complying with the Act.

## What happens after an application is made?

Departmental staff may meet with proprietors regarding the application and how they intend to manage and operate the private hospital or day procedure centre. You will be advised of this once your completed application is received.

## Timeframes

The Secretary (or Delegate) has 60 days after receiving an application (comprising the scheduled form and prescribed fee) to inform the applicant of a decision. If the Secretary (or Delegate) requests the applicant to provide additional information, a decision must be made within 28 days of receipt of the information last requested or within the 60 day period, whichever is later. Proprietors should keep these timeframes in mind when submitting an application for assessment.

## Completed applications should be sent to:

The Manager  
Private Hospitals  
Department of Health and Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

If you require further information please contact the Private Hospitals Branch on (03) 9096 2164

**Please note incomplete applications may be returned to the applicant.**

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# Registration

## Private Hospitals and Day Procedure Centres

### Checklist for application for registration of a private hospital or day procedure centre

Please complete the checklist and return it with your application to Private Hospitals, Department of Health and Human Services, GPO Box 4057, MELBOURNE VIC 3001.

Incomplete applications may be returned to applicant.

**Facility/Applicant name:** \_\_\_\_\_

**Facility address:** \_\_\_\_\_

No.	Item	√	If not attached, please detail why (i.e. document not applicable)		
1	Schedule 3 – Application for Registration				
	Payment of prescribed fee attached				
2	<b>Please provide the appropriate information required for your kind of entity.</b>				
	<b>A. Natural person (including partnerships)</b>				
		Name, address etc			
	<b>OR</b>	<b>B. Company</b>			
			Australian Securities and Investments Commission (ASIC) company extract search obtained in previous one month showing Registered company office details		
		Names of directors (see attached form)			
		If subsidiary company, a company structure chart			
	<b>OR</b>	<b>C. Incorporated Association or other body corporate</b>			
			Registered office of the incorporated association or body corporate		
			Certificate of Incorporation or other documents		
			Most recent Annual Report or Annual Return		
			Names of board members or controlling office bearers (see attached form)		

2 cont.	<b>For each director or board member or controlling office bearers include:</b>		
	Statutory Declaration – Fitness and Propriety		
	Details of relevant professions qualifications & CV		
	Police check certificate issued within the past 12 months ( <b>certified copy</b> )		
	Statement regarding previous registration		
3	Statement by independent accountant		
4	Business name extract		
5	Security of tenure		
6	Confirmation of bed numbers for prescribed services		
7	<b>Management and staffing requirements</b>		
	• Confirmation of director of nursing form		
	• Confirmation of complaints officer form		
	• Confirmation of chief executive officer form (if appointed)		
	• Confirmation of medical director form (if appointed)		
	• Credentialing		
	• Management & staffing arrangements		
	• Medical advisory committee		
• Competencies for clinical staff			
8	Complaints system		
	Infection control & prevention strategy		
	Quality improvement plan		
	Clinical risk management program		
	Accreditation program details		
9	Health information data		
10	Arranged site visit with Private Health Services Regulation Unit		

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# Notification of appointments

## Private Hospitals and Day Procedure Centres

### Appointment of Complaints Officer

The *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013* requires the notification of appointment of a Complaints Officer. The proprietor must notify the Department of Health & Human Services **within 14 days** of the appointment.

Name of facility:	
Address:	
	Postcode:

#### Complaints Officer's details:

Surname:	Given names:
Contact telephone no.	Date of appointment:
Email address:	

Name of person completing form:	
Signature:	Date:

*Please return completed form and curriculum vitae to:*

The Manager  
Private Hospitals  
Department of Health & Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

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# Notification of appointments

## Private Hospitals and Day Procedure Centres


### Appointment of Director of Nursing

The *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013* requires the notification of appointment of a Director of Nursing. The proprietor must notify the Department of Health & Human Services **within 28 days** of the appointment.

If the Director of Nursing is absent, incapacitated or the position is vacant for more than 28 days, the proprietor must appoint a person to act as the Director of Nursing during that period. Please use the Appointment of Acting Director of Nursing, available on our website.

Name of facility:	
Address:	
	Postcode:
<b>Director of Nursing <u>or however titled</u></b> (please state):	
Surname:	Given names:
Contact telephone no.:	Date of appointment:
Email address:	
AHPRA Registration number:	

Name of person completing form:	
Signature:	Date:

	Please attach curriculum vitae of appointee clearly outlining previous employment, positions held and levels of responsibility.
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*Please return completed form and curriculum vitae to:*

The Manager  
Private Hospitals  
Department of Health & Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

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# Notification of appointments

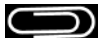
## Private Hospitals and Day Procedure Centres

### Appointment of Chief Executive Officer

The *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013* requires the notification of appointment of a Chief Executive Officer. The proprietor must notify the Department of Health & Human Services **within 28 days** of the appointment.

Name of facility:	
Address:	
	Postcode:
<b>Chief Executive Officer <u>or however titled</u></b> (please state):	
Surname:	Given names:
Contact telephone no.:	Contact mobile no.:
Contact email:	Date of appointment:

Name of person completing form:	
Signature:	Date:

	Please attach curriculum vitae of appointee clearly outlining previous employment, positions held and levels of responsibility.
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*Please return completed form and curriculum vitae to:*

The Manager  
Private Hospitals  
Department of Health & Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

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# Notification of Appointments

## Private Hospitals and Day Procedure Centres

### Appointment of Medical Director

The *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013* requires the notification of appointment of a Medical Director, if appointed. The proprietor must notify the Department within 28 days of the appointment.

Name of private hospital / day procedure centre:

\_\_\_\_\_

Address of private hospital / day procedure centre:

\_\_\_\_\_

Postcode \_\_\_\_\_

#### Medical Director's details

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Email address: \_\_\_\_\_

AHPRA Registration number; \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please attach curriculum vitae of appointee clearly outlining previous employment, positions held and levels of responsibility.

Please return completed form and curriculum vitae to:

Manager  
Private Hospitals  
Department of Health and Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

If you require further information please contact the Private Hospital Branch on +61 (3) 9096 2164

# Registration

## Private Hospitals and Day Procedure Centres

### Proposed bed numbers

The Department requires confirmation of the number of beds that are proposed to be used for each of the prescribed health services listed on Schedule 3 application.

**Name of private hospital or day procedure centre** \_\_\_\_\_

Please indicate (✓) the type of health services and number of beds for each type of health service or speciality service.

<b>Private Hospital</b> <input type="checkbox"/>	<b>Number of beds</b>	<b>Or Day Procedure Centre</b> <input type="checkbox"/>	<b>Number of beds</b>
Medical health services		Medical health services	
Surgical health services		Surgical health services	
Speciality health services for the provision of		Speciality health services for the provision of	
Artificial insemination		Artificial insemination	
Assisted reproductive treatment		Assisted reproductive treatment	
Cardiac services		Cardiac services	
Emergency medicine		Emergency medicine	
Endoscopy		Endoscopy	
Intensive care		Mental health services	
Mental health services		Obstetrics	
Neonatal services		Oncology (chemotherapy)	
Obstetrics		Oncology (radiation therapy)	
Oncology (chemotherapy)		Renal dialysis	
Oncology (radiation therapy)		Specialist rehabilitation services	
Renal dialysis			
Specialist rehabilitation services			
<b>Total number of beds</b>		<b>Total number of beds</b>	

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# Registration

## Private Hospitals and Day Procedure Centres

### Director, Board Member or Office Bearer form for registration

The *Health Services Act 1988* requires the Secretary to assess the fitness and propriety of all directors or other officers of a body corporate who exercise or who may exercise control over a private hospital or day procedure centre.

Please complete this form for each director, board member or office bearer (as applicable) when applying for registration of a new private hospital or day procedure centre.

Name of private hospital / day procedure centre:

\_\_\_\_\_

Address of private hospital / day procedure centre:

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

#### Director's/Board Member's/Office Bearer's details

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For each director, board member or other office bearer as applicable, provide:

- a completed Statutory Declaration – Fitness and Propriety (REN2);
- police check certificate issued within the past 12 months (certified copy only); &
- details of any relevant professional qualifications and curriculum vitae.

Please return completed form and appropriate supporting documentation to:

The Manager  
Private Hospitals  
Department of Health  
GPO Box 4541  
MELBOURNE VIC 3001

If you require further information please contact the Private Hospitals Branch on (03) 9096 2164.




# Renewal of registration

## Private Hospitals and Day Procedure Centres

### Statement by accountant (REN3)

**Section 89(b)(ii)** of the *Health Service Act 1988* (the Act) requires the Secretary of the Department of Health & Human Services (the Department) to consider whether the proprietor of a health service establishment has and is likely to continue to have the financial capacity to carry on the establishment. The following statement is to be completed by a qualified accountant. This statement is provided for the sole purpose of assisting the Department to assess an application for renewal of registration made under the Act.

<b>Name of facility:</b>		
<b>Name of registered proprietor:</b>		
<b>Accounting practice business name:</b>		
<b>Accountant's address:</b>		
		<b>Postcode:</b>
<b>Qualification (please tick):</b>		
Chartered Accountant	<i>Certified Practising Accountant</i>	Public accountant
I have considered all relevant documentation relating to the financial affairs of the above proprietor. I am satisfied that at the time of making this statement, the proprietor:		
<ul style="list-style-type: none"><li>• has, and is likely to continue to have, the financial capacity to operate the facility for a period of two (2) years; and</li><li>• is able to pay its debts when they become due and payable.</li></ul>		
 Please attach any qualifications to, or explanations of, the above statement that you may wish to make.		

**Signature of accountant:**

**Name of signatory**  
(in BLOCK LETTERS):

**Date:**

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