

**PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES
ACT 1988—REGULATION**

(Relating to licensing standards for rehabilitation and psychiatric class private hospitals, to medical advisory committees and to procedures for notifiable diseases)

NEW SOUTH WALES



[Published in Gazette No. 98 of 28 June 1991].

HIS Excellency the Governor, with the advice of the Executive Council, and in pursuance of the Private Hospitals and Day Procedure Centres Act 1988, has been pleased to make the Regulation set forth hereunder.

J. P. HANNAFORD
Minister for Health and Community Services.

Commencement

1. This Regulation takes effect on 28th June, 1991.

Amendments

2. The Private Hospitals Regulation 1990 is amended:
 - (a) by omitting from clause 8 (6) the words “psychiatric care” and by inserting instead the words “treatment for a mental illness”;
 - (b) by inserting after clause 1.3.1. (1) of Schedule 1 the following subclause:
 - (1A) In addition to the elected members referred to in subclause (1), the licensee may appoint:
 - (a) a medical practitioner nominated by the licensee; or
 - (b) a medical practitioner nominated by a relevant professional organisation; or

1991—No. 307

- (c) a medical practitioner nominated by the licensee and a medical practitioner nominated by a relevant professional organisation,
to be a member or members of the medical advisory committee.
- (c) by omitting from clauses 1.3.1 (2) (a) and 1.3.2 (3) (b) of Schedule 1 the words “clinical privileges” wherever occurring and by inserting instead the words “clinical responsibilities”;
- (d) by inserting in clause 1.3.1 (4) of Schedule 1 after the word “advice” the words “on matters specified in subclause (2)”;
- (e) by omitting clause 1.5.11 (2) of Schedule 1 and by inserting instead the following subclause:
 - (2) If a person in a private hospital is known or is reasonably suspected by the person’s attending medical practitioner to be suffering from a notifiable disease, the chief nurse:
 - (a) must cause such measures to be taken as are necessary to prevent the spread of infection; and
 - (b) must, as soon as possible, notify a nursing supervisor by telephone of the fact; and
 - (c) must take such further measures as the Director-General may require.
- (f) by omitting Part 3 of Schedule 2 and by inserting instead the following Part:

PART 3—HABILITATION HOSPITALS**Medical advisory committee**

2.3.1. In a rehabilitation class private hospital, the medical advisory committee established pursuant to clause 1.3.1 is to include at least 1 specialist in rehabilitation medicine among its members.

Conduct of rehabilitation class private hospitals

2.3.2. A rehabilitation class private hospital:

- (a) must have a written policy on the provision of rehabilitation services, including:
 - (i) a statement of the hospital’s philosophy of service; and
 - (ii) details of the liaison to be established with community based services to ensure continuity and co-ordination of care; and

- (b) must have clear, written criteria and assessment procedures for the admission of both inpatients and outpatients to rehabilitation programs; and
- (c) must have for each patient a written rehabilitation plan which:
 - (i) is based on the assessment of that patient; and
 - (ii) states the needs and limitations of the patient and the goals of the rehabilitation plan; and
 - (iii) is prepared by a multi-disciplinary team with the active participation of the family of the patient; and
 - (iv) includes provision for discharge, continuing care and review; and
- (d) must regularly evaluate the progress of each patient against the written rehabilitation plan; and
- (e) must have a formal and planned discharge procedure; and
- (f) must have regular case management meetings, involving the treating medical practitioner and appropriate therapists, to review individual rehabilitation plans; and
- (g) must arrange for specialists to be readily available for consultation; and
- (h) must have sufficient appropriate therapists for the services provided; and
- (i) must have sufficient registered nurses with appropriate rehabilitation qualifications or experience on duty at all times; and
- (j) must, if patients with brain impairment are being treated, have available the services of a neuro-psychologist; and
- (k) must, if patients with chronic pain are being treated, have available the services of a clinical psychologist.

Clinical records

2.3.3. Without limiting clause 1.6.1, the clinical record of a patient in a rehabilitation class private hospital must include:

- (a) a clear statement by the treating medical practitioner giving details of the reason for admission and the perceived need for rehabilitation which is consistent with the admission policy; and
- (b) a rehabilitation plan based on the assessment of the patient; and
- (c) a record of each evaluation of the patient's progress; and
- (d) a discharge plan.

Areas for dining, therapy and other activities

2.3.4. A rehabilitation class private hospital must have patient activity areas which are adequately equipped for dining, therapy and other activities.

by omitting Part 4 of Schedule 2 and by inserting instead the following Part:

PART 4—PSYCHIATRIC HOSPITALS**Design and construction**

2.4.1. (1) A psychiatric class private hospital must be designed to meet the needs of mentally ill and mentally disordered persons, with:

- (a) suitable arrangements for patient safety and protection; and
- (b) areas for observation of patients; and
- (c) accommodation providing personal privacy, consistent with the treatment being provided.

(2) If electro-convulsive therapy is to be administered, the private hospital must have dedicated treatment and recovery areas for that purposes.

Medical advisory committee

2.4.2. In a psychiatric class private hospital, the medical advisory committee established pursuant to clause 1.3.1 is to include:

- (a) if the hospital is a general and psychiatric class private hospital only, a majority of specialist psychiatrists among its members; or
- (b) in any other case, at least 1 specialist psychiatrist among its members.

Conduct of psychiatric class private hospitals

2.4.3. A psychiatric class private hospital:

- (a) must have a written policy on the provision of psychiatric services, including a statement of the hospital's philosophy of service; and
- (b) must have a written policy and procedure for:
 - (i) supporting the functions of the Mental Health Review Tribunal; and
 - (ii) supporting the functions of official visitors, authorised officers and welfare officers; and

- (iii) supporting the administration of the Disability Services and Guardianship Act 1987; and
- (iv) the management of patients' trust funds; and
- (c) must have clear, written criteria and assessment procedures for the admission of both inpatients and outpatients to psychiatric programs; and
- (d) must have for each patient a written treatment plan which:
 - (i) is based on the assessment of that patient; and
 - (ii) includes provision for discharge, continuing care and review; and
- (e) must arrange for there to be a psychiatrist on call at all times; and
- (f) must arrange for a general practitioner and other relevant specialists to be readily available for consultation; and
- (g) must have sufficient registered nurses with appropriate psychiatric qualifications or experience on duty at all times; and
- (h) must arrange for interpreter services to be available as needed.

Clinical records

2.4.4. Without limiting clause 1.6.1, the clinical record of a patient in a psychiatric class private hospital:

- (a) must comply with the requirements of the Mental Health Act 1990; and
- (b) must include:
 - (i) a clear statement of the reason for admission, consistent with the admission policy; and
 - (ii) a treatment plan based on the assessment of the patient; and
 - (iii) a record of each evaluation of the patient's progress; and
 - (iv) a discharge plan.

Furnishing of wards

2.4.5. Subclauses (2) and (5) of clause 2.1 do not apply to a psychiatric ward if a suitable domestic bed is provided for each patient.

Areas for dining, therapy and other activities

2.4.6. A psychiatric class private hospital must have patient activity areas which are adequately equipped for dining, therapy and other activities.

ECT equipment

2.4.7. Without limiting clause 1.2.1, the equipment and drugs provided in areas in which electro-convulsive therapy is administered must comply with the recommendations of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons in its publication “Recommended Minimum Facilities” for Safe Anaesthetic Practice for Electro Convulsive Therapy”.

(h) by inserting after paragraph (3) of Form 1 in Schedule 3 the following paragraphs:

(4) In the case of a rehabilitation class private hospital, the additional information in Annexure A.

(5) In the case of a psychiatric class private hospital, the additional information in Annexure B.

(i) by inserting at the end of Form 1 in Schedule 3 the following matter:

Annexure A

Additional information to be supplied for a
rehabilitation class licence

- (1) The nature of the rehabilitation services to be provided.
- (2) The staff and facilities to be provided for rehabilitation.
- (3) The support services to be provided in association with the rehabilitation service.
- (4) The criteria to be used in assessing the suitability of patients to be admitted to the hospital for rehabilitation.
- (5) The arrangements to be made for the transfer of patients to appropriate facilities in the event of unexpected complications.
- (6) The liaison to be established with community based services to ensure continuity and co-ordination of care.

Annexure B

Additional information to be supplied for a
psychiatric class licence

- (1) The nature of the psychiatric services to be provided.
- (2) The staff and facilities to be provided for psychiatric care.
- (3) The support services to be provided in association with psychiatric services.

1991—No. 307

- (4) The criteria to be used in assessing the suitability of patients to be admitted to the hospital for psychiatric care.
 - (5) The arrangements to be made for the transfer of patients to appropriate facilities in the event of unexpected complications.
 - (6) The liaison to be established with community based services to ensure continuity and co-ordination of care.
- (j) by omitting Form 11 in Schedule 3.

EXPLANATORY NOTE

The object of this Regulation is to amend the Private Hospitals Regulation 1990:

- to provide additional licensing standards for rehabilitation and psychiatric class private hospitals;
- to vary the membership of medical advisory committees;
- to amend procedures for dealing with notifiable diseases.

The additional licensing standards include provisions concerning the conduct of rehabilitation and psychiatric services, clinical records, representation on medical advisory committees and facilities in activity areas.

At present, a medical advisory committee consisting of 5 elected members is required at each private hospital to advise the licensee on the provision of services at the hospital. This regulation will allow a maximum of 2 additional members to be nominated for appointment to the committee.

Current procedures for preventing the spread of infectious diseases in a private hospital require action by hospital staff only where a patient is the source of the infection. The new procedures will require action where any person in a private hospital is suffering from such a disease.
