

1991—No. 308

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

(Relating to prescribed forms)

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 commences on 1 July 1991.

Amendments

2. The Private Hospitals Regulation 1990 is amended:
 - (a) by omitting from clause 4 (1) the definition of “morbidity form” and by inserting instead the following definition:

“**in-patient statistics form**” means an in-patient statistics form referred to in clause 15;
 - (b) by omitting from clause 15 (1) (b) the words “a morbidity” and by inserting instead the words “an in-patient statistics”;
 - (c) by omitting from clause 1.5.4 (3) (c) and (4) (c) in Schedule 1 the word “morbidity” wherever occurring and by inserting instead the words “in-patient statistics”;
 - (d) by omitting Forms 6, 7 and 8 from Schedule 3 and by inserting instead the following forms:
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PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988
REGISTER OF PATIENTS FORM 6

(Cl. 14)

HOSPITAL		HOSPITAL CODE No		MEDICAL RECORD No	
SURNAME		GIVEN NAMES (IN FULL)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
OCCUPATION		STREET No		STREET NAME	
RELIGION		USUAL ADDRESS (PLEASE PRINT) SUBURB, TOWN OR LOCALITY		POST CODE	
LANGUAGE USED AT HOME		COUNTRY OF BIRTH		BIRTH DATE	
PERSON FOR NOTIFICATION		RELATIONSHIP		PHONE	
ADDRESS		NAME OF REFERRING/LOCAL MEDICAL OFFICER		PHONE	
DRUGS ON ADMISSION		ATTENDING MEDICAL OFFICER		PHONE	
ADMITTED FROM		ADMISSION DATE		TIME	
PATIENT TYPE ON ADMISSION		DATE OF SEPARATION		TIME	
TYPE CHANGE		PATIENT STATUS ON SEPARATION		MODE OF SEPARATION	
PROVISIONAL DIAGNOSIS/REASON FOR ADMISSION		PRINCIPAL DIAGNOSIS (i.e. THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)		HOSPITAL INSURANCE	
OTHER CONDITIONS PRESENT		PRINCIPAL OPERATION OR MAJOR PROCEDURE		SURGEON	
		OTHER OPERATIONS OR PROCEDURES		DATE	
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)		PLACE OF OCCURRENCE OF INJURY OR POISONING		E	
TO BE CONSOLIDATED SEQUENTIALLY IN LOOSE LEAF COVER AS REGISTER					

PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988
ADMISSION FORM 7

(Cl. 15)

HOSPITAL		HOSPITAL CODE No.		MEDICAL RECORD No.	
SURNAME		GIVEN NAMES (IN FULL)		SEX	
OCCUPATION		STREET No.		MARITAL STATUS	
RELIGION		USUAL ADDRESS (PLEASE PRINT)		STREET NAME	
LANGUAGE USED AT HOME		SUBURB, TOWN OR LOCALITY		POST CODE	
COUNTRY OF BIRTH		ADZORGINE		BIRTH DATE	
PERSON FOR NOTIFICATION		RELATIONSHIP		PHONE	
ADDRESS		NAME OF REFERRING/LOCAL MEDICAL OFFICER		PHONE	
DRUGS ON ADMISSION		ATTENDING MEDICAL OFFICER		PHONE	
ADDRESS		ADDRESS		ADDRESS	
ADMITTED FROM		ADMISSION DATE		TIME	
PATIENT TYPE ON ADMISSION		DATE OF SEPARATION		TIME	
TYPE CHANGE		PATIENT STATUS ON SEPARATION		MODE OF SEPARATION	
1ST CHANGE		PUBLIC CONTRACT		DISCH. BY HOSP.	
2ND CHANGE		VET. AFFAIRS		DISCH. OWN RISK	
PROVISIONAL DIAGNOSIS/REASON FOR ADMISSION		HOSPITAL INSURANCE		HOSPITAL INSURANCE	
PRINCIPAL DIAGNOSIS (i.e. THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)		TOP COVER		NO COVER	
OTHER CONDITIONS PRESENT		MISC. COVER		NO COVER	
PRINCIPAL OPERATION OR MAJOR PROCEDURE		SURGEON		DATE	
OTHER OPERATIONS OR PROCEDURES		SURGEON		DATE	
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)		E		E	
PLACE OF OCCURRENCE OF INJURY OR POISONING		HOME		FARM	
TO BE ATTACHED TO MEDICAL RECORD OF PATIENT		CHIEF NURSE ON ADMISSION		CHIEF NURSE ON SEPARATION	

PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988
INPATIENT STATISTICS FORM 8

(Cl. 15)

* NOTE : CANCER CASES MUST ALSO BE NOTIFIED ON SCHEDULE 13A

HOSPITAL		HOSPITAL CODE No		MEDICAL RECORD No	
USUAL ADDRESS (PLEASE PRINT)		SEX		MARITAL STATUS	
		STREET NO.		STREET NAME	
SUBURB, TOWN OR LOCALITY		POST CODE			
LANGUAGE USED AT HOME	COUNTRY OF BIRTH	ABORIGINE	BIRTH DATE	BIRTH WEIGHT (GMS. OUNCES, POUNDS ONLY)	
ADMISSION DATE		DATE OF SEPARATION		WAS PATIENT ADMITTED TO A PSYCH UNIT?	
TYPE OF TYPE ON ADMISSION				LEAVE DATE	
TYPE CHANGE		PATIENT STATUS ON SEPARATION		MODE OF SEPARATION	
1ST CHANGE		PUBLIC CONTRACT		DISCH BY HOSP	
2ND CHANGE		PRIVATE		TRANS NURSING HOME	
		WORK COMP		OTHER HOSP	
		MOTOR ACCIDENT		DEATH AUTOPTSY	
		DISCH OWN RISK		TRANS OTHER ACCOM	
		DISCH BY HOSP		DEATH OTHER	
		VET AFFAIRS		TRANS CHANGE SEPARATION	
		INELIGIBLE		TRANS DISCHARGE ON LEAVE	
		DEFENCE FORCE			
		OTHER			
PROVISIONAL DIAGNOSIS, REASON FOR ADMISSION				HOSPITAL INSURANCE	
				TOP COVER	
				NO COVER	
				BASIC COVER	
PRINCIPAL DIAGNOSIS * (THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)					
OTHER CONDITIONS PRESENT *					
PRINCIPAL OPERATION OR MAJOR PROCEDURE					
OTHER OPERATIONS OR PROCEDURES					
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)				E	
PLACE OF OCCURRENCE OF INJURY OR POISONING					
HOME		FARM		MINE QUARRY	
INDUSTRIAL PREMISES		RECREATION SPORT VENUE		STREET/ HIGHWAY	
PUBLIC BUILDING		RESIDENTIAL INSTITUTION		OTHER SPEC PLACE	
UNSPECIFIED PLACE					
AN INPATIENT STATISTICS FORM MUST BE COMPLETED FOR EACH SEPARATION AND FORWARDED TO:				OFFICE USE ONLY	
DATA QUALITY COORDINATOR HEALTH INFORMATION UNIT NSW HEALTH DEPARTMENT LOCKED MAIL BAG 961 NORTH SYDNEY NSW 2060					
				FORM No. PR15	

EXPLANATORY NOTE

The object of this Regulation is to amend the Private Hospitals Regulation 1990 by omitting Form 6 (Register of Patients at a Private Hospital), Form 7 (Private Hospital Admission Form) and Form 8 (Private Hospital Morbidity Form) and substituting forms providing for the recording of additional information necessary to comply with the National Minimum Data Set approved by the Australian Health Ministers Advisory Conference.
