

Private Health Facilities (Standards) Notice

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| **Management and staffing standard (version 6)** | | | |
|  | Compliance StatusC - CompliantNC - Non-compliantN/A - Not applicable | Evidence of Compliance | Assessment of evidence(PHRU to complete) |
| 1. A copy of the licence is on display for public viewing. |  |  |  |
| 1. An organisational chart showing clearly established lines of responsibility and communication for medical, nursing and ancillary services within each health service and between appropriate health services provided at the facility. |  |  |  |
| 1. Relevant professional guidelines and statutory requirements are documented and regularly updated. |  | Document register of policies/ review schedule. |  |
| 1. Policies and procedures reflect current professional principles and practices for each health service and are consistent with the goals and objectives of the facility. |  | Provide names of some relevant clinical guidelines and outline how maintained. |  |
| 1. Policies reflecting contemporary human resource management practices are developed and implemented. |  | Name of relevant HR policy including version and review date. |  |
| 1. In accordance with the Queensland Health Clinical Services Capability Framework for Public and Licensed Private Health Facilities CSCF), there should be documented processes underpinning the links between health services for the referral and transfer of patients. |  | Name of referral and transfer policies and date of most recent review.  Name of policy outlining escalation of care process and date of most recent review. |  |
| 1. All staff members receive, on appointment, documented and dated job descriptions and appropriate orientation. |  | Policy documents about orientation and training of the clinical workforce.  Employment records that detail the skills and competencies required of the position, as well as the safety and quality roles and responsibilities. |  |
| 1. Processes are in place to recognise and regularly review employee and visiting health practitioners’ qualifications, skills and competence. |  |  |  |
| 1. Professionals providing health services within the facility maintain registration with the relevant health professional registration authority. |  | System used for monitoring AHPRA registration. |  |
| 1. Access is available to continuing education programs, which maintain and augment knowledge and skills of employees and contract staff. |  | Policy document about continuing education of the clinical workforce |  |
| 1. All staffing, equipment and ancillary health services are in accordance with the QueenslandHealthCSCFandCSCF Companion Manual. |  |  |  |
| 1. A risk management plan is developed and implemented. |  | Name of risk management plan document and date of most recent review.  Risk register that includes actions to manage identified risks (clinical risks) |  |