

This document is to be submitted together with the Application form; supporting documents and completed criteria to pcns_admin@bhfglobal.com

QUESTIONNAIRE FOR COMPLETION BY A PRIVATE HOSPITAL APPLYING FOR COMPREHENSIVE PHYSICAL REHABILITATION UNIT STATUS IN TERMS OF THE BHF BENCHMARK TARIFFS FOR STROKES, BRAIN DYSFUNCTION (TRAUMATIC AND NON-TRAUMATIC), SPINAL CORD DYSFUNCTION (TRAUMATIC AND NON-TRAUMATIC), ORTHOPAEDIC (LOWER JOINT REPLACEMENTS), AMPUTATION (LOWER EXTREMITY), CARDIAC, PULMONARY, MAJOR MULTIPLE TRAUMA CASES. OTHER NEUROLOGICAL OR ORTHOPAEDIC IMPAIRMENTS WILL REQUIRE SPECIFIC LETTERS OF MOTIVATION. THIS EXCLUDES SUBSTANCE ABUSE.

NAME OF INSTITUTION :

PHYSICAL ADDRESS :

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.....
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POSTAL ADDRESS :

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.....
.....

TELEPHONE NUMBER :

FAX NUMBER :

PERSON IN CHARGE :



Lower Ground Floor, South Tower
1Sixty Jan Smuts, Rosebank, 2196



P O Box 2863, Saxonwold, 2132
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DIRECTORS NJ Khauoe (Chairperson) • HL Nhlapo (Deputy Chairperson) • JK Mothudi (Managing Director) • MR Bayley • LR Callakoppen • ME Dlamini (eSwatini) • JH Joubert • TB Makoetlane (Lesotho) • S Martinus • AK Mia Hamdulay • CM Mokgosana (Botswana) • BOS Moloabi • N Nyathi • C Raftopoulos • SN Sanyanga • HC Schäfer (Namibia) • H. Stephens • MC Wilson

The answers to this questionnaire are to be interpreted by the surveyors in accordance with the guidelines as set down in the Manual of Criteria for awarding a Private Hospital Comprehensive Rehabilitation Unit Status in terms of the Benchmark Tariffs.

Those items in the questionnaire marked with an asterisk, thus*, are to be regarded as essential elements. Failure to comply with these items will result in the applying hospital being refused Comprehensive Rehabilitation Unit Status recognition.

Recommendations by the surveyors can only be made following an on-site inspection of the respective hospital.

The following documents and records, if applicable, should be made available for scrutiny by the surveyors at the time of inspection:

Seen

Current Certificate of Registration in terms of R158	Yes	No
Patient Register	Yes	No
Drug Register	Yes	No

1. REGISTRATION

1.1*	Does your institution comply with the Regulations governing Private Hospitals as published under Government Notice R158 in Government Gazette 6832 dated 1 February 1980?	Yes	No
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1.2*	Has the institution been granted any exemptions from compliance with these Regulations?	Yes	No
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1.3*	Date of original Registration		
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1.4	COPY OF CURRENT CERTIFICATE OF REGISTRATION TO BE ATTACHED HERETO.		
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SURVEYORS' COMMENTS:

2. WARD ACCOMMODATION

2.1 Bed numbers:

Number of beds in general wards
Number of beds in semi-private wards
Number of beds in private wards
Total number of beds	

2.2* Services

2.2.1* Are the hospital wards piped for oxygen, or is mobile oxygen available?	Yes	No
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2.2.2* Are the hospital wards piped for vacuum, or is mobile vacuum available?	Yes	No
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2.2.3* Does each bed have an adequate nurse call system?	Yes	No
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2.2.4* Can every bed be made private through the use of inter-bed curtains?	Yes	No
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2.2.5 Are all toilets and bathrooms serviced by a call system?	Yes	No
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2.3 Emergency trolley

2.3.1* Does each ward section have access to an emergency trolley?	Yes	No
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2.3.2 Does each emergency trolley contain adequate equipment and drugs as listed below?

Intubation apparatus	Yes	No
Defibrillator	Yes	No
Monitor	Yes	No
CPR Board	Yes	No
AMBU-bag or equivalent	Yes	No
Suction apparatus	Yes	No
Correct emergency drug supplies	Yes	No
Emergency oxygen supply	Yes	No

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2.4 Staffing - wards only

Number of SRN's
Number of SEN's
Number of ENA's

SURVEYORS' COMMENTS:

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* Staffing ratios adequate?	Yes	No
3. THERAPEUTIC FACILITIES		

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Is there an ADL facility?	Yes	No
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Is there a hydrotherapy area?	Yes	No
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SURVEYORS' COMMENTS:

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* Staffing ratios adequate?	Yes	No
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4. INTENSIVE CARE UNIT (if applicable)
Ordinary surgical/medical ICU

4.1 Number of beds
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4.2 Is an isolation cubicle available?	Yes	No
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4.3 Equipment in ICU. Specify number and type

<ul style="list-style-type: none"> * Ventilators * Defibrillator * Blood gas analyser * IV controllers * Monitors 		
Are monitors linked to a central console?	Yes	No

4.4* Piped services: Oxygen	Yes	No
Vacuum	Yes	No
Compressed air	Yes	No

4.5* Is a properly equipped emergency trolley located in the ICU?	Yes	No
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4.6 Number of power points per bed
------------------------------------	-------

4.7* Is the unit serviced by an air-conditioner?	Yes	No
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4.8* Staffing in ICU		
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Number of SRN's with ICU diploma
Number of SRN's without ICU diploma
Number of SEN's	
Number of ENA's

SURVEYORS' COMMENTS:

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* Staffing ratios adequate?	Yes	No
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5. HIGH CARE WARD (if applicable)

5.1 Number of beds
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5.2 Equipment in HCW. Specify number and type

* Monitors	
------------------	--

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* Defibrillator
* Respirator
* IV controllers


5.3* Piped services: Oxygen	Yes	No
Vacuum	Yes	No


5.4* Is a properly equipped emergency trolley located in the HCW area?	Yes	No
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5.5* Staffing in ICU

Number of SRN's with ICU diploma
Number of SRN's without ICU diploma
Number of SEN's
Number of ENA's

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* Staffing ratios adequate?	Yes	No
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6. PHARMACY SERVICE


6.1 Is a dispensary serving the hospital located on the premises?	Yes	No
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6.2 If no, how are dispensary requirements obtained?	
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6.3 If yes, attach a copy of the current Pharmacy Board approval of registration	
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6.4	How many full-time qualified pharmacists are employed?
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6.6*	Is a properly equipped emergency cupboard available in the hospital?	Yes	No
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6.7	Is an inflammable-store facility available?	Yes	No
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SURVEYORS' COMMENTS:

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*	Staffing ratios adequate?	Yes	No
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7. CATERING FACILITIES

7.1	Is a main kitchen provided on the premises?	Yes	No
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7.2	If no, how are patient meals provided?
<p>.....</p> <p>.....</p> <p>.....</p>	
7.3	What food delivery system is employed in the hospital?
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
SURVEYORS' COMMENTS:	
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

8. LAUNDRY

8.1	Is a laundry located on the premises?	Yes	No
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8.2	If no, how is laundry processed?
<p>.....</p> <p>.....</p>	

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8.3 If yes, does the laundry process all the hospitals laundry?	Yes	No
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8.4 If no, answer 9.2

SURVEYORS' COMMENTS:

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9. PLANT AND EQUIPMENT

9.1* Hot water and/or steam supply

Supplied by: Diesel/gas/coal-fired boilers	Yes	No
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Electrical boilers	Yes	No
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Steam generators	Yes	No
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9.2* Disposal of waste other than refuse

Incinerator	Yes	No
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Macerator	Yes	No
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9.3* Emergency power plant

9.3.1* Is an emergency power plant installed?	Yes	No
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9.3.2* Does the system operate automatically in the event of a power failure?	Yes	No
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9.3.4* List of facilities which are served by the emergency power plant

Strategic corridor lights	Yes	No
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Socket outlets -

ICU	Yes	No
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HCW	Yes	No
Air compressor	Yes	No
Bed lift	Yes	No
9.3.5* What is the KVA rating of the emergency power plant?	

9.4 Air conditioning system

9.4.1 Wards

Are the ward areas air conditioned?	Yes	No
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If yes, what kind of system is installed?

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9.5 Maintenance

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9.5.1 Does the hospital employ its own maintenance staff?	Yes	No
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If yes, what is the staff compliment by category?

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9.5.2 If no, how are preventive maintenance and/or repairs affected?

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9.5.3 What is the general state of all plant rooms and workshop facilities?

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9.6 Fire protection

9.6.1 Specify number and type of fire extinguishers installed in the hospital

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9.6.2 Specify any other form of fire protection devices installed in the hospital

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9.6.3 Specify emergency/evacuation planning

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9.7 Vacuum system

9.7.1* Specify type of system installed

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9.7.2* What back-up facilities are available in the event of a power failure?


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9.8 Oxygen and Nitrous oxide supply

9.8.1* Specify the type of supply system installed

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9.8.2* What back-up facilities are available in the event of a failure of the main system?

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9.8.3* What low-level alarm system is in use?

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9.9 Lifts - applicable in multi-story buildings

9.9.1* Specify the number, type and size lifts available in the building

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9.10 Compressed air supply

<p>9.10.1* Specify type of system installed</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>SURVEYORS' COMMENTS:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

10. RADIOLOGY FACILITIES

<p>10.1* Indicate what radiology facilities are available in the hospital</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>10.2* Are emergency X-ray facilities available after hours?</p>	<p>Yes</p>	<p>No</p>
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SURVEYORS' COMMENTS:

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11. LABORATORY FACILITIES

11.1 Is a pathology laboratory located on the premises?	Yes	No
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11.2 If no, what arrangements are made for the collection of specimens?

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12. PLEASE RECORD ANY OTHER FACTS OR OPINIONS WHICH YOU MAY WISH TO BRING TO THE ATTENTION OF THE SURVEYORS:

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SURVEYORS' COMMENTS:

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13. NAME OF PERSON COMPLETING QUESTIONNAIRE


DESIGNATION


SIGNATURE


DATE

KINDLY RETURN THE COMPLETED QUESTIONNAIRE TOGETHER WITH THE APPROPRIATE SURVEY FEE TO:

Board of Healthcare Funder of Southern

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RECOMMENDATIONS OF SURVEYORS TO RAMS

14.1 Date of on-site inspection of hospital

14.2 The hospital should / should not be granted Comprehensive Rehabilitation Unit Status in terms of the Benchmark Tariffs.

14.3 Reasons for recommendation

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14.4 BHF advised of recommendation on

14.5 Hospital advised of recommendation on

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Names of Surveyors	Designation	Signature	Date
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