**Chapter B21 – Associated Premises**

1. **Basic Information**

|  |  |  |
| --- | --- | --- |
| Name of Service |  | |
| Location of Service |  | |
| Operating hours |  | |
| Type(s) of practice  *(Note: If there is dental practice, please also complete Chapter B8)* | Choose an item. | |
| Number of consultation room(s) for doctor | |  |
| Number of consultation room(s) for dentist | |  |
| Number of designated room(s) for medical procedures (excluding consultation rooms) | |  |
| Age limit of patients | |  |
| Other clinical and clinical supporting services to be provided: | | |
| There is provision of allied health service  *(If yes, please complete Chapter B3)* | | Choose an item. |
| There is provision of Chinese medicine service  *(If yes, please complete Chapter B7)* | | Choose an item. |
| There is provision of pathology or laboratory service  *(If yes, please complete Chapter B16)* | | Choose an item. |
| There is provision of radiology service  *(If yes, please complete Chapter B18)* | | Choose an item. |
| There is no provision of medical procedure in Column 2 of Schedule 3 under Private Healthcare Facilities Ordinance (Cap. 633) | | Choose an item. |

Please indicate whether the following anaesthetic procedures will be provided:

|  |  |
| --- | --- |
| **Anaesthetic procedures** | **If yes, please indicate location** |
| General anaesthesia Yes  No |  |
| Major regional anaesthesia  Yes  No |  |
| Deep sedation Yes  No |  |

1. **Medical Practitioner-in-charge / Dentist-in-charge**

|  |  |
| --- | --- |
| Name in English |  |
| Name in Chinese |  |
| Post Title |  |
| Qualifications |  |

1. **Nurse-in-charge / Unit Manager**

|  |  |
| --- | --- |
| Name in English |  |
| Name in Chinese |  |
| Post Title |  |
| Qualifications |  |

1. **Staffing**

4.1 Manpower\* (including the Nurse-in-charge)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident medical practitioner |  |  |
|  |  |  |
| Resident dentist |  |  |
|  |  |  |
| Nurse |  |  |
|  |  |  |
| Others |  |  |
|  |  |  |
|  |  |  |

*\* “Proposed manpower” for new hospital*

4.2 Other requirements

|  |  |
| --- | --- |
| 1. The clinic assistants work under the supervision of a medical practitioner, dentist or nurse | Choose an item. |
| 1. The clinic assistants receive appropriate training. The training received is properly documented | Choose an item. |
| 1. Where there is provision of X-ray examination for patient, a radiographer or other qualified healthcare professional is assigned to take charge of the day to day operation of the irradiating apparatus | Choose an item. |
| 1. Medicines are dispensed under the supervision of a pharmacist or medical practitioner | Choose an item. |
| 1. Staff responsible for dispensing and administering medicines receive appropriate training | Choose an item. |
| 1. Medicines are administered by a medical practitioner or a nurse | Choose an item. |
| 1. Staff involved in the preparation of drugs receive relevant training regularly | Choose an item. |
| 1. Regular evaluation is carried out on the practice adopted against procedures to ensure effective implementation. | Choose an item. |

1. **Critical or Major Equipment**
   1. Equipment list *(e.g. Defibrillator, portable equipment for advanced life support, laser equipment)*

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. Resuscitation equipment are easily accessible and checked at regular interval | Choose an item. |
| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment | Choose an item. |
| 1. Staff using equipment have completed training in the safe and proper use of the equipment | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment | Choose an item. |

1. **Service Delivery and Care Process**

|  |  |
| --- | --- |
| 1. Scales for fees are displayed in the clinic. Patients are advised of the fees for proposed treatment in advance | Choose an item. |
| 1. If minor surgery or investigation procedures are undertaken: | |
| 1. it takes place in a suitably designed and maintained room | Choose an item. |
| 1. a couch is provided | Choose an item. |
| 1. all clinical staff are trained in basic resuscitation | Choose an item. |
| 1. resuscitation equipment is available and checked regularly | Choose an item. |
| 1. There are written procedures for the following: |  |
| 1. dealing with emergencies, including arrangements for admission to hospital or transfer to another hospital | Choose an item. |
| 1. recording, labelling, appropriate storage and transportation of laboratory specimens | Choose an item. |
| 1. cleansing and sterilisation of equipment | Choose an item. |
| 1. storage and disposal of clinical wastes | Choose an item. |
| 1. The hospital puts in place a triage system so that priority for assessment and treatment is given based on the patient’s condition at the time of attendance | Choose an item. |
| 1. There is dispensing service in the associated premises:   *(If no, please choose “NA” for items (i) to (xii))* | Choose an item. |
| 1. There are written policy and procedures on: | |
| * + - ordering, procurement, receipt, storage, handling, dispensing, labelling, recording, safe keeping, safe administration, disposal and recall of medicines | Choose an item. |
| * + - patient safety incident reporting and management | Choose an item. |
| * + - management of cold chain breach | Choose an item. |
| * + - control of access to drug storage | Choose an item. |
| * + - cleaning, disinfection, decontamination of the pharmacy and equipment | Choose an item. |
| 1. A drug formulary is kept and regularly updated | Choose an item. |
| 1. Drug procurement documents are kept | Choose an item. |
| 1. All medicines are clearly labelled, have expiry dates and stored appropriately | Choose an item. |
| 1. Medicines for external and internal use are kept separately | Choose an item. |
| 1. Where there is a cold chain requirement for maintaining the efficacy of medicines, there is a system to monitor and record the temperature of the transport and storage facilities | Choose an item. |
| 1. There is a regular and documented check of Poisons and Dangerous Drugs by appropriate personnel | Choose an item. |
| 1. There is a system to check expiry dates of medicines and disinfectants whether these are kept in the store | Choose an item. |
| 1. Expired medicines are not used for dispensing or administration and are disposed properly | Choose an item. |
| 1. There is a system to monitor the accuracy of dispensing and administration of medicines | Choose an item. |
| 1. Medication errors or near miss incidents are documented and reported to the responsible medical practitioner through a process and time frame defined by the hospital | Choose an item. |
| 1. Drugs packed in unit dose containers are administered immediately after the drug has been removed from the container | Choose an item. |