APPLICATION FOR APPROVAL TO ERECT A PRIVATE HEALTH ESTABLISHMENT IN TERMS OF REGULATIONS GOVERNING PRIVATE HOSPITALS AND UNATTACHED OPERATING THEATRE UNITS REGULATION 158 OF 1980

- New Hospital Applications please complete Part A & B
- New Sub Acute Applications please complete Part A & C

COMPLETED APPLICATIONS TOGETHER WITH SUPPORTIVE DOCUMENTATION MUST BE FORWARDED TO:-

THE HEAD
DEPARTMENT OF HEALTH – KWAZULU-NATAL
PRIVATE BAG X 9051
PIETERMARITZBURG
3200

FOR ATTENTION:
PROF. W. STURM
TELEPHONE: 033-846 7161
FAX: 033-846 7122
EMAIL: rolize.kruger@kznhealth.gov.za
Application is hereby made for a licence for the following private health establishment, details of which are supplied below.

FORM 1

PART A

NEW APPLICATIONS FOR ACUTE AND NON—ACUTE PRIVATE HEALTH ESTABLISHMENTS
(This section is compulsory and must be completed by all applicants)

1. Name of proposed private health establishment.

2. In which District, city or town and suburb will the private health establishment be built?

3. Has the site already been acquired for the said establishment?
   If a site has not been acquired the applicant must provide full details of the site to the Department when such a site is acquired. Details to be supplied within 6 months of approval being granted.

4. Name, address and contact details of applicant.

5. How many other private health establishment licences do you hold nationally? Provide details of other licensed establishment, such as when the licence was granted and for how long, the number of beds and theatres and location.
   (Use separate sheet if necessary)

6. Name, address and contact details of developer, if applicable.

7. Registration number of company or close corporation and list names of shareholders and shareholding / members.

_____________________________________________________________________________
PART B

NEW ACUTE PRIVATE HEALTH ESTABLISHMENTS (HOSPITAL)
(To be completed for an Acute Private Establishment)

8. Number of beds applied for:

<table>
<thead>
<tr>
<th>Total Beds Applied For</th>
<th>New</th>
<th>For Official Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td></td>
<td></td>
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<tr>
<td>Paediatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Care</td>
<td></td>
<td></td>
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<tr>
<td>High Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetric beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist-Not Obstetric (Specify)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Obstetric Unit</th>
<th>New</th>
<th>For Official Use</th>
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<tbody>
<tr>
<td>Preparation Rooms</td>
<td></td>
<td></td>
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<tr>
<td>First Stage Rooms</td>
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<tr>
<td>Delivery Rooms</td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Theatres</th>
<th>New</th>
<th>For Official Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td></td>
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<tr>
<td>Dental</td>
<td></td>
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<tr>
<td>Maternity</td>
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<tr>
<td>Specialist/Dedicated (Specify)</td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Yes</th>
<th>No</th>
<th>For Official Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma/Outpatient Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
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<tr>
<td>Pathology</td>
<td></td>
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<td></td>
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<tr>
<td>Central Sterilising Department</td>
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<tr>
<td>Blood Transfusion Services</td>
<td></td>
<td></td>
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<tr>
<td>Physiotherapy</td>
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<td></td>
<td></td>
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<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical Suites</td>
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<tr>
<td>Other (Specify)</td>
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9. What are the clinical disciplines to be practiced in the proposed establishment?

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_____________________________________________________________________________

(Use separate sheet if necessary)
10. State how the number of beds was determined.

_____________________________________________________________________________

_____________________________________________________________________________

(Use separate sheet if necessary)

11. What is the extent of the present demand for the services that will be provided?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Use separate sheet if necessary)

12. Provide detailed information on each service to be provided and how the demand is calculated.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Use separate sheet if necessary)

13. In what measure will the proposed establishment meet the demand for such services?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Use separate sheet if necessary)

14. Have you taken into account both existing private and public sector facilities in your calculations and projections?

_____________________________________________________________________________

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_____________________________________________________________________________

15. Provide a map indicating the catchment area as well as an indication of all other health care establishments (public and private) in the catchment area.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
16. Provide a copy of your feasibility study. (Compulsory).

_____________________________________________________________________________
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17. Provide detailed reasons in accordance with the criteria as set out in Annexure A as to why this proposed establishment should be approved.

_____________________________________________________________________________
_____________________________________________________________________________
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(Use separate sheet if necessary)

18. Will you provide any outpatient services?

_____________________________________________________________________________
_____________________________________________________________________________

19. Number of medical staff to be employed.

<table>
<thead>
<tr>
<th></th>
<th>MEDICAL</th>
<th>DENTAL</th>
<th>SPECIALISTS (SPECIFY AREA OF SPECIALTY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL TIME</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PART TIME</td>
<td></td>
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</table>

20. Number of nursing staff employed.

<table>
<thead>
<tr>
<th></th>
<th>REGISTERED PROFESSIONAL</th>
<th>STUDENT (REGISTERED)</th>
<th>ENROLLED</th>
<th>ENROLLED PUPIL</th>
<th>ENROLLED ASSISTANT</th>
<th>ENROLLED PUPIL ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL TIME</td>
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<td></td>
</tr>
<tr>
<td>PART TIME</td>
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</tbody>
</table>

21. Other full-time registered staff employed. If any specify.

_____________________________________________________________________________
_____________________________________________________________________________

22. Other part-time registered staff employed. If any specify.

_____________________________________________________________________________
_____________________________________________________________________________
23. Do you intend to do nursing training in basic and post basic courses? If yes, specify.
_____________________________________________________________________________
_____________________________________________________________________________

24. Supplementary health services personnel

(i). Administrative personnel __________________________
(ii). Management __________________________
(iii). General assistant/s __________________________
(iv). Maintenance staff __________________________

25. Any other information deemed necessary for this application.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
(Use separate sheet if necessary)

PART C:

NEW SUB- ACUTE PRIVATE HEALTH ESTABLISHMENTS
(To be completed for a non-acute health establishments)

DO NOT ANSWER WHERE NOT APPLICABLE

26. State what type of establishment is applied for (i.e. step-down, sub-acute, rehabilitation, long-term, hospice, convalescent).
_____________________________________________________________________________
_____________________________________________________________________________

27. Do you have any managed care or similar arrangement with any health funder/employer?
_____________________________________________________________________________
_____________________________________________________________________________

28. Number of beds applied for and the categories of services to be rendered.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
(Use separate sheet if necessary)
29. State how the number of beds was determined.

_____________________________________________________________________________
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(Use separate sheet if necessary)

30. What is the extent of the present demand for the services that will be provided?

_____________________________________________________________________________
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(Use separate sheet if necessary)

31. Provide detailed information on each service to be provided and how the demand is calculated.

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(Use separate sheet if necessary)

32. In what measure will the proposed establishment meet the demand for such services?

_____________________________________________________________________________
_____________________________________________________________________________
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(Use separate sheet if necessary)

33. Have you taken into account both existing private and public sector facilities in your calculations and projections?

_____________________________________________________________________________

34. Provide a map indicating the catchment area as well as an indication of all other health care establishments (public and private) in the catchment area.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
35. Provide a copy of your feasibility study. (Compulsory)

_____________________________________________________________________________
_____________________________________________________________________________

36. Please attach reasons for the establishment and supporting documentation to guide the adjudication of the application in respect of Annexure A.

_____________________________________________________________________________
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_____________________________________________________________________________
_____________________________________________________________________________
(Use separate sheet if necessary)

37. Number of medical staff to be employed.

<table>
<thead>
<tr>
<th></th>
<th>MEDICAL</th>
<th>DENTAL</th>
<th>SPECIALISTS (SPECIFY AREA OF SPECIALTY)</th>
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<tr>
<td>PART TIME</td>
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</table>

38. Number of nursing staff employed.

<table>
<thead>
<tr>
<th></th>
<th>REGISTERED PROFESSIONAL</th>
<th>STUDENT (REGISTERED)</th>
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<tr>
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</tbody>
</table>

39. Other full-time registered staff employed. If any specify.

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40. Other part-time registered staff employed. If any specify.

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_____________________________________________________________________________

41. Do you intend to do nursing training in basic and post basic courses? If yes, specify.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
kwazulu natal department of health

42. Supplementary health services personnel:

(i). Administrative personnel _______________________
(ii). Management _______________________
(iii). General assistant/s _______________________
(iv). Maintenance staff _______________________

43. Any information deemed necessary for this application.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
(Use separate sheet if necessary)

a) I declare that I understand / agree that if approval is given for this development, it may not be further traded, sold or transferred under any circumstances.

b) I hereby certify that the above particulars are true and correct.

Name ..............................................  Signature  ...........................................

Position held .................................  Date  ..................................................
“ANNEXURE A”

Consideration of applications

1) The following resources are utilised when considering an application

   i) The National Health Act
   ii) Regulations Governing Private Hospitals and Unattached Operating Theatre Units Regulation 158 of 1980
   iii) Statistics SA 2009/2010

2) When considering an application, the committee must consider all comments and responses received in respect of the application in order to determine whether there is a need for the proposed private health establishment and may take into account the following:

   (a) the need to ensure consistency of health service development in terms of national, provincial and municipal planning;
   (b) the need to promote equitable distribution and rationalisation of health services with a view to correcting inequities based on racial, gender, economic and geographical factors;
   (c) the need to promote an appropriate mix of public and private health care services with a view to the demographic and epidemiological characteristics of the populations to be served, the total and target population in the area, their ages and gender composition, their morbidity and mortality profiles;
   (d) the need to promote the optimal use of spare capacity in provincial health establishments;
   (e) the bed-to-population ratios and public-to-private bed ratios in the establishment’s feeder areas and in the surrounding health district, region and province;
   (f) the availability of alternative sources of health care;
   (g) the need to promote high-quality services which are accessible, affordable, cost-effective and safe;
   (h) the potential advantages and disadvantages of the application for existing public and private health services and for any affected communities;
   (i) the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act 55 of 1998) and the emerging small, medium and micro enterprise sector;
   (j) the potential benefits of training, research and development with a view to the improvement of health service delivery;
   (k) the need to ensure that ownership of facilities does not create perverse incentives for health service providers to over service patients or refer them inappropriately;
   (l) where applicable, the quality of health services rendered by the applicant in the past; and
   (m) whether the private health establishment has or proposes to have a proven complaints mechanism in place which is made available to all users of the establishment.