

# Health Care Facilities – Annual Report Template

This form can be used by a licensed health care facility to fulfil the *Preparation of Annual Reports* requirements outlined in Standards 5.5 and 5.6 of the [Health Care Facility Code of Practice 2021](#).

## WHAT TO DO WITH THIS FORM

Complete all sections of this form and submit to the Health Protection Service via email at [hps@act.gov.au](mailto:hps@act.gov.au). Annual reports must be submitted by 30 September each year.

## Facility details

Facility name:

Facility address:

## Reporting for previous financial year

Required annual reporting information under Standard 5.5	Response
How many clinical staff (e.g. registered with AHPRA or other professional body) were employed at the facility during the previous financial year?	
How many non-clinical staff were employed at the facility during the previous financial year?	
How many patients were admitted for treatment at the facility during the previous financial year?	
How many notifiable incidents or adverse clinical events (if any) were reported to the Chief Health Officer under Standard 5 of this Code during the previous financial year?	
How many births and deaths occurred at the facility during the previous financial year?	
What was the name of the facility's NSQHS accrediting agency during the previous financial year?	
What was the expiry date for the facility's accreditation?	
How many complaints were received by the facility during the previous financial year?	



**Name of person  
submitting report:**

**Person's position  
at the facility:**

### Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: [www.health.act.gov.au/accessibility](http://www.health.act.gov.au/accessibility)

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