



Hospital Rule Changes

Kari Holder, OBA #33195
Kiersten Hamill, OBA #33187

Presented at the Oklahoma Hospital
Association on
September 29, 2017



Hospital Rule Changes

Self-Certification

Background

- The option for allowing self-certification came about when OSDH received a customer service survey that raised the possibility. A discussion by members of the Health Facility Plan Review Process Improvement Team (HFPRPIT) followed.
- Members of the group thought that self-certification may aid in reducing the time for approval of plan review submittals.
- OSDH staff contacted numerous other states and determined that they had success in reducing plan review backlog after implementing self-certification.
- After numerous discussions and conducting research of other states, HFPRPIT members determined criteria for eligibility of projects.
- OSDH developed a self-certification application and created an internal process for self-certification requests.

Criteria

- Hospital Projects must meet the following criteria to be eligible for self-certification:
 - Projects that involve patient treatment areas must have a total construction cost under \$15,000,000. There is no cost limitation for projects that do not involve patient treatment areas.
 - Architect/engineer attesting to application must have held a license for at least 5 years.
 - Facility owner/operator agrees that OSDH retains authority to review project and documents, conduct inspections and withdraw approval
 - Facility owner/operator agrees to make changes to bring project into compliance with standards if necessary
 - Application must be accompanied by the \$1000.00 self-certification fee.

PROTECTIVE HEALTH SERVICES		Oklahoma State Department of Health Protective Health Services – 0505 Medical Facilities 1000 NE 10 th Street Oklahoma City, OK 73117-1299 Telephone: (405) 271-6785 FAX: (405)271-1738
---	--	---

HOSPITAL SELF-CERTIFICATION SUBMITTAL FORM

INSTRUCTIONS

- I. The form has been developed to allow facility representatives the option of using self-certification review process when it is not feasible to wait for the full plan review process by the Oklahoma State Department of Health.
- II. Read carefully and complete all portions of the form. Please type.
- III. Application must be accompanied by a construction estimate to verify the anticipated cost.
- IV. **SUBMITTALS BY MAIL:** The self-certification submittal form must be accompanied by the \$1000.00 self-certification fee in order to be reviewed. Fee should be submitted directly the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and engineer/architect applicant and be mailed to:

 Oklahoma State Department of Health
 Protective Health Services
 Medical Facilities
 PO Box 268816
 Oklahoma City, OK 73126-8816
- V. **SUBMITTALS IN PERSON:** If submitting application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1st floor lobby of OSDH before submitting any such application.
- VI. If the application for self-certification is not approved, a denial letter will be issued and the facility will have 30 days to submit additional information for reconsideration of application.
- VII. If the application is denied again, the facility must submit the Plan Review Application and fee.

ARCHITECT/ENGINEER CERTIFICATION

- 1. **Name of Facility:** Click here to enter text.

 Tel. No.: Click here to enter text. Fax No.: Click here to enter text.

 DBA: Click here to enter text.
- 2. **Mailing Address:** Click here to enter text.
 (Number, Street, City, State, Zip)
- 3. **Name of Project:** Click here to enter text.
- 4. **Description of Project:** Click here to enter text.

Effective:10/1/2017

5. Qualification: Check to confirm that the project complies with necessary requirements

- Must meet one of these requirements
- Project involves patient treatment areas and total cost of \$15,000,000 or less
 - Project involves only areas where patients are not intended to be treated
- Must meet all of these requirements
- Architect/engineer attesting to application has held a license for at least 5 years
 - Facility owner/operator agrees that OSDH retains authority to review project and documents, conduct inspections and withdraw approval
 - Facility owner/operator agrees to make changes to bring project into compliance with standards
 - Facility owner/operator must notify OSDH to schedule a final inspection prior to occupancy or performing services

6. The undersigned architect/engineer hereby certifies:

- They have created the architectural plans and specifications attached hereto regarding new building, new addition, renovation, alteration, modification, or conversion of an existing building in the referenced project;
- The plans have been reviewed for compliance with Oklahoma State Department of Health (OSDH) Hospital Standards (Title 310 Oklahoma Administrative Code, Chapter 667)
- To the undersigned's knowledge, information and belief, the plans meet the requirements of the licensing rules in all material aspects

Firm Name: [Click here to enter text.](#)

Name of Licensed Architect/Engineer: [Click here to enter text.](#)

Date on which Architect/Engineer Obtained Oklahoma License: [Click here to enter text.](#)

Tel. No.: [Click here to enter text.](#) Fax No. [Click here to enter text.](#)

Signature: _____ Date: [Click here to enter text.](#)

Architect/Engineer Seal:

Effective:10/1/2017

7. The undersigned applicant understands and agrees that, notwithstanding this architectural certification the OSDH shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the OSDH to comply with the applicable codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Owner/Operator: _____

Printed Name: _____ Title: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Effective:10/1/2017

OSDH Process

- Self-Certification requests must be completed on the template provided by OSDH.
- Facility/Facility representative sends request to Plan Review Division for review and processing. Request must be accompanied by a construction estimate to verify anticipated cost and \$1000.00 self-certification fee.
- Plan Review Administrative Program Manager reviews request and determines if all of the necessary criteria has been met. Determination will be made within 21 calendar days of receipt of complete application.
- Plan Review Division prepares response letter indicating approval or denial, giving an explanation for the determination.
- If application is denied, the facility will have 30 calendar days to submit additional information for reconsideration of the application. Once information is received, OSDH will have 14 calendar days to reconsider the denial and issue a final approval or denial of request.
- If the application is denied again, the facility must submit a full plan review application along with all applicable fees. If the application is approved, the facility may begin construction upon notification of approval.
- Plan Review Division will track self-certification requests and the status of each in a database or spreadsheet.
- OSDH retains the authority to inspect documents and conduct on-site inspections of projects.



Hospital Rule Changes


Plan Review

Background

- In an effort to reduce the time between submittal and approval of plan reviews, OSDH staff researched possible opportunities to make the application and approval process more clear. This would encourage more accurate and complete submittals.
- OSDH staff determined that laying out the plan review process in agency rules would clarify expectations and help the process of review and approval of plans move more quickly.
- The Department referenced other agency rules (Oklahoma Department of Agriculture, Food, and Forestry and Department of Environmental Quality) that include administrative and technical review processes. The determination was made to add similar review procedures to our plan review process.

<p>PROTECTIVE HEALTH SERVICES</p>	<p>Oklahoma State Department of Health Protective Health Services - 0505 Medical Facilities 1000 NE 10th Street Oklahoma City, OK 73117-1299 Telephone: (405) 271-6785 FAX: (405) 271-1738</p>																
<p>HOSPITAL PLAN REVIEW SUBMITTAL FORM</p>																	
<p><i>INSTRUCTIONS</i></p>																	
<p>I. Read carefully and complete all portions of the form. Please type.</p> <p>II. All PLANS, drawings, specifications and other documents should be submitted to the Health Facilities Plan Review Division at the address listed above. Please do not submit plans or drawings to the Financial Management Division.</p> <p>III. All REQUIRED FEES should be submitted directly to Financial Management at the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and submittal documents with which the payment is associated and be mailed to:</p> <p style="margin-left: 40px;">Oklahoma State Department of Health Protective Health Services Medical Facilities P.O. Box 268816 Oklahoma City, OK 73126-8816</p> <p>IV. If submitting plans in person which are subject to a review fee, the submittal must be accompanied by the RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management in Room 312 before submitting any such plans for review.</p> <p>V. Plans for facilities which meet the statutory definition of a "hospital" are subject to a review fee, that is, general medical surgical hospitals, specialized hospitals, critical access and emergency hospitals, and birthing centers. Fees are based on the cost of design and construction of the project according to the following schedule. No such fee shall be refunded.</p>																	
<p><i>CHECK ONE:</i></p>																	
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Project Cost</th> <th style="text-align: left; border-bottom: 1px solid black;">Review Fee</th> <th style="text-align: left; border-bottom: 1px solid black;">Project Cost</th> <th style="text-align: left; border-bottom: 1px solid black;">Review Fee</th> </tr> <tr> <td>A. <input type="checkbox"/> <\$10,000.00</td> <td>\$250.00</td> <td>C. <input type="checkbox"/> \$250,000.00 to \$1,000,000</td> <td>\$1500.00</td> </tr> <tr> <td>B. <input type="checkbox"/> \$10,000.00 to \$50,000.00</td> <td>\$500.00</td> <td>D. <input type="checkbox"/> \$>1,000,000.00</td> <td>\$2000.00</td> </tr> <tr> <td>C. <input type="checkbox"/> \$50,000.00 to \$250,000.00</td> <td>\$1000.00</td> <td>E. <input type="checkbox"/> Not Applicable</td> <td></td> </tr> </table>	Project Cost	Review Fee	Project Cost	Review Fee	A. <input type="checkbox"/> <\$10,000.00	\$250.00	C. <input type="checkbox"/> \$250,000.00 to \$1,000,000	\$1500.00	B. <input type="checkbox"/> \$10,000.00 to \$50,000.00	\$500.00	D. <input type="checkbox"/> \$>1,000,000.00	\$2000.00	C. <input type="checkbox"/> \$50,000.00 to \$250,000.00	\$1000.00	E. <input type="checkbox"/> Not Applicable		
Project Cost	Review Fee	Project Cost	Review Fee														
A. <input type="checkbox"/> <\$10,000.00	\$250.00	C. <input type="checkbox"/> \$250,000.00 to \$1,000,000	\$1500.00														
B. <input type="checkbox"/> \$10,000.00 to \$50,000.00	\$500.00	D. <input type="checkbox"/> \$>1,000,000.00	\$2000.00														
C. <input type="checkbox"/> \$50,000.00 to \$250,000.00	\$1000.00	E. <input type="checkbox"/> Not Applicable															
<p>VI. All final plans and specifications shall be appropriately signed and sealed by an architect registered by the state of Oklahoma.</p>																	
<p>1. NAME OF FACILITY Tel. No. () _____ - _____ Fax No. () _____ - _____</p> <p>DBA _____</p> <p>2. Finding _____</p> <p>Address (Number & Street) _____</p> <p style="margin-left: 40px;">(City) (State) (Zip) _____</p> <p>3. Mailing _____</p> <p>Address _____ (Number) (Street) (City) (State) (Zip)</p> <p>5. Project Name _____</p> <p>6. Estimated Project Cost \$ _____</p>																	

7. PROJECT TYPE:	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Relocate Existing Facility
<input type="checkbox"/> Remodel Existing Facility	<input type="checkbox"/> Other (specify) : _____
8. PROJECT ARCHITECT:	
Architect/Firm: _____	
Contact Name: _____	
Mailing Address: _____ _____	
Telephone: () _____ - _____	
Fac: () _____ - _____	
E-mail Address: _____	
9. FACILITY OR CORPORATE PROJECT REPRESENTATIVE	
Contact Name: _____	
Contact Title: _____	
Mailing Address: _____ _____	
Telephone: () _____ - _____	
Fac: () _____ - _____	
E-mail Address: _____	
10. SUBMITTAL TYPE	
Stage One Submittal:	Stage Two Submittal:
<input type="checkbox"/> First Submittal	<input type="checkbox"/> First Submittal
<input type="checkbox"/> Second Submittal	<input type="checkbox"/> Second Submittal
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
SUBMITTAL REQUIREMENTS	
Stage One Submittal: 1. Submittal Form 2. Preliminary Drawings 3. Functional program 4. Existing plan with all spaces labeled 5. Life safety plan 6. Location plan that shows the project location and relationship to other departments or tenants 7. Site plan if the building perimeter is altered or penetrated	Stage Two Submittal: 1. Submittal Form 2. Two sets of construction documents including specifications 3. Functional program 4. Construction schedule* 5. Contractor name* 7. Contractor contact* *If available. This information must be submitted before construction is started.

<p>PROTECTIVE HEALTH SERVICES</p>	 <p>Oklahoma State Department of Health Creating a State of Health</p>	<p>Oklahoma State Department of Health Protective Health Services – 0505 Medical Facilities 1000 NE 10th Street Oklahoma City, OK 73117-1299 Telephone: (405) 271-6785 FAX: (405)271-1738</p>
<p align="center">PLAN REVIEW SUBMITTAL FORM: CHECK LIST (Checklist does not have to be submitted with form)</p>		
<p><u>Stage One Submittal (1 copy of each):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submittal Form <input type="checkbox"/> Preliminary Drawings <input type="checkbox"/> Functional Program <input type="checkbox"/> Existing plan with all spaces labeled <input type="checkbox"/> Life safety plan <input type="checkbox"/> Location plan that shows the project location and relationship to other departments or tenants <input type="checkbox"/> Site plan if the building perimeter is altered or penetrated. 		<p><u>Stage Two Submittal (2 copies of each):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submittal Form <input type="checkbox"/> Construction documents including specifications (only 1 copy is required) <input type="checkbox"/> Functional program <input type="checkbox"/> Construction Schedule* <input type="checkbox"/> Contraction Name* <p>*If available. This information must be submitted before construction is started.</p>

Submittal Requirements

- Stage One Submittal
 - Hospitals have the option, at their own risk, to bypass the stage one submittal and proceed directly to submittal of stage two documents. This does not apply to stage two fast-track project review.

- Stage Two Fast-Track Projects
 - Phased approval of projects
 - Equipment and built-in furnishings must be identified in stage one submittal
 - Hospitals have the option to submit two packages:
 - Civil, landscaping and structural in stage one
 - Balance of the components in stage two
 - The hospital may begin site work on packages after approval by the Department.

Submittal Requirements

- Floor plan scale
 - Plans must be submitted at the scale of 1/8 inch equals 1 foot with additional clarifying documents required.
- Application form
 - Submittal must be made using OSDH form which requests information and specifies the number of copies and format for document submittal.

Submittal Requirements

- Submission of plans and specifications are required
 - Changes that affect path of egress; change of use or occupancy; repurposing of spaces; structural modifications; HVAC modifications; electrical modifications that affect the essential electrical system; changes that require modification or relocation of fire alarm initiation or notification devices; changes that require modification or relocation of any portion of the automatic fire sprinkler system; replacement of fixed medical equipment if the alteration requires any work noted above; replacement of or modification to any magnetic radiation or shielding; changes to or addition of any egress control devices systems
- Plans and specifications are not required
 - Painting, papering, tiling, carpeting, cabinets, counter tops and similar finish work; ordinary repairs and maintenance; modifications to nurse call or other hospital signaling/communication/IT systems; replacement of fixed or moveable medical equipment that does not affect electrical, HVAC or shielding requirements.

OSDH Process

- Plan Review submittals must be completed on the template provided by OSDH.
- Plan Review submittals must be accompanied by the applicable plan review fee.
- Review Fee covers up to 2 stage one and 2 stage two submittals and 1 final inspection. If further inspections are required, additional fees will apply.
- Administrative Completeness Review - OSDH will have 10 calendar days to review the application for completeness. If application is incomplete, additional documentation will be requested in writing. Upon submission of additional documentation, OSDH will have 10 calendar days to review. Complete applications will proceed to Technical Review.
- Technical Review - OSDH will have 45 calendar days to review for compliance with relevant regulations. If OSDH requests supplemental information the time for review is stopped (tolled) and begins running again when the supplemental information is received.
- Supplemental time to review (up to 30 additional calendar days) may be requested to make up for lost time in reviewing inadequate materials.




Hospital Rule Changes

Consultation

Background

- OSDH organized, in cooperation with representatives of health care facilities, architects, attorneys and engineers, a working group to improve the process of Plan Review timeframes and streamline submittal processes. The original goal of the working group was to reduce the time for reviewing the functional program, by ensuring that OSDH reviews are timely completed while reducing the proportion of plans denied or requiring rework.
- The working group requested that the OSDH give health facility customers the opportunity to schedule consultations with the OSDH staff. The purpose of providing consultations is to allow health facility to meet with the OSDH staff to discuss new concepts, questions about guidelines, or questions that arise after submitting plan review.

<p style="text-align: center;"><u>PROTECTIVE</u> <u>HEALTH</u> <u>SERVICES</u></p>		<p>Oklahoma State Department of Health Protective Health Services – 0505 Medical Facilities 1000 NE 10th Street Oklahoma City, OK 73117-1299 Telephone: (405) 271-6576 Email: medicalfacilities@health.ok.gov</p>
<p>Consultation Services Request</p> <p><i>INSTRUCTIONS</i></p> <p>I. Read carefully and complete all portions of the form. Please type.</p> <p>II. OSDH staff will work with the owner or representative to schedule a meeting as requested. Please be aware that meetings will be scheduled on a first come first serve basis and based on the availability of OSDH staff.</p> <p>III. Consultations will be held at the OSDH. If a consultation is requested at another location please contact Medical Facilities at the phone number listed at the top. Additional fees may be charged in accordance with the State Travel Reimbursement Act 74 O.S. 85.451.</p> <p>IV. Consultation Fee is \$500 for each eight staff hours or major fraction thereof.</p> <p style="margin-left: 20px;">(a) Upon a request for consultation by an applicant an applicant shall deposit with the OSDH the sum of \$500. The OSDH will draw down on that \$500 pursuant to the requirements found in Title 310 (<i>see below for specific sections</i>).</p> <p style="margin-left: 20px;">(b) Once the \$500 has been expended the OSDH will notify the applicant if further consultation is required, upon this notification the applicant must deposit another \$500 with the OSDH. This process will continue until the final decision on the application is made.</p> <p style="margin-left: 20px;">(c) Any money remaining in the account, at the request of the applicant, may be applied to any past, current or future fees owed by the applicant or may be returned to the applicant*.</p> <p>V. This form and all REQUIRED FEES should be submitted directly to the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and the person requesting the consultation with which the payment is associated and be mailed to:</p> <p style="margin-left: 40px;">Oklahoma State Department of Health Protective Health Services Medical Facilities PO Box 268816 Oklahoma City, OK 73126-8816</p> <p>VI. SUBMITTALS IN PERSON: If submitting an application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1st floor lobby of OSDH before submitting any application.</p> <p>*If a refund is requested an administrative cost will be charged to process the refund.</p>		

TYPE OF FACILITY	
<input type="checkbox"/> Hospital – 310:667-47-1(e)(4)	
<input type="checkbox"/> Ambulatory Surgical Center – 310:615-47-1(e)(4)	
FACILITY INFORMATION	
NAME OF FACILITY: Click here to enter text.	
Tel. No.: Click here to enter text.	Fax No.: Click here to enter text.
Finding Address: Click here to enter text. (Number & Street) Click here to enter text. (City) (State) (Zip)	
Mailing Address: Click here to enter text. (Number) (Street) (City) (State) (Zip)	
OWNER/REPRESENTATIVE INFORMATION	
Contact Name: Click here to enter text.	
Contact Title: Click here to enter text.	
Mailing Address: Click here to enter text.	
Telephone: Click here to enter text.	
Fax: Click here to enter text.	
Email Address: Click here to enter text.	
PRIMARY CONTACT INFORMATION	
Contact Name: Click here to enter text.	
Mailing Address: Click here to enter text.	
Telephone: Click here to enter text.	
Fax: Click here to enter text.	
Email Address: Click here to enter text.	
CONSULTATION INFORMATION	

Preferred meeting dates: Click here to enter text.

Preferred meeting times: Click here to enter text. a.m. p.m

Project attendees representing facility**: Click here to enter text.

**please list the names of the attendees and their job titles

PROJECT INFORMATION

Brief description of the project: Click here to enter text.

Specific project issue: Click here to enter text.

Specific code, rule, or guidelines at issue: Click here to enter text.

Goals for this consultation: Click here to enter text.

OSDH Process

- Consultation requests may be completed on the template(s) provided by the Oklahoma State Department of Health (OSDH).
- Facilities or facility sponsor or facility representative must send the consultation request directly to Plan Review at planreview@health.ok.gov.
- The Plan Review Administrative Program Manager will review the consultation requests and determine if a consultation request will be granted.
- The Plan Review Division will contact facility to schedule a date, time and location of meeting if the request for consultation is approved.
- The Plan Review Division will prepare a response letter to the facility.
- The Plan Review Administrative Assistant will prepare the letter for the Plan Review Administrative Program Manager's signature. The letter will be routed through the Medical Facilities Service Director for approval.
- Facility must pay the \$500 consultation fee prior to the consultation.
- If there is money left over The Plan Review Division will contact the facility to determine whether the extra amount will applied to any past, current or future fees owed by the applicant or may be returned to the applicant. If the applicant wants a refund an administrative fee will be taken from the left over amount to cover the cost of the refund.




Hospital Rule Changes

Courtesy Inspection

Background

- OSDH organized, in cooperation with representatives of health care facilities, architects, attorneys and engineers, a working group to improve the process of Plan Review timeframes and streamline submittal processes. The original goal of the working group was to reduce the time for reviewing the functional program, by ensuring that OSDH reviews are timely completed while reducing the proportion of plans denied or requiring rework.
- The courtesy inspection fee was added to provide additional resources for the OSDH. By giving the OSDH additional resources this will help the OSDH to improve the Plan Review process timeframes.

<p><u>PROTECTIVE</u> <u>HEALTH</u> <u>SERVICES</u></p>		<p>Oklahoma State Department of Health Protective Health Services – 0505 Medical Facilities 1000 NE 10th Street Oklahoma City, OK 73117-1299 Telephone: (405) 271-6576 Email: medicalfacilities@health.ok.gov</p>
<p>Courtesy Inspection Request</p> <p><i>INSTRUCTIONS</i></p> <p>I. Read carefully and complete all portions of the form. Please type.</p> <p>II. Courtesy inspections are not required but should be considered for complex projects.</p> <p>III. This form must be submitted to the Medical Facilities at the physical address or email address listed above.</p> <p>IV. OSDH staff will work with the owner or representative to schedule an inspection as requested. Please be aware that courtesy inspections will be scheduled on a first come first serve basis and based on the availability of OSDH staff.</p> <p>V. Courtesy Inspection Fee is \$500 and must be paid prior to the inspection date.</p> <p>VI. This form and all REQUIRED FEES should be submitted directly to the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and the person requesting the courtesy inspection with which the payment is associated and be mailed to:</p> <p style="margin-left: 40px;">Oklahoma State Department of Health Protective Health Services Medical Facilities PO Box 268816 Oklahoma City, OK 73126-8816</p> <p>VII. SUBMITTALS IN PERSON: If submitting an application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1st floor lobby of OSDH before submitting any application.</p>		
<p>TYPE OF FACILITY</p>		
<p><input type="checkbox"/> Hospital – 310:667-47-1(e)(3)</p> <p><input type="checkbox"/> Ambulatory Surgical Center – 310:615-47-1(e)(3)</p>		
<p>OWNER/REPRESENTATIVE INFORMATION</p>		

Contact Name: Click here to enter text.

Contact Title: Click here to enter text.

Mailing Address: Click here to enter text.

Telephone: Click here to enter text.

Fax: Click here to enter text.

Email Address: Click here to enter text.

PRIMARY CONTACT INFORMATION

Contact Name: Click here to enter text.

Mailing Address: Click here to enter text.

Telephone: Click here to enter text.

Fax: Click here to enter text.

Email Address: Click here to enter text.

INSPECTION INFORMATION

Preferred inspection dates: Click here to enter text.

Location for inspection: Click here to enter text.
(Number & Street)
Click here to enter text.
(City) (State) (Zip)

Project attendees representing facility: Click here to enter text.

PROJECT INFORMATION

P# Click here to enter text.

Brief description of the project scope and phase: Click here to enter text.

OSDH Process

- Courtesy inspection requests may be completed on the template(s) provided by the Oklahoma State Department of Health (OSDH).
- Facilities or facility sponsor or facility representative must send or email the courtesy inspection request directly to Plan Review at planreview@health.ok.gov.
- The Plan Review Division will contact facility to schedule a date, time and location of courtesy inspection if the request is approved.
- The Plan Review Division will send a confirmation email with the date and time of courtesy inspection.
- Facilities or facility representative must submit the \$500 courtesy inspection fee to the Plan Review Division prior to the date of inspection.



Questions?

Contact:

Lee Martin, Medical Facilities Service Director

LeeM@health.ok.gov

(405)271-6575

or

planreview@health.ok.gov



Hospital Rule Changes

Kari Holder, OBA #33195
Kiersten Hamill, OBA #33187

Presented at the Oklahoma Hospital
Association
September 29, 2017