

Patient Information



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Welcome

Shepparton Private Hospital acknowledge the traditional custodians of the land on which our facility is located, and we pay our respects to their elders past, present and emerging.



Welcome

Thank you for choosing Shepparton Private Hospital for your hospital care. Owned and operated by Australia's largest private hospital operators, **Ramsay Health Care**, Shepparton Private Hospital is considered one of the finest and most comprehensive private hospitals in rural Australia.

The staff and doctors of Shepparton Private Hospital would like to extend a warm welcome to you and your family. Our aim is to provide you with the best possible hospital experience and to make your stay as pleasant as possible.

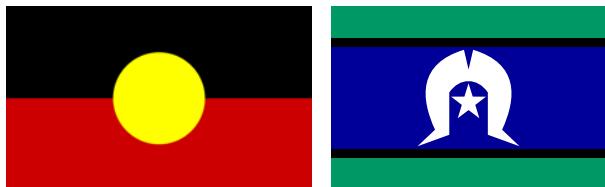
We recognise that admission to hospital can be a daunting experience.

It is a time when a lot of information is given verbally, so we are here for any questions or concerns you may have. This publication is designed to provide information relating to our hospital's facilities and services and your admission and stay here.

We would like to take this opportunity to thank you for choosing Shepparton Private Hospital and wish you all the best for a speedy recovery.

The Executive Team

Shepparton Private Hospital



About Shepparton Private Hospital



About Shepparton Private Hospital

Shepparton Private Hospital is owned and operated by Ramsay Health Care. Shepparton Private Hospital is one of the finest and most comprehensive private hospitals in rural Australia.

Shepparton Private Hospital provides an extensive range of inpatient and day patient services all located on site for the convenience of our patients. Equipped with advanced medical, surgical and diagnostic technology, the hospital and our team of highly skilled practitioners are able to provide the very best in medical, surgical and psychiatric care.

Shepparton Private Hospital provides a range of acute surgical and medical inpatient and day patient services including:

- Orthopaedics
- General Surgery
- Urology
- Ear, Nose & Throat
- Gynaecology
- Dental
- Plastic Surgery
- Breast Surgery
- General Medical
- Psychiatric Services (Ramsay Clinic Shepparton) – including inpatient and day patient services
- Paediatric Surgery
- Rehabilitation – inpatient and day programs

In recognition of our commitment to excellence in quality patient care and customer service, Shepparton Private Hospital is fully accredited to the National Safety and Quality Health Service Standards.

We strive to provide a positive experience for our patients and assure you that every effort will be made to make your stay with us as comfortable as possible. Should you have any concerns or wish to talk to someone with regard to improving our service, we encourage you to speak to a staff member.

Values

The Ramsay value of “People Caring for People” recognises that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers, our patients and our staff.

The Ramsay Way

- We are caring, progressive, enjoy our work and use a positive spirit to succeed.
- We take pride in our achievements and actively seek new ways of doing things better.
- We value integrity, credibility and respect for the individual.
- We build constructive relationships to achieve positive outcomes for all.
- We believe that success comes through recognising and encouraging the value of people and teams.
- We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty.

Your Room



Your Room

The call bell

Your room's call bell system allows you to contact nursing staff 24 hours a day. A button is located on the white handset by your bed, which your nurse will place within your reach. Once the button is pressed, it will remain on until cancelled by your attending nurse.



Television & radio

Your room's complimentary in-house entertainment includes free-to-air television and a range of Foxtel Channels. The system is remote-controlled.

Bed adjustment

Beds are adjustable and can be repositioned using the up/down arrows located on the handset. In some cases, the bed's position is set by the nursing staff to facilitate your recovery. If you feel uncomfortable, please press the call bell and staff will assist you.

Telephone

- Local Calls: Dial 0 to access an outside line. Local calls to land lines are free.
- No calls to STD or mobile telephone numbers can be made from your room phone. Please speak to your nurse if you need to make an STD or mobile call.

Your direct telephone number to give to family & friends

You may receive calls directly to your inpatient room or alternatively, calls can be received and transferred to you from our main switchboard.

Meal Services



Meal Services

We understand how important your meals are to you during your stay. We strive to ensure the consistent delivery of high quality food and food services to patients every day.

Our meals have been created to meet the specific needs of patients in a healthcare environment, and are therefore lower in fat and salt content which may affect the taste that you are used to.

We offer menu options which are suitable for patients on a diabetic, low fat, low salt or restricted diet as ordered by the dietician or your doctor. Kosher & Halal meals are also available on request.

Due to your medical condition you may be on a special diet. In some cases, your meal option may be changed as a result of changes in your health requirements. A suitable alternative would then be chosen. Should you require further information regarding the type of diet you are on, please discuss with the nurse caring for you.

If you have any concerns regarding your meal, please contact our Diet Monitor who can assist with planning meals to your requirements for our chef to prepare.

Bringing in food for patients

We understand that family and friends may like to bring in food for their loved ones, unfortunately we cannot accept responsibility for food that is prepared outside of the hospital and is brought in for patients by relatives and visitors. Our hospital has a legal obligation to comply with Food Safety Standards. Patients, relatives and visitors are welcome to use storage and reheating facilities in the kitchenette in each ward. Please inform the nursing staff about food you bring into the hospital and clearly label this with the patient's name and the date the food was prepared.

Vending Machine

A vending machine is located onsite.

Meal service times

Breakfast	7.45am – 9.15am
Morning Tea	10.00am – 11.00am
Lunch	12.00pm – 1.00pm
Afternoon Tea	3.00pm – 4.00pm
Dinner	5.00pm – 6.00pm



Patient Services & Facilities



Patient Services & Facilities

Clergy and Religious Representation

If you would like a visit from a religious / spiritual representative, please speak with your nurse who will arrange this for you.

Cultural Diversity

Shepparton Private Hospital provides a culturally sensitive environment to support the needs of patients and families from culturally diverse backgrounds. If we can assist in meeting any special considerations or requirements, please speak to your health care team.

Department of Veteran's Affairs

A Veteran's Affairs Liaison Coordinator is available from 8.00am – 4.00pm Monday to Friday. Please ask the ward staff to arrange a visit.

Housekeeping services

We take great pride in maintaining a clean environment and taking care of your surroundings during your stay. If you require any assistance with your room or something you may have left at home (soap, shampoo, razor, toothbrush) please discuss with the nurse caring for you.

Aboriginal and Torres Strait Islander Health

Shepparton Private Hospital provides a culturally sensitive environment. We understand the unique healthcare needs of Aboriginal and Torres Strait Islander people. If you identify as an Aboriginal or Torres Strait Islander person, please let a member of your healthcare team know so that we can offer you support during your treatment.

Internet access

Free WiFi is available to inpatients & visitors.

Welcome to Ramsay WiFi



Ensure your device has its wireless signal/switch activated, go to the available wireless network connection list and select 'Connect' underneath 'Ramsay Guest WiFi'.



ASSISTANCE AND SUPPORT

If you are having issues connecting, please speak to the ward staff or the ward reception desk. Should you still have problems, let the ward staff know and they will reach out to Ramsay IT to assist where possible.



Ramsay
Health Care

Interpreter services

The Translating and Interpreter Service (TIS) is available and provides a free interpreting service for doctors and specialists. If you would like an interpreter at any stage of your hospitalisation, please speak with your doctor or nurse. Shepparton Private Hospital is happy to assist with these arrangements. Please be aware, there are a small number of exceptions to the provision of free services. Compensation case patients, non-permanent residents and services not booked under the doctor are not eligible for free services. In these cases, charges apply.

Pathology & Radiology

Private specialist pathology and radiology services provide 24 hour cover to hospital inpatients. They also provide outpatient services. If you have a pathology or radiology service performed whilst you are in hospital, a separate account may be sent to you which can be claimed from Medicare and your health fund.

Pharmacy

Pharmacists will attend frequent rounds of each ward daily. They will dispense medications as requested by your Specialist and explain new medications to you. Some medications are additional to your hospital charges. If applicable, these will be added to your hospital account and payable on discharge. You will need to collect and pay for your discharge medications prior to leaving the hospital.

Reception hours

Reception services are provided during weekday business hours. Outside these hours, inquiries are redirected to the ward for assistance.

Volunteers

The hospital has a team of volunteers who attend throughout the week assisting the hospital staff and our patients with small tasks, such as tending to your flowers. This arrangement is subject to health service visitor restrictions.

Allied Health

Our Allied Health team consists of physiotherapists, occupational therapists, dietitians, exercise physiologists, social workers and allied health assistants. We all work together to promote health, wellbeing and independence using evidence-based and holistic approaches to help our patients reach their goals through personalised care and treatment programs designed specifically for you.

Inpatient Rehabilitation

Day Rehabilitation programs include:

Orthopaedic Day Rehabilitation.

Aims to:

- Provide individualised care to restore function following surgery
- Improve your ability to move and function effectively
- Restore your level of health, function and fitness with the aim to achieve your goals

How to refer

Please discuss Inpatient and Day patient Rehabilitation with your doctor

Ramsay Health Plus

Once you have been discharged from hospital, you can maintain continuity of all health success through our Ramsay Health Plus program.

How to refer

Please contact the friendly staff within Ramsay Health Plus to assist you in booking an appointment on phone: 03 5832 1365

Important Information For All Patients



Important Information For All Patients

Your nursing care

During your stay nurses will be allocated to care for you 24 hours a day. These nurses may comprise a team of Registered Nurses, Enrolled Nurses, Assistant in Nursing and sometimes students and trainees.

We understand the importance of continuity of care and try to allocate the same nurse each day, however sometimes this may not be possible.

Our performance in clinical safety and quality

Our performance in patient safety and quality care is the highest priority for us as an organisation. We use clinical and patient experience data to; identify high performance; evaluate how reliable and consistent patient experiences are to reduce unwarranted variation; and to drive opportunities for improvement. We translate clinical data into current outcome trends over time and evaluate improvement opportunities. Most importantly we are transparent and strive to provide you with the information you need to make an informed decision that is right for you.

In order to measure our performance and truly know how our performance translates to patient outcomes and experience we need to gather information from a range of sources, for example, we gather data from clinical incident reporting, clinical outcomes audits, patient experience surveys, patient feedback, clinical registries and clinical indicator sets that compare standardised outcomes both internally and externally (benchmarking). Here at Shepparton Private Hospital processes to ensure clinical outcome data is reviewed in time frames relative to the risk. The greater the risk the more frequent and immediate our review.

We have systems that ensure information is escalated to the highest level of the organisation if they pose an imminent risk to patient safety. Otherwise, we review clinical performance at monthly, quarterly and half-yearly intervals. Here at Shepparton Private Hospital we also have systems to ensure patient outcome data is communicated to our frontline staff as well escalated up to the highest levels of governance of the organisation.

Should you wish to view our latest safety and quality data please head to our website:

www.sheppartonprivate.com.au and view information under the clinical quality and safety tab.

Alternatively, this can be viewed on the my hospitals website at www.aihsw.gov.au/myhospitals

RAISE the Ramsay Rule

RAISE the Ramsay Rule is about keeping our patients safe.

RAISE the Ramsay Rule is a three-step process where you or your family or carer can escalate concerns and call for rapid assistance when you or they believe that something is 'not right' with your clinical condition.

Initially, concerns are raised with the nursing staff and the Nurse in Charge of the ward. If you or your family are still concerned about your clinical condition, the final step is to ring a dedicated hospital phone number which alerts a senior clinical staff member. This call initiates a timely clinical review by an experienced clinician.

In addition, the objective of the program is also to acknowledge you and your family's concerns and take appropriate action. (Step-by-step instructions can be found on page 17.)

Partnering with consumers

As a patient you will notice that the staff will include you and your family / carers in your treatment by seeking information from you and giving information to you to ensure that we are providing the right treatment to the right patient and regularly monitoring your care.

Patient Centred Care (PCC) is an important part of your care. It is a broad term used to describe healthcare that is respectful of and responsive to the preferences, needs and values of you, as patients and consumers. PCC is an important measure of healthcare safety and quality.

PCC is more than customer service, in that it involves actively consulting, collaborating and partnering with patients, carers and families to not only improve your perceptions and experience of healthcare, but to also support your healthcare rights and responsibilities, improve your health literacy and the quality and safety of the wider system of healthcare.

We may at times seek input from patients regarding patient information publications, new processes or equipment to ensure that they are either easy to understand and informative, or what patients are needing in hospital.



Preventing & controlling healthcare associated infections

Strategies and education are in place to dramatically reduce your risk of acquiring an infection from your hospital stay. The nursing staff will provide education to you regarding your role in participating in our infection control program.

Please ask if you have any questions.

Hand Hygiene

Hand hygiene is the single most important factor in reducing hospital acquired infections. Everyone plays an important role in stopping the spread of infection by ensuring they regularly sanitise their hands. Please ask your visitors to sanitise their hands on entering and exiting your room. All staff should also always perform hand hygiene in front of you. Please feel free to remind staff if you are concerned this has not been done. Alcohol hand rub is available in every room and throughout the hospital.

Clinical handover

As part of the management of your progress it is important that all members of the healthcare team communicate to you about your treatment and care effectively. To assist in the process we utilise a standard approach to transferring information using the acronym ISBAR. There may be many situations where you will hear staff talking about you or your care. These discussions will generally take place with you in attendance. If you hear information that is incorrect or that you don't understand we encourage you to speak up to staff to explain or repeat the information. Within your room, there is a communication board which will be used by the staff who will be looking after you to write their names and any other significant information including "What matters to you today". Working together to meet your needs.

Medications

Please inform nursing staff about any medication you are currently taking, including any herbal or complimentary medications. For safety reasons these will be securely locked in your bedside cabinet and made available for use during your stay with us. For your safety, the nursing staff will administer ALL your medications whilst you are in the hospital from their original labelled pharmacy containers. Legally we are unable to use any alternative containers, such as webster packs and dosette boxes as we may be unable to identify the medications. We suggest these be left at home. If however, you believe an error has been made in regards to your medications please speak up and talk to the nurse caring for you. Additionally, it is likely that you will be prescribed extra medication whilst in hospital. Should you have any questions or concerns, please discuss these with a staff member or request to speak to a Pharmacist.

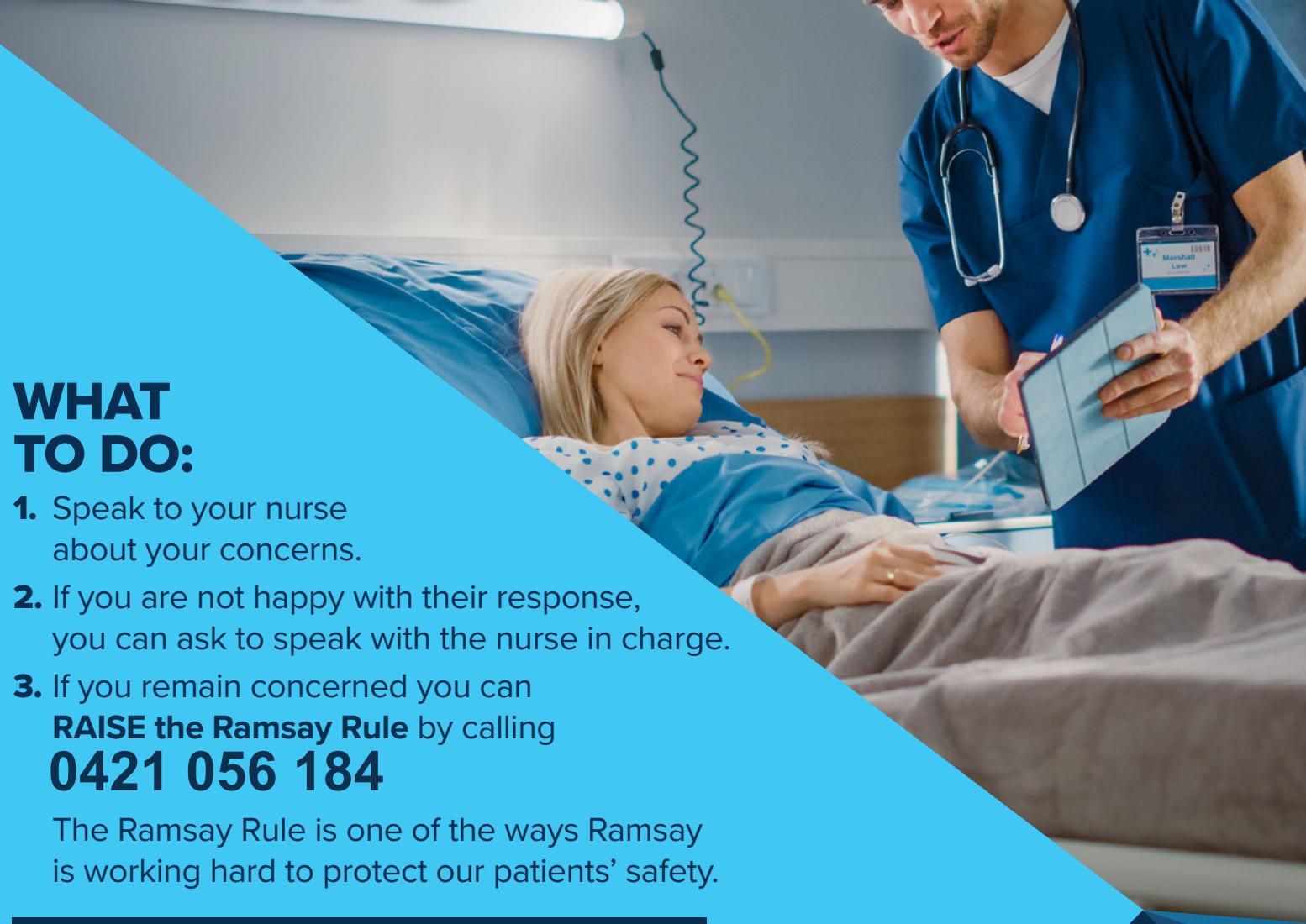
Medication Safety

Medication Safety is one of our top priorities. For this reason we try to minimise interruptions as much as possible when medications are being handled. We appreciate your support in this area.

Our staff that administer medications are qualified to do so and are assessed regularly to ensure they remain competent. We utilise systems that ensure that we match you to your intended treatment. Each time the nurses administer medication to you they will ask you to identify yourself, or check your identification band, and ask you about any allergies that you may have. Any medication errors that may occur are reported, thoroughly investigated and analysed to learn from them.

ARE YOU WORRIED?

RAISE the Ramsay Rule



WHAT TO DO:

1. Speak to your nurse about your concerns.
2. If you are not happy with their response, you can ask to speak with the nurse in charge.
3. If you remain concerned you can **RAISE the Ramsay Rule** by calling **0421 056 184**

The Ramsay Rule is one of the ways Ramsay is working hard to protect our patients' safety.



Scan the QR code for more info on how to **RAISE the Ramsay Rule.**



What matters to you today?



How does it work?

We'll ask you "What matters to you today?" This helps our team members to understand what is important to you during your stay.

At Ramsay, we believe your care should be tailored to your specific needs. We prioritise person centred care and shared decision making.

Your care, your way.

Let's achieve what matters to you, together.



Ramsay
Health Care

Patient identification

We are committed to the delivery of safe patient care by adopting the Australian Commission for Safety and Quality in Health Care's National Specification for patient identification. The hospital has developed and implemented an organisation wide system for patient identification using key identifiers and questions to correctly identify you and match your procedure.

These include:

- What is your name?
- When were you born?
- Why are you here?

Pressure injury prevention

A pressure injury (also known as a pressure sore or bed sore) is an area of skin that has been damaged due to prolonged or unrelieved pressure. Pressure injuries may look minor, such as redness on the skin, but they can hide more damage under the skin surface.

Pressure injuries usually occur over bony areas – especially heels, buttocks and toes. Anyone confined to bed or a chair, who is unable to move, has loss of sensation, loss of bowel or bladder control, poor nutrition or is unwell is at risk of developing a pressure injury.

The best thing that can be done is relieve the pressure by keeping active, and changing your position frequently, whether you are lying in bed or sitting in a chair.

If you are unable to move yourself, the staff will help to change your position regularly. Special equipment such as air mattresses, cushions and booties may be used to reduce the pressure in particular places following assessment. If you are at an increased risk, your staff will develop an individualised care plan with you. Staff will also inspect your skin daily to identify if a pressure injury is developing. Tell staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin.

Keeping your skin and bedding dry helps to keep the skin in good condition. It is important to let staff know if your clothes or bedding are damp. Avoid massaging your skin over bony parts of the body. Use a mild soap and moisturise dry skin.

For more information, speak with the nursing staff caring for you, or ask for a patient information pamphlet.

Falls prevention

It's surprisingly easy to fall or slip whilst in hospital. Medication or fatigue may affect your balance, or you may not be as fit or as steady on your feet as you normally are. That's why we ask you to take particular care when standing or moving about because your safety and well-being are important to us. On admission we will assess your risk of having a fall and will implement strategies to reduce your risk of falling. The following describes a few ways you can reduce the risk of a fall.



Medication

Pain-relieving drugs or other medication can make you feel dizzy, as can changes to your medication. Always take special care when walking or getting to your feet.

Unfamiliar surroundings

Make sure you know the layout of your room and where the furniture is. Take particular care if moving around at night and ensure you have the lights on.

Flooring

Tiled floors, lino or other hard surfaces can be slippery, particularly if wet or when you are wearing certain kinds of footwear. Check the floors in your area and avoid using talcum powder whenever possible.

Your condition

Ask your doctor or nursing staff to fully explain your condition so you know if you should ask for help with standing or walking. Your physiotherapist can also give you advice with balance or mobility.

Visiting the bathroom

You may need to use the toilet unexpectedly or more often than usual whilst having treatment. If you need help, or think you may need to visit the toilet more frequently, please ask the nurses, they are here to help you feel as comfortable as possible.

Clothing

Loose or full-length clothing like pyjamas or dressing gowns can cause you to trip and fall at home. Make sure these are the right length for you.

Footwear

Check that your slippers or other footwear fit securely.

Our Falls Management Program aims to minimise falls and reduce the frequency and severity of any injuries resulting from falls.

Why would I need a blood or blood product transfusion?

Some patients may need a single or emergency transfusion after major surgery or a major accident/illness.

Potential risks

Although Australia's blood supply is safe; blood and blood component transfusions are not risk free. Complications can occur, as with all medical procedures. Severe reactions to blood transfusions are very uncommon.

Is there anything I need to do during the transfusion?

- During the transfusion you will be closely observed.
- Your physiological observations and general condition will be monitored by the nurse.
- Report to the nurse as soon as possible if you notice any chills, fever, problems with breathing, rash, if you are worried or feeling unwell in any way during the transfusion.
- Before any procedure is carried out, you will be asked to give your permission or consent. You should make sure you understand the reasons, risk and benefits when you are asked to give consent for a transfusion.

In some cases alternatives to blood product transfusion may be suitable. Ask your doctor if this may be so in your case.

Should you wish to read further about blood product transfusions please ask the staff caring for you for an information booklet entitled "Blood and Blood Component Transfusions"

If you have objections to blood transfusions, it is extremely important to discuss this with your doctor.

Patient Manual Handling System (PMHS)

We aim to optimise patient quality care as part of our ongoing quality improvement process. We have implemented patient handling work practices for staff that eliminates lifting of a patient's full body weight when handling, transferring and mobilising our patients. Your nurse will assess you in relation to your ability to move yourself in bed, sit up, stand and walk. The nurses will encourage you to be as independent as possible. If you need assistance the staff may use equipment or aides that will facilitate your movement, making it more comfortable and safe for you, whilst reducing the risk of injury to staff assisting.

Electrical safety

All electrical equipment, including laptop computers, electric shavers, hair dryers, radio/ stereos and clocks, have the potential to affect our electrical network. Please consult with ward staff to have your electrical items checked prior to use in the hospital.

Medical records

A medical record will be kept of your admission and treatment. This will be confidential with access being limited only to the healthcare professionals directly involved in your treatment. This record will remain the property of the hospital. The contents of your medical record will be divulged only with your written consent, or where required by the law. You may request to review your medical record at any time. Please contact the Nurse Unit Manager to organise this.

Medical staff

The doctor (VMO) who admits you is responsible for your medical care whilst you are a patient in Shepparton Private Hospital. Each doctor will have a different time of the day that they will visit the hospital.

Students in training

As a teaching hospital of a number of local universities, we are involved in the training of nursing and other health care students. We hope you appreciate the importance of their training. However, if at any time you do not wish to be seen by students, please let the Nurse Unit Manager or nurse caring for you know.

Security

Surveillance cameras are positioned in common areas within the hospital providing 24 hour security. Security patrols occur overnight.



Smoke-free environment

We promote a smoke-free environment at Shepparton Private Hospital.

Staff identification

All staff wear name badges as a means of identification and internal security. The badge shows the staff member's name and position. Additionally, our staff wear different uniforms depending on their role within the hospital.

Valuables

We strongly recommend that you do not bring any valuables to hospital. Shepparton Private Hospital does not accept responsibility for patient's valuables. Valuables remain your responsibility.



Pressure Injury Prevention

Information for people at risk

Keep your skin clean and dry

Regularly change incontinence pads. Use a soap-free cleanser and moisturiser, if appropriate.

Look after your feet

Check for signs of pressure injury on your feet. If you have diabetes or reduced sensation, check your feet regularly. Wear comfortable, well-fitted shoes.

Use appropriate equipment

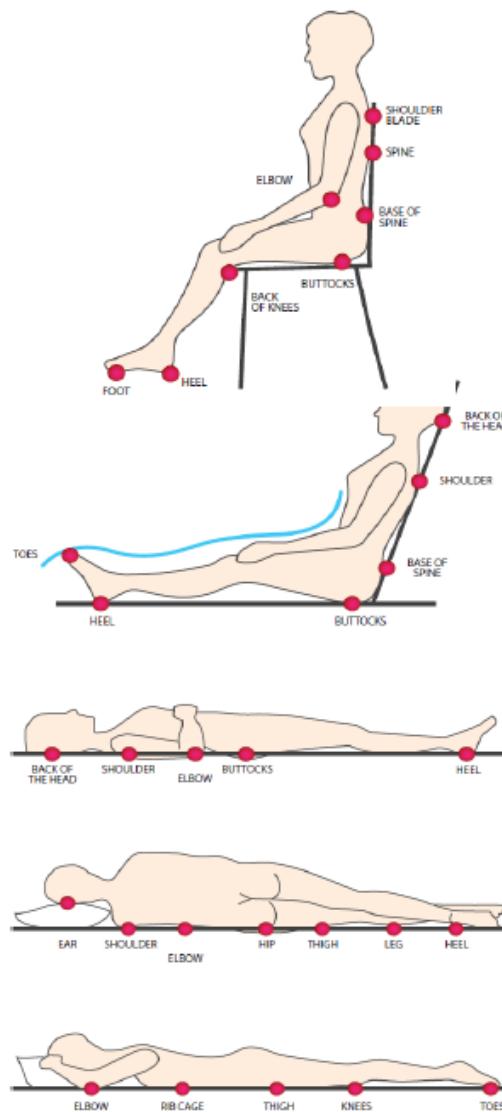
Ensure any equipment you are using is in good working order and regularly maintained. Specialised pressure-relieving equipment, such as cushions and mattresses, may be required if you are identified as being at risk of developing a pressure injury, or currently have a pressure injury.

Check your skin

Where possible, check your skin at least daily for signs of a pressure injury. If you are experiencing any warning signs speak to a healthcare professional for advice.



The diagrams below show the areas of body at risk of pressure injury when lying and sitting



Acknowledgements

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed). EPUAP/NPIAP/PPPIA: 2019

Pressure Injury Prevention: Information for Patients and Families
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CLINICAL
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Pressure Injury Prevention

Information for people at risk

Pressure Injury

A pressure injury, also referred to as a pressure ulcer or bed sore, is an injury to the skin caused by unrelieved pressure. It may occur when you are unable to move due to illness, injury or surgery. A pressure injury can develop at home or in a hospital.

They may develop from poorly-fitted shoes, under plasters, splints or braces, and around medical equipment such as tubes, masks or drains.

Pressure injuries can happen quickly, from lying or sitting in the same position for too long. They can be painful, take a long time to heal, and may lead to other complications.



People at increased risk

You have an increased risk of developing a pressure injury if you are:

- Older or very young
- Immobile or unable to reposition yourself
- Underweight, eating poorly or have experienced recent weight loss
- Overweight
- Incontinent (bladder and/or bowel)
- Experiencing reduced sensation/feeling

Warning signs of pressure injury

Check your skin and look for the warning signs:

- Redness/skin discolouration
- Tenderness, pain, or itching in affected areas
- Blistering
- Broken skin
- •

Reducing your risk of pressure injury

There are a number of simple things you can do to help reduce your risk of developing a pressure injury.

Move frequently to relieve pressure

Reposition yourself, or ask your carers to assist you to change your position. You can also ask them to regularly remind you to change position.

Eat a healthy diet and drink fluids regularly unless you are on fluid restriction

You may benefit from nutritional supplements if you are underweight, have recently lost weight, or have been eating poorly. Speak to a health care professional for advice.



CLINICAL
EXCELLENCE
COMMISSION

MOVING AROUND SAFELY IN HOSPITAL

INFORMATION FOR PATIENTS, FAMILIES AND CARERS

We want you to be as safe as possible in hospital

During your stay, staff will talk to you about:

- your risk of falling
- how much assistance you need when you are moving around
- ways to prevent falls in hospital.

Falls in hospital

There are many reasons you may be at risk of falling in hospital:

- Being unwell and in an unfamiliar place
- Poor mobility and balance (unsafe when walking)
- Badly fitting footwear and clothing
- Poor eyesight
- Urgent need to go to the toilet
- Medications that cause drowsiness or dizziness.

Most falls in hospital happen when people are moving around, including:

- Getting out of bed
- Walking, especially to the toilet
- In bathrooms and toilets
- Bending over or reaching for personal items.

Please tell a staff member if:

- You are worried about falling
- You have had a recent fall or have had a fall in hospital before
- You feel dizzy or unwell
- You need help walking or with things like showering and dressing
- You have problems with your balance
- You need to go to the toilet urgently
- You don't feel safe or comfortable moving around.

Tips for getting around safely:

- Check with a staff member if it is safe to move around on your own
- Use your call bell and keep it in easy reach
- Use a walking stick or frame if this has been recommended for you
- Wear supportive, non-slip shoes or slippers
- Get up slowly from sitting or lying down
- Be alert for any spills or obstacles.

Bathroom safety tips:

- A staff member may need to stay with you for your safety.
- Sit down to shower and use the rails to get up off the chair or toilet.
- Remain seated in the bathroom and use the call bell if you need help moving around.



Carers, family and visitors

We know many carers and family members provide support to patients in their home environment. However, there may be risks associated with hospital environment and the patient being unwell. Please speak with a member of the health care team, such as nurse, physiotherapist or occupational therapist if you would like to keep helping while the person you care for is in hospital.

Carers, family and visitors can help by:

- Telling staff if you notice any changes in the patient's condition
- Making sure the patient can reach their call bell and personal items
- Reminding the patient to ask the nurse for help before getting up
- Telling the nurse before leaving if the patient is experiencing any confusion so that additional safety measures can be taken.



For more formation on the NSW Falls Prevention Program, please visit:

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention>

Caring for your skin

Our skin is our largest organ and a barrier to germs. It protects and maintains body temperature. It is the protective layer that guards us from the environment and stops our body losing fluids. As we age, skin becomes thinner and may become drier.

How to keep skin healthy

- Drink plenty of water to hydrate your skin, unless you have been advised otherwise by a health professional.
- Eat a well-balanced diet which includes fruit and grains, vegetables, meat and dairy.
- Avoid adding fabric softeners to your laundry as these are strongly perfumed and may irritate your skin.



Keeping your skin clean

- Use pH-neutral, non-perfumed, soap-free body wash
- Avoid bar soaps, as they remove the natural oils from the skin causing dryness
- Have shorter, warm showers rather than hot showers
- Use a soft washcloth or shower puff to cleanse your skin
- Rinse your skin and dry gently with a soft towel after showering. Do not rub
- Dry well between your toes and in skin folds
- Products that are plant based (pawpaw ointment) or animal-based (goat's milk soap) may cause allergies in some people.

Moisturising and barrier protection

- Applying moisturiser and barrier cream or barrier cloth to the skin helps maintain the skin's physical barrier, providing protection from irritants and preventing the skin from drying out. Use a non-perfumed moisturiser right after your shower
- Moisturise areas that get frequent exposure to the sun, such as the face, neck, arms and lower legs
- Use a barrier cream or barrier cloths to protect skin in your groin/buttocks from moisture damage caused by sweat or urine and/or faecal leakage.

Sun protection

- Long-term exposure to the sun increases your risk of skin damage and skin cancers. Some skin cancers can spread to other parts of your body if not treated promptly.

To protect your skin:

- Seek shade when outdoors. Use tree shade or umbrellas. Wear a hat with a broad brim or legionnaire style cap
- Use a Sun Protection Factor (SPF) 30+ broad spectrum sunscreen. Water-resistant sunscreens should be used if you are very active or are swimming
- Apply sunscreen 15 minutes before going outdoors and every 2 hours even when cloudy
- Wear wrap-around sunglasses with an Eye Protection Factor (EPF) of 10
- Wear wet-suits and rash shirts with an Ultraviolet Protection Factor (UPF) of 40+ to increase sun protection
- Avoid or minimise your time in the sun between 10 a.m. to 2 p.m. as the ultraviolet (UV) light is strongest during this time.



Caring for your skin. Released May 2021, © Clinical Excellence Commission 2021. This flyer is based on a brochure developed by Western Sydney Local Health District Wound Specialist Group. Used with permission

Caring for your skin

Check your skin regularly

Any new, changed or bleeding moles, discoloured skin or wounds that won't heal. Ask a family member or your GP to check areas you cannot see, such as your back.

See your GP or Skin Specialist if you notice any changes or are worried or you have fair skin, lots of moles, freckles, sunburn easily or have had skin cancers.

Non-melanoma skin cancers



Basal cell carcinoma (BCC) Squamous cell carcinoma (SCC)

Melanoma



Melanoma

Photos used with permission Professor Peter Soyer

Looking out for skin tears

As we age, skin is damaged more easily. Some medications can also make the skin thinner, such as long-term steroids. Skin tears can happen by bumping into furniture falling, or someone gripping your arm or hand.

You can reduce skin tears by:

- using soap free, pH neutral cleanser and moisturiser
- wearing long sleeves and long pants
- keeping your home clutter-free and using a night light when mobilising at night
- padding sharp edges of furniture
- carers avoiding long fingernails and jewellery
- wearing prescribed glasses.

Pressure Injuries

Pressure Injuries are caused by lying or sitting in the same position for too long. The skin may appear red or purple, or blistered or broken. You are at risk of getting pressure injuries if you are older, can't move well, have poor bladder or bowel control, or have recently been in hospital or unwell. Avoid pressure injuries by checking your skin regularly, change your position frequently and keep your skin clean and dry.

Take home points for healthy skin

- Check your skin often for changes
- Eat a healthy diet and drink plenty of water, unless advised otherwise by a health professional
- Use a non-perfumed soap free, pH neutral cleanser and moisturiser
- If outdoors, wear sunscreen, wrap-around sunglasses, a broad brim hat and long sleeves
- Talk to a Nurse, GP or Occupational Therapist if you have any concerns.

Where can I find more information?

Cancer Council Australia: Understanding Skin Cancer and Eatforhealth.gov: Australian Dietary Guidelines



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PREVENTING BLOOD CLOTS

INFORMATION FOR PATIENTS & CARERS

Sometimes blood can pool and thicken inside normal, healthy veins and block the flow of blood through the body. This is known as a blood clot. Blood clots can be minor and have no signs or symptoms, but they can also cause significant health issues and, in some cases, lead to death.

Most blood clots occur in the deep veins of the legs or groin. Occasionally, clots break free from the area and move to other parts of the body, including the lungs. Blood clots that move to the lungs are particularly serious.

Blood clots are a leading cause of preventable death in Australia. Early detection and treatment of clots can help reduce the risk of harm. However, preventing clots is much easier, safer and more effective.

Causes of a blood clot

Being a patient in hospital increases your chance of getting a blood clot, particularly if you are having or have recently had surgery or a procedure, or if you are unable to move around as usual. A clot could occur during your stay in hospital or after you return home following treatment in hospital.

Your risk of developing a blood clot is increased if:

- You are over 60 years old
- You are overweight
- You have had a blood clot before
- Someone in your family has had a blood clot
- You are pregnant, or have recently given birth
- You have cancer or are undertaking cancer treatment
- You are on the contraceptive pill
- You take hormone-replacement therapy
- You have a chronic illness (like heart disease) or a blood disorder.

Speak to your doctor if you have any concerns.

Signs and symptoms of a possible blood clot

Tell your doctor or nurse if you experience any of the following:

Chest pain, sudden shortness of breath or coughing up blood-stained mucus

Pain and/or swelling in the legs. Skin may be red or warm to touch



Disclaimer

This fact sheet is for educational purposes only. It should not be used to guide and/or determine actual treatment choices or decisions. Any such decisions should be made in conjunction with advice from your treating doctor or other health professionals.

RECEIVING ANTIBIOTICS IN HOSPITAL



Information for patients & carers



CLINICAL
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What is an antibiotic?

Antibiotics are medicines that are used to treat or prevent infections. They work by killing or stopping the growth of 'bugs' (bacteria or fungi) that may be causing a problem in your body.

Antibiotics can be given in different ways, and are commonly provided as tablets, syrups, injections or eye drops. At the time of prescribing antibiotics, your doctor will discuss your needs and recommend a suitable product for you.



Receiving antibiotics in hospital

Antibiotics are usually prescribed for treating a possible or known infection. Patients will receive a 'course' of antibiotics. This means taking antibiotics for a set period of time, or until the infection has completely gone.

Sometimes antibiotics will be used to prevent an infection. If you are having a medical procedure that could increase your risk of infection, an antibiotic may be recommended before, during or shortly after the procedure. Your doctor may also recommend antibiotics if your immune system is too weak to fight off a serious infection.

Resistance to antibiotics

When bacteria develop new ways to defend against antibiotics, it is called 'antibiotic resistance'. This means that an antibiotic which used to work may no longer be able to treat your infection.

One of the main causes of antibiotic resistance is antibiotics being used when they are not needed (e.g. for a common cold or flu). When you are in hospital, your doctor will discuss whether you need antibiotics based on your symptoms and test results.

How could antibiotic resistance affect me as a patient?

Some types of bacteria have become resistant to many different antibiotic treatments. These bacteria may be called 'superbugs' in news and television reports.

Infections caused by superbugs are more difficult to treat and have a higher risk of complications. Hospitals have tests they can perform which may indicate if you have a resistant infection. When test results become available, your doctor will review and discuss suitable treatment options. This may mean changing your treatment to a different antibiotic.

Improving our antibiotic use

Our hospitals are committed to ensuring that the right type and dose of antibiotic is used for each patient. Efforts to improve antibiotic use are coordinated by teams of doctors, nurses, pharmacists and hospital managers. You may meet people from this team during your hospital stay.

Activities to improve antibiotic use in this hospital may include:



Collecting information about antibiotic resistant infections



Reserving some antibiotics for use only in specific conditions



Promoting treatment guidelines to help doctors choose the most suitable antibiotic for each patient



Monitoring which antibiotics are being used and why

If you have questions or concerns about your infection, treatment options or antibiotic resistance in general, please speak to your doctor, nurse or pharmacist.

What do I need to know about my antibiotic treatment?

When you are prescribed an antibiotic, your doctor should discuss:

- ▶ **Why** an antibiotic will be recommended for you
- ▶ **The name** of the antibiotic
- ▶ **How** it will be given to you while in hospital
- ▶ **How long** you are likely to be on the antibiotic
- ▶ **Side effects** that you may experience



If you have not received this information, please ask your doctor, nurse or pharmacist.

Consumer Medicine Information (CMI) in the form of a patient leaflet is available for most antibiotics. You can ask for a printed copy, or access these leaflets online through the NPS MedicineWise website:

<http://www.nps.org.au/>

Before you leave the hospital

You should receive information about your antibiotic treatment plan, including:

- Whether your antibiotic is being continued or changed on discharge
- How your antibiotics will be supplied
- How to take your antibiotic, including when to take it and for how long
- Potential side effects, and what to do if they happen to you
- Follow-up advice, including when you need to be reviewed by your GP.

Your doctor, nurse or pharmacist will be available to explain or repeat this information. You can also ask for it to be written down so you can look at it later.

After you leave the hospital

- Take your antibiotics as instructed
- If you have trouble remembering to take your antibiotics, set an alarm or ask family and friends to remind you
- Finish the whole course, unless your doctor tells you to stop
- Speak to a pharmacist or doctor if you have questions, concerns or side effects

DISCLAIMER: This brochure is provided for information only. It is not intended to substitute for medical advice and should not be used to determine actual treatment choices or decisions.

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SHPN (CEC) 140408

Advance Care Planning

Making your wishes known



What is Advance Care Planning?

An Advance Care Directive records your specific wishes and preferences for future care. This includes treatments you would accept or refuse if you had a life-threatening illness or injury.

An Advance Care Directive will only be used when you do not have capacity to decide for yourself or to communicate your wishes.

It is recommended your Advance Care Directive be written and signed by you and a witness.

An Advance Care Directive is valid and legally binding if:

- You had decision-making capacity when you made it
- You were not influenced or pressured by anyone else to make it
- It has clear and specific details about treatment that you would accept or refuse
- You have not revoked it
- It extends to the situation at hand.

Advance care directives made in other states and territories are enforceable in NSW

What is Advance Care Planning?

Advance Care Planning is an important process that helps you plan for future care, for a time when you are not able to make your health care wishes known.

The process involves thinking about your values, beliefs and wishes about the health care you would like to have if you could not make your own decisions.

It is best if Advance Care Planning happens earlier in life, when you are still well.

Why do I need to think about advance care planning?

Medical technology advances mean that there are treatments which may prolong your life, and that can keep you alive when you are seriously ill or injured.

Some people have firm ideas about how they want to live the rest of their life, including conditions that they might find unacceptable.



Advance Care Planning can include one or more of the following:

- Conversations between you and your family, carer and/or health professional
- Developing an Advance Care Plan on your own or with help from another person. An Advance Care Plan is the documented outcome of advanced care planning. It records your preferences about health and treatment goals
- Appointing an Enduring Guardian. An Enduring Guardian can legally make decisions on your behalf about medical and dental care, if you lose the capacity to make the decision
- Making an Advance Care Directive.

Choosing who should make decisions for you if you do not have capacity is an important part of Advance Care Planning.

Capacity means that you can understand the information and choices presented; weigh up the information to determine what the decision will mean for you and communicate your decision.

In NSW, there is no set form to record your wishes

When would my advance care directive be used?

- Only when you are unable to express your health care wishes
- To assist the 'person responsible' with consenting on your behalf.

Can I change my directive?

Yes, it is recommended that you review your directive regularly and following a change in your health.

What cannot be included?

An advance care directive cannot contain instructions for illegal activities, such as euthanasia, assisted suicide or assisted dying.

Who is the 'Person responsible'?

In NSW, if you are unable to consent to a medical and/or dental treatment, the health practitioner should seek consent from your 'person responsible'.

The 'person responsible' is:

1. An appointed Guardian, including an Enduring Guardian; if none, then
2. A spouse, de facto spouse or partner where there is a close continuing relationship; if none, then
3. An unpaid carer; if none, then
4. A relative or friend with a close and continuing relationship.

A Power of Attorney cannot make medical or dental decisions for you

Where can I get more information?

- You may also discuss your wishes with your GP. Your GP or other health care professional can provide information related to your health and ageing. You may wish to include your family in this discussion.
- The NSW Trustee & Guardian has information about appointing an Enduring Guardian. They can be contacted on 1300 364 103 or you could visit their website www.tag.nsw.gov.au for more information.
- The NSW Ministry of Health's Making an Advance Care Directive package <http://www.health.nsw.gov.au/patients/acp/Pages/acd-form-info-book.aspx>

What do I do now?

- Learn about any health and ageing issues you may have.
- Think about your values and wishes for treatment.
- Identify your 'person responsible'? Consider legally appointing an Enduring Guardian/s.
- Talk to friends, family, GP about your values and wishes.

For more information and resources:

planningaheadtools.com.au

or visit

www.health.nsw.gov.au/patients/acp



Delirium

This brochure provides information for people who are at risk of, or have experienced delirium, and for their families and carers.



AGENCY FOR
CLINICAL
INNOVATION

How does delirium start?

The symptoms of delirium happen very quickly, usually over hours or days. A person's behaviour can also fluctuate during the course of a single day.

Delirium is sometimes mistaken for dementia or depression, so it is important for family and friends to notify medical staff of any sudden change in a person's mental state.

How long does delirium last?

Delirium usually only lasts for a few days, but sometimes it will continue for weeks or even months.

If delirium is not resolved quickly, it can lengthen the person's time in hospital and lead to serious complications, such as falls, pressure ulcers, and even death.

Will it happen again?

People who have experienced delirium have a higher risk of experiencing delirium again.

How is delirium treated?

Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium. If a physical problem is identified, appropriate treatment will be given (for instance, antibiotics to treat a urinary tract infection).

Treatment is sometimes aimed at lessening symptoms and reducing the risk of complications.

What is delirium?

Delirium is a common medical problem that is characterised by changes in mental function. Delirium and its symptoms develops over a short period of time, within hours or days. It usually only lasts for a few days but may persist for longer periods.

Delirium occurs more often among older people, but it can occur at any age. It can be a serious condition.

In many cases delirium can be prevented. Treatment of delirium relies on finding and treating the underlying causes.

Who is at risk?

People who:

- are very sick or frail
- have cognitive impairment (past or present), including dementia, intellectual disability or brain injury
- have had delirium before
- are aged over 65 years, or over 45 years for Aboriginal and Torres Strait Islander people
- are taking multiple medications or have had recent changes to medications
- are having a surgical procedure, e.g. heart, hip or neuro surgery
- experience depression
- have poor eyesight and/or hearing impairment.

How common is delirium?

About one in five older people admitted to hospital, and about half of the residents in aged care facilities, experience delirium at some stage of their care. Delirium can occur at any age.

What are the symptoms?

Symptoms for delirium occur suddenly, and involve changes to a person's physical and mental state. Someone with delirium may:

- appear confused and forgetful
- be unsure of the time of day or location
- be unable to pay attention
- act differently from their usual self
- have changes in their function i.e. mobility, ability to self-care
- be very agitated, sleepy, quiet and withdrawn, sleepy or a combination of these
- have changes to sleeping habits, such as staying awake at night and being drowsy during the daytime
- feel fearful, upset, irritable, angry or sad
- see things that are not there, but that seem very real to them
- lose control of their bladder or bowels (incontinence).

What causes delirium?

Delirium is often associated with an underlying physical illness or infection. Other common causes of delirium in older people include:

- difficulty going to the toilet (constipation or not being able to empty bladder)
- dehydration or malnutrition
- severe pain
- medications, including 'over-the-counter' medicines
- heavy alcohol consumption
- withdrawal from alcohol, cigarettes or medication, particularly sleeping pills
- changes in a person's environment, such as being hospitalised.

It is not always possible to identify the cause.

If you have any concerns or questions about delirium, talk to your local doctor or ask your hospital staff.

Contacts

Carers Australia - NSW Carer Line
1800 242 636
www.carersaustralia.com.au

My Aged Care
1800 200 422
www.myagedcare.gov.au

National Dementia Helpline
1800 100 500

Dementia Australia
www.dementia.org.au

NSW Agency for Clinical Innovation
Care of Confused Hospitalised Older Persons Program
www.aci.health.nsw.gov.au/chops

Adapted with permission from Northern NSW Local Health District and Delirium Care Pathways, Department of Health and Aging, Canberra. 2010. This brochure has been produced as part of the Care of Confused Hospitalised Older Persons Program and funded through the NHMRC Cognitive Decline Partnership Centre, 2018. 2HACI08 March 2020 0061 03/20

Preparing to Leave Hospital



Preparing to Leave Hospital

Discharge time

The discharge time is **10.00am**. Please arrange your transport home by **10.00am**.

Important information on discharge day

Before you leave hospital, please make sure you have the following:

- A discharge letter / summary
- All personal belongings
- All personal x-rays
- All current medications
- Follow-up appointment requirements

As you leave please see staff at the Nurses Station on your ward to ensure you have completed the discharge process.

Discharge planning services

Please consider who will be taking you home on discharge and confirm your plans with your nurse. Any discharge services that may be required such as rehabilitation will be confirmed with you, if this has been arranged by the Hospital. Please confirm with your nurse if you are uncertain.



Information for Your Visitors





Information for Your Visitors

Visiting Hours

Your visitors are welcome at Shepparton Private Hospital.

To help your recovery, it is a good idea to nominate a close relative/friend to coordinate your visitors in the first few days following major surgery. At this time your care is usually more intensive and your rest and recuperation must take priority.

Visitors who are unwell should not visit the hospital. This includes flu-like symptoms, diarrhoea and fever.

Parking

For your convenience, we have free visitor designated parking available at the front of the hospital on Fitzgerald Street. Parking for disabled and less mobile visitors is also available in the front of the hospital in designated bays.

Public transport

Shepparton Private Hospital's nearest bus station is located at the front of the hospital on Fitzgerald Street.

Accommodation for relatives and friends

Shepparton Private Hospital is unable to accommodate relatives or friends on-site. Parents are welcome to be with their child during admission to hospital and one parent can be accommodated overnight with their child.

Children who are not patients must always be under the direct supervision of a responsible adult. The responsible adult must not be a patient of the hospital.

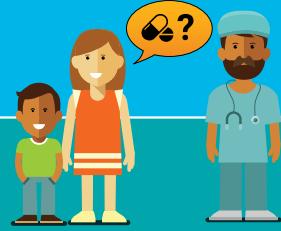
Top Tips for Safe Health Care



What you need to know for yourself, your family or someone you care for.

1 Ask questions

You have the right to ask questions about your care.



2 Find good information

Not all information is reliable. Ask your doctor for guidance.

3 Understand the risks and benefits

Find out about your tests and treatments before they happen.



4 List all your medicines

Ask your doctor or pharmacist if you need more information about the medicines you are taking.

5 Confirm details of your operation beforehand

Ask to be told who will be doing your procedure and what will happen to you.

6 Ask about your care after leaving hospital

Ask for a written outline of your treatment and what should happen after you get home.

7 Know your rights

You have a number of rights as a patient. Read our guide to find out what they are.

8 Understand privacy

Your medical information is confidential. You can ask to see your medical record.

9 Give feedback

Feedback helps health professionals spot when improvements can be made.

Download our free booklet at:
www.safetyandquality.gov.au/toptips

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Policies

Ramsay Health Care Australia Privacy Statement

Ramsay Health Care Australia (Ramsay) is bound by the Australian Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers handle personal information (including but not limited to patient health information).

We are committed to complying with all applicable privacy laws which govern how Ramsay collects, uses, discloses and stores your personal information.

This Privacy Statement sets out in brief how Ramsay will handle your personal information. For further information or to receive a copy of our full Privacy Policy, please ask a staff member, visit our website: www.ramsayhealth.com or telephone the Hospital and ask to speak with our Privacy Officer. You can also write to our Privacy Officer to request more information.

In respect of Patients, Ramsay will collect your personal information for the purpose of providing you with health care and for directly related purposes. For example, Ramsay may collect, use or disclose personal information:

- For use by a multidisciplinary treating team;
- Assessment for provision of health care services;
- To liaise with health professionals, Medicare or your health fund;
- In an emergency where your life is at risk and you cannot consent;
- To manage our hospitals, including for areas relating to risk management, safety and security activities and quality assurance and accreditation activities;
- For the education of health care workers or the placement of students or trainees at Ramsay facilities;
- To maintain medical records as required under our policies and by law; or
- For other purposes required or permitted by law.

In respect of other individuals, Ramsay will collect your personal information in order to engage with you in your dealings with Ramsay and for other related purposes.

Personal information may be shared between Ramsay facilities to coordinate your care. We also outsource some of our services. This may involve us sharing your personal information with third parties. For example, we outsource the conduct of our patient satisfaction surveys to a contractor who may write to you seeking feedback about your experience with Ramsay.

We may outsource information and data storage services (including archiving of medical records), which may involve storing that information outside of Australia. Where we outsource our services we take reasonable steps in the circumstances to ensure that third parties, including organisations outside of Australia, have obligations under their contracts with Ramsay to comply with all laws relating to the privacy (including security) and confidentiality of your personal information.

Ramsay will usually collect your personal information directly from you, but sometimes may need to collect it from a third party. We will only do this if you have consented or where it is not reasonable or practical for us to collect this information directly from you (for example, in relation to a patient, your life is at risk and we need to provide emergency treatment).

We will not use or disclose your personal information to any other persons or organisations for any other purpose unless:

- You have consented;
- For patients, the use or disclosure is for a purpose directly related to providing you with health care and you would reasonably expect us to use or disclose your personal information in this way;
- For other individuals, the use or disclosure is for a purpose related to providing you with services and you would reasonably expect us to use or disclose your personal information in this way;
- We have told you that we will disclose your personal information to other organisations or persons; or
- We are permitted or required to do so by law.

You have the right to access your personal information that we hold about you (for patients, this includes health information contained in your health record). You can also request an amendment to personal information that we hold about you should you believe that it contains inaccurate information.

To view full privacy policy please see our website. www.ramsayhealth.com.au/en/info/privacy-policy/





Compliments, concerns & complaints

We welcome compliments and feedback relating to your stay with us. This enables us to evaluate and improve our services to our patients. Feedback can be anonymous, however if you wish to write a specific and signed letter, your points will be acknowledged and dealt with appropriately.

Following your discharge, you will be invited to provide feedback on your experience.

We would appreciate you taking the time to complete this as it is used to inform and plan our care delivery.

If you are concerned about your care or the hospital services, we encourage you to speak to the Nurse Unit Manager on the Ward, the Director Clinical Services or the Chief Executive Officer during the day and the Hospital Duty Manager out of hours.

Whilst an inpatient, please be assured that:

- We want to resolve your concerns to your satisfaction
- You can expect any complaint to be dealt with quickly and confidentially
- Your complaint will not adversely affect the treatment / service you receive

Should you feel that the matter requires independent hearing, feel free to write to:

Private Hospitals Unit

Department of Health
GPO Box 4541
Melbourne VIC 3001

or

The Commissioner

Health Care Complaints Commission
Level 13, 2 Lonsdale Street
MELBOURNE VIC 3000



My healthcare rights

This is the
**Australian Charter of
Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.



I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



Australian Government

Private Patients' Hospital Charter

Your rights and responsibilities as a private patient
in a public or private hospital

As a private patient you have the right to choose your own doctor, and decide whether you will go to a public or a private hospital that your doctor attends. You may also have more choice as to when you are admitted to hospital. Even if you have private health insurance you can choose to be treated as a public patient in a public hospital, at no charge, by a doctor appointed by the hospital.

- Information about your treatment - Your doctor should give you a clear explanation of your diagnosis, your treatment (and any associated risks), the associated cost, and other treatment options available. Except for in an emergency where it is not possible, they should obtain your consent prior to any treatment.
- Informed Financial Consent - Your doctor and other health service providers should provide you with information about the costs of your proposed treatment, including any likely out-of-pocket expenses, and obtain your agreement to the likely costs in writing before proceeding with the treatment.
- Other medical opinions - You can ask for referrals for other medical opinions (there may be additional costs associated with doing this that may not be covered by Medicare or your private health insurance).
- Visitors - The hospital you are going to can provide information about visiting arrangements for your family and friends while you are in hospital including family access (and who is considered family), arrangements for the parents or guardians if the patient is a child, and when your friends can visit you.
- Seek advice about costs - As a patient with private health insurance, all your hospital treatment and medical bills may be covered by your insurance, or you may have to pay some out-of-pocket expenses (gaps). In some cases you may also have to pay an 'excess' or co-payment. Before you go to hospital, ask your private health insurer, doctor(s) and hospital about the expected costs of your treatment, including possible costs for surgically implanted medical devices and prostheses. (See overleaf for some suggested questions to ask about costs).
- Confidentiality and access to your medical records - Your personal details will be kept strictly confidential. However, there may be times when information about you needs to be provided to another health worker to assist in your care if this is required or authorised by law. You will need to sign a form to agree to your health insurer having access to certain information to allow payments to be made for your treatment. Under the Freedom of Information legislation you are entitled to see and obtain a copy of your medical records kept in a public hospital. Under the National Privacy Principles you also have a general right to access personal information collected about you by the private sector.
- Treatment with respect and dignity - While in hospital you can expect to be treated with courtesy and have your ethnic, cultural and religious practices and beliefs respected. You should also be polite to your health care workers and other patients and treat them with courtesy and respect.
- Care and support from nurses and allied health professionals - Nurses and allied health professionals provide vital care and support and are an important part of your treatment in hospital. Staff who attend you should always identify themselves and you should feel confident to discuss any issues in relation to your treatment or hospital experience with your health care workers.
- Participate in decisions about your care – Before you leave hospital you should be consulted about the continuing care that you may need after you leave hospital. This includes receiving information about any medical care, medication, home nursing or other community services you may need after you go home.

- Comments or complaints - If you are concerned about any aspect of your hospital treatment you should initially raise this with the staff caring for you or the hospital. If you are not satisfied with the way the hospital has dealt with your concerns, each State and Territory has an independent organisation that deals with complaints about health services and practitioners. If your query or complaint relates to private health insurance, you should first talk to your health insurer. If your concerns remain unresolved you can contact the Private Health Insurance Ombudsman on 1800 640 695 (freecall).
- Provide accurate information - To help doctors/specialists and hospital staff provide you with appropriate care you will need to provide information such as family and medical history, allergies, physical or psychological conditions affecting you, and any other treatment you are receiving or medication you are taking (even if not prescribed by your doctor).
- Long-stay patients - If you are in hospital for a long period of time you may become a nursing home type patient. Talk to your hospital or health insurer about the arrangements for long-stay patients.

Find out about any potential costs before you go to hospital

Ask your treating doctor or specialist:

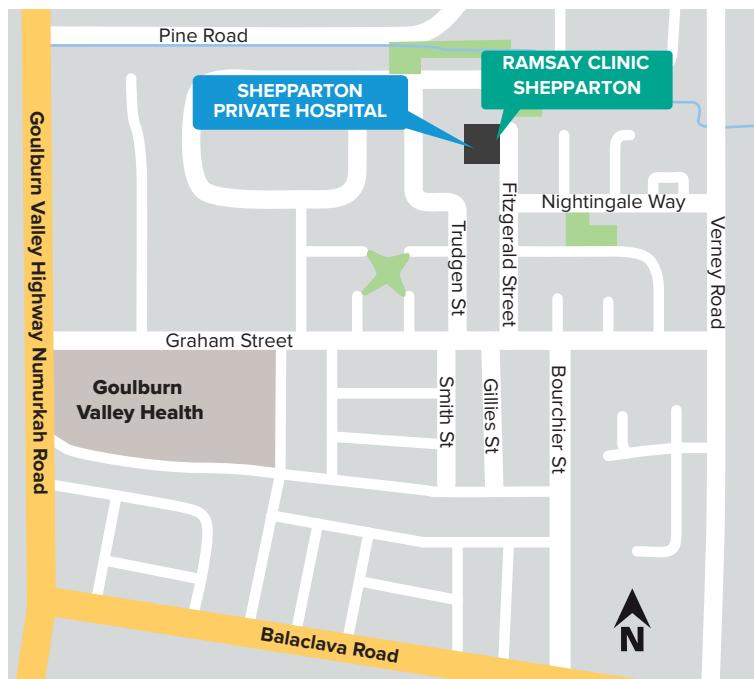
- for confirmation in writing of how much their fee will be and how much is likely to be covered under Medicare or your private health insurance.
- whether they participate in your health insurer's gap cover arrangements and if you are likely to have to pay a gap, how much it will be.
- which other doctors and medical staff will be involved in your treatment and how you can get information about their fees and whether they will be covered by your private health insurance.
- for an estimate of any other costs associated with your medical treatment that may not be covered by Medicare or your private health insurance (e.g. pharmaceuticals, diagnostic tests).
- whether you are having a surgically implanted device or prosthesis and if you will have to contribute towards the cost for this.

Ask your health insurer:

- whether the treatment you are having is covered by your private health insurance and if there are any exclusions or waiting periods that currently apply to this treatment under your policy. If you are having a baby, talk to your health insurer as early as possible in your pregnancy to find out what rules apply to obstetrics and newborn babies.
- whether you have to pay an excess or co-payment, and, if so, how much this will be.
- about the level of hospital accommodation covered by your policy (some policies only cover being a private patient in a public hospital).
- whether your insurer has an agreement with the hospital you are going to be treated in.
- whether you will need to pay extra for surgically implanted devices or prostheses.
- if any gap cover arrangements are in place that may apply to you.

Ask your hospital:

- whether the hospital has an agreement with your private health insurer.
- whether you will have to pay anything for your hospital accommodation out of your own pocket.
- whether you will have to pay any additional hospital charges which are not covered by your private health insurance (e.g. TV hire, telephone calls).



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People caring for people.