



Admission Information Guide

Please complete the forms in this booklet and **return them to the hospital within the next 48-hours**. This helps us to ensure that we have all of the important information we require to prepare for your admission. Without this information your procedure cannot be finalised.

- **Personal Details Form**
- **Health Assessment Form** (2 pages)
- **Medication Summary Form**

Your Admission Details

Please ask your doctor to fill in the details below.

Admission Date: _____ am / pm

Admission Time: _____ am / pm

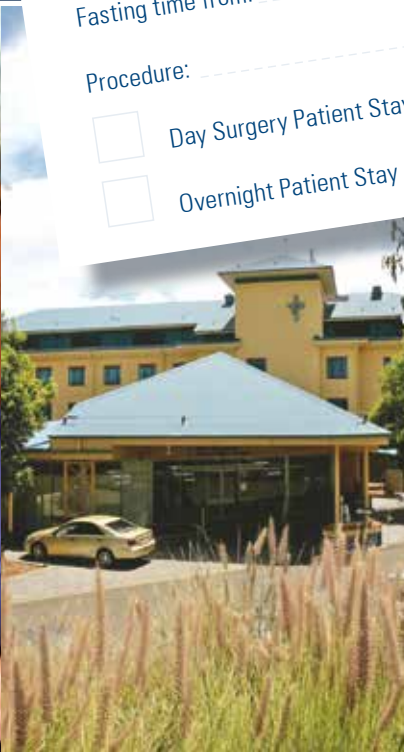
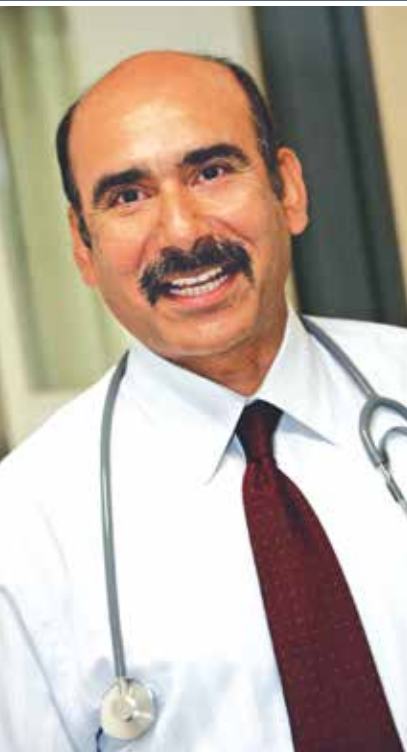
Fasting time from: _____

Procedure: _____

Day Surgery Patient Stay

Overnight Patient Stay

Exceptional People. Exceptional Care.





Mater Private Hospital Redland

Admission information guide

Thank you for choosing Mater Private Hospital Redland for your hospital care. **To ensure your stay is comfortable and pleasant we have included the paperwork required for your care.**

Mater Private Hospital Redland

Building on Mater's reputation for exceptional care, Mater Private Hospital Redland provides a range of specialised surgical and medical services. The hospital features a three level main hospital building incorporating 60 inpatient beds, operating theatres, endoscopy procedure room, obstetric birthing suites and Day Procedure Unit. It is combined with a single-level building, housing a specialist medical centre and radiology.

Mater Pharmacy and Mater Pathology are located in the Mater Private Clinic, Bayside Business Park, across the road from Mater Private Hospital Redland.

Mater Private Hospital Redland is a proud recipient of a 'partner's award' in Ecobiz eco-efficiency awarded by the Environmental Protection Agency of Queensland.

Coming to hospital

The entrance for Mater Private Hospital Redland is located on Weippin Street. For your convenience there is a drop off and pick up area located at the entrance of the hospital.



Parking

Parking is available opposite the hospital reception and next to the main hospital building. There is also ample on-street parking on Weippin Street which runs adjacent to the hospital campus.

Arranging your admission

To arrange your admission, please complete the forms in this booklet and return to the hospital within the next 48-hours. This will help us to ensure we have all of the important information required to prepare for your admission.

Once you have completed the forms, please remove them from the booklet and return to the hospital by:

- reply paid envelope included with this guide
- fax to **07 3163 7300**
- drop them off to the hospital main reception.

If you require assistance with completing the forms please telephone **07 3163 7444** and one of our friendly staff will assist you.

Our admissions coordinator may telephone you prior to your admission date to clarify any questions we have about your medical history, answer your questions and provide you with details of the excess you may be required to pay on admission, depending on your health fund and level of cover.

Day of admission

Please check in with our friendly front desk staff. They will welcome you to the hospital, confirm your details and direct you to the appropriate patient care unit.

While waiting for your procedure you will be able to sit with a family member or friend but we request that you limit this to one person. We aim to ensure that you wait for the shortest time possible, but suggest you bring a book or magazine to read in case of any unavoidable delays.

Patients with carers

If you require a carer with you they are welcome to stay and accompany you as long as prior arrangements have been made. Please advise the hospital staff prior to your admission.

What information to bring

A tick list has been provided to assist you:

- all information from your specialist
- all your current medicines
- all X-rays and scans relating to your current condition
- private health insurance details, Medicare card, Pension card, DVA card, or other form of cover for your admission as required
- your credit card or other means of payment.

If Applicable:

- Health Benefits card, Safety Net card, Pharmacy Benefits card
- a certified copy of your power of attorney or advance health directive.

What NOT to bring

We advise you not to bring any valuable items to hospital including jewellery or large amounts of cash. Mater Private Hospital Redland cannot be responsible for the loss or theft of any items.

For your visitors

Visiting hours

Surgical Ward (PCU1): 10 am to 8 pm

Women's Health Unit (PCU2): 10 am to 8 pm

Please note the daily rest period for all patients is from 1 pm to 3 pm and we would be grateful if visits could be restricted between these times.

Your loved ones can contact you while in hospital by telephoning on **07 3163 7444**. To prevent concern for your family and friends, please ensure they understand we are unable to disclose any details about patients to anyone without the patient's direct instruction. This is required by privacy and disclosure of information laws.

Meals for visitors

Nelli's Café is situated in the front foyer of the hospital and is open from 6 am to 4 pm. Nelli's serves a range of snacks, meals and drinks.

Please note that if the hospital directly provides a meal for a family member or friend this will attract an additional fee to your hospital account.

Surgical or procedure patient guidelines

To ensure you are properly prepared for your procedure and that you will be safe when you return home, we have listed below some important guidelines for patients. In the interests of safety, your procedure may need to be delayed or cancelled or day procedure patients may need to convert to an overnight stay, if these guidelines are not met.

Prior to surgery or procedure:

1. Please follow your doctor's instructions regarding preparation for the procedure. Usually, this would be a period of fasting (nothing to eat or drink, including water) prior to the procedure. Commonly, if your procedure is booked for the morning, you would need to fast from midnight. If your procedure is in the afternoon, you would commonly need to fast from 6 am.
2. Please do not smoke for 24-hours prior to your procedure.
3. Please shower, wash your hair, clean your teeth and put on fresh clothes just before coming to hospital for your procedure. Occasionally, you may be given a special antiseptic soap to use, depending on your doctor's requirements. You should not shave the site of your procedure, unless instructed to do so by your doctor.





4. It is important to arrive at the time booked for your admission. Arriving late may result in your surgery being delayed or cancelled. The procedure lists are organised to ensure patient safety and availability of equipment. For this reason, arriving too early for your admission time may result in an extended waiting period.

5. Please bring all X-rays, pathology results, referrals and any paperwork that your doctor asked you to complete.

6. Please bring with you any of your routine medications that you may need while in hospital.

After surgery (day procedure patients):

If your procedure was performed under sedation or a general anaesthetic you should observe the following guidelines for your safety:

1. Do not drive for up to 24-hours.

2. Do not drink alcohol for up to 24-hours.

3. Do not sign any legal documents or make any important decisions for up to 24-hours.

4. You must arrange for a responsible adult to collect you from the Day Procedure Unit.

5. You must have a responsible adult with you for the 24-hours after your procedure.

6. Follow all instructions provided to you by your doctor or the Day Procedure Unit nursing staff.

These requirements are designed to ensure your safe and speedy recovery from your procedure.

Going home

Planning your discharge from hospital

Planning for your return home after hospital care can make a big difference to your recovery. It is important to think ahead and make sure you have enough support. If you believe you will require assistance once you get home, please alert our staff. They will assist you with your needs should you require in-depth discharge planning.

Discharge after overnight or longer stays

Please note that patients who have stayed overnight should be prepared to leave the hospital between 9 am and 10 am.

Forms for you to complete

Please complete the forms on the following pages and return them to the hospital within the next 48-hours. This helps us to ensure that we have all of the important information we require to prepare for your admission.

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- **Health Assessment Form (2 pages)**
- **Medication Summary Form**

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Patient feedback

At Mater Private Hospital Redland we are committed to continuously improving the quality of care we provide for our patients, their families and friends, and welcome feedback of any type. You or your family member may receive an invitation by mail to complete our "Patient Feedback Survey". We strongly encourage you to complete this survey and return it to the address indicated. Your feedback will help us improve our service for other patients in the future.

Hospital fees and charges

Hospital charges can include accommodation, use of theatre, prostheses and essential pharmacy items for your care. Charges can vary depending on treatment required, length of stay, prostheses provided, accommodation category and individual private health insurance contracts.

Hospital costs do not include non hospital or medical provider costs, such as your doctor, anaesthetist, pathology, phone cards and X-ray. Additional charges may also include physiotherapy and the hire of physical aids.

All known hospital costs (other than those covered by contracted insurers) are payable on admission. They may be paid in cash, by most credit cards, money orders or traveller's cheques. The hospital also has EFTPOS facilities; however, cash out service is not available (ATM facilities are available).

If any additional patient costs arise because of your stay, you are required to pay these prior to or on discharge.

Private health insurance

If you have private health insurance please speak to your health fund prior to admission to hospital to ensure you understand your level of cover.

Important questions are:

- Am I covered for the procedure at Mater Private Hospital Redland?
- What level of cover do I have?
- Does my health fund cover allied health expenses?
- Do I have to contribute to the hospital costs e.g. is there an excess or co-payment payable?

Travel insurance

If you have travel insurance, hospital policy requires for you to pay for your hospital stay prior to admission, unless approval has been given by a recognised travel insurer and proof of the approval and billing details are provided prior to admission.

Department of Veterans' Affairs (DVA)

If you have DVA cover:

- Gold Card holder no approval necessary
- White Card holder you must provide your approval letter from DVA prior to or on admission.

Workers' Compensation

If you have Workers' Compensation cover we will require the approval letter from your employer or related workers compensation provider prior to or on admission.

Self insured

If you are paying the hospital account yourself you will need to contact Mater Private Hospital Redland to obtain a quote once you have discussed your hospital admission with your doctor. Please telephone **07 3163 7444** between 8 am - 5 pm weekdays (excluding public holidays) to talk to hospital staff.

As a self insured patient you are required to pay for all estimated hospital costs on admission. If additional costs arise you are required to pay these prior to discharge.



Health Assessment Form (part 1)

Please complete this form in **BLOCK LETTERS** as best you can, with as much detail as possible. The more detail you provide, the better we are able to ensure your safe and optimal care whilst our guest.

Unit Record No: _____
 Surname: _____
 Given Names: _____
 DOB: _____ Sex: _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

Reason for admission to hospital:

Admitting Doctor:

Health and Risk Assessment - do any of the following apply?

Allergy or Adverse Reactions Yes No
 Latex Food Skin Prep Medication Tapes Other:
 Asthma/bronchitis Yes No
 Have you ever been hospitalised for asthma/bronchitis? Yes No
 Sleep apnoea/investigative sleep studies Yes No
 CPAP machine advised? Yes No

Please ensure you bring your CPAP machine to hospital with you.

Infection with multi-resistant organism eg. 'golden-staph' Yes No
 Diabetes Yes No Insulin Tablet Diet

Please ensure you bring your medications to hospital with you.

Previous blood clots Yes No
 Blood-thinning medication ie. Plavix, Cartia, Astrix Yes No

Please ensure you follow your doctor's instructions regarding this medication.

Heart attack/angina Yes No
 Artificial heart valve/implant/defibrillator/pacemaker Yes No
 Epilepsy/fits/seizures Yes No
 Anaesthetics difficulties Yes No

Height: _____ Weight: _____

***NURSING STAFF - OT Patients - if risk identified initiate Theatre Risk Alert Protocol (TRAP) - except Allergies (Latex only) and Diabetes (Insulin only) and document action in progress notes.**

If you have answered Yes to any of the questions on the left please provide details:

Your Physical Health - do any of the following apply?

High blood pressure Yes No
 Blood disease/disorder Yes No
 Liver disease/disorder Yes No
 Kidney disease/disorder Yes No
 Irregular heartbeat or murmur Yes No
 Stroke/CVA Yes No
 Gastric reflux/hiatus hernia Yes No
 Neurological condition Yes No
 Significant back/neck injury Yes No
 Organ failure/transplant Yes No
 Any form of cancer Yes No
 Any other illness/condition? Yes No

If you have answered Yes to any of the questions on the left please provide details:

Special Procedures and Diseases - do any of the following apply?

You received a *dura mater graft* between 1972 and 1989 Yes No
 You received human pituitary hormone (growth, gonadotrophin) prior to 1985 Yes No
 You, or two or more first-degree family members, have a history of Creutzfeldt-Jacob Disease (CJD) or related disease Yes No

***NURSING STAFF - if risk identified, contact Infection Control and document action in progress notes.**

Specific Procedures and Surgery - do any of the following apply?

Past blood transfusion Yes No
 Angiogram Yes No
 Chemotherapy/radiation therapy Yes No
 Surgery (please list) Yes No

If you have answered Yes to any of the questions on the left please provide details:

Binding Margin - Do Not Write
 Do Not Reproduce by Photocopying
 All Clinical Form creation and amendments must be conducted through Health Information Services

Please remove form once completed and return to the hospital as soon as possible



Fall Prevention

Information for patients and carers

Did you know that many incidents in hospitals are related to falling?

While only some falls cause injuries, they can affect walking and make it harder to stay independent. There are usually a number of reasons for someone falling. These may include poor balance, trying to maintain independence, unfamiliar environments and obstacles in the environment, poor eyesight, unsafe footwear and some medicines, to name a few.

Everyone has a role to play in preventing falls

Here are some ways that staff are working to reduce your risk of falling while you are in hospital:

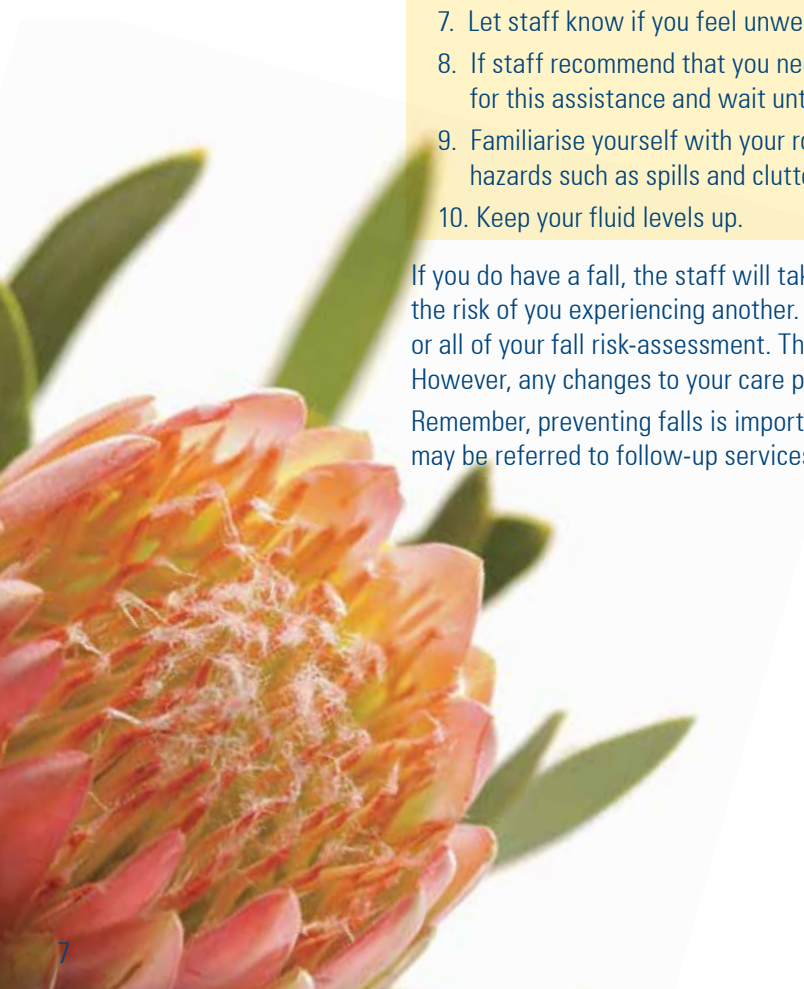
- Helping you to settle in, keeping your surroundings safe and providing you with fall-prevention information.
- Assessing your risk of falling and discussing the results with you to develop and implement a care plan suited to your needs. This care plan may involve you seeing a range of staff, who specialise in different areas.

What YOU can do:

1. Bring to hospital any equipment you normally use, such as spectacles and walking aids.
2. If you have a walking aid, make sure it is in good condition and that you use it rather than using furniture or walls for balance.
3. If you have spectacles, only wear your distance ones when walking. Take special care when using bifocal or multi-focal glasses.
4. Wear comfortable clothing that is not too long or loose. Whenever you are up and about, wear comfortable, low-heeled and non-slip shoes that fit you well rather than slippers.
5. Use your call bell when you require assistance and keep it within easy reach.
6. Take your time when getting up from sitting or lying down.
7. Let staff know if you feel unwell or unsteady on your feet.
8. If staff recommend that you need assistance or supervision when moving, please ask them for this assistance and wait until they come to help you.
9. Familiarise yourself with your room, its furniture and bathroom. Look out for environmental hazards such as spills and clutter that may cause a fall and tell staff about them promptly.
10. Keep your fluid levels up.

If you do have a fall, the staff will take action to identify what contributed to your fall and reduce the risk of you experiencing another. You may be assessed by a doctor and staff will repeat some or all of your fall risk-assessment. This may result in changes being necessary to your care plan. However, any changes to your care plan will be discussed with you.

Remember, preventing falls is important when you go home as well. Before you leave hospital you may be referred to follow-up services to make your home safer and to reduce your risk of falling.



Health Assessment Form (part 2)

Unit Record No: _____
 Surname: _____
 Given Names: _____
 DOB: _____ Sex: _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

Your Personal and Emotional Health - do any of the following apply?

Currently or possibly pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Problems with your bowels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with your bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eating/swallowing difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained weight loss/gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any rashes/bruising/cuts/ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many per day?	If stopped, when?
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	How often?
Any hearing difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Lip Reading	
Any vision difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses	
Any dental Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	
		<input type="checkbox"/> Dentures <input type="checkbox"/> Braces <input type="checkbox"/> Bridges <input type="checkbox"/> Caps/Crowns <input type="checkbox"/> Loose Teeth <input type="checkbox"/> Broken Teeth	
Any pain management problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anxiety or depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any psychological disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any dementia or memory loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any sleeping difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any recent significant events in your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tell us if you have any dietary restrictions **e.g. Diabetic, Gluten Free etc.**

Details/Comments:

If you are having a procedure, would you like us to telephone you on the following business day to ensure you are recovering well? Yes No

If yes, please nominate a telephone number for us to call:

After a day procedure you are required to have a carer look after you for 24 hours. Please nominate your carer and transport arrangements for home.

Name: _____ Telephone: _____ Transport: _____

Your Mobility and Daily Activities/Planning your Discharge *Please note the 10 am discharge time*

Do you have difficulty with walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty showering/dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any aids/help currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What type?	
Have you had any recent falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you arrive by Air-Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current ACAT/S status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate reduced independence on discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently having trouble managing at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any health care legal documents or issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the primary carer for someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently use Community Support Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you/do you need travel or accommodation assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***NURSING STAFF** - 1 'Yes' answer - consider Discharge Coordinator referral - 2+ 'Yes' answers you **must** initiate referral and document action in progress notes.

While you are in hospital...

The hospital's Pastoral Care team endeavours to visit all patients. Would you like to specifically request a visit? Yes No

A Eucharistic Minister distributes communion regularly for those of Catholic faith. Would you like Holy Communion? Yes No

Would you like a representative from affiliated associations (eg RSL, Veterans Affairs, War Widows Guild) to visit while you are in hospital? Yes No

Please specify :

Is there anything else hospital staff can do to make your stay more comfortable?

- The information I have provided here is accurate and complete to the best of my knowledge.
- Surgery/procedure patients (including day procedure patients): I have read and understood the surgical/procedure patient guidelines in this guide (pages 2 and 3).

Patient Signature: X	Nurse Signature/Designation:
Date: / /	Date: / /



Mater Health Services Patient Charter

Everyone who is seeking or receiving care in the Australian health system has certain rights and responsibilities regarding the nature of the care they receive. Mater's Patient Charter is consistent with the Australian Charter of Healthcare Rights, and reflects our commitment to providing you with exceptional care. This charter explains your rights and responsibilities relating to the care and treatment you will receive as our patient.

Within the Australian health care system I have a right to:

Health care—I can access services to attend to my health care needs.

Receive safe and high quality care—I receive safe and high quality health services, provided with professional care, skill and competence.

Be informed about services, treatment, options and costs in a clear and open manner—I receive open, timely and appropriate communication about my health care in a manner I can understand.

Be included in decisions and choices about my care—I may join in making decisions and choices about my care and about health service planning.

Be shown respect, dignity and consideration—the care provided shows respect to me and my culture (for example, Aboriginal and Torres Strait Islander), beliefs and personal needs and requirements.

Privacy and confidentiality of my personal information—my personal privacy is maintained and proper handling of my personal health and other information is assured.

Comment on my care and to have my concerns addressed—I can comment on or complain about my care and have my concerns investigated and responded to.

I have a responsibility to:

- advise Mater of any changes to my address, contact and GP details
- be aware that I may need to wait for attention or treatment at times if staff are attending to other patients
- keep my appointments, or notify Mater if I am unable to attend
- accept that some services I require may not be available at this location
- provide accurate information about my health and anything else that may have an impact on my care (including alternative or complementary therapies)
- tell staff of changes I notice in my medical condition
- tell staff if I have concerns regarding any aspects of my care
- be as open and honest as I can, and ask for more information if I do not understand
- tell staff if English is not my first language so I can be given access to an interpreter in person or by phone
- understand that if I am not covered by Medicare (for example, I am an overseas visitor) I will be responsible for payment of all relevant fees and charges
- understand that if I elect to be a private (chargeable) patient, I will be given information about costs and I will be responsible for paying my attending doctors and any other relevant charges
- ask questions so I can be informed about my medical condition and my care options before giving my consent to any treatment
- discuss my concerns and decisions with my health care provider, for example, if I do not wish to continue treatment, am unable to comply with treatment, or intend to discharge myself against medical advice. Once I am made aware of the implications, I must accept responsibility for the consequences of my decisions
- provide a copy of advanced health care directives, enduring power of attorney or other legal documents which may be relevant to my care
- participate in my post-discharge care planning
- tell staff of circumstances concerning my culture and beliefs so they can respond to my needs
- treat Mater staff, patients and visitors with respect and dignity
- respect other patients and staff, for example, by limiting noise and the number of visitors
- accept that my health information may be shared with appropriate health care providers and other agencies as authorised by law
- ask for my recorded health information to be corrected if it is inaccurate
- respect the privacy and confidentiality of others
- tell staff if I have a problem or any concerns so they can respond.

Voicing a concern or complaint

If at any time during your visit, you feel your needs are not being met, please don't hesitate to speak to our staff. If you would like to voice a concern or make a complaint, you may wish to speak to the Nurse Unit Manager or the nurse in charge of that particular shift. The Director of Clinical Services is also available on telephone **07 3163 7304**. Alternatively you may wish to contact the Patient Representative on telephone **07 3163 8303**. We encourage you to provide us with this feedback to enable us to improve our service to you.

You may also refer your complaints to the Health Quality Complaints Commission (HQCC) on free call **1800 077 308**. The Commission is available as an independent body to deal with your concerns about the health care you have received.

Privacy Coordinator

If you would like to have access to your medical records, please contact Mater's Privacy Coordinator on telephone **07 3163 3422**.



Our Mission

In the spirit of the Sisters of Mercy, Mater hospitals offer compassionate service to the sick and needy, promote an holistic approach to health care in response to changing community needs and foster high standards in health-related education and research.

Following the example of Christ the Healer, we commit ourselves to offering these services to all without discrimination.

Our Values

Mercy

The spirit of responding to one another

Dignity

The spirit of humanity, respecting the worth of each person

Care

The spirit of compassion

Commitment

The spirit of integrity

Quality

The spirit of professionalism

Mater Private Hospital Redland

Weippin Street
Cleveland Qld 4163

General Enquiries Telephone
07 3163 7444

www.mater.org.au

Exceptional People. Exceptional Care.

