

Patient Information Directory

PLEASE LEAVE THIS FOR THE NEXT PATIENT. This Directory is the property of the Hospital. PLEASE DO NOT REMOVE.

For further details see our website: www.princeofwalesprivatehospital.com.au For your own copy of this guide please scan the code with your smartphone camera and a digital download will begin.





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Top Tips for Safe Health Care



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

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.



- Understand the risks and benefits
 Find out about your tests and treatments before they happen.
- List all your medicines

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



- Confirm details of your operation beforehand

 Ask to be told who will be doing your procedure and what will happen to you.
- Ask about your care after leaving hospital

 Ask for a written outline of your treatment and what should happen after you get home.
- Know your rights
 You have a number of rights as a patient. Read our guide to find out what they are.
- Understand privacy
 Your medical information is confidential. You can ask to see your medical record.
- 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

Contents

Welcome to Prince of Wales		Your Room	27
Private Hospital	4	Nurse Call Button	27
Family & Carer-Initiated Rapid Response	4	My Patient Care Boards	27
My Healthcare Rights	5	Clinical Handover	28
Rights & Responsibilities	6	Care of Valuables	28
Privacy Policy	8	Televisions	28
Bringing Food for Patients	12	Electronic Devices	28
Keeping a Step Ahead of Falls	13	Telephones	28
Prevention of Pressure Injuries	15	Healthscope Wi-Fi Network	28
Cognitive Impairment	17	Services	28
Preventing Blood Clots	19	Medical Cover	28
Blood Transfusions	21	Social Workers	28
Advance Care Planning	23	Pharmacy	28
About Us	25	Diet & Nutrition	29
	0.5	Support Services	29
Hospital Services	25		
Hospital Services 3rd Floor of PoW (Public) Hospital:	25 25	Chaplaincy	29
•		Chaplaincy DVA Patients	29 29
3rd Floor of PoW (Public) Hospital:	25		
3rd Floor of PoW (Public) Hospital: 5th Floor:	25 25	DVA Patients	29
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor:	25 25 25	DVA Patients Car Parking	29 29
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor:	25 25 25 26	DVA Patients Car Parking Public Transport	29 29
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor: Contacts	25 25 25 26 26	DVA Patients Car Parking Public Transport Laundry	29 29 29 29
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor: Contacts Important Internal Numbers	25 25 25 26 26 26	DVA Patients Car Parking Public Transport Laundry Shops & Cafes	29 29 29
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor: Contacts Important Internal Numbers Information for Visitors	25 25 25 26 26 26 26	DVA Patients Car Parking Public Transport Laundry Shops & Cafes Discharge Arrangements	29 29 29 29 29
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor: Contacts Important Internal Numbers Information for Visitors Visiting Hours	25 25 25 26 26 26 26 26	DVA Patients Car Parking Public Transport Laundry Shops & Cafes Discharge Arrangements Discharge Time	29 29 29 29 30
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor: Contacts Important Internal Numbers Information for Visitors Visiting Hours My eHealth Record	25 25 26 26 26 26 26 26	DVA Patients Car Parking Public Transport Laundry Shops & Cafes Discharge Arrangements Discharge Time Before You Go	29 29 29 29 30 30
3rd Floor of PoW (Public) Hospital: 5th Floor: 6th Floor: 7th Floor: Contacts Important Internal Numbers Information for Visitors Visiting Hours My eHealth Record Radiology	25 25 26 26 26 26 26 26 26	DVA Patients Car Parking Public Transport Laundry Shops & Cafes Discharge Arrangements Discharge Time Before You Go Transport Home	29 29 29 29 30 30 30

Prince of Wales Private Hospital would like to acknowledge the Bidjigal and Gadigal Peoples of the Eora Nation, who traditionally occupied the Sydney Coast and pay our respects to Elders, past, present and emerging.

Welcome to Prince of Wales Private Hospital

We hope that your stay with us will be as comfortable and pleasant as possible.

Please take the time to read through this directory, as it has been developed to ensure that your admission, stay and discharge from hospital are smooth and trouble-free.

If you have any further questions, please ask the nursing staff.

Family & Carer-Initiated Rapid Response

Family and carers are often best at recognising the early signs of clinical deterioration in a loved one. Therefore, for immediate/urgent help, alert the rapid response team. This team is independent from your direct care team, who are responsible for the day-to-day care of the patient. Instructions on how to activate an emergency call are located on the patient journey board in each room.

Are you worried about a recent change in your condition or that of a loved one? If yes... REACH out.

- You may recognise a worrying change in your condition or in the person you care for
- Engage (talk) with the nurse or doctor Tell them your concerns
- Ask the nurse in charge for a "Clinical Review"
 This should occur within 30 minutes
- If you are still worried call REACH
 You can use your bedside phone or ask for a ward phone
- Call REACH on Ext' 44212 or 02 9650 4212 Help is on its way

Speak to your nurse or doctor first, they may be able to help with your concerns.

R.E.A.C.H. is a program developed by the Clinical Excellence Commission, Australia.

Adapted with permission.

My healthcare rights

This is the second edition of 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
- Access 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 COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

For more information ask a member of staff or visit safetyandquality.gov.au/your-rights

Rights & Responsibilities





Patients' Rights & Responsibilities

Our hospital is committed to providing you with the very best care.

This brochure gives an outline of your rights and responsibilities as a patient in our hospital ensuring that you receive the very best care possible from appropriately qualified and experienced staff.

If during your stay, you or your family have any concerns, please direct them to the Nursing Unit Manager or the Director of Nursing.

Our hospital commits to the rights listed in the Australian Charter of Healthcare Rights. These are; access, safety, respect, communication, participation, privacy and comment.

Your Rights

You have the right to:

- Considerate and respectful care, regardless of your beliefs and ethnic, cultural and religious practices.
- Know the name of the doctor who has primary responsibility for coordinating your care, and the identity and functions of others who are involved in providing care.
- Seek a second opinion and to refuse the presence of any health care workers who are not directly involved in the provision of your care.
- Receive information from your doctor in nontechnical language, regarding your illness, its likely course, the expected treatment, the plans for discharge from the hospital and for follow-up care.
- Receive from your doctor a description of any proposed treatment, the risks, the various acceptable alternative methods of treatment, including the risks and advantages of each, and the consequences of receiving no treatment, before giving consent to treatment. Also, unless the law prohibits, you may refuse a recommended treatment, test or procedure, and you may leave the hospital against the advice of your doctor at your own risk after completion of hospital discharge forms.
- Participate in decisions affecting your healthcare.

- Be informed of the estimated costs charged by the hospital.
- Refuse participation in any medical study or treatment considered experimental in nature.
 - You will not be involved in such a study without your understanding and permission.
- Refuse participation in student teaching activities.
- Confidentiality and privacy. Details concerning your medical care, including examination, consultations and treatment are confidential.

No information or records pertaining to your care will be released without your permission, or the permission of your representative, unless such a release is required or authorised by law or necessary to enable another health care worker to assist with your care.

- Know, before your discharge from the hospital, about the continuing health care you may require, including the time and location for appointments and the name of the doctor who will be providing the follow-up care. You also have the right to assistance with discharge planning by qualified hospital staff to ensure appropriate post-hospital placement
- Not be restrained, except as authorised by your doctor or in an emergency when necessary to protect you or others from injury.
- Retain and use your personal clothing and possessions as space permits, unless to do so would infringe on the rights of other patients or unless medically contra-indicated.
- Expect safety where practices and environment are concerned.
- Privacy for visits during established patient visiting hours
- Make a comment or complaint about the treatment or the quality of the health services or care without fear that you will be discriminated against.
- Have your dietary and other special needs considered.

Your Responsibilities

You have the responsibility to:

 Respect the privacy and confidentiality of other patients. It is illegal to disclose any information about another patient's presence in the hospital or their treatment.

This includes verbal and digital communication as well as the use of photographs, videos, etc. and information published online and/or via any social media platform. Violations will be taken seriously and may lead to the discharge of the offending patient and their exclusion from Healthscope hospitals in the future. Civil and/or criminal proceedings may also

 Provide accurate and complete information about present complaints, past illnesses, hospitalisations, medications and other matters relating to your health.

- Report unexpected changes in your condition to the responsible practitioner.
- Report if you do not comprehend a contemplated course of action or what is expected of you.
- Follow the treatment plan recommended by the practitioner primarily responsible for your care.
 This may include following instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders.
- Keep appointments and, when unable to do so for any reason, to notify the responsible practitioner or the health care facility.
- Provide information concerning your ability to pay for services.
- Accept the consequences of your actions if you refuse treatment or do not follow the practitioner's instructions
- Be considerate of the rights of other patients and health care facility personnel and for assistance in the control of noise, smoking and numbers of visitors.
- Be respectful of the property of other persons and of the health care facility.
- Behave in a lawful manner and contribute to a safe and comfortable environment.

Comments & Complaints

You may make a complaint either verbally or in writing if you have an issue about your care or the service provided. We encourage you to raise this immediately with a staff member.

If after discussions with this staff member you are dissatisfied you may ask to speak to the nurse in charge. If still dissatisfied we ask that you put the issue in writing and address it to our hospital General Manager.

Our hospital General Manager will ensure that the issue is dealt with as discreetly as possible and will take reasonable steps to ensure that you are not adversely affected. If you wish to raise an issue anonymously, a report on the outcome may not be possible.

All correspondence will be followed up within seven working days.

Alternatively, all Healthscope hospitals have Consumer Consultants who attend meetings where complaints or issues may be raised. If you are still dissatisfied, you can contact the Healthscope Corporate Office on 03 9926 7500, or you can contact your state health complaints authority.

Private Health Insurance Ombudsman

(for complaints about private health insurance)

Toll Free: 1800 640 695

Lodge via web: http://www.phio.org.au/lodgecomplaint.php

Privacy Policy





The Australian division of the Healthscope Group (Healthscope) is required to comply with the Privacy Act 1988 (Cth) (Privacy Act), and handles the personal information (including health information) that it collects and holds in accordance with the Australian Privacy Principles (APPs) contained in the Privacy Act. Healthscope must also handle health information it collects and holds in compliance with applicable State and Territory based health records laws.

Healthscope is committed to the protection of personal and health information in accordance with these privacy laws in the provision of its integrated health services through the private hospitals, medical centres and pathology services it operates and manages.

About Healthscope's Privacy Policy

This privacy policy explains how we collect, hold, use, disclose, secure and otherwise manage the personal information, including the health information of patients who use our services. It describes the types of information we collect and hold and why, how to access and correct the information and how to make a privacy complaint.

What is Personal Information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable, whether that information or opinion is true or not, and whether the information or opinion is recorded in a material form or not.

Sensitive information is a type of personal information that is afforded a higher level of protection by privacy laws.

It includes health, genetic and biometric information as well as information about race or ethnic origin, political opinions, membership of political, professional or trade associations or trade unions, religious beliefs, sexual orientation or practices and criminal record.

References in this policy to personal information include sensitive information.

Can You Deal with Us Anonymously?

Where it is lawful and practicable to do so, individuals may deal with us anonymously or use a pseudonym (e.g. when enquiring about our services generally). However, in many instances we need to identify you when you deal with us, including to provide our services and to respond to complaints. If we do not receive all of the personal information we request, we may not be able to do these things.

What Personal Information Do We Collect & Hold?

The information we collect will depend on who the individual is, such as a patient admitted to one of our hospitals, or attending one of our medical centres or pathology services, a health service provider, a next of kin, a guardian or other responsible person, an emergency contact or person responsible for paying an account, and may include an individual's:

- Name, address (postal and email) and telephone numbers.
- Gender
- · Date of birth.
- Marital status
- Occupation.
- Religion.
- Country of birth.
- Indigenous status.
- Next of kin.
- Payment information such as credit card details.
- Health fund and health insurance cover details.
- Worker's compensation or other insurance claim details.
- Medicare details.
- · Concession card details.
- Medical history and other health information we are provided with or we collect in the course of providing our services.
- Other details an individual provides for admission to or discharge from one of our hospital.
- Practice details if the individual is a general practitioner; and
- Other information we need to provide our services.

In certain circumstances, we are required by Australian law to collect some of this information, such as Medicare details.

How Do We Collect Personal Information?

We will collect personal information directly from the individual concerned where it is reasonably practicable to do so. This may take place when the individual completes documents such as an admission, health insurance claim or other form, provides information over the telephone, is treated at a Healthscope hospital, or attends a Healthscope medical centre or pathology service, or applies for a job with us.

However, depending on who the individual is, we may also collect their personal information from third parties such as:

- A responsible person or representative (e.g. guardian).
- An individual's health service provider including specialists.
- A health professional who has treated the individual.
- An individual's health insurer or other insurer.
- An individual's family.
- An individual who we are admitting (e.g. we ask them to provide emergency contact details).
- Job referees.
- Other sources where necessary to provide our services (e.g. pathology labs) or to assess job applicants (e.g. police checks).

We collect sensitive information about an individual, either directly or from a third party, with the individual's consent (which may be implied or expressed, depending on the circumstances).

For What Purposes Do We Use & Disclose Personal Information?

Healthscope uses the personal information it collects and holds to:

- Assess and understand the health and other needs of individuals to provide them with the appropriate services and advice including for admission and discharge from our hospitals, or treatment at any Healthscope facility.
- Ensure continuity of care of individuals treated in our facilities and provide ongoing treatment options.
- Contact individuals to respond to enquiries, to follow up, in an emergency, for authorisation in relation to any services.
- Enable the provision of education and training to students of the health profession.
- Effectively administer, manage, monitor and improve our services.
- Funding, planning, evaluation and complainthandling.
- Communicate with individuals by various means about our services, events, offers and options available from our hospitals and other facilities.
- Charging, billing, processing health insurance claims and collecting debts.
- · Assess job applications.
- Verify an individual's identity.
- Ensure the health and safety of our staff and individuals who use our services or attend our facilities.

- Comply with quality assurance or clinical audit activities.
- Undertake accreditation activities.
- Provide health insurance funding.
- Respond to feedback.
- Address liability indemnity arrangements and reporting.
- Prepare the defence for anticipated or existing legal proceedings.
- Undertake research and the compilation or analysis of statistics relevant to public health and safety.
- Conduct patient experience surveys with the aim of evaluating and improving services; and
- Enable our facilities and our service providers to comply with their legal and regulatory obligations.

We may also use personal information in circumstances where we are required or authorised by Australian law to do so or where we otherwise have consent of the individual or their representative.

How To Opt Out Of Direct Marketing?

We will only use personal information for direct marketing and promotional activities with the individual's express consent. All direct marketing communications will include the option for an individual to opt out of receiving direct marketing communication. Individuals can opt out at any time.

To Whom Do We Disclose Personal Information?

We may disclose an individual's personal information to the following third parties for the above purposes to:

- Other health service providers involved in the individual's treatment or diagnostic services.
- Private health insurers (some of which are located overseas) and other insurers.
- Students of the health profession undertaking clinical placements, but not when an individual has opted out of student teaching activities.
- A responsible person (e.g. parent, guardian, spouse) when the individual is incapable or cannot communicate, unless the individual has requested otherwise.
- Close family members, in accordance with the recognised customs of medical practice.
- Our insurers and legal representatives.
- Service providers engaged to provide services to our hospitals and other facilities including manufacturers and suppliers of medical devices, providers of pathology and radiology services, some of whom may be located overseas or interstate; and
- Companies within the Healthscope Group.
- Service providers engaged to provide services to our hospitals and other facilities including manufacturers and suppliers of medical devices, providers of pathology and radiology services, some of whom may be located overseas or interstate; and
- Companies within the Healthscope Group.

What Trans-Border Disclosures Do We Make?

We operate and communicate with organisations throughout Australia and overseas.

We may therefore disclose personal information outside the State or Territory in which the individual resides and also in some circumstances to related entities within the Healthscope Group who are located overseas. Countries where overseas recipients are located include Malaysia, Singapore, Canada, the United Arab Emirates, France, USA, Vietnam, Costa Rica, Belgium and New Zealand.

How Do We Manage Privacy Preferences & Capacity?

Whether a child has the capacity to make their own privacy decisions is assessed by Healthscope staff on a case-bycase basis having regard to matters such as their age and circumstances.

Generally an individual aged 15 years and over will have the capacity to make their own privacy decisions.

For children under 15 years or for individuals who lack capacity to make privacy decisions for themselves, we will refer or deal with requests for access, consents and notices in relation to personal information by reference to the parent and/or guardian or other responsible persons authorised by applicable laws and will treat consent given by them as consent given on behalf of a child or the individual who lacks capacity.

How Do We Store & Secure Personal Information?

We store personal and health information in both paper and electronic form. The security of personal and health information is very important to us and we take reasonable steps to protect it from misuse, interference and loss and from unauthorised access, modification or disclosure.

Some of the ways we do this include:

- · Requiring our staff to maintain confidentiality.
- Implementing document storage security.
- Imposing security measures for access to our computer systems.
- Providing a discreet environment for confidential discussions; and
- Allowing access to personal and health information only where the individual seeking access to their own information has satisfied our identification requirements Personal and health information is retained for the period of time determined by applicable Australian laws after which it is deidentified or disposed of in a secure manner.

How Do We Keep Personal Information Accurate & Up-To-Date?

We take all reasonable steps to ensure that the personal information we collect is accurate, complete and upto-date, and also when we use or disclose it, that it is relevant

We will also take reasonable steps to correct the personal information we hold if we are satisfied that it is inaccurate, incomplete and out of date, irrelevant or misleading, or if an individual asks us to correct their personal information for these reasons.

A request to correct personal information can be made at any time by contacting us on the details below. However, the accuracy of that information depends largely on the quality of the information provided to us. We therefore suggest that individuals:

- Let us know if there are any errors in their personal information; and
- Keep us up-to-date with changes to their personal information (e.g. their name and address).
 Individuals may do this by mail or email using the information provided below.

There may be circumstances in which we may have to refuse a request for correction. If this happens, we will notify the individual in writing of our reasons for the refusal and explain how they can complain if they are not satisfied.

How Can Personal Information We Hold Be Accessed?

Individuals have a right to access the personal information that Healthscope holds about them by contacting the Director of Nursing of the relevant hospital, the Practice Manager of the relevant medical centre, the Collections Service Manager of the relevant pathology service, or the Privacy Officer at Healthscope Head Office.

If individuals request access to their personal information, we will need to verify their identity and may ask them to complete a request for access form. We will then grant the request within a reasonable period. However, we may refuse a request for access to some or all of the personal information in certain circumstances allowed by the Privacy Act or other applicable laws.

If Healthscope refuses a request for access, we will give written notice of our decision, including our reasons and how to complain if the individual is not satisfied with the decision.

We will endeavour to give access to an individual's personal information in the form they request. However if that is not possible we will provide alternative means of access or discuss how access can be given through a mutually agreed intermediary.

We may charge a fee for collating and providing access to personal and health information.

We will disclose the personal information we give access to, to the individual's authorised representative or legal adviser where we have been given written authority to do so.

How Can Complaints Be Made To Us?

Individuals who have any questions about privacy, this policy or the way we manage personal information or who believe that we have breached their privacy rights should contact the Director of Nursing of the relevant hospital, the Practice Manager of the relevant medical centre, the State Collection Services Manager of the relevant pathology service, or the relevant corporate manager at Head Office with their question or complaint.

If the Director of Nursing, Practice Manager, State Collection Services Manager, or Corporate Manager is not able to respond to the individual's question or complaint to their satisfaction, the individual may contact Healthscope's Privacy Officer on the details below.

Complaints should be in writing and addressed to:

The Privacy Officer Healthscope Limited Level 1, 312 St Kilda Road, Melbourne VIC 3004

Email: privacy.officer@healthscope.com.au

Healthscope will endeavour to acknowledge receipt of a written complaint within seven days and provide a written response to the complaint within a reasonable timeframe. It may be necessary to request further information from the complainant before the matter can be resolved. Any such request will be made in writing.

If the individual is not satisfied that Healthscope has resolved their complaint, they have the right to make a complaint to the Office of the Australian Information Commissioner (OAIC). If they wish tomake a complaint or to find out any more information about their privacy rights the OAIC can be contacted as follows:

Website: www.oaic.gov.au Telephone number: 1300 363 992

In writing:

Office of the Australian Information Commissioner GPO Box 5218, Sydney NSW 2001

Individuals may also make a complaint regarding the handling of their health information to the statutory health complaints authority in their State or Territory.

How Can We Be Contacted?

Individuals should first contact the Director of Nursing of the relevant hospital, the Practice Manager of the relevant medical centre, or the State Collection Services Manager of the relevant pathology service either by phone or in writing. Contact details can be obtained from the hospital's website or via the Healthscope website: www.healthscope.com.au

Individuals can also contact the Privacy Officer at Healthscope Head Office, details below.

The Privacy Officer
Healthscope Limited
Level 1, 312 St Kilda Road, Melbourne VIC 3004
Email: privacy.officer@healthscope.com.au
Telephone: 03 9926 7500

Changes to This Privacy Policy

Healthscope may review, change and update this Privacy Policy from time to time to reflect our current practices and obligations and changes in technology.

We will publish our current Privacy Policy on our website at **www.healthscope.com.au** and the changes will take effect at the time of publishing.

You should review this privacy policy regularly and remain familiar with its terms.

Alternatively, a copy of Healthscope's Privacy Policy is available by visiting the Reception of any Healthscope hospital, medical centre, pathology collection service, or Healthscope Head Office.

For a copy of our current Privacy Policy, please contact us at the contact details above.

Last updated April 2017.

Bringing Food for Patients

Information for Patients, Residents and Visitors



Healthscope hospitals are committed to providing a safe environment for patients, visitors and staff.

This handout has been prepared to explain to patients, residents and visitors what is required to ensure food brought into a Healthscope facility is safe. This is important to prevent illness due to food poisoning, but also for patient safety.

Patients on texture modified diets or thickened fluids have swallowing difficulties. This may restrict what food and drink can safely be provided from outside the hospital. Please check with nursing staff or your speech pathologist to see if this applies to you.

Healthscope facilities do not accept responsibility for food prepared outside the facility's kitchen and provided to patients or residents by visitors. This includes food purchased from on-site cafés and food retailers.

Can I bring food for patients and residents?

Visitors are asked to observe certain safety guidelines when bringing food into a Healthscope facility. There is a risk of food poisoning when food is not properly prepared, transported or stored. This can have serious consequences for the patient or resident.

Our facilities cater for special dietary needs, e.g. gluten-free or Vegetarian food, food allergies and specific religious/cultural requirements.

As well as being safe, food must meet the patient's or resident's medical/nutritional needs. For this reason, we ask that you speak to nursing staff, dietitian or treating medical team if you plan to bring food in for a person you are visiting. Please do not offer food to other patients or residents.

What is food poisoning?

Food poisoning is caused by eating food that contains harmful levels of food poisoning bacteria or toxins. This can occur if food is not handled safely during preparation, cooking, storage, transport or serving.

It can be very serious for pregnant women, the elderly, people recovering from illness or for those with a suppressed immune system. Symptoms may include nausea, vomiting, stomach cramps, diarrhoea, fever, headache and muscle pains.

What food is safe to bring in for patients and residents?

Washed fresh fruit, dry fruit, muesli bars, baked products (e.g. bread, muffins, plain cakes, scones, bagels, biscuits), lollies and chocolate, potato chips, soft drinks, cordial, tea bags, Milo etc. may be suitable, provided there are no medical reasons why a patient/resident should not have them.

What food is potentially unsafe to bring in for patients and residents?

Any food that can spoil if not kept refrigerated is potentially unsafe.

This includes meat and poultry, either cooked or raw seafood, prepared rice and pasta dishes, soft cheeses, deli meats, salads and other items containing dairy products or creamy dressings (e.g. coleslaw, potato salad), sweet dishes and cakes which contain custard or cream or are made from uncooked egg, casseroles, soups and sauces, sandwiches with potentially hazardous food fillings (e.g. meat, fish, poultry, cheese).

Safe food preparation and transport guidelines

Always wash hands with soap and water prior to handling food. All potentially unsafe food must be transported to the facility in an 'esky' or 'chiller' type container. If the food is transported hot, you must ensure that it is kept hot until eaten. Transporting hot food long distances is not recommended due to difficulty maintaining a safe temperature.

Safe food storage and reheating guidelines

Any food which is not going to be consumed immediately must be covered and labelled with the patient's name, date and time the food was brought into the facility. Food requiring refrigeration must then be refrigerated within 15 minutes of arriving.

Nursing staff will be able to direct you to the refrigerator and provide labels. All potentially unsafe food that is stored in the fridge and not consumed within 24 hours will be discarded by support services daily. Signage regarding this process is displayed on all fridges.

Preparation and reheating

Always wash hands thoroughly before preparation and prior to handling food.

Food requiring reheating must be reheated thoroughly so that it is *steaming or boiling* (or in strict accordance with the manufacturer's heating instructions) to ensure it reaches a minimum temperature of 60°C for two minutes. This will kill most food-borne bacteria and viruses that can cause illness.

Food that has been reheated once *must not* be reheated again.

For further information regarding bringing food into a Healthscope facility, please contact:

- Nursing Staff
- Dietitiar
- The Food Services Department.

For general information on food safety

Please contact your State Health Department – Food Safety/Food Authority.







Keeping a Step Ahead of Falls





Did You Know...

In Australia, 38% of all hospital patient incidents involve a fall. It has been estimated that one third of people over 65 years and half of people over 80 years of age suffer at least one fall per year.

We would like to reduce the number of falls that occur at our facility. To achieve this we have a **Falls Prevention Program.**

Some patients are at higher risk of falling than others.

Please let us know if you have had any falls, or if you are concerned about having a fall whilst in our hospital or at home. We can organise a referral to our allied health team (eg. Physiotherapist) for an assessment.

Most importantly, if staff recommend you need assistance or supervision when moving around, please ask them for assistance and wait until they come to help you.

On admission to your room you will be shown how to use your nurse call bell. It is there for your safety so please use it if you require assistance.

Handy Hints to Avoid Falls in Hospital Unfamiliar Surrounds

- Make sure you know the layout of your room and bathroom.
- Take care if you are walking around at night. A small night light can be turned on at your request.
- Ensure that a call bell is within your reach at all times, and please use it!
- If you have spectacles, only wear your distance ones when walking. Take special care if wearing bior multi-focal lenses.
- Let staff know if you feel unwell or unsteady on your feet. Do not attempt to walk.
- Take your time when getting up from sitting. Pause a minute before you start to walk.

- If getting up from a lying down position, sit on the edge of the bed for a few minutes.
- Move your ankles up and down to get the blood flowing.
- Use your walking aid appropriately.
- Push yourself up from bed or chair. Don't pull yourself up.

Visiting the Bathroom

Many falls occur in the bathroom, therefore ensure you use your **call bell** and wait for assistance.

Please try not to wait until the last minute to use your call bell if you need assistance to go to the bathroom and never rush.

Flooring

Watch those floors!

Many of our rooms and corridors have linoleum or similar covering which can be slippery, especially when wet.

Therefore, when out of bed:

- Ensure you have footwear that fits securely and has flat, non-slip soles.
- Minimise the use of talcum powder as this causes slippery surfaces.

Confusion

Unfortunately, a side-effect of some illnesses or surgery can be confusion. If you are confused, you are at high risk of falling. Always use your **call bell** and wait for assistance.

Family and carers can assist hospital staff by alerting them if they notice a change in their relative's mental state

Medications

Some pain-relieving drugs and other medications, or even a change in do se, can make you feel dizzy or unsteady on your feet.

Please use your **call bell** to advise nursing staff if this happens to you. Do not attempt to walk.

When You Are Walking

- Take your time when turning around. Counting your steps can help you pace yourself.
- If you have a walking aid, ensure it is in good condition. Keep it within easy reach and use it appropriately.
- Always use your walking aid. DO NOT rely on furniture for support as it may topple.
- Always use your call bell and wait for assistance if instructed.

Clothing & Footwear

Tripping on loose or full-length clothing, including dressing gowns and pyjamas, can also cause a fall. Slippers and other footwear should fit securely and have flat, non-slip soles.

If you are required to wear **compression stockings**, you should always wear non-slip footwear over the stockings when walking around, unless they have a grip sole.

Diet & Exercise

To maintain your health and reduce your falls risk, good nutrition and suitable exercise are important.

- Ask your doctor, nurse or physiotherapist about what is suitable for your condition.
- Gently mobilise as soon as you are able.
- You will be advised when you are safe to walk independently.

High Falls Risk Patients

A number of strategies will be implemented if you are identified as being at high risk of falling. These strategies alert staff to your risk level to ensure you are provided with maximum support and safety.

These may include:

- A physiotherapy mobility assessment
- High falls risk nurse alert
- · Notification at bedside
- A pair of non-slip socks
- · Review of your medication/s.

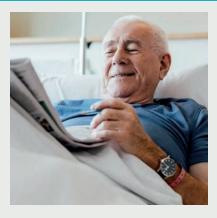
Back at Home

Preventing falls is important at home as well, so before you go home you may be referred to follow-up services to ensure your home environment is safe. There are also programs which teach you skills for safety in the home. For your additional safety please discuss strategies for prevention of falls at home with your family / carer prior to discharge. Please ask for help if you feel you need it. We can teach you ways to reduce your risk of falling.

Prevention of Pressure Injuries

Time to Move





Move, Move, Move

This brochure is being made available to you because you have been identified as having an increased risk of developing a pressure injury or otherwise commonly referred to as bed sore or pressure sore.

The information provided will explain what pressure injuries are and what you can do to help avoid them.

How Does a Pressure Injury Occur?

A pressure injury is an area of damaged skin and surrounding tissue. It is usually cased by sitting or lying in one position for too long, without moving to relieve the pressure.

A pressure injury can develop in only a few hours. It usually starts with the skin changing colour - it may appear slightly red or darker than usual.

If the pressure is not relieved, it can progress in a few days into an open blister and over a long period into a deep hole in the tissue.

Am I at Risk of Getting a Pressure Injury?

You are at risk of getting a pressure injury if your body is very sensitive (e.g. you have had a stroke), or you:

- Are confined to bed.
- Are in a wheelchair.
- Have difficulty moving about.
- Spend long periods in an armchair.
- · Have a serious illness.
- Are elderly and frail.
- Are incontinent.
- Have poor circulation.
- Are not eating a balanced diet or having enough to drink.

Prevention

Look after your skin

Our skin grows thinner and less elastic with advancing age. This means the blood circulation is less protected, and as a result the skin is easier to damage as we age.

- Try and keep your skin clean and dry at all times.
 Let nursing staff know as soon as possible if clothes or bedding is damp.
- Check your skin regularly for any reddened or painful areas, Use a mirror if unable to see / hard to reach spots. Your nurse will inspect your skin as part of your pressure injury prevention assessment on admission.
- Use a moisturizing lotion to prevent skin drying out and cracking and protect skin from dry or cold air.
- Bathe or shower in warm water using a mild cleanser or soap. Dry your skin gently afterwards.
- Avoid massaging.

How Can I Avoid Pressure Injuries?

If you are in bed:

- If possible change position every two to three hours, alternating between your back and sides more frequently if you are able. If you find this difficult inform the nurses and they can assist you.
- If you sit up in bed, make sure you do not slide down because this can drag and place friction on your heels and bottom.
- Remove any creases in your sheets, and try to avoid crumbs in the bed. If you are laying on any drains, tubes, or foreign objects please ask the nursing staff to help move these safely out of the way.

If you are in a chair:

- Lift your bottom off the chair every hour if able, to ensure circulation is adequate.
- Walking is a great way to relieve pressure, Ask your nurse or physiotherapist to assist you if you are unable to walk independently.
- If you have your feet on a stool, aim to move them every hour. Take them off and move your legs around in a circular motion.

Risk Management

Decreasing your risk

Nursing staff will examine your skin and ask general questions about your health and mobility. This is called a risk assessment and it is reviewed daily.

The nurse may also take a photo of your pressure injury to file in your medical record for future reference or proof of healing etc. A special air mattress may be put on your bed to alleviate pressure for a short period of time until you are fully mobile again.

Diet

Good nutrition plays a vital role in pressure injury prevention / treatment. Your nurse may refer you to a Dietitian if you have a medium to high risk of developing a Pressure injury, to assess your diet/fluid intake and ascertain if you would benefit from dietary supplements.

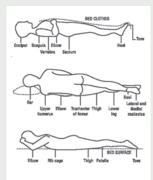
Together we can work out the best plan to prevent or reduce the risk of you getting a pressure injury.

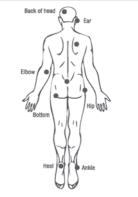
If you have any questions regarding this information or any queries relating to your management please do not hesitate to ask one of the nursing staff.

Where Do They Occur?

Pressure injuries can occur on most parts of your body.

The most common sites for pressure injuries are over the tail bone (lower back), the heels, hips and the buttocks.





This picture shows the areas most at risk

Remember...

- Move, move, move
- · Look after your skin
- Eat a balanced diet

Cognitive Impairment

Patient & Carer Information





Cognitive impairment is a collective term that refers to people having difficulties with memory, thinking or communicating. It can be temporary or long term. For many people in hospital, delirium and dementia are common causes of cognitive impairment.

Delirium

Delirium is an acute medical condition that occurs suddenly and may only last a short time. A person may feel confused and disorientated, and may be unable to pay attention. Carers and families will usually report that the person is not their normal self.

Delirium may be caused by many different things, including a severe infection, lack of fluids and/or reactions to medicines.

Delirium can have serious consequences if not identified early. Long term effects can be minimised if the causes are found and treated early.

Dementia

Dementia is a collective term for a number of disorders that cause decline in a person's memory, judgment or language that affects every day functioning. Dementia is different from delirium because the decline is gradual, progressive and irreversible. The most common type of dementia is Alzheimer's disease.

A person living with dementia is more likely to develop delirium during their hospital stay than someone without dementia.

Role of Family & Carers

Family members/carers can provide valuable information to the staff caring for the person with delirium.

It is important to notify staff of any sudden change in a person's mental or physical condition.

Who is at Risk of Developing Delirium?

People who:

- · Are very sick.
- Have dementia or cognitive impairment.
- Are 65 years or older.
- Suffer from depression.
- Have poor eyesight or other sensory deficits.
- Take many medications.
- Are having a surgical procedure, e.g. orthopaedic or heart surgery.
- · Have an acute fracture.

How Does Delirium Start?

Up to a third of hospitalised patients can experience delirium at some stage of their care.

Symptoms develop quickly, 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/friends to notify medical staff of any sudden change in a person's mental state.

What Causes Delirium?

Common causes of delirium in older people include:

- Infection.
- Multiple physical illnesses.
- Constipation.
- Dehydration/malnutrition.
- Severe pain.
- Taking many medications or stopping some medications.
- Regular nicotine or alcohol consumption or withdrawal.

What Are the Symptoms of Delirium?

People with delirium may:

- Appear confused and forgetful.
- Be unable to maintain attention.
- Be different from their normal selves.
- Be either very agitated or quiet and withdrawn or sleepy.
- Be unsure of the time of day or where they are.
- Have changes to their sleeping habits, such as staying awake at night and being drowsy during the day time.
- Feel fearful, anxious, upset, irritable, angry or sad
- See or hear things that are not there, but may seem very real to them.
- Lose control of their bladder or bowels
- Have disorganised thinking, rambling or irrelevant conversations.

How is Delirium Treated?

Delirium is generally associated with an underlying physical illness, however, it is not always possible to identify the cause. Staff will do a thorough medical assessment to look for and treat the underlying cause of the delirium.

How Long Does Delirium Last?

Delirium can last for a few days but sometimes it will continue for weeks or even months.

Delirium is associated with an increased risk of:

- Falls.
- Pressure injuries.
- Longer length of stay in hospital.
- Incomplete recovery.
- · Requiring residential placement.
- Dying.

Will Delirium Reoccur?

People who have experienced delirium do have a higher chance of developing delirium again.

How Can You Help Care for Someone with Delirium?

You can:

- Have familiar family or friends visit them.
- Assist them to use hearing aids or glasses if they are needed.
- · Face them and speak slowly, in a clear voice.
- Identify yourself and them by name.
- Avoid confrontation or arguing. Remain calm.
- If agitated or aggressive, do not try to restrain them. Notify staff immediately.
- If unsettled, try distracting them by talking about pleasant topics or light-hearted stories they enjoy.
- Open curtains during the day for natural light.
- Keep room tidy and clear from hazards.
- When walking, use aids if needed. Bring in personal items such as clothing, photos, favourite music etc.
- Let staff know any special personal information that may help calm or orientate them; such as names of close family, friends or pets, hobbies, significant life events etc.

Advanced Care Planning

Advanced care planning is a process to help people plan medical care in advance so if they become too unwell to make decisions for themselves, their wishes can still be respected by health

care teams, family and carers. It includes appointing a power of attorney if this has not already been done.

If you would like more information, brochures are available or talk to your specialist or GP.

Helpful Contacts

Alzheimer's Australia

www.fightdementia.org.au Phone: 1800 100 500

Australasian Delirium Association

www.delirium.org.au

My Aged Care

www.myagedcare.gov.au

Phone: 1800 200 422

If you have any questions or concerns about delirium, talk to your doctor.

References:

Australian Commission on Safety and Quality in Healthcare.

- Delirium Clinical Care Standard. Sydney: ACSQHC, 2016. Australian Government. Department of Health and Ageing.
- Delirium Care Pathways 2010.

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.

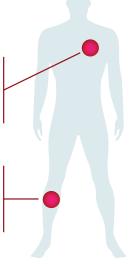
Speak to your doctor if you have any concerns.

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.





What you can do to help prevent a blood clot while in hospital



Drink water

Water helps blood flow. Check with your doctor how much water you should be drinking per day.



Stay active

Staying as active as you can will help to keep your blood flowing. Ask your doctor if it's ok to walk around.



Keep your stockings on

If you've been given compression stockings to wear, keep them on as directed.

What your doctor will do

To help prevent you from developing a blood clot, your doctor may need to prescribe an anti-clotting medicine and/or a mechanical device. If you think you are at risk, please discuss with your doctor.

Anti-clotting medicine

This is a medicine that slows down the formation of a clot, making it less likely to form. Your doctor will choose the best medicine suited to you. It may be an injection or tablet that you will be given each day while you are in hospital, or until you start moving around as usual. You may need to continue taking the medicine when you go home.

Mechanical devices

Mechanical devices apply pressure to your legs to help keep the blood moving around. There are many different types of mechanical devices. The most common are compression stockings, intermittent pneumatic compression (IPC) devices and venous foot pumps.

If they become uncomfortable to wear, speak to your doctor or nurse before you remove or adjust them.

Acknowledgements

This information leaflet has been adapted from 'Blood Clots and You', developed by Southern Cross Hospitals, New Zealand.

Your "Going Home" Plan

<Place Patient Sticker Here>

Complete the following with your doctor or nurse to record what you have been given to help prevent a blood clot after leaving hospital:

Medicine:

Dose:

When to take:

For How Long:

Mechanical Device:

For How Long:

If you start to develop swelling or pain in either leg, shortness of breath or chest pain, contact your GP immediately or go directly to an emergency department.

Medical terms for blood clots

Deep Vein Thrombosis (DVT) is the medical term for a blood clot in the deep vein of the arms, legs or groin.

Pulmonary Embolism (PE) is the term for a blood clot that has travelled to the lungs.

DVTs and PEs are collectively known as venous thromboembolism (VTE).

About the VTE Prevention Program

The VTE Prevention Program is run by the Clinical Excellence Commission. It aims to help prevent patients in hospital from developing blood clots (VTE).

The program raises awareness, improves clinical practice, and promotes the risk assessment of all patients and prescription of appropriate treatment to reduce the risk of developing a VTE.

For further information, please visit http://www.cec.health.nsw.gov.au/programs/vte-prevention

Preventing Blood Clots: Information for Patients and Carers, Released September 2014, © Clinical Excellence Commission 2014. SHPN (CEC)140237





Blood transfusion

Have all your questions been answered?

October 2016



Why would I need a blood transfusion?

Some people may need a single or emergency transfusion after major surgery, childbirth or a major accident. Others may have an illness where blood products are needed often during treatment, e.g. patients with blood diseases, kidney disease or having treatment for cancer.

What is a blood component/ product?

This is any part of the blood that is transfused or given to a patient. A blood donor can donate whole blood, plasma or platelets. Whole blood is divided into different parts or components. Not all people who require a blood transfusion require the red cells.

What do these different blood components/products do?



Red blood cells – carry haemoglobin that delivers oxygen to your tissues and organs. Red cells are usually given if haemoglobin levels are low (anaemia) or if a lot of blood is lost.



Platelets – are given to prevent or stop bleeding. Some diseases, medications or treatments can lower the number of platelets or they may not work properly. This product is yellow in colour.



Fresh frozen plasma and

Cryoprecipitate – contain clotting factors that work with platelets to seal wounds. Some clotting factors can be manufactured. If these are not available then fresh frozen plasma and/or cryoprecipitate may be needed. These products are also yellow in colour.

Plasma is also sent to CSL Behring to make products such as Albumin (filling fluid), Intragam P (for patients with poor immune systems) and other products containing antibodies for vaccinations.

Is the blood safe?

All fresh blood products transfused in Australia come from voluntary unpaid donors.

The Australian Red Cross Blood Service has many safeguards to ensure a safe blood supply for patients. Before donating blood, all donors must complete a confidential interview, donor declaration and a health check.

In Australia all donations are tested for:

- Blood group
- Five different infectious diseases, including HIV, Hepatitis B and Hepatitis C

Any collection that fails the testing is discarded.

Other risks are:		
Hepatitis C:	less than 1 in 1 million	
Hepatitis B:	less than 1 in 1 million	
HIV [AIDS]:	less than 1 in 1 million	

(Data Ref: The Blood Service, 2016)

Potential risks

Despite testing, there is a very small risk of infection or other side effects from transfusion.

A harmful reaction to blood transfusion can be caused by the transfusion of blood that is not matched to the patient's blood. This risk is reduced by strict patient identification and checking actions along with strict checking in the laboratory.

The risks along with the benefits of having a transfusion should be discussed with your doctor.



Are there any alternatives to blood transfusion?

Some alternatives to blood do exist and are used wherever possible. Medications such as iron can be used in some cases and should be discussed with your doctor to see if these treatments are suitable for you. Your doctor will also consider ways to reduce your need for blood. This could include improved surgical techniques for people undergoing surgical procedures.

If you are a Jehovah's Witness or have other objections to blood transfusion, it is extremely important to discuss this with your doctor.

How do I receive a blood transfusion?

Before you receive a transfusion your blood group must be known, this may require a blood test. To ensure the accuracy of the test the person taking your blood will ask you for your name and date of birth to make sure they have the right person for testing.

If you need a red cell transfusion the blood to be given to you needs to be matched with your blood (known as a cross match) to ensure they are compatible i.e. suitable for you. This may take some time to complete.

You will also be asked to consent to the transfusion; usually this will include the signing of a consent form after discussion with your doctor about the risks and benefits for you.

Blood transfusions are given intravenously i.e. through a needle into a vein, usually in your arm. If you already have an intravenous needle inserted you may be able to have your transfusion through it, but occasionally a second needle may be needed. Other than the insertion of the needle the process should be painless.

One unit of red cells usually takes two to three hours to infuse and a platelet transfusion takes 30-60 minutes. The number and type of units given depends on your specific case.

During the transfusion you will be closely observed. Your temperature, heart rate, breathing rate, blood pressure, and general condition will be monitored by the nurse.

Is there anything I need to do during the transfusion?

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.

Answering these questions will help you make sure you have received enough information.

- **1.** Do you understand why you need the blood product transfusion/s?
 - Blood transfusion is used in a range of settings; ask your doctor about the need for transfusion in your specific case.
- 2. Have the possible risks been explained to you in your particular condition?
 - Transfusion is not without risk. It is important that the risk in your setting be talked about.
- 3. Have any alternatives been explained to you?

 In some cases alternatives to blood product transfusion may be suitable. Ask your doctor if this may be so in your case.
- 4. Have all your questions been answered?

The Blood Matters Advisory Committee, which includes consumer representation, has reviewed this information.

To receive this publication in an accessible format phone (03) 9694 0102, using the National Relay Service 13 36 77 if required, or email:

bloodmatters@redcrossblood.org.au

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that you credit the State of Victoria as author.
Available at www.health.vic.gov.au/bloodmatters
www.mytransfusion.com.au

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Advance Care Planning

Making your wishes known

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

What is an Advance Care Directive?

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

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:

- An appointed Guardian, including an Enduring Guardian; if none, then
- 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

(OCHO) 190053 Information in the brochure has been adapted from Hunter New England Area Health Service, ACP Brochure

About Us

Prince of Wales Private Hospital is located in the heart of the Eastern Suburbs of Sydney, on the Randwick Hospitals Campus. It has been recognised for providing high-quality, patient-centred care since our opening in 1997. Prince of Wales Private Hospital is accredited against the National Safety and Quality Health Service (NSQHS) standards. Refer to www. safetyandquality.gov.au

Our dedicated team of specialist doctors and staff are committed to achieving the best possible care and outcomes for our patients.

We offer a broad range of specialist inpatient, day of surgery and outpatient services.

These services include:

- Cardiology
- Colorectal Investigations & Surgery
- Coronary Care
- Cardiothoracic Surgery
- Ear Nose and Throat Surgery
- Gastroenterology
- General Medicine
- General Surgery
- Gynaecology
- Hand Surgery
- Intensive Care
- Interventional Services
- Interventional Neuroradiology
- Neonatology
- Neurology
- Neurosurgery
- Obstetric & Maternity services
- Oncology
- Oral & Maxillofacial Surgery

- Orthopaedic Surgery
- Robotic Surgery
- Paediatrics
- Plastic, Reconstructive and Cosmetic Surgery
- Respiratory Medicine
- Urology
- Vascular and Endovascular Surgery



Hospital Services

3rd Floor of PoW (Public) Hospital:

PoWPH Intensive Care Unit

5th Floor:

- Bookings and Admission Centre/ Reception Area
- Day of Surgery Services
- Operating Theatres
- Endoscopy
- Ward 5 East Cardiac Surgery/General Surgery
- Ward 5 South Paediatrics

6th Floor:

- Maternity Delivery Suite
- Maternity Ward
- Special Care Nursery

- Ward 6 North Orthopaedics, Neurosurgery, Plastic Surgery
- Ward 6 South General Surgery, Gynaecology
- HPS Pharmacy

7th Floor:

- Medical Consulting Suites
- Executive Office
- Accounts Department
- Catering Department
- Day Oncology Unit
- IMED Radiology
- South Eastern Area Laboratory Services (SEALS)
- Hudsons Coffee Shop.

Contacts

External Hospital Number (02) 9650 4000

Important Internal Numbers	Dial
Main Switchboard	9
Reception	44307
Food Services	9
Housekeeping (Request Housekeeping)	9
Executive Office	44704
Patient Accounts	44706

Information for Visitors

Visiting Hours

General Wards: 10am-1pm and

3pm-8pm

Maternity: 11am-1pm and

4pm-8pm

(Rest period between 1pm–4pm is strictly observed in Maternity).

Intensive Care Unit: 10am-1pm and

3pm-8pm

Whilst PoWPH recognises the need for a patient support person, overnight stays are only allowed under the authorisation of the General Manager, Director of Nursing, Clinical Services Coordinator or After Hours Manager.

My eHealth Record

Prince of Wales Private Hospital is part of Australia's eHealth record system. For further information please refer to:

- 1. www.ehealth.gov.au
- 2. National hotline 1800 723 471

Radiology

IMED Radiology is located on Level 7 of Prince of Wales Private Hospital. MRI services are located on Hospital Road with transportation by ambulance provided.

Please note that radiology services are billed by IMED Radiology after your stay.

Compliments & Complaints

Prince of Wales Private Hospital is committed to delivering the highest quality of health care. Consumer feedback systems are part of our quality improvement program and enhance our service by:

- Identifying areas that need improvement.
- Providing opportunity to individually meet your needs.
- Giving our consumers an opportunity to have their legitimate complaints considered within a clearly defined process.

Feedback can be made by:

- Discussing issues with the:
 - o Nurse Unit Manager of your ward.
 - o After Hours Manager (AHM) of the hospital.

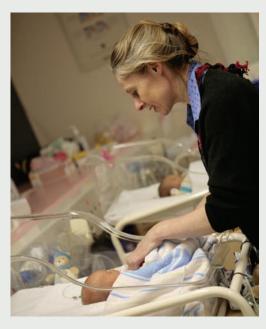
- o Completing a patient impression survey sent to you by email on discharge from hospital.
- If unresolved, the Nurse Unit Manager/ AHM will elevate the complaint to the General Manager and Director of Nursing.
- Compliments or complaints may also be made in writing to the General Manager or the Director of Nursing.

Telephone (02) 9650 4704.

You are also able to involve the NSW Health Care Complaints Commission in your complaint if you wish to have an independent body involved in the resolution process.

Toll free: 1800 043 159

Email: hccc@hccc.nsw.gov.au



Smoking

The Randwick Hospital Campus is a smoke-free environment. Smoking is prohibited on our grounds and compliance is a condition of entry to the campus. It is recommended that you bring nicotine patches for use in hospital.

Fines may be imposed if people are seen smoking in undesignated areas. If you would like further assistance in how to stop smoking contact your GP, call New Quitline on 13 18 48 NSW Health, or Quitline 13 78 48 Cancer Institute NSW.

Alcohol

Visitors and patients are not permitted to bring alcohol into the hospital.

Your Room

Whilst every effort is made to arrange your preferred accommodation on the ward, this may not be available at the time of your admission. Please be assured that we will make every effort to provide you with your room preference as soon as it becomes available.

Patients must not leave the confines of the Prince of Wales Private Hospital situated on levels 5, 6 and 7 without the permission of the nursing staff.

Nurse Call Button

In the event of any urgent issues a nurse call bell system has been provided.
At each bedside console and in each bathroom there is a call button that registers your need for assistance from the nursing staff. Operation of the nurse call system will be shown to you on admission.

My Patient Care Boards

My Patient Care Boards are situated on the wall at every bedside. The nursing staff will discuss your care goals and update the board. Included on the board for your reference are the staff names, your care goals and requirements, telephone numbers and escalation of care procedures. You are invited to participate in your clinical care goals and expectations with staff during the handover period.

Clinical Handover

Prince of Wales Private Hospital has adopted bedside clinical handover. The nursing staff will conduct handover at your bedside using your medical record, including checking any intravenous infusions, and or drains/wounds. We would appreciate your co-operation and encourage patient participation during bedside clinical handover.

Care of Valuables

The hospital cannot accept liability for any loss of, or damage to personal property. Safes are provided accommodating small items only.

Televisions

Televisions are complimentary in all rooms.

In shared accommodation, we ask that television sets be switched off at 9pm.

Electronic Devices

In shared accommodation, we ask that all electronic devices be switched off at 9pm.

Telephones

There is a telephone located beside each bed, and local calls from your bedside telephone are free of charge.

To make a local call:

- 1. Dial '0' for an outside line.
- 2. Dial the number you require.

STD, international or calls to mobile numbers are not available from the bedside telephones.

Healthscope Wi-Fi Network

Connection instructions:

- 1. Ensure Wi-Fi is enabled on your device.
- 2. Select Healthscope Wi-Fi.
- 3. Launch a web browser and go to www. healthscope.com.au
- 4. You will be directed to the registration page, then click to connect.

5. Scroll down to read and accept the Healthscope terms and conditions.



Services

Medical Cover

Besides being visited by your own doctor we have in-house doctors assisting your specialist. They are in the hospital 24 hours per day, seven days per week. There is no charge for this service.

Social Workers

Prince of Wales Private Hospital has a Social Work service for inpatients and their families. The Social Work service can provide counselling and social support for patients and families. Social Work support is also available during discharge planning to discuss post-hospital support options, where required.

If you require the services of a social worker ask your nurse for a referral.

Pharmacy

Prescriptions are supplied from the pharmacy. Please notify the staff at the Bookings and Admission Centre of any entitlement details on admission. You will receive an itemised account from the pharmacy for any medications not covered by your health fund or DVA, on or after discharge.

For any pharmacy account enquiries call 1300 669 510.

Nursing staff cannot dispense medication from dosette containers.

Medications should never be taken without the knowledge of the nursing staff and are stored securely in your bedside locker or in a designated safe, as per NSW legislation during your admission.

Diet & Nutrition

All your meals will be freshly prepared in the hospital's kitchen. Catering staff will visit you daily and discuss menu options. The meals are prepared in consultation with the hospital dietician, who is available to attend to any special dietary requirements.

Meal Services begin at:

Breakfast: 7am-8am

Lunch: 12noon-12.45pm

Dinner: 5pm-6.45pm

During your hospital stay your doctor may request that you have a specific diet. This diet is related to your clinical condition and/or your stage of recovery, and is aimed to aid your path to a full recovery. For this reason any food brought to you by visitors should only be consumed in consultation with nursing staff.

Support Services

Chaplaincy

A chaplaincy service is available to offer spiritual and emotional support to patients and their families, irrespective of their religious beliefs. If you wish to speak with a religious person of your choice, you are welcome to arrange this with the Nurse Unit Manager of the ward.

DVA Patients

Prince of Wales Private Hospital has a DVA consultant on staff. If you are a DVA patient and have any enquiries regarding your hospital care, please notify your nurse. Arrangements can then be made for our DVA consultant to speak with you.

Car Parking

There is an underground Metro car park accessible from Barker Street or Hospital Road. Easy lift access to Prince of Wales Private Hospital is available from Level B4 of the car park.

The car park is privately managed and as such, Prince of Wales Private Hospital has no control over the costs of car parking.

Telephone (02) 9326 7233 or contact the service desk on level B1 of the car park for all queries regarding car park fees.

Public Transport

Many buses drop off and pick up near the hospital. We suggest visitor's access www.transportnsw.info or call the information line on 13 15 00 to assist in planning their journey.

Laundry

There is a laundry service provided by a local laundrette, 'Daily Wash Randwick'. They provide a same-day service for a small fee. All washing should be bagged into a pink hospital bag for collection at designated times.

Monday to Friday: Pick up 8.30am for return delivery at 6.30pm (same day).

Weekends: Pick up 1pm for return delivery at 5.30pm (same day).

Or arrange with relatives or friends to attend to your laundry requirements.

Shops & Cafés

Refreshments can be purchased by family and friends from Hudson's Coffee Shop on Level 7.

Monday to Friday 7.30am to 4.30pm

A florist and gift shop are also located in the main foyer on Level 0. Reading material such as newspapers and magazines are available for purchase on Level 0.

Discharge Arrangements

Discharge Time

Discharge time from the hospital is 10am.

Please arrange to be picked up by 10am.

Day only patients must be accompanied by a nominated person for discharge.

Before You Go...

Before you leave hospital, make sure that you or your relatives/friends:

- Know what further care you require at home.
- Collect your nursing discharge summary.
- Collect a supply (or prescriptions) of your continuing medication as applicable.
- Know when and where your follow-up appointments are.
- Collect any x-rays or imaging tests performed.
- Finalise your account.

Transport Home

For the first 24 hours after any procedure it is important that you:

- Do not drive a car.
- Do not drink alcohol.
- Do not remain on your own (unless approved by your specialist).
- Do not make complex or legal decisions.

We advise that you should be in the company of a responsible adult for 24 hours after a procedure and you MUST have somebody escort you home from the hospital.

Patient Accounts

The hospital has a computerised patient information system and your account is maintained as your stay progresses. On discharge, you will need to see one of our Bookings and Admission Centre staff on Level 5 to finalise any outstanding charges you may have incurred during your stay.

Please note that doctors, allied health, radiology, pathology and pharmacy accounts are billed separately by the relevant provider after your stay.

We realise hospital and related charges can sometimes be difficult to understand. We suggest you speak to your health fund if you are in any doubt as to what benefits may apply and what services are covered. If you have any further concerns, please ask to speak to our Bookings and Admission Centre staff.

Health Insurance

Prince of Wales Private Hospital is recognised by all major health funds.

Please discuss your hospitalisation with your health fund if you are in any doubt as to what benefits may apply, or ask to speak to our Bookings and Admission Centre Manager.

Method of Payment

We are able to accept Credit Card, Eftpos and cash payments only. The hospital will not accept personal cheques as payment. A fee applies for the use of credit cards.





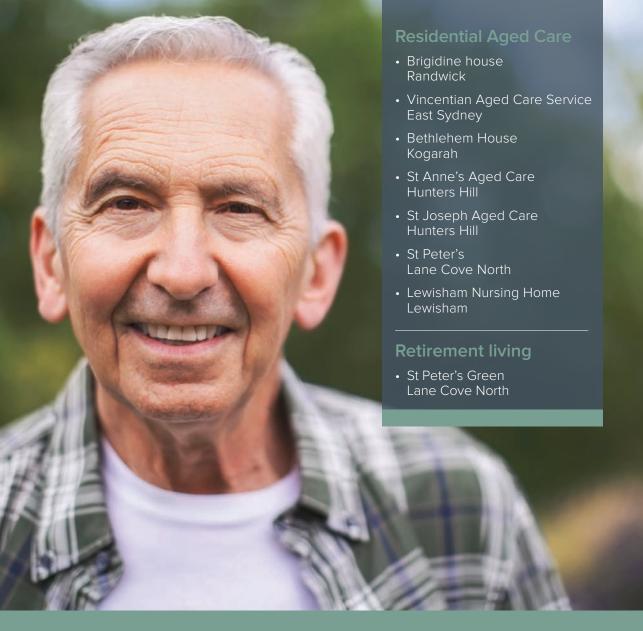
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Fax: 9398 7654

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- **Independent Living** comfortable, maintenance-free retirement living in a welcoming community.
- Community Living delivering a range of services from domestic assistance to nursing care, to help you maintain your independence and lifestyle in your own home.

Speak to your nurse or a member of the Discharge Planning Team to discuss what care and support St Vincent's Care Services can provide for you after you leave hospital.

For more information about St Vincent's Care Services contact our Admissions team:

1800 778 767 | svcs.info@svha.org.au www.svcs.org.au

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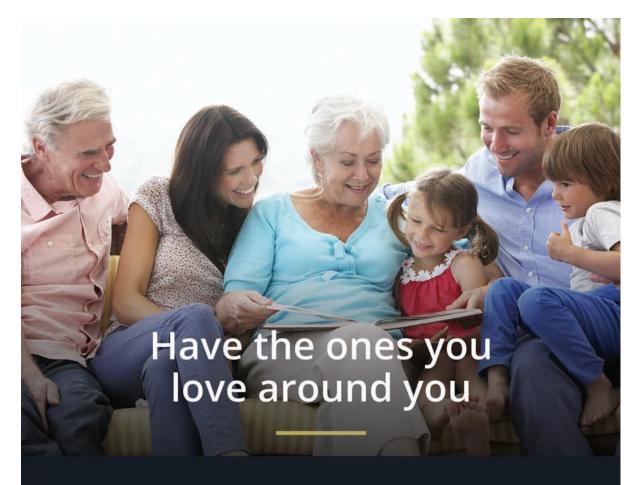
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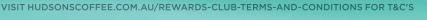
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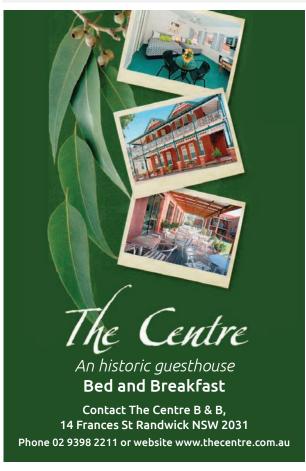


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Six Ways to Beat Heart Attack

1. Check your Blood Pressure

High blood pressure often gives no warning signs and it is necessary to have it checked regularly by your doctor. High blood pressure sharply increases the risk of heart attack, stroke and other conditions if it goes undetected and untreated. With proper medical treatment this disease can be brought under control in most cases.

2. Don't Smoke

Smoking greatly increases your risk of heart attack. It is never too late to stop, as evidence shows that damage can be very quickly reversed. Do not smoke cigarettes and dis-courage your family and friends from smoking.

3. Reduce Blood Fats

A high level of blood fats (cholesterol and/or triglycerides) increases the risk of heart attack. With moderated changes in your diet, your blood fats can be reduced to a safer level. This means reducing total fat intake, particularly saturated fats, and cholesterol in rich foods. A balanced diet is necessary for good health. Ask your doctor for advice or contact the National Heart Foundation in your State for information on nutritional guidelines for you and your family.

4. Maintain Normal Weight

If you or your children are too fat the chances of developing health problems are increased. Ask your doctor for a sensible weight reducing diet or get the Heart Foundation's publication "Guide to Losing Weight." Bad food habits formed in childhood are hard to break in later life, so it is important your children follow a healthy eating pattern.

5. Improve Physical Activity

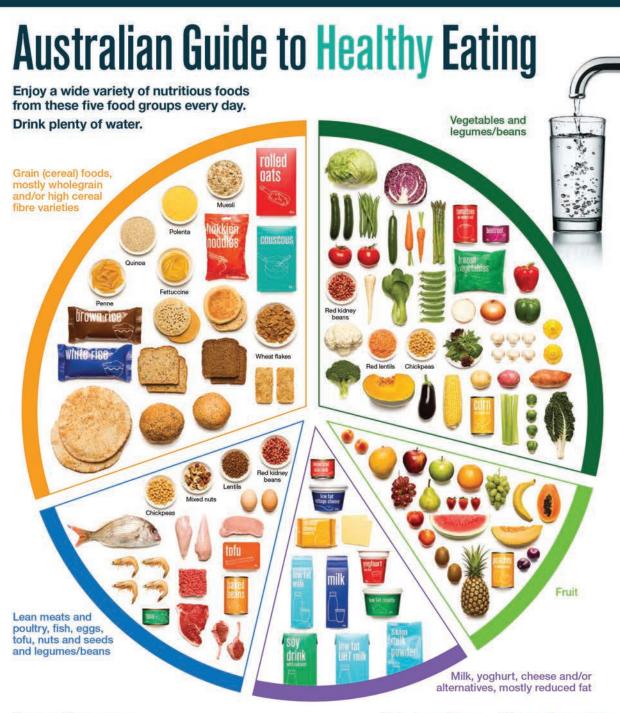
Exercise should be fun not a chore. Choose a physical activity you enjoy, make it a family affair, walk the dog, cycle around the park, swim, play tennis, take the family for a sail. Exercise regularly, your doctor can tell you what kind of activities will suit your age and physical condition.

6. Have Regular Check-ups

Regular check-ups enable your doctor to detect and treat conditions that can lead to heart attack and other forms of heart and circulatory disease.







Use small amounts



Only sometimes and in small amounts



Basic Life Support

D Dangers?

Responsive?

S Send for help

A Open Airway

B Normal Breathing?

C Start CPR
30 compressions: 2 breaths

Attach Defibrillator (AED)
as soon as available, follow prompts

Continue CPR until responsiveness or normal breathing return











Prince of Wales

Barker Street, Randwick NSW 2031

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