WPH

Western Private Hospital

Admission Guide

10 Tips for Safer Health Care

This summary card has been produced by the Australian Council for Safety and Quality in Health Care, which has been set up by Commonwealth, State and Territory governments to improve the safety of health care in Australia.

These 10 Tips* can help you to become more active in your health care. More questions you might want to ask your health care professional are contained in the 10 Tips for Safer Health Care booklet.

1. Be actively involved in your own health care

Take part in every decision to help prevent things from going wrong and get the best possible care for your needs.

2. Speak up if you have any questions or concerns

- Ask questions
- Expect answers that you can understand
- Ask a family member, carer or interpreter to be there with you, if you want

3. Learn more about your condition or treatments

Collect as much reliable information as you can. Ask your health care professional:

- what should I look out for?
- please tell me more about my condition, tests and treatment.
- how will the tests or treatments help me and what is involved?
- what are the risks and what is likely to happen if I don't have this treatment?

4. Keep a list of all the medicines you are taking

Include:

- prescriptions, over-the-counter and complementary medicines (eg vitamins and herbs); and
- information about drug allergies you may have.

5. Make sure you understand the medicines you are taking

Read the label, including the warnings. Make sure it is what your doctor ordered for you.
Ask about:

- directions for use;
- possible side effects or interactions; and
- how long you'll need to take it for.

6. Get the results of any test or procedure

Call your doctor to find out your results. Ask what they mean for your care.

7. Talk about your options if you need to go into hospital

Ask:

- how quickly does this need to happen?
- is there an option to have the surgery/procedure done as a day patient, or in an alternative hospital?

8. Make sure you understand what will happen if you need surgery or a procedure

Ask:

- what will the surgery or procedure involve and are there any risks?
- are there other possible treatments?
- how much will it cost?

Tell your health care professionals if you have allergies or if you have ever had a bad reaction to an anaesthetic or any other drug.

9. Make sure you, your doctor and your surgeon all agree on exactly what will be done

Confirm which operation will be performed and where, as close as possible to it happening.

10. Before you leave hospital, ask your health care professional to explain the treatment plan you will use at home

Make sure you understand your continuing treatment, medicines and follow-up care.
Visit your GP as soon as possible after you are discharged.

Western Private Hospital

ADMISSION FORM

Patient Details

UR No: ..... Admission No: .....

Surname: .....

Given Names: .....

Date of Birth: ..... Doctor: .....

Hospital: .....

TO BE COMPLETED BY PATIENT

ADMISSION FORM

MR No. 100

Treating Doctor	Diagnosis
Admission Date ____/____/____ Admission Time	Procedure

OUR ADMISSION STAFF WILL CONTACT YOU PRIOR TO YOUR ADMISSION REGARDING ANY OUT OF POCKET EXPENSES AND TO CONFIRM YOUR TIME OF ADMISSION

PATIENT DETAILS

Title Surname		
Given Names	D.O.B.	Sex ☐ Male ☐ Female
Address		Post Code
Telephone (Home)	Telephone (Work)	Mobile
Marital Status ☐ Single ☐ Married ☐ Defacto ☐ Separated ☐ Divorced ☐ Widowed		
Country of Birth	If Australia, Name State	Resident of Australia ☐ YES ☐ NO
Are you of Aboriginal / Torres Strait Islander (TSI) Origin ☐ YES ☐ NO	If YES (please circle) - Aboriginal / Torres Strait Islander (TSI) / Both	
Interpreter Required ☐ YES ☐ NO	Preferred Language	
Occupation	Religion	

ENTITLEMENTS

Medicare No. ☐☐☐☐☐☐☐☐☐☐ Number next to patient name ☐ Valid to ☐☐/☐☐☐☐	Pension No.	Expiry Date
	Health Care Card No.	Expiry Date
Safety Net Card ☐ YES ☐ NO	Card No.	
Veterans Affairs VX No.	DVA Card Colour Gold / White	

How will this admission be claimed? - please tick

☐ Private Health Insurance - Please complete section A	☐ Repat/Veterans Affairs - Please complete ENTITLEMENT section
☐ Workcover - Please complete section B	☐ Uninsured/Travel or Overseas Insurance - Please contact us on 9318 3177 for an estimate of your hospital costs. - These costs are payable on admission.
☐ TAC or Third Party - Please complete section C	

SECTION A: Private Health Insurance

Health Insurance Fund	Table / Level of Cover	
Membership No.	Date Joined	Date Paid to
Excess	Excess paid this year	Co-payments

Western Private Hospital recommends that you confirm your level of cover with your health fund prior to your admission to ensure that you are covered for this admission and any procedure performed. Certain levels of cover have out of pocket costs that patients are required to pay for their hospitalisation. These costs not covered by your health fund are payable on admission. Any additional fees (ie. pharmacy) are payable on discharge.

SECTION B: Workcover

Employers Name / Address	
Contact Person at Workplace	Telephone
Date of Injury	
Name of Work Insurance Co.	Claim Number
Contact Person at Insurance Co.	
Has your claim been accepted by Workcover?	

SECTION C: TAC or Third Party

Date of Injury	Accident location
TAC Claim Number	Contact Person at TAC
Has your claim been accepted by TAC?	

PLEASE COMPLETE OVER ▶

PLEASE DETACH ALONG PERFORATION

PERSON TO CONTACT			
Next of Kin	Relationship	Tel (H)	Mobile
Second Contact	Relationship	Tel (H)	Mobile

LOCAL DOCTOR / PHARMACY	
Family Doctor	Telephone
Address	
Pharmacy Name	Telephone

PREVIOUS HOSPITALISATION			
Have you ever been a patient at Western Private Hospital before?	☐ YES	☐ NO	If YES - When? (year)
Have you been hospitalised within 7 days prior to this admission?	☐ YES	☐ NO	
If YES - Which hospital?	Dates:		

FINANCIAL CONSENT

Please read through carefully and sign.

I elect to be treated as a private patient and therefore will be responsible for all charges listed below that are not covered by a health fund or third party.

- Hospital Accommodation and theatre fees
- Charges for medical services, including diagnostic services performed and/or ordered by the doctor of my choice or by other medical practitioners to whom I am referred.
- Prosthesis
- Dental Services

I, _____ am aware of my hospital costs associated with this admission.
I understand and agree to pay all fees relating to my hospital visit, including where my health fund or insurance claim is declined for any reason.

Signature of Person Responsible for Account: _____

Print Name: _____

Relationship to patient (if applicable): _____

Date: ____/____/____

MEDICAL RECORDS AND PRIVACY

Records will be kept of your condition and treatment. They are confidential. The contents will be divulged only with your consent or where justified by law. Western Private Hospital complies with the Privacy Act 1988, including the way in which we collect, store, use and disclose health information.

It may be necessary for parts of your medical record to be disclosed to other medical professionals to provide your treatment, or during activities necessary to operate our Hospital (eg. to your health fund, DVA, the Supplier / manufacturer of your prosthesis, to our insurer, your local doctor).

INFORMATION DISCLOSURE - All patients to complete

Occasionally, an external company is contracted to evaluate customer satisfaction.

I do / do not authorise the release of information about this admission.

Signature: _____ Date: ____/____/____

PLEASE DETACH ALONG PERFORATION

Western Private Hospital

CONSENT FORM

Patient Details

UR No: ..... Admission No: .....

Surname: .....

Given Names: .....

Date of Birth: ..... Doctor: .....

Hospital: .....

DECLARATION

I .....

of .....

hereby confirm that I have given consent to .....
(Name of specific surgeon performing procedure)

and any assistant, including accredited surgical registrar trainee, deemed necessary to perform the operation(s) / procedure(s) of:

.....

.....
(The site and side of the operation must be recorded in full (i.e. RIGHT or LEFT) and not abbreviated to L or R, whenever the side is recorded.)

on .....
(Insert either 'myself' or in the case of parent or guardian, the name of the patient.)

I also confirm that I have consented to such further or alternative measures as the person performing the procedure may find necessary during the course of such procedures and to the administration of a local or other anaesthetic for any of the foregoing purposes.

Dated this ..... day of ..... 20 .....

Signature of patient or parent / guardian .....

SURGEON CONFIRMATION

I .....
(Name of specific surgeon performing procedure)
have explained to the patient / person legally responsible for the patient, the nature of the above operation(s) / procedure(s).

Dated this ..... day of ..... 20 .....

Signature of doctor .....

PREOPERATIVE INVESTIGATIONS

		Arranged Prior to Admission	Provider	Required on Admission
Pathology				
Xray				
ECG				

SPECIAL REQUIREMENTS ON ADMISSION

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MEDICATION ORDERS ON ADMISSION

Date	Drug	Dose	Route	Frequency & Duration	Doctor's Signature	Record of Administration		
						Date Given	Time Given	Given By

PLEASE DETACH ALONG PERFORMATION

CONSENT FORM

MR No. 120

PLEASE DETACH ALONG PERFORATION

Western Private Hospital

PATIENT QUESTIONNAIRE

Patient Details

UR No: ..... Admission No: .....

Surname: .....

Given Names: .....

Date of Birth: ..... Doctor: .....

Hospital: .....

Please complete non-shaded areas – If unsure leave blank and nursing staff will assist you on admission.

Admission Date: Time:

Provisional Diagnosis/Presenting History (Brief history of illness/reason for hospitalisation)

Proposed Operation/Procedure

Past Surgery

HEIGHT	cm
WEIGHT	kg

MEDICAL HISTORY	YES	NO
CARDIAC		
Family history of Cardiac disease		
Hypertension		
Low Blood Pressure		
High Cholesterol		
Heart Attack / AMI DATE:		
Chest pain / Angina		
Have you had a heart valve replacement?		
Have you had an angioplasty / stent?		
Do you have a pacemaker / ICD?		
RESPIRATORY		
Chronic Obstructive Airways Disease		
Asthma		
Bronchitis		
Shortness of breath		
Sleep Apnoea		
Snoring		
Has anyone reported that you stop breathing during the night?		
Have you had a recent cough or sore throat?		
Details:		
GIT / GUT		
Indigestion or reflux		
Ulcer		
Kidney Disease		
Are you on dialysis? If YES: ☐ peritoneal ☐ haemodialysis		
Type of access:		
Bladder problem		
Bowel problem: ☐ Colostomy ☐ Ileostomy		
Liver disease		
Hepatitis: ☐ A ☐ B ☐ C		
VASCULAR		
Peripheral vascular disease		
Pressure ulcer		
Blood clot in lung or legs		
Pressure ulcer risk assessment on admission		
Pressure ulcer risk category		

MEDICAL HISTORY	YES	NO
NEURO		
Stroke		
Epilepsy / Seizures		
Fainting / Dizziness		
Back or neck problems		
Stress related conditions		
OTHER		
Diabetes: ☐ Type 1 ☐ Type 2		
If YES, please indicate: ☐ Insulin dependant ☐ Diet controlled ☐ Tablet		
Admission BSL: _____		
Cancer: Site: ☐ Chemotherapy ☐ Radiotherapy		
Anaemia		
Females: Are you pregnant?		
Have you had any recent dental treatment?		
Do you wear a dental appliance, plate or denture?		
If YES, please indicate: ☐ Top ☐ Bottom ☐ Both		
If YES, do you have them with you?		
Have you had recent pathology tests?		
If YES, when? / /		
Where?		
PAIN ASSESSMENT		
Do you have pain / discomfort now?		
Have you had ongoing pain over the last 3 months?		
LIFESTYLE		
Have you ever smoked?		
If YES, how many cigarettes per day?		
If no longer smoking, date given up: / /		
Do you drink alcohol?		
If YES, indicate daily intake:		
Do you use any recreational drugs?		
If YES, please specify		
Do you require a special diet?		
If YES, type of diet required:		
OTHER COMMENT		

TO BE COMPLETED BY THE PATIENT

PATIENT QUESTIONNAIRE

MR No. 200

PLEASE DETACH ALONG PERFORATION

INFECTIOUS DISEASE SCREENING	YES	NO
Nursing staff - Has the MR200a Infectious Disease Questionnaire (SARS) been completed?		

CJD RISK SCREENING		
Have you had a Dura Mater graft?		
Have you / the patient suffered from a recent progressive dementia less than 12 months duration with an undiagnosed cause?		
Do you or any of your family have a history of of Creutzfeldt-Jakob Disease (CJD)?		
Have you received human pituitary hormones (growth hormones or gonadotropins)		
Nursing staff - If the answer to the CJD screening is YES - please notify your unit manager.		

DISCHARGE / READMISSION RISK SCREENING

Please tick appropriate box and make comment if required

Are you 75 years or older?		
Do you live alone? If no, who do you live with? ☐ Spouse ☐ Partner ☐ Family Member ☐ Other Comments:		
Are you the primary care giver for another person, eg. dependant spouse / children? Comments:		
Do you require assistance with any aspect of personal/domestic care? If yes, who provides this? ☐ Spouse/Partner ☐ Family ☐ Home help ☐ RDNS ☐ MOW ☐ Palliative Care ☐ Personal care		
Have you tripped or fallen in the last 6 months? If yes, where? ☐ Inside ☐ Outside Comments:		
Do you walk with an aid? If yes: ☐ Stick ☐ Elbow crutches ☐ Wheelchair ☐ Pick up frame ☐ 2 or ☐ 4 wheel frame Comments:		
Have you been in hospital in the last 6 months? If yes, admitting diagnosis:		
Do you have any chronic/long term medical conditions? If yes, please specify: ☐ Heart failure ☐ Respiratory issues / COAD ☐ Diabetes ☐ Leg ulcers Other:		

Do you live in your own home? ☐ Yes ☐ No If No, where?
☐ Hostel ☐ Independent living unit ☐ Unit ☐ Apartment ☐ Nursing Home
Comments:

Where do you plan to go post discharge?

Who will be caring for you post discharge?

Do you or your family have any issues or questions regarding discharge?

Who can we contact with any discharge issues? (Eg: NOK)

Discharge time is at 1000 hours, who will be transporting you home from hospital?

RISK IDENTIFICATION	YES	NO
Has a falls risk been identified? If YES - See Protocol		
A manual handling risk?		
Is multi-resistant organism screening required?		

MEDICATIONS

Have you had any cortisone/steroids in the past 3 months?		
Have you had any warfarin / aspirin / clopidergrel in the last week? (If YES, notify your doctor.) If YES, how many? ☐ and when? ☐ / / If recently ceased, when? ☐ / /		

Current Medications:

Drug	Dose	Frequency
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

ALLERGIES

Do you have an allergy / reaction to Latex / Rubber?		
Nursing staff - Please refer to protocol & notify theatre of any latex alllergies.		
Do you have any allergies/reactions to any of the following: Medications, Tapes, Food, Lotions, Other substances. If YES, please list names and reactions:		

Nursing staff - Please complete the Adverse Reaction Alert Record in the front of the history (write nil known, if no allergies reported)

VALUABLES

Patient made aware of valuable policy?		

Please note whilst care is taken, your personal belongings are left at your own risk. The Hospital can take no responsibility for belongings left in our care.

Patient Signature:

Print Name:

Date:

Admission RN Signature | Print Name | Initials | Designation | Date & Time (Hrs)

PLEASE DETACH ALONG PERFORATION

Western Private Hospital is a 43 bed hospital located in Footscray adjacent to Western General Hospital, servicing Melbourne's western and surrounding suburbs. Western Private Hospital has two Operating Theatres, Diagnostic and Interventional Angiography, Day Surgery, Day Oncology, Sleep Study and Coronary Care Unit. We are supported by onsite radiology and radiotherapy.

Our accommodation consists of private and shared rooms with ensuite bathrooms.

Your request for a private room will be given every consideration: however, it may not always be possible to provide a private room, as this is dependent upon the clinical needs of patients in the hospital at a given time.

We provide the following services:

Clinical Services

- Bariatric Surgery
- Breast Surgery
- Cardiology
- Colorectal Surgery
- Day Surgery
- Dental Surgery
- Ear, Nose & Throat Surgery
- Endocrinology
- Facio-maxillary Surgery
- Gastrointestinal Surgery
- General Medicine
- General Surgery
- Gynaecology
- Interventional Cardiology
- Oncology
- Ophthalmology
- Orthopaedic Surgery
- Plastic & Reconstructive Surgery
- Radiology
- Radiotherapy
- Respiratory Medicine
- Sleep Studies
- Urology
- Vascular Surgery
- Weight Reduction Surgery

Clinical Support Services

- Breast Surgery Support
- Diabetes Education
- Dietetics
- Gastric Band Support Program
- Interpreter Service
- Occupational Therapy
- Pastoral Care
- Pathology
- Pharmacy
- Physiotherapy
- Podiatry
- Social Worker
- Speech Therapy
- Stomal Therapy
- Veteran's Liaison Officer

This guide has been designed to provide you with information that may assist you during your admission to hospital.

PRIOR TO ADMISISON

You are asked to complete the following forms and return them to the hospital in the envelope provided:

- Admission Form
- Consent Form (for procedure)
- Patient Questionnaire (Assessment for Surgery)

CANCELLATION

Should you need to cancel your procedure and are unable to contact your doctor, please ring the hospital on (03) 9318 3177. Our phones are attended 24 hours.

ADMISSION

Please present to Reception on the ground floor at the Marion Street entrance. Reception staff will finalise your admission papers before arranging for you to be escorted to the appropriate ward.

Please bring with you:

- X-rays
- Doctor's letter
- Current medication and prescriptions
- Physical aids (walking sticks, crutches, frame etc.)
- Health Fund Card
- Medicare Card
- Pharmaceuticals entitlements card (Safety Net Card)
- Pension or Healthcare card
- DVA Card
- Workcover or Third party claim details (if applicable)
- Sleepwear, dressing gown, slippers (Overnight patients)
- Personal toiletries
- Small change for newspaper and kiosk trolley items
- Reading material

DISCHARGE

Overnight Patients

Our discharge time is 10am each day. Prior to discharge your follow-up care, medications and appointments will be organised. A Nursing Discharge Summary will be faxed to the General Practitioner of each overnight patient. Please advise your nurse if you do not wish for this to happen.

Day Surgery

Day Surgery patients must have a responsible adult stay with them for the remainder of the day and night following the procedure. You will not be discharged unless it is completely safe for you to leave the hospital on the same day. You may receive a follow up call from one of our nurses to check your progress and give you the option to ask questions or clarify information.

Driving - Patients must not drive for 24 hours following a procedure.
We suggest that it can be generally less stressful and more pleasant experience, if you can be taken and accompanied home by a relative or friend.

If you have any questions regarding your surgery please do not hesitate to contact nursing staff on (03) 9318 3177

INFORMATION REGARDING EXPENSES

When we receive your admission form we are able to assess if you have any out of pocket expenses such as excess and co-payments. You will be contacted by the hospital in the week prior to your admission. Excess and co-payments are payable to the hospital on admission. Any additional charges will be payable on discharge.

Privately Insured Patients

We recommend that you contact your health fund prior to your admission to ensure you are covered for your admission to Western Private Hospital.

Uninsured/Overseas Insured Patients

Please contact the hospital on (03) 9319 3163 prior to your admission to obtain an estimate of costs for your procedure. This amount will be payable on admission. Costs incurred over this estimate are payable on discharge.

TAC & Workcover Patients

Please ensure that your claim has been accepted by your insurer prior to your admission.

Pharmacy

Out of pocket expenses maybe incurred for:

- Non PBS funded drugs
- Medications ordered upon discharge
- Medications not related to your admission

The pharmacist will issue you an account which is payable on discharge at Pharmacy located on Level 1. Payment may be made using cash, cheque or EFT.

Safety Net Number

The Safety Net is a scheme whereby Australian citizens who require a large amount of PBS medicine, can get their medicine at a cheaper rate for the rest of the calendar year once they spend a specific amount of money on medicine for that year. Medication supplied whilst an inpatient can be included in this amount. Please inform us of your safety net number (where applicable) and your local pharmacy name and phone number in order for your hospital pharmacy total to be included.

Other Charges

Doctor/Dentist, Anaesthetist, Assisting Surgeon, Pathology, Radiology & Radiotherapy accounts are billed separately from the hospital. We suggest you discuss such financial arrangements with your doctor prior to admission.

All inpatient allied health services related to your clinical management are included in the agreed fees.

USEFUL INFORMATION

CAFÉ

Located on the ground floor. Light refreshments, confectionery, newspapers and other reading material are available for purchase. A trolley containing newspapers, confectionery and other reading material for purchase is circulated to the ward on weekdays.

Hours of operation are: Monday - Friday 8.00am - 4.30pm

CAR PARKING

Two hour on street parking is available in the vicinity of the hospital. Fees apply 8.00am to 10.00pm daily. Parking inspectors are very diligent and cars must be moved every two hours rather than topping up tickets.

A public car park is available in Stanlake St (8.00 am-9.00 pm daily). Tickets are purchased from ticket machine located in car park.

A 15 min drop off/pick up zone for patients is available at the Marion Street hospital entrance.

A 30 minute parking space is available at the Marion Street hospital entrance for Department of Veteran Affairs patients.

Three (3) disabled car parks are available at the Marion Street entrance.

PUBLIC TRANSPORT

If you are travelling by train, the nearest station is West Footscray.
See Map on back page.

Tram No. 82 from Moonee Ponds or Footscray or bus No. 410 (Paisley St) and disembark at the corner of Gordon Street and Ballarat Road. Contact VicTrip on 131 638.
See Map on back page

Driving – Melway page 41 Ref 2K.

TELEPHONES

Telephones are available in overnight rooms and local calls are complimentary. Phones cards are required for mobile/STD/ISD calls. These cards are available for purchase from Reception.

VALUABLES

Please be advised that there are no facilities at this hospital to store valuables. We advise that all items of value are left at home. The hospital is not liable for any claims for loss, theft or damage of personal property which may occur whilst an inpatient at Western Private Hospital.

VISITING HOURS

Visiting hours are 2.00 – 8.00pm daily.

COMPLIMENTS AND COMPLAINTS

Your feedback about the services we offer and care we deliver is important to us. We use this information to help us review and and improve the quality of our services and care. We encourage you to complete our feedback card located at reception and on each ward. This card can be handed to your nurse, your ward reception or ground floor Reception.

If our service or care does not meet your expectations, please bring this to our attention by speaking to your Nurse Unit Manager. If you have an issue that you wish to discuss with someone other than the staff in your ward, you may ask for the Complaints Officer.

No person who makes a comment or complaint will be adversely affected. Your concerns will be handled as discretely as possible.

If you are not satisfied with the outcome at the hospital you can contact:
The Health Services Commissioner (an independent agency available to anyone)
on (03) 8601 5200 or country callers 1800 136 066.
Website www.health.vic.gov.au/hsc

PATIENT RIGHTS AND RESPONSIBILITIES

Western Private Hospital is committed to providing you with the very best care.

As a patient you have a right to:

- Be treated with respect dignity and consideration for your personal and physical privacy.
- Have personal or health information dealt within a confidential manner, except to enable another health care worker assist in your care or when disclosure is authorised under law.
- Consideration of your beliefs and ethnic, cultural and religious practices

- Consideration of special dietary needs
- Receive information regarding your condition and treatment
- Participate in decisions which affect you and your well being
- Refuse treatment and services that you are uncomfortable with (to the extent permitted by law)
- Be informed of the identity and role of any doctor, nurse or health professional who attends you.
- To refuse the presence of health workers not directly involved in your care
- Seek the assistance of a suitably qualified interpreter
- Anonymity if you choose
- Discharge yourself at any time, despite the advice of your doctor or hospital staff
- Request that a relative or friend join you when decisions are being made about your care and treatment.
- Ask for a referral if you wish a second opinion.

As a patient you have the right to be informed before giving consent to:

- Anaesthesia, surgical procedures and treatments
- Any costs that maybe incurred while a patient at the hospital
- Participation in any research project or inclusion on a register

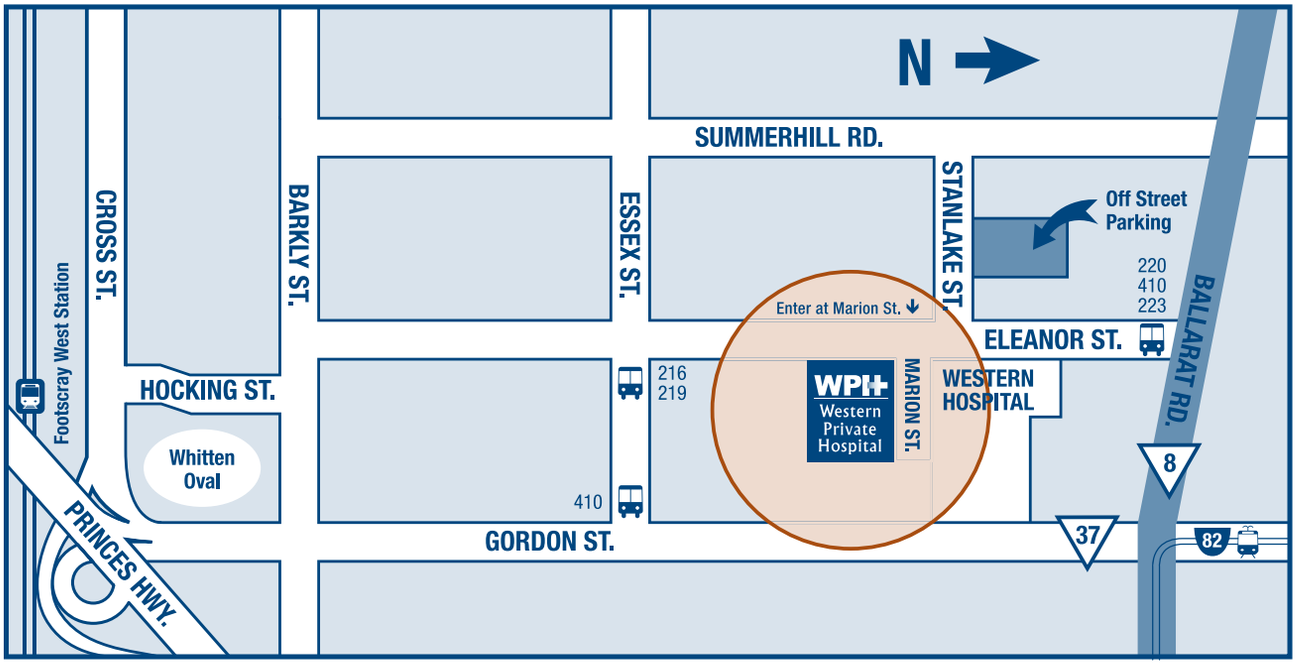
PATIENT REPSONSIBILITIES

Whilst a patient, you have a responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalisations, medications and other matters relating to your health
- Report if you do not understand your treatment and what is expected of you
- Follow the treatment plan as recommended by your medical practitioner and nurses
- Accept the consequences of your actions if you refuse treatment or do not follow instructions

Whilst a patient we request that you:

- Be considerate of the rights of other patients and staff
- Respect the property of others and the hospital



Western Private Hospital

1-9 Marion Street
Footscray VIC 3011

Telephone: (03) 9318 3177
Facsimile: (03) 9318 3590

All correspondence to
PO Box 4258
West Footscray VIC 3012

Stanlake Private Hospital Pty Ltd ABN 47 006 896 322 trading as Western Private Hospital