

Short Stay Procedure (Day Only or 1 Night) Admission Book

It is essential that the hospital receives these forms as soon as possible following your visit to the doctor, in order to confirm your admission.

Please take the time to read and fill out the relevant documents carefully

Admission Date: _____

Admission Time: _____

Fasting Time: _____

62 Netherton St, Nambour Q 4560
Tel: (07) 5459 7444 Fax: (07) 5441 7598

NAMBOUR SELANGOR
PRIVATE HOSPITAL

Our Vision

Nambour Selangor Private Hospital strives to be the hospital of choice, by leading in exceptional customer service, clinical outcomes and supportive friendly culture, benchmarked internally and externally.



Preadmission Information

Welcome and thank you for choosing our hospital. We hope that your stay will be as comfortable and pleasant as possible.

To ensure your admission is processed as smoothly as possible please complete the following 3 steps:

1. Read each page of this booklet
2. Complete the forms at the back of this booklet
3. Remove these forms and return with a copy of the consent form, which you have completed with your doctor, to the hospital.

- Do not smoke, drink alcohol, chew gum or use recreational drugs for 24 hours prior to admission.
- You may wear your dentures to the operating theatre.
- Children – one parent/carer will accompany the child to theatre.
- NB: If your infant requires baby formula please bring this with you.
- **Do not bring any valuables with you especially expensive jewellery or large amounts of money to hospital. Ramsay Health and Nambour Selangor Private Hospital does not accept liability for any patient's personal property brought into the hospital.**

Preparing for your Admission

A Nambour Selangor Private Hospital staff member will contact you prior to your admission to confirm your admission details.

Admission Information

What to bring to Hospital

- All current medications in their original containers (no dosette boxes or blister packs)
- Current prescriptions and repeats
- Any current X-rays, scans
- Doctors referring letter
- Personal toiletries
- Sleepwear, dressing gown, slippers
- Glasses, hearing aids
- Mobility aids

Operation Time

We will advise the **approximate** time that you will be going to theatre but ask that you keep in mind delays can sometimes occur in operations prior to your own which may delay your entry to theatre. We will endeavour to keep you informed should this happen.

Discharge Information

On the day of discharge you will not be able to drive yourself home – you must arrange for a responsible adult to escort you home.

For day patients – if you live alone and are having IV sedation or a general anaesthetic you will need to arrange to either stay with someone or have someone stay with you the night of your surgery.

You must not:

- Drive a car for 24 hours after your procedure/ operation or anaesthetic (your vehicle insurance may not cover you)
- Make important decisions or sign any legal documents
- Use heavy machinery

You may be required to remain in hospital for a minimum of 3 hours following your surgery depending on the type of medication used during your anaesthetic.

Discharge Checklist

When leaving the hospital please remember to take with you

- Personal belongings
- Medications
- X-rays or scans
- Follow up appointments
- Summary of any ongoing treatment

On the Day of Admission

Before Surgery

- **Fasting time** – this is the period of time prior to your operation when you will have a restricted diet or not be allowed to eat or drink
- Do not eat or drink anything (this includes water)
 - after midnight for morning surgery
 - after 7am for afternoon surgery
 unless your doctor gives you other instructions
- Shower at home but do not apply creams, powder or deodorant after bathing.
- Do not wear make-up or jewellery
- Do not wear nail polish, talcum powder, perfumes or contact lenses.

Information about the Hospital

Telephones

All beds are furnished with their own telephone, local calls are complimentary, however STD, ISD and mobile calls will be charged to your account.

Parking

Parking is available but limited, there is a set down area at the front entrance of the hospital.

Mobile Phones

Use of mobile phones is not permitted in the hospital.

Smoking

Nambour Selangor Private Hospital is compliant with current legislation. There is no smoking permitted within 4 metres of the building. There is a designated smoking area which your nurse can direct you to.

Patient Confidentiality

All patients records are confidential. Privacy brochures and Patients Rights and Responsibilities are available in your bedside locker and on request.

Meals

Nambour Selangor Private Hospital aims to provide a choice of meals. Please advise us if you have any special dietary requirements. Alcoholic beverages are available on request with prior consent from your Doctor. The hospital does not accept any responsibility for the quality of food brought in by your family or friends.

Accounts & Fees

If you are a member of a health fund, it is important, prior to your admission, to check the following information with your health fund;

- That the level of your Health Insurance covers you adequately for the cost of your accommodation & procedure fee.
- If an excess or co-payment is payable.
- If you have not held your current level of membership with your health fund for 12 months, your health fund may not accept liability for the costs of this admission. If your condition or any symptoms of your condition existed prior to you joining the health fund, or if there is a question regarding pre-existing health symptoms, your

health fund has the option to obtain details with regard to this from your GP or Specialist.

If you are a self funded patient, it is possible to provide you with an estimate of your expenses only. You will be required to pay this on or before admission with any additional charges or ancillary charges requiring payment prior to discharge. Please contact the hospital prior to your admission to obtain an estimate of expenses.

Additional charges that may be incurred

These services are supplied by external providers and separate accounts may be sent to you by these providers;

- Radiology – X-rays, scans
- Pathology – blood tests, specimen examinations
- Doctors fees – including
 - Anaesthetists and Paediatricians (where applicable)

Payment Procedure

- Privately Insured patients – on or prior to admission, you will be required to pay the portion of your account not covered by your health fund. eg. an excess and or co-payment if applicable. **Additional costs incurred during your stay are payable prior to discharge. These costs could be discharge or personal pharmacy related expenses, STD or ISD phone calls, visitor meals or Deluxe room fees if applicable.**
- Repatriation (DVA) patients – the hospital will lodge a claim on your behalf. Additional costs such as for a Private room or STD/ISD phone calls must be paid prior to discharge.
- Work Cover patients – unless approval for your admission has been confirmed, total payment of the hospital account must be made on admission.
- Self Insured patients – total payment of the hospital account must be made on or prior to admission. Ancillary or unplanned additional charges must be paid prior to discharge. Pharmacy charges will be included.

We accept cash, cheque or major credit cards. Prior arrangement can be made for Electronic Funds Transfer directly into our account. Please ask the Administration staff for details.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Access - A right to health care

You have a fundamental right to adequate and timely health care. Sometimes this may not be at the healthcare facility you first attend as not all services are necessarily available everywhere. You can contribute to the right of access by trying to meeting your appointments and telling the hospital when you cannot.

Safety – A right to safe and high quality care

If you are unsure about what is happening to you or if you think something has been missed in your care, alert your healthcare provider. Let your provider know any circumstances that might make your health care riskier.

Respect – A right to be shown respect, dignity and consideration

You are entitled to receive care in a way that is respectful of your culture, beliefs, values and characteristics like age and gender. Respect also includes being mindful of healthcare staff and other patients.

Communication – A right to be informed about services, treatment, options and costs in a clear and open way

Healthcare providers will tell you about the care you are receiving and help you understand what is happening to you. You can contribute to communication by being as open and honest as you can be. To understand the instructions given to you, you can ask questions if you would like more information.

Participation – A right to be included in decisions and choices about care

You are encouraged to participate in decisions about your care. Ask questions if you are unsure about what is happening to you. Involve your family or carer if this makes you more comfortable and sure.

Privacy – A right to privacy and confidentiality of provided information

You are able to see your records and ask for information to be corrected if it is wrong. In some situations your health information will need to be shared between healthcare providers. You can also contribute by respecting the privacy and confidentiality of others.

How can you voice compliments & complaints?

Nambour Selangor Private Hospital encourages compliments and complaints to assist in continually improving our service. If you are concerned about your care or the hospital services please do not hesitate to contact the Nursing Unit Manager on the ward, the Director of Clinical Services or the Chief Executive Officer. Compliments and complaints can be submitted in the following ways:

- In person
- By telephone
- In writing or by
- Patient feedback cards

All complaints are acknowledged within 10 working days of receipt and are dealt with confidentially and courteously.

The Health Quality & Complaints Commission

If you are unhappy with our response, or feel uncomfortable about approaching us directly, you may contact The Health Quality and Complaints Commission (HQCC). HQCC can be contacted toll free on 1800 077 308.

Admission Forms

INSTRUCTIONS

1. Please remove and complete both sides of the following forms
 1. Admission Registration Form
 2. Short Stay Admission History
2. Return to Nambour Selangor Private Hospital, along with your consent form that you have completed with your doctor.

These pages can be returned in one of the following ways:

a) Post to

Nambour Selangor Private Hospital
62 Netherton St
Nambour QLD 4560

b) Fax to 07 5441 7598

c) Hand deliver to the hospital reception

DO NOT RETURN THE ENTIRE BOOKLET - ONLY PAGES 7 + 9



Nambour Selangor Private Hospital

62 Netherton Street

Nambour QLD 4560

ph: 07 5459 7444 – fax: 07 5441 7598

www.nambourselangor.com.au

GP / LOCAL DOCTOR

Full name of GP:

GP Address:

GP Telephone: GP Facsimile:

ADMISSION

How will this admission be claimed?

- Repat / Veterans Affairs - please complete Entitlements above
 Private Health Insurance - please complete Section A below
 WorkCover - please complete Section B below
 Uninsured - (self insured)

SECTION A: Private Health Insurance

Fund Name: Membership No: Date Joined: / /

Do you have an excess? No Yes Amount \$

Has this level of cover changed in the last 12 months (if known)? No Yes

Have you paid an excess this year? No Yes Amount \$

SECTION B: WorkCover

The WorkCover approval letter for this admission must accompany this form.

WorkCover Details:

Address:

Claim Number:

PREVIOUS HOSPITALISATION

Have you previously been treated at this Hospital? Yes No Year:

Have you been hospitalised within 7 days prior to this admission? Yes No

Which Hospital? Date: / /

Medical Record Privacy

Records will be kept of your illness and treatment. They are confidential. The contents will be divulged only with your consent or where justified by law. You are entitled to see or correct your medical record at any stage.

The hospital complies with the Privacy Act 1988, including the way we collect, store, use and disclose health information.

It may be necessary for part 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, to an external company contracted by the hospital to evaluate customer satisfaction, community nurses, your GP on discharge).

PREFERRED ACCOMMODATION

Whilst every effort is made to accommodate your request, we cannot guarantee availability on the day of admission. **Overnight patients only** - Please indicate your preferred accommodation below. Veterans Affairs and WorkCover patients are covered for Shared Room Accommodation only: a separate charge may apply for a single room.

Shared Room Single Room **Please check level of health insurance cover if requesting a single room**

PAYMENT OF ACCOUNT

The portion of your estimated hospital fee not paid by a health fund must be paid on or before admission. Any additional fees incurred during your stay are payable on discharge (eg. STD Phone calls, partner's meal etc.)

As the person responsible for this account I understand and agree to pay all fees relating to this hospital visit including where the health fund or insurance claim is declined for any reason. I understand that the hospital will not be liable for any valuables I bring to the hospital.

Person responsible for payment of accounts - Please provide your name, signature and today's date.

Name: Signature: Date:

Patient's Signature

Signature: Date: / /

UR:

Surname:

Given Names:

Date of Birth:

Sex:

Affix ID Label Here

SHORT STAY (Admission History)

Your medical history is important to us to help plan your stay with us.

Please take the time to answer the following questions.

Do you or have you ever had any of the following conditions? (please tick)

Allergies	Yes	No	List (incl REACTIONS)
Anaesthetic problems? Personal/Family			When?
High blood pressure?			How long?
Heart conditions? (Chest pain, angina)			When?
Any other heart condition?			What type?
Lung problems?			What?
Asthma?			When?
Do you have a puffer? (e.g. Ventolin)			How often?
Diabetes? Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>			Do you use insulin / tablets / nil If you take insulin, which one?
Hiatus hernia or gastric reflux?			Any treatment?
Epilepsy or fits?			When was the last time?
Stroke?			When?
Blackouts or fainting?			When?
Bleeding problems?			When?
Blood clot in the leg or lung?			Where? / When?
Anaemia (low blood count)?			When?
Previous blood transfusion?			When?
Do you take aspirin / warfarin?			How often & time of last dose?
Hepatitis or liver disease?			What type?
Do you have frail skin?			
Do you have any conditions not mentioned above?			What?
Is there any condition that runs in the family?			What?
Do you require a special diet?			Details:
Do you currently smoke?			How much?
Have you ever smoked?			If yes, when did you cease?
Do you drink alcohol?			How much?
Do you have someone to escort you home?			Who?
Do you have someone to stay with you overnight when you leave hospital?			Whom? If no, state reason & alternative
Surgical History - Major Operations	Current Medications		



**ADDITIONAL QUESTIONS
FOR NURSING ADMISSION
ASSESSMENT**

MRN:

Surname:

Given Names:

Date of Birth:

Sex:

Affix ID Label Here

All patients admitted to Nambour Selangor Private Hospital must be asked the following questions on admission:

Creutzfeldt Jakob Disease (CJD) Questionnaire

Yes

No

1. Have you had a dura mater graft prior to 1990? Yes No
2. Do you have a family history of two or more first degree relatives with CJD or other unspecified progressive neurological disorder? Yes No
3. Has the patient suffered from a recent progressive dementia of unknown cause (of less than 12 months)? Yes No
4. Have you received human pituitary hormones (growth hormones or gonadotrophins) prior to 1986? Yes No
5. Have you been involved in a "look back" study for cCJD or are in the possession of a "Medical in confidence Letter" regarding risk of cCJD Yes No

Nursing Instruction Only:

If the answer is yes to any of these questions please contact the Infection Control Coordinator immediately.

Acute Respiratory Infections (SARS/Avian Influenza) Questionnaire

Yes

No

1. Have you been travelling outside of Australia recently, and been back in Australia for less than 14 days? Yes No
2. Do you have a fever and/or any respiratory symptoms? Yes No
3. Did you have any contact with any dead poultry or people diagnosed with SARS / Avian Influenza / other respiratory infection whilst overseas? Yes No

Nursing Instruction Only:

If the answer is Yes to questions 1 & 2, please contact the Infection Control Coordinator immediately.
If Yes to question 3 – place in isolation and contact Infection Control & Population Health Unit.

Signature of admitting Registered Nurse:

Print Name:.....

Date:.....

