



Charlestown
Private Hospital
Hunter
Eye Hospital

Healthcare Information Booklet





Welcome to Charlestown Private Hospital

A Message from Our Director of Clinical Services

"Charlestown Private Hospital and Hunter Eye Hospital are known for providing exceptional personalised care to our patients. We focus on delivering a selection of surgical specialties - and doing them exceptionally well."

Michelle Boshier
Director of Clinical Services/General Manager

About Charlestown Private Hospital

Located on the Pacific Highway 10km south of Newcastle and in the City of Lake Macquarie, Charlestown Private Hospital incorporating Hunter Eye Hospital (CPH) opened in 2011. CPH is a purpose-built stand-alone day surgery with excellent facilities including two operating theatres, four first stage recovery beds, six second stage recovery recliners, and three extended recovery beds.

We currently cater for operating Visiting Medical Officers covering the following specialties:

- Ophthalmology
- Interventional Pain Management
- Plastic, Cosmetic and Reconstructive
- Skin Lesion

Charlestown Private Hospital Pty Ltd is licenced by NSW Ministry of Health (Licence No. PH0030012) and has been established as a Private Health Facility for the provision of Surgical, Anaesthesia and Cosmetic Class procedures.

Clinical governance ensures that services provided at Charlestown Private Hospital meet the appropriate clinical guidelines issued by legislative, health authority bodies and other established benchmarks for quality practice.

Charlestown Private Hospital has appointed Global-Mark who is an approved accrediting agency by the Australian Commission on Safety & Quality Accreditation Scheme. Global-Mark is engaged to accredit the hospital against AS/NZS ISO 9001:2016 and the National Safety and Quality Health Service (NSQHS) Standards. HDAA is engaged to accredit the hospital against Diagnostic Imaging Accreditation Scheme (DIAS) standards.

Charlestown Private Hospital has a less than 1% infection rate and participates in the Hand Hygiene Australia program.

We benchmark with QPS Benchmarking, ACHS and our sister hospitals.

If you would like to see results of our benchmarking please ask for Michelle Boshier Director of Clinical Services and she will gladly show and explain to you our results.

We pride ourselves on a high patient satisfaction and if you would like to provide feedback please ask the staff to contact Director of Clinical Services Michelle Boshier. You can email the hospital on admin@charlestownprivate.com.au or alternatively go to our website www.nexushospitals.com.au and select Charlestown Private Hospital, a section for feedback is provided.

We do hope you enjoy your stay with us at Charlestown private Hospital.

CPH are proudly part of the Nexus Hospitals Group.

Our Mission

- To provide a positive health experience for all of our consumers - both internal and external
- To be a provider of high-quality patient health care in a supportive environment that is readily accessible, cost effective and meets the needs of the consumers we serve
- To have a culture of excellence with highly trained and experienced Doctors, Nursing and Support staff

Our Values



Patient Focus



Respect and
Collaboration



Commitment to
Excellence



Innovation

What is in this Booklet?

- My Health Care Rights and Top Tips for Safe Health Care
- Introduction to the National Safety and Quality Health Service Standards
- Accreditation of Health Services in Australia
- Communicating with your Healthcare Provider when you are in Hospital
- Open Disclosure
- Access to Health Information
- Partnering with Consumers
- Prevention of Falls
- Pressure Injury Prevention
- Cataract Clinical Care Standard
- Medicine Safety
- Antimicrobial Stewardship
- Preventing and Controlling Healthcare Associated Infections
- Hand Hygiene
- Wound Care

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



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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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

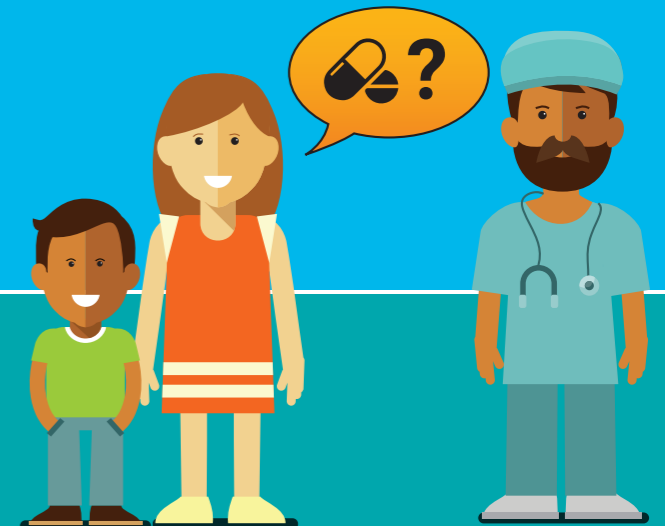
Top Tips for Safe Health Care



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

1 Ask questions

You have the right to ask questions about your care.



2 Find good information

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

3 Understand the risks and benefits

Find out about your tests and treatments before they happen.

4 List all your medicines

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



5 Confirm details of your operation beforehand

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

6 Ask about your care after leaving hospital

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

7 Know your rights

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

8 Understand privacy

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

9 Give feedback

Feedback helps health professionals spot when improvements can be made.

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

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Introduction to the National Safety and Quality Health Service Standards

About the NSQHS Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, state and territories, the private sector, clinical experts, consumers and carers.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the safety and quality of health care provision. They require health service organisations to develop ways of working that reduce harm and improve care.

In Australia, all public and private hospitals, day procedure services and most public dental practices must be assessed against the NSQHS Standards, under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

The NSQHS Standards describe the processes and structures that are needed in healthcare services to help keep people safe and improve the quality of health care they receive.

There are eight NSQHS Standards that include 151 actions. They describe the standard of care that consumers should expect to receive from a health service organisation (see **Box 1** on next page for details):

1. **Clinical Governance**
2. **Partnering with Consumers**
3. **Preventing and Controlling Infections**
4. **Medication Safety**
5. **Comprehensive Care**
6. **Communicating for Safety**
7. **Blood Management**
8. **Recognising and Responding to Acute Deterioration.**

The second edition of the NSQHS Standards includes requirements for providing person-centred, comprehensive care for all patients (see below).

Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers.

Person-centred care is the foundation for achieving safe, high-quality care. Focusing on effective delivery of person-centred care will enable healthcare organisations to be successful in achieving better outcomes for their patients, better experience for their patients and workforce, and better value care.

Box 1: The eight NSQHS Standards



Clinical Governance, ensures there are processes to maintain and improve the reliability, safety and quality of health care.



Partnering with Consumers, ensures consumers are partners in the design, delivery and evaluation of healthcare systems and services, and they are supported to be partners in their own care.



Preventing and Controlling Infections, ensures processes are in place to prevent and control infection, and support antimicrobial stewardship, as well as the sustainable use of infection prevention and control resources.



Medication Safety, ensures clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also ensures consumers are informed about medicines, and understand their own medicine needs and risks.



Comprehensive Care, ensures that consumers receive comprehensive health care that meets their individual needs. It considers the impact of their health issues on their life and wellbeing and it ensures risks to patients during health care are prevented and managed.



Communicating for Safety, ensures there is effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for patients.



Blood Management, ensures patients' own blood is safely and appropriately managed, and that any blood and blood products that patients receive are safe and appropriate.



Recognising and Responding to Acute Deterioration, ensures acute deterioration in a patient's physical mental or cognitive condition is recognised promptly and appropriate action is taken.

How can the NSQHS Standards improve safety and quality of health care?

What is safety and quality?

Patient safety and quality is often summarised as the right **care**, in the right **place**, at the right **time** and **cost**.

When a healthcare service organisation implements the NSQHS Standards, you can be assured that:

- A healthcare service organisation has safety and quality systems and process in place to provide safe and high-quality health care
- The healthcare service organisation has processes to continuously improve the care they provide
- Everyone in the healthcare service organisation is accountable for the delivery of safe, effective and high-quality health care.

Partnering with Consumers

The Partnering with Consumers Standard places an increasing emphasis on the need for health service organisations to engage with consumers as partners in their own care, as well as involving consumers as partners in governance systems and processes.

The NSQHS Standards require all organisations to implement a charter of rights for patients that is consistent with the *Australian Charter of Healthcare Rights* (the Charter). The Charter sets out seven rights and principles that people can expect when accessing health care in Australia.

The Australian Charter of Healthcare Rights poster

**Do you know your
HEALTHCARE
RIGHTS?**

The **Australian Charter of Healthcare Rights** explains the rights that apply to all people in all healthcare settings.

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

- **Access**
- **Safety**
- **Respect**
- **Partnership**
- **Information**
- **Privacy**
- **Give Feedback**

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

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

The Commission has developed a range of resources to support people to understand and use the Australian Charter of Healthcare Rights (the Charter). These are available at: safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights

The NSQHS Standards strengthen the roles of consumers, carers and families as partners in their own care, recognising that patient involvement leads to a more positive experience for consumers.

This means health service organisations will support you or the person you care for to understand information about your health and treatment options, to ask questions and involve you in decisions about your care to the degree you want, so that the care you receive is right for you.

Definitions

The glossary section of the **NSQHS Standards** contains a list of definitions for words and terms that are used frequently in the Standards and supporting resources.

Further information

For more information about the NSQHS Standards and accreditation, please visit: safetyandquality.gov.au/standards/nsqhs-standards

You can also email the NSQHS Standards Advice Centre at AdviceCentre@safetyandquality.gov.au or 1800 304 056.

Accreditation of health service organisations

What is accreditation?

Accreditation is the process of making sure a service meets a set of standards. It is undertaken by an independent assessor. It generally occurs every three years.

All Australia public and private hospitals, day procedure services and most public dental practices must be accredited against the [National Safety and Quality Health Service \(NSQHS\) Standards](#).

Many other healthcare facilities will choose to be accredited voluntarily in order to improve the safety and quality of health care they provide.

State and territory health departments determine which health service organisations must meet safety and quality standards.

The Australian Commission on Safety and Quality in Health Care (the Commission) is responsible for writing the standards on safety and quality matters and coordinating accreditation. This is known as the [Australian Health Service Safety and Quality Accreditation \(AHSSQA\) Scheme](#).

The rules and requirements of the AHSSQA Scheme are set out in a [series of advisories and fact sheets](#).

To become accredited, health service organisations must pass an assessment to show they have meet the NSQHS Standards. Accreditation assessments are conducted by independent accrediting agencies, approved by the Commission, as part of the AHSSQA Scheme.

Being accredited does not guarantee there is no risk of a patient being harmed. It means safety and quality systems that support safe and good quality care are in place, and risks of harm are identified and managed.

How do health service organisations prepare for an accreditation assessment?

Making changes to meet the NSQHS Standards involves the entire organisation. There are four major steps including:

- Getting to know the NSQHS Standards
- Making sure there are people, funds and supports to make any changes that are needed
- Choosing an accrediting agency to do the assessment
- Completing a self-assessment and bringing together the evidence that shows the health service organisation meets the standards.

Participation in accreditation programs can contribute to continuous improvement in patient outcomes, as well as increase consumer and workforce satisfaction.

What happens during an accreditation assessment?

An accreditation assessment involves an on-site visit by people (assessors) who are independent of the health service. They look for evidence that each action in the Standards has been implemented.

During an accreditation assessment, assessors use a well-defined method of reviewing each safety and quality process described in the NSQHS Standards.

There is more information on this in [Fact Sheet 12: Assessment framework for safety and quality systems](#).

Assessors examine evidence of actual performance by reviewing hospital performance data, documentation and records, observing clinical practice, inspecting resources, testing high-risk scenarios and interviewing the workforce, patients and consumers.

Assessors rate the NSQHS Standards actions implemented by health service organisations using a standardised rating scale of met, not met and met with recommendations. See [Fact Sheet 4: Rating scale for assessment](#).

Following the initial accreditation assessment, if a health service organisation has actions that are 'Not Met' or 'Met with Recommendations' they are provided with a period of time in which to address the safety and quality issues identified and implement strategies to meet the action.

Health service organisations with a large number of 'Not Met' actions may be required to undertake a repeat assessment. See [Fact Sheet 3: Repeat assessment of health service organisations](#).

Accrediting agencies provide health service organisations with a full report on the outcome of the accreditation assessment.

Health service organisations achieve accreditation when they meet all of the actions in the NSQHS Standards.

If a health service organisation is not awarded accreditation, the state or territory regulator usually steps in. The health service organisation must make improvements to fully comply with the Standards. Then they are fully assessed again. This happens within 12 months.

How can I find out the results of a health service organisation accreditation assessment?

You can see the full results of your hospitals assessment on the Commission's [Public Reporting web page safetyandquality.gov.au/consumers/public-reporting-hospital-performance-nsqhs-standards](#)

Health service organisations are issued with a certificate or accreditation award that states they have been assessed against the NSQHS Standards.

Certificates are often displayed in the front entrance or in public waiting areas. The certificate will include the name of the health service organisation, date the accreditation assessment was performed and the accreditation expiry date.

They also have a QR code that provides a link to additional information about the results of the organisations last assessment.

How can I be involved in the accreditation assessment process?

The **NSQHS Standards** expect health service organisations to involve consumers in the design and review of its services.

Consumers from the local community should also be involved in partnership in planning, design and evaluation of health care. In this way services can be improved.

If you are a consumer, you can be involved by:

- Contacting your health service organisation for information on being a consumer representative
- Becoming a member of a quality improvement committee
- Providing feedback through complaints or feedback mechanisms
- Talking about your experience as a consumer of the health service organisation at assessment
- Becoming an assessor for an [approved accrediting agency](#).

How can I provide feedback to a health service organisation?

The Commission has published a guide for consumers called [Understanding My Healthcare Rights](#) it contains useful information and contact numbers.

Further information

For more information about the NSQHS Standards and accreditation, please visit: [safetyandquality.gov.au/standards/nsqhs-standards](#)

You can also email the NSQHS Standards Advice Centre at AdviceCentre@safetyandquality.gov.au or 1800 304 056.

Communicating with your healthcare provider when you are in hospital

▶ An information sheet for consumers

Why is this important?

Effective communication with your healthcare provider is essential to ensuring that the care you receive is safe, of a high-quality, and centred around you, the patient.

Effective communication with your healthcare provider has been shown to:

- prevent harm during your care
- reduce the possibility of you needing to return to hospital after you've been discharged and
- positively influence your health outcomes.¹

When you are in hospital, you will have a number of different healthcare providers looking after you. Depending on your care needs, you may be transferred to different parts of the hospital before you are discharged. When your care is transferred from one healthcare provider to another, this is known as a 'transfer of care' or 'transitions of care'. For example:

- when there is a change of doctors or nurses (at shift change)
- if you are moved to the general ward after surgery
- if you go for a test or procedure
- when you are discharged from hospital.

Effective communication between you and your healthcare provider at transfers of care is important to minimise the risk of communication errors and information being lost or miscommunicated.

What can I do to more effectively communicate with my healthcare provider?

You are central to your care and have an important role in ensuring that your care goals, preferences and needs are met.

You have a right to involve your family members, carers or advocate in any communication or decision about your care. This is particularly important if you are critically ill or need assistance to communicate.

This information sheet outlines what you can do to support effective communication with your healthcare provider.

“ It's your life and it is important to know what is going on ”

Consumer²

Ways to communicate and participate at transitions of care

If your healthcare provider changes or you are moved to a different room or part of the hospital:

- Let your healthcare provider know if you need a support person present or assistance to communicate (e.g. an interpreter).
- Let your healthcare provider know about the medicines you are taking, and if you have any allergies or reactions to medicines.
- Ask your healthcare provider what to do, or who to contact, if you have questions or problems about your health or the care you are receiving.
- Speak up if you have any questions or concerns about your care, or any transfers of care.
- Tell your healthcare provider if you experience any changes to your health. If your family or carer notices a change, they should let the healthcare provider know.
- Discuss with your new healthcare provider your preferences, expectations and goals of care, including if you have an Advance Care Plan.³

An Advance Care Plan is a documented agreement about your future care if you become too unwell or lose your decision-making capacity. A good website to help you plan ahead is Start2Talk, available at: <http://start2talk.org.au>

If you are going for a test or procedure:

- Ask for more information if you are uncertain about any part of the test or the procedure. This could include asking:
 - How is the test done?
 - How will it feel?
 - Do I need to do anything to get ready for it?
 - How long will it take to get the results?
 - How will I get the results?
 - Where can I get trusted information about the tests you've ordered?
 - How will the results be shared with other doctors/services involved in my care?
 - What is likely to happen after the test or procedure?⁴

When you are being discharged from the hospital:

- Ask your healthcare provider to explain the plan that you will follow at home, any new medicines you will be taking, and whether you need to make any follow-up appointments.
- Discuss with your doctor or nursing staff any concerns you have about being discharged.
- If you have questions that still have not been covered, ask your healthcare provider if there is information you can take with you, or where you can get more information.
- Ask for contact details for someone on the ward, in case you have any immediate post-discharge concerns.
- If your Discharge Summary isn't provided to you, ask for a copy of it.³

A Discharge Summary is a written document that summarises why you came into hospital, the care you received, the plan of action when you leave the hospital, and lists any follow-up appointments. The hospital should send your Discharge Summary electronically to your GP.

In case your GP hasn't received an electronic copy of your Discharge Summary, you should bring a copy of your Discharge Summary when you next visit your GP.

What can I expect?

You have a right to be treated with dignity and respect and to be actively involved in your care to the extent that you choose.

You can expect healthcare providers to communicate with you about your care, and for that communication to be two-way, clear, open, honest, and offered in a way you can understand.

To meet the National Safety and Quality Health Service Standards, hospitals should aim to:

- demonstrate leadership and commitment to person-centred care at all levels of their organisation
- support everyone working in the hospital to engage with patients, families, carers and advocates at transfers of care
- support patients, families, carers and advocates to participate and communicate with their healthcare provider at transfers of care
- provide information about transfers of care in a way that is easy to understand.

The Australian Charter of Health Care Rights also sets out what you can expect from the health system. The Charter is available at <http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

References

1. Australian Commission on Safety and Quality in Health Care. Engaging patients in communication at transitions of care. Prepared by a consortium from Deakin and Griffith Universities. Sydney: ACSQHC, 2015.
2. Australian Commission on Safety and Quality in Health Care. Consumer Research regarding the Safety and Quality of Health Care. Prepared by Woolcott Research. Sydney: ACSQHC, 2014.
3. National Transitions of Care Coordination. Your Rights During Transitions of Care: A guide for Health Care Consumers and Family Caregivers. Washington DC: NTOCC, 2008-2016.
4. Agency for Healthcare Research and Quality. Be more involved in your health care: Tips for Patients. Rockville, MD: AHRQ, 2011.



More information

The Australian Commission on Safety and Quality in Health Care recognises the importance of effective communication between healthcare providers and their patients (including, carers, families and consumer advocates). Programs that support this work include:

- Clinical Communications
- Health Literacy
- Patient and Consumer Centred Care
- Shared Decision Making
- Open Disclosure.

More information about these programs is available at www.safetyandquality.gov.au

Other publications in this series

- Patient-clinician communication in hospitals: Communicating for safety at transitions of care - An information sheet for senior executives and clinical leaders
 - Patient-clinician communication in hospitals: Communicating for safety at transitions of care - An information sheet for healthcare providers
 - Consumer posters: Communicating with your healthcare provider - Why it is important and what actions can I take?
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Open disclosure – what to expect if you experience harm during health care?



What is open disclosure?

Every day thousands of people receive health care. Sometimes things go wrong which cause unintentional harm to you or someone you care for. In health care, this is known as an **incident**. Your healthcare provider (such as a doctor or nurse) should talk with you about it as soon as possible.

Open disclosure is the discussion with you, your healthcare provider and the people you may choose to support you (such as your family, carer or friend) about an incident that caused harm whilst receiving health care.

Open disclosure includes:

- Apologising to you for what went wrong
- Explaining the known facts
- Listening to your experience
- Explaining how it may affect you and your care
- Explaining the steps being taken to prevent it happening again.

Open disclosure can take place over one or more discussions.



Open disclosure and your healthcare rights

The [Australian Charter of Healthcare Rights](#) explains your rights during open disclosure.

This includes the **right** to:

- Be told what went wrong with your health care, how it happened, how it may affect you and what is being done to make your care safe
- Share your experience and participate to improve the quality of care and health services
- Ask questions and be involved in open and honest communication
- Provide feedback or make a complaint without it affecting the way you are treated.



You can start the open disclosure process

If you think you have been harmed, you can talk with your healthcare provider or the health service manager. Some health services have a patient representative or advocate you can talk to.

Some things you can say to start the process are:

- *I feel that something has gone wrong with my care and I was harmed. Is there someone I can talk to about it?*
- *I wasn't expecting this to happen. I would like to talk to someone about my concerns.*
- *Can I have more information about your open disclosure process and who to contact?*

How can you make a complaint?

The complaints process is a **separate process** to open disclosure. If the open disclosure process does not meet your needs, you can make a complaint through the health service feedback and complaints system.



How can you learn more about open disclosure?

If you would like to know more about open disclosure, the following resources may be helpful:

- Preparing and participating in open disclosure discussions fact sheet: www.safetyandquality.gov.au/preparing-OD-factsheet
- Open disclosure of things that don't go to plan, a booklet for patients beginning the open disclosure process: www.safetyandquality.gov.au/OD-booklet
- Australian Open Disclosure Framework: www.safetyandquality.gov.au/AODF

Questions?



Scan this QR code to access open disclosure frequently asked questions (FAQs).

For more information please visit: www.safetyandquality.gov.au/open-disclosure

Preparing and participating in open disclosure discussions

INFORMATION
for consumers
and carers

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- Ask questions and be involved in open and honest communication
- Provide feedback or make a complaint without it affecting the way you are treated.



What support can you access?

You have the **right** to access the support you need during open disclosure. This may include:

- Translators
- Interpreters
- Indigenous Liaison Officers
- Counsellors
- Trained patient support people such as consumer representatives, peer workers, social workers or advocates
- Payment of out-of-pocket expenses for things such as transport, meals, or parking.

Translation and Interpreter Services are available 24 hours 7 days: Phone 131 450.

What can you expect from the open disclosure process?

The open disclosure process is outlined below. The order and steps may vary depending on the severity of harm you experience, your circumstances and needs.

An incident happens

Your healthcare provider should:

- Tell you as soon as possible
- Provide you with safe care
- Apologise to you for what went wrong
- Explain the known facts
- Explain how it will affect you and your care.

[In agreement with you, and depending on the severity of harm (i.e. a minor incident) the process may end here.]

Start an open disclosure process

Your healthcare provider should:

- Explain the open disclosure process
- Explain your healthcare rights
- Provide you with a contact person you are comfortable with
- Organise discussions as soon as possible, and agree on the time, place and who attends.

Open disclosure discussions

Your healthcare provider should:

- Apologise to you for what went wrong
- Explain the known facts
- Listen to your experience
- Explain how what went wrong may affect you and your care
- Explain how they are investigating what went wrong
- Explain the steps they are taking to prevent it from happening again
- Agree on a plan of ongoing care
- Agree on an open disclosure plan and what you would like to achieve from future discussions.

Follow up discussions

Your healthcare provider should:

- Provide updates on any further investigations
- Provide feedback on health care improvements made.

Complete the open disclosure process

Your healthcare provider should:

- Ask if your needs were met
- Provide you with documentation about your discussions, the opportunity to provide feedback and your follow-up options
- Let you know that if your needs were not met you can make a complaint.



Throughout the process you can expect to:

Have open and
honest communication

Be treated with empathy,
respect and consideration

Be heard

Have the support
you need

Have your questions
answered



How can you prepare for open disclosure discussions?

It may be helpful to write down:

- Your timeline of events
- Your questions and concerns in relation to:
 - what went wrong
 - how it happened
 - how it may affect you and your care
- Anything else you would like to talk about during the open disclosure discussion.

Some other things to think about are:

- Who you would like with you for support during the discussions
- How the health service can help meet your needs
- If you would like to have a second opinion about your health care.



What if the open disclosure process does not meet your needs?

The complaints process is a **separate process** to open disclosure. If the open disclosure process does not meet your needs you can:

- Discuss your concerns with your healthcare provider or health service senior management such as the Practice Manager or Service Manager
- Make a complaint through the health service feedback and complaints system. Some health services will have a complaints officer you can talk to
- Contact your state or territory health care complaints agency or health department if you feel unable to talk to your health service, or if you are not satisfied with their response
- Talk to a lawyer about the harm you experienced.



How can you learn more about open disclosure?

If you would like to know more about open disclosure, the following resources may be helpful:

- Open disclosure of things that don't go to plan, a booklet for patients beginning the open disclosure process:
www.safetyandquality.gov.au/OD-booklet
- Australian Open Disclosure Framework:
www.safetyandquality.gov.au/AODF

Questions?



Scan this QR code to access open disclosure frequently asked questions (FAQs). For more information please visit: www.safetyandquality.gov.au/open-disclosure

Add your health service contact details here:

Name:

Position:

Phone:

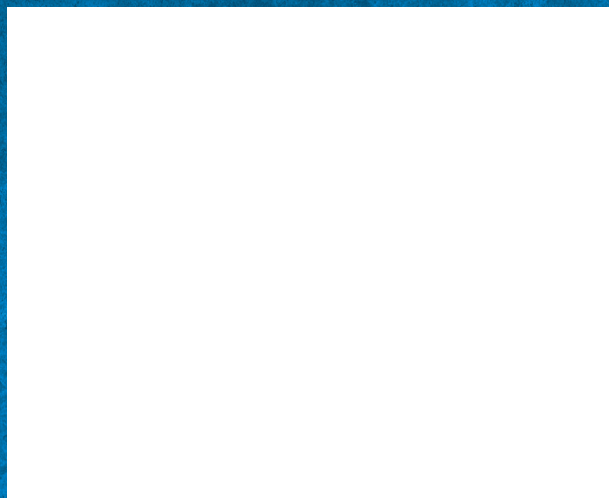
Other support phone:

Every patient has the right to be treated with care, consideration and dignity.

At this health service we respect this right, and we're committed to improving the safety and quality of the care we deliver. That's why we have a policy of open disclosure for when things don't go as planned with the care we provide. Open disclosure assists patients when they are unintentionally harmed during health care.

This leaflet aims to inform you, the patient, your family and carers about the open disclosure process.

For more information



Open disclosure

of things that don't go to plan

A guide for patients





More than 200,000 people are treated in Australian hospitals each day. Occasionally something doesn't go to plan and a patient can be harmed unintentionally.

Australian health service organisations are working to improve the way they handle things that don't go to plan.

Part of improving the way they manage these situations is by being open with you about what happened.

The process of communicating with you when things haven't gone as expected is called *open disclosure*.

Open disclosure of things that don't go to plan

What is open disclosure?

Open disclosure is open discussion about incidents that caused harm to a patient.

If you have been harmed during your treatment, your doctor, nurse or other healthcare worker should talk with you about it.

Health services encourage their staff, as well as patients and their family or carers, to identify and report when things go wrong or when patients are harmed so that care can be improved.

When would open disclosure occur?






Most things that don't go to plan in health care are minor or are found before they affect you. For things which don't result in harm, your doctor or nurse will talk with you about what went wrong in the same way they talk with you about other aspects of your treatment. They should talk with you as soon as they are aware of the incident.

If you are seriously harmed, you will be informed as soon as possible and an open disclosure meeting will be held.

If you think a serious incident has occurred which has not been acknowledged, tell your doctor, nurse or other health service staff.

What is the benefit of open disclosure?

Open disclosure is designed for when things don't go to plan in health care. It will:

-  inform you, and help you to understand what went wrong with your care
-  let you know what is being done to investigate what went wrong
-  explain the consequences of the incident for you and your care
-  assist you with any support you might need
-  let you know the steps the health service organisation will be taking to make care safer in the future.

Is there any other information available?

There is a booklet for patients beginning an open disclosure process called *Open disclosure of things that don't go to plan in health care*.

You can get copies of it from the health service or from the Australian Commission on Safety and Quality in Health Care's web site www.safetyandquality.gov.au



Access to Health Information: Fact Sheet for Health Care Consumers

Fact sheet
July 2018

NSW privacy law¹ gives you a general right to access your health information. This fact sheet has been designed to assist individuals with when and how you can access your health information² under NSW privacy laws.

Who owns my health record?

The health provider who created your medical record owns the record. However, you have rights to access your health record.

This right may be exercised in various ways, including:

- viewing the record at the health service,
- having it explained to you by the provider, or
- being provided with a copy of it in paper or electronic format (or in the case of extensive medical records, a summary of the key information in the medical record).

What are my health information access rights?

The NSW *Health Record and Information Privacy Act 2002* (HRIP Act) ensures your right to access your health information from:

- NSW health service providers,
- public sector agencies and
- some private sector organisations that hold health information.

Private sector providers, such as GPs, must also comply with the Federal *Privacy Act 1988*. Like the HRIP Act, the *Privacy Act* gives you rights to gain access to the information held about you. For further information on the federal privacy laws and your rights please contact to the Office of the Australian Information Commissioner on 1300 363 992 or at www.oaic.gov.au

Can I access the health information of someone I care for?

You can access health information about another provided you have written consent that shows that the other individual has authorised you to access their records. This consent must be in writing and must explicitly name the individual who is authorised to have access to the information.

Some health providers may specify requirements for consent or authority³ including that it:

- was made within a time period, for example the consent was signed less than three months before the access request was made;
- is on a particular form or in a particular format; and
- whether the consent is acceptable in electronic format where the other person is interstate or overseas.

How can I request access?

If you want to access your own health or personal information⁴, you should contact the holder of the information first and ask them how you can do this.

At a large organisation, such as a hospital, this may be the Privacy Officer at the organisation concerned. Their details should be on the organisation's website. Information is also included in the hospital's privacy management plan which should also be available on their website.

In a NSW public hospital, requests to access health information should be sent to the Medical Records Department.

The request should be:

- In writing
- Include your name, address and date of birth
- Identify the health information that is requested

¹ *Health Records and Information Privacy Act 2002*; Health Privacy Principle 7

² 'Health information' is defined at section 6, HRIP Act.

³ Section 31, HRIP Act

⁴ 'Personal information' is defined at section 5, HRIP Act

- State the form in which the information is requested.

If you are requesting information on behalf of another person, you should also provide that person's name, address, date of birth and the written documentation from them that authorises you to access their information.

What fees and charges should I expect?

Access to health information should be made available at the lowest reasonable cost and without excessive delay. This means that providers are entitled to charge a fee to cover their administrative costs, such as time taken, photocopying, printing, or going through the record with you.

The fees charged are to cover the costs of providing you access, and therefore shouldn't be excessive. You should be provided with information about the cost at the time you make the request, or shortly after. Different providers may have different ways the fee is charged – some may have a flat rate, others may charge a fee per page.

The legislation does not prescribe how the fee should be structured and the particular fees involved will be specific to the health provider you are seeking access from.

If you are worried about the size of the fee, contact the health provider directly and let them know about your circumstances.

You may be informed you must pay the fee before access is given. If this is the case, you should be given access within 7 days of paying the fee.

Information about the charges for providing access to health records within the NSW public health system can be found [here](#). Please note the information bulletin on charges in the public health system is regularly updated, and you should always refer to the active bulletin by checking the NSW Ministry of Health Website (<https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/Forms/All%20Items.aspx>)

Section 9.5 of *The RACGP Handbook for the Management of Health Information in General Practice, 3rd edition* provides information on charging for providing access to health information for GPs. This can be found [here](#).

How long should it take to get my records?

Private health care providers are required to respond to your request within 45 calendar days of receiving your request. The legislation does not prescribe a timeframe for access by a public sector health organisation. The IPC expects that a response should be provided within 28 calendar days.

If you wish to enquire about the processing status of a request you should contact the health provider directly

When will access not be granted?

Once you have made a valid request, the HRIP Act⁵ grants you the right to access your information in almost all cases. There is however a limited set of situations where access may be refused. This includes situations where:

- Providing access would pose a serious threat to your health, or the health of others;
- Providing access would have an unreasonable impact on the privacy of others;
- The information requested relates to existing or anticipated legal proceedings between you and the provider;
- Providing access would reveal the intentions in relation to negotiations, other than about the provision of a health service, with the individual in such a way as to expose the provider unreasonably to disadvantage;
- Providing access is unlawful;
- Denying access is required or authorised by or under law;
- Providing access would likely prejudice an investigation;
- Providing access would likely prejudice a law enforcement function;
- A law enforcement agency performing a lawful security function asks a private sector person not to provide access on the basis that the access would cause damage to the security of Australia;
- The request has been made unsuccessfully on at least one previous occasion and there are no reasonable grounds for making the request again;
- There have been repeated, unreasonable requests for information to which access has already been given.

⁵ Section 29 HRIP Act

If you have been refused access to health information because it may pose a serious threat to your health or the health of others, you can request that access instead be given to a registered medical practitioner of your choice. This request must be made to the information holder within 21 calendar days after receiving the original refusal of access⁶.

What do I do if I haven't received a response to my request?

You should be sent a response to your request – either granting you access or, if legitimate reasons exist, refusing you access – within a reasonable timeframe. The exact response requirements depend on whether you are requesting the information from a public sector agency, such as a public hospital, or government-run community health service, or whether it is from a private sector organisation, such as a private hospital, general practitioner, or other private practice.

- **Public Sector** - If you are requesting information from a public sector agency or government-run service, a response should be sent to you within a reasonable timeframe – the IPC expects around 28 calendar days.
- **Private Sector** - If you are requesting access from a private sector individual or organisation, the response should be sent to you within 45 calendar days.

Any communication from the information holder that isn't either granting you access or refusing you access is not considered a formal response to your request and does not reset the timeframes mentioned above.

If you haven't received a formal response within those timeframes, the request is treated as if it has been refused⁷.

What do I do if I suspect access has been wrongfully refused?

If you believe a NSW public sector agency or private organisation has wrongfully refused you access to your health information or the health information of someone who has given you consent, then steps to seek recourse and access are available to you. Your first action should always be to contact the health provider directly and communicate your concerns. Clarify with them that they are aware of your right to access your own health information and confirm that their refusal is based on one of the clearly defined access exemptions in the HRIP Act.

If necessary, you may take further steps to get the decision to refuse you access reviewed. The steps involved are different depending on whether you are seeking the information from a public or private sector organisation. The Health Care Complaints Commission, the Information and Privacy Commission and the Medical Council of NSW can all assist with resolving issues relating to access to information.

- **Public Sector** - If it's a NSW public sector agency, you may be able to ask for an internal review.

The organisation may have its own review request form or, if not, you can use the IPC's standard form and send it the organisation. This can be found on the IPC website (<https://www.ipc.nsw.gov.au/form-privacy-complaint>).

You should be informed of the progress of the review on an ongoing basis and the review should be completed within 60 calendar days. The NSW Privacy Commissioner will also be informed of the review. Once the review is complete the agency will give you a response, which may result in access to the health information being granted.

More information about the internal review process can be found on the IPC's website (<https://www.ipc.nsw.gov.au/privacy-complaints-your-review-rights>).

If you are not happy with the result, or if you have not received a result within 60 calendar days, you have 28 calendar days to apply to the NSW Civil and Administrative Tribunal (NCAT) for a review of the decision. You can find more information about that process on NCAT's website (http://www.ncat.nsw.gov.au/Pages/apply_to_ncat/apply_to_ncat.aspx).

- **Private Sector** – If it is a private sector organisation or individual health service provider, you can complain directly to the NSW Privacy Commissioner.

You can do this by writing to the NSW Privacy Commissioner. Your complaint should include the details of what information you requested, where you requested it from and a copy of all your correspondence with the health provider.

⁶ Section 30(5) HRIP Act

⁷ Section 27(6) HRIP Act

The NSW Privacy Commissioner will endeavour to resolve the issue within a reasonable period of time and will keep you updated on the progress of the complaint. The NSW Privacy Commissioner may, at the conclusion of the investigation, provide a report on the findings of the complaint.

If you are not happy with the result and, if the Privacy Commissioner has written a report, you have 28 calendar days to apply to NCAT for a review of the decision, unless the Privacy Commissioner's report states otherwise. You can find more information about that process on NCAT's website (http://www.ncat.nsw.gov.au/Pages/apply_to_ncat/apply_to_ncat.aspx).

Can an insurer get access to my health information?

Health care providers cannot release any information to a third party, including insurers or Insurance and Care NSW (icare) unless they have your written consent to do so. This consent may have been provided as part of an insurance claim such as your workers compensation claim, motor vehicle or other insurance matters.

What do I do if my health care provider has retired or closed down and I want to access my record?

Providers who are retiring or closing their practice have a responsibility to provide continuity of care for their patients. A provider who is planning on retiring should provide you with notice of their intention to close their practice by sending you a letter or posting signs in the practice. Providers should contact you so that you can nominate an alternative provider to whom you would like your records to be transferred, or give you information about how you can access the records after the practice closes.

Do I always have a right to access my child's records?

In most cases you may be able to access your child's records. In circumstances where you hold parental responsibility or guardianship for a child, you may be asked to provide evidence of that arrangement.

However, between the ages of 14-16, young people may seek treatment without the knowledge of a parent or guardian, subject to the health care provider's assessment of the young person's capacity to understand the consequences of any proposed treatment. Health care providers will make a similar assessment in determining whether information can be disclosed to parents/guardians in situations where the young person has capacity to make independent decisions about their health care.

Can I obtain information about a deceased family member?

Privacy laws continue to apply to the records of patients for 30 years after the date of death. However, you may be able to access health information about a deceased relative if consent is given by the executor of the estate for compassionate or other grounds. A decision to provide access will also consider any wishes expressed by the individual prior to their death (for example, through an Advanced Care Directive, or documented in the health record).

How do I access my information through My Health Record?

My Health Record is a secure online summary of an individual's health information, and is available to all Australians.⁸ My Health Record does not replace existing health records. Rather, it supplements these with a high-value, shared source of patient information that can improve care planning and decision making.

By the end of 2018 a My Health Record will be created for all Australians unless they choose not to have one and opt out of the system. The opt out period runs from 16 July to 15 October 2018.

My Health Record gives you access to view summaries of your health information and manage your health information online. If you are a representative for another person, you will also be able to access their information. To access your record, you need a MyGov account that you have linked to your My Health Record. You can do this at <https://my.gov.au/LoginServices/main/login?execution=e1s1>. You can also set up access controls in My Health Record to control which providers have access to your health information.

Useful resources

Office of the Australian Information Commissioner, Privacy Fact Sheet: Accessing and correcting your health information:

<https://www.oaic.gov.au/resources/individuals/privacy-fact-sheets/health-and-digital-health/privacy-fact-sheet-50.pdf>

Information and Privacy Commissioner, Accessing your health information in NSW:

https://www.ipc.nsw.gov.au/sites/default/files/file_manager/Fact_Sheet_Privacy_Access_HRIP_ACC.pdf

⁸ <https://www.myhealthrecord.gov.au>

Health Care Complaints Commission; Your health information:

<http://www.hccc.nsw.gov.au/Information/Information-For-Health-Consumers/Your-Health-Information/default.aspx>

My Health Record:

<https://www.myhealthrecord.gov.au/for-you-your-family/howtos/register-for-my-health-record>

For more information

Contact the Information and Privacy Commission NSW (IPC):

Freecall: 1800 472 679

Email: ipcinfo@ipc.nsw.gov.au

Website: www.ipc.nsw.gov.au

CONSUMER FACT SHEET 3: PARTNERING WITH CONSUMERS STANDARD



About this fact sheet

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed a series of fact sheets for consumers and carers about the National Safety and Quality Health Service (NSQHS) Standards (second edition). This fact sheet provides information about one of the eight NSQHS Standards, the Partnering with Consumers Standard.

What is the Partnering with Consumers Standard?

The Partnering with Consumers Standard focuses on supporting consumers, carers and/or their families to be actively involved in planning and making decisions about their care. It also supports them to be involved in the supervision and administrative decision making of their health service organisation, as well as its policy and planning, and evaluation of its performance.

This is supported by evidence that effective partnerships help promote a positive consumer experience, as well as high quality health care and improved safety.

The Partnering with Consumers Standard promotes consumer involvement in all aspects of care.

This means consumers, carers and/or their families are:

- Involved in planning and decisions about your own care in the following ways:
 - you should receive care that is respectful to you as a person, to your culture, beliefs, values and choices
 - you are supported to ask questions and be involved to the extent that you want to be involved in planning and decision-making about your care

- the information you receive from clinicians about your care and treatment options should be clear, easy to understand and provided in a format appropriate to you
- you can choose to involve your carer, family or representative in decisions about your care, including when you don't have capacity to make decisions for yourself.
- **Involved in quality improvement and organisational governance, policy and planning in the following ways:**
 - you may have the opportunity to be involved in providing advice as part of quality improvement processes or redesigning a service or program of a health service
 - you may also have the opportunity to be part of a committee or other group that provides advice about governance, policy, planning and evaluation of performance on an ongoing basis
 - if you are involved in quality improvement or other policy activities, you should receive information about the organisation, the purpose of the meetings or groups you will be attending, information on how consumers can contribute, and what will be done with the feedback and comments you provide
 - as a community member, you will receive information about the health service organisation's safety and quality performance.

National Safety and Quality Health Service (NSQHS) Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, state and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care provision. They provide a quality-assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met.

What to expect from your health service organisation

Health service organisations are required to produce evidence of how they meet the actions within the Partnering with Consumers Standard as part of the accreditation process (see *Consumer Fact Sheet 2 – Accreditation of health services in Australia* for information on the accreditation process).

The actions within the Partnering with Consumers Standard are grouped into four criteria that are shown in the following table, along with an explanation of what this means for you as a consumer.

Criterion	What does this mean?	What can I expect?
1. Clinical governance to support and quality improvement systems to support partnering with consumers.	Systems are designed and used to support you to be a partner in the planning, design, measurement and evaluation of your own health care, and that of the people you are caring for.	<ul style="list-style-type: none">• Information about the safety and quality of your health service organisation is easy to find and understandable• You are supported to provide feedback about your experiences and outcomes of care• You are engaged in quality improvement processes to improve both partnerships and the safety and quality of care provided.
2. Partnering with patients in their own care	Systems that are based on partnering with patients in their own care are used to support the delivery of your care. You are a partner in your own care to the extent that you choose.	<ul style="list-style-type: none">• Your rights as described in the Australian Charter of Healthcare Rights are upheld and information about the Charter is accessible• You receive care that is respectful to you as a person, to your culture, beliefs, values and choices• You are supported to ask questions and can choose the extent involved in decision-making and planning about your care• You are fully informed and understand the risks and benefits of any medical test, treatment and procedure• You are asked to identify any support people you want involved in communications and decision-making about your care, including when you do not have capacity to make decisions for yourself.

3. Health literacy	Health service organisations communicate with you in a way that supports effective partnerships.	<ul style="list-style-type: none"> • Information about your care is easy to find, understand and use • You have the opportunity to be involved in the development and review of the information the organisation provides to consumers • Clinicians support you to fully understand, communicate and participate in making decisions about your care • You receive information when you leave a health service organisation about why you came, the care you received, the plan of action when you leave and any follow-up appointments.
4. Partnering with consumers in organisational design and governance	You have the opportunity to be a partner in the design and governance of the organisation.	<ul style="list-style-type: none"> • You have the opportunity to be consulted or involved at multiple levels of the health service organisation, including in governance and service design • You are provided with orientation, support and education if you are involved in governance and service design • The health service organisation seeks to consult and involve a diverse range of consumers using its services, including Aboriginal and Torres Strait Islander consumers and culturally and linguistically diverse consumers and communities • If you would like it to, your story could be used in the training and education of the organisation's workforce to improve the way care is provided.

Actions to support Aboriginal and Torres Strait Islander consumers

There are six specific actions relating to Aboriginal and Torres Strait Islander people in the NSQHS Standards (second edition). The actions require health service organisations to consult with and involve Aboriginal and Torres Strait Islander communities, organisations, consumers and carers. If you would like to be involved in these processes, contact your local health service organisation.

Useful information to help you be an active partner in your own care



Top Tips for Safe Health Care This consumer guide provides you with practical advice on how you can be more involved in planning and decision-making for your care when you visit your doctor and other health providers.

Available at: www.safetyandquality.gov.au/toptips



Question Builder This website helps you prepare a list of questions to take to your next appointment with a doctor or specialist, so that you have the information you need to participate in making decisions with your doctor about your own care.

Available at: www.safetyandquality.gov.au/questionbuilder



Australian Charter of Healthcare Rights The Charter describes your rights to take an active role in your health care and participate as fully as you wish in the decisions about your care.

Available at: www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights

Further information

For more information about the NSQHS Standards, accreditation and the Partnering with Consumers Standard, visit our website: www.safetyandquality.gov.au.

Falls Prevention – Medications

If you take anticoagulant medicines (blood thinners), always see your doctor if you have a fall. You may be at risk of severe injury and bleeding.

- Some medications can make you dizzy or drowsy and may increase your risk of a fall.
- If you start taking a new medicine, change brands, take multiple medicines, or change your normal dose, the chance of experiencing side-effects increases. Talk to your doctor if you are concerned.
- Certain over-the-counter medications may react with your prescription medicines and cause problems.
- Medicines for anxiety, depression or sleep difficulties make falls more likely.



People who take four or more medications a day are at increased risk of falling

What you can do

- Do not take anyone else's prescribed medication.
- Read medication labels in good light and follow the instructions carefully.
- Do not use out-of-date medications. Return them to your pharmacist.
- Talk to your doctor or pharmacist regularly to review your medications, including any herbs or supplements.
- Ask your pharmacist about packaging your medications in a dosette box or Webster pack to help you manage them.
- Have an up-to-date list of your medications. A medication card can be useful.



MOVING AROUND SAFELY IN HOSPITAL

INFORMATION FOR PATIENTS, FAMILIES AND CARERS

We want you to be as safe as possible in hospital

During your stay, staff will talk to you about:

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

Falls in hospital

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

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

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

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

Please tell a staff member if:

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

Tips for getting around safely:

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

Bathroom safety tips:

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



Carers, family and visitors

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

Carers, family and visitors can help by:

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



For further information on the NSW Falls Prevention Program, please visit:

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

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Information for those at risk of a fall

Staff will discuss with you and your family/carer why you are potentially at risk of falling.



History of a fall - If you have had a previous fall at home, there is an increased risk that you will fall again. Staff will talk to you and your doctor to review your health status and medications.

Mental status - If you are unwell, you may become confused or disorientated - causing you to fall. You may need assistance when walking and help to the toilet. You may also be located close to the nurses' station, placed in a lower bed and/or have someone with you at all times.

Vision - If you usually wear glasses, keep them clean and wear them when you are walking. Turn on the lights at night and wait for staff to assist if you feel uncertain.

Toilet use - If you have to go to the toilet a lot, have a feeling of urgency, or need to get up during the night, staff will locate you near the toilet. They will regularly offer to assist you to get to the toilet and provide you with a urinal and/or commode.

Transfer/mobility - If you are unsteady, or find it difficult to move from the bed to a chair, you may need equipment/aids to help make you safe. It is important that you ask staff to assist you and wait for them to come.

Medications/medical conditions - If you have a medical condition, or taking medications that affect your balance, or cause your blood pressure to drop when you stand, staff will arrange a medical review, check your blood pressure lying and standing and encourage you to sit up or stand up slowly and to wait for assistance before you get out of bed.

For further information scan this with your smart phone

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au

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PRESSURE INJURY PREVENTION

INFORMATION FOR PEOPLE AT RISK

Pressure injury

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

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

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



People at increased risk

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

- elderly or very young
- immobile or unable to reposition yourself
- underweight, eating poorly or have experienced recent weight loss
- overweight
- incontinent (bladder and/or bowel)
- experiencing reduced sensation/feeling

Warning signs of a pressure injury

- redness or skin discolouration
- tenderness, pain, or itching in affected areas
- blistering
- broken skin

Reducing your risk of pressure injury

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

Move frequently to relieve pressure

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

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

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

Keep your skin clean and dry

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



Look after your feet

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

Use appropriate equipment

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

Check your skin

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

Early sign of a pressure injury

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Acknowledgements

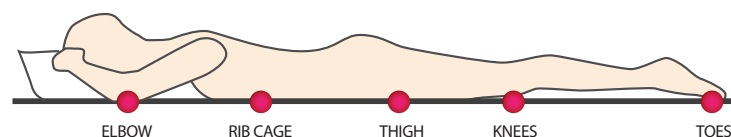
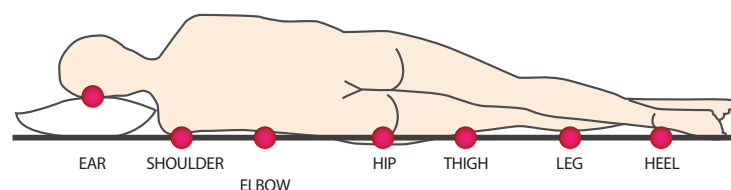
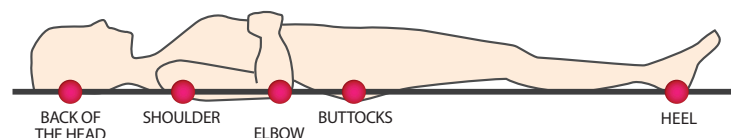
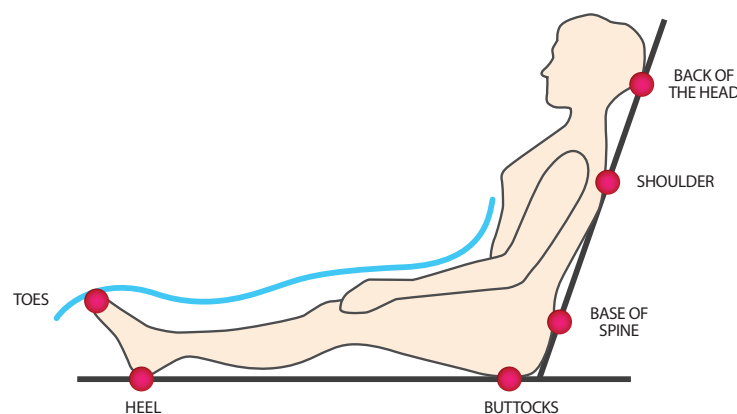
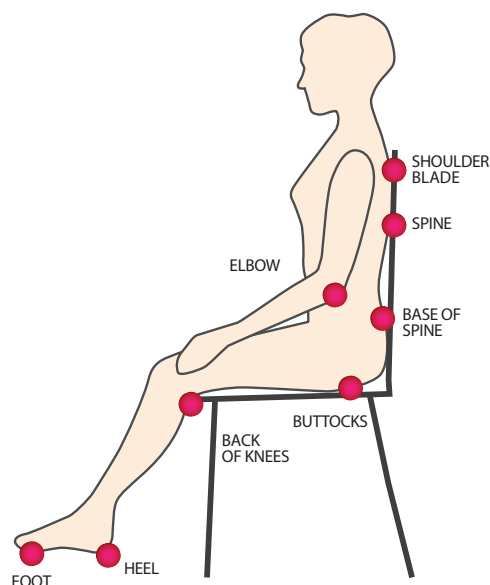
National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.

About the Pressure Injury Prevention Project

The Pressure Injury Prevention Project is a project run by the Clinical Excellence Commission. It promotes best practice for the prevention and management of pressure injuries. For further information on the Pressure Injury Prevention Project, visit www.cec.health.nsw.gov.au/programs/pressure-injury-prevention-project

Pressure Injury Prevention: Information for people at risk.
Released November 2015, © Clinical Excellence Commission 2015. SHPN (CEC) 150588

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



PRESSURE INJURY
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PRESSURE INJURY PREVENTION

INFORMATION FOR PATIENTS & FAMILIES

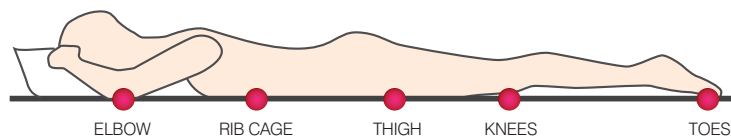
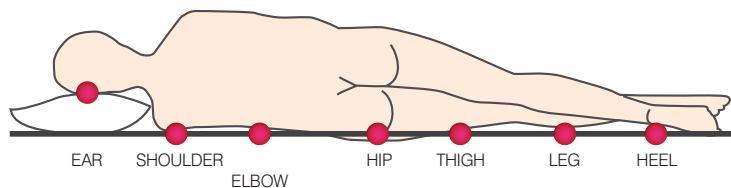
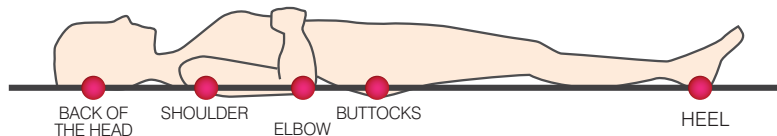
Pressure injury

A pressure injury, also referred to as a pressure ulcer or bed sore, is an injury to the skin caused by unrelieved pressure and may occur when you are unable to move due to illness, injury, or surgery.

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

Pressure injuries may develop under plasters, splints or braces, and around medical equipment such as tubes, masks or drains.

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



People at increased risk

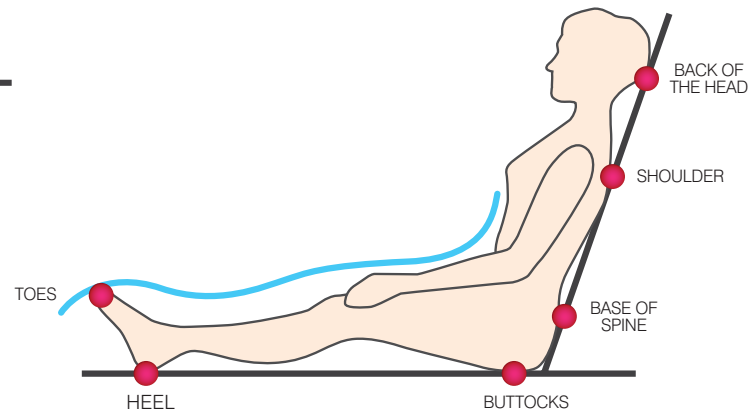
You have an increased risk of developing a pressure injury if you are:

- Elderly or very young
- Immobile or having an operation
- Underweight, eating poorly or have experienced recent weight loss
- Overweight
- Incontinent

Signs of a pressure injury

Check your skin and look for the warning signs:

- Redness/skin discoloration
- Tenderness, pain, or itching in affected areas
- Blistering
- Broken Skin



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Reducing the risk of pressure injury

Patients, family, care givers and staff can all help to reduce the risk of a pressure injury.

- Staff will assess your level of risk of developing a pressure injury.
- If you are able to move yourself, involve your carers by asking them to remind you to change your position regularly. If you are unable to move yourself, staff will help you change your position frequently.
- Let staff know if your clothes or bedding are damp. Ask for help if you have a weak bladder or bowel.
- Let staff know if you are experiencing any warning signs (check over page).
- Drink fluids regularly, unless you are on a fluid restriction. You may be offered nutritional supplements if you are underweight, have recently lost weight, or have been eating poorly.
- Keep your skin clean and dry, use a 'skin-friendly' cleanser and moisturiser if appropriate.
- Be aware of the risk of a pressure injury under plasters, splints or braces, and around tubes, masks or drains.
- Specialised pressure-relieving equipment such as cushions and mattresses are available in hospital.

Managing a pressure injury

If you get a pressure injury:

- Staff will discuss how best to manage your pressure injury with you and your care giver. This may be called a 'care plan'.
- Use the prescribed equipment recommended at all times.
- Move frequently (where possible) to relieve pressure.

Heading home

When you go home from hospital with a pressure injury:

- Continue the care plan at home.
- Staff will organise ongoing care, which may include your GP or community nurse.
- Staff will advise you on how to obtain specialised equipment.



About the Pressure Injury Prevention Project

The Pressure Injury Prevention Project is a program run by the Clinical Excellence Commission.

It promotes best practice for the prevention and management of pressure injuries in New South Wales health facilities.

For further information on the Pressure Injury Prevention Project, please visit <http://www.cec.health.nsw.gov.au/programs/pressure-injury-prevention-project>

Acknowledgements

Australian Wound Management Association.

Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury.

Cambridge Media, Osborne Park, WA.

Cataract

Clinical Care Standard – Consumer Fact Sheet

Cataract is a condition where the lens of the eye becomes cloudy. It is common as people get older. Surgery is an option when the cataract starts to make it difficult to see normally and carry out your everyday activities, and glasses don't help. Surgery involves replacing the natural lens with an artificial one. This clinical care standard describes the care that you should be offered if you have cataract and are considering surgery. You can use this information to help you make informed decisions in partnership with your doctor.

Quality Statement 1: Primary care assessment and referral

A patient with visual problems and suspected cataract has an initial assessment in primary care of their visual impairment, vision-related activity limitations, co morbidities and willingness to have surgery. When referral is appropriate based on these criteria, the patient is referred for consideration for cataract surgery and this information is included in the referral form.

What this means for you

Cataract may be found as part of a routine eye test or because you are having trouble with your vision. When assessing you, your clinician will ask whether your eyesight has changed and whether your visual problems are affecting your life, including the sorts of things that you can no longer do. Vision tests and an eye examination to confirm cataract can be carried out by an optometrist or orthoptist, or by a specialist eye doctor (ophthalmologist).

Your primary care clinician(s) will discuss the possible ways to manage your symptoms. If cataract is not affecting your ability to carry out your usual activities, then you may not need to consider surgery yet. Prescription glasses or other equipment or aids might be worth considering – your GP or optometrist can advise you about the services available.

If cataract surgery is a suitable option for you, and you are willing to consider surgery, your clinician can refer you to a specialist eye doctor (ophthalmologist) for

further assessment and to discuss possible surgery. Some specialist eye clinics will need specific information in your referral before they offer you an appointment. This might include eye test results from an optometrist and information about other medical conditions and treatments from your GP or other clinician.

Quality Statement 2: Patient information and shared decision making

A patient with suspected or confirmed cataract receives information to support shared decision making. Information is provided in a way that meets the patient's needs and is easy to use and understand. The patient is given the opportunity to discuss the likely benefits and potential harms of the available options, as well as their needs and preferences.

What this means for you

Your clinician will talk to you about cataract and its treatment in a way that you can understand, and will provide written information in a way that is easy for you to use. This will include information about the available options including the expected benefits, as well as the possible adverse outcomes, including unsatisfactory changes in your vision and more serious complications. You will be asked about the effect that vision problems are having on your life, and have the opportunity to discuss the advantages and potential disadvantages of surgery for your individual circumstances. Other options including visual aids and watchful waiting should also be discussed.

Quality Statement 3: Access to ophthalmology assessment

A patient who has been referred for consideration for cataract surgery is prioritised for ophthalmology assessment according to clinical need, based on a locally approved protocol and following receipt of a detailed referral.

What this means for you

When you are referred to a specialist eye doctor, you will usually be given the next available appointment. However some clinicians or health services may use the information in your referral to decide when you receive an appointment. This means that people with more urgent needs may be seen more quickly. If you are referred to a health service or specialist eye doctor using this type of system, they may check the information in your referral to decide when you will receive an appointment. If key information is missing from your referral they may ask you or the referring clinician to provide the missing details.

If your eyesight worsens or other circumstances change while you are waiting for an appointment, get in contact with the clinician who referred you and let them know. If you do not meet the requirements, they may suggest other ways for you to manage your eye problems.

Quality Statement 4: Indications for cataract surgery

A patient is offered cataract surgery when they have a lens opacity that limits their vision-related activities and causes clinically significant visual impairment involving reduced visual acuity of 6/12 or worse, or disabling glare or contrast sensitivity.

What this means for you

Cataract surgery is usually recommended when you have trouble seeing well enough to carry out your normal daily activities. As part of your assessment, your clinician may test how clearly you can read an eye chart (visual acuity). They will also take into account other visual problems, including any difficulty you have seeing in bright light or dim light.

Your clinician will ask you questions about the effect of your eye problems on your daily activities. What this means may differ from person to person. Your clinician may ask about activities such as working, driving, and reading as part of your daily life as well as your ability to live independently and safely with your visual problems (for example, whether you are at risk of falls). They may ask you to complete a questionnaire.

The likely benefits and possible harms of surgery might also depend on whether you have any other health conditions, including other eye problems. Your clinician will consider these factors when discussing the possibility of cataract surgery with you, and will let you know if you have a condition that means surgery is not recommended or there is a higher risk of complications.

There are some people to whom this statement may not apply. These include people who need very good vision to carry out their daily activities (for example, professional drivers). Sometimes cataract surgery is recommended for medical reasons rather than for improving vision. This includes surgery for people who need regular check-ups of the retina (back of the eye) but it cannot be seen because of the cataract.

Quality Statement 5: Prioritisation for cataract surgery

A patient is prioritised for cataract surgery according to clinical need. Prioritisation protocols take into account the severity of the patient's visual impairment and vision-related activity limitations, the potential harms of delayed surgery, any relevant co-morbidity and the expected benefits of surgery.

What this means for you

If you and your clinician agree that you could benefit from cataract surgery, and you agree to have surgery, this will be arranged.

Where there is a high need for services, you will be put on a waiting list for surgery. Most hospitals use a system to help make sure that patients with the greatest need for surgery are scheduled for cataract surgery first. This means that the severity of your vision problems and how much they affect your ability to carry out your daily activities should be taken into account. These include activities such as working, driving, cooking, reading and writing, as well as your ability to care for yourself or others. Your clinicians will also consider any other health conditions you have and your risk of falls. Some health conditions may make it more urgent for you to have cataract surgery, while others mean that surgery is less likely to help you.

Let your GP, optometrist or eye specialist know if your vision worsens or other circumstances change while you're on a waiting list for cataract surgery, as this may affect your priority on the waiting list.

Quality Statement 6: Second-eye surgery

Options for a patient with bilateral cataract are discussed when the decision about first-eye surgery is being made. Second-eye surgery is offered using similar criteria as for the first eye, but the potential benefits and harms of a delay in second-eye surgery are also considered, leading to a shared decision about second-eye surgery and its timing.

What this means for you

If you have cataract in both eyes, your eye surgeon will discuss whether you would benefit from having surgery in both eyes. For many people, having cataract surgery in one eye is enough to improve vision. If your eye surgeon thinks you may need operations on both eyes, the options include:

- Having surgery on the second eye sometime after the first eye has recovered from surgery
- Having surgery on the second eye on the same day as the first eye or the day afterwards.

The option most suitable for you will depend on a number of factors. Some of the factors you should take into account include:

- How your overall vision is expected to change after surgery in the first eye. If one eye is very different to the other one (for example much more short-sighted) then it may be hard to see clearly with both eyes, even if the operated eye is much better than it was previously.
- The risks of an infection or another complication. If you are at high risk of complications, or have other eye problems, having operations on both eyes at the same time may not be recommended. While the risks of complications are small, having complications in both eyes could be very serious.
- Your general health, any other eye problems and your personal circumstances and preferences.

Discussing these issues with your eye surgeon and understanding the potential harms and benefits will help you decide if and when you want to arrange surgery for your second eye, and how to go about doing so.

Quality Statement 7: Preventive eye medicines

A patient receives an intracameral antibiotic injection at the time of cataract surgery, according to evidence-based guidelines. After surgery, a patient receives antibiotics or anti-inflammatory eye drops only when indicated.

What this means for you

During cataract surgery, most patients will receive an antibiotic which is injected into the eye during surgery. The technical term for this is an intracameral antibiotic. Most people who have this antibiotic during surgery will not need to use eye drops after surgery. However antibiotic eye drops may be recommended for you if you have certain health condition(s), or if you develop complications after cataract surgery. If this is the case, your eye surgeon will discuss this with you and explain how to use the eye drops. Follow the dosing instructions carefully.

More information

These resources provide more information about cataract and cataract surgery

Lions Eye Institute

- www.lei.org.au/services/eye-health-information/cataracts/
- www.lei.org.au/wp-content/uploads/2013/08/5751-LEI_Cataract-Surgery-Brochure-.FINAL_.A5_5_OUTPUT-1.pdf

Vision Australia

- Call **1300 84 74 66** or email info@visionaustralia.org
- www.visionaustralia.org/information/eye-conditions/cataracts

Cataracts and macular degeneration

- <https://www.mdfoundation.com.au/content/cataracts-and-macular-degeneration>

Quality Statement 8: Postoperative care

A patient receives postoperative care that ensures the early detection and treatment of complications of cataract surgery and the patient's complete visual rehabilitation. Postoperative care is provided by the operating ophthalmologist or a designated team member. The patient is informed of the arrangements for postoperative care.

What this means for you

Your eye surgeon (and members of the eye team) will see you regularly while you recover from cataract surgery, until your eyes have fully recovered from the surgery. Usually this will mean a check-up in the first 48 hours and again 2–4 weeks after surgery. They will look at your eye to check how well it is healing and how well you can see. They will provide information about:

- What you can expect while your eye is healing
- How to look after your eye while it is healing, including any eye drops if needed.
- When to have your eyes checked after the operation so that any problems can be treated early, even though the risk of complications after surgery is usually low.
- When to get new glasses, if this applies to you.

It is important that you know who to contact if you have any concerns or questions, or if your vision changes unexpectedly. If you have cataract in your non-operated eye, your eye surgeon will talk to you about your options for future surgery, usually based on the recovery of your operated eye.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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MISTAKES CAN HAPPEN WITH YOUR MEDICINES

Mistakes can happen with your medicines when you go into and come out of hospital, change wards or see different health professionals in the community. Having the right information about your medicines at all times will help prevent mistakes.

Health professionals need to know about all the medicines you use so they can make the right decisions about your health. Medicines include prescription, over-the-counter, herbal and natural medicines, and come in different forms, such as tablets, lotions, patches and drops.

You and your carer can help prevent medicine mistakes

Keep track of all your medicines with a *Medicines List*. Your doctor, nurse or pharmacist can help you fill it out. Speak up if you're ever unsure about your medicines.



LEAVING HOSPITAL

- ▶ Ask which medicines you should continue using at home and for all changes to be explained.
- ▶ Leave with an up-to-date *Medicines List*.
- ▶ Check the active ingredients of all your medicines to avoid doubling up. Ask your health professional if you're unsure.
- ▶ Show your regular doctor and pharmacist your updated *Medicines List* and hospital discharge information so they can update their records.



AT HOME/SEEING ANY HEALTH PROFESSIONAL

- ▶ Keep your *Medicines List* up to date.
- ▶ Take your *Medicines List* every time you visit your regular health professional or someone new. If you stop or start a medicine, let them know.
- ▶ Ask your doctor or pharmacist for a medicines review if you have any problems with your medicines.



GOING INTO HOSPITAL

- ▶ Take your *Medicines List* and medicine containers with you and show them to the doctor, nurse or pharmacist.
- ▶ Your medicines should be checked on arrival and when you're moved around the hospital.
- ▶ For your safety, you may be asked questions about your medicines, so answer them honestly.

HELP PREVENT MEDICINE MISTAKES WITH AN UP-TO-DATE **MEDICINES LIST**

Order, print or download an NPS *Medicines List* from www.nps.org.au/medicineslist or ask your pharmacist. It is also available in other languages and as an iPhone app.

BE MEDICINEWISE

Find out how at www.nps.org.au/medicinewise

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The role of the Australian Commission on Safety and Quality in Health Care is to lead and coordinate improvements in safety and quality in health care across Australia.

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Antimicrobial stewardship involves making sure antibiotics are used wisely. Bacteria can develop resistance to specific antibiotics, meaning that the antibiotic is no longer effective against the same bacteria.

To help prevent the development of current and future bacterial resistance, it is important to prescribe antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when needed (and not for mild infections such as colds, earache or sore throats).

This Clinical Care Standard tells you what care may be offered if you have an infection that needs antibiotics. You can use this information to help you and/or your carer make informed decisions, in partnership with your health professional.

UNDER THIS CLINICAL CARE STANDARD



A patient with a life-threatening condition due to a suspected bacterial infection receives prompt antibiotic treatment without waiting for the results of investigations.

What this means for you

If you are extremely unwell with a suspected bacterial infection, you are given antibiotics as soon as possible.



A patient with a suspected bacterial infection has samples taken for microbiology testing as clinically indicated, preferably before starting antibiotic treatment.

What this means for you

Before you are prescribed antibiotics, samples may be taken to try to work out which antibiotic is the best to treat the infection. The samples may include blood tests, urine samples or wound swabs.



A patient with a suspected infection, and/or their carer, receives information on their health condition and treatment options in a format and language that they can understand.

What this means for you

If you are thought to have a bacterial infection, your doctor or nurse discusses treatment options with you and/or your carer, which may or may not include giving you antibiotics.



When a patient is prescribed antibiotics, whether empirical or directed, this is done in accordance with the current version of the *Therapeutic Guidelines* (or local antibiotic formulary). This is also guided by the patient's clinical condition and/or the results of microbiology testing.

What this means for you

If you are prescribed an antibiotic, your doctor or nurse chooses which one, based on national or local recommendations. They should take into account any allergies and other health conditions you may have.



When a patient is prescribed antibiotics, information about when, how and for how long to take them, as well as potential side effects and a review plan, is discussed with the patient and/or their carer.

What this means for you

If you are prescribed antibiotics, your doctor or nurse discusses with you and/or your carer about when and how to take your antibiotics, how long to take them and any potential side effects. You may need to be seen again to review your progress.



When a patient is prescribed antibiotics, the reason, drug name, dose, route of administration, intended duration and review plan is documented in the patient's health record.

What this means for you

Your health record contains the details of your antibiotic treatment. This includes information on why you were prescribed antibiotics, the medicine name, the dose, how you take them (i.e. as tablets or an injection), how long to take them and any plans to review your treatment.

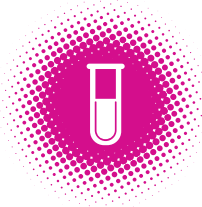


A patient who is treated with broad-spectrum antibiotics has the treatment reviewed and, if indicated, switched to treatment with a narrow-spectrum antibiotic. This is guided by the patient's clinical condition and the results of microbiology tests.

What this means for you

If it is unclear which bacteria may be causing your infection, you may be prescribed an antibiotic that works against a wide range of bacteria (i.e. a broad-spectrum antibiotic).

In this case, your doctor or nurse may order tests to review your progress and, on seeing the results, your treatment may change to a more specific antibiotic (i.e. a narrow-spectrum antibiotic).



If investigations are conducted for a suspected bacterial infection, the responsible clinician reviews these results in a timely manner (within 24 hours of results being available) and antibiotic therapy is adjusted taking into account the patient's clinical condition and investigation results.

What this means for you

If tests have been done to identify a suspected bacterial infection, your doctor or nurse reviews these results as soon as they are available (usually within 24 hours of being available). These results may lead to your antibiotic treatment changing or stopping.



If a patient having surgery requires prophylactic antibiotics, the prescription is made in accordance with the current *Therapeutic Guidelines* (or local antibiotic formulary), and takes into consideration the patient's clinical condition.

What this means for you

Antibiotics may be given to you before surgery to reduce the risk of an infection after surgery. The prescription is also based on national or local recommendations.

More information on the Clinical Care Standards program is available from the Australian Commission on Safety and Quality in Health Care website at www.safetyandquality.gov.au/ccs.

When should I clean my hands?

- before touching or eating food
- after you have gone to the bathroom/toilet
- after sneezing, coughing or disposing of tissues
- before touching your eyes, nose or mouth
- after handling dirty clothes or linen
- before and after touching a dressing

If you are a visitor or carer

- Do not visit someone in hospital if you feel unwell or have a cold, or have been vomiting or had diarrhoea. Wait until you feel better.
- Clean your hands with alcohol hand rub or soap and water before visiting friends/relatives, and before going home.
- Avoid bringing too many visitors at one time to visit someone. Always check with healthcare facility staff.
- Be careful not to touch dressings, drips or other equipment around the bed.

How can I find out more about HAI?

Please speak to the healthcare worker looking after you or your family.

Where can I find out more information about HAI?

The infection prevention and control professional at the healthcare facility will be able to provide additional information.

Consumer guides are also available on specific healthcare associated infections such as MRSA, VRE and C.difficile from the NHMRC (www.nhmrc.gov.au) and the ACSQHC (www.safetyandquality.gov.au) websites.

References

NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare www.nhmrc.gov.au

Hand Hygiene Australia (2008) Health Care Associated Infections www.hha.org.au/ForConsumers/FactSheets.aspx#HCAI

Acknowledgements

Tasmanian Infection Prevention & Control Unit, Department of Health and Human Service.

Australian Commission on Safety and Quality in Healthcare. www.safetyandquality.gov.au

August 2013



Healthcare Associated Infections Consumer factsheet

What are healthcare associated infections?
What can I do to prevent them?



Australian Government

**National Health and
Medical Research Council**

**AUSTRALIAN COMMISSION ON
SAFETY AND QUALITY IN HEALTHCARE**

What are healthcare associated infections?

Although health professionals try to give the best possible care sometimes things can go wrong and patients can get an infection.

Healthcare associated infections (HAI) are infections that occur as a result of healthcare interventions and are caused by micro-organisms—such as bacteria and viruses.

They can happen when you are being treated in hospital, at home, in a GP clinic, a nursing home or any other healthcare facility.

How do they happen?

Some infections occur after an invasive procedure such as surgery and can be treated easily with antibiotics. However there are some infections such as Methicillin Resistant Staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE) and diarrhoeal diseases such as *Clostridium difficile* that are more difficult to treat because they are resistant to certain antibiotics.

The risk of getting these infections depends on how healthy you are, how long you have been in hospital, and certain medications that you take (including some antibiotics).

These specific infections require the use of special antibiotics and, at times, special precautions which may include placement in a single room and the use of personal protective equipment such as gloves and gowns.

Can they be prevented?

Although it is a great challenge there are a number of things that can be done to prevent healthcare associated infections.

Healthcare facilities use a range of procedures, policies and structures to reduce the risk of infection. You will see healthcare workers do the following things to prevent and control the spread of infection:

- washing hands with soap or using alcohol based hand rubs
- maintaining a clean environment
- wearing personal protective equipment such as gloves, gowns, masks and goggles
- isolating people who have an infective illness
- using sterilised equipment



What can I do?

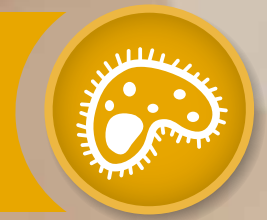
Everyone—healthcare workers, patients and visitors—have a role in preventing and controlling healthcare associated infection.

There are a number of things you can do to reduce the risk of infection:

- The best way to prevent infections is to **wash your hands** carefully with soap and water or use an alcohol based hand rub.
- Do not be afraid to ask a healthcare worker if they have cleaned their hands.
- Cover your mouth and nose when you cough or sneeze with a tissue (or into your elbow if you don't have one) and clean your hands afterwards.
- Report any infections you have had, especially if you are still on antibiotics.
- Make sure you take the full course of antibiotics you are given, even if you are feeling better.
- If you have a dressing or a wound, keep the skin around the dressing clean and dry. Let the healthcare worker looking after you know promptly if it becomes loose or wet.
- Tell healthcare worker looking after you if the drips, lines, tubes or drains inserted into your body or the area around them becomes red, swollen or painful.
- Follow instructions you are given on looking after wounds or medical devices you have. If you are not sure of what to do, ask.
- Let healthcare worker looking after you know if your room or equipment hasn't been cleaned properly.
- Stop smoking before any surgery as smoking increases the risk of infection.

Preventing and Controlling Healthcare Associated Infections

Standard 3



FACTSHEET



Clinical leaders and senior managers of a health service organisation implement systems to prevent and manage healthcare associated infection and communicate these to the workforce to achieve appropriate outcomes. Clinicians and other members of the workforce use the healthcare associated infection prevention and control systems.

Healthcare associated infections are the most common complication affecting patients in hospitals. Each year, around 200,000 healthcare associated infections are contracted by patients in Australia.¹

At least half of healthcare associated infections are preventable. Successful infection control to minimise the risk of transmission requires a range of strategies across all levels of the healthcare system and a collaborative approach for successful implementation.

The aim of this Standard is to prevent patients acquiring preventable healthcare associated infections and to effectively manage infections when they occur using evidence-based strategies.

In brief, this Standard requires that:

- Effective governance and management systems for healthcare associated infections are implemented and maintained.
- Strategies for the prevention and control of healthcare associated infections are developed and implemented.
- Patients presenting with, or acquiring an infection or colonisation during their care are identified promptly and receive the necessary management and treatment.
- Safe and appropriate antimicrobial prescribing is a strategic goal of the clinical governance system.

Preventing and Controlling Healthcare Associated Infections

Standard 3



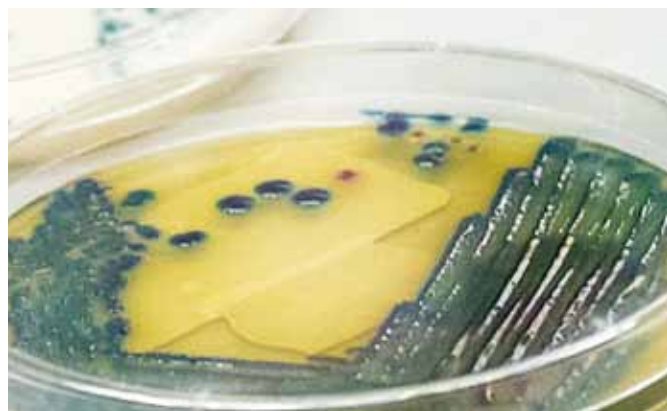
- Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instrumentation meets current best practice guidelines.
- Information on healthcare associated infection is provided to patients, carers, consumers and service providers.

Facts and Figures

It is estimated the excess length of stay due to a surgical site infection is between 3.5 and 23 hospital bed days, depending on the type of infection.

The total national number of bed days due to surgical site infections for a one year period was estimated to be 206,527 bed days.²

If there was optimal use of antimicrobials and containment of antimicrobial resistance, \$300 million of the Australian national healthcare budget could be redirected to more effective use every year.³



Resources and Tools

The Commission has the following tools and resources to assist with the implementation of this Standard:

- Antimicrobial Stewardship in Australian Hospitals
- Reducing harm to patients from healthcare associated infection: the role of surveillance
- Online Interactive Education Modules for Infection Prevention and Control
- Australian Guidelines for the Prevention and Control of Infection in Healthcare
- OSSIE toolkit for the implementation of the Australian Guidelines for the Prevention and Control of Infection in Health Care
- Guidebook for the Primary Care settings: A companion to the OSSIE toolkit for the implementation of the Australian Guidelines for the Prevention and Control of Infection in Health Care
- Clinical Educators Guide for the Prevention and Control of Infections in Health Care
- Consumer fact sheets to support the Guidelines for the Prevention and Control of Infection in Healthcare (Methicillin resistant *Staphylococcus aureus*, Vancomycin Resistant Enterococci and *Clostridium difficile*)
- World Health Organisation Poster – Your 5 moments for Hand Hygiene.

Further Information

A full copy of the Preventing and Controlling Healthcare Associated Infection Standard is contained in the *National Safety and Quality Health Service Standards*. It includes the criteria, items and actions required for health services to meet this Standard and is available on the Commission's website at www.safetyandquality.gov.au.

References

1. National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare. Canberra: NHMRC, 2010:260.
2. Graves N, Halton K, Robertus L. Costs of Health Care Associated Infection. In: Cruickshank M, Ferguson J, editors. *Reducing Harm to Patients from Health Care Associated Infection: The Role of Surveillance*. Sydney: Australian Commission on Safety and Quality in Health Care, 2008:307–335.
3. Australian Commission on Safety and Quality in Health Care. *Windows into safety and quality in health care 2009*. Sydney: Australian Commission on Safety and Quality in Health Care, 2009.

Australian Commission on Safety and Quality in Health Care

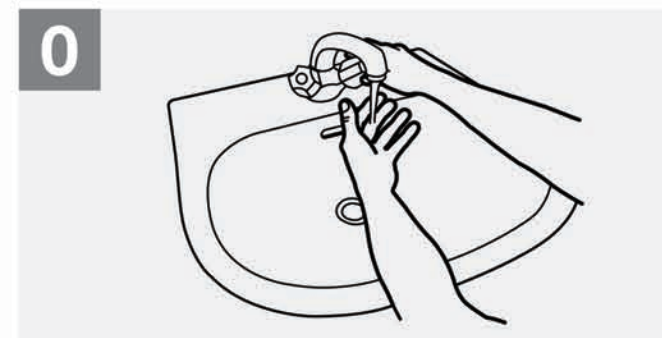
Level 7, 1 Oxford Street, Darlinghurst NSW 2001
GPO Box 5480, Sydney NSW 2001
Phone: (02) 9126 3600
Fax: (02) 9126 3613
Email: mail@safetyandquality.gov.au
www.safetyandquality.gov.au

How to Handwash?

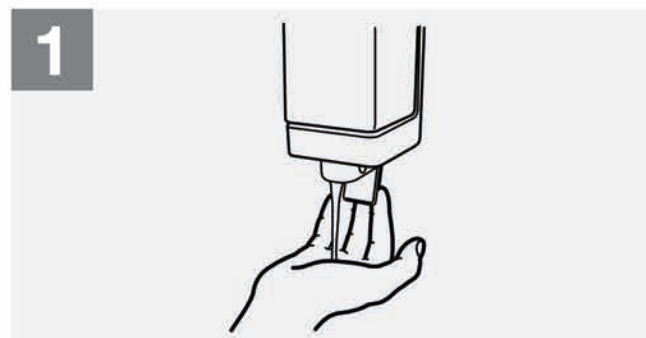
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds

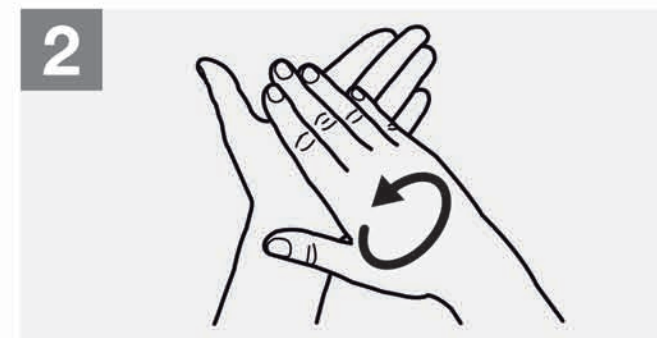
 Duration of the entire procedure: 40-60 seconds



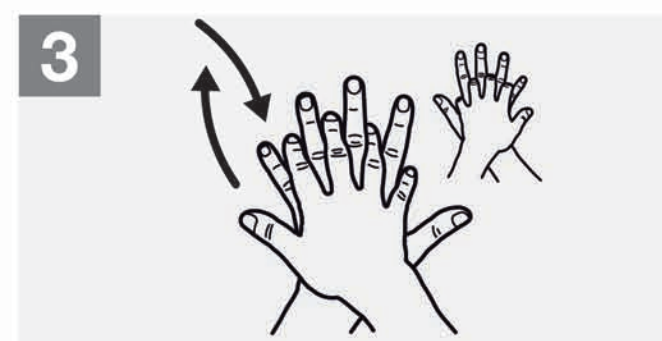
Wet hands with water;



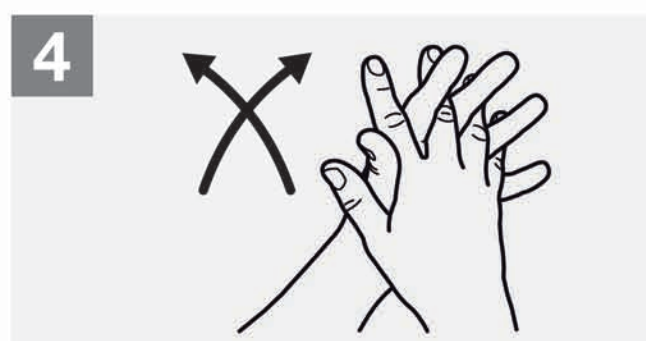
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



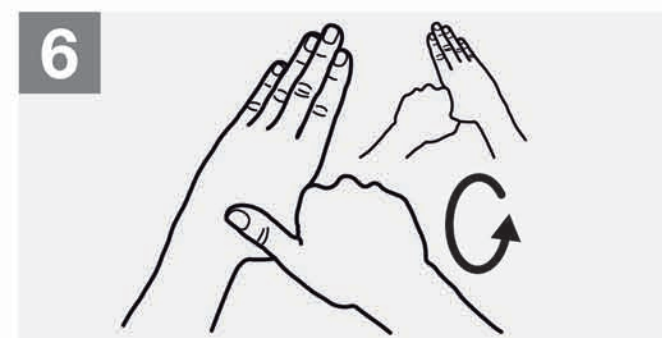
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



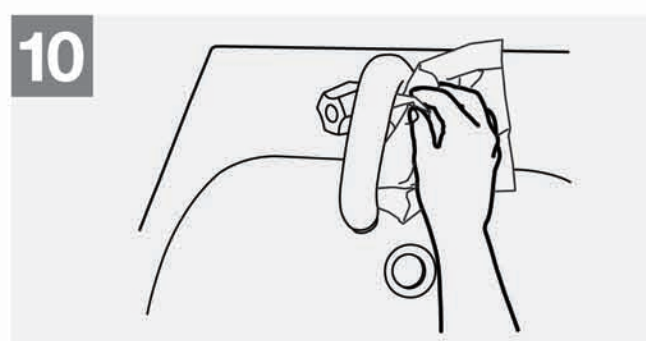
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



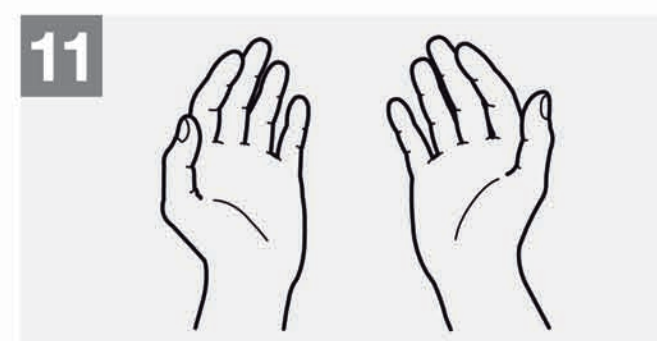
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

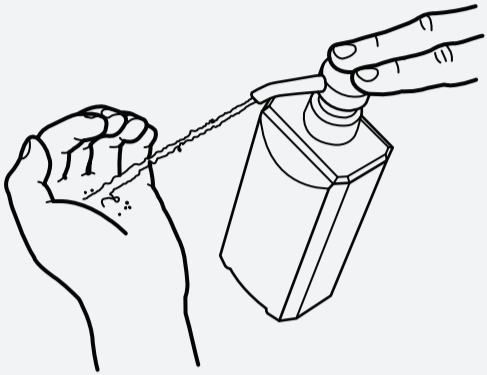
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

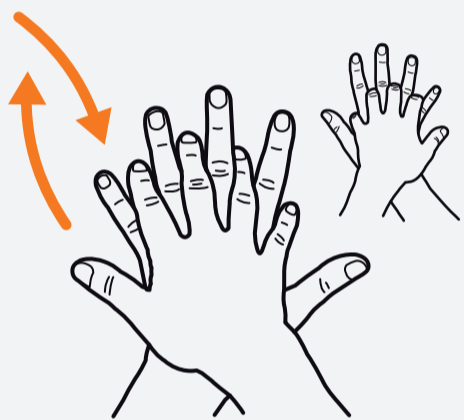


2



Rub hands palm to palm;

3



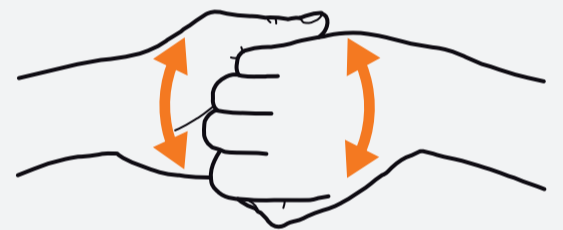
Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



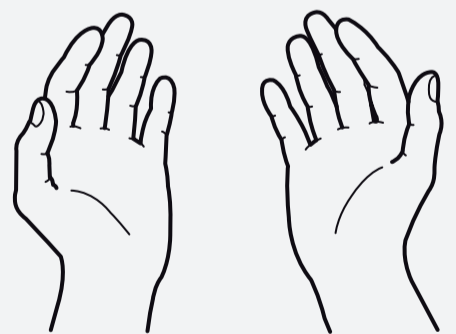
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



World Health Organization

Patient Safety

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SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

Wound care

Wound care

Your wound will have been cleaned and will most often have a dressing. For some wounds, stitches (sutures), thin strips of adhesive tape (steri-strips) and glue are used either alone or in combination. A tetanus booster may be required to be given in the hospital if you have insufficient cover. If local anaesthetic has been used it will wear off in 30-60 minutes and you may need to take painkillers.

Healing

A blood clot and scab will form in the first 24 hours after your wound has been repaired. This should not be cleaned or picked off as it is part of the healing process.

Increasing pain after 24 hours, redness, swelling or pus is abnormal and you should see your local doctor.

For some wounds, particularly those on the face, ointment may be prescribed as part of your wound management plan.

Dressings

A dressing may be used to protect the wound, depending on the site. Your doctor or nurse will advise you when the dressing should be changed or removed.

Suture removal

Suture removal is not usually painful and the length of time sutures are left in varies on the nature and site of the wound. Where there is glue and/or steri-strips, rather than sutures, you can trim the steri-strips but don't pick them off.

“Dos”

Do keep the wound clean and dry.

Do take simple painkillers e.g. panadol, nurofen.

Do elevate (keep raised) the affected part.

Do see your GP or Practice Nurse, as advised, to have your sutures removed.

Take this card with you.

Do give the wound a few days rest after the suture removal. After this, massaging the area with creams (ask your pharmacist) may assist in softening the scar tissue.

“Don'ts”

Don't use antiseptic solution or creams to clean off the blood clot.

Don't pick the scab off.

Don't play with the sutures.

When to seek advice

If your wound becomes more painful or you notice increasing redness or swelling you should contact your GP

Wound care

What to do — please ask your doctor or nurse to complete this section

Dressings

The dressing should be removed in

.....days by

By you ☐

By your doctor/nurse ☐

Sutures (stitches)

You have:

Removable sutures ☐

Dissolvable sutures ☐

You have sutures

The removable sutures should be removed

indays by your doctor/
nurse.

You are responsible for making the
appointment with your practice nurse for
suture removal.

Instructions:

Steri-strips

Your steri-strips can be removed in

.....days

To remove the steri-strips you should soak
the wound, with the steri-strips still in place,
in cold water and carefully peel them off.

Glue

Glue does not need to be removed. The
glue will fall off when the wound is healed.
Do not pick the glue.

When glue and steri-strips are used
together you can trim this but allow it to
come off on its own. Do not soak or pull off.

Other treatment

Antibiotics

Pain relief

Ointment

Other

Seeking help:



In a medical emergency go to your
nearest emergency department or
call 000.



**Emergency
Care Institute**
NEW SOUTH WALES

We share some interesting information through our monthly patient newsletters.

You can read these via our website:

<https://www.nexushospitals.com.au/locations/charlestown-private-hospital/news-events/>

