



Charlestown
Private Hospital
Hunter
Eye Hospital

Patient Information & Pre-Admission Booklet



To assist us in processing your admission, please follow the instructions enclosed in this booklet, complete the attached documents and return to Charlestown Private Hospital as soon as possible and no later than 7 days prior to your surgery. We look forward to caring for you during your short stay with us.

OPENING HOURS

Monday to Friday
7.00am till 5.00pm

Level 3, 250 Pacific Highway
Charlestown, NSW 2290

Phone: (02) 4943 1003

Fax: (02) 4943 1004

After Hours Patient Pickup:
(02) 4915 8999

Email: admin@charlestownprivate.com.au

www.nexushospitals.com.au

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We acknowledge the traditional land owners of Australia and we welcome all Aboriginal and Torres Strait Islander people to our service.



Patient Information

Please read and retain for your information.

Welcome and thank you for choosing Charlestown Private Hospital incorporating Hunter Eye Hospital to meet your current healthcare needs.

Charlestown Private Hospital (CPH) is a purpose built, specialist hospital offering world class healthcare services in a boutique environment. We are committed to providing the best available care to our patients, the best available service to our doctors and to providing an affordable and safe health care service to our community.

CPH is a member of Nexus Hospitals, Australia's largest independent operator of day-only and short stay hospitals and is fully compliant and accredited to AS/NZS ISO 9001:2016 and the National Safety and Quality Health Service NSQHS Standards.

Preparing for your admission

If you require an interpreter, please alert staff on 02 4943 1003 prior to your admission date.

The **forms** contained in this booklet and your consent form will need to be completed and posted back to us in the reply-paid envelope as soon as possible. Please do not post if your admission date is within 2 weeks please email, fax or bring them in. If faxed or emailed, the originals will need to accompany you on the day. Prompt return of forms will enable our staff to register your details and minimise any delays on your arrival for admission.

Completing forms on-line

Alternatively, you can complete your Pre-admission Form (MR1.1) and Health Assessment Form (MR1.2) on-line by visiting www.charlestownprivatehospital.com.au

Click on heading 'Patient Information' and then click on the green wording – Admission Form and Health Assessment Form online here.

Alternatively, click on 'Before your Surgery' on the same page which contains a green tab – 'Online Admission Form'.

You can print a PDF version here also 'Admission form PDF'.

You will need to forward your Medical Consent Form to us prior to your admission date by either fax or email and please bring in the original on the day of surgery.

Accounts and fees

Charlestown Private Hospital and Hunter Eye Hospital have contracts with most health funds. If you are a member of a health fund CPH will conduct an eligibility check for you to establish your level of cover and any excess payable. Patients covered by a health fund will be asked to sign a health fund claim form and will be required to pay any excesses, gap or co-payments on admission.

If you are having elective, self-funded (un-insured) surgery, your surgeon will provide information about the fees payable.

Once you have booked your procedure you will be provided with an informed financial consent. This document is provided to you as an estimation of fees according to your hospital booking including any hospital "out of pocket charges" and your health fund excess.

Unless specified, the estimate refers only to fees charged by the hospital and you will be required to pay all "out of pocket" fees upfront prior to admission.

CPH accepts credit card (Visa and Master card only), EFTPOS or bank cheque (no personal cheques are accepted). Cashless transactions are preferred at this facility.

Please note you may also receive a separate account from the doctors involved in your treatment (surgeon, anaesthetist, surgical assistant).

If you have any queries about your informed financial consent please contact our staff on (02) 4943 1003.

Patient Information

Please read and retain for your information.

Prior to admission

Admission times, fasting instructions and procedures

On the working day (not weekend) prior to your procedure you will receive a telephone call from our nursing staff. The nurse will advise you of your arrival time, your fasting times and review your medical history with you. This is an opportunity for you to ask any questions about your admission and post-operative care. The call will last approximately ten minutes.

It is vital you have a responsible adult accompany you home and stay with you for 24 hours following surgery. Please be advised that cancellation of your procedure will result if you do not have these arrangements in place. You must not drive a vehicle, drink alcohol, operate machinery, make important decisions, sign legal documents or travel alone on public transport for 24 hours after an anaesthetic.

If you become ill before surgery or you develop a cough, cold or any other illness you should contact your doctor and the staff at the hospital as your surgery may need to be postponed to a later date.

Fasting

Do not eat or drink anything after the specified time given to you by CPH staff.

If you would normally take medications during the fasting period, the nursing staff will advise whether to continue to take them at the normal times with a sip of water or bring them to the hospital with you. Certain medications may not be taken before your operation and your surgeon will advise you further. If you are taking blood thinning medication or have diabetes please consult your surgeon or anaesthetist.

When brushing your teeth prior to admission, do not swallow any water.

Please do not chew gum or lollies on the day of your surgery.

Smoking

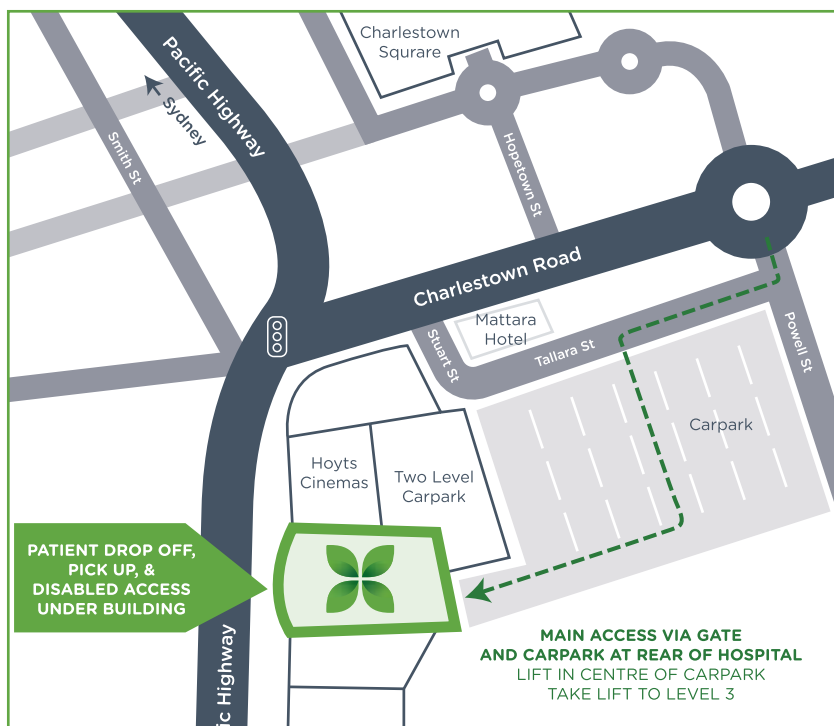
Do not smoke on the day of your procedure. Please be advised that CPH is a smoke free environment.

On the day of your admission

How to find us (refer to map)

Parking:

- Turn at the roundabout on Charlestown Road into Powell Street
- Turn right into Tallara Street
- Take the first turn left into the council carpark
- Continue to the far end left hand side of the car park (which is not undercover) you will see the hospital sign up on the rear of the building
- Please walk through the gate at the rear of the building, you will see a Directory Board on the left hand side.
- The lift is located in the centre of the underground carpark - take the lift to Level 3



Patient drop off, pick up and disabled access:

- Head north along the Pacific Highway towards Newcastle
- Pass the Hoyts sign on your left
- Enter the driveway immediately after the Hoyts sign
- Drive down underneath the building
- The lift is located in the centre of the underground carpark - take the lift to Level 3

Please read and retain for your information.

On the day of your admission cont.

What to bring:

- Medicare card, Health Insurance membership card, Veteran's Affairs card, Pension card
- List of medications that you are currently taking
- Any recent x-rays, scans or test results (if applicable)
- Advanced Care Plan and /or treatment limiting orders

Do not:

- Bring large sums of money (apart from any payment required on admission)
- Bring valuables such as jewellery (wedding ring and watch permitted) as we cannot accept responsibility for their security
- Wear nail polish, makeup or high heels. Please also remove all facial and mouth piercings.

Please shower or bath on the day of admission to the hospital and wear clean loose comfortable clothing.

On arrival at the hospital

The reception staff on Level 3 will go through your admission process with you and then you will be ready for your nurse admission. If you have an early morning arrival time, please be aware that the hospital is not open 24 hours and you will not be able to access the building if you arrive earlier than your allocated arrival time.

Patient Identification

Once you arrive at CPH, our staff will confirm your name, date of birth, admitting details and doctor. Do not be alarmed if at each stage of your care our staff members confirm these details in addition to the proposed procedure and site of the procedure. These identification processes are for your protection, however, please note that our staff are aware of who you are but must ensure the identification procedures are carried out.

Our nursing staff will prepare you for your procedure. They will ask you questions regarding your health and record your temperature, pulse, and blood pressure. During this time, you may be required to change into a hospital gown.

Anaesthetic

You will have a private consultation with the anaesthetist before your procedure. The anaesthetist will ask you about your general health, any allergies, your current medications and any previous surgery or illnesses. You may be asked to sign a consent form for the anaesthetic. You will be monitored by the anaesthetist during your procedure.

Waiting period on the day of surgery

Although every attempt is made to ensure the waiting period before your procedure is not unduly long, it is often not possible to schedule operations for a specific time or to follow a specific schedule. Each procedure varies from patient to patient; some may require longer periods in theatre than others. You are therefore asked to bring with you something to occupy your time whilst you are waiting.

After your surgery

Recovery

On arrival in recovery, you will be monitored in a bed and when you are ready you will be moved to a comfortable recliner chair. You will be given light refreshments.

The hospital staff will assist you by estimating the time of your discharge on the day of your surgery. It is essential that you have a responsible adult to collect you from CPH, accompany you home and stay with you for 24 hours. Your carer will receive discharge instructions, please ensure you follow these.

If a post-operative appointment with your surgeon has not been made for you prior to discharge, please call your surgeon's rooms to arrange one.

If you are given a prescription for pain relief and/or antibiotics, this will need to be filled on the way home as the medications may be required soon after arriving home.

Wound Care

Please follow the post operative wound care instructions given to you on discharge.

If concerned, please see contact details and instructions on your post operative instruction sheet.

When you go home

Allow yourself time to recover and rest during the first 24 hours.

Things to avoid:

- Driving a car, riding a motorbike or operating machinery in the first 24 hours after your anaesthetic or until authorised by your doctor
- Signing important documents in the first 24 hours after your anaesthetic
- Drinking alcohol and smoking
- Straining or strenuous activity
- Looking after small children
- Travelling on public transport unaccompanied

Please take the time to read your post-operative instructions as they include important information about your after care and what to do if you have problems or questions.

Post operative phone call

You will receive a call from our nursing staff the next working day after your procedure (not on weekends) to discuss your post-operative care and feedback. If you have had a pain management procedure you will receive a phone call from the nurse at Northern Integrated Pain Management.



Pre Admission Form

Tel: (02) 4943 1003
Fax: (02) 4943 1004
Email: admin@charlestownprivate.com.au



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Patient Label

PLEASE COMPLETE AND RETURN ADMISSION FORMS AS SOON AS POSSIBLE PRIOR TO YOUR DATE OF ADMISSION.

Surgery Booking

Date of admission:	Surgeon:
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Personal details

Have you ever been admitted to CPH before ☐ Yes ☐ No

Title:	Surname:	Given names:
Preferred name:		Marital status:
Date of birth:		Gender:
Street address:		
Phone home:	Mobile:	Work:
Email address:		
Postal address same as above <input type="checkbox"/> Yes <input type="checkbox"/> No if no, postal address:		
Occupation:	Religion:	
Country of Birth:	Language spoken at home:	
Indigenous status: <input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both <input type="radio"/> Neither <input type="radio"/> Decline to answer		

Next of Kin

Name:	Relationship:	
Address:		
Phone home:	Mobile:	Work:

Emergency Contact

Name:	Relationship:	
Address:		
Phone home:	Mobile:	Work:

Medicare

Medicare Number: _____	
Your name position number is: _____	Expiry Date: ____ / ____

Department of Veteran Affairs

Card: <input type="checkbox"/> Gold <input type="checkbox"/> White	Card number:
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Work Cover ☐ TAC ☐

Insurance Company:	Claim number:
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Private Health Insurance

Please check with your health fund that you are covered for your admission to CPH

Name of Health Fund:	Membership number:
Policy name:	Joining date:
Name of contributor:	Relationship:
Do you have an excess <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Do you have a co-payment <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

Please turn over



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Please read the below carefully,
complete and sign

Financial Consent

An estimate of my hospital fees has been explained to me.

Privately insured patients

I understand that the hospital will forward my account directly to my health fund on my behalf. I further understand I will be responsible for and agree to pay the balance of any monies outstanding to Charlestown Private Hospital should there be a shortfall, account denied or reduced payment by my health fund.

I understand that if I have an excess or co-payment attached to my policy that it will have to be paid before or on admission and prior to surgery.

Self funded patients

I understand that I will be required to pay the estimated cost of hospitalisation before or on admission and prior to surgery. Any variance from the estimated cost will either be invoiced for payment or refunded within 7 days.

Consent to use personal information

I understand that if I have any concerns about privacy, I may raise them when I come to the hospital for admission. I have read the booklet and the section related to Privacy and I understand my rights to privacy and how my personal information will be used at the hospital. I give my consent to the use of my personal information as described in the booklet. I understand that I may withdraw my consent at any time.

Discharge arrangements

We take your safety seriously and it is our duty of care and a requirement of the hospital that you have a responsible adult take you home from Charlestown Private Hospital, care for you immediately after your surgery / procedure and at least overnight. We may cancel your procedure if these arrangements are not in place.

Please complete the details below:

Name and contact details of person driving you home

Name:..... Phone number:.....

Name address and contact details of the person caring for you overnight

Name:..... Phone number:.....

Address:.....

I have carefully read all of the above. I have been informed of the estimate of hospital fees and duly note my obligation in regard these. I consent for the use of my personal information as outlined in the booklet. I have arranged for someone to care for me after my surgery/ procedure and overnight as per the policy of the hospital. I also understand that the hospital will not be held liable for any valuables that I bring to the hospital.

Signature:..... Print name:..... Date:.....

(Patient or Parent / Guardian – Please indicate)



Health Assessment Form

Tel: (02) 4943 1003
Fax: (02) 4943 1004
Email: admin@charlestownprivate.com.au

PLEASE COMPLETE IN FULL

Patient Medical History: to be completed
by Patient, Carer or GP prior to admission



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Do you consent to the hospital communicating with your General Practitioner: <input type="radio"/> Yes <input type="radio"/> No			
GP Name:		GP Practice:	
GP Suburb:		GP Telephone:	
Allergies: including drugs, latex (rubber), food, tapes, lotions etc: <input type="radio"/> Yes (Please List) <input type="radio"/> No			
Have you had a severe life threatening reaction to any of the above <input type="radio"/> Yes <input type="radio"/> No If yes which one:			
Medications: please include dose and amount taken daily (attach list if needed) including non-prescribed drugs, substances and supplements e.g. fish oil, vitamins, powders, herbs:			
Previous surgery: (attach list if needed)			
Height:		Weight:	
Diabetes: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Type 1 <input type="radio"/> Type 2		<input type="radio"/> Insulin Dependent <input type="radio"/> Tablet <input type="radio"/> Diet	
Do you take Warfarin, Aspirin or other blood thinning drugs? <input type="radio"/> Yes <input type="radio"/> No		Have you been instructed to stop? <input type="radio"/> Yes <input type="radio"/> No If yes when:	
Previous anaesthetic problems/ reactions: Details:	<input type="radio"/> Yes <input type="radio"/> No	Family history of anaesthetic problems / reactions Details:	<input type="radio"/> Yes <input type="radio"/> No
Blood Pressure: <input type="radio"/> High <input type="radio"/> Low	<input type="radio"/> Yes <input type="radio"/> No	Lung disease	<input type="radio"/> Yes <input type="radio"/> No
Heart attack: If yes, date:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Asthma / <input type="radio"/> Bronchitis / <input type="radio"/> Shortness of breath	<input type="radio"/> Yes <input type="radio"/> No
Chest pain / Angina	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Sleep Apnoea / <input type="radio"/> Sleep Disorders	<input type="radio"/> Yes <input type="radio"/> No
Heart stents:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Emphysema / <input type="radio"/> Pneumonia	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Heart valve replacement / <input type="radio"/> Repair / <input type="radio"/> Bypass	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Recent cough / <input type="radio"/> Cold / <input type="radio"/> Sore Throat	<input type="radio"/> Yes <input type="radio"/> No
Anaemia/ bleed or bruise easily	<input type="radio"/> Yes <input type="radio"/> No	Do you live alone?	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Pacemaker <input type="radio"/> Defibrillator	<input type="radio"/> Yes <input type="radio"/> No	Depression or other current Mental Health issues? Please specify:	<input type="radio"/> Yes <input type="radio"/> No
Joint or other implants/ replacements: If yes please specify where:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dementia / <input type="radio"/> Memory Loss / <input type="radio"/> Confusion / <input type="radio"/> Delirium	<input type="radio"/> Yes <input type="radio"/> No
History of blood clots: If yes where:	<input type="radio"/> Yes <input type="radio"/> No	High Cholesterol	<input type="radio"/> Yes <input type="radio"/> No
History of blood transfusion/s:	<input type="radio"/> Yes <input type="radio"/> No	History of Rheumatic Fever	<input type="radio"/> Yes <input type="radio"/> No
Indigestion or reflux	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Liver disease / <input type="radio"/> Hepatitis / <input type="radio"/> Jaundice Year:	<input type="radio"/> Yes <input type="radio"/> No
Have you had or have a multi resistant organism infection? Hospital: Year:		<input type="radio"/> MRSA / <input type="radio"/> VRE / <input type="radio"/> CPE / <input type="radio"/> MRGN / <input type="radio"/> MRO Have you received clearance? <input type="radio"/> Yes <input type="radio"/> No	



Please turn over

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Cortisone/ steroid therapy	<input type="radio"/> Yes <input type="radio"/> No	Do you have a neurological condition? Please specify: <input type="radio"/> Stroke / <input type="radio"/> MS / <input type="radio"/> Motor Neurone / <input type="radio"/> Parkinson's disease	<input type="radio"/> Yes <input type="radio"/> No
Peripheral Vascular Disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Fainting / <input type="radio"/> Dizziness / <input type="radio"/> TIA's	<input type="radio"/> Yes <input type="radio"/> No
Do you have Dentures, caps, crowns, bridge or plate?	<input type="radio"/> Yes <input type="radio"/> No	Stress related conditions	<input type="radio"/> Yes <input type="radio"/> No
Back or neck problems	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Seizures / <input type="radio"/> Epilepsy <input type="radio"/> Fits	<input type="radio"/> Yes <input type="radio"/> No
Body Piercings? Where:	<input type="radio"/> Yes <input type="radio"/> No	Kidney disease	<input type="radio"/> Yes <input type="radio"/> No
Skin condition specify:	<input type="radio"/> Yes <input type="radio"/> No	Does your skin tear easily?	<input type="radio"/> Yes <input type="radio"/> No
Pressure ulcer/ area Where:	<input type="radio"/> Yes <input type="radio"/> No	Existing wounds specify:	<input type="radio"/> Yes <input type="radio"/> No
Arthritis: Where:	<input type="radio"/> Yes <input type="radio"/> No	Have you or do you have a blood borne infection e.g. HIV/ Hepatitis B and C? Which one:	<input type="radio"/> Yes <input type="radio"/> No
Do you have any other infection/s? Specify:	<input type="radio"/> Yes <input type="radio"/> No	Tuberculosis (TB)	<input type="radio"/> Yes <input type="radio"/> No
Have you travelled from overseas in the last 4-6 weeks or stayed in an overseas hospital and/or aged care facility in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No	Have you been infected or been in contact with a person known to have influenza / cold / acute respiratory illness / chicken pox / measles etc. in the last 14 days?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a family history of Creutzfeldt-Jakob Disease (CJD)?	<input type="radio"/> Yes <input type="radio"/> No	Do you have a "Medical in Confidence" letter or have been involved in a "Look Back" study in regards to CJD risk?	<input type="radio"/> Yes <input type="radio"/> No
Did you receive human pituitary hormones prior to 1986 (growth/ infertility)?	<input type="radio"/> Yes <input type="radio"/> No	Organ Transplant: Please provide details:	<input type="radio"/> Yes <input type="radio"/> No
Did you undergo surgery on the brain (neurosurgery) before 1990?	<input type="radio"/> Yes <input type="radio"/> No	What type of operation was it?	
Do you drink alcohol? If yes, how much?	<input type="radio"/> Yes <input type="radio"/> No	Do you use or have used recreational drugs in the last 12 months? Details:	<input type="radio"/> Yes <input type="radio"/> No
Do you smoke? Number per day:	<input type="radio"/> Yes <input type="radio"/> No	Are you or could you be pregnant?	<input type="radio"/> Yes <input type="radio"/> No
Do you have special dietary requirements: Details:	<input type="radio"/> Yes <input type="radio"/> No	Are you receiving home assistance?	<input type="radio"/> Yes <input type="radio"/> No
Are you the sole carer of someone at home?	<input type="radio"/> Yes <input type="radio"/> No	Will you require extra assistance when you go home following your procedure? Specify:	<input type="radio"/> Yes <input type="radio"/> No
Do you have a <input type="radio"/> hearing or <input type="radio"/> vision impairment? Detail:	<input type="radio"/> Yes <input type="radio"/> No	Do require a walking aid? Detail:	<input type="radio"/> Yes <input type="radio"/> No
Have you had a fall or tripped over in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No	If yes, how many times and how:	
Do you have or had any other significant disease, illness or infection?	<input type="radio"/> Yes <input type="radio"/> No	Detail	
Do you have an Advanced Care Directive?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please bring a copy	
Do you require an interpreter?		If yes, which language:	

I have carefully read the above and I certify that the information I have given is correct and true to the best of my ability.

Signature:..... Date:.....

Print name:.....



Your privacy

In selecting CPH, we assure you that both your privacy and dignity will be maintained at all times. Medical records will be held relating to your medical treatment and the contents of those records will only be divulged with your consent or where permitted or authorised by law. We will handle your personal information in accordance with the Privacy Act 1988(Cth) (including the Australian Privacy Principles under that Act) and other applicable laws.

We will collect personal information about you including the information set out in this booklet, and other personal information (including health information) that we require. Generally, we will collect this information from you, but we may also collect this information from third parties such as other health practitioners and health professionals. If we are unable to collect this information we may be limited in the services that we can provide.

Understanding your rights and responsibilities

CPH is committed to providing the best possible patient care. As a patient you have certain rights and responsibilities.

Australian Charter of Healthcare Rights

The Australian Commission on Safety and Quality in Health Care 2019:

CPH displays the Australian Charter of Healthcare Rights and we also have copies in 17 community languages and Braille.

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

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

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

- 1 Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.
- 2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- 3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



Please read and retain for your information.

What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
Access I have a right to health care.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high quality care	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

Complaints, concerns, feedback

Please take the time to complete the Patient Satisfaction survey your nurse will give you following your procedure. Your honest feedback is very important to us and any suggestions for improvement you may have will be valued as well as welcomed.

If, in the event you are dissatisfied with any aspect of your care please contact the Director of Clinical Services. Any complaint will be promptly acknowledged and investigated thoroughly by the relevant person in the organisation. CPH will then communicate the outcome of the investigation and recommendations to you.

Any unresolved complaints may be referred to:

Health Care Complaints Commission

Locked Mail Bag 18
Strawberry Hills, NSW 2012

Phone: (02) 9219 7444

Email: hccc@hccc.nsw.gov.au

For further information please visit www.safetyandquality.gov.au
<https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

Patient's responsibilities

- Provide information to your doctor and hospital staff to enable them to provide the necessary care or treatment.
- Ask all relevant questions of your doctor or health service provider and ensure you understand before consenting to treatment.
- Co-operate in the provision of your care and report any changes in your condition to the nursing staff or your doctor.
- Respect the rights of other patients, staff and visitors
- Respect hospital property and policies
- Actively participate in the planning of your after-discharge care and follow your post-operative instructions.
- If you have a concern or complaint please voice to a staff member so they can take action to remedy the situation.

Please read and retain for your information.

Our safety & quality program

CPH has a comprehensive Quality & Safety Program. We aim to maintain the highest level of care to our patients in a patient centred, safe and supportive environment. Our hospital adheres to all statutory, legislative, relevant body guidelines and Australian Standards. To achieve a high standard of care we work together as a team under the management of the Board of Directors, Medical Advisory Committee (MAC) and Director of Clinical Services within the following functions:

Quality management

A comprehensive program is in place to continually monitor, assess and improve the quality of patient care. Peer reviewed activities are conducted by the MAC to ensure that the safest possible care is provided to our patients. As part of this process we publish information about clinical performance, health outcomes and patient satisfaction. This information is also benchmarked against the National Standards, where applicable.

Leadership and risk management

CPH uses an integrated approach to identify, assess, analyse, evaluate, treat, measure, monitor and control the complex array of risks involved in healthcare. We take a proactive approach, placing the emphasis on risk prevention to provide the safest possible environment for patients, visitors and staff.

Workforce planning

We employ dedicated specialist clinical staff members to ensure our patients receive the highest standard of care possible in a comfortable and safe environment. Our staff are all credentialed and competency assessed to perform the roles they are engaged to undertake.

Safety Management

CPH undertakes planned and regular biomedical testing and maintenance of its equipment and plant. Audits are conducted on a frequent basis to ensure the environment is safe for all who visit CPH.

Clinical handover

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for patients when they are transferred from one person to another. The clinical leaders and senior managers of CPH have implemented systems for the effective and structured clinical handover of our patients. Our patients and carers are encouraged to be involved in the clinical handover process particularly when they are discharged to go home.

Infection control

CPH has a comprehensive Infection Control program aimed at preventing and limiting the spread of infection through evidence-based research to guide clinical practice. Our program consists of education for all stakeholders, including auditing of staff practices, infection prevention measures, surveillance, monitoring and investigation of health care associated infections.

Consumer participation

As a consumer of the healthcare services provided at CPH, we welcome your interest in reviewing our Quality & Safety report and providing feedback on how the services could be improved at CPH. Our staff may approach you or your family to ask you for feedback through a short survey. Your feedback and advice are both welcomed and greatly appreciated.

Pecuniary interest

For your information the following practitioners or relatives of a practitioner being Drs R. Singh, K. Manku, D. Manning, N. Moncrieff, S. Tame, J Prickett, have a non-controlling pecuniary interest in Charlestown Private Hospital.

Once again, we wish to welcome you to Charlestown Private Hospital and thank you for choosing us to meet your current health care needs.



Charlestown Private Hospital

Hunter Eye Hospital



Level 3, 250 Pacific Highway
Charlestown, NSW 2290

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