

Paediatric Admission Booklet

For children up to the
age of 13 years



We look forward to caring for your child during their short stay with us.

To assist us in processing your child's admission, please follow the instructions enclosed in this booklet, complete the attached documents (listed below) and return them to South Perth Hospital as soon as possible and no later than 3 days prior to your child's surgery. Please print clearly on all forms.

- ☐ Paediatric Pre-Admission Information form
- ☐ Patient Privacy Information form
- ☐ Consent to Procedure form
- ☐ Paediatric Health History form

To allow us to process your child's admission promptly, please:

Scan & email to:
reception@sph.org.au OR

Post to:
PO Box 726 COMO WA 6952 OR

Fax to:
(08) 9474 2541

Please bring the original forms with you on the day of admission

South Perth Hospital
76 South Terrace, South Perth WA
6151

(08) 9367 0222

www.sph.org.au

Welcome to South Perth Hospital!

Where our Mission is to provide to the Community of Western Australia a modern health facility where caring and dedicated staff can provide excellent services.

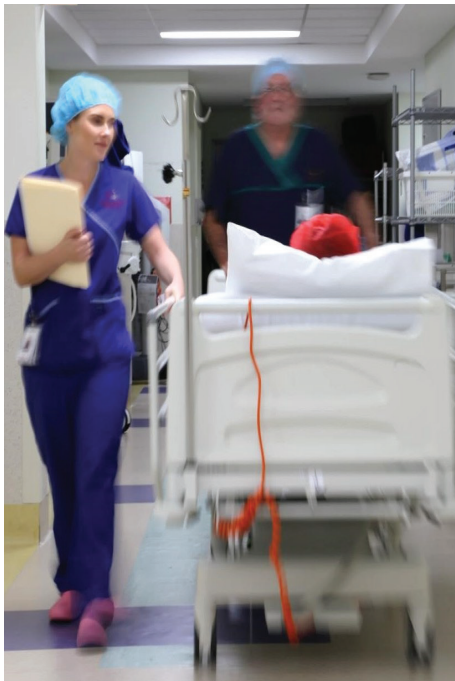
Welcome to South Perth Hospital and thank-you for choosing us to manage your child's care. We understand that coming to hospital for a procedure can be a stressful time and we strive to ensure that you and your child have the best possible experience.

At South Perth Hospital, our staff will work in partnership with you to provide a high level of safe and effective care.

Please feel free to approach our staff at any time and do not hesitate to ask questions if you are unsure about anything.



About South Perth Hospital



South Perth Hospital has been serving the community of Western Australia since 1956 and was the result of a community campaign. The South Perth Community Centre Association was formed in the years after the 2nd World War and began fund raising to have the hospital built. This effort along with financial support from the State Government, funded the building of a hospital with twenty six beds and two operating theatres.

In 1959 a 15 bed maternity wing was added which provided services until 2002. In 2003 the adjective "Community" was removed from the name of the hospital to reflect that the hospital was now providing services to a wider community than just South Perth.

Today the hospital has 95 beds, 5 operating theatres and a procedure room.

Purpose of this document

This pre-admission booklet includes important information to help you prepare for your child's admission and outlines what you can expect from an admission to South Perth Hospital. It also includes essential forms we need you to complete prior to admission. They are:

- Paediatric Pre-admission Information (MR 2)
- Patient Privacy Information (MR 40)
- Patient Consent to Procedure (MR 42)
- Paediatric Health History (MRP 92)

You can find more useful information about visiting South Perth Hospital on our website, www.sph.org.au

Preparing for your child's admission

In most instances, your doctor will determine the date and arrival time for your admission. They will also determine the operating list order of their patients. A member of staff will call you 1-2 days prior to your child's admission to discuss arrival time, fasting instructions and to confirm your child's details and care requirements. Please note that the admission time may **not** match the surgery time and patients are seen according to their order on the operating list and theatre requirements and not necessarily in order of their arrival.

A visit to hospital can be confronting for both children and parents. Here are some tips to help you prepare them (and you!) for their admission:

- Tell your child honestly and truthfully why they need to come to hospital. Telling your child before coming into hospital gives them time to prepare by asking questions and talking with you and others.
- Use simple words your child will understand. Depending on the age of the child, give them plenty of time for 'hospital play'. You can get them to do things like bandaging a teddy, listening to family member's heart beats, practicing taking medicine.
- Read books together about going to hospital. Your local library, school, kindergarten or child care may be able to assist you.
- Be prepared for your child to ask the same question several times. Each time you answer them they will be absorbing a little more information as well as getting reassurance from you.
- Plan with your child and involve them in choosing what you will bring into hospital:
 - ◇ A favourite activity or maybe a new one especially for the hospital
 - ◇ A favourite doll, blanket, teddy or other comfort item
- Consider telling your child's school, kindergarten or childcare about the hospital admission. They will also be able to help prepare your child for their hospital admission.
- Reassure your child that you will be coming and staying with them. Usually, one parent will be able to stay with your child until they are asleep (have an anaesthetic) before their surgery. In most cases, one parent can also be with them in recovery after the operation.

Fasting

It is vital that your child is fasted prior to surgery. This is necessary to reduce the risk of food or fluid being vomited under anaesthesia and being inhaled into the lungs and fasting times may vary depending upon the type of anaesthetic your child is having. Your Surgeon or Anaesthetist will advise you as to the fasting requirements for the surgery. During this period your child should have nothing to eat or drink, including sweets and water. These short periods of fasting before surgery are harmless even for very young children.

If fasting instructions are not followed, the procedure may have to be delayed or postponed in the interests of your child's safety.

Medications

If your child takes any regular medications (including non-prescription medications), you should discuss this with your child's doctor. You may need specific instructions regarding which medications should be ceased and which should be continued prior to your child's admission.

If your child is diabetic, it is important that you discuss diabetes medications instructions with your child's doctor.

Showering

All patients having a procedure should have a bath or a shower (with soap) either on the evening before their admission (morning procedures) or on the morning of their procedure (afternoon procedures). Moisturisers, deodorant, talc or perfume should not be used.

Please remove any nail polish, jewellery and make-up before coming into hospital.

Smoking and alcohol policy

South Perth Hospital is a smoke free and alcohol free zone. Smoking is not permitted within the hospital building or within 5 metres of the hospital grounds.

What to bring

For parents:

- **All entitlement cards** e.g. Medicare, Health fund, Veteran's Affairs or Pension card.
 - Any paperwork not already forwarded to the Hospital.
 - Any relevant blood results, x-rays, scans or films.
 - Your child's current medications (in their original containers). Children who are asthmatic should bring in their puffers and spacers.
 - Comfortable clothing/sleepwear and personal items if you are intending to stay with your child overnight.
 - Books or other reading material/activities.
- Please do **NOT** bring in any valuable items or electrical equipment.

For your child:

- Your child's preferred book, toy or cuddly if they have one.
- Special toy, books or games.
- Your child's preferred bottle or feeding cup if they have one.
- Infant formula (if required).
- Any pyjamas and toiletries/personal items, including cotton underwear or disposable nappies.
- Any other special items/equipment required for your child.

What not to bring

- Valuables of any kind, including electronic equipment, jewellery and large sums of money. The Hospital **cannot** accept responsibility for the security of personal items.
- Large luggage/suitcases, these cannot be accommodated.

Room allocation

Whilst every effort is made to accommodate your requests, room allocation will depend on availability. Where a shared room is requested and a single room allocated, additional fees may apply.

If your child is expected to stay overnight, only **one** parent can stay with them. A day bed or recliner chair will be provided, along with meals for the boarding parent. No siblings can be accommodated overnight. Please refer to our website for further information for boarding parents.

For children undergoing day surgery, due to the space constraints in the Day Surgery area, only one parent can be accommodated and we regret to advise that no siblings are permitted in this area, unless they are a Breast-fed infant.

Access and parking

All admissions are via the main entrance of the Hospital at 76 South Terrace, South Perth. A large, free off street car park is located at the rear of the Hospital (off Burch Street) which is available for all patients and visitors.

For patients and visitors with limited mobility, a disabled parking bay is available at the front door of the Hospital to ensure ease of access to the main entrance.

Interpreter services

If you require the assistance of an interpreter during your child's admission, please indicate this on the Paediatric Pre-Admission form and one will be arranged on your behalf.

Visiting hours

A parent can be with their child at all times on the ward. Visiting times for family and friends may be subject to change. Please refer to our website for our most up to date visiting hours, www.sph.org.au

Cancellations

If you are unable to keep your booking for admission, please contact the Hospital as soon as possible on (08) 9367 0222.

Your child's admission and stay

Please attend the Hospital for admission at the prearranged time (note, the main doors will not be opened until 6am). Should you have any questions about your child's admission, please contact us on (08) 9367 0222. Although every attempt is made to minimize the time between your child's admission and their proposed procedure, there may be a longer than expected waiting time prior to their surgery. Unforeseen events may arise with other patients undergoing procedures resulting in longer waiting times than scheduled. Once you arrive, our staff will confirm your child's name, date of birth, admission details and doctor. Do not be alarmed if at each stage of your child's care our staff re-confirm these details along with the proposed procedure. These standard identification procedures are designed for your child's protection.

The procedure

The Anaesthetist will examine your child and ask a number of questions which will help them plan for safe and appropriate anaesthesia care. The Anaesthetist will discuss the best plan and any options for your child's operation. This is the time when you should discuss your own concerns and anxieties. A nurse may apply a local anaesthetic "numbing" cream to your child's hands. This makes the insertion of an intravenous drip at the start of the anaesthetic process less painful for most children. An oral sedative is sometimes used to help children relax before surgery. This is most useful for children who are afraid or anxious.



Children undergoing surgery will be transferred to the Operating Suite on their bed, or you may carry them if they are distressed or anxious. One parent may accompany the child to the Operating Suite, where you will be asked to wear a gown and hat before entering. Once there, staff will once again check your child's identity prior to the procedure and you can stay with them until they are asleep. Watching your child go to sleep may be distressing. This is normal. You must return to your child's room as soon as they are asleep so that the staff can concentrate on caring for your child.

If you have to bring your child's siblings into hospital, you must bring a support person to help look after them while you are caring for the child undergoing the procedure. Nursing staff cannot care for siblings as their responsibility lies with the child who is the patient.

After the procedure

At the end of the procedure, your child will be taken into the Recovery Room until they are awake enough to return to the ward. At the discretion of Clinical Staff, one parent may be admitted to this area if required, once your child is awake. Please ensure that there is someone to stay with any other children as there are no child-minding facilities within the hospital.

Some children can be drowsy, confused, restless and sometimes distressed on waking. This is a normal part of recovery. For very young children taking a bottle into the Recovery Room may help calm them.

Once back in their room, it is preferable that your child settles and has a sleep. The nursing staff will be observing your child closely. Your child may return with a cannula, which may be capped or used for intravenous fluids. If present, the cannula needs to stay in until discharge. The staff will also be checking the operation site or wound dressing to ensure that there is no excessive ooze.

Your child may have an ice-block or small sips of fluid once awake, babies can be breast-fed or have small amounts of formula. Once fully awake, they can have a light diet.

Going home

Day Surgery: Discharge from hospital usually occurs between 1 to 4 hours after leaving the Recovery Room. The timing depends upon the type of surgery and how well your child recovers from the anaesthetic. The staff will ensure that your child is comfortable and that the cannula (if present) is removed before going home. You will be provided with discharge instructions specific to your child.

Overnight Stays: Discharge usually occurs between 9 and 10am the morning after surgery. This is dependent upon your Surgeon's orders and your child's condition. Please discuss any issues regarding discharge with the nurse caring for your child.

Instructions on caring for your child at home and any follow up appointments required will be explained to you prior to discharge.

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SURNAME	UMRN
GIVEN NAMES	
D.O.B	SEX
ADDRESS	

Use Patient I.D. label when available

This Hospital Visit	Admitting Doctor		Office Use Only		
	Admission Date		Form	Date received	
	Admission Type <input type="checkbox"/> Day Case <input type="checkbox"/> Overnight <input type="checkbox"/> Local Anaesthetic	<input type="checkbox"/>	MR 2		
		<input type="checkbox"/>	MR 40		
		<input type="checkbox"/>	MR 42		
		<input type="checkbox"/>	MR 92		
Advised costs? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Personal Details	Medicare Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Position number <input type="text"/> Expiry Date:				
	Title	Family Name	Given Name (s)		
	<input type="checkbox"/> Miss <input type="checkbox"/> Master				
	Date of Birth	Age	Gender		
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate		
	Residential Address				
	Post Code:				
	Postal Address (if different to above)				
	Post Code:				
	Contact Details				
	Home	Mobile	Work		
	Email:				
	Marital Status	Employment Status	Country of Birth		
	<input type="checkbox"/> Never married	<input type="checkbox"/> Student <input type="checkbox"/> Child not at school <input type="checkbox"/> Other			
	Religion/denomination	Language spoken at home			
		<input type="checkbox"/> English <input type="checkbox"/> Other, specify: <input type="checkbox"/> Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Does your child identify as: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & TSI <input type="checkbox"/> Neither <input type="checkbox"/>				
	Has your child been a patient in South Perth Hospital before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Surname on previous admission (<i>if different to current</i>)				
	Health Fund	Pharmaceutical / Concession Card			
		Type	Card Number	Expiry Date	
		Department of Veteran's Affairs / Defence Personnel			
		DVA File Number:	DVA Card Colour: <input type="checkbox"/> Gold <input type="checkbox"/> White		
		Defence Force EPID:	Approval Number:		
		Private Health Insurance			
Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (Uninsured patients MUST pay all estimated fees on admission. Contact Patient Billing & Accounts [08-9367 0222] to obtain quote)					
Name of Health Fund:		Table:			
Membership Number:		Excess/Copayment:			
Please check your level of cover, excess & copayment information with your health insurance fund prior to your child's admission. Please bring ALL relevant cards with you on day of admission.					
Has your child been a private patient in a hospital in the past 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PAEDIATRIC PREADMISSION INFORMATION		SURNAME		UMRN
		GIVEN NAMES		
		D.O.B		SEX
		ADDRESS		
Use Patient I.D. label when available				
Health Fund	Preferred Accommodation			
	<input type="checkbox"/> Single room <input type="checkbox"/> Shared room	Whilst every effort is made to meet your room preference, room allocation is dependent upon availability. Please note that single room fees are higher than those for shared room & it is strongly recommended that you check your level of health insurance cover prior to admission. Where a shared room is requested and a single room allocated, additional payment may apply. Day surgery patients will be allocated a shared room.		
	<input type="checkbox"/> Boarder to stay	Relationship to child:		Only one boarder per child.
	Name of person responsible for account:			
	Address of responsible person (if different to patient address):			
	Post Code:			
Compensation Claims	Is your child's admission to SPH related to an accident or injury? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", briefly describe how the injury occurred below.			
	Indicate Compensation being claimed: <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Motor Vehicle Insurance Trust Note: Should your child's claim NOT be accepted by the insurance company, <u>you will be responsible</u> for the immediate payment of your child's account			
	Claim Details			
	Date of injury:		State where occurred (e.g. WA, Qld):	
	Employer's name:			
	Employer's address & contact number:			
	Claim Number:		Insurance Company:	
	Contact Name & Number:			
Next of Kin Details	Name:		Relationship to child:	
	Address (if different to address previously given)		Post Code:	
	Home Ph:	Mobile:	Work:	
	Name of other contact (in Australia but living with child):			
	Home Ph:	Mobile:	Work:	
GP Details	Name of GP/Clinic:			
	Address:			
	Phone:			
MyHealth Record	South Perth Hospital may upload information from your child's current episode of care to their/your MyHealth Record where you have approved for this to occur. Information uploaded may include: a Discharge Summary, and/or Endoscopy Unit Procedure Report. You may withdraw your consent for information to be uploaded to your child's/your MyHealth Record at any time.			
	Do you want information from your child's episode of care to be uploaded to your child's/your MyHealth Record?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature:		Date:	

DO NOT WRITE IN MARGIN



PATIENT PRIVACY INFORMATION

SURNAME

UMRN

GIVEN NAMES

D.O.B

SEX

ADDRESS

Hospital Use Only

Patient I.D. label to be used when available

Privacy Amendment (Enhancing Privacy Protection) Act, 2012

South Perth Hospital respects and upholds your rights to privacy and protection of personal/health information as outlined by the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act, 2012. Your rights and responsibilities as a patient as outlined in the Australian Charter of Healthcare Rights are also supported. Details of these can be found on our website (www.sph.org.au).

Collection of Personal Information

Information including name, date of birth, gender, health fund/insurance details, medical history and financial consent will be collected by SPH. This is primarily used to ensure that you receive optimal care. However it can also be used for other purposes. Normally we would collect this information directly from you, however in an emergency situation we may need to obtain this from relatives or other sources if you are unable to provide consent. We may need to obtain information about you from your GP, other hospitals or other health care providers such as pathology and radiology companies.

Use of Personal Information

Health information is only used by South Perth Hospital to provide treatment and care, to recover costs from health insurance funds or other insurance agencies, for quality assurance/clinical audit or evaluation activities, for management, service monitoring, training and education, complaint management and accreditation activities.

Disclosure of Personal Information

The personal information collected by SPH about you may be shared amongst healthcare professionals involved in your care and ongoing treatment both within and outside of SPH. These may include doctors, nurses, allied health professionals and other health service providers. South Perth Hospital is **required by law** to provide certain State and Federal agencies (including the Health Department of Western Australia) with identified data for each episode of care and when a diagnosis of a notifiable disease is made. South Perth Hospital is also **legally required** to provide the Health Funds with information about their clients who attend the Hospital. Your information may also be shared with the manufacturers of implants and medical devices that you receive as part of your treatment, these manufacturers may be located overseas. Information about your admission may also be uploaded to your MyHealth record when approved by you.

Information about you may be used to inform your next of kin or other authorised persons identified in your admission form. Information may include the outcome of your treatment or to obtain consent for necessary treatment when you are unable to give such consent.

Accessing and/or Amending your Records

You may obtain access to your own records by completing a "Request to Access Personal Information" form. We endeavour to provide you with a range of suitable choices as to how you may access your records. If you believe that the information in your medical record is incorrect, incomplete or inaccurate, you may also request an amendment to your record by completing a "Request to Amend Personal Information" form.

Fees will apply for processing your request.

Privacy Questions/Complaints

Questions about the way in which South Perth Hospital manages your personal information or any complaints regarding the treatment of your personal information should be made in writing and directed to:

The CEO/Director of Nursing, South Perth Hospital, PO Box 726, COMO WA 6952

I have read/had explained to me and understand South Perth Hospital's Information Management practices (as detailed above) and consent to the collection, use and disclosure of my personal information by South Perth Hospital in accordance with all relevant Privacy legislation including the Privacy Amendment (Enhancing Privacy Protection) Act, 2012. I understand that I can withdraw my consent at anytime.

Parent/Guardian signature:

Please print name:

Date:

If consenting on behalf of another individual (e.g. a child or parent), please print that individual's name below

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PAEDIATRIC PATIENT HISTORY

SURNAME

UMRN

GIVEN NAMES

D.O.B

SEX

ADDRESS

Use Patient I.D. label when available

This Admission

Please specify the reason for admission:

Does your child understand why they are coming to hospital?

☐ Yes ☐ No

Is this admission the result of a past or present injury?

☐ Yes

If "Yes", what was the cause of injury?

☐ No

Place injury occurred (school, home):

Date of injury:

Does your child have a nickname or preferred name?

Do you wish to have any restrictions on: Visitors ☐ Yes ☐ No Telephone enquiries ☐ Yes ☐ No

Previous Medical & Surgical History

Year	Illness/Surgery	Year	Illness/Surgery

Are your child's vaccinations up to date? ☐ No ☐ Unsure ☐ YesProblems with Anaesthesia? ☐ No ☐ Yes, specify:Malignant hyperthermia? ☐ No ☐ Yes, if "Yes" ☐ Your child ☐ Family

Has your child had a cough, cold or contact with infectious disease in the last 2 weeks?

☐ No
☐ Yes

If "Yes", specify:

Has your been a patient in a healthcare facility outside of Western Australia in the past 12 months?☐ No
☐ Yes

If "Yes" state where & when:

Is there a history of Creutzfeldt-Jakob (CJD) disease in your family?

☐ Yes ☐ No

Please tick if your child has ever had any of the following

- | | | | | |
|---------------------------------|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Croup | <input type="checkbox"/> Bronchiolitis | <input type="checkbox"/> Breathing problems (sleep apnoea) | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Liver condition |
| <input type="checkbox"/> Reflux | <input type="checkbox"/> Anaemia | <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Kidney condition | <input type="checkbox"/> Diabetes: Type 1/ Type 2 |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Anxiety/depression | <input type="checkbox"/> Constipation/diarrhoea | <input type="checkbox"/> Bladder problems/incontinence | |

☐ Heart condition, specify:☐ Blood/Clotting problems, specify:☐ Epilepsy/fits/seizures. Date last seizure:☐ Behavioural issues, specify management:☐ Intellectual disability/learning difficulties, specify:Any limitations: ☐ No ☐ Yes: ☐ Vision ☐ Hearing ☐ Speech ☐ Physical disability/mobility issue ☐ Other:

Aids used:

Allergies and Sensitivities, please document any known allergies or sensitivities.

☐ No known allergies

	Name	Reaction Experienced
Medicines (including X-ray contrast)		
Latex	<input type="checkbox"/> Yes	
Skin preparations/Tapes		
Food		
Other		

DO NOT WRITE IN MARGIN

PAEDIATRIC PATIENT HISTORY

SURNAME	UMRN
GIVEN NAMES	
D.O.B	SEX
ADDRESS	

Use Patient I.D. label when available

Current Medications

Please record details of all your child's current medications, which include tablets, capsules, puffers, injections, insulins, eye drops and creams. Bring ALL current medications your child is taking (in original containers) into hospital.
Non-prescription medication e.g. complementary therapies, vitamins or herbal preparations should also be included.

Prescription & Non-Prescription Medications	Strength	Route (e.g. oral)	Dose	Frequency

Social History

Mother's name:		Father's name:	
Brothers	Age:	Sisters	Age:
	Age:		Age:

Does your child have a favourite toy/cuddly? ☐ Yes ☐ No Will they bring it in with them? ☐ Yes ☐ No

If your child is staying overnight, who will be staying with them? ☐ Father ☐ Mother ☐ Other, specify: _____

Family History (indicate relationship to patient)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Sleep apnoea
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Bleeding tendency
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema
<input type="checkbox"/> Other	

Daily Living

Sleep	Any sleep problems? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: Sleeps in <input type="checkbox"/> Bed <input type="checkbox"/> Cot
Dietary requirements	Special diet? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
Fluids	<input type="checkbox"/> Breastfed <input type="checkbox"/> Bottle <input type="checkbox"/> Feeding cup
Toileting	<input type="checkbox"/> Toilet trained <input type="checkbox"/> Nappy at night <input type="checkbox"/> Nappy at all times <input type="checkbox"/> Enuresis/Bed wetting

Parent/Guardian/Carer Confirmation

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

I also understand that any valuables (including cash, jewellery, credit cards, computer equipment, mobile phones and other items of personal property of high monetary value) I bring to the hospital or decide to keep with me during my child's admission are my responsibility and that the hospital is not liable for the loss of any personal property.

Parent/Guardian/Carer Signature:

Date:

HOSPITAL STAFF USE ONLY

Preadmission Nurse (PAN) Review

- ☐ No action required
 ☐ Anaesthetist review required
☐ Infection Control concerns
 ☐ Physio review required
☐ CNM review required

All staff actioning a referral must document the assessment in the appropriate location in the medical record.

PAN Name:

PAN Signature:

Designation: Date:

Admission Nurse Name:

Signature:

Designation:

Date & time:

Your Account

Once your child's admission forms have been received, our Admissions/Reception staff will perform a health fund eligibility check in order to determine:

- The level of financial cover (insurer benefits) available to you for the proposed procedure.
- Hospital charges for the admission/procedure
- Out of pocket expenses such as co-payments or policy excesses

From this information, a detailed **estimate of costs** will be prepared and included on an Informed Financial Consent form. Whilst every effort is made to ensure that this estimate of out of pocket expenses is accurate, the **actual amount payable** may differ due to a variety of reasons including, a change in the planned length of stay or the actual procedure performed differing from the one outlined on your child's admission information.

You will be contacted by the Hospital prior to your child's admission to inform you of these estimated costs. The staff will also advise you to confirm the following with your health insurer prior to admission:

- The rates of reimbursement for each of the expected charges for the insurance policy you hold.
- If the planned admission is within a waiting or exclusion period for that policy.
- If the admission is covered by the health fund's "no gap" or "gap cover" scheme.

Any estimate provided by South Perth Hospital is for South Perth Hospital **ONLY** and other relevant services may bill you separately. These service could include:

- Surgeon and anaesthetist fees. You may also receive separate accounts for assisting surgeons or other consultants involved in your child's care.
- Pathology service fees, e.g. blood tests. These services are not included in your child's Hospital account and may only be partially covered by Medicare. A separate account for these will be forwarded to you after your child's discharge.
- Pharmacy fees. This account may be for some medicines required during your child's admission and for their discharge medications. For your convenience, discharge medicines can be supplied by the Amcal Community Pharmacy (cnr Coode St and South Terrace, South Perth). An account for these medicines can be settled when you collect your child's medicines from the pharmacy. The Hospital cannot accept payment for these services.
- Imaging or X-ray fees. These services are not included in your child's Hospital account and may only be partially covered by Medicare. A separate account for these will be forwarded to you after your child's discharge.

Self-Insured Patients

If you do not have private health insurance, an estimate of your child's admission costs will be prepared for you based on the information provided. The Hospital will then contact you prior to your child's admission to advise you of this cost. You can also contact **Patient Billing & Accounts (08 9367 0222)** to obtain an estimate.

Whilst every effort is made to ensure that this estimate of out of pocket expenses is accurate, the actual amount payable may differ due to a variety of reasons including, a change in the planned length of stay or the actual procedure performed differing from the one outlined on your child's admission information.

Payment of Account

On arrival you will be asked to sign a copy of the Informed Financial Consent form, confirming that you have been informed of and understand the charges outlined.

Accounts for self-insured patients and for those privately insured patients where out of pocket expenses apply must be paid for in full at the time of your child's admission.

South Perth Hospital has Eftpos facilities and accepts most major credit cards (except Diner's Club and American Express). It does not accept personal cheques.

Informed Financial Consent

When you and your child arrive for admission, as their parent/guardian you will be asked to read and sign a “Financial Consent Information” form. When you indicate your acceptance of these terms, you are acknowledging and agreeing to the following which are conditions of your child’s admission. If another person (for example, a spouse or family member) will be responsible for paying the account for your child’s treatment at the hospital, that person should also read the following items before acceptance is indicated, as:

- **Actual expense incurred may differ from the estimate provided.**

Whilst every effort has been made to provide an accurate estimate of the expenses you may incur, the actual, out of pocket expenses are only known **post-discharge**. Additional costs are some times incurred during your child’s hospital stay. For example;

- ◇ The hospital relies on information provided by your health fund that may change.
- ◇ Your child’s treating doctor (s) may vary the proposed treatment, procedure or the proposed length of stay.
- ◇ Medication costs may vary due to a change of medication prescribed by your child’s treating doctor or a change in the medication price.
- ◇ You may incur sundry charges during your child’s stay (e.g. visitor meals, boarder fees and phone calls).
- ◇ Where a prosthesis (an implanted medical device) is required for your child’s treatment, there will be at least one device that will be fully covered by your health fund (if you are insured). However, based on your child’s specific clinical need, their doctor may recommend a device that requires a gap payment by you. Though your child’s doctor should generally advise you if this is the case, as with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary for your child’s doctor to use a different or more costly prosthetic device. If this happens, there may be additional costs to you.

- **You agree to pay any balance of expenses actually incurred.**

Your child’s final account will reflect:

- ◇ The actual procedure performed, treatment and services provided and your child’s length of stay at the hospital.
- ◇ Disposable and prosthetic items used in your child’s treatment.
- ◇ Pharmacy costs.
- ◇ Any balance payable by you.

As noted in the section entitled “Account Information” actual costs that are known and advised prior to your child’s admission are payable before or on admission and any additional costs are payable on discharge. Please be aware that if you choose to cancel your child’s procedure after admission, a fee may apply. As a condition of admission, once you have indicated your acceptance of these terms, you will be taken to have agreed to pay your child’s final account. If you have any genuine concerns or a bona fide dispute regarding the final account (for example you did not receive a service or an item listed) you agree to raise with the hospital as soon as possible after receiving the account and to use your best efforts to resolve any dispute at the time of discharge or within 7 days of your child’s discharge.

- **You must pay the full amount or any outstanding balance if your insurer (or other payer) does not cover the cost of treatment.**

You are responsible for the payment of the whole account relating to your child’s admission to hospital if your health fund does not cover the treatment, procedure or length of stay. This includes amounts in dispute with your health insurer, e.g. pre-existing queries, waiting periods, exclusion items or external insurance claims.

This applies in the case of Worker’s Compensation claims and disputes with insurers/employers regarding responsibility for payment. The Hospital account remains your responsibility in the instance that an insurer or employer refuses to pay.

- **You are responsible for accounts from other providers.**

You are responsible for payment of other accounts you may receive, which may include:

- ◇ The treating doctor (s) or surgeon (s). This includes any assisting surgeon (s)
- ◇ The anaesthetist
- ◇ Pathology services
- ◇ Radiology services
- ◇ Pharmacy (discharge medications)

Patient safety during your child's admission

Falls prevention

The hospital environment is very different to home, with higher beds and harder floors. In hospital, your child may be attached to equipment such as drips and monitors, and they may feel dizzy or drowsy after their surgery. As a result, children are at risk of falling in hospital so the nurses will check on your child regularly throughout their stay to ensure that they have everything they need within reach. You can help by keeping the bed side rails up at all times (even when you are there), keeping the floor around the bed free of clutter and toys and asking for assistance if your child needs to get out of bed to go to toilet, especially if they have a drip and IV pole.



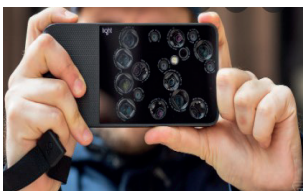
Infection control and hand hygiene

At South Perth Hospital, we are committed to keeping our patients and visitors as safe and as healthy as possible. After surgery, your child's immune system is weaker, so the risk of getting an infection is greater. One of the best ways to prevent infections from spreading is to keep hands clean at all times. Please use the hand rub provided in all public and patient areas to ensure that your and your child's hands are clean. You and your child should try not to touch any dressings, wounds, drips or tubes on your child's body. You should also feel free to ask staff members to wash their hands/use the hand rub before they provide care to your child.

Communication between you and your child's healthcare team

South Perth Hospital has a number of strategies in place to ensure that your child remains safe during their stay. These include:

- Patient identification:** when admitted, your child will have an identifying band placed on their wrist and their ankle. This band includes their name, date of birth and a unique medical record number. You will be asked to confirm that the details on the band are correct at the time of admission. The staff will check this band on many occasions during your child's admission so it is important that the details are correct.
- Bedside clinical handover:** at each shift handover, the nursing staff will meet with you at your child's bedside to communicate with you about your child's care plan. This is your opportunity to ask questions about your child's care. Do not hesitate to ask about the clinical terms, procedure or processes that are focused on your child's care and recovery. During this time, the nurses will also update the My Journey Board which details your child's name, doctor, the nurse caring for them and any important information, such as the presence of allergies or dietary requirements.
- P.A.T.H:** if you notice a change in your child's condition and are concerned, you can ask for a nurse to review your child. If you are still concerned, by following P.A.T.H. and dialing 261, you will be able to speak to a senior nurse who will review your child.



Cameras/Clinical photography in hospital

The privacy and confidentiality of our patients and staff are our priority at South Perth Hospital. With cameras on our phones, we all know that we need to seek permission before taking someone's photo. We kindly ask that the photography of staff members does not occur unless there is permission to do so. Similarly, clinicians will seek your consent (written or verbal) if taking any photos of your child for the purposes of clinical care.

Right and responsibilities

South Perth Hospital supports both the Australian Charter of Healthcare Rights and the Charter of Rights of Children and Young People in Healthcare Services. Posters explaining these Charters can be found in all public and patient areas within the hospital. They can also be found on our website, www.sph.org.au.



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Children's and young people's rights in all healthcare services

Every child and young person has a right to:	1 <ul style="list-style-type: none">• Consideration of their best interests as the primary concern of all involved in their care	2 <ul style="list-style-type: none">• Express their views and to be heard and taken seriously	3 <ul style="list-style-type: none">• The highest attainable standard of healthcare
	4 <ul style="list-style-type: none">• Respect for themselves as a whole person.• Respect for their family and the family's individual characteristics, beliefs, culture and contexts	5 <ul style="list-style-type: none">• Be nurtured by their parents and family, and to have family relationships supported by the service in which the child or young person is receiving healthcare	
	6 <ul style="list-style-type: none">• Information in a form that is understandable to them	7 <ul style="list-style-type: none">• Participate in the decision-making• To make decisions about their care as appropriate to their capabilities	
8 <ul style="list-style-type: none">• Be kept safe from all forms of harm	9 <ul style="list-style-type: none">• Have their privacy respected	10 <ul style="list-style-type: none">• Participate in education, play, creative activities and recreation, even if this is difficult due to their illness or disability	
		11 <ul style="list-style-type: none">• Continuity of healthcare, including well-planned care that takes them beyond the paediatric context	

Provide feedback or make a complaint

You have a right to ask questions, provide feedback and, if you are dissatisfied, make a complaint about your child's care. We welcome both positive and negative feedback.

At South Perth Hospital we are constantly striving to provide patients with the highest possible level of care. Feedback that we receive from our patients, both positive and negative, helps us to improve the services we offer.

You can find feedback forms within each clinical area and in the Reception area. Completed forms can be left with the nurse caring for your child or deposited in the boxes provided in the ward or Reception areas. Alternatively, you can complete an on-line form by visiting our website, www.sph.org.au.

If you wish to make a complaint, you should, in the first instance, raise your concerns with a staff member or ask to speak to the manager of the area who will attempt to resolve the issue for you.

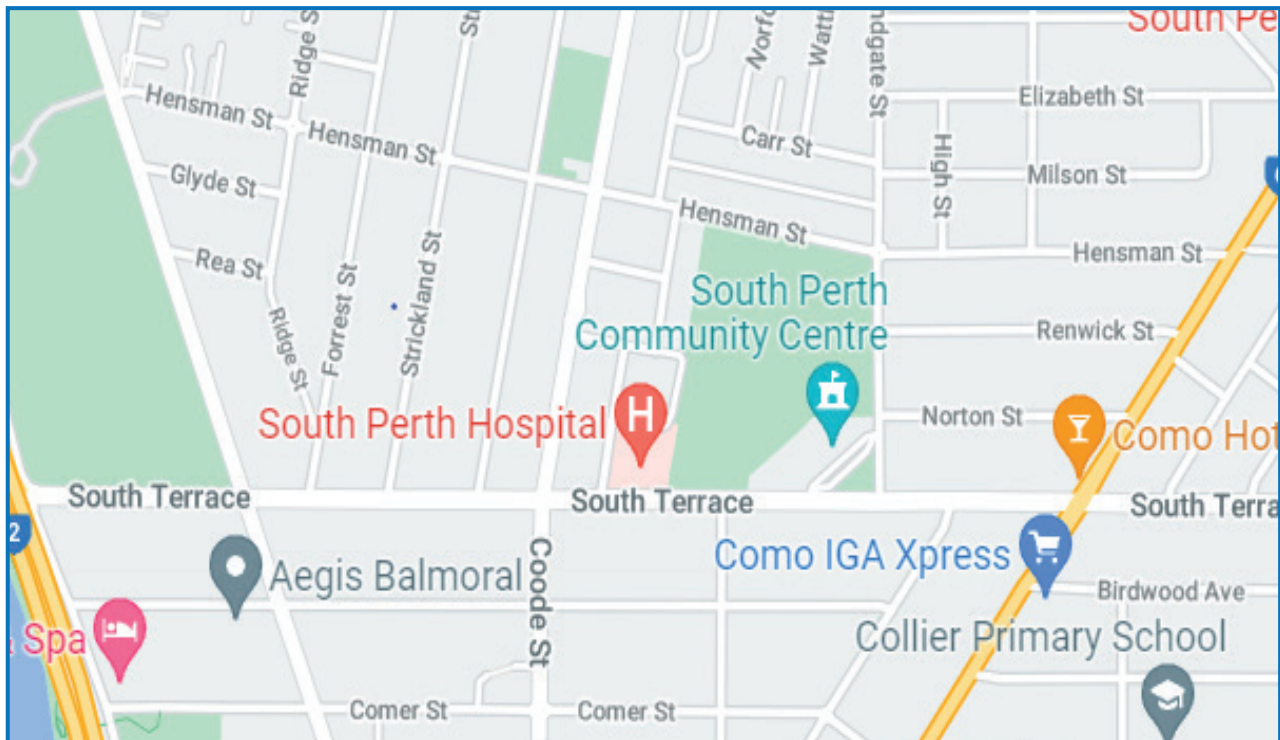
If you are still unhappy with the Hospital's response, you can address your concerns in writing to the:

**Chief Executive Officer/Director of Nursing
South Perth Hospital
PO Box 726, COMO WA 6952**

OR

For further assistance, contact:
Health and Disability Services Complaints Office
(08)-9323 0600
www.hadsco.wa.gov.au

Getting here



Consumer Reviewed and Approved