

A Member of
cura
day hospitals group



Patient Information



PERTH EYE HOSPITAL

Our vision is improved vision

A female surgeon is shown from the chest up, wearing a blue surgical cap and a white surgical mask. She is looking directly at the camera with a neutral expression. She is wearing blue scrubs. The background is a blurred operating room with a large surgical light fixture visible. A white text box is overlaid on the left side of the image.

“This is the second time I have been to the eye hospital. On both occasions everyone was extremely caring and efficient. The eye hospital has an excellent reputation in Perth and I would be happy to recommend it to anyone..”
Diana former patient

Thank you for choosing Perth Eye Hospital

We are pleased to welcome you to Perth Eye Hospital, a state-of-the-science Ophthalmic Day Hospital specifically designed to ensure you receive the most advanced treatment for your eye condition. At Perth Eye Hospital every staff member is committed to providing high-quality personalised care.

This means our care is given in combination with respect, kindness and concern for your personal situation. Please take a few moments to review the information provided in this booklet. It is designed to acquaint you with our services, as well as answer any questions you may have about your procedure and what to expect afterwards.

Your feedback is important as it enables us to continually improve our care and services. Your comments and suggestions provide us with the opportunity to maintain our high standards and improve them where needed. You can share your feedback either in person as we are always available to listen, contact us via email pehhello@pertheyehospital.com.au, or call.

If you require additional information or need assistance please feel free to ring us on (08) 9216 7900 or alternatively visit our website; www.curagroup.com.au/perth-eye-hospital

Kind regards,
Andrea LeGuier
Chief Executive Officer

Before your surgery

Your surgeon's rooms will provide you with written information about your procedure and preparation required for the procedure you are about to undergo.

It is important that you complete the Patient Admission and Patient Health History forms your doctor gave you here at Perth Eye Hospital, and return them to us 10 days prior to your surgery date. You can complete these forms online, instructions to do this are located overleaf, or via our eAdmission portal at www.preadmit.com.au/patient/peh/. Alternatively, you can return the forms in person or via email to pehtheatres@pertheyehospital.com.au. If you have not received any forms yet, please contact your surgeons' rooms.

A member of our staff will contact you at least 24 hours prior to your procedure, to confirm hospital registration time, any outstanding payments, and any other preparations necessary for your surgery. Please use this opportunity to discuss any questions or concerns which you may have including the settling of your account.

IMPORTANT

You will need to have a carer accompany you from the hospital and supervise you for 24 hours after your operation. Your Anaesthetist may change your management plan if there is no carer with you.

MY HEALTH RECORD

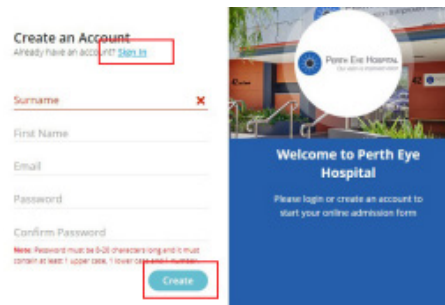
PEH participates in the Australian Government's My Health Record (MHR) scheme which enables the key health information from your episode of care to be communicated with all your healthcare providers.

At the time of admission, please advise the staff if you would prefer not to have the episode of care uploaded to MHR. For more information, please refer to www.myhealthrecord.gov.au

eAdmission form

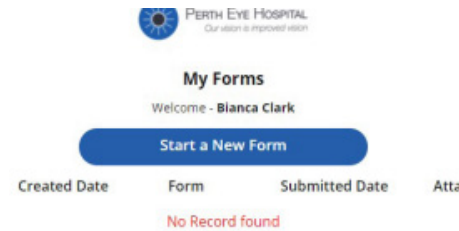
- To complete your admission forms online, visit our eAdmission portal www.preadmit.com.au/patient/peh/ and follow these simple steps

.1



Create a new account using your name and email address, and a password selected by you. Click the 'create' button once all this information is filled in. If you are an existing patient, you can 'sign in' using your previous details

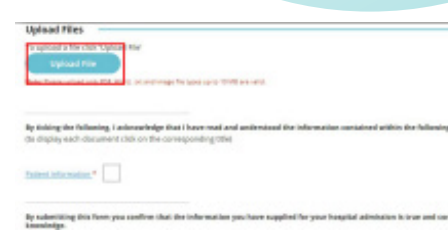
.2



You will be redirected to your 'My Forms' page. Click on 'Start a New Form' at the top of the page.

Complete the form and follow the prompts at the end of each page. You must fill out all questions to the best of your ability

.3



Once you have completed the admission form and the patient health history, you will have the option to upload a copy of the following (if you have one), your signed consent, medications list, or advance health directive.

Do not worry if you cannot upload this information, you can still bring it with you on the day of admission.

.4

Once you have finished completing the form, simply click the 'Sign Now' and 'Submit' button.

You have now created your admission forms and they are waiting for viewing by our staff

Getting Here

GETTING HERE

Perth Eye Hospital is centrally located in the leafy suburb of West Perth. Our hospital is easily accessed via the freeway, public transport or St John Community Patient Transport. Our address is 42 Ord Street, West Perth with the closest cross road being Outram Street. In order to avoid delays, please allow sufficient travel time.

Important: You will also need to arrange for a carer to accompany you (by private transport) from the hospital and to supervise you for 24 hours after your operation. Your Anaesthetist may change your management plan if there is no carer with you.

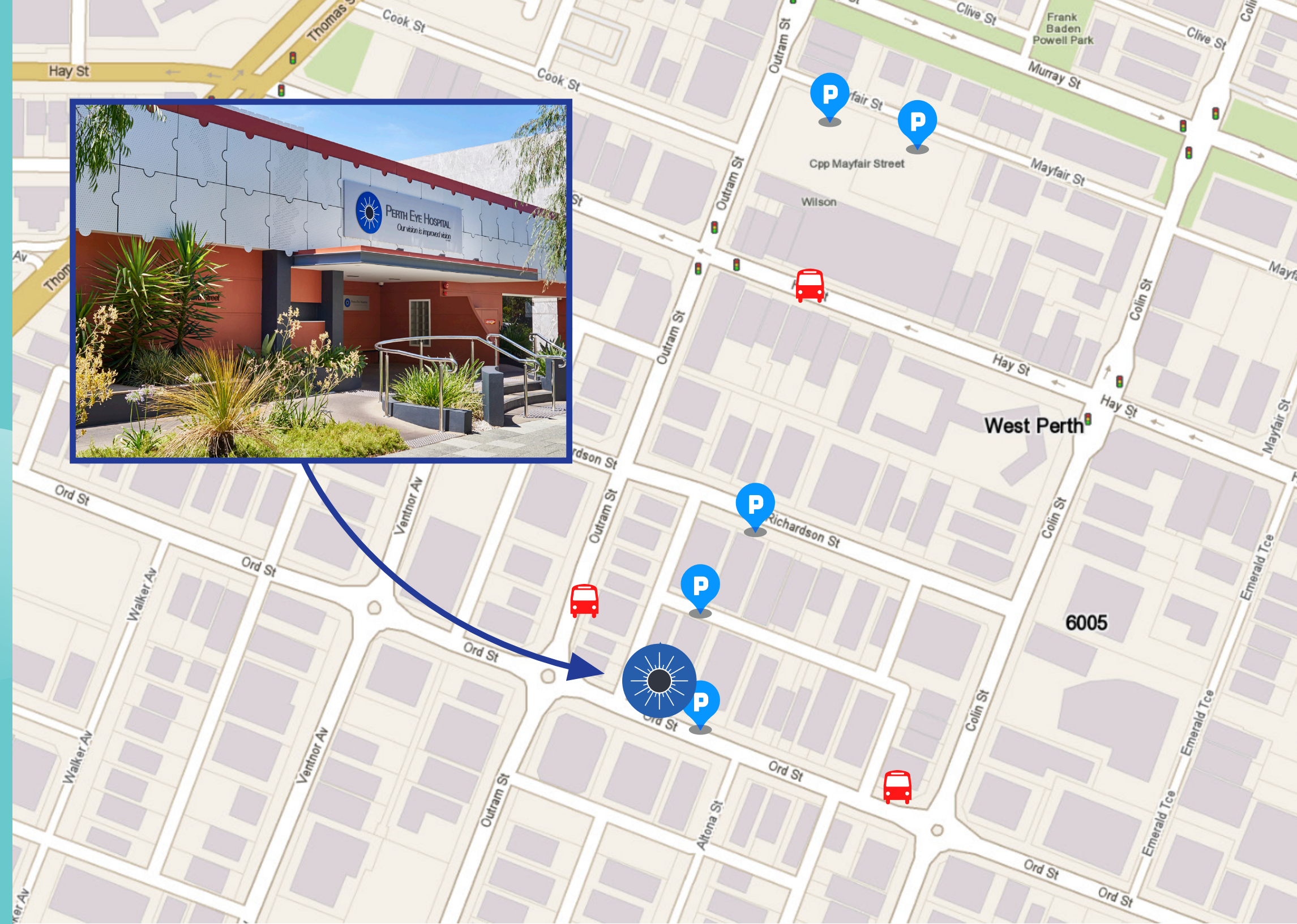
PARKING

- Perth Eye Hospital (*limited bays available*), rear of building
- Mayfair Street, Wilson Parking*
- Mayfair Street, City of Perth Parking*
- Richardson Street, Street Parking*
- Ord Street, Street Parking*

**paid parking*

PUBLIC TRANSPORT

- Hay St (West Perth) Red Cat Stop #17
- Outram Street Red Cat Stop #18
- Ord Street Red Cat Stop #19



Settling your account

You are only required to pay for the cost of the hospital fees on the day of your surgery. You will receive separate accounts from; your Surgeon, your Anaesthetist & Pathology (if applicable).

You may pay by cash, bank cheque, credit card or EFTPOS. If paying by EFTPOS, please check prior to day of admission if you have a daily withdrawal limit as it may not be enough to cover the full payment. If paying by cheque, please make it out to 'Perth Eye Hospital'. If you are unable to settle your account prior to your admission, your surgery will be rescheduled.

It is important to check your level of health care cover as it may not cover you for your procedure or you may be required to pay an excess or co-payment. Checking with your insurer will ensure you have enough funds to make payment.

Note that your fee for surgery with us cannot be claimed through Medicare.

PRIVACY AND CONFIDENTIALITY OF PERSONAL INFORMATION

Your personal details will be kept strictly confidential. The Privacy Collection Notice provides details of the parties with which we share your information.

Complaints or comments regarding any Health Fund Issues should be made to the Private Health Ombudsman by completing the online form at <http://www.phio.org.au/complaints/health-complaints.aspx>

Day of Surgery

HOW TO PREPARE ON THE DAY

- Ensure that you follow fasting instructions from your doctor. Shower, and wash your hair, before arriving at the Hospital. Wear loose, button up, and comfortable shoes.
- No jewellery or valuables except for wedding bands
- No make up or face cream
- No perfume or aftershave
- Do not smoke on the day of your surgery

WHAT TO BRING ON THE DAY

- Medicare Card Health Fund Card
- Pension card or Veterans Affairs card
- Payment for your surgery or health fund excess
- A list of current medications and any medications you are required to take due to pre-existing conditions (i.e. diabetic medications, Parkinson's, etc.)
- Any medications you may need to take during your time in hospital
- Any eye drops you currently use
- Reading glasses and glasses case for safekeeping, if appropriate
- If you wear hearing aids or dentures, please bring the

- appropriate case for their safekeeping.
- Walking aid (if applicable)
- Advanced Health Directive (if required)
- Enduring Power of Attorney (if required)

PLEASE NOTE:

Let your carer know that you will be at the hospital for between 2 and 5 hours.

You will need to arrange for a carer to accompany you from the hospital and to supervise you for the 24 hours after your operation.

Our Patient Journey

.1

PRE-ADMISSION

Before you come to our hospital, one of our clinical nurses will call you to go through your Patient Health History and complete a risk assessment for falls, blood clots, pressure injuries and cognitive impairments.

It is important that we know **what matters about your stay**, so please let our nurses know about any special needs, requests or specific goals for your care. It may be as simple as requesting a medical certificate or getting any other forms signed prior to your discharge.

It is very important that you understand what is happening to you so we encourage you to ask questions and be actively involved in all treatment decisions and your care. We call this **shared decision making** and believe this is vital to your safety.

.2

REGISTRATION

When you arrive for your appointment, our Triage Nurse will greet you at the entrance of the Hospital and perform a wellness check, including taking your temperature. Next, our friendly reception staff will confirm your details and ensure all appropriate paperwork is completed.

.3

CLINICAL ADMISSIONS / UPPER WAITING

From reception, you will be taken to the admissions and upper waiting area where a nurse will take your pulse and breathing rate, blood pressure, weight, temperature, and blood sugar levels if necessary. They may also administer eye drops if required. You will be provided with a surgical hat and gown which can be worn over your own clothing - please note, accidental staining from eye preparation solution can sometimes occur. Toilet facilities are available in this waiting area, please ask our friendly Nurses for assistance and/or directions. At this stage, your personal possessions will be secured in a locker for the duration of your stay with us.

For your safety, it is important that you are involved in all "handovers" about you and your care. We encourage you to listen carefully to what is being said from one healthcare provider to another. If there is anything said that you do not believe is correct or do not agree with, we ask that you please speak up, and let the healthcare provider know immediately.

.4

HOLDING BAY

Staff will assist you to this area where you will be made comfortable lying down on a surgical bed. Your Anaesthetist will visit you here and ask you questions about your health, medications, and prepare you for surgery. You will have an IV cannula inserted. If you are having intravenous sedation, it may be commenced here by the Anaesthetist along with further preparation of the eye/eyes requiring surgery.

.5

OPERATING THEATRE

Your Nurse and Anaesthetist will take you into the operating theatre where you will have your surgery. If you are having a general anaesthetic or intravenous sedation, the Anaesthetist and Nurse will now prepare you for this. This will include applying sticky dots on your chest for heart monitoring and an oxygen mask on your face.

.6

RECOVERY

If you have a general anaesthetic or intravenous sedation, you will be escorted to the Stage 1 Recovery Room where you may feel drowsy. Our recovery Nurses will keep a very close eye on you, checking your observations and ensuring you are as comfortable as possible.

.7

DISCHARGE LOUNGE

Here you will enjoy some light refreshments and relax before your carer collects you. Our Nurses will provide you with your Surgeon's instructions for your care at home, including any post-surgery eye drops, confirm your follow up appointments, and any scripts that you will need to have filled at your local pharmacy. Additionally, we will complete a discharge summary for you to take home and if have consented, we will upload this to My Health Record so that your General Practitioner and other health care providers will have details of your stay with us, including any changes to medications.

.8

HOME

You will need to arrange for a carer to accompany you from the hospital and supervise you for the next 24 hours after your operation. Please follow your Surgeon's discharge advice carefully. It is always recommended that after your surgery, you do not drive, make important decisions, or sign important documents, drink alcohol or use machinery for the next 24 hours.

Please know that your feedback is important to us and we welcome any feedback from you, your family or carer. If you are not satisfied with the standard of care received, or you wish to raise a concern with an independent authority, you can contact: Health Consumers Council on 08 922 3422 or 1800 620 780 or www.hconc.org.au/ individual-advocacy/useful-links-for-individual-advocacy, or Complaints Ombudsman Western Australia on 08 9220 7555 or mail@ombudsman.wa.gov.au.

Avoiding Infection

Perth Eye Hospital has a comprehensive infection prevention and control program in place. Our facility and staff are regularly audited for compliance with national infection prevention and control guidelines, Australian Standards for reprocessing of reusable instruments and the Australian Commission of Safety and Quality in Healthcare [ACSQHC] National Safety and Quality Health Service Standards.

Hand washing is the most important way to prevent infection, and we want you to remind everyone (staff, your Doctor, visitors) to wash their hands either with soap or an alcohol-based gel prior to touching you or your belongings. If you are concerned that this is not happening, please ask to speak to the Director of Nursing immediately.

The following are some suggested additional ways of helping to prevent infection before and after surgery:

- Smokers should try to cease smoking for at least 30 days before admission, or at the very least cut down.
- Avoid close contact with people who have an infectious condition and ask people to not visit if they are unwell.
- Ensure you, and all visitors, practice good cough etiquette. Cover mouth and nose with a tissue when coughing or sneezing, place the tissue in a bin and wash your hands.
- When following your Doctors' post operative instructions, remember to wash your hands before and after administering eye drops, ointments or replace dressings.
- Only use eye drops that are prescribed for your specific left or right eye. Do not interchange your drops.
- Store your eye drops as per your prescription. For example they may require refrigeration.
- If your eye is sticky and you need to wipe it, use cotton wool that has been moistened with boiled water that has been cooled in the fridge; wipe from your nose to your ear in a single wipe. Do not rub. Discard the tissue immediately after use.
- If you been discharged with a plastic eye shield, keep it clean and dry. If it requires washing, remove and wash in mild soapy water, rinse and dry before reapplying using surgical tape.
- Avoid getting any water in your eyes.
- If you have had cataract or lens surgery, avoid physical strain such as heavy lifting or strenuous exercise.
- It is very important that you notify your Surgeon immediately, or attend any emergency department out of hours, if you notice any signs of infection. These include decrease in vision; increase in pain or redness; including where the cannula was inserted; and ooze from your suture line.

Reducing your risk of falls

WHILE IN HOSPITAL STAFF WILL:

- Assess your risk of falling
- Put a care plan in place for you
- Placing the call bell within reach for you to use to call for help
- Keep your surroundings safe

YOU OR YOUR CARER CAN HELP BY:

- Bringing your glasses, hearing aids and any walking aids you normally use so you can use them when in hospital.
- Wearing sensible footwear with good support
- Calling for staff to help when moving and if you are feeling unwell, dizzy, unsteady or if there are hazards in your way.
- Standing up slowly to reduce dizziness
- Being careful in wet areas

YOU MAY BE AT RISK OF A FALL AT HOME IF YOU:

- Have problems with walking and/or balance
- Are taking medicines
- Feel confused or unsettled
- Have problems with your eyesight or have health issues such as diabetes, Parkinson's disease, or if you had a stroke or a recent operation. You should discuss any concerns with your GP who can arrange for assessment at home to identify any risks and put a plan in place for your safety.

Patient Safety

MEDICATION SAFETY

For your safety, it is important that you inform our nurses of all your past and current surgical and medical history. We also need a detailed list of all your current medications including over the counter medications (without a prescription) and vitamins and natural/herbal medicines.

While you are with us, we will let you know about any new medicines we are giving you, including why you are having them and what side effects to look out for.

On every occasion prior to giving you any medication, we will ask for your full name, date of birth and any allergies. We must do this for your safety.

Prior to discharge, your medications will be reviewed. If any have been removed or new ones added, we will document this on your Discharge Summary. If you have consented, a copy of your Discharge Summary will be uploaded to your My Health Record for your GP to view. Please ensure you clearly understand all instructions about your ongoing medicines with your pharmacist when you have your prescriptions filled. Pharmacists are trained professionals who can assist you further and can monitor the ongoing safety of your medicines.

ANTIBIOTICS

Before a surgical procedure, antibiotics may be given to you to reduce the risk of getting an infection. Any antibiotics provided will be based on current specialist advice.

If you are prescribed antibiotics, the Doctor should discuss which medicine is best for you after considering any allergies or other health conditions you may have, as well as the cause of the infection. The Doctor should explain the possible benefits and harms (the good things and bad things) that might happen but the final decision to take the antibiotics is yours. If you are concerned about taking them, please let your Doctor know as they may be able to give you more information to address those concerns. You should be provided instructions by either your Doctor or your Pharmacist when you fill your script about:

- When to start the medicine
- How many times a day to take, use or apply the medicine
- Whether to take tablets or capsules with food or on an empty stomach
- How the medicine may affect other medicines you use
- What potential side effects might present and how to manage them
- Depending on the type or risk of infection, any signs and/or symptoms which may require you to seek urgent care
- When to stop the medicine.

OPIOID INFORMATION FOR PATIENTS

- Pain relief medicines, commonly known as "opioid", may be ordered for pain relief post-operatively but they can have serious effects such as nausea and vomiting, itchiness, and constipation, through to severe problems such as an inability to stay awake or difficulty in breathing, which may be life-threatening. Long-term harms include dependence and addiction.
- Don't worry, while you are with us, we will be monitoring you carefully and will provide other medicines for any of these side effects. Other options to help your post-operative pain should include non-opioid medicines such as Paracetamol and Anti-Inflammatories, and other treatments such as heat packs, ice packs, exercise or physiotherapy. Together, you and your doctor and/or nurse might decide that a combination of two or more treatments is best for you.
- If you leave us with a prescription for Opioid, you must talk with the Pharmacist who fills your script about the instructions for use. These questions need to include:
- How many times a day to take the medicine and if the medicine should be taken with food or on an empty stomach
- How the medicine may affect other medicines you use
- What potential side effects might present and how to manage them
- How to safely store these at home and when/how to dispose of them so they are not accidentally consumed by anyone else in your family
- When to stop the medicine

INTRAVENOUS DRIPS

If you need medicines or fluids directly into the bloodstream, a small flexible tube will be inserted into a vein. This device is called a PIVC or an IV, cannula or drip. It is usually inserted into a vein in the arm, hand or foot and is connected to medicines and fluids as needed. As you will be having a procedure, a drip might be needed to give the anaesthetic. Your Anaesthetist will explain this and will ask questions to ensure you understand why the drip is needed. It is important that you tell the Anaesthetist about any drip complications you may have had previously. They will make every effort to reduce any unnecessary discomfort and prevent further complications. Following surgery, the drip site will be monitored by the Nurses and Doctors regularly and they must always wash their hands before touching the site. Remember that it is okay to remind them to do this.

It is important that you don't touch or move the drip at the insertion site. If you notice anything that you think is of concern, please let the nurse know. For example:

- Leakage around the insertion site
- Any signs of infection such as pain, swelling or redness around the insertion site, or
- Loose or wet/bloodstained dressing covering the drip site
- Your PIVC or IV cannula or drop will be removed prior to discharge.

PREVENTING BLOOD CLOTS

Blood clots (or Venous thromboembolism (VTE)) are very serious. It is very important, that you know how to reduce your risk of developing them from your surgery. There are two different kinds of blood clots:

- A) Deep vein thrombosis (DVT): occurs when blood clots form in veins, usually deep inside the legs or in the pelvis, where they may cause symptoms like pain, tenderness, redness, or swelling of the leg.
- B) Pulmonary embolism (PE): occurs when a blood clot breaks off and moves through the veins to block blood vessels in the lungs. This may cause symptoms like shortness of breath, coughing up blood, chest pain, faintness, and loss of consciousness and can be lethal if the clot blocks enough blood vessels in the lungs.

It is important that you complete the patient health history form prior to admission to ensure we know in advance about any history of risks of blood clots. On the day of admission, the nurse will assess your level (if any) of risk. Irrespective of any risk, there are ways you can reduce the risk of blood clots, such as

- Mobilising early.
- Keeping hydrated.
- Performing leg exercises regularly whilst you are sitting or lying down.

If you are identified at risk, your Surgeon may recommend a compression stocking (or stockings) be worn prior to surgery. Additionally, any risks will be discussed with the Anaesthetist. You may be prescribed additional blood clot prevention devices or medication following surgery depending on your risk and any contraindications to the devices or medication.

The nursing staff will document any at home requirements on the discharge summary. If you have consented, a copy of your discharge summary will be uploaded to your My Health Record for your GP to review.

CORRECT IDENTIFICATION

For your safety, you must check that the information on your armbands and the labels for your medical records is accurate.

Ask to see your consent form and read this very carefully before your procedure and before you have any medicines that can make you drowsy. Make sure that what is written is what you consented to when you signed the form. Please also check with us, that we know which part of the body you will be having your procedure on. If there is any doubt, let the staff know immediately and do not proceed with your procedure until you are satisfied that the information is correct.

On every occasion, prior to any procedures being performed, medications or handing your care over to another staff member, we will ask you for your name and date of birth, and check this against your identification band and the labels on your medical record.

Pressure Ulcers

PREVENTING PRESSURE ULCERS (BED SORES)

Pressure ulcers are a sore, break or blister of the skin caused by constant unrelieved pressure on an area of the body that occurs over time (such as, wearing ill-fitting or new shoes).

Unrelieved constant pressure is the main cause but friction, dragging the skin when sliding down or up the bed, and/or too much exposure to moisture, can also cause this. Pressure ulcers can be very painful and can take a long time to heal. They may reduce your mobility.

Those at greatest risk are the frail, elderly or any person confined to bed or a chair, and/or has poor control over bladder or bowel function, poor diet or fluid intake, diabetes, poor circulation, smoking, reduced mental awareness due to illness, medications, or Anaesthetics. Pressure ulcers are more likely to occur on bony areas where there is less padding.

Your skin will be checked on admission and following your procedure. If it is identified that you are at risk of developing pressure ulcers, a special care plan will be developed in collaboration with you.

WAYS THAT REDUCE THE RISK OF PRESSURE ULCERS

- Watch for early signs of pressure injuries such as constant redness, broken or blistered skin, localised pain, tingling or numbness. Check your skin regularly, or ask another person (such as a nurse, or carer) if you're unable to do this yourself.
- Change your body position regularly and inspect your skin for warning signs.
- Bathe or wash with warm water and a mild non-drying cleanser.
- Use moisturising lotion to prevent dryness. Avoid vigorous rubbing as this may damage the underlying skin tissue.
- Apply special dressings to any existing or potential pressure areas to protect the site.
- Keep skin clean and dry at all times.
- Inform us if you are wearing bandages or surgical stockings that are chafing or causing discomfort.
- Adopt a good posture when sitting and change body position at least every 1-2 hours if in bed or every 15 -60 minutes if seated.
- If you are not able to move yourself, ask us for assistance.
- Change incontinence devices regularly to avoid skin irritation.

Anaesthesia

ANAESTHESIA AND YOUR PROCEDURE

Almost all surgical procedures require some form of anaesthesia that will be administered by a qualified and registered Anaesthetist. The Anaesthetist will see you after you have been admitted and before your procedure commences. Your Surgeon will inform you if the Anaesthetist may need to see you before your admission date

Please complete the Patient Health History form as fully as possible. Your Anaesthetist will rely on the information provided to assess your specific anaesthetic requirements. Anaesthesia is an important part of your procedure and the information you provide assists in minimising risk and may influence the type of anaesthetic used.

- All medications you are taking, the dosage and how often you are taking the medications including: complementary (herbal/alternative/vitamins) medicines
- For women if you are taking an oral contraceptive or hormone therapy
- Any serious medical problems such as heart disease, asthma, or diabetes
- Any allergies or drug sensitivities
- Use of recreational drugs, tobacco, or alcohol
- Past anaesthetic experiences and/or immediate family experiences
- Loose or broken teeth, caps, plates, implants, or dentures
- Height and weight to determine your BMI. For your safety, Perth Eye Hospital has a strict admission policy regarding BMI. Please be aware that your procedure may need to be cancelled if your BMI is too high.
- If you have any concerns about this, please contact us prior to your admission.

PREPARING FOR YOUR ANAESTHESIA

There are several simple things you can do to make your anaesthesia safer and improve your general health condition prior to your procedure:

- Get a little fitter - moderate exercise such as walking will improve your general physical fitness and aid your recovery.
- DO NOT smoke on the day of your procedure - ideally cease smoking six weeks prior to surgery
- Minimise alcohol consumption
- Continue to take any drugs which have been prescribed unless advised by your surgeon to cease pre-operatively but remember to let your Anaesthetist and Surgeon know what they are
- Carefully follow the fasting instructions provided by your Surgeon or the Nurse who will complete your pre-admission phone call 1- 2 days before your surgery
- Inform your Anaesthetist if you use recreational drugs as these may interact with the anaesthetic
- If you have any concerns about your anaesthesia, make an appointment to see your Anaesthetist before admission to hospital to obtain the answers you need

Safety and Quality

We operate under a comprehensive Clinical Governance Framework based on an integrated approach to clinical risk management and continuous quality improvement.

- This Framework measures four major areas of performance: Clinical Risk Management (making sure our services are safe and minimising risk of error)
- Clinical Effectiveness (making sure that the clinical services we provide are effective)
- Effective Workforce (making sure our staff are competent and up to date) and;
- Consumer Participation (involving our patients and carers in their care)



OPEN DISCLOSURE

PEH will provide open disclosure if things don't go as planned with the care we provide. Open disclosure assists patients when they are unintentionally harmed during health care. If you have been harmed during your treatment, your doctor and/or the CEO/Director of Nursing or delegate will talk with you and/or your carer / family members about this. Open disclosure 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 to you and your care
- Assist with any support you might need
- Let you know the steps PEH will be taking to make care safer in the future.

We strongly encourage our staff, as well as patients/ carers and families to identify and report when things go wrong or when patients are harmed. This enables us to continually improve our care and safety for all patients who attend PEH.

CONSUMER ADVISORY GROUP

Perth Eye Hospital has a Consumer Advisory Group that meets at regular intervals during the year. The group comprises individuals who have either been a patient or have a family member or friend who has been a patient with us.

The purpose of this group is to provide invaluable feedback as to how we might address the needs of our patients and their families/visitors.

We welcome new members including those from culturally diverse backgrounds to assist us to continually improve our care and services. If you would like to be considered joining our Consumer Advisory Group, please do not hesitate to get in contact with us via our contact details on the back.

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 healthcare 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

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

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



PERTH EYE HOSPITAL
Our vision is improved vision

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A Member of
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