

PATIENT NAME:
DOB:
SURGEON NAME:
ADMISSION DATE:
ADMISSION TIME:
FASTING TIME:

Pre-Admission Booklet

Thank you for choosing our day surgery.

Liverpool Eye Surgery is a fully accredited, purpose-built ophthalmic day surgery featuring state-of-the-art equipment and advanced technology. Since its opening in 2010, the team of experienced eye surgeons and specialist ophthalmic nurses at Liverpool Eye Surgery have developed a reputation for excellence by providing the highest standard of patient-centered care. Liverpool Eye Surgery joined the Cura Day Hospitals Group in January 2017.

Patients to keep pages 1-16. Forms with coloured strips to be sent to LES.

Prior to your admission please complete the attached forms:

- Surgeon to complete Consent Form with patientPages 23-24
- Patient to fill out all questions on Medical History FormPages 19-22
- Patient to fill out Patient Admission Details FormPage 17
- Patient to read, fill out and sign Patient Declaration FormPage 18

All forms should be posted, hand delivered, faxed or emailed preferably one week prior to your procedure:

Ground Floor

1-7 Moore Street (Corner of Bigge Street) LIVERPOOL NSW 2170

Office Hours: Monday – Friday 8am – 4pm

Phone: (02) 9734 7000 **Fax:** (02) 9734 7001

Email: reception@liverpooleyeyesurgery.com.au

Website: www.curagroup.com.au/liverpool-eye-surgery

Online preadmission form: <https://www.preadmit.com.au/Patient/liverpooleyeyesurgery>

To complete your forms online, follow these simple steps:

1. Go to: www.preadmit.com.au/patient/liverpooleyeyesurgery
2. Log in or create a new account using your name and email address, and a password selected by you. Click on the 'log in' or 'create' button once all this information is filled in.
3. You will be redirected to your 'My Forms' page.
Click on 'Start a new form' in the top right corner.
4. 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.
5. Once you have completed the admission form and the medical history questionnaire, you will have the option to upload a copy of your referral, medications list or advance health directive if you have one. Do not worry if you cannot upload this information, you can still bring it with you on the day of admission.
6. Once you have finished completing the form, simply click the 'Submit Form' button and log out

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

Australian Charter of Healthcare Rights

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

The Charter recognizes 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.

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

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

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



PUBLISHED JULY 2019

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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

Privacy Collection Notice – Patients

Cura Day Hospitals Group Pty Ltd (ACN 125 245 409) (Cura) and its subsidiaries acknowledge the importance of patient privacy. We are committed to handling your information securely and to being open and transparent with you about our information handling processes. Cura's privacy policy is available at www.curagroup.com.au. If you would prefer a printed version, please let us know by contacting us on 07 3218 3700. Further details about how we deal with your personal information are provided below.

Who is collecting your personal information

Your personal information is being collected by Cura Day Hospitals Group Pty Ltd (CAN 125 245 409) (Cura) and its subsidiaries wherever located within Australia

The contact details for Liverpool Eye Surgery are:
Ground Floor, 1-7 Moore Street, Liverpool NSW 2170
Telephone: 02 9734 7000

Collection of your personal information

Your personal information is collected:

- from when you provide personal information to us, including by completing admission forms, questionnaires and surveys; when observations are taken; when you report information to our staff about your health; and in some cases by way of photographs taken of you for a clinical purpose;
- from your relatives who may be able to provide us with information relevant to your healthcare where it is unreasonable or impracticable to collect information directly from you;
- from third party health service providers, including your doctors, diagnostic imaging pathology companies;
- Medicare, DVA and/or your health insurer.
- **from your My Health Record.**

Authority for collection

As a health service provider, we are required to collect and keep medical records of patients receiving services at our facilities.

Why does Cura collect your personal information?

We collect your personal information in order to provide health services to you at our facility. We also use the information for management of our services. You may be asked to participate in research projects which involve the collection of your personal information. Participation in research is entirely voluntary.

What would happen if Cura did not collect your personal information?

If Cura does not collect your personal information we may not be able to provide healthcare services to you. If we do not collect all of your relevant health information, this may pose a risk to your health as we will be using incomplete information to make care decisions. It may also impact on your ability to claim Medicare, DVA or private health insurance refunds.

Who will Cura disclose your personal information to?

We disclose your health information for the purposes of providing a health service to you and managing that service. For example, we disclose your personal information to other third-party health service providers (e.g. your doctor, relevant clinical registries, pharmacy services, diagnostic imaging and pathology companies) and our staff involved in your care (e.g. nurses and allied health) or providing administrative support. Sometimes your Surgeon will request that a surgical device representative be present during your procedure.

Your Surgeon will ordinarily provide a discharge summary to your referring doctor. Please let your Surgeon know if you do not want this to occur.

We may also provide discharge summaries to your treating Surgeon.

If you have received services at a Cura Hospital as a public patient under an arrangement with either a public hospital or a state or territory government arrangement, we will provide a discharge summary and a copy of your medical record to the public hospital or relevant government entity that referred you. We will disclose information about your condition to your next-of-kin nominated on your admission paperwork if we need a decision to be made about your care and you do not have capacity to make the decision for yourself. We will let your contact person know when you are ready to be collected to go home. We disclose your personal information to Medicare, DVA and your private health insurer for billing and regulatory purposes. We are required to provide certain data to State/Territory Health Departments about admissions to our facilities.

We will upload information to My Health Record unless you direct us not to.

Access to and correction of your personal information

Our privacy policy contains information about how you may access and seek correction of personal information about you that Cura holds.

Privacy complaints

Our privacy policy contains information about how you may complain about a breach of the Australian Privacy Principles and how Cura deals with complaints.

Overseas disclosure of your personal information

It is unlikely that Cura will disclose personal information to entities outside of Australia.

1. PREPARING FOR YOUR ADMISSION

Anaesthesia and Your Procedure

Virtually all surgical procedures require some form of anaesthesia which will be administered by an anaesthetist. You will be seen by your anaesthetist just prior to your procedure.

Please carefully fill out the Patient Admission Detail Form, as the information on these forms will be used by your anaesthetist to assess your specific anesthetic requirements. Please take special care to record:

- All medications you are taking, the dose you are taking and how often you are taking the medications, including complementary (herbal/alternative) medicines.
- For women, if you are taking an oral contraceptive.
- Any medical problems.
- **Any drug allergies – THIS IS VERY IMPORTANT.**
- Usage of recreational drugs, tobacco or alcohol.
- Loose or broken teeth, caps, plates, implants, dentures or other removable prosthesis.
- Past anaesthetic experiences and family history of anaesthetic issues.
- Please discuss any other conditions, such as health conditions, gastric banding or steroid therapy with your anaesthetist and ensure this is noted on your Medical History Form.

Preparing for your anaesthetic

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

- DO NOT smoke on the day of your procedure.
- Minimise alcohol consumption.
- Carefully follow the fasting instructions on [page 6](#) of this booklet.
- Inform your anaesthetist if you use recreational drugs as these may interact with the anaesthetic.
- If you have any concerns about your anaesthesia, please relay this to our admission staff who will notify the anaesthetist who may then contact you.

No Lift Policy

A “No Lift Policy” has been implemented at Liverpool Eye Surgery to protect both patients and staff from injuries resulting from unsafe lifting practices and procedures. Please advise the hospital if you require any assistance with mobility.

Suitability Criteria

Liverpool Eye Surgery is a small day surgery catering for patients who are not at risk, medically or otherwise, by being treated at the facility.

Liverpool Eye Surgery conforms to the Australian and New Zealand College of Anaesthetists Guidelines regarding patient suitability for Day Surgery and NSW Health legislation.

The Act permits discrimination on the following grounds:

1. **Medical conditions which render patients unsuitable for Day Surgery include:**

- Unstable Angina
- Poorly controlled Asthma
- Hypertension (Uncontrolled)
- Poorly controlled Insulin Dependent Diabetes
- Unexplained Dementia
- History of Malignant Hyperthermia
- Morbid Obesity
- Exudative Infection
- Concurrent Health Crisis
- Creutzfeldt-Jacob Disease (CJD)

2. **Conditional Admission**

- Patients living alone with no one to care for them post operatively.
- Patients who are unable to ambulate, are wheel chair dependent, or are unable to transfer from a chair to a bed.
- A person infected or colonized with Methicillin Resistant Staphylococcus Aureus (MRSA)

3. **Patients with carers**

Patients who are normally accompanied by a specific carer, must be accompanied by that carer.

These include:

- Dementia sufferers – accompanied by usual carer
- Intellectually disabled persons – accompanied by usual carer.
- Deaf people – accompanied by usual carer
- Blind people – accompanied by usual carer (Specific policies and procedures relating to guide dogs are available on request as dogs are not permitted in the Peri Operative Suite).
- People with psychiatric illnesses – accompanied by usual carer.
- Non English speaking people – accompanied by an interpreter
- Children under 18 years – Parent or Guardian

Implantable Devices

You must notify your surgeon, anaesthetist and the day surgery staff if you have any devices including pacemakers, deep brain or neuro-stimulators, heart valves, intra-ocular lenses, lap bands, medication pumps or prostheses (including joints). Please bring information about your implantable devices with you on the day of your procedure.

Your Medications

If you take any regular medication (including non-prescription medications) you should discuss this with your doctor prior to your procedure. You may need specific instructions regarding which medications you should cease (and when to recommence) and which you should continue.

Regular medications may be taken with a small sip of water, unless your doctor has advised you otherwise.

Diabetic Medication

It is important that you discuss your diabetic medication with your doctor prior to your admission and make note of this on your Medical History. Instruction must be given by your referring doctor. The admission staff may ask your anaesthetist to phone you and discuss your diabetic regime.

Blood Thinning Medication

Please ask your referring doctor to see if you are on any blood-thinning agents. These could include Aspirin, Clopidogrel, Plavix, Iscover, Warfarin, Pradaxa, Dabigatran, Exanta, Ximelagantran and Nurofen.

Specific instructions must be given from your surgeon and/or specialist as to when or if these medications or other medication should be ceased for a period of time prior to your procedure. This also applies to patients with coronary artery or vascular stents, or cardiac implants.

Asthma Therapy

Please advise on your Medical History Form regarding any history of asthma. You must bring your medication with you on the day of your procedure.

Complementary Medicines (herbal/vitamin/alternative)

Please check with your doctor if you should cease taking these medicines (in particular fish oil and Vitamin B).

IF YOU ARE UNSURE ABOUT WHAT MEDICATIONS TO TAKE, PLEASE CONTACT YOUR SURGEONS' ROOMS FOR CLARIFICATION.

Fasting

Fasting instructions will be given when we call you with your admission time. PLEASE DO NOT chew gum or consume lollies/sweets on the day of your surgery. If fasting instructions are not followed, your procedure may be delayed or cancelled.

Children

If it is your child who is to be admitted, we encourage parental support as this will help to settle your child. The anaesthetist will consult with the parent(s) or guardian of children just prior to their procedure on the day of the admission. Children may become anxious pre-operatively. As such, one parent/guardian may accompany the child into the theatre and remain until they are asleep. Parents/guardians are not permitted in the theatre after this time.

Clothing should be cotton, comfortable, front opening with no metal fasteners.

As your child awakes, Recovery staff will notify you and you will be able to attend to your child. Your child may wish to bring a favorite toy or book.

For infants, we ask that you bring any baby formula, feeding equipment and nappies that may be required. We also recommend that you have two adults present for the journey home (one to drive and one to attend/comfort the child). It is also better for the child being admitted if other arrangements are made for siblings on the day of surgery.

Preventing Infections

It is everyone's responsibility to assist in preventing the spread of infection. Clinical staff will take every measure to minimise the risk of infection. If you have been unwell or have any type of infection (even a cold), it is important that you advise staff when they go through your Pre-Admission Checklist. Whilst you are a patient, please do not touch your eye or IV sites. It is important that you follow the instructions given by the Recovery staff on the care of your eye.

After discharge, if you feel you have acquired an infection, please contact your surgeon who will then notify our facility for investigation. Our facility collects and reports on this information to ensure proper infection control procedures are followed.

Informed Financial Consent

We will give you an Estimate of Hospital Fees when we call you with your admission time, (this estimation will also be provided to you on the day of your admission and will require your signature).

- It has been based upon information provided to the hospital by your doctor prior to your admission. Your doctor may need to vary your treatment from that anticipated prior to admission to ensure the best outcome for you. If your treatment does vary from that anticipated, there may be additional hospital fees that you are required to pay;
- There may be specific limitations or exclusions in your health insurance policy that are not currently known to us, and therefore these are not taken into account as part of our estimate;
- While we take great care in preparation of the estimate, on occasion our estimate for particular items may differ from the final amount charged for that item.

The hospital is not bound by the estimate and reserves the right to recover the full hospital fees incurred over and above that contained in the Estimate of Hospital Fees.

It is a condition of your admission that you agree to meet the full amount of your hospital fees not covered by your health fund or another insurer. Payment for any of these additional costs not covered by an insurer is the responsibility of the patient and must be paid on or prior to discharge.

Private Health Insurance

Once you have returned your paperwork to the day surgery, we will commence an Eligibility Check with your health fund to determine your level of cover and if there will be anything for you to pay. It is recommended that you also check with your health fund to ensure you are adequately covered and/or have an excess or co-payment to pay. Please check with your surgeon to get the item numbers associated with your procedure before contacting your health fund.

Liverpool Eye Surgery contracts with all the major health funds. If you have fulfilled the requirements of your health fund and are adequately covered, you will only be required to sign a claim form which will be sent directly to the health fund on your behalf. Any excess, co-payment or out-of-pocket expense is payable on the day of your admission.

Your Fees

It is important to be aware that you may have separate bills for the following:

Hospital Fees – Your hospital account will need to be settled on the day of your procedure at our reception desk. Medicare does not contribute anything towards your hospital fee. Uninsured patients are accepted at our facility however you will be required to pay all costs incurred. Please contact us for an estimation of your fees.

Surgeon's Fees – You must contact your surgeon's rooms to arrange an estimation of the fees and if your procedure will attract a Medicare rebate.

Anaesthetist's Fees – Liverpool Eye Surgery will provide you with the anaesthetist's details so you may request an Estimation of Fees from your anaesthetist.

Pathology Fees – If specimens are taken during your procedure, the pathology company may send a bill to your address in the days or weeks following your procedure.

Transfer to an Overnight Facility – In the unlikely event that you are transferred to an overnight facility for ongoing care, you will be required to meet the costs of this transfer including ambulance transportation and the fee structure set by the nominated hospital.

Interpreter Services – Health care interpreter services are available for people experiencing difficulty in communicating with their medical practitioner because of language barriers. If you would like to book an onsite interpreter, you need to contact the service prior to your procedure. For details regarding costs and availability, please phone 1300 882 972.

DVA Gold Card

If you require transport to or from hospital, please let our reception staff know so they can make the necessary arrangements. Our facility will phone DVA to advise them when you will be ready to be escorted home.

Workers Compensation & Third Party Insurance

All Workers Compensation, public liability and third party patients require approval from their insurer prior to admission. If approval is not received, the patient is required to pay the estimated amount on or before the day of admission. Your surgeon's administration staff may be able to assist you in gaining the appropriate approval.

Overseas Patients

If you are insured with an overseas company, you will be asked to pay the estimated cost on admission. Please contact the hospital prior to admission for an estimate of fees and charges. As it is an estimate only, in the event of unforeseen variations from the proposed treatment, the cost may vary.

Payment Information

We accept cash, bank cheque, savings and credit card (except AMEX or Diners Club). You will be issued with a receipt upon payment.

Your Admission Time

One of our reception staff will call you the Business Day Before Your Procedure (ie. Call Friday for a Monday procedure) between the hours of 9am and 3pm. If you will be unavailable to take the call during that time, please call on (02) 9734 7000 to obtain your admission time.

Patients can sometimes be added on or cancelled at the last minute from the surgeons' rooms. Whilst every effort is made to accommodate your preferred admission time, the list is structured according to patient age, medical condition and the nature of the surgery.

Smoking

Please be advised that Liverpool Eye Surgery is a smoke-free environment.

Mobile Telephones

Do not use mobile telephones in patient areas. Please observe the signs asking you to turn off mobile telephones and other electronic devices. Mobile phone use in the waiting room is permitted. Please keep the volume low as a courtesy to staff and other patients.

Zero Tolerance to Violence

Liverpool Eye Surgery has a zero tolerance towards violence (including physical and verbal) and failure to comply with this policy will result in all participating persons being asked to leave the facility. The personal security of our staff and other patients is paramount.

2 ON THE DAY OF YOUR ADMISSION

Admission Times and Your Procedure

You will be advised of your admission time the business day before your procedure as previously explained. You are encouraged to write these details, as well as your fasting time, on the Pre-Admissions Phone Call notes section in this booklet.

Whilst care is taken to spread times out to avoid lengthy waiting times, we ask you to please understand that the unpredictable nature of some cases may result in a period of waiting. We encourage patients to bring some light reading for this purpose and to ask our reception staff for an update.

If you are unable to make it to your admission time, please contact us as soon as possible on (02) 9734 7000. Our office is open Monday to Friday 8am – 5pm.

Things to do on the Day of Surgery

- Unless instructed otherwise, take all your normal medications with a sip of water, regardless of your fasting times.
- Please shower on the day of admission and ensure jewellery is removed.
- Wear loose comfortable clothing and flat, comfortable and non-slip footwear.
- PLEASE DO NOT apply heavy powder, creams, lotions, makeup or nail polish.

What to Bring

- Medicare card, Health Insurance membership card, Repatriation/Veterans' Affairs card, Workers Compensation Claim Number and/or Department of Defence Approval Number, if applicable.
- Original copies of all Paperwork, even if you have already forwarded them to Liverpool Eye Surgery (including Advance Care Directive).
- A list of all medication you take regularly.
- Current x-rays, scans or films that relate to your procedure.
- Payment for health fund excess, total cost of hospitalization (if you have no health insurance). This amount will be advised when we call you with your admission time.
- Reading material and/or something else to do.
- A hard case for your glasses or other prosthesis.
- If you have a particular diet such as vegan, gluten free or are lactose intolerant, please bring your diet schedule.

Please keep valuables to a minimum.

Liverpool Eye Surgery does not accept responsibility for the security of valuable items.

Before Your Surgery

Preparation for your surgery will include:

- Checking your personal details
- Checking your Consent Form
- Checking for allergies and adverse reaction to medications, tapes, and foods
- Marking the eye or site of your surgery with a dot
- Putting a hospital gown over your clothes
- A series of eye drops administered prior to surgery (some patients may experience a slight sting from the eye drops but this will pass quickly)
- ECG dots applied to your chest to monitor your heart.

Your anaesthetist will meet with you before the surgery and will ask you about:

- Your general health and current medications
- Any previous illnesses or surgery
- Any allergies.

“Surgical Safety” and “Time Out” in the Operating Theatre

As part of our “Surgical Safety” checks we will ask you your full name, date of birth, address, and the procedure you are having on several occasions during your admission.

Before your surgery commences, all members of the surgical team will perform “Team Time Out” once again to confirm the correct procedure is performed at the correct site on the correct patient and the correct prosthesis or implant (if applicable) has been arranged.

While You Are Having Your Surgery

Your family, friends or carers are welcome to wait in reception, we have a television and a variety of magazines.

Alternatively, they may wish to leave once you have been admitted and return when you are ready for discharge. In this instance, ensure reception staff have their contact details and they are able to return within 30 minutes of receiving a call from the staff in recovery.

At Liverpool Eye Surgery we admit a number of children, as well as adults with dementia and / or short term memory loss. To minimise the risk of confusion and reduce anxiety for these patients and their carers we have opted not to provide a water dispenser in the waiting room. Thank you for your understanding. There are a number of café’s within easy walking distance where carers and family members can purchase drinks and food.

3 AFTER YOUR ADMISSION

The day surgery nursing staff will assist you by estimating your time of discharge on the day of your surgery, however this is an estimate only and can change without notice depending on your medical status.

On discharge, your nurse will give instructions about your post-operative care as required by your surgeon. Ideally, these instructions will be given to you in the presence of your adult caregiver, however as this may not always be practicable, you will be given a printed copy of these instructions to take home.

You may also be given specific medications your doctor has prescribed. This prescription should be filled prior to seeing your surgeon for your follow-up visit or as directed by the recovery nurse.

Medical Certificates

You will be asked during your admission if you, the patient, or your caregiver will require a medical certificate. Caregiver details are to be given to reception staff on the day of your procedure so the appropriate certificate can be arranged.

Medication Safety

Follow your doctor’s instructions for recommencing your usual medication. If required, it is important you complete the full course of prescribed antibiotics. Contact your doctor if you have any unusual side effects. Take post-operative pain relief medication as prescribed. If pain persists contact your doctor.

YOU MUST HAVE A RESPONSIBLE ADULT TO COLLECT YOU FROM RECOVERY AS YOU WILL NEED TO BE SIGNED OUT. WE ARE UNABLE TO ESCORT PATIENTS DOWNSTAIRS.

When You Go Home

Your vision will not be clear right away and changes to your vision will affect your judgement and depth perception. You will remain under the influence of anaesthetic medications for up to 24 hours therefore you should take extra care when walking, especially in unfamiliar areas.

During the first 24 hours, it is essential you have someone with you at home to assist you, and to reduce your risk of falls and injury. You may resume normal eating and drinking on discharge.

For the first 24 hours it is important that you:

- Do not drive a motor vehicle or operate any heavy machinery
- Do not drink alcohol
- Do not remain on your own
- Do not make complex or legal decisions
- Seek assistance when mobilizing (you may feel unsteady on your feet)
- If resting, ensure you change position every couple of hours to avoid any pressure areas or DVT.

Following Eye Surgery Your Eye Requires Protection

- If provided with a plastic shield, wear at night for approximately one week.
- Avoid bumping, rubbing or applying pressure to the eye.
- Avoid strenuous exercise and heavy lifting.
- Avoid eye makeup.
- Protect the eye while washing your face and hair.
- Do not go swimming.
- You may cleanse the lids and lashes gently with a facial tissue and COLD boiled water.
- Be aware that with one eye covered you will not have distance judgement so take extra care when moving about, especially on stairs.
- After surgery the operated eye will be light sensitive and the white of the eye may be red.
- There may be some discomfort (grittiness, dull ache). Take Paracetamol to provide relief. These symptoms decrease gradually. If they increase contact your surgeon immediately.
- Your surgeon may prescribe eye-drops for you. At the post-operative visit you will be instructed about the use of your eye drops. Please wash your hands before instilling your eye drops, and leave a few minutes between drops. Store your drops in a cool clean place.
- Your vision will improve gradually.
- You may read and watch television.

Infection Control – Hand Hygiene

Staff at Liverpool Eye Surgery are committed to infection prevention and control by following national, state and industry best practice guidelines - Australian College of Operating Room Nurses (ACORN) and the National Safety and Quality Healthcare Standards (NSQHS).

Following surgery, patients and carers have a role to play in reducing the risk of post-operative infection. Hand Hygiene (washing your hands), is the number one way to prevent the spread of infections (germs).

Always wash your hands:

- Before handling any medication or eye drops or touching the eye after surgery
- Before and after changing wound dressings
- Before preparing or eating food
- After using the toilet/restroom
- After blowing your nose, coughing or sneezing

You can either:

Wash your hands with soap and water and dry with a clean towel

– or –

Cleanse your hands using an alcohol based hand rub and allow to dry.

Eye Drops After the Surgery

Always check the label to ensure you have the correct eye drop.

To instill the eye drops

- Wash your hands
- Look up and gently pull down the lower lid with your finger and rest your fingers on the cheek bone
- Tilt your head back and look up
- Then gently squeeze the bottle and instill one drop
- Remove your finger and gently close the eye for one minute
- Gently wipe any excess drops with a clean tissue and then discard the tissue
- If you have more than one drop due at the same time, wait 2-5 minutes before instilling the next drop
- Do not touch the eye with the bottle
- Recap the bottle and store according to packaging instructions
- Wash your hands

My Health Record

What is My Health Record?

My Health Record is a secure electronic government held summary of your health information. Having a My Health Record means you, and any doctors or other healthcare providers involved in your care can, subject to your access controls, quickly access a summary of your important health information, helping them to make better, safer decisions about your care.

How will it help me?

You won't need to remember and repeat all your health details - medications, chronic medical conditions, dates of operations and recent medical tests when you see a different or new healthcare provider. The same will apply for your children's health history, medical tests and immunisations.

How to apply

On-line at www.myhealthrecord.gov.au

– or –

In writing, download the form from the Resources page of the web site www.myhealthrecord.gov.au and send the completed form and all supporting documentation to:

My Health Record Program
GPO Box 9942 in your capital city

– or –

By calling 1800 723 471 and select option 1 (one). Call charges apply from mobile phones.

– or –

In Person by visiting a Service Centre that offers Medicare services.

Once you have been registered for a My Health Record, participating doctors, nurses and other healthcare professionals involved in your care will, with your consent, have access to a summary of your information – including medications, allergies and immunisations. This will contribute to better, safer and more efficient care for you.

Falls Prevention in the Home

Falls are a common problem for older people and are also an issue for people with low vision, poor balance, decreased muscle tone and reduced mobility. Following eye surgery you may experience changes in your vision which increases your risk of falling. Here are a few measures to reduce this risk after your surgery:

- Make sure walking aids are in good condition, have free rolling wheels and good brakes
- Use your walking aids rather than furniture to assist with balance and walking
- Make sure you have good lighting in the room
- Take your time when getting up from sitting or lying down
- Wear comfortable low-heeled shoes, rather than slip-ons or slippers
- Let your family or carer know if you are unwell or unsteady on your feet
- If you are worried about falling speak to your GP and ask them to arrange a home safety assessment to advise what modification would be of assistance.

For further information check with your General Practitioner or Community Health Centre. Ensure you have someone staying with you overnight while you are at increased risk following the anaesthetic and changes in your vision.

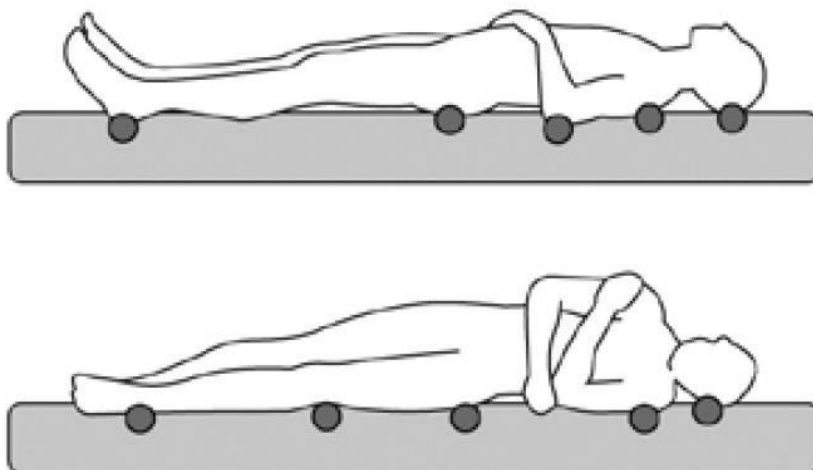
Preventing Pressure Injuries

A pressure injury or ulcer is a break or blister of the skin which is caused by unrelieved pressure that damages the skin and underlying tissue usually over a bony prominence, as a result of pressure, shear and/or friction, or a combination of these factors.

Pressure injuries can be painful, often take a long time to heal fully and may impair your mobility further.

After surgery you may be at greater risk of developing pressure injuries or ulcers if your mobility is restricted or you have lowered mental awareness due to medication. You can prevent pressure ulcers by keeping your skin clean, preventing dry skin and protecting your skin and joints from injury by changing your position regularly, using pillows or wedge supports, eating well and being active.

This diagram indicates areas which can be susceptible to pressure injuries.



References

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

Patient Compliments and Feedback

The aim of our quality assurance program is to ensure that you receive the best possible care. Your comments and suggestions by way of the post-operative patient survey help us to achieve this objective.

Your feedback is important to us. Compliments from satisfied customers encourage ongoing high standards of care.

- Did we provide you and your family with the appropriate information, facilities and care that ensured your time with us was as comfortable as possible?
- Have you any suggestions as to how we could do things better?
- Are there improvements that could be made in the information you received prior to admission?
- Did you need to know more about your surgery or the hospital?
- Can our facilities be improved?

If you have the time we would appreciate if you or your family could complete the Patient Experience Survey that was provided to you as part of your discharge pack. You can return it at your next admission, by post, fax or email.

Open Disclosure

More than 200,000 people are treated in Australian Hospitals each year. Occasionally something goes wrong and a patient is harmed unintentionally.

Australian hospitals are working to improve the way they handle things that go wrong. Part of improving the way hospitals manage these situations is by being open with you about what happened. This process of communication with you when things have gone wrong is called “Open Disclosure”.

The benefits of Open Disclosure are to:

- Help you understand what went wrong with your care
- Let you know what is being done to investigate what went wrong
- Explain the consequences of the incident for you and your carer
- Assist you with any support you might need
- Let you know the steps the hospital will be taking to make sure what happened to you will not happen again.

At Liverpool Eye Surgery we respect your right to be treated with care, consideration and dignity and we are committed to improving the safety and quality of the care we deliver. That’s why LES follows the policies and procedures on Open Disclosure from the Australian Commission on Safety and Quality in Healthcare.

Concerns or Complaints

If you are not happy about any part of your treatment at Liverpool Eye Surgery, please do not hesitate to speak to us.

In most instances, your doctor, your anaesthetist, the nurse attending you or our reception staff will be able to assist you depending upon the nature of your complaint.

If they are unable to resolve the matter, please ask to speak to the Director of Nursing. Alternatively, you may wish to express your complaint in writing, don@liverpooleyeyesurgery.com.au.

All complaints will be handled with confidentiality and after a thorough investigation you will receive a reply (verbal and/or written).

Any matter which is not resolved to your satisfaction may be taken to the Health Care Complaints Commission.

Health Care Complaints Commission
Phone: 1800 043 159
Email: hccc@hccc.nsw.gov.au
Post: Locked Bag 18
Strawberry Hills NSW 2012

Private Health Insurance Complaints

If you have any complaints about your private health insurance company please refer them to the Private Health Insurance Ombudsman. Toll Free: 1800 640 695, or www.phio.org.au/

Consumer Focus Group

Our facility encourages patients and carers to participate in our facility Consumer Focus Group, a forum where patients, carers, surgeons and other staff can discuss the patients experience through the day surgery and the day surgery can collect vital information for policy making. This is held annually. Please advise the Director of Nursing if you wish to participate.

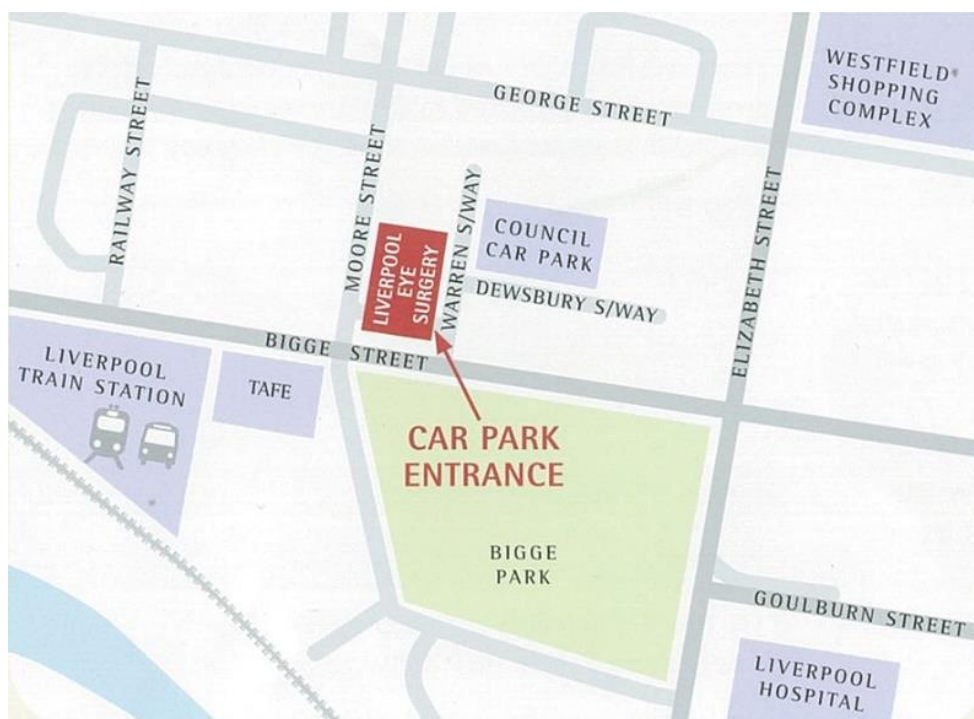
PARKING

A 15 minute drop off/pick up parking is available in our basement. Access from Warren Serviceway. First garage on the left. Press intercom to open the roller door, veer left and park next to the lift. Come up to the ground floor.

Longer term parking is available in the council carpark, Entry via Dewsbury Serviceway off Bigge Street. Liverpool Eye Surgery has no responsibility for this cost.

TRAIN / BUS

Liverpool Train Station is on Bigge Street, and only two minutes walking distance.



AFFIX PATIENT LABEL HERE

Patient Declaration

How Will You Pay For This Admission

- UNINSURED – If you are an uninsured patient please phone Liverpool Eye Surgery to get an estimate of fees, you will also be informed during your pre-operative phone call. Fees quoted are required as an upfront payment at the time of admission. Any unexpected costs can be settled upon discharge.
- PRIVATE HEALTH INSURANCE – May require an excess or co-payment to be paid upon admission, your fund can tell you what this may be, you will also be informed during your pre-operative phone call.
- WORKCOVER/THIRD PARTY – Financial guarantee/approval letter must accompany this form.

NAME OF INSURANCE COMPANY	CLAIM NO.
ADDRESS	
CONTACT NUMBER	CASE MANAGER

PERSON RESPONSIBLE FOR THIS ACCOUNT

- If this is the Patient – Please read statement and sign below.
- No, please complete details in table, then read and sign below.

NAME	RELATIONSHIP TO PATIENT
ADDRESS	
CONTACT NUMBER	

I understand that I must meet all the requirements of my health fund, in particular current financial status, pre-existing ailment forms and serving applicable waiting periods.

I have received information from my health fund regarding estimated expenses (where applicable) and I understand and agree to pay all fees in relation to my day surgery stay, including where my health fund or insurance claim is denied for any reason.

I understand that I may also receive accounts from the Surgeon, Anaesthetist and pathology company. I have contacted these providers to get estimates.

I understand that I am not to bring valuables to my admission and understand that Liverpool Eye Surgery is not responsible for loss or damage of personal items.

I consent to the collection of my personal information from various sources for the primary purpose of my medical management, and for it to be only disclosed to third parties as part of mandatory reporting requirements.

I understand that as a patient of Liverpool Eye Surgery I have the right to feel welcomed, comfortable and fully informed throughout my stay and be treated with the highest standards of clinical care. I also accept that as a patient I have important responsibilities including providing complete and accurate information to all questions asked of me on this form and throughout my stay.

If you do not understand any part of this declaration please contact Liverpool Eye Surgery for clarification.

Signed _____ Date _____

Medical History Form

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AFFIX PATIENT LABEL HERE

Do you have OR have you ever had any of the following:					
	YES	NO		YES	NO
High blood pressure			Stroke or blackouts		
Blood transfusion			Had a fall in the last 6 months		
Ankle swelling			Fear of falling		
Heart problems			Use a mobility aids? E.g. walking stick, frame		
Open wounds / skin breaks			Do you use a wheelchair? If yes, can you weight bear?		
Heartburn, stomach problems			Arthritis e.g. rheumatoid arthritis, osteoarthritis		
Pressure areas			Back or neck injury problems		
Anaemia			Epilepsy or fits		
Have you ever had a difficult intubation?			Kidney disease		
Asthma			Bladder problems e.g. incontinence		
Difficulty breathing			Bowel problems e.g. stoma, Crohn's, IBS		
Pneumonia, hay fever, Asbestosis			Thyroid problems e.g. goitre		
Chronic Obstructive Pulmonary Disease (COPD) e.g. bronchitis, emphysema			Any infections including MRS, VRE, TB		
Mental Health problems: ▪ depression, ▪ anxiety, ▪ confusion, ▪ dementia, ▪ psychiatric			HIV, Hepatitis B or C		
Self harm / suicide			Bleeding disorders or problems		
Diabetes Please tick <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Diet Controlled)			Blood clots Please tick: <input type="checkbox"/> DVT (In legs) <input type="checkbox"/> PE (In lungs)		

HEIGHT (cms)	WEIGHT (kgs)
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PREVIOUS SURGERY PROCEDURES		
OPERATION/Health Problem	DATE	COMMENTS

MEDICAL HISTORY			
CREUTZFELDT JAKOB DISEASE (CJD)	YES	NO	COMMENTS
Have you had surgery on the brain or spinal cord that may have included dura mater graft, prior to 1990			
Have you received human pituitary hormones for infertility or human growth hormone for short stature, prior to 1986?			
Have you been involved in a "Look Back" study for CJD or are you in possession of a "Medical in Confidence Letter" regarding risk of CJD?			

Medical History Form

AFFIX PATIENT LABEL HERE

MEDICAL ALLERGIES	YES	NO	DETAILS / REACTIONS
Do you have adverse reactions to anaesthetics? E.g. Malignant hyperthermia			
Family member with adverse reaction to anaesthetics?			
LIST ALL MEDICAL ALLERGIES			

FOOD ALLERGIES	YES	NO	DETAILS / REACTIONS
Do you have a medical dietary restriction? e.g. Diabetic, Coeliac, Lactose intolerant			
Do you require a special diet? e.g. Vegetarian, Kosher etc.			
Foods excluded from diet			

OTHER ALLERGIES e.g. latex, sticking plaster, etc.	YES	NO	DETAILS / REACTIONS

PROSTHETICS / AIDS	YES	NO	COMMENTS
Visual aids e.g. glasses, contact lenses, visual impairment			
Hearing aids, hearing impairment, cochlear implant			
Dentures, caps, crowns, loose teeth, implants, veneers			
Other aids for daily living e.g. artificial limbs			
Cardiac surgery e.g. pacemaker, implants/devices, prosthetic heart valve, grafts, stents, angioplasty, bypass or any other heart condition			
Other			

Medical History Form

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OTHER MEDICAL CONDITIONS – If you have any other medical conditions not listed above, please detail here

ADVANCE CARE DIRECTIVE	YES	NO
<p>An Advance Care Directive is a set of written instructions that a person gives that specifies what actions should be taken for their health, if they are no longer able to make decisions because of illness or incapacity</p> <p><input type="checkbox"/> Copy attached</p> <p>Note: Copy to accompany patient if transfer to another facility is required</p>		

UNDERSTANDS HEALTHCARE RIGHTS	YES	NO	COMMENTS
If no, staff to advise of interpreting services or to have responsible adult accompany them			

DISCHARGE PLANNING	YES	NO	COMMENTS
Will you require a medical certificate?			

To meet Liverpool Eye Surgery admission criteria you must:

- Arrange for a responsible adult to accompany you home and stay overnight following your procedure. Failure to do this may result in your procedure being postponed or cancelled.
- Not drive a car, motorcycle, ride a bicycle or operate machinery for 24 hours after an anaesthetic.
- Not make any important decisions or sign legal documents for 24 hours after an anaesthetic.

The person taking you home:

Name: _____

Relationship: _____

Contact Number: _____

I confirm that the information completed in this Medical History form is correct.

Name: _____ Patient Guardian GP

Signature: _____ Date: _____

Please complete pages 17-22.
Ensure you bring the originals with you on the day of admission.

Operation/Procedure Consent

(Adult or Minor)

(Affix identification label here)

URN: _____

Family Name: _____

Given Names: _____

Address: _____

Date of birth: _____ Sex: M F I

This consent form is to be used for adult or minor patients undergoing an operation or interventional procedure

Information provided about the operation/procedure

I, _____
(print name of Accredited Practitioner performing operation/procedure)

have discussed with _____
(print name of patient or, where the patient lacks capacity, the person who can legally make decisions on their behalf)

the patient's condition, care options (including the proposed operation/procedure), the material risks of the options and any risks that are specific to the patient, the benefits of the options, the expected outcome of the proposed operation/procedure and the expected outcome of not undergoing the operation/procedure.

The presenting symptoms or condition to be treated is:

The proposed operation/procedure is:

For ophthalmology procedures only

I authorise the following to be administered as per my preference sheet/pathway (please tick):

Eye drop regime Pre-operative/post-operative medication

Assessment of capacity to consent

I, _____ *(print name of Accredited Practitioner)*

have assessed the capacity of the patient's ability to consent to the operation/procedure and have formed the view that:

The patient **has** capacity to consent; OR

The patient **does not** have capacity to consent, and so consent has been provided by the patient's:

(insert relevant legal basis, e.g. parent, legal guardian, enduring power of attorney, statutory health attorney)

Signature: _____
(Signature of Accredited Practitioner)

Date: ____/____/____

Consent to the operation/procedure

I, _____
(print name of patient, or where the patient lacks capacity, the person who can legally make decisions on their behalf)

request that the above operation/procedure be performed on:
_____ *(print name of patient)*

By signing this form, I confirm that I have been advised (with the assistance of a translator, where that is necessary) and acknowledge that:

- I have been provided with sufficient information about my/the patient's condition, care options (including the proposed operation/procedure), the risks of the options and any risks that are specific to me/the patient, the benefits of the options, the expected outcome of the proposed operation/procedure and the expected outcome of not undergoing the operation/procedure;

Please continue over page

DO NOT WRITE IN THIS BINDING MARGIN

OPERATION/PROCEDURE CONSENT CMR4.0

Cura CMR4.0 1/2 V1.00 25/01/2022

Operation/Procedure Consent

(Adult or Minor)

(Affix identification label here)

URN:

Family Name:

Given Names:

Address:

Date of birth:

Sex: M F I

Consent to the operation/procedure (continued)

- I have had the opportunity to ask questions about the proposed operation/procedure and to read any information provided and I am satisfied with the information that I have received;
- The operation/procedure involved the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with the proposed operation/procedure;
- If a complication arises during the course of the proposed operation/procedure which requires urgent treatment to save my/the patient's life or prevent serious injury in circumstances where it is not practical to obtain consent, I/the patient will be provided with emergency treatment (which may include blood products) subject to the terms of any prior written and legally valid objection (including my/the patient's direction about the provision of blood below);
- A sample of my/the patient's blood may need to be taken and tested for infectious diseases if there is an injury to a doctor or staff member during the proposed operation/procedure;
- There is a risk that the proposed operation/procedure will not:
 - a) for screening procedures: identify the condition being screened for, or
 - b) for therapeutic procedures: improve my/the patient's condition or achieve an expected or desired outcome, despite it having been carried out with due professional care and responsibility;
- There are risks associated with the proposed operation/procedure, which may result in a worsening of my/the patient's condition or other adverse outcome for me/the patient and I accept these risks in requesting the proposed operation/procedure;
- Images or video footage may be recorded as part of, and during, my/the patient's operation/procedure, and these images or videos will assist the doctor to provide appropriate treatment;
- I have the right to change my mind and withdraw my consent at any time before the operation/procedure, preferably after discussion with my/the patient's doctor.

Consent for anaesthetic/sedation

I consent to the use of anaesthetic or sedation as required to perform the operation/procedure.

Yes No

Consent for blood products

I consent to the use of blood products if they are required during my/the patient's operation/procedure.

Yes No

Signature: _____

(signature of patient, or where the patient lacks capacity, the person who can legally make decisions on their behalf)

Name: _____

(print name of patient, or where the patient lacks capacity, the person who can legally make decisions on their behalf)

Relationship: _____

(relationship of the person who can legally make decisions for the patient and the patient, e.g. parent, legal guardian, enduring power of attorney, statutory health attorney as relevant in the state/territory where this form is signed)

Date: ____/____/____