

# Welcome to



# Echuca Regional Health



## Information for patients, families and carers

ERH Welcome Magazine - 2nd Edition, May 2023.

# DIRECTORY

## Building A - MAIN

- Admissions
- Cashier
- Day Surgery
- EMERGENCY
- High Dependency Unit
- Main Reception
- Maternity Ward
- Medical Ward
- Palliative Care Suites
- Pharmacy
- Radiology
- Rehabilitation Ward
- Spiritual Spaces
- Surgical Ward
- Transition Care Program

## Building B - LUMEAH

Hospital In The Home (HITH)

## Building D - HOPWOOD CENTRE

- Community Rehabilitation
- Dental Services
- Diabetes Education
- Dietetics
- Falls & Balance Clinic
- Occupational Therapy
- Physiotherapy
- Podiatry
- Specialist Continence Clinic
- Speech Pathology
- Women's Health Clinic

## Building E - CONSULTING SUITES

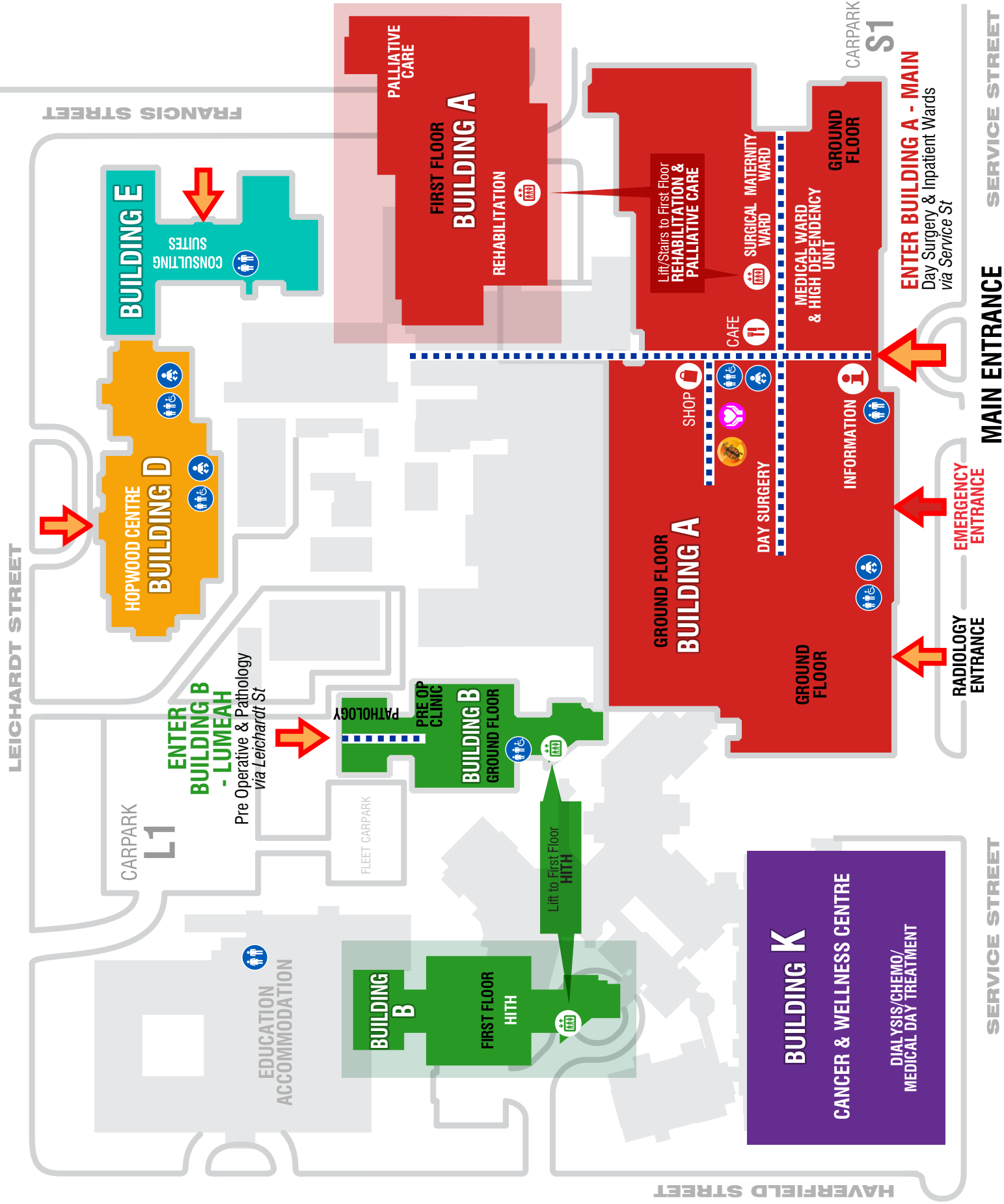
- Alcohol & Other Drugs
- Echuca Primary Care Clinic
- Health Promotion
- Social Services

## Building K - CANCER & WELLNESS CENTRE

- Community Palliative Care
- Post Acute Care
- Pathology
- Preoperative Clinic
- Renal Dialysis
- Stomal Therapy / Wound Care Nurse
- Theatre Liaison
- Community Nursing
- Medical Day Treatment
- Chemotherapy

### LEGEND

- ENTRANCES / PATHWAY
- INFORMATION
- TOILETS
- BABY CHANGE
- LIFT/STAIRS
- PUBLIC CORRIDOR / PATHWAY
- CAFETERIA
- SHOP
- MILK ROOM
- SPIRITUAL SPACE



LEICHARDT STREET

FRANCIS STREET

HAVERFIELD STREET

SERVICE STREET

CARPARK L1

FLEET CARPARK

CARPARK S1

ENTER BUILDING B - LUMEAH  
Pre Operative & Pathology  
via Leichardt St

PATHOLOGY  
PRE OP CLINIC

BUILDING B  
GROUND FLOOR

BUILDING B  
FIRST FLOOR  
HITH

Lift to First Floor  
HITH

PALLIATIVE CARE  
FIRST FLOOR  
BUILDING A  
REHABILITATION

GROUND FLOOR  
BUILDING A

Lift/Stairs to First Floor  
REHABILITATION &  
PALLIATIVE CARE

DAY SURGERY

CAFE

SURGICAL MATERNITY WARD

GROUND FLOOR  
MEDICAL WARD  
& HIGH DEPENDENCY UNIT

ENTER BUILDING A - MAIN  
Day Surgery & Inpatient Wards  
via Service St

RADIOLOGY ENTRANCE

EMERGENCY ENTRANCE

MAIN ENTRANCE

BUILDING K  
CANCER & WELLNESS CENTRE  
DIALYSIS/CHEMO/  
MEDICAL DAY TREATMENT

SERVICE STREET

# Contents



Welcome to Country	2
Our Purpose, Our Values, Our Volunteers	3
<b>Information for your visit</b>	<b>4</b>
Guest Wi-Fi	4
Mobile and bedside phones	4
Belongings and valuables	4
Interpreter services	4
Smoking and QUIT information	4
Visitors and Rest Times	4
Shared Spaces and public amenities	4
Meals and dietary needs	4
Nurse Call and Television Controls	5
7 Ways to Prevent Infection	5
Ending PJ Paralysis	5
<b>While you are here</b>	<b>6</b>
Checking who you are	6
Allergies	6
Medications	6
Handing over Information	6
Using your Private Health Insurance	6
Medical Treatment Decision Maker	6
Advanced care planning	6
Spiritual and Emotional Wellbeing	7
Patient and Carer Escalation (PACE)	7
Zero Tolerance	7
Your privacy and Freedom Of Information (FOI)	7
What happens if something goes wrong?	7
<b>Planning for home</b>	<b>8</b>
Planning for discharge	8
Communicating with your GP	8
Support for people with a disability	8
Family violence	8
Life! Program	8
Lifestyle choices for better health	8
<b>Feedback</b>	<b>9</b>
Let us know how we did	9
Tell us how we're doing	9
Patient Experience Survey	9
Health Complaints Commissioner	9
<b>Some advice from our healthcare teams</b>	<b>10</b>
Emergency	10
Maternity	10
Surgery	10
Care at Home	10
Centre Based Care	10
Top Tips For Safe Health Care	11
My healthcare rights	12
<b>Factsheets</b>	<b>13</b>
Constipation	13
Dehydration	14
Unplanned weight loss	15
Falls	16
Pressure injuries	17
Anxiety	18
Delirium	19
Depression	20
Deep Vein Thrombosis	21



# Echuca Regional Health

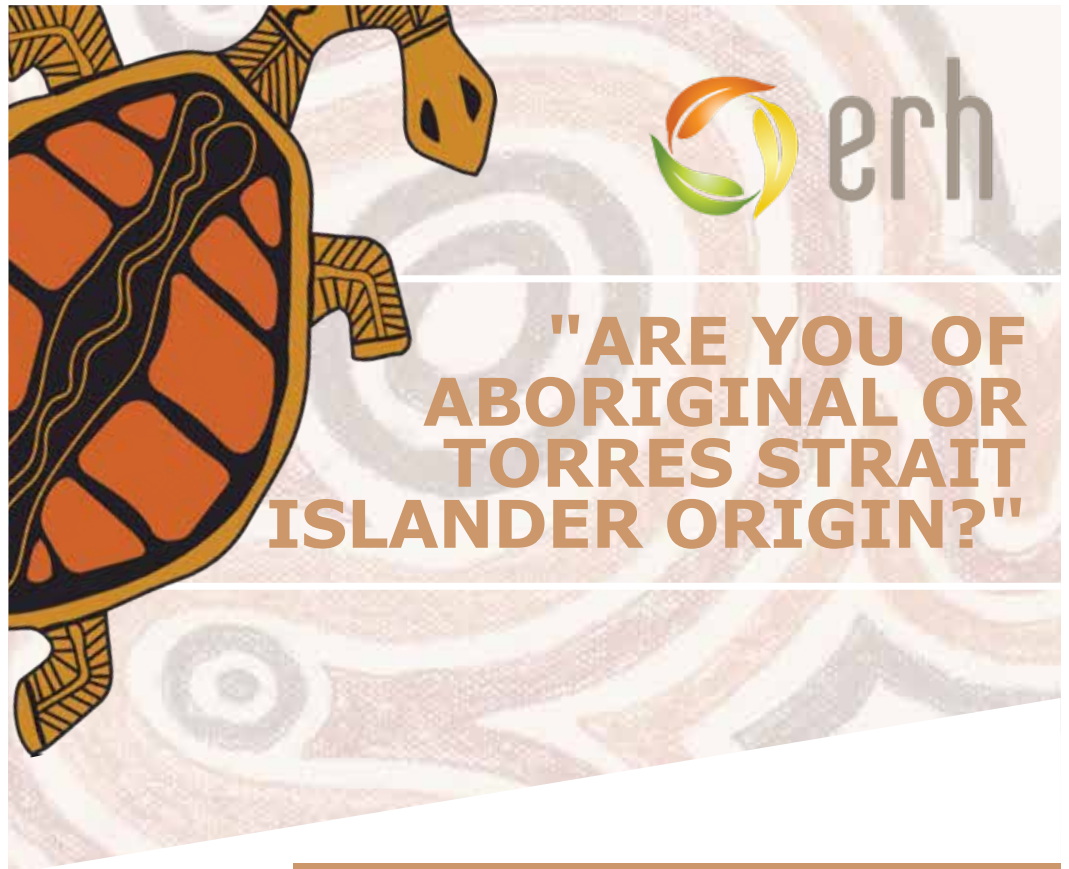
## Welcome to Country

We acknowledge the Yorta Yorta people as the traditional custodians of the land and pay our respects to their Elders past, present and emerging.

We acknowledge local artists' interpretation of Yorta Yorta's long neck turtle.

We also acknowledge their spiritual connection to country.

To contact the Aboriginal Liaison Officer call 5485 5836.



**"ARE YOU OF  
ABORIGINAL OR  
TORRES STRAIT  
ISLANDER ORIGIN?"**



We ask everyone the same question to make sure you receive a high standard of healthcare that best meets your needs.

**ONE SIMPLE QUESTION COULD  
HELP CLOSE THE GAP...**

Personal information you provide to this service is protected by a strict Privacy Act.

For more information about the Indigenous status question and how this information is used, please call the Australian Institute of Health and Welfare on 1800 223 919, email [NIDISC@aihw.gov.au](mailto:NIDISC@aihw.gov.au) or go to [www.aihw.gov.au/indigenous/index.cfm](http://www.aihw.gov.au/indigenous/index.cfm)

**WE ACKNOWLEDGE LOCAL ARTISTS' REPRESENTATION OF THE LONG NECK TURTLE**





## Our Purpose

# Supporting everyone to be healthy and live well



## Our Values

- C** Collaboration
- A** Accountability
- R** Respect
- E** Excellence



## Our Volunteers

Volunteers are the lifeblood of our community and for ERH, our passionate volunteers provide such wonderful care and support to our staff, patients and families.

Our volunteers support all areas of our health service, from our emergency department, acute wards and rehabilitation, concierge desk, day surgery, gift shop, fleet car program, administration and Glanville Village.

We cannot thank our volunteers enough for making a world of difference to our staff, patients and families each and every day. If and when you see our volunteers in their red shirts around the health service, say hi!

To become a volunteer of our health service, visit [www.erh.org.au/volunteers](http://www.erh.org.au/volunteers)



# Information for your visit

## Guest Wifi

To connect to the ERH Guest Wi-Fi network, select 'ERHGuest' from the list of available networks. You will be presented with a screen requesting you to Log In to the network, click 'Agree and Connect' and you will be connected to the Guest Wi-Fi. Please note, access to the Guest Wi-Fi is available to all patients & visitors and has a daily download limit per user.

## Mobile and bedside phones

Mobile phones can be used within most areas of the hospital, but staff may ask you to turn them off or to silent mode at certain times. Make sure you bring your charger too.

A landline phone is located next to each bed to allow patients to receive incoming calls only. If you need to make a call out, and don't have a mobile, ask out staff to help.

## Belongings and valuables

We encourage you to send any valuables home. If you wish to keep a small amount of money, mobile phone, laptop or tablet or any other items safe whilst in hospital, we offer a hotel style safe in most bedrooms. Ask your nurse for instructions, but setting up the safe combination and keeping your items safe remains your responsibility. Make sure you collect all your items before you go.

We also offer a valuables register and central safe on request.

## Interpreter Service

Echuca Regional Health has access to a **free telephone interpreting service** in all languages. Please let us know if you require an interpreter to read the information in this brochure and when organising appointments or interviews.

We can also provide access to an Auslan interpreter.

## Smoking and QUIT information

We are obliged to provide a safe and smoke free environment for all.

No person is allowed to smoke cigarettes or e-cigarettes within ERH grounds.

You are responsible for your own health and safety if you choose to leave the hospital grounds to smoke. Staff will not assist you to smoke but can provide information to support healthier lifestyle choices or nicotine replacement therapy.



## Visitors and rest times

Please refer to our website for up to date visiting hours and rest times. We ask that you respect the needs of your loved one, the other patients and staff in the hospital, by protecting their privacy, allowing plenty of rest time, limiting the length of your visit and maintaining a quiet, peaceful environment.

In some circumstances visitation will be restricted to authorised persons only.

## Shared spaces and public amenities

-  **Cafeteria** Located in the main foyer open Mon to Fri 7am-3.30pm and Sat to Sun 9-12.30pm
-  **Gift Shop** Run by volunteers, located in the main foyer past the café
-  **Public and Disabled toilets** Located in the main foyer opposite the café
-  **Baby Change Table** Located in the main foyer in the disabled toilet
-  **Spiritual Space** A place for quiet reflection is located past the café
-  **Malka Room** A shared family or group gathering space, adjacent/next to the Spiritual Space.



## Meals and dietary needs

All patient meals are cooked fresh and on site. Your dietary needs will be entered into our system by your nurse when you are admitted. A menu person will visit at some stage to ask your preferences. We can cater for most dietary needs and some preferences. If you have any allergies or sensitivities, make sure you inform staff.

Please note, we do not accept responsibility for food prepared externally and provided to patients, as we cannot guarantee the preparation or storage practices.

Meal times: Breakfast 8-9am Lunch 12-1pm, Dinner 5-6pm.

We have a **'Red Tray'** alert process for anyone who requires meals assistance.



## Nurse Call and TV Controls

Ask a staff member to show you how to use the Nurse Call and TV handset.

We want to keep you safe, so please use the Nurse Call system to help you when getting out of bed, going to the toilet, assisting with meals and if you are concerned or in pain.

The Nurse Call Handset is also your TV controls. A standard set of earphones can be used with the handset. Have some brought in from home if you would like to use this feature, but beware, the Apple headphone jack is not compatible.



## Ending PJ Paralysis

If you stay in your pyjamas and in bed for longer than you need to, you are at risk of: getting an infection, losing mobility and strength, having

a fall and staying in hospital longer. Talk with your Nurse, Physiotherapist or Occupational Therapist about what might be the best way for you to get up and moving safely.

**The longer you stay in hospital without moving around, the harder it is to get back on your feet.**

Whilst in hospital, we will help you:

- Get dressed in day clothes
- Sit out in your chair for meals
- Do gentle exercise during the day

Ask a relative or friend to bring:

- Comfy clothes & sturdy shoes
- Walking stick or frame
- Glasses

# 7 ways to prevent infection

## 1. Wash your hands

Before you touch food or eat; after going to the toilet or changing a nappy; after visiting someone who is ill; after playing with a pet.

Use soap and warm water and rub for at least 15 seconds.

## 2. Make sure your healthcare worker washes their hands, uses hand sanitiser or is wearing gloves

Do not be afraid to ask if staff have washed their hands or if they should wear gloves.

## 3. Cover your mouth and nose

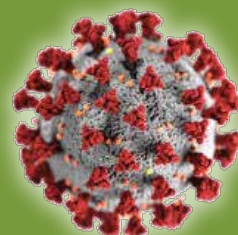
Germs can travel up to one metre or more, so sneeze or cough into your elbow; use and throw away a tissue; wash your hands after.

## 4. When you are sick, avoid close contact with others

Stay at home, don't shake hands or touch, tell staff if you think you might be infectious, ask family or friends not to visit if they are unwell.

## 5. Get vaccinated

Many vaccinations need a booster or a repeat dose to maintain immunity, so talk with your Doctor about being up to date.



## 6. Take all your antibiotics

Even if you feel better you must take an entire course of antibiotics for them to be effective and to prevent drug resistance.

## 7. Keep wounds covered and dressings dry

Keep any wounds you have clean and dry and replace any dressings as instructed by your nurse or doctor.

## Checking who you are

Many times during your visit you will be asked to tell us your **full name** and **date of birth** and ask you about any **allergies**. We will also check your **name band**.

This is to ensure that you are always safe and that we are providing the correct treatment, medication or tests to the correct person.

## Allergies

Make sure to let staff know if you have **any** allergies or sensitivities, including any **medicines, foods, tapes or bandaids**, or if you notice any problems or side effects with any new medicines or foods etc.

Staff will ask you on many occasions about your allergies. We understand this may feel repetitive, but we follow this practice to keep you safe from harm.

## Medications

It is important that you let staff know what medicines you take at home, including those prescribed by your doctor or any that you buy from your pharmacy, health store or supermarket. Please bring all your medicines to hospital with you, or arrange for a family member to bring them in as soon as they can.

You may be seen by a pharmacist to review your medications while you are in hospital, so make sure you take this opportunity to ask them questions. Information about your medicines will be provided when you go home and we will provide any new medicines you need before you leave.

## Handing over information

The staff involved in your care need up-to-date information about your condition and treatment. Clinical Handover involves the sharing of information between people involved in your care, including you and your family. You can expect staff to update you and involve you in handover on a regular basis so that you know what is going on and that your healthcare needs are met.

## Using your private health insurance

Echuca Regional Health is a public hospital, but you can choose to be admitted as a private patient if:

- You have private health insurance,
- You can provide policy details,
- Your policy is up to date,
- Your policy does not have any exclusions or waiting periods which relate to your current health problem.

Please note that we are not always able to provide a single room for private patients, and not all our local GP's can care for you while you are in hospital.

Let staff know if you would like more information or a brochure.

## Medical Treatment Decision Maker

Everyone has the right to make their own medical treatment decisions.

However, anyone can experience an injury or illness that means they are unable to make decisions, either temporarily or permanently. If this happens to you, Victoria's Medical Treatment and Decisions Act 2016 specifies who has legal authority to make medical treatment decisions for you. This person is called your **Medical Treatment Decision Maker**.

To work out who this person is for you, refer below:

The medical treatment decision maker is the first person in the list below who is reasonably available, and willing and able to make the decision.

1. A medical treatment decision maker legally appointed by the patient (previously described as a medical enduring power of attorney)
2. A guardian appointed by VCAT to make decisions about medical treatment
3. The first person in the list below who is in a **close and continuing relationship** with the patient:
  - a. Spouse or domestic partner
  - b. Primary carer (not a paid service provider)
  - c. Adult child
  - d. Parent
  - e. Adult sibling

If there are two or more relatives who are first on this list, it is the eldest person.

## Advance care planning

Advance care planning is the process of planning for your future health care. It relates to health care you would or would not like to receive if you were to become seriously ill or injured and are unable to communicate your preferences or make decisions.

Advance care planning gives you the opportunity to think about, discuss and record your preferences for the type of care you would receive and the outcomes you would consider acceptable.

Ideally, advance care planning will result in your preferences being documented in a plan known as an **advance care directive** and the appointment of a substitute decision-maker to help ensure your preferences are respected.

If you would like more information or a brochure, please ask our staff.

If you have a documented Advance Care Plan, or create one in the future, please provide ERH with a copy to add to your medical record.

You may be asked at some time during your stay what your wishes are in regard to Cardio Pulmonary Resuscitation (CPR) or other life saving treatments. This conversation is not an indicator of how unwell you are, but can still be a difficult conversation. We aim to be supportive of your choices and values at all times.





## **Spiritual and emotional wellbeing**

We do not have a pastoral care worker on our staff, but most local churches have representatives who visit the hospital. Ask our staff if you wish us to contact someone for you or your loved one.

Our **Aboriginal Liaison Officer** is available Monday to Friday to come and speak to you – please let your nurse know if you would like them to be contacted.

Our **Wellbeing and Primary Mental Health** staff can also help you with your emotional or psychological wellbeing, so ask our staff to contact them if you would like to see someone.

## **Patient and Carer Escalation (PACE)**

Tell us if you are worried about your health, wellbeing or the care you are receiving (or that of your loved one).

**If you're worried, we're worried.**

If you are worried that you or your loved one's medical condition is worsening, let us know.

**STEP 01**    **Speak to your nurse**

↓    If your concern is not resolved:

Ask to..

**STEP 02**    **Speak to nurse in-charge**

↓    If your concern is not resolved:

**STEP 03**    **Phone extension 55366**

Say "I am worried about the condition of.." A senior manager will attend.

**Patient And Carer Escalation**

## **ZERO tolerance**

Healthcare workers want to help others when they're at their most vulnerable, but aggression and violence against healthcare workers is never OK. ERH has **Zero tolerance of aggression and violence** - staff have the right to feel safe.



## **Your privacy and Freedom Of Information (FOI)**

We make sure your personal information is safe by having processes in place for access, storage and handling of your records. All ERH staff and volunteers have signed a confidentiality agreement.

Your personal information can only be released if;

- the law requires it
- for completion of registers
- for legal matters
- or if you request or consent to it

When you are admitted to hospital we ask you to sign a form consenting to share information with other health professionals.

This sharing of information informs other staff or services involved in your care, including specialist medical staff, GP's and other health professionals.

Some de-identified information can also be used to assist research, under very strict guidelines.

In accordance with the Freedom of Information (FOI) Act 1982, you have the right to request a copy of your medical record.

**Contact ERH FOI officer**

**Phone: 5485 5041**

**Email: [foi@erh.org.au](mailto:foi@erh.org.au)**

**For more information visit the website of the Office of the Victorian Information Commissioner. [www.ovid.vic.gov.au](http://www.ovid.vic.gov.au)**

## **What happens if something goes wrong?**

If something goes wrong while you are receiving healthcare, we will keep you informed.

**Open Disclosure** is the process by which you and your family will be provided with information about any incident that resulted in harm. This information will be provided in a two-way conversation in a timely, open and honest manner. This is not a legal process, but an opportunity to share information, answer questions, provide ongoing support and express regret.

**Duty of Candour** is a legislated requirement to make sure we;

- Apologize to you for what went wrong.
- Explain the known facts at that time,
- Listen to your experience, meaningfully involving you in the review,
- Explain how it may affect you and your care,
- Explain the steps being taken to prevent it happening again.

### **Duty of Candour FAQ's**





## Planning for discharge

Knowing who you are, where you live, and what you might need at home early in your hospital stay helps us plan for a safe discharge. Our staff will ask questions relating to your discharge, early in your stay. They may also ask your permission to speak with a family member or carer to help with planning.

We aim for **discharge by 10am wherever possible**. This allows us to clean your room ready for the next person. It is expected that patients make their own travel arrangements, so please let the person who will be taking you home from hospital know early, so they can plan to collect you before lunch.

Please let staff know if you require a **medical certificate** or **carers certificate**.

Staff will provide you with written discharge information and appointment times.

## Communicating with your General Practitioner

We will send a letter to your nominated GP about your treatment after you go home. We may also contact them during your stay to gather further details of your medical history or medications. Let us know the name of your preferred GP, or GP clinic. If you do not want this to occur, please let our staff know.

## Support for people with disability

**NDIS – ERH is a National Disability Insurance Scheme** service provider. Our specialist team of allied health professionals can work with you, your carers and your support coordinators, and provide care in a variety of locations.

**Hospital Passport and Disability Action Plans** – we can help individuals and their carers develop an action plan which provides clear information about the health and support needs required to make any trip to hospital more streamlined and less stressful.

To develop a Hospital Passport, call the Complex Care team on **5485 5855**.

**Auslan interpreter** – we can access an Auslan interpreter either in person or via video remote interpreting – [auslanconnections.com.au](http://auslanconnections.com.au) or phone **1300 010 877**.

## Family violence

Family Violence includes physical, sexual, emotional and financial abuse and controlling behaviours.

We understand family violence and our staff can help.



If you feel unsafe at home, we are here to help. Or call **1800 737 732**.



Echuca Regional Health delivers the **Life! Program** for people at risk of developing Diabetes, Heart Disease or Stroke.

The **Life! Program** supports people modify the risk factors that lead to poor health outcomes.

Feel free to ask a staff member about the **Life! Program** or contact us on **03 5485 5801** for more information.



## Lifestyle choices for better health

Your lifestyle can directly affect your health. Changes to the way you live may help you avoid illness or let you and your doctor reduce the dose and or number of medicines you take.

### 5 tips for health living:

1. Be physically active everyday - 30 minutes of activity a day or 5 hours a week helps keep the mind and body healthy
2. Make healthy eating choices - a 5% weight reduction can lower your risk of poor health outcomes
3. Quit smoking - Quit Helpline 13 78 48
4. Limit Alcohol - the less you choose to drink, the lower your risk of alcohol-related harm. Aim for 2 alcohol free days a week and no more than 4 standard drinks on any one day
5. Sleep well - 8 hours sleep per night – helps to minimise fatigue and lower stress levels



[www.betterhealth.vic.gov.au/](http://www.betterhealth.vic.gov.au/)



[www.nps.org.au/](http://www.nps.org.au/)





## Let us know how we did

Your feedback helps us to improve our service, so we welcome your comments, both good and bad. We like to discuss and resolve concerns as soon as possible, so speak to our staff, or ask to speak to the department manager.

You can provide more formal feedback in various ways:

- Complete the Feedback Form – ask our staff to provide you with one
- Via our website – Feedback tab or [www.erh.org.au/feedback](http://www.erh.org.au/feedback)
- Call our Consumer Feedback Officer 03 54 855 496

If someone you know makes contact with us to provide feedback about your care on your behalf, to protect your privacy, we may ask you to provide written consent before we can discuss their concerns.

**If you are concerned that your privacy has been breached, please contact our Consumer Feedback Officer on 03 5485 5496.**

## Find out more about Australia's hospitals

Access data, reports and interactive visualisations about Australia's hospitals, including for:

- your local hospital
- hospitals within your region or state/territory
- all hospitals nationally



## Patient communication whiteboard

- The whiteboard in your room is filled in each shift by your nurse with the day and date, your name, treating doctor and care teams. It also describes what you are allowed to eat and drink, any activities planned for you that day, and your predicted discharge date.
- Patients and family members can also use the board to ask questions about care delivery and discharge plans, or share thoughts and messages with their family member



## Tell us how we're doing

Click on the QR code to access our patient (or carer) experience survey.



## Patient Experience Survey

## Health Complaints Commissioner

If you have provided feedback to the health service, but are unable to resolve your concerns, you may contact the Victorian Health Complaints Commissioner:



Phone: 1300 582 113  
[www.hcc.vic.gov.au/make-complaint](http://www.hcc.vic.gov.au/make-complaint)  
Mail: Level 26/570 Bourke Street, Melbourne 3000.





# Some advice from our Healthcare Teams

## Emergency Department

**The emergency department is open 24 hours a day**

- Sometimes your condition can deteriorate after you go home from hospital. The ED is always open
- The Emergency Department is set up to diagnose & treat acute and urgent illnesses and injuries
- Patients are seen in order of medical urgency, with more urgent people seen before less urgent.

### Australasian Triage Scale

- 1. Life threatening** – you will be seen first because your life is in danger
  - 2. Emergency** – you will be seen next, illnesses such as chest pain fit in to this category
  - 3. Urgent** – includes such conditions as moderate asthma or some fractures
  - 4. Semiurgent** – conditions such as minor injuries
  - 5. Nonurgent** – conditions which can be usually managed by your general practitioner
- If you need to come to Emergency, bring along a list of your medications, or bring your medicines with you, plus any healthcare summaries from your recent hospital admission or medical visit
  - Bring your mobile phone or a list of contact people, plus your medicare card
  - You can bring a support person to be with you, but we do limit the number of visitors
  - Consider how you may get home, we are not able to arrange transport (except a taxi at your expense), even if you come to hospital in an ambulance.

## Maternity Care

**If you wish to birth at ERH, book in at around 12 weeks pregnant**

Keeping your unborn baby safe as you wait for their birth

- **Quit for Baby** – Help is available for you and your partner to quit smoking. Talk to your midwife or doctor or call the Quitline 13 7848
- **Movements Matter** – Monitor the pattern of your babies movement, especially after 28 weeks, and call maternity staff on **5485 5310** or your doctor immediately if concerned
- **Sleep on Side** – Sleeping on your side from 28 weeks is safest, but don't worry if you wake up on your back, just turn over again onto either side
- **Growing Matters** – Your baby's growth will be measured regularly and if there are signs it is not growing well enough, your doctor or midwife will discuss the best way to manage and monitor this
- **Lets Talk Timing** – For some women, having the baby earlier than expected may be safest, if there are risk factors for stillbirth. Talk to your doctor or midwife about the best plan for you.

## Day of Surgery

**Being prepared gives you the best chance of a speedy recovery**

- If you are booked in for elective surgery, please read all the printed advice sent to you in the mail to be sure you are well prepared
- If you have been asked to stop certain medications, please follow the instructions given, but if unsure, check with your surgeon, GP or specialist
- Arrange a support person to be with you at home for the first night after you have a Day Procedure. If you don't have someone to stay, your surgery may not proceed.

## erh@home

### Care at Home

**Keeping you out of hospital is the best medicine**

- When you are at home, we can continue to care for you in many different ways
- Speak to your nurse, doctor or allied health professional about support at home, or ask to speak with a staff member about our services
- Our services can support you to manage an extended recovery, complex health care needs and chronic illness at home, with the intention of keeping you out of hospital
- Many of our community based services do not require a doctors referral. You can refer yourself or someone you care for with a phone call to one of our team members.

### Centre Based Care

**Making you stronger, helping you stay well**

- Someone from an **Allied Health** team may see you while you are in hospital, including physiotherapy, occupational therapy, speech therapy, dietetics, social work or pharmacy.
- When you go home, these teams can support your ongoing recovery and help maintain your quality of life, independence, social and emotional wellbeing.
- You may also be referred to a specialty nurse led service to assist with continence, sexual and reproductive health, alcohol and other drugs, cardiac or pulmonary rehabilitation or diabetes education, to name a few.
- You can also self refer to most of our services so call the Hopwood Centre reception staff on **03 5485 5801**
- People aged 65+, or 50+ for Aboriginal & Torres Strait Islander (ATSI) people, are eligible for services provided under My Aged Care, we can help you with this process.

For more information visit  
[www.erh.org.au/departments-and-services/](http://www.erh.org.au/departments-and-services/)



# Top Tips for Safe Health Care



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

## 1 Ask questions

You have the right to ask questions about your care.



## 2 Find good information

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

## 3 Understand the risks and benefits

Find out about your tests and treatments before they happen.

## 4 List all your medicines

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



## 5 Confirm details of your operation beforehand

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

## 6 Ask about your care after leaving hospital

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

## 7 Know your rights

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

## 8 Understand privacy

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

## 9 Give feedback

Feedback helps health professionals spot when improvements can be made.

Download our free booklet at:  
[www.safetyandquality.gov.au/toptips](http://www.safetyandquality.gov.au/toptips)



AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

# My healthcare rights

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

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

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



## I have a right to:

### Access

- Healthcare services and treatment that meets my needs

### Safety

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

### Respect

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

### Partnership

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

### Information

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

### Privacy

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

### Give feedback

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

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For more information  
ask a member of staff or visit  
[safetyandquality.gov.au/your-rights](https://safetyandquality.gov.au/your-rights)

# Constipation



Constipation is when your bowel motion is hard and dry and you don't go to the toilet as often as usual.

Constipation makes you feel uncomfortable and unwell. It can cause pain, nausea, poor appetite and weight loss. Untreated constipation can be serious.

Constipation is not normal and it can be prevented.

## Signs you may be constipated

- Your bowel motion is hard and lumpy
- You feel pain, discomfort or straining when trying to use your bowels
- You're not going to the toilet as often as usual
- You feel bloated and nauseous
- You have pain or discomfort in your stomach
- There is bleeding from your bottom after going to the toilet
- You don't feel empty after you use your bowels
- You have lost your appetite

## Ways to prevent constipation

- Eat food that is high in fibre and foods like prunes or figs.
- Make sure you have plenty to drink
- Do as much exercise as you can, even if you are in bed (staff can help)
- Go to the toilet as soon as you feel the need and don't hold on
- Tell staff how often you usually use your bowels, and if you notice any changes
- Let staff know if the toilet is hard to get to or at the wrong height for you: if you don't have enough privacy or if you need help to get to the toilet
- Ask to have your medicines reviewed to see if they could be causing constipation

## Ways to manage constipation

There are many ways to treat constipation, depending on what is causing it.

- Increase how much fibre you eat
- Drink more fluids (unless you have a fluid limit)
- Do more exercise (if you are able)

Talk to your doctor and staff about what could be causing the problem.

Your doctor may suggest medicine to help.

Tell staff if you have had constipation before and what has helped you in the past.

## Working together

You and your family are important members of the care team. You know what is normal for you. Let staff know if you are using your bowels less than normal, feel unwell or have any other signs of constipation. Don't wait to see if you get better – it's always best to get help early. Working together with staff will help to keep you healthy and out of hospital. Talk to staff and ask questions. They need your help to give you the best care.

## Questions to ask staff

- Could my medicines be causing constipation?  
Do I need to change them?
- Is there enough fibre in my diet?
- How much do I need to drink each day?
- How can I do more exercise?



# Dehydration

Dehydration occurs when your body loses too much fluid. This can happen if you don't drink enough, or you are sick and sweat, vomit or have diarrhoea.

Dehydration can be very serious – even life threatening.

Dehydration may also change how medicines act on your body.

As you get older you may not feel as thirsty as you used to, so it is important to drink with your meals and at other times during the day.



## Signs you may be dehydrated

- You don't pass urine as often as usual
- Your urine is dark and has a strong smell
- You drink less than usual
- Your mouth is dry and sticky
- Your skin is dry
- You have cramps
- You have headaches or feel dizzy
- You can't think clearly
- You feel short tempered
- You feel tired and washed out

## Ways to prevent dehydration

- Try to drink more. Water is best
- Most people need at least six to eight cups each day
- Watery foods like soup, yoghurt, jelly and ice-cream are counted as drinks
- Take small sips of your drinks more often
- Have the drinks that you like where you can reach them
- Drink more on hot days
- Get staff or your family to help you drink if you need it
- If you have an illness that limits the amount you can drink, ask staff or your doctor how many drinks you should have each day

## Ways to manage dehydration

The best way to treat dehydration is to drink more.

If you are too sick to drink, you may need fluid through a drip (subcutaneously or intravenously).

## Working together

You and your family are important members of the care team. You know what is normal for you. Let staff know if you notice any changes or feel unwell. Tell them if you are passing less urine than normal or you have any other signs of dehydration.

Don't wait to see if you get better – it's always best to get help early.

Working together with staff will help keep you healthy and out of hospital.

Talk to staff and ask questions. They need your help to give you the best care.

## Questions to ask staff

- How much do I need to drink each day?
- Could my medicines be making me dehydrated?





# Unplanned Weight Loss



Unplanned weight loss is losing weight when you are not trying to. It can make you feel weak and tired, and can lead to serious health problems.

Unplanned weight loss can cause you to get more infections, pressure sores, confusion and you may be more likely to go to hospital.

Sometimes weight loss can't be avoided due to serious illness but for many people there are ways to prevent it.

## Signs you may be at risk of losing weight

- You have problems swallowing
- Your mouth or teeth hurt
- You have lost your appetite
- Your taste and smell change
- You have nausea, vomiting or diarrhoea
- You don't enjoy food
- You feel depressed
- You have stomach pain that stops you from eating

## Ways to prevent unplanned weight loss

- Tell staff what foods you like and when you like to eat
- Eat with other people. Invite your family and friends to join you
- If you have visitors during meal times, make sure you still eat
- Tell staff if you have trouble eating so they can help you
- If you have swallowing problems, you may need to see a speech pathologist
- You can learn ways to make eating and drinking easier and safer
- A dietitian can tell you about food you like that will keep you healthy
- Have your medicines checked; they can cause loss of appetite or weight loss
- See a dentist if your teeth or mouth are sore

## Do you have a feeding tube, use dietary supplements or need a modified diet?

- Tell staff if you have a feeding tube, use supplements or need modifications to your diet or fluids
- We can check that all is well and make sure you receive nutritional support.

## Working together

You and your family are important members of the care team. You know what is normal for you. Let staff know if you notice changes or feel unwell. Tell them if you have lost your appetite or think you are losing weight and your clothes are getting too big. Don't wait to see if you get better – it's always best to get help early. Working together with staff will help keep you healthy and out of hospital. Talk to staff and ask questions. They need your help to give you the best care.

## Questions to ask staff

- Are my medicines affecting my appetite?
- Should I see a dietitian or speech pathologist?
- How much weight have I lost?



# Falls

Falls are a common cause of injury for older people, including people who are in hospital.

Falls can cause bruising, broken bones and head injuries.

Falls can often be prevented. They are not a normal part of aging.



## Signs you may be at risk of falling

- You feel unsteady on your feet
- You are worried about falling, often because you have fallen before
- You can't move around very well by yourself
- You have slow reactions
- Your eyesight is poor
- Your muscles are weak
- You take a lot of medicines
- You don't eat or drink very much
- You are confused
- You have other illnesses

## Ways to stay on your feet

- Always use your walking frame or walking stick if you have one
- Join in exercise classes to help with balance and strength
- If you have trouble moving by yourself, call staff to help. Don't try to get up alone
- Ask staff or your family to walk with you
- Wear your glasses and make sure they are clean. Ask staff to arrange an eye test for you
- Wear flat shoes that are comfortable and fit well
- Don't rush
- Use a night light during the night. Call staff for help if you need to get up
- Clear clutter from your room so you don't trip

## Ask your doctor if:

- Your medicines could be making you dizzy, drowsy or confused
- You need vitamin D and calcium to keep your muscles and bones strong

## If you have fallen in the past

If you have fallen in the past, you may be worried that you will fall again.

This fear can stop you from being active.

Join an exercise class to help with your balance and strength.

This may make you less worried about falling again.

## Working together

You and your family are important members of the care team. You know what is normal for you.

Let staff know if you notice any changes, feel unwell, dizzy or unsteady on your feet. Don't wait to see if you get better – it's always best to get help early.

Working together with staff will help to keep you healthy and out of hospital.

Talk to staff and ask questions. They need your help to give you the best care.

## Questions to ask staff

- Do I need to see a physiotherapist to help with my strength and balance?
- Could any of my medicines be contributing to my falls?



# Pressure Injuries



A pressure injury is an area of damage to your skin and the area under your skin. This happens from constant pressure – for example if you sit or lie in the same spot, damage can happen as quickly as one to two hours. It can also happen through friction or shear – for example sliding down in your bed or chair or constant rubbing by tight shoes.

Pressure injuries occur most often over bony parts of the body like the heels, toes or tailbone.

Pressure injuries are also called bed sores, pressure sores and pressure ulcers. Although pressure injuries can have a big impact on your health they can often be prevented and can be treated.

## Ways to prevent pressure injuries

- Check your skin each day. Look for changes like redness, dark areas, swelling, blisters, sores – these are signs of a pressure injury. There may also be some pain. Let staff know straight away. Staff will ask your permission to check your skin also
- Checking your skin is very important if you have trouble moving by yourself, if you have lost your sense of feeling or if you have been unwell
- Change position when you are sitting in a chair or lying in bed  
Even small moves help to stop damage to your skin
- Use pillows and foam wedges so there is less pressure on bony areas.  
**Don't** use foam rings or fluid filled bags
- Talk to staff about using a special pressure-reducing mattress.
- Don't rub or massage the skin over your bony areas (for example, hip bones)
- Avoid contact with hard surfaces, especially with your heels or tailbone

## Looking after your skin

- Use a soap-free body wash or wipes with no added perfume. These are much better for your skin than soap and won't dry. You can buy these products at the supermarket
- When you dry your skin, pat gently. Don't rub hard
- Use moisturiser on your skin twice a day as dry skin is easy to damage
- If you have trouble with continence (wetting or soiling your pants), use absorbent pads and barrier cream or wipes to help prevent skin damage
- Eat healthy food (fruit and vegetables) and have plenty of drinks (unless you have a fluid limit)

## Ways to manage pressure injuries

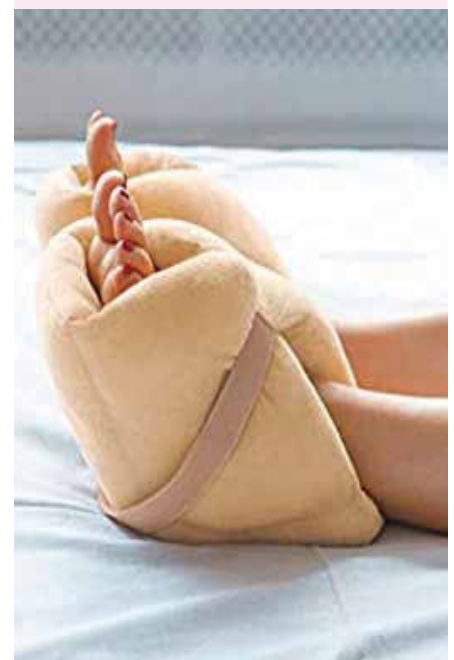
- Stay off the pressure injury. This will stop it from getting worse and help it to heal
- Avoid rubbing or massage the damaged area

## Working together

You and your family are important members of the care team. You know what is normal for you. Let staff know if you notice any changes to your skin. Don't wait to see if you get better – it is always best to get help early. Working together with staff will help to keep you healthy and safe. Talk to staff and ask questions. They need your help to give you the best care.

## Questions to ask staff

- Can you help me check my skin?
- Is there anything that can be used to stop pressure on my skin?



# Anxiety



Anxiety is more than just feeling stressed or worried. While stress and anxious feelings are a common response to a situation where we feel under pressure, they usually pass once the stressful situation has passed, or 'stressor' is removed. Everyone feels anxious from time to time. When anxious feelings don't go away, happen without any particular reason or make it hard to cope with daily life it may be the sign of an anxiety condition.

## Signs you may have anxiety

While each anxiety condition has its own unique features and impacts on quality of life and day-to-day functioning, there are some common symptoms including:

- Physical: panic attacks, hot and cold flushes, racing heart, tightening of the chest, quick breathing, restlessness, or feeling tense, wound up and edgy, muscle tension and pain, vomiting, nausea or pain in the stomach, trouble sleeping
- Psychological/thoughts: overwhelmed, excessive fear, worry, catastrophizing, or obsessive thinking, constantly nervous, "I'm going crazy", "I can't control myself", "I'm about to die", "People are judging me"
- Behavioural: avoidance of situations that make you feel anxious which can impact on study, work or social life, avoiding eye contact, being startled easily

## Anxiety can be caused by

- Family History: Can cause a predisposition
- Personality Factors: Certain personality types are more likely to have anxiety
- Ongoing stressful events: Work, change in living arrangements, family relationship problems, trauma

## Ways to manage anxiety

Effective treatment helps you learn how to control your anxiety so it doesn't control you. The type of treatment will depend on the type of anxiety you're experiencing.

Most people with anxiety benefit from one or a combination of the following:

- Lifestyle changes and social support
- Psychological or 'talking' therapies
- Medical therapies

## Where to get help

- Your GP
- Clinical Psychologist or Psychiatrist
- Your local community health service
- This way up – an online **Coping with Stress** and an **Intro to Mindfulness Course**
- ARAFEMI (*Association of Relatives and Friends of the Emotionally and Mentally Ill*) Tel: 03 9810 9300
- Mental Health Foundation of Australia (Vic) Tel: 03 9427 0406
- National Mental Health Helpline 1300 MHF AUS (643 287)
- Anxiety Recovery Centre Victoria Tel: 03 9830 0533 or 1300 ANXIETY (269 438)

## Working together

You and your family are important members of the care team. You know what is normal for you. Let staff know if you have a history of anxiety, are feeling anxious or notice some of the signs of anxiety. Working together with staff will help to keep you healthy.

## Questions to ask staff:

- Could my fear and worries be anxiety?
- I need help figuring out what is going on with me, is there someone I can talk to?





# Delirium



Delirium causes sudden confusion and changes to your thinking. It is not normal and can usually be prevented.

Delirium is serious. It can cause you to fall, get pressure sores and lose weight.

Delirium is not dementia or depression, but it has similar symptoms.

If treated early, delirium usually only lasts a few days (but it can last for weeks).

## Signs you may have delirium

- Being suddenly confused (or more confused than normal)
- Being unable to pay attention or concentrate
- Being scared, upset or angry for no reason
- Saying things that don't make sense
- Seeing or hearing things that aren't there
- Being less active or more active than normal
- Not knowing what time or day it is
- Not talking to people
- Having sleep changes
- Signs of delirium may come and go

## Delirium can be caused by

- Being sick or having an infection
- Being constipated
- Being dehydrated
- Taking a lot of medicines
- Having bad pain
- Having a tube for your urine (catheter)
- Recent surgery or serious illness

You may be more at risk if you have had delirium before, or have dementia or depression.

## Ways to manage delirium

- Your family & friends should let staff know straight away if they notice any signs of delirium
- The doctor and staff will assess you to find out the cause of the delirium and plan treatment
- Staff and family should spend time with you
  - They can remind you of the time and day and help to keep you safe
  - They can help you eat and drink enough to stay well
- It helps to:
  - have familiar objects in your room, have a calm and quiet room
  - wear your glasses and hearing aids all the time so you know what is going on
  - keep curtains open during the day. Staying awake in the day helps you sleep at night

## Working together

You and your family are important members of the care team. You know what is normal for you. If you have delirium, your family or friends may be the first to notice any changes in your health or behaviour and can let staff know about their concerns. Don't just wait to see if things get better.

## Questions to ask staff:

- Is this confusion caused by delirium? What is the cause of the delirium?
- What treatment is needed?
- Could medicines be causing delirium?

## For more information

- **Health NSW**  
Care of Confused Hospitalised Older Persons (**CHOPS**)
- **Carers Australia**  
VIC: [www.carersvictoria.org.au](http://www.carersvictoria.org.au)  
1800 514 845  
NSW: [www.carersnsw.org.au](http://www.carersnsw.org.au)  
02 9280 4744
- **National Dementia Helpline**  
1800 100 500
- **Dementia Australia**  
[www.dementia.org.au](http://www.dementia.org.au)
- **My Aged Care**  
[www.myagedcare.gov.au](http://www.myagedcare.gov.au)  
1800 200 422

# Depression



Depression is more than just a low mood. It is a common and serious illness. People living with depression often have feelings of extreme sadness. Depression can make it hard for you to do everyday things. Having depression is not a normal part of aging and it can be treated.

## Signs you may have depression

For more than two weeks:

You feel sad, down or miserable most of the time; or you are not interested in doing anything and you have some of these symptoms:

- You don't enjoy anything
- You feel tired all the time and can't get going in the morning
- You can't sleep or you sleep more than usual
- You are not hungry
- You are moody
- You find it hard to make up your mind about normal, everyday things
- You don't care about how you look
- You don't want to see your family or friends
- Your memory is worse than usual
- You have suicidal thoughts

## Depression can be caused by

- Ongoing health problems
- Ongoing pain
- Loss of your independence and mobility
- Loss of family and friends
- Changing where you live
- Anniversaries of special days
- Stress
- Side-effects of some medications

If you have had depression before, you are more at risk of getting it again. Let staff know what has helped you in the past

- Dementia – depression is sometimes mistaken for dementia as they have many common symptoms. People with dementia can be assessed and treated for depression

## Ways to manage depression

Let staff know if you or your family notice unexplained sadness or depression. Your doctor can work with you to decide if you need treatment. Your doctor or pharmacist can check your medicines to see if they may be contributing to your depression.

There are different types of treatment available:

- Exercise (for those who are able) can help mild depression
- Psychological treatments (also called talking therapy) are common and effective
- Your doctor may prescribe antidepressant medicine with moderate to severe depression

## Working together

You and your family are important members of the care team.

You know what feels normal.

Let staff know if you are feeling sad all the time or notice any other signs of depression.

Don't wait to see if you get better – it's always best to get help early.

Working together with staff can help to keep you healthy.

Talk to staff and ask questions.

They need your help to give you the best care.

## Questions to ask staff:

- Could my sadness or change in mood be caused by depression?
- Could my medicines be contributing to my depression?



# Deep Vein Thrombosis (DVT) or Venous Thromboembolism



Deep vein thrombosis is where a blood clot forms in the deep veins of the leg. Complications can include a blood clot in the lungs (pulmonary embolus), inflammation of the vein (phlebitis) and leg ulcers.

Medicines are usually needed to treat deep vein thrombosis and to prevent further blood clots.

## Signs you may have a DVT:

The symptoms of DVT usually affect one leg (rarely both) and can include:

- throbbing, pain, cramping and tenderness (usually in the calf or thigh)
- pain on extending the foot
- swelling of the lower leg, ankle and foot
- skin that is warm to touch
- changes in skin colour of the leg (red, pale or blue)

This can also happen in your arm or tummy if that's where the clot is.

## Why does it occur;

The term 'thrombosis' refers to the formation of a blood clot in a blood vessel.

When this happens, the clot can block the flow of blood and oxygen to parts of the body, which can cause potentially serious health effects.

Blood flow through the leg veins generally requires help from calf muscles.

When the calf muscles contract, they compress the veins and force the blood upwards to the heart (against gravity). Valves in the veins also help this process, ensuring the blood flows in one direction.

Anything that slows the flow of blood through the deep veins in the legs can cause DVT. This includes an injury, surgery or long periods of sitting or lying.

Sometimes a blood clot can travel from the leg and lodge in a blood vessel in the lungs. When this happens, it is called a pulmonary embolus. If the clot is large enough, it can completely block the blood vessel and in some cases can cause death.

## DVT is more likely to happen if you;

- are over 40
- have had DVT before
- have had major surgery
- have had an injury such as fractures, spinal cord or muscle injury
- are confined to bed for have limited movement
- are pregnant or had a baby in the last six weeks
- have lifestyle factors such as obesity or smoking tobacco
- have varicose veins, family history of blood clots or stroke at a young age
- take the contraceptive pill or hormone replacement therapy
- have coronary heart disease, cancer or heart failure
- have a blood clotting disorder

## Ways to prevent a DVT while you are in hospital;

- Keep active, get out of bed as much as you can
- When in bed, move your legs and feet around often
- Wear compression stockings supplied by hospital staff
- Take anticoagulant medication prescribed by your doctor



**Disclaimer:** This health information is for general purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

## Working together

You and your family are important members of the care team. You know what is normal for you. If you have any pain or swelling in your calf or thigh, or any changes to your skin, let us know straight away

Ask our staff to help you get moving as soon as you are able, put on compression stockings and explain any medication you may be taking which may prevent clots.

## Questions to ask staff:

- Can you check my legs?
- Can you help me move around in bed?
- Can you help me get up and active?
- Should I be wearing compression stockings?





## Did this publication help?

Let us know if there was something more you wanted to know that could've assisted you with your stay or with the presentation of this information.



SCAN ME



Echuca Regional Health

226 Service Street Echuca VIC 3564  
Phone 03 5485 5000 Fax 03 5482 5478  
[www.erh.org.au](http://www.erh.org.au)