



The Prince of Wales Hospital
& Community Health Service

Handbook for family and friends of patients admitted to **Aged Care Wards at Prince of Wales Hospital**



Health
South Eastern Sydney
Local Health District

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This is a revision of 'My relative is in Hospital' (1st & 2nd edition).

Developed by Diversity Health and the Aged Care team at Prince of Wales Hospital, Randwick.

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Introduction to this handbook



“When I first came into hospital..., I felt daunted. I just kept wondering about what was going to happen next”. patient in aged care ward

If you are the relative¹ or friend of a patient in an Aged Care ward at the Prince of Wales Hospital, this booklet is for you. It has information about the hospital and its staff, and gives advice about looking after yourself, as well as your relative.

This booklet also offers ideas about how to communicate and work together with staff so that your relative has the best possible care when they are in hospital, and after they leave.

What is a ‘carer’?



A carer is a family member, spouse, partner, friend or neighbour who provides care for someone.

Carers have added responsibilities compared to other people at the same stage of life, so they require extra support. Caring can take many forms.

¹ The term ‘relative’ is used in this booklet to refer to the person being cared for. But this person may actually be your spouse, partner, relative or friend.

Carers may give 24-hour care, or just a few hours a week. The term 'carer' is unfamiliar to many people who care for a relative. They think of themselves as 'helping out' or just doing what any family member or good friend would do. However, you should be aware that information and service providers in health, government and the community will refer to you as a carer. That is why we use the term in this booklet.

Carers rights

NSW Health endorses the Australian Charter of Healthcare Rights. These are:

Access - the right to receive health care regardless of gender, marital status, disability, culture, religious beliefs, sexual orientation, age or where someone lives in NSW.

Safety - the right to safe and high quality care.

Communication - the right to be informed about services, treatment and options in a clear and open way.

Comment - the right to comment on care and have concerns addressed.

Respect - the right to be treated with respect, dignity and consideration. We ask that you also show this courtesy to others. NSW Health has a 'zero tolerance' approach to threatening, abusive or violent behaviour by any person.

Participation - the right to be included in decisions and choices about health care. Carers have the right to take part in decision-making about their relative's hospital treatment and discharge. In many cases, carers also have the right to information about their relative's injury or illness, treatment and medication.

Privacy - the right to privacy and confidentiality regarding personal information. Patients are entitled to privacy about their condition and care. This means the information you are given may depend on your role (see the section below).

If patients give their consent for information to be shared, carers may have the right to:

- Information about the patient's injury or illness
- Information about treatment and medication
- Participate in decision-making about treatment and discharge planning.

Aged care wards

There are two aged care wards. All wards take a comprehensive approach to health care. Each ward is staffed by multidisciplinary teams who will work with your relative and you to keep you informed, to meet their physical, mental and emotional needs while they are in hospital, and to begin planning how to meet their needs when they leave hospital.

Nursing staff are in attendance at all times.

All wards are guided by the values of collaboration, safety, person centred care and wellbeing.

Geriatric Medical Assessment Unit (GMAU)

The GMAU is located on level 6 of the Parkes Building. A comprehensive medical and functional assessment is provided within the first 24-48 hours of being admitted to this ward. Patients are admitted by the Geriatric team. In addition from Monday to Friday they are looked after by a specialist medical team which includes a staff

specialist, medical registrar and a junior doctor. If your relative is admitted over the weekend they will be reviewed by a senior member of staff from geriatric medicine.

Your relative will be reviewed by a physiotherapist within 24 hours of admission. The GMAU also has a Clinical Nurse Consultant (CNC) who works Monday to Friday from 8am until 4.30pm. The CNC is responsible for assessing each patient, assisting in formulating a care plan, facilitating discharge planning and referring on to members of the allied health team including social work, occupational therapy, speech therapy and dietetics, where necessary.

The GMAU is a short stay unit with an average length of stay of 48 hours. After this time your relative will be discharged home or referred to another appropriate service such as the acute aged care ward, rehabilitation ward, acute aged care extension unit or to a private hospital.

Acute Aged Care Unit

This unit is for patients with acute health needs. It is located on level 6 of the Parkes Building. This unit provides a safe physical environment that will help your relative regain their independence and, psychological and physical functioning as soon as possible. Where necessary planning for long term care and/or palliative care nursing is offered.

Aged Care Rehabilitation Unit

The unit is located on level 5 of the Parkes building. This unit focuses on rehabilitation and provides multidisciplinary assessments and therapy that aim to

improve independence and, psychological and physical functioning. The aim is for patients to return as closely as possible to their previous level of ability. Staff will work with your relative (and you where relevant) to achieve agreed upon goals. Your relative will be encouraged to be as independent as possible while they stay on the ward. To help with this they may be invited to dress in every day clothing rather than hospital gowns. If this occurs you may be asked to collect some of their personal clothing and toiletries for them.

Acute Aged Care Extension Unit (AACE)

The AACE is a six bed unit located at the east end of the Parkes 5 ward and is designed specifically for patients with behavioural symptoms related to dementia or delirium. The comfort and wellbeing of these patients is enhanced by the quiet environment provided and the staff skilled in working with people with dementia or delirium.



The AACE is 'home – like' with a communal lounge and has access to a safe outdoor area. The AACE unit is a secure unit. To access the AACE unit you will need to press a buzzer which is located on the

left hand side of the wall just before you get to the unit. Staff will then press a button to let you in.

Admissions to other wards

Sometimes, due to bed availability or specific care needs of a patient, patients may be admitted to other wards

around the hospital. These patients will still be cared for by the aged care team and will be reviewed on a regular basis.

Staff on the aged care wards



“Knowing about different staff roles can help you work out who to ask for information and who to tell when you’re worried.”
Carer

Aged care teams at the Prince of Wales are made up of professionals from many different specialties who work together to provide quality care for older patients. This section gives a brief overview of some of the staff you may meet and the sort of issues you might talk with them about.

Nurses

“I always felt safe, the nurses were so thoughtful and kind..... Using calming words to allay my fears, that was such a big help to me. Holding my hand to calm me down was so nice. The treatment here has been marvelous; everything possible is being done for me”. Patient, aged care ward

The Nursing Unit Manager (NUM) is the person that is overall responsible for the day to day activities of the ward. If you have any concerns, complaints or compliments please ask the ward clerk to page or locate the NUM for you.

Ward nursing staff range from assistants in nursing (AINs), enrolled nurses (ENs) and registered nurses (RNs). Assistants in nursing will attend to the day-to-day personal care of patients. Nurses undertake a wide variety of duties including personal care, administration of medications, conducting fall risk and nutritional assessments as well as skin and wound care management.

A Clinical Nurse Consultant (CNC) specialising in aged care nursing is available 8am – 4:30 pm, Monday to Friday. The CNC can provide you with information or advice about caring for an older person and may also approach you to learn more about the person you are caring for. For example, to find out about their daily routines and health needs.

The CNC works as part of the multidisciplinary aged care team and will also regularly visit patients under the care of the Geriatrician when they are not staying on a designated aged care ward.

Doctors

Doctors have responsibility for diagnosis and treatment and can answer questions about your relative's medical condition. Patients are looked after by a team of doctors which includes junior doctors, registrars and a consultant who leads the team.

Surgical dressers

Surgical dressers are people who assist nursing staff in transferring patients who have difficulty with standing or moving and they help attend to personal cares of patients.

Social workers

Social workers can help you and your relative to develop a plan for when your relative leaves hospital. This may include referrals to local community services or assist with the process of transitioning into a residential aged care facility. Social workers can provide general information about Centrelink payments, guardianship, power of attorney and transport (eg eligibility for mobility parking scheme and taxi transport subsidy scheme).

Social workers can also provide support and counselling around issues such as being a carer, bereavement, grief and loss and loss of independence. You can contact them directly on **9382 2375**.

Physiotherapists

Physiotherapists assess and treat problems with physical functions, such as standing up and walking. They may suggest the use of a walking aid like a walking stick or frame. They will assist your relative to gain as much movement, independence and confidence as possible.

Occupational therapists

Following illness or injury, daily activities and chores can become more difficult. Occupational Therapists (OTs) assess each patient and give advice to help to make it safer so they are less likely to fall. They can advise about self-help equipment like shower stools or grab-rails, and technology like phone and computer shopping and emergency call systems. OTs can teach carers ways to avoid injuring themselves when they are assisting others. They also give information about community services that can help people stay independent and in their own homes. Telephone **9382 5930**.

Clinical psychologists

Older people may suffer from anxiety, depression and/or challenging behaviours. They may also have difficulties that affect their thinking such as memory loss and reduced problem solving skills. Clinical psychologists and neuropsychologists work with the aged care team to assess and treat these problems. Clinical neuropsychologists are also often involved in the assessment of a person's ability to make decisions regarding returning home, managing their finances or returning to driving and can advise on what help they might need. If you have any worries about how your relative is thinking or feeling, please ask to speak with the clinical psychologist/neuropsychologist.

Speech pathologists

Many aged care patients have difficulties with communication and swallowing. Speech pathologists can identify these problems and offer treatment and advice. They provide information about how carers can improve communication, offer advice on the types of foods and fluids that are safe to eat and drink as well as how to swallow safely. If you are unsure of what food or drink is safe for your relative to eat and drink, especially if you want to bring food from home, please tell the nurses and they can contact a speech pathologist for you.

Pharmacists

Pharmacists have expert knowledge about medicines including potential side effects and interactions between different drugs. Hospital pharmacists visit the wards but do not always manage to see each patient. So, if the discharge date is approaching and you want to see a pharmacist before your relative leaves hospital, please ask the nursing staff to arrange a visit. If you need advice

once you are at home, you can talk to your local pharmacist, or phone the hospital pharmacy on **9382 2338**.

Dietitians

Dietitians are available to provide nutrition advice to ensure that patients are meeting their nutritional needs. This is especially important with older Australians who often have poor appetites and can suffer weight loss. A healthy diet is important for muscle strength, wound healing and a fast recovery. Dietitians assess each patient based on their needs and medical conditions and provide nutritional support tailored to them. Please ask the nursing staff or ward clerk to put you in contact with a dietician if you have concerns about your relatives nutritional needs.

Ward clerks

Wards clerks are administration personnel who can provide general information about the hospital, help you to complete admission and discharge paperwork, transfer telephone calls to the patient's bedside telephone, organise transport around the hospital and book interpreters and outpatient appointments.

ReVive program volunteers

ReViVe volunteers receive 12 hours of training to provide support, companionship and practical assistance to patients, particularly those who are feeling confused, are at risk of falling or are losing some abilities as a result of being in hospital. The volunteers will spend time with patients; listening to their stories, talking about things of interest, giving hand massages, encouraging them to eat and drink or helping them walk safely around the ward. If you think your relative might benefit from a visit from a

ReViVe volunteer please contact the Aged Care Volunteer Co-ordinator on **93822014**.

Staff availability



The aged care wards offer care to patients all day, every day. They are staffed by nurses 24 hours, and a doctor is always on call.

Other members of the team are also available out-of-hours in special circumstances, but usually they work from 8am to 5pm, Monday to Friday. Nurses will always try to link you with

other members of staff at your request but, depending on the time and day and the seriousness of the situation, you may have to wait, particularly when it is after hours or on the weekend. We know this can be frustrating, especially if you are worried about your relative, and will do what we can to answer questions in the meantime.

Communicating with staff

Should you need to speak with any member of the aged care team, please ask your Nurse to contact them for you.

Good communication enables everyone to feel more informed and involved in making decisions and there are fewer misunderstandings between patients, staff and carers.

Because you know your relative better than us, you have information that can help staff give better care. For example, you may have noticed reactions to medication which health professionals have not seen, or you may have developed a special way to manage distress or confused behaviour. Staff want to make each patient's

stay as comfortable as possible, and to provide the best assessment, information, treatment and care. So please talk to staff about your relative's medical, social and emotional needs and wishes.

We understand that you may not always be available during business hours when most of the team is here. Please check with us to make sure that we have the most current contact details for you.

Our questions for you

It is useful for us to know:

- How much involvement would you like in the care of your relative while they are in hospital? For example, do you want to help with personal care and feeding?
- Do you want to be involved with therapy treatments (eg occupational therapy)? If so, ask when treatment times are and if you can attend. This is important if you plan to continue treatment after your relative leaves hospital.
- What are the current contact numbers for your relative and the local doctor?
- What is your relative's preferred name, and do they have any likes or dislikes that can be accommodated in hospital?
- Are any special arrangements required to support your relative's cultural or spiritual beliefs (eg dietary needs)?
- Does your relative have any allergies to food or medicines?
- Have they been using alternative or non-prescribed medicines?
- Which times are best for staff to talk with you?
- Would you or your relative like a visit from a chaplain?

- Will your relative be returning home or moving to a supported aged care facility? Either way, this will need to be planned for.
- Do you have any worries or concerns about your relative or their care?
- Is there anything you don't understand (eg medical terms or a diagnosis?) If so, please don't hesitate to ask.
- Do you have any other information that could help staff provide better care?

What do you want to know?

As hospital staff, we value the opinions of patients and their families, so we encourage you to ask questions. Although we know that good communication is essential, we sometimes slip into using 'medical language' that people find hard to understand, and we don't always explain our decisions and actions. If you do not understand anything please ask us to explain. Here are some questions you could use:

- Why are you doing that?
- What does that word mean?
- What does that procedure involve?
- What alternatives are there?
- What side-effects might there be?
- How will this help?

When it comes to conveying information to other family and friends, it is very helpful if one person takes responsibility for asking staff for updates about their relative and passing this information on.

Going Home

“Regardless of how good the place is nobody wants to be in hospital.” Patient in aged care ward

Planning to go home

Discharging your relative from hospital is discussed from the time they are admitted all the way through to the date they leave. This is called discharge planning. Discharge planning relies on good communication between patients, staff and carers. You may be invited to a meeting with staff called a ‘family conference’ to help with discharge planning.

Discharge check list

The demands on carers generally change after discharge. If the person you care for is returning home you may need to reassess their needs and the home environment, and your capacity to care for them in these changed circumstances. You may wish to consider the following points and discuss some of them with hospital staff:

- How much help will your relative need? For example, will they be able to shower and dress themselves, cope with stairs, use the toilet, prepare meals, feel safe when alone?
- Will special equipment or changes to the home be necessary to support any increased needs?
- Is there enough heating/cooling in the home?
- Will you need to develop new skills such as learning how to lift without hurting yourself, or how to prepare special food or give medicines safely?
- How will caring fit in with work and other time commitments, particularly if your relative has

increased needs and further hospital appointments are needed?

- Who else can help with caring? Can other family members or friends help?
- Will you need extra help from outside the family such as Meals on Wheels, help with personal care or chores like shopping and cleaning? Will help be needed short-term or long-term?
- How is your physical and emotional health? How much can you take on without damaging your health? Will you need to organise respite breaks to give yourself time to rest?

Please let us know of any questions, concerns or ideas you have about providing care for your relative after they leave hospital. It is important that problems are considered in advance whenever possible because most support services take time to organise.

The day of discharge

On the discharge day your relative will usually need to leave the ward by 10.00am - this gives hospital staff time to prepare the bed for the next person. Your relative should not travel unaccompanied and it is usually best to take them straight home. This is especially important for confused patients. If they normally live alone, someone should stay with your relative for the first few days at home and be there to help them. Easily prepared food and drink should be available, and the house should be heated or cooled so that it is comfortable.

If possible, on the discharge day, contact the ward before you arrive to make sure everything is ready. This will allow you to collect your relative smoothly and avoid any distress that might be caused by waiting for paperwork

and medication to be finalised. Patients are often transferred to the Patient Discharge Lounge where they can wait.

Additional services

Some patients will need extra help in their home after they get home. This might include medical visits, physiotherapy and special equipment. There are several services which assess and manage extra help with the aim of ensuring people get better as quickly as possible in the comfort of their own home. Please talk to staff about these services before leaving hospital.

Medicines

Patients are provided with a few days' supply of medicines when they leave hospital. It is important they visit their GP as soon as possible to get a prescription for further medicine. When possible, try to make this appointment before going home.

GP appointments may not be necessary for patients who are receiving home care or who are given follow-up outpatient appointments at the hospital.

Because medicines are likely to be on-going, it may be helpful to find a local pharmacist that you and your relative like. Pharmacists can offer advice about medicines, and can also tell you about benefits or subsidies that you may be entitled to.

Sometimes what medicine your relative needs to take will change while they are in hospital.

It is very important that patients and carers understand why they are taking medicine, and which medicines

should be taken when. If you are unsure about anything, please ask staff before leaving.

After going home you may find it helpful to talk to your GP or local pharmacist in the first instance, but you are welcome to contact ward staff if you still have questions. If your relative brought medicines into the hospital please make sure they take these back home.

About the Prince of Wales Hospital

General



The Prince of Wales Hospital (POWH) is part of the South East Sydney Local Health District. POWH is a major teaching hospital affiliated with the University of New South Wales. It provides services

to those living locally in South Eastern Sydney as well as specialist services to people from across New South Wales.

Transport

Buses

The Prince of Wales Hospital is about 20 minutes from the city centre by bus. It is serviced by buses from the city (Circular Quay and Central train station), Bondi Junction, Coogee, Burwood, Rockdale, Leichhardt, Eastlakes, Maroubra and Pagewood. Telephone the Transport Info Line on **131 500** for details, or go to www.131500.info. Most buses do not stop right outside

the hospital, so you may need to walk for a few minutes. There is a map with bus stops shown on page 41 of this booklet.

Taxis

There are taxi free-phones located at the Barker Street and High Street entrances, and in the emergency ward. Taxis often wait outside the Barker Street entrance. You can request a taxi accessible for wheelchair users by telephoning:

- Wheelchair Accessible Taxis **8332 0200**
- Lime Taxis **13 54 63 (13 LIME)**

If you have a large power wheelchair you may want to request a maxi taxi because some wheelchairs do not fit in standard accessible taxis.

Parking

The hospital car park can be accessed from Barker Street. It is operated by Metro Parking, a private company, who can be contacted on **9326 7233**. If you are on Centrelink benefits or a pension or are assessed as being in extreme financial hardship, you may be eligible for cheaper rates. Ask your social worker about this. There is limited parking for people with disabilities close to the Barker Street and High Street entrances, and on level B1 in the car park. There are 'drop-off zones' directly outside the main entrances of the hospital.

Some on-street parking is available near the hospital, but is usually in high demand and is restricted to one to three hour time periods.

Local facilities

There are many facilities close to the hospital including supermarkets, pharmacists, greengrocers, post offices, cafés, newsagent, a range of retail shops and a cinema.

The Volunteer Coffee Shop is located on level 1 in the Clinical Sciences Building. It sells food, personal items and gifts. On Level 0 in the Barker Street entrance you will also find a florist, a gift shop and two cafes.

ATM machines are located at the Barker Street and High Street entrances.

Finding your way around the hospital

The Prince of Wales Public Hospital is on the same campus as Sydney Children's Hospital, the Royal Hospital for Women and the Prince of Wales Private Hospital. See page 40 for a map of the hospital campus.

There are enquiry desks at the High Street and Barker Street entrances. All main entrances are accessible for people in wheelchairs. Hospital entrances are closed after 10pm except for the emergency entrance on Barker Street.

If you require direction or assistance please enquire at the enquires counters.

Telephoning patients

Patients have individual bedside phones. These are managed by a private company, so charges apply for outgoing calls. All incoming calls are free.

If you have queries about the phone or TV system please contact HOSTEL directly on **69111**.

If you want to phone your relative it is usually best to call the ward. A member of staff may need to ensure your relative can reach and use their phone.

Refer to page 38 for contact numbers for the wards.

Visiting patients

Family, friends and carers are welcome to visit patients while they stay in our ward.

Visiting hours are from **10am - 1pm & 3pm - 8pm.**

Each ward has its own routine which allows patients to rest, have meals and receive treatment. If you cannot come during visiting hours you may be able to make special arrangements with the NUM.

Most hospital rooms are small, and many are shared, so it is helpful when you limit the number of visitors to one or two people at a time.

Large groups of visitors can be noisy and overwhelming, especially for patients who are confused or very frail.

Bringing things from home

If your relative uses a hearing aid, dentures, reading glasses, a walking stick or a walking frame, please bring these into hospital if you can. Staff understand that patients like to have familiar 'home comforts' with them in hospital (eg clothes, photos, bedcovers). Please ask nursing staff for a patient sticker to label these items with the patient's name.

In the rehabilitation ward patients need to have personal items such as clothes, shoes and toiletries because they are learning to care for themselves again.

Whenever possible valuables such as cash, electronic devices, jewellery and credit cards should be left at home.

Please ask the nurses before you bring in any food or complementary medicines. In some cases particular food, teas, ointments and other natural remedies can interfere with the treatment we provide.

Food and drinks

There are five cafés on the hospital campus. The Volunteer Garden Coffee Shop is on level 1 of the Clinical Sciences Building. The Forecourt Café and Windscreens Café are at the Barker Street entrance. The Star Café is in Sydney Children's Hospital near the High Street entrance, and the Prince of Wales Private Hospital has a café on level 7.

These cafés sell hot and cold drinks, sandwiches, salads and a range of hot meals. There is usually at least one café open from 7am to 7pm each day of the week, but the times do change so please check with enquiry desk staff on **9382 2291**.

There are 24 hour vending machines for snacks and cold drinks throughout the hospital. These are cash only facilities.

No smoking policy



No smoking is permitted on the hospital grounds except within two designated smoking areas. One is located at the Barker St entrance and the second past the Volunteer Coffee Shop towards Avoca St. If your relative smokes and needs assistance with managing this while they are in hospital please talk to your doctor.

Interpreters

“Good communication and understanding is really important. We need to understand what patients and carers are saying and they need to understand us.” Staff member, aged care



The Sydney Health Care Interpreter Services provides free, confidential interpretation for all languages, including Australian Sign language, 24 hours a day, 7 days a week. It is hospital policy to use qualified interpreters whenever patients or their families request it, or when staff have difficulty communicating with patients for whom English is not their first language.

Any member of staff can arrange an interpreter for you or your relative. A face-to-face interpreter can take some time to organise. When a service is required immediately staff may use a telephone interpreter, and they can also arrange for you to telephone the hospital using a telephone interpreter.

Carers may be used by hospital staff to interpret in emergencies or for non-essential day-to-day care. But in most cases professional interpreters are preferred because they are trained in medical language and provide accurate interpretation. Interpreters are bound by a code of ethics which ensures the privacy of patients and their carers is respected.

Aboriginal services

The Aboriginal Hospital Liaison Officer (AHLO) provides services to Aboriginal and Torres Strait Islander patients and their families. Services include emotional, social and cultural support; and advocacy and liaison with other staff on behalf of patients and families. The AHLO also

provides information about hospital and legal services, patient rights and responsibilities, and child care protection issues; plus referrals to Aboriginal and non-Aboriginal organisations. The AHLO can help families to organise financial benefits, accommodation and care, and help at home. Telephone the AHLO directly on **9382 2332**, or contact the hospital's social work department on **9382 2355**.

Spiritual care

Chaplains are available to all patients and their families, whatever their religious background or spiritual beliefs.

The Chaplaincy service can arrange for pastoral care from any religious faith, tradition or denomination, during the day and after hours.

They offer support, comfort, prayers, and rites or rituals depending on your needs. Chaplains make regular ward visits, or you can ask the ward clerk, a nurse, your social worker or the switchboard operator to contact a Chaplain for you.

The hospital Chapel is near the Barker Street entrance. It is a place of prayer and reflection for all people, and is open 24 hours a day. There is also a 'quite room' with a lounge near the entrance of the Royal Hospital for Women at Barker Street. Everyone is welcome.

Public or Private patient

Patient Liaison Officers assist patients with admission paperwork, and help them choose their admission status (eg. public, private, veteran affairs). They answer questions and provide information about hospital accounts, health fund claims and excess payments.

Patient Liaison Officers are available 7 days from 8am to 8pm on weekdays, and 8.30am to 5.00pm on weekends. They can be contacted on **9382 3952**, or ask your nurse to arrange an appointment.

We would like you to know that if you have private health insurance there are potential benefits for both you and the Hospital. The benefits for you may include your doctor of choice and your own room if one is available.

At home

Residential aged care facilities

The health and support needs of older people can change a lot after they leave hospital. Carers may find they are not able to provide the amount of care required by these increased needs, or that the situation at home does not provide the level of safety and comfort required. In these cases please talk to the aged care team about the options available for supported care in the community, including residential aged care facilities.

Getting help at home

“I was so keen to get home that I probably over-estimated my fitness and ended up leaning more heavily on my kids to help out. They were worried about me.” Patient in aged care

If your relative has increased needs they may require extra help with personal care tasks such as showering, or general household chores like shopping, cleaning and gardening. Talk to the occupational therapist or social worker about the options or call Commonwealth Carelink on **1800 052 222**.

Financial assistance

Caring often has an unforeseen financial impact on families. It can prevent carers from working, and can mean extra costs for things like prescription drugs, special equipment and Meals on Wheels.

Depending on the circumstances, carers and the person they care for may be eligible for payments, allowances or other benefits such as concession cards or reduced bills. It is important to consider the financial impact of caring, especially when planning for long-term care needs. Talk about this with the social worker or Centrelink on **13 27 17**.

Safety and comfort

After a hospital admission your relative may have decreased mobility, poor balance or other physical difficulties. If they have dementia they may feel anxious and require a calm, regular routine to help them to settle. You and your relative may need to learn new ways of doing day-to-day tasks, and make changes to avoid risks from falls or other problems. You may also need to consider changes to the home such as installing handrails or widening doors. For more information about assessing your relative's home and health needs talk to the occupational therapist or once home contact the local Aged Care Assessment Team (ACAT).

Medical problems

If you or your relative are concerned about something once they are at home, please contact your GP (family doctor). If the Post Acute Care Service or Community Health are involved, you can telephone them for advice.

In an emergency always dial 000 and ask for an ambulance or go straight to the Emergency Department.

Caring for the carer

“Caring is a labour of love.” Daughter of patient in aged care ward

Many people who provide care for a relative or friend say they are glad to do it because they are ‘giving back’, showing their love, or providing a personal and affectionate level of care that would not be given by others. Nevertheless, most carers also know that this can be very challenging and stressful at times.

Physical health

Carers often delay attending to their own health needs and many find their health is worse as a direct result of caring.

For example, the physical demands of heavy lifting can result in injuries such as hernias, sprains and various back problems.

Fatigue associated with disturbed sleep, worry and minimal rest time may also contribute to health complaints. Our physiotherapists and occupational therapists can provide education for carers around appropriate lifting and back care. We can also provide information about people who you can contact in the community should you need more help.

Emotional health

The pressure of some care situations can lead to stress, mental exhaustion, depression, frustration and anger. Many carers are faced with challenging behaviours by the person they care for, and communication can often be difficult. Feelings of grief are common because carers may be mourning the changes in the relationship they once had, unable to pursue their own life goals, and awaiting further deterioration or loss of the person they care for.

The sadness associated with these issues can be very hard to talk about. Contact your GP for further advice. The Commonwealth Carer Resource Centre has a National Carer Counselling Program **1800 242 636**. Isolation is often a major problem because many carers are not able to make or maintain social contacts due to the pressure of caring. Lack of social activity and support may contribute to poor emotional health and can seriously affect the standard of care provided.

Behaviours of concern

Older people coping with dementia or delirium (confusion caused by illness) may be fearful, agitated or otherwise behave in ways that are sometimes difficult for carers to understand and manage. Being aware of why your loved one is behaving this way and how you may support them and look after yourself is important. While in hospital the people who can assist you with understanding behaviour includes their doctor or the clinical nurse consultant for aged care or dementia/delirium. The nurse caring for your person can contact these people for you.

If you are caring for someone at home who has dementia and you would like advice about behaviour telephone the Dementia Helpline on **1800 100500**.

Getting support

Make the most of your supports. If someone asks you 'How are you doing?' - tell them. If someone offers to help – accept." Carer

Carers deserve support. Carers NSW can put you in touch with support groups in your area. Many groups and counselling services are organised around particular difficulties including, dementia, and meet the needs of people from non-English speaking backgrounds.

Because it is hard for carers to find time for themselves, support services have developed creative ways of allowing carers to meet and talk together, including internet and telephone based groups. Ask Carers NSW about these by telephoning **1800 242636** or talk to the social worker.

Abuse of the older person

Sometimes the pressures of caring become too much and stressed carers take out their frustrations on the person they look after. This is more likely when the relationship has been difficult in the past. Carers may become angry and abusive, both emotionally and physically. Those who cope with the stress by using too much alcohol or other drugs are at greater risk of losing control. If you are swearing at your relative, putting them down, threatening them, neglecting their comfort or care, handling them roughly or actually hurting them, you are abusing them. Please talk to hospital staff or telephone Carers NSW immediately on **1800 242636** to get help and advice so

you do not find yourself in this position when your relative goes home. Everyone deserves to be cared for respectfully.

Taking a Break - Respite Care

“My advice? Take breaks whenever you can otherwise you won’t be good for anything.” Wife of an aged care patient

Respite care services provide breaks for carers, giving them time without their relative to rest and recuperate. They offer temporary care for older people either in their own home, in day-centres or in residential care. Respite breaks may be in response to carer illness or an emergency, and can sometimes be organised to cover holidays and rest periods or organised on a regular basis. Commonwealth Respite and Carelink Centres act as a single contact point for information about long term services and can assist with short term or emergency respite.

Telephone them on **1800 052 222**, or talk to the hospital social worker.

Respite services can often take a long time to set up, so you may want to plan for breaks in advance. You could also consider asking members of your family or local community about helping out so that you get regular time out to rest.

Consent and Advanced Care Planning

Consent

Decisions about treatment need to be made while patients are in hospital. Usually patients give consent for their treatment and make decisions in consultation with staff, but sometimes patients cannot make decisions or cannot communicate them because of their physical or mental condition. In these cases a substitute decision-maker may be sought. This person is known as the 'person responsible'.

There is a legal hierarchy of who can be considered the 'person responsible':

1. A legally appointed guardian *or, if there is no guardian...*
2. The patient's spouse, de facto or same-sex partner
3. An unpaid carer
4. Another relative or friend who has a close relationship with the patient.

If you are the 'person responsible' you will be kept informed of your relative's health needs, and hospital staff will seek your consent when developing the care plan. But in an emergency, staff may not be able to consult with you.

Issues about consent and the 'person responsible' can be confusing. For information, ask your social worker for a copy of the *Person Responsible* leaflet. You can also phone the Guardianship Tribunal information line on **1800 463 928**, or go to www.gt.nsw.gov.au.

Advance Care Planning

Advance Care Planning refers to the process of preparing for likely scenarios near the end-of-life and includes an assessment and discussion about a person's understanding of their medical history and condition, values and preferences.

Many people are familiar with the way financial matters can be handled and using a *power of attorney* to manage their finances.

A person can appoint someone to make decisions regarding their health and lifestyle, should the time come when they are unable to make decisions for themselves. This person is known as an *enduring guardian*.

An enduring guardian is someone who a person chooses to make personal and lifestyle decisions on their behalf when they are not capable of doing this themselves. A person can choose what type of decisions they want the enduring guardian to make including:

- where the person should live
- what health care the person receives
- what other personal care services are received
- providing consent for medical and dental treatment.

The person must have the mental capacity to understand what they are doing at the time they appoint an enduring guardian. Anyone over the age of 18 years can choose to appoint an enduring guardian. An enduring guardian must be at least 18 years old. More than one person can be appointed as an enduring guardian (joint guardians). An enduring guardian appointment only takes effect if the person becomes unable to make their own personal and

lifestyle decisions. An enduring guardian does not have the authority to make financial decisions or transactions.

Appointment of an enduring power of attorney (for finances) and an enduring guardian (for health and medical consent) are legal documents that require a solicitor or clerk of the court (magistrate) to explain and witness.

For further information contact:

Guardianship Tribunal

www.gt.nsw.gov.au  1800 463928

Office of the Public Guardian

www.lawlink.nsw.gov.au/lawlink/opg/ll_opg.nsf/pages/OPG_index  1800 451 510

Advance care directives

Advance care directives (also known as 'living wills') are documents created while a person is mentally competent, that define the treatment that a person wishes to receive or refuse should they become incompetent. They also stand as a clear statement of that person's philosophy regarding end-of-life issues.

Unlike enduring powers of attorney and enduring guardianship, there is no special form that you must use, however the NSW Department of Health has published guidelines on the best way to document an Advance care directive. The guidelines recommend that an advance care directive should follow four principles: it should be specific, it should reflect the current wishes of the person, the person must have been mentally competent when it was signed and a witness would confirm that the person was not put under pressure to complete the form.

If the advance care directive meets these four principles then doctors are legally bound to follow it.

A NSW government website has been established that provides more information about planning ahead. Visit www.planningaheadtools.com.au

A 'plan of care' handbook can be obtained from www.advancecaredirectives.org.au/AdvanceCareDirectives-a-plan-of-care.html

Compliments, concerns, complaints and suggestions

You have the right to comment on your care and have your concerns addressed. It is important to know when things require improvement and when they are going well. It is best to resolve complaints with the NUM in the first instance. Try to remain calm and be as clear as possible about what happened and how you would like it to be resolved.

Alternatively you can contact the complaints coordinator during business hours. Outside of these hours you can contact the senior nurse on duty. These people will ensure your complaint is treated confidentially as well as answer questions and keep you informed. Complaints will not negatively affect the care provided to your relative, now or in the future.

Contacting the Complaints Coordinator

- You can telephone them using one of the special Patient and Visitor Complaint telephones located in the Barker street and High street entrances. Alternatively telephone 📞 **9382 2755**.

- The Complaints Coordinator is located in the Executive Unit on Level 3 of the High Street Building.
- You can also write to: Complaints Coordinator c/o Prince of Wales Hospital, Barker Street, Randwick 2031.

Services and resources

Hospital contacts

Patient telephone line	 9399 2099
Hospital switchboard	 9382 2222
General enquiries / reception	 9382 2291
Northern Access Area Referral Centre (Community Health)	 9382 8060
Aged Care Rehabilitation Level 5, Parkes Building	 9322 0274 9322 4283
Acute Aged Care Extension (AACE) Parkes level 5, Parkes Building	 9382 4283
Acute Aged Care Level 6, Parkes Building	 9382 4254
Medical Assessment Unit (MAU) Level 6, Parkes Building	 9382 4545
Patient Discharge Lounge	 9382 7950
POWH website	www.seslhd.health.nsw.gov.au/POWH

Community contacts

My Aged Care

www.myagedcare.gov.au is an Australian Government website and national phone line (1800 200 422) with up-to-date information about Australia's aged care system and services. It assists people to navigate the aged care system and provides referrals for assessment and service provision.

Aged Care Information Line

Information on home and community care and financial benefits. 
1800 500 853 TTY 1800 555 677

Ageing, Disability & Home Care

Services and support for the elderly

www.adhc.nsw.gov.au

Metro South  8732 1300 | Metro North  9407 1855

Bereavement Care Centre

Counselling and information

www.bereavementcare.com.au ☎ 1300 654 556

Carers NSW

Information on services and support groups. Carer support kits.

www.carersnsw.asn.au ☎ 1800 242 636

Centrelink

Financial assistance for the elderly, disabled and carers

www.centrelink.gov.au ☎ 13 23 00 or 13 27 17

Commonwealth Carelink Centre

Information on local services including home help, meals on wheels, special equipment, transport, personal care and nursing homes

www.commcarelink.health.gov.au ☎ 1800 052 222

Dementia Helpline (Alzheimer's Australia)

Information and support services

www.alz.org ☎ 1800 100 500

Department of Veteran Affairs

Information, resources, services

www.dva.gov.au ☎ 133 254 (local) or 1800 555 254 (rural)

Eastern Sydney Multicultural Access Project

Information, resources, assist people from non-English speaking backgrounds to access home and community care services

www.eccfcss.org ☎ 9569 1288

Telephone Grief Support Line

☎ 9489 6644 (call costs will apply)

Mon - Fri 9.00am - 2.00pm and 6.00pm - 11.00pm

Guardianship Tribunal

Information, resources, services and a discussion forum

www.gt.nsw.gov.au ☎ 9555 7600 (local) 1800 463 928 (rural)

TTY 9556 7634

Meals on Wheels (NSW)

Providing meals and social interaction.

www.nswmealsonwheels.org.au ☎ 8219 4200

Randwick Botany Aged Care Assessment Team (ACAT)

Assessments, information, advocacy

 9369 0400

Young carers

Information, resources, counselling

www.youngcarers.net.au  1800 242 636

Carer websites with useful resources

Aged Carer

www.agedcarer.com.au

Care Connect

www.careconnect.org.au/Our-services/Services-for-individuals/Services-for-carers

Carer Life Course

www.carerlifecourse.com.au

Eldercare Information Kit

www.worklifebalance.com.au/eldercare-information-kit.html

Mental Health Carers

Information, resources and education, advocacy

www.arafmi.org  1800 655 198

South East Sydney Local Health District Carer Support Program

Website with carer resources

http://www.seslhd.health.nsw.gov.au/Carer_Support_Program/Resources_for_Carers.asp

Information for CALD carers

www.seslhd.health.nsw.gov.au/Carer_Support_Program/Information_for_CALD_Carers.asp

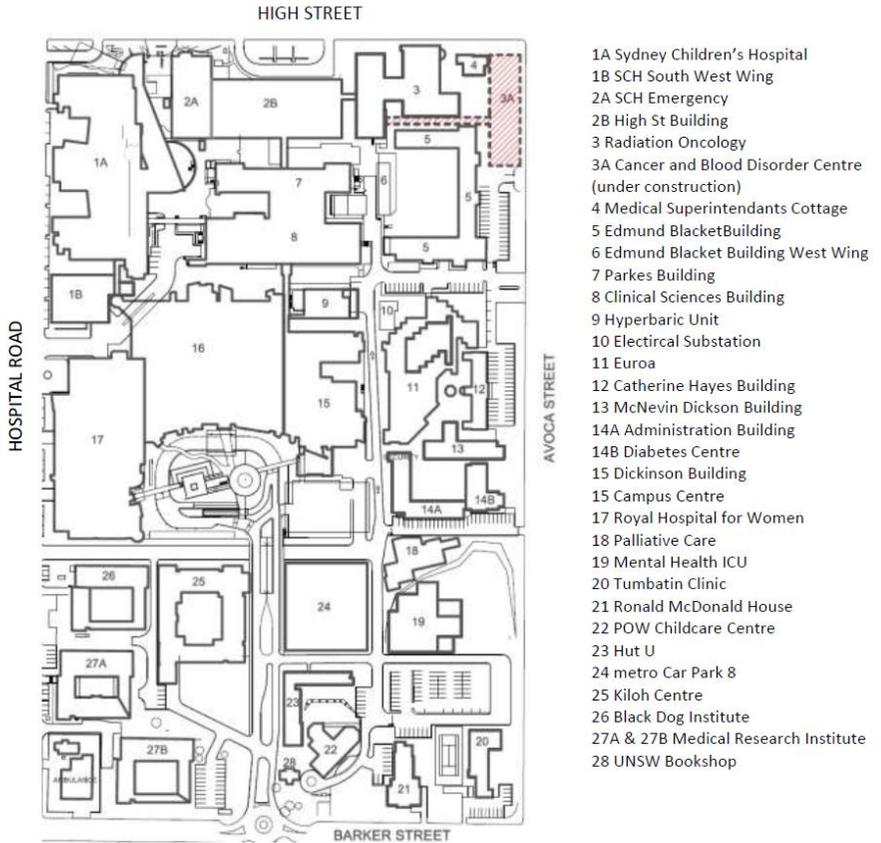
Information on how to navigate the health system

www.seslhd.health.nsw.gov.au/Carer_Support_Program/Navigating_the_Hospital_system.asp

Wellness Guide for Carers

www.deakin.edu.au/dhs/wellness_guide

Maps



- 1A Sydney Children's Hospital
- 1B SCH South West Wing
- 2A SCH Emergency
- 2B High St Building
- 3 Radiation Oncology
- 3A Cancer and Blood Disorder Centre (under construction)
- 4 Medical Superintendants Cottage
- 5 Edmund Blacket Building
- 6 Edmund Blacket Building West Wing
- 7 Parkes Building
- 8 Clinical Sciences Building
- 9 Hyperbaric Unit
- 10 Electrical Substation
- 11 Euroa
- 12 Catherine Hayes Building
- 13 McNevin Dickson Building
- 14A Administration Building
- 14B Diabetes Centre
- 15 Dickinson Building
- 15 Campus Centre
- 17 Royal Hospital for Women
- 18 Palliative Care
- 19 Mental Health ICU
- 20 Tumbatin Clinic
- 21 Ronald McDonald House
- 22 POW Childcare Centre
- 23 Hut U
- 24 metro Car Park 8
- 25 Kiloh Centre
- 26 Black Dog Institute
- 27A & 27B Medical Research Institute
- 28 UNSW Bookshop

Randwick Campus Map

Would you like to make a donation to support our elderly patients?



Making a donation will support the great care given to our elderly patients both here at the hospital and in the community.

You can make a donation to the Prince of Wales Hospital Foundation by

Mail |

Prince of Wales Hospital Foundation
Locked bag 3
Maroubra 2035

Telephone | 93824263

Online | www.powhf.org.au

Select 'Make a donation today' then at select 'aged care'.

In person |

Visit us at the Foundation office which is located at the Barker St entrance of Prince of Wales Hospital. (We would love to meet you.)





Health

South Eastern Sydney
Local Health District

Aged Care | Prince of Wales Hospital
March, 2015