Patient Information Checklist

Information for patients and their carers should include:	Completed
Details of the operation to be performed.	Yes □ No □ N/A □
Appropriate length of stay in hospital. This should include the length of the procedure, as well as the time that the patient will be waiting and/or time that they will be expected to arrive.	Yes □ No □ N/A □
Overview of usual recovery for the patient's procedure including: • When the patient will usually eat and drink • Mobilisation • Return home	Yes □ No □ N/A □
Degree of pain anticipated and how the pain is relieved, e.g. details of techniques such as patient controlled analgesia.	Yes □ No □ N/A □
Approximate time off work needed.	Yes □ No □ N/A □
When will it be safe to resume normal activities e.g. driving.	Yes □ No □ N/A □
The Pre-Admission Clinic Nurse contact details for the patient and/or carer to ring if: • They cannot attend on the day of surgery • There has been a significant change to their medical condition • Their medication has changed • They need advice.	Yes □ No □ N/A □
What to bring on the day of admission.	Yes □ No □ N/A □
Hospital visiting times for relatives.	Yes □ No □ N/A □
Fasting times and other pre-operative preparation. This should include confirming the instructions (and any jargon) are understood e.g. fasting means no food or drink.	Yes □ No □ N/A □

Planning your Hospital discharge

The following information will assist you to plan for your discharge from hospital. It is important that you and your family or carer are involved in this process as you will be able to identify any problems that you may face at home during your recovery period. The time that patients spend in hospital is getting less and less, as it has been shown that the best place to recover is in your own home surroundings. Shorter hospital stays however, mean that some patients go home before they are fully independent with their cares, so planning for discharge allows you to think of ways of ensuring all of your needs are met.

You should be planning for discharge from hospital even before you are admitted, as there are often things that need to be put into place before you come to hospital. If you need advice before admission, Glenelg Community Hospital offers a Pre-Admission Clinic where you can obtain information from a nurse experienced in assisting patients to identify what type of help they may require after discharge. During your hospital stay you can also ask to see one of the Senior RN's who can assist you to organise Community Health & Support services if you require them.

If you feel you may require Community Support Services once you return home it is important to find out the cost of these services and whether there is any funding available to cover this. Some private health funds will pay for this type of care and you should enquire what your fund is able to provide for you. Other services are government funded. Some services can also have a waiting list or not available in your area. Your local doctor may be able to help you arrange services if you need assistance or you can obtain advice from the Registered Nurses at Glenelg Community Hospital by calling 8294 5555 (Mon-Fri).

The following is a 'Check List' that may assist you to consider what arrangements you will need to put in place to ensure a safe recovery when you return home from hospital.

- Will you be going to your own home from hospital or will you stay will family or friends?
- How will you get home? You may need to arrange for someone to collect you from hospital, family or friends? Ask your doctor how long you will be in hospital so you have an idea of what you need to arrange. Discharge time at Glenelg Community Hospital is usually 1000am.
- Do you have someone to help you when you go home? Ask your doctor or the Pre-Admission Clinic staff what assistance you may need when you go home. Talk to your family/career about the type of help you may need and how long you will need assistance for.
- Do you normally look after someone else? You will need to make some arrangements for their care if this is the case. Consider how long it will be until you can resume your career's role. This may be longer than just the time you are in hospital.
- Bring all of the medicines that you normally take to hospital with you so these can be continued. If you attend Pre-admission clinic bring a list of your medicines and when you take them.
- You may need equipment such as crutches, walking frame, toilet raiser, and shower chair to use at home until you are fully independent. These items can be hired from Homecare Equipment Services. This will be discussed and established at your pre-admission clinic appointment. Your equipment will be delivered to the hospital the day prior or morning of discharge, you pay for hire on return of the equipment.
- Walking Sticks are available for purchase whilst in hospital for a fee of $13.00 provided by Active Mobility.

- Homecare can collect from your home for a small fee, or there is no fee if returned direct to supplier.

- What is the access to your home like? If you have steps or stairs you may need to see the physio for some advice on managing these while you are in hospital. What is the access to your bath/shower like? Will it be difficult for you to manage this when you come home from hospital? You may consider installation of rails or a hand-held shower if this would make it easier for you.

- Will shopping and cooking be a problem when you come home? You may consider preparing some easily re-heated meals and freezing them before you come to hospital or if you need Meals on Wheels this can be discussed at your Pre-Admission Clinic appointment or ask the nurse when you are admitted.

- Will your home be safe for you to move around in when you come home? If you will have limited mobility or be using a walking aid think about putting away slip mats and moving furniture to make access easier. A non-slip mat in the bath/shower may also be worth considering.

When you leave

Queries about your care – helping us to care for you

If you are concerned about your care or things that happen to you while in hospital, please bring this to our attention. For matters related to hospital care, please ask to speak to the DSU/Ward Clinical Manager or the Senior Registered Nurse on duty after hours. Your doctor is the only person who can explain the details of your medical treatment. Please see the final page of the Glenelg Community Hospital Admission forms and Advice booklet for Your Rights and Responsibilities, which outlines information about what to expect whilst in hospital.

Patient Feedback

Patient feedback is appreciated, as it assists us to make ongoing improvements to our service at Glenelg Community Hospital. Please feel free to provide feedback either through the formal Patient Satisfaction Survey or by writing to the hospital.

Discharge

When you are ready to leave, a staff member will assist you to your vehicle (Orthopaedic Patients) if required, to finalise your discharge.

Discharge time is usually 10.00am. We ask that you adhere to this time to enable staff to prepare your bed area for new admissions coming in.

Before you leave the ward area will ensure you have:

- Your medications and/or prescriptions, x-rays and scans
- All personal items
- A copy of your discharge information form
- Any post – operative information from the physiotherapist
- Surgeons follow up appointment
- Any equipment you may have bought or hired.

Preoperative Bathing Instructions

Preparing the skin before orthopaedic surgery

Before your surgery **you must shower or bathe at home** to clean your skin and reduce your chance of infection after your surgery.

You will be provided with two, single-use, surgical scrub sponges containing special soap called Chlorhexidine gluconate (CHG). If you are allergic to CHG use normal soap as an alternative.

Instructions

Shower or bathe with the CHG sponges two times before your surgery;

1. The night before your surgery; and
2. The morning of your Surgery

Step 1 Remove all jewellery.

Step 2 Wash your neck, underarms, breasts, feet, groin and skin fold areas well. (Only use CHG sponge below the neck)

Step 3 Leave one minute then rinse thoroughly.

Step 4 Pat yourself dry with a clean towel.

Step 5 Dress in clean clothes

Do not wash with your regular soap after CHG is used.

Do not shave the area of your body where your surgery will be done.

Do not use a rough scrub brush and do not scrub your skin

Do not get any soap in your eyes, ears or mouth

Do not sue lotion, cream, powder, perfume or deodorant after washing.

Clinical Handover

What is clinical handover?

Clinical handover is the transfer of responsibility and accountability for some or all aspects of your care from one health care professional to another on a temporary or permanent basis.

During your stay in hospital, this could be from:

- one nurse to another nurse
- one doctor to another doctor
- an allied health professional (e.g. physiotherapists) to another.

The aim of clinical handover is to achieve effective, high quality communication of relevant clinical information when the responsibility of your care is transferred.

Effective clinical handover helps promote patient safety and can reduce the likelihood of incorrect treatment, delays in diagnosis and a longer length of stay in hospital.

When does clinical handover occur?

Clinical handover between nursing staff takes place three times a day – once in the morning, afternoon and evening. Not all handovers will occur at the bedside.

During this time, you will be introduced to your nurse for the next shift and your plan of care will be discussed. Nurses will also review your bedside notes and medication charts and check any drips, drains or wounds that you may have.

If you are in a shared room, any confidential aspects of your care can be discussed with your nurse outside the room prior to or after the handover process. Any non-urgent needs can be discussed with your nurse after each handover is completed.

You can choose to have a family member and/or carer to stay with you during a clinical handover. Other visitors will be asked to leave while we discuss your care.

Please note: the times and frequency for clinical handover amongst doctors and allied health professionals vary on a daily basis.

What is R E A C H ?

REACH's aim is to empower patients and families to engage with staff if they notice 'something just isn't right' and to call for help if still concerned.

The **REACH** model builds on the surf life-saving analogy for recognition and appropriate care of deteriorating patients by encouraging patients and family to 'put their hands in the air' to signal they are 'drowning' and reaching out for help. Unlike other models, the REACH model actively promotes engagement with the treating team prior to further escalation steps taken by the patient and family.

The **REACH** model is a graded approach to patient and family activated escalation:

Recognise: acknowledge that patients and families can often recognise signs of deterioration before they are clinically evident.

Engage: encourage patients and families to engage with their treating team if they are concerned that 'something is not right'.

Act: enable patients and families to act by requesting a 'clinical review'.

Call: provide patients and families with an independent avenue to call for a rapid response if still concerned and other avenues are exhausted.

Help: Patients and families should be assured that help will be on its way in the form of a rapid response team.

Leg Exercises

Following your anaesthesia and surgery, your circulation is a bit sluggish. In order to prevent complications like phlebitis (inflammation of the vein) or Deep Vein Thrombosis (blood clots in your veins), leg exercises and early walking are necessary.

Leg exercises assist in increasing your circulation. Each time a muscle is made to work (contract) the blood supply is immediately increased to that area. These should be done five to ten times every hour while you are awake during the first 24 to 48 hours after your surgery

Toe pointing (ankle pumping):

- Lie flat on your back with legs out straight
- Point the toes of both your feet towards the foot of the bed you will feel stretching along the tops of your legs and feet, as well as tightening in your calves
- Hold the position 3 seconds and then relax your toes
- Point the toes of both your feet towards your chin; you will feel stretching and tightening in your calves
- Hold the position 3 seconds and then relax your toes

Leg Exercises

Bending Leg:

- Lie flat on your back
- Bend your right leg, sliding your heel along the mattress until your knee is sharply bent; your left leg should remain flat on the bed; you will feel your heel slide along the mattress, and your calf touch the back of your thigh
- Straighten your leg by sliding your heel along the mattress
- Repeat the same exercise with your left leg

Toe circles:

- Lie flat on your back with both legs out straight and both heels firmly on the bed
- Make a circle with your toes, first to the right and then to the left

Deep breathing and coughing

To prevent lung problems after surgery, it is important to do deep breathing and coughing exercises.

Your lung tissues are made up of many air sacs (alveolar sacs) which are fully expanded during normal breathing. After surgery, it is common for you to take shallow breaths because you may have pain or because it is hard to move. This sometimes causes secretions (phlegm/mucous) to stay in your lungs and collapse the air sacs. This is known as atelectasis.

Breathing deeply does the following:

- Moves air down to the bottom areas of the lungs
- Opens up the air passages and moves the mucous out; coughing is also easier
- Helps the blood and oxygen supply to your lungs, boosting circulation
- Lowers the risk of lung complications such as pneumonia and infections
  Coughing helps bring up mucous from deep within your lungs. As you do your breathing you may feel this in the back of your throat or hear a rattle sound when you breathe. Be sure to cough when this occurs.

How to perform deep breathing and coughing exercises:

- Get yourself in a comfortable position such as lying on your back with your knees bent, lying on your side, or in a sitting position
- Place your hands on your stomach; take a deep breath in through your nose; continue until your lungs feel full of air and you notice your stomach pushing against your hand
- Slowly blow air out in one long, slow breath through pursed lips; when you breathe out, concentrate on making your stomach sink in; repeat steps 1, 2 & 3 to complete five breathing cycles.
- Take another deep breath, hold for 3 seconds then huff out 3 times (Huffing is a short sharp pant or like pretending to create a mist on a pane of glass.); on the third huff, cough deeply from the lungs, not the throat
- Repeat steps 2 & 4 to complete 5 coughing exercises
- Until you are walking, these exercises should be done every hour while awake; ask for pain medication if you are sore and not able to do your coughing exercises