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# **HCCA Feedback on the Planned Hospital Admission Booklet for Surgical and Medical Care**

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## **HCCA Feedback on the Planned Hospital Admission Booklet for Surgical and Medical Care**

The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision-making.

HCCA welcomes the opportunity to provide feedback on the Planned Hospital Admission Booklet for Surgical and Medical Care. Collecting accurate health history information from patients prior to admission is essential for ensuring the quality and safety of the care they receive. Our primary concern in providing feedback on this booklet has been to ensure that consumers are able to understand the process and will be adequately supported to provide accurate information.

Our feedback is based on consultations with our members and Alzheimer's Australia (ACT branch) as well as the information we have collected during our previous work on issues around informed consent.

### **General Comments**

For consumers, the process of being admitted to hospital is often something of a mystery. As such, we believe it would be useful for the information contained on the first page of the booklet to be simplified and made available to consumers prior to being admitted to hospital. For instance, brochures that explain the process could be provided at GP clinics or in Community Health Centres. In particular, consumers need to know which health professionals act as the 'gatekeepers' to Canberra's public hospital facilities.

Complex medical forms such as this booklet need to be completed in consultation with a health practitioner, who can assist by further explaining difficult items, accessing medical records on the patient's behalf and providing advice if the patient is unsure what information may be relevant. In addition, these kinds of questions should not need to be asked multiple times; they should be recorded in the patient's eHealth record.

In general, consumers are concerned about the culture surrounding the collection of medical histories and informed consent. Clinicians tend to view these as something that needs to be 'done' to patients, rather than a process that clinicians and patients engage in together. Having a clinician work through the booklet with the patient is a

means of overcoming this cultural issue and encouraging more meaningful communication with patients regarding their care.

Moreover, the tone of the booklet is not particularly consumer friendly or engaging. For instance, the form directs people to “fill in with a black pen” rather than inviting them to “please fill this in”. This is also a matter of needing to respect the patient and acknowledge that the admission process can be complex and frustrating at a time when the patient is unlikely to be in a good frame of mind.

We also note that the small font used throughout the booklet means that it is not visually accessible. Will there be other versions of this booklet available (i.e. electronic, large print or different language versions)?

## **Specific Feedback**

### *Request for Admission*

Page 3 contains important details about the patient’s treatment, allergies and special requirements. Although this section is to be completed by the admitting specialist, it is important that the patient also reads this information. Patients need to be provided with information about the treatment they are receiving not only for consent purposes, but also as a risk management strategy. If consumers are informed, they are better able to detect mistakes that could lead to serious harm. To address this, the form could include a space for the patient’s signature at the bottom to indicate that they have read, understand and agree with the details provided by the admitting specialist.

### *Informed Consent*

We suggest that the dot points in the Consent to Treatment form be changed to check boxes. In this way patients will be encouraged to read through each statement more carefully and ask any questions that arise as a result.

It would also be good if a line for an interpreter’s signature could be included at the bottom of the form for culturally and linguistically diverse (CALD) patients to ensure that they are appropriately engaged in the consent process.

### *Patient Admission Details*

We welcome the inclusion of detailed questions about languages. This will make it more likely that CALD patients are able to access interpreting services when they need them.

The instructions for parents and guardians on page 6 need to be reworded. The first sentence should read *‘please complete this page as accurately as possible’*.

Throughout the paragraph, *‘your/your child’* needs to be replaced with *‘you/your child’*. The last sentence could also be changed to read *‘you will be contacted in*

*writing and/or by telephone to let you know when you/your child will be coming to the hospital’.*

The information required in the ‘Person to Contact’ box is also unclear. Can this be the same as the parent/guardian or does it need to be an alternative emergency contact?

We also suggest that a heading be included on the top of page 7 indicating that the page contains important information for patients and parents that should be read carefully.

### *Patient Health Questionnaire*

The general instructions regarding the Patient Health Questionnaire are unclear. Patients need to know how they can seek assistance when filling in the form. For instance, can they fill the form out with the help of a nurse or GP? It would also be good to indicate that parents or guardians may fill in the form on behalf of their child.

The question about progressive dementia is unreasonable. If a patient has experienced dementia they are unlikely to be able to answer the question for themselves. We have also received feedback from the ACT branch of Alzheimer’s Australia that the phrasing of the question does not accurately reflect the nature of dementia and would need to be re-worded.

Below question 22 there could be a short paragraph explaining what steps will be taken if the patient does have any concerns they wish to discuss. This cannot be just a token gesture towards communication with consumers.

Our members have also commented that more lines need to be included for consumers to be able to list their medications and past operations, particularly for those who have had extensive interaction with the health system. More than the currently allocated half a page of additional space may be required to allow patients to fill out all of their medical information. Again, it would be more useful for both the consumer and health professionals if this information could simply be drawn from the consumer’s eHealth record.

Finally, it would be useful to include a “don’t know” box for some of the questions about past illnesses and treatments in case the patient cannot recall or is not able to access that information.

Please do not hesitate to contact us if you wish to discuss our feedback further.

