



**All you need to know  
about your stay at Mercy Hospital**  
Ko ngā āhuatanga katoa me mōhio koe  
mō tō noho ki te **Hōhipera o Mercy**

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**Tear-off FORMS at front of book for you to COMPLETE**





# A very warm welcome to **Mercy Hospital**

He whakatau mahana  
ki te **Hōhipera o Mercy**

While your specialist is responsible for directing and planning your treatment, your care will be delivered by our team here at Mercy Hospital. Your specialist has chosen us for a good reason; when it comes to your health, we leave no stone unturned.

Our goal is personalised service. When you are with us, you are the most important person in the room and our team is wholeheartedly committed to your care.

## ADMISSION instructions

Your operation/procedure is booked on:  /  /

at Mercy Hospital – 98 Mountain Road, Epsom; Tel: 09 623 5700

Morning  Afternoon  Evening

Inpatient  Day stay

Please arrive at:  am  pm on  /  /

### Fasting instructions

Do not eat or chew anything after:  am  pm on  /  /

Do not drink anything after:  am  pm on  /  /

Make sure you send us your forms **at least ONE WEEK** prior to your admission

# INSIDE this booklet

## Kei tēnei pukapuka

You'll find all the information you need for your admission, your stay with us and your recovery. And if you have any remaining questions, we're here to help however we can.

### CHECKLIST

#### He rārangi tohu

- Read this booklet. It has all the information you need about the steps that follow. Ask a friend or whānau member to read it too.
- Watch our Patient Experience video on our website **mercyascot.co.nz**
- If you are paying for your procedure and/or have a private health insurance approval shortfall, payment is to be made on or before admission.
- Obtain your Prior Approval letter (if you have health insurance), and forward it to the hospital with your forms at least one week prior to your admission.
- Complete the **Patient Registration Form** (see pages 4-5)
- Complete your **Patient Health Questionnaire** (see pages 6-9)
- Complete the **Consent for Operation/Procedure** with your specialist (see page 10)
- Send your forms to Mercy Hospital (see page 12):
  - The hospital must receive your forms **at least ONE WEEK** prior to your admission
  - We can receive these forms by email, in person, by courier or by post. If posting, please use the enclosed reply paid envelope. Please ensure you allow at least **two weeks** for postage to be delivered to us.
- Check your surgery date and admission time (see page 2)
- Check any specific pre-admission instructions from your specialist (see page 13)
- Plan for any additional support following your discharge e.g. someone to stay with you for the first 24 hours, home nursing services or rehabilitation services. Discharge time is **10am** (see pages 12 and 15)
- Arrange transport to and from the hospital (see page 15)
- Pack everything we need you to bring including all the medications you are currently taking (see page 13)

PLEASE RETURN THIS FORM **AT LEAST ONE WEEK** PRIOR TO YOUR OPERATION/PROCEDURE DATE

### YOUR DETAILS (to be completed by patient)

Title (please circle): Mr Mrs Ms Miss Dr Other  Gender:

Legal First Name(s):  Date of Birth:  /  /

Family Name:  Marital Status:

Previous Name:  Occupation:

Country of Birth:  NZ Resident: Yes  No  NHI No: (if known)

Residential Address:

Postal Address (if different from above):

Phone: Home ( )  Work ( )  Mobile ( )

Email:

Ethnic Group:  Language Spoken:  Interpreter Required: Yes  No

If visiting from overseas what is your address while staying in NZ?  Phone: ( )

Interpreter services must be arranged through your specialist's rooms prior to admission

### EMERGENCY CONTACT PERSON

Name:  Gender:

Relationship to Patient:

Residential Address:

Phone: Home ( )  Work ( )  Mobile ( )

### HEALTH INSURER

Name of Insurer:  Policy Type:

Membership No:  Prior Approval No:

Is your surgery covered by ACC: Yes  No  ACC Approval Granted: Yes  No

ACC Claim No:  ACC Office:  ACC Case Manager:

### GP

Name:  Practice:

### REFERRING MEDICAL PRACTITIONER

(IF DIFFERENT FROM GP)

Name:  Practice:

### SPECIALIST

Name:  Date of Admission:  /  /  Time of Admission:

### PRESCRIPTION CARDS

High Use Health Card Expiry Date:  /   Community Services Card Expiry Date:  /

Prescription Subsidy Card Expiry Date:  /   Other Expiry Date:  /

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## ACC CLAIMS

### Contract Claim:

If your medical operation/procedure is an ACC Contract Claim, ACC will pay the hospital directly for all hospital and specialist's costs excluding personal expenses. Personal expenses, such as visitor meals, will be invoiced directly to patients post-discharge.

### Part ACC/Part Insurance:

Proof of prior approval is required prior or on admission for the portion of your procedure that is covered by insurance. If you are not insured, you will be required to pay a portion of the estimated hospital costs prior or on admission. For further details on ACC reimbursement practices please ask your ACC case manager.

## PAYMENT OF HOSPITAL COSTS

For further information please refer to the Patient Information booklet

Payment will be made by  credit card  internet banking  EFTPOS  cash  other\*

- + If you have no insurance you will be required to pay the full estimated cost of the operation/procedure **on or before admission**
- + If internet banking is done within 3 days prior to your admission, you may need to provide proof of the transaction prior to admission.
- + If you have prior approval with a private health insurer, you will need to pay any expected shortfall on or before admission
- + We strongly recommend you contact our Customer Support Team 09 623 6588 for an estimate of the hospital costs prior to admission
- + You understand and give consent that relevant information may be supplied to an external credit reporting agency to obtain a credit report
- + You agree you are responsible and will pay for all costs incurred in connection with your treatment
- + You understand that MercyAscot may notify a credit reporting agency and/or instruct a debt collection agency should you default on any payment due by you to MercyAscot
- + You understand that any collection and/or legal costs incurred in recovering any debt will be charged to you

## PERSONAL PROPERTY

- + You understand and agree that MercyAscot is not and will not be responsible for loss of or damage to any personal property (including jewellery, dentures, watches, rings, glasses) which you may bring into the hospital
- + You consent to MercyAscot sharing relevant information that is related to your healthcare and as required by third parties such as Health Insurers, Medical Specialists, ACC, and for quality and audit purposes

To the best of your knowledge the information you have supplied to MercyAscot is correct.

Signature:

Print Name (in full):

Date:

PLEASE RETURN THIS FORM **AT LEAST ONE WEEK** PRIOR TO YOUR OPERATION/PROCEDURE DATE  
([csmercy@mercyascot.co.nz](mailto:csmercy@mercyascot.co.nz) or SEE PAGE 12 OF PATIENT INFORMATION BOOKLET)

PLEASE RETURN THIS FORM **AT LEAST ONE WEEK PRIOR** TO YOUR OPERATION / PROCEDURE DATE

Dear Patient

The information requested in this form will help us assess your needs and plan your care for your booked admission to MercyAscot. All information will be treated in strict confidence.

When answering the questions, please do not write 'see my notes' or words to the same effect because we will not have all your clinical notes. Please answer as accurately as possible.

Please answer **all questions** on each page even if you think they are irrelevant to your circumstances.

**Please bring any relevant x-rays / CT / MRI scans (CD discs) with you along with any mobility aids, CPAP machines etc to the hospital. If you develop any coughs, colds, infections or wounds before your admission, contact your specialist prior to your admission.**

Please ensure you are aware of when you should stop eating and drinking prior to your admission. Your specialist should advise you of these times. Please note this includes chewing gum, lollies, sugar etc. If you do not follow these instructions you risk having your surgery cancelled.

We look forward to helping you prepare for your operation.

**Admissions Unit Nurses**

## YOUR DETAILS

Legal Name	<input type="text"/>	Date of Birth (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Planned Procedure	<input type="text"/>		
Date of Surgery	<input type="text"/> / <input type="text"/> / <input type="text"/>	Best Contact Phone Number	( <input type="text"/> ) <input type="text"/>

## FOR HOSPITAL USE ONLY

Pre-Admission Review: Reviewed; no further action required

Reviewed; patient contacted

Action Taken:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Date unable to contact (1st Attempt):  /  /

Date unable to contact (2nd Attempt):  /  /

Name:  Designation:

Signature:  Date:  /  /

**DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?** If yes, please give details below

	Yes	No		Yes	No		Yes	No
High Blood Pressure controlled with medication	<input type="checkbox"/>	<input type="checkbox"/>	Heartburn/reflux	<input type="checkbox"/>	<input type="checkbox"/>	Have you suffered post-op nausea and vomiting with recent surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes: Type 1	<input type="checkbox"/>	<input type="checkbox"/>	Have you or a blood relative ever had any problems during or after anaesthesia? e.g. Malignant Hyperthermia, muscular dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Heart Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	Type 2	<input type="checkbox"/>	<input type="checkbox"/>	Problems opening your mouth?	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Heart Valve	<input type="checkbox"/>	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	Are you or could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pains/Angina	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Current Skin problems e.g. ulcers, wounds, eczema, boils	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Angiogram or Stents in heart	<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>	Do you or have you ever smoked?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, how much?	<input type="text"/>	
AF / Palpitations / Arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	for how long?	<input type="text"/>	
Cardiac devices e.g. pacemaker, ICD	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	when did you give up?	<input type="text"/>	
COPD / Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many units weekly (1 standard glass wine or ½ glass beer = 1 unit)	<input type="text"/>	Units a week
Have you had a 'headcold', throat/chest infection or bronchitis in last 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	Dementia/Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>	Do you use recreational drugs	<input type="checkbox"/>	<input type="checkbox"/>
Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Wear glasses / contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Joint implants or metalware	<input type="checkbox"/>	<input type="checkbox"/>	Other eye conditions	<input type="checkbox"/>	<input type="checkbox"/>
Obstructive Sleep Apnoea	<input type="checkbox"/>	<input type="checkbox"/>	Do you currently use:			Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Stroke / TIA	<input type="checkbox"/>	<input type="checkbox"/>	Crutches, walking stick	<input type="checkbox"/>	<input type="checkbox"/>	Any special dietary requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia / Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>	Walker, frame	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what:	<input type="text"/>	
Blood clots in legs or lungs (DVT/PE)	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Epilepsy/Seizure	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any falls in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Blackouts/fainting	<input type="checkbox"/>	<input type="checkbox"/>	Is your activity currently restricted by pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
			Bowel conditions	<input type="checkbox"/>	<input type="checkbox"/>			
			Bladder conditions	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered 'yes' to any of the questions above then please give details, including treatment.

Do you have any other medical conditions not already covered, or is there anything else we should know about you e.g. Parkinson's, muscle / nerve disease? Yes  No

If 'yes' please give details:

Are you under medical specialist care e.g. cardiologist, oncologist, rheumatologist? Yes  No

If 'yes' please specify:

When did you last see them:

Do you have any religious beliefs / practices or cultural needs we should be aware of? Yes  No

If 'yes' please give details:



DETACH HERE

Legal Name:

Have you ever had MRSA, ESBL, VRE or CRE infection? Yes  No

If **YES**, Which One  Approximate Date

Have you lived or travelled overseas in the last 12 months? Yes  No

Have you worked in a healthcare facility in the last 12 months with hands-on patient care? Yes  No

Have you been a patient in **ANY** hospital within the last 12 months? Yes  No

If **YES**, When  Hospital  Number of Nights Stay

Height  cm Weight  kg This information is important. **Do not leave this blank.**  
If you do not know, an estimate is acceptable.

Are you allergic/sensitive to any: (circle which and describe below)

**Medications Foods Latex Plasters/tape/skin preparations** (e.g. iodine, chlorhexidine) **Other**

Substance	Reaction

Please list **all** previous admissions to hospital for surgical procedures. Please include where and when (estimate if unsure). **If you require more space, attach an additional sheet.**

Previous surgery	Hospital	Year

Please list **ALL** medicines - tablets, inhalers, patches etc prescribed by your doctor **or over the counter** (include any herbal or natural remedies). **If you require more space, attach an additional sheet.**

Name of medication	Dose	Frequency

Does anyone assist you with administration of your own medication? Yes  No

If 'yes' please specify

**PLEASE BRING ALL YOUR MEDICATIONS, IN ORIGINAL PACKETS, WITH YOU TO HOSPITAL.**

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## DISCHARGE PLANNING

Being prepared for your discharge is just as important as being prepared for your admission. As part of your discharge plan we will anticipate the day of discharge prior to your arrival at the hospital. This will relieve your anxiety and help you be ready for your discharge home.

**You will need someone to stay with you for 24-48 hours after discharge. This may be longer depending on your surgery.**

Please complete the section below so we can see what care and support you will need to ensure a safe and speedy recovery.

## CARER SUPPORT:

Current living arrangements?

Live alone  Live with others i.e. partner / children

Have caring responsibilities for others at home. Please specify:

If you are the sole caregiver for a dependant, you will need to consider making arrangements for their care during your hospital stay and after your discharge or as advised by your specialist.

Who will be caring for **you** following your discharge?:

Name:  Relationship:

Address:

Phone number (mobile/landline):

## HOME SUPPORTS:

Do you currently receive any supports at home (i.e. home help, meals on wheels)? Yes  No

If 'yes', please state what, and for how many hours per week.

If you think that you will require respite care for a period of time after discharge, please discuss this with your specialist. You may be responsible for any costs associated with this arrangement. **These arrangements should be organised by you prior to your admission.**

## DISCHARGE/TRANSPORT:

Please advise the person collecting you that the discharge time is **10am**.

Name:  Contact phone number (mobile/landline):

Please feel free to add any further comments/concerns regarding discharge:

It is important to know **who** has **completed this form**. Please print and sign your name.

Name (print):  Date:  /  /

Signature:

I am the  patient  legal guardian  parent  other (specify)

**PLEASE RETURN THIS FORM AT LEAST ONE WEEK PRIOR TO YOUR OPERATION / PROCEDURE DATE**

You can email these forms to [csmercy@mercyascot.co.nz](mailto:csmercy@mercyascot.co.nz) or see page 12 of Patient Information booklet

DETACH HERE

### PATIENT DETAILS

Legal Name:  Date of Birth:  /  /

Date of Admission:  /  /  Time:  NHI No.:

Referring Consultant:

ACC Contract  ACC Non-Contract Specialist Lead Provider  Specialist Contract, Non-Contract MercyAscot Lead Provider

### CONSULTANT TO COMPLETE

Diagnosis:

Planned Operation/Procedure:

Proposed Date of Surgery:  /  /  Operation Length:  Length of Stay:

Body Side: Left  Right  Inpatient:  Day Case:

I have explained to  the benefits and risks of the above planned operation/procedure.

Specialist's Name:  Signature:  Date:  /  /

### PATIENT TO COMPLETE

I agree that I have received a reasonable explanation of the intent, alternatives, risks and likely outcomes of the operation/procedure of  to the  side of my body. In the event that something unexpected is found during surgery, I authorise the specialist to act in my best interest.

I agree to the collecting of personal and health information from myself or my representative and authorise use of this information for purposes related to my health care.

In the event of a staff member receiving a 'needle stick injury' or other 'blood accident' from instrumentation used during my operation/ procedure/hospital stay, I consent to a blood sample being drawn from myself and tested for HIV (the AIDS virus), Hepatitis B, Hepatitis C and any other blood test deemed necessary by my doctor. I understand I will be informed of such testing and the results if I request them.

Patient/Guardian Signature:  Date:  /  /

(Please circle one).

### STAT MEDICATION ORDERS ON ADMISSION

Date	Drug	Dose	Route	Time	Authorised By	Given By	Time

Other preparations required (e.g. TEDs/SCDs), please specify:

### INVESTIGATION REQUIRED

Please tick either: A = Prior to Admission, B = On Admission, C = Not Required

Electrolytes	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Coag Screen	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	MSU	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ordered at Labtests	<input type="checkbox"/>
Routine Haematology	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Group & Ab Screen	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	ECG	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ordered at other lab	<input type="checkbox"/>
Urea & Creatinine	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Cross match ___units	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	X-rays (state)	<input type="text"/>		
(Other) _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	(Other) _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				

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# PATIENT information

## Ngā Taipitopito Tūroro

### Any questions

We're here to help. If you have any questions at all about the admission process, forms or costs, our Customer Support staff will be happy to assist you on 09 623 6588.

## BEFORE YOUR ADMISSION

Please read this booklet. It covers all you need to know about every step of your stay with us. Ask the friend or family member who is going to be your support person to read it too. Make sure to watch our Patient Experience video on our website [mercyascot.co.nz](http://mercyascot.co.nz)

### Registration information

There are three patient forms for you to complete on pages 4-10 of this booklet.

### Informed consent

Please make sure that you complete the Consent for Operation/Procedure form together with your specialist.

Completing the Consent form confirms you've received all the information you need to make an informed choice, and that you've agreed to your operation/procedure. It also includes consent for blood sampling, in the event of a MercyAscot employee receiving a needle stick injury or other blood accident during your operation/procedure.

### Patient registration

Please complete all the questions on the Patient Registration form, including any insurance or payment details i.e. private health insurance, self-insured, ACC or DHB contract details.

### Prior approval

If you have private health insurance, please get approval from your health insurance company **at least one week before** your operation/procedure to ensure you are clear on what is and isn't covered under your policy.

Your insurance company will give a 'Prior Approval Number', which should be included on your Patient Registration form. Please attach your Prior Approval letter with your completed forms from this booklet.

### Patient health questionnaire

Please complete all the questions on the Patient Health Questionnaire.

### Send us your forms

Please remove the completed forms from this booklet and send them straight away to Customer Support at Mercy Hospital, in one of the following ways:

- ✦ Scan and email: [csmercy@mercyascot.co.nz](mailto:csmercy@mercyascot.co.nz).
- ✦ Courier to Reception
- ✦ In person to Reception: 98 Mountain Road, Epsom during the hours of Monday to Friday, 6am-5pm
- ✦ Post using the enclosed reply-paid envelope: Mercy Hospital, PO Box 9911, Newmarket, Auckland 1149

The forms must be received by Mercy Hospital **at least ONE WEEK** before your proposed admission date. Please ensure you allow at least two weeks for postage as this service is slow.

Returning this information in advance means we can better plan for your surgery, and confirm all your relevant health details. If you have any questions, please feel free to contact us directly by calling 09 623 6588.

If emailing, please remember to bring the original forms with you on your admission to hospital.

### Anaesthesia

Your specialist will have given you a leaflet about anaesthetics. Before admission, your anaesthetist may call you to talk about your current health and any anaesthetic-related questions.

### Contact from the hospital

To help you be completely prepared for your operation/procedure you may:

- ✦ Receive a phone call from one of the Customer Support Team regarding any administration queries or hospital payment required prior to surgery.
- ✦ Receive a phone call from one of our Pre-Admission nurses to clarify the information you provided on your Patient Health Questionnaire. This will depend on your planned surgery and/or your medical history.
- ✦ Be invited to attend a Pre-Admission appointment where the nurses will coordinate your admission preparation. You may also meet one of our Customer Support team at this time to discuss your hospital charges and health insurance cover/payment.

### Pre-payment

#### Patients covering the full cost of their procedure:

Patients without prior approval will be requested to pay the total estimated hospital costs on or before admission, and pay a balance payment after your discharge. Please see "your account" on page 17 for more information.

#### Patients with medical insurance and prior approval for their procedure:

Patients who have prior approval from a private health insurer will be requested to pay the expected shortfall and/or co-payment on or before admission, and pay a balance payment after your discharge. Please see "your account" on page 17 for more information.

So that you're aware of any payment or possible balance of payment, please call Mercy Hospital Customer Support on 09 623 6588 or email [csmercy@mercyascot.co.nz](mailto:csmercy@mercyascot.co.nz) so we can give you an estimate of our costs.

### Information about your regular medications

We're committed to providing the safest and highest quality care possible. To make sure this is always the case, we need accurate information about the medications you take at home. Ask your GP to give you a list of your current medications, to bring with you.

Please discuss with your specialist or anaesthetist whether you should take your regular medications on the day of surgery.

### Herbal medications and dietary supplements

Herbal medications and dietary supplements can interact with the drugs we may prescribe you. We recommend that wherever possible, you stop taking them at least one week before your operation.

### Planning for your discharge

Your specialist will let you know if they think you'll need extra support when you leave hospital. This might be a home nursing or rehabilitation service – especially if you live alone. These services need to be arranged through the specialist's rooms before your admission.

For your safety and wellbeing you will not be allowed to drive for 24 hours after your operation/procedure, and someone should be at home with you when you leave hospital. Please discuss this with your specialist or GP prior to surgery.

# PATIENT information

## Ngā Taipitopito Tūroro

### ON THE DAY OF YOUR ADMISSION

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#### Your surgeon's instructions

It's important to follow any pre-surgery instructions from your specialist, especially any around medication or fasting (no eating or chewing).

Please also have a bath or shower, and wear loose, comfortable clothing.

#### What to bring with you:

- ✦ Your Patient Information folder and booklet
- ✦ **All** the medications that you're currently taking including tablets, liquids, creams, eye drops, inhalers, patches and any medications you have bought from a pharmacy, supermarket or health food store e.g. herbal and dietary supplements  

This helps guarantee your medications are available when you need them, and your operation/procedure isn't interrupted. It also helps your specialist review your regular medications accurately from your drug chart and prescribe any new medications, and the clinical pharmacist can make sure any new medications don't interact negatively with your current medications:

  - Bring the medications **in their original packs**, with the pharmacy label on them. Do not bring in loose strips of medications or medications that have been transferred into another container.
  - If you use a tablet organiser/box, please bring in the original packs that contained the medications
  - If you have a list of your medications from your GP, bring this with you too
- ✦ A current form of ID
- ✦ Any relevant X-rays, CT or MRI scans (including CDs) and reports, test results, pathology reports, or any letters or reports from your specialist, GP or another hospital
- ✦ Prescription Subsidy Card
- ✦ Any mobility aids/crutches/equipment (i.e. CPAP machine) that you are currently using, reading glasses, hearing aids, and their cases
- ✦ Reading material, or something to do while you're in the waiting area or resting in recovery

#### Overnight patients

If you're staying with us overnight or longer, you should also bring:

- ✦ Comfortable daywear
- ✦ Something suitable to wear to bed, e.g. a comfortable nightie or pyjamas
- ✦ Slippers/footwear
- ✦ Personal toiletries (shampoo, conditioner and soap will be provided)

#### Please DO NOT

- ✦ Smoke or drink alcohol 24 hours prior to admission
- ✦ Wear make-up, nail polish, jewellery or body piercing (you can wear your wedding ring)
- ✦ Bring any valuables, jewellery, or large amounts of luggage as we do not accept liability for any items brought to hospital
- ✦ Bring a large amount of luggage. Please note: If needing to bring more than an overnight bag, please notify us ahead of your stay so arrangements can be made

### YOUR ADMISSION TO HOSPITAL

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#### On arrival

When you arrive, please report to Reception. We'll check your personal details and your payment or insurance details, after which you'll be collected by the Admissions Unit staff. In the Admissions Unit you will meet one of the nurses who will be caring for you.

#### Anaesthetic consent

While you're being admitted, your anaesthetist will visit you to talk about the anaesthetic procedure and get your written consent for anaesthesia (and for blood products if required).



**There may be a wait between your arrival and your operation/procedure – this is so our staff can prepare you for surgery, and leaves time for the consultation with your anaesthetist and specialist.**

# PATIENT information

## Ngā Taipitopito Tūroro

### DURING YOUR STAY

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#### Smoke-free

MercyAscot is a smoke-free organisation, and Mercy Hospital has smoke-free buildings.

#### Accommodation

Comfortable accommodation is available at Mercy Hospital. It's our mission to make your stay as pleasant as possible. Enjoy delicious meals and keep connected and entertained with direct dial telephone, free WiFi, radio and Sky TV.

We have a number of single and shared rooms. Single rooms are allocated according to clinical need e.g. patients with complex clinical conditions requiring long-term stay may be prioritised for single rooms and children are given single rooms. Rooms are also allocated as our housekeeping team make them available.

You will be charged according to the room you are allocated – patients in our shared rooms are charged a reduced rate.

#### Phone calls

Staying in touch with loved ones is important for your wellbeing. You can use your mobile phones to make calls in every area of the hospital except for the operating theatre area, the Intensive Care Unit, or any area specifically designated for cardiac services. Friends and whānau are also welcome to call you using our direct dial facility (phone 09 623 6833 followed by the room's extension number).

The usual charges apply for calls made from your room to mobile phones.

#### Free WiFi services

Stay connected with our free WiFi services, which are available throughout the hospital. Passwords are available from the ward reception and Customer Support staff.

#### Meals

Nutritious and delicious meals are produced with care every day by our catering team. You will be asked to select from the varied menu each morning. To make sure they enhance your health and your experience with us, the meals are designed in consultation with a dietitian.

You can take a look at some of our current menus on our website. Your meals may be different from these, dependent on your operation/procedure.

If you require a special diet, please let us know as soon as possible – we're happy to oblige.

Meal times are (approximately): Breakfast 8am; Lunch midday; Dinner 6pm.

#### Your regular medications

On admission a pharmacist may talk you through your regular medications and when you take them. The nurses will then store them away safely for you, and bring you each dose as they need to be taken.

We do this because the effects of the anaesthetic and pain relievers can make you drowsy or unwell, so your ability to self-medicate properly is reduced. It's just a little detail to keep you extra safe.

#### Children 16 and under

We welcome visits by children prior to their surgery date – this allows them to familiarise themselves with the surroundings, so they're more at ease when they're admitted. Sometimes bringing their favourite toy during this visit can help too.

We are happy to arrange for a parent or caregiver to 'room in' with a child patient. This would be in a recliner chair or similar. Meals are included at no charge for the caregiver.

#### Visitors

Contact with friends and whānau can be an important part of your emotional wellbeing as you recuperate.

To find out our current visitor guidelines, please call 09 623 6588 or view our 'Patients & Visitors' section on our website ([mercyascot.co.nz](http://mercyascot.co.nz))

Children are welcome to visit but they must be with adults at all times. We recommend that children under the age of five only visit for a short period of time.

There is a small fee for additional meals if you'd like to have a meal with a friend or whānau member.

### GETTING READY FOR YOUR SURGERY

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Your nurse will carefully explain and carry out any pre-surgery preparations. If you have any questions or concerns, please raise these with your nurse, who will do everything they can to put you at ease.

### AFTER YOUR SURGERY

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After surgery, we'll transfer you to one of our surgical wards. Here you'll be looked after by a team of registered nurses who are highly skilled in the type of aftercare your operation/procedure requires. Together with your specialist and anaesthetist, they'll work to make your recovery as smooth as possible.

# PATIENT information

## Ngā Taipitopito Tūroro

### PREPARING YOU FOR GOING HOME

The general information which follows is designed to assist your recovery and to supplement any specific instructions you might receive from your specialist. Please discuss these instructions, and any from your specialist, with your nurse before you leave hospital.

#### Your recovery

Before you are discharged, your specialist and your nurse will talk to you about what to expect over the coming days and weeks as you recover. Arrangements will also be made for any aids, such as crutches.

#### Medications

Before you leave the hospital, you will be given a prescription for any additional medications you are required to take. Your nurse or specialist will explain these medications to you and will give you a 'Medications After Surgery' guide to take home with you. You may also need to see our pharmacist to discuss instructions for your medications.

Your nurse will arrange for your prescription to be collected from Mercy Pharmacy, if required. Please make sure you have your Prescription Subsidy Card, if appropriate. Let your nurse or specialist know if you already have these medications at home and don't need any additional supply.

Depending on the payment agreement with your insurer, you may need to pay for your medication on discharge.

#### + Your regular medications

On discharge, your nurse will return your regular medications to you. Please make sure you don't leave without them.

#### Diet

Your diet can enhance your wellness in many different ways. For this reason, and depending on your operation/procedure, you may need to see a dietitian after your surgery to discuss dietary options that will help you recover.

#### Fitness for work

When you can return to work depends on the type of work that you do and the type of surgery you've had. Ask your specialist before you leave hospital about when you might be fit for work. You will be given a medical certificate if needed.

#### Discharge summary

When you leave hospital you will be given a discharge summary. This includes information about your presenting problem, your operation/procedure and any follow-up required. Your GP also receives a copy of the summary. If you need to visit your GP or an after-hours doctor, please remember to take this discharge summary with you. If you need additional information than what is provided in the discharge summary, please contact your specialist rooms.

#### Discharge time

The recommended discharge time is **10am**. Discharge after this time may incur additional charges. If you have trouble organising for your discharge, please discuss this with your nurse.

#### At home

If you have had a general anaesthetic, we strongly advise that someone stays with you overnight. If this isn't possible, please let your specialist or our Customer Support team know prior to admission.

#### Travel home

To ensure your safety, there is strictly no driving within 24 hours of having a general anaesthetic. Therefore you probably won't be permitted to drive after your surgery. Please make sure you have arranged a way to travel home safely.

#### Discharge checklist

Before you leave hospital, it's important that you understand and/or have with you the following items:

- Discharge summary from your hospital
- Instructions for going home from your specialist
- Any medications or prescriptions to have filled
- Your own medications that you brought with you to hospital
- Personal belongings e.g. your mobile phone charger, your own pillows and any other items you brought with you, such as letters or reports, X-rays, or your Prescription Subsidy Card
- Any supplies or aids needed for your care at home

When you're ready, let your nurse or the charge nurse know that you are ready to leave.



# PATIENT information

## Ngā Taipitopito Tūroro

### AFTER YOU GET HOME

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Depending on the operation/procedure you had, you may experience certain sensations that include pain, nausea, sore throat, muscle pain, or a reduced ability to concentrate. These are often to be expected, and usually nothing to worry about.

**However, if you experience any serious problems, or you become severely unwell following discharge for example feverish, increasing pain or bleeding:**

✦ **Call 111 and take an ambulance to the closest public hospital**

**OR if the problem seems less serious:**

✦ **Call your specialist. If they aren't available, please contact your GP or visit your local Accident & Medical Clinic**

#### Follow-up check

You may be advised to go to your GP for a follow-up check one week after discharge, or to visit your specialist's clinic. Your specialist will let you know how to make this appointment. This allows your specialist to check your progress, provide you with any test results and give you the chance to ask any remaining questions.

#### Pain management

With regular pain relief you should be able to rest comfortably and carry out activities like walking, showering and physiotherapy exercises. If you find that the medications prescribed by your specialist aren't enough to manage your pain, please contact your GP or specialist.

#### Rest

Feeling tired, uncomfortable and vulnerable when you first go home after surgery is very normal. Plan to have some rest time in your bed, and let friends or whānau know not to disturb you for the first day or so - unless they're helping you with meals and other activities.

#### Looking after your operation site (wound)

All wounds go through several stages of healing, and you will be able to see these changes. It is normal to feel:

- ✦ Tingling, numbness and itching sensations
- ✦ A firm lump under the scar as new tissue forms (this can take six months or longer to resolve)
- ✦ Slight pulling around the stitches or clips as the wound heals

We recommend that you shower rather than bathe, unless your specialist or nurse advise otherwise.

If your wound becomes painful, red or swollen, starts to ooze pus/blood or clear fluid, or you get a fever, consult your family doctor or specialist straight away in case you have developed a wound infection.

If you have clips, staples or non-dissolving stitches in your wound when you go home, these usually need to be removed by your specialist/GP or as an outpatient 10-14 days after your operation. Dissolvable stitches are used under the skin and these can take some months to dissolve completely.

#### Your bowels

Changes in diet, activity and medications can lead to irregular bowel habits, but this usually goes back to normal with time. A well-balanced diet, including plenty of fluid and exercise is beneficial.

#### Activity

If you have been given specific instructions about activity from your specialist or physiotherapist please follow these closely to help your recovery. Otherwise, simply increase the amount of exercise you do gradually. For example you might decide to take a short walk two or three times a day and slowly increase the distance over a few weeks.

Many people find it easier to use a dining room chair to sit in rather than getting up from a low chair, especially if you have had abdominal or back surgery.

If a certain movement hurts, avoid it where possible until you get your strength back. Movements that cause discomfort can include bending and stretching, lifting heavy weights (including children), pulling and pushing (like vacuuming or lawn mowing).

#### Sexual relations

If you have been given specific instructions about sexual activity from your specialist, please follow these, otherwise there is no set rule about the time at which you can resume your usual sexual activity. If you experience pain or discomfort during sexual activity, we recommend that you wait a little longer. This is natural and will improve as you get stronger and fitter.

#### Driving

The time you can safely start driving depends largely on the type of operation/procedure you've had. The main concern is your ability to make an emergency stop. If your wound is not causing you any pain, then you're probably ready to drive.

You should **NOT** drive if you are taking strong pain relief that makes you drowsy or slows reaction times.

Please check with your car insurance company about your vehicle coverage following surgery.

#### Going back to work

It's important to feel well before you return to work or you could be affected by tiredness and reduced concentration. Talk to your specialist or GP if your recovery is taking longer than your specialist thought it would and/or the medical certificate you were given does not seem to be for long enough.

#### Support contact numbers

It's important that you feel informed and safe at all times. If you have any questions when you return home from hospital, please refer to your specialist first. If you are unable to contact your specialist in the first instance please contact your GP, or your local Accident & Medical Clinic.

#### For extra support:

- ✦ During the day you are more than welcome to call our General Line 09 623 5700 and ask for the ward and talk to the charge nurse
- ✦ After hours you may contact the duty manager on 027 488 1677.

# PATIENT information (overnight and day only admissions)

## Ngā Taipitopito Tūroro

### ADDITIONAL INFORMATION FOR DAY ONLY ADMISSION

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Mercy Hospital provides short-stay, day admission facilities:

#### Immediately after your procedure

After your return from the recovery room, you will stay for a minimum of one hour in one of our short stay rooms. This time may vary depending on your operation and your recovery requirements.

#### Going home

If your procedure is carried out under local anaesthetic, you will normally be able to leave the hospital shortly after your return from theatre. Prior to discharge, we will provide you with some light refreshments.

Someone will need to pick you up and someone should be at home with you for at least 24 hours after your procedure.

### YOUR ACCOUNT

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You will usually receive separate accounts from your specialist, your anaesthetist and MercyAscot.

MercyAscot hospital charges include accommodation, operating room fees, anaesthetic supplies, medication and medical supplies.

There may also be additional charges for X-rays, physiotherapy or laboratory services.

Personal expenses such as visitor meals will be charged to your account.

Your invoice will be emailed to you after discharge. All collection or legal costs incurred in recovering any debt will be charged to you.

#### Patients with insurance

**If you had prior approval from your insurer**, once you have received all the invoices relating to your surgery, you must complete a claim form and forward this with all your invoices to your health insurer.

After the hospital has received payment from your insurance company, MercyAscot will then forward you a statement showing any amount outstanding that has not been covered by your insurer and/or your shortfall payment made prior to admission.

**If you didn't have prior approval from your insurer**, you will have paid the total estimated hospital costs on or prior to admission. You will be invoiced for any additional costs approximately five working days after discharge, or notified of any refund.

#### Overseas patients

Overseas patients must contact Customer Support prior to admission to obtain an estimate of hospital costs. You are then required to pay the total estimated cost on admission. You will be invoiced for any additional costs approximately five working days after discharge, or notified of any refund.

#### ACC patients

Your hospital accounts will be paid directly by ACC. You are required to pay any personal expenses incurred - such as visitors meals after discharge.

You will also need to pay for any take-home medication when you're discharged.

#### Payment options

If you'd like to pay your account with us by internet banking, please contact our friendly Customer Support team on 09 623 6588 or [csmarcy@mercyascot.co.nz](mailto:csmarcy@mercyascot.co.nz).

If internet banking is done within 3 days prior to admission, you may be asked to provide proof of the transaction.

MercyAscot also accepts most credit cards, EFTPOS and cash (please check your daily card limits). All cash payments over \$10,000 must be accompanied by a government issued ID e.g. Drivers License or Passport.

### MERCY HOSPITAL SERVICES AND FACILITIES

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There is a wide range of services and facilities available within the Mercy Hospital buildings to assist you during your stay:

#### Pharmacy Services

Mercy Pharmacy is available for all your prescription needs, and also offers a small range of retail items.

#### Hours of business are:

Monday – Friday 9.00am - 4.30pm  
Saturday 9.00am - 12.00pm

**Phone:** 09 623 5703

#### Radiology

Mercy Radiology provides extensive services for inpatients. These charges are in addition to hospital costs.

#### Café

Tui Café is conveniently located beside our Pharmacy and offers a range of hot food, sandwiches, cakes and drinks. Free WiFi is also available.

For Monday – Friday business hours, please check our website.

We are closed Saturday, Sunday and public holidays.

#### Physiotherapy

Physiotherapy services are available and may be requested by your specialist to assist in your recovery. There is a separate charge for this service.

#### Other services

The following services are available on the Mercy Hospital site if you need to access them:

- ✦ Laboratory services
- ✦ Interpreter services are available if required and need to be arranged through your specialist's rooms prior to admission. *There is a charge for this service.*
- ✦ Pastoral Care services
- ✦ Dietitian services. *There is a charge for this service.*

# PATIENT information

## Ngā Taipitopito Tūroro

### WHERE TO FIND US AND PARKING

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Mercy Hospital is located at 98 Mountain Road, Epsom. The hospital is about 6 kilometres from Auckland city centre. The shopping area of Newmarket is a five-minute car journey from the hospital.

If arriving by car, please enter via the gate signposted Main Entrance on Mountain Road (near to Almorah Road). The Main Entrance has direct access to the car parking building. Please drive up the ramp to the first floor, where you will find the dedicated patient car parks. There is a 10 minute 'drop off zone' that allows patients to be dropped off easily and this space also includes disabled parking.

Mercy Hospital parking operates on a 'pay by plate' basis. On arrival please enter your vehicle's license plate into one of our payment terminals or through Mobile Parking App - Parkiwi. The first 30 minutes are free and apply only once plate details have been entered into a payment terminal. Parking time limits are in effect and parks are marked (P90, P180 and All Day Parking).

Visitors can follow signage through the carpark to the overbridge which leads to the new Reception. There are also green pedestrian pathways that give clear routes to and from Reception on foot.

### YOUR RIGHTS AND RESPONSIBILITIES

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MercyAscot is committed to meeting and exceeding the standards expressed in the Health & Disability Act and Code.

We encourage you to:

- ✦ Be actively involved in decisions about your care
- ✦ Respect the rights of other patients
- ✦ Comply with our no smoking policy

#### Privacy

MercyAscot complies with the Health Information Privacy Code. All personal information is protected by the Privacy Act 2020.

By law, we must retain your health information for 10 years. You have the right at any time to access, check and correct, or ask for a copy of, any health information about you held by MercyAscot. We will provide support for you, should you wish to review your health information.

### Patient satisfaction

We aim to provide excellent service and care and value feedback from patients. During your stay please pass on any comments or suggestions to improve the service and care you receive to your charge nurse or the duty manager after hours. They will listen to and address any concerns. Receiving information from patients can alert the team to problems that may not have previously been identified.

Following your stay we will invite you to complete a Patient Satisfaction Survey which will be sent to you after you have been discharged. We would appreciate you completing the survey and returning it to us so we can understand and measure the service we provide.

If you would like to escalate any compliments, comments or suggestions, or you wish to inform us of a concern in writing, please address your feedback via letter or email\* to our CEO, Dr Ian England who will:

- ✦ Congratulate any staff member or team for providing outstanding service, or
- ✦ Discuss a problem with you confidentially
- ✦ Give you more information about your rights as a patient
- ✦ Fully investigate a complaint and provide you with a written response outlining the findings and improvements.

\*Please post your letter to MercyAscot, Private Bag 28905, Remuera, Auckland 1541 or email CEOfeedback@mercyascot.co.nz

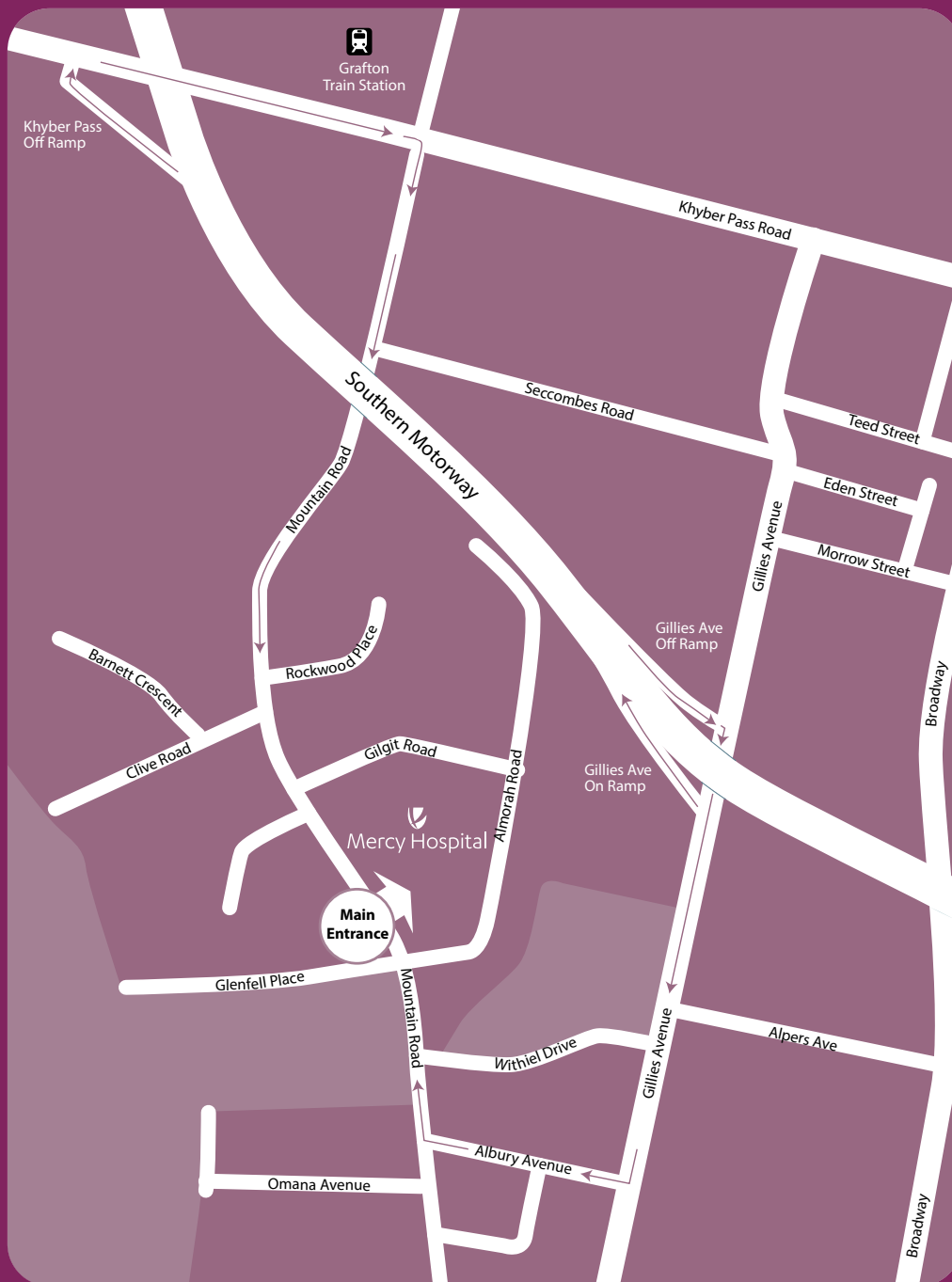
### Advocacy

Access to the Health and Disability Consumer Advocacy Service, a free and confidential service, is available by calling 0800 555 050, faxing 0800 2787 7678 or emailing advocacy@advocacy.org.nz

# Mercy Hospital

Where to find us and parking

Ko whea mātau me ngā tūnga waka



## MercyAscot **MERCY HOSPITAL**

98 Mountain Road, Epsom, Auckland 1023

### How to contact us

- + General 09 623 6588
- + Customer Support (Estimates) 09 623 6588
- + Mercy Pharmacy 09 623 5703
- + Direct Dial to Patient Rooms 09 623 6833 followed by the room's extension number

DETACH HERE

### PATIENT DETAILS

Legal Name:  Date of Birth:  /  /

Date of Admission:  /  /  Time:  NHI No.:

Referring Consultant:

ACC Contract  ACC Non-Contract Specialist Lead Provider  Specialist Contract, Non-Contract MercyAscot Lead Provider

### CONSULTANT TO COMPLETE

Diagnosis:

Planned Operation/Procedure:

Proposed Date of Surgery:  /  /  Operation Length:  Length of Stay:

Body Side: Left  Right  Inpatient:  Day Case:

I have explained to  the benefits and risks of the above planned operation/procedure.

Specialist's Name:  Signature:  Date:  /  /

### PATIENT TO COMPLETE

I agree that I have received a reasonable explanation of the intent, alternatives, risks and likely outcomes of the operation/procedure of  to the  side of my body. In the event that something unexpected is found during surgery, I authorise the specialist to act in my best interest.

I agree to the collecting of personal and health information from myself or my representative and authorise use of this information for purposes related to my health care.

In the event of a staff member receiving a 'needle stick injury' or other 'blood accident' from instrumentation used during my operation/ procedure/hospital stay, I consent to a blood sample being drawn from myself and tested for HIV (the AIDS virus), Hepatitis B, Hepatitis C and any other blood test deemed necessary by my doctor. I understand I will be informed of such testing and the results if I request them.

Patient/Guardian Signature:  Date:  /  /

(Please circle one).

### STAT MEDICATION ORDERS ON ADMISSION

Date	Drug	Dose	Route	Time	Authorised By	Given By	Time

Other preparations required (e.g. TEDs/SCDs), please specify:

### INVESTIGATION REQUIRED

Please tick either: A = Prior to Admission, B = On Admission, C = Not Required

Electrolytes	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Coag Screen	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	MSU	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ordered at Labtests	<input type="checkbox"/>
Routine Haematology	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Group & Ab Screen	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	ECG	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Ordered at other lab	<input type="checkbox"/>
Urea & Creatinine	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Cross match ___units	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	X-rays (state)	<input type="text"/>		
(Other) _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	(Other) _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				

PLEASE RETURN THIS FORM **AT LEAST ONE WEEK** PRIOR TO YOUR OPERATION/PROCEDURE DATE  
([csmercy@mercyascot.co.nz](mailto:csmercy@mercyascot.co.nz) or SEE PAGE 12 OF PATIENT INFORMATION BOOKLET)