

Going to Hospital?

Te tuku atu ki te Hohipera

Knowing what to expect when you go into hospital and how to prepare in advance may help you.

The information in this booklet should answer some of your questions.

Piki mai! Kake mai ra! Nau mai ki te karanga o te ra. E nga karanga maha! E koro ma! E kui ma! Tēna ra koutou i roto i nga ahuatanga o te wa.

Koutou mā e mate mauwi ana, mēna kua tukua e koutou ki te Hohipera, ahakoa te kī, kāhore te Hohipera he wāhi noho pai ai, anei he pukapuka whakamāramatanga, hei ārahi, kia ora ai to nohonga. Ma koutou hai titiro, ahakoa kei roto i te reo tauwi ngā kupu.

Na reira ngā manākitanga o te runga rawa ki a koutou kātoa kia whakapiki ora ai ou mauwitanga.



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

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Introduction

This *Going to Hospital* booklet has been produced by the Health and Disability Commissioner with input from District Health Boards (DHBs) and community organisations.

The booklet is for people who are unfamiliar with public hospital services and want to learn more about what to expect as a patient. This booklet is a general guide on what to expect and how to prepare in advance of an admission to hospital. Information in this booklet is not legal advice.

At the end of the booklet you will find a list of definitions and explanations of key words in the booklet (glossary of words). These words are found in **bold** throughout the booklet.

There may be differences in processes from one hospital to the next, as each hospital does things in their own way to support their community. If you have any specific questions, we suggest you contact your local hospital directly.

There may also be differences caused by situations that affect the demand for hospital services, for example the COVID-19 pandemic. However, if it is an emergency situation, you should still go to the hospital.

The hospital will ensure that you are kept as safe as possible, by keeping to careful rules about hygiene, and other changes as necessary in the situation. Throughout this time, the hospital should continue to communicate with you about any changes.

Remember:

Whenever you use a health or disability service in New Zealand, you are protected by the Code of Health and Disability Services Consumers' Rights (the Code of Rights). A copy of the Code of Rights can be found at this link: <https://www.hdc.org.nz/your-rights/the-code-and-your-rights/>

If you are unhappy with a service you have received you can raise your concerns with the Nationwide Health and Disability Advocacy Service or with the Health and Disability Commissioner. Contact details for both organisations are on the back cover of this booklet.

Why might you go to hospital?

1. For a medical emergency or accident;
2. For a planned admission for inpatient care, e.g. for **elective** surgery;
3. For a planned day clinic or a visit to a **specialist**.

Support needs:

If you require support when you go to hospital, you are entitled to have your support needs met. Support needs may include:

- Access to a New Zealand Sign Language interpreter if you are Deaf or hearing impaired.
- Mobility support to transfer in and out of a wheelchair or to move around and access hospital services.
- Any dietary requirements you may have.
- If you have to make a decision and it's better for it to be written down, you can ask for it in writing.
- If you prefer female health specialists and support staff this can be requested.

What to think about before you go to hospital

Anybody can become unwell and be taken to hospital at short notice. There are a number of things you can do to prepare in case this happens to you. It is a good idea to have some items available to make this easier. Such items include:

- A bag packed with the basics for a hospital stay, including toiletries and a change of clothes.
- A **Health Passport**: In your Health Passport you can record any information that would help medical personnel to look after you. Included in your Health Passport is information about contact details for next of kin, and **Enduring Power of Attorney (EPOA)** details; things personal to you: for example, your support needs to keep you safe and comfortable; a current list of the medications you are taking and any allergies you may have.
- A **Life Tube**: Life Tubes are available from your local Age Concern branch. It is recommended that your Life Tube is kept in your fridge with a red sticker on the outside saying "Life Tube". Police, fire, and ambulance services are trained to look for Life Tubes. This means that if in an emergency you are unable to communicate, they will have the necessary information in the Life Tube to take with you to the hospital.

For a planned admission, each hospital will have suggestions on things you should bring with you. You should leave valuable items, such as passports, jewellery, and large amounts of money at home.

Some items you may wish to bring include the following:

- Aids such as a walker, wheelchair, walking stick, eyeglasses, and hearing aids (and spare batteries);
- Pads and incontinence products if you use these;
- Phone, charger, and phone numbers of family members or friends you may want to contact;
- A book or magazine.

While at the hospital

You will be given information about why you are in hospital and you will be asked to make decisions about your care and treatment. Hospital staff may ask you a lot of questions. This is so they can understand what is happening to you and can plan and deliver any treatment you may need.

Before any actions are taken by the hospital, you need to **consent** to the use of the information you give and the recommended treatment. Sometimes you can make decisions about your care and treatment in advance, and you will be asked to fill out forms for these decisions. For example, you can fill out a form about **resuscitation**.

For consent to be valid it must be voluntary and informed, and the person consenting must have the **capacity** to make the decision. All the information should be provided to you in a way you can understand, and you should be able to make a decision without pressure from others.

Consent can be given verbally - e.g. a person saying they're happy to have a blood test; in writing - e.g. signing a consent form for surgery; Non-verbally - e.g. a person stepping onto the scales to be weighed.

Sometimes the consent must be in writing. For example, if you will be under general **anaesthetic**. Even if you do give consent, you can change your mind at any time. There may be situations where you cannot give consent at the time of needing help. For example, if you are brought into the hospital while unconscious and you need urgent care, you will not be able to provide consent at the time. If you do not have the capacity and you are unable to consent to treatment at the time, then the doctor, your **EPOA**, or a family member may be able to make the decision for you.

Remember:

- You can have someone you trust help you to make decisions.
- Your information will be shared with others only when it is necessary and relevant for the care and treatment you are receiving.
- Sometimes hospitals will be training student doctors, nurses and other healthcare professionals. You have a right to decide if you are happy for these students to be involved in your care and treatment.
- You do not have to agree to have treatment, and even if you do, you can change your mind.

Hospital admissions

Going into hospital is called “being admitted” or an “**admission**”. You may be admitted into hospital only for the day, overnight, or longer. When you are admitted to the hospital you will receive **inpatient** care.

If your admission is planned, then your GP or a **specialist** doctor will send a **referral** to the hospital. The hospital will contact you to plan a date for you to meet with the **specialist** and the admissions team. The admissions team will organise your stay in hospital and may want to meet with you before your admission.

Before you are admitted, the hospital may ask you to do the following:

- Attend a number of appointments before admission;
- Fill in some forms and have X-rays or blood or urine tests;
- Follow instructions, such as not to eat or drink for a certain time before admission or to shower before arriving at the hospital.

When you arrive the admissions team will confirm your name, age, weight, and other essential information. You will be given a wrist band that will be used to identify you while you are in hospital. This wrist band includes important information about you, such as your name, date of birth, address, and your **National Health Index (NHI) number**.

During your hospital stay, you will be looked after by a team of **healthcare professionals** who will work together to plan and provide your treatment and care. You may be seen by a number of different professionals at different times, depending on the treatment you need.

Remember:

- If you take medication it is important not to change anything with your medication unless you are told to by the doctor.
- You need to make sure that hospital staff communicate with you in a way that you can understand. If you have specific needs, tell them as soon as possible so that the meetings are effective for you and them.
- In most instances you are entitled to bring a support person (this can also be a family member or friend) to hospital with you.

Day clinics and specialist services

These are planned services provided by the hospital, and are called outpatient clinics or services. You may attend as an **outpatient**. These clinics may occur before and/or after your hospital admissions or surgery.

You would normally be referred to a clinic or specialist service by a health professional in your community, such as your GP. You can also be referred by people in other parts of the hospital, such as the Emergency Department. Once the clinic or specialist service has your **referral**, you will be contacted to schedule an appointment.

Not every hospital will offer the full range of specialist clinics so sometimes you may have to travel to another hospital for a particular service.

Surgery

Having **surgery** is sometimes called an **operation**. When you have surgery, you will meet with an **anaesthetist**, who specialises in helping you through surgery. The anaesthetist will ensure that you have the right medication to sleep (a general anaesthetic) or to feel no pain during the surgery if you are awake (a local anaesthetic).

On the day of surgery:

- You may be told not to eat or drink from a set time.
- You may be asked to change into a hospital gown and to remove objects such as glasses, contact lenses, hearing aids, or dentures.
- While you are still awake, a needle with an intravenous line (tube) may be inserted into your arm. This is so that fluids and medication can be given to you.
- When it is time for surgery, someone will either walk with you, push you in a wheelchair, or take you on your bed to the operating room, where you will move onto the operating table.

After surgery, you will be moved to either your hospital room, or the recovery room, where nurses will be monitoring you to make sure you are okay and recovering well.

Remember:

- You will meet a lot of people, and there will be forms to complete. Make sure you read them and know what you are agreeing to.
- You have the right to be supported in understanding and completing the forms.
- You should ask for help if you are unsure.

Emergency Department and unplanned admissions

If you have had an accident or become seriously unwell very quickly, it is very likely you will enter hospital through the Emergency Department.

You may arrive by ambulance or be taken there by a friend or relative.

When you arrive at the Emergency Department, a nurse will meet with you and **triage** you. If you are critically ill or injured, you may see a doctor first instead of a nurse.

The Emergency Department area can be very busy and noisy, with alarms going off. You may be attached to machines to run tests and monitor your **vital signs**. Depending on how unwell you are and how busy the department is, you may have to wait some time.

Once a doctor has examined (checked) you, there are three possibilities:

- You may be treated and then **discharged** so you can leave the hospital;
- You may be sent to the **Outpatient clinic** for further assessment, monitoring, or tests;
- You may be **admitted** to a ward for further treatment.

Remember

- Getting admitted to the hospital may take some time. You may also be moved to different places in the hospital, depending on your needs and when a bed is available.
- Hospital staff will do their best to keep you, and people important to you, informed about what is happening.

Discharge from hospital

When you are assessed as ready to leave the hospital (to be **discharged**), staff will talk to you about what needs to happen.

It is important that you understand what you need to do next:

- You may need help to recover at home;
- You may need to have further treatment through an outpatient clinic, or a follow-up with your GP;
- You may need changes to your medication;
- You may have exercises to do to help your recovery.

All of this will be discussed with you by the hospital staff, and will be arranged before you leave the hospital.

Remember:

Before you leave the hospital, it is important that you:

- Have arranged to have any mobility equipment you need and your transport home;
- Make sure you have a plan for getting any medications or prescriptions you need;
- Take all of your belongings with you, including your Health Passport if you have one (see the “What to think about before you go to hospital” section above for more information on this);
- Know what to do if you become unwell again.

Frequently asked questions

What if I don't understand the information given to me?

Don't be afraid to ask if you don't understand. Ask your nurse or doctor to explain the information in a different way or to write it down for you. You can also take a support person with you to help you to understand the information.

What if I have a special diet or can eat only certain foods?

Let your nurse know about any particular food requirements and a meal can be ordered for you.

I have questions about my medications.

Ask your nurse, doctor, or pharmacist to explain your medications to you, including any side effects, particularly if your medications are different to what you normally take.

I have difficulty getting to my clinic and GP appointments.

A hospital Social Worker may be able to support you with transport options. Ask your nurse to refer you to the hospital Social Worker.

I need to have support when I go home.

Ask your nurse to refer you to the hospital Social Worker, who can arrange for you to have a needs assessment.

Is there mobility parking?

All hospitals have mobility parking. The location and cost of the mobility carpark may be different at each hospital. Ask the hospital for information about their mobility parks.

When can my family visit?

Visiting hours and numbers of visitors may be different at each hospital and each area in the hospital. Most hospitals have information about visitors on their website, or you can ask the hospital for this information.

Do I have to pay?

If you are a New Zealand citizen or permanent resident, then most services are free or are subsidised. If you are not a New Zealand citizen or permanent resident, then you will have to pay for your care. You will be sent an invoice from the hospital for any costs.

Can I get an interpreter?

If necessary and practical to do so, you can have an interpreter at any appointment you have. Sometimes it can be hard to get interpreters at short notice, so there is also the option of using a video interpreting service. Hospital staff are responsible for booking interpreters, but make sure that you ask for one.

What do I do if I am not happy with the health service?

Sometimes a person may not get the service they were expecting. As soon as you can, you need to raise this with the person supporting you, or the duty nurse. If you don't feel comfortable in doing this, ask to see a social worker so that you can talk through the matter with them and decide how to raise your concerns.

If you are unhappy with the response, each hospital will have a complaints procedure. If you want support to access the complaints procedure, you should ask. Usually there is information on the website and at the hospital.

If you are unhappy with the service, the Nationwide Health and Disability Advocacy Service can help you to resolve your concerns.

If you would like to make a complaint about a health or disability service, you can also contact the office of the Health and Disability Commissioner.

The contact details for both organisations can be found on the back of this booklet.

Te reo translations

You may hear some of the words listed below being used when you are in a consultation with a healthcare professional. If you don't understand the meaning of any words that are being used, ask your healthcare professional.

Co-morbidity	<i>Mate tiwhatiwha</i>
Cancer	<i>Mate pukupuku</i>
Diagnosis	<i>Whakataunga</i>
Dizziness	<i>Ninihi</i>
Elderly inpatient	<i>Pakeke</i>
Fever	<i>Kirika</i>
Gout	<i>Porohau</i>
Hernia growth	<i>Whatirama, whaturama</i>
Inflammation of mucous membranes	<i>Marupo</i>
Patient, inpatient	<i>Turoro</i>
Prognosis	<i>Waitohunga</i>
Perspiration	<i>Kakawa</i>
Referral	<i>Tukunga</i>
Swelling	<i>Pupuhi</i>
Swollen	<i>Matakoma</i>
Tumour	<i>Puku</i>
A wrinkle	<i>Pori</i>

Glossary of words

All of the words listed below are found in this document. They are in **bold** print throughout the document.

Word	Definition
Admission	A process where a person is entered into the hospital system because they are being treated and they may have a procedure. The person may be admitted for a number of hours, overnight or longer.
Anaesthetist	A medical specialist who administers anaesthetics (local or general). Anaesthetics are medications that can put you to sleep and stop you from feeling pain during surgery. Anaesthetists look after you while you are in surgery.
Capacity	This means that the person has the ability to understand any important information given to them and they can use this information to make an informed decision.
Consent (informed and voluntary)	<p>Informed means that you have been told all the information you need to know, in a way that you can understand, to be able to make a decision about whether you want to receive that treatment and care.</p> <p>Voluntary means that you have been given the choice to make the decision and you have not been pressured by someone else to make a particular decision.</p>
Discharge	This means that you no longer need to stay in the hospital to get treatment or care. This does not always mean that you are fully healed or recovered, and you may still need other support once you have left the hospital.
Elective	This is a procedure that is not needed urgently. You may have more choice about if and when you want this procedure to happen.

Enduring Power of Attorney (EPOA for personal care and welfare)	This is a legal document that tells the hospital a certain person can make certain decisions on your behalf when you are unable to make those decisions yourself because of illness or injury. Decisions could include treatments you do or don't want to be given, or places you would prefer to receive services (such as at home or at hospital).
Healthcare professional	This is a person who provides advice and treatment for your care. Healthcare professionals have experience and training in health services. Some examples include doctors, nurses, dentists, and pharmacists.
Health Passport	<p>This is a booklet that you carry with you when you visit health and disability services. It has information about how you want people to communicate with you and support you when you use health or disability services.</p> <p>This booklet is free and is available from the Health and Disability Commissioner. You can also download it for free at https://www.hdc.org.nz/disability/health-passport/. Some hospitals may have copies available for you to have.</p>
Inpatient	This is a person who has been admitted to a hospital for treatment or a procedure.
Life Tube	This is a small plastic container that is kept in the fridge (with a red sticker on the outside of the fridge door saying "Life Tube"). The Life Tube contains a simple document listing your medications, your doctor's name and address, your next of kin, and other such details.
National Health Index Number	<p>This is a number every person gets when they are born or when they first use a health or disability service in New Zealand.</p> <p>It is linked to your medical information and is used in planning your care. It includes information such as your name, address, date of birth, sex, and ethnicity.</p>
Outpatient	This is a person who attends a hospital for treatment or a procedure, but is not admitted to the hospital.

Referral	This happens when your doctor decides that you need to be seen by another medical practitioner such as a specialist. Your doctor will make a request to the medical practitioner, who will contact you to arrange a time to meet.
Resuscitate	Resuscitation is the process of reviving a person whose heart or breathing has stopped and they are unconscious. There are forms (which are legal documents) that can be completed which contains the future wishes of a patient (which can be written or given verbally) that shows the circumstances in which the person does not want to have life-saving measures taken, should it be required, and the life-saving measures they wish to receive (if any).
Specialist	A specialist is a medical practitioner who practises in one area and has had a lot of training in that particular area of medicine. You may be referred to a specialist by your GP.
Surgery/Operation	This is a type of treatment where the person's body is cut into and parts of the body are removed or repaired. Surgery involves an anaesthetist.
Triage	This is an assessment of how unwell someone is and how urgent it is for them to receive treatment compared to other people who are waiting.
Vital signs	These are measurements taken to understand how unwell a person is. This includes testing a person's pulse rate, temperature, breathing rate, and blood pressure.

Useful contacts

Age Concern: <https://www.ageconcern.org.nz/> | 04 801 9338 (national office) | national.office@ageconcern.org.nz

District Health Boards websites: <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/district-health-board-websites>

Health and Disability Commissioner: <https://www.hdc.org.nz/> | 0800 11 22 33 | hdc@hdc.org.nz

Health Navigator New Zealand (information on chronic conditions, medications, and support groups): <https://www.healthnavigator.org.nz/>

Ministry of Health: <https://www.health.govt.nz/> | 0800 611 116 (Healthline)

Ministry for Pacific Peoples: <https://www.mpia.govt.nz/> | 04 473 4493

Nationwide Health and Disability Advocacy Service: <https://advocacy.org.nz/> | 0800 555 050 | advocacy@advocacy.org.nz

New Zealand Federation Disability Information Centres website: www.nzfdic.org.nz

New Zealand Video Interpreting Service: <https://nzvis.co.nz/>

For further information about your rights when accessing health or disability services, please contact:

The Nationwide Health & Disability Advocacy Service

Free Phone: 0800 555 050

Email: advocacy@hdc.org.nz

Website: www.advocacy.org.nz

The Health and Disability Commissioner

**Postal Address: PO BOX 1791,
Auckland, 1140**

Auckland: (09) 373 1060

Wellington: (04) 494 7900

National Freephone: 0800 11 22 33

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