

Patient Online Pre-Admissions Portal Instructions

18th April 2016

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1.0	18/04/16	Healthecare PMO	Instruction document		



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1 Overview

Healthe Care Australia has now designed a tool that will enable patients to logon to our website and complete the Pre-Admission form that you are required to fill in, when attending for a Hospital Visit – ie Surgery.

From April 2016 Gosford Private will be transitioning from the existing paper based pre-admission forms to an electronic online process – an easier and far more convenient way for patients to provide their personal and medical details to us in advance of their admission date.

This instruction document describes the basic flow of steps you can follow in order to complete the Pre-Admission Online Form for your upcoming Gosford Private admission.

2 Patient Online Pre-Admissions Form Step by Step Instructions

2.1 New Account Registration and Logon

1. Go to Internet Explorer and enter in Gosford Private website address: www.gosfordprivate.com.au

A littp://www.gosfordprivate.com.au/	<u>م</u> - ۵	් 🥖 Gosford Private Hospital	Sosford Private	× 🧟 Not Found Gosford Private	×
🙀 🔏 RosterOn - Automated St 🐌 Suggested Sites 🔻 💥 Dashboard - LOTI (2) 💥 Dashb	ooard - LOTI 🔋 iiNet Web	mail - Email Acc 📄 Web Slice Galle	ery 🔻		
<u>Gosford</u> Private Hospital		f	Logon 👻 Search Gosford	Private Q Phone: 02 4324 7111	^
Gosford Private Hospital is private facility on the NSW Coast. We have been provi comprehensive range of qu healthcare services to the C Coast community since 198	About Us Patients the largest Central ding a lality Central 80.	Visitors Services Find a Speci	alist For Health Professionals	News Contact	
Welcome	Gosford Heart	Centre L	atest News		
Gosford Private Hospital has nine operating	This premier cardiac ser	vice brings together the	1 / In the media - Healthe Car Medical	re's Sale to Luye	()) 9:16 PM 18/04/2016

2. On the main Gosford Private website you will see a "Online Portal" link – click on this link to begin the process.



3. In order to commence the Online Pre-Admission process you will need to register yourself with a new user account.

New User

- a. If this is your first time entering the Online Pre-Admission Portal and you do not have a user account, you will need to complete the left hand side of the screen below, including:
 - i. First Name

- ii. Last Name
- iii. Email address
- iv. Re-enter your email address
- v. Create a password (Noting the password must contain alpha, numeric and a capital characters)
- vi. Select your gender
- vii. Enter your date of birth
- b. Then once you have entered your base account details, click on the 'Register' button.



Already Registered

- c. If you have already registered and have an user account then simply enter your details on the right hand side of the screen above. This will include:
 - i. Email address
 - ii. Password if you have forgotten your password click on the 'forgot your password' link and follow the prompts and instructions.
- d. Then once you have entered your login details, click on the 'Login' button.

4. When you are registering for the first time, once you have clicked on 'Register' you will need to agree to the 'Privacy Statement' by Checking the check box, click Register.

Consent for Collec	tion of Health Information	×
Primarily, your personal is services whilst under our treating team. Where nec care providers, such as y disclosure may be by tele	nformation is collected by us to ensure you receive quality health care. This information may need to be shared with members of your essary, your personal information may be disclosed to other health our GP, home service provider or district health nurse. Such phone, fax or email.	
	I agree, I acknowledge and understand this agreemen	st

5. You will now receive an email message that will allow you to confirm your registration. Please access your personal email account from your computer to verify a confirmation email has been received.

The email message should look as follows:

Dear XXXX,

Thank you for registering for the Healthe Portal to complete your online pre-admission. To activate your new account and to proceed to online pre-admission, please click the link below. Activate Account

Kind Regards, Your Healthe Portal Online Admissions Team

- 6. In order to activate your new account and proceed with completing the Online Pre-Admission, click on the blue 'Activate Account' link in your email confirmation message.
- You should automatically be taken back to the Online Pre-Admission Login page. This time you simply need to complete the right side of the Login screen – and enter your
 - a. Email address
 - b. Password

health C .care	Gosford Private Hospital
	Welcome to Healthe Care's Your Healthe Portal • Complete, edit & manage pre-admission forms • Send pre-admission forms securely • Auto complete for family members
New user? Register here	Already registered? Login here
First name	Email
	Enter email
Last name	Password
	Password
Email	Forgot your password?

2.2 Completing a New Online Pre-Admission Form

- 1. Once you have logged into the system, you are now at a point where you can create your Online Pre-Admission for your upcoming admission to the Hospital.
- 2. To begin, you must complete your "Your Profile" which contains 3 pages:
 - a. **Page 1: Patient details** such as name, address, contact details, demographic,
 - b. **Page 2: Next of Kin details** such as dependents, family contacts, power of attorney
 - c. Page 3: Medicare details medicare and concession card details
- 3. Below is a sample of the 'Your Profile' pages that you will need to complete:

Page 1:

health C .car	re			Gosford	Private H	ospital
Your Healthe Portal	My Profile +	My Forms	Sign Out			
When your pro	Please review	w your profile Cl e you can cre	e and check ick to see n eate a new j	that all required fields hissing information. breadmission form to en	have been entered. nter the details of your hosp	ital visit.
Patient Details						* Fields Required
	Title	*				V
	Surname	*				
Fi	rst Given Name	*				
Se	cond Given Nan	ne				
	Preferred Nan	ne				
F	Previous Surnan (if applicab	le)				
Address						
Resi	dential Address	*				
	Suburb	*				
	State	*				
	Post code	*				
ls your postal address resid	the same as yo lential address?	ur 🔿 No	⊖ Yes			
Contact Methods						
	Home Phone	*				
	Mobile Phone I	No				
	Work Phone I	No				
	Email Addre	\$\$				
Birth Details						
	Gender	*				V
	Date of Birth	*		~		V
Is this an estima	ated Date of birt	h?	⊖ Yes			
Demographics						
	Occupati	on				
	Martial status	*				v
	Religion					
Are you an Aust	tralian resident?	*				
In	digenous Origir	•				
Language	Spoken at Home	*				✓
Do you require	e an interpreter?	* O No	⊖ Yes			
Preferred Langua	age for interpre	ter				
					Save & Continue	Save & Exit

Page 2:				
healthe.car	Gosford Private Hospital			
Your Healthe Portal	My Profile -	My Forms	Sign Out	
When your pro	Please reviev file is complete	v your profile Cl you can cre	and check t ick to see mi ate a new p	hat all required fields have been entered. ssing information. readmission form to enter the details of your hospital visit.
Next of Kin				* Fields Required
	Full Name	*		
	Relationship	*		V
Click to Copy R	Addres esidental Address	*		
	Suburb	*		
	State	*		
	Post Code	*		
	Phor	ie		
	Mobi	le		
	Ema	il		
Person to Notify				
	Full Nam	ie		
Click	Relationsh	in ip		
	Addres	s		
Click to Copy	Residental Addre	55		
	Subu	tb		
	Sta	te		
	Post Coo			
	Mobi	le		
	Ema	iil 🗌		
Enduring Power of Attorn	iey			
Enduring Power of At	torney Full Nan	ie		
	Phone N	lo		
		If you have ar	enduring pow	ver of attorney please bring your documents with you to hospital.
Does ti	his person have	:		
Power of	Attorney Medic	al 🔾 No	⊖ Yes	
Power of A	ttorney Financi	al O No	⊖ Yes	
Enduri	ing Guardiansh	ip ⊖ No	⊖ Yes	
				Save & Continue Save & Exit

Page 3:

health C .care				Go	sford	Private	Hospita	
Your Healthe Portal My	y Profile - My	Forms	Sign Out					
Medicare Card Details							* Fields Requi	red
Medi Position on M	icare Number ledicare Card Expiry	Name F Month	Position on Card	Year	V			
Concession Card Details								
Con	cession Card Expiry	Month	V	Year	V			
He	ealthcare Card Expiry	Month	V	Year	V			
	Pension Card Expiry	Month		Year	V			
	Safety Net Card Expiry	Mont	th 🔽	Year	Y			
	Veteran Affairs Expiry	Mor	nth 💌	Year	V			
						Save & Continue	Save & Exit	

- 4. Once all 3 pages of your profile have been completed when you press save and continue, the Portal will confirm that you have completed all mandatory fields. If some fields are not complete, it will highlight to you.
- 5. Once the Profile is completed successfully, the following screen will be displayed, allowing you to commence entry of your new Online Pre-Admission form. Click on the 'Start New Pre-Admission Form' button, highlighted below:

ł	nealth C .car	re		Go	sford Private	e Hospital	
	Your Healthe Portal	My Profile +	My Forms	Sign Out			
	My information Yo En Ed My online pre-admissio	our name shows nail address her lit My Profile On forms	here e				
	Reference Admission Dat	te Admi	ssion Diagnos	is	Status	Last Updated	Action
			You current	y have no pre	vious online admis	sion forms.	
		Sta	rt New Pre-Adr	mission Form	Sig	n Out	

6. The first page of the new Pre-Admission form will be displayed, please complete as accurately as possible all the required questions, and click save and continue. Refer below sample of page 1 of the pre-admission form:

health e .car	re			Gosfo	rd Private	Hospital		
Your Healthe Portal	My Profile -	My Forms	Sign Out					
Recent Admission Detail	ls							
Have you be	en admitted to t	his hospital p	reviously? *	⊖ No ⊖ Yes				
Have you / will you be in	ANY hospital ir	n the previous to this a	7 days prior dmission? *	⊖ No ⊖ Yes				
Have you / will you be in A	ANY hospital in	the previous 2 to this a	28 days prior admission? *	⊖ No ⊖ Yes				
	Any related a	dmissions pri	ior to that? *	🔿 No 🔿 Yes				
Method of Payment								
	How wi	II your accour	nt be paid? *			~		
Will the patient be n	esponsible for '	out of pocket	amounts'? *	🔿 No 🔿 Yes				
General Practitioner Det	ails							
Can we notify you	ır GP of your ad	mission and o	discharge? *	⊖ No ⊖ Yes				
			Your GP *					
		Your GP	's Practice *					
Referring Doctor								
Was the refe	erring doctor yo	our General Pr	actitioner? *	🔿 No 🔿 Yes				
Admission Details								
		Admit	ting Doctor *					
	E	xpected Admi	ssion Date *	Select Date		V		
	Do you expect	to be staying	overnight? *	⊖ No ⊖ Yes				
		Preferred Acc	omodation *			V		
				Please Note: Private room to accommodate your pre	ns may attract extra charges. Wh ference, it may not be available o	ilst every effort will be made n the day.		
	Procedur	e/Reason for	Admission *					
					Save & Continue	Save & Sign Out		

7. As you complete the first page of the new Pre-Admission form, you will be directed to other pages and questions that need to be completed. Please follow the prompts and continue through to the last page, clicking 'Save and Continue' as you go through.

ł	nealth e .car	re			Gos	ford	Priva	ate	Но	spital	
	Your Healthe Portal My Profile - My Forms Sign Out										
	Admission details incomplete click to view details.										
	« Admis	ssion History(1)	History(2)	History(3)	History(4)	History(5)	History(6)	Discharge	Consent	*	

8. As each page / questions are completed each page will be shaded in green letting you know that you have completed that relevant page / section.

healthcc	are								3
			Gos	sford	Priv	ate I	Hospital		
Your Healthe Porta	My Profile +	My Forms							
	Admission details incomplete click to view details.								
· Ac	mission History(1	History(2)	History(3)	History(4)	History(5)	History(6)	Discharge	Consent	3

9. The final step is to ensure you complete the consent page. Once submitted this will send notification to the Hospital of your Online Pre-Admission form which will allow the Hospital Administration staff to prepare for your upcoming admission.

 Admission History(1) History(2) History(3) History(4) History(5) History(6) Discharge Co 	insent 🔹
Hospital Information *	Fields Required
By ticking the following boxes I acknowledge that I have read and understood the information conta in the following.	ined
☑ Hospital booklet	
Private Patient's Hospital Charter	
Your right to privacy under the Privacy Act.	
By ticking below I acknowledge that I have read, understood and agreed to the following conditions admission.	of
Informed Financial Consent	
Payment Information	
Healthe Care feels it is important that you understand your rights and responsibilities and how to m complaint should you need to. Our rights and responsibilies and compliments / complaint brochure available on the internet and at the reception at the hospital.	ake a Is
To the best of my knowledge, the answers I have provided in these online Pre- Admission forms are true and correct.	
I have read and understand my rights and responsibilies and how to make a	

Pre-Admission Complete ×	
Thank you	
Your online pre-admission details have now been sent to Gosford Private Hospital.	
Thank you for completing your pre-admission form for Gosford Private Hospital online. You will shortly receive a confirmation email. Please retain this email for your records.	
Our team will contact you to confirm your admission details at least 5 working days prior to your admission date.	
If your admission is within the next 24 hours you can expect to hear from us within the next 8 working hours.	
Kind Regards	
Your Healthe Portal Online Admissions Team	
healthe.care	
Home Page Sign Out	