Quality Innovation Performance

NSQHS CHECKLIST

Advisory AS18/10: Informed Financial Consent

Action 2.4 of the National Safety and Quality in Health Service (NSQHS) Standards. requires health service organisations to ensure that its informed consent processes comply with legislation and best practice.

This action is also inclusive of informed financial consent, being the provision of cost information to patients by all relevant service providers, preferably in writing, prior to admission to hospital or treatment. The Australian Commission on Safety and Quality in Health Care (the Commission) notes informed consent cannot be sought or obtained in certain circumstances, including for some patients admitted from an emergency department.

To clarify requirements relating to informed financial consent, the Commission has released Advisory AS18/10. As part of this Advisory, the Commission has outlined a number of requirements health service organisations, treating patients accessing private health insurance funding, must provide to patients in writing.

The information contained within the checklist on the following page has been extracted from the Commission's Advisory AS18/10.

The full Advisory, AS18/10: Informed Financial Consent, can be downloaded from the Commission's website (www.safetyandquality.gov.au). QIP recommends that you read this Advisory in full to ensure your health service complies with the relevant requirements.

The Commission has also developed an example of an 'Informed financial consent form' which health services may like to customise to meet their organisation needs. This can be viewed as Attachment 1 within the Advisory AS18/10: Informed financial consent document.

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ADVISORY AS18/10: INFORMED FINANCIAL CONSENT

NSQHS CHECKLIST

Advisory AS18/10 requirements checklist

Health service organisations, treating patients accessing private health insurance funding, must provide to patients in writing, inclusive of:

- [ ] Name of the proposed procedure
- [ ] Item number for the proposed procedure, if known
- [ ] The hospital fee for this admission, as a dollar amount if it exceeds the patient's insured rebate
- [ ] The health insurer benefit, as a dollar amount
- [ ] Where applicable, estimates of co-payments including any excess as a dollar amount
- [ ] A statement noting where costs are estimates, and may vary. Reasons for the variation such as length of stay, type of procedure actually performed rather than scheduled, or other relevant reasons for variation in costs should be included.
- [ ] Where applicable a statement listing other relevant service providers that may bill a patient separately from the health service organisation.

  This may include, but is not limited to: Pharmacy, Pathology, Surgeon, Anaesthetist, Perioperative/Surgical Assistant, Neonatologist, Radiology, Physiotherapy, and Other allied health providers
- [ ] A statement advising patients to confirm with their health insurer prior to admission or as soon as practical after admission, the following:

  a) Rates of reimbursement for each of the expected charges for the specific insurance policy they hold

  b) If the planned admission or treatment is within a waiting or exclusion period for the policy

  c) If the admission or treatment is covered by the health fund's no gap or gap cover scheme
- [ ] A space for the patient (or nominated substitute decision-maker) to sign the form confirming that they have been informed of, and understand the charges.

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