



# Mater Private Hospital Brisbane

Essential information for your admission

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## Day Surgery

Please arrive at Level 7, Mater Private Clinic, 550 Stanley Street, South Brisbane.

**Parking:** Mater Hill Carpark – Access to the clinic is on Level 4 of the Mater Hill West carpark, behind the glass sliding doors.

**Drop off:** Water Street entrance or 550 Stanley Street, South Brisbane.

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## CardioVascular Unit and Longer Stay Patients

Please arrive at Main Reception, Mater Private Hospital Brisbane, Level 6 (Ground Floor), 301 Vulture Street, South Brisbane.

**Parking:** Mater Medical Centre, Vulture Street. Access to Mater Private Hospital Brisbane reception is on Level 6. You may also park in the Mater Hill Carpark, where access to the Hospital is via Level 5, by following the yellow line painted on the ground.

**Drop off:** 301 Vulture Street, South Brisbane (Main Entrance).

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A map is included on page 15 of this booklet for your convenience.

## IMPORTANT: Personal Details and Health Assessment forms are enclosed for your completion.

Please return these as soon as possible in the reply paid envelope, or if there is insufficient postage time, please fax to 07 3163 3797 or scan and email to [ph.preadm@mater.org.au](mailto:ph.preadm@mater.org.au) (please ensure all pages are labelled with your full name and date of birth). If faxing or emailing your documents please ensure you also bring the original documents on admission day.

**It is essential that you follow the instructions in the Preadmission Checklist on the following page.**

## Preparing for your stay... Your Preadmission Checklist

Once booked for surgery	
<input type="checkbox"/>	Complete the enclosed personal details AND health assessment forms and post in the reply paid envelope provided. If there is insufficient time to post, please fax or email the forms as per the instructions on the front of this booklet
<input type="checkbox"/>	If you take prescription blood thinning medication (e.g. Aspirin, Plavix, Xarelto, Warfarin), please ensure you have instructions from your surgeon about whether to continue these. Before your surgery you may need to cease anti-inflammatories, and vitamins such as Fish Oil, Joint Formulas/Glucosamine and Vitamin E. If you take any 'over the counter' medications, please ask your doctor about whether you need to stop taking them before surgery
<input type="checkbox"/>	Please contact the Preadmission Clinic on 07 3163 3740 between 8 am and 5.30 pm Monday to Friday if you require an interpreter or if you have been advised that you require a preadmission appointment
24-48 hours before admission	
<input type="checkbox"/>	Confirm your admission time and your fasting time with your doctor. I need to admit to hospital at _____ am/pm on ____/____/____. I need to fast from _____ am/pm on ____/____/____
<input type="checkbox"/>	Hospital finance staff will contact you to confirm if any payments are required on admission
<input type="checkbox"/>	Remove nail polish
On the day of your surgery	
<input type="checkbox"/>	Fast from the advised time
<input type="checkbox"/>	Shower before coming to hospital. Do not use deodorant, make-up, perfume/cologne or moisturiser after showering
<input type="checkbox"/>	Remove jewellery and body piercings
<input type="checkbox"/>	Arrive at the hospital at your advised admission time
<input type="checkbox"/>	Follow any other instructions provided by your doctor's office
What to bring	
<input type="checkbox"/>	Any paperwork you have been given by your doctor's office
<input type="checkbox"/>	Your medicare card, health fund card or DVA card, and concession cards
<input type="checkbox"/>	X-rays, scans or medical reports relating to your surgery
<input type="checkbox"/>	Dentures, spectacles and hearing aids as required
<input type="checkbox"/>	Mobility aide if required, such as walking stick, wheelie walker
<input type="checkbox"/>	If you have an Advanced Health Directive or Enduring Power of Attorney, bring these or any associated documents
<input type="checkbox"/>	If you use a CPAP machine <b><i>you must bring this with you</i></b> , along with any medical documents you have that relate to your Sleep Apnoea or CPAP machine. This is necessary even if you are not staying overnight in hospital
<b>In addition to the above items, overnight or longer stay patients will also need to bring:</b>	
<input type="checkbox"/>	Comfortable clothing including night attire
<input type="checkbox"/>	Non-slip shoes
<input type="checkbox"/>	Toiletries
<input type="checkbox"/>	All regular medications (for safety, these should be in their original packaging)
We cannot accept responsibility for any lost items. It is recommended not to bring more than \$50 cash and valuable items, such as jewellery, are left at home.	
<b>Patients who are under 18 years of age or have an intellectual impairment are required to have their adult guardian with them on arrival and will need them to be present until they have surgery.</b>	
<b>If you are having a general anaesthetic or sedation, you will not be able to drive home.</b>	
In the first 24 hours after surgery please DO NOT	
•	Drive a motor vehicle – seek your doctor's advice about when you can resume driving
•	Use any machinery or tools
•	Make important decisions, e.g. signing any legal documents
•	Drink alcohol
•	Do anything which requires a high level of alertness or coordination

AFFIX PATIENT IDENTIFICATION LABEL HERE

Admitting Doctor:	General Practitioner:
Date of Admission:	Date of Surgery:        /        /        (if applicable)
Accommodation: Type Preferred (Dependent on availability at time of admission)	<input type="checkbox"/> Single Room <input type="checkbox"/> Shared Room <input type="checkbox"/> Day Procedure <small>(note that certain insurers do not fund private rooms)</small>
Personal Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	Date of Birth:        /        / <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname:	Previous Surname (if applicable):
Given Name/s:	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Occupation:	Religion:
Country of Birth:	Ethnic Origin:
Address:	
Phone Numbers:   H: (     )    W: (     )    M:	

Name:	Relationship:	
Address:		
Phone Numbers: H: (     )	W: (     )	M:

Name:	Relationship:	
Address:		
Phone Numbers:	H: (     )	W: (     )                      M:

<input type="checkbox"/> Medicare Card	Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Patient Number on Card:	<input type="text"/>	Expiry Date:	/	/	/
<input type="checkbox"/> Health Fund	Fund Name:									Member Number:					
<input type="checkbox"/> WorkCover	Have you lodged a claim yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Claim Number:											
<input type="checkbox"/> DVA	Have you obtained prior approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No		DVA Card Number:								Card Colour:			

<input type="checkbox"/> Concession/Pension Card Number:	Expiry Date: / /
<input type="checkbox"/> Safety Net Card Card Number:	Expiry Date: / /

Have you ever been admitted to Mater Private Hospital Brisbane before?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been admitted to any hospital within the last 7 days?	If Yes – which hospital?
Reason for visit:	

Name:	Address:	
Phone Numbers: H: (    )	W: (    )	M:

MATER PRIVATE HOSPITAL BRISBANE - PERSONAL DETAILS FORM





MATER PRIVATE HOSPITAL BRIS  
Room



Medication Summary Form

Please complete this form in **BLOCK LETTERS** as best you can with as much detail as possible.

NAME:

DOB:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Some medicines may need to be ceased prior to surgery and some need to be continued. Whilst you are a patient at Mater Health Services we will endeavour to ensure all medications prescribed for you are safe and appropriate. An important part of this process is to have an accurate record of all medication you are already taking. Please complete the following list taking care to include all prescribed, over the counter, herbal and vitamin products. If you have any problems completing the list please contact your GP or Community Pharmacy for assistance.

Medication	Strength	Dose	Reason for taking?	Taking for how long?
e.g. Aspirin	100 mg	1 daily	Thin blood	2 years

Medications STOPPED in the past 2 weeks

Medication	Strength	Dose	Reason for taking?	When / Why stopped?
e.g. Warfarin	5 mg	1 daily	Heart Valve	1 Dec - Dr told me to stop taking this

Mater Pharmacy may need to contact your local healthcare providers to obtain or provide information (eg. Safety Net number or values, preadmission medication, discharge medication summary). If you consent to this, please provide contact details for the following health care providers.

Retail/Community Pharmacy:

Respite or home nursing service:

In order to ensure an uninterrupted supply of your regular medicines during your stay in hospital, please remember to bring in **ALL** your medications in their original labelled containers and/or repeat prescriptions with you upon admission. Please include all eye drops, patches, natural/complimentary medicines or topical products.

Charges for medication provided during your stay in hospital may be billed to your pharmacy account according to the agreement between your Private Health Fund and Mater Private Hospital Brisbane. Not all pharmacy items may be covered by your health fund. In this case a pharmacy account will be forwarded to you by mail for payment within 14 days of discharge.

The information I have provided here is accurate and complete to the best of my knowledge.

Patient Signature:  
X

Date:





# Health Assessment Form

Please complete this form in **BLOCK LETTERS** as best you can with as much detail as possible. The more detail you provide, the better we are able to ensure your safe and optimal care whilst our guest.

NAME:

DOB:

AFFIX PATIENT IDENTIFICATION LABEL HERE

Reason for admission to hospital:

Admitting Doctor:

## Health and Risk Assessment – do any of the following apply?

Allergy or Adverse Reactions ☐ Yes ☐ No☐ Latex ☐ Food ☐ Skin Prep ☐ Medication ☐ Tapes ☐ Other:Asthma/bronchitis ☐ Yes ☐ NoHave you ever been hospitalised for asthma/bronchitis? ☐ Yes ☐ NoSleep apnoea/investigative sleep studies ☐ Yes ☐ NoCPAP machine advised? ☐ Yes ☐ No

Please ensure you bring your CPAP machine to hospital with you.

Infection with multi-resistant organism eg. 'golden-staph' ☐ Yes ☐ NoDiabetes ☐ Yes ☐ No ☐ Insulin ☐ Tablet ☐ Diet

Please ensure you bring your medications to hospital with you.

Previous blood clots ☐ Yes ☐ NoBlood-thinning medication ie. Plavix, Cartia, Astrix ☐ Yes ☐ No

Please ensure you follow your doctor's instructions regarding this medication.

Heart attack/angina ☐ Yes ☐ NoArtificial heart valve/implant/defibrillator/  
pacemaker/cardiac stent ☐ Yes ☐ NoEpilepsy/fits/seizures ☐ Yes ☐ NoAnaesthetics difficulties ☐ Yes ☐ No

Height: Weight:

If you have answered Yes to any of the questions on the left please provide details:

**\*NURSING STAFF** - OT Patients - if risk identified initiate Theatre Risk Alert Protocol (TRAP) - except Allergies (Latex only) and Diabetes (Insulin only) and document action in progress notes.

## Your Physical Health – do any of the following apply?

High blood pressure ☐ Yes ☐ NoBlood disease/disorder ☐ Yes ☐ NoLiver disease/disorder ☐ Yes ☐ NoKidney disease/disorder ☐ Yes ☐ NoIrregular heartbeat or murmur ☐ Yes ☐ NoStroke/CVA ☐ Yes ☐ NoGastric reflux/hiatus hernia ☐ Yes ☐ NoNeurological condition ☐ Yes ☐ NoSignificant back/neck injury ☐ Yes ☐ NoOrgan failure/transplant ☐ Yes ☐ NoAny form of cancer ☐ Yes ☐ NoAny other illness/condition? ☐ Yes ☐ No

If you have answered Yes to any of the questions on the left please provide details:

## Your Mobility and Daily Activities/Planning your Discharge

Do you expect to remain in hospital >24 hours? ☐ Yes ☐ NoDo you have difficulty with walking or require aides? ☐ Yes ☐ NoHave you had a recent fall? ☐ Yes ☐ NoDo you live alone? ☐ Yes ☐ NoDo you have difficulty showering or dressing? ☐ Yes ☐ NoAre you having trouble managing at home? ☐ Yes ☐ NoAre you the carer of someone? ☐ Yes ☐ NoDo you need accommodation assistance? ☐ Yes ☐ NoDo you use a community support services? ☐ Yes ☐ NoDid you arrive by Air Ambulance? ☐ Yes ☐ No

**\*NURSING STAFF:** If patient remaining in hospital >24 hours, has ticked yes two or more times or requires travel assistance please fax this side of form to Discharge Coordinator on **07 3163 1173** and document in progress notes that fax has been sent.

Referral faxed ☐ Yes Date: / /Actioned by Discharge Coordinator ☐ Yes Date: / /



<b>Special Procedures and Diseases – do any of the following apply?</b>	
You received a dura mater graft between 1972 and 1989	<input type="checkbox"/> Yes <input type="checkbox"/> No
You received human pituitary hormone (growth, gonadotrophin) prior to 1985	<input type="checkbox"/> Yes <input type="checkbox"/> No
You, or two or more first-degree family members have a history of Creutzfeldt-Jacob Disease (CJD) or related disease	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*NURSING STAFF** - if risk identified, contact Infection Control and document action in progress notes.

<b>Specific Procedures and Surgery – do any of the following apply?</b>	
Past blood transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Angiogram	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemotherapy/radiation therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery (please list)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Your Personal and Emotional Health – do any of the following apply?</b>	
Currently or possibly pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with your bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unexplained weight loss/gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any hearing difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any vision difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any dental Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any pain management problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any psychological disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any sleeping difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details/Comments:	

<b>While you are in hospital...</b>	
The hospital's Pastoral Care team endeavours to visit all patients. Would you like to specifically request a visit?	<input type="checkbox"/> Yes
A Eucharistic Minister distributes communion regularly for those of Catholic faith. Would you like Holy Communion?	<input type="checkbox"/> Yes
Is there anything else hospital staff can do to make your stay more comfortable?	

The information I have provided here is accurate and complete to the best of my knowledge.

Patient Signature: <b>X</b>	Date:
Nurse Signature/Designation:	Date:



## What to expect when having a Procedure

### Before you come to hospital

- You will receive a call from the Finance Department to confirm your personal details and health fund details.
- You may also be contacted for a telephone interview or requested to attend our preadmission service (this is on a clinical needs basis).

### When you arrive

- Please arrive at the appropriate entrance for your procedure (see front cover of booklet for further details).
- You will be shown to our comfortable welcome areas by our helpful reception staff, who will advise of approximate wait times and will check on you regularly before your surgery.
- Our friendly, experienced nursing staff will prepare you for your surgery.
- Any pre-operative shaving/clipping will be attended by our nursing staff.
- You will meet your Anaesthetist closer to the time of your surgery.

\* Note: If your doctor has asked you to be admitted the day before your procedure, you will be escorted to the ward on arrival, and cared for there until your surgery.

### After your Surgery/Procedure

#### Day Surgery/CardioVascular Day Procedures:

- When awake and comfortable, you will be provided with refreshments and assisted to change back into your own clothes.



### Overnight patients:

- When awake and comfortable, you will be escorted to your room.

### Going home

- You will receive written information about caring for yourself at home which will be explained to you by our nursing staff.
- Any medications you require for home can be arranged by the hospital pharmacy.

### Day Surgery/CardioVascular day patients:

- Nursing staff will notify your support person when you are ready to leave and discuss where and when you can be collected.
- For safety, it is required that you have a support person (over 18 years of age) with you for 24 hours after your surgery.

### Overnight or longer stay patients:

- Your doctor will advise the day you are able to leave hospital.
- You will be asked to leave your room by 10 am on the day you are discharged from hospital.
- Please ensure you have transport arranged for your discharge day.
- Discharge coordinators are available to assist if it is determined that ongoing home care is required.

### Visitors

Your primary support person can wait with you before surgery in our welcome areas. Other family or friends can wait in our facilities outside of the Welcome Lounge, such as Chloe's Café. Our staff will show your visitors where to wait while you have surgery, or we will take the details of your preferred support person and have the doctor call them after your procedure.

Visiting hours are between 8 am and 8 pm, with a rest period between 1.30 pm and 3.30 pm. Relatives are only permitted to stay overnight at the hospital if deemed clinically appropriate by the Ward Manager.

When visiting patients, best access to the hospital is via the carparks or the main entrance at 301 Vulture Street.

## Your Stay



### Accommodation Facilities and Room Types

We have both shared and single rooms at Mater Private Hospital Brisbane. Single room allocations depend on clinical needs and availability, and cannot be guaranteed. Please indicate your preference on your 'Personal Details' form. We will endeavour to meet your request. For patients covered by DVA or Workcover, an additional cost will apply if you choose to stay in a private room.

For your comfort, each bedside has a telephone for local calls, a Patient Entertainment System (PES) including free to air television and radio, wardrobe, security safe and mini fridge. Additional television channels can be purchased if desired.

Wi-Fi is available and can be purchased from the PES at your bedside. You will require a credit card or debit card to purchase this.

### Room Service

Mater Private Hospital Brisbane is pleased to offer Room Service. All meals are freshly prepared and can be ordered at your convenience and delivered to your room.

#### How to place an order

Please use the telephone at your bedside to call extension 3663 between 6.30 am and 7 pm to place your room service order. If you would like a family member or carer to place an order on your behalf they can telephone 07 3163 3663 from outside the hospital between 6.30 am and 7 pm. Your meal will be prepared and delivered to your room within 45 minutes of your request.

### Special dietary considerations

If you are on a diet that has special requirements, including preparation for a procedure, your menu choices may be modified or restricted. Our menu monitors will assist you to make appropriate selections for your individual needs.

To assist you in making a healthier meal choice, there are symbols throughout the menu to indicate lower saturated fat/lower salt options♥ and lower glycaemic index (GI) carbohydrate choices. Gluten free options are available for many menu items. Please ask your room service representative when placing your order.

### For patients with Diabetes

If you follow a diabetes or consistent carbohydrate meal plan, it is recommended that you eat three well balanced meals a day, with carbohydrate serves similar at each meal from day to day.

If you are carbohydrate counting to match insulin to each meal, carbohydrate serves are indicated on the menu. One Carbohydrate serve (1.0) = 15 grams of carbohydrate.

Monitoring blood sugars and administering medications must be timed with food intake in order to be most effective.

Please inform your nurse when you order a meal so they are able to monitor your blood glucose or administer your diabetes medication appropriately.



## Your Safety and Comfort

### Falls Prevention

Having a fall in hospital can affect walking, result in a longer hospital stay, and make it harder for you to remain independent.

#### What can I do to prevent falls?

- Bring your mobility aide to hospital (if applicable), e.g. walking stick, wheelie walker
- Bring your spectacles to hospital. Use the appropriate glasses at the appropriate times, e.g. do not wear reading glasses when walking
- Avoid wearing long clothing that you could trip over
- Bring shoes that have a solid, stable sole and low heel. Shoes with a rubber sole will have a better grip and can prevent slips
- Follow instructions from hospital staff about requesting and accepting assistance with your mobility whilst in hospital
- Use your nurse call bell to ask for assistance when needed
- Let us know if you feel unwell or unsteady on your feet
- Look out for environmental hazards such as spills, cords and clutter, and tell staff about these promptly.



### Pressure Injury Prevention

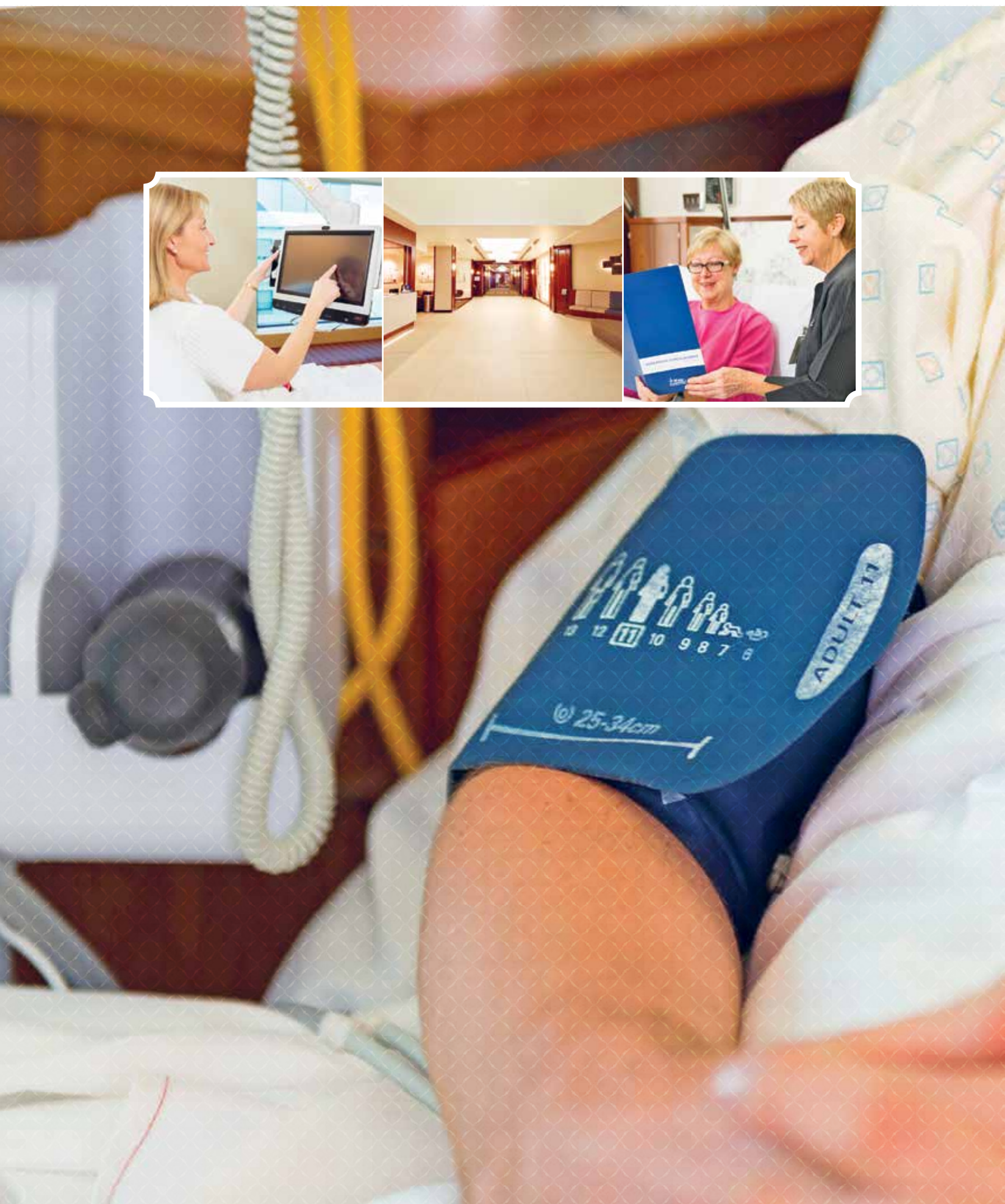
A pressure injury (previously known as a bed sore) is an area of skin and underlying tissue that has been damaged due to constant pressure and/or friction. The development of a pressure sore can not only be painful, but can slow your overall recovery and lead to a longer stay in hospital.



#### What can I do to prevent Pressure Sores?

- Moving and repositioning regularly is the single most important thing you can do to prevent pressure sores – your nurse will help you to do this if you are unable to do so unassisted.
- Lift your heels off the bed – rest them on a pillow or ask your nurse to reposition you.
- Let your nurse know if you are uncomfortable – especially if you have numbness, pins and needles or a burning sensation.
- Inform your nurse if you already have a pressure sore – this includes any areas of your skin that stay red or discoloured and may have blistering.
- Tell your nurse if you have had pressure sores in the past – these areas of skin will already be weakened and prone to another pressure sore.
- Let your nurse know as soon as possible if you feel you or your bedclothes are wet. It is very important to keep clean and dry.
- Eat as nutritiously as possible and drink plenty of fluids – healthy skin is less prone to pressure sores.
- In some cases, you may have special equipment provided to help prevent constant pressure. These may include special mattresses, cushions and heel ramps.







## Recognising and responding to clinical change

We recognise that only you and those closest to you know you best.

We encourage you or your loved ones to escalate your concerns to the Ward Manager or After Hours Coordinator if you are:

- Becoming increasingly unwell and are unsure of why or unsure of what is happening
- Not recovering as quickly or as well as you expected
- Concerned about the care you are receiving

Our Ward Managers are available to speak with you Monday to Friday during business hours. The Nurse Manager of your ward will visit you during your stay to provide their contact details and ensure you are receiving very good care.

Outside of business hours, our Hospital After Hours Coordinator is available to discuss urgent concerns on 07 3163 1163.

## Mater Private Hospital Brisbane Facilities



### Chloe's Café

Located on Level 6 of Mater Private Hospital Brisbane, Chloe's Café serves a range of food and beverages. Flowers from Mater Florist can also be purchased at Chloe's café.

Trading Hours	
Monday to Friday	7 am – 8 pm
Saturday and Sunday	8 am – 4 pm
Public Holidays	8 am – 4 pm

### Mater Pharmacy

Located on Level 6 of Mater Private Hospital Brisbane, Mater Pharmacy offers script services to the general public, and also has a wide range of gifts.

Trading Hours	
Monday to Friday	8 am – 6 pm
Saturday	9 am – 1 pm

## Contacting the Mater Private Hospital Brisbane – A Quick Reference



<b>Mater Hospital Switchboard (24 hours)</b>	<b>☎ 07 3163 1111</b>
To be connected to patients or departments	
<b>Preadmission Clinic Monday to Friday 8 am – 6 pm (excluding public holidays)</b>	<b>☎ 07 3163 3740</b>
Experienced nurses are available to book preadmission appointments as necessary or discuss concerns and answer questions about your stay.	
<b>Financial/Account Enquiries Monday to Friday 9 am – 5.30 pm</b>	<b>☎ 07 3163 1016</b>
Our friendly, professional staff can assist with questions relating to your hospital account or finance.	
<b>Patient Representative</b>	<b>☎ 07 3163 8303</b>
Available to patients who wish to voice complaints or provide valuable feedback about our service.	
<b>Privacy Office</b>	<b>☎ 07 3163 2666</b>
If you wish to have access to your medical record, or have any concerns about your privacy or disclosure of information, you will need to speak to the Privacy Office.	
<b>After Hours Coordinator</b>	<b>☎ 07 3163 1163</b>
Available in urgent circumstances, outside of business hours, if you or your loved ones are concerned about your wellbeing.	
<b><a href="http://www.mater.org.au">www.mater.org.au</a></b>	
For additional patient information, select Mater Private Hospital Brisbane.	



## Map of Mater South Brisbane Campus and Transport Options



### Location

Mater Private Hospital Brisbane is located at 301 Vulture Street, South Brisbane and easily accessible via public transport, car or taxi.

### Bus

Mater Hill Bus Stop is on the Southern Busway. Buses run every 10 minutes to and from the city. The stop is located on Stanley Street, South Brisbane. Please contact Translink via 13 12 30 for further information or schedules.

### Train

Mater is a short walk along Stanley Street from South Bank Station. Please contact Translink via 13 12 30 for further information or schedules.

### Taxi

A drop off zone is located at the entrance of Mater Private Hospital Brisbane, 301 Vulture Street, South Brisbane.

Please note you will need to organise a responsible person to transport you home after your surgery or procedure. Public transport is not suitable for going home after a day procedure

### Parking

The closest car park for Mater Private Hospital Brisbane is Mater Hill (East and West) car parks, however there are an additional two multi-storey car parks on the South Brisbane campus—Mater Medical Centre car park and Hancock Street car park (refer to map for locations).

All proceeds from Mater's car parks support Mater patient care and medical research. These car parks are open 24 hours a day, seven days a week

Please visit [www.mater.org.au](http://www.mater.org.au), and select 'Locations' for further parking information including parking rates.



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## Our Mission

In the spirit of the Sisters of Mercy, Mater Health Services offers compassionate service to the sick and needy, promotes an holistic approach to healthcare in response to changing community needs and fosters high standards in health-related education and research.

Following the example of Christ the Healer, we commit ourselves to offering these services to all without discrimination.

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## Our Values

### **Mercy:** the spirit of responding to one another

By being merciful we can bring forgiveness, joy, peace, kindness, compassion and hope to all in our care.

### **Dignity:** the spirit of humanity, respecting the worth of each person

Each person we encounter in our working day—patients, visitors, co-workers—deserves our respect.

### **Care:** the spirit of compassion

We show that we care for one another by being sensitive to each other's needs and showing kindness.

### **Commitment:** the spirit of integrity

Being committed to those who entrust themselves to us is a responsibility we take seriously.

### **Quality:** the spirit of professionalism

We strive to be leaders in our fields and to combine those skills with humanity and warmth.

### **Mater Private Hospital Brisbane**

301 Vulture Street, South Brisbane Q 4101

Telephone: 07 3163 1111

[www.mater.org.au](http://www.mater.org.au)

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