

ORTHOPEDIC ASSOCIATES AMBULATORY SURGERY CENTER

Name _____ Date of Surgery _____

Arrival Time _____ Time of Surgery _____

Welcome...

The staff of Orthopedic Associates ASC is pleased that you have made the decision to utilize our surgery center. We want to make your upcoming procedure as comfortable and as pleasant as possible. We realize that even "outpatient" surgery, such as the procedure for which you are scheduled, can create anxiety. This brochure has been created to answer many of the questions you may have related to your upcoming procedure. Please review all of the topics covered in this packet and bring this signed covered sheet in with you on the day of your procedure.

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Acknowledgement: I the undersigned, verify that I have read and fully understand the information contained in this Orthopedic Associates ASC, Inc. packet.

Patient or Guardian Signature: _____ Date: _____

**BRING THIS SHEET WITH YOU ON YOUR DAY OF SURGERY
IF NOT RETURNED, YOUR SURGERY WILL BE CANCELLED**

CURRENT MEDICATION LIST

(Prescription, over the counter, herbal and dietary supplements)

Patient Name: _____ Date: _____

Medication and Environmental Allergies: _____

MEDICATION (Name)	DOSAGE (Strength)	FREQUENCIES (Directions for taking it)	RESTART DATE (Staff use only)

To be completed by staff

Medication Reconciliation performed by: _____ Date: _____

BRING THIS COMPLETED SHEET WITH YOU ON YOUR DAY OF SURGERY

Preparing for Surgery...

To help us meet all of your needs, please follow these guidelines:

- **Do not eat or drink anything including water, chewing gum and mints twelve hours prior to surgery.** Medications for blood pressure, heart conditions, seizures, asthma or emphysema may be taken with a small sip of water at their usual prescribed times. Bring your inhaler, if you utilize one, with you. Undigested food in the stomach can cause complications and **your surgery is likely to be postponed for your own safety if you forget to follow these instructions.**
- **Bathe or shower and brush your teeth** (taking care not to swallow any water) the morning of your surgery. This will assist you in feeling refreshed as well as minimize the chance of infection.
- **Remove all mascara, make-up and jewelry.** If you wear contact lenses or glasses, bring a case for their safe keeping. For your safety, ALL piercings must be removed before arrival to the surgery center. This includes METAL and PLASTIC earrings, tongue, brow, lip, etc. piercings.
- **Wear loose fitting, comfortable clothing** that are large enough to accommodate a large bandage after surgery if needed. Wear comfortable slip-on shoes, no high heels, please.
- **Leave all valuables, including jewelry and cash at home.** We cannot be responsible for damaged or lost property.
- **Please arrive at the time given to you.** This allows us ample time to prepare you for your procedure. Your family/escort will be asked to wait in the waiting room. No children under the age of 14 years old will be allowed in the patient areas. If you have small children, please bring additional adults to supervise them in the waiting room.

Medications

- **The medicines (includes over the counter medications, herbal and dietary supplements)** you take are a very important part of your health information. Information such as your medication name, strength, and directions for taking it will help your physician provide the best care for you. **Please complete the Medication List Form, included in this packet, and bring it with you on the day of your procedure.** **If you are unable to complete the form,** you may bring all of your prescriptive and/or over the counter medications, herbal and dietary supplements with you.

Minor Children

- **Patients under the age of 18** must have one parent or legal guardian in the surgery center until the patient is discharged
- **Foster parents** must contact the Clinical Director at 405 947-5610 before the day of surgery. Arrangements must be made with the Oklahoma Department of Human Services in obtaining a written consent for the scheduled procedure.
- **Do not send** grandparents or step-parents with the patient unless they are legal guardians. Power of attorney forms must be presented for proof of guardianship.
- **Please feel free to bring** any stuffed animals or a security blanket for added reassurance.
- **Children may come in their pajamas;** you may need to bring extra clothing.
- **If your child cannot drink from a cup,** please bring a bottle or sippy cup.
- **It is best to have someone accompany the driver** in order to help care for the child on the trip home.

After Surgery

The length of the stay post-operatively varies according to the type of procedure and your physician's instructions. Most patients are discharged within 1 hour after surgery is completed.

- **Your physician and nurse** will provide written post-operative instructions. Please follow all instructions carefully so your recovery will be as quick and comfortable as possible.
- **At anytime, if you have an urgent need regarding your procedure after discharge**, contact your physician or *seek medical attention from a local emergency room*.
- **For non-emergent questions regarding your procedure postoperatively**, contact the OA Surgery Center staff at 405-947-5610, ext. 318.

Licensed Driver

- **A responsible driver, at least 18 years of age, must be available to drive you home** after surgery because you may receive medication/anesthesia that will make you drowsy. **Failure to have someone available to drive you home will result in canceling or rescheduling your procedure.** We recommend that someone remain with you for the first 24 hours after your procedure.

Financial Arrangements

A predetermined fee is charged for each type of procedure, thus providing a reasonably accurate estimate of your cost in advance. However, the exact charge will not be known until after your procedure is completed.

- **The fee for the surgery center**, physician and anesthesiologist are separate.
- **You will be asked to pay** deductibles and estimated co-insurance the day of your procedure.
- **A member of the insurance department** will contact you before your surgery to provide you with the amount of your deductible and estimated co-insurance.
- **Uninsured and /or cash patients** will be required to pay for services the day of surgery by check, money order or credit card.
- **We will bill your insurance company as a courtesy.** However, the Orthopedic Associates ASC, Inc. cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for any balance due and payment will be requested from you unless your insurance company pays within 60 days.

Physician Patient Disclosure

- **Orthopedic Associates ASC, Inc.** is owned by physician investors. These physicians are partners of Orthopedic Associates, Inc. These physicians along with non-investors perform procedures at the surgery center. If you have any questions regarding this arrangement, please ask your physician or the Clinical Director for further details. A list of all physician investors is attached.
- **The Physicians** practicing at Orthopedic Associates ASC, Inc. are licensed by their appropriate Oklahoma State Board and are credentialed to practice in this facility. The physicians provide medical services at Orthopedic Associates ASC, Inc., but they are not employees of Orthopedic Associates ASC, Inc.

Patient's Bill Of Rights

The Orthopedic Associates ASC, Inc. strives to treat all patients in a helpful and pleasant manner. The Patient's Bill of Rights was compiled for the purpose of enhancing patient care and the patient/provider relationship. The following is a listing of things we believe patients should expect and receive:

- **The right** to be treated politely, respectfully, and with dignity.
- **The right** to treatment which is free of discrimination on the basis of race, religion, ethnicity, handicap, or age, and performed according to individualized records.
- **The right** to obtain information about diagnosis, treatment, and prognosis. When medically necessary, this information may be given to the appropriate person on the patient's behalf.
- **The right** to receive all information necessary to give informed consent prior to the start of any procedure and/or treatment.
- **The right** to refuse procedures and medications and/or seek medical care elsewhere.
- **The right** to expect confidentiality in communications and records pertaining to your medical care.
- **The right** to information concerning names, professions, and titles of the professionals providing and/or responsible for the care of the patient.
- **The right** to expect reasonable continuity of care.
- **The right** to obtain information as to any relationship this health care facility has with other professional individuals or medical facilities insofar as care is concerned.
- **The right** to obtain information about the bill regardless of the source of payment.
- **The right** to not participate in experimental research.
- **The right** to exercise his or her rights without being subject to discrimination or reprisal.
- **The right** to receive information on this ASC's *non participation* in Advance Directives.
- **The right** to be fully informed about a treatment or procedure and the expected outcome before it is performed.
- **If a patient** is adjudged incompetent under applicable State health and safety laws by court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
- **If a state court** has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- **The right** to personal privacy, to receive care in a safe setting and be free from all forms of abuse or harassment.
- **A right** to safe and efficient care and the right to initiate a complaint or grievance about the care that is (or fails to be) furnished.

Expectations

Just as you have certain rights and expectations, so does our staff:

- **Our staff** has the right to be treated politely and courteously.
- **Our staff** expects you to keep your scheduled appointment or, if necessary, to cancel it at least 24 hours in advance.
- **Our staff** expects you to provide them with an accurate medical history and to give them information regarding treatments and/or medications being rendered by other providers.

- **The patient** and family are responsible for asking questions when they do not understand what a staff member has told them about the patient's care or expectations of what they are to do
- **The patient** is responsible for following the treatment plan, including the instructions of nurses as they carry out the physician's orders

Verbal Patient's Bill Of Rights

The Ambulatory Surgery Center Conditions for Coverage requires that each patient or the patient's representative receives the Patient's Bill of Rights verbally. Please call 405 947-0911, extension 300, prior to your procedure if you desire verbal communication of your rights.

Patient Complaints & Grievance Policy

- **Orthopedic Associates ASC, Inc.** values you as a patient. We are dedicated to ensuring your relationship with us is a positive one. If we can enhance that relationship in any way, please let us know.
- **Every patient has the right** to express complaints, about the care and services provided, to any staff member.
- **If the patient is not satisfied with the resolution**, the complaint is taken to the Director.
- **Patients or the patient's representative** may file a written or verbal complaint /grievance with the Director at:

Orthopedic Associates ASC, Inc.
 3301 N.W. 50 Street
 Oklahoma City, OK 73112
 405-947-5610, ext 228
 Carolyn Moles, R.N.
 cmoles@okortho.com

- **The Director** will be responsible for providing the patient with a written response within fourteen (14) days from the date of receipt of the complaint or grievance.
- **The patient has the right**, if he or she is not satisfied with the facility's response, to complain to the following agencies:

Oklahoma State Department of Health
 1000 N.E. 10th Street
 Oklahoma City, OK 73117-1299
 Judy Lasater, Director of Complaints
 (405) 271-6576

Medicare Beneficiary Ombudsman
 (800) 633-4273
www.cms.hhs.gov/center/ombudsman.asp

Advance Directive Policy

- All patients have the right to participate in their own health care decisions and to make Advance Directive or to execute Powers of Attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Orthopedic Associates ASC, Inc. respects and upholds these rights.

- However, unlike an acute care hospital setting, the Surgery Center does not routinely perform “high risk” procedures. Most procedures performed in this facility are considered to be of minimal risk, though no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to the risks involved, your expected recovery, and care after your surgery.
- **Therefore, it is our policy**, regardless of the contents of any advance directive or instructions for a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Health Care Power of Attorney.
- **Your agreement with the policy** does not revoke or invalidate any current health care directive or health care power of attorney.
- **If you do not agree to his policy**, we are pleased to assist you in rescheduling your procedure.

OKLAHOMA NOTICE TO PATIENTS

Required by the Patient Self-Determination Act

This handout informs you what rights Oklahoma law gives to you to make medical care decisions. After reading this, you may still have questions. If so, you should talk about them with your doctors and other health caregivers.

1. Who will talk to me about my medical care options?

Your doctor should talk about medical care options with you using words you can understand.

2. Who decides what medical care I will get?

Your doctor should tell you what the medically reasonable care and treatment options are for your medical condition. As a competent adult, you decide which care and treatment options you will get. You have the right to accept, refuse, or stop any medical care or treatment, including life-sustaining treatment.

3. What if I am not able to make my own decisions?

If you cannot make decisions about your own medical care, someone must make them for you. An advance directive is the best way to tell people what you want done. You can also say who you want to make decisions for you, if you can no longer decide for yourself.

4. What is an advance directive?

An advance directive is a written document you sign before you are unable to make your own decisions. You can use an advance directive to tell people ahead of time what medical care you want. You can also name the person you want to make medical decisions for you if you cannot make them yourself.

Oklahoma law has four kinds of advance directives:

- Living will
- Health care proxy
- Durable power of attorney for health care
- Do-Not-Resuscitate consent

You can have one, two, three or all four advance directives.

5. What is a living will?

A living will is a document that allows you to state your choices about life-sustaining treatment. It is used only if you are unable to make health care decisions for yourself.

6. What is a health care proxy?

A health care proxy is a person you name to make medical decisions for you when you are no longer able, including decisions about life-sustaining treatment. You appoint someone to be your proxy with a written document in which you name them. It is used only if you are unable to make health care decisions for yourself.

7. What is a durable power of attorney for health care?

A durable power of attorney for health care is a written document in which you name the person you want to make routine medical decisions for you. This person can also make decisions about life-sustaining treatment if you expressly give the person that power. It is used only if you are unable to make health care decisions for yourself.

8. What is a Do Not Resuscitate Consent?

A person may refuse cardio-pulmonary resuscitation (CPR) by consenting to a “Do Not Resuscitate” (DNR) order. If you know that you would not want to be resuscitated under any circumstances if your heart stopped or you stopped breathing, you can sign a DNR consent form. A DNR order is generally not signed until a person is near death.

9. Should I have an advance directive?

Whether to have an advance directive is entirely your decision. One reason many people want an advance directive is to avoid a dispute about their care if they can't make their wishes known. Signing an advance directive, or – at the very least – talking about your medical care wishes with your loved ones, your doctors and others, makes sense before a medical crisis.

10. Do I need all four documents?

A living will lets you tell others your wishes about life sustaining treatment if you become terminally ill, persistently unconscious, or have an end stage condition. A person you name as a health care proxy can make health care decisions according to your wishes if you are unable to do so. Because of this, you may want to sign a living will and a health care proxy. The living will and health care proxy are both contained in the “Oklahoma Advance Directive for Health Care.” Most people do not need both a proxy and a durable power of attorney for health care. Persons near death may wish to complete a DNR consent form.

Forms are available from physicians, hospitals, home health agencies, hospices, nursing homes and Area Agencies on Aging. Free copies may also be obtained by calling 877-283-4113 or going to <http://okpalliative.nursing.ouhsc.edu>.

11. If I sign an advance directive now, can I change my mind?

You can revoke an advance directive by telling your health care provider or by writing new instructions. You can sign a new advance directive any time you want. In fact, you should go over your advance directive at least once a year to be sure it still correctly states your wishes.

12. Can I be sure my instructions will be followed?

If properly signed, your Oklahoma Advance Directive for Health Care is legally binding on your health care providers. If they cannot follow your directions, they are required to arrange to transfer your care to others who will.

13. May I choose or refuse artificially administered water and food?

You can be sure that you do not receive tube feedings (artificially administered water and food) by stating your wishes in the living will. You can also do this by appointment of a health care proxy to make such decisions for you. If you do not give express instructions, tube feeding can be withheld from you only in very limited situations. You can also request tube feeding.

14. What if I do not have an advance directive?

Without an advance directive, a legal guardian, if appointed by the court, will make medical decisions for you. Without an advance directive or court-appointed legal guardian, Oklahoma law is not clear about who will decide for you. Usually, your family, doctors and hospital can decide about routine medical care. However, if you have not given express instructions, your family is permitted to request withholding life-sustaining treatment and food and water only in very limited situations.

15. What if I signed an “Advance Directive for Health Care” under the old law?

If you signed an advance directive under the old Oklahoma law, it is valid and binding under the new law. You may want to sign a new advance directive, however, because it covers more circumstances. (The new law went into effect on May 17, 2006).

16. What if I signed an advance directive in another State?

Advance directives signed in other States are valid and binding in this State for anything that Oklahoma law allows.

17. What if I have other questions?

If you have other questions, you should discuss them with your doctors and other caregivers. For more information about advance directives contact the Oklahoma Department of Human Services Aging Services Division, 405-521-2281.

Orthopedic Associates Ambulatory Surgery Center, Inc.

List of Physician Owners

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