

ROSE SURGICAL CENTER

4700 East Hale Parkway, Suite #200, Denver, Colorado 80220, 303.758.1175

Your procedure is scheduled on _____, at _____.

Please arrive to the Center at _____.

PRIOR to the date of your procedure, **Rose Surgical Center** will:

- Contact you regarding preparations for your procedure, as well as discuss your rights & responsibilities as a patient, physicians who have ownership in our facility, our grievance process, Advance Directives, and the informed consent process.
- Contact you regarding your insurance and/or your financial obligations.

PRIOR to the date of your procedure, **YOU/THE PATIENT** *must*:

- Review the contents of this packet and follow ALL instructions
- Contact the facility at (303) 316-5874 if you have any questions or concerns
- Discuss with a Rose Surgical Center staff member your pre-operative instructions, your rights & responsibilities as a patient, physicians who have ownership in our facility, our grievance process, Advance Directives, and the informed consent process.
- **If the surgical center has not reached you, please call Rose Surgical Center between 7:00 am – 5:00 pm, Monday – Friday at (303) 316-5874.**

Federal Regulations REQUIRE the surgical center to have this verbal communication with you PRIOR to your procedure. Failure to do so will result in your procedure being CANCELLED.

Please bring this packet of documents with you on the day of your procedure.

Rose Surgical Center
RIGHTS OF PATIENTS

The medical staff and personnel of Rose Surgical Center recognize the basic human rights of patients. Efforts are directed to providing care commensurate with those basic human rights. Patients have the right to:

- Be informed of his or her rights as a patient in advance of receiving care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her. The patient has a right to change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Be advised as to the absence of malpractice coverage.
- Receive complete information from his/her physician about his/her diagnosis, illness, course of treatment, risks, benefits, alternative treatments, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand. Your physician should discuss these with you prior to the procedure and give you the opportunity to ask any questions you may have.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his/her healthcare.

_____ Pt Initials

- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and/as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his/her medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of care he or she receives. The patient can file a grievance with the facility's Administrator or Clinical Operations Manager at (303) 758-1175; or the patient can file a grievance with the Colorado Department of Public Health and Environment at 4300 Cherry Creek Drive South, Denver, CO 80246. If the patient files a grievance with the surgery center, he/she will be provided with a written notification of the grievance determination that contains the name of the facility's contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Be advised of contact information for the state agency to whom complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman. www.cms.hhs.gov/center/ombudsman.asp
- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a fully informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

_____ Pt Initials

RESPONSIBILITIES OF PATIENTS

The care a patient receives depends partially on the patient him/herself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary and herbal supplements) and dosages, allergies and sensitivities, and other matters relating to the patient's health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- It is the patient's responsibility to notify the facility if he/she has not followed the pre-operative instructions given by their physician and/or facility personnel.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- In the case of pediatric patients, a parent or legal guardian must remain in the facility for the duration of the patient's stay in the facility.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible. Ultimate financial responsibility is the patient's, regardless of the insurance coverage he/she may have.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible to inform the facility about the patient's Advanced Directives.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
- Patient's signature represents he/she has received written and verbal information regarding physicians' financial interest in the Facility, Advance Directives, and on the informed consent process prior to the day of their procedure.

Patient Signature: _____ **Date:** _____



Welcome to Rose Surgical Center!
Your doctor has scheduled your
upcoming surgery at our facility.

Rose Surgical Center is a state-of-the-art Ambulatory Surgery Center, where surgeons perform a broad range of out-patient and short stay surgical procedures. Specialties include Colorectal, General Surgery, Neurosurgery, Urogynecology, Orthopedics, Podiatry, Otolaryngology (ENT), Pain Management and Gastroenterology.

Rose Surgical Center combines experience with a technologically advanced facility that includes extended care rooms for overnight patient care. Our warm, comfortable, outpatient setting enables you to return on the same day to recuperate in familiar surroundings.

Our center offers a safe, convenient, high-quality alternative to inpatient hospitalization. The Center is fully licensed and certified by both the State of Colorado and the Medicare program. Rose Surgical Center's location offers easy access for patients and doctors traveling from any direction.

This brochure is designed to help you prepare for your surgery. We want you to feel comfortable. If you have any questions, please feel free to call us at (303) 758-1175.

How is the Surgical Center Different from a Hospital?

Because a hospital must be staffed and equipped to treat all types of medical problems, it provides a much broader range of services than your current needs require. Since the surgical center is designed exclusively for short stay surgery, we are able to offer patients a convenient, comfortable and less costly alternative to the hospital.

The Center's warm surroundings and the increased level of individual attention from our staff minimizes the stress often associated with surgery. Our pleasant atmosphere and special pediatric accommodations are particularly helpful in easing the fears of children who are scheduled for surgery. Our center specializes in short stay surgery and our staff specializes in short stay care.

PATIENT INFORMATION

The Preferred Choice for Outpatient Surgery

Rose Surgical Center

The Center is similar to a hospital in three respects:

- 1 Your surgeon is supported by a highly skilled team of registered nurses and surgical technicians specially trained in surgical and recovery care.
- 2 Our surgical suites and sophisticated equipment are like those of a large hospital.
- 3 If scheduled, Board Certified Anesthesiologists will be involved in your care and will be visiting with you on admittance.

How Can I Prepare for My Surgery?

Careful attention to the following instructions will help ensure your comfort and reduce the possibility of complications.

- ◆ Do not eat or drink anything (including water) after midnight the day of your surgery. Undigested food in the stomach can cause complications and your surgery is likely to be postponed or cancelled if you forget to follow this instruction unless otherwise directed by your physician.
- ◆ Bathe or shower the morning of surgery to minimize the chance of infection. Teeth may be brushed but **do not** swallow water.
- ◆ Remove all make-up, nail polish, contact lenses and jewelry. We also suggest that you wear casual, loose clothing, especially with procedures involving extremities. During surgery, you will wear a patient gown provided by the Center.
- ◆ Arrange for an adult to drive you home and stay with you for the first night following your surgery, if you are scheduled for a general anesthetic or sedation. A member of our staff will be happy to contact the person you designate when you are ready to leave. If you are from out of town, you may be asked to spend the night in our metropolitan area.
- ◆ Limit the number of people who accompany you to the Center. To maximize the comfort of all visitors, we suggest that adult patients be accompanied by only one person. However, we do welcome both parents to accompany pediatric patients.

- ◆ If you experience any health changes between your most recent visit to your surgeon and the day of surgery, notify your surgeon. Please report even minor changes, such as an elevated temperature, cough or cold.
- ◆ Refrain from smoking after midnight of the day of your surgery.
- ◆ If you suspect that you are pregnant, please notify your surgeon. Anesthesia and medication may be harmful to the developing fetus.
- ◆ Please bring your insurance card(s), and any forms your Doctor requests. This will facilitate the admitting process.
- ◆ If we have not reached you two days prior to surgery to review your medical history, pre-operative instructions and financial arrangements, please call the Center.

Online Clinical History - OPERA

Rose Surgical Center offers a convenience to our patients with our web site: www.Rosesurgicalcenter.com and our Online Clinical History service. Go to www.Rosesurgicalcenter.com and click on the Online Clinical History button. Once you do, you will be able to enter your clinical history into an online form. By providing this information online, the amount of paperwork needed the day of your admission is greatly reduced. It's remarkably convenient! It will take approximately 10-30 minutes to complete the Online Clinical History Form, depending on your medical history. Before you begin, take a moment to be sure you have the following information on hand: name of your doctor performing the surgery, date and time of your surgery, description of the procedure, name of the person driving you home, name and dosage of ALL your medications and dates and descriptions of past surgeries.

What Should I Expect When I Arrive at the Center?

On the day of surgery, you should arrive at the Center approximately one and a half hours prior to surgery to allow time for admitting and preoperative preparation. You will also be asked to sign a Consent for Treatment form, which acknowledges your permission for the physicians and facility to

ROSE SURGICAL CENTER

Rose Surgical Center and the following physician owners are interested in hearing about the quality of care you received at our facility.

John Bershof, MD
Aaron Burrows, MD
George Chin, MD
Christopher D'Ambrosia, MD
Jonathan Fishman, MD
Gary Ghiselli, MD
Joel Gonzales, MD
Ronald Hattin, MD
Eric Jaakola, DPM
Daniel Jacobson, MD
Sanjay Jatana, MD
Jessica Johnson, MD
Jennifer S. Kang, MD
Kristinell Keil, MD
Howard Krieger, DPM
Jeffrey Lewis, MD
Eric Lindberg, MD
Mark Linkow, MD
David Longcope, MD
Robert MacDonald, MD
Elizabeth McCrann, MD
Stephanie Miller, MD
Thomas Mordick, MD
Gary Morris, MD

Michael Napierkowski, MD
Honey Onstad, MD
David Opperman, MD
Tania Orzynski, MD
Andrew Parker, MD
Robert Pash, MD
William Plaus, MD
Julie Polson, MD
Owen S. Reichman, MD
Eugene Rosenthal, DPM
Lisa Schatz, MD
Barbara Schwartzberg, MD
Susan A. Sgambati, MD
Steven Shogan, MD
Michael Shen, MD
Dan Siegel, MD
Jeffrey Snyder, MD
John H. Sun, MD
David Theil, MD
Steven Traina, MD
Leslie Vidal, MD
Laura Wolfe, MD
Gerald V. Zarlengo, MD

You will be given a Patient Satisfaction Survey upon discharge from our facility. Please complete the survey and return to us within ten (10) days of your procedure, providing us with your feedback about your experience while at Rose Surgical Center.

Thank you!

Rose Surgical Center

General Information and Facility Policies on Advanced Directives and Informed Consent

- Advanced Directives are written instructions concerning your wishes about your medical treatment. These instructions are used in the event you become unable to make health care decisions for yourself.
- You are not required to have an advance directive in order to receive care or treatment or for admission to a facility.
- In Colorado the following kinds of medical directives are recognized: the “living will” (which applies in cases of terminal illness), “medical durable power of attorney” (which allows your named agent to make decisions for you if you become unable to make them) and a “CPR directive” (tells emergency and other personnel not to do CPR on you).
- Under Colorado law, family members and close friends have the right to select a substitute decision maker (Proxy) for a patient who doesn’t have an advanced directive or guardian if a doctor or a judge determines that the patient cannot make decisions.
- Rose Surgical Center policy states; regardless of the contents of any advance directive or instructions from 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 evaluations. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directives or health care power of attorney.
- You have the right to consent to or refuse any medical care and treatment, unless ordered by a court.
- Rose Surgical Center’s informed consent states the procedure, physician, reason for the procedure, alternatives to the procedure and risks to having the procedure. It is important that you understand the information listed on the Patient Informed Consent.
- Additional information concerning advance directives and informed consents will be provided on the date of your surgery. If you have any questions concerning the informed consent or advanced directives prior to your surgery date, please contact the surgical center at 303-758-1175.

Notice to Patients

The nursing and medical staffs at Rose Surgical Center are committed to excellence in the care of every patient. It is our intent that all patients receive a level of care that meets or exceeds their environmental, psychological, and physical needs. We encourage you to inform us if you feel that such needs are not met. You may initiate a grievance by sending a written report to:

Rose Surgical Center
Attn: Stanley Anderson, Administrator
4700 East Hale Parkway, Suite #200, Denver, Colorado 80220
Phone: 303.758.1175

Or

Dave Roy, Vice President of Operations
HealthONE/Continental Division Office
HCA Ambulatory Surgery Division
4900 South Monaco Street, Suite 380, Denver, CO 80237
Phone: 303.788.2540

All grievances must be signed, but upon request, confidentiality will be respected. You are guaranteed a written response within ten (10) working days.

If resolution of your complaint is not met to your satisfaction, you may contact:

Colorado Department of Public Health and Environment
4300 South Cherry Creek Drive South, Denver, Colorado 80246
Phone: 303.692.2000
Or via email at: health.facilities@state.co.us

Or

Accreditation Association for Ambulatory Health Care
5200 Old Orchard Road, Suite 200, Skokie, Illinois 60076
Phone: 847.853.6060

Or

Medicare Beneficiary Ombudsman at
www.cms.hhs.gov/center/ombudsman.asp