



Directions to Surgery Center of Dayton: 1 Elizabeth Place Dayton, Ohio 45417

DIRECTIONS FROM NORTH OF DAYTON:

Take I-75 South to Exit 51, Edwin C. Moses Boulevard. Turn left onto Edwin C. Moses Boulevard, pass the University of Dayton Arena and proceed 1.23 miles to Albany Street. Turn left onto Albany Street at the Kindred Healthcare. Turn right into Elizabeth Place.

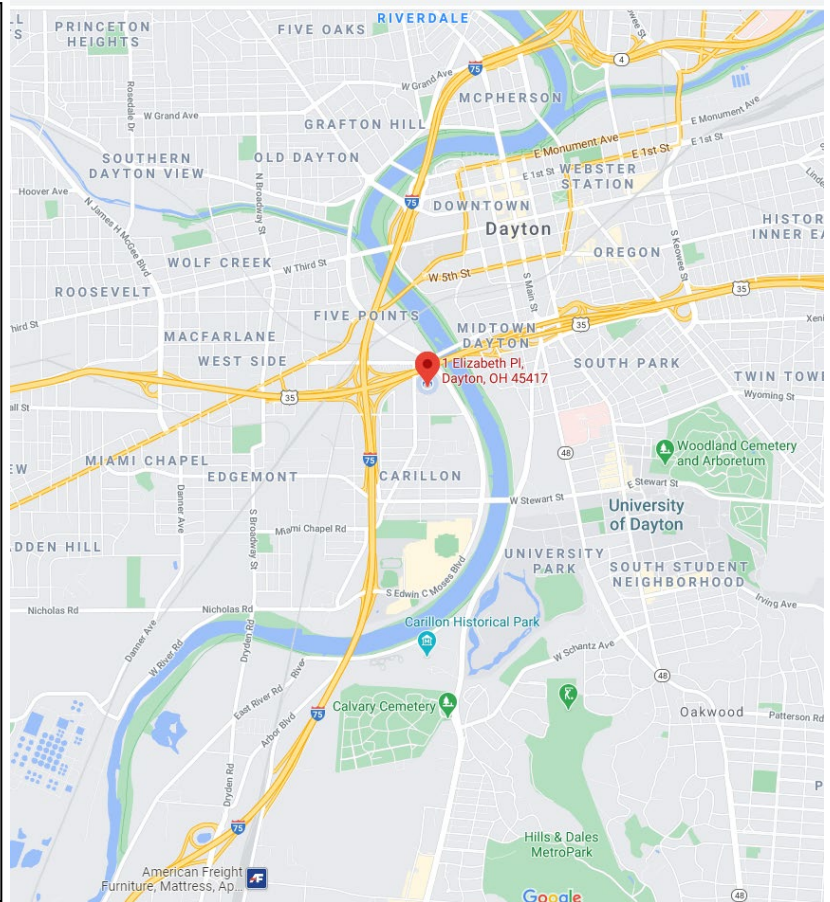
DIRECTIONS FROM SOUTH OF DAYTON (I-75):

Take I-75 North to Exit 51, Edwin C. Moses Boulevard. Turn right at the first light onto Edwin C. Moses Boulevard, pass the University of Dayton Arena and proceed 1.23 miles to Albany Street. Turn left onto Albany Street at the Kindred Healthcare. Turn right into Elizabeth Place.

DIRECTIONS FROM SOUTH OF DAYTON (I-675)

Continue on I-675N to 35 West to Dayton. Take Ludlow/Perry St. Exit (Exit left off 35W). Veer right off the exit and continue straight then turn left on Washington St til you come to Edwin C Moses Blvd. Turn Left on Edwin C Moses Blvd. Right on Albany St. Turn right into St Elizabeth place.

Once you have arrived you will look for the large drop-off circle and the revolving door of Building A. Enter here and proceed to Elevators A and take those to the 4th floor. Look for the signs to Surgery Center of Dayton.



PREADMISSION TESTING

Your preadmission testing will be done by our affiliates at Comprehensive Medical Services (CMS). You will give them a call at (937) 429-0682 to get scheduled. They will review your medical history and discuss required testing needed to have your procedure. Their address is 3121 Evelyn Dr. Suite 120 Beavercreek, OH 45434.

ILLNESS

Please call your surgeon's office if you should get a cold, fever, flu, or any other illness prior to your procedure. Call them at the first onset of symptoms. If you have any questions, you may also call us at (937) 741-1111.

PATIENTS WHO ARE **NOT** RECEIVING ANESTHESIA/SEDATION:

1. Please bring photo ID and insurance card. If you do not have a valid photo ID, your procedure will be cancelled.
2. Your arrival time will be **1 HOUR** prior to your procedure time.
3. When you arrive at the surgery center, please enter at the West Pavilion entrance, there is a large A on the building. Turn right in the lobby and take Elevator A to the 4th floor. Then follow the signs to SURGERY CENTER OF DAYTON. If you need assistance to the 4th floor wheelchairs are available at the security/information desk.
4. Adults who are obviously ill or who have had recent exposure to infectious illnesses are not to be brought into the surgery center.
5. Upon arrival you will be asked to sign your registration paperwork, privacy summary, and insurance forms at the registration desk.
6. For your safety, an Identification Band will be placed on your wrist.
7. Before your procedure you will change into a hospital gown and be provided with socks for your feet.
8. Your personal belongings can be kept at your bedside until you go home or may be given to a family member for safe keeping if you prefer.
9. Your vital signs will be taken and a nurse will have you sign your consent form for your procedure.
10. When it is time for your procedure, you will be taken to the procedure area on a cart covered with warm blankets.

AFTER YOUR PROCEDURE

After your procedure, you will be taken to our Post Anesthesia Care Unit where Registered Nurses will carefully monitor your recovery. Your vital signs will be automatically taken every few minutes.

When you are ready to be discharged home, your nurse will verbally review your discharge instructions with you and your family members. You will also receive follow-up information and medication prescriptions.

When you are ready to go home, you will be escorted in a wheelchair to the West Lobby and discharged to your vehicle with the person you designated to take you home. Unless told otherwise by your physician and/or nurse.

PATIENTS WHO ARE RECEIVING ANESTHESIA/SEDATION:

1. **DO NOT EAT ANY SOLID FOOD OF ANY KIND AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.** (This includes snacks, candy or gum.) On day of surgery, you may have plain water up to 4 hours before surgery. You may have a sip of water at any time if needed to take medications.
2. **MEDICATIONS:** Unless instructed otherwise, DO NOT bring your medications with you the day of your procedure. The one exception is an inhaler. DO bring your inhaler(s) the day of your procedure per anesthesia request. Take only medications you have been instructed to take the morning of your procedure with a sip of water. The nurse/MD will review the medications/supplements you take. Unless instructed otherwise, stop all vitamins/supplements, NSAIDS (naproxen, ibuprofen, aspirin..) 7 days prior to your procedure. Please hold blood thinners per your MD/Cardiologist instructions. Diabetic Medicines: DO NOT take oral diabetic medicines the night before or the morning of your procedure. Take ½ your regular dose of insulin the night before your procedure and none in the morning of your procedure.
3. No alcoholic beverages, recreational/illegal drugs, smoking or tobacco products of any kind after midnight. This includes cigarettes (NO e-cigs), snuff, chewing tobacco, cigars, and marijuana.
4. Please leave valuables and cash at home. Remove all jewelry and all body piercings (includes plastic). Wear loose, comfortable clothing that is loose enough to accommodate large bandage after your procedure if needed. Do not wear makeup. Please bring a storage container with solution for contact lenses. You will be asked to remove contact lenses prior to your procedure.
5. Please take a bath or shower the night before your procedure. If your surgeon gives you a special soap, please follow the instructions given. Do not apply anything to your skin such as lotions, deodorant, or powder. **DO NOT** shave at or near the surgical site at least 48 hours prior to your procedure. If necessary, shaving will be done in pre op. You may brush your teeth the day of your procedure making sure not to swallow toothpaste or water; just brush and rinse.

WHEN YOU COME FOR YOUR PROCEDURE

1. Please bring photo ID and insurance card. If you do not have a valid photo ID, your procedure will be cancelled.
2. Your arrival time will be **1 HOUR & 30 MINUTES** prior to your procedure time.
3. When you arrive at the surgery center, please enter at the West Pavilion entrance, there will be a large A on the building. Turn right in the lobby and take Elevator A to the 4th floor. Then follow the signs to Surgery Center of Dayton. If you need assistance to the 4th floor wheelchairs are available at the security/information desk.
4. **ALL PATIENTS MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT.** No one will be permitted to drive themselves home following a procedure. You must also have a responsible adult stay with you for at least 24 hours following your procedure. Unless told otherwise by your physician and/or nurse. Ride must be 18 years or older and stay the duration of the procedure.
5. Adults who are obviously ill or who have had recent exposure to infectious illnesses are not to be brought into the surgery center.
6. Upon arrival you will be asked to sign your registration paperwork, privacy summary, and insurance forms at the registration desk.
7. For your safety, an Identification Band will be placed on your wrist.
8. Before your procedure you will change into a hospital gown and be provided with socks for your feet.
9. Your personal belongings can be kept at your bedside until you go home or may be given to a family member for safe keeping if you prefer.
10. Your vital signs will be taken and a nurse will have you sign your consent form for your procedure.
11. When it is time for your procedure, you will be taken to the procedure area on a cart covered with warm blankets.

AFTER YOUR PROCEDURE

1. After your procedure, you will be taken to our Post Anesthesia Care Unit where Registered Nurses will carefully monitor your recovery and provide medication to ease discomfort. Your vital signs will be automatically taken every few minutes and you may have an oxygen mask on your face. The recovery room nurse will ask you to rate your pain on a scale of 1-10 to determine how to medicate you appropriately.
2. When you are ready to be discharged home, your nurse will verbally review your discharge instructions with you and your family members. You will also receive follow-up information and medication prescriptions.
3. When you are ready to go home, you will be escorted in a wheelchair to the West Lobby and discharged to your vehicle with the person you designated to take you home.

Special Communication Needs

We are pleased to provide interpreters for language and the hearing impaired. To arrange for an interpreter, ask your nurse.

Your Private Healthcare Information

Our healthcare providers work together to provide the best care to you, our patient. As allowed by law and only if needed, health information is shared to provide treatment, arrange payment, and improve how we provide health care in the future. By law, we must keep your past, present, and future health information private and tell you that we are doing so.

Available for you is a copy of the Notice of Privacy Practices. If you have questions or need further help with this notice, you may contact our Chief Administrative officer, Marcia Dunfee at (937)741-1111, ext. 116.

Your Healthcare Team

Your physician works with a highly trained team to meet your care needs. The team members will introduce themselves and will have their ID badge visible, but if you have questions about their role, please feel free to ask them.

Patient/Family Education

We want you to be a part of your care. Our health care team will keep you informed about the outcomes of your care, treatment options, and home care. If at any time you have questions about your care, ask your physician or nurse.

Advance Directives

Advance Directives are legal documents that allow an individual to choose and give directions for their future medical care. Any person over age 18 who can make his or her own decisions can complete an advance directive form.

All patients have the right to participate in their own health care decisions and to make Advance Directive or to execute a Power of Attorney that authorizes others to make decisions on their behalf based on the patient's wishes when the patient is unable to make decisions or unable to communicate decisions. Saint Clare Surgery Center respects and upholds those rights.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the staff would take all means to stabilize and transfer to a higher level of care. This will be true per our policies. If you have an Advanced Directive and bring a copy of it with you on the day of surgery, we will retain a copy for your medical record. In the event of an unexpected need to transfer to a higher level of care, we would include a copy of your Advance Directive as part of our handoff communication and medical record.

Download and complete the Ohio Advance Directive Forms packet that includes the health care power of attorney, living will donor registry enrollment and instructions.

<https://www.ohiobar.org/globalassets/home/member-benefits/practice-management-tools-and-services/advance-directives.pdf>

Download Ohio Hospital Association's Advance Directive Informational Brochure for more information on stating your wishes regarding medical treatment.

<https://ohiohospitals.org/News-Publications/Publications/Advance-Directives>

If this is not acceptable to you that our policy is to stabilize and transfer to a higher level of care, you must address this issue with your surgeon to be scheduled at an alternative location.

Managing Your Pain

You have the right to treatment of pain during all aspects of your care. We are committed to working with you and your family to manage your pain. We believe *you* are the expert on your pain.

Your Rights for Pain Management

- Information about pain and pain relief measures
- A concerned staff committed to pain prevention and management
- Health professionals who respond quickly to reports of pain
- Your reports of pain will be believed
- State-of-the-art pain management
- Dedicated pain relief specialists
- Tell your physician or nurse about any worries you have about taking pain medication

Patient Responsibilities for Pain Management:

- Ask your physician or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your physicians and nurses
- Work with your physician and nurse to develop a pain management plan
- Ask for pain relief when pain first begins
- Help your physician and nurse assess your pain
- Tell your physician or nurse if your pain is not relieved

Patient Bill of Rights and Responsibilities

Our goal for patients' rights information is to promote a mutual understanding between provider and patients that support care and recovery.

Patients' Rights include:

- ❖ The right to impartial access to treatment, regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap*
- ❖ The right to exercise his or her rights while receiving care or treatment in the hospital without coercion, discrimination or retaliation*
- ❖ The right to a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination or retaliation*
- ❖ Informed of the right to have pain treated as effectively as possible*
- ❖ The patient's family has the right of informed consent of donation of organs and tissue.*
- ❖ The right to be informed of his or her visitation rights, including any clinical restriction or limitation on such rights*
- ❖ The right to be informed subject to his or her consent to receive the visitors whom he or she designates, including, but not limited to, a spouse, domestic partner (including a same sex partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time*
- ❖ The right to not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability*
- ❖ The right to be ensured that all visitors enjoy full and equal visitation privileges consistent with patients' preferences*
- ❖ The right to participate in the development and implementation of his or her plan of care*
- ❖ The patient or his or her representative has the right to make informed decisions regarding his or her care, be informed of his or her health status, and be involved in care planning and treatment*
- ❖ The right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives*
- ❖ The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital*

- ❖ The right to designate an individual who advocates on their behalf in a congregate care setting*
- ❖ The right to personal privacy*
- ❖ The right to receive care in a safe setting*
- ❖ The right to be free from all forms of abuse or harassment*
- ❖ The right to the confidentiality of his or her clinical records*
- ❖ The right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its recordkeeping system permits*
- ❖ The right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his or her access to services*
- ❖ The right to know the professional status of any person providing his or her care and services*
- ❖ The right to know the reasons for any proposed change in the Professional Staff responsible for his or her care*
- ❖ The right to know the reasons for his or her transfer either within or outside the hospital*

- ❖ *The relationship(s) of the hospital to other persons of organizations participating in the provision of his or her care*
- ❖ *The right to access to the cost, itemized when possible, of services rendered within a reasonable period of time*
- ❖ *The right to be informed of the source of the hospital's reimbursement for his or her services, and of any limitations which may be placed upon his or her care*
- ❖ *The right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff*
- ❖ *If adjudged incompetent under applicable state laws by a court of proper jurisdiction, policy indicates the rights of the patient are exercised by the person appointed under state law to act on the patients' behalf.*
- ❖ *The right to file a grievance and/or complaint*
 - *If you have concerns about the care you received at this facility, call the Chief Administrative Officer at 937-741-1111 Ext. 116*
 - *If you have a complaint against the facility or practitioner call the Ohio State Department of Health at 1-800-342-0553*
 - *If you are a Medicare recipient and have a complaint against the facility or health care professional, you may contact the Office of the Medicare Beneficiary Ombudsman by calling 1-800-MEDICARE or by emailing www.medicare.gov*

Patients' Responsibilities:

- ❖ *Giving complete and honest information*
- ❖ *The patient and his/ her family is responsible for reporting perceived risks in his/ her care, as well as any unexpected change in his/ her condition*
- ❖ *Providing feedback about service needs and expectations*
- ❖ *Following care, service, or treatment plan instructions, for asking any questions, and for accepting consequences of not following the plan of care*
- ❖ *The patient and his/ her family is responsible for following hospital rules and regulations concerning patient care and conduct*
- ❖ *Providing the hospital with a copy of the patient's Advance Directive, and for informing the surrogate decision maker, and family as appropriate, of health care wishes*
- ❖ *Understanding their health problems*
- ❖ *Being reasonable in making requests for care and assistance*
- ❖ *Being considerate of others*
- ❖ *Keeping appointments*
- ❖ *Settling hospital bills promptly*

Durable Power of Attorney for HealthCare

This form allows you to appoint someone as your agent to make all healthcare decisions for you, should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself. You can choose an adult relative or friend you trust to speak for you when you are unable to make your own decisions. Be sure you talk with that person about what you want. This document becomes effective only when you are temporarily or permanently unable to make your own decisions.

Living Will

This form will allow you to give advanced written directions about all of your healthcare decisions if you are terminally ill and unable to communicate or in a permanently unconscious state. This document becomes effective only when you are permanently unconscious or terminally ill and unable to communicate.

It is also important to define your wishes about artificially supplied food and water. Artificial food and water can be withheld in certain situations. You should define your wishes on your living will or share your wish with your Durable Power of Attorney and physician. Many people complete both documents because they address different aspects of their medical care. A living will gives your instructions directly to your physicians and a Durable Power of Attorney appoints another person of your choice to make healthcare treatment decisions for you.

It is a good idea to periodically review these forms to be sure they still reflect your views. If you do not have a Living Will or Durable Power of Attorney, Ohio law allows your next of kin to make all your healthcare decisions if you are terminally ill and unable to communicate.

If you are interested in completing a Living Will or Durable Power of Attorney, ask your physician or nurse. You should give copies of these forms to your physician, the healthcare facility to put in your medical record and your family.

GRIEVANCES

We strive to provide you with the highest quality of patient care. However, if you wish to communicate a concern regarding the quality of your care or premature discharge, you may file a verbal or written grievance with Surgery Center of Dayton's Administrative Officer.

Surgery Center of Dayton Attn: Administrative Officer

1 Elizabeth Place. Dayton, OH 45417

(937)741-1111

You may also file a verbal or written complaint with our accreditation agency, Accreditation Association for Ambulatory Health Care (AAAHC) and/or Centers for Medicare & Medicaid (CMS).



3 Parkway North, Suite 201 Deerfield, IL 60015
847.853.6060 info@aaahc.org



800-MEDICARE (800-633-4227)
Medicare.gov

Speak Up and Help Prevent Errors in Your Care

Your safety is important to us. At Surgery Center of Dayton we strive to provide safe, quality care. But we want you to partner with us as well.

Speak up if you have questions or concerns...

It's your body and you have the right to know.

- Don't be embarrassed if you do not understand what someone tells you.
- Don't be afraid to question your nurse or physician if you think they are about to give you the wrong medication.
- Write down your questions so you don't forget to ask your physician.
- Ask your physician about the results of tests and what they mean for you.

Tips & Advice for the Best Level of Care

Pay attention to the care you are getting. . .

- Tell your nurse or physician if something does not seem right.
- Expect staff to introduce themselves and to explain their role in your care. All staff should wear their ID badge.
- Wear a name band at all times. Make sure the staff member checks your name band before providing care.
- Make sure the staff washes their hands before and after providing care. Hand washing is the most important step to prevent spread of infection.

Expect safe, quality care. . .

- Tell your physician about all your healthcare problems, allergies, and medications.
- Make sure you get the right medicine and tests.
- Prior to going to the operating room, your physician will mark the site for surgery. You will be involved in making sure that the correct site is marked.
- Your surgical team will pause before a procedure to make sure they are doing the correct procedure at the correct site, on the correct patient.
- Expect that staff will respond quickly to your call light and alarms.
- Ask your friends and family to wash their hands. They should not visit if they think they may be sick.
- For your safety, call the staff if you need help getting out of bed. The staff will show you how to use the call light and check on you often.

Ask a trusted friend. . .

- Ask someone you trust to come with you to the facility. This person will be your advocate. They can help learn information and speak up for you. Make sure this person understands your wishes for your care, and review consent forms with your advocate before signing to make sure you know exactly to what you are agreeing.

Know your medicines. . .

- If you have allergies to any medications, notify all of your healthcare providers. If you are prescribed a new medication, remind the physicians and nurses about your allergies.
- Always double check the instructions and medication when you pick up a prescription.
- Know what your medication looks like-if it looks different, ask the nurse or pharmacist to double check it before you take it.
- If you notice any new side effects after starting a medication, notify your nurse, physician or pharmacist.
- Double check your medicine list as it may change after being in the facility.
- Make sure you can read the handwriting on your prescriptions. If you cannot read it, the pharmacist may not be able to read it either.
- Ask for written information about new medications. Ask your pharmacist if the new medication can be safely taken with your other medications, including over the counter vitamins and herbals.

Understand your condition and plan of care. . .

- Choose a physician with whom you are comfortable talking with to learn more about your condition, care, treatments, and options. Expect clear, simple information that you can read and understand.
- If you cannot understand it, ask the staff to neatly write instructions, write out abbreviations, or define medical terms.
- Read all forms and information before signing anything.
- Get a second opinion if you are not sure about your diagnosis or options.

Participate in decisions about your care. . .

- You are the center of the healthcare team. Be a part of every decision. Tell your physician of all your healthcare problems, allergies, and your medication.
- Make sure you understand and agree with all of your care.
- Know who will be taking care of you, how long the treatment will last, and how you should feel.
- Understand that more tests or medications may not always be better. Ask what the new test or medication is likely to achieve.