West Bend Surgery Center
Patient Information Handbook
BEFORE PROCEDURE

Notify your doctor immediately if there is any change in your physical condition, such as a cold or fever. Our staff will contact you for a pre-operative phone call up to three days prior to your procedure. If you have not spoken with a nurse from the Surgery Center, please contact us at 262-334-6165 by 3:30 p.m. the day before your procedure to review the following instructions:

- **Patient Rights and Responsibilities/Advance Directives.** Included in this handbook is information regarding your rights and responsibilities as a patient, as well as information regarding Advance Directives, such as Power of Attorney for Healthcare, Living Will, and Do-Not-Resuscitate orders. During the pre-op phone call you will be asked to verify that you have read and understand your rights and responsibilities. You will also be asked if you have an Advance Directive and may be asked to bring a copy with you if one is not on file in your medical record.

- **Eating and drinking.** The day before your procedure follow the directions given to you by your care team regarding eating and drinking. Then follow the Do Not Eat or Drink guidelines you received from your surgical center nurse who called you. You **should not** drink alcoholic beverages for 24 hours prior to your procedure. You may brush your teeth, but do not swallow any water or toothpaste.

- **Medications you are currently taking.** The nurse will inform you if your doctor recommends that you take any regular medication(s) the morning of your procedure. Staff will verify the names of all of your medications at the time of the pre-operative phone call. Aspirin, ibuprofen, herbal supplements, vitamins or other non-prescription medications also need to be reported to the nurse/doctor. Please let your doctor know, in advance, if you take aspirin or ibuprofen regularly. If you were not contacted by Surgery Center staff by phone prior to your procedure, please bring a list of all your medications and their dosages with you to the Surgery Center.

- **Prescriptions you will need after your procedure.** If your doctor has given you a prescription for medication to be taken after your procedure, have the prescription filled before coming to the Surgery Center.

- **Crutches.** The Surgery Center does not provide crutches or crutch training. Check with your doctor in advance if you believe crutches may be needed after your procedure. Your doctor can arrange for crutch training prior to your surgery through Froedtert & the Medical College of Wisconsin West Bend Rehabilitation and Sports Medicine Center.

- **Responsible adult.** You will need to arrange for a responsible adult (usually a family member or friend) to:
  (1) **Accompany you to the Surgery Center**
  (2) **Drive you home**
  (3) **Remain with you for 24 hours after your procedure**
Medications that are given during your procedure can take up to 24 hours to wear off, so it is important that someone accompanies you to the Surgery Center.

Please encourage this person to remain at the Surgery Center during your procedure in case your doctor needs to speak to them.

Your procedure may be canceled if you do not have someone available to drive you home and to stay with you for 24 hours after your procedure. In the case of local anesthesia, you are allowed to drive yourself home if no one is available to accompany you, if authorized by your surgeon.

DAY OF PROCEDURE

- **Arrival time.** Please arrive promptly for your appointment. The nurse who contacts you before your procedure will confirm your arrival time. Times are subject to change due to the nature of the surgical process. Therefore, we ask that you please be flexible and keep the entire day open for any possible changes. Please provide us with an alternative phone number if you will not be home the day of your procedure. The nurse will make every attempt to notify you of any changes in the scheduled time, as soon as possible.

- **Clothing and valuables.** We suggest you wear loose, comfortable clothing and shoes. Choose clothing that is easy to put on after your procedure, keeping in mind where your surgical dressing may be. If you wear glasses or contact lenses, bring your case with you. We will provide containers for any removable dentures or bridgework. All jewelry, including all piercings, must be removed before your procedure. Leave all jewelry and valuables at home. The West Bend Surgery Center is not responsible for items not secured by the surgery center.

- **Oxygen.** If you have a portable oxygen tank, please bring it with you for transport to and from the Surgery Center.

- **Bathing.** Please bathe or shower at home before your procedure and do not apply lotion or cosmetics.

- **Consents.** You will be asked to sign a form giving your consent for your procedure, unless you signed one at your doctor’s office. If you are under 18, a parent or legal guardian must accompany you and sign the consent form.

- **Anesthesia.** Your doctor will inform you if you will require an anesthesia provider to assist with your care at the Surgery Center. The anesthesia provider will determine the type of anesthesia best suited for your specific needs and will discuss the anesthesia with you prior to your procedure. Feel free to discuss any family history or concerns with your provider. You will then be asked to sign a consent form for anesthesia.
• **Your recovery.** After your procedure, you will go to the recovery room where the nursing staff will monitor and evaluate your condition. The person who accompanied you to the Surgery Center can join you in the recovery area, as soon as possible. The nurses will provide or review instructions for your care at home, if this has not been done prior to your procedure.

• **Pain and nausea.** Effective post-operative pain and nausea control is an important part of your care at the Surgery Center. Although some post-operative discomfort is normal, we encourage you to discuss any persistent pain or nausea with the nurses, or after discharge, with your doctor.

### CARING FOR CHILDREN

At the West Bend Surgery Center, we meet the extra special needs of children by creating a relaxed comfortable environment. Infants and small children are encouraged to bring along one favorite toy or blanket to make them feel more at home. If your child uses a sippy cup or bottle, please bring one along with you so it is available after the procedure in the discharge area.

- **Notify your doctor** if there is any change in your child’s condition, such as cold, fever, cough, vomiting or diarrhea, or if he/she has been exposed to any infectious disease.

- **Discuss the procedure with your child.** Parents are encouraged to discuss the procedure with their child to help alleviate unnecessary stress. Children tolerate surgery and anesthesia better when they are prepared. Parents can stay with their child up until the procedure and rejoin them afterward, as soon as possible. **A parent or guardian’s presence within the Surgery Center is required during the child’s entire stay.** On the way home, it is recommended that one adult drives the car while another adult cares for the child. Parents are encouraged to stay with their child after discharge.

- **Tours** of the Surgery Center are available for you and your child before the procedure. Please call 262-334-6165 to arrange a time for a tour.

- **Eating and drinking.** **DO NOT** give your child anything to eat or drink after midnight the day of the procedure. This includes all liquids, formula and food.

### AFTER PROCEDURE - AT HOME

• **Your recovery.** After you return home, be sure to follow the instructions your surgeon and the nurse gave you regarding diet, rest, and medications.

• **Eating and drinking.** It is best to start with liquids and light foods (jello or soup) and progress to your normal diet as tolerated or as directed by your surgeon. Do not consume alcoholic beverages or drive for 24 hours after anesthesia or while taking pain medications.
• **Anesthesia.** If you had anesthesia/sedation, it is not unusual to feel a little sleepy or a little dizzy for up to 24 hours after your procedure. Do not make important personal or business decisions, drive, or operate heavy machinery for that period of time.

• **Post-operative phone call.** Your nurse from the Surgery Center may arrange a time for a post-operative phone call to discuss your recovery at home and answer questions you may have.

**PAYMENT POLICIES AND INSURANCE PROCEDURES**

The following information is provided to help you understand our billing and payment policies.

Included in the West Bend Surgery Center facility fee are:

- Medications
- Nursing care
- Operating room supplies
- Recovery room supplies
- Use of specialized medical equipment such as lasers, x-ray, microscopes or laparoscopes

The West Bend Surgery Center may use professional services that are not included in the West Bend Surgery Center facility fee. These services may include, but are not limited to:

- Professional fees, including doctor and anesthesia services
- Pathology services
- Radiology services
- Laboratory services

Pathology Services:

Diagnostic Services of Washington County
4001 Scenic Road, Jackson, WI 53037

Radiology Services:

Wisconsin Radiology Specialists, SC
500 W. Brown Deer Road, Bayside, WI 53217
*These services may be billed through Froedtert & the Medical College of Wisconsin*

Laboratory Services:

Wisconsin Diagnostic Laboratories
9200 W. Wisconsin Ave., Milwaukee, WI 53226

Please verify your insurance coverage prior to your procedure.
• **Insurance.** Froedtert & the Medical College of Wisconsin will file your medical claim with your primary and secondary insurance company on your behalf. We suggest that you contact your insurance company prior to your procedure to verify coverage and any plan limitations. The day of your procedure, you may need to present your insurance card to the receptionist for verification and to ensure proper billing. Even though you may have previously provided your insurance information to another Froedtert & the Medical College of Wisconsin facility, all insurance coverage must be collected or verified by the Surgery Center as well.

• **Patient self-pay portion.** If your insurance company does not pay the entire charge, you will receive a bill from the Froedtert Health. Full payment of the remaining balance is due upon receipt of your statement.

• **Pre-payment of the facility fee.** You may be required to pre-pay if your procedure is not covered by your insurance policy, or if you have a large un-met deductible.

• **Payment & insurance questions.** If you have any questions or concerns regarding our financial arrangements and policies, please contact us. We will be happy to help you. Please call 800-466-9670 to speak with a financial counselor or contact Patient Financial Services.

**PATIENT RIGHTS AND RESPONSIBILITIES**

**Patient Rights:**

*As a patient or their legal authorized representative you are entitled to certain rights:*

1. You will not be discriminated, excluded, or treated differently on the basis of race, color, national origin, ethnicity, age, disability, sex, religion, creed, political beliefs, sexual orientation, marital status, gender identity or expression, veteran or military status, for filing of a prior civil rights complaint, or any other basis prohibited by law.

2. You will be treated with respect and awareness of your individuality and personal needs. This includes the need for privacy, effective pain management, and psychosocial, spiritual, and cultural differences in an environment that promotes emotional and physical safety.

3. You have the right to be free from all forms of abuse and harassment, including the right to be free from restraints and seclusion, in any form, when used as a means of coercion, discipline, convenience for staff, or retaliation.

4. You will be provided foreign language, visual or hearing impaired, and sign language interpreter services to support effective communication.

5. Your medical record, including all computerized medical information, is kept confidential according to the requirements of state and federal laws. You, or any person authorized by law, shall have access to the your medical record and/or receive a copy upon request.
6. You may know who has overall responsibility for your care.

7. You, or any person authorized by law, will receive information about your illness, course of treatment, and prognosis for recovery, in terms you can understand, from the appropriate person at the Surgery Center.

8. You have the opportunity to make healthcare decisions in collaboration with your health team members. You may also assign representatives to be involved in your care and designate your visitors.

9. Except in emergencies, consent for treatment will be obtained from you, or those legally authorized to act for you, before participating in research and before any diagnostic and/or surgical procedures are performed.

10. You may refuse treatment to the extent permitted by law and will be informed of the medical consequences of the refusal.

11. You may change Providers, if other qualified Providers are available.

12. Except in emergencies, you may not be transferred to another facility without being given a full explanation for the transfer, without coverage for continuing care, and without acceptance by the receiving institution.

13. You may look at your bill and receive an explanation as needed. You may receive, upon request, information relating to financial assistance.

14. You have the right and are encouraged to voice your concerns regarding treatment or care.

**Concerns may be directed to:**

- **Froedtert and the Medical College of Wisconsin**
  West Bend Surgery Center
  3212 Pleasant Valley Rd.
  West Bend, WI 53095
  262-334-6165

- **Division of Quality Assurance**
  P.O. Box 2969
  Madison, WI 53701-2969
  608-266-8481

- **Office of the Medicare Beneficiary Ombudsman**

15. You may make Advanced Directives and appoint an authorized representative to make healthcare decisions on your behalf, as permitted by Wisconsin law and Surgery Center policy.

16. You have the right to know if there has been an unexpected occurrence affecting your plan of care.

17. You have the right to exercise these rights without being subjected to discrimination or punitive action.
18. You have the right to exercise your rights and expect respect for property and person.

If a patient is adjudged incompetent under applicable State laws by a 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 or surrogate designated by the patient in accordance with State law may exercise the patient’s rights to the extent allowed by State law.

Patient Responsibilities:

As a patient or their legal authorized representative you are responsible for:

1. Knowing your health insurance coverage and related policies concerning required pre-approvals, co-pays, covered services, hospitals, physicians and providers covered by your insurance plan.

2. Providing complete and accurate information about your health, including present condition, past illnesses, hospitalizations, medications, natural products and vitamin use, and any other matters that pertain to your health.

3. Following the treatment plan recommended by the primary provider involved in your care.

4. You are responsible for your actions if you refuse treatment, leave the facility against the advice of your provider, and/or do not follow your provider’s instructions relating to your care.

5. Asking questions if you do not clearly understand the information regarding your procedure and recovery.

6. Notifying your physician, provider, or nurse of any problems or concerns about your prescribed treatment or medication.

7. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.

8. Providing copies of any Living Will, Power of Attorney, or other Advanced Directives that you would like followed to the Surgery Center.

9. Observing Surgery Center policies, rules, and regulations including rules on visitors, noise control, and smoking. All are expected to be respectful of other patients, visitors, staff, and property.

10. Cooperating with the Surgery Center when making appropriate arrangements for payment of charges for care and treatment, including providing all required information and signing all necessary documents.
ADVANCE DIRECTIVES

You have the right to make decisions about your health care. This includes the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of healthcare you may receive in the future if you become unable to express your wishes. You can do this by making an Advance Directive document.

Advance Directives are documents that include Power of Attorney for Health Care and Living Will. These documents legally tell in writing either who you would wish to make your healthcare decisions for you, in the event that you are unable to do so, or provide guidance to your physicians regarding how you would wish your healthcare be decided, in the event that you have a terminal condition or are in a persistent vegetative state.

Advance Directives express your personal wishes and are based upon your beliefs and values. When you complete an Advance Directive, you will consider issues about life-sustaining procedures such as ventilation, feeding tubes, or other procedures you wish or may not wish, in the event you are in a terminal condition or persistent vegetative state. Advance Directives do not include decision-making for mental health issues or treatment.

The West Bend Surgery Center respects and upholds your rights under state law to make healthcare decisions, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.

We will not condition the provision of health care or otherwise discriminate against you based on whether or not you have executed an Advance Directive.

We have adopted a policy on Advance Directives. The following requirements from that policy are applicable to both Powers of Attorney for Health Care and Living Wills.

- A Power of Attorney for Health Care or a Living Will must be physically produced at the Surgery Center in order to be given effect.
- Legible photocopies or electronic facsimile copies of an original Power of Attorney for Health Care or of an original Living Will are presumed to be as valid as the original.
- A Power of Attorney for Health Care or Living Will that appears to have been voluntarily executed and witnessed, in accordance with its terms and applicable requirements of Wisconsin law, will be presumed valid.
- The provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a Living Will.
- In the event of any inconsistency between Surgery Center policy and Wisconsin law, Wisconsin law will control.
There are two ways to make formal Advance Directives in Wisconsin. You can complete either a Living Will and/or Power of Attorney for Health Care document. These forms are available at the West Bend Health Surgery Center or can be obtained from Wisconsin Department of Health Services. You do not need a lawyer to complete these forms. However, the State of Wisconsin requires two persons to witness your signature on the forms. If you complete the forms at home, the witnesses must be at least 18 years old, not related to you, and not benefiting from your estate.

If you have any questions, please feel free to speak with any health care provider.

*West Bend Surgery Center is committed to providing high quality surgical care and excellence in patient care.*

Our skilled team of physicians, technicians and nurses utilize state-of-the-art medical equipment and technology designed to meet the unique needs of each patient. If you need additional information, please call 262-836-6200 before 4 p.m. and a member of our staff will be happy to assist you.
West Bend Surgery Center
3212 Pleasant Valley Rd.
West Bend, WI 53095

262-836-6200

froedtert.com