

Safety

Report any concerns related to patient safety to the Administrator of the facility. If there is an event in which these concerns are unresolved please notify AAAHC at aaahc.org

Our Facility

Grove City Surgery Center offers outpatient surgery. The Medical Staff members are experts in Central Ohio in the treatment of orthopedic conditions.

The facility was designed to allow physicians to practice medicine in an environment that promotes health and efficiencies through convenience and integrated technology.

Our Staff

The Staff at Grove City Surgery Center values and appreciates the trust you have placed in us. We will assure you excellent care throughout your experience as a patient or family member while at the Grove City Surgery center.

We plan to earn your trust one patient at a time. We strive to advance and promote knowledge in Orthopedics and Pain Management to assist you in returning to a healthy and active lifestyle.

Financial Planning

- As a courtesy, we will bill your primary and secondary insurance carriers or governmental agency directly for the Surgery Center's charges. Be sure to bring your most current identification and insurance, Medicare, or public assistance card with you on the day of your surgery.

- Prior to day of surgery, the staff will verify coverage and benefits with your insurance provider. You will be contacted as soon as possible with your estimated responsibility due upon arrival for surgery.
- Further payment is expected upon receipt of bill unless previous arrangements have been made with the billing office. You may receive four separate bills for your surgery.
 - Surgery Center 614-827-8777 option 2
 - Midwest Physician's Anesthesia 614-884-0641
 - Orthopedic One Physician 614-827-8700
 - Orthopedic One Physical Therapy 614-827-8700
 A letter will be mailed to you with your billing statement providing explanations of services provided by these specific healthcare providers. Please feel free to contact our business office at any time if you have questions.

Ownership Disclosure

- The physician and/or Ohio Health who referred you to our Surgery Institute may have ownership interest in this facility (see list below).

William Barker, M.D.	Joseph Mileti, M.D.
Gregory Bellisari, M.D.	Michael Rerko, M.D.
Rahul Biyani, M.D.	David Robie, M.D.
Peter Edwards, M.D.	Vivek Sahai, M.D.
Thomas Ellis, M.D.	Brian Tscholl, M.D.
William Fitz, M.D.	Kurt Unverferth, M.D.
Milan Herceg, M.D.	Scott Van Aman, M.D.
James Latshaw, M.D.	Marlo VanSteyn, M.D.
Michael McShane, M.D.	Scott VanSteyn, M.D.
Paul Melaragno, M.D.	Larry Watson, M.D.

Revised: 10/29/2020
Grove City

Patient Bill of Rights

- Treatment without discrimination as to age, race, color, religion, sex, language, national origin, political belief, or handicap.
 - Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
 - Receive, upon request, the names of physicians and personnel directly participating in your care.
 - Obtain from the person responsible for your care complete and current information concerning your diagnosis treatment, and expected outlook.
 - Receive information necessary to give informed consent prior to the start of any procedure, except for emergency situations.
 - The patient may elect to refuse treatment.
 - The facility will provide the patient or patient representative with the facilities policies and description of advance directives.
 - Privacy to the extent consistent with adequate medical care.
 - Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.
 - A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
 - Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
 - The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
 - Refuse to participate in research or be advised if your personal physician and/or facility proposes to engage in or perform human experimentation affecting his/her care or treatment.
 - Upon request, examine and receive a detailed explanation of your bill, regardless of sources of payment.
 - Know the facility's rules and regulations that apply to your conduct as a patient.
 - Be advised of the facility grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives.
 - Complaint or criticism will not serve to compromise future access to care at this facility.
 - Provide a copy of the medical record at any time during or after the course of treatment.
 - Expect to be cared for in a safe setting regarding: patient environmental safety, infection control, security and freedom from abuse or harassment.
 - Receive care, free of restraints.
 - Participate in the development, implementation and revision of his/her care plan.
- Complaints**
- Complaints may be directed to the Administrator: Lynn Saul, RN (614) 827-8777, lsaul@oosisurgery.com
 - Complaints may be directed to the Ohio Department of Health www.odh.ohio.gov (800) 669-3534
 - Web site for the Medicare Beneficiary Ombudsman: www.medicare.gov or (800) 633-4227 or www.cms.hhs.gov/center/ombudsman
 - Complaints related to a compromise in the quality of care or safety contact AAAHC at: complaint@aaahc.org

GROVE CITY SURGERY CENTER

In partnership with OhioHealth

Patient Guide

Patient's Name: _____

Surgery Date: _____

Arrival Time: **You will be contacted on the business day prior to surgery date.**

Special Instructions: _____

1325 Stringtown Rd
Suite 100
Grove City, Ohio 43123

Phone: (614) 827-8777
(select option 2)

Fax: (614) 488-7864

www.ohio-ortho-surg.com

Before Surgery

- Your Surgeon may request you have pre-op testing. Please have those results faxed to 614-488-7864 prior to surgery.
- Plan for a responsible adult to drive you home and be available for you for 24 hours after surgery.
- We plan to contact you prior to surgery to review instructions and complete a brief health questionnaire. You will be contacted again on the business day prior to your surgery day to instruct you on time of arrival and surgery time.
- Lower extremity surgeries will need crutches or a walker after discharge. Contact the facility if you need assistance to obtain or training to use these items.
- The evening prior to surgery plan to have a light meal. Hydrate yourself well. Do not drink alcohol or use tobacco products 24 hours prior to surgery.
- Do not eat after midnight the night prior to your surgery. You may drink clear liquids (ex: apple juice, water, Gatorade, or coffee with NO creamer) up to two hours prior to arrival time.
- Shower or bathe the evening prior to or the day of surgery.
- Bring your insurance cards and drivers license or photo ID to the facility.
- Minors must have a parent/guardian with them at all times while they are at the facility.

Day of Surgery

- Bring your insurance cards and drivers license or photo ID to the facility.
- You may brush your teeth but do not swallow water. No gum or mints.
- You may take a small sip of water with medications that your doctor or facility has instructed you to take. If you have an inhaler, bring it with you.
- If you are a diabetic do not take your insulin or oral diabetic medications unless your doctor instructs you to do so. Check your blood sugar prior to leaving home and bring your diabetic medications with you.
- Do not wear contacts. Glasses are permitted. Bring a glasses case for safe storage.
- Wear loose fitting comfortable clothing.
- If you have been instructed to get crutches or walker please bring them with you into the Facility the day of surgery.
- A pillow and or blanket in the car may add comfort for the ride home.
- Leave jewelry, watches and valuables at home.
- Your family will be notified when you are ready for discharge and will pick you up at Surgery patient pick up.

What to Expect

- Upon arrival at the Surgery Center you will be registered. If the patient is a minor, the photo ID of the guardian is required.
- A nurse will greet you and escort you to the preoperative area to begin your health assessment and ask you to change into provided gown and slippers. Your belongings will be secured during your stay.
- Anesthesia staff will meet and assess you for your anesthesia.
- Operating room staff will arrive to transport patient to the OR.

After Surgery

- Following surgery your surgeon will speak to your family.
- Included in a discharge folder will be written instructions for your home care.
- After your release, plan to fill your prescription and make a follow up appointment with your surgeon, unless already scheduled.
- For same day surgery you can expect to be in recovery for several hours. It will seem short but it will be safe to go home.

- You may feel sleepy and dizzy from the medications after surgery and upon return home, this is normal. Recovery at home has many advantages: comfort of familiar surroundings, loved ones to provide more individualized care to you, reduction of complications; allowing you a return to normal activity more rapidly.
- You will be discharged with a responsible adult and minors will be discharged to their parents/guardian whom can stay with you for 24 hours after surgery.
- If you have any questions or concerns please call the number provided on your written discharge instructions in your folder.
- The next business day following surgery we will contact you at home to check on your progress.
- A survey about your experience will be sent to the email provided during registration within 3 days. Please complete at your earliest convenience.

Advance Directives

Please note that our facility's policy on Advanced Directives is that life sustaining efforts will be initiated and maintained on all patients. If you would like information on developing Advanced Directives, the following website can assist you and includes a description of the State's health and safety laws:
www.uslivingwillregistry.com/forms.shtm