

Greater New Orleans Surgery Center

ADVANCE DIRECTIVES

Page 1 of 1

Reviewed: August 1, 2001
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001,
05/18/09

Deleted: .
Deleted: .
Formatted: Indent: Left: 0.5", First line: 3.5"
Formatted: Indent: Left: 1", First line: 3.5"

SUBJECT: Patients with advance directives.

PURPOSE: The presence of an advance directive in a medical record indicates the patient's preference for continued medical care and should be noted and followed.

SCOPE: All personnel.

Deleted: perioperative nursing

DEFINITION:

A. Advance directives are documents allowing patients to give direction about future medical care. There are two types:

Formatted: Indent: Left: 0", Hanging: 0.5"

1. Living Will - Written instructions explaining wishes regarding health care should the patient have a terminal condition.

Formatted: Indent: Left: 0", Hanging: 0.5"

2. Durable Power of Attorney - Written document naming a person to make decisions for the patient if patient becomes unable to do so.

Formatted: Indent: Left: 0", Hanging: 0.5"

POLICY:

A. Upon notification to the facility that the patient has an advanced directive, the patient shall be informed that we do not honor advance directives. In the surgery setting it is our responsibility to keep the patient alive. If a transfer to the hospital is necessary the Advance Directive will be transferred with the patient to the hospital.

Deleted: B. Patients with advance directives are responsible for informing their physicians of their wishes and providing a copy to the facility.¶
Formatted: Not Highlight

PROCEDURE:

A. According to the guidelines as set forth by CMS, the patient will be advised of the center's policy on Advance Directives prior to the date of surgery both verbally and in writing and of the patients right to make informed decisions regarding the patient's care.

Deleted: If the patient advises that he/she has an advance directive, either a living will or a durable power of attorney, the preoperative staff will document this on the preop assessment form and inform the patient of our policy regarding the honoring of the advance directive. If possible, a copy will be placed in the patient's chart. The chart will be marked "Living Will" on the front of the chart to inform all staff caring for the patient of the presence of an advance directive.

B. If the patient wishes to supply the facility with an Advance Directive the facility will put the Advance Directive on file and Stamp the chart on the upper right hand side of the front cover with a stamp that states 'Advance Directive on File'

Formatted: Not Highlight
Formatted: Highlight

C. If the patient is transferred to an Acute Care Facility the Advance Directive will follow.

Deleted: In the event of a patient transfer or transfer of medical records from this facility to another, the advance directive should always be part of the record sent.

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 PT RIGHTS .doc

Greater New Orleans Surgery Center

INFORMATION FOR OUR PATIENTS AND FAMILIES

RE: ADVANCE DIRECTIVES

An advance directive is a document that allows patients to give direction about future medical care. Your right and personal wishes are to be respected even if you are too sick to make decisions yourself.

There are two types of advance directives:

1. **LIVING WILL** - Written instructions explaining wishes regarding health care should the patient have a terminal condition.
2. **DURABLE POWER OF ATTORNEY** - Written document naming a person to make decisions for the patient if patient becomes unable to do so.

Patients with advance directives are responsible for informing their physicians of their wishes.

For forms and information contact:

1. Your HMO or health-care provider.
2. Hospice and home health-care agencies.
3. Senior centers or your Office on Aging.
4. Long-term care facilities.
5. Your state attorney general's office or a lawyer.
6. Choice in Dying
200 Varick Street, 10th Floor
New York, NY 10014
1-800-989-9455
(There may be a request for a donation.)
7. There are also many good books on this subject. Check at your local library or bookstore.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

AUTHORIZATION FOR OBSERVER

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Authorization for observer.

PURPOSE: Protect patient safety and confidentiality.

SCOPE: Patient, physician, anesthesiologist, observer, administrator, perioperative nurses, O/R circulating nurse, Clinical Manager/nursing director.

Deleted: nurse manager

POLICY: Any observer in the operating room must have written permission from the patient and patient's physician as well as sign a statement agreeing to comply with physician's instructions and/or facility policies and procedures.

PROCEDURE:

- A. Perioperative nurses should initiate the Authorization for Observer form by obtaining the physician's verbal and written consent.
- B. The perioperative nurses will review with the observer pertinent information including compliance with physician's instructions, facility policies and procedures and statements on the authorization form and will obtain the observer's signature.
- C. The physician, Clinical Manager or perioperative nurse will discuss the presence of an observer in the operating room with the patient or parent/legal guardian and obtain verbal and written permission on the authorization form.
- D. The authorization for observer form will be placed in the patient's chart. The circulating nurse will verify completion of the form before allowing the observer in the operating room.
- E. The form will be retained in the patient's medical record.

Deleted: nurse manager

Deleted: Or – Authorization for observer in the room is includes in Operative Consent form # GNO1.¶

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: PT RIGHTS .doc

050109 PT RIGHTS .doc

Greater New Orleans Surgery Center

Deleted: Form # GNO01

AUTHORIZATION FOR OBSERVER

I do hereby give my permission for _____ to observe all or portions of my surgery as deemed permissible by the physicians in charge of my care.

(Patient)

Date

(Witness)

Date

I am requesting permission to observe the surgery performed upon. If I am allowed to be an observer, I agree to behave as instructed by the doctors and/or staff. If instructed to leave the room for any reason, I will do so immediately. I release the Surgery Center from any and all liability associated with my presence in the operating suite. I further agree to hold the Surgery Center, the attending physician, the anesthesiologist and all other Center personnel harmless for any damage(s) or injury(s) sustained by me while I am observing surgery of the above named patient. I understand that if I should need medical attention, this would be secondary to the care of the above named patient. I agree to abide by the facilities policies to maintain facility confidentiality.

Observer's Signature

Date

I authorize _____ to observe _____ 's surgery.
(Observer) (Patient)

Physician's Signature

Date

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Greater New Orleans Surgery Center

EMANCIPATED MINORS

Page 1 of 2

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Emancipated Minors

PURPOSE: Establish a process for admitting and treating patients who meet the emancipated minor criteria.

SCOPE: Emancipated minor patients

POLICY:

Persons failing to meet the criteria of adulthood shall be admitted or treated at the facility only with the consent of a parent or legal guardian unless either an actual emergency exists, in which case consent is implied, or one of the following exceptions is applicable:

1) Minors receiving pregnancy care:

Any minor regardless of age or marital status, may personally consent for hospital, medical and/or surgical care related to her pregnancy.

2) Minors living away from home: (Emancipated Minor)

Any minor who has been declared an emancipated minor by the courts and who offers proof of such a declaration may personally consent for hospital, medical and/or surgical care.

3) Minors over the age of 15 and who are financially responsible for self.

4) Minors on active duty in the U. S. Armed Forces:

Any minor, regardless of age, while serving on active duty with any branch of the U. S. Armed Forces, may personally consent for hospital, medical and/or surgical care without having to obtain parental or guardian consent.

5) Minors suffering from a reportable disease

When a minor has a communicable disease of the type, which must be reported to the local health department, he/she is able to give valid consent for treatment relating to this reportable disease. (Note: the parent or legal guardian incurs no legal obligation to pay in this case, unless the parent has personally consented.

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Greater New Orleans Surgery Center

EMANCIPATED MINORS

Page 2 of 2

6) Minors with drug or alcohol related problem:

Minors 12 years of age or older may consent to the furnishing of hospital care, medical and/or surgical care, or counseling related to the diagnosis or treatment of a drug or alcohol related problem.

7) Minors with divorced parents:

The consent of either parent is sufficient; however, if there is a conflict between the parents, the one having legal custody has the final authority. Therefore, always attempt to obtain consent of parent having legal custody.

8) Non-abandoned minor whose parents are unavailable:

This situation usually arises where the minor is away from home or in the care, custody or possession of law enforcement agencies, a school camp, sitter, foster home, foster parents pending adoption and the like. Legally, only the parent or legal guardian can give a valid consent in the absence of an emergency. If the parents or guardian have consented in writing that the person in care, custody or possession of the minor can give consent, such authorization shall be accepted. Consent may be implied in an emergency situation.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

GUIDELINES FOR OBTAINING INFORMED CONSENT

Page 1 of 6

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Guidelines for obtaining informed consent.

PURPOSE: The intentional touching of another's person without authorization is a legal wrong, a battery. Since medical treatments and surgical procedures involve the touching of a patient, the patient must in all but rare circumstances (discussed below), authorize those treatments and procedures or someone legally authorized to consent for him. Failure to gain such consent may impose liability even if the treatment improves the patient's health. Consent alone is not sufficient; the consent must also be "informed", which is the ultimate responsibility of the physician.

SCOPE: All personnel, patients, and caregivers.

POLICY:

A. THE GENERAL RULE OF INFORMED CONSENT

1. The general rule is that each person has the right to decide what medical treatment he will or will not accept. A patient's consent to treatment generally cannot be valid unless it is "informed," i.e., based upon a full understanding of the relevant facts. Not every person is mentally competent to make his own healthcare decisions, so the law permits others to give or withhold consent only if he is able to understand the procedure, its benefits, and its risks, and to make a rational decision.
2. Informed consent concerns the physician's duty to advise his patient of the nature and risks of proposed medical treatment in order to enable the patient to make an intelligent and informed decision whether to consent. As a general rule, the patient should be told:

the diagnosis,
the general nature of the contemplated procedure or course of treatment,
the risks involved,
the prospects of success or failure,
the prognosis if the procedure is not performed or the treatment not given, and
available alternative forms of medical treatment, if any.

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Greater New Orleans Surgery Center

GUIDELINES FOR OBTAINING INFORMED CONSENT

Page 2 of 6

B. EXCEPTIONS TO THE GENERAL RULE

1. The law does not require that a patient's express consent be obtained in every situation. Instead, consent will be waived or implied under certain circumstances.
2. Emergencies - If the delay in treatment necessary to obtain the patient's consent would result in significant harm to the patient, the physician may proceed to treat the patient. If the patient is unconscious or otherwise unable to consent and treatment must be given immediately, the physician need not wait until the family or guardian has been contacted. Even in an emergency, however, the physician should attempt to secure the consent of the family or guardian, whenever possible. If there is time to speak to the patient or if the patient's family is readily available, then the physician cannot safely rely on the emergency exception. Moreover, the exception generally does not apply to emergencies encountered during surgery, unless the emergency was unanticipated.
3. Therapeutic Privilege - There may be circumstances in which full disclosure by the physician would be detrimental to the patient. The "therapeutic privilege" permits the physician to withhold information if he reasonably believes that the patient's mental or physical well being would suffer as a result of learning the information. However, the therapeutic privilege does not apply where consent would be properly obtainable from the parents or guardian. (See "Who Can Give Consent")
4. Waiver - If the physician begins to offer his explanation, in a good faith attempt to comply with the general rule, and the patient asks the physician to stop, the physician may discontinue the information procedure and obtain a written waiver of informed consent from the patient. The waiver of informed consent is valid only when clearly expressed by a patient who is competent to give consent. (See attached waiver form.)

C. RESPONSIBILITY FOR OBTAINING CONSENT

Informed consent is a dialogue between the doctor and the patient. The responsibility for obtaining informed consent lies with the doctor. It is acceptable to use nurses or other facility personnel to *assist* in the informed consent responsibilities, however, assistance from para-professionals does not relieve the doctor of his/her professional responsibility. It is the physician's responsibility to obtain the informed consent, and the patient should be given an opportunity to ask questions of the physician.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

GUIDELINES FOR OBTAINING INFORMED CONSENT

Page 3 of 6

D. HOW CONSENT SHOULD BE OBTAINED

1. Informed consent is obtained only by a dialogue between the treating physician and the patient. The explanation should be provided to the patient in simple, straightforward, non-technical language, which the patient can understand. The physician should allow the patient an opportunity to ask questions, and should take care to assure that the questions are answered, and that the patient, in fact, does understand the substance of the explanation.
2. Except in the case of an emergency, the information should be given and consent sought at a time when the patient is at ease, attentive, and alert. In addition, the information should be given well in advance of the time the proposed treatment or procedure is to be provided so as to allow the patient sufficient time to deliberate and make a proper consent.

E. DOCUMENTATION OF INFORMED CONSENT

1. Documentation by appropriate notation in the medical record or the signing of a consent form, or both, is essential to the successful defense of a lawsuit based upon lack of informed consent. The more common, routine procedures will tend to require less documentation, and more unusual, complex or high-risk procedures will tend to require more documentation. The same legal and ethical standards apply in all cases, but the risk of legal action may increase with the complexity and risk of the procedure or course of treatment.
2. It should be kept in mind, however, that the consent form is not a substitute for the dialogue between the treating physician and the patient. Informed consent is a two-step process, the first step being to inform and the second step being to obtain consent. Consent forms are not a part of the process, but are mere evidence of the process having taken place. The consent form merely provides, at best, evidence that the information was given and that the consent was properly obtained. The dialogue is the essence of informed consent. Therefore, it is important to use consent forms that contain easily understood language. It is also important that consent forms never be viewed as a substitute for, rather than evidence of, the consent process.
3. If the patient is unable to read the consent form, it must be read to him. The patient must be asked whether he or she understands what he is signing. This acknowledgment should be noted on the chart.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

9

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

GUIDELINES FOR OBTAINING INFORMED CONSENT

Page 4 of 6

4. If the patient cannot sign, a mark (X) is acceptable if witnessed by two persons and documented on the operative consent form.

F. WHO CAN GIVE CONSENT

1. Any mentally competent person who has reached the age of majority may give consent for himself. Conversely, minors, retarded or mentally ill persons and persons who are seriously impaired by alcohol or drugs are generally incapable of giving informed consent.
2. If the patient is rational at times, but at other times appears confused, the consent form should be signed only when the patient's awareness of time, place, surroundings, and knowledge and understanding of the proposed procedures has been verified. A notation should be made in the chart and on the form on the basis of this judgment. In this situation, it is advisable to have the closest relative sign the form also.

G. EXPRESS CONSENT

1) *FOR ONESELF*

- Any adult may consent for himself.
- Any female, regardless of her age or marital status, may consent for herself in all matters concerning her pregnancy and childbirth.
- An emancipated minor (a minor who has had his age disability removed legally) may consent for himself.
- Any married person, whether an adult or minor, can consent for himself.

2) *CONSENT FOR OTHERS*

- A married person may consent for his/her spouse only if the patient is incompetent and unable to consent for himself.
- Any legal guardian can sign for his ward.
- Any parent, whether adult or minor, can consent for his minor child or his adult child of unsound mind.* If the child is illegitimate, the father cannot consent for the child solely on the basis of parenthood.
- Any adult may consent for his minor brother or sister or adult brother or sister of unsound mind* if the parent is not available.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

10

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

GUIDELINES FOR OBTAINING INFORMED CONSENT

Page 5 of 6

- If the parents of a minor or adult of unsound mind* are not available, the maternal grandparents can grant consent. If the minor grandchild or the adult grandchild of unsound mind* is legitimate, the paternal grandparents may grant consent.

3) IMPLIED CONSENT

Consent to surgical or medical treatment or procedures suggested, recommended, prescribed, or directed by a duly licensed physician will be implied in the following circumstances:

- Where an emergency exists and there is no one immediately available who is authorized, empowered to, or capable of giving consent. An emergency is defined as a situation wherein, in competent medical judgment, proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably be expected to jeopardize the life, health, or safety of the person affected, or would reasonably be expected to result in disfigurement or impaired faculties.
 - Where an emergency exists, there has been a protest or refusal of consent by a person authorized and empowered to do so, there is no other person immediately available who is authorized, empowered to, or capable of consent, but there has been a subsequent material and morbid change in the condition of the person affected.
- 4) If, for some reason, patient is received in surgery without a proper consent form completed and there is no one available who may legally consent for the patient, the operation can proceed only if the physician will complete an affidavit stating that he has discussed the surgery and received oral consent from the patient. This should be so noted in the progress notes. (This type of consent should be used only in exceptional cases.)

PROCEDURE:

- A. An operative consent form will be signed when the patient is admitted to the Pre-Op Area of the Surgery Center. This form will provide a record of the consent to routine ambulatory services, diagnostic procedures, and medical treatment.
- B. A signed, special consent form should be obtained prior to any medical or surgical treatments, which are not routine.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

GUIDELINES FOR OBTAINING INFORMED CONSENT

Page 6 of 6

- C. Standard of Care in the community concerning the issue of length of time for which consent forms for surgical procedures are good for is 6 months unless patient's condition changes; then consent needs to be reinitiated.

* For the purpose of this policy, the phrase "of unsound mind" shall mean and include the inability to perceive all relevant facts related to one's condition and proposed treatment so as to make an intelligent decision. This inability may be only temporary or have existed for an extended period of time. It may be due to a natural state, age, shock, illness, injury, drugs or sedation, or intoxication.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

12

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

PATIENT AND FAMILY RESPONSIBILITIES

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

05/18/09

Deleted: .

SUBJECT: Patient and Family Responsibilities

PURPOSE: Positive patient outcomes rely on many factors, among them, reasonable and responsible behaviors on the part of the patient and family. The facility staff seeks to identify those behaviors necessary for positive outcomes and educate accordingly.

SCOPE: Patient, Family and facility staff

These responsibilities are outlined in the Patient's Statement of Rights and Responsibilities posted in the facility lobby and are also available as a patient handout. Patient and family responsibilities include:

The patient and family are responsible for providing the most accurate and complete information possible about the patient's present complaints, past illnesses, previous hospitalizations, past and current medications, unexpected changes in the patient's condition and other health matters.

The patient and family are responsible for making the Healthcare providers aware if they do not understand the proposed treatment or any expectations of them.

The patient and family are responsible for following all instructions given them, for expressing any concerns regarding their ability to comply, and understanding the consequences of not complying. The facility staff seeks to adapt to the patient's plan of care to meet the patient's particular needs, limitations and handicaps when made aware of them.

The patient and family are responsible for the outcome(s) if they do not follow the instructions or plan of care prescribed.

The patient and family are responsible for following the rules and regulations of the facility governing patient care and conduct.

The patient and family must show consideration for other patients, visitors and staff and help to control noise, avoid smoking and other distractions. In addition, the patient and family are responsible for respecting the property of others and of the facility.

The patient and family, through posted signs and handouts, are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs and expectations.

Deleted: ¶

Deleted: PT RIGHTS .doc

~~▼ This Clinical Policy Manual is the property of Symbion-ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.~~

050109 PT RIGHTS .doc

Greater New Orleans Surgery Center

PATIENT RIGHTS AND RESPONSIBILITIES

Page 1 of 2

Reviewed: August 1, 2001
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001
05/18/09

Deleted: 1

Deleted: 3

Deleted: .

SUBJECT: Patients rights and Responsibilities

PURPOSE: Patient's Rights & Responsibilities are established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his family, his physician, and the facility caring for the patient. Patients shall have the following rights without regard to age, race, sex, national origin, religion, cultural, or physical handicap, personal value and belief systems.

SCOPE: All personnel.

Deleted: perioperative nursing

POLICY:

Formatted: Font: Not Bold

- A. The ASC must inform the patient or the patient's representative of the patient's rights and responsibilities and must protect and promote the exercise of such rights.
- B. These rights must be supplied in advance of the date of the procedure.
- C. Be in a language and manner, written and verbally that the patient or the patient's representative understands.
- D. Include informing the patient or the patient's representative of their right to make informed decisions regarding the patient's care.
- E. Assure that the patient or the patient's representative knows of the right to file a complaint or grievance.
- F. The patient rights and responsibilities must be posted in writing within the ASC.
- G. The notice must be given to the patient and include the name, address, phone and website of the person in authority at the ASC, the State Agency where a complaint can be filed and the website of the Office of Medicare Beneficiary Ombusman.
- H. The patient or representative must be able to exercise these rights without being subject to discrimination or reprisal
- I. The patient or representative must be able to voice grievances regarding treatment or care that is or fails to be furnished.
- J. The patient or representative must be fully informed about a treatment or procedure and the expected outcome before it is performed.

Formatted: Bullets and Numbering

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Deleted: PT RIGHTS .doc

050109 PT RIGHTS .doc

Greater New Orleans Surgery Center

PATIENT RIGHTS AND RESPONSIBILITIES

Page 2 of 2

PROCEDURE:

- A. The patient or representative will be contacted before the date of surgery to inform the patient of their rights and responsibilities which includes grievance procedures by the receptionist.
- B. During the call prior to the date of service the receptionist will also advise the patient or representative to review the rights in full which are located on the center's website.
 - a. If the patient does not have access to the internet this information will be forwarded to the patient via email, fax or mail (if there is at least 5 days notice).
- C. On the date of surgery the patient or representative will be given a hard copy of this information and will be asked to sign and acknowledgement of receipt.
- D. Once this information is signed by the patient they will not be requested to sign on each additional visit. The only time this will be repeated is in the event of a change of information.

Formatted: Font: Not Bold

Formatted: Bullets and Numbering

Formatted: Font: Not Bold

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 PT RIGHTS .doc

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

PATIENT RIGHTS AND RESPONSIBILITIES THE PATIENT HAS THE RIGHT TO:

- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions, should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Be given assistance in changing primary care or specialty physicians if other qualified physicians are available.
- Provide patient access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in a manner and form, such as TDD, large print materials and interpreters, that can be understood by hearing and sight impaired individuals.
- Have an assessment and regular assessment of pain.

Deleted: THE PATIENT HAS THE RIGHT TO:

- ¶ Receive the care necessary to help regain or maintain his maximum state of health and, if necessary, cope with death.¶
- ¶ Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience and perform the services for which they are responsible with the highest quality of service.¶
- ¶ Expect full recognition of individuality, including privacy in treatment and in care. In addition, all communications and records will be kept confidential.¶
- ¶ Complete information, to the extent known by the physician, regarding diagnosis, treatment and the prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment. ¶
- ¶ Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered.¶
- ¶ Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's designated representative or other legally designated person shall exercise the patient's rights.¶
- ¶
- Page Break-----
- PATIENT RIGHTS AND RESPONSIBILITIES¶
- ¶ Page 2 of 3¶
- ¶ Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuses treatment or not follow instructions of the physician or facility.¶
- ¶ Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.¶
- ¶ Be informed of any human experimentation or other research / educational projects affecting his or her care or treatment and can refuse participation in such experimentation ... [1]

Formatted: Bullets and Numbering

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

- Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.
- Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable State health and safety 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 designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his or her financial obligations to the facility.
- Payment to facility for copies of the medical records the patient may request.
- Identifying any patient safety concerns.

Formatted: Bullets and Numbering

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 504-454-2017 or by mail at:

Greater New Orleans Surgery Center

3434 Houma Blvd., Ste 300

Metairie, LA 70006

Penny Nichols 504.454.2017 x 101

Complaints and grievances may also be filed through the State of Louisiana
Department of Health & Hospitals, Health Standards

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

Complaint Program Desk

P. O. Box 3767
Baton Rouge, LA 70821
225.342.0138
Fax 225.342.5292

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at: www.cms.hhs.gov/center/ombudsman.asp

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

PATIENT'S LEAVING AGAINST MEDICAL ADVICE, HANDLING OF

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Patient's leaving against Medical Advice, Handling of

PURPOSE: Patients of the facility are responsible for adhering to the prescribed rules of the facility regarding their stay and treatment (as outlined in Standard 16 of the Standards of Patients' Rights and Responsibilities).

SCOPE: All personnel, patients, and caregivers.

POLICY:

In the event a patient insists upon leaving against medical advice (AMA), the attached form should be read to the patient and witnessed by three facility employees. The attending surgeon should also be notified as soon as possible and the date and time of notification documented (see attached form).

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

DISCHARGE RELEASE

AMA

I, _____, HEREBY RELEASE THE GREATER NEW ORLEANS SURGERY CENTER, ITS OFFICERS, DIRECTORS AND EMPLOYEES FROM ANY AND ALL COST, DAMAGES, EXPENSES OR OTHER FORMS OF LIABILITY IN CONNECTION WITH MY DISCHARGE FROM THE GREATER NEW ORLEANS SURGERY CENTER THIS _____ DAY OF _____, 200__ .

() I RECOGNIZE THAT IT IS THE GREATER NEW ORLEANS SURGERY CENTER POLICY THAT NO PATIENT IS TO BE DISCHARGED FROM THE CENTER UNESCORTED. NOTWITHSTANDING, I REFUSE TO COMPLY WITH THE ABOVE POLICY AND INSIST THAT I DRIVE MY OWN AUTOMOBILE UPON DISCHARGE.

BASED UPON THIS RELEASE, I ACKNOWLEDGE THAT THE GREATER NEW ORLEANS SURGERY CENTER IS DISCHARGING ME UNESCORTED.

SIGNATURE OF PATIENT

WITNESS

WITNESS

APPROVAL BY PHYSICIAN

SIGNATURE ATTENDING PHYSICIAN

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

Greater New Orleans Surgery Center

PATIENTS WITH DNR ADVANCED DIRECTIVES

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Patients with DNR advanced directives.

PURPOSE: DNR orders are ordinarily intended to apply to situations where the dying process cannot be reversed and where respiratory and/or cardiac arrest are natural manifestations of imminent death. However, arrhythmias, hypotension and respiratory depression are common side effects from conscious sedation (MAC), regional or general anesthesia and, as such, are not necessarily a natural sign of impending death.

POLICY: The institutional policy for patients with a designated DNR (Do Not Resuscitate) status, who are scheduled for surgery or any other procedure, will be to temporarily rescind the DNR status until they are discharged from the facility. If life support measures are required during the procedure or recovery period, they will only be continued until the patient can be transferred to the nearest hospital, at which time the patient, family and attending physicians may discontinue such support according to the wishes of the patient.

PROCEDURE:

The attending physician who books the procedure will be responsible for:

1. Informing the patient in advance about the institutions DNR policy.
2. Discussing other options with the patient, including the option to have the procedure performed elsewhere where such a policy does not exist.
3. Notifying the facility at the time such a patient is scheduled.

By allowing the option of short-term life support during an elective palliative or therapeutic procedure, the attending physician(s):

1. Can more readily ensure that the patient will receive adequate sedation, analgesia and/or anesthesia without risk of under-medication (due to uncertainty about the allowable degree of life support).
2. Will not have to confront the possibility that the death of a patient may have been iatrogenically hastened by not treating a potentially reversible situation.

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

Greater New Orleans Surgery Center

REFUSAL TO PERMIT BLOOD TRANSFUSION

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Refusal to permit blood transfusion

PURPOSE: To obtain a signed release from the patient in the event they wish to refuse emergency blood transfusion.

SCOPE: All personnel, patients.

POLICY:

In the event a patient chooses not to be given blood derivatives during his/her care at the facility, a refusal form must be signed and witnessed upon admission.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

22

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

RIGHT TO REFUSE A PATIENT CARE ASSIGNMENT

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Right to refuse a patient care assignment

PURPOSE: Employees of the facility are hired with the knowledge of these documents and the expectations that they will make every effort to adhere to them, recognizing the cultural, spiritual, religious and other differences each patient brings with them.

SCOPE: All personnel.

POLICY:

The facility follows the standards and concepts set forth in its Patient Rights and Responsibilities Statement, Statement of Mission, Goals and Objectives, Vision Statements, and Greater New Orleans Surgery Center Personnel Policies. Employees of the facility are hired with the knowledge of these documents and the expectations that they will make every effort to adhere to them, recognizing the cultural, spiritual, religious and other differences each patient brings with them.

- 1) The healthcare worker at the facility will provide care regardless of the patient's health status.
- 2) The risk of contracting a communicable disease is not a basis for refusing to provide patient care.
- 3) The healthcare worker will know the risk of contracting diseases and will practice Universal Precautions to protect themselves.
- 4) Healthcare workers will have a right to refuse a patient care assignment when:
 - An employee's objectives are based on ethical or moral grounds (e.g., if a nurse is ethically or morally opposed to interventions or procedures involving a particular patient.)
 - Law prohibits it or Practice acts governing the healthcare worker.
 - The healthcare worker concludes that he/she lacks competence or is inadequately prepared to carry out a specific function.
- 5) In refusing a patient care assignment, the healthcare worker has the responsibility of seeking alternative sources of care to meet the needs of the patient.
- 6) Perioperative Clinical Managers will consider basic moral and ethical principles when resolving issues. It is important that the decisions serve the needs of the best interests of both patients and healthcare workers.

Deleted: nurse manager

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 PT RIGHTS .doc

Greater New Orleans Surgery Center

SPIRITUAL AND CULTURAL BELIEFS OF PATIENTS

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Spiritual and cultural beliefs of patients.

PURPOSE: To provide the patients of all ages and spiritual beliefs the access to sources of strength and comfort.

SCOPE: Patient, physician, anesthesiologist, facility staff, and community resources.

POLICY:

The facility recognizes that patients of all ages have a spiritual dimension and cultural values, that it is a significant source of strength and comfort, and that these spiritual and cultural needs vary. A patient's spiritual and cultural beliefs may influence his/her decisions regarding treatment and must be respected by the facility staff. Patients are informed of this respect for their belief systems by means of a posted Statement of Patient's Rights and Responsibilities and patient handouts.

It is also important that caregivers acknowledge that their own spiritual or cultural belief systems may influence their feelings and attitudes about the beliefs of patients. The facility staff should not compromise their own ethical or spiritual values while facilitating the belief practiced by those around them.

In the event of a patient's or a patient's family request for spiritual counseling, he/she should contact their person spiritual advisor.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

24

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

TELEPHONE CONSENT

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Telephone Consent

PURPOSE: To provide means of obtaining consent from patient's legal guardian or power of attorney when they are unable to accompany the patient on the day of surgery or reside out of town.

SCOPE: Patient, Legal representative, all personnel.

POLICY:

When obtaining a telephone consent, after making appropriate identification of the person on the phone, the printed consent form must be read verbatim to the person authorized to consent and witnessed by two RNs or a physician and an RN.

This includes the following consents:

1. Medical Treatment (special consent)
2. Autopsy
3. Release of Deceased

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

25

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

VOICING OF COMPLAINTS/GRIEVANCES

Page 1 of 2

Reviewed: August 1, 2001
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001
05/18/09

SUBJECT: Voicing of Complaints/Grievances

PURPOSE: The facility provides for and welcomes complaints, grievances and suggestions from patients and visitors.

SCOPE: All personnel, patients, and caregivers.

POLICY:

- A. In accordance with the patients rights and responsibilities the facility will inform the patient or representative of their right to file a complaint or grievance.
- B. This right must be supplied in advance of the date of the procedure.
- C. Be in a language and manner, written and verbally that the patient or the patient's representative understands.
- D. The patient complaint information must be posted in writing within the ASC.
- E. The notice must be given to the patient and include the name, address, phone and website of the person in authority at the ASC, the State Agency where a complaint can be filed and the website of the Office of Medicare Beneficiary Ombusman.
- F. The patient or representative must be able to exercise these rights without being subject to discrimination or reprisal
- G. The patient or representative must be able to voice grievances regarding treatment or care that is or fails to be furnished.

PROCEDURE:

- A. The patient or representative will be contacted before the date of surgery to inform the patient of their rights to file a grievance procedures by the receptionist.
- B. During the call prior to the date of service the receptionist will also advise the patient or representative to review the complaint/grievance in full which are located on the center's website.
 - a. If the patient does not have access to the internet this information will be forwarded to the patient via email, fax or mail (if there is at least 5 days notice).
- C. On the date of surgery the patient or representative will be given a hard copy of this information and will be asked to sign and acknowledgement of receipt.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 PT RIGHTS .doc

Deleted: 1
Deleted: .
Formatted: Indent: Left: 0", Hanging: 0.5"
Deleted: A. .
Formatted: Font: Not Bold
Formatted: Indent: Left: 0", Hanging: 0.5"
Formatted: Indent: Left: 0", Hanging: 0.5"
Deleted: Voicing of a complaint or grievance does not and will not have any untoward effect on the care rendered to the patient. Presentation of a complaint does not in itself serve to compromise a patient's future access to care.¶
¶
B. . If a complaint or grievance is voiced by a patient or visitor, the Patient Representative will initiate a Patient Complaint Form (sample form follows policy) and the forward the form immediately to the Administrator. Whenever possible, the complainant will be included in all processes surrounding the complaint issue, from the investigation to its resolution.
Deleted: ¶
C. . Patient's Rights and Responsibilities are printed on the back of the registration form for the patient to review.¶
¶
D. . Patients are also asked a series of questions during their Post-Operative Telephone Call to determine the level of satisfaction, and to provide an opportunity to make suggestions or voice any grievances or complaints.¶
¶
E. . Patients are also queried through an outside consultant for patient satisfaction data. This information is reviewed at the following quarterly meetings: PIC, Medical Advisory Board and Gov(... [2]
Formatted: Font: Not Bold
Formatted: Font: Not Bold
Formatted: Bullets and Numbering
Formatted: Font: Not Bold
Formatted: Font: Not Bold
Formatted: Font: Not Bold
Formatted: ... [3]
Formatted: Font: Not Bold
Formatted: ... [4]
Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

VOICING OF COMPLAINTS/GRIEVANCES

Page 2 of 2

- D. Once this information is signed by the patient they will not be requested to sign on each additional visit. The only time this will be repeated is in the event of a change of information.
- E. Patients are also asked a series of questions during their Post-Operative Telephone Call to determine the level of satisfaction, and to provide an opportunity to make suggestions or voice any grievances or complaints.
- F. Patients are also queried through an outside consultant for patient satisfaction data. This information is reviewed at the following quarterly meetings: PIC, Medical Advisory Board and Governing Body meetings.
- G. Once a complaint or grievance has been received it will be immediately forwarded to the Administrator.
- H. The Administrator will log the grievance in the complaint log, initiate a complaint followup and begin investigation, which may be completed by someone other than the Administrator.
- I. All substantiated allegations must be reported to the state and/or local authority.
- J. The investigation process should take no more than one week to compile data and a response of the review will be provided to the complaining party verbally or in writing if requested.

Formatted: Font: Not Bold

Formatted: Indent: Hanging: 0.5",
Numbered + Level: 1 + Numbering
Style: A, B, C, ... + Start at: 1 +
Alignment: Left + Aligned at: 0.25"
+ Tab after: 0.5" + Indent at: 0.5"

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 PT RIGHTS .doc

Deleted: PT RIGHTS .doc

Greater New Orleans Surgery Center

VOICING OF CONCERS- ETHICAL ISSUES INVOLVING PATIENTS

Page 1 of 2

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

Deleted: .

SUBJECT: Voicing of concerns – Ethical issues involving patients.

PURPOSE: The facility recognizes the right of every patient and/or the patient's designated representative to participate in the consideration of ethical issues that arise in the care of the patient. In addition, the facility recognizes that caregivers (including medical staff and employees of the facility) may also participate in this process when it ultimately serves to benefit or improve the patient's care.

SCOPE: All personnel, patients, and caregivers.

POLICY: Any concerns or issues regarding patient care should be reported to the Administrator or Clinical Manager. The mechanism(s) by which this participation evolves differs for (1) patients and/or the patient's designated representative and (2) caregivers (including the medical staff and employees of the facility) and are outlined below:

Deleted: Nurse Manager

PROCEDURE:

A. PATIENT AND/OR PATIENT'S DESIGNATED REPRESENTATIVE

1. Patients and/or the designated representative are made aware of the patient's right to participate in consideration of ethical issues related to patient care in the "Statement of Patient's Rights and Responsibilities" which is posted in the lobby of the facility and is also available in printed form on the back of the registration form.
2. Should patient voice concerns regarding this issue, the involved staff members should inform the Administrator immediately of the problem/concern. It may be necessary for the Administrator to contact the patient's attending physician, delay the start of the surgery or take other steps in order to address the issue to the satisfaction of the patient and/or the designated representative. This may include involving the Medical Director and/or other facility staff members in order to assess the problem and initiate action.
3. Employees of the facility should always be cognizant of the patient's rights and be willing to assist in addressing the concerns or solving the problems at all times.

Deleted: PT RIGHTS .doc

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

050109 PT RIGHTS .doc

Greater New Orleans Surgery Center

VOICING OF CONCERS- ETHICAL ISSUES INVOLVING PATIENTS

Page 2 of 2

- B. CAREGIVERS (INCLUDING MEDICAL STAFF AND EMPLOYEES OF THE FACILITY)
1. The caregivers (including medical staff and employees of the facility) also possess the right and the responsibility to participate in the consideration of ethical issues that arise in the care of the patient.
 2. Issues may simply involve the need to improve a current policy/practice/procedure in order to improve patient care. In this instance, the individual should contact the Administrator at once so that the process can be initiated. Involvement of the Improvement of Performance Council may also be needed to resolve the issue.
 3. At times, this participation may involve situations in which an employee or medical staff member feels uncomfortable in addressing an issue which appears to place "blame" on another individual. To ease this process, a confidential form is utilized, allowing the person to address these concerns without fear of reprisal or reprimand. It should be noted, however, that the use of this form is for the sole purpose of resolving issues in regard to patient care; the information submitted must be objective at all times, rather than subjective.
 4. In utilizing the form, the medical staff member or facility employee should submit the form directly to the Administrator, who will use the information in a confidential and positive manner.
 5. The Administrator will inform the Medical Director of the situation and appropriate steps taken, which may include review of the issue at the Medical Advisory Board meeting. If necessary, a meeting of the Medical Advisory Board will be called if the situation warrants immediate action.

This Clinical Policy Manual is the property of Symbion ARC, Inc., and may not be reproduced or distributed without the express written consent of the Company. Upon request of the Company, any and all copies of this Manual must be returned to the Company and no employee of the Company shall have the right to retain, in whole or in part, any portion of this Manual upon termination of employment with the Company or any of its Affiliates.

[050109 PT RIGHTS .doc](#)

29

Deleted: PT RIGHTS .doc

THE PATIENT HAS THE RIGHT TO:

Receive the care necessary to help regain or maintain his maximum state of health and, if necessary, cope with death.

Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience and perform the services for which they are responsible with the highest quality of service.

Expect full recognition of individuality, including privacy in treatment and in care. In addition, all communications and records will be kept confidential.

Complete information, to the extent known by the physician, regarding diagnosis, treatment and the prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment.

Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered.

Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's designated representative or other legally designated person shall exercise the patient's rights.

Page Break

PATIENT RIGHTS AND RESPONSIBILITIES

Page 2 of 3

Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuses treatment or not follow instructions of the physician or facility.

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.

Be informed of any human experimentation or other research / educational projects affecting his or her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.

Express grievance / complaints and suggestions at any time.

Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

Have an advance directive, such as a living will or Healthcare proxy. A patient who has an advance directive must provide a copy to the facility and his or her physician so that his or her wishes may be known and honored

Be fully informed before any transfer to another facility or organization.

Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.

THE PATIENT IS RESPONSIBLE FOR:

Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.

Respecting the property of others and the facility.

Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.

Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.

PATIENT RIGHTS AND RESPONSIBILITIES

Page 3 of 3

Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.

Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.

Promptly fulfilling his or her financial obligations to the facility.

Page Break

- C. Patient's Rights and Responsibilities are printed on the back of the registration form for the patient to review.

- D. Patients are also asked a series of questions during their Post-Operative Telephone Call to determine the level of satisfaction, and to provide an opportunity to make suggestions or voice any grievances or complaints.
- E. Patients are also queried through an outside consultant for patient satisfaction data. This information is reviewed at the following quarterly meetings: PIC, Medical Advisory Board and Governing Body meetings.

Page 26: [3] Formatted Penny Nichols 5/18/2009 3:12:00 PM
Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" +
Tab after: 1" + Indent at: 1"

Page 26: [4] Formatted Penny Nichols 5/18/2009 3:13:00 PM
Indent: Hanging: 0.5", Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment:
Left + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"