



**THE EYE INSTITUTE
Of WEST FLORIDA**
Better Vision~Our Specialty

***Advanced Surgery from the
doctors you trust at
The Eye Institute of West Florida***



**LARGO AMBULATORY
SURGERY CENTER**

1225 West Bay Drive, STE 200
Largo, Florida, 33770

TEL: (727) 450-3030

FAX: (727) 450-3031

**ST. PETERSBURG
EYE SURGERY CENTER**

6133 Central Ave, 2nd Floor
St. Petersburg, FL 33710

TEL: (727) 502-6402

FAX: (727) 502-6403

MEDICAL DIRECTOR: ROBERT J. WEINSTOCK, MD



**LARGO AMBULATORY
SURGERY CENTER**



**ST. PETERSBURG
EYE SURGERY CENTER**

- WHAT WE ARE:** We are outpatient surgical and procedural facilities licensed in the State of FLORIDA
- WHO WE ARE:** We are owned by **Eyecare Partners** and were developed to provide a safe and comfortable medical facility that would provide efficient , premium and effective ophthalmic surgical services to patients.
- YOUR RIGHTS AS A PATIENT:** You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.
- YOUR CHOICE:** Your physician may have ownership interest in the Center. Please discuss with your surgeon your questions or concerns, if you may want to have your procedure at an alternative health care facility.
- CREDENTIALS:** All of the physicians and anesthetists have been credentialed according to Medicare and AAAHC standards. Information is available upon request.
- PATIENT GRIEVANCES:** If patients have complaints or concerns in regard to their care at Largo Ambulatory Surgery Center or St. Petersburg Eye Surgery Center, they are encouraged to let the manager know. If further review is indicated, patients are encouraged to fill out a grievance form, which is available upon request at the front desk. Contact numbers are available below.
- ADVANCE DIRECTIVES:** If you have an advance directive or living will and a medical emergency arises, the Center will transfer you to the closest hospital. The surgery center will not follow do not resuscitate requests. Please discuss with your physician if you have questions. The hospital will make decisions about following any advance directive or living will. You have a right to have your living will present in our medical record at the Center and to be informed of the Center's policy prior to the procedure. State information and forms to prepare an advance directive, if you decide to have one, can be found at

the following web site:

www.state.nj.us/health/healthfacilities/documents/ltc/advance_directives.pdf

***Please let us know should you have a complaint or concern
by asking for the Administrator***

**Amy Howard, RN
727-581-8706 X2073**

Consumer Complaints for the Florida Department of Health
and Senior Services can be made at:

Write: Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, FL 32308
1-888-419-3456

Visit: www.nj.gov/health/healthfacilities/hotlines.shtml

Call: Complaint hotline at (888) 419-3456

For Medicare:

Office of the Medicare Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

PREPARING FOR YOUR SURGERY

Prior to your surgical procedure, you should be familiar and comfortable with the procedure to be performed and have had all of your questions answered to your satisfaction. Your pre-and post-operative instructions should have been reviewed with you and you will have also received a written copy of them.

PRIOR TO YOUR SURGERY YOU SHOULD:

- Read all of the written materials you have received.
 - Take your medications as directed including any eye drops as prescribed.
 - Have prescriptions filled prior to your date of surgery.
 - You cannot drive on the day of surgery and should have transportation arranged if possible.
 - It is also strongly suggested that you have someone with you for the first 24 hours after surgery if you live alone.
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- Please complete the medication information sheet and have it ready to bring with you to the surgery center on the day of your surgery. If you are cannot complete it at home, you may bring your medications in a baggie with you and our staff will be happy to assist you.

- The afternoon prior to your surgery (Friday, if your surgery is on Monday), you will receive a call from the nurse with information regarding your expected arrival time for your procedure.
- You will be given specific instructions regarding eating and drinking. This depends on your procedure and the time your surgery is scheduled.
- If you have any co-pays or money due, you will be expected to pay on the surgery day.
- For most eye surgery there is a one hour preparation time while your eye is dilating and staff prepares you for your procedure.
- If you have a friend or relative drive you to the ASC, please bring their telephone number where we can reach them on the day of surgery.

Please note that all cash paying patients will be required to pay for their services (or Premium Lenses) in full . before the day of surgery. The center accepts cash, check, debit or credit cards.

ON THE DAY OF YOUR SURGERY

- It is important to follow the instructions you received about eating and drinking.
 - Leave jewelry, contact lenses and other valuables at home for safekeeping.
 - Bring your insurance cards and any co-pays or deductibles due.
 - If you are having cataract surgery, please bring a pair of dark glasses.
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- Ambulatory Surgery Center is located on the second floor of The Eye Institute building. Once you get off the elevator, go through the double doors .
 - You will be greeted by the ASC staff and asked to identify yourself. You will sign many documents for permission to perform surgery, permission to bill your insurance carrier, permission for anesthesia services, etc.
 - On many occasions you will be asked to verify the procedure and site of the surgery. This is for your safety.
 - After the paperwork is complete you will be admitted to the pre-operative area where the nurses will monitor your vital signs and dilate your eye for your procedure if necessary.
 - *If you are having a laser procedure, you will be admitted as above but will usually not need to be placed on a stretcher or have an intravenous cannula placed.*
 - Once you are on the stretcher, you will receive many eye drops as prescribed by your surgeon and an intra-venous cannula will be inserted.
 - The Anesthesia provider will then speak with you and review all of your medication and health history to make sure that you are in good health and ready for the operation.
 - Once you are prepared for surgery, per your surgeon's instructions, you will be brought back to the operating room.
 - For most of our procedures our patients are mildly sedated and are able to communicate with their doctor and staff. This is necessary for ophthalmic procedures so that your surgeon can direct you to look at the light.

- Your anesthesia provider will be at your side throughout your time in the operating room and if at all possible will hold your hand during the procedure.

FOLLOWING YOUR SURGERY

- After your procedure you will go to our fully equipped PACU (Post Anesthesia Care Unit) where you will be monitored by our recovery nurses and anesthesia provider.
- You will be transferred to a recliner chair until you are ready to go home. The amount of time in PACU varies according to the type of procedure you have had and how quickly you recover.
- Your post-operative instructions will be reviewed with you. If you want a family member, significant other or friend to hear them, inform the nurse.
- Because of the sedative you received you will be brought to your vehicle in a wheelchair.
- When you have been released from the surgery center, you should go straight home and rest.
- You will have received your post operative instructions in writing and should be kept nearby for you to refer to if necessary.
- You will have received sedation in most cases and should not drive or operate equipment, sign any important papers or make any significant decisions for 24-48 hours.
- Please follow these instructions to the letter. The instructions are for your benefit and will ensure the best outcome for you.
- If you should have any problems or concerns you can call the number on the post operative instruction sheet. After 5p.m. you will reach the answering service; there is always a physician and trained technicians on call who can answer your questions. Give your information to the answering service and someone will return your call.
- You will have a follow up appointment with your surgeon, often the next morning.
- You should not drive until your surgeon clears you to do so.

WE VALUE YOUR INPUT FROM YOUR SURGICAL EXPERIENCE!

It is our goal to deliver excellent surgical care in a more relaxing environment than a hospital setting. We welcome any comments or suggestions you may have in regard to your surgical experience. We encourage you to complete the peach colored patient survey form and bring it with you to your post-operative appointment. These forms provide a way for the facility to measure patient satisfaction and also you, the patient a means of communicating with us should you have a suggestion or complaint.

PATIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. This statement of rights and responsibilities is posted in our facility in at least one location that is used by all patients.

Your rights and responsibilities include:

A patient, patient representative or surrogate has the *right* to

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to
 - Voice grievances regarding treatment or care that is (or fails to be) furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
 - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- Have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the

facility for placement in his/her medical record.

- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.

A patient, patient representative or surrogate is *responsible* for

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.

COMPLAINTS

Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the surgery center. Or, you can call 727 450.3030

We want to provide you with excellent service, including answering your questions and responding to your concerns.

You may also choose to contact the licensing agency of the state,
Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, FL 32308 • 1-888-419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or on line at <http://www.medicare.gov/claims-and-appeals/index.html>. The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.



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SURGERY CENTER



ST. PETERSBURG
EYE SURGERY CENTER

OUR MISSION
LARGO AMBULATORY SURGERY CENTER
ST. PETERSBURG EYE SURGERY CENTER

*“to provide our patients with the highest level of professional,
safe and cost effective care.”*

Thank you for being our patient.
We hope you enjoyed your brief stay with us!

We are committed to providing surgical services and care to patients in our community without regard to race, creed, sex, or national origin. We will strive for excellence, always attempting to exceed the expectations of our patients, referral sources, and health care organizations. We will promote an environment of respect for our patients, our co-workers, and ourselves, and will always remember that we are accountable for our actions and outcomes.

We would really like to hear about your experience with us.
**Please remember to complete the patient survey you
will receive following your surgery.**

*Per Florida Law you are entitled to express any grievance
verbally or in writing and receive a response.
If you wish to call with a grievance, please call*

727-581-8706 X2073