

St. Joseph Center for Outpatient Surgery Patient Bill of Rights and Grievance Procedure

Patient Bill of Rights

The Surgery Center and the medical staff have adopted the following statement of Patient Rights and Patient Responsibilities. This list includes, but is not to be limited to the following and is delivered upon each patient encounter to the patient. In the event of an incapacitated patient the information is delivered to the designated patient representative.

St. Joseph Center for Outpatient Surgery adopts and affirms as policy the following rights of patient/clients who receive services from our Facility. The Facility will provide the patient, the patient's representative or surrogate verbal and written notice of such rights in advance of the procedure in accordance with 42 C.F.R. § 416.50 Condition for Coverage- Patient Rights. The patient rights are as follows:

PATIENT'S BILL OF RIGHTS ARE AS FOLLOWS:

- You have the right to the Surgery Center's reasonable response to your requests and needs for treatment or service, within the Surgery Center's capacity, its stated mission, and applicable law and regulation.
- You have the right to considerate and respectful care. This right includes the consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness. The comfort and dignity of all patients is optimized to the best of ability while delivering care. For care of the AND (Allow Nature Death) patient, this care includes treating primary and secondary symptoms that respond to treatment as desired by the patient or surrogate decision maker, effectively managing pain, and acknowledging the psychosocial and spiritual concerns of the patient and the family regarding dying and the expression of grief by the patient, significant other, and family.
- Become informed of his or her rights as a patient and participate in care and in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights and have reasonable access to care without regard to sex, sexual orientation, cultural, economic, educational, or religious background or the source of payment for care.
- Considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment, and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically/behaviorally necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Receive information from his/her physician about his/her illness, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks

involved in each, and the name of the person who will carry out the procedure or treatment.

- Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Formulate advance directives regarding his or her healthcare, and to have Surgery Center staff and practitioners who provide care in the Surgery Center comply with these directives (to the extent provided by state laws and regulations).
- Have a family member, significant other, or representative of his or her choice notified promptly of his or her admission to the Surgery Center and designate visitors, non visitors at their choosing to include same sex partners, family, or designee support person(s).
- Have his or her personal physician notified promptly of his or her admission to the Surgery Center.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the Surgery Center. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his or her medical record within a reasonable time frame (usually within 48 hours of the request).
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the Surgery Center even against the advice of his/her physician.
- Reasonable continuity of care.
- Be advised of the Surgery Center grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives or if he or she feels the determined discharge time is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the Surgery Center contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, and the grievance completion date.
- Be advised if Surgery Center/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment, or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation, and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation, and/or clinical trial. All

information provided to subjects will be contained in the medical record or research file, along with the consent form(s).

- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the Surgery Center.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which Surgery Center rules and policies apply to his/her conduct while a patient.
- Designate a representative to make decisions to exercise the patient's right to participate in the development of care and to make decisions regarding medical care on behalf of the patient.
- Pastoral and other spiritual services.
- All Surgery Center personnel, medical staff members, and contracted agency personnel performing patient care activities shall observe these patients' rights.
- If you believe your privacy rights as described in this notice have been violated, please call (816) 676-0075.

PATIENT RESPONSIBILITIES ARE AS FOLLOW:

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.
- The patient is responsible for reporting perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.
- The patient is responsible for providing a responsible adult to provide transportation home and remain with them as directed by their provider or as indicated on discharge instructions.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the Surgery Center or physician when he/she is unable to do so.
- Accepting the consequences of failing to follow the recommended course of treatment or using other treatments.
- Respecting the Surgery Center property and that of other persons.
- The patient is responsible for following Surgery Center rules and regulations concerning patient care and conduct.
- The patient accepts all personal financial responsibility for any charges not covered by insurance.
- The patient is responsible for behaving respectfully toward all healthcare professionals and staff, as well as other patients and visitors.

Grievance Procedure

- St. Joseph Center for Outpatient Surgery has adopted an internal grievance procedure which provides for a prompt and equitable resolution of a patient complaint involving patient services or patient care issues while in the Facility. We encourage patients, their representatives or surrogates to first review any issues with the staff present and taking care of the patient at the time of the event or situation or to immediately ask to discuss the situation with the Director of Nursing or Administrator to help resolve matters while the patient is in the Facility.
- A grievance is a formal or informal, written or verbal complaint that is made to the Facility by a patient, the patient's representative, or surrogate when a patient issue cannot be resolved promptly by staff present at the time of the event, issue or occurrence and requires follow up. Patient grievances also may include messages left by voicemail; sent by email; received by staff calling after patient is discharged from the Facility; or as part of a patient satisfaction questionnaire that require further follow up. If requested, the Facility can provide a formal "Patient Grievance Report" for completion, but this form is not required to submit a grievance. Grievances may be related to the patient's care; abuse or neglect; or compliance with federal regulations from Center for Medicare/Medicaid Services (CMS).
- All grievances received by any employee, staff member or physician will be documented and forwarded to the Facility Administrator. You may also send them to:

St. Joseph Center for Outpatient Surgery
Attn: Lindsey Kroenke
4510 Frederick Ave.
St. Joseph, MO 64506
(816) 676-0075
lkroenke@sjcos.com
sjcos.com
- Grievances about situations that endanger the patient, such as neglect or abuse, will be reviewed immediately, given the seriousness of the allegations and the potential for harm to the patient.
- Each signed grievance will receive a response within 24 hours, acknowledging receipt of the grievance. This may be done by direct phone contact, email or mail.
- The Administrator/Grievance Submission will review all information and complete a full investigation, and a written response, action plan or resolution will be issued no later than seven (7) calendar days after receipt of the grievance. If more time is needed for the investigation, the 7-day letter will state the timeline for final response, no longer than thirty (30) days from the receipt of the grievance.
- Grievances should be submitted to the Administrator within thirty (30) calendar days of the date of the event. A grievance must contain the name, address, phone # and email contact (if available) of the patient (the "grievant"). The information received must state the issue, complaint, concern or problem to be addressed.
- The grievant may appeal the decision received from the Administrator by filing an appeal in writing, addressed to the "Facility Board of Managers" within ten (10) calendar days of receiving the response from the Administration. This appeal must state the elements of dissatisfaction with the response received and further resolution requested.
- The Board of Managers will conduct a separate investigation and review and will issue a written decision in response to the appeal within seven (7) calendar days or with an extension of no more than thirty (30) calendar days from receipt of the appeal. This is the same timeframe as provided for the original grievance response. The Administrator will not participate in the review and decision making process for this appeal.
- If a patient has filed a grievance and returns to the Facility for additional care before the grievance is resolved, he/she will not be cared for by the alleged staff member or physician involved in the grievance complaint.
- Patients, patient representatives or surrogates may log a grievance with the U.S. Department of Health and Human Services – directly, regardless of whether he/she has first used the Facility's grievance process. The Department of Health may be contacted at Division of Acute & Ambulatory Care, Room 526, 625 Forster St., Health & Welfare Building, Harrisburg, PA 17120, (800)254-5164.
- Patients may log a grievance with the Medicare Beneficiary Ombudsman directly, regardless of whether he/she has first used the Facility's grievance process. Medicare may be contacted at www.medicare.gov or www.cms.hhs.gov/center/ombudsman or (800) 633-4227.

COMPLAINTS:

- Complaints may be directed to the following Facility Contact: Lindsey Kroenke, 4510 Frederick Ave., St. Joseph, MO 64506 or call (816) 676-0075.
- Complaints may be directed to the following State Agency: Missouri Department of Health and Senior Services: 912 Wildwood, P.O. Box 570, Jefferson City, MO 65102 P: (573) 751-6400, F:(573) 751-6010, E-mail: info@health.mo.gov
- Web site for the Medicare Beneficiary Ombudsman: <http://www.medicareadvocacy.org/medicare-info/other-resources/>