

## GRIEVANCE PROCEDURE:

1. St. Luke's Surgery Center of Chesterfield 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 Chief Nursing Officer or Administrator to help resolve matters while the patient is in the Facility.
2. 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).
3. 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. Luke's Surgery Center of Chesterfield  
Attn:Grievance Submission  
111 St. Luke's Center Drive, Suite 500  
Chesterfield, MO 63017  
Telephone 314-798-7100  
admin@stlukesscc.com

4. 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.
5. 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.
6. 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.
7. 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").
8. The information received must state the issue, complaint, concern or problem to be addressed.
9. 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.

10. 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.
11. 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.
12. 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 The Missouri Department of Health and Senior Services Bureau of Ambulatory Care, PO Box 570, Jefferson City, MO 65102-0570, phone: 573-751-1588.
13. 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](http://www.medicare.gov) or [www.cms.hhs.gov/center/ombudsman](http://www.cms.hhs.gov/center/ombudsman) or 1-800-633-4227.

## COMPLAINTS/GRIEVANCES:

- Complaints may be directed to the following Facility Contact:  
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Attn: Grievance Submission  
111 St. Luke's Center Drive, Suite 500  
Chesterfield, MO 63017  
Telephone 314-798-7100  
[admin@stlukesscc.com](mailto:admin@stlukesscc.com)
- Complaints may be directed to the following State Agency:  
Missouri Department of Health and Senior Services  
State Health Department  
Address: PO Box 570  
City: Jefferson City  
State: MO  
Zip Code: 65102-0570. Or by calling 573-751-1588  
Email: [BAC@health.mo.gov](mailto:BAC@health.mo.gov)  
Website: [health.mo.gov](http://health.mo.gov)
- Web site for the Medicare Beneficiary Ombudsman: <http://www.medicareadvocacy.org/medicare-info/other-resources/>



St. Luke's Surgery Center of Chesterfield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

St. Luke's Surgery Center of Chesterfield cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

# Patient Bill Of Rights And Grievance Procedure



**St. Luke's Surgery Center of Chesterfield (Facility) 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:**

- Treatment without discrimination as to age, race, color, religion, sex, sexual orientation, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
- Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- Be free from any act of discrimination or reprisal against the patient merely because he or she has exercised their rights.
- Receive, upon request, the names of physicians directly participating in your care and of all personnel participating in your care.
- Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf.
- The patient may wish to delegate his/her right to make informed decisions to another person, even though the patient is not incapacitated. To the extent permitted by State law, the ASC must respect such delegation.
- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods, if any.
- The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.
- The facility will provide the patient or, as appropriate the patient's representative or surrogate with written information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms, if such exist. Access to health care at this facility will not be conditioned upon the existence of an advance directive.
- You may appoint a patient representative or surrogate to make health decisions on your behalf, to the extent permitted by law.
- Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination, and treatment are confidential and should be conducted discreetly.
- Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third-party payment contract.
- A reasonable response to your request for services customarily

rendered by the facility, and consistent with your treatment.

- Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
- The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
- Refuse to participate in research or be advised if your personal physician and/or facility propose to engage in or perform human experimentation affecting his/her care or treatment. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment, or services
- Upon patient request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
- Know the facility's rules and regulations that apply to your conduct as a patient.
- Be advised of the facility grievance process. The investigation of all grievances made by a patient, the patient's representative or surrogate regarding treatment of care that is (or fails to be) furnished. Notification of the grievance process includes: who to contact to file a grievance, and that the patient, the patient's representative or surrogate will be provided with a written notice of the grievance determination that contains the name of the contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, and the grievance completion date.
- Complaint or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints or to voice grievances including but not limited to grievances regarding treatment or care that is (or fails to be) furnished.
- Access and copy information in the medical record at any time during or after the course of treatment. If patient is incompetent, the record will be made available to his/her representative and/or surrogate.
- Expect to be cared for in a safe setting regarding patient environmental safety, infection control, security, and freedom from abuse or harassment.
- Receive carefree of restraints, unless medically reasonable issues have been accessed and pose a greater health risk without restraints.
- Participate in the development, implementation, and revision of his/her care plan.

**Complaints/Grievances**

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111 St. Luke's Center Drive, Suite 500  
Chesterfield, MO 63017  
Phone: 314-798-7100, Email: admin@stlukesscc.com
- Complaints may be directed, in writing, to the following State Agency: Missouri Department of Health and Senior Services, Bureau of Hospital Licensing, PO Box 570, Jefferson City, MO 65102-0570.
- Web site for the Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> Phone: 1-800-633-4227.