



Southern California
Renal Disease Council
INCORPORATED

New Conditions for Coverage: Patient Right & Involuntary Discharge

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Subpart C- Patient Care

- 494.70 Condition: Patient's Rights
 - (a) Standard: Patient's Rights
- 494.70(a) (1-5) No New Changes
 - (a) (6) Advance Directive
 - (a) (13) Patient conduct and responsibilities
 - (a) (14) Internal grievance process
 - (a) (15) External grievance process. Contact Network and State survey agency

Subpart C- Patient Care

494.70 Condition: Patient's Right

- (b) Standard: Right to be informed regarding the facilities discharge and transfer policies.

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Subpart C- Patient Care

494.70 Condition: Patient's Right

- (c) Standard: Posting of rights. Network and state agency information.

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Subpart D- Administration

494.150 Condition: Responsibilities of medical director

- (c) Patient care policies and procedures

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Subpart D- Administration

494.180 Condition: Governance

- (e) Standard: Internal grievance process
- (f) Involuntary discharge and transfer policies and procedures.

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494.70 Condition: Patient's Right

(a) To be treated with respect, dignity, and to:

- Receive information on all modalities; including those not provided at the current facility.
- Receive alternative scheduling options for working patients (not offered by the facility)
- Receive necessary services listed in the plan of care
- Be informed of the right to have advance directive and the facilities policy regarding advance directives

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494.70 Condition: Patient's Right

- Be informed of the rules and expectations of the facility regarding patient conduct and responsibilities
- To be informed of the Facility's internal grievance process
- Be informed of external grievance mechanisms/ processes. Be provided with information on how to contact the Network and State Survey Agency.

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494.70 Condition: Patient's Right

(b) Be informed regarding transfer and discharging policies

- Be informed of facility's policies for transfer, routine or involuntary discharge, and discontinuation of services.
- Receive written notice 30-days in advance of an involuntary discharge, after the facility follows the involuntary discharge procedure described in 494-180 (f) (4)
- In the case of immediate threats to the health and safety of others, an abbreviated discharge procedure may be allowed.

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494-70 Condition: Patient's Right

(c) Posting of Rights

- Facility must prominently display a copy of the patient's rights
- Display, the current State Agency and ESRD Network complaint mailing address and telephone number, where it can easily be seen and read

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***494-150 Condition:
Responsibilities of Medical Director***

- (c) Policies and procedures the medical director must:
- Be responsible to assure all staff, physicians, and non-physician providers “adhere” to all policies
 - Be engaged in any involuntarily patient transfer or discharge

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494.180 Condition: Grievance

- (e) Internal grievance process
- A clear explained procedure for submission of grievances
 - Timeframes for reviewing the grievances
 - A description of how grievant will be informed of steps taken to resolve the grievance
 - Can file an oral or written grievance without reprisal or denial of service.

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494.180 Condition: Governance

(f) Involuntary discharge, transfer policies, and procedures

- The medical director ensures that no patient is discharged or transferred from the facility unless
 1. The patient or payer no longer reimburses
 2. The facility ceases to operate
 3. Is necessary for the patient's welfare. Facility can no longer meet the patient's needs.
 4. The patient's behavior is disruptive and abusive that the facility operations is seriously impaired.

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494.180 Condition: Governance (cont.)

- Efforts to resolve the problem are documented as well as on-going problems
- Must have a written physician order signed by both the medical director and patient's attending physician
- Provide a 30-day written notice to the patient with copy to the local ESRD Network
- Contact other facilities in attempt to place the patient and documents that effort
- Notify the local ESRD Network and State Survey Agency of the involuntary discharge or transfer

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C of C: Summary on IVD

1. Facility must have a patient discharge/transfer policy & procedure
2. Medical Director has oversight to ensure appropriate reason for discharge or transfer
3. Must have a written physician's order that must be signed by both the medical director and patient's attending physician concurring with the patient's discharge or transfer
4. Attempts to find placement for the patient and documents the effort
5. Notifies the state survey agency of the involuntary transfer or discharge
6. In case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure

Oct. 14, 2008 will be effective date of implementation 15

New Network Guidelines for Reporting Involuntary Discharges

Involuntary Discharges should **only** occur as a last resort and **only** when all other forms of intervention have been exhausted.

Definition of Involuntary Discharge: Patient has been discharged or is asked to transfer-out from the facility *against his/her will*. A patient is considered involuntarily discharged if they have received written or verbal notice that they will no longer be allowed to receive dialysis at your facility.

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Reporting

When the decision to involuntarily discharge a patient is made, please do the following:

- Notify the Patient Services Department at Network 18 to review the situation and decision
- Fax or mail a copy of the discharge letter after speaking with the Patient Services Department

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Reporting (cont.)

- Report the involuntary discharge on the monthly Patient Activity Report (PAR) under event “6c” (category C in the losses column)
- Use this event for all involuntary discharges regardless of where the patient received services after discharge. As the business rule for the Networks related to Transfer-out-Category C reads: “Patient has been discharged from facility against his/her will”

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In Summary

- The best way to manage conflict is to prevent it!
- Spot it and address it early!
- A cohesive health-care team is effective!
- Contact the Network and/or your risk management early to assist with the interventions

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