



Involuntary Discharge Checklist for Dialysis Facilities

If you have made the decision to Involuntarily Discharge (IVD) a patient make sure that you have covered the following, in accordance with the Conditions for Coverage §494.180 (f):

Be sure you do, or have done, the following:

- Document** in the patient's medical record the ongoing problem.
- Document** the impact of issue related to the reason for the IVD on other patients/staff/facility, if any.
- Document** all steps the facility has taken to resolve the problem (including behavioral contracts, patient/staff meeting, letters of concern, billing statements, etc.).
- Document** patient's response to each step taken and the reassessment of the situation.
- Once patient is a potential or an At-Risk for discharge the patient is considered unstable and comprehensive assessment is done monthly (v520).
- Notify the Network of the potential IVD.
- Contact another facility, attempt to place the patient when the 30-day notice has been given, and document your efforts.
- Obtain a written physician's order signed by **both** the medical director **and** the patient's attending physician agreeing with the patient discharge.
- In cases of *immediate severe threats* to the health and safety of others, the facility may use an abbreviated procedure. (Only one physician signature is required on the physician order, placement in another facility is not required, and follow the remaining guidelines.)
- Notify the State Survey Agency of the involuntary discharge (phone number at bottom of page) and document it in the medical record.
- Report the patient as an IVD (6c) in the monthly PAR. Those transferred out due to lack of payment should also be reported as a 6c.
- Provide the patient with a 30-Day notice of the planned discharge (If it is not an immediate discharge).

Send the following documents to the Network Office within 10 days of request from the Network

- Send** the progress notes of the issue and describing the facility attempts to solve the problem.
- Send** copy of the physician discharge order.
- Send** all letters, contracts and/or written communication with the patient and/or family regarding the issue.
- Send** a copy of the incident report or police report if the IVD is due to Severe and Immediate Threat.
- Send** documentation that State Agency was contacted.
- Send** documentation that the patient was placed or placement attempts were made.
- Send** verification that the patient received the discharge notice.

Department of Health Services Offices

Office	Phone Number	County
Bakersfield District Office	(866) 222-1903	Kern, Tulare
Fresno District Office	(800) 554-0351	Fresno, Kings, Madera, Mariposa, Merced, Stanislaus (from Sacramento DO)
Los Angeles District Office	(800) 228-1019	Los Angeles
Orange District Office	(800) 228-5234	Orange County
Riverside District Office	(888) 354-9203	Riverside
San Bernardino District Office	(800) 344-2896	Inyo, Mono, San Bernardino
San Diego North District Office	(800) 824-0613	(Parts of) Imperial, San Diego North
San Diego South District Office	(800) 766-0759	Imperial, San Diego (cities south of Interstate 8)
Ventura District Office	(800) 824-0613	San Luis Obispo, Santa Barbara, Ventura

If you have any further questions regarding this process, please contact ESRD Network 18 at (323) 962-2020.

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GENERAL GUIDELINES FOR THE INVOLUNTARY DISCHARGE PROCESS

Background: We frequently receive calls regarding the process of involuntarily discharging a patient under the new Conditions for Coverage. Let us first emphasize that involuntary discharge should be the option of last resort. Discharged patients are at high risk for morbidity and mortality. Facilities should train staff in conflict management techniques and work to remove any barriers that patients may be facing. In the event that all options have been exhausted, the Network has several recommendations for the involuntary discharge process. Since this is a common concern, we felt it would be helpful to provide all facilities with these general guidelines and an *Involuntary Discharge Checklist* detailing the required steps. A copy of the checklist is included with this letter.

- **Notify the Network prior to an involuntary discharge:** This provides an opportunity for the Patient Services Department to review the issues and interventions with facility staff and see if there are other options that can be explored.
- **Train facility staff:** The Network recommends that all staff receive training in conflict management techniques and that this training is documented. Staff should also become knowledgeable of financial assistance options and how to assist patients with any problems they might have with their medical insurance. Please refer to the Decreasing Patient-Provider Conflict Toolbox as well as Guidelines for Management of Disruptive and/or Abuse Patients (*Both can be found at www.esrdnetwork18.org*).
- **Documentation:** It is *essential* that the staff document and address any problems, no matter how insignificant it may seem. This should include documentation of all meetings, interventions, and behavioral contracts that the staff and patients work on together. In addition note that V520 states, “*any patient considered at risk for involuntary discharge or transfer must be considered unstable*”. Also note that it requires patients at risk for involuntary discharge be reassessed monthly.
- **Submit documentation to the Network within the timeframe provided by the Patient Services Department:** All facilities are given 10 calendar days from the date documentation is requested. It is essential that the documentation is forwarded by the due date to ensure that all documentation is accounted for. Should a facility submit the paperwork past the due date provided by the Network, the facility will be placed on an Improvement Plan.
- **IVD should be the option of last resort:** If all efforts to resolve the problem have failed, and if the issues and interventions made to attempt to solve them have been properly documented then an involuntary discharge will be supported by the Network. The specifics of this process are discussed in more detail in the checklist. The discharge should be reported as a 6c in the Network Patient Activity Report.
- **Have a policy and procedure in place for involuntary discharges:** It is the Medical Director’s responsibility to make sure “that no patient is discharged or transferred from the facility unless- (1) The patient or payer no longer reimburses the facility for the ordered services; (2) The facility ceases to operate; (3) The transfer is necessary for the patient’s welfare because the facility can no longer meet the patient’s documented medical needs; (4) The facility reassessed the patient and determined that the patient’s behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired; or (5) Immediate severe threats to the health and safety of others.” (§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities).
- **Referral to the Department of Health Services:** Please note that should a facility initiate an Involuntary Discharge and it be determined that the discharge was initiated prematurely or conducted in a manner that would not be supported by the Network, the case will be referred to the local DHS office for investigation.

MRB approved 10/15/08

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