

# Involuntary Discharge (IVD) Process for Dialysis Facilities

## STOP!

Before considering an IVD, a facility’s interdisciplinary team (IDT) should:

- Conduct a thorough assessment of the situation.
- Develop a plan to address any problems or barriers the patient may be experiencing.

**Note:** Patients who are non-compliant are at higher risk for morbidity and mortality.

Discharging a patient for “non-compliance” is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).

## IVD Guidelines

<b>Notify the Network of any potential IVD</b>	This provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that can be explored.
<b>Have a policy and procedure in place for IVDs</b>	It is the medical director’s responsibility to ensure “that no patient is discharged or transferred from the facility unless: <ul style="list-style-type: none"> <li>• The patient or payer no longer reimburses the facility for the ordered services;</li> <li>• The facility ceases to operate;</li> <li>• The transfer is necessary for the patient’s welfare because the facility can no longer meet the patient’s documented medical needs; or</li> <li>• The facility has 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...”<sup>1</sup></li> </ul>
<b>Train facility staff</b>	All staff should receive training in conflict management techniques. <ul style="list-style-type: none"> <li>• Training must be documented. <ul style="list-style-type: none"> <li>• There are several resources on the Network 17 website: <a href="https://www.hsag.com/en/esrd-networks/esrd-network-17/providers/involuntary-discharge/">https://www.hsag.com/en/esrd-networks/esrd-network-17/providers/involuntary-discharge/</a></li> </ul> </li> </ul>
<b>Document everything</b>	It is <b>essential</b> that staff document and address any and all problematic behaviors, no matter how insignificant they may seem. Include documentation of all: <ul style="list-style-type: none"> <li>• Related assessments/plans of care, meetings, and interventions.</li> <li>• Behavioral agreements that the staff and patients work on together. <ul style="list-style-type: none"> <li>○ All behavioral agreements should be mutual between the patient and facility and should be reassessed at specified time intervals, discontinued if ineffective.</li> </ul> </li> </ul>
<b>IVD should be the option of last resort</b>	An involuntary discharge can begin only if: <ul style="list-style-type: none"> <li>• All efforts to resolve the problem have failed.</li> <li>• The issues and interventions to address them have been properly documented.</li> </ul>
<b>Assist the patient with placement</b>	<ul style="list-style-type: none"> <li>• The facility should assist the patient with establishing with a new physician and/or transferring to another facility if the IVD cannot be averted.</li> <li>• When attempting to assist the patient in transferring to another facility, only send the medical information requested by the other facility. <b>DO NOT</b> include additional documentation indicating that the patient is being involuntarily discharged or the circumstances surrounding the discharge unless it is specifically requested for transfer consideration. This is considered blacklisting and will be reported to the State Survey Agency (SA).</li> </ul>

<sup>1</sup>(§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities)

## IVD Checklist

- Initial and date each area when the task has been completed.
- Return the checklist to the Network within **two business days** of an IVD being completed.
  - Fax to **415.897.2422**. **Do not email** the completed checklist to the Network.

<b>Patient Name</b>			
<b>Facility Name</b>			
<b>Staff Name</b>		<b>Title</b>	
<b>Medical Director Name</b>		<b>Nephrologist Name</b>	
<b>Date</b>	<b>Initials</b>	<b>IVD steps to Complete</b>	
		Notify the Network of the potential IVD as soon as possible.	
		Complete a comprehensive reassessment and revision of the plan of care for each patient considered for potential IVD as these patients would be considered unstable. <i>V tag 767</i> – In the event facility staff members believe the patient may have to be involuntarily discharged, the IDT must reassess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily. The reassessment must focus on identifying the root causes of the identified issue(s) and result in a plan of care aimed at addressing those causes.	
		Document in the patient’s medical record the ongoing problem and facility efforts to resolve it, e.g., patient/staff meetings, schedule change(s), community resource and/or mental health referrals, behavioral contracts/updates.	
		Document any impact of identified issues on other patients and staff’s ability to safely provide care.	
		Document patient response to each step taken and the IDT’s reassessment of the situation.	
		If unable to resolve the problem and IVD is planned, obtain a written physician’s order indicating agreement with the discharge and signed by <b>both</b> the medical director <b>and</b> the patient’s attending physician.	
		Provide the patient with a letter of 30-day notice of discharge (Not applicable for a severe and immediate threat).	
		Document your attempts to assist the patient in establishing with a new physician, resolving lack of insurance, and/or placing the patient at another facility.	
		Send the <b>Network</b> this checklist and all related documentation via fax to <b>415.897.2422</b> within two business days of completing the discharge.	
		Send your <b>Survey Agency Office</b> this checklist and all related documentation via fax within two business days of completing the discharge. (See Pages 3 and 4 for information).	
		Report the patient as an IVD in CROWNWeb.	

In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the CfC Interpretive Guidance, “An ‘immediate severe threat’ is considered to be a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an ‘immediate severe threat.’ An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.” (S494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities

## ESRD Network 17 Survey Agencies

### Chico District Office

<b>Counties Served</b>	Butte, Colusa, Glenn, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba		
<b>Address</b>	126 Mission Ranch Blvd. Chico, CA 95926		
<b>Phone</b>	530.895.6711 or 800.554.0350	<b>Fax</b>	530.895.6723

### Center for Medicare and Medicaid Services Region 9

<b>Regions Served</b>	California, Hawaii, Guam, American Samoa, Saipan (also Arizona and Nevada)		
<b>Address</b>	90 7th Street, Suite 5-300, San Francisco, CA 94103-6706		
<b>Phone</b>	415.437.8096	<b>Fax</b>	415.437.8004

### East Bay District Office

<b>Counties Served</b>	Alameda, Contra Costa		
<b>Address</b>	850 Marina Bay Pkwy, Building P, 1st floor, Richmond, CA 94804-6403		
<b>Phone</b>	510.620.3900 or 866.247.9100	<b>Fax</b>	510.620.3924

### Fresno District Office

<b>Counties Served</b>	Fresno, Kings, Madera, Mariposa, Merced, Stanislaus		
<b>Address</b>	285 West Bullard, Suite 101, Fresno, CA 93704		
<b>Phone</b>	559.437.1500 or 800.554.0351	<b>Fax</b>	559.437.1555

### Redwood Coast/Santa Rosa District Office

<b>Counties Served</b>	Napa, Solano, Marin, Sonoma, Humboldt, Lake, Del Norte, Mendocino		
<b>Address</b>	2170 Northpoint Parkway, Santa Rosa, CA 95407		
<b>Phone</b>	707.576.6775 or 866.784.0703	<b>Fax</b>	707.576.2418

### Sacramento District Office

<b>Counties Served</b>	Alpine, Amador, Calaveras, El Dorado, Placer, Sacramento, San Joaquin, Tuolumne, Yolo		
<b>Address</b>	3901 Lennane Drive, #210 Sacramento, CA 95834		
<b>Phone</b>	916.263.5800 or 800.554.0354	<b>Fax</b>	916.263.5840

### San Francisco District Office

<b>Counties Served</b>	San Francisco, San Mateo, Santa Clara (Cupertino, Los Altos, Mountain View, Palo Alto, Stanford, Santa Clara, Saratoga, Sunnyvale)		
<b>Address</b>	150 North Hill Drive #22, Brisbane, CA 94005		
<b>Phone</b>	415.330.6353 or 800.554.0353	<b>Fax</b>	415.330.6350

## San Jose District Office

<b>Counties Served</b>	Monterey, San Benito, Santa Clara, Santa Cruz, San Jose		
<b>Address</b>	100 Paseo de San Antonio, #235, San Jose, CA 95113		
<b>Phone</b>	408.277.1784 or 800.554.0348	<b>Fax</b>	408.277.1032

## State of California Department of Public Health

<b>Address</b>	P.O. Box 997377, MS 3001 Sacramento, CA 95899-7377		
<b>Toll-Free</b>	800.236.9747		

## State of Hawaii Department of Health

<b>Address</b>	601 Kamokila Boulevard, Room 395, Kapolei, HI 96707		
<b>Office of Healthcare Assurance</b>	808.692.7420		
<b>Medicare Section Fax</b>	808.692.7447		