

Involuntary Discharge Process for Dialysis Facilities

The Network frequently receives calls regarding the process of involuntarily discharging (IVD) a patient. It is important first to note that IVD should be an option of last resort. Additionally, discharging a patient for “non-compliance” is not an acceptable reason for discharge per the Conditions for Coverage. Patients who are non-compliant are at higher risk for morbidity and mortality.

Before considering an IVD, the facility interdisciplinary team (IDT) should conduct a thorough assessment of the situation and develop a plan to address any problems or barriers the patient may be experiencing. In the event that all options have been exhausted, the Network has several recommendations for the IVD process provided in the guidelines below. An IVD Checklist has also been attached detailing the required steps to use for your facility.

IVD Guidelines

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| Notify the Network of any potential IVD | 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. |
| Have a policy and procedure in place for IVDs | It is the medical director’s responsibility to make sure “that no patient is discharged or transferred from the facility unless <ol style="list-style-type: none"> 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; or 4. 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...” <small>(§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities)</small> |
| Train facility staff | The Network recommends that all staff receive training in conflict management techniques and that this training is documented |
| Documentation | It is essential that all of the staff document and address any problematic behavior, no matter how insignificant it may seem. This should include documentation of all related assessments/plans of care, meetings, interventions, and behavioral agreements that the staff and patients work on together. |
| IVD should be the option of last resort | If all efforts to resolve the problem have failed, and if the issues and interventions to address them have been properly documented, then an IVD can begin. The specifics of this process are discussed in more detail in the checklist. The discharge should be reported as an IVD in CROWNWeb/EQRS. |
| In cases of immediate severe threats to the health and safety of others | The facility may use an abbreviated involuntary discharge procedure. Per the Conditions for Coverage 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” (≥494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities). |

If you have any questions after reviewing, please call the Network at **405.942.6000**.

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IVD Checklist

Please initial and date each area when completed. Return the completed checklist and ALL ITEMS contained in the checklist to the Network within **5 business days** of an IVD being completed by **fax to 405.942.6884**. **Do not email** the completed checklist to the Network.

| | | | |
|----------------------|--|--------------|--|
| Patient Name | | | |
| Facility Name | | | |
| Staff Name | | Title | |
| Staff Name | | Title | |

| Date | Initials | IVD steps to Complete |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Notify the Network of the potential IVD. |
| | | 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. |
| | | Document in the patient's medical record the ongoing problem and facility efforts to resolve the problem (such as patient/staff meetings, schedule change, community resource or mental health referral, behavioral contracts/updates, etc.) AND the patient's response to interventions. |
| | | Document any impact of behavior on other patients and staff ability to safely provide care. |
| | | Document patient response to each step taken and the IDT reassessment of the situation. |
| | | If unable to resolve the problem and IVD is planned, obtain a written physician's order signed by both the medical director and the patient's attending physician agreeing with the patient discharge. |
| | | Provide the patient with a letter of 30 day notice of discharge. |
| | | Notify the State Survey Office for your State about the IVD: OK Department of Health 405.426.8470, AR Department of Public Health: 501.661.2201, LA Department of Health and Hospitals: 225.342.0138 |
| | | Document your attempts to place the patient at another facility. |
| | | Send the Network related IDT assessments/documentation, contracts, letter of notification of discharge to the patient, physician orders, documentation that the state survey agency has been notified of the IVD, and a copy of the police report if discharge is for immediate severe threat to the health and safety of others (if applicable) via fax to 405.942.6884 . |
| | | Report the patient as an IVD in EQRS. |