

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

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 ensure “that no patient is discharged or transferred from the facility unless: <ul style="list-style-type: none"> • The patient or payer no longer reimburses the facility for the ordered services. • The facility ceases to operate. • The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or • 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...”¹
Train facility staff	All staff should receive training in conflict management techniques. <ul style="list-style-type: none"> • Training must be documented. <ul style="list-style-type: none"> • There are several resources on the HSAG ESRD Networks website: https://www.hsag.com/en/esrd-networks/
Document everything	It is essential that staff document and address problematic behaviors, no matter how insignificant they may seem. Include documentation of all: <ul style="list-style-type: none"> • Related assessments/plans of care, meetings, and interventions • Behavioral agreements that the staff and patients work on together. <ul style="list-style-type: none"> ○ All behavioral agreements should be mutual between the patient and facility and should be reassessed at specified time intervals, discontinued if ineffective. • Keep proof of mailing and/or proof of delivery of discharge letter.
IVD should be the option of last resort	An involuntary discharge can begin only if: <ul style="list-style-type: none"> • All efforts to resolve the problem have failed. • The issues and interventions to address them have been properly documented. • NOTE: Involuntary Transfer (IVT) follows the same process as an IVD
Assist the patient with placement	<ul style="list-style-type: none"> • The facility should assist the patient with establishing with a new physician and/or transferring to another facility if the IVD cannot be averted. • When attempting to assist the patient in transferring to another facility, only send the medical information requested by the other facility. DO NOT 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.

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

Involuntary Discharge (IVD) Process for Dialysis Facilities

IVD Checklist

- Initial and date each area when the task has been completed.
- Return the checklist and supporting documents to the Network within **five business days** of an IVD notice being given to patient.
- Fax to **818.696.7041**. **DO NOT EMAIL** the completed checklist **or any PHI** to the Network.
- Call Network 18 at 818.696.7040 if you have any questions.

Patient Name		
Facility Name		
Staff Name		Title
Date	Initials	IVD steps to Complete
		Notify the Network of the potential IVD as soon as possible.
		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 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.”
		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 patient response to each step taken.
		Document any impact of identified issues on other patients and staff’s ability to safely provide care.
		If unable to resolve the problem and IVD is planned, obtain a written physician’s order indicating agreement with the discharge and signed by both the medical director and the patient’s attending physician.
		Provide the patient with a letter of 30-day notice of discharge or an immediate notice of discharge letter in the case of a severe and immediate threat IVD.
		During the 30-day period: Document your final attempts to assist the patient in establishing with a new physician, resolving lack of insurance, addressing medical needs and/or placing the patient at another facility.
		Send the Network this checklist and all related documentation via fax to 818.696.7041 within five business days of giving the IVD notice to the patient.
		Send your Survey Agency Office this checklist, and the IVD notice. Call the District Office before sending to ascertain the District Office preferences in receiving PHI. (See Page 3).
		Report the patient as an IVD in EQRS as of the last day of treatment.

Involuntary Discharge (IVD) Process for Dialysis Facilities

ESRD Network 18 Survey Agencies

Bakersfield District Office

State of California Department of Health Services
Bakersfield District Office
4540 California Ave., Suite 200
Bakersfield, CA 93309
Phone: 661-336-0543
Fax: 661-336-0529

San Bernardino District Office

State of California Department of Health Services
San Bernardino District Office
464 W. Fourth St., Suite 529
San Bernardino, CA 92401
Phone: 909-383-4777
Fax: 909-888-2315

Los Angeles Acute and Ancillary Office

State of California Department of Health Services
Los Angeles Acute and Ancillary Office
3400 Aerojet Ave, Suite 323
El Monte, CA 91731
Phone: 626-569-3724
Fax: 626-288-7241

San Diego District Office

State of California Department of Health Services
San Diego District Office
7575 Metropolitan Drive, Suite 211
San Diego, CA 92108
Phone: 619-688-6190
Fax: 619-688-6444

Orange District Office

State of California Department of Health Services
Orange District Office
681 S. Parker Street, Suite 200
Orange, CA 92868
Phone: 714-567-2906
Fax: 714-567-2815

Ventura District Office

State of California Department of Health Services
Ventura District Office
1889 N. Rice Ave., Suite 200
Oxnard, CA 93030
Phone: 805-604-2926
Fax: 805-604-2997

Riverside District Office

State of California Department of Health Services
Riverside District Office
625 E. Carnegie Dr., Suite 280
San Bernardino, CA 92408
Phone: 909-383-7170
Fax: 909-388-7174