

Involuntary Discharge (IVD) Process for Dialysis Facilities

The following are guidelines for the IVD process. Additionally, an IVD Checklist has also been included, detailing the required steps that must be taken by any facility when initiating an IVD.

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.
- Ensure that all possible efforts have been made to address the problem in a mutually beneficial way.

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, interventions, facility policies and procedures 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. • There are several resources on the Network 7 website: https://www.hsag.com/en/esrd-networks/esrd-network-7/provider-services/involuntary-discharge/.
Document everything	It is essential 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"> • Related assessments/plans of care, meetings, and/or interventions, such as referrals for community mental health services • 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.
IVD should be the option of last resort	An IVD 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.
Assist the patient with placement	<ul style="list-style-type: none"> • The facility should assist the patient with establishing himself/herself 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. This is considered blacklisting and will be report 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)

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 **813.354.1514**. **Do not email** the completed checklist to the Network.

Patient Name			
Facility Name			
Staff Name		Title	
Medical Director Name		Nephrologist Name	
Date	Initials	IVD steps to Complete	
		Notify the Network of the potential IVD as soon as possible and provide the Network with copies of facility policies and procedures related to 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. <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 the patient’s medical record regarding the ongoing problem and facility efforts to resolve, 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, signed by both the medical director and the patient’s attending physician.	
		Provide the patient with a 30-day notice of discharge letter. (Not applicable for a severe and immediate threat).	
		Document your attempts to assist the patient in establishing with a new physician and/or place the patient at another facility. Do not disclose the reason for transfer, only send requested records, and ensure all staff is trained on what information should be released.	
		Send the Network this checklist and all related documentation via fax to 813.354.1514 within two business days of completing the discharge.	
		Send the Agency for Health Care Administration (AHCA) this checklist and all related documentation via fax to 850.414.6946 within two business days of completing the discharge.	
		Report the patient as an IVD in CROWNWeb.	

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

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.”

If you have any additional questions regarding IVD after reviewing the Guidelines and the Checklist, please call the Network at **813.383.1530**.