HSAG HEALTH SERVICES ADVISORY GROUP
ESRD Network 15

Involuntary Discharge Process for Dialysis Facilities

The Network frequently receives calls regarding the process of involuntarily discharging a patient. It is important first to note that involuntary discharge (IVD) should be an option of last resort. Additionally, discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) 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 is also included detailing the required steps to use for your facility.

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 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; 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…" *(§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities)*
Train facility staff	The Network recommends that all staff receive training in conflict management techniques and that this training is documented. The Network highly recommends the ***Decreasing Patient Provider Conflict*** (DPC) toolkit. You can locate this tool on the ESRD Network Coordinating Center website at www.esrdncc.org.
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. Please remember all behavioral agreements should be mutual between the patient and facility and should be reassessed at specific time intervals.
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 involuntary discharge 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.

If you have any questions after reviewing, please call the Network at **303.831.8818**.

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IVD Checklist

Please initial and date each area when completed. Return the checklist to the Network within **2 business days** of an IVD being completed by fax to **303.860.8392**. **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. V tag 767–"In the event facility staff members believe the patient may have to be involuntarily discharged, the interdisciplinary team (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 disruptive or abusive behavior and result in a plan of care aimed at addressing those causes and resolving unacceptable behavior."
		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.).
		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 discharge.
		Provide the patient with a letter of 30 day notice of discharge.
		Send the Network related IDT assessments/documentation, contracts, letters of notification of discharge or other written communication with the patient via fax to **303.860.8392**.
		Document your attempts to place the patient at another facility.
		Notify the Nevada Department of Health (Las Vegas Office) of the involuntary discharge. To complete this notification, call Steve Gerleman at **702.486.6515**.
		Report the patient as an IVD in CROWNWeb.

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).

This material was prepared by HSAG: Network 15, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication #: CO-ESRD-15A111-02242016-07