



The End Stage Renal Disease Network Of Texas, Inc.

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www.esrdnetwork.org

INVOLUNTARY DISCHARGE CHECKLIST FOR DIALYSIS FACILITIES

If the team has made the decision to involuntarily discharge (IVD) a patient for any reason other than severe and immediate disruptive behavior, this includes non-payment, ongoing abusive or disruptive behavior, physician discharge, unable to provide medical care, other, ensure that the following have been completed, in accordance with the Conditions for Coverage §494.180 (f):

- Complete a comprehensive reassessment (offer the KDQOL) and revise the plan of care for patient considered for potential IVD as these patients would be considered unstable.
- Document** in patient's medical record the ongoing problem.
- Document** the impact of behavior on other patients/staff.
- Document** all steps to resolve the problem (including behavioral agreements and patient/staff meetings) and adherence to the facility policy regarding disruptive/abusive behavior.
- Document** patient response to each step taken and the reassessment of the situation.
- Obtain a written physician's order signed by **both** the Medical Director **and** the patient's attending Physician agreeing with the patient discharge. If the Medical Director and attending physician is the same doctor only one order is required.
- Send to the Network all agreements, letters of notification of discharge or other written communication with the patient regarding the problem.
- Contact at least one other facility, preferably more, to attempt to place the patient, and document these efforts.
- Send all medical records requested by the Network by the date indicated on the letter of request. Note: if submission of requested information is not received in a timely manner at the Network office, then notification to DSHS will be made.
- Notify the State Survey Agency of the involuntary discharge within ten days of discharge and send verification of discharge to the Network (numbers at bottom of page.)

If you have any further questions regarding this process, please contact:

ESRD Network #14
469-916-3808 OR 469-916-3810
Fax 972-503-3219

**Texas Department of State Health Services
ESRD Facility Licensure Certification Division
1100 W. 49th St
Austin, Texas 78756
(888) 973-0022**

Supporting Quality Care