



The End Stage Renal Disease Network Of Texas, Inc.

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GENERAL GUIDELINES FOR THE INVOLUNTARY DISCHARGE PROCESS

Background: The Network (NW) frequently receives calls regarding the process of involuntarily discharging a patient as detailed in the Conditions for Coverage. It should be emphasized that involuntary discharge (IVD) should be an option of *last resort*. Discharging a patient for “non-compliance” is not an acceptable reason for discharge as these patients are at high risk for morbidity and mortality. It is the expectation of both CMS and the NW that facilities will work aggressively to remove any barriers that a patient may face that would lead to consideration of IVD. In the event that all options have been exhausted, the Network has the following recommendations for the involuntary discharge process and provides an *Involuntary Discharge Checklist* detailing the required steps with this letter.

- **Notify the Network *prior* to an involuntary discharge:** This provides an opportunity for the Patient Services Department to review the issues and interventions with facility staff and see if there are other options that can be explored.
- **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* toolkit.
- **Use resources:** We also recommend NW-14’s *Intensive Intervention with the Non-Compliant Patient* booklet that can be found on our web site for alternative interventions.
- **Document:** 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 meetings, interventions, and behavioral contracts/agreements that the staff and patients work on together. Descriptions of patient behaviors should be objective and words spoken should be quoted whenever possible with witnesses listed.
- **IVD should be the option of last resort:** If all efforts to resolve the problem have failed, and if the issues and interventions made to attempt to solve the problem has 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 a 6c in the Network Patient Activity Report.
- **Have a policy and procedure in place for involuntary discharges:** 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 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).

We hope this letter and checklist help to clarify the involuntary discharge process. If you have any further questions, please contact the Network Patient Services Department at 469-916-3808 or 469-916-3810 and we will be happy to discuss.

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