



## 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 due to immediate, severe, disruptive and/ or abusive behavior ensure the following have been completed, in accordance with the Conditions for Coverage §494.180 (f):

- Notify the Network of the IVD immediately following securing the area and removing the discharged patient from the facility. Set up security if necessary to cover clinic.
- Obtain a written physician's order signed by **both** the medical director **and** the patient's attending physician agreeing with the patient discharge. If Medical Director and attending physician are the same, only one order is required.
- Document** in patient's medical record the nature of the problem and steps taken to resolve the problem. Documentation should objectively describe behaviors and words spoken should be quoted if possible, with witnesses listed.
- Document** the impact of behavior on other patients/staff in objective statements such as "Patients in the immediate area stated to caregiver that they were fearful".
- Create a letter of discharge and send it certified mail to the patient.** Include in the letter the reasons the patient is being discharged and the effective date.
- Send to the Network all agreements, letters of notification of discharge or other written communication to the patient regarding the problem.
- Submit all medical records requested by the Network by the date indicated on the letter of request. Note: if requested documents are not received at the Network office in a timely manner, referral to DSHS will be made.
- Notify the State Survey Agency of the involuntary discharge within ten days of discharge and send verification of state notification to the Network (numbers at bottom of page.)
- Report the patient as an IVD in the new **CrownWeb** system. Patients that are transferred out due to lack of payment should also be reported.

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. 49<sup>th</sup> St  
Austin, Texas 78756  
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***Supporting Quality Care***