



Involuntary Discharges

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 the Centers for Medicare & Medicaid Services (CMS) and the ESRD Network that facilities work aggressively to remove any barriers that a patient may face that would lead to consideration of an IVD. If all options have been exhausted, the Network has the following recommendations for the involuntary discharge process and provides a Guide to Completing the Involuntary Discharge Process detailing the required steps with this newsletter

Notify the Network before an involuntary discharge

The prior notification provides an opportunity for the Patient Services Department to review the issues and interventions with facility staff. Likewise, alternatives can be explored.



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Train staff

The Network recommends that all clinic employees receive training in conflict management techniques and that this training is documented. Keep detailed records of all employee training. The ESRD Network highly recommends the Decreasing Dialysis Patient Provider Conflict (DPC) toolkit. The DPC is available on the ESRD Network 14 website.

Document

It is essential that all of the staff report and address any problematic behavior, no matter how insignificant it may seem. 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.



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