

## Standard: Involuntary Discharge Procedures

The Conditions for Coverage for End Stage Renal Disease Facilities, 494.180 (f) (4), state that an involuntary discharge or transfer should be *rare* and preceded by a demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way. An involuntary discharge is a measure of last resort.

### Governing Body

494.180 (b) (3) The **Governing Body** must ensure that all staff, including the medical director, has appropriate orientation to the facility and their work responsibilities

(1) The Interpretive Guidance V760 states that the orientation of physicians should be documented in their credential files and includes evidence of understanding and agreement to medical staff bylaws, policies and procedures...

494.180 (c) (2) The **Governing Body** must ensure that all medical staff that provide care in the facility are informed of all facility policies and procedures...

(1) Include Facility Discharge Policy and the Conditions for Coverage guidelines for discharge

494.180 (f) The **Governing Body** must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.

### Medical Director

494.150 (c) (2.ii) The **Medical Director** ensures that the interdisciplinary team adheres to the discharge and transfer policies and procedures specified in 494.180 (f)

494.180 (f) The **Medical Director** ensures 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; Noncompliance is NOT an appropriate reason to discharge a patient.

The **Medical Director** ensures that the facility interdisciplinary team does the following:

- Documents the reassessments, ongoing problem(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record;
- Provides the patient and The Renal Network with a 30-day notice of the planned discharge;
- Obtains a written physician's order that must be signed by both the medical director and the patient's nephrologist concurring with the patient's discharge or transfer from the facility;
- Contacts other facilities, attempts to place the patient, and documents that effort; and
- Notifies the State survey agency of the involuntary transfer or discharge.

## Immediate Discharge Procedure

In the event a patient poses an immediate threat to the health and safety to others, the facility may use an abbreviated involuntary discharge procedure. In the case of an immediate discharge, the facility must:

- Address the emergency; make sure patients and staff are safe;
- Notify the patient's attending physician and medical director;
- Document their actions;
- Assist the patient in locating a new unit;
- Notify The Renal Network; and
- Notify the State agency.

## Standard: Involuntary Discharge Staff Responsibilities

The Conditions for Coverage and the Interpretive Guidance outline the following responsibilities:

### Medical Director's Responsibility

- Ensure that the facility has an Involuntary Discharge Policy and Procedures, which has been approved by the governance body;
- Be informed of impending involuntary discharge;
- Be involved in interdisciplinary team meetings regarding involuntary discharge;
- Ensure that no patient is discharged or transferred from the facility unless one or more of the following occurs:
  - ✓ The patient or payer no longer reimburses the facility for ordered services;
  - ✓ The facility ceases to operate;
  - ✓ The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs;
  - ✓ 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;
- Approve any involuntary discharge; and
- Sign a written physician order, along with the patient's attending physician, concurring with the patient's discharge or transfer from the facility.

## Attending Physician's Responsibility

- Understands and adheres to the medical staff bylaws and policies and procedures regarding the involuntary discharge of patients;
- Discusses the potential discharge with the medical director;
- Involves the interdisciplinary team to prevent a facility discharge, when possible;
- Provides a signed, written physician's order that also includes the signature of the medical director concurring with the patient's discharge or transfer from the facility; and
- Provides at least 30 days notice for a discharge unless there is a need for an immediate discharge as determined in the Conditions for Coverage.

## Facility Staff's Responsibility

### Documentation

- Follow the facility Involuntary Discharge Policy and Procedures;
- On an ongoing basis, document the problems, the interventions, and the results of the interventions;
- Document the notification and involvement of the Medical Director in the discharge process;
- Document the patient's reassessments related to the problem;
- Obtain a written physician's order that must be signed by both the medical director and the patient's attending physician concurring with the patient's discharge or transfer from the facility;
- Document that the patient is being discharged;
- Document specific assistance given to the patient to obtain placement in another facility; and
- Document the involuntary discharge on the Patient Activity Report (PAR) or in CROWNWeb.

### Reassessment

- A complete comprehensive interdisciplinary reassessment is expected by CMS
  - ✓ Identify the root causes of behavior
  - ✓ Identify any potential action or plan that could prevent the need to discharge

### Notification

- Contact the Network at least 30 days prior to discharging a patient: Phone 412-325-2250 or Fax 412-325-1811;
- Provide The Renal Network with a copy of the discharge letter to patient and documentation of the problem, intervention efforts, and the reassessment at least 30 days before the discharge - Fax 412-325-1811;
- Provide the patient with a 30-day notice of the discharge unless it is an immediate discharge; and
- Notify the state survey agency.

# Interventions to Prevent Discharge of Patients

It is important to note that discharged patients are at a high risk for morbidity and mortality. Strategies the facility interdisciplinary team may use to prevent involuntary discharge include:

**Intervention Suggestions** – Achieving a positive outcome may require the use of more than one intervention approach or technique. Use resources on The Renal Network 4 web site at <http://www.esrdnetwork4.org/> or contact the Patient Services Department for technical assistance such as mediation, behavioral agreement development and staff training.

## Identify Problem Areas

- Identify behaviors or issues placing patient at-risk of discharge
- Identify mental health issues, such as depression, that may be affecting behavior
- Identify special needs factors that may need to be addressed
- Involve billing department or financial counselor for nonpayment issues

## Discuss the Issues and Concerns

- Schedule interdisciplinary staff meetings to discuss patient issues
- Schedule patient and interdisciplinary staff meetings to discuss patient issues and staff concerns
- Schedule discussions with the Medical Director and patient's attending doctor, interdisciplinary staff and patient
- Encourage the patient's nephrologist to discuss concern with patient

## Plan of Action

- Develop a Health Care Team Agreement /Behavior Contract (if appropriate)
- Reinforce positive, appropriate behavior of the patient that will counter the problem behavior
- Develop measurable outcomes to increase positive behaviors that will prevent discharge
- Provide educational materials to the patient
- Involve the patient's family (if appropriate)
- Provide the patient with assistance, counseling, and/or make an appropriate referral for issues that may be affecting behavior, such as anger management or depression

**Staff Training** – Prevention is the ultimate intervention technique and it has been the Network experience that training **strengthens** staff's ability to:

- Assess problems and behaviors
- Approach conflicts in a professional and therapeutic manner
- Implement intervention strategies
- Set appropriate boundaries and limits

**Assistance From The Renal Network, Inc.** – Contact The Renal Network 4, Patient Services Department at 412-325-2250 for assistance in developing specific interventions for challenging situations *before* initiating a patient discharge.

The earlier the Network is contacted regarding a challenging situation, the more assistance the Network can provide to facilities. The Network can:

- Make recommendations for alternative approaches to address challenging situations.
- Provide resources that may be helpful and designed specifically to address situations in a dialysis setting.
- Participate in conference calls to discuss and clarify the situation.
- Help the facility determine if they have met the Conditions for Coverage.
- Provide the following training programs:
  - Use of the Dialysis Patient-Provider Conflict (DPC) Toolbox (NW 4/9/10)
  - DPC : Train- the- Trainer (NW 4/9/10)
  - The Patient Whisperer (NW 9/10)
  - Using Health Care Team Agreements (NW 9/10)
  - Conflicts: The Art of Management and Resolution (NW 9/10)
  - Patient Communication (NW 4/9/10)
  - The YOU in What You Do (NW 4/9/10)
  - Professionalism (NW 4/9/10)
- Provide online resource pages that reflect issues and concerns relevant to involuntary discharge:
  - Depression Scales and Screens <http://www.therenalnetwork.org/services/depression.php>  
<http://www.esrdnetwork4.org/YourHealth>
  - Mental Health Resources  
[http://www.therenalnetwork.org/services/resources/sw\\_monthly/May\\_MentalHealthMonth.05.07.pdf](http://www.therenalnetwork.org/services/resources/sw_monthly/May_MentalHealthMonth.05.07.pdf)
  - Behavior Contracts (Health Care Team Agreements)  
<http://www.esrdnetwork4.org/letters/>  
[http://www.therenalnetwork.org/services/behavior\\_contacts.php](http://www.therenalnetwork.org/services/behavior_contacts.php)
  - Network Position Statement on Involuntary Discharge  
[http://www.therenalnetwork.org/about/involuntary\\_discharge.php](http://www.therenalnetwork.org/about/involuntary_discharge.php)  
<http://www.esrdnetwork4.org/downloads/dpcstate.pdf>
  - Decreasing Patient Provider Conflict  
<http://www.esrdnetwork4.org/dpc.htm>  
<http://www.therenalnetwork.org/services/dpc.php>
  - Assessing the Functional Status of ESRD Patients  
<http://www.esrdnetwork4.org/assess.htm>