Involuntary Discharge Packet

For interpretative guidance on the CMS ESRD facilities Conditions for Coverage visit our website at http://www.qirn5.org

This packet contains vital information pertaining to the Involuntary Discharge Process as outlined in the Centers for Medicare & Medicaid Services ESRD Facilities Conditions for Coverage. Please read carefully.

- ❑ The Network AND State Agency(s) must be notified by phone or in writing **30 days prior** to the discharge or immediately in cases of abbreviated discharge.
- ❑ This entire packet must be completed on all involuntary discharges and sent to the Network office **2 weeks prior** to the discharge.
- ❑ Completed packets for documented cases of immediate and severe threat must be sent **within 48 hours** of the discharge.

All information on pages 3-5 must be completed in full and FAXED to:
Quality Insights Renal Network 5
Fax: (804) 320-5918

*****DO NOT EMAIL THIS INFORMATION*****

For additional assistance, please call Phyllis Haas at 804-320-0004, ext 2704.

§ 494.180 Condition: Governance

(f) Standard: Involuntary Discharge and Transfer Policies and Procedures

The governing body must ensure that all staff follows the facility's patient discharge and transfer policies and procedures. 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, in which case the medical director ensures that the patient's interdisciplinary team:

(i) Documents the reassessments, ongoing problem(s), and efforts to resolve the problem(s), and enters this documentation into the patient's medical record;

(ii) Provides the patient and **ESRD Network 5** with **a 30-day** notice of the planned discharge;

(iii) Obtains 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;

(iv) Contacts another facility, **attempts to place the patient there**, and **documents that effort;** and

(v) Notifies the State survey agency of the involuntary transfer or discharge.

(5) In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure.

Involuntary Discharge Required Documentation

If you have made the decision to involuntarily discharge a patient, complete the attached information to ensure compliance with the Conditions for Coverage. ***Remember:*** The Network requires this documentation for all involuntary discharges. Be aware that your submitted documentation is the only paper evidence of the situation for the Network review. **This information is to be completed and FAXED to the Network PRIOR to discharge or within 48 hours of an immediate discharge.**

Demographic Information

Patient Name _____ Date of Birth _____

First Date of Dialysis_____ Gender_____ Race_____

Insurance Provider _____

Facility Provider Number: _____ *(Tip: this is the facility's six digit Medicare provider number. If you are a DC facility, your provider number will begin with 09; if you are a MD facility, your provider number will begin with 21; if you are a VA facility, your provider number will begin with 49; if you are a WV facility, your provider number will begin with 51).*

Name and title of person completing this form **(please print)**: _____

Facility telephone number _____ Facility Fax Number_____

Name of Facility Medical Director_____

Name of Patient's Attending Physician _____

Name of Physician Practice _____

Name of Facility Administrator _____

Involuntary Discharge Information

Date of Last Treatment _____ Date Facility Notified Network_____

Date Facility Notified the State Survey Agency* _____

Date patient was notified of Discharge _____Date of Anticipated Discharge_____

***Participating Maryland facilities must also notify the Kidney Commission.**

Part I: Reason for Discharge

❑ Non-Payment for services ordered
❑ Cannot meet documented medical needs
❑ Ongoing disruptive and abusive behavior
❑ Immediate severe threat to health and safety of others

❑ Other* - Describe: _____

_____

**CMS Conditions for Coverage only allow the above reasons for discharge. If the discharge is due to the physician terminating the relationship with the patient, include a copy of the physician's termination letter.*

Please provide a brief description of the incident(s) leading to the involuntary discharge (Please attach all pertinent documentation): *****DO NOT SKIP THIS SECTION OR DEFER TO OTHER DOCUMENTS*****

_____

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_____

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Part II: Mental Health Assessment

Mental Health Problem/Diagnosis Reported: ❑ Yes ❑ No

If yes, provide explanation and/or diagnosis (attach physician documentation)

_____

_____

_____

Chemical Dependency/Abuse Reported: ❑ Yes ❑ No

If yes, provide explanation and/or diagnosis (attach documentation)

_____

_____

_____

_____

Cognitive Deficit Reported: ❑ Yes ❑ No

If yes, provide explanation and/or diagnosis (attach physician documentation)

_____

_____

_____

Part III: Patient's Disposition

(Where will the patient dialyze immediately after discharge?):

- ❑ Admitted to another Outpatient Facility
- ❑ Patient in Correctional Facility
- ❑ Patient Died
- ❑ Patient Transplanted
- ❑ No Outpatient Facility Accepts – Hospital Acute
- ❑ Other (Explain): _____

Part IV: Required Documentation

Provide all of the following documentation:

- ❑ Letter of discharge or transfer notice to patient (including physician letter, if applicable)
- ❑ Facility's discharge and transfer policy/procedure (This is your company policy, **NOT** page 2 of this packet)
- ❑ Facility's patient rights and responsibilities document with patient signature
- ❑ Copy of patient's most recent signed care plan
- ❑ Documentation of ongoing problem and efforts to resolve
- ❑ Medical Director and attending Physician's signed discharge order
- ❑ Documentation of patient referral by facility to other facilities and/or nephrologists (30-day discharge only) *
- ❑ Documentation of facility's inability to meet patient's medical need (if this is the reason for discharge)
- ❑ Police Report (required only for immediate discharge)
- ❑ Medical Director signature acknowledging the Network's position on discharges (see Position Statements at end of document):

_____

Physician Signature Date

***Although documentation is not required of patient referral to other facilities for immediate discharges, it is still the Network's expectation that the patient's transfer to another facility be facilitated by the discharging facility.**

Part V: State Survey Agency Contact Information

Facilities are required to notify their state survey agency(s) of involuntary discharges within the same timeframe that you notify the Network.

Maryland	Maryland Office Of Health Care Quality Dept. of Health & Mental Hygiene 7120 Samuel Morse Drive, 2nd Floor Columbia, MD 21046	Contact Evidelia House at 410-402-8288 AND fax this IVD packet to 410-402-8211
	Maryland Commission on Kidney Disease 4201 Patterson Avenue Room #310 Baltimore, MD 21215-2299	Contact Alice Pun at 410-764-4799 AND fax this IVD packet to 410-358-3083
Virginia	Virginia Department Of Health 9960 Mayland Drive Suite #401 Henrico, VA 23233	Fax this IVD packet to 804-527-4503
West Virginia	Office Of Health Facility Licensure and Certification 408 Leon Sullivan Way Charleston, WV 25301-1713	Contact Tammy Cormier at 681-340-3970 Or Correy Beard at 304-352-0821
District of Columbia	DC Department Of Health Health Care Facilities Division 899 North Capital Street NE 2nd Floor Washington, DC 20002	Contact Ranada Cooper at 1-202-683-7267

Part VI: EQRS (formerly CROWNWeb) ENTRY

When reporting an involuntary discharge in EQRS, please remember to report the "discharge reason" as "Involuntary." Do not list the reason as "Discontinue," "Other," or "Transfer" without consulting with the Network first. Even if you know the patient was accepted at another facility, and you have submitted an involuntary discharge packet to the Network, you still report the discharge reason as "Involuntary."

POSITION STATEMENT
on
INVOLUNTARY TRANSFER AND DISCHARGE OF DIALYSIS PATIENTS

The number of *displaced patients* (patients with no facility willing to accept them) is a concern in Network 5 and throughout the country. These patients are forced to go to hospital emergency rooms for treatment, thus contributing to an already over-burdened system, and also receiving little or no continuity of care. A national task force was formed to address this concern and the Ethical, Legal, and Regulatory Subcommittee of the Decreasing Dialysis Patient-Provider Conflict Project developed an Executive Summary on involuntary discharge. Quality Insights Renal Network 5 supports its recommendations and has framed this document based on its language and that of the revised 2008 ESRD Conditions for Coverage. Section 494.180 (f) of the 42 CFR Part 494 Conditions for Coverage for ESRD facilities requires that no patient is discharged or transferred from the facility unless the facility closes, services provided are not being paid, the unit can no longer meet the patient's documented medical needs, or the patients behavior is seriously impacting the facility's ability to operate effectively.

Discharge for non-adherence alone is unacceptable, as patients have the right to accept and reject treatment options. Patients do, however, have responsibility for the decisions they make and should be included in the planning of their care to facilitate informed decision-making. In instances where "no-show" behaviors are pervasive the facility could consider giving the patient notice that the "privilege" of a regular outpatient appointment time is being suspended and the patient will have to contact the unit for further treatment times. The time would be determined by vacant chairs that become available, for example, when another patient is hospitalized, absent or dialyzing elsewhere. Under this approach, if the patient demonstrates adherence with regular treatment, a regular on-going time can be offered when available and a treatment contract employed. If the patient is in emergent need of dialysis when no chair is available, the patient would be directed to the Emergency Room for acute services, as is routine in ESRD care.

Providers should thoroughly document patient behaviors and steps taken to assist patients in changing problematic behavior. Documentation should include a patient reassessment. Before initiating an involuntary transfer or discharge, under most circumstances, the facility must provide the patient and Quality Insights Renal Network 5 with a 30-day notice, and staff assistance in locating a new facility. Facilities are expected to consult with the Network before an involuntary transfer or discharge is considered. Both the facility's Medical Director and the patient's attending nephrologist must sign off on a written physician's order concurring with the discharge/transfer.

In cases involving physical assault, or when the patient is considered a serious threat to the safety and security of staff or other patients, an abbreviated termination can be used.

In all cases of discharge, the State Agency and Quality Insights Renal Network 5 should be notified.

If an immediate termination is necessary to maintain a safe environment, the patient should be notified by certified letter, given a list of facilities in the area, and notified of area hospitals that may provide emergency care. When chronic placement is not obtained, the discharging physician and facility should work with area providers to ensure continued treatment. The practice of "banning" a patient within a chain of providers is not supported.

It is recognized that health care providers are often torn between their duty to an individual patient and their duty to provide a safe environment. It is expected that all members of the renal healthcare team will be provided training in conflict resolution and that each facility will develop a comprehensive policy and procedure for resolving conflict, including the involuntary discharge or transfer of patients. Network staff will continue to provide resources and assistance with individual cases as requested. The Network requests the cooperation of all dialysis providers in seeking creative solutions to difficult and special needs patients.

POSITION STATEMENT
on
Refusal of Patients by Nephrology Practice

The number of displaced patients due to physician practice refusal is a concern in Network 5 and throughout the country. More concerning is that many of these patients are being refused due to adherence, not because of threatening or dangerous behavior. These patients are at increased risk for death, and forced to go to hospital emergency departments for treatment, thus contributing to an already over-burdened system, and the patient receiving little or no continuity of care. To the extent possible, we all must work together to ensure each chronic ESRD patient has access to dialysis care in an outpatient facility.

Patients do have responsibility for the decisions they make, and should be included in the planning of their care to facilitate informed decision-making, and ensure patients are fully informed of the possible consequences of non-adherence.

Physicians' responsibilities include acting in the best interest of patients, balancing physician and patient performance expectations, promoting access to care, and notification of the patient to any foreseeable impediments to continuity of care. Physicians have ethical obligations to dialysis patients when the patient is not reasonably able to access needed treatment from another qualified physician.

The Network requests the cooperation of all nephrology practices in seeking creative solutions to difficult and special needs patients. It is important to identify what the obstacles and difficulties are that may be creating a false risk/benefit calculation about what is considered an essential

health need. Are they experiencing pain or depression? Are obligations in their personal lives creating conflict with the dialysis schedule?

One physician may have a different impact on a patient than another, creating a more collaborative relationship. Rather than an entire practice divorcing from a patient collectively, each physician should attempt to connect in turn. If all physician options have been exhausted by the practice, an attempt to trade with another practice could be coordinated. Potential patients should not be refused on reputation alone; perhaps a change is all that is needed; the right person to reach them.

The revised 2008 ESRD Conditions for Coverage (§494.180 (f)) do not recognize discharge for non-adherence alone as acceptable; patients have the right to accept and reject treatment options. The Medical Director for each dialysis facility is required to enforce the discharge policies of the facility, and the Network believes that this person has some influence within their practice to ensure that all opportunities are taken to avoid the patient being without a physician, which may include the Medical Director ultimately accepting responsibility for the patient's care.
Punishing or excluding the patient from care is not the right answer. It can be difficult. It can be frustrating to work with them. But, a sincere effort must be made to manage these people and provide them the maximum health opportunity.

The Network's MRB supports the findings of the Decreasing Dialysis Patient-Provider Conflict (DPC) Ethical, Legal, and Regulatory subcommittee which states that discharging a patient solely for the reason of treatment non-adherence is an unethical practice, and blanket refusal of an entire physician practice is equally unethical.

If you have concerns about a patient involving treatment non-adherence, verbal abuse, verbal threats, physical threats, physical abuse, or other behavioral issues disruptive to the dialysis facility environment, we encourage you, your staff, and/or the facility to contact us. It is during the early stages of a concern that we can provide you with the best guidance and suggestions to resolve the problem and prevent escalation that could lead to patient discharge. Please direct questions or concerns to Patient Services Department staff of the Network.