Quality Insights
Renal Network 5

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.

Updated and Revised by MRB: 10/27/2006
Approved by BOD: 12/07/2006
Updated and Revised by MRB: 2/19/2009
Updated: 7/6/2010
Updated: 03/07/2018