

Dialysis Facility Involuntary Discharge Guidelines

Before Considering an Involuntary Discharge (IVD) / Involuntary Transfer (IVT)

The Conditions for Coverage (CfC) are clear about the facility's responsibility to ensure that staff have and use appropriate skills to manage challenging patient situations in the dialysis clinic. Before considering the involuntary discharge (IVD) / involuntary transfer (IVT) of a patient, the facility's interdisciplinary team (IDT) should exhaust all attempts to work with the patient over a period of time. At the very least, staff should implement and document efforts including, but not limited to the following:

Conduct a thorough evaluation of the event(s), grievance and/or patient's behaviors.

- As a dialysis professional, it is important that you maintain an objective and non-judgmental approach.
- As a team, evaluate and understand the root of the conflict or behavior.
- When addressing the patient, please avoid using remarks toward him/her that are blaming, threatening or imply guilt.
- Take a closer look at the role you and/or other staff played in the conflict. Ask yourself if staff might have been able to deescalate the conflict by responding in a different manner.
- Assess if the patient is going through any life changing events which may be the cause of the incident/behavior.
- Provide the patient with a copy of the [Patient's Rights and Responsibilities](#) as well as the facility's established rules.

Identify possible solutions.

- Meet with other staff to discuss possible ways of responding to the situation and identify interventions.
- Hold a care conference in which you may include family, caregiver, friends or others that the patient trusts to address the concerns and brainstorm possible solutions.
- Know that even if the entire problem cannot be fixed, there may be parts of the situation that can be resolved. Working with the patient will increase the likelihood of a positive outcome.
- Is the patient open to a mental health evaluation or working with a social worker to address mental health / behaviors?

Develop a plan, interventions and goals.

- Work through the conflict and move toward action.
- Implement a behavioral contract when necessary.
- Make necessary patient referrals for assistance, such as a mental health wellness evaluation, drug rehab, etc.
- Be consistent with any agreements/plans implemented. Address compliance failures immediately. Inconsistency will likely lead to more conflict.
- Contact the Network for assistance. Each case is unique and so are the interventions.

Implement an agreement (if necessary).

- There are times when the patient may not agree to sign or follow an IDT’s suggested plan of action. Every situation is different. The patient has a right to refuse but they must not violate the facility’s rules of conduct as well as their own rights and responsibilities.
- Document and communicate to the necessary parties the agreement that has been reached. Monitor and document successes and barriers to executing the agreement/plan.

Remember: DOCUMENT, DOCUMENT, DOCUMENT everything! If it’s not written, it never happened!

Continue to communicate.

- Partner with the patient to help work through behavioral challenges.
- Set a specific time frame (i.e. 1 week, 10 days, 30 days, etc.) to sit down and reevaluate the behavior plan.
- Praise positive behavior changes and address negative behavior in real time. Do not wait a week later to address negative behavior.
- If it is evident that the conflict is continuing, consider the use of a third party to help mediate the conflict, such as a Regional Manager.
- Document patient response to interventions.

Parameters for an Involuntary Discharge (IVD)

No facility takes lightly the involuntary discharge (IVD) of a patient. After all efforts to work with a patient have been exhausted, there are circumstances that may lead to an IVD. The Conditions for Coverage (CfC) define the valid parameters for an involuntary discharge as follows:

Valid IVD reason under Conditions for Coverage	Invalid IVD reason under Conditions for Coverage
The facility ceases to operate	× Ongoing disruptive behavior by family
Facility may not be able to meet medical needs	× Termination by physician – medical noncompliance
Immediate severe threat	× Termination by physician – no show
Non-payment	× Termination by physician – behavior
Ongoing disruptive and abusive behavior by patient	× Termination by physician – other

Involuntary Discharge (IVD) Process

The medical director ensures that no patient is discharged or transferred from the facility unless they meet one of the valid involuntary discharge (IVD) reasons under the Conditions for Coverage (CfC). In the unlikely event that your facility is faced with making a decision about involuntarily discharging/transferring (IVD/IVT) a patient, you must comply with the Centers for Medicare & Medicaid Services (CMS) directives and make sure of the following:

The facility has a policy and procedure in place for IVDs / IVTs.

The facility should establish IVD and transfer policies and procedures as outlined in 494.180 Condition Governance. For interpretative guidance on the CMS ESRD facilities

Conditions for Coverage, visit the CMS website at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/downloads/esrdfinalrule0415.pdf>.

Inform the Network of any potential IVD/IVT.

The Network staff can help with review of the issues and implemented interventions to explore additional solutions and ensure your process aligns with the CfC.

Document everything.

“If it’s not documented it never happened.”

- Document the ongoing problem in the patient’s medical record.
- Document the impact of behavior on other patients/staff.
- Document all steps taken to resolve the problem (including behavioral contracts and patient/staff meetings) and adherence to the facility policy regarding disruptive/abusive behavior.
- Document the patient’s response to each step taken and the interdisciplinary team’s reassessment of the situation and the plan of care aimed at addressing and resolving unacceptable behavior.

The IVD should be the last resort.

It is important to inform the patient (not as a threat) of the personal impacts of an IVD, especially if they cannot find placement at another facility.

An IVD can begin only if:

1. All efforts to resolve the problem have failed.
2. The issues and interventions have been properly documented.
3. Facility has contacted the Network.

IVD - 30 days notice

If an IVD is not immediate and the patient can remain at the facility for 30 days, a written notice must be given to the patient informing of the planned discharge. Notice may be sent by certified mail.

The [Network’s IVD/IVT Packet](#) must be completed in its entirety and faxed to the Network within 48 hours of the discharge.

IVD - Immediate

In case of an immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the CfC interpretive guidance, “an immediate severe threat” is considered to be a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an “immediate severe threat.” An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.

The [Network’s IVD/IVT Packet](#) must be completed in its entirety for all IVD cases of immediate and severe threat and faxed to the Network within 48 hours of the discharge.

Notify the Network & State Survey Agency.

Facilities must notify the State Survey Agency of all IVDs and IVTs.

If it is a 30 day notice IVD/IVT, both the Network and State Surveying Agency must be notified by phone or in writing 30 days prior to the discharge.

If it is an immediate IVD/IVT, both the Network and State Surveying Agency must be notified by phone or in writing immediately.

The person notifying the Network should be familiar with the situation and be prepared to provide the following information:

- Patient’s name
- Date of birth
- Anticipated date of last treatment in the current facility

- Steps taken by the facility to resolve the problem
- Psychosocial history
- Medical conditions
- Contributing factors to the discharge or transfer

Assist the patient with placement at another facility.

Every effort must be made to transfer a patient to another out-patient facility if the IVD cannot be averted. The facility may also assist the patient with obtaining a new physician. Documentation must show that such efforts were extensive and that all avenues were pursued.

If no outpatient facility will accept the patient, the facility must provide the patient with acute care resources and advise the patient about the medical ramifications of not receiving dialysis when ordered by a physician, i.e. fluid overload, congestive heart failure, death.

Note: When attempting to assist the patient in transferring to another facility, be sure to only send the medical information requested by the other facility. DO NOT include additional documentation indicating that the patient is being involuntarily discharged or the circumstances surrounding the discharge unless it is specifically requested for transfer consideration. This is considered blacklisting and will be reported to the State Survey Agency.

Any patient discharged from a facility who remains a failure to place will be followed up by the Network. The Network staff will work with the admitting hospital staff to assist in future placement at an outpatient dialysis facility.

IVD Documentation Requirements

- Patient discharge letter or transfer notice
- Police report *(if applicable)*
- Copy of the facility's discharge/transfer policy and procedure
- Copy of the facility's patient rights and patient responsibilities
- Medical director signed approval of the patient discharge/transfer order
- Attending physician signed approval of the patient discharge/transfer order
- Copy of the patient assessment, plan of care and reassessment(s)
- Documentation of ongoing problem(s) and **ALL** efforts to resolve problem(s)
- Documentation of facility's inability to meet patient's medical need(s) *(if applicable)*
- Documentation of **ALL** efforts to locate another facility for the patient
- Documentation that State Survey Agency was notified of the discharge/transfer



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