

Dialysis Facility Involuntary Discharge Guidelines



Before considering an involuntary discharge (IVD), a facility's interdisciplinary team (IDT) should:

1. Conduct a thorough assessment of the situation
2. Develop a plan to address any problems or barriers the patient may be experiencing

Note: *Discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).*

IVD Guidelines

Notify the Network of any potential IVD	Immediately notifying the Network provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that could be explored.
Have a policy and procedure in place for IVDs	It is the medical director's responsibility to ensure "that no patient is discharged or transferred from the facility unless: <ul style="list-style-type: none"> • The patient or payer no longer reimburses the facility for the 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 has reassessed the patient and determined the patient's behavior is disruptive and abusive to the extent in which the delivery of care to the patient, or the ability of the facility to operate effectively is seriously impaired..."
Train facility staff	All staff should receive training in conflict management techniques. <ul style="list-style-type: none"> • Training must be documented The Facility should establish IVD and transfer policies and procedures as outlined in 494.190 Condition Governance (Page 20484). A link to the full document is located on the ESRD website along with additional resources to assist you facility: https://network1.esrd.ipro.org/home/patient-and-family-resources/access-to-care/
Document everything	It is essential that staff document and address any and all problematic behaviors, no matter how insignificant they may seem. Include documentation of all: <ul style="list-style-type: none"> • Related assessments/plans of care, meetings, and interventions • Behavioral agreements that the staff and patients work on together (<i>all behavioral agreements should be mutual between the patient and facility and should be reassessed at specified time intervals</i>)
IVD should be the option of last resort	An involuntary discharge can begin only if: <ol style="list-style-type: none"> 1. All efforts to resolve the problem have failed. 2. The issues and interventions to address them have been properly documented.
Assist the patient with placement	<ul style="list-style-type: none"> • The facility should assist the patient with establishing with a new physician and/or transferring to another facility if the IVD cannot be averted. • 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.
Immediate IVD	In cases of 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 or 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."
Notifying the State Survey Agency	Facilities must notify the State Survey Agency of all IVDs and transfers. If the discharge or transfer is the result of immediate, severe threats, the State Survey Agency must be notified immediately.

Reporting to the Network

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

The Network must be notified 30 days prior to the planned IVD or involuntary transfer except in the case of imminent, severe threats leading to an immediate discharge. In these cases the Network should be notified immediately

Providing Documentation to the Network

The Network will request certain documentation from the facility depending on the reason for involuntary discharge. The Network must receive these documents within 5 business days of being notified.

Please refer to the table below for the list of documentation: (Note: Documentation needs to be from the patient's official medical record except in the case of facility policies and procedures.)

Documentation Requirements	Reason				
	Non Payment	Medical Needs	Behavior and Abusive	Disruptive and Severe	Immediate Termination by Physician
Recommendations for Sanctions pursuant to §1881(c) (2) of the Social Security Act: The Network will conduct a thorough review of a facility reporting more than two Involuntary Discharge/Involuntary Transfers (IVD/IVTs) per month or three IVD/IVTs per quarter to ensure regulatory or statutory compliance and recommend sanctions to Centers for Medicare & Medicaid Services (CMS).					
Copy of the discharge or transfer notice given to the patient (30-day notice is required in all cases except "immediate severe threats").	X	X	X	X	X
Copy of the facilities' discharge and transfer policies and procedures	X	X	X	X	X
Documentation the patient was notified of the facilities' discharge and transfer policy.	X	X	X	X	X
Copy of the facilities' Patients' Rights and Responsibilities document.	X	X	X	X	X
Documentation that the medical director was notified and approved the discharge or transfer.	X	X	X	X	X
Documentation of the patient's medical need and reasons why the facility can no longer meet the need.		X			
Copies of the patients' interdisciplinary reassessments.			X		X
Documentation from the patient's medical record of the ongoing problems and facility efforts to resolve the problem.	X		X	X	X
Documentation of the exact nature of the immediate severe threat to the health and safety of others.				X	
Physician order, signed by both the Medical Director and attending physician, concurring with discharge or transfer.		X	X	X	X
Documentation of attempts to place patient at another facility (may be provided to the Network later in the 30 day notification period).	X	X	X		X
Documentation that the State Survey agency was notified	X	X	X	X	X

To file a grievance, please contact us:

IPRO End-Stage Renal Disease Network of New England

1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517

Patient Toll-Free: (866) 286-3773 • Main: (203) 387-9332 • Fax: (203) 389-9902

E-mail: esrdnetwork1@ipro.us • Web: esrd.ipro.org



Better healthcare,
realized.

This resource was adapted from the HSAG (Network 7) and the Health Insight (Network 16). Developed by IPRO End-Stage Renal Disease Network of New England (Network 1) while under contract with Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Contract HHS-500-2016-00019C