## **Dialysis Facility Involuntary Discharge Guidelines**



## **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	Disruptive and Abusive Behavior	Immediate Severe	Termination by Physician
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	Х	х
Copy of the facilities' discharge and transfer policies and procedures	Χ	Χ	Х	Χ	Χ
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.	Χ	Х	Х	Χ	Χ
Documentation that the medical director was notified and approved the discharge or transfer.	X	X	Х	Χ	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.			Х		Χ
Documentation from the patient's medical record of the ongoing problems and facility efforts to resolve the problem.	X		Х	X	х
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.		Х	Х	Х	х
Documentation of attempts to place patient at another facility (may be provided to the Network later in the 30 day notification period).	X	Х	Х		х
Documentation that the State Survey agency was notified	Х	Х	Х	Χ	Х



**To file a grievance, please contact us: IPRO End-Stage Renal Disease Network of the South Atlantic** 909 Aviation Parkway, Suite 300, Morrisville, NC 27560 Patient Toll-Free: (800) 524-7139 • Main: (919) 463-4500 • Fax: (919) 388-9637 E-mail: info@nw6.esrd.net • Web: esrd.ipro.org

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