



Before Discharging a Patient from EQRS

1. Have efforts been made to locate the patient?

Efforts might include:

- Mobile Crisis referral
- Wellness checks
- Phone calls to the patient and their caregivers
- Coordination with the patient's outpatient services (ex: case management – housing/mental health/health home)
- Registered letters to patient
- Calling local hospitals

2. After all efforts are made to locate the patient, is it determined that the patient is lost?

- No contact with the patient
- No reports of the patient at home
- No reports of the patient at a hospital
- No contact with patient's family and emergency contact

3. If the location of the patient is known and they are not coming to treatment, you cannot discharge.

Discharge for noncompliance is a violation of the Conditions for Coverage V.766 or V.767

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCletter09-01.pdf>

- Discuss with the patient what their barriers are to returning to treatment at the facility.
- If the patient is utilizing a particular hospital's emergency department for care instead of returning to your facility, ask the patient their reason. Collaborating with the hospital case management department may be helpful in assisting with mitigating barriers.
- Utilize resources to assist: Mobile Crisis, Wellness checks, Adult Protective Services.
- Agency on Aging

4. If a patient is out of the unit for 30 days' time you cannot discharge out of EQRS. (if the patient's whereabouts are known)

- If the patient is hospitalized, coordinate a discharge plan for the patient with the case manager / social worker.
- Discharge the patient from EQRS once the patient has begun treatment at another facility.

• If you discharge after thirty days it is considered an Involuntary Discharge.

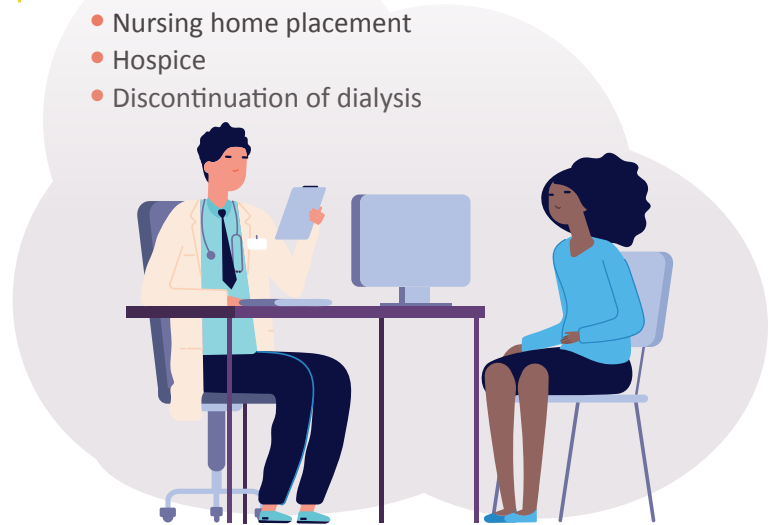
This must be reported to the IPRO ESRD Network Program and the State Department of Health.

(the Facility must do their due diligence to find the patient and cannot discharge if the patient's location is known)

5. If the patient is no longer medically suitable for outpatient dialysis at your dialysis facility, has a transfer to another specialized facility been pursued? Has this decision been

discussed with the patient and their family/caregiver? Have all options been discussed?

- Home modality
- Nursing home placement
- Hospice
- Discontinuation of dialysis



EQRS - ESRD Quality Reporting System



Better healthcare,
realized.

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