



NORTHWEST RENAL NETWORK

Notifying the Network of Involuntary Discharges and Involuntary Transfers

INTRODUCTION

Northwest Renal Network (ESRD Network 16) assists providers in managing challenging patient situations. Most challenging situations can be successfully managed through effective assessment, care planning, interventions, and collaboration between providers and patients. Providers are encouraged to reference the DPC (Decreasing Dialysis Patient-Provider Conflict) materials provided by the Network and to consult with the Network regarding challenging situations. These materials are available online at <http://www.nwrenalnetwork.org/dpc.htm>.

The Conditions for Coverage (CfC) For End-stage Renal Disease Facilities require facilities to notify both the Network and the State Survey Agency of involuntary discharges and transfers. The Centers for Medicare and Medicaid Services (CMS) expects the Network and State Survey Agencies to work collaboratively to ensure facilities follow the requirements of the CfC and to protect the rights of Medicare beneficiaries.

This document was created to assist dialysis facilities in complying with the requirements of the CfC and Survey Interpretative Guidelines with regard to involuntary discharges and transfers. It is also intended to assist facilities in understanding what the Network will be requesting in order for it to fulfill the terms of its current statement of work (CMS Contract) and Network goals.

NOTIFYING THE NETWORK

In the event of an involuntary discharge or transfer, the facility is required to notify the Network. The Network requests to receive notification by phone. Facilities may choose to follow up the phone notification either by fax or by mail.

Contact information for the Network:

Northwest Renal Network (ESRD Network 16)
4702 42nd Avenue SW
Seattle, Washington 98116
Tel. (206) 923-0714 Fax (206) 923-0716

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

In most cases, the Network must be notified 30 days prior to the planned discharge or transfer. In cases of imminent, severe threats leading to an immediate discharge, the Network should be notified immediately.

PROVIDING DOCUMENTATION TO THE NETWORK

The Network will request certain documentation from the facility depending upon the stated 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 Threats	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	X	X
Copy of the facility's discharge and transfer policies and procedures.	X	X	X	X	X
Documentation the patient was notified of the facility's discharge and transfer policy.	X	X	X	X	X
Copy of the facility's Patient's Rights and Responsibilities document.	X	X	X	X	X
Documentation the patient received a copy of the Patient's 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 patient's 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
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		
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

Additional Notes:

The Interpretative Guidelines require a facility to notify CMS, the State survey agency, and the Network if it ceases to operate. Depending upon the situation, the Network may request specific documentation. The facility's interdisciplinary team must also assist patients in obtaining dialysis in other facilities.

NOTIFYING THE STATE SURVEY AGENCY

Facilities must notify the State Survey Agency of involuntary discharges and transfers. If the discharge or transfer is the result of immediate, severe threats, the State Survey Agency must be notified immediately.

State Survey Agencies Contact Numbers	
Alaska	(907) 334-2487
Idaho	(208) 334-6626
Montana	(406) 444-2099
Oregon	(971) 673-0540
Washington	(360) 236-2920

FREQUENTLY ASKED QUESTIONS

Question	Answer
What are the reasons that a facility may involuntarily discharge or transfer a patient?	The CfC recognizes only the following reasons for involuntary discharge or transfer: 1) The patient or payer no longer reimburses the facility for the ordered services; 2) The facility ceases to operate; 3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; 4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired; or 5) Immediate severe threats to the health and safety of others.
If we involuntarily transfer a patient to another one of our own facilities, do we need to follow these	Yes, the CfC requirements apply to both involuntary discharges and involuntary transfers.

CfC requirements?	
Can a patient be discharged for refusing to sign documents?	The general rule is that patients have the right to refuse to sign documents. However, each situation and case is unique. Before taking any action, the facility should consult with the Network and State Survey Agency.
Can a facility discharge a patient for failure to comply with facility policy?	Interpretative Guideline V tag 767 – “Patients should not be discharged for failure to comply with facility policy unless the violation adversely affects clinic operations (<i>e.g.</i> violating facility rules for eating during dialysis should not warrant involuntary discharge).”
Can a facility discharge a patient for failing to reach facility-set goals for clinical outcomes?	Interpretative Guideline V tag 767 – No, patients have the right to refuse care and to be in control of their health decisions.
How often does the interdisciplinary team need to reassess a patient considered at risk for involuntary discharge or transfer?	Interpretative Guideline V tag 520 – “... any patient considered at risk for involuntary discharge or transfer must be considered “unstable”. Unstable patients must be reassessed monthly.
What should the reassessment of a patient at risk of involuntary discharge or transfer consist of?	Interpretative Guideline V tag 767 – “In the event facility staff members believe the patient may have to be involuntarily discharged, the interdisciplinary team must reassess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily. The reassessment must focus on identifying the root causes of the disruptive or abusive behavior and result in a plan of care aimed at addressing those causes and resolving unacceptable behavior.”
What is an “immediate severe threat”?	Interpretative Guideline V tag 767 – “... is considered to be a threat of physical harm. For example, if a patient has a gun or knife or is making <i>credible</i> threats of physical harm, this would be considered an ‘immediate severe threat.’”
What if we decide to immediately discharge a patient when the Network’s office is closed?	Involuntarily discharging or transferring a dialysis patient is a serious decision. Facilities are encouraged to take time to investigate situations thoroughly, give patients an opportunity to respond, and to determine if there is a way discharge or transfer can be avoided. If the Network office is closed, the facility should leave a message reporting the involuntary discharge, but <u>also</u> call the Network back during its normal business hours to ensure the message was received.
What is the role of the governing body in regards to involuntary discharges?	Interpretative Guideline V tag 750 – “...This Condition also holds the governing body accountable for establishing an internal grievance process and decreasing the potential for involuntary discharge of patients;...”

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(f) Standard: Involuntary discharge and transfer policies and procedures.

The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures. The Medical Director ensures that no patient is discharged or transferred from the facility unless –

1. The patient or payer no longer reimburses the facility for the ordered services.
2. The facility ceases to operate.
3. The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or
4. The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the Medical Director ensures that the patient's interdisciplinary team-
 - i. Documents the reassessments, ongoing problem(s) and efforts made to resolve the problem(s) and enters this documentation into the patient's medical record;
 - ii. Provides the patient and the local ESRD Network with a 30-day notice of the planned discharge;
 - iii. Obtains a written physician's order that must be signed by both the Medical Director and the patient's attending physician concurring with the patient's discharge or transfer from the facility;
 - iv. Contacts another facility, attempts to place the patient there and documents that effort; and
 - v. Notifies the State survey agency of the involuntary transfer or discharge.
5. In case of immediate severe threats to the health and safety of others, the facility may use an abbreviated involuntary discharge procedure.

Northwest Renal Network is under contract with the Centers for Medicare and Medicaid Services (CMS). The contents of this document do not necessarily reflect CMS policy.
