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To: Medical Directors, Nephrologists, Administrators, Nurse Managers and Social Workers

From: DeeDee Velasquez-Peralta, LMSW, Patient Services Manager  
Allison Wayment, MS, Patient Services Specialist

Re: **Involuntary Patient Discharge/Transfer (IVD/IVT) Policy and Procedures**

## **Background**

Qsource ESRD Network 12 continues to actively seek ways to understand and if possible, reduce the incidence of involuntary patient discharges, particularly for the reason of non-adherence to treatment. Network 12's Medical Review Board and Patient Advisory Council continue to discuss appropriate access to care and want to reaffirm our expectations of End Stage Renal Disease (ESRD) providers in Iowa, Kansas, Missouri and Nebraska as per the current ESRD Scope of Work.

## **Network Resources and Assistance**

Please contact the Network with any concerns about a patient involving ongoing verbal abuse, verbal threats, physical threats, physical abuse or other behavioral issues that are disruptive to the dialysis facility environment as well as treatment non-adherence. The interdisciplinary team is required to "focus on identifying the potential causes of the behavior (ie. disruptive, abusive, non-adherence) and addressing those causes." The medical director should ensure that all members of the interdisciplinary team follow the regulations regarding patient discharge as set forth in the ESRD Conditions for Coverage. When the Network is contacted at the early stages of an issue we can offer guidance and recommendations to assist with conflict resolution and to prevent any escalation that could lead to patient discharge.

ESRD Network 12 recommends facilities incorporate the Decreasing Dialysis Patient-Provider Conflict (DPC) program that addresses proactive techniques to resolve such issues before progression to involuntary discharge. The Forum of ESRD Networks- Grievance Toolkit can assist facilities in addressing grievances so they do not escalate or become disruptive. Additionally, the Network has several resources including webinars, root cause analysis tools, staff in-service tools to assist with challenging patient situations that are available on the Network website at: [www.esrdnetwork12.org](http://www.esrdnetwork12.org).

## **Reasons for Involuntary Discharge/Transfer**

According to the ESRD Conditions for Coverage there are only **five** sanctioned reasons for involuntary discharge/transfer (V766, V767) including:

- 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 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.
- 5) In the case of immediate severe threats\* to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure.

### **Procedure for Involuntary Discharge or Transfer**

If the facility has made the decision to involuntarily discharge or transfer a patient, please notify the Network and applicable State Survey Agency. After discussing the situation, the Patient Services staff will request that you fax or mail a copy of the discharge letter provided to the patient in addition to supporting documentation. This procedure should also be followed even if the patient is discharged from the nephrologist's care. The documentation requested should show that the facility's interdisciplinary team has completed the following steps prior to the involuntary discharge determination:

- 1) Documents the reassessments, ongoing problems(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record;
- 2) Provides the patient and the ESRD Network with a 30-day notice of the planned discharge;
- 3) 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;
- 4) Contacts another facility, attempts to place the patient there, and documents that effort; and
- 5) Notifies the State Survey Agency of the involuntary transfer or discharge.

Iowa: 515-281-4115

Missouri: 573-751-6303

Kansas: 785-296-1240

Nebraska: 402-471-0316

According to the ESRD Conditions for Coverage: Interpretive Guidance: In instances of an immediate severe threat, facility staff may utilize 'abbreviated' IVD or IVT procedures. An 'immediate severe threat' is considered to be a threat of physical harm. For example, if a patient has a gun or knife or is making credible threats of physical harm...An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat. Abbreviated procedures may include taking immediate protective actions, such as calling '911' and asking for police assistance. In this scenario, there may not be time or opportunity for reassessment, intervention or contact with another facility for possible transfer. After the emergency is addressed and staff and other patients are safe, staff must notify the patient's physician and the MD of these events, notify the SSA and ESRD Network of the IVD or IVT, and document this contact and the exact nature of the 'immediate severe threat' in the applicable patient's medical record.

When the patient is no longer dialyzing at your facility, please report the event in CROWNWeb with the discharge reason of "Involuntary." Even if your facility transfers the patient to another facility without interruption to service, it should still to be reported as an involuntary patient discharge. A patient is considered involuntarily discharged if they have received written or verbal notice that they are no longer allowed to receive dialysis at your dialysis facility.

**Please do not hesitate to call the Patient Services Department at 816-880-9990 with any questions or concerns regarding this important matter.**

Reference: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/downloads/esrdpgmguidance.pdf>