



Network 8 IVD Expectations

The Involuntary Discharge (IVD) process is an option of last resort. The 2008 Centers for Medicare and Medicaid Services' (CMS), Condition's for Coverage (CfC's), V766 and V767 specify that the medical director ensures no one is involuntarily discharged from a facility unless:

1. The patient or payer no longer reimburses the facility for 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 (IDT) follows the proper IVD process.
5. There is an immediate, severe threat of physical harm.

* Examples of documented medical needs are patients with a tracheotomy or a ventilator, and the staff is not trained to provide proper care.

The CfC's do not support the discharge of patients who are noncompliant with facility policy, patients who shorten or miss treatments, or patients who fail to meet clinical outcomes. All patients need to be able to receive life sustaining dialysis treatments if they so choose.

The following are NOT reasons to discharge a patient

- Non-adherence
- Single event or sporadic name calling that has not been addressed by the IDT
- Isolated use of profanity, profanity that is not directed at another patient or staff member
- Threats of violence which are not credible (for example, a bed bound nursing home patient with no means of executing a threat)
- Habitual tardiness
- Annoying behaviors (i.e. demands, grumpiness, attitude, criticism, etc.)
- Bed bugs

Ask Questions

No one situation is handled exactly like another. There are many factors to consider, and it is essential that the entire IDT assess for underlying issues and barriers. Considerations include, but are not limited to the following:

- Is this an isolated event that occurred after years of no disruptive behavior?
- Is this a mental status change, a departure from the patient's normal behavior?
- Is there undiagnosed mental health issues or dementia?
- Has the patient had a stroke?
- Is there an active infection?
- Is there a new medical diagnosis that could be impacting overall quality of life?
- Has the patient experienced any new or additional stressors, such as death of a loved one, eviction, unemployment, loss of insurance, or lack of food?
- Which resources have been explored for the patient, i.e. food stamps, housing, community resources, clothing and food pantries, or transportation?

Continued

Ask Questions *continued*

- What are the options for addressing the disruptive behavior? Could a family member sit with the patient? A friend, church member, or volunteer?
- Is there a personality conflict between the patient and a staff member?
- Have efforts been made to address the patient's needs or requests? Is there a history of grievances reported, thus leading to staff ignoring the patient's concerns?

Network Expectations

Do whatever you can to help, follow your code of ethics, think outside the box, follow your company's policies/procedures, and collaborate with your IDT and the Network. Seek out all potential resources.

- The IDT will work with the patient by proactively addressing behaviors in order to prevent escalation in behaviors or an outburst.
- The IDT will utilize the social worker for assessment and intervention with the patient and to provide staff education.
- Advocate on behalf of your patient. Work together to find a solution.
- Utilize all possible interventions. Integrate the concept of "no stone unturned" into your practice.
- The social worker will refer patients to appropriate mental health services and integrate the corporation's programs (i.e. Symptom Targeted Intervention (STI), Social Work Intensive (SWI), Empowering Patients) if the patient is eligible.
- An IDT member will contact the Network to seek guidance and input in any situation that is potentially volatile or may lead to an IVD.
- The entire IDT will document all efforts and interventions implemented to address patient behaviors.
- In the event of an immediate, severe threat discharge (i.e. patient brings a gun or knife to the facility and makes a threat with it, threatens another patient, destroys facility property, or a patient assaults another patient or staff member), the IDT will supply the Network with compelling documentation that the incident warrants immediate discharge. In these cases, the facility may utilize an abbreviated IVD procedure.
- All IVD's will be reported to the appropriate State Survey Agency (SSA).

The CfC's are your guidelines and professional standards that should always be followed. CMS and the Network fully support patient-centered care and encourage patients to be actively involved in their care. Listen to your patients; they are the experts on how their body feels.

The Network is also available to consult and provide guidance and support to staff. Feel free to contact us at 1-877-936-9260.

References:

ESRD Condition's for Coverage. 2008.

Some information adapted from Network 5, *Using the Involuntary Discharge Packet* Power Point Presentation. Retrieved on June 14, 2017, from <http://www.esrdnet5.org/Files/IVDs/IVD-Presentation-Handouts.aspx>

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