



END STAGE RENAL DISEASE NETWORK 8, INC.

MEMORANDUM

TO: Medical Directors, Administrators, Nurse Managers, and Social Workers

FROM: Katy Chappellear, LCSW- Patient Services Director
On behalf of the Network 8 Medical Review Board

RE: Involuntary Patient Discharge

Network 8, Inc. continues to actively seek ways to help reduce the incidence of involuntary patient discharges, particularly for the reason of nonadherence to treatment. The Medical Review Board reaffirms the Network position statement which defines expectations for the Network 8 provider community. In summary, the position statement calls on physicians to avoid termination of services to patients based on adherence issues or based on behavioral issues that are not harmful to staff or other patients¹. In review of Network 8's involuntary discharges, there has been a significant increase in physician discharges for nonadherence. The majority of these involuntary discharges result in patients dialyzing in the local emergency department, which is a greater burden on the patient, the nephrologist, and the healthcare system.

We actively support your efforts to maintain a safe clinical environment that fosters quality care and a respectful relationship between patients and caregivers. We also support your efforts to gain the cooperation of patients in following the regimen you prescribe. Likewise, we support active patient engagement in care, rights and responsibilities, and self-determination regarding treatment options.

We can best deliver effective support to facility staff when issues are communicated to us in the early stages. There is no secret formula, and we have our share of failures, but we can work with your staff by suggesting interventions and offering appropriate resources. We ask that facility staff contact Network 8 when they first have serious concerns about a patient involving

¹ Per statute and regulations, a patient may be discharged only for the following reasons:

- Failure to pay for services
- The facility ceases to operate
- The facility can no longer meet the patient's documented medical needs.
- 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.
- An immediate, severe threat to the safety of others



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treatment adherence, verbal abuse, verbal threats, physical threats, physical abuse, or other disruptive behavioral issues. It is during the initial stage that we can provide guidance and suggestions to resolve the conflict and prevent any escalation that could lead to patient discharge. We acknowledge that successfully altering non-adherent behavior can be extremely difficult and challenging, but we are available to help.

Moving forward, as part of the involuntary discharge process, we may request to speak to the patient's attending nephrologist and/or Medical Director to discuss the discharge process directly with him or her. Additionally, we have created a handout, *Network 8 IVD Expectations* to serve as a guide and resource when navigating the involuntary discharge process. We encourage you to share this with all members of the interdisciplinary team and to discuss this in your monthly quality meeting.

We encourage you to contact the Network and give us the opportunity to provide consultation and assistance to you in the development of interventions to work with your patients. Please feel free to contact me at (601) 813-0752.