

ALLIANT QUALITY
KIDNEY COLLABORATIVE



NETWORK 8



NETWORK 14

General Guidelines for the Involuntary Discharge (IVD) Process

Background: Involuntary discharge (IVD) should be an option of *last resort*. Discharging a patient for “non-compliance” is not an acceptable reason for discharge as these patients are at high risk for morbidity and mortality. It is the expectation of both the Centers for Medicare & Medicaid Services (CMS) and the ESRD Network that facilities work aggressively to remove any barriers that a patient may face that would lead to consideration of an IVD. In the event that all options have been exhausted, the Network has the following recommendations for the involuntary discharge process and provides a *Guide to Completing the Involuntary Discharge Process* detailing the required steps with this letter.

Notify the Network prior to an involuntary discharge: This provides an opportunity for the Patient Services Department to review the issues and interventions with facility staff and see if there are other options that can be explored.

Train facility staff: The Network recommends that all staff receive training in conflict management techniques and that this training is documented. The ESRD Network highly recommends the [Decreasing Dialysis Patient Provider Conflict](#) (DPC) toolkit.

Use resources: Explore what tools are available with your corporation that address patient centered care and conflict management. Additional resources can also be found on our websites.

Document: It is *essential* that all of the staff document and address any problematic behavior, no matter how insignificant it may seem. This should include documentation of all meetings, interventions, and behavioral contracts/agreements that the staff and patients work on together. Descriptions of patient behaviors should be objective and words spoken should be quoted whenever possible with witnesses listed.

IVD should be the option of last resort: If all efforts to resolve the problem have failed, and if the issues and interventions made to attempt to solve the problem has been properly documented, then an involuntary discharge can begin. The specifics of this process are discussed in more detail in the *Guide to Completing the Involuntary Discharge Process*.

Have a policy and procedure in place for involuntary discharges: It is the Medical Director’s responsibility to make sure “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 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...” (§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities).

How do I contact my local Network?

Network 8	Network 14
Alabama, Mississippi, Tennessee (877) 936-9260	Texas (877) 886-4435