



Midwest Kidney Network (ESRD Network 11)
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To: Medical Directors, Facility Administrators, and Renal Social Workers

From: Renae Nelson, MSW, Patient Services Director
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Subject: Involuntary Patient Discharge (IVD) Policy & Procedure

Background on IVD Policy

The Ethical, Legal, and Regulatory subcommittee for Decreasing Patient-Provider Conflict (DPC) See link: <https://esrdnetworks.org/resources-news/decreasing-patient-provider-conflict-dpc/> determined that discharging a patient solely for the reason of treatment nonadherence is an unethical practice. Midwest Kidney Network supports this policy and actively seeks ways to understand, and if possible, reduce the incidence of involuntary patient discharge.

Admission Considerations

Midwest Kidney Network is aware of patients being denied admission to a dialysis outpatient facility due to a long-term catheter only status. While Midwest Kidney Network conducts quality improvement activities such as reducing rates of hospitalizations and increasing rates of home dialysis and kidney transplantation, it was not the intent of Midwest Kidney Network to have dialysis units in this 5-state region to discharge or refuse to accept patients due to having a long-term catheter with or without resulting hospitalizations, or for not being a candidate for home dialysis or kidney transplantation.

Procedure

1. Dialysis unit personnel are encouraged to contact Midwest Kidney Network if they have concerns about patient nonadherence, verbal abuse, verbal threats, physical abuse, or other behavioral issues that are disruptive to the dialysis unit environment. It is at this early stage that we may provide guidance and suggestions to try to resolve the conflict and prevent escalation that could lead to patient discharge.
2. A patient is considered involuntarily discharged if they have received written or verbal notice that they are no longer allowed to receive dialysis at the dialysis facility. If a patient is transferred to another facility or modality involuntarily – even if facility arranges an alternate plan for patient – IVD/IVT protocol (see #6) should still be followed.
3. Midwest Kidney Network's procedure is guided by Medicare's Conditions for Coverage (V766 and V767) which address the following specific reasons for involuntary patient discharge.
 - a. Failure to pay for services;

- b. The facility ceases to operate;
 - c. The facility can no longer meet the patient's documented medical needs
 - d. The facility has assessed 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.
- 4. If the decision is made to involuntarily discharge a patient, notify the Midwest Kidney Network's Patient Services staff of this decision. After discussing the situation, the Patient Services staff will request the facility to:
 - a. Send a copy via FAX (651) 644-9853 to Midwest Kidney Network of the letter that the facility provided to the patient. This discharge letter is confidential and kept for Network records only.
 - b. Assist the patient in finding a new dialysis facility.
- 5. When the patient is no longer dialyzing at your facility, please report the event in EQRS with the discharge reason of "Involuntary". **Even if your facility transfers the patient to another dialysis facility without interruption of dialysis services, it should still be reported as an involuntary patient discharge.**
- 6. Please refer to the following *Involuntary Patient Discharge Checklist* that includes steps to be performed prior to involuntary discharge as outlined in Medicare's Conditions of Coverage. This procedure should be followed even if the patient is involuntarily discharged by the nephrologist. The check list includes the following steps.
 - a. Document the reassessments, ongoing problems, and efforts made to resolve the problem.
 - b. Enter this documentation into the patient's medical record.
 - c. Provide the patient and Midwest Kidney Network with a 30-day notice of the planned discharge whenever possible.
 - d. Obtain a written physician's order that must be signed both by the medical director and the patient's attending physician concurring with the discharge or transfer from the facility.
 - e. Contact at least one other facility in the attempt to place the patient.
 - f. Notify the State Survey Agency of the involuntary patient transfer or discharge. Please note that some state agencies want to be notified via secure email links.

Michigan:	800-882-6006	LARA-BSCSupport@Michigan.gov
Minnesota:		Health.federaltriage@state.mn.us
North Dakota:	701-328-2352	bweidner@nd.gov .
South Dakota:	605-773-3356	
		https://www.sdhls.org/facilities/report/alt/form.asp?reload=1
Wisconsin:	800-642-6552	https://www.dhs.wisconsin.gov/guide/complaints.htm

Please do not hesitate to call with any questions or concerns regarding this important matter.

Thank you,

Midwest Kidney Network Patient Services Team
651-644-9877 ext. 201