



Conditions for Coverage **Involuntary Patient Discharge/Transfer**

Facilities should seriously consider the decision to involuntarily transfer or discharge a patient. Below are excerpts from the Conditions for Coverage released 10/14/08. The regulations have changed. Facilities are strongly encouraged to read carefully and become very familiar with the new conditions.

- Inform patient of rules and expectation of facility for **patient conduct** and **responsibilities**
- Inform patient about facility **internal grievance** process
- The facility internal grievance process must include a clear **procedure for submission** of the grievance, **timeframes** for review, and a description of how the patient or designee will be **informed** of the steps taken to **resolve** the grievance.
- Inform patient about **ESRD Network** and **State agency** and **how to contact both**
- Inform patient of **right to file internal or external grievance without reprisal** or denial of services
- Inform patient of **right to file internal or external grievance personally, anonymously**, or via a **representative**.
- Inform patient of facility discharge policy, transfer and discontinuation of service policies
- Provide **patient** and the **ESRD Network** with **notice 30 days** prior to terminating care. A credible immediate threat to the health and safety of others may result in a shorter discharge procedure.
- The **staff members** of the facility **must follow** the **Policies and Procedures for discharge** and transfer.
- **The Medical Director ensures 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 patients welfare because the facility can **no longer meet the patients documented medical needs**
 4. The facility has reassessed the patient and determined that the patients **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 patients interdisciplinary team**
 - i. **Documents** the reassessments, **ongoing problems** and enters this documentation in to the **medical record**
 - ii. **Obtains a written physicians order** that must be **signed by both the medical director** and the **patients attending physician concurring with the patients discharge** or transfer from the facility
 - iii. **Attempts to place the patient in another facility** and documents that effort
 - iv. **Notified the state survey agency** of the involuntary discharge or transfer (see list on next page.)



Heartland Kidney Network

Conditions for Coverage

Iowa	Missouri	Kansas	Nebraska
Iowa Department of Inspections and Appeals Health Facilities Division 3 rd Floor, Lucas State Office Bldg. 321 East 12 th Street Des Moines, Iowa 50319- 0083 Phone 515-281-8632	Bureau of Hospital Licensing and Certification Missouri Department of Health 912 Wildwood P.O. Box 570 Jefferson City, Missouri 65102-0570 Phone 573-751-6303	Bureau of Health Facilities Division of Health Kansas Department of Health and Environment 1000SW Jackson, Suite 330 Curtis Office Bldg. Topeka, Kansas 66612- 1365 Phone 888-842-0078	Health Facility Licensure and Inspection Nebraska Department of Health P.O. Box 95007 Lincoln, Nebraska 68509- 5007 Phone 402-471-0555