

# Medical Director Responsibilities for Management of Involuntary Discharges

## Requirement

CMS now requires that ESRD Medical Review Boards set standards regarding physician management of patient discharges. The goal is for all patients to be maintained in consistent outpatient dialysis regardless of patient compliance.

## Background

Any instance where a patient leaves the dialysis facility against his/her will is considered involuntary. The Conditions for Coverage for ESRD Facilities mandate specific requirements pertaining to involuntary discharge (IVD) and involuntary transfer (IVT) policies and procedures. Additionally, the corresponding Interpretive Guidance related to the Conditions specify that IVD or IVT should be rare and preceded by a demonstrated effort on the part of the Interdisciplinary Team (IDT) to address the problem in a mutually beneficial way. For specific information regarding regulatory requirements, please review V-Tags 468, 469, 766 and 767.

The number of patients involuntarily discharged from facilities is a concern throughout the country. Many of these individuals become displaced, with no facility willing to accept them. Any ESRD patient without access to regular chronic dialysis and the necessary support services is at increased risk for morbidity and mortality. It is recognized that healthcare providers are often torn between their duty to an individual patient and their duty to provide a safe environment. Some of the contributing dynamics facilities face include: the increasing complexity of patients; lack of availability of mental health and/or substance abuse resources; staff ineffectiveness with conflict management; physician determination to no longer provide care to patients; and 'banning' of patients within a physician group or chain of providers.

The Medical Director has specific responsibilities and accountability to the governing body for patient care and outcomes and is responsible for ensuring that the IDT adheres to discharge and transfer policies. When involuntary discharge is determined to be the only course of action, the physician and facility are obligated to assist the patient in securing life-sustaining treatment and continuity of care with another facility and/or nephrologist. When a patient is hospitalized, even for extended time periods, that patient remains the responsibility of the last treating outpatient dialysis facility until their care is assumed by another outpatient dialysis facility or the patient withdraws from dialysis. Groups of providers should not exclude patients from treatment at all their facilities or by other physicians in the group except in very extreme circumstances. Dialysis organizations have agreed with CMS that there should be no 'black listing' or banning of patients within a physician group or chain of providers.

## MRB Standards

- Medical Directors develop, employ and oversee a process for attending nephrologists to communicate any instance where a patient is considered 'at risk' for termination of the nephrologist/patient relationship.
- Utilize nephrology social workers, or other mental health providers, to assist with mediation of the patient/nephrologist relationship before the decision to terminate.
- Contact the ESRD Network as a resource to both patients and providers to discuss difficult situations and help to resolve issues – and hopefully prevent such concerns from escalating to an involuntary discharge.
- Recommend a Root Cause Analysis for each instance where a physician is considering termination of a patient relationship.
- QAPI review of all at risk and actual IVDs.