



**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Student Manual**

Lesson #8: Patients' Rights, Grievances, Involuntary Discharge

Learning Objectives

At the conclusion of this lesson, you will be able to:

- State the requirements for the Condition of Patients' Rights
- Describe major changes from previous requirements
- Demonstrate understanding of which commonly cited deficiencies would now be cited in this area
- List survey tasks to be used in evaluating compliance with this Condition

Patients' Rights, Grievances & Involuntary Discharge

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V451 Patients' Rights

- The dialysis facility must inform patients (or their representatives) of rights (including their privacy rights) & responsibilities when they begin their treatment
- The dialysis facility must protect & provide for exercise of those rights

What's new: V224 in prior regulation addressed privacy in treatment; V451 provides timeline to provide rights & responsibilities (within 3 treatments)

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V452 Patients' Rights

- Treated with respect
- Treated with dignity
- Recognition of individuality & personal needs,
- Sensitivity to psychological needs & coping ability

What's new: V224 in prior regulation addressed dignity & respect, individuality of needs; V452 requires staff to consider psychological needs & coping ability

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V453 Patients' Rights

- Receive all information in a way that he or she can understand

What's new: V225 in prior regulation addressed translators; V453 requires facility to address other barriers to understanding

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V454 Patients' Rights

- Privacy & confidentiality in all aspects of treatment

Nothing new: V224 & V226 in prior regulation addressed privacy & confidentiality

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V455 Patients' Rights

- Privacy and confidentiality in personal medical records

What's new: V245 in prior regulation addressed protection of medical records; V455 expands to meet HIPAA requirements

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V456 Patients' Rights

- To be informed & participate, if desired, in all aspects of care
- To be informed about the right to
 - Refuse treatment
 - Discontinue treatment
 - Refuse to participate in experimental research

What's new: V222 in prior regulation addressed participation in care planning; V456 requires facility to encourage participation in all aspects of care

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V457 Patients' Rights

Be informed about

- The right to execute advance directives
- The facility's policy regarding honoring advance directives

What's new: was not addressed in prior regulation

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V458 Patients' Rights

Be informed about:

- All treatment modalities (transplantation, in-center & all home dialysis modalities)
- Resources for dialysis modalities not offered by the facility, & alternative scheduling options for working patients;

What's new: Prior reg required facilities to inform patients of other modalities; V173 addressed other schedules for working patients; V458 requires facility to inform patients about treatment options/locations

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Clicker Question!!!

- All dialysis patients have to be informed about advance directives & whether the facility will honor their advance directive.
A. True
B. False

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V459 Patients' Rights

- Be informed of facility policies related to:
 - Patient care
 - Isolation of patients

What's new: was not addressed in previous regulation

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▶ **V460 Patients' Rights**

- Be informed of facility policies regarding the reuse of dialysis supplies, including hemodialyzers;

Nothing new: V220 addressed this in prior regulation

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▶ **V461 Patients' Rights**

- Be informed by a physician, APRN or PA treating the patient for ESRD of his/her medical status in the patient's medical record, unless the medical record contains a documented contraindication

What's new: V219 addressed this in prior regulation; V461 allows other prescribers to inform patients about their medical status

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▶ **Clicker Question!!!**

- If a dialysis facility does not offer any kind of home dialysis (PD or HD), must the facility inform patients about these options?
A. Yes
B. No

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▶ **V462 Patients' Rights**

- Be informed of services available in the facility and charges for services not covered under Medicare

Nothing new: V126 in prior regulation addressed this requirement

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▶ **V463 Patients' Rights**

- Receive the necessary services outlined in the patient plan of care described in § 494.90

What's new: Not previously addressed in patient rights

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▶ **V464 Patients' Rights**

- Be informed of the rules & expectations of the facility regarding patient conduct and responsibilities

Nothing new: V217 in prior regulation addressed this requirement

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V465-V467 Patients' Rights

- Be informed of the grievance processes

What's new: V227 in prior regulation addressed grievance process in general; V465 specifies "internal" grievance process; V466 addresses external processes; V467 expands the right to include "without reprisal or denial of services."

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V468 Patients' Rights

- Patients must be informed of the facility's policies for transfer, routine or involuntary discharge, and discontinuation of services

What's new: V223 in prior regulation addressed this requirement; V468 adds language specific to "involuntary discharge"

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V470 Patients' Rights

- The facility must prominently display (where it can be seen & read) a copy of patient's rights in the facility, with contacts for State agency & ESRD network

What's new: Very similar to V215 in prior regulation which addressed providing rights & responsibilities; V470 requires posting of rights and contact information

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Involuntary Discharge

Addressed under the Conditions of:

- Patients' rights
- Responsibilities of the Medical Director
- Governance

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V469 Patients' Rights

- Patients must receive a 30-day written notice of an involuntary discharge
 - Facility must follow specific involuntary discharge procedures in Governance at V767
- Allows abbreviated discharge procedure in the case of immediate threats to the health and safety of others

What's new: V223 in prior regulation addressed notice; V469 specifies 30-day notice, refers to specific procedure for involuntary discharge

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V716 Responsibilities of Medical Director

- The interdisciplinary team must adhere to discharge & transfer policies & procedures specified in Governance at V767

Specifically addresses the procedures which a facility must follow if a patient must be involuntarily discharged

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All New: V766 Governance

- Governing body must ensure that staff follow discharge & transfer policies & procedures
- Medical director must ensure that no patient is discharged or transferred unless –
 - Patient/ payer no longer reimburses the facility for the ordered services;
 - Facility ceases to operate;
 - Facility can no longer meet the patient's documented medical needs

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All New: V767 Governance

- 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.

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All New: V767 Governance

In the event of the need to involuntarily discharge a patient, the medical director ensures that the IDT—

- Documents reassessments, ongoing problems(s), efforts to resolve the problem(s), & documents in medical record;
- Gives patient & ESRD Network a 30-day notice of discharge;
- Obtains a written physician's order signed by medical director & patient's attending physician agreeing to discharge or transfer;

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▶ All New: V767 Governance

- Contacts another facility, attempts to place patient, & documents;
- Notifies State survey agency of involuntary transfer or discharge.

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▶ All New: V767 Governance

- In cases of immediate severe threats to health & safety of others, facility may utilize an abbreviated discharge procedure

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▶ Clicker Question!!

- If a patient is being involuntarily discharged who must sign agreement with the involuntary discharge?
 - A. The medical director
 - B. The treating physician
 - C. All members of the IDT
 - D. The patient
 - E. All of the above
 - F. A only
 - G. B only
 - H. Both A & B

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▶ How Do We Survey for This?

Task 1 – Presurvey Preparation (offsite)

- Review agency records for patient/family/staff complaints
- Talk with ESRD Network to find out if complaints have been received from patients/families/staff

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▶ How Do We Survey for This?

Task 3 - Tour and Observation

Observe for:

- Posting of patients' rights
- Patient and staff interactions for demonstrated dignity & respect
- Available privacy & confidentiality on treatment floor
- Available space for private communications with patients/families

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▶ How Do We Survey for This?

Task 10: Patient Interview

- What do patients know about their rights & responsibilities & how they were informed?
- What do patients know about their right to file an internal or external grievance and how to contact the ESRD Network & State survey agency?
- Do they know about the right to execute an advance directive (AD) & whether the facility will honor their AD

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▶ How Do We Survey for This?

Task 11 – Medical Record Review

Review:

- Records of involuntarily discharged or transferred patients to determine if facility followed required procedures
- For evidence of patient's participation in care
- For patient education on modalities & treatment setting

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▶ How Do We Survey for This?

Task 12 - Personnel Interview

- (Nurse manager/Social Worker) How are patients informed about their rights & responsibilities?
- (Any) Have you received training in how to prevent or respond to difficult situations?
- (Social Worker) How are you involved in grievances & involuntary discharges?
- (Nurse Manager) What is this facility's procedure for involuntary discharge?

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▶ How Do We Survey for This?

Task 13 - QAPI

- Grievance records should include investigation and appropriate response. Expect actions to include providing feedback to the complainant
- Review records of involuntary discharged patients for process, interventions, outcomes and identification of opportunities for improvement toward future prevention
- Review patient satisfaction survey data for on-going monitoring and appropriate response

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Questions?

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