



Differentiation of Discharge Events

The Renal Network, Inc. wants to clarify for all facilities the CMS guidelines for patient discharge as there seems to be some confusion on categorizing patients who have left a dialysis unit.

CMS has defined Patient Events and Business Rules that facilities must use with patient activities. These definitions are available on the Network Web site at <http://www.therenalnetwork.org/data/dataforms.php> . Under ESRD Patient Activity Report click *Event Business Rules and Definitions*. We encourage you to review all of the definition and events.

Since there are a couple of events that seem to have a bit of confusion, we will highlight those for you:

1. **Involuntary Discharge:** Patient has been discharged from the facility against his or her will.

The Conditions for Coverage (CfC) for ESRD Facilities, 494.180 (f) (4) state that an involuntary discharge or transfer should be **rare** and preceded by a demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way. An involuntary discharge (IVD) is a measure of last resort.The medical director ensures that no patient is discharged or transferred from the facility unless –

- The patient or payer no longer reimburses the facility for the ordered services;
- The facility ceases to operate;
- The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or
- 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; Noncompliance is NOT an appropriate reason to discharge a patient.

In addition, the CfC state that the Network and the state agency have to be contacted for all involuntary discharges. In addition, the above guidelines do not indicate that a patient can be discharged for missing 30 days or more of treatment or that the Network and State do not have to be notified if the patient has not been at the facility for more than 30 days. The IVD Process

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and the steps that are to be taken are on the Network Web site at <http://www.therenalnetwork.org/services/resources/pdf/InvoluntaryDischarge06.10.2009.pdf>.

2. **Lost to Follow Up:** Patient no longer attends dialysis, the facility is unable to locate the patient and the Network is unable to locate the patient through the central repository.

This event should be **rarely** used. The facility needs to make every effort to locate the patient and the final result is that the facility does not know where the patient is. This event is **NOT TO BE USED** when a patient communicates the decision to discontinue dialysis or has transferred out to another facility. Review the business rules to know when to change the Lost to follow up status. A patient who has not been at the facility for more than 30 days is not a Lost to Follow Up unless the above guidelines are met. All attempts to locate the patient and to work with the patient also should be documented. The Renal Network is available to work with facilities that have patients who do not come to treatment and there is an Adherence Toolkit on the Network Web site at <http://www.therenalnetwork.org/services/non-adherence.php> .

3. **Interruption of Service:** Patient experiences an interruption of services for greater than 30 days while in an acute care setting or rehabilitation facility and is expected to return to the dialysis facility. This event can be used when the patient is in the hospital for more than 30 days.
4. **Transfer Out – Category A: To another dialysis facility:** If the patient is transferring to another facility by choice, the facility the patient is transferring to should also be listed on the Patient Activity Report.

Please be sure to share this information with your staff members who code patients on the Patient Activity Reports (PAR) which are sent to the Network.