



Mid-Atlantic Renal Coalition

1527 Huguenot Road
Midlothian, Virginia 23113
804.794.3757
fax: 804.794.3793
email: marc@nw5.esrd.net

INVOLUNTARY DISCHARGE (IVD) CHECKLIST FOR DIALYSIS FACILITIES

If you have made the decision to involuntarily discharge a patient due to disruptive and abusive behavior make sure that you have covered the following, in accordance with the Conditions for Coverage §494.180 (f):

- Notify the Network of the potential IVD.
- Document** in the patient’s medical record the ongoing problem.
- Document** the impact of behavior on other patients/staff.
- Document** all steps taken to resolve the problem (including behavioral contracts and patient/staff meetings) and adherence to the facility policy regarding disruptive/abusive behavior.
- Document** the patient’s response to each step taken and the interdisciplinary team’s reassessment of the situation and the plan of care aimed at addressing and resolving unacceptable behavior.
- Obtain a written physician’s order signed by **both** the medical director **and** the patient’s attending physician agreeing with the patient discharge.
- Provide the patient with a 30-day notice and send by certified mail. Maintain a copy for your records.
- Attempt to find other placement for the patient by contacting other facilities and document your efforts.
- Send to the Network all contracts, discharge notification letters, or other written communication with the patient regarding the problem.
- Notify the State Survey Agency of the involuntary discharge (numbers at bottom of page.) Document this notification.
- Report the patient as an IVD (6c) in the monthly PAR (Patient Activity Report). Patients that are transferred out due to lack of payment should also be reported as a 6c.

If you have any further questions regarding this process, please contact ESRD Network 5 at 804-794-3757.

DC Department of Health
Health Care Facilities Division
717- 14th Street NW
Seventh Floor
Washington, DC 20005
Phone: 202-724-8800
Fax: 202-442-9431

Maryland Office of Health Care Quality
Department of Health & Mental Hygiene
Spring Grove Hospital Center,
Bland Bryant Building
55 Wade Avenue
Catonsville, MD 21228
Phone: 410-402-8040
Fax: 401-402-8213

Virginia Department of Health
Office of Licensure and Certification
9960 Mayland Drive
Suite #401
Richmond, VA 23233
Phone: 804-367-2104
Fax: 804-367-2149

(WV) Office of Health Facility Licensure & Certification
Capitol & Washington Streets
1 Davis Square, Suite 101
Charleston, WV 25301
Phone: 304-558-0050
Fax: 304-558-2515