

Breakout Session

PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY (HANDOUTS)

Home
Record Search
Help

Open Grievances

Case #	Assigned	Resp	Grievance Days Re
1001	user1	3	63
1007	user2	0	85

My Open Contacts

Case #	Open Da	Contact_Last_N	Contact
1001	33	Campbell1	Christian
1002	5	Campbell4	Christian

All Open Contacts and Grievances

Case #	Assigned	Days Ope	Grievance
1001	user1	33	63
1007	user2	5	85
1002	user1	5	
1005	user2	5	
1006	user2	5	

Contact Information: 1001

Save Contact

Activity Log

Link Contacts

Related Contacts

History

Report

Case #: 1001

User ID: user1

Date Open: 2/19/2009

Grievance Start: 2/25/2009

Contact Classification: Formal Grievance

Date Closed:

Time Spent: <15min

Response Letter: 2/28/2009

UPI:

Calls: 2

Total Time: 30

In min.

Provider #: CW33610

Sample Tampa Dialysis 1

Facility Code: CW33610

Status: Open

Type of Caller: Beneficiary

Caller

First Name: Christian1

Last Name: Campbell1

Address: 991 W. Kennedy Blvd.

Address 2:

ZIP Code: 33609

City: Tampa

State: FL

Home Phone: Work Phone:

Email:

Misc.:

Description: This is a sample.

Resolution:

Area of Concern:

Area of Concern	1st	2nd
Physical Environment	<input type="checkbox"/>	<input type="checkbox"/>
Staff Related	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treatment Related/Quality of Care	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disruptive/Abusive Patient	<input type="checkbox"/>	<input type="checkbox"/>
Patient Transfer/Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Professional Ethics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reimbursement/Financial	<input type="checkbox"/>	<input type="checkbox"/>
Transient	<input type="checkbox"/>	<input type="checkbox"/>
Request for Educational Materials	<input type="checkbox"/>	<input type="checkbox"/>

Form View

Num Lock

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Contact Report
Print

Contact Snapshot

Griev. Number	Contact Type		STATUS
1001	Formal Grievance		Open
Staff Name	Griev. Opened	Response Letter Sent On	Time Spent
suser1	2/25/2009	2/28/2009	<15min
Open Date	Close Date		
2/19/2009			
Provider Number	Provider Name		FACCODE
CW33610	Sample Tampa Dialysis 1		CW33610
Contact Type	UPI	First Name	Last Name
Beneficiary		Christian1	Campbell1
Home Phone Number	Address		
	991 W. Kennedy Blvd.		
Work Phone Number	Tampa, FL 33609		
Email Address	Misc.		
Contact Description			
This is a sample.			
RESOLUTION			

Activity Log

ID: 1004	Staff Name: suser2	Date: 3/19/2009	Activity Type: Phone Call	Time: 15
Description:				
<p style="color: red; margin: 0;">This text is configurable and displayed when a new activity is created.</p> <p style="margin: 0;">For example: Please remember an email can be copy and pasted into this section.</p>				
ID: 1003	Staff Name: suser1	Date: 3/19/2009	Activity Type: Phone Call	Time: 15
Description:				
<p style="color: red; margin: 0;">This text is configurable and displayed when a new activity is created.</p> <p style="margin: 0;">For example: Please remember an email can be copy and pasted into this section.</p>				

Tuesday, March 24, 2009
Page 1 of 1

PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY (HANDOUTS)

The screenshot displays the 'Network Contacts Utility' application. At the top, there is a navigation bar with 'Home', 'Record Search', and 'Help' buttons. Below this, the main interface is divided into several sections:

- Open Grievances:** A table with columns for Case #, Assigned user, Resp, and Grievance Days. It lists cases 1001 and 1007.
- MV Open Contacts:** A table with columns for Case #, Open Date, Contact Last Name, and Contact. It lists cases 1001 and 1002.
- All Open Contacts and Grievances:** A larger table with columns for Case #, Assigned user, Days Open, and Grievance. It lists cases 1001 through 1006.
- Contact Information: 1001:** A sidebar on the right containing buttons for 'Save Contact', 'Contact Info', 'Activity Log', 'Link Contacts', 'Related Contacts', 'History', and 'Report'.
- Activity in Edit Mode:** A modal dialog box in the foreground for editing activity. It includes fields for:
 - Activity ID (1004)
 - Activity Type (Phone Call)
 - User ID (suser2)
 - Call Date (3/19/2009)
 - Time (15)
 - Description (This text is con...)
 - Contact ID (1001)
 - Activity ID (1003)
 - Date (3/19/2009)
 - Type of Activity (Phone Call)
 - User ID (suser1)
 - Time Spent (15)

At the bottom of the application window, there are 'Form View' and 'Num Lock' indicators.

PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY (HANDOUTS)

Home

Network Contacts Utility

Open Contact Dashboard... Patients Providers

Record Search Help

Status: Contact Classification:

User ID: Type of Caller: Last Name:

Case #: Provider #: First Name:

Match Values Exactly

Date Range: UPI:

Find
Clear
New Contact
Delete Contact

Case #	Open Date	Contact_Last_Nam	Contact_First_Nam	email	Provider_#	Description	Days_C	Date_Greivar	Days_	Assigner	Status
1001	2/19/2009	Campbell1	Christian1		CW33610	This is a sample.	33	2/25/2009	63	user1	Open
1002	3/19/2009	Campbell4	Christian4		CW33612	This is a sample.	5			user1	Open
1005	3/19/2009	James	Jimmy		CW33611	This text is configurable and dis	5			user2	Open
1006	3/19/2009	Johnston	Kelly		CW33609	This text is configurable and dis	5			user2	Open
1007	3/19/2009	Dallas	John	campbell@nw7.esrd	CW33609	This text is configurable and dis	5	3/19/2009	85	user2	Open

Form View
Num Lock

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Contact: 1005
Save Contact
Report

Activity Log | Link Contacts | Related Contacts | History

Case #:	User ID:	Contact Classification:	UPI:	# Calls:	Total Time:
1005	suser2	Data Processing		0	0
					in min.
Date Open:	Grievance Start:	Response Letter:	Date Closed:	Time Spent:	
3/19/2009				<15min	

Provider #:	Facility Code:
CW33611	CW33611
Sample Tampa Dialysis 2	

Status:	Type of Caller:
Open	Facility staff

<p>Caller</p> <p>First Name: Jimmy</p> <p>Last Name: James</p> <p>Address:</p> <p>Address 2:</p> <p>Zip Code: City: State:</p> <p>Home Phone: Work Phone:</p> <p>Email:</p> <p>Misc.:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Area of Concern:</th> <th style="text-align: center;">1st</th> <th style="text-align: center;">2nd</th> </tr> </thead> <tbody> <tr><td>Physical Environment</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Staff Related</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Treatment Related/Quality of Care</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Information</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Disruptive/Abusive Patient</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Patient Transfer/Discharge</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Professional Ethics</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Reimbursement/Financial</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Transient</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Request for Educational Materials</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Area of Concern:	1st	2nd	Physical Environment	<input type="checkbox"/>	<input type="checkbox"/>	Staff Related	<input type="checkbox"/>	<input type="checkbox"/>	Treatment Related/Quality of Care	<input type="checkbox"/>	<input type="checkbox"/>	Information	<input type="checkbox"/>	<input type="checkbox"/>	Disruptive/Abusive Patient	<input type="checkbox"/>	<input type="checkbox"/>	Patient Transfer/Discharge	<input type="checkbox"/>	<input type="checkbox"/>	Professional Ethics	<input type="checkbox"/>	<input type="checkbox"/>	Reimbursement/Financial	<input type="checkbox"/>	<input type="checkbox"/>	Transient	<input type="checkbox"/>	<input type="checkbox"/>	Request for Educational Materials	<input type="checkbox"/>	<input type="checkbox"/>
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Request for Educational Materials	<input type="checkbox"/>	<input type="checkbox"/>																																

Description:

This text is configurable and displayed when a new contact is created.

For example: Please do not enter PHI or PII information in this section.

Resolution:

Open Issues:

- RQMT_22 - (Jaya): Resetting number sequencing for contacts
- RQMT_23 - (Jaya): Slow system response when loading or searching
- RQMT_24 - (Cecilia): Must wait for system to load or system locks up
- RQMT_25 - (Cecilia): Must go to 'Record Search' to add new contact
- RQMT_26 - (Cecilia): Saving a New contact closes screen B4 a print
- RQMT_27 - (Cecilia): Deleting a contact has a delay in UI refresh
- RQMT_28 - (Cecilia): When a contact's status is changed to 'Closed' the closed date is auto populated – may require a manual overwrite.
- RQMT_29 - (Shane): Resolve same contact being counted multiple times in reports based on their multiple first/second level "Areas of Concern".
- RQMT_30 - (Shane) Quarterly reporting should be based on "Date Open" and not on all touched contacts.
- RQMT_31 - (Shane) Capturing the date of grievance response and grievance closed date
- RQMT_32 - (Shane) Open Contact has classification spelled wrong.
- RQMT_33 - (Shane) Change the word "Description" to be "Activity Detail" in the Activity Log area.
- RQMT_34 - (Shane) Contact Snapshot report has reference to "Contact Type" for the "Contact Classification, "Griev. Number" should be "Case number", and "Griev. Open" should be "Griev. Start".
- RQMT_35 - (Shane) Contact Snapshot report does not include the linked contacts.

PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY (HANDOUTS)

I currently track involuntary discharges using two excel spreadsheets.

These are the data points that I collect on all involuntary discharges on the first excel sheet. I also use it to identify trends and to report final disposition of a patient.

UPI	Patient Services Status	Provider Number	Case #	State	Network Notified State	Date of State Notification	Network Initially Notified	Person Notifying Network	Method of Notification	Date of Discharge	PAR Event Reported	PAR Event Coding	Patient's Disposition (if known)	Case Comments	PAR FU Comment
-----	-------------------------	-----------------	--------	-------	------------------------	----------------------------	----------------------------	--------------------------	------------------------	-------------------	--------------------	------------------	----------------------------------	---------------	----------------

The second excel sheet is used as a watch list. These contain patients at known risk of being discharged. It serves primarily to monitor PAR activity to make sure facilities do not report a patient as transfer when in reality, the patient may be an involuntarily discharge. Data will periodically look these patients up and then let me know if there is any PAR activity is reported.

UPI	Provider Number	Case Number	List	Date Placed on Watch	Period of Time to Watch	Comments
-----	-----------------	-------------	------	----------------------	-------------------------	----------

I am currently including a calendar year report on involuntary discharges with the Quarterly Report (Q2).

It contains an abbreviated versions of the first excel spread sheet.

UPI	Patient Services Status	Provider	Case Number	State	Date of Discharge	PAR Event Coding	Patient's Disposition (if known)
	Closed	A		AK	07/01/08	Physical threat	Admitted to Another Outpatient Facility

I believe you have already seen our Network's other policy in regards to involuntary discharge at this hyperlink:

<http://www.nwrenainetwork.org/G/Involuntary.pdf>

That's all folks.

Aaron Herold, LICSW
Patient Services Coordinator



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Serving Northern California, Hawaii, Guam, American Samoa and Saipan as Network #17

ESRD Network #17 Facility Guideline on Involuntary Discharge of Patients

In the event that you have made the decision to involuntarily discharge a patient, we ask that you notify the Network #17 staff of this decision **prior to the actual discharge***, and afford the patient a 30-day transition period to find new caregivers. Please provide transfer assistance to the patient. If there is no available receiving facility before the discharge date, please provide the patient with a list of acute resources for emergency care as well as counseling regarding the symptoms of uremia, hyperkalemia, fluid overload, etc.

Upon your call to the Network, the Director of Patient Services or other Network staff will request a copy of the discharge letter that has been provided to the patient and possibly other documentation supporting your decision. As always, when the Network learns of an involuntary discharge, we will inquire about the reasons for the discharge, interventions used to address the issue prior to the discharge, and the attempts to assist the patient in locating an alternate facility. In some cases additional suggestions may be offered as to how the issue may have been addressed differently to prevent discharge.

As the typical facility census increases and additional demands are being made of facilities to achieve optimal patient outcomes, we applaud those facilities that give "high-risk" patients (those who are non-adherent or those with behavioral issues) a chance by admitting or retaining them. We will continue to offer our Network resources, upon request, to help facilities deal with those problems in a way that tries to meet the needs of both the patient and facility.

We want to ensure that in Network #17 the decision to discharge a patient against his/her will is made:

- **ONLY** in cases where supported by the Federal Regulations
- **ONLY** after genuine attempts to understand and resolve the situation
- **ONLY** after other options have been tried to address the issues, and
- **ONLY** as a last resort.

*Except in immediate discharges due to violence or threats of violence

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Documentation Requirements	Reason				
	Non Payment	Medical Needs	Disruptive and Abusive Behavior	Immediate Severe Threats	Termination by Physician
Copy of the discharge or transfer notice given to the patient (30-day notice is required in all cases except "immediate severe threats").	X	X	X	X	X
Copy of the facility's discharge and transfer policies and procedures.	X	X	X	X	X
Documentation the patient was notified of the facility's discharge and transfer policy.	X	X	X	X	X
Copy of the facility's Patient's Rights and Responsibilities document.	X	X	X	X	X
Documentation the patient received a copy of the Patient's Rights and Responsibilities document.	X	X	X	X	X
Documentation that the medical director was notified and approved the discharge or transfer.	X	X	X	X	X
Documentation of the patient's medical need and reasons why the facility can no longer meet the need.		X			
Copies of the patient's interdisciplinary reassessments.			X		X
Documentation from the patient's medical record of the ongoing problems and facility efforts to resolve the problem.	X		X		X
Documentation of the exact nature of the immediate severe threat to the health and safety of others.				X	
Physician order, signed by both the Medical Director and attending physician, concurring with discharge or transfer.			X		
Documentation of attempts to place patient at another facility (may be provided to the Network later in the 30 day notification period).	X	X	X		X
Documentation that the State Survey agency was notified.	X	X	X	X	X

Notifying the Network of Involuntary Discharges and Transfers
Revised: 1/13/09

3

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Reason for Contact Table				
ID	Reason For Contact	Definition	Updated Version	Change Date
1	Behavior	Any inquiry related to the actions or conduct of a patient or healthcare provider.	D 1.6	15-Feb-08
2	Information	These inquires involve Network staff researching and sharing knowledge related specifically to ESRD.	D 1.6	15-Feb-08
3	Access to Care	Any inquiry related to obtaining or continuing needed healthcare.	D 1.6	15-Feb-08
4	QI Project	A contact that concerns past or present QI activities involving the gathering of data/information and/or the changing of behavior to improve and aspect of health care and/or patient outcomes.	D 1.6	15-Feb-08
5	Quality of Care	Any contact relating to the clinical process of medical treatment provided for ESRD patients.	D 1.6	15-Feb-08
6	CROWN	Any contact relating to the CROWN environment, sub-systems, or security.	D 1.6	15-Feb-08

Behavior				
ID	Subcategory	Definition	Updated Version	Change Date
1	Abusive	Any contacts pertaining to the management of an individuals behavior that is or is perceived as dangerous, violent and/or threatening to the health and safety of anyone within the clinic.	D 1.6	15-Feb-08
2	Disruptive	Any contacts pertaining to the management of an individual's behavior that negatively impacts the operation of the clinic, environment, and/or the treatment given to other patients.	D 1.6	15-Feb-08
3	Non-Adherence	A contact regarding the behavior of an individual that might negatively affect his or her prescribed treatments or outcomes.	D 1.6	15-Feb-08

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Abusive (Subcategory of Behavior)				
ID	Subcategory		Updated Version	Change Date
1	Verbal/written Threat		D 1.6	15-Feb-08
2	Verbal/written abuse		D 1.6	15-Feb-08
3	Physical Harm		D 1.6	15-Feb-08
4	Physical Threat		D 1.6	15-Feb-08
5	Property Damage/Theft		D 1.6	15-Feb-08

Information				
ID	Subcategory		Updated Version	Change Date
1	Technical Assistance	Provision of expertise in the areas of Administration, Quality Improvement, Patient Services, or Information Management.	D 1.6	15-Feb-08
2	Dialysis Facility Compare (DFC) Website	Contact related to CMS web site that can be used for dialysis information comparison.	D 1.6	15-Feb-08
3	Education	The provisions of materials from the Network or referral to electronic resources for educational purposes.	D 1.6	15-Feb-08
4	Pre-ESRD Inquiry	Caller identifies with Chronic Kidney Disease but not currently enrolled in the ESRD program. A contact made for information and/or education prior to ESRD.	D 1.6	15-Feb-08
5	Reimbursement/Financial	Any contact pertaining to assisting with reimbursement issues or financial help in receiving ESRD related treatment.	D 1.6	15-Feb-08

Technical Assistance (Subcategory of Information)				
ID	Subcategory		Updated Version	Change Date
1	Administration		D 1.6	15-Feb-08
2	Data		D 1.6	15-Feb-08
3	PSC		D 1.6	15-Feb-08
4	QI		D 1.6	15-Feb-08
5	Outreach		D 1.6	15-Feb-08

Reimbursement/Financial (Subcategory of Information)				
ID	Subcategory		Updated Version	Change Date
1	Insurance/Payment		D 1.6	15-Feb-08
2	Resources		D 1.6	15-Feb-08

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Insurance/Payment (Subcategory of Reimbursement/Financial)

ID	Subcategory		Updated Version	Change Date
1	Eligibility		D 1.6	15-Feb-08
2	State/Medicaid		D 1.6	15-Feb-08
3	Medicare		D 1.6	15-Feb-08
4	HMO		D 1.6	15-Feb-08
5	Vascular		D 1.6	15-Feb-08
6	Access Pre-deductible Issues		D 1.6	15-Feb-08
7	Dialysis Facility Billing		D 1.6	15-Feb-08
8	Non-Payment		D 1.6	15-Feb-08

Resources (Subcategory of Reimbursement/Financial)

ID	Subcategory		Updated Version	Change Date
1	NKF/AKF Grants		D 1.6	15-Feb-08
2	Local Resources		D 1.6	15-Feb-08

Access to Care

ID	Subcategory		Updated Version	Change Date
1	Admit	Contacts related to the admission of a patient.	D 1.6	15-Feb-08
2	Transfer/discharge	Contacts related to the voluntary of involuntary transfer process or patient discharge from a unit.	D 1.6	15-Feb-08
3	Transient	Any contact that provides dialysis facility information to assist in locating temporary dialysis for fewer than 30 days.	D 1.6	15-Feb-08

Transfer/Discharge (Subcategory of Access to Care)

ID	Subcategory		Updated Version	Change Date
1	Voluntary		D 1.6	15-Feb-08
2	Involuntary		D 1.6	15-Feb-08

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Involuntary (Subcategory of Transfer/Discharge)				
ID	Subcategory		Updated Version	Change Date
1	Behavior	-	-	-
2	Lack of Payment	-	-	-
1	Physician Termination			
2	Behavior			
3	Medical Needs			
4	Non-Payment			
5	Other			

QI Project				
ID	Subcategory		Updated Version	Change Date
1	National QI	Any contact that pertains to a QIP that is national in scope.	D 1.6	15-Feb-08
2	Network QI	Any contact that pertains to QIP that is Network specific.	D 1.6	15-Feb-08
3	Fostering Internal QI	Any contact in which the NW provides direction, mentoring or education related to an internal QI program at an ESRD facility.	D 1.6	15-Feb-08
4	Facility Improvement Plan	Any contact in which the NW is assisting a facility in the development, implementation, measurement of success of a facility level improvement plan.	D 1.6	15-Feb-08

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Quality of Care				
ID	Subcategory		Updated Version	Change Date
1	Treatment Related	Any contact related to the provision of ESRD care.	D 1.6	15-Feb-08
2	Physical Environment	Any contact related to the condition or safety of the unit. These might include temperature, cleanliness, or hazards.	D 1.6	15-Feb-08
3	Staff Related	Any concern including difficulties with provider policies or staff, such as professional behavior, competency, adherence to policy or personal interaction that is either between staff members or between patient and staff.	D 1.6	15-Feb-08
4	Clinical Outcomes	A contact related to the clinical outcomes of ESRD patients or providers.	D 1.6	15-Feb-08
5	Professional Ethics	An issue concerning recognized standards and systematic application of values as applied to conduct and decisions involving health care.	D 1.6	15-Feb-08

Treatment Related (Subcategory under Quality of Care)				
ID	Subcategory		Updated Version	Change Date
1	VA		D 1.6	15-Feb-08
2	Assessment		D 1.6	15-Feb-08
3	Care Planning		D 1.6	15-Feb-08
4	Intradiaytic Monitoring		D 1.6	15-Feb-08
5	Blood Loss		D 1.6	15-Feb-08
6	Falls		D 1.6	15-Feb-08
7	Infection Control		D 1.6	15-Feb-08
8	Wait Times		D 1.6	15-Feb-08
9	Scheduling		D 1.6	15-Feb-08

Physical Environment (Subcategory under Quality of Care)				
ID	Subcategory		Updated Version	Change Date
1	Comfort		D 1.6	15-Feb-08
2	Safety		D 1.6	15-Feb-08

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

Comfort (Subcategory of Physical Environment)

ID	Subcategory		Updated Version	Change Date
1	Temperature		D 1.6	15-Feb-08
2	Physical Accessibility		D 1.6	15-Feb-08
3	Cleanliness		D 1.6	15-Feb-08

Safety (Subcategory of Physical Environment)

ID	Subcategory		Updated Version	Change Date
1	Refer to State Agency		D 1.6	15-Feb-08

Staff Related (Subcategory under Quality of Care)

ID	Subcategory		Updated Version	Change Date
1	Healthcare Professionalism		D 1.6	15-Feb-08
2	Competency		D 1.6	15-Feb-08
3	Non-adherence to Facility Policies/procedures		D 1.6	15-Feb-08

Professional Ethics (Subcategory under Quality of Care)

ID	Subcategory		Updated Version	Change Date
1	Soliciting Patients		D 1.6	15-Feb-08
2	Staff/Patient Relationships		D 1.6	15-Feb-08
3	Prohibiting Patient Choice		D 1.6	15-Feb-08

CROWN

ID	Subcategory		Updated Version	Change Date
1	Data Request	Request for specific data or special data projects.	D 1.6	15-Feb-08
2	Request for Forms	Request for ESRD forms for facility use.	D 1.6	15-Feb-08
3	REMIS	Contact related to the REMIS application.	D 1.6	15-Feb-08
4	SIMS	Contact related to the SIMS application.	D 1.6	15-Feb-08
5	Security	Contact related to a security issue.	D 1.6	15-Feb-08
6	CROWNWeb	Contact related to the CROWN Web application.	D 1.6	15-Feb-08

**PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY
(HANDOUTS)**

CROWNWeb (Subcategory of CROWN)

ID	Subcategory		Updated Version	Change Date
1	Access for New Users		D 1.6	15-Feb-08
2	Authentication		D 1.6	15-Feb-08
3	Issues		D 1.6	15-Feb-08
4	Reporting		D 1.6	15-Feb-08
5	Assistance with Use, Bug Error/Report		D 1.6	15-Feb-08

Authentication Issues (Subcategory of CROWNWeb)

ID	Subcategory		Updated Version	Change Date
1	Browser/Program Error		D 1.6	15-Feb-08
2	Lost Forgotten Password		D 1.6	15-Feb-08

Assistance with Use (Subcategory of CROWNWeb)

ID	Subcategory		Updated Version	Change Date
1	Facility Module		D 1.6	15-Feb-08
2	Patient Module		D 1.6	15-Feb-08
3	Admit/Discharge Module		D 1.6	15-Feb-08

Network PSC Data Needs

Facility Actions

- Pt. informed of policy
- Doc. problem w/ pt.
- 30 Day notice to pt.
- 30 Day notice to NW
- Method of notification
- Date notified pt. / NW
- Physician order
- Located another facility
- Notified state survey
- Abbreviated / or not
- What else???

Patient Demographics

- UPI
- State
- Race
- Ethnicity
- Reason for discharge
- *Non-adherence*
- *Abuse*
- *Theft*
- *Theft/vandalism*
- *Lack of payment*
- Current treatment status
- Date of discharge
- What else???

Network Actions

- Network notified state
- Date NW notified state
- Favorable Network intervention
- Confirmed in CROWNweb PART
- Provided ACUTE resources to pt.
- What else???

The Florida End Stage Renal Disease Network



PATIENT INVOLUNTARY DISCHARGE AND NETWORK CONTACTS UTILITY (HANDOUTS)

Home | Open Contact Dashboard | Record Search | Help

Network Contacts Utility

Open Involuntary Discharges

Case #	Assigned	Rem	Provider Phone #
1001	suser1	15	(813) 383-1539
1007	suser2	-2	(727) 995-8967

Open Grievances

Case #	Assigned	Resp	Grievance Days Re
1001	suser1	3	63
1007	suser2	0	85

My Open Contacts

Case #	Open Da	Contact_Last_N	Contact
1001	33	Campbell1	Christian
1002	5	Campbell14	Christian

All Open Contacts and Grievances

Case #	Assigned	Days Ope	Grievance
1001	suser1	33	63
1007	suser2	5	85
1002	suser1	5	
1005	suser2	5	
1006	suser2	5	

Contact Information: 1001

Save Contact | Involuntary | Link Contacts | Related Contacts | History

Contact Info | UPI: | Find | Abbreviated Discharge

Date of Discharge: 10/5/1961 | Report

Patient: Last Name: Campbell1 | Suffix: | First Name: Christian1 | MI: T | Gender: Male | DOB: 10/5/1961
 Phone Number: (813) 999-9991 | Zip Code: 33609 | State: FL | City: Tampa | County: Hillsborough

White Asian Black or African American American Indian / Alaska Native Native Hawaiian or Other Pacific Islander
 Name of Enrolled / Principle Tribe: | Ethnicity: Non-Hispanic | Employment Status: Unemployed

Misc. 1: | Misc. 2: | Misc. 3: | Misc. 4:

Patient was informed of Facility discharge policy at time of admission.
 Facility documented reassessments and the ongoing problem(s).
 Facility provided a minimum of 30 day notice to patient of planned discharge. Date Provided: 10/5/1961
 Facility provided a minimum of 30 Day notice to NW of planned discharge. Date Provided: 10/5/1961
 Facility obtained a signed physician's order for patient discharge (Attending Physician & Medical Director).
 Facility has attempted to place patient in another facility. New provider's CCN: |
 Facility notified state survey agency of discharge.

Attachments: Discharge notice: OLE Object
 Other: OLE Object

Network: Network was able to intervene and achieve a favorable outcome for the patient. Outcome: |
 Network notified state survey agency. Date notified state agency: 10/5/1961
 Network confirmed patients Discharge and/or Admit status in CROWNWeb PART.

Misc. 1: | Misc. 2: | Misc. 3: | Misc. 4:

Form View | Num Lock

