



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: NON-VOLUNTARY DISCHARGE OF A PATIENT

Policy No.: B826.3
Supersedes: February 8, 2016
Revision Date: April 30, 2019
Page: 1 of 4

POLICY:

Rancho Los Amigos National Rehabilitation Center will ensure that all non-voluntary discharges will be handled in a consistent and appropriate manner.

PURPOSE:

To better ensure that patients are discharged on the planned discharge date.

To define the actions which are to be taken when a patient refuses to be discharged.

To ensure that patients receive appropriate information at the time of admission which explains the discharge guidelines and expectations.

To ensure that patients rights related to continuity of care and discharge are met.

DEFINITIONS:

Non voluntary Discharge - When an appropriate discharge plan is established, a discharge order has been written, and the patient is asked to leave but refuses.

Examples of situations which may lead to a non voluntary discharge:

- X Patient disagrees with recommended discharge location or date.
- X Patient requests ongoing medical or rehabilitation treatment, but attending physician and clinical team have defined that there is no clinical justification for continued inpatient care.
- X Patient's behavior which may prevent appropriate and safe treatment.

Physician Advisor - Is an advisor to the attending physician. The Chair of the Utilization Review committee will function as the physician advisor. In their absence the Program Chief, if not also the patient's attending physician, will be the advisor. If the Program Chief is the patient's attending physician, the Department Chair will be the advisor.

Attending Physician - Is the final authority on the treatment and discharge plan. (see step #7)

1. At the time of the admission interview, Patient Financial Services (PFS) will provide a patient handbook to the patient or surrogate which will include a listing of patients rights and responsibilities. If the patient is a Medicare Recipient, PFS staff will review with the patient or surrogate the "An Important Message From Medicare" document. After the review, PFS staff will

EFFECTIVE DATE: June 1, 2005

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

have the patient or surrogate sign and date the document indicating that the document has been provided. PFS staff will provide the patient with the original, retain a copy to be placed in the patient's PFS file, and place a copy in an envelope and give it to the Case Manager assigned to the patient.

2. Within three (3) business days of admission and after consulting with the admitting physician, the Social Work Staff Member and/or Case Manager will meet with the patients and/or family to discuss discharge planning. Patients will be given an opportunity to identify one caregiver who may assist in post hospital care. The name and contact information will be documented in the medical record. The designated caregiver will be included in the discharge planning process. Information and instruction will be given throughout hospitalization to the caregiver regarding the continuing health care requirements of the patient following discharge. If patients or their representative decline to designate a caregiver, it will be documented in the medical record.
3. Within 10 days of admission the Case Manager will explain and provide to the patient or surrogate a copy of the **Discharge Guidelines**. (Refer to Administrative Policy and Procedure B826).
4. When an appropriate discharge plan has been developed and when the discharge date is defined, the patient and/or their representative or caregiver will be informed by the Case Manager. If the patient is a Medicare Recipient, the Case Manager will provide the patient or surrogate with the copy of the "An Important Message From Medicare" document and document in the medical record that the copy has been given to the patient or surrogate.
5. If the clinical team defines that a skilled nursing facility is the appropriate discharge location, a copy of the Transfer to Alternate Level of Care will be provided to and reviewed with the patient or surrogate by the Social Work Staff member.. They will be requested to sign the document.
6. If the patient, their representative and/or caregiver decline the discharge plan or do not want to be discharged on the defined date, the Social Work staff member will meet with the patient to discuss possible discharge alternatives, and will document this discussion in the medical record. The Social Work staff member will also inform them of the availability of the Patient Advocate.
7. If the patient, their representative and/or caregiver does not identify or select an appropriate alternative discharge plan, the Case Manager will refer the case to another physician (physician advisor) for second level review.
8. The Case Manager will also refer the case to the Patient Advocate.
9. The Physician Advisor will review the patient's medical records and if necessary, discuss the case with the attending physician.
10. Following the review, the Physician Advisor will document in the medical record that:
 - a. the discharge plan determined by the attending physician is appropriate or based upon communication with and agreement by the attending physician, the attending physician will revise the discharge plan.
11. The attending physician will write the discharge order on the day of discharge.

12. If the patient, representative and/or caregiver still declines the planned discharge, the Case Management Department will provide the Letter of Non Coverage or Denial Letter (Attachment A) to the patient or surrogate informing them of the possible financial responsibility which they may incur, and explain any appeal rights which are available to the patient.
 13. If the patient, their representative and/or caregiver still declines the planned discharge and does not provide an appropriate and timely alternative, they will be informed that the patient must be discharged.
 14. If the patient is a Medicare patient, and the patient, their representative and/or caregiver request a review of the case by a Quality Improvement Organization (QIO). Refer to Administrative Policy and Procedure B619, Hospital Discharge Appeal Notices. (Attachment B)
 15. Transportation as required and appropriate will be arranged, and the patient, their representative and/or caregiver will be informed when the transportation is expected to arrive, or the time at which they must leave the rehabilitation center.
 16. At the time at which transportation is expected to arrive or the patient is expected to leave, County Sheriff will be asked to be present and stand by on the patient's unit.
 17. If the patient, their representative and/or caregiver still refuses to be discharged when transportation arrives or at the time they are to leave, the Administrator or designate will again inform them that the patient must be discharged and the further possible consequences of refusal.
 18. If the patient or surrogate still refuses discharge, the County Sheriff may cite them for trespassing.
 19. If the patient is medically stable and able to provide for their own basic needs they will be asked to leave the facility and will be escorted off grounds by County Sheriff.
- Note:** Medications, supplies, etc. which are required for the patients safety will be provided. They will be instructed as to what to do to obtain further medications and supplies.
20. If the patient refuses or resists being escorted off campus, County Sheriff will take appropriate actions which may include placing the patient into police custody.
 21. If the patient is not medically stable or unable to provide for their own basic needs and they or a surrogate still refuses the discharge, the case will be referred to County Counsel.
 22. All services necessary to provide for the patient medical needs and safety will be provided while this process is occurring and until the patient is discharged.

REFERENCES: Administrative Policies and Procedures:
B509 - Patient Rights and Responsibilities
B512 - Problematic Patient Behavior
B618 - Hospital Issued Denial Letter to Non Medicare Recipients

SUBJECT: NON-VOLUNTARY DISCHARGE OF A PATIENT

Policy No.: B826.3
Supersedes: February 8, 2016
Page: 4 of 4

B820 - Interdisciplinary Care Plan System (ICPS) Part A - Initial Treatment Plan
B826 - Discharge Planning
B828 - Out-Of-Home Facilities Placement
Senate Bill 675

Attachments: "Denial Letter"

Revised: March 8, 2010 AL:jm
February 8, 2016 CD
April 30, 2019 KL:VR



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

DENIAL LETTER
PHYSICIAN CONCURS
NON-MEDICARE BENEFICIARY

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Aries Limbaga, RN
Chief Executive Officer

Ben Ovando
Chief Operations Officer

Barry D. Jordan, MD, MPH
Chief Medical Officer

Michelle Sterling, RN
Chief Nursing Officer

7601 E. Imperial Highway
Downey, CA 90242

Tel: (562) 385-7111

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

Date: _____

Admission Date: _____

Patient Name: _____

MRUN #: _____

Address: _____

City/Zip: _____

Dear (Patient Name):

This letter is to inform you that your insurance (**Name of insurance**) has requested you be **discharged/transferred** from Rancho Los Amigos National Rehabilitation Center to (**designated place**), effective **Discharge Date**. The medical or rehabilitation services which you now require may be furnished at another facility. Per your Physician, you are stable for transport/ discharge.

You will be financially liable for all costs for the care you receive beginning **Discharge Date**. The minimum cost that you will be charged is **Daily Rate per Finance** per day. If you leave on **Discharge Date** you will not be liable for costs of care except for payment of deductible, coinsurance, or any convenience services or items normally not covered by your insurance. If you need to discuss further health care related issues, please speak with your Physician.

Sincerely,

Dr. (Name of URC Chair)
Chairperson, Utilization Review Committee



Health Services
www.dhs.lacounty.org