

	Strong Home Care Group Inc. dba UR Medicine Home Care	✓ Visiting Nurse Service ✓ Signature Care Visiting Nurse Hospice ✓ Finger Lakes Visiting Nurse Service ✓ Finger Lakes Home Care Ontario Yates Hospice
	POLICY: Discharge or Transfer from Agency	SCOPE: CHHA and Licensed
	SECTION: 600-Certified Agency 800- Licensed Agency (LHCSA)	Policy # 602 and #802 Formerly: AGENCY#2047A (547), FLAGENCY #7:10, Licensed #805
	Created: 5/21/15	Reviewed: 6/7/17 Revised: 5/10/17
	Approved by: Professional Advisory Committee (PAC) Date: 8/10/17	Regulation: State Law: 763.5(h)(1)(2)(3)(4)(5), 763.5(3)(h), 766.2(8) Medicare/Medicaid CFR and/or Condition of Participation: 484.34, 484.48

Policy: It is the policy of Strong Home Care Group Inc. dba UR Medicine Home Care (The Agency) to ensure patients are discharged or transferred after the patient, patient’s representative, caregiver, and all physicians issuing orders for the plan of care, and the patient’s primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the home health agency involved in the plan of care are fully informed of the intent to discharge or transfer the patient.

Description: Discharge shall be appropriate when:

- A. Therapeutic goals have been attained and the patient can function independently or with other types of community support services.
- B. All Agency services are terminated by the patient or the patient moves out of the service area.
- C. The patient’s attending physician discontinues medical orders for all services.
- D. Death occurs.
- E. The patient’s physician does not return signed medical orders necessary for the care of the patient after repeated attempts by Agency personnel to acquire the orders. Director of Patient Services or designee will speak or write to the physician prior to the patient’s discharge and may involve the Agency Medical Director. Patient will be discharged when a safe plan of care has been identified.
- F. The availability of home health services or community support services is no longer sufficient to meet the patient’s changing care needs, or the patient refuses medical care when PHV staff and the Medical Director agree that medical care is necessary. The Agency will advise the patient/caregiver of alternatives for care as appropriate with social work involvement as needed. If after assessment and advising, the Agency believes that a substantial and imminent health or safety risk continues, referral will be made to Adult Protective Services

- G. Conditions in the home imminently threaten the safety of staff providing services or jeopardize the Agency's ability to provide care as described as follows:
1. When conditions are known to exist in or around the home that would imminently threaten the safety of staff, including but not limited to:
 - a. Actual or likely physical assault that the individual threatening such assault has the ability to carry out;
 - b. Presence of weapons, criminal activity or contraband material which creates in staff a reasonable concern for personal safety;
 - c. Continuing severe verbal threats which the individual making the threats has the ability to carry out and that would create, in staff, a reasonable concern for personal safety;
 - d. When the Agency has valid reason to believe that Agency personnel will be subjected to continuing and severe verbal abuse which will jeopardize the Agency's ability to secure sufficient personnel resources or to provide care that meets the needs of the patient; or
 - e. Patient repeatedly refuses to comply with a plan of care or others interfere with the patient's ability to comply with a plan of care agreed upon as appropriate, by the patient; the patient's family; any legally designated patient representative; the patient's physician; Agency personnel and/or any case management entity, and such non-compliance will lead to an immediate deterioration in the patient's condition serious enough so that home care will no longer be safe and appropriate.
- H. The patient, the patient's family, informal or any legally designated patient representative is non-compliant or interferes with implementation of the patient's plan of care and the scope and effect of such non-compliance or interference:
1. Has led to or will lead to an immediate deterioration in the patient's condition serious enough that home care will no longer be safe and appropriate.
 2. Has made attainment of reasonable therapeutic goals at home impossible.
 3. The likely outcome of such non-compliance or interference has been explained to the patient, or the patient's legally designated patient representative, family or informal supports, and any case management entity, as appropriate, and the patient continues to refuse to comply with, or others continue to interfere with the implementation of, the plan of care.
 4. A case conference is held with the patient, family (if any), appropriate Agency staff, physician, if needed, and known community agencies to explore an alternate care plan if patient does not continue to meet admission criteria. If there is no resolution to the impediment of the care plan, Adult Protective Referral is made.
 5. Prior to discharge the VP of Clinical Operations, Director of Quality, Director of CHHA Services, and/or an Agency attorney is informed and consulted as indicated. The Department of Health for the Region may be contacted in some situations.

Exception:

Licensed Agency reserves the right to discharge for reasons, including but not limited to, non-payment and/or availability of staff.

Regulatory Reference(s):

New York Department of Health Regulations:

<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7/8525652c00680c3e8525652b0061dd90?OpenDocument&Highlight=0,home,care,standards>

<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/0/8525652c00680c3e8525652b00609e5b?OpenDocument>

Center for Medicaid & Medicare (CMS) Code of Federal Regulations:

http://www.ecfr.gov/cgi-bin/text-idx?SID=4340bab411663aded5d3de80afa2e2e5&node=pt42.5.484&rgn=div5#se42.5.484_130

Related Procedure:

6_ _ Discharge from Agency Procedure

Policy History

AGENCY#2047A (547) – retired

FLAGENCY #7:10 – retired

Licensed #805 - retired