

DISCHARGING A PATIENT FROM THE CARE OF A PHYSICIAN

PURPOSE:

It may become necessary to discharge a patient from the care of a physician on the medical staff of WVUH and/or a physician assigned to a UHA clinic, upon the occurrence of any one or more of the following events:

- a. Failure of the patient to adequately and/or faithfully follow treatment recommendations.
- b. Abusive or threatening behavior toward provider and/or support staff.
- c. Violation of medication use agreement.
- d. Willful refusal to pay for services by individuals capable of payment.
- e. Repeated failure to arrive for scheduled appointments, without calling and canceling the appointment (no-show).

Notwithstanding this general policy statement, under no circumstances shall care be refused to any patient presenting in an unstable condition, in active labor or with any bona fide emergent health care need.

POLICY:

A. If the need arises to discharge a patient from a UHA clinic, the discharging provider shall do the following:

1. Complete Section I of the *Request to Discharge a Patient* form (see attachment A). The *Request to Discharge a Patient* form can be printed from *WVU Healthcare Connect* (Click on Policies and Procedures, Ambulatory Services Policies and Procedures, Policy V.210).
2. Complete the discharge notification letter to be sent to patient under the signature of the discharging provider(s). This letter shall indicate either (1) that the patient is being discharged from care in a specific department, by a specific provider, or (2) that the patient will no longer be seen by any UHA health care provider. Unless extenuating circumstances exist, a thirty-day (30) grace period shall be given to the patient during which UHA shall continue to provide acute or emergent care.

The letter (see example, attachment B) shall include the termination of care date; a list of providers in the patient's home location who can treat patient's condition; and The HIM Department phone number that the patient can call to request that the patient's records be forwarded.

3. Forward the form and letter to the UHA Administration for review. Once approved, UHA Administration will notify the discharging provider(s) of the action taken.
 4. The letter shall be sent certified by UHA Administration, as return receipt requested so that UHA can verify the patient has received the letter.
 5. After the return receipt is received, the UHA Administration will notify the Clinic Manager so that the registration flag with appropriate comment regarding the dismissal may be entered into the patient's Merlin account. Additionally, the involved practitioner and Clinic Medical Director will be notified that an entry regarding the dismissal may be entered into clinical documentation.
 6. A copy of the letter, form and the returned receipt shall be filed in the patient's medical record.
 7. If the letter is returned because the patient refused or did not claim it, UHA can note that the letter was sent "*return receipt requested*" and the patient refused it. Alternatively, UHA can hand the letter to the patient upon their arrival for their next scheduled appointment. Following either action, UHA may document that the patient was discharged from care.
 8. If the letter is returned to UHA because the patient refused or did not claim it, and the patient has exhibited prior abusive or threatening behavior toward the provider and/or support staff, UHA can note that the letter was sent "*return receipt requested*" and the patient refused it. UHA shall then send it by regular mail, assume the patient received it and proceed to document that the patient was discharged from care.
 9. The UHA Chief Medical Officer will review all letters discharging patient from care at all UHA clinics and will sign such letters.
- B. If a discharged patient comes to the Emergency Department of WVUH and requests care, WVUH and its medical staff will follow the steps outlined below:
1. Provide a screening exam to determine whether the patient is suffering from an emergency medical condition. If the exam reveals an emergency medical condition, WVUH will stabilize the patient or make a legal transfer of the patient to a hospital that can provide such stabilizing treatment, consistent with EMTALA and relevant WVUH patient care policies.
 2. The treating physician should make it clear to the previously discharged patient that by treating the patient in the Emergency Department, neither the physician nor UHA is re-establishing a professional treatment relationship with the patient.
 3. If further medical care in the hospital is not medically necessary, the Emergency Department shall make the discharged patient aware of their condition and of the need to obtain follow-up care, and ensure that the patient has previously been supplied with a list of alternative physicians and/or providers.
 4. If the patient claims they did not receive the list of alternative providers or cannot recall that such a list had been provided, the Emergency Department will supply the patient with a list of providers in the patient's home location who can treat the patient's condition.

5. The treating emergency department physician should also make it clear that the patient has full responsibility for obtaining follow-up treatment. The Emergency Department may communicate that it will continue to see the patient as medically necessary; however, in order to preserve resources for those who truly need them, the hospital is requesting that the patient limit visits to true emergencies.
6. Steps 2-5 above should be documented in the appropriate part of the patient record.
7. If admission to the hospital is medically necessary, the patient may be admitted and the patient treated by medical staff physicians in accordance with the standards of the medical staff bylaws, rules and regulations. Following the administration of appropriate inpatient care, the above steps may be carried out prior to patient discharge.
8. At all relevant times, all reasonable efforts shall be undertaken by the Hospital and UHA to discover and address the causes of the patient's non-compliance or underlying behavioral issues so that the patient can be directed to the most appropriate community resources for follow-up direction and care.

REQUEST TO DISCHARGE A PATIENT

Section I

(this section to be completed by the discharging provider)

Patient to be discharged:

MRN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Name of provider(s) requesting to discharge patient:

Name of department(s) requesting to discharge patient:

Specific reason patient is to be discharged:

Provider(s) Signature/Date

UHA Administration signature: _____

Date flag entered into Merlin and by whom: _____

EXAMPLE DISMISSAL LETTER

(date)

(patient name)

(address)

(MRN)

Dear (patient name),

It has become obvious that you and the physicians at the (clinic name) do not agree on how your health care should be managed, and you have 30-days to establish your health care with another provider. It is in your best interest to find another provider that you can trust and work with to maximize your health care. Therefore, the (department name) providers will no longer provide your medical care.

Enclosed you will find a list of other providers in your area. Any of these providers could manage your health care. After you select a new provider, please contact the Health Information Management Department (Medical Records) at 304-598-(#####) to have your medical records forwarded to your new provider.

During the next 30-days, the (provider or department name) will give attention only to **emergency** situations regarding your health care.

As always, the nearest Emergency Department is available should you require emergency medical care. Please note that evaluation or treatment in ED or hospitalization at WVU Hospitals will not re-establish care with (clinic name). It is recommended that you establish care for your condition as soon as possible to ensure you have follow-up care.

Sincerely,

(provider name)