

	POLICY Number: 7311-20-021 Title: Acute Care Bed Occupancy Charge for Refusal to Leave an Acute Care Bed
Authorization <input checked="" type="checkbox"/> Minister of Health, Saskatchewan <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director, Patient Flow-Navigation Cross Index: Date Approved: September 20, 2015 Date Revised: Date Effective: September 20, 2016 Date Reaffirmed: Scope: Acute Care

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1. PURPOSE

The intent of this policy is to establish the daily acute care bed occupancy charge for patients who refuse to leave the hospital, when they no longer require the intensity of services of acute care, yet have safe and viable options available outside of acute care, and/or have been discharged by a physician.

2. PRINCIPLES

- 2.1** The demand for acute care beds frequently exceeds the supply, creating long delays in admission to an inpatient bed which leads to long waits in the province's emergency departments.
- 2.2** To effectively manage acute care capacity across the province, SHR follows consistent processes established provincially (see Appendix A).
- 2.3** On occasion, a patient may have been discharged from hospital but that patient and /or their caregiver / designated decision maker refuses to leave the acute care bed. This will result in a bed charge being applied to the patient when acute services are deemed no longer medically necessary.

3. POLICY

- 3.1** Insured benefits in a hospital will be terminated when a patient is designated as Alternate Level of Care (ALC) with access to alternative safe, viable options or deemed recovered, requiring no additional services or supports, and discharged by the attending physician.
- 3.2** When a designated or discharged patient refuses to leave the hospital they will be assessed a bed occupancy charge of \$250 a day.
 - 3.2.1** SHR does not charge the patient for the actual cost of medical supplies and drugs at this time.

4. ROLES AND RESPONSIBILITIES (established by SHR)

4.1 Most Responsible Physician (MRP)

4.1.1 Discharge patients when medically stable.

4.1.2 MRP (or designate) assign ALC status with placement option(s).

4.2 Directors and Managers of Nursing (or designate)

4.2.1 Operationalize the procedure of this policy.

4.3 Clinical Coordinators, Clinical Nurse Leader, Client Patient Access Services (CPAS)/Social Work (Urban)/Client Case Coordinators (Rural), Charge Nurses

4.3.1 Notify the Manager of Nursing regarding patients who refuse to accept the discharge plan and leave hospital.

5. POLICY MANAGEMENT

The management of this policy including education, monitoring, and implementation is the responsibility of the Manager of Nursing. Amendment is the responsibility of the Director, Patient Flow-Navigation.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and/or privileges.

7. REFERENCE

Saskatchewan Ministry of Health Policy, Acute Care Bed Occupancy Charge for Refusal to Leave an Acute Care Bed, effective September 1, 2016. Regional Health Services Policy and Procedure Manual

PROCEDURE

Number: 7311-20-021

Title: Acute Care Bed Occupancy Charge for Refusal to Leave an Acute Care Bed

Authorization

President and CEO
 Vice President, Finance and Corporate Services

Source: Director, Patient Flow - Navigation
Cross Index:
Date Approved: September 20, 2015
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DEFINITIONS:

Alternate Level of Care (ALC) means when a patient is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting (Acute, Chronic or complex continuing care, Mental Health or Rehabilitation), the patient must be designated ALC at that time by a physician (MRP) or her/his delegate. The authorized designate may be a long term care assessor, patient care manager, discharge planner or care team member. ¹

Discharge means physician authorization for a patient to leave an acute care or tertiary facility.

1. PURPOSE

The purpose of this procedure is to establish the process to follow when a patient has been discharged or designated as ALC with a placement option(s) and refuses to leave hospital.

2. PRINCIPLES

2.1 Patients are required to leave hospital upon discharge.

2.2 Patients who refuse to leave hospital will be charged a bed occupancy rate as established by the Saskatchewan Ministry of Health (see Appendix B).

2.2.1 This process applies to legal guardians.

2.2.2 This policy does not apply to patients designated as ALC and waiting for a suitable placement option.

2.3 This procedure follows what has already occurred as part of the discharge process:

- Liaison with the CPAS/Social Work to explore options for home supports
- Apply well in advance for Public Guardian and Trustee when patient lacks financial capacity and there is no person willing to accept a financial authority.
- CPAS/Social Work has discussed options for care with the patient or other responsible person.

¹ CIHI

- Discussions with the interdisciplinary care team (which may include Manager of Nursing, First Nations and Metis Health and Site Leaders (rural)).
- MRP and appropriate members of the interdisciplinary team have met with the patient/proxy/ substitute decision maker and/or family early in the care to develop transitions of care and discharge plans, discuss the concerns, options available to the patient and the patient's responsibility to cooperate with the discharge plan.
- This discussion also includes advising the patient of implication of bed occupancy charges if patient refuses to leave hospital.
- Consult Ethics Services and SHR Legal Counsel as required.
- Charges should be implemented 3 days after issue of the Bed Occupancy Charge Notice.²

3. PROCEDURE

- 3.1** MRP discharges patient or MRP or designate assigns patient as ALC with placement offered and patient refuses to leave hospital.
Patient/family situations may include, but are not limited to the following:
- 3.1.1 SHR staff have offered a safe alternative/setting to being in hospital (the patient/family is refusing the alternative).
 - 3.1.2 SHR staff offer information regarding a safe alternative/setting and there is an unreasonable delay in patient and or family seeking alternatives (e.g. a personal care home and/or the patient/family refuses to initiate/accept alternative options). See Appendix A. If bed charges apply:
- 3.2** If a patient refuses discharge the matter will be escalated to the operational Director of the area and Manager.
- 3.2.1 Manager advises the patient of the following:
 - Insured benefits in a hospital are terminated when a patient is designated as ALC with access to alternative safe, viable options or deemed recovered, requiring no additional services or supports, and discharged by the attending physician. Patients are expected to leave hospital when discharged. Patients are charged an acute care bed occupancy charge for refusal to leave hospital.³
 - The bed occupancy charge rate (see Appendix B).
- 3.3** Manager documents the outcome of the discussion in the patient's chart.
- 3.3.1 Notify Financial Services - Accounts Receivable in writing if patient has been discharged/designated ALC with a suitable placement option(s) and refuses to leave hospital.
 - 3.3.2 If a resolution is agreed upon, do not continue with this process.
 - 3.3.3 If resolution is not agreed upon, direct the Clinical Coordinator/Clinical Nurse to:
 - Ensure the patient's Predicted Transition Date (PDT) is entered into Patient Flow System

² Saskatchewan Ministry of Health Procedure, Acute Care Bed Occupancy Charge for Refusal to Leave Acute Care, Effective September 1, 2016

³ Ibid

- 3.4 If a patient refuses to leave, the Manager or designate prepares a written summary of the situation and forwards to members of the interdisciplinary care team as well as the Director.
- 3.5 Place a copy of the written summary in the patient's medical record.
- 3.6 Manager issues *Bed Occupancy Charge Notice*⁴ (see Appendix B) to the patient and advises Financial Services - Accounts Receivable in writing of date to begin Bed Occupancy charges.
 - 3.6.1 Bed Occupancy Charge Notice must advise patient the option to contact a Client Representative.
 - 3.6.2 Charges are implemented 3 days after issue of the Bed Occupancy Charge Notice.⁵
- 3.7 Financial Services – Accounts Receivable will process periodic charges until transition.
 - 3.7.1 Financial Services – Accounts Receivable will issue invoices, statements and notices and initiate follow up telephone calls according to standard practices.
 - 3.7.2 As a last resort, unpaid accounts may be assigned to a collection agency.
- 3.8 If the patient's clinical condition changes to again require acute care, the Manager advises Financial Services - Accounts Receivable in writing.

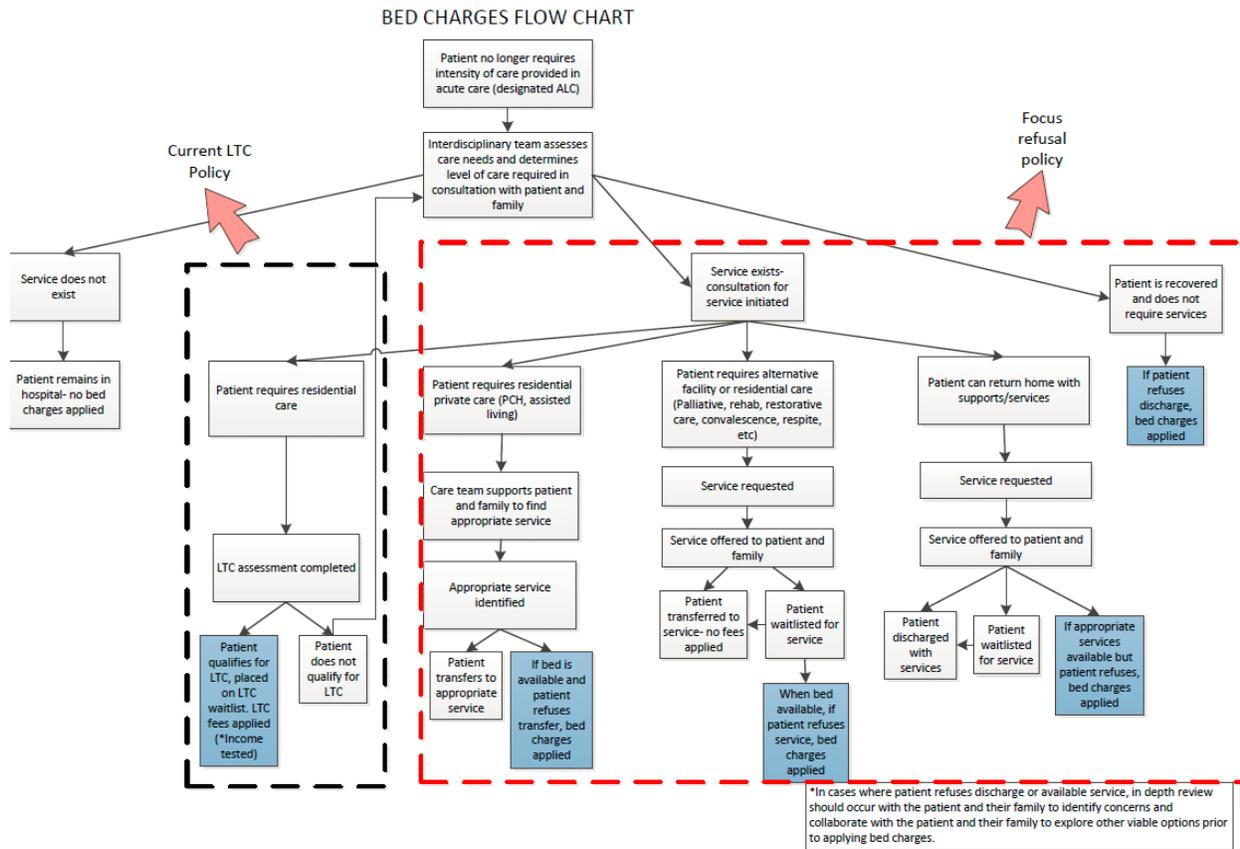
4. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Manager of Nursing. Amendment is the responsibility of Director, Patient Flow-Navigation.

5. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges.

⁴ Adopted from Sunrise Health Region, Form #370.011.1 rev. January 1, 2015



Note: If a patient refuses discharge the matter will be escalated to the operational Director of the area.

⁶ Saskatchewan Ministry of Health Policy, Acute Care Bed Occupancy Charge for Refusal to Leave and Acute Care Bed, Effective September 1, 2016



BED OCCUPANCY CHARGE NOTICE

Date _____

Dear _____

This is to confirm your refusal to accept/initiate alternate accommodation or services. As you are unwilling to accept or initiate alternate accommodation or services, there will be a daily penalty charge of \$250.00⁷ per day effective _____ until alternate accommodation or services has been accepted.

Saskatoon Health Region's Client Representative Services program is in place to respond to client and family concerns. A Client Representative may be reached at: 306-655-0250 or 1-866-655-5066 or client.rep@saskatoonhealthregion.ca

We thank you in advance for your prompt attention in making payments.

Yours truly,

Signature

Name (printed)

⁷ Saskatchewan Ministry of Health Policy, Acute Care Bed Occupancy Charge for Refusal to Leave Acute Care, effective September 1, 2016.