**Manual M-1, Operations. Part I, Medical Administration Activities**

**Chapter 13, Releases from Inpatient Care (Sections I through IV;**
**Paragraphs 13.01 through 13.57)**
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PART I

# M-1

CHANGE 107

VETERANS ADMINISTRATION

DEPARTMENT OF MEDICINE AND SURGERY MANUAL

# OPERATIONS

## PART ONE

## MEDICAL ADMINISTRATION ACTIVITIES

MAY 27, 196

WASHINGTON, D.C. 20420

Department of Medicine and Surgery
Veterans Administration
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May 27, 1968

Part I, "Medical [Administration] Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is published for the compliance of all concerned.

H. M. Engle

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Chief Medical Director

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M-1, Part I
Change 107

## FOREWORD

VA Department of Medicine and Surgery Manual M-1, "Operations," promulgates certain policies and mandatory procedures concerning administrative management and medical [administration] operational activities of the Department of Medicine and Surgery. It is for [ ] application at all VA [ ] hospitals, domiciliaries, centers, regional office outpatient clinics, VA outpatient clinics, [ ] the VA prosthetic center, prosthetic distribution centers, and all Veterans Canteen Service installations.

This manual consists of [seven] parts as follows:

Part I --- Medical [Administration] Activities
Part II --- Prosthetic and Sensory Aids
Part III --- [Domiciliary] ~~Administration~~ Voluntary Services
Part IV --- Veterans Canteen Service
[Part V --- Performance Standards
Part VI --- Restoration Programs
Part VII --- Building Management Service]
3/10/75 Part VIII: Management Analyst Program

Parts II [through V] have been issued as complete parts. Part I is comprised of [~~27~~ 30] chapters with titles as indicated in the table of contents. Chapters, as completed, will be issued separately as changes to this manual. Each chapter has its own title page, rescission page and table of contents.

This manual will ultimately rescind the provisions of VA Manuals M10-3, M10-6, and M10-11, [ ] pertinent to medical [administration] activities. All directives not in conflict with the provisions of this manual may be utilized for informational and guidance purposes only.

[ ]

6/1/88 IX - Staffing Guidelines
6/20/89 X - CHAMPVA Program (not added)

# PART I. MEDICAL ADMINISTRATION ACTIVITIES

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## RESCISSIONS

The following material is rescinded:

### COMPLETE RESCISSIONS

**a. Manuals**

M-1, part I, chapter 10, dated December 9, 1970 and changes 1, 2, and 3.
M-1, part I, chapter 10, dated October 31, 1986.
M-1, part I, chapter 10, dated April 18, 1989.
M-1, part I, chapter 11, dated April 19, 1982.
M-1, part I, chapter 11, dated November 8, 1989.
M-1, part I, chapter 13, dated December 14, 1970, and changes 1 and 2.
M-1, part I, chapter 13, dated March 23, 1983.
M-1, part I, chapter 13, dated January 7, 1986, and change 1.
M-1, part I, chapter 13, dated September 9, 1991.

**b. Interim Issues**

II 10-84-32
II 10-89-2 dated June 9, 1989.

# CHAPTER 13. RELEASES FROM INPATIENT CARE

## SECTION I. GENERAL

### 13.01 DEFINITIONS

a. **Authorized Absence.** This is the term used to describe the approved absence of patients from inpatient care at a VA (Department of Veterans Affairs) medical center, domiciliary, or NHCU (nursing home care unit).

b. **Discharge.** The termination of a period of inpatient care through formal release of the patient.

c. **Inpatient.** The recipient of medical, nursing, or domiciliary services who is assigned to a bed in a VA medical center.

d. **Patient.** The recipient of inpatient medical services provided by a VA medical center (hospital, nursing home, or domiciliary). The patient may be classified either as a bed occupant or absent bed occupant. The terms "hospital patient," "NHCU patient" and "domiciliary patient" are used in this chapter to distinguish patients within specific levels of care.

e. **Transfer.** The term "transfer" means the movement of a patient from one facility to another which provides the same level of care, or from one inpatient care unit to another which provides the same level of care during a continuous episode of care.

f. **Unauthorized Absence.** This term is used to describe the status of patients who absent themselves from VA care without approval and their condition renders discharging not appropriate.

## SECTION II. ABSENCES - POLICIES AND PROCEDURES

### 13.02 GRANTING OF AUTHORIZED ABSENCE

a. Staff physicians have the authority to grant authorized absences.

(1) The granting of authorized absence to hospital patients with the exception of long term psychiatric, rehabilitation, and intermediate care patients, is generally discouraged.

(2) This policy is equally applicable to VA, active duty military, and non-VA beneficiaries.

b. Authorized absence for NHCU, long-term psychiatric and domiciliary patients is intended to reinforce the treatment and rehabilitation program and will be used liberally. The Therapeutic Planning Board or staff physician has the authority to approve authorized absences and extensions for NHCU, long-term psychiatric and domiciliary patients.

### 13.03 TIME LIMITS FOR AUTHORIZED ABSENCE

a. A period of authorized absence for hospital patients may not exceed 96 hours, except for long-term patients. Long-term patients may be granted a period of authorized absence not to exceed 14 days when, in the opinion of the patient's physician, such absence is therapeutically indicated.

(1) Generally, a long-term patient is a patient whose length of stay is, or is expected to be, 30 days or longer.

(2) One full period of authorized absence may not be immediately followed by another authorized absence.

(3) Requirements for absences exceeding these time limits will be met by releasing the patients from inpatient status according to provisions in Section IV of this chapter.

b. A period of authorized absence for NHCU or domiciliary patients may not exceed 30 days.

c. The granting of extended authorized absences to active military patients who are medically ready for discharge is discouraged. Patients who are in this category will be released from inpatient care and the appropriate service department will be advised as provided in Section IV.

**13.04 FAILURE TO RETURN FROM AUTHORIZED ABSENCE**

Hospital, NHCU, and domiciliary patients failing to return by the specified time will be released as of midnight the date of scheduled return in accordance with the instructions in Section IV, unless they meet the requirements of paragraph 13.06.

**13.05 ABSENCE WITHOUT APPROVAL**

Patients who absent themselves without approval will be released as of midnight the date their absence occurred, unless they meet requirements of paragraph 13.06.

**13.06 USE OF UNAUTHORIZED ABSENCE STATUS**

a. Patients who fail to return from an authorized absence or those who absent themselves without approval will be placed in unauthorized absence status when one or more of the following conditions exist:

(1) The individual is legally committed to the VA, and

(a) The VA facility desires to maintain the commitment, or

(b) The applicable State laws require that the patient be maintained on the facility's rolls for a prescribed period.

(2) The VA medical center receives an institutional award for the patient and discontinuance would cause financial hardship.

(3) The patient is considered incapable of understanding the significance of actions, and the treating physician has documented this information in the medical record.

b. Prompt notification will be made to the guardian and/or next of kin of persons placed on unauthorized absence status.

(1) The commanding officer of active duty military personnel will be notified.

(2) Notification of a patient's failure to return will be made to VA medical center's Security Service and the appropriate local law enforcement agencies. Such notifications usually will be relayed by telephone, and the officials will be advised as to the actions they should take if the person's whereabouts become known to them. They should be promptly informed if the patient returns from unauthorized absence or is located through some other source.

(3) The court of commitment will be notified when required under State laws.

(4) Notifications made will be documented on VA Form 10-2331, Report of Unauthorized Absence, and in the patient's medical record.

## 13.07 TIME LIMIT FOR UNAUTHORIZED ABSENCE

a. Patients will be removed from unauthorized absence status when their whereabouts are identified; however, under no circumstances will they be retained in such status for more than 30 days.

(1) Types of disposition from unauthorized absence status are:

(a) Rehospitalization,

(b) Release from VA inpatient care (according to provisions of Section IV), or

(c) The patient may be placed on authorized absence if appropriate.

(2) If none of these actions are taken and it is desired (or required) to maintain a commitment or institutional award, the patient will be placed in the non-bed care program.

b. Adjudication Division will be notified on the first workday following the placement of a service-connected veteran on unauthorized absence if:

(1) The patient has received 21 days of continuous hospitalization, and

(2) VA Form 10-7131 has been received with item 3 checked, and

(3) A 21-day certificate has been submitted to the regional office.

NOTE: *In such cases, it will be necessary to immediately release the patient to non-bed care in order to avoid overpayment.*

## 13.08 PARTICIPATION IN THERAPEUTIC AND REHABILITATIVE PROGRAMS

a. The approved absence of patients participating in therapeutic and rehabilitative programs is not considered authorized absence as described in this chapter, but rather as part of the patient's treatment. Such programs range from granting patients the privilege of leaving the medical center grounds during specified hours, recreational outings, etc., and/or participation in work-for-pay community related programs.

(1) To maintain status as a bed occupant, such patients must be physically present to receive inpatient care some part of each day.

(2) Adequate justification and description of such activities must be included in the patient's treatment plan in the medical record.

b. Medical center Directors will establish and issue local policy with respect to the frequency, duration, and geographic limitations on therapeutic and rehabilitative absences for hospital, NHCU, and domiciliary patients. The action to be taken for persons who fail to return from such absences will be the same as prescribed in paragraph 13.05.

## 13.09 MEDICATION

Necessary medications and other supplies for the treatment of hospital, NHCU, and domiciliary patients on authorized absence will be furnished as determined medically appropriate.

## 13.10 TRANSPORTATION

Transportation will not normally be provided to patients who are granted authorized absence either for departure from or return to the VA medical center, Nursing Home Care Unit or domiciliary, except as provided in M-1, part I, chapter 25.

## 13.11 DOCUMENTING ABSENCES AND RETURNS FROM ABSENCES

a. Approval of authorized absences will be documented in the medical record. Documentation will include but is not limited to:

(1) Any necessary orders for medication,

(2) Instructions to the patient, and

(3) Duration of absence.

b. The return of a hospital or NHCU patient from authorized absence will be documented in the appropriate medical record showing date, time and condition of patient. Documentation of the return of domiciliary patients will be prescribed by local management.

c. The return of a person from unauthorized absence will be documented in the medical record and will include the date and time of return and condition of the patient.

## 13.12 SUPERVISION WHILE ON AUTHORIZED ABSENCE

Staff physicians will determine if a patient requires supervision during an authorized absence.

a. The name and relationship of the person who is to provide such supervision will be documented in the medical record.

b. The ward nurse or designee will annotate the medical record to indicate the time and date of patient's release to that person, the destination, and how that person can be contacted, if necessary.

## 13.13 ADMINISTRATIVE CONTROLS

a. Administrative controls on authorized absences require that a suspense record be maintained to ensure that proper and timely action is taken if the person fails to return.

b. Controls must be established for persons placed on unauthorized absence to ensure prompt notifications and timely followup to obtain settlement of institutional awards and release of court commitments within the prescribed time limits.

c. Notification of absences will be made to the appropriate Adjudication Division as required by M-1, part I, chapter 6.

d. Incidents occurring to patients while on authorized absence should be reviewed in accordance with M-2, part I, Chapter 35, "PIR (Patient Incident Review)."

## 13.14 STATISTICAL ACCOUNTING

a. Hospital, NHCU, and domiciliary patients on authorized absence not exceeding 96 hours will be statistically recorded as bed occupants and their beds will be reserved. All periods of authorized absence are recorded in the Patient Treatment File system.

b. NHCU and domiciliary patients and those patients granted absences exceeding 96 hours will be statistically recorded as absent bed occupants and will be dropped from the remaining bed count. Beds will not be reserved for more than 96 hours prior to their scheduled return.

c. If a 96-hour absence is subsequently converted to a longer absence for those persons so entitled, a retroactive adjustment will be made to record the person as an absent bed occupant effective as of the date of initial departure.

## 13.15 - 13.16 RESERVED

# SECTION III. TRANSFER PROCEDURES

## 13.17 TYPES OF TRANSFERS

a. There are three types of interfacility transfers. Each is accomplished administratively by discharging the patient from the releasing facility and admitting the patient to the receiving facility. Transfers consist of:

(1) **Interhospital**

(a) Between medical centers under direct jurisdiction of VA.

(b) From non-VA hospitals to VA medical centers, while patients are being hospitalized at VA expense.

(c) From a VA medical center to a non-VA hospital for continued hospital care at VA expense.

(d) From a State home hospital to a VA medical center or non-VA hospital for continued care at VA expense.

(2) **Transfers for Domiciliary Care**

(a) Between VA domiciliaries.

(b). From a VA domiciliary to a State home domiciliary.

(c) From a State home domiciliary to a VA domiciliary.

(3) **Transfers for VA Nursing Home Care**

(a) From a community nursing home at VA expense to a VA NHCU.

(b) Between VA NHCUs.

(c) From a VA NHCU to a community nursing home.

b. Interservice transfers are those between established services at a VA medical center.

c. Intersection transfers are those between established bed sections at a VA medical center.

d. Interward transfers are those between nursing units within an established bed section at a VA medical center.

e. The movement of a patient from a level other than one specified in subparagraph 13.17a, will not be considered as a transfer even though that movement and subsequent care may be provided at VA expense. For example, a VA medical center patient will be given a regular MHB (maximum hospital benefits) discharge if additional care is to be provided in a VA NHCU, CNH, or in a VA domiciliary. The provisions of M-1, part I, chapter 12, and Section IV apply.

## 13.18 CONDITIONS UNDER WHICH TRANSFERS ARE AUTHORIZED

a. Transfers may be authorized for the following reasons:

(1) **Medical.** To meet the therapeutic needs of a patient when appropriate staff and/or special facilities are otherwise unavailable.

(2) **Administrative.** When necessary to evacuate all or part of the beds at a facility or when necessary to accept patients hospitalized in non-VA hospitals at VA expense.

(3) **Personal.** When requested by or on behalf of a patient at other than VA expense.

b. Proposals for group transfers will be coordinated with the office of the appropriate Regional Director(s).

## 13.19 MEDICAL CONSIDERATIONS

a. Transfer of a patient is normally arranged in order to obtain continued or specialized treatment. Judgment will be exercised to meet the medical needs of the patient during transfer.

b. Transfers will not be made at VA expense merely to comply with the wishes of a patient, a family member or other interested persons, except as stated in subparagraph 13.19e.

c. A VA beneficiary hospitalized by VA who develops a need for treatment which VA medical center is not staffed or equipped to provide may be transferred to another VA medical center which has adequate facilities and staff to treat the condition.

(1) A patient may be transferred, under the authority of 38 CFR (Code of Federal regulations) 17.50b(a)(3), to a non-VA hospital from a VA medical center not equipped to treat certain emergency conditions when the transfer is the only means of providing the necessary treatment.

(2) Preference will be given to using another Federal Government facility or a non-VA hospital with which VA medical center has entered into a sharing agreement, if either has the necessary staff and services.

NOTE: *Title 38 CFR 17.50e is the authority for transfers to public or private hospitals under a sharing agreement.*

(3) A transfer to a non-VA hospital is restricted to those VA beneficiaries developing a bona fide medical emergency which precludes moving the patient to another VA medical center or other Federal government facility which can provide the needed care.

(4) Patients transferred to non-VA hospitals in accordance with the provisions of this chapter will be returned as soon as practicable to VA medical center from which they were transferred.

NOTE: *In special cases and with mutual advance agreement between the concerned hospitals, the patient may be sent to a VA medical center or other Federal government facility other than that from which they were transferred.*

(5) Patients who are otherwise ineligible for care in private or contract facilities will not be admitted to a VA medical center for the sole purpose of subsequently transferring them to a non-VA hospital.

NOTE: *Payment for the services is chargeable to the medical center's allocation as a miscellaneous contractual service.*

d. Patients transferred to another VA facility for treatment may be returned to the original facility for continued care when medically indicated. The originating facility will provide a bed for the return of a transferred patient, when mutually agreeable between the facilities involved, and when the best interest of the patient will be served. When inpatient care is no longer required, the patient will be discharged.

e. A veteran with a terminal illness and a probable life expectancy of limited duration (weeks or months) who requires continuing hospital or nursing home care, may be transferred to a suitable VA medical center nearer the veteran's home. Transportation for such transfers will be at VA expense if the veteran meets the basic eligibility criteria as provided in M-1, part I, chapter 25, for payment or reimbursement of beneficiary travel expenses.

## 13.20 RESPONSIBILITY FOR PROCESSING TRANSFER ACTIONS

a. **Administrative Control.** The Chief, MAS (Medical Administration Service) or the Chief, Domiciliary Officer, at facilities which do not have a Chief, Medical Administration Service, will be responsible for the administrative processing of all requests for interfacility transfers. Requests for emergency transfers will be processed and replied to immediately; nonemergent requests will be replied to within 5 workdays.

b. **Medical Control.** The Chief of Staff, or designee, will review each transfer request. If consultation is necessary, it should be promptly concluded so notification

may be given the referring facility. Differences of medical opinion between physicians at the respective facilities, especially those relating to the modality of inpatient care required, will be resolved by the chiefs of staff concerned.

## 13.21 NOTIFICATION OF TRANSFERS

a. The patient and the next of kin, guardian, or other representative will be informed of the reasons for transfer and, if needed, Social Work Service will be requested to provide assistance.

b. If the patient is unable to comprehend the reason for the transfer, notification of the transfer will be limited to the next of kin, guardian, or other representative.

c. The appropriate court will be notified of the planned and scheduled transfer of a committed patient. If needed, advice will be obtained from the District Counsel serving the area in which the medical center is located.

## 13.22 INITIATING TRANSFERS

a. The physician responsible for the care of a patient will initiate a request for transfer to another VA facility or non-VA hospital.

b. After written concurrence of the concerned chief of service or Chief of Staff is obtained, the physician will notify the Chief, MAS, or designee, of the need for transfer, the appropriate facility, type of transportation required, and whether an attendant is needed.

## 13.23 REQUESTING BED RESERVATION

a. Availability of a bed at the facility to which a transfer is contemplated will be ensured by obtaining approval from the receiving facility prior to the transfer.

(1) MAS personnel will request a bed reservation from the nearest appropriate facility with an available bed.

(2) The request will be by mail, teletype or telephone, depending on the urgency of the situation.

(3) Requests will include all pertinent details (i.e., patient's identification, diagnoses, reason for requesting transfer, etc.).

b. When a bed in a VA facility is not readily available, but will be available at a later date and there is no medical contraindication to releasing the patient from inpatient care status, the patient will be discharged.

(1) The patient will not be placed on authorized absence status.

(2) When a bed becomes available, the VA facility which is to provide further inpatient care is responsible for:

(a) Notifying the patient,

(b) Authorizing travel if appropriate, and

(c) Arranging admission.

(3) When there is a probability of admission to the receiving facility within 30 days, a statement to this effect will be made by the physician in the hospital summary and discharge progress note.

(4) If the patient requires outpatient visits in the interim, the facility providing outpatient care will retain the medical record pending the patient's discharge from outpatient status or admission to the receiving facility, whichever comes first.

**NOTE:** *When possible, the medical records and X-rays of a patient being transferred will be provided the receiving VA facility in advance of the arrival of the patient.*

## 13.24 MEDICAL RECORD DOCUMENTATION

The provisions of M-1, part I, chapter 5 apply to the documentation of discharge summaries.

a. Medical records may be loaned to a non-VA hospital treating a VA patient at VA expense only when it has been professionally determined that a copy of the discharge summary will not suffice.

b. The VA facility lending the records will establish controls to ensure their prompt return. The loaned records will be returned to VA in every instance.

## 13.25 CARE DURING TRANSFER

a. The patient's staff physician and nurse will determine and document the need for any special care to be provided during transfer. Documentation in the medical record should clearly describe the patient's condition and status at the time of transfer. Inventoried items accompanying the patient such as prosthesis, dentures, eyeglasses, etc. should also be noted.

b. When patients with communicable diseases are transferred by common carrier, isolation measures prescribed by State laws will be followed. Safeguards will be provided for the welfare of the patient and the protection of other passengers, including necessary instructions to the patient or to their attendant. If possible, travel arrangements will be made to permit arrival during the regular administrative workday.

## 13.26 AUTHORIZING TRANSPORTATION FOR TRANSFERS

The provisions of M-1, part I, chapter 25 apply.

## 13.27 CLOTHING AND VALUABLES

a. The release of personal effects to the patient, or to an attendant, will be determined by the extent of the patient's incapacity.

b. When personal effects are released to an attendant, OF (Optional Form) 41, Routing and Transmittal Slip, will be used to record an inventory of the valuables listed on VA Form 10-2637, Valuables Inventory Envelope, and to obtain the attendant's signature.

(1) The signed OF 41 will be placed in the administrative records folder for use after inventorying valuables received.

(2) Valuables may also be transferred by registered mail.

(3) A OF 41 will be used to compile an itemized listing of the valuables and will be enclosed with the mailing.

## 13.28 RELEASE OF PATIENT'S FUNDS

a. The provisions of MP-4, part 1, chapter 3, apply to disposition of personal funds of patients at the time of transfer.

b. A patient whose funds are unrestricted may withdraw the remaining balance prior to transfer unless the amount on deposit exceeds that normally released by the facility. In this case the remainder will be forwarded to the receiving facility by Fiscal Service.

c. Unused canteen coupon books will be redeemed according to provisions in M-1, part I, chapter 8.

## 13.29 TRANSFER OF RECORDS

a. When a transfer patient is escorted by a VA employee or authorized attendant, the consolidated health record and X-rays will be placed in the custody of the escort to accompany the patient.

(1) When a transfer patient is not to be escorted, the records and X-rays will be mailed to the receiving facility to arrive before the patient.

(2) If the patient is likely to arrive at the receiving facility before the records, appropriate identification and treatment information will be telephoned or telefaxed in advance.

b. Pending requests for release of information from the records, including requests from regional offices, will be stapled to the outside of the administrative records folder for easy identification at the receiving facility.

## 13.30 NOTIFICATION TO RECEIVING FACILITY

Patients will not be transferred unless the receiving facility is given advanced notification.

a. The receiving facility will be notified of the effective date, hour and place of expected arrival as far in advance of the estimated arrival time as possible. The notification will include:

(1) Instructions as to whether records and X-rays will be mailed or accompany the patient, and

(2) Whether local transportation will be needed at the final destination to provide for movement from a common carrier terminal to the receiving facility.

b. If the receiving facility subsequently discharges the patient to be followed in an outpatient treatment program at another VA facility, the facility which is to provide followup care must be notified, and all records and X-rays will be forwarded in time to be available when the patient reports for the initial outpatient visit.

## 13.31 EMERGENCY HOSPITALIZATION DURING TRANSFER

A patient who requires emergency hospitalization while in transfer status may be admitted to a non-VA hospital under the provisions of M-1, part I, chapter 21, if the emergent condition prevents movement to the nearest appropriate VA medical center. []

## 13.32 PROCEDURE ON ARRIVAL

a. The processing of incoming transferred patients will be accomplished as in other types of scheduled admissions. When feasible, patients will be sent promptly with their medical records directly to the appropriate ward.

b. VA employees or authorized attendants who escort transfer patients will deliver records, and any patients' valuables in their custody, to the appropriate VA official at the receiving facility. After the valuables are inventoried to ensure receipt of all items identified on VA Form 10-2637 received from the releasing facility, proper receipts for the records and patients' valuables will be given to the escort.

## 13.33 FAILURE TO REPORT

A patient who is being transferred between facilities and fails to report to the receiving facility within 24 hours after the expected arrival time, will be discharged, placed on unauthorized absence or non-bed care status, by the releasing facility, as provided in Sections II and IV. The releasing facility will be notified of the patient's failure to report. VA medical records and X-rays received from the releasing facility will be returned within 2 workdays.

## 13.34 TRANSFER WHILE IN AN ABSENCE STATUS

a. When a patient, in an authorized or unauthorized absence status from a VA facility, is admitted at another VA facility, and formal transfer is considered appropriate for continuity of care for legal purposes, the date of admission will be recorded as the date of transfer. The receiving facility will notify the releasing VA facility and the patient's next of kin, guardian, or other representative.

b. The facility from which a patient leaves will accept the return of the patient when a medical need or legal requirement exists. The receiving facility will authorize transportation and other expenses, including attendant fees if necessary. The transferring facility will assist in making travel arrangements if necessary. Notification of the next of kin, guardian, or other representative will be made by the transferring facility.

## 13.35 REPORTING OF TRANSFERS TO OTHER VA AGENCIES AND SERVICES

The provisions of M-1, part I, chapter 6 apply.

## 13.36 STATISTICAL REPORTING

Transfers will be reported as described in MP-6, part VI, Supplement No. 1.2, and MP-6, part XVI, Supplement No. 4.1.

## SECTION IV. DISCHARGE PROCEDURES

### 13.37 TYPES OF DISCHARGES

There are four types of discharges from inpatient care:

a. Regular,

b. Irregular,

c. OPT (outpatient treatment), and

d. NBC (non-bed care).

### 13.38 REGULAR DISCHARGE - HOSPITAL AND NURSING HOME PATIENTS

The following patients will be given regular discharges:

a. Patients who have received an optimum level of care and treatment which results in stabilization of the condition(s) treated and who do not require further hospitalization or nursing home care.

b. Patients who have completed a period of observation and examination, and who do not require further hospitalization for other conditions.

c. Patients who are not legally entitled to VA medical benefits. They will be discharged as soon as possible with medical approval. If a patient's condition does not permit discharge, the guardian or nearest relative will be notified and requested to arrange for continued care elsewhere. If necessary, the District Counsel will be consulted concerning legal problems encountered in the release of patients.

d. Patients who die while receiving inpatient care, or while on authorized or unauthorized absence.

e. Patients who are not eligible for outpatient care as VA beneficiaries. They may be discharged to the care of private physicians or other community resources when this is practicable and suitably arranged in advance of the patient's departure. Necessary medical data will be released to a person or persons with the signed consent of the patient, or the guardian or next of kin for incompetent patients.

f. Patients who request discharge for the purpose of seeking care elsewhere, provided there is no medical or other reason for refusing the patient's request, see paragraph [13.51].

g. Patients who are to receive community nursing home as provided in M-1, part I, chapter 12.

h. Patients who are transferred under the provisions of [Section III] of this chapter. These interfacility transfers of patients, see paragraph 13.17, are accomplished administratively by discharging the patient from the releasing facility and admitting the patient to the receiving facility.

i. Patients whose NBC status is being terminated.

## 13.39 REGULAR DISCHARGE - DOMICILIARY PATIENTS

Patients who request release, or whose medical or legal eligibility for care no longer exists, will be given regular discharges.

## 13.40 IRREGULAR DISCHARGE - HOSPITAL AND NURSING HOME PATIENTS

The classes of patients listed in subparagraphs a through e will be given irregular discharges. The physician will enter a notation on SF 509, Progress Notes, explaining a patient's reason for leaving the medical center when the departure was not medically approved. This notation will be supported by a brief statement of the patient's condition.

a. Patients who refuse, neglect, or obstruct examination or reasonable treatment.

b. Patients who refuse to accept transfer as outlined in [Section III].

c. Patients who fail to return from authorized absence, and patients who leave hospital or nursing home supervision without the approval of their physician. EXCEPTION: *Patients considered unable to make adequate judgment about their best interests; or who are committed; or who have institutional awards will be placed on unauthorized absence as provided in Section II, or placed on NBC or outpatient care.*

d. Patients who are found guilty of disorderly conduct, as defined in M-1, part I, chapter 1, when discharge is determined to be the appropriate disciplinary action.

e. Patients given an irregular discharge will not normally be provided a supply of medications.

(1) If the individual has entitlement to the medications as an eligible outpatient under the authority of VA Regulations 17.60 (a), (b), (c), (d), (g), or (i), discharge medications may be furnished.

(2) Individuals who have no outpatient entitlement, but whom the treating physician feels should not under any circumstances discontinue prescribed medications, may be furnished a minimum supply of medications, at the existing rate, sufficient enough to enable them to obtain treatment from non-VA sources.

## 13.41 IRREGULAR DISCHARGE - DOMICILIARY

The following classes of patients will be given irregular discharges:

a. Patients who demand discharge while undergoing disciplinary measures.

b. Patients who fail to return from authorized absence.

c. Patients who leave the domiciliary without approval.

d. Patients for whom irregular discharge is approved as a disciplinary measure.

## 13.42 DISCHARGE OF PATIENTS TO OUTPATIENT TREATMENT

a. The provisions of M-1, part I, chapter 17, apply for a patient who may complete an episode of treatment as an outpatient.

b. "OPT" or "NBC," as appropriate, will be entered in the block captioned "Type of Release" on VA Form 10-1000, Discharge Summary, for a patient discharged under the provisions of M-1, part I, chapter 17.

c. Patients who are to receive outpatient care on a fee basis will be discharged after suitable arrangements are made [] as outlined in M-1, part I, chapter 18.

## 13.43 DISCHARGE OF PATIENTS TO NON-BED CARE

a. This type of discharge, for a minimum of 30 days, is to determine the patient's ability to make a satisfactory adjustment outside the medical center. The period of release for a committed patient will not exceed the maximum permitted under the applicable State law.

b. NBC will be used only for patients who are committed, or for whom institutional awards are being paid, or both. EXCEPTION: *Noncommitted patients for whom institutional awards are being paid may be discharged to OPT, instead of NBC, if it is certain that there will be no financial hardship to the patient or the patient's dependents.*

## 13.44 MEDICAL CONSIDERATIONS - HOSPITAL AND NURSING HOME PATIENTS

The discharge of an inpatient from VA hospitalization or nursing home care depends primarily on two basic medical decisions:

a. First, the patient does not require continued services which are only available to an inpatient;

b. Second, all indicated outpatient medical needs, nursing, or home care services are suitably arranged in advance of the patient's departure from the hospital or nursing home.

(1) A patient who is treated for a service-connected condition and discharged from inpatient services will be furnished a supply of medications sufficient to maintain the prescribed regimen of care until other arrangements can be made.

(2) A service-connected patient who is rated less than 50 percent but treated for a nonservice connected condition and given a regular discharge or discharged to be followed on outpatient services will be furnished a supply of medications sufficient to maintain the regimen of care. These medications are subject to copayment for each prescription issued.

(3) A nonservice-connected patient given a regular discharge or discharged to be followed on outpatient services will be furnished a supply of medications sufficient to maintain the prescribed regimen of care until other arrangements can be made. These medications will also be subject to copayment for each prescription issued.

(4) Instructions concerning medications for OPT (outpatient treatment) and NBC patients are provided in M-1, part I, chapter 16.

## 13.45 ADMINISTRATIVE CONSIDERATIONS - HOSPITAL AND NURSING HOME PATIENTS

a. Discharge of patients will not be delayed for administrative reasons.

(1) Physicians will furnish medical data needed for OPT or NBC, and administrative action will be completed well in advance of the estimated date of discharge.

(2) Examples of administrative actions requiring medical opinions are:

(a) Claim of monetary benefits involving compensation or pension; and

(b) Insurance or other similar actions that might be affected by medical findings during an episode of inpatient care.

(3) Items such as supplies, equipment, Government clothing and incidentals will be furnished eligible patients in sufficient time to prevent delay of discharge from the hospital.

b. Except as stated, discharge procedures for active duty military beneficiaries are the same as for VA beneficiaries.

## 13.46 APPROVAL OF DISCHARGES - HOSPITAL AND NURSING HOME PATIENTS

Ordinarily, a discharge will be approved by the patient's physician. The Chief of Staff may require certain patients to appear before a board or a conference of the medical staff.

## 13.47 APPROVAL OF DISCHARGES - DOMICILIARY PATIENTS

The Therapeutic Planning Board, or its equivalent, will initiate action for the discharge of patients. Final clearance procedures are the responsibility of the Chief, Domiciliary Officer.

## 13.48 PLANNING FOR DISCHARGES

Directors are responsible for establishing routine administrative procedures for effecting discharges from bed occupancy status with a minimum of delay after the professional staff has given approval. Pertinent portions of this section are also applicable to domiciliary patients. Procedures will require, but not be limited to, the dissemination of advance information from the physician in charge of the patient to all interested activities as follows:

a. **Anticipated Date of Discharge.** Controls will be established to ensure that notifications of anticipated discharges are made to all concerned activities not later than 3 p.m. on the day prior to discharge, except that for discharges anticipated for Sunday, notification will be made by 3 p.m. the preceding Friday.

NOTE: *Only when there are unusual circumstances, e.g., request from the patient for immediate discharge for personal reasons, will there be exceptions to the requirement of prior notification of expected date of discharge.*

(1) Normally, all discharged patients will leave the ward as soon as possible after breakfast, but not later than 10 a.m.

(2) Unless there are medical contraindications, non-ambulatory patients will be moved off the ward to patients waiting areas, lounges, solaria, etc.

(3) Patients' clothing and other personal items will be packed and placed with the patient while awaiting departure.

b. **Plan for Nursing Home Care and/or Home Care.** When it has been determined that there is a need for nursing home care and/or home care after discharge, all referral forms will be completed and any other required action will be coordinated prior to the day of discharge.

c. **Transportation.** When the patient requires special transportation, arrangements will be made so that the party furnishing the transportation will be available to accept the patient prior to 10 a.m. on the discharge date.

d. **Coordination With Persons Assuming Responsibility for the Patient**

(1) When it is necessary to make arrangements with persons assuming responsibility for patients after discharge, there will be complete understanding and coordination of actions required at the time of discharge.

(2) The name, address, and relationship of the person assuming responsibility for the patient, and any other pertinent facts will be documented in the patient's record.

e. **Personal Funds.** Funds released under the provisions of M-1, part I, chapter 8, will be given to the patient in sufficient time as to not delay the patient's departure from the facility. When necessary, funds will be delivered directly to the patient. When it is known that a patient will be discharged after regular duty hours, i.e., in the evening or on a weekend, action will be taken to have funds available when the patient is ready to depart.

## 13.49 RECORDS AND REPORTS

a. The chief of the service having responsibility for the patient will be responsible for timely completion of all clinical actions necessary for the patient's discharge.

b. The Chief, MAS, is responsible for prompt preparation of all records and reports and all other administrative actions necessary to accomplish the following, as appropriate, for each discharge:

(1) Processing and forwarding VA Form 10-1000, Discharge Summary, as provided in M-1, part I, chapters 5 and 6.

(2) Processing and forwarding VA Form 10-7108, Nursing Care Referral Form, which is initiated by Nursing Service.

(3) Releasing patient's funds, including preparing necessary forms, as applicable.

(4) Clearing the patient using VA Form 10-2322, Clearance Sheet. This may be done by telephone.

(5) Redeeming unused canteen coupon books.

(6) Furnishing authorized transportation to eligible beneficiaries.

(7) Completing and forwarding VA Form 10-7132, Status Change, or its replacement in the AMIE (Automated Management Information Exchange) system.

(8) Providing appropriate notification to courts, guardians, and the nearest relative.

(9) Completing the post-discharge processing of the CHR (consolidated health record).

(10) Notifying Security Service so that local law enforcement agencies may be alerted when committed patients or other patients who may be dangerous to themselves or to the public, do not return from pass, NBC, or other authorized absence, or wander from the medical center.

## 13.50 DISCHARGE OF COMMITTED PATIENTS

Directors of VA medical centers to which patients are committed under applicable State laws generally are given the same authority as superintendents of State hospitals with respect to discharge of patients.

a. Directors will comply with the procedures required by the State statutes and cooperate with the courts in the discharge of committed patients.

b. The policy of VA is to comply with applicable State laws and procedures required when the functions of VA under Federal laws are not impaired.

c. In those States where the Director does not have authority to discharge committed patients, the District Counsel's advice will be obtained concerning applicable court procedures.

## 13.51 DISCHARGE OF NON-COMMITTED INCOMPETENT PATIENTS

When a non-committed incompetent patient requests a discharge which would not be in the best interest of the patient or of others, the guardian or nearest relative will be advised of the patient's condition with recommendation for legal action to detain the patient. If the guardian or nearest relative refuses or is unable to assist in the proceedings, the Chief of Staff, or designee, may sign the petition for a court order after consultation with the District Counsel.

## 13.52 DISCHARGE OF COMPETENT PATIENTS

The action taken on a demand for discharge of a competent patient who requires further care will depend on the medical staff's opinion of the patient's condition. If the patient is not considered dangerous to self or others, discharge will be initiated as soon as possible. The patient will be given an irregular discharge if the provisions of paragraph [13.38f] are not met.

## 13.53 DISCHARGE OF PATIENTS FOR WHOM THE DOMICILIARY IS IN RECEIPT OF INSTITUTIONAL AWARDS

a. A patient, who has been judged incompetent to handle funds and does not have a guardian whose discharge would result in discontinuance of an institutional award on the patient's behalf, will be given an authorized absence for a period of time sufficient to allow for appointment of a guardian or a rating of competency. After a guardian is appointed or the patient is rated competent, a regular discharge will be given.

b. The guardian and/or nearest relative will be kept advised of any change in domiciliary status of incompetent patients. The Chief, MAS, will report legal complications requiring special attention to the appropriate District Counsel.

## 13.54 DISCHARGE OF HOSPITAL AND NURSING HOME PATIENTS FOR WHOM THE MEDICAL CENTER IS IN RECEIPT OF INSTITUTIONAL AWARDS

A patient for whom the medical center is receiving an institutional award may be discharged before notification is received that the award has been discontinued if there will be no resultant financial hardship; otherwise, the patient should be placed in NBC status until adjudicative action has been completed and the institutional award discontinued.

## 13.55 REFUSAL OF DISCHARGE

A patient ready for discharge who refuses to accept it will be permitted to discuss the reasons with the Chief of Staff. If the reasons advanced by the patient are not considered valid and it is clear that there are no medical reasons for continuance of inpatient care, the medical center Director will take necessary action to effect the patient's removal from the facility.

## 13.56 ADMINISTRATIVE PROCEDURES FOR MILITARY PATIENTS

a. The VA medical records of active duty members who are honorably discharged or retired while receiving inpatient care will be administratively changed to reflect the change to VA beneficiary status.

b. Active duty patients who were admitted pending discharge or release from service and who are ready for discharge from inpatient care prior to discharge or release from service, will be discharged to OPT (outpatient treatment) status.

(1) The military hospital or command from which the individual was received will be notified that the patient was discharged, and request that "subsisting elsewhere" status be made at the address to which the patient is going.

(2) On notification of the individual's release from service, if continued follow-up care is no longer indicated, the individual will be discharged from OPT status. When appropriate, the individual will be placed in OPT-SC (outpatient treatment service-connected) status.

c. Active duty patients who were not admitted pending discharge or release from service and who are ready for discharge from inpatient care, will be given a regular

discharge. With the exception of Navy and Marine Corps personnel, the military command to which the individual is assigned will be notified that the patient was discharged.

## 13.57 NOTIFICATION OF DISCHARGE OF ACTIVE DUTY NAVY AND MARINE CORPS PERSONNEL

The Naval Office of Medical and Dental Affairs will be notified of the discharge of active duty Navy and Marine Corps personnel (other than those who were admitted pending discharge or release from service). The notification will be by teletype or telephone to the following address:

Officer in Charge
Naval Office of Medical and Dental Affairs
Great Lakes, IL 60088

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-1, Part I
Chapter 13
Change 1

April 8, 1993

1. Transmitted is a change to Department of Veterans Affairs Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 13, "Releases from Inpatient Care." Brackets have been used to indicate the changes.

2. The principal changes are:

a. **Paragraphs 13.31 and 13.42c:** Corrected language reflects current operational policy.

b. **Paragraphs 13.38f, 13.38h, and 13.40b:** References have been corrected.

3. **Filing Instructions**

| Remove pages | Insert pages |
|---|---|
| 13-i through 13-ii | 13-i through 13-ii |
| 13-11 and 13-19 | 13-11 and 13-19 |

4. **Rescissions:** None

James W. Holsinger, Jr., M.D.
Under Secretary for Health

Distribution: **RPC 1107**
FD

Printing Date: 4/93

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-1, Part I
Chapter 13

October 22, 1992

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 13, "Releases From Inpatient Care."

2. Principal changes are:

a. Information contained in M-1, Part I, Chapter 10 "Absences," has been incorporated into this chapter as Section II. Chapter 10 is rescinded.

b. Information contained in M-1, Part I, Chapter 11 "Transfers," has been incorporated into this chapter as Section III. Chapter 11 is rescinded.

3. **Filing Instructions**

| Remove pages | Insert pages |
|---|---|
| 10-i | 13-i through 13-iii |
| 10-1 through 10-4 | 13-1 through 13-18 |
| 11-i | |
| 11-1 through 11-7 | |
| 13-i through 13-iii | |
| 13-1 through 13-7 | |

4. **RESCISSIONS:** M-1, part I, chapter 10, dated April 18, 1989; M-1, part I, chapter 11, dated November 8, 1989; M-1, part I, chapter 13, dated September 9, 1991.

JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: **RPC: 1107**
FD

Printing Date: 10/92

Veterans Health Administration
Department of Veterans Affairs
Washington, DC 20420

M-1, Part I
Chapter 13

September 9, 1991

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 13, "Releases From Inpatient Care." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. **Paragraph 13.09:** Amended to reflect payment levels for the furnishing of medications.

b. **Paragraph 13.22:** Amended to provide address correction for the Naval Office of Medical and Dental Affairs.

3. **Filing Instructions**

| Remove pages | Insert pages |
|---|---|
| 13-i through 13-7 | 13-i through 13-7 |

4. **RESCISSION:** M-1, part I, chapter 13, dated January 7, 1986, and change 1 dated June 24, 1986.

JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: **RPC: 1107**
FD

Printing Date: 9/91

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STAFF (161E)

Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420

AUG 15 1986

M-1, Part I
Chapter 13
Change 1

June 24, 1986

Chapter 13, "Releases From Inpatient Care," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is revised as indicated below:

*NOTE: The purpose of this change is to clarify the conditions for providing regular discharges to patients who are transferred between facilities.*

Pages 13-3 and 13-4: Remove these pages and substitute pages 13-3 and 13-4 attached.

JOHN W. DITZLER, M.D.
Chief Medical Director

Distribution: RPC: 1107
FD

Printing Date: 7/86

Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420



January 7, 1986

Chapter 13, "Release From Inpatient Care," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is revised as indicated below:

*NOTE: The purpose of this revision, other than editorial, is to require that the appropriate Office of Medical Affairs is to be notified of the discharge of certain active duty Navy and Marine Corps personnel.*

**Pages 13-i and 13-ii and 13-1 through 13-5:** Remove these pages and substitute pages 13-i and 13-ii and 13-1 through 13-7 attached.

**RESCISSIONS:** Interim Issue 10-84-32, chapter 13, dated March 23, 1983, M-1, part I.

JOHN W. DITZLER, M.D.
Chief Medical Director

Distribution: RPC: 1107
FD

Printing Date: 3/86

5-31-83

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-1, Part I
Chapter 13

March 23, 1983

Chapter 13, "Releases From Inpatient Care," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is revised as indicated below:

*NOTE: The purpose of this revision, other than editorial, is to require that Security Service is notified when certain patients do not return to, or absent themselves from, the medical center; to clarify the policy for the furnishing of medications to patients given irregular discharges; and to delete obsolete information.*

Due to extensive changes, brackets are not being used.

**Pages 13-i through 13-iii and 13-1 through 13-6:** Remove these pages and substitute pages 13-i and 13-ii and 13-1 through 13-5 attached.

**RESCISSIONS:** Chapter 13, dated December 14, 1970, and changes 1 and 2, M-1, part I.

DONALD L. CUSTIS, M.D.
Chief Medical Director

Distribution: RPC: 1107
FD

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-1, Part I
Chapter 13
Change 2

April 30, 1973

Chapter 13, "Releases From Inpatient Care," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

*NOTE: The purpose of this change is to provide that:*

a. Appropriate activities be notified of anticipated releases not later than 3 p.m. on the day prior to release, except that notification for Sunday releases will be made by 3 p.m. the preceding Friday.

b. Patients being released leave the ward soon after breakfast and not later than 10 a.m.

c. Personal funds of patients be made available to the patient for release after normal duty hours.

d. The chief of service having professional responsibility for the patient be responsible for timely professional actions necessary for patient's release.

**Pages 13-1 and 13-2:** Remove these pages and substitute pages 13-1 through 13-2a attached.

M.J. MUSSER, M.D.
Chief Medical Director

Distribution: RPC: 1107
FD

by chp. revision dtd 3/23/83

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-1, Part I
Chapter 13
Change 1

February 7, 1973

Chapter 13, "Releases From Inpatient Care," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

*NOTE: The purpose of this change is to:*

a. Provide that requirement for supervision be documented in the medical record.

b. Delete requirement of preparing VA Form 10-2385a, Responsibility for Supervision of patient.

c. Provide for release from inpatient care of active military duty patients no longer in need of hospital treatment by means of placement on OPT-NSC and "subsisting elsewhere" status.

**Page 13-iii:** Remove this page and substitute page 13-iii attached.

**Pages 13-1 and 13-2:** Remove these pages and substitute pages 13-1 and 13-2 attached. (Pars. 13.03b and 13.06d revised; par. 13.07 f and h deleted.)

**Page 13-5:** Remove this page and substitute pages 13-5 and 13-6 attached. (Par. 13.20 revised.)

M.J. MUSSER, M.D.
Chief Medical Director

Distribution: RPC: 1107
FD

by Chp. revision dtd 3/23/83

**Department of Medicine and Surgery**
**Veterans Administration**
**Washington, D.C. 20420**

**M-1, Part I**
**Chapter 13**

**December 14, 1970**

Chapter 13, "Releases From Inpatient Care," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is revised as indicated below:

*NOTE 1: Beginning with this revision, chapter 13 will be published with its own series of changes and will carry an RPC number separate and distinct from other chapters of M-1, part I.*

*NOTE 2: The purpose of this revision, other than editorial, is to update Chapter 13, "Discharges," to change the chapter title and to simplify discharging procedures by discarding outdated terms affecting discharges from VA institutional care. Terms eliminated are "MHB (maximum hospital benefit)," "AWOL (absent without leave)," "AMA (against medical advice)," "terminal discharge," "no treatment required," "statutory discharge," "emergency discharge," "disorderly conduct," and "observation and examination completed," and "trial visit." The term "NBC (nonbed care)" will be used to describe the status of patients who were previously shown as being on trial visit.*

**Pages 13-i through 13-iii and 13-1 through 13-6**: Remove these pages and substitute pages 13-i through 13-iii and 13-1 through 13-5 attached.

M.J. Musser
**M.J. MUSSER, M.D.**
**Chief Medical Director**

Distribution: RPC: 1107 assigned
FD This ID same as RPC: 1016

by chp. revision
date 3/23/83