

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

Date of Issue: 2/2/10

Section Number 107

Date Revised: 6/7/10; 3/24/16, 5/27/20

Policy 107 – Termination or Transfer of Services

I. POLICY

Southern Highlands will insure that appropriate services will be provided to all consumers. Any termination of services by any member of the staff at Southern Highlands will be handled in a manner that meets the legal and ethical obligations of the Center.

II. DISCUSSION

On occasion, one of our physicians, physician extenders, and/or clinical staff may determine that we can no longer provide services to a particular consumer. This can occur for a number of reasons such as the consumer's noncompliance, being unreasonably demanding, threatening to the physician and/or staff, or otherwise contributing to a breakdown in the patient-clinical service provider relationship. This circumstance is different than placing a consumer's medical record in inactive status when they missed appointments and have not been seen in over 120 days. These consumers may request return to active status as needed.

Once a clinical service provider-patient relationship is in place, a physician is under both an ethical and legal obligation to provide services as long as the consumer needs them. When considering terminating a physician-patient relationship, there is a risk of a charge of abandonment by the consumer. Abandonment could potentially occur when a doctor refuses to treat a patient who is in need of care without adequate notice and without adequate provision for alternative care.

While there is not a specific reference to patient abandonment in the West Virginia Code or Legislative Rules, there are references that indicate that a medical license could be restricted, suspended or revoked if the State Board of Medicine finds a physician is negligent or unprofessional in the practice of medicine. The abrupt withdrawal of treatment, particularly in a situation involving a consumer's need of urgent or continuing medical care, could be interpreted as not meeting the standard of care required by the West Virginia Medical Practice Act. If any injuries result from such abandonment, there may be a potential professional liability claim as well. Additionally, the AMA's Code of Medical Ethics states that once having undertaken a case, a physician should not neglect the patient, nor withdraw from the case, without giving notice to the patient sufficiently long in advance of withdrawal to

permit another medical attendant to be secured. Other clinicians have similar Code of Ethics and responsibility to ensure that consumers are not abandoned and to ensure continuity of care.

If it is determined that Southern Highlands needs to terminate services to a particular consumer, the following process has been developed to ensure that we are not abandoning the consumer and that we have met our legal and ethical obligations to that consumer.

III. PROCEDURES

1. All requests to stop providing services to a consumer will be referred directly to the Chief Nursing officer for medical providers by the provider who completes Request to Terminate Consumers Services form (Attachment B). The Chief Nursing Officer will be responsible for implementing the process. This process will also include the transfer of a consumer from one medical provider to another. In all cases, the provider must continue services until the process is complete. This does not include situations where the consumer chooses to leave Southern Highlands for services with other agencies. Consumers who wish to transfer providers will complete Request to Change Medical Providers (Attachment A).
2. The Chief Nursing Officer and the Medical Director will meet on a regular basis to review request to terminate or transfer services and determine if the consumer's services should be terminated to another provider at Southern Highlands. If it is determined that the care of the consumer is to be transferred to another provider at Southern Highlands, then an appointment with the new provider shall be promptly arranged so that consumer consent to this change be documented in the medical record. If it is determined that the consumer's services should be terminated at Southern Highlands, then the following additional steps must be undertaken.
3. The consumer will be notified in writing by certified mail 30 days in advance of termination of services. The consumer will not be left without treatment during this period. If ongoing, continued treatment of the consumer will be needed after termination of services by Southern Highlands, the letter will notify the consumer of this need, and strongly encourage the consumer to seek and obtain care with another provider.
4. A copy of the letter will be placed in the consumer's medical record. The letter may or may not state the reason for the withdrawal from the case. There is no requirement that the provider has to give his or her reason for terminating the relationship with the consumer.

5. In the written notice we will inform the consumer of alternative sources of care and enclose “Consent for Release of Medical Records” for the consumer to authorize a release for another provider. A contact person (with phone number) at Southern Highlands will also be identified in the letter that will be available to assist the consumer in obtaining and transferring care to another provider.
6. When the Medical Records Department receives a termination of services letter, they will inform the Consumer Services Coordinator. He or she will then activate a client alert in the Avatar system that will flag the chart “Crisis Services Only.” This will help staff to identify the consumer so we will not admit them to services again without reviewing the case.
7. Due to the involvement of the Center in the involuntary hospitalization process, the consumer may be seen while in crisis. These services will not include the services of the medical providers. Consumers whose services have been terminated will not be seen in the Crisis Stabilization Unit but will be referred to the local hospital.
8. In the event that a provider leaves SHCMHC, the provider’s caseload will be notified via letter and reassigned to another provider based on availability and credentialing status.

We do not foresee that this process will be utilized often. Southern Highlands is committed to providing quality services to all of our consumers. However, guidelines need to be in place to allow us to withdraw from service provision in appropriate circumstances.

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

REQUEST TO CHANGE MEDICAL PROVIDERS

NAME: _____ **DATE:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

CURRENT MEDICAL PROVIDER: _____

DATE OF LAST VISIT: _____

This information will be reviewed by a medical committee. The committee may approve a transfer; recommend that you continue treatment with the current provider or determine that Southern Highlands cannot meet your treatment needs and discontinue your treatment with referral another provider outside this Center. The committee will not consider a request which is based on seeking a particular medication.

I am requesting to change medical providers for the following reasons: (Please be very specific with details that will allow the committee to have the information needed to make a decision).

This form has been updated that the new form needs to be added here.

Is there a specific medical provider you are requesting? Yes No

If yes, who? _____

Why are you requesting this particular provider? _____

Note: Some providers may not be accepting new patients due to a full caseload.

Signature

Committee Review Date: _____ Members Initials: _____

Decision: Send letter to discontinue treatment at SHCMHC
 Continue with same provider
 Transfer to _____ accepted Yes No

Notes: _____

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

REQUEST TO TERMINATE CONSUMER SERVICES

CONSUMER NAME: _____ **DATE:** _____

CONSUMER NUMBER: _____ **LAST VISIT:** _____

I am requesting to terminate Medical Clinical services to the above consumer for the following reasons: _____

I understand that a committee will review this request and either make a decision to transfer this consumer to another provider at SHCMHC, notify the consumer that SHCMHC will no longer provide services (except emergency services), and will give the consumer 30 days notice that services will be terminated. During this 30 days I will continue to be responsible for the care of this patient.

Provider Signature

Committee Review Date: _____

Committee Decision: Transfer to another provider within the Center
 Send 30 day letter of termination

Committee Initials: _____

Notes: _____

