



Visiting Nursing Association of Western New York, Inc.

Policy for Transfer and Discharge

As a patient of the Visiting Nursing Association you and your representative (if any), have the right to be informed of our policies for transfer and discharge.

Transfer of your care to another provider may occur due to your decision to relocate to an address outside of the area(s) served by the VNA, your need for a different level of care, or your choice to receive home care services through a different provider.

In any case, in order to ensure a smooth changeover without interruption in your care, your physician, family and other individuals involved in your care including yourself are encouraged to participate in the planning process. The planning for your transfer will begin before discharge from the agency to make certain it is safe, timely and appropriate.

Planning for your discharge from home care begins upon your admission to the agency to ensure your needs for ongoing care and support services continue without interruption. The decision to discharge is a shared process that includes input from your physician, your representative (if any) and anyone having an active role in your care, including yourself.

The following conditions, when met, generally show you are ready for discharge from home care.

1. You achieved your medical and treatment goals for home care. The physician responsible for your home health plan of care as well as this agency agree you can function independently or with other types of support services in your community and no longer need home care services.
2. You or your representative (if any) or family are capable of maintaining medical and treatment goals as instructed.

Other reasons for discharge may include:

1. Your care needs have changed to require more than intermittent services or require specialized services not provided by this agency.
2. Your home situation has changed where you are no longer able to receive needed care and support from family, friends and others between visits from the agency.
3. Your physician is no longer assuming responsibility for your medical supervision in home care.
4. Your refusal of services altogether or habitual refusal of skilled services ordered by your physician compromises this agency's ability to safely and effectively deliver care to meet your needs.

In these circumstances, the agency will arrange for a safe and appropriate transfer of your care.