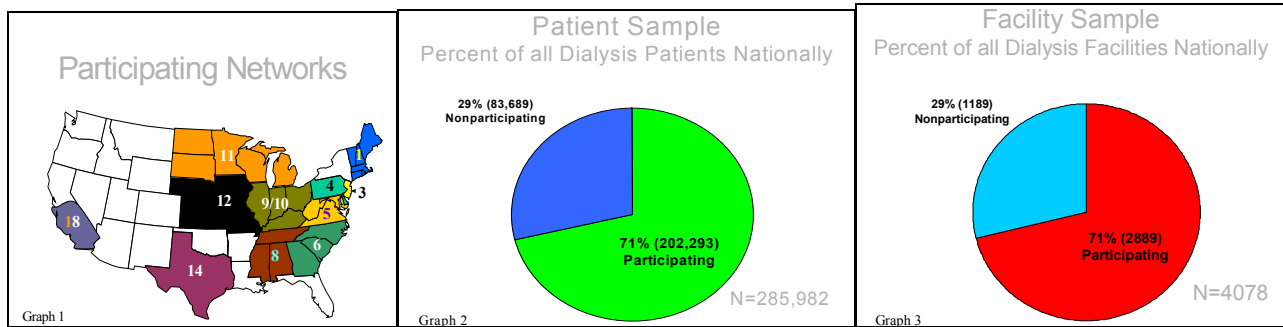


INVOLUNTARY PATIENT DISCHARGE SURVEY- 2002
A REPORT OF THE ESRD NETWORKS COLLABORATIVE PROJECT WITH TEXAS COMPARISONS

Background, Purposes, & Goals

In the years 1999 & 2000 the ESRD Networks (NWs) perceived an increase in the number of contacts and complaints regarding disruptive and abusive patients, and concurrently, increase in the number of involuntary discharges of patients both with and without placement in a new facility. Both the ESRD Network of Texas, Inc. (#14) and the ESRD Network of the Upper Midwest (#11) conducted pilot activities to measure and better understand these occurrences in their respective Network areas. Results confirmed a troubling pattern; however, no nationwide or trended data existed with which to compare the regional results. A workgroup organized by the **FORUM OF ESRD NETWORKS** designed a CMS approved national project with the purpose and goal beginning to quantify the number of HD/PD patients involuntarily discharged, gain an understanding of the reasons (s) for the discharges, describe the characteristics of the involuntarily discharged patient population and identify placement outcomes for these involuntarily discharged patient.

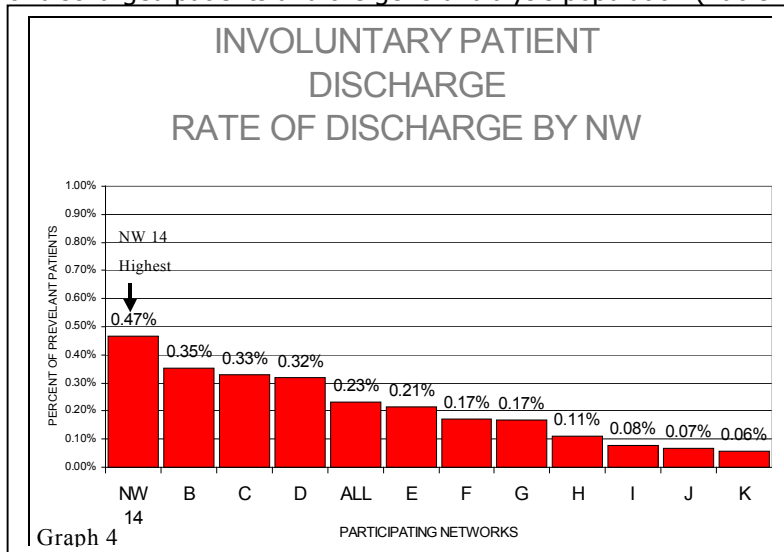


Project Description & Methods

The Project included 12 of the 18 NW's (Graph 1) encompassing 4078 dialysis facilities (Graph 2) and 285,982 patients (Graph 3) who received dialysis in the calendar year of 2002. The response rate to the voluntary survey was 94% nationwide and 100% in Texas. Each dialysis facility received a cover letter, a one page 9-question survey and instructions with definitions. Participating NWs compiled and linked the data with the NW Standardized Information Management System (SIMS) for demographic and treatment data, then submitted blinded data to NW #11 for analysis of the aggregated data. A 5% data validation activity was performed.

Results¹

Of the 202, 293 (**TX 24,979**) patients reviewed, there were 458 (**TX 99**) discharged patients, which is 0.2% (**TX 0.4%**) of this patient population. Variation in the rate of discharge by NW was noted (Graph 4) with **Texas** having the highest rate of discharge. Demographic differences were noted between NWs, the population of discharged patients and the general dialysis population (Table 1).



Demographics

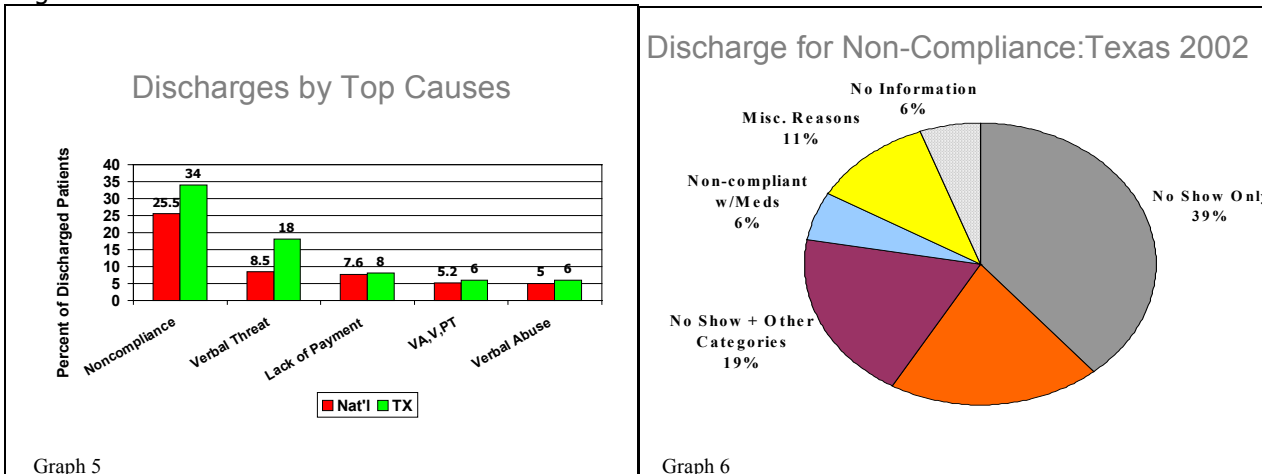
	TX Discharged Patients (N=99)	Nat'l. Discharged Patients (N=458)	General Dialysis Population (N=285,982)
Age			
18-44	43.4%	48.8%	16.2%
44-54	34.3%	29.9%	17.7%
≥55	21.2%	21.3%	65.6%
Gender			
Male	74.7%	69.9%	53.0%
Female	25.3%	29.9%	46.6%
Race			
AA	51.5%	60.6%	40.0%
Caucasian	45.5%	34.3%	53.5%
Other	2.0%	5.1%	6.5%

Table 1

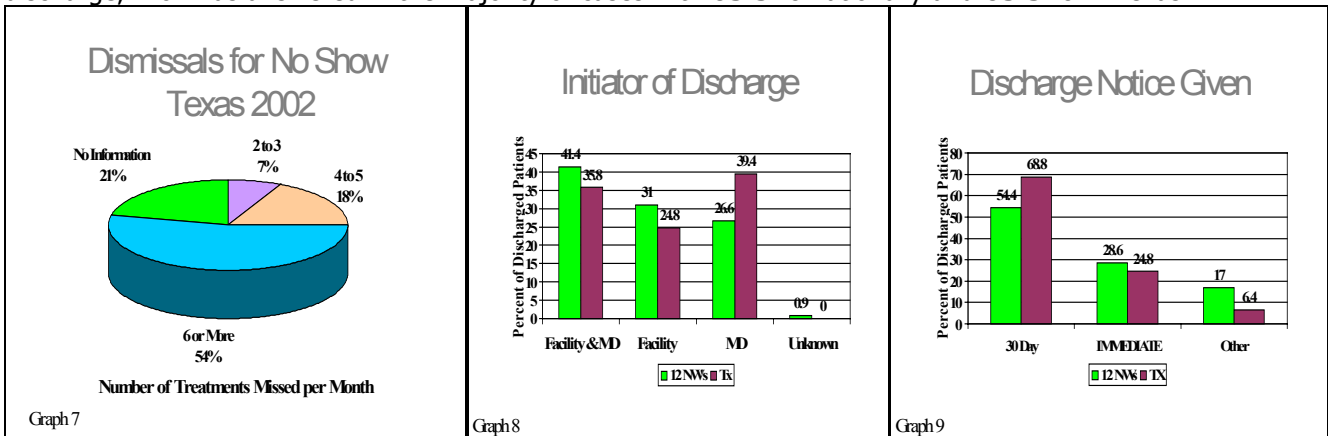
¹ Presented in format National data (**Texas data**)

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Variations were also observed in discharges by ethnicity of discharged patients with **84.2%** Non-Hispanic (TX **68.4%**) and **10.9%** Hispanic nationally. Perhaps reflecting the higher percentage in both the general and dialysis population in the state, Texas discharged almost three times the percent of Hispanics (**31.6%**). The majority of discharged patients were on HD (**91.9%**) in both the national and Texas samples. This percent does not differ significantly from the general dialysis population at **90.3%**. Treatment non-compliance was the top reason for discharge nationally (Graph 5) with an average rate of discharge of **25.5%**; Texas exceeded the national average at **34%**. The second leading reason for discharge was Verbal Threat at **8.5%**; Texas exceeded the national average in this category also at **18%**. Although type of non-compliance was not collected nationally, Texas data reveals that 77% of discharges were no-show or a combination of no-show and other causes. Number of treatments missed per month ranged from two to six or more but the majority (54%) demonstrated significant noncompliance with treatments, missing six or more treatments per month. Clearly a patient that misses dialysis this often is disruptive to facility operations, both in its efficiency and finances. Thus, strategies are needed that will offer order to the facility yet provide continued treatment for the patient. The Network has recently become aware of an approach that may fill both these needs. When a patient begins a pattern of no-shows a series of communications are implemented with the patient (refer to the Network ***Intensive Intervention with the Non-Complaint Patient*** Booklet). If the behavior does not change the patient is notified that the next time h/she no-shows, their regular dialysis spot will be reassigned after which the patient will be required to schedule treatments with the DON when spots are available due to hospitalizations and traveling of other patients. After a period of time if the patient shows an earnest willingness to dialyze at a regularly scheduled time, h/she may be given an assigned spot (when available) and afforded the opportunity to retain the spot by regular attendance. This promising approach has been successfully utilized in England and units elsewhere in the US.



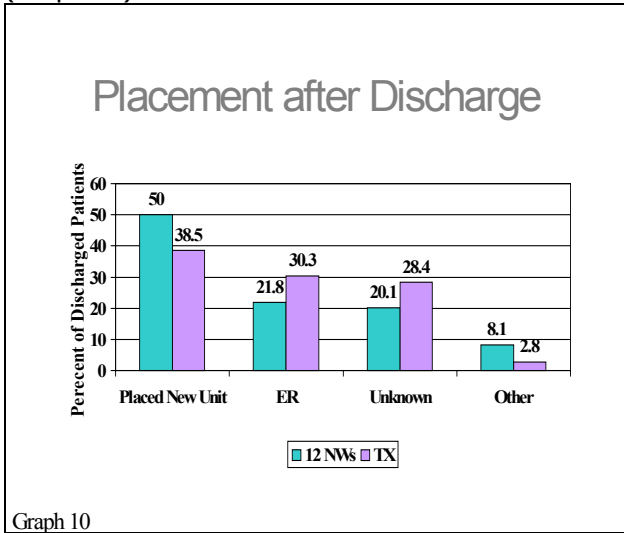
The initiator of the discharge is of interest since a facility cannot treat a patient after the physician-patient relationship has been severed. Nationally, a combined facility and physician action led while in Texas the physician most frequently discharged the patient (Graph 8). When queried if a "sudden event" had triggered the discharge, "no" was answered in the majority of cases with **63.5%** nationally and **63.3%** in Texas.



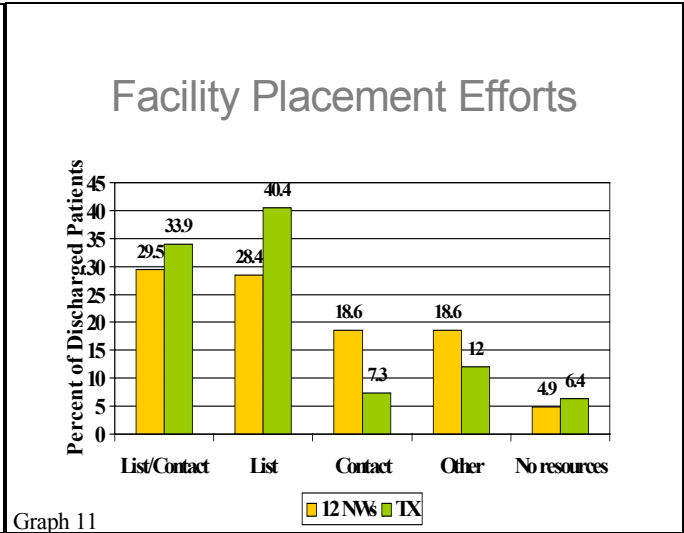
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While the majority of patients (**54.4%**) were given a 30 day notice of discharge (Graph 7), Texas led the Networks in providing 30 day notice (**68.8%**) which may be related to the State licensure rules that require a 30 day notice for orderly transfer. The Network also strongly encourages 30 day notice except in cases of violence.

The Network in Texas originally became concerned with the discharge issue when several patients were not placed in other facilities prior to discharge and were left to obtain dialysis through ER admissions as their sole provider. Nationally discharged patients in other NW's are placed in new facilities (Graph 10) more often (**50%**) than in Texas (**38.5%**). This is apparently due to a lower occurrence in Texas of facility-to-facility contact in placement efforts rather than merely providing a list of area facilities to the discharged patient (Graph 11).



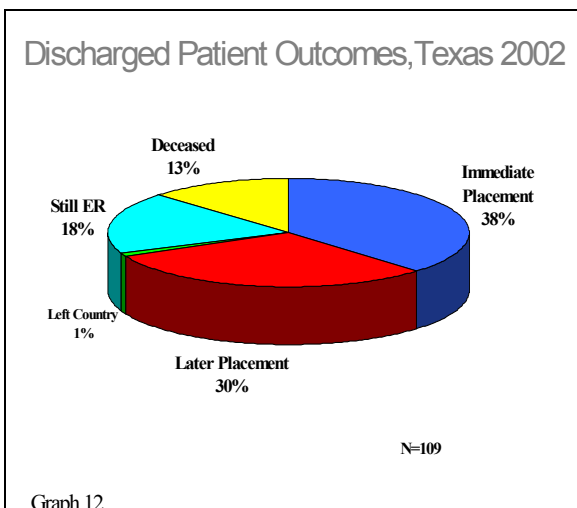
Graph 10



Graph 11

Patient Outcomes

Concern for the morbidity and mortality of discharged patients is high. Any ESRD patient without access to regular chronic dialysis is at high risk. In Texas, several deaths have occurred due to lack of access to dialysis. Although the numbers are small, these deaths seem to be preventable and evoke disturbing ethical questions. Particularly in the case of any discharge for noncompliance when the patient has exercised their ethical right to autonomy in accepting or rejecting medical treatment and has then been denied regular dialysis. National data on outcomes is not available; however, in Texas 13% of involuntarily discharged patients died while 18% remained on ER dialysis at year end. (Graph 12).



Graph 12

Recommendations

Although the reasons that patients do not follow medical advice are not fully understood, Gordan, Leon & Sehgal found the most common reasons for shortening treatment were medical problems. The reasons for skipping dialysis were life tasks and transportation. These findings suggest that much can still be done by the interdisciplinary team to assist patients with these challenges to compliance.