

# Southern California Renal Disease Council, Inc.

ESRD Network 18

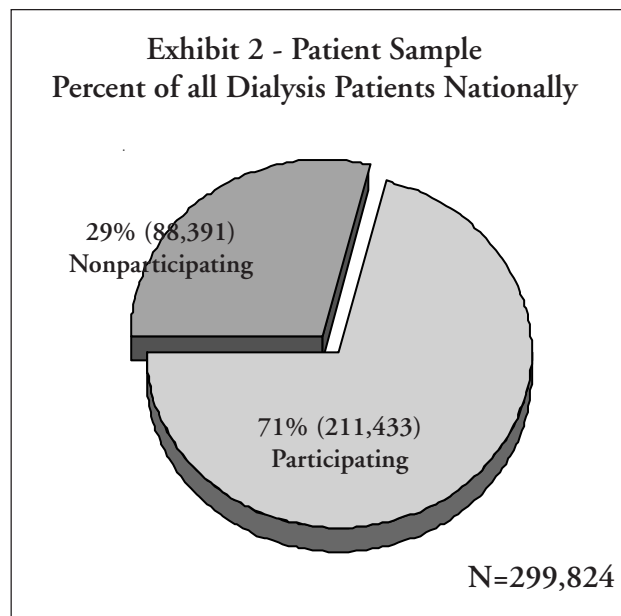
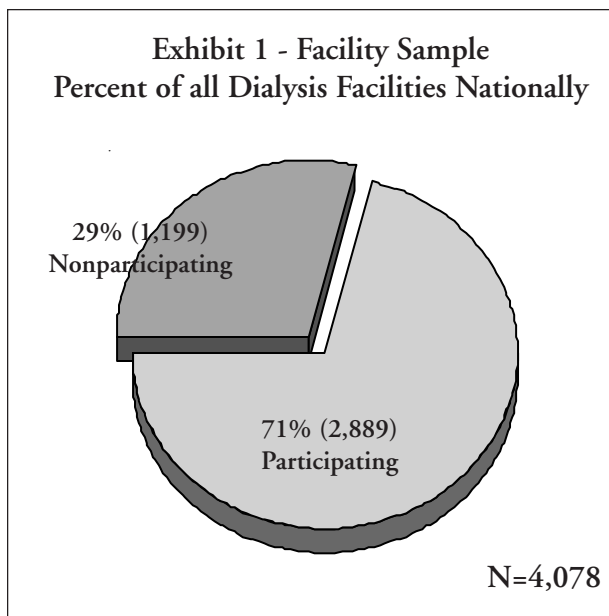
## Report of the ESRD Networks Collaborative Project 2002 Involuntary Patient Discharge Survey

### *Background, Purpose, and Goals*

In the past several years, the ESRD Networks have perceived an increase in the number of complaints regarding disruptive/abusive patients and an increase in the number of patients involuntarily discharged with or without placement in a new facility. Two ESRD Networks had conducted pilot activities to measure and better understand these occurrences in their respective Networks. Each of their results confirmed a troubling pattern; however no nationwide or trended data existed with which to compare the results. A workgroup organized by the Forum of ESRD Networks designed a CMS approved national project to quantify the number of hemodialysis and peritoneal dialysis patients involuntarily discharged, to gain an understanding of the reasons for the discharges, to describe the characteristics of the involuntary discharged patient population, and to identify placement outcomes for these involuntary discharged patients.

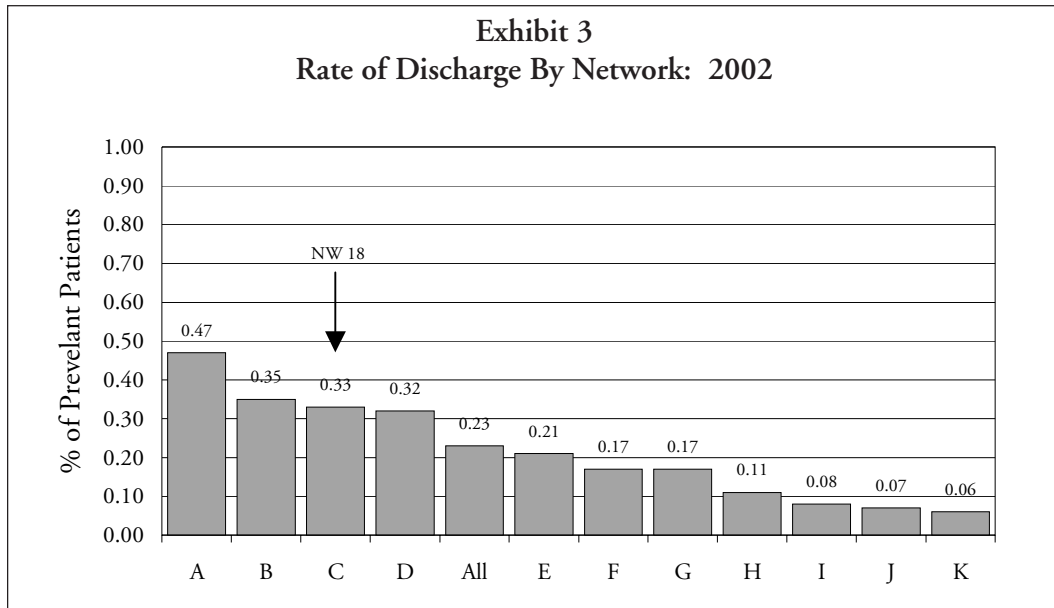
### *Project Description and Methods*

The project included 12 of the 18 Networks encompassing 4,078 dialysis facilities (Exhibit 1) and 299,824 patients (Exhibit 2) who received dialysis in calendar year 2002. The response rate to the survey was 94% nationwide and 98.8% in Network 18. Each dialysis facility received a cover letter, a one page nine-question survey and instructions with definitions to be used for the survey. Participating Networks compiled and linked the data with the Network Standardized Information Management System (SIMS) for demographic and treatment data. Each Network then submitted blinded data to the coordinating Network for analysis of the aggregated data. A 5% data validation activity was performed.



**Results**

Nationally, there were 211,433 patients reviewed with 458 (.2%) of those patients discharged. Network 18 had 23,270 patients reviewed with 71 (.3%) patient discharges, third highest among the participating Networks (Exhibit 3).



Demographic differences were noted between Networks, the population of discharged patients and the general dialysis population (Exhibit 4).

**Exhibit 4**  
**Discharged Patients Demographics: 2002**

|                      | Network 18<br>Discharged Patients<br>(N=71) | Participating NWs<br>Discharged Patients<br>(N=458) | General Dialysis<br>Population<br>(N=299,824) |
|----------------------|---|---|---|
| <u>Age:</u>          |   |   |   |
| 18-44                | 35.3%                                       | 48.8%   | 16.1%   |
| 44-54                | 42.6%                                       | 29.9%   | 17.6%   |
| >55                  | 22.1%                                       | 21.4%   | 65.5%   |
| <u>Gender:</u>       |   |   |   |
| Male                 | 64.8%                                       | 69.9%   | 52.9%   |
| Female               | 35.2%                                       | 29.9%   | 46.5%   |
| <u>Race:</u>         |   |   |   |
| Black                | 56.3%                                       | 60.6%   | 40.0%   |
| White(Inc. Hispanic) | 32.4%                                       | 34.3%   | 53.5%   |
| Other                | 11.3%                                       | 4.9%  | 6.6%  |

The majority of discharged patients were on hemodialysis in both national (91.9%) and Network 18 (88.2%) samples. This percent does not differ significantly from the general dialysis population at 90.3%.

As shown in Exhibit 5, treatment non-compliance was the top reason for discharge nationally and in Network 18 at 48.7%, and 39.4%, respectively. Verbal threat and verbal abuse were the next most common reasons for discharge.

**Exhibit 5**  
**Discharge by Top Causes: 2002**

|                | 12 Participating Networks | Network 18 |
|----------------|---------------------------|------------|
| Non-compliance | 48.7%                     | 39.4%      |
| Verbal Threat  | 38.4%                     | 33.8%      |
| Verbal Abuse   | 38.2%                     | 38.0%      |

The initiator of the discharge is of interest since a facility often cannot treat a patient after the physician-patient relationship has been severed. Exhibit 6 shows that a combined facility and physician discharge action led the survey at 41.4% nationally, while in Network 18 the facility most frequently discharged the patient (43.7%).

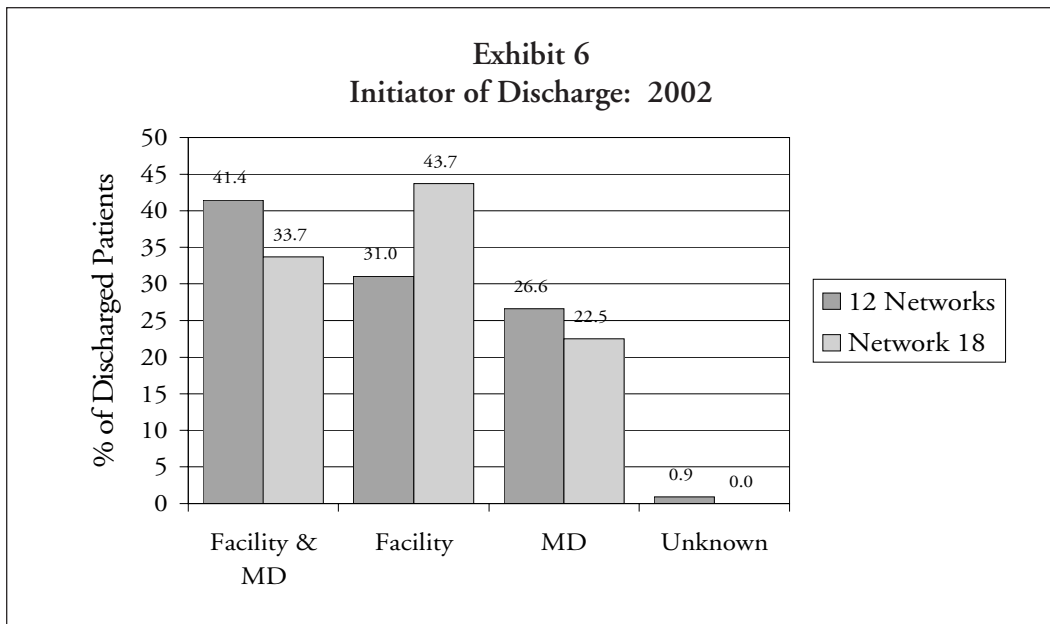
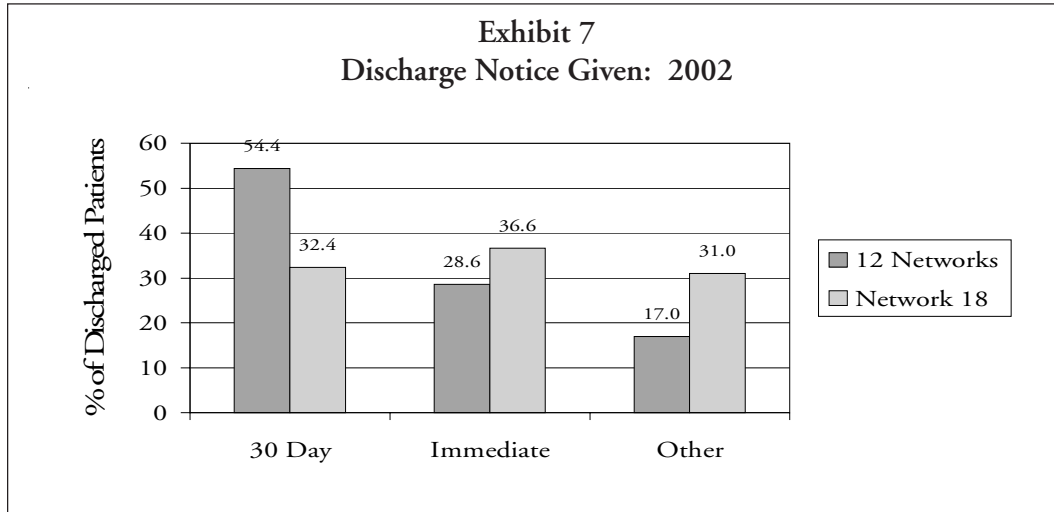
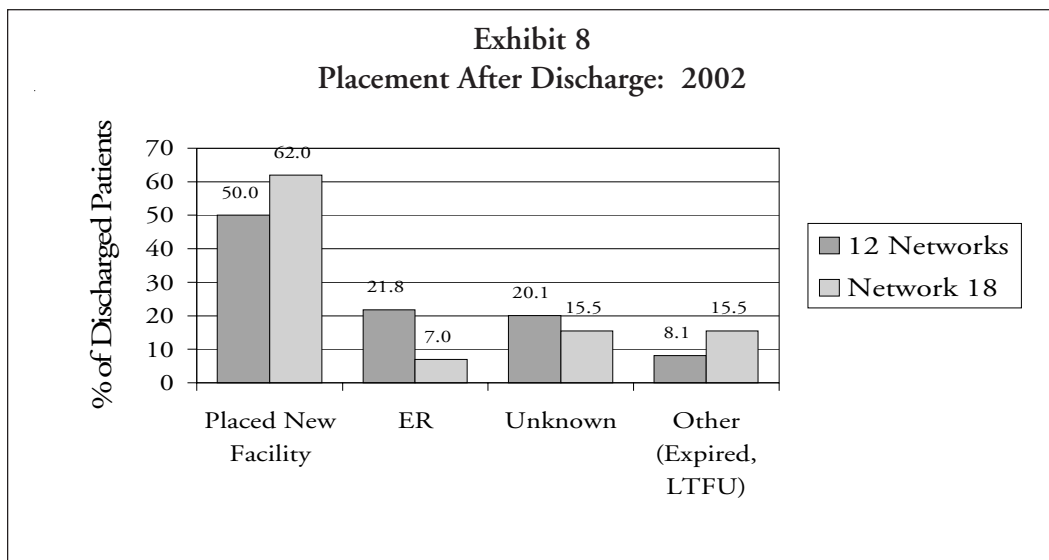


Exhibit 7 shows that the majority of patients (54.4%) were given a 30-day notice of discharge. Network 18 was below the national average at 32.4%. The largest percentage of discharged patients in Network 18 were immediate discharges (36.6%). This issue merits further investigation as immediate discharge should take place only under limited circumstances.



Network 18 became concerned with the discharge issue when we started noticing an increased number of calls from facilities wanting to know how to discharge a patient “appropriately” and from patients complaining about being discharged. We were concerned that several of these patients were not placed in other facilities prior to discharge and were left to obtain dialysis through hospital emergency rooms.

Exhibit 8 shows that 50% of the discharged patients were placed in new facilities. Only 7% of Network 18 patients had to utilize emergency room dialysis services, compared to 21.8% nationally. This may reflect the availability of alternative services in a largely urban area such as Southern California. It may also reflect greater effort to place patients in other facilities.



Although the reasons that patients do not follow medical advice are not fully understood, these findings suggest that there is work to be done by the interdisciplinary team to assist patients with challenges to compliance and behavior. The findings also suggest that ESRD Networks should continue to develop education and training materials for both patients and staff to reduce the incidence of challenging behavior and involuntary patient discharge.

