

“Second Chance” for “Access to Care” Patients

PURPOSE: Dialysis patients who are involuntarily discharged or who arrive with challenging behaviors often experience barriers to locating a nephrologist and/ or dialysis facility willing to provide chronic dialysis. This policy establishes guidelines for the initiation of an alternative that will allow nephrologists and dialysis facilities the option to accept a patient on a trial basis to determine if the provider can adequately meet the patient’s long-term needs. These patients end up relying on their local hospitals and emergency rooms for dialysis treatments. They are frequently admitted inpatient to manage ESRD and related complications. Relying on the hospitals and emergency rooms for dialysis treatments not only increases patients’ risk factors but it burdens families, caregivers, and providers.

Patients who are involuntarily discharged often present with challenging behaviors, which creates barriers to obtaining placement. In an effort to advocate for patients and families and ensure that facilities are able to operate safely, with minimized patient disruption, Alliant Network 8 and 14 developed a *Second Chance Program* for Access to Care Patients. The purpose of this program is to provide an alternative treatment option for ESRD patients who have been involuntarily discharged and rely on the hospitals for compassionate dialysis treatments. Implementation of this program allows dialysis facilities and Nephrologists the option to admit a patient on a 90-day trial basis to determine if the provider can adequately meet the patient’s needs.

Second Chance placements are not intended for multiple placements. Each case will be evaluated individually. The safety of patients and facility staff is an utmost concern of the Network. Patients that have presented credible threat and have an Involuntary Discharge that was supported by the Network may not be included in the Second Chance Program.

Implementation of a Trial Basis Admission

1. The Network or Provider will identify Second Chance patients based on the following criteria:
 - The patient is an established ESRD patient
 - The Network has spoken with area dialysis facilities to confirm denial
 - The patient has been involuntarily discharged due to disruptive/abusive behaviors
 - The patient has demonstrated improved behaviors
 - The Network has spoken with the acute dialysis staff and/or other healthcare providers to verify an improvement.
2. Network staff will meet to determine if Second Chance placement is appropriate for a patient. If so, the Network will initiate Second Chance placement efforts.

3. The Network will contact dialysis facilities to offer Second Chance placement of patient. If patient is admitted, the Network will notify State Agency of Second Chance placement and 90-day trial basis.

4. Prior to Admission, facility staff will meet with patient to discuss treatment expectations. The facility will review and explain an Expectations of Treatment document, which outlines the terms of admission with the patient. This document will be signed by the facility's interdisciplinary team and the patient or patient representative. The Network will maintain a copy of the signed Expectations of Treatment document in the patient's file.

- Network staff will contact the patient before the meeting to discuss the terms of admission, ensure that patient understands expectations, and to confirm patient agreement with Expectations of Treatment. During this discussion, the Network will provide a detailed overview of the Second Chance placement, highlighting behavioral expectations. The Network will also address outcomes of noncompliance which include being discharged and being unable to obtain placement in a permanent facility.

5. The Network will participate with the initial Care Conference via conference call or in-person.

After Admission

1. After the patient has been admitted to a facility, the Network will complete a standard "No-Fault" letter and submit it to the facility. The "No-Fault" letter allows facilities to discharge patients if inappropriate behavior is displayed during the 90-day trial basis. This letter also exempts the facility from the customary involuntary discharge paperwork.

2. Network staff members will maintain monthly contact with the patient and the facility for three months to monitor behavior and assist with interventions as needed.

3. After 90 days, the trial basis ends, and the patient will be considered a permanent patient of the facility.

Noncompliance with Expectations of Treatment

If the patient fails to comply with the Expectations of Treatment and the facility finds it necessary to discharge the patient, the facility must notify the Network with evidence of noncompliance related to discharge. The facility will only need to submit a copy of the 30-Day Discharge Notice provided to the patient. Facilities will be allowed to implement an Immediate Discharge in cases where patients present an immediate and severe threat. The facility will need to submit a copy of the Discharge Notice provided to the patient and documentation related to the discharge.