Let’s Meet Some Difficult Patients

Nieltje Gedney, Executive Director
Home Dialyzors United

Annual Dialysis Conference

Friday, March 3, 2023

- Dialyzor X was trained to do all of her home dialysis treatments by herself. She understood the regulations at that time required someone to be in the home while she dialyzed in case of emergency. She had been dialyzing at home successfully for 2 years with no adverse events.
- Dialyzor X never called her clinic nurse after hours, her labs were always WNL. She attended monthly clinic.
- The home training nurse for the clinic Dialyzor X attended left. She provided 30 days notice. Two months after the nurse left, Dialyzor X had a clotting issue over the weekend. She tried to reach an oncall nurse. None of the emergency numbers were valid. On Monday she called the clinic to request to talk to a nurse in charge of the home clinic. She was directed to the Regional Manager.
- She spoke to the regional manager, a nurse in another state. A week later the clinic social worker called to tell Dialyzor X that she was found dialyzing without a care partner “illegally” and that the clinic was picking up the equipment.
- Dialyzor X must now report to incenter dialysis beginning that Monday.

- What would you do:
- Results: Patient transferred to another facility in another state at another corporate provider, serviced by the same nephrologist.
  - Nephrologist authorized solo dialysis
  - Patient was briefly retrained at new facility and dialyzing solo ever since without incident or adverse events.

- Dialyzor Y was a stable home dialyzor for many years. No issues with adverse events or hospitalizations.
- Dialyzor Y did suffer from severe anemia, which required careful management of epo and venofer.
- Clinic refused to prescribe adequate dosing nor an adequate treatment schedule, citing company protocols.
- Dialyzor Y becomes irate, stating he is not an algorithm, and wants his anemia managed without the dreaded epo yo-yo. His Nephrologists supports his concerns and wrote the prescription for epo and venofer.
- Clinic refuses to honor the MD prescription stating it does not follow clinic protocol. Patient is labelled a troublemaker

- What Would You Do:
- Results:
  - Patient eventually receives permission to administer venofer and epo at home according to dose indicated in labs.
  - Patient’s anemia, however, progressed as patient remained on dialysis longer and aged. More acute monitoring was required, but clinic could not accommodate.
  - Patient now has standing order for weekly anemia panels at local labs and can adjust doses up or down according to labs, after notifying nurse.
  - Avoiding the 3-6 week lag time waiting for clinic labs by obtaining weekly labs helps patient avoid the yoyo.

- Dialyzor Z has been successfully following a 3 x 3 week treatment schedule for home dialysis, all labs WNL.
- Dialyzor Z continues to produce large amount of urine.
- When KT/V dropped to 1.8, Clinic claimed Dialyzor Z was not adequate and insisted on increasing day/time and volume of dialysis. Dilayzor Z refused. Asked that they count his residual function in the KT/V calculation
- He was told by clinician “We don’t care about your residual because we know you will lose it anyway – you are not adequate”.
- Dialyzor Z had already been dialyzing for 7 years, maintaining excellent residual.
- He resorted to discussion with a consulting Nephrologist, outside the clinic, who called the Medical Director and explained how to perform a 24 hr. urine test and calculate KT/V with residual. KT/V came back at 3.5
- Dialyzor Z was then labelled “non-compliant” for refusing added treatment, which was not medically justified.

- What would you do:
- Results: Patient consulted Nephrologist for second opinion. This doctor contacted the Facility Administrator to discuss how to capture residual renal function in KT/V. Administrator and clinicians were unaware of the process.
  - Clinic has been collecting 24 hr urine quarterly ever since.
  - Clinic submits urine for calculating KT/V.
  - Patient maintains combined KT/V of 3-3.5

Involuntary Discharges

GRIEVANCE

January 1 – November 30, 2022
- 62 cumulative
- 16 Clinical Quality of Care
- 41 General Grievances
- 3 Immediate Advocacy

January 1 – November 30, 2021
- 63 cumulative
- 12 Clinical Quality of Care
- 28 General Grievances
- 23 Immediate *Advocacy*

IVD's

January 1 – November 30, 2022
- 26 cumulative
- 14 Immediate/severe threats
- 6 Physician terminations
- 6 Ongoing abusive/disruptive behavior

January 1 – November 30, 2021
- 25 cumulative
- 17 Immediate/severe threats
- 4 Physician terminations
- 2 Ongoing abusive/disruptive behavior
- 2 Non-payment

IVD’s

- fewer grievances in 2022 there have been more clinical quality of care concerns and fewer immediate advocacy concerns.
- 14 for immediate severe threat, 6 physician terminations, and 6 for ongoing abusive/disruptive behavior.
- Some patient examples from this report.