Patients Missing ("No Shows") or Shortening Hemodialysis Treatments

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Approved by the BCPRA Hemodialysis Committee
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1.0 Scope

This guideline applies to adults receiving hemodialysis (HD) and hemodialfiltration (HDF) in:
• In-centre HD units.
• Community dialysis units (CDUs).

The purpose of the guideline is to standardize the procedure for follow-up of patients who miss (“no shows”) or shorten (arrive late or leave early) HD treatments.

Related BCPRA guideline(s): Readiness to Leave the Hemodialysis Unit, Post-Treatment. This guideline provides criteria for assessing the readiness of HD patients to leave the unit post-treatment. It also includes a process for follow-up of patients deemed not ready to leave the unit who choose to leave anyway.

2.0 Reviews of the Literature/Internet

Why focus on missed or shortened dialysis treatments?
• Not attending, arriving late or leaving early from HD treatments are examples of what is referred to in the literature as “non-adherence” or “non-compliance” to treatment.
• Non-adherence to HD treatments reduces the delivered dialysis dose and thus the adequacy of dialysis.
• A lowered delivered dialysis dose has been reported to increase morbidity (e.g., higher blood pressure) and mortality.2,3
  • Skipping one or more dialysis sessions per month has been associated with a 25% - 30% higher risk of death.4,5
  • Shortening dialysis frequency by more than 10 minutes 3 or more times per month also has been associated with increased mortality.4
• Missing or shortening dialysis treatment is common.
  • Missing at least 1 dialysis treatment/month: Prevalence rates range from 5% - 20%.6
  • Shortening at least one dialysis treatments/month by at least 10 minutes: Prevalence rates range from 6% - 33%.6

Why do patients miss or shorten dialysis treatments?
• There are many reasons why patients miss or shorten dialysis treatments.
• A recent study in the United States (n=182,536 patients and 44M HD treatments)7 examined the association between missed HD treatments and 18 systemic and patient barriers. The most significant associations (in order of significance) were:
  • Holidays (e.g., birthday, Valentine’s day, etc).
  • Weather conditions (e.g., Heavy snowfall on day of dialysis)
  • Symptoms and/or psycho-social-emotional factors - GI upset including nausea, vomiting and diarrhea were the most common, followed by drug and alcohol use, depression and chronic pain.
  • Transportation to/from dialysis (e.g., public transport, driving).
• Other reasons for patient non-adherence to treatment discussed in the literature were mostly psycho-social-emotional factors and included:
  • Patient obligations (e.g., work, child care, appointments).
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- Not seeing dialysis as a priority (not interested, don’t understand about dialysis, etc).
- Not understanding the consequences of missed and shortened treatments.
- Issues of language, culture or literacy.

What might help to reduce the number of missing or shortened dialysis treatments?8,9,10,11?

- Finding solutions for the social reasons for missed or shortened dialysis treatments may not be within our span of control or resources; however, proactively informing patients about the importance of attending scheduled HD treatments and the risks associated with shortening or missing dialysis treatments may address some of the reasons for missing treatments.
- Ways to assist patients and families in understanding the expectations of undergoing hemodialysis include: including information in HD Patient Welcome Package, adding expectations to consent for treatment, adding expectations to code of conduct/patient expectations, etc.
- If a patient misses or is late for an HD treatment(s), make them aware of and help them to understand the risks. Understand and explore the barriers for that patient to prevent/reduce future occurrences. Document the discussion in the patient’s health record.
- Track the unit rate for missed and shortened dialysis treatments and the reasons.

Video resource for patients on why getting enough dialysis is important.

3.0 Recommendations

Recommendation #1: Upon initiation of HD, explain the importance of arriving at HD treatments on time, staying for the full treatment time and not missing treatments.

Recommendation #2: If a patient arrives late for treatment, implement the “late arrival” protocol (see below).

“Late Arrival” Protocol:

a. If the patient arrives one or more hours before the normal ending time for their treatment:
   i. Ensure the patient is aware of the risks of shortened HD treatment time.
   ii. Attempt to adjust the treatment time so that the patient will receive as much treatment as possible without impacting the schedule for other patients. This may not be possible and the unit is not obliged to extend the treatment time.
   iii. Notify the nephrologist if treatment time is shortened by more than 15 minutes.
   iv. Document the discussion and actions as per usual HA practice.

b. If the patient arrives less than one hour before the normal ending time for their treatment or after the normal ending time for their treatment:
   i. Notify the nephrologist.
   ii. Ensure the patient is aware that dialysis will not be initiated for a run of less than one hour and the risks of missing an HD treatment.
   v. Reschedule the HD treatment if requested by the nephrologist.
   vi. Document the discussion and actions as per usual HA practice.

1 Nurse Practitioner (NP) may be the appropriate first contact at some sites. The same may be true in other references to “nephrologist” throughout this guideline.
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c. Refer to SW, if warranted, for psycho-social-emotional assessment/intervention (see Appendix 1 for patient handout).

Recommendation #3: If a patient wishes to leave their treatment early, implement the “leave early” protocol (see below).

“Leave Early” Protocol:
  a. Ensure the patient is aware of the risks of shortened HD treatment time.
  b. Notify nephrologist if treatment time is shortened by more than 15 minutes.
  c. Document the discussion and actions as per HA protocol.
  d. Assist with logistics to prevent future occurrences (e.g., if being picked up by family, friends, HandyDART, suggest pick up time at an appropriate interval post-dialysis).
  e. Refer to SW, if warranted, for psycho-social-emotional assessment/intervention (see Appendix 1 for patient handout).

Recommendation #4: If a patient does not show up within 30 - 60 minutes of a scheduled HD treatment, implement the “no show” protocol.2

This “no show” protocol acknowledges that patients who are capable of making their own health care decisions also have the right to make an informed decision to “live at risk” as a result.

“No Show” Protocol:
  a. Attempt to contact the patient.
  b. If able to make contact with the patient, enquire as to why they did not come for treatment.
  i. If unwell
     • and able to come:
       • Encourage them. Assist with logistics. (e.g., arrange transportation).
       • Notify the nephrologist.
       • Document discussions and actions.
     • and not able to come:
       • Discuss with them the appropriate course of action, up to and including calling 911.
       • Notify the nephrologist.
       • Document discussions and actions.
  ii. If unwilling to come for treatment:
     • Encourage them to come. Ensure they understand the risks of a missed HD treatment(s).
     • If still unwilling, advise them what to do if an emergent health care need arises prior to their scheduled HD treatment (e.g., go to their local emergency department).
     • Notify the nephrologist. The nephrologist may suggest the patient take Kayexalate® to help lower potassium levels until the next dialysis treatment.
     • Refer to SW, if warranted, for psycho-social-emotional assessment/intervention.
     • Document discussions and actions (see Appendix 1 for patient handout).
  c. If unable to contact the patient, attempt contact again 30 minutes after the first attempt.

i. If able to contact the patient, follow steps under recommendation #3 (b).

2 The specifics of who is responsible to implement the “no show” protocol is determined by individual HA/HD units. In most cases, it will be the nurse-in-charge (or equivalent).
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ii. If unable to contact the patient, follow the patient’s instructions as per the Consent to be Called form (see Appendix 2).

a) If patient consented, phone the designated contact(s) listed on the Consent to be Called form (next-of-kin or another person).

If able to reach a designated contact, ask contact to check-in with the patient and, if successful, have patient contact the unit. Follow steps under recommendation #3(b). If not successful in reaching the patient, ask designated contact to advise the unit.

b) If unable to reach a designated contact or the contact reports being unsuccessful in reaching the patient AND if patient consented, contact the Police/RCMP using the non-emergency contact number (check local phone book or http://www.ecomm911.ca/pdf/9-1-1_infocard_en.pdf) and request a “wellbeing check.”

c) Notify the nephrologist of the actions and outcome.

d) Refer to SW, if warranted, for psycho-social-emotional assessment/intervention. (see Appendices 1 & 2 for patient handout & Consent to be Called).

e) Document discussions and actions as per usual HA practice.

f) Input incident into Patient Safety & Learning System (PSLS).

iii. If unable to contact the patient and the patient has not signed the Consent to be Called form and has not expressed wishes otherwise, attempt to call (in this order):

a) Next-of-kin or designated contact on the patient’s chart.

b) Police/RCMP using the non-emergency contact number and request a police “wellbeing check.”
4.0 References

References cited in this guideline


Other references used in the development of this guideline but not specifically cited


5.0 Sponsors

This provincial guideline was developed to support improvements in the quality of hemodialysis care delivered to patients with chronic kidney disease in BC. Based on the best information available at the time it was published, the guideline relies on evidence and avoids opinion-based statements where possible. When used in conjunction with pertinent clinical data, it is a tool health authorities and health professionals can use to develop local guidelines.

Developed by a working group, input into the guideline was provided by the BC Renal Social Workers Group, the BC Renal Directors/Managers Group, Providence Health Care Risk Management and the BC Risk Management Group. The guideline was approved by the BCPRA Hemodialysis and the BCPRA Medical Advisory Committees. It has been adopted by BCPRA as a provincial guideline.

This guideline is based on scientific evidence available at the time of the effective date; refer to www.bcrenalagency.ca for most recent version.

6.0 Appendices

Appendix 1: Attending Dialysis Treatments (patient information sheet)

Appendix 2: Consent to be Called (for patients to complete)
Appendix 1: Attending Dialysis Treatments
Patient Information Sheet

It is important that you to show up for your dialysis treatments — each and every run — it’s for your physical well-being.

What if I need to miss a hemodialysis treatment?
Generally, it is best not to miss treatments. If you absolutely must miss your treatment, please call the unit as soon as you know.

What if I feel too sick to come to hemodialysis?
The reason for feeling sick may be related to your kidney disease, so coming for dialysis is very important. If you feel sick, call the dialysis unit and get instructions from them. If you have severe problems such as shortness of breath, chest pain, abdominal pain, unusual weakness, excessive bleeding, etc, call 911 or go to your nearest Emergency Room.

If you are admitted to hospital, please ask your nurse at that hospital to call the Hemodialysis Unit. We will arrange for you to receive your next hemodialysis treatment.

Why is it important that you receive your full dialysis treatment?
Hemodialysis treatments only replace a small part (less than 5 to 10%) of the normal function of your kidneys. If you don’t get enough dialysis, your blood will hold on to more of the body’s waste products and increase the chances that you’ll feel sick.

If you don’t have enough dialysis, you may experience some or many of these symptoms:
• Feeling weak and tired all the time
• Difficulty sleeping
• Loss of real weight, poor appetite, nausea
• Shortness of breath

You will also be at higher risk for infection and bleeding. Because extra fluid will need to be pulled off when you next have dialysis, you may have cramps and your blood pressure may be low.

Time Lost When You Shorten or Miss your Dialysis Time
You can reduce your chances of having these problems by receiving your full dialysis treatment time. Try to show up for your dialysis on time and stay for your full treatment. We can educate you, but in the end it is your decision. If you regularly miss or shorten your treatments, it adds up and can cause permanent harm to your body. Your healthcare team can help you to make medical care decisions. By participating in your care you improve how your body responds to the dialysis treatment.³

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<thead>
<tr>
<th>Shortened Treatments</th>
<th>Missed Treatments</th>
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<tbody>
<tr>
<td>Minutes Lost Each Treatment</td>
<td>Treatments Missed Each Year</td>
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<td>Dialysis Hours Lost Each Year</td>
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What happens if I don’t show up for a hemodialysis treatment and I do not call the unit?
Your safety is important to us. If, in the event that you do not show up for a specific treatment, we will attempt to contact you to check how you are doing. If we cannot reach you, we will follow the instructions you provided us on the Consent to be Called form.

Appendix 2: Consent to be Called

CONSENT TO BE CALLED
For hemodialysis patients

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I, ________________, understand that it is my responsibility to let the Hemodialysis Unit know if I am unable to attend on a specific day.

Hemodialysis Unit phone number: ____________________________.

I understand that in the event that I do not show up for dialysis, the staff from the hemodialysis unit will attempt to contact me to check on how I am doing. If I cannot be reached, please attempt to contact:

☐ Name ________________ Relationship ________________ Phone ________________
☐ Name ________________ Relationship ________________ Phone ________________
☐ Name ________________ Relationship ________________ Phone ________________

If none of the contacts provided are able to reach me:
☐ Call the Police/RCMP and request a “well-being” check.
☐ Do not call the Police/RCMP. I have been advised that by refusing to allow the Police/RCMP to check on me I could be at increased risk of harm, and I accept that risk.

Agreement
The information provided on this form was discussed with me by a member of my care team. I have had the opportunity to ask questions. I am satisfied with the explanations and understand them.

__________________________                                         ________________
Signature of: ☐ Patient ☐ Substitute Decision Maker   Print name of Patient/Substitute Decision Maker

__________________________                                         ________________
Signature of witness   Print name & designation of witness

__________________________
Date & time signed (dd/mm/yyyy)

Interpreter
I have translated this document to the best of my ability and confirmed with the patient that he/she has no further questions and the contact information above is correct.

__________________________                                         ________________
Signature of Interpreter   Print name of Interpreter

__________________________
Date & time signed (dd/mm/yyyy)

Review of Agreement
• Review agreement with patient annually and as situations change.
• If patient changes wishes for follow-up contact (e.g., now does not wish anyone to be contacted), complete new consent. Otherwise note the date of the review below.

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<th>Review Date</th>
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