



## Non-Adherence to Treatment

Qsource ESRD Networks encourage continuous education and awareness about ESRD Conditions for Coverage (ESRD CfCs). Here are some steps you can follow when patients aren't adhering to their dialysis treatments.

1. Follow your facility's policies and procedures about routine, involuntary discharges/transfers, and the patients' family refusal to follow healthcare recommendations and physician orders for dialysis care and services.
2. Review ESRD V Tag 766 -767, V Tag 456 and 559 and educate the staff.

Patients have the right to refuse any aspect of their treatment plan. This right includes missing treatments. V456 in the CMS Interpretive Guidance states, "The patient has the right to be informed about and participate, if desired, in all aspects of his or her care, and be informed of the right to refuse treatment, to discontinue treatment, and to refuse to participate in experimental research." Additionally, the Interpretive Guidance indicates at V559 that the Interdisciplinary Team, "must recognize each patient has the right to choose less than optimal care when the patient determines optimal care would negatively impact his/her quality of life." Thus, patients cannot be discharged from the dialysis facility for non-adherence. Instead, the interdisciplinary team (IDT) is required to "focus on identifying the potential causes of the non-adherence and addressing those causes."

### Reporting a Lost to Follow-up (LTFU)

Patients who miss thirty consecutive days of treatment (that are not hospitalized, in rehab or a nursing home) can be made inactive with the facility. Refer to your organization's internal policies. Before discharging a patient as a LTFU, please follow the steps below.

#### When Patients Begin to Miss Treatment

Because patients encounter several barriers and skip treatments for many different reasons, facility staff should ensure that adequate efforts to contact patients, assess treatment barriers, and provided appropriate education have been completed.

- Have a discussion with the patient to explain options related to discontinuing treatment. Explain what discontinuing treatment means, and that end-of-life care can be arranged for them. Ensure that patients understand that if they make the decision to discontinue treatment, they can change their minds and return to dialysis at your center in the future.
- Involve the patient's Nephrologist in attempts to re-engage the patient in their care.

- If you are unable to contact the patient by phone, complete and document the following steps:
  1. Send a Certified Letter of Concern-The patient should receive a certified notification which explains he/she has 30 days from receipt of the letter to respond; if the patient does not respond within the 30 days, the center will consider this a voluntary discharge. The patient should be made aware of the risks/consequences of missing treatment, signs and symptoms of uremia and fluid overload, and alternate treatment options such as going to the hospital/emergency room for urgent needs.
  2. Contact police for a welfare check and provide the patient's last known residence.
  3. Contact friends/family (medical release of information provided by patient).
  4. Contact hospitals frequented by the patient.
- Thoroughly document all interventions and results.
- If the patient does not contact the facility or resume treatment, the facility should still ensure that all discharge procedures, such as obtaining discharge orders from the Medical Director and Attending Physician, are followed. A CMS-2746 must be submitted if a patient expires within 14 days of the lost to follow-up discharge date.

## Discharge Reasons (page 37 of the [Data Management Guidelines](#))

**Involuntary:** This should be used when a patient has been discharged from your unit against his/her will as a result of verbal/written/physical threat or harm, non-payment, or property damage. You should select an Involuntary Discharge Subcategory to identify why your patient has been discharged.

**Death:** A CMS-2746 must be submitted if a patient expires within 14 days of the involuntary discharge date and the patient has not been permanently transferred in by another Medicare certified dialysis unit. You are required to contact the Network's Patient Services Department and SSA (State Survey Agency) prior to involuntarily discharging a patient from your unit.

**Discontinue:** This should be used for patients who specifically articulate the decision to permanently stop dialysis. A CMS-2746 must be submitted if a patient expires within 14 days of the date of discontinue. Please review V Tag 456.

***Patients have the right to refuse any aspect of treatment, to refuse to participate in experimental research, and to discontinue their dialysis treatments completely.***

Please visit our website for additional resources at [esrd.qsource.org](http://esrd.qsource.org). Contact the network if a patient's non-adherence to treatment becomes an Involuntary Discharge or Transfer.

### **ESRD Network 10**

911 E. 86th St., Suite 30  
Indianapolis, IN 46240  
Toll-Free: 800-456-6919

### **ESRD Network 12**

2300 Main St., Suite 900  
Kansas City, MO 64108  
Toll-Free: 800-444-9965

