University Hospitals of Derby and Burton
NHS Foundation Trust

Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Principles set out within Trust Data Quality Policy

Title:	**Managing the Haemodialysis patient who does not attend**
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Approved by	Renal Department Clinical Governance	

SOP Document Controls:

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1.1	Dec 24	Joanna McKinnell, Samantha Inger	New SOP to Koha

Contents

1. Introduction

Dialysis is a prescribed treatment and missing dialysis sessions can have catastrophic results.

2. Purpose

The aim of this SOP is to standardize the management of patients who do not attend dialysis to ensure everything is done to maximize the opportunity for the patient to attend their life sustaining treatment

3. Scope

This is relevant to all patients in end stage renal failure attending the haemodialysis centres in Derby and Lichfield as outpatients.

4. Abbreviations and Definitions

UHDB	*University Hospitals Derby and Burton NHS Foundation Trust*
HD	*Haemodialysis*
ARA	*Acknowledgement of Responsibilities Agreement*
GP	*General Practitioner*
AE	*Accident and Emergency Department*
MDT	*Muti-disciplinary Team*

5. Responsibilities

The senior sisters, nurses and technicians involved with haemodialysis patients. Haemodialysis consultants. The trust legal department at UHDB.

6. Procedure for Non-attendance at haemodialysis

Every dialysis session is a prescribed treatment and non-attendance needs to be escalated to the doctors on call and the dialysis consultant in charge of the patient as soon as possible.

Isolated non attendance

If the patient does not usually miss sessions this should be considered a medical emergency. In this situation the concern is that the patient is in danger and that is why they have not attended.

Actions

- Make every effort to establish contact with the patient verbally either on their phones or via known relative contacts.
- Ask the patient why they are not attending and if due to feeling unwell explain they should seek medical attention and that missing dialysis will likely make things worse. Try to persuade the patient to attend explaining the reasons why it is important. If the patient then agrees and they are a transport patient then transport should be sent again and another dialysis slot offered as soon as possible (later on the same day or the next day)
- If unable to contact the patient by phone, find out if the transport staff had an interaction with the patient (eg being sent away by the patient and actually seen by the ambulance staff to be alive and well)
- If unable to make contact at all this will need to be escalated to the haemodialysis consultant or on call team if out of hours to consider involvement of the community to make contact with the patient. Community involvement may include calling the GP, 111 and even the police although it is noted that the police are less likely to be helpful unless a community healthcare worker has tried to make contact and been unsuccessful.

Following making contact with the patient and on the patient's return to dialysis a conversation must be had with a doctor about the importance of attending all sessions and the danger of missing sessions. This should be supported by written information in the form of a patient letter and information sheet.

This is an opportunity to discuss reasons for not attending and support offered as required (e.g. changes to travel arrangements, change to slots to accommodate other commitments etc.)

Recurrent Non-attendance

Most dialysis non-attendance occurs in a smaller subset of frequent non-attenders.

The initial management of these people includes a carefully documented verbal and written warning of the dangers of missing dialysis.

If this becomes a persistent problem after verbal warnings then these people will need individualised care plans carefully documented by their haemodialysis consultant involving the MDT, with a trust generated and stored Acknowledgement of responsibilities agreement (ARA) this is also known as a Behaviour agreement/ Care plan.

In some cases missing dialysis will be associated with a conversation with the patient, this is another opportunity to give a verbal warning of the dangers of missing dialysis and this should be documented on the dialysis record. The patient should also be offered the opportunity to attend dialysis at another time earlier than their next slot, including a change to their transport provision where required.

In other cases missing dialysis may be associated with a complete lack of contact with the department. This needs to be addressed in the ARA and the patient advised of the need to inform the dialysis unit if they are not attending. We need to know they are making their own decision and not too unwell to attend and/or in danger.

In some cases missing multiple consecutive dialysis appointments (defined as 3 or more consecutive sessions missed in most cases) will result in the patient then attending dialysis very unwell and unsafe to dialyse in an outpatient area. In this situation the behaviour agreement should include the plan for dialysis provision in this setting (for example the patient might need to be dialysed on the ward area and if no bed is immediately available this might include having assessment in AE in a monitored area before starting dialysis).

If a patient without an ARA/ care plan misses multiple sessions and attends after a long gap then they will need to be reviewed medically and a decision made whether to dialyse them on the unit or not. At the very least a full set of observation, venous blood gas and registrar / consultant assessment should be undertaken before starting regular outpatient dialysis with adjustment to routine prescription to reduce the chance of sudden deterioration during the dialysis session.

Documentation

The dangers of missing dialysis sessions should be explained to the patient at every opportunity during this process.

All conversations should be documented including documentation of an assessment of their mental capacity to make the decision to miss dialysis.

A patient who misses dialysis but does not have capacity to understand the implications needs escalation to the haemodialysis consultant and involvement of wider MDT (for example dementia nurses, learning difficulties nurses, occupational therapy).

Risks to explain to patients are as follows:

- Risk of sudden death due to a high potassium causing the heart to stop
- Severe shortness of breath due to fluid build up in the lungs
- Effects on conscious level and even fitting when missing dialysis or whilst on the dialysis machine after a long gap off dialysis.
- Overall shortened life span if missing multiple sessions of dialysis on a regular basis due to long term effects on heart, brain and muscle.

Acknowledgement of Responsibilities Agreements

An acknowledgement of responsibilities agreement (ARA) is a written document outlining the responsibilities of both the trust and the patient. It is drawn up by the consultant with input from the legal team, stored on cito and documented as being present on vital data.

If a patient is regularly not attending even after a verbal warning consideration should be made into putting one of these in place.

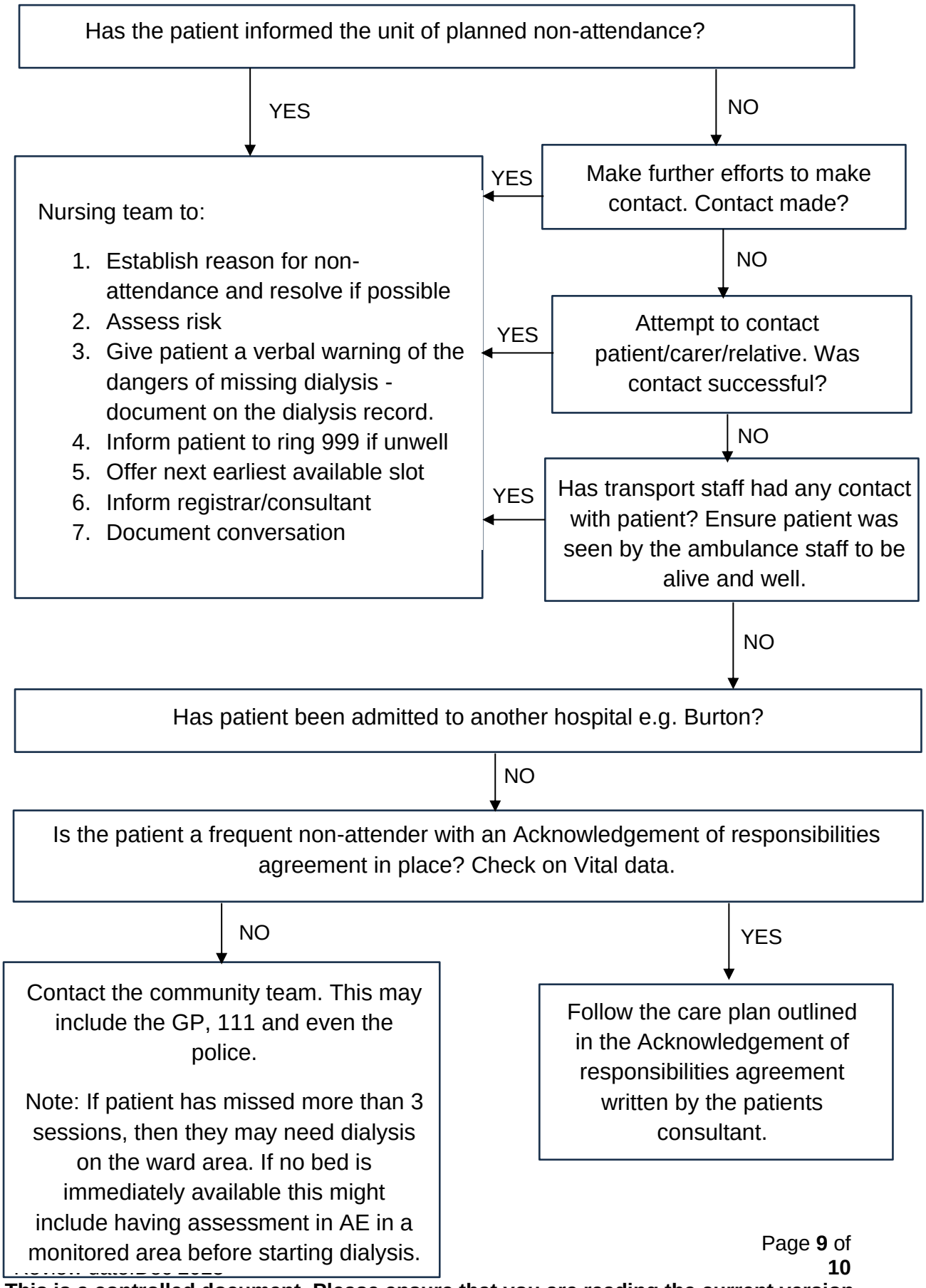
In the situation of recurrent non-attendance expecting a regular slot to be available after missing dialysis for a long period of time introduces many risks both for the patient dialysing after missing sessions and staff who may have been forced to use the slot for another patient.

The agreement is drawn up after a meeting with the consultant, senior dialysis sister and the patient and their relatives. It is then overseen by the legal team in the trust. If the patient does not have mental capacity to make decisions on missing dialysis, the care plan should be agreed by the patient's advocate (usually a relative).
The purpose of the agreement is to document what we as a dialysis unit expect from the patient and what we will deliver.

The agreement will include:

- What has been discussed in the meeting
- What has been agreed on both sides regarding patient attendance and their responsibilities including informing the unit if not attending.
- It will also clearly establish the dialysis unit's role in providing a regular dialysis slot, medical decisions on the safety of sessions after long gaps and the possible need for dialysis on a more monitored environment and when a slot may no longer be available due to prolonged periods of absence.

Algorithm for HD Non-Attendance



7. Information Governance

<Record any IG considerations or approvals, e.g. are data flows identified and information sharing agreements in place? Also specify whether there are further considerations to the information being shared e.g. should this information be for intranet use only? Is there a need for password protection? Is it safe to be on the internet (Koha)?>

8. References and Associated/Linked Documents

< Applicable regulations, national guidelines, local clinical guidelines or policies this sits under, resources, SOP/Template/Form links >

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9. Appendices

< Flow charts, documents, checklists, etc. (Documents which are not stand-alone documents) >