

# Challenging Dialysis Placement: A Comprehensive Guide for Hospitals and Dialysis Facilities



Dialysis is a lifesaving treatment for individuals with End-Stage Renal Disease (ESRD). Finding dialysis placement for some patients can be challenging. Patients who are difficult to place often present with a complex medical history, behavioral challenges, untreated mental illness, non-adherence with treatment, and prior involuntary discharges (IVD). To successfully support patients, it requires a multidisciplinary approach to address each patient's unique barriers. Please review the steps below to help ensure patients receive equitable access to quality care and support.

- Assess if the patient is already established with an outpatient dialysis facility. If so, the last treating facility must re-accept the patient, even if the patient has been absent for more than 30 days.
- If the patient was involuntarily discharged, the discharging facility is not required to re-accept the patient unless they choose to offer another chance. The discharging facility must, however, make all efforts to place the patient in an outpatient facility after a discharge. The discharging facility should work with the hospital to facilitate placement if/as needed.
- Review the patient's medical records to identify the underlying reasons for the difficulty in placing the patient, such as behaviors, prior IVD(s), untreated mental illness, substance abuse, criminal history, non-adherence and/or medically complex conditions.
- Assess the patient's willingness to change if the root cause is related to abusive and/or disruptive behaviors or non-adherence to treatment.
- Address barriers to acceptance in an outpatient setting.
- Is the patient willing to engage in mental health supportive services? Does the patient take ownership of past behaviors? Is the patient remorseful of their behaviors?
- Provide support to address social determinants of health that may impact treatment adherence such as transportation barriers, unstable housing, untreated mental illness, and lack of social support.
- Advocate for the patient to be accepted by a rounding nephrologist.
- Encourage the patient to advocate for themselves with nephrologists and/or facilities if the patient can do so in an effective way.
- Send referrals through general admissions for outpatient admission. You can locate facilities in a specified area by using [Find Healthcare Providers: Compare Care Near You | Medicare](#).
- When sending a patient admission referral, provide only the specific medical records requested.
- Advocate for the patient by promoting the [Second Chance Program](#). Once the facility or the hospital identifies a nephrologist or facility willing to accept the patient under the Second Chance Program, the Network can assist with creating the contract which would need to be signed by the patient, the accepting clinic, and the Network.
- Explore alternative options such as peritoneal dialysis (PD) or home hemodialysis (HHD). Home Modality option can help increase patient's autonomy, comfort, improve adherence and resolve access to care issues.
- Find a long-term care facility that provides on-site dialysis treatment if the patient has a higher level of acuity than an outpatient facility can accommodate.

**Taking a comprehensive and patient-centered approach can help optimize treatment outcomes for difficult dialysis placement.**



End-Stage Renal Disease  
Network Program

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