Agenda

• What is this call about?
• Today’s speakers:
  ▪ Suzanne Watnick, MD, Chief Medical Officer (CMO), Northwest Kidney Centers
  ▪ Liz McNamara, MN, RN, Vice President of Patient Care Services, Chief Nursing Officer (CNO), Northwest Kidney Centers
• Topic: COVID-19: Lessons Learned and Future Implications for Dialysis Patients
• Questions and answers (Q&As) from chat and Q&A panels
What Is This Call About?

• Hear from stakeholders and peers in the ESRD community who are adapting to COVID-19.
• Share examples and provide real-world strategies for facilities to use.
• Engage in bi-monthly calls on varying topics.
COVID-19: Lessons Learned and Future Implications for Dialysis Patients

Liz McNamara MN, RN
Vice President of Patient Care Services & CNO

Suzanne Watnick, MD
CMO

NORTHWEST Kidney Centers
Northwest Kidney Centers (NKC)

• 1960: Dr. Belding Scribner and his colleagues at the University of Washington developed the Scribner shunt, which made long-term dialysis possible.

• Founded in Seattle in 1962, Northwest Kidney Centers is the world’s first dialysis organization.

• NKC provides over 276,500 dialysis treatments a year, about a quarter of all dialysis treatments in the state.

• NKC’s first dialysis unit was big enough for just 9 patients.

• NKC has 20 outpatient clinics serving over 1,900 patients, including Home Program and Acute Services.

Source: NKC
We can provide care to patients with COVID-19.
  • We have an obligation.

Lean into the science.
  • Infection prevention and control
  • Highest standards of care

Leadership provision is critical.
  • Assurances
  • Transparency
  • Communication & education
  • Support for patients, dialysis, and medical staff
The Cycle Continues

Kübler-Ross Grief Cycle

Denial
Avoidance
Confusion
Elation
Shock
Fear

Anger
Frustration
Irritation
Anxiety

Bargaining
Struggling to find meaning
Reaching out to others
Telling one’s story

Depression
Overwhelmed
Helplessness
Hostility
Flight

Acceptance
Exploring options
New plan in place
Moving on

Emotional Support

Information and Communication

Guidance and Direction

The Power of Relationships

• Local
  ▪ Seattle & King County public health
  ▪ University of Washington Medicine
  ▪ Northwest Healthcare Response Network

• National
  ▪ ASN
  ▪ Centers for Disease Control and Prevention (CDC)
  ▪ Nonprofit Kidney Care Alliance (NKCA)
  ▪ American Nephrology Nurses Association (ANNA)
Crafted straightforward communications

Used multiple outlets: Open lines of communication

Sent emails regularly with updates

Held conference calls at regular intervals M-W-F schedule at 1400 and 1530

Emphasized importance of leadership

Provided direct contact information

Contacted facilities frequently

Showed visual presence as dyad partners
Creating a Safe Environment: It Is Not Just the Mask!

COVID-19 Prevention & Control Bundle

- **Hand Hygiene**
- **Physical Distancing**
  - Stay home if sick
  - Meet via video conferencing or telephone
  - Stay 6 feet apart whenever possible
  - Telemedicine visits as clinically indicated
- **Personal Protective Equipment (PPE)**
  - Masking for staff in clinical areas
  - Masking of patients on dialysis
  - Don and doffing of isolation gowns
  - Cloth masks/facial covering for non-clinical areas
- **Laboratory Testing**
  - Ensure patients and staff are referred to testing as indicated
- **Education, & Communication**
  - NKC guidelines and policies & procedures
  - Healthcare worker education on safe masking
  - Frequent multi-platform communication
- **Environmental Cleaning**

COVID-19 Tracking

- Pts
- HS staff
- facility staff

Patients = Pts; HS = Healthcare Staff

Source: NKC
Distribution of NKC Cases

- White
- Spanish/Latin
- Pacific Islander
- Multi-racial
- Indian
- Asian
- American Indian
- Black

% NKC vs. % COVID-19

Source: NKC
Mortality by Race/Ethnicity Compared to Northwest Kidney Centers’ COVID Population

Distribution of COVID-19 Deaths

- White
- Spanish
- Pacific Islander
- Multi-racial
- Indian
- Asian
- American Indian
- Black

% Deaths vs. % COVID-19

Source: NKC
Evolution of Policy and Practice

UNIVERSAL MASKING

PRECAUTIONS FOR 14 DAYS WITH POSITIVE SYMPTOMS

ADDITIONAL SCREENING QUESTIONS

Source: NKC
COVID-19 Recomendaciones de Salud Pública

Todos los residentes del estado de Washington deben utilizar una cubierta para la cara mientras se encuentren en un área pública al aire libre o bajo techo

A partir del viernes 26 de junio, todos los residentes del estado de Washington deben utilizar una cubierta para la cara mientras se encuentren en un área pública al aire libre o bajo techo. No seguir esta orden puede resultar en un cargo por delito menor y una multa de $25 a $100 y/o hasta 90 días en la cárcel del condado.

Safe Start


Sitios de pruebas gratuitas para COVID-19

¿Se siente enfermo? Realice una prueba

Para evitar que el COVID-19 se extienda entre su familia, sus amigos y la comunidad, realícese una prueba tan pronto empecie a sentirse enfermo. Si presenta síntomas del COVID-19 o tuvo contacto estrecho con alguna persona que tenga COVID-19, debe realizarse una prueba de inmediato. Hay muchos síntomas del COVID-19. Algunos de ellos son: fiebre, tos, dificultad para respirar, dolor muscular y pérdida del gusto o el olfato. Debe realizarse una prueba incluso si los síntomas que presenta son leves, o si tiene otros síntomas que podrían ser del COVID-19.
Keeping Our Staff Safe

**THANK YOU FOR PRACTICING SOCIAL DISTANCING**

6 FT 6 FT

**SIX FEET OR MORE**

---

**STOP AND SCREEN FOR CORONAVIRUS (COVID-19)**

Everyone will be screened for fever, sore throat, cough, shortness of breath. Green sticker tells us you are OK.

Maximum one visitor per patient. Please don’t visit if you are not essential to dialysis.

Thank you for helping us protect you.

---

**PLEASE WEAR A MASK ON AND OFF THE CLINIC FLOOR**

Source: NKC
Caring for Our Staff

Source: NKC
Helping Patients to Go Home

COVID-19 Pandemic prompted consideration of Home Dialysis:

• **Underlying forces in play to grow Home Dialysis**
  ✓ Including prospective payment system (PPS) and Advancing American Kidney Health (AAKH) initiatives

• **Enhanced virtual and online presence, continued in-person**
  ✓ Infrastructure critical—Nursing staff in place
  ✓ Education for patients and physicians

• **Grew pathways for inflow**
  ✓ Proactive upfront pipeline, intake within 2 weeks of referral
  ✓ Provide assessment back up throughout home dialysis life plan

• **Support**
  ✓ What do you need to stay home? Home hemodialysis technology for peritoneal dialysis back-up

**Prediction:** Pandemic will lead to sustained home growth.
Telehealth for ESRD Patients

CMS waivers in-center & home

17 & 28 March 2020

31 March 2020

Did not exist at NKC

30 April 2020

Each facility has the capacity to perform

- Home dialysis (Interdisciplinary Team [IDT]/nurse visits)
- In-center dialysis

Prediction: Telehealth will persist and grow.

CMS = Centers for Medicare & Medicaid Services

Source: NKC
Changes Implemented Organization-Wide

Planning meals
Eating around your dialysis treatments

Sometimes you don’t have enough time to eat on your dialysis days. It may be easy to eat during dialysis, but it is not safe. Skipping a meal because of your treatment can make it hard for you to get the calories and nutrients your body needs.

Planning your meal times ahead will help keep you on the right track to eating well.

When to eat:
1. Since most dialysis times interrupt a meal, eating around your treatment is important.
2. At home, eat a meal at least 2 hours or more before your dialysis treatment.
3. Bring a snack for before and after your treatment for extra calories and protein.
4. After dialysis, plan for leftovers or easy to prepare meals. This will keep you from stopping on the way home at fast food restaurants.
5. If you have diabetes, it is important to plan ahead to avoid low blood sugar.

See the examples on the back of this sheet. Try planning your meals using your dialysis times.

Talk with your dietitian for more ideas.

Source: NKC

Here are 3 sample meal and snack times.

Try planning your schedule.

<table>
<thead>
<tr>
<th>7:30 am</th>
<th>8:00 am-1:00 pm</th>
<th>1:30 pm</th>
<th>3:00 pm</th>
<th>5:00 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snack 1: Protein Bar</td>
<td>Dialysis treatment</td>
<td>Snack 2: 1/2 peanut butter sandwich</td>
<td>Meal 1: Salad with grilled chicken breast, sliced cucumber, dinner roll</td>
<td>Meal 2: Herb topped fish, rice pilaf, green beans</td>
</tr>
<tr>
<td>11:00 am</td>
<td>12:00-6:00 pm</td>
<td>4:30 pm</td>
<td>7:00 pm</td>
<td></td>
</tr>
<tr>
<td>Meal 1: Scrambled eggs, English muffin, strawberries</td>
<td>Snack 1: Graham crackers, string cheese</td>
<td>Dialysis treatment</td>
<td>Snack 2: Low salt crackers, 4oz fruit cup</td>
<td>Meal 2: Steak fajitas, onions, peppers, corn tortillas</td>
</tr>
<tr>
<td>12:00 am</td>
<td>4:00 pm</td>
<td>5:00-9:00 pm</td>
<td>1:30 pm</td>
<td></td>
</tr>
<tr>
<td>Meal 1: Pancakes, syrup, low sodium sausage</td>
<td>Meal 2: Hamburger, onion mustard, lettuce, carrot sticks</td>
<td>Snack 1: Apple slices or celery with peanut butter</td>
<td>Dialysis treatment</td>
<td>Snack 2: Rice cakes with cream cheese</td>
</tr>
</tbody>
</table>

If you have diabetes or other reasons for eating on dialysis

Have a snack to avoid low blood sugar. Because of Covid-19, replace your mask quickly.
1. Bring a small snack, about 1 cup or the size of your fist. This will satisfy your hunger until your next meal. Larger amounts may cause nausea, vomiting, cramping or low blood pressure.
2. Pick foods that are easier to digest like graham crackers, protein bar, grilled/chicken breast, peanut butter, string cheese, pudding, carrots, celery, snap peas, apple wedges or berries. Use a lunch bag with an ice pack or pick foods that don’t need to be refrigerated.
3. Avoid high fat foods on dialysis like pizza, hamburgers, French fries, chicken nuggets. These stay in your stomach longer and are more likely to cause problems.
4. Don’t drink or eat ice during dialysis. Too much liquid can add extra fluid weight which can’t be removed until your next treatment.

Enhanced screening
Zero tolerance for not keeping mask on at all times
Enhanced cleaning; especially bathroom
Organizational huddles back to 3 times a week.

Why shouldn’t I eat during dialysis?

Low blood pressure: When you put a large amount of food in your stomach, your blood pressure may drop. It can also cause cramping, nausea and vomiting.

Danger of choking: Eating while sitting or laying back in a chair with low blood pressure may cause a dangerous and even life-threatening choking experience.

It’s not clean: Like a doctor or dentist office, a dialysis unit is a clinical area and is not a place to eat. There may be blood and germs around.

Masks during Covid-19: Removing your mask for eating can expose you and people around you to germs like Covid-19. If you need to remove your mask to eat or drink, replace it quickly.
Staff Self-Screening Stations

EMPLOYEE SCREENING - COVID19

Employee arrives to Work

**SYMPTOMS Checklist...**
- New cough
- Fever
- Sore throat
- New shortness of breath
- Loss of taste and/or smell
- GI Tract Issues
- Lives with someone who has been tested COVID19 positive or is pending a test
- Employee has a pending test

**COMPLETE SCREENING:**
1. Go through all 8 COVID-19 Screening Questions
2. Log self in the Staff Log, including your temperature
3. Complete and place visibly your dated sticker

**Employee temperature is within normal range & they pass all screening questions**

**Employee temperature is not within normal range & they fail some screening questions**

Employee must notify manager, leave work and COVID testing is recommended

Employee will sign log with temperature included and fill out a screening sticker to wear for the day

NKC STAFF LOG

<table>
<thead>
<tr>
<th>Date</th>
<th>Name - please print</th>
<th>Position</th>
<th>Temperature</th>
<th>Symptoms Y/N</th>
<th>I have read back page (Please initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: NKC

Email COVID.Tracking@nwkidney.org
subject line: indicate EMPLOYEE QUESTION
2/25/2021
Ongoing Advocacy

WASHINGTON’S COVID-19 VACCINE PHASES
Phase 1 Estimated Start Dates (Tiers A and B)
Find out if it’s your turn at FindYourPhaseWA.org

Phase 1a - Tier 1

**Overarching Groups:**

- High-risk workers in health care settings (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- High-risk first responders (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance

- **12/20/2020:** Acute Care services (54) vaccine available through the University of Washington Medical Center
- **12/23/2020:** All NKC Primary Touch vaccine available (512)

Phase 1a - Tier 2 (after completion of Tier 1)

**Overarching Group:**

- All other workers at risk in health care settings

The definition of [healthcare settings as defined by CDC](https://www.cdc.gov) refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

- **1/5/2021:** All NKC with vaccine available through the Swedish Medical Center.

## Staff Vaccinations To Date

### In-Center

<table>
<thead>
<tr>
<th></th>
<th>All Staff</th>
<th>DT</th>
<th>RN</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Staff</strong></td>
<td>491</td>
<td>249</td>
<td>159</td>
<td>64</td>
</tr>
<tr>
<td><strong>Total Vaccinated</strong></td>
<td>377</td>
<td>179</td>
<td>133</td>
<td>55</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>77%</td>
<td>72%</td>
<td>84%</td>
<td>86%</td>
</tr>
</tbody>
</table>

### Home Hemo and PD

<table>
<thead>
<tr>
<th></th>
<th>All Staff</th>
<th>DT</th>
<th>RN/LPN</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Staff</strong></td>
<td>38</td>
<td>1</td>
<td>25</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total Vaccinated</strong></td>
<td>35</td>
<td>0</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>92%</td>
<td>0%</td>
<td>92%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Hospital Services

<table>
<thead>
<tr>
<th></th>
<th>All Staff</th>
<th>DT</th>
<th>RN/LPN/Traveler</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Staff</strong></td>
<td>67</td>
<td>16</td>
<td>36</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total Vaccinated</strong></td>
<td>56</td>
<td>15</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>84%</td>
<td>94%</td>
<td>72%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Other NKC Staff

<table>
<thead>
<tr>
<th></th>
<th>All RD Staff</th>
<th>All SW Staff</th>
<th>Other NKC Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Staff</strong></td>
<td>26</td>
<td>21</td>
<td>138</td>
</tr>
<tr>
<td><strong>Total Vaccinated</strong></td>
<td>20</td>
<td>19</td>
<td>103</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>77%</td>
<td>90%</td>
<td>75%</td>
</tr>
</tbody>
</table>

*PD = peritoneal dialysis*

*Source: NKC*
Phase 1b - Tier 1

Overarching Groups:

- All people 65 years and older
- People 50 years and older in multi-generational households

The first tier focuses on protecting those who are driving hospitalization and face high rates of severe morbidity and mortality in order to reduce the burden on hospitals that keeps us in an emergency state. We also want to recognize that there are older adults and elders who may be vulnerable and unable to live independently similar to those in community-based, congregate care settings (Phase 1a) but their families care for them at home. In addition, we recognize that many families - especially those disproportionately affected by COVID - live in multi-generational homes that put the older adults and elders in the household at significantly higher risk for acquiring infection. Because these individuals are among disproportionately affected groups, they are also at risk for higher rates of severe morbidity and mortality.

<table>
<thead>
<tr>
<th>PHASE 1B-1 OBJECTIVE</th>
<th>PHASE 1B-1 GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To prevent hospitalization and rates of severe morbidity and mortality</td>
<td>All people 65 years and older (about half of whom have co-morbidities that increase risk for severe outcomes if infected with COVID)</td>
</tr>
</tbody>
</table>
| To prevent acquiring infection, hospitalization, and rates of severe morbidity and mortality | People 50 years and older in a multigenerational (2 or more generations) household  
These individuals would be at risk either due to:  
- Vulnerability – specifically, an older adult or elder who cannot live independently and is being cared for by a relative or in-home caregiver or being cared for by someone who works outside the home  
- Risk of exposure – specifically, an older adult or elder who is living with and taking care of kinship (along the lines of a grandparent with a grandchild)  
- This group does not include an older adult who is able to live independently and is taking care of the individual’s kinship/children |


- **807** NKC patients are ages 65 and older
- An additional **630** NKC patients between the ages of 50 and 65
Northwest Kidney Centers Strike Team Approach

<table>
<thead>
<tr>
<th>Week</th>
<th>Shifts</th>
<th>Days</th>
<th>Facilities</th>
<th>Team Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Mon. / Tues.</td>
<td>Federal Way West / Federal Way East</td>
<td>Team 1</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Mon. / Tues.</td>
<td>Renton</td>
<td>Team 2</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Mon. / Tues.</td>
<td>SeaTac</td>
<td>Team 3</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, PM &amp; 4th</td>
<td>Mon. / Tues.</td>
<td>Kent</td>
<td>Team 4</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Mon. / Tues.</td>
<td>Enumclaw / Auburn</td>
<td>Team 5</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Mon. / Tues.</td>
<td>Fife</td>
<td>Team 6</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Mon. / Tues.</td>
<td>Burien</td>
<td>Team 7</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td>Seattle</td>
<td>Team 1</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td>Lake City / Scribner</td>
<td>Team 2</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td>Rainier Beach</td>
<td>Team 3</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td>Kirkland</td>
<td>Team 4</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td>Bellevue / Snoqualmie</td>
<td>Team 5</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td></td>
<td>Team 6</td>
</tr>
<tr>
<td>Week 1</td>
<td>AM, Mid, &amp; PM</td>
<td>Wed. / Thurs.</td>
<td></td>
<td>Team 7</td>
</tr>
<tr>
<td>TBD</td>
<td>AM, Mid, &amp; PM</td>
<td></td>
<td></td>
<td>Team Port Angeles</td>
</tr>
</tbody>
</table>

**Patient Straw Poll**

- **1193:** YES
- **188:** No
- **248:** Maybe
- **74:** Received

Source: NKC
Moderna Vaccine Doses Arrive!

• King County Seattle Public Health transferred 500 doses to NKC on 2/16/2021.

• NKC picked up the vaccine 2/17/2021.

• Strike team vaccinated first patient 2/18/2021 at noon.

Source: NKC

Tom Montemayor, Lead Pharmacist
• Recovery will be long term.

• Infection prevention measures will be sustained, including screening and transmission-based precautions.

• Lessons were learned regarding communication with patients and staff.

• Continued advocacy is needed for our vulnerable patient population.

• Continued work toward more easily shared data is essential.
Thoughts and Reflections

from members of
Northwest Kidney Centers’ community on
the past year`
Let Us Hear From You

- Q&As from chat and Q&A panels
Visit https://www.kcercoallition.com/en/covid-19/ or scan the QR code with your smartphone camera.
In-center Hemodialysis and Home Dialysis Travel Resources

• Prepare for your next trip with one of these tools, when you feel comfortable traveling.

• Learn:
  ▪ What to pack.
  ▪ How to plan.
  ▪ Discussions to have with your care team.

• Read about travel tips for ICHD and home hemodialysis users.

• Visit www.esrdncc.org/patients.
  ▪ Select “For New Dialysis Patients.”
  ▪ Look under the Traveling on Dialysis category.
Need Continuing Education Credit?

Complete the post-event evaluation to be taken to the Learning Management Center for CEU certificates!
Our Next COVID-19 Webinar Events

- Patient-focused event: May 11, 2021, 4 p.m. ET
- Provider-focused event: May 19, 2021, 3 p.m. ET

Visit kidneyCOVIDinfocenter.com to register, or scan the QR code with your smartphone camera.
Thank You!

NCCinfo@hsag.com
844.472.4250
813.865.3545
www.esrdncc.org

Additional COVID-19 resources for patients and providers:


This material was prepared the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication Number FL-ESRD NCC-7N5TCO-05042021-01