

# Expert Teams – COVID-19

*Case-Based Learning & Mentorship*

Thursday, January 13, 2022

Facilitator: Kelly M. Mayo, ESRD National Coordinating Center



# Meeting Logistics

- Call is being recorded and will be posted to [www.esrdncc.org](http://www.esrdncc.org)
- Lines will be open for all high performing organizations
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features



# Meeting Guidelines



INTRODUCE YOURSELF  
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC  
INFORMATION  
CONFIDENTIAL



BE WILLING TO SHARE  
SUCCESSSES AND  
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT  
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

# Introductions

- Meeting Focus – COVID-19
- Guest Expert –
  - Manisha Jhamb, MD, MPH, University of Pittsburgh (PA)
- Case Study Presenter –
  - Sasha Patterson, RN, MSN, CNN and Susan Witzel-Kreuter, LCSW, Physicians Dialysis (FL)
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



# Questions to Run On

# How Might We ...

- Educate differently to increase patient and staff vaccinations?
- Reduce the stigma of a COVID diagnosis?
- Collaborate with other healthcare providers and stakeholders to ensure appropriate care of our kidney patients as a whole?

# Presentation by Guest Expert

# Impact of COVID-19 pandemic on patients on Hemodialysis

Manisha Jhamb, MD, MPH

Associate Professor of Medicine  
Associate Division Chief  
Director, Center for Population Health Management  
Co-Director Clinical Research  
Renal-Electrolyte Division, Department of Medicine  
University of Pittsburgh, Pittsburgh, PA



# Objectives

- Understand impact of covid-19 pandemic on adherence to dialysis among patients on hemodialysis (HD)
- Understand impact of covid-19 pandemic on food and housing security among patients on HD
- What can we do to improve food insecurity?

# Impact of COVID-19 on patients on dialysis

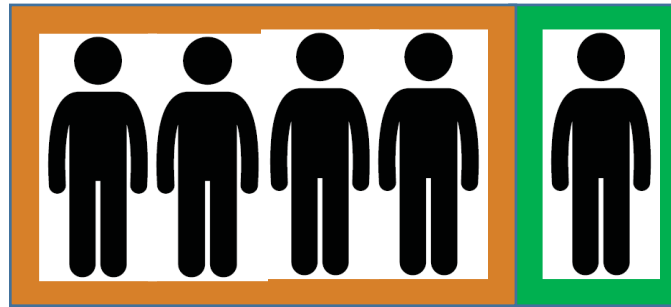
## DIRECT EFFECTS

- Enhanced risk of severe COVID-19 infection-related complications and poor prognosis
- Higher risk of hospitalization, ICU admission, mechanical ventilation, and death

## INDIRECT EFFECTS

- Psychosocial health
- Worsening of pre-existing symptoms such as depression and anxiety

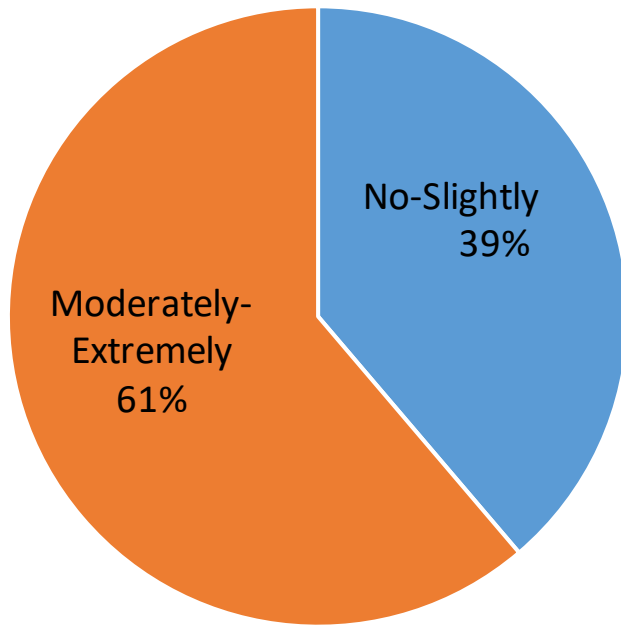
# Impact of the pandemic on health and Emotional well-being



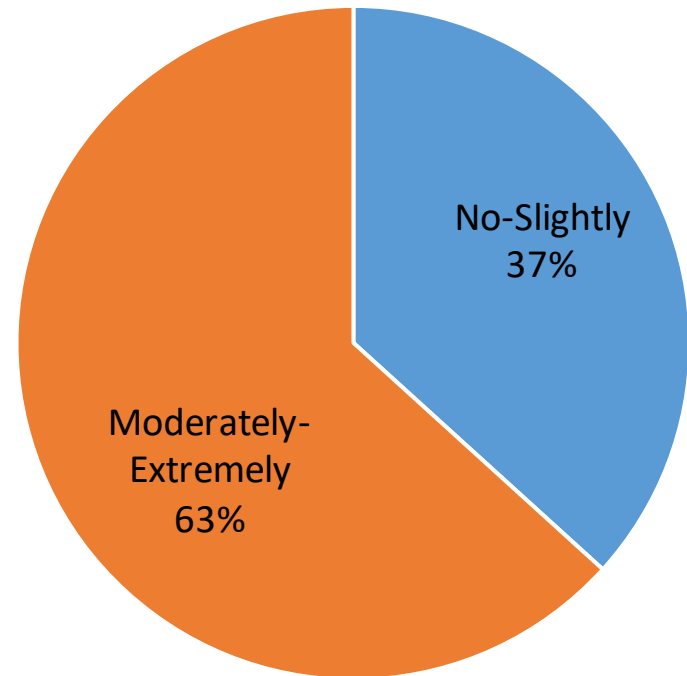
- One in five moderately-to-extremely worried about their
  - **physical health** being impacted
  - **mental/emotional health** being impacted
  - **inter-personal relationships** being impacted
- More than 75% reported feeling overwhelmed with stress

# Worried about infection

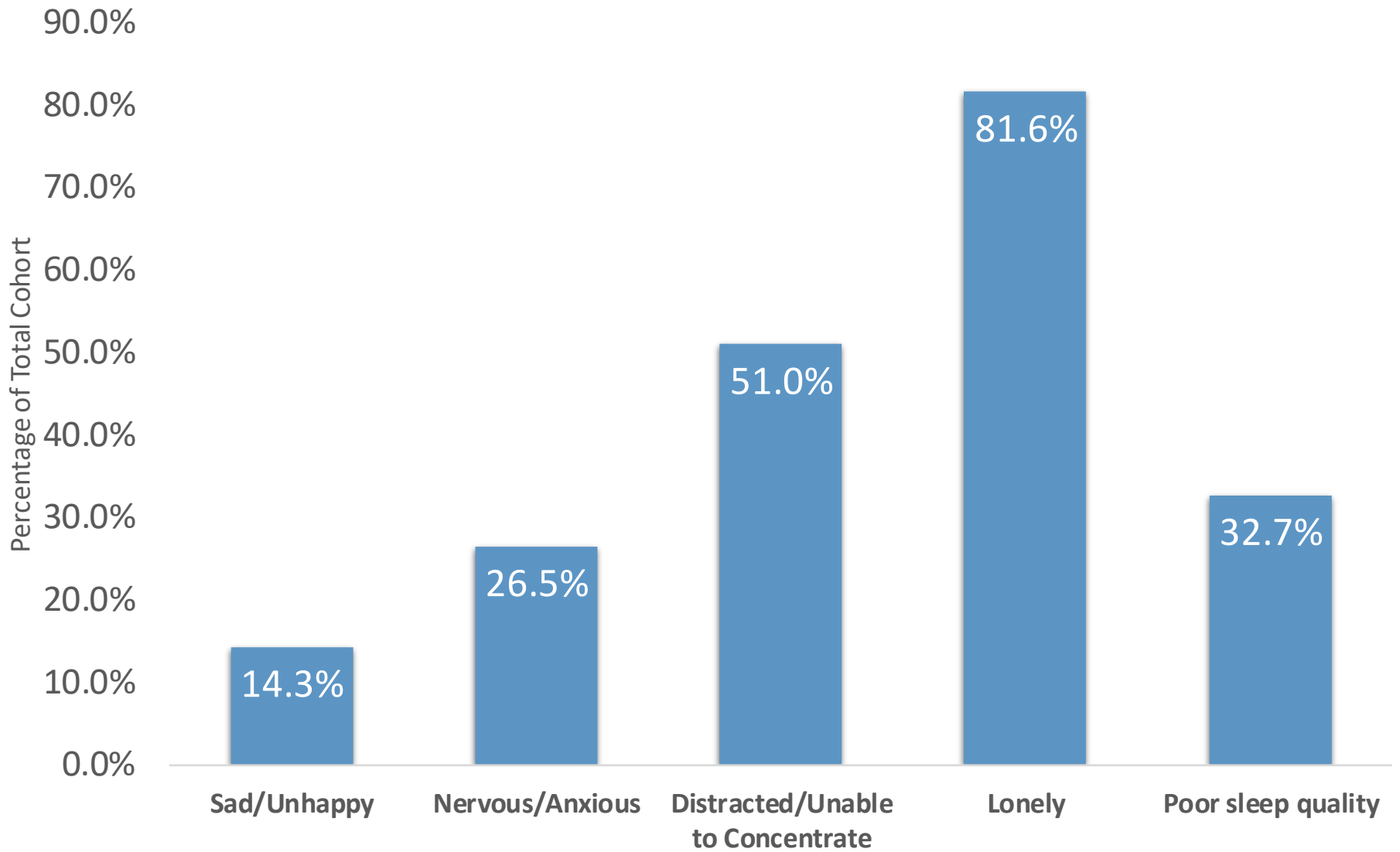
Worried about being infected



Worried about friends or family being infected



## Patient reported symptoms during covid-19 pandemic



# Objectives

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- What can we do to improve food insecurity?

# Effect on HD adherence

- 85% mod-extremely worried about leaving the house to go to dialysis
  - concerns regarding being close to other dialysis patients, health care workers, and people in the dialysis facility or during transportation
- Only 1 in 6 reported missing any treatments, but none due to the above-mentioned pandemic-related reasons

# Preference for Home Dialysis

- Despite the restrictions due to the pandemic, 82% of participants reported being not at all/slightly interested in trying home dialysis, if that was an option
- Potential reasons:
  - Socioeconomic factors
  - Socializing
  - Poverty
  - Housing conditions
  - Disease self-management skills
  - Health literacy



# Objectives

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# Effect of pandemic on economic well-being

• **9 out of 10** mod-extremely worried about **housing insecurity**

• **1 in 3** worried about **food security**

- [20% Blacks, 20% American Indians, 20% Hispanics, 55% below poverty line]

# Food Insecurity

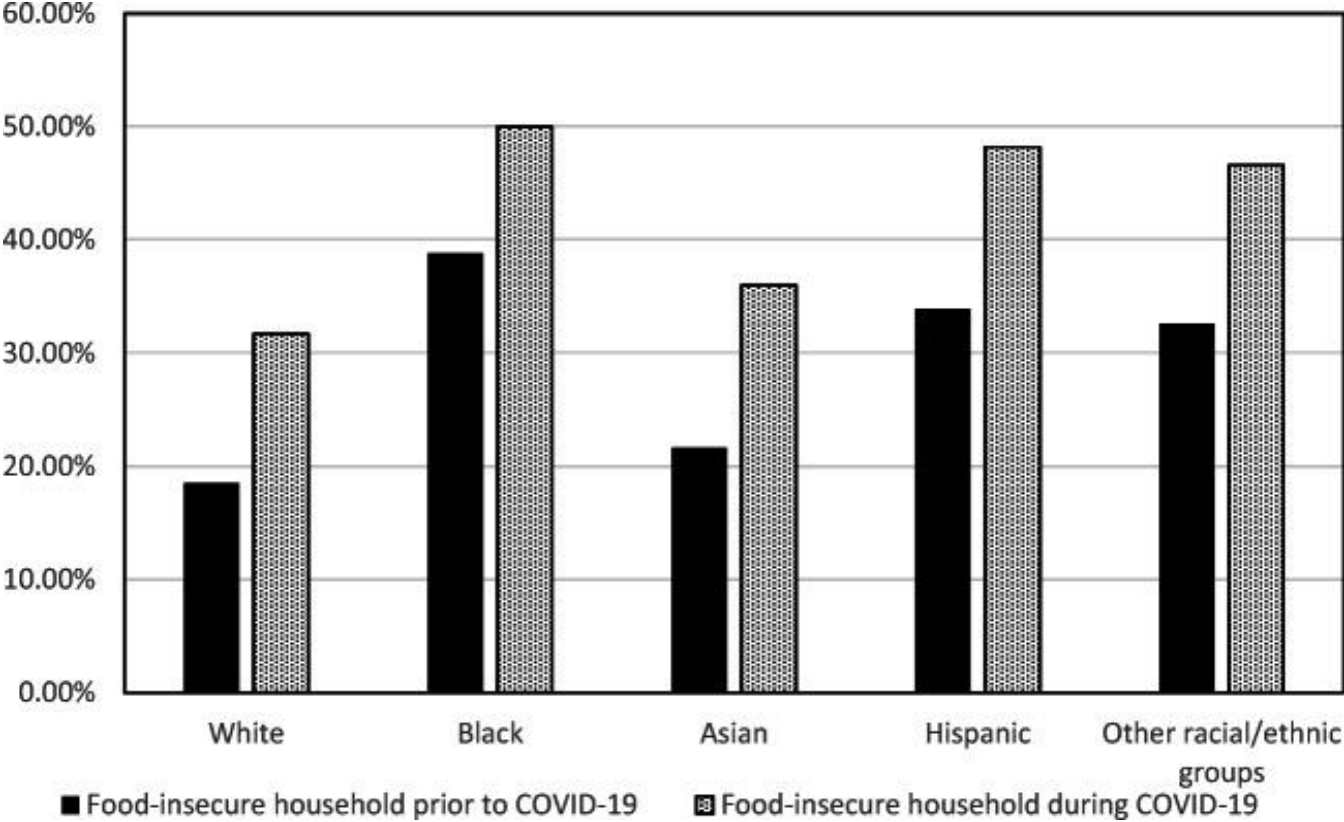
- Defined as the limited or uncertain availability of nutritionally adequate and safe foods
- Food secure household has dependable access to enough food for active, healthy living
- Food insecurity
  - Diets high in energy-dense, high-sodium foods - more easily available and affordable
  - Affect fluid status, blood pressure, electrolytes (potassium, phosphorus)

# Food Insecurity

- Racial segregation of neighborhoods and persistent structural racism
- Disproportionately affects Blacks and Hispanics
- 5% CKD patients report food insecurity
  - CKD patients with food insecurity 40% higher risk of developing ESKD than those without food insecurity
- 16% patients on dialysis report food insecurity
  - Black > White patients

Wilson et al, J Ren Nutr, 2006  
Banerjee et al., AJKD, 2017

# COVID-19 worsened Food Insecurity



# Objectives

- Understand impact of covid-19 pandemic on adherence to dialysis among patients on hemodialysis (HD)
- Understand impact of covid-19 pandemic on food and housing security among patients on HD
- What can we do to improve food insecurity?

# Role of Renal Community

- **Systematic screening for food insecurity** - two-question Hunger Vital Sign
- **Develop protocols to connect with community health care navigators** who can facilitate access to food, social services, resources, and programs
- **Facilitate partnerships** between dialysis centers with food banks, charitable food donation organizations
- Ensure nutritious, ESKD-appropriate, and culturally **appropriate food**
- **Educate** renal healthcare providers
- **Engage patients and local community leaders** – assess immediate local needs and determine how their centers can improve the communities in which they are located

# Univ. of Washington Pediatric Dialysis clinic Food Security Program

- Since 2018
- Provide on-site nutritious, diet-appropriate foods and recipes
- Provided enough food for 6 meals per person, per week for the entire family
- Provide local resources to address other adverse social determinants of health
- Prelim results - decreased health care utilization, dialysis catheter–related infections, and improved quality of life (unpublished data).



# Advocacy for Food Insecurity

- Comprehensive programs - access to appropriate food and community engagement
- Awareness and fundraising campaigns
- Advocacy to change policy - National organizations (ASN, NKF) continue advocating for governmental policies and reforms aimed to
  - Expand access to nutritious food
  - Develop financial, housing, and environmental support programs in partnership with the community
  - Increase investment into impoverished, segregated communities to reduce racial health inequities and to mitigate structural racism

# More Research is Needed

- Develop New scalable models of diet-based intervention that address food insecurity
- Evaluate effectiveness and impact on patient-centered outcomes and health care utilization
- Develop implementation strategies
- Ongoing research in CKD
  - **A population health dietary intervention for African American adults with chronic kidney disease: The Fruit and Veggies for Kidney Health randomized study**
  - **Five, Plus Nuts and Beans for Kidneys**

Wesson et al, Contemp Clin Trials, 2020  
Crews, clinicaltrials.gov

Thank You and Questions

# Q&As – 5 Minutes



# Case Study

# **Covid 19 Case Study**

Presented by

Sasha Patterson, RN, MSN, CNN

and

Susan Witzel-Kreuter, LCSW

Physicians Dialysis

January 13, 2022

# Masks and Assessing Non-reporting of Symptoms

Patients with CDC defined Classic Covid -19 symptoms such as:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

# Warning Signs for COVID-19: When to Seek Emergency Medical Care Immediately

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone



# Challenges

Despite several notifications, lobby days, handheld flyers & verbal reminders patients continue to arrive to the facility for dialysis treatment, when they are aware they are symptomatic or have been exposed to someone who is positive or symptomatic.

# Patient Barriers Identified

- Feelings of shame due to the stigma of having covid
- Feeling avoided or abandoned by others due to the ease of transmission
- Feeling dismissed by staff and other patients
- Feeling discriminated against
- Blamed or reprimanded for staying home by family members due to the threat of spread
- Feeling that the clinic should dialyze the patients no matter how they feel nor the clinic condition in which they present
- Lack of care for the health and well-being of others regardless of education provided due to narcissistic personality
- Mental illness/dementia

# Difficulties Encountered

Some patients and staff refusing vaccination or following guidance of physicians and CDC/ Health Department.

# Best Practices

## Medical Director Engagement:

- Medical Director contacted all patients and staff refusing vaccination to discuss the importance with them himself and followed up when rounding in the clinic. It worked, one hold-out patient went to the PCP immediately.
- Several staff members also agreed to vaccination when they were told they would not be able to work in the medical setting if not vaccinated. (though requirements have changed since)
  - Messages related:
    - If you work here, you need to be vaccinated
    - We need you
    - It's for your safety as well as everyone around you

# **Aims and Objectives**

**Our goal was to have the patients go to the PCP or local testing center for testing rapid & PCR to establish a baseline to prevent disruptions in treatment.**

- Patients with severe symptoms - referred to the nearest ER for evaluation
- Offered homebound testing through Fire-Rescue

# How We Achieved the Goals

Key driver to accomplish the goal

- **Consistent education in as many forms as possible.**

Examples:

- One-page CDC & Department of Health handouts with pictures
- <https://esrdncc.org/en/resources/> excellent resources for staff and patients
- Providing lists of testing centers in Broward & Dade Counties
- Providing information for vaccination sites
- Partnering with outside agencies for home testing and vaccination

# How We Achieved the Goals Continued

- Screening performed by the AAs prior to patient entering clinic & then RNs on the floor as well prior to being seated.
- Vigilance on the part of all the staff due to everyone wearing masks i.e.: patient that may appear visibly sick without a mask may require a little bit more attention maybe they are moving a bit slower, or report just not feeling 100%

# How This Was Organized and Who was Involved

- Internal & external partnerships:
  - Medical director, VP- Owner, Director of Operations, Administrator, Director of Social Services, and the Office Manager.
- Brainstorm session to formulate our plan
- Lunch and learn 2 staff at a time (lunch provided after) to educate the entire team
- Used CDC guidance to fulfill best practices
- Signage throughout building
- Director of Operations – secured 2 boxes of rapid tests from an Administrator at one of our contracted SNF's to start us off, and then reordered by clinic



# What Happens When Patients Come to Dialysis with Symptoms

- Patient is referred to the hospital or for further testing possibly altering treatment schedule
- Back up plans for patients/staff that develop/ exhibit symptoms during the treatment day.

# Resources Needed

- Financial (incentives for staff dealing with COVID patients)
- Human Recourses
  - Approval for additional staff available on weekends and before 9am to assist with screening – an additional labor cost
- Adequate full PPE (grant written by social worker for 1,000 free face shields for patients and staff
  - Rapid testing kits
  - Thermometers
  - 2 step screening plan
- AA & RN's (1<sup>st</sup> shift RN's only) once staff was comfortable with the process
  - Designated area and staff to treat COVID positive patients/ PUI's
  - Back-up agreements for overflow COVID patients
  - Corporate and team support, support, support ***at every turn!***

Questions?

Thank you

# Q&As – 5 Minutes



# Questions to Run On -- Revisited

# How Might We ...

- Educate differently to increase patient and staff vaccinations?
- Reduce the stigma of a COVID diagnosis?
- Collaborate with other healthcare providers and stakeholders to ensure appropriate care of our kidney patients as a whole?

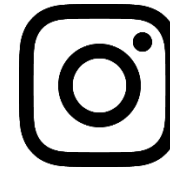
# Recap & Next Steps

- Top take-aways
- I like, I wish, I will
- Additional pathways for learning
- Event evaluation

# Social Media



ESRD National Coordinating Center



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National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship



# Thank You

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