COVID-19

An End Stage Renal Disease (ESRD) National Coordinating Center (NCC) Professional Education Quickinar

April 22, 2020

COVID-19 = Coronavirus Disease-19
Agenda

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

- Hear from stakeholders in the ESRD community adapting to COVID-19.
- Provide real-world strategies for facilities to put into use.
- Engage in weekly calls on varying topics.
GUIDING PRINCIPLES:
• Ensure patients are coming to dialysis
• Remind all that this is a respiratory disease primarily transmitted by droplets

BASIC STEPS:
• Screen all patients and staff- masking
• Educate Staff and Patients – education sheets and emails
• Educate and re-educate staff regarding disease transmission and modified contact droplet precautions
• Provide guidelines if ill +/- COVID-19
• Expand environmental surface cleaning
Patient Screening for COVID-19

Direct Patient Care Staff = Involves Touching the Environment or Patient
Non-Direct Patient Care Staff = Casual Conversation, Not Touching the Environment or Patient

Patient Arrives for Dialysis

Complete Screening:
- a) New Cough
- b) Fever
- c) Sore Throat
- d) New shortness of breath

If patient has received a lab confirmed COVID-19 diagnosis, patient will dialyze in modified droplet contact precautions 14 days from test results WITH resolution of symptoms
If patient has lab confirmed COVID-19, place patient in a private room.
If there is not a private room available, contact Clinical Director

Proceed with Standard Dialysis Precautions

Place in Private Room

a) Place Mask on Patient
b) Seat in Waiting Room, Maintaining Distance of 6 Feet from Others if able

Private Room Available?

Yes

Implement Transmission-based Precautions:
- For Direct Patient Care within 6 feet, USE:
  - Gown
  - Face Mask
  - Eye Protection
- For Non-Direct Patient Care, USE:
  - Regular Lab Coat
  - Face Mask
  - Eye Protection

No

Place at End of Row for Dialysis

Revised 3/25/2020
Symptomatic Positive Employees Returning to Work

Employee who has had a lab-confirmed, positive COVID-19 result:

Employee with signs & symptoms consistent with COVID-19, fever, cough, sore throat, shortness of breath, malaise:

Employee may return to work at least 3 days (72 hours) have passed since recovery defined as the resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g. cough, shortness of breath)

AND

at least 7 days since symptoms first appeared

Employees with an alternative diagnosis (Examples: Flu, Strep, etc.):

24 hours afebrile (no fever) and improved symptoms

Afebrile = No Temperature for 24 hours without the use of analgesics like Tylenol, Ibuprofen, etc.
Implications for Home Dialysis

• Less visits to the dialysis clinic
• Less exposure to healthcare workers
• Better able to adhere to social distancing
Changes for Home Program

Home patients
‘Quick Visits’ Established

- Get supplies
- Get bloodwork drawn
- Medication Administration
- HHD Patients send Blood directly to Lab

Monthly Phone Assessments

- Contact via telephone or telehealth

HHD = home hemodialysis
Rapid Resource Acquisition for Patients and Staff

PPE
  • Issues around sourcing
  • Creative solutions
    ✓ Masks
    ✓ Bandanas

Hand Sanitizer

PPE = Personal protective equipment
Home Program: Current State

• Training
  • Continued training using newly established infection control

• Increased Home Visits for Deliveries
  • Assist with vendor delivery COVID-19 policies

• Remote Care Management
  • Larger units to align with Social Distancing
    • Encourage clinic staff to work from home when possible
Solving Issues and Possible Long-Term Impacts of COVID-19

• **Screening and transmission-based precautions:** Will become the new normal. This is appropriate infection prevention and control practice for outpatient dialysis and will continue into the upcoming flu season. This will require continued competency-based education and increased use of PPE.

• **Enhanced environmental cleaning:** This should be considered standard practice and Northwest Kidney Center’s (NKC’s) plan is to continue—we may see a decrease in overall infection transmission as we continue the focus on strict infection prevention and control.

• **Telehealth technology:** Will have fewer restrictions for use and we anticipate many waivers to allow for enhanced patient and provider connectivity will remain in place. This will enhance patient and medical staff satisfaction.
Solving Issues and Possible Long-Term Impacts of COVID-19 (cont.)

• **Psychosocial Impact:** Will be extensive and profound—the psychological impact on all our caregivers remains an unknown, but we anticipate the need to ensure we provide support and training; long term dialysis care already impacts caregiver fatigue and moral distress.

• **Integrated care models will be emphasized:** Integrated care within a community will allow for better communication, and improved patient safety, and enhanced quality of care.
Three Guiding Principles

✔ We can provide dialysis to COVID-19 + patients
  - We have an obligation

✔ Follow the science
  - Infection Prevention and Control
  - Highest Standards of Care

✔ Leadership is critical
  - Assurance
  - Transparency
  - Communication
  - Support for patients, dialysis and medical staff
Let Us Hear From You

Q&As from chat and Q&A panels
Our Next COVID-19 Awareness Events

• Save the dates for our next events.
  ▪ Patient-focused event:
    April 28, 2020, at 5 p.m. ET
  ▪ Provider-focused event:
    April 29, 2020, at 5 p.m. ET

Thank You!

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Additional COVID-19 resources for patients and providers:


Centers for Disease Control and Prevention

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