COVID-19

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

April 29, 2020
Agenda

• What is this call about?

• Today’s speakers from The Permanente Medical Group:
  ▪ Leo Pravoverov, MD
    Chief, Department of Nephrology—East Bay
  ▪ Sijie Zheng, MD
    Assistant Chief, Department of Nephrology—East Bay
  ▪ Topic: Optimal Transition of Patients into Home Dialysis in the COVID-19 Era
  ▪ 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.
Optimal Transition of Patients into Home Dialysis in the COVID-19 Era

Leo Pravoverov, MD and Sijie Zheng, MD
The Permanente Medical Group
April 29, 2020
Facilitating Home Dialysis

• “Planning for possible exhaustion of outpatient dialysis facilities should be done now. Home dialysis is an attractive alternative that combines dialysis with social distancing and elimination of transportation needs. Some dialysis organizations suggest facilitating home dialysis for as many patients with kidney failure as possible with timely placement of peritoneal catheters and vascular access. These surgical procedures should be considered urgent rather than elective as hospitals prioritize their surgical capabilities during the pandemic.”

Late Chronic Kidney Disease (CKD) to Pre-ESRD

• In our experience, patients on home dialysis therapies have lower risk and rates of COVID-19 infection compared with patients on in-center hemodialysis (HD).
• Continue close interactions with your panel, monitor labs, and arrange for frequent virtual check-ins with patients at highest risk of progression to ESRD.
• Convert CKD and renal replacement therapy options education to telemedicine.
• Video education has proven to be an excellent and well-received option.
• Share benefits of home therapies, including lower risk of exposure and infection with COVID-19, with patients and caregivers.
Maintain and Enhance Transitional Services

• Surgeons—Prioritize procedures, advocate that peritoneal (PD) catheter placement and vascular access procedures are not elective. However, this must to be made in context of local healthcare resource availability.

• Maintaining, supporting, or developing Urgent PD starts

• PD catheter placement by the Interventional Radiologist (or Nephrologist) might be a great option to expedite PD catheter placement while minimizing precious PPE use.

• Promote catheter-based home HD initiation for patients with rapid progression of disease.

• Maintain telemedicine, video connectivity with providers and team members.

• Amplify video visits/video conferencing capacity.
Home Dialysis Clinic Best Practices

• Ensure staffing of your home dialysis clinic.
• PPE should be available for all members of the HD team and used according to guidance depending on nature of contact with patient.
• Adjust workflows for training, utilize video, Facetime, and remote training, if possible.
• Re-evaluate patients’ care protocols for laboratory testing, assessment, supply, and delivery.
• Crisis management: risk stratify for non-dialysis-related conditions, peritonitis, PD catheter malfunctions, COVID+/Person Under Investigation (PUI)
• Ensure safety of home clinic staff by optimizing telehealth, remote monitoring, decreasing clinical visits/traffic to minimal levels.
Let Us Hear From You

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

• Save the dates for our next events.
  ▪ Patient-focused event:
    May 5, 2020, at 5 p.m. ET
  ▪ Provider-focused event:
    May 6, 2020, at 5 p.m. ET

Thank You!

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

Additional COVID-19 resources for patients and providers:


Centers for Disease Control and Prevention