

# BC Renal Response to COVID-19

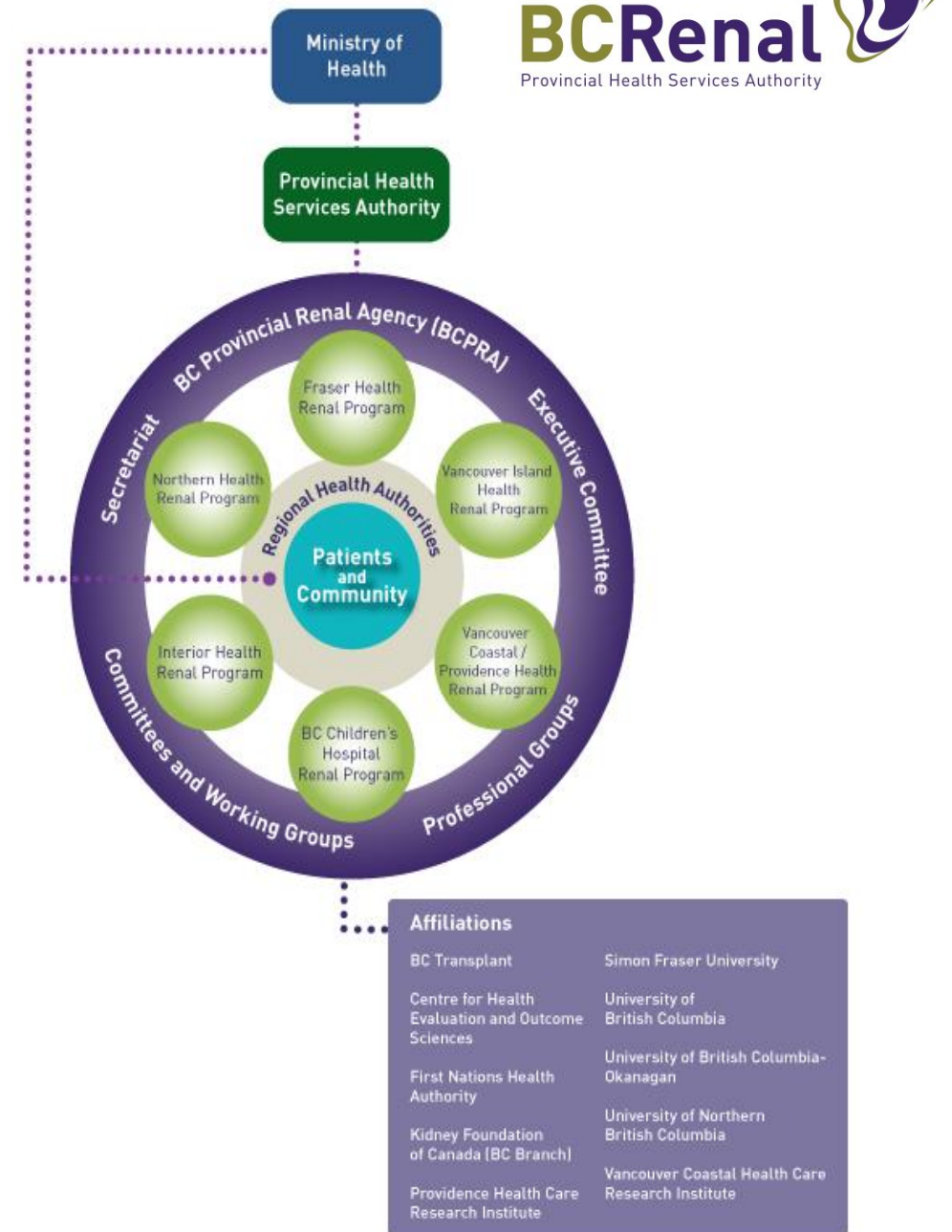
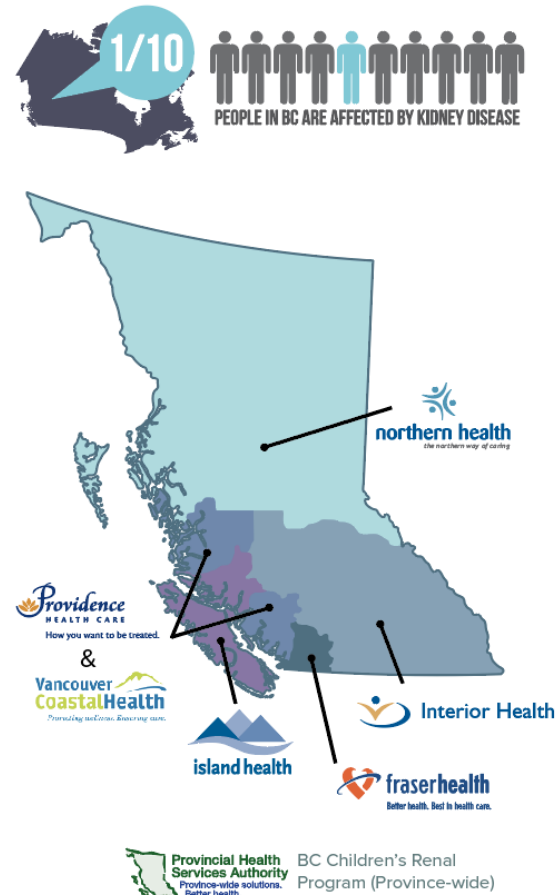
Rapid mobilization of a mature network to support a high-risk, life-support population



# How we serve BC

Working with BC's regional health authority renal programs, BC Renal (BCR) funds and coordinates service delivery across:

- 6** health authorities
- 11** home hemodialysis training sites
- 12** peritoneal dialysis clinics
- 13** hospital dialysis units
- 14** CKD clinics - for registered non-dialysis kidney patients
- 28** community dialysis units



# Longstanding Provincial Committees: Well positioned for rapid response

- Multidisciplinary committees
- Cross-HA representation
- Research, evaluation and CQI

## BCR Committees

BCR Emergency Management Planning Committee  
BCR Executive Committee  
BCR Facilities & Equipment Planning Committee  
BCR Glomerulonephritis (GN) Committee  
BCR Hemodialysis Committee  
BCR Home Hemodialysis Care Committee  
BCR Kidney Care Committee  
BCR Medical Advisory Committee  
BCR Palliative Care Committee  
BCR Peritoneal Dialysis (PD) Committee  
BCR Pharmacy & Formulary Committee  
BCR Renal Administrators Committee  
PROMIS Executive Steering Committee

## BCR Portfolios

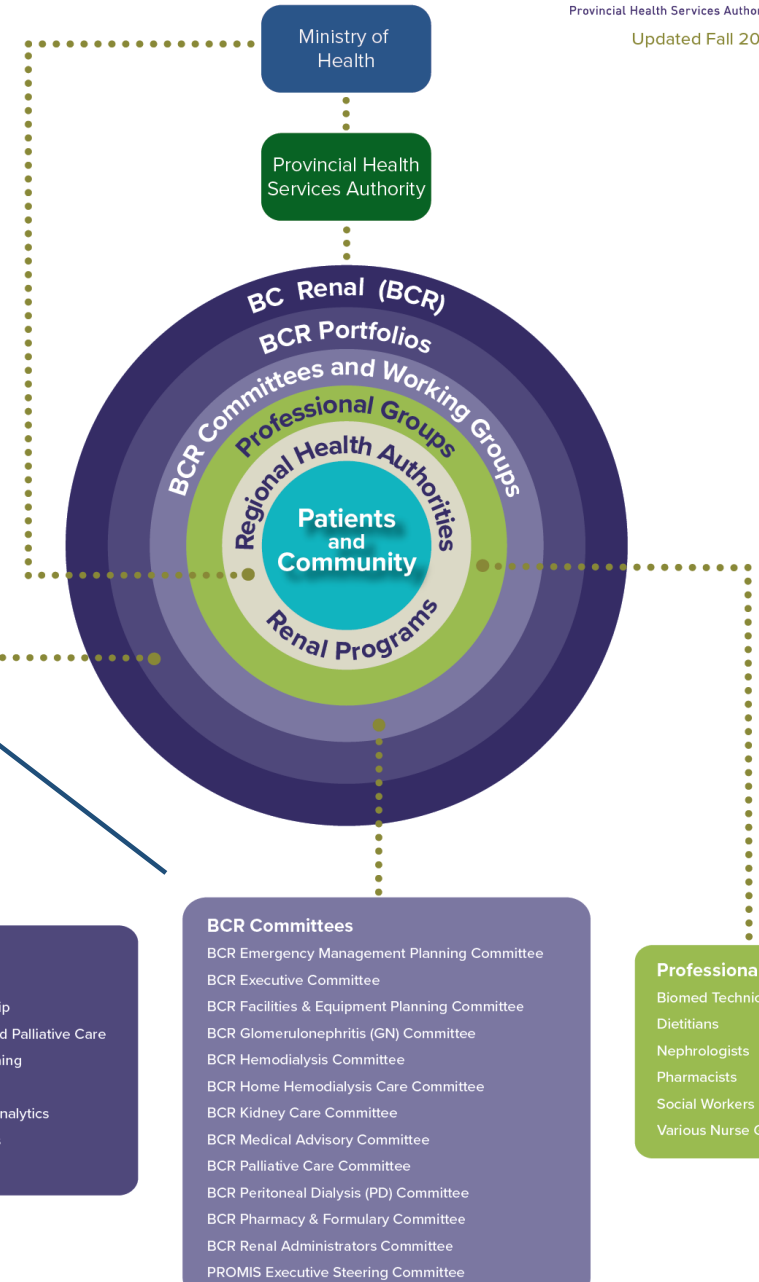
Business Planning  
Executive Leadership  
Home Therapies and Palliative Care  
Infrastructural Planning  
Internal Operations  
Methodology and Analytics  
PROMIS Operations  
Strategic Initiatives

## BCR Committees

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## Professional Groups

Biomed Technicians  
Dietitians  
Nephrologists  
Pharmacists  
Social Workers  
Various Nurse Groups



# BC Renal Emergency Operations Committee: Medical Directors of Geographical HA

- Guided by pre-existing Provincial Renal Emergency Management Plan (which includes pandemic guidance)
- Operating within context of multiple other EOCs: provincial, regional, institutional

## Purpose:

- Enable timely communication, sharing and decision making in the context of rapidly changing environment of COVID-19

- Complimented by work of
  - BCR Leadership Team
  - Provincial Committees
  - Statistics and Methodology Group
  - PROMIS: Renal and Transplant Information System



# Context and Philosophy



- Dialysis is **Life Support Therapy**
- Our dialysis patients
  - have little choice
  - Are **high risk**
  - Come to a challenging physical environment

## Goals:

- Prevent disease **TRANSMISSION**
- Ensure **SAFETY** for patients and staff
- Maintain **comprehensive care**

# Key Accomplishments



- Established virtual patient care (phone, video, telehealth) in outpatient clinics
  - CKD, Home Dialysis, Transplant
- Created multiple clinical guidelines and protocols **and** patient-facing resources (including translations)
- Modelled and confirmed acute dialysis capacity, including use of portable RO and acute PD ( for critical care)
- Created an ethical framework for allocation of life-support dialysis resources to meet needs of both chronic and acute kidney injury patients (ICU) in the event of a surge
  - Patient partners involved in development
  - First in kind globally
- Comprehensive COVID screening and tracking/data collection (for clinical and research purposes)
- Ensured protected dialysis for COVID+ and patients under investigation

# Key Accomplishments



- Made adjustments in HD unit workflow
  - Patient HD schedules: staggered starts, cohorting
  - Adjustments to nurses schedules, breaks and physical distancing
- Implemented infection prevention and control recommendations, including PPE for staff and physicians
- Ensured stable supply of renal medications
  - Limited supply of K-binding resins
  - Immunosuppressive agents for glomerulonephritis and transplant patients (and provided specialized guidance for use)
- Ensured access to transportation for kidney patients to dialysis units and outpatient clinics
  - Dialogue with public and private providers including HandiDart, BC Ferries etc

# Key Accomplishments



- To support continued uptake of independent dialysis modalities, confirmed ongoing surgical capacity for PD tube insertions and AV access procedures
  - Goal: Reduce unintended HD starts, use of HD catheters (which increase hospitalization)
  - Maintain home therapies training and increase capacity
- Worked with public and private laboratories to ensure access for necessary CKD, transplant and dialysis testing
  - Ensured guideline-based COVID-19 testing and rapid result turnaround
  - Established patient-specific reduced testing frequency for CKD, transplant and home dialysis patients
- Worked with provincial contract vendors and PHSA Supply Chain to ensure ongoing delivery of supplies for home-based patients



# Impact to Patients and Care Teams

- Patients COVID+
  - 4 hemodialysis and 1 PD, presumed community acquired
    - 2 in long term care
    - 1 death (>85 years, multiple comorbidities)
  - 2 kidney transplant patients
- Dialysis Workforce
  - 1 PD nurse COVID+ (recovered, back to work)
- Moral distress felt by all – patients and care providers
  - Ongoing communication and community building



# PROMIS: Agile Response, Supporting Clinical Care and Research

- Agile development methodology enabled release of new features approx. every 2 weeks to respond to critical emerging needs
  - COVID-19 Screening Questionnaire for HD Units
    - collect standardized COVID-19 screening data
  - COVID-19 Reports: Questionnaire/Dialysis Runs
  - COVID-19 Reports: Lab Results
    - By management centre (both interface & manual entry results)
  - COVID-19 Reports: COVID-19 Dialysis Schedule/Labs
    - Displays schedule for a selected week and patients' most recent COVID-19 lab test results




# EXPANDED




## Province Wide Rounds

- BC Renal is hosting a virtual series of expanded province wide rounds focused on our collective response to Covid-19
  - Open to all renal care team members
  - Posted on BC Renal website and BC Renal YouTube channel
  - 99 attendees at first session May 1
    - 91% rated session excellent or good
    - 91% said webinar was helpful
  - [Link to videos and presentations](#)

# BCRenalAgency.ca → Health Professionals → Clinical Resources → Novel Coronavirus (covid-19)

[http://www.bcrenalagency.ca/health-professionals/clinical-resources/novel-coronavirus-\(covid-19\)](http://www.bcrenalagency.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19))





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Health Professionals / Clinical Resources / Novel coronavirus (COVID-19)

SHARE  

## Novel coronavirus (COVID-19)


In the context of the evolving situation with COVID-19, the BC Renal website has a range of resources for patients and health professionals regarding clinical care for hemodialysis, peritoneal dialysis, home hemodialysis and kidney care (non-dialysis) patients.

[A message of thanks from our executive director Dr. Adeera Levin](#)

[Clinical Materials](#) [Patient Materials](#)

### Documents Developed by BC Renal:

- [Lab Hours of Operation across BC during COVID-19](#)
- [COVID-19 Guideline for Hemodialysis Programs](#)
- [Use of Personal Protective Equipment \(PPE\) for VA-Related Activities](#)
- [Quick Reference Guide for Units Entering Screening Questionnaires into PROMIS directly](#)
- [Hemodialysis Patient Screening Questionnaire for Influenza-like Illness/COVID-19](#)
  - [Arabic](#)
  - [Chinese \(Simplified : Traditional\)](#)
  - [English](#)
  - [Farsi](#)
  - [Punjabi](#)



### Hemodialysis Patient Screening Questionnaire for Influenza-like Illness/COVID-19

Please complete for every patient at every HD visit prior to the patient's entry into the HD unit.

Date: \_\_\_\_\_










On arrival, ask the patient each of the following 5 questions:

Does the patient:	Yes	No	Staff Initial
1. Have a temperature >37.5 or self-reported fever?			
2. Have a sore throat?			
3. Have a new or worsening cough (compared to their baseline)?			
4. Have difficulty breathing/shortness of breath (compared to their baseline)?			
5. Report close contact with a known or suspected COVID-19 positive person within the past 14 days?			

During the screening process, did the patient mention any other symptoms (check all that apply):

Myalgia	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>
Malaise	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>
Headache	<input type="checkbox"/>	Nausea/vomiting	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	Loss of taste or smell	<input type="checkbox"/>
Runny nose/nasal congestion	<input type="checkbox"/>		

If the answer to at least 1 question above is "yes", please place the form in the designated box.

BC Renal / BCRenalagency.ca April 2020

PATIENT INFORMATION LABEL


Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

PHN: \_\_\_\_\_



### Use of Personal Protective Equipment (PPE) for VA-Related Activities during the COVID-19 Outbreak

WORKING COPY Apr 15, 2020


This document addresses "safe practice" for the use of PPEs during vascular-access (VA) related activities when supply is limited. VA-related activities include hook ups, take offs and Tego/dressing changes. It is intended for consideration by BC health authorities (HAs) as they establish HA-specific standards.

Principles for minimizing the use of PPEs during VA-related procedures:

- As appropriate to the patient's circumstances, utilize Tegaderm dressings over gauze dressings (less frequent dressing changes required).
- Perform Tego and dressing changes at the beginning of a patient's PPEs to be used.
- During a COVID outbreak, cohort patients as follows:
  - COVID-19 positive patients: Place each patient in a separate room maintain at least 2 metres between patients. Droplet/contact direction re changing PPEs between patients (to protect against strains of COVID-19).
  - Patients under investigation for COVID-19 (with symptoms): Maintain at least 2 metres between patients. Preemptive management on droplet/contact direction re changing PPEs between patients (to protect patients negative against patients who turn out to be COVID positive).
  - Patients in close contact with a known or suspected COVID-19 patient (asymptomatic): Manage as per group (b) above.
  - Patients from long-term care facilities with active outbreak (asymptomatic): Manage as per group (b) above.
  - Patients not under investigation for COVID-19: Try to maintain at least 2 metres between patients. Face protection and gowns may be used for multiple patients from long-term care facilities with no active outbreak (e.g., patients from different long-term care facilities) to protect against COVID-19.

Table 1: Summary of PPE Use for VA-Related Procedures

PPE	Patients	Surgical mask	During COVID-19 Outbreak	
			Safe Practice	COVID-19
			Patients Not Under Investigation for COVID-19	Inv
			X (unless extenuating circumstances)	✓ at a care a



### Kidney Care Clinics and COVID-19 Planning: Guidance for Medical and Operations Leads

Effective Date: March 23, 2020

This is general guidance regarding operations of Kidney Care Clinics in the current phase of COVID-19 planning. These are general guidance points only and must be considered in conjunction with ongoing HARP planning.

- To the extent possible, continue with "usual" Kidney Care Clinic (KCC) operations and visit schedules (rationale: avoidance of unnecessary deferral which will exacerbate the "back log" of work upon return to "normal" operations).
  - In the future as stages of outbreak planning progress this may change, but we suggest a staged approach to planning. In the current state the desire is to utilize existing staff to continue providing continuous KCC services for as long as feasible.
- Whenever possible, utilize virtual visits/follow-up for patients (rationale: to minimize exposure of patients to other patients and to hospital environments).
  - Health authorities to provide recommendations as to acceptable platforms for virtual visits (e.g., telephone, Doxy, Zoom, Skype, FaceTime).
  - KCCs to determine criteria for telephone, video and in-person visits.
  - An important recommendation is that in-person visits be reserved for those who truly require face to face care. When these visits occur, efforts should be made to minimize numbers of staff interacting with the patients and to minimize patient contact with other patients (e.g., by spacing out appointment times).
  - For virtual visits, some KCCs have found it helpful for patients to be screened/assessed first by RNs and RDs. RNs and RDs then identify those requiring follow-up by the nephrologist.
  - Each clinic can determine if staff will work from within the clinic building versus at home, but in all cases, efforts should be made to reduce physical contact/proximity between staff.
- Preparing for transition to dialysis remains essential work, and when done appropriately, ultimately keeps patients out of the hospital setting.
  - Options orientations can continue to occur, but be done virtually. Important resources to consider are the online presentations available on the BCR website.
  - Transplant surgeries are on hold at the time being. This is a temporary cessation; staff should still promote the priority of transplant, but workup and testing will likely be deferred for the time being.
  - Some programs may have considerations around timing of dialysis start based on feasibility (for example timing of elective PD catheters may change or be done earlier based on availability of inserting physicians).



[http://www.bcrenalagency.ca/health-info/prevention-public-health/novel-coronavirus-\(covid-19\)](http://www.bcrenalagency.ca/health-info/prevention-public-health/novel-coronavirus-(covid-19))

[illegible]



# Initial Metrics: Google Analytics and Social Media



BC Renal Website (to April 22)  
COVID pages (Patient & HCP)

- Document views: 5,228
- Page views: 6,163

Note: Reach significantly higher as HA renal teams across BC have downloaded and copied for patient distribution

Social Media (March 12 - April 22)  
Original & shared posts with context

Facebook: 61 posts

- Cumulative Reach: 20,082

Twitter: 57 posts

- Impressions: 38,478.

Note: Data shows our Twitter followers use the platform as a news feed; Facebook followers use the platform as an interactive community

# Sharing Knowledge: Nationally and Internationally



Canadian Society of Nephrology/  
Société canadienne de néphrologie  
CSN/SCN

<https://www.csnscn.ca/covid-19-emergency-preparedness-for-healthcare-professionals>

## COVID-19 Emergency Preparedness For Healthcare Professionals

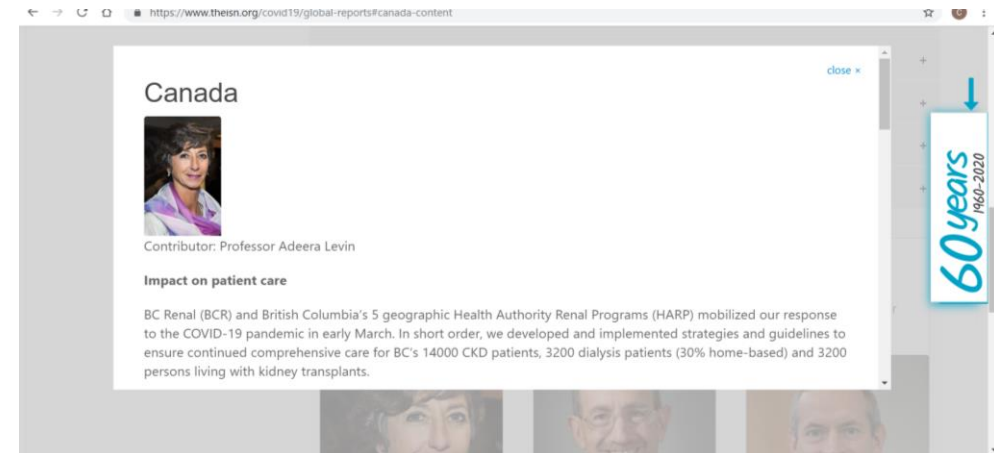
Note: If you are a [Patient or Caregiver](#), please [CLICK HERE](#) for COVID-19 Updates specific to Patients and Caregivers.

By now, every program will be considering ways to keep their patients and health care providers safe. The obvious concern is patients treated with in-centre hemodialysis, but there may also be issues for those programs with assisted peritoneal dialysis and of course timely laboratory investigations for patients with kidney transplants and advanced chronic kidney disease.

### BC Renal Agency

- [Framework for Ethical Resource Allocation to Minimize Moral Injury during the COVID-19 Pandemic](#)
- [Documenting your Goals of Care](#)
- [CMAJ Article: Pandemic palliative care: beyond ventilators and saving lives](#)
- [Guidance for Implementation Advance Care Planning COVID-19](#)
- [COVID-19 Telehealth Communication Tips](#)
- [COVID-19 Conversation Guide for Outpatient Care](#)
- [Important Information for Hemodialysis Patients](#)
- [Hemodialysis Patient Screening Questionnaire for Influenza-like illness/COVID-19](#)
- [Important Information for Kidney Care Clinic Patients](#)
- [Important Information for PD & HHD Patients](#)
- [Social Distancing Handout for Hemodialysis Patients](#)
- [COVID-19 Guideline for Hemodialysis Outpatients](#)
- [Changes to HD Schedule](#)
- [COVID-19 Guidelines for Kidney Care Clinics](#)
- [Guide: Caring for Symptomatic Dialysis Patients](#)
- [Notice RE Visitor Policy](#)
- [Provincial Renal Emergency Management and Business Continuity Plan](#)
- [Emergency Preparedness especially for dialysis patients](#)

[Link to CSN website: BC Renal contributions](#)



[Link to ISN website: BC Renal contribution](#)