Peritoneal dialysis in the COVID19 era…and maybe later?

Suneet Singh for the PD provincial community

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- Esther Li

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State of PD before March 12

- Total patients--890
- New patients per month 34
- Exits per month 29
- % Cycler—historically 80-90% prevalent patients
- Training time—avg 16-20 hours CAPD, additional 10-15 CCPD
- Clinic visits in person—4-6/year
  - DROP IN?
- Bloodwork frequency q1-2m

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PD cases…so far

B.C.

- One case in VCH—patient with severe underlying CKD. Not on NND, still working. Admitted directly to ICU from ED. Died within 72 hours.

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Challenges posed to PD

- How can we increase capacity for PD at this time
- How can we minimize patient/team face to face encounters
- Establish contingency plans for supply chain issues
- Ensure safety and quality care with potential decrease in human resources

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Increasing capacity

- Tele-meeting of PD committee March 16
  - 60-70% of PD tubes placed at bedside in B.C.
  - Not dependent on OR's or non-renal resources
- Could train up to 2x current numbers depending on staffing
  - CAPD only with ? abbreviated curriculum (STILL IN PROGRESS)

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Minimizing F2F interaction

- PDC insertion—kind of need to be there
- PD flushes/IPD—review indications—not a lot of data of benefit
  - Straight to train
- Training –CAPD only—decreased time frame
  - Minimize family where possible to household members—ideally 1
- Clinic visits—virtual possible for stable patients >3 months on PD
- Drop in assess
  - Iron infusions/transfusions
  - Peritonitis, exit site
  - Volume/bp management-Increase use of remote technologies (Sharesource)

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“Routine procedures”

- Bloodwork—local program review. Decreased frequency to q2-3 months for stable patients
  - Likely will continue in the future
- Transfer set changes—delay from q6 to q9—data limited
- Virtual assess of exit sites—officially looking at pictures
- PET/ADEquest on hold
- AMIA/Sharesource roll out postponed

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Documents created quickly

- Letters to patients
  - Procedure for coming to PD centre—calling/screening/ testing at hospital
  - Planning for supply shortages
    - Mask, hand sanitizer
  - Planning for supply delivery
    - Call from HPR and driver
    - —supplies left at inside door
  - Preparation for clinic
    - BP/Weight metrics
    - Laboratory work

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Supply chain

- R/a use of masks/hand sanitizer—same as HHD
  - Many centers across the country not using masks or hand sanitizer—safety of hand washing with soap. ISN recommendations consistent with this
- High risk situations—Facility based PD/NND/ family member assisting with PD—pediatrics
- Masks—major issue—patient letters sent out to give concrete recommendations around usage
  - BAXTER ran out ! PHSA sourced some masks for higher risk patients
- No issue around PD supplies
  - Informed Baxter/Fresenius of potential to increase PD usage

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Collaboration with CSN

- Webinar on Home dialysis April 11
  - Recommendations based on “expert” opinion and ISN guidelines
  - Highlighted areas where no data/future research/strategies regarding ongoing care can be re-evaluated

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Acute PD

- Still an area of controversy
  - Use for Aki or use to offload HD unit for CKD patients initiating dialysis
- Need for acute training on PdC insertion
  - No Canadian consensus guidelines on methodology
  - BC Renal a source for program requirements
- Use of IPD –same exposure as HD initially but fastest transition to home

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PD curriculum

- Development of training schedule to incorporate:
  - F2F teaching –what are the essential “tasks” of PD
  - Development of video/online modules
    - GW--Volume/bp management
    - Nutrition classes
    - Interpreting bloodwork
    - Peritonitis prevention
    - Hand washing

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Hurry up and wait….move on

- What happens now?
  - Reevaluate our norms—masks, hand sanitizer, transfer set changes
  - R/a blood test frequency
  - Incorporate video visits regularly—eliminate home visits
  - Retraining online—works for health care professionals, why not patients?
  - Virtual home dialysis classes
- Unforeseen consequences of COVID? Meet the MOH guideline for home dialysis?

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