

Home Hemodialysis



Processes, Procedures,
Changes and Challenges



Initial planning:

- Philosophy of home therapy
- Anticipated challenges:
 - How do we keep our training units safe for staff and patients?
 - How do we keep training? Who and how?
 - What do we need to focus on and what needs to be put on hold for now?
 - How is our supply chain?
- Unexpected consequences, both positive and negative

Current state:

- Procedures to protect patients in home programs came on line in parallel with incentre HD limitations
 - At least 1 week prior to BC declaring state of emergency
- To date, no Home HD patients in BC have been affected by COVID-19
- Greatest risk to home patients remains community transmission
- Reassurance has been given to all patients that they are safe to remain at home and that (for the most part), supply chain is intact and robust
- Communications with patients about challenges and changes are important:
 - Delivery differences based on suppliers / courier policies
 - Unit specific policies

Procedures and Processes

- In similar manner to hemodialysis programs, screening of patients coming to training units undertaken:
 - Temperature over 37.5C
 - Sore throat
 - New or worsening cough
 - Shortness of breath
 - Contact with known or suspected
- Care continues within training units, but if positive on screening, done under droplet precautions pending swab results
- Visitor restrictions in place (exceptions possible)

Procedures and Processes: Training

- Home modalities are still encouraged to limit exposure in hospitals
 - PD preferable over home HD if feasible
- Training ongoing in all programs:
 - Patient selection
 - Preference to patients who have fewer barriers to learning, if possible
 - Access
 - If training using CVC but with AVF present, delay needling training to facilitate discharge home
 - If training with AVF but needling is a time-limiting barrier to discharge home, consider placing CVC and re-visit needling training at later date

Procedures and Processes: Training

- Machine selection:
 - In British Columbia, we have the benefit that we can choose from 2 machine platforms – NxStage and Baxter AK96
 - Recommendation made to programs to preferentially train with the NxStage platform at this time:
 - Some benefit in terms of training duration needed
 - Minimal number of home renovations needed

Procedural changes:

- Travel programs:
 - NxStage travel program has been suspended until further notice.
 - Recommending against travel from primary residence to secondary residences as well, in keeping with MoH recommendations on non-essential travel.



Challenges:

- Supply chain challenges:
 - Home and Community Dialysis Units supplies under single contract
 - To date, NO CHALLENGES with Dialysate and Dialyzer/Blood line supply chain
 - Fresenius Medical Care Canada (FMCC) has been challenged with:
 - Surgical masks
 - Gloves
 - Hand sanitizer
 - Gowns
 - FMCC has been working hard to source other supplies, but ongoing challenge and close monitoring (Bill Kane, Sue Saunders, Sarah Thomas, Clair Hsieh)

March 19, 2020

Re: COVID-19 Advisory – Ordering Supplies

Dear Home Hemodialysis Patient,

To help keep everyone safe and provide you with the best care during the COVID-19 pandemic, we are writing to you today to keep you up to date.

Supplies

Certain supplies such as masks, gloves and hand-sanitizers may be impacted due to short supply and back-orders.

If this occurs and you are running low on these products or do not have any on hand, it is safe to follow the guidelines below:

Limit mask and glove use at this time

- Use for cold symptoms such as coughing, sneezing, and runny nose only.
- You can perform dialysis without a mask or gloves if you or your caregiver do not have any cold symptoms if proper hand washing technique is followed.

If you have no hand-sanitizer:

- Wash your hands with soap and water (as taught by your Home Hemodialysis Team) before performing hemodialysis.
- Anyone supporting you with your treatment, equipment, or dialysis must wash their hands before and after any assistance.

Please refer to the World Health Organization (WHO) for proper hand washing technique. Review this video with your support person. <https://www.youtube.com/watch?v=lisgnbMfKvI>

We are asking everyone to please order only what is necessary at this time.

Continue to remain home

At this time, we are asking you to remain in your home as much as possible. Please discuss future lab visits with your home hemodialysis team. It may be recommended that you stay at home for the immediate future.

We want to reassure you that your care will continue. We are here to help and support you.

Please make sure the clinic has your current contact information. In the weeks ahead, your clinic visit will be changed to a virtual visit rather than in-person – for example, it may be conducted by telephone. This will ensure you are not exposed to crowded waiting rooms and other people who might be sick.

Challenges:

- PPE for CDUs and Home HD patients:
 - Prioritization for these supplies to go to Community Dialysis Units as priority
 - For home hemodialysis patients:

PPE Challenge	Solution
Gowns	Not needed / not applicable
Hand sanitizer	Review of hand hygiene with soap and water provided
Gloves	With proper hand hygiene, can forego use of gloves*
Masks	Small supply procured; if no respiratory symptoms, can forego masks. Asking patients to conserve / reuse masks**

* Main role of gloves is protection of provider rather than access infection risk

** CDC supports no masks needed for self-cannulation or CVC management in 'times of supply shortage'



Our new realities...

Current phase of COVID-19 Pandemic (March 12 – present)

- Minimization of face-to-face contacts
 - Clinics moved to virtual platforms
- Continuation of new training
- Limit 'non-urgent' tasks
- Limiting labs to q2months as appropriate

COVID-19 'maintenance phase' (12+ months)

- Enhanced virtual platform for clinics
- Return to vascular access monitoring
- Current training plan raises risk of delayed needling training
- Respite / in-centre dialysis access if needed.
- Restoration of usual lab monitoring

Unexpected consequences...

Negative

- Potential challenges to training due to limitation of family members
- Anxiety amongst patients and staff about PPE use changes*
- “Price gouging” by contractors
- Reduced laboratory collection, if appropriate*

Positive

- Enhanced access to virtual platforms for remote follow up
- Renewed collegiality to ‘get things done’
- Focus on keeping patients at home

Our new realities...



- The future...
- COVID-19 will feature prominently in our modality selection information later!

