Guidance Document for Kidney Care Clinics: Service Levels During an "Acute" Phase(s) of the COVID-19 Pandemic

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This is the first of two documents developed to provide general guidance regarding the operation of Kidney Care Clinics during the current COVID-19 pandemic. This document focuses on services provided during an "acute" phase(s) of the COVID-19 pandemic. The second document focuses on service levels provided after an acute phase(s) *(Service Levels During a "Restart" Phase of the COVID-19 Pandemic).*

These are general guidance points only and are intended to be considered in conjunction with ongoing HARP planning.

1. 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).
    - As stages of outbreak planning progress this may change, but we suggest a staged approach to planning. The desire is to utilize existing staff to continue providing continuous KCC services for as long as feasible.

2. Whenever possible, utilize virtual visits for patient appointments (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.me, Zoom, Skype, FaceTime).
    - KCCs to determine criteria for telephone, video and in-person visits.
        - Suggest 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 the numbers of staff interacting with patient 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 assessed first by RNs and RDs. RNs and RDs then identify specific areas for 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.
        - In situations where staff are asked to work off site/from home, efforts should be taken to ensure that they have the appropriate IT equipment/support to do so.

3. Preparing for transition to dialysis remains essential work, and when done appropriately, ultimately keeps patients out of the hospital setting.
    - Choosing a Treatment for Kidney Failure orientations can continue to occur, and this is essential care for those approaching transitions, but this can be done virtually. Important resources to consider are the (1) provincial patient education webinars (www.bcrenal.ca/learning-events/patient-education/patient-education-webinars) and (2)

self-directed multimedia presentations on the BCR website (www.bcrenal.ca/health-info/learn-about-treatment-options/treatments-for-kidney-failure).

- Transplant surgeries may be placed on hold. This is a temporary cessation; if this occurs, the concept of 'Transplant First' is an important one and staff should still promote the priority of transplant, but workup and testing may need to be deferred temporarily.
- 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).

4. Where appropriate, consider reducing the frequency of standing lab orders. Also, consider the timing of testing/work-up for preemptive transplant patients.
   - This is a clinical decision that needs to be individualized based on the patient's stability, clinical needs and the role of the testing being performed (i.e., routine 'monitoring' versus tests needed for clinical decision making in the near term).
   - If testing is deferred, clear communication should be provided that this is a temporary measure during an acute pandemic phase out of a desire to unnecessary trips to the lab, and that most patents will revert to the previous frequency once the situation stabilizes.

5. When the full complement of KCC staff is reduced (i.e., staff off ill or deployed to other areas), processes that will need to be put in place to continue with essential KCC services:
   - Review of lab work and follow-up on critical results.
   - Screening/answering calls to the KCC.
   - When staffing is reduced, clinic deferrals may occur. Prioritize patients whose visits are more 'essential' while deferring routine/surveillance visits. Essential visits can continue (1) in-person (avoid cohorting patients); and (2) virtual. Review upcoming visits Q2 weeks and schedule accordingly. Cancel all other clinic visits.