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

Updated August 13, 2021

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

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

Contents

Definitions

Virtual health (Telehealth): Use of information and communications technology (audio/audiovisual) to deliver health services and education over a distance (adapted from PHSA Guideline, 2014).

Types of visits:

1. In-person
2. Virtual
    a. Facility-based videoconference: Fixed room or mobile cart-based videoconferencing (special equipment required at both ends)
    b. Home-based videoconference: Desktop or mobile device software-based video conferencing (special equipment not required, other than computer of mobile device)
    c. Telephone

Note about virtual visits:
Virtual visits (mostly by telephone) were quickly integrated into KCC services during the initial "acute" phase of the COVID-19 pandemic when health authorities instructed all ambulatory clinics to limit on-site presence to essential services only. As the "acute" phase moves to the "restart" phase, in-person visits will be re-introduced in a limited capacity and used in combination with virtual visits (videoconference and telephone). This document provides guidance on situations appropriate for each visit type.

While virtual visits are effective in many situations, they are not a complete replacement for in-person visits. Virtual visits work well in some situations, and they may reduce the number of in-person visits required but not everything that can be done in an in-person visit can be done virtually. The challenges for KCCs are to:

- Determine the optimal combination of in-person and virtual visits to achieve KCC services that are safe, effective and efficient for patients and are feasible for clinic operations in the current environment.
- Provide the appropriate level of service/type of visit for every patient encounter. The goal is to select 'the right visit type, for the right patient, at the right time.'

Considerations for in-person vs virtual visits are provided in the next section.

Scheduling KCC Visits

1. KCC visits will be a combination of in-person and virtual (videoconference/telephone) visits
   - The **proportion of each type of visit** will depend on several factors including the stage of the pandemic, physical capacity to provide in-person visits (sites will vary in their capacity to offer in-person visits while maintaining physical distancing), travel distance for patients to the KCC and staff availability. These proportions will be reassessed regularly as patient volumes/needs and/or circumstances change.
   - Scheduling will attempt to maximize the continuity of providers/team members in a way that ensures ongoing involvement of all team members, as needed.
   - The experience of most KCCs is that it is most efficient to designate separate "blocks" of time for in-person vs virtual visits rather than interspersing the two (e.g., virtual visits in the morning and in-person visits in the afternoon).

2. Patients will be triaged in advance of their scheduled visit for an in-person or virtual visit. Considerations include:

   a. In-person visits
      i. First KCC visit (unless patient lives far away from the KCC and the patient and KCC team agree on a virtual option)
      ii. Need for physical examination. e.g., fluid status, dialysis access exam or follow-up (PD or HD)
      iii. Nutrition/growth issues (pediatrics)
      iv. Rapidly worsening renal function

v. Initiation or follow-up discussion re renal replacement (RRT) options (1:1)
vi. Nearing kidney transplant or dialysis
vii. Patients with hearing impairments or language barriers requiring in-person interpretation
viii. Patients who are not accessible by phone and who do not return calls of health care team after multiple attempts
ix. Patient preference
x. Unable to manage technology or without "in-home" or "community caregiver support to assist

b. Virtual visits

As it is now clear that the pandemic is not a short-term situation, consideration needs to be given to the fact that some patients may have gone long periods of time where their only contact with the kidney team is virtual. When feasible, efforts should be taken to ensure that any one patient does not go too long without physically attending the clinic. Below is a sample approach to alternating physical and virtual visits

i. In combination with in-person visits (sample schedule)

Suggested follow-up frequency	**Frequency of Virtual Visit (alternate with in-person)**	**Frequency of In-person Visit (alternate with virtual)**
Q3 mo	Q6 mo	Q6 mo
Q6 mo	Q12 mo	Q12 mo
Q yr	Q24 mo	Q24 mo

ii. As an additional follow-up visit as requested by the KCC team

Note: If patient/family member is able, for most situations a videoconference visit is preferred to a phone visit (phone visits are suitable for patients requiring virtual follow-up but who are unable to manage or do not have access to video technology).

Clinic Flow

2 possible formats:

1. Team meets with the patient at the same time (concurrently)
2. Team meets with the patient sequentially:
   - During the same appointment (i.e., multiple providers scheduled to the meet with the patient sequentially); OR
   - At different appointments on the same day or on a different day(s). To make it easier for patients, every effort should be made to minimize the number of appointments, ideally a maximum of 2, spaced within the same one-week timeframe.

Regardless of the format, try and do as much as possible in advance (ideally within 1 week of the appointment). If these tasks are being done remotely, minimize the number of calls or group the

timing of calls to reduce the number of times and days that a patient is contacted. Tasks that can be done in advance include:

- Best possible medication history/medication reconciliation
- ESAS (eGFR<15 mL/min/1.73^2 &/or reporting significant CKD-related symptoms)
- Review of blood pressure (BP) log

Refer to Appendix 1 and the description below for an example of a KCC workflow which integrates in-person and virtual visits. This is **for illustrative purposes**. Each KCC will develop its own workflow which aligns with local needs, resources, etc.

1. In-person visits:
   a. Book clinic appointment:
      - Nephrologist and RN will see each patient
      - Other team members will see patient as needed (e.g., discussion with member of allied health team, VA assessment).
   b. Arrange time and complete pre-visit preparation with patient by phone (medication history/reconciliation, ESAS, review of BP log, update CORR symptom list)
   c. Review the status of each patient in KCC team rounds (full interdisciplinary team).

2. Virtual visits:
   a. Book virtual appointment(s):
      a. Nephrologist will meet with each patient
      b. Other team members will meet with patients as needed (on same or different day from nephrologist).

      Try and keep the number of appointments to a maximum of 2 and spaced within the same one-week timeframe.
   b. Arrange time and complete pre-visit preparation with patient by phone (medication history/reconciliation, ESAS, review of BP log, update CORR symptom list), Complete as close to the clinic appointment as possible (ideally within 1 week).
   c. Review the status of each patient in KCC team rounds (full interdisciplinary team). Rounds may be in-person or virtual depending on where team members are working and the ability to maintain social distancing

Practical Considerations

In-person Visits During COVID-19 Pandemic

Each clinic will need to determine their physical capacity for in-person visits, in a way that accounts for physical distancing of both patients (and any accompanying family members) and staff. This will be a lower number than the traditional capacity for physical visits in the clinic.

As KCCs are HA facilities, whatever processes are utilized need to be in keeping with HA infection control recommendations.

Staff education

- COVID-19 screening (URTI symptoms, fever, known COVID contacts, recent travel, high risk facility employment)
- Donning PPE
- Cleaning and sanitizing practices, especially high touch areas and shared equipment

Clinic space

General:

- Appropriate signage. Refer to www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters
- Sufficient sinks/hand sanitizing equipment (staff and patients)
- Access to appropriate PPE. Refer to HA guidelines for use and disposal

Waiting room:

- Determine waiting room capacity and post sign. If running multiple parallel clinics, consider overall physical capacity
- Set up waiting room to create appropriate distance as possible between patients (remove, reposition and/or block off chairs, etc).
- Declutter (remove patient handouts, magazines, etc)

Clinic rooms:

- Set up clinic rooms to create as much distance as possible between patients and staff.
- Declutter (empty all but the bare minimum equipment)

Appointment booking:

- Stagger in-person appointments as much as possible
- When booking, points to mention to patients:
  - Risk (similar to/less than a grocery store visit) and mitigation strategies (mask, handwashing, etc).
  - Call KCC in advance if COVID-19 symptoms or have been in close contact with person who is COVID positive
  - Maximum of one family member/friend at the appointment
  - Bring and wear a mask to the visit. Don't touch anything or your face while at visit
  - Arrive *on time* (not early). If appropriate, ask to wait in car until called

Day of appointment:

- Create safe space and processes for registering/greeting the patient
  - Space: e.g., plexi-glass barrier, distance markings on the floor, signage
  - Processes: Ask patients to hold up CARE Card and read out the number
  - Upon arrival to the clinic, screen patients and family member/friend for COVID-19 symptoms or close contact with a person who is COVID positive

- Ask patients to wash hands/use hand sanitizer prior to entering the clinic space
- Ask patient to sit as far as possible from the exam room door (reduces need for PPEs by staff)

Virtual Visits

Technology

- KCC staff require a computer, microphone/speakers (headset preferred) or telephone, web camera and, if possible, dual screens
- Patient requires a smartphone, tablet or personal computer with a web camera and microphone (or telephone)
- Software platform will depend on platform supported by the HA (e.g., Zoom, Doxy.me, MyVirtualVisit)

Staff education

- Training on virtual platform
- Education about virtual visits, differences between virtual and in-person visits, ethical/legal/privacy considerations, etc.
- Reminder for staff to enter the blood pressure into PROMIS (self-reported BPs are acceptable). This is important to maintain the patient as "active status" in PROMIS

Considerations in preparing for virtual visits

- Processes for KCC staff to access patient chart/information prior to and during the visit. Scenarios: (1) KCC staff on-site; and (2) KCC staff off-site
- Processes for KCC staff to document findings from the visit. Scenarios: (1) KCC staff on-site; and (2) KCC staff off-site
- Mechanism to send information/documents to patients before and after the visit (e.g., instructions on joining the visit, new lab requisitions, ESAS questionnaire, patient teaching materials, etc)
- Mechanism to follow-up on treatment changes after the visit, including prescriptions, changes in laboratory orders and referrals to other clinics/specialists. Scenarios: (1) KCC staff on-site; and (2) KCC staff off-site
- Mechanism for members of the KCC team working off-site to make phone calls to patients without patients being able to access their private phone number
- Mechanism for the KCC to review the status of patients prior to and after clinic appointments (e.g., patient rounds)

Relevant BC Renal KCC documents (in progress!)

Patients:

- COVID-19: Information for Patients of BC's Kidney Care Clinics www.bcrenal.ca/resource-gallery/Documents/COVID-19_Information_for_Patients_of_BC_Kidney_Care_Clinics.pdf

- Tips on Navigating a Virtual Medical Appointment (Kidney Foundation of Canada) (https://kidney.ca/CMSPages/GetFile.aspx?guid=af13929a-f21d-430d-8d0a-b70296e80cd4
- Tips for your Virtual Appointment (Video by Kidney Foundation of Canada. www.youtube.com/watch?v=67beC0dHHvo&list=PL1xafqJq-rs3J_IRWBSmiBla-Ws_7TxSF

Staff:

- Toolkit for Kidney Care Clinics and Virtual Visits
- Script for Booking Virtual KCC Visits (Template)
- Clerical Workflow for Virtual KCC Visits (Template)
- Feedback About Your Virtual Visit (Template)

Sample Evaluation Indicators

In development as part of a BCR wide evaluation of the transition to virtual health

i. Patient experience
   a. Develop method for patient feedback re process
   b. Patient focus groups for evaluation of process

ii. Team satisfaction & engagement
   a. Frequent check ins
   b. Perceived ability to provide multidisciplinary care
   c. Role satisfaction

iii. KCC indicator report metrics
   a. Before & after adoption

iv. Process measure
   a. # of patient visits saved, travel time, parking costs etc

References

1. COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings, June 4, 2021. www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf

2. Virtual Health COVID-19 Accessible Solution Toolkit, PHSA Office of Virtual Health. http://www.phsa.ca/health-professionals/professional-resources/office-of-virtual-health/covid-19-virtual-health-toolkit

3. Best Practices: Kidney Care Clinics, BC Renal, 2019. www.bcrenalagency.ca/resource-gallery/Documents/Best_Practices-Kidney_Care_Clinics.pdf

Appendix 1: KCC Scheduling & Clinic Flow: In-Person & Virtual Visits