



# Preparing for Hemodialysis Staffing Emergencies

## Priority Activities & Roles and Responsibilities (with template)



# Preparing for Hemodialysis Staffing Emergencies: Priority Activities & Roles and Responsibilities

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In a hemodialysis (HD) staffing emergency, the demand on existing resources may exceed those that are available. The purpose of this template is to identify in advance the types of activities which must continue and those which can be eliminated/deferred until staffing levels improve. It also helps to identify activities which could be reassigned to staff from other areas/units/hospitals.

## Activities are sorted into 4 streams:

ESSENTIAL	HIGH PRIORITY	MEDIUM PRIORITY	LOWER PRIORITY
Streams of work which cannot tolerate any disruption.	Activities which can tolerate short periods of disruption.	Activities which can tolerate disruption for 2-4 weeks.	Activities that could be delayed for more than 4 weeks without causing immediate harm to patients, infrastructure and/or significant financial risk; however, these are required to return to normal operations and alleviate further disruption to normal operations and planning.
If these activities are not continued it will or may result in loss of life, significantly impact patient outcomes, or have a very significant impact on other health system activities.	If these activities are not resumed within 2 weeks, patient care may be compromised, infrastructure may be lost and/or there may be significant unforeseen costs to the health care system.	If these services or functions are not resumed within 4 weeks it may result in a deterioration in patient outcomes, systems and/or infrastructure as well as add to costs to the health care system.	
Maximum period of tolerable disruption: None.	Maximum period of tolerable disruption: 2 weeks.		

**Two templates are attached.** These templates are intended to identify tasks in each priority stream, as well as suggestions of which tasks might be able to be reassigned in the event of a staffing emergency. The first one provides a completed sample while the other is blank and intended to be completed by each program service area.

# Preparing for Hemodialysis Staffing Emergencies: Priority Activities & Roles and Responsibilities - Sample

Job Title	Priority				Potential to Reassign/Activity
	Essential	High	Medium	Low	
<b>Program Manager</b>	<i>Program leadership, staffing, scheduling of resources, requirements for clinical care. Accessing provincial support, maintaining a safe environment for staff and patients, providing guidance and leadership in times of crisis, ensuring staffing levels are maintained.</i>	<i>Communication and updates to Health Authority EOC, BC Renal, Medical Director, hiring new staff and linking with key individuals (i.e., educator, preceptor)</i>	<i>Provides resources to staff for moral distress/support</i>	<i>Routine administration responsibilities, non-clinical related meetings</i>	<i>Reassign to another manager or clinical nurse leader</i>
<b>HD-trained Nurse</b>	<i>Dialysis care, patient assessment, patient assignment, medication administration, documentation</i>	<i>Urgent non-renal care such as infection, psychosis, fracture, etc.</i>		<i>Routine health teaching, ACP, mESAS, transonic, frequency of assessment in stable patients, routine bloodwork for stable patients</i>	<i>Dialysis care cannot be reassigned. Non-HD specific nursing care could be re-assigned to Non HD-trained nurse.  All allied health, managers, residents and fellows, employed student nurses (ESN) and technicians could assist in hemodialysis unit.  Refer to “Helping on HD Unit” for specific tasks.</i>
<b>Dialysis Technician/ Biomed Technician</b>	<i>Machine set up, machine maintenance, disinfection of machine and water treatment loop. Ensuring water quality standards are maintained and notifying leadership when failure to meet standards occurs (earthquake, overland flooding, chemical spill into water system)</i>	<i>Communication with dialysis machine/supplies vendors and water treatment system vendors to assist in arranging transport of urgent/critical supplies in a timely manner</i>	<i>Biomed to continue to service machines to ensure enough resources available in an emergency</i>	<i>Routine preventative maintenance machines</i>	<i>Stocking, machine set-up and prime, cleaning exterior of machine, moving machines as needed, transporting off unit machines</i>
<b>Social Worker</b>	<i>Counselling and support for staff and patients. Accessing provincial and federal resources for patients (as required in an emergency).</i>	<i>Goal of Care conversations, adjustment counselling, RRT decisions, preparing to stop dialysis decisions</i>	<i>Interpersonal conflict with staff/other patients, family risk issues Assessment of Public Guardian and Trust, Financial Assessment (AGA)</i>	<i>Coordination and placement of patients</i>	<i>Arranging transportation (SNT, Handydart) Goal of Care conversations could be done by other primary care givers (i.e., primary nurse, nephrologist). Home safety arrangements could be reassigned to others.</i>

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<b>Nephrologist</b>	<i>Safe and essential dialysis care. Triage patients for care. Identify capacity expansion for HD patients.</i>	<i>Coordinating care with other nephrologists when patient relocation to another dialysis unit is required</i>	<i>Referring patients to other levels of care/other specialties</i>	<i>Assessing, diagnosing and prescribing for non-renal conditions</i>	<b>None.</b> <i>Nephrologists require licensure, knowledge, skill. Tasks that are not medium to essential could be deferred until after the disaster. All non renal related conditions to be referred back to the family physician or consulting specialist.</i>
<b>Pharmacist/ Pharmacy Technician</b>	<i>Coordinate care to ensure patients have medications and that medications are safe (stored properly, available, not expired)</i>	<i>Overcoming any shortages as a result of the disaster (air shipping, alternate suppliers, etc.) Potassium binder distribution</i>	<i>Managing critical medications (e.g., warfarin, antibiotics, insulin)</i>	<i>Medication reconciliation, assessing falls risks, coordinating Pharma Care Special Access, work on policy/procedure, providing or preparing continuing education.</i>	<b>None.</b> <i>Pharmacy staff are too few to reassign to other areas. Tasks require either licensure or a knowledge, skills and abilities to reassign. Tasks that are not medium to essential could be deferred until after the disaster.</i>
<b>Renal Dietitian</b>	<i>Dietary consultation and education. Focus on potassium levels and maximizing dietary adherence. Review emergency diet with patient and family.</i>	<i>Comprehensive nutritional assessments on unstable patients. Ensuring oral nutritional supplement supply for patients.</i>		<i>Comprehensive nutritional assessments on stable patients</i>	<i>Pharmacist might be able to coordinate oral nutritional supplements in the absence of a dietitian.</i>
<b>Clerical Staff</b>	<i>Patient admissions, order entries, medication orders, communication support, manage patient records</i>	<i>Update emergency management module in PROMIS</i>		<i>Routine administrative functions, routine data entry</i>	<i>Communications support, data entry, arrange patient tests and collect patient test results</i>

# Preparing for Hemodialysis Staffing Emergencies:

## Priority Activities & Roles and Responsibilities - Health Authorities to Complete

Please complete one template for each program service area (e.g., home dialysis, KCC, community unit, etc.).

Health Authority: \_\_\_\_\_

Renal Program: \_\_\_\_\_

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

Job Title	Priority				Potential to Reassign/ Activity
	Essential	High	Medium	Low	
Program Manager					
HD-trained Nurse					
Dialysis Technician/ Biomed Technician					

*Continued...*

<b>Social Worker</b>					
<b>Nephrologist</b>					
<b>Pharmacist/ Pharmacy Technician</b>					
<b>Renal Dietitian</b>					
<b>Clerical Staff</b>					