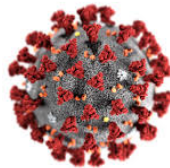
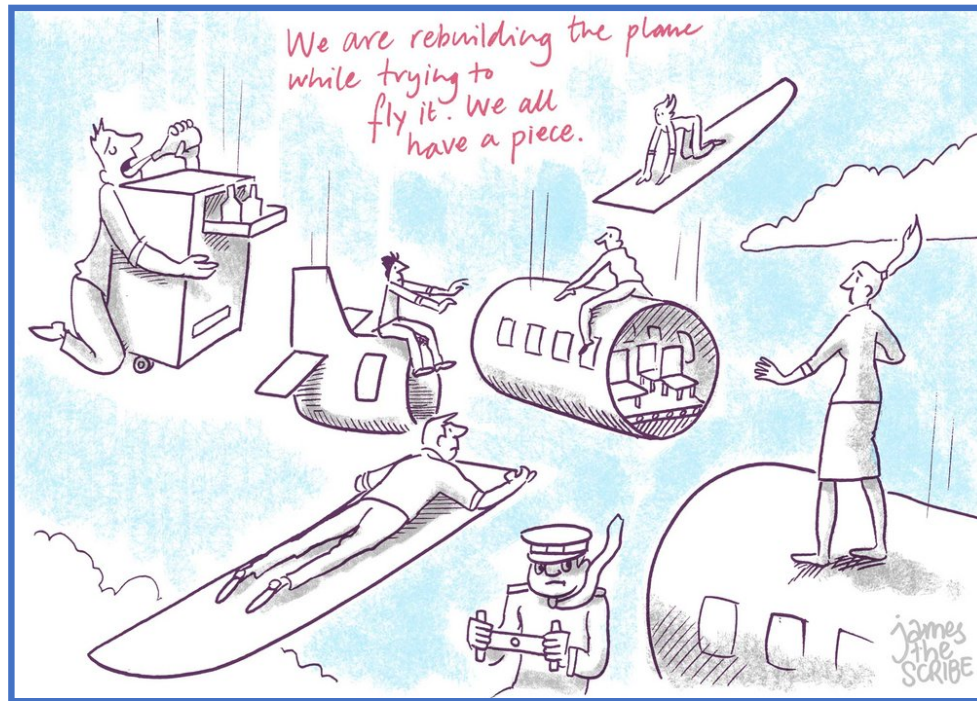
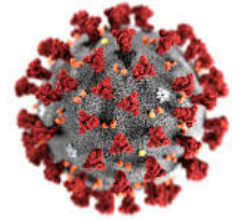


# A BC Kidney Community Perspective on the COVID-19 Pandemic

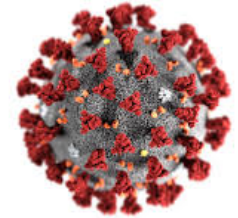
- What was it like to implement guidelines and pathways?
  - What was it like having COVID-19 +ve patients?
  - What were some of the unintended (positive) consequences?



# What was it like to implement guidelines and pathways?



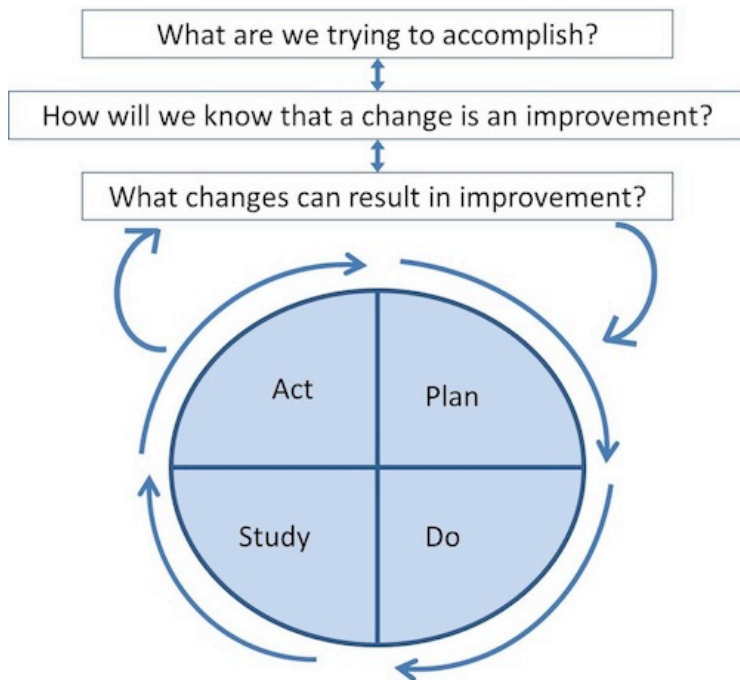
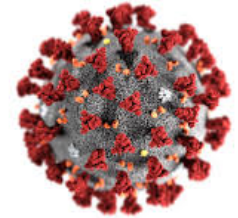
# What was it like to implement guidelines and pathways?



- Frantic pace in early days
- Built on existing Provincial Emergency Preparedness background
- Established protective plans for all aspects of care
- Frustrations with conflicting advice:
  - Hospital vs HA vs Provincial
  - Infection control vs Public Health



# What was it like to implement guidelines and pathways?



- Truly a Quality Initiative process in accelerated time
- Needed to recognized limitations in our knowledge and respond to challenges as they became apparent



# What was it like to implement guidelines and pathways?

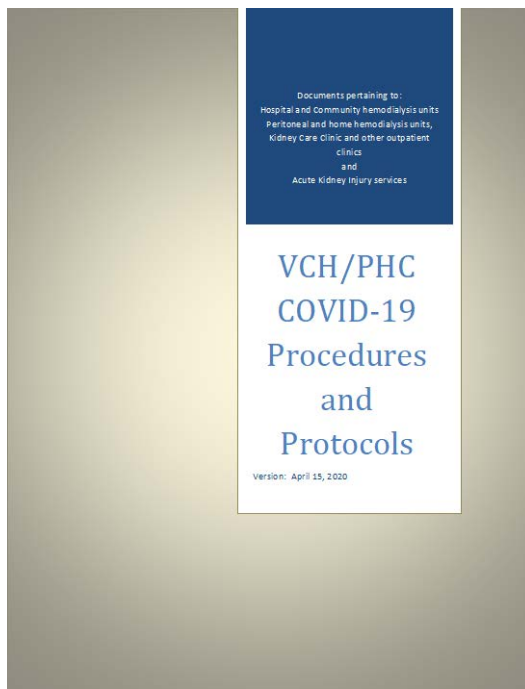
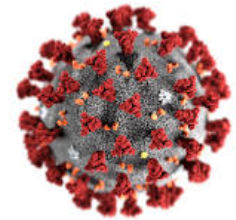
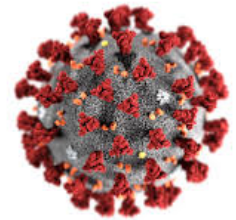


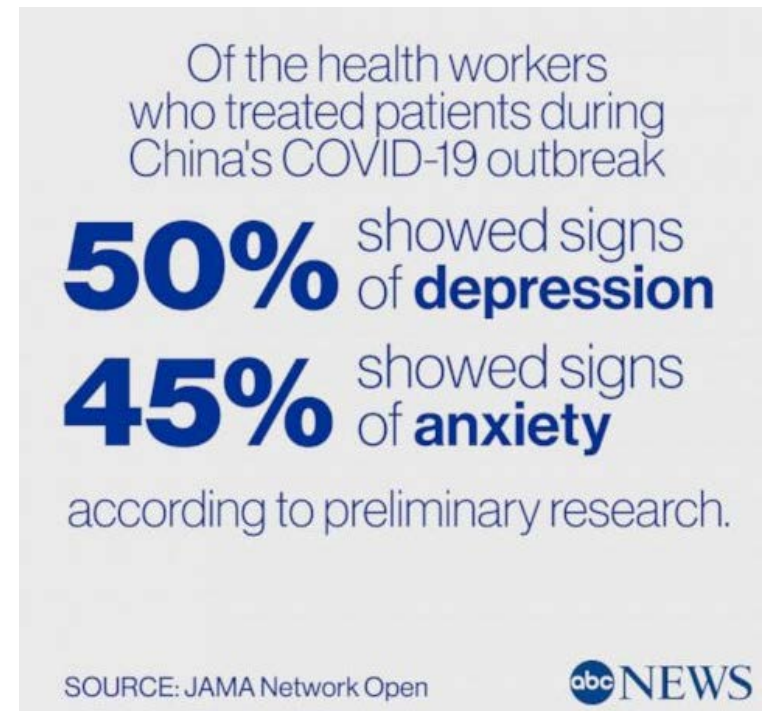
Table of Contents:	
<b>Hospital-based Hemodialysis</b>	
• Social distancing for HD patient	page 4
• COVID +va patient transfer within SPH	page 6
• HD Screening (BC Renal)	page 7
• BC Renal HD Guidelines	page 8
• HD Schedule change letter	page 16
• Hospital Code Blue	page 17
• Visitor policy	page 18
• Goals of Care letter	page 19
• COVID 19 FAQ for Patients	page 20
<b>Community-based Hemodialysis</b>	
• BC Ferries Policy for travelers	page 25
• PHC CDU COVID-19 Procedures	page 26
• CDU Code Blue Protocol	page 49
• Droplet precautions by status	page 62
• Patient letter	page 63
<b>Peritoneal Dialysis and Home Hemodialysis</b>	
• Baxter letter re: supplies	page 65
• VGH IDC Handout	page 66
• PHC PD Unit Updates	page 67
• CSN Home Webinar slides	page 71
<b>Outpatient clinics</b>	
• KCC Planning (BC Renal)	page 84
• Patient info re: COVID 19	page 86
<b>Kidney Transplantation</b>	
• BC Transplant update March 25	page 90
<b>Acute Kidney Injury and RRT planning</b>	
• BC Renal Dialysis repatriation document	page 92
• Inpatient Care Plan (VGH)	page 96
• ASN Guidelines for AKI care	page 97
• BC Renal RRT capacity planning	page 102
• VGH capacity planning for onward	page 105
• Ethical framework for dialysis resources	page 107
• Handout (VGH)	page 134

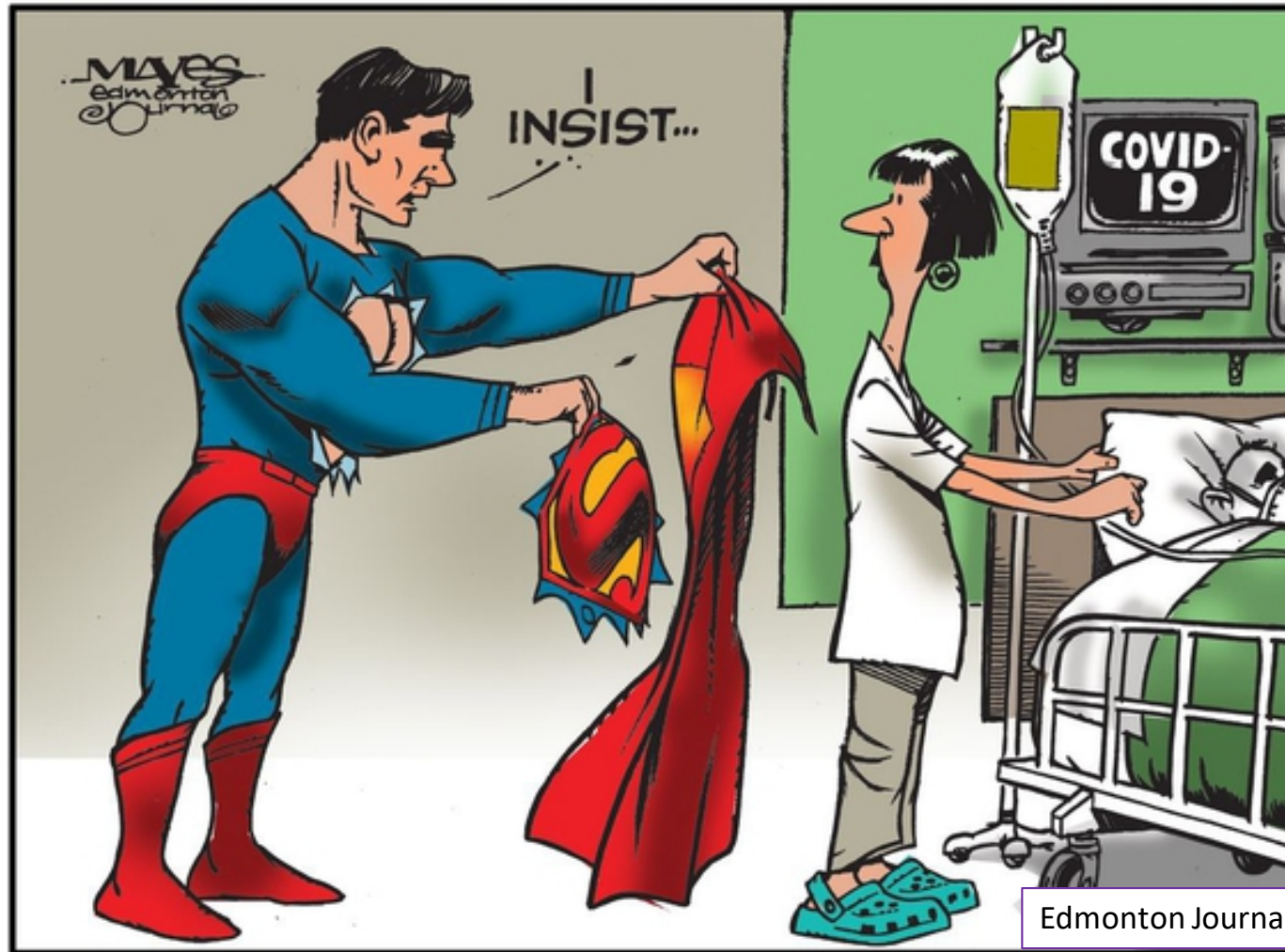
What what is it like caring  
for patients with COVID-  
19?

# What was it like having COVID-19 positive patients?



- Emotions felt by healthcare professionals:
  - Fear
  - Anxiety
  - Depression
  - Sense of loss of humanity
  - Moral distress





Edmonton Journal, April 3, 2020

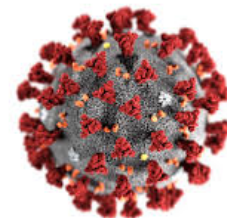




# Unintended consequences...

...Will focus on the positives, but must always pause and remember the hardships and challenges felt by everyone during this time...

# What were some of the unintended (positive) consequences?

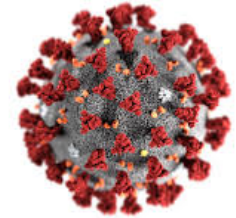


BC COVID-19 Response Unintended Consequences Tracking (CLINICAL BC Renal) CKD Populations: Clinical						
Outcome Domains	Potential Unintended Consequences	Indicators	Data Sources/ Limitations	Determinants – Proximal/Distal	Tracking Lead	Mitigating Actions
Health System Related	<p>Not accessing GPs, emergency rooms and specialists</p> <p>Improved infection control practices</p> <p>No/limited access to controlled drugs</p>	<p>Increased severity/delay in diagnosis</p> <p>Increase in illnesses/ complications at time of diagnosis (hospitalization rate for ambulatory care sensitive conditions), mortality</p> <p>Fewer hospital-acquired infections.</p> <p>Prescription refills reduced</p>	Admin data sets PROMIS DAD	<p>Fear of leaving home, going to the hospital, social isolation</p> <p>Reduced income to access drugs</p>		<p>Improved education and communication re: safety of system</p> <p>Targeted communication to patients</p> <p>Ensure stable supply of medications through advocacy, collaboration with entity renal pharmacies etc</p>

## • Themes:

- Health system related
- CKD care (pre-dialysis)
- Dialysis populations
- Specialty populations:
  - Glomerulonephritis
  - AD-PCKD
- Renal Administration / EOC

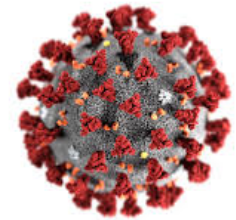
# What were some of the unintended (positive) consequences?



## Health System Related

Potential consequence	Mitigating action(s)
Lack of access to healthcare teams (GP, Specialist, HCP)	Activation of virtual health and communication strategies
Infection control challenges	Communications and guidelines
Access to medications	Proactive supply chain work with renal pharmacies

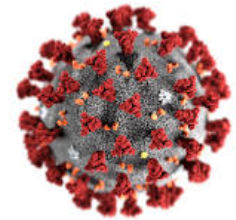
# What were some of the unintended (positive) consequences?



## KCC Care (pre-dialysis)

Potential consequence	Mitigating action(s)
Reduced education sessions and RRT preparation	Worked early with Office of Virtual Health to implement Virtual Health options Modality webinars
Reduced surveillance of chronic condition	Virtual health development – evolution to all HCP availability
Reduced access to pre-emptive transplantation	Early re-introduction with safeguards and COVID-19 screening

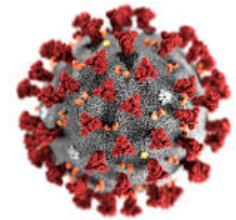
What were some of the unintended (positive) consequences?



### Dialysis Populations

Potential consequence	Mitigating action(s)
Reduced dialysis access creation access	Advocated for protected OR for both AVF creation and PD Catheter placement
Enhanced access to home modality training	Increased training capacity and modified training procedures to optimize training times
Transportation challenges	Work with public/private transportation companies to advocate and protect our patients

# What were some of the unintended (positive) consequences?



## BC Renal Administration / EOC

Potential consequence	Mitigating action(s)
Provincial coordination of Renal Program response (early)	(Creation) and activation of Provincial EOC committee Provincial guideline and protocols review and implementation Supply chain management (PPE, medications, dialysis supplies)
Provincial coordination of Renal Program response (ongoing)	Review of provincial committee priorities and strategic planning in light of COVID-19



"I feel what stands out for me was the established trust and relationships between BC Renal EOC members that grew stronger as we worked to problem-solve and support one another...".  
(Dr. Anurag Singh, NHA)

"It is said that two heads are better than one, so six must be even better, right? Leaning on each other for validation, confirmation and mutual support, the BC EOC accelerated our co-ordinated response to ensure better care and hopefully outcomes for patients in every part of our province."  
(Dr. John Antonsen, VIHA)

"I have been amazed and humbled by the response of the entire renal community to this crisis...".  
(Dr. Michael Copland VCH/PHC)

