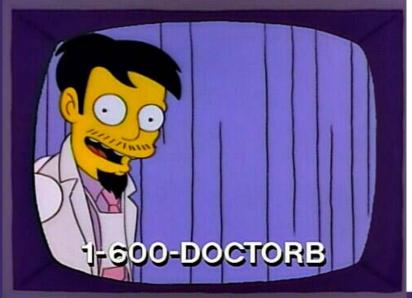


Kidney Care Clinic Committee KCCC







Thank You!!

- All the KCC Committee members for your dedication, perseverance and resourcefulness
- Unit coordinators, nurses, pharmacists, social workers and physicians who have adapted and continue to adapt in an everchanging world
- BC Renal Support and Project Management teams
- Renal leadership in all HAs



KCC Values and Goals of care

KCCs work collaboratively with patients who are living with complex kidney diseases, later stage CKD and/or at risk of rapidly progressing CKD and their families to provide evidence-based, interprofessional care

- 1. Provide specific therapy based on diagnosis to slow/arrest CKD progression.
- 2. Prevent, evaluate and/or manage complications of CKD
- 3. Maximize the confidence and abilities of patients and their families to self-manage their disease and participate in treatment decision and planning
- 4. Support modality education, planning and transitioning

Monitoring, maintenance and self management

Navigating and transitioning to treatment modalities



Guiding principles of COVID response

- 1) As much as possible keep on with 'business as usual' to maintain continuity of care
- 2) Provide KCC services and follow up in the way safest for staff and patients
- 3) Rational approach to lab work/monitoring
- 4) Preparing for and transitioning to treatment modalities
- 5) Backup planning to maintain 'core' services

Monitoring, maintenance and self management

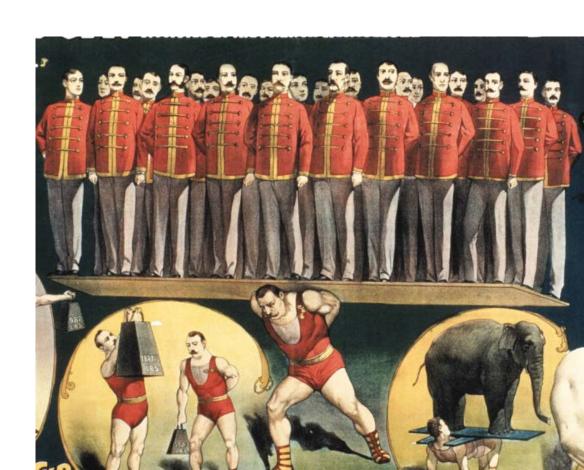
Navigating and transitioning to treatment modalities



Importance of 'business as usual' in clinics

• 14K+ registered CKD patients

 Monitoring, providing robust and safe maintenance care keeps these patients stable and out of the hospital



Current state: Providing KCC care safely

Quick transition to integrate virtual visits

- For first 6 weeks vast majority of visits moved to virtual, almost all by phone
 - A variety of staffing models based on what makes sense for each clinic
- Guidance re: how to perform physical meetings for those who need them
 - Very few of these happening currently



The new normal: Virtual KCC visits

Phone in the first instance

- Plan expanded virtual option(s) fit for purpose
 - Collaboration between PHSA office of virtual health to do this in a systematic way, integrating Local Virtual Health teams
- Plan(s) that works now,
- Plan(s) that work in the medium and long term



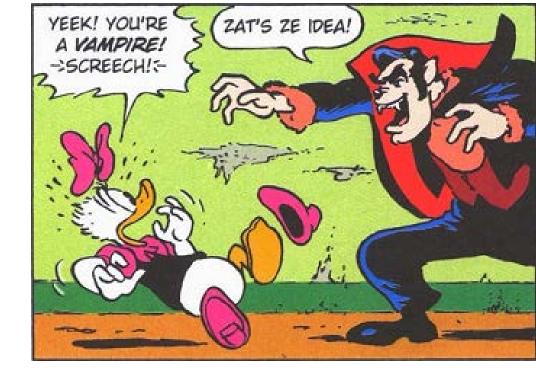
How do we maintain models of care?



Lab monitoring

Immediate response: Minimization

- Mainly an overall decrease/deferral
- Patients keen to avoid the lab



Maintenance response: Safety and sustainability

- Lab monitoring is essential to keep patients safe
- Reassurance that labs are safe places to visit



Preparing and transitioning to treatment modalities

Modality education

- Existing digital tools online to support this
- Still a challenge; lack of intimacy, unfamiliar platform
- Upcoming provincial patient webinars to supplement



Transitions to dialysis modalities

- Doing this well provides life sustaining treatment, and does so without hospitalization
- For home dialysis a few hospital visits reduces the need for countless more

Dialysis access

- Recognized priority by EOCs; some variability
- Success across HA's identifying priority patients and getting these done





Modality Choices for Patients with Kidney Disease

What Would Peritoneal Dialysis Work best for you? Hemodialysis Home or Clinic based Conservative Care

Thursday, May 28th, 2020 2-4 pm (PDT)







BC Renal, in partnership with BC's Kidney Care Clinics, invites you and your family/ friends to a province-wide webinar.



- · What options are available?
- What are the benef ts and drawbacks of each?

This webinar will help you learn about the different options. You can think about which might work best for you and discuss with your kidney care team.



How can I join?

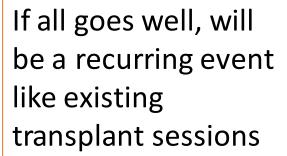
You can join using a computer, tablet or smartphone. If you do not have a computer or your computer does not have an internet connection, you can join by telephone.



- 1 Click on this link: bit.ly/2zLbcw5
- After you register, you will receive an e mail which will tell you how to join the session.



Please contact Alexis Whatley at awhatley@bcpra.ca.





















Shameless Plug

Promote this session in your clinics!



Preparing and transitioning to treatment modalities

Transplant

- Messaging to support patients, keep outreach and plans moving even though surgeries temporarily on hold
- Strengthening of backup plans

Conservative care

 Guidance from PCC on having these conversations in a new and unfamiliar format





KCC Sustainability

Keeping the core tasks going

Immediate phase:

Plan for the worst-case scenarios

- Losing/redeployment of large numbers of KCC staff
- So far, we have been fortunate not to need this plan B

Maintenance phase:

Reinforce importance of providing KCC services well to maintain health of our patients

- Keeping the KCC running smoothly
- Returning to same level of service, in a new format

THE WORST-CASE SCENARIO SURVIVAL HANDBOOK Expert Advice for Extreme Situations

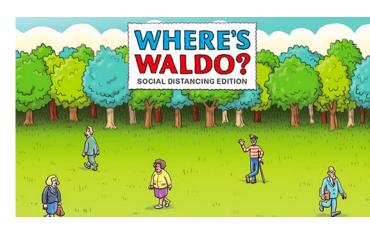
By Joshua Piven and David Borgenicht
New York Times Best-Selling Authors



Next steps for the KCC

Phase 1: Transitioning to the 'new normal'

- Creating clinic structure that works in the mid to long term
 - 'Hybrid' clinics safely combining virtual and physical
 - Will likely involve some new workflows
- Further improvements to remote/virtual care
 - Video platforms; exciting collaboration with OVH within each HA and provincially
 - Supporting patient self management and monitoring (e.g. home BP monitoring)
- Maintaining momentum for key KCC tasks
 - Modality planning and orientations
 - Access preparation in the 'aftermath' of return to ORs





Next steps for the KCC

Phase 2: Sustain changes and get workplans back on track

- Learning from recent changes
 - Supporting new workflows and clinic models; will be iterative
 - Changes to lab work and visit schedules; rational and safe approach
- Analyzing projects, continuing highest priorities
 - Transplant First
 - 'Ready to go' work: Indicator report refresh, lab requisitions, improvements in PROMIS





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