# Kidney Care Clinics and COVID-19 Planning: Guidance for Medical and Operations Leads

Effective Date: March 23, 2020

This is general guidance regarding operations of Kidney Care Clinics in the current phase of COVID-19 planning. These are general guidance points only and must 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).
    - In the future as stages of outbreak planning progress this may change, but we suggest a staged approach to planning. In the current state the desire is to utilize existing staff to continue providing continuous KCC services for as long as feasible.

2. Whenever possible, utilize virtual visits/follow-up for patients (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, Zoom, Skype, FaceTime).
    - KCCs to determine criteria for telephone, video and in-person visits.
        - An important recommendation is 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 numbers of staff interacting with the patients 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 screened/assessed first by RNs and RDs. RNs and RDs then identify those requiring 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

3. Preparing for transition to dialysis remains essential work, and when done appropriately, ultimately keeps patients out of the hospital setting
    - Options orientations can continue to occur, but be done virtually. Important resources to consider are the online presentations available on the BCR website.
    - Transplant surgeries are on hold at the time being. This is a temporary cessation; staff should still promote the priority of transplant, but workup and testing will likely be deferred for the time being.
    - 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.
    - Clear communication should be provided that this is a temporary measure out of a desire to unnecessary trips to the lab, and that most patents will revert to the previous frequency once the situation normalizes.

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 levels are reduced, this is when clinic deferrals may occur. Prioritize patients whose visits are more 'essential' while considering deferring routine/surveillance visits; essential visits can continue (1) in-person visits (avoid cohorting of patients); and (2) virtual visits. Review upcoming visits Q2 weeks and schedule accordingly. Cancel all other clinic visits.