Ontario Health

Ontario Renal Network – Regional Renal Program COVID-19 Information Calls (week of March 9 – 13)

Date:
13 March 2020

Attendees: Dr. Peter Blake, Rebecca Cooper, Phil Holm, Kieran Bergmann, Angie Yeung, Regional Renal Program Directors and Nephrology Division Heads, Regional Medical Leads, Provincial Medical Leads

Topic	Key Discussion Points
Welcome / Introduction **(Rebecca Cooper)**	The Ontario Renal Network (ORN) is setting up regular, optional calls with the administrative and medical leads from each of the 27 Regional Renal Programs (RRPs). The purpose of the calls is to facilitate information exchange amongst RRPs on approaches for patients with CKD, in particular the dialysis population. ORN's role is not to interfere with hospital protocols nor to provide infection control direction. We want to provide support to the network through information sharing, gathering, and dissemination.
Prevention **(Dr. Peter Blake)**	Screening • Many RRPs are continuing to screen patients on arrival. Screening includes questions about travel, respiratory symptoms, or if they have been in contact with someone who has recently travelled and has symptoms. If patient is symptomatic and/or positive for travel history they are put into a designated room for isolation and tested for COVID-19

Topic	Key Discussion Points

	• Some RRPs are calling patients in advance and asking screening questions over the phone. If positive they go straight to isolation room on arrival for dialysis and testing, and are connected with Public Health
	• Some RRPs have set up additional handwashing stations, some are considering having patients use hand sanitizers at the registration desk, and some are wiping down chairs in waiting rooms in between each shift
	
	Information Dissemination
	• A few RRPs / hospitals have set up committees that meet daily to discuss new developments and changes to practices
	  ○ Sunnybrook – nephrology specific committee meets daily to intake all information related to COVID-19 and determine what and when to spread to staff and patients. Goal is to reduce volume of communications, reduce confusion from multiple sources of information, and provide points of contact
	  ○ Humber has a daily committee that is led by hospital IPAC; not specific to nephrology but includes representatives from each clinical program
	• Some RRPs have sent letters to patients outlining policies related to COVID-19
	• Many RRPs have posters and other educational materials regarding protocols, handwashing, etc.
	
	Social Distancing
	• Many RRPs identified that social distancing amongst patients receiving dialysis is incredibly difficult given their current capacity challenges
	• Several RRPs have cancelled group events including education sessions, gatherings of more than 15 – 20 people (e.g., rounds), World Kidney Day events, etc.
	• Some RRPs are restricting visitors in the HD unit unless they are required to get the patient to and from dialysis
	• It was suggested that RRPs may want to consider providing direction on handshaking, hugs, etc.
	
	Clinics

Topic	Key Discussion Points
	• Many RRPs are reviewing clinics over the next several weeks to determine which can be cancelled, postponed, or moved to OTN/virtual • St. Michael's – reviewed next 8 weeks of home dialysis clinics and reduced some patients to every 3 months vs 2 months where appropriate; have reviewed which patients could do OTN vs. come in person; nurses are calling patients day before appointment to do pre-screen. They will be doing this for MCKC as well • St. Joseph's Hamilton – For MCKC and general nephrology, as of March 23rd only urgent cases will be in-person, all others virtually. For older patients who are not tech savvy they will likely have to be phone calls • Humber - calling patients for any URI symptoms, if they have visits will be virtual. If they can't do virtual appointments they will reschedule in 2 months (looking at bloodwork to ensure this is appropriate) • RVH – calling patients the day before clinics. Clerk helps them wash hands when they arrive • London - looking at scaling back transplant clinics. There is a secure app available for OTN that can be used over smart phones, which doesn't require hospital to hospital communication
Suspected or Confirmed COVID-19 Cases **(Dr. Peter Blake)**	Some RRPs plan to admit COVID-19 positive patients, others are looking into options for transporting patients back and forth from their homes three times per week for dialysis • Sunnybrook – currently plans to admit even COVID-19 positive patients with mild cases due to issues regarding transporting patients back and forth from home three times per week for dialysis • Most programs said they are unable to admit COVID-19 positive patients who don't meet regular criteria for acute hospital admission due to limited inpatient capacity. Only COVID-19 positive patients who are unwell and require inpatient services would be admitted • Suggestion to treat on a case by case - in certain circumstances may need to admit whether patient is well or unwell • Some satellites/IHFs are transferring suspected cases to the hub / closest hospital / their home Regional Renal Program. Receiving hospital is called in advance so they can take necessary precautions (e.g., Brockville IHF, Sheppard/Sussex Centres). Droplet/Contact vs. Airborne Precautions

Topic	Key Discussion Points
	• RRPs are still awaiting guidance on whether they should be using droplet precautions only or airborne precautions as well. Some sites do not have airborne isolation rooms or have a limited number of airborne isolation rooms and would therefore have to transfer positive patients if airborne precautions are in place. If contact/droplet precautions are put in place, practices may change. Transportation of positive patients • Most RRPs will be unable to admit COVID-19 positive patients that are mild cases. Ideally, family members could drive them to their treatments while protecting themselves (mask and gloves) • Many IPAC teams are suggesting that people should not take public transit • Suggestion to send positive patients home with gloves and masks that can be used during transportation back and forth to hospital • Several RRPs (e.g., Unity, Humber, Ottawa) are planning to leverage existing contracts with taxi companies to transport patients for dialysis. Obligation to inform taxi agency that they need transportation of COVID-19 positive patient and plan to use that company for all treatments. Driver has the right to turn down the fair (Ottawa has encountered this) • ORN is seeking input from the provincial OH lead for COVID-19 regarding transporting a confirmed COVID-19 in-centre hemodialysis patient to and from the dialysis unit using medical transportation companies.
Multiple Confirmed Cases **(Dr. Peter Blake)**	Cluster Care for COVID-19 patients • Lakeridge is looking to proactively set up two COVID-19 units to cluster any positive, admitted patients. They are trying to forecast how many might be dialysis patients • London is considering a nocturnal shift to provide cluster care for COVID-19 positive patients if there are multiple cases; St. Joe's Hamilton is considering a nocturnal shift for non-COVID patients "Rationing" Dialysis • Potential to reduce some patients to two treatments per week in the event there is an increased demand for dialysis in the event of multiple critical cases with multi-system organ failure

Topic	Key Discussion Points
	• London has developed an algorithm to proactively "ration" dialysis so that they are not scrambling in event of emergency (i.e., determining who could do 2 times per week). Contact Dr. Andrew House if you would like to see this Staffing • Many RRPs raised the concern around staffing in the event that multiple staff are sick/ under self-isolation • If staff are sick but well enough to work, need to incorporate ethical principles • Humber is looking to build enough capacity in NRT to manage patients from physical perspective and have dialysis nurses focus on skilled care such as managing cannulation and machine management • In the GTA, nurses are shared across multiple hospitals and are therefore very vulnerable to getting sick. During SARS, staff were required to choose one site to work at rather than moving from site to site ○ This approach could put some programs at risk as some programs are only able to offer part time hours so staff are more likely to choose to work at programs that can offer full time hours Management of AKI of COVID-19 Patients in ICU Setting • Need to consider acute dialysis capacity in the event that multiple patients have multi-organ system failure • In Italian context, there has been difficulty providing dialysis support to all of the patients who have become critical and experience multi-organ failure • Non-COVID related issues requiring acute dialysis are still occurring so even a modest influx would be a big strain on the system
Assisted PD **(Dr. Peter Blake)**	Need to consider PD patients on assistance and what to do in the event healthcare workers are positive and/or don't have capacity because the healthcare system is already strained • RRPs should contact CCAC/Home and Community Care to discuss plans • Ottawa is currently looking into this as Ottawa staff provides assistance themselves • RRPs should be prepared to bring some of these patients in-centre in some hospitals • Consider reducing PD in some cases, e.g., to every other day PD

Topic	Key Discussion Points
Transplant **(Dr. Amit Garg)**	Pre-Transplant Considerations • Living donors willingness to travel given current travel restrictions • Screening re travel history of living donors • Transplant Ambassador Program - has not yet been closed but have told patients to follow volunteer practices of hospital. If anyone feels uncomfortable they may speak to staff over the phone Surgery • Transplant surgery is considered elective so if any hospitals decide to cancel elective surgery both deceased and living donor surgeries will be impacted • RVH had a patient turn down a kidney based on COVID-19 Post-Transplant Patients • For patients that are well, it's possible that visits could be done remotely • Evidence may suggest that immunocompromised patients may require less exposure for transmission Amit will check in if TGLN has guidance

APPENDIX

Questions for Regional Renal Programs concerning COVID-19 virus and In Centre Hemodialysis units in Ontario

FOR DISCUSSION PURPOSES. Questions are intended as guidance only and should not be seen as directive from the Ontario Renal Network.

A. Prevention

1. Do you have a policy informing in centre HD patients what to do if they have fever and cough +/- history of relevant travel or of exposure to other people with relevant travel?
2. Should they come to the unit or be reviewed by phone or go elsewhere if there is reason for concern?
3. Do you have a policy informing in centre HD staff what to do if they have fever and cough +/- history of relevant travel or of exposure to other people with relevant travel?
4. Should in centre HD staff come to work at or be reviewed by phone or go elsewhere if there is reason for concern?
5. Have you considered policies to introduce more 'social distance' where feasible between HD patients, other HD patients and HD staff?
6. There are multiple documents circulating to staff and even patients about COVID-19 and these may cause confusion. Have you a strategy to deal with this?
7. Do you have a good line of communication to your hospital infection prevention and control team and do you think they recognize specific issues related to in centre HD?

B. Scenario where one HD patient has confirmed or strongly suspected COVID-19 virus

1. Where would you dialyze that patient to minimize risk to other patients and staff?
2. Where would the patient be 'hospitalized' between HD treatments?
3. In this scenario would all staff and patients mask while in the same HD unit as the affected patient?
4. In this scenario, would you have a dedicated HD machine?
5. Are the HD staff comfortable and up to date with PPE (N95s etc)?
6. Are your staff aware of your plan?

C. Scenario where multiple HD patients have confirmed or suspected COVID-19:

1. Would you consolidate infected patients in one area or one of your HD units in such an event and, if so, do you know where?
2. Is your hospital infection prevention/control team aware of these potential HD issues and especially of the point that infected HD patients will require admission even if relatively well?

D. Home Dialysis Issues:

1. What would you do if assisted PD program in one or more of your regions was compromised by lack of home care staff to deliver it?

Date of Questions: March 11, 2020

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