

COVID-19: Considerations in the Home Dialysis Setting





Welcome and Opening Remarks

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Jeffrey Perl

- Has received speaking honoraria from Astra Zeneca, Baxter Healthcare, DaVita Healthcare Partners, Fresenius Medical Care, Dialysis Clinics Incorporated, Satellite Healthcare
- Has served as a consultant for Baxter Healthcare, DaVita Healthcare Partners, Fresenius Medical Care, and LiberDi

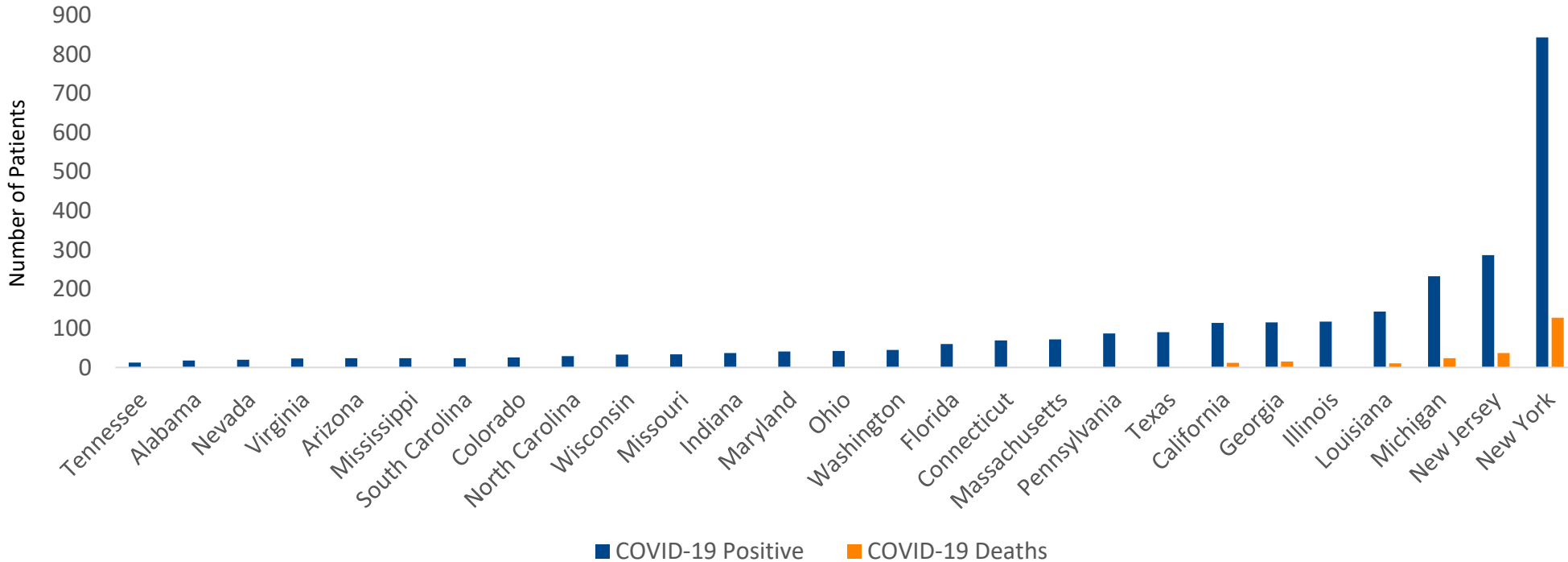
National COVID-19 Dialysis Patient Data as of April 8, 2020

National COVID-19 Dialysis Patient Data				Last Update: 04/08/2020		
COVID- 19 Positive (+) Patients				PUI Testing *Only identify persons being tested for	COVID-19 Positives (+) that have Recovered	COVID-19 Positives (+) Deaths
Patients	COVID-19 Positive (+) Patients Admitted to Hospital/ receiving treatment in hospital	COVID-19 Positive Patients receiving treatment in out-patient facility	COVID-19 Positive (+) Home Patients Self-Monitoring and continuing home therapy			
2738	1206	928	86	6952	132	305



based on a total 537 929 ESKD patients receiving treatment as of April 8, 2020

National COVID-19 Dialysis Patient Data by State as of April 8, 2020



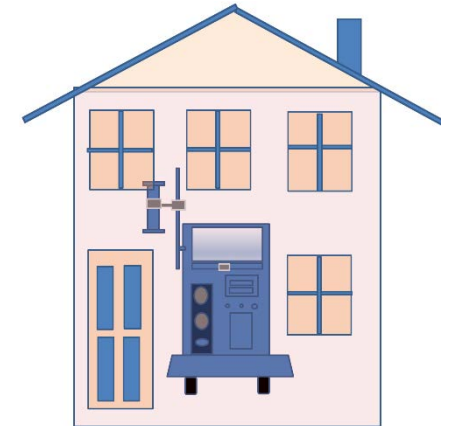
* Please note the CMS cell size suppression policy sets minimum thresholds for the display of CMS data. The policy stipulates that no cell (e.g. admissions, discharges, patients, services, etc.) containing a value of 1 to 10 can be reported directly. In addition, no cell can be reported that allows a value of 1 to 10 to be derived from other reported cells or information. For example the use of percentages or other mathematical formulas that, in combination with other reported information, result in the display of a cell containing a value of 1 to 10 are prohibited. The cell suppression policy also applies to the reporting of excluded cases.

CMS standards for minimum cell sizes aim to protect the confidentiality of Medicare and Medicaid beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. The policy applies to any output in tables and texts describing any of the following: beneficiaries, procedures, and diagnoses. The CMS policy applies to the use of CMS research identifiable files (RIF) and limited data sets (LDS). Any documents (manuscript, table, chart, study, report, etc.) created using CMS data must adhere to the minimum cell sizes set forth in this policy.

based on a total 537 929 ESKD patients receiving treatment as of April 8, 2020

Advantages of Home Dialysis Compared to Facility-based HD During the COVID-19 Pandemic

- Less frequent trips to the dialysis clinic
- Fewer interactions with healthcare workers
- Better able to adhere to social distancing measures



Guidance:



Optimal infection prevention and control practices

- PPE shortages and PPE conservation strategies
- Management of COVID-19 positive home dialysis patients
- A credible, timely and evidence-based source of information
- Collaborating with the CDC

Advocacy:



Lower the risk of exposure through support for the home-based ESKD Care:

- Remove barriers increase home-based care
- Reduce the spread of COVID-19 and make patients more resilient in the future
- Ensure safety and high-quality care for existing home dialysis patients



Home Dialysis Subcommittee

Education:



- Use of PD for acute kidney injury
- Urgent start PD pathway
- Telemedicine/Telehealth strategies



Home Dialysis and COVID-19 Disease

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Chief Medical Officer, Northwest Kidney Centers
and

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Clinical Director for Home Dialysis
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INTO THE FRAY

Late on Friday evening, February 28th 2020, we were informed of the first reported patient death from COVID-19.

He was our dialysis patient.

Three Guiding Principles

- We have an obligation to provide dialysis to our patients
 - If stable, we will provide service in the outpatient setting
- We make best effort to lean into the known science
 - Keep patients and staff safe, provide effective care with appropriate personal protective equipment (PPE) for respiratory illness
- We will provide leadership
 - Through transparency, communication and support

Patient entry & screening

- We understand that our practices may differ from yours
- We partnered with our local community public health officials and CDC to develop our process
- Recognize that above all, the community is providing:
 - Safe and effective care to our patients
 - Safe environment for our staff

Patient entry & screening

- Messaged to patients - contact us ahead of time with symptoms
- Does patient need to come to clinic? If yes:
 - Optimally avoid contact with patients
 - Screen for symptoms - Fever, new cough, new SOB, sore throat
 - If symptoms, brought back immediately, not in waiting area
 - Surgical mask for patient, Modified droplet contact for staff caring for patient

Staff Screening

- Same screening as patients, same as in-center HD staff
- If positive screen, refer for COVID-19 testing by PCP
 - Allows for more rapid return to work
- If positive COVID-19, return to work if:
 - 72 hours since asymptomatic and at least 7 days since symptoms started

Development of Organizational Change

- Home patients

- 'Quick Visits' Established

- Get supplies
 - Get bloodwork drawn
 - Medication Administration
 - HHD Patients send Blood directly to Lab

- Monthly Phone Assessments

- Contact via telephone or telehealth

Rapid Resource Acquisition

- PPE
 - Issues around sourcing
 - Creative solutions
 - Masks
 - Bandanas
- Hand Sanitizer

Current State

- Training
 - Continued training using newly established infection control
- Increased Home Visits for Deliveries
 - Assist with vendor delivery COVID-19 policies
- Remote Care Management
 - Larger units to align with Social Distancing
 - Encourage clinic staff to work from home when possible

A Crisis Can Create Opportunity

- Telehealth has never stood up so quickly!
- New infection prevention & control policies could benefit patients in future (e.g. influenza prevention)
- Community is a remarkable resource - learning from everyone



Infection Prevention and Control in the Home Setting

SHANNON NOVOSAD, MD, MPH

Centers for Disease Control and Prevention (CDC)

PPE and Shortages

Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals

Coronavirus Disease 2019 (COVID-19)

- Symptoms & Testing +
- Prevent Getting Sick +
- Daily Life & Coping +
- If You Are Sick +
- People Who Need Extra Precautions +
- Frequently Asked Questions
- Travel +
- Cases & Latest Updates +
- Schools, Workplaces & Community Locations +
- Healthcare Professionals** -
- Evaluation & Testing
- Clinical Care +
- Infection Control +
- Optimize PPE Supply** -
- PPE Burn Rate Calculator

Strategies to Optimize the Supply of PPE and Equipment

Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from potentially infectious patients and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

PPE shortages are currently posing a tremendous challenge to the US healthcare system because of the COVID-19 pandemic. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care.

CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.

Key Concepts

HCP and facilities—along with their healthcare coalitions, local and state health departments, and local and state partners—will have to work together to develop strategies that identify and extend PPE supplies, so that recommended PPE will be available when needed most. When using PPE optimization strategies, training on PPE use, including proper donning and doffing procedures, must be provided to HCP before they carry out patient care activities.

- Eye Protection
- Isolation Gowns
- Facemasks
- N95 Respirators
- Decontamination and Reuse of Filtering Facepiece Respirators
- Ventilators

PPE Burn Rate Calculator

[Personal Protective Equipment Burn Rate Calculator](#)
[XLS - 39 KB]

This spreadsheet can help healthcare facilities plan and optimize the use of personal protective equipment (PPE) for response to coronavirus disease 2019 (COVID-19). [Get the Instructions](#)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Reporting PPE Shortages

- If your facility is concerned about a potential or imminent shortage of PPE, alert your state/local health department and local healthcare coalition, as they are best positioned to help facilities troubleshoot through shortages.
 - Link to identifying your state HAI coordinator: <https://www.cdc.gov/hai/state-based/index.html>
 - Link to healthcare coalition/preparedness: <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>

Strategies to Optimize the Supply of PPE and Equipment

- All facilities should begin using PPE contingency strategies now
 - Includes PPE used by staff during care of home dialysis patients and PPE used by home dialysis patients
- Facilities experiencing PPE shortages may need to consider crisis capacity strategies, which must be carefully planned before implementation
- As PPE becomes available, healthcare facilities should promptly resume standard practices
- When using PPE optimization strategies, training on PPE use, including proper donning and doffing procedures, must be provided to staff and patients before they carry out care activities

Use of Masks During PD Exchanges

- Patients wear facemasks during PD exchange to reduce the risk of contamination of the PD catheter while the transfer set is open
- In countries such as the UK, it is not usual practice for patients and nurses to wear mask during a PD exchange unless upper respiratory tract symptoms are present (i.e. sneezing, coughing)
- 2016 International Society for Peritoneal Dialysis Guidelines
 - Wearing masks is optional



Optimizing PPE Used by Patients and Care Partners During PD Exchanges

- Have discussions with patients and care partners about mask conservation strategies
- Consider mask re-use for extended period unless visibly wet or soiled
- Discuss performing exchanges without masks if no respiratory symptoms are present
 - Could reserve several masks for use during periods of possible future respiratory symptoms

Home Visits: Staff Screening and Face Coverings

- Ensure staff who perform home visits are included in staff education efforts and know to monitor themselves for fever and symptoms suggestive of COVID-19 (e.g., cough, shortness of breath, sore throat, myalgias, malaise)
- If active symptom monitoring is being performed at the facility, ensure staff who perform home visits are included
- If staff have fever or symptoms, they should not be coming to work
- Staff should wear face coverings when performing home visits
 - Use of face coverings for source control doesn't replace need to wear PPE when indicated

Home Visits: Patient Screening and Face Coverings

- Staff should call prior to arrival to confirm if someone in the home has fever or symptoms suggestive of COVID-19 (e.g., cough, shortness of breath, sore throat, myalgias, malaise)
 - They should also ask if anyone in the home has been told they have suspected or confirmed COVID-19
- On arrival, staff should ask about anyone in the home with fever, symptoms, or suspected or confirmed COVID-19
- If anyone in the home screens positive, consider delaying the visit if safe to do so
 - If not able to delay visit, staff should wear all appropriate PPE
- Everyone in the house should wear a face covering (if tolerated) during the entire visit

Home Visits: PPE and Hand Hygiene

- Ensure staff have needed supplies including hand hygiene supplies such as alcohol based hand sanitizer with 60-95% alcohol for use during and following home visits
- Home health staff should don appropriate PPE immediately upon arrival at the patient's home
- A lined trash receptacle should be placed near the exit door of the residence for disposal of PPE
- PPE should be selected according to the clinical care activities being performed and taking into account whether anyone in the home has fever, symptoms, or suspected or confirmed COVID-19
 - If anyone in the house has fever, symptoms, or suspected or confirmed COVID-19, staff should wear eye protection (goggles or faceshield), an N-95 or higher-level respirator (or a facemask if respirators are not available or staff are not fit-tested), gown, and gloves
 - If no one in the house has fever, symptoms, or suspected or confirmed COVID-19, staff should at a minimum wear a facemask or face covering
 - Use of face coverings for source control doesn't replace need to wear PPE when indicated

Home Visits: Environmental Cleaning and Disinfection

- Provide EPA-registered disposable disinfectant wipes so that high touch surfaces and equipment can be wiped down
- As much as possible, dedicate equipment to clients and limit the equipment that is used for multiple home visits
- If equipment cannot be dedicated to a client make sure it is cleaned and disinfected prior to a shift and following each visit according to manufacturer's instructions
 - If equipment cannot be cleaned and disinfected, it should be discarded

Considerations for Home Dialysis



- Dialysis is a lifesaving therapy and patients cannot postpone treatments
- Home dialysis routines should continue as usual
 - Patients should continue to check access sites for signs of infection and keep treatment areas clean
 - Continue to dispose of effluent as currently instructed
- Dialysis facilities are encouraged to increase the use of telephone management and other remote methods of care
 - Visits by telephone, secure text monitoring, video appointments, or telemedicine may be used to reduce exposure

Delivery Safety

- Deliveries should be accepted without in-person contact whenever possible
 - Have them left in a safe spot outside your house, with no person-to-person interaction
 - Otherwise, stay at least 6 feet away from the delivery person
- After receiving deliveries, wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol
- Consider providing a larger supply of medicines so patients do not have to visit the pharmacy as often
 - Encourage patients to consolidate orders and pick up all prescriptions at the same time
 - Encourage patients to call prescription orders in ahead of time
 - Use drive-thru windows, curbside services, mail-order, or other delivery services



Considerations for Patient Education

- Provide information about COVID-19
 - Inform patients they are at high risk
- Provide education about hand hygiene, respiratory hygiene, and cough etiquette
- Remember to instruct patients to wear a face covering prior to leaving their home
 - This will include any medical appointments as well as any outings within the community
- You may need to spend some time re-educating patients and caregivers on hand washing technique if hand sanitizer shortages are an issue
- Provide instructions on cleaning and disinfecting the home
- Provide facility contact information



Tools for Patient Education

Cleaning And Disinfecting Your Home

Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect

Wear **disposable gloves** to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

- **Recommend use of EPA-registered household disinfectant.**

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.



- **Diluted household bleach also be used if appropriate.** Check to ensure the product expiration date. Uncertified products will be effective against COVID-19 only if properly diluted.

Follow manufacturer's application and proper use instructions for household bleach with a other cleanser.

Leave solution on the surface for **1 minute**

To make a bleach solution

- 5 tablespoons (1/3rd of a cup) of water

OR

- 4 teaspoons bleach per gallon of water

- **Alcohol solutions with at least 70% alcohol**

Soft surfaces

For soft surfaces such as **car seats, rugs, and drapes**

- **Clean the surface with soap and water or with cleaners appropriate for the surface.**

Coronavirus Disease 2019 (COVID-19) Keeping Patients on Dialysis Safe

What is COVID-19?

COVID-19 is a respiratory illness that can spread from person to person, similar to influenza.



Take Everyday Precautions

- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
- Avoid touching your face.
- Avoid close contact with people who are sick.
- Avoid crowds and keep at least six feet of space between yourself and others if COVID-19 is spreading in your community.
- When you cough or sneeze, cover your mouth and nose with a tissue or use the inside of your elbow.
 - » Throw used tissues in the trash and immediately clean your hands.
- Routinely clean and disinfect surfaces you often touch, such as cell phones, computers, countertops, handles, and light switches.



Preparing the Facility

You may see changes as the dialysis facility prepares to keep you safe during treatment. This may include:

- Signs with special instructions for patients with symptoms of COVID-19.
- Additional education about hand hygiene and cough etiquette.
- Additional space in waiting rooms for ill patients to sit separated from others.
- A change in patient chair locations, treatment times, or days.
- A change in the gowns, facemasks, and eye protection that the staff wear or that you are asked to wear.



What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - If any condition can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune-weakening medications.
- People with severe obesity (Body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Call your healthcare provider for more information on how to protect yourself, see CDC.gov



Here's What You Can do to Help Protect Yourself



Stay home if possible.



How our facility is keeping patients safe from COVID-19

Our outpatient dialysis facility is prepared for the possible arrival of patients with coronavirus disease 2019 (COVID-19). We are committed to keeping patients safe and are taking the following steps to reduce the risk of COVID-19 in our patients and staff:

- We are providing extra training for staff and education for patients about the importance of hand hygiene, respiratory hygiene, and cough etiquette.



Tissues, alcohol-based hand sanitizer, and trash cans will be provided in the waiting area and treatment area. Soap and water will continue to be available at all handwashing sinks and in the restrooms.

- We are monitoring healthcare personnel for symptoms of respiratory infection.

We are instructing staff who have fever, cough, or shortness of breath to stay home and not come to work.

- We are monitoring patients on dialysis and visitors for symptoms of respiratory infection.

Call ahead if you have fever, cough, or shortness of breath. This allows us to plan for your arrival and take infection prevention steps to keep you safe.



Call us at:

- We are prepared to quickly identify and separate patients with respiratory symptoms. Patients with respiratory symptoms will be asked to wear a mask and to avoid contact with other patients and staff.

- We are training staff about proper use of personal protective equipment for COVID-19. You may see a change in the personal protective equipment (i.e. gowns, masks, gloves) that staff wear or that you are asked to wear to protect other patients.



- We are continuing our routine cleaning and disinfection procedures as they are also the procedures recommended for protecting patients from COVID-19 in dialysis settings.

Any surface, supplies, or equipment located within the patient station will continue to be disinfected or discarded. We will ensure any surface, supplies or equipment located within 6 feet of an ill patient is disinfected or discarded.

- We may restrict visitor access to protect patients.

We are adjusting visitor access and movement within the facility. If able to enter, visitors will be screened for symptoms of respiratory infection.



- We are encouraging patients and staff to share all questions and concerns related to COVID-19. Don't be afraid to use your voice. It is okay to ask staff questions about treatment changes and ways to protect yourself and your family.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316158-A_FS_ProtectSelfAndFam.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-What-You-Can-Do-High-Risk.pdf>

https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316157-A_FS_KeepingPatientsSafe.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>



Regulatory Guidance for Home Dialysis in the COVID-19 Crisis

JEFFREY SILBERZWEIG, MD


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American Society of Nephrology

Chief Medical Officer

The Rogosin Institute, New York, NY


Weill Cornell Medical College



CMS Waivers

March 13, 2020

- **Practice Across State Lines:**
 - A licensed professional may practice across state lines if they have an equivalent license from another State and:
 - They are not affirmatively barred from practice in that state
 - There is no law in that State prohibiting practice across State lines



CMS Waivers

March 22, 2020


- QIP Waivers:
 - If data from Q4 2019 is not submitted, penalties will not be assessed; data from Q1-3 will be used to calculate 2019 payment and performance
 - If Q1 2020 data is not submitted, penalties will not be assessed; data from Q2-4 will be used to calculate 2020 payment and performance
- CROWNWeb reporting deadlines are suspended for January through June 2020



CMS Waivers

March 28

- Delay of patient assessments for initial and follow up comprehensive assessments within 30 days of admission and 90 days later
- Home dialysis machines may be used for more than one patient with proper cleaning between patients



CMS Waivers

March 28

Telehealth

- CMS is waiving the requirement for monthly in-person visit if the patient is considered stable and is recommending use of telehealth to ensure patient safety.
- Periodic dialysis home visits to assess adaptation and home dialysis machine designation are waived.
- CMS has waived the requirement for telehealth to be initiated from any specific location.
- If two-way videoconferencing is not available, some consult codes can be billed but will be paid at a lower rate than videoconferencing.



CMS Waivers

March 30, 2020

- CMS has issued blanket waivers of sanctions under the physician self-referral law
- Facilities with home programs may open nursing home programs without additional survey.
- Facilities can add home programs by completing forms if a patient is trained or being trained by the program; change requires a survey.
- CMS issued guidance that vascular access and PD catheter procedures are not elective procedures
- https://www.kidneynews.org/sites/default/files/Critical_CMS_announcement_3-20.pdf



Open Questions

- What about monthly labs for home dialysis patients?
 - Question asked many times; no clear answer provided
- Transportation waivers:
 - Need clarification that ambulance transportation will be permitted
 - Need clarification that no one will be prosecuted under Stark laws or anti-kickback statutes
- Telehealth:
 - Continued advocacy for equal payment for telephone services if two-way video conferencing is not available



Open Questions

- Facility Surveys
 - CMS has stated that they will continue to perform safety surveys
 - They have indicated that their focus will be infection prevention
- Training for Home Dialysis:
 - Will CMS waive the rule barring payment for home dialysis for patients with acute kidney injury; i.e., patients started on PD for AKI who wish to continue after hospital discharge?
 - Will CMS provide payment for partners to perform home dialysis?



Telemedicine and Cohorting: Considerations in the Home Dialysis Settings

MARTIN J SCHREIBER, MD

Chief Medical Officer

DaVita Home Modalities



TELEMEDICINE AND COHORTING: CONSIDERATIONS IN THE HOME DIALYSIS SETTINGS

- Telemedicine Hurdles and Effective Strategies
- Home Cohort Management

The views and opinions expressed in this presentation are those of the speaker in this evolving pandemic and do not necessarily reflect the official policy and positions of DaVita.

Dialysis Organization Telehealth Summary

	DaVita	FKC	Satellite	US Renal	DCI	NKC
Platform	DCC TM / WebEx	Microsoft Teams	Doxy.me	Google Duo	Zoom	WebEx
Functionality	Multi-way video visits, secure messaging, scheduling, educational resources	Multi-way video visit, patient scheduling,	Multi-way video visits, document sharing, reminders	Multi-way video visits	Multi-way video visits, scheduling, separate system for document sharing	Multi-way video visits
Population	PD/HHD/ICHD	PD/HHD/ICHD	HHD/PD ICHD Pending	PD/HHD/ICHD	PD/HHD	PD/HHD
Consent Required	Yes	Yes	Yes	Yes	Yes	Yes

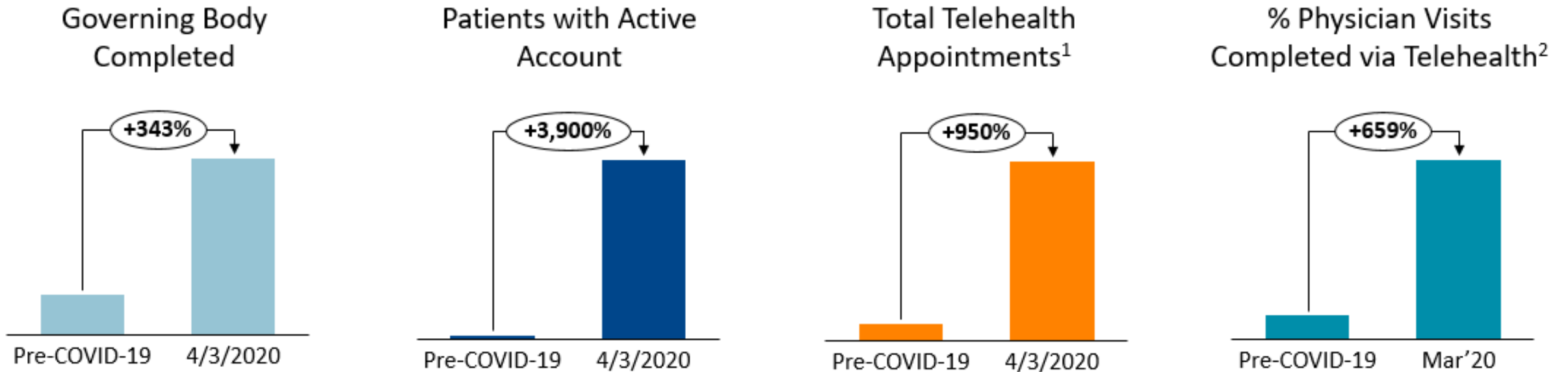
DaVita Care Connect™ for Home Modalities



- Multiparty inter-disciplinary, plus family/caregiver video chat (up to 10 parties)
- Secure messaging and photo sharing
- Scheduling and appointment reminders
- Educational resources

DaVita has a telehealth platform for home dialysis patients that is HIPAA compliant, has multiple patient engagement features, and is scalable after the COVID-19 response

COVID-19 Accelerate Virtual Care*



*DaVita Home Telehealth Growth

- 1) Includes visits with the patient, care team and/or physician
- 2) % of total Falcon Silver monthly TH encounters

Telehealth: Potential Use Cases

- Avoid unnecessary patient visits to home program per medical director
- Increase nurse, social worker and dietitian video visits w/patient
- Remote physician interaction with a patient in the home or at monthly lab draws when in unit
- Post training assessment
- Video assessment of vascular access and PD catheter exit site
- Interdisciplinary Team rounds
- Training on Home days (cohort positive unit, patient negative)
- WebEx for CKD education



Practical considerations *in conducting a telehealth visit in the COVID-19 pandemic.*

- Is the patient stable?
- Is the viral exposure risk high?
- How would you rate the patient's issue as high complexity?
- Does the problem warrant a physician: F-F/exam/testing ?
- Is telehealth the best option for the individual patient in his/her geography?
- Consider what constitutes a visit if seen in the office
- Can you evaluate the issue confidently remotely ?
- Does the patient / care partner have a smart phone, internet ?

.....*if not telephonic ?*

Telehealth Challenges & Lessons Learned

Infrastructure

- System not **designed** for sudden significant increase in access,
- **Lesson Learned:** comprehensively review of all infrastructure capacity, system alerts, and internal IT communications for system

Support Desk

- Significant uptick in **service desk calls** in light of DCC™ expansion. Needed to quickly bring in and train additional resources
- **Lesson Learned:** sharpen your service desk job aids and resources and establish frequent touchpoints on incident trends

Enhancements & Reporting

- Platform **enhancements** took on heightened importance as DCC™ use expanded. Demands for more refined and localized reporting also became a priority
- **Lesson Learned:** daily communication between business and IT partners to document, discuss, and reconsider development-related priorities



Home Cohort Management

What is and the Why for Cohorting: Home Patients?

- *“Use of a dedicated team to care for patients infected with a single infectious agent in a specific geography ”.....COVID-19*
- Minimizes exposure, both patient and healthcare team, to COVID-19
- Infection control whenever possible
- Team focuses on specific populations warranting PPE
- Cohorting allows teams to *“focus care”*

Visits types to consider for Home Dialysis Patients

1. New Patient Training
2. Lab Draws
3. Home patient urgent need such as infection, catheter complication, etc.
4. Initial Home Visit
5. Medication Administration
6. Routine Patient Maintenance
7. After-hours Support

When a visit to the clinic is absolutely needed*:

- Visits during specific timeframe when in-center is dialyzing COVID+ or PUI patients
- Potential suggestions for [Urgent TTS visits](#) (co-joined unit)
 - Have patient travel temporarily to another home program (<90 mins one way)
 - Meet patient at local non-COVID/non-PUI in-center facility that has an open exam room
 - Consider using waiver: Special Purpose Renal Dialysis Facilities (SDRDF)
 - Consider home visit with full PPE
 - Consider working with another local service provider

** Possible examples: Active peritonitis (post po bridge therapy), catheter dysfunction/poor drain/hole, painful draining CES infection, SOB with increase wt. and decrease UF etc.*

Challenges

- Finding the **right balance** between unique Home patient needs and how to operationally scale the guidance.
- The strength of cohort guidance is only as strong as the **field team** executing against those guidelines.
- Ability to **leverage in-center HD operations** to treat Home patients, when necessary.
- Identifying **new locations as needed** for alternate sites of care.

Summary

- COVID-19 has accelerated the adoption of virtual practices across all providers to improve patient safety and reduce the risk for viral transmission.
- During COVID-19 a number of CMS waivers have been released easing limitations on telehealth use.
- The Care Model for providing Home Dialysis will be recreated post COVID-19.
- Cohorting is essential to focus care and minimize exposure.
- Decisions regarding the optimal approaches to cohorting reflect the available local options and viral transmission risk.



Questions

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Nurse Consultant

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Closing Remarks

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