

# COVID 2021

A year of COVID-19 in dialysis.

We've got the questions ... help us come up with the answers.

What have we learned?

What are we doing?

What could we do better?

Presented by:

Bob Loeper & Ginine Brentar (Fresenius Medical Care)

Dr. J. G. Bhat & Steve Weiss (Atlantic Dialysis Management Services)

# What Have We Learned in a Year?


- ▶ Masks work—Some may be better than others and which one you need is very situationally dependent, but a mask is better than no mask always.
- ▶ We need to talk to our patients—A few simple questions upon entering the building yields a wealth of knowledge.
  - ▶ Make sure your policies reflect what you want staff to be asking.
- ▶ We need to think about patient placement and cohorting in the unit.
  - ▶ How many other infections are spreading in the unit unwittingly?
- ▶ Our patients travel more than you think.
- ▶ We need to know who is in our buildings, when, and why.
- ▶ It doesn't hurt to have someone dedicated to infection control on the team.
  - ▶ Infection control certification for a staff member?
  - ▶ How often is this or is it just another role for someone who's already overbooked?
- ▶ It is good to be friends with our neighbors.

# COVID-19 Testing

- Rapid vs. PCR testing—What should we be offering?
- What do we do about home tests?
- What personal protective equipment (PPE) should be used?
  - Gown, gloves, N-95 mask (surgical mask if you are going to reuse the N-95), face shield
- What about HEPA filters in the areas that are being used for specimen collection?
- Where do we collect specimens?
- Who should collect specimens?
- How do we clean the environment afterwards?

# So, Your Patient Is COVID-19 Positive, Now What?

- ▶ Dedicated units
  - ▶ How does this actually work?
  - ▶ Great for creating an expert staff pool.
  - ▶ Potentially great for containing the spread of infection.
  - ▶ Possibly not so great for patient's travel/life process.
  - ▶ What if someone is a false positive?
  - ▶ Do we include persons under investigation (PUI) on these and run the risk of infecting someone who is negative?
- ▶ Dedicated shifts
  - ▶ Better for patient satisfaction probably, but still an issue for some patient's travel/life process.
  - ▶ Risk of cross contamination
  - ▶ How do you explain this to patients/staff?



# So, Your Patient Is COVID-19 Positive, Now What? (cont.)

- Admitting new patients
  - What testing do you require and when?
- Treating PUIs and positives on non-dedicated shifts
  - Sometimes this has to happen.
    - Inability to transport a patient to a specific clinic/shift
    - Patients who arrive with symptoms
    - Lack of community testing


# Monoclonal Antibodies

- ▶ Casivirimab & Imdevimab (Regeneron), or Bamlanivimab
  - ▶ Stored in refrigerator
  - ▶ Available through Operation Warp Speed (federal program)
  - ▶ Monoclonal antibodies have been given in infusion centers for many years.
  - ▶ Ensure the patient hasn't gotten them somewhere else!
  - ▶ Administered 2 hours prior to the end of treatment followed by a 1-hour observation period.
  - ▶ Emergency Use Authorization (EUA) medication
  - ▶ Reduces likelihood of severe disease requiring hospitalization, median time to symptom improvement, and time to negative viral load.


# Monoclonal Antibodies (cont.)

- Casivirimab & Imdevimab (Regeneron), or Bamlanivimab
  - Not approved for hospitalized patients (no benefit), or patients requiring high-flow oxygen therapy (may worsen outcomes).
  - IVPB—A variety of dilutions are possible.
  - Most common reactions are infusion reactions, which can be addressed by slowing infusion rate, or stopping infusion.
  - Severe allergic reactions would be managed the same as standard unit protocol, so must have emergency medications on hand.
  - Medication is free, but can bill for administration.
  - Reports of variants that are unresponsive.

IVPB = Intravenous Piggyback



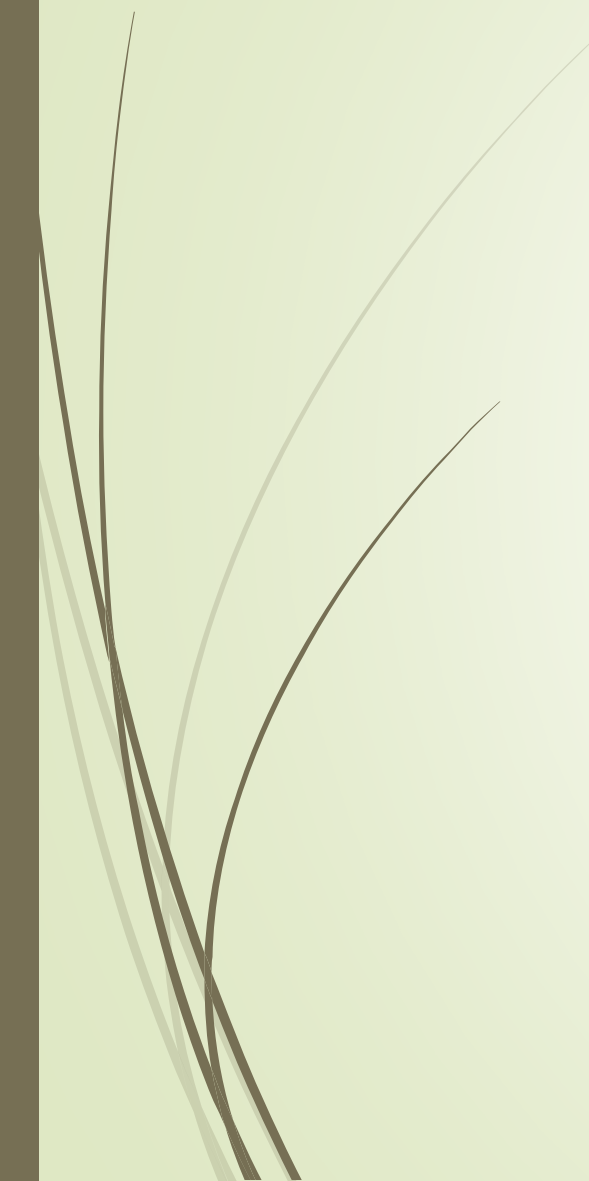
And Now ... the Moment Everyone's Been  
Waiting for ...







And Waiting For....



And Still Kind of Waiting for ...



# COVID-19 Vaccines!

# Vaccine Preparedness—Best Practices

## PREPARE THE CLINIC

- Register all clinics, obtain state password, enroll as provider per state-specific guidelines.
- Begin pre-consents now for both patients and staff.
- Keep daily tally of consents visible in clinic, on white board.
- For declinations, ask why, listen to their concerns.
- Have CDC COVID-19 vaccine Facts and Myths available click [here](#).
- Ask medical director to speak to declinators (staff and patients).
- Know your local DoH or HCC, attend their calls, and inform them of your readiness.
- Order/source supplies required by policy for pack and ship.

## PREPARE TO DISTRIBUTE


- Be prepared for arrival of vaccine with short notice.
- Review CDC Vaccine Shipping and Transport Training presentation with Technical team [here](#).
- Validate cold chain procedures are in place.
- Confirm packing material has arrived in Hub clinics, enough to send to all Spoke clinics.
- Define routes and who will transport to each Spoke.
- Hub clinics to approve/submit Redistribution Agreement [here](#).
- Keep track of consents and number of doses needed at each Spoke clinic.

## PREPARE TO VACCINATE

- Schedule staff/patients to be vaccinated every 15 minutes.
- Determine who will be the vaccinator and back up, determine dedicated location, i.e., exam room.
- Have chairs available for 15–30-minute wait period
- Have a backup plan if someone doesn't show for vaccination.
- DO or CM first to obtain vaccine, make it a public awareness issue.
- Have stickers/buttons ready ***"I am Vaccinated against COVID-19."***
- Celebrate being vaccinated!

## PREPARE TO RECORD

- Define who will enter all doses for staff and patients.
- Ensure they are trained on each state-specific reporting site, such as Florida Shots [here](#).
- Everyone should take advantage of any external vaccination availability and enter them in as well.



# Atlantic Dialysis' Vaccine Experience Is 2 Weeks Old

- ▶ 13 centers in Nassau County, Suffolk County, and NYC; NYC managed separately from the rest of the state.
- ▶ It is good to have contacted individuals at key organizations early on (CIR, NYSIIS, IPRO, DoH) to find out the intricacies of a very intricate process.
- ▶ Realistic expectations—Ensure you are very specific with your patients about what you're asking, why you're asking, and what asking means.
- ▶ Reach out to your neighbors for contacts to obtain the vaccine and to find out if they're receiving the same treatment.
- ▶ Day clinics can be great if you have a nimble fleet of transporters.
- ▶ Moderna is likely better for most of us (12 hours outside the refrigerator, 30 days in the refrigerator).

# Atlantic Dialysis' Vaccine Experience Is 2 Weeks Old (cont.)

- ▶ As an industry, we can accomplish high volumes in limited time frames.
  - ▶ Received 110 doses at 3 clinics last week; 200 administered in 2.5 days; all will be administered within 5 days.
  - ▶ No allergic reactions occurred.
  - ▶ Side effects are self limiting.
  - ▶ Sometimes it is good to go back to basics—Reeducate staff on proper IM injection practice to avoid excessive topical/muscle side effects.
- ▶ The documentation is a bit laborious, but it is worth it to ensure nothing falls through the cracks.
  - ▶ NYS—Consent, vaccine administrative record, vaccine card given to patient, online eligibility verification on the day of the shot.

# Atlantic Dialysis' Vaccine Experience Is 2 Weeks Old

- ▶ Almost every patient would qualify, even without the discussion regarding immunocompromised of dialysis patients (CAD, HTN, DM, obesity, >65 yo).
- ▶ You need to have 1–2 individuals in charge with absolute authority.
  - ▶ People will cancel.
  - ▶ People will change their mind.
  - ▶ People will want to choose their dates.
  - ▶ Sometimes it's 10 doses ... Sometimes it's 11 ... Sometimes it's 12.
  - ▶ Non-wastage can be accomplished, but requires coordination, limited time frame, and dedication ... and sometimes a little coercion.
- ▶ 24-hour resource center is essential.



It's OK Not to Know Everything ...

As Long as We Admit That ...

And We Work Together to  
Learn More Every Day.







Thoughts?

