COVID-19 Stream Response Plan Kidney Health Services

Sustain Tier 0
(BAU/Contain: contain and prepare)

- **Kidney Health Service – Metro North HHS**

Inpatient Ward - COVID-19 positive patients

- Commission dialysis capable beds in RBWH identified COVID-19 wards
  - Includes any Covid+ patients from across MNH

Outpatient facility based chronic haemodialysis

Home and Transition

- Support patient self-isolation by streaming patients to home dialysis if suitable
- Bring forward procedural dialysis access work - placement of Tenckhoff catheters for patients choosing peritoneal dialysis & fistulas for patients choosing haemodialysis
- Activate Dialysis Australia contract – supply nurse to haemodialyse patients in their home - completed
- Option of training patients in their home
- Bring forward home visits
- Bring forward any test procedures e.g. adequate testing, etc
- **Outpatients**
- Follow QH/DG directives on outpatient management
- Plan for virtual clinics
- Explore business governance i.e. billing
- **Kidney Supportive Care**
- Screen all patients on dialysis for currency of Advanced Care Planning or intention statement
- Hold a conversation with those without Advanced Care Planning or intention statement

Staff

- Refresh/retrain previous dialysis skilled staff
- Upskill existing dialysis staff to work across all dialysis modalities
- Reduce staff working across multiple sites
- Worked with the organisation i.e. RBWH IMS to design rotas for contingency ramping up
- Staff vaccination record
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Sustain Tier 1
(Limited community transmission: in-pt. admissions, ICU bed, + in-pts.)

Inpatient Ward – COVID-19 positive patients

- Inpatients admitted to ward areas as per RBWH plan from across MNH
- Those requiring dialysis are preferentially streamed to dialysis enabled beds e.g.
  - Wattlebrae = 2 beds
  - 6AS = 4 bed bay
    - Flow onto e.g. 9BN, 8BN etc., as per EOC direction
- **Inpatient Ward – COVID-19 negative patients**
- **Acute inpatient Dialysis**
- Clinical supplies, including PPE, stocktake daily
- Minimise transport of patients around the hospital
- Accept step down & IHT from MN ICUs to RBWH
- Clinical supplies, including PPE, stocktake daily

Outpatient facility based chronic haemodialysis

- Review rosters and patient schedules, limit cross over as able
- Clinical supplies, including PPE, stocktake daily
- Ensure regular clinical assessments undertaken and documented for dialysis adequacy in the event of delay to treatment required for outbreak management identify further patients for transfer to satellite services to minimise impact on hub service
- Transportation of patients optimised in consultation with DTC
- COVID-19 +ve patients treated as per EOC direction
- Service/commission additional water and dialysis machines to meet the need to compartmentalise patient care

Home and Transition

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- Clinical supplies, including PPE, stocktake daily
- Virtual support of COVID-19 positive patients self-isolating i.e. Virtual Ward
- Service/commission additional water and dialysis machines to meet the need to compartmentalise patient care
- Bring forward installation of services into patient homes for home haemodialysis dependent on external providers for electricity /plumbing and internal providers for BTS and procurement

Outpatients

- Follow QH/DG directives on outpatient management
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- Monitor changes in the administration officer workloads and model resource requirements
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- **Transplant**

Sustain Tier 2
(Moderate community transmission: as tier 1 – higher incidence)

Inpatient Ward - COVID-19 positive patients

- Clinical supplies, including PPE, stocktake daily
- Inpatients admitted to ward areas as per RBWH plan from across MNH

Inpatient Ward – COVID-19 negative patients

- **Acute inpatient Dialysis**
- Clinical supplies, including PPE, stocktake daily
- Dialyse at the bedside as per clinical and organisational requirements.
- **Outpatient facility based chronic haemodialysis**
- Clinical supplies, including PPE, stocktake daily
- Provide the patients with emergency packs in case of shortened or missed treatments due to outbreak management
- Align with QH directive to partner with Private Providers
- **Home and Transition**
- Clinical supplies, including PPE, stocktake daily
- Home visits for essential patient issues only
- Outpatient attendance at Stafford is by exception
- HD and PD dialysis training continues for patients not yet ready for self-care
- Remote case management of home patients
- Reduce non-essential procedures e.g. AdQuest testing, etc
- One-way flow through the Training Unit rooms

Outpatients

- Stream acute/hot consultations to Stafford and away from the RBWH – may need to cease some clinics at Stafford to provide rooms
- Follow QH/DG directive re Cat 3 referrals
- Review business as usual management of patients not attending clinics and develop management plan as clinically appropriate

Sustain Tier 3
(Significant community transmission: higher incidence again)

Inpatient Ward - COVID-19 positive patients

- Inpatients admitted to ward areas as per RBWH plan from across MNH
- Clinical supplies, including PPE, stocktake daily

Inpatient Ward – COVID-19 negative patients

- Change model to ward-based model of inpatient care as in alignment with organisational MOC

Acute inpatient Dialysis

- Clinical supplies, including PPE, stocktake daily
- Approach is case by case negotiation
- Renal patients requiring admission to ICU are by discussion with ICU re morbid load
- Acute haemodialysis patients outside ICUs
  - Install telemetry releasing capacities in ICUs & CCUs
- If ICU load of dialysis is onerous, to renegotiate supply of haemodialysis into ICU

Outpatient facility based chronic haemodialysis

- Clinical supplies, including PPE, stocktake daily
- Align with QH directives regarding relationships with Private Providers
- Escalate via EOC decisions regarding supply of dialysis
- Implement patient packs

Home and Transition

- Clinical supplies, including PPE, stocktake daily
- Review MOC
- Training in the patients' home continues
- Configure Stafford services to support service demand and support cohorting of patients and staff
- Cascade patients from the outpatient facility based chronic haemodialysis group into the other three shift schedules at Stafford if vacancy.

Outpatients

	▪ Prioritise the population for frequency and appointment type using a traffic light tool ▪ Consider move to virtual care **Kidney Supportive Care** ▪ Audit Advanced Care Planning and intention statements to see if activity requires to be increased ▪ Increase patient review by KSC team at TPCH and RBWH ▪ Increase KSC patient feedback activity **Staff** ▪ Transfer staff who have been retrained/upskilled into specialty dialysis areas ▪ Reduce size of working groups and meeting groups in one location e.g. split between room, move to digital platforms e.g. MS Teams (requires noise cancelling headsets) ▪ Disperse staff working in offices and virtually into clinical spaces to ensure social distancing in line with MN Directives ▪ Activated readiness to work from home capability ▪ Staff reallocation to frontline services or other sites as demand dictates ▪	▪ Introduce rapid response clinics sited in the community e.g. Nundah, NLHP for Category 1 patients & those requiring face to face appointments ▪ Move face-to-face consultations to community centres **Transplant** ▪ Expand the virtual support, mostly telephone support to meet phone calls from patients for care needs ▪ Move face-to-face consultations to community centres as clinically indicated **Kidney Supportive Care** ▪ Becomes part of the inpatient teams managing patients with kidney disease and COVID-19 who have a high mortality rate ▪ Telemedicine review model for OPD reviews as clinically indicated ▪ Compartmentalise staff - creating 2 KSC teams to prevent cross infection, reduce exposure of staff over multiple sites i.e. TPCH & RBWH ▪ Continue advance care planning among at risk renal patients ▪ Telemedicine review of CKD V conservative management patients in their homes, inclusive of GP communication. **Staff** ▪ Staff rostering for the new models of care ▪ Implement working from home as directed by MN e.g. vulnerable staff ▪ Plan for increasing staff redeployment out of KHS and across the hospitals ▪ Plan for increasing staff absence due to sickness, isolation, child-care, etc	▪ Follow QH/DG directives on outpatient management **Kidney Supportive Care** ▪ Redeployment of staff as necessary **Staff** ▪ Raise any staff rostering issues via Emergency Operational Centre (EOC), for escalation as required ▪ Redeployment of staff as per organisational directives

Footnotes

1. **Continuous review of MOC as impacted by staff and patient Covid+ rates**
    a. review staff rosters and patient schedules to limit cross over as able
2. **PPE as directed by EOC**
3. **See flow diagrams for management of Covid-, Covid+, Close contacts etc.**
4. **See NE Skill Spreadsheet for status on upskilling, refreshers and staff training**

This document should be read in conjunction with the MNHHS KHS Pandemic Influenza Business Continuity Plan *(available from the MNHHS KHS)*