Kidney Care in London Virtual After-Action Review: Reflections on managing COVID-19

1st July 2020 @ 9:30 am - 4:30 pm

Aim of the day: To capture experience and learning from the first COVID surge to help renal teams plan for living with COVID safely and sustainably.

Output of the day: A Pan London report that provides practical guidance to clinical teams to help create a more resilient service before the next surge.

South London Renal Clinical Alliance
North London Kidney Clinical Advisory Group

Welcome and Purpose Of The Day

Dr Neil Ashman – Clinical Lead, North London
Clinical Kidney Advisory Group

0930-0940 **(10 mins)**	**Welcome and purpose of the day**	**Chair**: Dr Neil Ashman
0940-1110 **Session 1** **(90 mins)**	**Topic: Protecting people on In-Centre Haemodialysis** **Purpose of the session:** To understand the risks of in-centre dialysis in a time of COVID and exploring consensus on how to treat patients safely. A patient led conversation with clinicians from multi-disciplinary dialysis teams examining key issues such as PPE, cohorting, testing and shared decision making.	**Chair:** Dr Jenny Cross (RFH) **Patient:** Maddy Warren **Panel:** • Dr Kieran McCafferty – Nephrologist (Barts) • Helen Cronin- HD Matron (KCH) • Dr Tanzina Haque/Jelena Heaphy Infection Control (RFH) • Dr Simon Kirwin - Renal Psychological Medicine (RLH) • Kate Shepherd (KCH) Sarah Watson (GSST) – Supportive Care Practitioners
1110 -1120	**Comfort Break**	
1120-1250 **Session 2** **(90 mins)**	**Topic: Renal teams supporting AKI in the critically ill patient** **Purpose of the session:** To reflect on the clinical collaboration between Critical Care and Nephrology teams and share practice from across London. Front line clinical teams will discuss local approaches to clinical management of AKI in critical care and explore options for reaching consensus on best practice.	**Chair:** Professor Claire Sharpe (KCH) **Panel:** • Dr Rafik Bedair & Dr Daniel Jones (STG) • Dr Chris Kirwan (Barts) • Dr Marlies Ostermann (GSTT) • Elaine Bowes & Dr Hugh Cairns (KCH) • Dr Neil Duncan (Imperial) Each of the units in London will share their local story of how Critical Care and Nephrology teams worked in partnership to manage AKI during the first COVID surge. • Dr Jenny Cross (RFH) • Dr Ginny Quan (ESTH)

1300-1430 **Session 3** **(90 mins)**	**Topic: Remote working in Nephrology - virtual by default** **Purpose of the session:** To share learning from the rapid expansion of remote working during the COVID surge and understand how recent experience has influenced future thinking. To set a path for innovation and fundamental change in working practices to enable a sustainable reduction in face-to-face clinical practice across all kidney care pathways.	**Chair:** Dr Conor Byrne (Barts) • Dr Andrew Frankel (Imperial) • Dr Cat Shaw (KCH) • Dr Kin Yee Shiu (RFH) **Panel:** • Dr Edward Stern (StG) • Dr Vip DeSilva (ESTH) • Dr Ellie Asgari (GSST)
1430-1440	**Comfort Break**	
1440 -1610 **Session 4** **(90 mins)**	**Topic: Restarting Vascular Access & Transplantation safely** **Purpose of session:** To understand how patients have been managed safely whilst surgery has been suspended, share experiences of restarting surgery, and explore standardising practice. A patient led conversation with clinicians from multi-disciplinary transplant teams examining key themes for safe transplantation including donation, isolation, peri-operative practice and longer term follow up.	**Chair:** Dr Ginny Quan (ESTH) **Vascular Access** • Mr Francis Calder (GSST) • Mr Rajesh Sivaprakasam (Barts) **Transplantation** **Patient:** Nick Palmer (KCUK) **Panel:** • Lisa Burnapp (NHSBT) • Dr Sapna Shah (KCH) • Mr Frank Dor (Imperial) • Dr Gareth Jones (RFH)
1610-1630 (20 mins) **Close 1630**	**Reflections and lessons learned** • Summary of key themes from the day • Designing COVID resilient services for the future and practical next steps	**Chair:** Dr Rob Elias

Topic: Protecting people on In-Centre Haemodialysis

Chair: Dr Jenny Cross (RFH)

Purpose of the session:

- To understand the risks of in-centre dialysis in a time of COVID and exploring consensus on how to treat patients safely.

Patient: Maddy Warren

Panel:

- Dr Kieran McCafferty – Nephrologist (Barts)
- Helen Cronin- HD Matron (KCH)
- Dr Tanzina Haque/Jelena Heaphy - Virology lead/Infection Control lead nurse (RFH)
- Dr Simon Kirwin - Renal Psychological Medicine (Barts)
- Kate Shepherd (KCH) Sarah Watson (GSST) – Supportive Care practitioners

Dr Jenny Cross

Consultant nephrologist

Royal Free Hospital

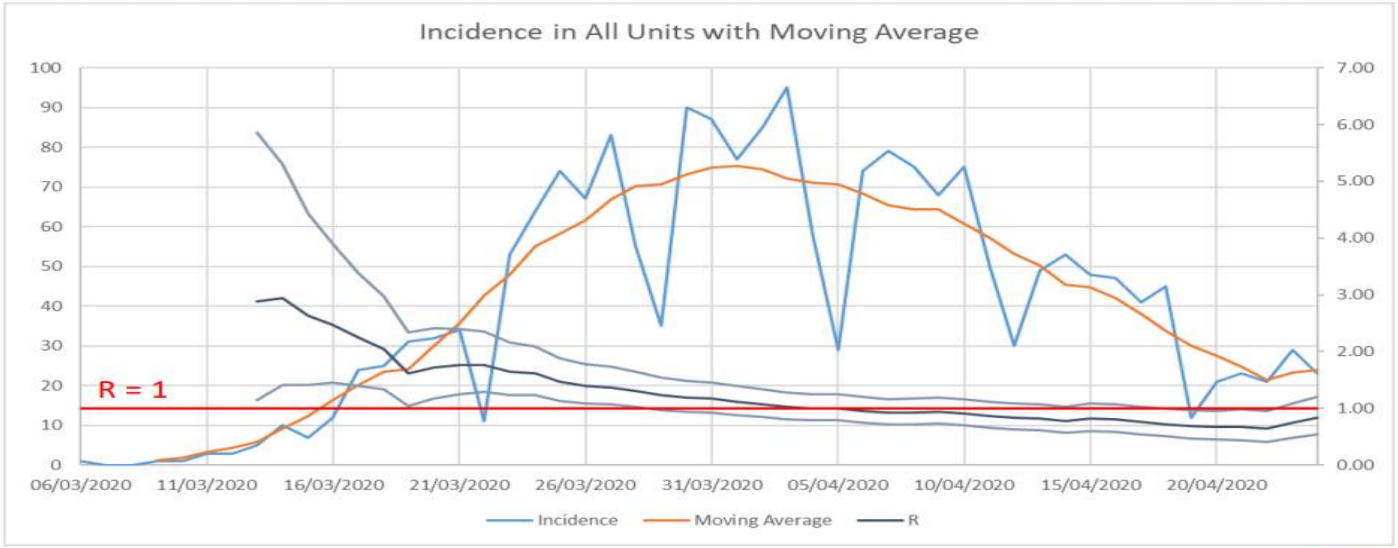
Reflections on Managing COVID 19: After Action Review event

Session 1
Protecting people on in centre haemodialysis session

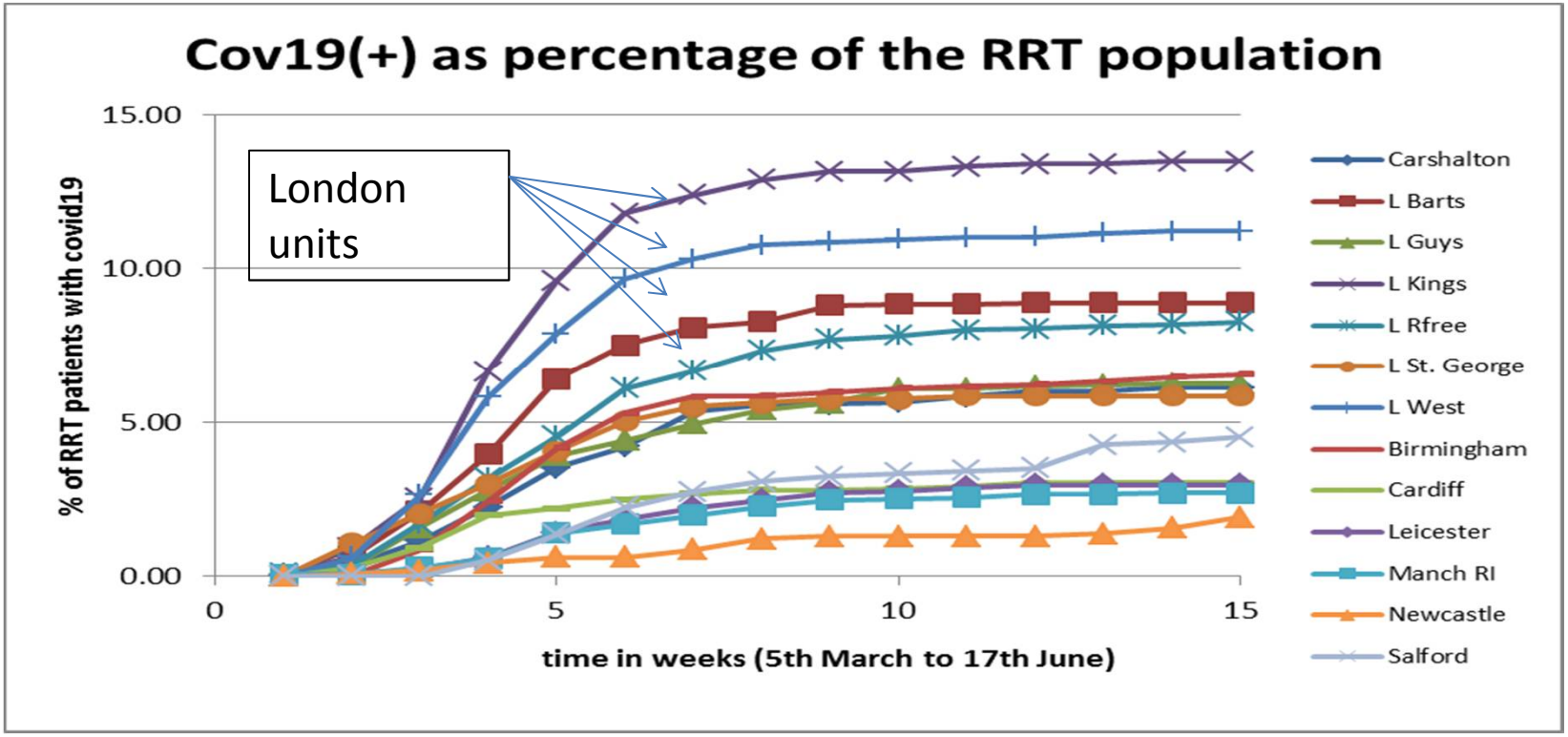
Chair Dr Jenny Cross Nephrologist
Moderator Dr Neil Ashman

Overall R

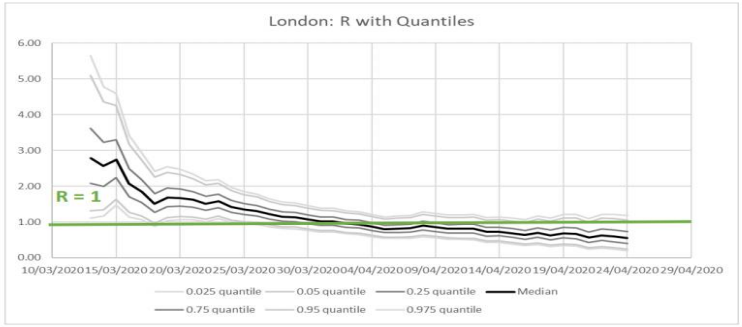
THE RENAL ASSOCIATION
UK RENAL REGISTRY



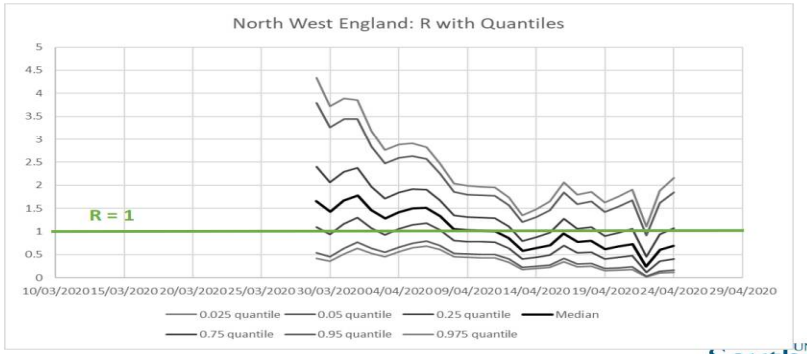
UNIVERSITY OF Southampton


Cov19(+) as percentage of the RRT population
London units
% of RRT patients with covid19
15.00
10.00
5.00
0.00
0
5
10
15
time in weeks (5th March to 17th June)
Carshalton
L Barts
L Guys
L Kings
L Rfree
L St. George
L West
Birmingham
Cardiff
Leicester
Manch RI
Newcastle
Salford

R in London Dialysis Units



R in North West Dialysis Units



Dr Kieran McCafferty

Consultant Nephrologist

Barts Health NHS Trust

Protecting patients on ICHD

DR KIERAN MCCAFFERTY BARTS HEALTH NHS TRUST

Thanks to:

If one good thing has come out of COVD it has been the collaborative efforts

…within East/North London, Pan-London and the UK as a whole.

KQuIP COVID-19 HD Ensuring Patient Safety Work Stream

- Dr Rosie Donne developed a working document

Patients receiving haemodialysis treatment are extremely vulnerable to severe COVID-19 infection

Renal Registry: 10% of patients on haemodialysis in the UK have had confirmed COVID-19 and 25% of these have died

Almost 50% of the total number of COVID ICHD come from London

Protecting patients on ICHD

- Shielding
- Transport
- Start times
- Waiting areas
- Patient flow
- Dialysis bed space
- PPE
- Cleaning
- Education
- Cohorting
- De-isolation
- Screening

Our Screening experience…

1. Our cohort: Multiethnic population, high rates of social deprivation
2. Haemodialysis cohort n=1253
    1. 207 (17%) managed as COVID positive between 10th March- 4th June
    2. 196 confirmed swab positive
    3. 11 swab –ve but highly suspicious
    4. Outcome: 21% mortality
3. Initially almost all patients (n=201, 97%) were identified self-presenting with symptoms of coronavirus infection
4. Early May fortnightly routine swab testing of everyone: only 6 additional patients detected.

Antibody Testing

1. Antibody testing: of those who were Swab positive 95% of patients seroconverted
    1. Reassuringly high levels of seroconversion in our antigen positive patients
2. Those who were swab-ve: 11.5% of patients were Ab positive.
    1. This suggests that, during the peak of the virus there was a higher asymptomatic carriage rate, but that measures put in place in the dialysis units may have prevented further transmission
3. Antibody positivity among the entire cohort is therefore 18%.

Helen Cronin
HD Matron

Kings College Hospital

Workforce and Patient Information

Helen Cronin
Matron – Haemodialysis
KCH

01.07.2020

Workforce

What were the challenges / issues ?

- Increased sickness rates
- Workforce strain
- Redeploying staff to ITU
- PPE guidance and provision
- Supply chain interruption
- Additional workload, triaging, patient acuity, cohorting, swabbing, Covid transport

Workforce

Issues for discussion going forward

- Robust workforce planning
- Maintaining staff resilience
- Staff risk assessments/ BAME shielding, staff testing, track/ trace
- PPE provision
- Transport provision and co-ordination

Patient Information/ Communication

What were the challenges/ issues ?

- Addressing Patients' fears and concerns
- Transport challenges- delays in securing Covid dedicated transport in the initial stages

Patient Information/ Communication

Issues for discussion going forward

- Robust Communication
- Managing patient anxiety
- Patient experience and engagement
- Patient choice and safety: encouraging uptake of Home Therapies/ Shared Care for new and suitable patients.

***Jelena Heaphy* - Infection prevention and control lead nurse for renal transplantation and Dialysis**

***Dr Tanzina Haque* - Consultant Virologist, Virology lead for renal transplantation and Dialysis**

Royal Free Hospital London Foundation Trust

Protecting people on In-Centre Haemodialysis : Infection prevention and control (IPC) measures

Jelena Heaphy
Infection prevention and control lead nurse for renal transplantation and Dialysis
Royal Free Hospital London Foundation Trust

Dr Tanzina Haque
Consultant Virologist, Virology lead for renal transplantation and Dialysis
Royal Free Hospital London Foundation Trust

COVID -19: Rapidly evolving situation

Case definition, IPC requirement, PPE, PCR testing guidance changed several times over the course of pandemic

Influences on changes in Personal Protective Equipment (PPE) during the Covid-19 pandemic

- Covid-19 was first classified as a high consequence infectious disease (HCID) in the UK on 16 January 2020.
- As of 19 March 2020 is no longer considered to be a HCID in the UK.
- PPE are classified in two groups by Public Health England (PHE): PPE for non-aerosol generating procedures and PPE for aerosol generated procedures (AGP).
- From 15th June 2020 face mask and coverings to be worn by all NHS hospital staff and visitors

Dialysis unit PPE

- Dialysis procedure is classified as an non-aerosol generating procedure.
- Screening patients for Covid-19 symptoms on arrival for dialysis. Providing all patients with the surgical masks on dialysis and during travelling from and to dialysis (due to risk of cross-contamination).
- Education of patient and staff of appropriate donning and doffing of PPE and hand hygiene.

Covid-19 Haemodialysis Guidelines; March 2020

Symptomatic patient (fever or persistent cough)

<u>If unwell – admit to RFH</u>

- Satellite side room dialysis if available and if patient/family can drive to and from the unit
- Consider cohorting if no side rooms
- If no means to reach dialysis – admit to RFH
- Patient to wear surgical mask if available
- PPE as per Trust/PHE guidance (surgical mask, disposable visor, apron, gloves)
- Social distancing

Confirmed Covid-19 patients

<u>If unwell – admit to RFH</u>

- Satellite side room dialysis if patient/family can drive to and from the unit
- Consider cohorting if no side rooms -
- If no means to reach dialysis – admit to RFH
- Patient to wear surgical mask if available
- PPE as per Trust/PHE guidance (surgical mask, disposable visor, apron, gloves)
- Social distancing

Side room prioritisation

1. Hep B positive (Red Machine) and CDiff with diarrhoea
2. Proven Covid-19
3. Symptoms suggestive of Covid-19
4. Patients who live with Covid-19 diagnosed relatives
5. HCV, HIV, CPO, historical CDiff, HBV core positive on yellow machines, Blue machines

Learning

- Better communication (underestimate influences from media and other sources creating confusion).
- Supporting each other more and asking for help earlier (as the situation has created increase anxiety, stress and a high sickness rate).
- We have learned more about Covid-19 and new policy's are adopted in the wider community (hand hygiene, social distancing, wearing face coverings).
- Availability of more swabs can improve early detection of potential cases and stop spreading in the community and hospital (test and trace).

COVID-19 Confirmed Diagnosis by PCR testing of Nasopharyngeal Swab (NPS)

Challenges :

- Lack of availability of commercial assays
- Global supply chain constraints for commercial assays, reagents, swabs, equipment
- Limited daily test capacity
- Multiple swab types, swabbing techniques
- Operating multiple COVID-19 PCR assays, difficulty in interpretations, assay reliability
- Delay in getting results
- Stage of infection

COVID-19 PCR testing of Nasopharyngeal Swab (NPS)

- **Testing of symptomatic patients as per national guidance:**

- 121 HD patients were tested positive by PCR
  (between 14/03/2020 and 03/05/2020)

- **First snap-shot survey (May 2020):**

3.58% PCR positive (27 positive out of 670 tested)

- **Second round of survey (June 2020):**

0.9% PCR positive (6 positive out of 666 tested)

- **Routine testing of all HD patients every 2 weeks**

Dr Simon Kirwin

Consultant Liaison Psychiatrist – Renal Psychological Medicine

Barts Health Care Trust

Sarah Watson – CNS Supportive Care
Kate Shepherd – Lead Nurse Supportive Care

Guys & St Thomas'

Kings College Hospital

Renal Supportive Care During Covid-19 pandemic in South London

What We Did…….

- **Models across the region were variable, in most cases supportive care staff (were available) were redeployed to other areas**
- **Only at GSTT CNS were <u>not</u> redeployed but main focus of activities was provision of supportive and palliative care on the renal wards** (Routine outpatient and clinical work was scaled down)

Time was spent:

- supporting patients on the ward where recovery was uncertain *AMBER bundle*
- Continuing to support dialysis decision making
- Implementing the trust wide specific *Covid symptom observation charts* and *symptom control guidelines* into the renal setting.
- Supporting end of life care, managing complex symptoms, specialist advice and prescribing, providing face to face psychological support and befriending in absence of visitors.

Renal Supportive Care During Covid-19 pandemic in South London
What We Did…….

- Supporting staff who were unfamiliar in the renal environment or caring for kidney patients.
- Supporting staff who were anxious/struggling
- Setting up and manning a devoted helpline for those who may wish to discuss their wishes and preferences for care

What we learned……

- There was great value in supportive care being accessible on the wards – as a resource to patients and staff (and a familiar face), especially where ward staff were working often out of their comfort zone.
- Supportive care can take some of the burden off the nursing and medical teams on the ward
- Patients had significant befriending and psychological needs particularly in absence of visiting.
- It was often challenging to keep patients relatives informed, and supportive care helped with this link

What we learned……

- **More advance care planning prior to the pandemic would have been helpful.** If a patient had already had the idea of advanced care planning introduced, discussions on admission were generally easier, especially if already seen by supportive care
- Covid specific symptom observation charts (including fever, cough breathlessness) and symptom control guidelines were useful (and on many occasions very symptomatic patients on high flow oxygen survived)
- There was very little uptake of the helpline (but this was only advertised via renal covid web page and word of mouth)

What would we do in the future?

- **Supportive care should be part of core business.** It benefits patients and the team therefore needs to remain part of the agenda even when NHS resources are limited.
- Continue to increase the number of **advance care plans** for those on dialysis to enable them to discuss and document their wishes and preferences about their care and to make this part of routine care.
- Raise awareness amongst staff to improve access to **advance care planning** - posters and postcards available to point patients towards contacts for planning
- Increase the use of **cognitive and frailty assessments** to help identify patient needs (in advance of admission)

What would we do in the future?

- **Inpatients** have significant psychological needs, tablets helped with this, but there is more we can do:

1. Renal psychology via tablets (particularly post ITU)
2. Information about planning future care *('Lets Talk')*
3. Conversations with family and friends

- Continue to use Covid specific symptom observation charts (including fever, cough breathlessness), symptom control guidelines and *Amber bundle*
- Better sign post helpline inviting patients to contact SC if the want to engage in ACP discussions.

Maddy Warren – kidney patient will pose questions/discussion to the panel

Audience will ask questions to the panel via chat

Moderator: Dr Neil Ashman

Summing Up

Dr Jenny Cross

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