TUNE IN TO THIS GLOBAL WEBINAR

In Canada
Tuesday
October 6th
6:00 pm – 7:30 pm EST

In Australia
Wednesday
October 7th
09:00 am – 10:30 am AEDT

Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN

Australian and New Zealand
Society of Nephrology
ANZSN

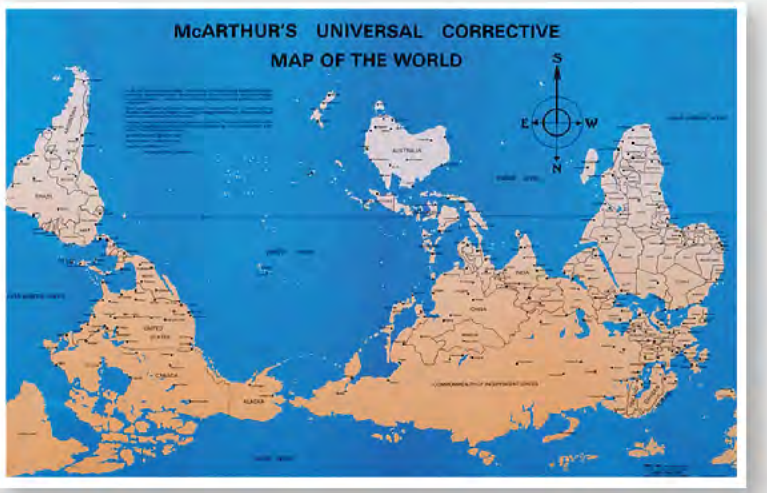
THE COVID-19 PANDEMIC:

How it turned our world upside-down and what nephrologists can learn from each other

LEARNING OBJECTIVES:

CANADA Understand Australia's second wave, what was expected and unexpected with concurrent flu season

AUSTRALIA Understand Canadian provincial strategies and experiences from hard-hit centre(s)



Sanjay Pandeya
CSN President, co-chair

Neil Boudville
ANZSN President, co-chair

Dr. Kevan Polkinghorne

Dr. Kate Wyburn

Mark McDonald

Dr. Peter Mount

Dr. Peter Blake

Dr. Adeera Levin

www.csnscn.ca www.csncommunity.ca www.nephrology.edu.au

Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN

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ANZSN

WEBINAR AGENDA

The COVID-19 Pandemic:
How it turned our world upside-down and what we can learn from each other.

Co-Chairs: **Dr. Neil Boudville (ANZSN President)** **Dr. Sanjay Pandeya (CSN President)**

- Introduction to Webinar (**Sanjay Pandeya** - 5 mins)
- Differences between Australian and Canadian systems (**Neil Boudville** - 5 mins)
- Describe Australian first wave experiences (**Kevan Polkinghorne** 10 mins)
  - planning, interventions, numbers
  - focus on chronic HD patients/AKI
  - comment on kidney transplantation (**Kate Wyburn** – 5 mins)

- Australian data overview including capabilities **(Mark McDonald** – 5-10 mins)

- Canadian experiences with first wave
  - Provincial plans and lessons learned from hard hit centre(s)
    - BC **(Adeera Levin** – 10 min)
    - Ontario **(Peter Blake** – 10 min)

- Australian [Victoria] second wave and winter season experiences (**Peter Mount** 5-10 mins)
  - what is different than assumed
  - consideration of flu season

- Summary lessons learned (**Neil Boudville / Sanjay Pandeya** - 5 mins)
- Q&A (15 mins)

Australian and New Zealand
Society of Nephrology

ANZSN

Dr. Neil Boudville
ANZSN President

Australian and New Zealand
Society of Nephrology

Dr. Kevan Polkinghorne

Nephrologist
Monash Medical Centre
Adjunct Professor at Monash University
Canberra, Australia

Mr. Mark McDonald

National Manager of Analytics
and Technology
Australian Organ and Tissue Donation and
Transplantation Authority (OTA)
Sydney, Australia

Dr. Kate Wyburn

Senior Staff Specialist Nephrologist and
Director of Kidney Transplantation at
Royal Prince Alfred Hospital
Sydney, Australia

Dr. Peter Mount

Deputy Director of Nephrology
Austin Health
Melbourne, Australia

HEALTHCARE FUNDING IN AUSTRALIA/NEW ZEALAND VS CANADA

Neil Boudville

(I am not a Health Economist!)

AUSTRALIAN AND NEW ZEALAND HEALTHCARE SYSTEM

- Australia is a federation of 6 states and 2 territories.
  - Healthcare delivery is through a combination of federal and state led programs
  - While the states and territories contribute financially to healthcare delivery there is considerable federal funding as well
  - For most of the dialysis services this is delivered at a state or territory basis
- New Zealand
  - Universal health coverage thru a mostly publicly funded, regionally administered delivery system.
  - General taxes fund most services
  - National govt sets and annual budget, district health boards are charged with planning, purchasing and providing health services at the local level

Figure 2.1.1: Main roles of government in Australia's health system

Australian Government

- sets national policies
- is responsible for Medicare (including subsidising medical services and joint funding, with states and territories, of public hospital services)
- funds pharmaceuticals through the Pharmaceuticals Benefits Scheme
- funds community-controlled Aboriginal and Torres Strait Islander primary health care
- supports access to private health insurance
- regulates private health insurance
- organises health services for veterans
- is a major funder of health and medical research, including through the National Health and Medical Research Council
- regulates medicines, devices and blood

State and territory governments

- manage public hospitals
- license private hospitals
- are responsible for public community-based and primary health services (including mental health, dental health, alcohol and drug services)
- deliver preventive services such as cancer screening and immunisation programs
- are responsible for ambulance services
- are responsible for handling health complaints

Local governments

- provide environmental health-related services (for example, waste disposal, water fluoridation, water supply, food safety monitoring)
- deliver some community- and home-based health and support services
- deliver some public health and health promotion activities

Shared

- regulation of health workforce
- education and training of health professionals
- regulation of pharmaceuticals and pharmacies
- support improvements in safety and quality of health care
- funding of public health programs and services
- funding of Aboriginal and Torres Strait Islander health services

Sources: Biggs 2013; COAG 2012; Department of Health 2015b; Duckett & Willcox 2015; PM&C 2014.

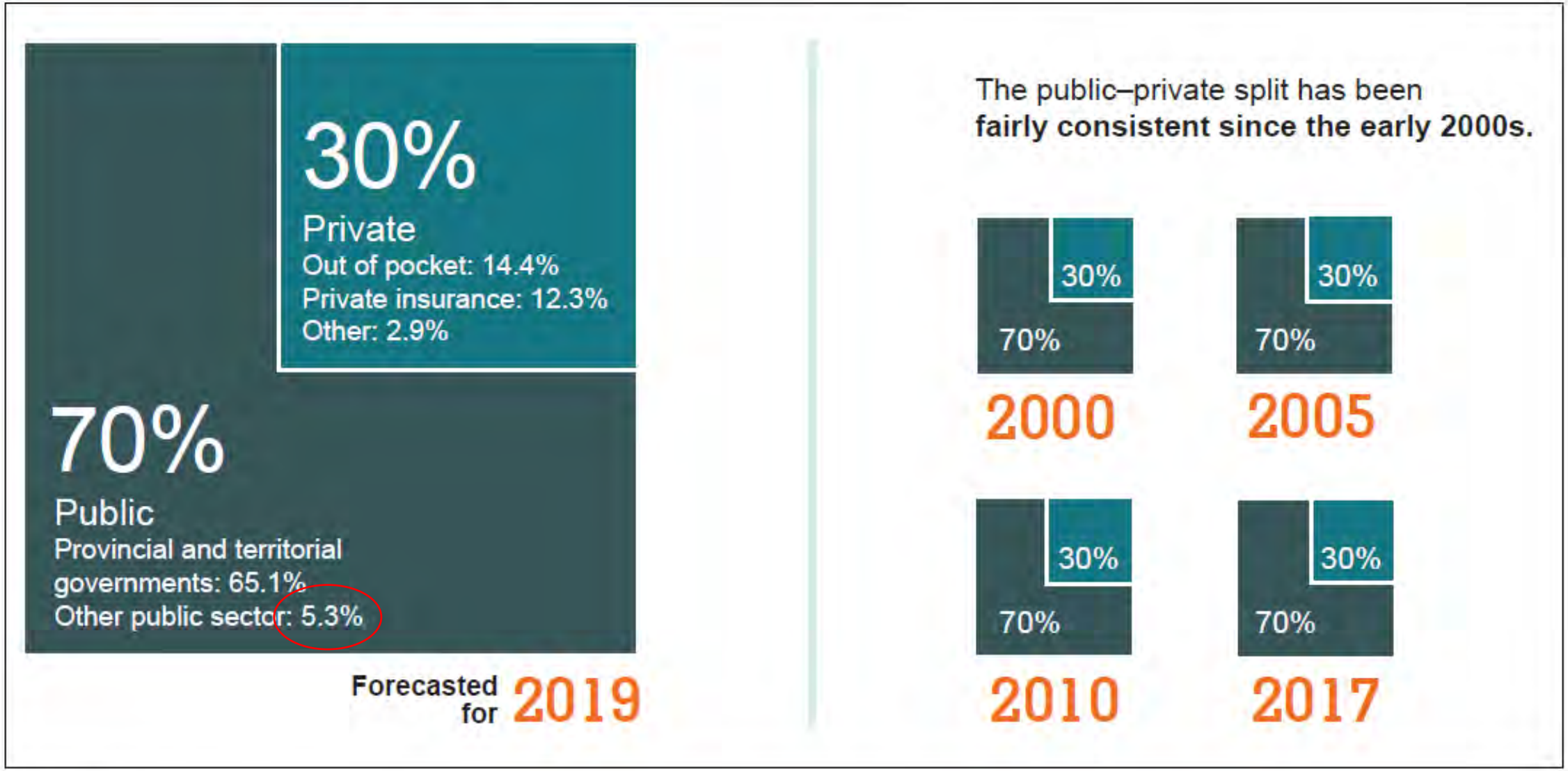
HEALTH SPENDING IN AUSTRALIA 2017-18

- 2/3 of health spending is from government
  - $77.1 billion by the Federal government
  - $49.5 billion by the State and Territory governments
- 1/3 of health spending is from non-government entities
  - Private health insurance providers
  - Injury compensation insurers
  - Individuals
  - Other

CANADIAN HEALTHCARE SYSTEM

- Canada is a federation of 10 provinces and 3 territories
- Public health insurance plans administered by the provinces and territories are funded by general taxation.
- Federal transfers to provinces and territories in support of health care are conditional on the requirements set out in the Canada Health Act.
- Provinces and territories have primary responsibility for the organisation and delivery of health services.

Figure 5 Who is paying for these services?



Source

National Health Expenditure Database, Canadian Institute for Health Information

Australian and New Zealand Society of Nephrology

ANZSN

Dr. Kevan Polkinghorne
Nephrologist
Monash Medical Centre
Adjunct Professor at Monash University
Canberra, Australia

Australian COVID-19 First Wave Experiences

6/7th October 2020

Kevan Polkinghorne
Department of Nephrology, Monash Medical Centre, Clayton, VIC
Department of Medicine, Monash University, Clayton, VIC
Chair ANZSN COVID-19 Working Group

Outline

- Australian COVID-19 First Wave Numbers
  - Total Case Numbers & Deaths
- Australian Government Response (Brief)
- ANZSN COVID-19 Response
  - COVID-19 Forum
  - COVID-19 Work Group
  - Dialysis/AKI planning

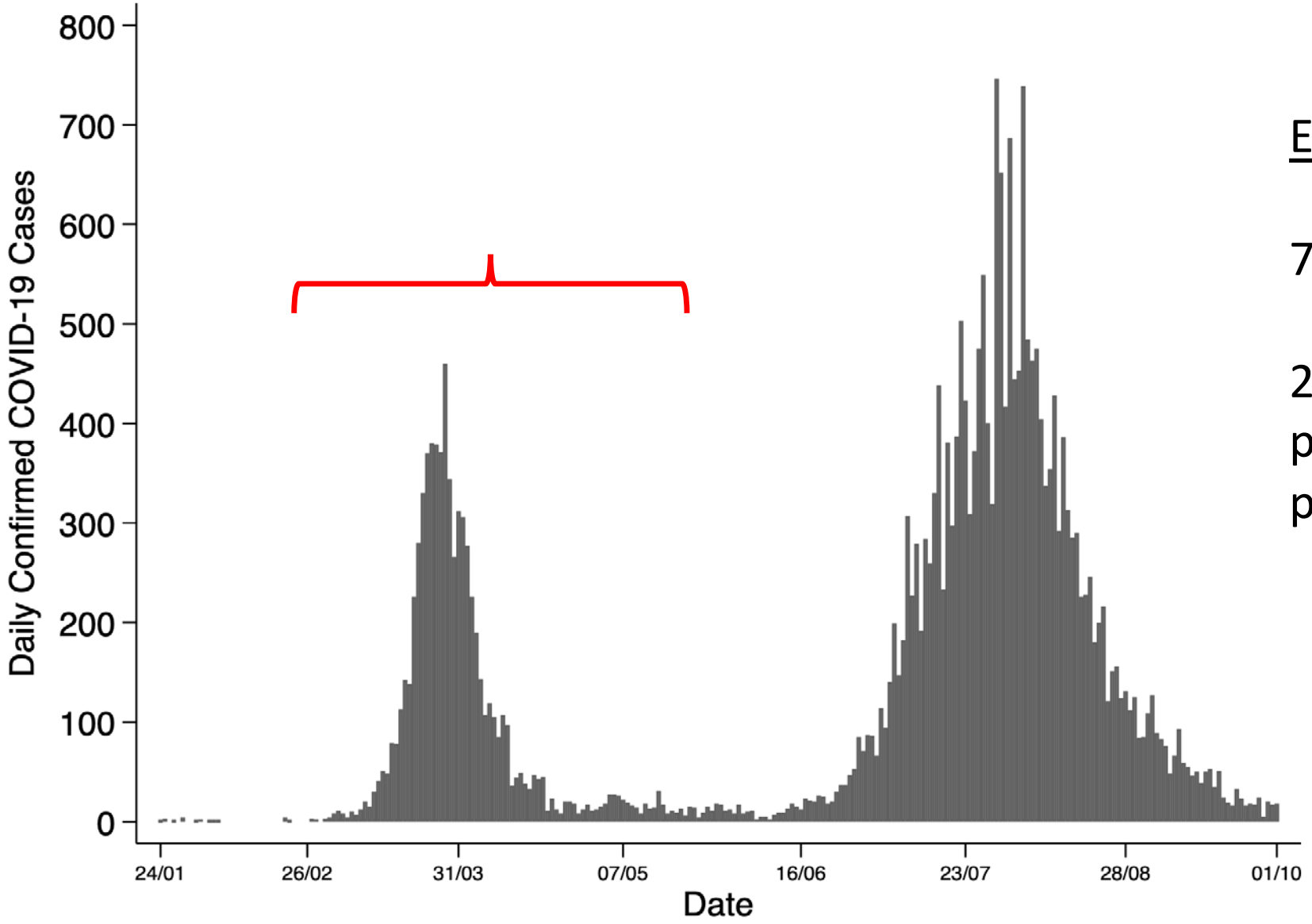
By the end of Australia's first wave in early June, approximately how many COVID-19 cases were there:

- A) 5300 cases ~ 20.9 cases per 100,00 population
- B) 7300 cases ~ 28.7 cases per 100,00 population
- C) 9300 cases ~ 36.7 cases per 100,00 population
- D) 11,300 cases ~ 44.6 cases per 100,00 population

By the end of Australia's first wave in early June, approximately how many COVID-19 cases were there:

- A) 5300 cases ~ 20.9 cases per 100,00 population
- B) 7300 cases ~ 28.7 cases per 100,00 population
- C) 9300 cases ~ 36.7 cases per 100,00 population
- D) 11,300 cases ~ 44.6 cases per 100,00 population

COVID-19 Cases Australia: Jan-Sept 2020



<u>Early June:</u>

7300 cases

28.7 cases per 100,00 population

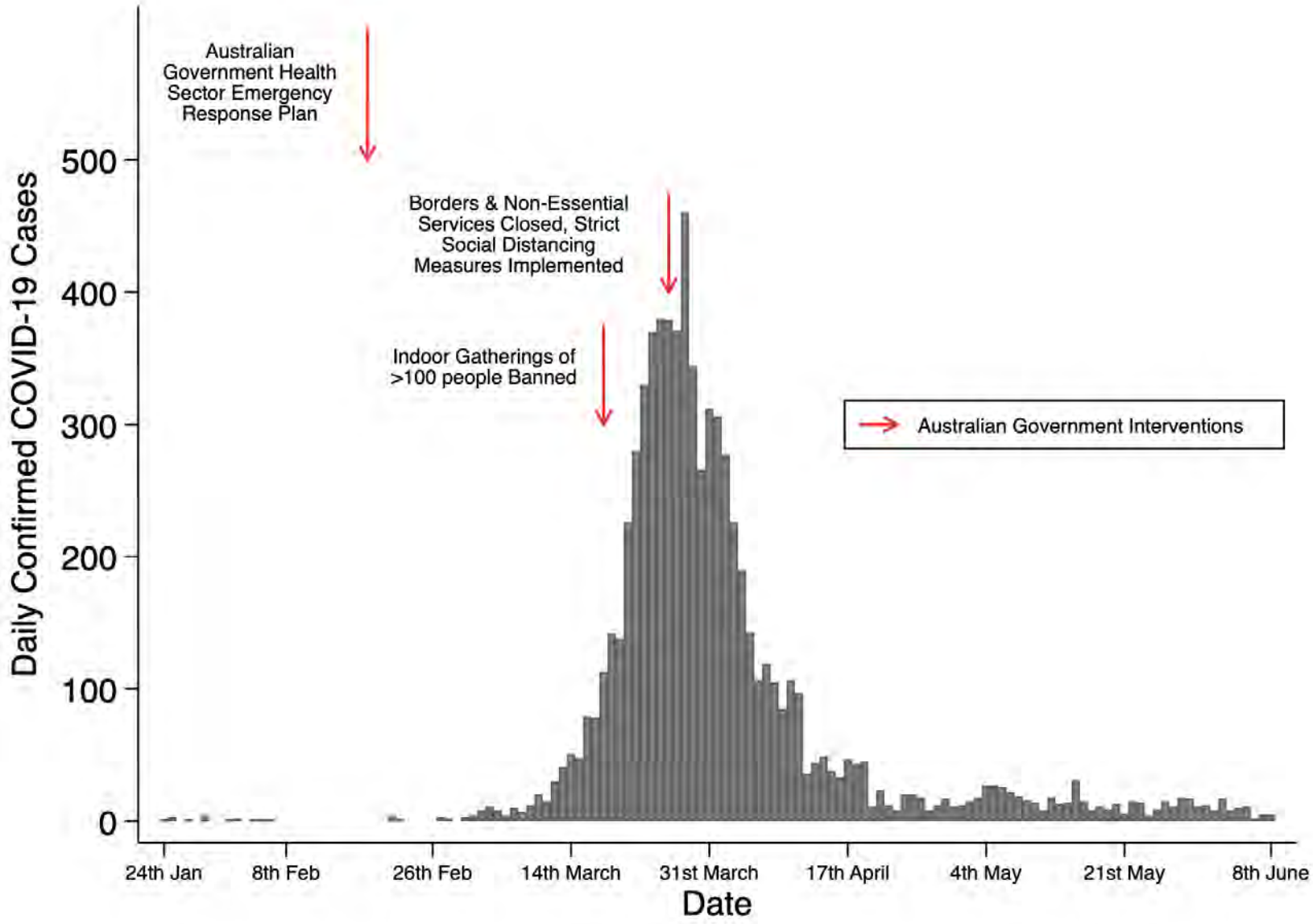
By the end of Australia's first wave in early June, approximately how many COVID-19 deaths were there:

- A) 105 deaths
- B) 120 deaths
- C) 140 deaths
- D) 160 deaths

By the end of Australia's first wave in early June, approximately how many COVID-19 deaths were there:

- A) 105 deaths
- B) 120 deaths
- C) 140 deaths
- D) 160 deaths

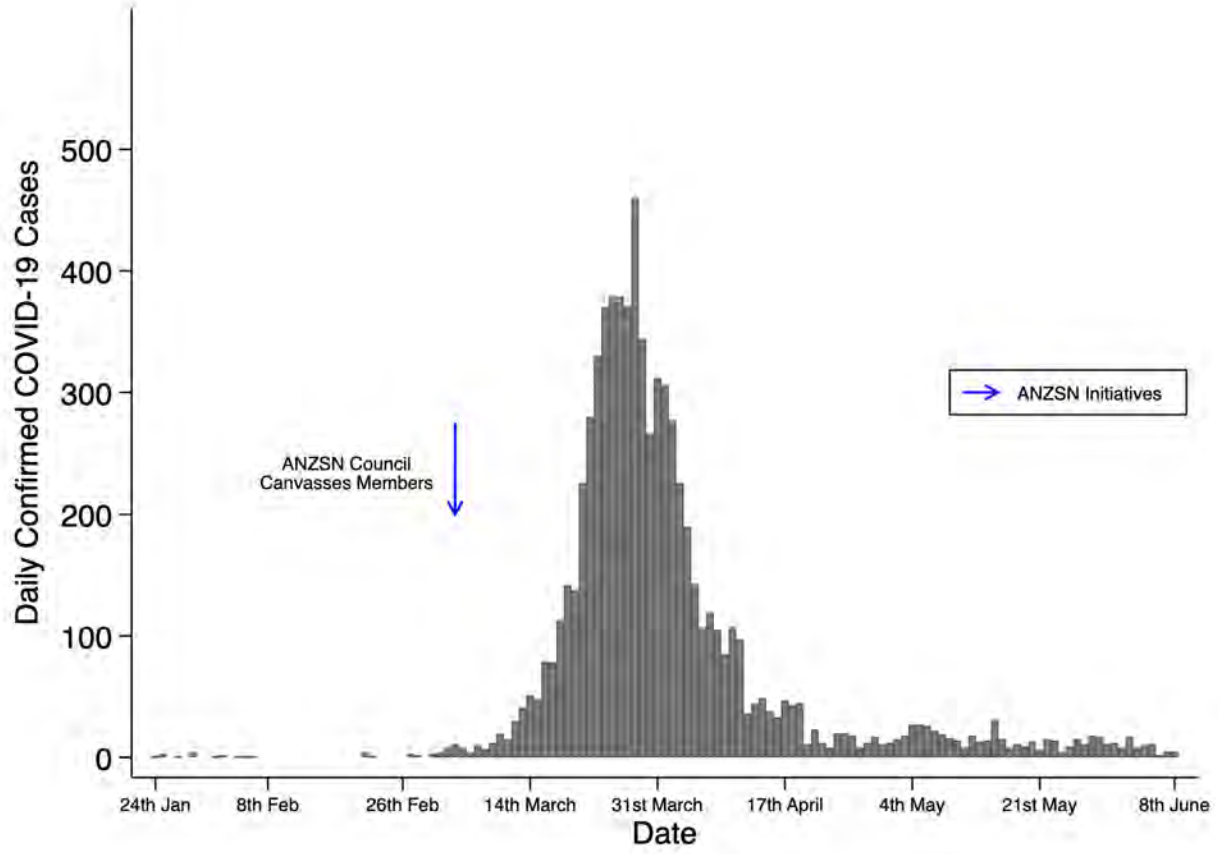
Australian Government Response



Initial ANZSN Response

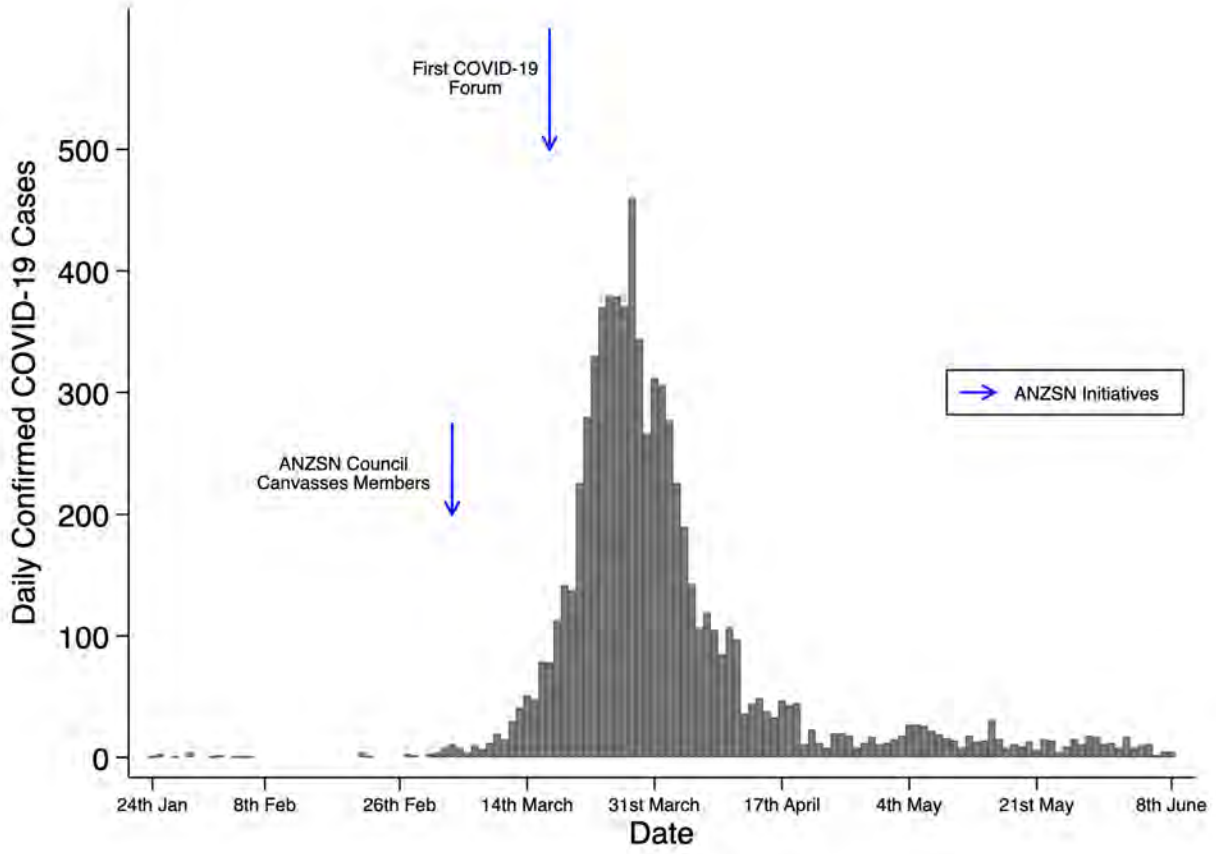
- 4th March: ANZSN Council Canvassed members

- Was clear that no coordinated approach had been instigated.



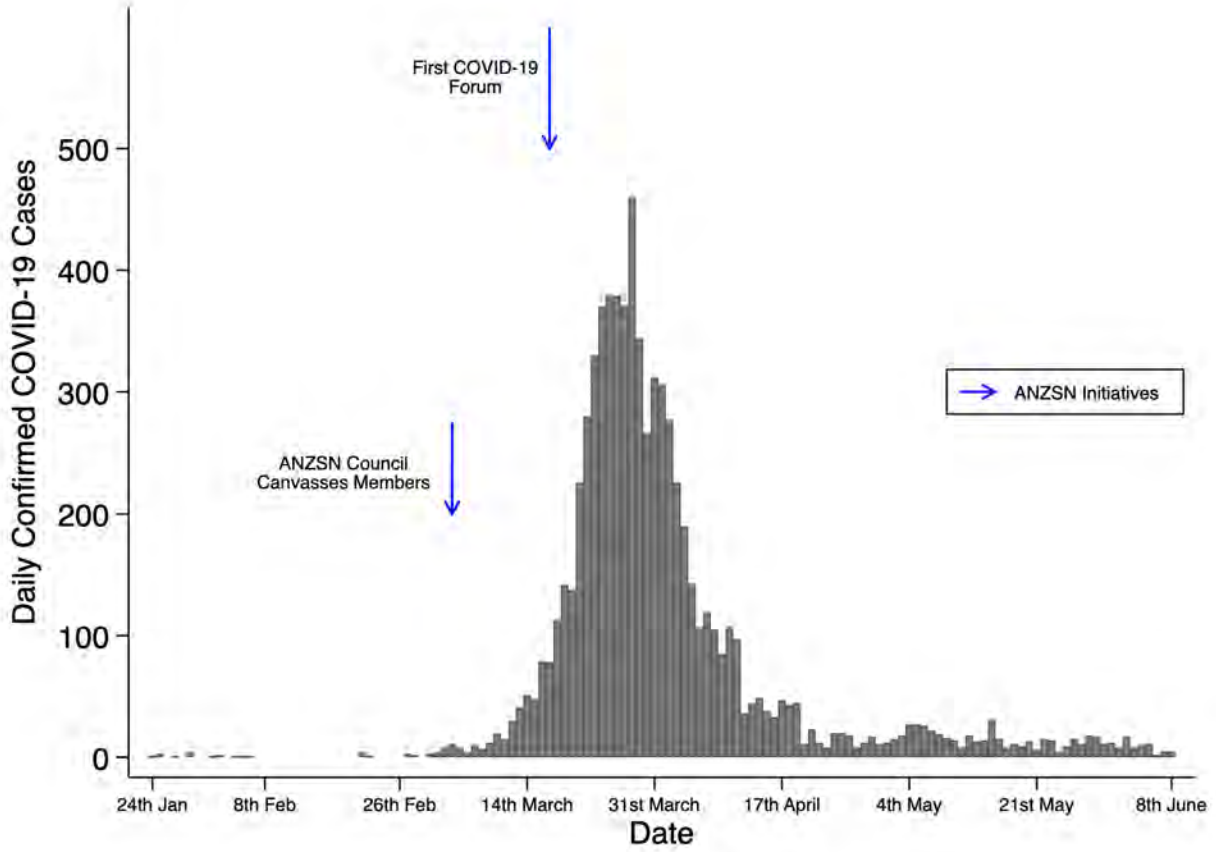
Initial ANZSN Response

- 4th March: ANZSN Council Canvassed members
- Was clear that no coordinated approach had been instigated.
- 18th March: ANZSN Council held a members only virtual meeting – “The COVID-19 Forum”

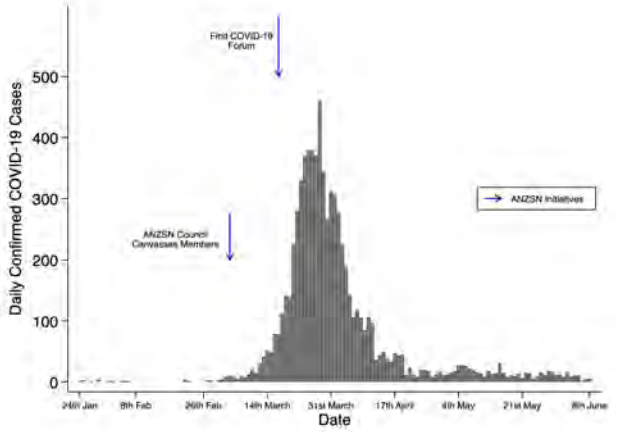


First COVID19 Forum

- Interview Nephrologist Working in Switzerland just north of Italian border
- Clear that the Society was not prepared for the COVID-19 infection
- Considerable anxiety amongst the members



First COVID19 Forum

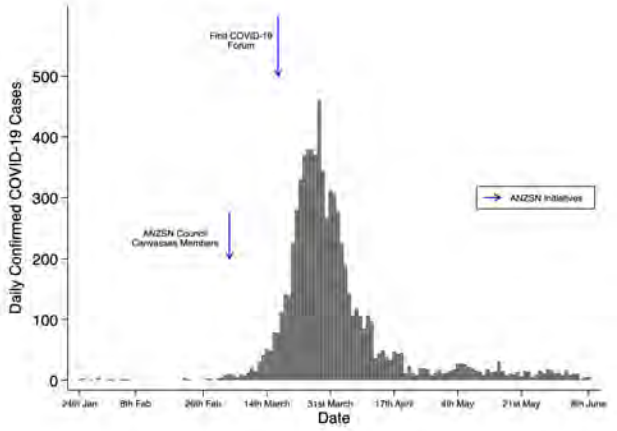


- Directed the ANZSN Council to create a COVID-19 Working Group

- Work Group composition:
  - nephrologists, renal nursing and patient advocacy expertise
  - geographic representation across Australia and New Zealand

- Work Group Tasked:
  - assist the ANZSN Council to provide considered advice on the management of renal patients at risk or affected by COVID-19

COVID19 WG: 3 Broad Functions



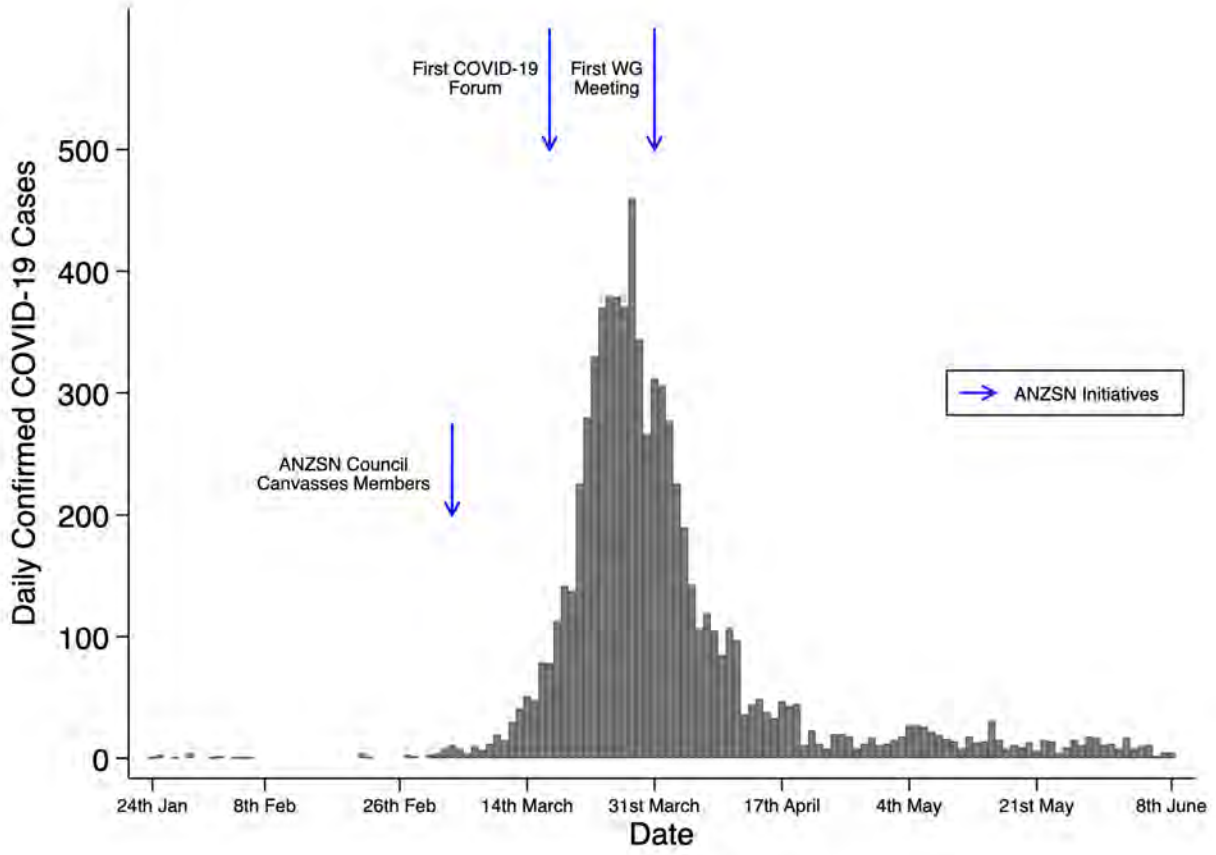
- 1. Monitor and remain informed of the COVID-19 situation:
  - specific focus on the issues impacting the care of patients with all forms chronic kidney disease (CKD) and/or acute kidney injury (AKI)

- 2. Facilitate the identification and discussion of common issues requiring a coordinated response at a renal unit, and/or State or National level

- 3. To provide a vehicle for the discussion, development, and dissemination of information including guidelines and protocols to support renal units.

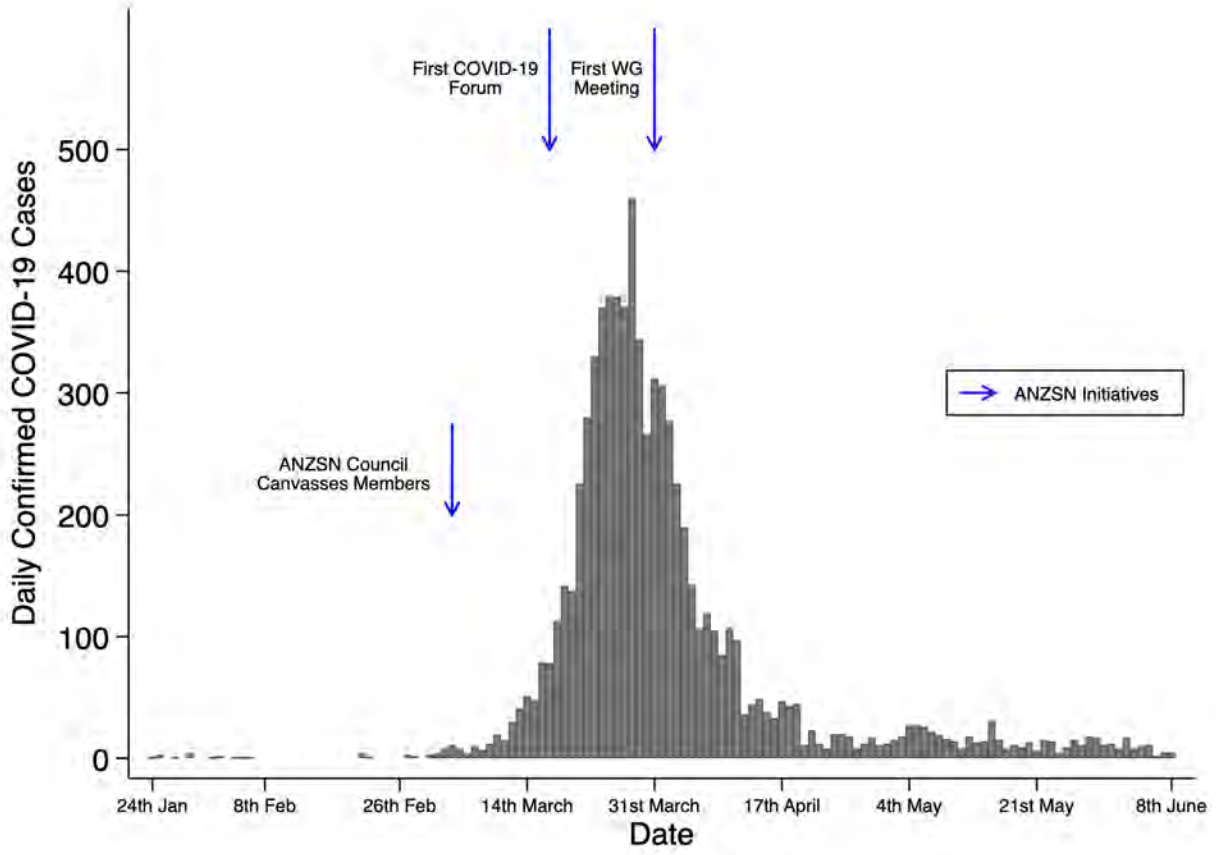
COVID19 WG

- First Meeting 31st March
- COVID-19 Forum continued weekly (all members)
- Real-time feedback to WG

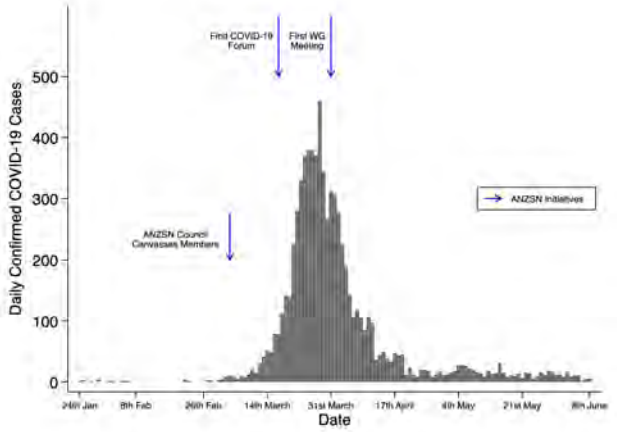


COVID19 WG: 3 Major Focus Area's

- 1. Facility Dialysis Preparedness
- 2. Workforce capacity
- 3. Acute Kidney Injury



Facility Dialysis Preparedness*



- Adapted for local use from the CDC COVID-19 Outpatient Dialysis Facility document.

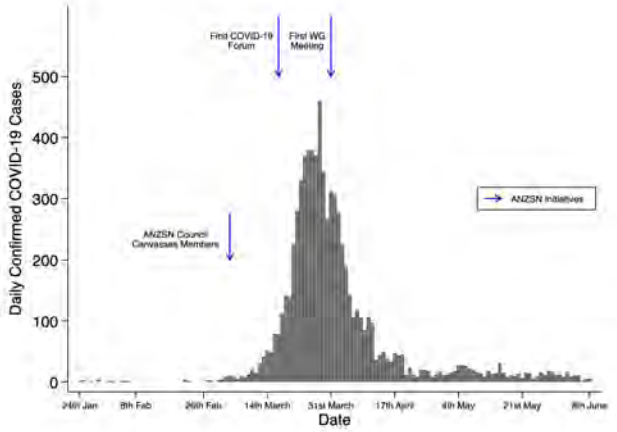
- Intended for use by renal unit senior management to assist them in COVID-19 contingency planning

- Recognised that each unit will have specific circumstances and challenges that will require local solutions.

- The checklist is for general information only and not a mandatory list

* https://www.nephrology.edu.au/covid-19-updates.asp

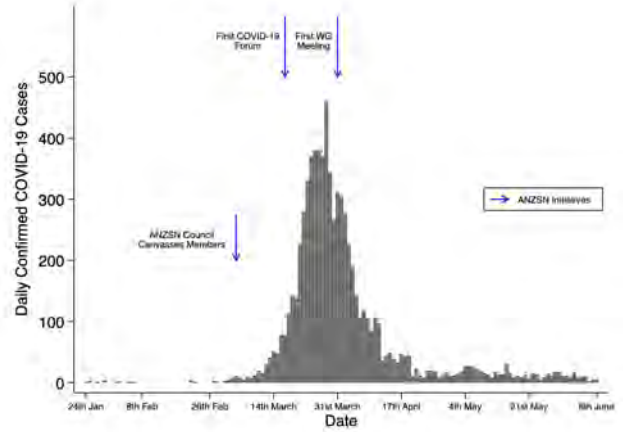
Workforce capacity*



- The loss of front line dialysis nursing staff due to COVID-19 infection with expertise that is not easily replaceable was of great concern.
- Particularly acute for the smaller regional and remote facilities
- The need for additional staff was also highlighted given the overseas experience with increased numbers of dialysis dependant AKI patients.
- Workforce preparedness checklist developed

* https://www.nephrology.edu.au/covid-19-updates.asp

Acute Kidney Injury*



- Dialysis dependent AKI within the ICU is primarily managed by the ICU physicians using CRRT and/or SLED

- AKI preparedness checklist was developed.

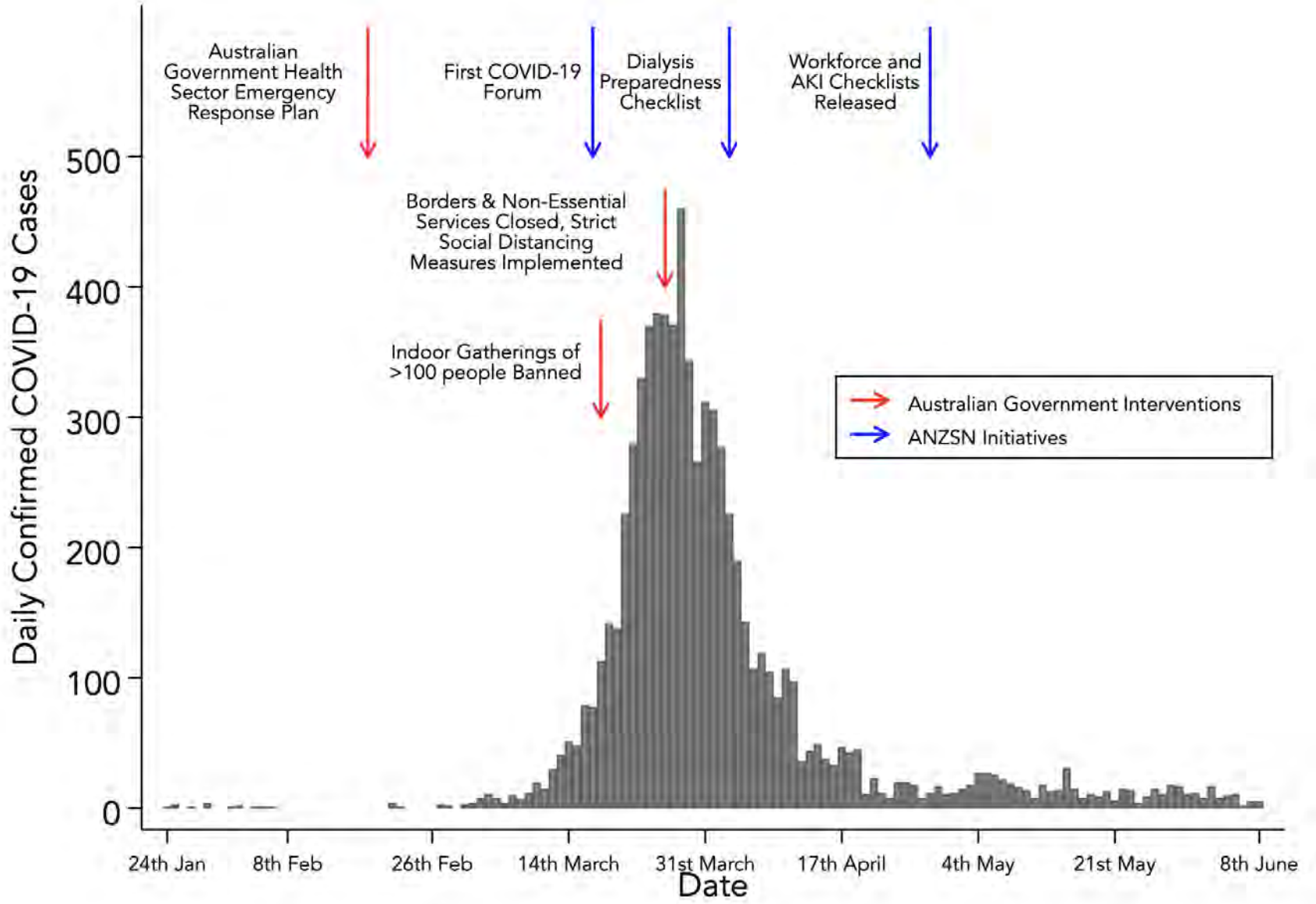
- Checklist covers a range of aspects including liaising with ICU on the capacity to manage such patients, assessing the capacity of the renal unit to perform intermittent HD in AKI patients post ICU, as well as the ability to perform acute peritoneal dialysis if needed.

* https://www.nephrology.edu.au/covid-19-updates.asp

Other Issues

- All elective surgery was temporally ceased across Australia
- Dialysis access surgery (AVF/AVG, Tenckhoff catheter placement) in most but not all centres has continued due to the urgent nature of the surgery.
- Outpatient clinic services have been largely converted to phone and telehealth consultations except where on site assessment is deemed absolutely essential.
- The ANZSN Council also met with key personnel of dialysis companies to ensure that adequate supply chains for dialysis were present and that business continuity plans were created.
- ANZDTA Registry facilitated real time tracking of COVID-19 infection in the dialysis and transplant population.

Timelines


Australian Government Health Sector Emergency Response Plan
First COVID-19 Forum
Dialysis Preparedness Checklist
Workforce and AKI Checklists Released
Borders & Non-Essential Services Closed, Strict Social Distancing Measures Implemented
Indoor Gatherings of >100 people Banned
Australian Government Interventions
ANZSN Initiatives
Daily Confirmed COVID-19 Cases
0
100
200
300
400
500
24th Jan
8th Feb
26th Feb
14th March
31st March
17th April
4th May
21st May
8th June
Date

By the end of Australia's first wave in early June, how many dialysis and transplant had been infected with COVID-19:

- A) 5 dialysis, 3 transplant, 2 deaths
- B) 15 dialysis, 9 transplant , 6 deaths
- C) 5 dialysis, 8 transplant, 3 deaths
- D) 20 dialysis, 15 transplant, 11 deaths

By the end of Australia's first wave in early June, how many dialysis and transplant had been infected with COVID-19:

- A) 5 dialysis, 3 transplant, 2 deaths
- B) 15 dialysis, 9 transplant , 6 deaths
- C) 5 dialysis, 8 transplant, 3 deaths
- D) 20 dialysis, 15 transplant, 11 deaths

Summary

- The national forum and working group likely served as a catalyst to stimulate the various jurisdictions into action and provided opportunity for people to feel supported and unified in dealing with the pandemic.
- By the end of the first wave Australia was relatively spared in terms of the case load seen in other countries
- As a result of the ANZSN initiatives, Australian (and New Zealand) nephrology units are now well placed to ensure the best possible care for their patients, should the case load increase.
- The rapid cooperation and support seen in response to the crisis has been an illustration of how nephrologists and nursing staff can come together for a common goal to ensure ongoing quality care to dialysis and transplant patients.

Acknowledgements

<u>COVID-19 Working Group:</u>

Dr Kevan Polkinghorne (Chair)
Dr Kate Wyburn (Deputy Chair)
Dr Neil Boudville
Dr Nicholas Gray
Dr Andrew Henderson
Dr Stephen McDonald
Dr Peter Mount
Dr Kelum Priyadarshana
Dr Rajesh Raj
Dr Yvonne Shen
Dr Suda Swaminathan
Dr Girish Talaulikar
Dr Martin Gallagher
Dr Lukas Kairaitis
Dr Charlotte Ogilvy
Dr Shilpa Jesudason
Ms Leanne Brown
Ms Fiona Donnelly
Ms Gillian Gorham
Mr Jonathan Hosking
Ms Joanne Kok
Ms Sonia Mupotaringa
Ms Karen Oliver
Ms Yulan Shen
Mr Michael Campbell

<u>ANZSN Council</u>

Australian and New Zealand
Society of Nephrology

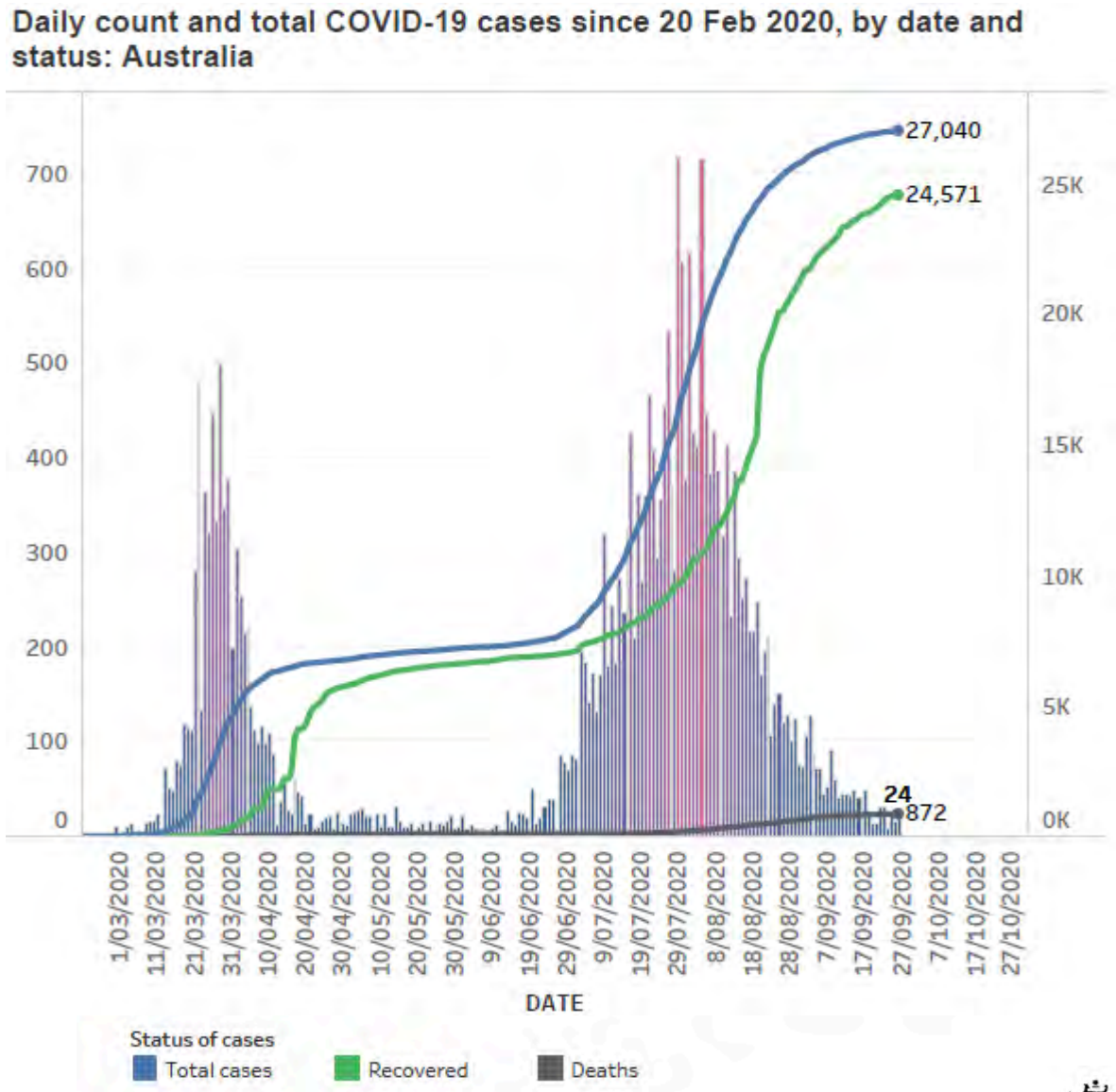
ANZSN

Dr. Kate Wyburn
Senior Staff Specialist
Nephrologist and
Director of Kidney
Transplantation at
Royal Prince Alfred Hospital
Sydney, Australia

COVID-19 impact on Kidney Transplantation in Australia

A/Prof Kate Wyburn
Head of Kidney Transplantation Royal Prince Alfred Hospital Sydney Australia
Deputy Chair of ANZSN COVID-19 Working Group
Member of National Transplantation and Donation Rapid Response Taskforce-COVID-19

The Australian Picture



Australian Government
Organ and Tissue Authority

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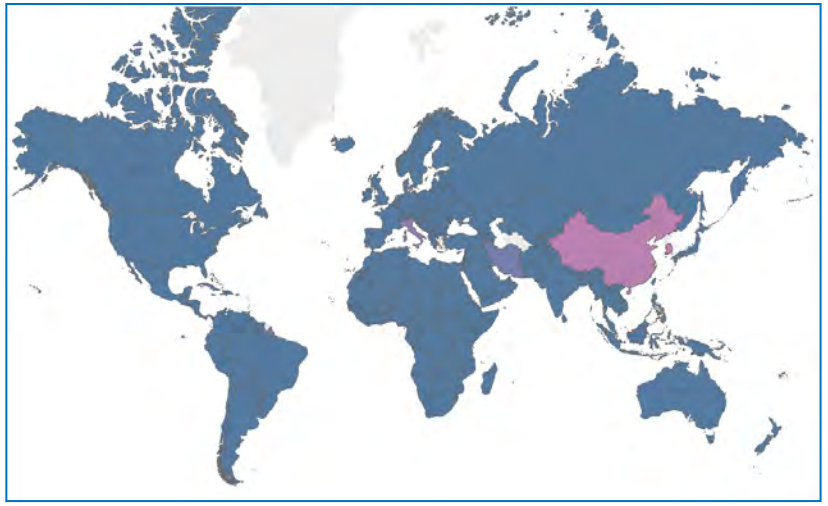
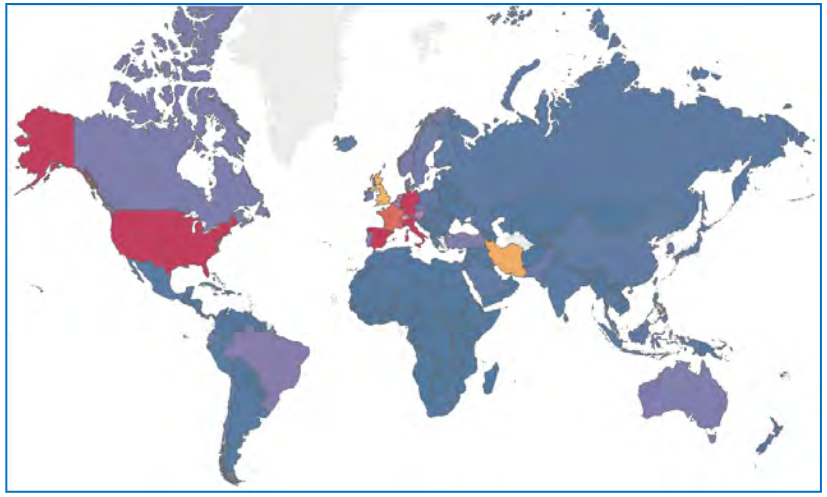
01 March 2020

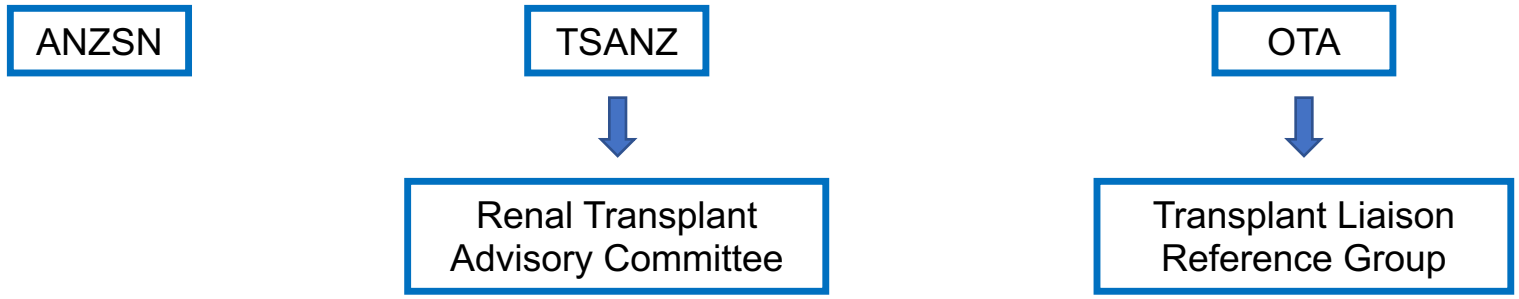


22 March 2020

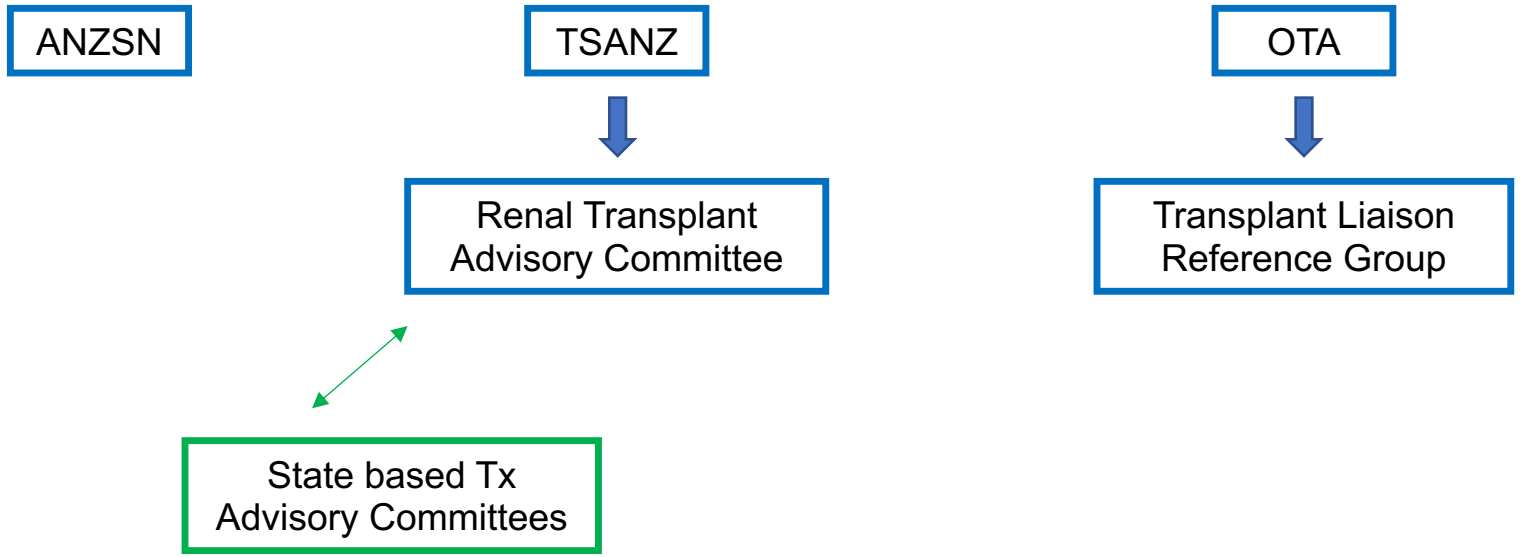


16th March
Transplantation Society of Australia and New Zealand (TSANZ) and Australian Organ and Tissue Authority (OTA) formed
National Transplantation and Donation Rapid Response Taskforce-COVID-19

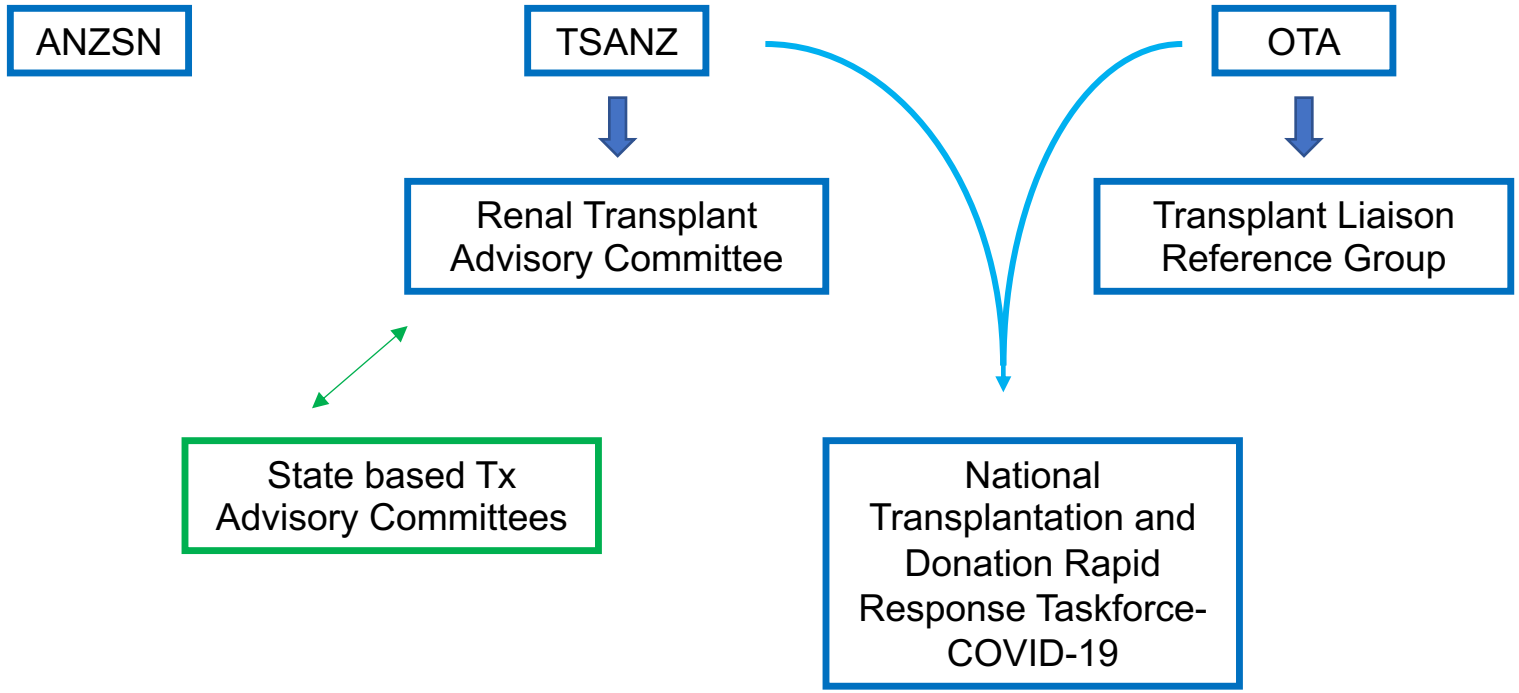
Organisational Structures



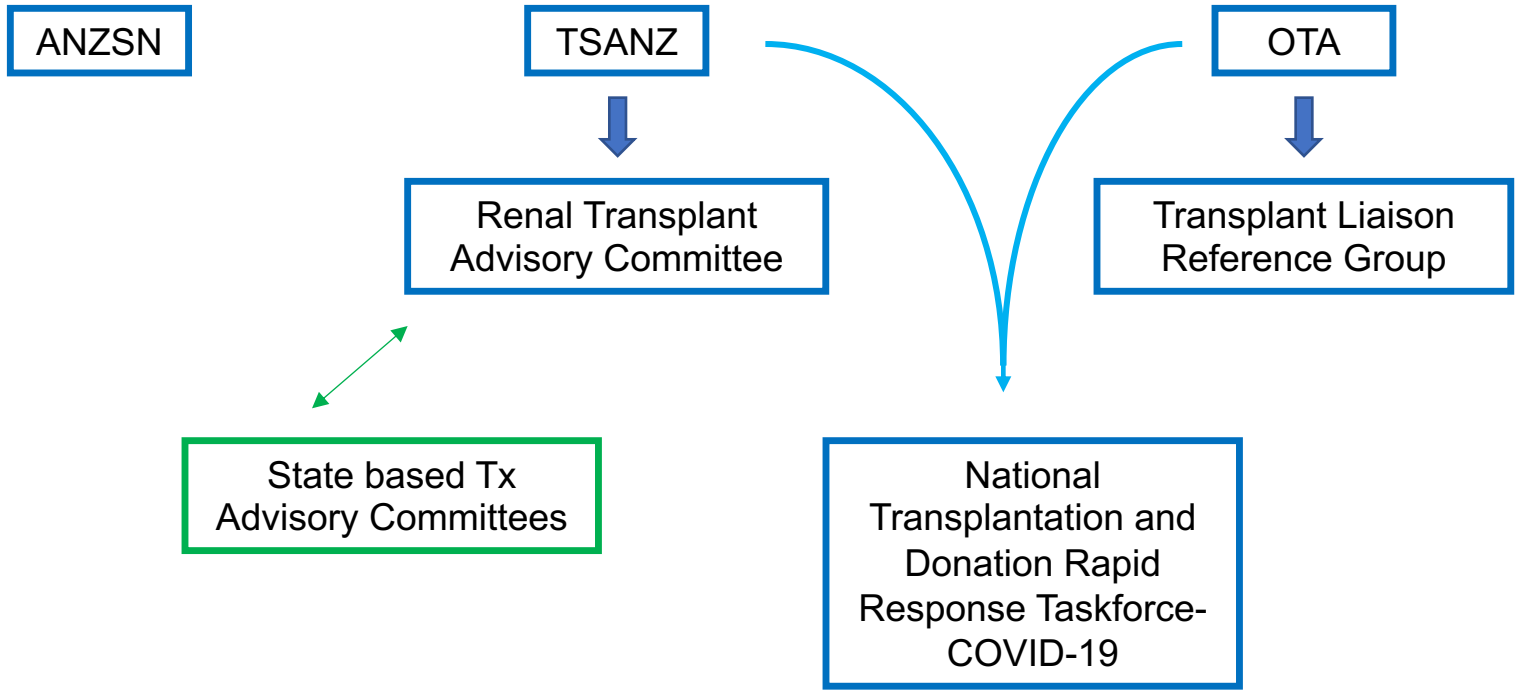
Organisational Structures



Organisational Structures



Organisational Structures



Transplant surgeons and physicians (all organs and paeds)
Donation and ICU specialists
OTA – Governmental links
Data analysist
Infectious disease specialist
Tissue typing
Research

Taskforce

1. Cases/outcomes in Australian and New Zealand -general community, transplant recipients and dialysis patients

2. ICU, hospital bed and staff capacity and access to PPE and testing

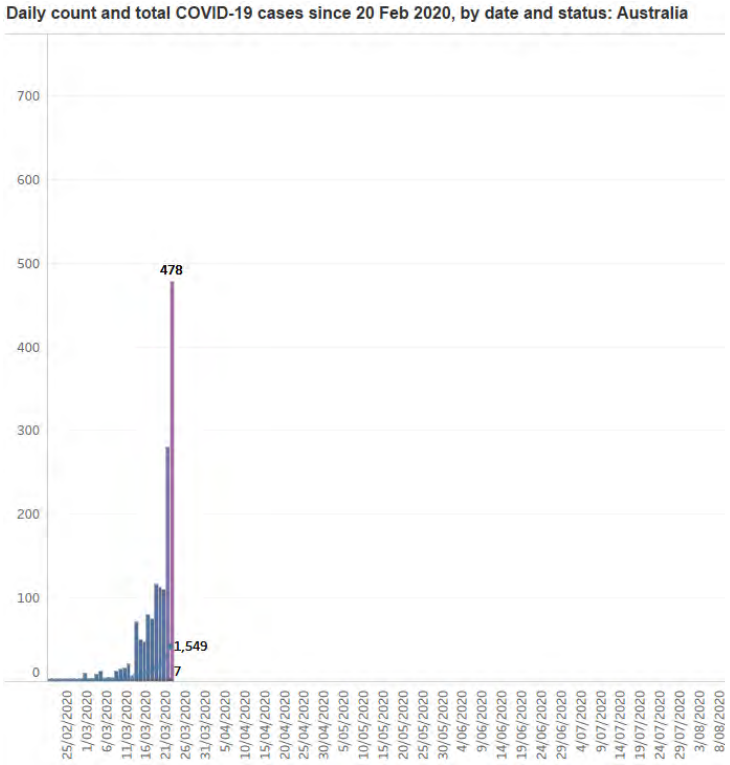
3. Transplantation and donation activity - logistical challenges

4. Global COVID-19 epidemiology

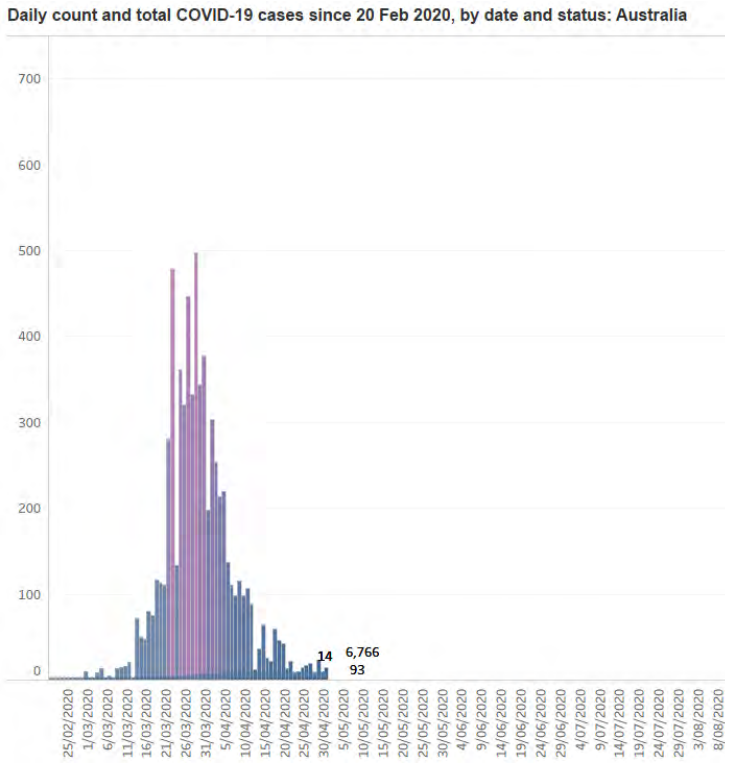
5. COVID-19 research/trials, publications and media

6. Weekly communiqué

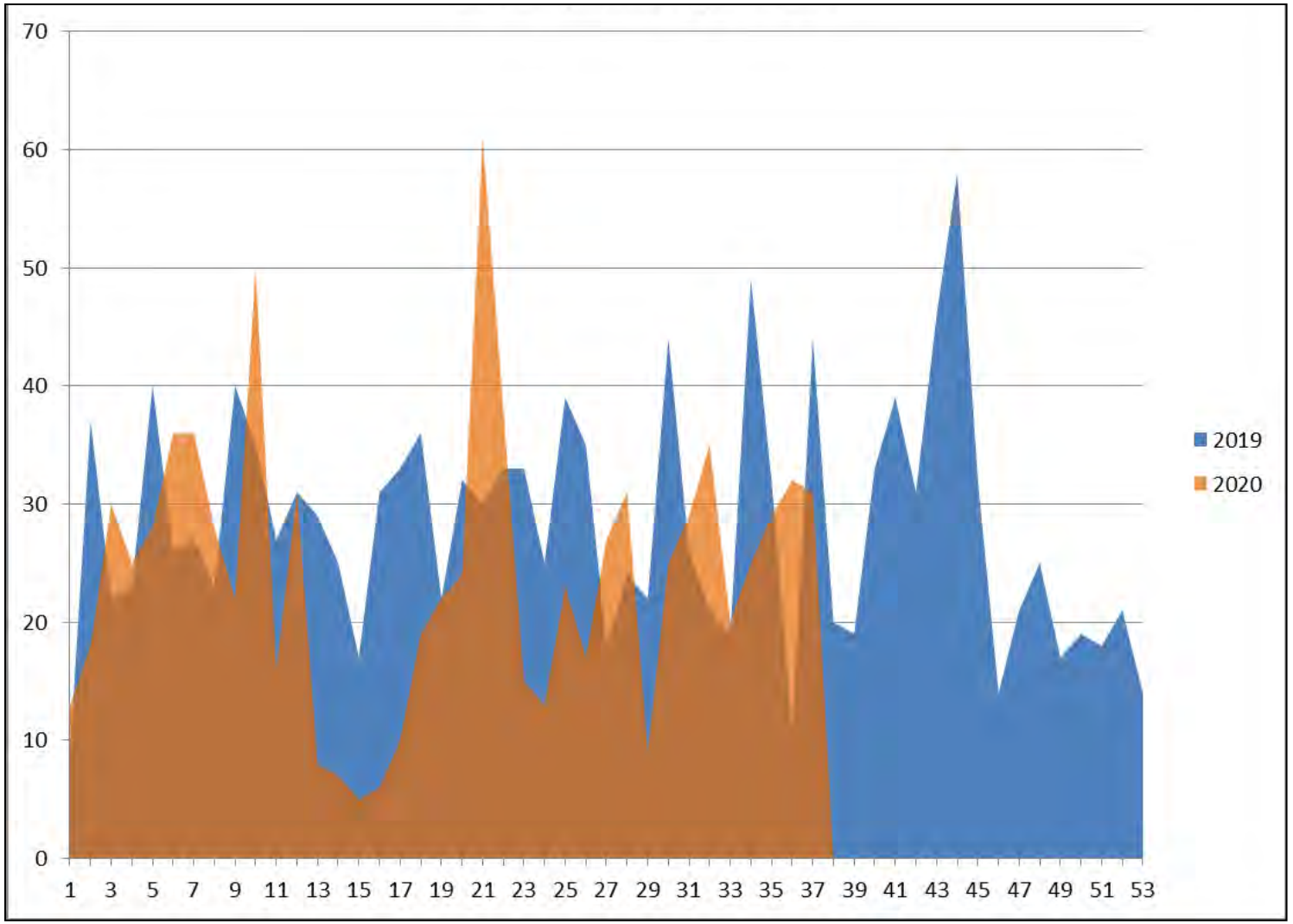
22nd March



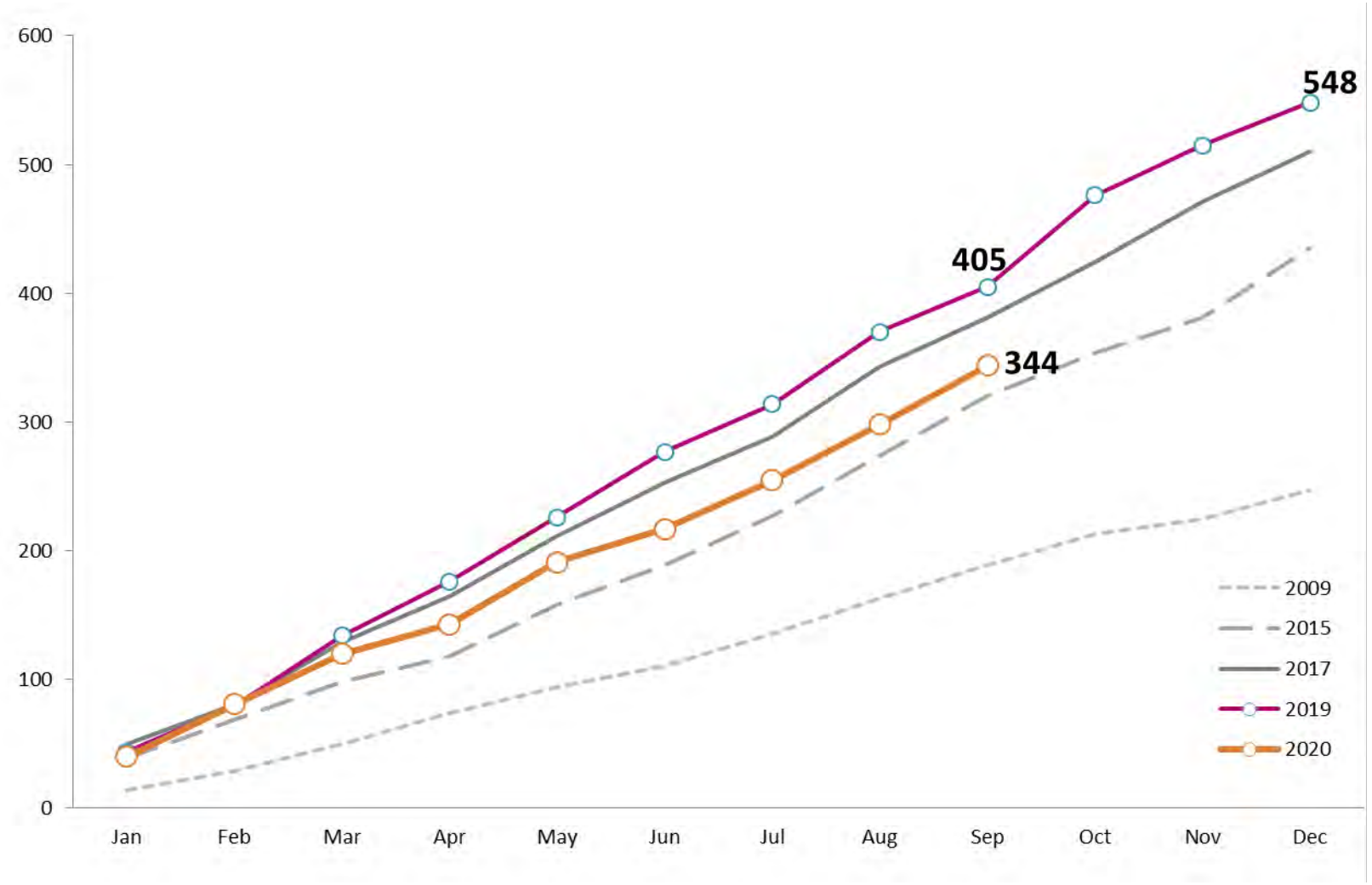
30th April



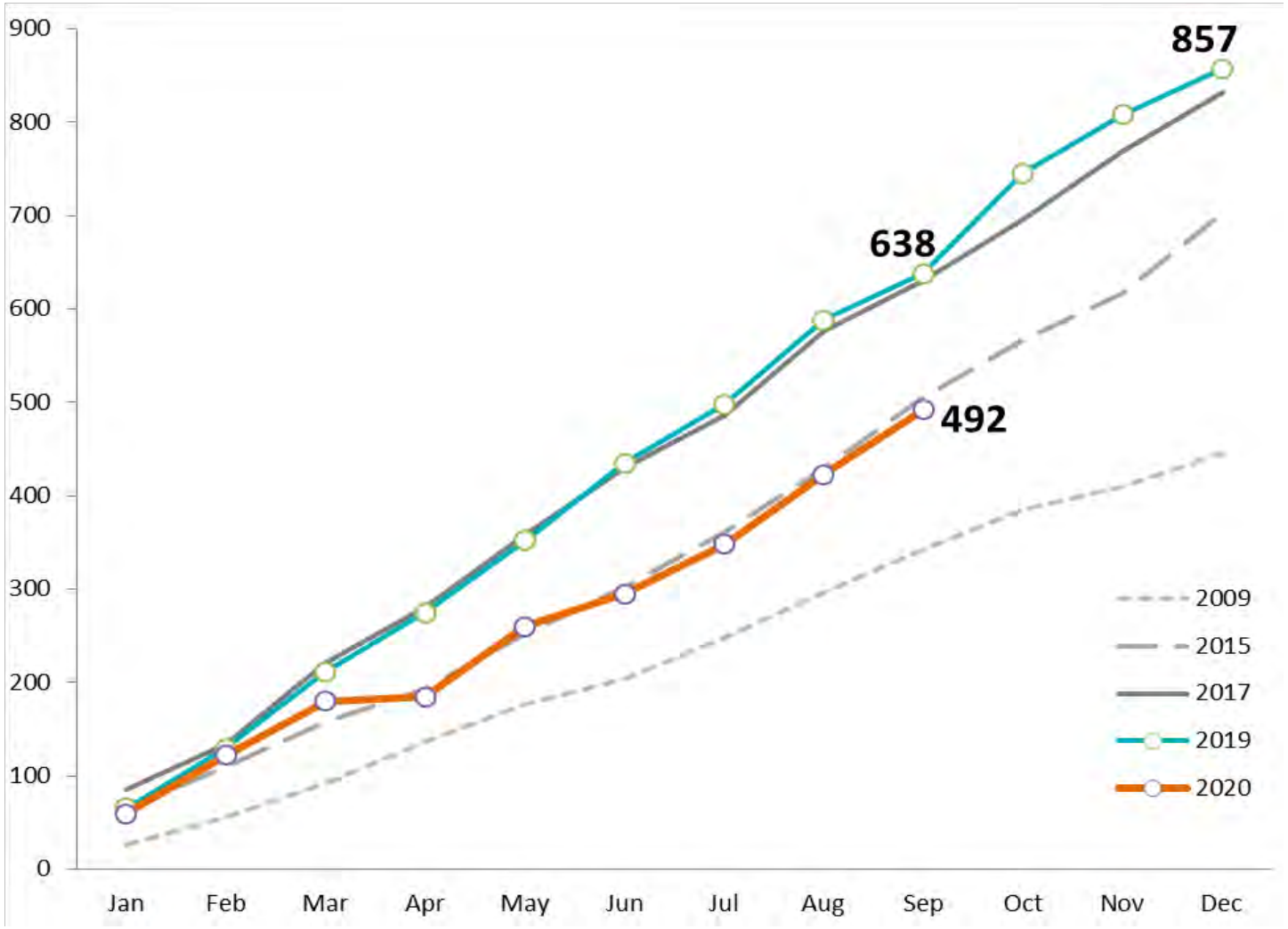
Organ Transplants (per week)



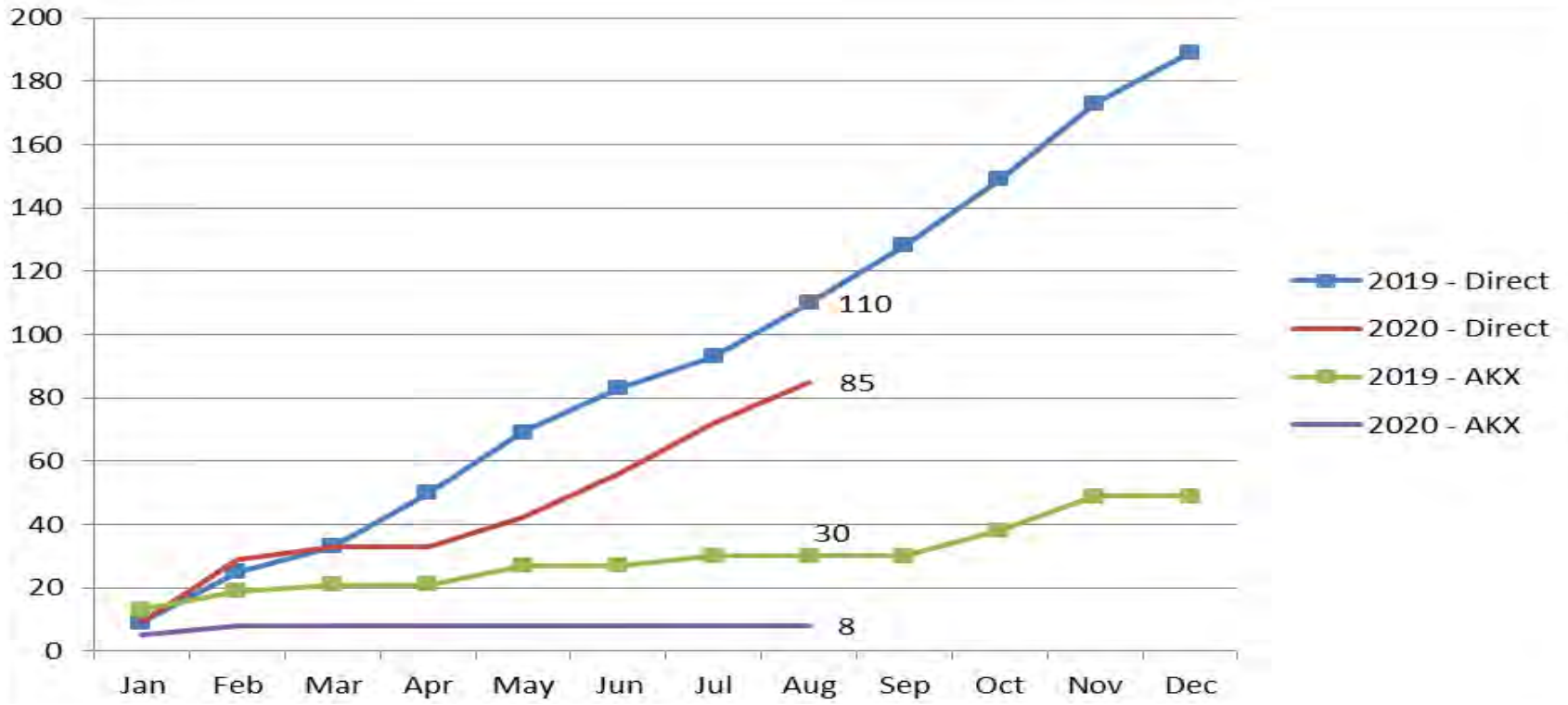
Deceased Organ Donation 2015-2020



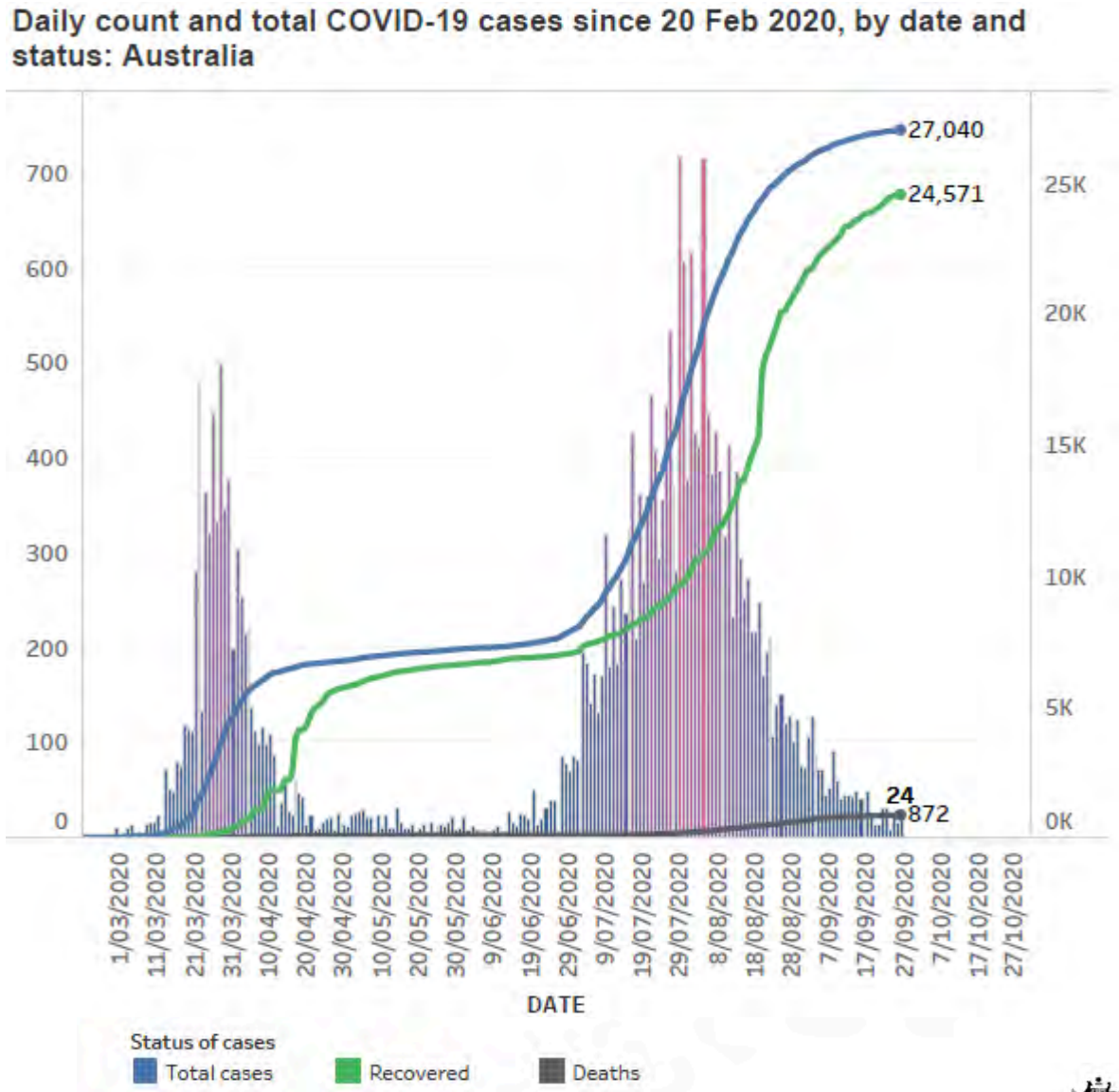
Kidney Transplant Recipients 2015-2020



Impact on Live Donor Transplants



The Second Wave



Australian Government
Organ and Tissue Authority

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Summary of Experience

- Impact on transplant and donation activity
  - Strong collaborations
  - Agile
  - Challenges when resuming transplant activity
  - Variation in response at 1st and 2nd wave
- Kidney transplantation activity down ~30%
- Impact of suspension on waitlisted patients
  - Anxiety and importance of consistent information
- 20 kidney transplant recipients infected with COVID-19
- One transplant recipient death
- Incidence comparable to gen population
- 13 dialysis patients contracted COVID-19 (7 died)

Lessons

- Adaptability and responsiveness
  - Collaborations/ transport and travel logistics/ coordinated approach
- Clear communication
- Broad inclusion of groups in understanding local issues and decision making
- Nurses' role and Patient perspectives
- Balance "consistent approach" but not "one-size fits all"
- "Cost" of suspending transplantation
- Resumption can be trickier than suspension of transplantation
- Hot-spot approach (esp in second wave)
- Next phase: Maintaining vigilance/ Pre and post Tx clinics reimagined/ Protocols/ Immunity?/ Immunisation roll-out

Acknowledgements

- Canadian Society of Nephrology
- ANZSN President Prof Neil Boudville
- TSANZ President Prof Toby Coates
- RTAC committee and State TACs
- Transplant and Dialysis Nurses
- OTA Lucinda Barry
- OTA Mark McDonald
- TLRG Chair Prof Steven Chadban
- KHA A/Professor Shilpa Jesudason
- Donation Coordinators and Tissue Typing Labs
- ANZDATA Registry Prof S McDonald
- Patients and carers and donor families

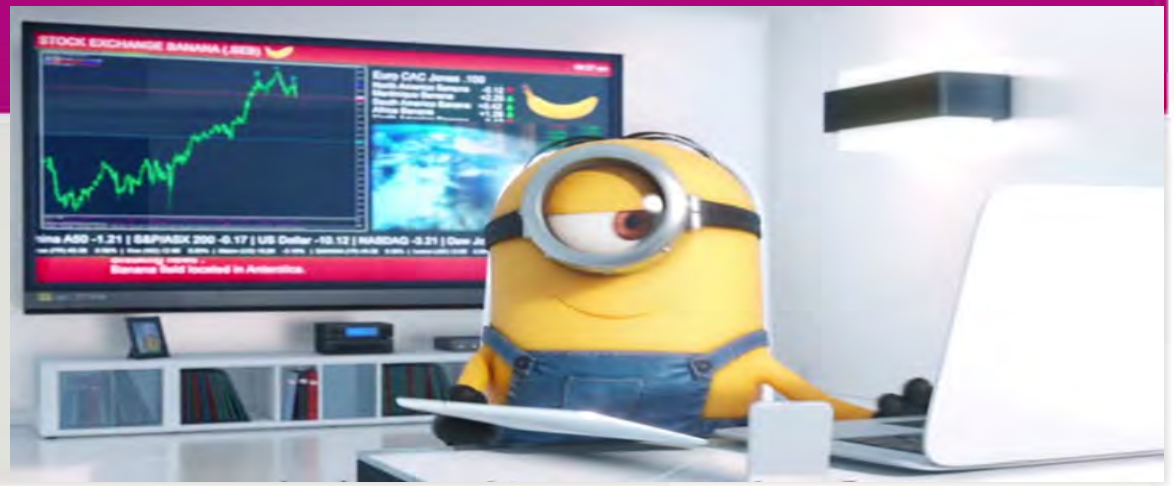
Australian and New Zealand Society of Nephrology

ANZSN

Mr. Mark McDonald
National Manager of Analytics and Technology
Australian Organ and Tissue Donation and Transplantation Authority (OTA)
Sydney, Australia

Donation, Transplantation and COVID

Mark McDonald
National Manager Analytics
mark.mcdonald@donatelife.gov.au
October 2020



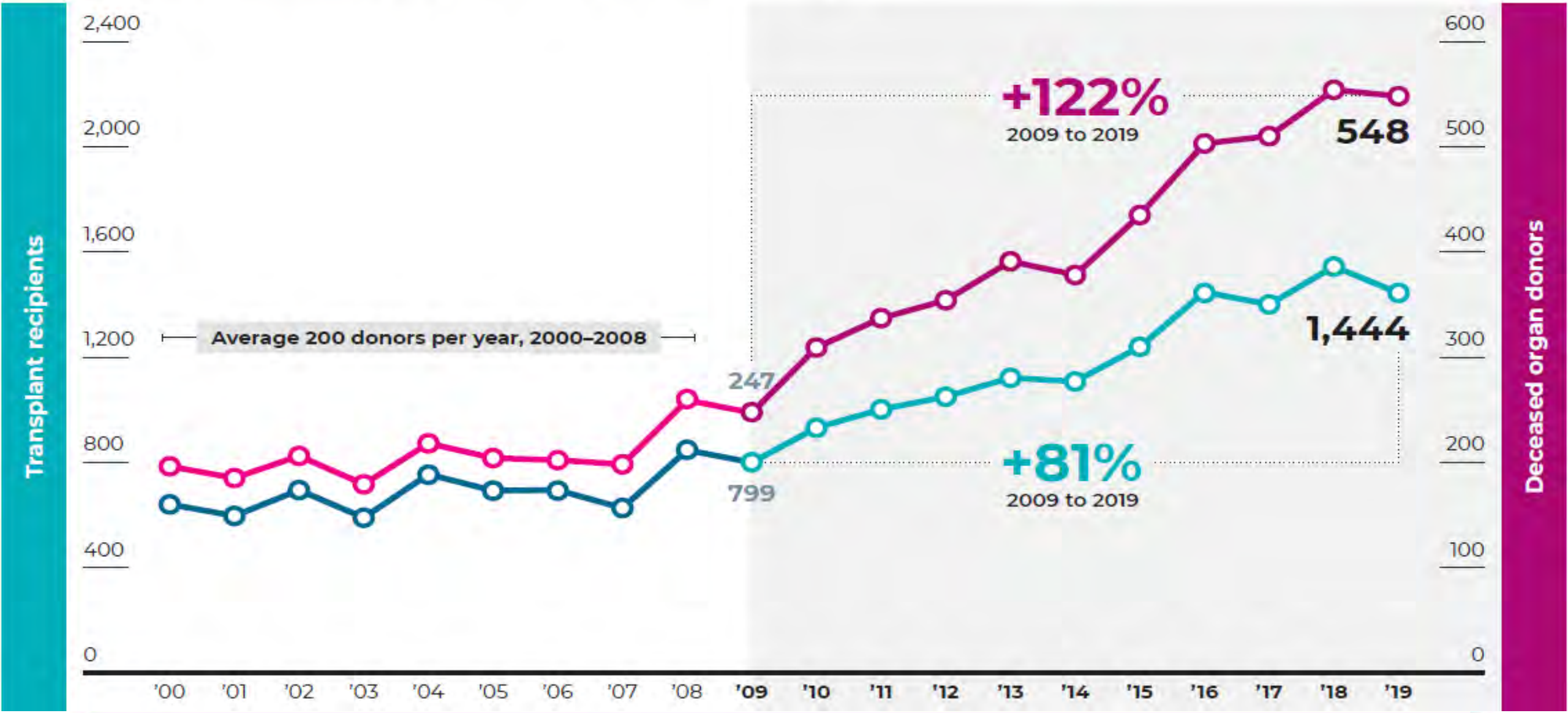
Australian Government
Organ and Tissue Authority

donatelife

The Organ and Tissue Authority

- Established in 2009 to increase organ donation rates in Australia
- Support DonateLife agencies in each State and Territory (8)
- Support Donation Specialist doctors and nurses in 95 (DonateLife Network) hospitals across Australia. These hospitals represent 98% of organ donation activity.
- Partner with donation and transplant outcome registries including the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) to collect, analyse and report activity and outcomes.
- Implement and manage systems to support organ donation (Transplant Connect) and allocation (OrganMatch)

Deceased organ donation and transplant recipients 2000–2019



Australian Government
Organ and Tissue Authority

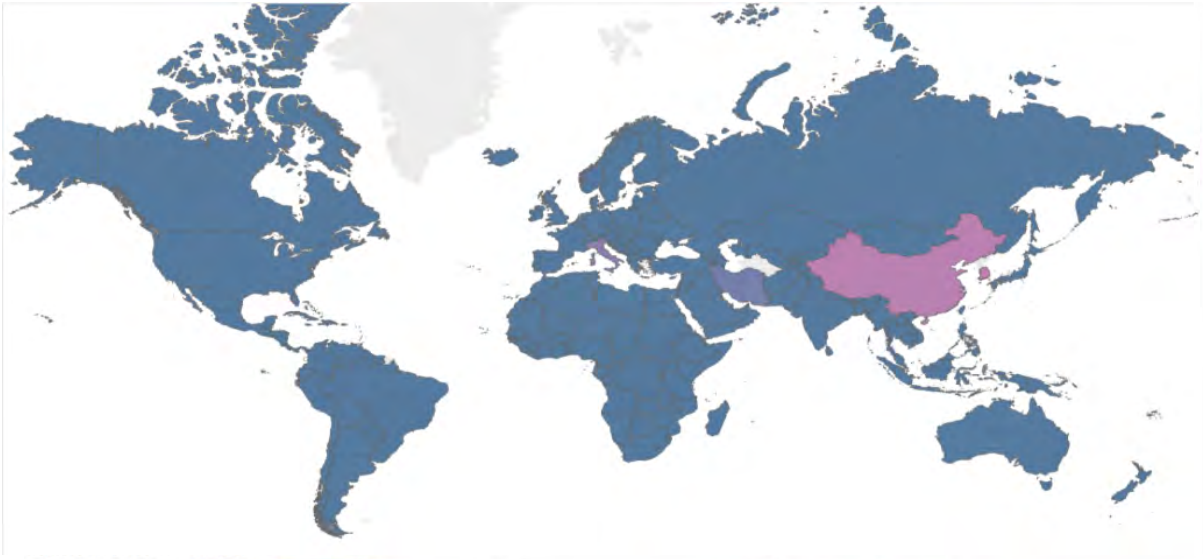
donate life

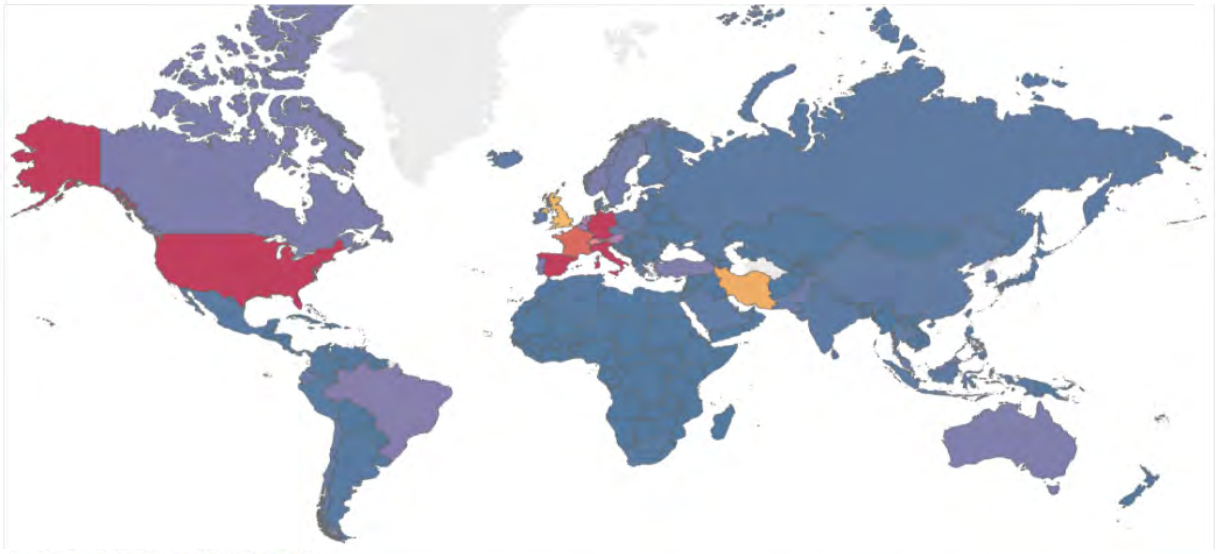

CORONAVIRUS
(COVID-19)

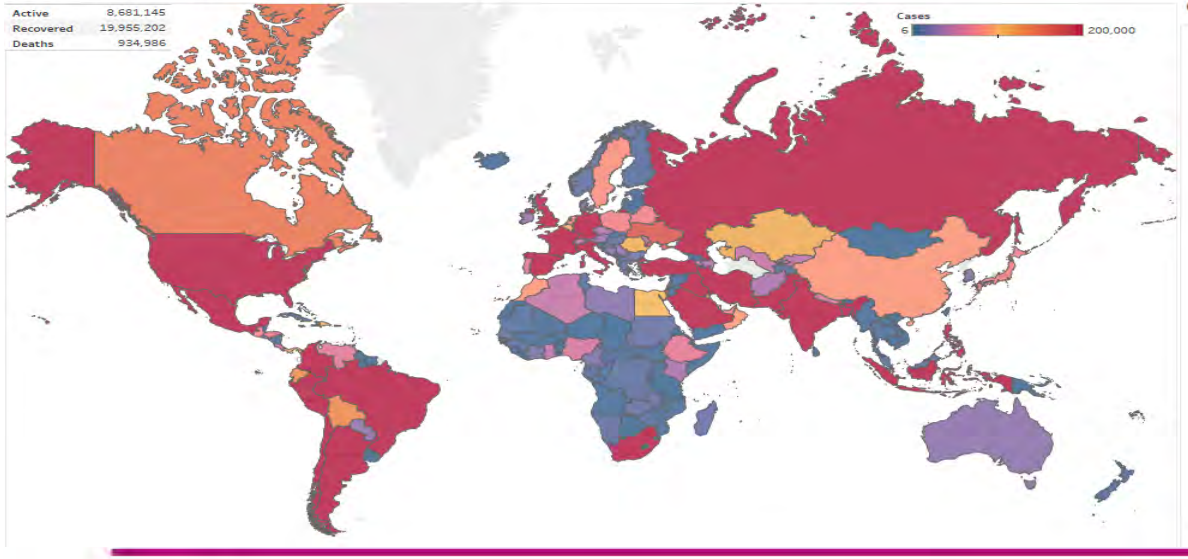
Data Visibility

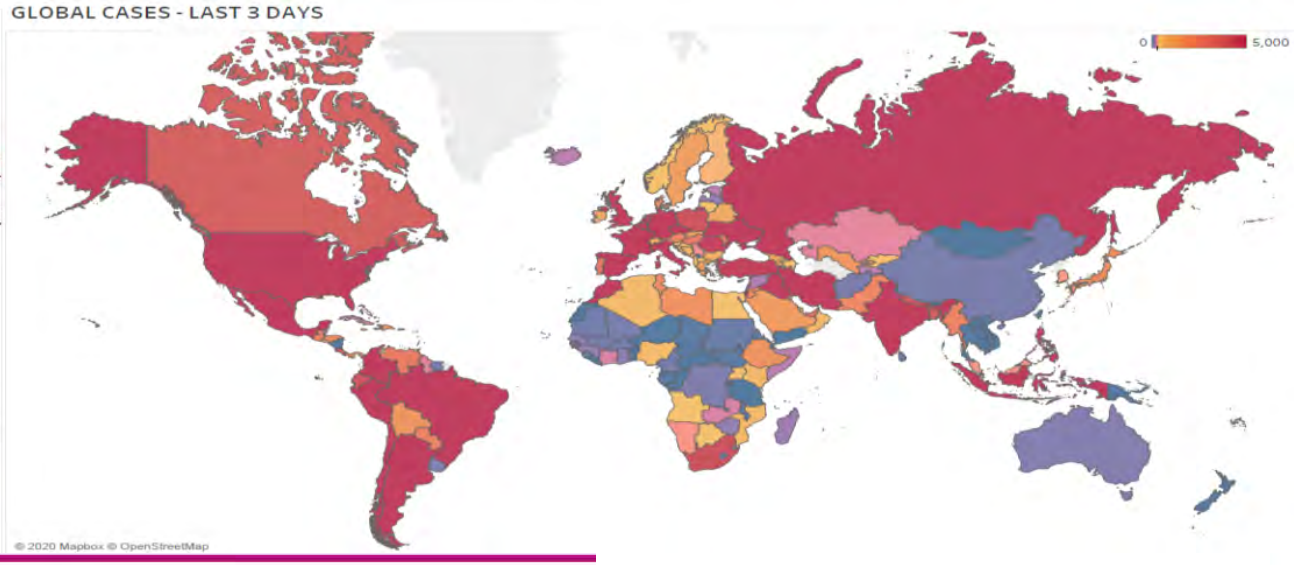
- International Trends (Cases, Testing, Mortality, Controls) BNO News, WHO, JHU
- Domestic Cases (numbers, source of transmission) Department of Health National Incident Room
- Hospital Environment (Cases, ventilators, PPE, staff impacts) Australia and New Zealand Intensive Care Society (ANZICS)
- Patient Outcomes (Cases and outcomes, dialysis and transplant) Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)
- Donation and Transplant Activity (near to real time) Electronic Donor Record

The International Picture







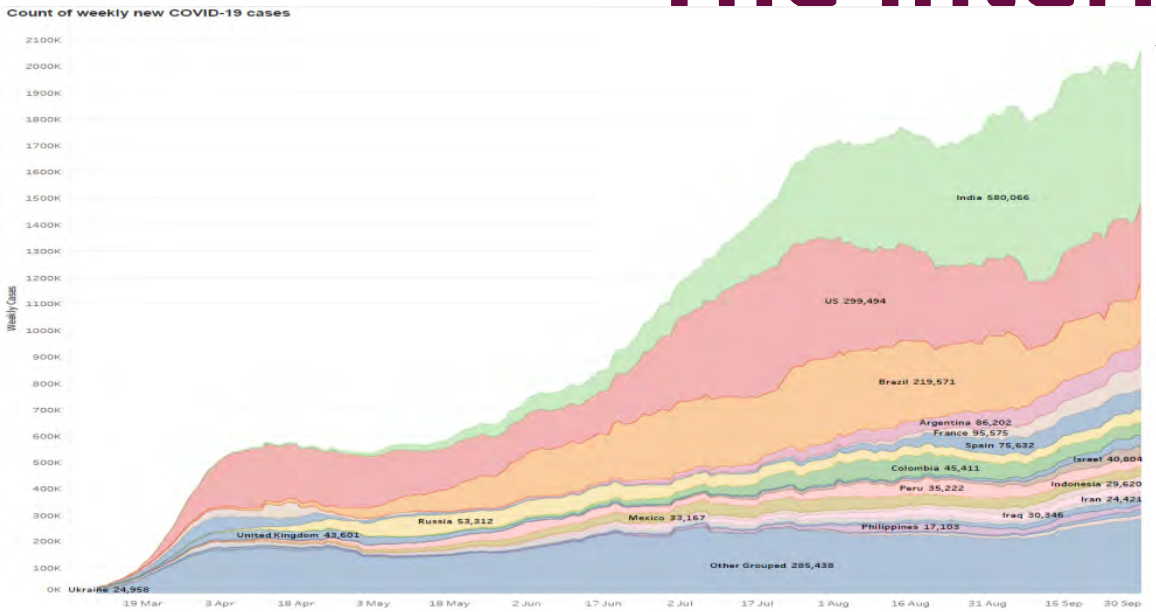


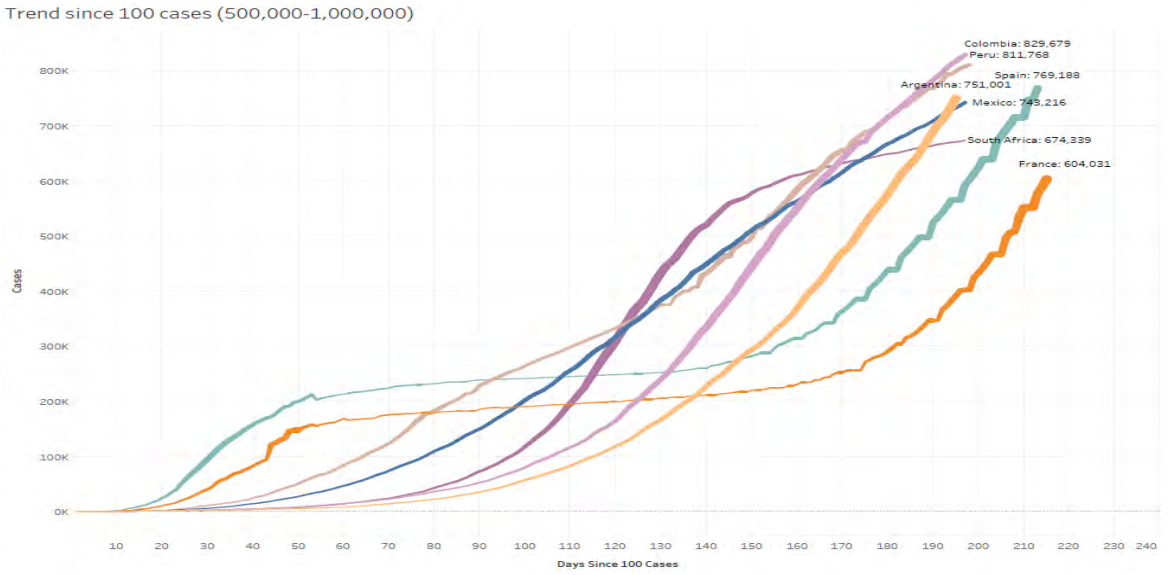
Australian Government
Organ and Tissue Authority

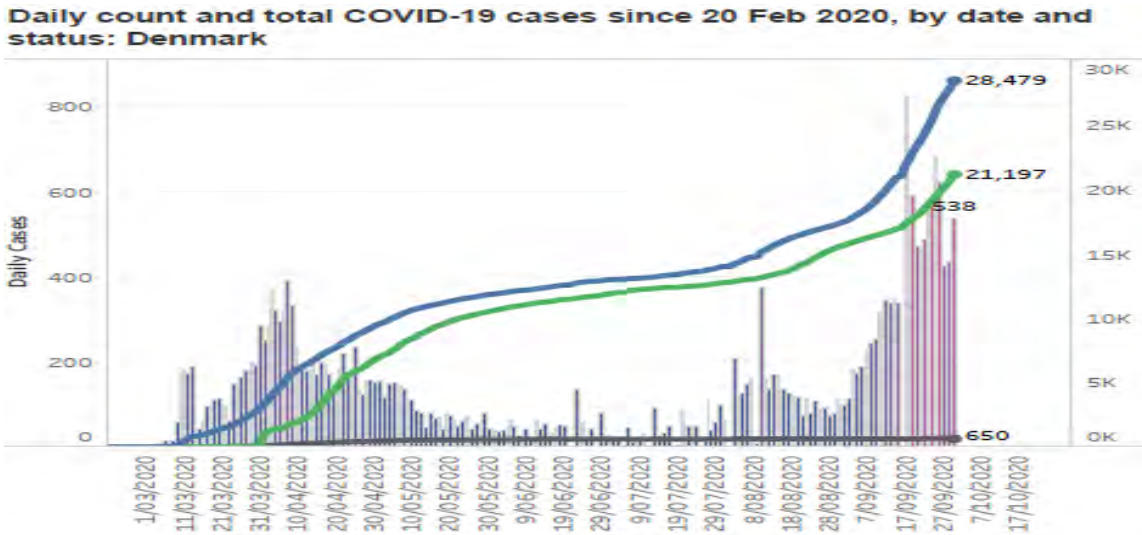
donate life

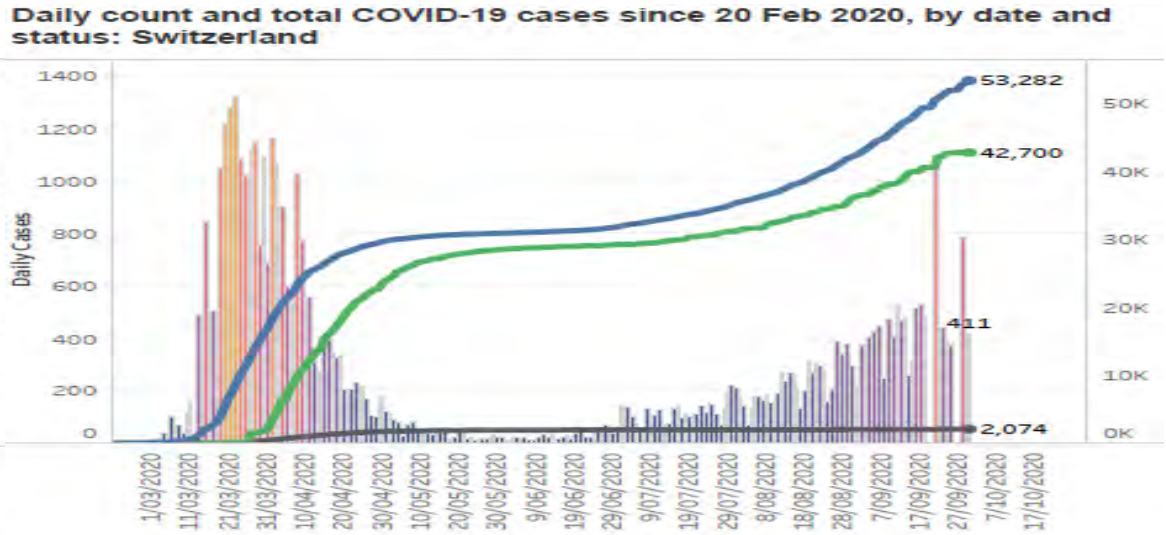
Source: Johns Hopkins University

The International Picture







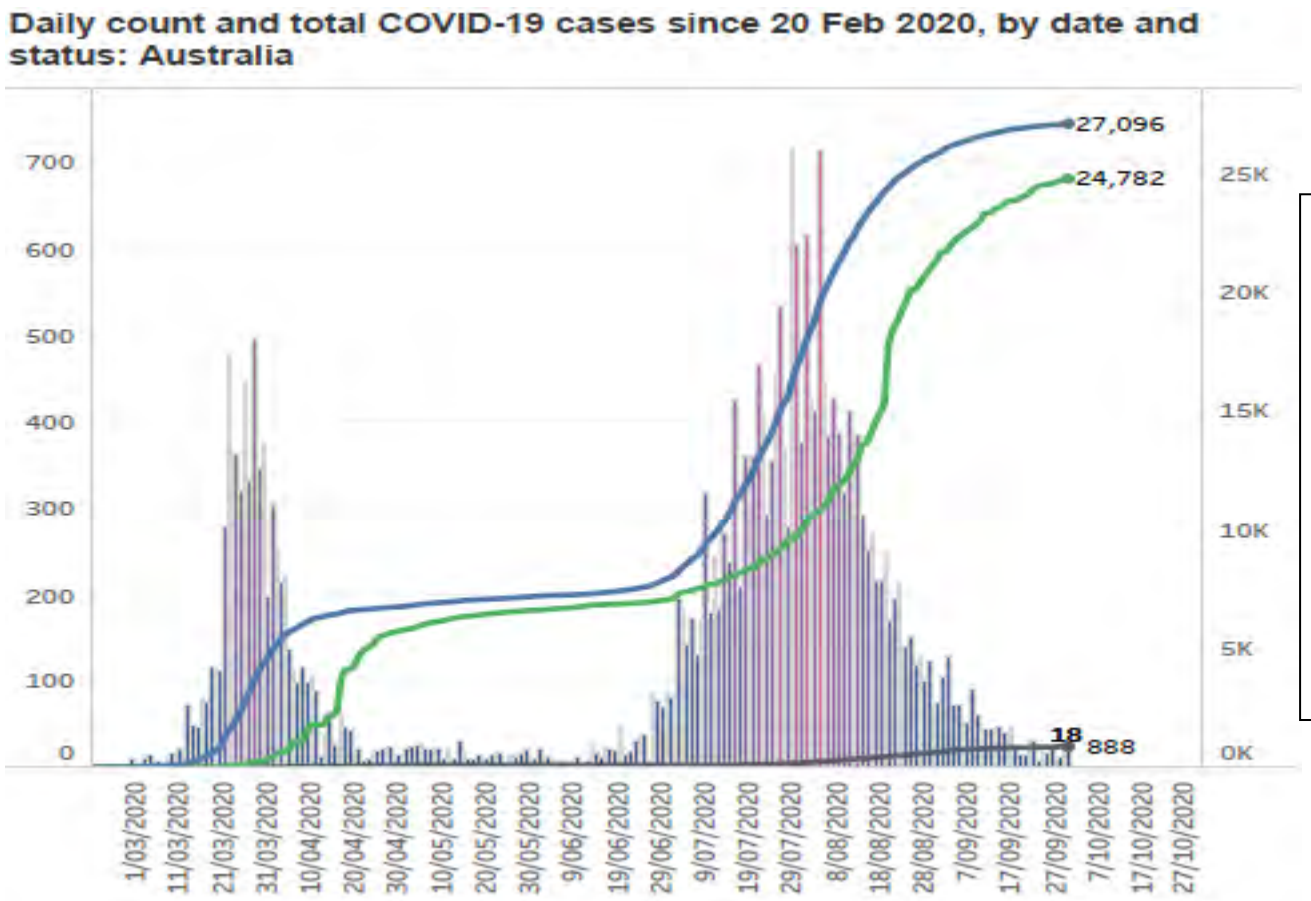


Australian Government
Organ and Tissue Authority

donate life

Source: Johns Hopkins University

The Domestic Picture



- **In the last 24 hours, 19 newly confirmed cases and 2 deaths were reported in Australia.**
  - Victoria reported 15 newly confirmed cases:
    - 7 locally acquired – contact of a confirmed case or in a known cluster
    - 8 remain under investigation.
  - New South Wales reported 3 newly confirmed cases:
    - 2 overseas acquired in returned travellers in hotel quarantine
    - 1 locally acquired – contact not identified
  - Western Australia reported 1 newly confirmed case:
    - overseas acquired in a returned traveller in hotel quarantine

Australian Government
Organ and Tissue Authority

donate life

Sources: Johns Hopkins University
Commonwealth Dept of Health

The Hospital Picture

Last updated **01/10/2020 22:15**
175 ICU's out of 188 have contributed in the last 48 hours to the displayed information

Summary

View in dashboard

Australia | NSW | VIC | QLD | SA | WA | TAS | ACT | NT

COVID-19 CASES IN ICU

Confirmed COVID-19: 6
Ventilated patients: 3

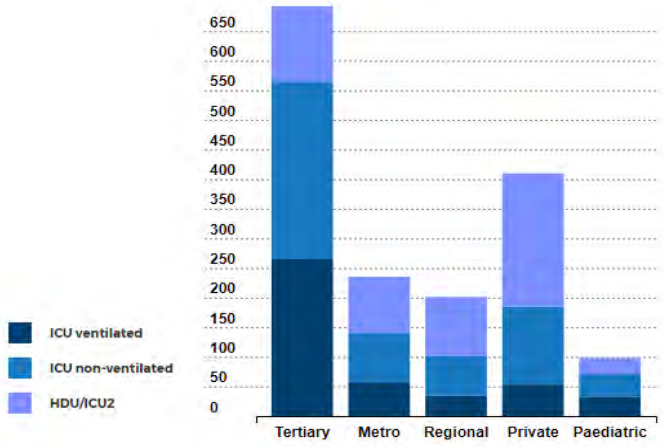
PATIENTS & BEDS

Total Staffed Beds 2105
Total Occupied Beds 1636

	Tertiary	Metro	Regional	Private	Paediatric
Physical ICU capable bed spaces	1285	468	434	700	193
Presently open staffed and equipped ICU bed spaces (incl. vacant and occupied ICU beds)	825	295	289	573	123

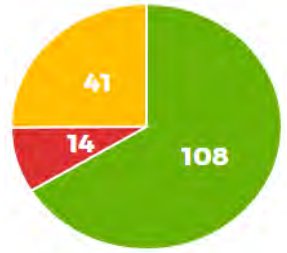
OCCUPIED BEDS

Hover over the chart to see data



PPE

Total of Personal Protection Equipment (PPE) levels



Adequate | Up to 7 Days | Less than 3 Days

STAFF UNAVAILABLE

Staff unavailable due to COVID exposure

16

RESOURCES

Ventilators

Available 2150 | In Use 441 | 17% In Use

Filters / dialysis machines

Available 484 | In Use 99 | 17% In Use

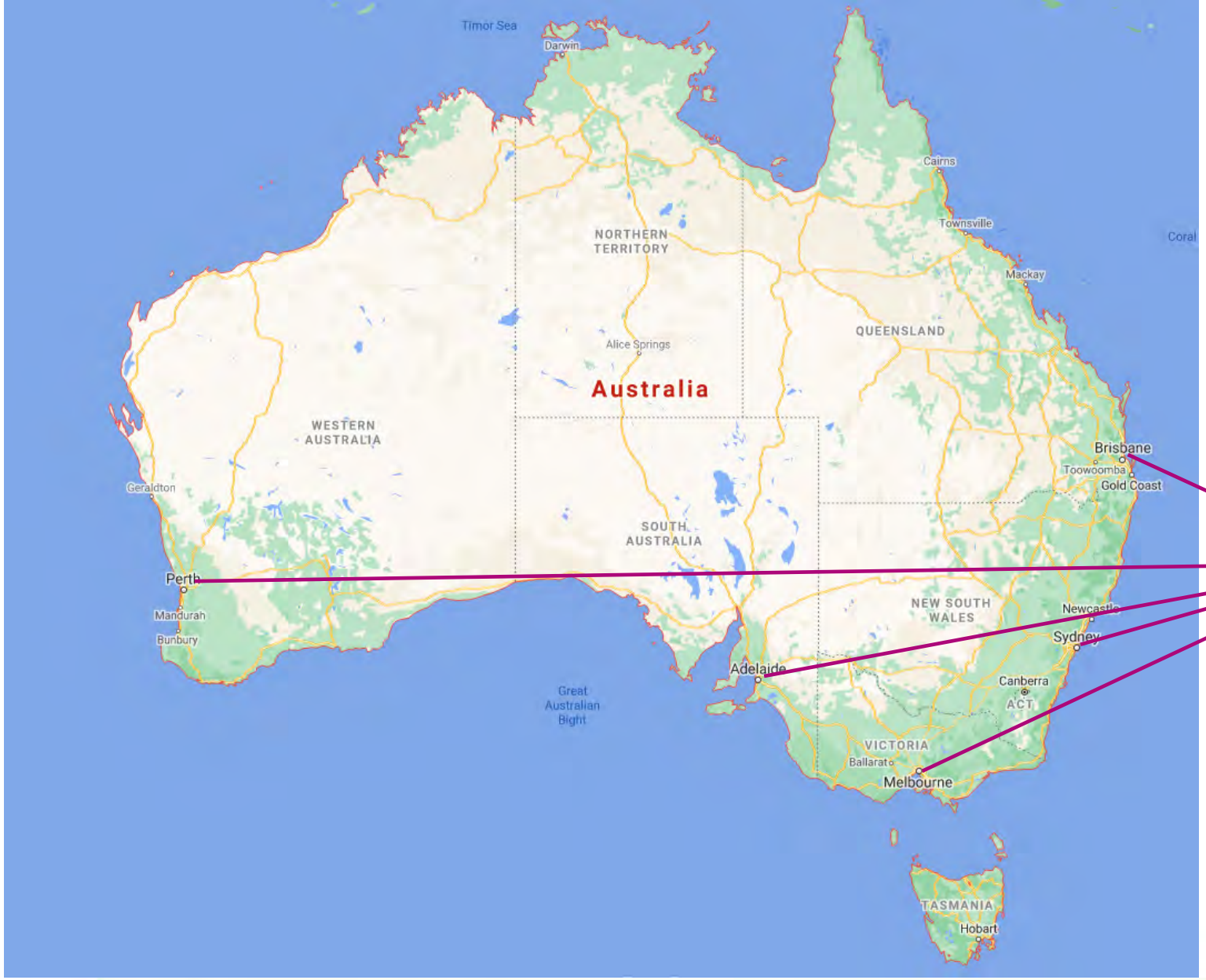
Other resources in use

Non-invasive ventilation: 112
ECMO: 9

Australian Government
Organ and Tissue Authority

donate life

Source: ANZICS



Australian Government
Organ and Tissue Authority

donate life

What proportion of kidneys donated (deceased donors) in Australia are transplanted interstate (Canada 11%*)

A) 5%

B) 10%

C) 15%

D) 20%

Source
Canadian Organ Replacement Register, Canadian Institute for Health Information, 2020.

What proportion of kidneys donated (deceased donors) in Australia are transplanted interstate (Canada 11%*)

A) 5%

B) 10%

C) 15%

D) 20% - (actually 21%)

Source
Canadian Organ Replacement Register, Canadian Institute for Health Information, 2020.

Like Canada, Australia has had internal border travel restrictions, varying in nature and timing . Our domestic flights have reduced by….compared to 2019

A) 30%

B) 50%

C) 70%

D) 90%

Source
Australian Government Department of Infrastructure, Transport, Regional Development and Communications

Like Canada, Australia has had internal border travel restrictions, varying in nature and timing . Our domestic flights have reduced by….compared to 2019

A) 30%

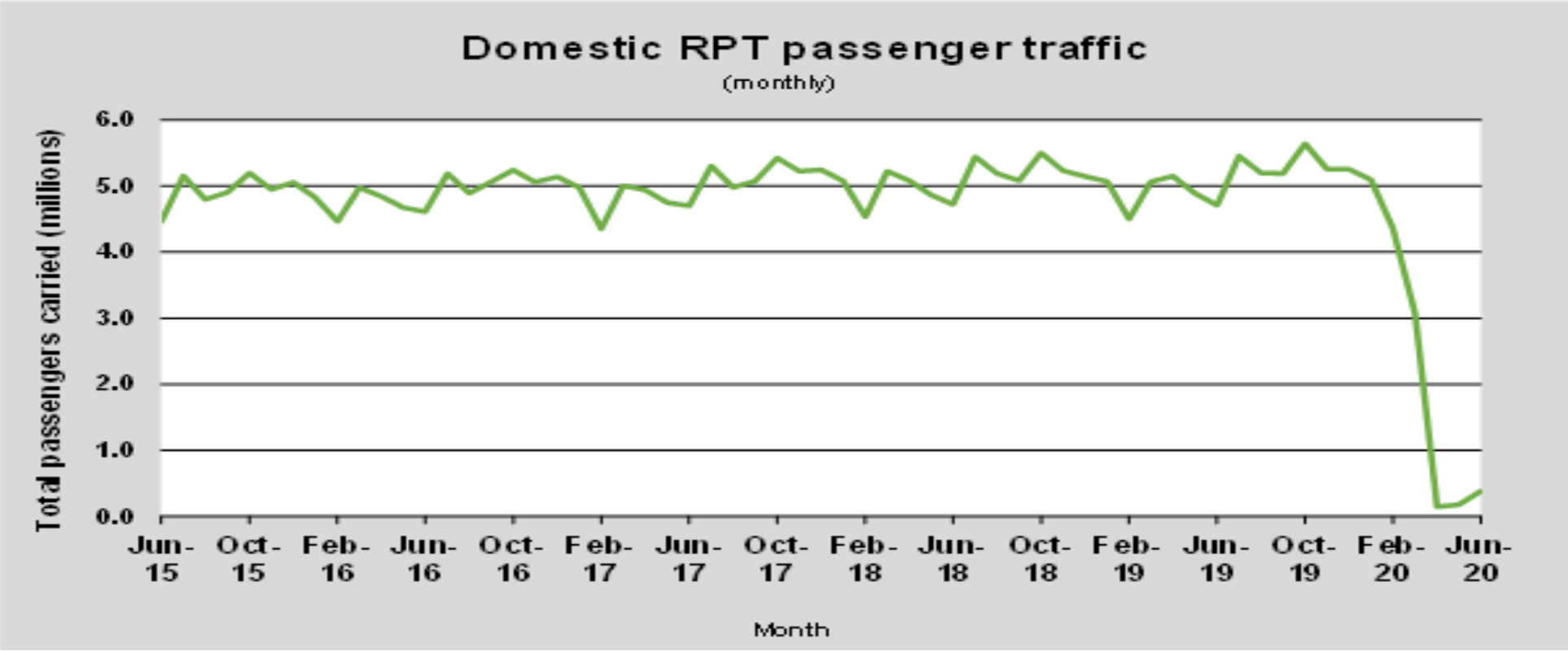
B) 50%

C) 70%

D) 90%

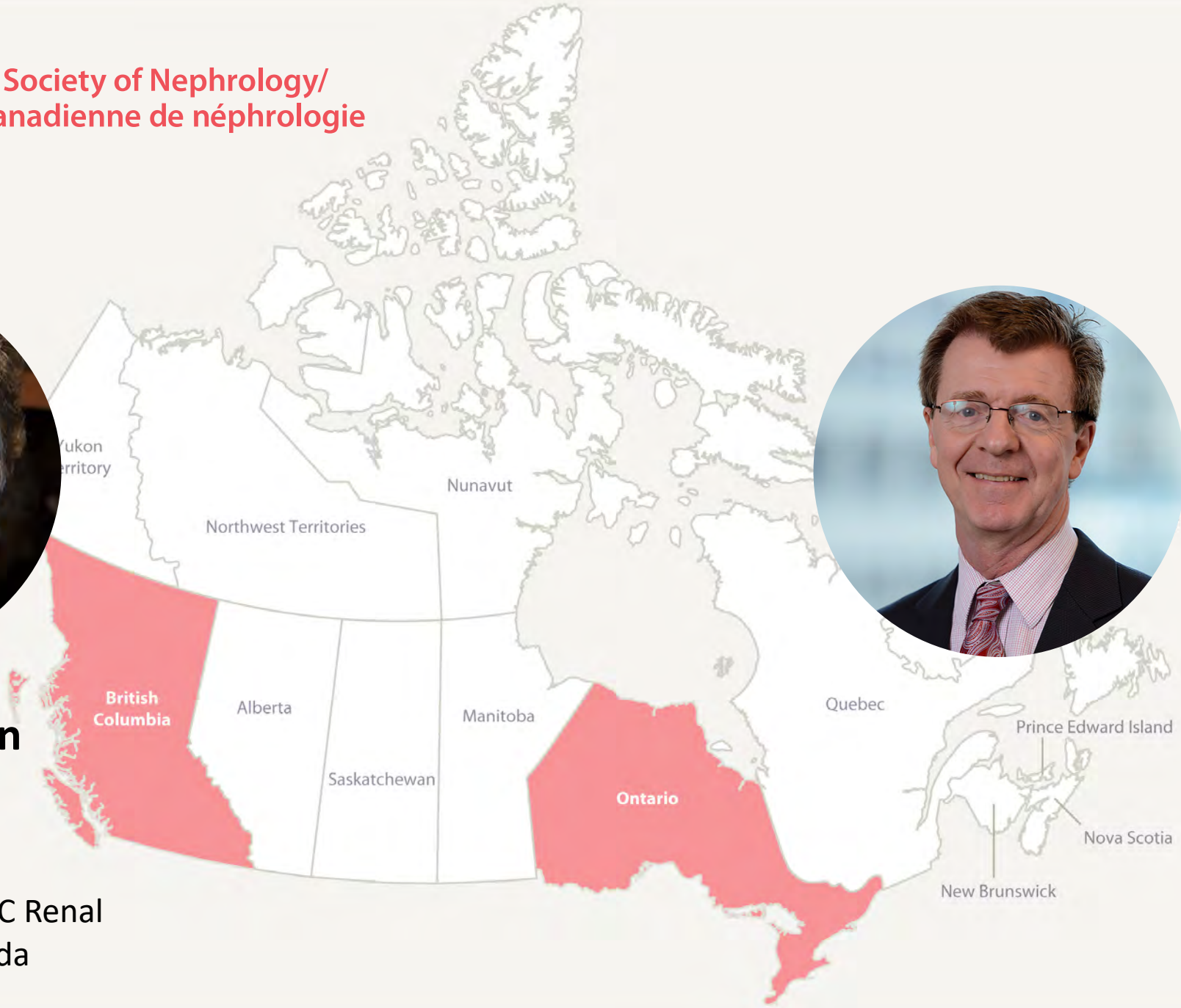
Source
Australian Government Department of Infrastructure, Transport, Regional Development and Communications

Logistics Challenges



Capacity, measured by available seat kilometres (ASKs), decreased by 90.1 per cent compared with June 2019 to a total of 694.5 million.

Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN



Dr. Adeera Levin

Head, UBC Division
of Nephrology
St. Paul's Hospital
Executive Director, BC Renal
Vancouver, BC, Canada

Dr. Peter Blake

Nephrologist
London Health
Sciences Centre
Medical Director,
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London, ON,
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CSN/SCN

Dr. Adeera Levin
Head, UBC Division of Nephrology
St. Paul's Hospital
Executive Director, BC Renal
Vancouver, BC, Canada

Some Facts

Canada

9.98 M km2 ; 37 M pop
4 time zones, coast to coast

Australia

7,741,220 sq km, 24.5 M pop
3 time zones coast to coast

BC Renal Response to COVID-19

Rapid mobilization of a mature network to support a high-risk, life-support population

BCRenal
Provincial Health Services Authority

Why, What and How: The BC Kidney Community in COVID-19 Times

Everyone is affected

- Communities and families
- Patients on and off dialysis
- Patients with and waiting for transplants
- Health care professionals and all staff working in and around health care
- Administrators, researchers and everyone……..

Introduction and Purpose

Current State BC Renal Community Structure and Function

Context of BC Renal Emergency Operations Centre (EOC) and Other EOC Structures

Key Work Accomplished over Last Months:

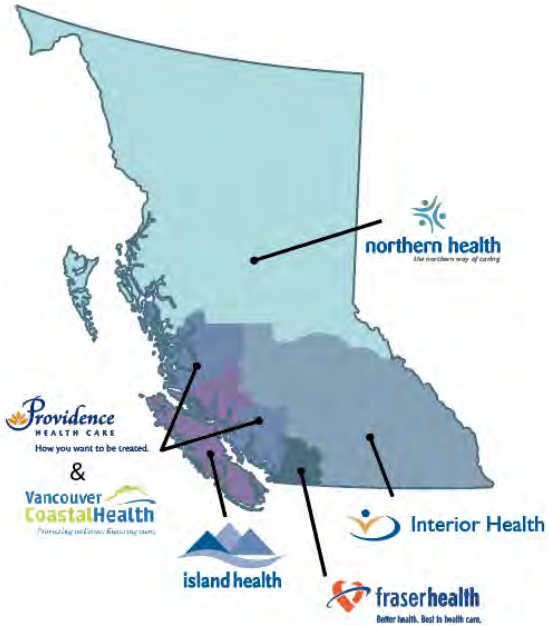
High level overview of successes and issues

BCRenal
Provincial Health Services Authority

How we serve BC

Working with BC's regional health authority renal programs, BC Renal (BCR) funds and coordinates service delivery across:

- **6** health authorities
- **11** home hemodialysis training sites
- **12** peritoneal dialysis clinics
- **13** hospital dialysis units
- **14** CKD clinics - *for registered non-dialysis kidney patients*
- **28** community dialysis units

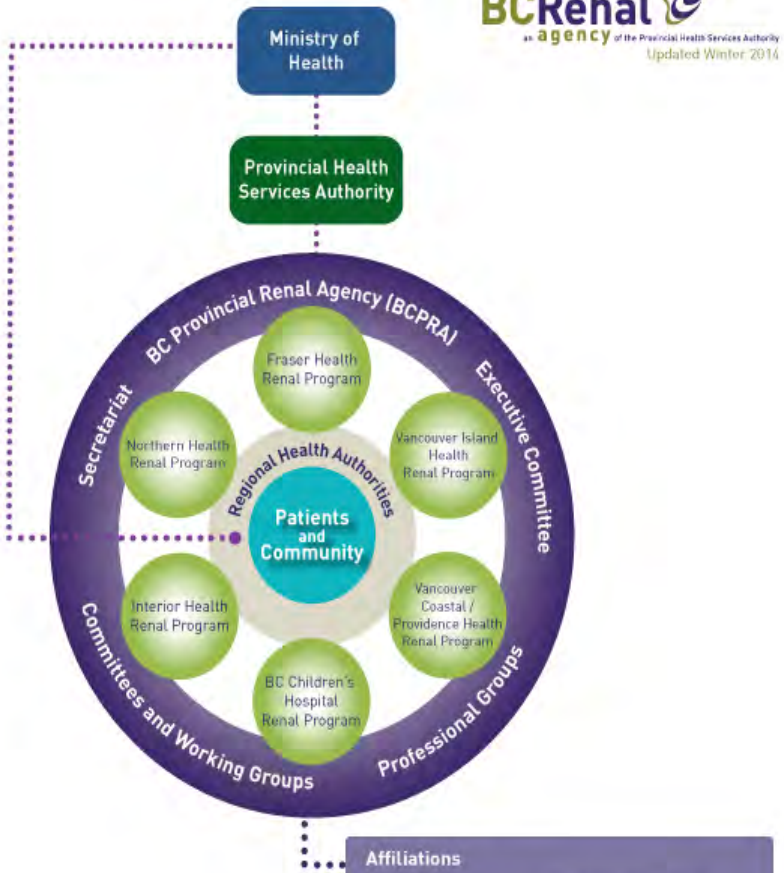


Provincial Health Services Authority Province-wide solutions. Better health.
BC Children's Renal Program (Province-wide)

Population: 5 Million,

- 3,500 Dialysis
- 12,000 CKD
- KTX 3,200

BCRenal
Provincial Health Services Authority
BCRenal as an agency of the Provincial Health Services Authority
Updated Winter 2014



Affiliations

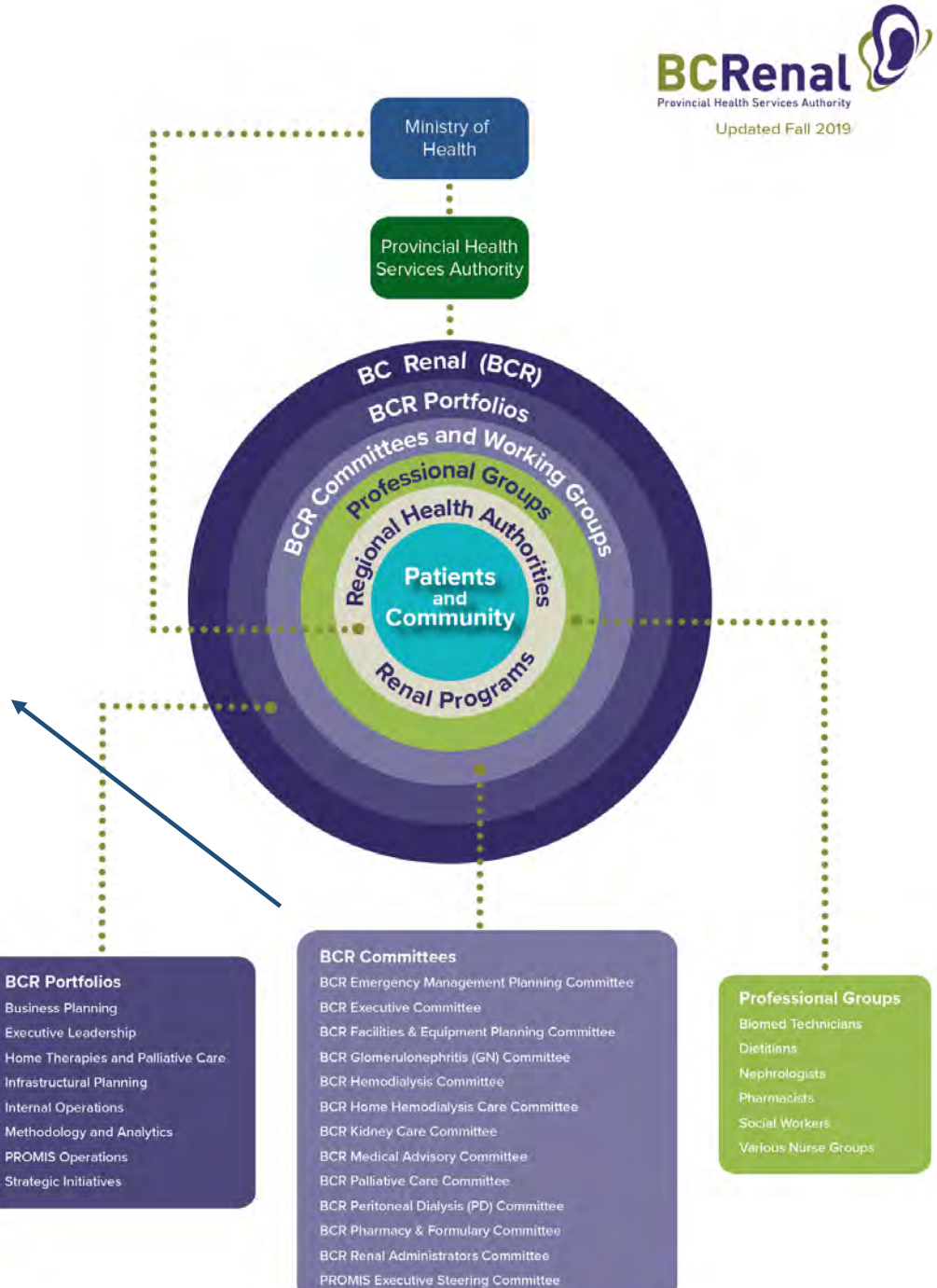
- BC Transplant
- Centre for Health Evaluation and Outcome Sciences
- First Nations Health Authority
- Kidney Foundation of Canada (BC Branch)
- Providence Health Care Research Institute
- Simon Fraser University
- University of British Columbia
- University of British Columbia-Okanagan
- University of Northern British Columbia
- Vancouver Coastal Health Care Research Institute

Longstanding Provincial Committees Well Positioned for Rapid Response

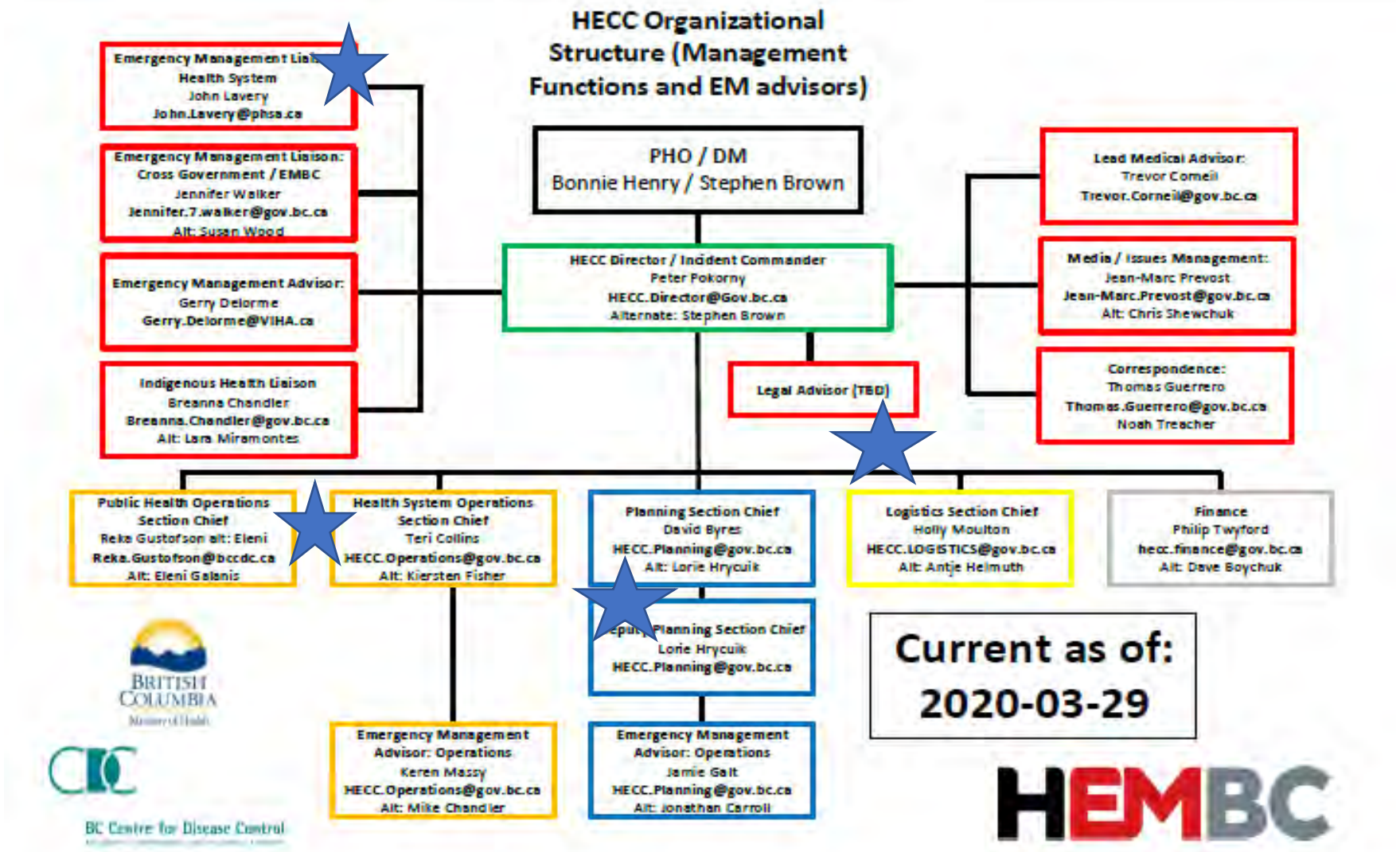
- Multidisciplinary committees
- Cross-HA representation
- Research, evaluation and CQI

BCR Committees

BCR Emergency Management Planning Committee
BCR Executive Committee
BCR Facilities & Equipment Planning Committee
BCR Glomerulonephritis (GN) Committee
BCR Hemodialysis Committee
BCR Home Hemodialysis Care Committee
BCR Kidney Care Committee
BCR Medical Advisory Committee
BCR Palliative Care Committee
BCR Peritoneal Dialysis (PD) Committee
BCR Pharmacy & Formulary Committee
BCR Renal Administrators Committee
PROMIS Executive Steering Committee



Province's Emergency Management Structure: High Level Overview



BC Renal Emergency Operations Committee: Medical Directors of Geographical HA

- Guided by pre-existing Provincial Renal Emergency Management Plan
  - inlcudes pandemic guidance
- Operating within context of multiple other EOCs: provincial, regional, institutional

Purpose:

- Enable timely communication, sharing and decision making in the context of rapidly changing environment of COVID-19

- Complimented by work of
  - BCR Leadership Team
  - Provincial Committees
  - Statistics and Methodology Group
  - PROMIS: Renal and Transplant Information System

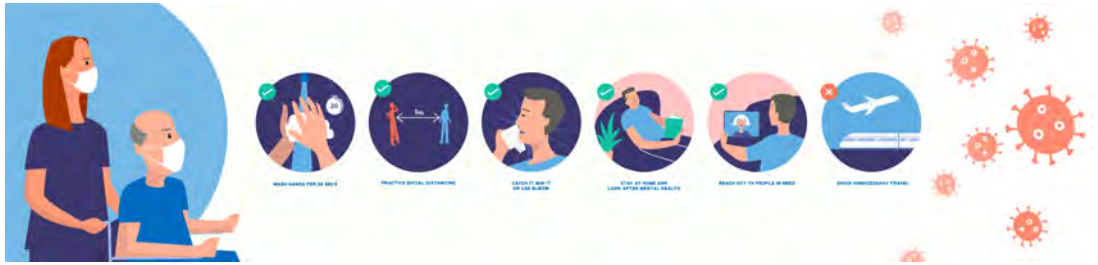
Context and Philosophy

- Dialysis is **Life Support Therapy**
- Our dialysis patients
  - have little choice
  - Are **high risk**
  - Come to a challenging physical environment

Goals:

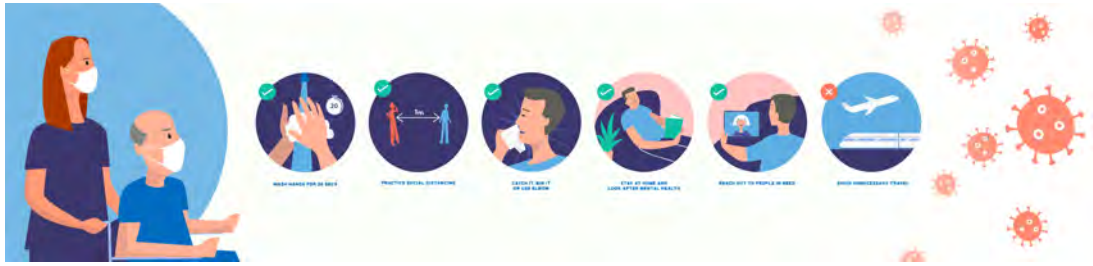
- Prevent disease **TRANSMISSION**
- Ensure **SAFETY** for patients and staff
- Maintain **comprehensive care**

Key Accomplishments



- Established virtual patient care (phone, video, telehealth) in outpatient clinics
  - CKD, Home Dialysis, Transplant
- Created multiple clinical guidelines and protocols ***and*** patient-facing resources (including translations)
- Modelled and confirmed acute dialysis capacity, including use of portable RO and acute PD (for critical care)
- Created an ethical framework for allocation of life-support dialysis resources to meet needs of both chronic and acute kidney injury patients (ICU) in the event of a surge (under revision @ Journal)
  - Patient partners involved in development
  - First in kind globally
- Comprehensive COVID screening and tracking/data collection (for clinical and research purposes)
- Ensured safe dialysis for COVID+ and patients under investigation

Key Accomplishments



- Adjustments in HD unit workflow
  - Patient HD schedules: staggered starts, cohorting
  - Adjustments to nurses schedules, breaks and physical distancing
- Implemented infection prevention and control recommendations, including PPE for staff and physicians
- Secured stable supply of renal medications
  - Limited supply of K-binding resins
  - Immunosuppressive agents for glomerulonephritis and transplant patients (and provided specialized guidance for use)
- Ensured access to transportation for kidney patients to dialysis units and outpatient clinics
  - Dialogue with public and private providers including HandiDart, BC Ferries etc

Key Accomplishments : Provincial mandate

- Supported continued uptake of independent dialysis modalities : @ HA and hospital
  - confirmed ongoing surgical capacity for PD tube insertions and AV access procedures
  - Goal: Reduce unintended HD starts, use of HD catheters (which increase hospitalization)
  - Maintain home therapies training and increase capacity
- Worked with public and private laboratories to ensure access for necessary CKD, transplant and dialysis testing
  - Ensured guideline-based COVID-19 testing and rapid result turnaround
  - Established patient-specific reduced testing frequency for CKD, transplant and home dialysis patients
- Worked with provincial contract vendors and PHSA Supply Chain to ensure ongoing delivery of supplies for home-based patients

Impact to Patients and Care Teams to May 2020

- Patients COVID+
  - 4 hemodialysis and 1 PD, presumed community acquired
    - 2 in long term care
    - 1 death (>85 years, multiple comorbidities)
  - 2 kidney transplant patients
- Dialysis Workforce
  - 1 PD nurse COVID+ (recovered, back to work)
- Moral distress felt by all – patients and care providers
  - Ongoing communication and community building

PROMIS: Agile Response, Supporting Clinical Care and Research

- Agile development methodology enabled release of new features approx. every 2 weeks to respond to critical emerging needs
  - COVID-19 Screening Questionnaire for HD Units
    - collect standardized COVID-19 screening data
  - COVID-19 Reports: Questionnaire/Dialysis Runs
  - COVID-19 Reports: Lab Results
    - By management centre (both interface & manual entry results)
  - COVID-19 Reports: COVID-19 Dialysis Schedule/Labs
    - Displays schedule for a selected week and patients' most recent COVID-19 lab test results

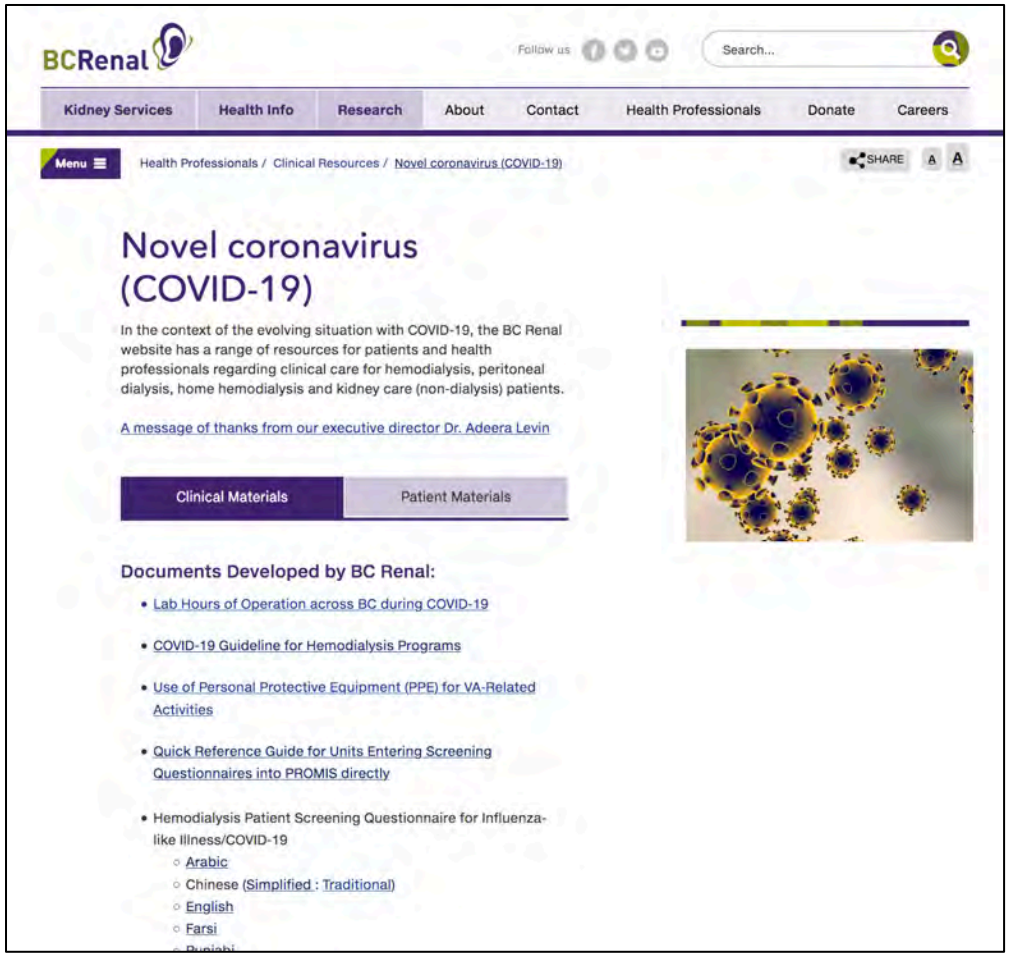
PROMIS
Patient Records and Outcome Management Information System

EXPANDED Province Wide Rounds

- BC Renal hosted a virtual series of expanded province wide rounds focused on our collective response to Covid-19
  - Open to all renal care team members
  - Posted on BC Renal website and BC Renal YouTube channel
  - 99 attendees at first session May 1st, and subsequent weekly x 4, then reduced frequency
    - 91% rated session excellent or good
    - 91% said webinar was helpful
  - Link to videos and presentations

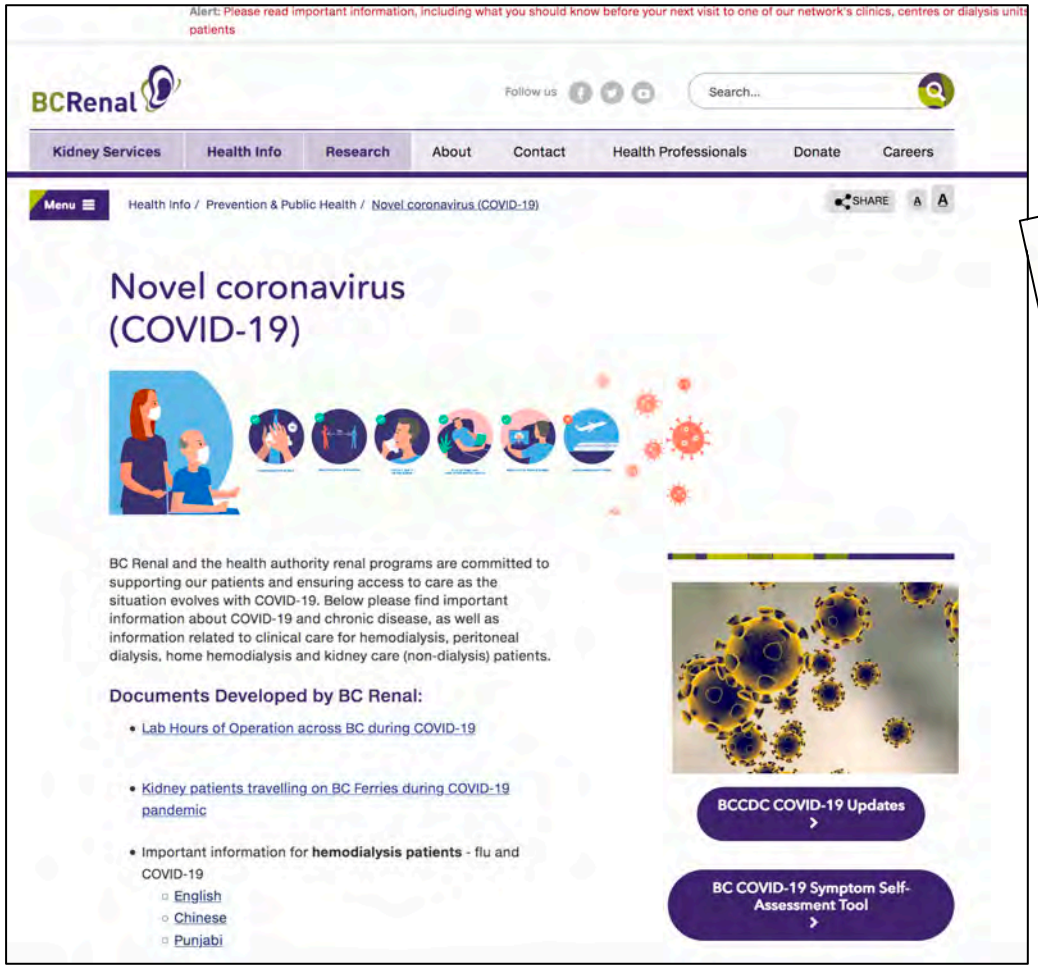
BCRenalAgency.ca ➡ Health Professionals ➡ Clinical Resources ➡ Novel Coronavirus (covid-19)

http://www.bcrenalagency.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19)



BCRenalAgency.ca ➡ Health Info ➡ Prevention & Public Health ➡ Novel Coronavirus (covid-19)

http://www.bcrenalagency.ca/health-info/prevention-public-health/novel-coronavirus-(covid-19)



Metrics: Google Analytics and Social Media

BC Renal Website (to Oct 4)

COVID pages (Patient & HCP)

- Page views: 10,343
- Views for top 5 documents alone: approx 8,000

Note: Reach significantly higher as HA renal teams across BC have downloaded and copied for patient distribution

Social Media (All posts March 12 – Oct 4)

Facebook: 624 posts

- Reach on highest day: 16,342
- 3,451 engagements
- 2,127 clicks on links

Twitter: 454 posts

- Impressions: 221,800
- 1,248 engagements
- 1,576 clicks on links

Note: Data shows our Twitter followers use the platform as a news feed; Facebook followers use the platform as an interactive community

Sharing Knowledge: Nationally and Internationally

Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN

https://www.csnscn.ca/covid-19-emergency-preparedness-for-healthcare-professionals

COVID-19 Emergency Preparedness For Healthcare Professionals

Note: If you are a *Patient or Caregiver*, please CLICK HERE for COVID-19 Updates specific to Patients and Caregivers.

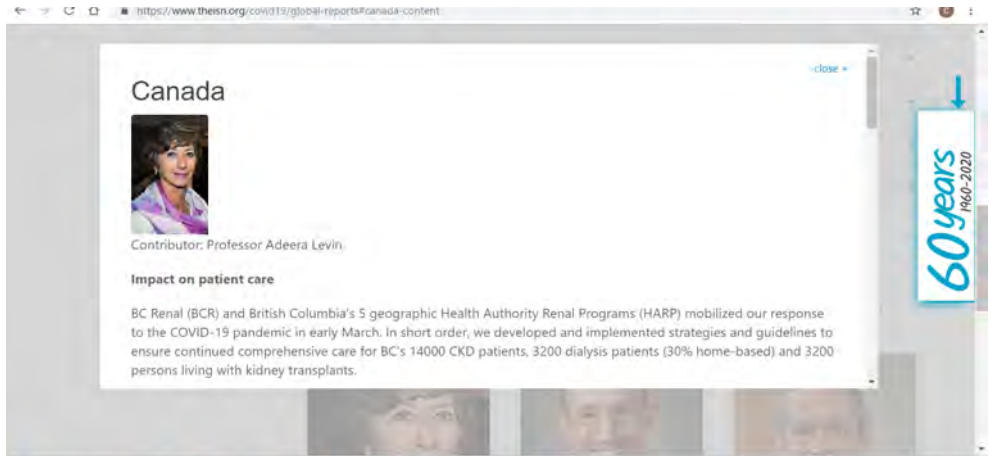
By now, every program will be considering ways to keep their patients and health care providers safe. The obvious concern is patients treated with in-centre hemodialysis, but there may also be issues for those programs with assisted peritoneal dialysis and of course timely laboratory investigations for patients with kidney transplants and advanced chronic kidney disease.

BC Renal Agency

- Framework for Ethical Resource Allocation to Minimize Moral Injury during the COVID-19 Pandemic
- Documenting your Goals of Care
- CMAJ Article: Pandemic palliative care: beyond ventilators and saving lives
- Guidance for Implementation Advance Care Planning COVID-19
- COVID-19 Telehealth Communication Tips
- COVID-19 Conversation Guide for Outpatient Care
- Important Information for Hemodialysis Patients
- Hemodialysis Patient Screening Questionnaire for Influenza-like illness/COVID-19
- Important Information for Kidney Care Clinic Patients
- Important Information for PD & HHD Patients
- Social Distancing Handout for Hemodialysis Patients
- COVID-19 Guideline for Hemodialysis Outpatients
- Changes to HD Schedule
- COVID-19 Guidelines for Kidney Care Clinics
- Guide: Caring for Symptomatic Dialysis Patients
- Notice RE Visitor Policy
- Provincial Renal Emergency Management and Business Continuity Plan
- Emergency Preparedness especially for dialysis patients

[Link to CSN website: BC Renal contributions]

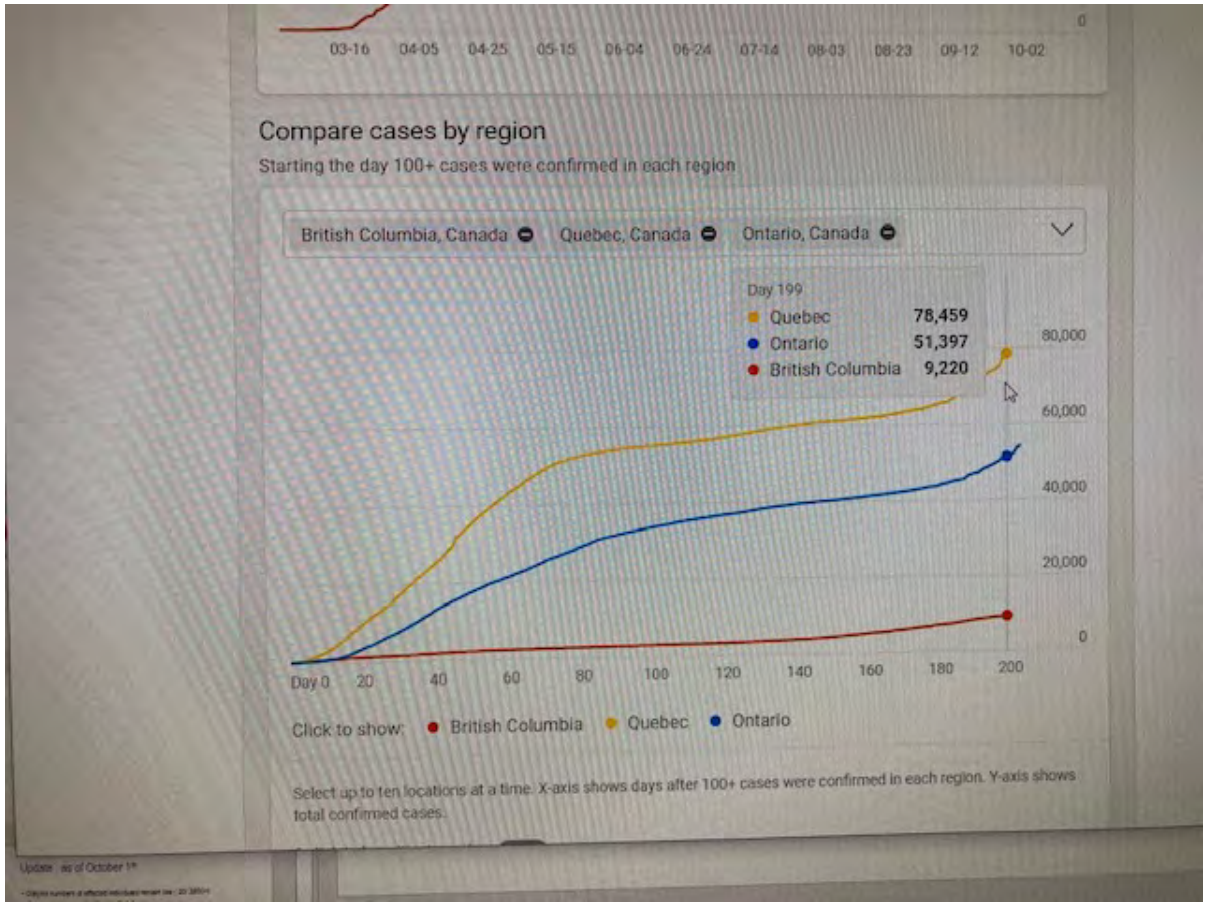
International Society of Nephrology
Advancing Worldwide Kidney Health

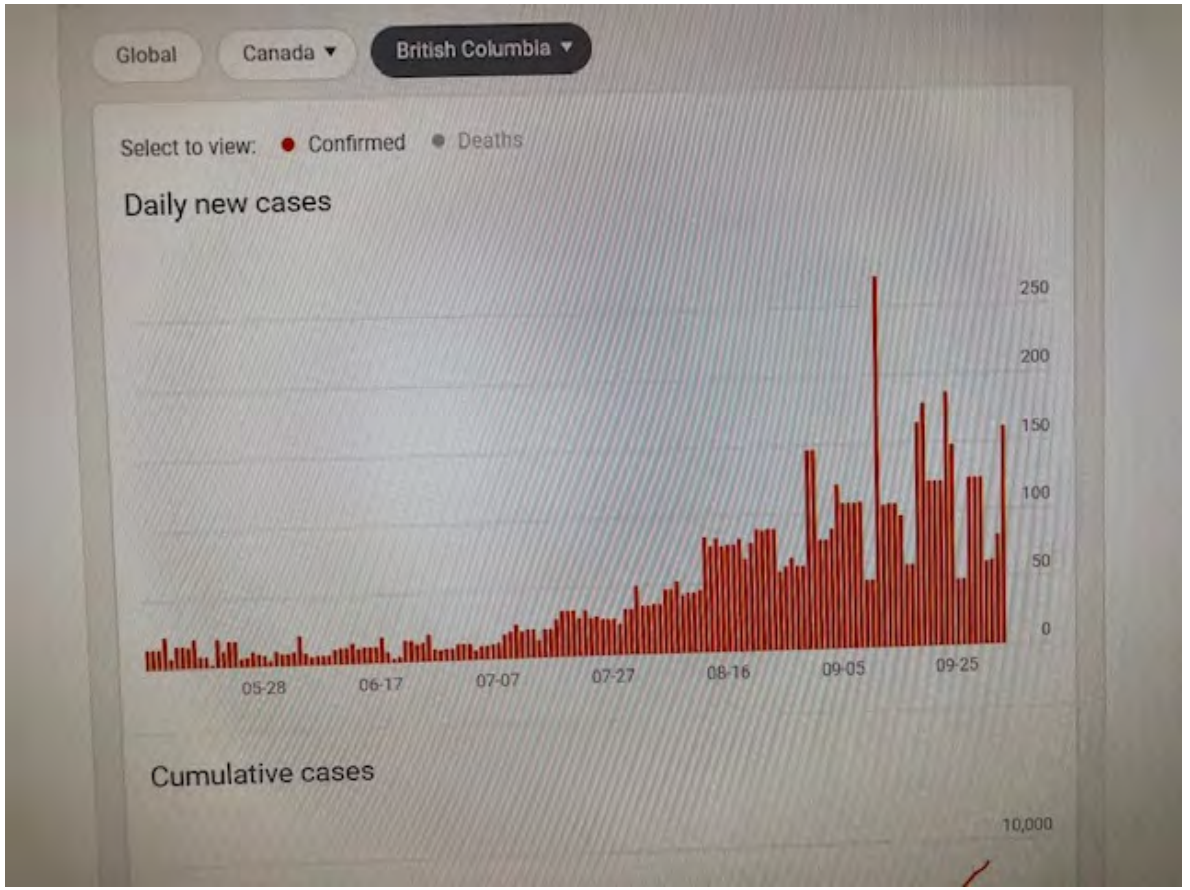


[Link to ISN website: BC Renal contribution]

Updates: Context and Continuing Work

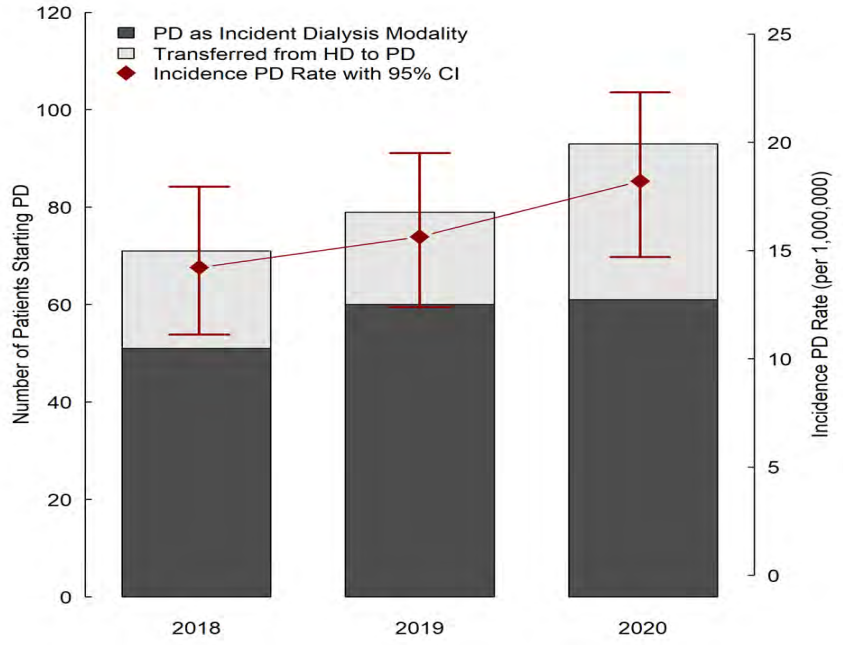
Up-spike since August in BC (relative)





Update: As of October 1st

- Dialysis numbers of affected individuals remain low (20/ 3500+)
- Ongoing screening @ HD unit, @pt @ run
  - 20 patients total with COVID +
    - 4 initial wave
    - 16 subsequent (all LTC or acute care sites)
    - 1 PD, remainder HD
- PD uptake continues to be high
  - Novel training methods (short 3-4 day)
  - Reduced bloodwork



Conclusion: Successes and Challenges for BC, COVID -19 and the Renal Community

- Organized infrastructure, patient-focus allowed nimble and directed activities
  - Policy development with Public Health and Infection Control
  - Education materials for patients and health care professionals
  - Strategies to enable safe dialysis, supply delivery and ongoing home-based care
- Provincial information system to enable easy comparison and standardization
  - Data collection
  - Review of outcomes
- Low population rates during first wave and adherence to protocols

Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN

Dr. Peter Blake
Nephrologist
London Health Sciences Centre
Medical Director,
Ontario Renal Network (ORN)
London, ON, Canada

Question 1

Which of the following is **not** a proven risk factor for a person on chronic dialysis in Ontario to be infected with Covid?

a) Diabetes
b) Centre HD (vs home dialysis)
c) South Asian ethnicity
d) Lower socioeconomic status
e) Living in Toronto

Question 2

Which of the following statements is most clearly true in Canada?

a) People on chronic dialysis are more likely to get Covid than the general population
b) Mortality in those on chronic dialysis who get Covid exceeds 25%
c) Mortality in those receiving acute dialysis for Covid associated AKI exceeds 70%

Covid First Wave
Ontario Experience

CSN/ANZSN
October 6/7 2020

Peter G Blake
Provincial Medical Director
Ontario Renal Network
In Ontario Health

ONTARIO

14.3 million
40% of pop of Canada
68% white

3% First Nations

Toronto
6.2 million
43% of pop of Ontario
50% white
12% black
12% S Asian
12% E Asian

27 Renal Programs
11 in Toronto
5 in North

Ontario Renal Network

A provincial government agency, part of Ontario Health, responsible for funding and quality of renal services – since 2008

Guiding principles include patient centered care and physician and ‘network’ co-management

Delivered by 27 Regional Renal Programs (11 in Toronto area) - varying from 50 to almost 1000 patients – complex system

>12,000 people on chronic dialysis – 74% ICHD, 21% PD, 5% HHD

Approximately half live in Toronto area (GTA)

About 5% live in long term care homes (LTCHs) or other congregate places

Covid in Ontario

First case – late Jan 2020

First hospitalizations – Feb 2020

Community spread and multiple hospitalizations – early March 2020

First dialysis case – March 8 2020

First dialysis death – March 11 2020

By July 1 – 31,000 cases including 185 on chronic dialysis

By October- 54,000 cases (0.4%) and 2,900 deaths (5.3%)

– 209 on chronic dialysis with 53 deaths

ORN Response to Covid Wave 1 Principles

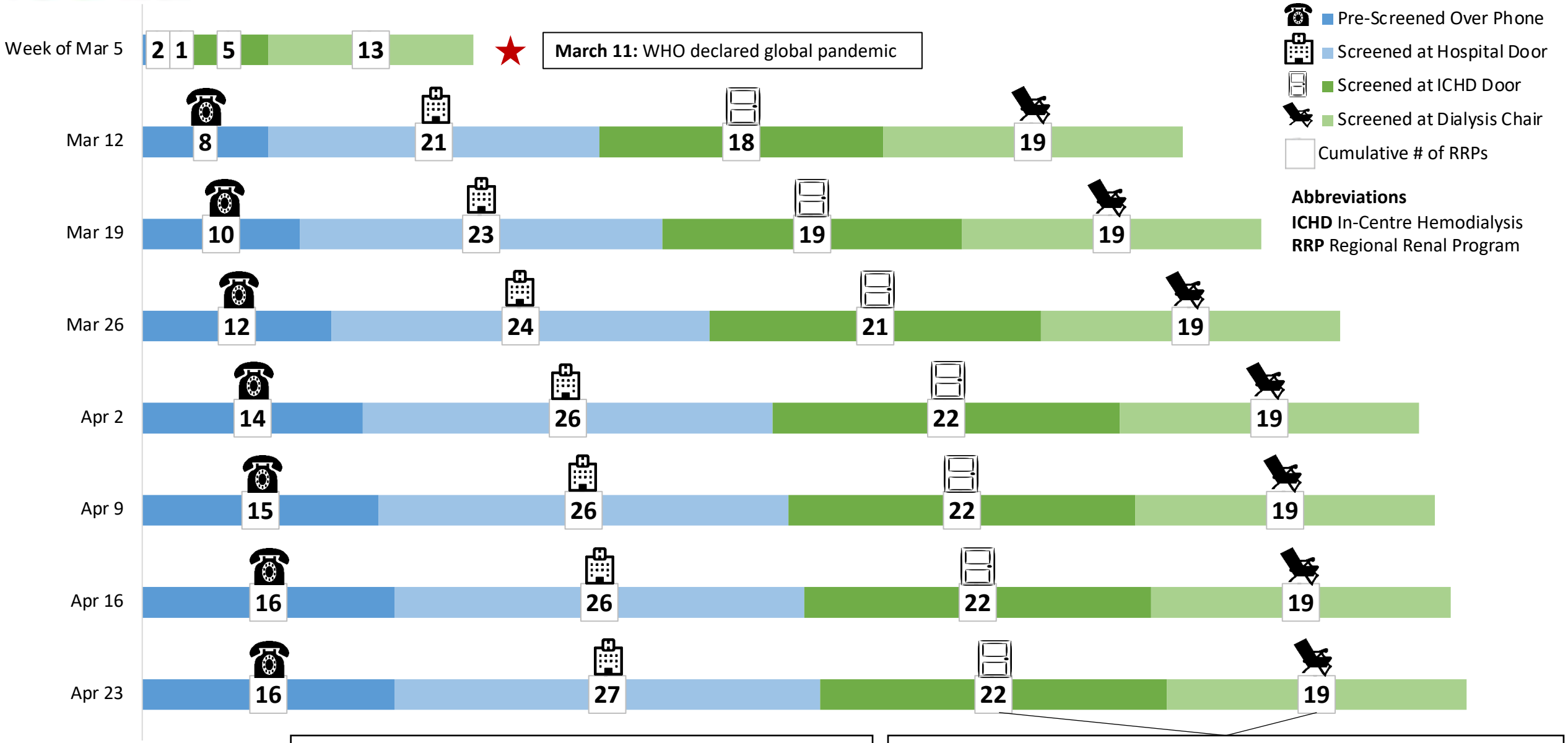
- Understanding hierarchy and politics of decision making – MOH vs Ontario Heath vs Public Health vs Hospitals – avoid causing confusion and controversy
- Weekly mandatory collection of Covid data from Programs
- Weekly ‘Covid Calls’ of ORN and clinical leadership (directors and physicians) of Renal Programs for exchange of information and practices – content circulated
- Information used by Programs at hospital level to leverage change
- Advocacy for renal patients at provincial ‘tables’

Renal Programs/ORN Response to Covid Wave 1

- Hospital Renal Covid Committees
- Changing HD schedules
- Screening practices – phone, hospital + unit entrances, chair, questionnaires
- PPE policies
- Masking – staff, patients
- Cohorting / droplet precautions for suspected cases, LTCH patients
- Swabbing – low threshold for all, surveillance for LTCH patients
- Spacing patients, isolation rooms
- Staffing issues – shortages, anxiety
- Transport of Covid positive HD out-patients
- Code Blue policies in HD unit
- Patient anxiety

ORN COVID-19 Infection Control Practices in ICHD Units

Implementation of Screening Practices in ICHD Units Across 27 RRPs During COVID-19



*Please see data notes for practices that were stopped

Renal Programs/ORN Response to Covid Wave 1

- Prioritizing PD tube insertions despite elective OR suspension
- Prioritizing PD and HD training

- Approach to HD in Covid AKI in ICU – CRRT, SLED, conventional HD

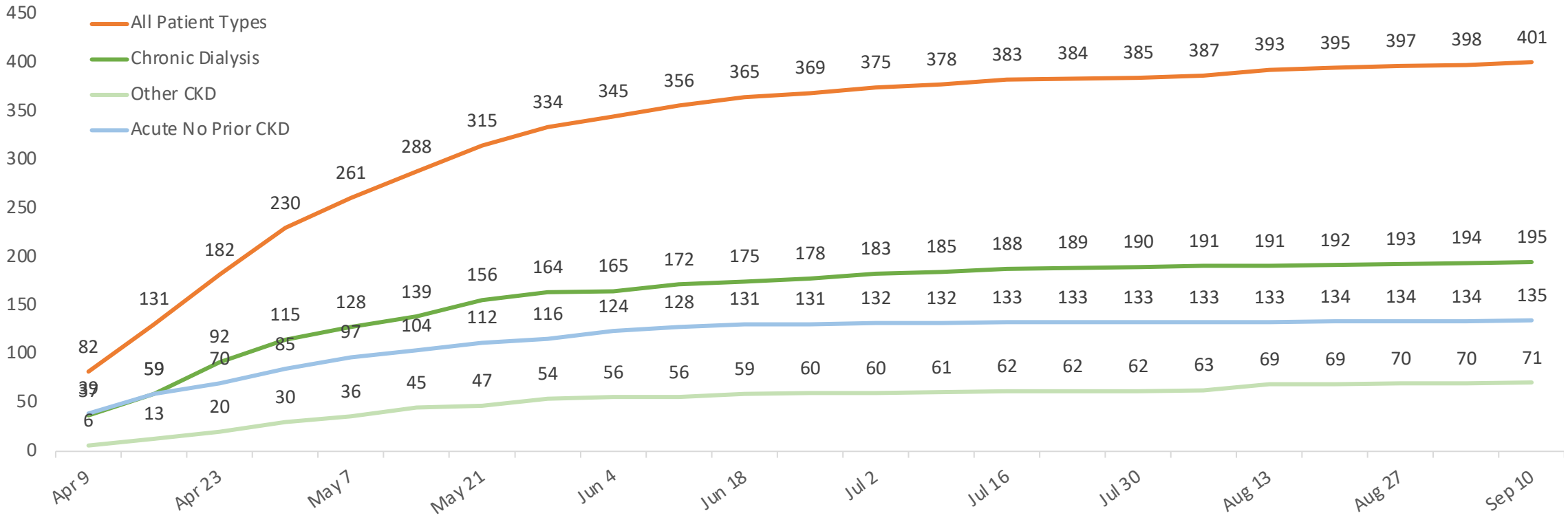
ORN Province Level Response to Covid Wave 1

- Promoting dialysis patients as a priority for swabbing
- Point Prevalence Surveillance of all HD units in June
- Advocating for renal patients at provincial tables – triage policy, ICU acute dialysis capacity
- Co-operation with TGLN (transplant agency) to reactivate kidney transplant
- Documents on pandemic planning, acute dialysis, swabbing, GN/immunosuppressives etc
- Continuation of ORN clinic funding for virtual visits

COVID-19 in Renal Patients – as of September 10, 2020

	COVID-19 Status			
	All Confirmed	Deceased	Recovered from COVID-19	Active
All Renal Cases	401	152 - 38%	57%	5%
Chronic Dialysis	195	53 - 26%	70%	4%
Other CKD GN, MCKC, Gen Neph, Transplant	71	22 - 31%	61%	8%
Acute Dialysis[1] with No Prior CKD	135	81 - 60%	~36%	<6%

COVID-19 Cumulative Confirmed Renal Patients– as of September 10, 2020

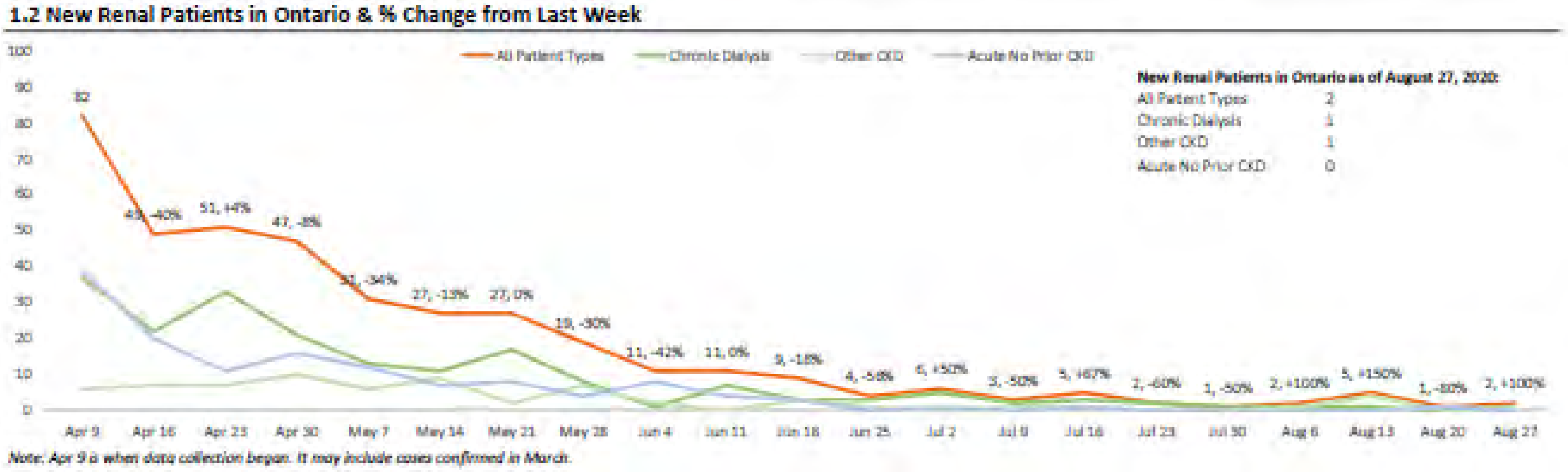


Total chronic dialysis cases = 195 = about 1.6% of dialysis population

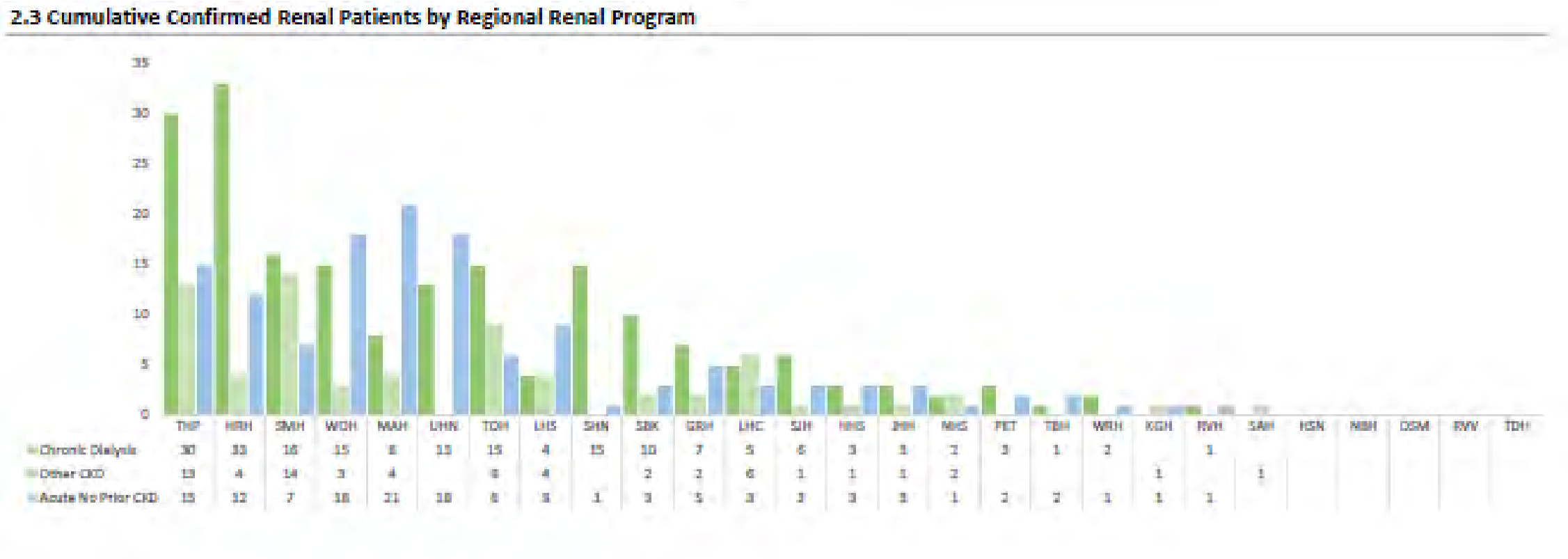
1.9% of in centre HD, 0.8% of PD, 0.3% of HHD

Compares with 0.3% of general population (likely underestimate)

New Covid Cases Per Week March to August 2020
ORN Tracker Tool



Covid Chronic Dialysis Cases by Renal Program



6 Programs had HD Unit ‘outbreaks’

>60% of all cases were in these 6 programs

75% of cases in 8 programs – 7 in Toronto area

7 programs with no cases (5 programs in N Ontario had a total of 1 case)

Outbreaks in HD Units

- Multiple patients +/- staff at same time with high likelihood of transmission within HD unit
- Occurred in 6 units – 5 in Toronto
- Responses included swabbing of whole unit or pod and of staff
- Also banning staff from working in multiple units
- Increased spacing of HD chairs
- Waiting room changes

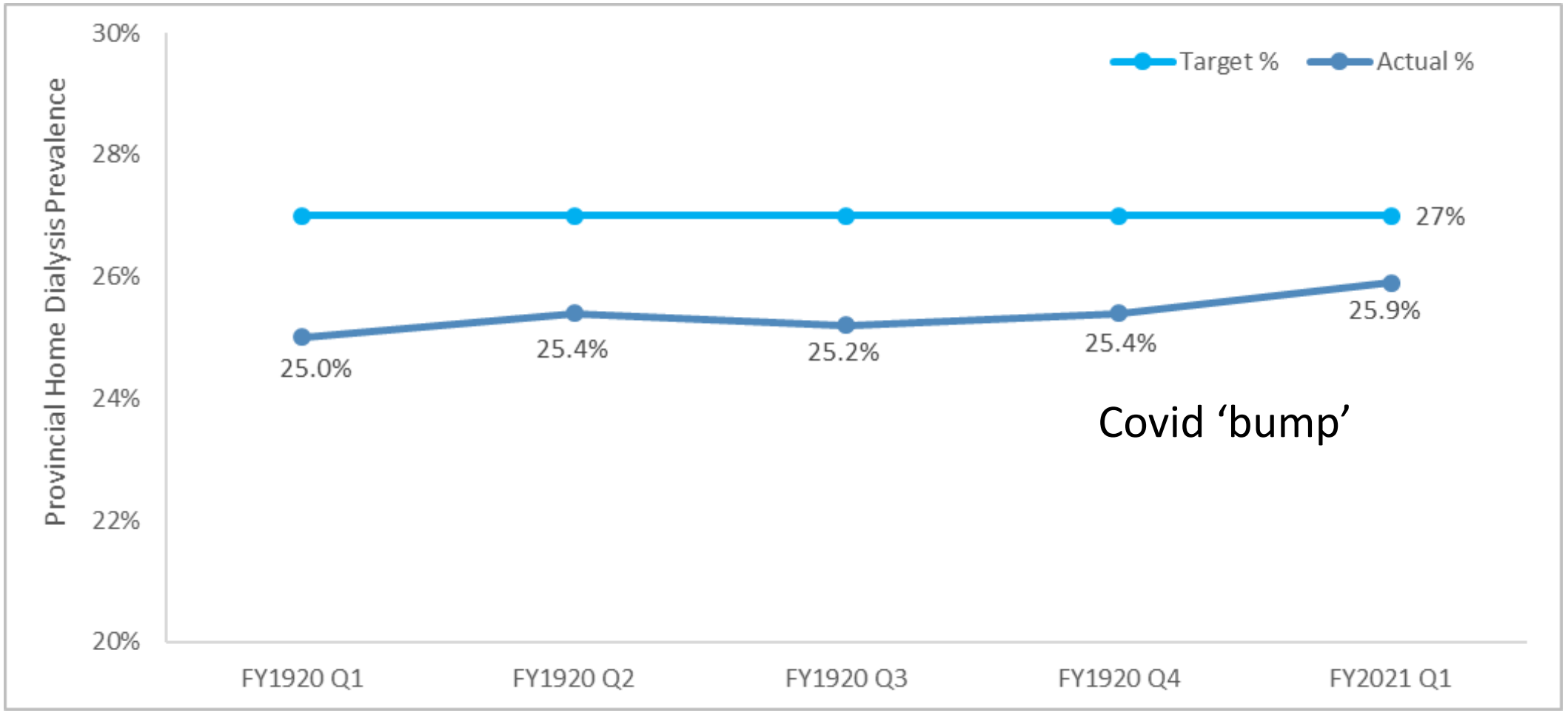
Covid and Chronic Dialysis

- By Sept 1, 191 people on chronic dialysis in Ontario have been infected with Covid, equivalent to c 1.5% (1.9% on HD, 0.8% PD, 0.2% HHD)
- Risk factors for getting Covid were living in LTCH, centre HD (versus home dialysis), living in the GTA, black race, south Asian ethnicity, low income
- 51 of these people (27%) have died – very high mortality rate – risk factor was older age
- Others have had prolonged debilitating hospitalizations

Covid and Acute Dialysis

- 130 AKI cases needing acute dialysis, some for weeks, mostly in ICU
- 60% died – very sick people
- 37% recovered – how fully?
- Mix of CRRT, SLED, Acute HD

Home Dialysis Prevalent Rate in Ontario by Quarter 2019-20
'Covid Bump'



Ontario Renal Network
Réseau Rénal de L'Ontario

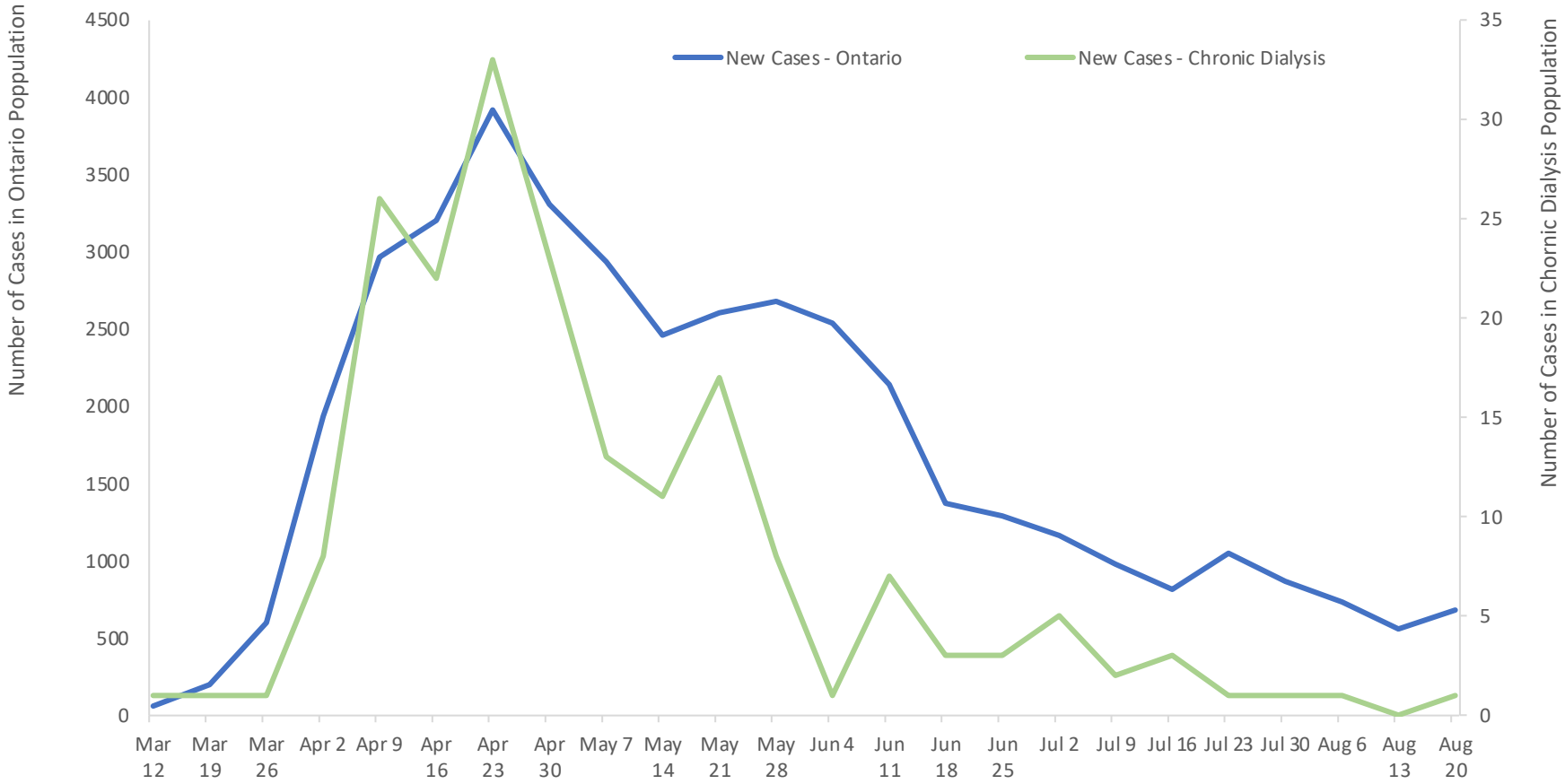
GROWTH IN NUMBERS ON CHRONIC DIALYSIS BY MODALITY BY QUARTER - 2019-20

	Q2 19-20	Q3 19-20	Q4 19-20	Q1 20-21 Covid Bump
All dialysis	11,995	12,065 (+.6%)	12,153 (+.7%)	**12,188 (+.2%)**
Centre HD	8,880	8,969 (+1.0%)	9,004 (+.4%)	**8,957 (-.5%)**
PD	2,445	2,431 (-.4%)	2,447 (+.7%)	**2,518 (+2.9%)**
HHD	600	615 **(+2.5%)**	637 **(+3.6%)**	**644 (+1.1%)**

Ontario Renal Network
Réseau Rénal de L'Ontario

ORRS

Time Trend for New Covid Cases in General Population and Chronic Dialysis Population



Flattening the curve

Question 1

Which of the following is **not** a proven risk factor for a person on chronic dialysis in Ontario to be infected with Covid?

a) **Diabetes**
b) Centre HD (vs home dialysis)
c) South Asian ethnicity
d) Lower socioeconomic status
e) Living in Toronto

Question 2

Which of the following statements is most clearly true in Canada?

a) People on chronic dialysis are more likely to get Covid than the general population
b) **Mortality in those on chronic dialysis who get Covid exceeds 25%**
c) Mortality in those receiving acute dialysis for Covid associated AKI exceeds 70%

Australian and New Zealand
Society of Nephrology

ANZSN

Dr. Peter Mount
Deputy Director of Nephrology
Austin Health
Melbourne, Australia

- **6/7th October 2020**

Renal responses to COVID-19 in Victoria: 1st and 2nd waves

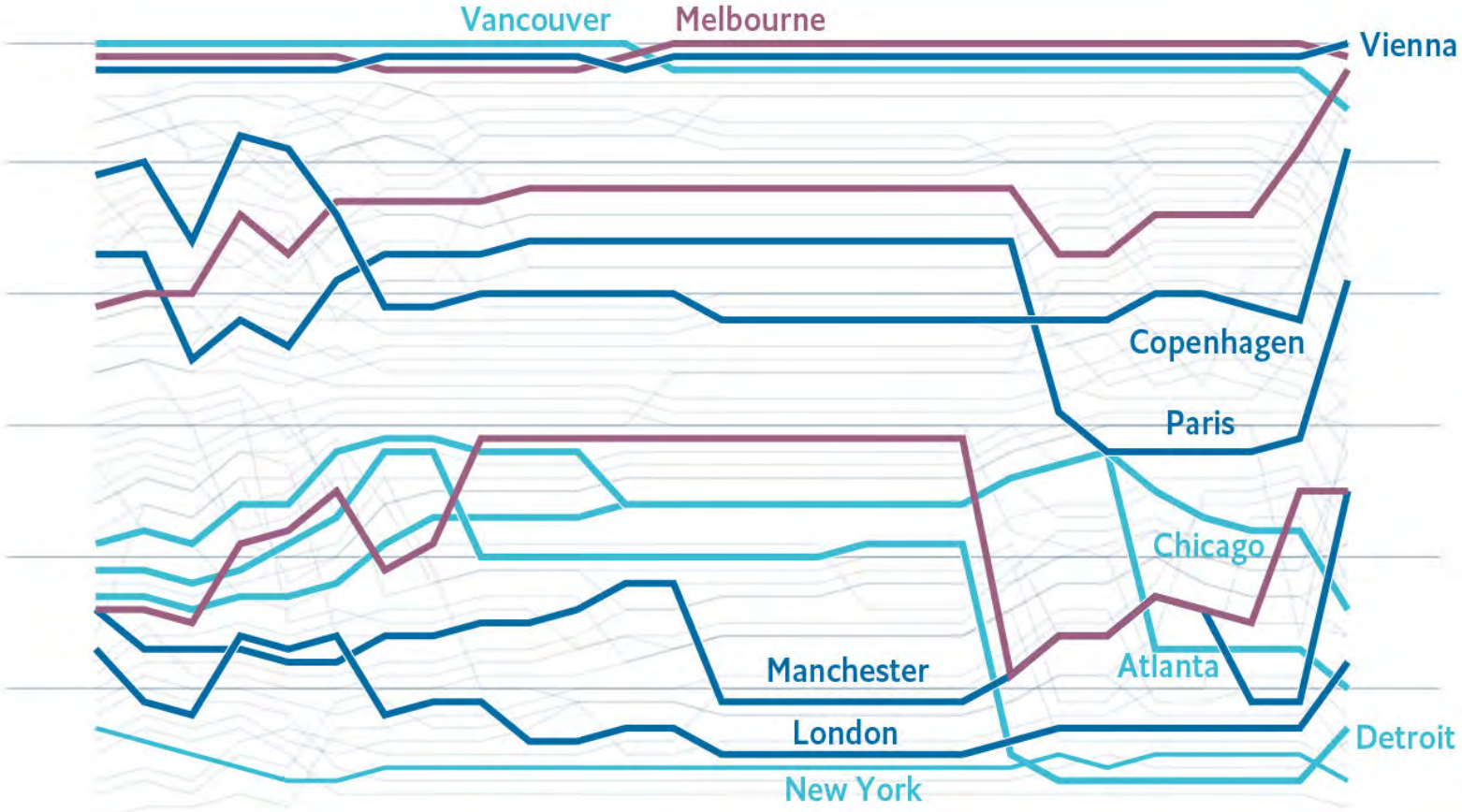
Associate Professor Peter Mount

Member: ANZSN COVID-19 Working Group

Clinical Lead: SCV – Renal Clinical Network

Chair: SCV COVID-19 Renal Expert Working Group

Nephrologist: Austin Health



Global Livability Index. The Economist 2018

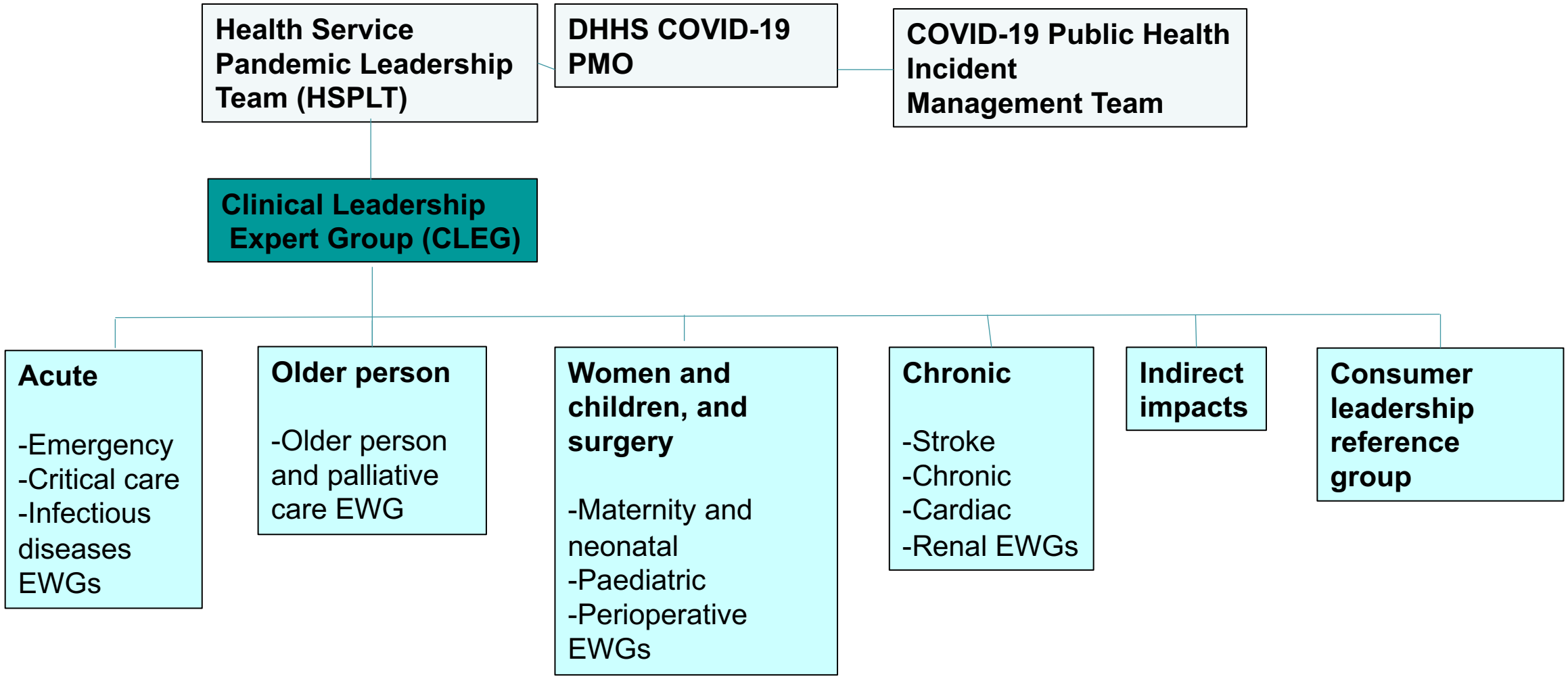
Safer Care Victoria

January-March 2020

- 25th Jan 2020: 1st confirmed case of novel coronavirus in Australia
  - Man from Wuhan who had arrived in Melbourne on Jan 19
- 11th March 2020
  - WHO declares COVID-19 to be a global pandemic
    - Multiple outbreaks: Wuhan, Italy, Iran etc.
  - Renal Clinical Network instructed by SCV leadership to suspend all existing project work, and to form a Renal Expert Working Group to address COVID
- 13th March 2020: 1st meeting of SCV Covid-19 Renal EWG (Zoom)

SCV COVID-19 Renal EWG: Membership

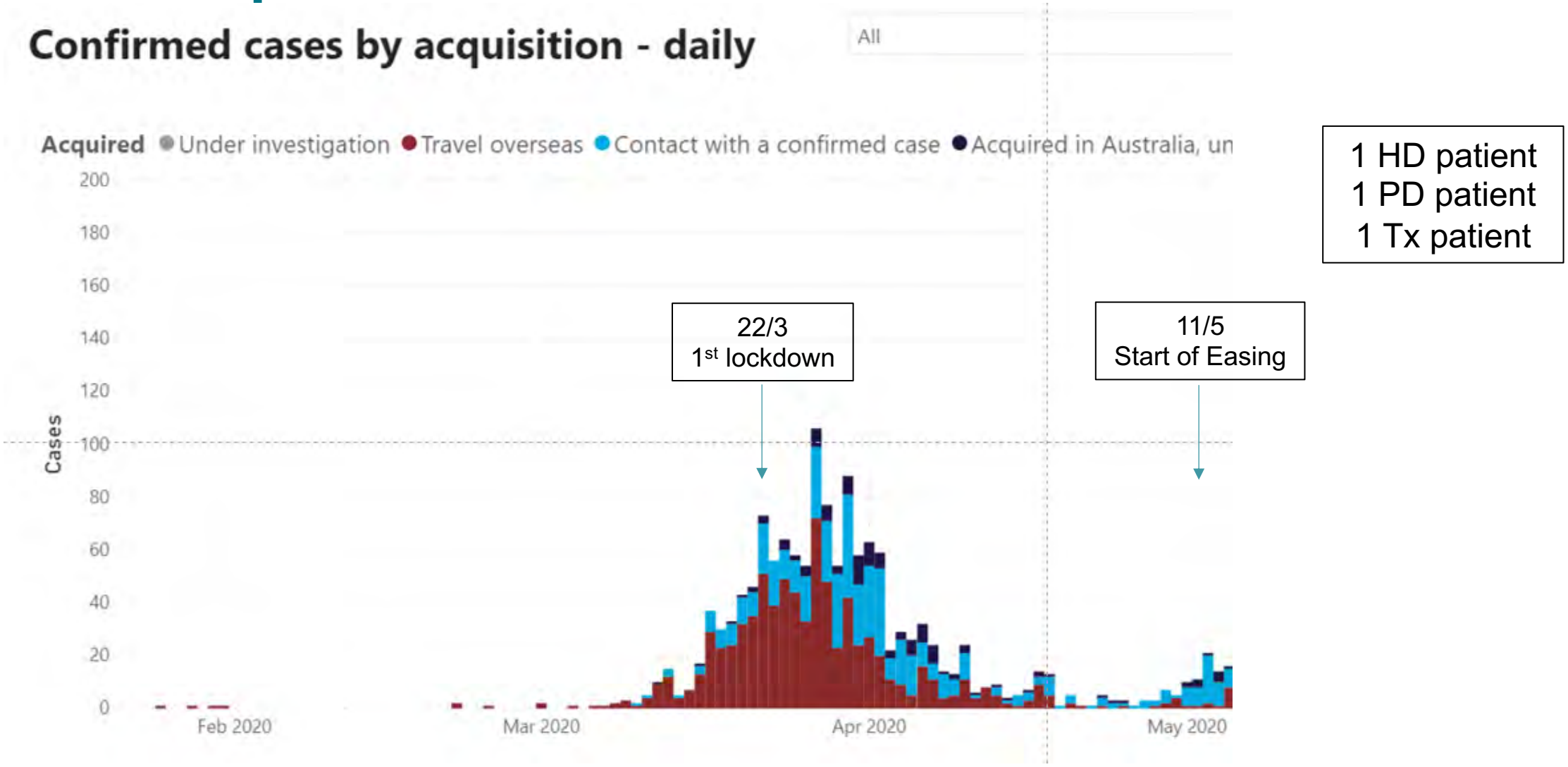
- Clinical Lead (chair)
- Directors of nephrology units
  - Metro (9)
  - Regional (2)
- Private practice nephrologist (1)
- Senior renal nursing leadership (5)
- Allied health (SW – 1)
- Consumer (1)
- SCV
  - RCN project officer (1)
  - CoCE manager (1)


Health Service Pandemic Leadership Team (HSPLT)
DHHS COVID-19 PMO
COVID-19 Public Health Incident Management Team
Clinical Leadership Expert Group (CLEG)
Acute
-Emergency
-Critical care
-Infectious diseases EWGs
Older person
-Older person and palliative care EWG
Women and children, and surgery
-Maternity and neonatal
-Paediatric
-Perioperative EWGs
Chronic
-Stroke
-Chronic
-Cardiac
-Renal EWGs
Indirect impacts
Consumer leadership reference group

SCV COVID-19 Renal EWG: Work

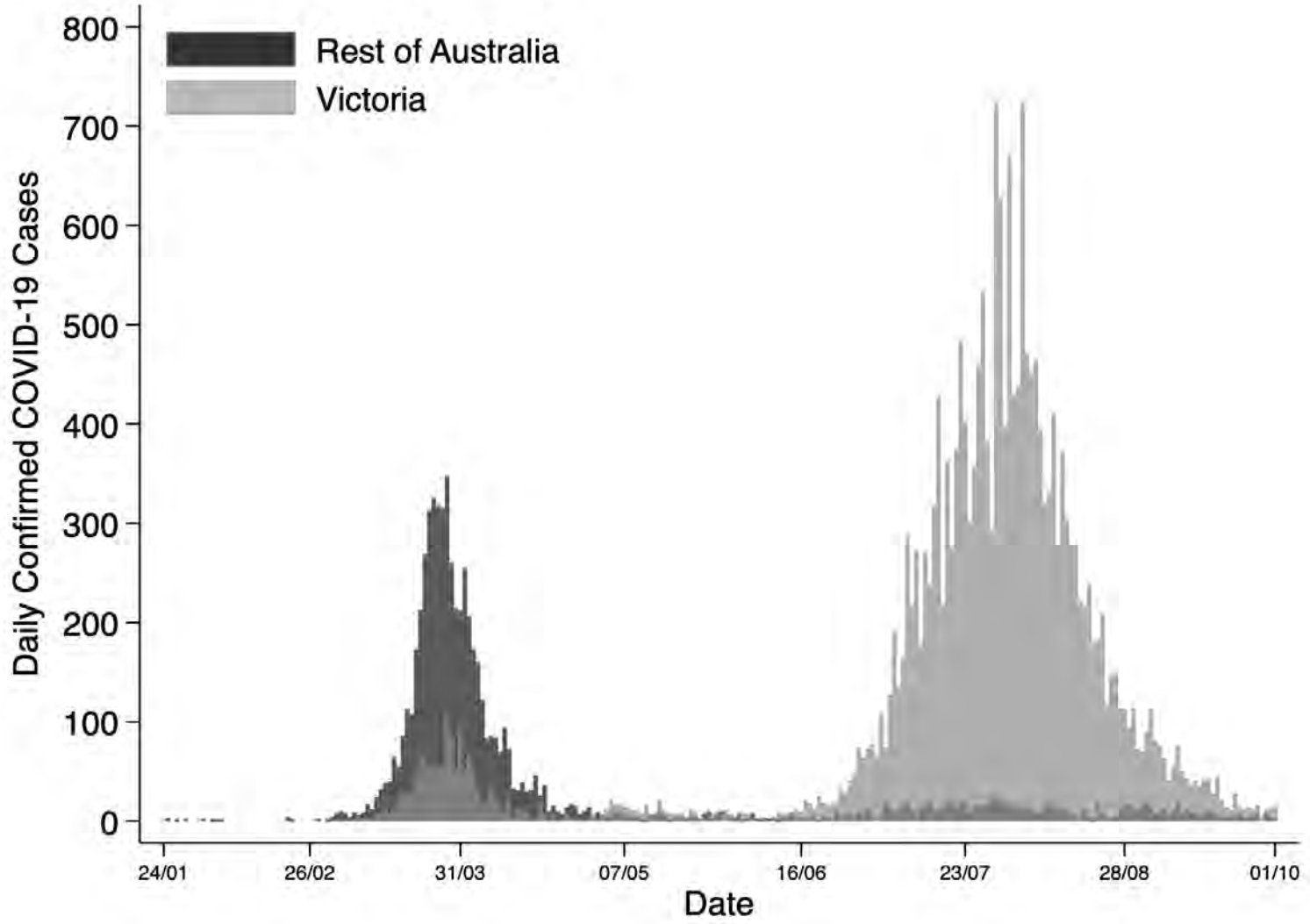
- Meetings (Zoom)
  - Weekly: March-April
  - Fortnightly: May-Sept
- Policies, practice, protocols
- Shared learnings
- Community of Practice
- Guidance for dialysis units
- PPE issues
- Approaches to cohorting
  - COVID, sCOVID, contacts
- HCW infections and exposure
- Aged care
- Telehealth
- Elective surgery (transplant, ANZKX)

March-April 2020: Victoria's 1st Wave



1 HD patient
1 PD patient
1 Tx patient

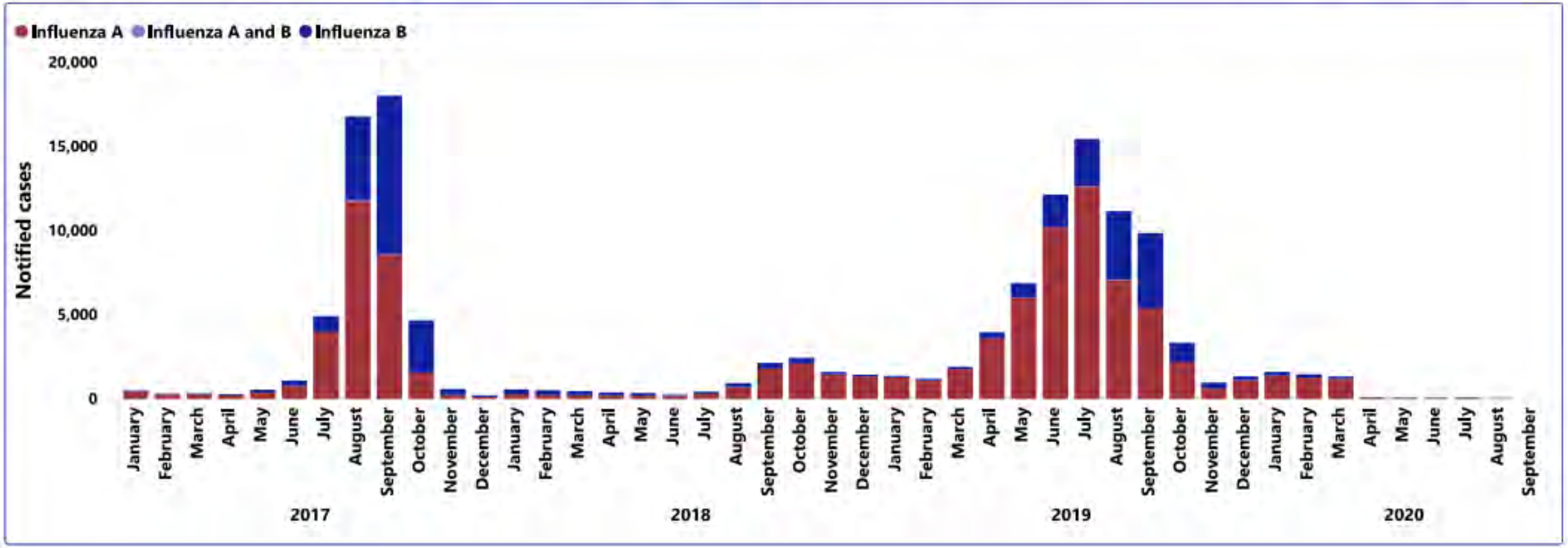
Victoria's 2nd Wave = Australia's 2nd Wave



Understand Australia’s second wave, what was expected and unexpected with concurrent flu season?

Influenza Summary: Victoria

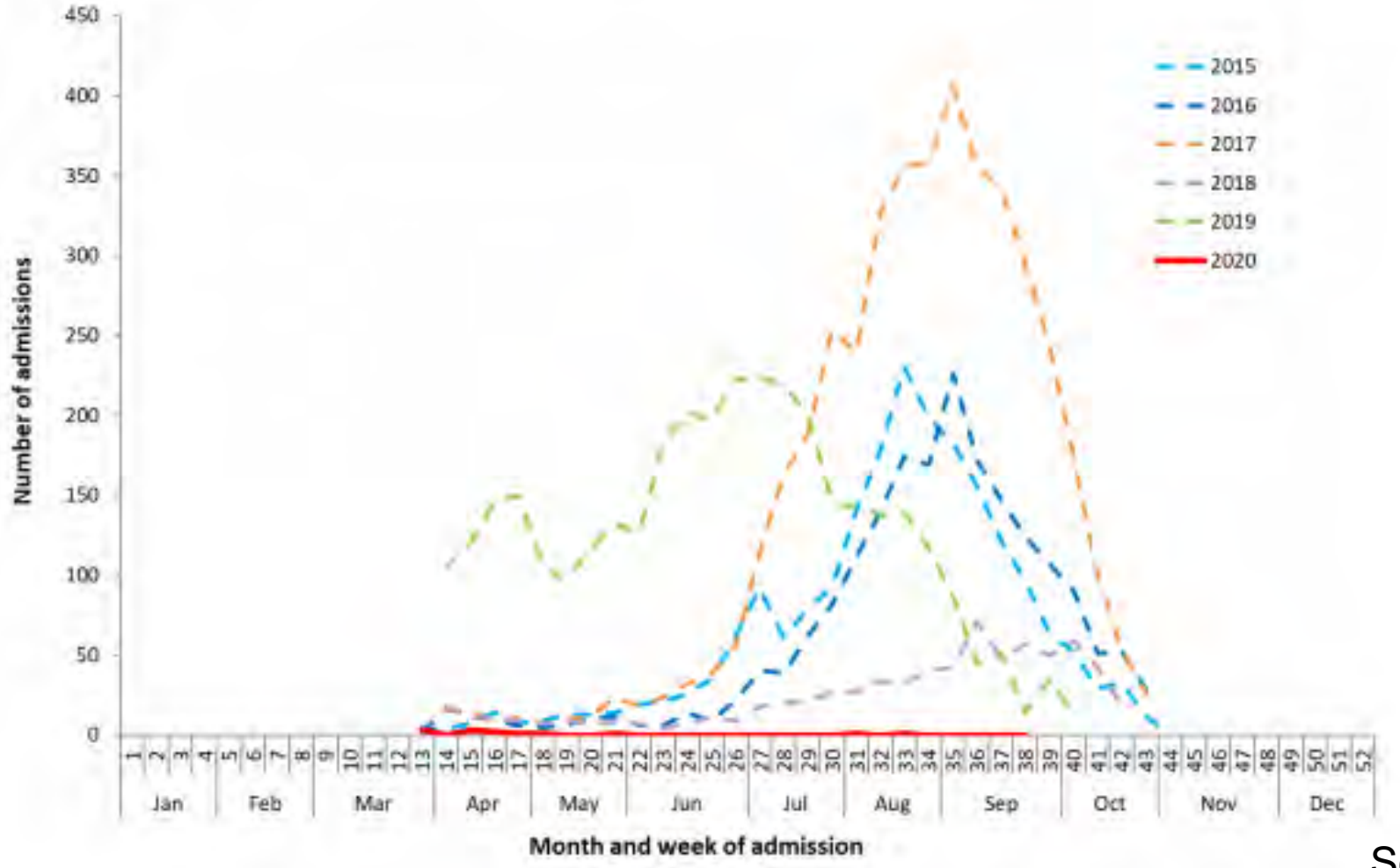
NOTIFIED CASES	Week ending 05 Sep	Week ending 29 Aug	Week ending 22 Aug	2020 YTD	2019 YTD	2018 YTD	2017 YTD	2019 Total	2018 Total	2017 Total
Influenza	1	7	7	4,754	56,701	4,189	26,746	69,586	11,622	48,301



https://www2.health.vic.gov.au/about/publications/researchandreports/seasonal-influenza-reports-2020

Report ending week of 5th of September

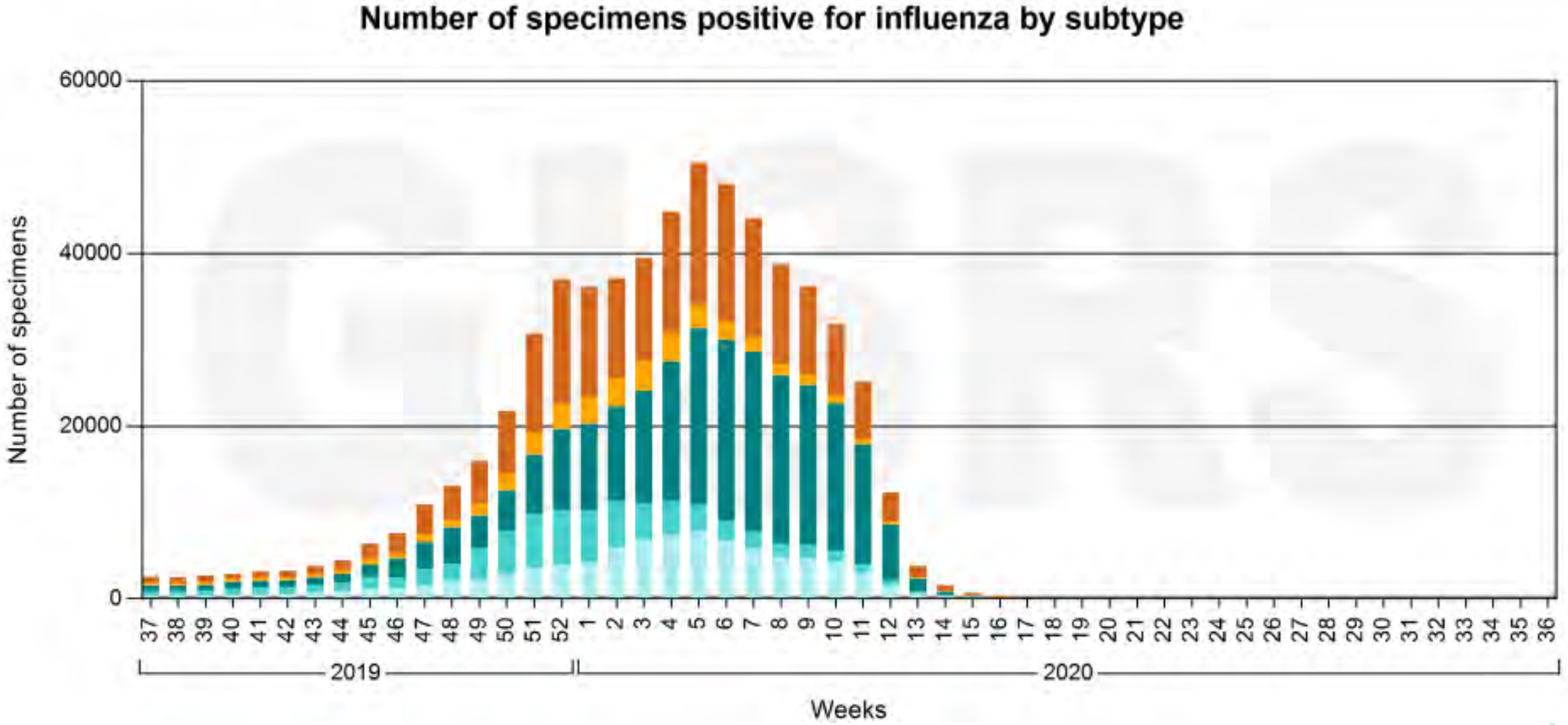
Figure 7. Number of influenza hospitalisations at sentinel hospitals, between March and October, 2015 to 2020 by month and week*



Source: Australian Government Department of Health

International Data

Global circulation of influenza viruses



https://www.who.int/influenza/gisrs_laboratory/updates/summaryreport/en/ 23/9/2020

Renal issues in the 2nd COVID wave: Expected and unexpected?

Expected

- Dialysis unit preparedness
  - ANZSN checklist
  - SCV guidance
  - Local policies
- PPE issues
  - Evolving guidance
- Workforce challenges
  - Infection
  - Furlough
  - Well-being
- AKI
  - RRT 7.8% of ICU COVID admits (ANZICS)

PPE Guidance

DHHS 27th August Update

TIER	For use in	Hand hygiene	Disposable gloves	Level 1 gown and plastic apron	Disposable gown	Surgical mask	P2 / N95 respirator[1]	Eye protection
Tier 0* – Standard precautions[2]	For people assessed as low risk or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – Area of higher clinical risk	In areas where the person is NOT suspected[3] or confirmed to have COVID-19	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓ Minimum Level 1	✗	✓ Face shield where practical
Tier 2 – Droplet and contact precautions	Limited contact, for short episodes of care, in a controlled environment with a person who is suspected[3] or confirmed to have COVID-19.	✓	✓	✓	or ✓ Level 2, 3 or 4	✓ Level 2 or 3	✗	✓ Face shield where practical
Tier 3 – Airborne and contact precautions and Aerosol Generating Procedures	1. Undertaking an AGP[4] on a person with suspected[3] or confirmed COVID-19 2. Settings where suspected[3] or confirmed COVID-19 patients are cohorted, where frequent, prolonged episodes of care are provided 3. In uncontrolled settings where suspected[3] or confirmed COVID-19 patients are cohorted, to avoid the need for frequent changes of N95/P2 respirators 4. Settings where suspected[3] or confirmed COVID-19 patients are cohorted and there is risk of unplanned AGPs and/or aerosol generating behaviours[5].	✓	✓	✗	or ✓ Level 2, 3 or 4	✗	✓	✓ Face shield where practical

Also see: Joint ANZSN and RSA Statement – Personal Protective Equipment (PPE) recommendations for staff and patients in haemodialysis units. https://www.nephrology.edu.au/covid-19-updates.asp

Healthcare Worker Infections

Occupation	Healthcare acquired	Likely healthcare acquired	Not Healthcare acquired	Unable to be determined	Under investigation	Grand Total
Until 30 June 2020	52 (22%)	1 (0%)	122 (50%)	56 (23%)	11 (5%)	**242**
Aged care or disability worker	3 (9%)	0	17 (49%)	12 (34 %)	3 (9%)	**35**
Medical practitioner	15 (28%)	0	29 (54%)	8 (15%)	2 (4%)	**54**
Nurse	27 (34%)	0	33 (42%)	19 (24%)	0	**79**
Other healthcare worker*	7 (9%)	1 (1%)	43 (58%)	17 (23%)	6 (8%)	**74**
From 1 July 2020	1329 (59%)	214 (10%)	128 (6%)	116 (5%)	468 (21%)	**2255**
Aged care or disability worker	674 (73%)	30 (3%)	39 (4%)	35 (4%)	146 (16%)	**924**
Medical practitioner	49 (46%)	14 (13%)	4 (4%)	15 (14%)	24 (23%)	**106**
Nurse	497 (54%)	144 (16%)	48 (5%)	41 (4 %)	192 (21 %)	**922**
Other healthcare worker*	109 (36%)	26 (9 %)	37 (12%)	25 (8%)	106 (35%)	**303**

DHHS 25th August 2020

Healthcare Worker Infections

- Community acquired (25%)
- Healthcare acquired (75%)
  - Patients ⇔ HCW
  - HCW ⇔ HCW
    - Rounding, meal areas, transit arrangements etc.

Renal issues in the 2nd COVID wave: What was unexpected? Aged care crisis

CASES IN AGED CARE SERVICES

Confirmed Cases	Australia	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Residential Care Recipients	2047 [1197] (637)	0	61 [33] (28)	0	1 (1)	0	1 (1)	1984 [1164] (607)	0
In Home Care Recipients	82 [71] (7)	0	13 [13]	0	8 [8]	1 [1]	5 [3] (2)	54 [46] (4)	1 (1)

Cases in care recipients [recovered] (deaths)

www.health.gov.au 23/9/2020

Polling Question 1

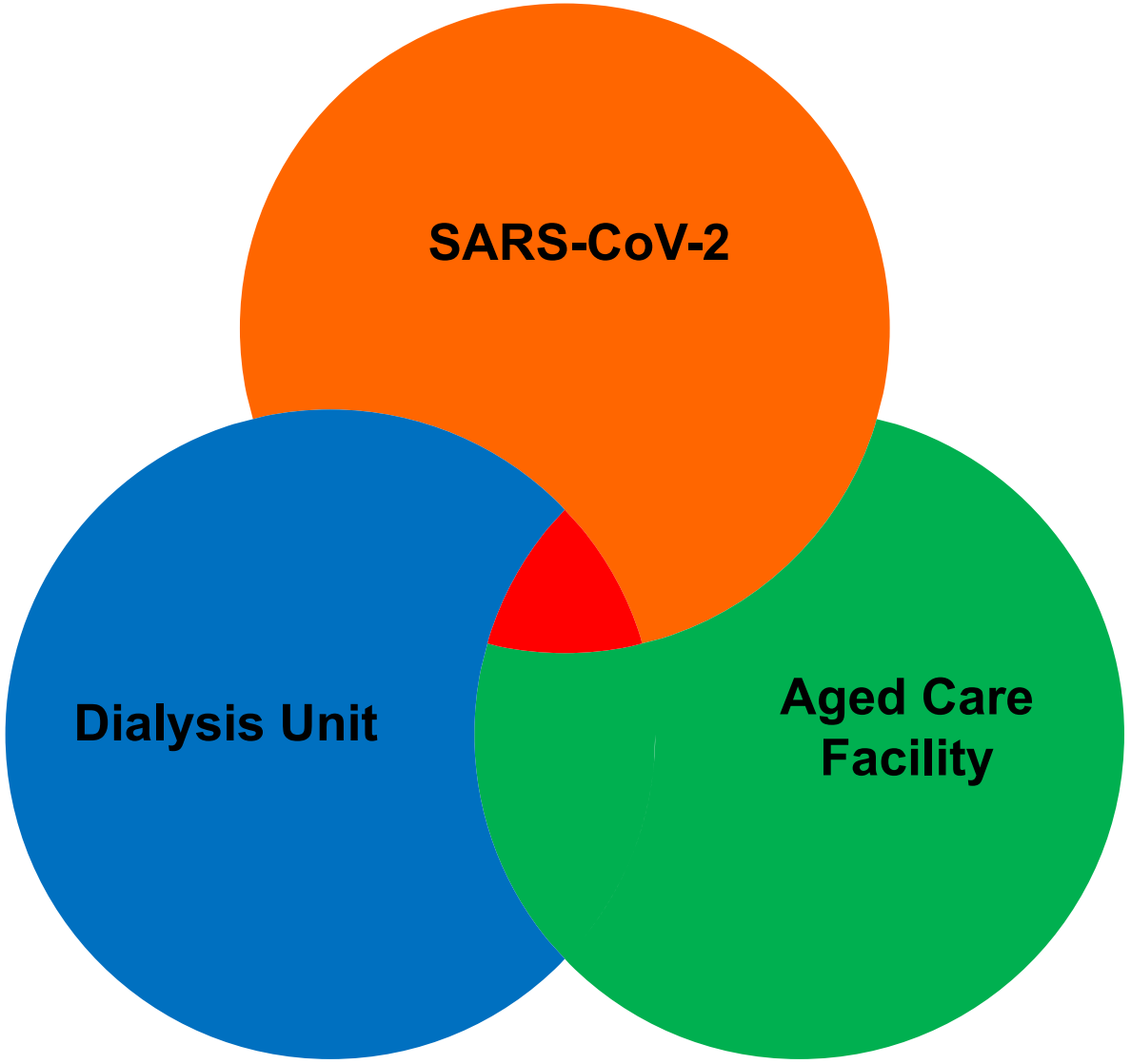
One of your satellite haemodialysis patients resides in an aged care facility reporting cases of COVID-19. Your patients is asymptomatic with a COVID PCR swab is pending. Would you:

A. Continue your patient's regular haemodialysis schedule, using your units regular PPE and infection control procedures

B. Arrange for the patient to do haemodialysis in a single room quarantined away from other ESKD patients

C. Arrange for the patient to do haemodialysis cohorted with other patients at increased COVID risk

D. Don't know or Other



Challenges

- Medical
- Safe transport
- Cohorting and isolation
- Staff anxiety
- Patient isolation
- Family distress

Value of “Community of Practice”

Polling Question 2

- **In the Australian experience in 2020, compared to the general population, dialysis patients are:**
  A. More likely to be diagnosed with COVID-19, but if diagnosed outcomes are similar
  B. Not more likely to be diagnosed with COVID-19, and if diagnosed outcomes are similar
  C. Not more likely to be diagnosed with COVID-19, and if diagnosed outcomes are worse
  D. More likely to be diagnosed with COVID-19, and if diagnosed outcomes are worse

Outcomes so far

Australia only	General population	Dialysis	Transplant
Covid cases (28 Sep)	27,044	13	20
Population (dec 2019)	25,364,307	13,941	10,625
Rate (per 100,000)	106.62	93.25	188.24
Deaths	875	7	1
Mortality rate (per 100,000 population)	3.45	50.21	9.41
Case fatality (per 100)	3.24	53.85	5.00

ANZ DATA AUSTRALIA & NEW ZEALAND DIALYSIS & TRANSPLANT REGISTRY

Professor Stephen McDonald - ANZDATA

Outcomes so far

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ANZ DATA AUSTRALIA & NEW ZEALAND DIALYSIS & TRANSPLANT REGISTRY

Professor Stephen McDonald - ANZDATA

Victorian Experience

	Dialysis	Transplant	Total
Confirmed cases	9	13	22
Deaths	4 (44%)	1 (7.7%)	5 (22.7%)

19,970 total Vic cases

3300 Dialysis patients
3500 Transplant patients

Data from K Hurst and S McDonald: 10th Sept 2020

How acquired	Dialysis	Transplant
Community	6	10
Health or Aged Care	3	1
Dialysis Unit	**0**	**0**
Overseas	0	0
Unknown	0	2
Total	9	13

Take home messages:

- Benefits of establishing a collaborative Community of Practice
- Be prepared and be adaptable
- 2020 was not our usual Winter in any way (e.g. no flu)
- Patients with ESKD in residential aged care as an extra vulnerable population
- Low rates of transmission of SARS-CoV-2 in the local ESKD population have been achieved thus far – net effect of huge efforts across numerous fronts

Canadian Society of Nephrology/
Société canadienne de néphrologie
CSN/SCN

ANZSN
Australian and New Zealand
Society of Nephrology

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Thank You