

# Expert Teams – COVID-19

*Case-Based Learning & Mentorship*

Thursday, July 7, 2022

Facilitator: Julie A. Moss, ESRD National Coordinating Center



# Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



# Meeting Guidelines



INTRODUCE YOURSELF  
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC  
INFORMATION  
CONFIDENTIAL



BE WILLING TO SHARE  
SUCCESSSES AND  
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT  
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

# Welcome and Introductions

- Guest Expert and Case Study Presenter
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



# What are Expert Teams?

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A group made up of individuals from different high performing organizations, each with their own deep experience and knowledge

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Help others learn faster by sharing what worked (and what didn't work) in their organization

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Bring the best possible solutions to the table

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Continually learn and improve



# Questions to Run On



# How Might We ...

- Educate differently to increase patient and staff COVID vaccinations?
- Emphasize the CDC guidelines to prevent the transmission of COVID within the dialysis facility?
- Collaborate with other healthcare providers and stakeholders to ensure appropriate care of our kidney patients as a whole?

# Presentation by Guest Expert

**Faith Lynch, DNP, RN, CNN**

**Nurse Manager, Acute Dialysis**

**NYU Langone Health: NYU Langone Hospital-Long Island**





# Disclosures

- Full Time Employee of NYU Langone Health
- Nurse Consultant for Outset Medical, Inc.
- National Director, American Nephrology Nurses Association

# What remains a concern from a dialysis standpoint?

- Infection control (ex; Isolation)
- Staffing
- Exposure
- Readiness
- Transportation for dialysis patients

# What are we still doing?

- CoHorting
- Masks for patients
- Distance lobby space
- PUI Isolation rooms

# CDC Guidance for OP units

## Considerations for Patient Placement

- Patients on dialysis with suspected or confirmed SARS-CoV-2 infection or who have reported close contact should be dialyzed in a separate room with the door closed.
- Hepatitis B isolation rooms can be used if: 1) the patient is hepatitis B surface antigen positive or 2) the facility has no patients on the census with hepatitis B infection who would require treatment in the isolation room.
- If a separate room is not available, patients with confirmed SARS-CoV-2 infection should be cohorted to a specific well-ventilated unit or shift (e.g., consider the last shift of the day). Only patients with confirmed SARS-CoV-2 infection should be cohorted together:
- In the context of an outbreak or an increase in the number of confirmed SARS-CoV-2 infections at the facility, if a separate shift or unit is not initially available, efforts should be made to create specific shifts or units for patients with confirmed SARS-CoV-2 infection to separate them from patients without SARS-CoV-2 infection.

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor\\_1604360679150](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360679150)



# CDC Guidance for Acute units

- 1st Choice: Patient's hospital room with the door closed.
- 2nd Choice: Acute Dialysis unit Isolation room
- 3rd Choice: Cohort patients on the last shift of the day

(Centers for Disease Control, 2020)



# Challenges that remain....

- Increasing vaccination rates in this population
  - 12 chair unit- approx. 94% vaccination rate
  - 30 chair unit- approx. 77% vaccination rate

What can we do as healthcare providers to ↑ vaccination rates?

- Lobby days
- **1:1 physician/nurse: patient education**
- Peer support

# What is best practice for this population?

- Should we be swabbing patients in the dialysis unit?
- Should we be vaccinating patients in the dialysis unit?

\* Encouraging more home therapy \*

# Collaboration

- Nephrologist
- Medical Director
- Nursing administration
- Front line staff
- Infection Prevention team





# Q&As



# Case Study Presentation & Discussion



## COVID-19 RESPONSE IN DIALYSIS FACILITIES, WASHINGTON STATE



Peggy Douglas, Epidemiologist  
WA State Department of Health  
Barbara Dommert-Breckler, Quality Improvement Director  
Comagine Health/ ESRD Network 16

# COVID-19 in Dialysis Facilities

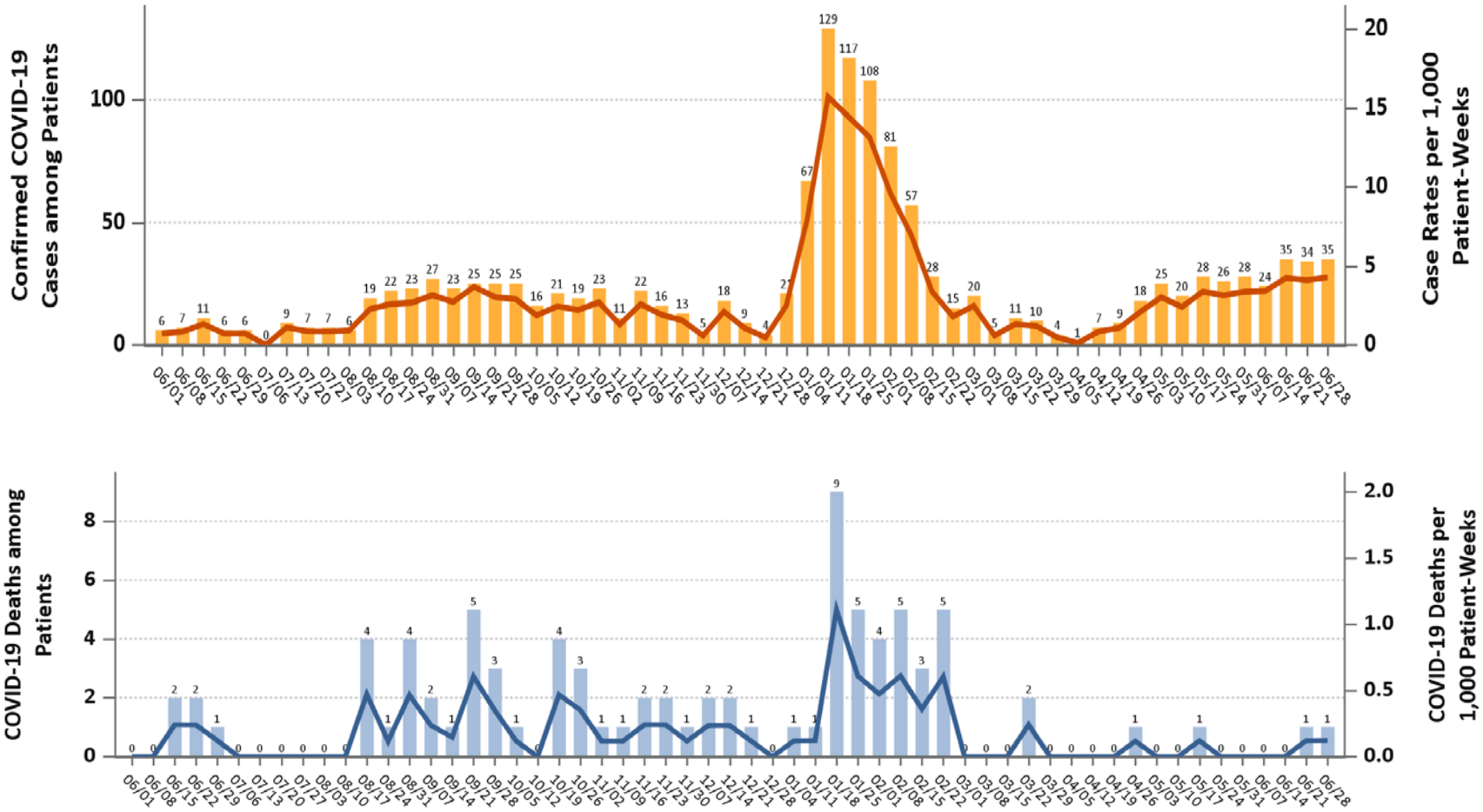
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- Two data sources: WDRS and NHSN
- NHSN: required information collected includes:
  - Confirmed COVID-19 cases among patients and staff
  - Suspected or confirmed COVID-19 deaths among patients and staff
  - Vaccination among staff and residents
- NHSN: optional reporting includes:
  - Personal protective equipment (PPE) and staff shortages
  - Patients tested per week and test results

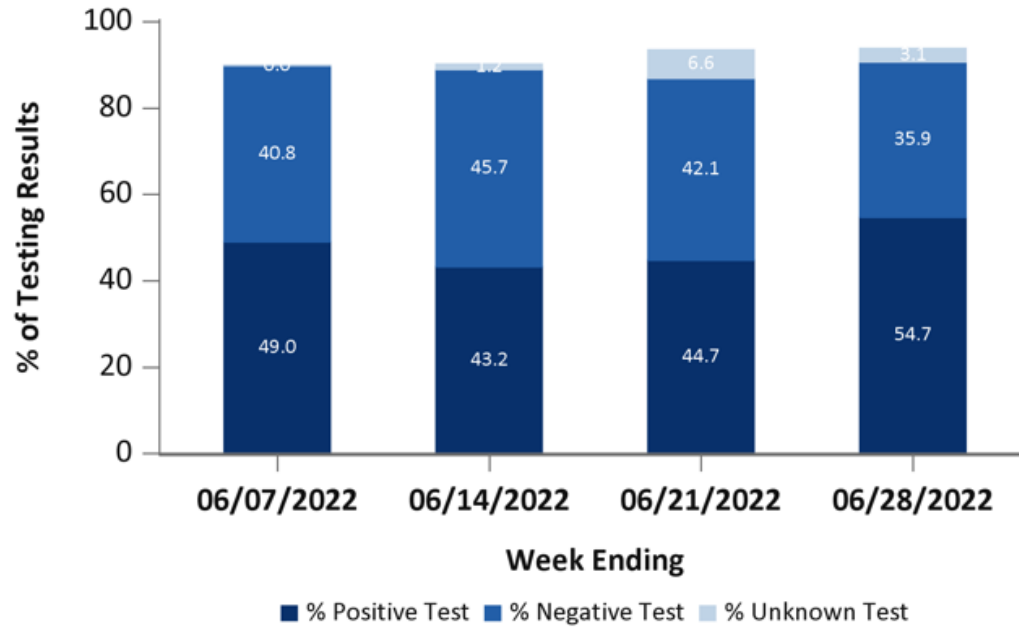
# COVID-19 in Dialysis Facilities

| <b>Reporting in Washington, most current week</b>     |     |
|---|-----|
| Number of facilities reporting                        | 104 |
| Facilities reporting $\geq 1$ confirmed patient cases | 30  |
| Facilities reporting $\geq 1$ confirmed staff cases   | 11  |
| Patient Counts  |     |
| Confirmed Cases                                       | 35  |
| COVID-19 Deaths                                       | 1   |
| Staff Counts  |     |
| Confirmed Cases                                       | 12  |
| COVID-19 Deaths                                       | 1   |
| Patient Breakthrough Cases                            | 25  |
| Facilities Reporting Patient Breakthrough Cases       | 22  |

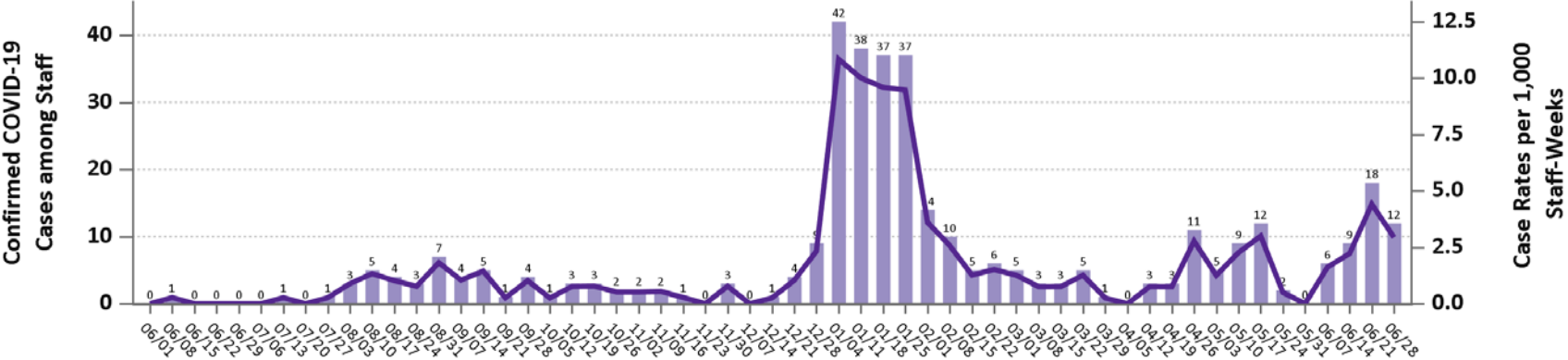
# COVID-19 Cases and Deaths-Patients



# Testing info



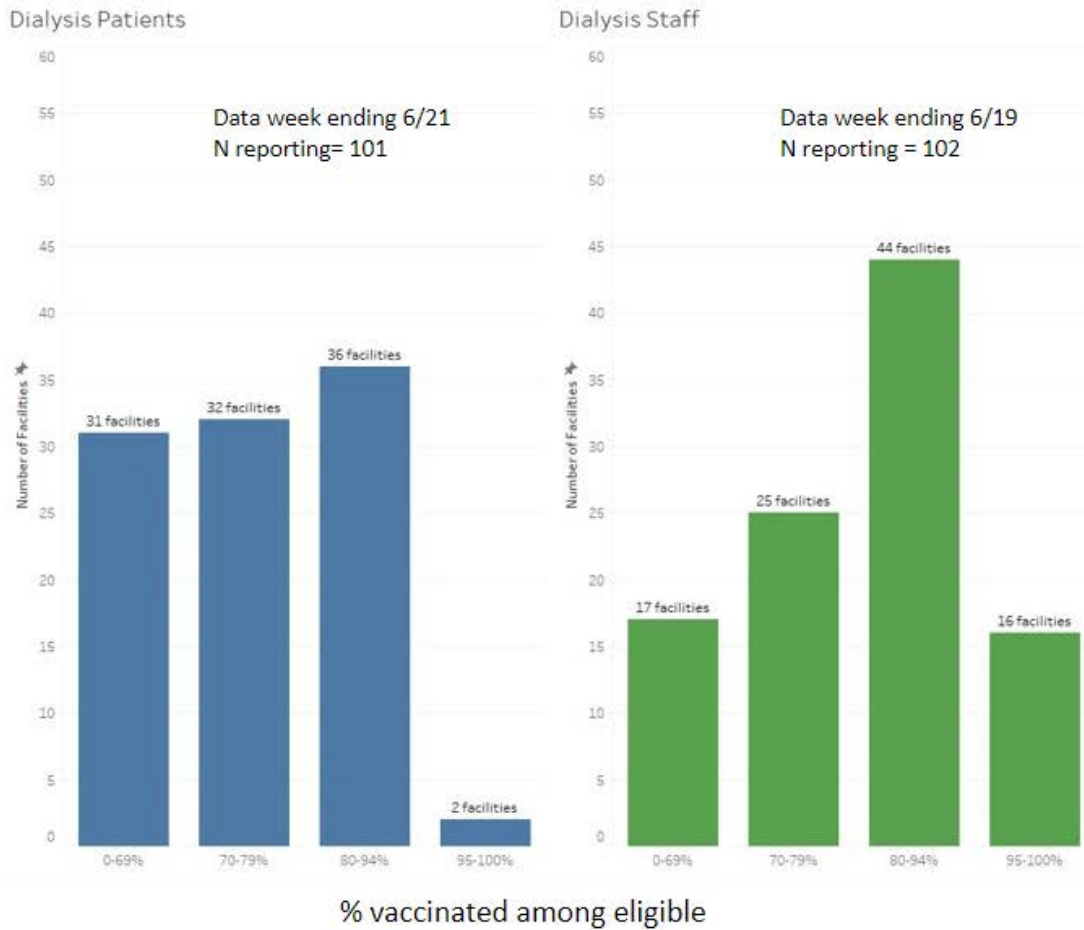
# COVID-19 Cases-Employees



<https://www.cdc.gov/nhsn/dialysis/covid19/index.html>



# COVID-19 Vaccination



## WA Department of Health COVID-19 Response/Support- Dialysis

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- **Identify when a facility has >5 cases**
  - Perform outreach
  - Currently very few, decline consultation
- **Offer focused facility consultations**
- **Training DOH IP staff**
  - Two-day CDC course on IP in dialysis
  - Not specific to COVID-19, includes other concerns and outbreaks
- **Monthly meetings with ESRD network**
- **UW Nephrologist intern exploring dialysis data (NHSN HAI data and CMS data on sepsis hospital admissions)**

## WA Department of Health COVID-19 Response/Support- Dialysis

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- WA DOH IP team offers IP consultations (COVID-19 specific and other IP topics), minimal uptake to date
- Example of focused outreach to facility in outbreak: “facility is utilizing a 2-chair isolation unit that can dialyze 6 positive patients per day. They have recently brought back staff who are COVID+ if they are asymptomatic to work in these COVID+ units (do not have interaction with COVID-negative patients). Staff working in COVID-19 unit are not yet fit tested. Since we last talked 1.5 weeks ago, staff are being fit tested to N95s and a staff educator is making the rounds at facilities to offer education”



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# Case Study Discussion and Q&As



# Learning Into Action

# Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

# Recap & Next Steps

- Additional pathways for learning
  - Sharing Best Practices to a greater community
  - Using Case Study examples to identify missed opportunities and new ways of doing something
- Next meeting – Thursday, October 13, 2022
- Visit the ESRD NCC website to find materials and share – link to Expert Team calls, coming soon.

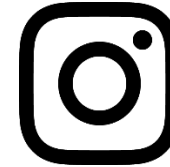




# Social Media



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Expert Teams – Case-Based Learning & Mentorship

# Thank You

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# What If . . .



You took one thing you learned today and changed a current process in your organization



You shared information you learned today with colleagues from other facilities who were not on this call



You committed to . . .