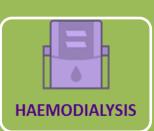




Learning from one renal unit's transformation in response to COVID-19



Haemodialysis

- It is possible to run a very large dialysis program with a very small team but this is not a long term option
- It is important to think about all parts of the haemodialysis process when managing social distancing
- You need to keep communicating with patients and staff
- You need to keep all your documentation up to date as things will change quickly



In-patient care and staffing

- Rapid communication to maintain balance of work across inpatient areas
- Team 'bubble' approach to build morale and reduce cross staff sickness
- Continued change to the in-patient footprint to accommodate the differing case load and maintain in patient capacity

Outpatients



- Communication and coordination is central to success in implementation of changes in practice that affect all multidisciplinary team members. This worked because it was run by a small, tight and highly organised team
- Within the out-patient area very little has remained the same and therefore managing enforced change with a tired or stressed workforce has to be managed equitably, clearly and carefully
- Be aware that many changes lead to increased pressure on administration staff and understanding the issues with booking systems and restraints are required to develop a new process
- Listen to patient feedback. Not all change is bad and many of our new adjustments have led to an improvement in aspects of the service



Peritoneal Dialysis

- Be open to transformation
- Work with industry partners to deliver patient care
- Embrace technology
- Build on the already successful areas of the service

TRANSPLANTATION

Transplantation

- •MDT collaboration is crucial nephrologists, surgeons, specialist nurses and pharmacists all played an essential role
- •An early plan to modify immunosuppression was vital
- •Embrace technology to support clinical care
- Use social media as well as more traditional methods to communicate with patients