

# COVID -19 and New Direction for Dialysis Patients at LTC

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# Background

Long-Term Care (LTC) facilities provide care and services to people who are no longer able to live independently. During the pandemic, there has been a lot of concern about transmission of the COVID -19 virus especially among the elderly at LTC.

The task of transporting residents requiring chronic dialysis between the LTC facility and outpatient dialysis units became especially complicated during these outbreak periods. To overcome this challenge, an alternative model of dialysis service was implemented at LTC facilities. Instead of transferring LTC patients to the hospital 3 or 5 times per week, we use a portable dialysis system (Nxstage) and (AK98) at LTC home to perform dialysis at LTC.

As a result for the first time at Ontario ,Humber River hospital was providing hemodialysis for patients at LTC.

- ❖ **Study Design:** This feasibility study was designed to evaluate the sustainability of dialysis services in LTC facilities.
- ❖ **Setting & participants:** LTC facilities located within the Central LHIN were engaged to participate in this pilot project.  
Chronic dialysis patients receiving outpatient HD were consented and enrolled in the LTC dialysis program.
- ❖ **Predictors:** Facility outbreak status, patient COVID status, patient clinical status.
- ❖ **Outcomes:** Comparable disposition and time on treatment modality comparing the intervention with the standard of care. In other words, there was no statistical difference between patients receiving dialysis in LTC compared to the standard in-center hemodialysis model of care.
- ❖ **Results:** Between May 2020 and May 2021, a total of 30 chronic hemodialysis patients were enrolled into the pilot study. The LTC service model proved to be superior in terms of the quality of care dialysis patients were able to receive within their residence settings, demonstrated fiscal viability based on the ratio between service cost and revenue generated, and created an additional acute in-center capacity for 30 chronic dialysis patients.

- ❖ **Limitations:** With the exception of clinical markers, there have been no additional key performance indicators built into the study design to evaluate the quality of the model in relation to the dialysis standard of care.
- ❖ **Conclusions:** Offering chronic dialysis in LTC facilities is a safe, efficient, and cost effective model of care. The benefits of eliminating the need to travel for hemodialysis during the pandemic period included overcoming transportation challenges of COVID positive patients, minimizing the risk of COVID-19 transmission within the dialysis unit, and equal dialysis quality compared to the standard of care. The anecdotal feedback shared by patients and family members validates our assumption that this model of care is patient centered and conducive to maintaining patients' independence and quality of life.

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