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Coronavirus Disease 2019 (COVID-19) Outpatient Dialysis Facility Preparedness Assessment Tool



All U.S. outpatient dialysis facilities should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All outpatient dialysis facilities should ensure their staff are trained, equipped, and capable of practices needed to:

- Prevent the spread of respiratory infections, including COVID-19, within the dialysis facility.
- Promptly identify and isolate patients with possible COVID-19 and inform the correct dialysis facility staff and public health authorities.
- Provide dialysis for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations.
- Potentially provide dialysis for a larger number of COVID-19 patients in the context of an escalating outbreak.
- Monitor and manage any healthcare personnel that might be exposed to COVID-19.
- Communicate effectively within the dialysis facility and plan for appropriate external communication related to COVID-19.

The following checklist is not a list of mandatory requirements; rather, it highlights important areas CDC recommends outpatient dialysis facilities review in preparation for potential arrivals of COVID-19 patients.

Elements to be assessed

1. Infection prevention and control policies and training for healthcare personnel (HCP):			
	Completed	In Progress	Not Started
Facility leadership including, but not limited to, the Chief Medical Officer, quality officers, medical directors, facility administrator, nurse manager, infection prevention personnel, chief operating officer, nephrologists, nurse practitioners has reviewed the Centers for Disease Control and Prevention's COVID-19 guidance for dialysis facilities. www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility provides education and job-specific training to HCP regarding COVID-19 including:			
Signs and symptoms of infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance of hand hygiene, respiratory hygiene, cough etiquette and wearing a facemask or cloth face covering for source control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of personal protective equipment (PPE) including competency evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage procedures and patient placement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCP sick leave policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-monitoring for fever or respiratory symptoms including not reporting to work when ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and to whom suspected and confirmed COVID-19 cases should be reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

www.cdc.gov/coronavirus

John Doe
Business Manager

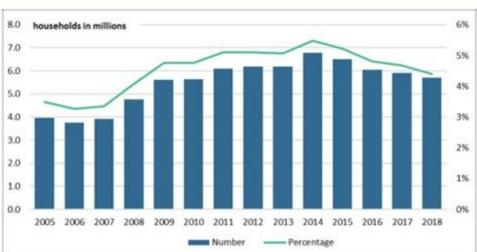
Dear Mr. Johnson,

I am pleased to have professional with a proven track record of business growth and... (text continues with a letter body)

Sincerely,
John Doe

Student Nursing Care Plan (5-Column Format)

Assessment	Diagnosis	Outcomes	Interventions	Rationales	Evaluation
<p>Subjective Data: Client reports she "finds it difficult to breathe."</p> <p>Objective Data: (+) Dyspnea (+) Abnormal breath sounds Heart rate = 128bpm Restlessness (+) Productive cough</p>	Impaired gas exchange RT collection of mucus in airways	<p>After 8 hours of nurse-patient interventions the patient will be able to:</p> <ol style="list-style-type: none"> maintain optimal gas exchange as evidenced by usual mental status, unlabored respirations, normal oximetry results. demonstrate techniques to improve gas exchange. 	<ol style="list-style-type: none"> Assess respirations: note quality, rate, rhythm, depth, use of accessory muscles, ease, and position assumed for easy breathing. Elevate head and encourage frequent position changes, deep breathing, and effective coughing. 	<ol style="list-style-type: none"> Manifestations of respiratory distress are dependent on/and indicative of the degree of lung involvement and underlying general health status as patients will adapt their breathing patterns to facilitate effective gas exchange. These measures promote maximum chest expansion, mobilize secretions and improve ventilation. 	<p>After 8 hours of nurse-patient interventions the patient was able to:</p> <ol style="list-style-type: none"> maintain optimal gas exchange as evidenced by usual mental status, unlabored respirations, normal oximetry results. demonstrate techniques to improve gas exchange.



In response to governments' request, and given the complexity of the new 8-contact ANC model outlined by the new recommendations [5, 6], and the known barriers to implementing guidelines at the country level [7], WHO planned to develop tools to support the adaptation and implementation of the ANC recommendations. This manuscript documents the process of developing a toolkit designed to assist national governments to systematically (1) adapt the ANC guideline to their contexts and (2) update their ANC policies according to the WHO ANC recommendations. It also raised awareness about the lack of data on indicators required for decision-making. [PMC free article] [PubMed] [Google Scholar]18. Using the situation analysis data, the stakeholders identified the recommendations relevant to Uganda and defined the country's minimum essential package of ANC interventions. Antenatal Care for Uncomplicated Pregnancies. Stakeholders identified the following next steps - a national validation and adoption meeting; print and dissemination; development of training materials and job aides; development and implementation of a communication plan for dissemination among clinicians; advocacy to develop a plan to make available all necessary items to allow implementation of the new ANC package (equipment, supplies, drugs, commodities, competencies, etc.); and planning for supervision, monitoring and evaluation. In Sierra Leone, a consultant was not hired, the MoH and WHO regional office completed the situational analysis making the effort less expensive and enabling local MoH and regional WHO staff to better understand the tool; however, it was time consuming. Stakeholders found the tool to be very useful; it allowed them to go through each of the recommendations in detail, including the implementation considerations. In May 2018, a stakeholder workshop was organized and included 32 representatives from a diverse group of partners. Stakeholders who were invited to take part in the user-testing provided written informed consent. The standardised interview guide used was adapted from a guide employed in user-testing of the DECIDE framework [14], and included open-ended questions on the usefulness, user-friendliness, credibility and desirability of the toolkit. It also would have been good to get another room for the group work. "Suggestions offered by stakeholders on how to improve the stakeholder meetings are also summarised in Table 1. The toolkit was provisionally named the 'WHO ANC policy-maker toolkit'. Additionally, we have revised the SWOT analysis (Output 2) to better capture ground level issues. The formatting was frustrating and needs to be improved. We have modified the formatting to make it more user friendly; however, we realize that Excel is not the best medium for the BAT and we are planning to convert it to a website/HTML format. Recommendations should be linked to an implementation plan. Implementation guidance is the next step in the process; issues related to implementation are likely to be country specific and how to address them will depend

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