Eight weeks.

I am inspired by everything you have done over the last two months. Thank you for thinking of others. Thank you for providing support for each other. We are family and I am so honored to have you as a part of the DCI family.

A week ago, Paul Wise left Western PA to help out in the DCI hospital services program in New Jersey. Barbara Vertes, our Hospital Services Nurse Manager in New Jersey, shared with us:

I can’t even tell you what an asset Paul was. He was a miracle. He was in early and left late and worked six days in a row. I would have been in a padded room if it was not for him! I thank you from the bottom of my heart for sending him to us. He fit in perfectly.

Marah Campbell took Paul’s place in New Jersey on April 26. On Friday, she extended her time in New Jersey for an additional week. James Farmerie and Sarah Rady also traveled from Western PA to help out in New Jersey.

Arlene Lee and Ikina Powers have been helping in Boston since April 22. They both just extended for an additional week. Aimee Stuckman is helping in Staten Island until May 16. Amy Morgan has been helping in Stony Brook, New York since April 27.

Karen Scott and Donna Whittle will arrive in Albany, Georgia next week. Donna Whittle sent a message to the clinic that she has come to work and it doesn’t matter what schedule she works or how many days.

We are so fortunate to have all of you in the DCI family. Thank you for the personal sacrifice that you are making and thank you for bringing hope to these clinics. By making the effort to help another DCI clinic, you are showing the staff there how important they are. You are showing the patients in that clinic that we will do everything possible to make sure that they receive safe care. You truly are the heart of DCI. You are the heroes of DCI. We will always remember the sacrifice you are making to support the rest of the DCI team.

And to the staff in Point Breeze, PA; Banksville, PA; Hospital Services in Western PA; Gateway, FL; Cumberland, TN; Columbia, MO; Jefferson City, MO; and Osage Beach, MO – I am also inspired by you. You have taken on additional responsibilities while a member of your team is working in a different DCI clinic. You are working longer hours and spending less time at home. We are touched by your selflessness, and we are honored to have you in the DCI family.
I received a wonderful card from Jana Greer from DCI Dayton in Tennessee. She wrote –

COVID-19, Corona Virus, any Virus – only serves to further convince me of what I already knew. The Dayton DCI staff are tough, hardworking, caring people. Although they were a little shaky when faced with the threat of COVID-19, they quickly recovered and have grown in strength. They’re amazing to watch – as they shine. They’re tired. But they shine on. They are courageous. Strong. Resilient.

We don’t know the outcome of COVID-19 – but they fight for every inch of protecting staff and patients today and every day. I know you worry – so I just wanted you to know Dayton is in good hands.

DCI Dayton – we are inspired by all you do to help our patients and staff and we are proud to have you in the DCI family. Thank you!

We also were able to help our fellow Partners In The Arena this week. We received a large shipment of surgical masks and were able to share more than 500,000 masks with our friends. Their price for the masks is the same as DCI’s price.

Here is the list of the Partners In The Arena, both for-profit and nonprofit and all patient-centric –
- Atlantic Dialysis
- Centers For Dialysis Care
- Central Florida Kidney Centers
- Dialysis Center of Lincoln
- DCI
- Health Services Management
- Independent Dialysis Foundation
- Northwest Kidney Centers
- Puget Sound Kidney Centers
- The Rogosin Institute

For more background on The Partners In The Arena, here is the link to the weekly updates a few weeks ago-

To our partners – we are honored to have you as our friend and honored to be by your side in the Arena as we battle COVID together. Thank you for all that you are doing to make sure that your patients receive safe care, and thank you for openly sharing your successes and failures during COVID. We provide better care because of what we have learned from you, and we are a better organization because of you. We are grateful that we can provide a small amount of help by sharing this supply of masks with you.
To the DCI family -- thank you for believing in DCI. Thank you for supporting others in need within DCI, and thank you for your support as we reach out to help others in need. I promise you that we will continue to work each day to earn your trust. Please let us know when we slip and always let us know how we can do better.

As of today, 328 of patients and 85 clinicians in our outpatient clinics have tested positive for COVID. For DCI clinicians, this number has increased by 16 employees in the last week. It appears that some of these clinicians were positive last week, so I am estimating an average of 12 new COVID+ clinicians per week for the last two weeks. This is lower than the 18 new clinicians testing positive two weeks ago and 26 new clinicians testing positive three weeks ago.

Of the 328 patients who have tested positive, 310 are chronic dialysis patients (the remaining 18 have acute kidney injury (AKI)). The overall death rate for these patients is 18.1%. To date, all of the DCI clinicians who have tested positive for COVID have survived and most were able to stay home and avoid being hospitalized.

In our Hospital Services programs, we have cared for 464 patients who are COVID positive. This is the first week in three weeks in which we treated less than 100 new COVID+ patients. We only have eight clinicians in DCI Hospital Services who have tested positive for COVID.

Of the 464 hospital patients with COVID, 304 have AKI. One hundred fifty-eight patients have died; 123 of these had AKI. To date, all of the clinicians for Hospital Services who have tested positive for COVID have survived and most were able to stay home and avoid being treated in the hospital.

I know you have heard me say this before, but it bears repeating. YOU are heroes. YOU are the heart of DCI, and we sincerely thank you for all that you are doing to make sure that our patients receive safe care and that our clinicians work in a safe environment.

Last week I told you that in my opinion, the most difficult three weeks were behind us. I told you that I expect that the next two weeks will be difficult, but also expect that in those communities and hospital systems that have absorbed the heaviest burden, the pressure will ease after two weeks. We are now a week later. What are we seeing?

After I wrote last week that things seemed to be getting better, I asked Jay-r Lacson if he agreed. Jay-r took a look at the DCI data. Our data is not perfect because we are not sure if the date of COVID infection is completely accurate, but this is what we are seeing–
Please disregard April 26 – May 1 because we now know that some reporting is delayed. I am encouraged to see a plateau in the number of cases.

This data is very rough. Typically we would wait a few weeks before we could better refine the analysis. But with COVID, the rules have changed. You need to know now, and we think you deserve to know now. If you are interested, we will share this trend each week. It will be rough, but it will be the timeliest data that we have. Thanks to Jay-r and Gideon Aweh for their help in analyzing our data so thoroughly and promptly!

I have thought a great deal and we have many discussions this week about our patients who currently live in nursing homes and other group homes. We are doing everything we can to keep them safe, and we shouldn’t call them PUIs.

I have struggled with the correct term. Friday in the Executive Committee meeting, we discussed this topic at length. We settled on “Group Home.” This is an accurate description, but it doesn’t really create the positive emotional response that accurately reflects our care and concern for these vulnerable individuals. Let me know if you have thoughts on a better word.

Based on a thorough analysis performed by John Hosford, as of April 30, 85 of the 318 patients in our outpatient clinics who were COVID+ were from a group home (26%). At that time, 56 DCI patients with COVID had passed away. Of those 56 patients, 21 were from a group home. This represents a 24.7% mortality rate for DCI patients from a group home who are infected with COVID.

We currently have 865 DCI clinic patients who are PUIs. Of these, 748 are from a group home. This is staggering, and we recognize that you must be feeling an incredible strain continuing to ensure that these patients receive safe care. THANK YOU!
Here is a summary of our current approach to care for DCI patients from group homes.

First, if the person screens positive, or if we know that there is a COVID+ patient or staff in the nursing home, we should consider that person from the group home to be a PUI and we should cohort them with other PUIs.

Second, if a person from a group home does not screen positive, we should treat them differently than a PUI, and care for them away from other PUIs. It is very difficult to have a “group home shift” because of the challenges with transportation. Our hope is that you will be able to put a process in place within your clinic to ensure that our patients from group homes, as well as the rest of our patients, receive the safest care possible. In our opinion, the safest process to follow is to cohort non-PUI group home patients away from other patients in the clinic, if possible. Please let us know how we can help you do this.

We know that people can be asymptomatic, be infected with COVID, and still transmit COVID to others. Perhaps the most important step we can take when caring for a patient from a group home is to make the assumption that each of us is COVID+ and make sure that we do everything possible to decrease the risk of transmission of COVID to our patients from a group home.

It is also important for each of us to pause for a moment and think about all the patients in our clinics. There is almost a one in five chance that any patient in your clinic will die if they get COVID. Carefully think about the work you do each day in the clinic and make sure that you are not allowing other patients or clinicians to be at risk. If you see something that another clinician or patient can do differently to be safe, kindly suggest a different approach. This is a time when each of us needs to have each other’s back. Let’s help one another be better, and in doing so we will defeat COVID together.

As of today, we are in good shape with gowns and masks. For gowns, we currently have approximately 150,000 gowns across DCI. We have used approximately 14,000 gowns per week. If we double this use over the next two weeks to 28,000 gowns per week, we will still have more than 90,000 gowns after two weeks without additional inventory.

Our goal is to be certain that our patients receive safe care and that our staff has the protection that they need to provide this care. I don’t want to discover, at the end of this pandemic, that we had extra supplies of gowns that could have been used to provide protection for our patients and staff. Hal Whetstone, Keith Gilbert, Donovan Schultz, and our Area Operations Directors have been relentless in searching for gowns and other supplies. We are committed to continuing to keep our clinics stocked with gowns. We will continue to watch this situation closely and update you regularly.

From a mask standpoint, we currently have an adequate supply of surgical facemasks and N95 masks. We will not run out of either mask if we continue to follow the processes that we have implemented to limit consumption of these masks. We currently have approximately 25,000 N95
masks at the DCI Supply Company. Each direct patient care staff has been given a N95 mask to use if it allows you to feel safer. I am encouraged that all of you now have a N95 mask. Please be careful so that we can extend the life of each mask. We have also implemented a process to decontaminate the N95 masks which should extend their use. In addition, we received more than 500,000 surgical facemasks this week to be distributed to DCI clinics next week.

We still provide care in seven states in which neither patients nor clinicians have tested COVID positive. As I’ve stated before, this doesn’t necessarily mean that we don’t have any COVID infected patients or clinicians in these states. It remains critically important that we continue to recognize and identify patients and staff who are PUIs and isolate them accordingly.

In the past, I have described an ideal world in which a patient or clinician who screens positive can receive a COVID test and we have results within twenty-four hours. I am encouraged that we are now able to follow this process in many communities. We continue to identify new availability of testing and expect this availability to continue to improve this week.

Rest assured that we will keep fighting for you and for our patients. We have not and will not allow COVID to change who WE are as a company. These last several weeks have been difficult. This week will not be easy. I know you are tired, but we will get through this together.

As we partner with you and continue to support you, we are committed to keeping you up to date about where we are as a company, what we are seeing across DCI and to allow you to share your challenges and concerns with us. Next week, we will have calls at the following times –

- Dr. J and Doug – Monday at 3 pm CT and 6 pm CT
- Dr. J and Doug – Wednesday at 6 pm CT
- Pam and Carol – Thursday at 2 pm CT
- Dr. J and Doug – Friday at 3 pm CT

Forty-nine years ago (two years before Medicare covered dialysis) my dad opened one dialysis clinic in Nashville, Tennessee to save the lives of eight patients. Today we care for more than 15,000 patients in more than 250 clinics in 28 states and provide services in 147 hospitals. We are honored to have you as our partner and to have the privilege of caring for so many patients in need across the United States. We remain as strong as ever.

These next months will be difficult, and we will continue to face challenges. We will continue to be successful if we face these challenges together, putting the patient first and providing support for one another.
Thank you for all that you do every single day to care for our patients and each other. Thank you for all that you are doing to support our communities. I am grateful for and inspired by each of you as we work to overcome the COVID-19 challenge together.

Doug

Doug Johnson, MD
Vice-Chairman of the Board, Dialysis Clinic, Inc.
1633 Church Street, Ste. 500 Nashville, TN 37203
t: 615-342-0435 | f: 615-341-8885 | w: www.dciinc.org

“We are a non-profit service organization. The care of the patient is our reason for existence.”