

Title: Update on Critical Care

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Action required:

For noting

For discussion

For decision

Approved for future publication: **YES**

Summary

Critical care units are still under unprecedented pressure, with no indication as yet of a reduction in the number of COVID patients requiring admission to critical care. High levels of staff absenteeism are still being seen. The redeployment of non-specialist staff to support the provision of critical care is underway, and for the first time in the pandemic, is taking place in surge conditions. A significant number of high acuity patients are receiving treatment, including non-invasive ventilation, in a ward setting, reducing the resources available for redeployment to ICU. While the HSE continues to work intensively to manage the situation and to support hospitals and critical care units, reduction in the disease in the community remains the only answer to reducing demand, improving absenteeism and alleviating pressure on critical care units.

The strategic plan for critical care was noted by Government in December 2020. It provides for an additional 66 beds to be in place (including those beds funded temporarily in 2020) by the end of 2021, with the eventual aim of bringing total critical care capacity to 446, slightly in excess of the figure of 430 recommended by the Health Service Capacity Review. While the current pressures are clearly the immediate priority, it is essential that a focus is retained on delivering long-term capacity improvement through strategic investment. It is intended that a dedicated resource will be put in place in the HSE to oversee the successful implementation of this plan, in collaboration with the Critical Care Programme and others across the system.

Current Situation

- The number of cases currently being seen (63,551 new cases in the 14 days up to 18 January) has had a significant impact on our critical care units. While a slight decrease is now being seen in the number of inpatients with Covid-19, this level of disease in the community is unprecedented, and it is difficult to predict how long it will take for the numbers of patients in intensive care to stabilise and to begin to reduce. There is potential for a more sustained “plateau” of high numbers of patients receiving care in ICU, resulting in a period of continuing significant pressure for critical care units.
- As of 2pm on 20 January, there were 337 adult critical care beds available and staffed. 314 of these were occupied including 207 confirmed COVID-19 patients and a further 4 suspected COVID cases. We have now surpassed the highest number of Covid patients in ICU seen in the first wave of the pandemic – on 11 April there were 156 COVID-19 patients in ICU with 286 beds occupied (NOCA data). Critical care units are therefore under very severe pressure.
- Alongside the high numbers of patients receiving care in ICU, there are a significant number of patients receiving non-invasive ventilation in a ward setting – estimated at approximately 250 as of 20 January. These patients are very ill and require a higher intensity of care, with resulting pressure on staff notwithstanding the use of additional technology to assist with the monitoring of these patients.
- At the same time as this increasing demand for care, both in volume and acuity, resource is heavily impacted by the enormous level of staff absences; the impact of absenteeism cannot be overstated. The recent NPHET decision to allow staff who are close contacts to return to work following ten days of isolation plus a negative test (compared to the previous 14 day isolation period) has been helpful in this regard.
- Non-specialist staff are now being redeployed to support the provision of critical care and surge plans are now being implemented for the first time in the pandemic. This redeployment is carried out in accordance with surge escalation plans, to ensure that staff are appropriately supported and that redeployment is carried out safely.
- The Critical Care Major Surge Working Group is continuing to meet daily, to oversee/coordinate the national critical care response and actively manage and support hospitals on an ongoing basis. A significant volume of work has been carried out across the system to ensure that a flexible

approach can be taken to the dynamic situation in critical care units and systematic monitoring and management is ongoing:

- In cases where hospitals are reporting no critical care beds available, there is daily engagement with NOCA and the Critical Care Programme in relation to planning for safe provision of care or for transfer of patients to other sites as required, with the Mobile Intensive Care Ambulance Service (MICAS) playing an important role in this regard.
 - Experience to date has shown that it is preferable to transfer patients earlier in the course of the disease for certain sites i.e. prior to ventilation (whether invasive or non-invasive) and this has informed decision protocols
 - A daily staffing SitRep is in place, which reports across all critical care units and is closely managed by the Critical Care Programme, which allows for units requiring additional support to be identified as soon as possible.
 - Gas and equipment monitoring systems are in place and working well – all hospitals have good supplies of oxygen and equipment in place.
 - Supplies of baseline drugs required for critical care are strong. Evidence in relation to specific therapeutics for the treatment of Covid-19 is monitored closely and specific drugs are procured in line with the most up to date evidence.
- The so-called “long tail” of Covid- related admissions to both general acute services and critical care units is expected to result in sustained pressure on hospital services and on staff who have endured many months of working in extremely difficult conditions.
 - It is essential that the level of disease in the community is reduced as much as possible. Therefore, it is now more important than ever to urge the public to heed the public health measures that are in place and to stay at home unless absolutely necessary, in order to alleviate the pressures on critical care capacity, support critical care units to continue to deliver high quality care to those who need it and drive recovery.

Implementation of the Strategic Plan for Critical Care

- The strategic plan for the expansion of critical care capacity has been described to NPHE previously, most recently in October 2020. This plan was finalised and noted by Government in December 2020.
- The plan sets out two phases of capacity expansion to ensure readiness of the health system for provision of critical care to Covid and non-Covid patients as part of the continued response to the Covid-19 pandemic and to support the ambitious long-term strategic goal of increasing overall critical care capacity to 446 beds, fully addressing the critical care recommendations of the Health Service Capacity Review.
- The implementation of the first phase of the plan is already underway. Funding was provided in Budget 2021 to make permanent the 40 beds funded temporarily as part of the initial response to Covid-19 and to add a further 26 beds, bringing the total number of permanent critical care beds to 321 by the end of 2021. It is expected that there will be a total of 301 permanent beds open and staffed by the end of Q1 2021, with the remaining 20 to be in place by the end of the year.
- Given the level of investment for 2021 and beyond, it is intended that a dedicated HSE senior resource, with appropriate administrative support, will be put in place to oversee implementation of the Strategic Plan in collaboration with the Critical Care Programme and others across the system, with a focus on both the capital developments and the required workforce planning and education initiatives. Given the central importance of sufficient staffing levels to the provision of critical care, this will require continued and ongoing attention to ensure that the full complement of beds set out in the plan can be put in place.

Conclusion

The situation in our critical care units remains extremely challenging. The HSE is continuing to work intensively to manage and monitor demand and capacity and to support hospitals and clinical teams at this time of extreme pressure, including in particular to support nursing staff redeployment to support critical care surge capacity at this time.

It is important to say that our critical care units would not be operating at the level they are now without the dedicated commitment of staff in critical care units and across our hospitals, who remain focused first and foremost on patients.

In order to support staff through this intensely challenging period, it is now more important than ever to urge the public to heed the public health measures that are in place and to stay at home unless absolutely necessary. By doing so, disease prevalence will be reduced, the number of outbreaks being seen in a hospital setting will be reduced and absenteeism will be reduced, removing some of the pressure from critical care units.

While the immediate focus of course is on managing demand under the current conditions of extreme pressure, it is important to heed the learning from the pandemic and maintain our focus on long-term sustainable improvements in critical care through progressive implementation of the Strategic Plan for Critical Care.

ENDS