

# **Title: Update on Critical Care**

**Author: Department of Health and HSE**

**Organisation: Department of Health and HSE**

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Action required:

For noting

For discussion

For decision

Approved for future publication: **YES**

## Summary

This paper updates on the latest position in relation to COVID patients in critical care, and actions ongoing to support continued delivery of high-quality care to those who need it. There are currently (8pm 13/1) 173 COVID\_19 patients in hospital, and critical care units are under very severe pressure.

The CCO of the HSE has issued a direction to Hospital Groups on emergency measures to be undertaken with immediate effect, aimed at maximising capacity and patient flow, including staff redeployment to support separated pathways and critical care surge. The Critical Care Major Surge Working Group is in place and meeting daily to actively manage and support hospitals. Surge plans are in place and being activated as needed; equipment including oxygen and ventilators are in place with active monitoring as necessary; private hospital capacity is secured in accordance with the recent agreement to support provision of care, for non-COVID patients in the first instance. Staffing is the key constraint: redeployment of staff with previous or partial training in critical care to support fully trained critical care colleagues to the maximum extent feasible is an essential part of the response.

Notwithstanding the intensive and ongoing management of the situation in critical care, the community response to public health restrictions is essential to reduce demand, reduce outbreaks, improve staff availability and alleviate the intense pressure on critical care units and staff.

## Current Situation

- The number of cases currently being seen (67,157 new cases in the 14 days up to 12 January) has had a significant impact on our critical care units and the situation is expected to continue to deteriorate over the next 10-14 days.
- As of 8pm on 13 January, there were 308 adult critical care beds available and staffed. 285 of these were occupied including 173 COVID-19 patients. 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.
- Current modelling scenarios are predicting 200-400 patients with COVID-19 in critical care by mid-January, if a significant reduction in transmission and incidence is not seen; even at the lower end of forecasts, this represents continued increasing and very severe pressure in critical care.
- Patients on wards are also higher acuity than usual, including patients who require non-invasive ventilation, for example one hospital had 14 patients on non-invasive ventilation outside ICU on 12/1.
- 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 Chief Clinical Officer of the HSE has issued a direction to all Hospital Group CEOs and Clinical Directors in relation to the implementation of COVID-19 emergency measures with immediate effect. These measures include the immediate suspension of all non-urgent/non-time dependent elective activity, escalation in the discharge of patients from acute hospitals, further development of alternative pathways of care that support admission avoidance, minimising length of stay and facilitating discharge, and reconfiguration of services, as appropriate, to facilitate access to unscheduled care in the Model 3 and 4 hospitals.

## **Key Actions Being Taken**

### Critical Care Major Surge Working Group

- A Critical Care Major Surge Working Group is in place within the HSE, including all necessary clinical and operational representation, and is meeting daily, to oversee/coordinate the national critical care response and actively manage and support hospitals on an ongoing basis.
- The Group is chaired jointly by the NCAGL for Acute Hospitals and the Clinical Lead of the Critical Care Programme and reports to the National Director for Acute Hospitals.

### Surge Capacity

- Surge plans are in place across Hospitals Groups and individual hospitals, have been reviewed in the last 2 weeks and are being activated as required; critical care surge plans are being implemented at this time.
- Scheduled care, with the exception of time-critical, essential care, has been cancelled and redeployment of staff to support critical care has begun, where required.
- The HSE has advised that surge capacity up to around 350 beds is possible while maintaining clinical risk at an acceptable level. The greater the reliance on surge ICU capacity, the greater the clinical risk with potential impact on patient outcomes. The situation presents a greater challenge than the first wave of COVID and underlines the need for everyone to heed the public health advice and stay at home unless essential to go out.

### Oxygen Supplies

- Upgrades in oxygen delivery capacity have been completed at sites with critical supplies and oxygen telemetry provided to 30 of the acute hospitals, and oxygen capacity has been increased by 60% in preparation for surge.
- As part of the initial response to COVID-19, additional ICU and ventilation spaces were identified and approx. 950 additional ventilators were procured to meet requirements.
- Acute hospital oxygen groups are meeting to ensure good communication and understanding of the challenges of delivering supplementary oxygen to large numbers of patients and in particular with the use of high flow nasal oxygen devices.

### Utilisation of Private Hospital Capacity

- A new arrangement is now in place with the private hospitals which will provide the HSE with access to private hospital capacity, including a safety net arrangement for any further surge of COVID-19 cases. Under the agreement, the hospitals have agreed to supply, depending on the incidence of the disease, up to 15% or 30% of their capacity.
- It is understood that there are 44 critical care beds in the private hospital system. The intention is to use these beds primarily to treat non-Covid patients, allowing ICUs in public hospitals more capacity to treat COVID-19 patients.

## **Key Actions on Staffing**

- High levels of staff absenteeism are being seen across acute hospitals, due to requirements to isolate as a result of COVID-19, issues with childcare, etc. Staff who are household close contacts can receive a derogation where staffing has been severely impacted, following a negative test prior to return and following risk assessment, in accordance with the process set out in the guideline document.
- Approximately 1,500 nurses received partial training at the beginning of the pandemic to allow them to support fully trained critical care nursing colleagues as required.
- The Critical Care Programme has developed a Critical Care Nursing Redeployment Plan which aims to provide a framework for the safe redeployment of staff to support critical care and hospitals.

- While redeployment of staff to support critical care is once again underway at some sites, this redeployment is taking place in the context of high levels of staff absenteeism, with greater number of patients in hospital than was seen in the first wave, and higher acuity patients on wards.
- However, it is essential that every effort is made to deploy those staff with previous or partial critical training to support their critical care colleagues to the maximum extent possible. The need for staff redeployment to support critical care surge is also set out in the communication of 12 January to Hospital Groups from the Chief Clinical Officer.

## **Conclusion**

We are now at a critical juncture in our ability to safely provide critical care to patients in our acute hospitals. With the time lag between the contraction of a COVID-19 infection and admittance to critical care, it is likely that the numbers of patients admitted to critical care units as a result of COVID-19 will continue to rise for at least the next 10-14 days. The HSE expects that the volumes of cases and longer than average length of stay associated with Covid admissions are expected to result in a slow downturn in the numbers in hospital after the peak. This will bring a prolonged burden of care for hospitals and clinical teams.

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 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 and support critical care units to continue to deliver high quality care to those who need it.

ENDS