Summary

The situation in critical care units has remained intensely challenging since the update provided to NPHET on 28 January. Surge capacity remains in use across all units and the number of beds open and staffed remains well above the baseline and close to the limit of 350, the level at which clinical risk remains manageable.

While the levels of disease in the community have begun to show signs of improvement, a “high plateau” of patients requiring admission to critical care units as a result of Covid-19 is being seen. The HSE is continuing to actively manage the situation and to provide support to hospitals and critical care units. At the same time, non-Covid critically ill patients continue to present and the volume of non-Covid critically ill patients will continue to return to pre-Covid levels. A continued reduction in the levels of disease in the community remains the only answer to reducing demand, increasing the numbers of staff available to attend work and alleviating pressure on critical care units.

In order to ensure that critical care is sufficiently resourced to meet demand into the future, a formal structure has been put in place in the HSE to oversee implementation of the Strategic Plan for Critical Care. This will allow for continuing coordinated oversight of commissioning of new critical care beds and buildings, as well as workforce planning and performance monitoring, with all key stakeholders represented.

Current Situation

- As of 12pm on 10 February, there were 330 adult critical care beds available and staffed. 300 of these were occupied, including 173 confirmed COVID-19 patients and a further 10 suspected COVID cases. The highest number of Covid patients in ICU seen in the first wave of the pandemic, which peaked at 156 last April, was surpassed on the 12th of January. The number of patients in ICU as a result of Covid-19 has remained high since then, peaking at 219 on the 22nd of January.

- While there are indications that the number of patients with Covid-19 in ICU has begun to decrease somewhat, there is potential for a “high plateau” of Covid patients in ICU to be seen and units remain under considerable pressure. Additionally, non-Covid patients are continuing to present for admission to ICU and it is expected that the number of non-Covid patients requiring critical care will continue to rise.

- It is important to note the high acuity of the patients currently receiving critical care as a result of Covid-19. A typical ICU profile would have less than 50% of patients invasively ventilated; currently, that figure is at approximately 65%.

- At the same time, a significant number of patients are continuing to receive advanced respiratory support in a ward setting – estimated at approximately 265 as of 9 February. These patients are of a higher acuity and dependency than the usual ward patients and represent surge activity at a ward level.

- At the same time as this increasing demand for care, both in volume and acuity, resource is heavily impacted by the very high level of staff who are unable to attend work as a result of Covid-19; the impact of this in the acute hospital system cannot be overstated. While the numbers have reduced significantly, as of 2 February, there were 4,662 staff unable to attend work as a result of Covid-19 across the health service, with 2,764 of those in the acute hospital setting.

- 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, including through engagement with the Mobile Intensive Care Ambulance Service (MICAS) as required. To date 87 adult retrievals have been performed by MICAS in 2021 including the first adult critical care helicopter retrieval with a team leaving from Dublin to go to Kerry and back to a major Dublin Hospital. This has supported units delivering care within existing resources as safely as possible.

- Sustained high levels of patients requiring admission to critical care units are still being seen. While the level of disease in the community has now begun to reduce somewhat, the impact of this is
not yet being seen in critical care units, and there is potential for this “high plateau” of Covid-19 patients to persist for some time yet. Therefore, it is still important that the public continues to stay at home to reduce the transmission of the virus as much as possible, to reduce the numbers of patients admitted to hospital and to reduce the number of staff who are unable to attend work as a result of Covid-19.

Implementation of the Strategic Plan for Critical Care

The Strategic Plan for Critical Care was noted by Government in December 2020. The Plan aims to bring permanent adult critical care capacity in Ireland to 321 by the end of 2021 and to 446 in the long term in line with the recommendations of the Health Service Capacity Review.

A total of €52m was provided to advance the Critical Care Strategic Plan in Budget 2021. This will retain, on a permanent basis, the 40 adult critical care beds put in place on a temporary basis last year and add significant new build bed capacity, as well as allowing for the development of a workforce plan and education initiatives to grow the critical care workforce. The HSE anticipates that the baseline will increase to 301 beds by the end of Q1 2021, with 321 beds in place by year end, and recruitment is ongoing.

On the direction of the HSE CEO, HSE Acute Operations and the Critical Care Programme met with the HSE COO and the HSE CCO to agree a structure for oversight of the major critical care expansion project, embedded in existing structures and including a steering committee and working group. These groups will oversee and drive implementation of the Critical Care Strategic Plan including commissioning of new beds and new builds over time, development of a workforce plan, recruitment in step with opening of additional beds and oversight of activity, performance and financing. The establishment of these oversight structures emphasises the commitment of the Department of Health and the HSE to the successful implementation of the Strategic Plan for Critical Care.

Conclusion

While the reduction of disease in the community is welcome, it has not yet resulted in an easing of the pressure on critical care units. Continued public support of and adherence to public health measures is extremely important in that regard.

The need to significantly increase critical care capacity in Ireland has been exacerbated by the Covid-19 pandemic. Successful implementation of the Strategic Plan for Critical Care will address existing deficits and allow for expansion of capacity into the future, to ensure that sufficient capacity is available to meet demand.

ENDS