

National Public Health Emergency Team

Paper on Critical Care Capacity Requirements

23 September 2020

Action required

For noting

For discussion

For decision

1. Introduction

On 25 June, the Acute Preparedness Subgroup submitted a paper to NPHE that provided an overview of its work in relation to critical care and set out a plan to increase critical care capacity. NPHE noted and supported the proposals as set out in the paper, agreeing that they were appropriate in the context of ongoing COVID preparedness and noting the intention to seek necessary approvals through the normal processes.

In the context of increasing numbers of admissions to intensive care units and the potential for additional pressure on the system during the winter months, NPHE is requested to reaffirm its support for the strategic plan for critical care capacity expansion.

2. Background

As outlined in papers previously submitted, there is an historical deficit in critical care capacity in Ireland. As of the beginning of 2019, baseline critical care capacity, as set out by the National Office of Clinical Audit, was 255 beds, including 204 ICU beds and 51 HDU beds. As part of the initial response to the pandemic, funding was provided for an additional 40 adult critical care beds in March 2020.

As of 23 September, there are between 280-285 critical care beds currently open. The exact number open on any given day may fluctuate as a result of operational or other factors, most notably staffing.

3. Strategic Plan for Critical Care Expansion

A strategic, multi-year plan for a permanent increase in critical care capacity has been prepared, through close collaboration between the Department and the HSE, in conjunction with the National Clinical Lead for Critical Care and the National Clinical Advisor and Group Lead for Acute Hospitals.

The plan also considered the broader strategic context for care delivery so that additional critical care beds align with strategic requirements in regard to trauma, organ transplant, cancer and other highly complex care. This is key to ensuring that the significant investment required delivers optimal value for money.

The proposed expansion in critical care beds involves two phases. Phase 1 provides for an increase of 66 adult beds in the short to medium term with 40 of these beds being provided in 2020/2021 and the remaining 26 in Q4 2021 and Q3 2022. The total additional Revenue funding requirement identified in these proposals is €44.7m in 2021 and a further €6.5m in 2022, and this is being sought through the 2021 Estimates process. In addition, capital funding of €36.2m will be required to progress projects in Phase 1.

Phase 2 proposes a further 117 net new beds, entailing capital developments in the form of new critical care ward blocks at five priority locations. Alongside these developments, funding is also being sought for critical care enablers, including workforce planning and the National Ambulance Service's Critical Care Retrieval Service.

4. Critical Care Surge Capacity

There has been a considerable amount of media and political attention recently on the number of critical care beds available. Some of this commentary seems to reflect a lack of understanding regarding the difference between permanent staffed critical care beds and surge capacity which is used to support the provision of critical care in circumstances where existing capacity is fully utilised.

NOCA has advised that the previously reported figure of 415 open critical care beds included beds in paediatric hospitals, in private hospitals and surge ICU beds created by stopping all non-emergency surgery. The use of surge capacity for critical care is necessarily tied to a reduction of services in other areas of the hospital, as staff are redeployed to provide support to critical care and areas outside of

the intensive care unit are repurposed to provide additional spaces for critical care beds. Thus, the use of surge capacity has a substantial impact on the level of care provided in other areas of the hospital, with elective care significantly curtailed.

In May this year, NOCA prepared a paper which stratifies the level of risk associated with the use of surge capacity into three levels. In this paper, NOCA is clear that the use of surge capacity is associated with increased clinical risk, and, at a certain point, can result in reduced quality of care provided to patients and an increase in mortality, as was seen in other countries at the height of the pandemic. It is essential that we reduce our reliance on surge capacity through an increase in permanent critical care capacity, as set out in the strategic, multi-year plan for critical care.

5. Conclusion

NPHET is requested to reaffirm their support for a strategic, planned multi-year increase in critical care capacity. This strategic approach is intended to support ongoing COVID preparedness and to ensure that Ireland's critical care capacity is sufficient to meet the needs of the population, into the future. NPHET is also requested to note the intention to seek necessary approvals through the normal processes.

ENDS