

## **NPHET Subgroup on Acute Hospital Preparedness Update for NPHET Meeting on 31 March 2020**

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Key points in relation to the work of the Acute Hospitals Preparedness subgroup are as follows (further detail can be found in **Appendix 1**). The subgroup met for a third time on 29 March and:

- Agreed recommendations to the NPHET on a national approach to utilising designated non-covid private hospitals for critical essential surgery (separate paper submitted to NPHET)
- Received an update on planning for increased public bed capacity, and agreed the need for continued focus on this area including staffing, ventilators and oxygen flow
- Discussed the paper on ethical considerations relating to critical care resource prioritisation, and discussed the need for more detailed guidance to support decision-making in practice
- Received updates on the work of the National Ambulance Service, communications and mortuary capacity.

### **Acute and critical care capacity**

- Under the Critical Care Major Surge Preparedness Planning Framework 2020, hospital groups have identified a further 467 ICU and ventilation spaces to be opened during major surge 3 or 4.
- NTPF is now supporting HSE in detailing plans for general and critical care surge capacity across all hospitals, which will include critical dependencies including staff, ventilators and oxygen flow.
- Numbers of available beds will necessarily fluctuate day by day in line with staffing availability. As of Friday 27 March, HSE reported 255 critical care beds with a further 65 beds to be imminently opened including both conversion of HDU beds to ICU and new beds.
- Separate reported data from the HSE PMIU/SDU Covid-19 Daily Operations Update (8pm, 30 March) shows 598 patients admitted on site at acute hospitals, of whom 394 were in the six Dublin hospitals. There were 118 patients in ICU of whom 70 were in Dublin hospitals<sup>1</sup>.

### **Maintenance of essential time-critical services**

- On 30 March, heads of agreement were reached with the private hospitals.
- The Acute Preparedness Subgroup yesterday considered the issue of protection of essential time-critical non-covid care, through designation of non-covid private hospitals. A paper in this regard is provided separately for NPHET. This aims to inform the optimal utilisation of private hospital capacity. In the initial phase the Subgroup considers there should be a priority focus on critical essential surgery and urgent diagnostics, including cancer services.

### **National Ambulance Service, labs and testing**

- Home testing has been rolled out by the NAS, supported by additional resources including provision of rapid response vehicles.
- Following establishment of static test sites NAS is focused on prioritising GPs who require testing, prisons and nursing homes and for patients who cannot access static testing sites.

### **Mortuary facilities**

- The Mass Fatality Expert Group (MFEG), chaired by D/Housing, Environment and Local Government has been reformed and mandated as the Covid-19 Morality National Coordination Group. The group has now met four times. The Department of Health and the HSE are represented on the group.
- It is intended that the Plan being developed by the Group will ensure the development and implementation of an effective and appropriate system for managing the mortality arising from Covid-19 among those living in Ireland, taking cognisance of the need for people to have end of life rituals, while following appropriate public health guidance.

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<sup>1</sup> Figures subject to validation against NOCA ICU bed data

## **Appendix 1: Detailed update on the work of the Acute Hospitals Preparedness Subgroup of the NPHET**

The Acute Hospitals Preparedness subgroup of the NPHET aims to provide oversight and assurance that preparedness plans are in place and are being implemented across the public hospital system. It includes clinical and senior management representation from the Department, HSE and private hospital sector.

The subgroup met for a third time on 29 March and:

- Agreed recommendations to the NPHET on a national approach to utilising designated non-covid private hospitals for critical essential surgery (separate paper submitted to NPHET)
- Received an update on planning for increased public bed capacity, and agreed the need for continued focus on this area including staffing, ventilators and oxygen flow
- Discussed the paper on ethical considerations relating to critical care resource prioritisation, and discussed the need for more detailed guidance to support decision-making in practice
- Received updates on the work of the National Ambulance Service, communications and mortuary capacity.

### **Acute and critical care capacity**

- Hospitals in Dublin are already under pressure in terms of ICU capacity. Separate reported data from the HSE PMIU/SDU Covid-19 Daily Operations Update (8pm, 30 March) shows 598 patients admitted on site at acute hospitals, of whom 394 were in the six Dublin hospitals. There were 118 patients in ICU of whom 70 were in Dublin hospitals<sup>2</sup>.
- It has been challenging to receive a clear picture of baseline and surge capacity in an evolving situation in which staffing can be expected to fluctuate. It is therefore unclear what additional capacity has been operationalised to date.
- As of the weekend, NTPF is supporting HSE in detailing the plan for general and critical care surge capacity across all hospitals with the aim of producing an initial surge capacity plan by COB Monday. Meetings were held with each of the Groups on Monday 30 March to review surge plan. This was to include consideration of critical dependencies including staff, ventilators and oxygen.
- The ability to deliver critical care is the rate-limiting step for demand/ capacity matching in the acute hospital system. The ability to deliver is dependent on three main factors; oxygen supply, ventilators and workforce.
- HSE Estates initial capacity modelling for oxygen flow indicates capacity for 924 ventilators, 83 high flow ventilators and 1939 face oxygen (nasal/face mask). It has advised that capacity enhancement and resilience works are ongoing. The matching of ventilation capacity, oxygen and staffing with physical beds is a key planning element.
- Indications are that an intense focus is required on workforce, with identification of individuals to participate in rota and the upskilling of medical and nursing staff to support and supplement the finite number of trained critical care staff. The proposed model is one where the team leader is critical care trained and the team members are upskilled healthcare professionals.

### ***Subject to the above being completed, figures reported by HSE as of last Friday, 27 March show:***

- 2,318 isolation rooms (using single occupancy rooms as a proxy) in Ireland of which 296 are formal isolation rooms
- 255 critical care beds with a further 65 beds to be imminently opened. This will include converting high dependency beds to ICU and opening new beds. Timing for opening of the additional 65 beds is not defined.

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<sup>2</sup> Figures subject to validation against NOCA ICU bed data

- Under the Critical Care Major Surge Preparedness Planning Framework 2020, the hospital groups have identified a further 467 additional ICU and ventilation spaces which can be opened during major surge 3 or 4.
- The HSE, working with the hospital groups, has undertaken a census of all acute hospitals. The census returns are being validated by the HSE. The current assessment is that there are 12,934 acute beds (including day beds).

#### **Maintenance of essential time-critical services**

- The private hospital sector is made up of 18 hospitals and has an estimated bed capacity of 1,900 inpatient beds, 600 day beds and 47 ICU and 54 HDU beds.
- This is equal to 17% of the existing capacity in the public system which has approximately 11,000 inpatient beds and 2,300 day beds or places.
- The private hospitals have nearly 1,000 single bed inpatient rooms.
- The sector also has 194 ventilators as well as 9 laboratory services on sites. This additional capacity, while not sufficient, is critical to the Plan to deal with the pandemic.
- On 30 March, heads of agreement with the private hospitals were reached. It is understood that capacity is available as of today, 31 March.
- The most appropriate use for this additional capacity will need to take account of the expected pressures on public hospital capacity and the need to protect and deliver certain time critical surgeries in order to prevent avoidable non-covid deaths.
- It is understood that transfers of some services to the private hospitals has been ongoing at local level ie between Hospital Groups and individual private hospitals. It will be crucial that for optimal utilisation of private hospital capacity that this is planned at a level of national prioritisation given the pressure on overall national capacity.
- The Acute Preparedness Subgroup considered a paper yesterday on the protection of essential time-critical non-covid care, through designation of non-covid private hospitals. A paper in this regard is provided separately for NPHE. This aims to inform the optimal utilisation of private hospital capacity, following the agreement reached on 30 March. In the initial phase it is considered there should be a priority focus on critical essential surgery and urgent diagnostics, including cancer services.

#### **National Ambulance Service, labs and testing**

- Home testing has been rolled out by the NAS, supported by additional resources including provision of rapid response vehicles.
- NAS has dashboards in place to track performance trends, including covid work and financial performance and has referenced strong support from HSE ICT in that regard. There is a strong focus on supporting NAS services through expansion of staffing for Clinical Hub hear and treat, mental health, dedicated COVID-19 desk and paramedic mobile medical services.
- Following establishment of static test sites NAS is focused on prioritising GPs who require testing, and other specific requirements including nursing homes and prisons. NAS will also provide testing where patients cannot access static sites.

#### **Mortuary facilities**

- The Mass Fatality Expert Group (MFEG), chaired by the Department of Housing, Environment and Local Government has been mandated as the Covid-19 Morality National Coordination Group.
- The group has now met four times to develop the plan. The Department of Health and the HSE are represented on the group.
- It is intended that the Plan will ensure the development and implementation of an effective and appropriate system for managing the mortality arising from Covid-19 among those living in Ireland, taking cognisance of the need for people to have end of life rituals, while following appropriate public health guidance.
- It is intended that two documents will be produced. The first document to provide operational guidance and the second to inform and reassure the public.

- The following body holding capacity is or will be in place by early week commencing 30 March:
  - Current hospital capacity: 287
  - Additional capacity ordered: 13 units X 15-20 remains per unit (already in country, location to be decided)
  - Local Authority: 249 (can be placed in a variety of locations not just hospitals)
  - Temporary body storage facilities: 2 units X 488 remains. Both hospital and community will be covered by this capacity. The Dublin facility is under construction at the Royal Hospital Kilmainham.
  - The Dublin and Cork City Morgues: approx. 60 spaces.
- The HSE has also established a number of working groups to provide enhanced end of life care services. These include bereavement support: the HSE is currently working with the Irish Hospice Foundation to provide information and resources specific to COVID-19 deaths. Enhanced staff supports will also need to be considered.
- All mortuaries will need to ensure that they have sufficient supplies of body bags, appropriate PPE gear as required for both mortuary staff and pathologists as needed.
- Only centres with appropriate equipment should be used for COVID-19 autopsies, and at present, Whitehall is the only location known to be suitable. It is not anticipated that there will be a large number of autopsies undertaken.
- HPSC Guidelines have been issued for Funeral Directors on managing infection risks when handling deceased individuals with confirmed COVID-19.
- The Coroners Society of Ireland has released guidance in relation to deaths due to COVID-19 infection. Confirmed and suspected or possible COVID-19 related deaths are reportable to the relevant District Coroner in every case.

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