

NPHET Subgroup on Acute Hospital Preparedness

Consideration of parallel system framework approach for Dublin hospitals

1. Purpose of the paper

On 26 March, the NPHET considered a paper from the Acute Preparedness Subgroup on a parallel system framework for acute hospitals. NPHET approved the approach in principle, subject to local adaptation that recognises local differences, constraints and opportunities.

At the meeting of 26 March, NPHET also discussed the incidence of clusters in the Dublin region, and agreed to give further consideration to the use of some third-tier measures within Dublin specifically, separate to any nationwide application of third-tier measures.

In that context, it was agreed that consideration would also be given to the question of identifying designated covid hospital or hospitals within the Dublin area.

2. Context

The parallel system framework envisages identifying designated covid care hospitals, with key partners which will provide non-covid care. As has previously been noted, this is expected to be confined to urban areas where there are a number of hospitals. The approach also recognised that there would be non-covid work which is too specialised to be transferred from its current location.

Proposed Tier Three measures include the designation of certain hospitals and healthcare facilities as protected COVID-19 free sites, for example, to facilitate the delivery of essential health services such as trauma, emergency care, cancer surgery etc. In other locations, this could be designation of certain areas of hospitals and healthcare facilities as COVID-19 free (i.e. cohorting and hospital within a hospital).

There are five Model 4 hospitals within Dublin (St James's, Mater, Beaumont, St Vincent's and Tallaght). National specialties are distributed across the hospitals in a fragmented way.

3. Epidemiology and hospital activity*

The HPSC has notified the Department as follows:

- 1,819 confirmed cases as of 3pm 26/3/2020

Data reported from HPSC, as of midnight, Tuesday 24/3/2020 (n=1,383 cases):

- 340 cases (25%) have been hospitalised
- Of those hospitalised, 47 cases have been admitted to ICU
- Dublin has the highest number of cases at 774, (56% of all cases) followed by Cork with 154 cases (11%)

As of 26 March 2000 hours

Dublin acute hospitals	Acute beds	ICU beds	Covid positive admitted	Covid positive in ICU
Mater	47	10	43	6
SVUH	100	6	20	2
SJH	196	2	58	11
Tallaght	75	13	40	5
Beaumont	142	13	55	5
Connolly	66	11	20	6

**Sources: HSE situation reports and HPSC data, reflects reporting period differences*

ED attendance

There was a decrease in the number of patients attending EDs for week ending 24 March of 1,727 (10.1%) since the previous week, and a decrease of 10,462 (-40.5%) compared to the same week the previous year (17,102 attendances in 2020 v 25,837 in the same week in 2019).

Dublin acute hospitals	% decrease in ED attendance compared to same week previous year
Mater	-40.7
SVUH	-39.2
SJH	-36.6
Tallaght	-29.6
Beaumont	-36.5
Connolly	-29.4

4. Current approach across Hospital Groups (subject to confirmation)

- IEHG: is designating hospitals as receiving and non-receiving for Covid-19 cases. Receiving hospitals include the Mater and SVUH in Dublin, as well as Kilkenny, Mullingar, Navan, Wexford. Within these hospitals, IEHG also aims to implement “hospital within a hospital.” St Michael’s and St Colmcille’s are non-receiving hospitals in Dublin. Cappagh and the Eye and Ear are non-receiving; trauma work is being diverted to Cappagh. Of note is that, while it is clear that covid patients are being transferred to the receiving hospitals, it is not clear if non-covid are being transferred to the non-receiving for other treatments.
- DMHG: all sites are ED receiving and none is designated as non-covid. These include SJH and Tallaght. DMHG is actively moving time critical and cancer activity to appropriate sites. Each site is working a covid and non covid pathway.
- RCSI: it is understood that Beaumont and Connolly are receiving covid patients.

5. Parallel system framework for the Dublin hospitals

The significant level of private capacity including ICU capacity in Dublin, and the number of model 4 public hospitals, offer significant scope for the designation of separate facilities. Options in regard to designation of covid-receiving hospitals in Dublin, the options are:

- i) Identify one or more Dublin hospitals as covid specific, and carry out inter-hospital transfer of existing covid in-patients and transfer of non-covid activity to partner hospitals
- ii) Identify one or more Dublin Model 4 hospitals as covid hospitals, direct covid-positive admissions to these hospitals prospectively, and transfer non-covid activity to partner hospitals
- iii) Continue with current approach of covid and non covid patients distributed across all major Dublin hospitals
- iv) Designate one or more non-covid hospitals and transfer all non-covid work to the extent possible. This approach recognises that it may be easier to achieve exclusively non-covid hospitals than exclusively covid hospitals. As well as protecting against cross infection, one or more non-covid hospitals provide stronger protection for continuation of non-covid work, as a clear decision point would be needed on the introduction of covid work to those facilities. The alternative of a continued mix of covid and non-covid across all hospitals would seem more likely to result in gradual erosion of non-covid work without clear sight of the extent to which that is happening. Other major hospitals could become predominantly covid

with some non-covid if specialised work could not be moved or arising from ED presentations of non-covid work.

ENDS