NPHET Subgroup on Acute Hospital Preparedness
Update for NPHET Meeting, 14 April 2020

The Acute Preparedness Subgroup met most recently on 9 April and an update is provided below of the position across key areas of preparedness.

Acute and critical care capacity

- NTPF and HSE have continued to work collaboratively to detail the plans for general and critical care surge capacity. **A separate update on final plans is provided for NPHET.** The HSE advises that at maximum surge there will be 813 critical care beds available. The combination of ICU and transport ventilators are sufficient to support this level. Numbers of available beds will necessarily fluctuate day by day in line with staffing availability

- On 10 April, HSE also provided an update on provision of intermediate care beds, designed to provide care for patients who require 24 hour nursing care, and supplemental oxygen. These may include acute medical patients, end of life patients, or others who may be referred from the community assessment hub or to or from home. In most cases, they are linked to specific acute sites such that they are planned as step down from these facilities. The HSE's Area Crisis Management Teams are working with HSE Acute Operations to establish the potential number of intermediate care beds. This is subject to staffing availability, which in turn will be impacted by critical care needs, acute care needs, acute surge needs, protection of nursing homes, and stepdown.

- Daily data from the HSE PMIU/SDU COVID-19 Daily Operations Update (8pm, 12 April) shows 862 patients admitted on site at acute hospitals, of whom 500 were in the six Dublin public hospitals (134 in Beaumont). There were 135 vacant critical care beds of which 38 were in the Dublin hospitals.

Maintenance of essential time-critical services

- NPHET has previously approved recommendations relating to the parallel system of care and optimal utilisation of private hospitals to protect and maximise delivery of essential time-critical care.

- Final agreement has been reached with private hospitals to ensure the full capacity of this sector is available within a unitary system. Progress on agreement of locum contracts with private only consultants will support maximum utilisation and work is ongoing in this regard. In the interim, it is reported there has been progress within some hospital groups in particular in transferring care to private hospital partners.

- Currently there are a significant number of vacant acute beds in the public system, current activity in the private hospitals is also reported as variable, and there is anecdotal evidence that patients are reluctant to attend the acute setting for non-COVID care. These all underline the importance of ensuring a strong focus on continued delivery of non-COVID care.

- The Department is continuing to work with HSE Acute Operations, the NCCP and others to support this work in line with the national-level approach approved by NPHET. This will aim to balance local flexibility and partnerships with national coordination, in order to optimise utilisation of all available capacity nationally for continued delivery of cancer care and other national specialties, urgent surgery, urgent diagnostics and other essential non-COVID care.

- The subgroup agreed at its meeting of 9 April to request the Behavioural Change subgroup to consider a focus group to examine what concerns or fears might prevent patients from attending hospital, and also a focus group with clinicians in the context of supporting them to deliver the

maximum level of non-COVID care in the current climate. Related questions will also be considered for the Guidance and Evidence Synthesis subgroup.

- Reporting on activity and outcome indicators will be an important element of tracking non-covid care during the pandemic. Discussions have taken place between the NTPF and both HSE Acute Operations and the Department regarding the potential of NTPF systems to gather necessary data. The Secretary General wrote to the HSE on 8 April in regard to oversight and reporting arrangements, with appropriate reporting of activity to be aligned with existing reporting arrangements on acute hospital activity.

Infection outbreak control in acute hospitals

- The Department and HSE continue to engage bilaterally to progress implementation of the NPHET decision regarding public health measures for COVID-19 disease management in the acute hospital sector.

- The HSE has confirmed that all acute hospitals have COVID-19 plans in place which include measures to control further spread of the virus within the hospital setting. In addition, the HSE has affirmed that its AMRIC (Antimicrobial Resistance and Infection Control) Oversight Group and Implementation Team will provide oversight for all issues relating to COVID-19 infection control

- HIQA issued a self-assessment tool to Hospital Group CEOs on 8 April, in relation to IPC arrangements to manage COVID-19 and asked that the questionnaire be completed and returned by 13 April. The returned self-assessments will be analysed by HIQA and this will provide an indication of the level of IPC preparedness in the acute hospital sector and identify any gaps in that regard.

National Ambulance Service

- A new system (Protocol 36) is in place to identify potential COVID-19 emergency calls and this ensures that the responding paramedics are fully prepared and an appropriate and safe response is provided to such calls.

- NAS is continuing to provide testing in both the community and nursing home setting. The feedback received is that the presence of NAS personnel is providing a level of comfort and this is helping to deescalate anxiety levels in both staff and residents.

- Normal activity is continuing with approximately 680-700 call outs, 300-400 tests daily.

- In the period 4 March to 13 April (to 7am), NAS has responded to 13,979 Covid-19 calls and has completed 12,429 swabs.

Mortuary capacity

- The Department of Housing has now established the National Oversight Group to lead on the implementation of the COVID-19 mortality plan which was developed by the mass fatality expert group. The Dublin region Major Emergency Management has met and the national body storage facility at Royal Hospital Kilmainham has been deployed.

- Following consultation with and guidance from the HPSC, coroners will no longer request swabbing of the deceased as long as the clinician confirms the person meets the case definition. Contact tracing requirements will still be triggered. This will mostly arise in cases for community deaths including nursing homes. This will potentially result in more recorded deaths.

ENDS