

**NPHET Subgroup on Acute Hospital Preparedness  
Update for NPHET Meeting, 5 May 2020**

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An update is provided below of the position across key areas of acute hospital preparedness.

**Acute and critical care capacity**

- Daily data from the HSE PMIU/SDU COVID-19 Daily Operations Update (8pm, 3 May) shows 665 patients admitted on site at acute hospitals, of whom 412 were in the six Dublin adult public hospitals. There were a further 241 suspected cases admitted onsite of whom 88 were in the Dublin adult hospitals. There were 143 vacant critical care beds of which 30 were in the Dublin public hospitals. There were 93 Covid-positive patients in critical care.
- There were 1,664 vacant acute beds in the system at the same time.
- Further consideration of sustainable capacity levels will be undertaken in the context of the ongoing delivery of Covid and non-Covid work, in particular critical care capacity. The Acute Hospital Preparedness SubGroup received a presentation last week on the demand-capacity modelling work ongoing by the relevant IEMAG subgroup and a further meeting with the HSE, to discuss what additional input could be provided to inform the modelling work, is scheduled.
- Another factor which will have an impact on hospital capacity is the level of Delayed Transfers of Care in the system. In preparation for the impact of the pandemic measures were put in place to ensure more rapid transfers to more appropriate care. At 1 April the number had decreased to 242 from 652 at the beginning of March. There is now a significant increase in numbers of delayed transfers of care, with 307 reported on 2 May.
- The HSE has collected data on the level of activity in the private hospitals which indicates that the utilisation of beds in the larger private hospitals is on average 33%. The HSE is working with the NTPF which will use its Patient Admissions Management System to track admissions to the private hospitals.

**Maintenance of essential time-critical services**

- While ED attendances are still significantly lower (~30% according to the most recent figures) than for the same week last year, in the week ending 28 April there was an 8.5% increase when compared to the previous week.
- The number of patients on trolleys in the week ending 28 April was up by 43.0% compared to the previous week, while trolley numbers for the year-to-date were 35.0% lower than the numbers up to the same week last year.
- At its most recent meeting of 30 April, the Acute Hospital Preparedness Subgroup discussed guidance prepared by the EAG, for consideration by NPHET, in relation to patient pathways and algorithms to govern the continued provision of safe, patient-centred care to non-Covid patients. The Subgroup endorses and supports the approach taken by the EAG Subgroup on principles in regard to the delivery of scheduled care. At its meeting on 1 May, the NPHET accepted the advice from the EAG in relation to the proposal from the HSE Acute Hospitals Division to restart routine non-Covid 19 care in acute hospitals and this matter will be considered further by NPHET at its meeting on 5 May. Once further considered by NPHET, this will be implemented in the context of future plans to turn on scheduled non-Covid care.
- A key area of focus for the subgroup is critical care capacity. The Department set out the current position in a preliminary paper on critical care capacity which was discussed at the SubGroup meeting of 30 April. The HSE has set out high level requirements in this regard and the Department and the HSE will work together on the detail of a proposal in this regard.
- The Department of Health and the National Cancer Control Programme have been working in partnership to oversee the continued safe provision of cancer services. Urgent cancer services

are continuing and in the past two weeks there has been some recovery in the number of GP e-referrals to cancer Rapid Access Clinics

- The recently launched Together 4 Cancer Concern initiative in the context of Covid-19 involves community and telephone psycho-social support for cancer patients, survivors and their families and carers during the Covid-19 period. This is being done as a collaboration involving the NCCP, the Irish Cancer Society, Cancer Care West and the network of community cancer support centres across the country.

#### **Scheduled care and outpatient attendances**

- Following on from cancellation of scheduled care for non-time critical procedures in line with WHO guidance, work is being carried out by the Department, HSE and NTPF on modelling the impact of the pandemic on scheduled care, including assessing the level of pent up demand. The work of the Scheduled Care Data Group is ongoing and it is expected preliminary results should be available by mid-May.
- Virtual clinical activity is increasing throughout the system as a mechanism to engage with patients and to support continuity of care.

#### **Research on public reluctance to attend acute services**

- Findings from a survey and focus groups commissioned by the Department indicate that fear of infection is the primary factor influencing peoples' reluctance in attending for acute services. These findings informed a series of questions included in the fortnightly HSE survey that aimed to aid understanding of the public reluctance to access health services. This information will be available from 4 May and will inform the design of appropriate and effective communications interventions.

#### **Infection outbreak control in acute hospitals**

- Following NPHE's consideration of HIQA's desktop review of infection and prevention control (IPC) programmes in acute hospitals, the Department wrote to the HSE in relation to the implementation of practical measures to address the risks identified by HIQA, and to explore and agree the supports which are required to be put in place immediately to mitigate the risks identified in certain Hospital Groups.
- In response the HSE has indicated that all Hospital Groups are providing updates on a range of actions which provide assurance on governance, risk management, outbreak management, staff symptom declaration, staff segregation and adoption of social distancing guidelines. While the results are still being collated, it has been confirmed that all hospitals have well developed pathways for the separation of Covid-19 and non Covid-19 patients (assessment, ward admission and diagnostics), and, generally, staff have been specifically allocated and deployed to work exclusively in designated areas. In addition, it is clear that systems are in place to provide training on PPE use and a variety of measures have been implemented to support physical distancing. Of particular note is the confirmation of a high level of compliance with guidelines on outbreak management, risk management and escalation procedures.
- The HSE has however identified the need for very significant additional investment to augment IPC resources in order to sustain current services as hospitals return to normal activity, and for the roll-out of an ICT system across all acute hospitals to maintain and increase efficiency in infection surveillance. The HSE has also drawn attention to the requirement for permanent appropriate critical care capacity to ensure an ongoing service response to COVID-19.
- The Department will engage with the HSE in relation to the capacity and infrastructural deficits identified. The Department will also engage with HIQA and the HSE in relation to the potential to undertake a review of IPC capacity in private hospitals.

### **National Ambulance Service**

- Normal activity is continuing with approximately 800 Emergency and urgent call outs per day during April. 90 calls per day are completed by the NAS Intermediate Care Service.
- On Friday 17 April 2020 the NAS responded to the COVID-19 emergency by deploying resources specifically to nursing homes and other residential settings to test residents and staff within these settings. Since the launch of priority testing in nursing homes and other residential settings, between 17 April 2020 and 1 May 2020 (7am), the NAS has conducted 42,333 tests within these settings. Separately, tests continue to be conducted in a combined response to residential dwellings, other State agencies and for healthcare workers on a single vehicle response at a rate of approximately 350 per day. Overall, more than 57,000 tests have been conducted in all settings between 4 March and 1 May.

### **Mortuary capacity**

- The National Oversight Group which is overseeing the implementation of the national covid-19 mortality plan met on 30th of April. The National Oversight Group has worked with a subgroup of stakeholders to identify the key issues where additional guidance is required, surrounding issues of viral persistence and where concerns remains for those who interact with the deceased including staff in nursing homes, funeral directors and cemetery workers. This is now under discussion with HPSC to refine and extend the existing guidance.
- The representatives of the Association of Funeral Directors on the oversight group have reported a lessening of compliance on social distancing and mass gatherings at funerals.

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