

**NPHET Subgroup on Acute Hospital Preparedness  
Update for NPHET Meeting, 12 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, 10 May) shows 545 patients admitted on site at acute hospitals, of whom 323 (59%) were in the six Dublin adult public hospitals. There were a further 246 suspected cases admitted onsite of whom 89 were in the Dublin adult hospitals. There were 156 vacant critical care beds of which 39 were in the Dublin public hospitals. There were 72 Covid-positive patients in critical care.
- There were 1,154 vacant acute beds in the public hospitals at the same time.
- Data on available beds within the private hospitals is not yet available on a daily basis. The HSE and NTPF are working to roll out a Patient Administration Management System to track patients in private hospitals. In the interim, the HSE is manually collecting figures which indicate that the private hospitals have treated over 2,600 inpatients, delivered approximately 12,000 daycases, seen over 5,600 OPD appointments and conducted nearly 11,000 diagnostic procedures, since the arrangement was put in place. Bed utilisation in the major private hospitals, as reported on 6 May, ranged from 34% to 82%. These facilities offer a significant opportunity for delivery of non-covid care in designated non-covid environments, in line with recommendations previously approved by NPHET.
- Further consideration of sustainable critical care capacity will be undertaken in the context of the ongoing delivery of Covid and non-Covid work. The Department developed 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 continue to work together on the detail of a proposal in this regard.
- The HSE and the Department together with critical care clinical leads will meet with the demand-capacity modelling subgroup of the IEMAG on 12 May to consider any further refinement of assumptions underpinning the demand-capacity model that has been developed. This follows a presentation on 30 April to the Acute Hospital Preparedness SubGroup on the model.
- The level of Delayed Transfers of Care in the system will have an impact on hospital capacity. In preparation for the impact of the pandemic measures were put in place to ensure more rapid transfers to more appropriate care. At 6th April the number had decreased to 213 from 652 at the beginning of March. There is now a significant increase in numbers of delayed transfers of care, with 356 reported on 10 May (+143).

**Maintenance of essential time-critical services**

- While ED attendances are still significantly lower (27.2% according to the most recent figures) than for the same week last year, in the week ending 5 May there was a 1.9% (n= 358) increase when compared to the previous week.
- The number of patients on trolleys in the week ending 5 May was up by 4.6% (n= 165) compared to the previous week, while trolley numbers for the year-to-date were 24,767- 38.0% lower than in the same period last year.
- The Department is continuing to engage closely with the HSE, including the National Cancer Control Programme (NCCP), and others including the RCSI, to ensure that all patients who require urgent care can receive it as safely as possible.
- Cancer services are continuing and there has been some recovery in the number of GP e-referrals to cancer Rapid Access Clinics. During the period of lowest e-referrals, there was a 62.5% reduction

in breast, 57.9% in lung, 48.4% in prostate rapid access clinic. There has been some recovery in e-referrals numbers recently, with the number of e-referrals to the Symptomatic Breast Disease Clinics up to 87% of previous monthly numbers.

- The HSE National Cancer Control Programme (NCCP) launched a campaign (on Thursday 7 May) to urge anyone with potential signs and symptoms of cancer to telephone their GP to check them out. This is prompted by the reduction in the number of patients being referred to cancer diagnostic services since the onset of the Covid-19 pandemic. This will be followed up with a further communications campaign (two weeks from now) to encourage cancer patients currently undergoing treatment to continue to attend their appointments and contact their care team if they have any concerns.
- NPHET has previously approved recommendations relating to protecting and maximising delivery of essential time-critical care. On 5 May, NPHET agreed that its recommendation of 27 March in regard to pausing of all non-essential health services should be replaced, from now on, in regard to acute care, with a recommendation that delivery of acute care be determined by appropriate clinical and operational decision making.

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

- 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.
- It is envisaged that the private hospitals will play a critical role in providing scheduled care when this work can be resumed.
- Application of the essential risk mitigating steps set out in the guidance developed under the auspices of the Expert Advisory group will have operational implications, which will impact on throughput. The HSE is currently engaging with Hospital Groups to assess the impact of these guidelines on activity. They aim to complete the assessment with the next two weeks. The completion of this work should enable non-urgent elective care to resume with the necessary constraints.

#### **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 is underpinning the design of appropriate communications interventions. A radio advert, and social media input, is in production currently with HSE Communications as a step in ensuring the public that urgent services are still available. This will be launched early next week.

#### **Infection prevention and control in acute hospitals**

- Following feedback from the HSE, HIQA has updated the desktop analysis of public acute hospital infection prevention and control preparedness for Covid-19. However, it is noted that the overarching judgements, outlined in section 5 of the report, remain unchanged.
- The Department continues to engage with the HSE in relation to the deficits in infection prevention and control (IPC) capacity which was identified in HIQA's desktop review. While noting the requirement for development funding to build staffing and ICT capacity in the coming years, the Department has asked the HSE to establish what, if any, IPC improvements can be implemented immediately, or in the coming weeks and months, to help minimise the risk to staff and patients, and facilitate the safe resumption of non-COVID 19 health services.

- The Department, the HSE and HIQA have had discussions in relation to the need for a review of IPC capacity in private hospitals, but further consideration is required to determine the best way forward.

#### **National Ambulance Service**

- The NAS has implemented a dedicated COVID-19 dispatch centre with increased clinical capacity, supported by the introduction of an identification system called Protocol 36 which allows staff on the 112/999 call system to assess patients who may be COVID-19 positive.
- Since the launch of priority testing in nursing homes and other residential settings, between 17 April and 8 May, the NAS has conducted 57,031 tests within these settings.
- Separately, tests continue to be conducted at residential dwellings, other State agencies and for healthcare workers by a single vehicle response, and at a rate of approximately 350 per day. Overall, more than 73,000 tests have been conducted in all settings between 4 March and 8 May.
- In addition to this, normal activity is continuing, with approximately 800 emergency and urgent call outs per day during April, and approximately 90 calls per day being completed by the NAS Intermediate Care Service

#### **Mortuary capacity**

- The National Oversight Group which is overseeing the implementation of the national covid-19 mortality plan met on 7 May. The HPSC is now working to complete an update to the funeral director guidance to extend it to all involved in the care of the deceased.
- An early decision of the Oversight Group/Mass Fatality Expert Group was to deploy two body storage facilities in Dublin and Limerick to provide for additional mortuary capacity should it be needed. The group is now reviewing the continued need to maintain both facilities given the experience with mortality to date. This will be considered at the next meeting of the group on 14 May.

ENDS