

**NPHET Subgroup on Acute Hospital Preparedness**  
**Update for NPHET**  
**22 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, 20 May) shows 313 patients admitted on site at acute hospitals, of whom 182 (58%) were in the six Dublin adult public hospitals. There were a further 261 suspected cases admitted onsite of whom 84 were in the Dublin adult hospitals. There were 126 vacant critical care beds of which 33 were in the Dublin public hospitals. There were 49 Covid-positive patients in critical care.
- There were 961 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 6,000 inpatients, delivered approximately 18,000 daycases, seen over 12,000 OPD appointments and conducted nearly 22,000 diagnostic procedures, since the arrangement was put in place. Bed utilisation in the major private hospitals, as reported to date in May, ranged from 34% to 86%. 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 met 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. Additional meetings were held with the Clinical Lead for the Critical Care Programme and the NCAGL for Acute Hospitals to further discuss additional information which might inform further progression of modelling work.
- 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 394 reported on 20 May.

**Maintenance of essential time-critical services**

- While ED attendances are still significantly lower (23.6% in week 19) than for the same week last year, in the week ending 12 May there was a 9.9% (n= 1,868) increase when compared to the previous week.
- The number of patients on trolleys in the week ending 12 May was up by 71.5% (n= 118) compared to the previous week, while trolley numbers for the year-to-date were 25,050, -40.0% 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.

- Clinics continue to operate, but, due to the need for social distancing, capacity has been reduced. Monthly performance for March shows Breast attendance down 40% on the 2019 average, Lung down 15% and Prostate down 26%. While the April figures are not compiled at this point, they are likely to be somewhat similar to March. A recovery in GP e-referrals to rapid access clinics has been seen in the 3 weeks to 3rd May. The most significant recovery is in the Symptomatic Breast Disease Clinics - 89% of previous average weekly numbers. The corresponding percentage for Prostate is 67% and, for Lung, 47%. Such referrals cover more than 80% of all referrals to Rapid Access Clinics. It is hoped that a recovery in RAC attendance figures will be evident in the May returns. Meanwhile, symptomatic clinics for other cancers also continue at reduced levels.
- 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 to encourage cancer patients currently undergoing treatment to continue to attend their appointments and contact their care team if they have any concerns.

#### **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.
- Informed by the results of the HSE survey on public reluctance to access health services, the HSE and DoH progressed a campaign designed to reassure the public that GP services and EDs are available and open for business, with changes made to accommodate patients safely in the context of Covid-19. The campaign commenced Monday 11th May, through national and local radio ads and social media, supported by local spokespeople. The impact of the campaign will be monitored in the context of activity levels in GP surgeries and acute hospitals, and the HSE survey data coming through. It may be run for a relatively short period and will be revised/concluded in line with impacts on the ground.

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

- 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. However, further consideration is required to determine the best way forward and the Department and the HSE are engaging in this regard.
- A general interim outbreak plan for COVID-19 has been developed under the governance of the National Pandemic Incident Control Team and published on the HPSC website. This plan, which should be read in conjunction with more detailed setting specific outbreak guidance for acute hospitals and long term care facilities, will be subject to change as the situation evolves.

#### **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 15th May, the NAS has conducted 61,372 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 300 to 350 per day. Overall, more than 80,000 tests have been conducted in all settings between 4 March and 15 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 meetings weekly and met on 21 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. Given the experience with mortality to date, the group has recommended that the contract for the facilities should not be extended beyond the end of May. The facilities can be restored at 72 hours notice should this be required.
- Funeral directors, local authorities and cemetery managers on the National Oversight Group have reported less compliance on mass gatherings and attendance at funeral services and burials. Further consideration and guidance may need to be given when relaxing restrictions on the numbers attending services as envisaged in the roadmap.

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