

NPHEP Subgroup on Acute Hospital Preparedness
Update for NPHEP
28 May 2020

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, 26 May) shows 218 patients admitted on site at acute hospitals, of whom 114 (52%) were in the six Dublin adult public hospitals. There were a further 172 suspected cases admitted onsite of whom 62 were in the Dublin adult hospitals. There were 108 vacant critical care beds, of which 35 were in the Dublin public hospitals. There were 48 Covid-positive patients in critical care. There were 907 vacant acute beds in the public hospitals at the same time.
- The HSE has advised that 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 as of 25 May the private hospitals have treated over 7,600 inpatients, delivered approximately 26,000 daycases, seen over 20,400 OPD appointments and conducted over 35,000 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 91%. These facilities offer a significant opportunity for delivery of non-covid care in designated non-covid environments, in line with recommendations previously approved by NPHEP.
- The Department and the HSE continue to work together on the detail of a proposal in regard to critical care. The Acute Preparedness Subgroup is continuing to work with the IEMAG to model the impact of Covid on critical care capacity and to seek to model the impact of non-Covid demand also. The Department, with the NCAGL Acute Hospitals, met with the lead modellers last week and a further discussion is scheduled with HSE Acute Operations at the end of this week.
- Delayed transfers of care are reported as being at 394 on 20 May, compared with 213 at the beginning of March.

Maintenance of essential time-critical services

- 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.
- The most recent data shows that e-referrals for breast clinics are now similar to pre-Covid rates, while e-referrals for prostate and lung Rapid Access Clinics are showing some improvement.
- ED attendances in the week ending 19 May were 21,117, remaining significantly lower (22%) than the same week last year but up 2% compared to the previous week. The number of patients counted on trolleys at 8am in the week ending 19 May was 337, up 54 (19%) compared to the previous week. Trolley numbers for the year-to-date were 25,387, 41.5% lower than the same period last year.

Gathering views and experiences of healthcare workers

- Following discussion, the Subgroup agreed there was value examining what information should be gathered in regard to healthcare workers concerns and views, including in relation to feeling safe in their workplace, in order to document views and concerns around the challenges that have arisen. The Subgroup's suggestion was raised in discussion on research and evidence gathering at the Workforce Subgroup, and it was agreed this would be considered by the Department's research service.

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 are engaging in relation to the need for a review of IPC capacity in private hospitals.
- 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

- Since the launch of priority testing in nursing homes and other residential settings, between 17th April and 7am 26th May, the NAS has conducted 64,091 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 200 to 250 per day. Between 4 March and 7am 26th May a total of 84,929 tests have been conducted in all settings.

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.

ENDS