

**NPHET Subgroup on Acute Hospital Preparedness**  
**Update for NPHET**  
**4 June 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, 1 June) shows 187 patients admitted on site at acute hospitals, of whom 108 (58%) were in the six Dublin adult public hospitals. There were a further 143 suspected cases admitted onsite of whom 54 were in the Dublin adult hospitals. There were 108 vacant critical care beds, of which 34 were in the Dublin public hospitals. There were 37 Covid-positive patients in critical care. There were 948 vacant acute beds in the public hospitals at the same time.
- Guidance on patient pathways to mitigate the risks associated with the delivery of non-covid care, for patients and healthcare workers, and support safe delivery of care has been developed under the auspices of the Expert Advisory Subgroup of NPHET (EAG) and approved in principle by NPHET. It is recommended that in-patient occupancy levels are maintained at  $\leq 80\%$  to facilitate the requirement to address surge safely.
- The Department's Governance and Performance Division advises that:
  - Data which is still subject to validation shows that as of May 28, 8,472 patients had been discharged from private hospitals having undergone an inpatient procedure since the arrangement between the HSE and private hospitals came into force. In the same period 30,041 daycase procedures took place in private hospitals, as well as 42,305 diagnostic appointments and 25,095 outpatient appointments.
  - Utilisation rates show a growing increase in the rate of use of inpatient beds in private hospitals. As of 28th May 2020, 54% of private inpatient beds were in use, up from 43% at the start of May.
  - The arrangement with the private hospitals was reviewed at the end of May. The Government decided that the existing arrangement should not be extended to the end of August and has mandated the HSE to negotiate a new arrangement with private hospitals which would provide the HSE with full access to private hospital capacity in the event of a surge of Covid-19 and separately with ongoing agreed access, to enable the HSE to meet essential and elective care needs.
- Delayed transfers of care are reported as being at 415 on 1 June, compared to a daily average of 423 in March 2020.
- 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 and the HSE have met with the lead modellers a number of times, most recently on Friday 29 May.

**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. The main focus of the NCCP/DoH now is on facilitating cancer services to return to pre-COVID levels, as far as possible, and on how this can be done in a safe and effective way.

- ED attendances in the week ending 26 May were 22,078, remaining lower (17.3%) than the same week last year but up 4.6% compared to the previous week. The number of patients counted on trolleys at 8am in the week ending 26 May was 322, down 15 (4.5%) compared to the previous week. Trolley numbers for the year-to-date were 25,709, 43.2% 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 HSE has established an overarching governance structure to provide oversight for all issues relating to COVID-19 infection control, and, in addition, has been working with the Hospital Groups to implement the 29 measures mandated by the NPHET across a number of different action areas, namely: governance, risk management, outbreak management, staff symptom declaration, staff segregation and adoption of social distancing guidelines. While progress has been made in this regard, the Department will continue to work with the HSE to ensure consistent implementation of the measures across the acute hospital sector.
- 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. It is clear that in order to safely and sustainably manage the provision of COVID-19 and non COVID-19 health services into the future, significant investment will be required to build staffing and ICT capacity in the coming years. However, in the interim, the Department has asked the HSE to identify feasible proposals for IPC improvements that can be implemented in the short term to help minimise the risk to staff and patients and facilitate the safe resumption of non-COVID 19 health services.

#### **National Ambulance Service**

- Since the launch of priority testing in nursing homes and other residential settings, between 17<sup>th</sup> April and 7am 1<sup>st</sup> June, the NAS has conducted 65,249 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. Between 4 March and 7am 1<sup>st</sup> June a total of 86,692 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, meets weekly and last met on 28 May. The HPSC has been requested 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