

NPHET Subgroup on Acute Hospital Preparedness
Update for NPHET
11 June 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, 9 June) shows 105 patients with Covid-19 admitted on site at acute hospitals, of whom 58 (55%) were in the six Dublin adult public hospitals. There were a further 196 suspected cases admitted onsite of whom 79 were in the Dublin adult hospitals. There were 114 vacant critical care beds, of which 34 were in the Dublin public hospitals. There were 35 Covid-positive patients in critical care. There were 489 vacant acute beds in the public hospitals at the same time, demonstrating significant rise in occupancy levels.
- 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:
 - As of June 8, 9,747 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 36,573 daycase procedures took place in private hospitals, as well as 51,157 diagnostic appointments and 30,327 outpatient appointments.
 - Utilisation rates show that as of 8th June 2020 48% of private inpatient beds were in use, up from 43% at the start of May. Day case productivity last week was 139% with recent weeks showing productivity at over 150% (beds turned over on average 1.5 times per day).
 - 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 411 on 7 June, compared to a low point of 213 on the 6th April 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), 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 2 June were 22,772, remaining lower (9.2%) than the same week last year but up 3.1% compared to the previous week. The number of patients counted on trolleys at 8am in the week ending 2 June was 313, down 9 (2.8%) compared to the previous week. Trolley numbers for the year-to-date were 26,022, 44.4% lower than the same period last year.

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 were identified in HIQA's desktop review.

National Ambulance Service

- Since the launch of priority testing in nursing homes and other residential settings, between 17th April and 8th June, the NAS has conducted 65,873 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 8th June a total of 87,889 tests have been conducted in all settings.

Communications

- A communications campaign is ongoing across radio and social media, designed to assure the public that health services are open and encourage the public not delay in seeking medical help. The impact of the campaign is monitored in the context of activity levels in GP surgeries and acute hospitals, and HSE survey data and will be revised/concluded in line with impacts on the ground.
- Work is underway on bespoke campaigns for specific diseases including ongoing campaigns for cancer signs and symptoms, as well as communications targeted at cancer patients currently undergoing treatment. The possibility of developing a campaign for stroke signs and symptoms is also being examined.

ENDS