



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Rannan na nOspideil
Ghearmhíochaine
Aonad 4A – Áras Dargan
An Ceantar Theas
An Bothar Mileata
Cill Mhaighneann
BÁC 8

Acute Operations
Health Service Executive
Unit 4A - The Dargan
Building
Heuston South Quarter
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Kilmainham
Dublin 8.

25th November, 2020

Deputy John Brady TD
Dáil Éireann
Leinster House
Dublin 2

PQ 34030/20 * *To ask the Minister for Health the measure the HSE management have taken in the past eight months to increase the hospital capacity for Covid-19 patients both in terms of ICU and regular care; and if he will make a statement on the matter.*

PQ 34032/20 * *To ask the Minister for Health if targets have been established for the provision of ICU care for Covid-19 infection cases; and if he will make a statement on the matter.*

PQ 34033/20* *To ask the Minister for Health the metrics established in order to measure the progress and performance of the HSE towards achieving targets for the provision of ICU care for Covid-19 infection cases; and if he will make a statement on the matter.*

Dear Deputy Brady,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. I have examined the questions and I propose to provide a singular response as the questions relate to the same issue.

1. Context

Critical care is a system of care that provides multi-organ support for patients with acute, reversible organ failure due to injury or illness. Organ function is artificially replaced or supported pending the resolution of the acute insult through therapeutics and healing. In general, without the intervention of the organ support the patient would die. Organ systems that are typically supported include the lungs, the heart and blood pressure, the kidneys and the blood.

There are 3 main levels of care support:

- Level 1: Patients requiring intensive monitoring due to their risk of developing organ failure (for example post major surgery)
- Level 2: Patients with single organ failure (not including invasive ventilation aka life-support)
- Level 3: Patients requiring invasive ventilation and/ or 2 organ support

Critical illness is often accompanied by delirium or reduced level of consciousness and to be able to tolerate invasive ventilation or as part of their treatment patients may require an induced coma. Patients in ICU require constant expert monitoring in order to keep their organ systems operating within normal range in order to avoid permanent injury. In addition, all of their personal care needs are provided by the Critical Care staff ranging from toileting and turning to prevent pressure sores, through artificial nutrition and physiotherapy and occupational therapy to maintain the integrity and function of their bones, muscles and skin.

Patients in critical care receive multiple drugs all with side effects and interactions that need to be carefully managed and monitored by dedicated pharmacists.

There are international standards on infrastructure, equipment, staff ratios and qualifications that are based on patient outcomes in terms of mortality and morbidity.

2. The Irish Experience

Lockdown was implemented in Ireland on the 27th March. In line with NPHEt guidelines all non-time dependent elective surgeries and out-patient services were deferred until after the 5th of May. During this period surgical and endoscopy staff were diverted and trained to form part of the hospitals' response to meet the surge critical care requirements.

During the surge period, adult critical care bed capacity was temporarily increased by 39% from 255 baseline beds to 354 beds as required. Due to the compliance by the public with public health measures, the pandemic curve was flattened and demand was controlled. As a consequence the total numbers of patients admitted to critical care remained less than total number of the baseline beds throughout the period of peak admissions and well below the surge capacity provision.

Based on the learning from the first surge, the Critical Care Programme has developed a capacity risk stratification table. Surge plans are in place to address those situations where demand exceeds capacity but with the knowledge that this affects the standards of care for all critical care patients. As such, it is their advice that, where possible, demand should be controlled so as not to exceed capacity provision.

Current level of critical care beds stands at 286.

3. Critical Care Capacity

The 2021 budget provides for the increase of adult critical care beds from 255 to 321 by the end of 2021. This represents a total increase of 66 adult beds.

a. 40 adult beds are funded temporarily in COVID; these are now funded through the

Estimates on a full year basis.

b. 26 additional adult beds are funded in the Estimates

This will result in a total increase of 66 ICU new beds

4. Current status

As of October, 2020 there are 31 of the 40 beds open bringing the number of critical care beds to 286.

- By the end 2020, we will have opened 37 beds open bringing the total 292.
- By the end 2021, we plan to open the remaining 29 beds bringing the total to 321.

The HSE continues to work towards increasing critical care capacity and monitors trends in Covid-19 cases, including hospital admissions and patients requiring care in an Intensive Care Unit.

The following report sets out the available critical care capacity and number of Covid cases daily, which is available publicly on this link:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casesinireland/epidemiologyofcovid-19inireland/>

“Occupancy and activity levels in each ICU are monitored by the ICU BIS (ICU Bed Information System) provided by NOCA, and patient outcomes are audited by ICNARC(Intensive Care National Audit and Research Centre) and published by NOCA.”

Additional information can also be found on the Department of Health Website accessed via the link below.

<https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/>

In the knowledge that the HSE will be delivering services within a COVID-19 environment until after the development of a vaccine (or cure), the HSE published a Strategic Framework for Service Continuity. The Framework outlines our key objectives including the resumption of services, the retention of surge capacity, and the adoption of new technologies.

Yours Sincerely,



Trina Doran
General Manager
Acute Operations