Submission to the Special Committee on Covid-19 Response

Healthcare Capacity COVID-19

1 July 2020

Introduction

The Irish Nurses and Midwives Organisation (INMO) wishes to thank the Oireachtas Special Committee on Covid-19 Response, for this opportunity to submit on the important matter of COVID-19 related health care capacity.

The main issues we will concentrate on are:

- Nurse and midwifery staffing.
- Bed capacity.
- Testing and tracing.
- New work practices and policies.

Background

Preparing for and responding to any future surges of COVID-19 must be achieved in a way that is equitable and accessible and protects patients and staff. Appropriate surveillance, testing, response planning and resource planning is essential across the entire health service to ensure COVID capacity in terms of staffing, beds and services can be maintained.

Our health care system has experienced significant strain. This pandemic has shown that the public health care system is the optimum delivery model, which can and does provide care to match and exceed the highest international standards. Many of the challenges encountered concerning capacity and staffing were legacy issues which now need to be addressed in order to prepare a COVID health capacity in the context of ongoing healthcare demands.

Nurse and Midwifery Staffing

Pre-COVID Nurse/Midwife Shortages

Staffing pressures and the resulting overcrowding and long waiting lists were a feature of our health service before this pandemic. The long-standing understaffing problems were exacerbated by the recent moratorium/pause on recruitment. According to the OECD (2020), one of the key lessons to be learned from the pandemic is that countries which experience a shortage of nurses and midwives before the outbreak of an epidemic struggle to cope as additional pressure on the healthcare system becomes unmanageable. It is essential in the current context that workforce planning include preparing for scenarios beyond the peak demand.

We need to rapidly plan to retain those nurses and midwives who are working in our health services and who have met the pandemic head on and saved many lives in doing so. Over the course of the life of this government, this must extend to delivering pay equality for nurses and midwives to others in the health service with comparable qualifications, such as allied health professionals to ensure not only equity but also incentives to retain vital professionals.

Health Care Infection Rates and Occupational Health

From the HPSC report dated the 22nd June 2020, the total number of infections was 25,812. Of these infections, 8,219 (32%) were HCWs and 2,690 (32%) were nurses (HPSC, 2020). This has meant absence from work due to self-isolation as well as some longer term effects of the virus such as chronic fatigue and respiratory and cardiac complications. It is expected that this will continue for a significant portion of the workforce.

The inability to replace nurses and midwives absent on leave has never been satisfactory and now we are facing an even bigger problem. This is a matter that cannot wait for HSE and Department of Health annual pay and numbers strategies but is a real and growing crisis and must be examined immediately by the incoming government.

Overseas Recruitment

The health service has had a long-standing dependence on overseas recruitment, which is currently at a standstill due to travel restrictions and is likely to remain difficult in the next 6-8 month period as restrictions on travel remain a feature of dealing with the pandemic. In 2019, 49% (1,819) of nurses who joined the register in Ireland were trained outside of the EU. We will not now be able to recruit these nurses and midwives and this is a major concern. When restrictions ease the highly competitive global recruitment market for nurses and midwives will have intensified as all countries now struggle to come to terms with the increased nurse staffing requirements. This will result in outward migration pressures, as before, where Irish trained nurses and midwives seek employment in comparably higher salary jurisdictions.

A funded workforce plan is now essential for nursing and midwifery in order to ensure that present bed capacity can be retained and additional capacity opened in the coming months. Public health guidelines will result in the imminent reduction of bed capacity in acute and non-acute settings which will have serious implications for the health service with regard to service provision and maintaining COVID and non-COVID services. Additional capital works have been completed over the last 3 months, which will make available additional bed capacity. However, the revenue funding must be provided to staff these beds to ensure staff are recruited immediately. The staffing requirements for all beds should comply with the principles of the Framework for Safe Nurse Staffing and Skill Mix. The Government must act immediately or face the prospect of overcrowded and unsafe hospitals which will create unprecedented risk for patients and staff alike.

Staff Well Being

Although research is still emerging there is evidence to suggest that the mental and physical health of nurses, midwives and other HCWs has been adversely affected during the pandemic. The International Council of Nurses (ICN) has identified the need for increased mental health supports for nurses globally as they work during the pandemic (ICN, 2020). The demands placed on HCWs, including nurses and midwives, are described by one author as “extraordinary and long lasting” (Gavin et al., 2020). Some of the concerns of nurses and midwives include risk of exposure, risk to family members, as well as increased workloads and inadequate staffing levels (McMullan, et al., 2016).

It has recently emerged that another worrying development of the global pandemic has been a social stigma associated with nurses and midwives working with COVID-19 patients. Globally, social stigma has been experienced in a number of different ways. In the UK, nurses have been experiencing physical attacks and online trolling (Hackett, 2020). In Japan, reports have emerged of HCWs being refused childcare or having their children removed from childcare facilities. Nurses and midwives are under extreme pressure and the added dimension of social stigma can only have a further detrimental effect on their mental health. The ICN has called on all governments to take action on this issue.

Specific Measures for Protection of Healthcare Workers in Ireland

There must be a central legislative role for the Health and Safety Authority (HSA), in areas of inspections and reporting of infections among health care workers which they have acquired at work.

Role of Occupational Health

A national occupational health policy which strengthens worker protection, infection control advice and protocols, provides necessary supports, must be agreed. These policies must have equal weight and application across all of the health service HSE, section 39, private and voluntary sectors. Occupational Health and Human Resource departments must work together to ensure maximum protections are provided to health care workers with particular emphasis on the following:

- Regular schedule of risk assessment for healthcare workers.
- Protective protocols for self-isolation of healthcare workers combined with human resource staff replacement policies.
- Widespread availability of appropriate, accessible personal hygiene facilities for nursing/midwifery staff in all workplaces.
- Provision of scrubs in all work environments to be laundered by the employer.
- Strict implementation of the return to work protocol and appointment of worker representatives in accordance with this protocol in all areas of healthcare.
- Health Surveillance protocols for healthcare workers.
- Strict adherence to the Return to Work Protocol requirement for Lead Worker Representative.
- Amendment of health and safety regulations to ensure COVID-19 classified as an occupational injury/personal injury when acquired at work.
- Adequate and frequently reviewed PPE protocols based on the best available evidence, and the application of the precautionary principle.
- Protocols for the routine monitoring and recording of infectious illnesses, including recovery or death of healthcare workers.
- All infections occurring at work must be reported to the HSA and any resulting deaths must also be notified.
- Protocols to monitor stress, burnout or mental health issues arising in healthcare workers.
- Practical onsite psychological supports for health care workers.
- Policy to combat social discrimination of healthcare workers providing care to COVID-19 patients.
- Adequate rest periods for healthcare workers.
- Provision of adequate childcare for healthcare workers.

Bed Capacity

There is an urgent requirement to ensure adequate levels of beds are accessible if any new surge of COVID-19 develops. This is key to reducing the spread of the virus. However, the aim must also be to ensure an 80% occupancy level within the public hospital system, to prevent overcrowding, and that the recommendations of the capacity review are implemented.

In recent weeks there have been reports of reduced capacity in many of our hospitals as non-COVID care resumes. On 28 May 2020, there were 113 critical care beds and 866 general

beds available throughout the country. As of 28 June, there were only 87 critical care beds and 563 general beds available (HSE, 2020). These figures are reducing daily. The HSE states that critical care beds will be available for any new surges of the virus, however, there needs to be a clear plan around how this will now be achieved.

According to the HSE, the winter surge can increase demand on the health service by up to 20% in area of unscheduled care. At current occupancy levels, if a second wave of the virus hits, the HSE states that it will not be able to cope with this increase without changes to how the current system is operating including the expansion of influenza vaccination, timely discharge for older people, hospital avoidance, and the expansion of diagnostics in the community.

Emergency Departments and hospital wards must not become reservoirs of healthcare-acquired infection for patients and must therefore not be allowed to return to pre-COVID overcrowded levels. The INMO's trolley figures, which are a standard measure of overcrowding and capacity across the acute hospital service reflect a worrying trend in recent weeks. The initial onset of the pandemic saw a dramatic reduction in trolley numbers in the week beginning 9 March, with numbers on average 65% lower than the same week in 2019. As non-COVID hospital attendances decreased and remained minimal between 18 March and 16 April, trolley figures were on average 96% lower than the same period in 2019, with an average of approximately 14 people on trolleys across the country per day. However, this daily figure has been climbing significantly, with the monthly total more than doubling month on month since April (see table 1), and daily figures in June regularly exceeding 100 patients on trolleys across the country.

Month	2019	2020
Mar	9714	3152
Apr	10229	497
May	9015	1176
June	7392	2444

Table 1 INMO Trolley Watch Comparison

Key planning around IPC must be continued to ensure appropriate management of any new cases of COVID-19 that emerge. The establishment of cohorted areas, including areas within emergency departments, wards and ICUs, dedicated to the treatment of COVID-19 patients will be vital while maintaining clinical care of non COVID patients (Carenzo, et al., 2020).

There are 11,907 beds in the acute hospital system, excluding critical care beds (Department of Health, 2020). It is vital that any new beds opened during the pandemic remain open and the priority must be on ensuring access to beds can be facilitated as quickly as possible. Access to private hospital beds must also be prioritised to meet this demand if required.

Testing and Tracing

Developing a long-term solution for testing in Ireland is now required and must be a priority for government. Ireland is now entering a recovery phase therefore the testing strategy should now be reviewed to ensure testing capacity is maximised in an appropriate manner until such a time as a treatment/vaccine becomes available. Increased surveillance with key early warning indicators identified and leveraging of digital tools to inform surge planning and care is essential.

As the number of daily contacts increases, this increases the possibility of new surges in the virus. Extra vigilance too will be required as we enter the winter season. Testing and tracing should be completed in a targeted way with a focus on timely results. This will be a key factor in maintaining a timely flow of (COVID positive) patients from the ED area to the appropriate cohorted ward in the acute hospital setting. Clear protocols will be required to ascertain the most effective mechanism to ensure such timely testing and results in this regard.

The strategy for Ireland must be informed by key evidence as it becomes available. Research is still required into characteristics of the pathogen and the population such as immunity, vaccine development and the extent of asymptomatic transmission. Antibody testing has the potential to allow increased insight into the spread of the virus in the community. The INMO welcomes the recent launch of the HSE's antibody testing project. However, it has not been established if the presence of antibodies actually confers immunity, or if so for how long, in the context of subsequent exposure to the virus. Therefore, the results of antibody testing must be used cautiously and must not undermine the overall public health response to the pandemic.

There should be a multipronged approach to testing and tracing, and this must be facilitated through appropriate capacity within the health service in terms of resources to provide a responsive and effective testing and tracing infrastructure to address any future outbreaks of the virus in a timely fashion. Testing and tracing must also be prioritised in a way that provides clear protection for healthcare workers as an essential resource to combat any resurgence, and in addition other high-risk and vulnerable groups as those most at risk. Strong consideration of healthcare worker antibody testing must be a priority.

New Work Practices and Policies

There have seen several new work practices and polices developed which are working well during the pandemic.

The development of telehealth clinics for outpatient appointments and community care have been implemented and engagement is currently taking place with the Health Sector Trade Unions on the expansion of these practices. In May, 85,000 outpatient appointments were completed using telehealth. This has the potential to alleviate pressure on the acute hospital system as well as reduce hospital acquired infection. Clear guidance on telehealth is required to ensure that it is equitably deployed and available for patients.

A review of changes to work practices, as well as health care policies, must be completed in order to identify the practices that should be further established and continued in a COVID and non COVID healthcare environment, for example, clinical leadership teams, care delivery based on clinical need on presentation, removal of the recruitment embargo, care triage and stepdown care in the community in the post-acute phase.

Actions

1. There must be a central role for worker protection for Health and Safety Authority (HSA).
2. There must be a commitment to a funded workforce plan for nursing and midwifery employment, to allow for the opening of the required additional bed capacity. The

additional staffing requirements should be based on the principles contained within the Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings. Bespoke recruitment campaigns should commence immediately to recruit specialist nurses into the relevant specialty.

3. Early engagement with the INMO on winter planning for the public health service.
4. Strict adherence to 85% occupancy of acute hospitals and zero tolerance of hospital overcrowding.
5. Supports for healthcare workers in area of childcare and mental and physical side effects of COVID 19 as a feature of working life.

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