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HSE's Overall Response to COVID-19 and Approach to Service Continuity in a COVID Environment Context, Learning, Challenges & Way Forward

15th July 2020

Anne O'Connor

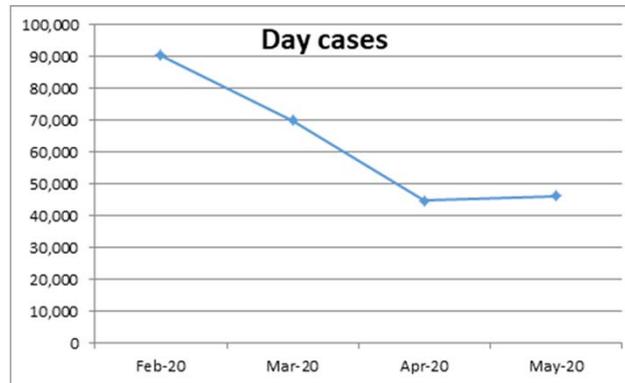
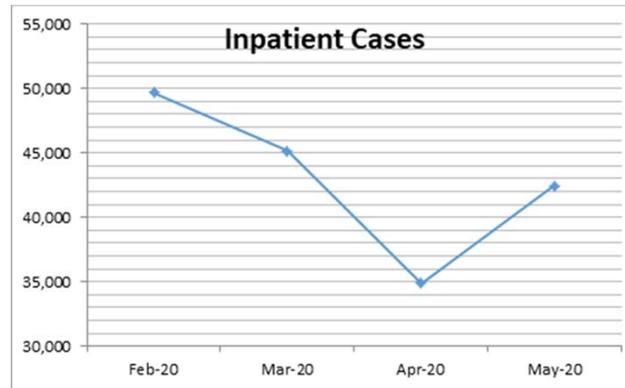
Chief Operations Officer

National Context

Impact of COVID-19: Unprecedented interruption to normal healthcare activity



On the 27th of March NPHET decision to postpone all “non-essential surgery, health procedures and other non-essential health services”



Acute Hospitals – Scheduled Care

Services suspended / significantly reduced:

- Non-essential outpatients appointments
- Inpatient and day case interventions
- Procedures and surgeries,
- Diagnostics
- Screening services

Acute Hospitals – Unscheduled Care

Decreased presentation due to public apprehension about contracting the virus in healthcare settings

Community Settings

Including Primary Care and Social Inclusion, Mental Health, Older Person Services and Disability Services

- Continued delivery of essential services
- Other services reduced or suspended

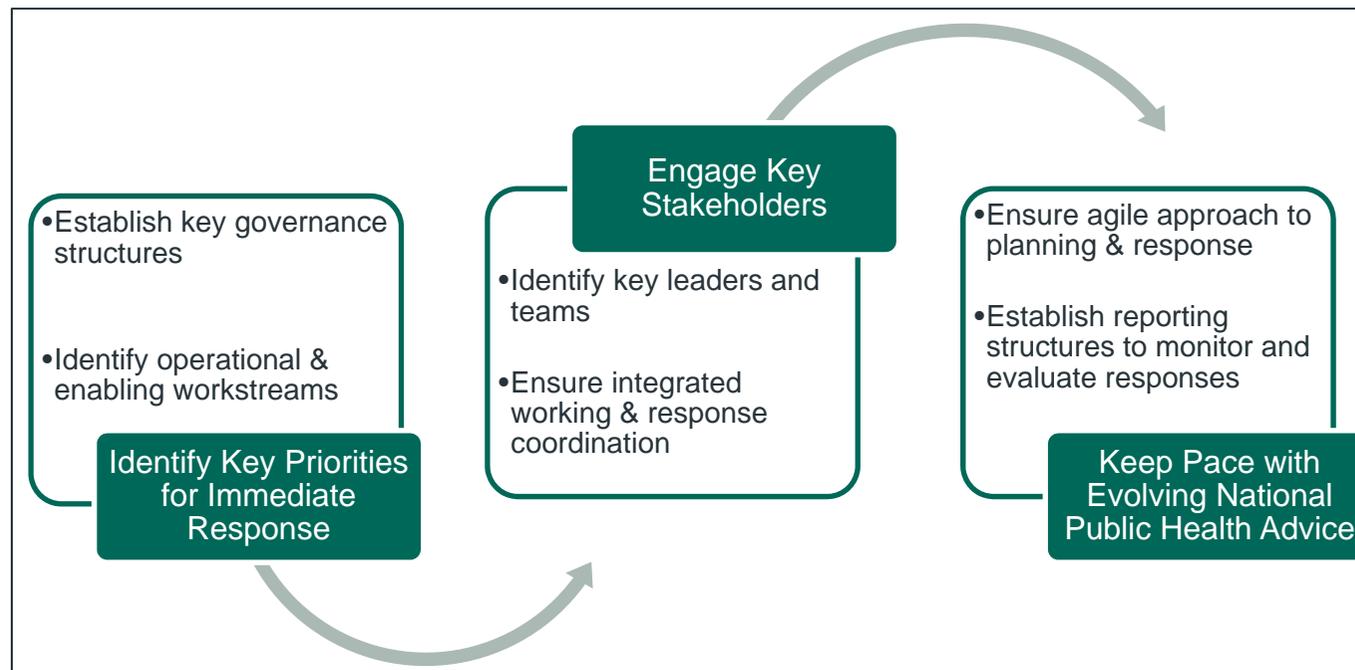


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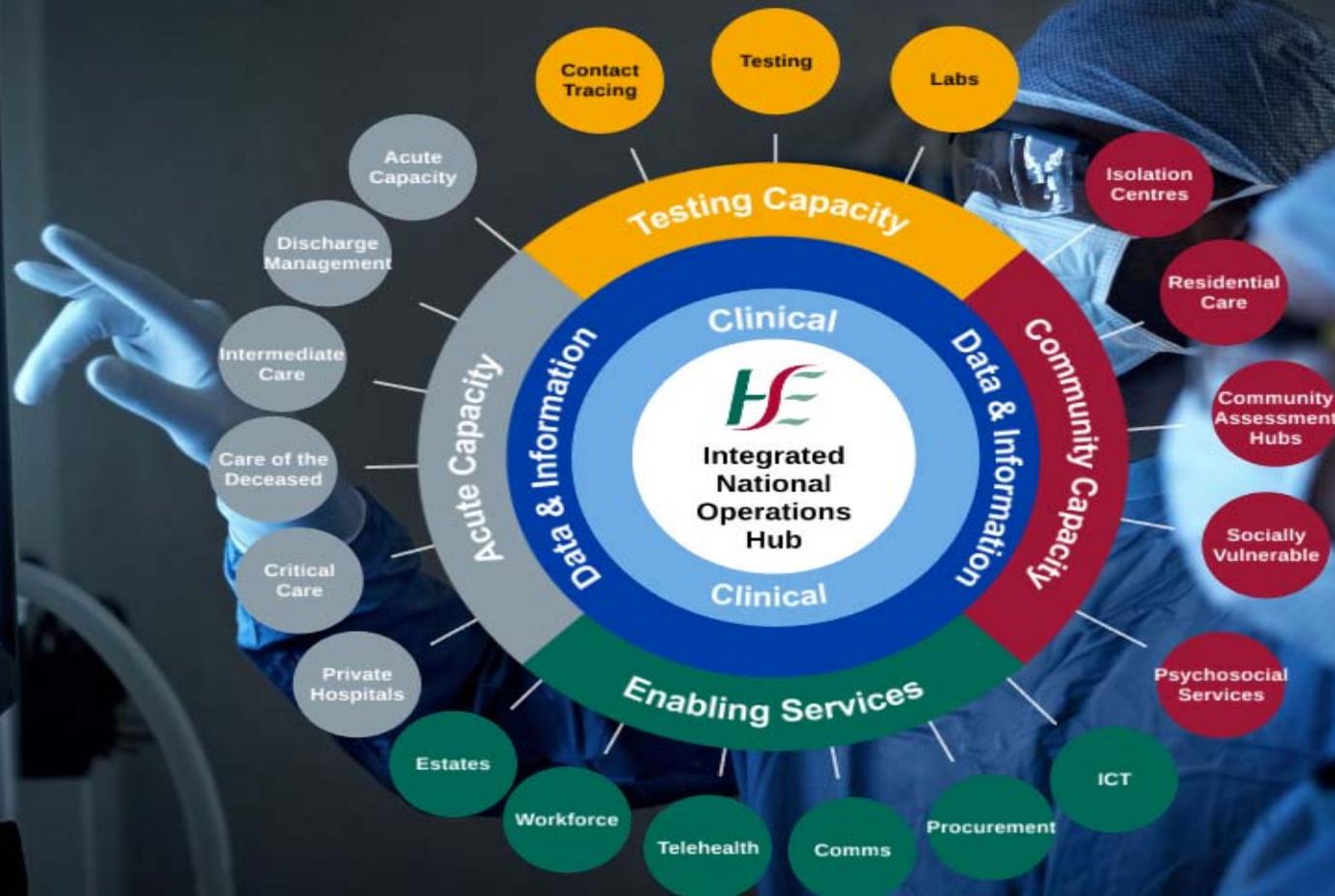
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HSE Operational Response to COVID 19

Establishment of an Integrated National Operational Hub 9th March 2020



The HSE's Operational Response to COVID-19



COVID 19 Response Operational Workstreams – enablers for implementation

Workstream	Responses
Community Capacity	<ul style="list-style-type: none"> • Community testing established early March 2020 – 47 testing centres, >220,000 tests YTD • Self isolation facility at City West - >550 admissions YTD • Clinical assessment hubs – 29 established >3800 referrals YTD • Supports to >1000 LTRF's • Models developed to support vulnerable groups, disability services, mental health services & provide psychosocial supports across services.
Acute Capacity	<ul style="list-style-type: none"> • Creating capacity within acute hospitals – transfers to LTRFs • Critical Care & surge capacity building • Care of the deceased models developed • Building private capacity • Intermediate care models
Testing & tracing	<ul style="list-style-type: none"> • Total tested >400,000 including in community, LTRFs & acute hospitals • >1800 trained in contact tracing • Capacity to deliver >100,000 tests per week
Clinical	<ul style="list-style-type: none"> • Development of models of care for COVID 19 management across all settings • Infection prevention & control guidance system wide • Alignment with Public Health advice
Telehealth	<ul style="list-style-type: none"> • Range of telehealth solutions & models delivered inc remote monitoring, Blue Eye/Red Zinc, Attend Anywhere, Silvercloud

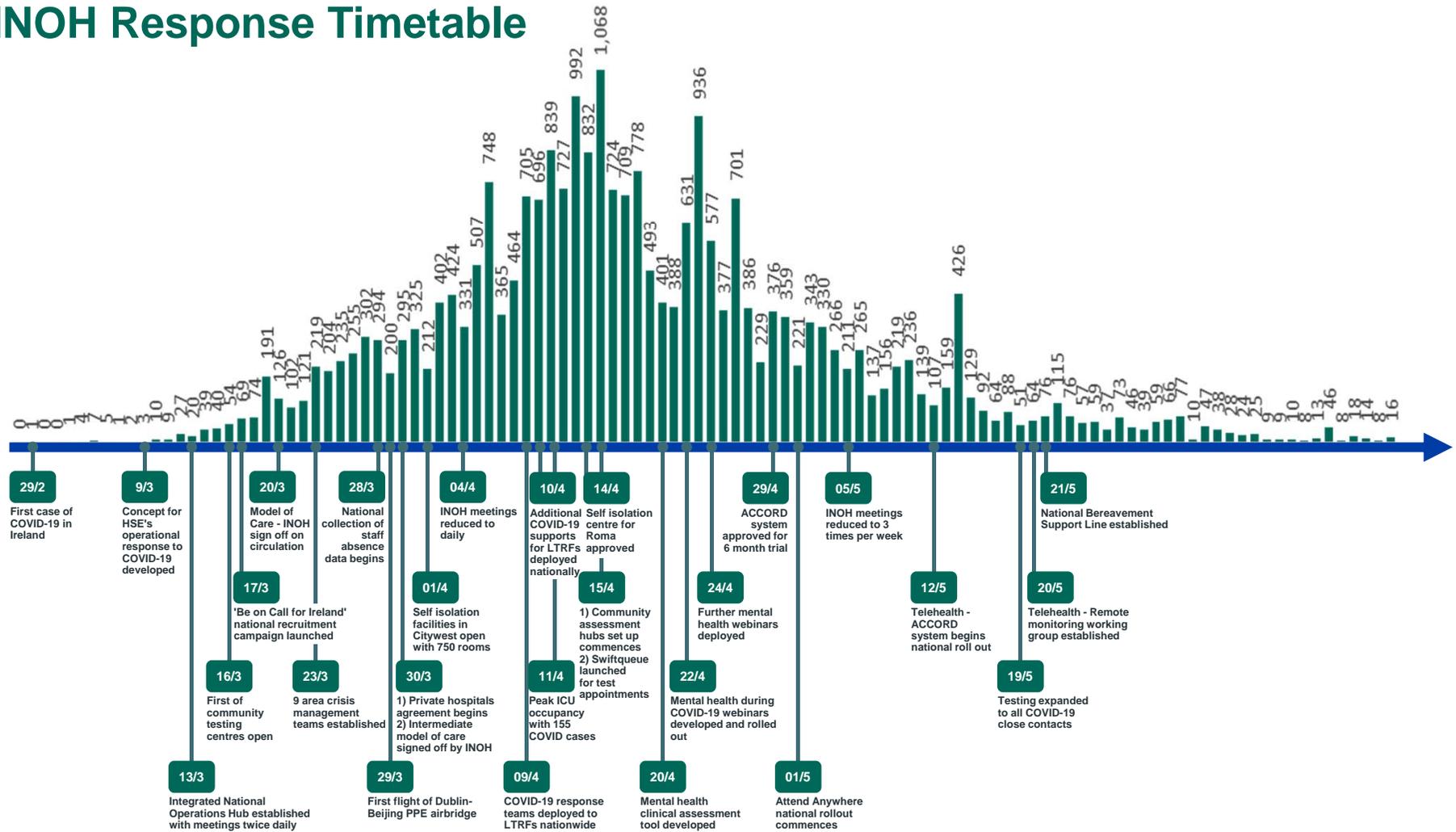


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INOH Response Timetable

Number of confirmed COVID-19 Cases per day



Examples of lessons learned from COVID19 response

- Shifting care from acute setting & development of community based services (e.g. clinical assessment hubs, COVID in-reach teams)
- Development of technology based care delivery and services (e.g. patient scheduling, online therapies, remote monitoring, virtual clinics, attend anywhere OPD appointments – approx. 190,000 to end of May 2020 in acute hospitals)
- Enabling services to deliver –”process light”
- Integrating services across community and acute settings - e.g. demonstrated by ACMT’s – integrating governance closer to delivery

Challenges of reintroducing service in a COVID environment

	Need to maintain capacity for future COVID surge and additional impact of Winter 2020/2021 demands	<ul style="list-style-type: none"> Capacity in acute hospitals should not exceed 80-85% Increased demands associated with Winter and the reduction in capacity in Long Term Residential and Intermediate care settings will place additional pressure on acute hospitals
	Need to maintain COVID services for the foreseeable future	<ul style="list-style-type: none"> Capacity to manage known or suspected COVID cases Testing and Contact tracing Self isolation facilities Community Assessment hubs
	'Naive' global healthcare systems	<ul style="list-style-type: none"> No experience in any healthcare system in responding to a pandemic of this nature Limited evidence based or even experiential based knowledge
	Need to ensure an aligned national approach to Service Continuity	<ul style="list-style-type: none"> Consistency in approach to safe service delivery in a COVID environment, Equity of access to service delivery at a national level and, Alignment of services across patient pathways
	Reduced capacity in the system	<ul style="list-style-type: none"> Physical distancing measures Infection prevention control requirements Altered patient and staff flows Changes to how tasks are done and how long they take due to PPE requirements
	Staffing challenges	<ul style="list-style-type: none"> Redeployment for COVID services Impact of staff testing and need for self isolation on staffing levels Impact of COVID-19 on staff training and education
	Public expectation	<ul style="list-style-type: none"> Increase positive health seeking behaviours Clear and consistent messaging around the scale and scope of service reintroduction
	Cost implications of a COVID Environment	<ul style="list-style-type: none"> Key cost drivers include both COVID related costs (PPE, testing and contact tracing, capacity building costs etc) and costs related to reintroducing services in a COVID environment



The way forward: Hospital avoidance and timely hospital discharges

Telehealth	Older Persons Services	Primary Care	Acute Hospital Care	Testing & Tracing
<p>Further development of telehealth solutions and technology based models of care.</p> <p>Build on technology innovations stood up during COVID response</p>	<p>There is a need to increase hospital avoidance and hospital discharge services by enhancing Older Persons Services, including Chronic Disease Management, Intermediate Care and specialist community support teams.</p>	<p>Enhancing and supporting General Practice, including timely access to diagnostic services in the community</p> <p>Support continued technology-enabled communication and service provision.</p> <p>Ongoing development of community health networks</p>	<p>Measures to reduce acute hospital admissions e.g. increasing senior decision making in EDs, protecting capacity via AMAU's & SAU's, supporting timely discharge home and/or step down, continue to expand ICU capacity</p>	<p>Continued development of robust testing & tracing systems</p> <p>Ensuring testing capacity can be deployed at scale</p>

