Report on COVID-19 Response Measures Mayo University Hospital and Ballina, Belmullet and Swinford District Hospitals

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Section 1:   Introduction

This report has been prepared in response to a request from the Minister following issues raised in relation to the response by Mayo University Hospital and Ballina, Belmullet and Swinford District Hospitals to the COVID-19 pandemic.

What follows is a summary of the key challenges, planned and additional measures taken at the outset and as the pandemic has progressed. In addition, learning points arising from the response to the pandemic are included in Section 4.

Section 2:   COVID-19 planning and response plan Mayo University Hospital

As part of the Saolta Group's COVID 19 planning, Mayo University Hospital (MUH), a Model 3 hospital, was identified as one of five receiving hospitals for Covid-19 suspect and confirmed patients in the Group.

The Saolta University Health Care Group is assured that the appropriate control measures are currently in place in Mayo University Hospital in relation to the management of COVID 19. There has been Saolta Executive, Microbiology and Infectious Diseases input into the management of COVID-19 in the hospital. In line with good practice, the hospital also had direct input from the HSE's Public Health Specialist service. The Group, including Mayo University Hospital has implemented national guidance at times through the management of this pandemic.

Initial planning to manage the potential presentation of COVID 19 patients began in January 2020, led by the Infection Prevention and Control Team in MUH. In February 2020 an Area Crisis Management team was established which included Saolta Hospital representatives in Galway, Mayo and Roscommon and Community Health Care West.

A COVID 19 Management Team was also established in MUH with multidisciplinary membership which had governance over the management of the infection in the hospital. At Saolta Group level there was a twice-weekly group-wide co-ordination meeting to plan and problem solve issues that arose on individual hospital sites.

Challenges at the outset
MUH has 7 General wards - 4 medical wards and 3 surgical. 5 of the wards are in the 2000 building and 2 of the other wards are in the 1990s building. The following were the issues identified in MUH regarding potential risks:
- Lack of Isolation facilities (ED, Wards & ICU).
- The Emergency Department risk due to overcrowding, no isolation and through way for all ambulance access and egress for the site.
- Lack of negative pressure rooms in the hospital
- Bed capacity and general infrastructure in part of the building is on Risk Register & IPC risk
- Only one patient access for all patient registration, including vulnerable patient groups
- The hospital and District Hospitals are interdependent with two-way traffic between these sites.

Key actions undertaken by MUH to try to address these challenges
February 2020 – the hospital initiated planning to stream all patients from arrival at the hospital into suspect / confirmed COVID 19 and non-COVID 19. The following measures were put in place:
- A new Emergency Department for Covid 19 / suspected Covid 19 patients was established with designated patient access and a new emergency ambulance access
- Endoscopy was segregated
- An alternative access point was put in place for non-emergency ambulances
- A new Coronary Care Unit was opened and staffed, separate to the hospital's ICU
- A new ICU was created and staff for non-COVID 19 patients
- Staff was designated into COVID and non-COVID teams and measures put in place in offices, canteen etc. to ensure that separation was maintained where possible.

Other measures implemented at the outset
- Each area was reviewed in relation to space, general infection and prevention control issues and the required skill of the staff in these areas.
- Intensive ongoing Covid training for all staff (> 85% attendance) including epidemiology of Covid-19, mode of transmission, IC Precautions to prevent transmission, Hand Hygiene & practical demonstration, PPE, obtaining specimens for Covid-19 analysis, catering, laundry and waste management
- Daily 8am Covid Safety Huddle set up to ensure patient safety, attended by key medical staff including Anaesthetics, Microbiology, ED and Medical staff including Consultant and NCHD senior Nursing from all areas
- Twice weekly communication updates to staff outlining details of the measures in place

Further measures implemented as numbers of patients presenting with COVID 19 increased
- Each patient to keep a mask on throughout their admission – an individual Risk Assessment to be carried out to determine if a patient's clinical condition would facilitate this, if not this patient to be placed in a Single Room (mask removed to facilitate diet/hydration and as deemed necessary)
- Education of patients in relation to use of mask and personal hand hygiene.
- Patients requiring NIV or any aerosol-generating procedure not to be placed in Cohort Bay.
- Curtains to remain around patient's bed – as clinical condition permitted.
- Environmental decontamination increased to twice daily and 4 times/day decontamination of frequently touched surfaces
- Dedicated staff assigned to Cohort Bays – staff advised to dedicate to Covid-19 positive only.
- Advised to carry out as much care as possible while in the bay and to avoid excessive entry & exit.
- Systems put in place to reduce staff entry to Cohort Bay e.g. catering for patient collected at door to bay by nurse/HCA if present in bay and on completion, same handed to Catering Staff at door.
- Mobile technology used to communicate with patients when possible.
- Only suspected Covid-19 to be cohorted with other suspected Covid-19

Staff Streaming and Segregating
- Staff groups from all Departments had designated segregation in place from the outset (early March).
- Most of these required changes in rosters from a 5 day week to 7 day week, extended working day so Reserve Teams were also identified. The designated team that visited wards were separated where numbers allowed (for example only one SLT for the first two months).
- In circumstances where patients required assessment, it was done with the strictest precautions i.e. full PPE and a requirement to see non Covid first and Covid patients at the end of the shift.
- The final staff group to have full separation was the inpatient medical team. All other professions including Support Staff/Cleaning/Nursing/Physio/Lab/Radiology/OT/Porter staff were designated either Covid or non-Covid.
- When a cluster of confirmed cases were identified among medical staff, those that lived together in shared accommodation were separate and provided with alternative accommodation
- Additional Infection Prevention and Control measures were put in place in the Doctor's Residence

In April 2020 there was an increase of patients and staff with confirmed COVID 19 in Mayo University Hospital. The hospital took a very focused approach to this increase in numbers and established an outbreak team with input from Public Health. There were potentially 33 patients associated with the outbreak which included 7 RIPs and 24 staff associated with the outbreak. A report is currently being finalised in relation to this outbreak.

This is in the context of a high incidence of confirmed Covid 19 cases in County Mayo in general. In addition it is believed that a significant factor was the close working relationship between the hospital, the District Hospitals, Long stay units and private nursing homes.

From mid-March when the first COVID19 positive patient was confirmed in MUH to date, there have been 121 positive Covid 19 patients in MUH. Of the 121 positive patients, 90 patients were discharged, 25 patients died, 15 patients did not need admission and 6 remain inpatients. In the same period there have been > 2000 discharges.

All patients (including RIP) and all staff where hospital acquired status has been identified, will be managed via the incident management system and all deaths have been notified to the Coroner's Office and will be managed separately via this process.

Section 3:   COVID-19 Response Measures – Ballina, Belmullet and Swinford District Hospitals

Advance Preparedness
In preparation for the Covid-19 virus:

(1) Planning commenced in awareness of the international position in relation to Covid-19 and recognition of the vulnerability of older persons in residential care settings to this virus.

(2) A Covid-19 Risk Assessment for Community Healthcare West Older People Services (OPS) was prepared and signed off by Community Healthcare West's Older People Services Committee in advance of restrictions being put in place and outcomes were implemented.

(3) There were risk assessment of all acute discharges to the District Hospitals in Ballina, Belmullet and Swinford undertaken.

(4) Ongoing communication with Directors of Nursing took place to ensure shared learning and to have consistent CHO approach to the prevention of the introduction and transmission of the Covid-19 virus within residential facilities across the region.

(5) HIQA carried out Covid-19 Preparedness Inspections in Swinford District Hospital on 4th March and in Belmullet District Hospital on 5th March albeit neither is a designated centre encompassed by the Regulations. Recommendations that were made following these visits were actioned by Older People Services (OPS) management.

(6) The completion of a HIQA Preparedness Plan for each OPS facility and based on a consistent approach across the CHO incorporating all national guidance took place. Please note two Community Healthcare West's Older People Services facilities inspected by HIQA, Aras Mhic Dara Community Nursing Unit in Carraroe and Aras Mhuire Community Nursing Unit in Tuam were deemed 100% compliant.

Infection Prevention and Control Measures

Furthermore the following Infection Prevention and Control Measures were put in place to protect the safety of patients and staff across the District Hospitals and all Community Healthcare West Older People Service facilities:

(1)   The sharing of all communications from National Older Persons Operation, HSPC and Antimicrobial Resistance and Infection Control (AMRIC) occurred promptly with management which was then cascaded down to staff.

(2)   The synopsis of key learning points provided by Community Healthcare West's Infection Protection and Control Lead were circulated to all staff.

(3)   All District Hospital Managers and OPS Managers participated in Learning Webinars on latest information and developments in relation to Covid-19 took place.

(4) Available PPE was ordered through a Designated PPE Lead and delivered by the national procurement system.

(5) On-site training on PPE usage was provided through the Nursing and Midwifery Planning Development Unit (NMPDU) and Community Healthcare West's Infection Prevention and Control Lead.

(6) A local system was established within Community Healthcare West which distributed PPE promptly in emergency situations 7 days a week

(7) Recommended enhanced and increased hygiene measures were implemented within Community Healthcare West facilities including in the District Hospitals.

(8) Agreed actions from the Area Covid-19 Management Team were followed by management in Older People Services facilities.

(9) Two metre physical distancing was implemented in all OPS Residential Facilities by 24th March 2020 reducing beds in some Units including in Ballina District Hospital reduced by 10 beds from 58 to 48 and Belmullet District Hospital had an occupancy of 11 out of its 20 beds complement.

(10) The physical infrastructure within the District Hospitals has limited single rooms for isolation so zones were created to facilitate cohorting of patients.

(11) Separate staff worked with patients who were Covid-19 Positive/ Suspect and other patients.

(12) Community Healthcare West's OPS Policy was implemented from March that included:
   (a) Only agency staff who exclusively worked in one Community Healthcare West Unit continued to be engaged by the CHO.
   (b) Staff were re-aligned where necessary so that staff who had previously worked across units/services were assigned to one unit only.
   (c) Staff were asked to be aware of living with other health professionals, especially those working in Units with outbreaks and advised of alternative free accommodation availability.

(13) Infection Control Teams were requested to go on site to monitor Infection Prevention and Control practices in each of the 3 District Hospitals and an Action Plan was put in place in respect of one unit with issues to be addressed (required maintenance input).

(14) Mass residential testing of residents and staff was carried out in (a) Ballina District Hospital on 18th April; (b) Belmullet District Hospital on 21st April and (c) Swinford District on 23rd April 2020. Small scale testing continues to be carried out on all 'Patients Under Investigation' identified by GPs or Public Health through the National Ambulance Service. All staff who meet the testing threshold are referred by their GP to static sites for testing. Testing is generally achievable within 24 to 48 hours of referral.

(15) Contacts are identified with tracing undertaken by the Public Health Department or Occupational Health.

(16) Community Health West staff are excluded from work within the District Hospital for the timeframes prescribed by Public or Occupational Health, based on NPHET or HSPC guidance.

(17) Derogation of staff where implemented took place following a risk assessment and based on the National Policy.

(18) Visiting restrictions were put in place across District Hospitals including for patients, visitors, contractors, management and all other than those whose attendance on site was deemed essential.

(19) Positive support was provided by Medical Officers / GPs and on-site support from a Geriatrician.

(20)   Daily monitoring of status of all residents and staff in each OPS Residential Care Facility including District hospitals was (and is) undertaken to inform actions.

Outbreaks

Outbreaks were experienced in the 3 District Hospitals of Ballina, Belmullet and Swinford. These were the only Units of the 20 Older People Services Residential Care Facilities across Community Healthcare West to experience outbreaks except the CNU on the same campus as Belmullet District Hospital.

The following measures were put in place once an outbreak was declared in a Unit:

(1)   Each District Hospital is essentially a step down facility for post acute discharges with 8 palliative beds in Ballina District Hospital and some respite and GP admissions in Belmullet District Hospital. The bulk of the step downs to these 3 District Hospitals are from Mayo University Hospital. The Care Plans for many patients meant that these patients required returning to the Acute hospital for out-patient or in-patient procedures, sometimes on multiple occasions.

(2)   A multi-disciplinary Outbreak Control Team, including Public Health, Geriatrician and Infection Control representatives, along with Older People Services management, oversees all outbreaks in OPS facilities.

(3)   Individual Covid-19 Response Teams were established for each District Hospital as the outbreaks occurred. These outbreaks have now been declared over.

(4)   A Senior Management On-Call arrangement was in place in Older Person Services at weekends to assist with any support required since March 2020.

An Outbreak Support Plan with tiered escalation up to and including evacuation to alternative units was considered with the first outbreak (which occurred in Belmullet District Hospital); however evacuation did not prove necessary. Despite significant numbers of staff being absent (including 75% of nurses at the peak of the outbreak) due to illness or being close contacts, the remaining staff provided cover with great flexibility to ensure core cover was provided. The Human Resources Department also provided the necessary flexibility, on a once off basis, as an emergency measure to allow some staff to be brought in at short notice together with the redeployment of Home Support staff and the engagement of a student nurse.

Section 4:   Learning identified / Issues that need to be addressed going forward

The following points should be noted in respect of the District Hospitals:
(1)   While Swinford District Hospital is approximately 15 years old, the physical infrastructure in Ballina and Belmullet District Hospitals is substandard in terms of multiple occupancy rooms, layout, space, limited single rooms, lack of cleanable finishes, availability and location of sanitary accommodation. Feasibility studies have been completed but upgrades/replacement are not on the HSE's Capital Plan.

(2)   The level of Covid-19 infection in the community in County Mayo was above the national average. While there were asymptomatic Covid-19 positive staff in Swinford District Hospital there was no transmission to patients due to the observance of good Infection Prevention and Control practices including the wearing of recommended PPE.

(3)   The outbreaks in Belmullet and Ballina District Hospitals occurred before the HSE was successful in securing adequate levels of PPE during the international crisis and PPE was prioritised for Acute Hospitals and GPs.

(4)   Psychological support was made available to management and staff in the District Hospitals.

In respect of Mayo University Hospital key points of learning and improvement are:

(5) Early separation of all teams managing Covid and non-Covid patient streams

(6) Shortage of single rooms – proposal for new 50 bed ward block all single rooms reviewed with Estates colleagues in May 2020 and being progressed as a proposal with Estates

(7) Serious IPC risks on two 6 bedded wards (both had outbreaks) due to shared toilets and showers between 12 patients – agreement reached with HSE Estates colleagues to progress a project to address these issues.

(8) Initial delay in test results (2 weeks) was extremely challenging for the hospital. Once local testing was in place that significantly improved and enabled more effective management of Covid and suspected Covid patient flow.

(9) In any future public health issue, clinical staff sharing accommodation needs to be reviewed at the outset.