Approach to Service Continuity:

Principles, Guidelines and Key Requirements for Service Reintroduction – Interim Guidance

Office of the Chief Operations Officer and the Chief Clinical Officer

22 May 2020

1. Background

As a result of public compliance with COVID 19 mitigation measures, the anticipated high-volume surge in COVID patients has not happened and varying levels of capacity within different parts of the health system is becoming available for non-COVID services. In addition, there is concern regarding secondary harm occurring within the population due to delays in accessing non-COVID treatments and interventions and patients presenting later in the course of their illness, with potentially negative impacts on their health and outcomes.

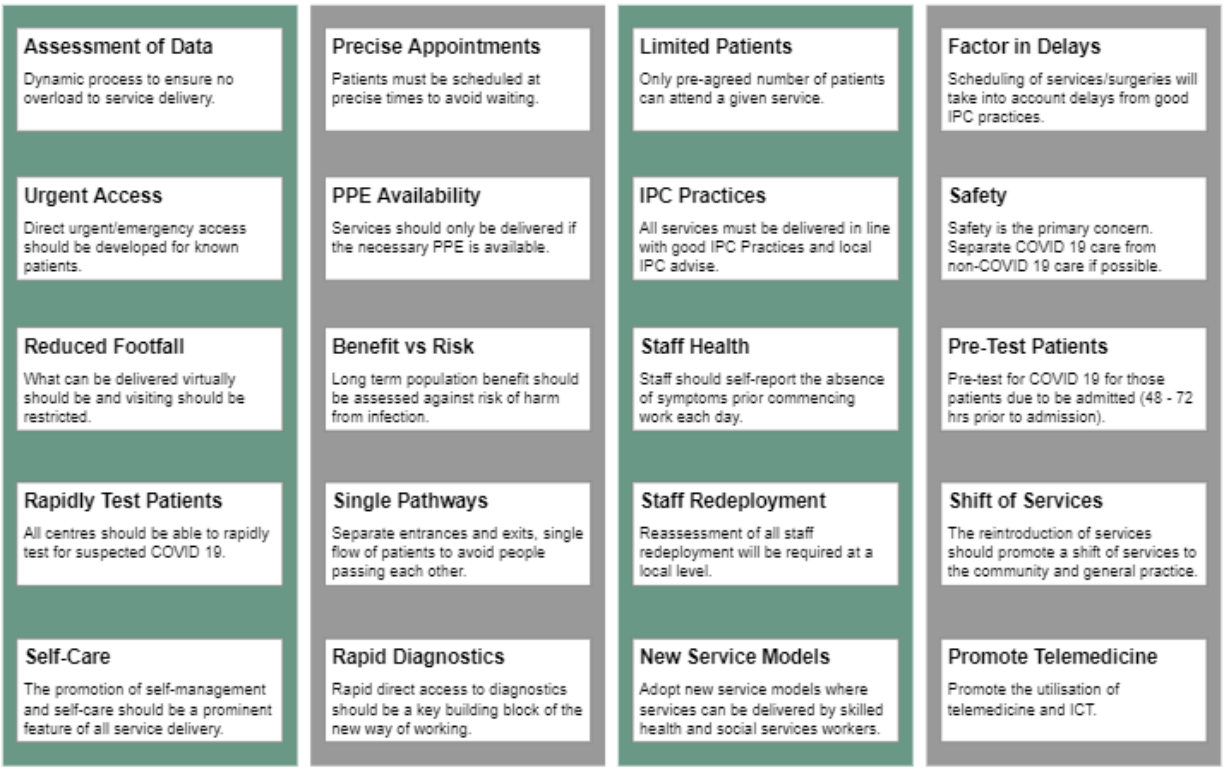
There is now a need to scale back up acute and community services that were paused or scaled down due to COVID-19 but to do so in a planned, appropriate and considered manner which optimises patient care while minimising risks to the public, to healthcare staff and to the wider healthcare system. It is anticipated that we will also see an increase in unscheduled presentations for acute and community services along with an increased need for community services to support hospital discharges and hospital avoidance.

As the volume of both non-COVID unscheduled and scheduled activity increases we must not return to our previous ways of working. Overcrowded ED departments with patients waiting on trolleys does not comply with public health and safety measures and would undermine the ability of acute hospitals to maintain COVID surge capacity. New ways of working are required in a COVID environment. A key focus should be the increasing shift in the delivery of services to community settings, as appropriate, in order to deliver care as close to home as possible. The identification of measures which reduce unscheduled care admissions and shorten length of stay and the utilisation of digital technology are key to delivery of care in a COVID environment.

Most decisions on which services can be safely scaled back up will need to be taken locally and will be influenced by available staffing, capacity and the constraints of delivering services within a COVID environment. All decision making on service delivery needs to be clinically led, informed by best public health advice and be implemented in compliance with Infection Prevention and Control guidance.

2. Common set of principles and guidelines for reintroduction of non-COVID services.

A common set of principles and guidelines, closely aligned to the national Public Health strategy and guidance, will be used to guide the reintroduction of all non-COVID services. The following interim public health guidance and principles have been developed to inform the reintroduction/continuity of services



3. Key requirements for the reintroduction of non-COVID services

Critical to reintroducing non-COVID services in a clinically safe manner, and in line with public health and safety requirements and the common principles and guidelines described above, is the identification of requirements that need to be in place in order to deliver non-COVID services in a COVID environment. These requirements for service delivery, will be set at a national level.

Ten interim requirements have been identified which are common to the reintroduction across all services in both community and acute settings.

These have been further categorised into:

- Dependencies that must be addressed before reintroducing services (Communication, COVID and non-COVID pathways, IPC requirements, COVID screening, staff and patient flow measures, scheduling changes)
- Additional requirements that can be addressed after or in parallel with reintroduction (continuity plans, technology, activity forecasts, staff redeployment)

As well as common requirements across all services, there will be requirements that are specific to services that need to be identified and managed.

Common requirements for the reintroduction of non-COVID services			
	**Communication** Public information campaign to increase public confidence in the delivery of non-COVID services in a COVID environment, the type and timing of service reintroduction and encouraging uptake of important screening and treatment services		**Scheduling changes** Required adaptations to schedules to reflect the necessary time requirements in between patients, to accommodate infection, prevention and control measures and allow for coordination of appointments, including diagnostics to minimise footfall in health settings.
	**COVID and non-COVID pathways** Development of pathways at a national level to ensure a standardised approach to effectively stream COVID and non-COVID patients in COVID environments across all care settings (e.g ED to specific wards in acute hospitals).		**Continuity plans for COVID surge** Plans to define how to either exit from services or wind them down if surge capacity is required.
	**IPC requirements** Guidance on the requirements for PPE for specific non-COVID services and the additional clearing requirements of physical spaces and equipment.		**Utilising technology support** Ongoing leveraging of telehealth (phone, video technology applications), to support the delivery of non-COVID services (e.g clinical consultations) in both the community and acute hospital setting.
	**COVID testing and screening** Public Health National guidance on pre-admission screening/ risk assessment activities for non-COVID services.		**Activity forecasts** Model out the forecast activity levels for each reintroduced non-COVID service. This needs to factor in service delivery constraints and overheads required to operate in the environment. Performance reporting will be required to track activity, against re-baselined KPIs for these services.
	**Staff and Patient flow measures** National guidance on measures to allow for required safe distancing, such as (1) modified treatment workflows that decrease the number of staff in contact with patients; (2) removal of congregated areas (e.g.discharge lounge); (3) 'just in time' appointments.		**Staff redeployment** The redeployment of staff from COVID-related activities to facilitate the reintroduction of the prioritised non-COVID services.

	**Communication**
Explanation	There has been a significant decline in positive health seeking behaviours due to public concerns about contracting the virus in health settings. As services are reintroduced a public information campaign is needed to both (1) increase public confidence in the delivery of non-COVID services in a COVID environment and (2) accurately inform the public on the type, timing of service reintroduction and anticipated level of activity. To ensure alignment across acute and community settings enhanced real time communication and knowledge sharing is needed to facilitate the flow of patients across the care continuum as different services are restarted.
Examples	● Weekly communication to General Practitioners updating them on those services which have been reintroduced and are accepting referrals and the anticipated timeline for review of those referrals ● Public communication campaigns to heighten awareness of the need for positive health seeking behaviour and the services that are being reintroduced
Checklist	**1.** Is there a clear public communication plan in place utilizing various media channels and delivered in line with national guidance and communication? **2.** Are there communication platforms to enable sharing between general practice and other community settings and acute settings about activity levels and patient pathways?

	IPC requirements
Explanation	The requirements for Infection Prevention Control measures including PPE for specific non-COVID services should follow the existing IPC health protection surveillance centre guidance. A high-level overarching framework and checklist to support services in determining what IPC issues they need to consider when planning and delivering their approach to service continuity is being developed.
Examples	● All patients over 13 years attending for scheduled appointments will wear a mask, if tolerated, and sanitize their hands upon entering clinical spaces ● Community therapy rooms will require cleaning in between patients. ● Home support service staff are required to wear PPE during visits
Checklist	**1.** Are all staff trained in the use of PPE and IPC requirements in their clinical setting? **2.** Is the supply of PPE sufficient to meet anticipated activity?

	COVID and non-COVID pathways
Explanation	Pathways need to be developed at a national level to ensure a standardised approach to effectively stream COVID and non-COVID patients in COVID environments across all care settings (e.g ED to specific wards in acute hospitals).These pathways should describe how COVID and non-COVID patients will be streamed separately in COVID environments across all care settings, and for all patient journeys.
Examples	● Patients attending for outpatient appointments are screened the day before for COVID symptoms, attend just before the appointment in response to a 'just in time' text, enter the building from a designated side entrance for outpatients, have a temperature check on entry, put on a mask, sanitize their hands, follow the signs to enter the clinic room directly with no wait, are seen by a single clinician with bloods taken in an adjacent room, and a virtual follow up appointment is arranged after the consultation.
Checklist	Have COVID and non-COVID pathways been developed for all care settings and across all patient journeys?

	Continuity plans for COVID surge
Explanation	As we enter progressive phases of easing social restrictions, there remains a high level of concern that we may still experience a COVID surge which will require a rapid response to redeploy resources and services and obtain capacity to treat COVID patients. Therefore, plans need to be developed to determine how service activity will be decreased or stopped in the event of a COVID surge in a way that minimizes harm to patients and facilitates the best continuity of care in such circumstances.
Example	● Routine follow up therapy appointments are suspended immediately ● Home support for level 4 priority users are suspended
Checklist	Are plans in place for how to scale back down or suspend identified services?

	COVID Testing and Screening
Explanation	A key enabler of the reintroduction of non-COVID services is the development of testing and screening criteria for non-COVID services. A clinical risk stratification for non-COVID services needs to be developed to determine which patient interactions require COVID testing. A staff testing plan also needs to be developed. In parallel, a plan for management of contact tracing in the event of an outbreak within a service needs to be developed.
Examples	● A clinical risk stratification tool can be used to determine the COVID risk associated with the different types of clinical interactions i.e clinical exam in outpatient settings or community therapy appointment (lower risk) or Aerosol Generating Surgery (highest risk) ● Low risk: (1) Self isolation 14 days before admission/ appointment to reduce the risk of exposure to COVID 19, (2) phone screening assessment before admission to check for symptoms or signs, (3) temperature check on day of admission/ appointment
Checklist	**1.** What testing capacity is required to test for COVID in patients identified as needing testing according to the clinical risk stratification? **2.** Have all patient interaction types been stratified according to the clinical risk stratification tool? **3.** Is a plan for the management of contract tracing in the event of an outbreak within a service in place?

	**Staff redeployment**
Explanation	Across community and acute settings staff were redeployed to support COVID related activities. To facilitate the reintroduction of prioritised non-COVID services, the required staff need to be identified and plans put in place to identify who can resume non-COVID work
Examples	● The redeployment of staff to non-COVID services will be based on clinical prioritisation.
Checklist	**1.** What staff members are required to reintroduce this prioritised service? Do I need all my team, or only some members? **2.** Can staff return incrementally? **3.** Further to the HPSC and other guidance, are there any specific issues for my staff members working in a COVID environment? **4.** How specialist a role does the member of staff that has been redeployed perform? Could another available member of the team perform the role?

	**Staff and Patient Flow Measures**
Explanation	In order to deliver care in a way which is safe for patients and staff and complies with all the public health and safety requirements including social distancing, flow measures for staff and patients' needs to be modified.
Examples	● The number of patients attending group community treatment sessions is reduced and treatment area is reconfigured to allow for the required social distancing ● Modified staff workflows that decrease the number of staff in contact with patients e.g. only one member of the clinical team enters patient room and assesses patient during ward rounds or reviews a patient in outpatients ● Removal of congregated areas e.g. waiting rooms are modified to comply with social distancing, discharge lounges are removed and patients are discharged straight from the ward to the community ● 'Just in time' appointments e.g. patients wait in their cars until the clinical team is ready to review and a text message is sent asking them to come straight to the identified clinic room.
Checklist	**1.** What modifications can be made to staff workflows to reduce the number of staff in contact with a given patient? **2.** What modifications can be made to physical spaces to reduce the congregation of either patients or staff and facilitate social distancing?

	**Utilising digital technology support**
Explanation	The adaptation of technology has had a significant impact on our ability to deliver services in a COVID environment. Adaptation of technology has enabled care to be delivered remotely, helping ensure the safety of patients and staff while ensuring continuity of care. The reintroduction of non-COVID services will require ongoing leveraging of telehealth (phone, video, other technology applications / systems) to support the delivery in both the community and acute hospital setting.
Examples	● Community therapy clinics conducted via video links ● General practice medication reviews conducted over the phone with the patient and community pharmacist ● Anaesthetic pre-assessments clinics for low and medium risk patients conducted via telephone ● Outpatients follow up clinics that do not require face to face interaction conducted as video or phone consultation ● Teleconsultations between General Practitioners and hospital consultants to discuss priority cases to try avoid acute patient hospital admissions
Checklist	**1.** What elements of my service could be delivered over the phone or via a video link? **2.** What technology resources are available to support telemedicine delivery for my service? **3.** What additional resources are required?

	**Activity forecasts**
Explanation	It is not anticipated that the activity and performance of services in a COVID environment, given the known constraints, will easily return to pre-COVID levels even with the adaptation of new ways of working. In order to set realistic expectations about the management of both existing waiting lists and new referrals and the required resources, services should model out forecast activity levels. They should review demand for their services in light of reduced capacity and identify additional measures / alternative care pathways that may help address this unmet need.
Examples	● Over the next 8 weeks it is anticipated that services can be scaled back up from the current 20% of normal activity to XX% of normal activity ● Teleconsultations / shared care with General Practitioners could help reduce referrals to services
Checklist	**1.** Do I know what level of activity my service can provide in the short, medium and long term? **2.** Have measures have been identified to try and address unmet need through alternative measure/ alternative care pathways

Examples of interim guidance

- Peri-Procedural Period https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-interim-guidance-on-the-peri-procedural-period-may-2020.pdf

- Planned Hospital Admission for Non-COVID Care https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-interim-guidance-on-the-management-of-planned-hospital-admission-for-non.pdf
- Day Case Procedures (Non-AGPs) https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-interim-guidance-on-the-management-of-day-case-procedures-non-agps-may-2.pdf
- Day Case Procedures (AGPs) https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-

practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-interim-guidance-on-the-management-of--day-case-agps-may-2020.pdf

- OPD https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-interim-guidance-non-covid-opd-v4.pdf
- Algorithm for inpatient pyrexia https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-in-patient-pyrexia-algorithm.pdf
- Algorithm for healthcare workers https://www.rcsi.com/dublin/-/media/feature/media/download-document/dublin/covid-19-section/surgical-practice/other-national-clinical-programmes-and-recognised-bodies/ncagl-acute-operations-hcw-algorithm-v6.pdf
- HPSC: Infection prevention and control precautions https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Infection%20Prevention%20and%20Control%20Precautions%20for%20Possible%20or%20Confirmed%20COVID-19%20in%20a%20Pandemic%20Setting.pdf https://www.google.com/url?q=https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/&sa=D&source=hangouts&ust=1590236823839000&usg=AFQjCNEvt62MK5Jv2Fe5kzim2Pl5HicuJw
- HSE approach to return to work safely protocol https://healthservice.hse.ie/staff/news/coronavirus/hse-approach-to-return-to-work-safely-protocol.html
- Return to work safely protocol https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/
- Roadmap for reopening society and business
- https://www.gov.ie/en/news/58bc8b-taoiseach-announces-roadmap-for-reopening-society-and-business-and-u/