STATES OF JERSEY

COVID-19 HOSPITAL PATIENTS VISITOR ACCESS (P.8/2022): COMMENTS

Presented to the States on 3rd February 2022
by the Minister for Health and Social Services

STATES GREFFE

COMMENTS

I have every sympathy for the views expressed by Deputy Tadier and I do not oppose his proposition.

No one wants to impose limitations on hospital visiting and when such action has to be taken, I am clear that it should certainly apply for no longer than is absolutely necessary.

In limiting hospital visiting I am acting on the advice of our clinicians who have a duty – a professional accountability – for keeping patients safe. The advice from our infection control team, Deputy Chief Nurse and Medical Director is that the current visiting restriction policy should remain.

This policy firmly places the needs of patients first in terms of their safety and also ensures the delivery of safe and resilient ongoing services.

I want to stress that the impact on patient experience is well understood and appreciated by our medical and other clinical staff. Ward teams are identifying those patients that are appropriate to be considered under exemption criteria and visiting in those circumstances is being supported.

The limits placed on visiting are based on consideration of the current operational picture which includes:

- the extent of Covid within our in-patient bed base
- ongoing emergency demand
- loss of HCS staff from Covid transmission
- the current active incubation period of patients affected from an outbreak
- the routine infection prevention and control (IPAC) procedure of ceasing visiting to clinical areas as a mainstay of any outbreak response.

As of today, there are 29 confirmed Covid positive patients within Health & Community Services, of which 27 are in the General Hospital.

In relation to the outbreak last week that prompted the suspension of visiting, of the 18 patients initially affected, it appears that 11 are likely to have contracted Covid while an in-patient, very likely as a result of being infected by visitors. There were another 18 patients who were direct contacts who are still within the incubation period and who could become positive.

Bartlett Ward (the allocated Covid ward) is full and therefore we have limited Covid admitting capacity at this stage, although mitigation is in place. Residual Covid positive patients are in other medical beds from the initial outbreak (Rozel & Corbière). This generates additional challenges in our ability to manage our bed base in the normal way (swapping male & female capacity, for example). In particular, the need to isolate Covid patients in Rozel ward impacts our cubicle bed stock space for general infection control (isolation) capacity, which is required for day to day safe care, which is of course is always heightened at winter (influenza, norovirus etc). Emergency demand remains higher than normal for inpatient activity.

Clinical leaders have made clear to me that relaxing the current visiting restrictions at this time, without a robust testing system in place, could result in further loss of staff,

impacting on our ability to maintain safe staffing levels for acute care, further transmission to patients resulting in increased length of stay, more severe illness, worse clinical outcomes or death.

Ultimately, we need to have the resilience and capacity to respond to the current wave of Covid transmission in the population (including our staff), the resulting emergency demand including seasonal effects, and to limit disruption to our elective surgery programme.

In addition, any prolonged impact from reduced staffing resilience and an increased length of stay will impede our ability to maintain elective capacity, affecting our patients waiting for planned care associated with other significant disease such as cancer or orthopaedics with an impact on clinical outcomes and long-term recovery for these pathways.

Ceasing visiting to a clinical area affected by an infection control outbreak scenario is part of standard IPAC policy and approach and would be the case irrespective of Covid 19. Also, at present, most hospitals in the UK have not been able to re-introduce visiting since December to ensure patients are protected.

Of course, I am keen to return to normal visiting as soon as possible when deemed safe and reasonable to do so. The position will be reviewed early next week when the incubation period of the patients affected has been completed, alongside consideration of both the operational and community Covid position.

Investigations have been made into testing with LFT at the entrance to the hospital to support the lifting of the current visiting restrictions. These include:

- Identification of the required portering workforce to facilitate process of oversight of entry and exit into the building and additional check points and identification of the additional costs for financial planning. Non-clinical staff numbers continue to be affected by Covid.
- Identification of single point of entry into the General Hospital and physical space and additional equipment required to support seating, signage etc. This would impact the Outpatient department waiting area and other measures and a review would be required to ensure appropriate distancing/safe seating/waiting area.
- Feasibility of use of clinical staff for oversight of process, support for those found positive and ensuring safe exit from the hospital, given that all nursing and care assistance staff currently required for clinical activity are supporting high acuity, escalation capacity. Nurses with education, management and non-in-patient care roles are being deployed to support ward activity.

At present, in view of the operational challenges set out above, and in the light of continuing risks, our Medical Director, Chief Nurse and IPAC team are firmly advising me to continue the limitation on hospital visiting which has recently been introduced, until a robust testing system is in place.

I have urged that we make every effort to overcome the operational challenges and will continue efforts to establish a robust system with a view to admitting visitors through a safe process. We must continue to be advised by our clinical leaders who bear the

responsibility for the safety of our patients who are among the most vulnerable people in our community.

I also sense that we may soon be in a position where Covid numbers in the community are greatly reduced such that more normal visiting arrangements can be resumed.

Please note that these comments were presented to States Members during the 19th January 2022 States sitting.