



IICMS

Irish Institute of Clinical
Measurement Science

IICMS Respiratory Faculty COVID-19 Survey April 2020

Thank you to all the colleagues who took the time during this uncertain period & answered the survey. The aim was to try and get a brief overview from departments around the country of what is occurring regarding the COVID-19 outbreak.

Please remember to see the ITS / IICMS PFT Guideline Statement (V2) on our website;
<http://www.iars.ie/images/Documents/Guideline-on-Lung-Function-Testing-V2-30.03.pdf>

Some other helpful links to national and international information:

- Health Protection Surveillance Centre's website has up-to-date information & guidance for healthcare workers on COVID-19; www.hpsc.ie
- HSE COVID-19 information page; <https://www2.hse.ie/coronavirus/>
- ATS Statement – Pulmonary Function Laboratories: Advice Regarding COVID-19;
<https://www.thoracic.org/professionals/clinical-resources/disease-related-resources/pulmonary-function-laboratories.php>
- AASM COVID-19 Mitigation Strategies for Sleep Clinics and Labs;
<https://aasm.org/covid-19-resources/covid-19-mitigation-strategies-sleep-clinics-labs/>

Results:

Q1. What changes have occurred in your departments over the last 3 weeks since the COVID-19 outbreak?

56% of respondents stated they are now only testing 'emergency' / 'urgent' / 'essential pre-op patients' / 'Lung Cancer patients only'. Effectively all routine / non-urgent testing has been stopped since the COVID-19 outbreak.

12% of respondents stated they have no future bookings at moment & awaiting crisis to finish

Other comments included that respondents are using PPE when testing (as per ITS / IICMS PFT Statement V2), Spirometry & DLco only being performed, telephoning patients prior to department attendance ensuring no COVID-19 symptoms, remote analysis of sleep studies from home.

Q.2 How are you dealing with the issue of social distancing with patients and staff?

30% of respondents stated that staff are working in split / staggered shifts, staggered start and finish-times & reducing number of staff in departments at one time

Majority of respondents stated that they are staggering staff break-times

16% of respondents are wearing full PPE if 2 metre distancing is not being maintained – noted by some respondents that it can be difficult when testing patients to instruct them & operate device to maintain social distancing recommendations.

12% of respondents stated they have changed / re-arranged their waiting areas to maintain social distancing between patients, other respondents stated they only allow 1 patient at a time in waiting area & others stated that patient remains in car & awaits phone-call from physiologist to come to department for testing.

8% of respondents stated that due to the availability of testing rooms & office space, they can work within social distancing recommendations.

Q3. Have you cancelled all OPD diagnostic testing?

96% of respondents answered yes.

4% said No awaiting clinical decision & for first 2 weeks still testing routinely but no longer now following ITS / IICMS V2 PFT statement.

30% of the respondents gave further detail to say that all routine OPD testing is ceased during COVID-19 outbreak but that emergency / 'urgent' / 'essential pre-op patients' / 'Lung Cancer patients only' / 'pre-chemo or pre-stem cell transplant' patients are being tested but effectively routine service has reduced significantly due to droplet exposure and potential droplet transmission.

Q4. Have you implemented telemonitoring or remote appointments by phone? (Ie: CPAP sleep review appt via phone?)

60% of respondents stated Yes – they have implemented some form of telemonitoring / tele-appointments.

36% responded No or N/A to their department.

Some respondents expanded to say they have given out department email contact & CPAP patients can email in their compliance downloads or that CPAP supplier sends in CPAP information & then patients are being contacted remotely. Some respondents noted the difficulty it can be in helping patients via phone for issues with maskfit as need to see patient and that patients are not keen to engage anyway and even harder to obtain engagement with phone-call.

Q5. Have you changed staff rotas/ hours since the COVID-19? * Is so, can you describe these changes?

52% of respondents answered No

48% of respondents answered Yes

Main reasons given for No included; staggering break-times only, doing admin / sleep analysis work from home (working same hours), staff using planned annual leave

Main reasons given for Yes included; staff alternative days working (change in rota not hours), staff working early or late shifts, staff staggered start & finish times, reducing staff hours & redeployment

Q6. Are staff in your department being redeployed? If so, what area have they been redeployed to?

33% of respondents answered Yes

33% of respondents answered No

33% of respondents answered Maybe *

* Maybe = not yet redeployed but have been informed by senior hospital management to expect to be redeployed

Majority of redeployment has been to the area of contact-tracing with appropriate training given, some redeployment has been to swabbing patients and other redeployment has been to admin duties.

Q7. How is your departments dealing with the lack of child care?

52% of respondents answered N/A

48% of respondents answered Yes childcare is affected but working around the issue

Following reasons given for ability to work around childcare issue: Taking Annual Leave, taking unpaid leave, working alternative shifts easing issue of childcare, working with partner to work alternative hours to each other to help childcare issue, relying on help from family members not requiring to cocoon

Q8. What are your thoughts on asking the 4th year students to help out if it gets to the crisis stage?(they would will need to be paid. Do you think it would be necessary?)

60% of respondents answered No

30% of respondents answered Yes

For respondents who answered No that a 4th Year helping currently during outbreak would not be required – they felt it would be more necessary in future months post the COVID-19 crisis & when we are in a recovery phase. Testing will resume so additional work & staff will be required to reduce routine waiting lists & the potential increase of PFT in patients who recover from COVID-19 & will require testing.

Q9. Is there anything you think The Respiratory Faculty or IICMS as a whole can do for your department?

Majority of respondents stated to keep members informed of any updates / new information in relation to COVID-19. Keep departments updated via email and alerts of guidelines and statements from various other national & international societies.

Some respondents noted the need to work as a group to ensure managements, IICMS, HSE, DOH have the recognition and support our group for the very likely need for additional staff post COVID-19 for assessment of lung function for recovery patients. It is important not to miss opportunities for improvement of services and the realisation of adequate testing facilities to always maintain Respiratory etiquette even post COVID-19.

I hope you find the survey information useful and an insight into what is happening in other departments.

Please remember to keep check on our website for information & as new and useful information comes through – we will send to you by email.

Information and guidance in regards to COVID-19 can change on an almost daily basis and we are all trying to keep abreast with it so please know that any documents and links are deemed 'living documents' and may be changed / updated as new COVID-19 information becomes available.

I hope you all stay safe and well, if the Respiratory Faculty Executive Committee can be of help – please contact us.

Fanacht Sláintúil

Emma Flood,

IICMS Respiratory Faculty Chairperson