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Going with the Flow: Covid-19 Pathway and Experience in Galway University Hospital

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Dear Sir,

We would like to share our experience as NCHDs managing COVID-19 in Galway University Hospital (GUH) and to highlight three specific areas implemented in an effort to control nosocomial transmission of this virus. The working principle was a collective effort to reduce the risk of transmission by separating all aspects of COVID and Non – COVID care as much as possible.

Firstly, based on international experience, and in advance of local cases, the infectious disease (ID) team worked with hospital management to introduce separate admitting and management pathways for COVID and non-COVID patients[1]. This required establishing two streams for patients triaged in the Emergency Department (ED), setting up a COVID Assessment Ward (CAW) and a COVID isolation ward (CIW). There was an early commitment to relocate the oncology service and progress early discharge of inpatients to long-term care. There was a non-selective policy for patients under investigation admitted to the CAW such that the admitting medical team took care of general medical, surgical, oncology, and cardiology patients until COVID-19 infection status was established.

Secondly, it was recognised that specifically trained clinicians, both nurses and doctors, should run these services. The ID and Respiratory physicians and a pool of nurses, many with infection control experience, were allocated to these wards. These clinicians were all trained in local COVID-19 pathways and policies. A close inter-professional working relationship was established based on mutual support and the mantra 'make every contact count'. As such, before entering the isolation room doctors and nurses went through a checklist assessing the reason for assessment, the need for phlebotomy, nursing requirements such as measuring vitals or delivering medications, and catering needs. This meant that whenever possible the doctor entering the room carried out all these activities during one assessment. This teamwork reduced unnecessary exposures and protective equipment usage. It also facilitated a multidisciplinary problem-solving approach to the ever-changing challenges of this infection.

Thirdly, it became apparent early on that workplace clusters among health care workers (HCW) were common and this was reinforced by direct dialogue with doctors in China[2]. The medical teams were organised into small pods comprised of 2 consultants, 2 registrars, 2 SHOs, and 2 interns. Each pod worked together with no contact outside of handover with the other pods. With this system there has been no nosocomial spread among pods despite some infections among HCW. The pod system has been extended to other departments. In addition, the system has facilitated a 24-hour shift rota to ensure COVID and Non-COVID remain separate 24 hours a day.

We acknowledge that the epidemiological curve of COVID-19 in Ireland has been flattened[3] by the remarkable public health efforts of the population, but we understand that further service adjustments will be required. The ward-based system with strong interprofessional collegiality, commitment and teamwork has laid the foundations on which we can seamlessly escalate our services to meet clinical needs. We're ready to go with the flow.

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