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Minister Stephen Donnelly
Minister for Health
Leinster House
Kildare Street
Dublin 2

14th December 2021

By post and by email

Re: Critical Care Nursing Working Group

Dear Minister Donnelly,

The Irish Association of Critical Care Nurses (IACCN) would like to raise some concerns for your immediate attention. As you are aware, critical care nurses are working in extremely challenging circumstances particularly since the beginning of the COVID-19 pandemic, pressures that are simply not sustainable. We understand a critical care nursing workforce planning group is to be established as part of a wider strategy to increase critical care capacity in Ireland. The IACCN support this initiative and urge the HSE to implement this work as a matter of priority with a particular focus on recruitment, retention and the professional development of our specialist nurses.

In 2020, every critical care department across the country responded in a way that was previously thought unimaginable, particularly as Ireland falls below the European average of critical care bed capacity. In 2019, NOCA reported 'the system operated at the limits of capacity and there was very little reserve' with an overall bed occupancy of 90%, exceeding best international practice.

It is important to emphasise that the pressures critical care nurses face on a day-to-day basis predates the COVID-19 pandemic. The Critical Care Nursing Workforce Report (2021) described a 7.5% shortage of critical care nurses across all grades in 2020 hence we began this pandemic with a deficit of critical care nurses to meet the then capacity of 256 critical care beds. In response to COVID-19, additional capacity was created by redeploying nurses from other specialist areas into critical care. Critical Care Nurses spend up to 18 months in Post Graduate academic and clinical study to gain the knowledge and skills required to work within critical care. Our redeployed colleagues, to whom we are grateful, received limited but concentrated education and required continuous support and supervision from their critical care nursing colleagues. This was incredibly difficult for all concerned. This collaboration facilitated critical care departments to surge beyond capacity, 37% at peak, to sustain an 18% expansion (256 to 301 critical care beds) to meet the increase in activity of the pandemic. Whilst this surge stretched critical care nurses, it highlighted their incredible work ethic and willingness to respond to the needs of their critically ill patients.

In the midst of a fourth wave of the pandemic, critical care activity is once again increasing beyond capacity and critical care nurses are working hard to maintain safe standards of patient care. However, on this occasion our ability to redeploy staff is limited, as hospitals attempt to sustain other equally important services as well as scheduled and unscheduled care. Nurses want to deliver the best care possible, but when faced with challenging situations and moral injury, standards of care may be

compromised. Consequently, many experienced nurses are leaving the specialty due to the increased burden they have experienced thus placing additional strain on active recruitment programmes. These nurses are the backbone of all critical care departments and their loss has an enormous impact on patient care and the wider health service.

The IACCN welcomes the proposed working group to address this crisis and call upon the HSE to implement it as soon as possible. The IACCN are keen to contribute to this important initiative. We can suggest a myriad of strategies to promote recruitment and retention of critical care nurses as well as the ongoing professional development of these specialist nurses to adequately resource a sustainable workforce for the future.

We appreciate your attention to this urgent matter and request a meeting to discuss these issues further with you.

Sincerely,



Anna Marie Murphy
Chairperson IACCN



Serena O'Brien
Vice Chairperson IACCN



Dr Colman O' Loughlin
President ICSI