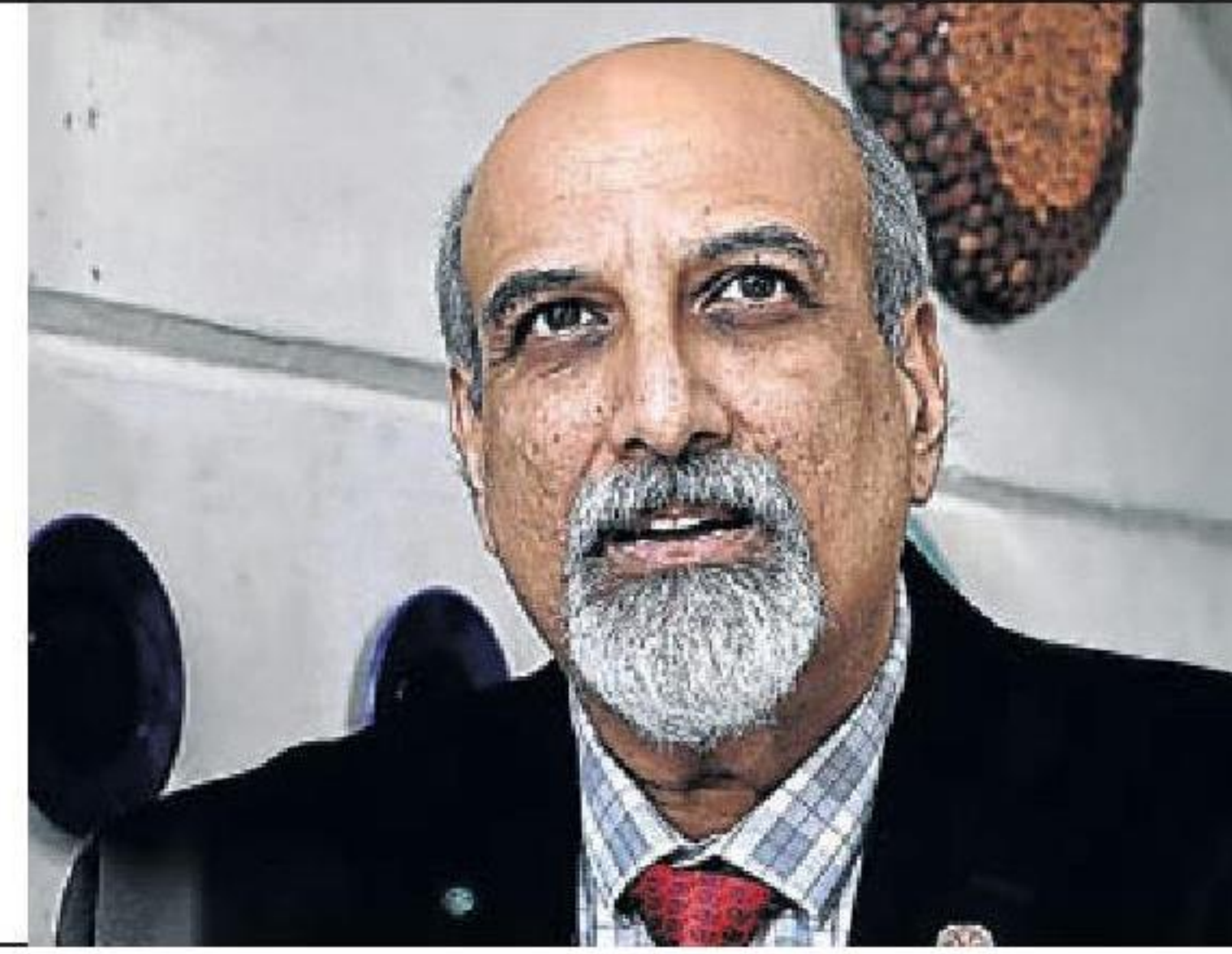


# News Covid-19: Hospitals



## Tests kept for those in hospital

Chair of the Covid-19 ministerial advisory committee professor Salim Abdool Karim said this week SA has to prioritise Covid-19 tests for patients in hospital. "We're saying to people we don't have tests. We have to protect those for people in hospital. If you are concerned you may have the disease, we aren't going to test you ... Instead we say, quarantine for 14 days."

# Gauteng is running out of beds

## Even having medical aid won't secure a place in hospital

By GRAEME HOSKEN

● A looming shortage of ICU and general ward beds means severely ill Covid patients – even those with medical aid – may not make it through the door at hospitals in hot-spot areas that are close to capacity.

In Gauteng, which is SA's centre of infections, health MEC Bandile Masuku said his department expected a shortage of at least 800 beds by the end of the month.

However, data from the Gauteng provincial Covid-19 command council indicates there could be a need of more than 50,000 beds by September. There are currently 8,300 beds in the province.

Health experts say it is difficult to tell how extensive the bed shortage will be because the government is not releasing proper data on beds and other available resources.

This issue was a key talking point at a ministerial advisory committee meeting this week, in which the discussion on hospital beds was "robust".

"It was to ask, how the hell do we work out not only what beds there are, but whether they are properly equipped and staffed and how is the information made available immediately?" said a member of the ministerial advisory committee (MAC).

"Government claims there are beds, but no-one knows the true availability. In the midst of this crisis, government is still negotiating tenders for field hospitals.

"The MAC has been trying for months to stress how important it is to get this data and why. The advice, including on dedicated Covid-19 hospitals, was not listened to. The problem is we can't fix a broken system in two weeks."

In the meeting, health experts highlighted a chaotic system in which ambulances with seriously ill patients were being turned away from many hospitals because of a shortage of beds. The lack of an IT system to monitor hospital bed availability and occupancy levels had a severe impact on health care, the committee said.

This week, a computerised dashboard that monitors bed availability and occupancy levels in Gauteng's hospitals went live, but committee members said this should have been implemented months ago.

For the last three weeks, Covid-19 infections in SA have doubled every 14 days. On this trajectory, SA will record its millionth case in the first week of August.

The average fortnightly growth in active cases is 128%. By the time the millionth case



Tshwane District Hospital, a facility designed for the treatment of Covid-19 patients, has announced plans to augment critically short bed space in the province. Picture: Thapelo Morebudi

is reached, about two-thirds will be active.

Gauteng data predicts that 10.2% of people infected will require admission to general wards, while 4.8% will need ICU or high care.

For weeks Gauteng health officials have been negotiating with private hospital groups and independent doctors about the use of beds by state patients and payments for treating non-medical aid patients.

SA Medical Association CEO Angelique Coetzee said it could take paramedics up to two hours to find a Gauteng hospital for non-medical aid patients, especially those not Covid-19 positive.

She said that on Tuesday a Pretoria man with a severe heart condition spent nearly three hours between three private hospitals.

"Two of the hospitals refused to admit the patient. Only after a massive fight was I successful in helping get the patient admitted to Unitas hospital. He underwent a crucial operation, which required stents."

According to the Gauteng coronavirus command council, infection cases almost doubled from 42,881 on Wednesday last

week to 81,546 on Thursday.

Masuku said the province was pushing to get field hospitals operational to help "cover the gap" of the bed shortfall "until the construction of the additional ICU wards being built onto state hospitals in Tshwane, Ekurhuleni and Sedibeng is completed".

"The wards should be finished by mid-August," he said.

"Without Covid-19, our provincial hospital bed occupancy rate for this time of year is between 80% and 120%. Coronavirus has pushed us well above that. That's why we are pushing hard to get these field hospitals.

"The medical urgency is growing. We are now steering away from saying we want to use facilities by a particular date. We are using the resources the moment they are available."

He said the province recently assigned 800 additional nurses to Gauteng hospitals, with 680 to be assigned on Monday.

Masuku said the additional nurses and medical staff came from the national department of health and nursing agencies.

With regard to the Gauteng hospital dash-

board system, Masuku said there had been intense negotiations to arrive at this point, including how remunerations would be done.

"We looked at the Western Cape and their systems, where the department pays the hospital and the hospital pays the doctors. There was some consternation around this.

"Negotiations were around this, as well as around medical-aid patients and state patients and how hospitals are used. There were lots of negotiations that have been very intense, which have made hospital groups uncomfortable. But things have and are being resolved."

He said allocating patients to hospitals would be a matter that would have to be dealt with continuously.

Masuku said private patients could easily find themselves in public hospitals.

On Wednesday, health minister Zweli Mkhize warned the National Assembly that SA's bed capacity was expected to be breached within four weeks, but some health experts said it would be much sooner.

Coetzee said that in terms of bed availability, its members increasingly relied on hospital workers to alert members of the availability of beds.

"IT data systems are crucial. The impact is huge because referrals can't take place and patients can't get to hospitals close to them, which impacts on their safety."

She said the government claimed there were thousands of beds, "but what do the numbers mean?"

"Are all the medical teams and equipment available? You can have a bed, but no staff or equipment. With no data system we just don't know."

Ian Sanne of Wits University's clinical research unit and CEO of Right to Care, said the number of patients going to Gauteng hospitals was higher than had been expected.

"This is why real-time information around hospital capacity is critical," he said. "It's vital for co-ordinating co-operation between the private and public health-care systems."

Wits Health economist Alex van den

Heever said it was difficult to tell what was happening in Gauteng.

"The government has said they have been expecting the storm, but it's only now a hospital bed dashboard has been put together.

"Why has it taken so long? It's inconceivable that government is on such a back foot at this point when they have known since March that the Covid-19 storm was coming.

"This is a consequence of a failure to implement a coherent prevention strategy not dependent on lockdown. It appears there is simply no treatment strategy for Gauteng, with no clear idea what objectives have been chased."

He said he believed Gauteng's hospital beds would fill up well before month end.

He added that data prediction by the Gauteng command council was "not unrealistic", but it was difficult to know the exact numbers needed.

"Modelling is based on assumptions. No-one knows what the assumptions are with government, because data is not being made readily available."