



FOLKETINGET
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submitted to the Public Accounts Committee**

Hospital preparedness before and during the 1st wave of COVID-19

1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns the Danish hospital preparedness before and during the first wave of the COVID-19 pandemic. COVID-19 placed health services around the world under pressure, and also the Danish public health sector felt the pressure when the pandemic hit the country early in March 2020.

The outbreak of COVID-19 required extensive changes to the public health system, with the hospitals playing an essential role in caring for patients admitted to the hospitals. Staff at all levels and with different professional backgrounds made an extraordinary effort, over a long period, to handle the challenges of the pandemic in the best possible manner.

2. When a crisis occurs, an effective response must be mounted immediately. The purpose of preparedness is to ensure that all those involved in responding to the crisis at hand are well equipped to do so. In Denmark, preparedness is based on the principle of sectoral responsibility, which means that each minister is responsible for preparedness in his or her remit. It follows that the minister of health is responsible for health sector preparedness, including hospital preparedness.

The purpose of hospital preparedness is to ensure that the hospitals, in the event of a major accident or a pandemic, will be able to care for an extraordinarily high number of sick and injured people. Hospital preparedness is essential for the hospitals' ability to cope with extraordinary events and at the same time limit the health-related and economic consequences of such events.

3. The health-related consequences of COVID-19 have been significant. Therefore, we find it relevant to examine how well the Ministry of Health and the regions were prepared to handle a pandemic, and whether three selected regions were able to reorganize hospital services to cope with the extraordinary situation, when COVID-19 broke out. The study is not addressing the economic consequences of the handling of the pandemic. Rigsrevisionen initiated the study in May 2021.

In this report, the first wave of the COVID-19 pandemic refers to the period from 1 January 2020 to 1 August 2020.

Pandemic

WHO defines a pandemic as the worldwide spread of a disease.

Health sector preparedness

This encompasses the entire health sector, including hospitals, pre-hospital efforts, medicine and primary health care.

4. The purpose of the study is to assess whether the Ministry of Health and the regions ensured that the hospitals were prepared to cope with a pandemic and handle the 1st wave of COVID-19. The report answers the following questions:

- Has the Ministry of Health supported the regions' planning of their response to a pandemic, and did the regions' preparedness plans ensure an adequate response to a pandemic?
- Have the Capital Region of Denmark, Region Zealand and the Region of Southern Denmark ensured that the services of the hospitals during the 1st wave were reorganized to handle COVID-19 in compliance with the guidelines issued by the Ministry of Health and other announcements?



Main conclusion

The Ministry of Health and the regions have not ensured that hospital preparedness could cope with a pandemic like COVID-19. However, in the spring 2020, during the first wave of COVID-19, the three selected regions in this study worked out plans to increase capacity at the hospitals, and in practice there were beds for all admitted COVID-19 patients. The gaps in the preparedness made it difficult for the three regions to handle the situation, particularly concerning expanding capacity in intensive care units and securing access to protective equipment.

The Ministry of Health has not fully supported the regions' planning of their response to a pandemic, and the regions' preparedness plans did not ensure an adequate response to a pandemic.

None of the five regions had plans that were in full compliance with the guidelines issued by the Danish Health Authority on health sector preparedness planning. Only the North Denmark Region had considered the risk of a pandemic in its preparedness plan. None of the other four regions had planned for managing a pandemic, including securing the necessary number of beds in intensive care units and staff with the appropriate qualifications. This was the case even though reports on Denmark's risk profile (published by the Danish Emergency Management Agency) since 2013 have highlighted the risk of a pandemic as one of the most likely and most serious incidents that could take place.

The guidelines and counselling provided by the Danish Health Authority have not fully supported the regions' preparedness planning. First, the guidelines had not been updated to reflect current national risk pictures and therefore did not address how highly virulent diseases like, for instance, SARS-Cov-2 variants, should be handled. Second, the counselling concerning the preparedness plans provided by the Danish Health Authority should have made it clear to the regions if their planning did not meet the requirements or essential recommendations of the authority's guidelines.

During the 1st wave of infection, the Capital Region of Denmark, Region Zealand and the Region of Southern Denmark ensured that the majority of hospital services were reorganized to handle COVID-19 in compliance with the guidelines issued by the Ministry of Health and other announcements.

The study shows that when the pandemic broke out, the three regions worked out plans to increase hospital capacity for specialized treatment and intensive care beds to cope with COVID-19 patients in compliance with the prognoses of the Danish Health Authority. The plans indicated how the capacity for specialized treatment and intensive care could be scaled up or down at a few days' notice, depending on the actual development in the number of hospital admissions. The three regions managed to increase the capacity of the hospitals to a level where they would be able to cope with the actual number of COVID-19 patients admitted to hospital during the 1st wave. The number of patients admitted was lower than indicated in the Danish Health Authority's worst-case scenario at the beginning of the pandemic. Particularly in the early stages of the pandemic, the inadequate planning caused concern about the possibilities of expanding the capacity for intensive care.

Statens Serum Institut

This is a government institution whose main duty it is to ensure preparedness against infectious diseases and biological threats.

NOST (The National Operational Staff)

In the event of a crisis or serious incident, the NOST coordinates the operational effort across authorities.

NOST had a central role in handling COVID-19, particularly in relation to ensuring procurement of protective equipment and test kits.

The study shows that the three regions, in compliance with the announcements made by the Danish Health Authority, ensured that critical functions that were not to be postponed or cancelled, were generally maintained during the 1st wave. However, an unintentional drop in hospital activity was recorded for certain critical functions. Monitoring by the Danish Health Authority and the regions shows that the fall in activity is due to a drop in referrals from general practitioners. This information is confirmed by Rigsrevisionen's review of data on the 1st wave.

The study also found that from March 2020 to mid-April 2020, the three regions had difficulties securing access to protective equipment for health professionals and patients in compliance with the guidelines issued by the Danish Health Authority and Statens Serum Institut. The supply of most of the recommended protective equipment was critical and presented a risk that health professionals at the hospitals and patients in certain hospitals or hospital wards would not have access to all recommended protective equipment. The supply situation was stabilized with effect from the end of April through an extraordinary effort made by the Capital Region of Denmark and NOST. Henceforward, the regions, in general, ensured access to recommended protective equipment.