



State Comptroller Of Israel | Special Report: The State of Israel's
Coping with the Covid-19 Pandemic | 2021

Welfare, Education, Health and
Employment Topics

Aspects of Regular Medical Activity during the Covid-19 Pandemic



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Background

Following the Covid-19 pandemic outbreak in March 2020, the Minister of Health announced that the disease caused by the coronavirus is infections, dangerous, and poses a serious threat to the public. To prevent harm to the public's health and deterioration in patients' medical condition, it should also be ensured during extended emergencies, such as the period of the Covid-19 pandemic, that vital medical services are continuously provided to the community – through the Health Medical Organizations (HMOs). It is also essential to encourage the public to use these services, including the continued follow-up and treatment of previous ailments and ongoing preventive care, such as the required vaccinations and periodic tests for early detection of illness. The Covid-19 pandemic has changed activity patterns in the health system, including a transition to remote medical care and consideration of the possibility to provide medical care through Home Hospitalization substitute for hospitalization. The pandemic has also had a significant impact on the mental health system, facing intensifying challenges brought on by mental health complications, some of which have manifested for the first time, and others reappeared as a consequence of the pandemic.



Key figures

**Approx.
830,000**

people contracted Covid-19 pandemic in Israel from March 2020 to March 2021

**Approx.
21,150**

infected people were hospitalized in Israel in serious condition, including ventilated patients, from March 2020 to March 2021

**Approx.
6,400**

people died from the Covid-19 pandemic in Israel until the middle of June 2021

2,474

beds were added in Covid-19 pandemic wards in hospitals from March 2020 to the end of 2020

**Approx.
17%**

rate of decline in colonoscopy tests¹ in hospitals and HMOs from March to October 2020 compared with the same period in 2019

**Approx.
2.5%**

of Covid-19 pandemic patients received treatment from their HMO at home or in a recovery hotel through remote medical monitoring (8,289 out of 324,873 patients from the start of the Covid-19 pandemic outbreak to October 31, 2020)

**Approx.
20% to
30%**

the estimated rate of increase in levels of anxiety and depression in the population during the Covid-19 pandemic period²


**Approx.
20%; +
3%**

the estimated increase of 20% applications to the mental health system by new patients; according to the HMOs data, there was a slight increase of only 3% in the number of patients that received service

- 1 Endoscopic examination of the large bowel – an invasive medical procedure in which the lower intestinal tract, particularly the large bowel, is examined using a flexible plastic tube and imaging system.
- 2 Estimate of the head of the Mental Health Department from November 2020; Central Bureau of Statistics, "Civil resilience during the Covid-19 pandemic period among ages 21 and over: third-wave findings of the survey conducted in mid-July amid the pandemic," media release, July 26, 2020.




Audit Actions


 From November 2020 to February 2021, the State Comptroller's Office examined aspects of regular medical activity during the Covid-19 pandemic, including the hospitalization system, preventive medicine, seasonal flu vaccinations, home hospitalization of Covid-19 patients as a substitute for hospitalization, and the mental health services system. The audit was conducted at the Ministry of Health (MOH), at the four HMOs – Clalit Health Services, Maccabi Healthcare Services, Kupat Holim Meuhedet, and Leumit Health Care Services, and the state-owned, Clalit-owned and other general public hospitals (the hospitals).

Key findings




 **Conversion of hospital beds and reduction in hospital activity in favor of covid-19 patients** – On the eve of the Covid-19 pandemic outbreak, Israel's hospitalization system had no redundancy and was already overburdened. Following the pandemic outbreak, the MOH instructed hospitals to prepare beds for the hospitalization of Covid-19 patients. Hospitals were forced intermittently to close or scale back the operations of existing wards, mostly internal medicine wards, and to limit elective medical procedures (non-urgent scheduled procedures) at other wards, such as the various surgery wards. It should be noted that according to MOH data, 2,474 beds were added in the Covid-19 pandemic wards by the end of 2020.



 **Surplus mortality³** – Surplus mortality in Israel, as measured several times in 2020 relative to the average for 2010–2019, was higher than in several other countries (United Kingdom, Sweden, Germany, Czech Republic). By mid-June 2021, there were some 6,400 deaths from the Covid-19 pandemic in Israel. While the mortality rate for January – March 2020 was lower than in the same period of 2017–2019, in April – May 2020, it was slightly higher. From July 2020, it surged dramatically – thus in September 2020, the mortality rate was 22% higher than in September 2019, and in October 2020, it was 26% higher than the mortality rate measured in October 2019.





 **Intensive care beds and skilled personnel** – General and respiratory intensive care beds and specialists in this field are essential for preventing impaired quality of treatment of Covid-19 patients. The main bottleneck in treating seriously ill Covid-19 patients is the shortage of medical personnel with intensive care and ventilation expertise and


³ A term in epidemiology and in public health referring to the count of the number of deaths in a defined population beyond the expected mortality rate under normal conditions.



nursing staff skilled in caring for patients suffering from severe and complex conditions. Thus, for example, the percentage of general intensive care beds from total beds in general hospitals in Israel is 3% and lower compared to other countries – in Europe, the percentage of intensive care beds is an average of 5% of all general hospital beds, and in the United States 10%.

 **Preventive care** – The MOH did not clarify to the public that if the rules set – for example, wearing masks and following distancing rules – were followed, there was no concern to come for necessary medical tests and treatments not related to Covid-19, and did not instruct hospitals and HMOs to do so. The hospital clinics and HMOs did not methodically encourage patients to go for treatment, and there was a decline in the number of people taking medical tests. Thus, for example, the number of colonoscopy tests decreased by 17% compared to the year before.

 **Mental health services – number of patients and treatments** – Despite reports from Israel and around the world of a significant increase in levels of anxiety and depression among the general population in the wake of the Covid-19 pandemic, and notwithstanding an estimated 20% rise in demand for mental health services, the figures of the HMOS reflect only a slight rise of 3% in the number of patients that received services and 2% in the number of treatments provided compared with the same period in the previous year.






 **Mental health services – waiting treatment times** – The MOH did not define the waiting times the mental health services system must meet and did not set gradual multi-annual targets for waiting times. Reasonable waiting times are a prescribed requirement under the National Health Law and are particularly important in light of the rise in mental health complications caused by the Covid-19 pandemic.



Initiatives and strategies for reaching out to patients during the Covid-19 pandemic – Some hospitals have developed their initiative strategies for reaching out to patients and for making medical treatment accessible to patients in outpatient clinics while maintaining physical distance and limiting contact and exposure to potential infection – for example, home visits by medical personnel and the operation of "Covid safe areas".

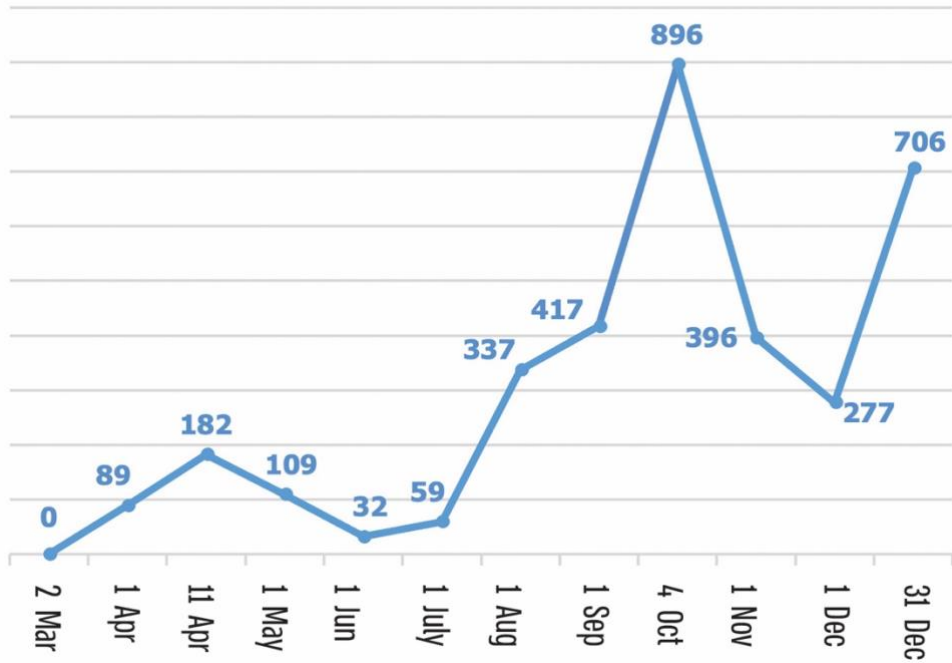


Key recommendations

-  It is recommended that the health system – the MOH and the HMOs set up a system to learn from experience gained in the Covid-19 pandemic in order to develop tactics for fighting a flu pandemic. Following this, the MOH should update the health system's fighting tactics in preparedness for a flu pandemic and other viral pathogens and submit it for approval by the relevant entities. This will allow for better coping with such situations in the future.
-  It is recommended that The MOH establish optimal work methods to ensure a safe and sterile environment for patients, so they will not be concerned about applying for medical treatment during a crisis such as the Covid-19 pandemic. This should be coupled with a public campaign assuring a safe environment in medical treatment.
-  It is recommended that the health system – the MOH and HMOs – identify the bottlenecks in the system that impair the ability to provide adequate medical care; the MOH should map the hospitals' activities during the Covid-19 pandemic and prepare a solution plan for the need to reinforce the medical personnel – nursing and other – in the internal medicine wards, other wards and in the covid-19 specialized wards.
-  It is recommended that The MOH, together with the HMOs, analyze the changes that have occurred in the medical care provision method – such as remote medical treatment and the increase in home treatment and home hospitalization – and evaluate the possibility to expand and solidify them for use in regular times. It is further recommended that they consider the activities that should be retained from this period and those that require improvement in order to maximize the advantages to be gained from these services.
-  It is recommended that the MOH and the HMOs analyze the barriers that caused only a slight rise in the mental health patients and the mental health treatments numbers provided in the Covid-19 period, despite the estimates of a higher increase in the demand for these treatments. They should also assess the reasons that many chose to forgo mental health treatment in order to provide these services to those needing them. Furthermore, as the increase in demand for mental health treatments is based on general estimates only, the MOH should instruct the HMOs, especially during a pandemic, to methodically collect data on the increased demand for these treatments and report to the MOH in order to formulate a solution to meet any future need.



Number of seriously sick patients in the Covid-19 wards in all hospitals, from March to December 2020



According to MOH data, as processed by the State Comptroller's Office.



Summary

To prevent harm to the public's health and deterioration in patients' medical condition, it should also be ensured during extended emergencies, such as the period of the Covid-19 pandemic, that vital medical services are continuously provided to the community through the HMOs. It is also essential to encourage the public to use these services, including the continued follow-up and treatment of previously contracted illness and ongoing preventive medical care, such as the required vaccinations and periodic medical tests for early detection of disease.

It is recommended that the MOH, the hospitals, the HMOs, and the other medical entities draw lessons from the developments in the Covid-19 pandemic thus far and that the MOH update the health system's fighting tactics for dealing with a flu pandemic and other viral pathogens, and notably the Covid-19 pandemic, to enable better identification of the characteristics of the pandemic and to enable better coping methods with such mega-events in the future.

