



## **NPHET Update - Testing and Contact Tracing – 10<sup>th</sup> June 2020**

Updates have been provided below regarding the following aspects of Testing and Contact Tracing:

1. Activity levels across sampling, laboratory testing and contact tracing,
2. End-to-end turnaround times,
3. Support services for delayed tests
4. Process improvements, and
5. Current challenges and issues.

### **1. Activity levels across sampling, laboratory and contact tracing.**

#### ***Sampling in the community and in acute settings.***

Over the past seven days (Tuesday 2<sup>nd</sup> of June – Monday 8<sup>th</sup> of June), there has been over 19,600 swabs taken in the community by Community Operations and the National Ambulance Service and in hospitals. Approximately 8,040 of these were taken in community settings and over 11,560 of these were taken in acute settings.

#### ***Laboratory Testing***

There have been over 20,400 lab tests completed in the past seven days. Approximately 7,960 of these tests were processed in community laboratories and approximately 12,440 were processed in acute laboratories. Although it is not currently being utilised, there is laboratory capacity to process over 100,000 tests per week.

#### ***Contact Tracing***

Last week, a total of 1,136 calls were made in the Contact Tracing Centres. A total of 219 of these were Call 1s which involved the communication of positive results. A total of 917 calls related to contact tracing. The average number of close contacts per case over the past seven days is 4.1. The median number of close contacts per case over the last seven days is 3.

## 2. Turnaround Times

### ***End-to-end turnaround time***

The median end-to-end turnaround time for community and hospital tests combined from referral to the completion of contact tracing is, approximately 1.8 days. This number continues to fall.

Work is underway to report on this median end-to-end turnaround time on the dashboard as the current approach requires manual calculation involving the summation of component parts of the end-to-end process.

### ***Percentage of tests completed within target turnaround time***

The percentage of tests completed within the targeted turnaround time  $\leq 3$  days is ~86%.

### ***Referral to appointment***

In the community, the median time for community referral to appointment is 0.8 days.

### ***Swab to lab result***

For a swab taken in the community, the median time for community swab to lab result is 1.2 days.

For swabs taken in hospitals, the median time for acute swab to lab result is 0.5 days.

The combined median time from swab to lab result is 1 day.

### ***Contact Tracing:***

The median time to complete all calls in the past seven days is 1.1 days.

### **3. Delayed Test Result Search Service for GPs, members of the public and HSE staff.**

#### ***GP Search Service***

- In collaboration with the ICGP, there is now an established email service for GPs whereby GPs can submit their query using a password protected form in respect of a delayed test result (i.e. more than 4 days since test was done).
- There have been 563 queries received from GPs between May 14<sup>th</sup> – June 7<sup>th</sup> (25 days). 80% (453) of these queries were fully resolved within the 24-hour target.
- In the last seven days (1<sup>st</sup> – 7<sup>th</sup> June), 51 queries have been received. 75% (38) of these queries were fully resolved within the 24-hour target.

#### ***HSELive***

- If a member of the public has been waiting longer than four days for a test result, they can contact HSELive on 1850 24 1850. The HSELive team will take all of the required details and will send this information to the Delayed Test Result Search Service. The Search Service will get back to the caller directly and the service aims to complete searches within 24 hours of the @HSELive call.
- There have been 2,116 queries referred from HSELive between May 8<sup>th</sup> – June 7<sup>th</sup> (31 days). 73% (1,549) of these queries were fully resolved within the 24-hour target.
- In the last seven days (1<sup>st</sup> – 7<sup>th</sup> June), 307 queries have been received. 86% (263) of these queries were fully resolved within the 24-hour target.

#### ***Staff Info Line & Occupational Health***

- Staff can enquire about their test result via the Staff Information Line on 1850 444 925. Occupational Health can also direct queries to the Search Service via the GP email address using a password protected form. For staff, a delayed result is 3 days since the test was done. Results are communicated to both occupational health physician and the staff member.
- There have been 96 queries referred from the Staff Info Line between May 26<sup>th</sup> – June 7<sup>th</sup> (13 days). 76% (73) of these queries were fully resolved within the 24-hour target.
- In the last seven days (1<sup>st</sup> – 7<sup>th</sup> June), 64 queries have been received. 80% (51) of these queries were fully resolved within the 24-hour target.

#### **4. Update on developments/process enhancements**

We continue to work to improve turnaround times, consistency and our end-to-end testing pathway in general. Here are the latest set of enhancements.

##### ***Mass Testing Protocol***

We are in the process of rolling-out a standardised SOP for mass testing. The resources for this team have been identified and are due to mobilise and begin training by the end of this week. This is expected to be in place w/c June 15<sup>th</sup>.

##### ***Public Health Alignment***

The proposed solutions from this piece of work have been presented to the various Public Health departments, there are some refinements are being made to the plans. Planning for the introduction of a more streamlined communication process nationally and across departments to allow for better planning and decision making. The afore mentioned mass testing protocol has been progressed and we are gathering requirements to make technical and reporting enhancements.

##### ***Data Quality Improvements***

Numerous improvement activities are in train to improve the data quality across the full end-to-end testing processes. Key engagement commenced June 5<sup>th</sup> across the labs who are supporting the COVID-19 testing to identify where data quality can be improved to support reduction in turnaround times from referral to result. This includes identifying the root cause of missing mobile numbers associated with tests undertaken and working with the labs to update process to ensure information is gathered where possible. Reduction in these missing phone numbers will help ensure results can be communicated quickly and efficiently. To date, workshops have been conducted with five labs and actions have been taken to improve the data compliance. A comparative analysis will be performed on Friday 12<sup>th</sup> of June in order to validate the improvements in data.

##### ***GP Out of Hours Referrals***

Work is ongoing with the necessary parties to enable referrals out of hours. This will reduce the referral wait time for patients further. The technical, commercial, communications and clinical components are underway. This enhancement is being discussed with GPs as part of the wider COVID-19 agreement with GPs. The target date to have implemented this change is 16th June.

## 5. Update on any key challenges/issues

1. Anticipating the number of tests that need to be performed on a given week is challenging. Capacity was built-up based on the expectation that the majority of this capacity would be used. Holding this capacity is expensive. The number of tests required has been low in recent weeks, creating the risk that facilities or organisations currently supporting the end-to-end testing process may consider withdrawing or charging us for un-used capacity. This risk may increase as more organisations seek to resume business as usual activities. As a mitigation, work is commencing immediately on the design and implementation of the new model of testing that will run for 12+ months with the aim to have this in place in early September.
2. Ongoing challenges in the global supply chain for swabbing kits, reagent, equipment and PPE, will continue to be a risk. Supply chain monitoring is ongoing, and progress has been made to diversify suppliers and supply chains. An example of this progress can be seen as on June 10<sup>th</sup>, the HSE sourced 1 million gowns which represents 12.5 days of stock based on current demand. However, pressure will remain given the global demand for these products.
3. The proportion of complex cases to routine cases has increased and this is likely to continue as increased mass testing in congregated settings is required as businesses resume. This presents a risk that the demands on Public Health Departments who manage complex cases will increase beyond available capacity. The mass testing protocol and public health alignment initiatives described above are designed to mitigate this risk.