



## **NPHET Update - Testing and Contact Tracing – 17<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.**

The following activity levels across sampling, laboratories and contact tracing are reflective of data across seven days, Wednesday 10<sup>th</sup> – Tuesday 16<sup>th</sup> of June.

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

Over the past seven days, c18,250 swabs have taken in the community (by Community Operations and the National Ambulance Service) and in hospitals. A total of 7,085 of these were taken in community settings and approximately 11,165 of these were taken in acute settings.

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

Over 18,735 lab tests have been completed over the past seven days. Over 6,685 of these tests were processed in community laboratories and c12,050 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***

During the last seven days, a total of 605 calls were made in the Contact Tracing Centres. A total of 138 of these were Call 1s which involved the communication of positive results. A total of 467 calls related to contact tracing. The average number of close contacts per case over the past seven days is 3.9. 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 1.85 days.

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 ~90%.

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

In the community, the median time for community referral to appointment is 0.8 days. Since the scheduling of appointments has been automated across all CHOs, close to 90% of appointments are now next day or next day.

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

For a swab taken in the community, the median time for community swab to lab result is 1.25 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:***

It is our understanding from contact tracing centres that contact tracing is completed within 1 day. In the dashboard, the median time to complete all calls in the past seven days is stating 1.8 days. Please note that this metric is currently under investigation to understand the root cause of the recent increase. It is our belief that Contract Tracing is taking place more quickly for the small number of positive cases and that this increase is likely due to system usage or a technical issue, which is causing the reporting anomaly rather than a true delay.

### **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 644 queries received from GPs between May 14<sup>th</sup> – June 15<sup>th</sup> (33 days).
- A total of 81% of these queries were fully resolved within the 24-hour target.
- In the last seven days (9<sup>th</sup> – 15<sup>th</sup> June), 77 queries have been received.
- A total of 83% of queries received in the last seven days 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 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 2,903 queries referred from HSELive between \*May 3<sup>rd</sup> – June 15<sup>th</sup> (44 days).
- A total of 75% of these queries were fully resolved within the 24-hour target.
- In the last seven days (June 9<sup>th</sup> – 15<sup>th</sup> June), 260 queries have been received.
- A total of 83% of queries received in the last seven days were fully resolved within the 24-hour target.

\*Please note Search Service report has been updated to include data from May 3<sup>rd</sup> – May 7<sup>th</sup>.

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

Staff can enquire about their delayed 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 three days since the test was done. Results are communicated to both occupational health physician and the staff member.

- There have been 341 queries referred from the Staff Info Line between May 26<sup>th</sup> – June 15<sup>th</sup> (21 days).
- A total of 78% (265) of these queries were fully resolved within the 24-hour target.
- In the last seven days (June 9<sup>th</sup> – 15<sup>th</sup> June), 187 queries have been received.
- A total of 82% (153) of queries received in the last seven days 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***

The standardised process for the mass testing protocol has been drafted and agreed by necessary parties, formal sign off is expected this week. A number of the technical requirements have been put in place and resourcing is due to be finalised this week, with a view to go live and commence on the job training the week commencing 22<sup>nd</sup> of June.

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

The proposed solutions which have arisen from this piece of work have been presented to the various Public Health departments. Currently refinements are being made to these plans which are due to be signed off and begin implementation this week.

##### ***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 processes to ensure information is gathered where possible. A reduction in the amount of missing phone numbers will help to ensure that results are communicated in an efficiently and quickly. To date, workshops have been conducted with eight labs and actions have been taken to improve the data compliance. There has been significant improvement in data compliance for three labs (eg. CUH mobile number compliance has increased to ~90%). Analysis is ongoing to support the data improvement for remaining labs. Workshops will be scheduled with seven more labs this week which will result in workshops being complete with the top fifteen high volume labs.

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

This service is on track to be agreed and formalised on the 16<sup>th</sup> of June and be operational on the 20<sup>th</sup> of June. From Saturday, we will be actively referring at weekends through the GP Out of Hours Service. The technology enhancements needed to support the service have gone live. Communications to all necessary parties, including the general public, is due to commence this week pending final approval.

## 5. Update on any key challenges/issues

- 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.
- 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. Progress continues to be made in securing PPE, as recent as June 10th, 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.
- 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.
- There is requirement to continue the resumption of health services across the country. This has created a demand for staff currently deployed to testing to return to their business as usual role. This is felt most in community operations where staff are currently supporting swabbing centres. To mitigate this risk, work has commenced on the design of the sustainable future testing model and workforce planning is in progress to identify and prioritise those roles affected to ensure testing capacity and service quality are not disrupted.