



NPHET Update - Testing and Contact Tracing – 24th 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. Serial Testing of Nursing Home Staff
5. Process improvements, and
6. 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, Tuesday 16th – Monday 22nd of June.

Sampling in the community and in acute settings.

Over the past seven days, there has been c18,348 swabs taken in the community by Community Operations and the National Ambulance Service and in hospitals. A total of 6,431 of these were taken in community settings and approximately 11,917 of these were taken in acute settings.

Laboratory Testing

Approximately 18,708 lab tests have been completed over the past seven days. Over 5,967 of these tests were processed in community laboratories and c12,741 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 119 Call 1s were made, these involve the communication of positive results. There have been 459 calls over the past seven days which relate to contact tracing. The average number of close contacts per case over the past seven days is 4.6. The median number of close contacts per case over the last seven days is 4.

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 1.77 days.

Percentage of tests completed within target turnaround time

The percentage of tests completed within the targeted turnaround time ≤ 3 days is ~90%.

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 1.16 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 1.2 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 679 queries received from GPs between May 14th – June 22nd (40 days).
- A total of 81% of these queries were fully resolved within the 24-hour target.
- In the last seven days (16th – 22nd June), 49 queries have been received.
- A total of 69% 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 3085 queries referred from HSELive between May 3rd – June 22nd (51 days).
- A total of 74% of these queries were fully resolved within the 24-hour target.
- In the last seven days (16th – 22nd June), 182 queries have been received.
- A total of 69% of queries received in the last seven days were fully resolved within the 24-hour target.

Staff Helpline & Occupational Health

Staff can enquire about their delayed test result via the Healthcare Workers Covid-19 Helpline on 1850 420 420. 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 379 queries referred from the Staff Info Line between May 26th – June 22nd (28 days).
- A total of 79% of these queries were fully resolved within the 24-hour target.
- In the last seven days (16th – 22nd June), 38 queries have been received.
- A total of 89% of queries received in the last seven days were fully resolved within the 24-hour target.

4. Serial Testing HCW in Nursing Homes

Introduction

Firstly, to note this is a very significant undertaking on behalf of the HSE and Nursing Homes. It is consuming a large number of HSE staff from across the organisation. It is very complex to ensure all 33,000 tests are referred, tested, tracked, traced and reported accurately. Mass testing in asymptomatic cohorts brings many additional complexities over individual testing. We will be preparing a short paper of the amount of time and resource that has been required to undertake this exercise for the NPHET in the consideration of any such exercises into the future.

Update on progress

The end to end coordination of the Serial Testing of all staff in Nursing Homes has commenced. Information packs including data templates were issued to Nursing Homes on Friday 19th June. These packs provided information to each nursing home, explaining this testing programme, providing a detailed standard operating procedure and outlining the timetable of when swabbing and collections will take place.

Each Nursing Home has been assigned a designated date between Wednesday and Sunday inclusive and this day will remain fixed for each nursing home for each of their four tests.

Testing will commence in a number of facilities on Wednesday 24th of June, with this testing being subject to the required data returns from each facility. Facilities that have been able to provide their staff information in the required format will commence testing on Wednesday 24th of June and will continue for the following three weeks.

Those facilities that have not provided the required data returns by the required date, will commence testing on Wednesday July 1st with their four tests starting from this date.

Nursing Homes are being encouraged and trained to swab their staff leveraging a trained member of their staff with the ability for NAS or Community Teams to swab where help is required. Early indications, however, are that many facilities require swabs to be taken for them.

5. 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.

GP Out of Hours Referrals

Since Saturday June 20th, referrals for COVID-19 testing can be made through the GP out of hours service. This enhancement was delivered through positive engagement with the GP community, technology enhancements to HealthLink and communications to the public. The general public can now contact their GP out of hours service at the weekend and receive a referral for a Covid-19 test.

Public Health Alignment

Process Overview workshops & interviews have been conducted with all eight Public Health Departments in order to establish areas for improvement, pain points & patterns of work across the country. Proposed solutions from these workshops and interviews have been presented to the various public health departments.

To date, two solution workshops have been held with Public Health (CPHOG) on Public Health Review Site Visit Observations and Solutions. The implementation of these solutions are in train, these include the mass testing process, COVID Care Tracker enhancements and streamlining of communications.

Bulk Testing Protocol

A Standard Operating Procedure (SOP) for bulk testing has been developed and is currently undergoing final review. Several of the technical requirements have been put in place with a view to go live and commence on the job training, this on the job training is due to begin once the serial testing of healthcare workers has gone live. The mass testing change and communications plan has been drafted and is currently under review.

Lab Engagement and data quality improvements

Key lab engagement is ongoing across labs that are supporting COVID-19 testing. The purpose of this engagement is to identify data quality improvements to support an improvement in turnaround times from appointment referral to result. To date, workshops have been carried out with 13 labs and engagement with labs continues to be scheduled and prioritised. The priority for last week was to ensure that there is sufficient data compliance for private health priority labs so that their data can be uploaded into the tracker.

As a result of ongoing communications and engagement, there has been a significant increase in data compliance for a number of labs, improved data quality is evident for; mobile numbers, result date and classification of result.

Data improvements have been seen with regards to in patient tests. However, in community settings, due to limited technical capabilities it is difficult to increase data compliance for external & community test data. Potential solutions to this challenge include improving data quality in PIMS systems and

upgrading lab systems in external and community test settings in order to support the key data points required.

6. Update on any key challenges/issues

- The serial testing of health care workers in nursing homes once a week for four weeks is large and complex logistical operation requiring cooperation, collaboration and coordination across multiple stakeholder group within the HSE (national and regional public health, community primary care, NAS, CTCs, DPO, ICT, Occupational Health and externally with Nursing Homes and NHI). A premium is being placed on maximizing the quality of data captured prior to the commencement of testing at individual nursing homes. The exercise has created work for the nursing homes themselves and taken significant resource within HSE Operations, PCRS, Public Health, CIO, NAS and Testing and Tracing to complete.
- 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.
- 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 bulk testing protocol and public health alignment initiatives described above are designed to mitigate this risk.
- There is a challenge that as the country continues to open and more organisations resume business the number of close contacts per one positive Covid-19 case may increase. From the 19th of May, all close contacts have been referred for testing regardless of whether they are symptomatic or asymptomatic. This process improvement has resulted in a measure that ensures the spread of covid-19 in close contacts is monitored, which will continue to be as important as the country continues to open.
- 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, however pressure will remain given the global demand for these products.